Situation Overview and Humanitarian Needs

The first confirmed COVID-19 was registered in the Islamic Republic of Mauritania on 13 March 2020. As of 30 June, 4,363 confirmed cases were registered, including 1,280 recoveries and 129 deaths. On June 15, the Ministerial Committee in charge of the fight against the coronavirus decided to adopt a new health strategy based on intensified screening. The deployment of the community watch and surveillance system was carried out by the Ministries of Health and Youth. From now on, 1,175 young people cover the 47 health areas in Nouakchott.

The helpline set up to provide information 24 hours/7 days a week has treated more than 710,157 calls since 18 March 2020.

The response plan from the Ministry of Health is currently under revision for adapting to the new context of the pandemic. The support provided to the Government by the United Nations and the humanitarian and development partners is coordinated through the Incident Command System (ICS). UNICEF ensures the lead of the “Risk communication and community engagement” (RCCCE), including community watch, and “Infection Prevention and Control” (IPC) pillars. In accordance with the INFORM COVID-19 Risk Index, Mauritania shows high health and humanitarian impacts risks from COVID-19 that could overwhelm current national response capacity, and therefore lead to a need for additional international assistance. The country is ranked 27th at the world level and 8th at the regional level.

UNICEF’s COVID-19 response

**Health**

As a result of the fast increase of cases since 14 May, new treatment sites have opened in Nouakchott. As part of IPC actions for improving the conditions of the treatment centre located at the University, further discussion is ongoing to develop a Program Cooperation Agreement with French Red Cross to support the continuity of care of asymptomatic COVID19 patients under quarantine suffering from chronic disease (high blood pressure, diabetes or psychotic disorder), through staff training and medication supply. Capacity building for health workers on infection prevention and control and case management is planned in the 15 health facilities of Dar Naim, one of the highly affected Health District of the capital.

**WASH and IPC**

The IPC pillar is working with young volunteers in the Nouakchott communes to form communal brigades for the disinfection of public places. Each commune has mobilized ten volunteers, that UNICEF trained on community infection prevention and control and sensibilization against COVID-19. The training targeted also youth surveillance team, municipal workers and community-based organization active in COVID-19 response in each municipality. A total of 126 persons have been trained.
UNICEF will also provide the necessary equipment for operationalizing these brigades. Intra-domiciliary visits to asymptomatic patients by these volunteers is also considered.

Hygiene conditions and PCI standards at the University's isolation centre in Nouakchott have been improved in terms of equipment, training, health infrastructure and movements supervision. Additional support this site is under preparation through a partnership agreement with French red cross and Mauritanian Red crescent with the support of UNICEF. This partnership’s aim is to improve IPC practices within this important site hosting more than 400 COVID confirmed cases.

**RCCE/C4D**

UNICEF is supporting the COVID-19 helpline. More than 710,157 calls have been handled by the call centre since its opening. A communication campaign is under way, aiming at improving the image of care; reducing the time interval between the reporting of symptoms and the contact of the helpline; promote compliance with prevention and containment measures; reduce the stigma linked to positive cases; and communicate on the continuity of services. On social medias, the publications reached 707,500 people from 10 to 23 June 2020.

47 supervisors have received training in community watch and awareness. They will be responsible for training and supervising 1,175 young people identified as part of a joint initiative set up by the Ministry of Health and the Ministry of Employment, Youth and Sports in the 9 Moughataas of Nouakchott. UNICEF ensures the lead of the "Risk communication and community engagement" (RCCE) response' pillar. The results of the joint rapid assessment on the level of knowledge of the population on COVID-19, were discussed during the last meeting and strategies will be adjusted in this basis.

**Child protection**

Child Protection actors carry on the sensibilization of population and children on preventive measures in targeted regions, with 9,533 persons (including 4,801 children) reached in the three regions of Nouakchott in partnership with Terre des Hommes-Lausanne, and some 35,000 persons in Hodh Chargui, thanks to a large sensitization campaign carried out by our partner the Lutheran World Federation.

UNICEF supported Child Helpline registered 104 calls during the reporting period, with rape cases, domestic violence and harassment dealt with by operators. Specific messages on WhatsApp groups were shared to widen the use of this resource allowing access to information and referral to services. Despite restricted access to the families and with the involvement of child protection actors, individual assistance to vulnerable children was sustained, with 13 victims of gender-based violence supported.

The partnership established with Mauritanian psychologists and psychiatrists is allowing a close mentoring and support to operators working for the COVID-19 helpline established by the Ministry of Health (74) and to the Child Helpline (12) run by UNICEF NGO partner AMSME.

**Supply**

The supply plan for COVID-19 focuses on securing PPEs, RUTF and other lifesaving items. The orders for COVID-19 supplies placed is $332,565. Supplies worth $121,502 were received and donated to the Government. Movement of humanitarian goods into the country has not been affected despite current restriction and border closure. However, these restrictions at global level have an impact on international supply chain and the delivery of programme supplies.

