

YEAR: 2019

---

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

**19-RR-LBY-36788**

**19-RR-LBY-37490**

**LIBYA**

**RAPID RESPONSE**

**DISPLACEMENT**

**2019**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>YACOUB EL HILLO</b>
--	------------------------

<b>REPORTING PROCESS AND CONSULTATION SUMMARY</b>	
a. Please indicate when the After Action Review (AAR) was conducted and who participated.	14 April 2020
An After Action Review was conducted among the participating agencies and included WFP, UNICEF, UNHCR and UNDSS. WHO and UNFPA 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Due to other pressing and more urgent activities that the HCT had to address during the COVID-19 emergency, 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**

Clashes between the Government of National Accord (GNA) and the Libyan National Army (LNA) that erupted south of Tripoli on 4 April 2019, impacting around 1.5 million people, including displacing 200,000 people and putting at risk more than 3,300 refugees and migrants in detention centres and other families living in areas close to hostilities due to fighting and indiscriminate shelling.

The US\$ 2 million in allocated CERF funds enabled the prioritisation of immediate response activities under the Flash Appeal, including providing food, water, sanitation services and hygiene supplies, shelter and other non-food items to the most vulnerable groups, as well as supporting hospitals and health clinics in the affected area provide continue life-saving medical assistance, including surgical and trauma kits. Funds also enabled the provision critical protection services for vulnerable migrants and refugees in detention centres in areas where hostilities were ongoing, as well as the relocation of some persons of concern.

Through the supported projects, UN agencies and partners were able to reached more than 316,000 people, including over 120,000 people who had been displaced, nearly 7,500 refugees, around 184,000 people in host communities and another 4,600 affected people. This is included nearly 161,000 women and girls (56,600 under 18 years of age) and 68 individuals with disabilities.

### **1. OVERVIEW**

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>	
<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>US\$ 10,200,000</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	19-RR-LBY-36788: 2,000,001 19-RR-LBY-37490: 156,254
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	US\$ 1,700,000
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>US\$ 3,856,255</b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)</b>			
<b>19-RR-LBY-36788 Date of official submission: 26/04/2019</b>			
Agency	Project code	Cluster/Sector	Amount
UNFPA	19-RR-FPA-030	Protection - Sexual and/or Gender-Based Violence	225,000
UNHCR	19-RR-HCR-022	Protection - Protection	137,500
UNHCR	19-RR-HCR-022	Emergency Shelter and NFI - Shelter and Non-Food Items	137,500
UNICEF	19-RR-CEF-072	Water Sanitation Hygiene - Water, Sanitation and Hygiene	400,001
WFP	19-RR-WFP-042	Food Security - Food Assistance	300,000

WHO	19-RR-WHO-035	Health - Health	800,000
<b>TOTAL</b>			<b>2,000,001</b>
<b>19-RR-LBY-37490 Date of official submission: 22/05/2019</b>			
UNDP	19-RR-UDP-008	Coordination and Support Services - Common Safety and Security	156,254
<b>TOTAL</b>			<b>156,254</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>US\$ 1,507,771</b>
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	US\$ 492,230
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>US\$ 492,230</b>
<b>TOTAL</b>	<b>2,000,001</b>

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

## 2. HUMANITARIAN CONTEXT AND NEEDS

Clashes between the Government of National Accord (GNA) and the Libyan National Army (LNA) erupted south of Tripoli on 4 April 2019, immediately impacting the civilian population in and around Tripoli. Armed clashes were particularly heavy in the southern districts of Tripoli, with use of heavy artillery and airstrikes on both sides. Use of heavy weaponry in populated areas exposed civilians and local first responder teams to extreme risks. Civilians in conflict-affected areas were at risk of being trapped in crossfire or subjected to other forms of violence. In some areas, the population were unable to move because of the intensity of the fighting and the inability of emergency services to reach them. The incident rate involving first responders and medical personnel was alarming by the time of the submission of the CERF application – three medical staff were among the civilian deaths; eleven ambulances had so far been struck by weaponry. Civilian facilities, including schools and health units were increasingly hit in shelling that appeared to be indiscriminate.

Around 3,300 refugees and migrants in detention centres were at risk and trapped in conflict areas. Five detention centres were located in areas already engulfed by fighting. Six more were in close proximity to clash areas. There were reports of guards abandoning detention centres with people remaining trapped inside. Already among the most vulnerable populations in Libya, these refugees and migrants faced the risk of becoming caught in cross-fire, or left without life-sustaining supplies, including food and water.

Humanitarian needs were expected to escalate significantly as hostilities continued; an estimated 1.5 million people were foreseen to be impacted within weeks of the outbreak. This included more than 500,000 children living in Tripoli and the western part of Libya. Based on the displacement trends at the time, humanitarian partners foresaw an increased number of displaced people moving to collective shelters and urban settings. According to the Flash Appeal that was developed to support the response, it estimated that around 144,000 people would be in need of immediate humanitarian assistance. Refugees and migrants, including women and children, were particularly vulnerable as the situation deteriorated.

### 3. PRIORITIZATION PROCESS

CERF funding was requested as an immediate funding injection to the Tripoli Flash Appeal, launched on 18 April 2019, requesting US\$10.2 million for 144,000 affected people. The appeal had two key objectives: 1) to support the immediate and evolving needs of highly vulnerable people affected by the current crisis, and 2) enabling humanitarian partners to restock and prepare for anticipated further deterioration. The strategy was to support local authorities with a timely, coordinated multi-sectoral response. Immediate emergency assistance covering water, sanitation and hygiene services, food and emergency medical care at displacement sites had to be set up. The number of collective shelters had to be rapidly scaled up as municipalities were prepared to receive the increasing number of displaced families.

Protection was central to this response operation. Assisting civilians trapped by hostilities was a key concern and multiple channels continued to be pursued to enable their safe passage out of front-line areas. Engagement on access with all parties was crucial to creating an enabling environment for partners to deliver, as was advocacy on adherence to parties' obligations under International Humanitarian Law (IHL). Considerations of diversity regarding access to safety and services were mainstreamed in the response, including assessing the different needs of girls, boys, women and men; identifying persons with specific needs; and advocacy with all sectors focusing on addressing the vulnerabilities and different needs of these groups.

CERF funds were prioritised for immediate response activities under the Flash Appeal, including support to evacuating refugees and migrants from detention centres close to front lines, as well as the prepositioning of emergency supplies for immediate use. The CERF funds were to help hospitals and health clinics attending to the injured immediately get the emergency medical supplies they need, including surgical and trauma kits. The funds would also enable the provision of food and relief items to displaced people and support the safe relocation of vulnerable migrants and refugees from detention centres in areas where hostilities were ongoing.

Agencies and their implementing partners were collaborating closely for maximum efficiency. Synergies between agencies ensured the most efficient use of the CERF funds. This included UNICEF, WFP and UNFPA partnering under the Rapid Response Mechanism (RRM).

The humanitarian response and preparations for further escalation in Tripoli were managed on an extremely low funding baseline by the time request for CERF funding was made. Only seven per cent of the requirement for the \$202 million Humanitarian Response Plan for 2019 was received. All Sectors had received less than six per cent of their 2019 funding requirement, and four Sectors (Education, Multi-Purpose Cash, Shelter/NFI, WASH) had received no funding.

The CERF funding was to provide initial seed funding towards the Flash Appeal. The funding requirements of the Flash Appeal were outside of the 2019 HRP, as the requirements were in response to new, previously unanticipated needs. With support from OCHA, the HC led a prioritisation process in the HCT to ensure funding was allocated for maximal impact and not spread too thinly across several sectors. Immediately implementable activities were prioritised and agencies harmonised their proposals for core relief items supplies.

Individual sector strategies were developed based on the current displacement trends and scenario planning. Sector plans were based on the unique current Tripoli context, characterized by protection needs, including for highly vulnerable refugees and migrants; surging internal displacement that would initially remain primarily in private hosting arrangements, with increasing dependence on collective shelters. It was agreed that:

- The **Food Security Sector** would provide food assistance to displaced people as well as emergency meals to affected refugees and migrants, with a target to assist 100,000 people, including assistance to some 30,000 people via the Rapid Response Mechanism (RRM).
- The **Protection Sector** would provide immediate assistance, including dignity kits, recreational kits and solar lamps, as well as specialized and emergency mental health psychosocial support and recreational activities for conflict-affected women and children. The Sector was also working to relocate refugees and migrants from conflict-affected areas to safer locations, and deploying emergency teams to carry out explosive ordnance disposal. Overall the Sector planned to assist 20,000 people, including assistance to some 400 people via transfers to and support at the UNHCR-managed Gathering and Departure Facility (GDF), emergency assistance as required for refugees in detention. Procure additional stocks of

dignity kits locally targeting IDPs, migrants and refugees for females of reproductive age. The total estimated number of dignity kits required was about 20,000 for IDPs, migrants and refugees.

