



Mauritania

Humanitarian Situation Report



Reporting period: October - December 2018

SITUATION IN NUMBERS

Highlights

December 2018

- 24,521 children with severe acute malnutrition (11,770 girls and 12,751 boys) were admitted for treatment throughout the country, which is 76 per cent of the estimated national caseload of 32,244 SAM cases for 2018 (100% of national burden), based on available data as of the end of December 2018. The 2018 SMART survey showed that the national nutrition situation remains serious with 11.6 per cent of GAM and 2.3 per cent of SAM. Also, 23 districts out of 58 are in nutrition emergency situation (GAM>15 percent and/or SAM >2 per cent). UNICEF has ensured the timely distribution of Ready to Use Therapeutic Food (RUTF) and other life-saving nutrition supplies and trained 1,156 health workers and 457 community health workers to support 722 out-patient therapeutic and 19 in-patient facilities (86 per cent of all health facilities) throughout the country.
- 4,350 mother/child and 272 nutrition centres received hygiene kits.
- Education in emergencies activities addressed the education needs of 19,777 children, including 9,655 Malian refugees children in the M'Berra Camp and 10,122 in host communities.
- An SOP for case management for refugee children at risk or victims/survivors of violence, abuse and exploitation was developed and signed by the members of the Child protection working group in Bassikounou. 316 new cases (including 131 girls) were identified and benefited from an improved case management thanks to these SOP. This makes up to a total of 2,197 (935 boys, 1262 girls) children exposed to violence, abuse and exploitation from the M'Berra refugee camp and host communities were identified and referred to government/CSO services including legal assistance, medical services, psychosocial support and vocational/education services since January 2018.

143,187

Number of children in need of humanitarian assistance

217,000

Number of people in need

57,673

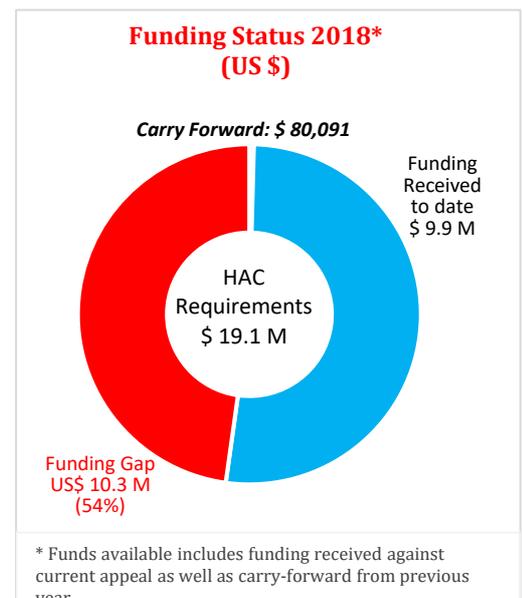
Number of Malian refugees, including 33,642 children (UNHCR 2018)

UNICEF Appeal 2018

US\$ 19.1 million

UNICEF's Response with Partners	UNICEF		Sector	
	Target	Total Results*	Target	Total Results*
Nutrition: Number of children with SAM admitted for therapeutic care in 21 emergency districts.	12,471	9,592	20,455	13,780
Health: Number of children in humanitarian situations vaccinated against measles in 21 emergency districts.	20,414	20,286		
WASH: Number of natural disaster and conflict-affected people with access to water, hygiene and sanitation basic services.	126,000	39,242	250,000	91,242
Child Protection: Number of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning.	10,000	2,197	TBD	2,197
Education: Number of school-aged boys and girls affected by humanitarian situation receiving learning materials.	8,300	19,777	8,300	19,777

* Total results are cumulative results.



Situation Overview & Humanitarian Needs

Frequent climatic shocks and high vulnerability in Mauritania mean hundreds of thousands of people face the painful consequences of food insecurity and malnutrition every year. Rainfall has steadily declined since the 1950s¹, and water is retreating deeper underground. As the fourth most vulnerable country in the world to climate change, natural hazards in Mauritania are long-term challenges that generate long-term needs. The country still struggles to recover from one of the world's biggest food crises that wreaked havoc on the Sahel in 2011 and 2012. In 2017 the country was hit by a severe drought and confronted by an unusually long lean season, exhausting vulnerable communities' coping mechanisms. Access to water and sanitation services in Mauritania is low and remains an aggravating factor in malnutrition. Only 47 per cent² of malnutrition centres in rural and semi-urban areas have access to drinking water and sanitation services, reducing the quality of care and increasing the admission time of children in treatment. Compounding these issues, the population is expected to double by 2039, and there is a growing youth demographic bulge with limited livelihood options. With 45 per cent (or 455,000) of children outside the formal education system³, young people searching for opportunities are at risk of radicalization.

