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PROJECT APPRAISAL DOCUMENT
ON A
PROPOSED LEARNING AND INNOVATION LENDING CREDIT
IN THE AMOUNT OF SDR 3.6 MILLION (US\$ 4.9 MILLION EQUIVALENT)
TO THE
ISLAMIC REPUBLIC OF MAURITANIA
FOR A
NUTRITION, FOOD SECURITY AND SOCIAL MOBILIZATION
PROJECT
February 16, 1999

Human Development II
Africa Regional Office

CURRENCY EQUIVALENTS
(Exchange rate effective as of July 13, 1998)

Currency Unit = UM
1 UM = US\$0.00504
US\$1 = 198.150 UM

FISCAL YEAR
January 1 to December 31

ABBREVIATIONS AND ACRONYMS

ACC	- Administrative Council of Cooperatives
CREN	- <i>Centre de Récupération et d'Education Nutritionnelle</i> (Rehabilitation center)
CPF	- <i>Centre de Promotion Féminine</i> (Center for the Promotion of Women)
DPS	- <i>Direction de la Protection sanitaire</i> (DPS)
DRASS	- <i>Direction Régionale de l'Action Socio-Sanitaire</i> (Regional Health Directorate)
ENSP	- <i>Ecole Nationale de la Santé Publique</i> (National School of Public Health)
EPI	- Extended Program of Immunization
EU	- European Union
FS	- Food Security
GDP	- Gross Domestic Product
GIE	- <i>Groupe d'Intérêt Economique</i> (Small Economic Interest Group)
GOM	- Government of Mauritania
GTZ	- German Agency for Technical Cooperation
HP	- Communal Health Post
HSIP	- Health Sector Investment Program
ICB	- International Competitive Bidding
IDD	- Iodine Deficiency Disorder
IMR	- Infant Mortality Rate
MAED	- <i>Ministère des Affaires Economiques et du Développement</i> (Ministry of Economy)
MCH	- Maternal and Child Health
M&E	- Monitoring and Evaluation
MMR	- Maternal Mortality Rate
MOHSA	- Ministry of Health and Social Affairs
MOP	- Ministry of Planning
MPE	- <i>Malnutrition Protéino-énergétique</i>
MSAS	- <i>Ministère de la Santé et des Affaires Sociales</i>
ONS	- <i>Office National de la Statistique</i> (National Statistical Office)
PASS	- <i>Projet d'appui au secteur de la santé</i> (HSIP)
PHC	- Primary Health Care
RAINSA	- <i>Réseau Africain des Intervenants en Nutrition et Sécurité Alimentaire</i>
RH	- Regional Hospital
SECF	- <i>Secrétariat d'Etat à la Condition Féminine</i> (Executive State Secretariat for the Promotion of Women)
SBD	- Standard Bidding Documents
SM	- Social Mobilization
TSS	- <i>Techniciens supérieurs de santé</i> (Senior Health Technicians)
UGP	- <i>Unité de Gestion du Projet</i> (Project Management Unit)
UM	- <i>Unité monétaire</i> (Ouguiya)
USAID	- United States Agency for International Development
WDR	- World Development Report

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THE ISLAMIC REPUBLIC OF MAURITANIA
Nutrition, Food Security and Social Mobilization Project

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This Project Appraisal Document is based on an Appraisal Mission from October 11 to 18, 1998, led by Thierry A. Brun, Sr. Food Security and Nutrition Specialist, AFTH3, and including: Aboubacar Magassouba, Magaye Gaye, Salamata Bâl, Souleymane Sow, Ahmedou Ould Hamed, Cheikh Mohamed El Hafed Ould Dehah, Amadou Oumar Ba and Gildas Royet. Léopold Fakambi, Jean Delion, Sergiu Luculescu (Cluster Leader), Maty Mint Boïde, Mohamed Ould Sid'Ahmed Ould Bedda, Aïcha Mint Ghadour, Hetoutou Mint Abdoullah, Fatimetou Mint Lekhlifa, Gisèle Simard, N'Diawar Kane, Sall Aliou Mamadou, and Bruno Lamarche participated in previous missions. Jean Mazurelle was the Resident Representative of the Bank in Mauritania. Chris Blanchard and Myrina McCullough were the principal assistants for this project in Washington.

The preparation team would like to pay a special tribute to Gisèle Simard, UNDP and World Bank Consultant who died in April 1998 during project preparation. She inspired all members of the team.

Mauritania Nutrition, Food Security and Social Mobilization

Project Appraisal Document

Africa Regional Office

AFTH2

Date: February 16, 1999
 Country Manager/Director: Hasan Tuluy
 Project ID: MR-PE-55003 Sector: Pop. Health & Nutrition
 Lending Instrument: Learning and Innovation Loan

Task Team Leader/Task Manager: Thierry A. Brun
 Sector Manager/Director: Nicholas Burnett
 Program Objective Category: Poverty Reduction
 Program of Targeted Intervention: Yes No

Project Financing Data Loan Credit Guarantee Other [Specify]

For Loans/Credits/Others:

Amount (US\$m/SDRm): US\$ 4.9 million / SDR 3.6 million

Proposed terms:

Multi-currency Single currency, specify
 Standard Variable Fixed LIBOR-based

Grace period (years): 10
 Years to maturity: 40
 Commitment fee: 0%
 Service charge: 0.75%

Financing plan (US\$m):

Source	Local	Foreign	Total
Government	0.3	0	0.3
Co-financiers	0	0	0
IDA	2.9	2.0	4.9
Beneficiary contribution	0.1	0	0.1
Total	3.3	2.0	5.3

Borrower: Government of Islamic Republic of Mauritania

Guarantor: NA

Responsible agency: *Secrétariat d'Etat à la Condition féminine*

Estimated disbursements (Bank FY/US\$m):	1999	2000	2001	2002	2003
Annual	0.2	1.8	2.0	0.9	*
Cumulative	0.2	2.0	4.0	4.9	

* The final year of the project will entail no activities or costs; it accommodates the "one-year later" survey, financed by other funds.

For Guarantees: NA Partial credit Partial risk

Proposed coverage: NA

Project sponsor: NA

Nature of underlying financing: NA

Terms of financing:

Principal amount (US\$): 4.9 million equivalent

Final maturity

Amortization profile

Financing available without guarantee?: NA Yes No

If yes, estimated cost or maturity:

Estimated financing cost or maturity with guarantee:

Project implementation period: 3.0 years Expected effectiveness date: 05/15/1999 Expected closing date: 10/31/2003

A. Project Development Objective

The project objective is to evaluate the effectiveness of specific activities (or components) combined into two different “prototypes” of programs, one urban and one rural, to reduce in a measurable way child malnutrition in Mauritania. The components include: growth monitoring of children (0-3 years), nutritional supplements to pregnant women and lactating mothers, income generating activities, micro-grants, IEC and social mobilization. The rural “prototype” will be implemented mainly through existing women’s cooperatives working closely with village health workers and NGOs. The urban “prototype” will be based on Community Nutrition Centers managed by NGOs and/or local residents of poor peri-urban districts. Because it is based on community level initiatives, the project’s name will be Nutricom (from *Nutrition communautaire*), and for national clarity it will be called *Taghdhia* (nutrition in Arabic). In accordance with the objectives of a Learning and Innovation loan (LIL), the “prototypes” are designed to be cost-effective and suitable for subsequent scaling up to the national level. The LIL will implement and test a mix of components (for the rural and for the urban population) to determine the most cost effective strategy for a future national nutrition project. The innovative feature of the project is to rely on the large network of women’s cooperatives to reduce the high prevalence of child malnutrition in an effective way. It builds on the successful achievements of the component *Femmes et Développement* (FD), included in the IDA-assisted Health and Population Project (PSP) which has demonstrated the capacity of the recently created Executive Secretariat for the Promotion of Women (*Secrétariat d’Etat à la Condition Féminine*) SECF to implement field activities for the benefit of rural women.

The project supports the Mauritania National Action Plan for Nutrition and the National Poverty Reduction Strategy. The development objective is to improve the nutritional status of mothers and children, to promote the physical development of children under six years of age, and to increase the income of participating parents. The assessment of child nutrition, health and growth, and the reduction in micro-nutrient deficiencies such as iron deficiency anemia in participating villages, will be used as key indicators of success. The National Statistical Office (*Office National de la Statistique*) will conduct a base-line survey in participating villages and a final evaluation at the end of the three-year implementation period. The project will be evaluated based on the following indicators: (1) reduced prevalence of underweight children aged 6 months to two years by one-third of the 1998/1999 baseline levels in the targeted pilot project villages; (2) reduced prevalence of 30% of main micro-nutrient deficiencies (iron, iodine and Vitamin A) as assessed by medical examination and biological tests (hemoglobin, hematocrit, urinary excretion of iodine, etc.) in intervention villages; (3) good performances of at least 20 micro-projects or one third of the micro-projects funded in each of the five target regions (Wilayas); (4) training of at least ten competent “female technicians” providing satisfactory services in cooperative micro-projects and nutrition interventions in each targeted district. If the above criteria are met, extension at national level under the present format will be sought. If most or all components are not successful, other techniques will be sought for the effective reduction of malnutrition. If a significant part of the components are successful a “recombination” of successful components could be submitted by the SECF for further funding .

Background

The Government is firmly committed to reducing malnutrition, an effort this project would strengthen. The "*Secrétariat d'Etat à la Condition Féminine*" (SECF) is a recently created agency (1992) which has demonstrated so far good performances. It is now determined to undertake a program against child malnutrition but would like to experiment several strategies for the following reasons:

Since the 1950's a number of different approaches have been tested to reduce child malnutrition in West Africa. The most common strategy was based on early detection of cases by maternal and child health centers followed by nutrition education of the mothers who presented children of low weight for age. This has not been very effective in the vast majority of the cases. The main reasons are: (a) the inadequate design and implementation of the education programs for mothers; (b) the inability of mothers to implement the recommendations in the absence of an increased income or production; and (c) the lack of access to clean water, health and social services which have a synergistic effect on nutritional status of children. Other strategies have included some incentives for mothers to attend nutrition education sessions, demonstrations on local weaning foods and principles of hygiene. The incentives used were the distribution of supplementary food to the mothers in the hope that part of this additional free food supply would translate into increased food consumption of the targeted child. Again, this technique, used in isolation, has not given the expected results in most cases and has not been sustainable. There is strong evidence that microgrants are an effective way to promote both better income and better household feeding patterns. There is still however a fair amount of controversy concerning the appropriate approach. Among the techniques that seem to have a sustainable and positive impact on the reduction of malnutrition are different combinations of (a) mobilization of communities, (b) incentives resulting from increased income or increased production and (c) improved education in the nutritional needs and care of children. It also appears that the combination of mobilization, incentives, increased income/production and education has to be tailor-made for each community. At the heart of the success and sustainability lies the ability of the program to trigger participation and ownership from the targeted communities.

Consequently, the SECF intends to work in close cooperation with the major institutions in Mauritania which have already some experience in the prevention or treatment of child malnutrition, mainly the *Service de Nutrition* of the *Direction de la Protection Sanitaire* (DPS) of the Ministry of Health and Social Affairs, UNICEF and NGOs such as World Vision, *Terres des Hommes*, Doulos, etc. Other NGOs, both national and international will also be invited to participate. In this cooperative pilot program it will test the effectiveness of the combination of activities against the determining factors mentioned above. The SECF plans to build up its own capacity to implement such programs through its network of women's cooperatives. There are over 1,200 women's cooperatives grouping more than 74,000 women, including a large number from isolated and poor rural districts. Their activities include small trade, handicraft, food processing and emergency food distribution. SECF will strengthen its regional offices in the wilayas and provide technical training to female members of cooperatives. These "technicians" will in turn assist women's cooperatives to successfully implement micro-projects and nutrition interventions.

At variance with a "pilot project," which is usually designed to experiment on a small-scale one single "prototype," this LIL intends to compare combinations of different techniques: the first one, in a poor rural environment, is based on the assumption that increasing the income is a necessary and an essential component, the second is based primarily on education, social mobilization and better access to social services in an urban setting. Both are based on close support and assistance to the communities by a voluntary organization, or "sponsor," such as an

NGO or a private *Groupement d'Interêt Economique* or GIE. Both will mobilize available local expertise for the identification and implementation of all interventions. The two "prototypes" will use, in addition, standard nutrition intervention techniques such as growth monitoring of children, nutrition education of mothers, nutritional supplements, promotion of local weaning foods, oral re-hydration against diarrhea, micro-nutrients supplementation and the promotion of breastfeeding. This will be conducted in close cooperation with the nearest health posts and health centers. In essence, the project will provide support to women's cooperatives which can demonstrate their commitment to the reduction of malnutrition.

Justification for the use of a Learning and Innovation Loan (LIL)

The experimental approach and required flexibility of this pilot project fits nicely into the LIL concept. Elements of the design of the prototypes will need to be modified as they unfold, and a LIL appears more appropriate for such requirements. The project's design would contain several innovative features. Being demand-driven, the project needs to be able to respond to the needs expressed by women's cooperatives and their sponsor NGOs. Seminars at local levels will be used to promote participation from all sectoral services (school teachers, extension agents). Though the Bank has been involved in preparing and implementing nutrition projects in other countries, Nutricom would be the Bank's first project specifically focusing women's cooperatives and malnutrition in a Sahelian country.

The SECF, a recently created State Secrétariat, needs to enhance its own planning and management capacity before it can undertake a national program to reduce the prevalence of malnutrition on the whole territory. A LIL would provide the necessary exposure and responsibilities to the staff of the SECF before it is ready to launch campaigns on a national scale. It will also give the SECF the time to elaborate on a pilot scale the educational material, the computer monitoring tools and prepare the advocacy strategies adapted to the country. By the end of the three year period, the SECF expects to determine also the most cost-effective ways to combine the different instruments mentioned above to reduce the incidence of malnutrition and provide decision makers estimates of the investments which would be required to reach specific goals at national level.

B. Strategic Context

1. Sector-related Country Assistance Strategy (CAS) goal supported by the project

Date of last CAS: May 21, 1997 Report Number 16595

(a) The reduction of child malnutrition is one of the most reliable indicators of the reduction of poverty. The reduction of poverty is in turn the primary mandate of the Bank. The CAS specifically mentions, among its strategic elements: (a) poverty reduction; (b) increase of human capital; and (c) reduction of child malnutrition. Moreover, the proposed project will also contribute to other CAS areas of intervention such as development of the rural sector, modernization of the public sector and gender supporting activities. All these elements are fully consistent with GOM policy for the health, agriculture, gender and education sector and with the social and economic objectives.

(b) During the last five years, MSAS has pursued a staff deployment/redeployment policy and an improved training program of health personnel, and in particular of staff working in

referral hospitals and health centers. Although the health sector policy emphasizes prevention, preventive activities represent only 20% of the cost of services provided by the public sector. The introduction of cost recovery has contributed to this situation by creating incentives for providing curative rather than preventive services. Women's cooperatives and associations could contribute significantly to an early identification of child malnutrition cases and treat them preventively, thereby avoiding full medical attention. Since malnutrition is not caused primarily by factors responsive to health interventions, women's organizations can be a very legitimate source of assistance in stemming it. Rates of malnutrition are not identical in all districts, so targeted measures are needed to reach the most deprived segments of the population. Few on-going programs have such activities.

2. Main Sector Issues and Government strategy

- (a) *Low nutritional status of large segments of the population.* The diet of a large portion of the population of Mauritania is monotonous, insufficient in energy and poor in essential nutrients. Additional information is provided in Annex 4. Specific deficiencies including iron, iodine, vitamin A and C are usually associated to this type of diet, resulting in clinical deficiency diseases affecting primarily children and women. Marine resources could be used much more effectively to improve the diet of the population and reduce the severity of child malnutrition.
- (b) *Food deficit and food insecurity.* In addition to chronic food shortages, there are large regional disparities in Mauritania and marked seasonal fluctuations in food availability, resulting in severe food restrictions for some groups of inhabitants during certain years. At times (such as in 1996 and 97) food aid has contributed from 5 % to 20 % of grain imports to compensate for poor harvests and food deficits among low-income groups.
- (c) *Protein-energy malnutrition.* High prevalence of growth retardation is common among children, reflecting moderate to severe chronic malnutrition. A study conducted in 1991 in four regions of the country (Assaba, Gorgol, Tagant and Nouakchott) showed that almost half (49 %) of the children suffered from some degree of protein-energy malnutrition.
- (d) *Iron deficiency and parasitic infestation.* In spite of the rather good availability of fish along the coast and of meat, anemia affects a large number of women because of a poor absorption of iron along with parasitic infestations (e.g. malaria).
- (e) *Iodine Deficiency Disorders (IDD).* Iodine deficiency, which affects more than 30% of the population in certain regions, is known to impair learning ability of children and reproductive functions in women. UNICEF has already provided significant support for salt iodination and campaigns to promote the consumption of iodized salt. The proposed project will support UNICEF initiatives in this field.
- (f) *Vitamin A deficiency.* Severe vitamin A (retinol) deficiency is the leading cause of blindness among children, and night blindness occurs at the end of the dry season among children and pregnant women. The prevalence of blindness among children has been estimated at more than 1% suggesting a significant prevalence of vitamin A deficiency and very low levels of beta-carotene consumption.
- (g) *Training of the "Auxiliaires de Nutrition."* The MSAS can count on approximately 493 "Agents de santé communautaires" (May 1998) in villages of more than 300

inhabitants. These are generally mature women from the community who have received 45 days of training and have learned the use of ten essential drugs. In addition there are 84 "Auxiliaires de Nutrition" of which 44 are "itinérantes," that is, not assigned permanently to any specific location. The project will provide training, equipment and cooperative work agreements to MSAS-linked structures in targeted districts.

(h) *An emerging National Nutrition policy.* Presently the elaboration of a national nutrition strategy is the responsibility of the National Committee on Nutrition (CNN), which is placed under the Ministry for Planning (*Direction des Ressources Humaines*, DRH). It has been created to help a) assess the relevance and effectiveness of nutrition intervention techniques; b) explore other intervention strategies as recommended by international consultative groups; and c) design coordinated set of actions to reduce effectively the prevalence of major nutritional disorders in association with anti-poverty programs. The Ministries concerned are the Ministry for Economic Affairs and Development, the Ministry of Health and Social Affairs and their decentralized structures, hospitals and primary local health centers; the *Commissariat aux Droits de l'Homme à la lutte contre la Pauvreté et à la Réinsertion*; the Ministry of Agriculture and its decentralized staff, and more recently the SECF and its network of women's cooperatives.

The Government needs a stronger concerted national nutrition policy, a set of clear priorities and firm attribution of institutional responsibilities for the implementation of an agreed action plan. It is therefore proposed to incorporate a capacity building component in the proposed project to upgrade the expertise of the SECF in nutrition interventions. However, capacity building will be mostly done through "hands-on training" as the largest part of the funds will be spent serving poor communities. On the basis of the pilot nutrition program "Nutricom" and other on-going activities the GOM will test the effectiveness of strategies to reduce the prevalence of nutritional deficiency disorders and contribute to the design of a better national nutrition strategy.

(i) *Institutional and operational weakness of NGOs.*

National and international NGOs are present only in a small portion of the territory. They have limited geographical area of interventions and low program implementation capacity. Many of them have ambitious but vague programs. They often lack permanent and specialized staff.

