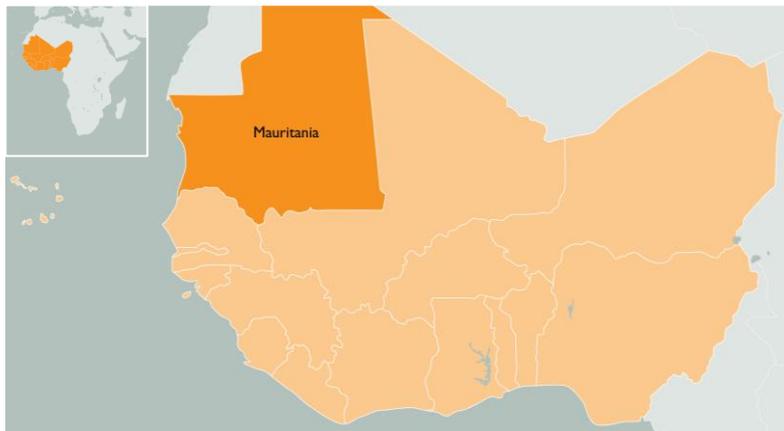


Nutrition Policy in Mauritania



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Mauritania.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

Key messages

Why was this brief developed?

- To strengthen understanding of the current direction of nutrition-relevant policy in Mauritania and its implications. It was developed in response to partners' request and priorities.

What are the key findings?

- Nutrition is featured most prominently in nutrition, health, agriculture/food security, economic and social policies.
- Young children and women (particularly WRA and PLW) are the most frequently mentioned groups and targeted beneficiaries.
- Of the six WHA targets and their indicators, policies' content focuses most on U5 wasting, followed by U5 stunting and exclusive breastfeeding and, to a lesser extent, WRA anemia and U5 overweight. The PSMN adopts five of the six WHA target values (except low birth weight) as its own.
- Half of the policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Address gaps and incoherence in nutrition-relevant policies, clearly aligning nutrition targets, objectives, activities and indicators.
- Prioritize nutrition across policy areas, including education/research, water, sanitation and hygiene, environment, climate and resource management, and other cross-cutting policies (e.g. gender/family, governance).
- Build and sustain strong vertical and horizontal coordination mechanisms to tackle mutually reinforcing issues which call for multi-stakeholder engagement.
- Mainstream nutrition in policies and strategies that are now being drafted to overcome shortcomings identified in current policy documents.

The state of nutrition in Mauritania

Mauritania is implementing actions to improve its nutrition situation. However, progress is currently slow, and the country is not on track to achieve any of the World Health Assembly (WHA) 2025 targets, except for U5 overweight. The prevalence of U5 overweight remained generally stable since 2011 (3.2% in 2011 and 1.5% in 2018ⁱ). Despite significant improvements in exclusive breastfeeding (EBF) during the first 6 months of life between 2011 and 2015 (which rose from 26.7% in 2011 to 41.1% in 2015ⁱⁱ), the country showed no progress in EBF since then (40.3% in 2018ⁱⁱⁱ), placing the country off track to meet WHA 2025 target. Some progress has been made towards achieving the target to reduce anaemia in women of reproductive age (WRA) (from 45.1% in 2012 to 43.3% in 2019^{iv}). Mauritania is showing very low progress and is currently not on track to achieve the WHA target on U5 wasting (11.7% in 2012 compared to 11.5% in 2018^v), nor U5 stunting, which remains high (22.8% in 2018^{vi} against a 2025 WHA target of 10.8%). There is insufficient data to assess progress towards the Low Birth Weight (LBW) target (GNR 2020)^{vii}. Mauritania currently experiences a double burden of malnutrition in the adult population. In 2016, 18.5% adult women and 6.6% adult men were obese; diabetes was estimated to affect 9.4% of adult women and 8.5% of adult men in 2014, while 31.4% of adult women and 31.8% of adult men suffered from hypertension (NCD Risk Factor Collaboration 2016-2017^{viii}).

Current nutrition policy landscape in Mauritania

Eight nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table I**). They are in the areas of nutrition ($n=2$), health ($n=2$), agriculture/food security ($n=1$) and economic/social ($n=3$). No nutrition-relevant policies identified in the areas of education/research, water/sanitation/hygiene, environment/climate/resource management, or other cross-cutting policies (e.g. gender/family, governance, etc.), were found to be sufficiently nutrition-oriented following their assessment based on the policy review's inclusion criteria and were therefore excluded from this brief.

