

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
LIBYA
UNDERFUNDED EMERGENCIES
ROUND 1 2016**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The 2016 CERF allocation was discussed on 8 February during the meeting of the Humanitarian Country Team (HCT); follow-up discussions were held with the relevant agencies afterwards.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

At the time of writing this report, a new RC/HC has been appointed to Libya and several sector lead have been replaced or appointed during the timeframe. The 2016 CERF allocation was discussed at the HCT on 8 February.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

While the 2016 CERF allocation was discussed with relevant counterparts, due to the late submission of agency inputs, the report was not formally circulated ahead of submission.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$172.5m		
Breakdown of total response funding received by source	Source	Amount
	CERF	USD 11,989,024
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	Not Applicable
	OTHER (Appeal Funding, Including CERF – FTS Source)	USD 67,000,000
	TOTAL	\$78,989,024

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19/02/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-UF-IOM-013	Multi-sector	500,000
IOM	16-UF-IOM-014	Multi-sector	899,999
UNDP	16-UF-UDP-001	Early Recovery	1,000,001
UNFPA	16-UF-FPA-013	Sexual and/or Gender-Based Violence	570,000
UNFPA	16-UF-FPA-012	Health	500,000
UNHCR	16-UF-HCR-015	Multi-sector	1,000,006
UNHCR	16-UF-HCR-016	Non-Food Items	800,000
UNICEF	16-UF-CEF-027	Child Protection	865,630
UNICEF	16-UF-CEF-026	Water, Sanitation and Hygiene	999,994
UNOPS	16-UF-OPS-002	Protection	365,644
WFP	16-UF-WFP-012	Food Aid	2,487,750
WHO	16-UF-WHO-011	Health	2,000,000
TOTAL			11,989,024

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	7,079,903
Funds forwarded to NGOs for implementation	4,872,621
Funds forwarded to government partners	36,500
TOTAL	11,989,024

HUMANITARIAN NEEDS

In July 2014, Libya witnessed the most serious outbreak of armed conflict since 2011, involving rival militias and the Libyan National Army. This aggravated tribal tensions and fueled the influence of extremist groups. The conflict is characterized by violations of human rights and international humanitarian law. A lack of governance and rule of law has led to widespread insecurity and criminality, with an increase in abductions, targeted killings, robberies, trafficking, and endemic violence. A high proportion of civilians, including women and children, have been killed and injured as the fighting has been concentrated in densely populated urban areas.

In 2016, there are an estimated 435,000 internally displaced persons (IDPs) in Libya, the vast majority of which have been displaced since the escalation of conflict since mid-2014. Displacement patterns reveal both cross-regional displacement, as well as localized displacement, with populations fleeing within their own provinces, particularly in the northwest.

In addition to the humanitarian crisis in Libya, Libya has always been a transit hub for economic migrants. As of February 2016, there were an estimated 150,000 migrants and 100,000 refugees/asylum-seekers. Most originate from countries in the Middle East, North Africa and Sub-Saharan Africa, which have been impacted by war, generalized violence, weak economies and political oppression. Whilst many came to find employment and stability in Libya, they have found themselves caught up in further instability and conflict and often face significant protection concerns as a result of discrimination and marginalization. Migrants and refugees transiting or staying in Libya face particularly dire living conditions and are victims of physical and mental abuses, discrimination, forced and unpaid labour, financial exploitation, gender based violence, arbitrary arrest and detention, and marginalization. They also become easy targets for smugglers and human trafficking networks that promise them high-risk journeys across the Mediterranean Sea to Europe or financially exploit or abuse them within Libya. Loaded into overcrowded boats, thousands of migrants and refugees continue to lose their lives in the Mediterranean Sea in the attempt to reach Europe.

This vulnerable group is facing significant protection concerns, being particularly exposed to abuse and marginalization. Around 40% of the households feel unsafe in their daily life and vulnerable in terms of access to basic services, such as health care and education (Libya multisector needs assessment, 2015). Libya has yet to adopt asylum legislations and procedures. Asylum-seekers and refugees are unregistered and therefore easily subject to work exploitation.

Girls and women are particularly vulnerable to gender-based violence, which is often committed by traffickers, smugglers and organized criminal groups. Migrants, asylum-seekers and female IDPs are the most affected by incidents of sexual violence, with many reporting to feel unsafe to travel or leave their homes unescorted. Children have also been negatively impacted by the ongoing conflict. They comprise 40 per cent of those estimated to be in need of some form of humanitarian assistance, including IDPs, refugees, asylum-seekers and migrants. Children have been the direct victims of increasing human trafficking, forced recruitment, abduction and torture by armed groups and of collateral damage from airstrikes and other attacks at key gathering places.

Furthermore, Explosive Remnants of War (ERW) contamination is extensive with a high risk of injury or death from ERW or from abandoned or unattended Small Arms and Light Weapons (SALW), particularly among children and IDPs seeking to return to their homes. The Libya multi-sector needs assessment (MSNA) found that 52 per cent of key informants surveyed reported the presence of ERW, including landmines and unexploded ordnance, in their community.

The health system has come under severe strain due to the armed conflict and widespread violence. An estimated 18 per cent of primary healthcare clinics and more than 20 per cent of hospitals are not functioning, with over 60 per cent of hospitals at times inaccessible or closed in conflict areas since the beginning of the conflict. The situation is worsening with the protracted crisis. Those facilities and hospitals that are open and accessible are overcrowded with patients, have limited resources to respond and often have to prioritize trauma care patients. There is also a severe shortage of essential medicines, medical supplies and vaccines, with hospitals under staffed as a large number of foreign medical staff have fled the country and local health staff are sometimes unable to access hospitals due to fighting. Thus, the system is currently under severe strain and is creating a growing health crisis, as patients, including women and children, are unable to receive treatment and or obtain essential medicines, including for treatment of chronic diseases. Refugees, asylum-seekers and migrants face additional obstacles for receiving healthcare due to a lack of documentation or limited provision in detention centers.

At the time of drafting this CERF proposal, the Humanitarian Response Plan (HRP) for Libya was significantly underfunded, with just 3% of the total amount requested received by mid-late February 2016. The CERF allocation represented a significant help for addressing the most urgent life-saving needs focusing on IDPs, accessible conflict affected geographical locations, and operational capacities to deliver.

At the end of the reporting year the total funding received against the HRP (including the SIRT Flash Appeal) was 39% (approx. US\$ 67 million). The CERF funding has allowed kicking start under funded project, and while more funds were received, the HRP for Libya remained underfunded by the end of the year.

II. FOCUS AREAS AND PRIORITIZATION

The HRP 2016 amounts to US\$165.6 million to deliver assistance to 1.3 million people (of 2.44 million in need) across seven sectors and the refugee and migrant response, also including coordination. In addition to this, a Flash Appeal of US \$10.7 million was launched in September 2016 to provide 79,400 people in Sirt with life-saving assistance and protection from September to December 2016. The appeal was launched following the start of a military operation against Islamic State (IS) in Sirt by the forces of Libya's Government of National Accord (GNA), which re-captured the area subsequently.

Based on needs (see below detailed needs assessment summary by sector), the Libya HCT agreed to scale up humanitarian interventions, with the focus on improving access to life-saving services (HRP strategic objective 1) and protecting the most vulnerable (HRP strategic objective 2). Taking into account the protracted nature of the Libyan crisis, and the extensive damage to livelihoods and infrastructure wrought by the ongoing conflict, the HRP also focuses on improving the resilience of affected communities (strategic objective 3). This includes strengthening the capacity and impact of local responses to help communities cope better with increasing vulnerability including multiple displacements.

Priority actions of the response include: improved access to life-saving health services and essential medicines; responding to the protection needs and reducing threats to affected populations; providing household food availability and protecting vulnerable people from malnutrition risks; providing minimum dignified shelter assistance and essential Non-Food Items (NFIs); providing safe drinking water and basic sanitation services; ensuring access to safe learning spaces and psychosocial support for boys and girls; improving access to municipal services; and providing direct life-saving support and protection to meet the humanitarian needs of migrants, refugees, and asylum seekers. The response took into account considerations of the specific needs of girls and women, the elderly and persons with disabilities – interventions also mainstreamed gender to the extent possible.

The prioritized locations under this CERF proposal were the ones most affected by the conflict, as agreed by the HCT: Benghazi, Tripoli, Sabha, and Al Jabal Al Gharbi.

The CERF allocation supported the provision of assistance to the most urgent needs as identified in the Humanitarian Needs Overview (HNO) and the HRP. CERF funding was targeted at kick-starting activities and enabling donors to complement the response. The following needs assessments defined the CERF strategy and the location criteria's as mentioned above.

Health System Needs assessment:

An estimated 18 per cent of primary healthcare clinics and more than 20 per cent of hospitals are not functioning, with over 60 per cent of hospitals at times inaccessible or closed in conflict areas over the last six months. Availability and access to reproductive health care and obstetric care services was drastically hampered due to lack of supplies as well as quasi absence of female health providers. Several central and district maternity wards were closed. Furthermore, health network coordination, surveillance and information sharing has been curbed due to breakdowns in communication, particularly between different administrations. The impact is exacerbated by the traditionally weak capacity of the health system, coupled with repeated crises over the years followed by little investment to facilitate the recovery of these services. In the growing health crisis, patients, including women and children, are unable to receive treatment and or obtain essential medicines, including for treatment of chronic diseases. Refugees, asylum-seekers and migrants face additional obstacles for receiving healthcare due to a lack of documentation or limited provision in detention centers.

Asylum Seekers & Migrants Assessment:

Asylum seekers and migrants are frequently denied access to basic services, including healthcare, education and legal support as a result of their status. The Libya MSNA revealed that a total of 44 per cent of refugees and 33 per cent of migrants surveyed have limited or no access to health facilities. 43 per cent of refugee households also reported that their school-aged children do not regularly attend school. Furthermore, refugees, asylum seekers and migrants often lack a social network to rely upon for additional support and are less able to seek assistance from local communities. As a result, they are among the most vulnerable of the affected population and often find themselves subject to abuse and exploitation from criminal smuggling networks. Harsh conditions and a lack of access to services in Libya have further pushed many refugees, asylum-seekers and migrants to seek refuge in Europe. From January to July 2015, the overwhelming majority of the 94,000 migrants and asylum seekers crossing the Mediterranean Sea to Italy departed from Libya. Migrants pay thousands of dollars to smugglers to facilitate a perilous voyage across the Mediterranean Sea, risking their lives in ever increasing numbers.

In 2015, it was reported that over 2,748 migrants have died trying to cross the Mediterranean to reach Europe, compared to a total of 3,279 that lost their lives in 2014. Refugees and migrants are also subject to deportations and the risk of refoulement for refugees is a consistent threat. Forced deportation is also sporadically carried out through Libya's southern border with Niger. Most refugees and migrants interviewed in the MSNA have been in Libya for more than 12 months and have been displaced multiple times since arriving due to the conflict. More than 67 per cent reported feeling unsafe, including being targets of xenophobia and religious profiling. Worryingly, many of the established communities of refugees and migrants that have been working and residing in Libya for several years have also started to leave by boat as their lives have increasingly been endangered by the conflict. Without legal ways to move to a third country, they are left with little choice but to attempt the perilous crossing to Europe or return to their countries of origin.

Approximately 2,000 – 4,500 migrants and refugees are held in the 15 official migrant detention centers managed by the Libya Department for Combating Illegal Migration (DCIM) at any given time. The conditions in these centers are extremely difficult, as they are often overcrowded and the detainees have little access to basic goods and services. Some are run by local militia groups and are largely inaccessible to humanitarian organizations, with the detainees reportedly kept in appalling conditions.

Food Insecurity:

Food insecurity was affecting over 1.28 million people in 2016, with the most severe cases reported in Benghazi and in the south. This number includes over 175,000 IDPs and over 1 million non-displaced affected populations. This increase in food insecurity is mainly due to the armed conflict disrupting commercial supply routes, which in turn has limited the availability of food and led to severe price increases, with staples such as flour, rice and sugar tripling since May 2014. For example, in Derna in the east and Sabha in the south, the price of wheat has increased by 500 and 350 per cent respectively. In addition, a loss of livelihoods, impacting 1.5 million people in Libya, has resulted in a reduction in household income with many families unable to meet their food needs or relying on savings and/or reducing their health and education expenditure to feed themselves.

WASH assessment:

The conflict has also disrupted access to safe water and adequate hygiene and sanitation, with an estimated 680,000 people in need of humanitarian assistance to meet their basic water and sanitation needs. The impact is a result of significant disruptions to the main water network, with the Libya MSNA revealing that over 54 per cent of key informants reported a reduction in the quantity of water available for their households. Wastewater treatment is also a growing concern, especially for the displaced, refugees, asylum-seekers and migrants that reside in collective centers in semi-built structures and public buildings.

Education assessment:

The armed conflict has led to a decrease in school enrolment rates, with the Libya MSNA reporting an average drop of 20 per cent across the country (21 per cent boys / 17 per cent girls). Benghazi is the most affected province with enrolment rates as low as 50 per cent, which is primarily due to 73 per cent of schools no longer functional. Out of 239 schools, 110 are inaccessible due to the conflict

and 64 are occupied by IDPs, disrupting access to education for 57,500 children and students. Across the country, 150,000 children are at risk of no longer having access to education because of the crisis.

Protection assessment:

The Libya MSNA highlighted significant protection concerns for the displaced, with many impacted by the increase in violence and criminality, and their displacement increasing their overall vulnerability. Many reported fearing for their personal safety and security, highlighting cases of increased physical aggression, extortion, abduction and illegal detention with limited enforcement of the rule of law by authorities. Among the displaced population, those living in collective centers in the open and in makeshift buildings such as schools and empty warehouses (particularly in Benghazi) are the most vulnerable and in need of humanitarian assistance. These comprise over 20 per cent of the total displaced population, with the number likely to rise as many of the displaced can no longer afford to rent accommodation and the coping capacity of host communities reduces. The Libya MSNA found that 27 per cent of IDPs surveyed face a risk of eviction. Given the highly volatile and unpredictable security situation the widespread damage of homes in conflict areas, there is no immediate prospect of safe, voluntary and sustainable return for many IDPs. Furthermore, ERW contamination is extensive with a high risk of injury or death from ERW or from abandoned or unattended SALW, particularly among children and IDPs seeking to return to their homes.

