Situation in Numbers

Highlights

From January 1 to June 22 2021, a total of 5,947 confirmed COVID-19 cases were reported, 8,116 people were cured, and 133 people died, bringing the cumulative total to 20,365 cases, including 804 children, 481 deaths, 19,438 cures, and 446 active cases.

In the multisectoral response against COVID-19, UNICEF supports the government by providing co-leadership on the Infection Prevention and Control and Risk Communication and Community Engagement pillars. Mauritania faces a trend towards a possible third wave.

Launched on March 26, the vaccination is currently offered in 361 sites across the country. The Health Ministry received 170,000 doses of AstraZeneca SII through the COVAX facility. UNICEF supported a national immunization campaign from June 15-17 reaching approximately 65,000 people.

As of June 22, 133,718 people over 45 years of age or with co-morbidities have received their first dose of the vaccine, representing 0.3% of the total population (4,271,198), 0.5% of the target population (2,690,855), and 16% of the first priority target (854,239).

UNICEF’s Response and Funding Status

Needs US$ 17.7 million

*Funding available includes the carry-over and funds received in the current year. The education funding is the result of a large carry-over from previous years.
Funding Overview and Partnerships

In 2021, HAC was funded at 18% for interventions relating to nutrition, health, WASH, education, child protection, communication and social protection. During this reporting period, funding was received through HAC COVAX and from Japanese cooperation. A great need of attention must be put in sustaining efforts along the humanitarian-developmental nexus. UNICEF Mauritania wishes to express its heartfelt gratitude to all public and private sector donors.

Situation Overview & Humanitarian Needs

Since January 2021, Mauritania has registered 5,947 confirmed cases, 8,116 recovered (with some cases being carried from 2020) and 133 deaths. As of June 22, 2021, Mauritania has recorded a cumulative total of 20,253 cases including 804 children, 481 deaths, 19,438 recoveries and 446 active cases. An outbreak in Guidimakha occurred in April and trends continue to be closely monitored as a slow upward trend has been noted since May 2021.

Regarding COVID-19 vaccination, Mauritania adopted the strategy to first focus on protecting the most exposed and vulnerable people. However, the immunization uptake is lower than anticipated as there are major challenges for securing enough doses covering all needs and organising logistics relating to transportation and storage. In addition, solid community involvement and sensitization needs to be intensified for facing vaccine hesitation in reaction to anti-vaccine rumours spread on social medias.

According to the World Bank report¹, the COVID-19 pandemic and all the restrictive measures have caused the first economic contraction in Mauritania since 2008. The consecutive years of drought and food insecurity followed by the COVID-19 pandemic aggravated a pre-existing precarious nutritional situation due both to the disruption of economic and livelihood activities and an increase in the price of basic foodstuffs.

According to the National Meteorological Office (ONM), a normal rainy season is expected with the possibility of heavy rains in flood-prone areas. The ONM recommends that flood preparedness plans to be put in place for preventing the risk of flooding and to limit the use of flood-prone areas in the south-eastern, central, and northern regions of the country (Tagant, Hodh Chargui, Hodh El Gharbi, Adrar, Tiris Zemmour, and Nouadhibou). In the south-west of the country (Trarza and Brakna), there is a possibility of low rainfall, which could have an impact on the amount of water needed for agriculture and may accentuate food insecurity.

The M’Berra camp currently hosts 67,126 Malian refugees, 39,296 being children. Refugee and host communities continue receiving humanitarian assistance.

Summary Analysis of Programme Response

Nutrition

In January 2021, based on the SMART surveys of the past five years and the November 2020 "harmonized framework" exercise, UNICEF, as the nutrition sector lead, supported the government in estimating their needs for prevention and treatment of acute malnutrition and developing the 2021 humanitarian response plan.

The nutrition technical group estimated the burden of acute malnutrition in 2021 to be 147,312, including 36,233 SAM. Moreover, as shown in the March, 2021 Harmonized Framework (supported by UNICEF and its partners), in the projected situation (June - July - August 2021), the total number of people affected by severe food insecurity is estimated to be 484,151 (11.1% of the population), stable cases compared to the November, 2020 projection. Fourteen (14) districts are classified as being in the crisis phase (Aleg, Bababé, Boghé, Maghta-Lahjar, M’Bagne, Kaédi, M’Bout, Moudjieria, Tichitt, Tidjikja, Sélibaby, Zoueratt, Bir Mogrein, and F’Dérik), while the others are in pressure phase, with the exception of Nouakchott South, which is in the minimum food insecurity phase.

