United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS MAURITANIA RAPID RESPONSE DROUGHT 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Mario Samaja**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The Nutrition humanitarian technical partners / Nutrition Sector organized two major events as part of the After Action Review:

1. From 6 to 12 March 2016, a joint mission mobilizing more than 25 nutrition technical partners (government, UN system, international and national NGOs) was conducted in order to monitor the response plan and document lessons from this response. The seven areas affected by the nutritional crisis were covered through a three axes approach adopted during a nutrition coordination meeting. Following the joint mission, restitution meetings were organized at the local level including local authorities. Through these meetings, recommendations were made to different stakeholders such as the Government, UN system and NGOs (report available if required). The most important lessons from these meetings were that the development of a joint response plan:
   - enabled to mobilize additional financial resources, especially for NGOs,
   - showed added value of mobilizing technical partners around the required action to address the nutrition crisis.
   - allowed the Government to mobilize additional initiatives from others sectors; for example through the EMEL plan ("Hope" plan in Arabic) focusing on food security interventions.
2. At the national level, recommendations and lessons learned were shared and discussed through a meeting of the Nutrition Sector Coordination Group held on 19 April 2016. The following partners were present at this meeting (report available if required):
   - Chairperson : Dr. M. KANE (Chief Nutrition UNIT/Direction de la Santé de Base et de la Nutrition (DSBN) the Ministry of Health)
   - Coordination : Dr Djibril CISSE (Nutrition Manager UNICEF)
   - Government : DSBN/Ministry of Health, Service National de l'Information Sanitaire (SNIS)/Ministry of Health, Programme National de Nutrition /Ministère des Affaires Sociales de l'Enfant et de la Famille (MASEF),
   - United Nation System : UNICEF, WFP, WHO
   - Non-Governmental Organizations : ACF-E, WVI, SOS EXCLUS, AED, ASSEDNA, TDH-I, MDM, MMA, APREDES, AGEFAD, ANAD, ASEDG, APEP, ADIG, ACTION DEV, UNIVERSITE, ONG ACTION, GLOBE, ID, AED, ODZASAM, ASDEP, CRF, Terre Vivante, APEM

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

Given that this was a specific intervention, designed and coordinated by the nutrition sector, the report was discussed in depth among the nutrition sector, and was shared with the UN Country Team.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The restitution of the joint evaluation mission was used as a platform to share with the country stakeholders, the key elements of the final report.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: Fill in		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,532,163
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	1,120,000
	TOTAL	**3,652,163**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 7 October 2015			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	15-RR-CEF-122	Nutrition	1,448,189
UNFPA	15-RR-FPA-042	Nutrition	199,020
WFP	15-RR-WFP-070	Nutrition	596,435
WHO	15-RR-WHO-044	Nutrition	288,519
TOTAL			**2,532,163**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	1,057,100
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	932,850
Funds forwarded to government partners	542,213
TOTAL	**2,532,163**

HUMANITARIAN NEEDS

In Mauritania, nearly 50% of the population is economically dependent on natural resource like water for agriculture, livestock and fisheries for example. The repeated cycles of drought in Mauritania (1968-1974, 1983-1984, 2002-2003, 2005-2009, 2011-2012), due to severe rain shortages and the degradation of natural resources, heavily affect the productive capacity and the farming areas. The household food security level in the targeted communities has been considered as a key factor during the planning process of the response. Indeed, the level of needs not only fluctuates according to the period (post-harvest or lean season), it widely depends on potential shocks *(environmental, economic, socio-political and epidemics)*. According to data from Food Security Agency in Mauritania (CSA) and WFP, the number of food insecure households decreases during the post-harvest period (460,000 on average between 2008 and 2012). However the number of food insecure households significantly increases during the lean season between April and October (700,000 on average between 2010 and 2015).

These findings correlate with the SMART nutrition surveys in Mauritania showing an increase in the prevalence of acute malnutrition, which exceeds the emergency threshold of 15% in some areas during the lean season, and often returns below 10% during the post-harvest period. According to the household economic analysis presented by HEA-Sahel (www.hea-sahel.org), deficits are more pronounced during the lean season. Beyond the seasonal effect, household food security depends on the availability of income sources and the livelihood situation.

