

UNICEF HUMANITARIAN ACTION

MAURITANIA

DONOR UPDATE 25 OCTOBER 2005

FLOOD, CHOLERA AND NUTRITIONAL EMERGENCIES IN MAURITANIA

- UNICEF thanks the donors for their generous response to the appeals of 2004 and early 2005. An additional US\$ 1.5 million is urgently needed to respond to the nutritional crisis.
- The rates of moderate and severe malnutrition have increased alarmingly in all regions. Approximately 37,500 children vulnerable to malnutrition will be in need of nutritional support should the 2005/2006 crops fail.
- Recent floods have affected over 3,000 families, leaving 2000 families homeless and in need of urgent shelter assistance
- The number of cholera cases has exceeded 3,719 registered patients with 67 registered deaths (as of 19 October).

1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

For nearly 20 years, [Mauritania has been suffering from recurrent and prolonged droughts](#) and from poor rainy seasons, which have damaged crops and reduced food production. In between droughts, there have been severe floods and periods of intensive cold. To make matters worse, the country suffered from a major crop infestation with the sesame worm during the 2003/2004 agricultural season and a locust invasion without precedent in 2004.

This has created a major cereal deficit nationally, as the 2004/5 agricultural production has been decimated. As a result of this deficit, the rate of moderate and severe malnutrition has increased alarmingly in all regions. Predictions for the agricultural production 2005/6 are not very optimistic in many locations and there is a major risk of a crop failure in many of the southern producing provinces due to low and sporadic rainfall.

Should the forthcoming agricultural season in Mauritania fail again, major malnutrition could spread rapidly and children will be the first casualties of such a scenario. The 2005 vulnerability studies carried out by the Food Security Office indicated that a total of 37,500 children, out of a total population of 410,400 U-5 children, are at risk of moderate to severe malnutrition over the coming few months. Accordingly, UNICEF is planning for the emergency needs of children in Mauritania and requires additional funding beyond the initial phase of its nutritional emergency response, which started in 2005. The current situation could deteriorate in the short



term as the number of children in the subject regions could hike rapidly and also because more malnourished children have recently been reported in several uncovered regions.

UNICEF is therefore requesting US\$ 1,500,000 to address the urgent needs of children and prevent the situation from worsening.

THE ONGOING CHOLERA EPIDEMIC

A cholera epidemic started during the last week of April. The Government registered the first case in Keur Macene along the frontier with Senegal. In June, the epidemic spread out to the Brakna Region and in July reached Nouakchott. Since the beginning of August UNICEF has noted a major flare in Nouakchott while the rest of the country seems to have stabilized. A new flare is now developing in Tagant and Hod Chargui Provinces further inland. The number of cholera cases has now exceeded 3,719 registered patients with 67 registered deaths (as of 19 October).

UNICEF's funding required for cholera control is estimated at around US\$ 42,500 including freight costs and transport.

THE ROSSO FLOODS

Rosso, a town located on the right bank of the Senegal River and on the international borders between Senegal and Mauritania, has been affected by recent floods. During the period from 15-18 August 2005, over 255 mm of rainfall fell in less than 48 hours. Due to the rainfall intensity, parts of the town located in the flood plain were inundated. Over 3,000 families have been affected and among those 2,000 families were forced to stay out in the open at a site 7km from the main town centre. Even though these families have now started to return to their homes, they are still in need of immediate assistance.

The cost of water and sanitation assistance required for the affected communities is estimated at US\$ 31,000 for water supply inputs and US\$ 46,000 for safe sanitation and hygiene activities.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

HEALTH AND NUTRITION RESPONSE TO THE 2004 LOCUST INVASION

In late 2004 and early 2005, UNICEF's called for US\$ 871,000 to provide nutritional support to 12,000 malnourished children to mitigate the effects of the locust invasion in four regions where UNICEF was already working and where the need for assistance was most visible and poverty most acute. In coordination with the Government of Mauritania it was decided that other partners would cover the other vulnerable regions in the country. To date, UNICEF has received US\$ 1,063,689 in response to these appeals.

UNICEF verified the nutritional status of children under five in late 2004 and early 2005, and identified 24,000 vulnerable children living in Gorgol, Brakna and Guidimakha provinces. 237 Community Feeding Centres (CFC) were rehabilitated and UNICEF treated moderately malnourished children as funds became available later in 2005. UNICEF also trained 948 community volunteers and supplied equipment and supplementary feeding needed for the reception, administration and feeding of admitted children. This supplementation satisfies 70% of the total daily energetic needs of around 11,797 moderately malnourished children for the period of May to December 2005.

In the worst-affected villages of Brakna, Gorgol and Guidimakha provinces UNICEF investigated 24,421 children, from a total population of 120,458 children under five. 48% of the investigated children were moderately malnourished and in need of supplementary feeding. 1,000 children were severely malnourished and in need of therapeutic feeding. In the coming weeks, UNICEF will conduct a survey in the Assaba region with funds recently received from the Norwegian Government.

In August 2005, UNICEF implemented a vitamin A supplementation and de-worming campaign targeted at 314,000 U-5 children in 10 out of the 13 provinces in the country. 271,191 children received a vitamin A supplement (93.3% coverage rate of children between 5-59 months) and simultaneously 238,020 children (88.6% coverage rate of the target group of 12-59 months) received a de-worming tablet (Albendazole).

