

Operation update Mauritania: Food insecurity

Emergency Appeal n° MDRMR004 GLIDE n° [OT-2011-000205-MRT](#) Operations update n° 1 28 May 2012

Period covered by this operations update:

22 December 2011 - 12 May 2012

Appeal target (current): CHF 1,794,192

Appeal coverage: 30%;

[click here](#) to go directly to the interim financial report, or [here](#) to link to contact details>

Appeal history:

- A Preliminary Emergency Appeal was launched on 22 December 2011 for a total of CHF 2,131,749 to deliver assistance to 10,000 households (60,000 beneficiaries).
- CHF 200,000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) in December to support this operation.
- Following an MRC/IFRC detailed assessment of needs conducted in February 2012, the Preliminary Emergency Appeal was revised and the budget reduced from CHF 2,131,749 to **CHF 1,794,192**, to deliver assistance to 7,000 households (42'000 beneficiaries) in Brakna region.
- 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. The revised appeal was published on 25 April 2012.
- This operations update highlights the start up activities related to the food security operation.



Weighting session by MRC and IFRC in April 2012. Photo: MRC

Summary:

After a slow beginning due to an institutional reorganization of the Mauritanian Red Crescent and recruitment of IFRC personnel in Mauritania for both the food security appeal and population movement DREF operations, the implementation of activities have increased significantly since April 2012.

The main achievement for the reporting period has been the set up of the field team in Maghta Lahjar. After establishing a base, recruiting staff and coordinating with local authorities, the mobile nutritional unit, deployed to screen and manage moderate to severe malnutrition cases, was operational, officially starting its activities on 9 April 2012. To date, it has screened and registered 1,423 children under 5 years of age in 18 towns of Maghta Lahjar department (3,322 households out the 7,000 targeted; 47% implementation rate) in the Brakna region. A total of 294 (20,5%) children were declared malnourished with 212 (14.8%) being moderate cases and 82 (5.7%) classified as severe cases.

Supplementary feeding for one month was procured and distributed to 31.6% of the total malnourished children identified, with the remainder (68.5%) to be reached by the end of May. Distribution of nutritional

rations is under way.

The regional water and sanitation officer from IFRC's Sahel regional office and the MRC water and sanitation officer started volunteer trainings and technical rehabilitation in mid-May. Information gathering and contacts were established with local authorities, community leaders and community-based organizations (especially women gardening cooperatives) during the site visits prior to implementation.

The IFRC team in Nouakchott completed a first draft of security guidelines for the country and attends all Red Cross Red Crescent Movement coordination meetings which include ICRC and French Red Cross, and is chaired by the National Society. IFRC also participates in meetings with UNICEF, World Food Programme (WFP) and MSF-France. A Red Cross-UNICEF partnership for the supply of nutritional support for children is taking form at the moment. The team has also been directly engaged in logistics and procurement activities to support the National Society during a challenging institutional transition period.

Funds are urgently required to support this operation. Donors who have contributed to this appeal to date include the Canadian Red Cross Society, 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

The food insecurity situation in Mauritania continues to be a concern as there is still a threat of a severe food security crisis in the country. The levels of cereal production deficit (50% reduction of food production from last year) and of acute malnutrition (15-18%) identified in recent government assessments (country-wide on 12 December 2011) have been confirmed by the IFRC/MRC mobile nutritional team through screening and registration (20.5% of malnutrition cases in Maghta Lahjar as of 12 May).

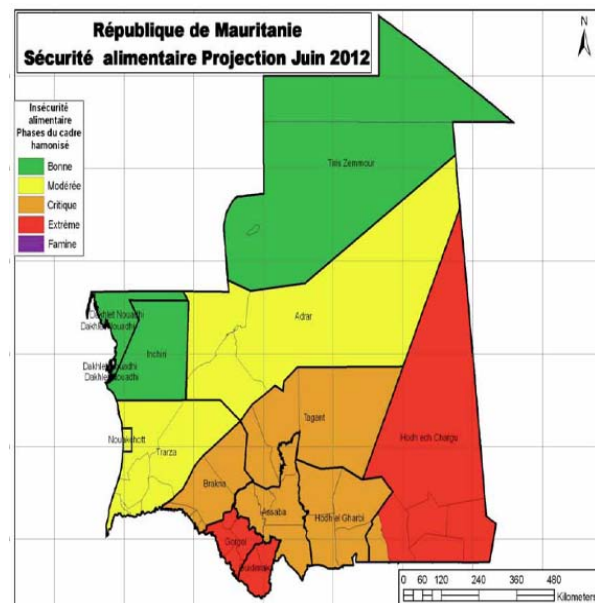
WFP estimates that more than 700,000 persons (or 25% of the total population), including 110,000 children under five, are currently suffering from malnutrition due to food insecurity in the affected areas. A total of 52% of those are severely food insecure. Many more are expected to be affected before the end of the lean season in late September¹.

