OPERATION UPDATE #03

Africa Region | Mpox Appeal

Emergency appeal №: MDRS1003 **Emergency appeal launched:** 20/08/2024 **Operational Strategy published:** 30/09/2024	**Glide №:** N/A
Operation Update # 03 (6-Month) **Date of issue:** 14/05/2025	**Timeframe covered by this update:** 22/08/2024 – 20/02/2025
Operation timeframe: 16 months (extended until 31 December 2025)	**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**

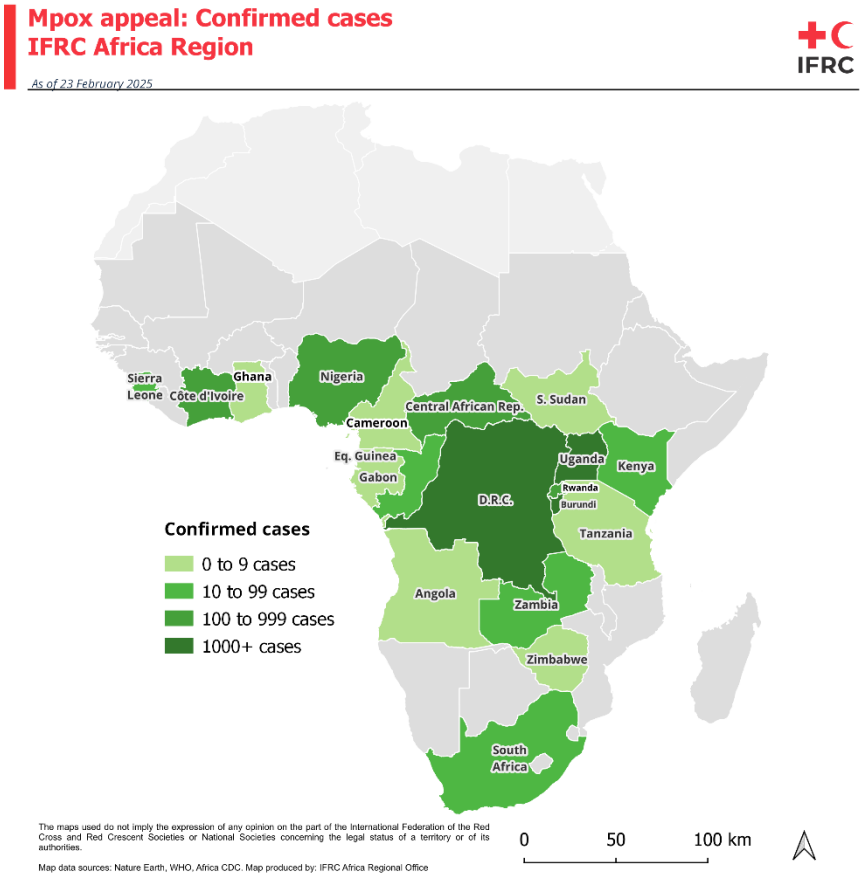
To date, this Emergency Appeal, which seeks CHF 40 million Federation-wide, is 31 per cent funded, including DREF allocation. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue providing humanitarian assistance and protection to people at risk and affected by the Mpox outbreak. A total of 22 countries are being supported through this appeal. As at the time of this update, 97% of confirmed cases are in Democratic Republic of Congo, Burundi and Uganda with the latter reporting increased spread.

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

A. SITUATION ANALYSIS

Description of the crisis

Many African countries are experiencing an introduction or upsurge of mpox. Between January 2024 and February 2025, Africa experienced a significant and sustained mpox outbreak, which expanded across 22 Member States. There has been a dramatic increase in cases in the Democratic Republic of the Congo (DRC), Burundi and Uganda; and epidemics are re-emerging or growing in previously endemic countries. Due to a continued rise in mpox cases, outbreak expansion to new countries, emergence of highly transmissible variants, armed conflict in the DRC affecting response efforts, and challenges in vaccination program implementation prompted health lead organisations; The Africa Centres for Disease Control and Prevention and the World Health Organisation made the decision to sustain its August 2024 declaration of this epidemic as a Public Health Emergency of Continental and International Concern. The IFRC has joined these organisations in raising the alert through a statement and activated internal coordination mechanisms to enhance preparedness and scale-up response.

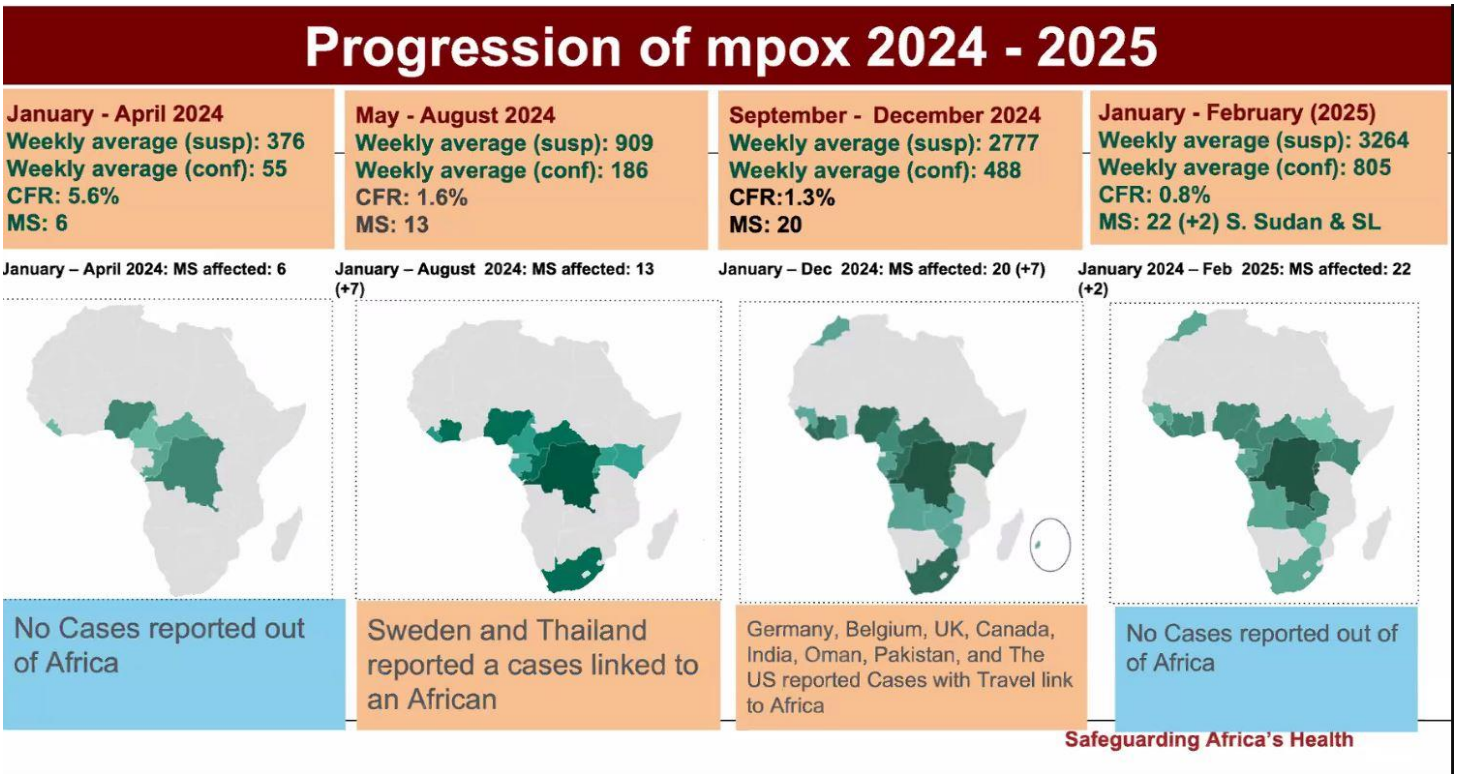


In the past 12 months, as of 23 February 2025, 22 countries have reported 21,598 confirmed cases, including 81 deaths. The three countries with most of the cases are Democratic Republic of Congo, (n = 13,881), Burundi, (n = 3,543), and Uganda, (n = 3,391) - accounting for 97% of all the confirmed cases reported to the WHO.

A new strain of the virus, called Clade 1b, is causing outbreaks in previously unaffected areas of DRC and has spread to countries that had not previously reported mpox. In endemic countries such as Nigeria, Central African Republic, Cameroon and Cote d'Ivoire, outbreaks have slowly expanded or have re-emerged. This makes it the first time that mpox cases have had sustained transmission and subsequently being reported concurrently in endemic and non-endemic countries, with multiple Clades (Clade 1a, 1b and 2) in different geographical areas.

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

so far resulted in high caseloads among sex workers and the broader population, including children, and is rapidly spreading to East African countries.



The picture shows the timeline of the mpox progression from January 2024 to February 2025, during this time the mpox outbreak in Africa saw a significant rise in cases, affecting 22 Member States by February 2025. While mortality rates decreased, the number of suspected and confirmed cases surged, particularly in DRC and Uganda and in 2025 the outbreak spread into 2 new countries, Sierra Leone and South Sudan. (Source: Africa CDC)

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

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

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

Mpox Federation-wide Overview

IFRC Membership Coordination

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

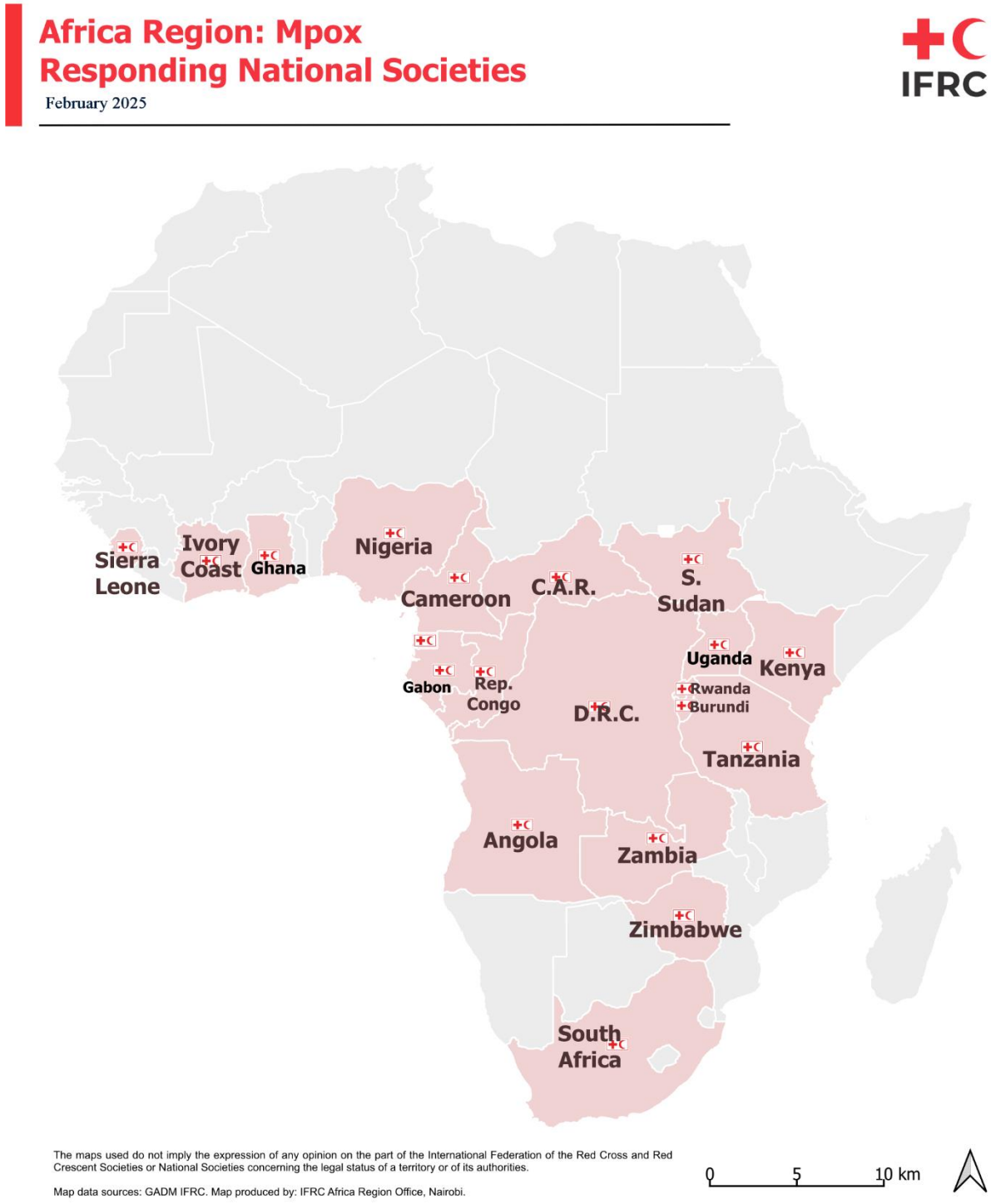
Coordination structures and planning and reporting tools are in place both at country level and at regional level to support the operationalization of this Federation-wide approach. An example of this is the regional **Membership Bi-weekly meetings** hosted by the Secretariat to foster discussions on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

ICRC

The International Committee of 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 will discuss the most appropriate approach to access the vulnerable or most exposed groups, promoting the safety and security of staff, volunteers and populations. In DRC, which is the most affected country, ICRC is present and has carried out some actions in relation to the mpox responses focusing on the South Kivu province in the health districts of Bagira and Nyatende.

