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Mind the Gap
Country Case Study
MAURITANIA

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About the Mind the Gap Report

Achieving Sustainable Development Goal 2 (Zero Hunger) by 2030 is increasingly at risk due to the combined impacts of climate change, conflict, COVID-19, and rising living costs, which have reversed progress in reducing global hunger. Social protection systems, while essential for supporting vulnerable populations, often fail to account for nutritional needs—a key element in breaking the cycle of poverty, vulnerability, and malnutrition. This oversight represents a missed opportunity to advance the objectives of SDG 2, especially in a context where hunger has been rising since 2015.

Amid these challenges, the Mind the Gap report explores the role of social protection systems in addressing affordability gaps of nutritious diets. It is structured around the **Fill the Nutrient Gap (FNG)** analytical approach, which aims to understand the drivers affecting the availability, cost, and affordability of nutritious diets in specific contexts. The policy objective is to identify and implement interventions to improve diets, especially of nutritionally vulnerable people, including through the integration of nutrition into social protection systems. Through case studies from 12 diverse national contexts, the report presents actionable social protection pathways for reducing the affordability gap of nutritious diets and improving food security and nutrition outcomes.

Further information and evidence on the FNG can be accessed at: wfp.org/fillthenutrientgap

FNG
FILL THE NUTRIENT GAP
SYSTEMS ANALYSIS FOR NUTRITION

Contents

I. Overview of the malnutrition burden and poverty situation

Mauritania has made progress in improving nutrition outcomes; however, chronic and acute malnutrition remain high. According to the 2019–2021 Demographic Health Survey (DHS), 26 percent of children under the age of 5 were stunted (1) compared to 32 percent in 2007 (2). Stunting was highest in the north and east of the country, with more than 30 percent of children stunted in Adrar (33 percent), Tagant (37 percent), Hodh Echargui (36 percent) and Hodh El Gharbi (31 percent). Child undernutrition impedes economic growth through impacts on health outcomes, cognitive development and productivity throughout a person's life. Childhood chronic malnutrition is estimated to cost Mauritania USD 759 million annually (3).

Wasting among children has stagnated during this period, with 8 percent of children showing wasting in 2008 and 6 percent in 2019 (1). This is partly because seasonality is an important determinant of food security and nutrition outcomes with regular peaks of acute malnutrition during the lean season. During the 2021 lean season, 22 of the country's 48 departments had global acute malnutrition rates above the World Health Organization's emergency thresholds (3) with the Central and Southern departments particularly affected. In March 2023, the Cadre Harmonise estimated that 13 percent of the population would be classified on the Integrated Food Security Phase Classification scale as in 'crisis' during the lean season (4).

At the same time, excess weight and obesity are an increasing problem, particularly among women and urban populations. In 2019–2021, 54 percent of women of reproductive age were overweight or obese, with more than a quarter obese (27 percent) and 62 percent of women in urban areas impacted (1). 26 percent of men were overweight or obese in 2016 (2).

Anaemia is a public health concern in Mauritania, with 56 percent of women of reproductive age anaemic in 2019–2021 (1). Among children aged 6–59 months, 77 percent had anaemia, with prevalence exceeding 80 percent in some areas, including the wilayas of Guidimagha, Gorgol and Hodh Echargui et Hodh Gharbi (5).

Most households eat on average four foods a day: cereals, oil, sugar and condiments. Consumption of animal source foods is limited, particularly in nomadic and transhumance areas and agro-pastoral areas where, on average, animal source foods are consumed twice a week. Vegetables are consumed less than three times a week and fruits are hardly consumed, despite availability in markets (5) (6). In 2019–2022, only 55 percent of children under 2 years were breastfed appropriately and only 9 percent of children aged 6–23 months met a minimum acceptable diet (1).

Poverty measured at the international poverty line (2017 PPP USD 2.15 a day) was halved in Mauritania between 2008 and 2014, from 12 to 7 percent (7). Poverty measured using the national poverty line declined from 42 to 31 percent between 2008 and 2014 (7). This decline in poverty stems from pro-poor growth policies, including those designed to increase consumption and agricultural production in rural areas, support for more favourable prices, and increased migration of poor to the capital, Nouakchott. In urban areas, poverty reduction benefited from increased activities in transport, construction and informal retail (8). However, the COVID-19 pandemic has likely slowed poverty reduction efforts.