Crisis in Mali and refugees entering Mauritania

At this time, there is another humanitarian crisis on the eastern border area of Mauritania with Mali. Due to conflicts in the north of Mali and the subsequent coup d'état in April 2012, there has been an increased number of Malian refugees in the Bassiknou department.. As of 14 May, up to 61,287 refugees (13,305 families) have been registered by UNHCR in the Mbera refugee camp near Bassiknou town². A separate DREF³ was issued by the 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.⁴

Coordination and partnerships

Monthly coordination meetings between all components of the Red Cross Red Crescent Movement present in-country⁵ are held at MRC headquarters, chaired by the National Society. Participants include the IFRC, the ICRC, and French Red Cross, to promote understanding of the overall situation in country and of progress achieved in implementing the programmes. Informal meetings and discussions on security and operational issues are also ongoing with the other partners of the Movement.



¹ CSA/WFP, December 2011 <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp244882.pdf>.

² UNHCR sitrep

³ DREF operation document issued here: <http://www.ifrc.org/docs/Appeals/12/MDRMR005.pdf>

⁴ For more details on the situation, the revised Appeal published on April 25th contains more details and is still up to date.

⁵ Partners present in-country include the International Committee of the Red Cross (ICRC) and the French Red Cross (CRF)

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 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 UNHCR⁶ and the Ministry of the Interior. A bi-weekly logistics cluster meeting is also attended at WFP's office. Finally,, monthly security meetings are held with a group of NGO's and the French Embassy.

On the first week of May, a meeting with the UNICEF representative and head of emergency operations was attended by the IFRC delegates and MRC General Secretary with very positive outcomes. The meeting aimed to share the activities of the MRC mobile units for the integrated management of malnutrition through a combination of nutrition activities, community-based health, water sanitation and hygiene (WASH) and livelihood. It looked into possibilities of collaboration with UNICEF, particularly on WASH and supply of therapeutic feeding to maximize limited resources.

MSF-France will be implementing activities in Maghta Lahjar CRENI (feeding center in internal – hospital) and is currently doing assessment mission. Both field team and the operations coordinator have met the MSF-France representative to discuss activities and collaboration. MSF-France will likely be treating severe cases of malnutrition and medical attention in Maghta Lahjar health centre which is complementary to the Red Cross strategy of the mobile nutritional unit reaching communities living at a distance too far to reach Maghta Lahjar town.

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, have implemented initial assistance to the affected population. The implementation of planned activities has been and will continue to be in close collaboration with partner national societies and ICRC.

The ongoing interventions for the short-term are:

- Set up and operation of mobile units to extend existing MRC nutritional support programmes to 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 specially through women's farming cooperatives to initiate village level micro-projects and through support to disaster risk reduction (DRR) activities to build resilience.

Progress towards objectives

Food distribution	
Outcome: 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	
Output (expected result)	Activities planned
Appropriate support for food distribution is provided to the vulnerable households during the	<ul style="list-style-type: none"> • 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

⁶ United Nations Refugee Agency

peak of lean season	<p>emergency food distributions in the area of intervention (Maghta Lehjar)</p> <ul style="list-style-type: none"> • Prepare volunteers and branch capacity to carry out food distributions as protection rations for families of with malnourished (MAM or SAM) children
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Progress:

A total of 30 volunteers were pre-selected initially to support the activities of screening and registration of malnourished children and pregnant and lactating women. Negotiations with WFP are ongoing for providing protection rations.

Registered gaps:

The activities of this emergency appeal were delayed for three months, partly linked to the recruitment of the implementing team and the institutional transition (renewal of National Society bodies). The unresolved conflict in neighbouring Mali also generated significant humanitarian consequences, which are compounding the existing food crisis already Mauritania. Indeed, in late January 2012, the influx of Malian refugees at the border of Mauritania led the Federation and MRC to launch a DREF to assist these refugees.

