HIGHLIGHTS

• According to the results of the Cadre Harmonisé (March 2023), 472,275 people, or 13.3% of the population, will face crisis conditions (phase 3+) during the peak of the upcoming lean season (June-August 2023). An important increase of acute malnutrition is foreseen in 2023 as 48,937 SAM cases are expected (49 per cent increase compared to 2022). 4,931 children with severe wasting were admitted for treatment during the first semester.

• As of June 2023, 221 case of measles have been confirmed in 28 districts, resulting in 4 deaths (case-fatality ratio: 1.9%). The Moughataa of Bassiknou hosting the refugee camp is the department most affected by the epidemic (52.7 cases per 100,000 inhabitants).

• Parliamentary elections were held in Mauritania on 13 and 27 May 2023, alongside regional and local elections. Ruling El Insaf (Equity Party) has secured a majority in the National Assembly.

SITUATION IN NUMBERS

411,300 Children in need of humanitarian assistance¹
1,100,000 People in need of humanitarian assistance²,³

FUNDING STATUS (IN US$)**

$359.9K measles vaccination
$2.4M SAM treatment
$8.6M MHPSS access

UNICEF RESPONSE AND FUNDING STATUS*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>43%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>31%</td>
</tr>
<tr>
<td>Child protection, GBV, PSEA</td>
<td>127%</td>
</tr>
<tr>
<td>Access to education</td>
<td>32%</td>
</tr>
<tr>
<td>Hand-washing</td>
<td>26%</td>
</tr>
<tr>
<td>Messaging on prevention</td>
<td>35%</td>
</tr>
</tbody>
</table>

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

¹ Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors
FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF Mauritania seeks US$ 11.3 million to deliver life-saving services for women and children. The most significant funding needs lie within the education, health and nutrition, cross-sectoral and WASH sectors. During the first semester of 2023, UNICEF received support from the Spanish Committee for UNICEF and GAVI/The Vaccine Alliance. UNICEF extends its sincere gratitude to donors for their contributions. However, the 2023 Humanitarian Action for Children (HAC) appeal still faces a 76% per cent funding gap. There is an urgent need for sustaining efforts in line with the humanitarians-developmental-peace nexus. Without timely and adequate funding, the multifaceted needs of Mauritanian and refugee children will worsen.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Despite a favourable agropastoral situation due to the good rainfall recorded in 2022, the food and nutritional situation of the population remains fragile in certain areas of the country. The after-effects of the previous year, when agropastoral households suffered a heavy deficit, combined with high food prices, are the main causes of this situation. Estimates for 2023 (CH March 2023) indicate that 472,275 people, or 13.3% of the population, will face crisis conditions (phase 3) during the peak of the upcoming lean season (June-August 2023), a reduction compared to 2022 (876,921 people or 20%). However, an important increase of acute malnutrition is foreseen in 2023 as 48,937 SAM are expected (49 per cent increase compared to 2022).

As of 30 June 2023, 84,367 refugee are registered in the Mberr refugee camp and 1,313 outside the camp, with 49,694 children representing 58% of the population. Since January 2023, 137 new refugees have been registered, with no returns to Mali. The 7,450 Mauritanian returnees from Mali who arrived in the region in 2022 are gradually integrating into their host communities, and some have returned to their villages of origin in Mauritania.

Although, recent joint assessments by humanitarian agencies have not found new refugees in the main host region of Hodh Chargui, the security situation in Mali remains worrying, and could lead to an influx of new refugees to the border areas with Mali, increasing the need for humanitarian assistance. In May 2023, for the first time since the beginning of the conflict in Mali in 2012, attacks have been perpetrated in the border area of the Kayes region, marking the extension of the conflict to this western area of Mali, which borders the Guidimakha region in southern Mauritania.

Since the beginning of 2023, Mauritania has continued to report cases of measles. 463 suspected cases were registered, out of which 221 have been confirmed (83 by epidemiological link and 128 in the laboratory), in 28 districts. 4 deaths have also been registered (case-fatality ratio: 1.9%). The national incidence rate is 47.1 per 1 million population. The measles risk assessment conducted for 2023 identified 4 very high-risk districts and 6 high-risk districts, including 5 in Nouakchott. 17 districts have already crossed the epidemic threshold, 6 of which are currently in an epidemic situation. The Moughataa of Bassiknou hosting the refugee camp is the department most affected by the epidemic (52.7 cases per 100,000 inhabitants).

