

UNICEF/Uganda/Petranilla Nakamya

Temperature screening at the Mpondwe border post to identify and monitor any symptoms of Mpox

unicef
for every child

Humanitarian Situation Report No. 5

Reporting Period
1 January -28 February 2025

Uganda Mpox Level 3 Emergency

HIGHLIGHTS

- As of 28 February 2025, Uganda had reported 3,685 confirmed mpox cases across 93 districts, with 62 districts still experiencing active transmission. The outbreak has resulted in 30 deaths, maintaining a case fatality rate (CFR) of 0.8 per cent.
- Kampala, Mukono, and Wakiso account for 70 per cent of the national caseload, with males (56.6 per cent) being more affected than females (43.4 per cent), particularly in urban settings. The most at-risk age group is 18-39 years.
- Approximately 21 per cent of mpox cases are co-infected with HIV, with the highest burden in Kampala and Wakiso, particularly among sex workers. Males aged 30-49 years living with HIV/AIDS are the most affected, highlighting the need for integrated management strategies.
- The Ministry of Health (MoH) vaccinated 9,882 people in the Kampala Metropolitan Area (KMA), covering 65% of the 15,141 targeted in Kawempe and Makindye with the first batch of 10,000 vaccines.
- UNICEF reached 12,200,564 people across six districts and three cities with lifesaving mpox prevention information.
- UNICEF, through the “Mpox Safe Text” Initiative, reached 299,140 concern-based interactions via mobile outreached, reducing reliance on traditional remedies by 38 per cent and increasing vaccine inquiries by 22 per cent in January 2025.
- UNICEF distributed essential nutrition equipment[1] to five mpox treatment units.
- UNICEF printed and distributed mpox vaccine data tools to support proper documentation, monitoring, and a data-driven rollout at vaccination sites.
- UNICEF reached 3,379 teachers with mpox orientation training, who then reached 206,476 learners with key messages on mpox prevention and control.

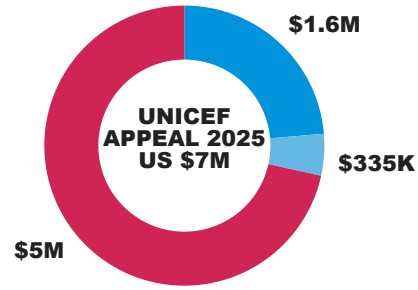
SITUATION IN NUMBERS

8,525
Total suspected cases

480
Children under 18 among the confirmed cases

3,685
Total 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 UGANDA

The mpox outbreak in Uganda has significantly risen since the first case was confirmed in August 2024. As of 28 February 2025, a total of 3,685 confirmed cases had been reported across 93 (63.7 per cent) districts[2] . Sixty-two districts (66.7 per cent of those that have reported at least one case) are still experiencing active transmission, having registered at least one case in the last 21 days. Thirty cumulative deaths had been reported since the onset of the outbreak, with fourteen during February, maintaining a case fatality rate (CFR) of 0.8 per cent. Since the onset of the outbreak, 480 children (235 females and 245 males) aged 0-18 years have been affected across the 93 districts that have reported at least one case. Cases among 0-9 years have increased over the first two months of the year.

