# RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

# LIBYA

# UNDERFUNDED EMERGENCIES ROUND II

# DISPLACEMENT

# 2018

# 18-UF-LBY-32468

| | |
|---|---|
| **RESIDENT/HUMANITARIAN COORDINATOR** | **Yacoub El Hillo** |

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

YES ☒ NO ☐

An After-Action Review was conducted among the participating agencies on 25 November 2019 and included WFP, IOM, WHO, UNICEF, FAO, UNOPS/UNMAS and UNFPA. UNHCR and INGO Forum were prevented from attending.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☐ NO ☒

Due to other pressing and more urgent activities that the HCT had to address in the very unstable and rapidly changing context of Libya, it has not been possible to discuss the use of funds at this level.

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

YES ☒ NO ☐

The report has been shared with all participating agencies, INGO Forum members and the Inter-Sector Coordination Group (ISCG) prior to submission to CERF by the HC/RC

# PART I

## Strategic Statement by the Resident/Humanitarian Coordinator

Since the overthrow of the Gadhafi regime in 2011, Libya has experienced widespread violence and breakdown of essential services. The numbers of persons originally displaced by the conflict totalled 495,000, of which an estimated 278,000 have been able to return to their former homes while the remaining continue to live in host communities or in camps. With the resumption of fighting in Tripoli in August 2018, another 27,000 people were displaced in total; as of September 2018, approximately 50,000 people became displaced in south Libya, Derna and Tripoli. The ongoing conflict and increasingly difficult socio-economic situation, characterised by the breakdown of the rule of law, absence of effective institutional capacity and insecurity throughout the country have contributed to a protracted and ongoing displacement and increasing poverty.

With a funding level of less than 23 percent to the 2018 HRP, the CERF Under-Funded allocation was received at a critical time and was instrumental to address the most urgent and life-saving needs of those persons who had been displaced by the conflict and now living in camps or among host communities mainly in the East and South of the country**.** In total, the CERF funding helped the UN agencies and their implementing partners to reach more than 480,000 people in need in the areas of food security, health, protection, water and sanitation.

## 1. OVERVIEW

| 18-UF-LBY-32468 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | |
|---|---|
| **a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE** | **312,740,786** |
| **FUNDING RECEIVED BY SOURCE** | |
| CERF | 8,105,330 |
| COUNTRY-BASED POOLED FUND (if applicable) | N/A |
| OTHER (bilateral/multilateral) | 9,891,349 |
| **b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE** | **17,996,679** |

**18-UF-LBY-32468 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)**

**Allocation 1 – date of official submission:** 15/10/2018

| Agency | Project code | Cluster/Sector | Amount |
|---|---|---|---|
| FAO | 18-UF-FAO-027 | Food Security - Livestock | 250,000 |
| IOM | 18-UF-IOM-033 | Health - Health | 500,020 |
| UNFPA | 18-UF-FPA-042 | Health - Health | 1,149,999 |
| UNFPA | 18-UF-FPA-042 | Protection - Protection | 1,149,999 |
| UNHCR | 18-UF-HCR-032 | Protection - Protection | 1,200,000 |
| UNICEF | 18-UF-CEF-106 | Health - Health | 549,247 |
| UNICEF | 18-UF-CEF-107 | Water Sanitation Hygiene - Water, Sanitation and Hygiene | 499,910 |
| UNOPS | 18-UF-OPS-002 | Mine Action - Mine Action | 800,000 |

| | | | |
|---|---|---|---|
| WFP | 18-UF-WFP-059 | Emergency Telecommunications - Common Telecommunications | 850,167 |
| WFP | 18-UF-WFP-059 | Logistics - Common Logistics | 850,167 |
| WFP | 18-UF-WFP-060 | Food Security - Food Aid | 1,355,986 |
| WHO | 18-UF-WHO-041 | Health - Health | 950,001 |
| **TOTAL** | | | **8,105,330** |

| **18-UF-LBY-32468 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)** | |
|---|---|
| **Total funds implemented directly by UN agencies including procurement of relief goods** | **6,103,206** |
| Funds transferred to Government partners* | 163,601 |
| Funds transferred to International NGOs partners* | 717,498 |
| Funds transferred to National NGOs partners* | 1,112,680 |
| Funds transferred to Red Cross/Red Crescent partners* | 8,346 |
| **Total funds transferred to implementing partners (IP)*** | **2,002,125** |
| **TOTAL** | **8,105,330** |

** These figures should match with totals in Annex 1.*

## 2. HUMANITARIAN CONTEXT AND NEEDS

The humanitarian situation in Libya was (and still is) a consequence of the 2011 overthrow of the Gadhafi regime and the disintegration of the country into territories where political and military entities exercise authority. In 2018, when this CERF grant was provided, there were an estimated 1,400 militias in the country that had formed alliances of convenience with whichever political group best represented their interests. They had divided the national territory into fiefdoms where they controlled, among other things, access to basic services. The consequence of this division was an uneven availability of essential services to large segments of the population. The impact of the fragmentation on the country was, among other things, a flourishing black market where the Libyan Dinar was sometimes traded at levels that were three times higher the official rate. The resulting liquidity crisis had a very negative impact on Libyan's ability to withdraw the needed cash to purchase essential items and pay for services like health care and education.

In 2018, REACH conducted the Multi Sector Needs Assessment in 20 out of 22 mantikas[1] in Libya. The result of their analysis suggested that there existed several areas of the country that were underserved and where people were in dire need of assistance. These were mainly in the south of the country as well in and around cities like Benghazi where assistance had only recently begun to arrive.

The root causes of the situation were armed conflict, the resulting displacement, the over-burdening of limited and generally deficient services in receiving host communities, lawlessness, human rights violations, uncontrolled migration, economic collapse, the deterioration of basic services (water, sanitation, health, cash liquidity, and markets) and political deadlock.

The level of fragmentation in the country was the result of continued conflict between rival militias competing for influence and economic power, social divisions between former supporters and opponents of the Gadhafi regime, political impasse with two influential groups having divided the country. Those most affected by the current situation were principally displaced families and returnees, remembering that the displaced persons had moved into host communities, often with family members, thereby burdening existing service providers. Also considered particularly vulnerable were the detainees in detention centres who did not have access to functional WASH facilities.

[1] 'Mantika' is the offical terminology for what corresponds to a 'Province' in Libya.

Violations of international human rights and humanitarian law, including indiscriminate attacks targeting civilians and civilian objects, denial of access to health care, violations of children and women's rights, were widespread. Various forms of gender-based violence (GBV), trafficking and smuggling of human beings, unlawful killings, arbitrary detention, enforced disappearances, torture and other ill-treatment, and indiscriminate attacks were among the violations committed by all parties. Detention conditions continued to be inhumane throughout Libya, both in official and non-official detention centres.

When the application for CERF support was made, Libya continued to be the one of the main transit points for people attempting the Mediterranean crossing to Europe. Arrivals reported exploitation, abuse, sexual violence, unlawful killings and torture in Libya by armed groups, including those affiliated to State institutions.

The country remained divided between rival administrations, leaving national and local institutions facing challenges to provide protection and basic services. The economic situation continued to deteriorate: Inflation, the devaluation of the Libyan dinar on the black market, and cash shortages had all led to reduced purchasing power of the Libyan population - especially those already affected by the conflict, further deepening vulnerabilities. Libya's health care system struggled to deal with casualties from the conflict, and there was a lack of preventive and curative health services for vulnerable people leading to a risk of an increase in communicable diseases.

The HRP for 2018 identified approximately 1.1 million individuals across all categories that could potentially be in need of assistance. Of these, the HRP targeted an estimated 940,000 persons. Humanitarian access had been a recurrent problem since operations resumed in 2015. Insecurity meant that only local partners had access to some areas while UN agencies and INGOs had to operate remotely. The largest concentration of persons in need, as per the 2018 HRP were in Tripoli and nearby cities, as well as Benghazi, Ejdabya Sebha, Al-Jufrah, Murzuq and AL Kufra.

The 2018 HRP appealed for some US$ 313 million. As of September 2018, donors had only pledged some US$ 71,5 million which represented a funding coverage of less than 23 percent. The funding trends for Humanitarian Assistance to Libya were decreasing as the country moved haltingly towards stabilization. Of the above, IOM had received some US$ 26,5 million, UNHCR had received some US$ 22 million. WHO had received no funding from the HRP appeal, nor had UNICEF and FAO. UNMAS had received some US$ 530,000, WFP some US$ 1,9 million and UNFPA only some US$ 815,000.

From the above, it was clear that the agencies included in the CERF application (WASH and Health especially) were dramatically under-funded. The protection sector - considered one of the most vital for the humanitarian response - was only 13 percent funded. Support from CERF funding would permit the agencies and their partners to address critical humanitarian needs, especially in the health and protection sectors. The CERF funding would complement resources available for food assistance and mine action.

## 3. PRIORITIZATION PROCESS

Based on the findings of the needs analysis, it was decided to target the most vulnerable people and the geographical locations most severely affected by the crisis. The HCT adopted a set of prioritisation criteria that were consistently applied to identify the most critical projects to be implemented. The criteria included:

- Life-saving interventions: projects were prioritised if the primary goal of the project was to save lives and / or remedy, mitigate or avert an immediate and direct risk faced by a community/person, particularly if they were a vulnerable population group (e.g. displacement; arbitrary detention; food insecurity; waterborne disease; etc.).
- Sectoral needs severity: While the inter-sectoral needs severity informed the scope of the overall response, the sectoral needs severity was used to prioritise projects in geographical locations with a high severity within the given sector.
- Vulnerability: The Humanitarian Needs Overview (HNO) identified ten (10) population groups deemed to be particularly vulnerable and exposed to protection risks due to their status or other factors. The vulnerability criteria contributed to prioritising projects that targeted these population groups.
- Needs assessment-based response: Emphasizing the importance of an evidence-based response, this criterion was applied to prioritise the projects that were developed to address needs and/or response gaps identified by assessments.

- Community engagement: While acknowledging the semi-remote nature of operations in Libya, engaging with communities and/or local counterparts was critical for an effective response. Thus, projects making a significant effort to engage affected people were prioritised.
- Implementation capacity: While acknowledging the challenging operational environment and the difficulties of implementing projects in Libya, this criterion was used to prioritise interventions delivered through direct implementation arrangements versus through implementing partners.
- Coordination: The implementing organisations had to be part of existing coordination structures and shared reports on implementation and funding status with the relevant sector.

## 4. CERF RESULTS

CERF allocated US$ 8,105,330 to Libya from its window for underfunded emergencies to provide life-sustaining assistance to persons displaced by conflict in camps or living among host communities principally in the East and South of Libya (11 locations).This funding enabled UN agencies and partners to scale up food assistance in the West and South to 40,560 people in Benghazi, Sirt, Sebha and Tripoli for a three-months period; improve access of 231,091 people, including migrants, IDPs and vulnerable host community members to a minimum package of healthcare services at primary and secondary levels with referral systems in 14 health facilities; provide specialized mental health care services to 5,188 patients, and training to 93 health care service providers on diagnosing and treating major communicable diseases as well as the integrated management of childhood illness; to deliver a comprehensive protection monitoring (PM) of some 50,855 people in some of the most affected areas as well as areas where the humanitarian community previously had limited access; to open and operationalize a UN hub in Benghazi for improved coordination in the East and to coordinate logistics and information management during the initial phases of re-entry, which supported organizations when they established new, or scaled up operations in areas that were previously inaccessible; improved the surveillance and control of three zoonotic diseases (Highly Pathogenic Asian Avian Influenza - HPAI, rabies and Rift Valley fever - RVF) and reduced their impact on human and animal health (poultry and livestock population), livelihoods and food security in Libya. Additionally, albeit on a limited scale, the interventions also included provision of WASH services at three detention centres where the existing facilities were sub-standard.

- **Food Security**: FAO was able to improve the surveillance and control of three zoonotic diseases Highly Pathogenic Asian Avian Influenza - (HPAI, rabies and Rift Valley fever - RVF) and reduced their impact on human and animal health (poultry and livestock population), livelihoods and food security in Libya through the strengthening the Veterinary Services and management capacities to respond to the current health crisis. A total of 40,560 people in Benghazi, Sirt and Tripoli were provided with food assistance by WFP for a period of three months. In total, 114,916 people were assisted and allowed to increase the food security indicators of vulnerable populations in Libya.
- **Water, Sanitation and Hygiene (WASH)**: UNICEF provided WASH assistance to 49,757 people over a period of nine (9) months. Specifically, 2,911 refugees and migrants in detention centres in Tripoli gained access to emergency WASH services, 1,846 internally displaced persons received access to hygiene items and critical information in Ghat while 45,000 people gained access to basic sanitation services in Sebha. The implemented project's activities have enabled the affected people to use basic WASH facilities, to practice hygiene behaviours and eliminated the risk of water-borne diseases.
- **Health**: WHO with partners was able to support the provision of a comprehensive package of health care services to vulnerable groups in South and East Libya. Essential medicines and supplies including laboratory consumables and blood transfusion supplies and sensitized health care services were provided in 14 health facilities. A total of 231,091 people including 37,898 IDP/refugees benefited from effective treatments for communicable and non-communicable diseases and emergency and trauma care services. Specialized mental health services were provided to 5,188 patients, and 93 health care service providers were trained on diagnosing and treating major communicable diseases as well as the integrated management of childhood illness.

  UNICEF equipped these 14 health facilities enabling them to provide essential, lifesaving preventive and curative health and nutrition care especially to the vulnerable population-children under the age of five, including new-borns, pregnant and lactating women. Some 29,000 children under the age of five received quality immunization services to protect them against

vaccine preventable diseases including measles. In addition, UNICEF provided preventative and treatment services, especially against two childhood killers- diarrhoea and pneumonia- for more than 23,900 children under the age of five. The provision of new-born resuscitation services ensured appropriate and lifesaving care for 1,440 new-borns in the 14 health facilities. Micronutrients were made available for 12,230 pregnant and lactating women who had improved access to micronutrients. Nutrition screening and appropriate treatment for malnutrition were established to avoid nutrition related morbidity and mortality.

Availability and accessibility to quality health services were enhanced and mobile teams provided Basic Emergency Obstetric and New-born Care (BEmONC) by UNFPA to over 710 women, 539 children and referred 17 cases for comprehensive medical care. A total of 18,476 IDPs, migrants and host communities were provided with access to Sexual and Reproductive Health (SRH) services in across Libya from October 2018 – August 2019.

IOM established a referral linkage through which 587 patients were referred to seek advanced medical care and management; reaching over 12,500 (including women and children) with health information messages; provided medical equipment and supplies benefiting an estimated 3,399 girls and 2,778 boys, 3,649 IDPs and 648 refugees. Overall, a total of 28,961 individuals including migrants, IDPs and refugees were assisted. This helped reduce morbidity and possible mortality that could have been experienced as some of the medical cases referred for further management were severe and with high fatality rates. Improvement of the health system in Libya was made through capacity building in District Health Information System-2 (DHIS 2) and the establishment of referral linkages.

- **Protection**: UNCHR with partners conducted protection monitoring, distributed core-relief items, implemented quick-impact projects as well as distributed shelter kits. A total of 50,855 IDPs and returnees were assisted with core-relief items; shelter kits and with quick-impact projects (breakdown of details provided below). IDPs and returnees were assisted in different areas in Libya These activities were conducted between October 2018 - June 2019, during which two conflicts erupted; one of them is still ongoing in Tripoli.

  UNFPA with partners provided GBV services through distribution of 3,000 dignity kits and by establishing Women and Girls Safe Spaces in in Benghazi, Misrata and Tripoli where 5,913 women and girls were reached with case management, individual and group counselling and life skills building activities. In Misrata, Tripoli and Benghazi, awareness raising campaigns targeting women, men, boys, girls, people with disabilities and other most marginalized groups were organized to ensure GBV survivors had access to timely lifesaving services. The awareness raising campaigns reached 11,343 people living in IDP camps and host communities.

