

UNICEF Mauritania Mid-Year Humanitarian Action for Children (HAC) UPDATE

Situation Report July 2013

Highlights

- A revised total of \$20,222,932 is required to respond to the humanitarian needs of children in Mauritania in 2013. A further \$9,492,632 is needed to fill the funding gap of 47% to save the lives of children affected by the Malian refugee crisis and malnutrition.
- Mauritania is the largest recipient of refugees fleeing the conflict in Mali. 75,261 refugees* are living in the Mbéra camp, a remote desert location on the border with Mali with significant security challenges. 58% of the refugees are children and many have been in the camp for over a year, resulting in overlapping emergency and medium term needs.
- UNICEF, in coordination with UNHCR and partners, are providing formal and non-formal education in the camp for 7,166 children (49% girls) in six schools and psychosocial stimulation for around 5,000 children at six child friendly spaces. In 2013, 2,019 children have been treated for Severe Acute Malnutrition (SAM) by UNICEF and other nutrition actors. More funds are urgently needed to get all children back to school in the new academic year.
- Communities hosting the refugees are very poor and suffer high levels of food insecurity and malnutrition. UNICEF is helping to reinforce basic services, including malnutrition treatment.
- In 2013, the expected national caseload of Global Acute Malnutrition (GAM) is 122,719 children under five years, including 23,901 cases of SAM. Preliminary results from the July SAMRT survey will be available shortly.
- Preventative blanket feeding, cash transfers and programmes to build longer term resilience are being implemented alongside life-saving nutrition interventions providing therapeutic food and medicines.
- A multi-sectorial package of services is being scaled up from 291 to all 488 nutrition centres. This includes health and 'WASH in Nut' interventions to reinforce nutrition outcomes.



A child being treated for malnutrition in Mauritania. ©UNICEF/Mauritania/2012

* <http://data.unhcr.org/SahelSituation/country.php?id=132> , updated 30 June 2013.

Situation Overview & Humanitarian Needs

- A revised total of \$20,222,932 is required to respond to the humanitarian needs of children in Mauritania in 2013. This is an increase of \$1,336,996 based on additional needs, including those identified in the mid-year revision of the CAP¹ for the establishment of a new sub-office in Bassikunou to meet the needs of children in the refugee camp and host communities.
- Mauritania is the largest recipient of Malian refugees and Mbéra is the most populous refugee camp established as a result of the conflict with 75,261 refugees, 58% children. The size of the refugee population has remained around this level since the beginning of the year when 20,000 new arrivals crossed the border following the French military intervention.
- Life-saving interventions, such as treatment for malnutrition, measles vaccinations and the provision of clean water continue to be needed.
- With the camp now more than a year old, there are also medium term needs, such as more stable education facilities, that UNICEF, in coordination with the Government, UNHCR and partners, are addressing.
- Semi-permanent structures for schools which will withstand the harsh climate and strong winds have been developed and a prototype built. They will be built as funding becomes available.
- The remote area of Mauritania, which is hosting the refugees is very poor, suffers high levels of food insecurity and malnutrition and has limited government services. The needs of these communities are also being addressed and assistance given to reinforce basic services.

Malian Refugee Crisis – Refugees – Estimated Affected Population

(Estimates calculated based on initial figures from: <http://data.unhcr.org/SahelSituation/country.php?id=132> updated 30 June 2013; and SMART Nutrition Survey, January 2013)

	Total	Male	Female
Total Affected Population	75,261	34,620	40,641
Children Affected (Under 18)	43,651	21,826	21,826
Children Under Five	15,052	7,526	7,526
Children 6 to 23 months	4,516	2,258	2,258
Pregnant women	3,537		3,537
Children Under Five with Severe Acute Malnutrition (SAM)	3,430	1,681	1,749
Children Under Five with SAM and medical complications	275	135	140
Children Under Five with Moderate Acute Malnutrition(MAM)	4,620	2,264	2,356

Malian Refugee Crisis – Host Communities – Estimated Affected Population

(Estimates calculated based on initial figures from: Mauritanian Census 2000; results from the SMART Nutrition Survey, January 2013)

