



André, 20, gives his little brother Aganze, 7, a reassuring squeeze after a check-up at the UNICEF-supported mpox isolation and treatment unit at Lwiro Hospital in South Kivu province, on 14 September



Humanitarian Situation Report No. 2

Reporting Period
2 September to 01 October 2024

Democratic Republic of Congo Mpox Level 3 Emergency

HIGHLIGHTS

- Vaccination campaign continues in eight health zones (Goma, Kamituga, Karisimbi, Mitimurhesa, Nyangezi, Nyiragongo, Uvira, Yakusu) in three provinces (North Kivu, South Kivu and Tshopo) reaching 14,180 people.
- Frontline workers (PPL) represent 78 per cent of target population vaccinated making them the most vaccinated group.
- Over 43 million people were reached nationwide with informative and preventive messages regarding mpox, social services - including child protection messages, via SMS, digital channels, media, influencers, and face-to-face interactions.

SITUATION IN NUMBERS¹

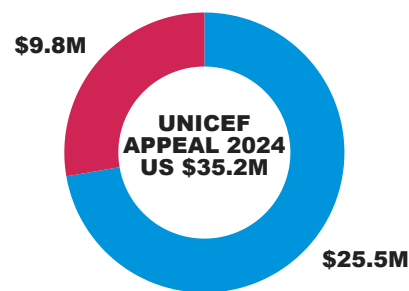


31,350
Total suspected cases



992
People deceased

FUNDING STATUS (IN US\$)**



● Humanitarian Resources ● Funding gap

** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

UNICEF RESPONSE AND FUNDING STATUS*

	RCCE and AAP	Face-to-face messaging	34%
		Funding status	98%
	IPC/WASH	IPC in health facilities	42%
		Funding status	57%
	Medical Case Management	case management	16%
		Funding status	93%
	MHPSS	MHPSS access	25%
		Funding status	74%

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

EPIDEMIOLOGICAL SITUATION OF MPOX IN THE DRC

As of 1 October 2024 (Epidemiological Week 40), mpox transmission remains significant across 23 of the country's 26 provinces, which have reported at least one confirmed case, according to the Ministry of Public Health. Since the start of the year, DRC has recorded 31,350 suspected cases, 5,629 confirmed cases and 992 deaths. The case fatality rate stands at 3.1 per cent. Laboratory testing continues to be challenging due to delays in case confirmation and insufficient test kits in some zones. The testing rate stands at 37.6 per cent (11,784 samples analysed out of 31,350 notified cases) and the positivity rate stands at 47.8 per cent (5,629 positive samples out of 11,784 samples analysed). The five provinces with the highest number of suspected cases over the past four weeks are: South Kivu, Equateur, Sankuru, Tshopo, and South -Ubangi.

Children who are already vulnerable, including children living in the streets or children in temporary care, face extra risks if they or family members or caregivers are affected by mpox. Disadvantaged children may face delays in getting treatment or they may be hospitalized alongside adults. Those suffering from malnutrition or have undiagnosed or undertreated HIV may suffer more severe mpox outcomes.

In DRC's eastern provinces, case numbers are trending upward, and new chains of transmission are appearing. South Kivu remains the province most affected, with 32 of 34 health zones affected. The case fatality rate has increased from August 30th to September 30th, from 1.8 to in 2.6 per cent in South Kivu, and from 0 and 2.5 per cent in North Kivu. This rising case fatality rate in North Kivu can be attributed to several risk factors, including a concentration of displaced people in overcrowded sites with grossly inadequate WASH infrastructure in addition to extensive movement of people and trade with South Kivu across the border with neighbouring countries also affected by mpox. New hotspots are also appearing elsewhere, for example in hard-to-reach areas in Haut Uele, Ituri and Tanganyika provinces.

In Sankuru province, new mpox cases are quite localized and are affecting children and young adults the most. This trend could be attributed to the fact that Sankuru province is landlocked and densely populated. The on-going rapid qualitative assessment with remote support from the research team seeks to provide a better understanding of the trends in the province. Also, in Sankuru, the fatality rate varies but and increases if people are malnourished people or there are complications such as bacterial superinfections.

