



COUNTRY: Mauritania
COVER PAGE

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Project Title	Support for the coordination of the national response plan COVID 19
UNDAF STRATEGIC AXE N° 2:	UNDAF 2018 – 2021: Effect 2: Vulnerable populations have access to adequate and sustainable health-nutrition, drinking water, hygiene and basic sanitation services, including in emergency situations;
Result	UNDAF 2018 – 2021: Product 2: Dedicated Government and community structures are strengthened to prevent diseases and public health emergency, including for migrants and refugees.
Implementation Partner	UNDP (Direct Implementation)
Responsible Parties	Ministry of Health, Ministry of Social Affairs, Ministry of Employment and Youth, Ministry of Interior, Civil Society Organizations: JCCM, CSO implementing partners of the Global Fund.

The Islamic Republic of Mauritania registered its first confirmed case on 13 March 2020, followed by a second case 6 days later. To date the country reports 67 tests performed, 6 known cases, including one death and 1,254 people in confinement in the capital city Nouakchott and in the countryside. In this context, the Government organized the response and took several measures to limit the circulation of potential cases. In addition to the closure of all land and air borders, schools were closed, and a curfew was established. In addition, the government has ordered the closure of all shops except food merchants.

Despite this arrangement, it is anticipated in view of the international contamination trajectory that the number of cases could increase in the coming days, requiring an immediate organization of the State to anticipate measures of response and treatment, but also measures to prevent shocks related to the slowdown in economic activity. The government has developed an immediate urgent health response plan with four strategic outcomes that address the most urgent needs to strengthen the health care system and enable it to respond to the situation. As of today, UN response to the plan has been organized according to a crisis response architecture comprised of 9 pillars that report directly to the Resident Coordinator. In that framework, UNDP has been nominated by the Resident coordinator to lead the Planning, monitoring evaluation pillar, and on that front Country Office acted as a pen holder to consolidate international partners' contribution to this plan. In parallel, while a whole of government planning mechanism is being activated, UNDP has received an invitation to provide technical support to consolidate a single multisectoral response plan. That plan will covers both health, social and economic response areas, while focusing on the emergency response, it will pave the way for a longer term resilience (early recovery).

In line with the role attributed to UNDP in coordinating support to national response planning, the **purpose of this project is to enable UNDP to deploy the necessary resources for the effective coordination of the national response planning, monitoring and evaluation.**

Period covered by the project: April 2020 – October 2020 Project title: Support for the coordination of the Response Plan COVID-19 in Mauritania Project number: _____ Project duration: 06 months Management Arrangement: DIM	Total Budget: USD Resources allocated: • RRF request 250,000 USD
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Agreed by (UNDP): Mr. Anthony Ngororano, Resident Representative.



I. SITUATION ANALYSIS

As part of the WHO declaration of the state of the health pandemic, the Islamic Republic of Mauritania (RIM) registered a first positive case on 13 March 2020, followed by a second case 6 days later. To date the country reports 67 tests performed, 6 known cases, including one death and 1,254 people in confinement in the capital city Nouakchott and in the countryside.

In this context, the Government organized the response and took a number of measures to limit the circulation of probable cases. In addition to the closure of all land and air borders, schools were closed; and a curfew was established. In addition, a provision has ordered the closure of all shops except food merchants.

As a result of these protective and preventive measures, an effect is expected on the already fragile economic fabric of the country, affecting not only national production capacities but also the economic power of households. Especially the most vulnerable populations, including those in the interior of the country, will see their daily incomes erode, as many are dependent on the resale of export products. A negative impact on household food security can also be anticipated given the scarcity of necessities. The pressure on natural resources such water and grass for castles is already very high and could be increased in some parts of the country, leading to potential increase in mistrust between communities with a decline in already fragile social cohesion as a result.

It is also expected that the precarious health care system in the country will be under intense pressure, which will soon overflow the capacity of the current system. Medical centers are concentrated in the capital city and regional headquarters with very little treatment opportunities in the rural periphery.

