Objectives of Webinar

- To present new guidance developed in collaboration with UNHCR, UNICEF and IOM, on safe and supportive care in community care centres for individuals with mild mpox.
- Highlight core IPC and WASH measures needed to safely manage mild cases in camp and overcrowded settings.
- Showcase partner experiences of displaced communities and accessing health care .
- Discuss community engagement and psychosocial support strategies that foster trust, reduce stigma and promote reintegration.

Guidance on safe and supportive care in community care centres for individuals with mild mpox in camps for internally displaced persons or refugees

Overview of “Guidance on safe and supportive care in community care centres for individuals with mild mpox in camps for internally displaced persons or refugees”

Nosheen Usman

Technical Officer

IPC and WASH Team

WHO HQ

Marian Palavra ,

RCCE Specialist, HQ

UNICEF

Sarah Karmin,

Program Specialist , HQ

UNICEF

Lester Geroy, WHO Consultant

Background: IPC recommendation for Home-based care

😷 Mask & Lesion Covering

- Always **wear a medical mask** near others (fabric if unavailable).
- **Cover lesions** with clothing or bandages when around people.

📱 Remote Follow-up

- Use **telemedicine or phone** for check-ups—**no in-person visits**.

Hygiene & Environment

- **Clean and disinfect** all personal spaces and frequently touched surfaces daily.

🚗 When leaving home

Wear a mask and **cover all lesions**.
Use **private, well-ventilated transport**.
Inform health facility in advance if seeking care.

Self-Care & Support

Person with mpox should **manage their care** or designate a **healthy caregiver** (preferably vaccinated or previously infected).
Caregiver keeps 1-meter distance
When closer contact is required (e.g., cleaning, laundry):
Wear a medical mask + gloves
Practice strict hand hygiene before and after glove use.

home-based care implementation considerations

Engage community health care workers and volunteers

Ensure clear, accessible instructions for infection prevention at home

Promote environmental cleaning and waste disposal systems

Provide support to vulnerable groups

Monitoring and follow-up through community health workers

Risk communication and community engagement

Rationale and Scope: Safe and Supportive Care

Why community care centres?

