UNICEF is appealing for US$200 million to respond to the Ebola outbreak in West Africa.

Regional Overview

The Ebola outbreak in West Africa is unprecedented in terms of its geographical scope, making it a major global concern. The outbreak began in Guinea in early 2014 and quickly spread to the neighboring countries of Sierra Leone and Liberia, with large numbers of reported cases in rural, urban and peri-urban areas. The virus risks spreading to other areas, including to the neighboring countries of Côte d’Ivoire, Guinea Bissau, Mali, Nigeria and Senegal. By late August, 2014 both Nigeria and Senegal had reported Ebola cases. As of 10 September, 2014, over 4,200 confirmed/probable cases have been reported in the region, including over 2,200 deaths. These numbers are predicted to rise dramatically over the next few weeks, with thousands more people expected to contract the disease over the next six months.

The spread of Ebola in West Africa has been fuelled by limited health infrastructure, poor hygiene practices and the inability to control and screen population movements across borders. Fears, rumours and lack of understanding about the disease within local communities, lack of experience among health-care workers and limited capacities for rapid response have further aggravated the situation. The severity of the outbreak is exacerbated by its scale and unique characteristics as well as by the extreme burden it has placed on already weak health systems. As of early September, 2014, some 501 health-care workers have become infected during routine contact with patients in health facilities, leading some staff to flee due to fear. In the meantime, public mistrust of health care systems and of government authorities in affected countries is mounting. Some treatment centers and clinics have closed, while the numbers of those still in operation are not enough to meet the growing needs, with many turning patients away. Lack of adequate treatment facilities, fear, stigma and distrust has led families to keep sick patients at home, risking the further spread of the virus. The high level of community exposure is further exacerbated by resistance to proposed response measures as well as by traditional burial practices.

There are 2.5 million children under the age of five living in areas affected by the Ebola virus. Children face direct risks of exposure to the virus, as well as secondary risks as a result of the loss of infected caregivers and family members. Furthermore, as basic service delivery becomes strained as a result of the outbreak, children’s access to health care, education and protection services may be limited, increasing their vulnerability and risk in both the immediate and the long term. Women have been disproportionately affected by the virus (comprising up to 75 per cent of cases) due in part to their traditional role as caregivers in the home, and their predominance as nurses, midwives and health facility cleaners, increasing their direct exposure to infected persons. Children who have lost one or both of their parents or caregivers to Ebola, or whose caregivers are being quarantined or treated for extended periods in medical centers, may find themselves unaccompanied or separated and in urgent need of immediate protection and long-term support, including alternative care. Affected children also run the risk of rejection due to the stigma attached to the disease, and may be at risk of exploitation and abuse. Psychosocial support needs to be prioritized to reduce stress, build trust and improve the wellbeing of affected communities. In Ebola-affected areas, the collapse of health care systems (especially in Sierra Leone and Liberia where the outbreak is nationwide) is challenging the provision of maternal and newborn care and the management of acute malnutrition. The disruption of health services means that many children are not receiving life-saving vaccinations, and may not be treated for preventable but potentially fatal common childhood illnesses such as malaria, pneumonia and diarrhea. The Ebola outbreak likely to have negative consequences on children’s access to education, on the availability of teachers, on the quality of teaching and learning, as well as on the safety of school premises.

National governments, in partnership with international and national non-governmental organizations (NGOs) have been working tirelessly to respond to and contain the Ebola outbreak. However the virus continues to spread, with devastating impacts on affected communities and with wider security, economic and livelihood implications for affected countries and the region. On 8 August, the World Health Organization (WHO) declared the Ebola outbreak as a ‘Public Health Emergency of
International Concern. A multi-dimensional, multi-sectoral approach is critical to contain the outbreak and stabilize affected areas.

**UNICEF Preparedness and Response Strategy**

From the onset of the crisis, UNICEF’s response, in partnership with governments, UN agencies and NGOs, has included carrying out communication and social mobilization for community-based prevention, case detection, contact tracing, care and referral activities. Together with community and religious leaders, as well as youth at country and local levels, UNICEF has developed appropriate messages and has trained community members to provide people with the information they need to understand, treat and stop the spread of the disease, including through radio messaging and house-to-house campaigns. UNICEF has also procured key supplies for use in Ebola Treatment Units and community care centers, and is playing a broader programmatic and coordination role to restore and protect continuity in the delivery of basic social services. These include maternal and child healthcare, water, sanitation and hygiene (WASH), nutrition, education and child protection (including mental health, psychosocial support, appropriate alternative care support for unaccompanied/-separated/orphaned/abandoned children and social protection/welfare). UNICEF is also supporting a ‘whole package’ approach to the prevention of water-borne diseases, backing the continuation of social cash transfers, and strengthening the capacity of health workers.

UNICEF, in partnership with national governments of affected countries and in close coordination with the World Health Organization, other UN agencies and NGOs, has developed a six month Ebola Regional Response Strategy (September 2014 to February 2015). The strategy is in line with the UN inter-agency Ebola Outbreak Appeal and its five broad strategic objectives, namely to stop the spread of the virus, treat the infected, ensure essential services, preserve stability and prevent outbreak in unaffected countries.

