Situation Overview and Humanitarian Needs

Since March 13, Mauritania has been facing the COVID-19 pandemic with its first death recorded on March 30. Following the identification of the first cases, the Government imposed strong restrictions for preventing the transmission of the virus. These restrictions included schools' closure, travel bans, curfews, 21-day isolation of passengers who came with the last in-bound flights, closure of non-essential shops, face masks in public spaces and suspension of air traffic. The Government directly activated its preparedness plan and stepped up its response to the pandemic. The Ministry of Health developed a response plan supported by the United Nations system together with the country's development partners. In April, a new containment center for the quarantine of suspicious cases opened and a multidisciplinary team was assigned to follow up on persons placed in quarantine. In May, the Government adopted a multisectoral response plan to COVID-19 encompassing the preexisting response plan from the Ministry of Health and completed with the response to the economic and social impact of the pandemic.

The restrictive measures in place since mid-March were partially eased on 6 May, with the reopening of shops and markets, and easing of the curfew. Following the peak of the pandemic and the related reduction of cases in June, the Government decided to close the containment centers for asymptomatic patients and developed a new strategy of COVID-19 cohabitation. Under this strategy, UNICEF, jointly with WFP, committed to support the Government to provide critical social assistance support in the short and medium term, while contributing to strengthen national social protection systems in the medium to longer term. Immediate support is planned to respond to the needs generated by the pandemic, as well as helping the strengthening overall national capacities to adapt and build more shock-responsive, nutrition- and child-sensitive social protection systems moving forward.

Evolution Hebdomadaire des cas COVID19 du 13 Mars au 21 Decembre

COVID-19, SitRep #281, Ministry of Health/WHO, December 2020
However, since the beginning of November, an important surge of COVID-19 cases occurred confirming the dreaded second wave. A total of 2,879 active cases were recorded on December 28, compared to 116 active cases reported on October 31. In total, from March 13 to December 28, Mauritania registered 13,778 confirmed cases, including 10,569 recoveries and 330 deaths. A total of 144,848 tests were performed. The case-fatality rate, which is the ratio between the number of deaths due to a disease and the number of people with that disease, is currently at 2% and the cure rate is at 77%. A percentage of 83% of all cases are in Nouakchott. As a result, the Government decided to re-establish several restrictive measures such as a curfew from 6PM to 6AM, schools’ closure, travel bans, quarantine for incoming travelers, and face masks. The Government, supported by its partners, including UNICEF, strengthened its sensitization across the country - using the media, mosques and community leaders - on the importance of respecting preventive measures. Case management is ongoing, and contacts are being traced for a follow up. Dedicated efforts continue to be initiated by the Government and partners to strengthen the healthcare system, community Information Prevention and Control (IPC) and Risk Communication and Community Engagement (RCCE) interventions. UNICEF is also supporting the Government with the introduction of the COVID-19 vaccine (COVAX) by providing the technical support for reinforcing the cold chain and logistics, supporting the development of the national plan for the introduction of the COVAX, and engaging with the communities for a better vaccine introduction. UNICEF response is aligned with the 2020 WHO global Strategic Response Plan (SRP), and the 2020. UNICEF COVID-19 Humanitarian Action for Children appeal. The support provided to the Government by the United Nations and the humanitarian and development partners is coordinated through the Incident Command System (ICS). UNICEF ensures the lead of the “Risk communication and community engagement” (RCCE), including community watch, and “Infection Prevention and Control” (IPC) pillars.

The current situation is particularly worrying as, according to the INFORM COVID-19 Risk Index, Mauritania shows high health and humanitarian impacts risks from COVID-19 that could overwhelm currently national response capacity. Moreover, in a recently published report, the World Bank alerted about the macro-economic and social impact of COVID-19 in Mauritania, as well as the impact on food security. Based on their scenario, the poverty rate could increase from 5.5% in 2019 to 6% (or 6.3%) in 2020, pushing 25,000 (or 42,000) additional people to fall into extreme poverty. This impact would be felt more by women and girls through, for example, a withdrawal from the education system to take care of their family members at home and the increase in gender-based violence1. ACF’s report2 on biomass production in 2020 analysis and 2021 perspective already noticed locally negative biomass production in western Mauritania (Tagant, Brakna and Trarza) and difficult economic context due to COVID-19 movement restrictions.