NGO Capacity Building

In the social sector, civil society has gradually emerged as a significant player, and for the reduction of mother and child malnutrition, the GOM has been open to NGO assistance. A number of religious and charitable organizations have been actively engaged in this field and are diversifying their activities. The social and political climate is therefore favorable to a gradual expansion of the role of civil society and better partnership with Government agencies. The Bank will continue to assist the GOM to upgrade the qualification of NGOs. Several Ministries are issuing official certificates of registration to professional associations identified as "*Groupement d'Intérêt Economique*" (GIE) or Small Economic Interest Groups. In many circumstances these GIEs can act as microenterprises to sign a service contract with a public or private agency in their area of expertise. The design of the proposed project has been carried out in a participatory manner, with the involvement of Government officials, NGOs, and donors. The *Secrétariat d'Etat à la Condition Féminine* was particularly active in encouraging participation of NGOs. It is therefore anticipated that this "*ouverture*" to incoming new actors in the social sector will continue through the project and allow for a more effective use of many talents and creative initiatives from voluntary organizations in the sector.

C. Project Description Summary

1. Prototypes and components

<u>Prototypes and Components</u>	<u>Category</u>	<u>Cost Incl.</u> <u>Contingencies</u> (US\$M)	<u>% of</u> <u>Total</u>
(a) Community Nutrition Program	Capacity building	1.0	20
(b) Micro-projects	Microgrants, Small Equipment	1.9	39
(c) Social Mobilization / Rural radio	IEC, Capacity building	0.9	18
(d) External Evaluation	Capacity building	0.3	7
(e) Institutional capacity building	Capacity building, Project Implementation	0.8	16
	Total	4.9	100

Two different "prototypes," each including several components are summarized below and described in more detail in Annex 2. In both "prototypes," young children (0-3 years), pregnant women (last trimester), and lactating mothers (0-6 months) targeted by women's cooperatives, associations or Community Nutrition Centers (CNC) in target districts will be the main beneficiaries. They will be selected according to specific criteria in the three poorest Wilayas of the country as identified by the ONS in the Poverty profile (1996): Assaba, Gorgol, Hodh-El-Gharbi and in the poorest neighborhoods in periurban areas of two largest cities: Nouakchott and Nouadhibou.

The activities of the Community Nutrition Training Center (*Centre de Formation en Nutrition Communautaire - CFNC*) will be expanded and strengthened in Nouakchott. It will support primarily the implementation of community-based nutritional activities and action-research in the area of nutrition.

(a) First "prototype": Cooperative mobilization and rural radio for nutrition

This first "prototype" addresses targeted rural areas, exposed to drought and food shortages, where access to social services is inadequate and income particularly low. It would be implemented through those women's cooperatives and associations which can demonstrate their genuine intention to reduce the rate of malnutrition in their communities. There are over 1,200 women's cooperatives all over Mauritania, grouping some 74,000 women. Slightly more than 10% of the existing cooperatives (140 out of 1,200) would be selected over the three-year period to participate in the project. Forty-five cooperatives would start implementing their contracts during the first year and a total of 140 contracts are expected to be completed over the three-year period.

(b) Nutrition counseling and intervention component

In exchange for SECF/NGO assistance, rural women's cooperatives and associations interested in participating in the pilot program will have to organize with the nearest health post, health center or nutrition rehabilitation center (*Centre de récupération nutritionnelle* or CREN) one or more of the following tasks to be conducted on a monthly basis:

- Growth monitoring of children 0-5 years
- Use of locally made cereal-pulses mixed flour as weaning food
- Oral rehydration against diarrhea
- Promotion of exclusive breast feeding until 5 months
- Reduction of parasite infestation through hygiene, mosquito nets and deworming
- Reduction of iron deficiency and folate deficiency by supplementation
- Reduction of iodine deficiency disorders by iodized salt
- Reduction of vitamin A deficiency by supplementation
- Referral of most severe cases to nearest health post, health center or nutrition rehabilitation centers (Centre de recuperation nutritionnelle or CREN)
- Group discussion of causes of malnutrition
- Identification of income generating activities
- Assessment of cost and benefits of micro-projects
- Literacy training.

(c) Micro-project Component

Each participating cooperative will be eligible to receive a small grant and some equipment to launch a “micro-project” of its own choice. Eligible cooperatives will be asked to mobilize 10% of the amount of the total grant they will receive. The sponsor NGO or GIE will help the cooperative to prepare the documents to be submitted to the SECF regional office and technical committees.

Cooperatives will be encouraged to incorporate gradually some of the above activities into their program. This will be assisted and phased according to the absorptive capacity of each participating cooperative. The SECF will develop with MSAS, UNICEF, WHO, FAO and NGOs training programs for each of the topics listed above.

The SECF central team, the “*Unité de Gestion du Proje*” or UGP will delegate to SECF *district regional offices* and local institutions a large part of the identification, implementation and supervision work. At provincial (Wilayas) and district (Moughataa) levels respectively a small intersectoral committee (*Comité Régional de Concertation*) headed by the corresponding (Wali and Hakem) Government representative will review and make recommendations for project approval by SECF. Cost for the “nutrition component” of Nutricom is estimated at U.S.\$ 864,000 of which two thirds would be “rural” and one third “urban”.

“Female technicians” selected from cooperatives: Training of participating NGOs, GIEs and “female technicians” selected from cooperatives in all pertinent fields will be organized mostly by the UGP at central level. “Trainers” will be selected from existing NGOs, professional associations, public technical services, the private sector and the University.

Training in microfinance: After the micro-project has been implemented and if successful, women will be encouraged to save part of the profits and reinvest them. Some women’s cooperatives might want to use their savings as a “revolving fund”. The project will assist women’s cooperatives to organize village banks using their savings.

If beneficiaries do not demonstrate dedication and effectiveness in using the equipment and reducing mother and child malnutrition, the availability of further assistance could be restricted or suspended. The value added and innovative feature of the present approach is to link the assistance received from the SECF to the performances in reducing rates of malnutrition in the community. Costs of the micro-project component are estimated at US\$ 1,600,000.

Harmonization with microcredit: Microgrants made to cooperatives under the present project would have to be made under conditions which are not detrimental to existing and future microcredit schemes. Cooperative and consultative arrangements have been discussed both with existing credit organizations and training/extension services which could provide the required advisory services to women's cooperatives. Nutricom's Implementation Manual will be based on a detailed review of the existing microgrants and micro-project schemes and would incorporate criteria compatible with the existing credit scheme.

(d) Social Mobilization and Rural Radio

Poor rural and urban women, as well as the general public, need to be aware of the project, its benefits, as well as their commitment to nutritional activities and related obligations. Information and sensitization activities would be undertaken throughout project implementation. Use of the following media would be envisaged: radio broadcasts (nutrition and health education) television broadcasts and information brochures.

UNICEF is planning to renovate and extend the coverage of the rural radio operating from Barkeol. An agreement would be signed by UNICEF with SECF to indicate respective duties and responsibilities. Nutricom will fund the creation of another broadcasting station in Aioun as well as supporting equipment, supplies and operating costs. Costs of the social mobilization component are estimated at US\$ 800,000 of which US\$ 350,000 is for the creation of the new broadcasting station in Aioun (Hodh El Gharbi).

(e) Second Prototype: Mobilization and urban integration for nutrition

This second "prototype" is based on the assumption that urban malnutrition is caused by a combination of factors resulting from poverty, ignorance and poor adaptation to the urban environment. It is further hypothesized that education, mobilization and limited nutritional and social assistance could drastically reduce urban malnutrition. The second "prototype" of Nutricom intends to address more specifically this transition to an urban environment in order to restore adequate nutritional conditions by a better use of available resources, improve the nutritional status of mothers and children and the development of children under three years of age. It will rely primarily on existing urban district organizations such as the "Community Nutrition Centers" (CNC) managed by NGOs to implement the activities listed in (a). The funding of these centers by the project would be demand-driven, and they would be opened in vacant or rented facilities by neighborhood associations. They would be staffed by local district associations trained and equipped through the project. Each "*comité de quartier*" interested in participating would select a management group (MG) which would be supervised by a nutrition-qualified NGO and senior district community members. They would adopt similar management rules as the ones set between UNICEF and the urban community of Nouadhibou. As part of the "*Pôles de développement*" initiative conducted with UNICEF support, nutrition centers have been opened in poor urban districts.

Unlike the rural "prototype," the urban prototype would place the emphasis of its activities in the rehabilitation of moderately malnourished children through: (a) systematic weighing of children; (b) supplementary feeding (dry rations or on-site feeding) of malnourished children, pregnant (last trimester) and lactating women (babies over 6 months); and (c) the enhancement of the access of the poor to existing urban services. Since the main concern of this segment of the population is to find means to increase their cash income, the project would also offer advisory services based on demonstrations of successful initiatives. Under specific conditions specified in the implementation manual, small grants would be made available for micro-projects. This would be conducted in close cooperation with existing saving-credit organizations promoted by

the Bank, UNDP, UNICEF and bilateral organizations. Cooperation with the project "Poverty reduction" of African Development Bank (AfDB), PROCAPEC and AMINA Initiative will also be promoted in the area of microcredit.

(f) Selection of NGOs

In order to ensure a rapid start of project activities, a preliminary NGO identification and selection process was begun during project preparation. Nine interested national and international NGOs were pre-selected based on criteria of experience and reputation as being "bona fide" NGOs, and information on project objectives and strategy were given to the national Association of NGOs. NGOs selected during the course of the project would enjoy a large autonomy in conducting their field activities in support of the urban groups. Financing to support the local development initiatives around Urban Nutrition Centers would be made available to them on the basis of a formal agreement signed with the project specifying the rights and obligation of each party and in accordance with an agreed work program and budget

(g) Monitoring

Project monitoring would be the primary responsibility of the SECF, including its regional offices. To this end, it would develop and apply a computerized management information system. Details on the Monitoring and Evaluation component are given in Annex 8. The regional offices would prepare short monthly district implementation progress reports which would be summarized by the SECF into monthly financial and implementation monitoring reports. On a quarterly basis, the SECF would prepare a more detailed situation analysis for submission to the *Commissariat d'Etat aux Droits de l'Homme, à la Lutte contre la Pauvreté et à la Réinsertion* (CEDHLPR) and IDA.

(h) Evaluation

External project evaluation would be the primary responsibility of the "Office National de la Statistique" (ONS) and the *Commissariat d'Etat aux Droits de l'Homme, à la Lutte contre la Pauvreté et à la Réinsertion*. The ONS, which is part of the MAED, has demonstrated its capacity for independent data collection and analysis during the preparation of the Poverty Profile of Mauritania.

During the life of the project, three external evaluations, one baseline, one "project completion" (at three years) and one "after one year of completion", would be funded by the project. All three evaluations would analyze: (a) the achievements in project implementation; (b) the nutritional impact on participating children and women and host communities; and (c) the appropriateness of the institutional arrangements and administrative mechanisms. Both "intervention" villages and "control" villages would be included. Best performers would be compared to the less successful performers in order to identify causes for success and failure.

(i) Financial management, accounting, auditing and LACI implementation

The SECF Managing Unit : The flow of funds would vary depending on the components and would be specified in the project implementation manual. During the first year of operation, all financial operations conducted by the Manager and the Accountant of the Project Management Unit (UGP) will be supervised and approved by the procurement specialist of the Resident Mission or a consultant identified by the Resident Mission for procurement related matters and by

a financial management specialist for operations related to financial management. This one-year arrangement would ensure adequate training on the job of SECF personnel. A simple warehouse will be constructed next to the SECF Training Center which is centrally located in Nouakchott. As a general rule, financial management would be undertaken centrally by the SECF, which would also enter into all contracts for sub-project implementation. Procurement guidelines are given in Annex 6a. Payments to NGOs and suppliers would be done directly by the SECF according to an approved payment schedule.

A computerized management system (planning, follow-up and evaluation) including the preparation of a manual of administrative and accounting procedures will be put in place at Project level. This system should be tested and operational before credit effectiveness. The financial statements of the Project should be audited annually by independent auditors acceptable to IDA. The audit report should be submitted to IDA no later than six months following the end of the fiscal year. The financial statements to be audited should include: (i) a statement of resources and expenditures, (ii) a balance sheet, (iii) a reconciliation of the Special Account and (iv) a statement of expenditures.

The Borrower and IDA have agreed on an action plan for the implementation of disbursement procedures under LACI (Loan Administrative Change Initiative). This action plan foresees disbursements after September 30, 2001 to be done under PMR-based procedures using the Special Account facility. The new mode of disbursement will require the production of the following quarterly reports: (i) financial statements, (ii) project progress, and (iii) procurement management.

The funds flow, which will depend on the components will be detailed in the Project's manual of procedures. During the first year, all the financial transactions made by the Project Management Unit (PMU) will be monitored and approved by the procurement specialist of the Resident Mission, or a consultant in procurement appointed by the Resident Mission, and by a financial analyst for financial matters. The provisions adopted for the first year will ensure an adequate in-house training for the staff of SECF.

Consultants and NGO technical assistance personnel financed by IDA will be selected in accordance with IDA guidelines for the use of consultants. Given the specific nature of these activities, contracts would be awarded directly to NGOs or consultants satisfactory to IDA on the basis of work programs and terms of reference or in a competitive way from established short lists.

Procurement information would be collected and included in the semiannual progress reports to be prepared by project management so as to revise cost estimates and timing of procurement actions. The information to be provided includes: a) contract award data; b) revised cost estimates for individual contracts and the total costs; c) revised timing of procurement actions, advertising, bidding, contract award, and completion time for individual contracts; d) compliance with aggregate limits on specified methods of procurement; e) compliance of procurement with the implementation manual and systematic review of procurement procedures; and f) a completion report by the Government within six months of the credit closing date.

2. Institutional reforms supported by the project

The project will primarily strengthen the women's cooperative movement and the SECF. It will give some selected regional offices of the SECF the resources to test the effectiveness of different strategies. In the process, the personnel will gain experience which can be used for the dissemination of best-practices. Participating cooperatives can be used for the demonstration on

nutrition intervention techniques and their members could also become “trainers” for other women’s cooperatives. A core of “female technicians” will be selected and equipped to assist other women’s cooperatives in identifying and implementing income generating activities. It will pave the way for an increased role of the SECF in gender and social issues.

3. Benefits and target population

Economic benefits

Improved preschool child nutrition and health improves the readiness of children for education at the primary level. Economic benefits are expected from (i) fiscal savings from lower health costs, (ii) increased primary school efficiency, and (iii) financial savings on the part of parents who pay for health care. Improved nutrition/health and cognitive development for children reached by the program will increase lifetime earnings by raising productivity. Improved nutrition of young children will reduce future morbidity due to the strong link between nutritional well being and good health, thereby reducing the cost of the health care system in the future. The parents/mothers participating in the income-generating activities of the project will also reap increased income. The new entrepreneurial activities will produce secondary benefits that would increase total rural output in target regions. Increased incomes of women will improve family welfare and more specifically child nutrition and health.

Social benefits

Young children (0-3 years), pregnant women and lactating mothers belonging to women’s cooperatives and their communities will be the main beneficiaries of the project. The enhanced parenting skills and the participation of women in the income generating activities will generate substantial social benefits from a better quality of life for women, children and families. In summary, this pilot program that would remedy critical early childhood nutritional deficiencies is fundamental to the success of a national strategy for poverty reduction.

Target population

The target population is that of children under three years of age and their parents (specifically pregnant women during the last trimester and lactating mothers during the first six months of breastfeeding) in selected regions (Wilayas of Assaba, Gorgol and Hodh-Gharbi), with particular emphasis on low income pregnant women and mothers of young children who are also heads of household. The pilot project covers three out of 13 wilayas in the country and the poorest neighborhoods in periurban areas of two large cities: Nouakchott and Nouadhibou. In the urban centers, the following target districts have been identified: (a) in Nouakchott: Arafat, Toujounine, Riadh, Dar Naim, El Mina and Sebka; (b) in Nouadhibou: Kraa Boudou, Fom El Base, Dar Salam, Hay El Merdoum and Laeuweyne. Plans include funding for 140 women’s cooperatives in rural areas and 30 urban Community Nutrition Centers. Implementation is phased over a 3-year period.

4. Institutional and Implementation arrangements

Role of the SECF

The SECF will be the executing agency for this project. All SECF directorates and services and the district Units (*Antennes régionales*) will be involved as appropriate in coordination with the other ministries, as well as all SECF’s “*partenaires au développement*”, namely UNICEF, WHO,

FAO, AFD, and NGOs. While SECF has demonstrated its capacity to develop and pursue a sound sector policy, it has not yet been responsible for more than GOM's recurrent non-wage budget allocation for the sector (the budget allocation for salaries is managed by Ministry of Finance (MOF), and the investment budget contributed by donors and executed by various project units is managed by MAED). Therefore, the project has a component for capacity building for SECF and the new management arrangements being proposed. The project includes measures to strengthen the capacity of the Executive Secretariat for the Promotion of Women (SECF) in areas of planning, coordination and monitoring and evaluation. Resources will be allocated to strengthen the *Office National de la Statistique* (ONS) in evaluation of nutritional impact.

Project management

The project itself will be managed by a Project Management Unit or *UGP (Unité de Gestion de Projet)* headed by a National Director (*Directrice Nationale*). The UGP will be housed in the SECF but constitute an autonomous entity with separate accounting. UGP will include 13 recruited staff: (a) one project director, (b) one procurement specialist, (c) one nutrition specialist, (d) one communication specialist, (e) one accountant and financial analyst (f) four agro-economists, and four nutrition specialists residing in provincial capitals. Each of the recruited staff will share some of the implementation responsibilities with designated senior civil servants belonging to existing SECF units: "*Direction de la Famille*," "*Direction de la Promotion Féminine*," and "*Direction de la Coopération et de la Planification*." A "*Comité Régional de Concertation*" headed by the "*Directeur de Cabinet*" of the SECF will make key decisions concerning implementation and monitoring. The UGP will manage program implementation, but will coordinate its activities involving other Ministries through the MAED (*Direction des Ressources Humaines*) which is responsible for the "*Comité National de Nutrition*." It will benefit from the support of all SECF directorates and district health authorities—DRASS. While the MOP will retain its donor coordination function, it has agreed that the technical, program-specific tasks dealing with nutrition will be implemented by the SECF. SECF will be supported with additional training, equipment, computers, and technical assistance. Moreover, by pursuing the decentralization of decision-making, district staff will increasingly become involved in program planning and execution. Similarly, donors, UN agencies and NGOs, which have already participated in the development of the new sector policy, will increase their role in the execution of the program and will be entrusted with the technical support of specific components. A small "*Comité Technique Restreint*" will be created and will meet every second month. It will include UNICEF, WHO, FAO, MSAS and delegates from NGOs.

D. Project Rationale

1. Project alternatives considered and reasons for rejection

(a) In devising a strategy for the nutrition pilot project, the main choices were between strengthening nutrition services of the Ministry of Health, enhancing the capacity of the Ministry for Agriculture to promote better food security and nutrition, or innovating by entrusting the newly created SECF the responsibility of community nutrition through women's cooperatives. After extensive consultations with the major stakeholders (technical ministries, donors, NGOs, women's cooperatives and central government officials), the consensus was that the SECF assisted by NGOs should be given the primary role in conducting program interventions. It was recognized that child nutrition is primarily the responsibility of women in the present Mauritania society and that women leading institutions (SECF and cooperative) should be given the means to organize the eradication of malnutrition. This would increase the likelihood that nutrition of children would be addressed in a sustainable manner.

(b) A second strategic choice involved the geographic targeting of the project. The pilot phase financed by this credit will cover pilot cooperatives in 3 of 10 districts. The GOM has indicated that the Nutricom project should be initiated first in the poorest Wilayas identified by the National Statistical Office (ONS): Assaba, Gorgol and Hodh-El Gharbi and the poorest periurban neighborhoods of the two largest cities: Nouakchott and Nouadhibou. If successful, the project approach could eventually cover all districts in a subsequent project. The pilot project under this credit will consequently be appraised as the first phase of a long-term national program.

