

© UNICEF/UNI713354/Esther Ushindi

9-month-old Destin plays at the UNICEF-supported nursery next to the Bisengimana mpox treatment center in Goma, North Kivu province. Destin's mother is currently at the treatment center.

unicef
for every child

Humanitarian Situation Report No. 6

Reporting Period
1 January to 31 January 2025

Democratic Republic of Congo Mpox Level 3 Emergency

HIGHLIGHTS

- The first Mpox vaccination campaign in six priority provinces resulted in 55,226 people vaccinated in Round 1 (exceeding the target by 20%) and 45,265 in Round 2. Additionally, 6,926 people in Kinshasa received at least one dose by January 2025.
- Since the outbreak, around 107,000 people (over 42,000 children and 65,000 adults) received mental health, psychosocial support, and child protection services.
- RCCE interventions reached over 53.5 million people with information on Mpox protection and vaccination via SMS, public service announcements, micrograms, and interactive broadcasts in five national languages.
- UNICEF and partners collaborated with 31 schools, training 15,822 pupils (8,162 boys and 7,660 girls) on infection prevention and control.
- Under UNICEF leadership, WASH Cluster partners provided 450 m³ of portable water to mpox treatment centers, distributed 155 hygiene kits to affected households, and installed 600 hand-washing kits in health facilities in Goma.

SITUATION IN NUMBERS

74,747
Total suspected cases

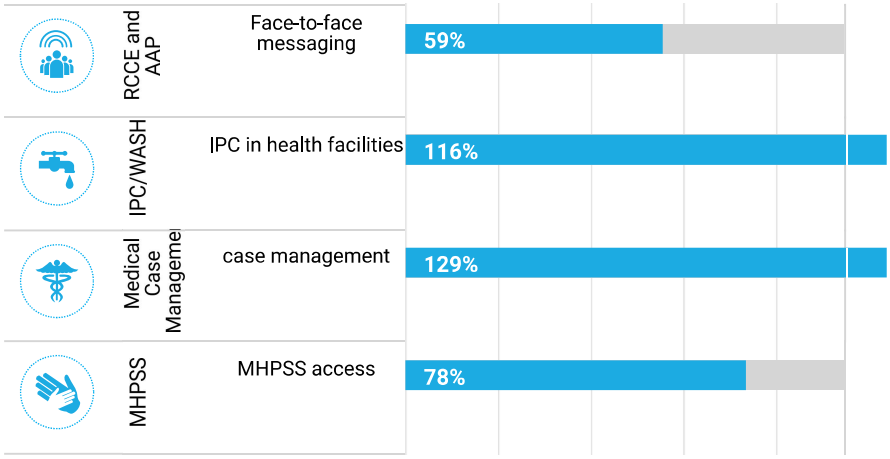
13,768
Total confirmed cases

1,429
People deceased

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

UNICEF RESPONSE AND FUNDING STATUS*



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

EPIDEMIOLOGICAL SITUATION OF MPOX IN THE DRC

As of 31 January 2025, the Democratic Republic of Congo reported 74,747 suspected cases, 13,768 confirmed cases and 1,429 deaths since the beginning of the epidemic with a case fatality rate of 1.9 per cent. The mpox epidemiological situation in January 2025 was marked by 80 per cent case notification in 57 health zones in 12 Provincial Divisions of Health (DPS) in South Kivu, South Ubangi, Tshopo, Tshuapa provinces. The epidemiological trend is downward since the first week through to the end of January 2025. However, this reporting period also saw an increase in testing capacity where 23,359 samples were tested, compared with 19,571 in December 2024, an increase by 19.4 per cent. Sankuru and Equator provinces were equipped with Polymerase Chaine Reaction (PCR) and Gene Xpert (GX). For security reasons, towards the last week of January 2025, North Kivu province was silent on case notification as most of mpox treatment centers were looted and patients fled to their respective communities. In terms of age distribution, children under 14 years are the most affected in endemic zones in Equator, Mongala, Tshuapa, South Ubangi provinces, as opposed to epidemic zones in South Kivu, North Kivu, Kinshasa, Maindombe, Sankuru, Maniema, Tshopo, Bas-Uele, Haut Uele provinces where individuals of over 20 years are the most affected. Out of 122 deaths recorded in UNICEF supported provinces, the 5–15-year age group accounts for 68 per cent. UNICEF supported provinces reported 5,630 cases in January 2025, which represents 46.8 per cent of cases notified in the country, of which 90 per cent were reported by community volunteers, demonstrating the engagement of Community Health Workers (CHW) in community-based surveillance. January 2025 was also marked by the review of data from various collection sources Integrated Disease Surveillance and Response (IDSR) and Line List (LL) and the harmonization of data between the surveillance and laboratory pillars.

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.

In December, UNICEF updated the internal Mpox response plan, increasing the number of health zones to support to from 56 to 68, with 12 new health zones added due to the spread of the disease, in South Kivu, Tshuapa, North Kivu, South Ubangi, Bas-Uélé, Kinshasa, Sankuru and Equator province. 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

In collaboration with telephone companies, radio and television stations at national and provincial levels UNICEF RCCE interventions reached over 53.5 million people. The key messages in the five national languages focused on prevention and protection against mpox and vaccination through SMS, public service announcements, micrograms, and interactive broadcasts. In face-to-face interactions, the influencers (communities of U-Reporters) and community cell members connected with more than 2,552,025 people in Ituri, South Kivu, and Tanganyika provinces.

