

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

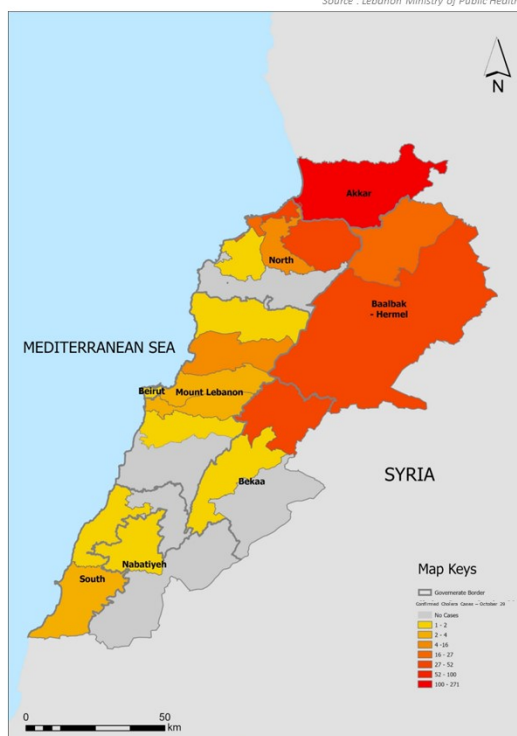
*The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.*

# 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).

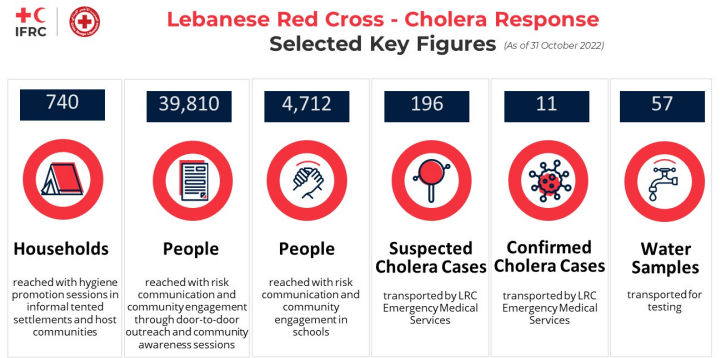
The spread of cases has extended from the site of the initial outbreak to 18 out of the country's 26 districts per MoPH data. Sewage water testing has indicated the presence of the bacteria that causes cholera in Beirut and Mount Lebanon, heavily populated areas that are far from the site of the first 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 that 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).

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	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).
<b>Participating National Societies</b>	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.



# ICRC Actions Related To The Current Event

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.

# Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	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.
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 mechanism in place?

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).

# Needs (Gaps) Identified



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 surrounding the distribution and prioritization of vaccines to ensure accessibility for the most vulnerable.



## 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 the promotion of key hygiene messages among vulnerable refugee populations as well as poor Lebanese populations.



## 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).



## Migration And Displacement

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).



## 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 the resilience of wider communities. Specific needs include building capacities and procedures around surveillance and case management to prevent the spread of illness and mitigate its impact.



# Operational Strategy

## Overall objective of the operation

Against the backdrop of a multi-layered crisis in Lebanon, intensified by the COVID-19 pandemic, the Beirut Port explosions, and the cholera outbreak, the Lebanese Red Cross (LRC) aimed to address the Cholera outbreak through the following interventions:

1. **Emergency Medical Services:** The LRC upscaled the capacity of emergency medical services to respond to the cholera outbreak. This involved training volunteers and dispatchers on safe and proper response methods.
2. **Medico Social Services:** The focus was on prevention, preparedness, and response to improve health outcomes. This included conducting awareness sessions, training community volunteers, and providing medical consultations.
3. **Disaster Management Sector:** The LRC conducted a needs assessment and shifted its intervention to a national response, focusing on the most affected areas. This involved training volunteers, prepositioning stock for the initial response, and ensuring the availability of essential supplies.
4. **Risk Communication & Community Engagement:** One of the key priorities was to engage with the community to spread awareness about cholera, and its prevention, and address misconceptions. This involved preparing communication strategies, conducting mass media health education campaigns, and leveraging hotlines for information dissemination.

