



## The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF)

### Proposal Template

**Proposal Title:** Improving Epidemiological Surveillance for COVID-19 through an inclusive community level response in Mauritania

**Amount:** 1,000,000 USD

### I. Immediate Socio-Economic Response to COVID19

*Short Context – include hyperlinks to relevant reference material and analysis that frames the solution context firmly in the specific situation of the country in question. [1,000 word limit]*

Mauritania is a west-African country facing the Atlantic Ocean and located in the Sahel Region. It shares its borders with five other countries within the Sahel Region including Mali and Algeria to the east, the disputed territory of Western Sahara to the north and Senegal to the south west. Almost one third of its land borders are shared with Senegal (1500 out of 5800 km), a country with which Mauritania shares a long history of collaboration and partnership. Its population of 4.4 million (female 2.1million) is highly nomadic with the capital Nouakchott hosting almost a quarter of the overall population. A resource-rich country, Mauritania suffers with regular draught and is highly dependent on its neighboring countries for food and other necessities. Depending on the season, large masses of people are in constant fluctuation and mobility both within Mauritania and across the neighboring West African countries.

Mauritania is a country of destination but also of transit for regular and irregular migration (labor, seasonal, climate induced migration, transhumance). IOM's recent data collections in July 2019 (Nouakchott) and between October and December 2019 (Nouadhibou) highlight that most migrants present in the country are Senegalese (estimations of 45% in Nouadhibou, 38% in Nouakchott), Malians (20% in Nouadhibou, 26% in Nouakchott), Guineans (7% in Nouadhibou, 21% in Nouakchott), as well as Moroccans (9% in Nouadhibou). The migrant population is mainly male and young (under 35 years old), with around a third of the migrant population being female. In Mauritania there are various ways in which gender shapes migration, in particular the gendered realities and risks for women migrants. Women and girls have been shown to face particular challenges as migrants, whatever their reason for leaving their country of origin.<sup>1</sup> This can manifest in gendered conditions of work, pay inequity, barriers to accessing labour and human rights – all of which have gender-specific consequences for their health and wellbeing in the context of COVID-19 and hinder efforts to alleviate gender inequality and realise sustainable development.

Tens of thousands of migrants cross the Mauritanian- Senegalese border each year, to rejoin a family, to trade goods, to go work or as part of larger transhumant movements. Mauritania is also host of nearly 65 000 refugees fleeing persecution and insecurity in Mali and continues to receive refugees as the conflict intensifies.

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<sup>1</sup> <https://news.un.org/en/story/2020/03/1060592>

From a health perspective, the epidemiological profile of the country is still characterized primarily by infectious and parasitic diseases, although non-communicable diseases particularly cardiovascular diseases and diabetes, are becoming a serious public health problem. Other serious issues include acute malnutrition, a relatively high child mortality rate (115 per 1000 children) and high incidence of hepatitis B (estimated at over 12% across the country). While Health Facilities are located in every Region of the country, many remain basic at best with very limited treatment options for seriously ill patients outside of the capital Nouakchott.

In view of gender equality, Mauritania's Gender Development Index (2018) value is 0.853 and falls, with most of other African countries, in Group 5 which has the greatest gender disparity. In Gender Inequality Index (GII) , Mauritania is ranked 150<sup>th</sup> of 162 countries. In spite of the recent government's efforts for reducing gender inequality, women are still in very vulnerable situation than what men are such as participation in labour force and access to livelihoods. Legal frameworks for protecting women have been gradually developed and extended but a lot of practices remain off sight of the legal protection. It means that slower economic activities and increasing household responsibilities during the pandemic affect women much harder.

COVID-19 has had serious effects on the Mauritania population in many dimensions. Mauritanian national economy has been declining significantly, especially because of reduced commerce with China, who initially declared the virus outbreak, is its major exporter. Mauritania is heavily dependent on the import/export and in-bound fund transfer for most of the local businesses. Due to the limited production diversity, Mauritanian economy is expected to be even more fragile over the period of this pandemic.

Health security index reports that Mauritania is one of the least prepared countries to face the COVID-19 outbreak. WHO data and analysis say that the total expenditure on health per capita is roughly \$150 USD per year, which is in the lowest category and the maternal mortality ratio 766 per 100,000 births, which is also among the highest in Africa. If the spread of COVID-19 is not properly contained, it will likely put a strain on an already under-resourced health system, limited but important gains made in public health will be reversed, and health inequities further exacerbated.

These inequities are particularly acute for women and girls. Maternal mortality in Mauritania is among the highest in Africa, with 766 deaths for every 100,000 live births. The rate has mostly plateaued over the past two decades. The capital Nouakchott accounts for nearly half of those deaths. A huge number of high-risk pregnancies, low quality prenatal health care, poor access to emergency assistance as well as cultural and socio-economic factors are among the reasons for the high maternal mortality. The role of women is still largely identified with the reproductive role and despite the contribution of women in key sectors such as agriculture, livestock and trade, gender inequality and the imbalance between roles remains pressing, especially in rural areas. The labour market is still marked by a huge gender divide, youth marginalization, and informal employment.<sup>2</sup>

With the onset of the COVID-19 pandemic, these existing challenges look set to deepen with the youth population – young men and women – as well as women more broadly at risk of further economic marginalization. Already, there is evidence the Mauritanian national economy is declining significantly, especially because of reduced commerce with China, its major exporter. Mauritania is heavily dependent on the import/export and in-bound fund transfer for most of the local businesses. Due to the limited production diversity, Mauritanian economy is expected to be even more fragile over the period of this pandemic. To mitigate these profound social and economic risks – especially for population groups already socially and economically on the margins - it is vital to support the government's National Response Plan to tackle the emergency.

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<sup>2</sup> <https://www.afro.who.int/news/tackling-high-maternal-deaths-mauritania>, <https://www.worldbank.org/en/news/press-release/2019/05/24/mauritania-needs-structural-reforms-to-support-growth-driven-by-the-private-sector>

The Mauritanian government launched the multi-sectoral committee for COVID-19 response on 28 January 2020 in order to prepare for the pandemic in the country. Despite this effort, the first COVID-19 case was confirmed on March 13<sup>th</sup> 2020. Subsequently, Mauritanian government took definitive measures such as close of borders including road, port and air, closure of non-essential businesses, exercise of curfew, etc. In order to organize and plan their actions, the government launched the National Response Plan to COVID-19 (2020-2021) on April 1<sup>st</sup><sup>3</sup>. By April 17<sup>th</sup>, 2020, seven cases of COVID-19 have been detected in Mauritania with one death registered (confirmed positive post-mortem).

The aforementioned National Response Plan aims to limit the challenges of disease and mortality associated with the COVID-19 through strategies for breaking the chain of transmission, managing cases and enabling the health system to become more resilient in the future by promoting infection control measures, by strengthening the country's capacities in the preparation, prevention, detection and response to COVID-19, by enhancing the surveillance system, and by ensuring the regular functioning of the health system during and after the COVID-19 crisis.

The support of the United Nations system is aligned with the National Response Plan according to various key pillars for actions, each one under the leadership of a United Nations agency and its partners (Incident Management System). The action of the United Nations system also aims to mitigate the socio-economic impact of the measures taken to contain the epidemic in the country. The Resident Coordinator is coordinating the response and the World Health Organization, as the lead agency on the issue, is working closely with the Ministry of Health and providing technical support through its various areas of expertise.

The United Nations System is committed to ensuring that all actions identified are inclusive and linked to the Sustainable Development Goals and the United Nations' pledge to leave no one behind, including women and girls.

The response of the United Nations System in Mauritania is based on the following pillars of action, led by one UN Agency and partners, depending on their comparative advantage on the matter.

