



# OPERATION UPDATE

## Africa Region | Mpox Appeal

<b>Emergency appeal No: MDRS1003</b> <b>Emergency appeal launched: 20/08/2024</b> <b>Operational Strategy published: 30/09/2024</b>	<b>Glide No:</b> N/A
<b>Operation update #2</b> <b>Date of issue: 29/11/2024</b>	<b>Timeframe covered by this update: 20/08/2024 - 28/10/2024</b>
<b>Operation timeframe: 10 months</b>	<b>Number of people being assisted: 30 million people</b>
<b>Funding requirements (CHF):</b> <b>IFRC Secretariat Funding requirement: CHF 30 million</b> <b>Federation-wide funding requirement: CHF 40 million<sup>1</sup></b>	<b>DREF amount initially allocated: CHF 5 million</b>

*To date, this Emergency Appeal, which seeks CHF 40 million Federation-wide, is 21 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 17 countries are being supported through this appeal to curb mpox cases.*

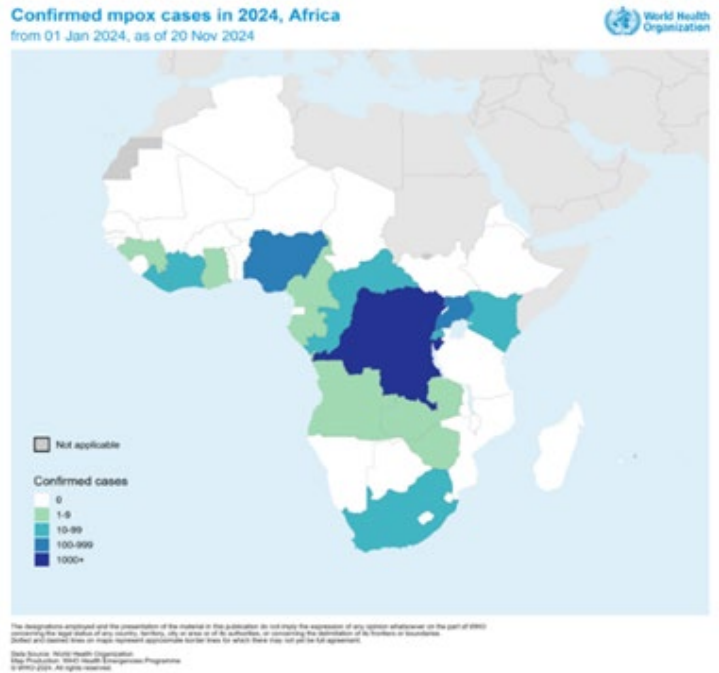
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<sup>1</sup> The Federation-wide funding requirement encompasses all financial support to be directed to the National Societies in response to the emergency. It includes the operating National Societies' domestic fundraising requests and the fundraising 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), Burundi and now Uganda; 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.



As of 20 November 2024, 21 countries have reported 13 735 confirmed cases, including 64 deaths in 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.

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 has been actively working on renewed membership coordination efforts to promote a strong and active membership engagement for 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.

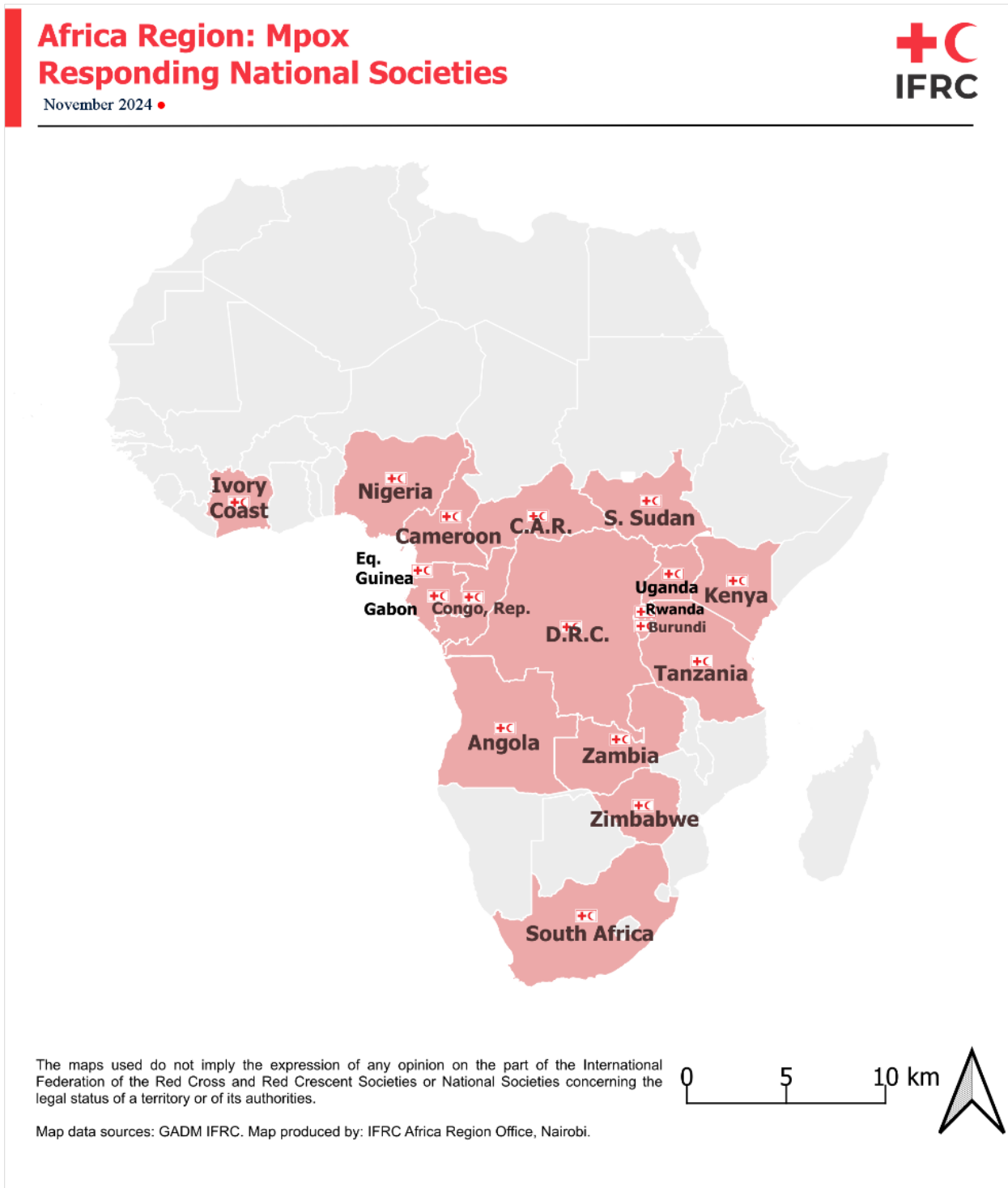
Coordination structures and planning and reporting tools are in place both at country level and at regional level to support the operationalization of this Federation-wide approach. An example of this is the regional Membership calls hosted by the Secretariat to foster discussions on how to best leverage 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, 18 Red Cross Red Crescent Societies are engaging with the Ministries of Health in respective countries to support national preparedness and response plans to counter the mpox epidemic as per the map below:



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 48 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 through CEA and RCCE is crucial to ensure a clear direction of actions to be taken to 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, 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	Status
1	Head of Emergency Operations (HEOps)	02	Nairobi	IFRC contracted	2nd Rotation completed
2	Operations Managers	08	DRC, Cameroon, Nigeria, CAR, South Africa, Cote d'Ivoire	IFRC contracted, secondments	- South Africa & Cote d'Ivoire pending - 2 <sup>nd</sup> rotation confirmed for CAR - For DRC, 1 Ops manager for Goma and 2 <sup>nd</sup> one based in Kinshasa
3	Public Health in Emergency (PHiE) Coordinator	01	Nairobi	IFRC contracted	Ongoing
4	Public Health in Emergency (PHiE) officer	01	Nairobi/roving	Secondment	Ongoing
5	Public Health in Emergency (PHiE) officer	01	Kigali/roving	Secondment	Ongoing. Covering Rwanda, Burundi and Tanzania
6	Public Health in Emergency (PHiE) officer	01	Bangui	IFRC contracted	Ongoing
7	Health Coordinator (DRC)	01	Kinshasa/Goma	IFRC contracted	Ongoing
8	CEA delegate	01	Kinshasa/Goma	IFRC contracted	Ongoing
9	IM Coordinator	01	Kinshasa	IFRC contracted	Ongoing
10	PMER Coordinator	01	Nairobi	IFRC contracted	Ongoing
11	Communication coordinator	01	Nairobi	Secondment	Mission completed
12	CEA Coordinator	01	Nairobi/roving	IFRC contracted	Ongoing
13	Strategic Partnership and Resources Mobilization (SPRM) Coordinator	01	Nairobi / Kinshasa	IFRC contracted	Mission completed
14	Membership coordinator	01	Remote	Secondment	Mission completed
15	Audio-visual officer (DRC)	01	Kinshasa	Secondment	Mission completed
	<b>Total</b>	<b>17</b>			

