

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION MAURITANIA IN 2008



CORE COUNTRY DATA

Population under 18 (thousands)	1415
U5 mortality rate (2006)	125
Infant mortality rate (2006)	78
Maternal mortality ratio (2000-2006, reported)	750
Primary school enrolment ratio (2000-2006, net, male/female)	72/72
% U1 fully immunized (DPT3)	68
% population using improved drinking water sources (rural/urban) *	44/59
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	12
% U5 suffering moderate and severe underweight/ stunting	32/35

Source: *The State of the World's Children 2008*
* CRING 2004

Mortality rates in drought-affected regions remain high, and acute malnutrition is alarming in the southern regions. The risk of epidemic disease outbreaks is highly probable, in particular cholera, measles and meningitis. The Mauritanian Government recently announced the planned return of some 5,000 Mauritanian refugees from Mali and Senegal, countries of refuge since the civil unrest that prevailed in the country since 1989. The recent flooding around the town of Tintane in the south-eastern region of Hodh el Gharbi illustrates the vulnerability of this rather fragile country and the recurrent risks of severe natural disasters. With the funds requested below, UNICEF Mauritania will assist some 30,000 vulnerable children.

Summary of UNICEF financial needs for 2008

Sector	US\$
Health and nutrition	1,500,000
Water, sanitation and hygiene	500,000
Education	350,000
Child protection	250,000
Mine action	250,000
Total*	2,850,000

*The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Since 1988 Mauritania has been suffering from recurrent and prolonged droughts and from poor rainy seasons that have damaged crops and reduced food production. In between droughts, there have been severe inundations 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 also had an unprecedented locust invasion 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 the regions. Predictions for agricultural production in 2005/6 were not that optimistic in many locations and there has been a major risk of a large crop failure in many parts of the southern crop-producing provinces, as the mean annual rainfall has been rather low for many years.

The 2005 vulnerability studies carried out by the Food Security Office indicated that a total of 37,500 children were at risk of moderate to severe malnutrition. Accordingly, UNICEF prepared to respond to the emergency needs of children in Mauritania and requires further funding for this nutritional emergency response that started in 2005 and continued in 2006 and the early part of 2007.

In 2006 the mobilization of partners and the relatively good rains improved the nutritional status of children during the post-harvest period by December 2006. In the meantime, the southern regions had an acute malnutrition prevalence rate that was already very high in December 2006 resulting in an alarming situation throughout the 2007 pre-harvest period (May to August). The nutritional survey conducted in December 2006, which was the basis for the established nutrition information system, showed that the national global prevalence of acute malnutrition and of acute to severe malnutrition had fallen respectively from 13.3 per cent and 3.3 per cent in 2000 (Demographic and Health Survey) to 8.2 per cent and 0.8 per cent in 2006. These remain below the established alert ceiling of 10 per cent for December 2006, and are also slightly below the emergency intervention ceiling set at 15 per cent.

The same regressive trend was observed in the target priority regions covered by the Central Emergency Revolving Fund (CERF) project with a prevalence of 13.1 per cent for December 2005 (World Food Programme survey)¹ and 10.7 per cent for 2006 (UNICEF survey)² following partners' field activities. These survey results show a non-alarming situation with a real need for vigilance as we move towards the pre-harvest season and when we expect an increase in the number of cases of less than 20 per cent, particularly in the Riverside regions, in the most populated regions of Brakna, Guidimaka, Gorgol and Trarza, where the prevalence now stands at 10.7 per cent.

The percentage of rural and urban population using improved water sources is 44 and 59 per cent respectively.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

CERF-funded activities strengthened the capacity of the health system and also that of the community feeding centres. This allowed the treatment of 1,017 children aged 6-59 months suffering from acute and severe malnutrition (achieving 63 per cent coverage) and 14,290 children suffering from moderate to acute malnutrition (achieving 78 per cent coverage). Similarly, at national level, vitamin A was administered to 434,847 children aged 6-59 months (95 per cent coverage). The coverage was calculated based on health services registration cards. Also, 375,710 children aged 12-59 months were dewormed with a dose of Mebendazole (ensuring 92 per cent national coverage).

In 2007 activities using emergency-allocated funds allowed to strengthen the capacity of targeted communities and health services to deal with severe malnutrition case management. These activities included:

- Inputs from five international consultants that accelerated project implementation;
- Training national and regional trainers on case management of severely malnourished children;
- conducting a rapid assessment on community-based case management of severely malnourished children;

¹ WFP survey on food vulnerability, Nouakchott, December 2005.

² Preliminary Results of the Nutritional Survey, MSAS/ONS/ANED/UNICEF, December 2006.

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- Training 88 practising doctors and nutrition workers treating severely malnourished children in the regional hospitals of target districts;
- Adopting and widely disseminating the national protocol for case management of severely malnourished children;
- Training 371 head nurses in existing health posts;
- Providing improved food supplementation of moderately malnourished children;
- Developing a model for nutritional surveillance on the basis of the two surveys completed in December 2006 and May-June 2007 and drafting, adopting and widely disseminating a nutritional survey by the end of 2007;
- Developing and adopting the preliminary draft of a national strategy on infant and young child feeding;
- Progressively applying in vulnerable regions the national protocol for the case management of severe malnutrition, with a total of 1,395 admissions of acutely to severe malnourished children registered in 367 therapeutic feeding centres in the seven most vulnerable regions and 25,000 admissions for acute moderate malnutrition cases registered in 1,100 supplementary feeding centres; and
- Completing a first round of vitamin A supplementation and deworming among preschool children.

