United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS LIBYA UNDERFUNDED EMERGENCIES ROUND 1 2017

RESIDENT/HUMANITARIAN COORDINATOR	**Maria do Valle Ribeiro**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was not conducted, but a review was carried out as part of the regular HCT meeting on 28 March 2018, with the HC/RC, Agencies, Sector coordinators, INGOs, Observer organisations and donors present.

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 ☐

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 ☐

The report was shared with HCT, the CERF recipient agencies and sector coordinators.

Although the report was not shared with the Government, however they were involved extensively through the whole CERF process.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: USD151,013,476		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	5,997,815
	COUNTRY-BASED POOL FUND (*if applicable*)	N/A
	OTHER (bilateral/multilateral)	101,705,897
	TOTAL	107,703,712

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 02/03/2017			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	17-UF-FAO-009	Agriculture	250,000
IOM	17-UF-IOM-006	Multi-sector	849,996
UNFPA	17-UF-FPA-008	Sexual and/or Gender-Based Violence	300,000
UNFPA	17-UF-FPA-007	Health	299,994
UNHCR	17-UF-HCR-005	Non-Food Items	1,000,340
UNICEF	17-UF-CEF-019	Water, Sanitation and Hygiene	950,001
UNICEF	17-UF-CEF-018	Child Protection	200,000
UNOPS	17-UF-OPS-001	Mine Action	297,570
WFP	17-UF-WFP-012	Food Aid	700,000
WHO	17-UF-WHO-006	Health	1,149,914
TOTAL			**5,997,815**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	4,834,518
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	973,773
Funds forwarded to government partners	283,200
TOTAL	**5,997,815**

HUMANITARIAN NEEDS

The current crisis in Libya is the result of conflict, political instability and a vacuum of ineffective governance. Since 2014, Libya has been split between rival governments based in the western and eastern regions, each backed by different militias and tribes. In December 2015, the UN brokered an agreement that brought opposing parties together in Tripoli, creating a unity government and presidency council to govern during a transition period of two years. The progress during 2016 and 2017 has been challenging and is being undermined by intractable differences between political actors and the extensive hostility between unregulated militias, with various regional and political loyalties and alliances, is further hindering stability. As a result, there continues to be a lack of agreement on the use of resources, roles and responsibilities regarding leadership, as well as a common strategy to support people most in need of assistance. People living in or returning to conflict-affected areas are faced with extensive infrastructural damage, limited functional public services and face death or injury due to widespread contamination from explosive remnants of war (ERW) and unexploded ordinance (UXO). Civilians continue to be killed and maimed: according to the Armed Conflict Location and Event Data Project (ACLED), in 2017, 1,289 people were killed. From 1 January 2017 to 30 September 2017, UNSMIL documented at least 128 deaths and 164 injuries among civilians. Given limitations on access and information flow from conflict-affected areas, the actual casualty figures are very likely to be significantly higher.

The country remains divided between rival administrations, leaving national and local institutions largely unable to provide protection and basic services. The direct impact of insecurity, violence and political instability is the economic crisis that is also directly driving the humanitarian crisis. The economic situation continues to deteriorate: inflation, the devaluation of the Libyan dinar on the black market, an acute cash liquidity shortage in the banking system have all led to reduced purchasing power of the Libyan population - especially those already affected by the conflict, further deepening vulnerabilities. Since 2014, the Libyan Dinar (LYD) has lost over 500 per cent of its value in the parallel market, trading at approximately LYD8.5 to the dollar (well above the LYD1.4 official rate) and sometimes as high as LYD10 during 2017, due to increased demand for foreign currency. Living conditions have deteriorated as availability of food, fuel, water and sanitation, electricity and medical supplies decrease and the provision of health care and public services declines. Libya's health care system struggles to deal with casualties from the conflict, rising diseases and illnesses. Weak rule of law is leaving vulnerable civilians and marginalised groups unprotected. Reporting structures for survivors of GBV are weak, due to lack of social support, fear of reprisals and lack of trust and confidence in the justice system, a lack of confidentiality and specialised staff, and physical reporting outlets. The weak structures, combined with a social stigma surrounding reporting, have resulted in widespread underreporting of violence against women and therefore impunity for perpetrators.

The people most in need of humanitarian assistance are those with the least resilience to the impact of the crisis in Libya, particularly people with very limited financial means and coping mechanisms. Internally displaced people (IDPs), returnees, and people living in high risk, hostile environments are amongst the people of most concern. Refugees and migrants are considered particularly vulnerable as in addition to not having effective coping mechanisms, they are also specifically targeted by militias and often subjected to abuse and exploitation. Within all groups of people in need, the extremely vulnerable include people with disabilities, children, older persons and women.

In total, under the Libya 2017 HRP 1.3 million people were identified as in need of humanitarian assistance, including:

- 241,193 internally displaced people, out of more than 313,000 people currently displaced in Libya;
- 356,478 returnees, out of an estimated 462,957 people that have been identified as returnees;
- 295,652 migrants and refugees, out of an estimated 357,259 refugees and migrants currently in Libya; and
- 436,775 most vulnerable non-displaced Libyans.

Towards the end of 2016, there were 38 humanitarian actors active in Libya, of which 27 international organizations and 11 national ones. Of these, 22 organisations appealed for funding in the 2017 HRP. In close collaboration with the HCT, and through the sector coordination mechanisms, these partners were providing humanitarian assistance and implementing a wide range of programmes which targeted 941,047 people. The total amount required for the HRP 2017 was US$151 million. As of January 2017, $1 million had been allocated to the 2017 HRP.

A multi-donor funded Stabilization Facility Programme was launched in 2016. The Programme aims to support rehabilitation of light infrastructure destroyed by the conflict, such as clinics, police stations, water facilities, power grids, and access roads, as well as recovery of critical businesses. Overall, the development programmes contribute to bridging the transition from initial humanitarian relief

towards mid- and long-term development support. However, this will depend considerably on security and political developments. Until progress is made in that respect, humanitarian assistance will represent the most tangible and available support to Libya.

As ever, the most vulnerable will bear the brunt of a lack of action. For them, fear, hunger and sickness will become a protracted reality. Without immediate action, the humanitarian needs in Libya will further exacerbate. Attacks against civilians and civilian infrastructure, limited physical, legal and material safety, restricted freedom of movement, alarming levels of gender-based violence, incidents caused by landmines and explosive devices will impact all those in need. Lack of action may also lead to deterioration of protection concerns and a potential increase of people in need of protection. Women and children will continue to be more severely impacted by the crisis and to be victims of physical and verbal violence and psychosocial abuse. Children may also remain a target for military recruitment and trafficking. Refugees, asylum seekers and migrants will continue to be particularly vulnerable to discrimination and marginalisation. With no social network to rely on, poor living conditions in overcrowded detention centres, and lack of access to vital services, refugees, asylum seekers and migrants will continue to be exposed to abuse, harassment and exploitation by smugglers. They will also further seek to cross the Mediterranean Sea in search of safety in Europe. Failure to protect them will further expose them to risk of discrimination and marginalisation.

In brief, without immediate support, 1.3 million people in urgent need of medical care will not receive essential health assistance and medicines and will have their lives at risk. Failure to respond will have a devastating effect on the health services and place further strain on resources already stretched to breaking point. Over 500,000 people will not have adequate access to safe drinking water, hygiene and basic sanitation. Outbreaks of preventable communicable and water-borne diseases are likely to occur, if no adequate preventive and emergency measures are put in place. In addition, if assistance is not delivered, over 552,000 will not have a dignified shelter and basic non-food items, and will be forced to live in inadequate collective public spaces. Children have particularly suffered in this crisis and will remain among the most vulnerable victims of the crisis. The ongoing conflict has left over 315,000 children without access to education.

II. FOCUS AREAS AND PRIORITIZATION

Throughout the Libyan crisis, the humanitarian community in Libya aimed to provide short-term and temporary remedies and bridge gaps in basic services, while the international community and Libyan partners worked on a more sustainable political, economic and security solution. Based on this the humanitarian country team decided through the 2017 HRP to support actions that will focus specifically on saving lives through safe and dignified access to health services and essential medicines, as well as other basic social services, such as food, water, hygiene, sanitation, shelter and education, and to protect the most vulnerable Libyans, migrants and refugees.

The Humanitarian Country Team (HCT) identified three core strategic objectives to guide a focused and efficient humanitarian response in 2017. These were informed by multiple needs assessments, analyses and operational considerations:

- Save lives through safe and dignified access to emergency healthcare and essential medicines,
- Protect the most vulnerable Libyan people, migrants, refugees and asylum-seekers,
- Save lives through safe and dignified access to multi-sector basic social services.

All humanitarian interventions outlined in the 2017 HRP are life-saving. However, the humanitarian community decided to further prioritise the response actions according to:

- time criticality, i.e. actions that need to be undertaken as soon as possible to save lives or require specific timing for their implementation;
- critically-enabling, i.e. actions that need to be implemented first to allow other partners to deliver assistance;
- multiplier effect and cost efficiency, i.e. actions that will maximise impact, for example by addressing multiple needs, while minimising costs (e.g. multi-sectoral assistance).
- vulnerability, i.e. actions that address the highest vulnerabilities.

Building on the above different criteria, the targeted population was identified out of the total 1.33 million people in need. The number of IDPs, returnees and migrants in need was based on the Displacement Tracking Matrix (DTM), secondary data analysis and triangulated through an expert survey. The number of refugees in need was provided by UNHCR. Non-displaced people in need were determined based on the functionality of health facilities as per WHO health assessments. The total population targeted in the 2017 HRP was 941,047. This figure is based on the highest number of people targeted with some form of lifesaving assistance by the sector, in this case the health sector. Other factors included the severity of needs, as identified by the HNO, capacity to deliver and resources that may be available.

Building on the funding trends expected in 2017 and the continuous deterioration of the humanitarian needs in Libya, the ERC decided on 19 December to allocate $6 million from the CERF Underfunded Emergencies window for responding to the protracted humanitarian needs in Libya. Relying on the prioritisation exercise conducted in the HRP 2017 and aligned with the humanitarian needs identified in the HNO, and as a result of consultations at the HCT, inter sector coordination (ISC) group and sectoral levels, the participating humanitarian agencies decided to use the CERF grant to improve the health status of the most vulnerable people in Sebha, Ubari and Benghazi (IDPs, returnees, migrants and refugees and vulnerable non-displaced Libyans). The overall objective was to improve access of affected people in Libya to life-saving medical assistance, essential medicines and basic services. To increase the CERF impact, the CERF grant was also used for a multi-sectoral intervention.

With this CERF grant, up to 190,000 people were planned to benefit from the humanitarian intervention. Recipient organisations of the CERF grant also committed to step in collectively and provide multi sectoral intervention to increase the impact and make a difference in the life of the beneficiaries. Priorities of the CERF strategy were aligned with the overall humanitarian response strategy and mainstream improvement of health status by the following:

- 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 life-saving and life/sustaining shelter and NFI support/solution to the most vulnerable,
- Providing safe drinking water, basic sanitation and hygiene kits and information,
- Providing direct life-saving support and protection to meet the humanitarian needs of migrants, refugees, and asylum seekers.

Based on analysis, partners prioritised the response in the areas that have been most affected by the conflict, i.e. Benghazi, Sebha, and Ubari. In these areas the CERF allocation targeted 45,000 IDPs, 62,000 returnees, 33,000 refugees, 13,000 Migrants and 71,000 non-displaced vulnerable Libyans. Within the targeted group, focus was applied on the most vulnerable people within those groups, which include people with disabilities, children, older persons and women. Assistance to refugees and migrants included protection, and provision of basic needs such as food, non-food items, water, sanitation and health care. Accordingly, sectors will provide varied assistance that will improve the central aim, which is the health status of the target groups in the targeted areas. The humanitarian response targeted 46,000 women at reproductive age (15 to 49 years old) including pregnant and lactating women migrants for their basic health and psychosocial needs building on already-established response mechanisms and the potential synergies triggered by a multi-sectoral response.

Allowing safe access of humanitarian actors to affected areas and people and allowing dignified and safe access for affected people to health services has been recognized by humanitarian actors and Libyan stakeholders as a priority and strategic objective at the HRP and while preparing the CERF package. The main concern for the Protection Sector is the attrition rate of EOD clearance teams carrying out humanitarian tasks in Benghazi (38 have died in the last year), which has a direct impact on the health of Benghazi citizens, by failing to address the threat of death or injury from explosive hazards, and impacts their ability to have safe access to life saving services (including health services). It also affects the safe access of humanitarian actors providing health services or attempting to reconstruct or rehabilitate health services that have been damaged or are contaminated by explosive hazards. The UNMAS project will directly impacted on health saving the lives of the EOD teams carrying out humanitarian intervention.

