Highlights

- This Situation Report summarises results of UNICEF’s humanitarian programmes in 2013.
- $13,494,880 of the required $20,222,932 was received to respond to the humanitarian needs of children in Mauritania in 2013. This was 67% of total requirement to save the lives of children affected by the Malian refugee crisis and by malnutrition.*

Malian refugee crisis response

- Mauritania hosts more refugees fleeing the conflict in Mali than any other country affected by the crisis with 66,392 refugees** living in the Mbéra camp. 56% of the refugees are children.
- In 2013, together with UNHCR, the Government and other partners, UNICEF provided:
  - 6,649 children (49% girls) with formal and non-formal education
  - around 5,000 children psychosocial stimulation
  - 4,233 children with treatment for Severe Acute Malnutrition (SAM)
  - 30,000 refugees with improved water treatment and hygiene
- UNICEF is helping to reinforce basic services for the vulnerable communities hosting the refugees, including malnutrition treatment, education, health and WASH.

Malnutrition response

- In 2013, more than 16,000 children under five suffering SAM (67% of the 2013 target) were admitted for treatment. Active screening and referral of malnutrition cases as well as mobiles clinics were used to increase programme coverage and collect missing data.
- Blanket feeding and ‘WASH in Nut’ programmes to prevent malnutrition were implemented alongside life-saving nutrition interventions providing therapeutic food and medicines.
- The estimated caseload for 2014 is 125,263 children with GAM, including 30,741 children with SAM. This is an increase of more than 25% from 2013.

* Funding requirements for 2014 will be announced in the Humanitarian Action for Children (HAC) in February 2014.
Situation Overview & Humanitarian Needs

- In 2013, the size of the refugee population has remained stable at around 70,000 following 20,000 new arrivals who crossed the border following French military intervention in Mali.\(^1\)
- Life-saving interventions, such as treatment for acute malnutrition, measles vaccinations and the provision of clean water, continue to be needed. People have been living in the camp for almost two years creating medium term needs, such as more stable education facilities, that UNICEF, in coordination with the Government, UNHCR and partners, are addressing with significant funding gaps.
- The remote area of Mauritania that is hosting the refugees is very poor, suffers high levels of food insecurity and malnutrition and has limited government services. UNICEF, in coordination with the Government, UNHCR and partners, are addressing these needs as well.

### Malian Refugee Crisis – Refugees – Estimated Affected Population

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>66,392</td>
<td>30,009</td>
<td>22,818</td>
</tr>
<tr>
<td>Children Affected (Under 18)</td>
<td>37,511</td>
<td>18,723</td>
<td>18,789</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>11,021</td>
<td>5,511</td>
<td>5,511</td>
</tr>
<tr>
<td>Children 6 to 23 months</td>
<td>4,133</td>
<td>2,066</td>
<td>2,066</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>1,072</td>
<td>1,072</td>
<td>0</td>
</tr>
<tr>
<td>Children Under Five with Severe Acute Malnutrition (SAM)</td>
<td>3,430</td>
<td>1,681</td>
<td>1,749</td>
</tr>
<tr>
<td>Children Under Five with SAM and medical complications</td>
<td>275</td>
<td>135</td>
<td>140</td>
</tr>
<tr>
<td>Children Under Five with Moderate Acute Malnutrition (MAM)</td>
<td>4,620</td>
<td>2,264</td>
<td>2,356</td>
</tr>
</tbody>
</table>

### Malian Refugee Crisis – Host Communities – Estimated Affected Population

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>48,639</td>
<td>23,911</td>
<td>24,728</td>
</tr>
<tr>
<td>Children Affected (Under 18)</td>
<td>24,319</td>
<td>11,955</td>
<td>12,364</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>8,999</td>
<td>4,424</td>
<td>4,575</td>
</tr>
<tr>
<td>Children 6 to 23 months</td>
<td>2,203</td>
<td>1,083</td>
<td>1,120</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>1,175</td>
<td>1,175</td>
<td>0</td>
</tr>
<tr>
<td>Children Under Five with Severe Acute Malnutrition (SAM)</td>
<td>224</td>
<td>112</td>
<td>112</td>
</tr>
<tr>
<td>Children Under Five with SAM and medical complications</td>
<td>46</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Children Under Five with Moderate Acute Malnutrition (MAM)</td>
<td>1,754</td>
<td>877</td>
<td>877</td>
</tr>
</tbody>
</table>