Here are the 9 pillars of action:

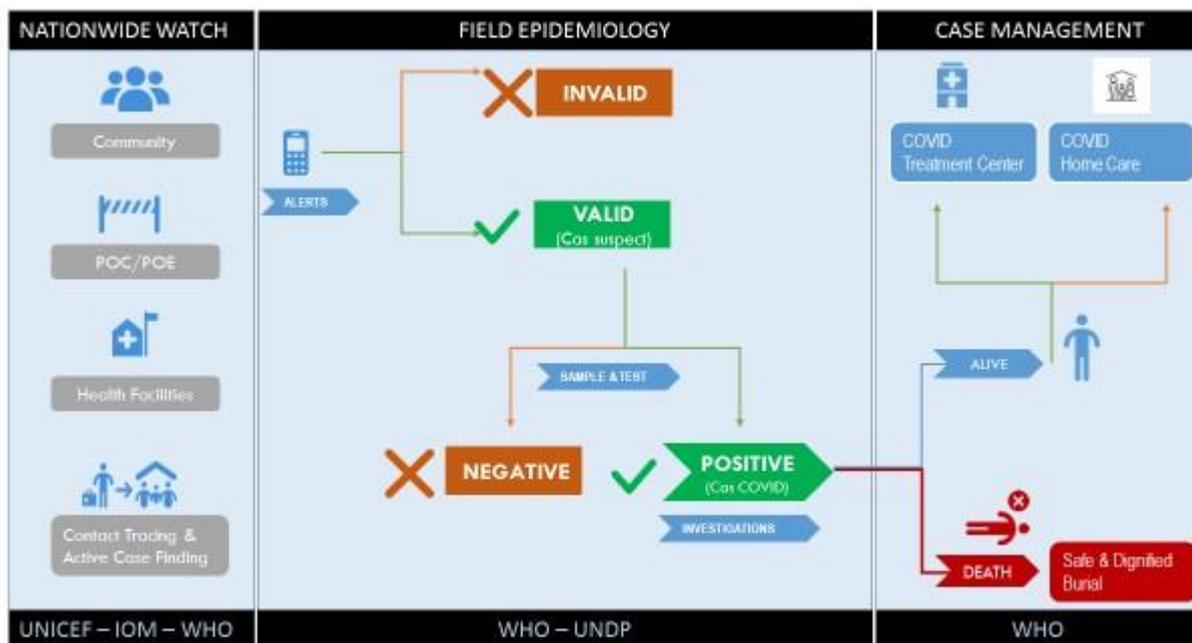
1. Risk Communication and Community Engagement (UNICEF)
2. Infection Prevention and Control (UNICEF)
3. Epidemiological surveillance (WHO)
4. Laboratory (WHO)
5. Case management (WHO/ALIMA)
6. Points of Entry (IOM)
7. Planning, Monitoring and Evaluation (UNDP)
8. Operations and Logistics Support (WFP)
9. Analysis of the socio-economic impact of the crisis (World Bank) and Socio-Economic Response (FAO)

## II. Solutions proposed

*Please provide a summary of the proposal. [1,000 word limit]*

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<sup>3</sup> Plan de Risposte à l'Epidémie de Covid-19 Période 2020-2021 (see IV. Documents)



This proposal involving four agencies as per above mentioned agreed upon responsibilities of the United Nation System in Mauritania will support the Government to put in place a well-enforced national COVID-19 surveillance strategy organized into three areas, namely Nationwide Watch, Field Epidemiology and Case Management ; one that focused on all aspect of virus surveillance, contact tracing, case definition and overall monitoring at the community level.

## 2.1 NATIONWIDE WATCH

The Nationwide Watch includes four types of activities including, i) interventions in Community, ii) Point of Control (POC) or Point of Entry (PoE), iii) Health Facilities and iv) Contact Tracking and Active case finding. Participation/inclusion of women in these activities will be encouraged and ensured.

The Interventions in community enable the rapid detection, notification and response to public health threats and events. This will entail setting up an effective community surveillance system (alert sensitive, capable of detecting and investigating cases and responding appropriately) in each of the 36 border municipalities and in 9 municipalities of the capital, i.e. a total of 45 municipalities by 30 June 2020.

Community watch/surveillance committee members will have a key role to play in communicating the risks associated with COVID-19 and share alerts on suspected cases. To this end, UNICEF will implement the following activities:

- Brief administrative authorities and basic social services: health; education; social affairs.
- Establish a coordination mechanism involving existing networks of youth, women, teachers, religious leaders, civil society organizations and community relays and social agents
- Awareness-raising activities among community helpers i.e. village chiefs or community leaders to ensure collection of information of protective measures against COVID-19 and facilitate the establishment of the community surveillance/watch mechanism.
- Create a collection and analysis tool of COVID-19 disaggregated data (alerts, suspects, probable and confirmed, case contacts),
- Establish Community surveillance/Watch and Alert Committees (CWACs)

- Train CWACs members ensuring a Do No Harm Approach to: awareness raising (making the community recognize the signs), launching of early warning through the Tel/SMS/WhatsApp platform, accompanying the rapid intervention teams for the confirmation of cases, and data reporting.
- Establish a monitoring mechanism and training of supervisory teams at Regional, District/Moughataa, communal and village/local levels.

For those localities where an official Point of Entry (POE) is established and still functioning, this community surveillance will be carried out in close collaboration with IOM (the point of entry pillar lead) and local authorities, who will provide the POE with the necessary capacity to carry out surveillance of suspicious health cases.

At the Point of Entries, the border agents will be trained to alert border communities and Health Facilities. This will be achieved by building further the capacities of border agents to coordinate with border communities around their POE, but also to screen, refer and isolate suspected cases of COVID-19, in line with international guidelines, at the POE. Specific emphasis will be made to ensure training includes age and gender specific considerations and that screening measures are respectful of cultural and social norms, while not discriminating and being inclusive. Most of them have never received any training or instructions regarding health screening or coordination with health authorities in case of a pandemic. Moreover, most POE lack the proper equipment for an efficient implementation of sanitary measures. To this end, IOM, in coordination with the relevant Regional health authorities (DRAS), will:

- Train the border agents on the establishment of health measures (screening, referral and isolation procedures) to reduce the risks of spreading of COVID-19, and provide specific equipment and supplies for their implementation (Khaimah isolation tents, handwashing systems, Personal Protection Equipment (PPE), thermic cameras for the Nouakchott international airport<sup>4</sup>) noting the need to consider protection and rights of women and girls.
- Assist the border agents posted at POE in establishing a CWACs with the border communities, respectful of age and gender specific consideration
- Support the POE in coordinating their response with Regional health authorities (DRAS).

IOM will work with key partners positioned in support to the authorities in priority POEs identified by the Government and target of this intervention (6 border points; Rosso, Boghé, Kaédi, Gouraye, El Melgue, Hamoud). When cases of community referrals will involve Malians or other populations fleeing persecution, protection safeguards and referral to UNHCR and relevant authorities will continue so as to combine the health response to already existing protection interventions. This remains equally valid also for other individuals who due to age, sex, gender or medical conditions might need specific support at borders by the IOM and partners already active in protection responses (UNICEF, Save the children, Croix Rouge Française, UNFPA, MDM etc.)

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<sup>4</sup> It is first part of responses proposed by the government in the National Action Plan and was thus identified as a concrete need by authorities. It is also necessary to prepare the purchase of this kind of equipment before the airport reopens. The airport will most likely reopen over the next few weeks and will need to be operational when it happens. That is why we have to anticipate the needs rather than respond too late.

At all Health Facilities, health workers will be trained and provided with necessary tools and resources to identify suspected cases. They will be informed with the required knowledge to prevent, detect and alert suspected cases in line with international guidelines. WHO, in collaboration with UNICEF, will also work towards Health Facility strengthening including Infection Prevention Control (IPC) at the Moughata level. Household decontamination and community WASH will remain under the leadership of UNICEF with other partners, in support of the government intervention. Categorization of Health Facilities will be carried out to appropriately target priority facilities for these interventions. In conjunction with the Ministry of Health, the WHO will ensure supervision, quality assurance, and performance measurement for all facility activities.<sup>5</sup>

Finally, the Field Epidemiologists selected will have the core responsibility in active case finding, and as they will be working at community and Health Facility levels to detect possible cases and contacts. Health Facilities remain the primary source for identification as community members will often first go there for diagnosis and patients with Covid-19 symptoms can be identified<sup>6</sup>. Those with a known epidemiological link are sent directly to COVID-19 transit centers for testing and those without a known epidemiological link are isolated within the Health Facility as overseen by health workers, from where a sample is taken. A robust team of sample collectors must also be established and identified psychosocial experts must remain on call when patients who are confirmed positive refuse transfer to a treatment center. The Surveillance Team will also go into the community for case finding and contact tracing to support and supervise community watch.

## 2.2 EPIDEMIOLOGIC INTELLIGENCE

Field Epidemiology covers the alert of cases to new positive-case confirmation. Field Epidemiology protocol includes the followings;

- When an alert is notified through dedicated phone line, the Moughataa Surveillance Team conduct an investigation to determine suspected case.
- When a suspected case is detected, the laboratory team will be alerted to take sample, transport it to the appropriate lab for a testing. The suspected cases maybe isolated at Health Facility or home;
- If sample returns negative, patient referred to local health center for additional investigation and care.
- If sample returns positive, patient is transferred to COVID-19 treatment center and necessary WASH and intervention teams are called to intervene in line with international guidance as well as being rights-based<sup>7</sup>.

The role of the Field Epidemiology in the Surveillance Team is primarily to detect possible cases, to trace contacts and to take samples and test. These Field Epidemiologists will support on two levels (see more details in VI. Target Population) .

