OPERATION UPDATE

Africa Region | Mpox Appeal

Emergency appeal №: MDRS1003 **Emergency appeal launched: 20/08/2024** **Operational Strategy published: 30/09/2024**	**Glide №:** N/A
Operation update #1 **Date of issue: 22/10/2024**	**Timeframe covered by this update: 20/08/2024 – 14/10/2024**
Operation timeframe: 10 months	**Number of people being assisted: 30 million people**
Funding requirements (CHF): **IFRC Secretariat Funding requirement: CHF 30 million** **Federation-wide funding requirement: CHF 40 million**[1]	**DREF amount initially allocated: CHF 5 million**

To date, this Emergency Appeal, which seeks CHF 40 million Federation-wide, is 15 per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue providing humanitarian assistance and protection to people at risk and affected by the Mpox outbreak. A total of 15 countries are being supported through this appeal to curb mpox cases.

Intensification of Risk Communication and Community Engagement (RCCE) on Mpox in South Kivu province after the joint launch of vaccination campaign on 05/10/2024 by WHO and the DRC government. Photo: DRC Red Cross, Oct. 2024

[1] The Federation-wide funding requirement encompasses all financial support to be directed to the National Societies in response to the emergency. It includes the operating National Societies' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 10 million), as well as the funding requirements of the IFRC Secretariat (CHF 30 million). This comprehensive approach ensures that all available resources are mobilized to address the urgent humanitarian needs of the affected communities

A. SITUATION ANALYSIS

Description of the crisis

Many African countries are experiencing an introduction or upsurge of mpox (formerly known as monkeypox). There has been a dramatic increase in cases in the Democratic Republic of the Congo (DRC); the virus has spread to neighbouring countries; and epidemics are re-emerging or growing in previously endemic countries. These developments, linked with an increased risk profile amongst the population due to poverty and strained access to health services, and almost non-existent supply of mpox-related vaccines, led organisations such as the Africa Centres for Disease Control and Prevention and the World Health Organisation to declare this epidemic a public health emergency of continental and international concern. The IFRC joined these organisations in raising the alert through a statement and activated internal coordination mechanisms to enhance preparedness and scale-up response.

Since the early months of 2024, cases have been increasing in the DRC, in neighbouring countries, and in previously endemic countries, and continues to this day, with nearly 40,000 suspected and confirmed cases and 1,000 suspected and confirmed deaths across 15 affected countries[2] as of mid-October 2024. Burundi, Nigeria and Uganda are the most affected countries after DRC. A new strain of the virus, called Clade 1b, is causing outbreaks in previously unaffected areas of DRC and has spread to countries that had not previously reported mpox. In endemic countries such as Nigeria, Central African Republic, Cameroon and Cote d'Ivoire, outbreaks are slowly expanding or have re-emerged. Meanwhile the 2022 global epidemic also continues and has expanded into South Africa. This makes it the first time that mpox cases and sustained transmission is reported concurrently in endemic and non-endemic countries and with multiple Clades (Clade 1a, 1b and 2) in different geographical areas.

The virus is endemic in West and Central Africa, however since 2022 there were outbreaks in countries outside of the endemic areas. In countries with a longer history of mpox, apparent wider population transmission is occurring compared to previous years, with unclear routes. Two different Clades exist: Clade 1 and 2. Clade 1, endemic to Central Africa, has historically been associated with more severe disease and higher mortality rate and has shown higher transmission rates compared to Clade 2. Clade 1a has been present in West and Central Africa for years, while Clade 1b was first identified in September 2023, in Eastern DRC where mpox is not endemic. The new Clade 1b has so far resulted in high caseloads among sex workers and the broader population, including children, and is rapidly spreading to East African countries.

The increasing concern over zoonotic diseases—viruses that spread from animals to humans—has a documented link to climate change and environmental degradation. Key factors contributing to this issue include rising temperatures, deforestation, land clearance, habitat loss, and pollution. The World Health Organization's One Health initiative underscores how environmental changes are impacting wildlife, leading to more frequent interactions between animals and humans, which in turn accelerates the spread of zoonotic viruses.

Biodiversity decline, driven by ecosystem destruction, can further exacerbate the spread of diseases. Climate change is one driver of this deterioration, disrupting people's livelihoods, contributing to deforestation and impacting the ecosystem around them. Encroachments on ecosystem boundaries (i.e. through hunting, mining, logging, and agriculture) increases the risk of spillover events of zoonotic diseases like mpox. Supporting a healthy ecosystem and community resilience is essential to reducing the risk for spillover events.

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[2] 2022-24 Mpox (Monkeypox) Outbreak: Global Trends (shinyapps.io)

Due to the evolving nature of the new level of transmission of clade 1a and emerging clade 1b, there are many unknowns and uncertainty among communities impacted by the mpox epidemics. High levels of uncertainty about an emerging infectious disease can manifest as social anxieties or panic, particularly in areas where there is already stigma against a specific group. Acknowledging the unknowns, focusing on addressing issues of trust and concerns expressed by people will be essential for co-designing responses and actions that are inclusive and adaptable as evidence grows around the current mpox outbreaks.

Mpox Federation-wide Overview

IFRC Membership Coordination

The IFRC Secretariat is actively working on renewed membership coordination efforts to promote deliberate membership engagement and a Federation-wide mpox response. This coordination aims to identify inter-organization synergies, streamline efforts to support National Societies, and identify the comparative advantages of members—especially those that have medium to longer term engagements across the continent—to work collaboratively and ensure long-term sustainable support to responding National Societies. Ultimately, the outcome of this collaboration is to increase our collective impact on impacted and at-risk communities.

Coordination structures and planning and reporting tools are in place both at country level and at regional level to support the operationalization of this Federation-wide approach. An example of this is the regional Membership calls hosted by the Secretariat to foster discussions on how to best leverage the Membership's strengths in support of the operating National Societies. A mapping of members' ongoing and planned contributions has also been conducted (see response section below for details). All confirmed bilateral contributions have been accounted for under the Federation-wide funding received to date while indirect contributions are being reported separately to avoid double counting.

ICRC

The ICRC is present in most countries experiencing mpox, and the provisions of the Movement Seville Agreement 2.0 for Strengthening Movement Cooperation and Coordination principles are applied. In outbreak impacted areas where there is active conflict, the concerned National Society, IFRC and ICRC will discuss the most appropriate approach to access the vulnerable or most exposed groups, promoting the safety and security of staff, volunteers and populations. In DRC, which is the most affected country, ICRC is present and has carried out some actions in relation to the mpox responses focusing on the South Kivu province in 2 health districts of Bagira and Nyatende.

Overview of the host National Society and ongoing response

To date, 15 Red Cross Red Crescent Societies are engaging with the Ministries of Health in respective countries for a joint preparedness and response to the mpox epidemic. At the current stage, most NS have started the response phase and are undertaking various RCCE, health promotion, epidemic control, and WASH activities, while NS with isolated imported cases are engaging in preparedness and targeted response activities. Details on each NS' implementation status is described further below.

Response

1. National Society capacity and ongoing response

The IFRC network is the largest humanitarian actor globally. In the Africa Region, its 49 National Societies, 18,000 branches, 14,000 staff and 4 million community volunteers have a long history of responding to crisis and disasters, including health epidemics such as viral haemorrhagic fevers, polio, cholera, dengue and the COVID-19 pandemic.