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

During the first semester, UNICEF supported the strengthening of epidemiological surveillance for vaccine-preventable diseases (measles/rubella and polio).through support to community agents and NGOs engaged in community-based surveillance. To respond to the measles epidemic, Unicef will provide support in raising awareness and supplying vaccines.

Nutrition

UNICEF, as partner lead of the nutrition sectorial group and in collaboration with WFP, supported the elaboration of the 2023 government national response plan for food insecurity and malnutrition, and the nutrition coordination mechanism in the framework of the DCAN.

In this context, UNICEF continued support for SAM early detection and treatment, thus 4,931 SAM cases were admitted for treatment during the first semester of the year, i.e. 13.1% of the annual target (37,727) and 11% of the annual burden (44,384). SAM admissions are significantly less than last year at the same period. However, these results are underestimated due to underreporting as only 56% of the reports were completed between January and April. In addition, the low coverage could also be explained by insufficient community mobilization for the active screening and referral of malnourished children. In fact, due to insufficient funding, the partnership with NGOs working in the most vulnerable areas for community mobilization for IMAM (Integrated Management of Acute Malnutrition) and for IYCF (infant young children feeding) in emergency was interrupted. Regarding the quality of the response, the key IMAM indicators at the national level met the SPHERE standards with a cure rate of 95.5%, a death rate of 0.3%, a default rate of 6.9%, and a non-response rate of 1.4%.

Water, sanitation and hygiene

To improve infection management control (IPC) during outbreaks, a second mission to monitor IPC and Case Management conditions in 27 hospital was held in February 2023. The mission was carried out by a team of evaluators from central departments of the Ministry of Health, with UNICEF, WHO, international and national NGOs. An action plan based on the main recommendations of this mission will be drawn aiming at improving the IPC and cases management conditions in these hospitals.

The WASH FIT pilot project was implemented in 3 health facilities in Nouakchott and Nouadhibou. The first assessment was carried out.
between January and February 2023. WASH improvement plans, training of facility IPC focal points, and formative supervision and monitoring were carried out.

Equipment was delivered to improve IPC conditions (masks, chlorine, PPE (personal protection equipment), and laundry equipment. 82 IPC focal points and laundry managers (31 women, i.e. 38%) were trained by the staff from the Department of Public Hygiene on the sterilization process in health facilities (disinfection, cleaning, packaging, sterilization, storage and provision of equipment and linen).

In addition, 4,931 children of 6–59 months with severe wasting were admitted for treatment in the outpatient nutrition rehabilitation centers, and benefited from WASH services as part of nutrition interventions.

Education
During the reporting period, UNICEF provided education services to Malian refugee children and adolescents as well as Mauritanian returnees. These included:

- Pre-school education. 1,100 children (597 girls and 503 boys) in 22 centers in the Mberra camp and 900 young children (451 girls and 449 boys) in 18 centers from the host community benefited from preschool education. The centers were provided with ECD and recreational kits.

- Primary and secondary formal education. Services were provided to 10,637 children in Mberra camp and the host community. Financial support and capacity reinforcement were provided for the teachers.

- Koranic learning places (mahadoras). 4,593 learners (including 1,919 girls) attending 100 mahadoras (70 in the camp and 30 in the host communities) received supplies to improve their learning (hygiene kit, teaching materials, mats, blackboard).

- Literacy classes. 2,508 (including 984 girls) out of school children were reinforced in literacy and life skills in 42 centers (30 in the camp and 12 from the host communities).

- Secondary school (junior and high). UNICEF contributed to the organization of the end of year exams for 346 (111 girls) secondary school students (junior and high).

- Digital Learning. To improve refugees learning conditions, UNICEF installed the digital learning platform at the connectivity centre in the Mberra camp. This experience fostered from the Akelius initiative benefited to 16 teachers, trained to supervise children.

