Highlights

As of December 28, a total of 13,778 confirmed cases of COVID-19 have been reported in the Islamic Republic of Mauritania since the first confirmed case was registered on 13 March 2020. So far, 8,248 people have recovered, and 236 people died.

The new school year (2020-2021) resumed on November 16. However, following the second wave of COVID-19 starting early December, the Government declared the schools’ closure just 20 days after the school year had started. This called for continuing interventions to provide children and adolescents with innovative learning opportunities in a safe and protective environment. Meanwhile, 120,000 masks and 5,000 radios were provided by UNICEF contributing to the back-to-school program.

Since January, 24,305 children with severe acute malnutrition (SAM) were treated throughout the country. SAM admissions are 3% higher than the same period last year (24,305 versus 23,599) and this figure could be an underestimation due to the low proportion (55%) of reports completed in October. Six regions of the country recorded more than 15% increase in SAM compared to 2019.

UNICEF’s Response and Funding Status

UNICEF Appeal 2020

US$ 13.4 millions

Funding Status (in US$)

Funds received, $3M

Carry - forward, $3M

Funding gap, $8M

<table>
<thead>
<tr>
<th>Sector</th>
<th>SAM admissions</th>
<th>Measles vaccination</th>
<th>Safe water access</th>
<th>MHPSS access</th>
<th>Education access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>108%</td>
<td>68%</td>
<td>16%</td>
<td>37%</td>
<td>81%</td>
</tr>
<tr>
<td>Health</td>
<td>21%</td>
<td>5%</td>
<td>9%</td>
<td>73%</td>
<td>100%</td>
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<tr>
<td>WASH</td>
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<tr>
<td>Child Protection</td>
<td></td>
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<tr>
<td>Education</td>
<td></td>
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</tr>
</tbody>
</table>

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

UNICEF Mauritania wishes to express its heartfelt gratitude to all public and private sector donors (particularly, DFID, ECHO, Japan, OFDA, USAID/FPF, USA-PRRM, Spanish and Swedish Committees for UNICEF) for the contribution and pledges received as part of the HAC 2019 and 2020. The HAC 2020 has been funded at 61 per cent for interventions related to SAM response, education and protection in an emergency, as well as WASH, Health and flood preparedness. Mauritania would especially like to thank our donors who have contributed to “unearmarked” funding. Unermark funding gives UNICEF essential flexibility to direct resources and ensuring the delivery of life-saving supplies and interventions where they are needed most, especially in the form of longer-term and predictable funding; and in strengthening preparedness and resilience building. As UNICEF Mauritania embarked in the third year of its country cycle (2018-2022), it is important to note that 75% of its Other Resources Regular (ORR) ceiling for the duration of its country program has been secured. A positive sign to strengthen interventions along the humanitarian-developmental nexus, particularly in the Guidimakha, Assaba and Hodh Chargui regions.

Situation Overview & Humanitarian Needs

Over 1,409,000 people, including 609,180 severely affected by food insecurity, are estimated to have faced food and nutrition crisis conditions during 2020 in at least 23 districts. This represents 15% of the population, a record high among the Sahelian countries. In addition, COVID-19 has aggravated the already precarious food security and nutrition situation. The Islamic Republic of Mauritania registered its first confirmed case of COVID-19 on 13 March 2020. As of December 28, 13,778 confirmed cases were reported, including 330 deaths and 10,569 recoveries. Severe Acute Malnutrition admissions figures were 3% higher than last year and result mainly from three consecutive years of drought and food insecurity followed by COVID-19 impact on livelihoods. The protracted presence of refugees from Mali compounded the range of humanitarian needs. Mauritania has also been affected by floods during rainy season. Rainy season was characterized by large amounts of rainfall with a good spatial and temporal distribution. This situation resulted in ecological conditions favorable to the survival and reproduction of locusts throughout the country, which generated swarms of locusts that threatened food security and, by extent, the nutritional status of children.

