



A woman and her son near their milk and egg production unit. UNICEF is supporting the nutritional health of pregnant women and mothers of children aged 6 to 23 months.

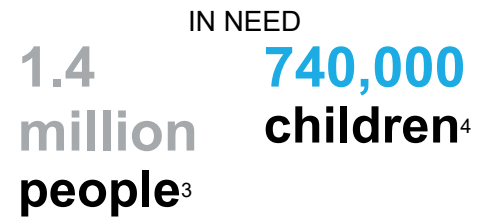
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Humanitarian Action for Children

Mauritania

HIGHLIGHTS

- Mauritania is facing acute humanitarian needs, including high levels of food insecurity (over 25 per cent of the population in severe food insecurity in most of the provinces) and very high rates of acute malnutrition.¹ The coronavirus disease 2019 (COVID-19) pandemic is aggravating this precarious situation and affecting the provision of basic social services. In addition, over 60,000 refugees, including 36,000 children,² require access to health, nutrition, education and protection services.
- UNICEF is implementing cross-sectoral approaches to accelerate access to basic services, ensure synergies between humanitarian action and development programming, and build resilience. This includes a multi-sectoral strategy to scale up the integrated management of acute malnutrition and provide water, sanitation and hygiene (WASH) services.
- In 2021, US\$17.7 million is required to meet the humanitarian needs of children in Mauritania. This includes US\$6.1 million to provide an integrated response to malnutrition and US\$2.8 million to improve access to WASH services.



KEY PLANNED TARGETS



30,159

children admitted for treatment for severe acute malnutrition



20,389

children/caregivers accessing mental health and psychosocial support



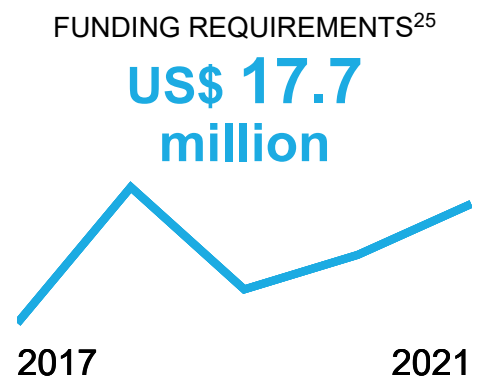
50,000

children accessing educational services



186,046

people participating in engagement actions



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HUMANITARIAN SITUATION AND NEEDS

Mauritania is facing a range of chronic vulnerabilities. Irregular rainfall is negatively impacting crops and pastures and eroding household resilience and capacities to absorb shocks. The country regularly faces acute humanitarian needs, including high levels of food insecurity (over 25 per cent of the population is severely food insecure in most provinces) and high rates of acute malnutrition rates.⁷

COVID-19 is aggravating the already precarious food security and nutrition situation in Mauritania. The impacts of the pandemic may overwhelm current national response capacities and affect the provision of basic social services. Following the closure of schools in March 2020, nearly 868,000 children are out of school and deprived of their educations.⁹ Distance learning programmes have been implemented and a return to school is currently being organized.

Children in Mauritania are also vulnerable to significant protection risks, including child marriage, female genital mutilation, child labour and violence against children.¹⁰ Child protection systems and community-based child protection mechanisms urgently need to be strengthened, and there is an immediate need for integrated child protection services for vulnerable boys and girls, including children with disabilities, and services preventing and responding to gender-based violence.

An estimated 1.4 million people are experiencing crisis-levels of food and nutrition insecurity, and over 609,000 of them are suffering from severe food insecurity.¹¹ This represents 15 per cent of the nationwide population, a record high among countries in the Sahel.¹² In the context of the pandemic, an estimated 154,000 children, including 35,000 children with severe acute malnutrition (SAM), and nearly 52,000 pregnant and lactating women with acute malnutrition, will require care and treatment in 2021.¹³ Twenty-three out of 55 districts are experiencing a nutrition emergency, with global acute malnutrition rates exceeding 15 per cent and/or SAM rates above 2 per cent.¹¹ Only half of people living in these districts have access to drinking water, compared with 70 per cent nationally.⁸

The M'Berra refugee camp, established in 2012, currently hosts over 60,000 refugees, including 36,000 children,¹⁴ who depend on assistance from the Government and humanitarian partners, as well as the generosity of local communities. Refugee children require access to basic services, including health, nutrition, education and protection support. Out of 29,000 school-aged refugee children in the M'Berra refugee camp, only 6,800 are accessing formal education and only 500 youth are accessing literacy courses. In host communities, more than 14,000 children are out of school.¹⁵

SECTOR NEEDS



Nutrition

154,000 malnourished children require care and treatment¹⁶



Water, sanitation and hygiene

46,000 people require access to appropriate WASH services¹⁷



Education

186,000 children need education services¹⁸



C4D, community engagement and AAP

268,000 people need to participate in engagement actions¹⁹

STORY FROM THE FIELD



In the context of the COVID-19 pandemic and as food insecurity worsens in sub-Saharan Africa, helping the most vulnerable populations of women and children is a considerable challenge, especially during the critical "thousand days" period, from birth to the child's second birthday.