Accumulated years of experience and its reach can make a difference in supporting governments to prevent and stall transmission of the mpox virus. These include:

- **Prevention and risk mitigation**: understanding community fears, misconceptions, and practices to create targeted strategies to reduce stigma, counter misinformation and guide the response. Establishing trust through transparent and clear communication are vital to enable public adherence to health guidelines. Involvement of trusted community leaders helps in disseminating accurate information and gaining community support for public health measures. Therefore, two-way communication is crucial to ensure a clear direction of actions to be taken to practically reduce risk.
- **Community-led preparedness and response**: local communities bring a critical perspective to emergency response management. Their actions and suggestions should inform risk assessments and action planning conducted with governments and other entities. Communities have local and cultural knowledge of the places where they live that enables them to understand the risks that contribute to health emergencies and how these events could impact them. Involving communities and community structures in designing and implementing the mpox response is key to build trust, promote preventative measures, leverage local knowledge of exposures, vulnerabilities, and local capacities. This enables communities to develop their unique risk profiles and determine priorities for action at the community level
- **Disease surveillance**: acquired expertise in community-based surveillance, contact tracing, and active case finding extend national surveillance systems to communities.
- **Mental health and psychosocial support**: extended networks of support were established during COVID-19 and Ebola responses, support groups and individual sessions, by trained volunteers.
- **Vaccination**: National Societies have expertise in supporting vaccination programmes, including supply chain to remote communities, vaccines awareness, administration and post-vaccination follow up.
- **Health and hygiene promotion:** Red Cross volunteers implement a variety of health and hygiene promotion activities at the community level in and out of crisis times. This creates a strong foundation to scale and integrate mpox-related health and hygiene promotion across existing, trusted platforms.
- **Case management and support to vulnerable people**: African Red Cross Societies have extensive experience in both clinical case management (including ambulance care) for epidemic diseases and have networks to provide adapted social, economic, and other support to affected people.

Specific country-related implementation updates are provided under "Section C" of this report.

2. Red Cross Red Crescent Movement capacity and response

Since the launch of the Appeal - MDR1003, the IFRC has been coordinating and supporting the operation through the Regional Office in Nairobi and the eight country cluster delegations across the continent. The technical support includes the deployment of key technical surge human resources to be deployed to the regional and country levels for an effective and timely implementation response. Surge personnel (comprising staff on loan and IFRC contracted staff) have been successfully deployed on the ground as per the details below:

	Type of Profile	No. of deployed staff	Duty station	Modality of deployment	Comment
1	Head of Emergency Operations (HEOps)	2	Nairobi	IFRC contracted	1st Rotation completed
2	Operations Manager	6	DRC, Cameroon, Nigeria, CAR	IFRC contracted, secondments	2 ops manager in process (South Africa & Cote d'Ivoire)
3	Public Health in Emergency (PHiE) coordinator	1	Nairobi/roving	IFRC contracted	
4	Public Health in Emergency (PHiE) officer	1	Nairobi/roving	Secondment	
5	Health Coordinator (DRC)	1	Kinshasa/Goma	IFRC contracted	
6	CEA Coordinator (DRC)	1	Kinshasa/Goma	IFRC contracted	
7	IM Coordinator	1	Kinshasa	Secondment	
8	PMER Coordinator	1	Nairobi	IFRC contracted	
9	Communication coordinator	1	Nairobi	Secondment	
10	CEA Coordinator	1	Nairobi/roving	IFRC contracted	
11	Strategic Partnership and Resources Mobilization (SPRM) Coordinator	1	Nairobi / Kinshasa	IFRC contracted	
12	Membership coordinator	1	Remote	Secondment	
	Total	17			

In the same vein, a membership engagement mechanism has been set up to ensure coordination in the IFRC network and a dedicated staff has been recruited to lead on this coordination mechanism. Additional surge staff will be provided based on the evolution of the operation and subsequent needs in the field. Regular updates on the Surge dashboard including alerts and deployment status can be found on the IFRC go platform.

IFRC's role to support region-wide and country-specific coordination amongst the members, and on behalf of the Movement for technical coordination and representation will continue to expand, positioning the Red Cross Red Crescent Movement as a strong institutional partner to Ministries of Health and Governments across the affected countries.

As part of the Fed-wide approach, a Fed-wide operational footprint has been developed, including PNSs bilateral or indirect support to the affected National Societies (listed below).

- In **DRC**, the Belgian, French and Spanish RC have long-term presence and are active in the mpox response. The Belgian RC is supporting health, WASH and RCCE activities in Kwilu and Kivu. The French RC is focused on Sud Kivu incorporating PSS and Nutrition interventions to the health, WASH and RCCE pillars while the Spanish RC is planning to provide additional support to the DRCRC response plan.
- In **Burundi**, the Belgian RC focuses on health and RCCE activities across Southern and Western Burundi and other selected provinces.
- In **Nigeria**, Norwegian Red Cross is supporting the 12 most affected states with health, WASH and RCCE activities.

- In **Rwanda**, the Belgian RC supports health (including PSS), WASH and RCCE in Western province, Kigali city and most of the bordering districts in Northern, Eastern and Southern provinces.
- In **Cameroon**, the French RC has reoriented the awareness sessions under the ongoing ECHO PPP to include mpox.
- In **Ivory Coast**, the Netherlands RC ongoing response preparedness project, contributed to the development of epidemics contingency plans and to strengthen the NS response capacity.
- In **Kenya**, the British RC works with health, WASH and RCCE in Taita Taveta country, the Danish RC supports health and WASH in Turkana, Machakos, Nairobi and Mombasa and Norwegian Red Cross is planning additional support as well.
- In **South Sudan**, the Netherland RC is supporting RCCE and health promotion in Aweil and Old Fangak.
- In **Uganda**, the Netherlands RC, lead for ECHO PPP, is active in health and RCCE in the areas bordering DRC.

Above: Burundi RC providing potable water in Bujumbura suburbs where water supply disruption is common to ensure hygiene promotion amongst Mpox affected communities.

It is worth mentioning that the ongoing response builds upon existing resilience and community health programming, including the CP3 supported by the Canadian RC in Uganda, Cameroon, Kenya and Ivory Coast. Further avenues of support are being explored by the French, Spanish and Swedish RC for DRC, Burundi and CAR.

Severity of Humanitarian Conditions

Mpox (monkeypox) is an infectious disease caused by the monkeypox virus. It is caused by a species which is related to smallpox although less severe. The disease typically starts with flu-like symptoms such as fever, headache, muscle aches and swollen lymph nodes, followed by a painful rash. The rash often begins on the face and then spreads to other parts of the body. The rash progresses to pustules and eventually scab. Mpox can spread from animals to humans (zoonotic transmission) and human to human through close contact with the lesions, bodily fluids, respiratory droplets, or contaminated materials like bedding. Supportive care improves outcomes for mpox; outbreaks can be controlled through public health and social measures. Vaccines developed for smallpox are effective in preventing mpox, however smallpox routine vaccination has been discontinued in most countries and vaccines are in short supply. Due to the recent outbreak, DRC has kicked off a fresh vaccination campaign in the eastern province of North Kivu, targeting primarily health workers and frontline responders, contacts of confirmed cases and other at-high risk groups in an effort to curb the epidemic.

