UNHCR CHOLERA RESPONSE PLAN

October 2022 – March 2023

Situation Overview

Following the first reported cholera case in Lebanon, the Ministry of Public Health (MoPH) declared a cholera outbreak on 6 October 2022.

Cholera is an acute diarrhoeal infection caused by ingesting contaminated food or water. It can spread rapidly in areas with inadequate access to safe water, sanitation and health care.

Vulnerable populations living in inadequate shelters with limited access to basic services are at heightened risk to be exposed to cholera. This includes refugees living in informal tented settlements and collective shelters as well as vulnerable host communities.



UNHCR Response

UNHCR's interventions¹ aim to support the national plan and are implemented under the overall leadership of the MoPH. UNHCR works closely with the Government of Lebanon, WHO, UNICEF and other UN agencies and non-governmental organizations (NGOs) on the cholera response activities. This is done across the Lebanon Crisis Response Plan (LCRP) and Emergency Response Plan (ERP) to ensure inter-agency coordination and complementarity of interventions. UNHCR will continue to adapt its interventions in line with the exigencies of the evolving humanitarian situation.

The objectives of UNHCR's cholera response activities are to:

- Enhance cholera prevention, response and surveillance structures, to contain the outbreak, including support for vaccination campaign.
- Increase the capacity of health care facilities and ensure access to early diagnosis, treatment and timely life-saving support for cholera/acute watery diarrhoea patients.
- Strengthen **risk communication and community engagement** by maintaining two-way communication channels with the refugee communities on cholera prevention and response.
- Ensure timely and appropriate hygiene and **shelter** measures to **control the spread of cholera**, with special attention given to the populations in high-risk areas.



¹ The agency ensures that refugees of all ages and backgrounds have access to quality services as part of its Age, Gender and Diversity (AGD) approach.



and surveinance - Induct rugs of support induction capacity and field testing. Support induction capacity and field testing. Support Cholera Rapid Response Teams' at the field level to enable fast identification of cases, early warning, and support with case management. - Convert prioritized facilities at government hospitals that were previously dedicated to COVID-19 treatment into 'Cholera Treatment Centres' and 'Cholera Treatment Centres' and 'Cholera Prevention. Provide support to primary health care centres for cholera prevention. - Provide support to primary health care centres for cholera prevention. \$5,200,000 Provide support to other Treatment Centres' and 'Cholera Treatment Deds, as well as additional emergency structures for isolation, medical supplies, and medicines. \$5,200,000 Cover 100% of the costs for hospital admission for refugee patients with cholera/acute watery diarrhoea. \$5,200,000 Capacitate and empower volunteers and community groups to share information, raise awareness and promote hygiene practices. \$5,200,000 Train and coach volunteers to closely support cholera prevention and response measures in community groups to share information, raise awareness and promote hygiene practices. \$440,000 Risk Communication and Community Engagement (RCCE) Support community groups to safely identify and refer cases, including persons at higher risk. \$440,000 Risk Base wareness on risks, prevention and treatment referral pathways among the refugee community through printed and audio-visual material, social media campaigns, and SMS/audio messa	Sector	UNHCR's Key Areas of Intervention	Details	Financial Requirements (US\$)
Public Health Case management and hospital support treatment into 'Cholera Treatment Centres' and 'Cholera Treatment Units'. \$\$5,200,000 Provide support to primary health care centres for cholera prevention. Provide support to primary health care centres for cholera prevention. \$\$5,200,000 Provide support to primary health care centres for cholera prevention. Provide support the costs for hospital admission for refugee patients with cholera/acute watery diarrhoea. \$\$5,200,000 Risk Communication and Community Engagement Shelter Capacitate and empower volunteers and community groups to share information, raise awareness and promote hygiene practices. \$\$440,000 Risk Community Engagement (RCCE) Support community groups to safely identify and refer cases, including persons at higher risk. \$\$440,000 • Ensure tracking of the consensumity showledge of the cholera response. \$\$440,000 • Ensure tracking of the consense on risks, prevention and response measures on risks, prevention and treatment referral pathways among the refugee community through printed and audio-visual material, social media campaigns, and SNS/audio messages as well as harmonised counselling lines for humanitarian call centers. \$\$900,000 Figure and sanitation conditions in collective shelters Improve sanitation conditions in collective shelters through choiniation, and provision of clean water where needed \$\$900,000	Public		 risk communities in informal settlements and collective shelters through door-to-door campaign, including in hard-to-reach areas, leveraging strong community engagement. Provide rapid diagnostic tests to support national capacity and field testing. Support 'Cholera Rapid Response Teams' at the field level to enable fast identification of cases, early 	\$1,960,000
Community endersideRisk Communication and Community EngagementRisk Communication and Community Engagement (RCCE)Support community groups to share information, raise awareness and promote hygiene practices.Frain and coach volunteers to closely support cholera prevention and response measures in community groups to safely identify and refer cases, including persons at higher risk.\$ Support community fragement isk.\$ Support community groups to safely identify and refer cases, including persons at higher risk.\$ \$440,000Ensure tracking of the community's knowledge of the disease, behaviors and practices, and share refugees' feedback and identified barriers in the context of the cholera response.\$ \$440,000Risk CommunityFasize awareness on risks, prevention and treatment referral pathways among the refugee community through printed and audio-visual material, social media campaigns, and SMS/audio messages as well as harmonised counselling lines in high-risk collective shelters where refugees reside.\$ Ensure distribution of personal hygiene items in high-risk collective shelters where refugees reside.\$ 900,000ShelterHygiene and sanitation conditions in collective shelters• Ensure distribution of personal hygiene items or humanitarian call centers.\$ 900,000		-	 that were previously dedicated to COVID-19 treatment into 'Cholera Treatment Centres' and 'Cholera Treatment Units'. Provide support to primary health care centres for cholera prevention. Provide hospitals with essential items, including emergency treatment beds, as well as additional emergency structures for isolation, medical supplies, and medicines. Cover 100% of the costs for hospital admission for refugee patients with cholera/acute watery 	\$5,200,000
Hygiene and sanitation conditions in collective sheltersImprove sanitation conditions in collective shelters through chlorination, and provision of clean water where needed\$900,000ShelterProvide supplies for maintaining and improving hygiene in collective shelters, and for fumigation\$900,000	-	and Community	 community groups to share information, raise awareness and promote hygiene practices. Train and coach volunteers to closely support cholera prevention and response measures in communities, with a focus on those living in highrisk locations such as collective shelters. Support community groups to safely identify and refer cases, including persons at higher risk. Ensure tracking of the community's knowledge of the disease, behaviors and practices, and share refugees' feedback and identified barriers in the context of the cholera response. Raise awareness on risks, prevention and treatment referral pathways among the refugee community through printed and audio-visual material, social media campaigns, and SMS/audio messages as well as harmonised counselling lines 	\$440,000
	Shelter	and sanitation conditions in collective	 in high-risk collective shelters where refugees reside. Improve sanitation conditions in collective shelters through chlorination, and provision of clean water where needed Provide supplies for maintaining and improving hygiene in collective shelters, and for fumigation 	\$900,000

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