- Malnutrition rates in 2013 reached 13.1% GAM and 2.3% SAM during the summer lean season, as bad as or worse than last year.\(^2\)
- Chronic and recurrent acute malnutrition throughout the country is driven by underlying food insecurity, insufficient access to health care, clean water, sanitation and hygiene, poor feeding practices and lack of education on nutrition. In 2013, programmes addressing the drivers of malnutrition were implemented alongside emergency programmes.
- The estimated caseload for 2014 is 30,741 children with SAM, an increase from 2013.

### Nutrition in 2013 – Estimated Affected Population

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

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2. SMART surveys.
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>. Additional CERF funding has been provided for underfunded crises through June 2014.

The 2013 Consolidated Appeal Process (CAP) for Mauritania is available at <www.unocha.org/cap/appeals/by-country/results/taxonomy%3A69> and the Humanitarian Needs Overview (HNO) for 2014 is being finalized.

Malian Refugee Crisis 2013

<table>
<thead>
<tr>
<th>Sector</th>
<th>Estimated # / % coverage</th>
<th>UNICEF and partners</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UNICEF Target</td>
<td>% of Target Achieved</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Children &lt; 5 years with Severe Acute Malnutrition admitted to Therapeutic care</td>
<td>860</td>
<td>1,100</td>
</tr>
<tr>
<td></td>
<td>Children &lt; 5 years with Severe Acute Malnutrition discharged recovered</td>
<td>690</td>
<td>921</td>
</tr>
<tr>
<td>Partners: Ministry of Health, WFP, UNHCR, Médécins Sans Frontières</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>Number of people with access to functional latrines</td>
<td>24,930</td>
<td>24,930</td>
</tr>
<tr>
<td></td>
<td>Number of people with access to sufficient safe water</td>
<td>11,667</td>
<td>11,667</td>
</tr>
<tr>
<td>Partners: Ministry of Water Resources and Sanitation, UNHCR, Solidarites International, Intermon Oxfam, Mauritanian Red Crescent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Children aged 6 months to 15 years vaccinated against measles</td>
<td>27,629</td>
<td>26,898</td>
</tr>
<tr>
<td></td>
<td>Households with two or more insecticide treated mosquito nets (ITNs)</td>
<td>7,309</td>
<td>7,087</td>
</tr>
<tr>
<td>Partners: Ministry of Health, UNHCR, WHO, UNFPA, Médécins Sans Frontières and NGOs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>Emergency affected children provided with psychosocial support at CFSs</td>
<td>7,377</td>
<td>6,676</td>
</tr>
<tr>
<td>Partners: Ministry of Social Affairs, Ministry of Health, UNHCR, UNFPA, WFP, Intersos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Children with continued access to formal or non-formal education (by academic year)</td>
<td>2012/13</td>
<td>17,000</td>
</tr>
<tr>
<td></td>
<td>2013/14</td>
<td>20,000</td>
<td>6,649</td>
</tr>
</tbody>
</table>

a Results based on provision of materials. Construction and operation of facilities are led by UNHCR and implemented with partners in the camp.
b Households with one or two inhabitants received one net, households with three or more inhabitants received two nets.
c Revised targets for the 2013/14 academic year.
d Figures are calculated on a cumulative bases, which may involve double counting in the CFSs as children may attend in multiple months. In 2014, a new registration system is being experimented to avoid double counting.
UNICEF and partners’ programming