- The **Health Sector** would deploy Emergency Medical Teams, treat severe malnutrition, and provide emergency medical supplies and equipment as well as primary healthcare services to migrants in detention centres, all with a target to assist 60,000 people, including assistance to some 31,500 people with the procurement and airlifting of supply surgical kits, emergency trauma kits, and non-communicable diseases kits, as well as the activation of rapid response teams for enhanced disease surveillance.
- The **Shelter/NFI** Sector would provide essential NFI kits, shelter kits and carry out light emergency repairs in collective shelters, with a target to assist some 15,000 people, including assistance to some 3,300 people in both urban settings and in detention centres with the provision of basic and domestic core relief items.
- The **WASH Sector** would provide safe drinking water, WASH NFIs, emergency sanitation, rehabilitation of sanitation facilities in communal places, and hygiene awareness, with a target to assist 48,000 people, including assistance to some 6,400 people via water tankers, immediate fixes of water infrastructure, installation of water tanks, provision of aqua tabs, emergency sanitation, rehabilitation of sanitation facilities in communal places, awareness raising on key hygiene practices, hygiene kits, and other WASH NFIs. It also includes repositioning of key WASH items.
- On **Security**, UNHCR would provide dedicated security support for the expanded life-saving humanitarian operations in Greater Tripoli and the surrounding areas affected by the ongoing armed conflicts.

#### 4. CERF RESULTS

- **Protection:** UNFPA and partners provided mental health and psychosocial support (MHPSS) services and recreational activities for the conflict-affected individuals, with a focus on women and girls; locally procured and distributed 3,400 dignity kits containing the most needed items for the safety and wellbeing of women and girls in displacement settings; enhanced the Gender-Based Violence (GBV) referral mechanisms to identify cases of GBV against women, men, girls and boys and ensure survivors' access to healthcare and first aid psychosocial services; conducted safety audit to assess the situation of essential services in the collective shelters, identifying the need to provide generators to help preventing GBV issues and risks of violence caused by the lack of electricity, as well as the need for blankets during the winter, which were incorporated in the content of the dignity kits; distributed seven post-rape kits in six health facilities.

UNHCR relocated over 1,092 refugees and asylum-seekers (out of which 200 were covered under this project) from detention centres affected by/at risk to UNHCR's Gathering and Departure Facility (GDF). Through LibAid, beneficiaries received much needed lifesaving humanitarian assistance, including shelter (accommodation), food, core relief items (CRIs), medical care, child protection activities, registration, protection counselling and other appropriate services for victims of sexual and gender-based violence, including psychosocial support. UNHCR was also able to enhance the resilience of affected communities through the provision of core-relief items (CRIs). Under this project, UNHCR targeted 3,000 IDPs with assistance that included blankets, sleeping mats, kitchen sets, solar lamps, plastic sheets, jerry cans, dignity kits and hygiene kits.

- **Food Security:** WFP and its partners provided emergency food rations and emergency ready-to-use food to 37,653 vulnerable IDPs. Assistance has been provided for a 3-month period following a 2.5-month period of procurement, customs clearance, transport and dispatch to distribution points.
- **Health:** Together with Ministry of Health, WHO provided life-saving medical supplies, essential medicines, and a comprehensive package of health services to 16 primary health care facilities in Libya. Twelve (12) front line hospitals and six (6) field hospitals in Tripoli. WHO procured and distributed trauma kits, surgical kits, non-communicable disease (NCDs) kits and ARVs (the latter were distributed through the National Centre for Disease Control (NCDC)). In addition, WHO recruited and deployed three emergency medical teams to the targeted areas. A total of 57,819 people in Tripoli, Al Jufra, Misurata, Gharian, Tarhouna, Al Jabal Al Gharbia and Al Margheb benefited from the medical supplies for surgery, trauma care and NCDs. This includes 5,468 who patients benefitted from surgical interventions provided by the emergency medical teams and 737 HIV patients who received ARVs. A surveillance and rapid response network in the targeted areas was

activated and integrated within the Early Warning and Response Network (EWARN) of the NCDC. All epidemic-prone communicable diseases were under continuous surveillance; alerts were identified and rapidly responded to.

- **WASH:** UNICEF provided water, sanitation and hygiene (WASH) assistance to 213,083 vulnerable people over a period of five months. 8,371 people were provided with safe drinking water, 163,115 with sanitation services, 41,597 with hygiene items through RRM as well as sensitised on key hygiene messages. The implemented project's activities have enabled the affected people to use basic WASH facilities, practice better hygiene behaviours, and reduce the risk of water-borne diseases.
- **Security:** UNDSS worked to support humanitarian agencies implement life-saving humanitarian assistance by ensuring a safe and secure environment for UN staff/personnel, maintaining good coordination with key interlocutors, reviewing and updating all security-related documents, providing training concerning security and safety awareness, activating movement tracking and monitoring of all missions and staff through the UN Radio Room, and closely monitoring the security situation and initiating security advisories when deemed necessary to maintain the timely sharing of information for the safety and security of UN staff/personnel.

## 5. PEOPLE REACHED

CERF funds were prioritised for immediate response activities under the Flash Appeal, including support to evacuating refugees and migrants from detention centres close to front lines, as well as the prepositioning of emergency supplies for immediate use. The CERF funds were to help hospitals and health clinics attending to the injured immediately get the emergency medical supplies they need, including surgical and trauma kits. The funds would also enable the provision of food and relief items to displaced people and support the safe relocation of vulnerable migrants and refugees from detention centres in areas where hostilities were ongoing.

Through the support projects, UN agencies and partners were able to reach more than 316,486 people, including over 120,000 people who had been displaced, nearly 7,500 refugees, around 184,000 people in host communities and another 4,600 affected people. Of the more than 316,486 reached, almost 160,869 were women and girls (56,620 under 18 years of age) and 155,617 were men and boys (56,658 under 18 years of age). Of these, around 68 of beneficiaries were people with disabilities.

In terms of sectors:

- GBV - 7,731 people were reached, of which 6,122 who were women and girls, with MHPSS services and recreational activities and support for a strengthened GBV referral mechanism, as well as provision of dignity kits.
- Protection - 200 refugees, of which 56 were women and girls, were relocated from detention centres at risk to UNHCR's Gathering and Departure Facility (GDF) and were provided with food, core relief items and other protection-related services and support.
- SNFI – 3,333 displaced people were reached, of which 1,700 were women and girls, key shelter and non-food items including blankets, sleeping mats, kitchen sets, solar lamps, plastic sheets, jerry cans, dignity kits and hygiene kits.
- WASH – 213,083 people were reached, of which 104,410 were women and girls, with safe drinking water, sanitation services and hygiene items.
- Food – 37,653 displaced people were reached, of which 18,574 were women and girls, with food rations for a 3-month period.
- Health – 57,813 people, of which 31,707 were women and girls, benefited from the provision of life-saving medical supplies, essential medicines, and a comprehensive package of health services to 16 primary health care facilities.

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	6,300	183,931

<b>Refugees</b>	3,500	7,449
<b>Returnees</b>	0	0
<b>Internally displaced persons</b>	35,000	120,481
<b>Other affected persons</b>	3,150	4,625
<b>Total</b>	<b>47,950</b>	<b>316,486</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**

	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
<b>Planned</b>	N/A	N/A	N/A	N/A	<b>47,950</b>
<b>Reached</b>	98,959	104,249	56,658	56,620	<b>316,486</b>

<sup>2</sup> Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

**TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**

	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
<b>Planned</b> (Out of the total targeted)	10	20	10	15	<b>55</b>
<b>Reached</b> (Out of the total reached)	27	23	10	8	<b>68</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

<b>By Cluster/Sector (Planned)</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Protection - Sexual and/or Gender-Based Violence	200	1,500	100	500	<b>2,300</b>
Protection - Protection	108	18	36	38	<b>200</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	849	884	784	816	<b>3,333</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	7,655	6,805	3,905	3,635	<b>22,000</b>
Food Security - Food Assistance	9,459	9,291	5,742	5,508	<b>30,000</b>
Health - Health	8,820	11,970	5,670	5,040	<b>31,500</b>
Coordination and Support Services - Common Safety and Security	0	0	0	0	<b>0</b>

**TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**

<b>By Cluster/Sector (Reached)</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Protection - Sexual and/or Gender-Based Violence	187	2,907	1,422	3,215	<b>7,731</b>
Protection - Protection	108	18	36	38	<b>200</b>



Emergency Shelter and NFI - Shelter and Non-Food Items	849	884	784	816	3,333
Water Sanitation Hygiene - Water, Sanitation and Hygiene	70,637	67,866	38,036	36,544	213,083
Food Security - Food Assistance	11,872	11,661	7,207	6,913	37,653
Health - Health	16,155	21,797	9,957	9,910	57,819
Coordination and Support Services - Common Safety and Security	0	0	0	0	0

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

## 6. CERF'S ADDED VALUE

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

YES

PARTIALLY

NO

The timely transfer of funds from CERF within a couple of weeks allowed implementing agencies to procure essential supplies (incl. medical), pre-position food rations and deliver life-saving assistance to affected people, in particular those displaced, but also refugees and asylum-seekers. This was during a crucial time of the operation where the situation was very unpredictable and tense as result of the clashes between GNA and LNA.