Mauritania is experiencing a severe drought, affecting agro-pastoralist communities in the central, southern and eastern regions of the country. Irregular rainfalls during the 2017 rainy season have led to dry pastures, reduced biomass and agricultural production, and low-surface water availability in most areas, which consequently triggered an early transhumance and destocking of livestock. Analysis of available data indicates that from January to October 2018, the proportion of new SAM cases admitted increased by 10 per cent per month (on average) compared to the same period in 2017. Peaks of over 12 per cent per month were observed in March, April and October. The second peak following the rainy season underscores the precarious situation of many children. Furthermore, the proportion of new SAM cases admitted has been higher in Hodh El Chargui (20 per cent), Assaba (16 per cent), Nouakchott (12 per cent), Guidimakha (12 per cent). Mauritania reached 29 per cent more children with SAM than over the same period in 2017 and 15 per cent more children than in 2015.

For the second consecutive year, irregular rainfall has negatively impacted crops and pastures, eroding household resilience and capacity to absorb shocks. Projections of the "Cadre Harmonisé" (West Africa's version of the Integrated Food Security Phase Classification) indicate that over 575,602 people will be in a critical food security situation during the lean season in 2019 – which is projected as much more severe than the average and expected to start much earlier than normal (possibly as early as February rather than June in some areas). The 2018 SMART survey conducted at the end of the lean season (July) showed that the nutrition situation remains serious in Mauritania with a small increase of GAM, 11.6 per cent compared to 10.9 per cent in 2017; whereas the incidence of SAM was similar to 2017 (2.3 per cent), just above the critical threshold (2 per cent). In addition, 23 out of 58 districts faced nutrition emergency conditions (GAM > 15 per cent and/or SAM > 2 per cent) compared to 21 districts in 2017. The nutrition situation remains fragile; more vigilance and integrated nutrition intervention are required. The 2019 SAM burden is estimated at 31,682 children under five years, representing a 40 per cent increase compared to the average annual burden over the last five years. The nutrition sector is planning to treat 26,930 children under five years of age with SAM (85 per cent of the annual burden) throughout the country. The percentage of SAM treated is revised from 100% in 2018 to 85% in 2019 due to the difficulty in achieving 100% of the burden in 2018. Indeed, the health system is still too weak to ensure 100% coverage; in addition, only 23 districts out of 58 will be supported by UNICEF and NGOs with the aim to intensify IMAM activities in 2019.

Established in 2012 and located 30km from the Malian border, the refugee camp in M'Berra, which currently hosts 57,673 refugees, including 33,642 children⁴, continues to depend on Government, external and humanitarian assistance, in addition to the generosity of already impoverished local communities in the Bassiknou district (which has a population of approximately 55,000 people).

The district hosting refugees already struggled with drought impact and scarce resources prior to the arrival of refugees when access to safe drinking water was only 36 per cent.⁵ As many refugees fled with their livestock, the strain on the limited water supply pasture and other natural resources has been further exacerbated. Competition over access to pasture, cross-border movements of livestock and water are likely to increase the risk of tension and conflict in this agro-pastoral area.

It is important to note that restrictions of UNHAS operational capacity might limit ability to respond in a cost-efficient, timely and secure manner. UNHAS indicated the risk to definitely shut down operations on 31 December 2018 if no new funding or pledges were received. Without UNHAS services, more than 30 humanitarian and development organizations would no

¹ World Bank Climate Change Knowledge Portal

² Stratégie Nationale pour un Accès Durable à l'Eau et l'Assainissement 2016-2030 (SNADEA), August 2016 report

³ Multiple Indicators Cluster Survey (2015)

⁴ UNHCR 2018

⁵ BADIHA, Base de Données des Investissements d'Hydraulique et d'Assainissement

longer have practical access to the most remote areas in Mauritania (e.g. Bassiknou district where Malian refugees is 1,300 km from Nouakchott capital city). UNHAS transported 1,930 passengers in 2018 to the most difficult-to-reach parts of the country. The implications are critical for the thousands of vulnerable Mauritians and Malian refugees who are the immediate beneficiaries of programs, for which effective implementation and monitoring relies heavily on UNHAS. UNHAS is not only the most cost-efficient, safe and effective means of transport for humanitarian and development operations, but it is also critical when it comes to medical evacuations of staff who work in remote hardship areas.

While UNICEF continues to work with the Mauritanian government, UN agencies and partners to strengthen access to basic services at the decentralized level, thereby boosting the synergy of interventions along the humanitarian-development nexus, the difficulty to mobilise resources to respond to both development and humanitarian issues continued to be an important challenge during the reporting period.

