Mauritania COVID-19 Situation Report No. 05
for every child

Reporting Period: January to December 2021

Highlights
Mauritania has recorded 40,083 confirmed cases of COVID-19, including 3,453 cases among 0-19 years old, 853 deaths, 38,741 recoveries, and 489 active cases since March 2020.

In 2021, the government continued the implementation of the Covid-19 cohabitation strategy. For response coordination, UNICEF co-led the Infection Prevention and Control (IPC)/WASH and Risk Communication and Community Engagement (RCCE) pillars in support to the government.

The immunization strategy has been at the center of the government’s efforts. UNICEF supported the development of the national immunization strategy and the immunization rollout plan submitted to the COVAX facility and the African Union, as well as the request for the necessary cold chain equipment.

Four mass vaccination campaigns against COVID-19 were organized with UNICEF assisting in planning and logistics. As a result, 714,954 people (>18 years old) were fully vaccinated, which represents 27% of the target population (2,690,855). Mauritania ranks 22 out of 52 countries on the African continent and first in the West African sub-region. These mass campaigns have been supported by awareness campaigns for vaccination and compliance with COVID-19 prevention measures.

In terms of nutrition, 22 of the 55 districts are experiencing a nutritional emergency with a global acute malnutrition rate of over 15% and/or a SAM rate of over 2%. The occurrence of a polio epidemic required mobilization and the development of a national campaign, which was organized in December 2021 with the support of UNICEF.

UNICEF’s Response and Funding Status

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

In 2021, HAC is currently funded at 42% for interventions relating to nutrition, health, WASH, education, child protection, communication and social protection. There is a great need for sustaining efforts along the peace-humanitarian-developmental nexus. UNICEF Mauritania wishes to express its heartfelt gratitude to all public and private sector donors.

Situation Overview & Humanitarian Needs

In 2021, Mauritania has experienced two COVID-19 major waves in January and June. Since September, confirmed cases are stable but there are fears of a new wave with Omicron variant occurrence. These successive waves have led the authorities to take restrictive measures throughout the year (schools closure, curfew….). These measures have been lifted since October 2021.

At the beginning of vaccination in March, priority was given to at-risk and vulnerable people (chronically ill, over 55 years old, ….). Since July, the target has been extended to the entire adult population, who are encouraged to get vaccinated. There is still a need to vaccinate nearly two million people from target population.

Thanks to communication efforts, the population’s hesitation has been overcome gradually, contributing to the national mass vaccination campaigns success. Awareness-raising is necessary to maintain compliance with the barrier gestures but also to reach the target persons to adhere to vaccination.

The polio outbreak, which occurred in the second half of the year, required increased surveillance and the development of a national campaign which took place in December. According to the Ministry of Health, 808,157 children under the age of five were to be vaccinated.

According to ACF’s Biomass Production Report 2021, the rainy season was generally poor, resulting in a significant biomass production deficit, particularly in Tagant, Hodh El Gharbi, Hodh El Chargui, Assaba, Guidimakha and Gorgol.

Women and children, the most vulnerable to this situation of food insecurity due to drought, need urgent assistance.

The M’Berra camp is currently hosting 68,825 Malian refugees, including 40,590 children as of November 2021. Refugees and host communities needed continued humanitarian assistance to access basic social services.

Summary Analysis of Programme Response

Health

The national immunization program coverage analysis for the first nine months of 2021 shows that, 94,292 infants were vaccinated with Penta-1 out of a target of 114,278 infants. On the whole, 87,292 returned for their third dose (76.6% of the target).

However, 19,986 infants did not receive their first dose and 6,798 infants dropped out between the first and third dose of Penta.

In the regions directly supported by UNICEF (Hodh Chargui, Assaba, Guidimakha), out of 33,783 target infants: 3,181 received their dose of Penta-1 and 27,123 received their dose of Penta-3, i.e. 80% of the target.

In addition, 50,420 children aged 0-11 months were vaccinated against measles in Mbera refugee camp and Bassiknou host population.

Support has been provided to respond to the polio outbreak for the first round of three days response campaign. The provisional rate has reached 573,119 doses out of 808,157 children aged under five years.

UNICEF has provided technical, logistical and financial support to the government for four COVID-19 mass vaccination throughout the country. As of December 19th, 714,954 people (over 18 years old) have been fully vaccinated, i.e. 27% of the target population (2,690,855): 152,980 have received two doses of AZ, 14,862 of Sinopharm and 410,059 doses of J&J. 1,114,149 people have already received the first dose.