Overview of the host National Society and ongoing response

To date, 20 Red Cross /Red Crescent Societies are engaging with the Ministries of Health in respective countries to support national preparedness and response plans to counter the mpox epidemic as per the map below:



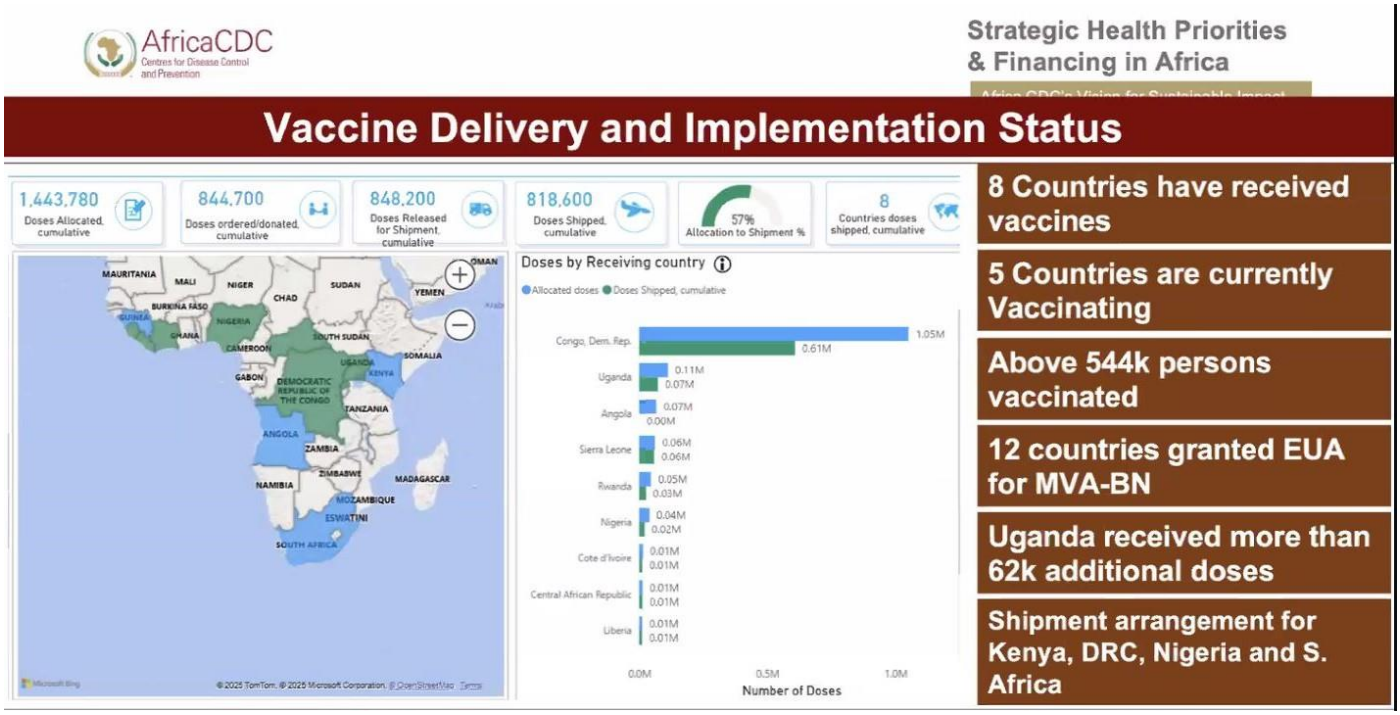
As of February 2025, all National Societies engaged on the response and preparedness are conducting various interventions including; health promotion, epidemic control, community surveillance, Risk Communication and Community Engagement, WASH and protection activities. For countries with isolated imported cases, NSs are focusing more on preparedness activities. Details on each NS' implementation status are provided under section "C. Detailed implementation response".

Response

1. National Society capacity and ongoing response

The IFRC network is the largest humanitarian actor globally. In the Africa Region, its 48 National Societies, 18,000 branches, 14,000 staff and 4 million community volunteers have a long history of responding to crisis and disasters, including health epidemics such as viral haemorrhagic fevers, polio, cholera, dengue and the COVID-19 pandemic. Accumulated years of experience and its reach can make a difference in supporting governments to prevent and stall transmission of the mpox virus. These include:

- **Prevention and risk mitigation**: understanding community fears, misconceptions, and practices to create targeted strategies to reduce stigma, counter misinformation and guide the response. Establishing trust through transparent and clear communication are vital to enable public adherence to health guidelines. Involvement of trusted community leaders helps in disseminating accurate information and gaining community support for public health measures. Therefore, two-way communication through CEA and RCCE is crucial to ensure a clear direction of actions to be taken to reduce risk.
- **Community-led preparedness and response**: local communities bring a critical perspective to emergency response management. Their actions and suggestions should inform risk assessments and action planning conducted with governments and other entities. Communities have local and cultural knowledge of the places where they live that enables them to understand the risks that contribute to health emergencies and how these events could impact them. Involving communities and community structures in designing and implementing the mpox response is key to build trust, promote preventative measures, leverage local knowledge of exposures, vulnerabilities, and local capacities. This enables communities to develop their unique risk profiles and determine priorities for action at the community level
- **Disease surveillance**: acquired expertise in community-based surveillance, contact tracing, and active case finding extend national surveillance systems to communities.
- **Mental health and psychosocial support**: extended networks of support were established during COVID-19 and Ebola responses, support groups and individual sessions, by trained volunteers.
- **Health and hygiene promotion:** Red Cross volunteers implement a variety of health and hygiene promotion activities at the community level in and out of crisis times. This creates a strong foundation to scale and integrate mpox-related health and hygiene promotion across existing, trusted platforms.
- **Case management and support to vulnerable people**: African Red Cross Societies have extensive experience in both clinical case management (including ambulance care) for epidemic diseases and have networks to provide adapted social, economic, and other support to affected people.
- **Vaccination**: National Societies have expertise in supporting vaccination programmes, including handling the supply chain in remote or hard-to-reach areas, vaccines awareness, administration and post-vaccination follow up. As of end of February 2025, 4 African countries (DRC, Rwanda, Nigeria and Kenya) have taken considerable steps in the implementation of vaccination based on available doses. The NSs have got a big role to play for an efficient vaccination campaign with her pool of volunteers who are trained on “mass awareness campaigns” and “Risk communication” to fight rumours and get target communities fully engage.



Above: progress of the vaccination campaign. Data courtesy by CDC Africa

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

1. Red Cross Red Crescent Movement capacity and response

The IFRC has coordinated and supported the Appeal through its Regional Office in Nairobi and eight country cluster delegations across Africa by deploying key technical surge human resources to regional and country levels for effective and timely implementation. Surge personnel were successfully deployed on the ground, as detailed below:

	Type of Profile	No. of deployed staff	Duty station	Modality of deployment	Status
1	Head of Emergency Operations (HEOps)	02	Nairobi	IFRC contracted	2nd Rotation completed, regular staff under recruitment
2	Operations Managers	08	DRC, Cameroon, Nigeria, CAR, South Africa, Cote d'Ivoire	IFRC contracted, secondments	- South Africa & Cote d'Ivoire - 2nd rotation confirmed for CAR - For DRC, 1 Ops manager for Goma and 2nd one based in Kinshasa - All Mission completed
3	Public Health in Emergency (PHiE) Coordinator	02	Nairobi, Bangui	IFRC contracted, Secondment	Mission completed
4	Public Health in Emergency (PHiE) officer	01	Nairobi/roving	Secondment	Mission completed
5	Public Health in Emergency (PHiE) officer	01	Kigali/roving	Secondment	Ongoing. Covering Rwanda, Burundi and Tanzania

6	Public Health in Emergency (PHiE) Coordinator, 2nd Rotation	01	Nairobi	Secondment	Ongoing
7	Health Coordinator (DRC)	01	Kinshasa/Goma	IFRC contracted	Mission completed
8	CEA delegate	01	Kinshasa/Goma	IFRC contracted	Mission completed
9	IM Coordinator	01	Kinshasa	IFRC contracted	Mission completed
10	PMER Coordinator	01	Nairobi	IFRC contracted	Mission completed
11	Communication coordinator	01	Nairobi	Secondment	Mission completed
12	CEA Coordinator	01	Nairobi/roving	IFRC contracted	Mission completed
13	Strategic Partnership and Resources Mobilization (SPRM) Coordinator	01	Nairobi / Kinshasa	IFRC contracted	Mission completed
14	Membership coordinator	01	Remote	Secondment	Mission completed
15	Audio-visual officer (DRC)	01	Kinshasa	Secondment	Mission completed
16	PMER Coordinator	01	Burundi	IFRC contracted	Ongoing
17	Public Health in Emergencies Coordinator	01	Angola	Surge (Danish RC supported)	Ongoing
	Total	17			

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

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

As part of the Fed-wide approach, a Fed-wide operational footprint has been developed, including the mapping of PNSs bilateral or indirect support to the affected National Societies as summarized below:

Host National Society (HNS)	Type of Support received from Participating National Societies (PNSs)
DRC	The Belgian, French and Spanish RC have long-term presence and are active in the mpox response. The Belgian RC is supporting health, WASH and RCCE activities in Kwilu and Kivu. The French RC is focused on Sud Kivu incorporating PSS and Nutrition interventions to the health, WASH and RCCE pillars while the Spanish RC has been providing additional support.
Burundi	The Belgian RC focuses on health and RCCE activities across Southern and Western Burundi and other selected provinces.
Nigeria	The Norwegian Red Cross is supporting the 12 most affected states with health, WASH and RCCE activities.
Rwanda	The Belgian RC supports health (including PSS), WASH and RCCE in the western province, Kigali city and most of the bordering districts in Northern, Eastern and Southern provinces of the country. Due to the Marburg outbreak in October, the NS's strategy combines both Mpox and Marburg for both an efficient and timely response.

Cameroon	The French RC has reoriented the awareness sessions under the ongoing ECHO PPP to include mpox.
Cote d'Ivoire	The Netherlands RC ongoing response preparedness project, contributed to the development of epidemics contingency plans and to strengthen the NS response capacity.
Kenya	The British RC works with health, WASH and RCCE in Taita Taveta country, the Danish RC supports health and WASH in Turkana, Machakos, Nairobi and Mombasa. The Norwegian Red Cross has been providing an additional bilateral support as well.
South Sudan	The Netherland RC is supporting preparedness activities with a focus on RCCE and health promotion in Aweil and Old Fangak. Activities related to the IFRC appeal started with delay compared to other NSs due to the government late approval
Uganda	The Netherlands RC, lead for ECHO PPP, is active on health and RCCE in the areas bordering DRC.
Zambia	The Netherlands RC is supporting crisis modifier focusing on WASH and RCCE/CEA in Ndola and Chililabombwe districts (2 out of 6 Mpox supported districts), Copperbelt Province.
Angola	The Danish Red Cross supported the deployment of a Surge deployment of a Public Health Coordinator in Emergencies.

Across different countries, it is worth mentioning that the planned response builds upon existing resilience and community health programming, including the ECHO PPP, CP3 supported by the Canadian RC in Uganda, Cameroon, Kenya and Ivory Coast. Further bilateral support is being provided by the French, Norwegian, Spanish and Swedish RC for DRC, Nigeria, Burundi and the CAR depending on existing priorities and available resources.

Severity of Humanitarian Conditions

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 scab. Mpox can spread from animals to humans (zoonotic transmission) and human to human through close contact with the lesions, bodily fluids, respiratory droplets, or contaminated materials like bedding. Supportive care improves outcomes for mpox; outbreaks can be controlled through public health and social measures. Vaccines developed for smallpox are effective in preventing mpox, however smallpox routine vaccination has been discontinued in most countries and vaccines are in short supply. Due to the recent outbreak, DRC has kicked off a fresh vaccination campaign in the eastern province of North Kivu, targeting primarily health workers and frontline responders, contacts of confirmed cases and other at-high risk groups 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 misunderstanding about its transmission, symptoms, and the importance of timely care. People who fear being stigmatized may avoid seeking medical attention, making it harder to trace and contain the disease, increasing the risk of wider transmission. Discrimination within healthcare settings can discourage people from accessing services. If individuals feel that they will be judged, treated poorly, or denied care, they may choose to avoid healthcare facilities altogether. Stigma and discrimination often disproportionately affect marginalized communities, 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 live in IDP[2] camps and informal settlements in tents and overcrowded rooms, hence exposing younger children and women to mpox due to preexisting poor hygiene conditions.

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

Health and Care

The main priorities to supporting the response to mpox include both stopping continued community transmission as well as providing comprehensive care and support to those infected. While mpox is an endemic disease in some regions impacted by the current epidemic, its transmission patterns seem to have expanded and shifted during this outbreak, making activities to support active case finding, community-based surveillance, referral mechanisms and contact tracing extremely important to better understanding these patterns of transmission and ultimately ending community transmission. National Societies have been working in alignment with their governmental national plans to implement these activities in the most impacted areas. Additional case management support continues to be important including safe 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 Risk Communication and Community Engagement (RCCE) is essential. These activities are rolled out together with other health and WASH activities to ensure community needs, capacities, and perspectives remain at the centre of the response. To support these efforts National Societies have been engaged in risk communication workshops with their respective governments ensuring visuals and key messages remain appropriate for the response and continue to work with community leaders, schools, traditional healers and others to facilitate two-way communication and feedback on perceptions of mpox and relevant response measures.

WASH

Like in most humanitarian emergency situations, 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.

[2] IDPs: Internally Displaced People

Operational risk assessment

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

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

B. OPERATIONAL STRATEGY

Update on the strategy

The Operational Strategy for the Mpox appeal was published on 30 September 2024. While a tiered approach, as designed in the beginning remains valid, the response focus will be on countries with a significant caseload, namely DRC, Uganda, Burundi, which have concentrated 97% of the cases. In other countries, health system strengthening and preparedness investments will be maintained. Since the operational strategy was developed, additional countries have entered the various states of response (preparedness based on transmission in neighbouring countries, imported cases, or established community transmission). These countries, which include Angola, Equatorial Guinea, Zambia and Zimbabwe, Ghana and Sierra Leone have developed their Plans of Action, which will be included in future updates.

