Revised Emergency Appeal
Mauritania: Food insecurity

Emergency Appeal n° MDRMR004
GLIDE n° OT-2011-000205-MRT
25 April 2012

This revised Emergency Appeal seeks CHF 1,794,192 in cash, kind or services, to support the Mauritanian Red Crescent (MRC) to assist 42,000 beneficiaries (75,000 including beneficiaries covered by the French Red Cross) for 12 months, and will be completed by December 2012. An interim six-month consolidated report will be submitted in July 2012 and a final report will be made available in March 2013, three months after the end of the operation.

CHF 200,000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) in December 2011 to support this operation. Unearmarked funds to replenish DREF are encouraged.

Appeal history:
- Preliminary Emergency Appeal launched on 22 December 2011 for a total of CHF 2,131,749 to deliver assistance to 10,000 households (60,000 persons)
- Following an MRC/IFRC detailed assessment of needs conducted in February 2012, the Preliminary Emergency Appeal has been revised and the revised budget estimate is reduced from CHF 2,131,749 to CHF 1,794,192, to deliver assistance to 7,000 households in the Brakna
- The narrative of the revised Appeal includes the French Red Cross (CRF) and MRC project of managing malnutrition in children under 5 years of age in the Gorgol, for 5,500 households. As this component is a bilateral contribution from the CRF and is already funded (EUR 250,000), it does not appear in the Appeal’s budget.

Click here to view the attached Emergency Appeal budget; here to view a map of the affected areas; or here for the detailed contact information.

Summary:
The food insecurity situation in Mauritania continues to be of concern. The levels of cereal production deficit and of malnutrition identified in recent government assessments and confirmed by the staff and volunteers on the Mauritanian Red Crescent (MRC) in recent field visits, highlights that the there is still the threat of a severe food security crisis in the country. A recent UN survey1 highlighted that 700,000 people or more are at risk of food insecurity over the coming weeks, with a number of these (up to 110,000) being children.

Over the past weeks, the National Society has been implementing the planned assistance outlined in the preliminary emergency appeal and supported by the DREF start up funding. Due to limited funding and the

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1 WFP assessment report
many challenges of logistics and human resource capacity in a vast country such as Mauritania, the National Society has focused much of its efforts in the regions of Brakna and Gorgol (the latter in close cooperation with the French Red Cross).

Based on recent assessments made by MRC, supported by IFRC, the National Society has now decided to revise the focus and extent of its emergency appeal. The initial appeal targeted Brakna, Gorgol, Guidimaka, Assaba, Hod Garbhi and Hod Chargui regions and aimed to target 10,000 households across the six regions. To focus the National Society’s efforts and resources, MRC has decided to focus on two of the six regions (Brakna and Gorgol) in the first phase, extending its coverage in these two regions to reach 12,500 households. Further to funding received and the needs/capacities present, MRC will consider extending their operation to a second phase conditional in the regions of Guidimaka and Assaba, based on assessments. Both Hod Garbhi and Hod Chargui are areas now classified as red zones and the National Society will not work there for security reasons unless the situation improves.

The National Society is working closely with the French Red Cross (CRF) as well as IFRC in this response. As part of the focus on Brakna and Gorgol region, MRC and IFRC will focus on the Brakna region, while CRF is focusing on the Gorgol region. The choice Brakna is justified in particular by the fact that it is the region with the highest rate of moderate acute malnutrition (MAM) of the regions covered by this appeal. Working together and supported by both IFRC and CRF, the National Society will assist 12,500 households in the two regions – 5,500 in Gorgol with CRF and 7,000 in Brakna with IFRC.

Within Brakna, MRC and IFRC will focus their support on the Maghta Lehjar department, a remote area where there are no other actors currently working and where there are few humanitarian or infrastructural support systems. In this, MRC will also be working closely with the government, particularly the Ministry of Health (MOH) and aims to cover the four towns, with focus on the 18 villages of the department. As mentioned above, due to the focus on logistics and human resources in one area, MRC will be able to assist more households but has also lowered the appeal budget from CHF 2,131,749 to CHF 1,794,192. The technical scope range of the appeal will however remain the same and MRC will aim to assist the affected communities in the two regions with appropriate and timely relief assistance for the following sectors:- food distributions; health; nutrition; water & sanitation; hygiene promotion; livelihoods; disaster risk reduction (DRR); and in the capacity building of the National Society. The National Society will aim to ensure that there is a comprehensive assistance place to support the affected population tackle issues of moderate or severe malnutrition through screening, referral and food distribution in the short-term, while looking to support health education and systems, livelihoods and DRR in the longer-term to ensure some sustainable support for these remote communities.

MRC is working on agreements with both WFP and UNICEF in relation to the delivery of the first phase supplementary feeding to assist malnourished children and families in Brakna and will look at partnerships with other organizations as this response evolves. The National Society is also working closely with MoH in its delivery of support to both communities and to local health centres.

Funds are urgently required to support this operation. Donors who have contributed to this appeal to date include the Japanese Red Cross Society, Red Cross of Monaco and the Swedish Red Cross. IFRC, on behalf of Mauritania Red Crescent, would like to thank these donors for their kind and generous support.