In addition, UNHCR through its project funded by CERF, targeted the most vulnerable groups who are trapped in Ganfouda a militarily encircled neighbourhood in Benghazi as well as Ubari and Sebha. The life-saving activities were the provision of hygiene items that complemented the health intervention and improved the health status of the refugees, and provision of winterisation items..

To complement this, FAO's intervention aimed at promoting food production, and hence increasing food availability and access for food insecure people. It is undeniable that food and nutrition is linked to the health status of the vulnerable population. Consequently, food production should be seen as a more sustainable way to improve food availability and access of affected population, and make them progressively independent from food assistance. In addition to providing staple foods for household consumption, the project also had the benefit of allowing the targeted beneficiaries to generate income by selling the surplus of their production to buy other food products (meat, milk, vegetables, etc) with an expected improvement of their nutrition status. Finally, farmers will have seeds for the next harvest. The action enhanced food production, nutrition and livelihoods.

The 2017 HRP for Libya was significantly underfunded, with just 1% of the total amount requested received by mid-late January 2017. The CERF allocation supported the sectors' aim to conduct collective focused interventions to the most marginalised areas (Sebha and Ubari) and areas with high needs (Benghazi). The timely manner and rapid disbursement of the funds allowed humanitarian actors to address the most urgent life-saving needs for the above described people in need. CERF funds significantly boosted the response in many of the critical sectors, including health, protection, food security, shelter, WASH, and provided the space for agencies to mobilise donor funding.

III. CERF PROCESS

Extensive discussions with the sector leads and co-leads, and within each sector, took place to agree on a prioritisation strategy for the CERF allocation and to align submissions to the overall CERF strategy. A series of consultations, two formal ISCG meetings and two formal HCT meetings were organised to complete the consultation and prioritisation exercise. Throughout these sessions, it was agreed that the strategy should be consistent with the overarching principles set in the HRP which is to focus on life-saving activities, as per the HC's decision and the CERF guidelines. Accordingly, the HCT agreed on improving the health status and supporting this intervention with complementary food assistance to targeted population in the agreed areas. The severity of needs as identified by the 2017 HNO and operational capacity as clarified by the 2017 HRP, contributed to the selection criteria for the geographic scope and the thematic needs.

The CERF allocation requested two types of submission: coordinated responses from each sector and individual UN agency submissions. Sectors were requested to work with their members to produce a prioritised list of projects, to be submitted through the sector leads or co-leads. The onus was on the sectors to prioritise, using the key criteria (life-saving, accessible capacities of agencies within the geographic scope). Given that the sectors include both UN agencies and INGOs, a broad consultation of humanitarian actors was conducted. All agencies used the HRP as a guiding tool for the prioritisation exercise and submitted projects that were developed and ready to be implemented in the short-term.

The response is constrained by the fact that most agencies and their partners are operating remotely. The proposed projects, however, were implemented through partners that are well-established in Libya and in areas where access is not an issue. The capacities of the agencies and their partners were also key considerations and each sector discussed this during their prioritisation processes.

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: 1.33 million

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	2,441	1,100	3,541	2,864	1,180	4,044	5,305	2,280	7,585
Child Protection	3,219	947	4,166	3,670	2,000	5,670	6,889	2,947	9,836
Food Aid	4,529	7,711	12,240	4,906	8,354	13,260	9,435	16,065	25,500
Health	25,674	34,766	60,440	27,814	36,184	63,998	53,488	70,950	124,438
Mine Action	-	-	-	-	48	48	-	48	48
Multi-sector	2,305	5,006	7,311	2,803	8,850	11,653	5,108	13,156	18,964
Non-Food Items	2,084	3,633	5,717	2,242	4,291	6,533	4,326	7,924	12,250
Sexual and/or Gender-Based Violence	2,463	8,734	11,197	-	-	-	2,463	8,734	11,197
Water, Sanitation and Hygiene	13,613	28,928	42,541	18,799	39,948	58,747	32,412	68,876	101,288

[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.

Most agencies were able to select their beneficiaries in consultation with the local authorities, local communities and NGOs working on the ground which then allowed for minimisation of duplication/double counting. UNHCR, for example were provided with a list of the most vulnerable households (IDPs and host communities) in Benghazi and Sebha by LibAid (local NGO) and local authorities. The most vulnerable were then selected according to a vulnerability scorecard defined by the Protection Working Group and in accordance with UNHCR's principles on community based protection and outreach. WHO works with the Ministry of Health and collects data directly from health institutions. WFP also determines the most affected displaced people in consultation with local crisis committees and humanitarian partners. Local crisis committees identify the most food insecure households in their communities and provide WFP's in-country partners with a list of potential beneficiaries. WFP then doublechecks the list for any potential duplications and develops a distribution plan, which is shared with partners and Third-Party Monitors (TPM). Similarly, FAO conducted, with the assistance of the local implementing partners, local communities' leaders as well as agriculture associations, beneficiary targeting sessions to develop a list of beneficiaries, which were later brought to communities' leaders/agriculture associations for public validation. This insured transparency and participatory involvement of the affected people, it also avoided the problem of double counting.

In order to avoid double counting during the WASH distributions, the estimations of the beneficiaries were calculated by taking the highest number of people reached in one activity (e.g. hygiene) from each geographical area. As a result, the estimated numbers of people reached per geographic location were the following: 25,000 people in Benghazi, 33,540 people in Sabha, 25,500 in Ubari, 18,350 in Sebratha, and 9,500 in Tripoli. Due to a sudden incident in Sebratha, there were needs that needed to be met, In addition, the percentages of boys, girls, men, and women is estimated based on the percentages adopted in the WASH section of the HNO 2017 (i.e 42% female, 58% male, 32% children). The number of beneficiaries reported above by UNICEF WASH program is a result of CERF and other funding sources.

For the GBV project managed and implemented by UNFPA and partners, beneficiaries were counted for monthly reports shared by local associations and the implementing partners from the field. As it was the only GBV project, there was no risk of double counting or duplication of services conducted.

With IOM, since staff were on the ground, double counting was avoided by monitoring supply while distributing. Some challenges met in preparing the estimates is the influx of any given area, on any given day.

Overall the identification of numbers of beneficiaries was constrained by the fact that most agencies and their partners are operating remotely. Access and security 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. Limited resources and the large number of beneficiaries who wanted to receive the assistance was also a challenge faced by many.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	37,827	64,999	102,826
Male	38,381	52,707	91,088
Total individuals (Female and male)	**76,208**	**117,706**	**193,914**

[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

Health

Health interventions were carried out by WHO and UNFPA and implementing partners through CERF funding.

The UNFPA team responded to the most urgent health needs of IDPs, returnees and non-displaced people in need in Benghazi, Sebha and Ubari. UNFPA closely coordinated and worked with partners in the Health sector to respond to the needs of women at reproductive health age.

UNFPA strengthened the reproductive health workforce operational capacities through deployment of key skilled staff in hard-to-reach areas, UNFPA coordinated with other intervening agencies in the same area to ensure that the different teams work in synergy and complement each other.

The UNFPA response has focused on two outcomes:

1- Decreased avoidable maternal and neonatal mortality and morbidity in conflict-affected areas.
2- Ensuring that Minimum Basic Reproductive Health and Emergency Obstetric Care (EmONC) services are provided for women-at-reproductive age in Benghazi, Sabha and Ubari.

UNFPA supported the Ministry of Health (MoH) and the Libyan Midwifery Association to continue the cascade of trainings for nurses and midwives deployed as part of the mobile teams. In addition, UNFPA supported local partners to deploy teams of Community Health

Volunteers to distribute Clean Delivery kits to pregnant women in remote areas, educate them and refer them to the closest mobile team or functional health facility providing reproductive health services.
UNFPA has supported the Ministry of Health to reactivate some of the health facilities in Ubari, Sabha and Benghazi together with the National Center for Disease Control (NCDC), by ensuring provision of essential medical equipment and drugs allowing to support 15,795 women of reproductive age and sexually active men in the targeted cities.
In addition, UNFPA Libya ensured the technical support that allowed to set-up a system for service provision and referral of women and young girls seeking reproductive and obstetric health care. UNFPA also extended its technical support to the Primary Health Care (PHC) directorate through the project Essential Package of Health Services to ensure the integration of essential sexual and reproductive health (SRH) services into the basic package of health services including medical and psychosocial support to gender based violence (GBV) survivors.
The linkage between development and humanitarian activities was important in order not to create parallel systems and set-up services that will be stopped by MoH in months. This allowed UNFPA to advocate for continuing providing EmONC services in PHC facilities located in under-served areas (Such Ubari and Wadi AL Shati).
UNFPA deployed mobile teams to four hospitals in Ubari working with a local NGO (Tripoli Crisis Management Team). The mobile teams reactivated existing heath facilities to provide maternal and reproductive health services to vulnerable women and men (IDPs, returnees, and migrants and refugees). UNFPA and local partners ensured that women referred by mobile teams and outreach volunteers are accessing and using the services provided by PHC.
A series of training courses for nurses and midwives in the primary health care centres and some hospitals were conducted in Benghazi, Sabha (covering also Ubari) by the National Center for Disease Control (NCDC) and the Libyan Midwifery Association. The training was provided to 36 obstetricians and midwives from east, and southern Libya by Libyan trainers (previously trained by UNFPA) and focused on Basic EmONC and safe delivery.

Due to active conflict and insecurity prevailing in Ubari, WHO diverted its support to the neighbouring Ghat district in the south of Libya to address urgently pressing life-saving health needs of the population in Ghat suffering from acute shortage of medical staff. The score of severity of needs in Ghat was in the highest scale according to HNO 2018. There is only one hospital in Ghat, which is supposed to serve more than 30,000 local residents, along with a high number of IDPs. In recent years, there has been a high incidence of deaths in Ghat among pregnant women and infants because of the lack of medical staff. This modification did affect the profile of population targeted under this activity– vulnerable IDPs and returnees in the south. Both Ghat and Ubari are among the top six locations with IDPs and returnees. Provision of mobile medical services to Ghat was a response to the urgent appeal from mothers and civil society in Ghat city. A social media campaign was initiated by civil society after several mothers died due to lack of medical staff to serve people in Ghat. Raising the hashtag #SaveMothersInGhat on Twitter and Facebook, the community called for help to improve the poor health conditions of Libyan women who have been delivering their babies in unsafe and unhealthy conditions, unattended by doctors or trained health workers. Thanks to the CERF grant WHO was able to mobilize and dispatch to Ghat medical staff to provide needed assistance for key services, instead of the planned Ubari district which is neighbouring in the south of Libya.

WHO has a robust network of WHO local personnel and focal points, who ensure regular monitoring of activities implemented at target facilities. They also engage in regular communication for the needs, feedback, suggestions with the directors and doctors of the supported health facilities acting on behalf of beneficiaries of health services.
An increased number of consultations was recorded by the interventions funded by CERF as the hospitals received medicine from different donors. Medicine is provided to patients through the health facilities which is not associated with particular donors and WHO collected the consultation report from the hospital records. However, donors are acknowledged by the recipient hospitals.

Sexual and Gender Based Violence

During 2017, CERF funding contributed to supporting around 11,197 individuals through five different functional women community centres. Furthermore, 14,327 individuals were reached through the 16 days of activism and other campaigns and International Days celebrations. The intervention through the CERF fund provided the following key results:

- The sustainability of five women safe spaces for Libyan women IDPs and the host community; the only centres existing for Libyan women since 2016.

- In the Sebha centre, some migrant women were also beneficiaries of the services even though that the number was reduced, this initiative can build further actions toward safe spaces serving migrants, refugees and Libyans.
- 1,864 dignity kit were distributed: As the kits were procured internally (due to the unstable situation and presence of militias in Tripoli), inflation affected the price but this process ensured providing beneficiaries with kits.
- 466 GBV survivors were identified and sought support through the centres
- GBV services assessment was conducted which will help design referral pathways
- Data gathered from the centres enabled a better understanding of the GBV survivors' criteria which will help in designing future interventions. For a better understanding of GBV issues, UNFPA succeeded to fund a GBV situation Analysis.
- Dignity kits content procured through CERF were culturally appropriate, UNFPA succeeded to support UNHCR to procure the same kits to refugees.

Shelter/NFIs

The project implemented by UNHCR through partners reached 270 individuals refugees/asylum-seekers. UNHCR and partners assisted refugees and asylum-seekers over the period of March through to December 2017 with the distribution of NFIs in Benghazi: 270 individuals received basic life-sustaining Shelter and NFI support. The limited number of assisted asylum-seekers and refugees is due to the reduced access in the East, and limited number of partners in the area, despite plans for expanded partnerships. Therefore, UNHCR was able to identify a low number of persons of concern (POCs), especially family units, in detention in the East of Libya, in addition, due to the change of migration routes and the concentration of refugees and asylum-seekers in the West of Libya, hoping to reach Europe by sea.