Tshopo province has the fifth highest number of cases and the highest number of deaths due to mpox in DRC. All 23 health zones in the province have reported at least one suspected case of mpox, and 20 of the 23 health zones at least one confirmed case. The most affected health zones are Yahuma, Yalimbogo, Yakusu, Makiso Kisangani and Basoko. Since the beginning of 2024, Tshopo has reported 1,620 cases, including 79 deaths, with a case fatality rate of 4.9 per cent. Out of 380 samples taken, 242 were positive and eight undetermined, (63.6 per cent positivity rate). As a result of combined efforts of multiple partners, nine mpox treatment centres are now operational in Tshopo.

UNICEF'S RESPONSE

UNICEF aims to contribute to the reduction of morbidity and mortality attributable to mpox in affected communities across 12 priority provinces (Equator, South Kivu, Sankuru, Tshuapa, Tshopo, Kinshasa, South Ubangi, North Kivu, Mongala, Mai-Ndombe, Maniema, and Kwango), with a focus on children under 15.

UNICEF's response is fully aligned with the DRC Government's National Preparedness and Response Plan which is to be implemented in close partnership with relevant authorities and partners. UNICEF's interventions focus on **i) prevention** through informative and preventive messages regarding mpox and health services; infection prevention and control measures including water, sanitation, and hygiene services; supporting vaccination services while ensuring that communities, particularly children, are at the center of response interventions, **ii) case management** through facilitating immediate access to essential services including primary health care and nutritional support; mental health and psychosocial support; and **iii) support** to research contributing to health information management system (quality and quantity) and prevention of risks of sexual exploitation and abuse related to the presence of humanitarian workers in the mpox response. This approach is designed to ensure that the preventive measures put in place effectively contribute to stopping the spread of mpox, while also building resilience within the community to improve the response to future crises in the affected provinces. The response specifically targets 56 Category A health zones (i.e., health zones that have reported at least one suspected case successively and/or one confirmed case in the last three weeks).

1. PREVENTION SERVICES

1.1 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) AND ACCOUNTABILITY TO AFFECTED POPULATIONS

1.1.1 RCCE

During the reporting period, over 43 million people were reached nationwide with informative and preventive messages regarding mpox, social services, including child protection messages, via SMS, digital channels, medias, influencers, and face-to-face interactions. To assess the relevance/impact of messages and channels used UNICEF is using ongoing social listening (online and offline) and U-Report polls. Additionally, there is a harmonized Monitoring and Evaluation plan at global level to assess behavior adoption change, which should be activated in the next reporting period.

Of these, more than 34 million people were reached through national and local media in all five national languages, including via Radio Okapi and community TV and radio, and through multimedia spots tailored towards students, parents and teachers as the new school year started in DRC.

More than 7.8 million people received information about mpox symptoms and prevention via SMS, WhatsApp, and Facebook Messenger,

facilitated by the U-Report platform and partnerships with mobile operators (Orange, Airtel, Vodacom and Africell). Additionally, over 357,000 individuals actively sought further information on symptoms, treatment, and prevention by consulting the automated information center activated with the keyword 'mpox'.

Additionally, over 3.4 million people were reached through face-to-face dialogue, especially in priority provinces and hotspot health zones, including through home visits and engagement in public spaces and schools, through community action cells, local associations, and influencers, such as religious leaders, biker groups, and young volunteers in U-Report communities.

1.1.2 Participation

Over 191,000 out of 500,000 individuals were trained and participated in communication and social change initiatives related to the mpox response including community surveillance. This includes key groups such as frontline workers, women's organizations, political and administrative authorities, members of community action cells, teachers, school directors, students, and various influencers such as religious leaders.

Despite many challenges, UNICEF has noted that school attendance is maintained. This is thanks to community engagement and awareness campaigns to make sure primary school children (aged 6-11), teachers, principals, administrative staff and parents associations know about mpox symptoms, how to prevent its spread, and know what to do if there is a suspected case. UNICEF and partners have also helped improve the water, sanitation and hygiene (WASH) situation in schools by distributing WASH kits (hand washing, soap, brooms, disinfectants). Provincial Divisions of Education have reinforced general preparedness, and the authorities are on standby in case of an upsurge in cases in schools and poised to move rapidly to curb any new transmission chains.

1.1.3 Feedback Mechanisms

More than 209,000 people provided feedback and/or shared their questions/concerns related to mpox through digital and community mechanisms. Amongst those, over 193,000 participated in a U-Report poll on mpox launched on 8 September. The poll results showed that more than 56 per cent of people are aware of the virus. The majority (55 per cent) of people do not know what the symptoms are but the majority (69 per cent) know how to protect themselves.