III. CERF PROCESS

The HNO and the 2017 Libya HRP provide an overarching framework for humanitarian response inside Libya and are considered as the guidance for the humanitarian actors in their prioritization of the humanitarian response.

The urgent needs and the unmet funding requirements under the HRP 2017 constituted the benchmark against which, HCT and sectors identified and prioritized the humanitarian intervention under this CERF application.

The CERF prioritization was conducted through a joint consultative process in the HCT and Inter-sector Coordination group with all sectors and agencies involved in the humanitarian response in Libya. The HC a.i called for a meeting to inform on the US\$ 6 million CERF funds and to identify priorities based on needs and locations with the most urgent needs. Following long consultations, three locations were chosen and a decision was made to limit responses to areas affected by conflict, with a focus on Internally Displaced Persons (IDPs), accessible geographical locations, as well as operational capacities to deliver. In recognition of the myriad needs in Libya, certain agencies coordinated efforts to submit proposals that cover multiple sectors. The 2016 HRP was used as a basis and vulnerable populations, including IDPs, migrants and refugees, and among those particularly youth, children and women were targeted with life-saving interventions, including access to basic services and protection interventions, as well as interventions to improving the resilience of affected communities in each sector. The CERF proposal also took into consideration the Sirt Flash appeal launched in September 2016.

Through this process, it was decided that the CERF submission would be directed to the three main areas of Sabha, Ubari and Benghazi.

In line with the HCT CERF grant strategy, the prioritization of projects and activities was undertaken by each sector through a consultative process which included sector members and appealing agencies. Sectors ensured alignment and coherence of the projects with the sector specific response plan under the 2017 HRP, particularly focusing on lifesaving projects and interventions targeting the most urgent unmet needs in the three areas agreed on but with a limited amount of money. The onus was on the sectors to prioritize, using the key criteria (life-saving, IDPs, accessible capacities of agencies) and the accessible geographical locations that were agreed upon. Given that the sectors include both UN agencies and INGOs, a broad consultation of humanitarian actors was carried out. All agencies used the HRP as a guiding tool for the prioritization exercise and have submitted projects that were developed and ready to be implemented in the short-term. The project proposals were then endorsed at an inter-sectoral level, reviewed by HCT and approved by the Humanitarian Coordinator.

One of the challenges faced during the CERF process, is that the allocation was made at the time when there was no HC (rather an acting HC was leading discussions). The new HC arrived at a later stage which meant decision taking was difficult at the senior level where comprehensive knowledge of the situation was not yet established. In parallel, OCHA was also just recently establishing its presence and support to lead the CERF process was provided by a surge capacity. Once all the projects were approved by the Inter Sector Coordination Group and the HCT, agencies were requested to develop their proposals which were also discussed with their sector members to ensure transparency.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 1.3 Million									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	7,691	9,742	17,433	8,674	7,627	16,301	16,365	17,369	33,734
Early Recovery	16,607	8,943	25,550	18,980	10,220	29,200	35,587	19,163	54,710
Food Aid	47,070	44,493	91,563	46,075	45,471	91,546	93,145	89,964	183,109
Health	98,000	413,422	511,422	106,168	447,874	554,042	204,168	861,296	1,065,464
Multi-sector	8,963	10,135	19,098	11,642	10,635	22,277	20,605	20,770	41,375
Non-Food Items	2,927	4,777	7,702	2,935	4,788	7,723	5,862	9,565	15,425
Protection	35,828	66,537	102,365	38,813	72,082	110,895	74,641	138,619	213,260
Sexual and/or Gender-Based Violence	0	4,590	4,590	0	0	0	0	4,590	4,590
Water, Sanitation and Hygiene	33,135	42,203	75,338	33,135	42,202	75,337	66,270	84,405	150,675

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

UN Agencies used different methodologies to estimate the beneficiaries of the CERF grant. Needs assessments, field visits (observations) and direct household and or individual interaction through field operations across humanitarian partners supported the estimation of beneficiaries.

Many beneficiaries were identified and selected by using the ratio of 2/3 IDPs and 1/3 Host communities to give an approximation of the profile of beneficiary status. This ratio was originally put forward in the CERF proposal and thus adopted by implementing agencies. In order to determine how many beneficiaries were reached using CERF funds, UNICEF, for example applied a ratio based on the actual total beneficiaries reached with the total funds received in 2016 for the emergency programme, and therefore those reached with the CERF portion (around 20% of all funds received in 2016). This produced a lower figure than planned in the CERF proposal, as the proposal had been designed and prepared on basis of total targets and not only on what the CERF funds could achieve.

The identification of numbers of beneficiaries was constrained by the fact that most agencies and their partners are operating remotely. Access issues also continue to make it difficult to fill information gaps across all sectors in order to underpin evidence based planning

however humanitarian partners have intensified efforts to close these information gaps. There is however, a presence of partners that are well-established in Libya and in areas where access is not an issue thus through these partners, agencies were able to provide more information on numbers of beneficiaries.

ABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	293,687	431,239	724,926
Male	314,617	454,041	768,658
Total individuals (Female and male)	608,304	885,280	1,493,584

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Early Recovery

The installation of solar panel systems made a significant contribution to both life-saving and development activities (under the 2030 Agenda for Sustainable Development). The lack of access to modern energy services had a negative impact on different sectors and most importantly on the public health. The installed Solar Power Systems in five hospitals in Tripoli and Sehha provided power to life-saving medical devices and services, such as intensive care units, operation rooms, and vaccine refrigerators. When the country suffered from electricity black-outs, only hospitals provided with renewable energy through solar panel systems were fully operational and expanded health facility access in a cost-effective and reliable manner. Additionally, through the installation of solar energy, this project stimulated strategic investments and provided innovative solutions to health facilities and health supported structures in a number of hospitals in Tripoli and Sabha.

Sexual and gender-based violence (SGBV)

CERF funding contributed to reach Libyan women either displaced or in host communities and enhanced the understanding of the situation of both those displaced and the host communities. Seven spaces opened in the different areas were used by both IDPs and host communities.

At the spaces, the beneficiaries could share experiences and problems, and support each other, resulting in a network being built where women from the host community became more supportive and helped even to find solutions for several problems faced by the IDPs and host communities. The beneficiaries learned how to express their needs and centers responded to the needs in a participative way. Interventions were decided by the beneficiaries and the beneficiaries also received capacity building sessions. The centers promoted community solidarity, as approximately 20% of the activities were implemented on a voluntary basis. The centers enabled women to leave the camps or their homes for income-generating activities or capacity-building opportunities. Confidence was built between the social workers and beneficiaries, and GBV survivors started disclosing their experiences, even though they did not accept further referral or support outside of the established centers.

The success of the centers encouraged governmental institutions to cooperate and to be part of the GBV interventions. Two Trainings of Trainers (ToTs) were organized in Tunisia. In total, 16 health providers and 16 senior social workers benefited from training on how to manage GBV cases. The Ministry of Health (MoH) has already implemented further 'cascade' trainings inside Libya for more than 100 health providers in different municipalities (Tripoli, Benghazi, Sabha, Almourzig, Derna, Zawia, Oubay). Cascade trainings by the Ministry of Social Affairs (MoSA) will take place on 2017.

CERF funding enabled the distribution of dignity kits and 3,890 women were provided with individual kits. Most women were Tawargha displaced women in Tripoli, Benghazi, and Abou Salim, but vulnerable women from the host community were also part of this distribution. The distribution took place mostly within the centers where women visited the centers and were informed about the services. *The main challenges encountered were related to the security situation, including active fighting and the fear of attacks by militias, in some areas which resulted in a delayed implementation of the project and has resulted in the periodic closure of some of the centers.* The reluctance of women to seek referral and additional services outside of the centers related to SGBV was also another challenge.

WASH

With CERF funding, the following activities took place: assessment and analysis of WASH urgent needs; repair/construction of water and sanitation facilities at camps and collective centers; rehabilitation of main municipal water and sewerage systems; distribution of hygiene kits; hygiene promotion activities; assessment of the WASH situation in learning facilities and child friendly spaces; rehabilitation and construction of water and sanitation facilities in learning facilities; and distribution of hygiene kits to school children.

Thanks to the CERF funding 125,000 people in conflict-affected areas and IDPs were provided with access to sufficient and safe water, in a sustainable manner, in Sabha, Ubari and Benghazi. 31,466 people in conflict-affected areas and IDPs were supported with culturally appropriate sanitation facilities in Sabha, Ubari and Benghazi. 40,472 people in conflict-affected areas and IDPs gained access to adequate hygiene items and appropriate health promotion messages in Sabha, Ubari and Benghazi. 10,000 children were provided with adequate safe water, sanitation and hygienic facilities in their learning environments in Sabha and Ubari.

During the project a number of challenges were encountered. The fact that operations had to be conducted in remote management mode brought with it several complexities. In addition, due to the lack of liquidity and efficient banking system in Libya there were delays in the disbursement of funds to some of the partners. Implementing partners had to be changed after the proposal had been submitted (for instance, withdrawal of ACTED as an implementing partner in Benghazi, and need to identify, select and contract another partner). Also, finding relevant private sector contractors to rehabilitate WASH facilities in schools in the South proved difficult, and the need to shift the projects to a national NGO was challenging. In Benghazi, authorities requested to register implementing partners and thus to get new authorizations. There were also technical problems (particularly electrical problems) encountered in the completion of chlorination systems in Benghazi within the agreed CERF timeline. Finally, some partners faced delays in the liquidation of funds. During the entire implementation period of the CERF fund, new emergencies and new needs arose, for instance in Sirte and in detention centers with the scabies outbreak, and there was an urgency to identify other implementing partners and review the planned response and financial plans.

It is worth noting that the CERF grant has significantly contributed to mitigating the effects of the current humanitarian situation on IDP and other affected populations in Libya, especially in the WASH sector where funds available were scarce in 2016. The CERF grant has also been instrumental in contributing to a timely and immediate response to emerging humanitarian needs in Sirte and in detention centers.

Health

Emergency Health Assistance for IDP Children in Benghazi

Through the CERF funding, the Emergency Health Assistance for IDP Children in Benghazi project was implemented by Save the Children in cooperation with a local NGO. This project served IDP children and women of reproductive age encamped in nine schools and two IDP camps. It provided basic healthcare services through three mobile medical teams twice a week from 1 April 2016 to 31 December 2016.

A program manager and three medical outreach teams (3 general doctors, 3 nurses and 3 midwives) and 9 Community health workers were recruited and trained. Access to a basic package of primary healthcare services was increased through these medical teams in the 9 schools and 2 camps. The teams established a system for emergency referrals from each school/camp to provide 24-hour transportation service for any cases that needed transportation to the referred facilities, including mental health, paediatrics, obstetric emergencies and other acute medical emergency services. Community-based health and nutrition education was provided, IEC

materials distributed, and public campaigns/events for health and nutrition education were organized. In addition, hygiene kits were distributed.

Thanks to the CERF funding 1,368 boys and girls and their families have been reached with health services, screening and referred cases. Save the Children continues to reach 90-95 cases per week and this will continue beyond the end of this project for at least 3 months covered by Save the Children's own funds (until more funds are received). Community outreach work reached 98 families (490 individuals). Community outreach and campaigns are planned to continue beyond the end date of the project. Save the Children is aiming at reaching 3,000 additional beneficiaries beyond the original number of beneficiaries already reached through the past three campaigns (average of 1,000 individuals per campaign).

Main challenges encountered:

The major challenge faced by the project was the difficulty in procuring medicines and medical supplies for the clinic to complete the package of healthcare for the beneficiaries.

Surgical Center in Gernada

MOH provided a primary health clinic in the village of Gernada, which was renovated and equipped by EMERGENCY International (EI) and converted into a surgical center which was opened on 10 October 2015. Whilst, MOH provided a primary health clinic in the village of Gernada, approximately 70 km from Derna and 150 km from Benghazi, MOH asked EI to renovate and equip the structure to convert it into a surgical center. The center offers free-of-charge, high-quality surgical and trauma treatment for war victims. The Center is composed of: two operating theatres, a sterilisation room, a four-bed Intensive Care Unit, 14-bed ward, a laboratory and blood bank, an X-Ray room, an emergency room, a pharmacy and a physiotherapy room. The functioning of the center was partially funded by CERF funds.

Thanks to the CERF funding 24/7 Out-Patient Department (OPD) trauma services were provided in Gernada. In addition, 24/7 surgical treatment for war wounded and trauma patients admitted in Gernada Trauma Center was provided. EMERGENCY International also set up tents to increase the hospital capacity in the event of mass casualties. Training of Local medical and non- medical staff were trained, thus contributing to capacity building and long-term sustainability. From October 2015 until August 2016 a total of 1,236 OPD patients were treated. 226 patients were admitted, 496 surgical operations were conducted and 44 health professionals trained.

After ten months of activities, some episodes of violence occurred in Gernada and the local authorities were not able to control the daily security in the hospital compound, therefore, EMERGENCY International decided to evacuate all its international staff operating in the Trauma Center on 22nd of August 2016. MoH took over the hospital facility and received in donation all equipment, surgical instrument and medical supplies present in Gernada Surgical Center, including the trauma kits supplied by the WHO.

Delivery of Interagency Emergency Health Kits

During the reporting period, International Medical Corps successfully delivered 15 Interagency Emergency Health Kits (IEHK) to six targeted facilities. Each IEHK is designed to benefit 10,000. All 15 kits were successfully delivered—estimated to benefit up to 150,000. Despite considerable efforts, International Medical Corps could not obtain (optional) consultation numbers from targeted health facilities. These hospitals reported that they had no means for providing such data due to shortage of personnel and training. This gap is one of many that International Medical Corps hopes to address in future activities.

