OPERATIONS UPDATE #04

Africa Region | Mpox Appeal

Community Mpox awareness in Golombe Cameroon ©CRCS

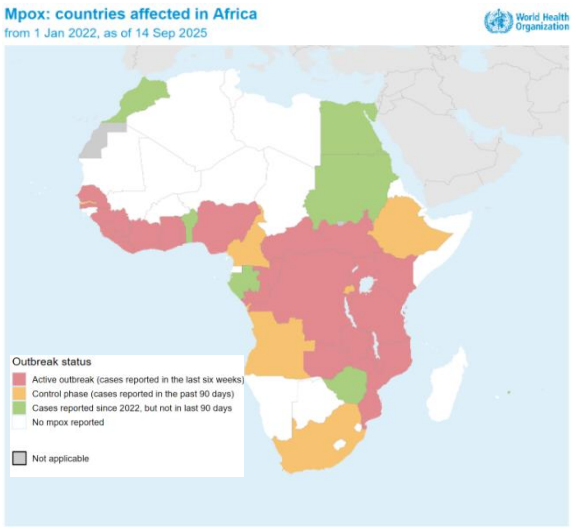
Emergency appeal №: MDRS1003 **Emergency appeal launched:** 20/08/2024 **Operational Strategy published:** 30/09/2024	**Glide №:** N/A
Operation Update # 04 (12-Month) **Date of issue:** 17/11/2025	**Timeframe covered by this update:** 22/08/2024 – 21/08/2025
Operation timeframe: 16 months (extended until 31 March 2026)	**Number of people being assisted:** 30 million people
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 30% funded, including DREF allocation. As of the last Operations update, the funding was reported at 31%, which included a CHF 2,000,000 pledge that was not honoured. 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 22 countries are being supported through this appeal. This Update extends the Appeal for a period of three months (March 2026) to provide room for reporting of the expanded operation.

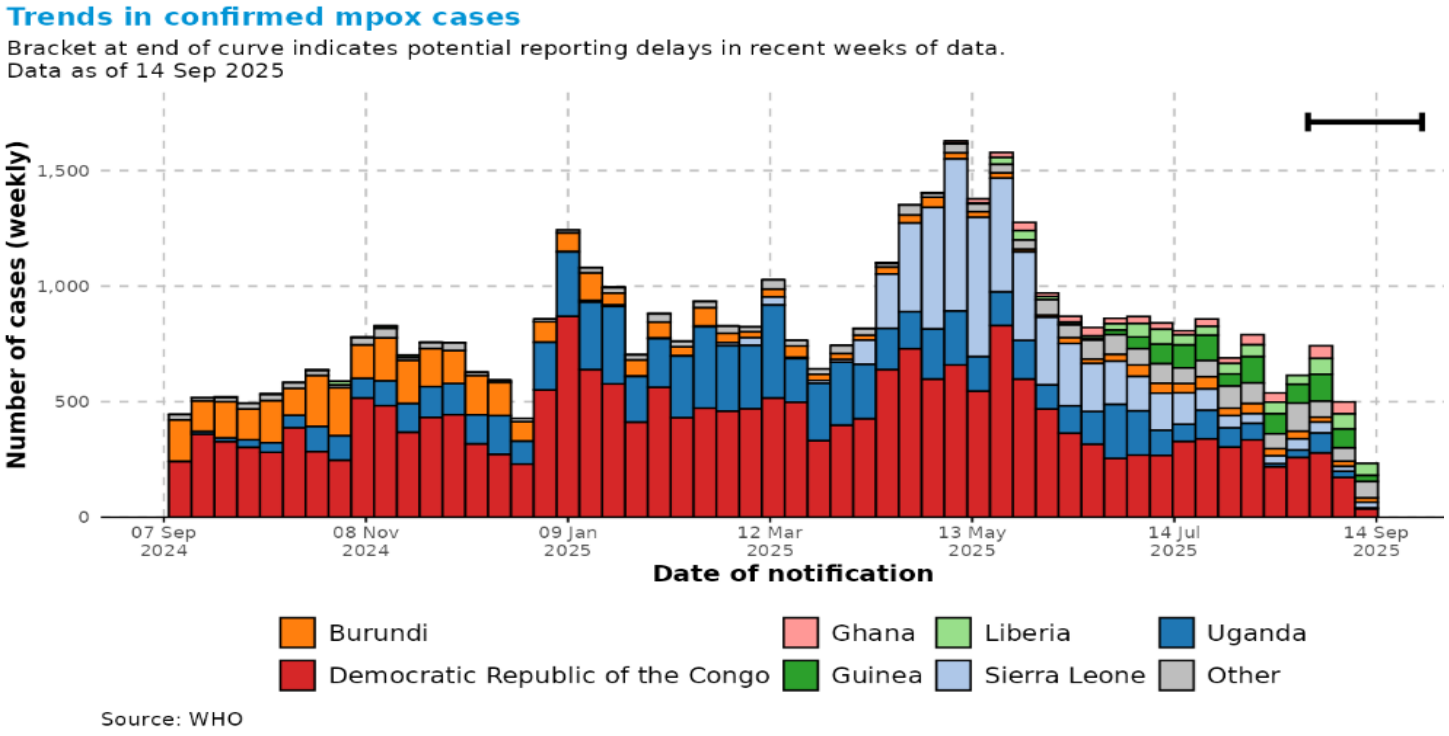
[1] The Federation-wide funding requirement encompasses all financial support to be directed to the National Societies in response to the emergency. It includes the operating National Societies' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 40 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

SITUATION ANALYSIS

Description of the crisis



Since the start of the year 2025, the Mpox spread in Africa has been on a rising trajectory until July where there was a slight decline in the number of cases. Between January 2025 and end of August 2025, Africa had at least 44,066, 180 fatalities and a Crude Fatality Rate (CRF) of 0.5% in 28 countries. The clades circulating are Clade I and Clade II. Both types spread same way and can be prevented using the same methods. Significant reduction of cases was mostly seen in July and August, and this is attributed to the various interventions put in place. Despite this progress, within the same period, a strong resurgence of cases was observed in Western Africa, in particular Guinea, Togo and Sierra Leone, in Kenya and Tanzania in East Africa and in Malawi and Mozambique in Southern Africa. In the cases reported in Guinea, where at least 942 confirmed cases occurred within a very short time, there seemed to be no clear linkage to the clade 2b that is endemic in Nigeria and the strain common in DRC. The crisis nonetheless continues to impact lives and livelihoods negatively. In September (when this report was being compiled), the Africa Centre for Disease Control (AfCDC), while releasing an assessment report, maintained Mpox as a Public Health Emergency of Continental Security (PHECS) while the World Health Organization (WHO) reclassified Mpox from Public Health Emergency of Concern to Grade Three Disease Outbreak. Thus, it remains a High Disease threat, and the WHO will continue to support the response with continental resources alongside the Africa CDC and partners, including IFRC.



The chart above gives a representation of the high burden countries in Africa, with DRC having the bulk of cases.

Mpox Federation-wide Overview

IFRC Secretariat

MPOX outbreak in Africa presented in a quick but very sporadic manner affecting at least 12 countries with serious projection of spreading. The Secretariat considered the many individual DREF requests and coordinated the launch of a joint appeal to support the affected countries. Over time this was extended to finally reach 22 countries directly. With this level of engagement, the secretariat reached out to partners for fund raising and distributing resources as situation evolved. The Secretariat also conducted routine calls with partners to provide them with update on the progress including pledge-based calls, some of which continue to date. This has continued to strengthen trust and confidence from donors supporting the response. The cluster offices were quite a resource in supporting responses and coordinating with surge teams that were seconded to the respective countries.

The operation team initiated and maintained weekly calls withing the IFRC and with partner regional bodies like Africa Centre for Disease Control (AfCDC) to exchange information and data and trends which is key in prioritising action.

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 enhance our collective impact on communities that are impacted and at risk.

Coordination structures and planning and reporting tools are in place both at the country level and at the regional level to support the operationalization of this Federation-wide approach. An example of this is the regional Membership meetings hosted by the Secretariat to foster discussions on how to best leverage the Membership's strengths in support of the operating National Societies. The Secretariat appreciates the continued support received from movement partners, even in the wake of reduced interest in Mpox that has been observed due to the increasing burden and prolonged nature of the outbreak. 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

Overview of the host National Society and ongoing response

The International Committee of the Red Cross (ICRC) is present in most countries where the Mpox outbreak has been declared. The provisions of the Movement Seville Agreement 2.0 for Strengthening Movement Cooperation and Coordination principles are applied for the ICRC to play its mandate. In outbreak-impacted areas where there is active conflict, the concerned National Society, IFRC and ICRC 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 the health districts of Bagira and Nyatende.

Response

1. National Society capacity and ongoing response

The Africa National Societies involved in the Mpox response operation established activities under different adoptive contexts. For countries that were able to start by undertaking preparedness measures with information on how the disease was spreading in the neighbourhood, their efficiency was generally better, albeit with limited resources being available. The National Societies engaged grassroots volunteers, some of whom were already trained in risk communication and community engagement (RCCE) and response in general to highly communicable diseases. The National societies faced a challenge of insufficient resources despite being expected by Governments to play big roles in response to Mpox. Burundi Red Cross, for example, remained as the only partner that was still providing water in Bujumbura to prevent disease spread, yet other partners had either pulled out/or were no longer focusing on Mpox. Nonetheless, the National Societies received accolades from governments and partners for their commitment and sustained efforts. The secretariat continued to support capacity building and deployment of personnel to the neediest areas as it continued to fundraise.

- **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 is 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 building trust, promoting preventive measures, and leveraging 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 extends national surveillance systems to communities.

- **Mental health and psychosocial support:** The National Societies working with Ministries of Health and other stakeholders in mental health spheres continued to aid the affected population, mostly from the lessons learnt from COVID-19 and Ebola responses. Call centres for help and physical and psychological First Aid services have remained key in the response operations.

- **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. Use of customised posters and social media continues to be in use, reaching a high number of audiences on Mpox awareness messaging.

- **Case management and support to vulnerable people:** The communities that were directly affected by Mpox received various services during the response period, which included casualty evacuation of patients to isolation/treatment centres and access to home-based care. The National Societies' teams of volunteers and staff continue to assist in health facilities and provide further assistance to patients past the hospitalization phase.

- **Vaccination:** Vaccination against Mpox has been adopted as a preventive measure among communities that are at high risk and especially where there is sustained community transmission. The National Societies working with

Ministries of Health in their respective countries have been at the forefront in leading these campaigns. As of the close of August, the WHO reported that there are about 6 million doses of Mpox vaccine that have been pledged, while there are 1.5 million doses of MVA-BN vaccines that have been delivered to 12 countries. There are also 3 million doses of the LC16m8 vaccines that have been delivered to DRC. Overall, over 2.2 million doses have been administered in 11 countries.

2. Red Cross Red Crescent Movement capacity and response

The Secretariat cluster teams took over coordination and accountability responsibilities from delegates who were initially deployed to hotspots during the first round of the outbreak. The devolved coordination and flexibility of the majority of the pledges enabled the cluster teams to shift allocations as was necessary to address new outbreaks as the epicentres shifted. Further, this was a big gain in situations where resurgence was experienced, like in Kenya, Tanzania and Malawi, among others. This is on a background of National Societies that have been in response to complex epidemics in previous years, including but not limited to Dengue fever, Ebola Virus Disease and COVID-19, backed up by a strong and skilled workforce of 48 National Societies, 18,000 branches, 14,000 staff and 4 million community volunteers.

Severity of Humanitarian Conditions/Needs analysis

Monkeypox (Mpox) is an infectious disease caused by the Mpox 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 scabs. Mpox can spread from animals to humans (zoonotic transmission) and from 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-risk groups to curb the epidemic.

Because one of the modes of transmission for some clades is sexual contact, there is considerable stigma in most countries. Stigma can spread misinformation about Mpox, leading to misunderstandings 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, meanwhile exacerbating an increase in disease transmission rates.

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 lives in internally displaced persons **(**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 in transport, payment of health care services, food, and communication while their daily activities have been partially or totally put on hold because of the disease. This is particularly impactful for women and girls, who act as caregivers. Lessons learned from previous public health crises in Africa, namely COVID-19 and Ebola, have taught us that women and girls are often saddled with primary caregiving duties for those who are sick while still being responsible for the provision of food and water to the family. These burdens are even more pronounced in child and woman-led households.

Health and Care

The main priorities to support 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 understand these patterns of transmission and ultimately end community transmission. National Societies have been working in alignment with their national government plans to implement these activities in the most impacted areas. Additional case management support continues to be important, including safe evacuation of patients suspected to have contracted 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 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 visual aids 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 in most humanitarian emergencies, 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 (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

The spread of Mpox has been steady across many African Countries, now reaching 28 from the initial 12 envisaged at the launch of the appeal. Other emergencies have also occurred alongside this, including conflict and the Ebola outbreak in DRC. It has sometimes been observed that Mpox turned out to be of lower priority, and hence, few resources were allocated. The National Societies have continued to review their plans in line with the respective MOH guidelines and the Africa CDC. Currently, AfCDC has guided that the Mpox response be integrated with other outbreak responses like Cholera, and most National Societies will be working towards the same.

The resurgence of Mpox in countries that were already off the list suggest that the disease might remain endemic in most parts of Africa, hence the need to scale up continued community education and surveillance. Vaccination campaigns will also have to be increased despite the inadequacy of the doses needed to support the at-risk

population. National Societies will continue to work with the Ministry of Health in their respective countries and adjust strategies to meet the evolving operational needs.

A. OPERATIONAL STRATEGY

Update on the strategy

In this Operations Update, revisions were made to both the **data management approach** and the **indicators framework** compared to the previous update. On data, adjustments were necessary because earlier figures risked **double-counting**: data across months had been cumulatively added while the geographical areas of implementation in countries had not changed. This created potential duplication in reported reach. The current update, therefore, applied a more rigorous **geographical mapping at the lowest administrative unit** to reconcile data, minimize outliers, and ensure that reported figures reflect the **true number of unique individuals and households reached**.

On indicators, revisions were introduced to streamline reporting and focus on a **minimum, core set of indicators** that are both feasible to collect and aligned with IFRC's global indicator bank. The previous approach relied on a broader set of indicators, which created challenges for consistent data collection and comparability across countries. The current update, therefore, prioritizes indicators that capture the essential scope of the Mpox operation, namely:

Sector	Indicator
PGI	# of individuals/households reached with PGI-sensitive Mpox awareness
Health	# of people reached with health promotion information on Mpox prevention and care
Health	# of volunteers trained in epidemic control (with PGI/WASH components)
Health	(Optional) # of suspected Mpox cases detected and referred
RCCE/CEA	# of people reached through RCCE/CEA activities
WASH	# of households reached with hygiene kits/messages that meet DAPS standards

Additional reasons for these revisions include: **(i)** ensuring harmonisation across countries to enable Federation-Wide aggregation, **(ii)** reducing reporting burden on National Societies by concentrating on high-value indicators as the operation now remains in just a few of the 22 countries, **(iii)** improving data quality and accuracy by removing overlaps, and **(iv)** boosting the credibility of the operation's results for stakeholders. These adjustments collectively ensure that the operation is portrayed with greater precision, transparency, and accountability.

Mid-Term Evaluation

The Mid-Term Evaluation (MtE), conducted between June and August 2025, assessed the Appeal's relevance, effectiveness, efficiency, coherence, sustainability and coverage and examined how it has strengthened National Society (NS) capacities to respond to future health emergencies. Using a mixed-methods approach, including document review, key-informant interviews, surveys, and field visits to Kenya, Uganda and Burundi, the evaluation gathered evidence from IFRC, Host and Partner National Societies, governments and affected communities. Despite limited field coverage and a 60 per cent survey response rate, data triangulation ensured robust and credible findings.

Key Findings

Relevance: The Appeal was found to be highly relevant in addressing urgent public-health needs. National Societies implemented Community-Based Surveillance (CBS), WASH, Risk Communication and Community Engagement (RCCE), and Psychosocial Support, all of which were widely accepted by communities. The operation demonstrated strong contextual adaptation, with each NS developing locally tailored action plans aligned with Ministry of Health priorities and community realities. This flexibility allowed for timely shifts as the epidemic evolved. Communities valued the clear, accessible information that helped reduce misinformation, stigma and fear.

Effectiveness and Efficiency: While the response reached millions of people, it was critically underfunded, with only 21 per cent of the CHF 40 million appeal mobilised, and heavily dependent on volunteers. This funding shortfall constrained geographic coverage, continuity and monitoring. Delays in fund disbursement, limited PPE and transport, and weak qualitative monitoring further affected performance. Nevertheless, the operation demonstrated disciplined financial management, rapid volunteer mobilisation and effective technical support from NoRC and other PNSs. The evaluation calls for stronger resource mobilisation, improved field-level coordination and supervision, enhanced volunteer welfare and harmonised monitoring systems that include behavioural and qualitative indicators.

Sustainability: The operation strengthened community awareness and reaffirmed the auxiliary role of National Societies through locally led awareness campaigns and surveillance. However, sustainability is threatened by financial gaps that restrict ongoing training, equipment purchase and volunteer incentives. Volunteers remain the backbone of community resilience, but without adequate support, the continuity of their efforts is at risk. Long-term sustainability requires investing in volunteer well-being, financial management, and peer-to-peer learning, while focusing resources on the most affected countries.

Coherence and Coverage: The Mpox response was well aligned with WHO and Africa CDC guidance and national health strategies. Collaboration with ministries and partners was generally constructive, though NS influence in policy discussions remained limited. Coverage extended to remote and marginalised populations, including truck drivers, market vendors, informal-settlement residents and school communities, but misinformation, language barriers, insecurity and logistics hindered full outreach. Community-based volunteers and trusted leaders proved essential in overcoming these challenges and ensuring inclusivity.