For the distribution of NFIs in Benghazi to IDPs, UNHCR exceeded the target of 1,200 households (~6,600 individuals), through having reached some 25,939 individuals (using UNHCR's own funding and funding from other donors in addition to the CERF funding), due to the great humanitarian needs including the huge number of returnees after end of conflict in Benghazi through the summer of 2017. Curtailment of conflict allowed access to northern Benghazi IDPs, the most populated area of the city, counting around 60,000 returnees.

In total, the multipurpose cash project implemented by UNHCR through partners reached in some 1,140 IDP households (~6,270 individuals).

- Provision of cash in Sabha (South Libya): UNHCR and partners assisted in the provision of multipurpose cash grants to the most vulnerable conflict-affected households to better meet their life-saving needs: 100 IDP households (~550 individuals) and host community households in Sabha received cash assistance.

- Provision of cash in Benghazi (East Libya): 1,040 IDP households (~5,720 individuals) and host community households in Benghazi received cash assistance.

The main constraints affecting the cash assistance programs included the liquidity crisis, inflation, insecurity, and the inadequate banking system. The liquidity crisis and the banking system caused significant delays in transfers as well as in withdrawing funds. Potential alternative solutions were identified in the fourth quarter of 2017.

WASH

In 2017, UNICEF through CERF funding provided humanitarian WASH assistance to a total of 111,890 most vulnerable people in Benghazi, Sabha, Ubari, Sebratha, and Tripoli..

In addition, 10 tonnes of Calcium hypochlorite water treatment chemicals and three water pumps were procured by UNICEF to be used by government water and sanitation institutions to ensure provision of safe water to at least 30,000 people in Dern and Bani Waleed and Zintan.

The numbers of people reached through humanitarian WASH assistance exceeded the targets of the CERF proposal. This is mainly due to the fact that the program reached large numbers of people by rehabilitating WASH facilities in 10 health facilities in Ubari and Sabha. In addition, new emerging humanitarian needs in Sebratha led UNICEF to reach more beneficiaries. To match the high needs with the

required level of assistance, UNICEF matched the CERF funding projects with other funds from the German Ministry for Development Cooperation (BMZ) and the Swedish International Development Agency (SIDA).

CERF has been the main source of funding for humanitarian WASH assistance in Libya. The grant enabled the most vulnerable IDPs, returnees, non-displaced, refugees, and migrants to have increased access to humanitarian WASH services and improved learning environment for children in their schools. UNICEF's response to particularly Sebratha refugee crisis enabled 18,350 refugees and migrants to access safe water and sanitation facilities which mitigated the risk of waterborne diseases and contributed to improved public health. The provision of basic items such as hygiene items, which are now costly in Libya, also assisted affected families to save money to purchase other essential items.

Child Protection

Despite the prolonged security, political and institutional challenges in Libya, UNICEF continues to lead on Child Protection within the Protection sector. In collaboration with STACO, a national NGO, UNICEF has scaled up the provision of quality community based psychosocial support to enhance protection and psychosocial well-being of conflict affected boys and girls in the remote areas in the South of Libya. Community mobilisation initiatives and expansion of psychosocial services led 6,889 children (3,370 boys and 3,219 girls) to access community and school based child protection and psychosocial services in Sebha and Ubari in the South. In addition, around 2,947 parents were reached with messages on child protection and psychosocial support. The project activities were implemented in the schools with cooperation of teachers and the education authorities. As a result, the coverage of children in need of psychosocial support was reached as well as institutionalizing sustainable psychosocial support services in national systems with education being an entry point.

Food Aid

CERF funding was key in WFP's emergency response in 2017; because of this support, WFP was able to feed the targeted beneficiaries: 591 mt went to the east of the country and fed 24,385 people in need for two months, while 27 mt went to the south and reached 1,114 people for two months. This helped improve food consumption over the assistance period for the targeted households. Assistance is provided through two parcels of food for each family of five people, which supports them for one month: food parcels consist of rice, pasta, wheat flour, chickpeas, vegetable oil, sugar and tomato paste.

Agriculture

For FAO CERF is one of the fastest ways to enable urgent response to people most in need. Under this specific allocation FAO was able to reach 3,541 females and 4,044 males, a total of 7,585 beneficiaries. The impact of the action is the targeted population were able to produce their own vegetable and sorghum and sell their products to generate income, as well as, were able to generate seeds for the coming planting seasons. The CERF funding improved food security and livelihoods of targeted communities, especially the most vulnerable categories that are affected by displacement and political crises.

Mine Action

The project outcome was achieved, as evidenced by the lack of new casualties among EOD operators active in Benghazi, which has enabled their continued clearance work and contributed to the ultimate objective of improving safe movement and access to the residents of Benghazi.

Overall, the funds provided by CERF 2017 enabled UNMAS Libya to respond to a life-saving, time-critical humanitarian need, despite lack of access to the targeted area, and to enhance the capacity and provide equipment to national entities working to tackle the threat from explosive hazards in Benghazi and its surroundings.

Multisector

The multi-sector IOM project funded by CERF aimed to improve the living conditions of the most vulnerable migrants, hosting communities and conflict affected individuals and families in Sabha, Ubari and Benghazi through the provision of life-saving multi-sectoral services.

Through the CERF funding, IOM successfully exceeded its initial target number of 5,700 to 11,128 IDPs and migrants in Sabha, Ubari and Benghazi by providing urgently needed humanitarian assistance to the most affected in urban settings and detention centres through NFI and hygiene kit distributions together with a range of humanitarian services such as basic health care and psychosocial first aid; referral to support services including to secondary/tertiary healthcare, and to humanitarian voluntary return (VHR). Overall IOM provided

services to 344 IDP families and 1,050 migrants in Benghazi, 352 IDP families and 550 migrants in Sabah and 700 IDP families and 1,500 migrants in Ubari, and 350 migrants in Tripoli detention centres (Tajoura and Tarik el Sikka).

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. Some funds were transferred to implementing partners, as with UNICEF. However, the transfer was delayed due to the banking system challenges in Libya. To improve the delivery of assistance, program agreements with implementing partners were prepared in a short time. Additionally, some partners started implementation using the available financial sources while waiting for the funds transfer in their accounts.

Procurement of some items also took significant time since these items were procured from abroad and shipped to Libya. The security situation in Sebha had a significant impact in delaying the disbursement of fund to the implementing partners.

Other reasons for the delays include:

- Challenges related to remote management
- The fluid security situation and ongoing conflict in areas targeted for assistance

UNFPA succeeded to transfer CERF resources to partners within the first month of the allocation. This improved the overall project implementation and the achievement of the project results compared to 2016.

b) Did CERF funds help respond to time critical needs[1]?

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds have been instrumental in providing 18,350 migrants and refugees with critical WASH assistances including emergency latrines and drinking water which avoided any possible WASH related disease outbreak.

The needs for community based child protection and psychosocial services were evident among the affected population. CERF contribution enabled UNICEF to provide proper psychosocial support services in very remote and difficult to reach areas particularly the troubled South.

Furthermore, due to active conflict and insecurity prevailing in Ubari, WHO diverted its planned support to the neighbouring Ghat district in the South of Libya to address urgently pressing life-saving health needs of population in Ghat suffering from acute shortage of medical staff. WHO was only able to do this due to the CERF funding.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF was the major source of funding for WASH projects implemented by UNICEF through national implementing partners. However, it was not enough to cover the identified needs of the most vulnerable population groups. Therefore, other funds from BMZ and SIDA were mobilised in addition to the CERF funds.

UNICEF used resources from BMZ to extend the child protection project until the end of February 2018. In Sebha, UNICEF used BMZ resources to bring a partner to provide specialized psychosocial support for the GBV victims until the end of August 2018.

CERF resources allowed UNFPA also to mobilise additional funds from other donors (such as ECHO) with complementary activities.

Essential emergency medicine and medical supplies were supplied to the CERF target health facilities by WHO along with other funding sources. This complementarity of resources allowed to cover under CERF higher than anticipated costs of anti-retroviral (ARV) medicines procurement and shipment.

[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.).

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 organisations. This helped to reduce the number overlapping programs on the ground and improved the information on needs and the response to these needs.

The CERF funds led to increased participation of the national NGOs and government partners from Libya in different sector coordination meetings in Tunis particularly in the WASH sector. The implementing partners through CERF grants undertook real-time assessment (assessment of WASH needs in Sebratha and Benghazi) before commencement of any WASH intervention. The findings of these assessments were shared with OCHA for dissemination to the humanitarian stakeholders.

UNICEF actions supported by CERF contribution were well coordinated with the emergency protection sector response in Libya in general and among UN agencies who received CERF funding. A 5 Ws (What, Who, Where, When, and How) assessment was developed by the protection working group to better coordinate the emergency response.

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**
Additional and flexible implementation timeline is needed given the remote management in Libya	To increase the grant duration to 12 months	CERF secretariat
When it comes to the use of SMART indicators, it should be better recognised that in some contexts, having reliable data is a challenge, making reporting more difficult	If explained properly in the text of the project proposal, it would be advisable to accept that not all indicators can be SMART or properly quantifiable	CERF Secretariat HCT
Improving the effectiveness of the proposal process: In some instances, issues arise during the implementation of the activities and this leads to some delays in implementation and reporting at a later stage.	To have more flexible deadlines regarding the reporting and flexibility to adjust some activities during the implementation in case some issues pooped up during the implementation.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**

Despite the focus on health, the need for a multi-sectoral approach for the use of CERF was recognized and applied, recognizing the more inclusive HRP 2017 strategy	This is good practice that should continue for CERF funds to be applied in a more holistic manner.	HCT, ISC
CERF interventions have an immediate impact on the ground for the UN.	HCT should give consideration to allocate more resources of the CERF for sectors that receive less attention from the donors. This action should be prioritised and well-funded	HCT, HC
Partnership with national NGOs facilitated timely response and increased humanitarian access	Continue providing capacity building of national NGOs as core component of humanitarian response in Libya.	UN, INGOs, Libyan National authorities,
Increased coordination with government (particularly in this case water and sanitation institutions) facilitated timely information sharing and coordinated response	Strengthen the coordination and leadership, capacity of the governmental institutions	HCT, UN, governmental institutions, INGOs
Regular follow up of project implementation: sharing of lessons learned and of challenges	Regular meeting with OCHA CO team for CERF follow up implementation (monthly meetings)	HCT, ISC
Within a multi-sectoral response with a specific sectoral and especially geographic focus, there can be political difficulties with Libyan authorities, impacting organisations' response in areas not targeted by CERF	More time could be spent to identify possible negative impacts of a narrower focus and identify a common justification (e.g. a publicized explanation to Libyan authorities as to why only certain areas are targeted)	HCT, HC
Funding allocation should give greater priority to Libyan IDPs and host community (e.g. GBV projects for these target groups are underfunded)	More focus on Libyans as beneficiaries especially for GBV	HCT, HC
A particular beneficiary, i.e., the patient consultation cannot be tracked by any particular donor. There are multiple donors as the need is enormous for the provision of healthcare services.	Tracking the donors at the receipient level, like the patient provided with the medicine, is cumbersome.	Libyan MOH/WHO
Many IDPs feel hesitant about admitting their needs. During the personal interviews and PSS sessions it was evident that their self-esteem and confidence level is very low and they feel ashamed requesting assistance. During	Through the campaign it was evident that more community stabilization activities including conflict mediation is needed in the target areas of this project.	IOM Libya- Operations and Movement Management.

the campaign, the campaign organizers and IOM's implementing partners tried to empower them by ensuring that they could speak up freely and that everything they shared would be kept confidential.		
Post-distribution monitoring posed some challenges as many phone number on the beneficiaries' lists turned out to be either wrong or out of service.	Given these challenges, IOM has been working to diversify post-distribution monitoring modalities to increase feedback from beneficiaries. This includes setting up a call centre and developing a digital registration form in order to minimize errors.	IOM Libya- Operations and Movement Management.
Crowd control challenges due to additional numbers of beneficiaries requesting NFIs	In order to provide assistance to additional beneficiaries and to reduce tensions, IOM and its implementing partners decided to split the family kits and to provide less items per family. Beneficiaries, though their family book, were carefully assessed on a case-by-case bases and provided with items to meet their basic needs.	IOM Libya- Direct Assistance
UNHCR's plan through CERF proposal and others was to implement activities in the southern region of Libya. However, despite the relevance of establishing UNHCR's presence in the South, the current political and security landscape is not conducive for the establishment of a permanent UNHCR presence in the area. UNHCR has therefore decided to put its direct presence in the south of Libya on hold.	In order to manage and implement the activities planned under this funding, UNHCR managed to reach the persons of concern, in the south through its partners. Such as the distribution of NFIs via a local partner, LibAid, who has their local staff and managed to accomplish the work according to the plan	UNHCR with all of its units

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	27/03/2017 - 31/12/2017
2. CERF project code:	17-UF-CEF-018	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Child Protection		☒ Concluded
4. Project title:	Community based child protection and psychosocial services for conflict affected children in Sabha and Ubari municipalities in Libya		

7.Funding				
	a. Total funding requirements[2]:	US$ 200,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[3]:	US$ 200,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 186,915.69
	c. Amount received from CERF:	US$ 200,000	▪ *Government Partners:*	US$ 00

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)	2,500	2,500	5,000	3,219	3,670	6,889
Adults (≥ 18)	2,500	2,500	5,000	947	2000	2947
Total	**5,000**	**5,000**	**10,000**	**4,166**	**5,670**	**9,836**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	2,500	1,889
Host population	2,500	5,000
Other affected people	5,000	2,947

[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 both funding received from CERF and from other donors.

