

Mauritania

Consolidated Emergency Report 2021



Children at the M'Berra camp receive their school kits. (© UNICEF Mauritania 2022/Boughaleb)

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Expression of thanks

UNICEF Mauritania would like to thank its donors, in particular the USA (BPRM, USAID, ARDF), the U (ECHO), and National Committees (Spanish, Japanese, Swedish), who responded to UNICEF Mauritania's Humanitarian Action for Children appeal in 2021 (funded at 42 per cent). This support enabled UNICEF Mauritania to respond to the humanitarian needs of children and women via Nutrition (severe acute malnutrition), Health (COVID-19, Polio, measles, etc. outbreaks), Education, Protection, and WASH interventions.

Unearmarked thematic and non-thematic humanitarian funding gave UNICEF Mauritania the necessary flexibility to ensure the delivery of lifesaving supplies and interventions where they are needed the most. UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF in delivering on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Abbreviations and acronyms

AFD	French Development Agency
BMZ	Federal Ministry of Economic Cooperation and Development
BPRM	Bureau of Population, Refugees, and Migration (US Department of State)
CERF	Central Emergency Response Fund
CHW	Community Health Workers
CLTS	Community Led Total Sanitation
COAR	Country Office Annual Report
CPWG	Child Protection Working Group
EDSM	Demographic and Social Survey of Mauritania
DGRSSI	<i>Direction Générale du Registre Social et des Systèmes d'Informations</i> (Directorate-General for the Social Register and Information Systems)
ECHO	European Commission Humanitarian Aid Office
EWG	Education Working Group
FFP	Food for Peace (USAID)
FGM	Female Genital Mutilation
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GBV	Gender-based violence
HAC	Humanitarian Action for Children
HEC	Hodh Chargui
HPM	Humanitarian Performance Monitoring
IDEN	Departmental Inspectorate of National Education
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
MASEF	Ministry of Social Affairs, Children and Family
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MRM	Monitoring and Reporting Mechanism
MRU	Mauritanian local currency
NGO	Non-Governmental Organization
OFDA	Office of Foreign Disaster Assistance (USAID)
OTP	Outpatient Therapeutic Program
ORE	Other Resources- Emergency
ORR	Other Regular- Resources
PSEA	Protection against sexual exploitation and abuse
RENAJ	National Youth Network
RUTF	Ready-to-use Therapeutic Food
SAM	Severe Acute Malnutrition
SGBV	Sexual gender-based violence
SIDA	Swedish International Development Agency
SAM	Severe acute malnutrition
SMART	Type of survey; stands for “Specific, Measurable, Achievable, Relevant, and Time-based goals”
SOPs	Standard Operating Procedures
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children’s Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WCARO	West and Central Africa Regional Office
WHO	World Health Organization
WFP	World Food Programme

Executive Summary

Mauritania continues to face a range of chronic vulnerabilities exacerbated by climate change. Irregular rainfall negatively impacts crops and pastures and erodes the resilience of households to absorb shocks. Chronic drought and flooding continue to aggravate underlying deprivations, triggering rapid rural depopulation and urban poverty. According to the results of the Ministry of Health's 2021 Nutrition Survey (SMART 2021), the nutritional situation was characterised by global acute malnutrition (GAM) rates of 11.1 per cent and severe acute malnutrition (SAM) of 1.9 per cent (concerning, as it is close to the emergency threshold of over 2 per cent). Twenty-two health districts out of the 57 at the national level face a nutritional crisis (GAM over 15 per cent and/or SAM over two per cent). Only half of people living in these districts have access to drinking water, compared with 70 per cent nationally. Three consecutive years of drought and food insecurity, in addition to the health crises (COVID-19 pandemic, and Polio, Measles and Rift Valley fever outbreaks), have exacerbated the situation and hampered the development of a protective environment for children. Despite progress in terms of coverage, the number of children outside school remains very worrying, requiring efforts supported by all actors. Regarding COVID-19, Mauritania experienced three major waves in January, June, and December 2021. As of 31 December 2021, the total number of confirmed COVID-19 cases was 41,473, including 1,432 active cases and 866 deaths¹. The socio-economic consequences of the crisis increase the probability that people resort to negative coping mechanisms, with an even heavier burden put on women and girls. Four mass vaccination campaigns against COVID-19 were organized, resulting in 714,954 people (over 18 years old) fully vaccinated, representing 27 per cent of the target population. Mauritania also continues to be impacted by the armed conflict in Mali, which has affected thousands of people since 2012. The country hosts the largest Malian refugee population in the Sahel region, with more than 70,720 Malian refugees living in and around the M'Berra camp in the Hodh Chargui (HEC) region.^[1] Among these, 54 per cent are girls and women and 58 per cent are children aged 0 to 17 years. Despite the peace accords signed in 2015, the voluntary repatriation of refugees remains limited, and Mauritania continues to receive new waves of arrivals in M'Berra. In 2021, 2,224 new arrivals were recorded in the camp and no voluntary repatriations took place.

Thanks to the resources mobilized (the HAC 2021 has been funded at 42 per cent), UNICEF ensured the delivery of high impact interventions related to SAM response, education and protection in emergency, WASH, and health (COVID-19, Polio and Measles outbreak response). The year 2021 was marked by the strengthening of the geographical convergence and of an inter-sector approach through the integrated promotion of nutrition/hygiene/sanitation (KRC#2/8), prevention of violence (KRC#5) in the curriculum (KRC#3) to strengthen community resilience. As co-lead of the nutrition sector, UNICEF implemented a multi-sectoral strategy to scale up the integrated management of acute malnutrition and to provide WASH services. UNICEF empowered 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. This includes lifesaving 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 were central to UNICEF's contribution to the Malian refugee response. Together with national and local authorities, UNICEF facilitated 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. In the context of the COVID-19 pandemic, UNICEF has provided leadership for the risk communication and community engagement pillar, including on community-based surveillance, and the infection prevention and control pillar (IPC). UNICEF has also strengthened 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.

¹ COVID-19 SitRep- 649 (Ministry of Health, 2021)

In 2021, substantial results were achieved per sector. Regarding Nutrition interventions, 584,477 (86 per cent) children aged 6-59 months have been screened for 22,150 SAM cases who were admitted for treatment, representing 70 per cent of the annual target. In 2021, 20,011 cartons of RUTF have been distributed throughout the country. Additionally, 178,090 caregivers of children aged 0-23 months continued receiving infant and young child feeding (IYCF) counselling. Concerning Health intervention, 94,292 infants were vaccinated with Penta-1 out of a target of 114,278 infants (87,292 returned for their third dose, namely 76.6 per cent of the target). With regards to the measles, 50,420 children aged 0-11 months were vaccinated in M'Berra refugee camp and Bassiknou host population. Four mass vaccination campaigns against COVID-19 were organized, resulting in 875,843 people (over 18 years old) fully vaccinated, representing 32.5 per cent of the target population. In terms of WASH interventions, the Ministry of Health received 1,500 personal protective equipment (PPE) suits, 50,000 FFP-1 surgical masks, 1,000 pairs of surgical gloves to protect health personnel, and 8,000 rapid diagnostic tests (RDTs). Moreover, 34,037 beneficiary students in 86 schools and 21 health centers benefitted from the installation of latrines and drinking water supplies and incineration tanks. Fourteen drinking water supply systems were also established in the regions of Assaba, Guidimakha and HEC have been constructed for 10,345 people. In the M'Berra refugee camp, Education interventions enabled 4,094 students (1,944 girls) to return to school safely. One hundred Koranic instructors from the camp were trained on life skills, alphabetization, numeracy, and hygiene and sanitation. Child protection interventions contributed to training 630 child protection actors and 1,391 members of local organizations and cooperatives on prevention and child protection referral system. In the camp, 1,422 survivors of violence were identified and received at least one service from the minimum service package. Regarding the Prevention of Sexual Exploitation and Abuse (PSEA), 100 per cent of UNICEF's staff has been trained in 2021. Concerning the Social Protection sector, 9,349 households benefitted from a cash distribution cycle amounting to 2,000 MRU per household. C4D has enabled 700 young people to shared useful information on the prevention of COVID-19, including vaccination. Finally, in terms of long-term resilience approaches, UNICEF and WFP continued to implement a large-scale model of resilience in Mauritania with the support of the German cooperation (BMZ/KfW) for an approximate amount of US\$ 14 million in three regions of Mauritania (Assaba, Guidimakha, HEC).