Summary Analysis of Programme Response

Nutrition

UNICEF, in close collaboration with the Ministry of Health and partners, supported the treatment of SAM children, with a focus on the 21 emergency districts – i.e. the ones affected the most by malnutrition (GAM > 15 percent and / or SAM > 2 percent). Since January, 24,305 cases of SAM were admitted for treatment, corresponding to 108% of the annual target (22,470) and 92% of the burden (26,435), with 77% of SAM cases (18,797) located in the 21 emergency districts. SAM admissions are 3% higher than last year (24,305 versus 23,599) during the same period. This figure could be underestimated due to the low proportion of reports completed (in October 2020, only 55% of the reports were completed). Six regions of the country recorded more than a 15% increase in SAM compared to 2019: Assaba: 18%; Hodh Chargui: 28%; Hodh El Gharbi: 30%; Tagant: 30%; Brakna: 31%; Gorgol: 50%. This increase in these regions results probably from three consecutive years of drought and food insecurity, followed by the COVID-19 pandemic which is aggravating a pre-existing precarious nutritional situation due to the disruption of economic and livelihood activities. That reinforces the dynamics of the upward review of the country’s need for nutritional inputs. The Nutrition technical group has therefore estimated an increase of about 80% of current acute malnutrition burden. The following additional supplies will therefore be needed for ensuring quality treatment of SAM cases: 30,000 cartons of RUTF; 218 cartons of therapeutic milk F75; 136 cartons of therapeutic milk F100 and 27,300 bottles of Amoxicillin. Through UNICEF advocacy, the Ministry of Health is engaging local resource mobilization from the national social protection programme funding ensuring the purchase of these additional nutritional supplies. To date, a total of 33,925 cartons of RUTF out of the 22,470 annual estimates RUTF needed were distributed countrywide. 500 cartons of RUTF remain prepositioned in UNICEF warehouse. Thanks to WCARO support, UNICEF Mauritania has mobilized 8,360 cartons of RUTF through the Accra hub to cover the 2020 last distribution plan.

UNICEF supported the MOH to implement a national Child Health Day mass campaign integrating screening of acute malnutrition under COVID-19 context respecting preventive measures. This campaign contributed in screening 584,804 children 6-59 month and for identifying and referring 1,272 SAM and 14,787 MAM cases in the nutrition centres. Furthermore, 139,299 children were systematically screened in the healthcare facilities, resulting in the detection of 10,699 SAM children and 23,348 MAM children. The three key IMAM indicators at national level met the SPHERE standards with 90 per cent cure rate, 0.3 per cent death rate and 9 per cent defaulter rate. However, some geographical disparities are noted, with 22 health districts which do not meet all 3 SPHERE Standard indicators.

As part of waste prevention, 59,052 primary caregivers of children aged 0-23 months received IYCF counselling through facilities and community platforms and 37,931 children 6-23 months benefited from micronutrients powder distribution in eight emergency districts. Furthermore, during November, 601,319 children 6-59 months (91%) benefited from

1 Out of 18,490 SAM children identified, 10,699 were detected in health care facilities and 7,791 through community outreach (“relais communautaires”)
Vitamin A supplementation and 548,224 children 12-59 months (94%) benefited from deworming child health days. All these results were obtained thanks to the partnership between UNICEF, the Government and NGOs.

In the context of the COVID-19 pandemic, UNICEF is providing technical and financial support to the MOH for the implementation of mitigation strategies, for 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 NGOs as implementing partners. 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 is providing support to monitor the IMAM supply stock at an operational level daily and specific actions are being taken for avoiding any stock out at the health facility level.

(UNICEF Mauritania Nutrition Factsheet)

**Health**

As part of the integrated community case management intervention in nutrition emergency districts, 8,885 children were treated for diseases between January and October 2020. UNICEF continued to strengthen its prevention activities supporting the 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%) children received their Pneumococcal vaccine (PCV13) and 28,867 children received their measles-rubella dose. Similar activities are carried out in the camps where 475 out of 489 children, aged 0-11 months, received their third dose of the pentavalent vaccine representing 3% (14/489) defaulter rate, within standard norms (<10%). In addition, 497 out of 715 children vaccinated against tuberculosis (BCG) received their measles-rubella dose - representing 30% (218/715) defaulter rate (out of standard norms <10%). This high defaulter rate is due to the frequent movement of mothers out of the camps with their children. In the host population, 810 out of 875 children, aged 0-11 months, received their third dose of the pentavalent vaccine representing 7% defaulter rate (65/875); 715 out of 959 children vaccinated against tuberculosis (BCG) received their measles-rubella dose representing 25% (244/959) defaulter rate. In addition, UNICEF supported the Ministry of Health countrywide for installing 404 (out of 404 planned) cold chains and conducting supportive supervision on vaccines stock management and timely reporting. UNICEF also supported the training of 60 healthcare providers on newborns healthcare in Guidimakha and Assaba. UNICEF continued to offer the necessary services for detection, referral and appropriate management of COVID-19 cases, including for children, pregnant and lactating women in health and community facilities. To date, 113 children were admitted for COVID-19 treatment countrywide: 104 were cured, 1 died and 8 are still in treatment.