Lessons and Recommendations

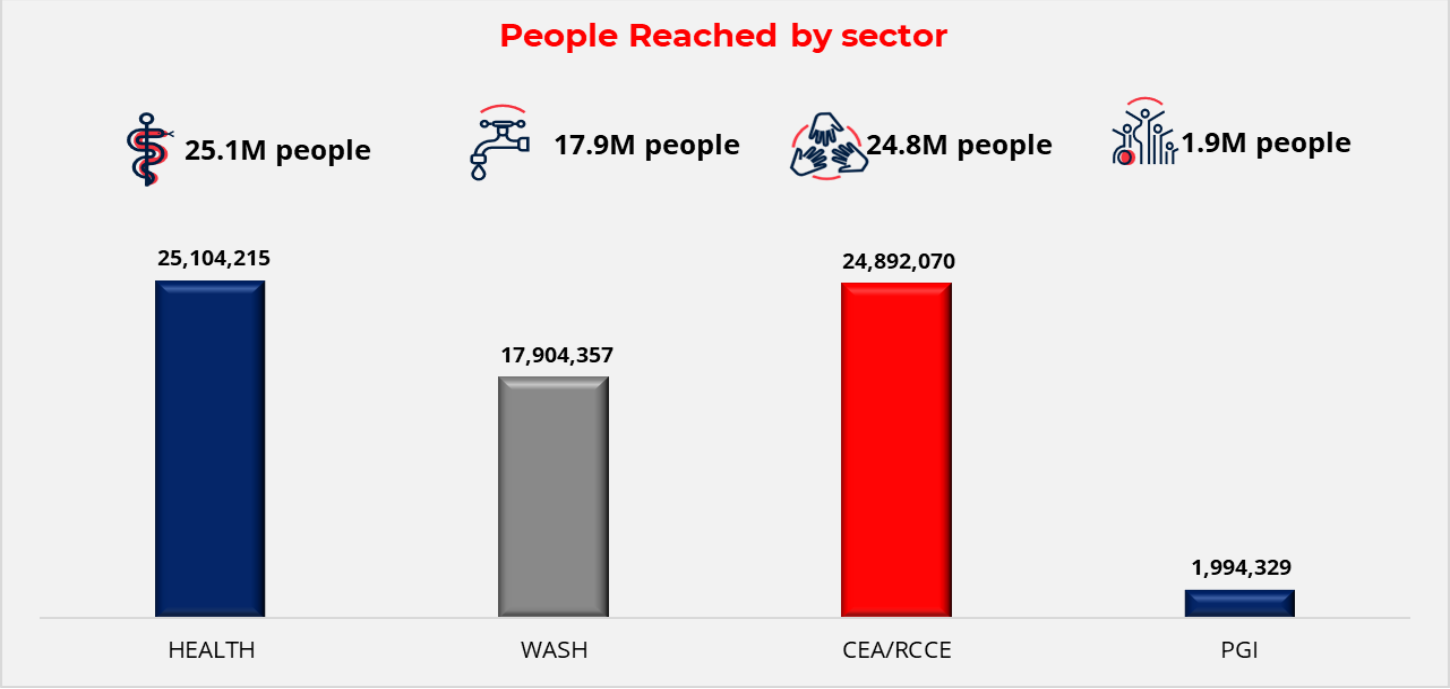
The evaluation highlights that National Society-owned action plans enhanced relevance and ownership; flexible operations were essential in rapidly changing epidemic contexts; and severe underfunding undermined both quality and scale. Volunteer protection, training and motivation emerged as decisive factors for success. Monitoring systems must move beyond quantitative “people reached” indicators to capture behavioural change and community trust. Combining financial and technical engagement from Partner National Societies, as demonstrated by NoRC, produced stronger results and should be replicated. Key recommendations include:

- Concentrate financial, human and technical resources on the countries most affected.
- Sustain investment in community awareness and RCCE.
- Equip and protect all volunteers, ensuring adequate per diems and transport.
- Establish dedicated epidemic-response teams within each NS.
- Integrate mpox and epidemic-preparedness protocols into routine community-health programmes.
- Develop qualitative monitoring systems that capture behavioural impact.
- Strengthen National Societies’ humanitarian-diplomacy capacity to influence health policy and resource allocation.

Overall, the Mid-Term Evaluation concludes that the Mpox Appeal was highly relevant, adaptive and community-centred, leveraging the comparative advantage of the Red Cross Red Crescent volunteer network to build trust and deliver lifesaving awareness and prevention messages. However, severe underfunding and limited qualitative monitoring constrained its potential impact and sustainability. Maintaining the achievements to date will require sustained investment in volunteers, sharper prioritisation of resources toward the hardest-hit countries, and continuous integration of mpox preparedness within broader health and resilience systems across Africa.

B. DETAILED OPERATIONAL REPORT

Regional Overview



Pillar 1: Socio-economic protection

The Mpox outbreak had significant socio-economic implications for families, particularly those with affected breadwinners. The IFRC appeal initially planned to provide multipurpose cash assistance to address urgent needs and support livelihood reintegration through skills enhancement. A dedicated livelihood assessment was also designed to inform these interventions. However, due to funding constraints, socio-economic protection activities could not be prioritized or implemented as planned. Consequently, no targets under this pillar were reached by any of the responding National Societies during the reporting period. The gap highlights the continued need for investment in resilience-building measures for vulnerable households in future epidemic responses.

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

Health and care activities provided by Red Cross National Societies reached or supported slightly over 25 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; support to vaccination campaigns; and support to case management, including patient transport.

An additional 14,399 volunteers received training for community-based surveillance or active case finding in high-burden countries such as DRC, Uganda, Burundi, Cameroon, Kenya, and Nigeria. Enhanced cross-border surveillance was implemented in the high-burden countries, including Angola, Ethiopia, Rwanda, and Zambia, to curb cross–border transmission. Volunteers were trained in case identification, referral to clinical health facilities. Contacts of affected persons were followed up, identified, and supported to increase IPC measures to avoid further disease spread. Various RCCE and sensitization activities were conducted at the household and community level in all affected countries. RCCE materials were developed in local languages and distributed widely to raise awareness in affected countries. National societies led social mobilization for vaccination in all countries, while PSS activities were received by more than 700,000 beneficiaries in Burundi, DRC, Kenya, Tanzania, and Uganda.

The movement's health and care activities are specifically targeting epidemic control, including both prevention of transmission and care for cases. Ambulance services were operated in Uganda and the DRC. Kenya and DRC National Societies supported training and improvement of IPC in their facilities during this reporting period. Key technical coordination structures were in place to ensure lessons learnt and tools sharing across responding National Societies. The IFRC worked closely with technical partners at the continental and country level, linking into the WHO/Africa CDC interagency coordination platform. The IFRC made a significant contribution to the RCCE, surveillance, case management, IPC, and vaccination pillars. The IFRC co-led five webinars covering all pillar activities. National societies were allowed to share experiences and to receive updates on the Mpox protocols as part of capacity building.

Pillar 3: Water, Sanitation and Hygiene

These interventions included improved access to safe water, provision of hygiene items, and hygiene promotion activities targeting individuals and communities affected by or at risk of Mpox infection. WASH interventions played a critical role in reducing transmission risks and strengthening preventive behaviours at the community level. In addition, robust technical coordination mechanisms were established to facilitate peer-to-peer learning, exchange of tools, and harmonization of practices across National Societies, ensuring consistency and quality of WASH response throughout the operation.

Protection, Gender and Inclusion

To strengthen communities' dignity, access, participation and safety in the response, with no one left behind, the team has been able to:

- Develop relevant guidance on how best to ensure protection, gender and inclusion approach strengthens the Mpox response (available in English and French) https://pgi.ifrc.org/resources/pgi-Mpox-response-english
- Engage in the GBV working group for East and Southern Africa to enhance collaboration and coordination in Mpox response. The working group has been able to develop a brief on the gendered impacts of MPox Impact of MPox on Women and Girls brief (GBV AOR) | Protection, Gender & Inclusion
- One of the major gaps we have in emergency operations, including Mpox, is a lack of gender and diversity analysis to guide the response and recovery. This was also highlighted in the Mpox response, where protection, gender and inclusion actors highlighted the lack of gender and analysis to guide the Mpox response and the lack of sex, age, and disability disaggregated data (SADDD). To address this gap, in January 2025, IFRC, in collaboration with French RC and financial support from the IFRC operations team (PGI and health) conducted the first gender in epidemics training targeting NS (Anglophone) who respond to epidemics, focusing on PGI and health technical colleagues. Twenty-three (23) participants from 12 NS attended to strengthen NS capacity in conducting gender and diversity analysis, including through practical examples and simulations. The NS were able to understand why gender and diversity are critical in epidemics and how to conduct a gender and diversity analysis and to use it to plan the full cycle of the operation. One person from

the Gender in Emergencies group (GIE) presented their experience in conducting gender and diversity analysis, including the recent one they did for the Mpox response, focusing on DRC. NS appreciated the peer-to-peer learning, including from persons outside the movement. The NSs developed action plans, and we continue to work as a team to ensure the action plans are implemented.
- Currently ongoing is the planning for the next gender and epidemics training (francophone). This is a collaboration with Health, CEA and PGI.

PGI had several challenges in the response, as was no budget line included in most NS budgets. We recommended conducting a gender and diversity analysis to guide the operations response plans as the basic minimum in the response, but this was not done.

Community Engagement and Accountability

To enhance National Societies' capacity to respond effectively to the ongoing Mpox outbreak, the IFRC CEA team has closely supported NSs in adapting and refining their Mpox response efforts to reflect the evolving needs and concerns of communities. This support included the following initiatives:

Collecting, responding, and acting on community insights:

- New tools for collecting, managing, and analysing community feedback were developed for NSs. One of which, the Community Feedback Logbook tool, was developed to enable NSs to manage and analyse feedback from multiple epidemic outbreaks to understand if there are significant similarities or differences in community concerns, questions, or beliefs across multiple operations NSs are responding to.
- Of the 23 priority countries, over 10 National Societies have a systematic community feedback mechanism in place, including: Burundi, Rwanda, Angola, Tanzania, Uganda, Kenya, Cameroon, Ivory Coast, Congo, and the Democratic Republic of Congo.
- Weekly "Community Feedback Troubleshooting Sessions" were set up in French and English to strengthen NSs' capacity in collecting, managing, and analysing community feedback. These sessions have been attended by 13 NSs across the region every week.
- NSs were also supported to conduct rapid qualitative assessments (RQAs), which consist of a series of focus group discussions and key informant interviews to better understand the perceptions, knowledge, attitudes and practices communities have on Mpox. At least 3 NSs rolled out RQAs, including Burundi, Rwanda, and Zambia Red Cross.
- Based on findings from community feedback and RQAs, the regional CEA team produced 3 feedback briefs to share real-time community insights and recommendations to address community concerns with NSs, technical colleagues, and externally with RCCE partners. NS were also supported to produce their own in-country feedback briefs, such as Kenya, Cote d'Ivoire, Rwanda, Gabon, Democratic Republic of Congo, Burundi, and Cameroon Red Cross.
- A regional volunteer perception survey was conducted to better understand community concerns, questions, and beliefs around Mpox and response efforts. Over 3,790 RCRC volunteers participated in the survey across 30 NSs.

CEA Capacity Building:

- Regular coordination calls were organised with NSs to provide technical assistance and promote peer learning across countries. These sessions were focused on sharing progress updates, identifying operational challenges, and discussing solutions.
- In-country RCCE and community feedback trainings were rolled out in Rwanda and Burundi. These aimed to build the capacity of NS staff and volunteers to effectively engage with communities, collect and analyse

feedback, and use insights to adapt their response activities. In August 2025, a monitoring visit was conducted in Burundi. Further coaching was provided on coding, analysing, and using community feedback.

Evidence Tracking Framework

- To support evidence-based decision-making, the Collective Service launched an Evidence Tracking Framework (ETF) initiative. This was piloted in Burundi in partnership with the Burundi Red Cross, UNICEF, and MoH. The ETF aims to improve documentation and sharing of lessons learned from coordinated RCCE interventions during emergencies like Mpox.

Coordination

- IFRC has been a core partner of the RCCE Collective Service since 2020. Through the Collective Service, the IFRC has supported the development of the Mpox Thematic Kit and tools such as the Mpox question bank led by Social Science in Humanitarian Action Platform (SSHAP).
- IFRC has continued to co-lead the ESAR RCCE Technical Working Group, coordinating the regional Mpox RCCE response efforts. In addition, IFRC re-instated the Community Feedback and Social Science Sub-Working Group for the Mpox response (SWG). This is co-chaired with AIRA (WHO) and Anthrologica. Through the SWG, inter-agency feedback tools were adapted for Mpox and shared with country partners. To date, Inter-Agency Community Insights Reports have been developed and shared across regional technical working groups and with partners in the country.
- The IFRC has been a core contributor to the continental IMST coordination discussions and initiatives, including:
    - identification and prioritization of key activities for countries, including Burundi, DRC, Sierra Leone, and Malawi
    - co-developing a joint training on cholera and Mpox for priority countries.
    - supporting the development of a database and key tools, such as the joint cholera and Mpox RCCE guidelines
    - Technical support to ACDC and WHO on drafting key continental and regional RCCE recommendable interventions for end-of-year festivities.
    - Developed and rolled out an Mpox webinar series in English and French with partners. Four webinars addressing different key topics were rolled including stigma and community feedback mechanisms
    - Active support to ACDC on drafting the continental preparedness and response plan for the Mpox outbreak in Africa

Enabling approaches

National Society Strengthening

The presence of National Societies in hotspot areas affected by emergencies is a unique feature that must be nurtured. It gives a comparative advantage to the movement. The ability for a National Society to respond with its own resources depends on its capacities. These capacities are often depleted and hardly get replenished after use from frequent responses. The IFRC secretariat has continuously supported the National Societies in replenishing resources used, increasing human resource capacity through training and generally ensuring that the National Society is stronger than it was after operations. In the appeal, several NSD support items and mechanisms were included as a contribution towards the goal.

Coordination and Partnerships

Response to epidemics in recent days has been seen to take a new positive dimension. The Africa CDC during the Mpox response took the lead in guiding surveillance, declaration and routine data release on the disease, not to

mention the coordination role. Regional bodies like AfCDC will be the future force in the coordination of response. The IFRC has also been very active in the coordination of response, bringing in expertise and presence in affected areas through the National Societies. The Secretariat is committed to maintaining this role and ensuring the work of the National Societies is felt and recognised at the country and regional levels. The National Societies are applauded for being at the table of decision-making with their respective authorities to which they are auxiliary.

Secretariat Services

Due to the exponential nature of Mpox spread at the start and upon declaration by AfCDC and WHO of it being a Public Health Emergency of International Concern, the Secretariat deployed surge teams to epicentre countries to combat the spread of the disease. Most of the human resources deployed remained in service for a period between 3 and 6 months until other long-term resources were available. In doing so, the Secretariat maintained high standards in service delivery and ensured that the National Societies remained relevant and active as per their respective mandate, being auxiliary to authorities.

National Society Response

DRC Red Cross Society

5,634,710 people reached	**463,862 people reached**	**434,819 people reached**	**5,634,710 people reached**

Country profile/context

The Mpox outbreak in the DRC has unfolded against a backdrop of fragile health systems, recurrent epidemics (such as Ebola and measles), and protracted humanitarian crises driven by armed conflict and displacement. In this environment, the DRC Red Cross, supported by IFRC and network partners through the resources of the federation-wide regional emergency appeal, rapidly mobilized its extensive volunteer network to mount a community-centred response. Volunteers were deployed to conduct door-to-door risk communication campaigns, organize community dialogues, and support rumour-tracking mechanisms. These efforts ensured that communities received accurate, culturally sensitive information about Mpox prevention, transmission, and care-seeking.

In areas where misinformation and fear were widespread, trusted community volunteers played a crucial role in building public confidence in health services. Partnerships with local leaders, women's groups, and youth associations further amplified the impact, helping to counter stigma and misinformation. As a result, thousands of households in both urban and rural settings reported increased awareness of preventive behaviours such as early care-seeking, safe caregiving practices, and hygiene measures, reducing the risk of uncontrolled transmission.

Livelihoods and Cash Assistance

Beyond immediate health risks, Mpox disrupted household incomes and livelihoods, particularly for families where breadwinners fell ill or caregivers had to isolate. The DRC Red Cross has responded by **restoring dignity and resilience for 228 affected households**. In volatile areas like North Kivu, families were provided with food and agricultural tools to restart farming activities and secure their food sources. Elsewhere, multipurpose cash

transfers were delivered to the most vulnerable households, empowering them to meet pressing needs such as food, shelter, and school fees.

Although implementation faced challenges like limited cash-handling capacity in conflict zones, the approach has laid a foundation for building stronger safety nets.

Health and Care
The health intervention reached **5,634,710** people with integrated Mpox and epidemic control services, maximally leveraging limited resources through strategic volunteer deployment and partnerships. Nearly 140,000 individuals were vaccinated, a significant proportion representing 24.2% of the national total, highlighting both reach and prioritization of high-risk zones. The community-based surveillance model employed over 1,700 trained DRC Red Cross volunteers who conducted active case finding, contact tracing, and referrals, enabling efficient use of scarce clinical resources and reducing the burden on health facilities.

This community-level engagement facilitated prompt detection and care, which is cost-saving in the long run by preventing severe cases and widespread transmission. Collaborative efforts with the Ministry of Health enhanced supply chain management for vaccines and PPE, ensuring timely availability and minimizing wastage. These integrated, layered approaches demonstrate excellent cost-effectiveness by achieving substantial health impact per unit of invested resources, while addressing existing financial gaps that constrain wider vaccine coverage and facility strengthening.

WASH (Water, Sanitation, and Hygiene)
WASH activities delivered critical preventive measures to **463,862 people** by improving access to safe water, hygiene facilities, and sanitation infrastructure, crucial for halting Mpox and related infections. Investment in rehabilitating handwashing stations and hygiene kit distributions especially benefited vulnerable households, with volunteers strategically embedding hygiene promotion messages into community dialogues to maximize behavioural change.

This integration reduced duplication, optimized volunteer time, and scaled impact with minimal incremental cost, illustrating high operational efficiency. Importantly, building local capacity for water committees ensures sustainability and resilience beyond the project cycle, an essential factor increasing the long-term returns on investment. Nonetheless, funding shortfalls threaten the extension of these activities to remote areas where water and sanitation deficiencies remain high, underlining a critical need for sustained financial support to uphold and expand these essential services.

RCCE/CEA (Risk Communication and Community Engagement)
Reaching **over 5.6 million people**, RCCE efforts utilized multi-channel strategies including community meetings, radio broadcasts, and household visits to disseminate accurate Mpox information and inspire protective behaviours. Training of local volunteers and influencers in localized communication practices ensured cultural relevance and enhanced community trust, which is vital for public health compliance.

The strategic focus on combating stigma and misinformation played a pivotal role in fostering timely health-seeking, vaccine uptake, and adherence to hygiene practices, significantly amplifying the return on donor investment by multiplying behavioural impact across diverse communities. Integration of RCCE into other sector activities reduced overheads and maximized volunteer utilization, while recurrent messaging through trusted local channels strengthened message retention, proving a highly cost-effective model. Financial limitations, however, restricted scaling the production and distribution of IEC materials as well as refresher training frequency, undermining potential broader impact gains.