🧍 🧍 🧍 **Overcrowding in** IDP & refugee camps, slums, shared shelters

🚿 🚽 **Limited WASH:** Shared toilets, water points, laundry areas

🛏️ **Home care not feasible** No space for safe IPC practices

⚠️ **Increased transmission risk:** Within households & communities

🤍 **Psychosocial & protection concerns** Stigma, fear, economic vulnerability

➡️ **Need for a safe, dignified alternative**

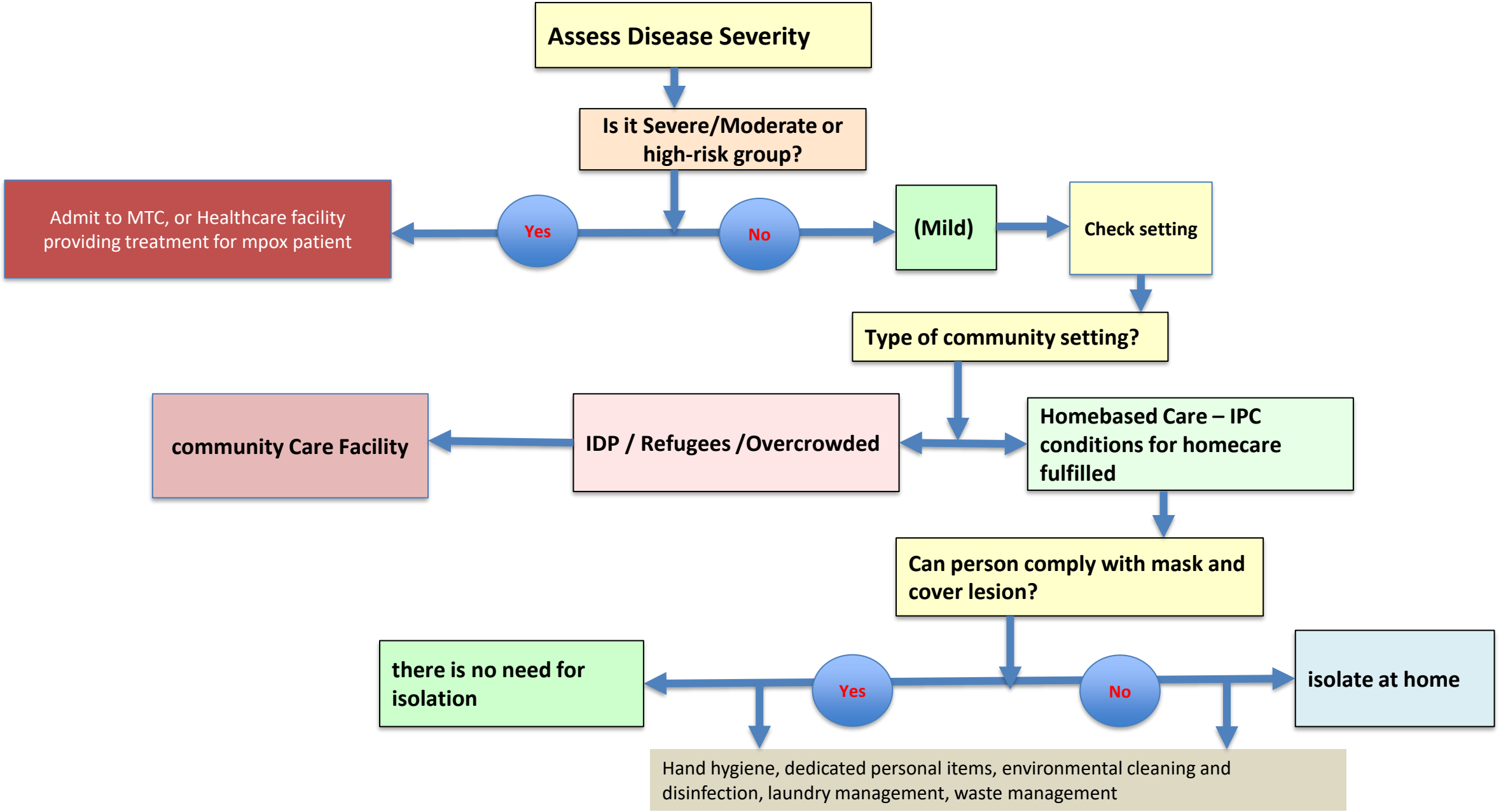
What this guidance covers

- Individuals with **mild, uncomplicated mpox.** Clinically assessed and **not requiring hospital care**
- **IDP camps, refugee camps, slums,** Other **crowded congregate settings**
- Establishing or repurposing **community care centres,** Safe, supportive, people-centred care

✔️ **Core pillars**

- 🛡️ IPC
- 🚿 WASH
- 🗣️ RCCE
- 🤍 MHPSS
- 👥 Community engagement

Mpox Patient Management Flow Chart



Community care centers for IDPs, refugee and overcrowded settings

Planning & Coordination

- Map needs and coordinate with camp/shelter focal persons and incident management teams.
- Estimate disease burden and required bed capacity.
- Engage affected communities early in planning and throughout implementation.
- Ensure community consultation, two-way communication, and feedback systems.
- Integrate with other sectors (shelter, food security, nutrition, protection)

Eligibility & Admission

- Only admit individuals with mild, uncomplicated mpox not requiring hospitalization.
- Decisions made by clinicians, using established case definitions and referral pathways.
- Consider psychosocial vulnerabilities (fear, stigma, mental health needs).
- Ensure voluntary, informed, and inclusive admission process.

