



Lebanon Cholera Outbreak

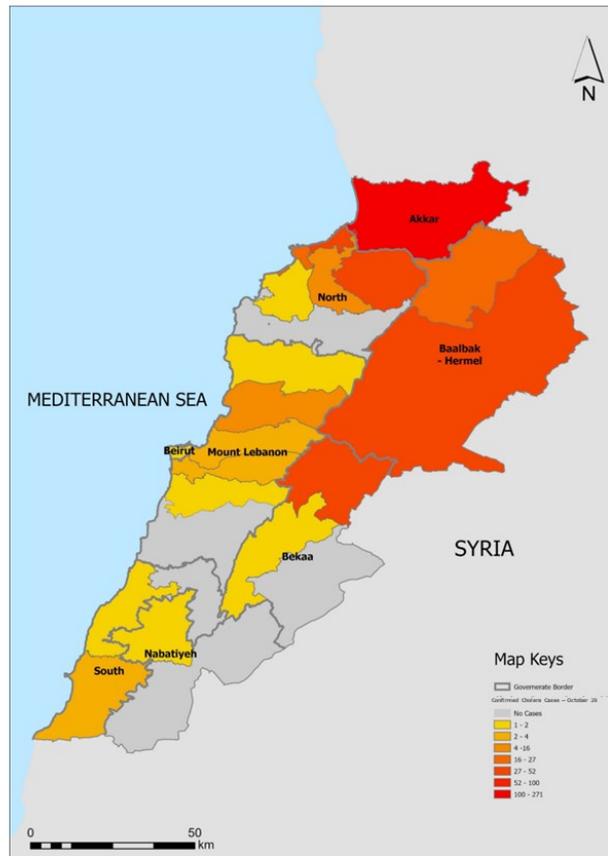
Appeal: MDRLB012	DREF Allocated: CHF 718,787	Crisis Category: Orange	Hazard: Epidemic
Glide Number: EP-2022-000334-LBN	People Affected: 6,754,985 people	People Targeted: 90,000 people	
Event Onset: Slow	Operation Start Date: 2022-11-05	Operation End Date: 2023-05-31	Operation Timeframe: 6 months
	Targeted Areas:	Beirut, Bekaa, Mount Lebanon, North, South	

Description of the Event



LBN: Epidemic – 2022 - 10 – Cholera Outbreak Response

Source : Lebanon Ministry of Public Health



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

This map excludes suspected cases

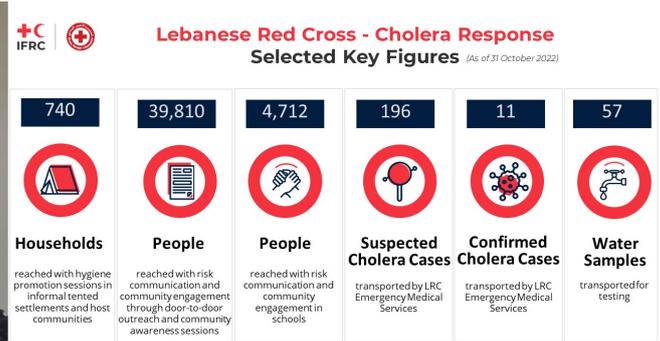
What happened, where and when?

Lebanon is experiencing its first outbreak of cholera in a generation at a time when its healthcare and coping capacity is badly eroded by complex overlapping crises.

The first case of cholera in the region was detected in Syria on 10 September 2022. The illness, caused by ingesting bacteria found in contaminated water or food, rapidly spread and soon crossed the border into Lebanon. The first case in Lebanon was reported to WHO on 6 October, marking the first appearance of the disease in the country since 1993.

On 19 October, Lebanon's Minister of Public Health announced an acceleration in the spread of the illness and rising number of cases among Lebanese nationals after initial cases were concentrated among displaced Syrians. By 31 October, the number of laboratory-confirmed cases had increased to 390 with 1,703 suspected and confirmed cases in total. MoPH also reported that 17 people have died as a result of the illness. Health actors warn that due to limited testing, the number of unreported cases in the country may be much higher than indicated by government figures (Save the Children 28 October 2022).