These delays have significantly impacted the implementation rate of all activities including the negotiations with partners such as WFP and UNICEF for the provision of food products distribution, the registration of beneficiaries and evaluation the real needs of food on the ground.

A new governance is finally elected and focus is now on scaling up implementation of activities.

Challenges:

To finalize a memorandum of understanding (MOU) with WFP in order to avoid food supply shortage. Also the current low coverage of the appeal will make it difficult to commit for more than a short-term support.

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)	
Expected results	Planned activities
The health status of the population is improved through early detection and treatment of malnutrition	<ul style="list-style-type: none"> • 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
Expected results	Planned activities
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	<ul style="list-style-type: none"> • 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 CRENAM as required. • Rehabilitate and equip the health unit/CRENAM in the village of Guimi (managed by the MRC local branch) • Establish five <i>foyers nutritionals</i> and identify the “<i>mamans lumières</i>”

("Light Mothers" or role model mothers) in the remotest villages to help set up, run and monitor the community-based management of the malnourished

Progress:

Recruitment and launch of one mobile unit with 1 nutritionist, 1 nurse and MRC volunteer who travels the Maghta Lahjar region since 9 April 2012.

- Identification and selection of 18 villages (100%) in the intervention area in the three districts of Maghta Lahjar, Wad Amour and Wad Sangrava.
- Screening and recording of 1,423 children under 5 years old, from which 294 (20.6%) are suffering from malnutrition (212 MAM and 82 SAM).
- Official admission of 93 children (31.6%) following the distribution of supplementary feeding rations for one month. The villages that benefited from this first distribution are Tachot, Chelkhet Skhaimat, Mechrou Agweinita, Borelet Ideyneb, Legleibatt, Amatt Issalayene and Ndaley.
- Referral of five children with medical complication to the Maghta Lahjar health centre. In addition to medical treatments, they currently receive Plumpy-Nut to improve their nutritional status. One patient died on the last week of April.

The results of the screening campaign and registration of children under 5 are gathered in the table below:

Department	Township	NO villages	Villages	# Families	# Screened Kids	# MAG	# FE/FA
Maghta Lahjar	Maghta Lahjar	1	Diout	175	45	6	21
		2	Tichoutene	200	35	11	16
		3	Legleibatt	225	55	6	23
		4	Chelkhet Skaimat	45	23	6	11
		5	Lehneikat+Adle	50	39	9	18
		6	Tachoutt	226	105	19	39
	Wad Amour	1	Agweinita Mechrou	150	193	29	96
		2	Borelet Ideyneb	250	83	18	36
		3	Amat Silayen+Ndalaye	205	82	15	22
		4	Agmeimine Idadhess	450	127	24	27
		5	Idenbiya	85	84	31	18
		6	Agmeimine Ameyra	104	49	21	
	Sangrava	1	Tadreissa	350	133	21	20
		2	Wad Rkaiz	150	89	16	15
		3	Chelkhet Dar	180	39	5	7
		4	Leweija	207	169	42	26
		5	Aguerj El Kebir	130	35	5	11
		6	Gweiwa I	140	38	10	13
TOTAL		18		3,322	1,423	294	419

Registered gaps:

Beside the absence of logistic capacities in the National Society, the processing time for the nutritional rations by the only reliable supplier is long, making the lack of adequate food rations to be distributed after the establishment of malnourished children lists a major gap in the programme and a serious risk to data reliability for monitoring the growth parameters of admitted children. Orders have to be placed well in advance of the planned distributions to mitigate the impact of the delays in procurement. If this gap persists much longer, however, new screenings will be required before further distributions can take place to ensure accurate targeting of beneficiaries.

Challenges:

- Recruitment of logistic and administrative delegate to solve the logistic gap while waiting for renewal of the management body of the National Society;
- Finalize negotiations with WFP and UNICEF for the supply of nutritional support for children and their households;
- Distribute as soon as possible the nutritional rations for identified children suffering from malnutrition;
- Initiate awareness campaigns on good practices (nutrition, health, hygiene) with targets communities.