There are additional planned human resources for technical support in Rwanda, Tanzania, Burundi and CAR as per the following details: Burundi 01 Ops Manager and 01 PhiE, Tanzania 01 Ops Manager and CAR 01 Branch & Volunteers development coordinator

On the other hand 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 the mapping of PNSs bilateral or indirect support to the affected National Societies as summarized below:

- **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.
- **Burundi:** the Belgian RC focuses on health and RCCE activities across Southern and Western Burundi and other selected provinces.
- **Nigeria:** the Norwegian Red Cross is supporting the 12 most affected states with health, WASH and RCCE activities.
- **Rwanda:** the Belgian RC supports health (including PSS), WASH and RCCE in the western province, Kigali city and most of the bordering districts in Northern, Eastern and Southern provinces of the country. Due to the recent Marburg outbreak, the NS's strategy combines both Mpox and Marburg for both an efficient and timely response.
- **Cameroon:** the French RC has reoriented the awareness sessions under the ongoing ECHO PPP to include mpox.
- **Cote d'Ivoire:** the Netherlands RC ongoing response preparedness project, contributed to the development of epidemics contingency plans and to strengthen the NS response capacity.
- **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.
- **South Sudan:** the Netherland RC is supporting preparedness activities with a focus on RCCE and health promotion in Aweil and Old Fangak.
- **Uganda:** the Netherlands RC, lead for ECHO PPP, is active in health and RCCE in the areas bordering DRC.

It is worth mentioning that the ongoing response builds upon existing resilience and community health programming, including the ECHO PPP, 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 is particularly 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

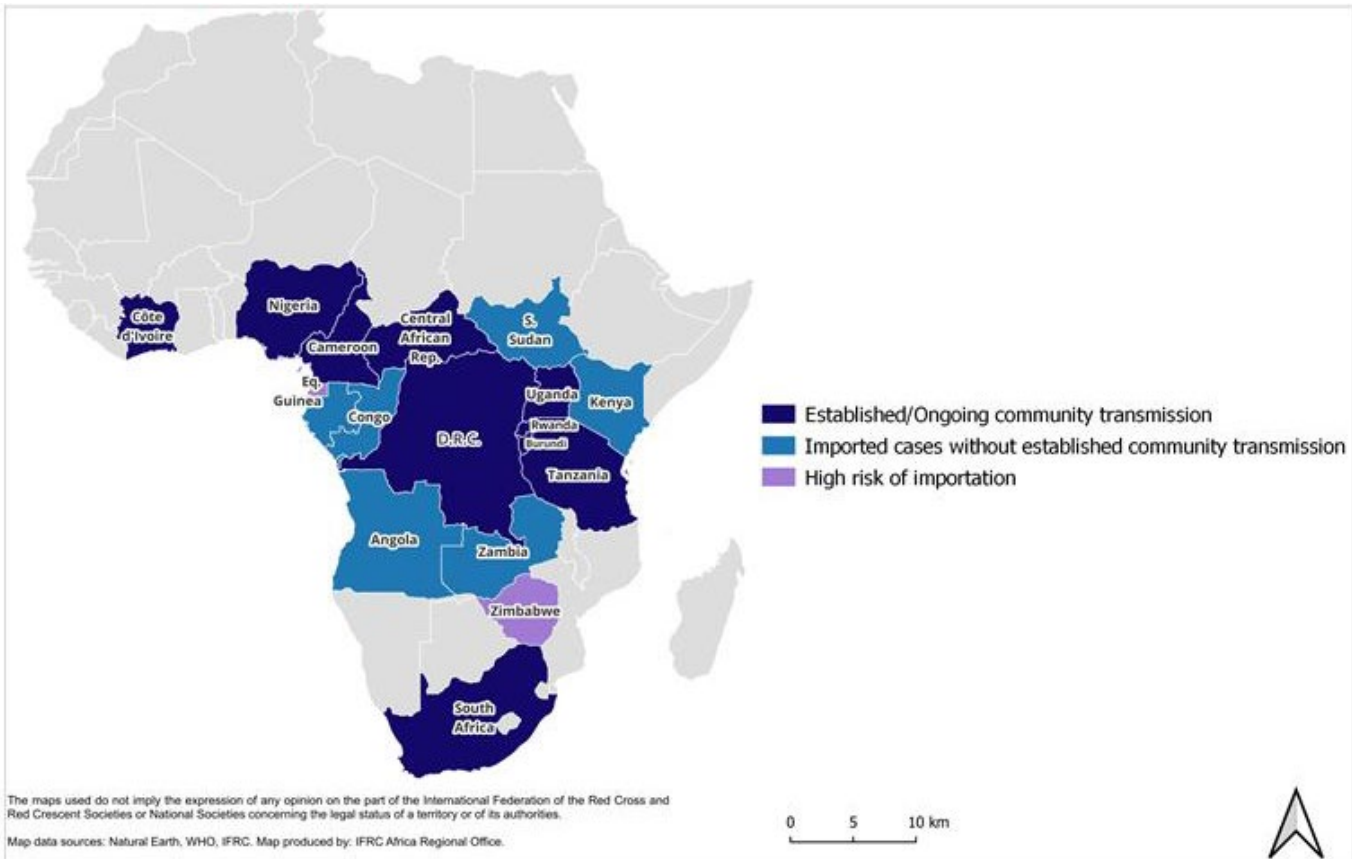
### Update on the strategy

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, have developed 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:** DRC, Burundi, Uganda, Nigeria, Rwanda, Cameroon, Tanzania, South Africa, CAR, Cote d'Ivoire

- 2) **Countries with imported cases without established community transmission:** Gabon, Congo Republic, South Sudan, Kenya, Angola, Zambia
- 3) **Preparedness countries with high risk of importation** due to geographic proximity to areas with established community transmission as portrayed on the map below<sup>2</sup>: Zimbabwe, Equatorial Guinea



## C. DETAILED OPERATIONAL REPORT

### Regional Overview

Overall, nearly **2.8 million people** were reached until the end of this reporting period, out of whom 95% were reached under health and care or risk communication and community engagement, which form major pillars of this response.

	<p><b>Health, including RCCE and CEA for epidemic control:</b> <b>2,518,080</b> people reached</p>		<p><b>Water, Sanitation and Hygiene promotion:</b> <b>36,7325</b> people reached</p>
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<sup>2</sup>More details on: [IFRC GO - Emergency](#)

## **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 1.87 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. So far, community-based surveillance or active case finding is taking place in countries such as DRC, Uganda, Cameroon, Kenya and Nigeria. Various RCCE and sensitization activities are conducted in most countries, including DRC, Burundi, Uganda, Kenya, South Africa, Rwanda and Nigeria. In DRC, social mobilization for vaccination has also been supported, while PSS activities have started in DRC and Burundi. 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 technical partners at continental and country level, 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 367,325 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 4,302 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

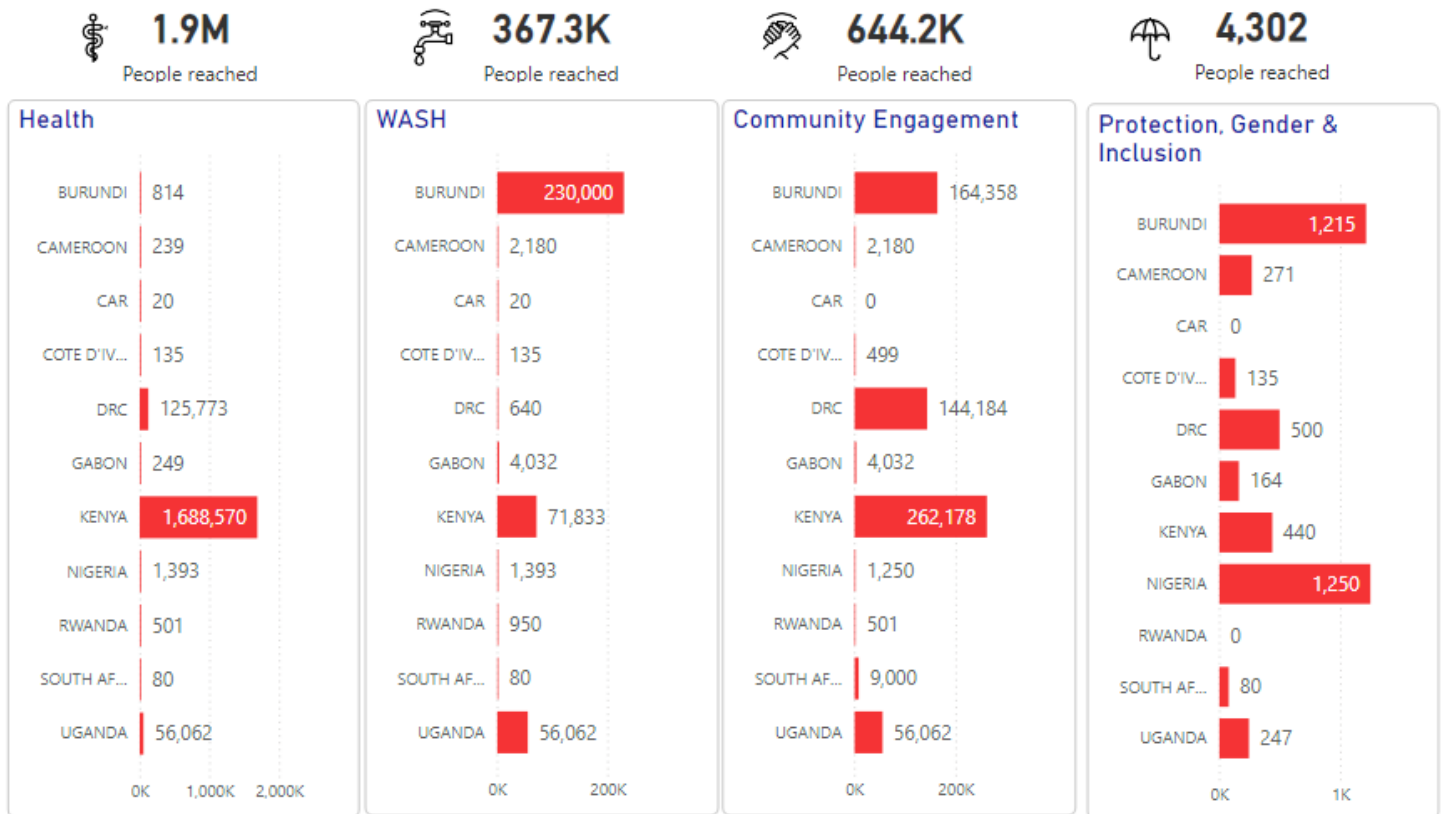
## **Community Engagement and Accountability**