The spread of cases has extended from the site of the initial outbreak to 18 out of the country's 26 districts per MoPH data. Sewage water testing has indicated the presence of the bacteria which causes cholera in Beirut and Mount Lebanon, heavily populated areas which are far from the site of the first confirmed cases (WHO 21 October 2022). The districts with the highest numbers of confirmed cases are Akkar and Minieh Donnieh in the north, and Baalbek in the east, areas which experience high rates of poverty and gaps in service provision. Children under the age of 15 accounted for 45% of confirmed cases (MoPH 31 October 2022).



LRC conducts a cholera awareness session in Qob Elias, Bekaa Valley.

Scope and Scale

Lebanon's current context makes it highly susceptible to the impacts of a cholera outbreak. The WHO has graded Lebanon's overall risk to be very high at the national level due to underlying vulnerabilities from the complex crises, enfeebled water, sanitation, and health systems, lack of recent experience dealing with cholera on the part of the public and institutions; and population movement between Lebanon and Syria amid outbreaks on both sides of the border (WHO 2022).

As seen during the COVID-19 pandemic, an escalating cholera outbreak is likely to have especially dire impacts on the most vulnerable Lebanese and refugee communities. Notably, cholera transmission is closely linked to inadequate sanitation facilities and access to clean water. Living conditions nationwide have suffered as a result of compounded crises since the end of 2019, leaving 80% of the population in multidimensional poverty. Increasing numbers of Lebanese lack the purchasing power to secure adequate safe water when public supply is insufficient or to access adequate sanitation facilities (Inter Agency Coordination Lebanon 2022).

Lebanon hosts an estimated 1.5 million Syrian refugees per UNHCR (registered and unregistered), 210,000 Palestine refugees per UNRWA, and over 13,000 refugees of other nationalities per UNHCR. In addition, there is a migrant population estimated at 135,420 by IOM – decreased from over 200,000 in 2021. Among the most vulnerable refugee communities in Lebanon are the more than one in five Syrian refugees who live in informal tented settlements, lacking appropriate water, sanitation, and hygiene services (VASyR 2021).

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population groups?	Yes
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)?	No
If yes, please specify which operations	-

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

The Lebanese Red Cross (LRC) has similar experience in responding to the outbreak of communicable diseases, such as COVID-19 from 2020 onwards. Yet, the current cholera outbreak cannot be considered a recurrent event due to its unpredictability. The last recorded cholera outbreak in Lebanon was in 1993. The need for a DREF arises from the fact that Lebanon is grappling with a complex crisis, and currently a cholera outbreak which would have detrimental effects on the populations residing in the country as communities have been pushed further into poverty/vulnerability due to the events faced in recent years.

Learnings from the COVID-19 response helped inform the design of LRC's Cholera Preparedness and Response. LRC is organizing its action under three main themes to support in limiting and mitigating the outbreak of the virus across the country. LRC during its COVID-19 response increased its awareness and Infection Prevention and Control practices and measures and is currently readapting its SOPs for the cholera response in order to limit the risk faced by its staff, volunteers and populations residing in Lebanon, as well as replenishing its stocks as part of its preparedness for the outbreak. Additionally, LRC plays the role of an auxiliary to the Lebanese government in times of crisis and aims to alleviate the stress inflicted on an already strained healthcare system by ensuring the availability of its health services to vulnerable communities in Lebanon through the work of its operational sectors.

Furthermore, lessons were learned from the DREF operation in anticipation of Lebanon's May 2022 parliamentary elections. The targets set for the election preparedness DREF in terms of emergency medical services and blood services were calculated based on historical programming data for LRC, and monitoring data showed that the operation overachieved against these targets. In a learning exercise, LRC reflected that both health services are provided on-demand, and as a result reach will vary from one time period to another commensurate with demand. The team further reflecting that some Partner National Societies were also supporting LRC in its health activities during the same implementation period, which also contributed to higher-than-expected actuals. For its cholera response, LRC has taken the decision to set targets at an organizational level through a unified response plan, with partners contributing towards a clearly defined overall response.