## 2.3 CASE MANAGEMENT

The third category, Case Investigation and Management, will be led by WHO. When the test is positive the case management team will have to make sure that the COVID-19 case is managed as required by the national guidance. The national guidance will respect Do No Harm approach because, if the case is **handled**

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<sup>5</sup> Health facilities will be able to respond to the different needs by gender and age. In case the patient is a child, affected child who will need to be isolated, will be accompanied by a caregiver. Capacities of front-line workers to provide psychological first aid and social follow-up and counselling to children and families affected by COVID-19 will be strengthened.

<sup>6</sup> As above

<sup>7</sup> As above

**inappropriately, contact tracing may lead to stigmatization of individuals in communities and negative repercussions.** The Infection Prevention and Control Team will conduct full disinfection of the various locations where confirmed case spent time. The epidemiological Surveillance Team will complete investigation of case, listing and tracing of contact as appropriate.

The project will be rolled at selected Wilayas by early May to cover 31 Moughataas<sup>8</sup> in 8 Wilayas. The intervention coincides with the start of Ramadan and many people will be moving across the country for trade and travel and Mauritania needs to do everything in its power to reduce the impact of COVID-19.

At all stages, gender balance will be taken into account while choosing the participants or developing the activities, In addition, implementation strategy will ensure coverage of vulnerable groups such as aged people, people with disabilities, specific ethnic groups erroneously associated with the virus. It is the reason that the village chiefs/community leaders/women's and youth organizations will be engaged in communication efforts in order to help minimize stigma and discrimination against community members as a result of contact tracing efforts.<sup>9</sup>

### III. What is the specific need/problem the intervention seeks to address?

*Summarize the problem. Apply a gender lens to the analysis and description of the problem. [1,500 word limit]*

#### 3.1 Measures taken by the government

The Islamic Republic of Mauritania registered its first confirmed case of COVID-19 on 13 March 2020. On April 9<sup>th</sup> the country declared it 7<sup>th</sup> confirmed positive Covid-19 case and remained at one death. As of 18 April, the country declared that all the remaining 6 confirmed cases were recovered and tested negative, therefore at time of writing, Mauritania has no current confirmed cases in the country. To prevent the transmission of the virus, the Mauritanian government took restrictive measures including the introduction of a curfew, closing of land, sea and air borders and closing of restaurants and cafes to reduce gatherings in large groups. Travel between Regions of the country has been banned and all arrivals from abroad are confined in structures for a period of 21 days. All shops have been closed since 29 March, with the exception of groceries and drugstores. Besides, all education facilities (including mahadras) are closed since 16 March.

While the announcement of the 18 April brings initial good news that the country currently has no more positive cases, there are cases that remain under investigation. There remain over 700 people in quarantine centers throughout Mauritania. The country needs to prepare for a possible, and likely, the second wave of virus transmission as more test results become available. According to the data of the risk analysis in Mauritania and considering the evolution of the trend at the Regional and global levels, the risk of spreading the virus in the country appears to be very high. This is partly due to its population density in some communities and community-led social norms. It is important to work on establishment of CWACs as transmission will be quick where population density is high and people live in community-based society.

Most of the Covid-19 related efforts have been focused on the Nouakchott, the capital of Mauritania, as it is the center of most international air arrivals into the country, and is where all initial cases were registered. While this Project intends to support Nouakchott, it will move further into border Wilayas shared with neighboring Senegal (Trarza, Brakna, Gorgol, Guidimagha) and Mali (Guidimagha, Assaba), where movements across borders continue to happen albeit in smaller scale including in and around official Points of Entry.

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<sup>8</sup> UNICEF will work in 21 Moughataas

<sup>9</sup> UNICEF is currently working on a plan to sensitize mayors and provide them support to coordinate volunteers who will be involved in community surveillance.

### 3.2 Specific Need of Intervention

According to a recent study estimating the time to reach the first 1,000 COVID-19 cases and the first 10,000 cases in Africa, Mauritania would reach its first 1,000 cases on 1 May 2020 and 10,000 cases by the end of May, with 15% (1,500) of severe cases expected, including 5% (500) severe cases. A race against time is now underway to limit morbidity and mortality. Only a structured and rigorous community-level preparation will allow an effective response, a

Regions	Traza	Brakna	Gorgol	GUI	Assaba	Nouakchott	Total
Population	306,125	328,955	375,990	315,694	386,692	1,237,216	2,950,672
Ratio 1 relay for 50 households (i.e. an average of 310 people; taking into account distance between villages)	988	1,061	1,213	1,018	1,247	3,991	9518
Number of the COVID-19 cases anticipated by end of May*	734	788	901	757	927	2,965	7,072
Serious case (15%) anticipated by end of May*	110	118	135	113	139	445	1,060
Very severe case (5%) anticipated by end of May*	37	39	45	38	46	148	353
*depends on how the pandemic scenario evolves.							

response that will save lives. The heart of this response will be close to the people, at the community level. The communities and their leaders will be engaged and sensitized to the benefits of early notification of suspected cases, which will reduce the transmission of the virus and improve care. Acting early can save lives.

The WHO’s 2019 Strategic Preparedness and Response Plan (SRSP) relies heavily on social mobilization and community engagement in the development of country readiness and response. As with recent experience of Ebola and Zika responses, the resilience, cultural roles and responsibilities of women and girls will be a crucial aspect in the success of such community-based strategies. UNICEF’s activities will pay special attention to vulnerable women and children to ensure they continue to have access to basic social services (including services related to prevent and care for SGBV survivors). Psychosocial support has been also reinforced as the child helpline has seen an increase of calls in recent weeks.

In order to ensure optimal case management, it is essential that health staff at the Regional level be able to focus on the response of the Regional health system, i.e. the preparation of hospitals and isolation centers for suspicious and non-serious cases (more than 8,000 cases expected under the scenario described above) as well as the training of health staff in line with a gender-responsive, human rights-based approach to service delivery.

In view of these analysis, it is important to strengthen surveillance at all levels, particularly at the Regional and District levels, in order to properly coordinate community interventions that will allow for the early detection, notification and response to threatening events. To ensure higher impact and rationalize cost investment, the project strategy will make use of new technology tools (such as social media for the alert, and drones or the sample transfer considering huge distance between the various Regions in Mauritania).

### 3.3 PROBLEMS AND CHALLENGES TO BE ADDRESSED

Joint External Evaluation of IHR (International Health Regulation) core capacities of Mauritania (2017) has established the country’s limited preparedness and response capacities of its port of entries (POE)<sup>10</sup>. POEs are evaluated on two main sets of indicators: “Routine capacities are established at PoE” and “Effective Public Health Response at Points of Entry”. The first one received a score of 2, meaning that the country has limited capacities, but some PoE have access to some medical services, essentially at the airport. The second category received a score of 1, meaning that “No national public health emergency contingency plan exists for responding to public health emergencies at points of entry”. It was then recommended that

<sup>10</sup> Joint External Evaluation of IHR core capacities of the Islamic Republic of Mauritania, WHO, March 2017

the country should develop and implement a national, multisectoral public health emergency contingency plan at PoE as well as to develop simulation exercises for public health emergencies at PoEs. Those recommendations are yet to be in practice.

At the border with Senegal, boats come from Senegal carrying people and products and meet limited check point to ensure the safety and health of all of those entering and leaving. The border hosts a large daily market that specializes in the trade of goods, animals and many other products. People from across Senegal, Mali, The Gambia are known to be frequent this area as well as Nouakchott. Following the government's public announcement on March 16, the amount of people gathering at border posts for joining or rejoining families and relatives in Mauritania has been growing. A large number of people coming from Senegal, where there are significantly more confirmed cases<sup>11</sup>, are now crowding at the southern borders, in an attempt to come back home, continue to trade and/or simply rejoin their families. On 31 March, a person was confirmed positive for Covid-19 in Kaédi, a Region approximately 400 kilometers from Nouakchott. Kaédi is characterized as a migratory area and borders Senegal.

However, at the borders, few of the necessary basic hygiene rules are enforced. Social distancing is not respected, crowds are forming to line up at the border posts and there are currently no hygiene masks, gloves or hand sanitizers regularly available for border officers. This situation only increases the risk of spreading the virus.

Finally, Mauritania does not currently have the financial, material nor human means to efficiently control its borders outside of POE or to organize large scale testing at its Points of Entry (POE), most of which are located in remote areas. The border agents posted at POE cannot cover the whole border area and must rely on cooperation with the local communities along the border for information. In turn, the border communities do not have the means to raise their concerns to the authorities. This gap poses an extremely high risk for the propagation of COVID-19 in Mauritania. It will seriously hinder the early detection, isolation and investigation of cases in isolated, remote border areas.