To support National Societies in effectively responding to the mpox epidemic, IFRC continued to support NS in reviewing their implementation plans based on community insights questions, concerns and suggestion as part of continuing to engage communities in the Mpox response.

The NS have also been supported to scale up RCCE activities through technical support from CEA team such as RCCE training of trainers in Rwanda and soon in Burundi as well as community feedback analysis and report development. During this reporting period, 644,244 people were reached by CEA/RCCE intervention across National Societies.

Furthermore, regular coordination calls with NS are organized to provide technical CEA support. The aim of these meetings is to understand better what the NSs are implementing, identifying gaps and provide tailored support. Thus, online sessions were held bi-weekly 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 co-designed approaches and tools to ensure a coordinated and aligned community-centred approach. Furthermore, IFRC continues to attend regional meetings and provide presentations on the various thematic areas with partners involved in the management of the Mpox response. Overall, the reached people per country and per sector are as per the dashboard below<sup>3</sup>:



## 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

<sup>3</sup> More details can be accessed on [Go.IFRC](https://www.ifrc.org)

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's Ministry of Public Health, Hygiene and Social Welfare declared a nationwide monkeypox outbreak on December 18, 2022. Recently, there has been a geographic expansion of monkeypox in the DRC, including 7 new health districts that had never reported a case before, namely: Kinshasa, South Kivu, North Kivu, Lualaba, Kwango, Tanganyika, and Kongo-Central.

From week1-Week 43; 39,501 cases were recorded, including 28,929 investigated cases; 154,25 cases sampled out of which 8,662 tested positive. The cumulative number of deaths is 1,073 with a case fatality rate of 2.7%. The testing rate is 53.3% with many challenges in the transport of samples to certain health zones and the delay or even the non-return of results which is reportedly mentioned in some collection sites. So far, 85 suspected cases have been notified at the PoE (Points of Entry) level, 33 of which are confirmed. However, a need for empowerment and equipping of PoE service providers remains a great necessity

### **Vaccination campaign**

The vaccination campaign ended in week 43 in the 6 targeted provinces (and health zones) namely Equateur (Bikoro, Lotumbe), North Kivu (Karisimbi, Goma, Nyiragongo), South Kivu (Kamituga, Mitimurhesa, Nyangezi, Uvira), Sankuru (Bena Dibebe), South Ubangi (Budjala) and Tshopo (Yakusu). It is noted that vaccination coverage is 112.3%, showing a higher demand compared to the available supply of doses, and this is because micro-planning has been minimized and successful awareness-raising has led more people than expected to adhere to vaccination. At the end of the campaign; 51,649 people vaccinated, among whom the main targets were frontline staff, including Red Cross volunteers, LGBTQ, Ecoguard/game rangers, traditional hunters as well as patients' contacts.



*Above: On 18 October, 125 Red Cross volunteers from the eastern province of North Kivu were vaccinated against Mpox in a single day. Photo credit y DRC Red Cross, Oct. 2024*

The micro-planning for the municipality of Kinshasa is underway and the first targets are prisons amongst others key priorities. The campaign for the second round of vaccination (second block in the 6 Provinces) is being prepared and is scheduled for the next 28 days. The evaluation of the campaign of the first block is being prepared.

### **Overview of the mpox response in DRC**

The DRC Red Cross has developed a “One Health” response plan for monkeypox. This document is used both for fundraising and for operational purposes vis-à-vis the various stakeholders, including the PNSs, IFRC and ICRC.

The DRC’s RC National President has called upon all Branches to kickstart Mpox response and more particularly Branches with confirmed funding, which are required to scale up activities and engage target communities in the response. Thus; 1,788 volunteers have been mobilized, of which 312 have already been trained while others have had mpox-related briefings as part of their routine activities.

Branches which have received funding are now North and South Kivu, Maïndombe, Tshuapa, Haut Uele, Sud-Ubangi, Equateur and Kwango funded via the IFRC Appeal, the pre-existing USAID/IFRC project of CP3 or via the Crisis modifier funding mechanism piloted by some PNSs namely the Belgium RC/Flanders, Spanish RC without forgetting ICRC funds.

#### **1. Health and Care**

Health activities are based on Community-based Surveillance (CbS) and psychosocial support (PSS). 117 volunteers were trained on the Community Outbreak Preparedness, including risk communication and disease surveillance in 5 Health Zones in North Kivu (Nyiragongo, Mbinza, Mutwanga, Alimbongo, Kyondo) as part of the Appeal response. Another 85 volunteers are being trained thanks to funding from the ICRC and the Belgium RC /Flanders in North Kivu and Kwilu provinces. Last but not least, 700 volunteers are already in action in the Equateur province. 518 suspected cases were notified by volunteers, of which 410 were investigated and 330 validated in the provinces of North Kivu, Equateur, Haut Uele, Tshuapa, Sud-Ubangi, Maïndombe and Kwango. Until end of October, 1,388 affected people received psychosocial support through 107 sessions in the Equateur province.

#### **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.

To date, 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 Complaint and feedback mechanism has been strengthened, 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 (1) the vaccination campaign, (2) suggestions on response and preparedness activities, (3) beliefs about the disease, (4) appreciation and recognition of the volunteers' actions, (5) questions about the disease, and (6) rumours about the illness. In terms of community feedback collection, 1,143 feedback data were collected, with 92% in relation to vaccination.

#### **3. Country-level coordination**

The IFRC delegation in Kinshasa alongside the DRC Red Cross Society is participating in the government's coordination meetings for the monkeypox response. The meetings are chaired by the Ministry of Health at the

strategic level and the technical unit led by the COUSP. Meetings at the IFRC regional level are also being held to coordinate and monitor the response. A team has been deployed in the East for the coordination of public health and ACE in North and South Kivu, reinforcing the coordination already present in Kinshasa to combine efforts for effective action.

For intra-sectoral coordination, the IFRC-DRC RC's CEA team alongside with the communication unit was able to position itself as co-lead in the management and analysis of community feedback in the RCCE sub-committee of the National Incident Management System.



## Burundi Red Cross Society

### Stage 3 – established transmission



**814**  
People  
reached



**230,000**  
people  
reached



**1,215 people**  
reached



**164,358**  
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.

To date, three training sessions on major pillars of the response have been completed namely (01) Training of the **ambulance service** teams in charge of evacuation for notified cases (02) Training of Trainers (ToTs) for the Mpxo **epidemic management teams** (3) Training of volunteers on **Case definition** and **screening** procedures

**Evacuation of suspected cases:** Evacuation of suspected cases to MPOX: The trained teams are at work in the Province of Bujumbura Mayorship and until November 5, 2024, 150 patients have been provided with ambulance transport services, i-e. 81 females and 69 males from the 3 health districts of Bujumbura mayorship. Following an official request from the MoH, the NS has availed 2 ambulances that are fully dedicated to the transport of notified cases towards the national treatment centre located at Clinique Prince Louis Rwagasore.

**Coordination:** Burundi RC participates in weekly coordination meetings chaired by the MoH at the National, provincial levels. In the same vein, the NS sits in the “supervision” sub-committee, as well as inside meetings organized at the district and communal levels.

**Water, Sanitation and Hygiene:** Overall, 15 bladders with a capacity ranging from 3,000L et 10,000L have been installed in strategic areas following the prolonged water supply disruption in the capital city of Bujumbura. 7 bladders

are in the communes of Muha (Southern district) and Ntahangwa (northern district) which face severe water shortage since early this year.