Current National Society Actions

Activation Of Contingency Plans	<ul style="list-style-type: none">-Mobilizing Local community structures for early detection and reporting of outbreaks, through a Community Based Surveillance System (CBS) by utilizing the existing Emergency Warning Systems (EWSs) in place within Lebanon-Supporting respective local authorities in setting health related contingency plans on Cholera outbreak (building on the contingency plans set during the COVID-19 with the municipalities)-Ensuring stockpile of drugs and essential supplies and protective and equipment for outbreak response (ORS solutions, Ciprofloxacin, azithromycin) in central warehouse-Conducting simulation exercises with local authorities on health-related scenarios, i.e., response to Cholera Outbreak
National Society EOC	LRC's Emergency Committee, consisting of the Undersecretary General for Operations and relevant LRC directors, has mobilized to guide LRC's response to the cholera outbreak, oversee coordination with partners, and prioritize requests for support.
Health	<p>LRC's cholera preparedness and response plan aims to ensure that people across Lebanon have access to safe and timely pre-hospital cholera treatment and medical transportation; as well as appropriate primary healthcare services for cholera treatment.</p> <p>To this end, LRC is focused on training staff and volunteers in its Emergency</p>

	<p>Medical Services (EMS) and Medical Social Services (MSS), as well as securing contingency stocks of needed medicines and consumables.</p> <p>As of 31 October, LRC has transported 196 suspected cholera patients and 11 laboratory-confirmed patients.</p>
Water, Sanitation And Hygiene	<p>LRC's national plan aims to reduce risks related to water, sanitation, and hygiene conditions in informal tented settlements and local communities. Planned strategies include testing of potentially contaminated water sources, chlorination of contaminated water, distribution of hygiene and disinfection kits, and a national hygiene promotion campaign. In order to achieve results at scale LRC is training personnel in its Disaster Risk Reduction, Disaster Management Services, and Medico-Social Services teams and securing contingency stocks.</p> <p>As of 31 October, LRC has reached 740 households with hygiene promotion sessions in informal tented settlements and host communities. It has also transported 57 water samples for laboratory testing.</p>
Migration	<p>Targeting vulnerable refugee and migrant communities including in informal tented settlements (ITSs)</p>
Risk Reduction, Climate Adaptation And Recovery	<p>LRC's national plan aims to enhance the capacities of governorate and local authorities, institutions and communities to prevent and mitigate the spread of cholera. It also aims to support communities and local stakeholders in mobilizing to respond to cholera outbreaks.</p> <p>To achieve this, LRC is implement risk communication and community engagement assessment; supporting relevant ministries, governorates, and municipalities in planning for and managing cholera outbreaks; and mobilizing local community structures for early detection and reporting of outbreaks.</p> <p>As of 31 October, LRC has reached 39,810 people through door-to-door outreach and awareness sessions; and 4,712 people through awareness sessions conducted at schools.</p>
Community Engagement And Accountability	<p>Establish referral system for cases to advanced health care facilities as needed; mandating LRC's non-emergency 1760 hotline to handle cholera-related inquiries and requests for information.</p>
Assessment	<p>LRC is in close contact with the authorities to track needs related to cholera. LRC is supporting the Ministry of Public Health, Epidemiological Surveillance Unit, in tracking and reporting on suspected and confirmed cases of AWD and Cholera. In addition, LRC plans to build upon available cholera mapping information on water and wastewater systems functionality in order to identify the most probable source of contamination including water quality monitoring in hotspots.</p>
National Society Readiness	<p>The Lebanese Red Cross (LRC) provides its services countrywide with the support of around 400 staff, and more than 7,000 active volunteers. Owing to its grass roots level presence, LRC is well embedded and respected in the Lebanese Society. LRC has had experience in responding to communicable diseases since the onset of the COVID-19 pandemic in 2020. LRC was mandated to transport all suspected and confirmed COVID-19 cases, undertook nationwide risk communication and community engagement activities, sustained its routine healthcare programming, and managed one of the country's</p>