The situation

According to the National Statistics Office, Mauritania’s population is estimated at 3.38 million, with the country identified as one of the poorest in West Africa (ranked 159th on the HDI2). Heavy reliance by most of the population on traditional farming and cattle breeding activities to maintain their livelihoods leave the rural communities in a state of chronic crisis, due to unpredictable rainfall and weather conditions. Increased desertification and the subsequent competition for access to resources, further complicate the situation, leaving communities in a constant state of poverty and potential food insecurity. The 2011 rainfall was well below average, increasing the levels of food insecurity and vulnerability amongst communities as they moved into an early lean season in 2012. Drought conditions in some areas resulted in a significant reduction in the production of both cereals and animal feed to sustain families and their livestock.

In Mauritania, cereal production recorded a decrease by 38 per cent over an average of five years and by 52 per cent in 2011 when compared to the 2010 season (FewsNet/ WFP3; Oct. 2011). The production

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2 Human development index
3 World Food Programme
deficit is estimated at over 50 per cent as compared to a normal year. The lean season which normally begins in May 2012, was reported as early as November-December 2011. As a result of this, the 2012 lean season is expected to last up to ten months instead of the normal five. The pastures which normally last until February – March 2012 were depleted by November 2011. The ponds and backwaters that were used for cattle watering have disappeared as they dry out in Brakna and Gorgol regions.

**Seasonal calendar and critical events (Source: FewsNet)**

This current situation has compounded the level of food insecurity in a number of regions and has aggravated acute malnutrition at a national level, with 10.9 per cent of children under five years of age identified as suffering from general acute malnutrition. In Brakna and Gorgol where global acute malnutrition rates are the highest in the country, the last SMART study (July 2011) shows rates at 18 per cent in Brakna and 15.7 per cent in Gorgol. In December 2011, estimates showed that 35,500 children were affected by global acute malnutrition and among them, up to 5,200 suffered from severe acute malnutrition. To date, nearly one quarter of households have been affected by food insecurity as of the last quarter of 2011, triple the percentage of households affected during the same period in 2010 and WFP estimates that more than 700,000 persons (or nearly one quarter of the total population), including 110,000 children under five, are currently suffering from malnutrition due to food insecurity in the affected areas.

To address the crisis, the Government launched on 10 November 2011, the “EMEL (Hope) Plan” and plans to establish 748 “solidarity shops” inside the country, 308 of which will be in Nouakchott. In its humanitarian aid component, EMEL envisions a targeted food distribution for 569,000 households over three months, in the ‘triangle of hope’ (Aftout). The cattle aid component of this programme includes the sale of 143,000 tonnes of fodder, drilling new water points and support to animal health. Initially estimated at MRO 44 billion (approximately CHF 139.9 million) during the first assessment, the budget of this plan has been revised downwards to MRO 32 billion (CHF 101 million), as indicated by the deputy director of the Office of the Food Security Commissioner. According to local authorities, State technical services managers and humanitarian actors present in Mauritania, the activities outlined remain insufficient to cover the needs of the affected population, and are therefore seeking the support of partners to assist in bridging the gaps.

**Crisis in Mali and refugees entering Mauritania**

At this time, there is another humanitarian crisis on the eastern border area of Mauritania with Mali, in the Bassiknou Department. Due to conflicts in the north of Mali between rebels and the Government and the subsequent coup d’état in April 2012, there has been an increased number of Malian refugees in this area of Mauritania. As of April 16, more than 54,000 refugees have been registered by UNHCR in the Mere refugee camp near Bassiknou town. A separate DREF was issued to assist IFRC to provide support to MRC, who is currently distributing non-food items to the local population (600 families) and providing hygiene and health promotion activities in the communities.

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4 Oxfam; Assessment mission report; 10-11/2011
5 FewsNet / WFP; Oct. 2011
6 Malnutrition rates in the Sahel, a region where global acute malnutrition is generally high under “normal” circumstances, can be around 15 per cent, the WHO emergency threshold. Children under 2 years of age are the most heavily affected. The moderate acute malnutrition rates in children under 5 years of age are on the increase and will deteriorate later into severe acute malnutrition.
7 UNHCR sitrep
8 DREF operation document issued here: [http://www.ifrc.org/docs/Appeals/12/MDRMR005.pdf](http://www.ifrc.org/docs/Appeals/12/MDRMR005.pdf)
Coordination and partnerships

Overall coordination of this operation is managed by IFRC’s Sahel regional office in Dakar with support from the Africa Zone office in Nairobi. In February, IFRC established a small team embedded within MRC comprising a programme coordinator, a food security delegate and a disaster management delegate from the Canadian Red Cross, in addition to a regional disaster response team member (RDRT) who was deployed for a short-term surge mission. This team supports MRC to build on their coordination links with Red Cross Red Crescent Movement and other actors.