UNICEF’s 2020 COVID-19 response

Health and Nutrition

In 2020, UNICEF purchased and delivered 40 oxygen concentrators and 10,000 Personal Protective Equipment (PPE) for health workers. UNICEF supported the Ministry of Health to get COVID-19 rapid tests through an emergency sale order of 8,000 rapid tests and the procurement of 130,000 rapid tests. UNICEF ensured technical support to the Ministry of Youth and the Ministry of Health through field missions in 12 regions to launch community watch against COVID-19; including training of regional/district supervisors on community awareness; ensuring early alert for any suspect cases and follow-up of confirmed cases and contacts at community level.

UNICEF ensured capacity building for health workers on infection prevention and control and case management. A sum of 334 regional and district medical officers and regional hygiene focal points were trained for ensuring quality case management and infections prevention and control as well as psychological support for patients and family. Cascade trainings were then organized in each district. For example, 81 health personnel were trained in the Brakna region, 12 hygienists and 20 medical doctors operating in Nouakchott were trained, and similar trainings were organized in the 15 health districts of Dar Naim, one of the most vulnerable area in Nouakchott.

From April to September, UNICEF supported the French Red Cross in ensuring the continuity of care (medical and psychosocial) of asymptomatic COVID-19 patients under quarantine at the University of Nouakchott and to improve the IPC and hygiene measures on site. Considering the progressive decline of COVID-19 cases detected in September, the Government decided to stop this project. UNICEF changed therefore its scope and focused on training the staff of an important hospital in Nouakchott ("Centre Hospitalier Mère-Enfant") on IPC and case management for pregnant women and children, as well as building a provisional site for hazardous waste. UNICEF continued to actively participate in the various technical meetings on COVID-19 management held regularly under the lead of the Ministry of Health and WHO.

UNICEF is supporting the Government in the introduction of the COVAX by strengthening its technical support to the Expanded Program on Immunization (EPI). More specifically, UNICEF provided 2 full-time staff members to the technical steering committee for developing the roadmap for the introduction of the COVAX. UNICEF is supporting the development of management and monitoring tools and SOPs for all stages of the introduction of COVAX. UNICEF is also strengthening the capacity of health staff in the use of stock management and reporting tools to predict and quantify COVAX vaccines and to support the distribution of these vaccines. UNICEF also supports the Government in the reinforcement of its cold chain through activities such as a cold chain capacity analysis, an analysis of COVAX vaccination strategies, cold chain equipment service provision and the installation and mapping of cold rooms.

UNICEF provided technical and financial support to the MOH for the implementation of mitigation strategies, for

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1 Analyse préliminaire de l’impact socio-économique de la COVID-19 en Mauritanie, World Bank, Juin 2020
2 Production de biomasse en 2020 Analyses et perspectives pour 2021, ACF, 2020
ensuring the continuity of integrated preventive/curative acute malnutrition essential services including optimal IYCF practices promotion, screening/treatment of SAM cases at health facilities and community level, through both direct support to the MOH and an agreement with 13 National and international ONGs as implementing partners. UNICEF provided technical assistance to the Ministry of Health in the development of guidelines supporting the continuity of nutrition services during the COVID-19 outbreak. Ten coordination meetings of the Nutrition sector group were held under the leadership of the MOH for discussing and monitoring the continuity of essential nutrition services countrywide. UNICEF provided support to monitor the IMAM supply stock at an operational level daily and specific actions were taken to avoid any stock out at the health facility level.

**WASH and IPC**

UNICEF leads the Infection, Prevention and Control Pillar in support to the Government through the organization of regular coordination meetings.

Based on the Ministry of Health request, UNICEF delivered 3.5 tons of medical equipment consisting of Personal Protective Equipment (PPE) to 15 health facilities. This included 11,400 overalls, protective gear, 11,200 surgical gowns, 3,360 face shields, 60 thermometer and disinfection equipment including sprayers and chlorine. IPC pillar partners provided infection prevention and control support to the testing centre located at the Olympic stadium in Nouakchott.

The 2020 Global Handwashing Day was celebrated on October 15 by all partners in Nouakchott and in four regions (Guidimakha, Hodh Chargui, Brakna, and Hodh El Gharbi). The theme of this day was “hand hygiene for all”.