	largest vaccination centers. LRC's WASH capabilities have expanded since the start of the Syrian displacement crisis.
Coordination	<p>LRC, and other RCRC partners regularly represent the Movement to UN Working Groups in different sectors at both national levels in the technical sectors (Health, WASH, Shelter, protection, etc.). LRC has a mutual agreement with UNHCR for information sharing and is coordinating with UN agencies regarding targeting needs.</p> <p>LRC is participating in the continuous meetings of the Governmental Committee (e.g., the different concerned ministries and security forces in Lebanon) to follow up on Preventive Measures and Procedures and is supporting Disaster Risk Management Unit at the Presidency of the Council of Ministers in the development and implementation of the national response plan. LRC is holding regular technical coordination meetings including representatives from MOPH, Lebanese Armed Forces, General Security, Internal Security Forces, World Health Organization, Rafic Hariri University Hospital, and Disaster Risk Management Unit at the Presidency of the Council of Ministers.</p> <p>Lastly, LRC is part of the coordination mechanism on the Epidemics Committee based on the request of the Director of the Ministry of Public Health and the national epidemics committee at MoPH, other ministries and UN agencies</p>
Resource Mobilization	<p>LRC is mobilizing support for its cholera response plan through this DREF in addition to bilateral support from several Participating National Societies.</p> <p>As of the time of DREF publication, LRC is appealing for 4.83 million USD to action its cholera response.</p>

Movement Partners Actions Related To The Current Event

IFRC	Facilitate coordination of IFRC membership to mobilize support to LRC's unified cholera response plan. Membership meetings were convened on 20 and 21 October. Support LRC in developing logframe and indicator tracking tools for overall cholera response plan (beyond the scope of the DREF).
ICRC	Providing chlorine and test kits for Rafik Hariri University Hospital, Roumieh, Zahle, and Qobbeh prisons, and consumables for other places of detention. Supporting water establishments and wastewater systems through rehabilitation of pumping stations, fuel distribution, and donation of consumables for water monitoring and testing. ICRC is further committed to a coordination mechanism with the Ministry of Public Health and other humanitarian actors.
Participating National Societies	Several IFRC members have expressed interest in supporting LRC's unified plan through existing projects and rapid response funds. As of the time of DREF publication, Canadian Red Cross, German Red Cross, Norwegian Red Cross, Netherlands Red Cross and Spanish Red Cross have made soft commitments to support LRC's response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>Lebanon’s Ministry of Public Health has established a coordination mechanism with multi-sector partners including the Ministry of Energy and Water, WHO, UNICEF, and the International Committee of the Red Cross (ICRC).- Development of a cholera preparedness and response plan is underway, in collaboration with WHO and UNICEF and in agreement with all healthcare partners. A crisis cell was formed to coordinate the provision of clean water, water quality monitoring, and access to adequate sanitation, targeting vulnerable groups living in informal settlements. Other key coordination mechanisms include collaboration with relevant ministries, especially energy and water, interior, municipalities, and the environment, to provide safe water and sanitation.</p>
UN or other actors	<p>In addition to the tracking and coordination provided by WHO, UNICEF issued a flash appeal on 14 October for 29.378 million USD with an emphasis on strengthening the existing water system to prevent the rapid spread of the cholera outbreak.</p> <p>UNHCR released a response plan on 24 October with funding requirements of 8.5 million USD to meet the needs of refugees living in informal tented settlements and collective shelters as well as vulnerable host communities.</p> <p>UNRWA is continuing water testing in Palestinian camps, developing a fast-track procedure to refer patients at supported primary healthcare centers, and covering cholera hospitalization costs for Palestinian refugees.</p>
Are there major coordination mechanisms in place?	
<p>Lebanon’s Ministry of Public Health has established a coordination mechanism with multi-sector partners including the Ministry of Energy and Water, WHO, UNICEF, and the International Committee of the Red Cross (ICRC).</p>	

Needs (Gaps) Identified



Water, Sanitation And Hygiene

Lebanon's ongoing complex crisis has had detrimental impacts on WASH conditions in the country, which represents a major risk factor for cholera transmission.