UNICEF provided therapeutic supplies for the value of US\$ 81,000 to local hospitals and health centres to care for the 1,000 registered severely malnourished children in Brakna, Gorgol and Guidimakha provinces. US\$ 15,929 was used to support the Government's malnutrition prevention activities, whereby vitamin A and varied medicines were provided. UNICEF also spent US\$ 283,753 to procure supplementary food and non-food items for the Community Feeding Centres. Furthermore, US\$ 47,500 was used to pay for local transport and logistical support costs, and around US\$ 17,500 for surveys and field monitoring.

UNICEF RESPONSE TO THE CHOLERA OUTBREAK IN 2005

UNICEF has provided technical support to the Government Cholera Control Committee on a regular basis throughout the current epidemic. Further action will include the provision of supplies to assist the Government in its efforts to deal with Cholera cases in the field, and the promotion of preventive action through a widespread social mobilisation campaign. To date, the Government has not yet made a public appeal for external assistance but a reaction is expected anytime should the situation deteriorate any further. UNICEF now requires new funding to ensure a strong response in the field and to enable a suitable case management and preventive measures on the ground. UNICEF and WHO are both providing assistance to Government along with a variety of NGOs operational on the ground, including MSF Belgium and Medicos del Mundo (Spain).

UNICEF RESPONSE TO THE ROSSO FLOODS IN AUGUST 2005

UNICEF will work in collaboration with the inter-agency response team that includes: UNDP, WFP, WHO, FAO, UNFPA and UNICEF. Under this emergency, UNICEF will provide shelter material as well as water and sanitation inputs to the flood-affected communities. UNICEF will also assist in the return of the communities to their original homes. UNICEF plans to mobilise the communities to promote safe water supply and environmental sanitation both in the camps and in the town itself, and will promote personal hygiene practices. UNICEF requires the needed funds to provide these unforeseen demands. WFP has provided food rations and will support food for work activities. The Red Cross and Red Crescent along with Medicos de Mundo (Spain) are operational on the ground.

3. APPEAL REQUIREMENTS AND RECEIPTS

In late 2004 and early 2005, UNICEF called for US\$ 871,000 to provide nutritional support to 12,000 malnourished children to mitigate the effects of the locust invasion in four regions. Several donors responded to the appeal, namely: the Belgian, Italian, French and US National Committees as well as the Government of Norway (cash and in kind contribution). US\$ 1,063,689 was made available for emergency programming. UNICEF used these resources to assist the Government of Mauritania by identifying and monitoring the nutritional status of vulnerable children, and the provision of 300 MT of supplementary food, varied equipment and other products for nutritional rehabilitation of malnourished children (supplementary and therapeutic feeding). 11,792 moderate malnourished children were assisted and their needs are well covered until December 2005. Furthermore, UNICEF used funding from the Canadian International Development Agency (CIDA) to carry out a national vitamin A distribution, which also benefited the affected regions.

Sector	Target (US\$)	Funded (US\$)	Surplus (US\$)
Nutritional Emergencies	871,000	1,063,689	192,689*

* This amount is allowing UNICEF to assist more than the 12,000 children initially planned and for a slightly longer period of time. Additional funding remains needed, however, to cover newly identified areas and to extend UNICEF's assistance over a longer period of time.

Donor	Income/Pledge US\$	Sector
Norway Government	285,655 in cash and 68,000 in kind	Nutrition
French National Committee	250,250	Nutrition
Global Funds – Italian National Committee	154,010	Nutrition
French Government (local fund-raising)	129,702	Nutrition
Belgian National Committee	76,072	Nutrition
US National Committee (SM/05/9906) Arrived mid September 2005.	100,000	Nutrition
Total assistance received	1,063,689	Nutrition

4. CURRENT PRIORITIES

UNICEF is very concerned about the situation of malnutrition in Southern Mauritania. The initial planning estimates of 12,000 vulnerable malnourished children in the four UNICEF regions have been exceeded due to the worsened nutritional situation. UNICEF initially requested US\$871,000 as the crisis was expected to subside with the return of the rainy season.

UNICEF will continue its current operations until the end of 2005 in the four regions, and supplementary and therapeutic inputs are in place to meet part of the current demand. However, in view of the current major cereal deficit and possible failure of the next harvest in some regions, the number of malnourished children could rapidly increase to (and possibly exceed) 37,500 children. This is well beyond the planned scenario, current funding, and coping capacity of the existing feeding centres.

Due to the extent of the emergency, UNICEF has only operated in 3 out of the 4 planned regions to date, and already met the threshold of 12,000 malnourished children there. The Assaba region, where the situation of malnourished children continues to deteriorate, will be covered in the coming weeks.

UNICEF urgently needs US\$ 1,500,000 to expand its current programs and extend its activities into newly identified vulnerable areas as some of the other partners in nutrition have ended their missions in Mauritania.

UNICEF is therefore requesting US\$1,500,000 to cover immediate needs.

Subject to funding UNICEF hopes to achieve the following:

- ✓ Continue the investigations and nutritional field interventions in the already covered regions.
- ✓ Support data collection in other regions not yet covered. Meantime, in the absence of data in these regions, we predict that the nutritional situation in the best of cases should be similar to that of the other regions, i.e. an estimated malnutrition rate of around 15 to 25%.
- ✓ Support to the health structures to identify and to provide care for the severely malnourished cases. Also, provide supplies needed for supplementary and therapeutic feeding requirements for 37,500 moderately malnourished children and 2,000 severely malnourished children over the next three months
- ✓ Carry out water and sanitation interventions targeting the most vulnerable communities in the target regions.
- ✓ Provide institutional support to national and regional institutions as well as to community groups working in the Community Feeding Centres.

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