1.1.2 Participation

Influential community members continue to play a vital role in prevention, community surveillance, and referring suspected mpox cases to local health services. Among these influential community members are 421,008 frontline health workers including sex workers, representatives from women's organizations, political and administrative leaders, teachers, head teachers, students, and religious leaders working to enhance community acceptance of the mpox vaccine. In addition, the frontline health workers are also working to strengthen community participation in surveillance in epidemic situations, including mpox, cholera, and Ebola, at the local level, particularly in Ituri province.

1.1.3 Accountability to Affected Populations (AAP) and feedback mechanisms

Through the complaints and feedback mechanisms on digital and community platforms, 86,661 individuals shared their reactions, concerns, and/or questions about mpox. This feedback was systematically analyzed and shared weekly with provincial and national coordination bodies, ensuring that interventions could be adjusted and refined in real time. The 700 fact-checkers who monitored online platforms reported and tracked 16,746 cases of rumors and false information.

UNICEF launched a survey on January 25, 2025, over 147,224 people responded. The findings indicated that more than 80 per cent of respondents are willing to get vaccinated upon availability of the vaccine; compared to 78 per cent and 75 per cent in two previous surveys conducted in September and October 2024, respectively. This highlights that knowledge on prevention has notably increased, from 75 per cent in September 2024 to 91 per cent in January 2025, and more people are taking steps to protect themselves against mpox.

As the vaccine is limited to a single target, prevention is becoming crucial for halting the spread and safeguarding the community. Between September 2024 and January 2025, awareness of mpox symptoms rose from 57 per cent to 64 per cent, awareness of those exposed increased from 77 per cent to 81 per cent, and awareness of protective measures grew from 75 per cent to 91 per cent. This progress suggests that raising awareness has positively influenced individuals to adopt preventive behaviours.

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

In January 2025, UNICEF continued implementing IPC/WASH interventions in Kinshasa, North Kivu, South Kivu, Equator, Bas Uele, South Ubangi and Sankuru provinces, including participating in 10 coordination meetings with the IPC/WASH commission. These meetings contribute to strengthening collaboration among various stakeholders; facilitate the sharing of crucial information and enable joint action planning. Through these meetings, efforts were harmonized, avoiding duplication and maximizing the impact of interventions on the ground. In addition, UNICEF assessed 219 health care facilities, 39 schools, and 16 public spaces using the IPC-WASH Scorecard which informed the distribution of IPC/WASH kits to these institutions. Each facility then received an IPC/ WASH package following a briefing on its use.

In Sankuru province, 34 blocks of gender segregated emergency latrines and bath shelters were constructed in the 17 mpox treatment centers with two blocks per treatment center to ensure adequate sanitation during the epidemic. To ensure a water supply for all uses, 23 rainwater harvesting systems with a capacity of 2,500 liters each were installed at 23 treatment centers.

In Equator province, three mpox treatment centers were completed in adherence to international standards, these treatment centers contributed to enhanced healthcare capacity, improved infection prevention and control, and strengthening of the overall health system. This has significantly increased access to quality care and built community trust in the healthcare system.

In South Kivu Province, eight health facilities received new or improved WASH services. UNICEF supported the public health emergency operations center's (COUSP) activities thus laying a solid foundation for an effective and coordinated intervention. The initial IPC-WASH response plan was revised to incorporate new information and expert recommendations, optimizing resource use and adjusting intervention strategies. The plan was reframed to enhance community awareness, train health workers on mpox case management, and manage IPC/WASH logistics and data effectively. Additionally, terms of reference for updating and harmonizing IPC/WASH tools were discussed and finalized. The upcoming workshop will standardize data collection forms and reporting protocols to ensure consistency and efficiency.

In Kinshasa, Equator, Sankuru and South Kivu provinces as part of efforts to break the chain of mpox transmission in communities, UNICEF and its partners engaged 942 households that reported suspected or confirmed mpox cases, providing them with information on prevention of transmissions, decontamination services, and hygiene kits. These households reported satisfaction with the kit received following post distribution surveys and thank UNICEF and partners promising to make good use of the items. In internally displaced people (IDP) camps in North Kivu and South Kivu, 43,506 individuals were informed about mpox transmission routes and prevention measures, fostering a well-informed and vigilant community. Additionally, 12 hand-washing stations equipped with soap, hand sanitizer, and/or purified water have been installed in 12 targeted public places. These locations include markets, football stadiums, and other popular spots where children gather or take photos during festivities, as well as university sites, such as those in the Wembonyama health zone in Sankuru province.