In 2014, Mauritania experienced a low level of precipitations affecting already fragile food security and nutrition among children and other vulnerable socio-economic groups. In June 2015, results from the SMART nutrition survey published by the Ministry of Health presented a worrying nutrition situation confirmed by an increase of severe acute malnutrition (SAM) cases admitted for treatment. Under the leadership of OCHA, a joint rapid assessment indicated that the situation had deteriorated significantly in seven out of 13 regions - namely Hodh El Chargui, Hodh El Gharbi, Assaba, Guidimaka, Gorgol, Brakna and Tagant - known as the most vulnerable in the country. Ten Moughataas (districts), representing over 30% of the Mauritanian population, showed a SAM rate above the 2% emergency threshold as defined by WHO. Among these ten Moughataas, five had severe acute malnutrition (SAM) rates higher than 5%. Nearly 70,000 children under 5 years were affected by the global acute malnutrition with over 18,000 cases of SAM and 51,000 moderate cases of acute malnutrition (MAM). Based on the needs assessment exercise targeting the affected communities, the Government and humanitarian actors from the nutrition sector developed a response plan.

As part of a rapid response, the proposal submitted to the CERF targeted 110,716 children under 5 (54,228 boys and 56,488 girls) - of which 9,794 were severely malnourished cases - and 9,000 people living in poor communities without access to safe drinking water (4,590 women and 4,410 men). Pregnant and lactating women (PLW) are particularly vulnerable in humanitarian / nutritional crises. Thus, the proposal also targeted 2,000 PLW in the ten most affected Moughataas.

II. FOCUS AREAS AND PRIORITIZATION

In 2015, Mauritania faced a worrying malnutrition level revealed by an increase of SAM cases admitted for treatment in the Outpatient Therapeutic Program (OTP) and In-Patient Facilities (IPF). In line with an increased number of food insecure people from end 2014 to beginning of 2015, the 2015 SMART nutrition survey published by the Ministry of Health in July 2015 confirmed the degradation of the nutritional situation. Results showed that the situation had deteriorated considerably in seven regions out of 13 - Hodh El Chargui, Hodh El Gharbi, Assaba, Guidimaka, Gorgol, Brakna and Tagant. The SAM caseload increased from 8,947 in 2014 to 22,747 cases in 2015 and the MAM cases from 22,747 to 32,438 cases in 2015. In the above-mentioned regions, children under five and PLW with acute malnutrition were at higher risk of morbidity and mortality if urgent action was not taken.

The majority of the population living in affected areas has limited access to land. Additionally, farmers in search of pastures migrated earlier than usual due to the lack of rain in 2014, thus, leaving behind food insecure women and children. The humanitarian community, in collaboration with the Government, conducted a joint rapid assessment at the end of July 2015 to better understand the causes of the deterioration of the nutrition situation and develop appropriate response plans. The emergency response plan developed by humanitarian actors revealed a major funding gap to save lives of 11,800 SAM children living in 10 affected Moughataas, in six different regions.

III. CERF PROCESS

The process of responding to this emergency was triggered by the 2015 SMART survey results. Initially, the Resident Coordinator, UN agencies working in the nutrition sector and OCHA discussed the results and possible next steps, including the possibility of requesting CERF funds. A broader discussion on the results of the SMART survey and next steps took place at an HCT meeting. Simultaneously and under the leadership of OCHA, a joint rapid needs assessment was organized with the involvement of a large range of stakeholders, from the UN, NGOs, government counterparts, civil society actors and affected population. Information gathered from the affected population during focus group discussions, highlighted urgent needs for food, adequate safe drinking water, strengthening of nutrition services and specific health care services to the most affected population – among which children and women are the most vulnerable. This assessment thus confirmed the results of the SMART survey and helped identify key priority areas and gaps for an immediate response.

The Nutrition Sector, with guidance from the Resident Coordinator and technical support of the OCHA Humanitarian Advisor Team (HAT) developed this CERF proposal. Interventions were prioritised – based on the draft response plan developed by the Nutrition Sectorial Group and in response to the nutrition situation according to critical needs and complementarity of interventions. The request to CERF included interventions from UNICEF, WFP, WHO and UNFPA.

