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8-month-old Ozana in the arms of her mother, Cikuru, in front of the UNICEF-supported mpox treatment unit at Walungu General Hospital in South Kivu province, DR Congo, on 13 November 2024.

Humanitarian Situation Report No. 4

Reporting Period
1 November to 30 November 2024

Democratic Republic of Congo Mpox Level 3 Emergency

HIGHLIGHTS

- Mpox transmission continues in 23 of the country's 26 provinces. Equator, North Kivu, Sankuru, South Kivu, South-Ubangui, and Tshopo remain the most affected provinces.
- UNICEF is supporting 50 mpox treatments with nutrition intervention; 14 in South Kivu, 10 in Equator, 12 in Sankuru, 2 in North Kivu, 3 in Tshopo, 3 in Kinshasa, and 6 in South Ubangi.
- Over 51 million people across DRC were reached with information on mpox prevention, symptoms, and health services through SMS, digital platforms, national and local media, influencers, and face-to-face engagement.
- In November, 19,000 children and families affected by mpox benefitted from mental health and psychosocial support; care and child protection services in North Kivu and South Kivu, Sankuru, Equator, South Ubangi and Kinshasa provinces.
- The second round of the mpox vaccination campaign was launched successfully on 28 November 2024, in Equator, North Kivu, South Kivu, Sankuru, South Ubangi, and Tshopo provinces.

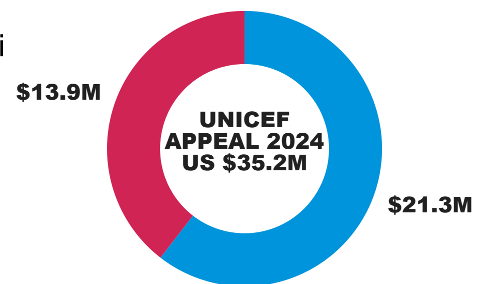
SITUATION IN NUMBERS

51,194
Total suspected cases

31,201
Children under 15 among suspected cases

1,224
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

EPIDEMIOLOGICAL SITUATION OF MPOX IN THE DRC

As of 30 November 2024 (Epidemiological Week 48), Democratic Republic of the Congo reported 51,194 suspected cases of mpox, 11,258 confirmed cases and 1,224 deaths. The case fatality rate stands at 2.39 per cent. The laboratory testing has improved, compared to previous months of September and October 2024, currently at 50.1 per cent (3,164 samples were collected, 3,001 were tested and 1,505 were positive)[1] .

In November, the following seven Provincial Divisions of Health (DPS) of South Kivu, Tshuapa, Sankuru, North Kivu, South Ubangui, Equator and Bas-Uélé provinces accounted for 85 per cent of the mpox cases reported. Since the second peak in suspected cases observed in September 2024, the Epi curve remains stable with the DPS in North Kivu, Sankuru, South Kivu, South Ubangi, and Tshopo provinces remaining the epicenter for the suspected cases reported. Cases have also been reported in Kokolo prison in Kinshasa province as well as in the prison in Béni health zone in North Kivu. The worrying situation on the epidemiological context is the overlapping increases in measles and mpox cases were observed throughout the year and up to the end of November.

As regards surveillance, contact tracing is still a challenge, even though in November 2024, a slow progression has been observed with 26 per cent of the high-risk contacts followed in the hotspot areas. This level of surveillance is still insufficient to control the transmission of mpox. However, with the implementation of UNICEF strategy for the institutionalization of Community Health Workers will contribute to improving contact tracing in the areas where UNICEF is providing support.

UNICEF'S RESPONSE

In alignment with the Government of the Democratic Republic of the Congo's National Preparedness and Response Plan, UNICEF provides immediate access to essential services while ensuring that the community, especially children, are at the center of interventions and that the preventive measures put in place are effectively contributing to stopping the spread of mpox and their own resilience to improve crisis response in the affected provinces.

UNICEF's objective is to contribute to the reduction of morbidity and mortality attributable to mpox in the various affected communities in the 12 targeted provinces of Equator, South Kivu, Sankuru, Tshuapa, Tshopo, Kinshasa, South Ubangi, North Kivu, Mongala, Mai-Ndombe, Maniema, and Kwango with a focus on children under 15 years of age.

UNICEF is directly targeting 56 Category A health zones (i.e., health zones that have reported at least one suspected case and/or one confirmed case in the last three weeks). UNICEF 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; child protection, 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 preparedness and response to future crises in the affected provinces.

1. PREVENTION SERVICES

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

1.1.1 RCCE

During the reporting period, more than 51 million people across DRC were reached with information on mpox prevention, symptoms, and health services through SMS, digital platforms, national and local media, influencers, and face-to-face engagement. More than 39 million people were reached in all five national languages via national and local media channels, including Radio Okapi and community TV and radio stations.