Besides, UNICEF is also working on a hybrid curriculum to facilitate the inclusion of the refugees in the Mauritanian education system. It aims at easing social integration for the refugees in Mauritania and responding to the reduction of humanitarian funds.

In addition, UNICEF led policy dialogue for the integration of risk based informed programming in the ongoing education sectoral plan process. Thus, an analysis on risks and vulnerabilities was produced to enrich the education sectoral diagnostic.

These interventions complied with the Do no harm and No One leave Behind approaches in the view to consolidate peace and social cohesion among communities.

Child protection, GBViE and PSEA
During the reporting period, child protection actors were able to identify and provide services to 2,965 children (1,534 girls), victims of protection incidents. Psychosocial support was provided to 1,070 children, medical support to 349 children and support for civil registration to 1,521 children. Among the children identified, 690 girls had survived female genital mutilation and 515 girls had survived child marriage and benefited from psychosocial, medical support and vocational training. Besides, in collaboration with education sector, 748 out-of-school children (334 girls) have been identified, of whom 425 (169 girls) have already been enrolled in school.

In Hodh Charghi region, capacity-building sessions on the simplified referencing protocol were held to allow actors to understand their role and prerogatives in the care system. Subsequently, committees have been set up in each of the four blocks of the camp Mberra, as well as in each communal protection system, to better respond to the minimum standards for case management. This allowed to increase collaboration between actors to avoid duplication in the identification of vulnerable people and in case management.

350 teachers (200 in the Mberra camp and 100 in Bassiknoun) have benefited from capacity-building on children’s rights and protection, and the promotion of the abandonment of violence in schools. To this end, a code of conduct has been developed to ensure that all educational staff are aware of children’s rights in the school environment. A series of training sessions have been organized on social behaviour change to the benefit of partner NGOs staff, to increase the positive impact during community awareness-raising campaigns and raise awareness about harmful practices such as child marriage and FGM.

In the Mberra refugee camp, safe spaces for children and adolescents welcomed 3,918 children (2,119 girls), and two other spaces are being set up in the host community, notably in the localities of Ouualta and Achemine. Community structures have continued to raise awareness, particularly among new arrivals, on the importance of children’s schooling and on psychosocial support for children in safe spaces, to ensure their well-being and development.

Supply and Logistics

As part of the emergency response, supplies worth US$ 766,578 were distributed across the country during the first semester of 2023, including 2 vehicles, nutrition supplies (RUTF + Amoxicilina + MUAK), educational supplies, Personnel Protective Equipment, Wash supplies, along with medicines.

The country office is still supporting the Ministry of Health to improve the supply chain for vaccines; vaccination equipment and nutrition items (36,000 cartons of RUTF acquired through procurement service for Ministry of Health and Nutrition Matching fund initiative). In addition, the country office's logistical support continues to facilitate the rollout of immunization throughout Mauritania.
Cross-sectoral (HCT, C4D, RCCE and AAP)
During the first semester of the year, UNICEF achieved significant results in supporting community-level response to epidemiological emergencies, including the fight against misinformation and rumors, youth engagement, and assistance to decentralized health workers in terms of communication. UNICEF successfully countered the spread of misinformation and rumors by providing accurate and evidence-based information about public health emergencies to local communities.
More than 238 community leaders and influencers were empowered to disseminate reliable information effectively. The involvement of 3,000 youth as key stakeholders proved instrumental in raising awareness, promoting preventive measures, and dispelling myths surrounding the emergency. UNICEF also played a crucial role in strengthening the communication capacities of 180 decentralized health operators, enabling them to engage with communities and ensure the accurate transmission of vital health information.