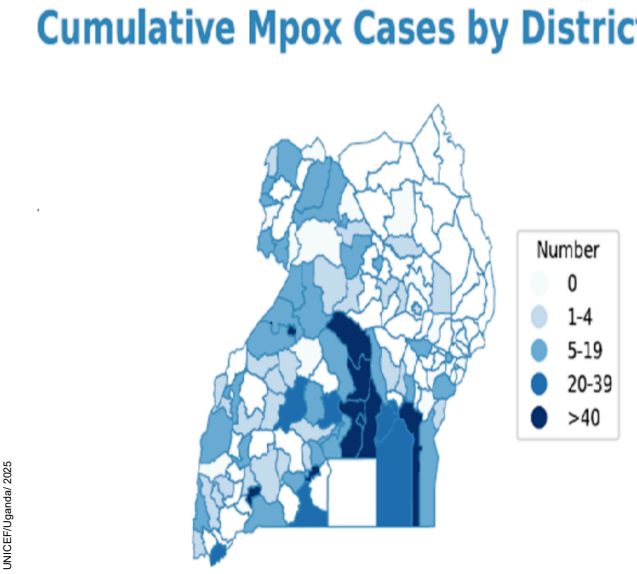
The outbreak continues, with sustained transmission in urban areas, particularly in the Kampala Metropolitan Area[3] (KMA), which accounts for about 70 per cent of the national caseload. Males account for 56.6 per cent of cases. A higher male infection rate has been observed in urban settings, with the key demographic group at risk being 18-39 years. The data still shows that 21 per cent of mpox cases are co-infected with HIV, with the highest burden remaining in Kampala and Wakiso districts, also associated with high numbers of sex workers. Among those presenting both HIV/AIDS and mpox, males aged 30-49 years are the most affected, emphasizing the need for integrated management strategies with the home-based care approved by the Strategic Management team in the reporting period.

The mpox vaccination campaign in Kampala's Kawempe and Makindye divisions was carried out by the MoH targeting high-risk populations. According to reports from UNICEF's partners, the Uganda Red Cross Society (URCS) and (Solutions for People) S4P, as well as MoH data, it was very successful. The MoH deployed 10,000 doses (donated by Africa CDC/USAID), reaching, by mid-February, over 9,882 (4,385 Males, 5,497 Females), with Kawempe and Makindye, the outbreak epicenters, accounting for 3,284 vaccinations in the first five days. The vaccination campaign initially prioritized high-risk populations (sex workers) in Makindye and Kawempe divisions, which continue to report the highest transmission rates. All 10,000 doses of mpox vaccine received by the country were utilized, reaching about 60 per cent of female targets. Another consignment of 100,000 vaccine doses was expected before the end of February but to date, the vaccine has not yet arrived. The country will continue to deploy vaccines following the vaccine deployment plan developed in mid-December 2024 with the support of UNICEF and the World Health Organisation (WHO).

In mid-February 2025, MoH approved home-based care guidelines for mild mpox cases, but implementation has not yet begun, leaving many cases still requiring hospitalization.

Entebbe Emergency Treatment Unit (ETU) remains the primary facility managing severe cases, while other districts, including Mbarara, and Luwero, continue to report and admit moderate cases requiring clinical care. While the majority of mpox patients with mild to moderate symptoms recover, a small but critical group of individuals with underlying conditions, particularly HIV, face a higher risk of severe disease and complications. UNICEF provides technical assistance to health facilities and case management teams by providing technical support to the revision and standardization of care protocols for all severity levels for all admitted patients including nutrition care for mpox patients.

Schools officially reopened country-wide on 3 February 2025 amidst an increase in cases of mpox among children, especially in Greater Kampala Metropolitan Area (Kampala, Wakiso, and Mukono). As part of preparations for the reopening of the new school year, the Ministry of Education and Sports (MoES) and the MoH issued a circular to all District and City Education Offices and Schools with a focus on identification and timely reporting, sensitization of learners and monitoring the implementation of WASH measures in schools.



UNICEF/Uganda/ 2025

Districts with confirmed mpox cases in Uganda, Feb 2025

UNICEF'S RESPONSE

NATIONAL COORDINATION

In the reporting period, UNICEF participated in national and sub-national coordination, including weekly task force, incident management, and partner meetings, as well as pillar-specific discussions. These efforts supported streamlined response activities, such as technical assistance for revising the National Response Plan, and continued advocacy through the Risk Communication and Community Engagement (RCCE) pillar to integrate response interventions at both community and school levels.

