

**LIBYA
RAPID RESPONSE
FLOOD
2023**

23-RR-LBY-61258

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

Not done

Due to significant staff turnover throughout the flood response, including waves of Surge deployment by each agency, it was not feasible to organize a dedicated AAR meeting. Also, the Rapid Response Mechanism including sector structure was deactivated as of June 2024. In this context, OCHA consulted and followed up with individual agencies, former sector coordinators, and other stakeholders to prepare the report.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The HDP Advisory Group (succeeding HCT in Libya) regularly reviewed key progress, challenges, and ways forward jointly with all partners, supported through the CERF and other humanitarian funding.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF allocation played a pivotal role in addressing the urgent and life-saving needs of populations affected by the floods in northeastern Libya. Through a coordinated and multi-sectoral response, the CERF funding enabled the timely provision of critical shelter, non-food items, and cash assistance to displaced families, alongside essential health, water, sanitation, and protection services. Humanitarian organizations, in collaboration with local authorities and partners, delivered services that enhanced community resilience, improved access to basic necessities, and safeguarded vulnerable populations, particularly women and children. Despite access challenges and operational constraints, the collective efforts of UN agencies and their partners ensured the delivery of crucial support to those most in need. The intervention provided not only immediate relief but also laid the groundwork for ongoing recovery, highlighting the value of CERF funding in enabling swift and coordinated humanitarian action during emergencies. Through effective coordination, beneficiary feedback mechanisms, and the inclusion of protection considerations, the response demonstrated a strong commitment to meeting the diverse needs of affected populations and ensuring accountability. This response was a testament to the collaborative efforts of the humanitarian community in delivering life-saving assistance, mitigating risks, and supporting the recovery of affected communities.

CERF's Added Value:

The CERF-funded response in Libya has played a crucial role in addressing the most urgent, life-saving needs of the flood-affected populations, providing immediate relief to over 500,000 individuals. The CERF funding significantly strengthened the humanitarian response in Libya by enabling rapid and coordinated interventions across various sectors. For instance, IOM's provision of emergency shelter, non-food items (NFIs), and multipurpose cash assistance supported over 13,000 displaced individuals, meeting urgent needs and contributing to recovery. The Common Feedback Mechanism (CFM) allowed for real-time beneficiary feedback, ensuring accountability and responsiveness. UNFPA's establishment of four women and girls' safe spaces in eastern Libya empowered over 7,000 women and girls with psychosocial support (PSS) and protection services, while the distribution of 6,000 dignity kits strengthened GBV prevention efforts. UNHCR, through swift emergency distributions, provided critical aid to 27,000 people, including refugees, and initiated protection-focused outreach to mitigate the crisis's impact on vulnerable groups. UNICEF's WASH initiatives improved water access for 130,000 people and sanitation conditions for over 78,000, mitigating health risks in flood-affected regions. WHO's mobile health services reached 330,000 people, including mental health support and life-saving care in hard-to-reach areas. The combined impact of these interventions, facilitated by CERF, provided immediate relief and laid the foundation for long-term recovery in flood-affected communities.

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

Yes

Partially

No

CERF funds enabled an immediate and efficient response to the flood disaster, ensuring that vital assistance reached affected populations quickly. Emergency shelter, non-food items, cash assistance, and life-saving health services were delivered within days of the storm, providing essential support to thousands of displaced individuals. Despite access challenges and some logistical delays, the rapid deployment of resources and the strategic use of mobile teams, airlifts, and local partnerships allowed for timely interventions in critical areas such as water, sanitation, hygiene, mental health, and protection. This swift action significantly alleviated suffering and helped stabilize vulnerable communities after the disaster.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Yes, CERF funds helped respond to time-critical needs in Libya. Through the grant, rapid deployment of emergency shelter kits, non-food items, and multipurpose cash assistance enabled affected populations to access immediate relief. Additionally, key sectors such as water, sanitation, and hygiene, as well as mental health and psychosocial support, were prioritized to meet urgent recovery needs in flood-impacted areas.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Yes, CERF improved coordination among the humanitarian community in Libya. The project facilitated collaboration between multiple UN agencies, INGOs, local organizations, and government bodies to provide targeted aid. For example, IOM, UNFPA, UNHCR, UNICEF, and WHO worked together to distribute emergency relief items, provide psychosocial support, and improve water and sanitation services. Additionally, the Common Feedback Mechanism (CFM) ensured that affected populations were consulted and their feedback was incorporated into response strategies.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Yes, CERF allocation during the first two weeks of the flood helped create a sense of urgency amongst the donors and crowded in donors' immediate support towards the flood-affected regions. In the end, the flash appeal was nearly 100 percent funded by donors.

Considerations of the ERC's Underfunded Priority Areas¹:

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

The CERF-funded interventions in Libya addressed several of the ERC's Underfunded Priority Areas, specifically support for women and girls, protection, and programs targeting disabled people.