Estimated Population in Need of Humanitarian Assistance			
	Total	Male	Female
Total Population in Need	830,000	431,600	398,400
Children (Under 18)	414,000*	209,121*	204,980*
Children Under Five	119,000	61,880	57,120
Child refugees (UNHCR June 2018)	33,642	16,550	17,092

* As per the Nutrition/Food Security Response Plan (February 2018).

Humanitarian Leadership and Coordination

- During a meeting in September, the Humanitarian Country Team reviewed the calendar of key upcoming events (including the availability of results from Cadre Harmonisé, which could only be available in December) and decided not to undertake a Humanitarian Needs Overview exercise. Instead, it developed an advocacy document to describe the unique features of the Mauritanian context, challenges and needs. Noting the various challenges highlighted in the SMART survey results and the protracted situation of Malian refugees in the country, UNICEF Mauritania developed an appeal for 2019 through the Humanitarian Action for Children exercise for a total of US\$10.5 million.
- Featured in the 2018 Global Humanitarian Overview, an integrated humanitarian nutrition/food security Response Plan for 2018 was developed in partnership with the government to respond to the severe impact of the 2017 drought. The Mauritanian government announced a US\$ 123 million contribution toward this plan focusing on agro-pastoral/food security interventions through subsidized essential food items, fodder for animals and provision of water. The government focal point from the Ministry of Economy and Finance together with the UN Resident Coordinator (UNRC) presented this plan to donors in Geneva last March. This plan was also discussed during an ad hoc regional Inter Agency Standing Committee (IASC) meeting in Dakar last April attended by UNRC and the UNICEF Representative, and during a humanitarian briefing in New York in May.
- The cluster system has not been activated in Mauritania. UNICEF is leading the Nutrition sector and is co-leading an intersectoral Nutrition/Food Security group together with WFP. Monthly sector or intersectoral meetings are held to monitor resource mobilization, programmatic interventions and identify gaps. A lessons learned workshop was held on 6 December 2018. Jointly organized by the Nutrition Sector led by UNICEF and Food Security Sector led by WFP, this meeting identified key priority actions to be addressed in pursuing emergency interventions in Mauritania. In the nutrition sector, the current situation calls for (1) greater convergence of actions for multi-sectoral interventions by humanitarian and development actors; (2) improved continuum of care between the management of moderate and severe cases of acute malnutrition through the creation of a permanent consultative forum bringing together the Ministry of Health (MOH), the Office of the Commissioner for Food Security (CSA) and the Ministry of Social Affairs, Children and Family (MASEF); (3) greater capacity among partners to implement preventative and curative measures integrating early detection of acute malnutrition; and (4) strengthening the nutrition surveillance mechanism at national and local levels.
- The Government of Mauritania, through the Ministry of Water and Sanitation and the Ministry of Interior, is leading the WASH response with special focus on water supply for livestock and the drainage of stagnant water in flooded housing areas, while other actors such as UNICEF and NGOs focus on communities and children affected by severe acute malnutrition, and access to safe water and sanitation access for internal displaced populations. The National Civil Protection (Ministry of Interior) is leading a task force which focuses on flood preparedness and response and held quarterly meetings. This coordination contributed to the response to the floods in Bassiknou last September 2018 when UNICEF, UNHCR, WFP, IOM, MSF Belgium, ICRC, Mauritanian Red Crescent, World Vision, ACF Spain supported local authorities to assist affected households. In Bassiknou, coordination meetings of the WASH sector working group for interventions in the M'Berra camp and in host communities were held monthly and co-facilitated by ACF and the regional

Directorate for Water and Sanitation. In November 2018, UNICEF as lead of the WASH sector working group organized a meeting with actors involved in emergency response. The objective of the meeting was to consolidate WASH in Nutrition data collection and analyse and validate figures with regards to the needs and response for 2019. Partners including ACF, Oxfam, World Vision, Local NGO Medicus Moundi, AMAMI, Ministry of Water and Sanitation, and Ministry of Health attended the meeting.