As mentioned above, the affected population took part in the rapid assessment in order to determine the most urgent needs. As part of the development of the response plan and its interventions, the gender aspect was taken into account through the following interventions:

- Malnutrition affects girls as well as boys, and all the children under 5 suffering from malnutrition are being treated without exception;
- Since the mothers are the ones mostly accompanying their children for the treatment, all the awareness activities on hygiene promotion, youth, child and infant feeding as well as breastfeeding practices - taking place at the health structures - were developed taking this dimension into account.

IV. CERF RESULTS AND ADDED VALUE

BENEFICIARY ESTIMATION

The total target population was calculated based on the number of children aged 6-59 months in the most affected 10 Moughataas together with the number of PLW of these same Moughataas and the family members suffering from MAM of Koubenni as well as the general population benefiting from clean water interventions. Overlaps of beneficiaries were avoided as the interventions included in the CERF proposal targeted different populations.

The number of PLW reached through promotional activities on Infant and Young Child Feeding (IYCF) is higher than initially planned as more mothers than expected have participated in the awareness raising sessions, while the number of vulnerable persons to benefit from the provision of clean water is lower as some of the water works are still ongoing.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]

Total number of individuals affected by the crisis: 176,330

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Nutrition	53,638	54,573	**108,211**	55,828	12,291	**68,119**	109,466	66,864	**176,330**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	53,638	54,573	108,211
Male	55,828	12,291	68,119
Total individuals (Female and male)	**109,466**	**66,864**	**176,330**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

Thanks to the funding received in a timely manner from CERF, 30% of children (representing 109,466 children of which 53,638 are girls and 55,828 are boys) and other vulnerable groups in the 10 most affected districts received urgent assistance, a total of 176,330 people of whom 108,211 were women and 68,119 men. This funding played a key role in early mobilizing all stakeholders around the response.

CERF funds enabled the deployment of qualified NGOs in affected areas who intervened in a timely manner to avoid a further deterioration of the situation. In the first 6 months, these funds allowed UN agencies and their implementing partners to launch relief operations and to achieve the following results:

- Therapeutic Nutrition interventions in 164 OTP and 12 IPF to treat 11,800 SAM children (UNICEF and WHO-Ministry of Health) as well as to support rapid assistance to 2,000 malnourished PLW caused by chronic energy deficiency.
- Health interventions covering immunization, prevention and treatment of malaria and diarrheal diseases (UNICEF and WHO)
- Blanket feeding to prevent malnutrition as well as supplementary feeding for malnourished children and acute moderate malnourished women (WFP): The supplementary feeding activities reached 80,977 children under five and 44,484 PLW. This supplementary feeding intervention allowed a fast and efficient treatment of 2,664 children under five and 353 PLW. The supplementary feeding intervention reached 2,774 children under two and 2,908 PLW as prevention. WFP provided food assistance to the most vulnerable groups through targeted food distributions using food and money delivery mechanisms; reaching 229,455 food insecure people. The coverage of supplementary feeding was also extended to the Moughataa of Kobeni (Hodh El Gharbi) thanks to the CERF's funds.
- Water and hygiene interventions included the provision of drinking water to the population in need as well as hygiene kits for malnourished children (UNICEF). The following results were achieved a) five water supply systems were built reaching 2,638 persons against 9,000 as initially planned due to the majority of identified villages in need have lesser inhabitants, b) out of 7,800 initially targeted, 7,448 WASH kits were availed and distributed to mothers and malnourished people in 176 nutrition centres in 10 Moughataas affected by malnutrition.
- Multiple nutritional and micronutrient fortified food supply (vitamin enriched flour) (UNFPA). To that extend the following was done: 30 mobile visits were organized in six wilayas (regions) for screening activities and referral of malnourished PLW at the community level (2,720 women screened and 1,846 of them with malnutrition were treated). The NGO AMPF provided great contribution in this activity. Additionally, 2,230 PLW were reached with iron/acid folic supplementation through their pre and postnatal visits and 2,000 among them were reached with enriched flour.