PGI (Protection, Gender, and Inclusion)
PGI services reached **nearly 500,000 people,** integrating psychosocial support, gender-based violence prevention, and stigma reduction into the epidemic response. Volunteers provided psychosocial first aid and created inclusive safe spaces, critical for mitigating mental health impacts and strengthening social cohesion, which indirectly contribute to better epidemic outcomes.

By embedding PGI systematically across health, WASH, and RCCE programs, the DRC operation avoided parallel structures and achieved service efficiencies, thus maximizing the humanitarian impact per dollar spent. Targeting marginalized groups ensured equitable access and compliance, vital for epidemic containment and community resilience. Despite these robust frameworks, PGI scaling is constrained by funding gaps that limit the depth of psychosocial programming and outreach to the most vulnerable, emphasizing the need for resource mobilization to meet these essential protection and inclusion objectives.

Burundi Red Cross Society

629,103 people reached	**981,059 people reached**	**4,900 people reached**	**321,685 people reached**

The Mpox outbreak was officially declared on July 25, 2024, after three cases were confirmed in the border areas between Burundi and the DRC, which is an Mpox epidemic area. At the end of June 2025, there were 9064 confirmed cases and 1 death. The epidemic affected 46 health districts. The contribution of the Burundi Red Cross (BRC) covers 14 affected provinces (Mpox success video)

Over the course of the Mpox operation, the Burundi Red Cross (BRCS), in collaboration with IFRC and the Ministry of Health, mobilized 690 trained volunteers who played a pivotal role in community engagement, psychosocial support, and protection-related activities (CEA, PSS, PGI). Their active presence in communities ensured a wide-reaching and sustained response. Through health promotion initiatives, more than 600,000 people were reached with key messages that helped reduce transmission risks, foster safer practices, and dispel stigma associated with Mpox. To amplify outreach, 85 radio broadcasts were aired nationwide, further reinforcing preventive measures and ensuring that even remote communities had access to life-saving information.

In terms of strengthening the health system, the BRCS supported the expansion of treatment capacity at Gitega Regional Hospital with the installation of three 40 m² tents and at Mutaho District with two 40 m² tents. Each tent, with a capacity of eight beds, significantly boosted the ability of health facilities to manage Mpox patients safely and effectively. Recognizing the broader psychosocial impact of the outbreak, the BRCS provided mental health and psychosocial support to 1,336 people. These services helped affected individuals and families cope with stress, stigma, and trauma, contributing to community resilience.

Furthermore, water, hygiene, and sanitation interventions reached at least 981,059 people. These interventions, primarily through water distribution, were critical in maintaining hygiene standards, preventing secondary infections, and promoting healthier living conditions in affected areas.

Together, these achievements underscore the BRCS's holistic approach, combining health promotion, system strengthening, psychosocial support, and WASH interventions, to protect lives, preserve dignity, and strengthen community resilience in the face of Mpox.

Multi-purpose Cash
A total of **503 households received one-off cash transfers** of 250,000 Burundian francs each in Gitega and Bujumbura, enabling them to meet urgent needs such as food, healthcare, and essential household expenses. Cash assistance allowed families to decide on their own priorities, reinforcing dignity and resilience in a time of crisis. According to a **Post-Distribution Monitoring (PDM) survey, 99% of recipient households** expressed satisfaction with the cash support received, confirming the relevance and timeliness of this intervention.

Health and care
Through the Mpox response, the Burundi Red Cross (BRC), with support from IFRC and in close collaboration with the Ministry of Health, has made significant strides in protecting communities and strengthening early detection systems. **690 trained volunteers** have been actively deployed across communities and points of entry, ensuring rapid response and timely alerts through community-based surveillance (CBS) and contact tracing. In parallel, hotline staff have been equipped with new skills to provide accurate, empathetic, and timely responses to public inquiries. To date, **12,006 Mpox-related alerts** have been reported to health authorities through CBS. Although alerts have decreased, this reflects the encouraging downward trend in Mpox cases nationwide. The BRC continues to support the Ministry of Health by **evacuating suspected and confirmed patients**, with **259 individuals transported safely** by BRC ambulances in line with WHO and MoH protocols.

Preventive efforts have reached **over 600,000 people with health promotion messages**, fostering awareness and safer practices. In addition, **2,215 people accessed psychosocial and mental health support services**, addressing stigma, stress, and trauma associated with the outbreak.

Water, sanitation and hygiene
In order to better respond to the Mpox epidemic, 345 volunteers were trained in washing in emergencies to facilitate sensitization and chemical spraying.

Water supply by tanker truck has been achieved and at least **981,059 people** have been reached by the water, hygiene and sanitation activities. They were mainly affected by the distribution of water. In addition, 7,800 households received soap, at a rate of 4 soaps per household, and 198 volunteers were trained in the management of mortal remains.

Protection, Gender and Inclusion (PGI)
The Burundi Red Cross Society has provided training **to 690 volunteers** for the implementation of the minimum standards of PGI, PSEA and SGBV through community awareness actions. At least **4,900 people** were reached with PGI specific information thereafter.

Community Engagement and Accountability (CEA)
Different activities were carried out on RCCE in order to reach as many people as possible. Thus, 690 volunteers have been trained at the CREC and the CEA and are now deployed in the communities to raise awareness.

Awareness-raising tours are organized throughout the country. Various awareness-raising materials have been purchased to facilitate the activities of volunteers and staff. The training of volunteers responsible for collecting data on community activities has enabled the national service to obtain the average number of people affected by these activities. A data quality assessment was conducted with UNICEF and volunteers were strengthened in collecting community feedback. At least **321,685 people** were reached by the awareness activities on the RCCE.

South Sudan Red Cross Society

85,701 people reached

During the Mpox operation in South Sudan, the South Sudan Red Cross made significant strides in strengthening community awareness, preparedness, and response. Through targeted outreach, a total of **85,701 people** were reached with Mpox awareness messages. These efforts ensured that both urban and border communities were informed about prevention, symptoms, and available support services. To sustain these efforts, 75 Red Cross volunteers were comprehensively trained, equipping them with the knowledge and skills to cascade accurate information and support local interventions. In addition, 17 community leaders were engaged and trained, creating a multiplier effect as these leaders mobilized their communities and reinforced public trust in the messaging.

Community engagement was further strengthened through 34 awareness sessions conducted in high-traffic social spaces, allowing for face-to-face interaction, dialogue, and clarification of myths and misconceptions. Complementing these sessions, 12 radio talk shows were aired, vastly extending the reach of Mpox information to rural and hard-to-reach populations and ensuring consistent messaging across multiple platforms. In terms of resource distribution, the operation prioritized both information dissemination and essential supplies. 1,200 IEC materials were developed and distributed to households and communities, serving as practical references on Mpox prevention and management. To enhance community preparedness and resilience, the South Sudan Red Cross procured and distributed 450 boxes of oral rehydration salts (ORS), critical for managing dehydration during illness, and 130 large containers of sanitizers, promoting hygiene practices in public and communal spaces. Additionally, 80 protective masks were purchased and distributed, reinforcing preventive measures in targeted areas.

SSRC volunteers raising awareness about M-pox (Mpox) prevention in the villages of Anzara Boma, Nimule, on March 10, 2025.

Volunteers giving awareness on Mpox prevention to the Community of Olikwi and Motoyo East in Nimule

The County Health representative giving remarks to the participants during the opening of Mpox prevention training in Deno Hotel on 03rd March 2025

Uganda Red Cross Society

3,184,002 people reached	**3,365,636 people reached**	**1,293,785 people reached**	**1,293,785 people reached**

Description of the Mpox epidemic in Uganda

On 24th July 2024, Uganda confirmed its first two cases of Mpox that were imported from the Democratic Republic of Congo. The cases involved a 37-year-old woman from Mpondwe Lhubiriha and a 22-year-old Congolese woman from Bunyiswa II Village, Bwera Sub-County, in Kasese District. By 2nd August 2024, the government officially declared the outbreak following the World Health Organization (WHO) declaration, which happened on 14th August 2024. Subsequently, on 19th August 2024, a third case was confirmed in a 32-year-old male resident of Mayuge District. He had sought treatment at Case Hospital in Kampala after developing symptoms on 12th August 2024, including fever, body chills, swollen lymph nodes, a sore throat, and papules on the groin that later spread to other parts of the body.

That same week, another case was reported in Amuru District, further heightening concerns over the spread of the disease. Since its initial declaration in July 2024, the epidemic has remained active and evolving, with varying transmission dynamics across the country. While there is a notable decline in weekly incident cases, sustained transmission is ongoing in identified hotspots with an observed resurgence in previously high-burdened districts of Mukono, Wakiso and Masaka City. As of 25th June 2025, the county had registered 7,127 Mpox confirmed cases, 44 deaths, with 82% (119/146) of districts reporting at least one case since the beginning of the outbreak.

The Greater Kampala Metropolitan Area, comprising Kampala Capital City, Mukono, and Wakiso, accounts for 53% of all cases. Kampala leads with 2,637 cases, followed by Wakiso (850), Mbarara (619), Masaka (277), Mukono (258), and Hoima (157). Key epidemiological features of the outbreak include: a gender distribution showing 56% male cases, though female cases are increasing. Age distribution indicates that young adults (19-39 years) are most affected, representing 59% of cases.

Uganda continued to respond to the Mpox outbreak while facing an additional public health threat from the Marburg virus disease (MVD) outbreak in neighbouring Rwanda. The Rwandan Ministry of Health first confirmed MVD cases on 27 September 2024, following positive RT-PCR test results at the National Reference Laboratory of the Rwanda Biomedical Centre (BMC) the previous day. As of 8 November 2024, Rwanda has reported 66 confirmed MVD cases, including 15 deaths, yielding a case fatality rate (CFR) of 23%. Fortunately, 51 patients have recovered from the disease. The World Health Organization (WHO) called for coordinated regional efforts to contain both outbreaks. Key recommendations include strengthening surveillance systems for early detection and reporting, improving case management protocols, enhancing infection prevention and control measures, and implementing targeted risk communication and community engagement strategies. WHO has also stressed the importance of cross-border collaboration while advising against unnecessary restrictions that may disrupt international travel and trade.

URCS RESPONSE ACTION, INTEGRATING MARBURG VIRUS DISEASE PREPAREDNESS ALONG THE UGANDA-TANZANIA BORDER

In response to the concurrent Mpox and Marburg virus disease (MVD) outbreaks, the Government of Uganda, through the Ministry of Health (MoH), swiftly implemented comprehensive containment measures. A National Mpox Preparedness and Response Plan was developed to guide interventions, while the Incident Management System (IMS) was activated to coordinate all response efforts. An Incident Commander was designated to oversee the response, supported by specialized technical pillars to ensure a multi-sectoral approach. To mitigate cross-border transmission, the MoH established screening guidelines for travellers at seven key points of entry along the Uganda-Rwanda border, including Mirama, Kizinga, Kamwezi, Katuna, Cyanika, Bunagana, and Busanza. These measures aimed to enhance early detection, facilitate rapid response, and prevent further spread of both Mpox and MVD within Uganda and across the region.

In support of the Government of Uganda's efforts to contain Mpox and Marburg Virus Disease (MVD) outbreaks, the Uganda Red Cross Society (URCS), with support from the IFRC Regional Emergency Appeal, implemented targeted interventions in affected and high-risk areas. For the Mpox outbreak response, URCS actively engaged in Wakiso and Mayuge districts, focusing on strengthening coordination amongst response partners, enhancing risk communication and community engagement, and enhancing community-based surveillance (CBS). These interventions are specifically concentrated in high-risk sub-counties to improve early case detection while simultaneously addressing critical behavioural components of outbreak control. Through community dialogues and awareness campaigns, URCS is working to elevate risk perception among vulnerable populations and promote appropriate health-seeking behaviours, both of which are essential factors in breaking chains of Mpox transmission.

Additionally, URCS supported MVD preparedness along the Uganda-Rwanda border in Southwestern Uganda. At seven key points of entry, trained volunteers conducted screening of travellers and referral of suspected cases to mitigate cross-border transmission and ensure timely case management. A team of 34 dedicated volunteers was strategically deployed across key points of entry to enhance public health efforts. Their primary focus was on screening travellers and raising awareness about the prevention of Mpox and Marburg Virus Disease (MVD). Through direct engagement, they provided essential education on symptoms, transmission risks, and protective measures, empowering travellers with the knowledge to safeguard themselves and their communities. This proactive initiative not only strengthened disease surveillance but also fostered a culture of vigilance and prevention among incoming and outgoing passengers.

Through these coordinated actions, URCS was fulfilling its auxiliary role in strengthening Uganda's public health emergency response, safeguarding communities, and preventing further spread of both outbreaks

Photos:

Mpox sensitization targeting school going children.

Handwashing practice as a result on continued community sensitization and provision of handwashing stations in targeted communities.

Mpox vaccination targeting most at risk population in Wakiso District, Uganda

Rwanda Red Cross Society

1,162,269 people reached	**1,146,394 people reached**	**3,500 people reached**	**1,162,269 people reached**

RRCS is part of the regional Mpox appeal to support the country's efforts to address the outbreak of Mpox disease. Since August 2025, the volunteers' networks have been activated to support the communities in taking relevant measures to prevent the spread of the disease. However, in September 2025, the country was also affected by the deadly Marburg virus outbreak, and it was crucial to adopt a unique response strategy for efficiency. In December 2024, the Ministry of Health declared the Marburg virus over, after 42 days without new cases. The outbreak resulted in 66 confirmed cases and 15 fatalities, with healthcare workers being the most affected group. However, the Mpox response has continued, with activities around risk communication and community engagement.

Health & Care

By June 2025, the Rwanda Red Cross (RRCS) reached over **1.16 million people through health services**, including trainings, awareness campaigns, vaccinations for high-risk groups, and door-to-door outreach. With **3,525 trained volunteers** (230 in surveillance and 3,295 in epidemic preparedness), the RRCS enhanced early detection and response, escalating 30 Mpox-related alerts to health authorities.

The National Society supported five health facilities to strengthen Infection Prevention and Control (IPC) and deployed five ambulances to ensure safe patient transport in line with MoH/WHO protocols. Additionally, **32 people received psychosocial and mental health support**, addressing the broader impacts of the outbreak.

Water, Sanitation and Hygiene

The Rwandese Red Cross mobilized **554 trained volunteers** to deliver Water, Sanitation, and Hygiene (WASH) services that directly improved community health and reduced the spread of Mpox and other diseases. Their work combined both immediate relief and longer-term system strengthening, ensuring interventions were context-specific and responsive to community needs. Through these efforts, **952 households received handwashing facilities and materials,** improving hygiene at the household level. At the same time, awareness campaigns on hygiene and sanitation reached communities at scale, while the distribution of hygiene kits and training on emergency WASH (eWASH) further empowered families to adopt safer practices. In addition, the rehabilitation of handwashing facilities ensured that public and community spaces remained equipped for disease prevention.

In total, these interventions reached **1,146,394 people,** reinforcing not only healthier daily practices but also strengthening community resilience against future outbreaks. The combination of community-led action, household-level support, and facility rehabilitation demonstrates a comprehensive approach that donors can be confident delivers both immediate impact and sustainable change.

Protection, Gender and Inclusion

To ensure the Mpox response was safe, inclusive, and protective, the Rwandese Red Cross invested in building the capacity of its teams and strengthening outreach to at-risk groups. A total of **613 volunteers were trained on PGI Minimum Standards**, including Protection from Sexual Exploitation and Abuse (PSEA) and Sexual and Gender-

Based Violence (SGBV). Complementing this, 120 tailored RCCE sessions specifically targeted vulnerable groups such as sex workers, people living with HIV, caregivers (particularly women and girls), and children. The NS also reinforced accountability and safeguarding among its workforce. 851 staff and volunteers were trained on PGI, PSEA, child safeguarding, and SGBV, while 757 staff and volunteers were briefed and formally signed the Code of Conduct, ensuring adherence to humanitarian principles and zero tolerance for misconduct.

As a result of these combined efforts, **3,500 individuals were directly reached through PGI programming**. This included capacity-building initiatives and targeted protection activities for at-risk groups, helping to reduce vulnerabilities, strengthen safeguarding, and ensure that the Mpox response upheld dignity, inclusion, and safety for all.

Community Engagement and Accountability

CEA remained at the heart of the Mpox response, ensuring that affected communities were not only reached with life-saving services but also actively involved in shaping the response. A total of **1,130 volunteers were trained on CEA Minimum Standards,** as well as in Cash and Voucher Assistance (CVA), Health, and WASH, equipping them to deliver consistent, quality engagement across multiple sectors. To maintain transparency and trust, the volunteers facilitated **216 community meetings** where they shared updates on the operation, explained programme activities, and clarified selection criteria. A functioning feedback mechanism was also established across the operation, enabling communities to voice their concerns and suggestions. Through this system, **1,024 complaints and feedback items were received and addressed**, demonstrating strong accountability and responsiveness to community needs.

Overall, at least **1.1 million people were reached through RCCE** activities, ensuring that accurate information, preventive messages, and guidance were widely accessible. These efforts underline the Red Cross's commitment to a response that is people-centred, transparent, and accountable to those it serves.

Gabon Red Cross Society

5,546 people reached

5,032 people reached

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. From 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. The Gabon Red Cross has been working hand in hand with the MoH and WHO to complement the government's effort in rolling out the response and strengthening 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 the reporting period, the Gabon Red Cross consolidated earlier achievements in volunteer training and community sensitization. The previously reported EPIC volunteer training (100 participants), ToT in CBS and SBC (15 participants), and deployment of 100 volunteers with 9 supervisors in Libreville and surrounding districts were followed up through continued support to field implementation. Volunteers reinforced key messages on early detection, hygiene practices, and behaviour change, in close collaboration with district health teams.

Community Engagement and Accountability (CEA/RCCE)

Awareness activities continued to emphasize Mpox prevention, leveraging both mass media and digital channels. Radio programs on stations such as Radio Scolaire Émergence and Radio NOUR maintained community outreach, while short educational videos on Mpox prevention were regularly shared via Facebook, WhatsApp, and the CRG website. These platforms helped sustain awareness in urban and peri-urban communities, building on earlier campaigns launched in 2024.

Psychosocial Support

To sustain volunteer well-being and community resilience, CRG established the Henri Dunant Psychosocial Listening Centre. Twenty volunteers received training in Psychological First Aid (PFA), with practical skills in stress management, active listening, and crisis triage. The centre now serves as a hub for community support and volunteer care, marking an institutional investment in psychosocial preparedness.