II. Country priorities on nutrition and social protection

NUTRITION POLICY FRAMEWORK

Mauritania is committed to ending malnutrition in all its forms. In 2008, Mauritania was a pilot country for the Renewed Effort Child Against Hunger (REACH) initiative (5). The first National Intersectoral Action Plan (2012–2015) for Nutrition was drafted in 2011 (9), following Mauritania's joining of the Scaling Up Nutrition (SUN) movement (10). The current framework for nutrition action consists of an updated Multisectoral Strategic Plan for Nutrition (2016–2025) (10) which is aligned with the National Strategy for Accelerated Growth and Shared Prosperity (2016–2030) (11) and the National Health Policy Horizon (2030) (12). Mauritania also has other nutrition policies focusing on undernutrition, including a directive on vitamin A supplementation and a policy on young children feeding practices, with the aim of reducing mortality and increasing human capital and productivity (13).

SOCIAL PROTECTION POLICIES AND PROGRAMMES

Mauritania is prone to climate disasters, with recurrent cycles of drought that result in the degradation of natural resources and impacts on households' resilience and food security (5). In this context, Mauritania has increased efforts to support the most vulnerable individuals through its National Social Protection Strategy launched in 2013 (14).

The strategy established several programmes and initiatives, including a nationwide School Feeding Programme which provides meals to children, specifically in rural areas, and which was extended in 2021 to cover all schools in the country (15). Tekavoul, Mauritania's flagship social transfer programme since 2015, supports households in extreme poverty through cash transfers and social behaviour change communication activities. The programme has been scaled up horizontally and vertically, with the number of beneficiaries now reaching 100,000 households and an increase in the quarterly cash transfer amount from MRU 1,500 to MRU 2,900 in 2023 (16). All households, irrespective of their size, receive the same amount (17).

Using the Tekavoul and Emel platforms, the Government of Mauritania also implemented 'El Maouna' in 2017 – a shock-responsive cash transfer programme, which supports food-insecure households during the lean season in areas affected by droughts. As of 2018, El Maouna provided MRU 24,000 per household during four months of the lean season (June to September) (18). During the COVID-19 pandemic, over 210,000 households received assistance (16).

Since 2015, the national Tekavoul and Emel programmes are run through a National Social Registry which uses proxy means tests, geographical quotas and targeting committees in each area. Only 61 percent of households enlisted in the registry were found to live below the poverty threshold (15). A World Bank review of the programme recommended that targeting accuracy be improved (15).

III. WFP's approach

The Fill the Nutrition Gap (FNG) analysis in Mauritania was implemented as a collaboration between WFP and the Ministry of Health, with the support of the Nutrition Sectoral Group. The FNG took place between March 2019 and December 2020. The FNG took on a multisectoral approach to identify bottlenecks that drive malnutrition across the food system, with an emphasis on availability, cost and affordability of a nutritious diet (5).

Cost of the diet analysis in FNG Mauritania

The cost of the diet analysis was conducted in nine livelihood zones in March 2019 by WFP and Solidarité Developpement Durable, using primary data collection for food prices. The lowest costs of a diet that meets energy requirements and a diet that meets requirements for macro and micronutrients were estimated using the FNG methodology (20) for a modelled household consisting of six individuals: a breastfed child (aged 12–23 months), two school-age children (6–7 years and 10–11 years), an adolescent girl (14–15 years), a breastfeeding woman and an adult man. Staple foods in each livelihood zone were defined using Food Security Monitoring (FSMS) and validated by stakeholders.

The cost of diets was then compared with household food expenditure to determine the proportion of households unable to afford the diets (called 'non-affordability'). To estimate the non-affordability of diets, the analysis used food expenditure data from WFP's FSMS from September 2019. The gap between the lowest cost nutritious diet and the food expenditure of a household is referred to as the affordability gap.

Modelling was conducted in all livelihood zones (ZMEs).