The consequences of the COVID-19 crisis for Mauritania in general and for the most vulnerable sections of the population (indigents, women, young people, refugees, migrants, etc.) in particular, are likely to be significant, potentially carrying social tensions and instability. If appropriate measures are not taken, such a development could jeopardize Mauritania's medium- and long-term economic and social stability and put the country on an even worse trajectory, preventing its ability to achieve the Sustainable Development Goals by 2030. In this context the United Nations Country Team (SNU) in Mauritania, together with the country's development partners, are developing a plan to support the Government of Mauritania's response to the pandemic in COVID-19 with the main objective to contribute to the resolution of the short term public health challenges posed by the pandemic and mitigate the longer term economic and social consequences that may arise from the pandemic and the measures taken to manage it.

In this context, the government with UNDP support has completed an immediate health contingency plan focusing on four strategic outcome areas that address the most urgent needs to strengthen the health care system and enable it to respond to the situation. The budget of this contingency plan is USD 34 Million with USD 21 Million of gap that is being discussed with government and international donors' community. Along that line of advocating for a coherent and meaningful resources mobilization approach, UNDP has been mandated by the Resident Coordinator to continue engaging on behalf of UNCT with Ministry of health's planning team in order to consolidate the inputs from all international partners into the health sector plan, while a wider multisectoral plan is being completed. In that framework a UNDP team, under the guidance of WHO, is daily interacting with both international donors, UN agencies that have commitment within the plan and departments of the ministry of health. Another UNDP team is acting as secretariat and methodological sounding board to the multisectoral committee that has been set up by the Prime Minister to prepare a whole of Government plan, which is expected to be completed by end of April. In the meantime, UNDP together with the Ministries of Economy, and Health have been advocating for a coherent and coordinated approach in funding the resources mobilization gap while it will be known.

Risks for Mauritania

The major challenges for the implementation of a whole of government plan remain:

- The lack of sufficient funding to cover the government response needs, which will have an impact on the preparedness;
- A weak coordination mechanism will diffuse the impact of the response, and discourage donors support to the government response plan;
- Lack of inclusion of all actors (including the vibrant national private sector, diaspora and civil society) and stakeholders to ensure an effective response to cover both activities and funding gap.

To effectively address these risks, the project will facilitate the dialogue between the government and all partners and actors including private sector and civil society. This will be done via the national technical committee in charge of consolidating the multisectoral plan. Specifically, the project intend to hire short term expert that will facilitate the secretariat of the technical committee, and ensure timely readiness of all planning and monitoring tools to be used for a strategic dialogue on resources mobilization.

Further more, the project will fund the implementation of some of the activities currently underfunded in the national health plan. Indeed, Out of USD 34 millions budget for the health plan, the coordination of the plan is expected to cost USD 3 Million (out of which a funding gap of USD 1,9 Million). The coordination pillar of the plan will be supported by UNDP, WHO, World Bank, UNEPA and IOM, as per the snapshot bellow:

