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To combat Mpox, UNICEF has joined forces with the Red Cross to help the population, particularly the most disadvantaged, gain access to water. Water points have been set up in the city of Bujumbura.

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for every child

Humanitarian Situation Report No. 6

Reporting Period
1 January to 31 January 2025

Burundi Mpox SitRep No.6 (1 January to 31 January 2025)

HIGHLIGHTS

- As of January 31, 2025 , the epidemic has spread to 46 health districts out of 49, covering 93.8% of the districts. 16 districts are currently active, having reported at least one confirmed case in the last 21 days compared to 17 in December and 33 in October.
- A total of 1,932 cases out of 3,347 confirmed cases reported were recorded in 57.7% of the affected districts covering the three health districts of Bujumbura (Bujumbura North, Center and South), or. Bujumbura North continues to be the most affected district with 38.4% of cases (1,284 cases).
- Children under 15 years of age remain the most affected group with 36,9% of cases compared to 37,8% in December. Children under 5 years of age represent 20% of total confirmed cases, compared to 20.6% in November. Infection among young adults between 20 and 30 years of age is stable remaining at 31%.
- In January 2025, UNICEF partners conducted community dialogues, educational talks, and home visits reaching 6,064 people (2,729 women, 1,806 men, 606 adolescent girls, and 652 adolescent boys, 268 persons with disabilities, and 3 persons living with HIV) in the hotspot zones of Bujumbura, Gitega, Kayanza, Mutaho, Kayanza, Cibitoke, Isare, Muyinga, Kibuye.
- UNICEF and its partners provided Mental Health and psychosocial support to 3,372 persons, in four Mpox treatment centers (CPLR, CHUK, Kayanza and Gitega), and in the community through home visits.

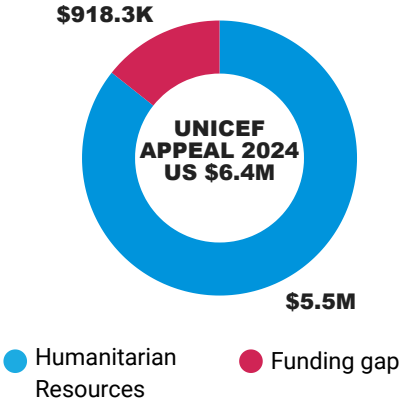
SITUATION IN NUMBERS

6,779
Total suspected cases[1]

3,347
Confirmed cases

1,235
Children under 15 among confirmed cases

FUNDING STATUS (IN US$)**



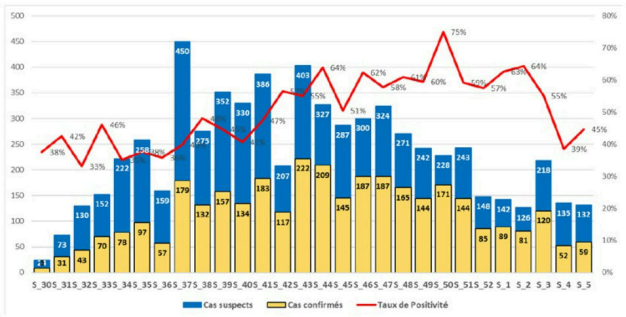
** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

EPIDEMIOLOGICAL SITUATION OF MPOX IN BURUNDI

The Government of Burundi declared an outbreak of Mpox on 25 July 2024, following the confirmation of three cases by the National Reference Laboratory. On 21 August 2024, UNICEF activated the intensification of the institutional emergency level 3 in countries affected by outbreaks of Mpox caused by the virus. The level 3 emergency was extended until 19 February 2025.

As of January 31, 2025, there were 3,347 confirmed cases of mpox (48% women and girls), with one (01) death reported and more than 6,779 suspected cases in 46 of the 49 districts. Out of 46 districts affected by Mpox, 16 health districts have recorded at least one confirmed case in the last 3 weeks. Most cases are still coming from the districts of Bujumbura North, Centre, Sud as well as Gitega, Isare, Cbitoke and Kayanza. The slow downward trend in the number of cases remains (see the graph below).