UNicef is also contributing effectively to COVID-19 care improvement in regional and national hospital units.
Thanks to UNICEF advocacy, 24 districts (15 regional health districts and 9 health districts of Nouakchott) out of the 57 in the country, are provided with rapid diagnostic tests for HIV and antiretroviral drugs for HIV-positive mothers and infants from seropositive couples.

Throughout the country, for essential care of the newborn, 747 health posts, 25 health centers and eight hospital centers, including four from regional level, have been provided with medical equipment for the newborn resuscitation and care. 318 health facilities (three hospitals, 15 health centers and 300 health posts) were equipped with newborn resuscitation equipment.

In the nutritional emergency regions (Guidimakha, Hodh Chargui and Gorgol), 5,612 children have already been treated for diseases such as diarrhea, acute respiratory infections (ARI), malaria, and severe acute malnutrition from January 2021.

UNICEF has provided technical support to the PMTCT (Prevention of mother-to-child transmission) implementation process by building capacity of 30 health providers from 15 health districts (15 midwives and 15 laboratory technicians).

UNICEF has contributed to strengthen knowledge and skills of 90 healthcare providers on the COVID-19 treatment in 8 regional hospitals. Along with this training, UNICEF provided medical equipment (115 oxygen concentrators) and the ongoing acquisition of two central oxygen production units in hospitals for COVID-19 patients oxygen therapy and medical consumables for the resuscitation.

Nutrition

According to the nutrition technical group, the burden of acute malnutrition in 2021 is estimated at 147,312, including 36,233 cases of SAM (Severe Acute Malnutrition).

During this year, 584,477 (86%) children aged 6-59 months screened for 22,150 SAM cases who were admitted for treatment, representing 70% of the annual target (30,798) and 59% of the annual burden (36,233). SAM admissions are 19% lower than last year at the same time (27,095 cases in 2020) although this figure may be underestimated due to underreporting. December data are not available and only 66% of the November report was completed.

The three key IMAM (Integrated Management of Acute Malnutrition) indicators at the national level met SPHERE standards with a cure rate of 89.4%, a death rate of 0.8%, a default rate of 8.4%, and a non-response rate of 1.4%.

After two consecutive years of drought and food insecurity, followed by the COVID-19 pandemic, the nutritional situation remains precarious. An estimated 30,218 cartons of ready-to-use therapeutic food (RUTF) are needed for the integrated management of acute malnutrition (IMAM).

During the second half of the year, 18,157 cartons of RUTF and other IMAM supplies were procured by the national social protection from domestic resources for distribution in the last quarter of 2021. Through the matching funds initiative, Mauritania received an additional 18,157 cartons of RUTF. To date, a total of 20,011 cartons of RUTF have been distributed throughout the country.

As part of the prevention of wasting, 178,090 caregivers of children aged 0-23 months continued receiving infant and young child feeding (IYCF) counseling through facilities and community platforms. 83,395 children aged 6-23 months received micronutrient powder distribution for home fortification in eight emergency services (Aioun, Ould Yenge, Selibaby, Khabou, Kaédi, Bababe, Boghe, Kankossa).

In June, thanks to the Ministry of Health’s integrated mass campaign, 592,566 (87%) of children aged 6-59 months received vitamin A supplementation and 540,670 (89%) children aged 12-59 months received a deworming tablet.

The SMART 2021 nutrition survey conducted in July and August indicated that acute malnutrition remains a concern. The GAM (Global Acute Malnutrition) rate is 11.1% (12% in 2019) and the SAM (Severe Acute Malnutrition) rate is 1.9% (1.8% in 2019) at the national level, with geographic disparities.

In total, 22 of the 55 districts are experiencing a nutritional emergency with a global acute malnutrition rate of over 15% and/or a SAM rate of over 2%. In addition, the minimum acceptable diet for children aged 6-23 months is only 21.7%.
Irregular rainfall in 2021 will have a negative impact on crops and pastures (low biomass production; reduced surface water storage on which livestock depend), erode household resilience, and reduce their ability to absorb shocks in 2022.

According to the November 2021 framework harmonization exercise, 32 Moughata department will be in crisis phase, 1,859,034 people will be affected by food insecurity, of which 660,740 (15% of the population) will be affected by acute high food insecurity (125,850 more cases than in 2021). They need emergency support.