Nutrition

- From January to October 2013, malnutrition rates in Mbéra camp fell from 13.2% to 11.8% GAM and 3.2% to 1.4% SAM according to two nutrition surveys using SMART methodology. The decline is due to a range of interventions from UNICEF and partners including UNHCR, WFP and the Government of Mauritania.
- Following the high malnutrition results in January, a joint qualitative survey in February which identified a number of important factors underlying the rates of malnutrition including:
  - the fragile nutrition status of refugees arriving from Mali
  - changes in diet due to what is available in the camp
  - high prevalence of acute respiratory infections, diarrhea and malaria
  - poor understanding of medical treatment for malnutrition
- The January nutrition survey also found very high rates of anaemia among children (50%) and women (58%) and chronic malnutrition for under-five children over 40%.
- In response, UNICEF, in collaboration with the Ministry of Health, UNHCR, WFP, MSF and other NGOs took action to:
  - increase outreach and active screening of children under five for malnutrition
  - improve follow-up for defaulter cases
  - run community education sessions with women on how to use Plumpy Nut rations
  - conduct a Vitamin A supplementation campaign and active screening of all children under 5 years of age
- 4,233 children suffering SAM, including 440 suffering SAM with complications, received treatment in Mbéra camp in 2013. One in-patient treatment centre, five out-patient centres and six supplementary feeding programmes were operational allowing admission and treatment of SAM that exceeded the annual targeting by 20%, reflecting both the continuing problem of malnutrition in the camp and the dedication of UNICEF and partners to reach and treat children affected by malnutrition.
- The impacts of Integrated Management of Acute Malnutrition (IMAM) training are visible in improved cured rates of 84% in December compared to 79% in January 2013 and a default rate of 10% in December compared to 18% in January 2013 (exceeding the SPHERE standard of 15%). UNICEF contributed to this improvement through provision of supplies and training.
  - UNICEF has supported the regular provision of ready to use therapeutic food (RUTF), medicine, training and technical assistance to support the management of acute malnutrition. No stock-outs have occurred in 2013.
  - 20 volunteer health workers at treatment centers for SAM and 18 volunteer health workers as treatment centers for MAM were trained on IMAM.
  - 26 Community Health workers were trained on active screening and home visits.
- 21,992 children aged 6-59 months were supplemented with Vitamin A and 20,304 children 12-59 months received deworming capsules in two campaigns. The May campaign reached 89% (Vit A) and 93% (deworming) of its targets and the October campaign reached 98% (Vit A) and 103% (deworming) in the refugee camp and host communities.

WASH

- All 66,392 refugees in Mbéra camp are benefitting from the provision of water, latrines and showers at or close to SPHERE standards. UNICEF continues to make a valuable contribution to the WASH activities in the camp, which are led by UNHCR in partnership with NGOs including Solidarites International.
- UNICEF supports around 38% of the total production of safe water, around 630 cubic meters per day.
- More than 30,000 refugees have received the WASH minimum package from UNICEF. The package includes the construction of latrines and showers (male and female) and promotion of collective and individual hygiene and environmental sanitation.
Disaster prevention measures were undertaken including supplies for 30,000 people in the event of a diarrheal disease outbreak, such as cholera.

4,950 people in host communities benefitted from the construction or rehabilitation of five wells and the promotion of hygiene and household water treatment (including the procurement of products) in 19 villages in partnership with Oxfam.

Five host community villages achieved open defecation free status, switching to latrines, and monthly local coordination meetings, data collection and analysis were supported.

**Health**

- Through the Expanded Programme on Immunization (EPI), routine immunization activities at Mbéra significantly improved coverage rates from January to December 2013. As of December 2013, the coverage of measles vaccine and PENTA 3 is over 100% for all children under one year of age for all major diseases.  
- 12,196 refugee children aged 6-15 years arriving from Mali were vaccinated against measles at the Fassala health post, before reaching the Mbéra camp. 11,996 children have been caught-up during three child health week campaigns and routine activities.
- 134 children received a new vaccine, PCV 13, (including 14 who received 2 doses) since November 2013 to protect against pneumonia, blood infections and meningitis.
- Around 16,000 children suffering from malaria, diarrhea and acute respiratory infections in the Mbéra camp received appropriate treatment with UNICEF provided health kits and other basic drugs and materials.
- 1,932 pregnant women received long life insecticide treated mosquito nets during prenatal consultations.
- 4,109 pregnant women were protected against Tetanus by receiving at least two vaccinations. This exceeds 100% of the target for the year.
- 1,212 births in the refugee camp have been attended by qualified health workers as of October 2013.
- To improve quality of treatment of main under-five killers, seven health workers from the Bassikunou health facilities and Mbéra camp received training on the integrated management of common illnesses with a focus on prevention and treatment of malaria, pneumonia and diarrhoea.
- In the host communities, UNICEF and partners continue to support district teams to organize integrated outreach activities with a focus on the zone between Fassala and Mbéra when contact with newly arrived refugees is more likely.