	Total	Male	Female
Total Affected Population	48,639	23,911	24,728
Children Affected (Under 18)	24,319	11,955	12,364
Children Under Five	8,999	4,424	4,575
Children 6 to 23 months	2,203	1,083	1,120
Pregnant women	1,175		1,175
Children Under Five with Severe Acute Malnutrition (SAM)	223	112	112
Children Under Five with SAM and medical complications	45	23	23
Children Under Five with Moderate Acute Malnutrition(MAM)	1,754	877	877

¹ UNICEF Revised Requirements in the CAP MYR is \$16 850 981 (June 2013)

- In 2013, the expected caseload of GAM in Mauritania is 122,719 children under 5 years, including 23,901 cases of SAM. This is higher than the 2012 caseload due to factors including increased vulnerability as households depleted their assets to buy food last year.
- Results for the January 2013 SMART nutrition survey show a post-harvest malnutrition rate of 5.6% GAM and 0.6% SAM.
- Malnutrition is expected to peak in summer with the lean season, where families run short of food in the lead up to the September harvest. These peak levels should be evident in the SMART survey that is being conducted in July. Preliminary results will be available shortly.
- The numbers of malnourished children being treated and benefitting from related WASH and protection interventions is also expected to rise steeply in the next few months.
- Chronic, recurrent malnutrition throughout the country is driven by underlying food insecurity, insufficient access to health care, clean water, sanitation and hygiene, feeding practices and lack of education on nutrition. Addressing the drivers of malnutrition requires longer term funding for resilience programmes to be implemented alongside emergency programmes.

Nutrition in 2013 – Estimated Affected Population

(Estimates calculated based on initial figures from: Mauritanian Census 2000; results from the SMART Nutrition Survey, January 2013)

	Total	Male	Female
Children Under Five with Severe Acute Malnutrition (SAM)	23,901	11,833	12,068
Children Under Five with SAM and medical complications	2,390	1,183	1,207
Children Under Five with Moderate Acute Malnutrition (MAM)	98,818	48,922	49,896

Inter-Agency Collaboration, Partnerships and Coordination

UNICEF continues to work closely with the Government of Mauritania, UN partners and NGOs. For the nutrition response, UNICEF and the Government of Mauritania are co-leading nutrition, WASH and education sector coordination.

In January, a CERF was funded for rapid response actions in the first six months of 2013.

www.unocha.org/cerf/cerf-worldwide/2013

The 2013 Consolidated Appeal Process (CAP) for Mauritania has been revised by OCHA.

www.unocha.org/cap/appeals/by-country/results/taxonomy%3A69

Malian Refugee Crisis 2013

Sector	Estimated # / % coverage	UNICEF and partners			Sector		
		UNICEF Target	Cumulative results (Jan. to Jun.)	% of Target Achieved	Sector Target	Cumulative results	% of Target Achieved
Nutrition	Children < 5 years with Severe Acute Malnutrition admitted to Therapeutic care	860	519	60%	3,430	2,019	59%
	Children < 5 years with Severe Acute Malnutrition discharged recovered	690	379	55%	2,745	1,716	63%
Partners: Ministry of Health, WFP, UNHCR, Médecins Sans Frontières							
WASH	Number of people with access to functional latrines	24,930 ^a	24,930 ^a	100% ^a	74,148	74,490	100%

	Number of people with access to sufficient safe water	11,667 ^a	11,667 ^a	100% ^a	74,148	82,667	111%
	Number of host community members provided with safe water and hygiene promotion	10,000 ^b	0	0%	20,000	0	0%
Partners: Ministry of Water Resources and Sanitation, UNHCR, Solidarites International, Intermon Oxfam, Mauritanian Red Crescent							
Health	Children aged 6 months to 15 years vaccinated against measles	27,629	18,903	68%			
	Children aged under 1 year vaccinated against measles	3,000 ^c	1,801	60%			
	Households with two or more insecticide treated mosquito nets (ITNs)	7,309	964 ^d	13% ^c			
Child Protection	Partners: Ministry of Health, UNHCR, WHO, UNFPA, Médecins Sans Frontières and NGOs						
	Emergency affected children provided with psychosocial support at CFSs	7,377 ^e	5,000	68%	7,700	5,000	65%
Partners: Ministry of Social Affairs, Ministry of Health, UNHCR, UNFPA, WFP, Intersos							
Education	Children with continued access to formal or non-formal education	17,000	7,166	42%	31,300 ^f	7,166	23%
	Partners: Ministry of Education, UNHCR, Intersos, ESD, FLM, Mauritanian Red Crescent						