Most Urgent Funding Areas:

- **Support for women and girls:** The provision of gender-based violence (GBV) services and mental health support was a critical area. IOM and UNFPA focused on women and girls through GBV risk mitigation, psychosocial support, and safe spaces. The need for these services was especially urgent given the displacement, exposure to violence, and psychological trauma resulting from the floods.
- **Programs targeting disabled people:** IOM, UNFPA, and WHO ensured the inclusion of persons with disabilities in their response.

Advancing Collective Efforts:

- **Gender-based violence and support for women and girls:** CERF's contribution allowed for the establishment of Women and Girls Safe Spaces (WGSS), the distribution of dignity kits, and psychosocial support (PSS), which were essential in addressing the high vulnerability of women and girls.
- **Inclusion of people with disabilities:** CERF helped ensure accessibility for disabled persons in the delivery of services. Future interventions could integrate disability-inclusive policies into all sectors, such as shelter and education, making it a cross-cutting issue rather than an isolated focus.
- **Protection programming:** Through the use of feedback mechanisms and the integration of protection concerns into every aspect of response, CERF helped advance protection efforts.

Key Challenges:

- **Access restrictions:** Access to affected areas, especially Derna, posed significant barriers to the implementation of activities especially protection and health services, particularly in remote and hard-to-reach areas.
- **Cultural and logistical barriers:** IOM faced resistance to the use of emergency shelters (tents), leading to the abandonment of initial plans. Adapting to cultural norms and local preferences, such as shifting to cash-based interventions and winterization kits, was necessary but presented challenges in terms of planning and execution.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	71,400,000
CERF	10,000,000
Country-Based Pooled Fund (if applicable)	N/A for Libya
Other (bilateral/multilateral)	82,118,905
Total funding received for the humanitarian response (by source above)	92,118,905

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-032	Shelter and Non-Food Items	1,500,000
UNFPA	23-RR-FPA-040	Protection - Gender-Based Violence	400,000
UNHCR	23-RR-HCR-030	Shelter and Non-Food Items	1,494,000
UNHCR	23-RR-HCR-030	Protection	306,000
UNICEF	23-RR-CEF-051	Protection - Child Protection	300,000
UNICEF	23-RR-CEF-052	Water, Sanitation and Hygiene	3,000,000

WHO	23-RR-WHO-037	Health	3,000,000
Total			10,000,000

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	8,187,736
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,569,468
Funds sub-granted to national NGO partners*	242,796
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,812,264
Total	10,000,000

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

OCHA estimated that approximately 884,000 people in five provinces in eastern Libya reside in areas directly affected by storm Daniel (that made landfall in Libya on 10 September 2023) and the flash floods which have impacted communities to varying degrees. The large-scale flooding in Libya's northeast led to loss of lives and infrastructure damage in several coastal towns and along rivers. The city of Derna was particularly hard hit after two dams broke upstream, releasing over 30 million cubic meters of water into the city. The hardest-hit areas include Derna, Albayda, Soussa, Al-Marj, Shahat, Taknis, Battah, Tolmeita, Bersis, Tokra, and Al-Abyar, among others. Schools and hotels were used as shelters. A flash appeal sought to raise \$71 million to assist 250,000 people. Before the devastating impact of storm Daniel, the country had a pre-existing humanitarian crisis, with around 300,000 people assessed to require humanitarian assistance in 2023. Instability, conflict, and displacement had left vulnerable populations in dire need of support, making the arrival of the storm a compounding factor in an already complex humanitarian context.

Operational Use of the CERF Allocation and Results:

The CERF allocation was strategically designed to address the immediate and critical humanitarian needs resulting from storm Daniel's impact in Libya, in line with the flash appeal. The allocation focused on immediate lifesaving and life-sustaining assistance, reinforcing the humanitarian response to meet the needs of the affected population. The primary operational objectives of this allocation were to prevent further loss of life and mitigate the impact of the flooding. It aimed to provide integrated humanitarian interventions that comprehensively address the needs of affected communities, with a particular focus on vulnerable groups such as women, children, people with disabilities, and migrants. This allocation supported the restoration of essential services, strengthened resilience, and enhanced protection mechanisms. The allocation targeted a combined total of 62,331 affected people with engagements in the Shelter and Non-Food Items, Protection (including Child Protection and Protection from Gender-Based Violence), Water, Sanitation and Hygiene, and Health sectors.

People Directly Reached:

To estimate the number of people directly reached by CERF funding, data was gathered through field reports, beneficiary lists, and feedback mechanisms. Figures from Tables 4, 5, and 6 (see below) represent the cumulative number of individuals who received assistance across different sectors and categories. To avoid double-counting, efforts were made to ensure that people who benefited from multiple services (e.g., shelter and health) were counted only once per sector or category. This was done by cross-referencing beneficiary lists and ensuring that people who received aid across multiple sectors were counted only once per group or sector. For example, individuals who received both shelter assistance and health services were only counted once in the total number of beneficiaries reached.