  UNMAS and its partners conducted explosive hazard survey and clearance in selected high-impact areas in Benghazi. In total, 488,657 $m^2$ were surveyed, of which 198,563 $m^2$ were declared free from explosive hazards, and 290,094 $m^2$ classified as either Confirmed or Suspected Hazardous Areas. A total of 506 explosive hazard items were removed, both in the surveyed areas, as well as in other areas across Benghazi in response to emergency callouts received from the population. The team further cleared dangerous explosive hazards from 11 vital service and infrastructure sites and verified, through survey activities, that a further 12 sites were not contaminated and safe to access.

- **Logistics and Emergency Telecommunications Sector (ETS)**: The logistics sector managed by WFP had a crucial impact helping all agencies to find sustainable and reliable in-country logistics solutions. This has been done through guidance for customs clearance, information sharing, as well as mapping of logistics infrastructures (roads, airports, ports, border crossings, storage locations, displacement sites). A common storage was established and made available to humanitarian responders for potential use. The transport of armed vehicles to the newly established UN Benghazi Hub in 2019 was also supported. ETS, managed by WFP, established the Security Operations centre in Benghazi running 24/7 since 4 April 2019, having tracked over 500 missions, and have responded when required to security incidents in Benghazi. The data service supported 10 organisations with 46 staff permanently based in Benghazi, and 82 staff on temporary mission to Benghazi. Online information sharing platforms were established keeping all humanitarian actors informed on the state of the public telecommunications network, providing guidance to partners on how and what emergency telecommunications services and equipment were available coordinating the use of Security telecommunications in Libya.

## 5. PEOPLE REACHED

- FAO reached 86 percent of their target beneficiaries (4,135 people out of 4,800 planned). This was primarily due to the security constraints in the country during the implementation period; movement between cities was difficult and some regions were inaccessible. The field survey and awareness campaign planned in the South of Libya were postponed but will be implemented as soon as possible under the signed Letter of Agreement with the Government.
- IOM noted a big discrepancy between the planned numbers for IDPs and refugees and the numbers which were actually reached; only 28 percent of the target beneficiaries were reached (3,649 people out of 13,000 planned). This is attributed to the irregular flow of the refugees and the challenges in confirming the true identification of the beneficiaries.
- UNFPA reached a lower number (54 percent) of males through their project because no kits for STI management and treatment were distributed, as approved in the reprogramming request (Libya did not adopt WHO guidance on STIs Management, so these kits could not be used correctly in Libya) Only 5,933 male beneficiaries were reached out of 10,919 planned. However, the number of women that benefited from the interventions was higher (23 percent) than planned because of the impact of the conflict in Tripoli (highly populated area). A total of 32,799 women were reached compared to 25,291 planned for.
- The security situation in Tripoli since August 2018 limited UNHCR in their capacity to reach out to persons of concern. During the implementing period, two major conflicts erupted in Tripoli; in August 2018 - Dec 2018 and in April 2019 (still ongoing), which limited the access for UNHCR and their partners. Therefore, only 36 percent of the target population for both female and male were reached (25,936 women out of 71,552 planned were reached and only 24,919 men were reached out of 68,756 planned).
- For WFP, the planned refugee caseload was replaced by additional IDPs and host populations based on the needs and collaboration with other organisations of the food security sector that assisted refugees already. Given that in-kind food assistance was less expensive than CBT (cash-based transfer) assistance, the funds initially dedicated for Cash-Based Transfer (CBT) assistance allowed WFP to assist 11 percent more people affected than expected (40,560 people were reached compared to 36,000 planned).
- In Health sector, WHO managed to reach 6 percent more people than was planned for across both sex and age groups. A total of 231,091 people were reached compared to 217,000 planned.
- Also in Health sector, UNICEF managed to reach 81 percent of their target population (36,270 people were reached out of 44,400 planned). The support from CERF bridged major services gaps; therefore, it was expected that 100 percent of the target population should had been reached with the assistance with increased utilization due to availability of services. However, it has to be noted that birth cohort for immunization and new-born is calculated for the entire year, the Ministry of Health and national Centre for diseases control share the reports on annual basis. UNICEF is advocating for implementation of District Health Information Software (DHIS) tool and quarterly reports.
- In WASH, while UNICEF originally planned to provide assistance to IDPs in health facilities, this activity was eliminated from the implementation plan for the project due to contractual and tender challenges. Therefore, UNICEF only provided WASH assistance to IDPs in Ghat explaining why only 18 percent of the target population in this population group was reached (only 1,846 IDPs were reached out of 10,500 planned). However, in total, 49,757 people were provided with WASH assistance, which is 20 percent more than planned for (40,000). This is because almost the double (45,000 people compared to 26,500) number of people were assisted and reached in host communities.
- UNMAS/UNOPS reached 108,000 people out of 120,000 planned for. However, the numbers are indicative and based on pre-crisis estimates for the catchment areas. It is estimated that since the beginning of the project, over 35,000 people have returned to Al-Leithy and Al-Sabri. Non-technical survey and Explosive Ordnance Disposal are a vital prerequisite for safe access and thereby any reconstruction and/or humanitarian assistance. Beneficiary numbers include those that have already returned, as well as those who are anticipated to return in the medium to long term.

| 18-UF-LBY-32468 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Cluster/Sector** | **Female** | | | **Male** | | | **Total** | | |
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| Food Security - Food Aid | 7,448 | 12,560 | **20,008** | 7,765 | 12,787 | **20,552** | 15,213 | 25,347 | **40,560** |
| Food Security - Livestock | 800 | 561 | **1,361** | 900 | 1,874 | **2,774** | 1,700 | 2,435 | **4,135** |
| Health - Health | 23,230 | 63,030 | **86,260** | 37,120 | 107,711 | **144,831** | 60,350 | 170,741 | **231,091** |
| Mine Action - Mine Action | 16,000 | 38,000 | **54,000** | 16,000 | 38,000 | **54,000** | 32,000 | 76,000 | **108,000** |
| Protection - Protection | 12,741 | 13,222 | **25,936** | 12,714 | 12,205 | **24,919** | 25,455 | 25,427 | **50,855** |
| WASH - Water, Sanitation and Hygiene | 9,612 | 14,787 | **24,399** | 9,313 | 16,044 | **25,358** | 18,925 | 30,832 | **49,757** |

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

| 18-UF-LBY-32468 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Female** | | | **Male** | | | **Total** | | |
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 41,280 | 62,880 | **104,160** | 44,720 | 68,120 | **112,840** | 86,000 | 131,000 | **217,000** |
| **Reached** | 90,714 | 194,376 | **285,090** | 99,354 | 203,172 | **302,526** | 190,818 | 397,569 | **588,387** |

[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.*

| 18-UF-LBY-32468 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY | | |
|---|---|---|
| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
| Refugees | 17,000 | 24,367 |
| IDPs | 200,000 | 154,950 |
| Host population | 0 | 317,423 |
| Affected people (none of the above) | 0 | 91,620 |
| **Total** (same as in table 5) | **217,000** | **588,360** |

## 6. CERF's ADDED VALUE

**a) Did CERF funds lead to a fast delivery of assistance to people in need?**

YES ☐ PARTIALLY ☒ NO ☐

The fund transfer to some implementing partners has been done faster. On the other hand, the fund transfer was delayed attributed to the banking system in Libya. To improve the timely delivery of assistance, existing programme agreements with implementing partners have been amended in a short time. Additionally, implementing partners started implementation using available financial capacity while waiting to receive funds in their account.

CERF responsiveness was extraordinarily time and resource efficient, including during the proposal process, and on no-cost extensions. This enabled the success of the project despite some challenges encountered during the preparation and implementation phases.

**b) Did CERF funds help respond to time-critical needs?**

YES ☒ PARTIALLY ☐ NO ☐

For UNICEF, the CERF funds have been crucial to provide 2911 migrants and refugees; 1846 IDPs; and 45,000 host community with critical WASH assistances including emergency drinking water, basic sanitation and soap distribution which contributed to avoid any WASH related disease outbreak. For WFP, the CERF funds allowed the agency to provide food assistance for a total of 40,560 people for a period of 3 months, mainly IDPs and host communities. CERF funding allowed to assist newly affected people after the outbreak of violence in Tripoli in April 2019.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF grant has improved coordination and information sharing among WASH sector partners. The CERF funds contributed to increased participation of the national NGOs and government partners to participate in WASH sector coordination meetings. National WASH partners have continuously updated UNICEF as sector lead on movement and needs of affected people including IDPs and refugees. UNICEF in turn was conveying the messages to OCHA which disseminate to other sectors, partners and HCT. Implementing Partners through CERF grants have undertaken real-time assessment before commencement any WASH intervention. The findings of the assessment were shared with OCHA and other sector partners.

For the logistics sector, the CERF funding helped to bring humanitarian respondents together in one forum and enabled the sector to sensitize and assist respondents on updated government regulations and updates in relation to customs clearance of relief cargoes through the various corridors. The CERF grant also allowed to upgrade the Emergency Telecommunications Systems in Tripoli and set up telecoms and data networks in Benghazi to increase the security and access to data to all agencies.

For the Food sector, the CERF grant gave the opportunity to create ad-hoc coordination platform and enhanced the day-to-day humanitarian coordination and response, where all humanitarian agencies had access to updated information and were made aware of interventions carried out by other humanitarian actors, which further enhanced the humanitarian response and prevented duplication in provision of humanitarian assistance.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF has been 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, additional funds from BMZ have been mobilised and matched with the CERF funds.

Through the support of CERF and an effective coordination of UN agencies and INGOs, the Emergency Telecommunications Sector received additional funding from the Government of Luxembourg to complement CERF funds and to develop new projects such as the Common Feedback Mechanism.

CERF has been an essential source of funding for WFP food assistance activities. Through its timeliness and a reasonable 9-months implementation period, the good results and timely implementation of WFP, it allowed WFP to generate additional funding from other donors.

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

The CERF grant created more involvement and active participation of the governmental partners in coordination and filling the response gap.

CERF enhanced UNHCR IDP response. In the course of 2018, majority of funds received by UNHCR were earmarked for the refugee response, while the IDP response was severely underfunded. Funds received from CERF came in a timely manner to address the urgent humanitarian needs of the newly displaced populations through provision of Core Relief Items and enhanced the resilience of those suffering from protracted displacement. In addition, funds received from CERF provided IDP returnees with temporary shelter solutions through distribution of shelter kits. On another hand, funds received from CERF contributed to enhancing the planning of protection activities as findings from the protection monitoring missions identified protection risks which were used to inform the protection planning and response.

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

| Lessons learned | Suggestion for follow-up/improvement |
|---|---|
| Involvement of local partners was fundamental to respond to the needs as all of the humanitarian response was implemented by them | HCT should emphasize and strengthen the capacity building of national NGOs |
| Situation and remote management in Libya context needs additional implementation time | To increase the grant duration to 12 months |

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|---|---|---|
| Increased coordination with government water and sanitation institutions facilitated timely information sharing and coordinated response | Strengthen the coordination and leadership capacity of the governmental institutions | UN, governmental institutions, INGOs |
| Partnership with national NGOs facilitated fast response and increased humanitarian access | Continue including capacity building of National NGOs as core component of humanitarian response in Libya. | UN, INGOs, Libyan National Authorities, |
| More coordination and documentaion of planned work to be taken place with Department for Combat Illegal Migration(DCIM) | Advocacy with DCIM on cooperation and access to DCIM DCs | UNHCT, DCIM |

# PART II

## 8. PROJECT REPORTS

### 8.1 Project Report 18-UF-FAO-027 - FAO

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | FAO | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Food Security - Livestock | **4. Project Code (CERF):** | 18-UF-FAO-027 |
| **5. Project Title:** | Emergency Assistance for Outbreaks of Deadly Zoonotic Disease (HPAI, RVF, Rabies) in Libya | | |
| **6.a Original Start Date:** | 18/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | ☒ No ☐ Yes (if not, please explain in section 3) | | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | **US$ 3,000,000** |
| | **b. Total funding received for agency's sector response to current emergency:** | **US$ 0** |
| | **c. Amount received from CERF:** | **USD 250,000** |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 60,000** |
| | of which to: | |
| | Government Partners | US$ 60,000 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 0 |
| | Red Cross/Crescent | US$ 0 |

**2. Project Results Summary/Overall Performance**

Through this CERF Rapid Response grant, FAO improved the surveillance and control of three zoonotic diseases (HPAI, rabies and RVF) and reduced their impact on human and animal health (poultry and livestock population), livelihoods and food security in Libya through the strengthening the Veterinary Services and management capacities to respond to the current health crisis. The project was implemented from 18 October to 2018 to 30 June 2019.

The project developed the necessary tools for managing animal health outbreaks, including: (i) adapting three contingency plans to the epidemiological situation in Libya for HPAI, RVF and rabies; (ii) utilizing a participatory approach to share knowledge on animal health; (iii) developing and disseminating eight communication and awareness tools; (iv) developing communication plans for HPAI, rabies and RVF; and (v) conducting serological surveys and viral circulation results to monitor and evaluate the situation of these diseases and the efficacy of the control strategies.

The project has enhanced the first link of the epidemio-surveillance network for HPAI, rabies and RVF through an awareness campaign on the diseases' risks, which utilized communication tools to reach 4 135 people, including farmers and consumers. It also reached 90 specialists (i.e. veterinarians and technicians) from several colleges and departments at the University of Tripoli (UoT), the National Centre for Animal Health (NCAH), National Centre for Disease Control (NCDC), other governmental sectors and participants from Ghat City. Of the 4 135 people reached, FAO reached 500 in the west of the country and 230 in the middle of the country (Sirte, Misrata and

surrounding area) on World Rabies Day through the distribution of brochures that explained the risk of rabies and how to prevent and control it.

In addition, FAO conducted trainings on monitoring, control, epidemiology, biosecurity/biosafety, Good Emergency Management Practice, veterinary communication and serological and virological outbreak investigations for zoonotic diseases. A total of 110 personnel from the public veterinary sector (i.e. NCAH, and regional centres and laboratories) were trained. FAO conducted a training of trainers in Tunis, the Republic of Tunisia and direct workshops in Libya. Specifically, a training of trainers was conducted in Tunis for 22 participants on epidemio-surveillance of HPAI, rabies, and RVF, biosecurity and communication. In addition, 74 veterinarians were trained on these topics through four workshops in Libya.

Additionally, a training of trainers on serological and virological outbreak investigations of HPAI, rabies, RVF was conducted for 14 participants from several veterinary laboratories, including the Central Veterinary Laboratory of NCAH in Tripoli, NCAH Veterinary Laboratory in Alzintan, Veterinary Laboratory for Animal Breeding and Development Centre, Ministry of Agriculture of Libya, Laboratory of the Department of Poultry and Fish Diseases, Faculty of Veterinary Medicine and UoT.

A Letter of Agreement (LoA) with UoT was signed to implement activities in Libya in close collaboration with NCAH. A field survey was carried out in the West (Tripoli and the surrounding area), East (Benghazi and the surrounding area) and Middle (Sirte and the surrounding area) of the country. The field survey was also planned to be carried out in the South but has been delayed this. This survey addressed viral circulation of HPAI and RVF, and a sampling scheme was prepared for those two diseases in Tripoli, Benghazi and Sirte. Samples were collected from 150 markets and farms. In the West, 350 blood samples, 675 cloacal samples and 675 tracheal samples were collected for HPAI and 170 samples for RVF. In the East, 275 blood samples, 350 tracheal and 350 cloacal samples were collected for HPAI and 190 samples for RVF. In the Middle of the country, 375 blood samples, 600 tracheal and 600 cloacal samples were collected for HPAI and 220 samples for RVF. The planned vaccination campaign was not achieved because of the difficulties in transporting the vaccine to Libya, i.e. absence of flights and transport companies, and it is now planned to take place in December 2019.