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

Access to drinking water for the 7,000 households as well as water for the cattle in the Maghta Lahjar Department is improved	<ul style="list-style-type: none"> • Refurbish and protect 20 water points in the selected villages • Install 10 solar systems on the refurbished or new water points • Put in place and train 10 water point management committees • Train and equip 10 pump repair technicians • Procure a <i>delagua</i> kit to support water provision at local level • Check water quality in the target households • Monitor, evaluate and prepare activity reports
The health conditions of the 7,000 households are improved through activities targeting behavior change and hygiene promotion in the Maghta Lahjar Department	<ul style="list-style-type: none"> • 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

Progress:

IFRC's regional water and sanitation officer and MRC's water and sanitation officer arrived in the field to ramp up activities on the first week of May. Several problems related to WASH were identified within the 18 targeted villages. These include difficulties such as insufficient water inside the wells, incompatible ways of using drainage, failure of hand pumps and problems with the water supply chain (bailing, containers used, means of storage at household level). A detailed chronogram of implementation has been developed and activities are integrated with the nutritional component as well as livelihood components of the programme. Women farming cooperatives have been identified within 5 villages out of the 18 selected. WASH material and tools needed have been listed, with local and regional purchase orders finalized and sent out.

Registered gaps:

The delay of the activities of this component "pillar" of the programme is largely due to the lack of a qualified WASH staff who are able to identify the problems and suggest appropriate solutions for them at field level. Further training of volunteers in WASH and recruitment of a water and sanitation officer to support these activities is underway.

Challenges:

The budget for WASH activities may need to be recalculated as needs may be underestimated in comparison with the increasing needs. Similar to the partnership made under the health and care component, the National Society will collaborate with government technical counterparts in charge of hydraulics for the hardware component.

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	Planned activities
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)	<ul style="list-style-type: none"> • Identify beneficiaries • Establish / train 10 management committees. • Support 10 operational market-gardens by establishing irrigated schemes equipped with solar energy, quality seeds, plant protection products and tools
Build the capacity of 4000 hardest hit agro pastoralists in 2011 (with no harvest or with <20% harvest) to prepare for the next crop year	<ul style="list-style-type: none"> • Identify beneficiaries among the families with malnourished children under five years of age. • Distribute quality seeds and tools to 4,000 agro pastoralist households. • Organize 10 training sessions on improved farming techniques • Monitor and assess the training and distribution

	<ul style="list-style-type: none"> • Elaborate and implement an exit strategy
The safety net and the agro pastoralist system are enhanced to increase the resilience capacity of 2,000 households of vulnerable agro pastoralists	<ul style="list-style-type: none"> • Make emergency assessment of needs and capacities. • Develop a system of identification and registration of beneficiaries in order to provide the planned assistance. • 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) <ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> • Cash for work / food for work within the most vulnerable communities: <ul style="list-style-type: none"> - 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

Progress:

The identification of two sites with dams to be rehabilitated (Mechrou Agweinita and Agmeimine Idadhess) as part of cash for work (CFW) activities is done. The Mechrou Ageweinita village committee has already established the list of 226 persons able to work as part of the CFW. Discussions are ongoing with a rural engineer of the regional delegation of the Ministry of Rural Development for technical specifications and guidance.

Registered gaps:

The livelihood activities, including those related to the community gardens, have not yet started due to lack of availability of water in the sites. They remain dependent on the current phase of programme activities based on the availability of funds. Most livelihoods activities are scheduled for PHASE II which is scheduled to start once 30% of revised appeal budget coverage is reached.

Challenges:

It will be crucial for the smooth running of activities of the livelihoods component to launch the CFW activities around the rehabilitation of the two identified dams and implement the community and women gardens where its possible if the funds of Phase II becomes available. To help target populations to cope with the still worsening food emergency, it would be more efficient to supply the existing banks and community shops from the 18 villages instead of building new ones.

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	
Expected results	Planned activities
Food insecurity preparedness is improved in the vulnerable communes of the Brakna	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Refurbish three community earthen dikes and three community earthen small dikes 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

	<p>serve as protective hedge for the dikes and small dikes in areas at risk of erosion in the Brakna</p> <ul style="list-style-type: none"> • Plant 120 lines of “Neverdie” (<i>Moringa oleifera</i>) 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
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Progress:

No activities were carried out under this objective to date, as the lack of staff from the food security team has made it impossible to deliver the planned training activities. Recruitment for a local food security officer will be finalized in late May. Disaster risk reduction staff, especially livelihoods RDRT, will need to be deployed to move forward with this component.