There was only one deviation from the original plan, whereas the five targeted facilities (listed below) initially targeted in the proposal were set to receive three rounds of IEHK, they instead received two. The final five were, instead, delivered to al-Jalla hospital in Benghazi. This change was made in light of urgent needs and approved by WHO. This change was made in light of many requests from the East of Libya, which has benefitted less from humanitarian interventions despite severe needs.

Primary Health Care

Patients were treated at the outpatient department at the hospitals and PHC Centers for minor illnesses. Hence, life-threatening conditions have been addressed through enhanced access to care, medicines, supplies and quality treatment at primary and secondary level.

Despite considerable efforts, the health authority could not obtain the patients gender from targeted health facilities. These hospitals reported that they had no means for providing such data due to shortage of personnel and training.

Multisector assistance

The project implemented by UNHCR through partners reached over 8,275 refugees/asylum seekers households (41,375 individuals). UNHCR and partners assisted refugees and asylum seekers in an emergency situation or with the outbreak of the winter in Libya. 512 households (2,560 individuals) received basic life-saving assistance in the form of cash grants. 7,763 households (38,815 individuals) received basic life-saving emergency/winterization kits.

The project implemented by UNHCR through partners reached 2,600 IDP households (15,425 individuals). UNHCR and partners assisted in the provision of humanitarian and direct assistance of the most vulnerable conflict affected households to better meet their life-saving needs. 1,000 IDP households (5,514 individuals) and host community households received cash assistance. 1,600 IDP households (9,911 individuals) and host community households received NFI kits.

Food Security

CERF funding was of fundamental value to the WFP operation, which risked pipeline breaks throughout the year due to severe underfunding. Despite the operation having to scale down in the second half of the year, the CERF contribution was of key importance in WFP reaching the 113,485 people in need it fed in 2016.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The response to the needs identified in the CERF proposal and the related activities were implemented within the set timeframe. However, it has to be noted that the delivery of the assistance took longer to reach the targeted beneficiaries than had been planned in the agreed workplan. Reasons for the delays included:

- Late changes in implementing partners and the subsequent necessity to develop new partnerships and contracts,
- Difficulties related to money transfers to Libya and the disbursement of instalments
- Challenges related to remote management
- The fluid security situation and ongoing conflict in areas targeted for assistance

On the other hand, CERF funds were crucial in addressing developing needs such as in Sirt, and in allowing fast delivery of assistance where it was most pressing.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

In 2016, the needs for basic items in IDP camps, and especially for IDPs and returnees in Sirt increased; in addition hygiene items became inaccessible for vulnerable populations due to soaring prices. CERF funds were critical in allowing the swift distribution of additional hygiene kits, thus contributing to maintaining hygiene standards and helping affected populations saving money for other food and basic items.

In addition, during electricity black-out all over the country, the hospitals with solar powers installed by UNDP were fully operational providing services to citizens.

Funds were crucial in order to deliver and distribute life-saving assistance in the form of NFIs and cash based interventions (CBIs) to vulnerable refugees/asylum seekers and IDPs in Libya.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

c) **Did CERF funds help improve resource mobilization from other sources?**

YES PARTIALLY NO

In 2016, CERF funding was one of the main sources of funding available for the response to essential needs of affected populations. Several sector needs were therefore seriously underfunded at the end of the year. CERF funds received in 2016 helped UN agencies to expand their interventions, but overall the funding level was lower than the needs. In 2016, according to FTS CERF was the second biggest donor in Libya after the European Commission, providing 17.1% of all funding to the response.

The Sirt Flash Appeal launched in Oct 2016, as reported in FTS was funded at 4.7% (USD 0.5 Million out of the USD 10.7 M requested)

d) **Did CERF improve coordination amongst the humanitarian community?**

YES PARTIALLY NO

CERF provided an additional opportunity among many humanitarian actors to coordinate and share information about the humanitarian situation and the support being provided by different agencies and organizations. This helped to reduce the number overlapping programs on the ground and improved the information on needs and the response to these needs.

CERF funds contributed to strengthening the capacity of some national partner organizations, through the identification and development of new partnerships. Therefore, the increased number of national partners operating under the CERF grant has fostered the coordination of the humanitarian response thanks to their presence in Libya and their contribution to the identification of needs and gaps.

Under the CERF grant, all implementing partners undertook real-time assessments before the commencement the intervention. The findings of the assessments were shared with OCHA and the HCT members for subsequent dissemination to other humanitarian stakeholders.

e) **If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

N/A.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Remote management modalities within the Libyan context imply long implementation periods	The initial proposed duration of CERF funds for Libya should take this complexity into account, and be for a longer duration than 9 months.	UNOCHA Libya, CERF secretariat, Country Teams
Reporting on activities that have taken place over a period of 9 months and preparing this report three months after the end of the implementation is challenging during a crisis, especially given that several staff rotations are taking place	Different modality for reporting is needed, may be lighter and faster in real-time.	CERF secretariat
Tracking the activities for a Sector is already challenging, but in addition, dividing the funding to different agencies within the same Sector/Cluster increases the difficulties to properly report on activities and projects for a Sector/Cluster.	CERF projects are submitted by agencies which contradicts the narrative of a response by sector/cluster. Projects proposal and narrative should be either by agency, or by sector, and not a mix of the two options.	CERF secretariat

<p>A lack of understanding between implementing agencies and CERF secretariat on what falls within the CERF criteria, especially relating to remote management and training activities. Particularly, in the case of UNMAS, a negative response was received from the CERF secretariat, stating that the particular training / capacity building proposed falls outside of CERF criteria because it only includes training and is remotely managed. Eventually, after a more in-depth explanation of the situation in Libya and the need and impact of the proposed activities, the project was approved.</p>	<p>During the 2017 process, UNMAS did not see the same challenge, and there seemed to be stronger awareness at the CERF secretariat about UNMAS activities. Therefore, this could in fact be considered a lesson that has been learned, by both sides. A more focused response approach, as seen in 2017, could have also contributed to a better understanding of the situation in Libya.</p>	<p>CERF secretariat</p>
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TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>The increased implementation through national NGOs has greatly facilitated a fast response and allowed a better access to all targeted locations</p>	<p>Continue capacity building efforts of national NGOs. Work with national authorities to support and improve the coordination with NGOs.</p>	<p>Libyan NGOs, UN, National authorities</p>
<p>Delay in granted permission to distribute locally the urgently needed medical supplies by Food and Drug Authority (FDA)</p>	<p>Before the implementation, all the stakeholders including FDA and custom authorities have to be briefed on the activities and expectations from each.</p>	<p>Save the Children</p>
<p>Local Monitoring need to be more extensive</p>	<p>Capacity building of local monitors in the field</p>	<p>MOH, IMC</p>

VI - PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	03-28-2016 - 12-31-2016		
2. CERF project code:	16-UF-WHO-011		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Reducing avoidable morbidity and mortality in Libya via improving access to supplies and emergency response					
7. Funding	a. Total funding requirements ² :	US\$ 9,720,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 4,550,000	▪ NGO partners and Red Cross/Crescent:		US\$ 412,695	
	c. Amount received from CERF:	US\$ 2,000,000	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	141,503	153,295	294,798	98,000	106,168	204,168
Adults (≥ 18)	240,938	261,016	501,954	413,422	447,874	861,296
Total	382,441	414,311	796,752	511,422	554,042	1,065,464
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	183,452			536,675		
Host population				528,789		
Other affected people	613,300					

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include funding received from all donors, including CERF.

Total (same as in 8a)	796,752	1,065,464
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>The number of beneficiaries are more (1,065,464) than the planned (796,752). However, the total beneficiary figure is even higher (an additional 150,000), but these could not be accounted for, as IMC was not able to segregate the gender and age group.</p> <p>Under the CERF funding, the planned number of beneficiaries to be reached were 796,752. However, other donors, including ECHO also contributed. Reported consultations did not take into account additional funds, hence the number of beneficiaries increased by 30%.</p>	

CERF Result Framework			
9. Project objective	Improve access to basic life-saving primary and emergency secondary healthcare services through the provision of essential medicine, medical materials, and technical support for primary healthcare including childhood illnesses and life-saving emergency obstetric care to 796,752 population in Tripoli, Benghazi, Sabha and Al Jabal Al Gharbi in nine (9) months' timeframe.		
10. Outcome statement	Life-threatening conditions have been addressed through enhanced access to care, medicines, supplies and quality treatment at primary and secondary level		
11. Outputs			
Output 1	Provide essential medicine, medical materials, and technical support for primary healthcare including childhood illnesses and life-saving emergency obstetric care to 792,840 population		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of health facilities receiving essential medicines (including for HIV/AIDS)	16 (covers a population of 542,840; Female: 260,563 & Male: 282,277)	33 health facilities (22 PHC and 11 secondary referral hospital)
Indicator 1.2	Number of persons reached through mobile medical activities	250,000 (Female:120,000; Male: 130,000)	There was a considerable delay in the procurement and shipment of mobile medical vans. So the reporting numbers of consultations were from the outdoor services in hospitals and PHC centres.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of IEHK, Trauma kits, non-communicable disease medicine	WHO,	WHO
Activity 1.2	Distribution of IEHK, Trauma kits, non-communicable disease medicine and safe delivery kits to health facilities	MOH, IMC, Emergency Int'l, Save the Children	MOH, IMC, Emergency Int'l, Save the Children

Output 2	Reduce communicable disease transmission and mortality through provision of urgently needed anti-retroviral drugs (ARV) to 3,912 HIV patients.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of persons admitted to secondary health facilities following referrals, related to HIV/AIDS	3,912 (male:2,542; female1,369)	The CERF proposal was revised later, where this allocation was transferred in implementing emergency interventions,
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of HIV/AIDS drugs	WHO	This component was not implemented. The CERF proposal was modified later to support other emergency situation that became necessary to intervene. Explanation provided below.
Activity 2.2	Provision of HIV/AIDS treatment.	MOH	

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project activities were amended from the original project:

- a) INGOs were allocated USD 476,171 for implementation of healthcare activities
- b) HIV/AIDS drugs were not procured
- c) Two mobile health clinics were procured.

This amendment was informed and approved by the CERF secretariat.

International Medical Corps successfully delivered 15 Interagency Emergency Health Kits (EHK) to six targeted facilities:

Location	Recipient Medical Facility	No. IEHK Received	Estimated Beneficiaries
Awbari	Awbari General Hospital	2	20,000
Nalut	Nalut General Hospital	2	20,000
Tripoli	Tripoli Medical Center	2	20,000
Yefren	Yefren General Hospital	2	20,000
Zintan	Zintan General Hospital	2	20,000
Benghazi	Al-Jalla Hospital	5	50,000

Output 1, implemented by WHO and partners:

Patients were treated at the outpatient department at the hospitals and PHC Centers for minor illnesses. Hence, life-threatening conditions have been addressed through enhanced access to care, medicines, supplies and quality treatment at primary and secondary level.

Number of beneficiaries:

Hospitals	Male	Female	Adults	Children
Bani walid	61,787	63,669	125,456	4,866
IDP Tawreqa	1,859	3,826	5,685	2,200
Sabiaa	25,170	27,480	52,650	7,302
Zliten	24,937	21,220	46,157	3,466
Total			229,948	17,834

Primary Health Care (PHC) centers outpatient consultation, Benghazi, (June 2016 to December 2016):

No	Name of PHC	Number of consultations / 6 months	Age group (< 18 yrs)
1	FOWYHAT - PHC	25,006	6,002
2	TEKA - PHC	2,419	628
3	NOAGIA - PHC	4,263	1,037
4	AL-MAGZHA - PHC	15,755	4,884
5	BENINA - PHC	6,955	1,810
6	ABU-ATINE - PHC	92,987	28,825
7	CD-KHALIFA - PHC	12,478	3,119
8	AL-KOWFIA - PHC	28,677	7,270
9	AL-KEISH - PHC	41,599	11,231
10	CD- HOSSAIN - PHC	19,498	5,264
11	RASS-OBIDA - PHC	74,831	19,456

12	CD-ABIED - PHC	26,778	7,480
13	AL-SABRIY (CD-YOUNIS -B) - PHC	54,666	15,341
14	CD-YOUNIS -A - PHC	28,865	8,082
15	AL-SALMANI - PHC	14,569	3,496
16	AL-SLAWA - PHC	33,465	15,341
17	CRT - PHC	32,678	13,975
18	JERDINA - PHC	7,675	1,722
19	AL- HADAAYK - PHC	11,808	3,309
20	POLYCLINIC number 1	17,622	4,417
21	ABN-AL WALEED - PHC	56,413	15,798
22	Al-laithy - PHC	22,341	6,479
	TOTAL	631,348	184,966

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

AAP started from the early stages of the humanitarian programming cycle by engaging authorities acting on behalf beneficiaries in needs assessments. Their needs, concerns, suggestions and perceptions were respected. WHO established open channels of communication for feedback and information sharing; and facilitating participatory processes for decision making. WHO created a robust network of local expertise and strategic partnerships, and the sound management of this network through regular health sector meetings allows for the WHO to significantly contribute to the enhancement of AAP. WHO country office dedicated with the highest possible standards for AAP (based on the Core Humanitarian Standards). AAP measures were considered during the implementation process, and were framed within the context of Libya. Beneficiaries' perspectives and partner reviews incorporated into project impact assessments.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	03-28-2016 - 12-31-2016		
2. CERF project code:	16-UF-FPA-012		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Access of Women to Emergency Obstetric Care and Reproductive Health Services among IDPs, Conflict affected population, Migrant and Refugees					
7. Funding	a. Total funding requirements ⁴ :	US\$ 2,828,000.00	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 500,000	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 500,000	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 36,500 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	21,420		21,420	3,202	3,202	6,404
Adults (≥ 18)	100,914		100,914	17,600		17,600
Total	122,334		122,334	20,802	3,202	24,004
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	17,500					
IDPs	31,500			960		
Host population						
Other affected people (Non displaced people in need)	73,334			23,044		

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include funding received from all donors, including CERF.