At the sub-national level, UNICEF has supported districts in developing and revising the mpox response plans and budgets due to the increasing number of cases and sustained transmission. UNICEF continued to support the districts to implement the developed plans for the mpox response. Field visits focused on supporting district teams utilizing surveillance reports to improve contact tracing and listing. UNICEF has participated in high-level coordination meetings between the Ministry of Health (MoH) and the MoES to harmonize and integrate information flow and implementation of activities to support the response as the schools reopened in February 2025 to prevent institution-based transmissions among learners. Mpox response activities especially around risk communication and community engagement, were integrated with the Sudan virus disease –SVD outbreak declared by the MoH on 30 January 2025.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Intensified Public Awareness Campaigns

UNICEF successfully reached 12,200,564 individuals (5,856,271 males and 6,344,293 females) with lifesaving mpox prevention information, surpassing the target by over 102 per cent. The outreach covered six districts and three cities[4] , utilizing multiple channels such as radio, television, community dialogues, and digital platforms. Some individuals were exposed to both radio and

television messages, as well as direct engagements, leading to overlaps in reach. The efforts, which began in December 2024 and intensified from 30 January to March, also included sensitization on Ebola, ensuring widespread dissemination of critical health information.

Stakeholder Mobilization and Engagement

UNICEF, in collaboration with the Uganda Red Cross Society (URCS) and Solutions for People (S4P), achieved a significant increase in the engagement of community influencers[5] , reaching a cumulative total of 842,263 key influencers.

Community engagement initiatives included nighttime "moonlight clinics" that improved access for sex workers, while localized solutions, such as handwashing stations near bars, emerged from community dialogues. By the end of the vaccination week, efforts expanded to reach men with frequent sexual contact with sex workers and frontline workers, like taxi drivers and market vendors, reflecting sustained demand for mpox vaccinations.

In collaboration with WHO, the lead agency for mpox vaccination, UNICEF facilitated the printing and distribution of mpox FAQ flyers in three local languages: Luganda, Lusoga, and Swahili. Additionally, UNICEF supported the mobilization process by utilizing existing Village Health Teams (VHTs) under the Kampala Capital City Authority (KCCA) before, during, and after the vaccination process, through its partnerships with Solutions for People (S4P) and the Uganda Red Cross Society (URCS).

Social Listening and Community Feedback

The mpox Safe Text Initiative has enhanced community health systems in high-transmission zones of Uganda by incorporating real-time feedback, localized resource distribution, and stigma reduction into the national mpox elimination strategy. In priority districts Kawempe and Makindye, over 299,140 concern-based interactions were achieved through mobile outreach, with peer-led SMS campaigns reducing reliance on traditional remedies, according to feedback from daily activity reports.

Community feedback[6] and recent reports indicate significant progress in mpox vaccination uptake, health-seeking behavior, and stigma reduction. Feedback indicates a reduced reliance on unverified remedies and improved clinic attendance for suspected cases. This change reflects increased trust in formal healthcare systems and a better understanding of mpox symptoms and treatment.

Through targeted mobilization efforts, with a particular emphasis on children in the most vulnerable areas, facilitators successfully transformed frequently asked questions about mpox into a visually accessible format. Additionally, they developed the "Win and Spin Game," which significantly enhanced children's engagement and participation by promoting interactive learning. This approach utilized storytelling through structured play, combined with adult-guided feedback, to cultivate essential developmental skills among the participants. The second game, the “Run Around Game (Ekibobo)”, allows children to sing, move around, and take specific spots that reflect their opinions or concerns. By physically moving to vote on preferences and explaining their choices, children actively engage in the process. Although evidence is still ad hoc and sometimes implied, this approach led to a greater focus on the obligations of duty-bearers to provide essential services. These include access to safe and clean water, the provision of safety spots, and a better system of childcare, especially in the crowded and impoverished communities of Kampala's peri-urban areas, such as Kawempe and Makindye divisions. By the end of February 2025, a total of 168,360 children (ages 5 to 13 years) had been reached with mpox lifesaving messages. This included 82,496 males and 85,864 females. Of these, 30% (approximately 47,683 children (24,243 male and 26,265 female)) had participated in interactive sessions using games like "Spin and Win" and "Ekibobo". These efforts were conducted through school assemblies, class-to-class visits, and home visits. They were complemented by access to child-friendly posters and interactive games.