**WASH**

In 2021, as the co-leader for Infection Prevention and Control (IPC) pillar, UNICEF continued providing support to the Ministry of Health. The technical and financial support contributed to the following key achievements:

- Consolidation of the coordination by collecting and updating data on partners operational presence for COVID-19 response;
- Strengthening of the infection prevention and control pillar in main hospitals having COVID-19 treatment units, appraising the hospital hygiene conditions and the infrastructures in the 12 regional hospitals (Brakna, Trarza, Gorgol, Tagant, Guidimakha, Assaba, Hodh Chargui, Hodh Gharbi, Nouadhibou, Inchiri, Adrar, Tiris Zemmour) identifying critical situations with regards to access to water and sanitation and providing recommendations for urgent actions: provision of IPC materials and equipment, latrine blocks construction or repair of existing sanitation systems, self-sustainable water supply system, rehabilitation of hospital waste treatment plants (incinerators).
- Supply of key material:
  - The main hospitals in Nouakchott received 600 liters of bleach, 100 automatic sinks, 10 buckets of 45 kg each of HTH (High test hypochlorite) -70%, 600 bottles of hydro-alcoholic gel, 300 units of liquid soap and 4 washing machines to improve hygiene conditions;
  - The Ministry of health received 1,500 personal protective equipment suits, 50,000 FFP-1 surgical masks, 1,000 pairs of surgical gloves to protect health personnel, and 8,000 rapid diagnostic tests (RDTs).

As preparedness measure related to floods, UNICEF prepositioned relief supplies at Ministry of Interior's Directorate of the Civil Protection (central level) and in the Regional Directorates of Hydraulics and Hygiene in Guidimakha, Gorgol, Trarza, Assaba and Hodh Chargui regions. The stock includes a large quantity of bleach (13,650 bottles of 1 liter) and 10 motorized pumps (85m3/h each).

In Bassiknou, UNICEF led the update of the contingency plan (floods) with the partners and the capacity mapping exercise for the WASH Sector involving all the humanitarian WASH partners and the local Authorities. Technical support was also provided to the WASH Working Group members.

Latrines and drinking water supplies and incineration tanks installation were built in 86 schools and 21 health centers with the support of UNICEF. This activity covers 34,037 beneficiary students (including girls and boys) and more than 118 teachers and 34,158 potential outpatients in four regions. Similar activities are ongoing in 34 schools and 19 health centers in Hodh el Charghi with the support of the implementing partners Serv'eau, GRET and ACF.

The construction of 14 drinking water supply systems in the Wilayas of Hodh Charghi, Assaba, Guidimagha allowed to provide access to drinking water to 10,345 people in the areas with a highest malnutrition incidence rate. Existing schools and health centers in the 14 villages are to be connected.
Education

In addition to accentuating the weakness of the education system, the COVID-19 crisis has also highlighted inequalities in access to quality learning. There are also gender disparities and an exacerbation of the digital divide. As a response to this emergency, UNICEF has supported the Ministry of Education, in close collaboration with its implementing partners, to ensure continuity of education, but also to promote digital learning. With the emergence of the new Omicron variant, UNICEF and its partners (Action Education, ONG Action, ESD, RET....) remain attentive to the evolution of the cases and are preparing for a possible new school closure. As a result, a supply plan was put in place to 60 temporary emergency learning spaces: 60 recreation kits and 60 school-in-a-box were ordered.

On one hand, UNICEF is heavily involved in capacity building for education actors on education in emergencies. Training sessions have been organized for 37 actors (24 in Nouakchott and 13 in Bassiknou region) in emergency preparedness and response principles (which directly affect the school sector) and to provide data collection tools for better responses plan to possible emergencies. On the other hand, To familiarize actors with the minimum standards for education in emergencies, established by the Inter-Agency Network for Education in Emergencies (INEE).

With the support of the Ministry of Islamic Affairs and Original Education, 100 Mahadras Sheikhs were trained in Bassikounou and M'Berra camps on the Sheikh's Guide and the Learner's Manual. At the same time, 30 Mahadras from the host community and 70 from the Mberra camp received covid19 hygiene kits. This type of activity supports 6,146 learners in the Mahadras (Koranic schools). In October 2021, 4,094 students (1,944 girls and 2,150 boys) returned to school, which marks the opening of schools for the 2021 - 2022 school year. The education technical group and the community structures (school) of the camp held multiple meetings to convince all parents to send their children to school on the scheduled date. Thus, 4,094 students came to register and collect school supplies that are available in all schools of the camp of Mberra.