However, some required actions were not funded (or showed funding gaps), which eventually affected the implementation of critical activities. These additional needs are mainly related to the required nutrition sensitive interventions to strengthen the resilience of the affected communities. Indeed, funding resources in emergency situation are most of the time oriented to live saving actions related to nutrition specific interventions. In order to achieve sustained response that could contribute to build the community resilience against the lean season effects on nutritional status, nutrition sensitive interventions in line with the multisectoral approach are required (optimal WASH condition, homestead food productions, etc.). However, conducting at scale these nutrition sensitive interventions required significantly more financial resources.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES ☒ PARTIALLY☐ NO ☐
During the pending approval process of CERF's funds some agencies like UNICEF anticipated their actions based on internal procedures and borrowing. Lead agencies took timely action to assist beneficiaries in the 10 most affected districts. However, the response required to build some new partnerships with the implementing partners, which delayed some disbursements.

b) Did CERF funds help respond to time critical needs[1]?

YES ☒ PARTIALLY ☐ NO ☐
CERF funds have been received at the right time when agencies urgently needed funds to address the food and nutrition insecurity situation in the affected areas. Thus, these funds contributed effectively to responding to an extreme vulnerability of malnourished children, which was a time critical need.

c) Did CERF funds help improve resource mobilization from other sources?

YES ☒ PARTIALLY ☐ NO ☐
CERF funding (through the UN agencies) allowed international and local NGOs of the nutrition sector (ACF, World Vision, ACORD etc.) to also mobilize emergency funds from their respective organizations. The internal Emergency Program Fund (EPF) established to strengthen UNICEF's capacity for timely emergency response was also mobilized. The rapid response of CERF is a crisis response model. Lessons learnt from this successful experience were useful for the preparation of UNFPA's funding request.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐
This rapid response was based on the highly coordinated efforts from members of the Nutrition sector. The development of the CERF's funding proposal has strengthened the coordination mechanism among humanitarian actors at all levels. Indeed, a critical number of partners were mobilized to conduct the situation analysis, to prepare the funding proposal, and to monitor implementation through joint missions.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Thanks to CERF, it was possible for UNICEF to anticipate action by using the internal Emergency Program Fund (EPF). Indeed, UNICEF received funds through an internal loan mechanism to kick start the response in the 10 most affected districts.

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible**
Complexity of CERF approval process	Simplify the process of elaboration and submission of CERF requests and reports.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Conducting a rapid needs assessment is critical for a better focus on needs of the affected population and the setting of clearly prioritized interventions.	Systematized as a relevant step for all emergency responses in Mauritania	Humanitarian Country Team
Establishment of a clear communication line between humanitarian actors and administrative and local authorities	Further involve target communities, administrative and local authorities at all phase of the response.	Humanitarian Country Team and implementing partners
Effective involvement of national NGOs	Develop and sign standby agreements of partnership with qualified national NGOs. This will allow having an implementing partners pool ready in case of emergency.	UN Agencies
Involvement of the government at all phases of the response to develop awareness on nutritional level	Share with the government all lessons learnt from this action and build a sustainable mechanism mitigating the impact of the lean season.	Humanitarian Country Team

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF UNFPA WFP WHO	**5. CERF grant period:**	15/09/2015 – 14/03/2016
2. CERF project code:	15-RR-CEF-122 15-RR-FPA-042 15-RR-WFP-070 15-RR-WHO-044	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Nutrition		
4. Project title:	Integrated Management of severe acute malnutrition in OTP and Therapeutic Feeding Center (TFC) within 10 Moughataas affected by the nutritional crisis		

7.Funding				
	a. Total funding requirements[2]:	US$ 10,921,705	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[3]:	US$ 3,652,163	▪ *NGO partners and Red Cross/Crescent:*	US$ 932,850
	c. Amount received from CERF:	US$ 2,532,163	▪ *Government Partners:*	US$ 542,213

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	56,442	54,228	110,670	53,638	55,828	109,466
Adults (≥ 18)	44,873	16,279	61,152	54,573	12,291	66,864
Total	**101,315**	**70,507**	**171,822**	**108,211**	**68,119**	**176,330**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	171,822	176,330
Total (same as in 8a)	**171,822**	**176,330**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	WFP had planned to provide food assistance to children 6-59 months and PLW using the nutritional platform for prevention and treatment of acute malnutrition during the intervention period (November 2015 - March 2016).	

[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[3] This should include both funding received from CERF and from other donors.

