

Humanitarian Action for Children unicef

Mauritania

Mauritania is experiencing recurrent cycles of drought that are severely affecting the nutritional health of children. For the second year running, irregular rainfall has negatively impacted crops and pastures, eroding household resilience and capacities to absorb shocks. Over 130,000 children, including nearly 32,000 children with severe acute malnutrition (SAM), and 31,000 pregnant and lactating women, will require nutritional care and treatment in 2019.1 Twenty-three of Mauritania's 55 districts are currently experiencing a nutrition emergency,² and account for three quarters of the country's total SAM caseload.3 Only 47 per cent of the populations of these districts have access to drinking water, compared with the national average of 64 per cent.⁴ Poor hygiene and sanitation practices, high levels of diarrhoea and low vaccination rates are aggravating factors.5 Given the protracted emergency and deteriorating security situation in the Sahel, over 57,000 Malian refugees—a 10 per cent increase from 2017—60 per cent of whom are children, require access to basic services, including safe water, health care, education and protection.⁶ Of the 29,485 school-aged refugee children (3 to 17 years) in the M'Berra refugee camp, only 8,217 (6 to 17 years) have access to learning opportunities.7 In host communities, 12,000 children are out of school.8

Humanitarian strategy

UNICEF and partners will address the needs of populations affected by malnutrition in Mauritania through a multi-sectoral strategy focusing on scaling up the integrated management of acute malnutrition and providing water, sanitation and hygiene (WASH) services. In addition to life-saving service delivery, UNICEF will also take a strong community-based approach to prevention that will incorporate communication for development, screening and infant and young child feeding (IYCF) counselling. To strengthen the synergies between humanitarian action and development programming and build resilience, UNICEF will use a cross-sectoral approach that accelerates access to basic services while improving social cohesion in a volatile context. This approach will include integrated interventions, monitoring, information management and coordination. Mobile, community-based service delivery will be employed to reach affected populations in hard-to-reach areas. Protection and education will be central to UNICEF's contribution to the Malian refugee response, and will involve immediate service provision, as well as efforts to strengthen integrated community-based child protection services and mechanisms. Particular emphasis will be placed on strengthening referrals for psychosocial support for refugee children in camps and vulnerable children in host communities.

Results from 2018

As of 31 October 2018, UNICEF had US\$10.3 million available against the US\$19.1 million appeal (54 per cent funded).9 Lack of funding challenged UNICEF's response to the needs of vulnerable women and children in Mauritania. Of the over 32,000 children under 5 years with SAM who were targeted with services, only some 20,700 have been admitted into therapeutic feeding programmes to date. UNICEF reached 543 health service providers and 344 community health workers with training on the national integrated management of acute malnutrition protocol for SAM treatment and IYCF services. Over 39,000 conflict- and disaster-affected people gained access to basic WASH services with UNICEF support in Tagant, Hodh El Chargui, Guidimakha, Assaba and Hodh El Gharbi. UNICEF helped respond to the immediate protection and psychosocial support needs of refugee children in M'Berra refugee camp and host communities. Education-in-emergencies activities benefited over 8,200 children in the M'Berra camp and nearly 5,100 children in host communities. A total of 1,881 children (750 boys and 1,131 girls) exposed to violence, abuse and exploitation at the M'Berra camp and within host communities were identified and referred to government/civil society organization services, including legal assistance, medical services, psychosocial support and vocational training/education opportunities.

Total people in need: 258,978¹⁰

Total children (<18) in need: 224,978¹¹

Total people to be reached: 113,323¹²

Total children to be reached: 77,089¹³

2019 programme targets:

Nutrition

- 26,930 children under 5 years suffering from SAM admitted for treatment
- 16,234 pregnant and lactating women reached with an integrated package of IYCF services

Health

2,846 children aged 6 to 59
months with common childhood
diseases reached with appropriate
and integrated management of
childhood illness services

WASH

- 13,465 children under treatment for SAM accessing safe water for drinking, cooking and hygiene through housewater treatment
- 6,500 children accessing 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

Child protection

- 8,500 refugee and host community children reached with psychosocial support
- 150 survivors of sexual and genderbased violence reached with gender-based violence response interventions

Education

- 17,000 school-aged boys and girls
 (3 to 17 years) in the refugee camp
 and host community affected by
 humanitarian situations receiving
 learning materials
- 4,950 out-of-school boys and girls aged 3 to 17 years accessing education