Logistics and Operational Support

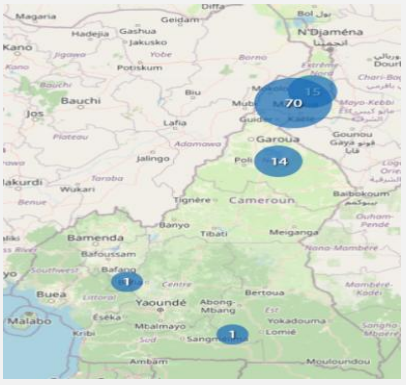
The operation was backed by essential logistics and material support, including the distribution of PPE, soap, sanitizers, and communication materials. IFRC provided a Toyota Land Cruiser to enhance field deployment capacity. Local committees also received operational support for monitoring, supervision, and reporting, which improved coordination with health districts and reinforced the presence of CRG in epidemic response

Coordination and Secretariat Support

The Gabon Red Cross also continued to engage in coordination meetings with the Ministry of Health and IFRC to ensure alignment of strategies, resource use, and risk communication approaches. These discussions reinforced CRG's auxiliary role and helped clarify responsibilities across stakeholders in the national Mpox response.

Cameroon Red Cross Society

28,701 people reached



Between January 1 and August 25, 2025, Cameroon reported 52 suspected Mpox cases, with 47 samples collected (90.4%). Among these, 5 cases were confirmed (12.2%), with no deaths recorded among confirmed cases. Additionally, 26 cases of varicella were confirmed, and no Mpox–varicella co-infections were detected. The most recent confirmed cases include four in the Ayos Health District, Centre Region (between July 9 and August 1, 2025), and one in the Kribi Health District, South Region, on July 28, 2025. (Sitrep Mpox N°7)

To date, two regions of Cameroon have reported confirmed Mpox cases, with children under 5 years being the most affected age group (sex ratio: 4 males to 1 female among confirmed cases. IFRC has continued to support the Cameroon Red Cross CRC in enhancing risk communication and community engagement with community-based surveillance and response systems.

Community Awareness and Prevention

Throughout the reporting period, Cameroon Red Cross (CRC) volunteers ensured that prevention activities continued within communities, even during slowdowns in formal operations. Hygiene promotion was consistently integrated into daily interactions, with handwashing demonstrations and reminders of protective behaviours. These localized efforts reached over 16,000 people across high-risk departments, including Wouri, Fako, Moungo, Mbam-et-Inoubou, Mefou-et-Afamba, Dja-et-Lobo, and Vallée du Ntem, helping to sustain vigilance against Mpox at the community level.

Community-Based Surveillance

Surveillance activities were marked by variability during this period. In several regions, structured CBS slowed down, but individual volunteers continued to actively report alerts and maintain communication with health authorities. Their actions ensured that at-risk areas remained under minimal monitoring even without large-scale mobilization. This passive but consistent surveillance contributed to the early detection of signals and reinforced community trust in CRC volunteers as frontline actors. **99 Mpox alerts were raised, and 88 were escalated to the MoH local actors for further investigation.**

Capacity Building and Research

A major highlight was the operational research training conducted in Ebolowa in June 2025, supported by IFRC, Canadian Red Cross, and French Red Cross. 30 participants, including 18 CRC staff, were equipped with skills in research design, data collection, ethics, and analysis for epidemic contexts. The training produced three thematic

proposals directly linked to epidemic response. This capacity-strengthening exercise laid the groundwork for translating research into field-level practice.

Operational research workshop with MoH and Canadian red cross Ebolowa Cameroon

Operational Research Field Implementation

Following the training, two operational research studies were launched to better understand community engagement and assess communication strategies for epidemic prevention. A total of 108 volunteers were deployed across 27 localities in the North, East, and Far North regions to carry out data collection. The studies focused on comparing tools such as animated videos, community radio, and printed materials, while also examining community involvement in Mpox, cholera and COVID-19 responses. Challenges included technical difficulties with KoboCollect, methodological inconsistencies in focus groups, and poor internet connectivity for data transmission. Supervision, refresher training, and improved methodological support were identified as priorities to strengthen ongoing research.

Focus group activity with men Ngong, Cameroon

Data collection in communities regarding the Mpox study Ngong, Cameroon

Institutional Support and Supervision
Throughout this period, the CRC leadership emphasized its commitment to strengthening volunteer motivation and institutional accountability. Plans were announced for a high-level field mission by the National President of CRC to directly observe field realities, engage with volunteers, and provide renewed encouragement for their frontline role in the Mpox response. Additionally, **two cars were donated** to support the Mpox response in the country.

Donation ceremony of Cars with ICIC , French Red Cross to Cameroon Red Cross Yaoundé Cameroon

CAR Red Cross Society

11,336 people reached	**11,336 people reached**	**11,336 people reached**

Socio-economic protection

In the Central African Republic (CAR), the NS worked to ensure that individuals affected by Mpox were not only medically cared for but also supported with dignity and socio-economic protection during their treatment. At the Mbaïki District Hospital, where a treatment centre was established, **15 confirmed patients and 26 suspected cases benefited from daily food and nutritional support over 35 days**. This intervention was essential in ensuring that patients, already burdened by illness and isolation, did not face additional hardships related to nutrition or food security.

Beyond medical and nutritional support, the CAR Red Cross emphasized protecting the dignity and well-being of those affected. A total of **30 dignity kits**, equally distributed between 15 men and 15 women, were provided to patients and suspected cases. These kits included essential hygiene and personal care items, helping individuals maintain a sense of dignity and normalcy during treatment.

Health and care, including psychosocial support and RCCE

CAR RC, in collaboration with the Ministry of Health, placed strong emphasis on building community and institutional capacity to prevent, detect, and respond to Mpox. As part of this**, 349 teachers were trained and subsequently briefed their students on Mpox prevention and safe practices**. In parallel, **150 Community Health Workers (CHWs) were trained and actively engaged** in delivering awareness sessions on hand hygiene, RCCE and community-based surveillance. These CHWs also played a vital role in mobilizing communities for vaccination, conducting contact tracing, and referring suspected cases to appropriate care centers.

Preparing trained CHWs before going out into the field for CBS by the MoH

Recognizing the psychological toll of the outbreak, the National Society established an equipped psychosocial first aid room within the country's only Mpox treatment centre. To ensure quality services, four trained Red Cross volunteers and one supervisor provided psychosocial first aid to patients and families. During the reporting period, **eight individuals (four men, three women, and one girl) were directly reached with psychosocial care**, helping them to cope with stress, stigma, and anxiety linked to the outbreak. In addition, **20 health personnel received training** in safety and psychosocial support, further strengthening the capacity of the health system to provide holistic care.

This integrated approach, combining prevention, community mobilization, surveillance, and psychosocial care, ensured that Mpox-affected populations in CAR received both medical and emotional support. By engaging teachers, health workers, and volunteers, the Red Cross helped embed lasting knowledge and practices at the community level, strengthening resilience and safeguarding dignity during the outbreak response.

Training participants pose for a group photo

Visit to the Isolation centre in CAR by IFRC and NS leadership

WASH

To strengthen infection prevention and control within the Mpox response, targeted rehabilitation works were carried out at the Mbaïki District Hospital. Specifically, **one (1) toilet block at the case management centre was rehabilitated,** providing improved sanitation facilities for patients, caregivers, and health staff. This intervention was guided by the Ministry of Public Health (MSP) and aligned with national standards, ensuring that the rehabilitated facility not only met immediate outbreak response needs but also contributed to sustainable hygiene infrastructure at the hospital.

Additionally, a team of **12 volunteers/hygienists were trained on essential disinfection and sanitation (EDS) procedures and deployed** to provide daily hygiene management within the care centre. Their work included regular cleaning and disinfection of patient areas, safe waste disposal, and sensitization of patients and visitors on basic hygiene practices. By reinforcing both the physical infrastructure and human resource capacity, these actions created a safer environment for case management and reduced the risk of secondary infections within the health facility.

PGI

The CAR RC prioritized protection and inclusion as part of the Mpox response, ensuring that interventions upheld dignity, safeguarded rights, and reached marginalized groups. A total of **348 National Society staff and volunteers were trained in PGI Minimum Standards,** with a strong focus on Protection from Sexual Exploitation and Abuse (PSEA), child protection, and Sexual and Gender-Based Violence (SGBV). These trainings enhanced the capacity of frontline responders to deliver assistance safely and responsibly, while also reinforcing accountability within the operation.

In addition to capacity building, the NS carried out awareness-raising activities targeting **indigenous Aka/Pygmy populations living in forested areas**, communities often underserved and at higher risk of exclusion during crises. By tailoring outreach to these groups, the National Society helped ensure that vulnerable populations had access to timely, accurate information and were not left behind in the response.

CEA

The NS reached **11,336 people** through CEA activities, ensuring communities were informed, involved, and able to share their concerns. This included training 150 community health workers and Red Cross volunteers on CEA approaches and rolling out RCCE activities that reached 30,089 people with accurate, timely information on

Mpox. A Community Feedback Mechanism was established, enabling the collection and processing of feedback from **4,532 households**. Feedback collected ranged from questions, beliefs, and rumours to thanks, suggestions, and requests, helping the Red Cross and partners adapt programming to community needs and strengthen trust in the response.

Kenya Red Cross Society

918,424 people reached	**647,701 people reached**	**3,011 people reached**	**851,970 people reached**

Executive summary

With support from the IFRC through the Mpox Appeal, the Kenya Red Cross Society (KRCS) continues to play a vital role in containing the Mpox outbreak across Kenya. Working hand in hand with the Ministry of Health (MoH), KRCS has enhanced disease surveillance, case detection, risk communication, and Mpox vaccination campaigns nationwide.

To date, **918,424** people in 23 counties have been reached through community sensitization on Mpox prevention, hygiene, and risk factors. At border points, 894,715 individuals have been screened, complementing the 6.8 million travellers screened nationally. To strengthen frontline response, 912 KRCS staff and volunteers were sensitized on RCCE and 412 trained under the Epidemic Preparedness and Control (EPiC) module. KRCS has further supported the national vaccination drive by printing and distributing 10,000 posters, 10,000 vaccination cards, and 10 banners in high-risk counties (Busia, Nakuru, and Mombasa). These efforts continue to foster public confidence and strengthen Kenya's health security systems.

Health and care

As of September 2025, Kenya has reported 644 confirmed Mpox cases in 30 counties, with the highest numbers in Mombasa, Nairobi, and Busia. Ten deaths have been recorded, and 51% of cases are male, while 4% involve cross-border travel exposure, mainly from Uganda, Rwanda, and DRC. Through support from Africa CDC, 10,700 doses of the MVA-BN vaccine were allocated to Mombasa, Busia, and Nakuru, with 10,697 people vaccinated (105% of the target). High-risk groups, including truck drivers and sex workers, were prioritized.

KRCS has supported disease surveillance and traveller screening at 26 Points of Entry (PoEs), screening 918,424 individuals, and complementing national efforts in outbreak detection. To enhance clinical response, Continuous Medical Education (CME) sessions have reached 184 healthcare workers, focusing on infection prevention, case management, and reporting. Additionally, in partnership with UNICEF, 45 frontline health workers in Teso North were trained on IPC, RCCE, and sample collection to improve early diagnosis and containment.

Water, Sanitation and Hygiene (WASH)

Recognizing the crucial role of hygiene in curbing disease spread, KRCS has integrated Water, Sanitation, and Hygiene (WASH) interventions into its Mpox response, reaching **647,701 people** across affected counties with

sanitation services and hygiene promotion. To strengthen community infection prevention, 98 handwashing stations have been installed at key transit and high-traffic areas such as border posts, health facilities, schools, and markets in Busia, Trans Nzoia, Bungoma, Machakos, Nakuru, and Taita Taveta counties. Each station has been equipped with soap and water storage units to promote regular handwashing among travellers and community members.

In addition, 1,200 bars of soap were distributed to vulnerable households and community gathering points to reinforce safe hygiene practices. KRCS has also conducted community-based hygiene campaigns focusing on hand hygiene, waste disposal, and safe sanitation behaviours to help reduce disease transmission risks.

To sustain impact at the grassroots level, 238 volunteers have been trained in hygiene promotion and community mobilization techniques in Busia, Trans Nzoia, and Bungoma counties. These volunteers continue to lead hygiene education activities, monitor handwashing stations, and engage local leaders in maintaining WASH facilities. Through these combined efforts, KRCS has contributed to enhanced community resilience and improved sanitation standards, supporting both outbreak containment and long-term public health outcomes.

RCCE/CEA

Kenya Red Cross Society continues to conduct RCCE in the high-risk counties reaching **851,970 people** in 26 counties through community-wide sensitization, household visits, school visits, and radio spots/talk shows.

Cumulatively, 1,112 (575M, 537F) KRCS volunteers and staff have been sensitized on Mpox across the country. In collaboration with MoH, KRCS has reached 67,513 (M – 36,379 and F – 31,134) people with messages on Mpox through PAs in Busia County.

KRCS is currently documenting community feedback for Mpox response using KRCS CEA feedback mechanisms, including Community Review Meetings (CRMs), Radio talk show/spots, Toll Free Hotline 0800720577, community feedback desks and focus group discussions (FGDs).

PGI

KRCS has sensitized a total of 271 (122Males, 149Females) staff and volunteers on Protection Gender and Inclusion (PGI) in Nairobi, Bungoma, Busia and Trans Nzoia Counties. In September 2025, KRCS Busia conducted a PGI session, which comprised KRCS staff and volunteers reaching 13 males and 17 females, totalling 30 individuals.

In Busia County, 128 people have been reached through PFA/PSS sessions, including 25 (11 Male and 14 Female) volunteers who were trained on the EPiC module in March 2025. 73 community members have also been reached through PFA/PSS during the Mpox response. Additionally, 30 (13 Male and 17 Female) KRCS volunteers were reached through PFA during the Mpox debrief held and the KRCS Busia Branch.

Coordination

Kenya Red Cross Society is part of the National MoH Mpox Incident Management System (IMS). KRCS also takes part in the bi-weekly WHO Emergency Preparedness and Response Partners meeting. The Mpox implementation team holds regular meetings with the MOH. A follow-up meeting with the county and branch teams was also conducted. KRCS conducts weekly RCCE coordination meetings on Mpox for all implementing teams. KRCS participated in an Mpox cross-border coordination meeting between Kenya and Uganda, which was conducted in Busia County.

The KRCS team supported the Mpox Mid-term review in Busia County. Findings of the report to be shared by IFRC.

Media mentions

https://www.youtube.com/watch?v=k6-rvTphmkk KRCS supports Mpox response in Mombasa County
https://www.youtube.com/watch?v=YNwTVzSgzh4 KRCS Risk Communication and Community Engagement on Mpox in Mombasa.
https://www.youtube.com/watch?v=jRqkJNXoPr4 Kenya Red Cross supports Mpox response in Mombasa County.
https://www.the-star.co.ke/news/2025-09-04-mombasa-intensifies-mpox-fight-as-cases-surge Mpox response in Mombasa County.
https://x.com/kenyaredcross/status/1963823764136743257?s=46&t=_gNOjX4xaxaKzT8lC5Af9w KRCS Mombasa raising awareness on Mpox.

Activity Photos

https://photos.app.goo.gl/Tkd7QKVufRbhQoN1A Photos on Mpox Sensitization in Mombasa
https://photos.app.goo.gl/NNAbz4jtqPysbUH79 Photos on Mpox sensitization in Mombasa

Fig 1; KRCS hands over medical supplies to Mombasa County to support Mpox Response.

Figure 1: Mpox Sensitization to community members in Bungoma County.

Tanzania Red Cross Society

1,527,513 people reached	**1,527,513 people reached**	**23,695 people reached**	**1,527,513 people reached**

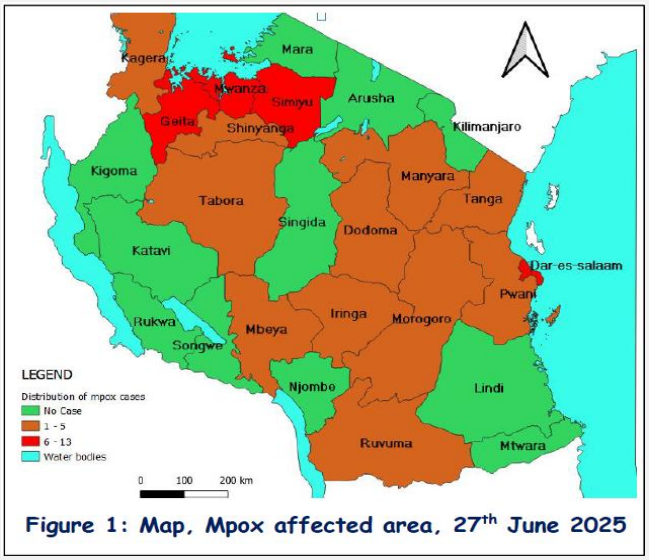


Figure 1: Map, Mpox affected area, 27th June 2025

As of 27 June 2025, Tanzania presents a nuanced epidemiological landscape in its response to the Mpox outbreak. The distribution of cases, as visualized in the national map, reveals a localized transmission pattern with clear implications for strategic donor engagement. Mpox cases are concentrated in four key regions of **Mwanza, Geita, Shinyanga, and Dar-es-Salaam,** each reporting between 6 and 13 confirmed cases. These regions are characterized by: **High population density, Cross-border movement and trade** and **Urban-rural interface dynamics.** These factors elevate the risk of further transmission and underscore the urgency for enhanced surveillance, case management, and community engagement.

Several adjacent regions report 1–5 cases, forming a critical containment belt. These areas are pivotal for: **Early detection and rapid response, Community-based surveillance** and **Risk communication and behavioural change interventions**

Encouragingly, the majority of Tanzania's regions, including Arusha, Kilimanjaro, Njombe, Mtwara, and others, remain Mpox-free.

People reached

A total of **1,527,513 people** were reached, including **9,615 persons living with disabilities** across all 10 targeted regions through Mpox-related awareness interventions spanning **health, Water, Sanitation and Hygiene (WASH), PGI and RCCE.** These activities were conducted in close collaboration with local health authorities, community leaders, and Red Cross volunteers to ensure that messages were culturally appropriate and accessible to diverse audiences, including rural and peri-urban populations. The awareness campaigns included door-to-door sensitization, radio talk shows, community dialogues, and the distribution of IEC materials. Special emphasis was placed on hygiene promotion and prevention measures, particularly handwashing practices, safe care-seeking behaviours, and early recognition of symptoms, to curb misinformation and stigma around Mpox. Engagement of youth and women's groups, alongside religious leaders, strengthened community trust and uptake of key health messages.