UNICEF DRC is currently supporting the national authorities and the provincial health authorities in Sankuru and South Ubangi to conduct a social and behavioral survey to measure the adoption of protective measures against mpox. The results of this qualitative and quantitative survey will be used to review and improve the risk communication strategy and key messages intended to help communities protect themselves against mpox.

1.1.2 Participation

More than 558,000 people were trained and involved in communication and social change initiatives related to the response, including community surveillance. These included (but were not limited to) frontline workers, representatives from women's organizations, political and administrative officials, community action cells, teachers, school principals, students, and various influencers such as religious leaders. To strengthen early warning and community surveillance, more than 400,000 community action cell workers, close to 60,000 frontline workers (including teachers and health workers) and thousands of young U-Report volunteers, sex workers, park rangers, and those living with HIV were briefed on the signs and symptoms of mpox to raise awareness and refer suspected cases to local services, including in IDP camps.

1.1.3 Feedback mechanisms

Over 681,000 people shared feedback and concerns or raised questions about mpox through digital and community feedback mechanisms. This community feedback is analyzed, formatted weekly, and shared with provincial and national coordination mechanisms to refine or adjust interventions. Additionally, UNICEF's young web fact-checkers and community-based social listening networks have identified over 11,000 rumors and misinformation online.

Within communities, 31 per cent of questions focused on prevention and protection against mpox, with a recurring question about whether contact with animals should be systematically avoided. Online, 40 per cent of questions were about the potential side effects of vaccination. Responses were provided through the U-Report platform and community actors.

Despite efforts, mpox misinformation remains prevalent. Offline feedback from communities shows that 37 per cent of respondents believe mpox is transmitted exclusively through contact with animals and that traditional medicine provides protection. Online, 22 per cent of users spread false claims that the vaccine was designed to profit governments and international organizations, with harmful intentions toward Africans.

To address these challenges, messaging was refined to emphasize vaccine safety and the critical need to vaccinate at-risk populations against mpox.

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

During the reporting period, UNICEF continued implementing IPC/WASH interventions in Kinshasa, North Kivu, South Kivu, Equator, Sankuru, and South Ubangi provinces. UNICEF participated in the coordination meetings with the IPC/WASH commission for the mpox response. Using the IPC/WASH package for the mpox response tools, UNICEF supported the assessment of IPC/WASH conditions in 875 health facilities, 113 schools and 32 other public spaces. The assessments informed the distribution of IPC/WASH kits to these institutions in response to the epidemic. UNICEF also provided 14 health facilities with new or improved access to WASH services.

UNICEF and its partners worked with 1,478 households reported suspected or confirmed cases of mpox in Kinshasa, North Kivu, South Kivu, Equator, Sankuru, and South Ubangi provinces. These households received information about keeping safe from mpox, decontamination services, and hygiene kits as part of efforts to break the chain of mpox transmission in communities. Additionally, in internally displaced people camps in North Kivu and South Kivu, 86,362 people were informed about mpox transmission routes and prevention measures.

UNICEF continues to strengthen IPC/WASH measures in healthcare facilities to prevent the spread of the disease. A total of 21 health facilities, including four mpox treatment centers, received IPC/WASH kits and improved access to drinking water and sanitary infrastructures. UNICEF and its partners reinforced the capacity of 387 frontline health workers and 496 hygienists (including 106 cleaners) to prevent and control infections during care provision and general daily activities in Kinshasa, North Kivu, South Kivu, Equator, Sankuru, and South Ubangi provinces. In South Kivu province, the capacity of the Walungu treatment center was reinforced with the construction of two isolation centers, two stances of bath shelters and emergency latrines to improve sanitation and hygiene services for patients.

To ensure the continuity of education for children in a secure environment, which minimizes the risk of infection for children and their teachers, UNICEF and its partners worked with 113 schools where cases were reported reaching 45,297 pupils (23,655 boys and 21,642 girls) and 544 teachers with training on prevention and controlling infections during care and in their daily activities in Sankuru province.

The main constraints and difficulties encountered during this reporting period included: (i) insufficient financial support to extend the necessary IPC/WASH interventions to Kinshasa and new priority provinces; (ii) security constraints affecting access to affected areas in the provinces of North Kivu and South Kivu which limits the supervision of activities. In North Kivu, for example, the implementing partner has no access to certain schools in the area occupied by the M23 forces.

Despite these challenges, some good practices and lessons have emerged. First, partnerships with community organizations have improved awareness and adoption of preventive measures especially in Kinshasa province. Second, the continued collaboration with the World Health Organization (WHO) to pool efforts and avoid duplication of interventions in South Ubangi province i.e. facilitated joint planning, implementation, and monitoring of interventions in the hard-to-reach areas.

