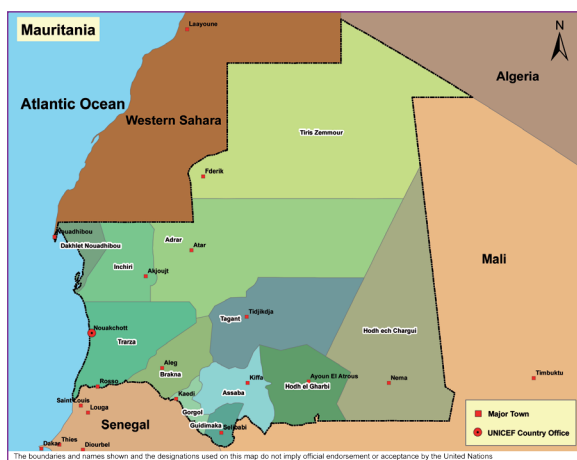


# UNICEF HUMANITARIAN ACTION MAURITANIA IN 2009



Core Country Data	
U5 child population	560,953
U5 mortality rate*	122
Infant mortality rate*	77
Maternal mortality ratio (2007)*	686
Primary school enrolment ratio**	77
Primary school enrolment ratio for girls**	79
% DPT3 vaccine in U1 children*	57
% population using improved drinking-water sources*	50,5
HIV/AIDS prevalence***	0.57
% U5 wasting prevalence*	12

Sources: \* Multiple Indicator Cluster Survey (MICS) 2007, \*\* Ministry of Education, \*\*\* Projection of the National Census 2000.

The impact of high food prices was heavily felt in 2008 in Mauritania due to its dependence on food imports, the high risk of flooding in the food-producing regions, the prevailing political instability that followed the 6 August 2008 coup d'état and the residual malnutrition still affecting several regions, mostly in the southern and eastern regions. UNICEF's emergency preparedness and response planning will target over 500,000 children in 2009. The figures shown below are based on in-country projections for the planned interventions.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	2,000,000
Water, Sanitation and Hygiene	500,000
Education	350,000
Child Protection	250,000
Mine-Risk Education	100,000
<b>Total**</b>	<b>3,200,000</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* 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 AND WOMEN

According to the latest UNICEF/Ministry of Health malnutrition survey carried out in March 2008, the global acute malnutrition rate in Mauritania is 12 per cent. Evolution of the acute malnutrition prevalence since December 2006 reflects the deterioration of the food situation that is characterized by a lack of availability of and poor accessibility to food products, as well as a weak health-care system for the management and prevention of severe malnutrition. A World Food Programme/Government food security survey also conducted in March-April 2008<sup>1</sup> estimated that 30 per cent of the rural population (550,712 people) is vulnerable to food insecurity, of which 197,157 are in a state of extreme vulnerability. The survey results showed that there has been a 30 per cent increase in the number of rural households living in food insecurity and a 55 per cent overall rise in food-insecure households since July 2007. The survey also confirmed that this was due in great part to nationwide high food prices, including in urban communities (with a 12 per cent rate of food insecurity). The percentage of population using improved drinking-water sources and improved sanitation facilities stands at 50.5 per cent and 38.2 per cent respectively.

In March 2008, in collaboration with the UN Refugee Agency (UNHCR), the Mauritanian authorities decided to set up a large reintegration programme for returnees and for Mauritanian refugees driven out of the country 20 years ago. UNICEF in close collaboration with UNHCR is supporting the improvement of basic services to this segment of the population in the three main regions of return and resettlement.

The 2009 challenges to be addressed shortly are: (1) to ensure emergency preparedness along with partners to respond to all emergencies including high food prices and its consequences; (2) to reduce the prevalence of child wasting to below 10 per cent in the most vulnerable regions, by managing acute malnutrition and undertaking stunting prevention interventions; (3) to improve access to basic services for the latest returnees in their resettlement areas; and (4) to support Government in developing and implementing an appropriate national emergency response plan.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

Mauritania has been part of the 2008 regional West Africa Consolidated Appeal Process (CAP). UNICEF has recently revised its 2008 CAP on nutrition and child survival matters, taking into consideration the deterioration of the nutritional situation in Mauritania and in the Sahel countries. In close collaboration with local, national and international partners (Ministry of Health, UN agencies and NGOs), UNICEF has continued to respond to the humanitarian needs of the vulnerable population affected by the high food prices. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene (WASH), education and child protection. However, these interventions were slowed down by the latest political instability following the last coup d'état. To mitigate the effects of high prices, especially on people facing food vulnerability, the Government launched a Special Intervention Programme in April 2008 to address short-term reduction of economic and food vulnerability and improve the medium- and long-term income of the most vulnerable segments of society. UN agencies have since the beginning supported authorities' efforts in this regard with technical guidance and operational assistance.