a Results based on provision of materials. Construction and operation of facilities are led by UNHCR and implemented with partners in the camp.

b Revised down from the target of 12,000 in the January HAC.

c Revised down from the target of 17,724 in the January HAC. New target based on 4% of the refugee population of around 75,000.

d Results based on provision of sufficient ITNs for 964 households to have two nets.

e Total target of 23,177 for both crises.

f CORREGENDUM – The sector target was previously under-reported as 17,000.

UNICEF and partners' programming

Nutrition

- From January to June 2013, 2,019 children suffering SAM (55% of the expected case load for the year) have been admitted in nutrition units in Mbéra, including 218 cases of SAM with medical complications.
- UNICEF has supported the regular provision of ready to use therapeutic food (RUTF) and medicine to support the management of acute malnutrition. No stock-outs have occurred during the first 6 months of 2013.
- UNICEF's response has been boosted by the recruitment of an Emergency Nutrition Specialist to support management of acute malnutrition in the camp.
- 26 community health workers have been recruited from amongst the refugee population and trained for community mobilisation, active screening of malnourished children, promotion of feeding practices and follow-up of children who 'default', not completing their treatment.
- The quality of care for SAM children has improved. The 'cured rate' is above the threshold of 75% and there has been a decrease in the defaulter rate.

- Routine data collection from malnutrition treatment centres has improved with weekly admissions data and monthly reports submitted on regular basis.
- The January 2013 SMART survey found that 13% of children under five years were suffering from GAM. The next SMART survey will be carried out jointly with the Ministry of Health, UNHCR, WFP and partners in the coming months.
- While GAM has fallen from the levels of 20% recorded in mid-2012, the rates are still very concerning. In response, a joint qualitative survey was conducted by UNICEF, UNHCR and WFP in February 2013 to identify main causes of malnutrition and collect information on refugees' needs and perceptions of malnutrition, and actions are being undertaken to address the problems identified.
- An awareness-raising campaign was run in the camps to educate mothers on the importance of the correct usage of therapeutic and supplementary food provided for children suffering from GAM. This includes only providing supplementary and therapeutic food to the malnourished children in the family, and not distributing it amongst other siblings, and not selling or trading these foods.
- Vitamin A supplementation, deworming and active screening of malnutrition, was conducted in April.

WASH

- UNICEF continues to make a valuable contribution to the WASH activities in the camp, which are led by UNHCR.
- UNHCR and UNICEF supported emergency preparedness for cholera with Solidarites International, the Health Department of Bassiknou and others. The materials provided have enhanced sanitation in public places and at latrines in the camp covering 37,500 people in order to reduce the risk of an epidemic occurring.
- 20 latrines and 10 showers were built with UNICEF support at the Fassala entry point to cope with the influx of new refugees early in 2013.
- UNICEF also supported the distribution of non-food items (NFIs) coordinated by UNHCR targeting 5,000 new arrival of refugees by contributing 6,402 collapsible jerricans, 626 hand-washing devices and 243 buckets.
- Host communities are benefitting from the 'WASH in Nutrition' programme being implemented across Hodh el Chargui, which is providing hygiene materials and education for children affected by SAM.
- UNICEF participated in a Joint Assessment Mission of the WASH response in the camp with UNCHR and other WASH partners. Preliminary results indicate that there is more work to be done on inter-sectoral coordination and changing behaviors on modified meals and snacking to ensure better hygiene outcomes. UNICEF will work with partners to improve community education on hygiene practices (including the utilization of latrines and safe drinking water in the home) and water conservation. Full results will be reported in the coming months along with strategic and operational recommendations for improvements.