A feedback mechanism has been developed and launched to collect community feedback, including most frequent questions, concerns and rumors. Results are analyzed in real-time and used to inform the response, adjust key messages and adjust services as needed.

In addition, more than 100 youth Web Fact Checkers trained by UNICEF, in collaboration with the Ministry of Communication, to identify misinformation and online violence contributed to the signalling and/or addressing of 820 cases of false information and discriminatory online content.

1.2 INFECTION PREVENTION AND CONTROL (IPC)/WATER, HYGIENE AND SANITATION (WASH)

During the reporting period, UNICEF worked closely with the IPC commission and WHO to define the WASH/IPC package for the response. To inform the WASH/IPC programme, UNICEF supported 143 assessments of WASH/IPC standards in 103 healthcare facilities and 40 communities.

UNICEF also supported 293 households reporting cases (suspected or confirmed) in South Ubangi, South Kivu and Sankuru provinces. Support included awareness-raising, decontamination, and the provision of hygiene kits to help break the chain of mpox transmission in the communities. Additionally, 27,530 people received information on the transmission routes of mpox and preventive measures in displacement camps in the provinces of North Kivu and South Kivu.

UNICEF and partners supported 142 healthcare facilities (including mpox treatment centres) with WASH/IPC kits. Among them, three benefited from improved access to drinking water and sanitation infrastructure. UNICEF and partners built the capacity of 435 frontline health workers and 860 community agents to prevent and control the spread of infection while providing care and carrying out daily activities.

In Kinshasa, two Montfort incinerators, under construction at the Sino-Congolais and Ngaliema hospitals with UNICEF support, were completed and handed over to hospital administrators. Initially installed as part of the COVID-19 response, these will also help to improve the management of mpox-related waste. UNICEF is closely monitoring case numbers in Kinshasa, where some neighbourhoods are considered high risk because of densely packed informal settlements and agglomeration of sex workers.

The main challenges include access constraints due to insecurity (in the eastern provinces of the country) or to significant road closures and remoteness (Sankuru, South Ubangi provinces).

1.3 VACCINATION

Identified as one of the key pillars in the mpox response in the DRC, the vaccination plan targets 2,924,796 people across 30 health zones. The strategy is planned in phases by block² (Block 1 with 11 health zones and Block 2 with 19 provinces). The primary targets identified include front line health workers, sex workers, men who have sex with men, transgender people, and children aged 1 to 17 in affected areas, as well as other groups (veterinarians, hunters, eco-guards, people involved in bushmeat trade, and traveling traders, as well as contacts of suspected or confirmed cases) with an addition of contacts of contacts.

The estimated need for vaccines is 3,726,080 doses (3,552,930 LC16 and 173,150 MVA-BN). To date, the country has received 265,460 MVA-BN doses thanks to donations from HERA/AF CDC, MVA-BN, USAID, and GAVI. A donation agreement was also signed with the Japanese Embassy for a donation of 3 million LC16 doses.

To support the vaccination campaign, UNICEF is providing logistics, transport, and other technical support for the government's mpox vaccine rollout. The technical support includes the development of the vaccination strategy, training modules, strategic and operational planning, as well as operational support of the Expanded Programme on Immunization (EPI) to assess storage capacity for the vaccines, and to assess the consumables and other supplies needed. UNICEF is managing the transport and distribution of vaccines in all Block 1 provinces: vaccine distribution has been completed in Equator, North Kivu, South Kivu and Tshopo provinces, and is ongoing in South Ubangi and Sankuru provinces. To strengthen the response capacity, UNICEF has deployed three logisticians to support the EPI in North Kivu (Goma), Equator (Mbandaka) and Tshopo (Kisangani) provinces in the implementation of field immunization supply chain activities and last mile vaccine distributions.

The vaccination campaign as of 13 October 2024 continues in eight health zones (Goma, Kamituga, Karisimbi, Mitimurhesa, Nyangezi, Nyiragongo, Uvira, Yakusu) in three provinces (North Kivu, South Kivu and Tshopo) reaching 14,180 people of the micro-plan target of 45,957 where vaccination has indeed started, representing 31 per cent of the target on day eight of the launch of vaccination.