Because one of the modes of transmission for some clades (forms of sexual contact) there is considerable stigma in most countries. Stigma can spread misinformation about mpox, leading to misunderstanding about its transmission, symptoms, and the importance of timely care. People who fear being stigmatized may avoid seeking medical attention, making it harder to trace and contain the disease, increasing the risk of wider transmission. Discrimination within healthcare settings can discourage people from accessing services. If individuals feel that they will be judged, treated poorly, or denied care, they may choose to avoid healthcare facilities altogether. Stigma and discrimination often disproportionately affect marginalized communities. These groups may already face barriers to care, and stigma can further exacerbate these challenges, leading to underreporting and underdiagnosis.

Socio-economic protection

Socio-economic factors also emerged as key determinants for mpox. Individuals living in underserved communities with limited access to health care or accurate information about mpox might face increased risk due to delayed diagnosis and access to prevention measures. This particularly applies to DRC where a considerable proportion of the population live in IDP camps and informal settlements in tents and overcrowded rooms, hence exposing younger children and women to mpox due to preexisting poor hygiene conditions.

While the socio-economic impact on families affected by mpox is considerable due to prolonged times allocated to seeking medical care by travelling, this implies significant economic losses as families must invest into transport, payment of health care services, food, communication while their daily activities have been partially or totally put on hold as because of the disease. This particularly even impactful for women and girls, who act as caregivers. Lessons learned from previous public health crisis in Africa namely Covid-19 and Ebola; have taught us that women and girls are often saddled with primary care-giving duties for those who are sick while still being responsible for the provision food and water to the family. These burdens are even more pronounced in child and women led households.

Health and Care

The main priorities to supporting the response to mpox include both stopping continued community transmission as well as providing comprehensive care and support to those infected. While mpox is an endemic disease in some regions impacted by the current epidemic, its transmission patterns seem to have expanded and shifted during this outbreak, making activities to support active case finding, community-based surveillance, referral mechanisms and contact tracing extremely important to better understanding these patterns of transmission and ultimately ending community transmission. National Societies have been working in alignment with their governmental national plans to implement these activities in the most impacted areas. Additional case management support continues to be important including safe transport of patients with suspected cases of mpox to health facilities in some locations, food and nutrition support for individuals in isolation and impacted family members, as well as mental health and psychosocial support to those impacted by mpox.

For any of these interventions to be impactful, effective Risk Communication and Community Engagement (RCCE) is essential. These activities are rolled out together with other health and WASH activities to ensure community needs, capacities, and perspectives remain at the centre of the response. To support these efforts National Societies have been engaged in risk communication workshops with their respective governments ensuring visuals and key messages remain appropriate for the response and continue to work with community leaders, schools, traditional healers and others to facilitate two-way communication and feedback on perceptions of mpox and relevant response measures.

WASH

Like for other epidemics, access to water, sanitation and hygiene is a critical component for the mpox response and preparedness phases. Through this appeal, the IFRC is supporting hygiene promotion, including access to water and materials critical to enable proper hygiene. Also, the provision of water and hygiene items for management of at-home care, and support to health and mpox treatment facilities has been planned. This will help to promote disinfection and encourage basic hygiene practices amongst the affected communities. Overall, the improvement of WASH services will contribute to breaking the transmission cycles and containment of mpox.

Operational risk assessment

Many countries currently responding to mpox are also experiencing compound humanitarian and health crises, creating competing priorities for health services' attention and focus. In some contexts, this may delay official planning for and roll-out of mpox-related activities, which can have knock-on effects for National Societies carrying out their auxiliary roles. In cases where this is an identified risk, efforts are underway to further integrate activities that can support mpox prevention and/or control horizontally into existing humanitarian or health programming.

Limited disease surveillance systems in some contexts may result in very late recognition of established mpox epidemics, leading to a need to rapidly implement and scale mpox response activities. While preparedness activities are underway in many high-risk countries, limited unallocated funding at the time of discovery could limit response options.

B. OPERATIONAL STRATEGY

Update on the strategy

The Operational Strategy for the Mpox appeal was published on 30 September 2024. There are currently no changes being implemented to the response approaches mentioned in the strategy. However, due to the changing dynamics and the unpredictability of such disease's outbreaks, the strategy can be revised and adapted to the situation on ground in the coming weeks, should the cases increase or more countries become affected. Since the operational strategy was developed, additional countries have entered the various states of response (preparedness based on transmission in neighbouring countries, imported cases, or established community transmission). These countries, which include Angola, Equatorial Guinea, Zambia and Zimbabwe, are in the process of developing their plans of action, which will be included in future updates.

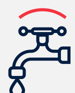
The response strategy continues to classify countries according to three stages:

1) Countries with established and ongoing community transmission
2) Countries with imported cases without established community transmission
3) Preparedness countries with high risk of importation due to geographic proximity to areas with established community transmission

C. DETAILED OPERATIONAL REPORT

Regional Overview

Overall, nearly **2.2 million people** were reached until the end of this reporting period, out of whom 95% were reached under with health and care or risk communication and community engagement, which form major pillars of this response.

	Health, including RCCE and CEA for epidemic control: 2,097,866 people reached		**WASH:** 85,441 people reached

Pillar 1: Socio-economic protection

Due to the socio-economic impact on families affected by the mpox outbreak, the IFRC appeal will assist affected families by providing multipurpose cash assistance for immediate needs and supporting livelihood reintegration through skills enhancement for those affected by mpox. A specific livelihood assessment will be carried out in target communities prior to launching livelihood and cash-related activities. The reached targets under the first pillar of the response, is zero for all NSs. Cash-based interventions are expected to begin after initial epidemic control measures.

Pillar 2: Health and Care (including psychosocial support and RCCE)

Health and care activities provided by Red Cross National Societies reached or supported 1.63 million people during the reporting period. Key epidemic control activities across the region include support to disease surveillance systems, including contact tracing and community-based surveillance; RCCE and health promotion; psychosocial support to cases and their families; support to vaccination campaign; and support to case management, including patient transport. The majority of health and care activities are specifically targeting epidemic control, including both prevention of transmission and care for cases. Key technical coordination structures are in place to ensure lessons and tools sharing across responding National Societies. The IFRC is coordinating closely with continental technical partners, linking into the WHO/Africa CDC interagency coordination platform, including in the RCCE, surveillance, case management, IPC, and vaccination pillars.

Pillar 3: Water, Sanitation and Hygiene

More than 85,000 people were reached by National Societies with water, sanitation and hygiene services to the end of the reporting period. This includes support to access water necessary for hygiene, hygiene items, and other supports to those experiencing or at risk of mpox infection. Key technical coordination structures are in place to ensure lessons and tools sharing across responding National Societies.

Protection, Gender and Inclusion

At the regional level, IFRC is engaged into carrying out a gender and diversity analyses to inform response efforts, ensuring inclusive care and information access for at-risk populations, while strengthening protection, gender, and inclusion measures throughout all project phases. To date, a total of 3,334 people were reached by PGI interventions as activities have kicked off in target National Societies. Furthermore, the PGI team is committed to support in highlighting specific needs of IDPs in mpox response for programmatic purposes, including activities targeting IDP and refugee populations

Community Engagement and Accountability

To support National Societies in responding to the mpox epidemic, the IFRC organized a webinar on RCCE in mpox to share RCCE resources developed such as RCCE training and data collection tools, lessons learned from previous epidemics on feedback and social listening and introduce the mpox coding book. National Societies have been urged to conduct research in CEA to understand the knowledge, practices and perceptions to respond to this epidemic based on community realities and to encourage community-led interventions and solutions. During this reporting period, 467,241 people were reached by CEA/RCCE intervention across National Societies where activities have already begun.