Region	PWD		Total
	Male	Female	
Dar es Salaam	398	209	607

Kilimanjaro	924	1,273	2,197
Rukwa	263	166	429
Kigoma	171	195	366
Mjini Magharibi	345	299	644
Mbeya	1,043	1,122	2,165
Songwe	813	943	1,756
Ruvuma	262	195	457
Kagera	158	223	381
Pemba	294	319	613
Grand Total	**4,671**	**4,944**	**9,615**

South African Red Cross Society

24,296 people reached

54,923 people reached

60,894 people reached

110,458 people reached

Overview

Between 22 August 2024 and 21 August 2025, South Africa faced overlapping public health challenges that tested the resilience of both the national health system and community-based organisations such as the South African Red Cross Society (SARCS).

The reporting period was marked by continued Mpox transmission, with 10 new cases confirmed in 2025, following 25 cases and 3 deaths in 2024 (NICD, 2025a). Notably, recent cases in Cape Town and Johannesburg occurred without travel history, indicating sustained local transmission (Mamba Online, 2025). Surveillance remained concentrated in Gauteng, KwaZulu-Natal, and Western Cape, with SARCS supporting prevention and community-level engagement.

In parallel, a **resurgence of Hand, Foot, and Mouth Disease (HFMD)** struck KwaZulu-Natal in early 2025, spreading across **eThekwini and Pietermaritzburg**, affecting children and schools (Government of South Africa, 2025a). Combined with waterborne diseases such as **cholera and diarrhoeal outbreaks**, these illnesses compounded health risks, especially in informal settlements where **climate shocks** and **weak water infrastructure** persist. The Department of Health highlighted growing concerns around **childhood malnutrition**, which is closely linked to

diarrhoeal disease (DoH, 2025). The **collapse of USAID** and cuts to **PEPFAR** further destabilised South Africa's HIV response. A **R430 million funding gap** disrupted prevention, testing, and treatment programmes, particularly for **key populations** such as sex workers, migrants, transgender people, and people who use drugs (AP News, 2025; The Guardian, 2025). Government efforts to cushion the blow by reallocating **R20.7 billion** could not prevent programme scale-backs, threatening decades of HIV progress.

Against this backdrop, SARCS maintained its mission to protect health, mitigate epidemics, and strengthen community resilience. Working in collaboration with the **Department of Health (DoH)**, the **National Institute for Communicable Diseases (NICD)**, and international actors such as **IFRC, WHO, and Africa CDC**, SARCS combined **community-based interventions, risk communication, and protection programming** to respond to these health threats.

Health and Care Interventions

Throughout the reporting period, SARCS pursued a multi-pronged approach to epidemic preparedness, prevention, and integrated health promotion. A significant milestone was the Department of Health's launch of the Mpox vaccination campaign on 16 July 2025, targeting Gauteng, Western Cape, and KwaZulu-Natal. Vaccination sites were set up across public health facilities, travel clinics, and selected private providers. SARCS supported this national effort by driving demand creation through community mobilisation, multilingual awareness campaigns, and the active linkage of communities to vaccination service points (Government of South Africa, 2025b). Complementing this, SARCS deployed its trained volunteer network under the EPiC, ECV, and eCBHFA programmes to implement door-to-door health promotion and community dialogues, reaching more than 130,000 people with Mpox-related education (SARCS, 2025a). Volunteers distributed IEC materials in multiple local languages to ensure accessibility for vulnerable and low-literacy populations. At the same time, PFA-trained volunteers provided psychosocial support, addressing stigma and anxiety often associated with infectious disease outbreaks.

Beyond Mpox, SARCS expanded its health portfolio to address broader systemic health needs. Volunteers played a critical role in promoting ART adherence and facilitating clinic access for people living with HIV, compensating for service disruptions linked to PEPFAR funding cuts (Medical Brief, 2025). SARCS reinforced immunisation uptake during sporadic measles outbreaks by mobilising caregivers and communities, ensuring children remained protected. Food safety and nutrition education sessions were conducted in households, schools, and informal markets, emphasising safe storage and preparation of food to reduce contamination risks. Child health remained a priority, with targeted efforts to reduce malnutrition through nutrition awareness and linking families to existing feeding schemes. Taken together, these interventions underscored SARCS's capacity to fill systemic gaps in national health delivery by ensuring vulnerable communities continued to access essential prevention, care, and psychosocial support services.

WASH

The reporting year further confirmed that WASH remains a frontline defence against communicable diseases, particularly in the context of diarrhoeal outbreaks, Mpox transmission risks, and the resurgence of HFMD. SARCS responded by scaling up WASH programming that combined direct service delivery with advocacy. At the community level, infrastructure improvements included the installation of JoJo tank-equipped handwashing stations in areas facing unreliable water supply, directly benefiting more than 12,000 people across Gauteng, Free State, and Eastern Cape (SARCS, 2025b). To complement this, SARCS distributed household hygiene packs containing essential items such as soap, disinfectants, sanitary pads, and safe water storage containers to vulnerable families.

Public education campaigns reinforced these material interventions by linking hygiene practices, such as handwashing and safe food handling, with the prevention of Mpox and diarrhoeal diseases. Community-driven

monitoring systems were also introduced, creating feedback loops that enabled households to raise water supply concerns, which SARCS subsequently escalated to local municipalities for systemic resolution. These measures were reinforced by SARCS's advocacy on sustainable infrastructure, where the organisation highlighted the chronic need for investment in both urban and rural water systems. While the short-term interventions provided immediate relief and reduced vulnerability, SARCS emphasised that systemic investment is essential to reduce dependency on emergency WASH responses in the long term.

RCCE/CEA

RCCE remained a cornerstone of SARCS's epidemic response strategy during 2024–2025, ensuring that communities had accurate information, trust in health systems, and opportunities for dialogue. Key RCCE activities included the development of localised messaging in isiZulu, isiXhosa, Sesotho, and Afrikaans to ensure cultural resonance. These messages were disseminated widely through radio talk shows, community newspapers, and social media platforms, covering priority health topics such as Mpox, HFMD, and HIV. Interpersonal engagement proved equally impactful, with volunteers facilitating dialogues in stokvel meetings, schools, and church gatherings; spaces that were particularly effective in countering misinformation and encouraging collective problem-solving.

To ensure adaptability, SARCS deployed the KoboTool for rapid qualitative assessments, enabling community feedback to inform real-time adjustments to messaging strategies (SARCS, 2025c). In schools, peer education initiatives provided young people with safe spaces to discuss stigma, hygiene practices, and Mpox-related fears. By combining mass communication with interpersonal dialogue and digital monitoring tools, SARCS succeeded in reaching more than 280,000 people, strengthening symptom recognition, early reporting, and healthcare-seeking behaviour across diverse communities.

PGI

SARCS mainstreamed PGI principles across all interventions to safeguard equity, dignity, and the rights of vulnerable groups throughout health and humanitarian programming. Anti-stigma campaigns targeted migrants, people living with HIV, and residents of informal settlements, reducing discrimination and encouraging greater service uptake. Health interventions were designed with a strong gender-responsive lens, recognising the unique vulnerabilities of women, adolescent girls, and LGBTQI+ groups. SARCS also deliberately engaged men and boys in caregiving roles and health messaging to promote shared responsibilities within households. Accessibility was a priority, with information materials adapted into audio and pictorial formats for low-literacy or visually impaired individuals. Similarly, handwashing stations were constructed with inclusive design principles to ensure usability by persons with disabilities. For children, SARCS introduced child protection measures that included age-appropriate psychosocial support and health education, with a focus on those affected by Mpox stigma or HIV-related discrimination (SARCS, 2025d). Altogether, PGI interventions reached more than 130,000 individuals, embedding inclusivity and dignity at the centre of SARCS's epidemic preparedness and health programming.

Participants from the National and Provincial SARCS with NS facilitators during SARCS Protection, Gender, and Inclusion (PGI) training in Gauteng Province

Proposed Upcoming Initiatives

Looking ahead, SARCS has framed its future programming as proposed initiatives that remain contingent on external funding and resource mobilisation, given the financial strain caused by international funding cuts and limitations within South Africa. Mobile health units are being considered to deliver Mpox vaccinations, HIV/TB services, and primary healthcare to underserved communities. Similarly, RCCE trucks have been conceptualised as mobile health promotion platforms to extend outreach into rural and hard-to-reach areas. Expansion of community-based surveillance to all provinces is another priority, equipping volunteers with the skills and tools to identify and refer epidemic-prone diseases (MedRxiv, 2025).

SARCS also foresees the conditional deployment of its Special Skills Unit, which includes trained emergency and clinical personnel, to supplement national outbreak response when resources permit. Plans for integrated health campaigns are equally ambitious, covering Mpox, HFMD, HIV, measles, nutrition, and MHPSS, though the scope of these campaigns will remain dependent on available funding. To bring these initiatives to fruition, SARCS is actively engaging with IFRC, Africa CDC, WHO, and domestic partners, advocating for resource mobilisation and prioritisation (SARCS, 2025e). These proposed initiatives reflect SARCS's commitment to sustaining and expanding its role as a frontline actor in epidemic preparedness, health promotion, and humanitarian service delivery, despite ongoing financial constraints.

Nigerian Red Cross Society

9,155,749 people reached	**9,155,749 people reached**	**9,155,749 people reached**

The Mpox situation in the country is still active with suspected cases from January 2025 to 14 September 2025, standing at 1286 suspected cases, with 336 confirmed cases and 4 deaths, indicating a case fatality ratio (CFR) of 1.19%. The Nigerian Red Cross Society (NRCS) still has volunteers embedded in communities and assisting in active case search as well as referrals to health facilities and undertaking community sensitization and hygiene promotion. Themes undertaken by NRCS during the reporting period:

Coordination: The NRCS participates in national coordination led by NCDC for all outbreak responses in the country. NRCS leveraged on the government information and identified needs in consultation with the government to agree on which pillars the national society should support in the response, to avoid duplication of efforts and enhance efficient use of available resources. NRCS has membership in the government Public Health Emergency Operations meetings, making it easy to synchronise the Mpox operation with the national response plan. Furthermore, the NRCS activated its internal EOC for regular meetings to review field activities every week.

Community-Based Surveillance: Trained NRCS volunteers were deployed to conduct active case search/contact tracing and refer persons who meet the community case definition for Mpox to the nearest health facilities. This was done in collaboration with health facility staff and LGA DSNOs, to facilitate detection, reporting, investigation and referral of cases to minimise community transmission of the disease. The teams are also working closely with community leaders and gatekeepers to track sick persons and family/friends who may have been in contact with an infected person, linking them to appropriate care.

Infection Prevention and Control: The NRCS procured and distributed IPC materials and PPE to 230 Health facilities across the 23 States. The donation was made through the State Ministries of Health. Staff and volunteers were also given face masks, hand sanitizers and chlorine to prevent infestation by the Mpox virus in the course of discharging their duties.

Sensitization and Awareness Creation: NRCS Volunteers were trained and deployed to conduct risk communication activities, providing door-to-door sensitization to the households on Mpox and hygiene promotion. Information, Education and Communication materials (posters and handbills) were provided to ease communicating the key messages to the households. The volunteers handed every household visited a copy of the handbill for further reference and retention of information. Also, the volunteers post the Mpox posters in strategic locations in the communities for public access to information on the disease. Basic information includes community case definition, signs and symptoms, transmission, preventive measures, vaccination and seeking medical attention. Key information on hygiene promotion and hand washing was also passed to the households. Schools, markets, motor parks and other public places were also targeted by the volunteers for sensitization and awareness creation aimed at promoting behavioural change and discouraging stigmatization of persons with Mpox disease. Lastly, radio slots undertaken to raise awareness to a wider audience ensured that NRCS reached many people in different localities through local radio stations widely listened to in communities.

Vaccination Against Mpox: The Federal government, through the National Primary Health Care Development Agency, is conducting a reactive vaccination against Mpox in Nigeria. A total of 30,100 vaccine doses have been administered in Benue, Edo, Kaduna, Plateau, Ogun, Ondo, Imo, Bayelsa, Akwa Ibom, Delta, Rivers, and Cross River

states. These locations were selected based on epidemiological data and outbreak risk assessments. Currently, 20,488 persons have been vaccinated in the country. The vaccination campaign targets:

- Adults aged 18+ who have had contact with confirmed Mpox cases
- Frontline health workers, including clinicians and lab staff
- Individuals with weakened immune systems
- Persons with high-risk sexual behaviours

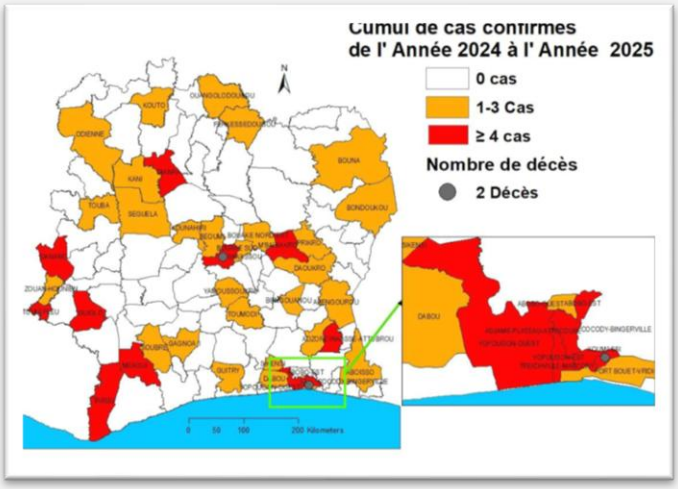
Each recipient receives two doses, spaced four weeks apart, to reduce disease severity and interrupt transmission in outbreak-prone communities. NRCS volunteers were trained to support the government vaccination team with sensitization and mobilization of family members of confirmed cases in the communities to designated vaccination centres to be vaccinated against the Mpox disease. Health care facility workers were also being targeted for the Mpox vaccination. Due to the limited quantity of the vaccine available in-country, the vaccine is not open to every person, as priority was being given to families of affected persons and healthcare workers deemed to be most at risk

Psychosocial Support and Mental Health: A lot of stigma is associated with the Mpox disease in the rural communities, thereby making household members want to hide family members showing or developing Mpox-related signs and symptoms. To address this problem, NRCS volunteers were trained to provide basic psychoeducation and counselling to families of persons suspected or by the disease.

Community Engagement and Accountability: Different methods are being deployed to enhance community acceptance, participation, ownership and sustainability of the Mpox response activities. Targeted advocacies to key opinion leaders and community entry meetings were conducted by the government, NRCS branch and divisional teams before the commencement of the activities in the communities. As activities progressed, the volunteers supported by the government and branch staff were conducting FGDs with special groups of vulnerable persons. Community feedback and information gathering are being conducted, using the Kobo app by volunteers and staff to collect feedback from community members on the ongoing Mpox response by the Red Cross to guide programming and community messaging.

Red Cross Society of Cote d'Ivoire

78,160 people reached	**78,160 people reached**	**78,160 people reached**	**78,160 people reached**

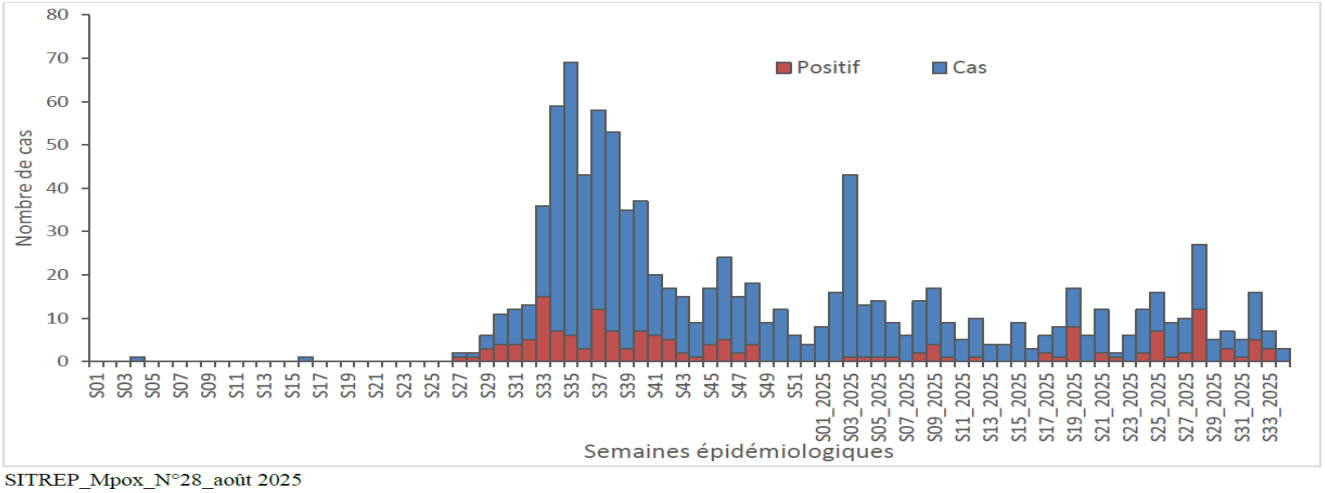


Côte d'Ivoire declared the resurgence of Mpox on 24 July 2024, and since then, the country has continued to report new cases across different regions. The situation remains a concern, with both urban and rural communities affected.

As of 30 August 2025, a total of 801 suspected cases have been reported since the start of the epidemic in 2024, of which 181 have been confirmed positive. In 2025 alone, 304 suspected cases were recorded, including 74 confirmed. The positivity rate stands at 22.6%, pointing to ongoing transmission. Encouragingly, 166 people have recovered (92%), although two deaths have been reported in Koumassi and Sakassou, representing a case fatality rate of just over 1%. At present, there are 13 active cases under monitoring. Authorities and partners, including the Ivorian Red Cross, continue to strengthen the response. Activities include community awareness campaigns, case investigations and contact tracing, and support for infection prevention in health facilities. Efforts are also underway to tackle misinformation and reduce stigma in affected areas, especially where rumours have delayed treatment-seeking.

While the overall recovery rate is high, the persistence of new cases shows that Mpox is still a public health challenge. Moving forward, continued community engagement, timely case management, and regional coordination will be essential to limit further spread and protect vulnerable families.