In Bas Uele, Sankuru and South Kivu provinces, to prevent the spread of disease, 56 health facilities, including 37 mpox treatment centers, received IPC/WASH kits and improved access to safe drinking water and sanitation. To prevent and control infections during care provision and general daily activities 181 frontline health workers and 451 hygienists were trained in IPC. Additionally, 70 disinfection workers (including 22 women) and 34 chlorinators (including 14 women) were briefed on the bio-cleaning of mpox treatment centers and households on a regular basis. These disinfection workers and chlorinators work in collaboration with the hygienists to complement each other in various hygiene and sanitation actions. After the briefing, these responders expressed their enthusiasm and outlined the specific actions they will take to prevent and control infections. These actions include:

1. Hand Hygiene: Regular and thorough hand washing with soap and water.

2. Use of Personal Protective Equipment (PPE): Wearing masks, gloves, and gowns as appropriate.

3. Environmental Cleaning: Regular cleaning and disinfection of surfaces and equipment.

4. Waste Disposal: Proper disposal of medical and hazardous waste.

5. Social Distancing: Maintaining safe distances in public and healthcare settings.

6. Education and Training: Ongoing training for healthcare workers on infection prevention protocols.

7. Monitoring and Reporting: Regular monitoring of infection control practices and reporting any breaches.

8. Community Engagement: Educating the community on infection prevention measures and encouraging their participation.

To ensure education continuity, UNICEF and its partners collaborated with 31 schools, reaching 15,822 pupils (8,162 boys and 7,660 girls) and 310 teachers with training on infection prevention and control in their daily activities. This initiative contributes to minimizing the risk of infection for children and their teachers in Equator province, ensuring that education continued in a safe environment.

The response to the mpox epidemic in the WASH sector demonstrated several best practices. By integrating efforts into a multisectoral approach, involving health, education, and community safety, the initiative ensured a holistic response. Community awareness and

mobilization efforts were pivotal in addressing the comprehensive needs for safe drinking water, hygiene, and sanitation. Furthermore, collaboration with the WHO and other local actors significantly enhanced the effectiveness of the response, ensuring a well-coordinated and complementary effort. These practices underscore the importance of a unified and inclusive strategy in tackling public health challenges.

Nevertheless, the response is not with challenges, the lack of financial resources to meet the urgent needs of healthcare facilities, schools, and public places, particularly the WASH kits for households with suspected or positive cases, weakens community infection prevention and control (IPC). Additionally, there is an insufficiency of quality IPC/WASH facilities in most healthcare structures in the priority provinces. Furthermore, the escalation of conflict in eastern DRC provinces possesses a major challenge to the implementation of the mpox response activities. Armed clashes and security instability disrupted access to target areas, complicates coordination with local authorities and partners, and increases risks for field teams. This situation requires constant adaptation of intervention strategies to ensure the safety of responders and the effectiveness of actions taken.

1.3 VACCINATION

In the first Mpox vaccination campaign, 45,961 individuals were initially targeted as per the national macro-plan, including contacts of confirmed cases across six provinces (South Kivu, North Kivu, Equateur, Sankuru, Tshopo, and South Ubangi). Since the start of the campaign in October 2024, 55,226 people have been vaccinated in Round 1, receiving at least one dose of the vaccine, and 45,265 people were vaccinated in Round 2.

In Kinshasa, which was not initially included in the original macro-plan but added later due to the spread of the disease, 6,433 individuals were vaccinated in Round 1 and 464 in Round 2 in January 2025, with a total of 6,926 people receiving at least one dose.

Vaccination efforts in Kinshasa have focused on contacts of confirmed cases and high-risk closed settings such as prisons and military camps. Challenges were noted in the identification of contacts, making it difficult to measure coverage against initial targets during January 2025.

The reframed Mpox vaccination strategy has been finalized and targets 3,499,289 people aged over one year in 57 hotspot health zones located in 12 provinces. This strategy requires a budget of USD 9,393,519 and will be implemented using two approaches: (i) the geographic approach, involving vaccinating the entire target population in 25 per cent of hotspot health areas; and (ii) targeted vaccination of contacts around confirmed cases. The revised strategy will be launched in Kinshasa on 22 February 2025 and rolled out in other provinces from 15 March 2025.

UNICEF plays a key role in supporting immunization efforts in the DRC through RCCE interventions. UNICEF organized a forum to collect public opinion on the Mpox epidemic, 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 1,840 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 essential logistical support, including transport and storage of vaccines, as well as technical assistance. This support included the development of vaccination strategies, training modules, and assistance to the DRC Ministry of Health in assessing storage and supply needs. Of the 3,988,600 doses required for the reframed strategy, 472,360 are available to launch the strategy. So far, vaccines have been distributed to Kinshasa's five hotspot health zones: Limeté, Nsele, Kalamu 2, Bumbu, and Lingwala.

The reframed Mpox vaccination strategy, just launched, faces significant challenges, including: (i) financial constraints limiting extension to the remaining provinces and low vaccine availability to extend vaccination further; (ii) insufficient capacity of provincial management teams on the administration of the LC164 vaccine; (iii) insufficient vaccine storage and distribution capacity among partners; (iv) delays or failure in providing lists of contacts to Community Animation Cells and community-based health workers, making it difficult to identify, educate, and follow up with contacts; and (v) lack of motivation among community health workers remains a challenge.

