EVALUATION OF UNICEF HUMANITARIAN RESPONSE TO
MAURITANIA’S NUTRITIONAL CRISIS

Evaluating in the Context of Recurrent Crises

Background: Mauritania is one of the countries that were most severely hit by the nutritional crisis unfolding in the Sahel region in 2012 (more than 122,719 Mauritanian children were affected by it). Unfortunately, the nutritional crisis became cyclical and lasted for a period of three years (2012-2015). Furthermore, the negative impact of the crisis was compounded by the effects of another humanitarian crisis affecting the country’s eastern region as of 2012: the influx of over 62,000 refugees fleeing the conflict in Mali. In response to this double humanitarian crisis, the United Nations system in Mauritania developed an Inter-Agency Contingency Plan to support the efforts of the Government and its humanitarian partners to ensure an effective response based on the Core Commitments for Children in Humanitarian Situations (CCCs).

Purpose: Three years into the crisis, UNICEF and all other in-country partners expressed their need for evaluating the coherence and connectivity of their humanitarian response with Mauritania’s national development policies. The purpose of this evaluation was to inform the development of both the new Country Development Strategy and the new Cooperation Program. This independent evaluation was made possible thanks to the financial and technical support provided by the UNICEF Evaluation Office to the Mauritania Country Office within the scope of the “SUPPORT TO THE DECENTRALIZED EVALUATION FUNCTION FOR EVALUATING HUMANITARIAN ACTION IN UNICEF” Initiative.

Methodology: The evaluation relied on a retrospective parallel mixed methods design and placed special emphasis on the consistent use of triangulation to address each one of the evaluation questions. The three country’s regions included in the sample were selected as representative in light of three criteria: their malnutrition prevalence before the crisis and during the 2012-2015 period, their coverage in essential health and nutrition services, the ethno-cultural composition of their residents and the presence of implementing partners contributing to the humanitarian response being evaluated. For the collection of qualitative data, semi-structured interviews were conducted, both individually and in groups, with 88 key informants at central, regional and local levels (women accounted for 15% of the sample). In addition, 50 more semi-structured interviews were conducted and 26 focus group discussions (FGD) were organized. A sample of six FGD participants was identified and six in-depth case studies were developed (the six “life stories” that resulted from this exercise were used to deepen the understanding of the unique human experiences lived by six women who had faced the multiple crises between 2012 and 2015). The qualitative analysis (word frequency analysis, matrix analysis and queries) focused on a number of indicators measured in each one of the zones targeted by the humanitarian response (e.g. level of activities effectiveness, resilience and equity). A comparative analysis of the findings allowed identifying the similarities and differences existing across the different interventions implemented as part of the national humanitarian response. By doing so, the evaluation made it possible to assess the level of equity of the humanitarian response as well to identify the different forms of resilience developed by the communities living in the crisis-affected areas. That assisted UNICEF in better targeting its humanitarian interventions in the country by also meeting the affected populations’ needs more effectively.

Conclusions: Although UNICEF contribution to the humanitarian response to the Mauritania’s nutritional crisis was considered necessary and effective by all respondents, the overall effort to strengthen the resilience of health, social affairs, water and sanitation systems remained insufficient. The evaluation specifically highlighted that the multi-sectorial responses developed as part of the humanitarian response remained totally dependent on the support of UNICEF and its partners. In addition, although the Integrated Community Case Management for Severe Malnutrition (PCIMA in French) was indeed fully integrated into the public health system, nearly 25% of households in the three targeted areas, often the poorest, living in rural areas more than 5 km from a health facility, was excluded from accessing its services. Furthermore, the evaluation of the integration among the different components of the humanitarian response showed that the multi-sectoriality was not yet fully formalized and operationalized as expected. Most of these evaluation conclusions served as the basis of the new United Nations Development Assistance Framework (UNDAF) crafted by all the UN agencies present in Mauritania. The more systematic and rapid integration of the humanitarian response into unfolding food and nutritional crises, which was predicated in the new UNDAF: helped not only to ensure a closer emergency-development nexus but also to improve stakeholders’ coordination to better tackle both the immediate and underlying causes of malnutrition.

Recommendations to the Government: (i) Implement a multi-sectoral nutrition plan involving the different sectors, providing both structural and cyclical responses and enabling an effective and inclusive early warning system to be put in place; (ii) Develop a community-based approach to ensure that the populations have access to basic health and nutrition information and services; (iii) Provide the leadership necessary for an effective, coordinated and sustainable response.

Recommendations to addressed to UNICEF: (I) Support the Government in the implementation of the Multi-sectoral Nutrition Plan and a multi-sectoral community approach while strengthening its capacities at various levels; (ii) Develop more integration among the different components of the Program and foster a more explicit continuum between emergency and development actions.

Lessons Learned

1) The responses to the nutritional crisis put in place by the communities draw on family values of solidarity and sharing. CASH transfers, by targeting only one child, disjoins the approach to sharing, which is a cardinal value of the family. Therefore, any response that is intended to be effective should take into account the cultural constructs of sharing and collective resilience that are the foundations of that behavior.

2) The mother-child link should be regarded more closely in the future, especially with respect to the community construction of such intertwined relationship. Programmes that aim to intertwine the mother-child nutritional approach should be encouraged and supported.