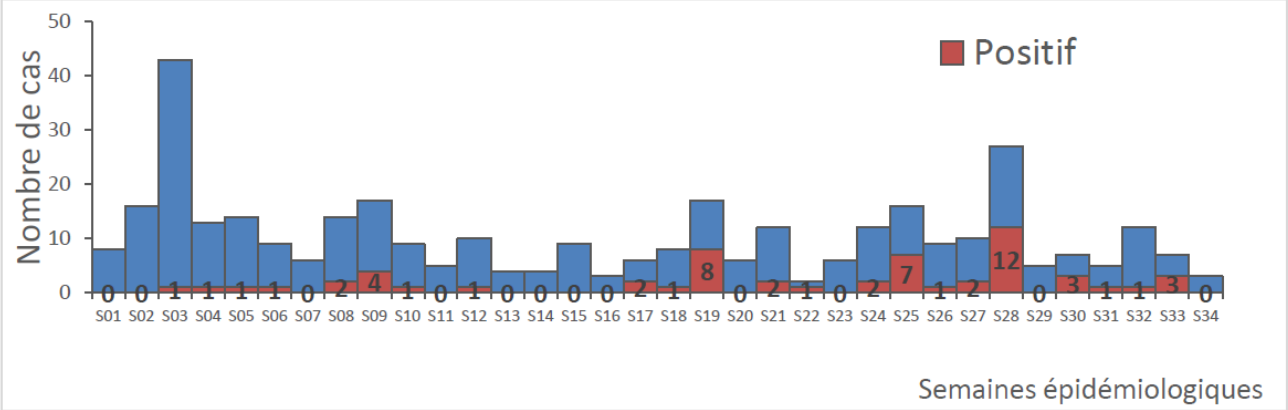
1. Evolution hebdomadaire des cas de mpox de 2024 à 2025



SITREP_Mpox_N°28_août 2025

Figure 1· Evolution hebdomadaire des cas suspects et positifs de mpox de S01_2024 à S33_2025, Côte d'Ivoire.

3. Evolution des cas de mpox en 2025



SITREP_Mpox_N°28_août 2025

Figure 3: Evolution hebdomadaire des cas suspects et positifs de mpox de S01 à S33_2025, Côte d'Ivoire.
A partir de S03, notification quasi hebdomadaire des cas ; en dehors de S13 à S16.

As per the above graphs, in 2024, Côte d'Ivoire experienced a steady flow of Mpox cases, with regular reporting between **Week 27 and Week 48**. This pattern indicated sustained community transmission over several months and underscored the need for continuous surveillance and response capacity.

In 2025, the country witnessed a resurgence of cases starting from **Week 03**, with almost weekly reports of new cases thereafter. This marked a shift in the outbreak dynamics, as transmission persisted more consistently across districts. The only pause in reporting was observed between **Weeks 13 and 16**, after which cases continued to be documented regularly.

This sustained frequency of reporting in 2025 reflects that the virus remains actively present in communities, reinforcing the importance of ongoing preparedness, community awareness, and rapid case detection. It also highlights the challenges health authorities face in curbing transmission, as periods of low reporting are quickly followed by fresh waves of cases. The trend further underlines the need for strengthened cross-border surveillance and community-level interventions, as the regularity of cases suggests that Mpox could become endemic if response measures are not maintained and expanded.

VACCINATION

Based on the charts below, as part of the national response to the Mpox resurgence, Côte d'Ivoire has set a **target to vaccinate 5,000 people across 42 health districts**, prioritizing frontline health workers, high-risk groups, and affected communities. This effort is aimed at reducing transmission, protecting health staff, and building resilience in communities that have experienced recurrent cases since mid-2024. To date, **335 individuals have been vaccinated, representing 6.7% coverage** against the overall target. While this marks an important first step, the coverage remains significantly below the national objective. Limited vaccine supply, logistical constraints, and the need to build stronger vaccine confidence at the community level have contributed to the slow pace.

Efforts are ongoing to accelerate vaccination through community engagement, mobile outreach campaigns, and coordination with local health authorities, ensuring that vulnerable populations are reached more effectively. Scaling up vaccination remains a critical pillar in the response strategy to prevent further spread and to complement other prevention measures such as RCCE, surveillance, and case management.

Vaccination strategy and characteristics of vaccinated individuals

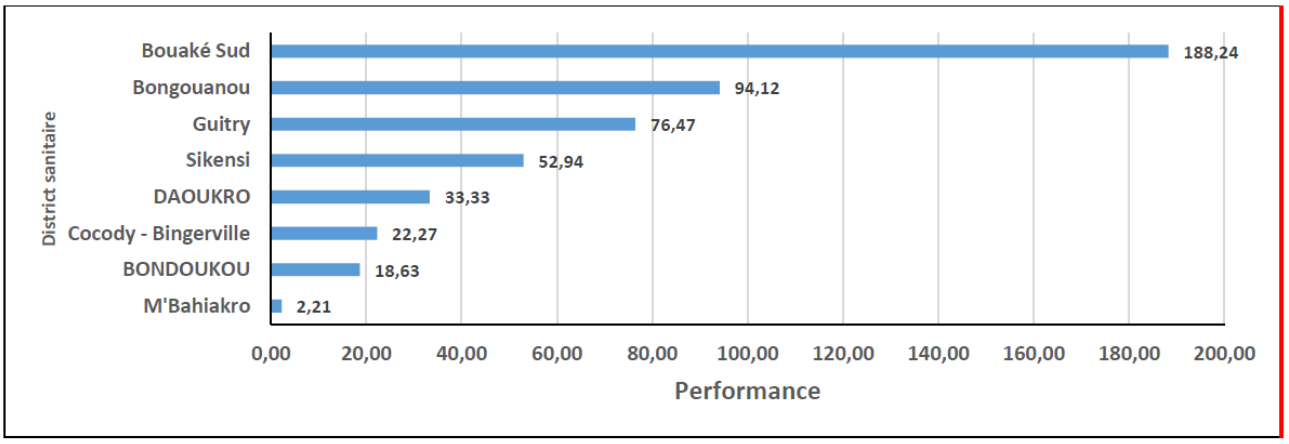
1. Caractéristiques de la population vaccinée

Tableau III : caractéristiques socio démographques des personnes vaccinées contre la mpox, S33_2025

Caractéristiques	(Objectif vaccinal : 5001)	
Total Vaccinées n (%)	**335 (6,7)**	
Post-exposition	103 (36)	
Préexposition	185 (64)	
Données manquantes		*47*
Sexe n (%)		
Masculin	145 (43)	
Féminin	190 (57)	
Age (année)		
Médiane		37
Extrême	16 - 88	
Sujet contact n (%)		
Oui	109 (33)	
Non	223 (67)	
Données manquantes		3
Professionnel de santé n (%)		
Oui	186 (56)	
Non	149 (44)	

SITREP_Mpox_N°28_août 2025

2. Performance des districts sanitaires



SITREP_Mpox_N°28_août 2025

Figure 4 : couverture vaccinale par district sanitaire à S33_2025

The Mpox epidemic is affecting a large part of the national territory. As part of the response in Côte d'Ivoire, the response is taking place in ten (10) most affected districts to ensure an effective response. Those most at risk are immunocompromised individuals, mainly health professionals and sex workers, pupils and students.

The overall objective of the smallpox response in Côte d'Ivoire is to contribute to the national response and rapid containment of the epidemic. To achieve this, interventions focused on strengthening the capacities of the National Society and volunteers in epidemic prevention and response, taking into account the needs of affected communities through increased participation, engagement, and feedback. The response also prioritized support for affected populations.

Communities will benefit from a safety net approach. Several communication strategies will be deployed to achieve the established objectives. Highlights of this period include:

Health and Care:
To support the government in curbing the spread of Mpox, Côte d'Ivoire RC launched community awareness sessions across all affected districts, with a special focus on encouraging individuals to seek care at the nearest health facility as soon as symptoms appear. These sessions prioritized 10 high-risk localities—including Danané, Yamoussoukro, Abobo, Tabou, Cocody, Bingerville, Yopougon, and Soubré—where the risk of transmission was considered highest. Volunteers played a central role in mobilizing communities, delivering tailored messages on prevention, early detection, and health-seeking behaviour. This grassroots approach not only increased public awareness but also strengthened trust between communities and the health system.

At the same time, the National Health Service (NS) ensured that frontline health workers were adequately equipped to manage cases safely by supplying infection prevention and control (IPC) kits to targeted districts. These included infrared thermometers, sterile gloves, face masks, and handwashing kits, all of which are vital to reducing transmission in health facilities and community settings.

Water, sanitation, and hygiene:
Throughout the period, Mpox's WASH program response focused on training volunteers selected in the targeted districts. Following the training and deployment of volunteers, handwashing stations, hydroalcoholic gels, and liquid soaps were distributed to the Sakassou, Yamoussoukro, Danané, and Boundiali branches.

RCCE/CEA
Community engagement and accountability, combined with risk communication, were fully integrated into the Red Cross response in Côte d'Ivoire. The objective is to ensure that communities are well informed and have a say in the actions of implementing actors, to build trust and ownership of the response among the target population. During this period, several key activities were implemented, as detailed below:

- 25 ToT volunteers and 110 volunteers from 10 local committees were selected and trained on AEC.

PGI approaches and tools were also selected and trained at the CEA to produce interactive radio programs, among other things, to reach a wider audience.

- Collection of community feedback data during awareness sessions in targeted areas
- Door-to-door and mass awareness campaigns in public places such as markets, schools, bus stops, etc.
- Distribution and display of 2,298 MPOX awareness posters in public and strategic locations in the target districts

Coordination
Weekly coordination meetings are held regularly, with the Red Cross participating at the national, provincial, and district levels. At the end of each month, local Red Cross committees meet with health district leaders to present and discuss the previous period's outreach reports and define future priorities.

Zambia Red Cross Society

47,701 people reached	**47,701 people reached**	**47,701 people reached**	**47,701 people reached**

Summary of Response

The Zambia Red Cross Society (ZRCS), in close collaboration with the Ministry of Health (MoH), the Zambia National Public Health Institute (ZNPHI), and the IFRC, has played a pivotal role in strengthening community preparedness and response to Mpox. Leveraging its extensive community-based volunteer network, ZRCS mobilized 300 trained volunteers and 64 MoH supervisors across six hotspot districts to deliver household-level outreach, conduct surveillance, and ensure timely referrals.

Through door-to-door visits, radio programs, mobile public address systems, and community meetings, ZRCS volunteers reached people with prevention and awareness messages. This grassroots mobilization has been instrumental in countering misinformation, reducing stigma, and promoting early health-seeking behaviours.

To reinforce the health system, 140 frontline health workers in Lusaka and Kitwe were trained in Mpox case management, ensuring standardized, safe care. ZRCS also integrated psychosocial support, stigma reduction, hygiene promotion, and environmental sanitation into its response, while CBS mechanisms enabled timely escalation of alerts to health authorities.

Key results include:

- 149 Mpox cases identified and managed through community-based surveillance and case management.
- **47,701 people** reached with health promotion and WASH messages.
- **47,701people** supported through PGI interventions, including information, PPE, and dignity materials.

By harmonizing efforts with national coordination mechanisms, ZRCS has reinforced early detection, strengthened surveillance, and safeguarded vulnerable populations. This response highlights ZRCS's strong community presence, technical expertise, and auxiliary role to government, reaffirming its position as a leading humanitarian actor in Zambia.

Health

Under this pillar, 300 volunteers and 64 Ministry of Health (MoH) supervisors were trained and deployed in epidemic preparedness, community-based surveillance, infection prevention and control (IPC), psychosocial first

aid (PFA), and RCCE. Volunteers conducted extensive door-to-door sensitizations, reaching **47,701 people** with Mpox awareness messages. Through CBS, 174 alerts were escalated to health authorities for action. Additionally, 140 health workers in Lusaka and Kitwe received training on Mpox case management, IPC, and psychosocial support. Radio programs and public address campaigns were rolled out in five Copperbelt districts to ensure communities had access to accurate information. PFA was also provided to patients, households, and communities to reduce stigma and build coping mechanisms.

Volunteers training in Kalumbili District

Water, Sanitation and Hygiene (WASH)

Hygiene promotion was integrated into all RCCE activities and household visits. Volunteers actively promoted handwashing, surface disinfection, and safe handling of contaminated materials, while IEC materials with WASH-focused messages in local languages were widely distributed. Overall, **47,701 people** were reached with WASH messages through door-to-door sensitization, radio programs, and mobile PA systems. Volunteers also emphasized environmental sanitation during training sessions and community outreach, contributing to a safer and healthier environment.

Protection, Gender and Inclusion (PGI)

ZRCS identified and addressed risks of stigma and discrimination, especially among individuals with visible Mpox lesions. PGI-sensitive communication was mainstreamed across all RCCE and community meetings. Special efforts were made to engage women, youth, and other vulnerable groups to ensure inclusiveness in the response. Psychosocial counselling was promoted for patients and relatives to help them cope emotionally and mentally. Youth-friendly spaces such as sports gatherings, including football matches and pool table events, were used to engage adolescents, helping to break stigma and promote positive dialogue.

ZRCS communications manager interviewing beneficiaries for Mpox Documentary in Mufulira District

Community Engagement and Accountability

CEA efforts targeted households, reaching **47,701 people** through door-to-door visits, radio broadcasts, public address systems, and distribution of IEC materials, ensuring wide dissemination of Mpox prevention and response information. These outcomes were made possible through the strategic deployment of trained volunteers, collaboration with local authorities, and the use of multiple communication channels to maximize community reach and impact. Volunteers conducted household sensitizations and distributed IEC materials in seven local languages to improve understanding and acceptance. Community meetings and focus group discussions provided platforms for feedback, enabling continuous adaptation of messaging. Trusted leaders—chiefs, councillors, and faith leaders—were engaged to strengthen ownership and credibility of the response. Radio talk shows and mobile PA systems expanded their reach in areas without local stations, such as Kalumbila. Feedback mechanisms were established to track rumours, perceptions, and misinformation, ensuring activities remained responsive to community concerns.

IFRC CEA Officer conducting a community meeting in Chilalabombwe.

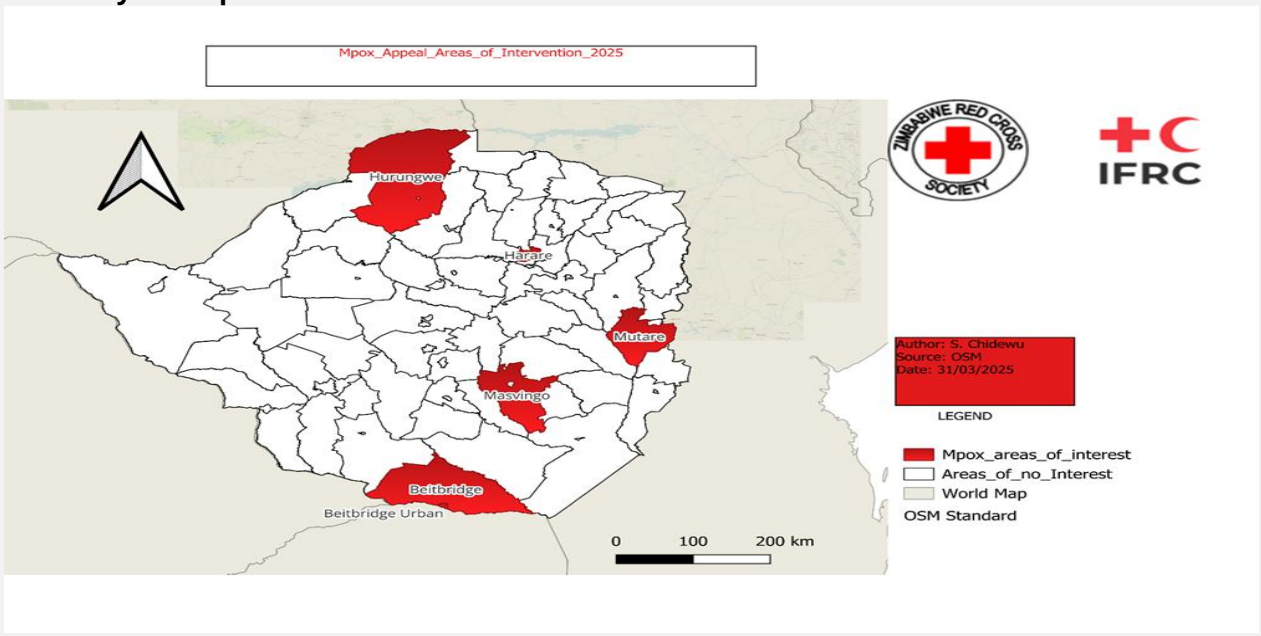
Coordination and Partnerships

ZRCS maintained strong coordination with the Ministry of Health (MoH) and the Zambia National Public Health Institute (ZNPHI) throughout the response, supporting surveillance, case management, and RCCE activities. Weekly coordination meetings were held at both national and sub-national levels, ensuring alignment with the Public Health Emergency Operations Centre (PHEOC). The Society also engaged with local authorities, traditional leaders, and civil society partners to facilitate community acceptance and ensure interventions were culturally sensitive. At the regional level, collaboration with the IFRC's Southern Africa Cluster strengthened technical support, resource mobilization, and cross-border preparedness. Globally, the IFRC Secretariat in Geneva provided oversight, accountability mechanisms, and access to Movement-wide resources. This network of partnerships enabled ZRCS to complement government efforts while ensuring a harmonized Red Cross Red Crescent Movement response.

Zimbabwe Red Cross Society

2,400,000 people reached	**238,214 people reached**	**73 people reached**	**2,400,000 people reached**

Summary of Response



HEALTH

Door-to-door health education awareness on Mpox was conducted by Volunteers in Harare, Mutare, Masvingo, Beitbridge and Chirundu. This was done by volunteers who attended PFA and Mpox training to support identifying suspected, reporting, case referral and contact tracing Mpox cases based on the case definition to ensure early detection and early health-seeking behaviours. Community meetings were conducted during Rapid Gender Analysis (RGA) in all implementing districts to get insights into the community's perceptions around Mpox. Volunteers were targeting households for awareness raising, as these would give them a large ground to cover and more reach. Training of Health Care workers who were supporting ZRCS volunteers during the project was done, focusing on IPC and safe waste disposal as a capacity enhancement initiative.

Community members exhibiting IEC material they use for Mpox

Mpox awareness raising in Chirundu

WASH

ZRCS conducted WASH assessments to ascertain areas that would suit and need borehole rehabilitation to improve the water situation in targeted communities. The Mpox project had a niche in Hygiene promotion and would have been difficult to achieve this goal without the promotion of access to clean and safe water. Bush pumps/boreholes were

rehabilitated to ensure a continuous supply of clean and safe water to selected communities in areas of operation. Two boreholes were rehabilitated in Chirundu which serve an estimated population of 246 pupils, 11 Teacher, 414 HHs, 32 tuck shops, and a clinic with a catchment of 1000 HHs from 10 villages, Dip Tank (estimated capacity 15'400 litres per dipping session – once every fortnight), 10 Shops, 5 Churches (Estimation -246+11+32+10+(414x5) + (1000x5) + (5x50) = 7619), in Mutare two boreholes were rehabilitated Zimunya Borehole 100 HHs, 50m from the highway, serves apostolic sect church across the road. Jongwe HHs from zero villages, Dip Tank (estimated capacity 15'400 litres per dipping session – once every fortnight), 10 Shops, 5 Churches. Four handwashing stations were handed over to Kasimure clinic, Nyamakate clinic, Mutoranhanga Secondary and Chirundu clinic, three handwashing stations at Beitbridge Clinic, three handwashing stations in Mutare at Masasi Clinic, Zvipiripiri Clinic and Gutaurare Clinic. One Borehole rehabilitation was done in Masvingo at Makasi primary school, which is estimated to serve 45 households, which around 250 or thereabout individuals and at the school, it provides clean and safe water to 270 pupils and 7 teachers and their families (30).