Objectifs	Résultats attendus	Activités	Entité de mise en œuvre	Agences/PT F	Détail de la Contribution	Budget 2020 MRU	Contribution PTF MRU Taux 1 USD = 37,2	GAP MRU
Pilier 1: Coordination, planification et suivi						118 502 500	46 848 000	71 654 500
Stratégie 1. 1. Assurer la coordination et le suivi de l'action pour une gestion efficace de la riposte et un renforcement du système de santé						118 502 500	46 848 000	71 654 500
Résultat 1.1.1. Le comité de veille et les sous-commissions thématiques sont opérationnels						8 580 000	7 700 000	880 000
		Mise en place d'une task force d'appui à la coordination.				0		0
		Organiser des réunions quotidiennes du comité de veille (en visio conf possible)	CNOUSP	OIM	Organiser des réunions des Commissions Régionales de Gestion des Frontières		200 000	120 000
		Organiser des réunions hebdomadaires des sous commissions thématiques	CNOUSP	PNUD	Prise en charge de 3 réunions par semaine pendant 6 mois (5 persx5 commissionsx2/semx4/moisx6moisx150 MRU)	320 000	200 000	120 000
		Doter toutes les DRAS et CSM et directions centrales et directions des hôpitaux de dispositifs de téléconférence (type application Zoom...)	Télémedecine	PNUD/UNFPA /WHO	Achat de 100 ordinateurs et accessoires	960 000		960 000
						7 300 000	7 300 000	-
Résultat 1.1.2. La gestion de la préparation et de la riposte à l'épidémie est efficace						109 922 500	39 148 000	70 774 500
		Achat de 5 véhicules de liaisons	DAF			2 000 000		2 000 000
		Mise aux normes des locaux et des équipements du CNOUSP	CNOUSP			2 500 000		2 500 000
		Renforcement des capacités de gestion des intrants	CNOUSP			350 000		350 000
		Participation aux réunions internationales sur le COVID-19	CNOUSP	OMS		600 000	600 000	-
		Recrutement de 300 personnels additionnels dans le cadre d'appui du plan de continuité de services pendant l'épidémie (cliniciens, épidémiologistes, biologistes, paramédicaux, chauffeurs, etc...)	DRH	PNUD	Recrutement de personnel (cliniciens, épidémiologistes, biologistes etc...)	84 000 000	500 000	83 500 000
		Dotation en carburant pour les entités concernées au niveau central et les DRAS	DAF			2 400 000		2 400 000
		Permanence de l'équipe de coordination (membres des sous-commissions)	DAF	PNUD	Equipements et applications informatisés, commission de planification et coordination nationale pour le suivi et évaluation des activités de riposte	8 640 000	1 000 000	7 640 000
		Mission de suivi et de supervision	CNOUSP	PNUD	Prise en charge de visites de supervision	1 000 000	548 000	452 000
		Entretien et mise à jour du site du Ministère de la Santé (Equipes de rédaction et d'entretien technique)	Télémedecine			2 800 000		2 800 000
		Acquérir un groupe électrogène	CNOUSP			1 200 000		1 200 000
		Acquérir les applications de gestion d'urgence, de géolocalisation et d'archivage	CNOUSP	BM	Mise en place de systèmes d'information et d'enquêtes		7 300 000	6 067 500
		Acquérir 4 véhicules S 4X4 pour le déploiement des équipes d'intervention rapide	CNOUSP	BM	Acquisition d'équipements informatiques et de communication, de mobilier et de logistique	1 232 500	29 200 000	29 200 000
						3 200 000		3 200 000
Résultat 1.1.3. Conformité du cadre juridique						0	0	0
		Examiner les exigences réglementaires et la base juridique de toutes les mesures de santé publique potentielle						