Lebanon's public water supply has been negatively impacted by the economic crisis and cuts to public electricity. As a result, families in Lebanon are increasingly reliant on private suppliers. However, this presents a burden for households with reduced purchasing power and has forced vulnerable families to ration use. Meanwhile, lack of oversight among private water suppliers raises concerns for water quality and safety. (Inter Agency Coordination Lebanon 2022). Access to improved water sources is especially low in informal tented settlements housing some of the most vulnerable Syrian refugees (VASyR 2021). There is a need to support people in affected areas with water safety, including through monitoring, testing, and purification.

Sanitation and hygiene needs are also pronounced in informal and collective shelters. In informal tented settlements housing Syrian refugees, one in three households lack access to improved sanitation facilities. (VASyR 2021). There is a need for improved water and sanitation facilities as well as promotion of key hygiene messages among vulnerable refugee populations as well as poor Lebanese populations.



Health

Cholera is easily treatable with adequate and timely care. However, early reports indicate that Lebanon's health-care system, weakened by the country's compounded crises, are struggling to deal with cholera cases. Previously subsidized medicines have become difficult to source, and global supply chain disruptions exacerbate challenges regarding other medical procurement. Providers are also grappling with unreliable access to fuel and brain drain among health workers (the WHO estimated that 40 percent of doctors had left the country as of September 2021). Expertise and experience in treating cholera among Lebanon's healthcare workers is limited, given that the last outbreak was 30 years ago.

There is a need to ensure that people suffering from cholera are able to access quality care regardless of ability to pay. Various stakeholders are working to cover hospitalization costs for cholera patients - the Ministry of Public Health will cover Lebanese patients, UNCHR Syrian refugees, UNRWA Palestinian refugees, and IOM migrants. (UNOCHA 29 October 2022). However, accessibility of treatment for cases not requiring hospitalization remains less clear, although these represent three in four cholera cases as of late October. According to the 2021 multisector needs assessment (MSNA) commissioned by UN OCHA, 71 percent of Lebanese households and 74 percent of Palestinian households reported an inability to afford medical treatment (REACH 2022). Transportation is also a barrier to treatment for many. Nearly one in five Lebanese households (19 percent) reported in the most MSNA that they were unable to afford transportation to a health facility. (REACH 2022) This highlights the importance of free medical transportation.

Vaccination against cholera is also recommended by the WHO in combination with other prevention and mitigation measures. (WHO 2017). The International Coordinating Group (ICG) on Vaccine Provision approved a proposal from Lebanon's Ministry of Public Health for 600,000 doses of cholera vaccine to treat the most vulnerable. The Government of France donated a further 13,000 vaccine doses (WHO 27 Oct 2022). Questions remain surrounded distribution and prioritization of vaccines to ensure accessibility for the most vulnerable.



Protection, Gender And Inclusion

The risks posed by cholera are heightened by inadequate access to safe housing, water, and sanitation – a reality for many vulnerable families in Lebanon, including refugees, migrants, and households impacted by the socioeconomic collapse. Protection monitoring by UNDP also indicates concerns over tensions related to perceived competition between communities, including between displaced populations and host communities, over access to water and management of water services. In a 2022 analysis Lebanon’s WASH sector also noted that individuals living in institutional facilities including prisons, detention centers, mental health institutions, elderly homes or orphanages may be unable to purchase clean water through when public supply is insufficient. (Inter-Agency Coordination Lebanon 2022)



Risk Reduction, Climate Adaptation And Recovery

30 years have passed since Lebanon faced a cholera outbreak, and there is a need to reinforce institutional and community readiness to combat this disease. Through its coordination with authorities, LRC has identified needs to strengthen government readiness at the municipal as well as governorate levels to ensure an agile local response; to build the capacities of community front liner and health workers; and to improve resilience of wider communities. Specific needs include building capacities and procedures around surveillance and case management in order to prevent the spread of illness and mitigate its impact.