Equipment, including biosecurity and sampling equipment, laboratory materials and diagnostic kits, were made available to the Veterinary Services, including:

- 2 000 doses of rabies vaccine in the form of 5 dose by vials
- enzyme-linked immunosorbent assay (ELISA) indirect for the detection of antibodies against Influenza type A virus (1 000 tests);
- ELISA kit for the detection of Influenza A virus (1 000 tests);
- RVF competition kit (1 000 tests);
- RVF immunoglobulin M ELISA Kit (1 000 tests);
- polymerase chain reaction (PCR) Mgene (500 tests);
- PCR kit for H5/H7/H9 virus detection (10 kits [400 tests for each types H5,H7,H9]);
- ribonucleic acid extraction kit (10 kits);
- media for AI (1 000 ml);
- containers for sampling and for transport (1 000 vials);
- blood collection tubes (4 000 tubes);
- Eppendorf type tube with cap (5 000 tubes);
- sterile swabs (3 000 swabs);
- syringes with needle (2 000 syringes for 2 ml) and 20 boxes (2 000 syringes for 5 ml);
- electric cooler boxes (20 coolers);
- vacutainer tubes with needles and adapter (1 000 tubes and 1 500 needles);
- gloves 50 boxes (5 000 gloves);  masks 20 boxes (200 masks);
- safety boots (50 boots);
- protective suit (1 000 pieces);
- protective eyewear (100 pieces);
- autopsy kit (20 kits);
- safety packaging, cost and charges;
- one camera; and
- eight communication tools for HPAI, rabies and RV

At the end of each workshop, sampling equipment was distributed to trained veterinarians for the field survey. Diagnostic kits were sent to the laboratory of Tripoli because it is the most accessible laboratory because of the situation in Libya.

## 3. Changes and Amendments

Despite the conflict in Libya, FAO is maintaining close collaboration with National Veterinary Services. As result of the conflict, the training of trainers was conducted outside of the country and direct trainings were conducted inside Libya in collaboration with several universities.

Under the LoA, most of the planned activities in Libya were carried out according to the work plan and budget but were achieved with some delay due to the security constraints in the country during this period. Movement between cities was difficult and some regions were inaccessible, therefore a few activities have not yet been implemented. The sensitization workshop on the risks of HPAI, rabies and RVF (through presentations, brochures, etc.) for farmers, consumers and private veterinarians that were planned in the East and South were not yet implemented due to the security constraints but will be conducted as soon as possible. In addition, the field survey on the viral circulation of HPAI and RVF accompanied by awareness raising was carried out in the West (Tripoli and the surrounding area), East (Benghazi and the surrounding area) and Middle (Sirte and the surrounding area) of the country, however, in the South of the country the survey has not yet been conducted, and is planned to be carried out in December 2019 through a local partner. The vaccination campaign was not achieved because of the difficulties in transporting the vaccine into Libya because of the absence of flights and transport companies. Lastly, the Government of Libya and Veterinary Services cancelled the purchase of HPAI vaccine. There were no unspent funds.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 1,476 | 798 | **2,274** | 1,528 | 998 | **2,526** | 3,004 | 1,796 | **4,800** |
| **Reached** | 800 | 561 | **1,361** | 900 | 1,874 | **2,774** | 1,700 | 2,435 | **4,135** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 0 | 0 |
| IDPs | 500 | 0 |
| Host population | 4,300 | 930 |
| Affected people (none of the above) | 0 | 3,205 |
| **Total (same as in 4a)** | **4,800** | **4,135** |
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | Due to the security constraints in the country during the implementation period, movement between cities was difficult and some regions were inaccessible. The field survey and awareness campaign planned in the South of Libya were postponed but will be implemented as soon as possible under the signed LoA. | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | Control zoonotic diseases to limit and reduce their expansion and negative impacts on human health and food security. |

| **Output 1** | Zoonotic diseases control strategy and contingency plans are reviewed and improved | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | HPAI, RVF and Rabies contingency plans are in place | contingency plans in line with international standards | Three plans for HPAI, RVF and rabies validated by Veterinary Services. Three contingency plans for HPAI, RVF and rabies validated by Veterinary Services | The contingency plans, final report of the project |
| **Explanation of output and indicators variance:** | | No variance | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Analyse the risk of the spread of Zoonotic Diseases (HPAI, Rabies, RVF) | FAO, National Centre for Animal Health |
| Activity 1.2 | Review / improve contingency plans for HPAI, RVF, Rabies | FAO, National Centre for Animal Health |
| Activity 1.3 | Elaborate and implement risk communication and awareness plan | FAO, National Centre for Animal Health |

| **Output 2** | Capacities of the veterinary services are strengthened | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | Number of veterinary personnel trained to handle vaccination, epidemiology, surveillance in the markets and the field) | 60 trainees- four trainings are planned (training duration between 2 – 6 days) | 74 veterinary personnel trained through four trainings | Workshop reports and final report, list of participants |
| Indicator 2.2 | Types and quantity of diagnostic materials/kits procured and are in use for the diagnosis of HPAI, Rabies, RVF | at least 1000 assorted items | 48 kits with 2 000 vaccine doses and at least 1 000 for each laboratory and field equipment | Purchase order, final report, receipt of reception |
| **Explanation of output and indicators variance:** | | Vaccination campaign has been delayed because of the difficulties in transporting vaccines to Libya because of the absence of flights and transport companies. The vaccination campaign has been re-planned for December 2019. In addition, the Libyan Government and Veterinary Services have cancelled the purchase of HPAI vaccines. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Organize a training of trainers on epidemio-surveillance of (HPAI, Rabies, RVF), biosecurity and communication | FAO |
| Activity 2.2 | Organize training of trainers on serological and virological outbreak investigations for HPAI, Rabies, RVF | FAO-National Centre for Animal Health, University of Tripoli |
| Activity 2.3 | Distribute kits (ELISA, PCR) for the diagnosis and detection of HPAI, Rabies, RVF diseases for laboratories and HPAI, Rabies vaccines | FAO-National Centre for Animal Health |

| Output 3 | Zoonotic diseases situation is better known and appropriate control strategy is implemented | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 3.1 | Number of communication material elaborated and disseminated at large scale | At least 6 tools developed and 2000 copies distributed | 8 communication tools developed and 1000 copies of each were distributed | Communication tools, final report and purchase order |
| **Explanation of output and indicators variance:** | | Activities related to the field survey were carried out in the West (Tripoli and the surrounding area), East (Benghazi and the surrounding area) and Middle (Sirte and the surrounding area) of the country, but, the survey has not yet been completed in the South of the country due to the security constraints in the country. It will be implemented in the South when security situation allows under the signed LoA.<br><br>The awareness campaign, including a sensitization workshop, planned in the East and South were postponed due to the ongoing war, but when the situation allows these planned activities will be carried out, including distributing the remaining 1 000 copies of communication tools. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 3.1 | Perform active and passive surveillance of Zoonotic Diseases (HPAI, Rabies, RVF); | National Centre for Animal Health, University of Tripoli |
| Activity 3.2 | Manage outbreaks safely (biosecurity and outbreak investigations | National Centre for Animal Health, University of Tripoli |
| Activity 3.3 | Raise awareness among different actors through brochures, posters on the risks of HPAI, Rabies, RVF | FAO-National Centre for Animal Health, University of Tripoli |

## 6. Accountability to Affected People

The project was designed in coordination with the affected people with assistance from the national center for animal health control and the university of Tripoli (field implementing partners), the targeted groups are the vulnerable populations that owns livestock & the veterinary experts who provide support to the farmers. FAO through a separate monitoring mechanize ensured the objectives of the assistance were met as three partners (FAO personnel, PHd Personnel's of the University, and the Veterinary and administrative survey teams of the Animal Health Center) worked to ensure segregation of functions and that complaints from affected people reached the highest level.

Over the past months, UNHCR conducted protection monitoring visits to IDPs and returnees in order to collect needs from affected people, plan and adjust humanitarian interventions accordingly, and carried out referrals to health and other types of humanitarian and much needed assistance of identified vulnerable populations. UNHCR is part of all relevant coordination mechanisms with UN Agencies, NGOs, local authorities and the Local Crisis Committees in order to avoid duplication of interventions and targeting affected people accordingly. In Libya, UNHCR is leading the Protection Sector, the Shelter/NFI Sector and the Cash and Markets Working Group, these Sectors/WG are supporting humanitarian interventions towards IDPs in Libya.

The project improved livestock health, protected humans from zoonotic diseases and raised awareness of at-risk populations and vulnerable groups (women, youths, displaced people, migrants and children). The populations residing in the most affected rural areas were targeted, focusing on pastoralists, who were women and children. Particular attention was given to women, considering their importance, particularly in rural areas, where they represent the majority of the population and their strong capacity to spread the benefits of the intervention to their households and communities.

The project has benefited the Government of the Libya through its scientific and technical staff (i.e. veterinarians and technicians) who have actively participated in training courses held during the project. These trainings have also included women who are veterinarians despite the cultural sensitivity in Libya. The project has also benefited the farmers and the stakeholders through awareness days. In addition, flyers were printed and distributed to veterinarians, farmers and the population at large, including women who have been involved to raise their awareness on the importance and seriousness of the targeted diseases. The Veterinary Services and the Government tried to involve all participants from inaccessible regions to participate in the planned workshops. The trainings respected the gender approach.

An evaluation was carried out and recommendations were discussed, for the first training of trainers organized in Tunisia. These final recommendations have been taken into account for future trainings organized in Libya. At the end of each training, an evaluation form was distributed to all participants and the results and recommendations were included in every workshop report.

A) Project design and planning phase:

The project developed based on consultation with FAO counterparts and local partners and according to the population needs identified during the assessment. The interventions were designed after consultation with technical partners inside the country such as animal diseases centre experts, university professors and technical backstopping experts of FAO.

B) Project implementation phase:

In close cooperation with the various animal health offices spread in the governorates and the university facilities, the activities of the project were implemented, a number of survey and capacity development activities were conclude aiming to reach the most venerable populations in the targeted areas.

C) Project monitoring and evaluation:

Project activities and results have been monitored on monthly basis through partnership with University of Tripoli and a national veterinary specialist. Regular meetings and activity reports are developed with photos from the field, in addition, the project ensured reaching out to the trainees to ensure delivery of quality outputs.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)?**

| Planned | Actual |
|---|---|
| No | No |

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

| | |
|---|---|
| N/A | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.2 Project Report 18-UF-HCR-032 - UNHCR

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNHCR | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Protection - Protection | **4. Project Code (CERF):** | 18-UF-HCR-032 |
| **5. Project Title:** | Strengthening the protection environment for internally displaced persons (IDPs) and IDP returnees in Libya | | |
| **6.a Original Start Date:** | 17/10/2018 | **6.b Original End Date?** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 9,458,565 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 1,200,000 |
| | **c. Amount received from CERF:** | US$ 1,200,000 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 805,200** |
| | of which to: | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 575,100 |
| | National NGOs | US$ 230,100 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through this CERF grant, UNCHR and its partners conducted protection monitoring, distributed core-relief items (CRIs), implemented quick-impact projects as well as distributed shelter kits and assisted internally displaced persons in Libya. The project supported 50,855 IDPs and returnees (20,500 individuals with core-relief items; another 8,855 with shelter kits; 21,500 with 43 quick-impact projects), 6,578 services who received protection services (broken down below). IDPs and returnees were assisted in different areas in Libya including in Aljfara, Almargeb, Al Jabal Al Gharbi, Azzawya, Misrata, Tripoli, Zwara, and Benghazi. These activities were conducted between October 2018 - June 2019, during which two conflicts erupted; one of them is still ongoing in Tripoli. Limited humanitarian access was possible due to the clashes located in southern areas of Tripoli (i.e. Ain Zara and near the Tripoli International Airport). Since April 2019, over 128,000 individuals have been displaced (IDPs) from Tripoli to safer areas in the western region and cities along the coast. Humanitarian access was limited as the fighting limited overall UN and NGOs' movements.

### 3. Changes and Amendments

The following three activities were proposed under the CERF project: 1) Monitoring visits carried out to IDPs and IDP returnees' sites, 2) Referrals to specialized services carried out and 3) Establishment of one community outreach centre. UNHCR requested the re-allocation of the funds received under the third activity only. The submission was conducted by UNHCR on 6 May 2019.

The reprogramming was done due to the conflict, which started on 4 April between forces affiliated to the Government of National Accord (GNA) and the Libyan National Army (LNA), resulting in the displacement of over 128,000 persons.

## 4. People Reached

### 4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| **Planned** | 37,207 | 34,345 | **71,552** | 35,748 | 32,998 | **68,746** | 72,955 | 67,343 | **140,298** |
| **Reached** | 13,487 | 12,449 | **25,936** | 12,958 | 11,961 | **24,919** | 26,445 | 24,410 | **50,855** |

### 4.b Number of people directly assisted with CERF funding by category

| Category | Number of people (Planned) | Number of people (Reached) |
|---|---|---|
| Refugees | 0 | 0 |
| IDPs | 43,440 | 29,355 |
| Host population | 12,754 | 10,750 |
| Affected people (none of the above) | 84,106 | 10,750 |
| **Total (same as in 4a)** | **140,298** | **50,855** |

| | |
|---|---|
| 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 security situation in Tripoli since August 2018 has limited UNHCR capacities to reach out to persons of concern. During the reporting period two major conflicts erupted in Tripoli - August 2018 - Dec 2018 and April 2019 (still ongoing). UNHCR and partners had limited staff and humanitarian access. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | Enhancing the protection environment of IDPs, IDP returnees and vulnerable host communities. |

| **Output 1** | Monitoring visits will be carried out to IDPs and IDP returnees' sites. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | # of monitoring missions conducted and recorded | 100 | 100 | Mid-year and partners' reports |
| Indicator 1.2 | Total # of PoCs | 50,000 | 50,833 | UNHCR Dashboard/4W |
| Indicator 1.3 | # of PoCs living in areas accessible to humanitarian workers | 50,000 | 64,700 | IOM-DTM |
| **Explanation of output and indicators variance:** | | While the initial target for IDPs monitoring visits was 50,000 POCs, UNHCR was able to reach and assess the needs of 64,700 individuals living in accessible areas. The increased number is due to the two conflicts that erupted during the project implementation period which caused more displacement. Many people living in southern Tripoli evacuated their homes as the clashes intensified. UNHCR, through its partners was able to reach affected families (including those with disabilities and specific needs) and provided humanitarian assistance and referrals to specialized services. | | |
| **Activities** | **Description** | | **Implemented by** | |

| | | |
|---|---|---|
| Activity 1.1 | UNHCR and its partners will conduct protection monitoring missions to IDPs and IDP returnees' sites. UNHCR will establish regular protection monitoring missions, directly and through partners, including data collection and consultation with various age, gender and diversity groups. | UNHCR, LibAid, DRC and Handicap International. |

| **Output 2** | Referrals to specialized services will be carried out. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | # of PoCs with disabilities | 150 | 545 | Mid-Year Report |
| Indicator 2.2 | # of PoCs with disabilities who receive services for their specific needs | 150 | 545 | Mid-Year Report |
| Indicator 2.3 | # of PoCs with specific needs who receive support (non-cash) | 20,000 | 20,500 | UNHCR Reports/4W |
| **Explanation of output and indicators variance:** | | All POCs identified to live with disabilities have benefited from services for their specific needs. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Referrals to specialized services identified during protection monitoring missions. | UNHCR, DRC, LibAid, Handicap International |
| Activity 2.2 | Procurement and distribution of NFIs/Core Relief items to support persons of concern | UNHCR, LibAid and CESVI |
| Activity 2.3 | Procurement and distribution of disability aids for IDPs persons with specific needs | UNHCR, Handicap International |
| Activity 2.4 | Referral to other services (MH/PSS, GBV, legal, specialized services for children, elderly and others with special needs, primary health, mine action, education, vocational/livelihoods, etc.) | UNHCR, DRC, LibAid, Handicap International |

| **Output 3** | Establishment of one community outreach center. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | # of POCs benefited from services offered by the community center. | 20,000 | NA | NA |
| **Explanation of output and indicators variance:** | | Reprogrammed – see above | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 3.1 | One community centre will be established. The centre will serve as a one-stop shop providing a variety of services to IDPs and affected host community and will promote peaceful co-existence. Services include, PSS support, legal counselling, services to persons with specific needs, SGBV prevention and response and child protection interventions, awareness-raising activities, education services and activities supporting livelihoods. | Reprogrammed – see above |

## 6. Accountability to Affected People

A) Project design and planning phase:

The project was designed in coordination with the affected people, implementing partners and based on the Country Operations Plan developed by UNHCR for 2018 and 2019.
Over the past months, UNHCR conducted protection monitoring visits to IDPs and returnees in order to collect needs from affected people, plan and adjust humanitarian interventions accordingly, and carried out referrals to health and other types of humanitarian and much needed assistance of identified vulnerable populations. UNHCR is part of all relevant coordination mechanisms with UN Agencies, NGOs, local authorities and the Local Crisis Committees in order to avoid duplication of interventions and targeting affected people accordingly. In Libya, UNHCR is leading the Protection Sector, the Shelter/NFI Sector and the Cash and Markets Working Group, these Sectors/WG are supporting humanitarian interventions towards IDPs in Libya.