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

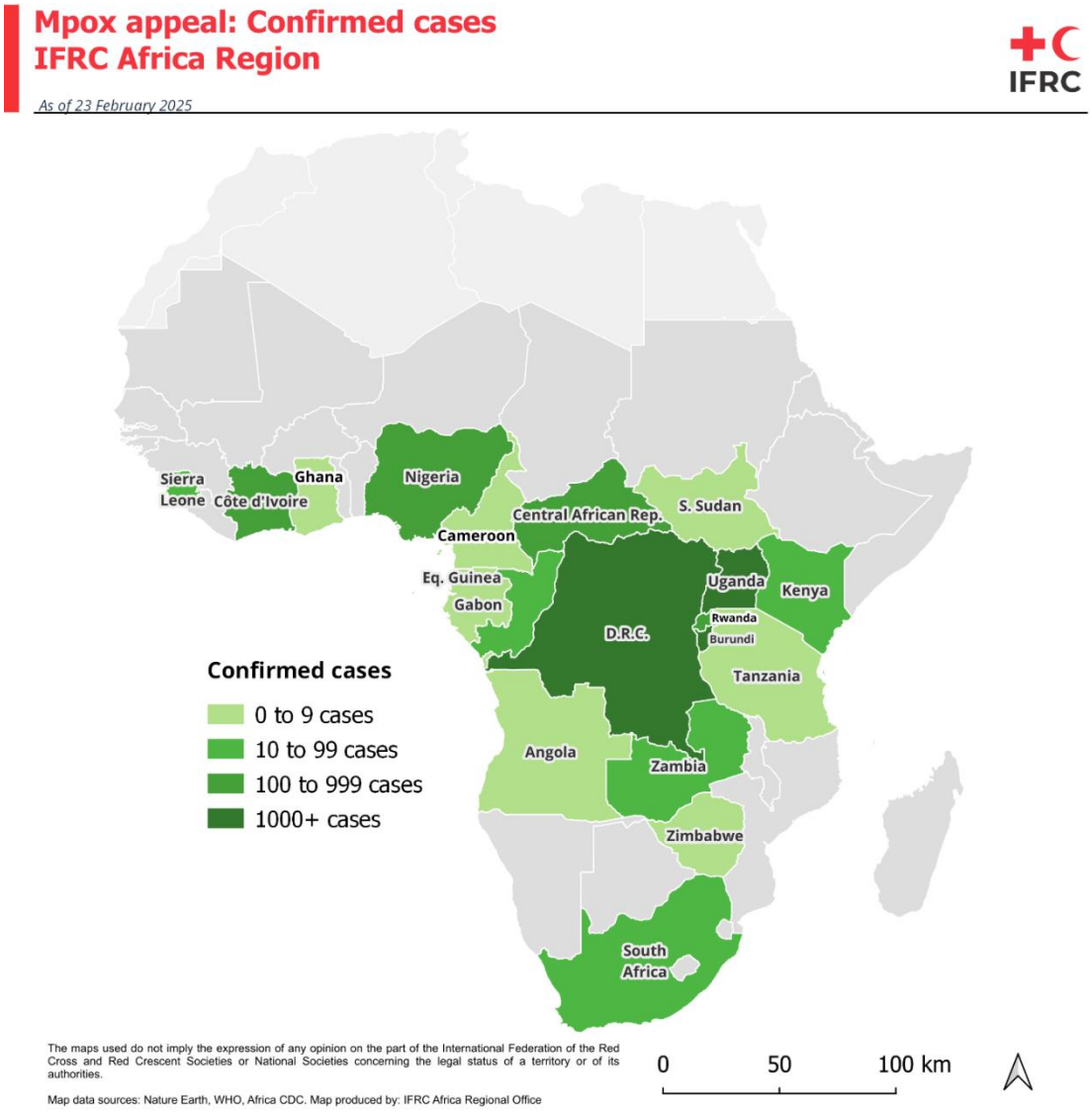
1) **Countries with establishe**d and **ongoing community transmission**: DRC, Burundi, Uganda, Nigeria, Rwanda, Kenya, Tanzania and Zambia
2) **Countries with Sporadic Transmission or Localized Outbreaks**: Angola, CAR, Cameroon, Congo Republic, South Sudan, Cote d'Ivoire, Sierra Leone and South Africa
3) **Countries with No Recent Cases or Minimal Transmission Risk**: Gabon, Ghana, Zimbabwe, Equatorial Guinea

This operation update further seeks to extend the appeal until **31st December 2025** to ensure continuity of activities to contain the mpox outbreak. This strategic approach will be aligned to the epidemiological situation and the recommendations by the World Health Organisation and the Africa CDC who have sustained mpox in Africa as a Public Health Emergency of Continental and International Concern. Subsequently, the response activities will be strengthened in DRC, Burundi and Uganda with the necessary number of skilled and kitted personnel while adopting an integrated approach to multiple epidemics.

Vaccination remains to be one of the effective ways of mpox prevention, however, due to the delay in availability to the public more time will be required to roll out. The proposed extension will enable IFRC to support vaccination process and exercise by the National Societies and the Governments they are auxiliary to. It is important to further note that this extension request will aim at investing in preparedness and response activities that widen the impact

of the appeal vis a vis other epidemics in the region which include but not limited to Marburg, Ebola and Cholera that have in the recent past increased its spread drastically and overwhelming the health systems.

Finally, in some countries, a sharp focus will be given on health systems strengthening. It is important to underscore herewith that, like in the cases of Ebola, sporadic outbreaks in affected areas may occur within the short period of the disease being declared over.

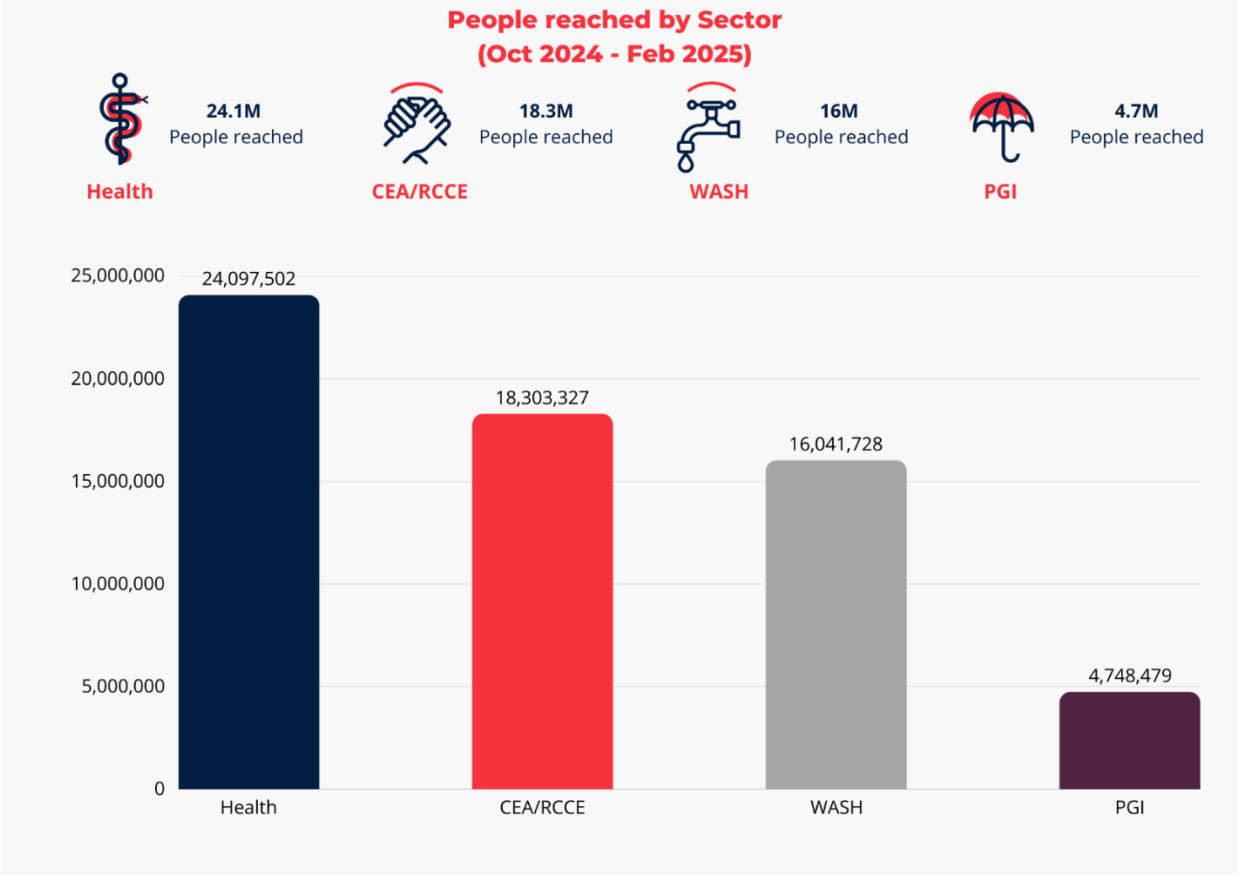


C. DETAILED OPERATIONAL REPORT

Regional Overview

This Operations Update covers the period of 22 August 2024 when the Appeal was launched until 20 February 2025, hence covering a total of 6month of the response. While the Appeal target was set to 30 Million people initially for 12 countries overall, the appeal response has reached 20 Countries by the time of this report. During this 6-month period,

a total **of 63,191,036 persons were reached**[3] across Health and Care, WASH, risk communication and community engagement and Protection related activities, reflecting an achievement of 110.6% as per the graph below. The over achievement of figures above target is partly explained by the high efficiency of community outreach by Red Cross volunteers who use various approaches namely hotlines, radio show, community meetings, door-to-door sensitization, road shows only to name a few. It is important to highlight that, out of the 63M people reached; a total of 40,139,230 were reached through Health promotion, WASH/hygiene promotion across the target countries.



Above: Total number of people reached throughout the main Mpox response pillars

Pillar 1: Socio-economic protection

Due to the socio-economic impact on families affected by the mpox outbreak, the IFRC appeal will assist affected families by providing multipurpose cash assistance for immediate needs and supporting livelihood reintegration through skills enhancement for those affected by mpox. A specific livelihood assessment was planned to be carried out in target communities prior to launching livelihood and cash-related activities. Unfortunately, funding constraints have impacted prioritization of activities, and the initially planned social protection activities were not implemented. The reached targets under the first pillar of the response, is zero for all NSs.

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

Health and care activities provided by Red Cross-National Societies reached or supported 24.09 million people during the reporting period. Key epidemic control activities across the region include support to disease surveillance systems, including contact tracing and community-based surveillance; RCCE and health promotion; psychosocial support to

[3] Gender disaggregated figures will be posted on IFRC—go platform once the data analysis is complete

cases and their families; support to vaccination campaign; and support to case management, including patient transport. So far, community-based surveillance or active case finding continued in countries such as DRC, Uganda, Burundi, Cameroon, Kenya and Nigeria. In the 1st quarter of 2025, Ghana and Sierra Leone declared new Mpox cases and officially joined the Appeal as well. Various RCCE and sensitization activities are conducted in most countries, including DRC, Burundi, Uganda, Kenya, South Africa, Rwanda and Nigeria. In DRC, social mobilization for vaccination has also been supported, while PSS activities have started in DRC and Burundi. Most of the health and care activities are specifically targeting epidemic control, including both prevention of transmission and care for cases. Key technical coordination structures are in place to ensure lessons and tools sharing across responding National Societies. The IFRC is coordinating closely with technical partners at continental and country level, linking into the WHO/Africa CDC interagency coordination platform, including in the RCCE, surveillance, case management, IPC, and vaccination pillars.

Pillar 3: Water, Sanitation and Hygiene

At least 16,279,027 people were reached by National Societies with water, sanitation and hygiene services to the end of the reporting period. This includes support to access water necessary for hygiene, hygiene items, and other supports to those experiencing or at risk of mpox infection. Key technical coordination structures are in place to ensure lessons and tools sharing across responding National Societies.

Protection, Gender and Inclusion

At the regional level, IFRC is engaged into carrying out a gender and diversity analyses to inform response efforts, ensuring inclusive care and information access for at-risk populations, while strengthening protection, gender, and inclusion measures throughout all project phases. As of 20 February 2025, a total of 4,746,354 people had been reached by Protection, Gender and Inclusion interventions activities in target National Societies. Furthermore, the PGI team is committed to support in highlighting specific needs of IDPs in mpox response for programmatic purposes, including activities targeting IDPs and refugee populations in DRC and other countries such as Uganda and Burundi where there are numerous camps of refugees and displaced persons.

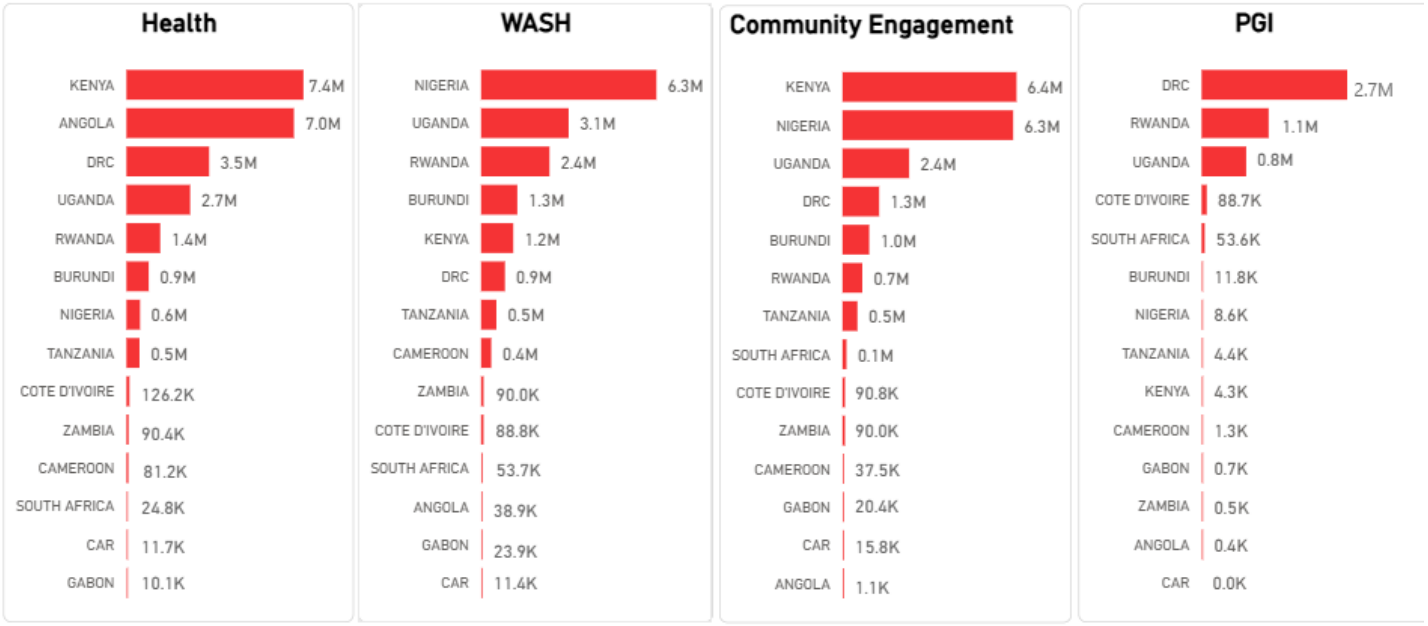
Community Engagement and Accountability

To support National Societies in effectively responding to the mpox epidemic, IFRC continued to support NSs in reviewing their implementation plans based on community insights questions, concerns and suggestion as part of continuing to engage communities in the Mpox response. The NSs have also been supported to scale up RCCE activities through technical support from CEA team such as RCCE training of trainers in Rwanda and soon in Burundi as well as community feedback analysis and report development. During this reporting period, 18,303,327 people were reached by CEA/RCCE intervention across National Societies.

Furthermore, regular coordination calls with NS are organized to provide technical CEA support. The aim of these meetings is to understand better what the NSs are implementing, identifying gaps and provide tailored support. Thus, online sessions were held bi-weekly to strengthen the capacity of National Societies to collect and analyse community feedback data.