2. Major related projects financed by the Bank and/or other development agencies

(a) Although the reduction of malnutrition is not intrinsically a health problem, it is traditionally considered as a component of health activities. The health sector in Mauritania was supported by the Health and Population Project (PSP; Cr. 2311-MAU), the first IDA credit to the sector, which closed in August 1998. Designed as a regular investment operation, it financed: (i) population activities developed under the coordination of the Human Resources Directorate of the MAED; (ii) gender activities conducted by the *Secrétariat d'Etat à la condition féminine*; and (iii) health activities organized by the MSAS.

(b) Other donors currently active in the health sector in Mauritania include the UN agencies, the EU, the French and German Cooperation, the Saudi Development Fund, the Islamic Bank for Development, and the AfDB (see chart below).

Sector issue	Project	Latest Supervision (Form 590) Ratings (Bank-financed projects only)	
		Implementation Progress (IP)	Development Objective (DO)
<u>Bank-financed</u> Health Sector Investment	<i>Projet d'Appui au Secteur de la Santé, PASS</i> (Credit 30550- MAU)	Effective 10/27/1998	Sector-wide support project combined with targeted interventions in selected program areas such as STD/AIDS, family planning, communicable diseases surveillance
<u>Other develop- ment agencies</u> European Union	Rehabilitation of National Hospital Center & Aioun Hospital	Satisfactorily implemented (1993-1995) ECU 8,000,000	Tertiary and secondary hospital development.
	Service decentralization in Gorgol District	Satisfactorily implemented; (1991-1995); ECU 8,500,000	Secondary hospital and primary health care development.
	AIDS/STM Support	Satisfactorily implemented until 1996. Suspended due to disagreement on project coordinator; ECU 600,000	Capacity building and program support for AIDS/STM.
African Development	Primary Health Services	Implemented with delays, since 1994 (effective since	Strengthening drug procurement centrally and in 4 districts;

Bank	Strengthening	1992); UCF 10,000,000	Development of PHC in 2 districts; Support to maintenance service.
French Cooperation	Structural Adjustment Health System Restructuring	Current; relatively successful; FF13,000,000 Implemented; relatively successfully; during 1992- 1995 FF12,000,000	Development of PHC and first referral health facilities. Decentralization; District health services development; AIDS/STD; and Health personnel development.

3. Lessons learned and reflected in the project design

The IDA-assisted Health and Population Project gave an opportunity to the GOM to test the capacity of the recently created SECF (1992) to implement field activities for the benefit of rural women. This was done within a component *Femmes et Développement* (FD) which included the design, funding and supervision of 90 microprojets. The work was carried out with diligence, though slower than planned (50 micro-projects executed by July 1998).

Implementation of the FD component of the PSP showed SECF to be a committed partner pursuing a sound gender policy and observing agreements. On the negative side, the FD did not sufficiently enhance SECF's management capabilities and has not significantly contributed to the strengthening of donor support to SECF. To rectify this, the proposed project would include some capacity building activities.

The SECF has acquired in recent years a significant visibility which has raised considerable interest among donor agencies. It has proved to be an agency capable of open discussions and actions in favor of women which have been traditionally at a disadvantage in the allocation of development investments. The Health Sector Investment Project was carried out in a participatory manner with the involvement of Government officials, NGOs, and donors. The MAED and the *Secrétariat d'Etat à la condition féminine* were particularly active.

4. Indication of borrower commitment and ownership

Numerous meetings with key Ministries, field visits to women's cooperatives and several seminars have given opportunities to the GOM and SECF in particular to demonstrate their keen interest and dedication to the undertaking of the project described in the present document. The implementation of the FD component of the PSP has also demonstrated SECF's willingness and capacity to approach complex gender and poverty reduction problems (for instance, the supervision of field activities by women's cooperatives, the comparison of different strategies in improving the status of women, and the reduction of infant and child malnutrition).

5. Value added of Bank support

It has been apparent during the preparation of this LIL that the Bank can play a role of consensus builder for which it has a comparative advantage. The preparation of the project benefited from the preparation of a Health SIP. The CAS and the Poverty Update identified several areas for addressing poverty and malnutrition reduction in the next three years. IDA's first Health and Population Project (PSP) (Cr. 2311-MAU) provided the means for GOM to initiate some activities against child malnutrition both through the *Service de Nutrition* of the *Direction de la*

Protection Sanitaire (DPS) for MSAS and the SECF. There is now a more favorable context for local initiatives. The Bank is seen as a strong supporter of the involvement of NGOs and civil society at large in local development issues. In Mauritania, there is also presently a genuine commitment to decentralization. In the overall modernization of the health sector, some sub-sector issues such as nutrition have been somewhat neglected. The proposed IDA Nutrition project would, therefore, be fully justified as a means to build on PSP's achievements in specific areas, and especially to improve cross sector performances. The credit will also be used to ensure funding in high-priority program-areas related to poverty reduction and gender for which there is broad consensus among Government, donors and NGOs. Another comparative advantage of the Bank is its capacity to draw lessons from a large range of recent nutrition interventions funded in the developing world. The bank is working closely with the African Network of Food Security and Nutrition Specialist (RAINSA), which is offering consulting services to a range of targeted nutrition interventions in the region.

E. Summary Project Analyses

1. Financial Assessment

There would be no direct recurrent costs resulting from project activities. However, the SECF would cooperate closely with other Government departments regarding recurrent cost implications under community nutritional, economic and social services or micro-projects. The project anticipates large recurrent cost savings arising from (a) reduced health cost for women and children; (b) benefits from increase adult productivity; and (c) projected lower morbidity rates. Government financing at the investment phase is sufficiently small to ensure sustainability.

The present value in financial terms that would accrue to the cohort of children due to increased incomes as adults, and to parents who will participate in the income generating activities in the project is difficult to estimate at this time but most likely exceeds the investment cost. This accounts for most of the financial benefits to the project. Other financial benefits would accrue to the parents of these children who will likely spend less on education arising from reduced grade repetition and lower health care costs due to lower morbidity.

2. Technical Assessment

The project is based on a technically sound design, aspects of which have been piloted in other African countries. Targeting of districts to be covered by the pilot program is based on the poverty profile conducted by the ONS in 1996 and on a review of practical implications. However, phasing of implementation would depend on the "readiness" of each selected district to receive program inputs. Basic conditions of eligibility to receive inputs need to be satisfied. Components were designed on the basis of local needs assessments and demand analysis combined with experience and international best practice in community nutrition, food security and micro-project development. Combining community nutrition activities with income generating micro-projects is an innovation in Mauritania. The use of women's cooperatives and NGOs or GIEs as the technical supervisors of community-based activities is based on the success of the micro-projects implemented as part of the FD component of the PSP and on the performances of the NGOs visited by the mission. Regional SECF offices in the selected pilot districts have demonstrated their managerial capacity and are expected to play an important role in the implementation of the project. The use of the large network of women's cooperatives is meant to offer decentralized decision making at the community level. Since the project relies on both economic and behavioral changes, improved social mobilization strategies and more powerful IEC techniques must be developed during the project.

Unit costs used in the estimates are based on prevailing market unit costs, and allow for inflation and reasonable level of physical contingencies.

3. Institutional Assessment

The SECF

The capacity of the Secretariat for the Promotion of Women (SECF) to conduct the project has been reviewed by an independent national consultant who has made recommendations. The project includes measures to strengthen the capacity of the SECF in areas of planning, coordination and monitoring and evaluation. It also includes resources to strengthen regional offices, the Community Nutrition Training Center (*Centre de Formation en Nutrition Communautaire*) and the ONS (in evaluation of nutritional impact).

Technical Assistance

Several arrangements have been made to ensure an efficient and rapid selection and appointment of the appropriate staff for the UGP. Key positions for successful program implementation were filled before negotiations. Cooperation with UNICEF and WFP for the implementation of the nutrition program, with FAO for technical support to cooperatives, and technical departments of NGOs for overall implementation will provide a broad base for readily available technical assistance and support for the project activities at the community level.

4. Social Assessment

Preventative health care and nutrition programs are more difficult to implement because most of these interventions are designed to influence behavior. Weighing of children and regular attendance in the parental education activities impose a substantial time burden on parents, so other incentives are useful. UNICEF in Mauritania has reported difficulties in promoting growth monitoring, so a careful analysis of the design options was done by the Government's project preparation team and local partners. The most important finding from these social assessments and district consultations was the persistent demand for income generating activities to support mothers. They need a means to improve family resources and not only with advice on nutrition and child caring knowledge. The proposed project design includes therefore income generating aspects which are, in themselves, compatible with the parental education activities since the micro-projects and microenterprise groups training are formed around the same parents and women who will participate in the parental education and nutrition monitoring activities.

5. Environmental Assessment

This is a Category C project. The micro-projects which are part of the components will encourage soil protection against erosion and careful water management. The health education aspects of the project will promote positive environmental impact since this will encourage the use of latrines and environmental hygiene.

6. Participatory Approach

The following entities were informed, consulted or invited to cooperate :

Agencies	Identification/ Preparation	Implementation	Operation
Beneficiaries/community groups	CONS,COL	CONS,COL	CONS,COL
Intermediary NGOs	IS,CONS,COL	IS,CONS,COL	CONS,COL
Academic institutions	IS,CONS	COL	COL
Local government	IS,CONS,COL	IS,CONS,COL	IS,CONS,COL
Involved Ministries	I, CONS, COL	I, CONS, COL	I, CONS, COL
Other Donors: UNICEF/FAO/WHO	CONS,COL	CONS,COL	CONS,COL

Note: IS=information sharing, CONS=consultation, COL=collaboration

The Government adopted a participatory process in the development of the project. At the initial stages, in July 1997, a review of all potential stakeholders was carried out. This was followed by a national client consultation workshop (October 1997), which had an attendance of more than 40 representatives from the project stakeholders--Government ministries, donors, UN Agencies, NGOs, district officials, academia, cooperatives. In addition, two separate assessments of rural micro-projects implemented under SECF supervision, using participatory rural appraisal techniques were conducted, the results of which were presented at the participatory client consultation workshop. District assessments of child nutritional status were carried out by MSAS and UNICEF in sample communities in rural and urban areas.

F. Sustainability and Risks

1. Sustainability

The present credit would finance the pilot phase of what could be expanded into a long-term national program to eradicate child malnutrition. The following features are adopted in the project design to promote sustainability: (a) social mobilization through networks of women led by the SECF (b) demand-driven, community-based approach in defining activities which could reduce poverty and child malnutrition, (c) capacity building at the district level in planning and monitoring of community child care; (d) building of grassroots institutions (cooperatives and savings groups) around the parents' groups who would receive the parental nutrition education; and (e) requirements for counterpart community contributions thus promoting community ownership of the programs. The core of the project activities is the promotion of good child nutrition and care behaviors and the identification of additional resources for assisting families to maintain such behaviors. A substantial part of the project is devoted to capacity building at grass-root levels, training and development communications to promote child growth and nutrition, and the strengthening of grassroots institutions (such as women's cooperatives, GIEs and NGOs) which are expected to continue after the pilot project investment period. Communities will also contribute counterpart funding during the operational period of the project.

2. Critical Risks (see fourth column of Logframe in Annex 1): Project outputs to development objectives

Risk	Risk Rating	Risk Minimization Measure
The capacity for implementation of the project by SECF is still weak	Moderate	Training of project staff has been initiated. Before and during project operational period additional training, visits to other projects in the Region and technical assistance will be provided.
Other Ministries may not sufficiently provide support to the program of activities.	Moderate	Dialogue with other Ministries will be held to sensitize the other Ministries on the project benefits and needs. Furthermore, the assistance of the National Committee on Nutrition will be secured in further development of appropriate cross-sectoral cooperation
Project components to outputs		
<u>Risk</u>	<u>Risk Rating</u>	<u>Risk Minimization Measure</u>
There are not many experienced local NGOs to assist women's cooperatives. NGOs may not be willing to bid for some outlying and difficult districts.	Moderate	Extensive dialogue and discussion with major NGOs involved in child nutrition were held during preparation. This dialogue will continue at the project implementation phase. International and local NGOs will be invited to participate actively in the project. Alternate solutions involving locally available expertise have been identified during appraisal.
Community organizations (women's cooperatives, micro-enterprises and savings groups) may not be responsive to incentives.	Low	NGOs contracted to provide technical supervision will be required to monitor carefully and change the incentive structures as appropriate.
Health workers and/or Community Nutrition workers (CNW) may not be able to fulfill their work assignments because the demands of the project may be beyond their expertise or because payments and incentives are not sufficient.	Moderate	The training and payment of participating health workers and/or CNW will be specified in the Project Implementation Manual. However, during implementation, further adjustments could be made to meet changing demands. The incentive structures and technical support for these workers will be defined more clearly on the basis of UNICEF experience with similar projects. Community support to the CNW are also seen as important incentives for sustaining the pilot program.
Parents, mothers and other program participants may not be able to sustain attendance in the micro-project training sessions and parental education meetings, and program activities.	Low	Although the FD component of PSP and community assessments found that this risk is low, the project design will provide for a suitable schedule which will take into account the agricultural calendars and local needs. A communication strategy will be formulated to sensitize participants.
Women cooperatives strengthening and savings	Moderate	Literacy training and grassroots management

group formation and income skills training activities may be hampered by the high illiteracy in the proposed project areas.		techniques, will be applied in the project. Such methods are adaptable to low literacy environments. However, alternative designs by SECF regional offices could be used if the process does not work in a particular district.
Overall project risk rating		
<u>Risk</u>	<u>Risk Rating</u>	
The overall risk that the pilot project could fail to achieve its development outcome is rated as moderate.	Moderate	Project risks would be mitigated by close supervision, frequent reviews by senior nutrition specialists from UNICEF, the University and the African Network of Food Security and Nutrition Specialist (RAINSA), the Government and IDA on implementation after careful project planning, monitoring arrangements at the district level.

G. Main Credit Conditions

1. As conditions for **negotiations**, the Government:

- furnished a draft Project Implementation Manual acceptable to IDA;
- furnished a shortlist of NGOs, GIEs, or institutions to be eligible for central and district level technical assistance;
- furnished IDA with evidence of selection of the following staff (qualifications satisfactory to IDA): Project Director, Manager (procurement specialist) and accountant.

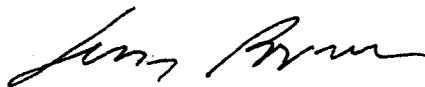
2. As **effectiveness conditions** the Bank will require :

- the project unit to establish and maintain a sound financial management in compliance with OP/BP 10.02 in the following areas : accounting systems and procedures, planning and budgeting, internal controls, auditing, etc.
- finalization of Project Implementation Manual acceptable to IDA.
- appointment of an independent auditor acceptable to IDA.

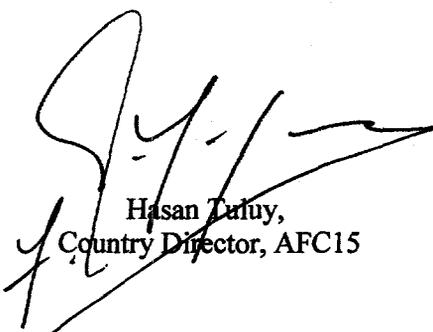
H. Compliance with Bank Policies

This project complies with all applicable Bank policies.

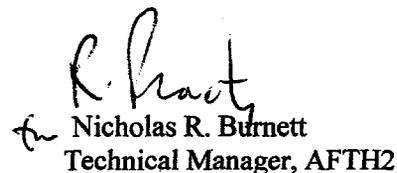
For the Team



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Annex 1

Project Design Summary

Mauritania: Nutrition, Food Security and Social Mobilization

Narrative Summary	Key Performance Indicators	Monitoring and Evaluation	Critical Assumptions
<p>Sector CAS Goal:</p> <p>Reduce prevalence of child malnutrition</p> <p>Enhance and promote role of women in the economic and social development of the country</p> <p>Promote food security and sustainable production.</p> <p>Mobilize civil society in anti-poverty programs</p>	<p>Percentage of children below nutritional standards.</p> <p>Number of women benefiting from or enrolled in activities supported by the sector.</p> <p>Lower food prices for basic commodities.</p> <p>Level of participation of local associations and NGOs.</p>	<p>National nutrition surveys and national employment and social statistics.</p> <p>Market surveys on food prices and household food consumption surveys.</p> <p>Rapid appraisal techniques with NGOs</p> <p>Number of participating local associations and NGOs. Press coverage and analysis.</p>	<p>(Goal to Bank Mission)</p> <p>Strengthen Government commitment against poverty</p> <p>Increased representation of women in all public institutions and promotion of legislation empowering women.</p> <p>Increase private investments in agro-food sectors</p> <p>Improve the legal framework for national and international NGOs.</p>
<p>LIL Project Development Objective:</p> <p>To demonstrate that malnutrition and infant mortality can be reduced in targeted districts through capacity building and income-generating activities.</p>	<p>30% reduction in stunting, wasting, growth retardation, anemia, iodine deficiency, and vitamin A deficiency.</p>	<p>Nutrition surveys and local health statistics.</p>	<p>(Objective to Goal)</p> <p>Allocation of adequate resources within the National Health Budget</p>
<p>Outputs:</p> <p>1. Enhanced capacity of women cooperatives in target villages to be responsible for nutrition activities (assisted by NGOs).</p>	<p>FY2000: 45 nutrition related contracts/3 trained female technicians FY2001: 45 more contracts/3 more trained technicians; FY2002: 50 more contracts/4 more trained technicians.</p>	<p>Progress reports and surveys</p>	<p>(Outputs to Objective)</p> <p>Significant expansion and strengthening of the National Nutrition Program.</p> <p>Freedom for NGOs and associations to participate in social programs.</p>

Narrative Summary	Key Performance Indicators	Monitoring and Evaluation	Critical Assumptions
<p>2. Increased participation of women in microprojects including food and nutrition related production , processing and marketing activities</p> <p>3. Established programs promoting nutrition services and nutrition education.</p>	<p>FY 2001: 20 successful micro-projects per region funding nutrition activities FY 2002: Total of 40 micro-projects FY 2003: Total of 60 micro-projects.</p> <p>At least 30% profit margin on micro-project investments each year of project</p> <p>FY 2001: Two regions covered by nutrition-education package (media and mobile IEC teams) FY 2002: A total of four regions covered FY 2003: All five regions covered.</p>	<p>Progress reports and surveys</p> <p>Surveys and progress reports.</p>	<p>Effective support of GOM & NGO technical services to female operators and health workers in target villages.</p> <p>Cooperative-friendly legislation and supportive measures to access technical assistance</p>
<p>Project Components</p> <p>Community Nutrition Program</p> <p>Micro-projects</p> <p>Social Mobilization/Rural radio</p> <p>Project management, Capacity building Monitoring and Evaluation</p>	<p>Inputs: (tentative budget for each component)</p> <p>US \$ 1,000,000</p> <p>US \$ 1,900,000</p> <p>US \$ 900,000</p> <p>US \$ 1,100,000</p>	<p>Project supervision and progress reports.</p> <p>Project supervision and progress reports</p> <p>Project supervision and progress reports</p> <p>Project supervision and progress reports</p>	<p>Is assumed that the National Program of Nutrition will be the major contributor to the expansion of infrastructures, personnel and coverage of nutrition activities</p> <p>Is assumed that other national schemes of micro-credit will also be available to female cooperatives.</p> <p>—</p> <p>Part of the capacity building of the Department of Statistics will be supported by other projects.</p>

Annex 2

Detailed Project Description

The justification for the Learning and Innovation Lending approach for this project is delineated on p. 4 in the background section of the PAD. Below will be discussed the specific features of the two prototypes aiming to reduce, in a measurable and cost-effective way, child malnutrition in selected districts of Mauritania. In both “prototypes”, young children (0-3 years), pregnant (last trimester) and lactating women (0-6 months) belonging to women’s cooperatives and their communities will be the main beneficiaries.