### 3.4 Addressing the gender dimensions of COVID-19

Recognizing the extent to which the COVID-19 outbreaks affects women and men differently is hugely important. Some preliminary data suggested that more men than women are dying, potentially due to sex-based immunological differences, higher rates of cardiovascular disease for men and lifestyle choices, such as smoking. However, the experiences and lessons learned from the Zika and Ebola outbreaks and the HIV pandemic demonstrate that robust gender analysis and informed, gender-integrated response are vital to strengthen the access and acceptability of the humanitarian services needed to meet the distinct needs of women and girls, as well as men and boys.

Drawing on these lessons learned, integrating gender into the design and implementation of this intervention will take place in the following ways<sup>12</sup>:

- All data and information gathering efforts from needs assessments to targeting, monitoring and evaluation should include dedicated consultation with women and girls, women's groups and organizations, and women leaders from the community in the modality that is accessible, safe and culturally appropriate.
- Needs assessments, targeting, response plans and implementation should proactively adopt a do-no-harm and leave no one behind approaches and prioritize the mitigation, response and prevention of GBV

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<sup>11</sup> 86 in Senegal, 2 Mauritania, as of 25/03/2020

<sup>12</sup> <https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Guidance%20on%20COVID-19%20-%20Gender%20Alert.pdf>

- Adopt interventions that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls and safeguard their dignity, and contribute to eliminate discriminatory practices against women and girls

Through the Project, gender-disaggregated data will be obtained. The data will enhance gender analysis and enable us to have decision makings based on evidence. It will also ensure that marginalized women are not left even further behind as progress on the 2030 Agenda for Sustainable Development must continue even under such

#### IV. How does this collaborative Project solve the challenge? Please describe your theory of change.

*Describe Project approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a [human rights-based approach](#)<sup>13</sup> and how is it based on the principle of “build back better”. [1,500 word limit]*

##### 4.1 Project Approach

Various public health measures (PHMs) including non-pharmaceutical interventions can be used to reduce and delay COVID-19 transmission within communities. PHMs, which will be rapidly prototyped and implemented, are aimed at reducing the rate of case onset and to delay and therefore reduce the peak activity of the virus in the community, thereby significantly lowering the demand on the limited health care services.

To achieve this, the following three strategic interventions could be adopted:

- Reduce physical interactions between individuals and thus limit virus spread.
- Isolate the country from other infected countries and thus prevent the importation of cases through border closures.
- Early detection of cases followed by isolation in authorized structures or at home.

The optimal solution could combine several strategic interventions at several levels. However, the strategy of early identification and rapid isolation of cases seems the most appropriate in the current Mauritanian context. While the number of confirmed cases remains limited and containment arrangements were swiftly put in place, the proposed project is based on a Community monitoring approach that can be implemented throughout the country.

##### 4.2 Methodology

Project execution with above PHM approach will take following methodologies;

- Training of Community Surveillance Members and related government officials
- Put in practice contents of training to ensure systems are operational
- Dispatch the expert groups to Wilayas and Moughataas
- Provision of equipment and material in each of the identifies priority Health Facilities and POEs
- Logistic Support

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<sup>13</sup> Please refer to [OHCHR COVID19 Guidance](#)

As mentioned above, the key solution this Project proposes is the establishment of a responsive and inclusive community-level epidemiological surveillance system that is operational. In order to support this, the partners work with the community members, of which many are women, and government officials including the border agents. Health agents will be also trained to acquire appropriate skills for Field Epidemiology. Trained Field Epidemiologists will be deployed in order to effectively support necessary training, surveillance and operationalization of the strategy. Provision of appropriate equipment and material for training and practice will help the activities run smoothly. Logistic support across the activity areas will be also undertaken in the Project including ensuring that all health centers are properly equipped.

### 4.3 Theory of Change

As the country identifies ways to address COVID-19, integrating human rights protections and guarantees into the responses are essential to successfully addressing public health concerns. Throughout the Project, the measures such as ensuring accurate information, supporting vulnerable people including male and female migrants and refugees, and mitigating critical shortages of equipment and supplies for frontline workers will be leveraged. As an integral part of our public health response, embracing human rights will not only provide ethical guidance during the course of the Project but set the foundation for how the country prepare itself for the future crisis.

When it can be shown that Community Surveillance is strengthened at Regional and District levels, and there are coordinated community interventions the pandemic response is more effective. The effective implementation of community surveillance/watch requires the active participation of all actors, particularly the women and girls among them and their respective women's networks/organizations – in responding to this crisis will be crucial to ensuring the most effective national response and, at a minimum, will help to inform a 'Do No Harm' approach. Alongside these groups, other acritical actors include Regional and District communities and administrations, but also all the government officials (in particular, health, education, social affairs, youth, Islamic affairs and original education, etc.)and, civil society actors.

A strengthened community-level intervention will make possible to bring together the logistical resources that can contribute to the operationalization of the strategy (training, communication resources, information system to share alerts etc.). Community surveillance also enables the rapid detection, notification and response to future public health threats and events. These members will have a key role to play in communicating the risks associated with COVID-19, ensuring activities designed and conducted at the community level integrate gender and human rights-based approaches and practices, and share alerts on suspected cases in line with international guidance and standards.

More importantly, the system envisaged in the Project will enable the large-scale data collection and management possible, including improved collection and reporting of disaggregated data to produce the evidence base for monitoring socio-economic impacts, including gender-related impacts. It will provide further guidance to establish strong evidence in public health emergency response and to introduce health data management system in long term. Hence supporting establishment of a responsive and inclusive community-level epidemiological surveillance system is the change maker in building resilient response to the pandemic. Data collected and reported on in this Project will be disaggregated as standard, , including by age, sex, socio-economic status, disability, and geographic coverage to better monitor and report on the intervention's engagement with specific target populations and to track the project's contributions to gender equality and women and girls' empowerment.

### 4.4 Justification

Respective organizations have been seeking ways to put their COVID-specified activities in place in

response to the National Response Plan. All the activities are built upon their current action plans and the existing partnerships and networks of the individual organizations. In this joint effort, all related activities will be more connected and better coordinated with each other and the Project will enable the country to receive the necessary supports more efficiently in line with the National Response Plan.

## V. Documentation

*Attach/provide hyperlinks to documents/analysis prepared at the UNCT level with government counterparts to assess the potential cumulative impacts of COVID-19. Please indicate if the UNCT has completed and posted the National Plan for Combating COVID-19 on the WHO partner portal. [1,500 word limit]*

- United Nations Mauritania started releasing Economic Bulletin  
The first edition did mapping analysis on economic impact by COVID-19. External businesses (Import/export) and COVID shock on some major products, Cash remittance from diasporas, Tourism, Foreign Direct Investment, Health, Food security and Nutrition were examined. Some recommended actions and strategies were also introduced.
- WFP publishes Country Brief and highlighted COVID-19 in [March 2020 edition](#)
- World Bank released Project Appraisal Document for the [Mauritania COVID-19 Strategic Preparedness and Response Project \(SPRP\)](#)
- UN joint briefs on the response provided across the country (3 briefs available)
- OHCHR COVID-19 guidance
- UN SG Policy Brief [“COVID-19 and Human Rights: We are all in this together”](#)

## VI. Target population

*Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]*

### 6.1 Potential Impact on beneficiaries

#### i. Population of the targeted Wilayas (Regions)

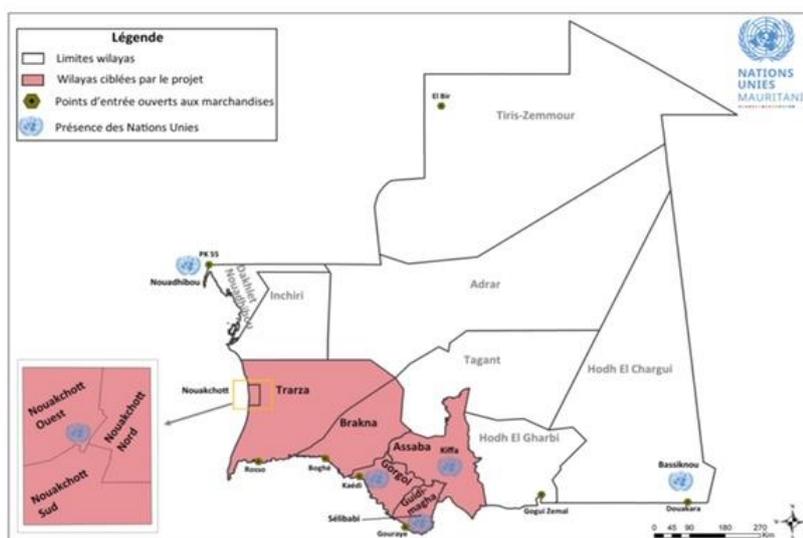
The overall population of Mauritania is approximately 4.4 million spread out over 400,000 square miles of mostly dry, desert space. The population of Mauritania is relatively nomadic particularly during agriculture and trading seasons. It is estimated that this project will support in the overall Covid-19 surveillance for over 2.5 million people across the eight Wilayas (Nouakchott has three in addition to Trarza, Gorgol, Guidimakha, Assaba and Brakna). These Wilayas represent a significant portion of the population as they are bordering Senegal and in particular a number of Senegalese Regions with a high number of confirmed Covid-19 cases. Due to migratory nature of border populations, it can be assumed that neighboring Regions often cross the border to exchange goods and celebrate shared events. The upcoming Ramadan festivities will surely see an increase in cross border activities that can lead to increased transmission to all areas of Mauritania but in particular those bordering Senegal and Mali.