2. CASE MANAGEMENT

2.1 MEDICAL CASE MANAGEMENT

UNICEF and its partners continued to support mpox response activities in the nine priority provinces including Tshuapa province in collaboration with the WHO for medical case management. The health interventions in response to the mpox epidemic takes a multi-sectoral approach integrating communication of risks related to the transmission of mpox and engagement of the affected communities, Infection Prevention Control activities at supported health facilities, medical and nutritional support to patients and their carers. This support includes the provision of quality essential medicines, free medical care of cases in treatment centers and/or outpatient follow-up; capacity building for health care providers and payment of their salaries . This support facilitated the care of 2,841 patients (1573 females and 1268 males) of whom 1584 were children under 15 years. UNICEF and partners also facilitated the capacity building on case management and Integrated Management of childhood illness (IMCI)of 354 health care providers (165 nurses and 189 other health professionals). To support curative care UNICEF distributed medicines to 63 mpox treatment centers across the different provinces supported by the response.

In Sankuru province, medical case management interventions continued in eight health zones (Lomela, Kole, Ototo, Dikungu, Wembonyama, Benadibele) including two additional health zones (Lodja and Tshudiloto) that support 25 treatment centers caring for 587 patients (312 women and 275 men).

In South Ubangi province. UNICEF intervenes in three health zones (Bulu, Mbaya and Ndage). To facilitate the management of complications and hospitalization of patients UNICEF equipped these mpox treatment centers with 32 beds. During this reporting period, South Ubangi province recorded seven confirmed cases, treated 183 patients (85 females and 98 males) including 113 children under 15 years and recorded no deaths. It is important to emphasize that most patients prefer to be treated on an outpatient basis (the case of the Mbaya health zone). The statistics are being collated.

In North Kivu province, since the beginning of the 2025 (epidemiological week 1-4), out of 107 suspected cases reported, 70 cases have been managed with the support of UNICEF (including 39 women and 31 men). Overall, children under 15 years account for 67 per cent of cases. UNICEF facilitated the following activities: the inauguration of the Afia Mugunga mpox treatment center in Goma health zone and the provision of medical supplies to four health facilities as well as participation in strategic and operational meetings.

In South Kivu province, UNICEF facilitated community-based surveillance; holistic care (medical care with a focus on pediatric care; dietary care for patients and their carers; psychosocial support for mpox cases, strengthening of multisectoral coordination mechanisms as well as the information management system and the integrated analysis cell. Since the beginning of 2025 (epidemiological week 1-4), 2080 suspected cases and six deaths were recorded, i.e. an overall mortality rate of 0.28 per cent. UNICEF, with the help of its partners, has supported the medical care of more than 1,850 patients, including 1,036 children under 15 years of age (56 per cent). A total of 20 health zones have benefited from this support (10 health zones with funding from the Foreign, Commonwealth and Development Office (FCDO) and 10 Health Zones with funding from the Swiss Agency for Development and Cooperation (SDC). UNICEF support included direct support through implementing partners to 25 mpox treatment centers with a current capacity of 430 beds in 20 health zones. The community animation cells (CAC) reported 4,334 alerts of suspected mpox cases of which 3,617 were validated and 1,115 contacts were followed up in January 2025. A database is maintained and updated. In addition, to improve the response to the supported health zones, four provincial coordination meetings were held and supported.

In Tshopo province, UNICEF continued its support in the management of mild outpatient cases in the 10 targeted health zones, 690 suspected cases were identified and referred to health care facilities by the community health workers.

In Tshuapa province, 1,074 suspected cases were identified based on the case definition, although no confirmed cases, the province recorded 38 deaths. More than 90 per cent of deaths were among children under 15 years. This province has no functional mpox treatment centers. The main activities in response to the mpox epidemic include risk communication, community engagement, nutritional and psychological care.

In Kinshasa, UNICEF is targeting 17 health zones supporting three mpox treatment centers which treated 138 cases treated including 56 women and 82 men.

Despite the various efforts put in place by partners, there remain challenges in delivery of the mpox response including

- Under-reporting of suspected cases and sexual transmission of mpox in urban health zones for example in Tshopo province.
- Insufficient active case finding through community-based surveillance in the hotspot areas.
- Insufficient capacity to have the differential diagnosis of the comorbidities seen among in confirmed mpox patients and causes of death to improve medical management.
- Disruption in funding to support the implementation of activities in the province in the following provinces (South Ubangi Sankuru, Equator, Tshopo) due to USAID funds suspension.

2.2 NUTRITION

From September 2024 to January 2025, UNICEF continued providing food and nutritional support in 83 operational mpox treatment centers. However, the upsurge in mpox cases at the end of January 2025, at the request of local authorities given the emergency, UNICEF expanded nutritional support interventions to Tshuapa province making it the eighth to the seven already existing provinces of South Kivu, Equator, Sankuru, North Kivu, Tshopo, South Ubangi and Kinshasa. As a result, the number of treatment centers increased from 81 to 83. The 83 centers are distributed as follows: 22 in South Kivu, 11 in Equator, 25 in Sankuru, 2 in North Kivu, 10 in Tshopo, 4 in Kinshasa, 7 in South Ubangi and 2 in Tshuapa.