Health

- In the first 6 months of 2013, UNICEF and partners sought to reach as many children as possible by providing vaccinations on arrival from Mali, through routine vaccination and through supplementary campaigns. Mobile clinics have reached out to host communities.
- A vaccination service has been established the health posts in the camp, including the installation of three solar fridges to support the cold chain.
- Around 1,200 children under one year have received routine immunization with the following coverage: Tuberculosis 35%; Polio 18%; and Pentavalent vaccine (Diphtheria, Tetanus, Whooping Cough, Hepatitis B and Meningitis) 16%.
- More needs to be done to improve routine vaccination. This also applies to the broader Mauritanian situation.
- A national NGO partner is working to promote and provide vaccination in the camp and host communities.

- A 'Child Health Week' from 24-29 April resulted in the immunisation of 16,688 children under 5 years, of which 2,915 were under 1 year, in the camp and host communities. They were vaccinated against tuberculosis, polio, measles, diphtheria, tetanus, whooping cough and meningitis. The follow-up round of vaccinations reached 1,951 women of child bearing age and 16,332 under 5 years, including 1,936 under 1 year.
- Total coverage for targeted age groups after these campaigns is: Polio 83%; Vitamin A 89%; and deworming 93%.
- 8,372 children aged 6 months to 15 years were vaccinated against measles on arrival from Mali.
- 68 children and 42 women were vaccinated by a mobile clinic operating between the town of Bassiknou and the refugee reception center at Fassala.
- Vaccination coverage against measles for children under 5 is now 98.7%. This is significantly higher than the vaccination rate for children under 1 year as it is easier to reach the older children through campaigns, reducing reliance on routine immunisation.
- 4,114 pregnant women have been vaccinated against maternal and neonatal tetanus including 1,868 protected by a minimum of two doses during pregnancy.
- The distribution of durable, insecticide-treated mosquito nets (ITNs) has commenced in the camp. 1,929 were distributed to pregnant women during the health week campaigns and mass distribution will commence shortly.
- Seven health kits and other basic drugs and materials were distributed to health centers in the camp and host communities assisting in the treatment of 1,512 cases of diarrhea, 93,920 respiratory infections and 1,056 cases of malaria.

Child Protection

- Together with UNHCR and Intersos, psychosocial services were provided to around 5,000 children at six child friendly spaces over the last six months.
- 4,851 malnourished children (SAM and MAM) received emotional support through the reinforcement of the mother-children connection in seven nutritional centres.
- 53 refugee community workers received refresher training on the management of child friendly spaces and the reinforcement of child mother connection.
- To increase and implement children's participation, children's clubs have been created in each school in the camp.

850 vulnerable children at risk were followed-up.

- 3,161 vulnerable children received non-food items (clothes and blankets).
- Together with Intersos, UNHCR and the ICRC the Standard Operating Procedures (SOPs) on vulnerable children were finalised.
- The reinforcement of the community mechanism for child protection is on-going. A child protection network was created and members received a training package on child protection including: the role of child protection; child rights; sensitisation technics; and psychosocial support for children.
- Prior to and during the International Day of the African Child on 16 June, the child protection network in Mbéra refugee camp conducted sensitization on different topics on child protection. They raised awareness of children's rights and harmful practices, like early marriage. Around 6,000 children attended the festivities and the sensitization campaign reached around 20,000 refugees.
- Alongside the Ministry of Social Affairs, Family and Childhood, a workshop on Islamic texts to protect girls and women from female genital mutilation (FGM) and early/forced marriages was conducted for 41 religious and female leaders in the Mbéra refugee camp. Around 5,000 households were reached.
- Together with Ministry of Youth, 52 peer educators in the Mbéra refugee camp have undergone training to build and reinforce the current knowledge of 600 youths.