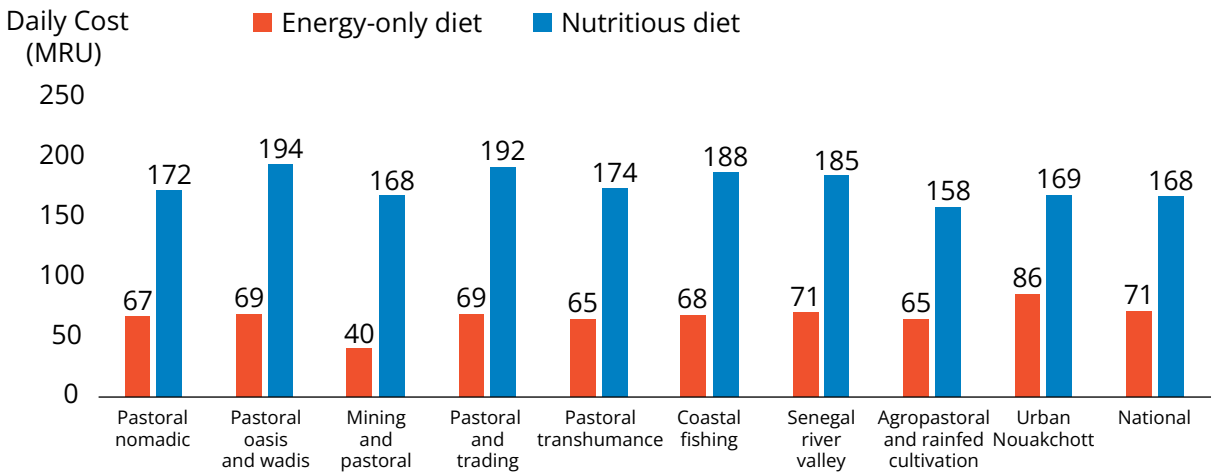
Throughout the FNG process, consultations were held with a variety of stakeholders, including representatives of ministries, NGOs, and UN agencies across different sectors, covering health, agriculture, social development and education and the private sector (e.g. SUN platform). As part of this process, the contribution of existing programmes in Mauritania towards improving access to nutritious foods was reviewed. Stakeholders identified entry points to improve nutrient intake and affordability of nutritious diets for target groups, as well as overlaps and alignment of programmes across sectors to strengthen the nutrition response.