This project will focus on 8 Wilayas (Nouakchott has three in addition to Trarza, Gorgol, Guidimakha, Assaba and Brakna) that have more than two thirds of the overall population of Mauritania. The following table shows the specific populations:

Region	Population (2020)	Female	Male	Over70
Nouakchott (3 Wilayas)	1,237,216	591,122	646,095	17,053
Trarza	306,125	158,976	147,149	9,562
Gorgol	375,991	195,003	180,988	8,527

Guidimakha	315,694	159,891	155,804	6,037
Assaba	386,693	205,518	181,175	10,422
Brakna	328,956	173,893	155,062	9,502

Regions covered by the project:

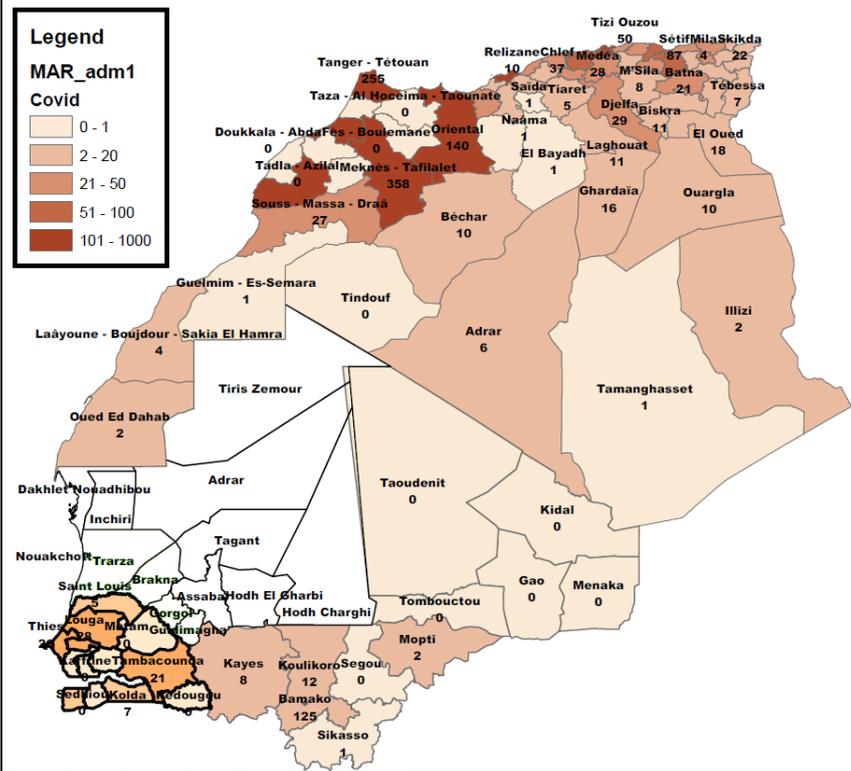


Reinforcement of the health system will be extremely beneficial with an additional 500 various health officials working to support, inform and monitor the communities for potential transmission and to educate the community members on the virus.

The project will impact and be of benefit to the entire population of each Wilaya and beyond as the populations will have direct targeted support from medical professional and communication experts who can help to inform the community and to follow possible virus transmission. In other countries, COVID-19 has a relatively lethal impact on the elderly community (over 65 years old but like many other African countries, the population of those over 65 years old is only approximately 4%) while the majority of the population, slightly more than 51% is between 15 and 64 years old, and the remaining 44% being between 0 and 14. With very little known concretely about the affected populations, only strong surveillance can ensure that COVID-19 cases are detected early and proper treatment and case management can be ensured.

As the population table above highlights, the majority of Wilayas have a higher proportion of females among the population underscoring why it is important to take into account the distinct needs and capacities of men, women, girls and boys within the project's different target population groups. For example, gender-responsive, rights-based communication and engagement efforts with migrant communities may need to be developed and tailored differently to resonate with male migrants compared to female migrants. Similarly, the different lived experiences of men and women, boys and girls within refugee communities may require distinct, gender, age and/or ethnically appropriate communications compared to communications developed to engage those within migrant communities.

## Mauritania and Border Countries



This map shows the current context of COVID-19 confirmed cases in the bordering countries to Mauritania and where effort needs to be placed to ensure there is adequate surveillance and monitoring to reduce possible virus transmission. The primary concern remains in the south west of Mauritania, notably the capital Nouakchott due its large population and regular comings and goings of masses of people, and the five Wilayas bordering Senegal where a large number of confirmed cases have been detected.

This project will adopt a human-rights based approach in order to preserve and protect the most vulnerable communities. OHCHR has recently underlined the fact that international

support is urgently needed to help host countries step up services for migrants, IDPS, refugees and local communities and to include these communities in national prevention and response arrangement. To that end, this project will have a significant impact on migrant communities of the targeted Regions including transhumant populations who cross the border on a regular basis. Through project migrant communities living at the borders of Mauritania will be directly integrated into this health surveillance mechanism, as active participants of village committees. Furthermore, the good health of migrants and migratory communities crossing the border will be better protected by agents trained and equipped at the borders and better referred to competent health authorities if a suspicious case is identified. This project will also ensure that these actions will not lead to further stigma against migrant or refugee communities as well as making sure that reinforced border controls will ensure non-discrimination, non-refoulement, confidentiality and dignity and will not lead to mandatory or indefinite detention.

When the system is in place, the people who cross the border will be screened each time they pass the immigration and the border agents. Among the six PoE, the busiest point, on average, has 150 people in one day. During the course of the Project, it is estimated that 50,000 migrants crossing borders will also be under directly impacted by the activities.

### 6.2 Direct users/beneficiaries of the Solution

As the Project has various trainings throughout the activities, the trainees and activity participants will be also among the direct users of the solution/beneficiaries of the project. The estimated number of the trainees are following;

Intervention Area	Entities to be trained	Trainee/ activity groups (Estimated number where applicable)
Nationwide Watch	Community Surveillance	Community members (9,518)
	Awareness raising	Local authorities

	PoE	Border agents (30) <sup>14</sup>
	Health Facilities	Health workers
	Contact Tracking & Active Case Finding	Surveillance Team
Field Epidemiology	Mouthagaas (District) level	Health agents (132) in 31 Districts
	Wilayas (Region) level	8 Rapid Response Team of 10 Health agents (80)
Case Management	Infection Prevention Control	Infection Prevention Control Team
	Epidemiological Surveillance	Epidemiological Surveillance Team

It is estimated that approximately 5,500 people will be the potential trainees who will be benefitting from the activities in terms of knowledge, skills and monetary incentives. The number of the trainees will be gender-disaggregated and the participation will be encouraged regardless of gender or ethnic group.

For the trainings in the PoEs, i) train border agents on the establishment of health measures (screening, referral and isolation procedures) to reduce the risks of spreading of COVID-19, and provide specific equipment and supplies for their implementation (Khaimah isolation tents, handwashing systems, Personal Protection Equipment (PPE), thermic cameras for the Nouakchott international airport). Moreover, IOM through joint trainings will ii) assist the border agents posted at POE in integrating the CWACs with the border communities. This will allow the border agents to identify and manage gaps in border surveillance with the participation of communities. It will also allow the border communities to raise concerns related to the COVID-19 pandemic. Finally, OIM will iii) support the POE in coordinating their response with Regional health authorities (DRAS). In particular, the project will support the POE in relaying concerns raised by border communities, and flag suspected cases at the Moughataa and/or Wilaya level for the cases to be integrated to the national health surveillance system.