Core principles

Human rights & dignity

- Balance **public health objectives** with **human rights principles**
- Provide care that is **safe, respectful, compassionate, and dignified**

Voluntary, equitable access

- Admission must be **informed and voluntary**
- Ensure **equity, gender sensitivity, privacy, and protection**, especially for women, children, older persons, and persons with disabilities

Infection prevention and Control Principles

- Apply **standard and transmission-based IPC measures** consistently
- Ensure safety of **patients, caregivers, community health workers, and staff**

WASH as Essential services

- Ensure continuous access to **safe water, sanitation, hygiene, and waste management**
- Integrate WASH with IPC to **reduce transmission risks**

Core principles

Community engagement & trust

- Engage communities **early and continuously** through RCCE
- Address **stigma, fear, misinformation**, and promote community ownership

Psychosocial support & wellbeing

- Integrate **mental health and psychosocial support (MHPSS)**
- Support patients, caregivers, and frontline workers during care and reintegration

Monitoring & accountability

- Monitor IPC, WASH, and supportive care practices regularly
- Use **community feedback mechanisms** to adapt and improve services

Community care centers design and staffing requirements

Facility Design

- Dedicated rooms for each patient, or cohort confirmed cases only.
- Ensure 1 metre spacing between beds.
- Separate toilets and showers for patients, with increased cleaning/disinfection frequency.
- Provide dedicated spaces for caregivers with safe overnight stay options.
- Ensure ventilation (cross-breeze, natural air circulation).
- Include safe storage, cooking, laundry, and communication facilities.

Staffing requirements

- Minimum staff: manager, community liaison, security, cleaners, daily health visits.
- Trained CHWs to provide health education, psychosocial support, and feedback collection.
- CHWs to promote adherence to IPC and act as link between patients, families, and communities.
- Social workers to support reintegration post-discharge.

Infection Prevention and Control

Patient Placement

- Assign a **dedicated single room** for suspected or confirmed mpox cases
- If single rooms are not feasible, **cohort confirmed cases only**
- House individuals with **suspected co-infections** in a single room
- Provide **clear, understandable information** on infection, prevention, and care
- Ensure access to **communication with family and community**, allowing time for questions

Hand Hygiene and PPE

- Perform hand hygiene according to **WHO 5 Moments for Hand Hygiene**
- Ensure availability of appropriate **PPE for health workers and caregivers**
- Change PPE **after each direct patient contact**, even when cohorting
- Do **not share personal items** (soap, bedding, phones, toys); clean and disinfect before reuse

Environmental Hygiene and Facility Design

- Implement **routine cleaning followed by disinfection** of all surfaces
- Ensure access to **safe water, sanitation, waste management, and laundry services**
- Promote **natural ventilation** and adequate air circulation; avoid airflow toward others
- Maintain **≥1 metre spacing** between patient beds
- Allow **controlled visits**, with guidance on hand hygiene and PPE use

WASH services

Safe Water Supply

- Ensure **40–50 L/person/day** for drinking, hand hygiene, cleaning, and disinfection
- Maintain **free residual chlorine 0.2–0.5 mg/L** at point of use
- Provide **safe water storage** with at least 2–5 days buffer capacity where supply is unreliable

Sanitation and Hygiene Facilities

- Provide **dedicated or segregated toilets** for mpox patients, separated by sex
- Clean and disinfect shared toilets **at least twice daily**
- Ensure **hand hygiene stations** with soap and water or alcohol-based hand rub at:
  - Toilets
  - Points of care
  - Facility entrances/exits

Showers and Laundry

- Provide **dedicated showers** for mpox patients (sex-segregated where needed)
- Increase cleaning and disinfection frequency for shared facilities
- Ensure **safe laundry services** with detergent, hot water (if available), disinfectant, and PPE

Environmental Cleaning and Waste Management

- Implement **routine cleaning followed by disinfection** of high-touch surfaces
- Ensure **safe segregation, collection, and disposal of infectious waste**, including PPE and dressings
- Designate a **secure waste storage and disposal area** away from public access

KUELEWA UGONJWA WA
MPOX KWA NUKTA CHACHE
UFAFANUZI WA UGONJWA WA MPOX
ALAMA ZA UGONJWA
NAMNA ZA MAAMBUKIZI
NAMNA GANI KU EPUKA MPOX
UKIWA NA ALAMA ZA MPOX
UKIGUSANA NA MGONJWA
APPELEZ
151

Why is RCCE Important?