**WASH**

Since the beginning of 2020, UNICEF’s WASH interventions have covered various emergencies, including the provision of WASH services to Malian refugees newly arrived at the transit site of Douenkara (municipality of Fassala in Hodh El Chargui) and the response to COVID-19.

In Douenkara, a transit site at the border between Mauritania and Mali, 1,106 Malians who had recently fled to Mauritania have benefited from WASH interventions, including the provision of drinking water, the construction of 16 separate latrines for men and women, the distribution of 350 WASH kits and awareness-raising on hygiene practices. Facilitators
from the partner NGO and 3 community relays among the refugee population carried out latrine maintenance and domestic hygiene.

UNICEF implemented its WASH in school and WASH in health interventions by providing a minimum WASH package including access to safe drinking water (through connection to a network or safe transport and storage, distribution of water quality products), the construction/rehabilitation of gender-separate latrines (more than 400 latrines were built in schools and health facilities), the distribution of hygiene kits, the installation of handwashing with soap; and the provision of hygiene kits. WASH in school interventions covered more than 100 schools in the regions of Guidimakha, Assaba, Hodh El Charghi, and Nouakchott, of which, 75 have been completed and 68 are ongoing (distributed among 48 schools and 20 mahadras). These interventions covered approximately 19,000 students, including 9,086 girls and 9,308 boys. WASH in health interventions covered 66 health facilities in the same regions, including 44 finalized and 22 in progress.

The completion level of drinking water supply and solar water points is achieved in the Hodh Charghi region and is about to be finalized (more than 95% achieved) 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 access to soap handwashing was provided.

With regard to COVID-19, UNICEF ensured the lead of the IPC pillar which carried out the following interventions:
1. Handwashing facilities were installed in several communes of the capital at the entry points of the most frequented places (town hall, market, mosque, playground, main crossroads) for encouraging the population to wash their hands, which is the first barrier against the disease;
2. From May to September, UNICEF supported the asymptomatic case containment center at Nouakchott University, to improve IPC practices within this important site hosting more than 400 COVID confirmed cases with the i) training and deployment of hygienist brigades, ii) implementation of the disinfection protocol, iii) delivery of hygiene kits to new residents, iv) setting up of an active listening area for the residents and the organization of adapted daily activities (bicycles for sport, internet, television projection outside in the evening), v) validation of the disinfection plans;
3. Medical equipment was provided to the Ministry of Health for 15 health facilities and personal protective equipment provided to the Ministry of Health for health personnel;
4. WASH equipment (including disinfection equipment) was provided to the DGSGC (Directorate General for Security and Crisis Management) and the different DRHA, in the regions of Guidimakha, Assaba and Hodh Chargui;
5. The provision of 583 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);
6. A total of 334 regional and district medical officers, regional hygiene focal points and health facilities of Nouakchott and regions were trained for ensuring quality case management and infections prevention and control;
7. UNICEF worked with young volunteers from Nouakchott communal brigades for the disinfection of public places. Each commune mobilized ten volunteers as surveillance team, which was trained by UNICEF on community infection prevention and control and sensibilization against COVID-19. A total of 126 persons were trained and equipped for the disinfection of 100 public places (town halls, police stations, health facilities, administrative offices, markets, stations, visits to asymptomatic patients) per week in the city of Nouakchott;
8. Providing to the Regional Council of Guidimakha a significant quantity of disinfection and cleaning products in addition to sensitization tools a response to the COVID-19 second wave;
9. Contribution to the elaboration and implementation of the National COVID-19 prototype and the strengthening of IPC health structures to cope with the second wave of COVID-19;
10. The construction of a drinking water supply system at Kaedi Hospital (two manual boreholes equipped with solar energy and a water tower) to supply drinking water to this important hospital serving as a COVID-19 treatment center.
11. 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.