Furthermore, close collaboration with the Ministry of Health (MoH) and partners, UNICEF continues to support the SAM children treatment, with a focus on the 20 emergency districts ones the most affected by acute malnutrition and food insecurity. Since January 2021, 7,077 cases of SAM were admitted for treatment, 22% of the annual target (30,798) and 19 % of the annual burden (36,233). SAM admissions are 28% lower than last year (9861 last year) at the same period. This figure could be underestimated due to the low proportion of reports completed between January and April 2021 (74%). However, through recruitment of consultants, UNICEF continues to support the MOH for activities field monitoring, the data collection and transmission.

In 2021, a total of 30,218 cartons of Ready-to-use therapeutic food (RUTF) needed for the Integrated Management of Acute Malnutrition (IMAM) programme were needed (including 2,500 cartons of RUTF estimated for IMAM treatment optimization research). Thanks to the UNICEF WCARO support, 8,360 cartons of RUTF were secured through the Accra hub. In addition, through UNICEF’s advocacy, the Ministry of Health committed itself to mobilizing domestic resources from the national social protection programme funding for the procurement of RTUF of about 50% the 2021 need and 75% of the 2022 need. The tripartite, MOU between UNICEF, MOH and national social protection program for RTUF procurement service is under review and will be signed soon. A total of 9,760 cartons of RUTF were distributed throughout the country to date; 33 cartons of RUTF are currently prepositioned in Nouakchott in addition to 2,600 cartons in the pipeline ordered through UNICEF regular/other resources to cover the 2021 distribution plan by July, 2021. To avoid RUTF stock out on the third quarter, UNICEF is supporting the Government in procuring 50% (18,157/36,314) of RUTF need from the national social protection programme fund and using the Match fund mechanism. At national level the quality of IMAM program is adequate. The three key IMAM indicators at the national level met the SPHERE standards with an 89.9% cure rate, 0.6% death rate and 8.9% defaulter rate and 0.6% non-responding rate. However, some disparities noted between health districts. As part of waste prevention, 59,052 primary caregivers of children aged 0-23 months continue receiving Infant and Young Child Feeding (IYCF) counselling through facilities and community platforms.

Furthermore, in June, 584,477/679,451 children 6-59 months (86%) screened at the national level during the MOH integrated mass campaign supported by UNICEF, 2,142 severely acute malnourished (SAM) children and 13,595 moderately acute malnourished (MAM) children were detected and referred in the health facilities and at community level for their treatment. In addition, 87% (592,566/679,451) of the children 6-59 months received vitamin A supplementation and 89% (540,670/606,546) of 12-59 months dewormed. UNICEF is supporting the MOH team in preparing the 2021 SMART survey, needed for 2022 humanitarian planning. All these results were obtained thanks to the partnership between UNICEF, the Government and Non-Governmental Organizations (NGOs).

In the context of the COVID-19 pandemic, UNICEF is providing technical and financial support to the Ministry of Health (MOH) for the implementation of mitigation strategies to ensure the continuity of integrated preventive/curative acute malnutrition essential services including optimal IYCF practices promotion, screening/treatment of SAM cases at health facilities and at the community level, through both a direct support to the MOH and an agreement with 13 national and international ONGs as implementing partners in 23 emergency districts (out of a total of 57 in the Country). Thus, as part of wasting prevention, 134,314 pregnant and lactating women (36,520 pregnant women and 97,774 lactating women/primary caregivers of children aged 0-23 months) received IYCF counselling through facilities and community platforms and, 54,668 children 6-23 months benefited from micronutrients powder distribution in these 23 emergency districts. However, the main challenge is the funding to maintain partnership with these 13 NGO in 2021/2022 to ensure continuity of preventive/treatment acute malnutrition interventions within these chronically emergency nutrition districts.

Health

As part of the integrated community case management (ICCM) intervention in nutrition emergency districts, 5,230 children were treated for diseases including diarrhoea, acute respiratory infections (ARI), malaria and severe acute malnutrition between January and June, 2021, adding up to a total of 12,195 children treated from the ICCM programme since July, 2019. Within the framework of preventive activities, all the annual needs for traditional vaccines (BCG: 17,160 Fl/20 doses, bOPV 36 600 fl/20, HepB 15 930 Fl/10 doses, Td 10: 23 250 Fl/10 doses, ROTA, 306,000 doses and VPI 154000 doses) have been met according to the provisional supply plan, thus ensuring these vaccines’ availability. For the anti-COVID-19 vaccination, 170,000 doses of AZ SII have been received through the COVAX facility, 338,626 doses of Sinopharm the government bilateral cooperation. UNICEF provided technical, logistics and financial support to the government in launching vaccination against COVID-19 countrywide. To accelerate vaccination against COVID-19, UNICEF supported the government to conduct a national campaign from 15 to June 17 that reached around 65,000 people. As of June 22, 133,718 more than 45 age or with comorbidity have received their first dose of vaccine representing 0.3% of total population (4,271,198), 0.5% of target population (2,690,855) and 16% of the first prioritized target (854,239).