As part of a partnership with the mayors of Nouakchott’s communes, UNICEF supported the setting up of communal disinfection brigades. Each commune mobilized ten volunteers, that UNICEF trained on community infection prevention and control and sensibilization against COVID-19. The training targeted also the youth surveillance team, municipal workers and community-based organizations active in COVID-19 response in each municipality. A total of 126 persons have been trained. UNICEF also provided the necessary equipment to operationalize these brigades. The communal brigades for disinfection of public places in the city of Nouakchott organized disinfection operations in the nine communes of Nouakchott in town halls, police stations, health facilities, administrative offices, markets, and stations. These disinfection brigades covered an average of 100 public places of the capital per week and organized intra-domiciliary visits to asymptomatic patients.

UNICEF, as part of its intervention with the French Red Cross at the containment centre located at the University of Nouakchott, improved IPC practices on site through: a) training and deployment of hygienist brigades; b) implementation of the disinfection protocol; c) delivery of hygiene kits to new residents; d) setting up of an active listening area for the residents; e) organization of adapted daily activities (sport, internet, television projection outside in the evening); f) validation of the disinfection plans.

Handwashing facilities have been installed in several communes in the capital. They were placed at busy entry points of public places for encouraging the population in washing their hands and reminding them that this practice remains the first barrier against the virus.

UNICEF also provided equipment and kits to the Civil Protection agency to respond to COVID-19 and to the flood season preparedness. Similar support was extended to regional Directorates of water and sanitation in the Brakna, Gorgol, Guidimakha and Hodh Chargui regions. IPC needs of schools were also assessed after September floods. In 3 flooded schools, examination centres were replaced with 7 erected tents as part of the emergency response.

As part of the back-to-school program, UNICEF financed, through the Ministry of Education and the Ministry of Hydraulic and Sanitation, the provision of 563 hand
washing devices with soap and bleach for 205 schools, including 172 in Nouakchott and 33 in the city of Kiffa (Assaba). 200 vulnerable families in four communes from Nouakchott received WASH kits (soap, jerrycan and bucket as well as bleach).

WASH/IPC also contributed to the development of the national communication plan for the beginning of the school year in collaboration with the Education section and the development of the protocol for the resumption of classes in September and November 2020. UNICEF conducted supervision missions to WASH in schools and health care facilities interventions in Nouakchott, Kiffa, Assaba, M’Berra camp and Fassala host community (in Hodh Chargui) for quality check and to assess if the necessary hygiene conditions are gathered for a COVID-19 sensitive back to school offering safe and secure access to WASH facilities.

Following a request from the Ministry of Hydraulics, UNICEF built a drinking water supply system at Kaedi Hospital, a COVID-19 treatment centre. This system consists of two manual boreholes equipped with solar energy and a water tower to supply drinking water to this important structure in Kaedi town serving 53,700 people. This construction will allow establishing an autonomous drinking water supply system independent from the National Water Company’s network (which cannot cover the water needs of the hospital or the city).

Finally, as part of the second COVID-19 wave intervention, UNICEF provided a significant quantity of disinfection and cleaning products to the Regional Council of Guidimakha in addition to sensitization tools. UNICEF also contributed to the elaboration and implementation of the National COVID-19 prototype and the strengthening of IPC health structures.

**RCCE/C4D**

UNICEF, who leads the Risk Communication and Community Engagement (RCCE) pillar, provided technical and financial support to the COVID-19 helpline from April to September 2020. In total 1,521,017 calls have been handled by the call centre for informing the population and responding to their concerns. The call centre was suspended in September due to funding shortage, but the reactivation process of the line is underway.

A national mass awareness campaign reached 1,800,215 persons. The campaign aimed at improving the image of care; reducing the time interval between the reporting of symptoms and the contact of the helpline; promote compliance with prevention and containment measures; reduce the stigma linked to positive cases; and communicate on the continuity of services. Public television and 15 community radio stations were also supported to broadcast daily awareness messages sensitization to communities in all national languages. More than 115,000 communication materials (on the wearing of masks, barrier management, prevention against stigmatization, back to school…) were produced and disseminated across the country.

The deployment of the community watch/surveillance system in Nouakchott, Dakhlet Nouadhibou and Inchiri, involved regional coordinators, focal points, supervisors and volunteers in raising awareness of COVID-19 management measures and follow-up of positive cases at the household level. More than 2,500 people have been actively engaged in COVID-19 prevention through risk communication and community engagement actions. Some 24,000 households, including 7,509 in M’Berra camp, were visited and nearly 123,000 people were sensitized through interpersonal communication techniques. 5,000 community relays and actors were trained in awareness-raising techniques with respect for physical distance. They reached more than 108,000 affected women.