A volunteer perception survey aiming at gathering data at community level was rolled out between mid-August and mid-September. Findings have been shared with regional teams and National Societies for further use during programming. Data collected allowed NS and IFRC to design CEA interventions across various countries.

Coordination calls with NS were also organized to provide technical CEA support. The aim of these meetings was to see what the NSs were implementing, identifying gaps and provide tailored support. Thus, online sessions were held every week to strengthen the capacity of National Societies to collect and analyse community feedback data.

As part of coordination, IFRC co-leads the RCCE Collective Service for ESAR, the CEA team participated in RCCE workshops and for a to co-designed approaches and tools to ensure a coordinated and aligned community-centred approach. Furthermore, I The IFRC has made presentations on a number of RCCE platforms to present and share the experience of its interventions and position the NS.

Enabling approaches

National Society Strengthening

Like in all emergency situations, the IFRC ensures that National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in responding to displacement and disasters are well-defined and prioritised. Currently, all the necessary measures are being taken by the Regional Office to ensure a well-coordinated mpox response. Targeted National Society Development (NSD) plans are being created, tailored to the specific needs of responding National Societies, and building where possible from previous Preparedness for Effective Response analyses, and specifically targeting NSD areas that can support improved delivery of epidemic control activities. This includes, in various cases, investment in National Disaster Response Team and Branch Response Teams, and branch development support to hotspot branches requiring revitalisation. Additionally, National Society premises that are directly involved in the response, especially health facilities at the HQ or Branch levels, will be equipped with relevant materials in accordance with the activities they perform and implement to keep volunteers and staff safe from mpox infection. Finally, coordination and humanitarian diplomacy will remain active to ensure the proper positioning of NS vis-à-vis various stakeholders including government partners and the communities we serve.

Coordination and Partnerships

Technical and operational coordination mechanisms for the mpox operation have been put in place. At the regional level, IFRC is regularly engaged with various stakeholders including Red Cross Movement partners present Nairobi but also external humanitarian actors including UN agencies. The purpose of this coordination is to facilitate a strengthened preparedness and response approach to mpox across the affected countries. In the same vein, an internal Federation-wide and partnership platform has been initiated where meetings take place on a weekly basis to ensure an efficient utilization of available resources and streamlined support to the operating National Society in each country.

Secretariat Services

Like in all emergency situations, the IFRC ensures that National Societies have adequate capacities to respond effectively to the crises and maintain their auxiliary role in working with governments to address humanitarian challenges of the moment. Currently, all the necessary measures are being taken by the regional office to ensure a well-coordinated mpox response. This includes work to streamline monitoring, evaluation, quality assurance, and reporting tools to ensure consistency and reduce reporting burden on responding National Societies. Technical and operational coordination ensure that Red Cross and community perspectives are accounted for in continental guideline development and prioritisation, and likewise that responding National Societies have access to the latest evidence and global best practice to respond effectively.

National Society Response

DRC Red Cross Society

Stage 3 – established transmission

17,911 people reached	640 people reached	500 people reached	143,041 people reached

Country Level Updates

The DRC Ministry of Public Health, Hygiene and Social Welfare declared an mpox epidemic at the national level on December 18, 2022. Recently there has been a geographical expansion of mpox in DRC, including 7 new health districts which had never previously reported cases, namely: Kinshasa, South Kivu, North Kivu, Lualaba, Kwango, Tanganyika and Kongo-Central.

Currently clades 1a and 1b of mpox are known to be spreading in the country, with specifically the coexistence of clades 1a and 1b in Kinshasa and Tshopo provinces. In week 39 of 2024, there were 314 confirmed cases out of 2,618 notifications with 53 deaths and a cumulative 30,888 notifications, 6,169 confirmed cases of 972 deaths from Week 1 to week 39 of 2024. The positivity rate in testing is 47.4% and the fatality is currently at 3.1%. In DRC, all 26 provinces have reported at least one case. South Kivu and Equateur remain the most affected provinces with respectively a total of 3,394 and 858 confirmed cases. Significant limitations in access to testing constrain the total number of confirmed cases. Suspect cases, not all of which are in fact positive, remain much higher than confirmed cases.

Vaccination campaign
The vaccination campaign is underway and targets 12 priority health zones namely Nyangezi, Uvira, Kamituga, Yakusu, Budjala, Bena Dibele, Bikoro, Lutombe, Nyiragongo, Karisimbi, Goma and Miti Murhesha located in 6 provinces of Equateur, North Kivu, Sankuru, South Kivu, southern Ubangi and Tshopo. A vaccination plan for the city of Kinshasa is being developed.

For an effective and efficient population adherence to the campaign, RC volunteers are involved in community mobilization and awareness in target areas. They work hand in hand with other front-line staff involved in case management and monitoring, contact tracing, whereby they target key populations, especially in urban areas, prisons and other localities having reported higher cases. The National Society's response plan has just been

approved with 25 new health zones to be included in the mpox response in the provinces of North Kivu, South Kivu, Mayi-Ndombe, Tshuapa, Sud Ubangi and Haut-Uele

Above: A Red Cross volunteers receives an mpox vaccine during the vaccination launch campaign in Goma on 29 September 2024. Photo by DRC Red Cross

Overview of the mpox response in DRC

The DRC Red Cross has developed a "One health" response plan for mpox response. This document serves both for fundraising and operational purposes vis-a-vis various stakeholders including PNSs, IFRC and ICRC.

In the Equateur province, the response was initially supported by pre-existing USAID funds while additional response capacities were backed-up by the CP3 project targeting 3 health zones. In this province many volunteers are mobilized in community-based surveillance, risk communication and community engagement, psychosocial support as well as the implementation of a community feedback mechanism. The Belgian Red Cross Flanders has provided support to the host NS in Kwilu and Kwango provinces thanks to their release of "crisis modifier" funds. Finally, the French Red Cross has also redirected some of the funds from the PPP project into the mpox response.

1. Health and Care

Health activities are oriented towards community-based surveillance and psycho-social support. 500 volunteers were trained on the Epidemic Preparedness in Communities (EPiC) package, including risk communication and community-based surveillance. In addition to these volunteers, 140 others were trained in psychosocial support to support the families of people affected by the disease in social reintegration and the fight against stigma.

Contact tracing activities of affected people were carried out by trained volunteers at the community level and 76,014 suspected cases were reported, including 291 lab-confirmed cases.168 psychosocial support sessions were conducted for individuals and families of those affected, reaching in total 1,897 people.

2. **Community Engagement and Accountability**

Home visits and mass sensitizations in schools, markets, churches and other public places are the main activities carried out as part of community engagement as well as accountability through collection of community feedback.