	Sector 2018 targets	Sector total results	UNICEF 2018 targets ⁱ	UNICEF total results
NUTRITION				
Children with SAM admitted for therapeutic care	32,244	20,692	32,244	20,692
Pregnant and lactating women reached with an integrated package of IYCF services			47,871	32,876
Children aged 6 to 23 months who received micronutrient powders			77,167	13,300
WATER, SANITATION AND HYGIENE				
Schoolchildren in refugee camps and host communities provided with WASH facilities and training sessions			13,780	Oii
Severely malnourished children provided with access to water for drinking, cooking and hygiene			42,244	13,895
Persons in refugee-hosting communities and malnutrition- and flood-affected areas provided with hygiene and sanitation training/awareness sessions	250,000	115,309	70,000	57,873
CHILD PROTECTION				
Displaced, refugee and returnee children provided with safe access to community spaces for socialization, play and learning			10,000	1,881
EDUCATION				
Emergency-affected children, including adolescents, accessing quality education, including through temporary learning structures	5,500	8,217	5,500	8,217

Results are through 31 October 2018.

Funding requirements

UNICEF is requesting US\$10.5 million to meet the humanitarian needs of children in Mauritania in 2019. Without timely and adequate funding, UNICEF will be unable to adequately support the national response to malnutrition, and address critical health and WASH-related needs. Basic supplies, teacher training, additional education facilities for primary education and child protection interventions are also urgently needed to uphold the rights of refugee children and children in host communities.

Sector	2019 requirements (US\$)
Nutrition	5,300,000
Health	750,000
Water, sanitation and hygiene	1,620,000
Child protection	1,610,000
Education	1,230,000
Total	10,510,000

¹ Government of Mauritania Ministry of Health, Nutrition Standardized Monitoring and Assessment of Relief and Transition (SMART) survey, July 2018; United Nations Children's Fund Mauritania, Integrated Management of Acute Malnutrition Database, November 2018; and a joint estimate by UNICEF and the World Food Programme (WFP) for the number of people in need and targets for 2019.

Who to contact for further information:

Herve Peries Representative - Mauritania Tel: +222 42783100 Email: hperies@unicef.org Grant Leaity
Deputy Director, Office of
Emergency Programmes (EMOPS)
Tel: +1 212 326 7150
Email: gleaity@unicef.org

Carla Haddad Mardini
Director, Public Partnership
Division (PPD)
Tel: +1 212 326 7160
Email: chaddadmardini@unicef.org

¹ The cluster system has not been activated in Mauritania. The nutrition, WASH and education sectors meet on an ad-hoc or as-needed basis.

ii The WASH-in-schools component remained unfunded during the year. Funds were received in the last quarter of 2018 and implementation has been initiated.

² A nutrition emergency is considered a global acute malnutrition rate above 15 per cent and/or SAM rate above 2 per cent.

³ Government of Mauritania Ministry of Health, Nutrition SMART survey, July 2018; United Nations Children's Fund Mauritania, Integrated Management of Acute Malnutrition Database, November 2018; and a joint estimate by UNICEF and WFP for the number of people in need and targets for 2019.

Government of Mauritania Ministry of Hydraulics and Sanitation, 'Stratégie National pour un Accès Durable à l'Eau et l'Assainissement à l'horizon 2030', SNADEA-2030, August 2016, <www.pseau.org/outils/ouvrages/mha_strategie_nationale_pour_un_acces_durable_a_l_eau_et_a_l_assainissement_a_l_horizon_2030_2016.pdf>, accessed 27 November 2018.

⁵ Mauritania National Office of Statistics and United Nations Children's Fund, 'Mauritania Multiple Indicator Cluster Survey 2015', UNICEF, New York, 2018.

⁶ United Nations High Commissioner for Refugees, M'Berra refugee camp database, September 2018.

⁷ Ibid.

⁸ Mauritania Ministry of Education, Directorate of Education for the Hodh El Chargui region, 2018.

⁹ Available funding includes US\$10.2 million received against the current appeal and US\$80,091 carried forward from the previous year.

¹⁰ Figure calculated using the SAM burden identified in the Nutrition SMART Survey 2018 and refugee figures from the United Nations High Commissioner for Refugees (UNHCR).

¹¹ Ibid.

¹²This includes 58,089 children aged 6 to 59 months and 16,234 pregnant and lactating women to be reached with nutrition interventions, 17,000 school-aged children to be reached with education in refugee camps, 2,000 children to be reached with health care and 20,000 adults to be reached with WASH interventions.

¹³ This includes 58,089 children aged 6 to 59 months to be reached with nutrition interventions, 17,000 school-aged children to be reached with education in refugee camps and 2,000 children to be reached with health care.