Migration

Migrants and refugees in Lebanon experience particular vulnerabilities with regards to the transmission of cholera, while the regular flow of people Lebanon and its neighbors mean that the illness could continue to cross borders in the region. UNHCR's cholera response action plan highlights the heightened risks of cholera exposure faced by vulnerable populations who are living in inadequate shelters with limited access to basic services. This includes Syrian and Palestinian refugees living in informal tented settlements and collective shelters as well as vulnerable host communities. (UNHCR 24 October 2022).

Operational Strategy

Overall objective of the operation

This DREF operation will support the LRC to contribute to the cholera response in Lebanon with the ultimate aim of limiting mortality and reducing transmission of the disease. The operation seeks to enhance the capacities of LRC as well as key institutional and community stakeholders to respond to cholera; and to the address critical water, sanitation, and hygiene needs of affected communities nationwide.

This DREF operation will initially focus on supporting water testing, treatment, and hygiene promotion by LRC's Disaster Management Services (DMS) sector; nationwide mobilization of LRC's Emergency Medical Services (EMS) Sector; transmission mitigation efforts by LRC's Disaster Risk Reduction (DRR) Unit in partnership with communities and relevant authorities; and activation of LRC's non-emergency hotline to provide cholera-related information, guidance, and linkages. It will also equip LRC's Medico-Social Services (MSS) Sector with personal protective equipment to prevent transmission of the illness within LRC's primary healthcare network.

If the outbreak worsens, rationale for the ongoing response strategy will be revisited taking into consideration coverage of LRC's wider cholera response plan through other Movement and non-Movement partners. Support to Palestinian Red Crescent (PRCS) - Lebanon Branch will also be considered based on the needs and priorities of PRCS.

Operation strategy rationale

This DREF operation represents a contribution to the wider Lebanese Red Cross Cholera Outbreak Preparedness and Response plan, which has funding requirements of 4.83 million USD. This DREF operation complements the ongoing Emergency Appeal for Complex Humanitarian Crisis in Lebanon, which supports continuity of healthcare and WASH services outside the context of a major disease outbreak.

LRC's Cholera Outbreak Preparedness and Response plan focuses on three themes of Prevention, Preparedness, and Response. These will be implemented at a national scale through the work of multiple sectors - LRC's Emergency Medical Sector, Medico-Social Sector, Disaster Management Sector and Disaster Risk Reduction Unit. LRC has made specific requests for support via DREF funds based upon its priorities and expected bilateral support.

Targeting Strategy

Who will be targeted through this operation?

The DREF operation will target communities across Lebanon impacted by the cholera outbreak, including residents of informal tented settlements, host communities and local communities as well as local institutions.

LRC's response will be at a national scale, similar to the Complex Humanitarian Crisis Emergency Appeal, given the nationwide coverage LRC provides in key areas such as ambulance services and primary healthcare. More targeted activities will be implemented initially in the following areas: Akkar, Aley, Ashrafiyeh, Baalbek, Bint Jbeil, Chiyah, Chouf, Halba, Hermel, Jal El Dib, Jbeil, Jezzine, Msaytbeh, Nabatiyeh, Qobelias, Rachaya, Saida, Sour, Tarik el Jdideh, Tripoli/Mina, Zahle and Zrariyeh.

The overall number of people to be reached by this operation ties to the activity with the highest expected reach, hygiene promotion sessions. It is worth noting that the figure of 90,000 people to be reached represents LRC's holistic hygiene promotion target encompassing support of all partners - and towards which this DREF operation contributes. It is anticipated that direct participants will be adults, while children will constitute indirect recipients of hygiene promotion messaging. Other activities such as distribution of chlorine tabs, hygiene kits, and disinfection kits will also take place at the household level with the aim to reach both children and adults.

Explain the selection criteria for the targeted population

Selection for programming which involve targeting, including WASH and disaster risk reduction services, will be based upon need and coverage by other actors to avoid duplication. LRC will adopt a case-centric approach throughout this intervention, taking into account several factors such as case concentration, population vulnerability, quality of health and hygiene/sanitation facilities.