Community members assisting in borehole rehabilitation

Handwashing stations delivered in Chirundu

Protection, Gender and Inclusion

30 volunteers were trained in gender-based violence (GBV) case management and referral pathways as GBV can increase during health crises. Volunteers dealing with sensitive issues need to be equipped with relevant skills on how to deal with such matters and to observe principles of do no harm and confidentiality. Role plays were made part of the training to reinforce the theoretical concepts that were delivered.

Community Engagement and Accountability

200 volunteers who were selected and insured to be part of the Mpox project were trained in feedback collection using kobo during their door-to-door educational awareness raising. Volunteers were interacting with the community daily, and this gave them leverage to collect whatever relevant data or information useful to the project.

Angola Red Cross Society

79,895 people reached	**55,155 people reached**	**7,048 people reached**	**1,735 people reached**

Country-level updates

On 20 November 2024, the Government of Angola reported two confirmed cases of Mpox in Luanda. The number grew to 8 confirmed cases. The Ministry of Health called for reinforcement of prevention measures and to strengthen epidemiological surveillance at the points of entry for early detection of any cases that may be introduced into the country. The risk of importation of cases to Angola is considered high, given the increase in the number of cases in the Democratic Republic of Congo, with Angola having frequent flights and daily land border crossings and noting the vast border with the Democratic Republic of Congo (DRC), where the disease is endemic. To this extent, the Government created a National Contingency Plan to Control Mpox, a plan drafted in collaboration with various stakeholders, including the Angola Red Cross. The plan also involves mobilization of resources to support the implementation of preparedness and prevention actions in response to the possible introduction of the virus in the country and to interrupt the introduction of the Mpox virus in Angola. By June 2025, cases had remained at 8 confirmed cases.

Overview of the Mpox response in Angola

In support to the National Mpox Contingency Plan, the Angola Red Cross Mpox response operation will focus on the 6 out of the 7 provinces with borders with DRC and the Republic of Congo (excluding Lunda Norte based on current needs and conversations with MoH). These are Uige, Zaire, Lunda Sul, Malanje, Moxico and Cabinda. It also covers Luanda province, containing the capital city and the confirmed cases. The operation mobilized 140 volunteers (20 per province), in districts close to the borders and in Luanda. The operation will aim to mobilize volunteers for health and hygiene promotion and community awareness-raising campaigns in order to contain and prevent the spread of Mpox. As cases stabilized, the operation shifted from response and volunteer mobilization to supporting epidemic preparedness, focusing on activities related to strengthening community-based surveillance and epidemiological data reporting, as well as understanding the knowledge, attitudes and perceptions of Mpox and other diseases in order to best adapt future health operations.

Health and care

A total of 30 Angola Red Cross (CVA) volunteers in Luanda were trained by government health authorities in community health and epidemiological surveillance. In addition, 105 volunteers were identified across six provinces to receive training in health and hygiene promotion in January. These volunteers carried out community-based health and hygiene promotion sessions twice per week until May 2025, when community transmission had stabilized. Although direct Mpox-specific activities were reduced in June, volunteers remained active under the DREF-supported cholera operation, continuing health and hygiene promotion while integrating Mpox prevention messages when relevant.

At the community level, CVA volunteers conducted door-to-door sensitization sessions to reinforce epidemiological surveillance, particularly in provinces with confirmed cases. Messages emphasized safe practices, including avoiding rodents, monkeys, and other wildlife species that may transmit Mpox, and encouraging households to vaccinate their pets. This approach addressed cultural practices in parts of Angola where monkey meat is consumed, and monkeys are kept as pets. CVA strengthened outreach to key populations through its network of peer educators, with a particular focus on sex workers and their partners. Activities concentrated on raising awareness among groups at heightened risk, including truck drivers, moto-taxi operators, and clients frequenting high-contact points such as pensions and nightclubs. To reduce the risk of sexually transmitted infections (STIs), peer educators conducted mobile sensitization sessions and distributed 560 condoms in Zaire Province, reinforcing safe practices and improving access to prevention tools among vulnerable groups.

With support from IFRC, the CVA initiated a CBS feasibility assessment to strengthen and institutionalize its existing system. Progress to date has included consultations with the Ministry of Health to explore alignment with national

surveillance mechanisms, validation exercises with core stakeholders through key informant interviews at CVA headquarters, and a review of existing reporting channels, informal systems, and community dynamics. These achievements represent important first steps toward testing CBS under field conditions, building operational capacity for scale-up, and paving the way for future integration into Angola's national health surveillance framework.

Following the CBS assessment, CVA conducted a 1.5-day training in August 2025 to strengthen internal monitoring and reporting within the epidemiological response. A dedicated workshop brought together 38 (25 male and 13 female) participants from CVA headquarters, IFRC and 11 provincial branches (Bengo, Benguela, Cabinda, Cuanza Sul, Cuanza Norte, Huambo, Luanda, Lunda Sul, Malange, Moxico, Uige, Zaire). The event aimed to streamline data collection tools, clarify roles and responsibilities, improve data quality, feedback mechanisms, and explore opportunities to expand the monitoring system beyond cholera use.

WASH

Volunteers were actively engaged in health and hygiene promotion across several provinces. Their work combined mass sensitization sessions, door-to-door outreach, and practical demonstrations of handwashing and household water treatment. Under the Mpox operation, the budget was insufficient to cater for handwashing facilities; however, the Cholera DREF complemented this by establishing a total of 60 handwashing stations in high-risk areas, accompanied by demonstrations on correct usage. These actions indirectly reached more than 55,000 people with critical messages on safe water handling and hygiene practices. Volunteers also led community clean-up campaigns, particularly around water sources, to reduce contamination risks.

In Zaire Province (Luvo Municipality), volunteers continued household visits and counselling on water treatment and safe latrine use, focusing especially on communities without access to safe water. In Moxico Province, volunteers promoted handwashing through campaigns in markets and door-to-door visits. Across both provinces, children were the primary target group, recognizing their role as change agents within households and schools.

Handwashing demonstration in a school at Moxico

CEA/RCCE
Special attention was given to minority and often marginalized groups, such as refugees and LGBTQ+ communities, through peer educators who helped ensure inclusive outreach and equitable access to prevention messages and services. Contact with community leaders in the selected communities along the border with DR Congo to present the project was also established.

In close collaboration with the Ministry of Health, CVA finalized the IEC materials on Mpox. To ensure accessibility and inclusiveness, these materials were translated into key local languages, Kikongo, Kimbundu, and Lingala, which allowed wider dissemination among the communities.

In March 2025 during the cholera outbreak, CVA with the support of IFRC conducted a KAP survey in 8 communities in Angola (Luanda, Huila, Cuanza Sul e Norte, Bengo, Zaire, Uige e Huambo) with 285 (162 Male,120 Female and 3 unspecified), respondents, on key topics, such as, water, sanitation, hygiene, cholera, Mpox, information sources and feedback mechanisms. An IFRC PHIE surge was deployed to give support to the National Society.

The KAP survey in Angola (March 2025) revealed critical gaps in water, sanitation, and hygiene: while many households treat their water, irregular supply and unsafe practices persist. Shared and unemptied latrines increase cholera risks, and although 89% recognize personal risk, over half do not see cholera as a community problem. Awareness of the oral cholera vaccine is extremely low, and knowledge of Mpox is almost absent. Radio and TV are the main sources of information, yet most households had not received recent cholera messages, and only 36% knew how to give feedback to the Red Cross.

PGI
Identification and selection of 30 sex worker volunteers (5 per province) who will receive training to support with peer-to-peer dissemination of Mpox information.

Country-level coordination
CVA has actively engaged in coordination with the Ministry of Health (MINSA) since before the importation of Mpox cases, contributing to national preparedness efforts. At the provincial level, CVA continued strengthening ties with health authorities to define areas where volunteers could support epidemic response, in collaboration with partners such as ANASO, UNICEF, and WHO.

With the onset of the cholera outbreak in January 2025, coordination moved towards joint work-planning with the government and partners, aligning preparedness and response activities. While cholera remained the priority, these platforms also addressed preparedness for other epidemic threats, including Mpox.

At the provincial level, CVA delegations in Cabinda, Malanje, Moxico, Lunda Norte, Zaire, and Uíge actively participated in multisectoral commissions for Mpox response, attending weekly coordination meetings led by provincial health authorities. These meetings brought together local public health services, ANASO, WHO, municipal health directorates, community leaders, and other partners to share information, harmonize approaches, and coordinate volunteer engagement in prevention and response.

Sierra Leone Red Cross Society

71,251 people reached	**102,669 people reached**	**36,743 people reached**	**258,825 people reached**

Introduction

In January 2025, Sierra Leone reported its first cases of Mpox. Within weeks, the disease had spread across all 16 districts, triggering widespread fear and misinformation among communities. Uncertainty about the nature of the disease, its transmission, and prevention measures created significant public anxiety.

In response, the Sierra Leone Red Cross Society (SLRCS), in close collaboration with the Ministry of Health (MoH), the National Public Health Agency (NPHA), and District Health Management Teams (DHMTs), launched a rapid and coordinated intervention. This initial response prioritized community engagement, providing accurate information, essential tools, and fostering partnerships to curb the spread of Mpox while strengthening public trust in the health system.

Overall Achievements

- **Increased Awareness:** More than **250,000** were reached with accurate prevention messages. Awareness was reinforced through the distribution of **2,000 posters and 1,467 branded T-shirts**, boosting visibility and reinforcing trust in the response.
- **Early Detection:** Volunteer-led contact tracing and NYSS alerts improved case identification, allowing suspected cases to be reported and acted on quickly.
- **Improved Hygiene: 700 handwashing stations** were established across seven operational districts, strengthening community-level disease prevention.
- **Community Ownership:** Chiefs, imams, pastors, traditional healers, and school heads were actively engaged, fostering trust, ownership, and sustained adoption of safe practices.
- **Visibility & Trust:** The presence of branded volunteers and community leaders increased confidence in the response and amplified the Red Cross profile at grassroots level.
- **Learning & Adaptation:** A lessons learned workshop captured best practices and identified gaps, providing valuable insights to improve future epidemic response efforts.
- **Strong Coordination:** The SLRCS positioned itself as a **reliable partner within the national response structure**, ensuring alignment with government priorities and international standards.

Training of SLRCS volunteers on Mpox prevention and control

Key Activities and Impact.

Activity: Training of Volunteers and Community Engagement

Activity: During the period under review 384 (M-F-159), Red Cross volunteers were trained and deployed in communities in the seven 225,

operational district to deliver accurate information, conduct contact tracing, and report alerts through the Nyss platform for the attention of the health authorities for appropriate action. Posters were distributed to help volunteers spread clear, life-saving prevention messages.

Impact: Communities that once believed Mpox was caused by curses, or witchcraft began to understand the science of prevention. Early case alerts were submitted more quickly, and families learned safe practices to protect themselves.

“At first, people in my village were afraid to speak about Mpox. After the Red Cross came with training and posters, we now know how to protect our children. We wash our hands often and report any sick person immediately.” – Kumba, a mother of 3 children in Kono District.

Stakeholder Engagement.

Activity: At the district level, SLRCS engaged 60 (M-42 F-18) influential community members — traditional healers, religious leaders, motorbike riders, school heads, chiefs, tribal heads, and youth leaders drawn from three districts (Bombali, Tonkolili and Koinadugu) respectively. These community stakeholders are key allies in promoting positive social and behaviour change in communities. The engagement focused on providing the participants with basic facts about Mpox emphasizing their role in Infection Prevention Control measures. They were charged with the responsibility to carryout dissemination sessions in their respective communities,183 engagement sessions were held by the trained participants. Through targeted training, these stakeholders became influential change agents, helping to dispel myths, promote prevention measures, and refer suspected cases to health facilities for proper management.

Stakeholder engagement in Koinadugu

Impact: These trusted leaders became powerful advocates. Imams preached prevention messages at Friday prayers, chiefs encouraged reporting of suspected cases, and school heads reinforced hygiene practices among students.

> *“When we heard the Red Cross and the health team explain Mpox, we understood it is not a curse. As a religious, I now tell my people to seek help early and follow prevention measures.” – Pastor Tocker from Bombali.*

Infection Prevention and Control (IPC) Materials.

Activity: In the bid to promote regular hand washing to prevent the rapid spread of Mpox, 700 sets of veronica buckets, liquid soap, and waste buckets were procured and distributed across schools, health facilities, and busy public areas in the seven operational branches. Everyone, including the most vulnerable and disadvantaged communities, should have access to facilities for washing their hands with soap and water. This is one of the simplest ways of protecting oneself from infectious diseases and limiting the spread of diseases such as Mpox, diarrhoea, and Cholera etc. SLRCS reiterate it commitment to support the government in its effort to promote hand washing to prevent the spread of Mpox.

Impact: Access to proper handwashing stations created behavioural change. Communities developed new routines of hand hygiene, reducing not only Mpox risk but also other infectious diseases.

"Before, we had no place to wash our hands at the motorbike park. Now we use the Veronica bucket every day before carrying passengers." Motorbike rider, in Tonkolili

Coordination and Monitoring.
Activity: SLRCS staff actively participated in national and district coordination meetings and conducted joint monitoring missions with MoH and NPHA.

Impact: These actions built confidence among partners and ensured that community-level realities were brought into national decision-making. Gaps identified during monitoring were addressed more quickly, leading to a stronger and unified response.

Lessons Learned Workshop
Activity: At the end of the initial response, SLRCS convened a lesson learned workshop for 34 (M-20 F-14) participants, including SLRCS staff and volunteers, MoH, NPHA, and community stakeholders.

Key Lessons Identified:
The following were observed:

- Community ownership through engagement of chiefs, traditional healers, and religious leaders significantly boosted acceptance.
- Visibility and profiling (T-shirts, posters) enhanced trust and recognition of the Red Cross.
- Timely reporting via the Nyss platform improved surveillance but required continued training for consistency.
- Logistics for handwashing materials should be strengthened to ensure faster delivery in future outbreaks.
- Inadequate IPC and IEC materials support to reach more communities.
- More trained volunteers needed for wider coverage.

Impact: The workshop helped to document successes, identify gaps, and shape recommendations for scaling up Mpox response and improving readiness for future health emergencies.

Conclusion
The initial Mpox response by the Sierra Leone Red Cross Society demonstrated that trust, collaboration, accountability and community engagement are the strongest defences against outbreaks. By training volunteers, equipping communities with hygiene kits, and engaging influential leaders, SLRCS not only helped contain the immediate threat of Mpox but also laid the foundation for stronger community resilience in future health emergencies.

Trained volunteers are now engaged in their respective communities, supporting RCCE and surveillance. Stronger community linkages were formed between SLRCS and DHMTs for the Mpox response. Volunteers demonstrated increased technical competence using Nyssa for real-time reporting.

Challenges Identified
Limited Geographic Coverage: Only 7 out of 16 districts were covered in this first phase, despite confirmed Mpox cases nationwide.

Resource Gaps: Insufficient IEC materials, PPE, and communication tools for widespread RCCE activities.

Recommendations and Way Forward.
Scale-Up Training Nationwide: Rapidly expand Mpox volunteer training to all 16 districts, prioritizing districts with active case clusters and high community mobility.

Strengthen Logistics: Provide digital tools (smartphones/tablets) and offline-compatible NYSS resources to support volunteers in low-connectivity areas.

Refresh & Simulate: Organize refresher sessions and emergency response simulations in partnership with DHMTs to maintain preparedness.

Integrate Lessons Learned: Use findings from this initial rollout to refine future training content and delivery.

Ghana Red Cross Society

20,727 people reached

20,727 people reached

20,727 people reached

Introduction

Ghana has been battling with Mpox cases in recent times. In October 2024, a single case was confirmed, treated and discharged until May 2025 when 2 cases were confirmed. Since then, cases have been increasing to date with a fatality. As of September 14th, 2025, Official reports from the MoH indicated Ghana recorded 565 cases. The case burden continues to increase daily. Health authorities are worried about unreliable information from infected persons leading to difficulties in contact tracing.

Fig.1: Distribution of Mpox Cases by Epiweek, Ghana, 2025

- Cumulative number of suspected cases (2025)- **3,056**
- Total number of confirmed cases (2025)- **565**
- Number of mortalities – **2**
- Total number of cases in home isolation – **92**
- Total number of cases recovered - **469**
- Number of new contacts identified - **62**
- Cumulative number of contacts identified- **3,325**
- Total contacts completing 21 days follow up- **2,804**
- Total number of contacts becoming cases- **16**
- Newly affected districts– ***Berekum East***
- Number of regions that recorded confirmed cases – **16/16**
- Number of districts with confirmed cases – **98/261**
- New confirmed cases by region – ***Western – 6, Greater Accra – 2, Bono -1, Bono East -1***
- New confirmed cases by districts –***Wassa Amenfi East- 6, Ledzokuku-2, Techiman-1, Berekum East-1***
- New confirmed cases comprise ***three (3) males*** and ***seven (7) females*** aged between **2 and 52 years**

Fig.2: Distribution of Confirmed Mpox cases by Epiweek, 2025

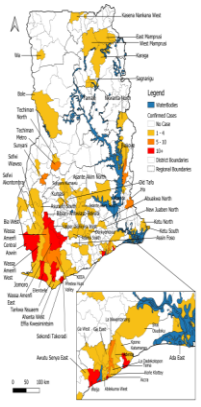


Fig.3: Confirmed Mpox cases in Ghana by District, 2025

Rapid Assessment

The NS had an approved preparedness plan to prepare communities that were affected in 2024, where they trained 30 volunteers to conduct an initial assessment in the Bia West district (Oseikojokrom, Yamatwa and Debiso communities) in the Western North region. The training was on preparedness techniques to collect data as a baseline to ascertain the knowledge, attitude, and practice of the affected communities. At the time of the rollout, the country started reporting real cases, which informed the NS to revise the plan to a response plan. The assessment report enables GRCS to provide timely and evidence-based RCCE activities targeting the identified knowledge, attitude and practice in relation to Mpox disease.