	However, late confirmation of CERF's contribution caused delays in supply and delivery of nutritional products. Activities related to the treatment of moderate cases of acute malnutrition with CERF's contribution started only in March. In order to mitigate the impact of the nutrition crisis before the receipt of CERF's funding, promotional activities got support from other contributions for a three months period of intervention (November 2015 to January 2016). However, CERF's contribution allowed strengthening and extending the coverage of food assistance and promotional activities by reaching 96% of the targeted beneficiaries. Thanks to CERF's contribution, WFP was able to provide food assistance to vulnerable households combined with a nutritional assistance to children aged 6-59 months and PLW in Moughataa Kobeni. All sites targeted for food assistance received also nutritional services. The number of pregnant and lactating women reached through promotional activities on IYCF is higher than initially planned as more mothers than expected have participated to the awareness raising sessions. The number of vulnerable persons to benefit from the provision of clean water is lower due to the fact that some of the water works are still in process of completion.

CERF Result Framework			
9. Project objective	Contribute to reduce over 4 months the severe and moderate acute malnutrition prevalence through an integrated package of interventions among affected children (boys and girls), malnourished pregnant and lactating women in 10 districts in Southern and South-Eastern Mauritania exceeding the emergency threshold of 15% GAM.		
10. Outcome statement	85% of severe and moderate acute malnutrition cases (children, pregnant and lactating women) are treated with performance level in coherence with sphere standards (Death rate < 10%, defaulters under 15%, cured rate > 75%).		
11. Outputs			
Output 1	100% functional health facilities and community sites with nutritional centres (TFC, OTP & SFP; 176 structures, 30 community sites) offer an integrated package for acute malnutrition (severe and moderate) management.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number health facilities provided with therapeutics foods and essential drugs with IMAM care	100% of health facilities	100% (176 health facilities)
Indicator 1.2	Number health facilities receiving WASH in Nutrition kits	100% of health facilities	176 health facilities are supplied with WASH in Nutrition kits (100%)
Indicator 1.3	Number health facilities supported for the management of malnourished pregnant and lactating women	100% of Health facilities	100% (176 health facilities)
Indicator 1.4	Number of health facilities offering an integrated psychosocial stimulation during treatment of severe acute malnutrition	100% of TFCs	100% (12 health facilities)
Indicator 1.5	Number of SAM cases treated at TFCs and OTPs	100% SAM cases treated	90% (9,390 SAM admitted

			and treated)
Indicator 1.6	% of SAM cases recovered	>75% of treated SAM cases	Performances indicators met the SPHERE standard 81% in OTP 87% in IPF
Indicator 1.7		Death rate < 10%	0,4% in OTP 4,3% in IPF
Indicator 1.8	80% of children admitted to a SAM nutritional program receive a WASH kit	80% of 9794 SAM cases	7,488 kits distributed (76.6%)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Treatment of SAM cases with complications in TFCs	WHO/MOH (NUTRITION)	100% of 630 children under five were treated for SAM and 63 with complication admitted for treatment in IPFs WHO/MOH
Activity 1.2	Psycho-emotional stimulation sessions of 500 SAM cases and their caregivers at TFCs	UNICEF/MOH/NGOs (NUTRITION)	199 couples mother-child benefitted of Psycho-emotional stimulation sessions UNICEF/MOH/NGOs
Activity 1.3	Treatment of 9,794 SAM in OTPs, including WASH in Nutrition	UNICEF/MOH (Direction Régionale de l'Action Sanitaire DRAS)/NGOs (NUTRITION)	9,390 admitted and treated in 176 OTPs UNICEF/MOH (Direction Régionale de l'Action Sanitaire DRAS)/NGOs
Activity 1.4	Provision of clean water to 9,000 people living in Villages with high prevalence of GAM, including household water treatment	UNICEF/NGOs (ACF)	5 supply systems for clean water (boreholes with solar systems) in 5 of the most affected areas. So far, 2,638 direct beneficiaries were reached with this action. UNICEF/NGOs (ACF)
Activity 1.5	Transport and Storage of essentials drugs, RUFT and medical consumables at regional and district levels and community level	UNICEF/WHO/MOH (NUTRITION)	03 distributions of RUTF and essentials drugs were made at regional level UNICEF/WHO/MOH
Activity 1.6	Monitoring of response, Weekly and Monthly Nutrition Data collection, analysis and reporting	UNICEF/MOH/WHO (NUTRITION)	Data was collected on a monthly basis, analysed and