One of the challenges remains the availability of vaccines for children aged 1 to 17, as the MVA-BN vaccine does not cover this group, as well as the lack of financial resources to cover the second phase of vaccination role out. Other challenges which are being addressed include generating vaccine demand, vaccine management and capacity building of counterparts to role out the ambitious efforts.

2. CASE MANAGEMENT

2.1 MEDICAL CASE MANAGEMENT

During the reporting period, UNICEF and partners continued to assist the Ministry of Health in managing suspected cases at community level and in health facilities in some of the affected provinces. Support was also provided for the referral of complicated cases from isolation centers to provincial referral hospitals. UNICEF is supporting capacity-building of frontline staff in mpox management, as well as the establishment of daycare centres to ensure that all children receive adequate care when they are separated from mothers who test positive for mpox at treatment centers. Three provinces are currently benefiting from medical care, including South Ubangi, Sankuru and South Kivu.

In South Kivu, UNICEF supported the operation of four mpox treatment centres in Kavumu, Lwiro, Nyangezi and Bukavu. The installation of two mpox treatment centres in Kalehe and Kitutu health zones is on-going and will be completed in early October 2024. Medical supplies (28 kits) and tents (5 kits of 72m² and 1 kit of 48m²) delivered by UNICEF have enabled more than 600 patients to be treated at the three mpox treatment centers in Kavumu, Lwiro and Nyangezi. In Bukavu, UNICEF is supporting an ambulance service to transfer patients to the mpox treatment center.

In Sankuru, 18 mpox treatment centres are operating in the six health zones and 262 patients were treated, including 123 inpatients and 139 outpatients. There have been no deaths so far. In addition, UNICEF supported the training of nursing supervisors, provincial health directorate directors and management teams of general hospitals and selected health centers in the six health zones.

In South Ubangi, UNICEF provided two batches of medicines for three selected health zones in Bulu, Mbaya and Ndage, covering three mpox treatment centres in the general hospital and 46 health centres. As part of the preparedness mechanism, four other health zones (Gemena, Libenge, Bwamanda, Tandala) that were not affected were also supported.

In North Kivu province, UNICEF established free primary health care centers, including for mpox treatment, in three IDP camps (Bushagara, Lushagara and Baraka).

2.2 NUTRITION

In September 2024, the Nutritional Care Protocol for the mpox virus was developed by PRONANUT, and validation is currently pending. To support a rapid response in this outbreak, UNICEF DRC is seeking exceptional approval to procure breast-milk substitutes (BMS). The management of acute malnutrition in children affected by mpox as well as nutritional support was initiated in nine health zones in two provinces (three in South Kivu and six in Sankuru). A total of 61 children aged 0 to 59 months with severe acute malnutrition and mpox were admitted (20 in South Kivu, 41 in Sankuru). Additionally, 380 individuals received nutritional support, which included breakfast, dinner, and supper. This support was provided to 61 children aged 6 to 59 months and 319 adults, consisting of caregivers and individuals affected by mpox. To enhance knowledge on infant and young child feeding (IYCF), 336 pregnant and lactating women and caregivers of children aged 0 to 23 months received nutritional counselling, with 186 in Sankuru, 81 in South Kivu, and 69 in Tshopo.

2.3 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Building on its leadership within the National Psychosocial Commission and in partnership with the Government, UNICEF's response interventions are informed by the national MHPSS (Mental Health and Psychosocial Support) strategy for disease outbreaks. As part of its support for the current response, UNICEF assisted in establishing national and provincial MHPSS commissions in Kinshasa, Equateur, South Ubangi, Sankuru, North Kivu, and South Kivu.

Additionally, coordination mechanisms were activated in 25 Health Zones. These commissions play a key role in identifying and deploying personnel to provide MHPSS services in the most affected health facilities, treatment centers, and communities. As part of UNICEF's efforts, 18 Psychologists, 10 Psychosocial Support Assistants, and 40 Para-social workers have been deployed to offer MHPSS services to affected children and families. Consequently, close to 2,986 children directly affected by the crisis received individualized MHPSS. This includes children who have lost a parent or have been separated from a family member due to treatment. For instance, in Equateur, 167 children in

these situations have been supported.

To ensure age-appropriate support for infants and young children whose parents or mothers are undergoing treatment, and for whom family-based care is not possible, a “crèche,” a temporary care space staffed with specialized child carers, has been established in Equateur, where four children are already receiving support. During their stay in the “creche” children are provided with food and non-food items (clothes, personal hygiene items), they are offered age-appropriate support to cope with separation, including through the 24/7 presence of specialized staff and recreational and leisure activities. A similar approach will be followed in other affected areas as needed.