Children under 15 years of age remain the most affected group 36.9% compared to 37.8% in December but is slowly going down with children under 5 years of age representing 20% of the total confirmed cases. The number of cases among young adults between 20 and 30 years of age remains stable at 31%. A total of 8,084 alerts have been reported since the start of the epidemic. Of these, 7,430 (91,9%) have been investigated, 09 are awaiting further investigation, 654 have been abandoned and 624 have not been validated.



Evolution hebdomadaire des cas confirmés de Mpox (N=3347 ; SE_5 complète)

Ministère de la Santé Publique et de la Lutte contre le Sida

UNICEF'S RESPONSE

COORDINATION

Since the declaration of the epidemic, UNICEF provided technical and financial support to the Ministry of Public Health and Fight against AIDS (MoPH) in the development of the National Multisectoral Mpox Response Plan, (approved on August 6, 2024) and National Guidelines for Mpox management during a workshop from September 18-20, 2024. Based on the approved plan and additional needs identified, especially for children affected by Mpox, UNICEF developed its multisectoral response plan aimed to address critical needs in isolation and case management as well as the continuity of primary health care services, nutrition, child protection, water, sanitation and hygiene (WASH)/Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), Gender-Based Violence (GBV) and Prevention of Sexual Exploitation and Abuse (PSEA) including mitigation.

UNICEF continues to co-lead the RCCE Pillar of the Public Health Emergency Operations Center, which is the coordination mechanism led by the MoPH, in charge of responding to epidemics. UNICEF technical and financial support to the RCCE pillar is to plan, implement and evaluate the Mpox RCCE response and to develop a national RCCE strategy to respond to Mpox outbreak. UNICEF is also an active member of the Case Management, Logistics, Surveillance and Laboratories pillars led by the MoPH, both at the national and sub-national levels.

UNICEF participates in weekly Mpox response coordination meetings, under the leadership of the MoPH and those led by the World Health Organization (WHO). UNICEF continues to play a pivotal role in the humanitarian efforts in Burundi through actively engaging in the UN Country Team and alongside partners from the Civil Society Organizations (CSOs).

Important events took place in January with six coordination meetings with the local health authorities and partners organized and led by UNICEF (three in Gitega and three in Kayanza). UNICEF held its internal review of the Mpox response on 7 January 2025 in preparation for the Intra-Action Review (IRA) of the National Mpox response plan. From 20 to 26 January 2025, the Government of Burundi convened the National IRA in Gitega to reflect on the implementation of the first phase of the response and further refine the Government response plan, which will cover a period of 3 to 6 months. The following recommendations were made,

- Separation of IPC/WASH from the Case Management Pillar
- Integration of Continuity of Services and Operational Research as a Pillar
- Acceptance of targeted vaccination of socio-professional groups at risk
- Experimentation of home-based Care Management in two pilots' health districts
- Advocacy for cost-free management of comorbidities associated with Mpox cases

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

In January 2025, UNICEF supported the Ministry of Health (MOH) to carry out a variety of activities. To improve the coordination of RCCE activities, UNICEF supported the pilar to set up and operationalize 4 sub-units within the RCCE sub-commission: i) social science research unit, ii) mass communication and digital communication unit, iii) community engagement and interpersonal communication unit, iv) Social listening and feedback mechanism unit. It also supported establishing a working group to review and prioritize the updated Mpox messaging developed during the review workshop in December 2024. The working group will present their propositions to the sub-commission in early February for further action.

In line with the recommendations of the workshop held in December 2024 with the national EOC and the National HIV program, a working group has been established to finalize the roadmap, prioritize key activities and develop detailed budgets and engage the HIV network to address concerns about sexual transmission and stigma. The national HIV program and the EOC agreed on 15 key activities presented to the sub-commission.

In the health district of Gitega (one of the main hotspots in country), UNICEF supported the training of 80 community leaders (64 men, 16 women) and 294 Community health workers (104 men, 189 women) on Mpox to support community engagement activities and community-based surveillance.

Data collection to update RCCE activities in the new National Mpox Response plan is ongoing. In January, UNICEF with the support of Anthrologica and in collaboration with Burundian Red Cross submitted the Rapid Quality Assessment (RQA) protocol for approval to the ethical committee. From January 13-17 2025, a training of 16 data collection agents was conducted targeting Red Cross volunteers and members of the RCCE sub-commission. The data collection will be conducted in February and the findings will inform the RCCE activities in line with the new national Mpox response plan.