**Education**

COVID-19 had a substantial impact on Education. The closure of schools prevented thousands of children from pursuing their regular learning process. UNICEF quickly contributed to the development of a national Sector Response Plan to find alternatives for ensuring the continuity of Education. UNICEF provided technical and financial support to the Ministry of Education setting up a distance learning mechanism (i.e. a platform for teaching materials; the promotion of radio learning especially for the most vulnerable and the design and distribution of booklets) enabling children to pass their exams. The Malian refugee children hosted in the M’Berra Camp, who saw their school year disrupted by the onset of the COVID-19 pandemic, required subsequent re-scheduling of DEF and BAC exams. They received assistance in following the Malian curriculum and aligning themselves with the exam dates scheduled in Mali which exceptionally took place this year in October (from 12 to 14 October for the DEF and from 19 to 22 October for the BAC). All regular candidates registered for the two exams were present. A total of 138 candidates (83 boys, 55 girls) took the DEF exam
and a 100% success rate was recorded for regular candidates compared to 92% for free candidates. For the BAC exam, the experience was not as successful as for the DEF: out of a total of 139 candidates (102 boys, 37 girls), only 29 (22 boys, 7 girls) passed, representing a 21% success rate.

The construction of the extension of School 6 in the camp has been finalized and will provide an additional learning space for children. Furthermore, 10 new preschool learning centers are under construction to provide access to early learning for younger children – allowing a total of 500 new young children to get enrolled. In parallel, an assessment was organized for the 24 educators in charge of preschool learning and supervision for reviewing their competencies. This will help improving the preschool learning quality. The recruitment of 20 new educators was also initiated to cover the 10 new preschool learning centers.

In terms of coordination, UNICEF contributed to the organization of the education working group partners meeting that took place between the end of the 2019-20 school year and the start of the 2020-21 school year in order to discuss the achievements and lessons learned of the past year and ensuring the correct preparation of the new school year. This aimed at ensuring information sharing and avoiding duplication. Participants seized the opportunity to talk about their strengths and weaknesses and to explore options for enhancing the coordination and support offered to children.

In order to prevent the massive dropout of children who were out of school and recently reincorporated into school, UNICEF undertook an action for improving school retention that aimed at reintegrating at school more than 4,000 children. They benefited from small group support courses organized by regional education authorities in the regions of Hodh Chargui, Hodh Gharbi, Assaba, Guidimakha, Brakna and Nouakchott.

The new school year (2020-2021) resumed on November 16. So far (children enrolment still going on), 3,905 children (1,977 boys, 1,928 girls) were enrolled in primary school, 350 children and adolescents in secondary school (235 boys, 115 girls) and 292 children (150 boys, 142 girls) in literacy courses. School supplies have been distributed to all students. However, following the COVID-19 second wave in the country, the Government declared school closure just 20 days after the school year started. This calls for continuing interventions to provide children and adolescents with learning opportunities in safe and protective environment. Meanwhile, 120,000 masks and 5,000 radios were provided by UNICEF to contribute to the back-to-school program.

**Child Protection**

Since January 2020, child protection actors conducted awareness-raising sessions and follow-ups on children's rights and child protection principles with added COVID-19 sensitization and prevention messaging, reaching 42,082 persons, including 15,234 children nationwide. The existence of a child protection system at the community level, structured around grassroots community organizations was critical for the mobilization and engagement of protection actors in sensitization activities on COVID-19, all while continuing to detect cases of violence. The use of social networks and mobile applications also ensured continuity and will be reinforced and systematized for communication activities and for monitoring protection cases in an uncertain pandemic context.

During the pandemic's first weeks, UNICEF partnered with Mauritanian psychologists and psychiatrists for supporting the operators of the country's two main helplines. Training sessions helped strengthening the listening and stress management skills of 74 operators working on the COVID-19 hotline established by the Ministry of Health and the 12 staff members of the helpline established with the Mauritanian Association for Mother and Child Health (AMSME), a UNICEF protection partner. Since the beginning of the crisis, the Ministry of Health line has answered more than one million calls, while the Child Helpline operated by AMSME has handled 866 calls for assistance on issues ranging from rape, to domestic violence and harassment. In Nouakchott, a quarantine centre for COVID-19 patients hosted by the Ministry of Health and supported by UNICEF, provided 147 people with accommodation and psychological and social support systems to help cope with their diagnosis. Special attention was also given to children in contact with the law. UNICEF, along with OHCHR, advocated for the release of young detainees and the application of alternative measures to avoid new detentions. In close collaboration with the Ministry of Justice, the main youth detention centre received hygiene kits and staff was trained on prevention measures 206 detained children benefited from awareness raising on COVID-19 along vocational training and psychosocial support.