Education

- UNICEF, in coordination with UNHCR and partners, are strengthening efforts to provide formal and non-formal education to children and youth in the refugee camp following the Malian curriculum.
- UNICEF has provided school tents, supplies and textbooks for all the students of formal and non-formal education.
- 7,166 children (49% girls) were enrolled in primary schools (around 37% of primary school age children) with 62 teachers. 84% of the teachers are also refugees.
- Examinations for the end of the school year saw a pass rate of 69%.
- 1,457 school aged children will attend summer courses to help them to catch-up. 65% of these children have joined school late as a result of the military intervention in north Mali and the lack of capacity to cope with the demand due to underfunding.
- 249 children (22% girls) were enrolled in secondary school with 20 teachers (100% refugees). 90% of children who have sat their examinations have passed.
- The literacy programme targeting 13 to 17 year olds gave 527 youth (71% girls) a chance to 'catch-up' with 13 teachers (100% refugees). Attendance rates remained high, around 85%. 77% of those who sat for tests succeeded.
- A trades training programme is being developed for graduates of the literacy programme to help them gain skills and start small businesses, giving alternatives to becoming engaged in regional conflicts. Additional funds are needed for these programmes.
- Seven training sessions were held for school teachers. A training workshop and weekly model lessons were held for the literacy teachers to enhance their capacities.
- 40 tents were delivered and constructed in the camp, but many of them were damaged by storms in May. As a result, around 23 tents remained usable which has lowered school attendance.
- To address this problem sustainably, semi-permanent school building structures are being constructed as funding becomes available. The construction of the first prototype has been completed.
- Several campaigns of community sensitization and meetings were held in collaboration with parents' associations and community leaders in order to increase the attendance rate with a focus on the importance of formal and non-formal education for girls.
- 209 out-of-school youth (37% girls) are being trained and supervised as peer leaders in community sensitization and association management by four facilitators (100% refugees). More than 5,000 community members have attended their sessions.
- 41 peer educators were identified and trained on several themes before they trained their pairs.
- Discussions are on-going with the Ministry of Education about the rehabilitation and reconstruction of schools in two communities very close to the camp. Needs assessment were held in six other schools of the host community.
- Eight Parents' Association Committees were set through a participatory way, refreshed on their terms of reference and involved during the academic year.
- Three rapid assessments were conducted by the education team in the field on: the main barriers to girls' schooling; motivations of the adolescents in the literacy program; and a local market survey.

C4D

- On 16 June, the International Day of the African Child was celebrated in Mbéra camp. It was a rare opportunity for refugee children to have fun and enjoy games while also raising awareness of harmful practices, like early marriage, and the importance of education. Community and school groups were mobilised to spread these messages. Around 6,000 children attended the festivities which included presentations by each of the schools on children's rights, performances by local musicians, running races, soccer and games.
- A 'Child Health Week' launched on 24 April targeted 19,930 children under five in the camp and the host community in Bassikunou. It was part of the third annual African

Immunisation Week and promoted immunization and malnutrition screening as well as providing education on key messages on health, immunization, WASH and nutrition.

- 48 community relays disseminate hygiene promotion messages through awareness sessions and households visits. More than 15,000 people have been reached.

NUTRITION RESPONSE 2013

Sector	Estimated # / % coverage	UNICEF and partners			Sector		
		UNICEF Target	Cumulative results (#) (Jan. to Jun.)	% of Target Achieved	Cluster Target	Cumulative results (#)	% of Target Achieved
Nutrition	Children < 5 years with Severe Acute Malnutrition admitted to Therapeutic care	23,901	4,368 ^a	18% ^a	23,901	4,368 ^a	18% ^a
	Children < 5 years with Severe Acute Malnutrition discharged recovered	17,925	1,975 ^a	11% ^a	17,925	1,975 ^a	11% ^a
	Number of health centres with SAM treatment	488	291 ^a	60% ^a	488	291 ^a	60% ^a
Partners: Ministry of Health, Action Contre la Faim, French Red Cross, Terre des hommes, Counterpart, World Vision, AMAMI, WFP, WHO, FAO, Ministry of Social Affairs, Committee on Food Security, UNFPA							
WASH	Numbers of mothers and children affected by SAM who received a WASH kit and hygiene promotion	23,901	4,609 ^b	19% ^b	23,901	5,010 ^b	21% ^b
	Number of nutrition centres delivering the WASH minimum package	291	70 ^b	24% ^b	291	83 ^b	29% ^b
Partners: Government of Mauritania, AMAMI, Ecodev, Moundi, Action Contre la Faim							
Child Protection	Emergency affected children provided with psychosocial support at CFSs	15,400	7,955	52%	15,400	7,955	52%
	Malnourished children provided with psychosocial support at CFSs	6,000	3,221	54%	6,000	3,221	54%
	Establishment of CFSs at Nutrition centres	40	41	103%	40	41	103%
Partners: Terre des Hommes Lausanne, Save the Children Espagne, Coordination des ONG et Associations de Nema (COAN), Actions							