From January 23rd to 25th 2025, the Ministry of Health (MOH)held an Intra-Action Review (IAR) gathering all partners involved in the Mpox response. During the workshop, UNICEF supported the RCCE sub-commission to assess the activities performed, identify strengths, gaps and develop recommendations to improve the response. At the end of the workshop, the IAR recommended the revision and prioritization of some activities and putting the emphasis in the 5 hotspot health districts to stop the spreading of the outbreak. After the IAR, a workshop will be held in early February to revise the national Mpox response Plan.

In January 2025, UNICEF partners conducted community dialogues, educational talks, and home visits reaching 6,064 people (2,729 women, 1,806 men, 606 adolescent girls, and 652 adolescent boys, 268 persons with disabilities, and 3 persons living with HIV) in the hotspot zones of Bujumbura, Gitega, Kayanza, Mutaho, Kayanza, Cibitoke, Isare, Muyinga, Kibuye.

UNICEF and the Ministry of Education also focused on following up Mpox actions taken in school and positive cases evolution using kobo collect tool. The effect of previous briefings has been appreciated, with increased awareness among children in reached schools about Mpox,its preventive measures, and school implemented preventive actions such as hygiene improvement, proper case management and referral to dedicated health centers. Both parties agreed on scaling up briefings to schools in other districts displaying high number of positive cases. A request is being prepared to start the 3rd round of briefings in February 2025

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

As of 31 January 2025, UNICEF and its partners have completed IPC and WASH capacity for sustainable sanitation and handwashing stations in Gitega, Kayanza and Bujumbura Mpox treatment centers. To help control transmission at household level in the hotspots, 971 families received hygiene kits in three provinces Gitega, Kayanza and Bujumbura Mairie.

UNICEF continues to support provision of safe drinking water to 22,000 people in congregate settings through water trucking in Bujumbura Mairie, and the commissioning of 20 water storage tanks connected to the existing Regideso network to ensure permanent access to water for 10,000 households in the mpox hotspot zone in Bujumbura northern district.

CASE MANAGEMENT

Medical Case Management

UNICEF continues to support three Mpox treatment centres, one in Bujumbura, and two in the most affected health districts of Kayanza and Gitega. With the technical and financial support of UNICEF, the MoPH, in close collaboration with the NGOs Global Development Community, Fondation Stamm and Safe Inclusion, are continuing their efforts to manage Mpox cases in three of the seven isolation units set up in risk areas, including the Prince Louis Rwagasore clinic, Gitega hospital and Kayanza hospital. Since September 2024, the three isolation centres supported by UNICEF have received 1,853 patients, including 304 in January 2025.

The capacities of the medical teams have been strengthened to ensure rapid and effective management of all detected cases, whether positive or suspected. Each patient is monitored individually and receives the appropriate care adapted to their clinical condition. Significant improvements have been made in January with the Kayanza laboratory now fully operational and in capacity to provide results within 24 to 48 hours. The standard plan for the isolation and treatment centres to be built in Kayanza and Gitega has been finalised.

Nutritional Support

Since mid-September 2024, the screening for acute malnutrition among children under five with Mpox admitted at the three main treatment centers is systematic and reached 563 children under five, including 117 screened in January 2025. From this total of 563, 8 children with moderate acute malnutrition (MAM) and 8 children with severe (SAM) were identified and treated according to the national Community-Based Management of Acute Malnutrition (CMAM) protocol. In addition, 111 children with SAM have been admitted and treated in stabilization centers within hospitals in Mpox hot spot districts in December 2024.

A 3-month-old non-breastfed child was infected with Mpox and admitted to a treatment center where he received breast milk substitute after a rapid Infant and Young Child Feeding (IYCF) assessment. After successfully gaining weight, his mother received IYCF counselling and has been encouraged to start breastfeeding and agreed to do so. Counselling and psychosocial support is provided to ensure continuous breastfeeding even after discharge. Local nutritious food such as eggs, fruit and porridge continued to be provided to children aged 6-59 months in isolation centers to prevent malnutrition among children with Mpox.