Table 1: List of nutrition-relevant national policies

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition	Plan Stratégique Multisectoriel de Nutrition	PSMN	2016	2025
2		Plan de Passage a l'Echelle de la Promotion des Pratiques Optimales d'alimentation du Nourisson et du Jeune Enfant	PPEPPO-ANJE	2017	2026
3	Health	Plan National de Développement Sanitaire	PNDS	2017	2020
4		Politique Nationale de Santé à l'horizon 2030	PNS2030	2017	2030
5	Agriculture/Food Security	Stratégie Nationale de Sécurité Alimentaire pour la Mauritanie aux horizons 2015 et vision 2030	SNSA	2015	2030
6	Economic/Social	Stratégie Nationale de Protection Sociale	SNPS	2012	2015
7		Stratégie Nationale de Croissance Accélérée et de Prospérité Partagée Volume I	SCAPP_I	2016	2030
8		Stratégie Nationale de Croissance Accélérée et de Prospérité Partagée Volume II	SCAPP_II	2016	2030

NS (Not Specified)

Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).

We obtained potentially relevant documents from a systematic search that included pre-identified websites (e.g., relevant national government ministries, United Nations agencies and nongovernmental organizations), a Google search, a reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. We screened identified documents (see Annex 1) against our eligibility criteria. Eight documents met our inclusion criteria. Coding, data extraction, and content analysis for these documents was carried out with NVivo qualitative analysis software and Excel.



PROBLEM

What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

All policies provide some contextual information on the nutrition situation. Across policy areas, the nutrition context is predominantly focused on the country level. Four of the policies (PSMN, PPEPPO-ANJE, PNS2030 and SCAPP_II) also refer to the global context, while only one policy (PSMN) refers to the regional context. All of the policies, except the PNS2030, recognize wide rural/urban and /or regional disparities in Mauritania's nutrition context. Five policies (PPEPPO-ANJE, PNDS, PNS2030, SNSA and SNPS) highlight gender disparities and three policies (PPEPPO-ANJE, SNSA, and SNPS) outline socioeconomic disparities. Other disparities mentioned in the policies include periodical differences in access to food due to seasonal variations and pre-/post-harvest conditions.

In terms of nutrition problems covered in the policies' outline of the nutrition context, the focus across policy areas is predominantly on undernutrition. Three policies (PSMN, PPEPPO-ANJE and PNDS) present the situation on micronutrient deficiencies, namely vitamin A, iodine and/or iron deficiency. Overweight/obesity feature in four policies (PSMN, PNDS, PNS2030 and SNSA) in the nutrition health and agriculture/food security policy areas. Diet-related non-communicable diseases (NCDs) beyond overweight and obesity are not emphasized across the policies' nutrition context, although there is mention of diabetes in the PNS2030. The role of nutrition in contributing to NCDs is not highlighted across policies.

All of the policies outline causes and/or consequences of nutrition problems. Five of the policies provide very detailed lists of immediate, underlying and structural determinants of malnutrition in Mauritania, offering a clear outline of the difficulties faced by the country in providing food and nutrition security to its population. Causes include low rainfall, desertification, cyclical droughts, drop in agro-pastoral yields, food crises, very young population with strong demand for access to basic services, significant maternal and infant mortality, access to ever depleting water sources, and food insecurity. Recent political crises are mentioned as contributing factors. Immediate determinants also include suboptimal IYCF practices and frequency of infectious and parasitic diseases, inadequate access to preventive and curative health and nutrition services by children, adolescents and women, poor hygiene and sanitation, low literacy and poverty. Factors related to governance are also mentioned, including insufficient steering, planning, coordination, monitoring and evaluation of the national nutrition response, inadequate early warning systems, in the context of a challenging agro-ecological environment. Consequences of malnutrition issues cited in the policies focus primarily on mortality, morbidity, impaired cognitive development, reduced productivity, lack of economic growth and difficulties in creating and sustaining resilience in the face of periodic shocks.

Table 2 shows that all of the policies include information on WHA target indicators in their nutrition context. The WHA targets most frequently covered in the policies' situational analysis are U5 wasting (n=8), U5 stunting (n=6), followed by exclusive breastfeeding (n=3), WRA anemia (n=2) and U5 overweight (n=2).

Low birth weight (LBW) is not mentioned within the nutrition context in any of the policies.

Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e., cites references) in all nutrition policies, followed by economic/social policies. Across all policy areas, citations are predominantly for statistics rather than textual information. Cited data sources for evidence in the policies' nutrition context include the Standardized Monitoring and Assessment of Relief and Transition (SMART) survey, the Multiple Indicator Cluster Survey (MICS), the WHO STEPwise approach to Surveillance (STEPS), the Enquête Permanente sur les Conditions de Vie des ménages (EPCV), the World Health Organization (WHO), the Enquête sur les Troubles Dus à la Carence en Iode (TDCI), and the WHO Global Nutrition Report. Evidence that is cited mainly relates to prevalence levels of nutrition problems and not to identified solutions. Most of the policies that present information on nutrition disparities and causes and consequences of nutrition problems cite references related to this information.



What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, most policies across nutrition, health, and economic/social/education policy areas include nutrition in their general and/or specific **objectives**, with the exception of the PNS 2030 and the SCAPP_I, although these are then included in the SCAPP_II policy document. These objectives contain nutrition-specific (e.g., extending coverage of community interventions and improving quality of IYCF practices) and nutrition-sensitive content (e.g., reinforcing the mechanisms for prevention and management of food crises). Almost all included **nutrition indicators** are outcome indicators (e.g., U5 stunting), although policies in the health and economic/social policy areas also include output indicators (e.g., number of babies exclusively breastfed at discharge from health facility). One nutrition policy (namely the PPEPPO-ANJE) also includes input and coverage indicators on activities related to IYCF practices. In terms of nutrition problems, indicators focus on exclusive breastfeeding, U5 wasting, and to a lesser extent on U5 stunting, U5 overweight and micronutrient deficiencies, including WRA anemia and minimum dietary diversity of key target groups. Few indicators on diet-related NCDs including overweight/obesity are under-reported, although there is explicit mention in a few policies, including beyond the area of nutrition (e.g. SCAPP_II). The only policy which provides disaggregated data on indicators, namely the PPEPPO-ANJE, disaggregates by geographical area and age group but not gender. The

NBP is notable for providing clearer definitions of indicators (e.g. providing specific information on how the exclusive breastfeeding indicator will be measured). **Planned nutrition activities** are detailed in all eight policies, with nutrition and health policies focusing on narrow targeting strategies for key groups and defined sets of standard evidence-based and high-impact activities, and nutrition-sensitive policies expectedly employing broader targeting strategies aimed at households and the general population, with reference to broad and severe malnutrition issues (e.g. severe food insecurity and acute malnutrition). Only four policies (PSMN, PPEPPO-ANJE, SNPS and SCAPP_I) have sufficiently detailed budget information, and only three of these (i.e. excluding the SCAPP_I) have a **budget for nutrition**. Content on **scaling up** focuses on mechanisms for piloting and implementing the policy at scale, such as guiding principles, phasing out and extension of coverage of high-impact interventions, multi-actor and inter-institutional consultations, structural reforms and development of financing strategies for extended coverage, capacity strengthening and coordination across sectors.

How do policies' targets align with the WHA 2025 Global Targets?

Table 2 shows five policies with nutrition indicators that coincide with WHA indicators. Four of these policies, from the nutrition (n=1), health (n=1) and economic/social (n=2) areas, include targets for at least one of these indicators. All set different years as their target date (PSMN:2025, PNDS:2020, SCAPP_I:2030, SCAPP_II: 2030). While Mauritania's WHA target dates vary across policies, if met, they would generally put the country on track to achieve or even surpass four of

these targets, namely U5 stunting, WRA anemia, exclusive breastfeeding, and U5 wasting. There is one policy (PSMN) with a target for wasting that, even if met, would not necessarily put Mauritania on track to achieve the WHA target by 2025.

Is there coherence within policies?