IV. Findings of the FNG

COST AND AFFORDABILITY OF THE NUTRITIOUS DIET

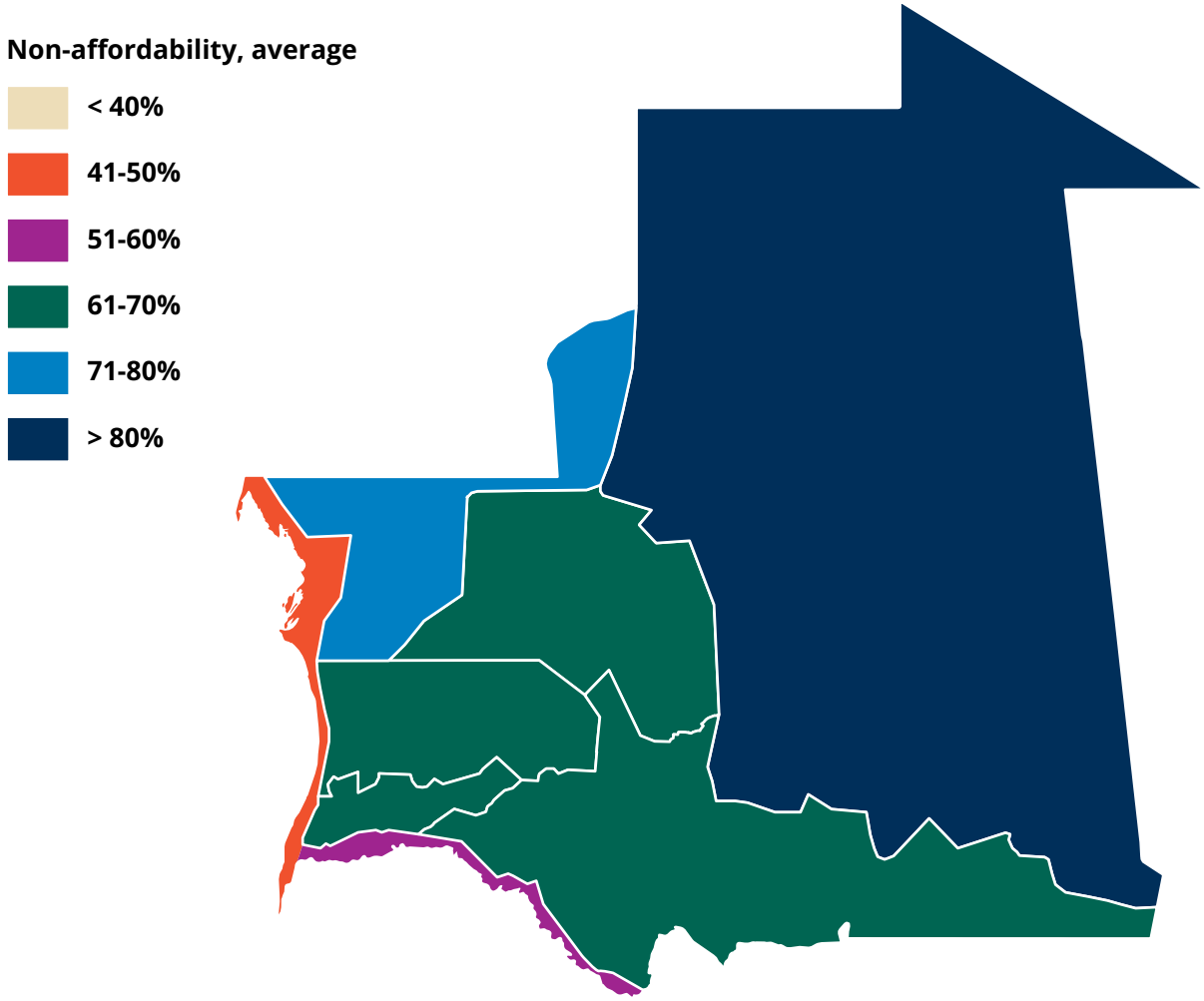
The cost of the nutritious diet was estimated to be 168 Mauritanian Ouguiya (MRU) (USD 3.8) per day, per household – more than twice the cost of the energy-only diet (MRU 71 per day/household, USD 1.61). However, as seen in Figure 1, there are regional variations, from MRU 158 (USD 3.57) in the agro-pastoral and rain-fed cultivation zone, to MRU 194 (USD 4.39) in the pastoral (oasis) zone. In areas such as the mining and pastoral zones, the cost of meeting nutrient needs is more than four times the cost of meeting energy requirements, indicating the relatively higher cost of nutritious foods.

Figure 1: Daily cost of the energy-only and nutritious diets, by ZME and national estimate (FNG 2021)



One in two households (54 percent) cannot afford the lowest cost nutritious diet. However, as seen in Figure 2, there are large regional variations with higher non-affordability rates in pastoral zones compared with agricultural or urban zones. In the pastoral nomadic, pastoral oasis and wadis, and mining and pastoral zones, non-affordability rates are as high as 80, 78 and 73 percent of households respectively. High non-affordability in these regions is linked to low availability and higher prices of fresh and nutritious foods (5).The larger the affordability gap, the poorer the quality of the diet and the more food insecure the household is, and the greater the risks of malnutrition. In Nouakchott, where food availability is higher, non-affordability is substantially lower, although it still affects one third of households (34 percent).

Figure 2: Non-affordability of a nutritious diet (FNG 2021)