By January 2025, 202 children aged 0-59 months had been treated, bringing the total number of children treated since the start of the epidemic to 811 (438 girls and 373 boys), a completion rate of 56 per cent.

Since the start of the response in October 2024, 10,821 patients have received nutritional support, including 7,010 in South Kivu, 963 in North Kivu, 497 in South Ubangi, 1,440 in Sankuru, 500 in Kinshasa, 385 in Equateur, 144 in Tshopo and 26 in Tshuapa provinces.

The care of mpox-infected children aged 0-59 months, suffering from severe acute malnutrition (SAM), remains key priority in the response to the epidemic. This care is being pursued through two complementary approaches: the standard approach and the simplified approach, thus ensuring sustainability and continuum of care. The aim of the simplified approach is to decentralize care to the community level, while ensuring continuity in the management of malnutrition, even after recovery from mpox. In parallel, food assistance for children aged 6 to 59 months and adults affected by mpox was a fundamental focus of the response.

In January 2025, 2,978 patients were provided with meals as they sought medical attention at mpox treatment centers bringing the number of beneficiaries to 10,965, since the beginning of the response, with the completion rate of 178,3 per cent. The target was exceeded due to the geographical extension of food and nutritional support to two new treatment centers in Tshuapa province). Although this may seem like a positive result, disparities remain, particularly in certain provinces, such as in Equateur, where coverage remains low, due to the high number of reported cases.

Regarding the care of non-breastfed infants, 16 infants received milk substitutes in January 2025, bringing to the total to 60 infants cared for since the beginning of the response, with the completion rate of 12.9 per cent. However, so far, the emphasis is still on promoting exclusive

breastfeeding of infants, on infection prevention and control measures in treatment centers, to ensure that infants are primarily breastfed, except in exceptional situations.

Infants under 6 months, who have received breastmilk substitutes since the beginning of the response, are in South Kivu (22 children), Equateur (11 children), North Kivu (6 children), South Ubangi (10 children) and Tshopo (1 child) provinces.

In addition, advice on infant and young child feeding reached a significant number of pregnant and breastfeeding women, as well as carers of children aged 0 to 23 months. Since January 2025, 18,162 pregnant and breastfeeding women, as well as caregivers of children aged 0 to 23 months, have benefited from nutritional education and advice on good nutritional and hygiene practices. This brings the total number of beneficiaries, who have benefited from nutrition education, since the beginning of the response to 42,503, including 35,349 women and 7154 men, i.e. 97,1 per cent completion rate.

Regarding surveillance, the response continues to focus on.

- Continuation of community surveillance activities at provincial level.
- Continued active search for malnourished cases at mpox treatment centers and communities, with the support from field teams and partners.
- Strengthening screening in mpox treatment centers , especially at triage level.
- Updating surveillance activity databases (cases, laboratory, contact follow-up, investigation, active search).
- Regular capacity-building for health workers on the nutritional management of mpox cases in the affected provinces.

In terms of partnerships, UNICEF's close collaboration with its partners plays a key role in the implementation of food and nutritional support activities in the treatment centers. For example, UNICEF is working with its partners AIDES and MDA in South Kivu; CEAPRONUT in North Kivu; SDC in Sankuru; INSP and PRONANUT in Kinshasa; and PRONANUT at provincial level in South Ubangi, Équateur and Tshopo, together with partner EMESUD, we provide an appropriate response to the Mpox epidemic. This collaboration involves technical guidance, technical support, joint monitoring and regular coordination meetings at central, provincial and operational levels (health zones).

The main challenges in food and nutritional support interventions include difficulties in opening new treatment centers in emerging hotspot zones and compromised quality of care in some treatment centers due to inadequate resources, such as anthropometric tools and nutritional inputs. Late case identification, low screening coverage, and transportation challenges in rural areas further hinder timely interventions. Community reluctance, especially in newly established treatment centers, and the need to adapt treatment plans to patients with co-morbidities add to the complexity. Additionally, separating infants from mothers poses psychological risks. Limited funding for sustaining SAM programs across provinces also remains a significant barrier. To address these challenges, improving coordination among health stakeholders, enhancing community awareness, and bolstering logistical support are essential to ensure efficient and effective interventions.

2.3 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

In January 2025, UNICEF and its partners continued implementing mental health and psychosocial support interventions across the nine priority provinces, namely: North Kivu, South Kivu, Equator, Sankuru, South Ubangi, Mongala, Tshuapa, Tshopo, and Kinshasa. UNICEF continued to support the national and provincial coordination mechanisms, strengthening the collaboration among different actors (Provincial Divisions of Health and Social Affairs and civil society organizations), facilitating the exchange of information and allowing increased impact of response interventions.

During this reporting period more than 43,000 children and caregivers, received individual and group support to overcome the consequences of mpox, overcome trauma and strengthen their resilience. Despite the suspension of activities in the mpox treatment centers in Goma due to security concerns at the end of January, UNICEF was able to continue supporting affected children thanks to the continued presence of specialized staff and para-social workers. Since the outbreak, around 108,000 people (over 42,000 children and 65,000 adults) received mental health and psychosocial support services thanks to the deployment of 655 professionals, psychologists, social workers, para-social workers, and community volunteers in affected health zones and health areas. More than 42,000 people gained access to risk reduction, prevention, and/or gender-based violence response interventions, including over 23,000 children and 19,000 adults since the beginning of the interventions in August 2024.