National Society capacity building

Outcome : The emergency intervention capacities of the MRC local committees in the target regions are strengthened	
Output (expected result)	Activities planned
The emergency intervention capacities of the local committees in the intervention area are strengthened.	<ul style="list-style-type: none"> • 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 plan for each local committee • All trainings in the above technical areas use Sphere standards

Progress:

Needs analysis and request for quotations process is undergoing for the refurbishment of local committee of Maghta Lahjar. 30 volunteers amongst the current volunteers roster of Maghta Lahjar have been pre-selected in order to be receiving upcoming trainings to implement the different project activities in the department of Maghta Lhajar.

Challenges:

Finding French-speaking volunteers to help in the registration of screened children and those that are computer literate is a challenge.

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 an 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 NDRT⁷ training
- Eight volunteer team leaders with community disaster response team (CDRT) training
- One logistics and Admin officer
- One finance and administration assistant
- Office support staff (cleaner etc)

⁷ 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

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, through the Sahel regional office in Dakar.

Of the staff needed, the following were recruited at time of reporting: 1 Nutritionist assistant, 1 nurse, 2 drivers and 1 cleaner/guard.

Meanwhile, recruitment of the following key positions are in progress: 1 IFRC Livelihood RDRT with food security background, 1 water and sanitation officer, an administrative assistant, logistics and data entry and 4 NDRT supervisors.

Challenges:

The quick recruitment of the RDRT is essential to support scaling up of livelihood and coordination of activities at field level since for some staff travel to the project location is risky for security reasons.

Logistics / Administration

IFRC will provide support to the MRC in implementing the operation, including in logistics and finances. A logistics/ administration delegate/RDRT will be deployed for a period of up to three months, contingent upon funding, 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 program 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 & telecommunications

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.

Internet connection in the field is rudimentary but is sufficient to meet immediate needs. There is also good mobile phone coverage all over the country.

However, communications costs are very high in Mauritania. With the low funding coverage, deploying IT support from Dakar and installing radio communications is not cost effective.

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 material, 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.

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 program teams to ensure constant engagement with the beneficiaries, as a part of IFRC's commitment to greater responsibility to and with affected communities.

Media coverage for the appeal was carried out at a national level on Red Cross Red Crescent Day on 8 May 2012 and during the General Assembly which took place on 22 – 24 April.

Capacity of the National Society

The National Society has just concluded an extensive reorganization at its governance level, which has considerably slowed down the implementation of operational activities. The general assembly was held on 22 – 24 April, with a new board of governors elected, signaling the beginning of a new chapter for the National Society. For the time being, the new governance is being familiarized with the National Society. At managerial level, the structure remains the same.

The Secretary General of MRC is managing the appeal. The 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. There remain some gaps as health, disaster and emergency coordinators as well as a functional logistics system are missing. The recruitment of the key positions in a reasonable timeframe will be a key success to improve the support for the field teams.

See the human resources section for additional human resource needs identified in this appeal.

Security

The overall security situation in the country is increasingly tense, with more frequent political demonstrations in public places and the exacerbations of old conflicts like slavery and racial tensions. The IFRC has international staff based in the capital and has sent assessment teams and expatriate / RDRT staff to the target regions of Brakna and Gorgol. The IFRC country team works closely with the security adviser in the Dakar regional office to ensure that it has the latest security information and cooperates closely with the National Society and the ICRC in security matters. In Maghta Lahjar, the main threat is kidnapping. It is recommended to consider the nationality factor for future recruitment (Europeans and North Americans are more at risk). There are also increased risks and challenges in the border areas in the easternmost part of the country, along the border with Mali, where currently the MRC with support from IFRC is responding to the population movement (Malian refugee) crossing over the border.

IFRC capacity

The country team currently comprises an IFRC programmes coordinator, a regional food security officer seconded from IFRC's Sahel regional office, an emergency operations coordinator seconded from the Canadian Red Cross and a locally recruited program assistant.

A food security, nutrition and livelihoods RDRT⁸ specialist was deployed in January and finished his mission in March. There are discussions underway to second a livelihood 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, and 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).

Contact information

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Click here

1. **Interim financial report** [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 \(Sphere\)](#) in delivering assistance to the most vulnerable.