All these results would not have been achieved without donors' contributions of unearmarked funds, which provide UNICEF with the flexibility to deliver life-saving supplies and interventions where they are most needed, particularly in the form of longer-term and predictable funding and in building preparedness and resilience.

Humanitarian Context

Mauritania is facing the dire consequences of climate change², with severe droughts and seasonal flooding affecting the availability of safe drinking water and the use of adequate sanitation practices³ and endangering peaceful coexistence and social cohesion among communities. This is especially true in the HEC region, which continues to face the consequences of armed conflict in Mali. Despite sustained economic growth, Mauritania's wealth is distributed inequitably, with social sectors and the most vulnerable people, especially children, having the least access to it. Approximately 27 per cent of children (472,000) live in absolute poverty and six per cent (106,000) live in a situation of severe or extreme deprivation that has an impact on their physical, mental, and emotional development.⁴ Approximately, 27 per cent of children (472,000) live in absolute poverty and six per cent (106,000) live in a situation of severe or extreme deprivation that has an impact on their physical, mental and emotional development.⁵ Precarious living conditions, combined with socioeconomic disparities, result in limited access to basic

² Changement climatique en Mauritanie (Ministère de l'Environnement et du Développement Durable 2021) : http://www.environnement.gov.mr/fr/images/ressources/Rapport_de_la_4ieme_communication_nationale_sur_le_changement_climatique.pdf

³ According to MICS 2015 data (http://ansade.mr/images/mics/MIC5_rapport.pdf), in Mauritania, 38 per cent of the population has access to an improved drinking water source, 48 per cent of households use improved sanitation facilities and 38.8 per cent of the total of population still practices open defecation. Only 20 per cent of households have a specific place for handwashing

⁴ Cartographie des vulnérabilités en Mauritanie (UNICEF 2015), <https://www.unicef.org/mauritania/rapports/element-cartographie>

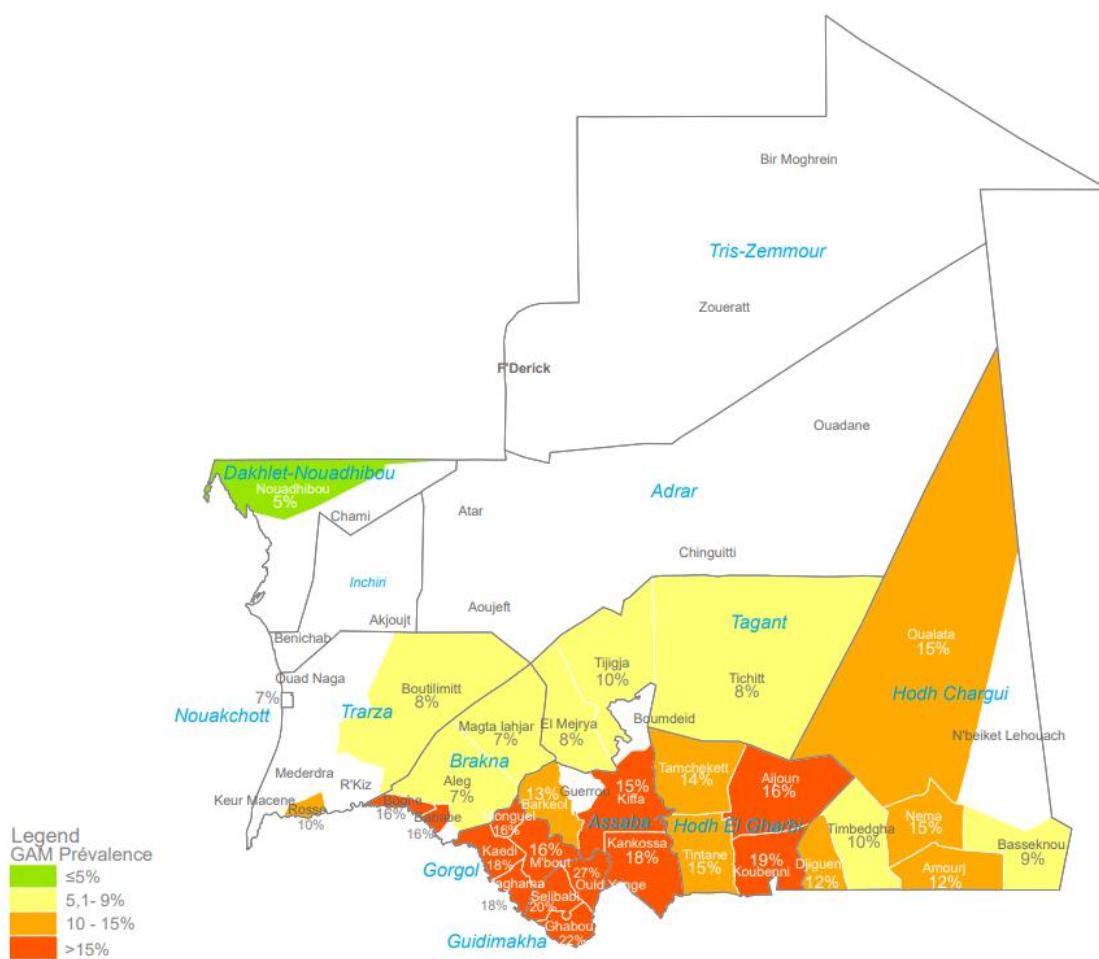
⁵ Cartographie des vulnérabilités en Mauritanie (UNICEF 2015), <https://www.unicef.org/mauritania/rapports/element-cartographie>

social services such as education, with 163,228 children out of school.⁶ Distance learning programmes included in the Ministry of Education's COVID-19 response plan remain irregular throughout the country.