Moreover, as part of enhanced community engagement to provide social, emotional, and practical support for affected children and to reduce stigmatization risks, close to 16,000 people (52 per cent of them children) were reached through prevention and awareness-raising activities. These activities focus on transmission reduction methods, child protection, and the prevention and response to sexual violence, with a particular emphasis on addressing both stigmatization and self-stigmatization.

3. SUPPORT SERVICES

3.1 COORDINATION

Since the beginning of the outbreak, UNICEF has been supporting the Government’s mpox response coordination mechanisms at the national level and in all affected provinces. Strategic coordination is spearheaded by the Office of the Minister of Public Health, Hygiene and Social Welfare, while operational coordination is located at the Public Health Emergency Operational Center (PHEOC), which has activated the response mechanism at its maximum level 3 with an Incident Management System (IMS) designed to manage the multisectoral response to the mpox outbreak by involving all sectors and pillars as established in the national response plan in alignment with the One Health approach.

UNICEF is also actively supporting the multi-sectoral approach in Kinshasa at national level and in the affected provinces, and is prioritizing the pillars where UNICEF has a comparative advantage and is playing a leadership role, namely Risk Communication and Community Engagement (RCCE), Infection Prevention and Control-Water Sanitation and Hygiene (IPC-WASH), Psychosocial Support (PSS), continuity of essential services (including education, protection and nutrition), and Prevention of Sexual Exploitation and Abuse (PSEA).

3.2 INTEGRATED ANALYTICS CELL (IAC)

The IAC is a multi-discipline and multi-actor collaborative platform under the Ministry of Health’s leadership, supported by WHO, CDC Africa, CDC Atlanta, E-CDC, UNICEF, Doctors Without Borders (MSF), MSF-Epicenter, International Federation of the Red Cross (IFRC), the USAID, FCDO, the European Commission for Civil Protection and Humanitarian Aid Operations (ECHO) and the World Bank.

In the DRC mpox response, the IAC contributes to health information system (quality and quantity). At the national level, IAC partners have collated, cleaned and set up automated analyses for the 12 priority provinces sharing case-based databases (line lists) to ensure easy to access and manipulate case-based data by socio-economic status including age, sex, profession, transmission type.

The IAC also supports the analysis of health zone-level trends in maternal, child and newborn health indicators (use of pre and post-natal services and vaccination) in priority provinces to identify health zones with pre-existing risks in service use and/or any health zones which may be experiencing any specific drop in service use.

Particularly in North Kivu province, IAC supported local health actors (infirmiere titulaire) to manage data collection and entry (including backdated data entry) via support from public health students and recent graduates from the University of Goma.

Examples of operational analyses to understand health risk dynamics and evidence use have been observed in target provinces including in:

- In **South Kivu**, where drops in cases among sex workers was found to be associated with the stigmatization of sex workers who opted to report their profession as unemployed when coming for mpox testing and treatment. To address this challenge, communication materials and messages were adapted based on community feedback, without overfocusing on sexual transmission.
- In **Equator**, pre-existing low levels of Mother and Child Nutrition Health (MCNH) services and vaccination rates, integrated with the comparative trends of measles and mpox and the lower levels of testing and test positivity among children under 5 raise the risk of focusing only on mpox while measles has an even greater transmissibility and impact on children. To address this challenge, through coordination of different stakeholders, UNICEF seek to include and strengthen continuity of essential services (MCNH) in multiple sections of the MoH national response plan. Additionally, as cases of measles are treated at the community level, the focus will be on raising awareness around communities and in the health facilities outside the mpox treatment centers.

3.3 PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

Thanks to UNICEF and other stakeholders’ advocacy efforts, the Government has nominated PSEA focal points within the Government-led response at both national and provincial levels. As a member of the PSEA Network Steering and Technical Committees, UNICEF supported the inter-agency PSEA Network Coordination to develop an inter-office memorandum on behalf of the UN Resident Coordinator for the integration of PSEA in the mpox response.