Above: A bladder of 3000L being supplied with potable water in the locality of Kiyange. Water trucking helps to improve hygiene promotion amongst the heavily mpox affected areas of the northern capital city of Bujumbura. Photo credit, IFRC October 2024

Quantities of potable water already supplied have reached about 230,000 households and are as follows:

Commune	Zone	Settlements/quarter	Quantity in Liters
<b>NTAHANGWA</b>	Kamenge	Busoro	1,310,000
<b>MUHA</b>	Kanyosha	Busoro	1,160,000
<b>Total</b>			<b>2,470,000</b>

In terms of **CEA/RCCE**, various activities have been going on since September 2024 as per the details below:

Activity	Sessions	Men	Women	Total
Road shows	41	4,2303	61,266	10,3569
Masse sensitization	212	17,685	24,332	42,017
Door-to-door sensitization	81	5,545	13,227	18,772
<b>Total</b>				<b>164,358</b>

During the same period, 30 radio shows were conducted in partnership with 4 radio stations namely RTNB<sup>4</sup>, Radio Isanganiro, Indundi fm, Bonesha fm. Additional radio shows are equally being conducted at provincial levels via community radio stations to reach a larger audience.

To ensure a systemic compliance to the Red Cross standards and safeguarding issues, there is at least 1,184 and 31 HQ staff who were trained and received a tailor made PGI related briefings and trainings which are embedded now into the mpox response across the country.



## Uganda Red Cross Society

### Stage 3 – established transmission



**247 people reached**



**247 people reached**



**56,062 people reached**



**40,000 people reached**

### Country Level Update

Uganda confirmed the first cases of Mpox on 24 July 2024 following the confirmation of two case-patients from Kasese District, Bwera Hospital by the Uganda Virus Research Institute (UVRI) through a routine sentinel surveillance system. The cumulative total confirmed Mpox cases since the declaration of the outbreak are 468 and 1 death across 38 districts as at 12<sup>th</sup> November 2024. Rwanda confirmed an outbreak of Marburg Virus Disease on 27<sup>th</sup> September 2024 with 66 cumulative cases and 15 deaths as at 5<sup>th</sup> November 2024 posing a great risk of spread to Uganda.

<sup>4</sup> RTNB: Radio-Television Nationale du Burundi (The National radio and TV of Burundi)

Uganda Red Cross Society through her auxiliary role is supporting the government of Uganda in responding to the Mpox outbreak through several interventions and activities in selected districts of Mayuge, Wakiso and Kabale. The districts two districts of Mayuge and Wakiso are supported with support from the IFRC regional emergency appeal fund (CHF 120,000) and were selected because they are among the top 4 districts with the highest number of cases with Mayuge having registered 24, Nakasongola 56, Wakiso 69 and Kampala 197 as per situation report of 12th November 2024. URCS chose the districts of Mayuge and Wakiso because there was minimal partner presence compared to Nakasongola. Kampala was not chosen for now because the funds are not enough to cause significant impact though there is a plan to include it when extra funds are secured. Kabale district is supported through routine CP3 activities.

URCS is integrating MVD preparedness into Mpox response by supporting screening for suspected Mpox and MVD cases at key 7 points of entry along the border with Rwanda and Democratic Republic of Congo. The PoEs are located in the districts of Ntungamo, Rukiga, Kabale and Kisoro.

As the government’s vision and Appeal plan, the purpose of this support is:

1. To raise public awareness on Mpox and the associated dangers/risks among communities to enable them take appropriate measures.
2. To ensure early detection, reporting and response to suspected cases of Mpox at community level through community-based surveillance.
3. Support strengthening of community structures to enable robust community involvement.
4. Support in gathering community feedback to help update community messages but also counter misinformation and disinformation.
5. Support District Task Force members and technical officials to coordinate and manage the outbreak through encouraging multisectoral coordination.

**To date, summary of interventions under mpox response and preparedness are as follows :**

PILLAR	
HEALTH AND CARE	<p><b>Community Based Surveillance:</b></p> <ul style="list-style-type: none"> <li>• URCS has oriented 213 volunteers and VHTs to support health authorities in relaying potential Mpox alerts from communities for early action. These shall be facilitated with a modest airtime credit</li> </ul> <p><b>Screening at PoEs:</b></p> <ul style="list-style-type: none"> <li>• URCS has worked with MoH and district officials to identify volunteers and local health workers to support screening at 7 PoEs in South Western Uganda. These include Mirama Hills, Kizinga (Ntungamo District), Kamwezi (Rukiga District), Katuna (Kabale District), Cyanika, Bunagana and Busanza (Kisoro District).</li> <li>• These shall be supported through providing necessary equipment and consumables such as infrared thermometers, face masks, latex gloves, heavy duty gloves, more sets of hand washing facilities where required, chlorine, reusable aprons plus facilitating screeners with an allowance for the days worked.</li> </ul>

	<p>34 volunteers and health workers were oriented on Marburg Virus Disease and Mpox plus SOPs for screening at PoEs by district authorities to enable them start work.</p>
<p><b>Risk communication and Community Engagement</b></p>	<p><b>Orientation of Volunteers and VHTs.</b></p> <ul style="list-style-type: none"> <li>• URCS has supported orientation of VHTs and volunteers on Mpox to ensure they have basic facts on the disease to enable them sensitize communities but also correctly report on any suspected cases. 125 and 80 individuals were oriented in Wakiso and Mayuge respectively within the week of 4<sup>th</sup> to 9<sup>th</sup> November 2024.</li> <li>• 788 volunteers in the CP3 districts of Kabale, Bundibugyo, Kamwenge and Kiatgwenda were oriented through already planned refresher trainings held in the last week of September 2024.</li> <li>• 100 volunteers and VHTs were oriented on Mpox as part of integration into the Rabies response in Busia in August 2024.</li> </ul> <p><b>Community level sensitization through group sessions, household visits and radio talk shows.</b></p> <ul style="list-style-type: none"> <li>• URCS has reached a number of people through the following means <ul style="list-style-type: none"> <li>○ Held 3 radio talk shows on 99.3 Mayuge FM together with members of the District Task Force of Mayuge District and sensitized people on Mpox with a specific focus on its manifestation, transmission/spread, prevention and control.</li> <li>○ 41,769 people reached through group information sessions (church, markets, etc), household visits and community mobile drives/cinemas.</li> <li>○ Approximately 5,000 people were reached during the Masaza cup final with Mpox messages.</li> </ul> </li> <li>• URCS shall support oriented volunteers and VHTs to continue community sensitization. The teams in Wakiso and Mayuge shall be given a modest allowance for the days worked.</li> </ul> <p><b>Community Mobile Drives and Cinemas:</b></p> <ul style="list-style-type: none"> <li>• Mobile drives have been so far organized in Bundibugyo under CP3 support till 30<sup>th</sup> September 2024. URCS will support organizing more community mobile drives to sensitize communities through edutainment in Wakiso and Mayuge</li> </ul> <p><b>School outreach:</b></p> <ul style="list-style-type: none"> <li>• 9,293 learners so far reached through school outreach activities in Bundibugyo, Kabale, Kitagwenda and Kabale. URCS will support more school outreach initiatives to ensure school going children are sensitized on Mpox considering their vulnerability to this particular</li> </ul>

clade. This will be done through supporting district officials to organize orientation sessions for teachers.

**Printing and Distribution of IEC Materials:**

3,700 posters and 1,500 flyers have so far been distributed and hanged in public spaces. URCS will support more printing (reproducing) of posters and flyers to be used for awareness in public places and distributed to school going children.



Above: URCS volunteers engage revelers about Mpox and distributes flyers at Namboole stadium-Wakiso District

For **coordination**, URCS has participated in all National Task Force meetings that are held virtually on Wednesday every week. This has always been the practice even before Mpox outbreak. URCS has also participated in district task force meetings for Mayuge, Wakiso and Kabale districts since 16<sup>th</sup> October 2024 held every Tuesday and Thursday respectively.

URCS has held a one-on-one meeting with the department of Integrated Epidemiology Surveillance and Public Health Emergencies of MoH where we declared the amount of funds so far secured and clearly explained the form and extent of support URCS shall provide. A similar engagement was made with the RCCE pillar representative to the IMT.



## Rwanda Red Cross Society

### Stage 3 – established transmission



**501 people reached**



**950 people reached**



**56,062 people reached**



**501 people reached**

The Rwanda Red Cross Society (RRCS) has developed a joint Mpox-Marburg response plan aligned with the Government of Rwanda national response plan. This comprehensive plan encompasses a range of critical activities, including Risk Communication and Community Engagement (RCCE), Community-Based Surveillance (CBS), Emergency Medical Services (EMS), Water, Sanitation and Hygiene (WASH) and Psychosocial Support (PSS), as well as Safe and Dignified Burials (SDB).