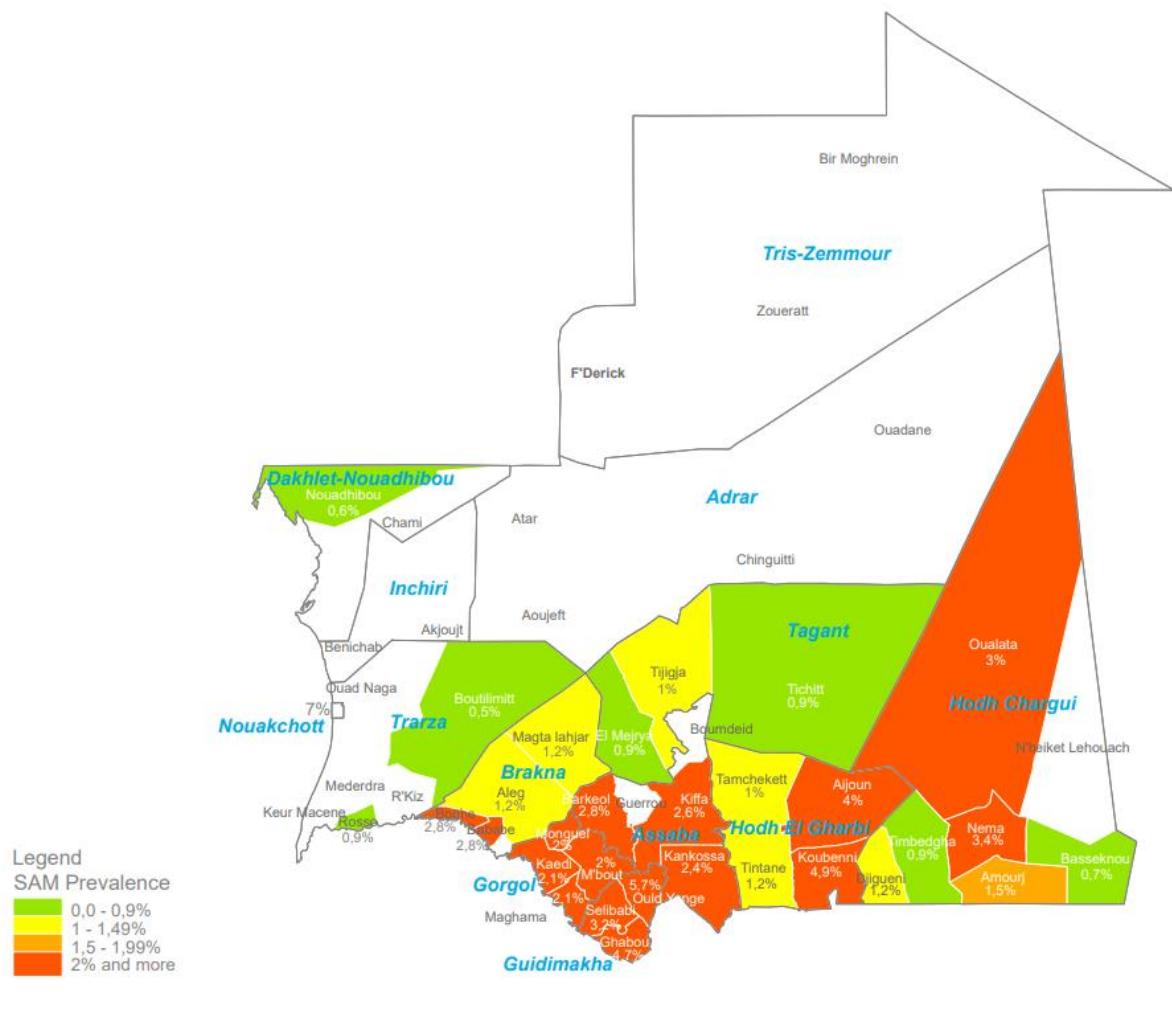
Food insecurity and malnutrition

Mauritania is facing a range of chronic vulnerabilities linked to climate change⁷ (floods, droughts, rising salt water, etc), affecting the availability of safe drinking water, the use of adequate sanitation practices,⁸ and endangering peaceful coexistence and social cohesion among communities. Sparse rainfall in 2021 is negatively impacting crops and pastures and eroding household resilience and capacities to absorb shocks. In the context of COVID-19, rising commodity prices have led to an increase in the food basket and a decrease in household purchasing power. Malnutrition remains a major concern, with 11.1 per cent of children suffering from GAM, 1.9 per cent of SAM, and 19 per cent of stunting. Low diversification of diet (42.8 per cent) of infants and young children and morbidity (39.9 per cent from diarrhoea) are among the immediate causes of malnutrition (SMART 2021). According to the November 2021 *Cadre Harmonisé*, 660,740 people (15 per cent of the population) will be severely food insecure (CPI phase 3-5) in the 2022 lean season. The establishment by the Government of a national mechanism for the prevention and response to food and nutrition crises and the sustained investment in social protection offer new prospects for support in coming years.

Overview of global acute malnutrition



Overview of severe acute malnutrition



SMART Survey 2021

It is estimated that 50 per cent of malnutrition is associated with diarrhoea, which is caused in part by the ingestion of unsafe water and poor hygiene practices (inadequate sanitation or poor hygiene conditions). Regular access to safe drinking water and basic sanitation and hygiene helps fight diarrhoeal diseases and/or worm infections, which remain one of the causes of malnutrition. The SMART survey (2021) highlights the difficulty to access drinking water in the country, including for hygiene and sanitation purposes, especially during the lean season. Only 71.7 per cent of the Mauritanian population has access to basic water (only 49.9 per cent in rural areas), only 49.8 per cent of the population has access to basic sanitation (18.9 per cent of the rural population) and only 52.7 per cent of the population has access to basic hygiene (36.3 per cent of the rural population)⁹. In addition, the SMART survey (2021) shows that only nine per cent of households treat water for drinking purposes with bleach and that the proportion of people who wash their hands at key moments are also low (16.8 per cent).

Protracted refugee crisis

Since 2012, the department of Bassiknou, in the HEC region, welcomed more than 70,720 (UNHCR Dashboard February 2022) Malian refugees, including 58 per cent of children aged 0 to 17 years. This influx of population has put pressure on basic social services and the region's meagre natural resources, especially considering the significant quantities of livestock that accompany them. The region is marked by very high levels of food insecurity and malnutrition, high vulnerability to man-made and climatic shocks, significant isolation, a deficit in infrastructure and basic services, and decentralized governance that still shows weaknesses affecting the entire population. In addition, in the Department of Bassiknou, there has been an acceleration in the degradation of local agroecological systems due to the strong human pressure and

⁹ Joint Monitoring Programme (2020)

an increase in inter- and intra-community tensions concerning access to natural resources (water and pasture) due to the presence of refugees and their livestock. The area's proximity to armed conflict zones in Mali generates risks related to the potential spread of ideas underlying radicalization and violent extremism. After more than eight years, the forced exile of refugees continued. Although the voluntary return of Malian refugees remains the most desirable durable solution, the security situation in northern and central Mali does not allow for an organized voluntary return of refugees in the short and medium term – requiring humanitarian actors to be constantly ready to respond to a new emergency.

The results of the Education regional survey on the monitoring of performance indicators (ERSIP) (2020) indicate that 91.3 per cent of women aged 15-49 in the HEC region have undergone some form of female genital mutilation and 43.1 per cent of the women surveyed believe that it should continue. Patriarchal and moralistic attitudes prevail and pervade all the systems including the judiciary systems. The current legislative framework does not offer enough legal protection to SGBV survivors; the law against SGBV drafted in 2019 to address the gap in the legal framework still encounters strong resistance from conservative parliamentarians and has not yet been adopted. In this context, the provision of services for SGBV survivors remains controversial and not widely accessible. Social and medical support that is confidential and adolescent-friendly is limited, especially for girls and women living in remote areas. In the absence of official legal mechanisms, communities often resort to traditional methods to resolve conflicts that are not in the best interests of girls and women SGBV survivors. Overall, these inadequacies result in a culture of impunity for rights violations. Girls and women living in and around the M'Berra camp are especially vulnerable to SGBV. The decrease in food rations has led many to move out of the camp and to resort to risky coping strategies to search for livelihoods, exposing them to the risk of sexual exploitation and abuse. To address this, UNICEF continues to work with other UN agencies to ensure that the UN Secretary-General's Bulletin on Prevention of Sexual Exploitation and Abuse is disseminated through training and sensitization and that adequate mechanisms are in place to monitor and report on SGBV incidents by humanitarian workers.

Precarious living conditions, combined with socioeconomic disparities, result in limited access to basic social services such as education, with 163,228 children out of school nationwide.¹⁰ Distance learning programmes included in the Ministry of Education's COVID-19 response plan remain irregular throughout the country. Three out of five schools in the country do not have a reliable water supply or sanitation system. According to the ERSIP (Regional survey on the monitoring of performance indicators) 2020 study, 71.7 per cent of HEC children do not attend either primary or secondary school and 47.9 per cent of children will continue through primary school; 74.1 per cent of these children will enter lower secondary school, 17.6 per cent will complete lower secondary school and only 2.9 per cent will complete upper secondary school, although the proportion is almost zero for girls in rural areas. Only 3.8 per cent of HEC children attending the 6th grade of primary school demonstrated basic reading skills in Arabic and French and 1.9 per cent demonstrated numeracy skills. In the M'Berra camp, out of 29,000 school-aged refugee children, only 6,800 are accessing formal education and only 500 youth access literacy courses. In host communities, more than 14,000 children are out of school (ERSIP).

According to SCRAPP (Strategy for Accelerated Regional Growth and Shared Prosperity), HEC is among the regions most affected by multidimensional poverty with 28 per cent of poor families, 42.7 per cent of working children, 27.8 per cent of them in dangerous conditions. Poverty, social norms, and ignorance of rights are all factors that make children, adolescents, youth, and women more vulnerable to abuse and exploitation risks, especially for those deprived of education through which they can achieve their intellectual development and assert their rights. Even if some of them have access to education, very few manage to continue their studies and girls are much less likely than boys to be able to travel to large cities to attend high school or university. Access to quality education is also one of the major challenges facing Mauritania because of its large territory, the dispersion of the population, the number of incomplete schools, teacher absenteeism and low teacher standards.

¹⁰ These children do not attend any traditional or modern school. Cartographie des vulnérabilités en Mauritanie (UNICEF 2015), <https://www.unicef.org/mauritania/rapports/element-cartographie>

Finally, the failure to register births increases the exposure of children without civil status to violations of their rights to protection against violence, abuse and exploitation and constitutes an obstacle to their schooling. In 2019, only 44.8 per cent of children under five were registered by a civil status authority (Demographic and social survey of Mauritania-EDSM).