1.3 VACCINATION

The second round of the mpox vaccination campaign was successfully launched on 28 November 2024, in six Block 1[2] provinces, covering 11 health zones in Equator, North Kivu, South Kivu, Sankuru, South Ubangi, and Tshopo. As the epidemiological situation evolved, Miti-Murhesa and Kinshasa health zones were also added to Block 1. Those considered as priority candidates for vaccination include frontline health workers, sex workers and LGBTQ individuals in the affected areas. The other high-risk groups include veterinarians, hunters, park rangers, bushmeat traders, and contacts of suspected or confirmed cases—and now, contacts of contacts—are also prioritized. UNICEF has played a key role in supporting vaccination efforts through RCCE interventions. UNICEF conducted surveys on vaccine acceptance, fostered community engagement through peer education, and organized tailored awareness sessions for high-risk groups, such as healthcare providers and park rangers. Furthermore, to strengthen vaccination preparedness and contact tracing, UNICEF supported community-based surveillance and trained 1,260 community health workers. Additionally, public opinion polls and extensive prevention messaging have boosted vaccine acceptance, although challenges remain in the timely follow-up of contacts.

UNICEF also provided critical logistical support, including vaccine transportation, storage, and technical assistance. This support included developing vaccination strategies, training modules, and supporting the health ministry in assessing storage and supply requirements. Of the

3.7 million doses required, 392,760 doses have been received, with 304,780 currently in stock. Vaccine distribution has been completed in Equator, North Kivu, South Kivu, and Tshopo provinces, and is ongoing in South Ubangi and Sankuru provinces.

By 27 November 2024, 55,266 individuals across all target categories were vaccinated, exceeding the target of 45,957 in the six target provinces with a low wastage rate of 0.2 per cent. Vaccination coverage includes 120 per cent of frontline health workers, 29 per cent of those considered especially vulnerable (sex workers, transgender individuals), and 168 per cent of contacts. However, the campaign still faces significant challenges including: (i) Funding constraints are limiting operational reach in the second Block and additional health zones, unavailability of vaccines for children under 18 for the time being (Japan has undertaken to supply 3 million doses of LC16 for children under 18) d; (ii) There is a need for additional skilled personnel and investment in partner capacity for vaccine storage and distribution; (iii) Delays or lack of contact list provision to Cellule Animation Communautaire (CAC) and (Relais Communautaire)RECO hinder effective contact identification, education, and follow-up; (iv) Low community health worker motivation remains a challenge.

2. CASE MANAGEMENT

2.1 MEDICAL CASE MANAGEMENT

UNICEF’s support for medical case management continued in the five priority provinces of South Kivu, North Kivu, Equator, South Ubangi and Sankuru. Towards the end of November 2024, UNICEF extended its support to medical case management into Tshopo province. During the reporting period, 2,675 patients were treated, including 1,213 children under 15 years old (among them 1,351 women and 1,324 men); 323 health care providers benefited from capacity building; and 28 mpox treatment centers received medical supplies.

In Tshopo province, UNICEF is working in 10 health zones (Makiso-kisangani, Kabondo, Mangobo, Tshopo, Basali, Basoko, Yalimbongo, Yaleko, Banalia, Bengamisa). Support for medical case management included the provision of quality essential medicines, care for patients at mpox treatment centers, follow-up on an outpatient basis, capacity building of health care providers working in the mpox treatment centers and payment of their wages. The support provided in the 10 health zones consisted of management of mild cases. So far, only the mpox treatment center in Makiso Kisangani has the capacity to manage cases that require hospitalization. UNICEF and its partners ensured the capacity strengthening of 280 health personnel through training on the treatment protocols and surveillance. These trained health personnel are currently deployed at Makiso-Kisangani treatment center; at the central prison and they also conduct the follow-up of patients getting treatment at home. This enabled the treatment of 249 suspected cases at the mpox treatment centre in November 2024, including 30 patients under 15 years of age and 23 patients with mild cases who received out-patient care.

In North Kivu, in November 2024, UNICEF supported the establishment of an mpox treatment center with basic equipment for the management of complications and hospitalization of patients in a hospital in Karisimbi health zone. The treatment center became operational on 10 November 2024 and has a capacity of 24 beds. In addition, UNICEF facilitated the training of 43 service providers on the medical management protocol and they are currently working in the Bisengimana mpox treatment center. This enabled the treatment of 67 suspected and/or confirmed cases in this treatment center during November 2024, including 41 cases of children under 15 years of age.