A. First “prototype” : Cooperative mobilization and Rural Radio for nutrition

This first “prototype” addresses rural malnutrition. It will be implemented through women cooperatives and associations which can demonstrate their interest in reducing the rate of malnutrition in their communities. There are over 1,200 women cooperatives all over Mauritania, grouping some 74,000 women. This component of the project will fund 140 of the 1,200 registered women cooperatives in the three target Wilayas. They will be selected according to specific criteria in the three poorest Wilayas of the country, as identified by the ONS in the Poverty profile (1997): Assaba, Gorgol and Hodh-El-Gharbi. “Women’s groups” in the text always refers to women belonging to a registered women cooperative or an association of women participating in the project, therefore located in targeted areas, and generally assisted by a participating NGO or GIE. However, in areas where no NGO nor GIE is available, locally available resources (e.g. extension agents, health workers, school teachers and qualified members from women cooperatives) will be given responsibilities to identify and implement nutrition interventions and micro-projects.

This “prototype” is based on the assumption that malnutrition is caused by a combination of factors resulting primarily from poverty and ignorance. It is therefore necessary to ensure a close linkage between income generating activities, education, access to health services and nutrition interventions. The SECF will provide through NGOs and GIEs, a number of incentives, including small equipment, micro-grants, technical advice to women cooperatives which commit themselves to conduct nutritional activities in a systematic manner.

Meetings and seminars at village level will be organized to empower local communities in taking action against malnutrition. Once women cooperatives have identified meaningful activities, Nutricom will finance mobilization through the SECF and deliver mostly through NGOs, a number of incentives to women cooperatives which are applying for participation. This would include technical training, inputs, small agricultural and /or handicraft equipment, micro-grants, technical advice to women cooperatives which commit themselves to conduct nutritional activities in a systematic manner. A large part of the work of contacting and counseling of women cooperatives will be entrusted to NGOs, GIEs, local agents and local voluntary organizations.

(a) Nutrition counseling and intervention component

In exchange for SECF/NGOs' assistance, rural women cooperatives and associations interested to participate in the pilot program will have to organize with the nearest health post, health center or nutrition rehabilitation center (*Centre de récupération nutritionnelle* or CREN) one or more of the following tasks to be conducted on a monthly basis :

- Growth monitoring of children 0-5 years
- Use of locally made cereal-pulses mixed flour as weaning food
- Oral re-hydration against diarrhea
- Promotion of exclusive breast feeding until 5 months
- Reduction of parasite infestation through hygiene, mosquito nets and de-worming
- Reduction of iron deficiency and folate deficiency by supplementation
- Reduction of iodine deficiency disorders by iodized salt mainly
- Reduction of vitamin A deficiency by supplementation
- Referral of most severe cases to nearest health post, health center or nutrition rehabilitation centers (*Centre de recuperation nutritionnelle* or CREN)
- Group discussion of causes of malnutrition
- Identification of income generating activities
- Assessment of cost and benefits of micro-projects
- Literacy training.

1. Definition of nutritional activities :

Activities which will be described in more detail in the Implementation Manual are summarized here.

a. - Growth monitoring of children 0-3 years

Each participating cooperative will receive the necessary equipment : Scale, notebooks diagrams and stationary. It will conduct a comprehensive anthropometric survey (name, age, weight and height) of all children from the whole village or only from the members of the cooperative if the village sample is too large (more than 400 children). This will be conducted annually with the assistance from the health post or the "sponsor" NGO. A copy of this survey will be transmitted to the Managing Unit of the SECF and another to the Office National de la Statistique (ONS). The recommended date and methodology of the survey will be selected by ONS. A final survey will be conducted one year after the last survey.

b. - Referral of most severe cases to health centers or nutrition rehabilitation

In addition of the annual anthropometric survey, all participating women's cooperatives will be responsible for the monitoring, month after month of all cases of malnutrition identified in their community. This will include but not be limited to the monthly measurement of the weight and height of the children found to be below two Standard Deviations (S.D.) of the mean of National Center for Health Statistics (N.C.H.S.) standards. This monitoring of malnourished children and the nutrition rehabilitation activities will be set as conditions for the benefits from the Nutrition project (micro-projects, micro-grants, participation in training activities, etc...). Monitoring of malnourished children and nutrition rehabilitation activities should be conducted together with the nearest health center.

c. - Reduction of iron and folate deficiency - of iodine deficiency disorders (IDD) and of vitamin A deficiency

Similarly, measures will be taken to obtain a month-after-month monitoring of all cases of anemia, goiter and vitamin A identified in the community. This will include but not be limited to the monthly recording of common signs of anemia, thyroid enlargement and eye lesion or night blindness. NGOs and GIEs working with the SECF will be trained to use field hemoglobinometers. This equipment will be placed at the disposal of local health workers with appropriate training. In some instances, SECF and health Centers will provide other diagnostic equipment to local health post for the duration of the surveys (micro-centrifuge for hematocrit determination and field hemoglobinometers). Distribution or sale of iron, folate, iodine and Vitamin A supplements will follow the standards agreed by the Ministry for Health.

d - Reduction of parasite infestation and the oral re-hydration therapy (ORT)

The activities of women cooperatives for the reduction of parasite infestation and the promotion of oral re-hydration therapy (ORT) against diarrhea will follow also the standards agreed by the Ministry for Health. If the nearest health post is conducting these activities efficiently the cooperative will not need to engage in parallel preventive or curative programs. Otherwise it will seek to obtain the necessary drugs and conduct with medical supervision annual de-worming campaigns and ad-hoc diarrhea treatment with ORT.

e- Promotion of cereal-pulses mixed flour as weaning food

Several women cooperatives are already producing some sort of cereal mix to be used as weaning food. This activity will be expanded to make the recuperation of malnutrition cases more effective. Technical assistance and financial support will be provided both for production and marketing. Each cooperative will submit a budget with the assistance of the sponsor NGO. Grants to expand or improve management of existing "*boutiques mères-enfant*" or regular cooperative "boutiques" will be provided .

2. Gradual implementation and Phasing of activities

Cooperatives will be encouraged to incorporate gradually some of the above activities in their program. This will be assisted and phased according to the absorptive capacity of each participating cooperative. The SECF will develop with MSAS, UNICEF, WHO, FAO and NGOs training programs for each of the topics listed above. Each participating cooperative will be eligible to receive a small grant and some equipment to launch a micro-project of its own choice or create or improve its small retail store in the spirit of the "*boutiques mère-enfant*" promoted by UNICEF. This retail store managed by women, supplies the local community with common food and non-food items at a somewhat reduced price. A number of such retail stores operate successfully in poor communities. Items sold by the "women's" stores will include weaning food and micro-nutrient supplements following UNICEF/WHO recommendations. Cooperatives will also be assisted to create day-care centers which will give easier access to children for counseling and follow-up. Each participating cooperative will be offered the possibility to be assisted by a voluntary organization or a local agency (agricultural extension, health center, school teacher) of its own choice. This institution will act as a "sponsor" organization of the cooperative and act as an intermediary between rural communities and SECF regional offices. The services will be paid on a contract basis between the SECF and the entity providing the service. The role of supporting NGOs, GIEs and/or local organizations will be primarily to help organize nutritional activities, prepare the "micro-projects" and more generally, assist in the delivery of goods and services to reduce the severity of malnutrition and health problems of children and mothers. It includes provisions for the referral of severely malnourished children to nearest health post, center or CREN. Negotiations will be pursued with World Food Program (WFP) to combine some resources for better implementation of targeted interventions. If and when food supplements from WFP are used for nutrition rehabilitation of malnourished children, this will be strictly on a temporary basis, until income generating activities are initiated and become profitable. The role of the "sponsors" will also be to educate women by frequent discussions and demonstrations and finally help empower women to control resources and generate additional income. Part of the resources generated are expected to be dedicated to child care and nutrition.

This third aspect, which is aimed as a long term impact, is the major objective in order to make the reduction of malnutrition sustainable. Cost for the “nutrition component” of Nutricom is estimated at US\$ 864,000 of which two thirds would be “rural” and one third “urban”.

(b) Income Generating Microprojects and Microgrants

1. Selection of micro-projects: Each participating women cooperative meeting selection criteria will be invited and assisted to analyze the causes of malnutrition and poverty in its community. Mobilization will involve locally available expertise and be conducted in participatory ways. Once possible remedies have been identified and if applicable, cooperatives will be eligible for a “micro-grant” and /or equipment to implement an income generating “micro-project”. Eligible cooperatives will be asked to mobilize 10% of the amount of the total grant they will receive. The “sponsor NGO or GIE” will help the cooperative to prepare the documents to be submitted to the SECF regional office and technical committees. The SECF central team, the “*Unité de Gestion du Projet*” or UGP will delegate to SECF *district regional offices* and local institutions a large part of the identification, implementation and supervision work. At respectively provincial (Wilayas) and district (Moughataa) levels a regional intersectoral committee (comité régional de concertation) headed by the corresponding (Wali and Hakem) Government representative will review and make recommendations for project approval by SECF. Technical intersectoral committees will meet whenever necessary and expected to make rapid assessments of the merit of each application so as to expedite the reviews within short delays. If corrections are necessary, the draft proposal will be returned to the “sponsor” NGO or GIE. Once the initial or corrected version is locally approved, the SECF will verify that the women cooperative has deposited in cash, in a post office account, the equivalent of 10% of the amount of the requested micro-grant. In addition, under certain circumstances, contributions in kind could be acceptable. When such a proof has been made, SECF will supply the “sponsor” a check to be deposited on the account of the beneficiaries to purchase the necessary inputs and equipment. Equipment purchased directly by SECF or the NGO/GIE will be delivered at a mutually agreed date. Proof of such a financial deposit and/or equipment delivery will be retained by the “sponsor”.

2. “Female technicians” selected from cooperatives: Training of participating NGOs, GIEs and “female technicians” selected from cooperatives in all pertinent fields will be organized mostly by the UGP at central level. “Trainers” will be selected from existing NGOs, professional associations, public technical services, the private sector and the University. The intensive training program will include the creation of a small core of “female technicians” in each of the targeted districts (Gorgol, Assaba and Hodh El Gharbi). These ten to twelve female technicians (in each wilaya) will be equipped to assist in turn cooperatives in undertaking a large range of income generating activities and nutrition interventions. Cooperatives will be charged for their services in order to make their mission sustainable at the end of the pilot project.

3. Training in micro-finance: After the micro-project has been implemented and if successful, women will be encouraged to save part of the profits and reinvest them. Some women cooperatives might want to use their savings as a “revolving fund”. The project will assist women cooperatives to organize village banks using their savings. The technical training and counseling expenses incurred by the “sponsor” organization assisting a women cooperative

within the project would be paid by the project as part of the contract signed between the SECF and the "sponsor".

4. Contribution of communities: To ensure better ownership, women cooperatives will be asked to contribute ten percent of the value of the initial investment of the income-generating micro-projects (e.g. handicraft, small trade, horticulture, food processing, etc). Other *conditions for eligibility* are indicated in the Implementation Manual. These criteria include: (a) number of years of existence of the cooperative or association; (b) successful completion of previous community-based micro-projects; (d) commitment to effectively reduce mother and child malnutrition; (e) existing assets; (f) micro-grant worthiness; and (g) identification of a suitable "sponsor". Some of the micro-projects will require micro-grants, others small equipment and some training and/or technical assistance or a combination of the above. In order to start swiftly, most of the small equipment required during the first year will be purchased by NGOs (if locally available). The SECF will subsequently take over the procurement of basic supplies such as irrigation pumps, grain mills, tools and instruments necessary for income generating micro-projects. Micro-grants will be used primarily to complement small equipment when savings from the community is insufficient to purchase the required inputs. If beneficiaries do not demonstrate dedication and effectiveness in using the equipment and reducing mother and child malnutrition, the availability of further assistance could be restricted or suspended. Appropriate corrective actions could be taken by UGP if necessary. The value added and innovative feature of the present approach is to link the assistance received from the SECF to the performances in reducing rates of malnutrition in the community.

5. Harmonization with micro-credit: Micro-grants made to cooperatives under the present project would have to be made under conditions which are not detrimental to existing and future micro-credit schemes. Cooperative and consultative arrangements have been discussed both with existing credit organizations and training/extension services which could provide the required advisory services to women cooperatives. Nutricom's Implementation Manual will be based on a detailed review of the existing micro-credits and micro-project schemes and would incorporate criteria compatible with the existing credit scheme.

(c) Social Mobilization and Rural Radio

1. Poor rural and urban women, as well as the general public, need to be aware of the project, its benefits, as well as their commitment to nutritional activities and related obligations. **Information** and sensitization activities would be undertaken throughout project implementation. Use of the following media would be envisaged: radio broadcasts (nutrition and health education) similar to those developed by PDS with NGOs or with UNICEF support (weekly or bi-weekly), television broadcasts (monthly or quarterly), and information brochures (each semester). In addition, regular seminars and meetings would be held throughout the selected wilayas, and field visits by high government officials to the targeted districts would be carried out periodically. All related activities would be organized by the SECF and its regional offices in collaboration with the related Ministries. They would be funded under the social mobilization component.

2. **The radio broadcasts** would not only provide basic information about the Nutricom program (rationale, geographic location, participating institutions, achievements, etc.) but would also be a comprehensive source of information for mothers of young children, their families, their

cooperatives and the population at large. It would address problems of poverty and nutrition of all affected population groups, could give tips on day-to-day life, relate progress in reducing malnutrition, disseminating iodized salt and supplement the counseling services with plays and games (with prizes to first winners per district every quarter). Such activities would be expected to increase the popularity of the program, increase listenership, and generally increase awareness of health and nutritional issues within family life. It would transfer the messages in local languages in a simple, easily understandable and entertaining manner to both adults and children. A local radio-theater group could also be contracted to implement part of this sub-component.

3. UNICEF is planning to renovate and extend the coverage of the rural radio operating from Barkeol. An agreement would be signed with SECF and the structures in charge to indicate respective duties and responsibilities. With the agreement of the Ministry of Communication (*Ministère de la Communication et des Relations avec le Parlement*), Nutricom will fund the creation of another broadcasting station in Aioun as well as supporting equipment, supplies and operating costs.

B. Second Prototype: Mobilization and urban integration for nutrition

Since the mid-seventies a large portion of the nomadic population has migrated to urban centers and to Nouakchott in particular. This drastic change in the way of life of thousands of households each year has created serious problems of adaptation of former pastoralists to an urban environment. Rates of child malnutrition of 30 % or more have been reported from limited surveys. UNICEF is successfully promoting urban nutrition rehabilitation centers (CREN) as part of its "pôles de développement urbains" in Nouakchott and Nouadhibou. Close cooperation with the *Service de Nutrition* of DPS/MSAS and experienced NGOs has now made possible a concerted urban nutrition policy.

This second "prototype" is based on the assumption that urban malnutrition is caused by a combination of factors resulting from poverty, ignorance and poor adaptation to the urban environment. It is further hypothesized that education, mobilization and limited nutritional and social assistance could drastically reduce urban malnutrition. The Doulos Community Maternal and Child Health Program in Mauritania has shown conclusively in Nouakchott that a combination of dry ration distribution, on-site feeding, growth monitoring, and health education can markedly reduce child malnutrition. This is not sustainable unless income of households can be increased. The "prototype" will use the "best practices" of the NGOs already working in Mauritania and combine them in an innovative way with the role of the SECF. The main "instruments" which will be used are "Community Nutrition Centers" (CNC) managed by urban district committees. The second "prototype" of Nutricom intends to specifically address the transition to an urban environment in order to restore adequate nutritional conditions by a better use of available resources, by improvement of the nutritional status of mothers and children and the development of children under six years of age. As in the first "prototype" this "prototype" will attempt to enhance the capacity of families to take better care of young children (0-3 years) and preschool age children (3 to 5 years) through the provision of knowledge on child growth and development, parenting, access to nutrition and health care services, and the promotion of income generating capacity for women. It will facilitate access to micro-credit provided by other institutions (e.g. Nissa Bank/UNICEF or COOPEC/UNDP) and provide equipment and/or micro-grants as is the case in Prototype I. It will rely primarily on existing urban district organizations

to implement the activities listed above in the description of the first prototype: growth monitoring of children, promotion of locally made weaning food, oral re-hydration, promotion of breast feeding, de-worming, use of mosquito nets, supplementation with iron, folate, iodine and Vitamin A, referral of most severe cases to nutrition rehabilitation centers, education of mothers on the causes of malnutrition, literacy training, promotion of income generating projects, including micro-enterprises, training in accounting and cost and benefits analysis of micro-projects.

At variance with the first rural “prototype”, this urban prototype would place the emphasis of its activities in the rehabilitation of moderately malnourished children through: (a) systematic weighing of children; (b) supplementary feeding (dry rations or on-site feeding) of malnourished children, pregnant (last trimester) and lactating women (babies over 6 months); and (c) the enhancement of the access of slum dwellers to existing urban services. Since the slum dwellers main concern is to find means to increase their cash income, the project would also offer advisory services based on demonstrations of successful initiatives. This would be conducted in close cooperation with existing saving-credit organizations promoted by the Bank, UNDP, UNICEF and bilateral organizations. Cooperation with the African Development Bank (AfDB) will also be promoted in the area of micro-credit.

(a) Urban community nutrition program component

The community nutrition program would be implemented through Community Nutrition Centers (CNC) in the poorest urban districts of Nouakchott (Arafat, Toujounine, Riadh, Dar Naim, El Mina, and Sebkhah) and Nouadhibou (Kraa Boudou, Foug El Base, Daar Salaam, Hay Merdoun and Laeuwyene). The funding of these centers by the project would be demand-driven. These centers would be opened in vacant or rented facilities by the UGP. They would be staffed by local district associations trained and equipped through the project. Each “*comité de quartier*” interested to participate would select a management group (MG) which would be supervised by a nutrition-qualified NGOs and senior districts community members. They would adopt similar management rules as the ones set between UNICEF and the urban community of Nouadhibou. As part of the “*Pôles de développement*” initiative conducted with UNICEF support, nutrition centers have been opened in poor urban districts. They are operated by small teams associating NGOs with delegates from the municipality. After appropriate training, the “management group” of each CNC would receive a monthly financial compensation proportional to its workload. Workload is determined by the number of children weighed on a systematic basis, fed dry-rations or on-site and (if applicable) referred to rehabilitation for malnutrition. Coordination and support would be a collaborative effort of SECF and its decentralized personnel in Nouadhibou, the Ministry of Health and Social Affairs and NGOs or GIEs. Field visits conducted in the poor peri-urban districts of Nouakchott and Nouadhibou demonstrate that such arrangements are operational. Doulos Community, an international NGO has developed an efficient scheme which has shown good performances and need now to be modified to become sustainable.

The innovative feature of Nutricom would be (a) to move from remote and very weak nutritional assistance by existing health centers and health posts as it is presently done in most cases to the provision of nutrition-support services right in the middle of poor suburban districts; (b) to transfer responsibility to slum dwellers for identifying and combating mild to moderate protein-energy malnutrition, diarrhea and the three major micro-nutrient deficiencies (iron, iodine and vitamin A); (c) to emphasize preventive measures in the community and reduce drastically the

number of children brought to health centers in critical conditions requiring expensive medical treatment. Obviously CNC responsibilities would not include the rehabilitation of severely malnourished children which would be referred to the nearest competent health center, hospital or CREN.