As part of coordination, IFRC co-leads the RCCE Collective Service for ESAR, the CEA team participated in RCCE workshops and engaged in the design of co-created approaches and tools to ensure a coordinated and aligned community-centred approach. In Burundi, the interagency coordination led by IFRC and UNICEF conducted follow up rapid qualitative assessments to further monitor the communities insights and concerns and its impact on the response. The interagency Collective Service has also undertaken the Evidence Tracking Framework project to better collect and disseminate evidence of its coordinated and data-driven approaches to RCCE during emergencies such as Mpox. Furthermore, IFRC continues to attend regional meetings and provide presentations on the various thematic

areas with partners involved in the management of the Mpox response. Overall, the reached people per country and per sector are as per the dashboard below[4]:



Above: People reached[5] in different countries by country and per sector as for the period of Feb 2025

Enabling approaches

National Society Strengthening

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

Coordination and Partnerships

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

[4] More details can be accessed on Go.IFRC
[5] Gender Disaggregated data will be posted on IFRC GO - Emergency once data analysis is complete

ensure an efficient utilization of available resources and streamlined support to the operating National Society in each country.

Secretariat Services

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

National Society Response

DRC Red Cross Society

Stage 3 – established transmission

3,467,324 people reached	**752,811 people reached**	**2,666,422 people reached**	**1,345,134 people reached**

Lots of effort have been put in place by agencies including Government, IFRC, WHO, Africa CDC to mention but a few. However, these efforts owing to the conflict situation and the fact that there have been sporadic outbreaks, there is need to sustain prevention and response activities to protect the public and the neighbourhoods. Moreover, the data on the number of people that remain infected or affected by the disease has not changed much in this zone, hence posing more risk to those on transit and the vulnerable population.

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

As of Epidemiological Week 9, 2025, DRC had reported a total of 80,828 suspected Mpox cases and 16,434 confirmed cases since 2024, with 1,623 deaths, reflecting a case fatality rate of 2%. Clades 1a and 1b are circulating, with a mutation of clade 1a (APOBEC3) identified in Kinshasa in mid-February 2025. Challenges such as poor surveillance, conflict, limited testing, and inadequate sample transport have consistently hindered effective outbreak monitoring. While confirmed case numbers appear to be decreasing, the sharp decline in testing coverage suggests these figures may not reflect the true extent of Mpox transmission in the country.

The DRC Red Cross has developed a "One Health" response plan for mpox. This document is used both for fundraising and for operational purposes vis-à-vis the various stakeholders, including the PNSs, IFRC and ICRC.
The DRC's RC National President of has called upon all Branches to kickstart Mpox response and more particularly Branches with confirmed funding, which are required to scale up activities and engage target communities in the response. Thus; 1,788 volunteers have been mobilized, of which 312 have already been trained while others have had mpox-related briefings as part of their routine activities. Branches which have received funding are now North and South Kivu, Maïndombe, Tshuapa, Haut Uele, Sud-Ubangi, Equateur and Kwango funded via the IFRC Appeal, the pre-existing USAID/IFRC project of CP3 or via the Crisis modifier funding mechanism piloted by some PNSs namely the Belgium RC/Flanders, Spanish RC without forgetting ICRC funds.

Health and Care

The Democratic Republic of Congo is the first country to have rolled out vaccination campaign as part of the mpox response in Africa. The first vaccination campaign was run during the last quarter of 2024 (week 43) in 6 targeted provinces (and health zones) namely Equateur (Bikoro, Lotumbe), North Kivu (Karisimbi, Goma, Nyiragongo), South Kivu (Kamituga, Mitimurhesa, Nyangezi, Uvira), Sankuru (Bena Dibele), South Ubangi (Budjala) and Tshopo (Yakusu). The campaign was highly successful with a coverage of 112.3%, showing a higher demand compared to the available supply of doses. This was partly because of the efficiency in vaccine awareness and sensitization for which the Red Cross actively took part leading to more people than expected to embrace vaccination. At the end of the first campaign, 51,649 people were successfully reached including frontline health staff, Red Cross volunteers, sex workers, Eco-guard/game rangers, traditional hunters as well as patients' contacts.

On 22 February, the second vaccination phase targeting more than 660,000 persons out of whom more than 50% are children was started in Kinshasa for a period of 10 days. The campaign was run with the support of 579 community health workers backed up with 300 Red Cross volunteers and an additional 20 technical teams to ensure a better community outreach. At the end of the campaign, around 180,000 people benefited from the vaccine across the country with a total of 23,373 people from City of Kinshasa according to WHO. In Kinshasa alone, 139,662 people were vaccinated; 28972 men, 26,878 women, 39032 boys and 44780 girls.

Health services continue to be offered with a focus on Community-based Surveillance (CbS) and psychosocial support (PSS). Since the beginning of the outbreak, 117 volunteers have been trained and are engaged on the Community Outbreak Preparedness; risk communication and disease surveillance across different Health zones. An additional 85 volunteers were trained courtesy of the ICRC's support and the Belgium RC in North Kivu and Kwilu provinces. In addition, at least, 700 volunteers are already in action in the Equateur province where suspected cases continue to be reported by volunteers for further investigation and referral in high-risk provinces of North Kivu, Equateur, Haut Uele, Tshuapa, Sud-Ubangi, Maïndombe and Kwango.

As an anticipatory action towards strengthening of the community-based surveillance, new and refresher training for 17 provincial stakeholders, including coordinators, IMs, and CEAs from the nine provinces, on CBS, risk communication, and community engagement have been conducted in Kinshasa. These involves, integrating aspects of psychosocial care, gender protection and inclusion and data management. 1,409 volunteers involved in the community-based surveillance were reached. The trained cohorts assist in identification and referral of suspected cases of Mpox and EVDs to treatment facilities in all target areas.

Through adoption of "One Health" approach, an Mpox case was detected in pigs and notified to the authorities of the Ministry of Fisheries and Livestock in the Tshuapa province. Additionally, 285 other animal alerts were notified in the Equateur province.

On Psychosocial support, DRC Red Cross did organize a refresher training in Kinshasa for 33 provincial stakeholders, including coordinators, IMs, and CEAs from the nine provinces, on psychosocial support for patients with Mpox. In the same vein, briefing/refresher training for 1,409 volunteers on psychosocial to support mpox patients.

During the December 2024 and February 2025 period, a total of 1,570 people directly affected by mpox or indirectly affected (family members) benefited from 522 psychosocial support sessions targeting communities from nine targeted provinces (306 men, 624 women, 229 boys, 411 girls). In South Kivu, 447 people. Meanwhile, patients and adult persons with Mpox benefited from food assistance at mpox treatment centre courtesy of the Red Cross.

Strengthening Infection Prevention and Control (IPC) at Points of Entry (PoE) has been part of the Red Cross intervention in DRC where the NS intervenes in hotspot areas through the provision of handwashing kits, water supply, and awareness raising. In North Kivu, handwashing kits continued to be distributed to schools vandalized during the recent fights in North and South Kivu. The North Kivu provincial team participated in needs assessments for the vandalized mpox treatment centre in the health zones of Mutwanga whereby treatment centres of Kyondo, Mubiriya, Nyiragongo, and Mugunga were fully assessed. In South Kivu, 8,492 people affected by the WASH challenges were provided with handwashing kits and disinfectants. At least 159 households with cases of MPOX were reached. Further, 25 health centres were provided with handwashing kits whereas 7 facilities were assessed for IPC activities.

Above: Symbolic handover of hand washing kits at Buhimba Health Centre in Goma Health zone. Photo credit-DRC Red Cross, North Kivu Branch

Community Engagement and Accountability

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

By the end of February 2025, 14,978 home visits and 140 mass communication sessions were undertaken and enabled DRC RC volunteers to reach 143,041 people with awareness messages on mpox as part of risk communication and community engagement. A Complaint and feedback mechanism has been strengthened, although it requires continued investment to improve efficiency, as it currently uses paper forms for data collection. Six categories of feedback are collected including questions on (1) the vaccination campaign, (2) suggestions on response and preparedness activities, (3) beliefs about the disease, (4) appreciation and recognition of the volunteers' actions, (5) questions about the disease, and (6) rumours about the illness. In terms of community feedback collection, data from 1,143 people were collected and analysed, with 92% in relation to vaccination.

During the period of December 2024 and February 2025, 300 Red Cross volunteers supported risk communication and community engagement for the adoption of Mpox vaccines as part of the launch of reactive targeted vaccination in Kinshasa province, which took place from February 22 to March 3, 2025, in 5 priority health zones. These are the following health zones: Nsele, Kalamu2, Lingwala, Bumbu, Limete.

In Boende, in Tshuapa province, the CRRDC organized a motorized carnival to raise awareness among the population about MPOX prevention. As part of the collaboration with partner community radio stations, 72 interactive programs were produced and continued to be broadcasted in the target provinces during the month of February. In the nine target provinces, volunteers conducted door-to-door awareness activities, mass awareness campaigns, information, education, and communication sessions with influencers and associations (motorcyclists, bushmeat traffickers, pork traffickers, pregnant women in North Kivu, South Kivu, and Equateur)

A total of 1,652 community leaders were reached by volunteers through 121 community meetings and/or educational talks that integrated risk messages into their community work. Of the population reached, 843 were men and 782 women during the month of January and February 2025. Likewise, 47,319 households were reached across all 9 target provinces whereas 501,114 people were reached; 124,176 men, 132,302 women, 114,585 boys, and 130,051 girls during the same period.

Country-level coordination

The IFRC delegation in Kinshasa alongside the DRC Red Cross Society is participating in the government's coordination meetings for the mpox response. The meetings are chaired by the MoH at the national level through COUSP technical unit. Meetings at the IFRC regional level are also being held to coordinate and monitor the response. The Branch staff have joined hands with the provincial WASH technical staff in North Kivu to assess the needs of the Mpox treatment centres after being vandalized during the recent fighting between the Congolese army and M23/AFC group. The assessment targeted the treatment centres of Mutwanga, Kyondo, Mubiriya Nyiragongo and Mugunga.

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

In North and South Kivu, the Red Cross teams have been in discussions with current leaders for the acceptance and continuation of humanitarian activities, especially at the Points of Entry (PoE) namely at airports, Grande and Petite barriere in Goma where IOM and the Red Cross regularly implement joint activities.

Burundi Red Cross Society

Stage 3 – established transmission

934,560 people reached	**1,295,500 people reached**	**7,976 people reached**	**980,346 people reached**

The Republic of Burundi is experiencing Mpox outbreak with a rapid escalation of the situation, several factors that weaken the current capacity of response in addition to cross-border risk with countries where the disease is endemic. There is also a high level of concern about cholera, which is endemic in the country, other waterborne diseases have been reported. Since the declaration of the outbreak by the government, the situation has quickly evolved and escalated into a country-wide occurrence. The influx of refugees from DRC due to the recent crises in South and North Kivu have aggravated the situation, it is subsequently necessary that sustained efforts in public health interventions are maintained to caution the population. In the meantime, this period would prepare the ground for vaccination awareness and acceptation in the country should doses be available on time.

The mpox response in Burundi focuses on health activities through community awareness and WASH; promotion of hand washing and the distribution of safe and clean water (water trucking). RCCE and PGI activities are also part of the critical activities carried out by the NS. Starting January 2025, Burundi RC has revised the National Response Plan, with an emphasis on Community Based Surveillance (CBS) that needed to be strengthened to achieve the desired results.

Health and Care

By the end of this reporting period, three training sessions on major pillars of the response had been completed namely (1) Training of the ambulance service teams for evacuation of notified cases (2) Training of Trainers (ToTs) for the Mpox epidemic management teams (3) Training of volunteers on Case definition and screening procedures. Additional training was also carried out on; WASH in emergency, Protection, Gender and Inclusion, Mental health and psychosocial support and Risk Communication and Community Engagement, training on epidemic reporting targeting focal persons from 23 health District was conducted. Evacuation of suspected cases of mpox is undertaken by trained teams in the Province of Bujumbura Mayorship. Following an official request from the MoH, the NS has availed 4 ambulances that are fully dedicated to the transportation of notified cases towards the national treatment centre located at Clinique Prince Louis Rwagasore.

Water, Sanitation and Hygiene: Overall, 15 bladders with capacity ranging from 3,000L to 10,000L have been installed in strategic areas following the prolonged water supply disruption in the capital city of Bujumbura. 7 bladders are in the communes of Muha (Southern district) and Ntahangwa (northern district) which face severe water shortage since the start of 2025. Quantities of potable water already supplied have reached about 230,000 households and are as follows:

Location	Zone	Settlements/quarter	Quantity in Litres
Ntahangwa	Kamenge	Busoro	1,820,000
Muha	Kanyosha	Busoro	1,540,000
Total			3,360,000

Community Engagement and Accountability

Various activities shave been going on since September 2024. The focus was to raise awareness and run Risk Communication and ensure Community Feedback for the target community as far as mpox is concerned. During this period, the achievements have been summarized in the table below.

Activity	No. of sessions	Women	Men	Total
1.1. #of Ppl (approximate) reached through road shows programs	19	14,677	10,682	25,359
2.1. #of Ppl (approximate) reached through mass awareness	68	172,571	123,755	296,326
3.1. #of Ppl (approximate) reached through door-to-door sensitization	51	90,019	59,676	149,695
4.1. #of Ppl (approximate) reached through psychosocial support	15	252	186	438
5.1. #of Ppl (approximate) reached pupils (schoolgirls and boys)	40	88,948	63,460	152,408
6.1. #of Ppl (approximate) from marginalized groups reached	23	2,329	1,626	3,955
7.1. #of Ppl living with disability reached	19			922
Total	**235**	**368,796**	**259,385**	**629,103**

Above: Mpox outbreak awareness and risk communication; Bubezi fundamental school in Kayanza Province. Photo credit: Burundi RC Jan. 2025

During the same period, 98 interactive radio broadcasts were produced in partnership with 4 radio stations namely RTNB[4], Radio Isanganiro, Indundi Culture, Bonesha fm. Additional radio shows are equally being conducted at provincial levels via community radio stations to reach a larger audience. To ensure a systemic compliance to the Red Cross standards and safeguarding issues, there is at least 1,184 and 31 HQ staff who were trained and received a tailor made PGI related briefings which are embedded into the mpox response across the country.

Country-level coordination

Burundi RC participates in weekly coordination meetings chaired by the MoH at the National and Provincial levels. The NS also sits in the "supervision" sub-committee. The presence of the NS in such meetings strengthens the NS's positioning, networking and decision taking. It is an opportunity also to showcase the positive impact of the work carried out in the community by volunteers who are engaged on the mpox response.