To guide its approach to integrating PSEA in its mpox response, UNICEF carried out a series of rapid assessments during the reporting period. In the North Kivu Province, discussions with displaced communities in seven selected camps showed general high levels of GBV

vulnerability, including SEA. SEA specific risks were related to the presence of humanitarian workers who must work in health facilities or other installments overnight (health workers, security workers etc). Furthermore, the proximity of brothels to displacement sites have led to the sexual exploitation of displaced women and girls including by aid workers. In South Kivu, discussions revealed high risks of exchange of sex for employment, to work in vaccination campaigns especially targeting community and seasonal workers. A U-report survey on the efficiency of the inter-agency hotline carried out in the North Kivu Province revealed that 73 per cent of the 52,885 respondents declared that they had never heard of the PSEA hotline 495555.

To mitigate SEA risks relating to UNICEF personnel, all newly employed personnel have undergone mandatory online training. Training on PSEA code of conduct was carried out for 54 staff deployed to work in the response. UNICEF also provided training on PSEA code of conduct to 11 UNICEF implementing partners, and 45 persons from civil society organizations involved in the mpox response. Thanks to a pre-existing and ongoing contract, Solidarité Féminine Pour la Paix et le Développement Intégral (SOFEPADI) and other child protection partners will aid any SEA victims identified during the mpox response in Eastern DRC. UNICEF is contracting Association Pour le Bien-Etre Familial (ABEF), La Ligue de la zone Afrique pour la Défense des Droits des Enfants et Elèves (LIZADEL) and CPO to do the same in the Equateur, South Ubangi, the Kasais and Sankuru Provinces. To enhance community outreach on PSEA including on reporting mechanisms, UNICEF is testing the translation of communication materials into local languages in collaboration with community members.

EXTERNAL MEDIA

The arrival of the first batches of the mpox vaccines generated considerable media interest and the UNICEF DRC Representative conducted interviews with outlets including Al Jazeera English, BBC World Service, VOA, RFI and Radio Okapi which you can watch and listen in the link below. The office also facilitated a BBC spot. The Guardian newspaper published an article on battling mpox vaccine misinformation. While visiting DRC, UNICEF's Associate Director for Health Emergencies Preparedness and Response, Dr. Douglas Noble, was interviewed by Radio Okapi which can be heard here (at the 6:50 mark) and VOA. The UNICEF Deputy Representative, Dr. Mariame Sylla, did a short social media video during her trip to South Kivu which is available here. The Country Office is also communicating regularly on its X, LinkedIn and Facebook accounts.

- UNICEF DRC Representative conducted interviews
<https://web.facebook.com/radiookapi/videos/alors-que-les-%C3%A9%C3%A8ves-en-rdc-ont-repris-l%C3%A9cole-unicéf-intensifie-ses-efforts-pou/1448134635761325/?rdid=jmsw86ikU0p4CHPI>
- Prévention du Mpx: Unicef sensibilise les écoles
<https://www.radiookapi.net/2024/09/09/emissions/invite-du-jour/prevention-du-mpox-unicéf-sensibilise-les-ecoles>
- Battling mpox vaccine misinformation
<https://www.theguardian.com/global-development/2024/sep/26/mpox-inoculation-conspiracy-theories-misinformation-drc-democratic-republic-congo-vaccine>
- Dr Douglas Noble's interview on Radio Okapi
<https://www.radiookapi.net/journal-journal-francais/journal-francais-matin-164>
- Dr. Mariame Sylla's short video on social media
<https://x.com/UNICEFDRC/status/1835943710585946363>

FUNDING OVERVIEW AND PARTNERSHIPS

The UNICEF DRC mpox preparedness and response plan is comprehensive and aligns with both the national strategy and other partners' response plans. This plan targets 12 priority provinces including five high priority provinces (South Kivu, North Kivu, Sankuru, Equator and South Ubangi), and aims to reach 2.38 million people, including 1.32 million children. UNICEF's mpox initiative requires US\$35,242,185 in funding to ensure a coordinated and effective approach to managing the outbreak. UNICEF has received US\$22.6 million from USAID, the Foreign Commonwealth and Development Office (FCDO) and the Mastercard Foundation and German Committee for UNICEF. UNICEF has contributed US\$2.9 million from its own internal loan resources (Emergency Programme Funds) to support the initial scale up mpox response. In total, US\$25.5 million have been mobilized for Mpox Response. Moreover, UNICEF is leveraging its global expertise and extensive network to mobilise additional resources and has secured new funding from Switzerland and the Pandemic Fund.