			presented to each coordination meeting UNICEF/MOH/WHO
Output 2	Children under 5 (boys and girls) and pregnant and lactating women are identified, referred and monitored by community volunteers in the project area		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	80% of children under 5 years are screened by community volunteers in the selected areas 2000 malnourished pregnant and lactating women are detected in the selected areas	80% 110,760 children (6-59 months)	90% targeted children (100,076 out of 110,760) were screened for SAM with 2,093 SAM referred to the centres
Indicator 2.2	Number of malnourished pregnant and lactating women receiving micro-nutrients supplementation	100% (2,000 PLW)	Out of the 2000 PLW targeted, 2,230 PLW (representing 111% of the target) were reached with iron/acid folic supplementation through their pre and postnatal visits and 2,000 among them (100% of the target) were reached with enriched flour.
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Active screening and referral acute malnourished children to OTPs and TFCs	UNICEF/MOH/ONG (ACF, AMAMI, ACCOR, AU SECOURS) (NUTRITION)	90% targeted children (100.076 out of 110.760) were screened for severe acute malnutrition with 2,093 SAM referred to the centres UNICEF/MOH/ONG (ACF, AMAMI, ACORD, AU SECOURS)
Activity 2.2	Organization of mobile clinics for screening activities and referral of malnourished pregnant and lactating women at the community level	UNFPA/DRAS/NGOs (NUTRITION)	30 mobile visits were organized in 6 wilayas for screening activities and referral of malnourished PLW at the community level (2,720 women screened and 1,846 of them with malnutrition were treated). The NGO AMPF provided great contribution in this activity UNFPA/DRAS/NGOs
Activity 2.3	Nutritional Supplement and multi micronutrients to 2,000 malnourished pregnant and lactating mothers at risk of mortality at Health post during antenatal care	UNFPA (NUTRITION)	Out of the 2000 PLW targeted, 2,230 PLW (representing 111% of the target) were reached with iron/acid folic supplementation through their pre and postnatal visits and 2,000 among them (100% of the target) were reached with enriched flour. UNFPA
Output 3	Nutritional products for the prevention of acute malnutrition and treatment of moderate malnutrition (blanket supplementary feeding (BSF) and targeted supplementary feeding (TSF) respectively) as well as general food distributions (GFD) are distributed in sufficient quantity and quality, and in a timely manner to targeted beneficiaries.		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of villages and community centres assisted, as % of planned	100% in the targeted zones	128 villages and 22 CRENAMs (66 %)
Indicator 3.2	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, as % of planned	100% in the targeted zones (23,562 people)	Total 96 % (22,620 people)
Indicator 3.3	Quantity of food assistance distributed, disaggregated by type, as % of planned	100% in the targeted zones	Wheat 85%, Veg. Oil 52%, Pulses 32%, Salt 57%, Plumpy, Sup 84%. Total 75%
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Identification of BSF beneficiaries (during the active screening at the community level)	UNICEF/MOH/CSA/WFP/NGOs	10,087 of MAM cases were referred to community nutrition centres for supplementary feeding UNICEF/MOH/CSA/WFP/NGOs
Activity 3.2	Purchase, transport and delivery of food and nutritional products in the targeted villages	WFP	Ensured between 23/11/15 and 10/02/16 WFP
Activity 3.3	Distribution of supplementary food for the prevention of malnutrition	MOH/CSA/WFP/NGOs	Due to delays in the confirmation, this activity was ensured for a period of three months (Nov-Jan) reaching targeted children aged 6-23 months and PLW. MOH/CSA/WFP/NGOs
Activity 3.4	Sensitization about the utilization of the nutritional products, infant and young child nutrition (IYCN) and hygiene promotion	MOH/WFP/UNICEF/NGOs	Practical communication tools were developed under the leadership of the MOH and 42,230 women were reached with promotional activities including the promotion of optimal feeding and hygiene practices MOH/WFP/UNICEF/NGOs
Activity 3.5	Treatment of MAM children and PLW in CRENAM	CSA/WFP/NGOs	WFP had planned to assist children 6-59 months and PLW through nutrition activities for prevention and treatment of acute malnutrition during the intervention period (Nov 2015 - March 2016). However, late confirmation of the CERF contribution caused delays in supply and delivery of nutritional products. This resulted in MAM treatment activities to start in March 2016, where WFP reached 881 children 6-59 months and 225 PLW CSA/WFP/NGOs
Activity 3.6	Distribution of a protection ration (targeted food distribution) to TSF and BSF beneficiaries households	CSA/WFP/NGOs	WFP had planned to accompany nutrition activities with free food assistance.