In Nouakchott and in the regions, three briefings were organized for journalists and imams for supporting the return to school considering the respect for barrier gestures. More than 150 journalists were able to relay the prevention messages in the written press and other media. The network of imams and oulemas also benefited from the briefing to contribute in raising awareness through sermons in mosques: nearly 3,000 people were exposed to the awareness messages.

On social media, publications including those related to COVID-19, reached daily 70,488 people from March to December 2020 and 425,712 people were engaged to interact or share information and adopt barrier measures.

A survey assessing the level of knowledge of population in terms of COVID-19 was undertaken by the members of the pillar. Results indicated that 99% of the sample has heard about the pandemic. The main sources of information are...
community radio (38%), followed by social networks (30%) and the community (19.5%).

As part of the introduction of COVAX vaccine, UNICEF is providing support in reinforcing communication with communities through several activities such as the recruitment of a communication consultant, the elaboration of a communication plan, a rapid investigation on the acceptability of the introduction of COVAX and rumour management (collection, analysis and corrective response). UNICEF is also supporting the elaboration of training and sensitization materials (tools, promotional materials for broadcast by radio and TV, social and community networks, etc.)

Education

Following the COVID-19 pandemic outbreak in March 2020 and the Government decision to close schools in Mauritania, UNICEF supported the Ministry of Education in designing and adopting a rapid and effective education response plan. Four vehicles 4x4 were donated to strengthen field monitoring activities and allow regional and departmental education authorities to follow up on the COVID-19 response in remote and hard to reach locations.

UNICEF set up a distance learning strategy, thanks to funds mobilized from the Global Partnership for Education, in coordination with other technical partners such as UNESCO to provide a strong anchoring alternative to learning.

UNICEF’s interventions throughout the year involved key actions for school continuity, including (1) support for the recording of online courses (over 100 courses) for children enrolled in classes passing the final exams with close follow up of the learning for 26,700 students in the targeted areas; (2) development of information and sensitization materials on COVID-19 prevention in schools with a focus on WASH in school; (3) set up of an online platform for supporting teachers’ capacity building and promote distance learning; (4) supportive advocacy for the obtention of a school radio frequency; 5) technical and financial support for the setting up of the school radio (6) contribution to the design, printing and distribution of 2 textbooks (10,000 copies for one and 50,000 copies for the other); (7) distribution of 6,300 radios with solar devices to vulnerable children; (8) provision of 120,000 masks to schools prior to school opening to prevent Covid-19 contamination at school site; (9) Training of 450 teachers in psychosocial support and the pedagogy of distance learning.

Alongside with UNHCR and the education local authorities from Hodh Chargui (at regional and district levels), UNICEF and its partner for primary and secondary education ESD contributed to the organization of the BAC exams for Malian refugees for the 2019-2020 school year. Specific attention was given to the implementation and respect of COVID-19 measures such as face masks distribution and wearing, handwashing devices next to classes and physical distancing between participants. 139 (102 Boys, 37 Girls) out of 176 (123 Boys, 53 Girls) registered BAC candidates undertook the exams, including all students who were enrolled in the refugee camp schools during the 2019/2020 academic year and who had benefited from distance education during school’s closure through radio. WhatsApp and exercise books. The remaining levels also passed the final exams for the 2019/2020 academic year during the same period with an attendance rate of 77% for primary education and 70% for secondary education; success rate was 66% and 87% respectively. A percentage of 100% of regular candidates and 96% of irregular ones succeeded in DEF exams. Furthermore, as part of its support to the 2020/2021 back to school program and improvement of learning conditions in Hodh Chargui (mid October 2020), UNICEF and its local partner ESD:

(i) reopened five alphabetization classes and received 293 students (141 Girls, 152 Boys);
(ii) distributed non-food items (soap, bleach, broom, bucket, mats, blackboard etc.) and school supplies for non-formal education in Mahadras;
(iii) prepared the school supplies stock to be distributed after the back to school. UNICEF participated with all education stakeholders to the launch of the new academic year at M’Berra camp on 16 November. UNICEF ensured that all conditions were gathered for the wellbeing of children and COVID-19 prevention measures.

In order to prevent the massive dropout of children who were previously out of school and recently integrated school, UNICEF undertook an action for improving school retention aiming at reintegrating at school more than 4,004 children. They benefited from small group support courses organized by regional education authorities in the regions of Hodh Chargui, Hodh El Gharbi, Assaba, Guidimakha, Brakna and Nouakchott.