"My name is Fatimetou, I am 28 years old and I am from the village of Abary in the Brakna region in Mauritania. I am the mother of six children. I have always practiced exclusive breastfeeding. I was sensitized very young by the women of the village on the importance of this practice."

[Read more about this story here](#)

Fatimetou and her child with packets of micronutrient powder provided by UNICEF.

HUMANITARIAN STRATEGY

As co-lead of the nutrition sector, UNICEF implements a multi-sectoral strategy to scale up the integrated management of acute malnutrition and provide WASH services. This includes life-saving service delivery through health centres, as well as community-based approaches to prevention that incorporate communication for development, screening, infant and young child feeding counselling and early detection by mothers and caregivers at the country level.

Protection and education are central to UNICEF's contribution to the Malian refugee response. Together with national and local authorities, UNICEF is facilitating both immediate service provision to meet the urgent needs of refugees and host communities, as well as systems strengthening to improve resilience, including teacher training, risk-sensitive planning, social follow-up for children at risk and victims of violence and assistance to access legal advice, birth certification or medical assistance.

To ensure synergies between humanitarian action and development programming and build resilience, UNICEF uses a cross-sectoral approach that accelerates access to basic services, including for children with disabilities, while improving social cohesion in volatile contexts. This approach includes integrated interventions, monitoring, information management and coordination, including with other United Nations agencies. Mobile, community-based service delivery will facilitate access to affected populations in hard-to-reach areas. UNICEF will continue to strengthen its prevention strategies, such as the provision of integrated nutrition-health packages through early detection of acute malnutrition, vitamin A supplementation, de-worming and immunization. UNICEF empowers women by supporting homestead food production and strengthening their capacities, emphasizing the prevention of gender-based violence as a key contributing factor to preventing acute malnutrition among children under 5 years. UNICEF will also continue to support the adoption of good hygiene practices, while strengthening government systems in the management and coordination of WASH interventions.

In the context of the COVID-19 pandemic, the United Nations system is supporting the Government to respond through the Incident Command System. UNICEF will provide leadership for the risk communication and community engagement pillar, including on community-based surveillance, and the infection prevention and control pillar. UNICEF will also strengthen national social protection systems through the distribution of cash assistance and the establishment of social protection systems that are more responsive to shocks, more sensitive to nutrition and child protection and better adapted to children's needs over the medium- and long-term.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/mauritania/situation-reports>

2021 PROGRAMME TARGETS



Nutrition

- **30,159** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **169,480** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **91,765** children aged 0 to 23 months receiving infant and young child feeding services



Health

- **2,632** children aged 6 to 59 months vaccinated against measles²⁰
- **7,740** children aged 0 to 59 months with common childhood diseases reached with appropriate and integrated management of childhood illness services



Water, sanitation and hygiene

- **22,095** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **24,000** children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces



Child protection, GBViE and PSEA²¹

- **20,389** children and caregivers accessing mental health and psychosocial support
- **13,625** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions



Education

- **50,000** children accessing formal or non-formal education, including early learning
- **300** schools implementing safe school protocols (infection prevention and control)



Social protection and cash transfers

- **36,662** households reached with humanitarian cash transfers across sectors²²

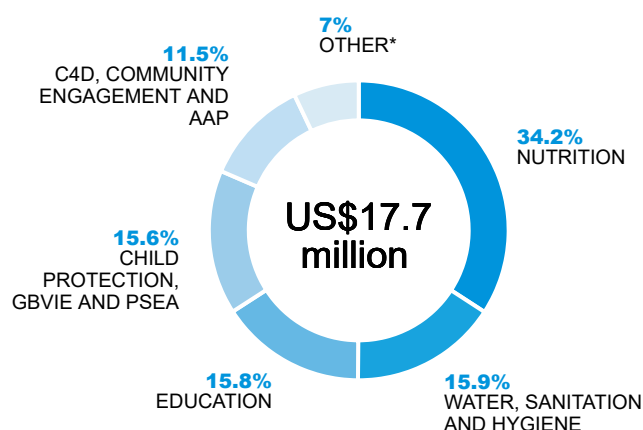


C4D, community engagement and AAP

- **186,046** people participating in engagement actions for social and behavioural change