Emergency medical services and the hotline are available nationwide on demand.

Total Targeted Population

Women:	45,000	Rural %	Urban %
Girls (under 18):	0	%	%
Men:	45,000	People with disabilities (estimated %)	
Boys (under 18):	0	%	
Total targeted population:	90,000		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Increase in the price of items and consumables	<p>Keeping RCRC Movement Partners and other non-Movement Partners updated on the financial situation and shortages and soliciting support to compensate the shortage in funding. Follow-up and regular updates to stakeholders and suppliers</p> <p>Rely on the use of local materials</p>
Shortages of medical and WASH supplies, increasing in the demand for LRC services, and overwhelming of health facilities in Lebanon.	Support of RCRC Movement partners to purchase some medical and WaSH consumables either locally or internationally Focus on prevention through setting response protocols, daily hygiene promotion and health education activities and daily monitoring and strong coordination mechanisms in place with Ministry of Health and other actors.
Increased risk of exposure for staff and volunteers to cholera during the response.	Undertake low-risk activities and utilize online modalities where possible, Modification of working modalities, increase in the implementation of protective measures, conducting awareness sessions related to Cholera.

Planned Intervention

	Water, Sanitation And Hygiene	Budget	CHF 294,002
		Targeted Persons	90000
Indicators		Target	
Number of households received disinfection kits		1200	
Number of households received hygiene kits		1200	
Number of people reached through hygiene promotion sessions (holistic LRC target)		90000	
Number of water samples tested through external laboratory		600	
Number of households received chlorine tabs		11750	
Priority Actions:		<p>The DREF operation will support LRC Disaster Management Services (DMS) sector to test and treat water in affected communities among both Lebanese and refugee populations. The DREF will also support distribution of hygiene kits and disinfection kits in affected communities as well as per diems and fuel for DMS volunteers and support to conduct hygiene promotion activities in informal tented settlements housing refugees. Through LRC's wider plan - beyond the scope of the DREF - LRC will distribute additional hygiene kits and disinfection kits, install water tanks for usage and drinking, and install handwashing stations and toilets in affected communities.</p> <p>Activities to be supported under the DREF include:</p> <ul style="list-style-type: none"> • Identify and test probable sources of contamination including water monitoring in hotspots. • Treat contaminated water with chlorine. • Distribute chlorine tabs at household level along with information on proper use for water purification. • Conduct hygiene promotion sessions in informal tented settlements housing refugees. 	

		Budget	CHF 107,199

	Risk Reduction, Climate Adaptation And Recovery	Targeted Persons	
Indicators		Target	
Number of operation rooms at governorate and municipal level activated with the support of the LRC		10	
Number of municipalities reached with support to cholera response and preparedness		200	
Number of LRC disaster risk reduction volunteers deployed to support MoPH and MEHE in cholera response		31	
	Priority Actions:	<p>This DREF operation will support LRC's risk reduction work with government and local institutions. LRC's wider cholera response plan - beyond the scope of the DREF - also includes risk communication and community engagement (RCCE) with an aim to reach 600,000 people total. It is mobilizing bilateral support for community-facing DRR activities.</p> <p>Activities to be supported under the DREF include:</p> <ul style="list-style-type: none"> • Support the ministry of public health in operating the call center, tracking and reporting on suspected and confirmed cases; • Support the ministry of education and higher education in cholera risk reduction in schools, operating the call center for tracking AWD and cholera cases; • Support the ministry of interior and municipalities in setting and implementing cholera plans. 	