(b) Main differences between interventions planned in Prototype 1 and 2

There are significant differences between the interventions planned in Prototype 1 and Prototype 2. In poor rural areas, social services are either absent, weak or not functional. Women cooperatives and regional offices of the SECF will be assisted to compensate these insufficiencies by undertaking a larger set of actions than in urban areas where some of the social services are operational. These actions will range from nutrition education, rehabilitation of malnutrition cases, income generating activities and training in savings and investment. The project will actually assist NGOs and GIEs to open new operations in rural areas of targeted districts. In contrast, in the urban environment of Prototype 2, the emphasis will be placed on better use and access of existing services. Close cooperation with UNICEF and UNDP supported initiatives will prevent duplication, overlapping activities or contradictory strategies which might jeopardize credibility and sustainability. Better coordination with nutrition rehabilitation centers (CREN) and existing micro-credit institutions will be the responsibility of the Project Management Unit (*Unité de Gestion du Projet* or UGP).

(c) Role of the Community Nutrition Training Center

It consists in the five following activities: (i) training of community nutrition actors, (ii) producing tools and pedagogic materials, (iii) ensuring the promotion and diffusion of nutritional norms, (iv) supporting 'action-research' for the promotion of nutrition, (v) contributing to the national programs against lacks in micro-nutriments.

(d) Urban intermediation for access to Microcredit for Microproject

NGO support of urban women groups would be predominantly directed to increase and diversify the source of income of female heads of household belonging to the Community Nutrition Centers. The NGO or GIE would facilitate primarily food security and nutrition-related initiatives such as food processing and marketing. Since several schemes of saving and credit already exist in urban areas, the project would try not to duplicate nor compete with on-going programs such as COOPEC/UNDP, CAPEC/DID, ACMPE and Nissa Bank of UNICEF. Technical assistance and training (social intermediation) in the identification and submission to other funding agencies would be provided. Under specific conditions, indicated in the implementation manual, micro-grants could be made available to local communities. This would be restricted to groups which are eligible for micro-credit but unable to obtain it from other sources. Eligibility criteria are specified in the implementation manual.

Based on the experience gained under the "Women and Development" component of the PSP project and the UNDP line of credit managed by the SECF, it is proposed that selected NGOs would: (a) assist groups of women (belonging to CNCs in urban communities) in designing and obtaining funding for micro-projects aimed at improving their nutritional situation and develop sustainable income generating activities; (b) obtain such micro-grants from the project if microcredit cannot be obtained from other sources; (c) provide the necessary training to the

assisting NGO/GIE as well as to the women cooperatives in using micro-credit efficiently (if obtained from other institutions) .

Criteria used for acceptance to provide micro-grant for the appraised operations would be :

- a) for collectively owned equipment of infrastructure (e.g. grain mill, sun drying equipment for fish or vegetables, grain storage, donkey and cart for water distribution, retail store, etc.)
- b) directly productive or of a socio-economic type, improving food security, nutrition and living standards of the poorest women and children of CNC;
- c) financially sound in the case of income generating activities, to be demonstrated through simple income statements and increased returns to labor;
- d) capable of being maintained by the beneficiaries after completion of the project;
- e) environmentally sound;
- and f) designed and implemented with the assistance and sponsorship of a pre-qualified NGO or GIE in targeted urban districts.

The micro-grant organization would ask the group of women to provide: a) a contribution, in kind and in cash, of at least 10% of the investment budget of the activity; b) a commitment for replacement of assets and equipment, through cost recovery and for operation and maintenance; and c) a commitment to provide all unskilled labor for construction (if applicable) and maintenance with no remuneration.

d) Selection of NGOs

In order to ensure a rapid start of project activities, a preliminary NGO identification and selection process was started during the project preparation as follows: a) pre-selection of 9 interested national and international NGOs, according to criteria of experience and reputation as being "bona fide" NGOs; b) information and sensitization on project objectives and strategy of the national Association of NGOs, which was also invited to comment the draft Manual of Implementation.

Immediately after Negotiations, all candidate NGOs were asked to provide the SECF managing unit a detailed presentation of their organization, management and field experience, CVs of members, and a first proposal of approach in urban nutrition and food security interventions; After analysis the best ten NGOs will receive additional training, be provided with all relevant documentation and given the opportunity to identify and prepare, together with the targeted urban communities, the different activities and corresponding budgets. Clear criteria to be used both for NGO or GIE selection and beneficiaries will be indicated in the Implementation Manual. Where international NGOs have demonstrated expertise to intervene, joint ventures with national NGOs would be encouraged to facilitate the emergence of experienced local NGOs.

NGOs selected during the course of the project would enjoy a large autonomy in conducting their field activities in support of the urban groups. Financing to support the local development initiatives around Urban Nutrition Centers would be made available to them on the basis of a formal agreement signed with the project specifying the rights and obligation of each party and in accordance with an agreed work program and budget. NGOs would finance their own staff as part of their contribution to the project. The project would finance the goods, works and services for training and pilot testing specific components of micro-projects. The project would also finance the NGOs' incremental operating costs for carrying out field activities, and the related training of beneficiaries. NGO or GIE administrative costs to assist women's groups would be negotiated when approving work programs and budgets and would not exceed 15% of the investment costs of the micro-projects.

(e) Monitoring

Project monitoring would be the primary responsibility of the SECF, including its regional offices. To this end, it would develop and apply a computerized management information system. The SECF already has a database listing the main characteristics of existing women cooperatives. The SECF would collect additional socio-economic baseline information on all participating women cooperatives during start-up and update this information during implementation. Such information would be critical to identify and solve problems as they arise. Details on the Monitoring and Evaluation component are given in Annex 8.

Participating NGOs and sub-project implementors would have to submit quarterly financial reports to the respective SECF central or regional office. Monitoring of micro-projects would be the duty of the district offices, assisted by the district committees. Standardized monitoring forms would be included in the project implementation manual to facilitate monitoring and situation analyses. These forms would also contain objectively verifiable indicators of project performance to allow for easy comparison. The regional offices would prepare short monthly district implementation progress reports which would be summarized by the SECF into monthly financial and implementation monitoring reports. On a quarterly basis, the SECF would prepare a more detailed situation analysis for submission to the *Commissariat d'Etat aux Droits de l'Homme, à la Lutte contre la pauvreté et à la Réinsertion* (CEDHLPR) and IDA.

(f) Evaluation

External project evaluation would be the primary responsibility of the "*Office National de la Statistique*" (ONS) and the *Commissariat d'Etat aux Droits de l'Homme, à la Lutte contre la Pauvreté et à la Réinsertion*. The ONS, which is part of the Ministry for Planning, has demonstrated its capacity for independent data collection and analysis during the preparation of the Poverty Profile of Mauritania. ONS has already engaged in testing nutrition survey techniques in cooperation with FAO. In addition ONS could benefit from the expertise of Doulos Community, an international NGO, active in Mauritania, in processing anthropometric and nutritional data for evaluation purposes. When field activities begin ONS will conduct baseline surveys. These surveys will be conducted progressively as women cooperatives are selected and initiate their nutrition activities.

During the life of the project, only two external evaluations, one baseline and one final, would be funded by the project. Both evaluations would analyze: (a) the achievements in project implementation; (b) the nutritional impact on participating children and women and host communities; and (c) the appropriateness of the institutional arrangements and administrative mechanisms.

Funds from the project have been allocated in the project's budget. It has been agreed during project preparation that baseline data will be collected in each target district in the very villages and cooperatives participating in the project. This will include a comprehensive anthropometric survey (name, age, weight and height) of all children from the whole village or only from the members of the cooperative if the village sample is too large (more than 400 children). This will be conducted when project-funded activities actually start, then be repeated at the end of the project with the assistance from the health post and/or the "sponsor" NGO. A copy of this survey

will be transmitted to the Managing Unit of the SECF and to the *Commissariat d'Etat aux Droits de l'Homme, à la Lutte contre la pauvreté et à la Réinsertion* for additional analysis. The date and methodology of the baseline and final surveys will be determined by ONS technical specialists. Evaluations would also use (a) the internal management information system and the financial monitoring reports; and (b) a beneficiary and community assessment to evaluate impact on the ground. Details on the evaluation component are given in Annex 8.

(g) Financial management, accounting and auditing.

The SECF Managing Unit : The flow of funds would depend on the components and would be specified in the project implementation manual. During the first year of operation, all financial operations conducted by the Manager and the Accountant of the Project Management Unit (UGP) will be supervised and approved by the procurement specialist of the Resident mission. This one-year arrangement would ensure adequate training on the job of SECF personnel. During the following two years the SECF will manage its own budget in an independent way. It will be supervised at interval by staff from the Resident mission and visiting missions from H.Q. The procurement of all imported agricultural equipment, radio equipment, nutritional kits and supplements, computers, furniture and vehicles required by the project, will be handled by the project unit of the SECF.

A simple warehouse will be constructed next to the SECF Training Center which is centrally located in Nouakchott. As a general rule, financial management would be undertaken centrally by the SECF, which would also enter into all contracts for sub-project implementation. Procurement guidelines are given in Annex 6a. Local competitive bidding would be organized in the same way as for other Bank-funded projects in Mauritania. It would include local advertising, clearly defined evaluation criteria, eligibility of foreign bidders, public opening of bids and award to the lowest evaluated bidder. Payments to NGOs, suppliers, etc. would be done directly by the SECF according to an approved payment schedule. Accounting for all sub-projects expenses (see below) would be undertaken by the beneficiary NGO or GIE sub-contractor. The SECF would be responsible to monitor closely the allocation of all funds to ensure that funds are available on time for all service providers including other participating state services such as ONS. Each of the four provincial offices of SECF (Gorgol, Assaba, Hodh El Gharbi and Nouadhibou) will be entitled to manage a small "*Caisse d'Avance*" of less than \$ 500 which will be replenished by the Accountant when receipts of expenses are validated.

NGOs : For NGOs services, expenditures for small items (listed below) would be made against a contract between the SECF Managing Unit and the sponsoring NGO, specifying the budget and the working program. No contract would exceed the annual amount of US\$ 50,000. Training costs (personnel, travel allowances and housing) and the NGOs' operating costs would constitute the main expenses. The main purchases to be made by NGOs to assist women cooperatives would consist in small equipment, material and supplies, small ruminants for fattening, some construction material. Material and equipment contracts to assist women cooperatives would be less than the equivalent of US\$ 15,000. The grouping of these purchases would not be feasible because they involve different operators and different beneficiaries in scattered areas. These purchases will be financed by SECF and procured through local shopping procedures by NGOs acceptable to IDA.

Consultants and NGO technical assistance personnel financed by IDA will be selected in accordance with IDA guidelines for the use of consultants. Given the specific nature of these activities, contracts would be awarded directly to NGOs or consultants satisfactory to IDA on the basis of work programs and terms of reference or in a competitive way from established short lists. Prior review would be required for contracts estimated to cost more than US\$100,000 equivalent each.

Procurement information would be collected and included in the semiannual progress reports to be prepared by project management so as to revise cost estimates and timing of procurement actions. The information to be provided includes: a) contract award data; b) revised cost estimates for individual contracts and the total costs; c) revised timing of procurement actions, advertising, bidding, contract award, and completion time for individual contracts; d) compliance with aggregate limits on specified methods of procurement; e) compliance of procurement with the implementation manual and systematic review of procurement procedures; and f) a completion report by the Government within six months of the credit closing date.

Annex 3

Nutritional Situation

A. Low nutritional status of large segments of the population.

The diet of a large portion of the population of Mauritania is insufficient in energy and poor in essential nutrients. At national level, the mean dietary energy intake of the population of Mauritania is estimated at 2,050 calories, which is 15 % below the average energy requirements as estimated by FAO/WHO expert committees. The diet of most inhabitants is monotonous, constituted primarily of cereal products representing 60 % of the dietary energy intake. Meat products account for 5 %, and dairy products and eggs for 12 %. The diet is very low in vegetables and fruits, accounting for 2 % only of caloric intake. Hence it is usually very poor in vitamins and essential minerals, particularly antioxidants which have a protective role. Fruits consist primarily of dates which are consumed in large quantities at the harvest. Specific deficiencies including iron, iodine, vitamin A and C are usually associated to this types of diets, resulting in clinical deficiency diseases affecting primarily children and women. Numerous women cooperatives have shown interest in the production of vegetables but lack the basic training and inputs. High intake of sugar due to frequent tea consumption as well as excessive fat intake are responsible for obesity, diabetes and an increasing prevalence of diseases of affluence (e.g. hypertension, cardiovascular diseases) among urbanized populations. Fish is consumed in surprisingly small quantity, except along the Senegal river and by small coastal populations of fishermen. The marine resources could be used much more effectively to improve the diet of the population and reduce the severity of child malnutrition. Fish farming has been experimented successfully on a small scale and could be disseminated along the Senegal River by women cooperatives.

B. Food deficit and food insecurity

In addition to chronic food shortages, there are large regional disparities in Mauritania and marked seasonal fluctuations in food availability. At certain times this instability inflicts severe food restrictions on some groups of inhabitants. During the Fall of 1997, the food deficit was particularly severe in Brakna, Gorgol, East of Trarza and in the triangle that covers the Moughataas of Monguel, M'Bout and Barkeol. The food situation of the slums of the urban centers continues to deteriorate. Approximately two thirds of the grains consumed in Mauritania are imported. Consumption and imports of wheat and rice have increased steadily for the last ten years. Food aid has contributed on the average from 5 % to 20 % of grain imports to compensate for poor harvests and severe food deficits among low-income groups as was the case in 1996 and 1997.

C. Protein-energy malnutrition

High prevalence of growth retardation is common among children, indicating moderate to severe chronic malnutrition (see map 2). A study conducted in 1991 in four regions of the country (Assaba, Gorgol, Tagant and Nouakchott) showed that almost half (49 %) of the children suffered from some degree of protein-energy malnutrition, of which 33 % was moderate and 15 % was severe. The following year (1992) UNICEF conducted a survey and

reported similar results, a prevalence of protein-energy malnutrition of 44 % of which 36 % was moderate and 8 % was severe.

D. Iron deficiency and parasitic infestation

In spite of the availability of fish along the coast and the relatively high consumption of meat, poor absorption of iron combined with parasite infestation (e.g. malaria) are causing widespread anemia, a debilitating condition affecting primarily women. High prevalence of iron deficiency is probably associated to folate deficiency anemia. According to a report from the Ministry for Health and Social Affairs, the prevalence of anemia indicated from medical files is on the rise.

E. Iodine Deficiency Disorders (IDD)

Iodine deficiency, which affects more than 30 % of the population in certain regions is known to impair learning ability of children and reproductive functions in women. Hypothyroidism, induced by iodine deficiency, causes slow growth, mental retardation and in severe cases, cretinism in children. Localized iodine deficiency disorders (IDD) have been diagnosed in Mauritania. Diversification of food sources by more intense inter-regional trade could reduce or eliminate this disease over a period of years. However, iodination of salt or other forms of iodine supplementation are more effective in the short term. UNICEF has already provided significant support in the iodination of the salt and campaigns to promote the consumption of iodized salt. This work needs to be scaled up and the network of women cooperatives is an excellent vehicle for the dissemination of iodized salt. The project will support UNICEF initiatives in this field.

F. Vitamin A deficiency

Severe vitamin A (retinol) deficiency is the leading cause of blindness among children while night blindness occurs at the end of the dry season among children and pregnant women. This was again confirmed in the wilaya of Hodh El Gharbi during the appraisal mission. The prevalence of blindness among children was estimated at more than 1% suggesting a significant prevalence of vitamin A deficiency and very low levels of beta-carotene consumption. This in turn is linked to the very low consumption of fresh fruits and vegetables. Distributions of vitamin A capsules to children organized with the assistance of UNICEF has reduced markedly the prevalence of avitaminosis in certain regions. However the long term solution is a change in food habits which could be promoted by women cooperatives. Meanwhile retinol supplementation should be extended and continued as long as the diet of vulnerable groups is poor in this essential micronutrient.

G. Training of the "Auxiliaires de Nutrition"

The MSAS can count on approximately 493 "*Agents de santé communautaires*" (May 1998) in villages of more than 300 inhabitants. These are generally mature women from the community who have received 45 days of training and can use ten essential drugs. Their qualification in child nutrition is very low. They are supervised every 3 to 6 months or when they visit health centers for the replenishment of their local pharmacy. In addition there are 84 "*Auxiliaires de Nutrition*" of which 44 are "*itinérantes*", that is not assigned permanently to any specific location. Most of them received 3 months training a long time ago and need additional training. These "*Auxiliaires de Nutrition*" do not have the necessary equipment to

monitor malnutrition, nor drugs or nutritional supplements to treat it. Finally, at village level, there are, in certain districts, the “*Agents du Ver de Guinée*” (Guinea Worm Agents) which have a basic training in primary health care but no specific activity in child nutrition. The revived interest in the reduction of mother and child malnutrition by women cooperatives would result in stronger motivation of the MOHAS in this domain. The project will provide training, equipment and cooperative work agreements to MSAS staff in targeted districts.

H. An emerging National Nutrition policy

Presently the elaboration of a national nutrition strategy is the responsibility of the National Committee on Nutrition (CNN), which is placed under the Ministry for Planning (*Direction des Ressources Humaines*, DRH). It has been created to help a) assess the relevance and effectiveness of nutrition intervention techniques; b) explore other intervention strategies as recommended by international consultative groups; and c) design coordinated set of actions to reduce effectively the prevalence of major nutritional disorders in association with anti-poverty programs. The present project is based on selected recommendations of this Committee. Several national institutions, U.N. agencies (especially UNICEF) and NGOs play a role in the field of nutrition interventions, often with little coordination and sometimes with overlapping responsibilities. The Ministries concerned are: the Ministry for Planning, the Ministry of Health and Social Affairs and their decentralized structures, hospitals and primary health centers; the *Commissariat aux Droits de l'Homme, à la lutte contre la Pauvreté et à la Réinsertion*; the Ministry of Agriculture and its decentralized staff, and more recently the SECF and its network of women cooperatives.

In spite of such a diversity of actors, nutritional programs are very weak and nutritional services and standards in slums and rural areas remain low. The effectiveness and/or sustainability of the various activities reported remains to be demonstrated in terms of actual decrease of rates of protein-energy malnutrition, micronutrients deficiencies and morbidity. The access of the vulnerable populations to social services is inadequate and the results of most interventions affecting nutritional status are very limited or not sustainable. Breastfeeding and weaning practices are inadequate and obesity in women continue to be regarded as highly desirable. The Government needs a concerted national nutrition policy, a set of clear priorities and firm attribution of institutional responsibilities for the implementation of an agreed action plan. It is therefore proposed to incorporate some capacity building component in the project to upgrade the expertise of the SECF in nutrition interventions. However capacity building will be mostly done through “hands-on training” as the largest part of the funds will be spent serving poor communities. On the basis of the pilot nutrition program “Nutricom” and other on-going activities the GOM will test the effectiveness of strategies to reduce the prevalence of nutritional deficiency disorders and contribute to the design of a better national nutrition strategy. If successful, these strategies could be combined into a larger project at national level. The design of any follow-up hybrid project emerging from the present LIL will of course depend on the relative success of each component. Discussions conducted with the Ministry of Economic Affairs and Development, the *Direction des Ressources Humaines* and the *Commissariat aux Droits de l'Homme à la lutte contre la Pauvreté et à la Réinsertion* indicated firm commitment of GOM to go in that direction.