Policies with nutrition objectives would be expected to include both planned nutrition activities and nutrition indicators, while policies without nutrition objectives would be expected to include neither. Yet there are several instances (see Table 2) where this is not the case. Generally, this is not necessarily due to a lack of coherence within policies but because a) policies' objectives are broad and do not explicitly link to nutrition (while their indicators or planned activities are specific enough to make this link explicit), or b) indicators and/or planned activities are to be addressed in a separate programmatic document (which is sometimes noted in the main policy document). There are, however, some cases where there is incoherence within different parts of the same policy. With regards to the links between context and stated objectives of the policies, there is strong alignment in four policies, namely the PSMN, PPEPPO-ANJE, PNDS and SCAPP (specifically SCAPP_II), across the nutrition, health and social protection areas. Weaker coherence for this process step is found in the SNSA and SNPS, in the agriculture/food security and social protection areas, and no coherence in the PNS2030, given mainly by its broad objectives and lack of more specific information, coupled with the lack of nutrition and coverage indicators, which further weakens overall coherence of the policy. We find evidence of strong alignment between objectives and planned nutrition activities

across policy areas, in all policies except the SNPS, where overall coherence is poor due to the nutrition objectives and activities being too broad to directly address identified challenges, as well as to the absence of specific nutrition and coverage indicators. Coherence in the links between nutrition indicators and stated objectives is strong in the PSMN, PNDS and SCAPP (especially SCAPP_II), with the PPEPPO-ANJE showing stronger coherence in the link between coverage indicators and activities, rather than other nutrition input, output or outcome indicators. The only other policy which contains coverage indicators is the PNDS. Overall, the policies which showcase the strongest internal coherence across all process steps (namely between nutrition context, objectives, activities, nutrition and coverage indicators), are the PPEPPO-ANJE and PNDS, followed by the PSMN and SCAPP_II.

Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; key scaling-up mechanisms

NR	Area	Acronym	Nutrition context on WHA indicators ¹	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators ²	Planned nutrition activities	Budget for nutrition ³	Key scaling-up mechanisms
1	Nutrition	PSMN		✓	✓		✓	✓	NA
2		PPEPPO-ANJE		✓	✓		✓	✓	The policy itself is aimed at the gradual scaling up of IYCF practices at national level, with planned schedule for extending coverage included in timeline table. A detailed roll-out plan for the gradual extension of coverage is provided. This is divided in three main phases: 1. test phase; 2. extension phase; 3. consolidation phase. M&E is integrated in this plan to guide roll-out and evaluation.
3	Health	PNDS		✓	✓		✓	NA	Scaling up of free care and follow-up services for severe acute malnutrition cases.
4		PNS2030		✗	✗	✗	✓	NA	Analysis of risks and focus on challenges, also focus on constraints in the implementation of the PNS.
5	Agriculture	SNSA		✓	✗	✗	✓	NA	Guiding principles for the implementation of the policy include the need to: (i) take into account the multidimensional and multisectoral nature of Food Security; (ii) differentiate responses, priorities and intervention instruments; (iii) call for interventions and coordination of actions on relevant territorial scales; (iv) promote the power of initiative and decision-making of actors; (v) institutionalize the rule of permanent multi-actor and inter-institutional consultations; (vi) ensure fairness and objectivity in decision-making; (vii) adapt the functions of the State (xiii) strengthen the capacities of local actors; (ix) ensure the consistency of actions and strategies of sub-regional actors; (x) coordinate the actions and investments of the State as well as of development partners). Analysis of risks and focus on strengths, weaknesses, challenges, and opportunities.
6	Economic/Social	SNPS		✓	✗	✗	✓	✓	NA
7		SCAPP_I		✗	✓		✓	±	NA
8		SCAPP_II		✓	✓		✓	NA	Needs for the achievement of sectoral objectives identified to be the scaling up of high-impact health interventions, structural reforms and the development of a health financing strategy with a goal to establish universal health coverage.

US STUNTING WRA ANEMIA LOW BIRTH WEIGHT U5 OVERWEIGHT EXCLUSIVE BREASTFEEDING U5 WASTING

¹ U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

² U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

³ Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.



PEOPLE

Who are the key people and organizations targeted by and responsible for these policies?

Which target groups are the focus of nutrition context?

The groups that feature most often in policies' nutrition context are children, especially U5, then women (including WRA and PLW), who are the main focus in the nutrition situation analysis of all eight policies. None of the policies include children above the age of five, except implicitly those policies that mention patterns of early marriage and early pregnancy. Data on men/fathers and the elderly is not included in the nutrition context in any of the policies.

Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies vary by area. Overall, the most frequent primary beneficiaries are children and women (especially WRA and PLW). Other key beneficiaries include adolescents, mentioned in two of the policies beyond the category of WRA, namely in one health (PNS2030) and one social protection (SNPS) policy. None of the policies specifically target children above the age of five. Beyond WRA, adolescents feature as primary beneficiaries in the PNS2030, a health policy, and as secondary beneficiaries in the PSMN, a nutrition policy. Men/fathers and the elderly are not mentioned as beneficiaries in any of the policies.