UNICEF supported the HPV vaccine introduction through a national campaign in April, 2021 allowing to reach (45%) 139,664/310,810 girls aged 9 to 14 years; the second HPV vaccination campaign will be carried out 6 months later
A total of 42,402 infants vaccinated with Penta 1, of whom 42,979 are returning for their third dose, i.e. Penta 3 coverage of 85%.

7,811 infants did not meet the target and 577 infants dropped out between the first and third dose of Penta, i.e. a rate of 1.1% within the norms and less than 10%.

In the three regions supported by UNICEF (Hodh Chargui, Guidimakha, Assaba), 12,457 infants were vaccinated for P1 and 13,206 for P3, i.e. a drop-out rate of 6% and 749 did not reach the monthly target. UNICEF’s support for the healthcare providers on new-borns healthcare is on-going in Guidimakha and Assaba. UNICEF continues supporting services for early detection, referral, and appropriate management of the COVID-19 cases, among children, pregnant and lactating women. This support is being expanded to HEC during the third quarter of 2021. Thus, a total of 4,738 pregnant women received 4 ANC and 10,101 were assisted by trained birth attendants in health facilities. UNICEF is also providing new-born services in regional hospitals with adequate equipment such as resuscitation tables for new-borns and automatic incubators. As a response to the third wave of COVID-19 particularly exacerbated in Guidimakha, UNICEF mobilized and trained 460 Community Health Workers (CHW) in community mobilization and sensitization, cases detection, alert, referral, minor case management as well as contact tracing. These efforts allowed reaching hard communities with appropriate and timely response. UNICEF, in collaboration with WHO and other UN agencies, supported MOH in IPC and case management evaluation in COVID-19 regional units.

UNICEF is providing dexamethasone for severe case management and supporting the refreshment training for 97 health workers involved in COVID-19 cases management in 8 regional hospitals out of 15.

WASH

With the continuation of the co-lead coordinator role in the Infection Control and Prevention pillar, from April to June 2021, three meetings were organized to share information. As part of the implementation of the “School and Health Washing” component, 38 schools (28 in Guidimakha, and 10 in Assaba) and 21 health structures (11 in Guidimakha, and 10 in Assaba) have benefited from the construction of latrines, the installation of drinking water supplies, incineration tanks, the distribution of hygiene kits and the training of teachers and hygienists are on-going. In order to improve access to water, drilling work began in mid-March in Guidimakha and Assaba, seven boreholes equipped with solar energy have been completed for improving the access to drinking water and hygiene for 6,200 of the most vulnerable people in these regions, where malnutrition is highly prevalent. In the context of facilitating access to basic social services, the implementation of the various program components has made it possible to achieve the following:

- Sanitation totally controlled by the community (STCC-ATPC) activities and post-end of open defecation follow-up in the regions of Assaba, Hodh Chargui, Brakna, Tagant, Trarza and Guidimakha and Gorgol with a focus on awareness raising on COVID-19 prevention and barrier measures (hand washing with soap, adequate use of latrines, water treatment, etc.)
- In the communes of Blajmil, Kankossa, Tenaha and Sani in Assaba, more than 27,755 people have already been reached by these activities within the framework of the partnership with NGO Moundi (BMZ program). Most of these villages in these two communes have high SAM rates.
- Thanks to the partnership with NGO Serv’Eau, sensitization sessions on COVID-19 messages benefit on:
▪ 19,140 students (including 11,080 girls and 8,060 boys) in schools and 1,200 in mahadas (including girls and boys) benefited from sensitization sessions on COVID-19 in Dar Naim and Riyad.
▪ 880 people in 25 awareness sessions on the COVID-19 were organized in the communes in Dar Naim and Riyad.
▪ Functional connection of 30 new vulnerable households in Dar Naim to the SNDE network, of which 20 households also benefited from family latrines and pedal hand washing devices installed at the exit of their latrines.
▪ During the period, the partner followed up in 16 neighbourhoods triggered in Dar Naim covering 957 households with 16 functional HWCs of which 37% of the neighbourhoods have already organized garbage collection days.
▪ In Hodh Chargui, followed by 45 localities triggered with 45 functional HVCs and self-construction, a total of 320 new latrines were completed and 80 are in progress.