Additionally, across the country, over 6000 women, men, girls and boys participated in awareness and social mobilization sessions for the elimination of FGM for which UNICEF partners identified 1166 victims this year. Working towards the total elimination of FGM in Mauritania, over 3336 people participated in a public declaration of abandonment of the harmful practice, in addition to 63 imams and 303 community and religious leaders.

In relation to the humanitarian situation affecting children in Bassikounou of the Hodh Chargui region, UNICEF, through its child protection partners, identified 3680 children victims of a protection incident through 29 UNICEF-supported community protection mechanisms. In Bassikounou, UNICEF exceeded its original target and provided psychological support, including access to child friendly spaces, reaching over 4000 children including 283 children living with a disability. The success of these spaces has prompted the planning for the expansion of the initiative to other sections of the camp in 2021.
Supply and logistics
As of December 2020, US$ 5,211,501.02 worth of program supplies and services have been procured, including supplies related to COVID-19 national response. The supply plan for COVID-19 focused on securing Personal Protection Equipment, RUTF and other lifesaving items. The orders for COVID-19 supplies were worth US$ 332,565. Supplies worth US$ 287,694 were received and donated to the Government. Additionally, US$ 3,155,029.84 of supplies were procured, including vaccines and syringes for supporting the Polio and vitamin A campaigns for reducing child morbidity and mortality rate.

Communications for Development (C4D), Community Engagement & Accountability
UNICEF has been strongly involved in the response to COVID-19 pandemic by setting up a call centre for informing the population and raising alerts. Nearly 1,500.00 calls have been handled since the beginning of the pandemic and an average of 150 daily alerts were handled through the toll-free number. The 1155 free call centre stopped operating on September 21 and has handled approximately 1,550,000 calls since its opening. A new call centre gathering emergency services (including 1155) will be opened soon with UNICEF technical support. This will help identifying and responding to the population’s concerns. In addition, thanks to the technical and financial support of UNICEF, a community monitoring system has been set up involving more than 3,000 volunteers in Nouakchott and major Mauritanian agglomerations to raise awareness and monitor cases. Capacities of the various actors, particularly at the community level, were strengthened for ensuring the continuity of services despite the health crisis with more than 151,000 people engaged in the communication. More than 750 partners and 4,600 implementing actors have been trained to promote essential family practices in their communities. Religious leaders and journalists also contributed to the response in their respective communities. Efforts have also been made at the national level to support the start of the school year for children. A joint communication campaign with the government is being implemented to ensure a successful back-to-school season.

C4D also participated in the implementation of the BMZ program to support communities disproportionately exposed to specific shocks, living in multidimensional poverty with very low resilience capacities. In this framework, more than 250 network members composed of youth, women and community and religious leaders with substantial links to social services in nearly 22 villages were identified to stimulate demand for and use of basic social services, while influencing the abandonment of social norms detrimental to the well-being of their communities. A total of 1200 picture boxes, 40 promotional films in French, Arabic and local languages were produced for supporting community dialogues, home visits and educational talks in the community. The establishment of mechanisms for coordinating and monitoring interventions and possible social and behavioural changes with community participation indicated that more than 108,500 people interacted with the communication actors.

C4D also contributed to the consolidation of partnerships with civil society and religious leaders for improving the potential of community and other interventions while targeting populations living in hard-to-reach areas with little exposure to traditional communication channels such as radio and television. More than 100 religious leaders and nearly 90 journalists relayed messages on children's rights to education, health and protection from various forms of violence. Nearly 1 million children under five years of age were reached through a national catch-up immunization and micronutrient supplementation campaign, and nearly 50,000 households were exposed to promotional messages on good health and nutrition practices, including the importance of registering children.