**Child Protection**

- Child protection activities in Mbéra have focused on vulnerable children including unaccompanied, disabled and malnourished children.
- 1,676 children under 6 years of age have benefitted from psychosocial and recreational activities in Mbéra at six child friendly spaces.
- Six cases of vulnerable children have been identified, three cases of burning injuries and three children with handicaps; they all have received assistance and non-food items.

**Education**

- UNICEF, in coordination with UNHCR and partners, is strengthening efforts to provide formal and non-formal education to children and youth in the refugee camp following the Malian curriculum.
- Chronic funding shortages have meant that education results have fallen well short of targets with only around a quarter to a third of school aged children accessing formal or informal education. This risks children who have missed out on school not returning and creates even greater need for youth programming to give teenage refugees skills and

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1 Vaccination coverage for children under 1 year of age includes: BCG for 3,461 children (119%); OPV3 for 3,636 children (131%); Penta3 for 3,485 children (125%); Measles for 3,437 children (123%). A further 24,192 children 12 months to 14 years have been vaccinated against measles.

4 Introduction of pneumococcal vaccine PCV13
hope for the future, protecting them from radicalisation and being drawn into regional conflict.

- Available funding is being used to improve learning conditions (semi-permanent school structures with tables and benches), build teachers’ capacities, provide basic materials and give youth out of school better prospect through literacy and trades programmes with a focus on girls.

In the 2012/13 academic year:
- 6,390 children (49% girls) pursued their academic year through six primary school sites in the camp and 1,457 students (43% girls) attended primary school summer catch-up.
- All students and teachers received school stationery and manuals.
- In secondary schools, 249 students (22% girls) completed their academic year.
- 46 refugee students completed high school and 33 completed middle school.
- 527 adolescents (71% girls) received non-formal education through a literary and numeracy programme.

For the 2013/14 academic year:
- 5,703 children (48% girls) are enrolled in six primary schools with 92 teachers (17% female).
- 410 students (24% girls) are enrolled in secondary with 27 teachers (no females).
- 476 adolescents (72% girls) are enrolled in literacy numeracy programme at centres with 16 teachers (25% female).
- 90 adolescents (68% girls, 60 refugees and 30 from host communities) are enrolled in trades training centre with four trainers (50% female).
- School materials are being distributed as needed to students and teachers.

Additional results across 2013:
- Based on an integrated approach with the Child Protection Section, 774 adolescents and youth (60% girls), of which 81% were from the refugee camp and 19% from the host community, were sensitized by their peers on HIV/AIDS.
- 5,000 refugees attended a three days cultural festival held by youth which had as an objective to enhance social cohesion between ethnic groups and included sensitization on the right to education for all children, peace building, HIV/AIDS awareness and a back to school campaign for the new academic year.
- 7,170 table benches are being assembled by the Parents’ Associations in the camp, sufficient for 14,340 students.
- Community sensitization is underway to encourage youth who missed out on schooling to join the literacy programme to ‘catch up’. There is a focus on girls’ enrolment.
- Construction and rehabilitation of two primary schools has started in the host communities.

**C4D**

- 48 community relays disseminate hygiene promotion messages through awareness sessions and households visits. More than 15,000 people have been reached this year.
### NUTRITION RESPONSE 2013

<table>
<thead>
<tr>
<th>Sector</th>
<th>Estimated # / % coverage</th>
<th>UNICEF and partners</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children &lt; 5 years with Severe Acute Malnutrition admitted to Therapeutic care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23,901</td>
<td>16,035&lt;sup&gt;a&lt;/sup&gt;</td>
<td>67%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>23,901</td>
</tr>
<tr>
<td>Children &lt; 5 years with Severe Acute Malnutrition discharged cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17,925</td>
<td>9,723&lt;sup&gt;a&lt;/sup&gt;</td>
<td>54%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>17,925</td>
</tr>
<tr>
<td>Number of health centres with SAM treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>488</td>
<td>464&lt;sup&gt;a&lt;/sup&gt;</td>
<td>95%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>488</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbers of mothers and children affected by SAM who received a WASH kit and hygiene promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16,035&lt;sup&gt;b&lt;/sup&gt;</td>
<td>8,894</td>
<td>55%</td>
<td>16,035&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Number of nutrition centres delivering the WASH minimum package</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>291</td>
<td>35&lt;sup&gt;c&lt;/sup&gt;</td>
<td>12%&lt;sup&gt;c&lt;/sup&gt;</td>
<td>291</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency affected children provided with psychosocial support at CFSs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15,400</td>
<td>9,665</td>
<td>63%</td>
<td>15,400</td>
</tr>
<tr>
<td>Establishment of CFSs at Nutrition centres</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>41</td>
<td>103%</td>
<td>40</td>
</tr>
</tbody>
</table>

**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

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<sup>a</sup> 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.