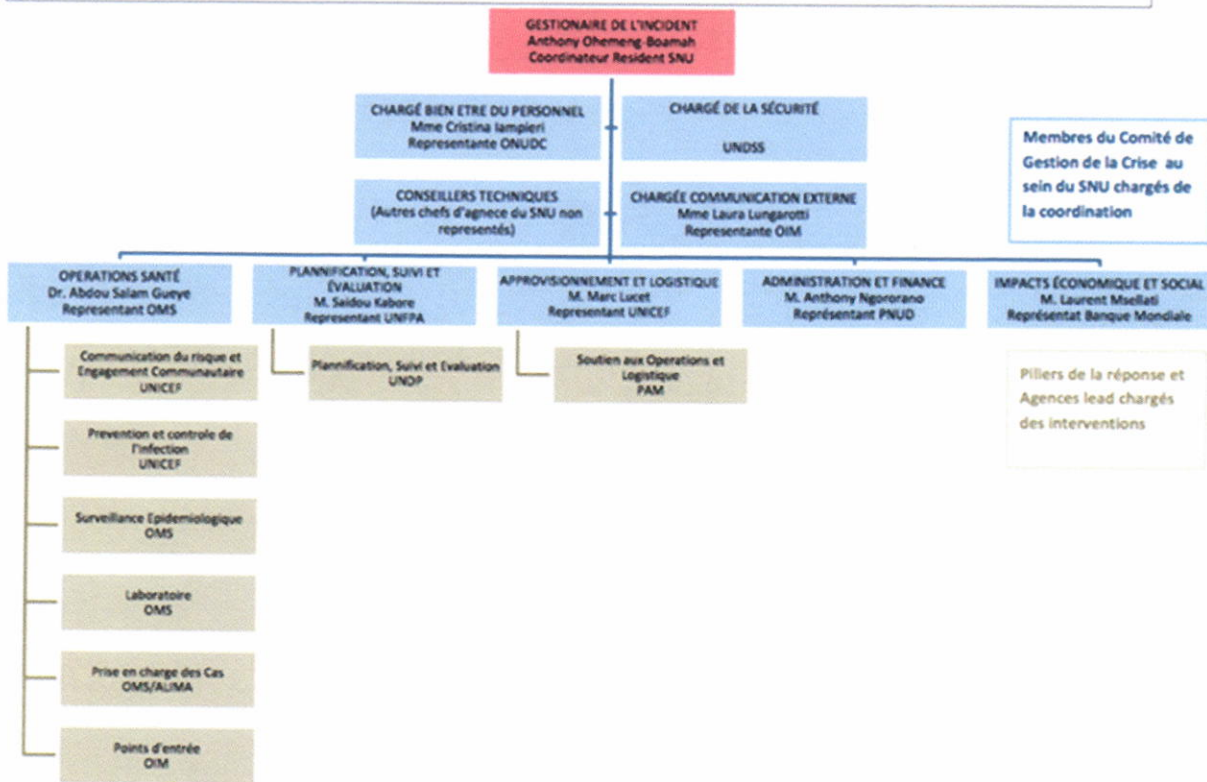
Extract from Health National Response Plan (budget in local currency).

II. UNITED NATIONS AGENCIES INVOLVMENT

The United Nations System in Mauritania has taken the lead in coordinating the response to the crisis at the level of Mauritania's partners. In this context, a crisis management committee has been set up under the leadership of the Resident Coordinator who works in collaboration with 9 thematic pillars directly contributing to the operational response as described on the schema below. In this framework, the work of the UN thematic pillars is to ensure alignment and coherence with the government response according to the national response plan. Specifically, as shown in the table bellow, UNDP is leading the Planning, monitoring and evaluation pillar, while other pillar leads are WHO, IOM, WFP, UNICEF and World Bank.

Following the line of UNCT coordination approach, UNDP is closely working with each of the agency to reflect their contribution within the national response plan, and to ensure a common UN approach is taken in terms of planning, and mobilizing additional resources.

SYSTEME DE GESTION DE L'EPIDEMIE COVID-19 SUIVANT LE PRINCIPE DU SYSTEME DE GESTION DE L'INCIDENT



Relevance of UNDP support

In the national COVID-19 risk management process, the government of Mauritania leads overall coordination and communication efforts. Building on global risk assessments to inform national risk assessments and to decide on actions needed, the government is expected to support public and private agencies and organizations by providing guidance, planning assumptions and making appropriate modifications to the laws or regulations at all levels and sectors to enable an effective response. However, despite the efforts made, the finalization, and implementation of the response plan faces the challenges of funding, coordination at central and regional level, weak capacities in terms of communication, follow-up and case management. Additionally, support to the Government is needed to reach marginalized and vulnerable population groups to raise their awareness on prevention and control transmission of COVID-19, and to ensure their participation in the national response planning and delivery. Furthermore, in light of the preventive measures taken by the government, including the curfew, awareness raising and advice on safeguarding of human rights is required.