Total (same as in 8a)	**10,000**	**9,836**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	IDPs were hosted in host communities from the same ethnic background, so they hardly identified themselves as IDPs. The IDPs avoid to identify themselves as such because of the stigma related to the term.	

CERF Result Framework			
9. Project objective	Life-saving adequate, appropriate and inclusive child protection services accessible for the conflict affected, and displaced children in Sabha and Ubari municipalities of Libya		
10. Outcome statement	Improved access to quality community based child protection services and information to conflict affected children in Sabha and Ubari		
11. Outputs			
Output 1	Awareness activities (including Mine Risk Education) are implemented in Sabha and Ubari addressing child protection issues that displaced, conflict affected children		
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 and MRE	5,000	2,847
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 disabled children, the need for psychosocial support and specialised services	UNICEF, STACO	STACO
Output 2	Community and school based psychosocial support programmes are implemented addressing specific needs of displaced, conflict affected children in 10 schools in Sabha and Ubari		
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)	5,000 (2,500 girls and 2,500 boys)	6,889, Girls 3,219 and boys 3,670
Indicator 2.2	Number of community members, social workers, teachers and animators oriented on psychosocial standards, personalized assessment and follow-up (disaggregated by gender, age location and conflict affected status)	75 (50 females and 25 males)	75
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	To provide inclusive psychosocial and recreational activities or recreational kits through Child Friendly Spaces implemented in the vicinity of the schools	UNICEF, STACO	STACO
Activity 2.2	To provide training on inclusive psychosocial	UNICEF, STACO	STACO

	support for 75 social workers, animators and key community representatives		
Activity 2.3	To procure and distribute 400 recreational kits	UNICEF, STACO	UNICEF and STACO

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:

None.

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

UNICEF and the implementing partners heavily engaged the local authorities in several stages of the project implementation. The municipality and the education department were consulted in the identification of the locations and the schools for the project activities. The social workers of the implementing partners throughout the awareness raising activities were heavily engaged with the parents.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNICEF is planning a programme evaluation during 2018. The evaluation will cover all programs including CERF supported projects.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	23/03/2017 - 31/12/2017
2. CERF project code:	17-UF-CEF-019	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Provision of water, sanitation and essential hygiene items and awareness for conflict affected children and their families in Libya		

7.Funding

a. Total funding requirements[4]:	US$ 2.250,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[5]:	US$ 1,163,551.46	▪ *NGO partners and Red Cross/Crescent:*	US$ 638,318
c. Amount received from CERF:	US$ 950,001	▪ *Government Partners:*	US$ 0

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)	10,812	10,388	21,200	13,613	18,799	32,412
Adults (≥ 18)	12,393	11,907	24,300	28,928	39,948	68,876
Total	**23,205**	**22,295**	**45,500**	**42,541**	**58,747**	**101,288**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	500	
IDPs	30,000	31,460
Host population	10,000	63,850
Other affected people (school children)	5,000	5,978

[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 both funding received from CERF and from other donors.

Total (same as in 8a)	**45,500**	**101,288**
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 rehabilitation of WASH facilities in 10 health centres benefited a larger number of people than initially estimated at the planning stage. • Additional funding from BMZ and SIDA have been used to increase the coverage and meet the high humanitarian WASH needs.	

CERF Result Framework			
9. Project objective	Contribute to saving lives and mitigating WASH related diseases of 45,500 conflict-affected, displaced people through the provision of basic, adequate and safe WASH facilities in Sabha, Ubari and Benghazi		
10. Outcome statement	Conflict affected, displaced people accessed adequate, equitable and sustainable safe water supply, sanitation and hygiene services		
11. Outputs			
Output 1	20,500 conflict affected and displaced people are provided with sufficient safe water in a sustainable manner in Sabha, Ubari 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	20,500 (10,250 male, 10,250 female)	63,850 (37,033 male, 26,817 female)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	To conduct assessment and analysis of the WASH needs at IDP camps, collective centres, detention and health centres	UNICEF, Libyan Society for Charity Works (LS), Sheikh Taher Azzawi Charity Organization (STACO)	UNICEF, Libyan Society for Charity Work (LS), and STACO
Activity 1.2	To repair water facilities at IDP camps, collective centres, detention, and health centres	UNICEF, LS, STACO	UNICEF, LS, STACO
Activity 1.3	To enhance water storage capacities at IDP camps, collective centres, detention, and health centres	UNICEF, LS, STACO	UNICEF, LS, STACO
Output 2	20,500 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	20,500 (10,250 male, 10,250 female)	82,100 (47,618 male, 34,482 female)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	To repair/construct sanitation facilities at IDP camps, collective centres, detention and health centres	UNICEF, LS, STACO	UNICEF, LS, STACO, Children Vision
Activity 2.2	To repair/install handwashing facilities at IDP camps, collective centres, detention and health centres	UNICEF, LS, STACO	UNICEF, LS, STACO

Activity 2.3	To conduct fumigation campaigns at IDP camps, collective centres, detention and health centres	UNICEF, LS, STACO	UNICEF, LS, Children Vision
Output 3	30,000 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	30,000 (15,000 male, 15,000 female)	30,978 (17,900 male, 13,078 female)
Indicator 3.2	Number of people reached with hygiene promotion messages	30,000 (15,000 male, 15,000 female)	30,978 (17,900 male, 13,078 female)
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	To procure hygiene kits	UNICEF, LS, STACO	UNICEF, LS, STACO
Activity 3.2	To distribute hygiene kits	UNICEF, LS, STACO	UNICEF, LS, STACO
Activity 3.3	To conduct hygiene promotion activities	UNICEF, LS, STACO	UNICEF, LS, STACO
Output 4	School children have improved access to WASH facilities and hygiene practices in safe learning environment - schools and child-friendly spaces in the municipalities of Sabha, Ubari and Benghazi. 5,000 children are provided with adequate safe water, sanitation and hygienic facilities in their learning environments in Sabha, Ubari and Benghazi		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of children in schools/CFSs provided with safe water	5,000 (2,500 boys, 2,500 girls)	5,978 (3,886 boys, 2,092 girls)
Indicator 4.2	Number of schools/CFSs supported with rehabilitation of appropriate gender sensitive sanitation facilities	10 (5 boy schools, 5 girl schools)	10
Indicator 4.3	Number of children (gender and age segregated) provided with school hygiene kits	2,500 (1,250 boys, 1,250 girls)	5,978 (3,886 boys, 2,092 girls)
Indicator 4.4	Number of children reached with hygiene promotion messages	2,500 (1,250 boys, 1,250 girls)	5,978 (3,886 boys, 2,092 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, LS, STACO	UNICEF, STACO
Activity 4.2	To rehabilitate water and sanitation facilities in learning facilities	UNICEF, LS, STACO	UNICEF, STACO
Activity 4.3	To procure schoolchildren hygiene kits	UNICEF, LS, STACO	UNICEF, STACO
Activity 4.4	To provide school children with hygiene	UNICEF, LS, STACO	UNICEF, STACO

Activity 4.5	To conduct hygiene promotion sessions in schools and child friendly spaces	UNICEF, LS, STACO	UNICEF, STACO

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 number of people reached through humanitarian WASH assistance exceeded the target laid out in the CERF proposal. This is mainly due to the fact that the program benefited large number of people by rehabilitating WASH facilities in 10 health facilities in Ubari and Sabha. For instance, the health facility benefited all affected people including host community which reached 33,000 people (against projected 1000 people) in one of Sabha centres. In addition, the new emerging humanitarian response in Sebratha led to increased number of reached beneficiaries. To meet the humanitarian WASH needs, additional funding from BMZ and SIDA was secured and used to compliment the CERF funded projects.

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

AAP has been integrated as part of UNICEF WASH program response. AAP has been ensured through involvement, participation and sharing of information with affected people during project planning, design, implementation and assessments. During initial phase of project implementation, assessment of the needs was conducted with the involvement of the affected population. The findings of the assessment were shared with the relevant municipalities and communities who advised on priority needs, selection of beneficiaries, area and type of intervention. Feedback of the affected people were gathered through post distribution monitoring of hygiene items. Additionally, UNICEF third party monitors gathered the beneficiary feedback regularly and reports were shared UNICEF and Implementing partners for necessary action.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNICEF is planning a programme evaluation during 2018. The evaluation will cover all programs including CERF supported projects.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	**5. CERF grant period:**	23/03/2017 - 31/12/2017
2. CERF project code:	17-UF-FAO-009	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Agriculture		☒Concluded
4. Project title:	Lifesaving Emergency Assistance to most vulnerable small scale farmers affected by the ongoing crisis in Libya to produce their own food		

7.Funding			
	a. Total funding requirements[6]:	US$ 1,180,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[7]:	US$ 250,000	▪ *NGO partners and Red Cross/Crescent:* US$ 10,000
	c. Amount received from CERF:	US$ 250,000	▪ *Government Partners:* US$ 25,000

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)	1,776	1,828	3,604	2,441	2,864	5,305
Adults (≥ 18)	1,098	1,298	2,306	1,100	1,180	2,280
Total	**2,874**	**3,126**	**6,000**	**3,541**	**4,044**	**7,585**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	381	1,585
Host population	5,619	6,000
Other affected people		
Total (same as in 8a)	6,000	7,585

[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 both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	

CERF Result Framework			
9. Project objective	Improve food security and livelihoods of local communities, especially the most vulnerable categories that are affected by displacement and political crises		
10. Outcome statement	6,000 individuals (1,000 households) victims of displacements and political conflict are facilitated with agricultural kits resuming production on the farms and recovering their livelihoods.		
11. Outputs			
Output 1	1,000 households assisted with agricultural inputs through an emergency kit distribution (seeds)		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of identified agricultural kits beneficiaries (households)	1,000	1,140
Indicator 1.2	Number of hired implementing partners and service providers	2	2
Indicator 1.3	Number of households that have received agricultural inputs	1,000	1,140
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Hire implementing partners	FAO	FAO
Activity 1.2	Identify and select beneficiaries households	Minis of Agri.; NSC; Research Department; Local Community Leaders	Minis. Of Agri. National Seeds Centre (NSC), Local community leaders, Extension Depart.
Activity 1.3	Procurement of inputs	FAO	FAO
Activity 1.4	Distribution of the agricultural inputs kits (seeds)	FAO; Minis of Agri.; NSC; Research Department; Local Community Leaders	NSC Local community leaders
Output 2	Monitoring and Quick impact assessment		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	50 Farmers (5%) sampling for post-distribution follow up: to measure the impact of the activity on increased food availability)	50 farmers	50 farmers
Indicator 2.2	800 small scale farms (80%) of targeted beneficiaries' households have set up agricultural activities to increase their food production and recover their livelihoods (Through field monitoring reports)	80% (800 farmers)	NA

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct a quick impact assessment on 5% as sampling for post distribution follow up	FAO; NSC; Minis of Agri. Local	FAO NSC
Activity 2.2	800 small scale farms (80%) of targeted beneficiaries' households have set up agricultural activities to increase their food production and recover their livelihoods (Through field monitoring reports)	FAO; NSC; Minis of Agri. Local	FAO NSC

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 was implemented as planned.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Accountability has been assured by the participation of Ministry of Agriculture (central and local), community leaders, FAO, and NSC.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation is planned mid of May 2018 to enable FAO to measure the impact of the assistance provided to the targeted beneficiaries.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	14/03/2017 - 31/12/2017
2. CERF project code:	17-UF-FPA-007	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ 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[8]:	US$ 2,140,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[9]:	US$ 921,494	▪ *NGO partners and Red Cross/Crescent: LRC 8 360 $ / TCMT: 57 635 $*	US$ 65 995
c. Amount received from CERF:	US$ 299,994	▪ *Government Partners: NCDC: 33 200*	US$ 33 200

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)	7,400	4,900	12,300	2,957	1636	4,593
Adults (≥ 18)	24,125	5,875	30,000	7,213	3,989	11,202
Total	**31,525**	**10,775**	**42,300**	**10,170**	**5,625**	**15,795**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	300	65
IDPs	25,200	5,200
Host population		
Other affected people	16,800	10,530

[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 both funding received from CERF and from other donors.