HAC APPEALS AND SITREPS

- GLOBAL Appeals
<https://www.unicef.org/appeals/global-support>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 30 OCTOBER 2024

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
RCCE and AAP					
# of people reached through face-to-face messaging on prevention and access to services	Total	-	10 million	3.4 million	▲ 34%
# of people engaged in reflective dialogue through community platforms	Total	-	1 million	209,000	▲ 21%
IPC/WASH					
# of health facilities in affected health zones provided with essential WASH Supplies	Total	-	336	142	▲ 42%
# of households with suspected/confirmed MPOX cases who received WASH/IPC support	Total	-	30,000	293	▲ 1%
# of schools having notified a suspected/confirmed case provided with PCI WASH package kits	Total	-	3,000	1	0%
Medical Case Management					
# of confirmed cases receiving primary health care in UNICEF-supported facilities	Total	-	7,200	1,120	▲ 16%
	Girls	-	3,324	517	▲ 16%
	Boys	-	1,427	222	▲ 16%
	Women	-	1,716	267	▲ 16%
	Men	-	733	114	▲ 16%
Nutrition					
# of children aged 0 to 59 months affected by mpox and suffering from severe acute malnutrition admitted for therapeutic management	Total	-	1,311	61	▲ 5%
	Girls	-	682	41	▲ 6%
	Boys	-	629	20	▲ 3%
# of patients admitted for Mpox who received nutritional support	Total	-	6,150	380	▲ 6%
	Women	-	4,428	222	▲ 5%
	Men	-	1,722	158	▲ 9%
# of children between 0-6 months who cannot be breastfed and are receiving ready-to-use infant formula in MTCs, nurseries, orphanages and in the communities	Total	-	466	-	0%
	Women	-	242	-	0%
	Men	-	224	-	0%

MHPSS

# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	35,000	8,829	▲ 25%
	Girls	-	9,614	1,468	▲ 15%
	Boys	-	9,386	1,518	▲ 16%
	Women	-	6,578	3,985	▲ 61%
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	20,000	10,123	▲ 51%
	Girls	-	10,000	3,787	▲ 38%
	Boys	-	4,000	2,543	▲ 64%
	Women	-	6,000	3,793	▲ 63%

Education

# of children in schools and temporary learning spaces accessing Mpox life-saving messages to prevent the spread of the epidemics in schools	Total	1.1 million	1.1 million	337,586	▲ 32%
	Girls	-	521,850	166,413	▲ 32%
	Boys	-	543,150	171,173	▲ 32%
# of school actors (School PTAs members and management committees, teachers and school directors) trained/sensitized on the Mpox epidemics	Total	-	35,000	7,972	▲ 23%
	Girls	-	16,800	2,822	▲ 17%
	Boys	-	18,200	5,150	▲ 28%

PSEA

# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	798,113	-	0%
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*Progress in the reporting period 2 September to 01 October 2024

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Area of Intervention	Requirements	Funding available		Funding gap	
		Humanitarian resources received	Reprogrammed funds	Funding gap (US\$)	Funding gap (%)
National coordination	2,196,452	880,979	-	1,315,473	60%
Risk communication and community engagement and accountability to affected populations	6,792,652	6,673,409	-	119,243	2%
Infection prevention and control and WASH	7,674,160	4,359,140	-	3,315,020	43%
Case management	11,587,694	10,769,461	-	818,233	7%
Vaccination	2,500,000	236,465	-	2,263,535	91%
Mental health and psychosocial support	2,770,027	2,046,110	-	723,917	26%
Continuity of essential services	1,130,000	106,882	-	1,023,118	91%
Protecting affected populations from sexual exploitation and abuse	591,300	402,929	-	188,371	32%
Total	35,242,285	25,475,375	0	9,766,910	28%

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ENDNOTES

1. Ministry of Public Health, as of 1 october

2. Block identification: Health zones are selected for the Mpox vaccination response based on four criteria: weekly reporting of suspected or confirmed cases, local incidence higher than the national average, presence of cases in collective settings, and increased risk for vulnerable populations (e.g., displaced persons camps). Health zones meeting 3 out of 4 criteria are classified in block 1, while those meeting 2 out of 4 criteria are placed in block 2. Block 1 health zone : Nyangezi, Uvira, Kamituga, Goma, Karisimbi, Nyiragongo, Bikoro, Lotumbe, Bena Dibebe, Yakusu, Budjala