In addition, UNICEF made significant use of mass media platforms to reach a wide audience across the entire territory. Through strategic partnerships with various media outlets, including television, radio, and digital channels, UNICEF successfully disseminated key messages related to the epidemiological emergencies to approximately 2.8 million individuals. These mass media campaigns played a vital role in raising awareness, educating the public about preventive measures, and dispelling misconceptions. By leveraging the power of mass media, UNICEF ensured that accurate and timely information reached a diverse range of individuals, including those residing in remote or hard-to-reach areas. The extensive reach of these media campaigns contributed to fostering a sense of urgency, promoting behavior change, and reinforcing the importance of community-level response to mitigate the impact of epidemiological emergencies.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY
The new national prevention and response system to address food and nutrition crises (DCAN), supported by WFP, UNICEF and FAO reinforced the government leadership, coordination, and ownership of the humanitarian response on food insecurity and malnutrition.
In Bassiknou, UNICEF facilitated the organization of monthly meetings of the education and child protection working groups, with all humanitarian actors involved in assisting refugees from the Mbera camp and the host community of Bassiknou and Fassala.
The WASH coordination was also supported. It helped to mobilize sector’s actors to formulate a WASH action plan for the communes of Bassiknou, Fassala, Megve and Dhar.
In addition, UNICEF continued to support health services to strengthen the system and compliance with care protocols for refugees and host communities.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA
Kounda Diallo, hygiene at the heart of health.
Kounda Diallo is a nurse. She has enjoyed a remarkable career in the healthcare field. After obtaining her baccalaureate in the Rosso region, she went on to study economics and management and worked for ten years in administration, before turning to the healthcare field.
It was during childbirth that Kounda discovered her passion for this field, observing the midwives and nurses bustling around her. "I was captivated by their concern for a job well done, despite the lack of infrastructure and resources. I realized at that moment that this was my true calling, and decided to take the state nursing exam," she declares with pride.
It was in 2013, and after a lot of hard work, that Kounda was finally appointed head of hygiene at the maternity ward, and then head of the hygiene department at Nouakchott National Hospital in 2019.
"Few people realise how important hygiene and hygiene workers are to health. Our lives depend on it!"
Now an expert in the field and a trainer, Kounda is supervising a training course as part of the WASH-FIT project in Mauritania. This project, which stands for Water and Sanitation for Health Facility Improvement Tool, aims to improve the day-to-day management and functionality of health care facilities, encourage teamwork and engage community members. WASH-FIT also identifies needs for improvement in water, hygiene, sanitation and management.
After completing an internship at the national hospital in 2005, Kounda worked hard to perfect her hygiene skills.
"Thanks to the WASH-FIT approach, my colleagues and I are able to improve the quality of health care in our country and contribute to the health and well-being of our community."
This UNICEF project, funded by USAID to the value of US$637,161, is crucial. Health facilities are often places where patients are vulnerable to nosocomial infections and where health workers are exposed to occupational hazards.
In Mauritania, almost 50 per cent of health facilities have no access to water or sanitation.
"Thanks to this project, certain health facilities can now provide a safer and healthier environment for patients and health staff. This can help to reduce nosocomial infection rates, improve patient health and strengthen the healthcare system in Mauritania."
Retour aux sources pour aider les siens contre la COVID-19
https://www.unicef.org/mauritania/recits/retour-aux-
sources-pour-aider-les-siens-contre-la-covid?
fbclid=IwAR3d0YBmDQVS_Mgg9_fwC9Cvezz9J_24gL5u
mTjPfTZWizgDEktRdeuew_I

Kounda Diallo, l’hygiène au cœur de la santé
https://www.unicef.org/mauritania/recits/kounda-diallo-
lygiene-au-coeur-de-la-sante?
fbclid=IwAR3d0YBmDQVS_Mgg9_fwC9Cvezz9J_24gL5u
mTjPfTZWizgDEktRdeuew_I

Formation WASH-FIT, ou Plan de Gestion en Santé
Environnementale, dans les structures de soins
https://www.facebook.com/unicefmauritanie/posts/336128
6627446757

Donation matériel pour Wash-FIT au profit de trois structures de
santé de Nouakchott et Nouadhibou
https://www.facebook.com/unicefmauritanie/posts/338000
4355574984

Formations sur la gestion des vaccins et la gestion de la chaîne
de froid
https://www.facebook.com/unicefmauritanie/posts/332431
8211143599

UNICEF et ECHO soutiennent la Mauritanie dans son combat
contre la malnutrition infantile
https://www.facebook.com/unicefmauritanie/photos/a.1543
588892549882/3402634093312010/