The IFRC regional office in Dakar also participates in the Inter-Agency Standing Committee (IASC) Regional Working Group on Food Security and Nutrition. The Working Group launched a strategy paper on “Preparedness for a Food and Nutrition Crisis in the Sahel and the affected neighbouring countries” in December, and its analysis and recommendations have been considered in the development of this appeal. A response framework has been developed to reduce excessive mortality and morbidity and strengthen vulnerable household’s livelihoods in the areas affected by the food and nutrition crisis and this has also been influential.

Monthly coordination meetings between all components of the Red Cross Red Crescent Movement present in-country are held at MRC headquarters, chaired by the National Society. Participants include the IFRC representatives, the ICRC, and French RC. The Spanish and Italian RC are no longer present in Mauritania. Bilateral meetings are also organized, as required, to promote a concerted understanding of the overall situation in country and of progress achieved in implementing the programmes.

IFRC and MRC also attend national and sector-wide coordination meetings with other humanitarian actors, including the United Nations agencies. This includes the Mauritania Humanitarian Forum, which gathers once a month in the presence of the Government Representative (the Prime Minister’s Adviser) who co-chairs the session along with the UN Humanitarian Coordinator. In addition to this forum, MRC and IFRC attend the weekly coordination meeting on population movement under the joint leadership of UNHCR and the Ministry of the Interior.

The main Movement partner in country is French Red Cross (CRF), which works with MRC in Kaedi, Gorgol region, where it has been supporting 27 rural health centres, providing nutritional services to care for moderately malnourished children through supplementary feeding. Affected children were provided with a corn soya blend (CSB) mixed with sugar and oil to make a broth that is easily ingested. The services also included field monitoring and screening, awareness campaigning and specialized training for staff. As CRF is exiting from this programme, 21 centres have been handed over to MRC and the remaining six will be handed over in the coming weeks to complete the transfer. Each centre is operated by four trained MRC volunteers and experienced supervisors and it can be seen that the villages surrounding these established and functioning health centres have improved access to basic health services while those villages in more remote locations are still in need of support.

CRF is also working with cooperative societies and supporting them to establish larger scale irrigation systems on the banks of the Senegal River to establish vegetable gardens, rice paddy fields (for consumption and the production of certified seeds) and sorghum/millet cultivation. These projects have been supported with materials (seeds, fertilizers, agricultural tools etc.) and specific training to further advance the skills of farmers. These trainings have focused on improved agricultural techniques, vector control and crop diversification (including a wide range of vegetable and fruit trees). This project has also been strengthened through the provision of productive assets such as harvesting and threshing machines to enable farmers to further process their cereal crops.

ICRC is present in Mauritania and is coordinating with Movement partners, but works mainly in relation to detention and protection activities, and is focused more on the population movement response rather than the food security operations.

In Maghta Lahjar department, MRC is the only actor present on the ground in addition to the government of Mauritania’s MoH, with whom the National Society is working closely in terms of support to monitoring / screening teams, nutritional surveillance, referral and health support. There is also an NGO (GRET) present in the area, but they are a research organization and not working in food security or related

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9 Partners present in-country include the International Committee of the Red Cross (ICRC) and the French Red Cross (CRF)

10 United Nations Refugee Agency

11 http://www.gret.org/
MRC is also in discussion with other partners to look at targeted cooperation. The World Food Programme (WFP) is developing a cash transfer programme, which targets Brakna and Gorgol regions among others, and MRC is in discussions with them about possible engagement or information sharing on this programme. WFP is also developing an emergency operation in support of the implementation of the Plan EMEL launched by the Government to respond to the food crisis, and MRC is also engaging with them around this to discuss possible cooperation around food provision. MRC is also in contact with UNICEF around the possible supply of high nutrient food (plumpy nut) for children identified as severely malnourished.

Red Cross and Red Crescent action

Following the launch of the preliminary emergency appeal in December 2011 and the start up funding from the DREF, MRC, supported by the IFRC team, has been planning and implementing initial assistance to the affected population. The implementation of planned activities has been and will continue to be in close collaboration with the partner national societies and the ICRC.

The ongoing interventions for the short-term are:

- The setting up and running of mobile units to extend existing MRC nutritional support programmes to more remote communities.
- Deployment of trained personnel to promote awareness and education for mothers on improved nutritional and dietary habits to better nourish their children.
- Deployment of trained teams to promote WASH and PHAST with the aim of changing behaviours to improve health and sanitation within remote communities.
- An integrated, holistic programming approach that combines water and sanitation, health and livelihoods to provide immediate protective support for individual and community health and livelihoods.

For the mid to longer-term, support will be concentrated on developing and diversifying livelihoods (e.g. through women’s cooperatives to initiate village level micro-projects) and through support to disaster risk reduction (DRR) activities to build resilience.

To assist with the operation, IFRC’s Sahel regional office recruited a programme coordinator to be based in MRC and provide additional technical and coordination support. The person has been in place since late January. A regional food security programme officer was also recruited and was deployed to provide more detailed technical support to MRC for the first phase of the response. And in early March, the Canadian Red Cross seconded a delegate to IFRC to support the emergency operation for three months.

MRC also organized a detailed assessment in February 2012 of the regions originally targeted and used the feedback from this assessment to determine the approach of this revised appeal and to focus on a narrowed down geographic base, but an increased number of households, to increase the efficacy of its approach.