Annex 4

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ANNEX 5

Budget

Mauritania
Nutricom

Expenditure Accounts by Component
(UM)

	Programme Nutrition Communautaire	Mobilisation Sociale	Micro-Projet	Evaluation Externe	Renforcement Institutionnel	Total	Physical Contingencies	
							%	Amount
I. Investment Costs								
A. Travaux	4,141,520.0	-	12,424,560.0	-	6,212,280.0	22,778,360.0	5.0	1,138,918.0
B. Equipements	59,644,080.0	108,530,976.0	196,125,600.0	4,960,824.0	36,404,315.4	405,665,795.4	9.7	39,428,609.4
C. Formation	22,371,560.0	43,405,008.0	35,376,336.0	-	6,519,552.0	107,672,456.0	5.0	5,383,622.8
D. Consultant	59,587,800.0	-	15,890,080.0	51,833,859.1	-	127,311,739.1	6.8	8,623,651.0
Total Investment Costs	145,744,960.0	151,935,984.0	259,816,576.0	56,794,683.1	49,136,147.4	663,428,350.5	8.2	54,574,801.1
II. Recurrent Costs								
A. Maintenance Equipement	-	-	31,362,000.0	-	501,792.0	31,863,792.0	0.1	25,089.6
B. Salaire	16,860,211.2	4,327,956.0	11,290,320.0	-	14,173,115.0	46,651,602.2	1.8	843,010.6
E. Fourniture de bureau	-	-	-	-	3,861,289.4	3,861,289.4	10.0	386,128.9
F. Carburant	-	-	14,112,900.0	-	21,451,608.0	35,564,508.0	3.0	1,072,580.4
G. Frais de fonctionnement	10,274,191.2	-	11,290,320.0	-	48,172,032.0	69,736,543.2	4.2	2,922,311.2
Total Recurrent Costs	27,134,402.4	4,327,956.0	68,055,540.0	-	88,159,836.5	187,677,734.9	2.8	5,249,120.7
Total BASELINE COSTS	172,879,362.4	156,263,940.0	327,872,116.0	56,794,683.1	137,295,983.9	851,106,085.4	7.0	59,823,921.8
Physical Contingencies	13,382,444.1	12,396,108.0	22,797,108.8	3,087,775.4	8,160,485.5	59,823,921.8	-	-
Price Contingencies	15,466,984.6	8,254,630.0	21,357,665.7	6,707,899.7	12,533,190.1	64,320,370.1	5.0	3,244,665.0
Total PROJECT COSTS	201,728,791.2	176,914,678.0	372,026,890.5	66,590,358.1	157,989,659.5	975,250,377.3	6.5	63,068,586.8
Taxes	12,527,289.0	13,200,885.2	27,202,010.5	682,257.3	8,692,428.6	62,304,870.5	8.5	5,283,303.3
Foreign Exchange	50,276,603.1	94,292,036.8	198,194,567.0	4,873,266.3	43,122,305.1	390,758,778.3	8.9	34,972,495.7

Annex 6

Procurement and Disbursement Arrangements

A. Procurement

No special exceptions, permits, or licenses need to be specified in the Credit documents for International Competitive Bidding (ICB), since Mauritania's procurement practices allow IDA procedures to take precedence over any contrary provisions in local regulations. Procurement of works, goods and consultant services financed by the IDA credit will be carried out in accordance with the Guidelines: Procurement under IBRD Loans and IDA Credits (January 1995, revised in January and August 1996, and revised September 1997) and Guidelines for the Selection of Consultants by the World Bank Borrowers published in January 1997 and revised in September 1997. National Competitive Bidding (NCB) advertised locally would be carried out in accordance with Mauritania's procurement laws and regulations, acceptable to IDA provided that: (i) any bidder is given sufficient time to submit bids (four weeks); (ii) bid evaluation and bidder qualification are clearly specified in bidding documents; (iii) no preference margin is granted to domestic contractors and manufacturers; (iv) no eligible firms is precluded from participation, regardless of nationality; (v) award will be made to the lowest evaluated bidder; and (vi) prior to issuing the first call for bids, draft standard bidding documents are submitted to IDA and found acceptable. IDA's Standard Bidding Documents (SBD) will be used for all ICB procurements. Bidding documents agreed upon by IDA and used for National Competitive Bidding (NCB) in the Health Sector Investment Project (HSIP) will be used for National Competitive Bidding (NCB) procurements under the Program.

In regard to selection and contracting for consultants services, the Bank's "Standard request for proposal-selection of Consultant (dated July 1997, revised April 1998) will be followed. One ICB contract document and one NCB document for procurement of civil works and goods have been reviewed and approved by IDA during appraisal and will be approved during negotiations. As part of the Program Implementation Manual, the SECF is preparing a draft procurement/disbursement plan for the first program year. It will be reviewed by IDA during negotiations. Further plans after the implementation period of one year will be reviewed and updated at least one month prior to the start of each program year.

Procurement under the project will be handled by a manager recruited by SECF for the duration of the program. If needed, the Project Management Unit (UGP, or *Unité de Gestion du Projet*), newly created in the SECF, will make the necessary arrangement for the additional training in Dakar of the recruited staff in procurement and disbursement techniques. The manager of UGP in the SECF will be responsible for the overall activity planning, the preparation of equipment lists and any other information needed to prepare bidding documents for the procurement of goods. All technical specifications for nutritional and small agricultural equipment (for women cooperatives) will be prepared by NGOs and in case of difficulties by a specialized consulting firm. Also, to facilitate implementation, small and urgent procurement may be done through IAPSO for specialized equipment and through UNICEF or other non-governmental organizations (as long as it is the least cost solution) particularly for drugs (micro-nutrients, etc..) -- in accordance with the provisions described below for the procurement of goods. For all other procurement handled by UGP, the procurement methods described below and summarized in Table A will apply.

Civil Works' Contracts financed by IDA during the first year (totaling US\$ 130,000) covering the storage warehouse for SECF in Nouakchott, the rehabilitation of three Regional Offices (*Antennes Régionales*), and the rehabilitation of CFCM would be procured : (i) through NCB for the warehouse (estimated \$ 60,000) and (ii)

under lump-sum, fixed price contracts awarded on the basis of quotations obtained from three qualified domestic contractors invited in writing to bid (each contract estimated less than \$ 30,000) . The invitation shall include a detailed description of the works, including basic specifications, the required completion date, a basic form of agreement acceptable to IDA, and relevant drawings where applicable. The awards would be made to the contractors who offer the lowest price quotation for the required work, provided they demonstrate they have the experience and resources to complete the contract successfully. A separate contract will be signed under services for architect and supervision services when required.

Goods' total cost is estimated at US\$ 2.2 million, include small equipment and supplies, communication equipment (rural radio and recording equipment, video,...), training center equipment and supplies, warehouse stacking and operational equipment, transport vehicles, pharmaceuticals and nutritional supplies, technical manuals and learning materials, and office furniture, equipment and consumable. NCB procedures will be followed for individual contracts with estimated value of US\$ 20,000 or more but not exceeding US\$ 100,000, while national shopping procedures will be followed for contracts below the US\$20,000 threshold, provided the aggregate amount of such contracts does not exceed US\$ 690,000. Procurements will be bulked where feasible into packages valued at US\$ 100,000 or more and will be procured primarily through ICB. It is estimated that during the 3 years duration of the project :

- a) Small equipment (mostly agricultural and food processing) and radio will be purchased by (i) ICB for US\$ 1,460,000; (ii) NCB for US\$ 290,000; and (iii) other means for US\$ 220,000, using the national shopping procedure: lump-sum, fixed price contracts awarded on the basis of the lowest quotation, each time obtained from three qualified domestic suppliers invited in writing to bid (each contract estimated less than \$ 20,000).
- b) Small nutritional and medical equipment and furniture for Community Nutrition Centers for a total value of US\$ 177,000 will be purchased as follows : Pharmaceuticals, small medical equipment for a total value of US\$117,000 would be procured through the UNICEF Procurement and Assembly Center (UNIPAC) and/or furniture and office equipment for a total value of US\$ 60,000 through the Inter-Agency Procurement Services of the UNDP (IAPSO). It has been shown in Mauritania and several other West African countries, that procurement from specialized UN agencies is the most economical and efficient way of procuring for equipment and drugs which are needed at the beginning of a project and in small quantities. Since this LIL is of short duration it appears the most appropriate way.
- c) One Rural radio broadcasting station will be purchased by ICB for US\$ 330,000 during the first year.
- d) Computers will purchased by NCB for up to US\$ 50,000 (each contract estimated less than \$ 20,000) and by national shopping, based on price quotation obtained from at least three reliable suppliers, for up to US\$ 20,000.
- e) Vehicles for a total value of US\$ 217,000 will be purchased by UNDP (IAPSO). It has been shown in Mauritania (after consulting Resident Mission and several UN agencies) and several other West African countries, that procurement of a small number of vehicles from IAPSO is the most economical and efficient way.

Implementation of the program will require the purchase of relatively small, mainly consumable items, by NGOs and SECF local offices and women cooperatives around the country, which would be difficult and impractical to package and procure following NCB procedures. The total amount is estimated not to exceed \$ 80,000 and includes agricultural tools, fences, seeds, irrigation pipes, small construction material, carts, etc.. Therefore the

list and prices of authorized purchases and authorized suppliers will be agreed with NGOs as part of lump-sum contracts. The suppliers will be selected each year by SECF on the basis of their quotations for standard items required by the project.

B. CONSULTANT SERVICES

NGO and Consultant Services and Training financed by IDA during the program years would be for: (i) training of women's cooperatives, preparation of microproject documents (to be carried out mainly by NGOs), data collection for evaluation of impact, and studies; (ii) design and operation of accounting systems, audit and impact analysis (iii) short term consultancies for specific technical matters. These NGOs/SECF contracts will be processed as services for training participating women's cooperatives. Training, NGOs and Consultants financed by IDA, are estimated at US\$1,440,000; NGOs and Consultants would be hired in accordance with the Bank's Guidelines for Selection and Employment of Consultants by World Bank Borrowers dated January, 1997, revised September 1997. It will be addressed through competition among qualified short-listed NGOs and firms in which the selection will be based on **Quality-and Cost-Based Selection (QCBS)** by evaluating the quality of the proposal before comparing the cost of the services to be provided. For audits and services of a standard nature the **Least-Cost Selection (LCS)** will be the most appropriate method -- the firm with the lowest price will be selected, provided its technical proposal received the minimum mark. Consultants services for assistance on prototype design and management, microprojects implementation, training curricula and modules (estimated at less than US\$100,000 per contract up to an aggregate of US\$365,000) would be based on **Consultants' Qualifications (CQ)**, taking into account the NGO-consultant's experience and competence relevant to the assignment. The criteria to be used for the selection of NGOs is specified in the Implementation manual. Selected NGOs will include in their lump-sum contract their overhead and administrative cost.

Services for short term or ad hoc consultancies and small studies which can be delivered by **Individual Consultants** will be selected through comparison of qualifications against job description requirements among those expressing interest in the assignment or approached directly. For training abroad and in-country, the program -- containing names of candidates, cost estimates, content of the courses, periods of training, institution selection -- would be reviewed by IDA annually.

Short-lists for contracts estimated under US\$100,000 may be comprised entirely of national consultants if a sufficient number of qualified firms (at least three) are available at competitive costs. However, if foreign firms have expressed interest, they will not be excluded from consideration. The standard Letter of Invitation and Form of Contract as developed by the Bank will be used for appointment of consultants. Simplified contracts will be used for short-term assignments, simple missions of standard nature i.e. those not exceeding six months, carried out by individual consultants or firms. The Government was briefed during negotiations about the special features of the new guidelines, in particular with regards to advertisement and public bid opening.

Table A : Project Costs by Procurement Arrangements
(in US \$ million equivalent including taxes, duties and contingencies)

Expenditure Category	Procurement method			N.B.F	Total Cost
	ICB	NCB	Other		
1 Civil Works		0.06	0.07		0.13
		(0.06)	(0.07)		(0.13)
2 Goods	1.46	0.29	0.44	0.01	2.2
	(1.46)	(0.29)	(0.44)	(0.01)	(2.2)
Of which:					
Small equipment	1.13	0.29	0.22	0.01	1.65
	(1.13)	(0.29)	(0.22)	(0.01)	(1.65)
Vehicle			0.22		0.22
			(0.22)		(0.22)
Radio	0.33				0.33
	(0.33)				(0.33)
3 Training			0.68		0.68
			(0.68)		(0.68)
4 Services			0.76		0.76
			(0.76)		(0.76)
5 Operating Costs			1.13		1.13
			(1.13)		(1.13)
Total Costs	1.46	0.35	3.08	0.01	4.9
Total Financed by IDA	(1.46)	(0.35)	(3.08)	(0.01)	(4.9)

Note: ICB: International Competitive Bidding; NCB: National Competitive Bidding; Other procedures for equipment includes Limited International Bidding, Local Shopping, and Inter-Agency Procurement Services of the UNDP (IAPSO).

Figures in parenthesis are amounts to be financed by the IDA credit.

IDA Review. All contracts for purchase of goods above the threshold value of US\$100,000 will be subject to IDA's prior review procedures. The use of IDA's SBD would considerably expedite the prior review process as IDA review would primarily focus on invitation to bid, bid data sheet, contract data, technical specifications, bill of quantities/schedule of requirements and other contract-specific items. Draft standard bidding documents for NCB were reviewed by and agreed upon with IDA during negotiations. Prior review will include the review of budgets, short-lists, selection procedures, letters of invitation, proposals, evaluation reports and draft contracts. Prior IDA review will not apply to contracts for the recruitment of consulting firms and individuals estimated to cost less than US\$ 100,000 and US\$50,000 equivalent respectively. However, the exception to prior IDA review will not apply to the Terms of Reference of such contracts, regardless of value, to single-source hiring, to assignments of a critical nature as determined by IDA or to amendments of contracts raising the contract value above the prior review threshold. For contracts estimated to cost less than US\$200,000

and more than US\$100,000 the borrower will notify IDA of the results of the technical evaluation prior to opening the financial proposals. Documents related to procurement below the prior review thresholds will be maintained by the borrower for ex-post review by auditors and by IDA supervision missions. The SECF/UGP will be required to maintain all relevant procurement documentation for subsequent review by IDA. The SECF/UGP will submit to IDA periodic procurement schedules detailing each procurement in progress and completed as part of the normal project reporting exercise.

All thresholds stated in this section shall be reviewed by the Borrower and IDA on an annual basis. Modifications may be agreed upon based on performance and actual values of procurements implemented. Amendments to the Credit Agreement would be required after the implementation period of the first two program years.

Table B : Thresholds for Procurement Methods and Prior Review

Expenditure Category	Contract Value (Threshold)	Procurement Method			Contracts Subject to Prior Review *
		ICB	NCB	QCBS	
1. Civil Works	Less than \$ 30,000			National Shopping Procedure	Aggregate amount US\$ 70,000
	More than \$ 30,000 Not exceeding US \$100,000		X		No review. One contract : \$ 60,000
2. Goods					
	above US\$100,000	X	-	-	Prior IDA review
	below US\$100,000 above US\$20,000	-	X	-	No review . Aggregate Amount : US\$280,000
	below US\$100,000	-	-	IAPSO or UNIPAC	No review. Aggregate amount : US\$412,000
	below US\$20,000	-	-	X	No review aggregate Amount : Local: US\$100,000 Intern: US\$410,000
	below US\$5,000 direct purchase from manufacturers or authorized dealers	-	-	X	No review. Aggregate amount : US\$25,000

3. Services					
					All TORs or sole Source contracts are Subject to IDA prior Review
Audit	N/A	N/A	N/A	<u>Least Cost</u>	Prior Review
<u>Firms</u>	Above US\$100,000	N/A	N/A	<u>Consultants' Qualifications</u> QCBS	Prior Review
Training, Microprojects design/supervision logistics, IEC.	Above US\$100,000	N/A	N/A	X	Prior Review + (i) notification of Technical Evaluation Scores, (ii) combined Evaluation report
<u>Individuals</u>		N/A	N/A		Post Review

As a condition for negotiations, the Government submitted to IDA: (a) a draft procurement plan for the first project year; (b) a draft Project Operational Manual including an Implementation plan specifying target time periods for the various procurement phases; and (c) standard bidding documents to be used under NCB procedures for civil works and goods. During negotiations, agreement was reached on the proper monitoring of procurement, as well as the standard procurement documents to be used for NCB. The Government gave assurance at negotiations that it would: (a) use the Project Operational Manual for project Implementation; (b) use the Bank's Standard Bidding Documents for ICB and the Standard Bid Evaluation Report; (c) apply the procurement procedures and arrangements outlined in the above documents; and (d) review the procurement plan and procurement arrangements each year (immediately after the annual review with IDA and other donors and before the beginning of the next fiscal year). During implementation, all bidding documents, bid evaluation reports, and draft contracts transmitted to IDA for review will contain an updated copy of the procurement planning. Procurement information will be collected and recorded as follows:

- (a) prompt recording of contract award information by the Borrower; and
- (b) semi-annual reports to the Bank by the Borrower indicating: (i) revised cost estimates for individual contracts and the total project, including best estimates of allowances for contingencies; (ii) revised timing of estimated procurement actions, including experience with completion time and completion cost for individual contracts; and (iii) compliance with aggregate limits on specified methods of procurement.

A detailed procurement plan for works, goods and services to be procured under the two first project years was prepared and was agreed upon during negotiations. It will be updated and reviewed on a regular basis during annual reviews. The Government gave assurance at negotiations that it will take the necessary measures to ensure that procurement phases do not exceed the following target time periods:

	Maximum number of weeks
* Preparation of bidding documents	4 (12 for large contracts)
* Preparation of bids by bidders	4 (6 for ICB)
* Bid evaluation	2 (4 for large contracts)
* Signature of contracts	2
* Payments	4

B. Disbursement

The proposed allocation of the credit is shown in Table C. The IDA credit will be disbursed over a period of three years (from 1999 to 2001), with a closing date of May 15, 2002. The estimated disbursement schedule is shown in Table D. All applications to withdraw proceeds from the credit will be fully documented, except for contracts not subject to prior review by IDA. For the rest, disbursements will be made against Statements of Expenditures (SOEs) certified by the Director of the UGP/SECF. Supporting documentation will be retained by UGP/SECF and will be available for review as requested by IDA supervision missions and program auditors.

Table C: Allocation of Credit Proceeds

Expenditure Category	Amount in US\$ Million	Financing Percentage
1. Civil works (Warehouse, CFCM, regional offices)	0.13	90 %
2. Goods (including Agricultural, Medical equipment, Radio, drugs, office equipment, vehicles, and furniture)	2.28	100% of foreign and 95% of local expenditures
3. Services (including long term TA, short term consultancy, civil works contract management, auditing, reporting, supervision, and training)	1.38	100%
4. Operating Costs ^{1/}	1.08	90%
Total IDA credit	4.9	

^{1/} Operating costs include incremental operating costs incurred on account of program implementation, management and supervision, including office supplies, office equipment and vehicles operation and maintenance, contractual services and travel and allowances including those for trainers and trainees, but excluding salaries of officials of the borrower's civil service.