Informed, engaged and empowered communities are essential for effective and equitable responses to disease outbreaks, including mpox.

Ensures that response actions are shaped and implemented in collaboration with communities, so they:

- reflect local needs and realities
- are feasible and acceptable across diverse contexts.
- Create trust

Strengthens other core response activities including

- surveillance,
- contact tracing
- infection prevention,
- clinical management
- public health and social measures

Key RCCE interventions

- Conduct rapid consultation with communities/camp/settings structures, networks and organizations, other response actors
  - Identification of existing or emerging vulnerabilities and power dynamics
  - Understanding of specific challenges in the camp setting and mpox supportive care.
  - Opinions on the community care centre and/or support services being provided
- Engage with communities early in planning phase / decision-making process.
  - Working with trusted and inclusive community representatives to understand specific challenges in the camp setting and mpox supportive care.
  - Facilitate the co-design of interventions that are culturally appropriate and locally accepted.
- Work through existing structures/committees. Ensure selection of committee members is transparent with clear roles, responsibilities and expectations. They are involved in:
  - camp locations
  - safe care protocols
  - community-led care and support systems
- Increase awareness of mpox
  - two-way communication and actively address communities' questions and suggestions.
  - Adjust materials to local contexts and languages
  - Share practical, contextually and available info data .

Key RCCE Interventions

- Engage actors to prevent and address stigma and discrimination.
  - Ensure confidentiality and privacy for attending community care centres
  - Reflect on biases
  - Use inclusive language
  - Create safe, supportive environments
- Establish safe, accessible and culturally appropriate community feedback mechanisms
  - Address mental health needs, stigma, discrimination, misinformation, information gaps, and socioeconomic impacts
- Systematically collect, analyse and use community evidence/insights
  - Understand perceptions and satisfaction interventions in community care settings.
- Ensure the uptake of community evidence in decision-making processes
  - Collaborate/coordinate with other sectors, camp management structures etc.
  - Co-develop recommendations, and track actions
- Provide training on basic PSS skills
  - Involve community groups experiencing stigma in development of interventions, materials and messages.
- Monitor interventions to assess effectiveness
  - Identify gaps, ensure they address community needs.
  - Continuously improve and adapt interventions
- Promote acceptance and encourage social inclusion of those who recovered from mpox through existing or new support networks within IDP/refugee camps etc.

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Considerations for Children

Core Principles and Planning Considerations

- The centre must provide tailored care additional resources
  - PPE for all patients including children and their caregivers
  - Food
  - Separate spaces for beds with dedicated toilets for women and girls
  - Adequate protection and privacy
- Refer children with no signs/symptoms whose mother/caregivers are admitted to centre to a para/ social worker for case management and family /community-based care as needed.
- Ensure access in the centre to:
  - Safe, adequate sleep spaces separated by sex
  - Toys or games (cleaning and disinfection protocols)
  - Educational materials
  - Mental health and psychosocial support

Considerations for Children

Staffing requirements at centers

- Assign social / parasocial workers for follow-up visits to ensure reintegration of caregivers with children in the community

CHWs assigned to community care centres

- act as a liaison between the centre and families including children and communities
- facilitate communication between those in centres and their loved ones (children/caregivers) to ensure understanding, empathy and cooperation
- address socio-economic needs in the patient's household, e.g. arrangements are made for children left at home to be cared for; food to be provided; and income to be maintained, etc.

This is an integrated approach. CHWs and other frontline workers (e.g. social workforce) contribute to patient care and broader community protection efforts.