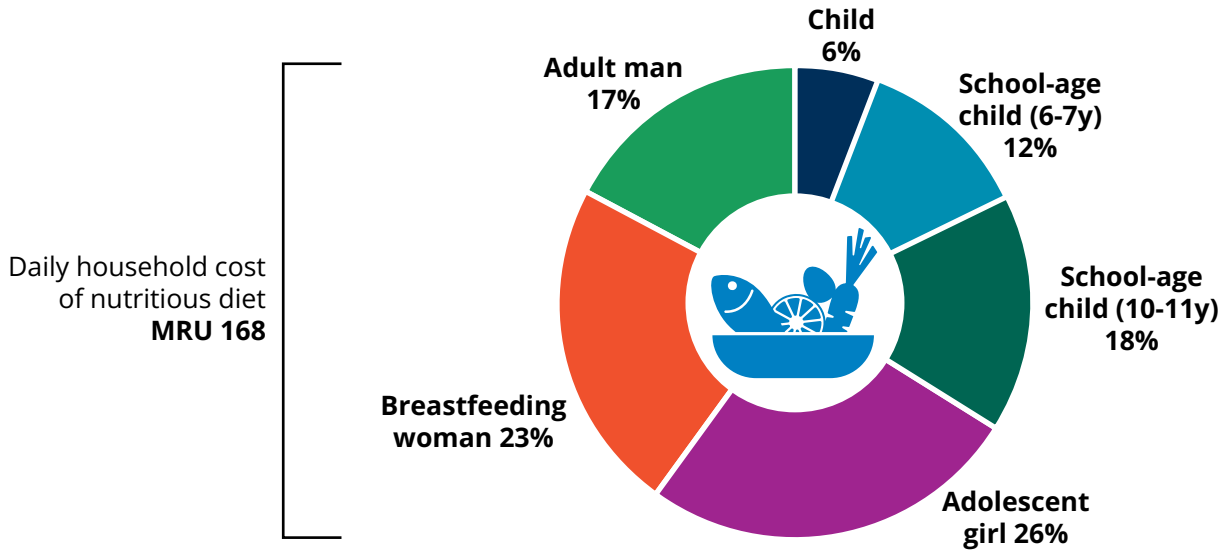


VULNERABLE GROUPS

Adolescent girls and pregnant and breastfeeding women have relatively higher requirements of specific nutrients such as iron, folic acid, and vitamin B12. In the modelled household, this is reflected by the adolescent girl and breastfeeding woman together having the highest cost of nutritious diets within the household, representing half of the household's cost of a nutritious diet (Figure 3). Actual intra-household food allocation may not consider these differential nutrient needs and the corresponding greater need for diversity in the diet, which comes at a higher cost, and therefore targeted interventions such as supplementation are often needed to help cover the nutrient requirements of nutritionally vulnerable individuals.

Children aged 12–23 months have a lower cost of nutritious diet compared to other members as they consume less food, and the modelled diet assumes optimal breastfeeding which covers a large proportion of their nutrient needs. This age group, however, is nutritionally vulnerable as their smaller stomachs mean that meals must be provided at higher frequency and need to include nutrient dense foods to cover nutrient requirements (19).

Figure 3: Distribution of the daily cost of a nutritious diet for the modelled household across individual household members (FNG 2021)



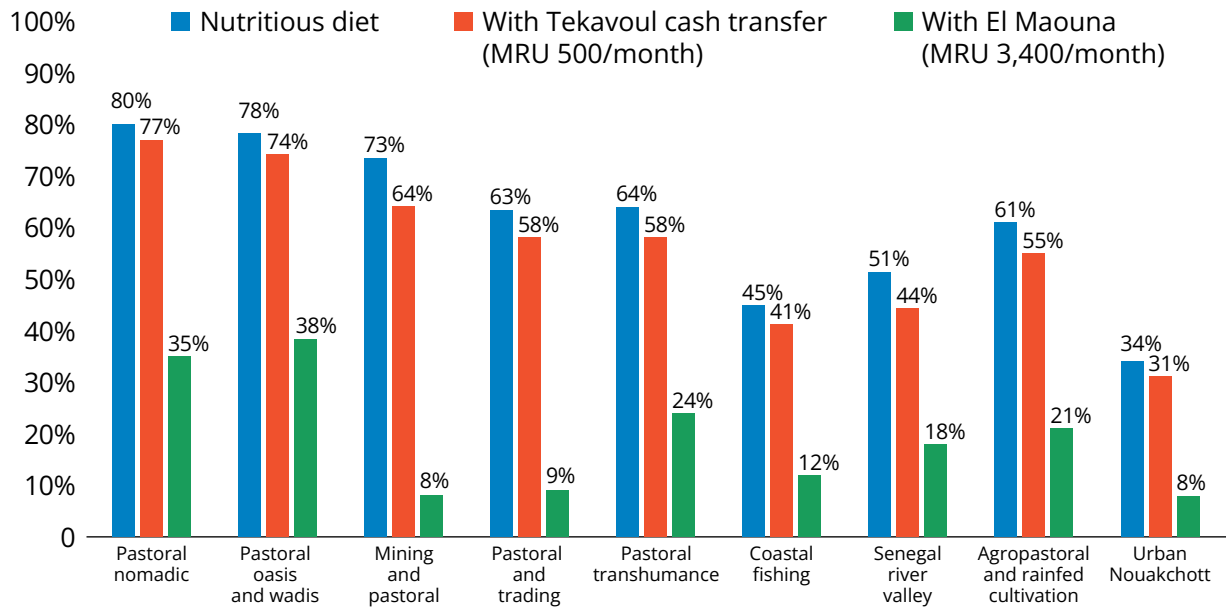
V. Using the FNG to inform social protection programmes