Community helpers, such as village chiefs and community leaders, will be sensitized in order to ensure the collection of information that can promote the adoption of protective measures against COVID-19 and facilitate the establishment of the community watch mechanism. UNICEF is currently working on a plan to sensitize mayors and provide them support to coordinate volunteers who will be involved in community surveillance. By doing so, the mechanism will be more in line with Do No Harm Approach and it ensures that the community leaders are also sensitized on gender-sensitive, rights-based approach to collection of information and promoting adoption of protective measures.

The 9,518 members of the CWACs will be trained to ensure awareness (making the community recognize the signs), launch early warning through the Tel/SMS/WhatsApp platform, and accompany the rapid intervention teams in confirming cases and reporting data.

At all Health Facilities, health workers will be trained and provided with necessary tools and resources to identify suspected cases. They will be guided to acquire knowledge to prevent, detect and alert suspected cases. In interventions of active case finding, contact tracking by the Surveillance Team - Field Epidemiologist working at community and Health Facility levels to detect possible cases and contacts. The core of case finding is conducted at the Health Facility among ordinary patients who self-present with COVID-19 symptomatology. A robust team of sample collectors must also be established and identified psychosocial negotiators.

The role of Field Epidemiology in the Surveillance Team is primarily to detect possible cases, to trace

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<sup>14</sup> For PoE almost all border agents are men. These are isolated, hardship areas and border authorities don't want to have one woman working alongside 4 or 5 men colleagues in isolated areas like these ones

contacts and to take samples and test. These Field Epidemiologists will support on two levels.

- At Moughatas (District) level, health agents will be provided a training in basic Field Epidemiology to conduct surveillance activities. WHO agents will stay for 3 months to support the District chief medical officers in their supervisor and coordination roles
- At Wilaya (Region) level, Ministry of Health will assign a senior epidemiologist at each of the Wilaya. Each Wilaya will have a Rapid Response Teams (RRT) with the necessary trained agents and specialists.

## VII. Who will deliver this solution?

*List what Recipient UN Organizations (RUNOs) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point. [1,500 word limit]*

### 7.1 WHO

The World Health Organization support its member states by acting as technical advisors and partners with the goal of universal health coverage across the globe. For this project, WHO Mauritania will act as the lead in the overall project particularly as it relates to health operations in surveillance, case management and laboratory support. Its expertise in disease prevention and surveillance will serve as the primary outcome of the project. WHO Mauritania works directly with the Ministry of Health to ensure all best practice models and expert information is shared. WHO will be recruiting additional personnel who will report to WHO professionals and Ministry of Health District Medical Officer, who have the necessary country experience and knowledge. Those recruited to work on the Covid-19 responses will be trained medical personnel and who have local languages, local customs and religious affiliations that will allow the project to be seamlessly implemented. Solutions will be adapted to fit the country context and will be regularly reviewed based on best practice. Regular field visits by WHO staff will be planned to ensure that those implementing at the field level have knowledge and expertise to ensure successful outcomes. WHO has mobilized additional funds with various donors to ensure that the project can be implemented successfully. WHO has previously executed this project in a other countries, most recently for the Ebola response in the Democratic Republic of Congo, and for which the reduction of cases has been a key contributor.

### 7.2 UNICEF

To stop transmission, save lives and reduce suffering, UNICEF supports surveillance and early warning systems (under MOH/WHO lead) mainly through community-based surveillance systems, digital health initiatives and mobilization of pre-existing networks of community health workforce. Besides, UNICEF ensures the lead of the Risk Communication and Community Engagement (RCCE) pillar of the response whose aim is to proactively engage with affected and at-risk populations and provide timely and accurate information to encourage positive health seeking behaviors and address community concerns, rumors and track and respond to misinformation. In this framework, UNICEF is working on training of thousands of volunteers, community and religious leaders, community leaders, youth and women associations and other key influencers so they become “agents of change” and mobilize and engage their communities; establish feedback mechanisms to listening to and learning from communities and is supporting community-based approaches to ensure early detection and cases referral contributing thus to the overall surveillance. UNICEF has strong partnerships in health/nutrition, WASH, education, child protection and communication for development that will be mobilized for the community-based surveillance project. Working with various Ministries, UNICEF can also rely on an expanded network of duty bearers at decentralized levels who are already active in basic social service provision in their respective communities. UNICEF's operational presence in the field, as well as its partnership with international and national NGOs and local actors (Regional directorates of sectoral ministries, Regional councils, municipal councils) are part and parcel of the response.

### 7.3 IOM

Through this project, IOM and the key partners of the point of entry pillar, and other key civil society partners will strengthen the community surveillance at the points of entry. This community surveillance activity and its junction with the POE component will be conscious of other protection concerns of people crossing the border and ensure that the needed interventions are accomplished in coordination with the partners as per their mandate.

IOM possesses extensive experience in supporting governments and communities to prevent, detect and respond to health threats along the mobility continuum, whilst advocating for migrant-inclusive approaches that minimize stigma and discrimination. As a formal partner of the WHO, a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster, and more recently, the Global Outbreak Alert and Response Network, IOM is increasingly a key player in responding to public health emergencies globally and crises that escape the norm.

IOM's approach and answer are anchored in IOM's Health, Border and Mobility Management (HBMM) Framework. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR). Since 2006, the IOM in Mauritania is one of the most active actors in the field of Integrated border Management. The IOM has trained hundreds of border posts officials, built dozens of border posts and organized multiple crisis simulation exercises. Thanks to 14 years of close cooperation with Governmental partners, IOM Mauritania has a leading role in the management of crises at the border. With three sub-offices in Selibabi, Bassiknou and Nouadhibou, since March 12th, 2020, IOM has been active in prevention and surveillance to COVID 19, by distributing equipment (masks, infrared thermometers, etc) and the organization of trainings for border posts agents in collaboration with WHO and the Ministry of Health. To date, IOM has equipped and trained police officers across the active border points and is leading the POE pillar of the coordinated response.

#### 7.4 UNDP

UNDP will work with WHO experts to ensure proper sample delivery mechanism is in place, further the testing at the community level. This mechanism will be at the heart of the project as related to the transfer of the lab tests to well-equipped hospital facilities in order to identify the diagnostic profile of the suspected case. In this process time will be of essence, and this is the reason for deploying vehicles that will be available at any time of the day/night – combined with two drones that will cover the most remote areas of the country (i.e 1000 Km from Nouakchott).

Coordination among the four agencies for the implementation of the project will be ensured through the existing Incident Management System coordination model where each of the represented agencies have a pillar lead responsibility. In addition, coordination will be ensured both centrally with the Ministry of Health; Ministry of Social Affairs, Women and Children; Ministry of Youth, Employment and Sports and Ministry of Interior and Decentralization and locally through the Wali or Governor of the Regions. UNDP will coordinate project monitoring and reporting according the lines of the planned results and activities.

## Cover Page

Contacts	Resident Coordinator or Focal Point in his/her Office Name: Anthony Ohemeng-Boamah Email: Anthony.ohemeng-boamah@one.un.org Position: Resident Coordinator Other Email: Telephone: Skype:			
Description	In line with the National Response Plan to COVID-19, the project supports the establishment of a well-enforced, inclusive and national Covid-19 community -level surveillance strategy in place. Early identification and rapid isolation of cases will be promoted through a community-level approach in eight Regions of the country, which are bordering Senegal and Mali with more exposure to infection. The Project is structured in three key intervention areas: Nationwide Watch, Field Epidemiology and Case Management and builds on existing agencies' expertise and comparative advantage in the existing COVID 19 response in support to the Government .			
Universal Markers	<u>Gender Marker:</u> <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. <b>b) Make a significant contribution to gender equality and/or the empowerment of women and girls;</b> c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.			
Fund Markers	Specific <b>Human Rights Based Approach to COVID19 Response</b> <i>(bold the selected):</i> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Considered OHCHR guidance in proposal development <a href="#">UN OHCHR COVID19 Guidance</a>	<b>Fund Windows</b> <i>(bold the selected; pls select one only)</i> <b>Window 1: Enable Governments and Communities to Tackle the Emergency</b> Window 2: Reduce Social Impact and Promote Economic Response		
		Geographical Scope Regions: West Africa Country: Islamic Republic of Mauritania		
Recipient Organizations	UN IOM, UNDP, UNICEF, WHO			
Implementing Partners	Ministry of Health, Ministry of Interior and Decentralization, Partner members of the various UN intervention pillars			
Project and Project Cost	<b>Budget</b>	<b>Agency</b>	<b>Amount</b>	<b>Comments</b>
	Budget Requested	WHO, UNICEF, IOM, UNDP	\$1,000,043	
	In-kind Contributions			
	Total		\$ 1,000,043	

Comments	
Project Duration	Start Date: 15 May 2020
	Duration (In months): 3 months
	End Date: 15 August 2020

## Results Framework

**INSTRUCTIONS:** Each proposal will pick a window. As part of the proposal the agencies, funds and Project will develop an outcome, outcome indicators, outputs and output indicators that will contribute to the achievement of the selected proposal outcome.