In South Kivu, in November 2024, UNICEF and its partners supported in 14 mpox treatment centers established in nine health areas, with a bed capacity of 422, reaching 1,859 patients, including 1,113 children under 15 years old (59.9 per cent); 82.1 per cent of patients discharged. The 14 mpox treatment centers also benefited from specific medical supplies for patient care. Besides, UNICEF through its partners in South Kivu province started case management interventions in additional 10 ten health zones with funding from Swiss Agency for Development and Cooperation (SDC) and Master Card Foundation. UNICEF’ efforts in supporting the health zones in monitoring contacts, for early reference of sick contacts to help cut the chain of transmission enabled the reporting of 3,110 alerts community-based health workers (RECOs) and community animation cells (CACs) in 21 health zones according to the framework of community-based surveillance.

In Kinshasa, UNICEF provided support to fill the gaps identified by the mpox incident management system (IMS), namely flagging motivation of staff involved in the mpox response at the three mpox treatment centers in Kinshasa and the creation of new mpox treatment centers. UNICEF's support consisted of payment of the wages for all the health personnel at the three mpox treatment centers that were functional including (Cinquantenaire, Vijana and Kinkole) for a total of 205 health personnel for global support out of a total of 85 planned providers; supply of two tents, one for the care of children at the mpox treatment center Kinkole and another for the new treatment center was created within the general reference hospital in Kokolo health zone to serve the prison population. In total, 500 people have already been treated in all 3 Mpox treatment centers since the beginning of the outbreak, including 225 men and 275 women, and 18 deaths have been recorded so far.

In Sankuru province, UNICEF is responding to the mpox outbreak in eight health zones. In November 2024, a total of 237 suspected cases (123 women and 114 men) were treated in the Mpox treatment centers. These cases consisted of 85 children under 5 years of age (44 girls and 41 boys), 101 children aged 5-15 years (58 girls and 43 boys), and 51 children over 15 years of age (21 girls and 30 boys). During this period, 77 people were discharged (48 females and 29 males). There were no deaths.

Case management continued in South Ubangi province in Mbaya, Bulu and Ndage health zones. All three mpox treatment centers are functional, treating 176 suspected cases, 81 of which were outpatients.

2.2 NUTRITION

In November 2024, the nutrition sector made significant progress in responding to the mpox outbreak. A training-of-trainers session was held in Kinshasa with 32 participants (7 women, 25 men), including experts from the National Nutrition Program (PRONANUT) of the seven

priority provinces (South Kivu, North Kivu, South Ubangi, Sankuru, Equator, Tshopo, and Kinshasa) the national PRONANUT, the Food and Nutrition Support Sub-Pillar (SAN), the Public Health Emergency Operations Center (COUSP), the National Institute of Public Health (INSP), and technicians from Technical and Financial Partners (TFPs) such as UNICEF, WFP, and WHO. The training focused on two key areas: managing acute malnutrition for children under 5 years old and the Infant and Young Child feeding in public health emergencies. The training for health workers and implementing partners was completed in four provinces (South Kivu, North Kivu, South Ubangi, and Sankuru) with a total of 295 participants and is ongoing in three provinces (Equator, Tshopo, and Kinshasa).

A major development in the response was the substantial increase in the number of operational mpox treatment centers which grew from 27 in October 2024 to 50 in November 2024 with nutrition interventions. These centers are distributed across several provinces: 14 in South Kivu, 10 in Equator, 12 in Sankuru, 2 in North Kivu, 3 in Tshopo, 3 in Kinshasa, and 6 in South Ubangi. This expansion has enhanced patient care, particularly in terms provision of nutritional services including Infant and Young Child Feeding counselling, severe acute malnutrition treatment, and breastfeeding corners. Although logistical and organizational challenges persist, especially in remote areas.

The management of children aged 0 to 59 months suffering from severe acute malnutrition (SAM) infected or at risk of being infected with mpox has been a key priority. In November 2024, 155 children were treated, bringing the total to 283 children since the outbreak began, including 190 girls and 93boys, representing a 22 per cent achievement rate. While encouraging, this figure highlights ongoing challenges such as late case identification, particularly in remote areas where families are reluctant to seek care due to fears of being diagnosed with mpox. Additionally, logistical difficulties complicate patient transport to mpox treatment centers, especially in rural areas. Provinces involved in treating these children include South Kivu (103 children), Kinshasa (4 children), South Ubangi (53 children), Tshopo (42 children), Equator (10 children), and Sankuru (71 children), which demonstrates care concentration in certain areas and the urgent need to strengthen coverage in peripheral regions. To ensure continued care for children aged 0 to 59 months suffering from mpox and acute malnutrition, two approaches have been implemented: the standard approach protocol and the simplified protocol. Both are integrated into the strategy to manage both moderate acute malnutrition (MAM) and severe acute malnutrition (SAM), ensuring a continuum of care that enables the rapid and effective management of cases. This strategy guarantees the availability of appropriate treatment, quality monitoring, and the integration of prevention and management of complications associated with malnutrition. In the health zones where WFP is not present, UNICEF implements the simplified approach, especially in the health zones where UNICEF does not have a regular programme for the treatment of severe malnutrition. This is to avoid putting pressure on the supply of Ready to Use Therapeutic Food (RUTF) cartons.