Health crises

The COVID-19 pandemic and other disease outbreaks, such as measles, Polio, and Rift Valley Fever, have severely threaten the population's resilience and development. Mauritania has recorded 41,473 cases as of 31 December 2021, including 1,432 active cases and 866 deaths¹¹. In 2021, Mauritania has experienced three COVID-19 major waves in January, June, and December 2021. These successive waves have led the authorities to take restrictive measures throughout the year (school closure, curfew, etc.) The immunization strategy has been at the centre of the government's efforts. At the beginning of vaccination in March 2021, priority was given to at-risk and vulnerable people (chronically ill, over 55 years old, etc.). Since July, the target was extended to the entire adult population. Regarding the coordination of the response, UNICEF co-led the Infection Prevention and Control (IPC)/WASH and Risk Communication and Community Engagement (RCCE) pillars in support to the government. UNICEF supported the development of the national immunization strategy and the immunization rollout plan submitted to the COVAX facility and the African Union, as well as the request for the necessary cold chain equipment. Four mass vaccination campaigns against COVID-19 were organized with UNICEF support (planning and logistics). As a result, 875,843 people (over 18 years old) were fully vaccinated, which represents 32.5 per cent of the target population (2,690,855). Mauritania ranks 22 out of 52 countries on the African continent and first in the West African sub-region. These mass campaigns have been supported by awareness campaigns for vaccination and compliance with COVID-19 prevention measures.

In July 2021, an epidemic of Polio (VDPV2) was declared in Mauritania. In Mauritania, the last case was detected in 2010 and the most recent vaccination campaign was held in 2018. In 2021, Mauritania recorded a total of 10 cases, including four PVDV2c from Acute Flaccid Paralysis (AFP) contacts, and seven PVDV2c from environmental monitoring. A major vaccination campaign took place to stop the epidemic from 12 to 15 December 2021. In total, 6,483 children were vaccinated, especially in the regions of Assaba (2,418), Gorgol (377), HEC (3,073), and Nouakchott-Ouest (615). Fifty-one districts carried out an independent monitoring. Among them, 30 districts recorded zero to four per cent of unvaccinated children, four districts five to nine per cent, and 17 districts 10 per cent. Out of the country's 57 districts, 34 have an immunization coverage of 95 per cent, eight districts have immunization coverage between 95 and 90 per cent, and 15 districts less than 90 per cent.

Additionally, since September 2021, the M'Berra camp has been in the grip of a new Measles epidemic. A total of 74 cases were reported from 11 October to 11 November 2021, of which only 15 were vaccinated against the disease. Among the cases, 38 children were hospitalized and 36 were outpatients.

Finally, in October 2021, the Ministry of Health notified WHO about eight cases of Rift Valley Fever (RVF), including seven confirmed deaths in animal breeders. In December 2021, a total of 75 tested positive for RVF (RT-PCR and serology by enzyme-linked immunosorbent assay). Positive cases have been reported in 11 of 15 regions of the country: Brakna, Trarza, Gorgol, (on the border with Senegal), Adrar, Assaba, Hodh El Gharby, HEC, Guidimaka (on the border with Mali) and Nouakchott Sud, Nouakchott Ouest and Tagant. Thus far, a total of 25 deaths have been reported from this outbreak.

Humanitarian Results

In addition to the response to the COVID-19 pandemic in the country, UNICEF continued to provide multi-sector humanitarian assistance in regions vulnerable to food insecurity, malnutrition, and the influx of refugees. Thanks to the resources mobilized (HAC 2021 was funded at 42 per cent), UNICEF ensured the

¹¹ COVID-19 SitRep- 649 (Ministry of Health, 2021)

delivery of high-impact interventions related to the SAM response, emergency education and protection, as well as Health response.

Nutrition Sector

Summary of Program Results

Indicator	Cluster/Sector 2021 target	Cluster/Sector Total Results	UNICEF 2021 target	UNICEF Total Results
Number of children aged 6 to 59 months with SAM admitted for treatment	30,159	30,159	30,159	26,552
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	178,090	178,090	169,480	178,090
Children aged 0 to 23 months receiving infant and young child feeding services	165,187	165,187	91,765	165,187

The results are achieved through contributions against appeals, as well as resources from UNICEF's regular programme where necessary. Note that the cluster system has not been activated in Mauritania.

In 2021, the burden of acute malnutrition was estimated at 147,312, including 36,233 cases of SAM. During the year, 584,477 (86 per cent) of children aged 6-59 months were screened and 26,552 SAM cases were admitted for treatment. This represents 88 per cent of the annual target (30,159) and 59 per cent of the annual burden (36,233). Indicator 1 targets were not reached because only 85 per cent of health reports were submitted by partners. Additionally, 30 per cent of the population did not have access to a health structure within a radius of five km due to limited geographical coverage (NGOs only support 24 out of the country's 57 departments).



A Malian refugee woman breastfeeds her baby ©UNICEF/Pouget/2021

SAM admissions were 19 per cent lower than in 2020, although this figure may be underestimated due to partner underreporting. Three key Integrated Management of Acute Malnutrition (IMAM) indicators at the national level met SPHERE standards, with a cure rate of 89.4 per cent, a death rate of 0.8 per cent, a default rate of 8.4 per cent, and a non-response rate of 1.4 per cent.

After two consecutive years of drought and food insecurity, followed by the COVID-19 pandemic, the nutritional situation remains precarious. During the second half of the year, 18,157 cartons of RUTF and

other IMAM supplies were procured by the national social protection from domestic resources for distribution in the last quarter of 2021. Through the matching funds initiative, Mauritania received an additional 18,157 cartons of RUTF. To date, a total of 20,011 cartons of RUTF have been distributed throughout the country as part of the prevention of wasting, 178,090 caregivers of children aged 0-23 months continued receiving infant and young child feeding (IYCF) counselling through facilities and community platforms. In 2021, 165,187 children aged 0-23 months received IYCF services. Sectoral targets were exceeded because activities were scaled-up in twenty-four additional departments affected by the alarming nutritional context. A total of 83,395 children aged 6-23 months received micronutrient powder distribution for home fortification in eight emergency services (Aioun, Bababe, Boghe, Khabou, Kaédi, Kankossa, Ould Yenge, and Selibaby). In June 2021, owing to the Ministry of Health's integrated mass campaign, 592,566 of children aged 6-59 months (87 per cent) received vitamin A supplementation and 540,670 of children aged 12-59 months (89 per cent) received a deworming tablet.

WASH Sector

Summary of Program Results

Indicator	Cluster/Sector 2021 target	Cluster/Sector Total Results	UNICEF 2021 target	UNICEF Total Results
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	N/A	N/A	22,095	10,345
Children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces	N/A	N/A	24,000	33,816

The results are achieved through contributions against appeals, as well as resources from UNICEF's regular programme where necessary

In 2021, as the co-lead for Infection Prevention and Control (IPC) pillar, UNICEF continued to provide support to the Ministry of Health. This technical and financial support contributed to the following achievements:

- Consolidation of IPC pillar coordination via the collection and updating of data on partner operational presence for COVID-19 response
- Strengthening of the IPC pillar in main hospitals having COVID-19 treatment units
 - appraisal of hospital hygiene conditions and the infrastructures in the 12 regional hospitals (Adrar, Assaba, Brakna, Gorgol, Guidimakha, Hodh Gharbi, HEC, Inchiri, Nouadhibou, Tagant, Trarza, Tiris Zemmour)
 - identification of critical situations with regards to access to water and sanitation
 - provision of recommendations for urgent actions, namely the provision of IPC materials and equipment, the construction of latrine blocks, the repairing of existing sanitation systems and self-sustainable water supply system, and the rehabilitation of hospital waste treatment plants
- Supply of key material:
 - The main hospitals in Nouakchott received 600 litres of bleach, 100 automatic sinks, 10 buckets of 45 kg each of high-test hypochlorite (-70 per cent), 600 bottles of hydro-alcoholic gel, 300 units of liquid soap, and four washing machines to improve hygiene conditions.
 - The Ministry of Health received 1,500 personal protective equipment suits, 50,000 FFP-1 surgical masks, 1,000 pairs of surgical gloves to protect health personnel, and 8,000 rapid diagnostic tests.

As preparedness measure related to floods, UNICEF prepositioned relief supplies at Ministry of Interior's Directorate of the Civil Protection and in the Regional Directorates of Hydraulics and Hygiene in Assaba, Guidimakha, Gorgol, HEC regions, and Trarza, and. The stock includes a large quantity of bleach (13,650 bottles of one litre) and 10 motorized pumps (85m³/h each).