Following the recent floods in Tintane Region and in the River Senegal basin, the UN Country Team conducted a rapid assessment to determine humanitarian needs of the affected population. Thereafter, water, sanitation and hygiene (WASH), food, medical and other emergency supplies were rushed to the flood-stricken regions in several waves. The various UN agencies assumed their assigned cluster role and UNICEF provided expertise as well as inputs in the areas of WASH, nutrition and education. UNICEF also assisted WHO in health sector interventions, completed a vaccination campaign, rehabilitated the health centre and several health posts and operated the therapeutic facility of the affected hospital and health centres. In the area of education, UNICEF provided assistance to ensure the resumption of schooling at the beginning of the 2007/2008 school term. The UNICEF Regional Office for West and Central Africa assisted the Country Office with US\$ 100,000 to support water supply field operations and the cost of building latrines.

Further external assistance is still needed in 2008, including water treatment supplies, maintenance of water supply installations and construction of permanent latrines.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

UNICEF is part of the UN Emergency Coordination Working Group headed by WFP, which reports to the UN Country Team. It meets periodically to analyse and coordinate all humanitarian actions needed and to agree on a joint response to all contingencies. NGOs and Government representatives are also key members of this Group. UNICEF leads the coordination of nutritional issues in Mauritania.

Regular programme

UNICEF Mauritania has six programmes, including health and nutrition; education; child protection; HIV/AIDS; local development and community participation; and a social policy, monitoring and evaluation programme. Each of these programmes contain several sectoral projects aiming to the survival and development of Mauritania's children and women. National needs of both women and children were assessed through an in-depth situation analysis supported by detailed surveys in various fields. The Mauritania Country Programme benefited from past donor assistance raised through the *Humanitarian Action Report* process. Substantive funding allowed UNICEF to deal with the yearly control of epidemics and to handle the impact that drought and the ongoing nutritional emergency are exerting on Mauritania and several other countries of the Sahel region.

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Health and nutrition (US\$ 1,500,000)

UNICEF is responding to nutritional emergencies in 8 out of 13 administrative regions (Assaba, Brakna, Gorgol, Guidimaka, Hod El Gharbi, Hod El Chargi, Tagant and Trarza) and will assist a total of 2,064,011 inhabitants, including 330,861 children aged 6-59 months. The funding of nutritional emergencies will cover the therapeutic needs of 29,581 children aged 6-59 months suffering from acute malnutrition and of 2,871 severely malnourished and 26,710 moderately malnourished children. Activities will include:

- Undertake national case management of malnourished children in all health districts in nine health regions and continued support to 2,871 severely malnourished children treated in 367 therapeutic feeding centres previously established and run by partners;
- Develop/manage a national database for malnutrition case management planning using monthly data;
- Implement regular bi-annual surveys to feed the Early Warning System, focusing on children;
- Support the drafting of a national strategy on infant and young child feeding;
- Support national/regional institutions/ community groups working in community-based feeding centres;
- Build the capacity of Government institutions to boost national planning efforts towards more sustainable nutritional interventions;
- Administer vitamin A and distribute deworming tablets to all preschool children; (
- Assess the management of the acute malnutrition programme;
- Train community-based health workers to promote the use of impregnated mosquito nets and distribute 20,000 impregnated mosquito nets to households in 16 pilot health districts; and
- Procure/distribute ready-to-use therapeutic foods (RUTFs), essential emergency drugs and equipment to 367 health centres.

Water, sanitation and hygiene (US\$ 500,000)

Some 40,000 displaced persons will be reached through the following activities:

- Construct/rehabilitate wells and adequate sanitation facilities in 50 schools;
- Construct/rehabilitate 50 wells and boreholes and install handpumps to provide safe drinking water in permanent and return areas;
- Build 1,000 to 1,500 household latrines; repair/maintain mini water supply systems;
- Promote hygiene education and hygiene awareness programmes in 50 schools and 50 communities in order to complement existing water and sanitation services;
- Undertake water and sanitation interventions, focusing vulnerable communities in targeted regions;
- Procure thirty 1,000/1,500-litre collapsible water tanks and twenty thousand 10/30-litre collapsible jerrycans; and procure 200 kg of chlorine tablets.

Education (US\$ 650,000)

Over 15,000 persons were displaced by the latest floods in the town of Tintane and elsewhere in the Senegal River Valley, affecting some 3,000 to 5,000 children and 300 teachers. UNICEF will assist local school with the following activities:

- Provide basic scholastic materials, including notebooks, pencils and erasers, for 50 primary schoolchildren, 205 school-in-a-box kits benefiting 3,000 students and primary schoolteachers;
- Rehabilitate 40 temporary classrooms;
- Install 220 tents to be used as temporary classrooms until Government builds new schools;
- Build 50 latrine blocks with 4 latrine cubicles each, along with 200 to 500 squatting plastic plates;
- Establish 50 school sanitation committees/cooperatives to manage emergencies and school hygiene;
- Provide 50 sport-in-a-box kits containing sports equipment and supplies, including footballs, football pumps, T-shirts, hats, and other sports accessories.

Child protection (US\$ 250,000)

There is a limited risk of war in Mauritania because of political stability since the March 2007 presidential election. National legislation promoting child rights was enacted recently. However, due to the extreme poverty several protection projects and protection issues need funding, i.e., children with disabilities, working children, street children, and domestic girls etc.

Mine action (US\$ 250,000)

According to the latest Landmine Impact Survey carried out in 2007, 76 km² of land are mined, threatening the lives of 60 communities. The presence of landmines is also suspected in 65 districts in Dakhlet Nouadhibou and Tiris Zemmour Provinces. Government, UNICEF, UNDP and local and International NGOs are now implementing a programme on mine-risk education (MRE), de-mining and assistance to mine survivors, for which funding is required.