UNICEF food support for children aged 6 to 59 months and adults affected by mpox has also been a central component of the response. In November 2024, 2,283 children and adults received food assistance in mpox center during the treatment, bringing the total to 4,827 people benefiting from specific nutritional support since the start of the response, reaching 78 per cent of the target. This result reflects the effectiveness of the programs, although disparities remain in certain provinces, particularly in Equator, where coverage remains low due to the high number of reported cases. Improving access to healthcare services in these vulnerable areas is essential, while also ensuring that food assistance is nutritionally balanced and tailored to the specific needs related to disease complications and associated comorbidities (e.g. diabetes, hypertension, dysphagia). Since the start of the response, 3,667 people in South Kivu, 341 in North Kivu, 215 in South Ubangi, 191 in Sankuru, 254 in Kinshasa, and 200 in Equator received food support during the treatment.

For non-breastfed infants, 12 received milk substitutes in November 2024, bringing the total number of beneficiaries to 31 since the start of the response, achieving a 7 per cent completion rate. The focus remains on protecting exclusive breastfeeding (EBF) and implementing infection prevention and control (IPC) measures at mpox treatment centers to ensure that infants are primarily fed breast milk, not substitutes. Separating infants from their mothers can cause family tensions and affect the children's well-being. This practice remains a last resort, to be applied only in complex cases where the child's safety would be compromised even with IPC measures, especially in areas with high transmission rates. The 31 infants who received substitutes were cared for in South Kivu (16 children), Equator (11 children), and South Ubangi (4 children).

Counseling on infant and young child feeding has also reached a significant number of pregnant women, breastfeeding women, and caregivers of children aged 0 to 23 months. In November 2024, 1,803 women received this counseling, bringing the total to 4,043 beneficiaries, including 3,234 women and 809 men. While this result shows progress, it falls short of the target, with a completion rate of 9 per cent. Several factors contribute to this shortfall, including low reporting of sensitized individuals even at mpox treatment center levels, distance to services, reluctance to participate in these programs, and a lack of awareness in some regions. Provinces such as South Kivu, North Kivu, and Tshopo, where coverage has been higher, showed positive results. However, more efforts are needed in regions like Equator, South Ubangi, and Kinshasa, where beneficiary numbers remain low. South Kivu had 1,160 women, North Kivu had 599, and Tshopo had 1,323, while Kinshasa had 3 and South Ubangi had 119. UNICEF is collaborating with several partners to implement activities on the ground, including AIDES and MDA in South Kivu; CEAPRONUT in North Kivu; MDA in Sankuru; ADSSE in South Ubangi; INSP and PRONANUT in Kinshasa; Provincial PRONANUT in Tshopo; and EMESUDE in Tshopo and Provincial PRONANUT in Equator.

Despite the progress made, significant challenges remain in responding to the mpox outbreak. These challenges underline the need for better coordination among health actors, increased community awareness, early detection and improved case referrals with infection prevention and control (IPC) measures, and stronger logistical support to ensure optimal coverage. Adapting nutrition care and healthcare access strategies according to the specific needs of each region is crucial to better addressing the needs of affected populations.

2.3 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

During November, UNICEF, in collaboration with its partners has continued to provide psychosocial support and assistance to children and their families affected by mpox, reaching 19,000 individuals through individual and family counseling sessions and assistance delivered by psychologists, social workers and para-social workers in North Kivu and South Kivu, Sankuru, Equator, South Ubangi and Kinshasa. In addition, to respond to children in need, especially those between 0-5 years who are separated from their parents during treatment, UNICEF and partners have established 8 creches in four provinces (Equator, South-Ubangi, South Kivu, and North Kivu). The creches are established in very close proximity to treatment centers and are spaces equipped and staffed to offer toddlers and young children a warm,

secure environment, run by specialized professionals. Seventeen 17 children are currently receiving temporary care and holistic support, clothing, essential hygiene products and, above all, personalized psychosocial support to help them overcome the separation from their parents.