For UNICEF, the fund transfer to some implementing partners was done faster than the others as the delays in fund transfer was attributed to the banking system in Libya. To improve the timely delivery of assistance, existing programme agreements with implementing partners were amended efficiently in order to ensure that critical assistance is provided in a timely manner. Additionally, implementing partners started implementation using available financial capacity while waiting to receive funds in their account. On other side when other needs are evolved in GDF and collective shelters and because the money was available, the provision of assistance was timely, and procurement of some items was very fast.

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

YES

PARTIALLY

NO

For WHO, the CERF funds have been crucial to provide 57,819 people affected by the conflict in Tripoli with critical health assistance including emergency health care, essential medicines and antiretroviral drugs (ARVs). The funds were also used to strengthen the disease surveillance system and improve outbreak detection and response.

For UNHCR, the CERF fund enabled 200 refugees and asylum-seekers to be relocated immediately from detention centres that were in close proximity to the frontline of the clashes to the safer and more secure Gathering and Departure Facility (GDF) in Tripoli.

For UNICEF, The CERF funds have been crucial in providing critical WASH assistances including emergency drinking water, basic sanitation and soap distribution which contributed to minimum WASH related diseases, particularly to IDPs in conflict affected areas of Tripoli, Gharyan and AlJafra. Without this support, the WASH services would have further deteriorated.

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

YES

PARTIALLY

NO

Overall, the CERF grant provided the Humanitarian Country Team (HCT) with the opportunity to rapidly develop a coherent strategy and framework for coordination in response to the humanitarian needs resulting from the clashes.

For WHO, the CERF grant improved coordination and information-sharing among health sector partners, health authorities and local municipalities. For UNHCR, it provided an opportunity to create an ad-hoc coordination platform and enhance 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.

The CERF allocation was also a key enabler for the activation of the Rapid Response Mechanism (RRM), which is an inter-agency collaboration mechanism between IOM, UNFPA, UNICEF and WFP.

For UNICEF, CERF improved coordination and information sharing among WASH sector partners. There existed a strong coordination amongst all the stakeholder working under the CERF umbrella and regular meetings were held to ensure achievement of objectives. Additionally, CERF funds contributed to increased participation of the national NGOs and government partners to participate in WASH sector coordination meetings. National WASH partners continuously updated UNICEF, as sector lead, on movement and needs of affected people including IDPs and refugees, which were further shared with OCHA/CERF. Real time assessments were undertaken before commencement of WASH interventions, and findings were shared with OCHA and other sector partners for provision of effective and integrated services on a single platform.

Close coordination had been ensured throughout the project with rapid response mechanism (RRM) in order to synchronise WASH responses and utilise their on ground presence. In most of the areas, hygiene NFIs had been provided through RRM, which proved quite timely and affective in assistance to the affected population

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

YES

PARTIALLY

NO

The Tripoli Flash Appeal that was launched on 18 April 2020 requested a total of US\$ 10.2 million for a period of six (6) weeks but generated only a total contribution of some US\$ 1,7 million (DFID and ECHO). Humanitarian partners were therefore to a large extent responding with the financial means that were available within the framework of the HRP. In an HCT meeting that was conducted on 22 May 2019, the situation of the continued armed conflict in and around Tripoli was reviewed. It was observed that the situation was not over, but on the contrary was at risk of becoming protracted. Instead of extending the Flash Appeal, it was decided to undertake a mid-year revision and incorporate the current context and new needs into the 2019 Humanitarian Response Plan (HRP). Further resource mobilisation was therefore to be undertaken within the framework of the HRP.

For UNICEF, 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. With the additional resources of US\$ 49,000 by Federal Ministry for Economic Cooperation and Development (BMZ), partners' capacity, coordination and sectoral response was strengthened.

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

The CERF funding contributed to reducing the conflict-related morbidity and mortality and improved the health outcomes of those suffering from the conflict and displacement. In addition, CERF funds were used to ensure that HIV patients continued to receive life-saving ARVs.

For UNHCR, much of the funding made available was earmarked for the refugee response, while the IDP response was severely underfunded. The CERF funds therefore made it possible 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, the CERF funds provided returnees with temporary shelter solutions through distribution of shelter kits. It also 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.

With generous funding from CERF, the government counterparts of UNICEF became more active and involved as the funding was utilized for filling the response gap. Enhanced sector coordination further strengthened the coordination for emergency response.

**7. LESSONS LEARNED**

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
The unpredictable situation and continuous armed and political conflict can delay implementation of the humanitarian response.	To increase the duration of rapid response grants.
Timeliness is key for CERF RR window. And this allocation was quickly confirmed.	A collective work CERF/OCHA/HCT could be done to accelerate further the process.

The funding was rather limited for this allocation. Agencies have done a great work in coordination, developed synergies in order to give the greatest impact.	A better assessment of the criticality of the assistance in the short term coupled by a proper assessment of the capacities of agencies to implement quickly the proposed activities.
Situation and remote management in Libya context needs additional implementation time	To increase the grant duration to 12 months

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Due to the intensity of the clashes, at times, UNHCR did not have security clearances to access sites that were close to clashes. The use of a local partner immensely helped in providing lifesaving assistance to UNHCR's persons of concern.	UNHCR managed to reach the persons of concern, in affected areas through its local partner, LibAid. They had their local staff and managed to accomplish the work according to the plan such the distribution of core-relief items. Trainings and capacity building can be increased in the future to further enhance the skills of local partners.	UNHCR
Increased coordination with governmental water and sanitation institutions facilitated timely information sharing and coordinated response	Strengthen the coordination and leadership capacity of the governmental institutions	UN, governmental institutions, NGOs
Partnership with national NGOs facilitated fast response and increased humanitarian access	Continue including capacity building of national NGOs as core modality for the humanitarian response in Libya.	UN, INGOs, Libyan authorities
Continuous coordination and documentation of planned work to be taken place with Department for Combat Illegal Migration (DCIM) and Ministry of Interior to ensure timely access to the detention facilities	Advocacy with DCIM and MoI on cooperation and unrestricted access to the detention centers	HCT, DCIM, Ministry of Interior
Involvement of local partners was fundamental for a timely response as all the humanitarian response was implemented by them	Emphasis and strengthen the capacity building of national NGOs should be prioritised and systematically well-funded	UNCT

## PART II

### 8.1. Project Report 19-RR-FPA-030 - UNFPA

1. Project Information			
<b>1. Agency:</b>	UNFPA	<b>2. Country:</b>	Libya
<b>3. Cluster/Sector:</b>	Protection - Sexual and/or Gender-Based Violence	<b>4. Project Code (CERF):</b>	19-RR-FPA-030
<b>5. Project Title:</b>	Provide life-saving and multi-sectoral response to survivors of gender-based violence among internally displaced persons in Libya.		
<b>6.a Original Start Date:</b>	01/05/2019	<b>6.b Original End Date:</b>	31/10/2019
<b>6.c No-cost Extension:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)	<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)		
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 1,267,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 961,480 <sup>1</sup>
	<b>c. Amount received from CERF:</b>		US\$ 225,000
	<b>d. Total CERF funds forwarded to implementing partners</b>		<b>US\$ 202,683</b>
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 202,683
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF RR funding, UNFPA and its partners deployed 8 mobile teams to provide mental health and psychosocial support (MHPSS) services and recreational activities for the conflict-affected individuals, with a focus on women and girls; locally procured and distributed 3,400 dignity kits containing the most needed items for the safety and wellbeing of women and girls in displacement settings; enhanced the GBV referral mechanisms to identify cases of GBV against women, men, girls and boys and ensure survivors' access to healthcare and first aid psychosocial services; conducted safety audit to assess the situation of essential services in the collective shelters, identifying the need to provide generators to help preventing GBV issues and risks of violence caused by the lack of electricity, as well as the need for blankets during the winter, which were incorporated in the content of the dignity kits; distributed seven post-rape kits in health facilities (AlJalaa Hospital, Al Jofra Hospital, Souq El Khamees, Weryemma Polyclinic, IOM, the Tripoli Forensic Medicine Department (2)).</p> <p>The project reached a total of 7,731 individuals, of which 6,122 were women and girls, providing life-saving GBV prevention and multi-sectoral response services to the most affected vulnerable population affected by ongoing conflict.</p>