With the support of psychologists and social workers, 257 patients in treatment centers benefited from mental health and psychosocial support, while families of affected children were supported through group therapy and sessions. The total number of children and caregivers assisted with MHPSS interventions is around 8000 cases since August. A total of 48 children whose parents were hospitalized in treatment centers were assisted in 25 nurseries.

At the community level, the provincial Divisions of Social Affairs continued to support identification and referral for vulnerable children who, as a direct consequence of mpox, are at increased risk of violence, discrimination and exclusion. Through the establishment of 38 social contracts, 805 children benefited from essential services (medical, educational, psychosocial, and protection) in January 2025. A cumulative total of more than 2,800 children have been assisted since the start of the response. With the involvement of community child protection networks (RECOPE), community activities contributed to strengthening resilience mechanisms among survivors and families, thus reducing stigma and social isolation.

3. SUPPORT SERVICES

3.1 COORDINATION

In direct and strategic support to the Ministry of Health and under the leadership of the national authorities, UNICEF participates in strategic

meetings organized at the national level and in the different provinces targeted by this response to address the mpox epidemic. At provincial level UNICEF coordination meetings are held at the level of the targeted health zones ensuring a coordinated response between stakeholders and interventions that effectively stop the spread of the disease.

UNICEF provides coordination support to the sectoral commissions particularly those for which UNICEF is the lead agency, including the Provincial Coordination Commission (ONE Health) at the provincial level and at the level of the targeted health zones including supervision and logistics at all levels. UNICEF actively participates and/or leads in operational analyses which are shared during the various coordination meetings as well as the follow-up of the actions co-developed with the different pillars, guaranteeing the functionality of the commissions, and allowing for better technical monitoring of the response.

At both national and provincial levels UNICEF has contributed to the development of advocacy plans including communication on mpox response. UNICEF is active in dedicated advocacy sessions at provincial level and replicated at health zone level to ensure that the plans are understood, disseminated, and implemented and that children remain a priority in the response.

UNICEF plays a key role in the mpox response at the continental level, the incident management mechanism set up through Africa CDC, which is currently based in the DRC and supported WHO tasked with supporting continental coordination. This mechanism coordinates the response at the continental level, especially regarding the most affected countries, including the DRC. In addition to the support provided by UNICEF to this coordination, UNICEF in the DRC participates in the implementation of the continental approach through effective participation in the various mechanisms set up for this coordination including the clusters.

The WASH cluster partners continued to provide interventions in response to the mpox epidemic during the period, with several activities carried out by the WASH cluster partners. To improve access to water in mpox treatment centers, notably in Goma, up to 450 m3 were supplied in January 2025. Activities to promote good hygiene practices include the distribution of 155 hygiene kits to mpox-affected households, and 600 hand-washing kits have been supplied to health facilities in Goma. In health facilities, UNICEF partners and other INGOs, including Solidarité Internationale, have supplied IPC/WASH kits to three health facilities in North Kivu. On the DRC-Rwanda border and in other public places, UNICEF and its partner PPSSP installed 56 hand-washing facilities. In addition, awareness-raising activities were carried out in households and IDP sites, as well as in schools, reaching 68,960 people in the provinces of South Kivu, North Kivu and Maniema. In addition, three community radio stations and 240 community workers raised awareness and promoted good hygiene practices and protective measures against mpox. In South Kivu, Ituri, Tanganyika and Equateur, nearly 1,350 households were disinfected thanks to UNICEF partners. WASH partners intensified capacity building in infection prevention and control for 490 hygienists and 311 health workers in South Kivu, Equateur and North Kivu. In partnership with WHO and UNICEF, 44 WASH cluster partners received training in community-based approaches to behavior change in the face of the mpox epidemic.

3.2 INTEGRATED ANALYTICS CELL (IAC)

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

In January 2025, the IAC support the mpox response through provincial and national level in data management and information flows by designing standard operating procedures for data management anddata cleaning), supporting the Public Health Emergency Operations Centre team in Kinshasa in choosing adequate and reliable indicators for monitoring both the epidemic and the response and helping to automatize some parts of the data cleaning and routine analysis (with the R software). Also, depending on the evolution of the security context, IAC will conduct missions at provincial level to support health authorities at Provincial Health Division (DPS) to develop their analytical capacities and improve the organization of the mpox information system at their level.

3.3 CONTINUITY OF ESSENTIAL SERVICES

In addition to the mpox response, the CACs conducted health promotion activities as part of the resilience of the health system, about 992 unvaccinated children were referred to different health centers for vaccination, 2303 households visited, and 181 zero dose children were identified and referred. mpox isolation centers are built and implemented in general hospitals and at health centers, thus allowing the optimal use of human resources and the availability of care for the population not affected by mpox. However, challenges in the supply of medical supplies are enormous, often health facilities lack essential drugs for the treatment of patients which hampers the delivery of free care for mpox patients. The rate of utilization of care services varies between 35 per cent and 60 per cent in most supported health facilities.