Window 1: Proposal Outcome					Outcome Total Budget USD
	<b>1.1 A responsive and inclusive community-level epidemiological surveillance system in place and operational</b>				USD
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicator	1.1 A Responsive and inclusive health surveillance system has trained members and workers	No	Yes		WHO
	1.2 A responsive and inclusive health surveillance system is operational	No	Yes		WHO
Proposal Outputs	1.1.1 Establish an effective community surveillance/watch system in each commune by 30 June				
	1.1.2 Border agents at POE are inserted in the Community Surveillance system and have an improved capacity to liaise between border communities and Regional health authorities.				
	1.1.3 At Health Facilities, health workers have knowledge to prevent, detect and alert suspected cases				
	1.1.4 For active case finding, contact tracking by the Surveillance Team - Field Epidemiologist working at community and Health Facility levels to detect possible cases and contacts				
	1.1.5 For Field Epidemiology, Field Epidemiologists in the Surveillance Team will be trained to detect possible cases, to trace contacts and to take samples and test				
	1.1.6 In Case Management, the case management team will make sure that the positive case is managed as required by the national guidance.				
	1.2.1 Community Surveillance Teams can detect the cases and alert the communities				
	1.2.2. POE are fully equipped with PPE, disinfection, hygiene and isolation material and border agents are ready to welcome voyageurs in conditions respecting recommendations to prevent the propagation of COVID-19.				
	1.2.3 Border agents at POE have an improved capacity to implement prevention measures and to manage suspected cases in the context of COVID-19				
	1.2.4. Health workers can fully handle the suspected cases				
	1.2.5 Field Epidemiologists are in full conduct				

	1.2.6 Case Management Teams are ready to deal with the confirmed cases					
	1.2.7 The system is coordinated and functional					
Proposal Indicators	Output	1.1.1.a Members of the CWACs are selected and trained, disaggregated by sex, age, geographic coverage	0 member	9,518member	Reports from implementing partners	UNICEF
		1.1.1.b A community monitoring system, including indicators, is set up and tested	No	Yes	Reports from implementing partners	UNICEF
		1.1.1.c. A coordination mechanism at community level is available	No	Yes	Reports from implementing partners	UNICEF
		1.1.1d An alert system is available	No	Yes	Reports on toll-free number	UNICEF
		1.1.2.a 20 communities are sensitized and trained in an age and gender appropriate way to cooperate with the border agents on COVID-19 concerns.	12 communities	20 communities	Mission Reports	IOM
		1.1.2.b Women are associated in the sensitization and training campaigns organized with border agents (% of women beneficiaries)	0	30%	Mission reports	IOM
		1.1.3 Number of alerts reported	13	4,300	Weekly reports Activity	WHO/Wilaya Report Card
		1.1.4 % of alerts investigated among alerts reported	100%	100%	Weekly reports Activity	WHO/Wilaya Report Card
		1.1.5 Number of alerts validated	13	430	Weekly reports Activity	WHO/Wilaya Report Card
		1.1.6 % of suspected cases tested among suspected cases from alerts received, disaggregated demographic indicators (e.g. sex, age, geographic location, occupation)	100%	100%	Weekly reports Activity	UNDP/Wilaya Report Card
		1.2. 1.a.Number of contacts followed disaggregated demographic indicators (e.g. sex, age, geographic location, occupation)	0	960	Weekly reports Activity	WHO/Wilaya Report Card
		1.2.1.b.Number of confirmed cases reported disaggregated demographic indicators (e.g. sex, age, geographic location, occupation)	7	320		WHO/Wilaya Report Card
		1.2.1.c. % of cases from contact lists and under follow up at time of detection disaggregated demographic indicators (e.g. sex, age, geographic location, occupation)	100%	100%	Weekly reports Activity	WHO/Wilaya Report Card

	1.2.1.d. Median days from onset of disease to isolation	<b>21 days</b>	<b>4 days</b>	<b>Weekly Activity reports</b>	<b>WHO/Wilaya Report Card</b>
	1.2.2a. 30 border agents are trained on case detection and management and are capable to liaise with health authorities	<b>0 agent</b>	<b>30 agents</b>	<b>Activity reports</b>	<b>IOM</b>
	1.2.3 a. POE are fully equipped with PPE, disinfection, hygiene and isolation material and border agents are ready to welcome voyageurs in conditions respecting recommendations to prevent the propagation of COVID-19.	<b>0 PoE fully equipped</b>	<b>11 PoE fully equipped</b>	<b>Mission reports</b>	<b>IOM</b>
	1.2.7.a. A coordination mechanism at community level is available	<b>No</b>	<b>Yes</b>	<b>Reports from implementing partners</b>	<b>WHO, UNDP</b>
	1.2.7.b. # of coordinating meeting held at District level	<b>0</b>	<b>3</b>	<b>Activity reports</b>	<b>WHO, UNDP</b>
	1.2.7.c. # of coordinating meeting held at Wilaya level	<b>0</b>	<b>3</b>	<b>Activity reports</b>	<b>WHO, UNDP</b>

## SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your Project.

(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
<b>[Depending on the selected SDG please indicate the relevant target and indicators.]</b>			
Target	Indicator # and Description		Estimated % Budget allocated
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	<b>All indicators</b>		<b>100%</b>

## Risk

### What risks and challenges will complicate this solution, and how they will be managed and overcome?

(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) **Please enter no more than 3.**

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner
Risk1 The interventions are not well coordinated due to weak transparency in the management of COVID-19 (Technical decisions, Resource management)	Operational,  Financial  (regulatory)	2	3	4	Plan and hold COVID-19 monitoring meetings based on the monitoring tools that are elaborated by the Coordination Committee by Ministry of Health	Coordination Committee
Risk 2 The activity participants /workers have little interest in prevention or care for fear of contaminating themselves due to spread of panic	Operational	2	5	5	- Making the use of protective equipment binding on all health service personnel - Strengthen internal oversight of compliance with staff prevention and protection provisions in all Health Facilities	Ministry of Health/WHO
Risk 3 Screening Kit Break Occurs Nationally and Internationally	Operational	2	3	5	If screening kits break, consider any suspicious and probable cases as a positive case	Ministry of Health
<b>Risk 4</b> <b>Some interventions are not implemented due to UN capacity</b>	Operational  Political (regulatory and strategic)	1	2	4	- UN will position alternative implementation strategies in close collaboration with the Ministry of Health. This might implies direct execution of some activities by either NGOs or departments of the Government depending on capacity assessment.	UN
<b>Risk 5</b> <b>The surveillance workers/participants are not fully engaged due to</b>	Operational  Political (strategic)	2	3	4	Part of the project awareness raising activities are planning to address issues related to community level engagement and therefore this will anticipate bottlenecks during the deployment of health workers. In addition, the project will	UN

stigmatization, exclusion, and retaliation					put in place the following: <ul style="list-style-type: none"> <li>- High-level advocacy with relevant central and local authorities;</li> <li>- Monitoring of patterns and individual cases of stigmatization, exclusion, and retaliation.</li> <li>- Conduct “Leave No One Behind” (LNOB) analysis based on the information and data collected from above activities.</li> </ul>	
Risk 6 Insufficient gender consideration in the implementation of the activities	Operational	2	4	4	<ul style="list-style-type: none"> <li>- Project will ensure a realistic percentage of women are hired part of the health care workers, volunteers and Community surveillance/Watch and Alert Committees (CWACs)</li> <li>- Project will ensure women are part of the targetted groups for community awarens raising, so to better inform them on the community surveillance mechanism.</li> <li>- Make the training or sessions open to family members (e.g. children’s presence allowed)</li> <li>- Peer training or special training session at their convenient time will be facilitated.</li> </ul>	UN

## Budget by UNGD Categories

\*Up to Four Agencies

Budget Lines	Fiscal Year	Description [OPTIONAL]	Agency 1 WHO	Agency 2 UNICEF	Agency 3 IOM	Agency 4 UNDP	Total USD
1. Staff and other personnel	2020		186 000	0	0	0	<b>186 000</b>
2. Supplies, Commodities, Materials	2020		0	118 610	125 000	0	<b>243 610</b>
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020		0	0	10,000	66 000	<b>76 000</b>
4. Contractual services	2020		0	45 500	15 000	0	<b>60 500</b>
5. Travel	2020		0	0	20 000	0	<b>20 000</b>
6. Transfers and Grants to Counterparts	2020		157 160	174 359	0	0	<b>331 519</b>
7. General Operating and other Direct Costs	2020		0	0	16 950	0	<b>16 950</b>
<b>Sub Total Programme Costs</b>			343 160	338 469	186 950	66 000	<b>934 579</b>
8. Indirect Support Costs * 7%			24 021	23 693	13 087	4 620	<b>65 421</b>
<b>Total</b>			<b>367 181</b>	<b>362 162</b>	<b>200 037</b>	<b>70 620</b>	<b>1 000 000</b>