In January 2025, 49 health care providers from six main Mpox treatment centers were trained on national CMAM protocol as well as IYCF in Emergency with focus on Mpox context to ensure quality nutrition care for children infected or affected by Mpox. In addition, 962 nutrition care providers from all 49 districts of the country were briefed on nutrition in Mpox context to contribute to the continuity of nutrition services considering Mpox prevention measures.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Social workers and psychologists have been deployed in four treatment centers, including two in Bujumbura (Clinique Prince Louis Rwagasore and Centre Hospitalo-Universitaire de Kamenge), one in Gitega and one in Kayanza, to provide psychosocial support and, as needed, specialized mental health care to children and caregivers, including those accompanying their sick children, parents, or siblings. Moreover, joint teams of paraprofessionals, state social workers and members of community-based child protection committees conduct follow-up home visits to discharged patients and their families, therefore ensuring individual child protection case management for each child.

In January 2025, UNICEF and its partners provided Mental Health and psychosocial support to 3,372 persons, in four Mpox treatment centers (CPLR, CHUK, Kayanza and Gitega), and in the community, through home visits. Moreover, the action points of the two additional safety audits which have been conducted in December 2024 in the treatment centers of Kayanza and Gitega are being followed up.

In addition, 34 non-accompanied and separated children (18 girls and 16 boys) benefited from alternative care both in the treatment centers and in the community.

During the reporting period, support and coaching have been provided to the implementing partners in Bujumbura, Gitega and Kayanza to improve the quality of services. With the exit of MSF from the Centre Hospitalier Universitaire de Kamenge (CHUK) and the deployment of WHO, UNICEF will discontinue its MHPSS support in this centre and is handing over the full package of intervention to WHO’s implementing partner.

GBV RISK MITIGATION, PREVENTION AND RESPONSE

During all MHPSS activities, awareness-raising messages on gender-based violence (GBV) and PSEA are included and target frontline workers, beneficiaries, and community members. A total of 3,487 persons benefited from gender-based violence and SEA risk mitigation and prevention interventions.

Psychologists and social workers are increasing the community follow-up and GBV and PSEA awareness-raising, including in the communities and in treatment centers to mitigate risks of GBV and as well as preventing risks of abuses, violence and exploitation, notably for unaccompanied and separated children.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

UNICEF program sector partners continue their efforts in preventing and responding to sexual exploitation and abuse (SEA), notably through awareness sessions on SEA and the dissemination of reporting mechanisms, including free helplines. PSEA activities have been integrated into program documents under the review of the PSEA Specialist.

During PSEA awareness sessions, 600 cards were distributed to beneficiaries. Additionally, one more partner strengthened its capacities, achieving a Full Capacity rating in PSEA in January 2025.

INCLUSION

Training on inclusion of disabilities were organized in January by UNICEF’s partner “Les Vaillantes” for the staff of partner organisations implementing the Mpox response, as well as health care providers in the provinces of Kayanza, Gitega and Bujumbura Mairie. A total of 90 participants were sensitized and trained, of which 70 were from UNICEF's partner organizations and health care structures and 20 represented local associations of people with disabilities.

In addition, an accessibility needs assessment was also carried out at the same time in the Kayanza, Gitega and Prince Louis Clinic care centres. The analysis of this assessment will start in February.

EXTERNAL MEDIA

To raise awareness and highlight UNICEF's ongoing efforts in responding to the Mpox outbreak, several impactful activities were undertaken:

- A partner consultation workshop on the fight against HIV and Mpox took place in Gitega. The objective was to coordinate the implementation of CREC activities to strengthen prevention and response efforts. Organized by the National HIV/AIDS Control Program (PNLS) and the National Public Health Institute (COUSP) with support from UNICEF, this initiative aligns with ongoing Mpox prevention strategies. https://x.com/UNICEF_Burundi/status/1866774322330865851
- With support from UNICEF and funding from the Mastercard Foundation, Gitega Regional Hospital now has a dedicated Mpox testing center. This is a significant relief for patients who previously had to wait several days for laboratory results from COUSP. Learn more: https://urlr.me/undbXj Twitter Post: https://x.com/UNICEF_Burundi/status/1875107220721168773

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF Burundi continues prioritizing a strong response to the Mpox epidemic, mobilizing resources through a comprehensive multisectoral approach. With a funding appeal of US$6.4 million, this response plan will provide critical support to children and affected communities over the next six months.