During 2008, the overall goal in nutrition aimed to minimize the impact of the ongoing high food prices on the nutritional status of children under age five. UNICEF continued to support 350 therapeutic feeding centres in eight vulnerable regions serving up to 5,000 children under age five and also supported the World Food Programme (WFP) that managed more than 500 supplementation feeding centres serving 38,000 children under age five. UNICEF's support included the provision of therapeutic foods, health staff training and the organization of feeding centres' management. Therapeutic food was positioned in 13 health regions. More than 2,000 children under age five (out of 5,000) were admitted and treated in these centres. Mass screening covering 39,000 children was carried out in seven regions in order to increase community attendance at the established rehabilitation centres. Also, chlorine water tablets for water purification will be prepositioned in Nouakchott, along with education emergency supplies to cover national needs for around 10,000 persons in the event of flooding. This stock is readily available in UNICEF's warehouse.

Successful preventive and emergency campaigns were carried out that included: (1) measles immunization covering 464,564 children aged 9–59 months (97.9 per cent coverage) in January 2008; (2) the promotion of exclusive breastfeeding for the first six months covering 119,013 households (24 per cent coverage) and 456,417 women in June 2008, through mass media and home visits by community volunteers in the seven most vulnerable regions; (3) the celebration of the 'World Breastfeeding Week'; (4) vitamin A supplementation for 473,590 children under age five (97 per cent coverage) and deworming for 398,760 children aged 12–59 months (92 per cent coverage) in June 2008.

<sup>1</sup> Commissariat pour la protection sociale et la sécurité alimentaire/Programme alimentaire mondial (CPSSA/PAM), *Étude sur la sécurité alimentaire des ménages (ESAM) en Mauritanie*, Rapport ESAM, avril 2008.

Regarding nutritional surveillance and early warning, UNICEF supported the Ministry of Health to organize the two annual nutrition surveys and to strengthen routine health information systems to properly include the nutrition component. The results of the first survey carried out in February–March 2008 were disseminated and are largely used by humanitarian partners and the Government.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

UNICEF is part of the UN Emergency Coordination Working Group chaired by WFP and reporting to the UN Country Team (UNCT). 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. As the lead agency for nutrition, UNICEF provided information in this sector and coordinated the work of the specific nutrition group in Mauritania.

#### Linkages of HAR with the Regular Programme

The *Humanitarian Action Report (HAR)* is reflected throughout the UNICEF Mauritania Country Programme, including child survival, education, child protection, social policy/monitoring and evaluation programmes. Each programme contains several projects aimed at assisting the women and children of Mauritania in their survival and development. The national needs of both women and children were assessed through a comprehensive and participative situation analysis supported by detailed surveys in many fields. The Mauritania Country Programme benefited from past donor assistance raised through the HAR 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.

In 2009, UNICEF's emergency response along with other UN agencies will focus on the reduction of severe and moderate malnutrition and on the reduction of the impact of high food prices on vulnerable communities. Additionally, UNICEF will respond to any natural disaster and epidemic outbreak, such as cholera or meningitis, with water, sanitation and hygiene (WASH) interventions in the affected areas. UNICEF's emergency preparedness and response planning (EPRP) reflects the latest country profile and all emergency scenarios and implications for an immediate UNICEF response. Overall, the EPRP targets a population of 15,000–20,000 inhabitants and, in the case of emergency malnutrition interventions, UNICEF's activities will benefit a total of up to 500,000 people.