In Bassiknou (HEC region), UNICEF led the update of the contingency plan for floods and the capacity mapping exercise for the WASH Sector. These exercises involved all the humanitarian WASH partners and local authorities. Technical support was also provided to the WASH Working Group members.

Latrines and drinking water supplies and incineration tanks installation were built in 86 schools and 21 health centres. This activity covers 34,037 beneficiaries, 118 teachers, and 34,158 potential outpatients in four regions. Similar activities are ongoing in 34 schools and 19 health centres in the HEC region with the support of the implementing partner ONGs Serv'eau, GRET and ACF. Sector targets were exceeded because urban schools that benefited from WASH support had larger enrolments rates than rural schools.

The construction of 14 drinking water supply systems in the regions of Assaba, Guidimakha and HEC, enabled the access to drinking water to 10,345 people in the areas with a highest malnutrition incidence rate. Existing schools and health centres in the 14 villages will be connected. Sector targets were not reached because of the impact of COVID-19 and its successive waves of variants, the isolation of certain sites and the halting of works for over three months. Moreover, only 12 per cent of the sector's needs were financed this year.

The year 2021 also revolved around COVID-19 preparedness at national level, both in terms of the IPC and CREC components.

Education Sector

Summary of Program Results

Indicator	Cluster/Sector 2021 target	Cluster/Sector Total Results	UNICEF 2021 target	UNICEF Total Results
Children accessing formal or non-formal education, including early learning	50,000	N/A	50,000	21,216
Schools implementing safe school protocols (infection prevention and control)	300	N/A	300	86

The results are achieved through contributions against appeals, as well as resources from UNICEF's regular programme where necessary

In October 2021, 4,094 students (1,944 girls) returned to school at camp, marking the start of the 2021-2022 school year. The Technical Education Group and the camp's community structures held multiple meetings to convince all parents to send their children to school on time and attend face-to-face classes. In view of the normalization of the situation in relation to the COVID-19 pandemic in HEC, there has been no distance learning. Thus, the 21,216 beneficiaries (10,788 girls and women) were distributed as follows: 7,981 children from the host community of Bassiknou and the full schools of Fassala (4,061 girls), and 5,469 refugee children from M'Berra camp (3,246 girls). In addition, 637 children between the ages of 10 and 13 (including 365 girls) benefit from accelerated learning courses. Of the 459 children at the camp, 120 were enrolled in the large (gateway) classes and 339 received support classes during the summer and continue to receive regular follow-up during the school year. In the host community, 178 children who have benefited from accelerated learning courses are already in the second or third year and are receiving support courses and regular follow-up. It is important to note that UNICEF's Indicator 1 target planned for a prolonged closure of schools due to COVID-19, necessitating the scaling up of distance learning solutions. Fortunately, classes reopened after a short time, implying that interventions targeted children studying in the M'Berra camp and in the host community.

In the non-formal sector, there are 7,119 children (3,116 girls), including 6,574 children (2,816 girls) in the Mahadras and 545 young people (including 300 girls) in literacy classes. As for the Mahadras, 5,223 children of all ages (2,386 girls) study in the camp and 1,351 (430 girls) in the host community. Regarding literacy, 407 young people aged 14 to 18 (225 girls) and 138 young people (75 girls) are following this programme. Finally, 10 teachers (no women) in the camp benefited from local monitoring on language teaching pedagogy and the holding of adolescent classes. With the support of the Ministry of Islamic Affairs and Original Education, 100 Mahadras religious instructors were trained in Bassiknou and M'Berra camp on the Sheikh's Guide and the Learner's Manual. Moreover, 30 Mahadras from the host community and 70 from the M'Berra camp received COVID-19 hygiene kits. This activity supported 6,146 learners in Koranic schools. UNICEF and UNHCR continued to co-facilitate the Education working group (EWG) in Bassiknou, under the leadership of the inspector of district education (IDEN) who oversee the overall response for the refugees and the host community. The EWG holds regular sector meeting to monitor resource mobilization and programme interventions, as well as to identify gaps.

UNICEF was heavily involved in capacity building for education actors on education in emergencies. Training sessions have been organized for 37 actors (24 in Nouakchott and 13 in Bassiknou region) in emergency preparedness and response principles (which directly affect the school sector) and to provide data collection tools for better responses plan to possible emergencies. On the other hand, to familiarize actors with the minimum standards for education in emergencies, established by the Inter-Agency Network for Education in Emergencies (INEE).

Child Protection, GBVIE and PSEA Sector

Summary of Program Results

Indicator	Cluster/Sector 2021 target	Cluster/Sector Total Results	UNICEF 2021 target	UNICEF Total Results
Children and caregivers accessing mental health and psychosocial support	N/A	N/A	20,389	10,424
Women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	N/A	N/A	13,625	12,516

The results are achieved through contributions against appeals, as well as resources from UNICEF's regular programme where necessary.

A three-pronged approach to child protection, covering the delivery of services, capacity-building of child protection actors and prevention activities, continued during this programme year. UNICEF and its partners trained 630 child protection actors on prevention and mechanisms for identifying and referring child protection incidents in the targeted intervention zones. In total, 1,391 members of local organizations and cooperatives were trained as part of an effort to develop capacities where protection services have not yet been decentralized. The active engagement of respected community members is also critical to promoting change in communities. A total of 678 religious and community leaders (196 women) were involved in sensitizing the community on child protection issues, including child rights, FGM and child marriage.

Since January 2021, UNICEF partners identified 12,516 children (5,668 girls) survivors of protection incidents in the four Safe spaces in the M'Berra camp, including 5,212 children (2,783 girls) living in humanitarian contexts, who benefitted from prevention and response support. Of these, 5,212 were identified as survivors of violence and received at least one service from the minimum service package, including psychosocial support¹². The absence of civil registration papers and birth certificates prevents

¹² Please note that the caregivers of the 5,212 children have also benefitted from psychosocial support.

children from accessing medical care and attending school. In total, 4,903 children (2,430 girls) were identified as being without birth certificate, of which only 300 were able to obtain documentation with support from UNICEF. Female genital mutilation (FGM) continues to be a primary form of violence against girls, with 1,044 cases identified and provided with appropriate care over the programme year. Sector targets were not reached because of limited funding, the withdrawal of implementing partner FLM from the region, and the limited reporting and case management capacities in the HEC region. Often, one child could be referees for multiple child protection issues at a time and community relays did not know how to follow up and report the case. Additionally, some issues remain culturally sensitive, especially SGBV. Cases continue to be underreported and victims prefer to remain silent or rely on cultural decisions even if it goes against their interest or desire.



Child protection intervention in M'Berra ©UNICEF Mauritania/Pouget/2021

Given the prevalence of FGM and child marriage in the country, specific awareness-raising, community mobilization, and capacity-building activities have improved community members and parents understanding of the negative impact of these practices and their obligations towards children. In the fight against these harmful practices, youth are put forward as agent of change. This year, 2,062 girls were trained as sensitizers/peer educators on FGM/C and, in turn, reached 5,171 men, women, boys and girls with awareness sessions on the elimination of gender-based violence, including FGM and child marriage.

To support greater use of alternatives to detention for children in conflict with the law, 62 state actors, civil society, magistrates, and social workers were brought together by the CARSEC Directorate with support from UNICEF to review Mauritania's legal provisions and international commitments. In addition, in justice for children, new SOPs for case management of child protection incidents were approved in February 2021 by partners organizations and the Ministry of Social Affairs.

In line with UNICEF's Prevention of Exploitation and Abuse (PSEA) action plan, the Mauritania country office trained all its staff on PSEA, identified PSEA focal points in every unit and assessed and trained all its implementing partners.

Health Sector

Summary of Program Results

Indicator	Cluster/Sector 2021 target	Cluster/Sector Total Results	UNICEF 2021 target	UNICEF Total Results
Children aged 6 to 59 months vaccinated against measles	113,990	113,990	2,632	113,990
Children aged 0 to 59 months with common childhood diseases reached with appropriate and integrated management of childhood illness services	10,355	10,355	7,740	10,355

The results are achieved through contributions against appeals, as well as resources from UNICEF's regular programme where necessary.

The national immunization program coverage analysis for the first nine months of 2021 shows that, 94,292 infants were vaccinated with Penta-1 out of a target of 114,278 infants. Overall, 87,292 returned for their third dose (76.6 per cent of the target). However, 19,986 infants did not receive their first dose and 6,798 infants dropped out between the first and third dose of Penta.