<sup>1</sup> FTS data for UNFPA for this emergency include: CERF RR US\$225,000 (flow date 03/05/2019), Italy US\$550,055 (flow date 27/12/2019) and France US\$186,425 (flow date 30/03/2020)

### 3. Changes and Amendments

The continuous fighting in Tripoli led to a constant increase in the number of displaced people. Through the project, UNFPA and its partners targeted the most vulnerable groups of women and girls. Access to the collective shelters was challenging. For some of the collective shelters, for which it took time to negotiate access for the team to provide the needed support. Overachievement of the number of people reached was due to the increase in the number of displaced people and the effective rollout of the newly established Rapid Response Mechanism (RRM), jointly implemented by UNFPA, IOM, UNICEF and WFP.

### 4. People Reached

#### 4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	200	0	0	200
Refugees	0	100	0	0	100
Returnees	0	0	0	0	0
Internally displaced persons	200	1,200	100	500	2,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>200</b>	<b>1,500</b>	<b>100</b>	<b>500</b>	<b>2,300</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	10	20	10	15	55

#### 4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	N/A	N/A	N/A	N/A	N/A
Refugees	N/A	N/A	N/A	N/A	N/A
Returnees	N/A	N/A	N/A	N/A	N/A
Internally displaced persons	187	2,907	1,422	3,215	7,731
Other affected persons	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	<b>187</b>	<b>2,907</b>	<b>1,422</b>	<b>3,215</b>	<b>7,731</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	N/A

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

The exact figures for host communities, refugees and People with Disabilities (PwDs) are not available due to the unavailability of a data collection tool with full disaggregation at the time of implementation by the Implementing Partner.

The effective functioning of the Rapid Response Mechanism (RRM) and excellent collaboration between partner agencies and Implementing Partners made it possible to

	overachieve the targets of displaced women and girls reached, considering the ongoing fighting and increase in number of people displaced.
--	--

**4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT**

Though the awareness sessions men and boys were also targeted and benefited from the psycho-social support (PSS) counselling.

**5. CERF Result Framework**

<b>Project Objective</b>	Overall objective: Alleviate the impact of the conflict and protection on the most vulnerable displaced groups (women, men, girls, and boys). Specific objectives: Address basic dignity needs of vulnerable women, girls in the IDPs gathering such as hygiene and proper clothing. Provide multi-sectorial (psychosocial, health) services supports to the displaced women and their families. Protect women and girls against violence, abuse and exploitation. Ensure coordination, reporting and referral among humanitarian partners to respond to the specific needs of women and girls in conflict affected areas.
--------------------------	--

<b>Output 1</b>	Increased access of GBV survivors to multi-sectoral GBV services (health and psychosocial support) through improved referral to immediate life-saving services			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of women, men, girls and boys received first aid psychosocial support (individual and group counselling)	1,000	4,300	Daily and weekly reports from partners, progress report from partners
Indicator 1.2	# of internally displaced women and girls receiving messages on service availability and accessibility	2,000	3,400	Distribution list, Implementing Partner reports
Indicator 1.3	# of post rape treatment kits distributed in health service delivery points	10	7	Implementing Partner reports and receipts from health facilities
<b>Explanation of output and indicators variance:</b>		The effective functioning of the Rapid Response Mechanism (RRM) and excellent collaboration between partner agencies and Implementing Partners, with the ongoing fighting and increasing number of newly-displaced people, made it possible to overachieve the targets of displaced women and girls reached.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Distribution of post rape treatment kits to health service delivery point. UNFPA will contribute to procure and distribute the kits to health facilities and other forms of health facilities	UNFPA		
Activity 1.2	Provision of psychosocial and health services to survivors of GBV	Psycho-Social Support (PSS) Team		
Activity 1.3	Update the referral pathway in Tripoli	UNFPA & GBV Sub Sector		

<b>Output 2</b>	Vulnerable women and girls are aware about prevention mechanism on GBV issues and have received information about the available of GBV services
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of dignity kits distributed	2,000	3,700	Beneficiaries lists and Implementing Partner reports
Indicator 2.2	Number of awareness raising sessions conducted	50	12,900 Individuals reached through awareness interventions	Implementing Partner reports
<b>Explanation of output and indicators variance:</b>		The 8 mobile teams managed through the PSS sessions (individual or group) to raise the level of awareness in issues related to GBV in the collective shelters. The value reported is the number of individuals reached through this awareness-raising activity, rather than the number of sessions.		
Activities	Description	Implemented by		
Activity 2.1	Procure and distribute female dignity kits	UNFPA, Psycho-Social Support (PSS) Team and the Libyan Scouts		
Activity 2.2	Develop IEC materials	UNFPA		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The CERF proposal was developed based on the needs of women and girls. The interventions were designed after consultation with partners about the items needed by displaced women and girls in the collective shelters. Focus group discussions were conducted to adjust the content of the dignity kits distributed. Feedbacks were also received through the safety audit conducted on the needs for blankets and generator in one of the collective shelters, to which UNFPA responded through its partners, as part of this project. In addition, partners implemented their internal monitoring mechanisms. Regular meetings between UNFPA and partners were conducted to ensure that the proposed activities were able to meet the objectives and targets of the project, with technical assistance provided by UNFPA when needed.</p>
<p><b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b></p> <p>The mechanisms used were the following: 1) Safety Audit, 2) Focus group discussions, 3) Individual counselling and 4) Group counselling</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b></p> <p>UNFPA always maintains strong coordination with its partners, including soliciting open and honest feedback in terms of any issues occurred during the partnership and project implementation. UNFPA makes sure to apply and communicate clear guidance in terms of miscode of conduct, do not harm and other principles.</p>
<p><b>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes  No

UNFPA partners were briefed about SEA. It is part of partners' commitments to adhere to SEA principles and procedures highlighted clearly in the Implementing Partner agreement signed between UNFPA and its partners.

Any other comments (optional):

No

### 7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

N/A

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

No evaluation is planned for this grant allocation

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED



## 8.2. Project Report 19-RR-HCR-022 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Libya
3. Cluster/Sector:	Protection - Protection Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-HCR-022
5. Project Title:	Provision of lifesaving assistance through relocation of vulnerable refugees from detention centers in areas of conflict and distribution of core relief items (CRIs).		
6.a Original Start Date:	04/04/2019	6.b Original End Date:	03/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:	US\$ 1,100,000	
	b. Total funding received for agency's sector response to current emergency:	US\$ 825,000	
	c. Amount received from CERF:	US\$ 275,000	
	d. Total CERF funds forwarded to implementing partners of which to:	US\$ 158,167	
	Government Partners	US\$ 0	
International NGOs	US\$ 0		
National NGOs	US\$ 158,167		
Red Cross/Crescent	US\$ 0		

2. Project Results Summary/Overall Performance
<p>Through the CERF grant, UNHCR and its partner, LibAid were able to assist a total of 3,333 refugees and internally displaced persons (IDPs). Since conflict erupted on 4 April in southern Tripoli, UNHCR relocated over 1,092 refugees and asylum-seekers (out of which 200 were covered under this project) from detention centres affected by/at risk to UNHCR's Gathering and Departure Facility (GDF). Beneficiaries received much needed lifesaving humanitarian assistance, including shelter (accommodation), food, core relief items (CRIs), medical care, child protection activities, registration, protection counselling and other appropriate services for victims of sexual and gender-based violence, including psychosocial support.</p> <p>UNHCR was also able to enhance the resilience of affected communities through the provision of core-relief items (CRIs). Under this project, UNHCR targeted 3,000 IDPs with assistance that included blankets, sleeping mats, kitchen sets, solar lamps, plastic sheets, jerry cans, dignity kits and hygiene kits.</p>

3. Changes and Amendments
No changes have been made in the project from the original proposal/project plan.

4. People Reached
4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	108	18	36	38	200
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>108</b>	<b>18</b>	<b>36</b>	<b>38</b>	<b>200</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	108	18	36	38	200
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>108</b>	<b>18</b>	<b>36</b>	<b>38</b>	<b>200</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	85	88	78	82	333
Returnees	0	0	0	0	0
Internally displaced persons	764	796	706	734	3,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>849</b>	<b>884</b>	<b>784</b>	<b>816</b>	<b>3,333</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0
---	---	---	---	---	---

