As of December 20th, Lebanon reported 5,372 suspected or confirmed cases of Cholera and 23 deaths. 29% of these cases occurred in children between the ages of 0-4. The Ministry of Public Health (MoPH), alongside UN and NGO partners including UNICEF, launched a Cholera vaccination campaign that targets hotspot areas including Akkar, Bekaa, Baalbek, and Hermel. Under this campaign, WHO purchased the Oral Cholera Vaccine (OCV) and UNICEF facilitated the procurement and in-country delivery of vaccines within 7 days of order placement. UNICEF, in collaboration with WHO, also provided technical support to the Ministry of Public Health (MoPH) in designing the vaccination campaign and collaborated with UNHCR and WHO to build the capacity of the operational teams in implementing the campaign. Thus far, 1,500,000 doses of the vaccine have been procured and 621,382 people have been vaccinated. However, additional funding is still required to operationalize the full vaccination plan.

UNICEF’s Response

UNICEF continues to coordinate closely with the national multidisciplinary taskforce - led by the MoPH and in coordination with WHO and NGO partners – to contain the outbreak and reduce related mortality and morbidity. UNICEF is delivering lifesaving services across hotspot areas by strengthening existing water and wastewater systems to prevent the rapid spread of Cholera, as well as supporting affected communities to improve their hygiene practices. In addition, UNICEF is
supporting the procurement and distribution of vaccines and supporting the overall health response to Cholera through the provision of medicine, hygiene kits, and other items. UNICEF’s overall Cholera response centers on the following:

1. Improving access to safe water, sanitation, and personal hygiene through support to Water Establishments (WE), Wastewater Treatment Plants, water trucking, and desludging activities to Informal Settlements and vulnerable communities;
2. Conducting early case detection, appropriate and timely case management, infection prevention, ensuring the availability of adequate supplies, the collection and disposal of infectious waste, and developing a distribution plan for the OCV that targets the most vulnerable in hotspot areas;
3. Community engagement and communication using multimedia channels on Cholera prevention;
4. Preventing Cholera in schools through the provision of sanitization and risk communication and community engagement (RCCE) materials.

Water, Hygiene, and Sanitation (WASH)

Support to Water and Wastewater Systems

Since the start of the outbreak, UNICEF has distributed 498,703 liters of fuel across hotspot areas, which includes 362,500 liters to the North Lebanon Water Establishment (NLWE) - also encompassing Tripoli Wastewater Treatment Plant (TWWTP); 73,500 liters to Beirut and Mount Lebanon (EBML); 10,000 liters to South Lebanon Water Establishment (SLWE); and 52,703 liters to the Bekaa Water Establishment (BWE). Through this distribution, UNICEF reached approximately 841,500 people living across the affected areas.

Table 1. Fuel distribution by location

<table>
<thead>
<tr>
<th>Water Establishment</th>
<th>Water Station Name</th>
<th>Type of Water Station</th>
<th>Fuel Distribution (Liters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NLWE (Including TWWTP)</td>
<td>Nahr el barred, Minieh, Beddawi</td>
<td>Wastewater Lifting Station</td>
<td>58,000</td>
</tr>
<tr>
<td></td>
<td>Qoabayat, Tripoli, Mohammara, Rahbe, Ain Yaaqoub, Al Ouyoun, Ouadi El Jamous, Kfarhabou Aasoun, Koura Bercachiyeh, Mejdiya, Fawar, Bourj Arab</td>
<td>Water Pumping Station</td>
<td>275,500</td>
</tr>
<tr>
<td>BWE</td>
<td>Jeb Janine</td>
<td>Wastewater Lifting Station</td>
<td>14,000</td>
</tr>
<tr>
<td></td>
<td>Chamsine, Kabb Elias, Themine et Thata, Temnine, Nassrie</td>
<td>Water Pumping Station</td>
<td>38,703</td>
</tr>
<tr>
<td>EBML</td>
<td>Solidere, Jounieh, Bourj Hammoud, Ghadir</td>
<td>Wastewater Lifting Station</td>
<td>17,500</td>
</tr>
<tr>
<td></td>
<td>Bourj Abi Haydar, Tallet el Khayat, Zaaourieh, Jbeil, Raayan, Daychounieh Baabda, Daychounieh Metn, Qattine Aazar, Fanar, Jal el Dib, Dbayeh</td>
<td>Water Pumping Station</td>
<td>56,000</td>
</tr>
<tr>
<td>SLWE</td>
<td>Saida</td>
<td>Wastewater Lifting Station</td>
<td>10,000</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>498,703</td>
</tr>
</tbody>
</table>
WASH Support to Communities