In the regions directly supported by UNICEF (Assaba, Guidimakha, and HEC), out of 33,783 target infants, 3,181 received their dose of Penta-1 and 27,123 received their dose of Penta-3 (80 per cent of the target). In addition, 50,420 children aged 0-11 months were vaccinated against measles in the M'Berra refugee camp and in the Bassiknou host population. Support has been provided to respond to the Polio outbreak via a three-day response campaign. The provisional rate has reached 573,119 doses out of 808,157 children under five years.

Healthcare center at M'Berra camp. ©UNICEF Mauritania/Pouget/2020

UNICEF has provided technical, logistical and financial support to the government for four COVID-19 mass vaccination throughout the country. As of 31 December 2021, four mass vaccination campaigns against COVID-19 were organized, resulting in 875,843 people (over 18 years old) fully vaccinated, representing 32.5 per cent of the target population. As of the same date, 1,313,677 people had received the first dose. UNICEF has also contributed effectively to COVID-19 care improvement in regional and national hospital units.

Owing to UNICEF advocacy, 24 districts (15 regional health districts and nine health districts of Nouakchott) out of the 57 in the country, were provided with rapid diagnostic tests for HIV and antiretroviral drugs for HIV-positive mothers and infants from seropositive couples. For the essential care of new-borns, 747 health posts, 25 health centres and eight hospital centres, including four at the regional level, have been provided with medical equipment for the new-born resuscitation and care. Sector targets were exceeded because the scaling-up of activities to cover the whole country.

Social Protection and Cash Transfers

Summary of Program Results

Indicator	Cluster/Sector 2021 target	Cluster/Sector Total Results	UNICEF 2021 target	UNICEF Total Results
Households reached with humanitarian cash transfers across sectors	N/A	N/A	36,662	21,508

The results are achieved through contributions against appeals, as well as resources from UNICEF's regular programme where necessary.

As part of the implementation of the social protection program in response to the COVID-19 pandemic, a second cash distribution cycle amounting to 2,000 MRU per household was organized, reaching 21,508 households in the 9 communes of Nouakchott. These distributions were organized in partnership with the Ministry of Social Action, Children and Families (MASEF) through a local financial institution using the digital payment platform of the General Direction of Direction of the Social Register and Information System (DGRSSI). As part of the strengthening of the Information System of the Department of Persons with Disabilities (DPSH) of the MASEF, a diagnosis is being carried out to identify needs and propose a training plan and effective data management. Sector targets were not reached because the updating of the social register database took longer than expected. With the COVID-19 pandemic, alternative ways had to be found to reach beneficiaries and update information before the final list of beneficiaries was established.

C4D, Community Engagement and Advocacy

Summary of Program Results

Indicator	Cluster/Sector 2021 target	Cluster/Sector Total Results	UNICEF 2021 target	UNICEF Total Results
People participating in engagement actions for social and behavioural change	300,000	N/A	186,046	79,000

The results are achieved through contributions against appeals, as well as resources from UNICEF's regular programme where necessary.

In 2021, UNICEF continued to work with the Mauritanian government to effectively respond to the COVID-19 pandemic. In the 15 regions of the country, UNICEF increased training programs on interpersonal communication techniques, community engagement norms, essential family practices including barrier actions against COVID-19 to more than one hundred people belonging to women's associations and networks of community and religious leaders. These beneficiaries provided outreach through household visits and other community outreach interventions to engage communities in the fight against COVID-19. Young people and women from partnerships with UNICEF (Caritas, Maurisanté, National Youth Network (RENAJ) have also been at the forefront of social mobilization activities. Nearly 700 of them, through community activities, have been engaged in dialogue, sharing useful information on how to prevent COVID-19, and on the availability of vaccination services with the community. Sector targets were not reached because of the lack of funding to build more partnerships and mobilize more people who would participate in social and behavioural change activities (only 25 per cent of funding was secured in 2021).

Results Achieved from Humanitarian Thematic Funding

Health

The flexibility of the humanitarian thematic funds has been crucial to jointly implement malnutrition prevention and treatment interventions on a larger national scale (24 out of 57 departments). They have also contributed to addressing unforeseen events such as the COVID-19 response with the introduction of new vaccines and the Polio response. Above all, it has contributed to strengthening the decentralization of

health services at the community level through basic health units. These funds contributed to reaching 113,990 children aged 6 to 59 months via measles vaccination and 10,355 children aged 0 to 59 months via the appropriate and integrated management of childhood illness services.

Nutrition

As part of UNICEF's health and nutrition programme's goal of reducing under five mortality and morbidity, the humanitarian thematic funds completed the funds received from other donors (ECHO, BMZ, FCDO, etc.) to support the government's nutrition response plan and hence to mitigate the effects of the nutrition crisis. This catalytic fund contributed to the early deployment of the response and to boost the coverage and the quality of the integrated management of SAM. Thanks to this contribution, nutrition supply was distributed at field level, critical technical assistance was provided, and SAM cases were monitored via an innovative approach for early detection. In 85 per cent of the health facilities and 271 basic health units, 26,552 SAM cases were treated by UNICEF and its implementing partners, representing 84 per cent of the SAM caseload (n=30,798) and 71 per cent SAM burden (n=36,233) nationwide. The overall IMAM programme performance analysis indicated that all key indicators met the Sphere standards, with 89.7 per cent cure rate, 0.4 per cent death rate, 8.4 per cent defaulter rate, and 1.4 per cent of non-responding rate. To prevent acute malnutrition 178,090 caregivers of children aged 0 to 23 months including pregnant women reached by family practice promotion including ITCF counselling. Furthermore, this fund contributed to support the Ministry of Health in the implementation of an integrated door-to-door mass campaign in June 2021. In the COVID context, 592,566 (87 per cent) children under five years were supplemented with vitamin A, 540,670 (89 per cent) dewormed, 584,477 (86 per cent) children aged 6-59 months screened for acute malnutrition. The latter were also supported for catch-up immunization and unregistered children were identified and referred.

This grant also contributed to the implementation of the 2021 SMART survey by the Ministry of Health, with the technical support of UNICEF and NGOs. According to this survey, acute malnutrition stagnates compared to 2019 (GAM is 11.1 per cent including 1.9 per cent SAM). Twenty-two health districts out the 57 at national level are in a critical situation (GAM over 15% and/or SAM over 2 per cent). The prevalence of stunting has slowly reduced from 20 per cent (2019) to 17 per cent. The prevalence of Early Initiation of Breastfeeding (75 per cent) and exclusive breastfeeding (60 per cent) increased significantly. However, Minimum Dietary Diversity (42 per cent) and Minimum Acceptable Diet (21.7 per cent) continued to be at low.

UNICEF has supported the revitalization the Scaling Up Nutrition (SUN) movement and the Nutrition thematic group via the support of the sectorial and multisectoral coordination mechanism. Owing to UNICEF advocacy and technical support, the Ministry of Health mobilized domestic resources from the national social protection programme funding. This ensured the procurement of supplies for SAM treatment (including RUTF, therapeutic milk F75/F100, Amoxicillin, and ReSoMal) to cover current and future needs (50 per cent in 2021, 75 per cent in 2022, and 100 per cent in 2023). The tripartite Memorandum of Understanding for this RTUF procurement service was signed on June 25, 2021. Thus, in 2021, the national social protection programme mobilized more US\$899,528 to procure, 18,150 RUTF boxes as well as therapeutic milk amoxicillin and ReSoMal for quality SAM treatment. In addition, the government committed to the Matched Fund initiative and obtained 18,150 additional cartons of RUTF free of charge.

In addition, this fund contributed to the salary of the national consultant who assess the national supply chain management at decentralized level. The consultant also explores opportunities for the future integration of RTUF in this national supply chain. This assessment recommended a gradual integration plan of the RUTF supply chain into the national supply chain for essential medicines by 2023.