	Community Engagement And Accountability	Budget	CHF 33,380
		Targeted Persons	
Indicators		Target	
Number of cholera related calls received on the non-emergency hotline "1760"			
Number of calls assisted by LRC doctors			
% of cholera related calls that passed audit		100	
		<p>The DREF operation will support LRC in mobilizing its existing non-emergency hotline to respond to cholera-related calls. It will do so by funding the staffing of the hotline by medical doctors, operators, and administrators.</p>	

Priority Actions:	<p>Activities to be supported under the DREF include:</p> <ul style="list-style-type: none"> • Answer questions from callers related to cholera. • Identify suspected cases. • Coordinate ambulance transportation for cases as applicable. • Coordinate with MoPH regarding case transportation.
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	National Society Strengthening	Budget	CHF 52,616
		Targeted Persons	
Indicators		Target	
Number of harmonized PMER tools supported for LRC cholera response		2	
Number of lessons learned exercises conducted		1	
Priority Actions:		<p>This DREF operation will support LRC's organizational development priorities in terms of promoting a programmatic approach that is harmonized across its engagement with all partners. This is also in line with the IFRC New Way of Working.</p> <p>Activities to be supported under the DREF include:</p> <ul style="list-style-type: none"> • Support development of harmonized LRC cholera preparedness and response logframe and indicator tracking table. These tools pertain to the overall LRC response, to which this DREF contributes. • Support lessons learned exercise • Train LRC personnel on DREF procedures and processes 	

	Health	Budget	CHF 231,589
		Targeted Persons	
Indicators		Target	
Number of suspected and confirmed cholera cases transported (holistic LRC target)		36000	
Number of LRC health facilities supported with PPE		36	
		<p>The DREF operation will support the transportation of cholera patients through LRC's Emergency Medical Services (EMS) and mitigate against transmission by protecting primary healthcare personnel within LRC's Medico-Social Services (MSS) sector. LRC's wider plan - beyond the scope of the DREF - also includes training of its health personnel on cholera, administering cholera vaccines</p>	

Priority Actions:

through the MSS, and conducting health awareness sessions in MSS primary healthcare centers and the catchment areas of selected mobile medical units.

Activities to be supported under the DREF include:

- LRC EMS sector will provide pre-hospital care and transportation for suspected and confirmed cases of cholera. This DREF operation will support per diems for 6 dayshift teams as well as fuel, vehicle maintenance, and station running costs.
- LRC MSS will guard against transmission of cholera at its primary healthcare centers through personal protective equipment, and will provide referrals for suspected cholera patients to relevant treatment facilities.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

LRC's operation will involve volunteers and staff from a majority of its operational sectors - Disaster Management Services, Disaster Risk Reduction, Emergency Medical Services, and Medico-Social Services sectors - as well as the Medical Direction team. Volunteers and staff in these teams will lead the implementation of activities and coordination with operational partners. LRC's support sections will also participate in the operation as needed, including LRC Planning Section which will facilitate overall Planning, Monitoring, Evaluation, Accountability, and Learning (PMEAL) for the operation.

If there is procurement, will it be done by National Society or IFRC?

Logistics activities aim to effectively manage the supply chain, including procurement, storage and forwarding to distribution sites, in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes, and procedures. Sourcing of Medical Items / Wash items is to be done primarily from local market, with adequate approvals to be sought / received from IFRC through support of IFRC MENA, Supply Chain Management Unit (IFRC GHS&SCM MENA) in Beirut. Any additional logistics support can be made available by the IFRC GHS&SCM MENA, as per need.

How will this operation be monitored?

Monitoring for the cholera DREF operation will take place under the framework of a unified logframe for LRC's cholera response which this DREF supports. LRC will report actuals against the ITT. Operations updates will be published on the progress of this operation and any significant changes.

Please briefly explain the National Societies communication strategy for this operation.

LRC is communicating with Red Cross and Red Crescent partners regarding funding needs through a unified concept note and indicator tracking mechanism. Community engagement and accountability is a core component of this operation, including through risk communication and community engagement activities and through the non-emergency hotline.

Budget Overview



DREF OPERATION

MDRLB012 - Lebanese Red Cross Cholera Outbreak Response

Operating Budget

Planned Operations	666,170
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	231,589
Water, Sanitation & Hygiene	294,002
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	107,199
Community Engagement and Accountability	33,380
Environmental Sustainability	0
Enabling Approaches	52,616
Coordination and Partnerships	0
Secretariat Services	0
National Society Strengthening	52,616
TOTAL BUDGET	718,787

all amounts in Swiss Francs (CHF)

Contact Information

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