#### Health and Nutrition (US\$ 2,000,000)

For 2009, the overall goal is to minimize the impact of the ongoing international crisis on the health and nutritional status of children under age five, to reduce the rate of acute and severe malnutrition and to ensure that pregnant/lactating women in affected areas are well identified and provided with micronutrient supplementation and deworming for themselves and their children. The planned activities include:

- Procure and distribute long-lasting insecticidal nets to 200,000 children under age five and pregnant women in malaria-endemic areas;
- Facilitate capacity-building of national immunization services, including the cold-chain system, along with relevant training in 27 health districts;
- Promote optimal infant and young child feeding practices through existing health- and community-based services, thereby reaching the population aged 0–2 years, estimated at about 33,000 children;
- Continue supporting the 400 therapeutic feeding centres (350 old and 50 new) run by partners, managing over 5,000 severely malnourished children. WFP will continue in 2009 to provide supplementary feeding at community level, serving 14 per cent of children aged 6–59 months;
- Provide refresher courses to 200 health staff out of the 600 health personnel managing severe malnutrition;
- Carry out three nutrition surveys, assessments and evaluations with partners;

- Procure and administer vitamin A to lactating mothers and to 486,006 children aged 6–59 months, and deworming tablets to 433,858 children aged 12–59 months;
- Support increased access of returnees to health and nutrition services and facilitate their integration into their communities of origin.

### **Water, Sanitation and Hygiene (US\$ 500,000)**

For 2009, WASH activities will be part of the Child Survival Cluster Programme and will aim at reaching 40,000 persons, including the Mauritanian returnees lately arrived in the southern zone and who remain mostly vulnerable. Activities will focus on children and women, as shown below:

- Assess the WASH situation in southern districts and returnee areas;
- Improve sanitation in schools and in health facilities through the construction/rehabilitation of wells and through adequate sanitation activities serving about 2,500 children;
- Construct/rehabilitate 50 wells and boreholes and install handpumps to provide safe drinking water to around 40,000 returnees and other sedentary communities;
- Train local communities on well and borehole maintenance and repair;
- Build 1,000 to 1,500 household latrines to serve 6,000 to 9,000 inhabitants;
- Promote handwashing with soap and hygiene education in local communities;
- Undertake water and sanitation interventions focusing on vulnerable communities affected by natural emergencies or epidemics in target regions;
- Provide thirty 1,000/5,000 litre collapsible water tanks, twenty thousand 10/30 litre collapsible jerrycans and 200 kilos of chlorine tablets to serve around 20,000 persons likely to be affected by natural disasters or epidemics (EPRP planning figure).

### **Education (US\$ 350,000)**

For 2009, the overall goal is to immediately assist in the event of emergencies some 3,000 to 5,000 children and 300 teachers through the following key interventions:

- Provide basic school supplies for up to 3,000 students and to primary schoolteachers;
- Rehabilitate 40 temporary classrooms and reinforce school infrastructures in returnee areas;
- Install 220 tents to be used as temporary classrooms to accommodate up to 5,000 students in flood- or emergency-affected regions;
- Build 50 community latrine blocks and promote their utilization in flood-/emergency-affected locations;
- Support some 50 school sanitation committees/cooperatives to manage emergencies and promote school and personal hygiene;
- Ensure school recreational activities in vulnerable communities by providing sports kits for 5,000 children.

### **Child Protection (US\$ 250,000)**

In 2009, in the event of social unrest, particularly as a result of the latest political instability and tensions, UNICEF will set up a programme to screen, assist and organize displaced population, especially unaccompanied and vulnerable children (including children with disabilities, children living and/or working on the street and domestic girls). In view of the prevalent sexual exploitation and abuse and the likelihood of a hike of cases in times of conflict, UNICEF will work with existing partners to address the needs of up to 1,000 survivors of sexual exploitation and abuse.

### **Mine-Risk Education (US\$ 100,000)**

According to the latest Landmine Impact Survey carried out in 2007, 76 km<sup>2</sup> of land are mined in Mauritania, threatening the lives of 60 communities. The survey provided the needed baseline for future work and will help prioritize interventions in the sector. The mine-affected area will benefit from UNICEF's support: marking of mined areas, community education on the risk of mine/unexploded ordnance, as well as geriatric support to survivors to be facilitated in specialized centres, as was the case over the last three years. Furthermore, assessments will be conducted in 65 additional districts where the presence of landmines has been suspected (Dakhlet Nouadhibou and Tiris Zemmour Provinces). To sensitize the population on the deadly risks of landmines, Government, UNICEF, the UN Development Programme (UNDP) and local and international NGOs will strengthen the mine-risk education (MRE) programme. Around 1,000 mine survivors will be assisted in target communities.