Above: Volunteers selected from targeted districts attending a workshop on mpox prevention and response. Photo credit: Rwanda Red Cross, Oct. 2024

**Key achievements to date include:**

- **Training:** A total of 245 volunteers from branch and local disaster response teams have been trained to support Mpox surveillance and outreach in 23 high-risk districts. An additional 256 volunteers received specialized training in RCCE, PSS, and SDB to enhance MVD response capacities in eight high- and very high-risk districts.
- **WASH:** NFIs and Cleaning kits distributed to 950 households (3600 bars of soaps and 1900 Jerry cans) in seven districts to support hand washing and hygiene promotion. Additionally, two hand-washing facilities were rehabilitated at critical points in Rubavu border points.
- **Assessments:** KAP survey was conducted in partnership with UNICEF across five provinces, aimed at identifying knowledge gaps on MVD/Mpox. Additionally, a rapid qualitative assessment was conducted that included focus group discussions (FGDs) and key informant interviews (KIIs) in one province to gather insights on MVD-related challenges and perceptions.
- **SDB kits:** SDB kits to cover approx. 60 burials arrived in-country, enhancing RRCS's capacity for safe handling of Marburg-related deaths with appropriate infection control measures.
- **EMS:** EMS teams are fully equipped with Infection Prevention and Control (IPC) materials and have received IPC training, ensuring safe operations for responders in high-risk areas.

- **Coordination:** RRCS holds the role of co-chair for the RCCE coordination platform and leads the SDB pillar. Additionally, RRCS actively participates in technical working groups for Surveillance and Epidemiology, IPC/WASH, and MHPSS.
- **Call Center:** The RRCS call center, accessible via toll-free number 2100, has handled 197 calls related to MVD and Mpox, providing the public with reliable information on infection prevention and control.



## Gabon Red Cross Society

### Stage 2 – limited cases



**115 people reached**



**4,032 people reached**



**164 people reached**



**4,032 people reached**

### Country Level Update

On Thursday, August 22, 2024, the Minister of Health announced the first case of Mpox in Gabon, along with a series of measures to contain the epidemic. In addition to the Government's actions, the Gabonese Red Cross, with support from the IFRC, mobilized funding to implement activities aimed at reducing the risk of widespread community transmission. According to Sitrep No. 8 (September 23-27, 2024), a total of twenty-one (21) Mpox tests were conducted, resulting in two (2) confirmed Mpox cases and two (2) recoveries.

According to the latest updates, there have been no new Mpox cases in the country recently. The two previously confirmed cases have been discharged, and authorities continue to monitor any new suspected cases to ensure early detection and response.

Since September, the Gabon Red Cross is working hand in hand with the MoH and WHO to complement the government's effort to roll out the response and strengthen the preparedness. The objective of the NS's intervention is mainly "to mitigate the spread of Mpox and reduce its impact through comprehensive health interventions, focusing on Community-Based-Surveillance (CBS), Hygiene and health promotion, and mental health support.

### Health and care

During this period, an **EPIC Training** involved volunteers from the committees of Libreville, Owendo, and Akanda (Estuaire), Lambaréné (Moyen-Ogooué), and Franceville (Haut-Ogooué) as per the details below:

Location	Male	Female	Total
Estuaire	29	29	58

<b>Lambaréné</b>	9	13	22
<b>Franceville</b>	12	8	20
<b>Total</b>	<b>50</b>	<b>50</b>	<b>100</b>

A Training of Trainers (ToT) in **Community-Based Surveillance (CBS)** for 5 staff members and 10 volunteers, with a total of 15 participants trained in Social and Behavior Change (SBC). Among the participants, 7 were women and 8 were men. The primary objective was to train two trainers from Lambaréné, two from Franceville, and six from the Estuaire region. These targets were successfully achieved, providing each region with skilled CBS trainers capable of supporting community-based surveillance activities.

The training package, provided by the Ministry of Health (MoH), included modules on disease detection, risk communication, and strategies for fostering behavior change, ensuring that trainers are well-prepared to extend CBS practices in their communities.

As far as **CEA/RCCE is concerned**, a total of 100 volunteers and 9 supervisors were deployed in 8 districts (Akanda, Owendo, Libreville 1<sup>st</sup>, Libreville 2<sup>nd</sup>, Libreville 3<sup>rd</sup>, Libreville 4<sup>th</sup>, Libreville 5<sup>th</sup> and Libreville 6<sup>th</sup> to support community engagement and epidemic preparedness activities. These teams worked closely with local health authorities to enhance community-based surveillance, risk communication, and social behavior change. The initiative aimed to strengthen local capacities for early detection and response to health threats in these regions. In total, 55 volunteers (32 male and 23 female) are deployed for this activity and 3015 persons (including 9 disabled persons, 7 pregnant women and 26 elderly persons) were reached.

The awareness Campaign on MPOX Prevention measures via **Radio shows** has equally been implemented during this period. This activity aimed to raise public awareness on prevention measures against the MPOX epidemic through radio broadcasting. The campaign featured informational programs and interactive segments with health experts to provide reliable guidance on preventing infection, recognizing early symptoms, and accessing health services. By leveraging the widespread reach of radio, this initiative sought to educate diverse audiences, especially in remote and underserved communities, enhancing their understanding of preventive behaviors and promoting community resilience against MPOX.

<b>Radio Station</b>	<b>Date</b>	<b>Theme</b>	<b>Start Time</b>	<b>End Time</b>	<b>Frequency</b>
<b>Radio Scolaire Emergence</b>	24 Oct. 2024	History and Transmission of MPox	17:00	17:15	91.6 FM
<b>Radio NOUR</b>	24 Oct. 2024	History and Transmission of MPox	16:15	16:30	95.0 FM
<b>Radio NOUR</b>	30 Oct. 2024	History and Transmission of MPox	16:15	16:30	95.0 FM
<b>Radio Scolaire Emergence</b>	30 Oct. 2024	History and Transmission of MPox	17:00	17:15	91.6 FM

In the same vein, short **educational videos** on MPOX prevention were developed and shared across multiple digital platforms to enhance public awareness and promote preventive measures. These videos, designed to be accessible and engaging, highlighted key preventive behaviors, early symptoms, and steps for seeking medical assistance. The content was distributed through our website, Facebook page, Twitter, and various WhatsApp groups, including community, family, and association networks, reaching audiences twice a week.

In terms of social media engagement, the summary coverage indicates 183 facebook views and 28 likes while WhatsApp has 670 views<sup>5</sup>.

For Secretariat services and NS development, several meetings were organized as part of the implementation of the Mpox response with the National Society team as well as with the response coordination teams from the Ministry of Health and IFRC. These meetings aimed to ensure alignment in strategies, clarify roles and responsibilities, and facilitate effective collaboration between all stakeholders involved in the response. Key discussion points included the (01) Review of action plans and chronogram, (02) Coordination of resource allocated to the response (03) updates on ongoing field activities and (04) define Strategies for risk communication and community engagement

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<sup>5</sup> <https://www.facebook.com/100089572517981/posts/528662883462791/?mibextid=rS40aB7S9Ucbxw6v>

<https://www.facebook.com/share/p/RYSLwUjiYrzdFos5/>

<https://croixrougegabon.org/la-croix-rouge-gabonaise-lance-une-campagne-de-sensibilisation-sur-les-crisis-epidemiques/>



Above: CEA/RCCE volunteers in action in the suburbs of Brazzaville. Photo credit by Gabon RC, Oct. 2024



## Cameroon Red Cross Society

### Stage 2 – limited cases



140 people reached<sup>6</sup>



140 people reached



271 people reached



2,180 people reached

<sup>6</sup> 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.

### Country Level Update

Under **Health and Care**, the focus during this period has been put on Training of 99 Trainers on Community-Based Surveillance (CBS). In this regard, a series of Training of Trainers (ToT) workshops on (CBS) was conducted across four locations: Bafia, Ndonkol, Limbe, and Douala. This training aimed to build the capacity of Red Cross volunteers from the Center, South, Littoral, and Southwest regions as part of the Mpox emergency preparedness and response initiative. A total of 99 participants attended, including Red Cross operational staff and volunteers actively involved in health emergency management and with prior experience in epidemic response as per the details below:

Departmental Committee	Number of Vol. per Department	Men	Women
Mefou-et-Afamba	7	2	5
Fako	22	5	17
Moungo	11	10	1
Wouri	11	6	5
Vallée-Du-Ntem	13	8	5
Dja-Et-Lobo	13	9	4
Mbam-Et-Inoubou	22	12	10
<b>Total</b>	<b>99</b>	<b>52</b>	<b>47</b>

As part of the emergency appeal, the Mpox response **awareness campaigns** began in October. Following comprehensive training of Cameroon Red Cross volunteers in Community-Based Surveillance (CBS) and Community Engagement and Accountability (CEA), they were deployed to various localities to conduct awareness activities. The campaigns focused on three main approaches: community meetings, mobile cinema, and localized outreach. These awareness actions took place in common gathering places such as markets, schools, churches, and mosques across target localities in 7 Departments selected from implementation areas namely Wouri, Mefou Afamba, Dja et Lobo, Mbam et Inoubou, Moungo, Fako and Vallée du Ntem. In total, 250 volunteers and 21 supervisors were deployed. As part of this activities, 1,849 people have been reached by mpox awareness campaigns.