CONTRIBUTION OF SOCIAL PROTECTION TO REDUCING THE AFFORDABILITY GAP

Climate plays an important role as seasonal variations contribute to malnutrition, including recurring episodes of drought. In this context, holistic integrated packages of interventions across different sectors are needed to increase the resilience of households and to prevent the deterioration of nutritional status. These interventions should aim to increase the availability and access of nutritious foods, and to improve the purchasing power of households, while reducing nutrient gaps of vulnerable individuals. Considering the diversity of contexts in Mauritania, packages need to be adapted to the livelihood zones in which they are implemented to maximize impact.

The FNG modelled the impact of the two national cash transfer programmes, Tekavoul and El Maouna, on the non-affordability of nutritious diets in Mauritania. Under the Tekavoul programme and at the time of the FNG analysis, households received MRU 500 per month (paid every three months for a year); under the El Maouna programme, households received MRU 3,400 per month for four months. The modelling assumed that 70 percent of the cash transfers were spent on food. Results in Figure 4 show that cash transfers had the potential to lower non-affordability, but the magnitude of the impact varied widely from one livelihood zone to another.

Figure 4: Impact of the national cash transfer programmes on the non-affordability of nutritious diets in Mauritania (FNG 2021)



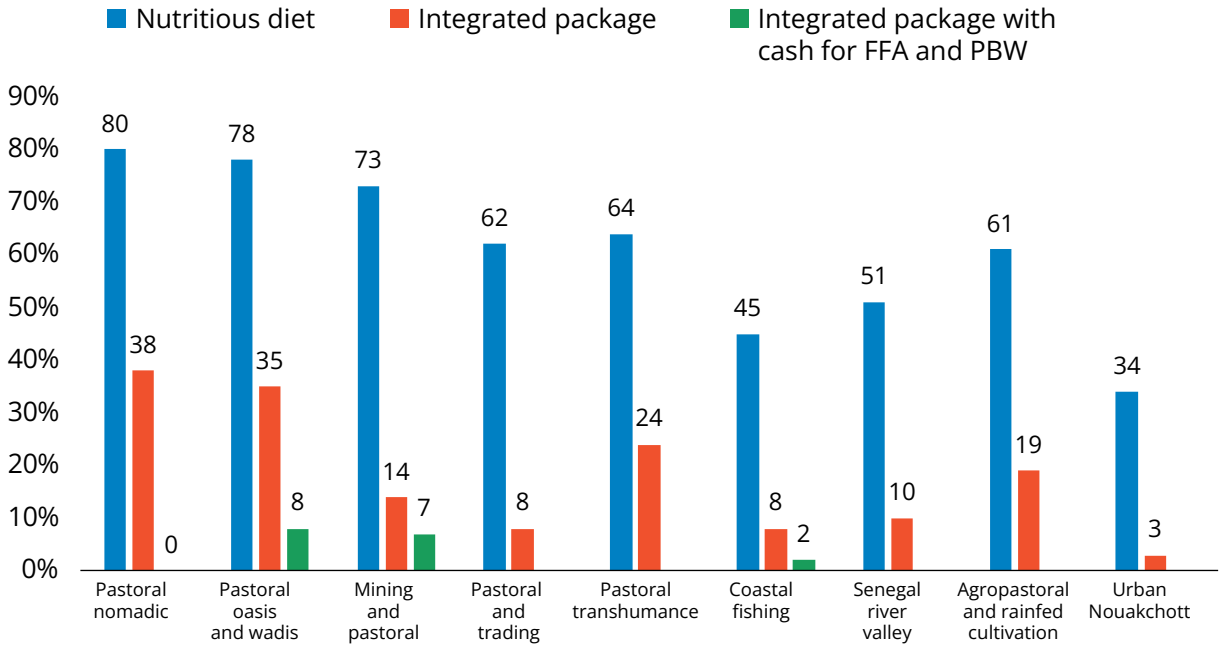
To further reduce non-affordability, particularly in pastoral and agro-pastoral zones, combining the transfer with other interventions would be needed to substantially improve access to nutritious diets. The FNG modelled the impact of an integrated cash plus nutrition assistance package, tailored to vulnerable individuals and the livelihood zone environment, on the cost and affordability of a nutritious diet.