Table D: Estimated Disbursements of IDA Credit (US\$ million)

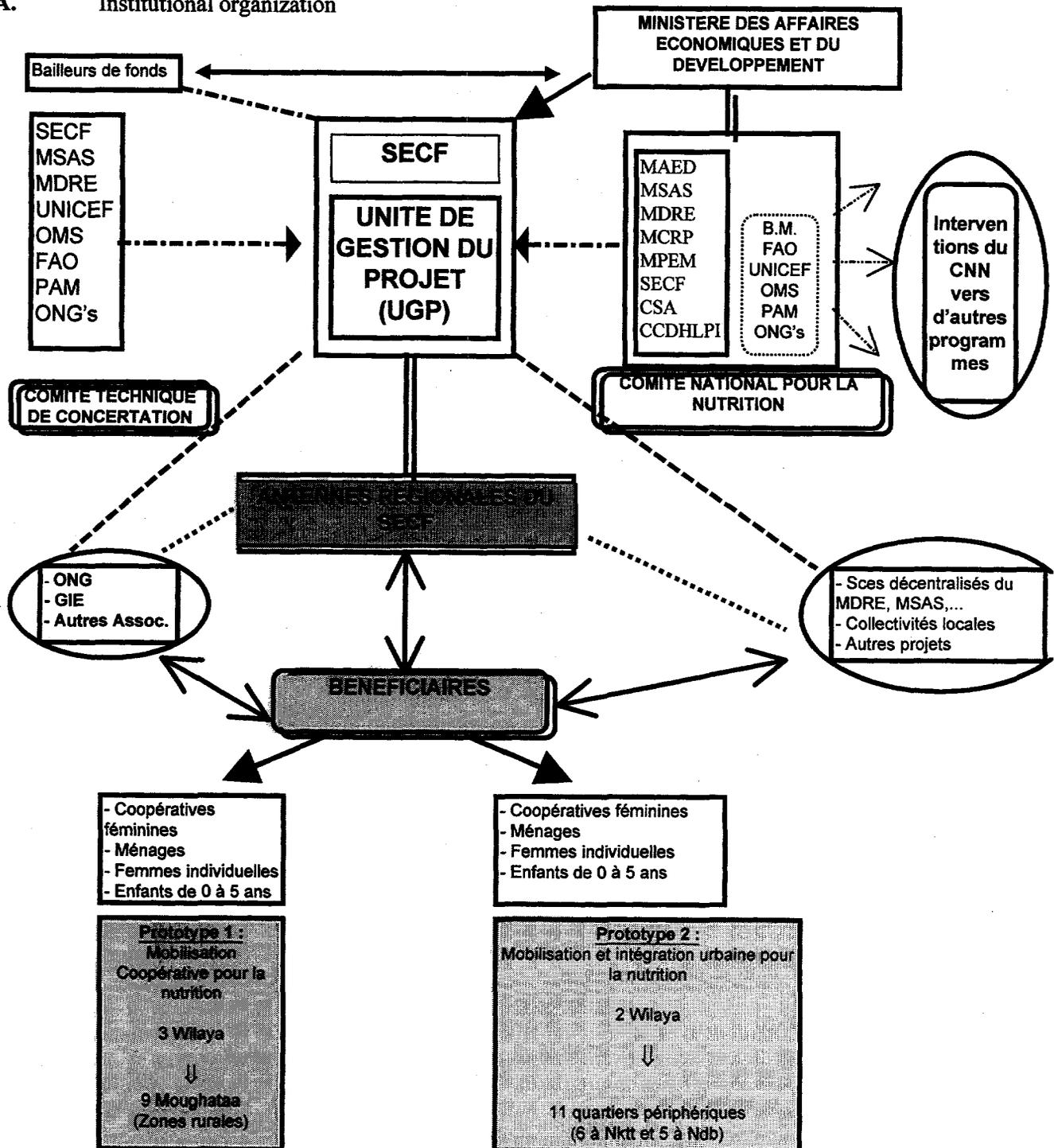
IDA Fiscal Year	1999	2000	2001	2002	Total
Annual	0.2	1.8	2.0	0.9	4.9
Cumulative	0.2	2.0	4.0	4.9	4.9
Cumulative	4 %	41%	82 %	100%	100%

A Special Account will be opened for the IDA credit and maintained with a commercial bank, acceptable to IDA. The maximum balance in the Special Account will be US\$300,000, which will cover about 4 months of expenditures, to be disbursed from the Special Account.

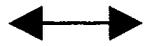
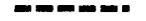
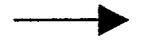
ANNEX 7

Institutional Organization

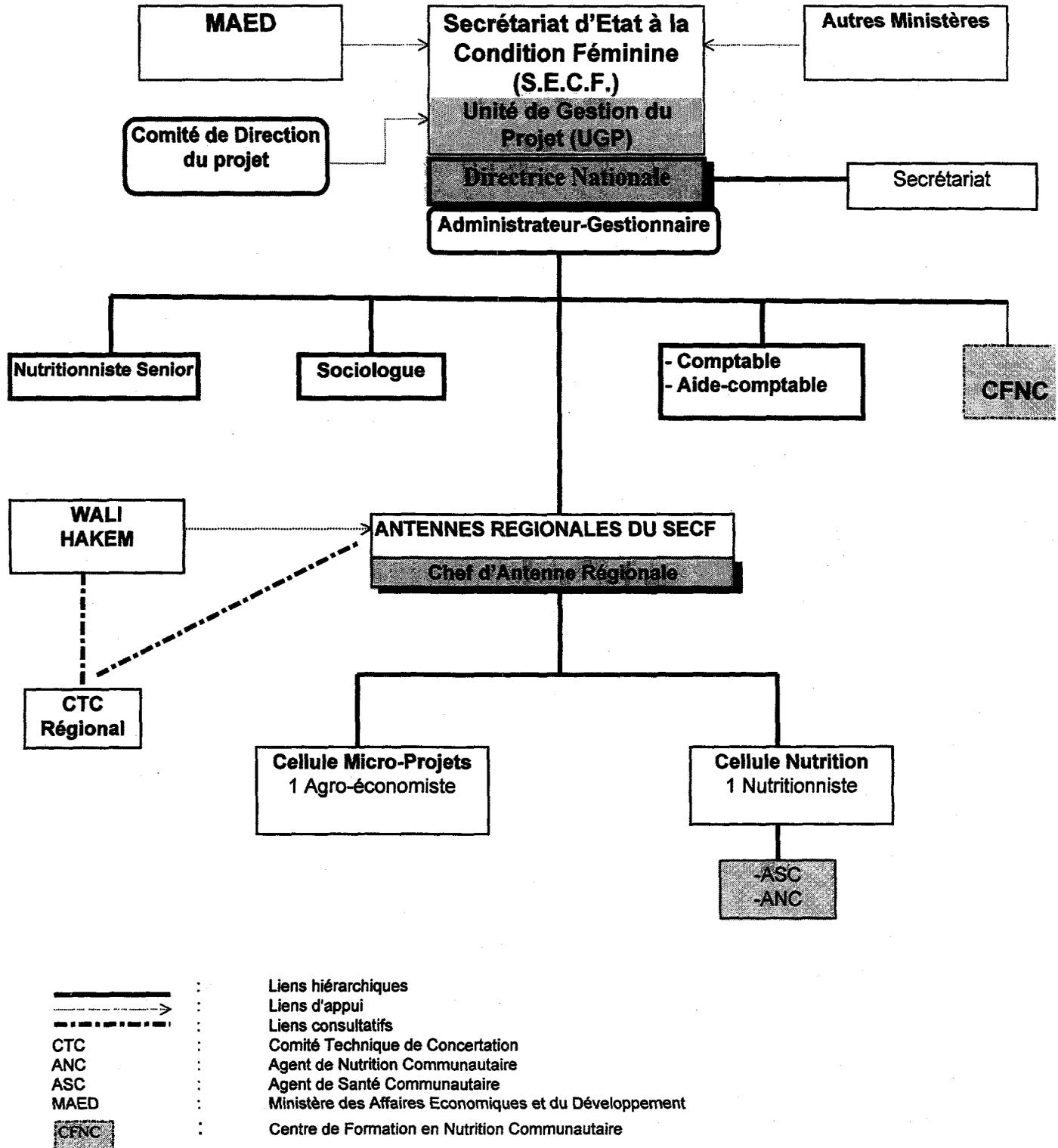
A. Institutional organization



LEGENDE : Institutional Organization

-  Négociations entre Gvt et BF
-  Relations de collaboration
-  Maîtrise d'oeuvre aux ONG et autres
-  Mandat d'exécution confiée au SECF et évaluation externe par ONS
-  Orientation, Conseils, Recommandations
-  Relations hiérarchiques directes
-  Membres observateurs du CNN
-  Suivi-contrôle d'exécution des MP

B. Decentralized organizations



Annex 8

Monitoring and Evaluation

A. Background information

1. A clear distinction will be made between the terms of "monitoring" and of "evaluation" both in the concept and in choice of the executing agencies.

- a) Monitoring will refer to the regular supervision and follow-up of the progress made towards delivery of goods and services, construction of infrastructures, disbursement of credit, compliance with reached agreements, etc... Monitoring would therefore be considered as a "process" oriented task and as a follow-up of "inputs" aiming at verifying whether the project is implementing the intended interventions as planned.
- b) Evaluation, on the other hand, will refer primarily to the impact of the project on the beneficiaries according to pre-established indicators and gauge progress towards the achievement of the project objectives. It is therefore an "output" rather than "process" oriented approach.

2. In order to increase the objectivity of the evaluation process, monitoring and evaluation will be conducted by separate institutions. Monitoring of the implementation of microprojects and nutrition interventions will be under the responsibility of the project monitoring unit : *Unité de Gestion du Projet* or UGP, whereas the evaluation of its impact will be conducted mostly by the Office National de la Statistique (ONS). For both monitoring and evaluation work, other relevant institutions will be called upon to collaborate, provide assistance or carry out part of the M & E. SECF will also monitor project implementation through reports, monitoring studies, audits, supervision missions and beneficiaries assessment techniques.

B. Monitoring of project activities

3. Monitoring will be the responsibility of the UGP, based on reports from regional Antennas of SECF, participating NGOs, field visits by UGP staff and "ad hoc" surveys requested when necessary from consultants. Each participating NGO will indicate every semester progress made on each of the microprojects under their responsibility. These forms would be designed by the UGP according to each project implementation schedule and objectives, in such a way as to be processed by a computer data management system. Key indicators to be used for monitoring would be elaborated in collaboration with the ONS in charge of the evaluation to ensure and enhance their relevancy for future evaluation. The information would be analyzed and transmitted to ONS so as to permit appropriate planning. The information generated will be consolidated by UGP and used for the preparation of its semiannual progress reports to be sent for discussions to the Technical Committee and project financiers. The following table provides an estimate of monitoring indicators for project activities. However, given the demand-driven approach adopted, flexibility

will be essential and timetables will have to be adjusted annually in response to the demands of the women's cooperatives.

a) Key indicators used for monitoring

4. In view of the diversity of the microprojects, the selection of indicators will be tailored to each combination of interventions. However, a number of specific indicators will be similar for the same type of intervention to ensure comparability in assessment of progress and achievement. In addition, the degree of beneficiary ownership and involvement in the decision-making process related to micro-projects preparation and implementation would be assessed as a prerequisite for the continuation and sustainability of the activities. For each micro-project, data to be collected by the NGO and UGP would refer to:

Nutrition interventions

Anthropometric and nutrition status before and after intervention

Level of nutritional knowledge of care-providers

Number of children weighed

Number of mothers attending sessions

Iron, folate, iodine, vitamin supplements distributed

Oral rehydration therapies initiated

Morbidity and mortality

Cases of rehabilitation of severe malnutrition

Income generating microprojects

Number of participants/beneficiaries.

Completion of works

Characteristics of productions/services created

Average cost per microproject

Income generated

b) Monitoring of NGOs performance

5. In addition to the information collected through the forms to be filled by the NGOs, supervision missions will visit micro-projects and community nutrition interventions at regular intervals to assess the progress made. NGOs performance would be assessed yearly, when approving budgets and work programs, according to progress made in achieving targets and the capacity to mobilize women cooperatives participation. If a NGO is not performing satisfactorily, a decision will be made regarding the continuation of the collaborative agreement between the project and the NGO by the Coordinating Committee after proposition of the UGP. This will be made on the basis of all relevant information available to the Project and the decision will be notified within mutually agreed delays to the NGO.

c) Monitoring of compliance with financial and procurement covenants

6. UGP would set up an analytical accounting and financial management system to monitor costs by activity and by site to develop standard costs of works, goods and services and maintain their level at competitive standards. An audit firm would be recruited by the Government to verify compliance with the procurement and disbursement arrangements under the Credit Agreement and the implementation manual. They would also review the financial statements, the performance of the cost recovery system and of financial management.

C. Evaluation of impact

7. Since the project aims at reducing food insecurity and malnutrition and alleviating poverty, evaluation will focus on a) nutritional status, anthropometric indicators, health of participating populations, b) food supply, stability and access indicators; c) household income, stocks, workload of women, socio-economic standards of living. The objective of the evaluation is to assess whether the project has improved the nutritional status of mothers and children, the quality of life inside and outside the direct intervention areas. The project might have a spill-over effect beyond the targeted women cooperatives. The indicators used will also include non quantitative features, such as community participation, access to information, mobility, preservation of valuable skills and traditions, status of women and other variables which will be part of the evaluation scheme.

a) Organization

8. The *Office National de la Statistique* (ONS) of the Ministry of Economic Affairs and Development (MEAD) would be the lead agency responsible for the overall evaluation of project impact. As such, it will have the responsibility of conducting an initial benchmark survey and a final appraisal of micro-projects' impact, out of a representative sample of micro-projects. ONS and UGP will carry out the sampling design of microprojects to be evaluated. ONS will make arrangements with its own staff, students or with reliable technicians to survey the households before and after completion of the microprojects.

9. The UGP will review the proposed evaluation scheme and will sign a formal agreement with ONS for each set of microprojects indicating the methods of evaluation, the cost and the deadline at which the evaluation report will be handed to the UGP. The methods will be based on approved scientific and ethical standards of biological and social sciences. If blood samples are considered necessary, the informed consent of the participants will be obtained prior to the surveys.

10. ONGS will be authorized to commission specific evaluation tasks to other centers or institutions (NGOs, Universities) provided that these institutions are not already part of the microproject to be assessed. Whenever possible surveys would be grouped in such way as to minimize transportation costs and duration of field work.

11. Intermediate beneficiary assessment would also be conducted with participating NGOs to gauge relevancy of the interventions with respect to beneficiaries' expectations. Effective targeting of rural groups would be evaluated to ensure that the most disadvantaged segments of the rural population benefit of project activities. Group discussions with villagers would be the basis of

beneficiary assessments, therefore villagers should have a strong say in the evaluation of the microprojects and a clear perception of its impact, if any.

12. To the extent possible, micro-projects' impact on targeted groups would be compared to a without project situation of similar groups in the area, to assess the changes in standards of living and nutritional status brought by the project.

b) Nutrition activities

13. The most valuable input for the evaluation of the nutrition component would be the information collected by the *Auxiliaires de Nutrition Community Nutrition Workers* (CNW) during her monitoring activities. CNW will in particular instruct mothers on how to record episodes of diarrhea, respiratory diseases and clinical sign of nutritional deficiencies in the children aged 0-5 years that they monitor (Protein-energy malnutrition, iron deficiency anemia, iodine deficiency disorders, and vitamin A deficiency). Anthropometric indicators for children will include height for age, weight for height and weight for age. If this has been performed in a satisfactory manner, it will also be used to evaluate the changes in morbidity among project's beneficiaries.

14. Family members in vulnerable groups benefiting from the project, will undergo a rapid survey on signs of nutritional deficiencies including anthropometric measurements (weight, height, arm circumference and age of children) by the evaluation team. Adults will be interviewed on their food consumption. Dietary recalls and food frequency records will be used to assess changes in the dietary pattern of children and adults. If determinations of biochemical indices are necessary as part of the interventions against iron, iodine or other micronutrients deficiencies, a contract will be made with a private laboratory for analysis of the samples.

15. Results of measurements and salient observations made (anthropometry, clinical exam, biological tests,...) should be explained and displayed to participating villagers. Clear and visible explanation of progress made should be given and shown regularly to villagers to generate interest and support for nutrition activities.

c) Micro-projects

16. Micro-projects evaluation will not be limited to quantifiable outputs and pre-identified targets but will extend to a qualitative analysis of behavioral changes of groups in community development and sustainability at the ground level.

17. A number of indicators will assess the intrinsic qualities of the microprojects from a long term perspective :

- a) the relevance of the microproject as a response to the identified causes of food insecurity,
- b) the adequacy of group targeting in reference to the most vulnerable segments of the community,
- c) the replicability of the intervention considering its cost and nature,

- d) its sustainability in term of likelihood of continuation beyond the micro-project's life,
- e) the changes in attitude affecting the community's capacity and willingness to undertake other activities,
- f) the long term impact on the environment of the selected microprojects.

18. The evaluation of the immediate impact on women cooperatives will compare the before/after status of relevant indicators on a representative sample of micro-projects. They include:

- a) Diet diversification : frequency of consumption of valued foods such as pulses, fruits, vegetables, meat and fish.
- b) Nutritional care of children : level of knowledge and practices of care providers.
- c) Revenue: household income, debt situation, performance of the cost recovery system, income distribution among the group, utilization of income...
- d) Work load: work load of women, changes in use of tools, new technologies....

D. Training in monitoring and evaluation

19. Practical training sessions to NGO staff in project monitoring and evaluation techniques will be given at an early stage by the project monitoring coordinator together with the ONS. This will include the selection of appropriate indicators, verification of accuracy, data collection techniques, reliability and statistical validity of data.

Key Monitoring Indicators

<u>Years</u>	1	2	3	Total
<u>Nutrition</u>	1999	2000	2001	
Nbr. ACS/ACN	40	100	140	140
Nbr. children in growth surveillance	6,120	11,040	11,040	28,200
Nbr prevented cases of malnutrition by supplem. Feeding, rehab. centers & surveillance	1,224	2,208	2,208	5,640
Overall reduction of malnutrition	4 %	20 %	30 %	30%
Women in lactating/pregnancy follow-up	3,060	5,520	5,520	14,100
<u>Micro-projects</u>				
Nbr. Contrats NGOs	10	20	30	30

Income generating nbr ¹	30	60	140	140
Socio-economic				
- storage nbr.	10	20	20	
- agriculture ²	10	20	20	
- retail stores, others nbr.	10	20	100	
Community Nutrition centers ³	17	23	26	26
Nbr. direct beneficiaries				
- Income generating	1,500	3,000	7,000	
- Socio-economic	1,500	3,000	7,000	
Nbr.direct & indirect benef. <u>1/</u>	3,000	6,000	14,000	

Explanation Chart for Community Nutrition centers

	Year 1	Year 2	Year 3	Total
Nouakchott (6 outlying neighborhoods)				
Nbr of centers	12	18	18	
Nbr of children /center	30	40	40	
Total children	360	720	720	
Nbr of rotations	12	12	12	
Nbr total children	4320	8640	8640	21600
Nouadhibou (5 outlying neighborhoods)				
Nbr of centers	5	5	5	

¹ The number of micro-projects correspond to the number of beneficiaries' groups. Each NGO's intervention may comprise several micro-project for different groups.

² vegetable gardens, small irrigation, fish farming, handicraft, food processing, animal husbandry

³ See chart above for further details.

Nbr children/ center	30	40	40	
Total children	150	200	200	
Nbr of rotations	12	12	12	
Nbr total d'enfants	1800	2400	2400	6600
Total	6120	11040	11404	28200

Annex 9

**Calendar for the implementation of the new disbursement procedure
Loan Administrative Change Initiative - LACI**

A. Definition

The new mode of disbursement will require the production of the following quarterly reports: (i) financial statements, (ii) project progress, and (iii) procurement management. The following action plan foresees the eventual adoption of LACI after September 30, 2001.