Uganda Red Cross Society

Stage 3 – established transmission

2,671,012 people reached

3,131,443 people reached

762,546 People reached

2,446,235 people reached

Uganda is currently battling 3 epidemics: Ebola outbreak, Marburg preparedness and Mpox outbreak. While this puts a considerable pressure on the NS's disaster response teams on the ground both in terms of resources, logistics and coordination efforts; the effectiveness for Mpox response is equally affected given the recent surge of new cases in the country. In this regard, like DRC and Burundi, Uganda requires a strengthened response mechanism for the next six months to be able to contain the Mpox epidemic.

The Government of Uganda confirmed the first cases of Mpox on 24 July 2024, following the confirmation of two patients who tested positive in Kasese District, Bwera Hospital during a routine surveillance system exercise by the Uganda Virus Research Institute (UVRI). As of end of February 2025, Uganda was still battling with Mpox virus where cases have been on increase since August 2024 and currently there are 2,329 confirmed Mpox cases with 13 cumulative deaths[6]. Since the start of January 2025, Mpox cases have increased by 72% (n=976, baseline 1,353) which indicates the increasing number of cases across the country.

Following the Uganda's government's mpox response plan and IFRC's Appeal plan, the purpose of Uganda RCs intervention is mainly to:

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

Uganda Red Cross Society through her auxiliary role is supporting the government of Uganda in responding to the Mpox outbreak on four operational pillars namely Health, WASH, RCCE/CEA and PGI where key interventions are carried out in selected districts of Mayuge, Wakiso and Kabale. Since day one of the outbreak, Volunteers have remained engaged with awareness creation from high-risk communities mapped out during the start of the outbreak. URCS intensified RCCE activities during end of the year festive season reaching further communities with Mpox key messages both at household level and through organized group sessions. In partnership with UNICEF, URCS extended Mpox interventions to other Branches namely Jinja, Nakasongola,

[6] Internal SItRep_URCS_25 Jan. 2025

Luwero, Mbarara and increased the number of volunteers in the districts of Iganga and Wakiso. Due to the recent outbreak of Ebola in the country, URCS has integrated awareness messages into risk communication initiatives. In the same vein, URCS has integrated Marburg Virus Disease (MVD) preparedness into Mpox response by supporting the screening for suspected Mpox and MVD cases at key 7 points of entry (PoE) along the border with Rwanda and Democratic Republic of Congo. The PoEs are in the districts of Ntungamo, Rukiga, Kabale and Kisoro.

Above: Pre-School learners at Mayuge being engaged about Mpox prevention and encouraged to minimize contact and improve on hygiene.

Health and Care

604 volunteers, trained to support active surveillance and reporting, are still actively engaged in their respective communities. These, in addition, conduct Mpox sensitization through awareness creation at both households and through organized group sessions and provide mental support to families affected by Mpox. Staff and volunteers supporting the response were oriented and sensitized about CEA, PGI, CVA, Child safeguarding policy, and SGBV.

- Conducted house-to-house sensitization, reached 24,668 households during the reporting period, and sensitized 101,042 people during household visits. These are believed to have raised their awareness about Mpox preventative measures.
- 9,512 awareness group sessions were successfully conducted and reached 767,981 people including children below 18 years old.
- Volunteers engaged 61,941 key populations that are believed to be at high risk of contracting the virus including sex workers (both males and females), young children, boda-boda riders, refugees, market vendors, and people in bars, fisher folks, and taxi and truck drivers among others.

- 129,451 people (both travellers and local people) were engaged through screening and awareness about Mpox at various points of entry during the reporting period with a female dominancy of 58% of total people sensitized.
- Cumulatively, 998,474 people were reached with key messages about Mpox including 6,893 people with disabilities (3,745M, 3,148F) and 1,272 refugees.
- 325 Mpox alerts were raised and reported to health authorities for management. URCS runs an alert desk for Mpox, and this is operated 24/7 to manage the receiving of community alerts sent by deployed volunteers and community members
- Ambulance services: URCS deployed nine ambulances to support Mpox evacuations. MoH-EMS department which contacts URCS call centre for any evacuation that arises after confirmation that the case meets Mpox community case definition centrally manages the fleet.
- During the reporting period, 164 ambulance requests were received from MoH and 99% of total requests were executed. Only 01 Mpox patient refused to be evacuated from Mbarara district.
- NS as per MOH/WHO protocols evacuated 223 Mpox patients. Majority were suspected Mpox patients accounting for 72% of the total people evacuated. The most affected age group are individuals aged 18-40 years old and they account for 84%. Males were mostly evacuated as compared to female Mpox patients.
- Trained volunteers reached 64,832 people/Mpox affected people with PSS and mental health services. PSS sessions were organized at household level and sometimes in groups to avoid stigmatizing Mpox patients by community members.

WASH

- 604 volunteers trained to support WASH activities at community level. WASH activities are incorporated into RCCE and health promotion activities to drastically influence behavioural change at household levels.
- During RCCE, 24,668 households were reached with WASH messages on how to improve hygiene at household level.
- At points of entry, 129,451 (54,369M, 75,082F) people were sensitized about proper hand washing and needed ingredients as preventive mechanism to prevent the spread of Mpox virus.
- Overall, 998,474 people were reached with promotion activities both at household, group sessions and at cross border points.

PGI

- 604 volunteers supporting Mpox response were trained on implementation of PGI minimum principles during RCCE including SGBC, PSEA. The volunteers were briefed and signed codes of conduct.
- Mpox prevention and transmission awareness message has been extended to various groups of people including children below 18 years (573,859), people with disability (6,893) and women (227,444).
- Trained 3,598 community health workers and 1,068 community leaders about PGI dimensions including PSEA, SGBV and inclusion in emergency response.
- Overall, 575,896 people were reached with tailored messages about Mpox including 1,566 sex workers.
- More than 2,000 IEC child friendly materials were distributed in schools to aid in Mpox awareness amongst children below 12 years old.

- Volunteers engaged community members about referral pathways and reporting mechanisms for SEA and SGBV and distributed more than 1000 flyers.

CEA

- 261 village meetings were conducted during the reporting period where 14,051 people participated in the presence of LCs and community influencers.
- Targeted community influencers and engaged 13,200 teachers, 540 traditional healers, 540 community leaders specifically about Mpox prevention and transmission.
- Established the digital community feedback mechanism to capture concerns and complaints raised by community members.
- 23,542 community concerns and complaints were received and responded to by community-based volunteers supporting the response.
- Overall, 998,474 people were reached with key messages about Mpox prevention, transmission, and what to do in case a suspected individual is discovered.

Challenges

- There are still mixed conceptions about Mpox outbreak as some community members still attribute it to political motives.
- Limited medical attention to Mpox patients at health facilities due to drug stock out has negatively affected referral pathways to facilities. Many Mpox patients complain about lack of care at health facilities.
- Poor case management at Mpox isolation units has caused escapes of Mpox patients. Some patients are reported to have escaped back to communities due to lack of food at some isolation units. This is likely to further lead to the spread of the virus in communities.
- Stigmatization of volunteers at community level as transmitters of Mpox virus in communities. Some communities have continuously blamed URCS volunteers since they move house-to-house sensitizing communities.

Above: URCS volunteer engaging track drivers about Mpox in Mukono district. These are key populations that need targeted risk communication initiatives.

For **coordination**, URCS has participated in all National Task Force meetings that are held virtually on Wednesday every week. This has always been the practice even before Mpox outbreak. URCS has also participated in district task force meetings for Mayuge, Wakiso and Kabale districts since 16th October 2024 held every Tuesday and Thursday respectively. URCS has held a one-on-one meeting with the department of Integrated Epidemiology Surveillance and Public Health Emergencies of MoH where we declared the amount of funds so far secured and clearly explained the form and extent of support URCS shall provide. A similar engagement was made with the RCCE pillar representative to the IMT.

Rwanda Red Cross Society

Stage 3 – established transmission

725,447 people reached	**2,445,150 people reached**	**1,147,021 people reached**	**1,147,021 people reached**

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

Key Achievements

1. Health and Care

- **Community-Based Surveillance (CBS):** Over 64,000 people (adults and children) engaged in CBS activities across high-risk districts, Additionally, 3,000 sex workers were vaccinated through RCCE efforts in collaboration with RBC
- **Alerts and Escalation:** More than 24,000 Mpox-related alerts were escalated to health authorities, significantly enhancing early detection and rapid response capabilities.
- **Volunteer Capacity:** A total of over 24,000 volunteers trained in epidemic preparedness, surveillance, and RCCE.
- **Community Outreach:** More than 620,000 people reached through risk communication and community engagement activities by February 2025.
- **Health System Support:** RRCS supported 5 health facilities and deployed 5 ambulances, ensuring readiness and patient transport in alignment with MoH/WHO protocols.

Above: Mpox awareness and education in schools. Photo credit by Rwanda RC-Febr 2025

2. Water, Sanitation, and Hygiene (WASH)

- **NFI Distribution:** Hygiene kits including 3,600 bars of soap and 1,900 jerry cans distributed to 950 households in seven districts.
- **Handwashing Infrastructure:** Two hand-washing facilities rehabilitated at Rubavu border points.
- **Volunteer Engagement:** 80 volunteers remained active in WASH promotion.
- **Community Reach:** Over 618,000 people reached with WASH promotion messages and hygiene awareness.
- **Branch Engagement:** 8 Red Cross branches implemented WASH activities across targeted locations.

Above: Hygiene promotion in the market places for the Mpox prevention. Photo credit, RRCS-Febr. 2025

3. Protection, Gender, and Inclusion (PGI)

- **Targeted Outreach:** 3,000 vulnerable individuals, including sex workers and people living with HIV, were reached by the end of this reporting period.
- **Volunteer Training:** Over 22 volunteers trained on PGI Minimum Standards, PSEA, and SGBV.
- **Accountability Measures:** 84 staff and volunteers signed the Code of Conduct; an SOP on handling sensitive feedback is in place.

4. Psychosocial Support and Safe and Dignified Burials (SDB)

- **SDB Preparedness:** Arrival of SDB kits sufficient for approximately 60 burials enhanced RRCS's readiness for safe Marburg-related burials.
- **Volunteer Training:** 256 volunteers trained in RCCE, PSS, and SDB across eight high-risk districts.

5. Community Engagement and Accountability (CEA) and Risk Communication

- **Volunteer Training:** Close **to 600 volunteers trained in CEA, CVA, health, and** WASH**.**
- **Community Meetings:** 32 meetings held to communicate activities and selection criteria to communities.
- **Feedback Mechanisms:** Functional in **3 branches** with **323 complaints/feedback** received and addressed in Feb–Mar alone.

6. Assessments and surveys

- **Surveys Conducted:** A **Knowledge, Attitudes, and Practices (KAP) survey** was completed in five provinces with UNICEF collaboration.
- **Qualitative Assessments:** FGDs and KIIs conducted in one province to gather community insights.

Coordination:

Rwanda Red Cross participants in key coordination platforms at the national, regional and district levels to ensure a smooth and efficiently coordinated response. In this regard, the NS co-chairs the RCCE platform, led the SDB pillar, and actively participates in TWGs for Surveillance, IPC/WASH, and MHPSS. Coordination

amongst stakeholders, including WHO, PNSs and local authorities has proven to be highly productive, and they aim at a combined effort to halt the Marburg and Mpox epidemics in the country. A **Call Centre** (The toll-free line **2100** has been initiated and has so far responded to 197 public inquiries related to Mpox and MVD prevention and control.

Gabon Red Cross Society

Stage 2 – limited cases

110,088 people reached	**23,872 people reached**	**656 people reached**	**20,370 people reached**

Country Level Update

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

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 strengthen 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, an EPIC Training was conducted for volunteers from the committees of Libreville, Owendo, and Akanda (Estuaire), Lambaréné (Moyen-Ogooué), and Franceville (Haut-Ogooué) as per the table below:

Location	Male	Female	Total
Estuaire	29	29	58
Lambaréné	9	13	22
Franceville	12	8	20
Total	**50**	**50**	**100**

ToT in CBS for 5 staff members and 10 volunteers, with a total of 15 participants trained in Social and Behavior Change (SBC). Among the participants, 7 were women and 8 were men. The primary objective was to train two trainers from Lambaréné, two from Franceville, and six from the Estuaire region.

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

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

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

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

Short educational videos on MPOX prevention were developed and shared across multiple digital platforms to enhance public awareness and promote preventive measures. These videos, designed to be accessible and engaging, highlighted key preventive behaviours, early symptoms, and steps for seeking medical assistance. The content was distributed through our website, Facebook page, Twitter, and various WhatsApp groups, including community, family, and association networks, reaching audiences twice a week. The social media engagement coverage indicates 183 Facebook views and 28 likes while WhatsApp has 670 views[7].
For Secretariat services and NS development, several meetings were organized as part of the implementation of the Mpox response with the National Society team as well as with the response coordination teams from the Ministry of Health and IFRC. These meetings aimed to ensure alignment in strategies, clarify roles and

[7] https://www.facebook.com/100089572517981/posts/528662883462791/?mibextid=rS40aB7S9Ucbxw6v
https://www.facebook.com/share/p/RYSLwUsiYrzdFos5/
https://croixrougegabon.org/la-croix-rouge-gabonaise-lance-une-campagne-de-sensibilisation-sur-les-crises-epidemiques/

responsibilities, and facilitate effective collaboration between all stakeholders involved in the response. Key discussion points included the (01) Review of action plans and chronogram, (02) Coordination of resource allocated to the response (03) updates on ongoing field activities and (04) define Strategies for risk communication and community engagement

Above: Handwashing demonstration in Lambaréné Market (Moyen Ogoué Province in Gabon Feb. 2025

Cameroon Red Cross Society

Stage 2 – limited cases

81,177 people reached[8]	**364,098 people reached**	**1,251 people reached**	**30,676 people reached**

Country Level Update

Between January 1, 2024, and February 20, 2025, Cameroon reported 114 suspected Mpox cases, with 102 samples collected (90.5%). Among these, 12 cases were confirmed (10.5%), including one in a monkey in the Mefou Park, Mfou Health District, Centre Region (reported on November 27, 2024). Two deaths were recorded among confirmed cases, resulting in a case fatality rate of 16.7%. Additionally, 32 cases of varicella (25.4% of suspected cases) were confirmed, with no Mpox-VZV co-infections (Sitrep Mpox N°6).

The most recent Mpox cases include three confirmed in the **Mbonge Health District, South-West Region, on November 14, 2024**. To date, four regions in Cameroon have reported confirmed cases, with young adults aged 20–24 being the most affected demographic (sex ratio: 7 males to 2 females). These developments underscore the ongoing risk of Mpox transmission in Cameroon, further compounded by proximity to the Democratic Republic of Congo (DRC), where a new Mpox strain prompted a Public Health Emergency of International Concern (PHEIC) earlier in 2024. Both Clades I and II of the virus have been identified in Cameroon, adding complexity to outbreak management efforts. IFRC has continued to support the Cameroon Red Cross CRC in enhancing community-based surveillance and response systems.