CRF has also been supporting MRC during this period and before, in health, nutrition and food security activities. Working in close collaboration with MRC volunteers and the local committees, CRF has been working with cooperatives in the Brakna region and assisting them in establishing a large-scale irrigation scheme on the banks of river Senegal for growing market-gardening crops, rice paddy (for consumption and the production of certified seeds) as well as sorghum/millet. MRC-CRF has also been working on a health and nutrition project funded by DG ECHO12 in the Gorgol region, in partnership with the Mauritania MoH, WFP and UNICEF.

The needs

As mentioned, recent assessment figures from WFP estimate that 700,000 people or nearly 25 per cent of the total population are currently food insecure in Mauritania. From the detailed assessment that MRC carried out in the target regions, this level of food insecurity was confirmed and it emerged that the food and nutrition crisis has worsened since the publication of the preliminary emergency appeal in December.

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12 European Commission’s office for Humanitarian Assistance and Civil Protection. The project has been funded by ECHO since April 2008.
Evidence of increasing food insecurity and malnutrition is now visible in almost all villages visited. This goes hand in hand with a deterioration of access to drinking water and water for livestock and of agricultural activities. The assessment findings recommend urgent action to curb the mortality and morbidity inherent in predictable peaks of malnutrition and poor health and hygiene linked to poor water quality or quantity. There is concern that if the situation continues to deteriorate and, if nothing is done, there will be a disaster similar to or worse than 2002.

Another recommendation of the assessment is to focus efforts in rural areas, as opposed to urban and semi-urban areas, since few humanitarian organizations in the field are present in those environments. This is particularly reinforced as, in most villages assessed, women, children and the elderly have no other choice but to stay and try to survive, while part of the population begins to transhumance. It is for this reason that the revised appeal is concentrating its initial efforts in an area where no other agencies are present, and will only look to extend them when these activities are well established and supported and there are the needs and resources to replicate the response.

Immediate needs:
It emerged from the detailed assessment that the immediate needs are in the areas of food provision, nutrition, health, and water and sanitation. Populations in the target area have been severely affected by the failure of the 2011-2012 growing and pastoral season and the cereal and milk production deficits generated by this situation have contributed to an upsurge in the rate of malnutrition which was already chronically poor among children under five. In the Brakna and Gorgol regions in particular, the GAM rate has reached 15.7 per cent (Gorgol) and 18 per cent (Brakna), according to the findings of the last SMART survey. The results of a survey held in December 2011 revealed that nearly a quarter (24.6 %) of rural households were in a state of food insecurity, with 12.9 % severely food insecurity.

The proposed intervention plans to provide immediate assistance to children under five years of age affected by moderate acute malnutrition (MAM) and severe acute malnutrition (SAM), through screening, care and support, referral, sensitization and support to the families with malnourished children over a nine-month period. The support to families (or protection rations or cereals, rice, maize or equivalent) will be given to families with one or more malnourished child, to protect the supplementary ration (fortified flour, oil and sugar) given for the child or children. In this region it is culturally inappropriate to give food to only one person while others are hungry even if they are not malnourished.

In the immediate term, the National Society will also seek to address the identified needs around water provision (for humans and animals) through setting up of water points, water management committees and pump repair. It will also provide targeted sanitation support in specific clinics / CRENAM and will provide hygiene education to the identified villages.

Mid-term needs:
To address food security needs in the medium-term, the response will look to enhance farmers’ sustainable capacity through the distribution of agricultural inputs (seeds, tools) to support planting, harvesting and the improvement of agricultural production during the 2012-13 crop year, with particular support to market gardens from women in the communities.

There are also needs to support the livelihoods of these communities to help them get back on their feet and help themselves and the MRC will target cash or food for work activities in the targeted 18 villages (e.g. dyke building). The most affected families will be detected through the screenings of the mobile units and the National Society will also look to provide small numbers of livestock (4,000 small ruminants to 2,000 households) and fodder to help recovery. The National Society will also seek to train farmers in improved farming techniques and animal husbandry and will support 10 cereal banks. If this work in Maghta Lahjar is successful and needs continue, MRC will seek funding to continue this assistance in a second phase in Guidimaka and Assaba regions.

Long-term needs:
As is clear from assessments of the situation, the food insecurity is mainly due to structural reasons deeply rooted in cultural habits and practices. For this reason, this revised emergency appeal intends to use a longer-term approach to address the causes of this recurrent problem. The operation’s activities will focus on building the adaptation and resilience capacities of mainly agropastoralist communities affected by the crisis, through activities such as increasing water supply, cattle restocking, and improvement of the agricultural production of the agropastoralist households vulnerable to food and nutritional insecurity.

In addition, and to address the a sustainable challenges, this operation intends to conduct a long-term nutritional research project to analyse the root causes of the problem within the local contact of the Brakna...
region and to try to recommend more sustainable solutions. In this the MRC will partner with an academic institution and this will feed into the DRR work of the National Society. The National Society will seek further technical support to build sustainable DRR projects to help communities map hazards, reinforce their climate change adaptation, and diversify their agricultural approaches and production.