On November 16, at the Youssouf school in Dar Naim (Nouakchott), students start their school year by rigorously applying COVID-19 barrier gestures ©UNICEF Mauritania 2020/Pouget

Child Protection

Since the onset of the pandemic in Mauritania, child protection professionals adapted their interventions to deliver appropriate and accessible messages and activities to prevent the spread and deal with the evolving consequences of COVID-19, all while continuing to detect and address protection cases. Notably, religious and local leaders, youth clubs and community protection structures were trained for providing information around COVID-19 barrier measures, in addition to critical child protection-related information. Messages on preventive measures in the targeted regions reached 42,082 persons since May, including 15,234 children nationwide. Specific messages on WhatsApp groups were shared to widen the use of this resource allowing access to information and referral to services.

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3 Diplôme d’études fondamentales (9th grade primary school)
To provide a communication channel through which questions and concerns about protection cases and the support services available during the pandemic, a Child Helpline supported by UNICEF was launched and dealt with 866 calls regarding cases of rape, domestic violence and harassment. Additionally, since May, UNICEF supported partners identified and supported 1202 victims of physical and sexual violence, 90 child marriage victims and 295 children below 15 involved in child labour, including 64 victims of worst forms of child labour. A sum of 40 children reintegrated with their families since early March benefitting from a close social follow-up.

In July, action in favor of children in contact with the street in order to sensitize them to the respect of barrier gestures. ©UNICEF Mauritania 2020/Pouget

Supply

The COVID-19 supply plan focuses on securing Personal Protective Equipment, RUTF and other lifesaving items.

Adaptations to ongoing UNICEF programmes

Nutrition

UNICEF, in close collaboration with the Ministry of Health and partners, continued the support to the prevention and the treatment of SAM children, with a focus on the districts affected by nutrition emergency (GAM > 15 per cent and / or SAM > 2 per cent). A total of 24,305 SAM cases were admitted for treatment throughout the country from January to October representing 108% of the annual target (22,470) and 92% of the burden (26,435). Among them 18,797 cases were admitted in the 21 emergency districts. UNICEF continued supporting the scaling up of the mobile strategy and involvement of community health workers in the outpatient programmes as part of the roadmap for introducing the simplified approach. Regarding waste prevention, 59,052 primary caregivers of children aged 0-23 months received counselling through facilitations and community platforms. In addition, 37,931 children 6-23 months were reached with micronutrients powder distribution for ensuring their home food fortification in eight emergency districts (Aioun, Bababe, Bogue, Ghabou, Kaedi, Kankossa, Ould Yenge, Selibaby). SAM admissions increased by 3% compared to last year (24,305 versus 23,599) but due to the low proportion of reports completed (in October 2020, only 55% of the reports were completed), this proportion of SAM cases admitted could be higher. Despite the challenges, the performances of the integrated management of acute malnutrition programme remained in the recommended standards with 89.4% cure rate 0.3% death rate and 9.3% defaulter rate.

UNICEF supported the Ministry of Health to implement a national Child Health Day mass campaign integrating screening of acute malnutrition under COVID 19 context respecting preventive measures. This campaign contributed to screen 584,804 children 6-59 months and to identify and refer 1,272 SAM and 14,787 MAM cases in the nutrition centres. Furthermore 601,319 children 6-59 months (91%) benefited from Vitamin A supplementation and 548,224 children 12-59 months (94%) benefited from deworming during November child health days.

The orders for COVID-19 supplies placed represented US$ 332,565. Supplies worth US$ 287,694 were received and donated to the Government. The movement of humanitarian goods into the country has not been affected despite restriction and border closure. However, restrictions at global level had an impact on international supply chain and the delivery of programme supplies.

UNICEF supply and logistics team continues in providing support to the COVID-19 response. Supplies - mainly Nutrition (RUTF), WASH (handwashing kits) and Education (school kits) supplies - were prepositioned in all 13 regions to support the emergency response through the use of existing long-term agreements.