Humanitarian Leadership, Coordination and Strategy
The cluster system is not activated in Mauritania. UNICEF is leading the Nutrition sector and is co-leading an intersectoral Nutrition/Food Security Group together with WFP. Five coordination meeting of the nutrition sector were held during the reporting period, under the co-leadership of UNICEF and the Ministry of Health, in partnership with the food security sector led by WFP. UNICEF supported two multisectoral coordination meeting through SUN movement platform under the leadership of the national SUN movement focal point and gathering key actors (the government, the UN system, the private sector, the university, the civil society). These multisectoral meeting allowed to review/validate SUN movement new strategy 3.0 and to draw-out the way forward to strengthen national nutrition development through strong multisectoral coordination for more investment on nutrition. UNICEF has been supporting technically and financially the Ministry of Education COVID-19 response plan that was officially launched in June. Partial funding for this action came from the GPE Accelerated Funds (70,000 USD) that UNICEF secured thanks to the support of the agency headquarters. In addition, the overall education COVID-19 response has been financed through agreed adjustments of ongoing partnerships with donors such as ECHO, BPRM and PBSO. As for the refugee camp of M’Berra and the host community of Bassiknou, the Education Working Group (EWG) has been coordinated by the regional education authorities of Hodh Chargui who oversees the regional response. UNICEF continues ensuring the coordination of IPC pillar in which more than thirty organizations participate. Twenty four meetings have been conducted up to date and a serie of field visits at hospitals, health and isolation centres undertaken for evaluating, improving and follow-up IPC practices. As lead of the RCCE pillar, UNICEF was committed in recent weeks for ensuring the coordination of communication and community engagement activities for more than 40 humanitarian partners.
Human Interest Stories and External Media

https://www.unicef.org/mauritania/recits/seyya-yuma-covid-faim?fbclid=IwAR3B5cO8RxDp-SpIFtOr0BlG4eAZ2QbEu48PNACQIibj2W-jTW8BknA6E
https://www.unicef.org/mauritania/recits/naji-p%c3%a8re-courage

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### Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF and IPs</th>
<th>Sector Response</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2020 Target</td>
<td>Total Results</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
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<tr>
<td>Number of children under age 5 suffering from SAM admitted for treatment</td>
<td>22,470</td>
<td>24,305</td>
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<tr>
<td>Number of pregnant and lactating women reached with an integrated package of IYCF services</td>
<td>99,285</td>
<td>59,052</td>
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<tr>
<td><strong>HEALTH</strong></td>
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<tr>
<td>Number of children aged 0 to 11 months reached with measles vaccination in the refugee camp and host population</td>
<td>1,775</td>
<td>1212</td>
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<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>5,220</td>
<td>8,885</td>
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<td><strong>WASH</strong></td>
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<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>13,482</td>
<td>2,218</td>
</tr>
<tr>
<td>Number of children with access to 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>29,616</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
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<tr>
<td>Number of refugee and host community children reached with mental health psychosocial support</td>
<td>11,500</td>
<td>4,238</td>
</tr>
<tr>
<td>Number of survivors of sexual and gender-based violence reached with gender-based violence response interventions</td>
<td>300</td>
<td>1,116</td>
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<tr>
<td><strong>EDUCATION</strong></td>
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<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>10,995^ii</td>
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<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>5,180^ii</td>
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</table>

^ii In addition to those (this indicator is exclusively for the refugee camp of M'Berra and the hosting community of Bassiknou), UNICEF supported the MOE COVID-19 response plan reaching 12,496 children nationwide.
## Annex B

### Funding Status

<table>
<thead>
<tr>
<th>Applied to Sector</th>
<th>Requirements</th>
<th>Available Funds</th>
<th>Funding gap</th>
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<tr>
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<tr>
<td></td>
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<td>Funds Received</td>
<td>Carry-Over</td>
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<tr>
<td>Nutrition</td>
<td>6,000,000</td>
<td>1,089,138</td>
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<td>Health</td>
<td>900,000</td>
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<td>WASH</td>
<td>2,000,000</td>
<td>126,901</td>
<td>60,591</td>
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<td>Child Protection</td>
<td>2,760,000</td>
<td>874,760</td>
<td>1,130,064</td>
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<td>Education</td>
<td>1,760,000</td>
<td>1,736,420</td>
<td>1,670,881</td>
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<tr>
<td><strong>Total</strong></td>
<td>13,420,000</td>
<td>3,827,219</td>
<td>3,064,937</td>
</tr>
</tbody>
</table>

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1. According to estimates/predications done by the Cadre Harmonisé  
2. The activities carried out from April to June 2020 reached those children already counted in the previous SitRep. Thus, they are not counted twice.  
3. Because of the COVID-19 pandemic, no out of school child has been reinserted to education in the mentioned quarter of the year. On the other hand, activities were mainly focused for ensuring continuity of education to those children already in the system.