Thanks to the invaluable contributions of key partners, US$5.4 million has already been secured. However, a US$1.1 million funding gap (17%) remains to implement the planned interventions fully. UNICEF extends its deep appreciation to USAID, the MasterCard Foundation, SDC, UNICEF USA, and all partners whose support has been instrumental in containing the outbreak and alleviating its impact on children and women.

As the epidemic evolves, UNICEF remains committed to delivering timely and adaptable interventions, ensuring that every contribution is maximized to protect those most at risk.

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: FEBRUARY 4, 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
National coordination					
# of mpox coordination meetings organized or supported	Total	120	120	132	▲ 5%
RCCE and AAP					
# affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	Total	-	8 million	9.6 million	0%
# actors involved in RCCE interventions as agents of change	Total	-	3,500	6,068	▼ -710%
# school actors (school management commitees, teachers and school directors) trained/sensitized on the Mpox epidemics	Total	-	2,000	-	0%
# feedback / complaint mechanisms	Total	-	16	3	0%
IPC and WASH					
# school children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	140,000	-	▼ -21%
# people provided with water for drinking, cooking and personal hygiene	Total	-	80,000	50,000	▲ 35%
# people discharged equiped with WaSH kits (soap and bucket)	Total	-	500	971	▲ 79%
# community health wokers with increased capacity on hygiene best practices and biomedical waste management	Total	-	300	-	▼ -135%
# households desinfected	Total	-	800	-	0%
Case management					
# community health workers (CHWs) and health care providers trained and equiped with mobile phones for follow up of discharge people from isolation center	Total	-	2,850	384	▲ 13%
# health facility based workers trained on case management	Total	-	640	100	▲ 16%
# frontliners trained on Mpox case management and for providing with Personal Protective Equipment (PPE)	Total	-	640	-	▼ -5%
# people benefiting from UNICEF-supported integrated Mpox case management of services	Total	-	800	304	▼ -35%
# SAM children treated in the affected districts	Total	-	500	112	▲ 16%
# children 0-6 months receiving Breastmilk Substitutes (BMS)	Total	-	50	1	▲ 2%
# children 6-23 months suplemented with Lipid-based Nutrient Supplement (LNS- SQ)	Total	-	200	-	▼ -5%
MHPSS					
# children, adolescents and caregivers accessing community-based MHPSS	Total	-	7,550	3,372	▼ -8%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*
Continuity of essential services					
# women, girls and boys accessing gender-based violence risk mitigation and prevention interventions	Total	-	4,000	3,487	▲ 23%
PSEA					
# people reached with key messages on PSEA and on available reporting mechanisms	Total	-	200,000	3,487	▼ -1%
# UNICEF project sites/districts displaying PSEA IEC material	Total	-	16	3	▲ 19%

**Progress in the reporting period 1 January to 31 January 2025*

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	284,250[2]	609,587[3]	-	-	-	0%
Risk communication and community engagement and accountability to affected populations	2,448,263	1,962,654	-	-	485,609	20%
Infection prevention and control and WASH	1,980,221	1,538,041	-	-	442,180	22%
Case management	1,176,275	1,124,542	-	-	51,733	4%
Mental health and psychosocial support	386,011	246,246	-	-	139,765	36%
Continuity of essential services	-	-	-	-	-	-
Protecting affected populations from sexual exploitation and abuse	130,000	5,638	-	-	124,362	96%
Total	**6,405,020**	**5,486,708**	**0**	**0**	**918,312**	**14%**

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.*
Other resources*– non-humanitarian funding commitments received from donors and/or funding repurposed 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. Ministère de la Santé Publique et de la Lutte contre le Sida, Centre des Opérations d'Urgence de Santé Publique, Rapport de Situation sur l'Épidémie de la Variole Simienne/SITREP n°187, le 31 janvier 2025
2. The initial needs considered only surge requirements
3. Additional resources were attributed to coordination as the needs in terms of HR were refined.