Total (same as in 8a)	**42,300**	**15,795**
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 number of people reached through this action was below expectation due to delays in implementation of the outreach component. In addition to that, we faced challenges in monitoring and reporting on the project impact due to the remote management (delays in reporting, under-reporting).	

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	Outreach and basic RH services are provided to women in hard-to-reach areas		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of WRA outreached by Community Health Volunteers	6,000	2,065
Indicator 1.2	Number of Pregnant Women referred to PHC centres and mobile teams	6,000	544
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Cascade trainings on Safe Delivery for 60 nurses	UNFPA, MoH, LMA	UNFPA, MoH, LMA
Activity 1.2	Deployment of one mobile team in Ubari	UNFPA, MoH, LRCS	UNFPA, MoH, LRCS
Activity 1.3	Deployment of 20 community health volunteers to the three areas	UNFPA, LRCS	UNFPA, LRCS
Activity 1.4	Provision of RH kits to the mobile team	UNFPA, MoH, LRCS	UNFPA, MoH, LRCS
Activity 1.5	Distribution of Clean Delivery Kits	UNFPA, MoH, LRCS	UNFPA, MoH, LRCS
Output 2	Minimum Basic Reproductive Health and Emergency Obstetric Care services are provided for women-at-reproductive age in Benghazi, Sabha and Ubari.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of women at reproductive age (15-49) accessing basic RH services including antenatal care	16,200	10,170
Indicator 2.2	Number of women at reproductive age (15-49) accessing Basic and Comprehensive Emergency Obstetric Care	1,600	1,845
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 2.1	Provision of RH and EmONC kits to the targeted health facilities	UNFPA, MoH, LRC	UNFPA, MoH, LRC
Activity 2.2	Strengthen the implementation of the referral mechanism	UNFPA, MoH, LRC	UNFPA, MoH, LRC

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 succeeded to transfer CERF resources to partners within the first month of the allocation. This improved the overall project implementation and the achievement of the project results compared to 2016. CERF resources allowed UNFPA also to mobilize more funds from other donors (such as ECHO) with complementary activities. The overall number of people reached out to through the project activities remained below expectation due to challenges faced in the procurement of the equipment and medicines and in deploying mobile teams. The Ministry of Health has also refused to have Emergency Obstetric Care services provided in Primary health care centers. UNFPA successfully advocated to allow PHC in under-served areas provide RH services to women. UNFPA committed to continue supporting these PHC facilities in order to not have disruption in service provision that would result in maternal deaths. The number of maternal deaths that occurred in October 2017 in Al Jufrah, Ubari and Al Ghat triggered a joint response supported by WHO and UNFPA and helped UN agencies to push the MoH to allow deployment of mobile teams in these areas. CERF resources were of great support to saving the lives of women in the south of Libya.

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

Accountability to affected population was fulfilled during project implementation by:

- A thorough secondary data review and analysis of primary data at the start of the project. This included results of the household multi-sectoral needs assessment (MSNA) in 2017 as well as the results of the Service Availability and Readiness Assessment.

Both assessments were used to complement the data received from the MoH (on number of services provided).

- Evaluation of the previous CERF project allowed UNFPA to identify key health priorities and strategies to improve provision of SRH services especially in hard to reach areas.

Continuous meetings and dialogue with health partners in Libya has also improved the identification of the needs.

- Project Monitoring: UNFPA maintained a very close and active coordination and communication with its health partners (through regular meetings in Tunis and Libya). 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 plans have been reviewed regularly to adapt to the operation changing conditions.

Together with NCDC, LRC and Tripoli Crisis Management Team, 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 ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

An evaluation meeting was carried out on 13th December 2017 with NCDC, LRC and TCMT on both programmatic and financial aspects of the project. The key findings that came out from the evaluation workshop are:

- Need to continue providing Emergency Basic and Comprehensive Reproductive Health Kits. The MoH with UNFPA support has developed its capacities to assess the needs and monitor the distribution of the equipment and drugs.
- 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).
- Partners need further capacity building on project management and financial reporting.

- The collaboration and partnership between NGOs and Government institutions need to be strengthened to ensure services are accessible to everyone especially in the south. - Health facilities in Sabha and Ubari has expanded their catchment areas and are providing services to people from other mantikas and governorates. The staff number is limited and can not respond to the increased needs. - UNFPA should work on retaining local staff while deploying mobile teams to limit the dependency that starts in the targeted facilities on imported workforce. - South-South partnership (such as the one established between Tripoli and Ubari) has improved the impact of the project with the engagement of local municipal councils in supporting the health facilities and protecting the health workforce. - Use of social media and journalists improved the monitoring of the activities and the reporting given the remote management.	

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	27/03/2017 - 31/12/2017
2. CERF project code:	17-UF-FPA-008	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	Serving & Protecting Women & Young Girls among IDPs and conflict affected communities in Libya		

7.Funding			
	a. Total funding requirements[10]:	US$ 1,150.000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[11]:	US$ 1, 434471	▪ *NGO partners and Red Cross/Crescent:* US$ 235.182
	c. Amount received from CERF:	US$ 300,000	▪ *Government Partners:* US$ 0

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)	2,000	-	2,000	2463	-	2463
Adults (≥ 18)	10,000	-	10,000	8734	-	8734
Total	**12,000**	**-**	**12,000**	**11,197**	**-**	**11,197**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	-	-
IDPs	10,000	4,927
Host population	0	6,270
Other affected people	2,000	0
Total (same as in 8a)	**12,000**	**11,197**

[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 both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No significant discrepancy in the total number of beneficiaries In fact, the difference is that host community were more involved in the project. As women centers were open and had a good social reputation, Women from host community were attending the different activities. This is to note that women within the host community are sharing same problems and difficulties in Libya. This integration build within the centers different groups and initiatives of solidarity between the two types of beneficiaries.

CERF Result Framework			
9. Project objective	Serving & protecting S/GBV survivors, women & girls among IDPs, migrants & 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/LRC if no golden unit is available & MOSA) providing services to GBV survivors	10 health facilities, 6 social centers	0
Indicator 1.2	# of Community Women centers established by local women CSOs	5 centers	5 centers
Indicator 1.3	# of S/GBV cases provided with necessary services & referral	3,000	466
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Support MoH/LRC & MoSA to integrate/provide counselling services to GBV survivors within their respective centers (including Cascade training of providers conducted locally)	Min. of Health, Min. of Social Affairs,	Min. of Health, Min. of Social Affairs, Min. of Education and Interior (coordination meeting in Tunis to discuss the possibilities of the implementation)
Activity 1.2	Continue support of Community-Based Women Social centers to provide psycho-social & legal counselling to GBV survivors, in IDP affected communities	Local Women CSOs	Under the platform of the IP WYEF We have 7 Associations: 1-Bayan Association (Tripoli) 2- Libyan Psycho social support Ass (Tripoli) 3-Amazounet Ass

			(Ben Ghazi) 5-Libyan Union Women Ass (Sebha) 6- Psycho social support Ass (Sebha) 7- Azjar Association (Ubari)
Activity 1.3	Strengthen GBV SOPs & referral pathway to facilitate timely and adequate referral of GBV survivors, among different services	Min. of Health, Min. of Social, Local Women CSOs	Coordination mechanism in place (in Tunis) for not yet in place in Libya
Activity 1.4	Strengthen Coordination/referral mechanism at community level among different GBV services	Min. of Health, Min. of Social, Local Women CSOs	Coordination mechanism in place (in Tunis) for not yet in place in Libya
Output 2	Community-Based Outreach (Information/ Mobilisation) & Educational / Recreational activities organized to attract & inform 12,000 women & girls about GBV services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of households informed about women recreational and educational activities	5,000	1,864 reached through the dignity kits distribution and leaflets designed for the purpose. Others (around 20,000) were reached viavisits at social meetings (weddings, funerals…) and mainly through campaigns especially 16 days of activism against GBV
Indicator 2.2	# of women and girls involved and empowered in recreational activities.	3,000	11,197
Indicator 2.3	# of women Dignity Kits distributed to displaced women & girls	3,840	1,864
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	**A.** Under the platform of the IP WYEF They have 7 Associations: 1-Bayan Association (Tripoli) 2- Libyan Psycho social support Ass (Tripoli) 3-Amazounet Ass

			(Ben Ghazi) 5-Libyan Union Women Ass (Sebha) 6- Psycho social support Ass (Sebha) 7- Azjar Association (Ubari) **B.** UNFPA Y-PEER structure (trough special training using UNFPA tools and manuals for raising awareness on GBV, SRH and HIV)
Activity 2.2	Organize Educative/recreational activities within Women Social Centers	Local Women CSOs	Under the platform of the IP WYEF They have 7 Associations: 1-Bayan Association (Tripoli) 2- Libyan Psycho social support Ass (Tripoli) 3-Amazounet Ass (Ben Ghazi) 5-Libyan Union Women Ass (Sebha) 6- Psycho social support Ass (Sebha) 7- Azjar Association (Ubari)
Activity 2.3	Procure & distribute "Women Dignity Kits" adequately designed to specific needs of displaced women, through Women Social centers,	Local Women CSOs	- Dignity kit designed through a small survey with Libyan women -1864 Dignity kit culturally appropriate distributed through the centers and in cooperation with Libyan Red Crescent all over Libya

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 centres, 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. It is important for example to note that
  a) Ministry of social Affairs was leading the 16 days campaign against GBV in Libya which covered all Libya.

b) Governmental main actors on GBV field were part of the launch of the GBV sub working group along with main active local associations
c) GBV component was accepted as part of the Reproductive, Maternal, Neonatal, Childhood, and Adolescent Health (RMNCAH) strategy developed in cooperation with WHO and UNICEF
d) Increased demand to establish women community centers with promises to support at municipal level with location, social workers. The budget assigned was tight to support both women centers (already established) and governmental institutions (to be established) where the ministries are in shortage of budget due to the crisis.

- Dignity kit procurement was finalized in Libya, inflation affected the price of the components and reduced the number of kits supposed to be distributed. This is to note that the kits were designed with the support of Libyan women (IDPs and Host community)
- The sustainability of the centers since 2016 allowed to build more trust channels with the beneficiaries and their families. Within those structures UNFPA could implement
  a) 218 training sessions (skills capacity building)
  b) 294 awareness raising sessions
  c) 466 GBV survivors supported with individual sessions
  d) 190 support sessions assigned for GBV survivors only
  e) Celebration of 52 activities linked to International Days and campaigns
  f) Support other UN Agencies to have activities too (UNICEF and UNMAS)
  g) Have an understanding of the criteria of the GBV survivors (Psychological violence was ranked 1st, Physical and sexual are coming second and third/ Women aged between 25 and 40 years old are most exposed to violence/ Among them those having economic problems and joblessness are the most vulnerable/ 20% of them have primary education level and 72% have either primary and secondary level)

- Disclosure of GBV survivors within Libya circumstances of insecurity and lack of trust is hard

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

- Beneficiaries are part of the decisions about the services provided through this project and the choice of the dignity kit content
- Head of Associations and social workers informed about code of conducts and ways to handle sensitive and non-sensitive complain
- Implementer Partner has to submit immediately complaints to UNFPA Programme manager (UNFPA took the decision to close a center and change its location and management once complaints coming from beneficiaries and IP about men presence in one of the centre)
- UNFPA is double checking information coming from the field, thus third monitoring party is needed but the budget couldn't allow it

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation and monitoring of a project implemented within three different areas in Libya needs third party monitoring and evaluation. Hence, this couldn't be affordable linked to the budget of the project.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	**5. CERF grant period:**	27/03/2017 - 31/12/2017
2. CERF project code:	17-UF-HCR-005	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Non-Food Items		☒ Concluded
4. Project title:	Humanitarian assistance to IDPs, Refugees and Asylum Seekers and Affected Population		

7.Funding			
	a. Total funding requirements[12]:	US$ 77.2 M	d. CERF funds forwarded to implementing partners:
	b. Total funding received[13]:	US$ 60.9 M	▪ *NGO partners and Red Cross/Crescent:* US$ 626,950.67
	c. Amount received from CERF:	US$ 1,000,340	▪ *Government Partners:* US$ 0.00

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)	2,084	2,242	4,326	2,084	2,242	4,326
Adults (≥ 18)	3,633	4,291	7,924	3,633	4,291	7,924
Total	**5,717**	**6,533**	**12,250**	**5,717**	**6,533**	**12,250**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	6,000	270
IDPs	4,808	10,733
Host population	1,442	1,247
Other affected people		
Total (same as in 8a)	**12,250**	**12,250**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or	- **Refugees. 6,000 against 270**: The limited number of assisted asylum-seekers and refugees who received NFIs in Benghazi and Eastern Libyan Detention Centres is due to reduced access in the area and limited number of partners.