^a Based on partial data reported from health posts. Data is yet to be reported from some regions. National consultants have been hired to improve data collection and reporting on a regular basis

^b This number includes distribution of WASH kits in Gorgol to children affected by MAM as well as SAM.

UNICEF and partners' programming

Nutrition

- Mauritania's expected caseload of SAM in 2013 is 23,901 children under five, exceeding the 2012 caseload.

- Results from the last nutrition survey using the SMART methodology in January 2013 show a post-harvest (non-lean season) GAM prevalence of 5.6% and SAM of 0.6% in children under five years.
- The rates of SAM and GAM are expected to deteriorate throughout the year, peaking in summer before the September harvest with a corresponding increase in the admission rates for children suffering SAM. This increase should be evident in the July National Nutrition SMART survey which is on-going and results are expected for August 2013.
- In the seven regions affected by the nutrition crisis, UNICEF provides technical support through seven qualified Nutritionists assisting the Ministry of Health on the ground to scale-up activities addressing malnutrition and improve the quality of care.
- A series of trainings on malnutrition targeting Health workers were conducted from April to June. A total of 361 Health staff and 216 community health workers have been trained by UNICEF and partners.
- The blanket feeding campaign of Ready to Use Supplementary Food (RUSF) commenced on 26 June covering 50,107 children (6-24 months) living in four highly vulnerable regions (Assaba, Tagant, Hodh el Chargui and Hodh el Gharbi) for three months. WFP is covering the regions of Brakna, Guidimakha and Gorgol as well as Mbéra refugee camp.
- 95,519 under five children will also be screened for malnutrition and any cases will be referred for treatment during the first distribution of RUSF.
- A campaign for the supplementation of vitamin A was conducted at the end of May 2013. Across the entire country, 533,930 children 6 to 59 months benefited from micronutrients and 522,210 children aged 12 to 59 months were dewormed using Mebendazole.
- A partnership with the Ministry for Children, Family and Social Affairs will scale-up nutrition interventions at the community level. 232 community workers will be trained on essential nutrition actions and active screening in three regions (Tagant, Assaba and Gorgol).

WASH

- Led by the National Department of Water Resources, UNICEF and partners are supporting a 'WASH in Nutrition' programme in 183 nutrition centres.
- Parents of children receiving treatment for SAM receive enough soap and bleach for one month, collapsible jerry cans and cups for water storage/consumption, a hand washing device, instruction on how to use the supplies provided and other hygiene promotion messages.
- Additionally 83 Nutrition centres, including 70 directly assisted by UNICEF, have received the 'WASH in Nut' package including access to water and latrines and a WASH kit of 18 kgs of soap, 15 litres of bleach, chlorine, protective clothing for cleaning (boots, gloves and masks), buckets and hand washing devices.
- 23,812 mothers and children have benefited from hygiene promotion in six regions.
- UNICEF is working with government officials and members of the civil society in order to increase understanding and cooperation in the WASH in Nut programme.
- UNICEF is conducting an assessment of WASH needs and interventions in Hodh El Chargui and Hodh el Gharbi in collaboration with the Government and implementing partners. Results will be reported in the coming months.

Child Protection

- Over the last six months, UNICEF and partners have supported emotional stimulation care for 3,051 malnourished children under 5 years old, including suffering SAM, at 14 health and nutritional centres.
- 6,155 children aged 3-17 years attended psychosocial activities organised in 41 child friendly spaces established in response to the nutritional crisis.
- Child friendly space activities have been introduced in 17 additional health and nutrition structures. 13 in the region of Assaba and four in Brakna region.
- 208 community members in Hodh el Chargui and Guidimakha received training on the basic notion of child protection through two national NGOs, ACTIONS and COAN. As a result 2,808 people were sensitized on these messages.