- Together with UNHCR and local education authorities (IDEN), UNICEF is co-leading the technical Education Working Group (EWG) for the M'Berra camp and Bassiknou (host community). EWG gathers UN agencies (such as UNHCR, IOM and WFP), international NGOs (LWF, WV and ACF) and national NGOs (ESD and AED) on a monthly basis. In 2018, EWG helped coordinate efforts and reorganize a partnership for education activities following the departure of InterSOS. The EWG also reached out to other active NGOs to raise awareness on the importance of formal education. During school break, EWG and the pedagogical council at the camp (consisting of school directors of each school) met to plan for the next school year, but also organized catch-up courses for 1,973 students (944 boys and 1029 girls) delivered by 50 teachers (39 male and 11 female). The EWG also took part in the multi-sectoral response to the floods which affected Bassiknou and the camp in mid-September as 304 households sought refuge in a school in Bassiknou. As water receded, the EWG organised a school clean-up which allowed the school to open on 1 October 2018. On 4 October, EWG launched the back-to-school campaign under the theme "All united for the education of all children". Thanks to continuous advocacy efforts, the new school year's feeding program was revitalised with the efforts of volunteer cooks. Strengthened collaboration with Koranic education representatives resulted in the appointment of 12 focal points (out of 140 Koranic schools) whose role includes awareness-raising to promote formal education in the camp.
- Together with UNHCR, UNICEF continues to co-lead and provide technical support and guidance to the Child Protection Working Group in Bassiknou. The Group includes all major actors involved in child protection in M'Berra camp, including UNICEF, UNHCR, ICRC, IOM, World Vision, ADICOR, FLM and ESD. A key accomplishment over the reporting period was the finalisation and endorsement of Standard Operating Procedures (SOP) for case management in M'Berra camp. This is an important milestone in addressing the vulnerability of refugee children to violence, abuse and exploitation. As part of this process, the mapping of services available in the camp has been updated to support the implementation of the SOP. Implementation of the SOP for case management will improve the quality of assistance and services provided to refugee children at risk or victims of violence, abuse and exploitation from the opening of the case to its closure. A focus for the coming period will be to ensure that the SOP is rolled out and applied through training of all child protection actors.

Humanitarian Strategy

Taking into account the recommendations of the World Humanitarian Summit, its Grand Bargain and the New Way of Working, Mauritania initiated an integrated planning process in 2017 involving the United Nations system, Government institutions and NGOs resulting in the adoption of the Partnership Framework for Sustainable Development (CPDD) 2018-2022. The CPDD (replacing the UNDAF), is co-signed by the Government and the UN, and it integrates humanitarian and development planning of UN agencies and six international NGOs⁶ to provide a comprehensive response to chronic humanitarian needs and reduce the needs of vulnerable populations, with the flexibility to develop event-specific emergency response plans. By integrating both the development and humanitarian agendas, this plan articulates interventions along this nexus/continuum.

Several initiatives are currently under development to address the needs of both refugee and host populations, strengthen the humanitarian-development nexus and improve the resilience of affected zones with the engagement of new actors, including the Peace Building Fund (PBF); US-Bureau of Population, Refugees and Migration, World Bank International Development Association (IDA 18), etc. UNICEF Mauritania is taking a pro-active and lead role in planning with government and partners to strengthen SAM prevention activities in the 21 emergency districts and to intensify the management of SAM cases. Special attention is given to closely monitor the situation in the other 37 districts, identify gaps and support national response (deployment of nutrition consultants in regions where there are no active partners) and prepare strong advocacy messages.

As part of the surveillance mechanism system, UNICEF supported two national mass campaigns to screen children with severe acute malnutrition and to distribute vitamin A supplementation and deworming tablets (June and December). An average of 565,593 children aged 6-59 months were supplemented with vitamin A through these two rounds, representing a coverage of 88%, and 498,246 children aged 12-59 months benefited from de-worming tablets as part of the anaemia integrated control approach, representing a coverage of 86%. These performance levels were the result of a strong social mobilization which was initiated with the official launch of the campaign chaired by the Minister of Health in the presence of UNICEF and WHO Representatives, and other technical partners. Stocks of life-saving therapeutic items

⁶ Action Against Hunger, French Red Cross, Oxfam, Save the Children, Terre des Hommes and World Vision.

are also closely monitored to prevent stock out. Thanks to an EPF (Emergency Programme Fund) advanced by UNICEF/NYHQ, which was reimbursed as soon as the CERF contribution was received in April, UNICEF secured the first order of RUTF 2018. We are grateful to ECHO, Food For Peace, CERF, Sida, as well as Humanitarian Thematic funds, which enabled the office to secure the 2018 (and part of the 2019) national pipeline of RUTF/nutrition therapeutic items. Cross-sectoral programme synergies are sought to maximise opportunities to save young lives (WASH, immunization).