Total (same as in 8a)	122,334	24004
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNFPA has faced issues in transferring funds to the Implementing Partners due to the collapsing bank system and the liquidity crisis in Libya. This resulted in delays in the implementation which decreased the overall number of people reached out through the project activities. Incapacity to transfer funds to the Libyan Red Crescent didn't allow it implement the outreach activities and reduced the number of IDPs who accessed the services at health facilities.	

CERF Result Framework			
9. Project objective	Access and utilization of RH and life-saving obstetric services by displaced and conflict-affected women is improved.		
10. Outcome statement	Decreased avoidable maternal and neonatal mortality and morbidity in conflict-affected areas.		
11. Outputs			
Output 1	Basic and Comprehensive Emergency Obstetric and New-born Care services are provided in Tripoli, Benghazi, Sabha and Al Jabal Al Gharbi for 122,000 women-at-reproductive age		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of functional Maternities & health facilities in Four areas equipped with RH / EmOC kits for 122,000 women.	20	21
Indicator 1.2	Number of women at reproductive age (15-49) supported with Comprehensive Emergency Obstetric Care kits	54,000	5,460
Indicator 1.3	Number of women at reproductive age (15-49) supported with Basic Emergency Obstetric Care kits	61,000	6,680
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide emergency BeMONC, CEmONC and RH kits to maternities of central & district hospitals.	UNFPA, MoH	National Center for Disease Control, Medical Supply Organization (NCDC), Medical Supply Organisation (MSO)
Activity 1.2	Provide Basic life-saving obstetric skills to Libyan nurses and GPs, working in central & district maternities.	UNFPA, MoH, Danish Refugee Council (DRC), Libyan Red Crescent (LRC).	UNFPA, NCDC, MSO, Organization, National Board of Family and Population (ONFP) Tunisia, Regional Center for Training (RCT) Cairo
Output 2	Outreach and basic RH services are integrated into existing mobile clinics of partners for population with limited access		
Output 2	Description	Target	Reached

Indicators			
Indicator 2.1	Number of women with RH needs outreached by mobile clinic visits	16,000	0
Indicator 2.2	Number of women with RH needs referred to adequate services	1,600	5,040
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Life-saving technical skills enhancement for 80 volunteers to reach out to displaced and affected women with limited access	UNFPA, LRC	Not implemented
Activity 2.2	Provision of outreach services to women with limited access	UNFPA, MoH, LRC	Not implemented

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

UNFPA has faced issues in transferring funds to the Implementing Partners due to the collapsing bank system and the liquidity crisis in Libya. This resulted in delays in the implementation which decreased the overall number of people reached out to through the project activities. Incapacity to transfer funds to the Libyan Red Crescent didn't allow it to implement the outreach activities and reduced the number of IDPs who accessed the services at health facilities.

Also and based on the operational reports (from Ministry of Health and WHO) and the requests of the Libyan health departments, UNFPA prioritized the procurement of Comprehensive Emergency Obstetric Care (EmOC) kits to respond to the most urgent needs of women in conflict-affected areas. Thus, UNFPA redistributed the funds to allocate more for the kits to be procured.

On the other hand, the Health Information System has collapsed in Libya. The lack of data delayed the procurement and the distribution of the RH kits (first reports received by June 2016).

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project accountability was fulfilled during the three phases of the project:

- UNFPA made a secondary data review at the starting of the project to analyse the needs and set-up the response strategy. UNFPA also supported a multi-sectoral needs assessment (MSNA) in 2015 that included Focus Group Discussions and consultations with the community around their most urgent health needs. UNFPA also carried out a situation analysis on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) in Libya that informed this response strategy. This analysis included key Libyan Health institutions together with some local NGOs and health facility managers.

- Project Implementation: UNFPA organized a meeting with different Libyan Health institutions and the Libyan Red Crescent to discuss with them the operational arrangements needed for the good implementation of the project activities. Given the remote management, UNFPA activated a facebook page and a twitter account to communicate with the local community. UNFPA has also regularly updated the MoH and other partners on the implementation of the activities through the Health sector meetings and the regular reports submitted to the sector coordinator and to UN OCHA.

UNFPA also recruited a local National Program Officer in Libya to monitor closely the project implementation, meet with the partners and beneficiaries and provide support whenever needed.

- Project Monitoring: UNFPA maintained a very close and active coordination and communication with its health partners (through regular meetings in Tunis and Libya). UNFPA technical staff hired locally carried out regular monitoring visits to the projects sites and held regular coordination meetings with the implementing partners. As per UNFPA practices, UNFPA and the IPs have established annual work plans with targets and indicators to ensure proper monitoring of activities. This work plan has been reviewed regularly to adapt to the operation changing conditions.

The existing national execution (NEX) modality requires the IP to provide a financial expenditure report at the end of a quarter

and submit it along with a narrative quarterly progress report upon which a new quarterly advance can be transferred. Together with NCDC (The IP), UNFPA has put in place a monitoring and reporting system to monitor the distribution of the Health kits in Libya through the targeted health facilities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

An evaluation meeting was carried out on 27th February 2017 with NCDC (IP) team (programmatic and financial). The key findings that came out from the evaluation workshop are:

EVALUATION PENDING

- Basic and Comprehensive Reproductive Health Kits provision: The kits distributed in 2016 allowed the MoH improve its supply chain management and reporting mechanism. Meanwhile, in order to enhance the coordination between UNFPA and NCDC, a timeframe for the distribution of the kits has to be setup and implemented by all partners for the procurement, custom clearance and distribution of the RH kits.
- Provision of basic lifesaving obstetric skills: The cascade trainings on safe delivery are highly appreciated and needs to be duplicated in other cities in Libya (especially Southern cities and Al jufrah).
- For the training of new midwives, several curricula have been developed by the Libyan universities. Meanwhile the MOH needs UNFPA to support the implementation and ensure quality training are provided.
- Regarding the Outreach activities, NCDC advised to not invest in mobile clinics. Instead UNFPA would better support the existing health centers (focusing on primary health Care facilities).

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	03-28-2016 - 12-31-2016		
2. CERF project code:	16-UF-WFP-012		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance to People Affected by the Crisis in Libya					
7. Funding	a. Total funding requirements ⁶ :	US\$ 30.3 m	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 11.9 m	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 235,078	
	c. Amount received from CERF:	US\$ 2,487,750	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	32,781	23,738	56,519	47,070	46,075	93,145
Adults (≥ 18)	61,962	44,869	106,831	44,493	45,471	89,964
Total	94,743	68,607	163,350	91,563	91,546	183,109
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				12,500		
IDPs	163,350			170,609		
Host population						
Other affected people						
Total (same as in 8a)	163,350			183,109		

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include funding received from all donors, including CERF.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	WFP's project plan in terms of demographics was based on Libyan Bureau of Census data, which showed a higher number of women than men in the population. However, distribution reports throughout the year instead showed a higher percentage of men than women in the beneficiary population.
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CERF Result Framework			
9. Project objective	Improve immediate household food availability and access for the most vulnerable people.		
10. Outcome statement	Lives saved and the vulnerable are protected from sliding into hunger consequences. Food assistance is therefore to support the most affected and vulnerable people whose food security has been compromised due to recent displacement, multiple displacements or who live in collective public places.		
11. Outputs			
Output 1	Target beneficiaries received food.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people receiving four monthly rations of food	163,350	183,109
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food procurement and beneficiaries targeting	WFP and Cooperating Partner (CP) respectively (Sheikh Taher Azzawi Charity Organisation, STACO)	WFP and Cooperating Partner (CP) respectively (STACO)
Activity 1.2	Food procurement/delivery to CP warehouses	WFP	WFP
Activity 1.3	Distribution, monitoring and reporting	CP (STACO) and Third Party Monitor (TPM)	CP (STACO) and Third Party Monitor (TPM)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The CERF funding was used to distribute more than 1,100 mt of food parcels to the most vulnerable in the eastern part of the country, as well as 1,100 mt to the west and south, allowing for 183,109 people to receive much-needed food assistance.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project was designed to address the urgent food and nutrition needs of vulnerable women, men, girls and boys affected by the crisis. The HNO, as well as WFP's own Rapid Security assessment (October 2016) indicated that some 24 percent of IDPs (an 18 percent increase since 2015) are food insecure and 62 percent are vulnerable to food insecurity. WFP targeted its general food distributions to IDPs and refugees, as they are the most vulnerable population groups in need of food assistance.

Distributions were conducted during daytime hours to minimize any protection concerns for beneficiaries and cooperating partners during the collection of food assistance. No safety incidents were reported when beneficiaries participated in distributions, including travel to, from or at distribution sites. WFP's cooperating partners worked with local community volunteers to announce upcoming food distributions in areas where internally displaced people (IDPs) were temporarily sheltered. Leaflets were distributed alongside food parcels to beneficiaries at distribution points, informing them of their food entitlements and on the WFP hotline number managed by third-party monitor (TPM), Voluntas, which was put in place to receive beneficiary feedback. Noting that a low number of beneficiaries were informed that the distributions were from WFP, in 2017 WFP will insert the leaflets directly in the food parcels to ensure visibility.

Twenty-four calls were made to the hotline throughout the year, with eleven being made by women. Through the hotline, beneficiaries generally made requests such as cash and baby food, and in some cases also reported that the quantity of assistance was not sufficient and asked to increase the number of distributions. Women generally called the hotline to request clarification on registration and distribution times and places; in these cases they were provided with the information requested.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

From January 2016, WFP Libya has strengthened its cooperation with a third party monitoring (TPM) consulting firm, Voluntas. Voluntas monitors and evaluates WFP's cooperating partners as they distribute food throughout Libya for the emergency operation.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	22 March 2016 – 31 December 2016		
2. CERF project code:	16-UF-CEF-026		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Life Saving Emergency Water, Sanitation and Hygiene Services for Conflict Affected and Displaced Children and their Families in Libya					
7. Funding	a. Total funding requirements ⁸ :	US\$ 2.57M	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 999,994	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 884,860	
	c. Amount received from CERF:	US\$ 999,994	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	18,000	18,000	36,000	33,135	33,135	66,270
Adults (≥ 18)	19,500	19,500	39,000	42,203	42,202	84,405
Total	37,500	37,500	75,000	75,338	75,337	150,675
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	25,000			31,466		
Host population	40,000			109,209		
Other affected people	10,000			10,000 (schoolchildren)		
Total (same as in 8a)	75,000			150,675		

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include funding received from all donors, including CERF.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The total number of beneficiaries reached thanks to this CERF grant is more than the double than was planned, because of the implementation of chlorination systems that benefited a total of 125,000 affected people (host populations and IDP) in Benghazi. This change was the result of a need formulated by local communities and municipalities that considered the rehabilitation of water networks as an urgent priority over sanitation services. It also explains the lower number of beneficiaries in the sanitation services component of the project (output 2).</p> <p>In addition, as per the below reporting on indicators, CERF funds allowed the coverage of more beneficiaries with hygiene services (distribution of kits, hygiene promotion activities), following the soaring prices of such items and the increasing needs of vulnerable populations during the CERF grant timeframe. New emerging needs following the Sirt crisis and the recent scabies outbreak in detention centers were also partly met with CERF funds, which contributed to a higher number of beneficiaries from the hygiene activities (output 3).</p>
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CERF Result Framework			
9. Project objective	Contribute to saving lives and mitigating WASH related diseases of 75,000 conflict-affected people through the provision of basic, adequate and safe WASH facilities in Sabha and Benghazi regions in a nine-month timeframe.		
10. Outcome statement	<ul style="list-style-type: none"> Conflict affected people accessed adequate, equitable and sustainable safe water supply, sanitation and hygiene services Schoolchildren have improved access to WASH facilities and hygiene practices in safe learning environment – schools and Child Friendly Spaces in the municipalities of Sabha and Benghazi. 		
11. Outputs			
Output 1	65,000 conflict affected population and IDPs provided with sufficient safe water in a sustainable manner in Sabha and Benghazi		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people provided with minimum amount of safe water in line with international standards	65,000 (37,500 male, 37,500 female)	125,000 (62,500 male, 62,500 female)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	To conduct assessment and analysis of the WASH needs	UNICEF, ACTED, DRC	UNICEF, DRC, Libyan Society for National Reconciliation and Charity Works (LS)
Activity 1.2	To repair 4 water networks/construct 2 water network facilities at IDPs camps and collective centers	UNICEF, ACTED, DRC	UNICEF, DRC, LS
Activity 1.3	To rehabilitate essential 2 municipal water systems in Benghazi and Sabha	Private contraction company selected through a competitive bidding process	UNICEF, DRC, Private sector
Output 2	65,000 conflict affected population and IDPs supported with culturally appropriate sanitation facilities		
Output 2 Indicators	Description	Target	Reached

Indicator 2.1	Number of people provided with gender appropriate sanitation facilities	65,000 (32,500 male, 32,500 female)	31,466 (15,733 male, 15,733 female)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	To repair 4 latrine blocks/construct 2 blocks sanitation facilities at IDP camps and collective centers	UNICEF, ACTED, DRC	UNICEF, DRC, LS
Activity 2.2	To repair 4/install 2 hand-washing facilities at IDP camps and collective centers	UNICEF, ACTED, DRC	UNICEF, LS
Activity 2.3	To rehabilitate/repair 2 essential municipal sanitation network in Sabha and Benghazi	Privately contracted company selected through a competitive bidding process	UNICEF, DRC
Output 3	25,000 conflict affected people and IDPs access adequate hygiene items and appropriate health promotion messages		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of people reached with hygiene items	25,000 (12,500 male, 12,500 female)	40,472 (20,236 male, 20,236 female)
Indicator 3.2	Number of people reached with hygiene promotion messages	17,000 (8,500 male, 8,500 female)	40,472 (20,236 male, 20,236 female)
Indicator 3.3	Number of people adopted hygiene practices	8,000 people	NA (No assessment completed).
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	To distribute hygiene kits	UNICEF, ACTED, DRC	UNICEF, DRC, LS, IMC
Activity 3.2	To conduct hygiene promotion activities	UNICEF, ACTED, DRC	UNICEF, DRC, LS, IMC
Outcome 4 statement	Schoolchildren have improved access to WASH facilities and hygiene practices in safe learning environment - schools and child-friendly spaces in the municipalities of Sabha and Benghazi		
Output 4	10,000 children are provided with adequate safe water, sanitation and hygienic facilities in their learning environments in Sabha and Benghazi		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of children in schools/CFSSs provided with safe water	10,000 (5,000 boys, 5,000 girls)	10,000 (5,000 boys, 5,000 girls)
Indicator 4.2	Number of schools/CFSSs supported with rehabilitation and construction of appropriate gender sensitive sanitation facilities	20 (10 boy schools, 10 girl schools)	20
Indicator 4.3	Number of children (gender and age segregated) provided with school hygiene kits	7,500 (3,750 boys, 3,750 girls)	5,000 (2,500 boys, 2,500 girls)
Indicator 4.4	Number of children reached with hygiene promotion	7,500 (3,750 boys,	5,000 (2,500 boys,

	messages	3,750 girls)	2,500 girls)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	To conduct needs assessment at schools and child friendly spaces	UNICEF, ACTED, DRC	UNICEF, STACO, DRC
Activity 4.2	To rehabilitate and construct water and sanitation facilities in learning facilities	UNICEF, privately contracted company selected through a competitive bidding process	UNICEF, STACO
Activity 4.3	To provide school children with hygiene kits	UNICEF, ACTED, DRC	UNICEF, DRC
Activity 4.4	To conduct hygiene promotion sessions in schools and child friendly spaces	UNICEF, ACTED, DRC	UNICEF, DRC

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project's objective and outcomes have been achieved as per the proposal, with variations in the geographical scope based on emerging urgent needs during the CERF grant's timeframe, and as discussed and shared within the Inter Sectoral Coordination Group. Sirt and Ubari have therefore been added to the projects locations.