14,978 home visits and 140 mass communication sessions allowed DRC RC volunteers to reach 143,041 people with awareness messages on mpox as part of risk communication and community engagement. A mechanism for collecting and managing feedback exists, although it requires continued investment to improve efficiency, as it currently uses paper forms for data collection. Six categories of feedback are collected including questions on the vaccination campaign, suggestions on response and preparedness activities, beliefs about the disease, thanks and recognition of the volunteers' actions, questions about the disease, and rumours about the illness. As part of the collection of community feedback, 1,143 feedback data were collected, with 92% in relation to vaccination.

3. **Country-level coordination**

The IFRC Country Cluster delegation in Kinshasa alongside the DRC Red Cross participates in the government-led coordination meetings for mpox response. The meetings are chaired by the Ministry of Health at the strategic level and technical unit led by the public health EOC in this response. Meetings at the regional IFRC level are also organized for the coordination and monitoring of the response. Surge personnel were deployed in DRC to support operational scale-up.

Burundi Red Cross Society

Stage 3 – established transmission

534 people reached	82,500 people reached	1,184 people reached	122,940 people reached

Country Level Update

The mpox response in Burundi focuses on health activities through community awareness and WASH through the promotion of hand washing and the distribution of safe water through water trucking system. RCCE and PGI activities are also critical. Water trucking activities were mainly included in the response to address the main concern linked to water supply disruption in the capital city of Bujumbura and the surrounding districts.

Under **Health and Care,** 534 persons overall were provided with direct assistance; 127 suspect/confirmed cases evacuated by Red Cross ambulances and 280 community leaders were sensitized on Mpox. 127 mpox affected people received psychosocial support. Meanwhile, 122,940 people were reached through RCCE activities in target communities and 1,184 volunteers received CEA-related briefings prior to deployment.

As part of **WASH** interventions, 1,630,000 litres of potable water were distributed via the water trucking system reaching at least 15,000 affected households

Overall, 1,184 trained volunteers involved in the response received a tailor made **PGI** briefing to ensure compliance and promote humanitarian principles amongst frontline responders. In the same vein, 31 HQ staff were trained on safeguarding and PGI-related matters.

Above: Burundi Red Cross staff hold weekly radio programs to make sure the information of the mpox outbreak reaches the public. The show is aired on 4 different radio stations and different topics are handled including how to stay safe from the disease.

Uganda Red Cross Society

Stage 3 – established transmission

	40,000 people reached		40,000 people reached

Country Level Update

Cumulatively, 108 confirmed cases of mpox have been registered in Uganda with no confirmed deaths. Only 26% of cases have originated among known contacts, indicating widespread community transmission. Given this, the Ugandan government has switched to “Scenario 2 Response”, which calls for a full-scale preparedness and response in all districts. The primary demographic affected is men and women aged 20-29, although both older adults and children are also affected.

Activity Update

URCS Mpox activities are being implemented in 13 districts categorized as very high risk according to MoH, and two additional districts. In addition, mpox has been integrated into existing community health approaches across the country. The focus is on risk communication, sensitization, and community-based surveillance. URCS support to point of entry screening will commence shortly.

RCCE:

- More than 40,000 people reached with risk communication, social mobilisation and health promotion activities specific to mpox in Bundibugyo, Kamwenge, Kitagwenda, Kabale, Busia and Kasese districts. This has been achieved through house-to-house sessions by Red Cross Volunteers (RCVs), through small group information sessions and mobile cinemas, community dialogues and through school health clubs sessions.
- A total of 957 community based Red Cross Volunteers have been deployed to undertake Mpox risk communication and community engagement work:
- - 817 in 4 Community Epidemic and Pandemic Preparedness Program (CP3) districts (Bundibugyo, Kamwenge, Kitagwenda and Kabale),
  - 100 in Busia district integrating with ongoing rabies outbreak response supported by CP3, and
  - 40 in Kasese district supported by ECHO PP.

Community-based surveillance:

- A total of 957 trained community based Red Cross volunteers have been deployed for community-based surveillance in Bundibugyo, Kamwenge, Kitagwenda, Kabale, Kasese and Busia districts.
- Since the integration of Mpox into the routine CBS work in the above-mentioned districts, a total of 20 alerts consistent with Mpox community case definition have been reported as summarized in the table below:

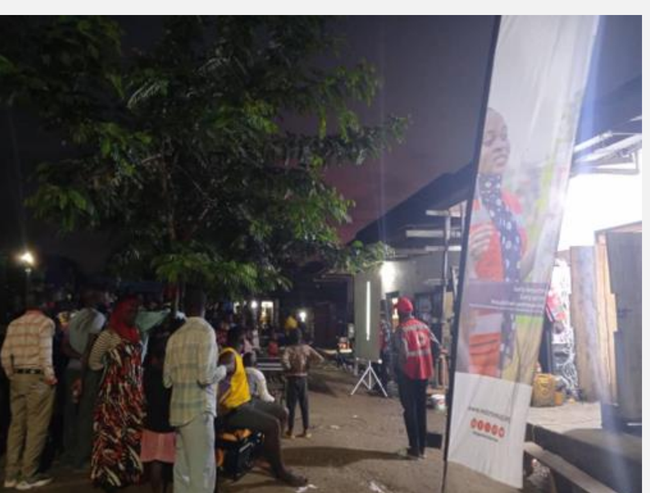
District	No. Of alerts reported	True Alert (using CCD)	False alert (using CCD)	Case investigation outcome
Bundibugyo	2	2	0	Clinically managed as chicken pox
Kamwenge	3	3	0	Clinically managed as chicken pox
Kitagwenda	3	3	0	Clinically managed as chicken pox
Busia	12	12	0	

Due to constraints in confirmatory testing services, samples were never taken for laboratory testing, and all the patients were diagnosed clinically and managed as chicken pox.

Community engagement session on mpox in Wakiso, Sept 2024. Uganda Red Cross

Mobile cinema session in Bundimasooli Sept 2024. Uganda Red Cross

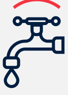
Sensitizing learners at Bukisi Academy, URCS



Mobile cinema session in Bundibugyo District. URCS

Gabon Red Cross Society

Stage 2 – limited cases

134 people reached[3]	 134 people reached	134 people reached	134 people reached

Country Level Update

According to MOH Sitrep No. 8 from September 23 to 27, 2024, a total of 21 mpox tests were conducted with two new confirmed mpox cases and two recoveries.

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[3] *This figure is linked to the staff, volunteers and frontline workers who were trained as part of Mpox response initial workshops. Updated figures will be available once activities on the ground will have started.*

Launch Workshop
The DREF launch ceremony for the mpox response took place on September 20, 2024. The event was attended by three ministers (Minister of Health, Minister of Social Affairs, and Minister of Communication), representatives from the Presidency of the Republic, the IFRC Central Africa Cluster representative, and partners such as WHO, Africa CDC, DKT, "Ma Bannière" Foundation, religious groups, embassies, and civil society organizations (CSOs). In total, over 80 people attended the launch.

EPIC Training of Trainers
The EPIC Core Mpox Training of Trainers (ToT) was held from September 25 to 29, 2024, at the national headquarters of the Gabonese Red Cross (CRG) in Libreville. A total of 34 participants (16 women and 18 men) benefited from the training, including 6 individuals from the Ministry of Health, 2 representatives from religious groups (Muslim and Christian), 2 members of the "Ma Bannière" Foundation, 2 individuals from the Moyen-Ogooué Committee, 2 from the Haut-Ogooué Committee, 5 focal points from the districts of Greater Libreville, 2 independent auditors (volunteers), and 15 staff members.