Beneficiary selection:
The activities in MRC’s overall intervention have been selected to respond to malnutrition in children under five years of age in the Brakna and Gorgol regions, where malnutrition rates remain the highest. As MRC/CRF is already operating in Gorgol, the additional MRC/IFRC activities will be launched in Brakna, in the Maghta Lahjar Department and will target the 18 villages identified in that area. It should be noted that in this department, the MRC local committee is operational and has experience in conducting child malnutrition control activities.

The beneficiaries of food security interventions will be defined according to the following criteria:

1. Children in families that exclusively or largely depend upon rainfed crops to support their livelihoods.
2. Remote villages which do not have access to public services.
3. Communities which do not have access to water in sufficient quantity and quality for human and animal consumption.
4. Communities living at a distance of at least 10 km from a health centre.
5. Communities whose poverty level is highlighted by inadequate sanitation, poor hygiene and lack of access to healthcare.

Gender focus:
The number of beneficiaries of this appeal is estimated at 7,000 households in Brakna region, with on average six persons per household (women and men), making a total of 42,000 beneficiaries, over half of whom will be women. As the appeal criteria focusing on vulnerable female headed households and on children under five years of age suffering from malnutrition as well as pregnant and breast-feeding mothers, there is a clear focusing on ensuring that the needs of women and children are well covered. With the support to livelihoods through farming activities such as market-gardening, the appeal will also target the male and female members of the community, ensuring that there is support for their areas of farming and production, to ensure maximum sustainability to families and communities.

The proposed operation
MRC’s proposed operation will have to show flexibility to enable the programme to adapt to the changes in local context as this long-term food security crisis continues and evolves. This will include the need to seek additional surge and technical support if the situation worsens and to prepare for the transition from an emergency response to medium and longer-term food security interventions.

The proposed operation is based on the findings of the detailed assessment of the needs of the Brakna and Gorgol regions, where communities are already hard hit by food insecurity and malnutrition. The operation aims to reach 7,000 households in the Brakna region, in addition to the 5,500 being assisted by the CRF in the Gorgol region. Nutritional and health activities in the Gorgol region for 5,500 households delivered by CRF are bilateral and are not budgeted under this appeal, although they have been outlined earlier in the appeal narrative.

The overall planned operation under the current revised appeal is laid out below:

<table>
<thead>
<tr>
<th>Food distribution</th>
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<tbody>
<tr>
<td><strong>Outcome:</strong> The immediate food needs of the affected populations in the Brakna region (up to 7,000 households or 42,000 beneficiaries) are covered during the peak of the 2012 lean season</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output (expected result)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| Appropriate support for food distribution is provided to the vulnerable households during the peak of lean season | • Establish a monitoring and warning system (information on the evolution of prices, the situation, etc)  
• Develop partnership with national and local food security stakeholders, especially with WFP and UNICEF (to cover food provision)  
• Train 80 volunteers and 20 distribution supervisors to be mobilized for emergency food distributions in the area of intervention (Maghta Lehjar)  
• Prepare volunteers and branch capacity to carry out food distributions as needed |
Health/ Nutrition

**Outcomes 1:** Excess morbidity and mortality from diseases related to malnutrition are prevented by providing targeted nutrition interventions (children aged 0-5 years), health and hygiene promotion to 42,000 beneficiaries, or 7,000 households in the Brakna region (initially at Maghta Lahjar)

<table>
<thead>
<tr>
<th>Expected results</th>
<th>Planned activities</th>
</tr>
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</table>
| The health status of the population is improved through early detection and treatment of malnutrition | • Train 80 volunteers and community health workers on health and nutrition promotion for conducting health education campaigns, as well as screening and referral (this includes volunteers working in Gorgol with CRF)  
• Support the logistics and material support for the 80 volunteers (transport, IEC material, etc) to enable them to conduct a minimum of two interventions per volunteer per week for health promotion  
• Organize 240 thematic discussions per month with pregnant and breastfeeding mothers, on reproduction health, breastfeeding (promotion of exclusive breastfeeding of the child aged 0-6 months), infant nutrition (good nutritional practice based on local products from 6 to 59 months), and social mobilization for immunization  
• Assist 10 of the health posts supported by MRC which receive referred cases are in need of additional equipment and material support, with therapeutic products, minor infrastructure repairs, and hygiene improvement |

<table>
<thead>
<tr>
<th>Expected results</th>
<th>Planned activities</th>
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</table>
| The health status of children aged 0 to 5 of 7,000 households is improved through screening, distribution of “discharge and protection rations” and referral of malnutrition cases | • Establish two mobile screening units to screen and manage moderate to severe malnutrition cases without medical complications (this is run in cooperation with the MOH, which provides medical staff)  
• Equip mobile units with materials and working tools  
• Provide protective rations to the 18 villages for moderate and severe malnutrition cases as required (see above).  
• Refer cases with medical complications to health posts.  
• Refer moderate malnutrition cases to CRENAM and severe malnutrition cases to CRENAS as required.  
• Rehabilitate and equip the health unit/CRENAM in the village of Guimi (managed by the MRC local branch)  
• Establish five *foyers nutritionals* and identify the “*mamans lumières*” (“Light Mothers” or role model mothers) in the remotest villages to help set up, run and monitor the community-based management of the malnourished |