WASH

In response to multiple emergencies, including flooding, the influx of new Malian refugees and malnutrition, the humanitarian thematic funds enabled WASH interventions to reach remote areas and to cover the entire country. Barrels for latrine pits were built for 700 people), 25 pedestal barrels were

installed, and 8 garbage bins were placed on the relocation site, in addition to a garbage collection pit set up outside the site. A team of volunteers sensitized the refugees to throw away all household waste in garbage cans, thus improving their health and well-being. This fund also contributed to 500 household hygiene and water storage kits, including 1,000 bottles of one litre of bleach, 500 handwashing kits, 500 flexible plastic cans, etc. It enabled the purchase and transport of a contingency stock to various sites within the country. The 2,000 new refugees arriving from Mali benefitted from a water supply, establishment of latrines, awareness-raising for hygiene promotion, and the realization of boreholes and drinking water stations.



Solar drinking water stations built in the HEC region @UNICEF/Pouget/2021

Protection, GBVIE and PSEA Sector

Within the scope of the Child Protection programme, the 2021 thematic funds served to support the establishment of a COVID-19 isolation centre in Nouakchott in partnership with the French Red Cross. Paraprofessional social workers were trained to provide psychosocial support to isolating patients. The remaining funds were directed to support survivors of violence and to ensure the functionality of an information management system in the M'Berra refugee camp. Prevention and sensitization activities to combat sexual and gender-based violence were also financed by these funds. In total, 353 children (202 girls) were identified and referred in the M'Berra refugee camp, including 105 survivors of sexual violence.

C4D, Community Engagement and Advocacy

The contribution of thematic funds has been crucial in reducing the risks related to the COVID-19 pandemic, particularly in remote communities. The following major activities were planned and carried out:

- Development of a multi-risk communication strategy to better inform communities about COVID-19. It is estimated that about 3,000,000 individuals (50 per cent women) have benefited from awareness-raising activities for positive behaviour change (both online and offline).
- The training/capacity-building of actors and service providers in terms of communication.
- Data generation initiatives on community perceptions of social norms and behaviours related to COVID-19.
- Dissemination of operational communication procedures and practical advice on public health.

Assessment, Monitoring and Evaluation

UNICEF conducts assessment work using a multi-sectoral approach that includes collaboration with other UN agencies, international organizations, and NGOs to accelerate 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. In emergency response, UNICEF plays a central role in the sectorial coordination groups of development and humanitarian partners in the education, child protection, nutrition and water and sanitation sectors. To measure progress towards the achievement of expected results, UNICEF undertakes regular monitoring of key performance indicators, combined with data available from national surveys and real-time monitoring tracking on progress against expected results. Together with its government counterparts, UNICEF conducts joint monitoring field visits to project sites for evaluating progress towards planned outcomes, verify outputs from the activities, learn from project implementation and take timely corrective action where needed. UNICEF has also organized field visits for donors (BMZ in September 2020).

Throughout the year, UNICEF Mauritania tracked its humanitarian performance monitoring (HPM) indicators. COVID-19 and HAC SitReps were produced to update stakeholders (beneficiaries, headquarters, NatComs, and donors) on UNICEF's and partners' achievements for children and women in Mauritania. Furthermore, the ongoing implementation of the Rapid Pro will collect feedback from communities on the response. This complements the online collection on the perception of the health staff on the effectiveness of the response, their priorities, and their immediate needs.

In terms of long-term resilience approaches, UNICEF along with WFP continues to implement a large-scale model of resilience in Mauritania with the support of the German cooperation (BMZ/KfW) for an approximate amount of US\$ 20 million over four years in three regions of Mauritania (Assaba, Guidimakha, HEC). The BMZ Resilience program aims at contributing to building resilience through a set of integrated activities (including asset creation, access to safe drinking water, nutrition prevention and treatment, assistance during lean periods, school feeding and education) targeting the same vulnerable communities over a four-year period. The foundation of the integrated approach is based on the creation of assets (Food Assistance for Assets), which aims to restore and improve agroecological conditions in areas affected by desertification and climate change. Interventions aim at strengthening the capacities of national systems (Food Security, Rural Development, Livestock, Health, Education, Water, Social Affairs/Protection) for providing quality basic social services to vulnerable communities, thus contributing to building their resilience to recurrent shocks. In addition, the building of resilience is strengthened using capacity-building of community systems and their involvement in the joint implementation of an integrated package of interventions (nutrition, food security, WASH, education, protection). WFP and UNICEF work hand in hand with communities, state actors and civil society to ensure the mobilization of all and strong ownership of the action to strengthen the synergy of interventions to support the absorption, adaptation and transformation capacities of systems, communities, households, and individuals. Community and institutional anchoring remain the indispensable condition for building a model of sustainable resilience and envisaging its expansion. In the implementation of this program, UNICEF is building on the progress made by the WFP since 2018 to develop a complementary and evolving resilience response.

Financial Analysis

UNICEF Mauritania wishes to express its heartfelt gratitude to all public and private sector donors (UNICEF Mauritania would like to thank its donors, in particular the USA (BPRM, USAID, ARDF), the European Union (ECHO), and National Committees (Spanish, Japanese, Swedish) for the contribution and pledges received as part of the HAC 2021. The HAC 2021 has been funded at 42 per cent for interventions related to SAM response, education, and protection in emergency, as well as WASH, Health, and flood preparedness. This funding guaranteed the continuity of UNICEF programmes to meet the urgent humanitarian needs of disadvantaged children, adolescents, and women that resulted from the socioeconomic impact of the

COVID-19 and Polio epidemics, the high rates of food insecurity, and growing instability and conflict in the HEC region. Mauritania would especially like to thank donors who have contributed to ‘unearmarked’ funding. Unearmarked funding gives UNICEF essential flexibility for directing 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.

Underfunding, paired with constraints on flexibility, hindered UNICEF agility in responding to emergencies in a timely and optimal manner. Of all the emergency resources mobilised in 2021 only 11% were unearmarked.

Table 1: Funding status against the appeal by sector

Applied to Sector	Requirements	Available fund as of 31 December 2021*		Funding Gap	
		Fund Received	Carry-Over	\$	%
Nutrition	6,050,000	396,995	605,630	5,047,375	83%
Health	950,000	1,925,486	99	0	0%
Water, sanitation and hygiene	2,820,000	244,478	85,667	2,489,856	88%
Child protection, GBViE & PSEA	2,760,000	815,566	847,411	1,097,023	40%
Education	2,800,000	1,593,126	1,134,559	72,315	3%
Social protection/cash transfers	300,000	0	8,601,953	0	0%
C4D, community engagement & AAP	2,031,799	413,345	96,847	1,521,607	75%
Total	17,711,799	5,388,996	11,372,166	10,228,175	58%

Funds available includes funds received against current appeal and carry-forward from previous year



Malian refugee girl in M'Berra camp ©UNICEF Mauritania/Alvarez/2021

Table 2: Funding received and available by donor and funding type-

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
Thematic Humanitarian fund	SM209910	391,202
Thematic Humanitarian fund	SM189910	173,389
Total Humanitarian Funds		564,591
b) Non-Thematic Humanitarian Funds		
PRM/Government of USA	SM200577	1,278,534
European Commission/ECHO	SM190189	929,257
PRM/Government of USA	SM210611	350,614
Spanish National Committee	SM200853	275,740
ARDF USA	SM200675	147,790
PRM/Government of USA	SM210375	135,112
Total Non-Thematic Humanitarian Funds		3,117,047
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTS for supplies & cash)	N/A	N/A
Total humanitarian funds received in 2021		3,681,638
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	71,076
f) Carry-over of non-Thematic Humanitarian Funds		
USA (State) BPRM	SM200577	1,190,874
European Commission / ECHO	SM190189	547,995
Spanish Committee for UNICEF	SM200853	276,560
United States of America	SM200675	50,000
European Commission / ECHO	SM200210	22,215
Total carry-over non-Thematic Humanitarian Funds		2,087,644
Total carry-over humanitarian funds		2,158,720

*Programmable amounts of donor contributions, excluding recovery cost.

*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2020 Humanitarian Action Global Annual Results Report.

Table 3: Thematic Humanitarian Contributions Received in 2020

Thematic Humanitarian Contributions Received in 2020 (in US\$): Donor	Grant Number	Programmable Amount (in US\$)	Total Contribution Amount (in US\$)
Thematic Humanitarian fund	SM209910	391,202	391,202
Allocation from global Thematic Humanitarian*	SM189910	173,389	173,389
Total			564,591

*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2020 Humanitarian Action Global Annual Results Report.