B) Project implementation phase:

The project was conducted based on humanitarian needs collected and analyzed by UNHCR and partners. The delivery of humanitarian assistance was done in coordination with UN Agencies, NGOs and Local Crisis Committees. The information was gathered during site specific missions or interviews with affected people conducted by UNHCR or partners. The information provided by affected people supported the analysis of needs and the choice of the most appropriate humanitarian intervention. Based on feedback from the affected people, UNHCR distributed core-relief items (CRIs), shelter kits, implemented quick impact projects (QIPs) and supported IDPs with referrals for services. Hotlines for IDPs were also maintained since the beginning of the conflict in April 2019 (over 2,000 calls received). Overall distributions of CRIs and shelter kits were conducted in safe areas. The implementation of QIPs also supported the overall humanitarian response of hospitals and clinics to extract civilians stranded in conflict areas in Tripoli. For example, between April and June 2019, UNHCR donated five ambulances and medical supplies to hospitals and first responders.
UNHCR is applying the "Do No Harm" principle in all activities conducted in Libya including on activities related to IDPs and host communities. Part of UNHCR's regular programming cycle is the disaggregation of age, gender and diversity needs which include persons with specific needs such as elderly, persons with disabilities, women-headed household, and unaccompanied and separated children. All activities are age sensitive and many aspects, such as access to basic services are designed so that persons of various age and special needs are able to benefit from. In the light of this project, a particular focus was given to issues which are linked to affected peoples' struggles during displacement, such as psycho-social stress, exposure to sexual and gender-based violence, lack of general security or possibilities to resort to negative coping mechanisms.

C) Project monitoring and evaluation:

UNHCR is monitoring activities through a multi-functional team (MFT) that is collecting, verifying and conducting site visits during implementation. Thanks to the MFT, UNHCR is able to adjust programmes during implementation. UNHCR is also conducting a desk review of reports and information received from partners. Monitoring and evaluation of activities have included on-site monitoring for the in-kind distributions, qualitative and quantitative feedback from affected people have been collected using monitoring tools including distribution reports providing data on affected people.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)*?***

| **Planned** | **Actual** |
|---|---|
| No | No |

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

| | |
|---|---|
| Monitoring and evaluation of activities have included on-site monitoring for the in-kind distributions, qualitative and quantitative feedback from affected people have been collected using monitoring tools including distribution reports providing data on affected people. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☒ |
| | NO EVALUATION PLANNED ☐ |

## 8.3 Project Report 18-UF-IOM-033 – IOM

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | IOM | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Health – Health | **4. Project Code (CERF):** | 18-UF-IOM-033 |
| **5. Project Title:** | Addressing the health needs of IDPs, migrants in the communities through mobile outreach and establishing linkages with health facilities for referrals | | |
| **6.a Original Start Date:** | 24/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 3,000,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 220,000 |
| | **c. Amount received from CERF:** | US$ 500,020 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 0** |
| | of which to: | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 0 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

With the support from this fund, IOM together with its implementing partners, established a referral linkage through which 587 patients were referred to seek advanced medical care and management; reached over 12,500 (including women and children) with health information messages; provided medical equipment and supplies benefiting an estimated 3,399 girls and 2,778 boys below the age of eighteen years, 3,649 IDPs and 648 refugees.

Overall, a total of 28,961 individuals including migrants, IDPs and refugees benefited directly from the project. This helped reduce morbidity and possible mortality that could have been experienced as some of the medical cases referred for further management were severe and with high fatality rates. The project also contributed to the improvement of the health system in Libya through the capacity building in District Health Information System-2 (DHIS 2) and the establishment of referral linkages.

### 3. Changes and Amendments

There were no major changes, deviations or adjustments from the original proposal in the implementation of the project. A major challenge experienced was the protracted political uncertainty and insecurity which impacted on freedom of movement and provision of primary health care services to migrants, refugees and IDPs. The ever-changing security situation contributed to delay in implementation and conducting supervisory monitoring activities since flights between Tunis and Libya were very irregular and were cancelled at short notices.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 6,800 | 6,100 | **12,900** | 6,400 | 5,900 | **12,300** | 13,200 | 12,000 | **25,200** |
| **Reached** | 3,399 | 13,002 | **16,401** | 2,778 | 9,781 | **12,559** | 6,177 | 22,783 | **28,960** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 8,000 | 648 |
| IDPs | 13,000 | 3,649 |
| Host population | 4,200 | 24,041 |
| Affected people (none of the above) | 0 | 622 |
| **Total (same as in 4a)** | **25,200** | **28,960** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | We noted a big discrepancy between the planned numbers for IDPs and refugees and the numbers which we actually reached. This can be attributed to the irregular flow of the refugees and challenges in confirming the true identification of the beneficiaries. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | IDPs, migrants/refugees and affected host communities are provided with the required primary health care services with referral linkages for specialized care |

| **Output 1** | Two mobile outreach clinics are established and operationalized to provide primary health care services to 25,000 IDPs, migrants/refugees, returnees and affected host communities | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | No. of beneficiaries received primary health care service disaggregated by gender and age | 25,000 | 28,960 | Field reports |
| Indicator 1.2 | No. of community members received health promotion sessions | 8,000 | 12,500 | Field reports |
| Indicator 1.3 | No. of Mobile clinics established | 2 | 5 | Field reports |
| **Explanation of output and indicators variance:** | IOM field teams managed to overachieve the overall target due to proper mobilization of staff with assistance from community leaders and social mobilizers.<br>At the start of the project, it was propsed to hire 2 teams that would be moving to 5 project areas identified as joint areas of intervention (with WHO, Unicef and UNFPA), where IOM was implementing the community arm of the health package and the referrals; however as the implementation started, it was discovered that the distances between the areas and as well as cultural dynamics (there are different tribes with different levels of acceptability) were | | | |

| | |
|---|---|
| | challenging for the implementation. Thus, a separate team was hired in each area to to work approximately 4 days a week. The teams were local and integrated easily in the communities, and had better access to the health facilities in the area, leading to a more effective social mobilization. This also allowed for work in the field for more days (4 days a week, as compared to 2-3 days initially envisaged); the days/time of travel between different locations was saved (since more local teams were hired) allowing more days for actual service delivery. |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 1.1 | Engagement of equipped mobile clinic vans | IOM- Libya |
| Activity 1.2 | Engaging/ensuring staff for running the clinics | IOM-Libya |
| Activity 1.3 | Procurement of medicines and supplies for mobile clinics | IOM- Libya |
| Activity 1.4 | Provision of PHC services in the communities | IOM-Libya |

| **Output 2** | Referral linkages are established for the transfer of patients to another level of health care | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | No. of health facilities, where a functional transfer system for referral is established | 8 | 8 | Field reports |
| Indicator 2.2 | No. of communities where functional transfer system for referral is established | 4 | 5 | Field Report |
| Indicator 2.3 | No. of patients transferred to next level of health care | 200 | 587 | Field report |
| **Explanation of output and indicators variance:** | | More patients were transferred to the next level of health care than expected because of the severity of the cases and because they were not able to be managed at the mobile clinics. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 2.1 | Assess the current availability of ambulance and their conditions in the identified health facilities | IOM-Libya assessed functionality of the available ambulances at the respective health facilities |
| Activity 2.2 | Procure the required medical equipment (including Bag Valve Mask, Suction Unit, Medications Bag, Trauma/Spinal Board, ECG Monitor with Defibrillator, Incubators and Ventilators) and supplies to operationalize the dysfunctional ambulances in the health facilities | All medical equipment was procured and distributed to the health care facilities as planned. |
| Activity 2.3 | Engage and ensure staff for the running of the ambulance service | Staff were engaged and ambulance services were offered in two sites in the South and three in the Eastern region. |
| Activity 2.4 | Transfer of patients to further level of health care | The medical team referred all the patients that were not able to be treated during outreach to a higher level of health care. |

## 6. Accountability to Affected People

A) Project design and planning phase:

Accountability to the affected population was a key concern, especially in a humanitarian setting. While designing the project, a needs assessment was conducted by various organizations, including IOM. This exercise ensured that beneficiaries were involved in the process, and guided the interventions implemented. The local municipal authorities, health staff in the health facilities and community members (incl. beneficiaries) were approached and engaged in the process, by providing feedback on the community needs and gaps.

During the needs assessment conducted by the IOM Displacement Tracking Matrix (DTM) team, beneficiaries stressed the need for health outreach. To respond to these needs, the project supported provision of free integrated essential health services to these special populations as well as the host community. Linkages were also created to ensure that referrals were made to the next level. These initiatives greatly contributed towards helping to achieve universal health coverage.
Also, the project was designed to significantly contribute to addressing issues related to gender inequity. Special attention was given to the vulnerable groups in communities, in particular expectant and lactating women and unaccompanied boys and girls. To ensure involvement of all the stakeholders, other agencies that work in the project area were engaged as well. The agencies which included the World Health Organization (WHO), United Nation Children Fund (UNICEF) and United Nations Population Fund (UNFPA), were engaged during needs assessment, planning, and also worked closely with IOM in mainstreaming migration health. Government agencies (Ministry of Health, National Centre for Disease Prevention and Control, Directorate of Primary Health Care, Ministry of Interior) concerned were also engaged to ensure public interest was considered as well. The engagements were through conducting in country meetings and stakeholder forums.

B) Project implementation phase:

A high level of community participation was encouraged during the implementation of the project and there was a complaint and feedback mechanism for all beneficiaries through which information was collected on how they perceived services provided, their grievances were handled, and their suggestions considered. Each team was assisted by a social mobilizer, who regularly engaged with the community and informed about the community outreach visits of the medical teams and the services offered; during this process the community feedback was received. This feedback was communicated to the medical teams; the feedback led any modification in the following visits to community. In this way, the community was also involved on their guidance and perception about the services. The feedback was used to adapt and improve project activities. IOM's mobile outreach teams and partner agencies directly assessed the target populations' needs during the assessment phase.
Information about the mobile clinics was disseminated with the help of the social mobilizers and community leaders through visiting social gatherings, for example in schools, mosques and weddings. IEC materials were also distributed to people to give information on the health services being offered.

C) Project monitoring and evaluation:

To track the progress of the project, the result matrix and the monitoring framework were used. Monthly field supervisory visits were also conducted by the field supervisors. They administered supervisory tools and checklists which covered the various output areas of the project. There were also regular data reviews to inform whether the strategies employed were successful. The findings from the data reviews and the field supervisory report informed targeted supportive supervision from the IOM-Libya office, Migration health division. As part of the project, IOM in collaboration with other agencies assisted in the roll out of the District Health Information Software 2 (DHIS 2) where routine data was captured.
There were also weekly and monthly activity reports submitted by the field teams to the field supervisors who compiled the reports and shared with the IOM-Libya office.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)*?***

| **Planned** | **Actual** |
|---|---|
| No | No |

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

| | |
|---|---|
| No evaluation was planned under this project. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.4 Project Report 18-UF-WHO-041 - WHO

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | WHO | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Health - Health | **4. Project Code (CERF):** | 18-UF-WHO-041 |
| **5. Project Title:** | Improving access to essential health services for vulnerable groups in Libya | | |
| **6.a Original Start Date:** | 17/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 2,888,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 800,000 |
| | **c. Amount received from CERF:** | US$ 800,000 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 0** |
| | of which to: | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 0 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

WHO worked with IOM, UNICEF and UNFPA to support the provision of a comprehensive package of health care services to vulnerable groups in south and east Libya. Through this CERF UFE grant, comprehensive services were provided in 14 health facilities in Ubari, Ash Shatti, Al Wahat and Ejdabia. WHO and its partners provided essential medicines and supplies including laboratory consumables and blood transfusion supplies, and sensitized health care service providers in the 14 facilities. A total of 231,091 people including 37,898 IDP/refugees in Ubari, Ash Shatti, Ejdabia and Al Wahat benefited from effective treatments for communicable and non-communicable diseases and emergency and trauma care services. Specialized mental health care services were provided to 5,188 patients, and 93 health care service providers were trained on diagnosing and treating major communicable diseases as well as the integrated management of childhood illness.