3.3.1 EDUCATION SERVICES

In January 2025, UNICEF continued to provide Education in Emergency (EiE) services to ensure children continue learning in the context of mpox in South-Ubangi, Equateur, South-Kivu, Tshopo, and Tshuapa provinces. UNICEF's EiE mpox response focuses on training teachers and school administrators on mpox transmission, prevention, and response. During this reporting period, 64,069 (20,956 females) education actors including members of Parent Teacher Associations, school management committees, teachers and headteachers were trained/sensitized on the mpox epidemic in South-Ubangi (1,906), Equateur (3,299), South Kivu (1,019), Tshopo (57,645), and Tshuapa (200). 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 322,380 school children (152,541 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 131 schools a significant increase from the 45 schools that reported cases in December 2024. A total of 241 children (123 girls), who displayed mpox symptoms in 131 schools were referred to the

nearby health centers for medical care in January 2025. It is worth mentioning that due to new population displacement in South-Kivu, the number of mpox cases among children would increase.

3.3.2 GENDER AND GVB RISK MITIGATION

The report of the rapid gender analysis and assessment of gender-based violence (GBV) risk mitigation and prevention of sexual exploitation and abuse (PSEA) conducted in collaboration with implementing partner *Groupe des Hommes Voués au Développement* (GHOVODI) and the gender units of the health departments in the target provinces, as part of the mpox response in Kinshasa, Sankuru, South Kivu, and North Kivu provinces is now available.

The analysis carried out through key informant interviews and focus group discussions with women, men, girls, and boys and key findings confirmed significant gender differences in how the economic and social impacts of the mpox epidemic are experienced. While women and men face distinct challenges, current interventions are not consistently addressing these specific needs and vulnerabilities. The rapid gender and GBV analysis focused on access to information about mpox, as well as gender-specific perceptions, attitudes, and practices among women, men, girls, and boys. The report highlights the need for tailored approaches to ensure that response strategies are inclusive and effectively meet the diverse needs of all affected populations. The conclusions and recommendations of this analysis will be shared with relevant teams to support the integration of gender and GBV considerations into ongoing interventions, promoting more equitable and effective responses to the mpox epidemic.

Finally, UNICEF held a working session with the Global Lead, Social and Behavior Change to address specific gender-related risks in the introduction of the LC16m8 vaccine against mpox. This discussion enabled the incorporation of gender-specific considerations into the research protocol for the LC16m8 vaccine, as shared by the National Institute of Public Health. Furthermore, during the same review, UNICEF successfully ensured that at least two gender experts (from the Ministry of Health and the Expanded Programme on Immunization) were included as participants in the workshop on research pillars and the Mpox response within the SBC activities framework.

3.4 PREVENTION OF SEXUAL EXPOITATION AND ABUSE (PSEA)

UNICEF trained 21 PSEA trainers (11men and 10 women) from the seven pillars of the Operational Center for the Coordination of Public Health Emergencies (COUSP). The newly trained PSEA trainers from the COUSP will train members from their various pillars as well as briefing of personnel working in the four mpox treatment centers in Kinshasa.

Meanwhile the results of the joint gender, GBV and PSEA analysis carried out with the support of UNICEF implementing partner GHOVODI showed that while population were aware of existing mechanisms for reporting SEA (particularly the inter-agency hotline), they declared difficulty accessing it mostly due to lack of mobile phones and poor network in different location.

In January 2025, the humanitarian community witnessed a suspension in the inter-agency hotline for reporting SEA. A halt was put to the use of communication materials carrying the inter-agency hotline as the hotline was not functional. According to the inter-agency PSEA network coordinator, this was due to funding constraints on the part of UNFPA which runs the hotline on behalf of the whole community. Nevertheless, UNICEF and partners continued raising awareness on PSEA. The United Nations Resident coordinator sent out an appeal to UN Agencies to support the reopening and functioning of the hotline.

UNICEF also organized capacity building sessions with implementing partners on the understanding of PSEA indicators and how to collect data on these indicators. Overall, 141,837 persons had access to safe mechanisms for reporting (including 40,228 men, 53,389 women, 25,741 boys and 22,479 girls) SEA while 2,176,394 persons received messages on PSEA including 584,983 men, 627,410 women, 495,534 boys and 468,467 girls.

EXTERNAL MEDIA

In January 2025, UNICEF's communication efforts focused on the escalating humanitarian situation in eastern DRC. A press release launching an urgent $22 million appeal to aid children amidst intensifying violence , garnered significant media attention, with coverage from outlets such as France Info , Agence Ecofin , and Medi1News . UNICEF's Regional Communication Chief for West and Central Africa, Jean-Jacques Simon, provided insights through interviews with UN News , France 24 , and BFM TV , highlighting the plight of children in times of conflict and the amplified humanitarian crisis in Goma. During the reporting period, UNICEF posted many messages related to humanitarian issues on Facebook , Instagram , X (Twitter) and LinkedIn . A human-interest story was published on helping the youngest victims of mpox, detailing critical support provided to affected children and their families. Fresh multimedia material is added regularly via WeShare .