Child Protection

A three-pronged approach to child protection, covering the delivery of services, capacity building of child protection actors and prevention activities, continued during this programme year. In total, UNICEF and its partners trained 630 child protection actors on prevention and mechanisms for identifying and referring child protection incidents in the targeted intervention zones. 1,391 members of local organizations and cooperatives were also trained as part of an effort to localize capacities where protection services have not yet been decentralized. In line with UNICEF’s Prevention of Exploitation and Abuse (PSEA) action plan, the Mauritania country office trained all its staff on PSEA, identified PSEA focal points in every unit and assessed and trained all of its implementing partners.

Since January, UNICEF partners identified 12,135 children (6,311 girls) survivors of protection incidents, including 5,212 children (2,783 girls) living in humanitarian contexts. Of these, 1,422 were identified as survivors of violence and received at least one service from the minimum service package in the form of psychosocial support (1,345 children), medical care (540 children), and legal assistance (178 children).
The absence of civil registration papers and birth certificates is another paralyzing and complicated child protection issue which prevents children from accessing medical care and attending school. In total, 4,903 children (2,430 girls) were identified as being without birth certificate, of which only 300 were able to obtain documentation with support from UNICEF. Female genital mutilation (FGM) continues to be a primary form of violence against girls, with 1,044 cases identified and provided with appropriate care over the programme year.

Given the persistent, albeit reduced, prevalence of FGM and child marriage in the country, specific awareness-raising, community mobilization, and capacity-building activities have improved community members and parents understanding of the negative impact of these practices and their obligations towards children. In the fight against these harmful practices, youth are put forward as agent of change. This year, 2,062 girls were trained as sensitizers/peer educators on FGM/C and, in turn, reached 5,171 men, women, boys and girls with awareness sessions on the elimination of gender-based violence, including FGM and child marriage.

The active engagement of respected community members is also critical to promoting change in communities. A total of 678 religious and community leaders (196 women) were involved in sensitizing the community on child protection issues, including child rights, FGM and child marriage.

To support greater use of alternatives to detention for children in conflict with the law, 62 state actors, civil society, magistrates and social workers were brought together by the CARSEC Directorate with support from UNICEF to review Mauritania's legal provisions and international commitments. In addition, in the area of justice for children, new SOPs for case management of child protection incidents were approved in February by partners organizations and the Ministry of Social Affairs. The Lutheran World Federation announced its withdrawal from Mauritania in December 2021, ending its 48-year presence in the country.

Supply and logistics

The CO is supporting the Ministry of Health in the improvement of supply chain for vaccines, vaccination equipment and Nutrition items. In addition, the country office (CO) was at the forefront for the vaccination roll out providing financial and technical support through staff and consultants for training and supervision, vaccines deployment to the last mile, and contribution to community engagement, social mobilisation and risk communication.

The country received a total of 3,394,080 doses of all vaccines, distributed as follows 1,248,750 Astra Zenaca (AZ) doses, 1,303,200 Jonson & Jonson (J&J) doses, and 738,000 Sinopharm doses from the government's bilateral cooperation (China and United Arab Emirates).

36,314 cartons of therapeutics foods were procure 50% through Government funds and 50% through nutrition matching funds to support children with severe and acute malnutrition.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF continues working with the Mauritanian government to effectively respond to the COVID-19 pandemic. In the 15 regions of the country, the organization has multiplied training programs on interpersonal communication techniques, community engagement norms, essential family practices including barrier actions against COVID-19 to more than one hundred people belonging to women's associations and networks of community and religious leaders. They provided outreach through household visits and other community outreach interventions to engage communities in the fight against Covid-19.

Young people and women from partnerships with UNICEF (Caritas, Maurisante, RENAJ) have also been at the forefront of social mobilization activities. Nearly 700 of them, through community activities, have been engaged in dialogue, sharing useful information on how to prevent COVID-19 and the availability of vaccination services with the community.
UNICEF also supports feedback mechanisms such as the toll-free number, which listen and respond to community concerns by enabling them to actively participate in the fight against COVID-19. The use of Rapid Pro technology has allowed to strengthen communication and community engagement strategies. Through this medium, nearly 450 people from urban and rural areas shared their perceptions on how to improve behavior change communication interventions for the fight against COVID-19. At least 4 varieties of radio and TV spots and promotional materials tailored to community perceptions were designed with community feedback in mind. To date, 714,954 people have been fully vaccinated in Mauritania with the support of the communication interventions.