Role of Community Health Workers in Promoting Safe Care and Reducing Stigma

Dr Lester Sam A Geroy
Consultant, Community Protection and Resilience, WHO Geneva
WHO EPI-WIN Webinar

Roles of CHWs to promote infection prevention and control and safe care:

1. Provide consistent, clear, and culturally sensitive messages, through **open dialogue/two-way communication about mpox**
2. **Health education dialogues** with patients and caregivers including on **IPC measures, inc proper hand hygiene and safe waste disposal**
3. Guide patients and caregivers on **self care**
   - e.g. how exactly to apply dressings/lotions or clean lesions, what to do with scabs, how to clean up body fluids such as vomit or diarrhoea, which body fluids are infectious
4. **Collect feedback** from patients and caregivers, ensure these are addressed and used to adjust the community care centre activities, and **communicate back to communities**
5. Provide **basic psychosocial support;**
   - help reduce stigma;
   - promote social support and
   - refer individuals in need of additional mental health and psychosocial support
6. Facilitate **access to essential services** such as food, water, hygiene and sanitation resources
7. Promote **adherence to safe care protocols and treatment plans**
8. Act as a **liaison between the community care centre and families** including children and communities to ensure understanding, empathy and cooperation
9. Promoting the **safe reintegration** of individuals who recover and their caregivers

WHO (2025). Guidance on safe and supportive care in community care centres for individuals with mild mpox in camps for internally displaced persons or refugee.

Addressing stigma and discrimination related to mpox

- Stigma and discrimination during mpox may happen:
  - Many unknowns
  - Visible symptoms e.g. rash
  - Biases e.g. religion, race and sexual behaviour
  - Stigma against health care workers
- Stigma can take many forms e.g. stereotyping, negative attitudes, hostility, judgement, etc.
- Examples of discrimination include missing certain groups in services, isolating groups of people from others, derogatory language,
- bullying, etc.

Approaches for understanding, preventing and addressing stigma and discrimination:

1. Engaging with a **broad range of community networks** and response partners;
2. Ensure **confidentiality and privacy** for attending community care centres;
3. Partner and **work with community representatives, influencers and community members** to understand the risks and impact of stigma;
4. Reflect **on biases**;
5. Use **inclusive language**;
6. Create **safe, supportive environments** for those affected;
7. Establish safe, accessible and culturally appropriate **community feedback mechanisms**;
8. Provide **training on basic psychosocial support** skills to key community members and involve community groups experiencing stigma.

WHO (2025). Guidance on safe and supportive care in community care centres for individuals with mild mpox in camps for internally displaced persons or refugee.
WHO (2024). Public health advice on understanding, preventing and addressing stigma and discrimination related to mpox.

Roles of community health workers (CHWs) in public health emergencies

CHWs are important linkage between the health system and communities

Supervision by District and Local Health Professionals

↕

Community Health Workers and other Community Volunteers

Village Health Teams, Community Health Workers, CBS volunteers, Community Animal Health Workers, First Aid Responders, Community volunteers

CSO staff & volunteers, Other Community stakeholders, etc.

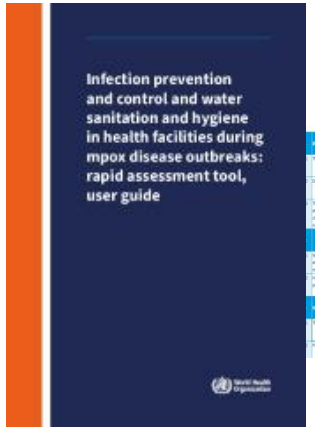
↕

Form a bridge to community members, community stakeholders and lay persons.