<sup>b</sup> With the aim that mothers who accessed nutrition treatment also received WASH assistance, throughout the year the target was based on the nutrition target of 23,901 children to be admitted for treatment. The target is now revised based on actual number of children treated in 2013.

<sup>c</sup> While good progress was made during the year, the targets were overly ambitious for the timeframe. It is hoped that these results can be fully achieved, but it is likely to take several years.

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### UNICEF and partners’ programming

#### Nutrition

- Malnutrition rates in Mauritania continue to follow an annual cycle with a lean season over the summer and better conditions in winter after the rainy season when rain-fed crops have been harvested and animals have better grazing. Malnutrition rates for 2013 were as bad or worse as 2012 with GAM reaching 13.2% and SAM reaching 2.3% in July. The seven regions are most affected by this crisis and are the most affected by poverty, food insecurity and high fertility rates. Underlying causes for this recurrent situation are poor and inappropriate feeding practices of children, lack of access to basic health care and social services, lack of hygiene and limited access to clean water and sanitation, particularly for the most vulnerable groups.

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<sup>5</sup> The results fall in overlapping confidence intervals.
In 2013, at least 16,035 children have been treated for SAM, 67% of the expected caseload of 23,901 children under five. The actual number of children reached is higher than currently reported as information from health posts, particularly in remote regions, is still being received.

To achieve this result, UNICEF has supported the Government to increase the number of operational nutrition centres from 291 in January to 464 at the end of December.

The cured rate of 76% and death rate of 0.6% are improved from 2012 with a cured rate of 75% and death rate of 4%. The default rate of 19% (20% in 2012) remains a challenge for 2014 as it exceeds the SPHERE standard of 15%.

1,103,599 children of 6-59 months received Vitamin A supplementation and 1,009,224 received deworming capsules during integrated national Polio and Vitamin A campaigns organized in May and October.

UNICEF co-leads the coordination of the Nutrition Sector group at the nation level with the Ministry of Health to coordinate the response with partners including the Government, UN agencies and national and international NGOs.

The estimated caseload for 2014 increased to 125,263 children with GAM including 30,741 cases of SAM and 94,523 cases of MAM. This is an increase of more than 25%.

It is expected that the same seven regions of Mauritania will again breach the emergency thresholds of GAM > 15% or SAM > 2% due to underlying vulnerabilities and the longer-term impacts of the Sahel nutrition crisis having depleted livestock and household savings.

**WASH**

- 9,295 children affected by SAM in 6 regions (58% of the total number of children admitted for treatment) and 2,153 children affected by MAM received a WASH kit and training on how to use it. This kit contains water storage containers, soap, disinfectant and water treatment materials benefitting the entire household and building resilience against future malnutrition.
- Over 86,000 households were reached with messages promoting hygiene and water treatment.
- In close collaboration with national and international implementing partners as well as national authorities, the WASH minimum package was implemented in 35 additional nutrition centres in 2013 including rehabilitation and construction of latrines and water points. This brought the total to 108 nutrition centres in the seven regions affected by the nutrition crisis supported.
- To reinforce the WASH in Nut programme and to adapt it to the national context, UNICEF also conducted field assessments and reinforced national capacities (such as planning, coordination and monitoring at the regional level) in close cooperation with the Department of Hydraulics.

**Child Protection**

- Children affected by malnutrition benefit from good psychological environments which facilitated a faster recovery.
- 9,617 children have benefitted from psychosocial activities in child friendly spaces in nutrition centres in Assaba, Brakna, Guidimakaha and Hodh El Chargui.
- Keys sector stakeholders at regional level attended into workshops conducted in Kaedi and Selibabi to establish Gender Based Violence (GBV) Standard Operating Procedures (SOPs). A referral system (service providers network, referral pathways), coordination terms of reference and protocols for information sharing were designed and validated.

