Mauritania

Mauritania is experiencing recurrent cycles of drought that are severely affecting the nutritional health of children. For the second year running, irregular rainfall has negatively impacted crops and pastures, eroding household resilience and capacities to absorb shocks. Over 130,000 children, including nearly 32,000 children with severe acute malnutrition (SAM), and 31,000 pregnant and lactating women, will require nutritional care and treatment in 2019. Twenty-three of Mauritania’s 55 districts are currently experiencing a nutrition emergency, and account for three quarters of the country’s total SAM caseload. Only 47 per cent of the populations of these districts have access to drinking water, compared with the national average of 64 per cent. Poor hygiene and sanitation practices, high levels of diarrhoea and low vaccination rates are aggravating factors. Given the protracted emergency and deteriorating security situation in the Sahel, over 57,000 Malian refugees—a 10 per cent increase from 2017—60 per cent of whom are children, require access to basic services, including safe water, health care, education and protection. Of the 29,485 school-aged refugee children (3 to 17 years) in the M’Berra refugee camp, only 8,217 (6 to 17 years) have access to learning opportunities. In host communities, 12,000 children are out of school.

Humanitarian strategy
UNICEF and partners will address the needs of populations affected by malnutrition in Mauritania through a multi-sectoral strategy focusing on scaling up the integrated management of acute malnutrition and providing water, sanitation and hygiene (WASH) services. In addition to life-saving service delivery, UNICEF will also take a strong community-based approach to prevention that will incorporate communication for development, screening and infant and young child feeding (IYCF) counselling. To strengthen the synergies between humanitarian action and development programming and build resilience, UNICEF will use a cross-sectoral approach that accelerates access to basic services while improving social cohesion in a volatile context. This approach will include integrated interventions, monitoring, information management and coordination. Mobile, community-based service delivery will be employed to reach affected populations in hard-to-reach areas. Protection and education will be central to UNICEF’s contribution to the Malian refugee response, and will involve immediate service provision, as well as efforts to strengthen integrated community-based child protection services and mechanisms. Particular emphasis will be placed on strengthening referrals for psychosocial support for refugee children in camps and vulnerable children in host communities.

Results from 2018
As of 31 October 2018, UNICEF had US$10.3 million available against the US$19.1 million appeal (54 per cent funded). Lack of funding challenged UNICEF’s response to the needs of vulnerable women and children in Mauritania. Of the over 32,000 children under 5 years with SAM who were targeted with services, only some 20,700 have been admitted into therapeutic feeding programmes to date. UNICEF reached 543 health service providers and 344 community health workers with training on the national integrated management of acute malnutrition protocol for SAM treatment and IYCF services. Over 39,000 conflict- and disaster-affected people gained access to basic WASH services with UNICEF support in Tagant, Hodh El Chargui, Guidimakha, Assaba and Hodh El Gharbi. UNICEF helped respond to the immediate protection and psychosocial support needs of refugee children in M’Berra refugee camp and host communities. Education-in-emergencies activities benefited over 8,200 children in the M’Berra camp and nearly 5,100 children in host communities. A total of 1,881 children (750 boys and 1,131 girls) exposed to violence, abuse and exploitation at the M’Berra camp and within host communities were identified and referred to government/civil society organization services, including legal assistance, medical services, psychosocial support and vocational training/education opportunities.

Humanitarian Action for Children

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2019 programme targets:

Nutrition
• 26,930 children under 5 years suffering from SAM admitted for treatment
• 16,234 pregnant and lactating women reached with an integrated package of IYCF services

Health
• 2,846 children aged 6 to 59 months with common childhood diseases reached with appropriate and integrated management of childhood illness services

WASH
• 13,465 children under treatment for SAM accessing safe water for drinking, cooking and hygiene through housewater treatment
• 6,500 children accessing and using appropriate sanitation and hygiene facilities in health and nutrition centres and schools in refugee camps, host communities and villages with high SAM burdens

Child protection
• 8,500 refugee and host community children reached with psychosocial support
• 150 survivors of sexual and gender-based violence reached with gender-based violence response interventions

Education
• 17,000 school-aged boys and girls (3 to 17 years) in the refugee camp and host community affected by humanitarian situations receiving learning materials
• 4,950 out-of-school boys and girls aged 3 to 17 years accessing education

Table:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total people in need:</th>
<th>Total children (&lt;18) in need:</th>
<th>Total people to be reached:</th>
<th>Total children to be reached:</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td>258,978</td>
<td>224,978</td>
<td>113,323</td>
<td>77,089</td>
</tr>
</tbody>
</table>
Funding requirements
UNICEF is requesting US$10.5 million to meet the humanitarian needs of children in Mauritania in 2019. Without timely and adequate funding, UNICEF will be unable to adequately support the national response to malnutrition, and address critical health and WASH-related needs. Basic supplies, teacher training, additional education facilities for primary education and child protection interventions are also urgently needed to uphold the rights of refugee children and children in host communities.

Who to contact for further information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Phone</th>
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</tr>
</tbody>
</table>

Results are through 31 October 2018.

1 The cluster system has not been activated in Mauritania. The nutrition, WASH and education sectors meet on an ad-hoc or as-needed basis.
2 The WASH-in-schools component remained unfunded during the year. Funds were received in the last quarter of 2018 and implementation has been initiated.

2 A nutrition emergency is considered a global acute malnutrition rate above 15 per cent and/or SAM rate above 2 per cent.
7 Ibid.
9 Available funding includes US$10.2 million received against the current appeal and US$80,091 carried forward from the previous year.
10 Figure calculated using the SAM burden identified in the Nutrition SMART Survey 2018 and refugee figures from the United Nations High Commissioner for Refugees (UNHCR).
11 Ibid.
12 This includes 58,089 children aged 6 to 59 months and 16,234 pregnant and lactating women to be reached with nutrition interventions, 17,000 school-aged children to be reached with education in refugee camps, 2,000 children to be reached with health care and 20,000 adults to be reached with WASH interventions.
13 This includes 58,089 children aged 6 to 59 months to be reached with nutrition interventions, 17,000 school-aged children to be reached with education in refugee camps and 2,000 children to be reached with health care.