In Informal Settlements, with the support of partners, UNICEF is delivering at least 35/l/p/d of clean drinking water in all areas of intervention. UNICEF also continues to clean and disinfect water tanks and WASH hardware is being replaced where needed. UNICEF’s Cholera response is centered on the Case Area Targeted Intervention (CATI) approach, which targets households that fall within a 150m radius from a suspected case. Households residing in this catchment area are supplied with Chlorine Family Hygiene Kits and Disinfection Kits with interventions provided through water trucking, desludging, cleaning, and the disinfection of water tanks and pits. Since the start of the outbreak, UNICEF has reached the following results:

- **80 sprayers have been procured and distributed to partners** to clean water tanks.
- **Over 18 metric tons of lime powder has been distributed** to partners in Bebnine and Arsal to neutralize wastewater, covering a population of up to 40,000 people.
- **197,445m³ of water has been distributed** through water trucking.
- **59,226m³ of wastewater** has been desludged.
- **97,787 individuals** received hygiene awareness sessions and prevention messages.
- **15,548 water tanks** have been cleaned and chlorinated.
- **2,000 frontline workers** received Cholera Disinfection Kits.
- **7,983 Disinfection Kits** which will support 47,898 people and 8,949 Cholera Family Hygiene Kits which will support 53,694 people have been distributed to 88 informal settlements in hotspot areas.
- **200,000 chlorine tablets have been distributed** by UNICEF to partners and communities. Each family will receive 5 tablets and each tablet can treat water for 16 days, which equates to approximately 3 months (80 days).

Access to clean water for drinking and domestic purposes is costly and limited for communities across Lebanon, especially for those that are most vulnerable. Parallel to this, Lebanon’s water infrastructure remains on the brink of collapse due to a lack of investment in wastewater systems, along with a lack of maintenance of key WASH infrastructure. As a result, communities are at a higher risk of having direct contact with untreated wastewater, which increases the likelihood of Cholera spreading. Inadequate amounts of safe water pose a particularly significant risk to infants and young children who are more vulnerable to water and sanitation related diseases, which are one of the leading causes of death for children under the age of 5.

UNICEF has been supporting hotspot areas through the increased provision of clean water to reduce the likelihood that people will resort to contaminated water sources as well as repairing key water infrastructure and providing fuel to water establishments and wastewater treatment plants through existing funds. However, this has meant...
funds allocated for future months have now been utilized; therefore if additional funding is not received soon, UNICEF will no longer be able to support communities at its current scale, which is likely to impact the most vulnerable people across hotspot locations who may no longer be able to safely access water and sanitation services. This could result in Cholera continuing to spread through infected water sources and becoming endemic in the country. With additional support, UNICEF can rehabilitate WASH systems and ensure the delivery of clean water to communities across hotspot areas, including for those that are most vulnerable.

Health and Nutrition

UNICEF’s health programming continues to coordinate closely with the MoPH. Since the start of the outbreak, the health response has included the following:

- **54,700 Oral Rehydration Salts (ORS)** have been distributed by UNICEF to Health, WASH, and RCCE partners across Cholera affected areas. So far, partners have distributed **16,022 ORS** to symptomatic or high-risk individuals.
- **149,671 individuals received awareness messages** on Cholera prevention and treatment through community messaging and door-to-door campaigning in high risk and vulnerable areas.
- **3,072 frontline workers were reached** with Cholera awareness messages integrated into ongoing trainings targeting health educators from public schools, selected PHCCs, UNRWA clinics, and in Palestinian hospitals.
- **426 health and nutrition frontline workers** were trained on infant and young child feeding (IYCF) in relation to the Cholera response in coordination with the MoPH IYCF committee and the International Orthodox Christian Charity (IOCC).
- **33 health professionals across 13 public and private hospitals** were trained on treating Cholera cases in children.

To respond to the immediate Cholera needs, UNICEF has reallocated existing funds to support the collapsing infrastructure in Lebanon. However, this is a short-term solution as existing funding was already earmarked for other pressing needs in the country. Without additional funding, UNICEF will not be able to sustain its support to hospitals and PHCCs, which will impact the treatment of Cholera patients. UNICEF will also no longer have funding to continue providing commodities like Cholera kits, ORS, and Ringer Lactate (used for rehydration). Further, UNICEF will not be able to support the upgrade of health facilities and other institutions to become Cholera Treatment Centers (CTCs) and Cholera Treatment Unit (CTUs), which are critical to managing the Cholera caseload and reducing mortality, morbidity, and the continued spread of Cholera. Finally, UNICEF cannot continue its support to the rollout of the OCV campaign without additional funding, which will impact rates of infection and vaccination across the country.