Under **Coordination**, Since the activation of the Incident Management System (IMS) at the central level on September 10, 2024, the Cameroon Red Cross (CRC) and IFRC have been actively participating in meetings organized by the Center for Coordination of Public Health Emergencies. These meetings, held every Monday at 3 PM, are coordinated by the Director of Disease Control, Epidemics, and Pandemics, who oversees incident management. Throughout October, CRC and IFRC continued to engage in these sessions, contributing to coordinated efforts in managing the Mpox response and other public health emergencies.



Above: Family photo of the volunteers' training Mbam-et-Inoubou and Mefou-et-Afamba program in Bafia. Photo credit by Cameroon RC, Oct 2024



Above: Community awareness against Mpox in the suburbs of Douala. Photo credit by Cameroon RC, Oct 2024



**CAR Red Cross Society**

**Stage 3 – established transmission**



**20 people reached**



**20 people reached**



**0 people reached**



**0 people reached**

**Country Level Update**

The epidemiological situation in the Central African Republic indicates that as of mid-October, additional 12 new suspected cases have been registered, with one new confirmed case in Mbaïki and one new death. Since the beginning of 2024, 14 Health districts have notified confirmed cases. In total, the country has registered 362 suspected cases with 58 confirmed cases in total.

During this period, the NS along with IFRC has continued to advocate for a green light from the MOH in order to start implementing the response. The national preparedness and response plan has been through the different validation steps. A meeting with the Prime Minister and the technical committee has been held on October 31<sup>st</sup> to officially validate the plan. The next step will be the validation by the President of the republic and the crisis committee in the coming weeks. At the same time, bilateral discussions are being held with the MoH and COUSP to get the authorization as the positioning of the NS plan of action continues.

In the meantime, the recruitment of Head of Health Department has been completed to strengthen the National Society's response capacity. This person will be in charge of developing and implanting the health strategy. The NSD activities under Mpox appeal have started with a first field mission in the district of Sangha-Mbaéré from October 26<sup>th</sup> to November 9<sup>th</sup>. In 3 "sub-prefectures" (Nola, Bimbo and Bayanga), a General Assembly has been held to elect the new board of the local Branch in the presence of the local authorities. After, a training with the elected members and technical managers (20 people per training, 60 in total). During the training, the following thematic areas were treated:

- Red Cross Red Crescent Movement
- Fundamental principles
- Code of Conduct
- Legal and operational framework (CRCA statutes)
- Safer Access Framework (SAF)
- Development of an action plan and planification

In the coming weeks, a second mission to the district of Bangassou will be organized to elect the local board of the sub-prefectures of Bangassou, Rafai and Bakouma.



## Kenya Red Cross Society

### Stage 2 – limited cases

 <p><b>1,688,570 people reached</b></p>	 <p><b>71,833 people reached</b></p>	 <p><b>389 people reached</b></p>	 <p><b>262,172 people reached</b></p>
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Country Level Update

The Kenya Red Cross Society (KRCS), in collaboration with the Ministry of Health (MOH), is actively addressing the Mpox outbreak in the country by enhancing disease surveillance and implementing Risk Communication and Community Engagement (RCCE) initiatives. Since the outbreak began, KRCS has been instrumental in Infection Prevention and 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 activities. Furthermore, 68 individuals linked to the second Mpox case are currently under observation in Busia and Mombasa counties. The MOH reports that 1,218,207 travellers have been screened at various entry points.

KRCS has successfully sensitized 262,172 people (143,375 Male and 118,797 female) across 21 counties—including Kwale, Kilifi, Mombasa, Lamu, Taita Taveta, Busia, Homa Bay, Kisumu, Siaya, Migori, West Pokot, Trans Nzoia, Bungoma, Nandi, Turkana, Elgeyo Marakwet, Nairobi, Machakos, Uasin Gishu, Meru, and Nakuru—on Mpox risk factors as well as hygiene and prevention measures. Additionally, KRCS volunteers and Community Health Promoters (CHPs) have screened 470,363 individuals (276,447 males and 193,916 female) at border points in Busia, Migori, Bungoma, Trans Nzoia and Taita Taveta Counties.

### **Health and Care**

- MOH issued advisories to healthcare workers and members of the public on case detection, management, prevention and control of Mpox.
- KRCS supports the MoH on disease surveillance through screening at the active border points and case finding to contacts as part of preparedness and response activities. KRCS volunteers and CHPs in Busia, Migori, Bungoma and Taita Taveta have screened 470,363 (276,447 males and 193,916 female) at border points.

### **WASH**

- People reached with hygiene and sanitation services are 71,838 (33,695M, 38,143F) in Trans Nzoia - 3,325 (2060M,1265F), Bungoma 54894 (24325M), Busia-10,770 (5932M, 4838F), and Taita Taveta -762 (404M, 358F).
- KRCS has been supported in the distribution and installation of 53 hand-washing facilities at critical points in Busia, Trans Nzoia, and Bungoma border points and health facilities. Additionally, 50 bars of soap were distributed in the above-mentioned counties to support hand washing and promote hygiene.

### **CEA/RCCE**

- Ongoing Risk Communication and Community Engagement (RCCE) activities on Mpox have reached 262,172 people (comprising 143,375 males and 118,797 females) across 21 counties, sensitizing them on Mpox risk factors, hygiene promotion, and prevention strategies.
- 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 collecting and analyzing feedback at the county level.
- Cumulatively, 389 (193M, 196F) KRCS volunteers have been trained on Mpox prevention and response.

## PGI

- KRCS has sensitized 32 staff and volunteers on Protection Gender and Inclusion (PGI) in Nairobi County to enhance inclusion during the Mpox response.
- KRCS has taken part in the development of the Mpox guidelines and IEC materials for school-aged children. The materials are yet to be reviewed and approved.

## Coordination

- KRCS supported the Ministry of Health in the development of the National Mpox Response Plan.
- Additionally, KRCS has created a contingency plan while currently operating under a medium-case scenario.
- KRCS in partnership with MoH and WHO took part in the development of the IEC material to be utilized in mpox sensitization and awareness.



*Figure 1: Mpox sensitization for community members in Turkana County (photo credit: Kenya RC).*