Challenges and Recommendations:

(i) Substance Abuse and Unemployment: These issues in urban and peri-urban hotspots exacerbate resistance and slow the adoption of positive behaviors, including for the prevention of Mpox. Addressing these social determinants is crucial for fostering sustainable behavior change. (ii) Systemic Gaps: Persistent challenges such as Mpox testing shortages and healthcare staffing need to be addressed to maintain the momentum of RCCE efforts. Ensuring adequate resources and support for healthcare facilities is vital for sustaining positive behavioral outcomes.



S4P/UNICEF

Children playing the Mpox snakes and ladders game

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

UNICEF and partners remain at the forefront of the mpox response, strengthening the Infection Prevention and Control (IPC) measures through WASH response activities. In close collaboration with the MoH, District Task Forces (DTFs), and frontline health workers, UNICEF and partners have addressed critical gaps to protect communities and health workers. This includes enhancing WASH infection prevention and control in healthcare settings and improved patient care by providing technical support on IPC.

Beyond health facilities, UNICEF has supported community-led IPC initiatives for institutions and communities in Kampala Metropolitan area and in 12 districts (Kasese, Mayuge, Kampala, Wakiso, Amuru, Nakaseke, Nakasongola, Kagadi, Mukono, Adjumani, Isingiro, and Mityana) to ensure safe hygiene practices at the household level through VHT house-to-house visits and health education, supporting over 21 schools and 2,156 households (In urban hotspots such as the Kawempe and Makindye divisions of Kampala, and Mukono, 74 Village Health Teams (VHTs) have been trained to educate 3,700 families on health seeking, referral, proper disinfection and recognizing early symptoms.

UNICEF has actively promoted essential practices for healthcare workers, patients, and staff to prevent mpox transmission in 40 healthcare facilities through the orientation of health workers on WASH infection prevention and control and provision of supplies for cleaning, disinfection and hygiene. These measures focused on

reducing transmission through droplets and surface contact, ensuring a safer environment for both healthcare workers and patients.

CASE MANAGEMENT

UNICEF is working closely with MoH and district teams to ensure standardized and high-quality case management across treatment centers. To support young girls and women under care, UNICEF provided 40 packs of sanitary towels to Nakasongola mpox treatment unit at Nakasongola Health Centre IV and 160 packs to Entebbe treatment unit.

Through ongoing partnerships with MoH, District Task Forces, and frontline responders, UNICEF remains committed to supporting a well-coordinated and effective Mpox response that prioritizes prevention, treatment, and the well-being of affected communities with a focus on those with HIV/AIDS as a high-risk group.

Nutrition

In the reporting month, UNICEF supported the integration of nutrition into the mpox response by ensuring its inclusion in District Task Force meetings in Wakiso, Kampala, Mayuge, and Nakasongola. UNICEF also supported the MoH Nutrition Division to organize nutrition sub pillar weekly meetings which provided platform for stakeholders to share updates on the status of nutrition in mpox response activities at all levels.

As part of human resource support, UNICEF recruited four nutrition consultants to assist the Ministry of Health Nutrition Division and the Case Management Pillar in planning, implementing, and reporting on nutrition within the mpox response. These consultants played a critical role in capacity building for health workers, providing on-site support in case management, and improving data reporting, which had been identified as a key gap. They also helped districts develop integrated nutrition response strategies and plans to guide nutrition response actions for a six-month period, which will be updated regularly. UNICEF, in collaboration with regional and district hospitals, distributed essential nutrition equipment, including ten height boards, fifteen weighing scales, and 2,100 MUAC tapes - to six mpox treatment units and the health facilities hosting them. Additionally, 20 cartons of Ready-to-Use Therapeutic Foods (RUTF) were pre-positioned at five treatment units[7] for the management of severe acute malnutrition. So far 187 children with severe acute malnutrition affected by Mpox have been treated across all five treatment units.