The Ministry of Education has recently announced the reopening of schools from 1 September, 2020 to 30 October 2020 for allowing children to sit final exams and to organize remedial courses. The start of the new school year (2020-2021) is planned on 16 November 2020. The distance education program carries on through television, radio and internet programs. UNICEF and its partners will now support jointly with the Local Education Group the MoE COVID-19 education response plan just released including all measures for a safe start of the new school year. UNICEF also supports the preparation of a study carried out by the National Office for Statistics to understand the access to the distance education programs implemented by the MoE. Concerning the refugee camp of M’Berra and the host community of Bassiknou, education radio programs are broadcasted daily while textbooks have already been distributed. Parental education programs and follow-up (for homework) are still implemented through WhatsApp groups.
Adaptations to ongoing UNICEF programmes

Nutrition:
UNICEF, in close collaboration with the MoH and partners, supported the treatment of SAM children, with a focus on the districts affected by nutrition emergency (GAM > 15 per cent and / or SAM > 2 per cent). A total of 9,415 SAM cases were admitted for treatment throughout the country since January, including 6,088 cases in 21 emergency districts. Mobile strategy and involvement of community health workers in the OPT programme are being scaled up throughout the country as part of the roadmap for introducing the simplified approach. As part of prevention of wasting, 47,128 primary caregivers of children aged 0-23 months received IYCF counselling through facilities and community platforms. For the first quarter of the year, 82,760 children were systematically screened in the health care facilities, resulting in the detection of 5,958 SAM children and 13,125 MAM children. 9,415 cases of SAM were admitted for treatment, i.e. 42% of the annual target (22,470) and 36% of the burden (26,435). SAM admissions are up 15% from last year (9,415 versus 8,218) but due to the low proportion (75%) of reports completed in April, this proportion of SAM cases admitted could be further high. 3 regions of the country recorded more than 15% increase in SAM compared to 2019 (Assaba (17%); Hodh El Gharbi (31%); Tagant (56%); Gorgol (66%)). This increase in the number of cases reinforces the dynamics of the upward review of the country’s need for nutritional inputs. The nutrition technical group has estimated an increase about 80% of current acute manutrition burden which implies additional supplies needs to ensure quality treatment SAM cases (30,000 cartons of RUTF; 218 cartons of therapeutic milk F75; 136 cartons of therapeutic milk F100 and 27,300 bottles of amoxicillin 125 mg/5ml). At national level, the integrated Management of acute malnutrition performance indicators met the SPHERE standard norms with 89% of recovery rate; 0.4% of death rate and 10% of defaulter rate. A total of 7,250 cartons of RUTF distributed countrywide in June 2020. To date, it remains 12,750 cartons (2,500 DFID and 10,000 CERF) of RUTF in UNICEF warehouse.

Health:
Along with SAM, efforts are put in providing care to sick children and pregnant women and medical products have provided to that end to Assaba, Hodh Chargui and Guidimakha regions. 2,211 children aged 0-5 years were treated for diseases (malaria, fever, diarrhoea and acute respiratory infection) during the second quarter of the year (3,970 children since the beginning of the year) thanks to 174 skilled community health workers equipped and instated in their function through a participatory community approach. More than 500,000 vaccines doses (Penta and measles-rubella) have been delivered through a charter specially hired to avoid stock out. In the 3 regions supported by UNICEF, 7,332 children aged 0-11 months received their third dose of pentavalent vaccine, 8,124 PCV13 and 6,395 their measles-rubella dose.

WASH:
The completion level of AEPs (drinking water supply) and PES (solar water points) has reached more than 60% in the wilaya of Hodh Chargui and more than 20% in the wilayas of Guidimakha and Assaba. All the boreholes have been drilled and are positive, making it possible to already provide water to the populations in this period of heat wave while waiting for the completion of the works. A total 10,000 persons access safe drinking water, easing the implementation of hand washing in relation to COVID-19 awareness message largely disseminated among these communities during CLTS implementation. The promotion of CLTS activities continue in all the target wilayas, under the supervision of the DRHAs. The strategy of certification and celebration of FDAL localities has been adapted to the situation. Covid-19 prevention/sensitization messages have been added to all CLTS sites. As of June, 135 new villages, i.e. a total 27,000 people, ended open defection. Availability of handwashing utensil with soap in all households of a village counts among FDAL certification criteria. Most of NGOs partner have finalized the activities covered by their PCA with UNICEF in schools and health facilities in various wilayas. The WASH section is currently working on a second phase with some of them. UNICEF supported the Ministry of health and the NGO AMAMI with IPC/WASH supplies in the new COVID-19 rapid testing centre in Nouakchott, which is operational since the 19 June.