Risk Communication and Community Engagement (RCCE)

As the RCCE Lebanon Task Force lead, UNICEF is leading coordination efforts with other sectors and actors on the ground to **ensure an integrated response and intervention** through awareness raising and community engagement. UNICEF, in coordination with the MoPH, UNHCR, and WHO, is implementing an RCCE plan on the OCV which includes community mobilization as well as the dissemination of IEC materials by partners across hotspot areas. Since the start of the outbreak, activities have included the following:
To promote and enhance positive behaviors, a set of short videos with prominent medical professionals have been developed by UNICEF and the MoPH and disseminated to national TV stations and radios to raise awareness on Cholera symptoms, transmission, prevention, treatment (including chlorination), and the importance of the OCV.

More than 900 Cholera awareness pieces were published during the first 2 weeks of November on national TV and Radio, including tier-one media, reaching more than 40% of the population.

Over 2.5 million people were reached with Cholera messaging through traditional media and 250,818 people through social media.

Over 270,000 individuals have been engaged in Cholera prevention and awareness raising through community engagement and door-to-door activities, especially in hotspot areas, through UNICEF RCCE partners.

More than 1,000 cholera prevention pieces were promoted on National TV and 400 were promoted on radio, reaching approximately 55% of Lebanon’s population.

UNICEF launched an outdoor campaign to boost Cholera preventative messaging to the public which included placing signs with awareness messages in key areas across Beirut, Bekaa, and the North.

UNICEF created a page on its website to communicate the latest messages on Cholera to raise awareness and share information on UNICEF’s response. The page is regularly updated with newly published content.

Coordination with organizations of persons with disabilities (OPDs) remains ongoing. IEC material produced by UNICEF aims to be accessible and is also produced in sign language to ensure that OPDs and people with disabilities receive Cholera sensitization trainings and that the sensitization package itself is inclusive.

A lack of funding for the Cholera response poses a challenge to the continuity of community and social mobilization activities. These activities are inclusive, involving community members, coordination with other organizations, and core behavioral change activities – including the regular chlorination of water at household level. RCCE programming requires teams to be regularly present within communities to build relationships and establish trust, especially for door-to-door chlorination and awareness campaigns. Current funding cannot sustain a full RCCE response, which places existing interventions in hotspot areas at risk. Funding is urgently required to provide support at the community level to contain the Cholera outbreak and provide continual support.

**Education**

Under its education program, UNICEF is developing preventative and awareness measures in schools through the provision of sanitization materials and RCCE as well as launching a MEHE Cholera Taskforce to prevent any further disruption to children’s learning. Since the start of the outbreak, UNICEF’s response has included the following:

- UNICEF has completed an assessment of 1,122 public schools, 133 Technical Vocational schools, and 12 private free schools. Findings are being finalized and will be used to inform the Cholera response in schools.
• 402 school directors from private and public schools attended online awareness sessions on Cholera.

• Through the MEHE Cholera taskforce, a dedicated hotline to address Cholera cases in schools was launched and a map to coordinate interventions with other education actors was developed.

Funding Requirements

As Cholera cases continue to rise globally, the supply of vaccines has become extremely limited and the International Coordinating Group (ICG), the body responsible for managing emergency vaccines, have temporarily suspended the prescribed two-dose vaccination regimen in favor of a single-dose. This strategy allows the vaccine to reach more people during this unprecedented global rise in cases. The expectation is that countries will find other, more sustainable ways to cope with the outbreak to reduce reliance on the dwindling supply of vaccines. It is therefore crucial to address the root causes of the Cholera outbreak in Lebanon urgently before it spreads further to prevent morbidity and mortality. Sustainable access to safe water and sanitation is critical to preventing recurring outbreaks, alongside building strong healthcare systems, tracking and reporting cases, and engaging with communities to raise awareness and support good hygiene practices. If the Cholera response is not prioritized, the outbreak will grow and risks becoming deadlier and endemic in Lebanon.

On 14 October, UNICEF published a flash appeal on the critical humanitarian response needed for the initial Cholera response, which includes interventions in WASH, Health and Nutrition, RCCE, and Education. To date, UNICEF has received USD 5 million towards the appeal.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Funding Needed ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency WASH Support (including emergency fuel provision)</td>
<td>30,565,000</td>
</tr>
<tr>
<td>Emergency Health Support</td>
<td>4,500,000</td>
</tr>
<tr>
<td>Risk Communication and Community Engagement (RCCE)</td>
<td>1,185,000</td>
</tr>
<tr>
<td>Emergency Education Support</td>
<td>1,936,800</td>
</tr>
<tr>
<td><strong>Total Funding Needs</strong></td>
<td><strong>38,186,800</strong></td>
</tr>
</tbody>
</table>

With thanks to the following donors for their generous support:

For more information contact:

Edouard Beigbeder  
Representative  
UNICEF Lebanon  
Email: ebeigbeder@unicef.org

Ettie Higgins  
Deputy Representative  
UNICEF Lebanon  
Email: ehiggins@unicef.org

Sonia Vila Hopkins  
Chief of Partnerships  
UNICEF Lebanon  
Email: sivialhopkins@unicef.org