Who are the actors?

The primary actor across policies is the government (both national and local), covering the widest variety of roles beyond policy development – from financing and management/coordination, implementation, monitoring and evaluation, as detailed in **Table 3**. The same variety of roles is found to involve civil society, NGOs and technical and financial partners in three of the eight policies, in the nutrition (PSMN and PPEPPO-ANJE), agriculture/food security (SNSA) policy areas. All roles except management/coordination are assigned to these groups of actors within the SCAPP_2, in the economic/social policy area. The Ministry of Health is the lead state actor for both health and nutrition policies. Communities also feature as key actors, beyond their inclusion as beneficiaries, across all policy areas except agriculture/food security (SNSA). The private sector only features as an actor in nutrition policies (and PPEPPO-ANJE), with an extensive range of roles in the PSMN, from implementation and management/coordination to financing, monitoring and evaluation, while the PPEPPO-ANJE sees the private sector involved only in financing and implementation.

Is there multisectoral coordination mentioned in the policy?

Only half of the policies stress the importance of multisectoral coordination, providing information on mechanisms for coordination (PSMN, PPEPPO-ANJE, PNDS and PNS2030), all form the nutrition and health policy areas. Coordination mechanisms include a harmonized health system, integrated across different sectors (e.g., through multisectoral working groups, joint planning or technical committees of the relevant municipal and district assemblies) for the coordinated management of quality planning, quality control, and

quality improvement. All of the health policies point to the Ministry of Health as a key body for ensuring coordination between actors. Two of the policies (PPEPPO-ANJE and PNDS) detail challenges associated with multisectoral coordination. These include difficulties in reaching some geographical locations to ensure coverage for all of the intended activities, additional budget costs for difficult-to-reach geographical areas, difficulties in achieving food security and a minimum desirable diet in both pre-/post-harvest seasons, as well as issues of political commitment and poor engagement of technical and financial partners, insufficient mobilization of communities and civil society.

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition	PSMN	U5, WRA, PLW	Adolescents	1,2,3,4	4	I	1,2,3,4	1,2,3,4	National government, private sector, civil society, technical and financial partners NGOs	✓
2		PPEPPO-ANJE	U2, U5, PLW	Mothers of U2 children	1,2,3,4	1,2	I	1,4	1,2,3,4	Government (Ministry of Health)	✓
3	Health	PNDS	U5, WRA, PLW	Newborns, mothers	1,2,4	1,2	I	✗	✗	National and local government	✓
4		PNS2030	children, infants, WRA, adolescents	Mothers	✗	1,2,3	1,2,3	✗	I	Local government (subnational arms of the Ministry of Health), communities	✓
5	Agriculture/Food Security	SNSA	U5, WRA, vulnerable population	General population	1,2,3,4	1,2,3	✗	✗	1,2,3,4	National and local government, civil society, NGOs and technical and financial partners	✗
6	Economic/Social	SNPS	U5, vulnerable population	WRA	1,4	I	I	✗	✗	National government	✗
7		SCAPP_I	U5, other children, WRA	✗	NA	NA	I	NA	NA	NA	✗

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
8		SCAPP_II	Children and women	Institutions, schools and university, vulnerable communities	1,2,3,4	X	X	1,2	1,2,4	National government	X

* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing



What are the monitoring, evaluation, and accountability mechanisms?

Mention of **monitoring and evaluation (M&E)** is found in all of the policies. Although information on these mechanisms is not available in the SCAPP_I, these are found in the SCAPP_II policy document. Some policies in the areas of nutrition (PSMN and PEPPO-ANJE), health (PNDS) and economic/social (SNPS) policy, contain a more detailed M&E section. M&E activities include the development of appropriate performance and impact indicators, development and coordination of different types of surveys, establishment, strengthening and harmonization of sectoral administrative systems for collecting and analyzing information, strengthening of a system for monitoring national policies and the application of laws/regulations and national and ongoing international commitments, integration of qualitative and quantitative tools for monitoring and evaluation, definition of responsibilities across sectors and jurisdictional levels, multisectoral and multi-stakeholder committees and groups, commission for regional coordination, regular reporting (e.g. trimestral) and follow up (e.g. semestral), assessment of institutional capacities, process evaluations, midline and endline impact evaluations, and external evaluations. **Accountability mechanisms** are not explicitly outlined in any of the policies except for the PNDS, which makes reference to the planned satisfaction survey. Although the PPEPPO-ANJE does provide detailed and clearly defined information on the distribution of responsibilities for all actors involved, it does not make any explicit reference to accountability mechanisms. Similarly, the SCAPP_II mentions the envisaged extension of a number of administrative

committees to representatives of civil society, the private sector and donors. It is unclear whether this is limited to being a consultative exercise or whether it would enable these additional actors to hold implementing actors to account.