#### 4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	85	88	78	82	333
Returnees	0	0	0	0	0
Internally displaced persons	764	796	706	734	3,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>849</b>	<b>884</b>	<b>784</b>	<b>816</b>	<b>3,333</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
---	-----

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A
-----

### 5. CERF Result Framework

<b>Project Objective</b>	Enhancing access of afflicted populations to lifesaving assistance and basic needs.
--------------------------	---

<b>Output 1</b>	Reception/transit centre infrastructure established and maintained			
<b>Sector</b>	Protection - Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of People of Concerns accommodated	200	200	UNHCR/Partner's reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Transfer to POCs from detention centers in conflicted areas to safer locations.	UNHCR through a transportation company		
Activity 1.2	Provision of basic and lifesaving assistance in UNHCR's Gathering and Departure Facility (accommodation, food, primary healthcare, child protection activities, PSS and GBV).	UNHCR through its partner LibAid		

<b>Output 2</b>	Population has sufficient basic and domestic items			
<b>Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of POCs receiving core relief items	3,333	3,333	UNHCR/Partner's reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Distribution of Core Relief Items (CRIs) for IDPs in urban, and refugees and asylum-seekers in urban and detention centres.	UNHCR through its partner LibAid		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>UNHCR is committed to providing assistance to people in need wherever they are, respecting the key humanitarian principle of “Do No Harm” by preventing and minimizing any unintended negative effects of activities that can increase people’s vulnerability.</p> <p>The views of the beneficiaries about their needs were gathered through direct interaction during field missions carried out by UNHCR staff and/or its partners. Beneficiaries’ feedback was also gathered through other tools including post distribution and post service provision surveys, information sessions, monitoring exercises, input from community day centres. Feedback and crosschecking of the findings of various partners on the needs of the affected populations were provided during the sectorial Working Groups meetings organized by UNHCR as sector lead for the Protection and Shelter/NFIs Sectors.</p>
<p><b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b></p> <p>UNHCR conducted focus group discussions (FGD) with refugees and asylum seekers from different nationalities, ethnicities and age groups. UNHCR and its partners also focused on specific groups such as women and girls to understand their protection needs and concerns. The conclusions of these exercise provided a basis for planned protection interventions.</p> <p>UNHCR is a humanitarian, non-political, neutral and impartial organization. In accordance to its mandate, UNHCR provides protection services and assistance to its persons of concern. In all its activities, UNHCR applied the Age, Gender and Diversity Mainstreaming, community-based and rights-based approaches, in addition to the “Do-No Harm” principle. When designing its humanitarian programs, UNHCR paid particular attention to the needs of children and older persons and sought to promote the equal rights of women and girls</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b></p> <p>UNHCR ensured that posters on Code of Conduct principles are displayed in all the premises accessible to refugees. Trainings to community representatives (refugees/asylum-seekers) were given by the different implementing partners. UNHCR staff and partners were also trained. Refresher sessions are given to staff and partners on a yearly basis.</p>
<p><b>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

Complaint boxes are available at UNHCR's facilities such as Community Day Centre and Gathering and Departure Facility. Feedback is given accordingly and passed to protection officers in Libya. UNHCR also has four hotlines (Detention, Protection, Registration and Benghazi) to deal with any protection concerns from refugees and asylum-seekers. The Detention and Protection hotlines are available 24hrs/7 days a week while Registration and Benghazi hotlines are available during working hours (9:00 – 17:00). The hotlines were advertised on UNHCR's social media accounts. A general email is available and managed by protection staff to ensure that complaints received are referred to the right unit in charge of the follow-up – this is also advertised. UNHCR is also part of the interagency efforts to build the joint complaint/feedback mechanism established under the lead of World Food Programme.

In order to expand effective communication with communities, the Community Based Protection team created a WhatsApp group in order to be able to promptly pass information related to UNHCR and partners' services and assistance, information on key issues such PSEA, prevention of fraud and corruption and spread it through the communities counting on the extended network of the WhatsApp members. The group included community mobilizers (refugees/asylum-seekers), outreach volunteers and refugees who work closely with UNHCR and its partners. Different nationalities were in the group for inclusivity and their outreach ability to reach all communities. UNHCR's focal points consolidated the frequent questions and the most relevant and prepared responses are shared with the group. For medical questions, responses are shared after being reviewed by UNHCR's public health officer. All the questions reflect the direct need for relevant information as expressed by the refugees.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

UNHCR follows the Communication with Communities (CWC) approach where in all the communication with community channels (i.e. hotlines, WhatsApp, emails, meetings and focus group discussions with communities) information on SEA is included. In addition, the question of protection from SEA is systematically included in focus group discussions organized by UNHCR's community-based protection team especially with community mobilizers and volunteers to increase the sensitization on Zero tolerance policy. Posters and information related to how to report are displayed in the different premises. In order to improve the way to better address issues of PSEA, UNHCR Protection internally assessed the feasibility to have a remote mechanism to offer the possibility for the refugees to disclose issues directly to Protection officers who will conduct direct interviews when alleged cases are identified. UNHCR's staff were also required to complete internal protection on SEA trainings. Additionally, UNHCR is part of the interagency task force led by UNFPA. The task force builds joint initiatives on protection from SEA such as trainings and ensures that clear mechanisms are established within the humanitarian communities.

On the other hand, UNHCR's partners adhere to specific procedures when signing partnership agreements. To ensure that UNHCR is abreast with activities and any SEA related incidences, partners were required to send weekly reports on their operational developments and to flag any cases that require action. Additionally, under CERF's budget, UNHCR through its local partner LibAid recruited 11 wardens at the GDF who's responsibly was to ensure security of POCs from any type of abuse, including sexual exploitation and abuse, in addition to ensuring discipline and order inside the GDF. The wardens were trained on how to deal with UNHCR's persons of concern, particularly the most vulnerable. They were present 24/7 inside the GDF rotating on shifts. The wardens included both males and females.

**Any other comments (optional):**

N/A

## 7. Cash Transfer Programming

**7.a Did the project include one or more Cash Transfer Programmings (CTP)?**

Planned	Achieved
Yes, CTP is a component of the CERF project	No

**7.b Please specify below the parameters of the CTP modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
--------------	----------------------	--------------	-------------------	-------------------	----------------

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<p>Supplementary information (optional):</p> <p>The proposed activities do not include cash transfer programming to targeted beneficiaries. Services were provided indirectly by UNHCR's partners.</p>					

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
Due to the everyday changing security situation of Libya, no evaluation was planned under this project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 8.3. Project Report 19-RR-CEF-072 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Libya
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-072
5. Project Title:	Provision of life-saving Water, Sanitation and Hygiene (WASH) WASH services to conflict-affected persons, including children, in Tripoli and Western Libya		
6.a Original Start Date:	01/05/2019	6.b Original End Date:	31/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 400,001
	c. Amount received from CERF:		US\$ 400,001
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 131,380</b>
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 131,380
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, UNICEF provided water, sanitation and hygiene (WASH) assistance to 213,083 vulnerable people over a period of five months. 8,371 people were provided with safe drinking water, 163,115 with sanitation services, 41,597 with hygiene items through RRM as well as sensitised on key hygiene messages. The implemented project's activities have enabled the affected people to use basic WASH facilities, practice better hygiene behaviours, and reduce the risk of water-borne diseases.</p>

3. Changes and Amendments
<p>Overall, there have been no significant changes in the project other than extending the outreach to additional beneficiaries due to some of the below mentioned reasons.</p> <p>UNICEF had utilised CERF funds through its existing agreements and partners which proved to be time saving and reaching higher number of people. During the planning phase, UNICEF intended to procure supplies locally but after having a comparative analysis, UNICEF procured offshore supplies which proved to be much cheaper than the local market and thus, allowing UNICEF to increase its outreach to additional beneficiaries. Additionally, UNICEF's on-ground expertise, coordination with stakeholders and pragmatic approaches had an edge during the program execution stage.</p> <p>The number of people provided with sanitation services increased from to 2,000 to 163,115. Safe water was provided to 8,371 people (2,000 initially planned) and hygiene promotion/non-food items (NFIs) provision benefitted more than 41,000 people against a planned target of 20,000. Overall, the total number of beneficiaries increased from 22,000 people to 213,083 people</p>

#### 4. People Reached

#### 4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	1,285	175	475	65	2,000
Returnees	0	0	0	0	0
Internally displaced persons	6,370	6,630	3,430	3,570	20,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>7,655</b>	<b>6,805</b>	<b>3,905</b>	<b>3,635</b>	<b>22,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	54,073	51,952	29,116	27,974	163,115
Refugees	1,253	1,203	675	649	3,780
Returnees	0	0	0	0	0
Internally displaced persons	15,311	14,711	8,245	7,921	46,188
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>70,637</b>	<b>67,866</b>	<b>38,036</b>	<b>36,544</b>	<b>213,083</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

UNICEF had utilised CERF funds through its existing agreements and partners which allowed UNICEF to respond on time and reached a higher number of people than initially planned with the support to low cost /high impact interventions.