The list of implementing partners has also been modified during the lifetime of the grant, given changes in the availability of some organizations and feasibility of the projects within the set timeframe.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF's emergency response is guided by the CCCs (Core Commitments for Children in Humanitarian Action) which strongly focuses on results and aligns its commitments to global standards such as SPHERE standards. The Accountability to Affected Populations was accordingly ensured through their involvement at all stages, their participation, and through systematic sharing of information on the project planning, design, and implementation, and of all assessments.

Communities were involved and invited to provide feedback on the hygiene items distributed, including for instance the number and type of items in the kits. Assessments were also conducted with the involvement of IDPs in camps, and a Participatory Needs assessment was conducted. The findings of assessments are also systematically shared with the relevant municipalities and communities who advised on priority needs, selection criteria of beneficiaries, areas and/or types of interventions. For instance, following extensive consultations with the community and subsequent findings, a damaged borehole in Ubari was rehabilitated instead of the initial plan to rehabilitate networks within IDP areas.

Communities were also involved in the monitoring of the project implementation. They had the opportunity to voice their opinions and/or concerns, particularly through social media and third party monitoring. All feedback received was analysed and addressed. Follow-up visits took place after the distribution of hygiene kits, as well as after the end of the projects implementation.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The evaluation of CERF-funded components will be conducted within the framework of the evaluation of UNICEF Libya's country programme, which will be completed in 2017.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	03-22-2016 - 12-31-2016		
2. CERF project code:	16-UF-FPA-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Serving and Protecting Women and Girl GBV Survivors among Displaced and Conflict-Affected Communities in Libya					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 2,350,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 570,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 339,669.39	
	c. Amount received from CERF:	US\$ 570,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	5,000		5,000			
<i>Adults (≥ 18)</i>	26,000		26,000	4590		4590
Total	31,000		31,000	4590		4590
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	4,000			3,890		
<i>Host population</i>						
<i>Other affected people</i>	27,000			700		

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include funding received from all donors, including CERF.

Total (same as in 8a)	31,000	4,590
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>2016 was the year of conflict eruption all over Libya, more than 20 militias only in Tripoli, long days of electricity interruption, lack of cash.</p> <p>This unstable and insecure framework that marks the situation in Libya lead to a reluctance of governmental institution to be part of GBV interventions in Libya. In fact, besides it being a taboo, touching this area is perceived as pointing to a change of the cultural background where men are leading the family and the society. In the meantime, increasing violence against women taken hostage by some forces for ransom or revenge makes such cooperation difficult; actors were fearing homicide by militias.</p> <p>To face this reality, UNFPA opened women community centers through local NGOs in October 2016 and worked hard to reintegrate MoSA and MoH within this structure starting through their human resource capacity development.</p>	

CERF Result Framework			
9. Project objective	Serving & protecting S/GBV survivors, women & girls among IDPs & conflict affected communities		
10. Outcome statement	Mitigation of SGBV risks and provision of quality services for survivors to rehabilitate, integrate within their communities.		
11. Outputs			
Output 1	Set up a Chain of multi-Dimensional services, with user friendly referral mechanism among services, for a comprehensive response to GBV survivors, among IDPs, and in conflict affected communities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of government services (MoH & MOSA) providing services to GBV survivors	6 health facilities 6 social centers	9 health facilities 9 social centers
Indicator 1.2	# of Community Women centers established by local women Civil Society Organizations (CSOs)	6 centers	7 Centers
Indicator 1.3	# of S/GBV cases provided with necessary services & referral	2,000	not implemented
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support MoH & MoSA to integrate/provide Counselling services to GBV survivors within their respective centers (including training of their respective providers)	MoH, MoSA, DRC & Cevsi	Women and Youth Empowerment Forum (WYEF)
Activity 1.2	Support setup of Community-Based Women Social centers to provide psycho-Social & legal counselling to GBV survivors, in IDP affected communities	Local Women CSOs, DRC, Cevsi	Under the platform of the IP WYEF We have 7 centers: 1-Roya Association Ass (Tripoli) 2-Fakhr Libya Association (Tripoli) 3-Amazounet Association (Ben Ghazi) 4-Libya Development Association (Ben Ghazi) 5-Libyan Union Women Association

			(Sebha) 6- Psycho social support Association (Sebha) 7- Nana Marn Association (Jadu)
Activity 1.3	Develop GBV Standard Operating Procedures & referral pathway to facilitate timely and adequate referral of GBV survivors, among different services	MoH, MoSA, Local Women CSOs	1-Manuals of GBV management cases are under the examination and review of both MoSA and MoH to adapt them to Libyan background 2-Coordination with both ministries was set to facilitate accessibility and services for GBV survivors
Activity 1.4	Setup a Coordination/referral mechanism at community level among different GBV services,	Min. of Health, Min. of Social, Local Women CSOs	3 coordination mechanism at municipality level set in -Ben Ghazi -Tripoli -Sebha
Output 2	Community-Based Outreach (Information/ Mobilisation) & Educational / Recreational activities organized to attract & inform 31,000 women & girls about GBV services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of teams of young Women teams conducting House-to-house visits	8	7
Indicator 2.2	# of households informed about women recreational and educational activities	15,000	3,890 reached through the dignity kits distribution. Others were reached through visits to social meetings (weddings, funerals, etc.)
Indicator 2.3	# of Recreational/GBV Life skills sessions organised with Women & Girls	60	56 different activities during 3 months
Indicator 2.4	# of women and girls involved and empowered in recreational activities.	1,500	700 for an average period of 2 months
Indicator 2.5	# of women Dignity Kits distributed to displaced women & girls	10,000	3,890
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identify, train & support teams of Young Women Volunteers to conduct Outreach activities in areas surrounding Community Women Social centers	Local Women CSOs, DRC, CESVI	Under the platform of the IP WYEF We have 7 centers: 1-Roya Association Ass (Tripoli) 2-Fakhr Libya Association (Tripoli) 3-Amazounet Association (Ben Ghazi) 4-Libya Development Association (Ben Ghazi) 5-Libyan Union Women Association (Sebha) 6- Psycho social support Association (Sebha) 7- Nana Marn Association (Jadu)

Activity 2.2	Organize Educative/recreational activities within Women Social Centers	Local Women CSOs, DRC, CESVI	<p>Under the platform of the IP WYEF We have 7 centers:</p> <ol style="list-style-type: none"> 1-Roya Association Ass (Tripoli) 2-Fakhr Libya Association (Tripoli) 3-Amazounet Association (Ben Ghazi) 4-Libya Development Association (Ben Ghazi) 5-Libyan Union Women Association (Sebha) 6- Psycho social support Association (Sebha) 7- Nana Marn Association (Jadu)
Activity 2.3	Procure & distribute "Women Dignity Kits" adequately designed to specific needs of displaced women, through Women Social centers,	Local Women CSOs, DRC, CESVI	<p>Under the platform of the IP WYEF We have 7 centers:</p> <ol style="list-style-type: none"> 1-Roya Association Ass (Tripoli) 2-Fakhr Libya Association (Tripoli) 3-Amazounet Association (Ben Ghazi) 4-Libya Development Association (Ben Ghazi) 5-Libyan Union Women Association (Sebha) 6- Psycho social support Association (Sebha) 7- Nana Marn Association (Jadu)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

It is important to highlight that

- Following the settlement and success of the women centers, governmental institutions became more confident about the vision of intervention on GBV field, the quality of the trainings and the output shared were added value to structure small community referral system toward scaling up actually discussed with concerned authorities
- Dignity kit procurement was finalized in Libya for the reason that procuring out of the country will take more time, shipment to the country couldn't be guaranteed because of the omnipresence of militias in the capital Tripoli who can confiscate the kits.
 - Inflation affected the price of the components and reduced the number of kits supposed to be distributed. In the meantime, the Abaya (Women clothing totally covering the women) asked by Libyan IDPs was the most expensive item of the kit.
- UNFPA changed the IP before the start of the implementation; this decision was linked to the rate of overhead costs (30%), Libyan IP implemented with a rate of support cost of 7%.
- 3 main challenges met the implementation and effected directly the number of beneficiaries
 - a- Acceptance of landlord to rent houses for women activity centers (took 2 months to find locations)
 - b- Community skeptical about the objectives of the centers (especially related to GBV)
 - c- Discloser of GBV survivors within Libya circumstances of insecurity and lack of trust was hard on both sides: cultural background was a huge barrier to share the experience of those survivors joined to the fact that some perpetrators are part of militias and armed groups.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

- Direct feedback mechanisms set with local NGOs and beneficiaries
- NGOs are part of the commitment to hold and assist UNFPA for its commitment (Partners induction workshop)
- Strategy for risk management set within the insecure environment to protect centers and beneficiaries
- Feedback and information are collected from the field for follow up and monitoring (reports on monthly basis)
- Revision of the intervention against 'Do no harm' framework
- Working together with local partners and civil society for maximum efficiency, coverage and effectiveness and support local capacities (2 ToTs for 32 services providers were organized on GBV case management with two main ministries MoSA and MoH covering 10 municipalities)

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

As the centers were established in October 2016, UNFPA judged to postpone the evaluation for after the first quarter of 2017.
Project evaluation is planned to be finalized 1st week of April.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	22 March 2016 – 31 December 2016		
2. CERF project code:	16-UF-CEF-027		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Inclusive community based child protection and psychosocial services for conflict affected children in Tripoli and Benghazi					
7. Funding	a. Total funding requirements ¹² :	US\$ 3,024,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$ 4,324,106 (total funds available for 2016)	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 806,992	
	c. Amount received from CERF:	US\$ 865,630	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	7,700	7,700	15,400	7,691	8,674	16,365
Adults (≥ 18)	7,500	7,500	15,000	9,742	7,627	17,369
Total	15,200	15,200	30,400	17,433	16,301	33,734
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	20,400			22,500		
Host population	10,000			11,234		
Other affected people						

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include funding received from all donors, including CERF.

Total (same as in 8a)	30,400	33,734* * It was difficult for the implementing partners to report on the status of all the beneficiaries (IDP/Host community members). Therefore, the status disaggregation is based on an informed estimation.
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<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>Overall there is no significant discrepancy between the planned and the actual total number of beneficiaries reached which is actually higher. However, UNICEF had to bring additional funding sources to reach the targets, due to higher amounts of funds required and to the need to contract two additional partners from those included in the proposal.</p> <p>Based on a ration on funding received, it is estimated that the CERF grant allowed UNICEF to directly reach an approximate total of 6,750 individuals, children and adults, IDP and host communities (around 20 per cent of the total number of individuals reached during the CERF grant period). In reality, as the CERF grant was received early in 2016, it allowed UNICEF to develop and sign several partnerships which throughout the year reached a much higher number of beneficiaries, as reported in section 8. It is also to be noted that some of the people reached by CERF funds have benefited from several interventions.</p> <p>It was difficult for the implementing partners to report on the status of all the beneficiaries (IDP or host community members). Therefore, the status disaggregation is based on an informed estimation.</p>
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CERF Result Framework

9. Project objective	Life-saving adequate, appropriate and inclusive child protection services accessible for the conflict affected children (IDPs and host communities) in Benghazi and Tripoli		
10. Outcome statement	Improved access to quality community based, inclusive child protection services and information to conflict affected children (IDP and host community) and their families in Benghazi and Tripoli		
11. Outputs			
Output 1	Awareness raising on child protection concerns, psychosocial support, inclusion of children with disabilities and available services for IDP and host community children in Benghazi and Tripoli		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of parents and community members reached with messages on inclusive protection of children from all types of violence against children including GBV, MRE	15,000 (7,500 males and 7,500 females)	15,500* (6,000 male, 9,500 female) * Please note that those beneficiaries were reached with UNICEF own resources, and not CERF funds.
Indicator 1.2	Number of parents and community members willing to take their children to the specialized psychosocial services	800	15,000