UNICEF supported the continuity of essential nutrition services in five districts affected by mpox. A total of 1,042 children aged 6-59 months were screened for acute wasting, 138 children affected by mpox and with severe wasting/nutritional edema were admitted to an outpatient therapeutic care program, 779 primary caregivers of children aged 0-23 months received Infant and Young Child feeding counseling.

VACCINATION

In the reporting period, UNICEF supported vaccination efforts, particularly in high-risk urban divisions of Kampala city (Kawempe and Makindye). Recognizing the importance of accurate data collection and reporting, UNICEF facilitated the printing and distribution of mpox vaccine data tools for health teams at vaccination sites. These tools help track vaccine administration, population coverage, and follow-up schedules, ensuring that every eligible individual is accounted for.

UNICEF also provided technical assistance to the MoH, working closely with district health officials and frontline vaccinators in Kampala, to ensure a well-coordinated and effective vaccine deployment strategy.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

UNICEF continued to facilitate the engagement of 12 Child-Friendly Space (CFS) animators to deliver structured psychosocial support interventions for children across the three established CFS sites. Some of the MHPSS activities used to engage the children included creative and physical games like football, netball, riddles, poems, skipping ropes, debates and cultural dances. These activities allowed the children to socialize and demonstrate mental resilience and wellbeing.

UNICEF supported targeted community engagements in Ntoroko and Kasese Districts to address the urgent needs of families affected by flooding and mpox. These interventions reached an average of 1,708 children (999 total: 492 boys, 507 girls) and 709 adults (384 men, 325 women). Participants included separated children, unaccompanied minors, children with disabilities, at-risk children and those living with biological parents. During post-recovery follow-ups, five children (three boys and two girls received counselling services through health and nutritional programs. In communities with children, sensitization sessions were also conducted on the prevention of sexual exploitation and abuse (PSEA) and mpox.

A total of 1,031 children (520 males, 511 females) were taught the key reporting mechanisms and channels for PSEA like Sauti 116, World Vision toll -free line 0800200147. Children preferred suggestion boxes as a reporting method due to limited phone access, as parents often restrict their use. They appreciated the sessions on PSEA for teaching protection from exploitation by aid workers, especially for girls. UNICEF, in partnership with World Vision, conducted four talk shows to sensitize communities on gender-based violence (GBV), PSEA, and mpox. Key topics included: types of GBV, available services for survivors, forms of PSEA, reporting channels, the existence of mpox, its symptoms, and prevention methods. Listeners appreciated the sessions, with many calling in to ask questions and express gratitude for the information and reporting channels provided.

The talk shows on Life FM[8] reached 66,387 listeners (45,807 males, 20,580 females) Guide FM[9] reached 43,800 listeners (27,594 males, 16,206 females). Your Voice FM[10] had the highest reach with 347,079 listeners (225,601 males, 121,478 females). Mayuge FM reached 319,385 listeners (211,463 males, 107,922 females).

UNICEF in collaboration with World Vision successfully promoted PSEA, GBV, and mpox reporting by engaging 424 community members (223 males and 201 females) in awareness sessions. The participants appreciated the PSEA messages for protecting communities from sexual exploitation and abuse. Parents identified toll-free lines and suggestion boxes as the most effective reporting channels and were assured of confidentiality and protection when reporting cases.

During the reporting time, World Vision with support from UNICEF conducted a routine mentorship session with 32 Child-Friendly Space Management Committees (CMCs) and Animators in three Child-Friendly Spaces (CFS), including caregivers, in Kajweka, Rwenyana, and Budiba to ensure effective management, smooth transition, and sustainability. The session focused on sustainability strategies, including integrating CFS with Early Childhood Development (ECD), utilizing provided tents and play materials, developing local play materials with parents and children, and engaging sub-county leadership for support. Parents were also

encouraged to support CFS caregivers financially.