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

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

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

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

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

Above: Mobile cinema session for Mpox Awareness Buea (South West Region of Cameroon) Dec 2024

Above: Hand Washing demonstration session in a school Dec 2024

CAR Red Cross Society

Stage 3 – established transmission

11,710 people reached	**11,416 people reached**	**141 people reached**

Country Level Update

On July 20, 2024, two new Mpox confirmed cases were declared simultaneously in the health districts of Bangui and Bimbo, in health regions N°1 and N°7. These health districts are in urban areas with a high population density. Faced with this situation, the Minister in charge of Health and Population which activated an Operation Centre for

the Management of Public health Emergencies (COUSP in French acronym) to provide an adequate response. The CAR Red Cross, in its role as an auxiliary to the public authorities in the humanitarian field, submitted an DREF request which was approved and funded through the IFRC Appeal to carry out activities in response to the Mpox epidemic in target health districts of Bangassou, Sangha-Mbaeré and Mbaïki. It is important to note that the implementation of response activities to the Mpox epidemic on the ground in CAR were virtually blocked due to the lack of an official greenlight by the MoH allowing to start the implementation. Authorization was finally signed by the MoH on 5 December 2024 where activities officially had to start as described below.

HEALTH AND CARE

A total of 242 people; 162 men and 80 women, comprising of health professionals, community health workers, Red Cross staff and volunteers, were briefed on modes of transmission, symptom prevention and early detection of Mpox cases in Bangui, Mbaïki and Mongoumba districts.

WASH

139 people (91 men and 48 women), including community health workers, health staff and volunteers, were trained in sanitary hygiene
4224 people were reached directly by community health workers through door-to-door hand hygiene awareness campaigns and community feedback on Mpox.

CEA/RCCE

Active case-finding and Mpox awareness-raising activities carried out by 124 community health workers and volunteers on a door-to-door basis reached a total of 4224 people, among them, 1728 men and 2496 women in Mbaïki and Mongoumba.

PGI

At least 141 community health workers and volunteers have been trained in AIP, GBV, PEAS, outreach methods and psychological first aid.

Coordination

- The Red Cross regularly takes part in meetings chaired by the MoH through public health emergency operations centre.
- The CAR Red Cross supports the Mbaïki health district in maintaining hygiene in the main hospital, and in provides psychosocial care for patients hospitalized in this health facility.
- CAR Red Cross is a member of the MoH communication sub-committee for risk communication and community engagement. This helps to position the Red Cross movement in the dissemination of key messages and community reach out during public health emergencies.

Above: CEA training for CHWs by the Central African Red Cross/January 2025

Kenya Red Cross Society

Stage 2 – limited cases

7,418,628 people reached	**1,151,147 people reached**	**4,188 people reached**	**6,389,435 people reached**

Country Level Update

The Kenya Red Cross Society (KRCS), in collaboration with the Ministry of Health (MOH), is actively addressing the Mpox outbreak in the country by enhancing disease surveillance and implementing Risk Communication and Community Engagement (RCCE) initiatives. Since the outbreak began, KRCS has been instrumental in Infection Prevention and Control efforts, partnering closely with MOH to increase awareness and community involvement. To date, 440 staff and volunteers from KRCS have received training to assist with RCCE activities. Furthermore, 68 individuals linked to the second Mpox case were at the time of this update under observation in Busia and Mombasa counties. The MOH reports that 1,218,207 travellers have been screened at various entry points.

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

Health and Care

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

WASH

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

CEA/RCCE

- Ongoing RCCE activities on Mpox have reached 262,172 people (comprising 143,375 males and 118,797 females) across 21 counties, sensitizing them on Mpox risk factors, hygiene promotion, and prevention strategies.
- The integration of hygiene promotion activities into RCCE efforts has improved hygiene practices among community members.
- The development of updated IEC materials covering Mpox signs, symptoms, and transmission, along with collecting and analysing feedback at the county level.
- Cumulatively, 389 (193M, 196F) KRCS volunteers have been trained on Mpox prevention and response.

PGI

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

Coordination

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

mpox sensitization and awareness.

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

Tanzania Red Cross Society

Stage 2 – limited cases

547,653 people reached	**547,410 people reached**	**547,484 people reached**	**44,404 people reached**

Country Level Update

The republic of Tanzania has been on high alert with preparedness activities since the Mpox outbreak was declared in several African countries, including those sharing the border with her. On 09 March 2025 the government of Tanzania declared the outbreak following a case that tested positive in the Capital city of Dar-es-salaam. This led

to the intensification of risk awareness, surveillance and hygiene promotion messaging in the affected and high-risk districts. TRCS volunteers (equipped by information from public announcements and social media information) have been transmitting information on disease suspects (or their absence) within their communities, to local government authorities, for confirmation or due action.

Health, Care, Hygiene promotion and RCCE

CBS has been one of the main response pillars in Tanzania. This is primarily due to the fact that the country has not notified officially any mpox case until 12 March 2025, despite the high risk caused by the population movement from neighbouring countries namely DRC, Uganda and Kenya that have several active cases. Overall, based on discussions with the MoH 10 Regions have been selected for Mpox interventions; Dar-es-salaam, Kilimanjaro, Rukwa, Kigoma, Mjini Magharibi, Mbeya, Songwe, Ruvuma, Kagera and Pemba. A total of 300 volunteers (30 in each region) identified to support the RCCE activities. Additionally, TRCS volunteers have been engaged by the MoH to support with public address system, collection and dissemination of information. MoH has WASH interventions in 6 regions for Cholera response. The NS volunteers were engaged for 15 weeks to collect information from house to house. This intervention is being supervised by the District Medical Officers.
Table 1: Number of people reached in Health, WASH, and RCCE sectors by regions

Region	Male	Female	Total
Dar es Salaam	11,259	8,710	19,969
Kilimanjaro	29,462	31,964	61,426
Rukwa	8,715	7,248	15,963
Kigoma	19,235	28,517	47,752
Mjini Magharibi	66,056	70,384	136,440
Mbeya	19,872	21,878	41,750
Songwe	18,389	22,048	40,437
Ruvuma	13,780	14,550	28,330
Kagera	20,254	14,936	35,190
Pemba	60,938	59,215	120,153
Grand total			**547,410**

Risk Communication, Community Engagement and Accountability

TRCS is conducting outreach and education campaigns to inform the public about mpox prevention, detection, and response, including distributing flyers and engaging with communities in areas in high-risk areas including Dar-es-salaam where volunteers were mobilized to provide crucial information and implement prevention measures against the spread of the disease. These efforts are ongoing.

Above: A Red Cross volunteer educating communities about the MPOX outbreak, including transmission modes and how to take preventive measures in Unguja Branch.

By end of this reporting period, TRCS had been able to reach 1,591 households, conducted 1,445 focus group discussions, 1,311 community meetings, 684 random individual interviews reaching 4,351 persons (2,140 male and 2,211 female) out of whom 243 persons (87 male and 156 females) received a psychosocial support. The modes of engagement through the response have been mainly based on 4 techniques: Household visits; Focus group discussions, Community meetings and Random individual interviews.

Above: TRCS Volunteers conducting community awareness in Shinyanga Branch. Photo by TRCS, Febr. 2025

COORDINATION

The NS works in close coordination with the MoH and have been attending the Ministry of Health National Coordination meetings on regular basis. The meetings are chaired by the Health Ministry and co-chaired by WHO. Other stakeholders include UNICEF, AMREF and World Vision -Tanzania. These meetings occur once every 2 weeks. They provide an opportunity to stakeholders to learn more on the preventive and response measures that the government has already put in place and the gaps that potential partners are invited to fill in.

South African Red Cross Society

Stage 3 – established transmission

24,763 people reached	**71,508 people reached**	**53,624 people reached**	**145,855 people reached**

Country Level Update

As of 2025, South Africa continues to face significant public health challenges, with a rising burden of infectious diseases, increasing strain on healthcare resources, and a shifting funding landscape affecting key interventions. The country has reported 31 confirmed Mpox cases https://www.nicd.ac.za/health-department-urges-public-vigilance-amid-rising-mpox-cases-in-gauteng-march-2025/ , with 3 fatalities, an increase of 3 cases since the last recorded update in September 2024 https://www.nicd.ac.za/health-department-confirms-new-mpox-case/The most affected provinces—Gauteng, KwaZulu-Natal, and Western Cape—remain under active surveillance, with SARCS and health authorities intensifying response efforts.

Compounding the Mpox outbreak, South Africa is also grappling with a resurgence of Foot and Mouth Disease as well as vaccine preventable diseases such rubella, diphtheria and measles particularly in KwaZulu-Natal, Eastern Cape, and other regions, adding pressure to the already stretched public health system; https://www.gov.za/news/media-statements/health-calls-calm-amid-hand-foot-and-mouth-disease-outbreak-18-feb-2025. Additionally, the country has observed an increase in waterborne diseases due to deteriorating water infrastructure, climate-related flooding events, and sanitation challenges in informal settlements. The National Department of Health has flagged a spike in diarrhoeal diseases and rising malnutrition rates, particularly in children under five, prompting urgent calls for enhanced community-based interventions.

NICD's Mpox Dashboard with the latest stats

Further complicating the healthcare landscape, the recent cuts in USAID and PEPFAR funding https://www.news24.com/news24/southafrica/news/trump-orders-immediate-end-to-usaid-funding-for-hiv-organisations-in-sa-20250227 have disrupted HIV prevention, testing, and treatment programs, indirectly impacting SARCS through its partner organisations such as Anova Health. The shifting financial climate necessitates urgent resource mobilisation to sustain critical health services and outreach efforts in vulnerable communities.

Despite these challenges, SARCS is steadfast in its mission to protect public health, mitigate emerging health threats, and strengthen community resilience. Working in close collaboration with the National Department of Health, the National Institute for Communicable Diseases (NICD), and international health partners, SARCS has ramped up prevention, preparedness, and response efforts to contain the spread of Mpox and other communicable diseases.

Health and Care Interventions

SARCS maintains an integrated approach to public health challenges, focusing on both emerging and ongoing health risks. While Mpox prevention remains a key priority, SARCS has expanded its health interventions to address related concerns such as food safety, diarrhoeal diseases, measles, and HIV. These efforts aim to strengthen community health systems, improve resilience, and promote equitable access to healthcare services.

To combat Mpox, SARCS trained and mobilised community-based volunteers through programs such as Epidemic Preparedness in Communities (EPiC), Epidemic Control for Volunteers (ECV), and eCBHFA. Volunteers conducted door-to-door awareness campaigns, distributed educational materials in local languages, and facilitated community engagement sessions targeting vulnerable populations. To date, SARCS' Mpox-related outreach efforts have reached over 130,000 individuals, focusing on early detection, prevention, and stigma reduction.

Above: IFRC facilitators, NS Management (at National and Provincial) and NS facilitators following the conclusion of the EPiC ToT training.

Beyond Mpox, SARCS reinforced hygiene education to prevent diarrheal diseases, emphasizing improved sanitation practices, hand hygiene, and safe food handling. Community-based food safety initiatives educated small businesses and households on proper food storage, preparation, and hygiene.

Additionally, SARCS collaborated with local clinics to promote HIV prevention, testing, and treatment adherence, ensuring access to antiretroviral therapy (ART) while addressing stigma. Measles awareness campaigns encouraged the uptake of childhood immunization. Volunteers also facilitated health screenings, incorporating nutrition education to mitigate the risks of malnutrition. Psychosocial support provided through Psychological First Aid (PFA) trained volunteers offered crucial assistance to individuals and families facing chronic conditions, stigma, or distress.

Water, Sanitation, and Hygiene (WASH)

Recognising the pivotal role of water, sanitation, and hygiene (WASH) in preventing Mpox and other public health risks, SARCS implemented targeted interventions to improve access to clean water and promote safe hygiene practices and fostered WASH in Emergencies training for volunteers. Strategic installations of handwashing stations equipped with 'JoJo' tanks to address water shortages in areas with unreliable infrastructure, benefiting over 50,000 people. Community hygiene promotion campaigns integrated Mpox-specific messaging, linking cleanliness to disease prevention, while Infection Prevention and Control (IPC) measures at the household level educate communities on safe disinfection and food safety. The National Society has also expanded its WASH interventions through the provision of household and hygiene packs distributed to vulnerable communities.

SARCS continues to collaborate with local stakeholders to provide temporary water solutions and advocated for sustainable water infrastructure improvements through community feedback mechanisms. Future plans include expanding WASH initiatives to underserved provinces and integrating WASH infrastructure into epidemic preparedness plans.

Above: 1 of 8 strategically placed WASH stations in Benoni, Gauteng Province maintained by the SARCS Branch and community members

Risk Communication and Community Engagement (RCCE)

SARCS' RCCE strategies have been instrumental in dispelling Mpox-related myths and misinformation, encouraging preventive behaviours, and fostering trust within communities. Tailored messaging in local languages was disseminated through radio, social media, and community forums. Volunteers engaged directly with community members, addressing concerns through one-on-one sessions and rapid qualitative assessments, particularly targeting key populations.