Gaps and recommendations

This policy note is intended to inform national decisions makers, policymakers and a wider audience including implementing partners across all relevant nutrition sectors. Its analysis can help to better understand gaps and incoherence within existing policies. Furthermore, the recommendations emanating from this analysis can inform revisions of existing or the development of new nutrition-relevant policies to improve impact on nutrition in their country.

Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

The analysis above highlights a number of gaps and incoherencies in current nutrition-relevant policy in Mauritania. Future policies or revisions could:

- Ensure that nutrition context, objectives, indicators, and /or planned activities align, in terms of nutrition problems and targeting of populations (e.g., nutrition objectives target several different groups but nutrition indicators only measure progress for some of these groups). This would allow to achieve better coherence within policies, introduce well-aligned impact pathways, from broad objectives to specific indicator measures, and enable identification of gaps and challenges, leading to more effective targeting.

- Better define nutrition concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators. Only few policies highlight nutrition disparities across regions, gender, urban/rural and socioeconomic status; even if some policies targeting vulnerable populations focus on specific beneficiary groups, disaggregated nutrition indicators and targets are not clearly defined. Ideally, indicators are also disaggregated by gender, geographic area and between urban and rural settings, to capture the disparities identified in a policy's context analysis, and to ensure effective progress tracking.
- Invest more in inclusion of marginalized and/or underrepresented population groups. The policies we assessed provided limited nutrition context information on adolescents, men and the elderly. The policies can benefit from more inclusive consideration of these groups, as they play an important role in contributing to a child's growth, development and life chances, calling for their involvement in activities addressing children's nutrition
- Invest in fighting malnutrition in all its forms in Mauritania by capitalizing on shared drivers, entry points and delivery platforms. In order to curb current trends in malnutrition, namely the coexistence of multiple forms, a holistic lifecycle approach is essential to address causes and consequences of malnutrition and disease burden in the country. A rising burden of overweight/obesity and diet-related NCDs across the region calls for targeting not only key groups through interventions that will impact on a child's life course, but also on the lifecycle in terms of different age groups currently being affected by different and often coexisting

burdens of malnutrition, including within the same households and communities

- Ensure clear budget allocation plans for nutrition across nutrition-relevant policies and sectors. Most of the policies we assessed lacked clearly defined nutrition budgets, although budgetary information may be provided in some form in additional documents. Overcoming this limitation is crucial for meeting the WHA targets, or at least for narrowing the gap between these and the current situation.

Recommendation 2: Continue to invest in strong multisectoral coordination.

Strengthening multisectoral coordination and actions across sectors, ministries, and departments will be essential for achieving the WHA targets in Mauritania. Multisectoral and multi-actor coordination is the basic guiding principle of governance for only half of the nutrition policies included in this note. Despite the presence and the importance of multisectoral coordination highlighted in some policies, significant challenges for its functionality were mentioned. Leadership can be strengthened by clearly defining the roles of all actors at a higher hierarchical level with an authority over all of the contributing sectors. The application of strong vertical and horizontal coordination mechanisms would buttress the country's potential to achieve the WHA targets.

Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.