ACCESS TO ESSENTIAL SOCIAL SERVICES

UNICEF recruited the Incident Commander for mpox School-Based Surveillance to support the Coordination and planning of the Mpox response by partners and stakeholders at national and district levels. UNICEF supported the review of operational guidelines for learning institutions in the prevention and control of mpox and is awaiting approval by the strategic committee. UNICEF reached 7,530 schools in high-risk districts, including 215 schools in refugee settlements, with the distribution of 371,850 copies of child-friendly posters. Additionally, 3,379 teachers received orientation training on mpox, enabling them to reach 206,476 learners with messages on mpox prevention and control. UNICEF supported the MoES in facilitating online orientation sessions for 105 district-level stakeholders from 63 high-risk districts, including District Education Officials (DEOs), and District Inspectors of Schools (DIS), on measures to prevent and control mpox in schools, to ensure the safe reopening of schools in high-risk districts.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

During the reporting period, UNICEF and partners made substantial efforts to enhance awareness and reporting mechanisms for Protection from Sexual Exploitation and Abuse (PSEA) and Gender Based Violence (GBV) in Ntoroko District. UNICEF and partners engaged 985 children in high-risk areas in consultations to help identify their preferred reporting channels. They also reached 484,046 people through weekly radio sensitization sessions, addressing key topics on PSEA, GBV and available support services.

UNICEF and partners trained 424 adults in various communities, emphasizing effective reporting methods and the importance of confidentiality. Feedback indicated that children preferred using suggestion boxes for reporting due to limited access to phones. The initiatives were positively received by parents and community leaders, highlighting the significance of PSEA and GBV messages in preventing exploitation by aid workers and promoting a safer environment for children.

EXTERNAL MEDIA

https://www.facebook.com/share/v/12FXcKWoJN3/

https://www.facebook.com/share/p/1GZxHaBjMU/

https://www.facebook.com/share/v/1AB1u32qYZ/

https://www.instagram.com/p/DGSZSkHMdGd/

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FUNDING OVERVIEW AND PARTNERSHIPS

In light of the significant rise in mpox cases and the growing number of affected districts, in January 2025 UNICEF revised its multisectoral response plan. UNICEF is therefore requiring US$6.9 million to scale up the mpox response and provide essential services for children and affected communities for the next six months. In the reporting period, UNICEF has not received any further contribution for the response to mpox, and the US$600,000 received in December by USAID was withdrawn. Therefore, the overall amount of funding mobilized by UNICEF for the mpox response decreased to US$ $1,983,074. UNICEF also secured a loan of US$270,000 from its global Emergency Programme Fund (EPF) and mobilized US$70,000 from its core resources.