Indicator 1.3	Number of parents and community members who have illustrated some basic concepts on mine risk during the follow up sessions	15,000 (7,500 males and 7,500 Females)	16,749* (7,577 male, 9,672 female) * This figure includes the same beneficiaries as in indicator 1.1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	To conduct awareness raising campaigns, including social messaging on violence against children, the needs and rights of disable children, the need for psychosocial support and availability of inclusive services in IDP camps and host communities	UNICEF, Handicap International (HI), CESVI, Essafa center for mental health	UNICEF, HI, CESVI, Essafa, STACO
Activity 1.2	To conduct parental counselling through individual sessions and public lectures	UNICEF and Essafa center for mental health	UNICEF, Essafa
Activity 1.3	To conduct awareness raising campaigns, including social messaging on violence against children, the needs and rights of disable children, the need for psychosocial support and availability of inclusive services in IDP camps and host communities	UNICEF, Handicap International (HI), CESVI, Essafa center for mental health	UNICEF, HI, Essafa, STACO
Output 2	Inclusive, structured and sustained psychosocial and child protection services are provided		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children participating in inclusive, structured psychosocial support programmes (community and school based) (disaggregated by gender, location and conflict affected status)	7,000 (3,500 girls and 3,500 boys)	7,329 (4,000 boys and 3,329 girls)
Indicator 2.2	Number of children participating in mobile psychosocial programmes (disaggregated by gender, age location and conflict affected status)	8,400 (4,200 girls and 4,200 boys)	8,400 (4,000 girls, 4,400 boys)* * Please note that those beneficiaries were reached mostly with UNICEF own resources, but also with some of CERF funds
Indicator 2.3	Number of community focal points, social workers and animators oriented on psychosocial standards, personalized assessment and follow-up (disaggregated by gender, age location and conflict affected status)	109 (67 females and 42 males)	120 (70 female, 50 male)

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	To provide inclusive psychosocial and recreational activities/ recreational kits through fixed and mobile Child Friendly Spaces	UNICEF, CESVI and HI	UNICEF, CESVI, Ariaf
Activity 2.2	To provide training on inclusive psychosocial support for social worker, animators and key community representatives	UNICEF, CESVI and HI	UNICEF, HI
Activity 2.3	To procure and distribute recreational kits	UNICEF, CESVI and HI	UNICEF, CESVI
Output 3	Girls and boys victims/survivors of Gender Based Violence and other types of violence and disabled children provided with specialized psychosocial and recovery services		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of children victims/survivors of Gender Based Violence provided with specialized psychosocial and recovery services (disaggregated by gender, age location and conflict affected status)	400 (200 boys and 200 girls)	500 (300 girls, 200 boys) * Please note that those beneficiaries were reached with UNICEF own resources, and not CERF funds.
Indicator 3.2	Number of disabled children provided with specialized health psychosocial support and health and rehabilitation services (disaggregated by gender, age location and conflict affected status)	400 (boys and girls)	136 (74 boys, 62 girls)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	To conduct an assessment of specialized psychosocial needs of children and their parents	UNICEF/ Essafa center for mental health/HI	UNICEF, Essafa
Activity 3.2	To conduct individual counselling sessions for girls and boys victims of GBV	UNICEF/ Essafa center for mental health	UNICEF, Essafa
Activity 3.3	As required, to refer children to other existing basic social services according to their needs (e.g. food, nutrition, education, health or legal aid)	UNICEF/ Essafa center for mental health/HI	UNICEF, Essafa
Activity 3.4	To conduct capacity building and follow-up of peer physiotherapists from the supported health and rehabilitation facilities on the referral forms, disabled children follow-up assistive/mobility devices procurement and distribution	UNICEF/HI	UNICEF, HI
Activity 3.5	To procure and distribute to the supported health structure and rehabilitation structure specialised mobility devices for children	HI	HI

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

UNICEF continues to lead on Child Protection within the Protection sector. In collaboration with international and national NGOs, UNICEF has scaled up the provision of quality child protection and specialised recovery services leading to enhanced protection and psychosocial well-being of conflict affected boys and girls particularly victims/survivors of Gender Based Violence and other types of conflict-related violence. Referral systems to mitigate the adverse effects of psychological stress on children requiring special attention due to the adverse effects of the conflict have also been established, in addition to service delivery. The project's objective and outcomes have been achieved as per the proposal, but UNICEF used some of its own resources, beyond the CERF contribution, to be able to reach the planned targets, as the cost of contracting the implementing partners was higher than planned, and that two additional partners had to be identified and contracted.

Some figures reported above could not be fully disaggregated due to the lack of information available in the most recent partners' reports.

On significant variations from the proposal targets:

Indicator 1.2: The actual number of parents and community members having shown willingness to take their children to the specialized psychosocial services is much higher than the proposal target (15,000 / 800) as UNICEF's national partner Essafa proceeded to an active screening and was particularly successful in its social mobilization efforts.

Indicator 3.2: The actual number of disabled children who benefited during the project period from specialized health psychosocial support and health and rehabilitation services is lower than planned (136 / 400). This is due first to the delays encountered by the implementing partner, Handicap International, in its procurement of assistive and mobility devices, due to a serious lack of providers offering quality products (activity 3.5). It was also highlighted by HI that at the beginning of the project, it was complicated to identify children with disabilities within the targeted IDP camps – which eventually represented an opportunity to improve the referral systems and strengthen the existing networks.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF's emergency response is guided by the CCCs (Core Commitments for Children in Humanitarian Action) which focuses on results and aligns its commitments to global standards such as SPHERE standards. The Accountability to Affected Populations was accordingly ensured through their involvement at all stages, their participation, and through systematic sharing of information on the project planning, design, and implementation, and of all assessments.

Therefore all the interventions described in this report were developed and designed with the consultation of the municipal authorities and community leaders in the IDP locations. As an example, the Child Friendly Spaces were identified and made available by the communities. In addition, most of the staff working in these CFS are members of the same communities, including IDP. Volunteers, animators and social workers from IDP communities were also trained on Psychosocial Support issues and Child Protection in Emergency. Parents of the GBV victims/survivors also took on a significant role during the specialized services sessions. Community involvement ensured that their opinions and/or concerns could be voiced and addressed.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The evaluation of CERF-funded components will be conducted with the framework of the evaluation of UNICEF Libya's country programme, which will be completed in 2017.

EVALUATION PENDING

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNOPS		5. CERF grant period:	04-04-2016 - 12-31-2016		
2. CERF project code:	16-UF-OPS-002		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Saving lives of returnees and residents of Benghazi through the identification of the threat from Explosive Remnants of War (ERW) through non-technical surveys (NTS) of affected areas in Benghazi and risk awareness messaging					
7. Funding	a. Total funding requirements ¹⁴ :	US\$ 1,235,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁵ :	US\$ 365,644	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 365,644	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	35,828	38,813	74,641	35,828	38,813	74,641
Adults (≥ 18)	66,537	72,082	138,619	66,537	72,082	138,619
Total	102,365	110,895	213,260	102,365	110,895	213,260
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	35,183			35,183		
Host population						
Other affected people	178,077			178,077		

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include funding received from all donors, including CERF.

Total (same as in 8a)	213,260	213,260	
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A		
CERF Result Framework			
9. Project objective	To increase access, reduce risk and save the lives of returning IDPs and humanitarian actors in Benghazi by enhancing the capacity of national counterparts to safely and accurately conduct non-technical surveys in Benghazi to identify areas contaminated with ERW and landmines.		
10. Outcome statement	Fewer IDPs returning to Benghazi are killed and fewer civil response personnel are killed as a result of ERW contamination because national counterparts have the capacity to conduct non-technical surveys and can identify areas contaminated with ERW and landmines for prioritised emergency response clearance activities. Local counterparts then have sufficient knowledge about levels of contamination to influence/facilitate safe return and general personal safety for IDPs and the local population. Humanitarian actors have increased safe access to Benghazi to carry out humanitarian tasks and save lives.		
11. Outputs			
Output 1	Increase capacity of national counterparts to conduct non-technical surveys in Benghazi and its surrounding areas.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	24 national counterparts successfully complete a non-technical survey training course	24 people trained	32 people trained
Indicator 1.2	24 national counterparts receive a non-technical survey equipment package and emergency first aid kit	24 people receive equipment packages	32 people received equipment packages
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Train 24 (de facto 32) national counterparts in the application of a non-technical survey through a three-week course	UNMAS/ UNOPS	UNMAS/UNOPS
Activity 1.2	Provide 24 (de facto 32) trained national counterparts with a non-technical survey equipment package and emergency first aid kit	UNMAS/ UNOPS	UNMAS/UNOPS
Output 2	National counterparts conduct and analyse results from non-technical surveys in Benghazi. Areas identified as not contaminated are opened for access to humanitarian actors to allow humanitarian projects to be implemented.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	6-8 trained non-technical survey teams conduct a survey of a minimum of 4 areas each.	16 areas surveyed	18 areas surveyed by 9 teams
Indicator 2.2	Two UNMAS technical experts monitor the non-technical survey implementation through coordination with local authorities	Survey of 16 areas monitored	Survey of 18 areas monitored
Indicator 2.3	Identification of areas and level of ERW and landmine contamination	100% survey data recorded	100% survey data recorded

Indicator 2.4	Humanitarian actors are able to access more areas of Benghazi safely	16 areas are accessible	7 areas are accessible
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Implementation of non-technical surveys in Benghazi by 6-8 (de facto 9) survey teams	National counterparts	National counterparts (Forensic Police, National Safety Authority, Military Engineering Unit)
Activity 2.2	Coordinate and monitor the implementation of non-technical surveys in Benghazi and its surrounding areas by 6-8 (de facto 9) survey teams	UNMAS	UNMAS
Activity 2.3	Analyse and record all non-technical survey data	National counterparts & UNMAS	National counterparts & UNMAS

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In pursuit of the project outcome, activities were divided in accordance with two separate outputs, one focusing on the provision of national capacity, including equipment, and one focusing on non-technical surveying implemented after operational accreditation.

Output 1 was completed with a greater success than expected, with 32 instead of 24 national counterparts successfully completing the training provided. UNMAS held three non-technical survey (NTS) training sessions of three weeks each, which aimed at providing participants with skills in:

- Assessing whether an area is contaminated by landmines/ERW, including the identification of indirect and direct evidence;
- Identifying socio-economic and threat factors that could be relevant to prioritization for further activities, such as clearance and reconstruction;
- Correctly and fully recording relevant information from the survey, including information about incidents;
- Providing advanced first response for trauma and medical cases encountered while working in the field.

It is worth noting that initial assessment of participants was included in the process in order to ensure that the suitable representatives of national authorities successfully complete the training and can then use their newly attained skills and equipment to conduct NTS.

Furthermore, UNMAS managed to arrange for a more cost-efficient alternative for administering the training, which was conducted by UNMAS experts and in Tunisia instead of Jordan. This allowed for, after a CERF-approved redeployment of funds within the project, the training and equipping of more personnel than initially expected. What is more, a specialized trauma course was integrated into the training for the first time, and was specifically designed for it and delivered by an external trainer. The trainees were then provided with the equipment which they were trained how to use: full kits of NTS equipment, along with individual first aid kits and emergency trauma bags. Therefore, capacity of national counterparts was increased to a greater extent than initially anticipated.

The training was conducted in accordance with the International Mine Action Standards, which include quality standards and provisions for minimum safety requirements in order to avoid injury or death. In total, the 32 trainees represented 9 NTS teams, all of which were at a later stage accredited by the national mine action authority LibMAC (Libyan Mine Action Center). A quality assurance officer from the LibMAC was also involved in the process. The support from CERF furthermore allowed UNMAS to reinforce the LibMAC joint accreditation committee in their assessment of NTS teams. Such continued support to the national authorities is crucial for ensuring a sustainable mine action capacity in Libya.

Output 2 was also achieved, with all activities being successfully completed: implementation of NTS, monitoring of the implementation, logging and analysis of the acquired information. In fact, 18 areas were surveyed, instead of the expected 16

areas, even under the difficult security situation. The national counterparts involved were the Forensic Police, National Safety Authority, Military Engineering Unit, and the LibMAC, who also collected and analyzed the data in cooperation with UNMAS. All of the survey data has been recorded and analyzed, with the results corresponding to the deteriorated situation: seven of the surveyed areas have been reported as clear of landmines and ERW, while all others are confirmed or suspected hazardous areas, contaminated with landmines, unexploded ordnance, and other explosive hazards (such as improvised explosive devices). The local population, as well as humanitarian actors, are therefore able to safely access more areas than before, and have been made aware of the contamination in others and warned about the danger.

While 7 and not the targeted 16 locations have been made accessible to humanitarian actors, this is due to the continued security challenges – intensifying armed clashes led to a high level of contamination with explosive hazards and danger to operators. The surveying activity at the Benghazi airport even had to be suspended. Additionally, at least 36 clearance operators have died in Benghazi during 2016, making it truly difficult to address the clearance need observed during the surveying. Still, there are now recommendations for future activities, based on the NTS results, for all areas. The locations reported as clear are in need for reconstruction and risk education/awareness activity, and the recommendation for the others is technical surveying, clearance, and risk education.

Due to the continued fighting, the NTS teams could carry out the 18 surveys only in the accessible parts of Benghazi. Where fighting is taking place, access is not safe, and the contamination levels might change in an unpredictable manner. Nonetheless, UNMAS is coordinating closely with the local counterparts, including the trained teams. It is hoped that the security situation will improve, so that the NTS teams are able to access more parts of Benghazi and continue their work there. It is a central aim of UNMAS that such projects, with the valuable CERF support, provide both a life-saving initial response to an urgent need *and* a continued benefit to those in need. As the INFORM index has identified, Libya is among the top countries in the world with the highest hazard and exposure risk, and the risk is very high and increasing. The 2015-2017 trend points to an increasing overall risk, and in Libya, 2016 also saw one of the highest increases in risk in the world. At the same time, CERF funding has been vital for the underfunded humanitarian response in Libya, which has the second highest risk rank among countries that are not the main recipients of international aid.