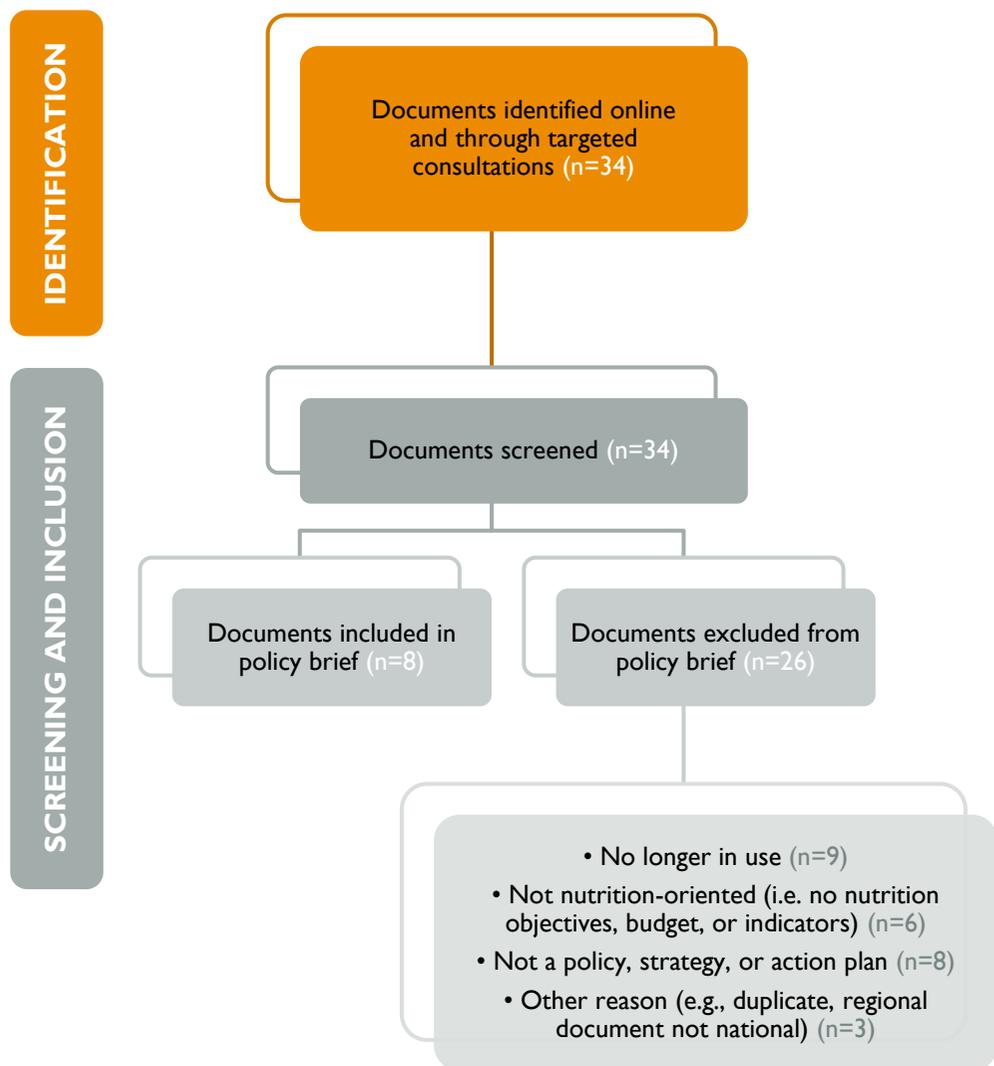
Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of

nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin mainstreaming nutrition into future policies and operational documents into diverse policy areas, policymakers could refer to the gaps identified throughout this policy review. This includes missed opportunities in sectors excluded from this synthesis because the policies identified were not sufficiently nutrition-oriented (namely education and research, water, sanitation and hygiene, environment, climate, resource management, or other cross-cutting policies (e.g. gender/family, governance, etc.)). Strong multi-stakeholder engagement across the policy landscape is essential for ensuring that nutrition is integrated across sectors to create and sustain an enabling environment for tackling malnutrition.

Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.

The revision of existing policies and the drafting of new ones provides an opportunity for better integration of nutrition through the alignment of activities and indicators with the nutrition issues, objectives and target groups indicated in the policies. By incorporating the above recommendations, any new or revised policy could contribute to advancing nutrition at national level.

Annex I: Flow diagram of documents included in the policy brief



Endnotes

ⁱ UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), April 2021, New York.

ⁱⁱ United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2020). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, July 2020.

ⁱⁱⁱ Ibid.

^{iv} World Health Organization, Global Health Observatory Data Repository/World Health Statistics (apps.who.int/gho/data/node.main.1?lang=en).

^v UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Database, April 2021.

^{vi} Ibid.

^{vii} Global Nutrition Report: Country Nutrition Profiles. Bristol, UK: Development Initiatives.

^{viii} Non-Communicable Disease Risk Factor Collaboration (NCD-RisC). Data Downloads. Retrieved from <http://www.ncdrisc.org/data-downloads.html>

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