### 3. Changes and Amendments

Nothing to report.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 30,076 | 61,064 | **91,140** | 41,534 | 84,326 | **125,860** | 71,610 | 145,390 | **217,000** |
| **Reached** | 23,230 | 63,030 | **86,260** | 37,120 | 107,711 | **144,831** | 60,350 | 170,741 | **231,091** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 6,510 | 14,668 |
| IDPs | 45,570 | 23,230 |
| Host population | 93,310 | 116,150 |
| Affected people (none of the above) | 71,610 | 77,043 |
| **Total (same as in 4a)** | **217,000** | **231,091** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | We noted a big discrepancy between the planned numbers for IDPs and refugees and the numbers which we actually reached. This can be attributed to the irregular flow of the refugees and challenges in confirming the true identification of the beneficiaries. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | To improve access of vulnerable population in four targeted districts to an integrated minimum package of essential health services |

| **Output 1** | Functionality of 14 primary and secondary health facilities supported for the provision of available, accessible and equitable health services. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | Number of health facilities provided with essential medical supplies and drugs | 14 | 14 | Confirmation by WHO procurement and logistic officers and WHO staff field monitoring |
| Indicator 1.2 | Percentage of catchment population receiving health care at the supported primary and secondary health facilities. | 70% (151,900) | 161,763 | Data of consultations and catchment area calculations |
| Indicator 1.3 | Number of health service providers sensitized on case diagnosis and management | 70 | 93 | Attendance sheets and technical report of trainings conducted |
| **Explanation of output and indicators variance:** | | As medical supplies became available in the supported facilities, more people sought treatment in these facilities, and this resulted in a higher-than-anticipated percentage of population who received support. Similarly, more health service providers than anticipated were motivated and interested in | | |

| | | |
|---|---|---|
| | attending the sensitization days on case diagnosis and management in the targeted health facilities. | |
| **Activities** | **Description** | **Implemented by** |
| Activity 1.1 | Procurement and distribution of laboratory re-agents and supplies. | WHO |
| Activity 1.2 | Procure and distribute field blood transfusion kits to target secondary health facilities. | WHO |
| Activity 1.3 | Procurement and distribution of Inter-Agency Emergency Health Kits (IEHK) supplementary kits to 14 primary and secondary health facilities. | WHO |
| Activity 1.4 | Improve awareness of health service providers in the target health facilities on effective case management and disease diagnosis. Sensitization workshops and refresher trainings will be conducted to enhance the awareness of the staff on service quality. | WHO and MoH |

| **Output 2** | 70 per cent of target population have enhanced access to life-saving communicable and non-communicable diseases | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Number of health service providers sensitized on case diagnosis and management | 70 | 93 | Attendance sheets and technical report of trainings conducted |
| Indicator 2.2 | Number of children patients with ARI and skin diseases covered by the provided medicines | 168,861 | 60,350 | Data of paediatric cases |
| **Explanation of output and indicators variance:** | | Incomplete data on the treatment of scabies (one of the most common skin diseases) were provided by UNICEF, therefore they are not included. Skin diseases are a major reason for consultation. Lack of information about skin diseases (including scabies) in the consultation data reduced significantly the total number of children achieved, but not in reality.<br><br>2.1: In capacity building more health service providers showed interest to attend the sensitization days on case diagnosis and management in the targeted health facilities. | | |
| **Activities** | **Description** | | **Implemented by** | |
| Activity 2.1 | Procurement and distribution of drugs for Leishmaniosis | | WHO | |
| Activity 2.2 | Procurement and distribution of NCD kits. | | WHO | |
| Activity 2.2 | Procurement of essential drugs for the treatment ARI and skin diseases for target health facilities. | | WHO | |

| **Output 3** | Trauma care and Mass Casualty Management capacity of 14 health facilities improved | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 3.1 | Number of health facilities supported with emergency life-saving supplies | 5 | 5 | Confirmation by WHO procurement and logistic officers and WHO staff field monitoring |
| **Explanation of output and indicators variance:** | | N/A | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 3.1 | Procurement and distribution of 8 Trauma (A+B) kits to four secondary health facilities | WHO |

## 6. Accountability to Affected People

A) Project design and planning phase:

During the planning phase, WHO conducted an initial needs assessment during which it sought the views of the affected population by interviewing key informants in the four communities covered under this project. The project was developed based on the needs identified during these interviews.

B) Project implementation phase:

A patient complaint poster with contact information was developed and displayed in all 14 health care facilities. The poster gave patients the opportunity to report, in a confidential and dignified manner, their concerns regarding the quality of services provided. The posters were clearly displayed in a site that was readily accessible to patients. The posters included the contact details of the WHO staff member who was responsible for ensuring accountability to affected populations. Beneficiaries were informed that they could contact the WHO focal point to provide feedback on the services provided, while guaranteeing their comments and concerns would be treated in strict confidence. The WHO focal point followed up on each complaint and provided feedback to each beneficiary on the action taken in response to their concerns.

WHO also conducted weekly client satisfaction surveys through random interviews with patients. Patients were asked to assess the quality of services, the environment and the attitudes of health care service providers. Local WHO staff and focal points regularly monitored activities and consultation rates in the targeted facilities. The consolidated findings of the regular monitoring, client satisfaction surveys and complaints lodged were used to adjust activities when required.

C) Project monitoring and evaluation:

At the end of the project, WHO analysed the client satisfaction surveys in order to assess communities' overall satisfaction with services provided. The survey findings will be used to inform the design of subsequent projects.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)*?***

| Planned | Actual |
|---|---|
| No | No |

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

| | |
|---|---|
| N/A | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.5 Project Report 18-UF-FPA-042 - UNFPA

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNFPA | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Protection – Protection<br>Health - Health[2] | **4. Project Code (CERF):** | 18-UF-FPA-042 |
| **5. Project Title:** | Protection, empowerment and enhanced access to GBV and Emergency Sexual and Reproductive Health services for conflict-affected populations in targeted areas in Libya | | |
| **6.a Original Start Date:** | 22/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☐ No ☐☒ Yes | if yes, specify revised end date: | 30/08/19 |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 11,251,278[3] |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 1,927,479[4] |
| | **c. Amount received from CERF:** | US$ 1,149,999 |
| | **d. Total CERF funds forwarded to implementing partners** | US$ 484,800 |
| | of which to: | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 142,398 |
| | National NGOs | US$ 334,056 |
| | Red Cross/Crescent | US$ 8,346 |

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNFPA and its partners provided GBV services by establishing Women and Girls Safe Spaces in in Benghazi, Misrata and Tripoli. In the Women and Girls Safe Spaces a total of 5,913 women and girls were reached with case management, individual and group counselling and life skills building activities. 100% of GBV survivors who sought services received safe and timely access to GBV case management and psychosocial support services. UNFPA procured and distributed 3,000 dignity kits to meet the specific needs of women and girls with the purpose of facilitating their mobility and helping them maintain their dignity. In Misrata, Tripoli and Benghazi, awareness raising campaigns targeting women, men, boys, girls, people with disabilities and other most marginalized groups were organized to ensure GBV survivors have access to timely lifesaving services. The awareness raising campaigns reached 11,343 individuals (men, women, boys and girls) living in IDP camps and the host community in Benghazi, Tripoli and Misrata.

In parallel, UNFPA and its partners enhanced the availability and accessibility to quality health services through supporting the provision of 24/7 reproductive health services and the deployment of mobile teams in Weriemma, Tripoli. Mobile teams provided BEmONC (Basic Emergency Obstetric and New-born Care) in conflict-affected areas in Tripoli reaching out to over 710 women, 539 children, and managed and referred 17 cases for comprehensive medical care. UNFPA has also provided health commodities to affected health facilities across Libya and secured RH equipment to Janzour facility in order to maintain provision of essential health services in conflict-affected and hard-to-reach areas.

The project assisted a total number of 18,476 people to access SRH services in East, West and Southern Libya covering IDPs, migrants and host communities from October 2018 – August 2019.

## 3. Changes and Amendments

In 2018, when the CERF proposal was drafted, the HCT prioritized response to humanitarian needs in Southern and Eastern Libya. But with the escalation of the new armed conflict in Tripoli since 04 April 2019, the focus of the HCT geared to the humanitarian needs of the affected population in the Western side of the country. The HCT requested aid agencies to negotiate reprogramming of available humanitarian resources with donors as a quick approach to address the most urgent humanitarian needs. Following this conflict, several cities in the east and the south of Libya declared allegiance to the government in the East and the Libyan National Army (LNA) and posed serious challenges for all UN programs implemented in these areas (since they moved from civil governance to military governance). The original CERF activities were negotiated under different circumstances and for longer term vulnerabilities. The humanitarian response could no longer be limited to the East and South as this would have raised serious issues with the humanitarian principles, specifically impartiality and neutrality.

Based on this, UNFPA submitted a reprogramming request to the CERF secretariat on 23 April 2019, approved on 23 May 2019, to allow for the targeted geographical areas of implementation to be expanded to the Western Libya (Tripoli, Alzawiyah, Zwara, Al Murqub, Jufrah and Al Jabal Al Gharbi) in addition to Benghazi, Al Marj,Derna, Al Jabal Al Akhdhar Ejdabia and AL Kufrah (East), Ghat, Ubari, Al Shatti, Murzuq and Sabha (South). In addition to the extended areas in the re-programming, UNFPA continued to work on the same areas as were identified in the initial proposal (East and south). The given flexibility allowed UNFPA and its partners to respond to the urgent humanitarian needs that arose after conflicts in Tripoli, Sabha and Murzuq and to natural disasters (Ghat).

UNFPA also expanded the scope of the project to include Rapid Response Mechanism (RRM). The RRM is an inter-agency humanitarian response mechanism that delivers immediate, life- saving supplies to displaced families and individuals. The mechanism forms the initial emergency first line response, which is then quickly followed-up by sector-specific responses that are coordinated through the Inter-Sector Coordination Group led by OCHA.

The reprogramming also allowed for inclusion of additional partners based on their ability to access conflict-affected areas and deliver humanitarian aid.

However, due to the political division and the very deteriorated security situation with intensification and spread of armed conflicts, UNFPA wasn't able to deploy mobile teams to the southern areas of Al Jufrah and Ubari, which remained inaccessible. Instead, in agreement with the health authorities, UNFPA deployed teams in Primary healthcare facilities in Weryemma and initiated deployment to Janzour (key safe havens in Eastern and Western Tripoli) allowing women and children in conflict-affected areas to access lifesaving maternal and neonatal care and allowing the revival of BEmONC service provision in Primary Health Care (PHC) facilities for the first time after 2011.

A delay in the procurement of RH commodities due to new imposed regulations and requirements by Libyan MOH and logistical obstacles has resulted in delayed distribution to the targeted health facilities.

A no-cost extension of 2 months was also approved for this project on 13 June 2019 due to unforeseen operational constraints.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 5,980 | 19,311 | **25,291** | 2,576 | 8,343 | **10,919** | 8,556 | 27,654 | **36,210** |
| **Reached** | 5,884 | 26,914 | 32,798 | 1,164 | 4,770 | 5,934 | 7,048 | 31,684 | 38,732 |

[2] Please note that we have included the Health sector as well, as this is an integrated GBV-SRH intervention which includes both Protection and Health sectors (CERF UFE funding in FTS is divided between US$499,999 for Protection and US$650,000 for Health, but the project is only one combined)

[3] Please note that this amount corresponds to UNFPA's HRP projects submitted under both Protection ($4,921,160) and Health ($6,330,118) sectors

[4] FTS data for UNFPA is the following: 2019: US$1,002,480 (includes Canada US$379,939; CERF RR US$225,000; EF US$397,541) NB. CERF UFE is counted in 2018 with US$499,999 for Protection and US$650,000 for Health. So, we indicated the total amount for 2019, excluding CERF RR and counting CERF UFE instead, for a total of: **US$1,927,479**

| 4.b Number of people directly assisted with CERF funding by category: | | |
|---|---|---|
| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
| Refugees | 0 | 0 |
| IDPs | 25,347 | 27,112 |
| Host population | 10,863 | 11,620 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **36,210** | **38,732** |
| 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 males reached through project interventions is lower than planned because no kits for STI management and treatment was distributed, as approved in the reprogramming request (Libya did not adopt WHO guidance on STIs Management, so these kits cannot be used correctly in Libya). However, the number of women that benefited from the interventions was higher than planned because of the impact of the conflict in Tripoli (highly populated area). | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | Strengthen safe and timely access to age and sex appropriate GBV and Emergency Sexual and Reproductive Health services among the conflict-affected population, including host community members and IDPs, in targeted areas. |

| **Output 1** | Safe and quality GBV services are established and sustained | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | % of GBV survivors provided with quality age and sex appropriate case management and psychosocial support | 100% | 100% | Implementing partners report, weekly, monthly and quarterly reports |
| Indicator 1.2 | # of women and girls visiting Women and Girls Friendly Spaces (WGFS) to seek information and support | 2000 | 3,510 | Implementing partners report, weekly, monthly and quarterly reports |
| Indicator 1.3 | # of women participating in life skills sessions | 90 | 2,403 | Implementing partners report, weekly, monthly and quarterly reports |
| **Explanation of output and indicators variance:** | | Following the approved re-programming of the remaining resources to respond to the urgent humanitarian needs, especially with the ongoing conflict in Tripoli, UNFPA managed to reach beyond the targets indicated in the initial and the re-programming proposal and to meet the needs of the most vulnerable groups of women and girls. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Provide case management and psychosocial support to GBV survivors | IRC, Amazonat, Women Union and PSS Team |
| Activity 1.2 | Organize information dissemination sessions at the WGFS | IRC, Amazonat and Women Union |
| Activity 1.3 | Organize skills building/life skills sessions at the WGFS | IRC, Amazonat and Women Union |

| Output 2 | Improved community knowledge and capacity to respond to GBV | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | # of women, men, boys and girls reached through awareness raising initiatives | 14,400 | 11,343 | Implementing partners report, weekly, monthly and quarterly reports |
| Indicator 2.2 | % of GBV survivors and other vulnerable groups supported by community groups providing Psychological First Aid (PFA) and referrals to GBV survivors | 30% | 100% | Implementing partners report, weekly, monthly and quarterly reports |
| Indicator 2.3 | Information Education and Communication (IEC) materials developed and disseminated | Yes | Yes | Implementing partners report, weekly, monthly and quarterly reports |
| **Explanation of output and indicators variance:** | | Due to the ongoing conflict in Tripoli and the issue that UNFPA partners faced in accessing to some of the collective shelters was difficult to reach the target indicated especially related to awareness activities. Priorities shifted to life skills based on the needs of women and girls headed households to learn skills to enable them to take care of their families and children. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Organize GBV awareness-raising campaigns | IRC, Amazonat, PSS Team and Women Union |
| Activity 2.2 | Organize weekly sessions with established community groups | IRC, Amazonat, PSS Team and Women Union |
| Activity 2.3 | Produce key GBV IEC materials | UNFPA, IRC, Amazonat, PSS Team and Women Union |
| Activity 2.4 | Disseminate GBV IEC materials produced | IRC, Amazonat, PSS Team and Women Union |

| Output 3 | GBV risk mitigation initiatives are developed and sustained | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 3.1 | # of functional GBV task force teams established to address community GBV risks | 2 | 2 | Implementing partners report, weekly, monthly and quarterly reports |
| Indicator 3.2 | # of women and girls receiving dignity kits | 2,000 | 3,000 | Implementing partners report, weekly, monthly and quarterly reports, distribution list of beneficiaries |
| Indicator 3.3 | # of safety audits conducted | 13 | 10 | Implementing partners report, weekly, monthly and quarterly reports |
| **Explanation of output and indicators variance:** | | Through the re-programming and the RRM response, UNFPA managed to reach beyond the indicated targets with dignity kits, to meet the needs of women and girls displaced as a result of the ongoing conflict in Tripoli. The number of safety audit conducted was lower than initially planned due to access constraints to the collective shelters and also due to the security situation in Tripoli. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 3.1 | Organize monthly meetings with the GBV taskforce teams | UNFPA GBV SUB SECTOR |
| Activity 3.2 | Procure dignity kits | UNFPA and PSS team |
| Activity 3.3 | Distribute dignity kits | Rapid Response Mechanism (RRM), Scouts, PSS team |

| | | |
|---|---|---|
| Activity 3.4 | Conduct monthly GBV safety audits in IDP camps | PSS team and IRC |

| **Output 4** | Availability of Minimum Initial Services Package (MISP) for Sexual and Reproductive Health (SRH) is ensured for IDPs and host communities in the targeted conflict-affected areas | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 4.1 | # of pregnant women benefitting from individual clean delivery kits | 1,200 | 1500 | Distribution reports, stock reports |
| Indicator 4.2 | # of cases of complicated pregnancy referred to hospitals | 3,300 | 17 | DPatients logbook, referral reports, WPP |
| Indicator 4.3 | # of individuals undergoing STI management and treatment | 10,000 | N/A | N/A |
| **Explanation of output and indicators variance:** | | STI kits were not procured, as approved in the reprogramming request. Instead, UNFPA procured additional family planning commodities, kits for management of sexual violence and blood donation kits. The new kits were mentioned in the reprogramming request.<br><br>The number of cases of complicated pregnancy referred to hospitals was lower than initially planned due to two main factors: a) the worsening security situation and turmoil caused by conflict hindered the deployment of the specialized mobile health teams in the south of Libya; and b) the fact that the provision of BEmONC (Basic Emergency Obstetric and New-born Care) in Primary Healthcare Centres (PHCs) has been newly introduced in Libya and women with bad obstetric history or complicated pregnancies often feel reluctant to seek obstetric and gynaecological (OBGYN) services in PHC and commonly revert to more comprehensive health facilities. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 4.1 | Procure SRH Kits | UNFPA |
| Activity 4.2 | Distribute SRH Kits to Primary Healthcare Centres (PHC) and referral hospitals | UNFPA |
| Activity 4.3 | Ensure infection prevention among vulnerable women through distribution of clean delivery kits | UNFPA |

| **Output 5** | Health facilities in targeted areas are strengthened through deployment of mobile teams and able to provide SRH, maternal and newborn health services | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 5.1 | # of safe deliveries attended in health facilities | 6,480 | 7,278 | Registration logbook, WPPR |
| Indicator 5.2 | # of pregnant women with complications treated | 3,300 | 1,022 | Patients registration logbook, WPPR |
| Indicator 5.3 | # of women undergoing C-Sections | 3,300 | 3150 | consumption reports |
| **Explanation of output and indicators variance:** | | The number of complicated pregnancies is lower because of delay in deploying the mobile teams. The mobile teams were deployed to PHC facilities instead of hospitals which led to increased number of deliveries compared to complicated pregnancies. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|

| | | |
|---|---|---|
| Activity 5.1 | Deploy mobile team to Al Jufrah for 5 months: Salaries (5,100 USD/ month x 5 months) + Logistic and Admin costs (1,600 USD/ month x 5 months) | not applicable |
| Activity 5.2 | Deploy mobile team to Ubari for 5 months: Salaries (6,400 USD/ month x 5 months) + Logistic and Admin costs (4,200 USD/ month x 5 months) | TCMT (Tripoli Crisis Management Group) / substituted to Weriemma PHC |
| Activity 5.3 | Support Reproductive Health services including Emergency Obstetric, newborn and SGBV care through MISP/CMR orientation meeting for one day for 120 RH/GBV coordinators (4 meetings x 30 participants x one day) | LRC (Libyan Red Crescente) |

## 6. Accountability to Affected People

A) Project design and planning phase:

The project developed based on consultation with UNFPA partners and according to the population needs. The interventions were designed after consultation with partners through beneficiaries' engagement discussion in women and girls' safe spaces. Women and girls' opinions guided the design and the content of the kits.