Within this broader framework, UNICEF’s Ebola Regional Response Strategy outlines a three-pillar response focusing on controlling the outbreak, reinforcing and ensuring access to essential social services, and scaling up prevention and preparedness activities.

**I. Controlling the outbreak:** In the Ebola outbreak countries of Guinea, Liberia and Sierra Leone, UNICEF in partnership with government, UN actors, and NGOs, is contributing to global efforts to control and respond to the virus. Specific activities include:

- As lead agency for the UN on social mobilization, UNICEF is coordinating with key national and sub-national level partners and stakeholders to implement public awareness and community engagement/mobilization initiatives, including through local radio/television broadcasts, door-to-door campaigns, training of community based workers, teachers and local leaders and cellphone messaging. Messages have focused on prevention and response behaviors and on the reduction of stigma.
- Enhancing support for community-led contact tracing of Ebola-exposed patients in intense transmission areas, through facilitation of transportation and communication for community-based agents.
- Procuring and providing essential medical supplies including protective equipment and health kits (including diarrheal disease treatment kits), vaccines and cold chain equipment, as well as non-food items/materials for use in treatment and care facilities and households in affected areas.
- Distributing essential Ebola prevention commodities with accompanying educational materials to households with suspect or probable home-managed cases of Ebola, including hand hygiene kits with soap and chlorine, household personal protection kits, infant feeding milk and suitable complementary foods for breastfeeding.
- As lead agency for the UN on water, sanitation and hygiene (WASH), UNICEF is strengthening WASH sectoral and inter-sectoral coordination mechanisms to provide water and sanitation services, working under the leadership and in close collaboration with relevant medical and health authorities and partners.
- Supporting the provision of care to children in Ebola treatment and care facilities, community care centres and quarantined communities, including through delivering an integrated package of health and nutrition treatments, providing appropriate training for the health partners and supporting the procurement WASH equipment and supplies.

**II. Reinforcing and ensuring the continuity of essential social services:** The Ebola outbreak has challenged the delivery of essential services in affected areas. For communities in these areas, UNICEF will focus on:

- Mobilizing, training, and supporting networks of Community Health Workers (CHW’s) and Community Health Volunteers (CHVs) to provide basic primary health care services.
- Providing liquid infant formula and powdered milk to children of infected mothers and to Ebola orphans, providing nutrition support to in-treatment and convalescent patients, re-establishing severe acute malnutrition (SAM) screening and treatment in affected areas, conducting nutritional assessments and ensuring adequate response for SAM and moderate acute malnutrition (MAM) caseloads.
- Providing support for the management of childhood illnesses, in particular the integrated management of diarrhea, pneumonia and malaria, and distributing insecticide-treated bed nets to protect against malaria, and measles and polio immunization.
- Supporting the continuity of critical HIV prevention and treatment services, especially for women and children in affected areas whose treatment may have been disrupted.
- Ensuring continuity in access to education, through innovative approaches to learning and alternative learning channels, until schools are reopened and the academic year can be recovered.
- Providing access to WASH services for populations living in Ebola-affected areas.
- Providing psychosocial support services to children and families affected by Ebola.
• Supporting unaccompanied and separated children and children abandoned or orphaned, including children with disabilities, to re-establish contact with their families and relatives and to provide protection and alternative home-based or foster care as necessary.

III. Reinforcing and scaling up prevention and preparedness: In neighbouring countries at risk, including Senegal, Nigeria, Mali, Guinea Bissau, Ghana, Cote d’Ivoire, Burkina Faso and Benin, UNICEF is helping to reinforce and scale-up prevention and preparedness. Specific activities include:

• Carrying out community-based communication and social mobilization efforts on prevention and care and on action to be taken in case of an outbreak, including by reaching out to communities in high-risk areas through mobile teams and volunteers, as well as by circulating messages through sensitization campaigns and community radio.

• Developing Ebola preparedness and response plans in collaboration with government, UN actors and NGOs, and strengthening the capacity of basic social services to respond in the event of an outbreak.

• Providing supplies to government counterparts in order increase preparedness, including tents, buckets, basins, bottles of chlorine, aquatabs as well as basic medical equipment including thermometers and masks, diarrheal diseases treatment kits for any potential suspected cases.

• Scaling-up social mobilization activities linking C4D, WASH, health and emergency coordination to support containment and control efforts and scaling-up efforts for hygiene promotion and non-food-item (NFI) prepositioning.

In other countries in the region UNICEF is undertaking adequate preparedness and response measures, particularly in communication and social mobilization and in critical sectors of health and WASH. Specific activities include supporting preparedness and prevention measures in partnership with government and NGO actors, including contingency planning, communication, establishing standing committees, prepositioning supplies and setting up coordination mechanisms.

Regional Coordination
As UNICEF strengthens its capacity to respond in a predictable manner to the Ebola outbreak in several countries, it will be creating a regional hub to coordinate its assistance with other key stakeholders involved in the Ebola Response. Given global connectivity, and the strong linkages between West Africa, North Africa, and East and Southern Africa through trade and movement of people, UNICEF will strengthen preparedness linkages across and among these areas.