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.

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Saving lives, changing minds.



[Strategy 2020](#) which puts forward three strategic aims: foods, and strengthen recovery from disaster and crises.

1. Enable healthy and safe living.
2. Promote disaster preparedness and resilience.
3. Promote social inclusion and a culture of non-violence and peace.

MDRMR004 - Mauritania - Food Insecurity

Appeal Launch Date: 22 dec 11

Appeal Timeframe: 22 dec 11 to 31 dec 12

Interim Report

Selected Parameters	
Reporting Timeframe	2011/11-2012/4
Budget Timeframe	2011/11-2012/12
Appeal	MDRMR004
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	1,794,192					1,794,192	
B. Opening Balance	0					0	
Income							
<u>Cash contributions</u>							
<i>Japanese Red Cross Society</i>	70,300					70,300	
<i>Red Cross of Monaco</i>	24,120					24,120	
<i>Swedish Red Cross</i>	216,878					216,878	
<i>The Canadian Red Cross Society</i>	18,127					18,127	
C1. Cash contributions	329,425					329,425	
<u>Other Income</u>							
<i>DREF Allocations</i>	200,000					200,000	
C4. Other Income	200,000					200,000	
C. Total Income = SUM(C1..C4)	529,425					529,425	
D. Total Funding = B + C	529,425					529,425	
Coverage = D/A	30%					30%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	529,425					529,425	
E. Expenditure	-50,306					-50,306	
F. Closing Balance = (B + C + E)	479,119					479,119	

Selected Parameters	
Reporting Timeframe	2011/11-2012/4
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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		1,794,192					1,794,192	
Relief items, Construction, Supplies								
Construction - Facilities	157,188						157,188	
Food	154,125	1,659				1,659	152,466	
Seeds & Plants	489,647						489,647	
Water, Sanitation & Hygiene	45,006	8				8	44,999	
Medical & First Aid	163,187	488				488	162,699	
Teaching Materials	9,334						9,334	
Utensils & Tools		66				66	-66	
Other Supplies & Services	32,250	846				846	31,404	
Cash Disbursement	31,250						31,250	
Total Relief items, Construction, Suj	1,081,987	3,067				3,067	1,078,920	
Land, vehicles & equipment								
Computers & Telecom	13,406	502				502	12,904	
Total Land, vehicles & equipment	13,406	502				502	12,904	
Logistics, Transport & Storage								
Storage	4,375						4,375	
Distribution & Monitoring	8,438	75				75	8,362	
Transport & Vehicles Costs	100,168	7,194				7,194	92,975	
Total Logistics, Transport & Storage	112,981	7,269				7,269	105,712	
Personnel								
International Staff	199,969	12,241				12,241	187,728	
National Staff		325				325	-325	
National Society Staff	69,750	2,385				2,385	67,365	
Volunteers	55,935	78				78	55,857	
Total Personnel	325,654	15,029				15,029	310,625	
Consultants & Professional Fees								
Consultants	938						938	
Total Consultants & Professional Fe	938						938	
Workshops & Training								
Workshops & Training	83,225	1,672				1,672	81,553	
Total Workshops & Training	83,225	1,672				1,672	81,553	
General Expenditure								
Travel	8,438	12,619				12,619	-4,182	
Information & Public Relations	14,084	2,124				2,124	11,960	
Office Costs	14,272	3,249				3,249	11,023	
Communications	14,578	954				954	13,625	
Financial Charges	15,125	18				18	15,107	
Other General Expenses		50				50	-50	
Total General Expenditure	66,497	19,014				19,014	47,483	
Operational Provisions								
Operational Provisions		494				494	-494	
Total Operational Provisions		494				494	-494	
Indirect Costs								
Programme & Services Support Recov	109,505	3,058				3,058	106,447	
Total Indirect Costs	109,505	3,058				3,058	106,447	
Pledge Specific Costs								
Pledge Reporting Fees		200				200	-200	
Total Pledge Specific Costs		200				200	-200	

MDRMR004 - Mauritania - Food Insecurity

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Interim Report

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A						B	A - B
BUDGET (C)		1,794,192					1,794,192	
TOTAL EXPENDITURE (D)	1,794,192	50,306					50,306	1,743,886
VARIANCE (C - D)		1,743,886					1,743,886	