## 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 was targeted by this operation?

The Lebanese Red Cross (LRC) had been actively involved in responding to the cholera outbreak in Lebanon. Their targeting criteria for interventions and support were based on several factors:

1. **Affected Areas:** LRC's interventions were primarily focused on the most affected areas. The outbreak had spread across 8 governorates of Lebanon, affecting 20 out of the 26 districts. The most affected areas at the start of 2023 included Bekaa, followed by Akkar and Mount Lebanon.
2. **Institutions and Entities:** LRC targeted institutions based on their needs. The main institutions/entities that were targeted included schools, health workers, nurseries, governmental bodies and entities, NGOs working as front-liners, and the private sector.
3. **Awareness-Raising Initiatives:** The Disaster Risk Reduction (DRR) unit of LRC had planned to develop an awareness-raising play (theatre) about communicable diseases, including cholera. This play targeted children from the age of 6 till the age of 15 and was presented in different public schools, Informal Tented Settlements, and other vulnerable settings.
4. **Distribution of Information, Education, and Communication (IEC) Materials:** LRC distributed more than 850,000 flyers and posters in targeted areas and institutions on a national scale.
5. **Collaboration with NGOs:** LRC developed a registration survey for NGOs willing to respond to cholera. This ensured that there was no duplication of efforts and that all interventions were coordinated.
6. **Vaccination Campaigns:** LRC had launched a vaccination campaign in specific governorates, such as Akkar and Baalbeck-Hermel. They generated a dashboard showing the intervention area of each partner and the Points of Interest (POIs) where the vaccination was conducted.
7. **Support to Ministries:** LRC supported the Ministry of Interior and Municipalities by generating interactive web apps for irrigation, water, and wastewater systems. This helped in tracking the source of water, especially in areas where there was a cholera outbreak.
8. **Emergency Response:** In the event of a spike in the number of cholera cases, LRC continued its operations in the hotspot areas. They distributed essential items like aqua tabs, hygiene kits, and disinfection kits, and provided hygiene promotion sessions in these areas.



## Explain the selection criteria for the targeted population

The selection criteria for the targeted population were based on the severity of the outbreak, the vulnerability of the communities, and the areas most affected by cholera. LRC focused on areas with the highest number of reported cases and those at the highest risk of transmission. The selection was also influenced by the then-current economic crises in Lebanon, the disruption of public water systems, poor water network maintenance, and limited access to hygiene items and medical care.

LRC's approach was case-centric, taking into account factors such as case concentration, population vulnerability, and the quality of health and hygiene/sanitation facilities. They also prioritized areas where there was a lack of coverage by other actors to avoid duplication of efforts.

Emergency medical services and the hotline provided by LRC remain available nationwide on demand, ensuring that all communities, regardless of their location or status, have access to essential services.

## Total Targeted Population

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

## Risk and Security Considerations

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

Risk	Mitigation action
Increase in the price of items and consumables	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  Rely on the use of local materials
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 the implementation of protective measures and conduct awareness sessions related to Cholera.

## Implementation



**Budget:** CHF 231,589

**Targeted Persons:** 850



## Indicators

Title	Target	Actual
Number of LRC health facilities supported with PPE	36	36
Number of suspected and confirmed cholera cases transported (holistic LRC target)	850	836
Number of people reached with MMU cholera sessions	-	1,175
Number of people reached with PHC cholera sessions	-	884
Number of EMS volunteers and dispatchers trained	-	5,340

## Narrative description of achievements

The Lebanese Red Cross (LRC) responded effectively to the cholera outbreak in Lebanon, focusing on several key areas within the health sector.

To ensure the safety of healthcare workers, LRC equipped its health facilities with the necessary Personal Protective Equipment (PPE). This measure allowed healthcare professionals to attend to patients while maintaining their own safety.

The LRC also facilitated the transportation of suspected and confirmed cholera cases, ensuring timely medical care.