To respond to increased vulnerability and protection risks for children affected by mpox, such as violence, abuse, sexual exploitation and family separation, due to loss of family income, discrimination, stigmatization and exclusion, more 3,000 children at risk and survivors of violence than were supported by120 social and para-social workers have supported more than children at risk and survivors of violence with continued and individualized response, including referral to medical care, support with psychosocial and material assistance (including non-food items, hygiene and dignity kits), and other protection and social services. Social contracts, a memorandum of understanding signed between the Provincial Social Affairs Divisions (DIVAS) and these protection and social services, have been key to ensure access to these services. As part of a strengthened community commitment to offer social, emotional, and practical support to affected children and reduce the risk of stigmatization, nearly 33,000 people (56 per cent of them children) have been reached through prevention and awareness-raising activities, engaging them on transmission reduction methods, child protection and the prevention of and response to sexual violence, and information on where and how to access available protection services.

Moreover, UNICEF has continued to support the coordination at national and provincial level, as well as in targeted Health Zones. So far, 31 Mental health and psychosocial support Commissions are functional, providing technical support and assistance to partners as well as ensuring regular monitoring of the interventions.

3. SUPPORT SERVICES

3.1 COORDINATION

The Education Cluster, in collaboration with the National School and University Health Programme and the Ministry of Education, issued for its partners and key stakeholders a SOP on prevention and response of mpox epidemic[3] . This SOP provides guidelines on the prevention and protection against the current spread of mpox in schools while ensuring the continuity of learning. This SOP has been contextualized at provincial level by the provincial education authorities and the cluster and implemented in the schools.

The Wash cluster collected mpox IPC/WASH activities information from all WASH cluster member organizations to produce an interactive map. The map is available in the link below and is updated weekly.

The CP AoR coordinated awareness raising and prevention activities in the IDP sites around Goma. Trainings and community dialogues have also been conducted to minimize the risks, disseminate the possible referral systems, and elaborate key messages with communities to maximize their appropriation.

3.2 INTEGRATED ANALYTICS CELL (IAC)

The Integrated Analytics Cell (CAI) is a collaborative platform under the Ministry of Health with WHO, UNICEF, CDC-Atlanta, Epicentre, MSF, USAID, FCDO, ECHO and World Bank. CAI is involved in the mpox response through several technical support activities for some of the country's DPS as follows:

In South Kivu, CAI continues to support the DPS in analyzing data from the Linear Lists (LLs) and updating this list. Despite the drop in data reported in the LLs over the last few weeks, due to the end of contracts with African Field Epidemiology Network teams, CAI continues to support the health information office (INFOSAN) through data analysis and the production of graphs such as the one below, which are useful for the South Kivu response coordination meeting. This graph shows the need to improve the completeness of the Linear Lists data to have analyses more in line with the situation in the province.

This recommendation is in line with those formulated at the end of the Integrated Epidemic Analysis investigations carried out in November, in collaboration with DPS and WHO, and whose objective was to determine the factors associated with the high incidence of mpox cases among children aged 0-15 attending mpox treatment centers in the five most affected health zones of South Kivu province, namely Kamituga, Kimbi-Lulenge, Miti Murhesa, Nyangezi and Uvira. Key results include:

- Low completeness of Line Lists in the province (63 per cent), as can be seen in the graph above.
- Cases of recontamination: Some children in treatment centers are in their second or third episode of the disease.
- 98 per cent expressed the need to decontaminate their households.
- Frontline staff: 11 per cent have lost motivation to continue working at the treatment center (low pay and no risk bonus).

The results of this investigation led to the formulation of the following recommendations:

- Implement a strategy for updating mpox Linear Lists (Promptitude and Completeness) with zone central office data managers, to improve mpox data feedback, and thus have the situation in real time.
- Capacitate healthcare staff on how to proceed with the differential diagnosis of measles, in all children under 5 years of age received in mpox treatment centers.
- Make effective the decontamination of all households of suspected cases received in a treatment center.

In addition, CAI's support in the provinces of North Kivu, Sankuru and Sud Ubangi continues to focus on training data analysts to update Linear Lists and analyze data using Excel. With CAI's support, the following improvements have been observed:

- **North Kivu**: 0 per cent completeness of data entered in the Early Warning, Alert and Response System (EWARS), at 63 per cent (data from three health zones only: Goma, Karisimbi and Nyiragongo).

- **Sankuru**: 53 per cent completeness of data entered on the Linear List, at 84 per cent.
- **Sud Ubangi**: 46 per cent completeness of data on the Linear List, at 82 per cent.

In Kinshasa, CAI supports decision-making through data management and analysis. It is also heavily involved in the development and validation of standardized data collection tools (investigation form, contact follow-up form, active search form, linear lists for investigated cases, linear list for contact follow-up, and many others).