### Education
The pandemic has substantially impacted the Education. Following the schools reopening in Mauritania, UNICEF supports the Ministry of Education for the education continuity. Alongside with the promotion of digital learning and as retained in the national Sector Response Plan, the platform was enriched with learning and teaching materials. This organization of learning tools allows the platform to be functional and usable at any time, including in emergency situations. Besides, 5,000 radios purchased are being distributed in the M’Berra Camp as well as in the host communities in the Bassiknou and Nema districts. It aims at complementing usual learning approach with lesson broadcasting during and after a crisis and serves as support to catch up on missed lessons. Up to this day, 1,500 (714 boys, 786 girls) children are enrolled in 30 pre-primary education centres, 5,405 children (2,613 boys, 2,792 girls) in primary school, 410 children and adolescents in secondary school (278 boys, 132 girls). A total of 1,000 adolescents including 636 aged 14-18 have benefited from literacy programs. 600 children aged 10-13, including 326 girls who were out of school, were able to enter school after remedial lessons; 342 children out of school including 172 girls received remedial lessons and then reintegrated into school. Prior to the new HIP 2021 implementation, a joint mission was organized with ECHO, WFP, UNHCR and implementing partners in the Camp which resulted in relevant recommendations for addressing the needs of refugees.

### Child Protection
In a continued effort in providing relief services to survivors and children at risk, UNICEF and its partners provided support to 899 children (463 during the reporting period), including 539 girls. Of these, 118 we provided referral services through the Child Helpline, 751 received critical psychosocial support. Of these, 274 were survivors of gender-based violence. To fight against these persistent issues, 11,013 children (including 6,630 girls and 4,401 boys) participated in sensitization sessions for mobilizing against gender-based violence, including the elimination of harmful practices such as female-genital mutilation and child marriage. Regarding justice for children, a workshop on alternatives to detention for children in conflict with the law was organized with the Ministry of Justice and the Care and social rehabilitation centre for children in conflict with the law (CARSEC). It aimed at ensuring the social reintegration of child offenders. With the collective understanding that alternatives to imprisonment increase children's chances of becoming productive adults and play a constructive role in society, actors worked together to assess how to best ensure alternative measures to detention are consistently applied in the country. In a similar framework, UNICEF launched a workshop series with 40 child protection actors, police officers, judges and social welfare institutions with the aim of improving the judicial management of children in conflict with the law cases, optimize the processes between all actors in the judicial system and avoid long pre-trial detention. The month of June was marked by several noteworthy opportunities for celebration and reflection for Child Protection actors, starting with the World Day Against Child Labour on June 12.
While trends demonstrate a reduction of child marriages, a phenomenon also linked to poverty, related to child labour persist in the country, highlighting the importance of such advocacy opportunities. Since January alone, 32 children participating in labour activities were identified by UNICEF partners, 26 of which received socioeconomic support to stop the practice and three were reinserted in school. To celebrate African Child Day on June 16, UNICEF and partner NGO ADICOR inaugurated a new youth centre in Mberre refugee camp. This centre is now the third of its kind in the camp and provides children and young people with a safe space to play, enjoy various activities and seek help from social workers trained to assess the needs of the child or adolescent and refer them to the appropriate services whether they are medical, psychological, judicial or for civil registration. Since January 2021, 5,041 children and adolescents visited the existing youth centres in the camp. Finally, International Refugee Day on June 20 was celebrated with local authorities under the leadership of the Governor of the Hodh Chargui region and humanitarian actors who reiterated their commitment to the protection of refugee and non-refugee children and the respect of their rights. Humanitarian actors working in collaboration with health authorities continue to be on high alert in the M’Berra refugee camp with regards to the COVID-19 pandemic where close living arrangements heighten transmission risks. To date, 347 refugees and 83 humanitarian actors have been vaccinated.