Education:
In the M’Berra refugee camp and the host community of Bassiknou, UNICEF effort to support education access and quality during the COVID-19 is moving forward. 1,369 (625 girls, 744 boys) children at the primary level, 410 (126 girls, 284 boys) students at the secondary level and 600 children (292 boys, 308 girls) at the pre-k in the Mberra camp benefited the distance education supported by UNICEF. 1,500 children (720 girls, 780 boys) at the primary level and 400 children (216 girls, 184 boys) at the pre-k level in the host community attended distance education. In addition, the follow-up courses in the different WhatsApp groups (DEF and Bac) are carried on. Thus 78 students (50 boys and 28 girls) take distance courses taught in WhatsApp groups for exam subjects. Handover notes (lectures and exercises) have been distributed to students with the support of EPAs, administration and facilitators. In that sense 412 (224 lectures; 188 exercises) handover notes has been distributed.

Child protection:
Implementation of child protection activities continues in the 9 targeted regions. The day of the African child was marked by a joint event attended by both the Minister of Justice and Minister of Social Affairs in presence of UNICEF. Assistance to the 51 children detained in Nouakchott is ongoing, and the follow-up on-going of the 45 children released since the beginning of the pandemic.

Supply and Logistics
As part of the emergency response, US$ 1,128,172.03 worth of supplies were distributed across the country from January to June 2020, including RUTF and anthropometric items targeting 22,470 children (US$ 1,063,181.95), along with educational items (US$ 64,990.08). As part of mitigation of vaccines stock-out, a charter cargo flight delivered 51,580 doses of vaccines worth $294,282 to support routine immunization.

Funding Overview and Partnerships

US$ 18,800,000 is estimated to be needed to respond to the COVID-19 epidemic in Mauritania in addition to the chronic humanitarian situation. According to risk analysis in Mauritania and considering the evolution of current trends at the regional and global levels, the epidemic risks in the country appears to be very high, therefore mobilizing adequate level of funding will be critical to support the Government in its efforts to contain the outbreak. UNICEF Mauritania wishes to express its heartfelt gratitude to all public and private sector donors (particularly BMZ, Denmark, GPE, Sida, USAID, The UN COVID-19 Response and Recovery Multi-Partner Trust Fund- UN COVID-19 MPTF). Mauritania would especially like to thank donors who have contributed to “unearmarked” funding.

External Media
https://web.facebook.com/watch/?v=2566567143559534

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### Annex A

**Summary of Programme Results**

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs Response</th>
<th>2020 target</th>
<th>Total results*</th>
</tr>
</thead>
</table>

#### Risk Communication and Community Engagement

- **Number of people engaged on COVID-19 through RCCE actions**: 12,026
- **Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms**: 1,200,000

#### WASH and IPC

- **Number of people reached with critical WASH supplies (including hygiene items) and services**: 50,000
- **Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE)**: 5,000
- **Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)**: 2,000

#### Health

- **Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases including among children, pregnant and breastfeeding women**: 300
- **Number of children and women receiving essential healthcare services, including immunization, prenatal and postnatal care, HIV care and Gender-Based Violence (GBV) response care in UNICEF supported facilities**
  - 8,200 children
  - 3,280 women
- **Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms**: 29,220

#### Nutrition

- **Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)**: 22,470
  - 9,415 (4,732 girls, 4,683 boys)

#### Education

- **Number of children supported with distance/home-based learning**: 150,000
- **18,353 children**
  - (7774 girls, 10579 boys)
  - Pre-school: 524 girls, 476 boys
  - Primary: 7124 girls, 9819 boys
  - Secondary: 126 girls, 284 boys

#### Child Protection and GBV

- **Number of children without parental or family care provided with appropriate alternative care arrangements**: 200
- **Number of children, parents and primary caregivers provided with community-based mental health and psychosocial support**: 10,000
- **Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse**: 900

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1 “This indicator monitors the number of consultations and services provided to children and women; hence there may be significant double counting.”
Annex B

Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding requirements</th>
<th>Funds available</th>
<th>Funding gap $</th>
<th>Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D / RCCE</td>
<td>2,300,000</td>
<td>387,969</td>
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<td>WASH &amp; IPC</td>
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<tr>
<td>Nutrition</td>
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<td>2,920,000</td>
<td>97%</td>
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<tr>
<td>Health</td>
<td>4,000,000</td>
<td>220,000</td>
<td>3,780,000</td>
<td>95%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,000,000</td>
<td>15,000</td>
<td>985,000</td>
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<tr>
<td>Education</td>
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<td>890,000</td>
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<tr>
<td>Data collection, coordination, technical support and operational costs</td>
<td>1,000,000</td>
<td>35,000</td>
<td>965,000</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,800,000</strong></td>
<td><strong>1,298,954</strong></td>
<td><strong>17,501,046</strong></td>
<td><strong>93%</strong></td>
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