To conclude, the CERF funding has allowed the outcome to be reached through the successful training, provision of equipment, and successful and safe execution of surveying activities, through which the necessary data was produced. As a result, awareness has been raised, the safety of access for humanitarian actors willing to engage in Benghazi has been raised, and counterparts have information necessary to facilitate safe return and general personal safety for IDPs and the local population. Thereby, time-critical and core humanitarian needs have been addressed in a highly volatile environment and despite the difficulty of remote management from Tunisia. Capacity was built and equipment was provided where they did not exist, and surveys were successfully completed, saving lives of people in need, including the most vulnerable.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Despite the challenges of limited access and the necessity to coordinate certain activities remotely, UNMAS has strived to achieve high accountability, which is particularly evident in the central role the project puts on the local community. Community liaison is central to non-technical surveying, as well as other aspects of mine action, and it is important that NTS teams are part of the local affected population. In the Libyan context, this is even more important, considering cultural and political sensibilities. Moreover, the selection of the locations that were surveyed depended not only on access to them and the security situation, but on the priorities for use by the local population. While national security staff involved in NTS are chiefly male, attention has been given in the training to the importance of including female community members and colleagues during the surveying. Also, UNMAS staff contributing to the project involves substantial female participation. The central role of local counterparts ensures that the project design reinforces the prospects for durable solutions for the affected population.

The empowerment of local actors, who are part of the affected population, enhances accountability on multiple stakeholder levels, including people in need and donors. As the Inter-Agency Standing Committee commitments on AAP highlight, enabling affected populations to play a decision-making role in processes that affect them is essential, and UNMAS integrated this into the project, next to local capacity enhancement. Promoting the consistent use of recognized technical and quality standards is also integral to the process, and UNMAS is committed to the International Mine Action Standards, through which the training and monitoring activities, and the analysis of gathered information, have been conducted. Additionally, continuous coordination and monitoring of activities are part of the project design, as well as UNMAS's internal M&E mechanism.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNMAS's approach towards this project has been focusing on quality assurance and monitoring throughout the whole implementation. Therefore, a separate post-project evaluation is not planned. In the operational dimension of implementing the project, UNMAS has conducted procedures according to strict UNOPS financial and procurement rules. In the training dimension, UNMAS delivered training of Libyan participants in according to International Mine Action Standards (IMAS), along with the national standards developed by UNMAS for the Libyan mine action authority. In the NTS implementation dimension, UNMAS has been monitoring progress, providing advice and ensuring the quality of collected information, so that collected data can be successfully analyzed. The monitoring and quality control has been provided in accordance with IMAS, as the failure to execute tasks according to these standards poses a high threat to life and limb of operators, local communities and humanitarian actors.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	04-04-2016 - 12-31-2016		
2. CERF project code:	16-UF-HCR-015		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Humanitarian assistance to Refugees and Asylum Seekers					
7. Funding	a. Total funding requirements ¹⁶ :	US\$ 19,437,681	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁷ :	US\$ 2,538,768	▪ NGO partners and Red Cross/Crescent:		US\$ 978,065	
	c. Amount received from CERF:	US\$ 1,000,006	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,782	3,440	7,222	10,135	10,635	20,770
Adults (≥ 18)	5,318	7,460	12,778	8,963	11,642	20605
Total	9,100	10,900	20,000	19,098	22,277	41,375
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees and Asylum Seekers	20,000			41,375 individuals		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	20,000			41,375 individuals		

¹⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁷ This should include funding received from all donors, including CERF.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNHCR throughout 2016 assisted the above mentioned population with NFIs and CBIs and is able to report on this activity as part of a multi-donor approach.
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CERF Result Framework			
9. Project objective	Provide direct life-saving support to meet the humanitarian needs of refugees and asylum seekers		
10. Outcome statement	Vulnerable refugees and asylum seekers receive minimum necessary assistance to cope with an emergency situation or with the outbreak of the winter in Libya		
11. Outputs			
Output 1	Refugees and asylum seekers receive cash grants or vouchers (multi-purpose)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of refugees and asylum seekers to receive basic life-saving assistance in the form of cash grants	10,000 (10,000 people for 8 months under this project)	512HH (2,560 individuals)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of the most vulnerable individuals/households through protection monitoring, outreach by partner, and contacts and coordination with other humanitarian actors	UNHCR	UNHCR (CESVI and IMC)
Activity 1.2	Referral to the community services staff of UNHCR and preparation for the MFT Panel	UNHCR	UNHCR
Activity 1.3	Review and approval by UNHCR MFT panel	UNHCR	UNHCR
Activity 1.4	Distribution of cash assistance	UNHCR (CESVI)	UNHCR (CESVI)
Activity 1.5	Post-distribution monitoring	UNHCR	UNHCR
Output 2	Refugees and asylum seekers receive lifesaving assistance in the form of NFI		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of Refugees and asylum seekers to receive basic life-saving emergency/winterization kits	10,000	7,763 HH (38,815 individuals)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Needs Assessment and identification of the most vulnerable population.	UNHCR	UNHCR
Activity 2.2	Procurement of NFIs for distribution	UNHCR	UNHCR
Activity 2.3	Distributing NFI and post distribution monitoring standard procedures.	UNHCR (Cevsi)	UNHCR (Cevsi)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy

between planned and actual outcomes, outputs and activities, please describe reasons:

A total of 512 households (2,560 individuals) received cash assistance. The limited number of asylum seekers and refugees assisted with cash based intervention (CBIs) is a direct consequence of security issues that delayed cash distribution, lack of liquidity in the national bank system and the high inflation of prices that made UNHCR re-adjust the amount of cash transferred to asylum seekers and refugees.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

During the entire 2016, UNHCR visited and monitored implemented activities in the Community Development Center as well as in disembarkation points or detention centers in Libya. UNHCR used weekly monitoring tools such as reports or other monitoring tools such as activity information and or Kobo for the collection and analysis of data.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The evaluation of the project was planned at the time of submission but due to the everyday changing situation of Libya and security it was not possible to implement.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNDP		5. CERF grant period:	03-28-2016 - 12-31-2016		
2. CERF project code:	16-UF-UDP-001		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Early Recovery			<input type="checkbox"/> Concluded		
4. Project title:	Provision of Electricity for critical health infrastructure for immediate life-saving support to most vulnerable populations					
7. Funding	a. Total funding requirements ¹⁸ :	US\$ 1,475,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	b. Total funding received ¹⁹ :	US\$ 1,000,001				
	c. Amount received from CERF:	US\$ 1,000,001				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	16,607	18,980	35,587	16,607	18,980	35,587
<i>Adults (≥ 18)</i>	8,943	10,220	19,163	8,943	10,220	19,163
Total	25,550	29,200	54,750	25,550	29,200	54,750
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	21,900			21,900		
<i>Host population</i>	32,850			32,850		
<i>Other affected people</i>						
Total (same as in 8a)	54,750			54,750		

¹⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁹ This should include funding received from all donors, including CERF.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There was no significant change.
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CERF Result Framework			
9. Project objective	Improve critical lifesaving services to 54,750 individuals in three targeted areas/municipalities through rehabilitation and/or adaptation of key medical/public health infrastructural facilities/hospitals		
10. Outcome statement	Lifesaving services accessible to local population		
11. Outputs			
Output 1	Rehabilitate and equip the dysfunctional public health infrastructural facilities to be able to perform lifesaving roles		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# identified public health infrastructural facilities rehabilitated and equipped with electrical backup system	10 hospitals/public health facilities equipped electricity backup systems	10
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identify, assess and select 10 public hospitals/ in targeted areas (coordinate with health sector);	UNHCR	UNDP
Activity 1.2	Finalize the identification process based on criticality;	UNHCR	UNDP
Activity 1.3	Identify and facilitate implementation of basic public works	Contractual Service	UNDP
Activity 1.4	Identify and deploy service providers for the planning , installation of the required electrical backup systems based on system specifications for each location;	Contractual Service	UNDP
Activity 1.5	Procure and Install the systems in coordination with the health sector.	Contractual Service	UNDP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation has been done as the installation of the panels on hospitals was finished recently.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	03-22-2016 - 12-31-2016		
2. CERF project code:	16-UF-HCR-016		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Humanitarian Assistance to IDPs and affected population					
7. Funding	a. Total funding requirements ²⁰ :	US\$ 1,227,358	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²¹ :	US\$ 964,298.00	NGO partners and Red Cross/Crescent:		US\$ 601,785.05	
	c. Amount received from CERF:	US\$ 800,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,191	3,869	8,060	4,775	4,788	9,563
Adults (≥ 18)	2,569	2,371	4,940	2,927	2,935	5,862
Total	6,760	6,240	13,000	7,702	7,723	15,425
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	11,700		13,883			
Host population	1,300		1,543			
Other affected people						
Total (same as in 8a)	13,000		15,425			

²⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²¹ This should include funding received from all donors, including CERF.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries reached differs from the planned figure due to the size of families that have been reached. Indeed, following the screenings that have been conducted, and the vulnerability criteria chosen, the family size appeared to be an important factor of selection. Subsequently, the criterion of big family size was prioritized explaining that the number of beneficiaries reached is higher.
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CERF Result Framework			
9. Project objective	The most vulnerable conflict affected households are better able to fulfil their life-saving needs in a safe and dignified manner.		
10. Outcome statement	Provision of humanitarian and direct assistance will benefit 2,600 of the most vulnerable conflict affected households to better meet their life-saving needs.		
11. Outputs			
Output 1	1,000 cash transfers are completed towards the targeted most vulnerable conflict affected households.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of IDP and host community households receiving cash assistance	1,000 HH (5.000 individuals)	1,000 HHs (5,514 Individuals)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Update of the distribution lists of most vulnerable IDP and host community families.	UNHCR, ACTED	UNHCR, ACTED
Activity 1.2	Distribution of Multi-purpose Cash Assistance to 1,000 vulnerable households.	UNHCR, ACTED	UNHCR, ACTED
Activity 1.3	Implementation of a solid monitoring system.	UNHCR, ACTED	UNHCR, ACTED
Output 2	Most vulnerable IDPs in Western, Eastern and Southern Regions will receive emergency material assistance to cope with the displacement. (Key focus on newly displaced and most vulnerable population.)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of IDP and host community households receiving NFI kits	1,600 HH (8000 individuals)	1,600 HHs (9,911 Individuals)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Needs assessment and identification of targeted population.	UNHCR, IMC	UNHCR, IMC, LibAid
Activity 2.2	Procurement of NFIs and HKs for distribution.	UNHCR, IMC	UNHCR, IMC, LibAid
Activity 2.3	Distributing NFI packages and implementation of a solid monitoring system	UNHCR, IMC	UNHCR, IMC, LibAid

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

During the period of implementation of the CERF supported activities and projects, two different types of interventions were conducted: the provision of cash-based assistance and the provision of in-kind assistance.

The cash-based intervention was implemented in Benghazi and surrounding areas. 1,000 families (5,514 Individuals) were reached by the ACTED INGO following the Protection and Shelter/NFI Sectors' recommendations regarding the selection criteria for the most vulnerable IDP households. The assistance was provided in the form of bank transfers to the beneficiaries' bank accounts.

Regarding the in-kind assistance, IMC implemented the provision of 600 NFI family packages in the Western part of Libya, in Al Khums and Tripoli while LibAid provided the NFI packages to families in Benghazi.

350 NFI family packages were distributed by IMC to the most vulnerable displaced and non-displaced families in need in Abu Salim (Tripoli area), reaching 2,100 Individuals and 250 to families located in Al Khums (Al Margab area) reaching 1,545 individuals.

In Benghazi area, LibAid has distributed 1,000 NFI family packages reaching 6,266 Individuals.

NFI packages were tailored according to the displaced and non-displaced population and the procurement has been implemented through the UNHCR international process. (The tailored packages contain: Kitchen Set, Blankets, Mats, Bucket, Jerri Cans, Solar Lamps.)

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Within the Eastern part of Libya, in Benghazi and surrounding areas, IDPs were registered by LibAid, allowing then a selection of the beneficiary family based on selection criteria that were designed and validated through the Protection Sector (PWG) and the Shelter and NFI Sector (SSWG).

Once adopted, the selection criteria were applied through a matrix to the beneficiary list provided by the Agency in charge of the IDPs' registration, LibAid. During the screening phase conducted by ACTED, a control is operated randomly to a designated percentage of the selected beneficiaries to ensure and validated the accuracy of the provided information, prior to the distribution process of cash instalments or NFI packages.

Within the Western part of Libya, an information request was sent to seven districts resulting in the selection of Tripoli and Al Khums areas, the initial beneficiary lists are provided by the Local Crisis Committees, and then criteria for the identification and selection of beneficiaries were carried out based on the Individual Vulnerabilities Matrix here above mentioned, validated by the PWG and SSWG.

Post-distribution monitoring was then conducted by implementing agencies to ensure the reception of the assistance as well as its main use.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Monitoring and evaluation of activities have included on-site monitoring for the in-kind distributions, qualitative beneficiary feedback and post-distribution monitoring. Information have been collected using tailored monitoring tools including distribution reports providing data on beneficiaries disaggregated by age and gender and follow up questionnaire. Regarding the cash-based intervention, impact of the distributions on beneficiaries has been analysed, especially with regard to their initial living condition and their resort to coping mechanisms.

EVALUATION PENDING

Since not all activities have yet benefitted from post-distribution monitoring, an evaluation cannot be considered for the entire project. Evaluation has been carried out for the cash-based assistance activities, the NFI distributions in the Western part of Libya, but not in the Eastern part of Libya.

NO EVALUATION PLANNED

Evaluations such as PDMs require capacity from the implementing agency, as well as appropriate security to conduct them, which has not been the case for all activities.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	03-22-2016 - 12-31-2016		
2. CERF project code:	16-UF-IOM-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection and Direct Assistance to stranded migrants in Libya					
7. Funding	a. Total funding requirements ²² :	US\$ 3,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²³ :	US\$ 500,000	▪ NGO partners and Red Cross/Crescent:		US\$ 250,000	
	c. Amount received from CERF:	US\$ 500,000	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	600	1,953	2,553	83	162	245
Adults (≥ 18)	100	147	247	168	1,596	1,764
Total	700	2,100	2,800	251	1,758	2,009
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees/Migrants	2,800			1,702		
IDPs				307		

²² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²³ This should include funding received from all donors, including CERF.