During the planning phase, UNICEF intended to procure supplies locally but after having a comparative analysis, UNICEF procured offshore supplies as they were cheaper than the local market. In addition to lower cost supplies, UNICEF's on-ground expertise, coordination with stakeholders and pragmatic approaches had an edge during the program execution stage and as a result, 213,083 people were provided with WASH services against a target of 22,000.

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A



5. CERF Result Framework	
<b>Project Objective</b>	Contribute to saving lives and mitigate against outbreak of water borne diseases for 22,000 conflict-affected people through the provision of basic, adequate and safe WASH facilities in Western Libya and municipalities.

<b>Output 1</b>	2000 migrant, refugees and conflict affected persons in detention and collective centres have access to basic safe water facilities in Tripoli and western Libya			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of people provided with minimum amount of safe water in line with international standards	2000	8,371 (4,088 male, 4,283 female)	4Ws, Third Party Monitoring
<b>Explanation of output and indicators variance:</b>		Rehabilitation of WASH facilities in detention centres and collective shelters and higher WASH needs after April 2019 in Tripoli crisis, resulted in additional beneficiaries.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Repair water facilities at collective and detention centres	UNICEF, Libyan Society for Charity Works (LS), Emdad, Department for Combat of Illegal Migration (DCIM),		

<b>Output 2</b>	2,000 migrant, refugee and conflict affected persons in detention and collective centres have access to basic sanitation facilities in Tripoli and western Libya			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of people provided with gender appropriate sanitation facilities	2000	163,115 (83,189 male, 79,926 female)	Implementing partners Report, Third Party Monitoring
<b>Explanation of output and indicators variance:</b>		Large number of IDPs moved to AnZahra city where UNICEF provided support for cleaning of a septic tank to avoid water borne diseases. The target achieved was, therefore, much higher than planned as the cleaning of septic tanks benefitted large catchment population of AnZahra city in Aljifara		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Rehabilitate sanitation and handwashing facilities at collective and detention centers	UNICEF, Libyan Society for Charity Works (LS), Emdad, Department for Combat of Illegal Migration (DCIM), General Company for Water and Wastewater (GCWW)		

<b>Output 3</b>	20,000 conflict affected people in Tripoli and western Libya are aware of good hygiene practices and have enough hygiene items to meet their families water and sanitation requirements for three months.			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 3.1	Number of people reached with hygiene items	20,000	41,597 (20,977 male, 20,620 female)	Implementing Partners Report, Third Party Monitoring
Indicator 3.2	Number of people reached with hygiene promotion messages	20,000	41,597 (20,977 male, 20,620 female)	Implementing Partners Report, Third Party Monitoring
<b>Explanation of output and indicators variance:</b>		UNICEF procured offshore hygiene supplies which were cheaper than local market, as planned initially. As a result, additional beneficiaries were provided with hygiene kits and sensitized on key hygiene messages.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	To procure hygiene kits	UNICEF		
Activity 3.2	To distribute hygiene kits sufficient to conflict-affected families	UNICEF, Libyan Society for Charity Works (LS), Emdad, Department for Combat of Illegal Migration (DCIM), General Company for Water and Wastewater (GCWW)		
Activity 3.3	To conduct promotion and awareness raising activities are for conflict-affected persons	UNICEF, Libyan Society for Charity Works (LS), Sheik Taher Azzawi Charity Organisation (STACO), Department for Combat of Illegal Migration (DCIM)		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

#### **How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

AAP has been ensured through establishment of coordination mechanism with DCIM (Department of Combating Illegal Migration) at centre level and the detention centers' management to rehabilitate the centres and to avoid duplication particularly with IOM projects. During the response to IDPs crisis, 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 were kept informed on the progress. Feedback, complaints and prospective were also collected from affected people in Tripoli and other targeted areas, and DCIM management on the quality and effectiveness of the response. Finally, local partners of Libyan Society and Emdad were selected to ensure accessibility to the affected areas so they can address the needs. All interventions had been thoroughly coordinated with WASH Sector Libya.

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 hard to reach and inaccessible areas and the action points were shared with UNICEF and implementing partners (IPs) for corrective measures.

#### **Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

Existing authorities/ministries had been engaged with throughout the project period. WASH services in detention centres were carried out in close coordination with DCIM. IDPs in collective shelters were provided services in coordination with emergency cell in Deputy Prime Minister office and OCHA. Local Mayors of targeted municipalities were kept in the loop in planning and responding to the WASH needs. RRM (Rapid Response mechanism) had been utilised to provide hygiene items to the affected population. Provision of hygiene items were undertaken after due verification and consultation with local authorities and communities.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

AAP has been ensured through involvement, participation and sharing of information with affected people during project planning and design. Multiple meetings took place with management for the Department for Combatting Illegal Migration (DCIM) management to discuss and agree on the planned activities. The needs of all detainees, particularly women and children, were considered to ensure they have access to appropriate and safe WASH facilities.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.**

Yes  No

Pre and post project broader consultation had been undertaken with concerned municipalities, local mayors, departments and targeted population. Moderate to high level of satisfaction had been observed. Due to the urgent nature of response, access and security constraints, telecommunication access, an organized hotline or complaint response mechanism could not be implemented.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.**

Yes  No

N/A

**Any other comments (optional):**

N/A

## 7. Cash Transfer Programming

**7.a Did the project include one or more Cash Transfer Programmings (CTP)?**

**Planned**

**Achieved**

No

No

**7.b Please specify below the parameters of the CTP modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

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

UNICEF Libya initiated an evaluation in last quarter of 2019, which will be concluded in the 2<sup>nd</sup> quarter of 2020. The findings of the evaluation will be shared, once finalized.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 8.4. Project Report 19-RR-WFP-042 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Libya
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-042
5. Project Title:	Emergency food assistance to conflict-affected population in Libya		
6.a Original Start Date:	08/05/2019	6.b Original End Date:	07/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 855,556
	c. Amount received from CERF:		US\$ 300,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>
	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 RR grant, WFP and its partners provided emergency food rations and emergency ready-to-use food to 37,653 vulnerable IDPs, affected by the escalation of the conflict in the region of Tripoli which started in April 2019. Assistance have been provided for a 3-month period following a 2.5-month period of procurement, customs clearance, transport and dispatch to distribution points.

3. Changes and Amendments
There was no change or amendment of the project.

4. People Reached					
4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	9,459	9,291	5,742	5,508	30,000

Other affected persons	0	0	0	0	0
<b>Total</b>	<b>9,459</b>	<b>9,291</b>	<b>5,742</b>	<b>5,508</b>	<b>30,000</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

<b>Cluster/Sector</b>	Food Security - Food Assistance				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	11,872	11,661	7,207	6,913	37,653
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>11,872</b>	<b>11,661</b>	<b>7,207</b>	<b>6,913</b>	<b>37,653</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

WFP managed to negotiate lower prices with suppliers, which allowed for purchase of additional tonnages of Dry Rations and of Ready-to-use food (Date Bars). Consequently, the number of assisted beneficiaries is proportionally slightly higher.

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

By supporting recently displaced people within the Tripoli region, the project indirectly supported IDPs' families and relatives hosting them for the period through the diminution of the financial burden incurred.