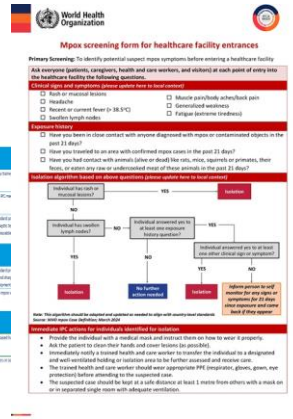
Roles of CHWs in an outbreak or public health emergency

WHO (2025). Community Protection: CHW Curriculum for Emergency and Outbreak Preparedness and Response in Communities. Training Manual.
WHO (2025). CHW competencies for Health Emergency Preparedness and Response. For finalization.

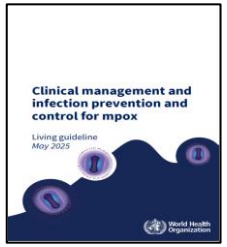
IPC guidances & derivative products



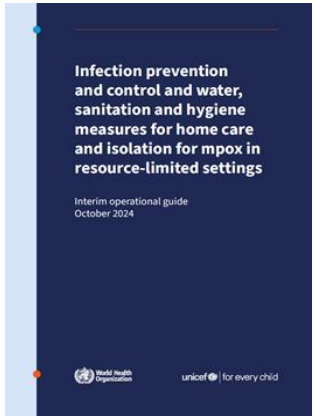
Infection prevention and control and water sanitation and hygiene in health facilities during mpox disease outbreaks: rapid assessment tool, user guide

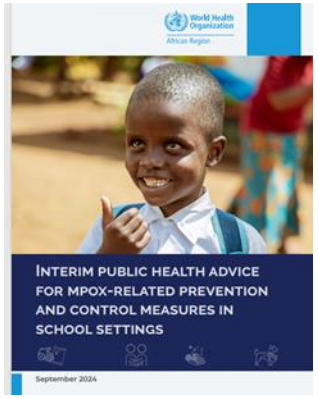


Mpox screening form for healthcare facility entrances

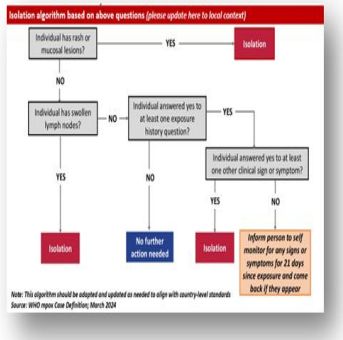


Clinical management and infection prevention and control for monkeypox (June 2025)





Interim public health advice for mpox-related prevention and control measures in school settings (in collaboration with AFRO)

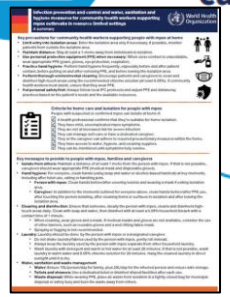


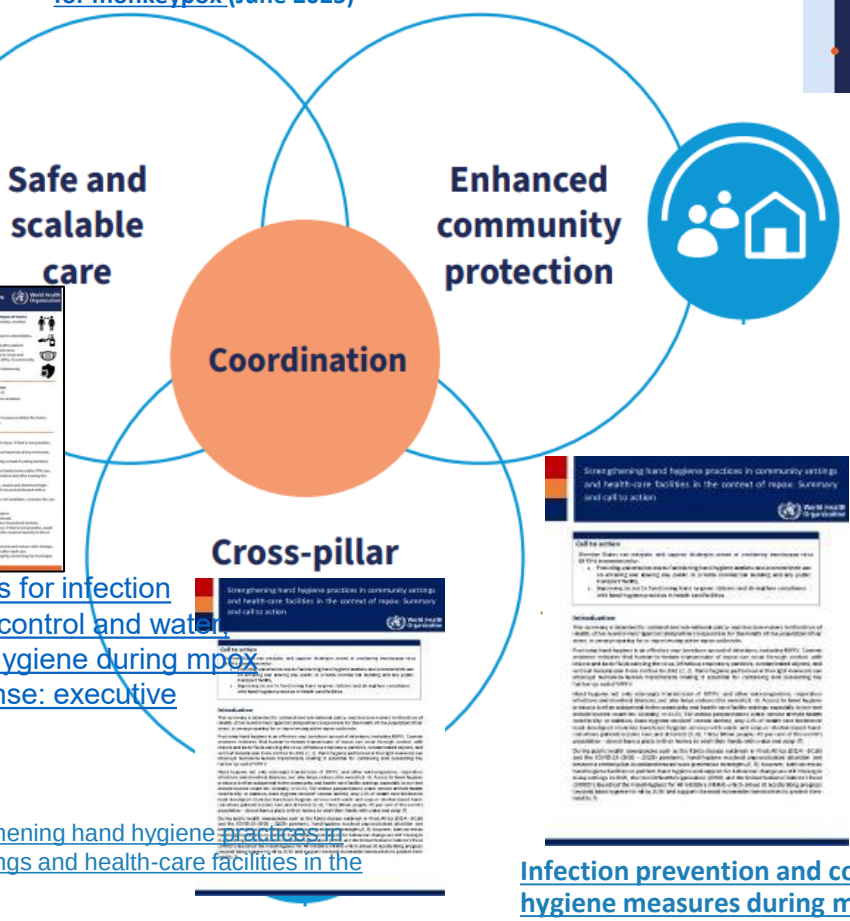
- **HW occupational exposure risk assessment tool**