Supply and logistics

UNICEF’s Supply Centre facilitated the Ministry of Health to order and receive 170,000 COVID-19 vaccines doses through the COVAX facility. As of June 2021, US$ 837,521 worth of program supplies and services have been procured, including supplies related to COVID-19’s national response. Supplies worth US$ 400,975 were received and donated to the Government. UNICEF Mauritania Supply facilitated reception of 500 COVID-19 vaccine doses and provided logistics support to UN staff and dependants vaccination.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF continues its support through the communication pillar in response to the COVID-19 pandemic. The activation of the new call centre involving emergency services with UNICEF’s support is imminent. This mechanism will help identifying and responding to the population’s concerns related to COVID-19 and other issues. The capacity of frontline workers is continually being retrained, particularly at the community level, to help disseminating the messages on infection prevention and immunization promotion. More than 80,000 women have received the minimum package of information on COVID-19 through nearly 1,100 intermediaries involved in the facilitation of GASPA’s, spaces for exchanges on good feeding practices for the mother-child pair and cooking demonstrations throughout the country. UNICEF has joined the country’s efforts in introducing the new COVID-19 vaccines. A rapid perception survey was conducted for supporting the planning of communication strategies. Based on the results of this assessment, nearly 30,000 posters, explanatory materials, and radio and television spots were developed and distributed for increasing acceptance of the COVID-19 vaccine. To reach the most remote communities, approximately 300 actors composed of religious leaders, youth associations and women's relay groups were able to interact with nearly 42,772 people (including 16,448 women, 9,704 men, 8,460 girls and 8,200 boys). At the urban level, nearly 200 actors helped sensitize at least 16,000 families against misinformation and fears observed among the population. In support of the Mauritanian government, UNICEF strengthened the real-time rumour monitoring and response mechanism so that rumours circulating at the most remote level are captured and addressed in accordance with the risk level. Support was provided to the implementation of the joint WFP/UNICEF project with 80 empowered community actors on behalf of 10,000 vulnerable households with a disabled member in COVID-19 prevention activities in nine communes of Nouakchott. On social media, from April to June, 23 publications (videos and Human-Interest Stories) related to the COVID-19 pandemic were disseminated. The videos reached a total of approximately 438,600 views. As for the publications, they reached approximately 2,700,000 people with a total of 268,200 interactions (clicks on images, comments, shares, etc.).

Humanitarian Leadership, Coordination and Strategy

Although the cluster system has not been activated in Mauritania, UNICEF has taken the lead in several coordination mechanisms. Two coordination meetings of the Nutrition sector group were held under the leadership of the MOH and UNICEF for discussing and monitoring the humanitarian response, including the continuity of essential nutrition services

2 Groupe d’apprentissage et de suivi des pratiques d’alimentation du nourrisson et du jeune enfant (Infant and Young Child Feeding Practices Learning and Monitoring Group)
countrywide. UNICEF is providing their support in monitoring the IMAM supply stock at an operational level daily and specific actions are being taken to avoid any stock out at the health facilities level. In the field of health, technical and financial support were provided for the coordination of the Ministry of Health on the issue of vaccination including COVID-19. There is significant involvement in improving the cold chain for vaccine storage and availability. Thanks to the advocacy, the new vaccines financed by GAVI have been received according to plan.

Since the beginning of the second wave, UNICEF continues ensuring the co-lead of PCI and RCCE pillars coordination with Ministry of Health. These coordination mechanisms involve others UN agencies, national and international NGO who also participate. In IPC, many activities took place including coordination meetings, monitoring visits to care facilities to assess and improve IPC standards. Regarding RCCE, the focus remained on supporting the implementation of the government’s COVID-19 response plan communication strategy and nationwide advocacy for community engagement.

Human Interest Stories and External Media

Publications

Video:
https://fb.watch/67g6C4775x/
https://fb.watch/v/ii1pXr8i/
https://fb.watch/67gdLEvu/-
https://fb.watch/v/ii1pXr8i/
https://fb.watch/67gdLEvu/-
https://fb.watch/v/eAmlyUnAQ/
https://fb.watch/67ggS-HNIE/
https://fb.watch/67gkPNIQ_q/
https://fb.watch/67gTV1HXY/
https://fb.watch/67gpD--Y3z/

Posts:
https://www.facebook.com/1542650522643719/posts/2860587754183316/
https://www.facebook.com/1542650522643719/posts/2860521057523319/
https://www.facebook.com/1542650522643719/posts/2845356665706425/
https://www.facebook.com/1542650522643719/posts/2842548142653944/
https://www.facebook.com/1542650522643719/posts/284028992613099/
https://www.facebook.com/1542650522643719/posts/2836804003228358/
https://www.facebook.com/1542650522643719/posts/2831941407047951/
https://www.facebook.com/1542650522643719/posts/2831877323721026/
https://www.facebook.com/1542650522643719/posts/2827074967534595/
https://www.facebook.com/1542650522643719/posts/282580480990377/
https://www.facebook.com/1542650522643719/posts/2825840224324736/
https://www.facebook.com/1542650522643719/posts/2823439641231461/
https://www.facebook.com/1542650522643719/posts/2817062045202554/
https://www.facebook.com/1542650522643719/posts/2812097185699040/