B) Project implementation phase:

UNFPA partners conducted GBV safety audits analysis to better understand causes and patterns of gender-based violence in collective centers during the conflict in Tripoli. This analysis allowed to reduce risks and put mitigations measures. In addition, regular meetings between UNFPA and partners were conducted to ensure that the proposed activities were able to meet the objectives and indicators of the project with technical assistance provided by UNFPA when needed. UNFPA, through its partners, applied the survivor-centred approach, which aims to create a supportive environment in which each survivor's rights are respected, each person is treated with dignity and respect, and the safety, confidentiality and security of the survivors is ensured. The guiding principles are 1) right to safety; 2) right to confidentiality; 3) right to dignity and self-determination; and 4) non-discrimination

C) Project monitoring and evaluation:

Project activities and results have been monitored continuously on a weekly basis. An after-action evaluation and review is planned to take place after all projects funded through this UFE window are finalized.

## 7. Cash-Based Interventions

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

| Planned | Actual |
|---|---|
| No | No |

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

| | |
|---|---|
| N/A | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.6 Project Report 18-UF-WFP-059 – WFP

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | WFP | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Logistics - Common Logistics | **4. Project Code (CERF):** | 18-UF-WFP-059 |
| **5. Project Title:** | To establish and maintain common logistics and emergency telecommunications services in support of the humanitarian community in Libya | | |
| **6.a Original Start Date:** | 18/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 1,700,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 1,406,341 |
| | **c. Amount received from CERF:** | US$ 850,167 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 0** |
| | of which to: | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 0 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP, through the Logistics Sector, provided a platform to enhance information sharing among humanitarian organizations, as well as national and local stakeholders, and ensured an information management role through sharing of logistics updates and guidelines and through regular coordination meetings, in order to avoid duplication of efforts, build up interoperability of the response among UN agencies and NGOs, and support actors implementing in Libya to find in-country logistics solutions.

The CERF contribution to the logistics sector had a crucial impact on all the agencies implementing in Libya by allowing the sector to helping all agencies to find sustainable and reliable in-country logistics solutions. This has been done through guidance for customs clearance for instance, information sharing, as well as mapping of logistics infrastructures (roads, airports, ports, border crossings, storage locations, displacement sites). The Sector also supported the transport of armoured vehicles to the newly established UN Benghazi Hub.

Through this Cerf grant the ETS established the Security Operations centre in Benghazi running 24/7 since the 4th of April 2019, having tracked over 500 missions, and have responded when required to security incidents in Benghazi.

The data service was available in Benghazi from the 4th of April 2019, and supported 10 organisations, with 46 staff permanently based in Benghazi, and 82 staff on temporary mission to Benghazi.

The ETS through the establishment of the online information sharing platforms and on ground coordination kept all humanitarian actors informed on the state of the public telecommunications network, providing guidance to partners on how and what emergency telecommunications services and equipment are available coordinating the use of Security telecommunications in Libya.

## 3. Changes and Amendments

Despite all the challenges of operating in a country affected by protracted conflicts, and thanks to the support provided by the sector, organisations implementing activities in Libya managed to find sustainable and reliable in-country logistics solutio. This explains why the number of organisations which required common services (1) is low compared to the initial target of 8. The significant efforts the sector has taken to develop logistic guidance and to create a platform for organisation to coordinate and share experiences and challenges allow to reduce the need for common logistics services and to focus efforts on to coordination and information management only.

The initial plan was to provide both telecommunications and Data services in Benghazi and Sebha. Due to licencing restrictions which ETS Libya is currently working with the ministry of Telecommunication in Tripoli to overcome, it has not been possible to install or use radios in Benghazi, and so the required radio equipment has been purchased and prepositioned in Brindisi-Italy and Dubai-UAE in preparation for licencing and customs clearance, along with tower purchased. ETS and WFP are still following-up with the local authorities in Benghazi. Despite the intensification of the conflict, WFP is still pushing for the release of the clearance as a priority. All other infrastructure has been prepared, with the Security Operations centre in Benghazi being established and staffed and has been running 24/7 since the 4th of April 2019, having tracked over 500 missions, and have responded when required to security incidents in Benghazi.

Following the direction of the Security Cell of the UN and the Chief Security Advisor in UNDSS, VHF radio equipment initially planned to be deployed in Sebha has been pre-positioned for Benghazi in addition to Tetra radio equipment as some UN agencies are still using VHF system.

The data service was available in Benghazi from the 4th of April 2019, and supported 10 organisations, with 46 staff permanently based in Benghazi, and 82 staff on temporary mission to Benghazi. The data network has been extended thanks to the equipment initially planned to be deployed in Sebha to cover 2 additional accommodation villas in addition to the office building.

Due to time restrictions and risks of import bottlenecks, ETS procured equipment from local vendors, which increased the unit cost of equipment.

Due to the Security Situation in Sebha and the absence of need from the UN agencies, a UN common operational area has not been established there, and so Security and data services not established. However, staff hired worked on the feasibility analysis and coordination efforts have been undertaken to evaluate the possibility of a future implementation.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 0 | 0 | **0** | 0 | 0 | **0** | 0 | 0 | **0** |
| **Reached** | 0 | 0 | **0** | 0 | 0 | **0** | 0 | 0 | **0** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 0 | 0 |
| IDPs | 0 | 0 |
| Host population | 0 | 0 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **0** | **0** |
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or | Not relevant for this type of activity | |

| | |
|---|---|
| category distribution, please describe reasons: | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | Provide common logistics and emergency telecommunications services to the humanitarian community |

| **Output 1** | Enhanced information sharing among humanitarian organisations to address common operational bottlenecks | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | Number of logistics updates and guidance shared | 12 | 24 (15 forms, 6 guidance, 1 SOP and 2 UNHAS Service Provision terms and conditions) | Libya Logistics Sector dedicated webpage |
| Indicator 1.2 | ET Sector Information Management and collaboration platform established and maintained | 1 | 1 | Libya Emergency Telecommunications Sector dedicated web page |
| Indicator 1.3 | Number of humanitarian organisations accessing and using the information sharing platforms | 15 | 20 | Coordination Meeting minutes of the Log sector in Tunis and Tripoli (Libya Logistics Sector dedicated webpage) |
| **Explanation of output and indicators variance:** | | Many documents related to air transport were posted on the webpage. More organizations came to support the emergency and therefore joined the Logistics information sharing platform. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Information sharing and communication platforms in place to facilitate dissemination of operational updates and critical bottlenecks | WFP is the sector lead agency of the logistics Sector. One dedicated information manager/coordinator based in Tunis/Tripoli. |
| Activity 1.2 | Information Management and communication platforms established and use to disseminate key ETS operational information to partners and users. | WFP is the sector lead agency of the emergency telecommunications sector.<br>One cluster coordinator was based in Tripoli / Benghazi / Tunis working with a remote information manager based in Dubai. |

| **Output 2** | Logistics and ETS services provided to the humanitarian community to enhance response capacity | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | Number of humanitarian organisations using the common storage facilities | 8 | 1 | Service/Cargo tracking application database (records and reports hold on WFP server) |
| Indicator 2.2 | Number of common operational areas covered by common security telecommunications network | 2 | 0 | ETS Libya service Map |
| Indicator 2.3 | Number of common operational areas covered by data communications services | 2 | 1 | ETS Libya service Map |

| | |
|---|---|
| **Explanation of output and indicators variance:** | Partners were advised and encouraged to share available logistics resources among themselves to meet short term storage needs and logistics sector shared information about available storage capacity in country with partners.<br>Due to unforeseen licencing restrictions, which we are still working to overcome, it has not been possible to deploy any radio equipment in Benghazi, however, equipment has been purchased and pre-positioned in Dubai and Rome for deployment once the authorization will be granted.<br>For implementation in Sebha, please refer to section 'changes and amendments. |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 2.1 | Warehouse facilities identified and secured in strategic locations | WFP |
| Activity 2.2 | Storage capacity made available to humanitarian organisations for prepositioning and contingency stocks to facilitate distributions | WFP |
| Activity 2.3 | Locally procure, deploy and set up telecommunication equipment to provide security communications services to all humanitarian organizations operating in two common operational locations currently identified as Benghazi and Sabha | WFP |
| Activity 2.4 | Locally procure, deploy and set up data communication equipment to provide data communications services to all humanitarian organizations operating in two common operational locations currently identified as Benghazi and Sabha | WFP |

## 6. Accountability to Affected People

The Emergency Telecommunications and Logistics Sectors' operation provide services to humanitarian organizations including UN agencies and NGOs. It does not target direct beneficiaries of humanitarian assistance and as such, does not follow the requirements of the framework for accountability to the affected populations (AAP). Such beneficiaries are third-tier beneficiaries who are not involved in the planning, implementation and monitoring and evaluation of the common service.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)?**

| Planned | Actual |
|---|---|
| No | No |

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

| | |
|---|---|
| N/A | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.7 Project Report 18-UF-WFP-060 - WFP

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | WFP | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Food Security - Food Aid | **4. Project Code (CERF):** | 18-UF-WFP-060 |
| **5. Project Title:** | Food Assistance to people affected by the crisis in Libya | | |
| **6.a Original Start date:** | 30/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 21,500,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 4,337,529 |
| | **c. Amount received from CERF:** | US$ 1,355,986 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 0** |
| | of which to: | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 0 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP and its partners provided food assistance to 40,560 vulnerable populations in Benghazi, Sirt, Sebha and Tripoli for a 3-month period.

The project assisted a total of 114,916 people and allowed to increase the food security indicators of vulnerable populations in Libya. This was achieved during a period of progressive deterioration of the security situation in the country, marked by the eruption of heavy and lasting clashes in Tripoli area in April 2019.

### 3. Changes and Amendments

WFP assisted food insecure populations in Tripoli, Sirt, Benghazi and Sebha. No food distributions have been taken place in Derna. As head of the food security sector, WFP coordinated food assistance and Derna was part of the caseload of another organisation part of the food security sector during the CERF project period.

Given the challenges faces to implement CBT in Libya, the CBT portion of the project could have not been implemented as expected. Instead, vulnerable populations targeted for CBT have been assisted with in-kind food assistance in order to meet their immediate needs as per point 10a of the agreed funding proposal.

Indeed, the main factor is that the Central Bank of Libya's authorization to WFP's CBT roll-out has been delayed, despite WFP's approaches through the World Bank and through UN Libya SRSG. Applicants to IT service contracts indicated that the Central Bank of Libya's authorization is a prerequisite for their commitment to the service provision. In the meantime, WFP developed an alternative system based on mobile commodity vouchers which do not require the Central Bank approval. However, given the necessary time for developing this alternative system, it did not fit into the project duration. WFP has finalised the selection of partners and wholesaler in Tripoli only in July 2019.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 6,611 | 11,148 | **17,759** | 6,892 | 11,349 | **18,241** | 13,503 | 22,497 | **36,000** |
| **Reached** | 7,448 | 12,560 | **20,008** | 7,765 | 12,787 | **20,552** | 15,213 | 25,347 | **40,560** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 15,390 | 0 |
| IDPs | 14,340 | 25,958 |
| Host population | 6,270 | 14,602 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **36,000** | **40,560** |

| | |
|---|---|
| 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 planned refugee caseload has been replaced by additional IDPs and Host population caseload, based on the needs and cooperation with other organisations of the food security sector which already assisted refugees.<br>Given that in-kind food assistance is less expensive than CBT assistance, the funds initially dedicated for CBT assistance allowed to assist more beneficiaries than expected. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | Improve household food availability and access fort the most vulnerable populations in Libya |

| **Output 1** | Provide in-kind food to 28500individuals per month in a period of 3 months | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | Number of women, men, boys and girls receiving food | 28,500 individuals per month in a period of 3 months | 40,560 | CPs monthly distribution reports |
| Indicator 1.2 | Quantity of food provided | 950 MT | 1,060 | WFP waybills<br>CPs monthly distribution |
| **Explanation of output and indicators variance:** | | The results are higher than expected as the funds which have not been allocated to the CBT modality have been used to support general food distribution. Additional explanation provided in section 'Changes and Amendments'. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Targeting of beneficiaries | WFP and CPs |
| Activity 1.2 | Food procurement | WFP |
| Activity 1.3 | Food delivery to CPs warehouses | WFP |
| Activity 1.4 | Distribution, monitoring and reporting | WFP, Third Party Monitor and CPs |

| Output 2 | Provide CBT (Commodity e-voucher) for 7,500 IDPs for a period of 3 months | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | Total amount of cash transferred to targeted beneficiaries | USD 99,000 | 0 | N/A |
| Indicator 2.2 | Number of women, men, boys and girls receiving Commodity e-vouchers | 7,500 | 0 | N/A |
| **Explanation of output and indicators variance:** | | The CBT roll-out has been delayed and WFP Libya Programme could not start before the end date of CERF support despite all the efforts of WFP to launch the project. Additional explanation provided in section 'Changes and Amendments' | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Agreements signed with selected partner for commodity e-voucher | N/A |
| Activity 2.2 | Distribution of the cards and monthly transfer of entitlements | N/A |
| Activity 2.3 | Monitoring, activities and reporting | N/A |

## 6. Accountability to Affected People

A) Project design and planning phase:

WFP ensured that affected populations were consulted about planned assistance through local partners and other appropriate communication mechanisms such as crisis committees. The on-site face to face monitoring of our partner and remote monitoring call center systematically ask beneficiaries a certain number of questions ahead of operations. Protection and other concerns are considered and addressed to the extent possible. .

B) Project implementation phase:

WFP designed and disseminated posters and displayed them in each distribution point and leaflets have been distributed to beneficiaries in each distribution site with information on beneficiaries' entitlements, programme objective and modalities. The poster and the leaflets are intended for current and potential beneficiaries of WFP and is split into different sections explaining: WFP's mandate, beneficiaries' entitlement, targeting criteria. It also provides a helpline number with related guidelines and working hours.