Awareness and education were integral to the LRC's strategy. Health awareness sessions were conducted in both Primary Health Care centers and Mobile Medical Units, providing communities with essential information about cholera prevention and treatment.

Training was another focus area, with a significant number of Emergency Medical Services volunteers and dispatchers receiving instruction to handle the challenges of the outbreak.

Additionally, the LRC initiated a hygiene promotion campaign, emphasizing practices like handwashing and household water treatment.

Collaboration with the Ministry of Public Health and other entities ensured a coordinated approach to the outbreak.

In summary, the LRC's comprehensive approach addressed various aspects of the cholera outbreak in Lebanon, from medical care to public education.



## Water, Sanitation And Hygiene

**Budget:** CHF 294,002

**Targeted Persons:** 90,000

**Assisted Persons:** 93,266

## Indicators

Title	Target	Actual
Number of households received chlorine tabs	11,750	2,542
Number of water samples tested through external laboratory	600	121
Number of people reached through hygiene promotion sessions (holistic LRC target)	90,000	93,266
Number of hygiene kits distributed	28,000	8,326
Number of disinfection kits distributed	28,000	7,462

## Narrative description of achievements

During the cholera outbreak in Lebanon, the Lebanese Red Cross (LRC) took comprehensive measures in the Water, Sanitation, and Hygiene (WASH) sector to address the crisis. They embarked on a rigorous process of identifying and testing various water sources in collaboration with municipalities. This initiative aimed to detect and rectify potential contamination points, ensuring the provision of clean water to communities.

To further enhance personal hygiene and safeguard water sources at the household level,

the LRC distributed essential hygiene and disinfection kits, especially in areas identified as high-risk. Recognizing the importance of public awareness, the LRC rolled out a national hygiene promotion campaign. This campaign not only emphasized fundamental hygiene practices, such as proper handwashing and household water treatment, but also ensured its reach to diverse segments of the population, including local communities, schools, and Informal Tented Settlements (ITSs).

Another significant step was the mass water treatment initiative. Collaborating with UNICEF, the LRC coordinated with municipalities for the systematic chlorination of water trucks. Given the prevalence of water trucking as a primary water supply method in many parts of Lebanon, this measure was instrumental in ensuring the distribution of uncontaminated water.



## Risk Reduction, Climate Adaptation And Recovery

**Budget:** CHF 107,199

**Targeted Persons:** 600,000

**Assisted Persons:** 556,010

## Indicators

Title	Target	Actual
Number of LRC disaster risk reduction volunteers deployed to support MoPH and MEHE in cholera response	15	10
Number of municipalities reached with support to cholera response and preparedness	200	1,026
Number of operation rooms at governorate and municipal level activated with the support of the LRC	10	5
Number of people reached through cholera risk communication and community engagement RCCE	600,000	556,010

## Narrative description of achievements

• The Lebanese Red Cross (LRC) played a pivotal role in supporting the cholera response in collaboration with the Ministry of Public Health (MoPH) and the Ministry of Education and Higher Education (MEHE). A dedicated team from the LRC was stationed at MEHE, actively reporting on suspected cases of various diseases, including cholera. The LRC's Disaster Risk Reduction (DRR) unit was instrumental in response planning, reaching out to areas like Akkar, Aarsal, Baalbeck-Hermel, and other regions. Certain governorates, notably Baalbeck-Hermel and Akkar, activated their Disaster Management Units (DMUs) with the LRC providing technical assistance and support. One of the primary cholera response strategies was Risk Communication & Community Engagement (RCCE). Through their door-to-door outreach, the LRC disseminated cholera awareness messages to 556,010 beneficiaries and distributed over 850,000 flyers and posters to raise awareness about cholera.

In response to the cholera outbreak in Lebanon, the Lebanese Red Cross (LRC) set specific targets to ensure an effective and comprehensive response. However, the actual outcomes varied due to the dynamic nature of the situation. The outbreak did not last as long as initially anticipated, thanks to swift and effective measures taken by health authorities and organizations, including the LRC.