- Jointly with UNFPA, UN Women and the Ministry of Social Affairs, Family and Childhood, six training sessions on preventing and responding to gender based violence (GBV), including forced and early marriage, were delivered to 170 local actors from public services and national NGOs in the seven regions affected by the nutrition crisis.
- Together with Ministry of Youth, 32 peer educators in the Mbéra refugee camp have undergone training to build and reinforce the current knowledge of 300 youths.
- UNICEF is unable to report against two targets (children at risk provided with prevention services and support and 70% of GBV survivors receive appropriate assistance) as insufficient information is available at this time.
- UNICEF is currently in the process of defining the minimum package of services for prevention of and support to vulnerable children and survivors of GBV. The package will be implemented as funding becomes available.

Education

- With funding beginning to become available, an education response to the nutrition crisis is being developed.
- A programme monitoring the nutritional status of students and increasing awareness of malnutrition in parents associations and school management committees through local NGOs is being finalised.
- Much of the preliminary work has been done for the provision of snacks in preschools. Implementation is expected to commence in the new academic year.
- UNICEF has not reported against the indicator of 10,500 nutrition crisis affected children with continued access to formal or non-formal education as it has not been possible to target this outcome.
- UNICEF has not reported against the indicator of 12,300 flood affected children with continued access to formal or non-formal education as the annual flooding season is in the third quarter of the year.

HIV and AIDS

- Progress in this sector has been hampered by a lack of capacity.
- HIV prevalence in Mauritania is relatively low (below 2%) and there are very few services for the care and treatment of HIV / AIDS. Only four structures provide anti-retroviral (ARV) treatment
- 7 HIV positive pregnant women were referred and supported to prevent mother-to-child transmission against a target of 100 women.
- Integration of HIV/AIDS referral systems into treatment centres for malnutrition has not been implemented.
- UNICEF has developed a partnership with an NGO to operationalize PMTCT interventions in six districts including two regions affected by the food crisis and four in peri-urban areas of Nouakchott.

C4D

- More than 60 grandmothers and members of women's cooperatives have been trained to support exclusive breastfeeding and other key healthy practices in Hodh El Chargui.

SUPPLY & LOGISTICS

Supplies with a value of USD 4,060,044 have been provided in 2012 and 2013 to respond to the Mali and Sahel nutrition crises in Mauritania. This includes supplies with a value of USD 1,645,889 from 1 January 2013 to 30 June 2013. Supplies delivered contained essential commodities such as recreation kits, school-in-a-box kits, RUTF, hygiene kits, basic family water kits, water purification tabs, squatting plates and tarpaulins.

Funding Update

UNICEF Mauritania's revised mid-year requirement for its' Humanitarian Action for Children (HAC) in 2013 is USD 20,222,932. This is a slight increase from the initial requirement of USD 18,885,936 and reflects additional needs such as the establishment of a sub-office in Bassiknou to meet the needs of children in the refugee camp and host communities. The total funding requirements include USD 16,950,981 in the revised CAP for Mauritania.

Funding Requirements				
Appeal Sector	Requirements July 2013	Funds received in 2013	Funding gap	
	\$	\$	\$	%
NUTRITION	6,148,530	3,952,622	2,195,907	36%
HEALTH	2,969,904	1,651,131	1,318,773	44%
WASH	4,066,101	1,307,031	2,759,069	68%
C4D	160,027	110,000	50,027	31%
EDUCATION	4,104,577	2,046,016	2,058,561	50%
CHILD PROTECTION	1,955,044	825,996	1,129,048	58%
SECTOR COORDINATION	818,750	837,503	-18,753	-2%
Total*	20,222,932	10,730,300	9,492,632	47%

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

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed 'unearmarked' funding. 'Unearmarked' funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building. Continued donor support is critical to continue scaling up the response.

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