B. Action Plan

Travaux à effectuer	Responsable	Date de Réalisation
1. Manuel comptable	Emprunteur	31/03/1999
2. Manuel des procédures administratives et financières	Emprunteur	31/03/1999
3. Choix et acquisition du matériel informatique et des logiciels	Emprunteur	31/04/1999
4. Formation technique sur le matériel informatique et les logiciels	Emprunteur	15/05/1999
5. Paramétrage et démarrage des applications	Emprunteur	15/06/1999
6. Ateliers de formation du personnel	Emprunteur	31/06/1999
7. Date d'entrée en vigueur du crédit	Emprunteur /IDA	31/06/1999
8. Point de départ de l'émission des rapports de gestion trimestriels du projet	Emprunteur	30/12/1999
9. Evaluation des capacités de gestion financière de passation des marchés et d'exécution physique du projet	IDA	30/09/2001
10. Mise en place éventuelle de la procédure décaissement LACI	Emprunteur / IDA	31/12/2001

Status of Bank Group Operations in Mauritania Operations Portfolio

Project ID	Fiscal Year	Borrower	Purpose	Original Amount in US\$ Millions				Difference Between expected and actual disbursements a/	
				IBRD	IDA	Cancellations	Undisbursed	Orig	Frm Rev'd
Number of Closed Projects: 33									
<u>Active Projects</u>									
MR-PE-35689	1998	MINISTRY OF HEALTH & SOCI	HEALTH SECTOR INVEST	0.00	24.00	0.00	24.38	2.17	0.00
MR-PE-1875	1997	GOVERNMENT	RAINFED NAT RES MGT	0.00	18.00	0.00	16.36	.76	0.00
MR-PE-46650	1997	OMVS	REGIONAL POWER	0.00	11.10	0.00	9.34	5.54	0.00
MR-PE-1874	1996	MINISTRY OF PLAN	PUBLIC RESOURCE MGMT	0.00	21.00	0.00	7.25	1.79	- .92
MR-PE-34106	1996	ISL. REP. OF MTA	INFRAST & PILOT DEC.	0.00	14.00	0.00	10.07	9.08	0.00
MR-PE-1857	1995	GOVT OF MAURITANIA	GENERAL EDUCATION PR	0.00	35.00	0.00	19.31	14.04	0.00
MR-PE-38661	1995		FIN/PRIV.SCTR.CAPAC I	0.00	7.20	0.00	2.45	2.95	2.55
MR-PE-1864	1994	GOVERNMENT	AGRIC SERVICES	0.00	18.20	0.00	6.70	3.09	0.00
MR-PE-1872	1993	GOVERNMENT	TECHNICAL/VOCATIONA L	0.00	12.50	0.00	6.85	6.91	0.00
Total				0.00	161.00	0.00	102.71	46.33	1.63

	<u>Active Projects</u>	<u>Closed Projects</u>	<u>Total</u>
Total Disbursed (IBRD and IDA):	54.56	497.11	551.67
of which has been repaid:	0.00	159.72	159.72
Total now held by IBRD and IDA:	161.00	325.10	486.10
Amount sold :	0.00	63.35	63.35
Of which repaid :	0.00	63.35	63.35
Total Undisbursed :	102.71	3.57	106.28

a. Intended disbursements to date minus actual disbursements to date as projected at appraisal.

Note:

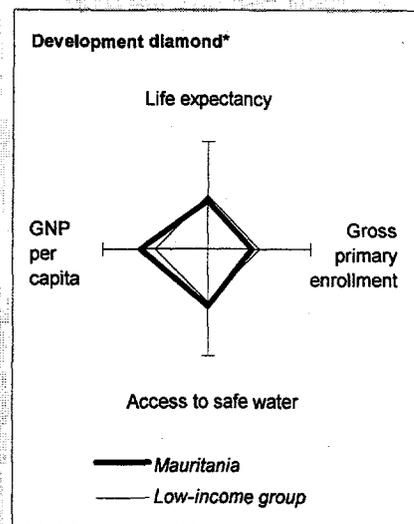
Disbursement data is updated at the end of the first week of the month.

Mauritania at a glance

10/1/98

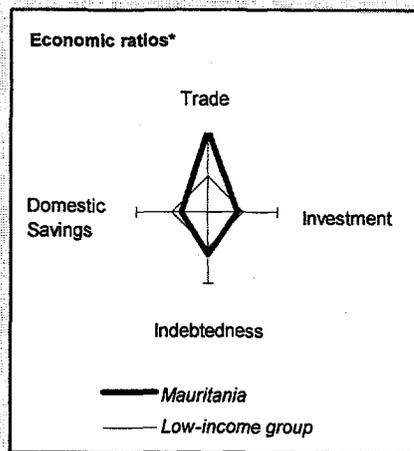
POVERTY and SOCIAL

	Mauritania	Sub-Saharan Africa	Low-income
1997			
Population, mid-year (millions)	2.4	614	2,048
GNP per capita (Atlas method, US\$)	450	500	350
GNP (Atlas method, US\$ billions)	1.1	309	722
Average annual growth, 1991-97			
Population (%)	2.5	2.7	2.1
Labor force (%)	2.7	2.6	2.3
Most recent estimate (latest year available, 1991-97)			
Poverty (% of population below national poverty line)	50
Urban population (% of total population)	54	32	28
Life expectancy at birth (years)	53	52	59
Infant mortality (per 1,000 live births)	92	90	78
Child malnutrition (% of children under 5)	48	..	61
Access to safe water (% of population)	78	44	71
Illiteracy (% of population age 15+)	62	43	47
Gross primary enrollment (% of school-age population)	78	75	91
Male	85	82	100
Female	72	67	81



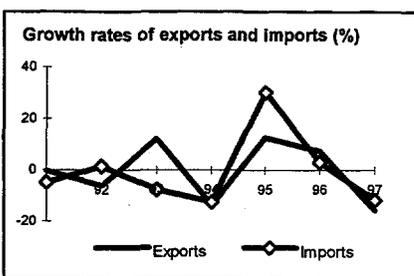
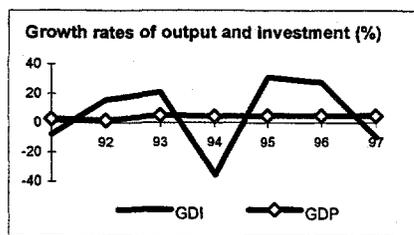
KEY ECONOMIC RATIOS and LONG-TERM TRENDS

	1976	1986	1996	1997	
GDP (US\$ billions)	0.52	0.80	1.1	1.1	
Gross domestic investment/GDP	42.4	30.6	22.1	19.0	
Exports of goods and services/GDP	38.5	56.4	53.6	45.3	
Gross domestic savings/GDP	2.9	7.7	13.9	13.2	
Gross national savings/GDP	20.2	3.2	17.3	15.6	
Current account balance/GDP	..	-27.4	-4.7	-3.4	
Interest payments/GDP	1.5	3.9	2.7	3.0	
Total debt/GDP	77.6	217.8	220.7	216.5	
Total debt service/exports	12.5	20.6	17.7	17.2	
Present value of debt/GDP	145.1	..	
Present value of debt/exports	248.0	..	
(average annual growth)					
GDP	1.6	3.3	4.7	5.1	4.6
GNP per capita	-1.1	1.0	1.9	2.9	2.1
Exports of goods and services	7.8	-0.9	7.3	-15.6	0.3



STRUCTURE of the ECONOMY

	1976	1986	1996	1997
(% of GDP)				
Agriculture	28.5	26.6	24.8	25.5
Industry	33.9	31.1	31.6	29.0
Manufacturing	..	13.1	12.0	9.7
Services	37.7	42.2	43.6	45.5
Private consumption	65.2	80.5	72.2	74.6
General government consumption	31.8	11.8	13.9	12.2
Imports of goods and services	77.9	79.3	61.8	51.0
(average annual growth)				
Agriculture	3.2	3.2	3.3	9.6
Industry	2.6	2.6	2.9	-1.8
Manufacturing	..	0.1	9.4	-15.3
Services	-0.1	3.8	7.2	7.5
Private consumption	3.1	3.3	-3.1	13.4
General government consumption	-9.9	6.6	3.1	-8.0
Gross domestic investment	-2.0	0.0	27.5	-9.5
Imports of goods and services	1.6	-0.9	3.0	-11.4
Gross national product	1.5	3.6	4.5	5.5



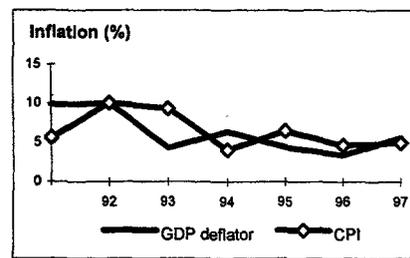
Note: 1997 data are preliminary estimates.

* The diamonds show four key indicators in the country (in bold) compared with its income-group average. If data are missing, the diamond will be incomplete.

Mauritania

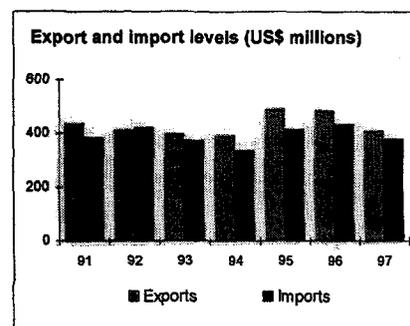
PRICES and GOVERNMENT FINANCE

	1976	1986	1996	1997
Domestic prices (% change)				
Consumer prices	..	7.4	4.7	5.0
Implicit GDP deflator	6.0	7.3	3.5	5.7
Government finance (% of GDP, includes current grants)				
Current revenue	..	24.8	30.5	26.4
Current budget balance	..	-0.9	12.8	9.6
Overall surplus/deficit	..	-8.3	6.6	4.2



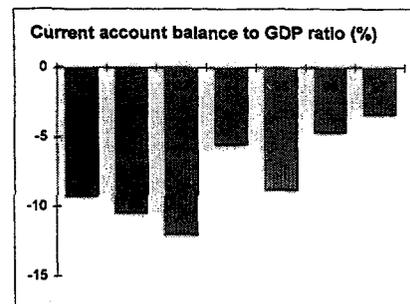
TRADE

	1976	1986	1996	1997
<i>(US\$ millions)</i>				
Total exports (fob)	..	418	485	413
Iron	..	142	207	216
Fish	..	274	277	197
Manufactures
Total imports (cif)	..	400	435	380
Food	..	91	97	85
Fuel and energy	..	27	109	95
Capital goods	..	161	85	68
Export price index (1995=100)	..	83	100	101
Import price index (1995=100)	..	83	102	96
Terms of trade (1995=100)	..	100	97	105



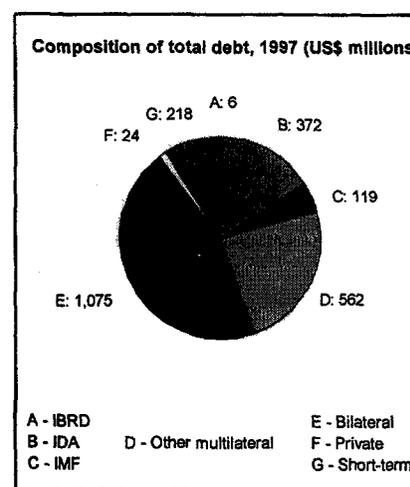
BALANCE of PAYMENTS

	1976	1986	1996	1997
<i>(US\$ millions)</i>				
Exports of goods and services	201	453	586	497
Imports of goods and services	353	637	676	560
Resource balance	-152	-184	-89	-63
Net income	-59	-70	-56	-52
Net current transfers	..	34	94	78
Current account balance	..	-220	-52	-37
Financing items (net)	..	210	101	92
Changes in net reserves	-13	10	-50	-55
Memo:				
Reserves including gold (US\$ millions)	82	53	145	204
Conversion rate (DEC, local/US\$)	45.0	74.4	137.2	151.9

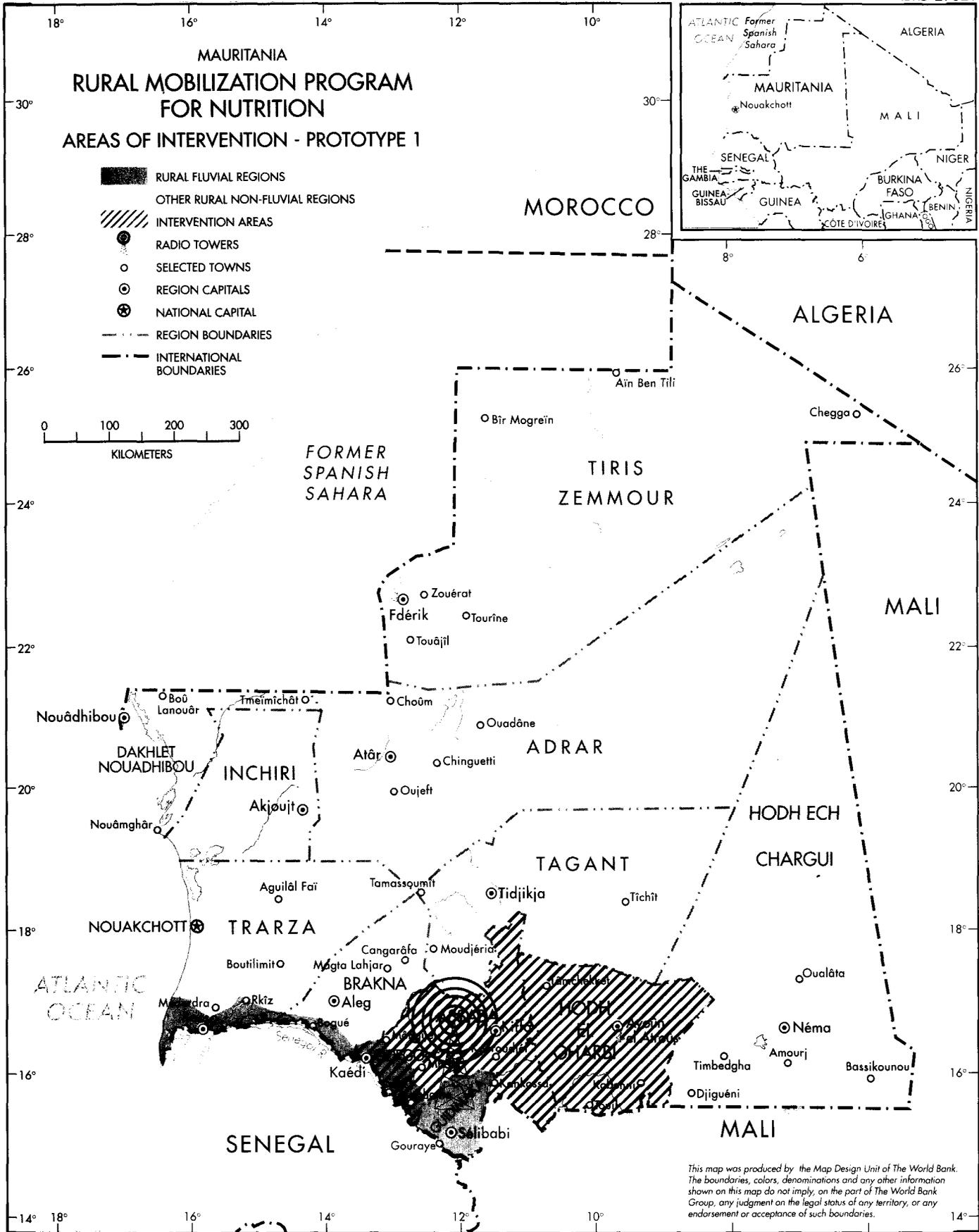


EXTERNAL DEBT and RESOURCE FLOWS

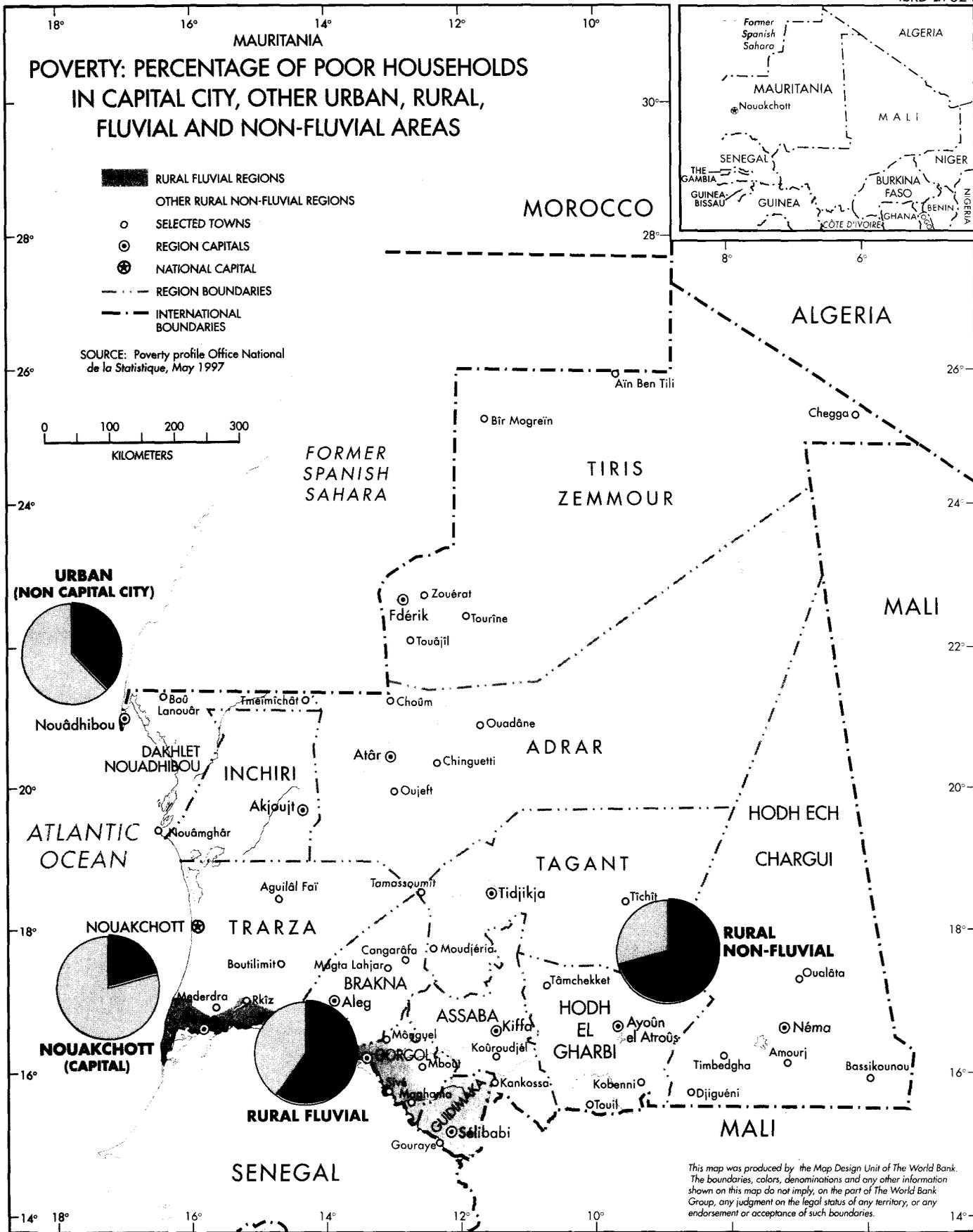
	1976	1986	1996	1997
<i>(US\$ millions)</i>				
Total debt outstanding and disbursed	407	1,749	2,415	2,376
IBRD	0	69	8	6
IDA	19	77	359	372
Total debt service	26	94	113	96
IBRD	0	10	3	2
IDA	0	1	4	5
Composition of net resource flows				
Official grants	115	71	176	140
Official creditors	113	130	58	33
Private creditors	53	3	24	-2
Foreign direct investment	2	5	5	3
Portfolio equity	0	0	0	0
World Bank program				
Commitments	3	29	35	29
Disbursements	5	23	36	34
Principal repayments	0	6	4	4
Net flows	5	16	32	30
Interest payments	0	5	3	3
Net transfers	5	11	29	27



MAP SECTION



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