PPE posters

Steps to put on PPE

Steps to remove PPE





Strategic actions for infection prevention and control and water, sanitation and hygiene during mpox outbreak response: executive summary

Source: Strengthening hand hygiene practices in community settings and health-care facilities in the context of mpox

Operational guide: homecare measures for IPC and WASH (WHO/UNICEF)

Summary one pager for CHW

Infection prevention and control and water, sanitation and hygiene measures during mpox vaccination activities

WHO EPI-W - Safe & dignified Mpox care for displaced communities and overcrowded settings

Setting Up Community Care Centres in Refugee Camps

Asaad Kadhum, UNHCR
22 January 2026 – 12:30 CET

HALEY West , Senior Program Officer, IOM

Contents

- Overview
- UNHCR Mpox Response
- Why Community Care Centres?
- Core Principles
- Setting up Centres (UNHCR Refugee camps)
- CHW Roles & Lessons

UNHCR Mpox Response – Overview

- Strengthened surveillance and reporting
- Support to laboratory capacity
- Strengthening case management and IPC
- Reinforcing water supply systems
- Handwashing facilities & hygiene kits
- Enhanced waste management
- **Establishing temporary centres/quarantine facilities**
- **Community engagement to reduce stigma**

Why Community Care Centres?

- Home isolation not feasible in camps
- High risk of transmission due to overcrowding
- Psychosocial distress and stigma issues

Core Principles

- Voluntary, informed admission
- Gender-responsive spaces
- Strong IPC/WASH systems
- Continuous community engagement

Setting up Centres (UNHCR Refugee camps)

- Joint site assessments
- Repurposed structures
- Dedicated WASH and waste systems
- Staffing incl. CHWs

CHW Roles & Lessons

- Health education
- Psychosocial support
- Feedback collection
- Early community engagement critical

Recommendations in Practice: Engagement with Shelter, Land and Site Coordination Cluster

- Ensure communities are kept informed, actively consulted and meaningfully engaged in decision making so that interventions are appropriate and accepted.

Good practice: SLSC Cluster in camp and camp-like settings has established community engagement mechanisms to facilitate community participation and dialogue in camp decision making as well as for feedback and complaints.

Example: South Sudan working with block managers on community-based surveillance

Recommendations in Practice: Engagement with Shelter, Land and Site Coordination Cluster

- Ensure proper planning, mapping and coordination with camp or shelter focal points to allocate the resources needed to enable implementation of the advised measures.

Good practice: Close collaboration with SLSC cluster on camp/site planning to advocate for resources (e.g. land and road access) as part of contingency planning for disease outbreaks.

Example: South Sudan – repurposing spaces for community centered care for cholera