The packages included both demand and supply side interventions to improve access to nutritious diets. On the supply side, the package covered a support programme for the production of goat's milk and eggs to improve consumption of animal source foods by children under 2 and pregnant and breastfeeding women (goat's milk only). In agro-pastoral and pastoral zones, interventions were added to increase the production of cereals and legumes as well as to introduce wheat fortification. On the demand side, the package included blanket supplementary feeding for children under 2 (Super Cereal Plus) and for pregnant and breastfeeding women (Super Cereal), multiple micronutrient tablets for adolescent girls, and a School Feeding Programme based on locally produced foods for school-age children. IFA supplementation for pregnant and breastfeeding women was not included in the model, as it was assumed to be already implemented. In addition, and in all zones, the modelling included a household level cash transfer equal to the value of a food basket made up of cereals, legumes and fortified oil and a cash transfer targeted at pregnant and breastfeeding women.

Results in Figure 4 show that with the integrated package, nutritious diets become affordable for a larger proportion of households. In the pastoral nomadic zone, non-affordability fell from 80 percent to 38 percent, while in Nouakchott, non-affordability reduced from 34 percent to only 3 percent. If cash transfers are added to cover the food basket (as part of FFA activities in this example) and targeted at pregnant and lactating women, nutritious diets would become affordable and stable to most or all households in all livelihood zones. This type of integrated approach can improve the resilience of people living in poverty and vulnerability, such as pregnant and breastfeeding women, while mitigating negative coping strategies.

These results show how integrated multi-sectoral packages can improve access to nutritious diets by simultaneously addressing the supply and demand side constraints of the food system. This example also highlights the key role that social protection systems can play in reinforcing and complementing other interventions, especially when targeted at vulnerable individuals.

Figure 5: Impact of integrated resilience package on non-affordability of nutritious diets in Mauritania (FNG 2021)



VI. Bridging research with policy and action

The FNG analysis and process enabled stakeholders to formulate key recommendations with a multisectoral approach to improve the resilience of vulnerable households. The recommendations focused on social protection, school feeding and agriculture as entry points to improve resilience and nutritional status of vulnerable populations, recognizing the need to differentiate solutions across livelihood zones. Acknowledging livelihoods as a key determining factor of poor nutritional outcomes enables feasible context appropriate interventions targeted to needs that leverage the local environment. Programmes should be tailored according to season, livelihood group and geographical area, across and within livelihood zones. Recommendations include:

- Cash transfers should be prioritized in areas with good transport infrastructure and functioning markets while in more remote areas, in-kind modalities and targeted nutritional supplements should be prioritized. The use of cash transfers for the prevention of acute malnutrition during the lean season is currently under way as a pilot programme which includes a cash transfer along with a component on social behaviour change to increase the likelihood of cash transfers being used for purchase of nutritious foods and commodities.
- Value chains should be strengthened to allow for the availability of nutritious foods at scale. In agro-pastoral areas, investment in irrigation is needed to improve the production of fresh foods as well as in infrastructure to improve market access and availabilitý of nutritious foods for schools. Efforts to reduce post-harvest loss need to be strengthened. In pastoral zones, capacity and technology (e.g. cold chain) need to be increased to develop the dairy and meat production and value chains.
- School meals should be designed based on the geographic and seasonal availability of foods. Parent associations should be leveraged to provide fresh products (fruits, vegetables, dairy) that are locally produced. Using cash transfers for schools is a potential modality as it could increase the purchasing power of parents and enable them to create sustainable income-generating activities, such as school vegetable gardens or community farms.

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