			This activity was achieved with CERF funds, WFP has reached 96% of the planned beneficiaries for two months of assistance (November and December 2015) as scheduled CSA/WFP/NGOs

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The joint response provided by the humanitarian actors with support donors including the CERF contribution has shown positive impact. Indeed, thanks to the response provided, it was noted from the first assessment conducted in December 2015 that significant improvements had occurred in the nutrition, food security and WASH indicators in affected communities.

- **Nutrition** : Through program cooperation agreements signed with implementing partners, 42,230 women were reached with promotional activities on essential family practices related to optimal feeding and hygiene practices (versus a number of 28,500 women initially planned). Regarding the management of severe cases of acute malnutrition, 9,390 cases with SAM were admitted and treated in 176 nutrition centres (OTPs in IPFs). Cure rates were 81% and 87% in OTP in IPF, respectively (performance beyond the SPHERE standards). The coverage of treatment of SAM in 10 Moughataas is evaluated at 59% overall. The coverage of treatment was evaluated at 40% in three Moughataas (Amourj, Kobeni and Kankossa) where WFP's food distribution started in July 2015 in partnership with community implementing partners (ACF, WV, ACORD, ODZASAM). Indeed, these distributions have absorbed some cases of malnutrition. Indeed, the coverage of SAM treatment is closely linked with the coverage of the health system according to the population. This is a key bottleneck of scaling up access to SAM treatment.

- **Food security**: i) The quantity of food assistance distributed represented 75% of the initial plan with Plumpy Sup 19,706 instead of 23,460 planned (84%), Oil 9,464 instead of 18 200 (52%), Wheat 393 380 instead of 462 800 (85%, Salt 7 980 instead of 14 000 (57%). The number of children was found to be lower than planned after a screening. ii) According to Post distribution Monitoring results of November 2015, the rate of food insecurity (severe and moderate) has improved, moving from 74.8% in June 2015 to 68.8%. Significant reductions were observed in severe food insecurity situation (poor food consumption) which decreased from 29.4% to only 1.7%. The two other food security indicators measured during the assessments produced controversial results. Indeed, more households used coping based foods strategies in December 2015 at the beginning of the response with food assistance. This corroborates the results of the food consumption score in the difficulty of households to meet the minimum adequate diet (appropriate frequency and diet diversity). Food consumption of several households improved based on the received food assistance. The proportion of households consuming less than four food groups decreased from 51.3% to 32.9%. These results have prompted WFP to consider additional programs to continue assistance to people affected by recurrent food and nutrition crises. In addition, the food-for-asset strategy has been launched to enable these households to improve gradually their situation by using improved production means and gardening activities.

- **WASH**: Water and hygiene interventions included the provision of drinking water to the population in need and hygiene kits for malnourished children (UNICEF). The following results were achieved a) five water supply systems were built reaching 2,638 persons against 9,000 as initially planned due to the majority of identified villages in need having fewer inhabitants than expected, b) out of 7,800 initially targeted, 7,448 WASH kits were availed and distributed to mothers and malnourished people in 176 nutrition centres in 10 Moughataas affected by malnutrition.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

- **Nutrition:** affected population was involved in the process of needs assessment conducted through a joint mission. In addition, the community health workers from these communities ensured active screening of acute malnutrition, referenced those who needed treatment and conducted follow up visits to malnourished children during treatment. The community health workers also conducted awareness activities related to the promotion of optimal feeding and hygiene practice. At health facilities level, the treatment of SAM is under the full responsibility of staff from the national health system. UNICEF provided technical support in terms of collection and analysis of data and progress monitoring indicators.