Last May, delivery of a large batch of disinfection equipment to combat the spread of the coronavirus. ©UNICEF Mauritania 2020/Pouget
In the Hodh Chargui region, UNICEF with its partners Action Contre la Faim (ACF) and ADICOR carried out several key nutrition activities: (i) Training of 3,797 mothers on the PB-mere use and the screening of 9,670 children from 6 to 59 months; (ii) Organization of 72 groups of 1,074 lactating women and 40 groups of 597 pregnant women beneficiaries under the GASPA model for learning and practices follow-up on infant and young child feeding; (iii) Mobile clinics set-up in 15 villages far from health care facilities to improve health care access to vulnerable population which benefitted 192 pregnant women and 864 children under 11 for immunization; (iv) Integrated management of children’s illnesses at community level (malaria, diarrhoea, acute respiratory infection and severe acute malnutrition) through basic health units which benefitted 8,885 children from 6 to 59 months.

Health
UNICEF supported the Ministry of Health (i) to install 265 out of 404 cold chain; (ii) to conduct supportive supervision on vaccines stock management and timely reporting; and (ii) forecast vaccines for 2021. 449,000 doses of Polio vaccine (VPI), 69,000 doses of Pneumococcal vaccine (PCV13) and 30,000 doses of Rotavirus vaccine (ROTA) were procured. As part of prevention, UNICEF directly supported immunization programme in three regions (Hodh Chargui, Guidimakha, Assaba) where 27,380 (83%) children aged 0-11 months received their third dose of pentavalent vaccine, 27,470 (83%) received Pneumococcal vaccine (PCV13) with 3% defaulter and 28,867 children received their measles-rubella dose with 9% defaulter.

The Expanded Program on Immunization (EPI) activities report was developed and it included an analysis of the COVID-19 effect on immunization services. Preliminary results indicate a decline in coverage for routine vaccination (see for example, the trend of Penta3 coverage below). This analysis was used during the GAVI Multiparty Dialogue held in November 2020, to draw-out short and medium-term solutions to improve immunization coverage.

WASH

The completion level of drinking water supply and solar water points was finalized in the Hodh Chargui region and is about to be finalized in the Guidimakha and Assaba regions. These water points should cover an estimated population of 24,000 people. The promotion of Community Led Total Sanitation (CLTS) activities continued in all targeted regions under the supervision of the WASH regional authorities (DRHA). More than 170,000 new people stopped open defecation and were provided access to handwashing with soap.

More than 3,000 Village Hygiene Committees (VHCs) were involved in bringing COVID-19 barrier messages to communities in more than nine regions of the country. 70 ATPC facilitators and 132 VHC members were
trained by the NGO Serv’Eau in Nouakchott and in Hodh Chargui and the NGO Moundi in Assaba. As part of the celebration of the World Toilet Day, documentary materials were distributed to UNICEF NGO partners. Interventions in schools in Nouakchott helped to spread the COVID-19 message to students and teachers of schools and Mahadras in the communes of Dar Naim and Riyadh.

New partnerships are being finalized with NGOs in the areas of intervention (Nouakchott, Guidimakha, Assaba, Hodh Chargui, etc.) to cover WASH in School, WASH in Health centres facilities and CLTS.

**Education**

UNICEF pursued its interventions ensuring that children especially the most vulnerable have access to inclusive and quality education. Indeed, UNICEF just recruited a consultant for (7-month period) for supporting the supervision of national teams for the development of distance education content and its operationalization at the Ministry of Education. The lessons learnt from the ongoing experience of digital learning of the Project Akelius that focuses on supporting language skill acquisition with the utilization of a platform and tablets will contribute to the overall strategic reflections with other sector actors on the extension of distance learning as alternative for education continuity in emergency situations.

**Child Protection**

Despite the hard-hitting impact of COVID-19, the implementation of child protection activities continued in the nine targeted regions to prevent and respond to child protection risks and violations. All implementing partners included COVID-19 awareness raising messages in their activities, with the support of community-based organizations and through the wide use of social media, mobile technologies. Child protection actors addressed heightened exposure to violence due to school closures, increased poverty and increased parental stress by setting up WhatsApp groups to monitor and manage cases of violence and abuse. Special attention was given to the situation of children in contact with the law, particularly those in detention. Actions were taken by UNICEF for mitigating risks of contamination within the detention centres by providing hygiene supplies, trainings to staff and informing children on methods to prevent contamination. Priority was given to psychosocial support easing the stress related to increased isolation due to confinement measures and communication with families was maintained by phone. Above all, UNICEF maintained advocacy efforts to secure the release of detained children and use of alternative measures to avoid further detentions. Social workers at the frontline were trained on psychosocial support and benefited from several debriefing sessions with experts to help them cope with the stress of COVID-19. Finally, with UNICEF’s technical assistance, the Ministry of Social Affairs, Childhood and Family completed the recruitment process for professionals dedicated to child protection, to be deployed at regional level.