[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 both funding received from CERF and from other donors.

the age, sex or category distribution, please describe reasons:	Therefore, UNHCR was limited to reaching the number of POCs (especially family units) in detention in the East of Libya. - In total, UNHCR reached 31,026 people in need in the Benghazi area. Due to the high needs under the IDP response in Benghazi as a result of the sudden and massive increase in the number of IDP returnees, UNHCR increased its NFI delivery in the area – adding its own funding and that of other donors to the CERF funds.

CERF Result Framework			
9. Project objective	Provide Life-saving and Life-sustaining Shelter and NFI support/solution to the most vulnerable IDPs, non-displaced in need, refugees and asylum seekers.		
10. Outcome statement	Conflict affected vulnerable households improve their access to basic services and needs		
11. Outputs			
Output 1	Most vulnerable refugees and asylum seekers receive life-saving assistance in the form of NFI packages in Benghazi and surrounding areas.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of refugees and asylum seekers receiving NFI package.	6,000	270
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Needs Assessment and identification of the most vulnerable population.	UNHCR	UNHCR
Activity 1.2	Procurement of NFIs for distribution.	UNHCR	UNHCR
Activity 1.3	Distributing NFI and post distribution monitoring standard procedures.	UNHCR (CESVI)	LibAid
Output 2	Most vulnerable IDPs receive life-saving assistance in the form of NFI packages in Benghazi and surrounding areas.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of IDPs receiving NFI package.	1,200	1,200
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 packages and distribution.	UNHCR	UNHCR
Activity 2.3	Distribution of NFI packages and implementation of the monitoring system.	UNHCR (LibAid)	LibAid
Output 3	390 highly vulnerable IDP and non-displaced in need households meet their basic needs through a multipurpose cash grant in Sabha and surrounding areas.		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of individuals receiving a multipurpose cash grant.	1,950	550

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Selection of beneficiaries and cash modality appropriate to the needs.	DRC (through local Partner)	ACTED
Activity 3.2	Distribution of cash assistance	DRC (through local Partner)	ACTED
Activity 3.3	Development and implementation of a solid monitoring system.	DRC (through local Partner)	ACTED
Output 4	620 highly vulnerable IDP households meet their basic needs through a multipurpose cash grant in Benghazi and surrounding areas.		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	# of individuals receiving a multipurpose cash grant.	3,100	5,720
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Selection of beneficiaries and cash modality appropriate to the needs.	ACTED	ACTED
Activity 4.2	Distribution of cash assistance	ACTED	ACTED
Activity 4.3	Development and implementation of a solid monitoring system.	ACTED	ACTED

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:

- For **output 1**, a total of 270 refugees and asylum-seekers received NFIs in Benghazi and Eastern Libyan Detention Centres. The limited number of assisted asylum-seekers and refugees is due to the lack of access in the area and limited number of partners. Therefore, delivery was provided to a low number of POCs (especially family units) in detention in the East of Libya.
- For **output 2**, the distribution of NFIs in Benghazi to IDPs, overall UNHCR exceeded the targeted households, by having reached some 25,939 individuals (adding UNHCR's own funding and other donors' funding to that from CERF). The needs were immense including the huge number of returnees after end of conflict in Benghazi through the summer of 2017. Curtailment of conflict allowed access to northern Benghazi IDPs, the most populated area of the city, counting around 60,000 returnees. The same conditions also apply to **output 4** (cash in Benghazi).
- **Output 3** (Cash Grants to IDPs in Sabha), the initial target was not reached. This was in part due to its being a pilot (thus, collation of lists of beneficiaries proved slower than anticipated) as well as the security situation, especially in the latter part of the year. Other commonly experienced constraints existed such as liquidity, as well as overdrafts and simply that beneficiaries did not always check their accounts in a timely manner. In a context of acute cash liquidity and complex economic and political dynamics, conventional delivery mechanisms such as bank transfers and cash in envelopes have restrained delivery capacities. Starting in 2017, several new Libyan Financial Service Providers have emerged. Available delivery mechanisms (e-card, mobile money mostly) have increased in number and coverage. However, these delivery mechanisms are yet to be contracted and tested at scale.

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

The accountability to affected populations (AAP) has been ensured throughout the project, from the project design to the monitoring:

UNHCR follows a community based approach, and the age, gender, diversity approach in all its protection and assistance

intervention, including shelter/NFI related activities. This approach was applied throughout this project in identification of those most in need and also in ensuring the inclusion of this in any community engagement.

- In order to select the most vulnerable households in Benghazi and Sabha, the list of IDPs and host communities was provided by a local NGO and authorities, then the most vulnerable were selected according to a vulnerability scorecard defined by the Protection Working Group.
- In order to ensure the quality of the project, ACTED developed an Appraisal Monitoring and Evaluation Unit which performed pre- and post-distribution monitoring exercises.
- UNHCR also carried out a Third-Party Monitoring through a local NGO Moomken, to assess the performance and impact of ACTED and LibAid's activities, having directly contacted beneficiaries by telephone, i.e. around 10 percent. Additionally paper Field Surveys were utilized for LibAid's refugee/asylum-seeker NFI distribution.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNHCR conducted a Third Party Monitoring (TPM) through a local NGO, in order to enhance monitoring mechanism and to minimize the risks associated with remote management. Through TPM, UNHCR followed closely implementation and evaluated the impact of the project. In addition, for ACTED, a financial verification has been conducted by UNHCR in order to ensure the proper expense of the fund. Due to the remote management challenges faced, an evaluation for LibAid is currently planned for the end of March 2018.	EVALUATION PENDING ☒ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	**5. CERF grant period:**	06/04/2017 - 31/12/2017
2. CERF project code:	17-UF-IOM-006	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-sector		☒ Concluded
4. Project title:	Provision of life-saving multi-sectorial services to meet the needs of the most vulnerable migrants in Libya and host communities		

7.Funding			
	a. Total funding requirements[14]:	US$ 25,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[15]:	US$ 849,996	▪ *NGO partners and Red Cross/Crescent:* US$
	c. Amount received from CERF:	US$ 849,996	▪ *Government Partners:* US$

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)	1,069	3,206	4,275	2,305	2,803	5,108
Adults (≥ 18)	712	713	1,425	5,006	8,850	13,856
Total	**1,781**	**3,919**	**5,700**	**7,311**	**11,653**	**18,964**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	2,850	13,464
Host population		
Other affected people	2,850	5,500
Total (same as in 8a)	**5,700**	**18,964**
In case of significant discrepancy between planned and reached	Given the large number of unforeseen and additional vulnerable persons gathering at the distribution venue, as a mitigating measure, IOM split the standard kits and	

[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 both funding received from CERF and from other donors.

beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	provided items to families based on their composition and needs (for example IOM would provide one mattress, one pillow and one blanket to a family of two or three persons rather than the standard kit made of four mattresses, pillows and blankets). This system, devised to support all the needy families present on the distribution day, resulting in a higher number of families and individuals reached compared to the initial target planned.

CERF Result Framework			
9. Project objective	Supporting the Humanitarian Needs of Migrants, IDPs, and host communities in Libya		
10. Outcome statement	IDPs, Victims of Trafficking, GBV cases and Migrants in Libya are protected through the provision of targeted services, NFIs/HKs, and voluntary return		
11. Outputs			
Output 1	Stranded and vulnerable migrants, IDPs and host communities have access to NFIs/HKs		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of identified vulnerable migrants, IDPs and affected population received NFIs and Hygiene Kits (HK)	2,850 migrants and IDPs 2,850 host Community beneficiaries	11,128 beneficiaries Including: 7,678 Internally displaced (2,507 men, 2,542 women, 1,345 boys, and 1, 284 girls) Including: 3,450 migrants (2,795 men, 343 women, 280 boys, and 32 girls)
Indicator 1.2	Procurement of NFIs and HKs for distribution	5,700 NFI/HKs	# of items procured: 7,450 non-food Items (mattresses, pillows and winter/summer blankets); 1,000 hygiene kits for IDPs; 3,450 hygiene kits for migrants
Indicator 1.3	Distributing NFIs after needs assessment and identification	5,700 beneficiaries	Distributions held in: Oubari, Benghazi, Sabha, and Tripoli
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 1.1	Pre-distribution integrated needs assessments are conducted in targeted areas. Information collected will include locations, exact numbers for distribution, gender and specific needs and vulnerabilities	IOM/Implementing Partners	IOM/Implementing Partners
Activity 1.2	Procurement of NFIs, clothes and HKs for distribution	IOM	IOM
Activity 1.3	Transportation and distribution of direct assistance (NFIs & HKs) for IDPs in selected location	IOM/Implementing Partners	IOM/Implementing Partners
Output 2	The most vulnerable migrants, including victims of human trafficking (VoTs) and victims of gender-based violence (GBV), receive protection services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of referrals for beneficiaries	75	390
Indicator 2.2	# of beneficiaries who receive psychosocial support.	75	205
Indicator 2.3	# of migrants in need of specialized healthcare who receive voluntary return and reintegration assistance	40	22 only medical assistance
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct needs assessments and referral services for beneficiaries	IOM/Implementing Partners	IOM / South Peace Organization for Development (SPOD)
Activity 2.2	Provide psychosocial support, as required	IOM/Implementing Partners	IOM / SPOD
Activity 2.3	Provide voluntary return and reintegration assistance to stranded migrants with healthcare needs	IOM	IOM / SPOD
Output 3	Targeted populations benefit from the provision of health and psychosocial services		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of beneficiaries who receive health assessments conducted and treatments provided, separated by population and gender	5,700	7,836 beneficiaries (3,548 men, 2,121 women, 1,178 boys, and 989 girls) <u>Including:</u> 2,050 migrants (1,660 men, 205 women, 164 boys, and 21 girls), 5,786 internally displaced individuals (1,888 men, 1,916 women, 1,014 boys, and 968 girls).
Indicator 3.2	# of sanitation actions conducted (including fumigation and disinfection in detention centres	10	10
Indicator 3.3	# of psychosocial referrals, separated by population and gender	150	150
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 3.1	Provide health assessments and referrals for stranded and vulnerable migrants, IDPs and host communities.	IOM/Implementing Partners	IOM/Implementing Partners
Activity 3.2	Provide targeted healthcare for stranded migrants in detention centres. Conduct fumigation, sanitation and treatment for communicable diseases	IOM/Implementing Partners	IOM/Implementing Partners
Activity 3.3	Provide psychosocial and referral services to beneficiaries, as required.	IOM/Implementing Partners	IOM/Implementing Partners

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 worked to expand humanitarian interventions in Libya, focusing on life-saving assistance and services for both internally displaced persons (IDPs) and migrants, especially where major internal displacements and migrant protection emergencies were identified along Libya's main migration routes. Specifically, this project aimed to improve the living conditions of the most vulnerable migrants, hosting communities and conflict affected individuals and families in Sabha, Ubari and Benghazi through the provision of life-saving multi-sectoral services.

IOM successfully exceeded its initial target number of 5,700 to 11,128 IDPs and migrants in Sabha, Ubari and Benghazi by providing urgently needed humanitarian assistance to the most affected in urban settings and detention centres through NFI and HK distributions together with a range of humanitarian services such as basic health care and psychosocial first aid; referral to support services including to secondary/tertiary healthcare, and to humanitarian voluntary return (VHR). Overall IOM provided services to 344 IDP families and 1,050 migrants in Benghazi, 352 IDP families and 550 migrants in Sabah and 700 IDP families and 1,500 migrants in Ubari, and 350 migrants in Tripoli detention centres (Tajoura and Tarik el Sikka).

Activity 1.1: Pre-distribution integrated needs assessments are conducted in targeted areas.
3 needs assessments were conducted in Benghazi, Ubari and Sabha by IOM's implementing partners SPOD and IDPs Union prior to distribution.

Activity 1.2 Procurement of NFIs, clothes and HKs for distribution
After, assessing the needs of the IDP and host communities, IOM procured and distributed 7,450 non-food Items NFI (mattresses, pillows and winter/summer blankets) and 1,000 hygiene kits for IDPs (2 toothpaste tubes and 4 toothbrushes, 4 towels, 3 packets of washing powder, 4 bars of soap, 2 shampoo containers, 4 shower sponges, 5 wet shaving razors, 3 packs of sanitary pads and a big bucket) and 3,450 hygiene kits for migrants (toothpaste tube and toothbrush, towel, washing powder, 2 bars of soap, shampoo, shower sponge, and bucket). IOM seeks to source goods locally wherever they are available in the right quality and quantity. Procurement of NFI supplies in local markets – where this does not distort the local market prices – is an effective way to reduce costs, decrease delivery time, and minimize environmental impact, since it does not involve transporting goods long distances by air/road. Lower costs translate into lower prices, giving additional vulnerable people the possibility to receive in-kind assistance to meet their basic needs. Additionally, in order to minimize solid waste produced by distributing items and reduce the possibility to re-sell items, kits are supplied in the minimum packaging possible.