Who to contact for further information:
Marc Lucet
Representative
Mauritania
+ (222) 28 88 31 00
mlucet@UNICEF.org

Judith Léveillé
Deputy Representative
Mauritania
+ (222) 28 88 34 00
jleveillee@UNICEF.org
### Annex A

#### Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF Total Target</th>
<th>Total result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached by COVID-19 prevention messages</td>
<td>1,800,000</td>
<td>46,800</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>300,000</td>
<td>49,772</td>
</tr>
<tr>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services for addressing their needs through established feedback mechanisms</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td><strong>WASH and IPC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>39,150</td>
<td>5,186</td>
</tr>
<tr>
<td>Number of healthcare facilities staff workers and community health workers provided with Personal Protective Equipment (PPE)</td>
<td>5,000</td>
<td>1,500</td>
</tr>
<tr>
<td>Number of healthcare facility staff workers and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>1,666</td>
<td></td>
</tr>
<tr>
<td>Number of children under treatment for SAM with access to safe water, for drinking, cooking and hygiene through household water treatment</td>
<td>11,264</td>
<td>7,077</td>
</tr>
<tr>
<td>Number of children with access and using appropriate sanitation and hygiene facilities in health and nutrition centres and schools in refugee camps, host communities and villages with high SAM burdens</td>
<td>26,000</td>
<td>13,800</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases among children, pregnant and breastfeeding women</td>
<td>132</td>
<td></td>
</tr>
<tr>
<td>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[1]</td>
<td>82,017 children; 29,158 women</td>
<td>42,979 children</td>
</tr>
<tr>
<td>Number of children aged 0 to 11 months reached with measles vaccination in the refugee camp and host population</td>
<td>82,017</td>
<td>3,525</td>
</tr>
<tr>
<td>Number of children aged 0 to 59 months with common childhood diseases reached with appropriate and integrated management of childhood disease services</td>
<td>7,740</td>
<td>5,230 (total since July 2019 =12,195)</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms</td>
<td>91,765</td>
<td>97,774</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>30,798</td>
<td>7,077</td>
</tr>
<tr>
<td>Number of pregnant and lactating women reached with an integrated package of IYCF services</td>
<td>169,480</td>
<td>134,314</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of school-aged boys and girls (aged 3 to 17 years) in the refugee camp and host community affected by humanitarian situations receiving learning materials</td>
<td>24,350</td>
<td>21,298</td>
</tr>
<tr>
<td>Number of out-of-school boys and girls aged 3 to 17 years with access to education</td>
<td>6,400</td>
<td>1,247</td>
</tr>
<tr>
<td><strong>Child Protection and GBV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>300</td>
<td>147</td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community-based mental health and psychosocial support</td>
<td>7,000</td>
<td>2,657</td>
</tr>
<tr>
<td>Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse</td>
<td>1,000</td>
<td>226</td>
</tr>
<tr>
<td>Number of survivors of sexual and gender-based violence reached with gender-based violence response interventions</td>
<td>7,000</td>
<td>318</td>
</tr>
</tbody>
</table>
Annex B

Funding Status

<table>
<thead>
<tr>
<th>Applied to Sector</th>
<th>Requirements</th>
<th>Available Funds</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
</tr>
<tr>
<td>Nutrition</td>
<td>6,050,000</td>
<td>326,995</td>
<td>605,630</td>
</tr>
<tr>
<td>Health</td>
<td>950,000</td>
<td>1,286,718</td>
<td>99</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2,820,000</td>
<td>0</td>
<td>85,667</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>2,760,000</td>
<td>513,903</td>
<td>847,411</td>
</tr>
<tr>
<td>Education</td>
<td>2,800,000</td>
<td>953,774</td>
<td>1,134,559</td>
</tr>
<tr>
<td>Social protection and cash transfers</td>
<td>300,000</td>
<td>0</td>
<td>8,601,953</td>
</tr>
<tr>
<td>C4D, community engagement and AAP</td>
<td>2,031,799</td>
<td>100,000</td>
<td>96,847</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,711,799</strong></td>
<td><strong>3,181,390</strong></td>
<td><strong>11,372,166</strong></td>
</tr>
</tbody>
</table>