As for the management of malnutrition cases, the following response strategy will be applied:

<table>
<thead>
<tr>
<th>Malnutrition status</th>
<th>Entry</th>
<th>Activity</th>
</tr>
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</table>
| **Moderate acute malnutrition (MAM)** | Cases will be identified during community based screening activities for children between 6 months to 59 months based on MUAC of <11.5 - >12.5 or a Z score of -2  
Or  
As a referral from CRENAS once target weight for SAM recovery is achieved (as per measurements above) | • Beneficiaries will be admitted to CRENAM for Supplementary Feeding (SFP) until target weight is achieved.  
*Commodity:* CSB oil and sugar  
• A protection ration will be provided to the family to ensure the therapeutic food is not shared at household level  
*Commodity:* provided by WFP |
| **Severe acute malnutrition without complications (SAM)** | Cases will be indentified during community based screening activities for children between 6 months to 59 months based on MUAC of >11.5 - or a Z score of -3 or below and no medical complications | • Beneficiaries will be admitted to CRENAS, either by a mobile clinic or referred to a static clinic within 5km of the community for outpatient therapeutic feeding until target weight is achieved. Once child is recovered will be transferred to CRENAM |
Severe acute malnutrition with complications (SAM)

<table>
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<tr>
<th>Or</th>
<th>As a Referral from CREN to continue recovery from SAM</th>
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</thead>
<tbody>
<tr>
<td>Commodity: Plumpy Nut provided by UNICEF</td>
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</tr>
</tbody>
</table>

- A protection ration will be provided to the family to ensure the therapeutic food is not shared at household level

Commodity: provided by WFP

- A protection ration will be provided to the family to ensure the therapeutic food is not shared at household level

Commodity: provided by WFP

- A ration for carers in clinics will be provided to encourage carers to stay until discharge

Commodity: provided by WFP

Water, sanitation and hygiene promotion

**Outcome:** Improved availability and quality of water, hygiene and sanitation for 42,000 beneficiaries, or 7,000 households distributed in 18 localities in the Department of Maghta Lahjar, in the Brakna, for nine months

<table>
<thead>
<tr>
<th>Access to drinking water for the 7,000 households as well as water for the cattle in the Maghta Lahjar Department is improved</th>
<th>Refurbish and protect 20 water points in the selected villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Install 10 solar systems on the refurbished or new water points</td>
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<tr>
<td>• Put in place and train 10 water point management committees</td>
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<tr>
<td>• Train and equip 10 pump repair technicians</td>
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<tr>
<td>• Procure a delagua kit to support water provision at local level</td>
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<tr>
<td>• Check water quality in the target households</td>
<td></td>
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<tr>
<td>• Monitor, evaluate and prepare activity reports</td>
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The health conditions of the 7,000 households are improved through activities targeting behavior change and hygiene promotion in the Maghta Lahjar Department

- Train 60 volunteers and community health workers on WASH and PHAST to act as hygiene promotion and behavior change agents
- Duplicate the existing awareness raising materials in 300 copies
- Organize two awareness raising campaigns per month in each Department and one campaign per month in each target village for 3 months, to promote health, hygiene, and water treatment
- Refurbish five latrines in five CRENAM
- Refurbish 10 water points at 10 Referral Health Centers in the Department
- Install a water reservoir in the Guimi CRENAM

Livelihoods

**Outcome:** Secure and increase livelihoods ahead of the height of the crisis and prevent the negative coping strategies of 7,000 affected households in the Brakna for nine months

**Expected results**

<table>
<thead>
<tr>
<th>Targeted support to 10 affected villages (7,000 households) in Brakna to assist most vulnerable households to food insecurity, through community-based activities (market-gardening, non-farm IGAs, training)</th>
<th>Identify beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish / train 10 management committees.</td>
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</tr>
<tr>
<td>• Support 10 operational market-gardens by establishing irrigated schemes equipped with solar energy, quality seeds, plant protection products and tools</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Build the capacity of 4000 hardest hit agropastoralists in 2011 (with no harvest or with &lt;20% harvest) to prepare for the next crop year</th>
<th>Identify beneficiaries among the families with malnourished children under five years of age.</th>
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<tbody>
<tr>
<td>• Distribute quality seeds and tools to 4,000 agropastoralist households.</td>
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<tr>
<td>• Organize 10 training sessions on improved farming techniques</td>
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<tr>
<td>• Monitor and assess the training and distribution</td>
<td></td>
</tr>
<tr>
<td>• Elaborate and implement an exit strategy</td>
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</table>

<table>
<thead>
<tr>
<th>The safety net and the agropastoralist system are enhanced to increase</th>
<th>Make emergency assessment of needs and capacities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop a system of identification and registration of beneficiaries in order to provide the planned assistance.</td>
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</tr>
</tbody>
</table>
the resilience capacity of 2,000 households of vulnerable agropastoralists