Summary Analysis of Programme Response



Nutrition

24,521 SAM cases were admitted for treatment countrywide representing 76 per cent of the 2018 caseload (estimated at 100% of national burden), based on current available reports. In the 21 emergency districts, 14,275 SAM cases have been treated representing 70 per cent of the caseload in the targeted emergency areas. Due to the weakness of the health system and the low number of districts (18 out-of 55) supported by UNICEF and NGOs, it will not be possible to reach 100% of the burden as targeted in 2018. The programme performance analysis has shown that two out of three key indicators have met SPHERE's standards: 81 per cent of cure rate (>75 per cent SPHERE) and 0.7 per cent of death rate (< 5 per cent SPHERE). However, defaulter rate is at 16.4% above SPHERE standard (<15%). However mobile strategy of health care providers and the involvement of community health workers in the outpatient therapeutic program were applied as key actions to reduce defaulter rates in the most remote areas. This is an important strategy in a context where only 69 per cent of the population lives within a 5 km radius of a health facility. To date, 319 SAM cases⁷ have been treated through these mobile SAM care activities that have shown good performance⁸: Both of these defaulters mitigating activities will be extended throughout the country and linked with the roadmap of simplified protocol implementation in 2019. As part of this effort, UNICEF has ensured the timely distribution of nutrition supplies throughout the country.

In addition, thanks to ECHO, Food For Peace, CERF, Sida and UNICEF Humanitarian thematic funds, UNICEF is providing operational support in nine emergency districts through two PCAs and two small scale agreements with International NGOs (ACF, World Vision) and local NGOs (ADICOR and AMSELA). Through these PCAs, 9,708 mothers/caregivers were trained on early detection of acute malnutrition at home using MUAC measuring tape. The RapidPro platform, which allows real-time data collection and monitoring via SMS, was used to monitor the origin of severe cases of acute malnutrition for appropriate corrective measures. This represents a contribution of 8,047 SAM cases admitted and treated from UNICEF's operational support.

To intensify emergency nutrition response in 2018, UNICEF has recruited six national consultants to ensure technical assistance to the regional health team/system in regions where no or insufficient active nutrition partners are in place. MoH and UNICEF with NGO partners trained 1,156 health workers and 457 community health workers to support 722 out-patient therapeutic and 19 in-patient facilities (86 per cent of all health facilities) throughout the country. As part of preventive intervention, 32,876 pregnant and lactating women have been reached with promotional activities at health facilities and community level. Indeed, 866 health care providers and 457 community health workers were trained to deliver the integrated package of IYCF services through the life cycle. With WFP support, 29,816 moderate cases of acute malnutrition (25,443 children and 4,373 pregnant and lactating women) were treated; 18,172 children 6-23 months of age have received blanket feeding to prevent further deterioration of children nutrition status. UNICEF supported a joint (UNICEF/MOH/NGO) IMAM programme supervision in all the eight emergency regions.

As part of the monitoring and coordination mechanism, regular monthly coordinating meetings of the nutrition sector, (in partnership with the food security sector led by WFP) are being held under the co-leadership of UNICEF and the Ministry of Health. Through this platform, the SMART 2018 results were presented and discussed, and priority actions identified for the ongoing nutrition response and preparedness for the 2019 humanitarian response plan. Regional workshops were also organised to discuss key results from the 2018 SMART survey in eight emergency regions to (1) support a discussion on malnutrition contributing factors with nutrition authorities and stakeholders at the local level, and (2) to identify priority actions as part of the multisectoral nutrition coordination at the regional level. As part of emergency preparedness, UNICEF trained 26 health workers (twelve from MoH, ten from NGOs and four from UNICEF) on nutrition in emergencies with support from the UNICEF regional office. In addition, UNICEF has supported Save the Children to conduct training at the national level of 25 health workers on IYCF in emergencies.

⁷ SAM cases: 132 in Guidimakha; 94 in Assaba and 93 in Brakna.

⁸ Mobile SAM care performance: Guidimakha (94 per cent cure rate, zero per cent death rate; 6 per cent defaulter rate); Assaba (93 per cent cure rate, zero per cent death rate; 7 per cent defaulter rate); Brakna (91 per cent cure rate, zero per cent death rate; 9 per cent defaulter rate).



As part of an effort to mitigate the weak coverage of the health system in remote rural areas, 178 community health workers were trained in the skills to deliver services in the outpatient therapeutic programme in Guidimakha, Hodh El Chargui, Hodh El Gharbi and Assaba regions. Through its regular Health programme, and despite severe/chronic underfunding, UNICEF is providing capacity development and operational support to six out of the twenty-one emergency districts. Access to health services in the M'Berra refugee camp is expected to become challenging as MSF, which has been working in the camp since February 2012, will leave Mauritania in December 2018. Under the lead of UNHCR, the humanitarian community and the MoH are developing a plan to ensure continuity of medical services in M'Berra camp and Bassiknou district after MSF withdrawal. According to recent data, there are 202 cases of tuberculosis and 29 people living with HIV/AIDS among refugees, but there are no HIV/AIDS treatment services in the camp (treatment is currently only available in Nouakchott, Nouadhibou, Kaedi, Nema and Zoueiratt. Other important needs of the health response include: i) provision of care at the community level by community health workers; ii) training of health staff (supervisors and service providers) in the areas of Integrated Community Case Management (ICCM) and immunization; (iii) support to mobile vaccination strategy integrated with malnutrition screening and treatment; (iv) routine distribution of Long Lasting Insecticidal Nets (LLINs) to pregnant women and children under five; and (v) promotion of key family practices especially in the M'Berra camp.