Activity 1.3 Transportation and distribution of direct assistance (NFIs & HKs) for IDPs in selected
Locations

The items were delivered directly to the families, which improved their access to basic services, their personal hygiene and level of dignity, and provided support to those with demonstrated limited cash liquidity.

Distributions details by location and implementing partner are listed in the table below:

IDPs			
Location of distribution	NFIs	HKs	# beneficiary families
Algordah – Sabha	200	50	50

Almahdia – Sabha	424	106	106
Altauore – Sabha	600	150	150
Sabha	176	44	46
Alhlees camp – Benghazi	927	259	284
Bozgeba School - Benghazi	162	33	36
Shebna IDPs camp - Benghazi	111	8	24
Al hatiah – Oubari	200	50	100
Ayadat Oubari	400	100	200
Aldesah – Oubari	200	50	100
Oubari Center	200	50	100
Algabl Tenda – Oubari	300	75	150
Hay alramlah – Oubari	100	25	50
TOTAL:	**4000**	**1000**	**1,396**

MIgrants				
Area	Location of the distribution	NFIs	HKs	# of beneficiaries
Oubari	Al hatiah	100	100	100
	Aldesah	300	300	300
	Al grefah	312	312	312
	Alsharib	450	450	450
	Aldesah Central hospital	338	338	338
Benghazi	Ganfuda DC	38	38	38
	Shahat DC	130	130	130
	Aboatni area	23	23	23
	20 Street area	24	24	24
	Al lethy area	24	24	24
	Alhawary area	48	48	48
	Garyuons area	65	65	65
	Ras abida area	33	33	33
	Sede hossen	20	20	20
	Aljazira	20	20	20
	Bozgeba area	39	39	39
	Khaled bnwalid area	36	36	36
	Alfoyhat algharbia	20	20	20
	Almokhtar	100	100	100
	Algwarsha area	20	20	20
	Shebna area	36	36	36
	Alwahishi	20	20	20
	Bohdima area	20	20	20
	Aboatni area	64	64	64
	Khaled bnlwalid area	24	24	24
	Ras abida area	44	44	44

	Sede hossen area	44	44	44
	20 Street area	33	33	33
	Shebna and Hialsalam area	43	43	43
	Alkoifia	60	60	60
	Garyuons area	20	20	20
	Alberka area	2	2	2
Sabha	Tamenhent Wadi Al Bwaniss - Out DC	318	318	318
	Samnow	232	232	232
Tripoli	Tarik Al Sekka DC	300	300	300
	Tajura DC	50	50	50
	TOTAL	**3,450**	**3,450**	**3,450**

Challenges:

Many IDPs feel hesitant about admitting their needs. During the personal interviews and PSS sessions it was evident that their self-esteem and confidence level is very low and they feel ashamed requesting assistance. During the campaign, the campaign organizers and IOM's implementing partners tried to empower them by ensuring that they could speak up freely and that everything they shared would be kept confidential. Through the campaign it was evident that more community stabilization activities including conflict mediation is needed in the target areas of this project.

Due to the language barriers between the interviewers/PSS staff and some migrants, other migrants had to act as interpreters which is not ideal in those situations and especially when discussing confidential matters.

Due to security implications in some of the locations, the campaign had to be restricted to certain areas that were considered ''safe''. As such, beneficiaries in certain locations were excluded from participating in the campaign and were therefore not offered the services provided.

The distributions in the south of Libya always pose a challenge for the implementing partners and IOM staff due to difficulties in accessing the areas and in gathering large crowds in one location. Based on its good coordination with local tribes, a diversity of implementing partners outreaching to communities and through IOM's 'feet on the ground' approach, IOM was able to quickly distribute pre-ordered NFI stock to affected populations to ensure rapid and comprehensive responses to IDP and migrants' needs and avoid further delays.

Crowd control challenges due to additional numbers of beneficiaries requesting NFIs and HKs on the distribution day without being registered on the distribution lists: in order to provide assistance to additional beneficiaries and to reduce tensions, IOM and its implementing partners decided to split the family kits and to provide less items per family. Beneficiaries, through their family book, were carefully assessed on a case-by-case basis and provided with items to meet their basic needs.

Post-distribution monitoring posed some challenges as many phone numbers on the beneficiaries' lists turned out to be either wrong or out of service. Given these challenges, IOM has been working to diversify post-distribution monitoring modalities to increase feedback from beneficiaries. This includes setting up a call centre and developing a digital registration form in order to minimize errors.

Activity 2: Conduct needs assessments and referral services for beneficiaries:

When selecting the distribution sites and the target beneficiaries, the demography of migrants and IDPs as well as their access to services was taken into consideration. To conduct the assessment, IOM reached out to community leaders, IDP camp management and local elders who have access to the communities. Protection was mainstreamed into the NFI distribution by ensuring that the location was accessible for all beneficiaries including elderly, disabled and minors.

An introduction session was held at each location on the objective of the campaign and what the campaign would offer. The beneficiaries were told how long they would receive assistance for and what type of assistance that would be provided. IOM was

conducting the campaign through implementing partners who conducted the health screening and the distribution of NFIs and hygiene kits. In addition, vulnerable migrants and IDPs were referred to counsellors and specialists on psychosocial assistance and migrants who were separated from their family members were offered family phone calls and family tracing. In addition, migrants who expressed a willingness to return to their countries of origin were screened and referred to IOM's voluntary humanitarian return programme.

In total, 309 migrants were interviewed by the protection team and provided guidance and referred to follow-up services. Out of the 309, 200 male migrants were referred to the IOM voluntary humanitarian return programme as they had expressed a willingness to return to their countries of origin.

Activities: 2.2: Provision of psychosocial support

Psychosocial group sessions were held with 205 women from the IDP and migrant communities. During those sessions, the women were also provided with information on how to access health services and the objective of the medical screening of the campaign was explained. Many of the migrants expressed a concern that they would be put in isolation or get deported if their health issues were discovered. This concern was discussed in detailed through the PSS sessions and it was emphasised that the doctors who were part of the campaign are bound to the principle of confidentiality. Based on these initial group sessions, it was also identified that there is a big need to offer more recreational activities and focus group discussions to further understand the needs of the beneficiaries and plan a response accordingly.

Activities: 2.3 Provide voluntary return and reintegration assistance to stranded migrants with healthcare needs

22 migrants of the 200 who showed an interest of returning to their countries of origin were admitted to the clinic for in depth check-up before they could be cleared to travel.

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

IOM's interventions emphasized strong inclusion of AAP principles both in the design and implementation stages, from the inception of the identification of caseloads to assessments on needs of the affected populations, with special regards to the most vulnerable IDPs and migrants. 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). At the assessment phase, the project's implementing partners' surveyed beneficiaries to determine the specific needs of IDPs and stranded migrants. During the implementation phase, beneficiaries were asked a number of questions to determine if the interventions met their specific needs. Beneficiary receipt forms signed by each beneficiary upon distribution also helped to collect beneficiary contact details that could be used for further feedback. 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 ☐
No external evaluation has been planned for the following project. However, the project was monitored throughout its implementation and is still being monitored trough post-distribution monitoring interviews.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNOPS	**5. CERF grant period:**	14/03/2017 - 31/12/2017
2. CERF project code:	17-UF-OPS-001	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Mine Action		☒ Concluded
4. Project title:	Preventing Casualties among Operators Involved in Explosive Hazard Clearance in Libya through Advanced Medical First Responder Training and Equipment		

7.Funding			
	a. Total funding requirements[16]:	US$ 4,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[17]:	US$ 297,570	▪ *NGO partners and Red Cross/Crescent:* US$ 0
	c. Amount received from CERF:	US$ 297,570	▪ *Government Partners:* US$ 0

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)						
Adults (≥ 18)		48	48		48	48
Total		**48**	**48**		**48**	**48**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	48	48
Total (same as in 8a)	**48**	**48**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or	N/A	

[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 both funding received from CERF and from other donors.

the age, sex or category distribution, please describe reasons:	

CERF Result Framework			
9. Project objective	Addressing the risk of death and injury from explosive hazards to explosive ordnance disposal (EOD) operators, thus improving health status of people in need and safe access to life-saving services in Benghazi		
10. Outcome statement	Casualties among EOD operators involved in explosive hazard clearance in Libya (Benghazi) are prevented through the delivery of advanced medical first responder trainings and equipment		
11. Outputs			
Output 1	Knowledge of EOD operators on advanced medical first-responder techniques is increased		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	48 national counterparts successfully complete an advanced medical first responder training	48	48
Indicator 1.2	48 national counterparts receive medical equipment	48	48
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provide four sessions of life-saving advanced medical first responder training	UNMAS Libya	UNMAS Libya
Activity 1.2	Provide national counterparts with medical equipment	UNMAS Libya	UNMAS Libya
Output 2	The acquired skills and knowledge on advanced medical first-responder techniques are applied by the EOD operators		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Casualties among EOD operators are reduced by 50%	2017: 18	2017: 0
Indicator 2.2	Reported access of vulnerable communities to life-saving services is increased by at least 50%	Access to 5 facilities	Access to 9 facilities
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Post-training support and monitoring	UNMAS Libya	UNMAS Libya

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 outcome was achieved, as evidenced by the lack of new casualties among EOD operators active in Benghazi, which has enabled their continued clearance work and contributed to the ultimate objective of improving safe movement and access to the residents of Benghazi.

Output 1 was achieved as planned. UNMAS Libya conducted four advanced medical first responder trainings for Libyan counterparts active in the clearance of explosive hazards in Benghazi and its surrounding areas. The first two courses targeted 12 Forensics and 12 National Safety Authority personnel. The third and fourth courses targeted 24 Military Engineering personnel. With this, UNMAS Libya included all entities clearing explosive hazards in Benghazi – there has been no international

presence of EOD operators there in several years. All participants were present and completed the trainings. The training included first responder basics, such as assessment of vital signs and bleeding control and shock, as well as further topics, including crush injury and compartment syndrome, fluid resuscitation, mass casualty events and blast injuries. The training was both theoretical and practical, with realistic scenario simulations. The 48 participants were provided with individual and team equipment, in the form of Individual First Aid Kits and Emergency Trauma Bags. The timeline of the course delivery was adjusted, in accordance with the availability of Libyan counterparts and the medical trainer, as well as the availability of flights and the requirement for participants to obtain travel security clearance. It should be noted that all participants were vetted in accordance with the UN Human Rights Due Diligence Policy.

Course participants were asked to share their feedback and identify the most useful parts of the training, as well as needs for improvement or further training. The following feedback is representative of received comments:

> "The training was more than excellent for those working in clearing mines and explosive remnants of war. The seminars need to continue in order to refresh the knowledge of trainees."
>
> "We need to learn how to respond and perform medical evacuation in order to save our and other people's lives as much as possible."
>
> "[We need] more sessions to improve the level and expertise so we can perform our duties in the best possible way."

In addition to the outlined activities, an important additional achievement of the project was the development of a Tactical Medic Course curriculum for the Libyan context. As explained in the project proposal, the delivered training was to be tailored to the particular needs of participants, which indeed happened. For example, the external medical trainer added further modules to the course and expanded practical demonstrations where needed. While the tailored training plan was continuously developed throughout the project, the full course curriculum was expanded in content, in part due to cost savings in the procurement process for training venue services. This effectively means that the project could create a longer-lasting impact than anticipated, as further training could be conducted in the future without the need for developing new content.

Output 2 was largely achieved. While in 2016 more than 36 EOD operators active in Benghazi had lost their lives, no further deaths were reported in 2017. It is worth noting that, while not perfect, this indicator was suggested to provide an overall picture of the casualty situation among EOD operators. The training and equipment provided essentially aims at preventing death by managing medical and trauma emergencies in the field. In addition, as part of the continued UNMAS Libya monitoring, it was identified that the trained teams have continued their work, thus contributing to the overarching protection goal of providing safe movement and access. To illustrate, the teams have reported the removal of over 470 explosive items in Benghazi and its immediate surroundings – this shows their continued work, as well as the fact that the provided training has enhanced the good working relations between the respective national entities and UNMAS Libya. This is crucial in gaining a better understanding of the extent of the threat from explosive hazards in the area, considering that the trained entities do not report to a single focal point within the Libyan government. Regarding indicator 2.2, it has been difficult to verify how many health centres are accessible, although national counterparts (who previously reported access to only two) have reported that, according to their knowledge, at least five are at least partially operational and accessible. According to WHO, as of February 2018, there are nine health centres functioning at full bed capacity, but it is possible that local interlocutors have no full knowledge of the status of smaller health centres. At present, it is at not possible to verify the exact location of removed explosive hazards in relation to the operational health centres, but it is known that trained teams are working in accordance with priorities relating to a safer access for the conflict-affected population of Benghazi.