EPIC Training of Volunteers
The EPIC Core Mpox Training of 100 volunteers was held in September at 5 branches in 3 regions of the country. A total of 100 participants benefited from the training, including 10 staff from the Ministry of Health. These EPIC cascade trainings will facilitate community-level health promotion and epidemic response in affected areas.

Cameroon Red Cross Society

Stage 2 – limited cases

140 people reached[4]	140 people reached	30 people reached	90 people reached

Country Level Update

According to the latest government sitrep mpox outbreak remains active in certain regions. In 2024, 60 suspected cases have been reported. Among these, 6 cases have been confirmed (10.71%), and 2 deaths have been recorded among the confirmed cases, resulting in a case fatality rate of 33%. The male-to-female sex ratio among confirmed cases is 5:1.

Official Launch of the Mpox Emergency Appeal Implementation

On September 16 the official launch ceremony for the implementation of the Mpox Emergency Appeal took place in Mbalmayo. This event gathered around 30 participants from the Extreme North, South-West, South, Central, and Littoral regions. The ceremony was inaugurated by the National President of the Cameroon Red Cross, followed by the Secretary-General of the CRC, the representative of the IFRC Delegation, and the President of the departmental committee of Nyong and Soo. The National President of the CRC presented the context of the workshop, emphasizing the importance of collaboration among all stakeholders to address the existing Mpox

[4] *This figure is related to the staff, volunteers and frontline workers who were trained as part of Mpox kick-off workshop workshops. Updated figures will be available in the Ops Update No2.*

situation in the country. All participants were encouraged to acquire skills in community-based surveillance (CBS) tools to enhance their effectiveness within their respective committees and to train volunteers in the field.

Training of Trainers on Community-Based Surveillance (CBS)

From September 16 to 20, 2024, a training workshop for trainers on CBS was held in Mbalmayo. This training strengthened the capacities of technical staff from the Cameroon Red Cross and partners involved in the CBS program. 20 participants from 6 stakeholders were primarily operational staff from the CRC, involved in managing health emergencies and with prior experience in epidemic response. Trainers were selected from the IFRC, the Ministry of Public Health, the Ministry of Livestock, Fisheries, and Animal Industries, the National Program for the Fight against Epidemic Diseases, and the Cameroon Red Cross. These trainers, recognized for their expertise in epidemiological surveillance, data management, and epidemic response, shared their experiences and knowledge to ensure that the staff were well-prepared to address the challenges posed by the Mpox outbreak.

Workshop for the Design and Validation of Messages, Materials, and Communication Tools on Mpox

From September 25 to 27, 2024, a workshop for the design and validation of messages, materials, and communication tools for Mpox took place in Mfou. Participants developed and validated communication messages and tools tailored to the prevention, detection, and management of the Mpox epidemic in Cameroon. The workshop brought together 30 participants with staff from the Cameroon Red Cross as well as representatives from key governmental ministries, including the Ministry of Public Health, the Ministry of Communication, the Ministry of Social Affairs, and the Ministry of Livestock, Fisheries, and Animal Industries. It also included the Directorate for Health Promotion and several civil society organizations.

The Cameroon Red Cross uses mobile cinema to reach school children and others with critical information about diseases such as mpox, rabies, cholera and malaria

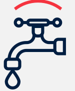
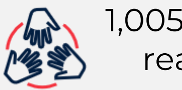
Training of Volunteers on Community-Based Surveillance (CBS)

From September 8, 90 volunteers were trained in CBS in 7 health districts to support MoH surveillance systems. With the participation of the Ministry of Public Health, the Ministry of Livestock, Fisheries, and Animal Industries, the National Program for the Fight against Epidemic Diseases, volunteers are equipped to early identify and notify Mpox suspected cases and other diseases.

Secretariat services and NS development: Active Participation in SGI Meetings
Since the activation of the Incident Management System at the central level on September 10, the CRC & IFRC have been actively participating in meetings organized by the Centre for Coordination of Public Health Emergencies. These meetings are held weekly and are coordinated by the Director of Disease Control, Epidemics, and Pandemics, who is responsible for incident management.

CAR Red Cross Society

Stage 3 – established transmission

1,295 people reached	 1,500 people reached	1,005 people reached	 1,005 people reached

Country Level Update

In the Central African Republic, the analysis of the epidemiological profile of Mpox in the country between 2001 and 2023 highlights the occurrence of about forty epidemics in several health districts (Haute-Kotto, Berberati, Kembé-Satema, Mbaïki, Batangafo, Bangassou, Bimbo). These epidemics affected rural areas more. The current new wave has affected 14 health districts in the Central African Republic and for the first time positive cases have been recorded in the city of Bangui, accentuated by population movements and proximity to the DRC border. To date, 58 cases have been confirmed since January 2024, including 1 death. Each week, new cases are confirmed and an additional district is now on alert.

Since the launch of the Emergency Appeal, the CRCA has been mobilized to prepare its response. At the invitation of the Ministry of Health and Population, the CRCA was mandated to engage in community engagement and accountability, risk communication and IPC activities. Three intervention districts have been targeted, namely Mbaïki, Sangha-Mbaéré and Bangassou. To date, the activities have been presented to the Public Health Emergency Operations Center (COUSP) which has validated them technically. A first meeting with the Minister of Health took place and steps are underway to obtain final MOH approval and deploy the CRCA teams on the ground as soon as possible.

The launch of this response cannot be done without the approval of the central health authorities and the validation of the national mpox preparedness and response plan. The first phase of implementation was therefore paused so that coordination and advocacy work with key people could be put in place.

While waiting for this validation, the field mission is preparing with a particular focus on the quality of the training that will be provided and the mechanisms that will be put in place. The first information session was organized in Bangui with 20 staff of the National Society on the symptoms of Mpox and other similar diseases, given by a doctor from the Pasteur Institute. CRCA has also been closely involved in the development of the national prepardness and response plan for Mpox with MoH and its partners, taking part in a 3-days workshop where all components of the action were discussed and agreed, to ensure full alignement of its response. Support was also provided to

develop the key messages and the communication tools, together with the risk communication and community engagement committee of the MoH.

The first field mission will include the following activities:

- Revitalization of 6 local committees.
- Training of 180 teachers to raise awareness of Mpox among students.
- Briefing of 90 traditional healers, religious leaders and community leaders on Mpox.
- Training of 1,005 community health workers on community-based surveillance (with CEA and PGI).
- Training and operationalization of 3 teams on management of the dead
- Nutritional care for isolated patients in care centers.
- Establishment of 3 psychological first aid centers in the care centers.
- Dissemination of awareness-raising spots in the local media.
- Installation of 15 handwashing stations.
- Establishment of a feedback mechanism in communities

To support this implementation, purchases have been made, and others are still in progress, including:

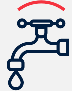
- PPE for the 36 members of the Dead bodies management teams (3 teams of 12 with rubber boots, coveralls with integrated hood, apron, mask (without filter), protective glasses, headgear, double pair of gloves) and work equipment.
- 3 computers, 3 telephones and 2 printers have been purchased to strengthen the CRCA coordination teams.
- 2 solar panels to provide electricity to local CRCA offices
- 19 tablets for feedback
- 30 hygiene kits for women and men who will be put in isolation if they test positive for mpox
- 60 vests and 1,005 bibs for the visibility of the teams on the ground

Other purchases will be launched soon to consolidate the CRCA's response. The recruitment of a CEA officer for the CRCA has been finalized, and those of the Head of the Health Department and Logistics and Finance Assistants are underway.