Community Engagement and Accountability (CEA)

The NS, having been prepared, quickly trained 150 volunteers and deployed them to the 3 most affected regions (Western North, Western, and Greater Accra). This enabled volunteers to start RCCE and social mobilizing communities before the Government and other partners joined in the fight. The quick response by the NS was highly appreciated by the health authorities. This was acknowledged by the Ghana Health Service in the just-ended RCCE Capacity Strengthening Workshop organized by African CDC in Accra. The workshop was attended by 15 member states represented by the Heads of Health Promotion Division of the MoH. Volunteers' work was centred in the 5 most affected districts and engaged with RCCE activities through house-to-house visits, FDSs, CIC, education in marketplaces, churches, mosques, and schools. Mpox key messages disseminated included causes, how it could be spread, signs & symptoms, and preventive measures. Communities were encouraged to report any suspected Mpox signs and symptoms to the nearest health facilities.

Volunteers on one-on-one sessions with household members and sessions with pupils

Health

Social and Behaviour Change Communication (SBCC) materials were produced and used during risk communication. The SBCC materials were also posted in public places such as markets, schools, and health facilities. The volunteers during the house-to-house (HH) visit refer cases that show signs and symptoms of Mpox disease to the nearest health facilities. In some cases, volunteers referred and escorted suspected patients to the facilities or reported cases to health facilities, indicating the house number or suspected household location. The picture depicts a household session on education using SBCC material.

The NS revised the original plan, which was targeting one district, to 6 districts in 3 regions, therefore overstretched the funding. This affected the number of volunteers' identification materials that were produced. This compromises volunteers' visibility during community engagement and door-to-door visits. The original plan was for 6 months, but as cases continue to surge, the NS requested for extension to continue with the activities and some financial support to procure PPE. This was approved.

The government is planning to introduce Mpox vaccination in the affected regions, in which the NS will participate and train volunteers on the importance of vaccines and generate demand for the vaccine uptake. More SBCC materials will be produced to support volunteers' RCCE activities for the upcoming vaccination campaign.

Collaboration and Coordination

There is effective collaboration between the NS and IFRC. The IFRC has provided technical support in developing the plan with the NS. The IFRC is providing supportive supervision at the field level with NS in implementing the plan. The NS is collaborating with partners at all levels to roll out RCCE activities. As a member of the National RCCE committee, the NS participates in the weekly updates on Mpox activities through virtual and in-person meetings. The committee created a social media platform, where the NS provides daily updates on volunteers' activities, including Feedback and misinformation, where health authorities can pick them and address them within a short period of time.

The NS has a strong collaboration with the Ministry of Health/Ghana Health Service-Health Promotion Division, from the planning and implementation of the Mpox preparedness and Response. There was a consultation with the HPD in developing the Social and Behavioural Change Communication materials. The Regional and District Health Promotion/Disease control officers were part of the facilitators in the step-down training at the various districts. The NS had developed a National Contingency plan with stakeholders, including the National Disaster Mobilization organization, the Ghana Health Service and community leaders and CBOs.

Liberia Red Cross Society

3,638 people reached

750 people reached

3,099 people reached

Background

As of May 2025, Liberia had recorded approximately 56 active cases of Mpox, and the risk of further spread remained high due to poor water, sanitation, and hygiene (WASH) conditions across many communities. The Liberian Red Cross Society (LRCS), as an auxiliary to public authorities and a lead humanitarian actor, mobilized its volunteers through Field Officers in all 15 chapters to complement the national response.

To reinforce preventive health measures from the outset, LRCS leadership issued early guidance to all Field Officers (FOs) in May 2025. This communication outlined urgent steps to strengthen Mpox prevention and harmonize response efforts across chapters:

- Promotion of regular handwashing, with stations set up and maintained at all chapter offices.
- Regular temperature checks at chapter offices to help identify early symptoms.
- Encouragement of social distancing during meetings, gatherings, and routine interactions.
- Reporting of suspected Mpox cases to the County Health Team (CHT) or the nearest health facility.
- Active participation in weekly CHT meetings to align strategies and share updates.

At the national level, LNRCS continued engaging with NPHIL and the Ministry of Health to coordinate response efforts and prepare for the dissemination of IEC materials to strengthen prevention. This early guidance provided a foundation for subsequent chapter-level interventions in Health & Care, WASH, Protection, Gender & Inclusion (PGI), and Community Engagement & Accountability (CEA).

Interventions:

WASH

The Liberia Red Cross Society (LRCS), in close collaboration with the Government of Liberia, has played a critical role in strengthening Water, Sanitation and Hygiene (WASH) systems to support Mpox prevention and control. Through its community-based volunteer network, the LRCS ensured that both immediate needs and long-term resilience were addressed across multiple counties.

Safe Water Supply: In Lofa and Nimba Counties, LRCS volunteers supported community water committees to repair broken handpumps, restoring access to safe water for more than 700 people. In Bong County, school-based interventions provided children and teachers with awareness sessions on hand hygiene and personal protection, supported by regular follow-up visits to ensure the proper use of newly established handwashing stations.

Sanitation Services: To improve sanitation in public spaces, LRCS volunteers facilitated the construction of emergency latrines in schools and health facilities in Bong County, reducing overcrowding, ensuring safe waste disposal, and supporting infection prevention in high-risk settings.

Hygiene Promotion and Kit Distribution: Volunteers combined hygiene education with the distribution of soap, buckets, and hygiene kits across multiple counties, empowering households to adopt safe practices. Demonstrations on proper handwashing, safe water storage, and household disinfection were delivered consistently, while Menstrual Hygiene Management (MHM) awareness was prioritized in Bomi, Cape Mount, and Bong Counties to protect the dignity of women and girls. In the South-East, GIRL WASH programs provided adolescent girls with menstrual hygiene kits and hygiene education in schools and communities, helping reduce vulnerabilities and contributing to Mpox prevention. In Margibi and Bassa Counties, household-level outreach further ensured families received both knowledge and practical resources to safeguard their health.

Community Engagement and Accountability (CEA)

To ensure that even the most remote and underserved populations had access to lifesaving information during the Mpox response, the Liberia National Red Cross Society (LNRCS) leveraged radio as a key channel for mass communication. In Grand Cape Mount and Gbarpolu Counties, where communities are dispersed and harder to reach with face-to-face engagement, volunteers partnered with local radio stations to broadcast clear and consistent messaging on Mpox prevention, safe hygiene practices, and the importance of early health-seeking behaviour.

These broadcasts provided culturally tailored, accessible, and trusted information, helping dispel myths and misinformation while reinforcing public confidence in health measures.

Key Achievements

- WASH interventions by LNRCS have complemented Mpox response strategies by reducing risk factors linked to poor water and sanitation conditions.
- Volunteers successfully linked WASH services to broader health promotion, addressing not only Mpox but also malaria, cholera, and other diseases.

Challenges

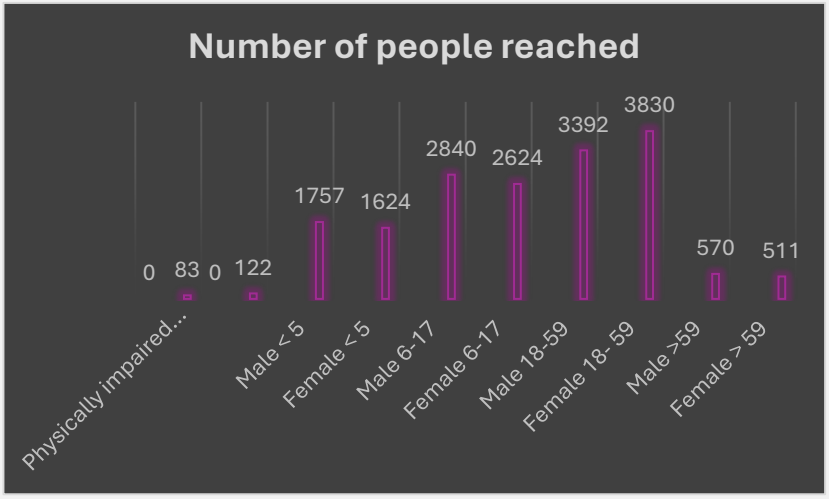
- The absence of printed IEC materials limits the ability to consistently remind communities of Mpox preventive measures.
- Resistance to behavioural change in some communities continues to impede the adoption of safe sanitation practices.

Conclusion

Through its chapters and volunteer network, the Liberian National Red Cross Society has strengthened national Mpox preparedness and response by integrating WASH interventions at the community level. By improving access to safe water, sanitation, hygiene supplies, and health education, LNRCS has reached over 10,000 people nationwide since May 2025. These interventions have not only reduced the immediate risk of Mpox transmission but also contributed to building resilience against future public health challenges.

Equatorial Guinea Red Cross Society

17,148 people reached



As part of its commitment to strengthening epidemic preparedness and community resilience, the Red Cross of Equatorial Guinea (RCEG) rolled out an integrated sensitization campaign covering six high-risk diseases: Mpox, Marburg, Cholera, Measles, Malaria, and Ebola. This multi-disease approach ensured that communities were equipped with lifesaving knowledge not only on Mpox but also on other epidemic threats that remain a risk in the country.

To deliver this initiative, the National Society trained 120 volunteers from seven priority locations – Luba, Malabo, Bata, Mbini, Mongomo, Riaba, and Evinayong – equipping them with skills in prevention, early detection, and risk communication. Training included how to effectively engage communities, counter misinformation, and encourage the timely use of health services.

Following the training, volunteers were deployed back to their communities, supported with leaflets and IEC materials tailored to local contexts, to conduct door-to-door sensitization and community meetings. These efforts successfully reached **17,148 people,** ensuring households had practical guidance on how to recognize symptoms, prevent transmission, and respond to suspected cases across multiple diseases.

This campaign not only helped to increase awareness and promote safer practices but also strengthened trust in community-based volunteers as a first line of defence against outbreaks. By adopting a multi-disease strategy, the Red Cross of Equatorial Guinea contributed significantly to building long-term community resilience while complementing national and international epidemic preparedness priorities.

Lessons Learnt
The timely implementation of preventive measures contributed to increased awareness in the country as the Ministry of Health intensified controls at entry points to detect suspected cases.

Challenges
The Red Cross of Equatorial Guinea did not have enough resources to conduct an awareness campaign everywhere in the country.

National Society Development
To strengthen local response capacity, the Red Cross of Equatorial Guinea recruited and equipped 120 volunteers, including 7 supervisors, across the seven targeted localities. Volunteers received Red Cross visibility materials to enhance community trust and recognition during outreach. In addition, headquarters conducted two monitoring missions to the field, providing technical support and promptly addressing operational challenges, thereby ensuring smooth implementation of activities.

CROIX-ROUGE
DE LA RÉP DÉM DU CONGO

Congolese Red Cross Society

18,345 people reached

1,776 people reached

25,526 people reached

In the 1st half of 2025, the Congolese Red Cross will carry out activities related to the Mpox call in the localities of Mossaka and Loukoléla, where more than 50 CRC volunteers have been trained on epidemiological surveillance and referral of suspected cases detected. As a reminder, the first cases of Mpox were reported in 2003, more precisely in the department of Likouala. As of June 30, 2025, Congo has accumulated 135 suspected cases and 57 confirmed cases on the national territory and 0 deaths (Sitrep S27).

In response to this outbreak, training sessions for health workers and community members were organized with the support of CDC. The activities carried out by the volunteers focused more on epidemiological surveillance and mass awareness raising in the neighbourhoods and especially in the fairground market, which are the centers of rapid disease transmission. In addition to epidemiological surveillance and mass awareness-raising, water, hygiene and sanitation activities have been implemented for the well-being of vulnerable populations. In total, Risk Communication and Community Engagement (CRC) actions reached at least **25,526 people**.

Activities were planned under the following pillars: Health, Water, Hygiene, Sanitation, RCCE. However, due to a lack of funding, activities are currently limited.

Health and care

A total of 75 volunteers (50 men and 25 women) were trained on community-based epidemiological surveillance, psychosocial care (PSS) and were deployed in pairs. The participants are volunteers, health personnel working in Public Health Training, veterinarians/Community Animal Health Workers (ACSAS) and environmental agents. A total of 9734 households were visited during community-based epidemiological surveillance and early detection of Mpox cases. These home visits reached at least **18,345 people.** This also made it possible to detect and report 43 suspected cases (16 men and 27 women), 15 cases were investigated, 11 cases were validated, and 9 cases were invalidated. PSS activities were carried out through 120 sessions reaching **1,224 people** through psychosocial and mental health services (**338 men,** 414 women, 202 boys and 270 girls). These people were also affected by the psychosocial support sessions for families who had received a suspected case of Mpox.

Volunteers from CRC Loukoléla conducting epidemiological surveillance

Water, sanitation and hygiene

A total of **75 volunteers** have been trained and are active to support IPC/WASH activities in the 3 target health districts with the involvement of community animal health workers, environmental officers and neighbourhood leaders. Their interventions were made through the following activities:

- Organization of 6 sanitation campaigns (evacuation of household waste, channelling of gutters and stagnant water, weeding, etc.) in markets and medical facilities at the rate of 2 campaigns per health district in collaboration with the community.
- Promotion of good hygiene practices based on proper handwashing in **725 households**, including 250 in Oyo, 345 in Mossaka and 130 in Loukolela;
- Disinfection of 60 latrines, including 16 in Oyo, 30 in Mossaka and 14 in Loukolela;
- Provision of hydroalcoholic solutions to the volunteers deployed at the rate of one bottle per week over 2 days of descent for 2 volunteers
- At least **1,776 people** have been reached by WASH activities.

Community Commitment and Accountability

In terms of Community Risk Communication and Engagement (RCCE), awareness data on the risks of the disease present a total of **25,526 people** reached by Mpox messages. These people have been reached through door-to-door outreach activities. In addition, 32 educational talks were held, 6 awareness-raising sessions were held with a megaphone and 6 radio broadcasts. A total of 801 Community feedback was received and dealt with, including 125 questions, 248 rumours, beliefs and observations, 118 suggestions and requests and 310 thanks and encouragement.

Awareness session at the cross-border market in Loukolela

C. FUNDING

As at the end of August 2025, there was CHF 12M (DREF, soft and hard pledges combined) received through Multilateral mechanisms, including CHF 1,104,698 Bilateral contributions. Furthermore, CHF 1,594,338 are mobilized under Other Funding modalities. This includes resources from IFRC or Partner National Societies that were repurposed or reallocated to the Emergency Appeal, for example, through Crisis Modifiers or similar mechanisms.

Federation-wide coverage of project associated with this OP	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Total bilateral contributions to FW Appeal	1,104,698	8,895,302	11%
DREF allocation	5,000,000		
Total IFRC hard pledges + in-kind + soft pledges	5,911,274	24,088,726	20%
Total FW contribution (bilateral + IFRC)	**12,015,972**	**27,984,028**	**30%**

Contact information

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

In the IFRC

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

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Reference documents

Click here for:

- 6 Month Operations Update
- Operations Strategy
- Emergency Appeal

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.

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/8-2025/8	Operation	MDRS1003
Budget Timeframe	2024/8-2025/12	Budget	APPROVED

Prepared on 23 Sep 2025

All figures are in Swiss Francs (CHF)

MDRS1003 - Africa - Regional Mpox Epidemic

Operating Timeframe: 20 Aug 2024 to 31 Dec 2025; appeal launch date: 20 Aug 2024

I. Emergency Appeal Funding Requirements

Total Funding Requirements	**30,000,000**
Donor Response* as per 23 Sep 2025	**7,089,386**
Appeal Coverage	**23.63%**

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	5,654	6,021	-368
PO02 - Livelihoods	0	4,426	-4,426
PO03 - Multi-purpose Cash	82,698	88,073	-5,375
PO04 - Health	3,380,289	2,925,438	454,851
PO05 - Water, Sanitation & Hygiene	373,976	639,562	-265,587
PO06 - Protection, Gender and Inclusion	34,191	43,826	-9,635
PO07 - Education	0	44,018	-44,018
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	5,610,963	4,560,270	1,050,694
PO10 - Community Engagement and Accountability	363,252	591,820	-228,567
PO11 - Environmental Sustainability	0	8,898	-8,898
Planned Operations Total	**9,851,023**	**8,912,353**	**938,671**
EA01 - Coordination and Partnerships	25,414	142,331	-116,917
EA02 - Secretariat Services	470,858	440,099	30,759
EA03 - National Society Strengthening	828,680	351,346	477,334
Enabling Approaches Total	**1,324,952**	**933,777**	**391,175**
Grand Total	**11,175,975**	**9,846,129**	**1,329,846**

III. Operating Movement & Closing Balance per 2025/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	11,164,048
Expenditure	-9,846,129
Closing Balance	**1,317,919**
Deferred Income	296,936
Funds Available	1,614,855

IV. DREF Loan

* not included in Donor Response	Loan :	5,249,111	Reimbursed :	250,000	**Outstanding :** **4,999,111**

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/8-2025/8	Operation	MDRS1003
Budget Timeframe	2024/8-2025/12	Budget	APPROVED

Prepared on 23 Sep 2025

All figures are in Swiss Francs (CHF)

MDRS1003 - Africa - Regional Mpox Epidemic

Operating Timeframe: 20 Aug 2024 to 31 Dec 2025; appeal launch date: 20 Aug 2024

V. Contributions by Donor and Other Income

Opening Balance						
					0	

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
Belgian Red Cross (Flanders)	58,711				**58,711**	
British Red Cross (from British Government*)	1,548,923				**1,548,923**	
DREF Response Pillar				4,999,111	**4,999,111**	
European Commission - DG ECHO	186,532				**186,532**	
Hong Kong Red Cross, Branch of the Red Cross Socie	22,294				**22,294**	
Japanese Red Cross Society	28,432				**28,432**	
Luxembourg Government	141,222				**141,222**	
Norwegian Red Cross (from Norwegian Government*)	1,009,064				**1,009,064**	
Red Cross of Monaco	18,741				**18,741**	
Spanish Government	472,506				**472,506**	*469,085*
Swedish Red Cross	133,316		12,487		**145,803**	
Taiwan Red Cross Organisation	8,000				**8,000**	
The Canadian Red Cross Society	100,000				**100,000**	
The Canadian Red Cross Society (from Canadian Gov	21,109				**21,109**	
The Netherlands Red Cross (from Netherlands Govern	645,425				**645,425**	
United States Government - USAID	1,758,176				**1,758,176**	*-172,149*
Total Contributions and Other Income	**6,152,450**	**0**	**12,487**	**4,999,111**	**11,164,048**	***296,936***
Total Income and Deferred Income					**11,164,048**	*296,936*