As part of the organization's contribution to the UN System Crisis Response, UNDP is providing leadership on Pillar 2 on strategic planning, M&E and the mobilization of partnerships and resources (cf. above in grey). In this context, the Country Office has deployed a support mechanism to the National Planning Unit at the level of the Ministry of Health. This enabled the finalization of a 6-month response plan, which was submitted to all partners and is currently being implemented.

In addition to this transversal role that UNDP will play in finalizing the monitoring framework evaluation and mobilization of partners around the plan, the country office intervenes in support of strengthening the resilience of the entire health system, and as part of socio-economic recovery interventions. In this context, in partnership with the World Bank, the UNDP Country Office has initiated discussions with national authorities to ensure that the response to the health crisis deploys a multi-sectoral framework aimed at the resilience of the Mauritanian state. UNDP is representing UN agencies within the inter-ministerial technical committee in charge of developing the multisectoral response plan that is expected later in April. UNDP will be supporting that process through the expertise funded by the current project.

Along these lines, UNDP has engaged with private sectors, specifically start ups to mobilize their creativity to respond to the crisis through various means (in kind, fabrication of masks using 3 D printers, development of digital interface to provide services to people in quarantine, etc). These discussions have been validated by various ministries including the ministry of youth and employment, the

ministry of social affairs and gender, the ministry of Economy and Industry. This has therefore laid a favorable ground for further nurturing a collective response approach inclusive of all Maurita social and economic actors.

In this regard, UNDP intends to deploy a package of support to the national coordination mechanism.

Overall Objective

The overall objective of this proposal is to support an, harmonised implementation of the national response plan to the COVID crisis in Mauritania, through an effective coordination mechanism inclusive of all partners, including the private sector. The project activities are directly extracted from UNDP positioning into the national health response plan (cf. Page 3 above). All activities will be coordinated by UNDP and directly implemented by the ministry of health and ministry of Economy through their respective offices in charge of coordinating the planning and the response to the crisis. In that framework implementation of project activities will follow the national strategy, while the project coordination team will ensure coherence and proper communication with UN agencies and other technical partners' interventions.

Specific Objectives

- Strengthen the national mechanism for coordination of planificationplanning and response implementation at central and decentralized level
- Strengthen the communication mechanism on the health crisis aimed at preventing rumors and social destabilization
- Facilitate multi-sectoral mobilization around an overall response from the state and stakeholders including the private sector.

PROJECT OUTPUTS:

Output 1: The national system for planning and coordinating the implementation of the response at central and decentralized level is strengthened

Key Activities:

- Organize daily national monitoring committee meetings (in video conf possible)
- Support the organization of the supervision missions of the planning department of the Ministry of Health
- Recruit a Coordination Support Team for 6 months (National Strategic Planning Expert, Financial UNV specialist, National UNV Monitoring and evaluation specialist)

Output 2: Communication strategy for health crisis management is operationalized

Key Activities:

- Support organization of weekly press briefings for the national health response committee
- Support the deployment of a team of 300 community volunteers to raise awareness in regions across the country
- Develop standard operating procedures (SOPs) for information management and to maintain client confidentiality in the laboratory

Output 3: Multi-partner dialogue platform enhanced to coordinate multisectoral response to the health crisis in a 'National Union of Living Forces' approach

Key Activities

- Organize a heakaton to structure the participation of the private sector in the management of actions in response to the health crisis, as per the request made to UNDP by the Ministry of Economy
- Support the implementation of rapid impact initiatives demonstrating the capacity of the private sector and youth to respond to the crisis through new technologies. This activity will for instance explore how university students could use 3D functionalities to print masks, and how startups could use technologies to deliver various services to the population while entire cities will be under quarantine.