On social media, in 2021, 54 publications (videos and human-interest stories) related to the COVID-19 pandemic were disseminated. As for the publications, they reached approximately 335,842 people with a total of 22,524 interactions (clicks on images, comments, shares, etc.).

Social Protection

As part of the implementation of the social protection program in response to the COVID-19 pandemic, a second distribution cycle amounting of 2,000 MRU per household was organized to 9,349 households with one person in handicap situation in the 9 communes of Nouakchott. These distributions were organized with the Ministry of Social Action, Children and Families (MASEF) through a local financial institution using the digital payment platform of the General Direction of Direction of the Social Register and Information System (DGRSSI).

As part of the strengthening of the Information System of the Department of Persons with Disabilities (DPSH) of MASEF, a diagnosis is being carried out in order to identify needs and propose a training plan and effective data management.

Humanitarian Leadership, Coordination and Strategy

During this 2021 year, Although the cluster system is not functioning in Mauritania, UNICEF plays a leading role in coordination mechanisms and technical guidance for programs adaptation. UNICEF support the Ministry of Health in the development, implementation, and evaluation of the communication strategy for COVID-19 prevention in schools, health facilities and the community.

Technical support is also provided in the facilitation of immunization during campaigns as well as cash transfer activities. Nutrition cluster coordination meetings have been held under the Ministry of Health and UNICEF’s leadership in order to discuss and monitor the humanitarian response, including the continuity of essential nutrition services throughout the country.

UNICEF is supporting the daily monitoring of IMAM stocks at the operational level and specific actions are being taken to avoid stock-outs at the health facility level. In the area of health, technical and financial support has been provided to 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 storage and availability of vaccines.

UNICEF continues to co-lead the coordination of the IPC and RCCE pillars with the Ministry of Health. These coordination mechanisms involve other UN agencies, national and international NGOs that participate. In regard to the IPC, many activities have taken place, including coordination meetings, monitoring and supervision visits to health facilities to assess and improve IPC standards for patients.

Program implementation partners received operational support to better integrate interventions and fill gaps. There was also adaptation of programs to deal with unforeseen.
Human Interest Stories and External Media

Publications

https://www.facebook.com/UNICEFMauritanie/videos/161921719348430/
https://www.facebook.com/UNICEFMauritanie/videos/678488716878136/
https://www.facebook.com/UNICEFMauritanie/posts/293098447172443/
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Next SitRep: 31 March 2022
UNICEF Mauritania: https://www.unicef.org/appeals/mauritania

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## Annex A
### Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF Total</th>
<th>Total result</th>
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<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>938,715</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>200,000</td>
<td>79,831</td>
</tr>
<tr>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>1,000,000</td>
<td></td>
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<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>23,072</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>19,307</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>87,292 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>50,420</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>5,612 (total since July 2019 =12,557)</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>22,150</td>
</tr>
<tr>
<td>Number of pregnant and lactating women reached with an integrated package of IYCF services</td>
<td>169,480</td>
<td>178,090</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>2,697</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>247</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>9,034</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>920</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>1,268</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households reached with humanitarian cash transfers across the sectors</td>
<td>36,662</td>
<td>9,349</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>396 995</td>
<td>605 630</td>
</tr>
<tr>
<td>Health</td>
<td>950 000</td>
<td>1 925 486</td>
<td>99</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2 820 000</td>
<td>244 478</td>
<td>85 667</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>2 760 000</td>
<td>815 566</td>
<td>847 411</td>
</tr>
<tr>
<td>Education</td>
<td>2 800 000</td>
<td>1 593 126</td>
<td>1 134 559</td>
</tr>
<tr>
<td>Social protection and cashtransfers</td>
<td>300 000</td>
<td>0</td>
<td>8 601 953</td>
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<tr>
<td>C4D, community engagement and AAP</td>
<td>2 031 799</td>
<td>413 345</td>
<td>96 847</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17 711 799</strong></td>
<td><strong>5 388 996</strong></td>
<td><strong>11 372 166</strong></td>
</tr>
</tbody>
</table>