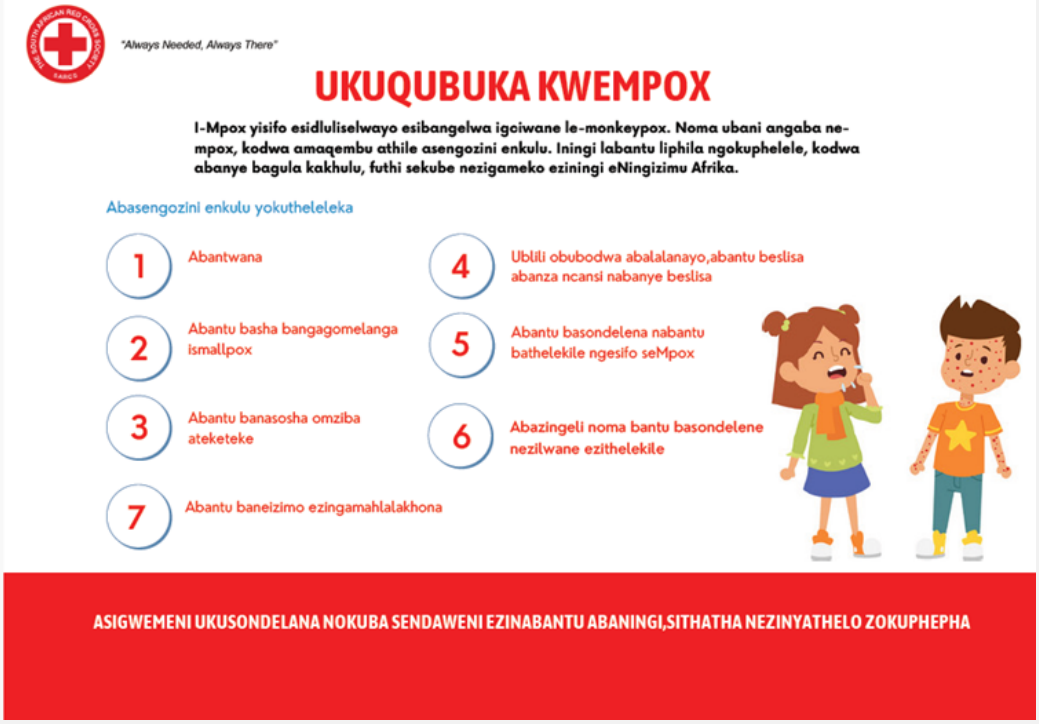
Snapshot data of people reach via community feedback and RCCE via the Kobo Tool captured by community based volunteers

Value	Frequency	Percentage
Somewhat familiar	63541	46.67
Very familiar	32135	23.6
Not familiar at all	28164	20.68

These efforts reached over 130,000 individuals, improving early symptom reporting and reducing stigma

Above: Mpox and epidemic awareness in the Eastern Cape during a stokvel and community engagement meeting

Additionally, SARCS strengthened its Peer Education program to educate students on Mpox prevention, hygiene practices, and symptom awareness. Moving forward, SARCS plans to leverage digital platforms, develop inclusive educational materials for marginalized groups, and partner with local influencers to broaden outreach.



Above: Mpox awareness pamphlet in isiZulu

Protection, Gender, and Inclusion (PGI)

SARCS integrates PGI into all health interventions to ensure equity and dignity for vulnerable populations. Efforts to combat stigma included targeted campaigns to debunk myths and reduce discrimination against groups such as migrants, individuals living with HIV, and residents in informal settlements. Gender-sensitive programming addressed the unique challenges faced by women, adolescent girls, and gender minorities, while engaging men and boys in health messaging to promote shared caregiving responsibilities. Inclusive measures included materials in audio formats as well as local language and handwashing stations designed to be accessible to individuals with disabilities.

Child protection remained a priority, with volunteers delivering child-friendly health education and providing psychosocial support to caregivers and children affected by stigma. SARCS collected disaggregated data to monitor program equity and address protection-related risks. PGI interventions reached over 130,000 individuals, promoting resilience and equity within communities.

Ongoing and Upcoming Initiatives

As part of its festive season campaigns, SARCS addressed mpox-related awareness and other health issues, including road safety, mental health, and alcohol abuse awareness. These campaigns aim to educate communities on safe holiday practices and provide psychosocial support during the festive period.

In order to scale up its Mpox operations and continue its integrated health approaches, SARCS plans to invest in mobile health units and attract specialised public health, clinical, and emergency health professionals to strengthen

outbreak preparedness. Additionally, SARCS has activated its Special Skills Unit to support mobile clinic operations and enhance healthcare services in underserved areas. The National Society is seeking funding to procure RCCE Trucks, which will be instrumental in addressing healthcare shortages in hard-to-reach communities. This initiative takes into account the recent funding cuts from USAID and PEPFAR, which indirectly impact SARCS through its partner organisations. Whilst the NS aims to enhance its Emergency and Clinical Health services, the NS continues to see the need to implement Community-Based Surveillance (CBS) to equip staff and volunteers with the skills to conduct case identification, surveillance and referral to healthcare services.

With support from the IFRC, Africa Centres for Disease Control and Prevention (Africa CDC), and the WHO, SARCS continues to receive financial and technical assistance for Mpox response efforts.

SARCS has trained over 20 volunteers per branch, establishing robust outbreak response teams to prepare communities for future epidemics as ToTs.

Mpox Response Training Overview by Province:

Province/Team	Number of Volunteers and Staff Trained on ECV/EPiC and eCBHFA as ToTs
National & National Response Team	16
Western Cape	25
Eastern Cape	22
Northern Cape	25
Gauteng	40
Free State	90
Limpopo	30
KwaZulu-Natal	28
North West	30
Mpumalanga	25

Through this comprehensive, community-centred approach, SARCS remains committed to safeguarding public health, addressing health inequities, and enhancing community resilience across South Africa. The National Society also plans to leverage insights from community feedback and Rapid Qualitative Assessments (RQA) to strengthen its CBS component, ensuring a responsive and effective epidemic preparedness strategy.

Nigerian Red Cross Society

Stage 3 – established transmission

5,704,411 people reached

6,266,920 people reached

8,630 people reached

6,265,770 people reached

Country Level Update

The Mpox outbreak was declared a global health emergency by the World Health Organization on August 14, 2024, and Nigeria is one of the countries by the disease, with a cumulative 5979 suspected cases and 1303 confirmed cases since the inception of the epidemic in 2017. Mpox disease has been recorded in all parts of the country (Nigeria) from the onset of the outbreak which is an indication that the situation is escalating. Additionally, below are other updates:

- Both NRCS and IFRC have been participating in weekly EOC meeting organized by NCDC
- 3-day NTOT for State Officials – 75 persons have been trained from the remaining 15 States; this completes the National training of trainers across the 36 States and the FCT
- 3-day NTOT for State Officials – 110 persons trained from 22 States, and the FCT
- 2-day training of volunteers RCCE, ACS/CT and PSS completed
- House to house activities have commenced and ongoing. One thousand three hundred and forty (1,240) volunteers were trained and deployed for house-to house Active Case finding in ongoing.
- 694,696 Households have been reached by the volunteers with house-house activities
- 4,195,321 persons have been reached with Mpox key messages
- 4,195,321 persons have been reached with IPC/Hygiene promotion messages
- PSS provided to 273,892 persons in the Households visited
- 30,991 suspected cases based on community case definition have been identified by volunteers
- One thousand, three hundred and forty (1240) volunteers have been trained in the following themes and deployed:
    - Seven hundred and ten (710) volunteers being trained and deployed for house-to-house Active case search across the 8 IFRC supported States
    - Five hundred and thirty (530) volunteers being trained and deployed for house-to-house RCCE and PSS
    - All 1,240 volunteers being trained will conduct house-to-house hygiene promotion messaging

Above: NRCS volunteer conducting sensitization to the public. Photo by Nigerian RC, 2024

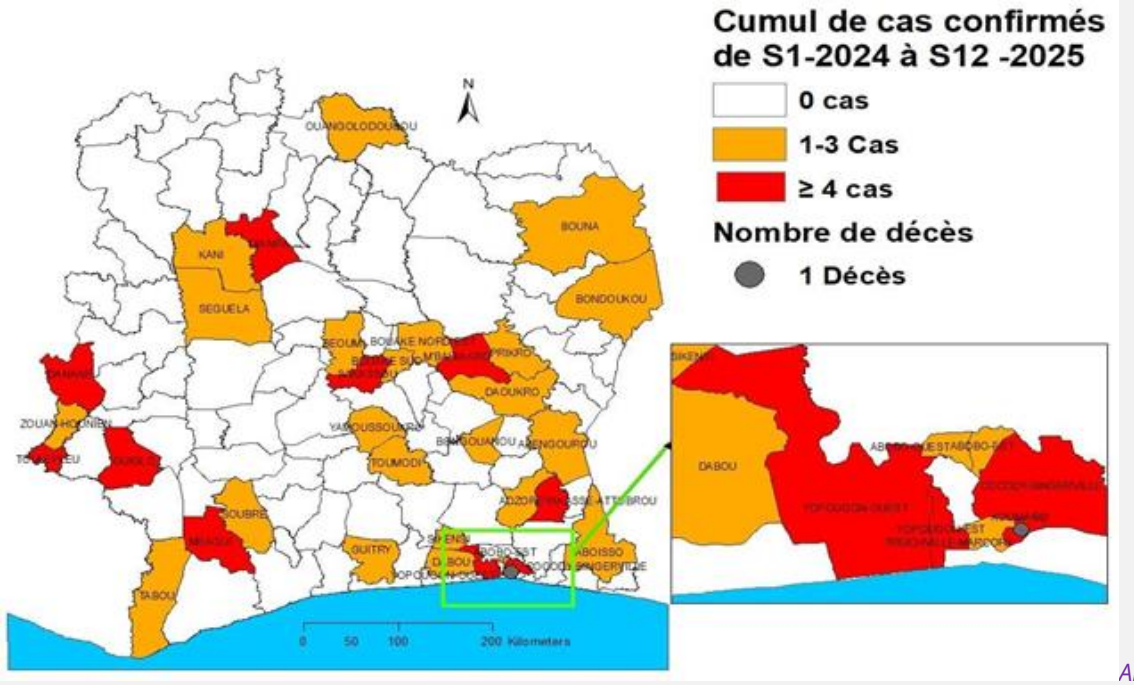
Red Cross Society of Cote d'Ivoire

Stage 2 – limited cases

126,255 people reached	88,809 people reached	88,749 people reached	9,0831 people reached

Country Level Update

Cote d'Ivoire declared an Mpox resurgence on 24 July 2024, with an increase in cases including 1 death. As February 2025, Côte d'Ivoire has recorded 117 confirmed cases and 117 discharged cases in 37 affected districts according to the MoH statistics. Cote d'Ivoire has so far only recorded one death (fatality rate = 0,9%). since the epidemic started in the country



Above: Geographic distribution of Mpox confirmed cases Wk 01 - 2024 to Wk 13_2025 in Cote d'Ivoire (ref. SitRep 25 of the MoH)

The Mpox epidemic affects a large part of the national territory. Under this response, the Appeal is focussing on the 10 most affected districts to ensure an efficient response. The people most at risk are the immunocompromised persons, health workers and sex workers mainly.

The overall objective of the mpox response in Côte d'Ivoire is to contribute to the national response and the rapid control of the epidemic in the country. To achieve this, interventions have been focusing on strengthening the capacities of the National Society and volunteers in terms of prevention and response to the outbreak, taking into account the needs of affected communities through an increased community participation, engagement and feedback. The response equally prioritizes the support to affected

communities through a safety net approach. Several communication strategies will be used to achieve the assigned objectives. Key highlights during this period include:

Health and care:

- Launch of activities and conducting mpox awareness sessions across all affected districts, with a focus on Branches of Danane, Abobo, Yamoussoukro Branches
- Community sensitization by volunteers to report to the nearest health centre as soon as symptoms appear. The sessions targeted 10 high risk localities including DANANE, Yamoussoukro, Abobo, Tabou Cocody Bingerville, Yopougon and Soubré
- During this period, the NS ensured the procurement and distribution of PCI kits including infra-red thermometers, sterile gloves, face masks and hand washing kits in target districts

Water Sanitation and Hygiene

During this period, mpox response under WASH has been focusing on training selected volunteers in target districts. After the trainings and dispatching of volunteers, the distribution of hand washing facilities, hand gels, liquid soaps in Branches of Sakassou, Yamoussoukro, Danané et Boundiali.

Above: Community meetings to engage local leaders for Mpox prevention in Danané and Soubré . Photo CRCI, Febr 2025

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY /RISK COMMUNICATION

Community engagement and accountability mixed with Risk communication has been fully part of the Red Cross intervention in Cote d'Ivoire to make sure the communities are well informed and have their say vis-a-vis what implementation stakeholders are doing to increase trust and ownership of the response amongst the target population. During this period, several key activities were implemented as per the details below:

- 25 ToT volunteers, 110 volunteers from 10 local committees have been selected and trained on CEA – PGI approaches and tools equally selected and trained on CEA for the running of interactive Radio shows amongst other things to reach a wider audience.

- Community feedback data collection during awareness raising sessions in target localities
- Door-to-door and mass awareness in public places such as marketplaces, schools, bus stops etc
- Distribution and hanging up of 2,298 mpox awareness posters in public and strategic places in target districts

Coordination

Weekly coordination meetings are regularly taking place, and the NS is both participating at the National, provincial and district levels. At the end of each month, local Red Cross committees meet with heads of Health Districts to present and discuss sensitization reports from the previous period and set plans for the upcoming priorities.

Zambia Red Cross Society

Stage 2 – Limited cases

90,346 people reached	**WASH** **90,046 people reached**	**PGI** **520 people reached**	**RCCE/CEA** **90,046 people reached**

Country Level Update

The Ministry of Health through its health security wing, the Zambia National Public Health Institute, did confirmed the first case of Mpox in Zambia. With outbreaks being reported during the 1st quarter of 2015 in neighbouring countries such as DRC, Uganda and Kenya to mention a few, the Zambian government through its Ministry of Health, continues to intensify its vigilance, ramping up surveillance and active case finding to ensure a robust and proactive response focusing on point of entries and bus stations.

On 4th October 2024, Mukando Health Post in Chitambo District attended to a Tanzanian national, a male adult aged 32 years, presented to the health facility with complaints of muscle aches, fatigue and sore throat. These symptoms were followed by a rash that started on the face and spread to other parts of the body. The patient disclosed that his symptoms started on 2nd October 2024.Upon further investigation, it is reported that the individual had travelled from Tanzania to Nakonde border post on 2nd September 2024. From Nakonde, he travelled to Mukambo Border where he stayed until 23rd September 2024. The patient's report states that he returned to Central Province in October 2024. On the 2nd October he reported to Mukando Clinic in Chitambo where he presented with symptoms of chickenpox and was suspected to have Mpox by an alert health worker. This is evidence that the Zambia primary healthcare workers have been well trained and are able to isolate suspect case of Mpox.

As a result of this suspicion for Mpox, the health workers collected blood samples which were sent to the Zambia National Public Health Reference Laboratory on 5th October 2024. The individual in question was treated as an outpatient. On 8th October 2024, the Zambia National Public Health Reference Laboratory (ZNPHRL) reported that the samples had tested positive for Mpox. The patient was in Chitambo District and is currently admitted at a Rural Health Centre along Tuta Road.

Epidemiological Situation (As of 21st March 2025)

- The cumulatively - 31 cases.
- Lusaka Province – 17 cases
- Copperbelt Province – 10 cases
- Central Province – 1 case
- Western Province – 1 case
- Muchinga province - 2
- One (1) Mpox related death was reported at Chipata level one Hospital in Lusaka district. This was the first Mpox related death in Zambia. This case involved an eight-month-old baby. Postmortem results revealed that the baby died due to complicated pneumonia in Mpox.

Key Highlights:

National Society Development

- Recruited 300 Volunteers and 54 supervisors in Kalumbila, Chililabombwe, Chingola, Mufulira, Kitwe and Ndola districts.
- Recruited an additional 300 volunteers to cover Lusaka district (new district).
- The NS has 1 contingency plan for 3 main identified hazards.
- The NS has six branches affected by the MPOX outbreak and the response covers the said branches.