## South African Red Cross Society

### Stage 3 – established transmission



**80 people reached**



**80 people reached**



**80 people reached**

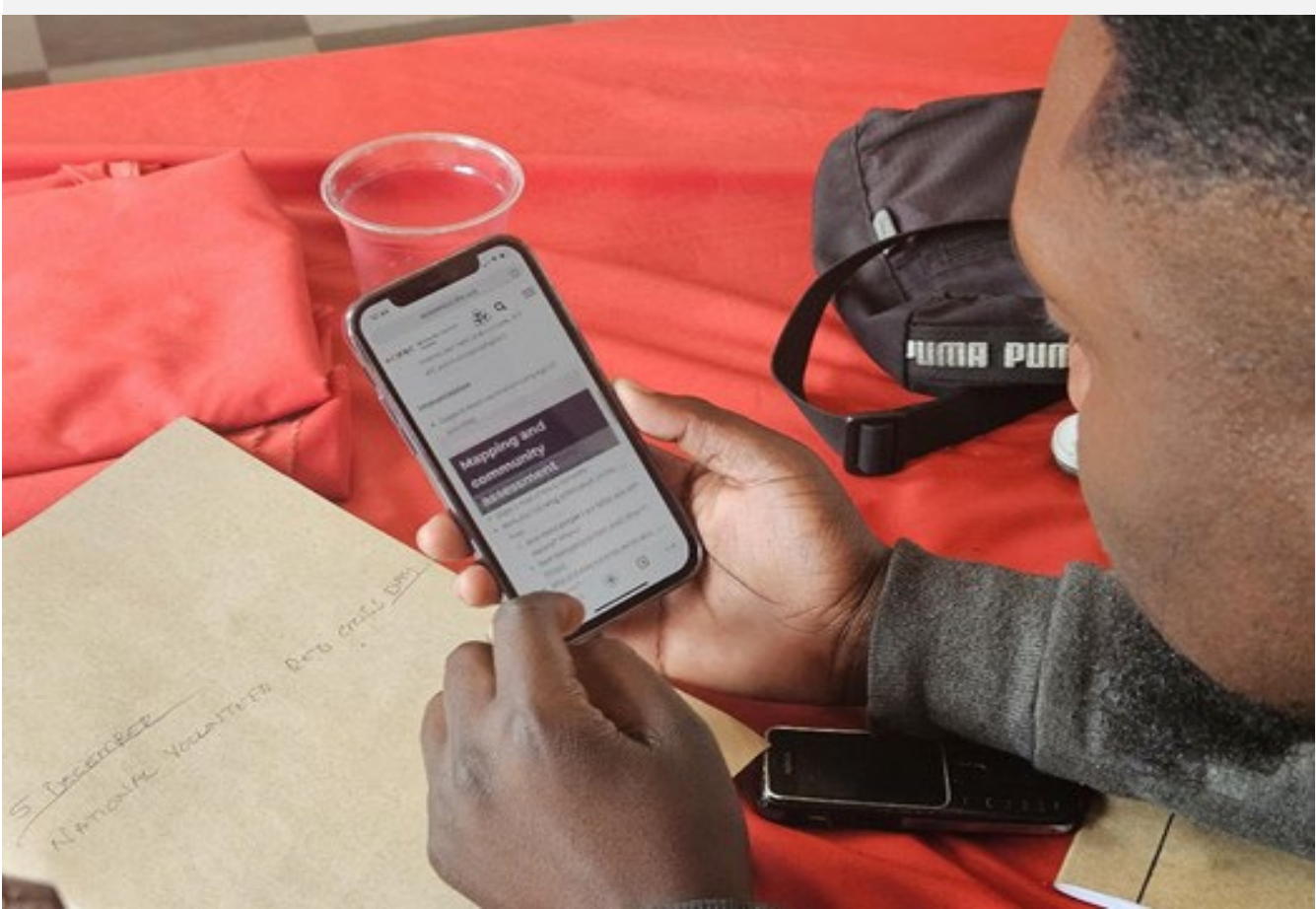


**9,000 people reached**

#### Country Level Update

As of October 2024, the Mpox Response Plan by SARCS has made notable advancements in volunteer training, community engagement, and research. KwaZulu-Natal (KZN) and Gauteng (GP) have been central to these efforts, with SARCS volunteers playing a key role in outreach and risk communication.

SARCS trained 80 community-based volunteers across KZN and GP to support Mpox surveillance, health education, and community outreach. In Gauteng, the volunteers were deployed across branches in Pretoria, Hammanskraal, Johannesburg, Vaal, Vereeniging, Germiston, Brakpan, Daveyton, Benoni, and Vanderbijlpark. In KZN, the trained volunteers covered the Durban Metro, Howick, Port Shepstone, Pietermaritzburg, Umzimkhulu, and Newcastle. These volunteers are now equipped to manage community-level interventions, promote Mpox prevention, and support public health services in their respective areas.



*Above: Qualitative Rapid Assessment (QRA) being conducted to understand the community's perception and adapt the response accordingly. Photo credit by South African RC, Oct. 2024*

Through these efforts, SARCS has reached over 4,000 individuals. In KZN, 3,500 individuals were reached through community meetings and peer educator sessions, while in GP, 500 individuals were engaged through targeted community outreach activities. This broad outreach has ensured that key messages on Mpox prevention and early detection have been disseminated to diverse populations across both urban and rural settings.



*Above: Reach out and sensitization targeting schools in high-risk areas. Photo credit by South African RC, Oct. 2024*

In addition to community outreach, SARCS has played a key role in Rapid Qualitative Assessments (RQA), aimed at gathering in-depth insights into Mpox-related challenges and perceptions. This included eight Focus Group Discussions (FGDs) and 27 Key Informant Interviews (KIIs) conducted with a diverse range of participants. The informants included Peer Educators, HIV Testing Services (HTS) personnel, Linkage Officers, Nurses, Community Liaison Officers, as well as members of the LGBTQ+ community, sex workers, pastors, and traditional healers. These interviews took place in various regions of Gauteng (Sedibeng, West Rand, Braamfontein, Ennerdale, Melrose, Diepkloof, Noordgesig) and Cape Town, capturing diverse cultural backgrounds and languages, including Sesotho, Tswana, Xhosa, Shona, Sepedi, and Kossa. Participants identified as both South African and Zimbabwean, contributing to a rich data set.

One of the standout achievements of the Mpox Response Plan has been SARCS' ability to engage a wide range of community stakeholders. By involving LGBTQ+ individuals, traditional leaders, and healthcare workers, the plan has remained inclusive and responsive to the needs of different groups, ensuring a holistic response to the Mpox

outbreak. The RQA findings have provided valuable insights that will inform the next phase of the response, enabling SARCS to adapt its approach based on real-world feedback.

Looking ahead, SARCS will be rolling out Community-Based Surveillance (CBS) as a key component of the Mpox response. This system will enable trained volunteers to monitor communities for Mpox symptoms and report suspected cases early, enhancing outbreak detection and response capacity. The CBS rollout will complement existing volunteer activities and strengthen grassroots surveillance efforts in the affected provinces.

In parallel, SARCS plans to expand volunteer training to other high-risk provinces to ensure a broader reach of the Mpox response. Volunteers will continue to receive support in the form of personal protective equipment (PPE), educational materials, and logistical resources to sustain community engagement activities. Moreover, the findings from the RQA will be used to refine Mpox interventions, ensuring they remain culturally sensitive and inclusive of all community groups.

In conclusion, the Mpox Response Plan in South Africa has made significant strides in training volunteers, engaging communities, and gathering valuable qualitative data through the RQA. The upcoming CBS rollout will mark a critical step in improving early detection and response efforts, solidifying SARCS's commitment to a community-driven public health response. SARCS will continue to work closely with local health authorities and community stakeholders to ensure the Mpox response remains effective, inclusive, and sustainable.



## Nigerian Red Cross Society

### Stage 3 – established transmission



**1,393**  
people  
reached



**1,393** people  
reached



**1,250**  
people  
reached



**1,250**  
people  
reached

## Country Level Update

According to the NCDC (Nigerian Centre for Disease Control) during epidemiological week 41, 108 people have been confirmed Mpox positive from 1,395 suspected cases during the year. No fatalities have been recorded thus far. 27 states and the Federal capital territory have recorded Mpox cases. During the week, 6 new cases were recorded 2 of which had co-infection (Mpox & VZV), and no death was recorded. Additionally, below are other updates:

- Both NRCS and IFRC have been participating in weekly EOC meeting organized by NCDC
- Training of volunteers in 8 states started, a total of 1240 volunteers will be trained and deployed, in the following themes:
  - Seven hundred and ten (710) volunteers being trained and deployed for house-to-house Active case search across the 8 IFRC supported States
  - Five hundred and thirty (530) volunteers being trained and deployed for house-to-house RCCE and PSS
  - All 1240 volunteers being trained will conduct house-to-house hygiene promotion messaging



Above: Family picture \_ the Plateau Branch in partnership with State Ministry of Health concluded 2 days Mpox Step down training for (Cluster 3) Jos North. Photo by Nigerian RC, October 2024



## Red Cross Society of Cote d'Ivoire

### Stage 2 – limited cases



135 people reached



135 people reached



135 people reached



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 end of October, Ivory Coast has recorded 89 confirmed cases, with 33 affected districts so far according to official statistics.

The Mpox epidemic affects a large part of the national territory. Under this response, the Appeal is focussing on the 10 most affected districts for the sake of efficiency and the responsible use of available resources. The people most at risk are the immunocompromised, health workers and sex workers. The country has recorded 91 cases of Mpox as of 28 October 2024.

The overall objective of the operation in Côte d'Ivoire is to contribute to the national response and the rapid control of the epidemic. To achieve this objective, interventions will focus on strengthening the capacities of the National Society and volunteers in terms of prevention and response to the Monkeypox epidemic, taking into account the needs of priorities of affected communities through an increased community participation, supporting affected people and their families through a safety net. Several communication strategies will be used to achieve the assigned objectives.

Key highlights during this period include:

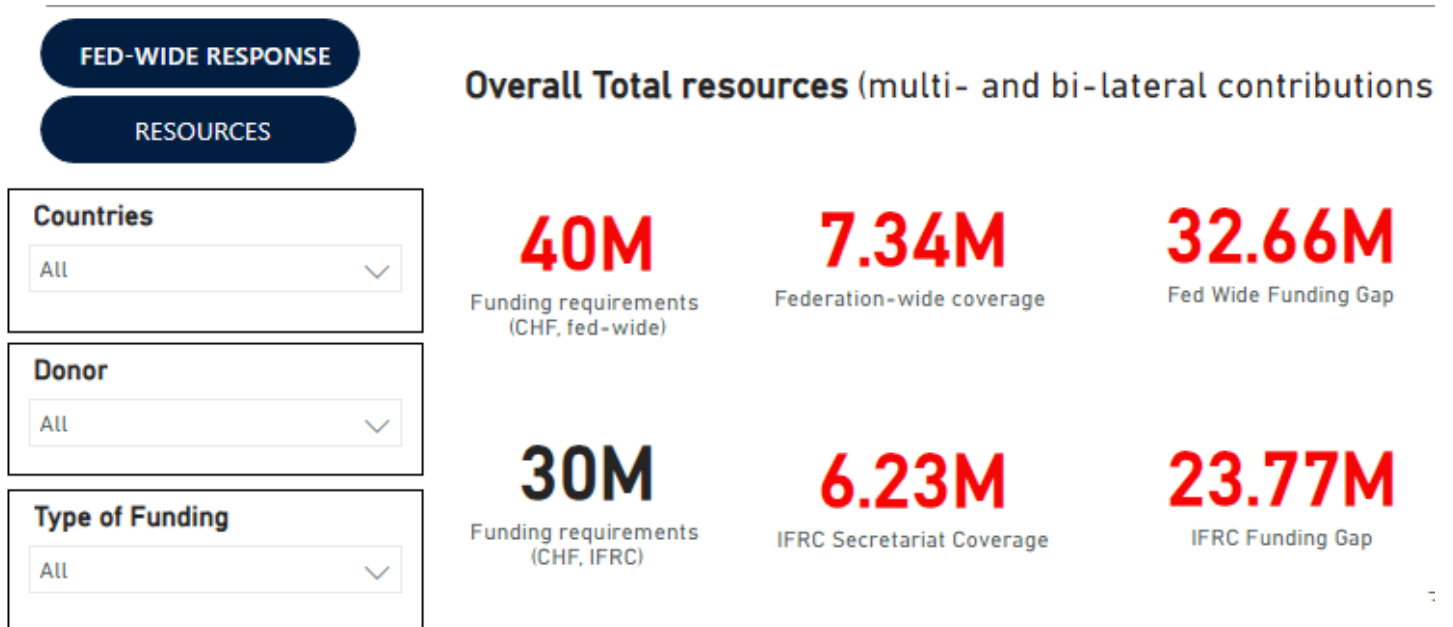
- **Coordination:** Weekly coordination meetings are regularly taking place and the NS is both participating at the National, provincial and district levels. In the framework of scaling up activities, an information meeting has been held for the Branch committee of Bingerville in the presence of the Mayor, the Prefect and the district coordinator.
- **Health and care:** Launch of activities and awareness sessions conducted in Branches of Danane, Abobo, Yamoussoukro Branches
- **CEA/RCCE:** The processes to launch radio shows have been started. 25 ToT volunteers, 110 volunteers from 10 local committees have been equally selected to be trained on CEA and PGI