Host population		
Other affected people		
Total (same as in 8a)	2,800	2,009
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	<p>Although IOM was successful in surpassing the planned beneficiaries under output 1 and 2, the reason for not reaching the total of 2,800 relates to output 3 whereby IOM wasn't able to reach the total beneficiaries primarily due security restrictions as explained as follows;</p> <ul style="list-style-type: none"> - Indicator 3.1; although the planned target was to survey 10,000 migrants, when the project conducted the actual survey, IOM was only able to reach 600 migrants in Ghat area. The main reason was due to the security situation in the area, which led to among others that most of the migrants opted to take the route through Sahba and Quartron instead of the Ghat route. - Indicator 3.2; The project only managed to provide assistance to 1,257 migrants out of the 2,400 migrants targeted due to the security situation in the south particularly in Ghat which resulted in project delay and overall limited access to the targeted community. Due to these reasons, IOM and its partners were slightly delayed in training and deployment of staff in the area. 	

CERF Result Framework			
9. Project objective	Provide immediate humanitarian assistance through provision of protection and other assistance to migrants and refugees.		
10. Outcome statement	Protection risks facing vulnerable migrants are reduced through humanitarian repatriation assistance, direct assistance and child protection services.		
11. Outputs			
Output 1	150 stranded migrants voluntarily repatriated to their country of origin		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of migrants issued documents	150	262
Indicator 1.2	Number of migrants requesting for humanitarian repatriation to their country of origin are identified and addressed	150	262
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Train partners to identify the vulnerable individuals to be included in humanitarian repatriation process	IOM	IOM
Activity 1.2	Humanitarian Repatriation operations	IOM offices in Libya, transit and origin countries	IOM offices in Libya, transit and origin countries
Output 2	Vulnerable migrants in detention centers and in urban communities are protected and assisted		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of refugees, asylum seekers and migrants to receive basic life-saving assistance (i.e. Healthcare services,	250	490

	repatriation and other humanitarian assistance		
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Outreach protection officers visit migrant detention centers and urban communities. The nature of this activity requires specific skills (communication, assessment, observation, analysis) that can only be guaranteed through the use of the Organization's internal capacities.	DRC	DRC
Activity 2.2	Referral of vulnerable cases to specialized service providers, including medical care and humanitarian repatriation. The referral and follow up on single cases of individuals or groups with specific vulnerabilities will be conducted through the use of the Organization's internal capacities due to the specificity of the action which requires skills that are not easily transferrable.	DRC	DRC
Activity 2.3	Provision of information on situation in Libya and services available to migrants. Disseminating information among the target groups about their situation in Libya and the available options/services requires specific skills (knowledge and understanding of International and national legal frameworks, communication, analysis) that can only be guaranteed through the use of the Organization's internal capacities.	DRC	DRC
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of vulnerable people for whom disaggregated data is available through comprehensive collection	10,000	600
Indicator 3.2	Number of refugee and migrant children and their families who receive support (protection and primary health)	2,400	1,207
Indicator 3.3	Number of training sessions provided	2	2 training sessions, 12 students
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct baseline assessment to identify partners and authorities and assess child protection and operational capacities and gaps, and numbers and protection needs of refugee and migrant children, youth and their families in Ghat.	Save the Children	Save the Children
Activity 3.2	Develop and implement plans to build capacity on child protection, child safeguarding, child participation, and community mobilisation to support refugees, asylum seekers and migrants	Save the Children	Save the Children
Activity 3.3	Conduct two, two-day training sessions on policies (Child Safeguarding and PSS first aid) for 25 members of local authorities, civil society and volunteers	Save the Children	Save the Children

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

IOM calculated the total assisted beneficiaries as follows; beneficiaries reached under Output 1.1.(262) Output 2.1 (490) and Output 3.2. (350 medical plus 907 NFIs/HKs distribution) bringing the total of 2,009

The CERF funded project was able to surpass the expected beneficiaries under Output 1 (stranded migrants voluntarily repatriated to their country of origin) The project managed to provide assistance to 262 migrants for voluntary return out of the 150 migrants targeted. This was due to the utilization of chartered flights (cheaper) instead of using the commercial flights. The savings from the chartered flights allowed IOM to increase the number of the beneficiaries under output 1. Saving from the chartered flights were also used to exceed the number of beneficiaries under Output 2 (refugees, asylum seekers and migrants to receive basic life-saving assistance (i.e. healthcare services and other humanitarian assistance) by assisting 490 beneficiaries instead of 250 with life-saving assistance (i.e. healthcare services, repatriation and other humanitarian assistance). This was primarily as the situation continued to deteriorate in Libya due security situation and the threat for arbitrary arrest and detention, worsening situation in detention centers (overcrowded and lack of better WASH facilities lead to scabies and other diseases) which led to more people requesting for life saving assistance.

Although IOM managed to assist more beneficiaries with life-saving support, the project was not able to achieve the expected results for Output 3 primarily due security restrictions as explained as follow;

- Indicator 3.1; Although the planned target was to survey 10,000 migrants, when the project conducted the actual survey, IOM only reached 600 migrants in Ghat area. Main reason was due to the security situation in the area, as most of the migrants opted to take the route through Sahba and Quartron instead of the Ghat route.

- Indicator 3.2; The project only managed to provide assistance to 1,257 migrants out of the 2,400 migrants targeted due to the security situation in the south particularly in Ghat which resulted in project delay and overall limited access to the targeted community. Due to these reasons, IOM and its partners were slightly delayed in training and deployment of staff in the area.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IOM has ensured the project's accountability to affected populations (AAP) in all aspects of project design, assessment, and implementation. During the project design phase, IOM investigated areas where interventions would have the greatest impact for the largest number of beneficiaries. Using data derived from IOM's Displacement Tracking Matrix (DTM), which collects data on affected populations down to the community and even family level, IOM determined which areas in the South of Libya were in greatest need of intervention conducted during this CERF-funded project. At the assessment phase, the project's implementing partners' surveyed beneficiaries to determine the specific needs of IDPs, stranded migrants, and refugees. These identified needs were catalogued, then items were procured. During the implementation phase, beneficiaries were asked a number of questions to determine if the interventions met their specific needs. For this project, IOM identified that more surveyed people were in need of life saving assistance and hence adjusted its program as such. No comments were received on the quality or content of assistance.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	IOM		5. CERF grant period:	04-04-2016 - 12-31-2016		
2. CERF project code:	16-UF-IOM-014		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision Humanitarian Direct Assistance to IDPs					
7. Funding	a. Total funding requirements ²⁴ :	US\$ 3,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²⁵ :	US\$ 899,999	▪ NGO partners and Red Cross/Crescent:		US\$ 300,000	
	c. Amount received from CERF:	US\$ 899,999	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,708	3,422	7,130	4,078	3,625	7,703
Adults (≥ 18)	2,272	2,098	4,370	4,246	3,784	8,030
Total	5,980	5,520	11,500	8,324	7,409	15,733
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	10,000		14,946			
Host population						
Other affected people	1,500		787			
Total (same as in 8a)	11,500		15,733			

²⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁵ This should include funding received from all donors, including CERF.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The overall project was able to reach 15,733 beneficiaries out of the total target of 11,500, and thereby able to assist an additional 4,233 beneficiaries. The increase in the number of beneficiaries is mainly due to responding to the high demand for NFI kits.
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CERF Result Framework			
9. Project objective	To improve the living conditions of vulnerable IDPs and affected population in Libya		
10. Outcome statement	Provision direct assistance to vulnerable IDPs and affected population in Libya		
11. Outputs			
Output 1	Identification and provision of direct assistance to vulnerable IDPs and affected population in South, East regions and Tripoli		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of identified vulnerable IDPs and affected population received NFIs and Hygiene Kits (HK)	5,000	8,360
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of the most vulnerable IDPs and affected population in South and East regions as well as Tripoli	IOM	IOM
Activity 1.2	Procurement of NFIs, clothes and HKs for distribution	IOM	IOM
Activity 1.3	Distributing NFIs after needs assessment and identification	IOM	IOM
Output 2	Most vulnerable IDPs in Southern Region (Sebha area) will receive emergency material assistance to cope with the displacement (Key focus on newly displaced and extremely vulnerable population)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of people receiving NFI kits	4,500	5,120
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of NFIs	DRC	DRC
Activity 2.2	Assessment of IDPs to identify the most vulnerable	DRC	DRC
Activity 2.3	Distributing NFIs after needs assessment and identification	DRC	DRC
Output 3	Provision the psychological first aid and psychosocial support		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of identified vulnerable IDPs and affected population received PSS assistance	2,000	2,253
Indicator 3.2	Access to sufficient health services, appropriate referral mechanism of critical medical cases	75	100

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Planning with implementing partners	IOM	IOM
Activity 3.2	Psychosocial events and activities (i.e.Social events)	IOM	IOM
Activity 3.3	Psychosocial counselling sessions	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>In general the project achieved its objectives in delivering life-saving assistance to the most affected population and was able to reach over 15,733 beneficiaries. However, some challenges were encountered in humanitarian access and therefore some of the areas were not covered such as the cities in the eastern region. The main reason for this was the special requirement requested by the Benghazi local council/ Benghazi International communication committee that INGOs/UN agencies should first secured their endorsement before implementing any activities in the eastern region. Securing the endorsement was not only an issue for IOM but also for other UN agencies. Only in March this year, IOM and its partners were able to secure the clearance to operate in the area. Due to this delay and because of the high demand for NFIs/HKs for IDPs, IOM responded to the need to purchase NFIs/HKs items to respond to the urgent needs of the IDPs.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The project's accountability to affected populations (AAP) was ensured in the implementation of the project. During the project design phase, IOM investigated areas where interventions would have the greatest impact for the largest number of beneficiaries. Using data derived from IOM's Displacement Tracking Matrix (DTM), which collects data on affected populations down to the community and even family level, IOM determined areas in in the South of Libya were in greatest need of intervention conducted during this CERF-funded project. At the assessment phase, the project's implementing partners' surveyed beneficiaries to determine the specific needs of IDPs, stranded migrants, and refugees. These identified needs were catalogued, then items were procured. During the implantation phase, beneficiaries were asked a number of questions to determine if the interventions met their specific needs. For this project, IOM identified that more surveyed people were in need of assistance through NFI kits and hence adjusted its program as such. No comments were reached on the quality or content of assistance.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-UF-FPA-012	Health	UNFPA	GOV	\$36,500
16-UF-CEF-026	Water, Sanitation and Hygiene	UNICEF	NNGO	\$319,182
16-UF-CEF-026	Water, Sanitation and Hygiene	UNICEF	NNGO	\$298,285
16-UF-CEF-026	Water, Sanitation and Hygiene	UNICEF	INGO	\$217,719
16-UF-CEF-026	Water, Sanitation and Hygiene	UNICEF	INGO	\$49,674
16-UF-WFP-012	Food Assistance	WFP	NNGO	\$235,078
16-UF-FPA-013	Protection	UNFPA	NNGO	\$339,669
16-UF-CEF-027	Child Protection	UNICEF	INGO	\$387,349
16-UF-CEF-027	Child Protection	UNICEF	NNGO	\$39,390
16-UF-CEF-027	Child Protection	UNICEF	INGO	\$366,544
16-UF-CEF-027	Child Protection	UNICEF	NNGO	\$13,709
16-UF-WHO-011	Health	WHO	INGO	\$98,024
16-UF-WHO-011	Health	WHO	INGO	\$14,745
16-UF-WHO-011	Health	WHO	INGO	\$299,926
16-UF-HCR-016	Shelter & NFI	UNHCR	INGO	\$548,571
16-UF-HCR-016	Shelter & NFI	UNHCR	NNGO	\$53,214
16-UF-HCR-015	Multi-sector refugee assistance	UNHCR	INGO	\$978,065
16-UF-IOM-013	Multi-sector refugee assistance	IOM	INGO	\$150,000
16-UF-IOM-013	Multi-sector refugee assistance	IOM	INGO	\$100,000
16-UF-IOM-014	Multi-sector refugee assistance	IOM	INGO	\$300,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
ACTED	Agency for Technical Cooperation and Development
ARV	Anti retroviral drugs
CCCs	Core Commitments for Children in Humanitarian Action
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CP	Coordinating Partners
CSOs	Civil Society Organisations
DCIM	Department for Combatting Illegal Migration
DRC	Danish Refugee Council
DTM	Displacement Tracking Matrix
EHK	Emergency Health Kit
EI	Emergency International
ERW	Explosive Remnants of War
EMoC	Emergency Obstetric Care
FDA	Food and Drug Authority
FTS	Financial Tracking Service
GBV	Gender Based Violence
GNA	Government of National Accord
HCT	Humanitarian Country Team
HH	Households
HI	Handicap International
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
HK	Hygiene Kits
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-agency Standing Committee
IDP	Internally Displaced People
IEC	Information, Education and Communication
IEHK	Interagency Emergency Health Kits
IMAS	International Mine Action Standards
IMC	International Medical Corps
IOM	International Organisation for Migration
IP	Implementing Partner
IS	Islamic State
LibMAC	Libyan Mine Action Centre
LRC	Libyan Red Crescent
LS	Libyan Society for National Reconciliation and Charity Works
MOH	Ministry of Health
MoSA	Ministry of Social Affairs
MRE	Mine Risk Education
MSNA	Multi sector needs assessment
MSO	Medical Supply Organisation
M&E	Monitoring and Evaluation
NCDC	National Centre for Disease Control
NEX	National execution

NFI	Non Food Items
NGO	Non-governmental organization
NTS	Non technical survey
OCHA	Office for the Coordination of Humanitarian Affairs
ONFP	Office National de la Famille et de la Population
OPD	Out-Patient Department
PHC	Primary Health Care
PSS	Psychosocial Support
PWG	Protection Sector Working Group
RC/HC	Resident Coordinator/Humanitarian Coordinator
RCT	Regional Centre for Training on family planning and reproductive health, Cairo
RH	Reproductive health
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SALW	Small arms and Light weapons
SGBV	Sexual and Gender Based Violence
SPHERE	The Sphere project
SSWG	Shelter and NFI sector working group
STACO	Sheikh Taher Azawi Charity Organisation
TPM	Third Party Monitoring
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Actions Service
UNOPS	United Nations Office for Project Services
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WYEF	Women and Youth Empowerment Forum