Mauritania 2010–2011

INTEGRATING ESSENTIAL WASH INPUTS INTO NUTRITION PROGRAMMING DURING HUMANITARIAN EMERGENCIES

Improved Management of Malnutrition through Incorporating a Minimum Essential WASH Package in Facility and Community Nutrition Programs

Context

Guidimakha region in southern Mauritania experienced high levels of acute malnutrition during the prolonged drought beginning in 2010 that affected much of the Sahel. As part of a coordinated effort by the regional WASH group to reduce malnutrition in a sustainable way, especially among children under five years of age, Action Against Hunger (ACF) worked with other partners to strengthen an integrated nutrition-WASH approach developed over previous years to counter the vicious cycle of malnutrition and diarrhea. A key element of the approach was standardizing and mainstreaming a minimum essential WASH "package" for both facilities (including nutrition rehabilitation centers) and homes. (See also the Sahel region case study.)

In Mauritania, the initial program was conducted in an area with a total population of 186,697. It was managed by ACF-Spain in collaboration with several state structures and NGOs and supported by UNICEF, with primary funding from the Humanitarian Aid and Civil Protection department of the European Commission.

ACF - Mauritanie

A woman produces a coating of mud for a latrine in the village of Hassi Amar.

Activities/Channels

ACF and its partners delivered an integrated WASH and nutrition program in the region, developed jointly by the two sectoral groups. A project manager supporting each sector ensured the link between the field teams and the coordination team based at Sélibaby (the capital of Guidimakha). At the facility level, the program provided trainings according to the national protocol for malnutrition and provided supervision and technical support to health workers in CRENAS (nutrition rehabilitation centers for severe acute malnutrition outpatient care), CRENAM (in-patient rehabilitation centers), and CRENI (community feeding centers). ACF provided equipment and materials for nutrition rehabilitation centers, including hygiene kits for children at the time of their release. The program also supported monitoring and follow-up nutrition activities in CRENAM. ACF constructed, rehabilitated, and maintained wells, water networks, water storage systems; installed latrines in local health facilities; and monitored water quality and implementation of purification systems in the 26 CRENAS.

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In addition to facility-based activities, ACF supported community-level interventions focused on prevention/treatment of malnutrition and improved WASH facilities and behaviors. The program conducted communitywide screenings for child malnutrition and established a system for detecting and monitoring malnutrition cases in the community. The program organized behavior change activities such as cooking demonstrations and theater performances and developed information education and communication tools for hygiene promotion and water treatment in the home. Hygiene promotion sessions were conducted among mothers whose children were treated in the CRENI. In addition a pilot study distributed hygiene and water treatment kits to 200 families with a child being treated for malnutrition.

A new latrine

Community activities were carried out mainly by the supervisors/managers of the nutrition and health centers and by community workers, with the support of ACF facilitators and supervisors. The program also carried out the community-led total sanitation (CLTS) methodology in ten locations spread over two pilot municipalities.

Results

Monthly monitoring was carried out via a system based on the program's logical framework. A mini knowledge, attitude, and practices survey at the household level measured intervention impact. A final evaluation provided feedback to health and nutrition facilities with recommendations for scaling up.

At the facility level, 88 percent of the CRENAS improved sanitation and hygiene conditions. Five health center staff members were trained in the minimum WASH package. At endline, 20 of the 26 centers had access to quality water. Latrines were constructed in four of the eight health posts; five connections to water networks were made, seven wells were rehabilitated, and seven WASH Committees were established.

The program sensitized 40 percent of project area women of reproductive age (15,964 women) on nutrition and hygiene. In the pilot families, at endline 83 percent of beneficiaries knew three key hygiene messages (vs. 68 percent at baseline); 79 percent had adopted two safe practices (up from 65 percent); 96 percent treated their water (up from 63 percent); and 74 percent of water tested in household storage systems was free of fecal coliforms (up from 37 percent at baseline).

Lessons

Some of the communities were very isolated and access to project beneficiaries was challenging. Indicators improved significantly in the second six months of the program due to major efforts undertaken at the CRENI and community levels. Awareness of malnutrition problems increased, beneficiaries were more aware of the services offered by the project, and people were more ready to access them. ACF sometimes found it difficult to integrate activities within government structures due to the lack of available government staff.

Resources

Rapport de Capitalisation, Assainissement Total Piloté par la Communauté (ATPC). Base de Selibaby, Guidimakha, Mauritanie. Septembre 2011. Action Contre la Faim – Espagne (ACF-E) et Commission Europtéenne Aide Humanitaire.

Rapport de Capitalisation, Assainissement Traitement de l'Eau à Domicile (TED). Base de Selibaby, Guidimakha, Mauritanie. Septembre 2011. Action Contre la Faim – Espagne (ACF-E) et Commission Europtéenne Aide Humanitaire.

Raport d'Enquete sur les Comportements, les Attitudes et let Pratiques des Menenges dans la Wilaya du Guidimakha. Action Contre la Faim, Mission Mauritanie. Fevrier 2011.

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