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: 6 APRIL 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
PSEA					
Number of children and young people reached through awareness activities and UNICEF-supported community mobilization interventions on PSEA	Total	-	500,000	1 million	▲ 173%
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Total	-	3,960	3,674	▲ 93%
National coordination					
Level of leadership and coordination effectiveness between i. UNICEF and government, ii. UNICEF and international partners (Africa CDC, WHO), iii. UNICEF and Civil Society Organizations (including supervision by national level)	Total	-	23	51	▲ 22%
Number of UNICEF-targeted local governments with response plans that include priority measures to address children's risks	Total	-	23	33	▲ 17%
Number healthcare workers (i. healthcare facility staff, ii. CHWs) trained on Mpox surveillance, contact tracing and monitoring	Total	-	2,300	113	▲ 5%
RCCE and AAP					
Number of affected people (children, caregivers, community members) reached with timely mpox related information	Total	-	11.9 million	12.2 million	▲ 41%
Number of people /KeyInfluencers engaged in SBC/RCCEactions	Total	-	808,610	842,263	▲ 57%
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	Total	-	1.2 million	305,339	▲ 22%
Percent increase in public knowledge about mpox i. transmission and ii. prevention measures	Total	-	1.1 million	1.1 million	▲ 26%
IPC and WASH					
Number of people reached with i. basic drinking water services, ii. basic sanitation services and iii. basic hygiene services for Mpox control (includes hand washing stations and latrines)	Total	-	120,000	17,624	▲ 9%
Number of people reached with critical WASH supplies (including hygiene items)	Total	-	176,000	23,252	▲ 9%
Number of healthcare workers (i. Healthcare facility staff, ii. CHWs) trained on IPC for Mpox outbreak control and transmission prevention	Total	-	1,200	952	▲ 53%
Case management					
Number of healthcare facilities that received at least one case management kit to respond to the Mpox outbreak (including continuity of essential health services both at national and sub-national level	Total	-	23	56	0%
# of case management teams and service providers trained on appropriate nutrition care for Mpox	Total	-	250	278	▲ 62%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
# affected children 6-59 months with severe wasting admitted for treatment	Total	-	240	187	▲ 57%
# affected primary caregivers of children 0-23 months receiving IYCF counselling	Total	-	250	1,612	▲ 312%
MHPSS					
Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services	Total	-	5,000	6,052	▲ 41%
Number of health workers and MHPSS personnel (i. Healthcare facility staff, ii. CHWs, iii. Other personnel) trained on delivering MHPSS services for Mpox outbreak response	Total	-	462	53	▲ 11%
# of Unaccompanied and Separated Children (UASC) identified and provided with appropriate alternative care and/or reunified	Total	-	400	-	0%
# of vulnerable households supported with cash transfers	Total	-	1,500	-	0%
Access to essential Social services					
Number of school actors (i. Children in schools and temporary learning spaces and ii. School teachers and committee members) accessing Mpox life-saving messages to prevent the spread of the epidemic in schools	Total	-	236,892	206,476	▲ 78%
Vaccination					
Number of individuals reached with at least one dose of Mpox vaccine in communities where UNICEF supported vaccination roll out and awareness raising	Total	-	5,000	9,882	▲ 198%
Number of national vaccination team members trained to support Mpox vaccination, including training in cold chain management	Total	-	23	-	0%

**Progress in the reporting period 1 January -28 February 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Area of Intervention	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
National coordination	349,200	-	15,000	334,200	96%
Risk communication and community engagement and accountability to affected populations	1,958,568	707,940	320,000	930,628	48%
Infection prevention and control and WASH	1,144,800	378,578	-	766,222	67%
Case management	1,248,421	378,578	-	869,843	70%
Vaccination	237,600	-	-	237,600	100%
MHPSS services delivering comprehensive care and supporting the adoption of health-promoting behaviors	1,244,488	151,431	-	1,093,057	88%
Access to essential social services improved for individuals and communities affected by the Mpox outbreak	426,000	-	-	426,000	100%
Access to Protection from Sexual Exploitation and Abuse (PSEA) and Gender Based Violence (GBV) services that mitigate the risks of Mpox improved	359,805	31,548	-	328,257	91%
Total	**6,968,883**	**1,648,075**	**335,000**	**4,985,808**	**72%**

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 2024 (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. Materials distributed included: 10 height boards, 15 weighing scales, and 2,100 MUAC tapes.
2. National Mpox Situation Report Sitrep 28 Feb 2025
3. Kampala, Wakiso, and Mukono
4. Kampala, Wakiso, Mukono, Nakasongola, Mayuge, Nakaseke districts and Jinja, Mbarara and Mbale Cities.
5. The key influencers include religious leaders, teachers, local leaders of market vendors and boda-boda riders and truck drivers, sex workers, refugees, traditional healers, private sector (business owners) and local council representatives.
6. Online mechanisms include the MoH Call Center, U-Report which is linked to the Safe-Text SMS texting, and the use of a WhatsApp chatbot. Offline mechanisms involve one-on-one interactions with VHTs, community dialogue meetings, and these activities are documented in daily and weekly reports.
7. Kampala, Wakiso, Pallisa, Mayunge, and Nakasongola
8. Covering Fort Portal, Ntoroko, Kyenjojo, Kasese, and Bundibugyo
9. Covering Kasese, Kabale, Kamwenge, Fort Portal, and Rukungiri
10. Covering Mayuge, Jinja, Kaliro, Kamuli, Iganga, Bugiri, Butaleja, Budaka, Busembatia, Tororo, and Pallisa