Distribution d’équipement mobilier scolaire (table-bancs) aux
écoles 1 et 6 de Mberra
https://www.facebook.com/unicefmauritanie/posts/pfbid0fu
EZ1Xh88qS5LMOQIF7uPlHCcaUFP9qnHsMEDPhbR65DxV
9ID3TRKj68cGTL2RxHUF

HAC APPEALS AND SITREPS

Mauritania Appeals
https://www.unicef.org/appeals/mauritania

Mauritania Situation Reports
https://www.unicef.org/appeals/mauritania/situation-
reports

All Humanitarian Action for Children Appeals
https://www.unicef.org/appeals

All Situation Reports
https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 30 JAN 2024
## Annex A - Programme Results

### Consolidated Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>UNICEF and IPs response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Disaggregation</td>
</tr>
<tr>
<td>Health</td>
<td>Children vaccinated against measles</td>
<td>Total</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Children 6-59 months with severe wasting admitted for treatment</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Primary caregivers of children 0-23 months receiving infant and young child feeding counselling</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Children 6-59 months receiving micronutrient powder</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Children 6-59 months receiving Vitamin A supplementation</td>
<td>Total</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>Children, adolescents and caregivers accessing community-based mental health and psychosocial support</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations</td>
<td>Total</td>
</tr>
<tr>
<td>Education</td>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Children receiving individual learning materials</td>
<td>Total</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>People reached with hand-washing behaviour-change programmes</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>People accessing a sufficient quantity and quality of water for drinking and domestic needs</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces</td>
<td>Total</td>
</tr>
<tr>
<td>Social protection</td>
<td>Households benefitting from new or additional social assistance (cash/in kind) measures from governments with UNICEF-technical assistance support</td>
<td>Total</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)</td>
<td>People reached through messaging on prevention and access to services</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>People who participate in engagement actions</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>People sharing their concerns and asking questions through established feedback mechanisms</td>
<td>Total</td>
</tr>
</tbody>
</table>
## ANNEX B — FUNDING STATUS

### Consolidated funding by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2023</th>
<th>Resources available from 2022 (carry over)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>1,740,000</td>
<td>90,000</td>
<td>658,471</td>
<td>991,529</td>
<td>57%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,967,500²¹</td>
<td>-</td>
<td>50,174</td>
<td>1,917,326</td>
<td>97%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>780,000</td>
<td>269,935</td>
<td>718,617</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Education</td>
<td>3,037,500²²</td>
<td>-</td>
<td>635,891</td>
<td>2,401,609</td>
<td>79%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,500,000</td>
<td>-</td>
<td>134,447</td>
<td>1,365,553</td>
<td>91%</td>
</tr>
<tr>
<td>Social protection</td>
<td>480,000</td>
<td>-</td>
<td>-</td>
<td>480,000</td>
<td>100%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)</td>
<td>1,800,000²³</td>
<td>-</td>
<td>166,056</td>
<td>1,633,944</td>
<td>91%</td>
</tr>
<tr>
<td>Total</td>
<td>11,305,000</td>
<td>359,935</td>
<td>2,363,656</td>
<td>8,581,409</td>
<td>76%</td>
</tr>
</tbody>
</table>

Who to contact for further information:

Marc Lucet  
Representative  
T +222.48.88.31.00  
mlucet@unicef.org

Magali Romedenne  
Deputy Representative  
T +222.48.88.34.00  
mromdedenne@unicef.org

Blandine Bihler  
Programme and Planning Specialist  
T +222.48.88.34.24  
bbihler@unicef.org
23. hosting returnees and refugees, as well as preparedness-related costs.

supplies to the intervention area. Additionally, the budget includes costs related to the resilience of the education system in the department

allowing UNICEF to reach more children in the most vulnerable areas.

interventions to fight against micronutrient deficiencies, which were not included in the 2022 appeal. These interventions are less costly,

food) will be fully covered by the Government in 2023. The increase in the beneficiaries targeted in the nutrition sector in 2023 is linked to

areas in 2023. Last year, the response was nationwide, which required more resources. In addition, the inputs (ready-to-use therapeutic

mechanism will allow for the collection, discussion and treatment of problems encountered by the communities.