**Social Protection**

Jointly with WFP, UNICEF will provide immediate support to respond to the needs generated by the pandemic, as well as helping to strengthen overall national capacities to adapt and build more shock-responsive, nutrition and child-sensitive social protection systems moving forward. The project will deliver essential cash transfers to vulnerable people affected by the socio-economic fallout of COVID-19. Its targeting process has already begun and started with a compilation of lists of people with disabilities.

**Supply and Logistics**

As part of the emergency response, US$ 1,877,143.55 worth of supplies were distributed across the country from January to November 2020, including RUTF, WASH and educational kits.
US$ 18,800,000 is estimated to be needed for responding to the COVID-19 epidemic in Mauritania in addition to the chronic humanitarian situation. UNICEF Mauritania only mobilized 11 per cent of funding ($2,078,818) out of a total of US$ 18.8 million funding requirements. UNICEF Mauritania wishes to express its heartfelt gratitude to all public and private sector donors (particularly BMZ, Denmark, GPE, SIDA, USAID, US Embassy, UN COVID-19 Response and Recovery Multi-Partner Trust Fund-UN COVID-19). The ability of the office for achieving many of the results presented in the summary table of program results is largely due to the flexibility of some donors to use non-humanitarian sources of funds for carrying out actions to prevent the spread of the pandemic.

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs Response</th>
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</thead>
<tbody>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>Number of people reached by COVID-19 prevention messages</td>
<td>1,677,243</td>
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<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>168,900</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>1,200,000</td>
</tr>
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| **WASH and IPC** |                         |
| Number of people reached with critical WASH supplies (including hygiene items) and services | 50,000 | 10,850 |
| Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE) | 5,000 | 6,048 |
| Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC) | 2,000 | 334 |

| **Health** |                         |
| Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases including among children, pregnant and breastfeeding women | 300 | 168 |
| 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 | 8,200 children | 3,280 women |

8,200 children 3,280 women

93,564 children 8,885 (4620 G; 4265 B) treated for childhood diseases; 27,380 children aged 0-11 months - third dose of pentavalent vaccine; 27,470 PCV13; 28,867 measles and rubella vaccine 962 women

Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms | 29,220 | 59,052 |

| **Nutrition** |                         |
| Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM) | 22,470 | 24,305 (12,639 girls; 11,666 boys) |

| **Education** |                         |
| Number of children supported with distance/home-based learning | 150,000 | 23,675 children; (10,643 girls, 13,032 boys); Pre-school: 524 girls, 476 boys; Primary: 7124 girls, 9819 boys; Secondary: 126 girls, 284 boys; Out of School Children: 2,869 girls; 2,453 boys |

| **Child Protection and GBV** |                         |
| Number of children without parental or family care provided with appropriate alternative care arrangements | 200 | 259 |
| Number of children, parents and primary caregivers provided with community-based mental health and psychosocial support | 10,000 | 625 |
| Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse | 900 | 866 |

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5 “This indicator monitors the number of consultations and services provided to children and women; hence there may be significant double counting”.
### Annex B

**Funding Status (in USD)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
<th>Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D / RCCE</td>
<td>2,300,000</td>
<td>637,648</td>
<td>1,662,352</td>
<td>72%</td>
</tr>
<tr>
<td>WASH &amp; IPC</td>
<td>6,500,000</td>
<td>450,985</td>
<td>6,049,015</td>
<td>93%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3,000,000</td>
<td>425,000</td>
<td>2,575,000</td>
<td>86%</td>
</tr>
<tr>
<td>Health</td>
<td>4,000,000</td>
<td>220,000</td>
<td>3,780,000</td>
<td>95%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,000,000</td>
<td>145,185</td>
<td>854,815</td>
<td>85%</td>
</tr>
<tr>
<td>Education</td>
<td>1,000,000</td>
<td>165,000</td>
<td>835,000</td>
<td>84%</td>
</tr>
<tr>
<td>Data collection, coordination, technical support and operational costs</td>
<td>1,000,000</td>
<td>35,000</td>
<td>965,000</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,800,000</strong></td>
<td><strong>2,078,818</strong></td>
<td><strong>16,721,182</strong></td>
<td><strong>89%</strong></td>
</tr>
</tbody>
</table>