3.3 CONTINUITY OF ESSENTIAL SERVICES

3.3.1 EDUCATION SERVICES

In November 2024, UNICEF continued to provide Education in Emergency (EiE) response interventions to ensure children continue learning in the context of mpox in South Kivu, North Kivu, South-Ubangi, Equator, Sankuru, Tanganyika, Haut-Uele and Ituri provinces. UNICEF's EiE mpox response focuses on training teachers and school administrators on mpox prevention and response. During this reporting period, 56,967 (22,479 females) education actors including members of Parent Teacher Associations, school management committees, teachers and headteachers were trained/sensitized on the mpox epidemic in North-Kivu (143), South-Ubangi (53,497), Equator (938), South Kivu (88), Sankuru (574), Haut-Uele (202) and Ituri (1,525). Also, through the U-reporters, a youth movement coming together to lead change, and in collaboration with the Ministry of Education, sensitization campaigns were conducted with children in targeted schools. A total of 603,307 school children (255,711 girls) received key messages to strengthen the prevention of the spread of mpox in schools in the above-mentioned provinces. Through the surveillance and monitoring supported by UNICEF, suspected cases of mpox were reported in 150 schools. A total of 182 children, including 86 girls, who displayed mpox symptoms in the 150 schools were referred to the nearby health centers for medical care.

3.3.2 GENDER AND GVB RISK MITIGATION

UNICEF continues to work closely with all partners involved in the response to ensure gender and GBV risk mitigation are fully integrated within each intervention. In November 2024, UNICEF launched a blended initiative, including a rapid analysis involving women and girls to identify possible gender barriers and GBV risks related to Mpox, as well the measures to reduce these risks across sectors. This analysis was already done in the North Kivu province in September 2024 and is currently ongoing in Kinshasa and Sankuru provinces.

The preliminary findings of the analysis, which was carried out in North Kivu province in Goma and Nyiragongo health zones, were as follows: (i) Women and girls reported challenges to access reliable information about mpox; ii) Increased risk of arise in cases of SEA and GBV; (iii) Risk of dropping out of school, particularly among girls; iv) limited awareness of the risks of GBV and SEA amongst frontline workers. Similar analyses will be carried out in the provinces of Sankuru and Kinshasa, while it will collaborate with WHO to support these analyses in Equateur and South Kivu provinces.

As a response, UNICEF asked the national Civil Society Organisation (GHOVODI) to support capacity building for frontline health workers, community leaders, women and youth led organizations, continued consultations with women and girls, disseminate information on available GBV and child protection services. These trainings will start during the first half of December 2024.

3.4 PREVENTION OF SEXUAL EXPOITATION AND ABUSE (PSEA)

UNICEF continued to implement measures to mitigate the negative impact of its mpox response on beneficiaries, including protecting them from sexual exploitation and abuse. In all programme documents, UNICEF requires implementing partners across all sectors to carry out minimal PSEA interventions. In addition, implementing partners (NGO ACAD, Heal Africa, CPO, ABEF-ND and APEF) carry out PSEA-specific interventions in priority locations, including implementing community-based complaint mechanisms and aiding any identified victims of sexual exploitation and abuse. 60 U-reporters who support community outreach activities on mpox were trained on PSEA. In Kinshasa, after the training of focal points of all mpox commissions, members of the psychosocial commission were trained on PSEA. In Lodja health zone in Sankuru province, UNICEF partner CPO trained all UNICEF implementing partners, including government stakeholders in the Sankuru province on PSEA.

In Kinshasa, UNICEF supported the government to organize an inter-ministerial round table on PSEA to discuss on the strengthening of a government framework on PSEA. The adoption and implementation of resolutions from this workshop will strengthen government accountability to PSEA including during all public health emergencies and mpox.

Allegations of sexual exploitation and abuse received in relation to the mpox response have been registered in the secretary general's tracker and donors have been notified in accordance with their agreement with UNICEF and investigation is ongoing. All identified alleged and actual victims of SEA have received assistance in accordance with their individual needs and situations.

EXTERNAL MEDIA

FirstNews, the UK's leading newspaper for children, carried an article written by a DRC U-Reporter on how young people are supporting the mpox response. TBS (Japan) broadcast three reports on the mpox response in DRC on the lunchtime, early evening and evening news featuring an interview with UNICEF global incident manager Dr Douglas Noble. A DW spot looked at the challenges of sensitizing the public, including motorbike-taxi drivers, in Kinshasa about the disease. The Country Office continued to communicate regularly on its X, LinkedIn and Facebook accounts.

- Interview with UNICEF global incident manager Dr Douglas Noble
- Unicef DRC on X
- Unicef DRC on LinkedIn
- Unicef DRC on Facebook

FUNDING OVERVIEW AND PARTNERSHIPS

The UNICEF DRC mpox response has funding requirements totaling $45.2 million across key intervention areas. Current contributions from main donors—FCDO, USAID, Mastercard Foundation, Swiss Cooperation, and the World Bank (Pandemic Fund[4])—amount to $27.3 million, leaving a funding gap of $17.9 million (40 per cent). Priority areas include national coordination ($2.2M required, 24 per cent gap), risk communication and community engagement ($6.8M required, 19 per cent gap), and infection prevention and control, including WASH ($7.7M required, 45 per cent gap). Significant gaps are evident in vaccination efforts (77 per cent), protection against sexual exploitation and abuse (81 per cent) and ensuring continuity of essential services (93 per cent). Addressing these gaps is critical to ensuring a robust response, particularly for high-impact activities like community surveillance, case management, and psychosocial support. With strategic donor collaboration, UNICEF aims to bridge these gaps to safeguard vulnerable populations and strengthen community resilience against mpox.