Despite limited and belated reception of funds, the WASH programme responded to humanitarian situations, particularly during flooding in Bassiknou. While 20 health/nutrition centres in communities with high SAM burden will soon have access to safe drinking water in Guidimakha (thanks to OFDA funding), the provision of WASH kits for the mother/child couple has seriously been constrained due to lack of funding across the sector. Only 10 districts over 23 affected by malnutrition crisis are covered by WASH in Nut responses. 6,140 WASH kits were distributed to mother/child pairs affected by malnutrition out of 42,244 kits planned. With the completion of the 20 water points, it is expected that 6,000 additional people will have access to safe drinking water making a total of 47,032 people reached.



Thanks to a €300,000 contribution from ECHO and other resources, support is provided to strengthen quality primary and secondary education but also to provide literacy courses to out-of-school children and youth living in the refugee camp. Moreover, Sida has provided additional funds (US\$ 88,000) to support Early Childhood Development (ECD) for 400 children in the camp. In addition, UNICEF managed to mobilize financial resources from the U.S. State Department (BPRM funds with approx. US\$ 740,000 for the education program), Swedish National Committee and Akelius Foundation (approx. US \$1 million for education sector) and Peace Building Fund (approx. US\$ 500,000 for education sector). These new contributions will contribute to ensuring quality of education and mitigate the impact of the Malian armed conflict on children in the Hodh El Chargui region.

Through a collaborative approach targeting both refugees and host communities, UNICEF and its partners have strengthened their efforts to focus on social cohesion and conflict prevention activities. In the refugee camp, most out-of-school children (3,088 children based on the last physical verification in the camp) only attend Koranic education. An intense advocacy campaign was carried out with the aim to increase enrolment for the upcoming school year. As a result, a total of 8,217 children and 1,438 new children in the M'Berra camp have benefited from formal education or non-formal education in 2018 (for the school year 2017-2018 and 2018-2019, respectively). The number of students enrolled for the school year 2018-2019 in primary education reached 4,594 (2,353 boys and 2,241 girls) and at secondary education level, 350 students (238 males and 112 females) are enrolled as of November.

Tackling school exclusion has been a priority for UNICEF and partners. As a result, 5,553 out-of-school children (3 to 17 years of age) accessed formal or non-formal basic education in 2018. As a measure to reduce indirect education costs, student kits are distributed every quarter to 19,777 students (including 9,655 refugee students and 10,122 host community students). The construction of lower and upper secondary education facilities in the camp started in September with an aim to improve learning conditions and ensure a safer and more protective learning environment for all refugee children accessing secondary level and boost transition rates from primary to secondary education, especially for girls. The quality of the construction (to be finalized by January 2019) was supervised jointly with the central Government (DPEF), UNICEF staff and the camp education committee.

In view to extend education opportunities for all children, UNICEF signed a partnership with World Vision to establish eight preschool centres in the refugee camp and six (in partnership with the national ONG AED) in the host community of Bassiknou. In addition, the partnership agreement with ESD was amended to include additional activities related to BPRM and PBF contributions and strengthen peace building and social cohesion in the M'Berra camp and host community. UNICEF also contributed to quality of education in the camp through a series of teacher training workshops for 150 primary teachers (including 30 new teachers) and 27 secondary school teachers on child rights and learner-centred pedagogy; 18 non-formal education teachers on life skills; and 20 student club members on awareness-raising.



Child Protection

UNICEF continues to respond to the protection needs of children affected, directly or indirectly, by the Malian conflict both in refugee camp and host communities. Thanks to additional funding received from other donors such as BPRM and the Swedish Committee for UNICEF, UNICEF has expanded its child protection humanitarian interventions in the host communities of Bassiknou. As part of these efforts, the partnership with *Ensemble pour la Solidarité et le Développement* (ESD) which was initially focusing on M'Berra refugee camp was amended to include host communities, and child protection interventions in communities that were affected by flooding in Bassiknou were maintained. This partnership initiated support to children vulnerable to violence, abuse and exploitation to ensure access to integrated services, including counselling, social follow-up and referral to services (education, health, birth registration, legal assistance, etc.). Also, UNICEF concluded a new partnership agreement with the local NGO *Association Mauritanienne pour la Santé de la Mère et de l'Enfant* (AMSME) to strengthen its capacity to provide integrated services to children and women survivors of sexual violence in Nouakchott.