C) Project monitoring and evaluation:

WFP Libya provided several means for affected people to voice complaints and provide feedback in areas relevant to operations in a safe and dignified manner:

1- A complaint box in each distribution point was accessible for the beneficiaries and was available during all the distribution process.

2- A toll-free hotline to enable communities and beneficiaries to raise issues and feedback related to WFP interventions. The hotline was used to gather beneficiary feedback about the quantity and quality of assistance and to enable them to report protection incidents, when necessary but also allowed non-beneficiaries to ask about WFP programmes and be registered in WFP lists. The Hotline provided both male and female respondents that the caller can choose from the interactive voice response (IVR) and this in order to make sure that the complaints mechanism is easily accessible to women.

3- In addition to the toll-free hotline, WFP engaged a private company to conduct remote monitoring surveys, which also obtained beneficiaries" feedback on safety, protection and accountability issues. Such surveys were conducted monthly from a sample of 150 beneficiaries. Both male and female operators conducted the monthly survey. Both tools referred to above dealt with priority cases, including security and protection cases, by following a fast-tracked process to address such issues in a faster manner, compared to other cases.

| 7. Cash-Based Interventions | |
|---|---|
| **Did the project include one or more Cash Based Intervention(s) (CBI)?** | |
| **Planned** | **Actual** |
| Yes, CTP is a component of the CERF project | No |
| Supplementary information (optional): See output 2. | |

| 8. Evaluation: Has this project been evaluated or is an evaluation pending? | |
|---|---|
| No | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.9 Project Report 18-UF-CEF-106 - UNICEF

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Health - Health | **4. Project Code (CERF):** | 18-UF-CEF-106 |
| **5. Project Title:** | Provision of Integrated Management of new-born and Child Health services through primary and secondary health care centres in Obari, Alshati and Ajdabia districts | | |
| **6.a Original Start Date:** | 22/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 4,414,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 0 |
| | **c. Amount received from CERF:** | US$ 549,247 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 0** |
| | of which to: | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 0 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through this critically needed support, UNICEF, in coordination with other agencies, was able to equip 14 health facilities enabling them to provide essential, lifesaving preventive and curative health and nutrition care especially to the vulnerable population-children under the age of five, including new-borns, Pregnant and Lactating women. Specially, through the CERF grant, 29,000 children under the age of five received quality immunization services to protect them against vaccine preventable diseases including measles. In addition, through the CERF grant UNICEF was able to provide preventative and treatment services, especially against two childhood killers- diarrhoea and pneumonia- for more than 23,900 children under the age of five. The provision of new-born resuscitation services ensured appropriate and lifesaving care for 1,440 new-borns in these 14 health facilities. Micronutrients were made available for 100 percent of the target population of Pregnant and lactating women visiting the health facilities, providing assistance for 12,230 pregnant and lactating women having access to micronutrients. Additionally, through provision of anthropometric tools, nutrition screening and appropriate treatment for malnutrition were established in the 14 health facilities to avoid nutrition related morbidity and mortality. This CERF grant also strengthened support to monitor and assess the coverage of preventive and curative services through the District Health Information System report shared annually, a major contribution in evidence-based programming.

### 3. Changes and Amendments

Nothing significant only program implementation got delayed due to security issues to access the intended location, which was addressed through coordination with partners. The planned equipment was handed over to the relevant service providers.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 14,500 | 15,400 | **29,900** | 14,500 | 00 | **14,500** | 29,000 | 15,400 | **44,400** |
| **Reached** | 11,600 | 12,300 | **23,900** | 11,600 | | **11,600** | 23,950 | 12,320 | **36,270** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 2,425 | 1,940 |
| IDPs | 2,875 | 2,300 |
| Host population | 39,100 | 32,030 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **44,400** | **36,270** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | This support has bridged major services gaps; therefore, it is expected that 100 percent of the target population should have been reached with the assistance with increased utilization due to availability of services. However, it is to be noted that birth cohort for immunization and new-born is calculated for the entire year, the Ministry of Health and national Centre for diseases control share the reports on annual basis. UNICEF is advocating for implement DHIS tool and quarterly reports. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | Provide package of lifesaving new-born, child health and nutrition care to 29, 000 U5 children and 15,400 PLW women through 4 secondary and 10 Primary Health Care centres in three districts |

| **Output 1** | 29, 000 U5 children have access to Integrated Management of Childhood Illnesses (IMCI) and staff trained on IMCI | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | Number of health facilities equipped to provide IMCI | 100% (14 health facilities) | 100 % (14 health facilities) | Facility report, and distribution list. |
| Indicator 1.2 | Number of children receive care (IMCI) | >80% (*2,900 @ prevalence of 10% diarrhoea and pneumonia) | 2,320 | Facility Reports |
| Indicator 1.3 | Number of new-born- receiving Essential New-born Care (ENC) | >80% (**1,800 new-born) | 1,440 | Facility Reports |
| Indicator 1.4 | Number of staff receiving orientation on IMCI and ENC | 100% (28 staff 2 per health facility) | 100 % | Facility Report |
| **Explanation of output and indicators variance:** | | The program implemented as per agreed targets. The 100 percent of the target population is expected to be reached with the assistance, this support has bridged major services gaps, with increased utilization of health facilities. However, it is to be noted that birth cohort for immunization and newborn is | | |

| | |
|---|---|
| | calculated for the entire year, the Ministry of Health and National Centre for Diseases Control share the reports on annual basis. UNICEF is advocating to implement DHIS tool and quarterly reports. |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 1.1 | Procure and deliver of oxygen concentrator | UNICEF |
| Activity 1.2 | Procure and deliver newborn resuscitator and ENC set | UNICEF |
| Activity 1.3 | Procure and deliver equipment for Neonatal unit | UNICEF |
| Activity 1.4 | Procure and deliver incubator | UNICEF |
| Activity 1.5 | Organize 28 orientation session on IMCI and ENC | UNICEF through sharing key messages on diarrhoea and pneumonia |

| **Output 2** | 2,000 U1 year children have access to routine immunization services against vaccine preventable diseases | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | Number of health facilities equipped with cold chain | 100% (14 health facilities) | 100 percent (14 health facilities | Health Facility Reports |
| Indicator 2.2 | Number of children who receive routine immunization (Measles) | >90% (of U1 year about 1800) | 1,692 | Facility Immunization Coverage |
| **Explanation of output and indicators variance:** | | These figures are from 14 health facilities providing immunization services. The percent coverage remains 94. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 2.1 | Procure of cold chain equipment (ILR, Cold Box and Vaccine carriers and FT2) | UNICEF procured and distributed the items for use in 14 health facilities. |
| Activity 2.2 | Procure of desktop for reporting (DHIS-2 tool) | UNICEF (for DHIS through director of Health Information Centre) |

| **Output 3** | 29,000 U5 children and 15,400 PLW have access to nutrition screening and services | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 3.1 | Number of children screening for under nutrition (MUAC) Mid Upper Arm Circumference | >80% of 6 to 59 months' children about 23,200) | 500 | Facility Report |
| Indicator 3.2 | Number of U5 children who receive micronutrients | >80% of PLW (about 23,300) | 23,950 | Facility Report |
| Indicator 3.3 | Number of PLW receive micronutrients | >80% of PLW (about 12,300) | 12,320 | Facility Report |
| Indicator 3.4 | Number of awareness sessions for mothers on Infant Young Child Feeding | 3 sessions per health facility (42 in total) | 1 | Awareness Material |
| **Explanation of output and indicators variance:** | | The results reported are based on services availability for 100 percent of the target population. The health facility utilization ranges from 80-90 percent and expected to be increased due to service availability. The nutrition screening and reporting yet to be fully implemented, the required equipment have been placed in health facilities. Only one of the awareness raising sessions was conducted as the two remaining are pending approval from MoH. Regarding reporting, UNICEF is also supporting DHIS for obtaining facility level reports. The DHIS tool is in implementation phase, yet to start reporting. Hopefully end 2020 the | | |

| | | |
|---|---|---|
| | system will be in place enabling analytical reporting and highlighting the contribution and impact of the support on overall health and nutrition services | |
| **Activities** | **Description** | **Implemented by** |
| Activity 3.1 | Procure and deliver anthropometric tools | UNICEF procured and distributed the items for use in 14 health facilities. |
| Activity 3.2 | Procure and deliver micronutrients for children | UNICEF procured and distributed the items for use in 14 health facilities. |
| Activity 3.3 | Procure and deliver micronutrients for PLW | UNICEF procured and distributed the items for use in 14 health facilities. |
| Activity 3.4 | Undertake monitoring and supportive supervision | Third Party Monitoring |
| Activity 3.5 | Orient staff on nutrition screening and management | Remote capacity building, MoH staff will undertake health facility visits to ensure system strengthening |

## 6. Accountability to Affected People

A) Project design and planning phase:

The Accountability to affected populations (AAP) was ensured through evidence and need planning and program implementation. The needs assessment done by analysing the available data, consultation with health service providers and consumers. The project ensured participation of the communities from planning to implementation through incorporating their views about their health needs. The health facilities were selected jointly by WHO, IOM and UNFPA based on assessment of the facilities. The planned services are equally accessible to girls, boys, women, and men, including older people and those with disabilities.

B) Project implementation phase:

The project being implemented by respective health service providers with active involvement of local communities-through regular interaction of the health facility staff asking about their community view and satisfaction. Additionally, follow up with the local authorities on service delivery and improvement are taken into consideration. The monitoring and interaction with communities also being initiated through Third Party Monitoring. The basic objective of monitoring is to ensure timely and quality completion of the activities and to incorporate community views (all sections) for any improvement.

C) Project monitoring and evaluation:

The project evaluation will be done through involvement of the local communities to document the impact and lessons learned from the planned activities on overall child survival. The feedback from communities will be documented and used for future improvement.

## 7. Cash-Based Interventions

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

| **Planned** | **Actual** |
|---|---|
| No | No |

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

| | |
|---|---|
| UNICEF is planning a programme evaluation during 2020. The evaluation will cover all programs including CERF supported projects. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☒ |
| | NO EVALUATION PLANNED ☐ |

## 8.10 Project Report 18-UF-CEF-107 – UNICEF

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Water Sanitation Hygiene - Water, Sanitation and Hygiene | **4. Project Code (CERF):** | 18-UF-CEF-107 |
| **5. Project Title:** | Provision of emergency WASH assistance to conflict affected children and their families | | |
| **6.a Original Start Date:** | 17/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 2,400,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 0 |
| | **c. Amount received from CERF:** | US$ 499,910 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 264,660** |
| | of which to: | |
| | Government Partners | US$ 163,600 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 101,060 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF provided Water, Sanitation and Hygiene (WASH) assistance to 49,757 vulnerable people over a period of nine months. Specifically, 2,911 refugees and migrants and refugees in detention centres in Tripoli gained access to emergency WASH services, 1,846 internally displaced persons received access to hygiene items and critical information in Ghat while 45,000 people gained access to basic sanitation services in Sebha.

The implemented project activities have enabled the affected people to use basic WASH facilities, to practice hygiene behaviours and eliminated the risk of water-borne diseases

### 3. Changes and Amendments

Between 28 May to 05 June 2019 the southern municipality of Ghat experienced heavy rains which caused flooding, affecting 20,000 people and displacing 2,500 people to nearby areas. The floods caused damage to water infrastructure and widespread electricity cuts, increasing the risk for waterborne disease outbreaks and resulting in 22 cases of acute watery diarrhoea. Due to the limited partners in this remote area, UNICEF, as the sector lead for WASH, responded to the humanitarian needs in GHAT, using funds from this grant to procure and distribute hygiene items – mainly soap- to flood-affected IDPs.

In December 2018, the wastewater treatment plant in Sebha was rendered out of service and stopped work due to operation and maintenance problems. This resulted in flooding and disposal of the wastewater without treatment that put the public health at risk. To evade a public health risk, UNICEF's governmental partner - the General Company for Water and Wastewater (GCWW)- requested that UNICEF urgently procure pumps so that the GCWW can quickly repair and operate the plant. Accordingly, UNICEF procured 4 wastewater pumps instead of the 7 water pumps as originally proposed to be distributed in the project area.

UNICEF was also not able to rehabilitate the three health facilities as originally proposed in the CERF proposal due to contractual and tendering delays necessary for rehabilitating health facilities in remote areas. As a result, this activity was completed through another grant.

Finally, while UNICEF originally planned to rehabilitate the Detention Centre called Tarik Essika in Tripoli, due to many challenges and hurdles imposed by the Department for Combatting Illegal Migration (DCIM), UNICEF decided to rehabilitate another Detention Centre in Zintan. These amendments resulted in change in the number and type of reached beneficiaries as follows:

- The number of people provided with safe water was reduced from 40,000 people to 2,911 people.
- The number of people provided with sanitation services is increased from 6,000 people to 47,911 people.
- The number of people provided with hygiene supplies- as new indicator due to soap distribution- is 1,846 people.
- The total beneficiaries comparatively increased from 40,000 people to 49,757people.

These amendments which were provided to CERF in the interim report resulted in changes in the number and type of reached beneficiaries as follows. It should be highlighted that these changes include emergency response activities in Ghat and Sebha, as mentioned above, taking into consideration delays and challenges in the other activities as well.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 7,550 | 11,700 | **19,250** | 7,550 | 13,200 | **20,750** | 15,100 | 24,900 | **40,000** |
| **Reached** | 9,612 | 14,787 | **24,399** | 9,313 | 16,044 | **25,357** | 18,925 | 30,832 | **49,757** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 3,000 | 2,911 |
| IDPs | 10,500 | 1,846 |
| Host population | 26,500 | 45,000 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **40,000** | **49,757** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | While UNICEF originally planned to provide WASH assistance to IDPs in health facilities, this activity was eliminated from the implementation plan for the project due to contractual and tender challenges. Therefore, for this CERF activity UNICEF only provided WASH assistance to IDPs in Ghat. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | Contribute to saving lives and mitigate against outbreak of water borne diseases for 40,000 conflict-affected people through the provision of basic, adequate and safe WASH facilities in Ubari, Derna, Sirte, Tripoli and Benghazi |

| Output 1 | 40,000 conflict affected and displaced children and their families are provided with sufficient safe water in a sustainable manner in Ubari, Derna, Sirte, Tripoli and Benghazi | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 1.1 | Number of people provided with minimum amount of safe water in line with international standards | 40,000 (20,750 male, 19,250 female)[5] | 2,911 (2403 male, 508 female) | 4Ws, Third Party Monitoring |
| **Explanation of output and indicators variance:** | | People achieved is less than the planned since only WASH facilities in detention centres were rehabilitated, rehabilitation of health facilities and procurement of water pumps were not implemented. | | |
| **Activities** | **Description** | | **Implemented by** | |
| Activity 1.1 | To repair water facilities at host community, detention and health centres[6] | | UNICEF, Libyan Society for Charity Works (LS), Sheik Taher Azzawi Charity Organisation (STACO), Department for Combat of Illegal Migration (DCIM), Private Contractor | |

| Output 2 | 6,000 conflict affected population and displaced people are provided with access to adequate and basic sanitation facilities in Ubari, Derna, Sirte, Tripoli and Benghazi with a focus on detention centres and health facilities | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | Number of people provided with gender appropriate sanitation facilities | 6,000 (3,000 male, 3,000 female) | 47,911 (24,453 male, 23,458 female) | Implementing Partners Report, Third Party Monitoring |
| **Explanation of output and indicators variance:** | | People achieved is higher than the planned target since the procurement of wastewater pumps benefited a high number of the host population | | |
| **Activities** | **Description** | | **Implemented by** | |
| Activity 2.1 | To rehabilitate sanitation facilities at detention centres and health facilities | | UNICEF, Libyan Society for Charity Works (LS), Sheik Taher Azzawi Charity Organisation (STACO), Department for Combat of Illegal Migration (DCIM), Private Contractor, GCWW | |
| Activity 2.1 | To repair/install handwashing facilities at detention and health centres | | UNICEF, Libyan Society for Charity Works (LS), Sheik Taher Azzawi Charity Organisation (STACO), Department for Combat of Illegal Migration (DCIM), Private Contractor | |

## 6. Accountability to Affected People

A) Project design and planning phase:

AAP has been ensured through involvement, participation and sharing of information with affected people during project planning and design. UNNICEF discussed and shared the rehabilitation plan (design and technical specs, available budget, timeframe) with local community, municipal and local health authorities in Benghazi. Multiple meetings took place also with management for the Department for Combatting Illegal Migration (DCIM) to discuss and agree on the location and planned activities. The needs of all detainee, particularly women and children, were considered to ensure they have access to appropriate and safe WASH facilities.