- Identify beneficiaries among the families with malnourished children under five years of age.
- Identify small ruminants traders and fodder providers
- Transport and store the fodder/feeds
- Distribute 4,000 small ruminants to 2,000 vulnerable households through the organization of animal fairs
- Distribute fodder/feeds to 4,000 small ruminants (April-July)
- Organize six training sessions on best cattle feeding and care practices
- Develop and implement an exit strategy

2,000 households with structural vulnerability have access to additional source of income to support their livelihood

- Cash for work / food for work within the most vulnerable communities:
  - Community projects (dykes, small dykes, community boutiques’ market-gardening)
  - Installation of 4000 m of protection fence around fields threatened by strayed animals
  - Establishment or replenishment of 10 cereal banks in area with high agricultural production with initial cereal contribution

Disaster risk reduction

**Outcome:** Build the resilience of target communities in order to enable them better resist future disasters, through specific, targeted DRR activities in the Brakna

<table>
<thead>
<tr>
<th>Expected results</th>
<th>Planned activities</th>
</tr>
</thead>
</table>
| Food insecurity preparedness is improved in the vulnerable communes of the Brakna | - Train ten (10) food security supervisors on early warning, assessment and data collection on food security as well as malnutrition, among the 80 volunteers to be trained on health and nutrition (joint trainings)
  - Promote fodder crops in the agropastoralist localities where water is permanently available (Tichotoune and Foun Gleita), on the occasion of the monthly awareness-raising campaigns
  - Develop and test disaster response community plans for the communities most frequently affected by hazards in the intervention region |
| The RRC approaches are integrated in all recovery activities | - Refurbish three community earthen dykes and three community earthen small dykes for agriculture in the commune of Foun gleita and Maghta Lahjar
  - Organize three training sessions on processing agricultural products and nutrition education
  - Create in Maghta Lahjar an experimental garden of 400 m² of Vetiver to serve as protective hedge for the dykes and small dykes in areas at risk of erosion in the Brakna
  - Plant 120 lines of “Neverdie” (*Moringa oleifera*) on the 10 target community plots for market-gardening
  - Initiate university-based research to be conducted jointly by a student/researcher at a specialized university and a Mauritanian student on the recurrence of the issue of malnutrition |

National Society capacity building

**Outcome:** The emergency intervention capacities of the MRC local committees in the target regions are strengthened

<table>
<thead>
<tr>
<th>Output (expected result)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| The emergency intervention capacities of the local committees in the intervention area are strengthened. | - Refurbish and equip the headquarters of the local committee of Maghta Lahjar with office furniture and supplies;
  - Cover the operational costs of the local committee of Maghta Lahjar for the first six months of intervention
  - Develop IGAs for the local committees in order for them to have minimum income for covering the daily operational costs and other fixed charges
  - Train 80 volunteers of the four local committees in the intervention area of community health workers on Community-Based Health First Aid (CBHFA)
  - Develop and test the disaster preparedness and response contingency |
Human resources

For the implementation of this operation, the following human resource needs have been identified:

At the local level, the MRC committee in Maghta Lahjar currently has a committee manager, a nurse, a nutritionist and a office staff. It will look to recruit the following positions:-

- four field officers (including one additional nutritionist, one further nurse, one water & sanitation officer and one food security officer.
- Four supervisors with NDRT\(^{13}\) training
- Eight volunteer team leaders with community disaster response team (CDRT) training
- One logistics officer
- One finance and administration assistant
- Plus office support staff (cleaner etc)

At headquarters, MRC currently has senior officers in charge of water and sanitation, youth and first aid, logistics, finance and communications. In addition, it will seek to recruit further technical staff in food security, health, logistics, reporting and operations support. It will seek support for any gaps in these technical areas from the IFRC, via the Sahel regional office in Dakar.

Logistics / Administration

IFRC will provide support to the MRC in implementing the operation, including in the logistics and finances. A logistics/ administration delegate will be deployed for a period of three months to support the MRC in establishing the supply chain and monitoring stock movements, from starting point to final distribution point. The delegate will also train local staff and volunteers in proper logistic management and processes.

The delegate will also support the programme assistant and National Society finance officer by monitoring the finance reports and processes and giving sporadic support on various administration tasks and processes. Training for volunteers and local committees in the field will contribute to strengthen the National Society overall capacities.

IFRC’s Sahel regional office will also support the National Society in managing the vehicles needed to implement the operation.

Dubai Regional Logistics Unit will support the project for international procurement of goods and vehicles as needed.

IT & telecom

The MRC IT system is poor. Communication and connectivity remain a challenge in Mauritania. IFRC will support the National Society to implement an operational IT system to support the operation for internet connectivity, radio and/or satellite communications in the remotest places, to facilitate communication, coordination and maintain staff security in the field.

Communications

For this operation, the communications team strives to raise the profile of IFRC and the wider Red Cross Red Crescent Movement with both local and international actors by disseminating its actions through various communication lines. A wider strategy includes highlighting the Movement’s response in Sahel region and its efforts to reduce the impact of food crises and meet the humanitarian needs of vulnerable communities.