HAC APPEALS AND SITREPS

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 31 DECEMBER 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	9.3 million	42%
# of people engaged in reflective dialogue through community platforms	Total	-	1 million	558,616	12%
IPC/WASH					
# of health facilities in affected health zones provided with essential WASH Supplies	Total	-	336	197	8%
# of households with suspected/confirmed MPOX cases who received WASH/IPC support	Total	-	3,000	2,557	49%
# of schools having notified a suspected/confirmed case provided with PCI WASH package kits	Total	-	3,000	258	8%
Medical Case Management					
# of confirmed cases receiving primary health care in UNICEF-supported facilities	Total	-	7,200	6,381	43%
	Girls	-	3,324	2,935	43%
	Boys	-	1,427	1,277	43%
	Women	-	1,716	1,525	43%
	Men	-	733	644	42%
Nutrition					
# of children aged 0 to 59 months affected by mpox and suffering from severe acute malnutrition admitted for therapeutic management	Total	-	1,311	283	12%
	Girls	-	682	190	15%
	Boys	-	629	93	8%
# of patients admitted for Mpox who received nutritional support	Total	-	6,150	4,827	37%
	Women	-	4,428	2,820	30%
	Men	-	1,722	2,007	55%
# 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	31	3%
-	Women	-	242	18	3%
	Men	-	224	13	2%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
MHPSS					
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	32,000	32,978	59%
	Girls	-	9,614	6,891	40%
	Boys	-	9,386	6,892	57%
	Women	-	6,578	11,201	110%
	Men	-	6,422	8,024	125%
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	20,000	16,917	34%
	Girls	-	10,000	5,591	18%
	Boys	-	4,000	4,154	40%
	Women	-	6,000	7,172	56%
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	603,307	13%
	Girls	-	521,850	255,711	10%
	Boys	-	543,150	347,596	15%
# of school actors (School PTAs members and management committees, teachers and school directors) trained/sensitized on the Mpox epidemics	Total	-	35,000	56,967	133%
	Girls	-	16,800	22,479	107%
	Boys	-	18,200	34,488	157%
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	413,546	30%
	Girls	-	236,081	119,833	34%
	Boys	-	226,824	83,053	22%
	Women	-	170,956	119,223	35%
	Men	-	164,252	91,434	32%

Progress in the reporting period 1 November to 30 November 2024

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Area of Intervention	Requirements	Humanitarian resources received	Reprogrammed funds	Funding gap (US$)	Funding gap (%)
National coordination	2,196,452	1,678,428	-	518,024	24%
Risk communication and community engagement and accountability to affected populations	6,792,652	5,469,989	-	1,322,663	19%
Infection prevention and control and WASH	7,674,160	4,190,343	-	3,483,817	45%
Case management	11,587,694	7,309,351	-	4,278,343	37%
Vaccination	2,500,000	585,761	-	1,914,239	77%
Mental health and psychosocial support	2,770,027	1,878,079	-	891,948	32%
Continuity of essential services	1,130,000	83,964	-	1,046,036	93%
Protecting affected populations from sexual exploitation and abuse	591,300	114,340	-	476,960	81%
Total[5]	35,242,285	21,310,255[6]	0	13,932,030	40%

***Funding available** - funding available in the current appeal year to respond in line with the current HAC appeal.*
***Humanitarian resources**– humanitarian funding commitments received from donors in the current appeal year.*
***Resources available from 2023 (carry over)**– funding received in the previous appeal year that is available to respond in line with the current HAC appeal*

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ENDNOTES

1. Source: Sitrep hebdo INSP/COUSP 02 déc 2024

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 Dibele, Yakusu, Budjala

3. Procédure opérationnelle standard pour la prévention et la gestion de l'épidemie MPOX dans les écoles pour assurer la continuité des apprentissages en République démocratique du Congo (septembre 2024) - Democratic Republic of the Congo | ReliefWeb

4. The first six months of the Pandemic Fund project prioritize the Mpox response, allocating $1.5 million out of the total $4.5 million budgeted for the three-year duration.

5. in addition of the 35.2 million we require 10 million for community surveillance

6. in addition of the 21.3 million we already received 6 million for community surveillance