### 5. CERF Result Framework

<b>Project Objective</b>	Provide Emergency food assistance to populations affected by the clashes in the Tripoli area.
--------------------------	---

<b>Output 1</b>	Provide in-kind food to 30,000 individuals per month			
<b>Sector</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of women, men, boys and girls receiving food	30,000 individuals	37,653	CPs monthly distribution reports
Indicator 1.2	Quantity of food rations provided	207,00 MT	232.73 MT	WFP Waybills

				CPs monthly distribution reports
Indicator 1.3	Quantity of ready-to-use food (date bars) provided	6,50 MT	9.07 MT	WFP Waybills CPs monthly distribution reports
<b>Explanation of output and indicators variance:</b>		WFP managed to negotiate lower prices with suppliers, which allowed to purchase additional tonnages of Dry Rations and of Ready-to-use food (Date Bars). Consequently, the number of assisted beneficiaries is proportionally slightly higher.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Targeting of beneficiaries	WFP, CPs and UN Rapid Response Mechanism Partners, Local authorities (Local crisis committees, Municipalities, Ministry of Social affairs)		
Activity 1.2	Food procurement	WFP and CPs		
Activity 1.3	Food Delivery to CPs warehouses	WFP		
Activity 1.4	Distribution, monitoring and reporting	CPs, WFP and Third-party monitor		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>WFP ensures that affected populations are included in the design of planned assistance through local partners and other appropriate communications mechanisms such as crisis committees. Efforts are made to consult with female beneficiaries in planning and implementing food assistance to ensure that protection and other concerns are considered and addressed to the extent possible.</p>
<p><b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b></p> <p>The local crisis committees and municipalities are at the frontline of the community response and WFP worked closely with them, as well as with local partners. Lists of beneficiaries are mainly shared by the Ministry of Social Affairs or the local crisis committees or through local NGO partners. WFP conducts quick need assessments to validate the food needs of the planned caseload through households visits and phone calls conducted by the third-party monitoring. Once needs are validated, WFP operates a cross checking of those lists, identifies the criteria and composition of targeted households according to a vulnerability scorecard.</p> <p>Prioritized at this stage are women-headed households, the number of individuals and the number of minors within the household. The number of individuals with disability (mental and physical) or disease preventing to cover their livelihood expenses is taken into account as well as the number of pregnant and breastfeeding women.</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b></p> <p>As part of its strategy to communicate with communities, WFP designed and disseminated posters to be displayed in each distribution point and leaflets to distribute 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 (answering the question, “Can I receive assistance from WFP and for how long?”). It also provides a helpline number with related guidelines and working hours.</p>

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

In its effort to enhance accountability and transparency towards affected populations, to complement the traditional complaints boxes and feedback received through WFP and cooperating partners' staff, a WFP hotline service was introduced with a 24 hours per day, seven days per week a toll free number, that is accessible to beneficiaries on the flyers that are distributed along with the food assistance and on the posters displayed at the activity points. The WFP Libya's Hotline system acts as a dual-purpose feedback mechanism for beneficiaries as it is designed to provide beneficiaries with answers to their queries and enable beneficiaries as well as non-beneficiaries to provide information on their experience with WFP's programme. The hotline enhances the participatory process by empowering recipients of assistance with avenues for providing and accessing information. Callers have the option of speaking with a trained male or female operator, ensuring any specific gender sensitive issues being reported can be shared appropriately and in confidence. Where relevant, information provided is then used in improving communication, accountability, transparency and programme quality.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

The specific mechanism for reporting and handling Sexual Exploitation and Abuse-related complaints is the WFP hotline whose standard operations have been updated to better embrace SEA issues. So far, no SEA-related complaints has been received.

**Any other comments (optional):**  
No

## 7. Cash Transfer Programming

**7.a Did the project include one or more Cash Transfer Programmings (CTP)?**

Planned	Achieved
No	No

**7.b Please specify below the parameters of the CTP modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):  
N/A

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

WFP is planning to undertake an external evaluation of its food distribution activities over the 2017-2019 period.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.5. Project Report 19-RR-WHO-035 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Libya
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-035
5. Project Title:	Saving Lives through Timely Provision of Emergency Health Services		
6.a Original Start Date:	16/04/2019	6.b Original End Date:	15/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,800,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 500,000
	c. Amount received from CERF:		US\$ 800,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>
	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
<p>WHO worked with the Ministry of Health (MoH) of Libya to provide life-saving emergency response to the people affected by the conflict in Tripoli and surrounding districts. Through this CERF RR grant, life-saving medical supplies, essential medicines, and a comprehensive package of health services were provided in 16 primary health care facilities. 12 front line hospitals and 6 field hospitals in Tripoli, Al Jufra, Misurata, Gharian, Tarhouna, Al Jabal Al Gharbia and Al Margheb.</p> <p>WHO procured and distributed trauma kits, surgical kits, non-communicable disease (NCDs) kits and ARVs (the latter were distributed through the National Centre for Disease Control (NCDC)).</p> <p>In addition, WHO recruited and deployed three emergency medical teams to the targeted areas.</p> <p>A total of 57,819 people in Tripoli, Al Jufra, Misurata, Gharian, Tarhouna, Al Jabal Al Gharbia and Al Margheb benefited from the medical supplies for surgery, trauma care and NCDs. This includes 5,468 who patients benefitted from surgical interventions provided by the emergency medical teams and 737 HIV patients who received ARVs.</p> <p>A surveillance and rapid response network in the targeted areas was activated and integrated within the Early Warning and Response Network (EWARN) of the NCDC. All epidemic-prone communicable diseases were under continuous surveillance; alerts were identified and rapidly responded to.</p>

3. Changes and Amendments
N/A

### 4. People Reached



#### 4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,764	2,394	1,134	1,008	6,300
Refugees	882	1,197	567	504	3,150
Returnees	0	0	0	0	0
Internally displaced persons	5,292	7,182	3,402	3,024	18,900
Other affected persons	882	1,197	567	504	3,150
<b>Total</b>	<b>8,820</b>	<b>11,970</b>	<b>5,670</b>	<b>5,040</b>	<b>31,500</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	14	19	9	8	50

#### 4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	5,204	8,326	3,330	3,956	20,816
Refugees	1,075	1,214	591	589	3,469
Returnees	0	0	0	0	0
Internally displaced persons	8,674	10,407	5,203	4,625	28,909
Other affected persons	1,202	1,850	833	740	4,625
<b>Total</b>	<b>16,155</b>	<b>21,797</b>	<b>9,957</b>	<b>9,910</b>	<b>57,819</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	27	23	10	8	68

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

N/A

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

More than 254,058 people were covered by Early Warning (EWARN) in the areas targeted under the project.

#### 5. CERF Result Framework

<b>Project Objective</b>	To ensure availability of life-saving medical supplies and essential drugs for the treatment of the injured; To improve the access of 35,000 IDPs to a comprehensive package of health services at primary and secondary levels with referral support.
--------------------------	--

<b>Output 1</b>	16 primary and secondary health facilities supported with Non-communicable disease kits			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of health facilities provided with non-communicable disease kits	16	16	Confirmation by WHO procurement and logistic officers and WHO staff field monitoring
Indicator 1.2	Percentage of catchment population healthcare at the supported health facilities in targeted districts	75%	43,364	Data from consultations and estimated beneficiary number/type of kit
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement and distribution of 3 basic and 1 supplementary with non-communicable disease kits	WHO		
Activity 1.2	Procurement and distribution of standard first line drugs for the continuity of treatment for HIV cases and people living with AIDS.	WHO and NCDC		

<b>Output 2</b>	Trauma care and mass casualty management capacity of 12 frontline and 7 field hospitals improved			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of Emergency Medical Teams recruited and deployed to frontline hospitals	3	3	Recruitment contracts, monitoring of daily activities, and weekly consultation data
Indicator 2.2	Number of frontline hospitals supported with trauma and surgical supply kits	12	12	Confirmation by WHO procurement and logistic officers and WHO staff field monitoring
Indicator 2.3	Number of field hospitals supported with trauma and supply surgical kits	7	7	Confirmation by WHO procurement and logistic officers and WHO staff field monitoring
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Recruitment of Emergency Medical Teams	WHO		
Activity 2.2	Procurement and distribution of 4 Supply Surgical Kits	WHO		
Activity 2.3	Procurement and distribution of 7 Trauma A and Trauma B kits	WHO		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b>	
<p>During the planning phase, WHO held consultations with the local municipalities and local and national health authorities to assess needs. Local municipalities also held meetings with the WHO health emergency coordinator, and were invited to health sector meetings.</p> <p>During the implementation of the project WHO conducted client satisfaction surveys by randomly selecting patients who were confidentially asked about the quality of services provided and the attitude of health staff. WHO focal points conducted regular monitoring visits to the targeted health facilities.</p> <p>The results of the client satisfaction survey and monitoring visits were used to improve services. The cumulative project data will be analysed and used to guide future projects</p>	
<b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b>	
<p>The engagement of all parts of the community was secured through two mechanisms: The municipalities involved in the assessment and design of the project raised the concerns of the different groups in their communities and different UN agencies and international NGOs (e.g., UNFPA, IOM, UNHCR and Handicap International) represented the voices of the different vulnerable groups during meetings of the health sector and sub-working groups.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b>	
<p>During its meetings with local municipalities, WHO briefed community representatives on its role, the project's expected outcomes and WHO's accountability of the staff to the affected population. In addition, WHO focal points were instrumental in building trust with affected people by meeting different community groups, being available to answer their questions and making regular announcements on local radio stations and social media about the project, the types of services provided and the location of participating health facilities.</p>	
<b>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</b>	
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>A patient complaint poster with contact information was developed and displayed in health care facilities. 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.</p>	
<b>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.</b>	
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The poster mentioned above gave patients the opportunity to report, in a confidential and dignified manner, their concerns regarding the quality of services provided, ensuring free-of-charge services, and reporting any misbehaviour from staff.</p>	
<b>Any other comments (optional):</b>	
N/A	