While the LRC initially aimed to deploy 15 disaster risk reduction volunteers to support the Ministry of Public Health (MoPH) and the Ministry of Education and Higher Education (MEHE). Only 10 were actually deployed. This was a result of the quicker containment of the outbreak, reducing the need for a larger volunteer force.

Contrastingly, the LRC's outreach exceeded expectations in terms of municipalities supported. Initially targeting 200 municipalities, the LRC reached an impressive 1,026. This overachievement was driven by the organization's commitment to broader geographical coverage,



ensuring even remote areas received necessary support based on need.

However, the number of operation rooms activated at the governorate and municipal levels was half the target, with 5 rooms activated instead of the projected 10. This was a strategic decision to maximize the impact of the activated rooms, focusing on equipping and staffing them efficiently.

Lastly, in terms of cholera risk communication and community engagement (RCCE), the LRC reached 556,010 people, slightly below the target of 600,000. The quicker containment of the outbreak allowed the LRC to adjust the scale of communication campaigns, emphasizing precision and relevance.

Overall, the variances between targets and actual outcomes underscore the LRC's adaptability and commitment to prioritizing needs, ensuring broad coverage, and delivering quality services during the cholera outbreak in Lebanon.



## Community Engagement And Accountability

**Budget:** CHF 33,380

**Targeted Persons:** 0

**Assisted Persons:** 51,478

### Indicators

Title	Target	Actual
% of cholera related calls that passed audit	100	80
Number of calls assisted by LRC doctors	-	521
Number of cholera related calls received on the non-emergency hotline "1760"	-	51,478

### Narrative description of achievements

• During the cholera outbreak response in Lebanon, the Lebanese Red Cross (LRC) played a pivotal role in community engagement and accountability. One of the primary tools for this engagement was the Non-Emergency Hotline '1760'. This hotline was integrated with LRC's Medical Direction services to address the cholera outbreak. The hotline was equipped to handle a variety of cholera-related queries, from answering questions about the disease to coordinating with the Ministry of Public Health on the transport of confirmed cases to Cholera Centers.

A significant number of calls were received on this hotline. Among these cholera-related calls, 52 were transferred to doctors for specialized medical assistance. This indicates the critical nature of some of these calls and the need for immediate medical intervention or guidance.

The capacity of the call center was enhanced to manage up to 200 cholera-related calls per day, anticipating the trend of the cholera outbreak. This proactive approach ensured that the LRC could provide timely and effective support to the community during this health crisis.



## National Society Strengthening

**Budget:** CHF 52,616

**Targeted Persons:** 0

**Assisted Persons:** 0

### Indicators

Title	Target	Actual
Number of lessons learned exercises conducted	1	0



Number of harmonized PMER tools supported for LRC cholera response	2	2
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**Narrative description of achievements**

For this intervention, the Lebanese red-cross ensured a harmonized response through two PowerBI dashboards to monitor the operation and function as an ITT.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRLB012 - Lebanon - Cholera Outbreak

Operating Timeframe: 04 Nov 2022 to 31 May 2023

Selected Parameters			
Reporting Timeframe	2022/11-2023/11	Operation	MDRLB012
Budget Timeframe	*	Budget	APPROVED

Prepared on 18/Dec/2023

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>718,787</b>
DREF Response Pillar	718,787
<b>Expenditure</b>	<b>-711,087</b>
<b>Closing Balance</b>	<b>7,700</b>

### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	231,589	231,589	0
PO05 - Water, Sanitation & Hygiene	294,002	287,417	6,585
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	107,199	107,199	0
PO10 - Community Engagement and Accountability	33,380	33,380	0
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>666,170</b>	<b>659,585</b>	<b>6,585</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services			0
EA03 - National Society Strengthening	52,616	51,502	1,114
<b>Enabling Approaches Total</b>	<b>52,616</b>	<b>51,502</b>	<b>1,114</b>
<b>Grand Total</b>	<b>718,787</b>	<b>711,087</b>	<b>7,700</b>

[Click here for the complete financial report](#)



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