**Education**

- 9,600 children aged 3 to 5 years in 233 preschools (57% girls) in the most affected regions are being provided with snacks of milk and high protein biscuits since December 2013 to mitigate the impact of malnutrition on students’ results.
Follow-up and reinforcement of the resilience of 60,450 students and capacity building for 4,500 parent’s associations members (97% female) are underway in schools in the seven regions more affected by the nutrition crisis.

**HIV and AIDS**

- In 2013, Anti-retroviral treatment (ART) and HIV diagnosis tests are supplied to support prevention and treatment of around 100 HIV positive children and 500 HIV positive pregnant women.
- 44 pregnant women and 26 children under five who are HIV positive received ARV treatment procured by UNICEF.
- Implementation of these programmes will expand in 2014 through a partnership with an NGO to operationalize the prevention of mother to child transmission (PMTCT) interventions for 663,283 persons in six districts including two regions affected by the food crisis and four in peri-urban areas of Nouakchott.

***** FLOODS IN NOUAKCHOTT AND SURROUNDING REGIONS ******

Unusually heavy rains and a prolonged rainy season have resulted in significant flooding in the capital Nouakchott, and the regions of Assaba, Brakna, Gudimakha, Tagant and Traza. Eight people have died as a result and 2,305 people were displaced (OCHA).

Following a multi-sectorial rapid needs assessment UNICEF and partners have implemented emergency WASH activities to reduce impacts of floods:

- 21,758 students (10,988 girls) attending 44 of the 66 schools affected have been assisted
- Hygiene and sanitation materials are being distributed for 1,500 households
- Water treatment is being provided for 10,000 people
- Long-life, insecticide-treated mosquito nets are being distributed for 5,000 people (commenced)
- Additional, targeted community education messages provided
- Additional WASH package activities (latrines construction, water point rehabilitation and hygiene promotion sessions including distribution of hygiene materials) will be provided for at least 11,596 people
- In 2014, hygiene promotion activities will be continued with households in the Brakna and at the national level through radio and TV spots
Supplies with a value of USD 4,611,182 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 2,296,972 from 1 January 2013 to 31 December 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 was USD 20,222,932. This was an increase of USD 1,336,996 from the initial requirement of USD 18,885,936 and reflected additional needs, such as the establishment of a sub-office in Bassikounou 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.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements July 2013</th>
<th>Funds received in 2013</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTRITION</td>
<td>6,148,529.50</td>
<td>5,559,017</td>
<td>589,512</td>
</tr>
<tr>
<td>HEALTH</td>
<td>2,969,904.00</td>
<td>2,013,155</td>
<td>956,749</td>
</tr>
<tr>
<td>WASH</td>
<td>4,066,100.50</td>
<td>1,586,914</td>
<td>2,479,187</td>
</tr>
<tr>
<td>C4D</td>
<td>160,027.00</td>
<td>110,000</td>
<td>50,027</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>4,104,577.00</td>
<td>2,346,872</td>
<td>1,757,705</td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td>1,955,044.00</td>
<td>1,004,912</td>
<td>950,132</td>
</tr>
<tr>
<td>SECTOR COORDINATION</td>
<td>818,750.00</td>
<td>874,009</td>
<td>(55,259)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20,222,932</strong></td>
<td><strong>13,494,880</strong></td>
<td><strong>6,728,052</strong></td>
</tr>
</tbody>
</table>

Emergency funding needs for 2014 are currently being developed for the UNICEF Humanitarian Action for Children (HAC) and the multiagency Humanitarian Needs Overview (HNO) appeals to be launched early next year.

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.

For further information, please contact

Lucia Elmi
Representative
Nouakchott
Mauritania
Telephone: +222 45 29 01
Facsimile: +222 45 25 13 46
E-mail: lelmi@unicef.org

Véronique Mistycki
Resource Mobilisation Specialist
Nouakchott
Mauritania
Telephone: +222 45 29 98 23
Facsimile: +222 45 25 13 46
E-mail: vmistycki@unicef.org

Brahim Ould Issel
Communications Specialist
Nouakchott
Mauritania
Telephone: +222 45 29 98 03
Facsimile: +222 45 25 13 46
E-mail: bouldisselmou@unicef.org