- **Food security**: To enhance the protection, security and liability, WFP has conducted regular field missions in targeted communities to inform beneficiaries about the different aspects of the project. WFP and its partners ensured clear communication with the affected population during all food distribution operations. Based on feedback from the affected population, the food distribution modalities have been improved. A feedback mechanism was established allowing beneficiaries to express their views about the target criteria for food assistance. Two free line numbers were communicated to members of the affected population who may have any feedback.

- **Wash**: The needs of populations were revealed during participatory discussions with the affected population and direct observations of their living conditions. Monitoring and evaluation missions were conducted with the participation of the affected population.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
A joint evaluation of the response plan has been carried out with all stakeholders. The following recommendations were formulated: - Strengthen the regional coordination for nutrition - Improve the information system in line with the early warning system - Involve government structures in a better way during rapid needs assessment - Strengthen the preventive nutrition and health intervention for sustained response against malnutrition and build resilience among communities. UNICEF committed a pool of consultants to conduct a participatory evaluation of the response. Results were shared with humanitarian stakeholders and recommendations discussed.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner
15-RR-WFP-070	Nutrition	WFP	NNGO	$60,459
15-RR-WFP-070	Nutrition	WFP	GOV	$460,565
15-RR-CEF-122	Nutrition	UNICEF	INGO	$585,645
15-RR-CEF-122	Nutrition	UNICEF	GOV	$40,895
15-RR-CEF-122	Nutrition	UNICEF	NNGO	$15,210
15-RR-CEF-122	Nutrition	UNICEF	NNGO	$49,089
15-RR-CEF-122	Nutrition	UNICEF	INGO	$40,807
15-RR-CEF-122	Nutrition	UNICEF	NNGO	$41,226
15-RR-CEF-122	Nutrition	UNICEF	INGO	$30,000
15-RR-CEF-122	Nutrition	UNICEF	INGO	$30,813
15-RR-FPA-042	Nutrition	UNFPA	GOV	$25,500
15-RR-FPA-042	Nutrition	UNFPA	NNGO	$79,600
15-RR-WHO-044	Nutrition	WHO	GOV	$15,253
15-RR-WFP-070	Nutrition	WFP	NNGO	$60,459

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ACF-E	Action contre la faim
ACORD	Agence de Coopération et de Recherche pour le Développement
ACTION DEV	Action pour le developpement
ADIG	Association pour le Développement Intégré du Guidimakha
AED	Association pour l'Enfance Déshéritée
AGEFAD	Agir Ensemble Contre la Faim et Pour le Développement
AMPF	Association Mauritanienne pour la Promotion de la Famille
APEM	Association Pour La Protection De l'environnement En Mauritanie
APEP	Association pour l'epanouissement des populations
ASDEP	Association pour le développement des populations
ASEDG	Association pour la Santé, l'Education et le Développement global
ASSEDNA	Association pour l'education, la Nutrition et l'Alimentation
BSF	Blanket Supplementary Feeding
CERF	Central Emergency Response Fund
CRENAM	Rehabilitation for Moderate Malnutrition
CSA	Commissariat à la Sécurité alimentaire
DRAS	Direction Régionale de l'Action Sanitaire
DSBN	Division de la sante de Base et de la Nutrition
ECHO	European Commission's Humanitarian Aid Office
EMEL plan	Hope plan in Arabic
GAM	Global Acute Malnutrition
GFD	General Food Distributions
HC	Humanitarian Coordinator
HEA	Household economic analysis
ID	Initiatives pour le Development
IPF	In- Patient Facilities
IYCN	Infant and young child nutrition
IYCF	Infant and young child feeding
IMAM	Integrated Management of Acute Malnutrition
MAM	Moderate Acute Malnutrition
MDM	Medicus Del Mundo
MOH	Ministry of Health
MMA	Medicus Mundi Andalusia
MS	Ministere de la sante
NGOs	Non government organisation
ODZASAM	Organisation pour le developpement des zones arides et semi arides en Mauritanie
OTP	Outpatient Therapeutic Program
PLW	Pregnant and lactating women
HAT	Humanitarian Advisor Team
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding program
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SNIS	Systeme National d'Information sanitaire
TDH-I	Terre des hommes International
TFC	Therapeutic Feeding Center
TSF	Targeted Supplementary Feeding

UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International