Overall, the funds provided by CERF 2017 enabled UNMAS Libya to respond to a life-saving, time-critical humanitarian need, despite lack of access to the targeted area, and to enhance the capacity and provide equipment to national entities working to tackle the threat from explosive hazards in Benghazi and its surroundings.

(Note: No sub-grant was disbursed to implementing partners; the only funds disbursed for third-party agreements are contractual services for training as per the submitted budget.)

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

Despite the challenges of remote management and lack of access to the targeted area, UNMAS Libya has aimed at achieving

high accountability to the affected populations by, firstly, responding to a real need identified by Libyan authorities and, secondly, seeking feedback from the direct beneficiaries.

From the CERF 2017 priority areas of response, Benghazi had the highest identified need for mine action intervention, as also identified in the high-priority HRP 2017 project "Clearance of Benghazi from Explosive Remnants of War (ERW) & Improvised Explosive Devices (IEDs)." While more funding was required for the implementation of the full project, the funds from CERF 2017 enabled UNMAS Libya to provide life-saving skills to EOD operators, contributing to their personal safety at work and the continued application of their skills to enhance the personal safety of affected local communities. The protection needs of the population in need, in particular their right to life, has been at the heart of this project.

In additional, continuous feedback was sought by the direct beneficiaries, which led to an adjustment in each training of the time spent to clarify each topic and the approach in the practical components of the course. Also, promoting the consistent use of recognized technical and quality standards, such as the International Mine Action Standards, is an integral part of the work of UNMAS Libya. In August 2017, the Libyan Mine Action Standards – previously revised by UNMAS Libya – were approved, which led to further adjustment in the provided skills and knowledge: additional modules on the use of medications and needle thoracentesis procedure, indications and contraindications were added.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNMAS Libya focuses on continued quality assurance and monitoring throughout the project; therefore, no separate external post-project evaluation is planned. Operationally, UNMAS Libya conducted all procedures in accordance with strict UNOPS financial rules and regulations, and the UNOPS Procurement Manual. This furthermore contributed to increasing the cost efficiency of the project. With respect to the training content, UNMAS Libya delivered content tailored to the context and in accordance with both international emergency first responder standards and the Libyan Mine Action Standards. During all phases of the project, UNMAS Libya kept an internal log of lessons identified, which identified both good practices and the response to challenges that emerged during implementation – such as addressing the varying starting knowledge levels of participants. Lessons were also drawn from the participants' feedback, which was overwhelmingly positive, while at the same time identifying the need for refresher trainings in the future. Several trainees also noted that it would be useful to have longer training sessions, so that they can practice their newly-acquired skills more extensively. After the training, UNMAS Libya has been in contact with team leaders in order to gain an understanding of their work in Benghazi and identify needs for further capacity building.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	14/03/2017 - 31/12/2017
2. CERF project code:	17-UF-WFP-012	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Food Assistance to people affected by the crisis in Libya		

7.Funding				
	a. Total funding requirements[18]:	US$ 21,146,400	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[19]:	US$ 700,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 700,000	▪ *Government Partners:*	US$ 0

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)	5,035	3,645	8,680	4,529	7,711	12,240
Adults (≥ 18)	10,729	5,676	16,405	4,906	8,354	13,260
Total	**15,764**	**9,321**	**25,085**	**9,435**	**16,065**	**25,500**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	25,085	25,500
Host population		
Other affected people		
Total (same as in 8a)	**25,085**	**25,500**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,		

[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 both funding received from CERF and from other donors.

please describe reasons:	

CERF Result Framework			
9. Project objective	Improve immediate household food availability and access for the most vulnerable populations Benghazi, Sebha and Ubari		
10. Outcome statement	Stabilized or improved food consumption over assistance period for targeted households and/or individuals in Benghazi, Sebha and Ubari		
11. Outputs			
Output 1	Food distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of people receiving food rations for two months	25,085	25,500
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Food procurement and beneficiaries targeting	WFP & cooperating partners (CP)	WFP & cooperating partners (CP)
Activity 1.2	Food delivery to CPs warehouses	WFP	WFP
Activity 1.3	Distribution, monitoring and reporting	CPs, WFP & Third Party Monitor (Voluntas)	CPs, WFP & Third Party Monitor (Voluntas)

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:

WFP has integrated protection in monitoring tools used by the Third Party Monitor (TPM), focusing on the preferential distribution arrangements for vulnerable persons (elderly, pregnant, and people living with disabilities) and the fact that all targeted beneficiaries should have equal access to food assistance, including different religious affiliations. As part of its strategy to communicate with communities, WFP drafted and disseminated a poster with information on beneficiaries' entitlements, programme objective and modalities. The poster is intended for beneficiaries and potential beneficiaries of WFP and displayed at the distribution points. It is split into sections with the first part explaining what WFP is as well as its mandate and the food entitlement that people in need are entitled to. The second part is about the targeting criteria used by WFP and it answers the question, "Can I receive assistance from WFP and for how long?" Lastly, the poster provides two helpline numbers, one for men and one for women.

WFP Libya provides two means for affected people to voice complaints and provide feedback in areas relevant to operations in a safe and dignified manner:, a complaint box in Tripoli's distribution points was accessible for the beneficiaries and was available for 4 to 6 days depending on the location. A hotline with two telephone numbers, one for men and the other for women, was established. This helpline has procedures for recording, referring, taking action and providing feedback to the complainant within 15 days. Valid complaints and useful feedback on a monthly basis are taken into account to improve programming.

Complaints and feedback calls are now systematically handled by WFP Libya, analysed and feedback is dispatched to the appropriate cooperating partner for actions to be taken when the case can be managed at the level of the partner (for example, new registrations of vulnerable people on existing lists).	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
In 2017, WFP Libya strengthened its cooperation with third party monitoring (TPM) consulting firm, Voluntas and also brought on board a second TPM, Libyan company Moomken. Voluntas and Moomken monitor and evaluate 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:	WHO	**5. CERF grant period:**	31/03/2017 - 31/12/2017
2. CERF project code:	17-UF-WHO-006	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Strengthening basic health services including Reproductive, Maternal, Neonatal, Childhood, and Adolescent Health (RMNCAH) for vulnerable populations in targeted areas of Libya		

7.Funding			
	a. Total funding requirements[20]:	US$ 9,701,129	d. CERF funds forwarded to implementing partners:
	b. Total funding received[21]:	US$ 3,091,413	▪ *NGO partners and Red Cross/Crescent:* US$ 0
	c. Amount received from CERF:	US$ 1,149,914	▪ *Government Partners:* US$ 0

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)	25,674	27,814	53,488	25,674	27,814	53,488
Adults (≥ 18)	34,766	36,184	70,950	34,766	36,184	70,950
Total	**60,440**	**63,998**	**124,438**	**60,440**	**63,998**	**124,438**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	4,112	4,112
IDPs	27,098	27,098
Host population	42,128	42,128
Other affected people	51,100	51,100
Total (same as in 8a)	**124,438**	**124,438**

[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.WHO requirements under 2017 HRP

[21] This should include both funding received from CERF and from other donors. For all WHO projects in 2017

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	In total WHO reached an estimated 350,303 people in need with medicine. Due to the huge needs WHO was able to attract additional funding from other donors. Medicine is provided to patients through the pharmacies which is not branded for particular donors. Therefore, it is difficult to attribute actual beneficiary figures to CERF only.

CERF Result Framework			
9. Project objective	Strengthening basic health services including Reproductive, Maternal, Neonatal, Childhood, and Adolescent Health (RMNCAH) for vulnerable population in targeted areas of Libya.		
10. Outcome statement	Life-threatening conditions have been addressed through enhanced access to health care, medicines, supplies and quality treatment at primary and secondary level		
11. Outputs			
Output 1	Provide essential medicines and mobile health services to 124,438 population		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of health facilities receiving essential medicines	3 (covers a population of 124,438; Female; 60,440& Male: 63,998)	3
Indicator 1.2	Number of outpatient department visits per 10,000 population per year.	8,000 Male: 56% Female: 44% (HRP Libya, 2017)	13,424 M: 56% & F: 44%)
Indicator 1.3	Number of persons reached through mobile medical activities	68,464 (Female:32,480; Male: 35,984)	68,365 (36,234, 32,131)
Indicator 1.4	Number of persons admitted to secondary health facilities following referrals, related to HIV/AIDS	600 (male:342; female258)	627 (male:357; female:270)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of basic and supplementary Interagency Emergency Health Kits (IEHK) and Non-communicable disease medicines	WHO	WHO
Activity 1.2	Distribution of IEHK, non-communicable disease medicine to health facilities	MOH, IMC, PUI, STACO	MO, PUI, TCMT
Activity 1.3	Procurement of HIV/AIDS drugs	WHO	WHO
Activity 1.4	Provision of HIV/AIDS treatment.	MOH	MOH
Activity 1.5	Provision of mobile health services	MOH, PUI, STACO	MOH, PUI, TCMT
Output 2	Reduce neonatal mortality in SMC through provision of urgently needed medical equipment		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of neonatal deaths in SMC during 2017 vs 2016	Less than 15/month	12.16 %

		(in 2017)	Mortality rate from the total admission (vs 13.4% in 2016)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of Pre-mature incubators with monitors ABG (Arterial Blood Gas) machines	WHO	WHO
Activity 2.2	Increase the capacity of pediatric and neonatal ICU in SMC on neonatal resuscitation using the newborn bag and mask (see Annex 5)	WHO/MOH	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:

Changes in activities under Output 1:

Activity 1.5: Provision of mobile health service delivery was shifted from planned Ubari to Ghat (a neighbouring district in South of Libya) - to address urgently pressing life-saving health needs of population in Ghat suffering from acute shortage of medical staff. The score of severity of needs in Ghat was in the highest scale according to HNO 2018. There is only one hospital in Ghat, which is supposed to serve more than 30,000 local residents, along with a high number of IDPs. In recent years, there has been a high incidence of deaths in Ghat among pregnant women and infants because of the lack of medical staff. This modification did affect the profile of population targeted under this activity– vulnerable IDPs and returnees in the south. Both Ghat and Ubari are among the top six locations with IDPs and returnees. However, one point to note here that there was continued conflict in Ubari that restricted our health intervention.

In Indicator 1.2, number of outpatient department visits per 10,000 population per year.

Activity 1.2: Essential emergency medicine and medical supplies were supplied to the CERF target health facilities by WHO along with other funding sources. This complementarity of resources allowed to cover under CERF higher than anticipated costs of ARV medicines procurement and shipment.

None of the above affected the achievement of planned outputs and the overall outcome of the project.

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

Provision of mobile medical services to Ghat was a response to the urgent appeal from mothers and civil society in Ghat city. A social media campaign was initiated by civil society after several mothers died due to lack of medical staff to serve people in Ghat. Raising the Hashtag #SaveMothersInGhat on Twitter and Facebook, the community called for help to improve the poor health conditions of Libyan women who have been delivering their babies in unsafe and unhealthy conditions, unattended by doctors or trained health workers. Thanks to the CERF grant WHO was able to mobilize and dispatch to Ghat medical staff to provide needed assistance for key services.

WHO has a robust network of WHO local personnel and focal points, who ensure regular monitoring of activities implemented at target facilities. They also engage in regular communication for the needs, feedback, suggestions with the directors and doctors of the supported health facilities acting on behalf of beneficiaries of health services.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
17-UF-FPA-008	Protection	UNFPA	NNGO	$235
17-UF-FAO-009	Agriculture	FAO	GOV	$250,000
17-UF-CEF-018	Child Protection	UNICEF	NNGO	$186,916
17-UF-FPA-007	Health	UNFPA	GOV	$33,200
17-UF-FPA-007	Health	UNFPA	RedC	$8,360
17-UF-FPA-007	Health	UNFPA	NNGO	$57,635
17-UF-HCR-005	Shelter & NFI	UNHCR	INGO	$353,526
17-UF-HCR-005	Shelter & NFI	UNHCR	NNGO	$273,424

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
ACLED	Armed Conflict Location and Event Data Project
ACTED	Agency for Technical Cooperation and Development
ARV	Anti retroviral drugs
CCCs	Core Commitments for Children in Humanitarian Action
CESVI	Cooperazione e Sviluppo
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CP	Cooperating 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
EOD	Explosive ordnance disposal
ERW	Explosive Remnants of War
EMoC	Emergency Obstetric Care
FDA	Food and Drug Authority
FTS	Financial Tracking Service
GBV	Gender Based Violence
GNA	Govenrment 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
HVR	Humanitarian voluntary return
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 organisation
NSC	National Seeds Centre
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
SPOD	South Peace Organization for Development
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

UXO	Unexploded ordnance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WYEF	Women and Youth Empowerment Forum