Mauritania continues to suffer from a multi-dimensional crisis related to food insecurity, the high prevalence of malnutrition, recurrent epidemics, the influx of Malian refugees and political instability. A series of droughts, compounded by chronic poverty and lack of access to basic services, have exhausted the livelihoods of the most deprived communities and undermined household resilience in general. The many economic, environmental, social and political shocks that the country faces hit the most vulnerable people the hardest, particularly women and children. Today, more than one in 10 children dies before reaching the age of five. In 2014, 531,000 people will require humanitarian assistance, including 315,200 children. Global acute malnutrition (SAM) will affect 125,300 children under 5, including 30,750 children with severe acute malnutrition (SAM). At the same time, Mauritania will remain the largest recipient of Malian refugees, with an estimated 60,000 people (58 per cent children) living in the Mbera camp. It is unlikely that Malian refugees will return home soon as living conditions and social services are not yet restored. In Mbera camp, children and adolescents are particularly vulnerable and face high risks of abuse and violence. Moreover, the presence of refugees has put additional pressure on the already strained resources of host communities, many of which are affected by food insecurity and malnutrition. Finally and as in previous years, the rainy season triggered floods, in particular in low land areas. So far approximately 700 families are in need of humanitarian assistance following the floods.

Humanitarian strategy

For the response to the nutrition crisis, UNICEF is the lead agency for nutrition, water, sanitation and hygiene (WASH), and education. UNICEF will continue to work with the Government of Mauritania, United Nations agencies and civil society partners on a multi-sector approach targeting the most vulnerable children and women. UNICEF will respond to the 30,750 expected cases of SAM, while working to prevent malnutrition through blanket feeding, micronutrient supplementation, food fortification and the promotion of good health and hygiene practices. The WASH-in-nutrition strategy will be scaled up, as will the integrated management of childhood illnesses, to reduce the burden of malnutrition and child killer diseases. UNICEF will work with the United Nations High Commissioner for Refugees (UNHCR) in the Mbera camp to improve hygiene and sanitation, treat acute malnutrition and immunize children. UNICEF will support equal access to education in areas affected by floods and the nutrition crisis and among refugees and host communities. The child protection system approach will be used to better respond to situations of abuse, violence and exploitation. Literacy classes, life skills trainings, prevention of gender-based violence, and health and hygiene promotion will be emphasized to reduce vulnerabilities. To address malnutrition and to strengthen resilience, a cash transfer operation will target 2,500 vulnerable households during the lean season. Preparedness and early response will be strengthened for floods, as well as for Ebola preparedness.

Results from 2014 (January to August)

As of 31 August, UNICEF has received US$5.5 million of the US$14.19 million funding requirement for 2014.

As part of the nutrition response, 11,913 children with SAM were treated in 464 nutrition units, and 30,677 children aged 6-24 months were reached through blanket feeding. The WASH-in-nutrition strategy reached 2,049 people with WASH kits and hygiene promotion. In addition, 4,178 children received psychosocial support in 41 child-friendly spaces. To date, UNICEF is supporting the scale-up of Community Management of Acute Malnutrition as well as the development of a national health information system to track the nutritional status of children. As part of the Malian refugee response, 812 children were treated for acute malnutrition with 500 children also benefitting from emotional stimulation support. In addition, 1,444 refugee children between 0 and 11 months were vaccinated against measles.

Unfortunately, due to funding constraints, only 24 per cent of refugee children (49 per cent girls) received formal or non-formal education. All Malian refugee students finishing middle and high school did take final exams. Non-formal education activities are underway in the camp, with girls representing the largest share (71 per cent) of participants. In addition, 5,000 children received psychosocial support in child friendly spaces, 2,872 youth took part in socio-cultural activities, and 2,475 adolescents received life skills training. The child protection system was strengthened through the training of 201 institutions in emergency, psychosocial support, and gender-based violence.

UNICEF also assisted 691 families affected by floods providing non-food items as well as providing awareness raising sessions on essential hygiene and family practices such as hand washing and water treatment. 25,509 students affected by floods were provided with school supplies.
UNICEF is requesting US$14 million to meet the humanitarian needs of women and children in Mauritania in 2014. Lack of funding in the earlier part of 2014 hindered progress and significantly delayed the implementation of programming. Emergency funds will therefore be essential to allow UNICEF and partners to provide a timely response to the many challenges Mauritania is still facing, while saving the lives of the most vulnerable children and women.