**7. Cash Transfer Programming**

**7.a Did the project include one or more Cash Transfer Programmings (CTP)?**

<b>Planned</b>	<b>Achieved</b>
No	No

**7.b Please specify below the parameters of the CTP modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

<b>CTP Modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Cluster/Sector</b>	<b>c. Conditionality</b>	<b>d. Restriction</b>
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):  
N/A

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

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.6. Project Report 19-RR-UDP-008 - UNDP

1. Project Information				
1. Agency:	UNDP	2. Country:	Libya	
3. Cluster/Sector:	Coordination and Support Services - Common Safety and Security	4. Project Code (CERF):	19-RR-UDP-008	
5. Project Title:	Additional security support to support the expansion of humanitarian operations in Greater Tripoli and other parts of Libya requiring humanitarian assistance.			
6.a Original Start Date:	04/06/2019	6.b Original End Date:	03/12/2019	
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	30 June 2020	
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 162,417	
	b. Total funding received for agency's sector response to current emergency		US\$ [Fill in]	
	c. Amount received from CERF:		US\$ 156,254	
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>	
	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
<p>UNDSS worked in supporting the CERF project in regards to the required field in ensuring a safe and secure environment to UN Staff/personnel assigned to achieve their tasks and duties. UNDSS resorted to maintaining the following, but not limited to, points to enable program delivery along with the sustained procedures pertaining to safety and Security:</p> <ul style="list-style-type: none"> <li>- Effectively establishing rapport and good liaison mechanisms with the HG/De-Facto authorities.</li> <li>- Establish good coordination with locals and interlocutors.</li> <li>- Initiating and updating all security-related documents (SRMs, ASP, Fire Safety plan, MEDEVAC/CASEVAC, etc)</li> <li>- Providing Training to all concerned entities/personnel concerning security and safety awareness (induction training, Warden, Fire safety, etc)</li> <li>- Applying gender consideration measures and procedures.</li> <li>- Conducting Exercises and Drills to get acquainted with steps to be followed during In-extremes situations (Fire safety drills, complex attack drills, convoy procedures drills, etc)</li> <li>- Activating movement tracking and monitoring to all missions and staff through the UN Radio Room.</li> <li>- Monitoring closely all security situation updates and initiating security advisories when deemed necessary to maintain the timely sharing of information for the safety and security of UN staff/personnel.</li> </ul> <p>In brief, UNDSS effectively handled the required responsibility to implement a safe and secure environment for the project.</p>

3. Changes and Amendments
There was no changes, deviations or amendments in the project from the original proposal or project plan.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Coordination and Support Services - Common Safety and Security				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Coordination and Support Services - Common Safety and Security				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
---	-----

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

4. CERF Result Framework	
<b>Project Objective</b>	To provide dedicated security support for the expanded lifesaving humanitarian operations in Greater Tripoli and the surrounding areas affected by the ongoing armed conflicts.

<b>Output 1</b>	Increased security information sharing and awareness in support of humanitarian operations in the targeted areas for humanitarian response.			
<b>Sector</b>	Coordination and Support Services - Common Safety and Security			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of security risk assessments (SRA)	6 SRAs (priority areas will be identified by HCT) to be conducted	6 SRAs	SMT minutes
Indicator 1.2	Number of analytical reports and advisories	24 weekly analytical reports and advisories issued	24 weekly reports	SMT minutes and daily reports
Indicator 1.3	Increase security information sharing and cooperation on security issues through regular security briefings at UN Security Cell and INGOs meetings	24 - weekly briefings provided at Security Cell and INGO meetings	24 weekly briefings	Minutes of the SMTs, Security Cell, HCT and meetings with INGOs under the SLT
Indicator 1.4	Ensure situational awareness and effective operational planning through provisions of security reports (daily, weekly, alerts)	120 daily situation reports & 24 weekly security reports + alerts	120 daily sitreps & 24 weekly reports	Daily/Weekly reports as well as SMT minutes and advisories
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Conduct Security Risk Assessments and security analysis - compile and distribute respective documents	UNDSS - Libya		
Activity 1.2	Establish and hold regular security briefings at UN and INGO meetings – built effective security cooperation through networking	UNDSS – Libya		
Activity 1.3	Establish effective security information collection and reporting mechanisms. Compile and share daily situation reports, weekly reports and alerts.	UNDSS - Libya		

<b>Output 2</b>	Security training and operational support to humanitarian organizations operating in Libya			
<b>Sector</b>	Coordination and Support Services - Common Safety and Security			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Surge officer deployed and operational	The FSCO will be based in Tripoli or Benghazi with mission travel as per humanitarian priorities	Achieved	Surge capacity records
Indicator 2.2	Number of humanitarian staff trained on security awareness	100 humanitarian staff trained	100	Training records and briefings
Indicator 2.3	Number of timely operational security mission to humanitarian organizations	20 missions	20	Mission tracking
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Deploy surge officers / provide security support for humanitarian operations	UNDSS - Libya		

Activity 2.2	Conduct of Training on ETB, Security Guards Training and AV Driving (in Benghazi and Tripoli)	UNDSS - Libya
Activity 2.3	Conduct 20 field missions	UNDSS - Libya

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
N/A	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
N/A	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
N/A	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N/A	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N/A	
Any other comments (optional):	
N/A	

<b>7. Cash Transfer Programming</b>	
<b>7.a Did the project include one or more Cash Transfer Programmings (CTP)?</b>	
<b>Planned</b>	<b>Achieved</b>
No	No
<b>7.b Please specify below the parameters of the CTP modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.	



CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities By Implementing Partner*
			Extended Name	Acronym					
19-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	Libyan Society for Charity Works	LS	Yes	NNGO	\$40,000	16-Jul-19	10-Apr-20
19-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	Emdad	Emdad	Yes	NNGO	\$91,380	12-Oct-19	10-Apr-20
19-RR-FPA-030	Protection	UNFPA	Psychosocial Support	PST	Yes	NNGO	\$197,386	14-May-19	14-May-19
19-RR-FPA-030	Protection	UNFPA	The scouts Libya	SCO	Yes	NNGO	\$5,297	14-May-19	14-May-19
19-RR-HCR-022	Multi-sector refugee assistance	UNHCR	Libyan Humanitarian Relief Agency	LIBAid	Yes	NNGO	\$158,167	23-Apr-19	23-Apr-19

See attached.

## **ANNEX 2: Success Stories**

N/A

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>ARV</b>	Anti-Retroviral Drugs
<b>CTP</b>	Cash Transfer Programme
<b>CWC</b>	Communication with Communities
<b>CRI</b>	Core Relief Items
<b>CP</b>	Corporate Partners
<b>DCIM</b>	Department for Combat of Illegal Migration
<b>EWARN</b>	Early Warning and Response Network
<b>FGD</b>	Focus Group Discussions
<b>GDF</b>	Gathering and Departure Facility
<b>GBV</b>	Gender-Based Violence
<b>GCWW</b>	General Company for Water and Wastewater
<b>GNA</b>	Government of National Accord
<b>HCT</b>	Humanitarian Country Team
<b>IHL</b>	International Humanitarian Law
<b>IDP</b>	Internally Displaced Persons
<b>ISCG</b>	Inter-Sector Coordination Group
<b>LNA</b>	Libyan National Army
<b>LSCW</b>	Libyan Society for Charity Works
<b>LCC</b>	Local Crisis Committees
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MoH</b>	Ministry of Health
<b>NCDC</b>	National Centre for Disease Control
<b>NCD</b>	Non-Communicable Disease
<b>NFI</b>	Non-Food Items
<b>PWD</b>	People with Disabilities
<b>PSS</b>	Psycho-Social Support
<b>RRM</b>	Rapid Response Mechanism
<b>STACO</b>	Sheik Taher Azzawi Charity Organisation
<b>UNDP</b>	United Nations Development Programme
<b>UNDSS</b>	United Nations Department for Safety and Security
<b>UNFPA</b>	United Nations Populations Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water Sanitation Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organisation