18. Fifty per cent of the adult population in need is targeted for prevention messages and access to functional social services.

children under the age of 5 in the 19 moughataas (departments) in nutritional crisis (where the prevalence of severe wasting is equal to or greater

children under the age of 5 living in the 19 moughataas in nutritional crisis (where the prevalence of severe wasting is equal to or greater

ENDNOTES

1. The figure represents 411,309, rounded down to 411,300. It was calculated using the following data to avoid double counting: 1) 359,672 children

2. The figure is rounded up from 1,086,023. The figure was calculated using the following data to avoid double counting: 1) 359,672 children

5. Dispositif national de prévention et de réponse aux crises alimentaires et nutritionnelles (National system for preventing and responding to

6. Children aged 6 months to 5 years old from districts in humanitarian and nutritional emergency situations.

7. Eighty-five per cent of the burden is targeted in the 19 districts in nutritional emergency.

8. Sixty per cent of children 0-23 months old with their health care provider for infant and young child feeding counselling in emergency situations.

9. Forty per cent of children aged 6-23 months are targeted for supplementary feeding with micronutrient powders.

10. Eighty per cent of children aged 6-59 months in the 19 moughataas with nutritional emergencies will be targeted for vitamin A supplementation and deworming.

11. The geographical areas of intervention have been reduced compared with last year, which explains the decrease in targets compared with 2022. The targeted area for 2023 is limited to the district hosting refugees and returnees, including the refugee camp.

12. The geographical areas of intervention have been reduced compared with last year, which explains the decrease in targets compared with 2022. The targeted area for 2023 is limited to the district hosting refugees and returnees, including the refugee camp.

13. This figure is calculated on the basis of 10 per cent of the targets for each sector.

14. Children aged 3-17 years from vulnerable areas including Mbera camp, returnee communities and host populations. The target is reduced compared with 2022, because the 2022 target included children affected by the coronavirus disease 2019 (COVID-19) pandemic nationwide, including refugees.

15. This is comprised of 100 per cent of children with severe wasting who are receiving treatment.

16. This is comprised of 100 per cent of children in learning facilities and safe spaces and schools in the Mbera camp.

17. Database of people with disabilities from Ministry of Social Action, Childhood and Family (MASEF), 2022. This list will be verified through a targeting process with the Social Registry.

18. Children aged 3-17 years from vulnerable areas including Mbera camp, returnee communities and host populations.

19. The total of 31,610 includes: 2,003 relays and community agents; 4,007 volunteer resource people (community and religious leaders); 1,300 actors from 113 community-based organizations (CBOs) (10 per CBO) and approximately 24,300 women from nutrition support groups out of the 81,000 in these localities, i.e., 30 per cent of these women, who are able to relay the messages and initiate discussions in their communities.

20. Each of the 19 targeted moughataas will be equipped with a mechanism for dialogue and operational feedback. This safe and inclusive mechanism will allow for the collection, discussion and treatment of problems encountered by the communities.

21. The nutrition budget is reduced compared with previous years (US$5.2 million in 2022 and US$6 million in 2020). The budget reduction (compared with the 2022 appeal) is linked to the focus of UNICEF’s response for the management of severe wasting in the most vulnerable areas in 2023. Last year, the response was nationwide, which required more resources. In addition, the inputs (ready-to-use therapeutic food) will be fully covered by the Government in 2023. The increase in the beneficiaries targeted in the nutrition sector in 2023 is linked to interventions to fight against micronutrient deficiencies, which were not included in the 2022 appeal. These interventions are less costly, allowing UNICEF to reach more children in the most vulnerable areas.

22. Unit costs for education interventions are high due to the absence of supplies on the national market; and the cost of transporting supplies to the intervention area. Additionally, the budget includes costs related to the resilience of the education system in the department hosting returnees and refugees, as well as preparedness-related costs.

23. Approximately eighty per cent of this amount (US$1,440,000) is requested for social and behavioural change interventions.