The partners will also receive information and communication materials which they can use to promote the operation. Relevant information as well as promotional materials, including audio-visual products, will be posted on www.ifrc.org.

\(^{13}\) As much as possible, the NDRT and CDRT will be selected among the teams trained in November 2011 by the Federation in Nouakchott and Kaédi
The activities planned include the following:

- Producing press releases, news items and case studies on the beneficiaries.
- Proactive engagement with the media (national and international, based in Mauritania or elsewhere) to highlight the needs of the disaster-affected populations and outline the response of the Mauritanian Red Crescent, utilizing existing IFRC communication tools.
- Develop media packages, including facts and figures, questions and answers, key messages as well as audiovisual products for large distribution to PNSs and to the media.
- Develop and produce communication products that highlight the operation’s achievements.
- Support field visits by the colleagues in charge of communication, the media, the partners of the National Societies and donors.
- Support the programme teams to ensure constant engagement with the beneficiaries, as a part of IFRC’s commitment to greater responsibility to and with affected communities.

**Capacity of the National Society**

The Mauritanian Red Crescent has a large experience in response to food security crisis and other disasters including floods. The National Society has successfully managed food insecurity and drought operations over the last 14 years. A number of DREF operations and appeals were launched in 1997 - 2007 to respond to the needs of vulnerable populations affected by these recurring disasters.

The National Society has departments in disaster management, health and care, water and sanitation as well as youth and volunteers at its headquarters. A department focusing on food security is being created with support from the Federation and a food security specialist is part of the human resource needs identified.

The appeal will be managed by the disaster management department and coordinated by the Secretary General. MRC branches, their staff and volunteers are the main implementing structures in the field. The branches will be supported by the national headquarters through the mobilization of necessary resources to ensure the implementation of the operation in the target zones.

See the section above on Human Resources for the additional human resource needs identified in this appeal.

**IFRC capacity**

The country team currently comprises an IFRC programme coordinator, a regional food security programme officer seconded from IFRC’s Sahel regional office and an emergency operations coordinator seconded from the Canadian Red Cross. A food security, nutrition and livelihoods RDRT\(^\text{14}\) specialist, was deployed in January and finished his mission in March. There are discussions underway to second a second RDRT to go to the field to support the operation in Brakna. This team will support the National Society in the implementation and management of this operation. Further support is being sought through this appeal to supplement logistics and administrative capacity.

The IFRC Sahel regional office will continue to support both the country team as well as core MRC programmes, in particular disaster risk reduction, disaster response, emergency health, water, hygiene and sanitation, communications, logistics, security, finance, IT/telecommunications and organizational development. The latter support focuses on building National Society capacity in planning, communication, finance, reporting and food security. This appeal will look to provide a limited amount of financial support to enable this technical and support services input from the Regional Office.

Both the country team and the Sahel regional office receive additional technical support from IFRC’s Africa zone office and the Secretariat in Geneva. Technical capacities available include disaster management, health and care, water and sanitation, finance and administration, communications as well as resource mobilization and planning, monitoring, evaluation and reporting (PMER).

**Security**

The security situation in Mauritania is fragile and could deteriorate. Regional factors - in particular the flow-on effects of the situation in Mali, the ongoing food crisis and resulting competition for resources, grievances towards the current government, and internal ethnic tensions, have created a volatile environment that could...
lead to further insecurity.

The main risk areas are:

- The eastern and southern border regions shared with Mali, where al-Qaeda in the Islamic Maghreb (and affiliates) operates with apparent impunity. In these areas there is high risk of kidnap, particularly of non-Africans.

- Central Nouakchott (particularly around the University) where, in the wake of the Arab Spring, an anti-government protest movement is gaining traction, and could escalate into violence if the regime reacts in a heavy-handed manner.

- The protest movement, largely led by moderate Islamist parties and supported by a few thousand people – who are mainly students and young people - is calling for the resignation of the president. Demonstrations have been relatively peaceful so far, although there have been reports of 40 arrests made during a small protest rally in late April.

- Mauritania has a history of coups. The security situation is volatile and can potentially deteriorate further. To what extent things may turn violent, in large part depends on how the government responds to protests in the near future.

The situation is being monitored by the Sahel security team in Dakar, while the country team is currently developing the security plans in accordance with IFRC’s Minimum Security Regulations (MSR).

**Budget summary**

See attached budget (Annex 1) for details.

Jagan Chapagain       Bekele Geleta  
Acting Under Secretary General     Secretary General  
Programme Services Division
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Click here

1. Revised Emergency Appeal budget and map [below](#)
2. Return to the title page

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)](#). This ensures that assistance to the most vulnerable is delivered:

The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)

*Saving lives, changing minds.*

The IFRC’s work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.
### Budget Group

<table>
<thead>
<tr>
<th>Budget Group</th>
<th>Multilateral Response</th>
<th>Inter-Agency Shelter Coord.</th>
<th>Bilateral Response</th>
<th>Appeal Budget CHF</th>
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Mauritania: Food insecurity

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRIN, DEVINFO, International Federation - MDRMR004.mxd - Map produced by OBD