Capacity-building of child protection actors and community-based child protection mechanisms is ongoing. 22 staff (including seven women) from the members of the child protection working group were trained on the SOP for case management in M'Berra camp. Other topics covered during the training included the impact of emergencies on children, prevention and response to gender-based violence and the monitoring of child rights violations. Prevention of sexual abuse and exploitation was also explored during the training as part of the efforts to strengthen local capacities to protect girls and women from sexual exploitation and abuse in humanitarian contexts.

In terms of direct delivery of child protection services 316 new cases of children (including 131 girls) experiencing violence, abuse and exploitation were identified through the child protection mechanisms in M'Berra camp, included in the programme and supported. The psychosocial support provided included the assessment of their individual needs counselling, individual follow-up, participation in play and recreation activities and/or referral to basic services. This comes to a total of 2,197 refugee and host community children (935 boys, 1262 girls) who have accessed protection and integrated psychosocial services through UNICEF-supported programmes since January 2018, reaching 22 per cent of the original planned target for 2018. Reasons for reaching a lower number of children than planned include the limited capacity of partners, underfunding and the fact that from March to September, the child protection response was mostly focussed on the refugee camp of M'Berra. Recreational kits (100) have also been purchased to improve the partner's capacity to organise quality play and recreational activities for adolescent boys and girls in refugee camp and host communities.

Communication for Development (C4D), Community Engagement & Accountability

A vitamin A supplementation and deworming campaign was organized. Advocacy and the launch of ceremony at central level made effective the involvement and commitment of political authorities, religious and all opinion leaders for this campaign. The broad mass communication which accompanied the campaign also mobilized the parents of 630,000 children aged 6 to 59 months and strengthened their knowledge on the benefits of deworming and vitamin A supplementation.

Media and External Communication

In line with the Global Communication Strategy, UNICEF highlighted its commitment to the rights and well-being of children affected by emergencies in Mauritania. UNICEF spoke out against violations of child rights during various activities and in its multimedia production, mainly emphasizing the nutrition situation in the country. The use and reach of digital media was expanded to increase visibility of the main 2018 donors (e.g. ECHO, USAID, OFDA). Various activities enabling the participation of young people in the public space were conducted: children's rights eloquence contest and youth discussion sessions in the Generation Unlimited Bus. The 29th anniversary of the Convention on the Rights of the Child was also celebrated under the theme #goblue. Recognized artists and opinion leaders were gathered and spoke out for children's rights (including the nutrition and food security aspects of UNICEF emergency response) on this occasion.

Security

The security situation in Mauritania remained relatively calm over the reporting period, despite sporadic rallies or crime-related incidents, especially in Nouakchott. It is still unclear how the implementation of the ongoing military operations in Mali and G5 Sahel forces deployment will impact the security situation in the region and in Mauritania. Beyond Nema (Hodh El Chargui region), UN missions must be in convoy and armed-escorted. The availability and capacity of the escorts remains a challenge to respond timely to humanitarian community needs. Several missions were either cancelled or postponed. UN Guest Houses are recommended for visiting UN staff. The security level is moderate (3) in Nouakchott, low (2) in Kaedi, and Kiffa and high (4) in Bassiknou.

Supply and Logistics

As of December 2018, the total value of expenses related to purchase of goods and services was US\$ 7,502,269.71 million (including 27 per cent of local purchase representing US\$2,058,845). A similar trend is expected by the first quarter 2019, but will depend on donor priorities and on-going resource mobilization efforts. In December 2018, the volume of local and offshore procurement was as follows:

- \$ 5.02 million for programmes and PS (for both development- 55 per cent and emergency- 45 per cent)
- \$ 0.27 million for operational supplies
- \$ 2.01 million for services
- \$ 0.19 million for freight

As part of the response to nutrition assistance and flooding in the South East of Mauritania, US\$ 1,536,825.03 worth of supplies comprising Ready-to-Use Therapeutic Food, including 15,000 packages funded by CERF, ECHO and USAID/Food For Peace, along with vitamin A, therapeutic milk, tents and other items were distributed across the country. Other emergency related contingency items were Education (US\$ 19,392.72) and WASH (US\$ 18,786.66) and Child Protection (US\$30,046.24). Procurement services for the construction of three solar supply systems in Hodh El Chargui and 20 more in Nutrition affected areas in Guidmakha were completed and construction works are ongoing. Furthermore, the RUTF pipeline has been secured until the first quarter of 2019 to improve coverage and quality treatment of SAM. Vaccines were procured for a polio campaign and other Cold Chain equipment to increase coverage and reduce child morbidity and mortality rates. Supplies, mainly Child Protection, Education, Nutrition and WASH, were prepositioned in all 13 regions for emergency preparedness to support humanitarian assistance with the use of an existing long term agreement in customs clearing of offshore procured items, transportation and distribution to health facilities and the refugee camp, as well as light vehicles hiring to conduct end user monitoring of health facilities and beneficiaries.