B) Project implementation phase:

AAP has been ensured through establishment of coordination mechanism with DCIM at centre level and DC management to rehabilitate the centres and to avoid duplication particularly with IOM projects. During the response to Ghat floods, coordination was held with municipality crisis committee and other IPs like the Libya Red Crescent. Information about the UNICEF response was shared with the DC management and Crisis Committee and they kept informed on the progress. Feedback, complaints, and prospective were also collected from affected people in Ghat and DCIM management on the quality and effectiveness of the response. Third Party Monitoring (TPM) collected information from individual and collective interviews through Right Holders Survey, and Field Monitoring Visits. Additionally,

[5] Please use standard indicators from the HRP or Indicators Registry whenever possible. The registry is available at https://ir.humanitarianresponse.info

[6] For joint projects, please indicate for each activity, which agency is responsible, even if the activity is to be implemented by a partner.

FGDs through TPM were conducted involving men, women, PoW, and people who are illiterate. Finally, local partners of Libyan Society and STACO were selected to ensure accessibility to the affected areas so they can address the needs.

C) Project monitoring and evaluation:

Project was monitored through programmatic visits and UNICEF third party monitoring organisation. DCIM management was involved and participated in monitoring the rehabilitation of WASH facilities. The DC management provided completion certificates to document compliance with quality and agreed activities. The Third party monitored remote areas like Ghat and the action points were shared with UNICEF and IPs for corrective measures.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)*?***

| **Planned** | **Actual** |
|---|---|
| No | No |

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

| | |
|---|---|
| UNICEF is planning a programme evaluation during 2020. The evaluation will cover all programs including CERF supported projects. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☒ |
| | NO EVALUATION PLANNED ☐ |

## 8.11 Project Report 18-UF-OPS-002 - UNOPS

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNOPS | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Mine Action - Mine Action | **4. Project Code (CERF):** | 18-UF-OPS-002 |
| **5. Project Title:** | Preventing Casualties Through Life-Saving Mine Action Activities in Benghazi | | |
| **6.a Original Start Date:** | 30/10/2018 | **6.b Original End Date:** | 30/06/2019 |
| **6.c No-cost Extension:** | ☐ No ☒ Yes | if yes, specify revised end date: | 31/01/20 |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 1,600,000 |
| | **b. Total funding received for agency's sector response to current emergency** | US$ 1,050,000 |
| | **c. Amount received from CERF:** | US$ 800,000 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 611,170**[7] |
| | of which to | |
| | Government Partners | US$ 0 |
| | International NGOs | US$ 0 |
| | National NGOs | US$ 447,465 |
| | Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through this grant, the UN Mine Action Service (UNMAS) and its partners conducted explosive hazard (EH) survey and clearance in selected high-impact areas in Benghazi. In total, 488,657 $m^2$ were surveyed, of which 198,563 $m^2$ were declared free from EH, and 290,094 $m^2$ classified as either Confirmed or Suspected Hazardous Areas. The findings have been reported to the relevant national authority, the Libyan Mine Action Center (LibMAC). Once approved, the findings, including maps, will be entered in the Information Management System for Mine Action database and will be shared with relevant stakeholders, including local councils and other humanitarian actors. Incorporation of the information into the database will assist prioritization and clearance of the EH in the future.

In addition, a total of 506 EH items were removed, both in the surveyed areas, as well as in other areas across Benghazi in response to emergency callouts received from the population. The team further cleared dangerous EH from 11 vital service and infrastructure sites and verified, through survey activities, that a further 12 sites were not contaminated and safe to access.

It is estimated that over 108,000 people benefited directly from the project by removing and/or mitigating the threat and impact of EH to those who have already returned to the areas, as well as for those who will return in the short to medium term.

### 3. Changes and Amendments

UNMAS received a 4-month no-cost extension (NCE) in March 2019, as no suitable implementing partner could be identified through the first round of the competitive procurement process. The second-round procurement process resulted in the successful selection of a qualified implementing partner.

UNMAS received a second NCE for three months in October 2019, owing to delays that arose due to a security incident which delayed the implementation of the project for several weeks. Further details regarding the incident were shared with relevant CERF authorities in a timely and transparent manner; however, they cannot be disclosed in this report for reasons of confidentiality and their security implications.

The project proposal envisioned that non-technical survey (NTS) would be carried out in three heavily contaminated administrative areas of Benghazi. However, due to the delay in identifying a suitable implementing partner during the first round of the procurement process, the Libyan coordinating body, the LibMAC, assigned one of the three areas, Ganfuda, to another humanitarian Mine Action NGO. UNMAS, in close consultation with the implementing partner and the LibMAC, decided that the resources would be more effectively allocated to strengthen the Explosive Ordnance Disposal (EOD) response component of the project. As a result, the implementing partner was able to conduct EOD emergency response in all the administrative areas of Benghazi, instead of limiting their response to only Al-Leithy and Al-Sabri, in which the NTS was carried out.

## 4. People Reached

**4.a Number of people directly assisted with CERF funding by age group and sex:**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 18,000 | 42,000 | **60,000** | 18,000 | 42,000 | **60,000** | 36,000 | 84,000 | **120,000** |
| **Reached** | 16,000 | 38,000 | **54,000** | 16,000 | 38,000 | **54,000** | 32,000 | 76,000 | **108,000** |

**4.b Number of people directly assisted with CERF funding by category:**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 5,000 | 4,200 |
| IDPs/returnees | 45,000 | 41,500 |
| Host population | 70,000 | 62,300 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **120,000** | **108,000** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | Numbers are indicative and based on pre-crisis estimates for the catchment areas. It is estimated that since the beginning of the project, over 35,000 people have returned to Al-Leithy and Al-Sabri. NTS and EOD are a vital prerequisite for safe access and thereby any reconstruction and or humanitarian assistance. Beneficiary numbers include those that have already returned, as well as those who are anticipated to return in the medium to long term. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project Objective** | Enhance the safe movement of conflict affected populations and the humanitarian community in Benghazi through the location and removal of explosive hazards |

| | | | | |
|---|---|---|---|---|
| **Output 1** | Locations of explosive hazards in selected priority areas in Benghazi are identified and marked to reduce risks posed to conflict affected communities and humanitarian actors | | | |
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |

[7] This US$ 611,170 is to report on all expenditure against the Contracts budget line, inclusive of all operational, training, equipment, travel, personnel etc. costs of the operator. In this regard, the $611,170 is inclusive of all costs for service providers for survey and clearance. The reporting template requested to provide a breakdown to funds within the Contract line which went to (a) Government Partners (b) Intl NGOs (c) national NGOs or (d) red cross/red crescent. While this activity was partially implemented by a national NGO, it was also partially implemented by an international contractor who fulfilled roles which the national NGO was unable to fill. Therefore, the amount of the gap between the total expenses against the contract budget line and those allocated as specified to a national NGO is the expenses which were allocated to an international contractor.

| | | | | |
|---|---|---|---|---|
| Indicator 1.1 | Number of teams deployed to identify and mark areas contaminated by explosive hazards | minimum of 2 survey teams | 2 | LibMAC IP team accreditation, IP reports |
| Indicator 1.2 | Number of IMSMA reports recording safe and dangerous areas | at least 3 | 25 | IMSMA database |
| Indicator 1.3 | Number of areas surveyed | 3 (out of 7 administrative areas in Benghazi) | 2 | LibMAC task orders, IP reports |
| Indicator 1.4 | Number of liaison meetings with humanitarian actors to update and share findings/maps of the survey | 6 | 8 | UNMAS, LibMAC |
| Indicator 1.5 | Number of liaison meetings with local community representatives and key informers | 2 per area (at least 6 in total) | 10 | IP reports |
| Indicator 1.6 | Number of maps produced highlighting the presence of explosive hazards or safe areas/routes to inform humanitarian planning | 1 per area (at least 3 in total) | 3 (2 NTS, 1 EOD) | LibMAC, IMSMA |
| **Explanation of output and indicators variance:** | | It is not unusual for local authorities to have different administrative and reporting requirements. At the time of proposal submission, no Humanitarian Mine Action actors had yet worked in Benghazi. The targets on liaison and information dissemination were therefore an estimate based on experiences with the Tripoli-based authorities. The higher achieved numbers are a reflection of the different reporting and coordination requirements of the Eastern authorities.<br><br>NTS was carried out in two areas instead of three. For an explanation please see section 3 above. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Team training and accreditation | UNMAS Libya |
| Activity 1.2 | Coordination of tasking orders and team deployment | UNMAS Libya |
| Activity 1.3 | Community liaison to identify the areas that are suspected to be contaminated | UNMAS Libya |
| Activity 1.4 | Mine action survey to confirm the presence or absence of explosive hazards | UNMAS Libya |
| Activity 1.5 | Safe areas and dangerous areas recorded in Information Management System for Mine Action and mapped | UNMAS Libya |
| Activity 1.6 | Contamination information and maps shared with stakeholders (local authorities and humanitarian actors) | UNMAS Libya |
| Activity 1.7 | Quality management visits ensure that all activities are compliant with Libyan National Mine Action Standards | UNMAS Libya |

| **Output 2** | Explosive hazards blocking the delivery of aid, precluding access to services or inhibiting safe movement are removed | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of Verification** |
| Indicator 2.1 | Number of teams deployed to remove/destroy explosive hazards | minimum of 2 clearance teams | 2 | LibMAC task orders, IP reports |
| Indicator 2.2 | Number of ERW removed/destroyed | 50 per area (150 total) | 506 | IP reports, IMSMA |

| | | | | |
|---|---|---|---|---|
| Indicator 2.3 | Number of vital services and infrastructure sites cleared | At least 3 per area (9 total) | 11 | IP reports, IMSMA |
| Indicator 2.4 | Number of liaison meetings with humanitarian actors to update and share which sites have been cleared | 6 | 8 | UNMAS, LibMAC |
| Indicator 2.5 | Number of meetings with relevant local authorities to coordinate destruction/removal activities | 6 | 10 | IP reports |
| **Explanation of output and indicators variance:** | | It is not unusual for local authorities to have different administrative and reporting requirements. At the time of proposal submission, no Humanitarian Mine Action actors had yet worked in Benghazi. The targets on liaison and information dissemination were therefore an estimate based on experiences with the Tripoli-based authorities. The higher achieved numbers are a reflection of the different reporting and coordination requirements of the Eastern authorities.<br>EOD activities were more extensive than originally planned. For an explanation please see section 3 above. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Team training and accreditation | UNMAS |
| Activity 2.2 | Destruction/removal of ERW | UNMAS |
| Activity 2.3 | Meetings with relevant local authorities to coordinate destruction/removal activities | UNMAS |
| Activity 2.4 | Coordination of tasking orders and team deployment | UNMAS |
| Activity 2.5 | Update of clearance activities shared with stakeholders (local authorities and humanitarian actors) | UNMAS |

## 6. Accountability to Affected People

A) Project design and planning phase:

N/A

B) Project implementation phase:

NTS methodology relies heavily on data gathered from local informants. This includes meetings with local authorities, interviews with key informants, as well as survey teams that conduct in-person surveys with residents of the surveyed areas. In all of these instances the implementing partner first highlights the purpose, method and aim of the survey. Inputs from the affected population are therefore constitutive for the final results of the survey. These steps were implemented in both Al-Leithy, as well as in Al-Sabri.

EOD spot tasks were implemented *inter alia* in response to alerts received from the affected population, including through information gathered through the above-mentioned in person surveys and interviews. In addition, the UNMAS implementing partner operates a hotline in Benghazi, which not only receive emergency calls about the presence of explosive hazards, but also functions as a complaint and feedback mechanism for the affected population.

C) Project monitoring and evaluation:

Please see B) above.

| 7. Cash-Based Interventions | |
|---|---|
| **Did the project include one or more Cash Based Intervention(s) (CBI)?** | |
| **Planned** | **Actual** |
| No | No |

| 8. Evaluation: Has this project been evaluated or is an evaluation pending? | |
|---|---|
| N/A | 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$ |
|---|---|---|---|---|
| 18-UF-CEF-107 | Water, Sanitation and Hygiene | UNICEF | NNGO | $20,276 |
| 18-UF-CEF-107 | Water, Sanitation and Hygiene | UNICEF | NNGO | $80,784 |
| 18-UF-CEF-107 | Water, Sanitation and Hygiene | UNICEF | GOV | $163,600 |
| 18-UF-HCR-032 | Multi-sector refugee assistance | UNHCR | INGO | $270,000 |
| 18-UF-HCR-032 | Multi-sector refugee assistance | UNHCR | INGO | $270,000 |
| 18-UF-HCR-032 | Multi-sector refugee assistance | UNHCR | INGO | $36,000 |
| 18-UF-HCR-032 | Multi-sector refugee assistance | UNHCR | NNGO | $229,200 |
| 18-UF-OPS-002 | Mine Action | UNOPS | NNGO | $447,465 |
| 18-UF-FPA-042 | Protection | UNFPA | NNGO | $219,215 |
| 18-UF-FPA-042 | Protection | UNFPA | INGO | $142,398 |
| 18-UF-FPA-042 | Protection | UNFPA | NNGO | $10,968 |
| 18-UF-FPA-042 | Health | UNFPA | RedC | $8,346 |
| 18-UF-FPA-042 | Health | UNFPA | NNGO | $103,873 |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| BEmONC | Basic Emergency Obstetric and New-born Care |
| CBT | Cash-Based Transfer |
| CRIs | Core-Relief Items |
| DC | Detention Centre |
| DCIM | Department for Combact Illegal Migration |
| DHIS | District Health Information Software |
| DTM | Displacement Tracking Matrix |
| EH | Explosive Hazard |
| EOD | Explosive Ordnance Disposal |
| ETS | Emergency Telecommunication Service |
| FAO | Food and Agriculture Organisation |
| GBV | Gender-Based Violence |
| GNA | Government of National Accord |
| HPAI | Highly Pathogenic Asian Avian Influenza |
| IDPs | Internally Displaced Persons |
| IEHK | Interagency Emergency Health Kit |
| IOM | International Organization for Migration |
| IRC | International Rescue Committee |
| LibMAC | Libyan Mine Action Centre |
| LNA | Libyan National Army |
| LS | Libyan Society |
| MFT | Multi-Functional Team |
| MOH | Ministry of Health |
| NCAH | National Centre for Animal Health |
| NCDC | National Centre for Disease Control |
| NCE | No-Cost Extension |
| NGO | Non-Governmental Organisation |
| NTS | Non-Technical Survey |
| PHC | Primary Health Care |
| PSS | Psycho-Social Support |
| QIPs | Quick Impact Projects |
| RRM | Rapid Response Mechanism |
| RVF | Rift Valley fever |
| SRH | Sexual and Reproductive Health |
| SRSG | Special Representative of the Secretary General |
| STACO | Sheik Taher Azzawi Charity Organisation |
| STI | Sexual Transmitted Infections |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Populations Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNMAS | United Nations Mine Action Service |
| WFP | World Food Programme |
| WHO | World Health Organisation |