Future Work Plan

Noting the various challenges highlighted in the Harmonized Framework analysis and the protracted situation of Malian refugees in the country, UNICEF Mauritania developed an appeal for 2022 through the Humanitarian Action for Children exercise for a total of US\$ 18.9 million, out of which around US\$ 5.2 million is required to respond to the nutritional crisis. In addition, the war between Russia and Ukraine, the two major world producers of wheat, is of great concern to Mauritania. Forty per cent of the requested funds will enable UNICEF to respond to the COVID-19 emergency through an integrated assistance package focusing on health, communication for development and WASH. The instability in the HEC region will be addressed through joint education and child protection interventions aimed at promoting social cohesion and children's rights. UNICEF will also continue expanding its social protection and cash transfer programming to meet the multi-sectoral needs of the most disadvantaged households, including those of children living with disabilities. Overall, in 2022, UNICEF aims at reaching through its humanitarian action 715,000 people, including 435,000 children.

UNICEF will continue to guarantee a protective environment for disadvantaged children, youth and women facing humanitarian crises in Mauritania. The COVID-19 pandemic, which has aggravated pre-existing deprivations and inequalities, has forced UNICEF to readapt its humanitarian strategy and to integrate COVID-19 response actions into all its programmes.

In 2022, UNICEF's humanitarian action will be guided by an evidence-based, integrated, and multi-sectoral approach. It will ensure social cohesion and the continuity of basic social services, while increasing national stakeholders' accountability and ownership. This participatory approach will strengthen the link between humanitarian interventions, development programmes, and peace and resilience-building efforts, especially in and around the M'Berra refugee camp. Cash transfer programmes will support 140,000 children from 70,000 vulnerable families.

Capacity-building and innovation will continue to shape UNICEF's action to ensure equitable access to quality education for refugees and host community children in protective environments. Education personnel will improve their capacities in peacebuilding, conflict-sensitive education, disaster risk reduction, and the prevention of gender-based violence. The ongoing development of distance learning programmes and digital learning platforms will ensure pedagogical continuity in the COVID-19 context.

Recognizing the roles that families and communities play in children's well-being, UNICEF will work to implement multi-sectoral community-based approaches for accelerating access to basic social services. To build communities' resilience to shocks, nutrition, WASH, and health services will be strengthened. This will be done through prevention, early detection and treatment of malnutrition, access to safe drinking water using solar pumps, management of newborn care and childhood illnesses. Access to quality primary health care and immunization will also be supported and facilitated by strengthening the preparedness of local health systems.

UNICEF will expand community engagement and risk communication through innovations, such as chatbots and voice recordings, to equip communities with the skills to develop protective practices and to engage duty-bearers more effectively. Feedback mechanisms, including social listening from media platforms, U-Report, and call centres will be improved to address community concerns, guide decision-making and to guarantee the effective inclusion of gender, disability, and youth priorities in all programmes.

Communal child protection systems and mechanisms will be strengthened to improve the identification, referral, and treatment of children in need of protection. The newly developed case management protocol will be contextualized to better respond to humanitarian needs and to guarantee the adequate care of survivors of all forms of violence, including sexual and gender-based violence, as well as that of children on the move and children with disabilities.

UNICEF will also continue to promote the Nexus approach by strengthening synergies with humanitarian partners to link development programs and emergency interventions and thus ensure a better capacity for resilience (sustainability) of communities, especially in the HEC region.

Annexes to the CER

a) Two-pagers – non-thematic funding contributions

Three two-pagers are attached to this report, namely:

Grant Number	Donor	Sector
SM200577	USA/PRM	Education and child protection
SM210611	USA/PRM	Education and child protection
SM210375	USA/PRM	Nutrition, Health, C4D, WASH

b) Donor Statement (as of 31 December 2021)

Five Donor Statements are attached to this report, namely:

Grant Number	Donor	Sector
SM200577	USA/PRM	Education and child protection
SM210611	USA/PRM	Education and child protection
SM210375	USA/PRM	Nutrition, Health, C4D, WASH
SM190543	Spanish NatCom	Child Protection
SM200853	Spanish NatCom	Child Protection

c) Human Interest Stories and Communication

As part of the communication and visibility plan included in the funding, UNICEF ensured the visibility of the humanitarian response through social media. Visibility kits with stickers have been used on infrastructure where possible. The publications were able to reach an average of 3,000,000 people and recorded an average of 11,000 reactions per post. The use and reach of digital media were expanded during the last quarter of the year to increase visibility of the main donors reaching more than 150,000 followers on UNICEF Mauritania social platforms. Photos, videos, and other Human-Interest Stories can be found through the following publications:

USA BPRM

Grant SM200577

Child protection (civil status)

- <https://www.facebook.com/UNICEFMauritanie/posts/2903598133215611>

- <https://twitter.com/UNICEFMauritani/status/1425103327113715712?s=20&t=o4tAbCxS2dftd16Qxe9jAw>

Professional development

- Site Web <https://www.unicef.org/mauritania/recits/au-camp-de-mberra-des-jeunes-formation-professionnelle>
- Facebook <https://www.facebook.com/UNICEFMauritanie/posts/2881553742086717>

Grant SM210611

Inauguration of the multipurpose center at the M'Berra camp

- Facebook: <https://www.facebook.com/UNICEFMauritanie/posts/2995805393994884>
- Twitter:
<https://twitter.com/UNICEFMauritani/status/1469034734097506307?s=20&t=o4tAbCxS2dftd16Qxe9jAw>
- <https://twitter.com/UNICEFMauritani/status/1469034734097506307?s=20&t=2j-lol5sgpzmFsH48Es4Pg>

Spanish NatCom

Grant SM190543

"End FMG" Campaign

- <https://fb.watch/6qLKbb0d3w/>
- <https://www.facebook.com/1542650522643719/posts/2770882356487190/>
- <https://fb.watch/6qMVsYJEBd/>
- https://fb.watch/6qMCkCd_1I/
- https://www.instagram.com/tv/CK8YjUSH3N5/?utm_medium=copy_link
- https://www.instagram.com/p/CK9EzIGhOqZ/?utm_medium=copy_link
- https://www.instagram.com/p/CK9rKmghomT/?utm_medium=copy_link

International Women's Day 2021:

- https://www.instagram.com/p/CMIIfzEOh0Py/?utm_medium=copy_link

Grant SM200853

Violence against women (video)

- Facebook https://fb.watch/b2ljVH7fA_/
- Twitter
<https://twitter.com/UNICEFMauritani/status/1438848592307949575?s=20&t=o4tAbCxS2dftd16Qxe9jAw>
- YouTube <https://www.youtube.com/watch?v=fDOfc2dumpo>

Literacy for survivors of violence

- <https://www.facebook.com/UNICEFMauritanie/posts/2905856566323101>

IGA for SGBV survivor

- Facebook: <https://www.facebook.com/UNICEFMauritanie/posts/2872605846314840>
- Twitter :
<https://twitter.com/UNICEFMauritani/status/1410352325374382089?s=20&t=o4tAbCxS2dftd16Qxe9jAw>

In 2021, UNICEF has been heavily engaged in communication efforts to prevent and respond to COVID-19. Young people and women working with partners such as Caritas, Maurisanté, and the National Youth

Network (RENAJ) have been at the forefront of social mobilization activities. Approximately 700 of them have been engaged in dialogue, and community engagement efforts on the prevention of COVID-19 (including the availability of vaccination services). The use of Rapid Pro technology has also allowed to strengthen communication and community engagement strategies. Through this medium, nearly 450 people from urban and rural areas shared their perceptions on how to improve behaviour change communication interventions for the fight against COVID-19. At least four radio and TV spots and promotional materials tailored to community perceptions were designed with community feedback in mind. On social media, in 2021, 54 publications (videos and HIS) related to the COVID-19 pandemic were disseminated. Concerning the publications, they reached approximately 335,842 people with a total of 22,524 interactions. As of 31 December 2021, 714,954 people have been fully vaccinated in Mauritania with the support of the communication interventions. UNICEF Mauritania supports feedback mechanisms such as the toll-free number, which listen and respond to community concerns by enabling them to actively participate in the fight against COVID-19.

d) Case Studies

Two case studies are included in this report as hyperlinks (please press “control” while clicking on the blue text): a humanitarian thematic funding (grant SM189910) [case study](#) covering Nutrition and a humanitarian non-thematic funding financed by the Spanish NatCom (grant SM200853) [case study](#) covering Child Protection.

e) Donor Feedback Form

Please press “control” while clicking on the blue text: [UNICEF Donor Feedback Form](#)