Funding

UNICEF Mauritania wishes to express its heartfelt gratitude to all public and private sector donors for the contribution and pledges received against the HAC 2018, which was funded at 46 per cent, and which made the 2018 response possible. Having seen a sharp and steady decrease in humanitarian funding since 2013 (66 per cent in 2017 compared to 2013 levels), the funding situation improved in 2018. UNICEF Mauritania received support for emergency nutrition interventions from ECHO, OFDA, CERF and SIDA. Funds for WASH were received from OFDA, Swedish Committee for UNICEF and Sida, while ECHO and from BPRM supported child protection and education in emergency activities.

However, underfunding paired with constraints on flexibility constrained UNICEF agility to respond to emergencies in a timely and optimal manner; of the US\$ 9.9 million mobilised only 16 per cent were unearmarked. Most funds were to be used within a year of receipt and were received as the lean season was already well advanced.

UNICEF encourages unearmarked funding whenever possible as these give UNICEF essential flexibility to direct resources and ensure the timely delivery of life-saving supplies and interventions to where they are needed most, especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building.

Also, the lack of resources in several sectors (health in particular) limited a multi-sector response to the ongoing complex humanitarian situations affecting the country. While the prevalence of stunting in Mauritania decreased from 34.5 per cent to 20.1 per cent between 2001 and 2017 due to improved access to basic social services and reduction of poverty, the two consecutive years of drought 2017-2018 reminds us that gains obtained in recent years might be reversed if no sustained investment is made.

Funding Requirements (as defined in the revised Humanitarian Appeal 2018)					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received in 2018	Carry-Over from 2017	\$	%
Nutrition	9,930,000	4,779,351	51,562.83	5,060,127	51%
Health	2,979,000	107,449	-	2,871,551	96%
WASH	2,500,000	1,307,933	-	1,192,067	48%
Education	1,384,000	2,569,711	24,293.75	0	0%
Child Protection	2,338,000	1,103,543	4,234.47	1,230,223	53%
Total	19,131,000	9,867,987	80,091	10,392,927	54%

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UNICEF Mauritania Humanitarian Action for Children: <https://www.unicef.org/appeals/mauritania.html>

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Annex A – Summary of Programme results

Indicator	UNICEF and IPs*			Sector Response**		
	2018 Target	Total Results*	Change since last report ▲ ▼	2018 Target	Total Results*	Change since last report ▲ ▼
NUTRITION						
Number of children with SAM admitted for therapeutic care	32,244	24,521	6,142	32,244	24,521	6,142
Number of pregnant/lactating women reached with an integrated package of infant and young child feeding services	47,871	32,876				
Number of children 6-23 months who received micronutrient powders	77,167	13,300		77,167	13,300	
WASH						
Number of natural disaster and conflict-affected persons with access to water, hygiene and sanitation basic services	126,000	39,242		250,000	78,250	91,242
Number of people who received training/awareness-raising sessions on living in environments free of open defecation	70,000	57,873		250,000	115,309	
Number of severely malnourished children who access an agreed quantity of water for drinking, cooking and personal hygiene	42,244	6,140	▲ 1,790	42,244	10,000	10,000
Number of children who access and use appropriate sanitation and hygiene facilities	13,780	6,140	▲ 1,790	42,244	10,000	10,000
HEALTH						
Number of children in humanitarian situations vaccinated against measles in 21 emergency districts	20,414	20,286	13,368	N/A**	N/A**	
CHILD PROTECTION						
Number of displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning	10,000	2,197				
EDUCATION						
Number of school-aged boys and girls affected by humanitarian situation receiving learning materials	8,300	19,777	6,470	8,300	19,777	6,470
Number of emergency-affected children, including adolescents, accessing quality education, including through temporary learning structures	5,500	9,655	1,438	TBC	9,655	1,438

* Total results are cumulative results.

** Note that the Cluster system has not been activated in Mauritania and that humanitarian action for children is not discussed in health sector meetings.