Funding Requirements
In line with the UN inter-agency response strategy for the Ebola Outbreak, UNICEF is appealing for US$200 million to support the needs of women and children affected by the Ebola crisis in West Africa. This includes US$189.7 million for the response in three outbreak countries (Guinea, Liberia and Sierra Leone) and regional coordination, as well as US$10.5 million for critical prevention and preparedness efforts in eight at-risk countries (Benin, Burkina Faso, Cote d’Ivoire, Ghana, Guinea Bissau, Mali, Nigeria and Senegal).

**Guinea:** 909 confirmed, probable and suspect cases (147 children), including 571 deaths (93 children) (as of 11 September, 2014)

**Context/Situation Update:** Guinea was at the centre of the Ebola Virus Disease outbreak in West Africa, with the first cases detected in March 2014. National efforts to date have focused on medical interventions to contain the outbreak; but more needs to be done to address secondary effects of the outbreak, to strengthen communication and social mobilization and to reinforce essential social services. In Guinea, UNICEF is active in providing medical and WASH supplies, and scaling up communication with communities to improve awareness to stop the spread of Ebola.

**Liberia:** 2,407 suspected, probable and confirmed cases, including 1,296 deaths (as of 10 September, 2014)

**Context/Situation Update:** In March, 2014, Liberia became the third country to report an outbreak of the Ebola virus. Since then, Liberia currently hosts more cases than all other outbreak areas with more than half the country affected. The outbreak has reached an emergency health crisis level and threatens the country’s progress. The low-capacity health care system has been overextended and is unable to meet Ebola and other primary care needs. Populations are facing secondary impacts of the disease including increased food prices, and lack of basic services such as water. The current nature of the outbreak requires increased multi-sectoral approaches to provide an integrated response. UNICEF is supporting the scaling up of provision of essential health services; communication with communities (social mobilization); provision of life-saving supplies (medical and WASH); psychosocial support for children and families affected by Ebola. With the school year at risk, UNICEF is developing innovative ways to ensure access to education for children in affected areas.
SIERRA LEONE: 1,464 confirmed cases (22 per cent children), including 463 deaths (as of 13 September, 2014)

Context/Situation Update Sierra Leone has been hit hard by outbreak. The country’s health infrastructure is ill-equipped and fragile with only one doctor for 33,000 people. Beyond the immediate effects of the virus, there are significant secondary consequences including a struggling agricultural sector, rising food prices, and loss of livelihoods. Schools and education activities have been suspended. UNICEF is working closely with partners to provide to health, water, sanitation and hygiene services as well as essential medicines. Large-scale social mobilization and communication campaigns are underway to inform and educate the population on the risks associated with Ebola and support services available. UNICEF is also working with partners on contact tracing and reinforcing field coordination. With school closures, UNICEF is developing alternative learning forums, including radio learning, to reach children in affected areas.

Early Action and Preparedness for Neighboring Countries At Risk

Given geographic proximity, population movement, transit and trade in the region the following countries have been identified as countries at risk: Benin, Burkina Faso, Cote d’Ivoire, Ghana, Guinea Bissau, Mali, Nigeria and Senegal.

UNICEF has been working in neighbouring at-risk countries that are not yet affected by an Ebola outbreak, through prevention and preparedness measures in close collaboration with partners, including WHO and national authorities. This includes in the areas of communication with communities and public information (to inform communities about the threat of EVD and take adequate preventive measures, including surveillance activities at the main entry points), supply procurement (mainly for health and WASH structures including protective equipment), as well as coordination and monitoring / evaluation.

<table>
<thead>
<tr>
<th>Budget for UNICEF Ebola Regional Response Plan (in US$)</th>
<th>6 months September 2014- February 2015</th>
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</thead>
<tbody>
<tr>
<td>Outbreak Countries - Response</td>
<td>Budget (US$)</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>60,997,753</td>
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<tr>
<td>Liberia</td>
<td>64,765,902</td>
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<td>Guinea</td>
<td>55,130,866</td>
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<td>Common Services/UNICEF Regional Office for West and Central Africa</td>
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<tr>
<td>Sub-total 1 – Outbreak Countries (Guinea, Liberia, Sierra Leone)</td>
<td>189,675,810</td>
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<tr>
<td>High-Risk Countries - Prevention and Preparedness</td>
<td>Budget (US$)</td>
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<tr>
<td>Benin</td>
<td>226,800</td>
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<tr>
<td>Burkina Faso</td>
<td>226,800</td>
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<td>Cote D’Ivoire</td>
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<td>Guinea Bissau</td>
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<td>Mali</td>
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<td>Nigeria</td>
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<td>Senegal</td>
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<td>Sub-total 2 – Preparedness (8 countries)</td>
<td>10,455,480</td>
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<tr>
<td>Total Budget (1+2)</td>
<td>200,131,290*</td>
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</tbody>
</table>

*Total budget is inclusive of recovery costs.