FUNDING OVERVIEW AND PARTNERSHIPS

The UNICEF DRC mpox response has funding requirements totaling $73.8million across key intervention areas. Current contributions from main donors—FCDO, USAID, Mastercard Foundation, Swiss Cooperation, and the World Bank (Pandemic Fund)—amount to $27.3 million, leaving a funding gap of $46.5 million (63 per cent). The most critical funding gaps are in Vaccination (91%), PSEA & GBV (88%), IPC-WASH (77%), and Mental Health/Psychosocial Support (72%), all of which are essential for outbreak control, protection, and community resilience. Additionally, Risk Communication and Community Engagement (65%), Operational Support (66%), and Medical Care/Food Support (54%) require urgent attention to ensure effective response and service delivery. Addressing these gaps should be a priority to strengthen disease prevention, community trust, and the overall health system's resilience.

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 MARCH 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
RCCE and AAP					
# of people reached through face-to-face messaging on prevention and access to services	Total	-	20 million	11.7 million	▲ 9%
# of people engaged in reflective dialogue through community platforms	Total	-	1 million	1 million	▲ 34%
IPC/WASH					
# of health facilities in affected health zones provided with essential WASH Supplies	Total	-	429	498	▲ 51%
# of households with suspected/confirmed MPOX cases who received WASH/IPC support	Total	-	12,385	4,784	▲ 8%
# of schools having notified a suspected/confirmed case provided with PCI WASH package kits	Total	-	2,390	556	▲ 3%
Medical Case Management					
# of confirmed cases receiving primary health care in UNICEF-supported facilities	Total	-	9,000	11,609	▲ 23%
	Girls	-	4,155	4,192	▲ 18%
	Boys	-	1,784	2,162	▲ 21%
	Women	-	2,145	3,186	▲ 26%
	Men	-	916	2,070	▲ 40%
Nutrition					
# of children aged 0 to 59 months affected by mpox and suffering from severe acute malnutrition admitted for therapeutic management	Total	-	1,377	811	▲ 15%
	Girls	-	716	438	▼ -3% [1]
	Boys	-	661	373	▲ 34%
# of patients admitted for Mpox who received nutritional support	Total	-	9,656	10,965	▲ 31%
	Women	-	5,021	5,702	▲ 21%
	Men	-	4,635	5,263	▲ 42%
# 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	-	489	60	▲ 3%
	Girls	-	254	35	▲ 4%
	Boys	-	235	25	▲ 3%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
MHPSS					
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	140,000	108,891	▲ 32%
	Girls	-	43,680	22,373	▲ 22%
	Boys	-	40,320	20,492	▲ 20%
	Women	-	29,120	36,498	▲ 58%
	Men	-	26,880	29,528	▲ 40%
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	87,500	42,891	▲ 6%
	Girls	-	43,750	14,127	▲ 4%
	Boys	-	17,500	9,462	▲ 6%
	Women	-	26,250	19,302	▲ 9%
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	1.5 million	1.7 million	▲ 53%
	Girls	-	727,650	781,409	▲ 49%
	Boys	-	757,350	959,271	▲ 57%
# of school actors (School PTAs members and management committees, teachers and school directors) trained/sensitized on the Mpox epidemics	Total	-	63,000	201,761	▲ 118%
	Girls	-	25,200	69,163	▲ 101%
	Boys	-	37,800	132,598	▲ 130%
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	583,490	▲ 21%
	Girls	-	236,081	154,535	▲ 15%
	Boys	-	226,824	111,425	▲ 13%
	Women	-	170,956	180,181	▲ 36%
	Men	-	164,252	137,349	▲ 28%

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

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Consolidated funding by areas of intervention

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
National coordination	2,505,265	1,604,110	-	901,155	36%
Case management	17,718,614	8,157,003	-	9,561,611	54%
Vaccination	5,000,555	577,423	-	4,423,132	88%
Continuity of essential services	4,567,174	162,046	-	4,405,128	96%
Risk Communication and Community Engagement (RCCE) and accountability to affected population	19,507,136	10,577,391	-	8,929,745	46%
Infection Prevention and Control (IPC-WASH)	17,176,533	4,229,553	-	12,946,980	75%
Mental Health Support, Psychosocial Assistance, and Child Protection	6,672,880	1,909,012	-	4,763,868	71%
Protecting affected population from sexual exploitation and abute	657,073	93,718	-	563,355	86%
Total	**73,805,230**	**27,310,256**	**0**	**46,494,974**	**63%**

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

Who to contact for further information:

Jean Francois Basse
Representative ai, UNICEF DRC
T +243996050399
jfbasse@unicef.org

Mariame Sylla
Deputy Representative UNICEF DRC
T +243996050399
msylla@unicef.org

Amedee Djiguimde
Chief Health, UNICEF DRC
T +243996050399
adjiguimde@unicef.org

Jerome Kouachi
Chief Emergency
T +243996050399
jkouachi@unicef.org

ENDNOTES

1. Disaggregation data was readjusted by the section