## Signatures

E-Signature/validation through the system or email from the RC confirming submission

**Resident Coordinator: Anthony Ohemeng-Boamah**

WHO : Dr. Abdou Salam GUEYE (gueyea@who.int)

UNICEF : Marc LUCET (mlucet@unicef.org)

IOM : Laura LUNGAROTTI (LLUNGAROTTI@iom.int)

UNDP : Anthony NGORORANO (anthony.ngororano@undp.org)



Annex: SDG List

Target	Description
<b>TARGET_1.1</b>	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
TARGET_1.2	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
<b>TARGET_1.3</b>	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
TARGET_1.4	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
TARGET_1.5	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
<b>TARGET_1.a</b>	1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement Projects and policies to end poverty in all its dimensions
TARGET_1.b	1.b Create sound policy frameworks at the national, Regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions
<b>TARGET_2.1</b>	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
TARGET_2.2	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
TARGET_2.3	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
TARGET_2.4	2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
TARGET_2.5	2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, Regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed
TARGET_2.a	2.a Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries
TARGET_2.b	2.b Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round

<b>Target</b>	<b>Description</b>
TARGET_2.c	2.c Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility
TARGET_3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
TARGET_3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
<b>TARGET_3.3</b>	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
TARGET_3.4	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
TARGET_3.5	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
TARGET_3.6	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
TARGET_3.9	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
TARGET_3.a	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
TARGET_3.b	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
<b>TARGET_3.c</b>	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
<b>TARGET_3.d</b>	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
TARGET_4.1	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
TARGET_4.2	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
TARGET_4.3	4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
TARGET_4.4	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
TARGET_4.5	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

<b>Target</b>	<b>Description</b>
TARGET_4.6	4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy
TARGET_4.7	4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
TARGET_4.a	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
TARGET_4.b	4.b By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific Projects, in developed countries and other developing countries
TARGET_4.c	4.c By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
TARGET_5.1	5.1 End all forms of discrimination against all women and girls everywhere
TARGET_5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
TARGET_5.3	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
TARGET_5.4	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
<b>TARGET_5.5</b>	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
TARGET_5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Project of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
TARGET_5.a	5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
<b>TARGET_5.b</b>	5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
<b>TARGET_5.c</b>	5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
TARGET_6.1	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
TARGET_6.2	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
TARGET_6.3	6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
TARGET_6.4	6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity

Target	Description
TARGET_6.5	6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
TARGET_6.6	6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
TARGET_6.a	6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and Projects, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
TARGET_6.b	6.b Support and strengthen the participation of local communities in improving water and sanitation management
TARGET_7.1	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services
TARGET_7.2	7.2 By 2030, increase substantially the share of renewable energy in the global energy mix
TARGET_7.3	7.3 By 2030, double the global rate of improvement in energy efficiency
TARGET_7.a	7.a By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology
TARGET_7.b	7.b By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States and landlocked developing countries, in accordance with their respective Projects of support
<b>TARGET_8.1</b>	8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
TARGET_8.10	8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
<b>TARGET_8.2</b>	8.2 Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors
TARGET_8.3	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
TARGET_8.4	8.4 Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-Year Framework of Projects on Sustainable Consumption and Production, with developed countries taking the lead
<b>TARGET_8.5</b>	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
TARGET_8.6	8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training
TARGET_8.7	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
TARGET_8.8	8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
TARGET_8.9	8.9 By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products
TARGET_8.a	8.a Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-related Technical Assistance to Least Developed Countries
TARGET_8.b	8.b By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour

Target	Description
	Organization
<b>TARGET_9.1</b>	9.1 Develop quality, reliable, sustainable and resilient infrastructure, including Regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
TARGET_9.2	9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
TARGET_9.3	9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets
TARGET_9.4	9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
TARGET_9.5	9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending
TARGET_9.a	9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States
<b>TARGET_9.b</b>	9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
TARGET_9.c	9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020
TARGET_10.1	10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average
TARGET_10.2	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
TARGET_10.3	10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
TARGET_10.4	10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
TARGET_10.5	10.5 Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
TARGET_10.6	10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
TARGET_10.7	10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
TARGET_10.a	10.a Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements
TARGET_10.b	10.b Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in

Target	Description
	particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
TARGET_10.c	10.c By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent
TARGET_11.1	11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
TARGET_11.2	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
TARGET_11.3	11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
TARGET_11.4	11.4 Strengthen efforts to protect and safeguard the world's cultural and natural heritage
TARGET_11.5	11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
TARGET_11.6	11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
TARGET_11.7	11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
TARGET_11.a	11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and Regional development planning
TARGET_11.b	11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels
TARGET_11.c	11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials
TARGET_12.1	12.1 Implement the 10-Year Framework of Programmess on Sustainable Consumption and Production Patterns, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries
TARGET_12.2	12.2 By 2030, achieve the sustainable management and efficient use of natural resources
TARGET_12.3	12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
TARGET_12.4	12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment
TARGET_12.5	12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
TARGET_12.6	12.6 Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information

Target	Description
	into their reporting cycle
TARGET_12.7	12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities
TARGET_12.8	12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature
TARGET_12.a	12.a Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production
TARGET_12.b	12.b Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products
TARGET_12.c	12.c Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities
TARGET_13.1	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
TARGET_13.2	13.2 Integrate climate change measures into national policies, strategies and planning
TARGET_13.3	13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
TARGET_13.a	13.a Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly \$100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
TARGET_13.b	13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities
TARGET_14.1	14.1 By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution
TARGET_14.2	14.2 By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans
TARGET_14.3	14.3 Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels
TARGET_14.4	14.4 By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics
TARGET_14.5	14.5 By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information
TARGET_14.6	14.6 By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies

Target	Description
	negotiation3
TARGET_14.7	14.7 By 2030, increase the economic benefits to small island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism
TARGET_14.a	14.a Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries
TARGET_14.b	14.b Provide access for small-scale artisanal fishers to marine resources and markets
TARGET_14.c	14.c Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in the United Nations Convention on the Law of the Sea, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of “The future we want”
TARGET_15.1	15.1 By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements
TARGET_15.2	15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally
TARGET_15.3	15.3 By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world
TARGET_15.4	15.4 By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development
TARGET_15.5	15.5 Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species
TARGET_15.6	15.6 Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed
TARGET_15.7	15.7 Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
TARGET_15.8	15.8 By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species
TARGET_15.9	15.9 By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts
TARGET_15.a	15.a Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems
TARGET_15.b	15.b Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation
TARGET_15.c	15.c Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities

Target	Description
TARGET_16.1	16.1 Significantly reduce all forms of violence and related death rates everywhere
TARGET_16.10	16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
TARGET_16.2	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
TARGET_16.3	16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all
TARGET_16.4	16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime
TARGET_16.5	16.5 Substantially reduce corruption and bribery in all their forms
TARGET_16.6	16.6 Develop effective, accountable and transparent institutions at all levels
TARGET_16.7	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels
TARGET_16.8	16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance
TARGET_16.9	16.9 By 2030, provide legal identity for all, including birth registration
TARGET_16.a	16.a Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
TARGET_16.b	16.b Promote and enforce non-discriminatory laws and policies for sustainable development
TARGET_17.1	17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection
TARGET_17.10	17.10 Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda
TARGET_17.11	17.11 Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020
TARGET_17.12	17.12 Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access
TARGET_17.13	17.13 Enhance global macroeconomic stability, including through policy coordination and policy coherence
TARGET_17.14	17.14 Enhance policy coherence for sustainable development
TARGET_17.15	17.15 Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development
TARGET_17.16	17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries
TARGET_17.17	17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships
TARGET_17.18	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

<b>Target</b>	<b>Description</b>
TARGET_17.19	17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries
TARGET_17.2	17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries
TARGET_17.3	17.3 Mobilize additional financial resources for developing countries from multiple sources
TARGET_17.4	17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress
TARGET_17.5	17.5 Adopt and implement investment promotion regimes for least developed countries
TARGET_17.6	17.6 Enhance North-South, South-South and triangular Regional and international cooperation on and access to science, technology and innovation and enhance knowledge-sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism
TARGET_17.7	17.7 Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed
TARGET_17.8	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
TARGET_17.9	17.9 Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals, including through North-South, South-South and triangular cooperation