Results and Resources Framework

Outputs and indicators including annual target	PLANNED ACTIVITIES List all activities including M&E to be undertaken during the year towards stated CP outputs	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount (USD)
<p>Output 1: The national system for planning and coordinating the implementation of the response at central and decentralised level is strengthened <u>Indicators:</u> Regularity rate of Concertation committee meetings in (in vision conf possible) Baseline (Target: 7/week)</p>	<p>1.1. Organize daily watch committee meetings (in video conf possible) 1.2. Support the organisation of the supervision missions of the planning department of the Ministry of Health 1.3. Recruit a Coordination Support Team for 6 months (National Strategic Planning Expert, Financial Expert, National Resource Management and Field Monitoring Support)</p>	X	X			UNDP	RRF	consultant	5,000
<p>Number of supervisory missions supported and deployed during the crisis to the Fed. DM Planning (Target: 13) Baseline (Target: 13)</p>	<p>Subtotal Output 1</p>	X	X			UNDP	RRF	Car rental	10,000
<p>Number # of people per month mobilized nationally to support crisis coordination and monitoring of field activities (Target: 12 & 84 = 96)</p>	<p>2.1. Organization of national crisis response committee weekly press briefings</p>	X	X			UNDP	RRF	Consultant, technical assistance	115,000
Output 2:		X	X			UNDP	RRF	printing	5 000

<p>coverage of rapid impact initiatives</p> <p>Baseline</p> <p>Target</p> <p>- Number of young people benefiting from rapid impact initiatives demonstrating the capacity of the private sector to respond to the crisis through new technologies</p>								
<i>TOTAL</i>							\$250,000	

Exit strategy

The project will support the national efforts and response to COVID-19. CO has re-programmed USD 700,000 to fund the implementation of some of the activities currently underfunded in the national health plan. Government is intensively advocating for UNDP to manage some of the additional resources to cover the gap. In that vein, Global Fund has allocated resources to fund the health plan budget gap through UNDP. UNDP, on behalf of UNCT will continue supporting the technical coordination of the national health plan through the Technical team funded through the current project. This team will be directly seated at the national coordination center.

UNDP will work with WHO, World Bank, UNFPA, UNICEF, WFP and IOM to ensure smooth coordination of the various response clusters'.

The project is meant to support national coordination mechanism hosted by both ministries of health and economy. Therefore the project team will work with these mechanism to ensure smooth competency transfer and make sure a smooth exit of the project.

III. APPROACH AND MODALITY OF EXECUTION

The project will be implemented by UNDP (DIM) and work in close collaboration with the other United Nations agencies members of the Task Force (WHO, IOM, UNICEF, UNFPA, WFP, UN-HCR, World Bank, UNDSS), and with the Government of Mauritania, through the Ministry of Health within the framework of the National Committee for the Management of Epidemics set up. The project will also collaborate with the Ministry of Finances, Economy and Development, Ministry of Employment and Youth; Ministry of Family Affairs as well as other development actors.

IV. MONITORING AND EVALUATION

Monitoring / Evaluation will be performed accordingly to the UNDP's programmatic procedures. Narrative and financial reports will be elaborated and shared with all actors by the end of the project activities.

V. LEGAL FRAMEWORK

This Program Document is the instrument defined in article 1 of the Standard Basic Assistance Agreement ("SBAA") between the Government of Mauritania and the UNDP, signed on 19 July 1976. All references made in the SBAA to the "Executing Organization" are deemed to refer to the implementing partner.

The following modifications can therefore only be made to the support document if they are signed by the UNDP Resident Representative, provided that the latter is assured that the other signatories to the program document have not objections to the proposed changes:

- Revisions or additions to the annexes to the program description
- Revisions having no significant impact on the immediate objectives, results and activities of the program, but which are due to the evolution of the combination of already agreed contributions or to cost increases due to inflation
- Mandatory annual revisions to reflect actual program spending, increase due to inflation of expert services expenses or other fees, depending on the financial flexibility of the organization involved