Above: Workshop to equip volunteers with the necessary skills and knowledge to train community health workers in 3 health districts. Photo by CAR Red Cross

Kenya Red Cross Society

Stage 2 – limited cases

	1,568,822 people reached		440 people reached[5]		440 people reached		200,060 people reached

Country Level Update

In Kenya, 13 confirmed mpox cases have been reported in 8 counties, including the country's first death from mpox. The lower Eastern region has the highest number of cases (4).

The Kenya Red Cross Society (KRCS), in collaboration with the MOH, is actively addressing the Mpox outbreak in the country by enhancing disease surveillance and implementing RCCE initiatives. Since the outbreak began, KRCS has been instrumental in epidemic control efforts, partnering closely with MOH to increase awareness and community involvement. To date, 440 staff and volunteers from KRCS have received training to assist with RCCE. Furthermore, 68 individuals linked to the second Mpox case are currently under observation in Busia and Mombasa counties.

KRCS volunteers have cumulatively supported 200,060 people (108,426 men and 91,634 women) with sensitization on Mpox risk factors, hygiene promotion, and prevention and control measures in 20 counties. Additionally, KRCS volunteers and Community Health Promoters have screened 407,020 individuals (243,808 men and 163,212 women) at the border points in Busia, Bungoma, and Taita Taveta.

Above: KRCS volunteer screening a truck driver at the Busia one stop border. Photo by Kenya Red Cross

Additional key achievements during this period include:

- The integration of hygiene promotion activities into RCCE efforts has improved hygiene practices among community members.
- The development of updated IEC materials covering Mpox signs, symptoms, and transmission, along with the collection and analysis of feedback at the county level.
- MOH has issued advisories to healthcare workers and members of the public on case detection, management, prevention and control of Mpox.
- KRCS supported the Ministry of Health in the development of the National Mpox Response Plan.
- KRCS has created a contingency plan while currently operating under a medium-case scenario.

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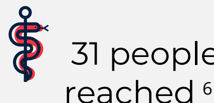
[5] *This figure reflects the number of trained and active volunteers. Reached target will be published under the Ops update No2*

South African Red Cross Society

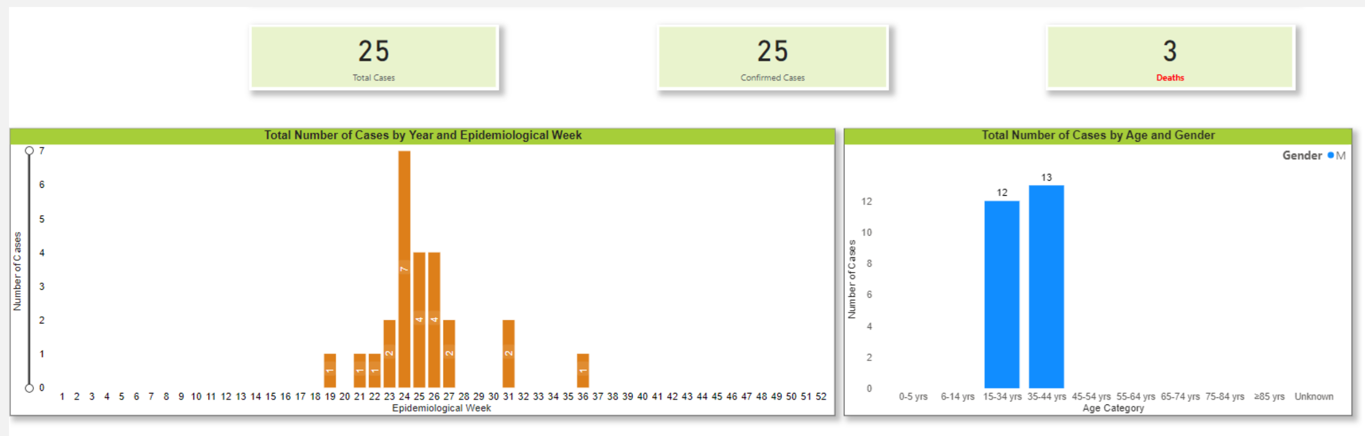
Stage 3 – established transmission



Country Level Update

South Africa is one of 14 countries receiving financial support from the Africa Centres for Disease Control and Prevention (Africa CDC) and the World Health Organisation (WHO) to develop and implement vaccination strategies and other plans to combat mpox. This support will run from October 2024 to February 2025.

As of 6 September 2024, South Africa has recorded 25 mpox cases. The distribution of cases is as follows: 12 cases in Gauteng, 11 in KwaZulu-Natal, and two in the Western Cape. Tragically, three people have succumbed to the disease.



Above: Epidemiological Data of the mpox outbreak in South Africa, NICD

In response to the outbreak, the South African Red Cross Society (SARCS), with IFRC support, is carrying out Epidemic Preparedness in Communities (EPiC) and Risk Communication and Community Engagement (RCCE) training. Gauteng Province is currently rolling out RCCE and EPiC training at both the provincial and branch levels, while also conducting Rapid Qualitative Assessments (RQAs) for key populations, coordinated by the National Institute for Communicable Diseases (NICD). In KwaZulu-Natal, similar provincial training initiatives are underway.

[6] *This refers to the number of people trained. Reached targets for population served will be available under Ops update No2*

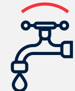
Provincial Epidemics training conducted for Branch Coordinators. Photo by South African Red Cross

SARCS has been actively involved in the National Department of Health's RCCE technical working group. SARCS remains committed to its ongoing efforts to support communities and curb the spread of mpox through effective capacity building and community engagement across South Africa.

Peer education session on mpox prevention integrated with HIV awareness. Photo by South African Red Cross

Nigerian Red Cross Society

Stage 3 – established transmission

56 people[7] reached	 56 people reached	00 people reached	00 people reached

Country Level Update

According to the Nigeria Centre for Disease Prevention and Control (NCDC), as of week 39 of 2024, 84 confirmed cases of Mpox have been recorded, among 1,237 suspected cases. No deaths have been recorded during the year. Cumulatively, 25 states in Nigeria and the Federal Capital Territory (FCT) have had confirmed cases over the past two years. The female to male ratio currently stands at 1:5, which may be linked to differences in access to diagnostic and care services. A third of all confirmed cases are children below the age of 15 years.

As at Epi week 39, 6 new cases were confirmed against suspected 54 cases in 4 states and the FCT. This is an increase compared to 3 cases recorded the previous week. As such, the trend shows an increase in confirmed cases.

National TOT training:
With support from Norwegian RC, the Nigerian Red Cross convened a national TOT training for its national disaster response team (NDRT) training, MOH task force members and states focal persons on the epidemic. This was done in collaboration with NCDC who ensured that 56 people across the implementing states were trained on community based surveillance. The NDRTs will be deployed to highly affected states to assist response teams with supervision of the community based volunteers.