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Crisis</th>
<th>2014 Sector Target</th>
<th>Sector Total Results</th>
<th>2014 UNICEF Target</th>
<th>UNICEF Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &lt; 5 years with SAM admitted to therapeutic care</td>
<td>Nutrition</td>
<td>30,750</td>
<td>11,913</td>
<td>30,750</td>
<td>11,913</td>
</tr>
<tr>
<td>Children &lt; 5 years with SAM discharged cured (75% of caseload)</td>
<td>Nutrition</td>
<td>23,055</td>
<td>6,314</td>
<td>23,055</td>
<td>6,314</td>
</tr>
<tr>
<td>Number of health centres with SAM treatment</td>
<td>Nutrition</td>
<td>488</td>
<td>464</td>
<td>488</td>
<td>464</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>CHILD PROTECTION</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 6 months to 15 years vaccinated against measles</td>
<td>Refugees</td>
<td>20,855</td>
</tr>
<tr>
<td>Households with two or more insecticide treated mosquito nets (ITNs)</td>
<td>Nutrition</td>
<td>23,055</td>
</tr>
<tr>
<td>Numbers of mothers and children affected by SAM who received a WASH kit and hygiene promotion</td>
<td>Nutrition</td>
<td>23,055</td>
</tr>
<tr>
<td>Number of nutrition centres delivering the WASH minimum package</td>
<td>Nutrition</td>
<td>231</td>
</tr>
<tr>
<td>Emergency affected children provided with psychosocial support at CFSs/therapeutic centres</td>
<td>Nutrition</td>
<td>15,400</td>
</tr>
<tr>
<td>Refugees</td>
<td>7,700</td>
<td>3,678</td>
</tr>
<tr>
<td>Establishment of CFSs in refugee camps and at therapeutic centres</td>
<td>Nutrition/refugees</td>
<td>40</td>
</tr>
<tr>
<td>Children at risk or victims of violence, abuse and exploitation identified, referred and assisted by the child protection system (regions concerned by crisis nutrition)</td>
<td>Nutrition/refugees</td>
<td>30,000</td>
</tr>
<tr>
<td>Children with continued access to formal or non-formal education</td>
<td>Refugees</td>
<td>16,299</td>
</tr>
</tbody>
</table>

**Funding requirements**

UNICEF is requesting US$14 million to meet the humanitarian needs of women and children in Mauritania in 2014. Lack of funding in the earlier part of 2014 hindered progress and significantly delayed the implementation of programming. Emergency funds will therefore be essential to allow UNICEF and partners to provide a timely response to the many challenges Mauritania is still facing, while saving the lives of the most vulnerable children and women.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2014 HAC Requirements (US$)</th>
<th>Revised 2014 HAC (as of July 2014)</th>
<th>Funds received against 2014 appeal</th>
<th>Funding Gap</th>
<th>Per cent Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>7,194,221</td>
<td>6,970,112</td>
<td>2,194,000</td>
<td>4,776,112</td>
<td>31%</td>
</tr>
<tr>
<td>Health/HIV-AIDS</td>
<td>3,600,000</td>
<td>693,401</td>
<td>662,930</td>
<td>30,471</td>
<td>95%</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>3,801,403</td>
<td>3,135,203</td>
<td>501,500</td>
<td>2,633,703</td>
<td>16%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,210,000</td>
<td>945,000</td>
<td>625,320</td>
<td>319,680</td>
<td>66%</td>
</tr>
<tr>
<td>Education</td>
<td>4,349,132</td>
<td>2,447,149</td>
<td>1,321,320</td>
<td>1,125,829</td>
<td>54%</td>
</tr>
<tr>
<td>C4D</td>
<td>200,000</td>
<td>200,000</td>
<td>159,640</td>
<td>40,360</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Total (US$)</strong></td>
<td><strong>21,354,756</strong></td>
<td><strong>14,190,865</strong></td>
<td><strong>5,464,710</strong></td>
<td><strong>8,726,155</strong></td>
<td><strong>38%</strong></td>
</tr>
</tbody>
</table>

**Who to contact for further information:**

<table>
<thead>
<tr>
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</thead>
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</tr>
</tbody>
</table>

¹ This figure corresponds to the total of children vaccinated against measles between 0 and 11 months, whereas the indicator looks at between 6 months and 15 years.
² Ibid