*Above: A family photo during the volunteers' training in the local committee of Soubre. Photo credit: Red Cross society of Cote d'Ivoire, Oct. 2024*

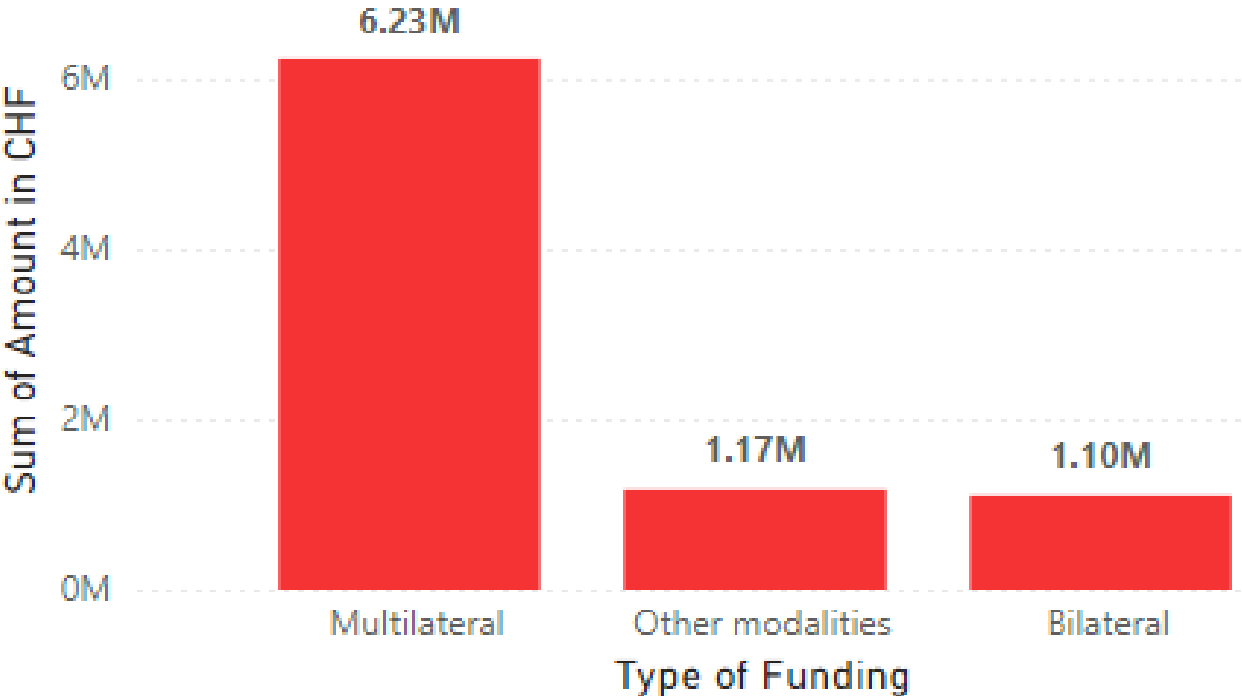
## D. FUNDING

There is currently CHF 6,232,813 (soft and hard pledges combined) funded through Multilateral mechanisms. Furthermore, there is an additional CHF 1,104,698 and CHF1,171,200 Bilateral contributions mobilized under Bilateral and Funding modalities respectively as per the details provided below<sup>7</sup>:

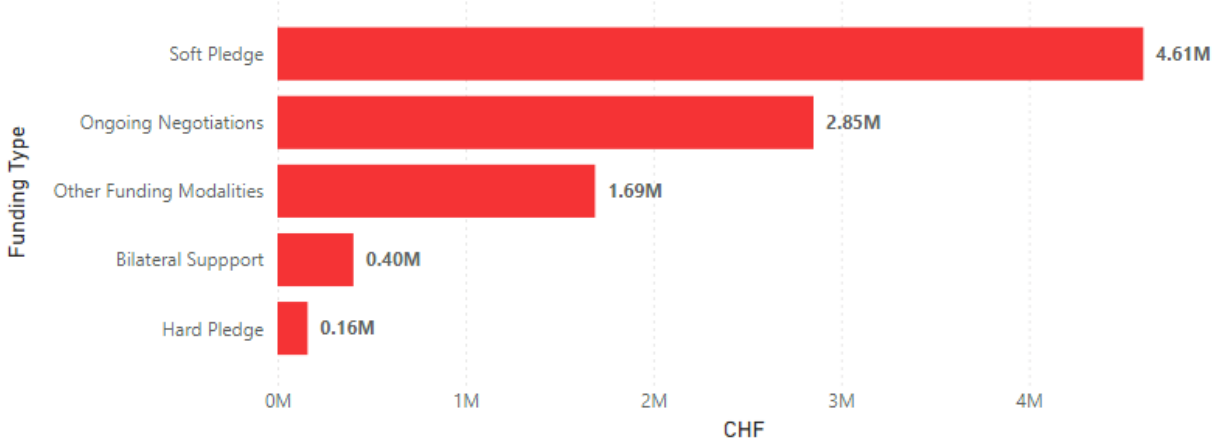


<sup>7</sup> The information and data herein is being updated as more contributions come. Updated information can be accessed on the live [funding dashboard](#) on IFRC go platform

# Contributions by type

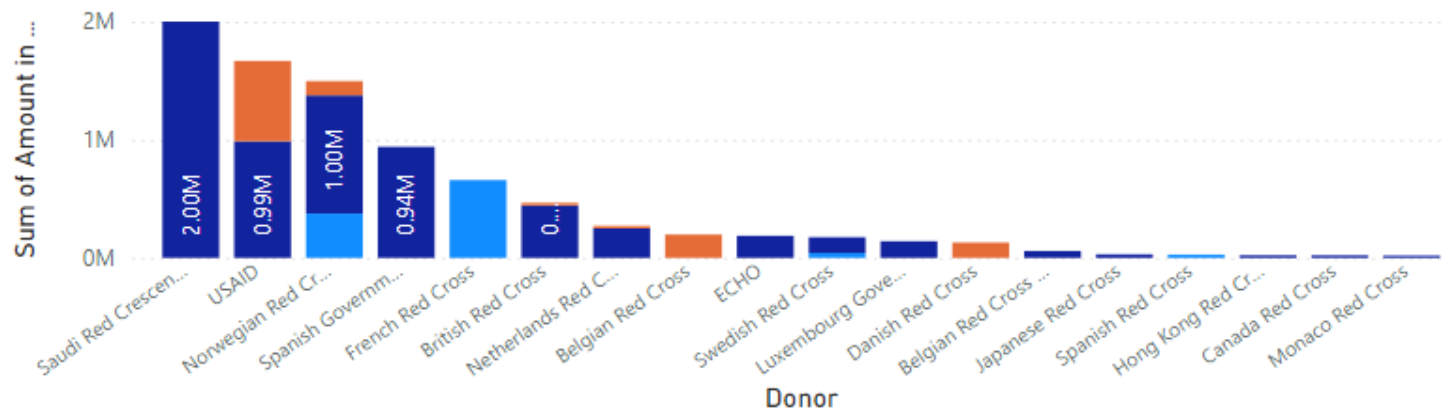


# Contributions by type



## Contributions by donor

Type of Funding ● Bilateral ● Multilateral ● Other modalities



## Contact information

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

### In the IFRC

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### For In-Kind donations and Mobilization table support:

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### For Performance and Accountability support (planning, monitoring, evaluation, and reporting inquiries)

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### 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.