RCCE

The NRCS is a member of the national task force on mpox. NRCS committed to design, produce and distribute RCCE messaging materials to be used nationally, alongside other partners. NRCS has produced banners to be placed in strategic public areas like airports for awareness promotion about the disease. NRCS is also producing more materials to be dispatched to states to be used by volunteers during campaigns and awareness session.

Following the recent national adoption of validated RCCE messaging, NRCS has rolled out radio jingles in Plateau states passing on key messages; sensitizing communities about the disease, dos and don'ts, signs and symptoms, encouraging suspected cases to visit health facilities, dispelling misconception and rumours, showing compassion to affected individuals/households etc.

Vaccination:
The ministry of health had planned to roll out vaccination on the 8 September 2024. However, this has not been started and authorities have indicated that a new date will be announced soon.

[7] *This figure is linked to the trained volunteers who are deployed in the communities. Reached targets will be available under Ops update No2*

Red Cross Society of Cote d'Ivoire

Stage 2 – limited cases

Activities beginning	Activities beginning	Activities beginning	499 people reached

Country Level Update

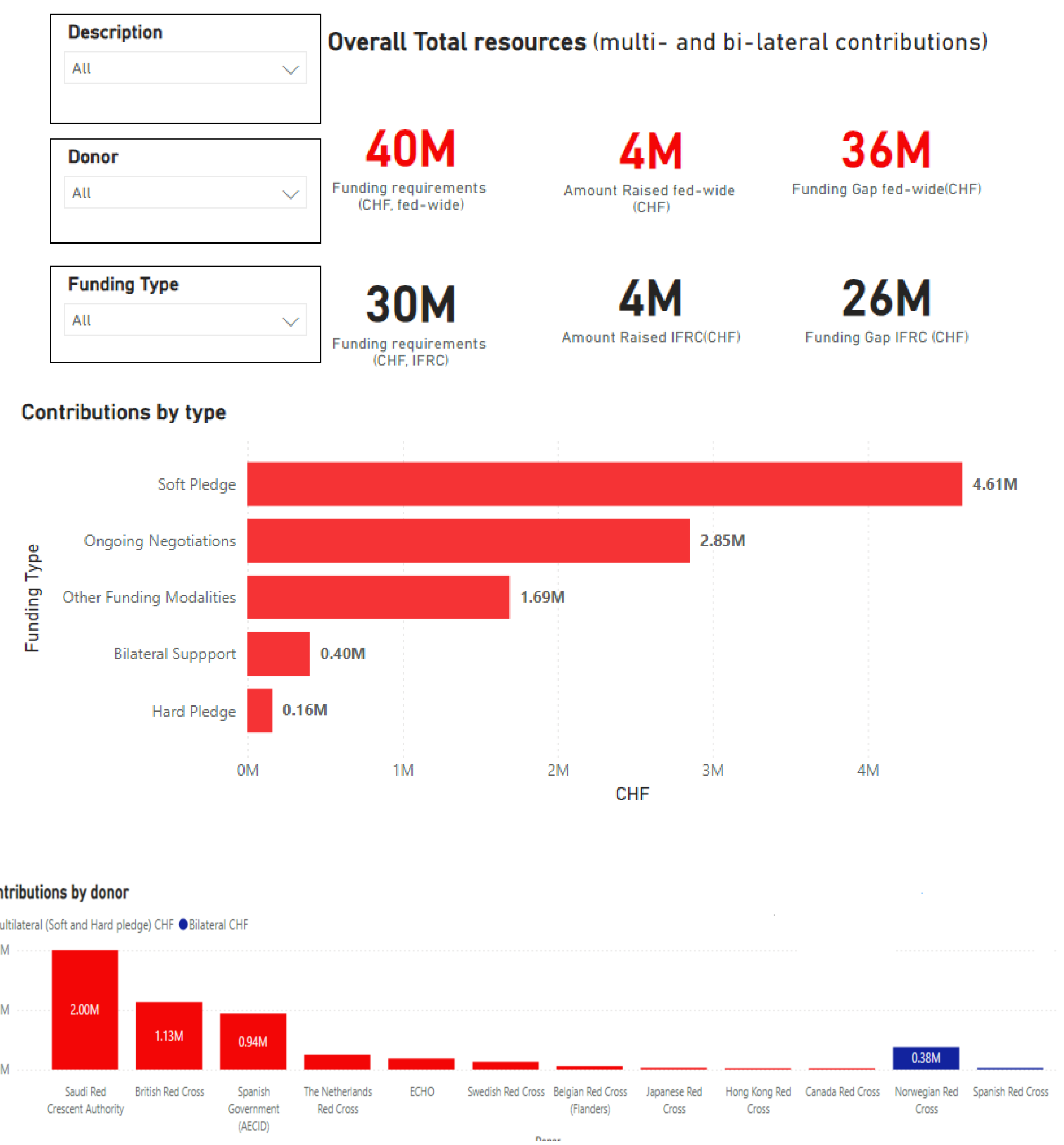
Since July 24, 2024, Ivory Coast has been facing a resurgence Mpox outbreak with an increase in cases including 1 death. As of September, Ivory Coast has recorded 67 confirmed cases, with 26 of 113 health districts affected.

The Ivory Coast Red Cross aims at contributing to the prevention and response efforts against Mpox in compliance with the national strategy and by involving affected communities. To achieve this, the NS has been intensifying community mobilization activities to promote improved hygiene practices amongst the target population. At the current stage, the National Society's efforts are oriented mainly towards coordination and the strengthening of preparedness for a better response. To date, the following activities have been carried out:

- Review of the Mpox Response plan and ToRs with the participation of the Netherlands RC
- Coordination staff for the Mpox response set up at the national level with technical counterparts in the affected districts.
- The local committee of Danané, a town located on the border with Guinea, took part in a coordination meeting with the administrative and health authorities.
- KAP (*knowledge, attitudes, practices)* survey in communities affected by mpox was carried out in 5 most affected localities including Tabou, Sakassou, Bingerville, Yapougon and Boudiali.
- 499 people were surveyed through individual and group interviews. The survey data is currently being processed. It will inform RCCE and health promotion strategies, among others.
- Data analysis for the first community feedback underway
- Analysis of the perceptions analysis underway
- Reached agreement with government that RC data will now be integrated into the country's SitRep.

D. FUNDING

There is currently CHF 4,769,051 (soft and hard pledges combined) funded through Multilateral mechanisms. Furthermore, there is an additional CHF 404,000 and CHF1,690,300 Bilateral contributions mobilized under Bilateral and Funding modalities respectively as per the details provided below[8]:



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[8] *The information and data herein is being updated as more contributions come. Updated information can be accessed on the live [funding dashboard](#) on IFRC go platform*

Contact information

For further information, specifically related to this operation please contact:

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For In-Kind donations and Mobilization table support:

- **Manager, Global Humanitarian Services & Supply Chain Management:** Allan Kilaka Masavah; Phone: +254 113 834 921; Email: allan.masavah@ifrc.org

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- **IFRC Regional Office for Africa** Beatrice Okeyo, Regional Head PMER & QA, email: beatrice.okeyo@ifrc.org, phone: +254732 404022

Reference documents

Click here for:

- Previous Appeals, Operational Strategies and updates

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.