Heath and Care

- Trained 70 Health Care Workers in Mpox Case Management and IPC in Lusaka district.
- Supported the Ministry of Health in Active Case Search and Contact Tracing.
- 45 health personnel were trained in case management in Kitwe district.
- Door to door sensitization on MPox across all the supported districts.
- Continued with door-to-door RCCE sensitizations, twice a week, in all the supported districts.

Above: Volunteers training on CEA and Risk Communication in Chingola, Copperbelt Province. Photo credit by Zambia RC, Febr 2025

RCCE/CEA

- Conducted a 5-day Integrated Training of the 300 volunteers and 54 supervisors in RCCE, CBS, ECV, PFA, PGI, CEA and IPC.
- Door-to-door community sensitization by trained volunteers on Mpox across all the supported districts.
- Community feedback data collection is ongoing, with 140 community feedback received.
- Community sensitization on Mpox was conducted through radio in Chingola district. Other supported districts are yet to start radio sessions.

Coordination

- Participated in the high level Mpox Cross border meeting held in Ndola district, Copperbelt.
- Participated in the Regional Mpox Webinar presentation for MPox Response on Cross border Response Coordination.

Above: ZRCS staff conducting a training for volunteers

Zimbabwe Red Cross Society

Stage 2 – Limited cases

168,932 people reached	**168,932 people reached**	**30 people reached**	**168,932 people reached**

Country Level Update

As of October 2024, Zimbabwe had experienced an ongoing Mpox outbreak, part of the broader epidemic impacting multiple African nations. The World Health Organization (WHO) reported an increase in cases across the African region, which has seen the highest rise in Mpox infections globally in recent months. Zimbabwe has 2 confirmed Mpox cases with no case fatality yet, contributing to the escalating numbers in Southern Africa (The first case was detected in an 11-year-old boy who developed symptoms after travelling to South Africa. The second case was in a 24-year-old man who fell ill after travelling to Tanzania). MPOX (formerly known as Monkeypox) has emerged as a public health concern in Zimbabwe, with cases primarily affecting certain populations. The number of people infected has shown a gradual increase, although the overall numbers remain relatively controlled. Those most at risk include healthcare workers, individuals in close contact with infected persons, and immunocompromised individuals. Due to limited access to healthcare services in some areas, rural populations may also be vulnerable. The potential impact of the outbreak includes increased strain on the healthcare system and heightened public health risks, particularly among marginalized groups.

MPOX predominantly affects individuals who have direct contact with infected people or contaminated materials. In Zimbabwe, the most at-risk groups include healthcare workers, people living in crowded conditions, and rural communities with limited healthcare access. Vulnerable groups such as immunocompromised individuals, including those living with HIV, are at higher risk of severe outcomes. Social stigma and misinformation also exacerbate the crisis, with some groups being ostracized or facing challenges in seeking care. Gender dynamics, particularly among caregivers and women, influence the spread within households, while economic disparities further increase vulnerability among low-income populations. Addressing these dynamics is key to mitigating the outbreak.

Epidemiological Situation (As of 21st March 2025)

- The cumulatively - 0 cases.

Zimbabwe has never recorded any new cases after the 2 cases that were recorded in October 2024 to date.

Key Highlights:

National Society Development

- Recruited and insured 200 Volunteers across all implementing districts. The districts are Hurungwe, Masvingo, Beitbridge, Harare and Masvingo. Each district had 40 volunteers which included ZRCS volunteers and Health care workers.
- The NS has 1 contingency plan for 3 main identified hazards.
- The NS has branches affected by the MPOX outbreak and the response covered the said branches.

Heath and Care

- Trained 60 Health Care Workers in Mpox Case Management and IPC across all implementing districts (Mutare, Masvingo, Beitbridge, Hurungwe / Chirundu and Harare).
- Supported the Ministry of Health in Active Case Search and Contact Tracing in Masvingo and Beitbridge.

- 20 health personnel and volunteers were trained in gender, GBV case management and data protection in emergencies in Kadoma district.
- Door-to-door sensitization on Mpox across all the supported districts was conducted with a reach of 168932.
- Continued with door-to-door RCCE sensitizations, daily for 3 weeks, in all the supported districts.


Above: Community members exhibiting IEC material they use for Mpox and Volunteers PFA and Mpox training in Beitbridge

RCCE/CEA

- Conducted a 2 -days Integrated Training of the 200 volunteers in RCCE, CBS, ECV, PFA, PGI, CEA and IPC.
- Door-to-door community sensitization by trained volunteers on Mpox was conducted daily for 3 weeks across all the supported districts.
- Community feedback data collection is ongoing, with 27 community feedback received.
- Community sensitization on Mpox was conducted through radio jingles across Zimbabwe with Star Fm radio during Peak sessions, Semi-peak and Off-peak and have managed to reach 2.4million community members.

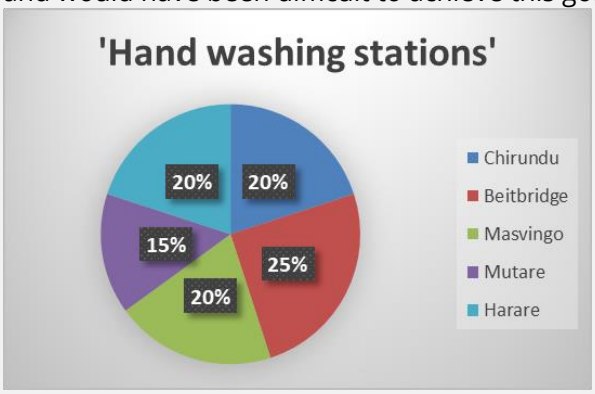
Above: Volunteers role playing during PGI, Gender and CEA training in Kadoma

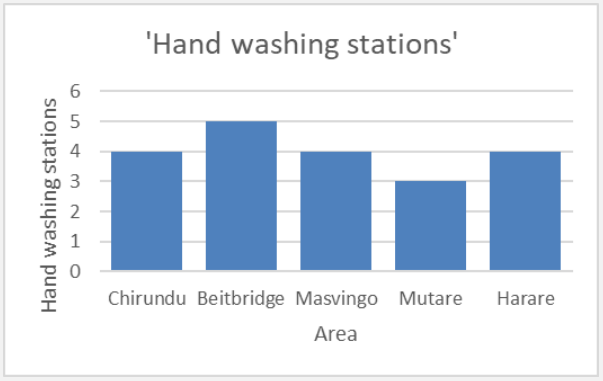
Coordination

- ZRCS Participated in the high level Mpox meetings conducted in Harare by the Ministry of Health and Child Care (MoHCC).
- Participated in the Regional Mpox Webinar presentation for MPox Response on Cross border Response Coordination.

WASH

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





- Bush pumps/boreholes were rehabilitated to ensure 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 handover to Kasimure clinic, Nyamakate clinic, Mutoranhanga Secondary and Chirundu clinic, three hand washing 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 ±250 individuals and at the school it provides clean and safe water to 270 pupils and 7 teachers and their families (30).
- 20 handwashing stations were distributed across all implementing districts through MoHCC.


Above: ZRCS rehabilitated hand pump in Masvingo and a handwashing station also delivered to Masvingo

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.

Above: Volunteers who participated in GBV training

Angola Red Cross Society

Stage 2 – limited cases

7,021,010 people reached	**38,897 people reached**	**4,404 people reached**	**1,070 people reached**

Country Level Updates

On 20 November 2024, the Government of Angola reported two confirmed cases of Mpox in Luanda. 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 crosses 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 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 interrupt the introduction of the Mpox virus in Angola.

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 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 will also cover Luanda Province, containing the capital city and the confirmed cases.

The operation will mobilize 140 volunteers (20 per province), in districts close to the borders and 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.

Activities period (November 2024 – January 2025)

Health and care

- Training of 30 CVA volunteers in Luanda, in community health and epidemiological surveillance, by the Government.
- An additional 105 volunteers have been identified across the 6 provinces that will be trained in health and hygiene promotion at the end of June.

Above: Angola Red Cross volunteers getting ready to disseminate Health and Hygiene promotion material in their community

CEA/RCCE

- Contact with community leaders in the selected communities along the border with DR Congo to present the project.
- CVA is working with the MoH on finalizing IEC material for Mpox that can be translated to local languages for further dissemination.

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

Angola Red Cross has attended coordination meetings with the Ministry of Health since prior to the importation of Mpox cases to support coordination on epidemic preparedness. CVA continued establishing contacts with health authorities at the provincial level to discuss areas where volunteers would be active for the response (Ministry of Health and partners - ANASO)

Above: CVA Meeting, ANASO on collaboration on both Mpox and Cholera

D. FUNDING

The total amount raised by this appeal is CHF12.3M, which represents approximately 31% of the CHF40M funding ask. This includes CHF6.2M in soft and hard multilateral pledges, CHF5M allocated from the DREF and CHF1,1M reported as bilateral contributions. Furthermore, and additional CHF1,6M was mobilized to the mpox response through other Funding modalities [9]. The below table reflects the split of the contributions for the multilateral funding only (CHF11.2M).

National Society	M-Code	P-Code	Total Plan Budget	Income in CHF[10]	%	Expenditure	Balance
Central African Republic	MDRCF032	PCF526	1,583,420	250,000	16%	302,832	-52,832
Gabon	MDRGA012	PGA516	161,426	150,000	93%	141,922	8,078
Cameroon	MDRCM038	PCM541	150,000	250,000	167%	122,008	127,992
South Africa	MDRZA019	PZA516	5,000,000	300,000	6%	279,631	20,369
Uganda	MDRUG052	PUG525	3,340,977	674,871	20%	219,587	455,284
Tanzania	MDRTZ038	PTZ602	1,443,541	400,000	28%	196,713	203,286
South Sudan	MDRSS015	PSS037	410,076	100,000	24%	88,306	11,694
Cote d'Ivoire	MDRCI016	PCI522	200,000	200,000	100%	96,310	103,690
Nigeria	MDRNG040	PNG524	3,520,933	845,072	24%	383,374	461,699

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

[10] *Above: Contribution by type of funding and by donor. More details on IFRC GO - Emergency*

Burundi	MDRBI022	PBI543	3,142,069	2,649,873	84%	1,531,102	1,118,771
Congo Brazzaville	MDRCG023	PCG526	706,741	50,000	7%	45,686	4,314
DR Congo	MDRCD045	PCD082	2,816,377	2,319,127	82%	966,547	1,352,581
Rwanda	MDRRW023	PRW524	2,157,167	744,698	35%	379,645	365,052
Kenya	MDRKE061	PKE537	1,491,391	611,575	41%	358,896	252,679
Angola	MDRAO010	PAO527	149,978	150,000	100%	59,898	90,102
Zambia	MDRZM023	PZM529	290,174	250,000	86%	245,610	4,390
Zimbabwe	MDRZW023	PZW517	249,522	250,000	100%	247,481	2,519
Equatorial Guinea	MDRGQ005	PGQ416	50,000	50,000	100%	39,373	10,627
Sierra Leone	MDRSL017	PSL514	150,000	150,000	100%	131,070	18,930
Ghana	MDRGH021	PGH529	150,000	140,000	93%	0	140,000
Africa Regional Coord.	MDRS1004	PS1011	2,000,000	678,824	34%	694,370	-15,546
Total			**29,163,792**	**11,214,040**		**6,530,362**	**4,683,679**

At the time of reporting, National Societies have spent over CHF6.5M of the secretariat funding, corresponding to 58% of the amount received.

Contact information

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

In the IFRC

- **Regional Head of Health, Disasters, Climate and Crises:** Matthew Croucher; Phone: +254 797 334 327; Email: mathew.croucher@ifrc.org
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For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support:

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

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

Reference documents

Click here for:

- Previous Appeals, Operational Strategies and updates

How we work

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

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/8-2025/2	Operation	MDRS1003
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 28 Apr 2025

All figures are in Swiss Francs (CHF)

MDRS1003 - Africa - Regional Mpox Epidemic

Operating Timeframe: 20 Aug 2024 to 30 Jun 2025; appeal launch date: 20 Aug 2024

I. Emergency Appeal Funding Requirements

Total Funding Requirements	**30,000,000**
Donor Response* as per 28 Apr 2025	**6,873,142**
Appeal Coverage	**22.91%**

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	0	0
PO03 - Multi-purpose Cash	82,698	88,073	-5,375
PO04 - Health	1,468,728	2,068,752	-600,024
PO05 - Water, Sanitation & Hygiene	319,675	419,639	-99,963
PO06 - Protection, Gender and Inclusion	29,962	29,709	252
PO07 - Education	0	5,728	-5,728
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	2,615,989	2,365,134	250,855
PO10 - Community Engagement and Accountability	277,358	505,323	-227,964
PO11 - Environmental Sustainability	0	8,898	-8,898
Planned Operations Total	**4,800,064**	**5,497,277**	**-697,213**
EA01 - Coordination and Partnerships	17,977	18,136	-160
EA02 - Secretariat Services	672,294	177,345	494,948
EA03 - National Society Strengthening	628,850	138,712	490,138
Enabling Approaches Total	**1,319,120**	**334,193**	**984,927**
Grand Total	**6,119,184**	**5,831,470**	**287,714**

III. Operating Movement & Closing Balance per 2025/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,022,500
Expenditure	-5,831,470
Closing Balance	**2,191,030**
Deferred Income	1,361,129
Funds Available	3,552,159

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	2024/8-2025/2	Operation	MDRS1003
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 28 Apr 2025

All figures are in Swiss Francs (CHF)

MDRS1003 - Africa - Regional Mpox Epidemic

Operating Timeframe: 20 Aug 2024 to 30 Jun 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*)	441,126				**441,126**	
DREF Response Pillar				4,999,111	**4,999,111**	
European Commission - DG ECHO	188,689				**188,689**	
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*)	1,010,558				**1,010,558**	
Other	-722				**-722**	
Red Cross of Monaco	18,741				**18,741**	
Spanish Government	180,282				**180,282**	*761,309*
Swedish Red Cross	133,227		12,487		**145,714**	
The Canadian Red Cross Society	100,000				**100,000**	
The Canadian Red Cross Society (from Canadian Gov	19,763				**19,763**	
The Netherlands Red Cross (from Netherlands Govern	248,822				**248,822**	
United States Government - USAID	419,758				**419,758**	*599,821*
Total Contributions and Other Income	**3,010,902**	**0**	**12,487**	**4,999,111**	**8,022,500**	***1,361,129***
Total Income and Deferred Income					**8,022,500**	*1,361,129*