FUNDING REQUIREMENTS IN 2021

UNICEF is requesting US\$17.7 million to meet the humanitarian needs of children in Mauritania in 2021. The country's chronic humanitarian crisis has been exacerbated by the impact of the COVID-19 pandemic and related restrictions. The number of people in need in 2021 – over 1.4 million people – is more than double the population in need in 2020. UNICEF therefore requires additional funds to respond to COVID-19, particularly with communication for development, community engagement and WASH, and reach affected children with life-saving interventions related to malnutrition and other critical health and WASH-related needs. This funding will also enable the provision of basic supplies, teacher training and additional facilities for primary education and child protection interventions – all of which are urgently needed to uphold the rights of Malian refugee children and children in host communities. Without sufficient and timely funding, UNICEF will be unable to support the national response to the country's continuing crisis



Sector	2021 requirements (US\$)
Nutrition	6,050,000
Health	950,000
Water, sanitation and hygiene	2,820,000
Child protection, GBVIE and PSEA	2,760,000 ²³
Education	2,800,000
Social protection and cash transfers	300,000 ²⁴
C4D, community engagement and AAP	2,031,799
Total	17,711,799

*This includes costs from other sectors/interventions : Health (5.4%), Social protection and cash transfers (1.7%).

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ENDNOTES

1. Emergency nutrition thresholds are global acute malnutrition rates exceeding 15 per cent and/or SAM rates above 2 per cent. National SMART nutrition survey, 2019.
2. United Nations High Commissioner for Refugees, June 2020.
3. In the absence of a humanitarian needs overview, this is based on the Cadre Harmonisé for March 2020.
4. Ibid. This was calculated based on children representing 52.5 per cent of the population as per the 2013 census.
5. This was calculated using the highest coverage programme targets of children aged 6 to 59 months to be reached with SAM treatment (30,159); children aged 6 to 23 months to be reached with infant and young child feeding (91,765); women to be reached with infant and young child feeding (169,480); children to be reached with education in refugee camps and host communities (24,350); children to be reached with health care (4,644); and adults and children in nutrition emergency districts to be reached with WASH services (19,000). The total includes 172,075 women/girls (50.7 per cent) and 167,323 men/boys (49.3 per cent). This includes 33,920 people with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
6. This was calculated using the highest coverage programme targets of children aged 6 to 59 months to be reached with SAM treatment (30,159); children aged 6 to 23 months to be reached with infant and young child feeding (91,765); children to be reached with education in refugee camps and host communities (24,350); children to be reached with health care (4,644); and children in nutrition emergency districts to be reached with WASH services (9,880). The total includes 81,525 girls (50.7 per cent) and 79,273 boys (49.3 per cent). This includes 1,544 children with disabilities.
7. Cadre Harmonisé, March 2020 and national SMART nutrition survey, 2019.
8. Mauritania Ministry of Water and Sanitation, '2019 Annual Report', 2020.
9. Mauritania Ministry of Education, Annuaire Statistique National, 2019.
10. Seventy-one per cent of children aged 1 to 4 years have been the victim of at least one form of violence; 15 per cent of girls under 15 years are married; 53 per cent of girls under 14 years have suffered from some form of female genital mutilation; 38 per cent of children aged 5 to 17 years work; and 26 per cent of working children labour in dangerous conditions. Mauritania Multiple Indicator Cluster Survey, 2015.
11. Ibid.
12. Ibid.
13. Ibid.
14. United Nations High Commissioner for Refugees, Operational Portal Mauritania', UNHCR, <<https://data2.unhcr.org/fr/country/mrt>>, accessed June 2020.
15. According to the 2013 census and the 2014 Multiple Indicator Cluster Survey, 45 per cent of children aged 6 to 17 years are out of school in Mauritania.
16. As no SMART survey was organized in 2020 due to the COVID-19 pandemic, 2021 data correspond with an average of data from the last five SMART surveys.
17. This is a UNICEF estimate based on the average number of children affected by moderate and acute malnutrition, the population of affected pregnant and lactating women and people affected by flooding.
18. This is a UNICEF estimate based on the number of people in need nationwide (150,000), the number of child refugees (29,087), the number of children who are out of school (6,400) and the number of newly arrived refugee children (218).
19. This is a UNICEF estimate based on the number of adolescents and pregnant and lactating women in need of education, WASH and protection.
20. Children to be reached by the measles vaccination (2,632) are the those who have been missed by Government-led routine vaccination (catch-up vaccination). The target is low as the Government's vaccination coverage is relatively high with just some small niches not covered by the routine vaccination supported by UNICEF.
21. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
22. This is based on figures from the National Cash Transfer program led by the Government.
23. This includes US\$1.7 million for child protection interventions; US\$600,000 for gender-based violence in emergencies interventions; and US\$460,000 for prevention of sexual exploitation and abuse interventions.
24. The entire amount is linked to the humanitarian cash transfers programme.
25. The 2017 requirements for UNICEF Mauritania are embedded in the 2017 regional appeal for West and Central Africa.