People Indirectly Reached:

The CERF-funded activities indirectly reached a significant number of individuals through awareness campaigns, service delivery capacity expansion, and health education efforts. UNFPA's 16-day campaign to combat violence against women reached 29,739 people through a mix of in-person sessions, workshops, and media outreach, including radio, TV, and social media platforms.

UNICEF's hygiene awareness campaigns impacted 170,000 people in flood-affected areas and across Libya, educating them on essential hygiene practices and safe water usage. Additionally, UNICEF's provision of chlorine for water treatment benefited approximately 250,000 people, ensuring access to safe drinking water and reducing health risks in affected regions. UNICEF's water quality training, along with portable laboratory equipment, further enhanced the capacity for water quality monitoring in the Green Mountain region, benefiting the entire population of the area.

WHO's social media campaign reached 5.7 million people on Facebook and Instagram, disseminating important health information regarding waterborne diseases, mental health, and post-flood public health risks. These campaigns contributed to broader regional health improvements, particularly by promoting hygiene and water safety, as well as raising awareness about mental health and psychosocial support.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Health	83,335	96,351	52,135	26,798	258,619	88,030	90,437	74,745	76,788	330,000
Protection	4,250	4,250	4,250	4,250	17,000	6,795	6,887	6,633	6,891	27,206
Protection - Child Protection	2,000	1,000	3,500	3,500	10,000	1,154	668	5,285	4,715	11,822
Protection - Gender-Based Violence	3,071	307	491	430	4,299	3,871	1,987	1,161	1,306	8,325
Shelter and Non-Food Items	12,750	12,750	6,150	6,150	37,800	4,339	7,779	3,566	3,499	19,183
Water, Sanitation and Hygiene	20,000	16,000	14,000	10,000	60,000	46,410	44,590	19,890	19,110	130,000

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	1,000	4,145
Returnees	21,151	0
Internally displaced people	35,088	332,619
Host communities	188,585	41,282
Other affected people	13,653	18,489
Total	259,477	396,535

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	83,602	104,189	11,048	2,885
Men	96,529	107,758	12,877	2,974
Girls	52,344	91,390	6,731	2,299
Boys	27,002	93,199	5,874	2,368
Total	259,477	396,536	36,530	10,526

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-032

1. Project Information			
Agency:	IOM	Country:	Libya
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-IOM-032
Project title:	Emergency Shelter and NFI for affected populations of the Floods in Northeastern Libya		
Start date:	10/09/2023	End date:	09/06/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,896,480
	Amount received from CERF:		US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM provided in-kind shelter assistance (308 sealing off kits – SOK) to 1701 displaced, flood-affected individuals (308 Households); supported 8,715 IDPs, and 3,500 migrants through in-kind NFIs assistance (21,133 NFIs and 133 Electric Generators) and provided multipurpose cash assistance (MPCA) to 309 displaced households/1699 displaced individuals (120\$ per household per month for 3 months). The intervention took place in flood-affected areas in Northeastern Libya except cash distribution that was extended to flood-displaced individuals present in western Libya, particularly in Tripoli.

IOM's implementation of the CERF-funded project Emergency Shelter and NFI for affected populations of the Floods in Northeastern Libya enabled a) the provision of emergency SNFI support to displaced populations in Northeastern Libya, aiding them in withstanding the harsh elements and in maintaining adequate hygiene practices, b) the provision of MPCA support to flood affected households, assisting them in surmounting hardships and in meeting their urgent as well as recovery needs.

3. Changes and Amendments

I-Context/Situation before the revision:

1- Shelter:

A) Operational complications during implementation:

Indicator 1.1. SN.1a Number of people receiving in-kind shelter assistance (emergency shelter). Target: 900.

Indicator 1.2: SN.1b Number of in-kind shelter kits distributed (emergency shelter). Target: 150

In the wake of the Storm Daniel disaster, IOM recognized the urgent need to support affected populations with emergency shelters (emergency tents). The Storm caused torrential rain, flooding, and the collapse of two dams in Derna, sweeping away the entire neighborhood. The utmost destruction of communal infrastructure and residential buildings warranted – as per IOM's initial assessment and drawing on IOM's experience in similar settings and circumstances – the provision of initial emergency shelter support until mid to long-term alternative accommodation solutions are secured.

Nevertheless, affected populations were disinclined to use tents as temporary shelters, given Libyans' negative perception of utilizing tents in an emergency. Scenes of erected tents can be associated with extreme fragility and instability and can evoke memories of a post-revolution context where thousands of Libyans sought refuge in camps in the South of Tunisia. Local authorities in affected regions were also unfavorable to setting up tents, opting instead for accommodating affected communities in collective centers. Eventually, a small proportion of IDPs were housed in collective centers, and the great majority either rented accommodations or were hosted by their relatives.

Given that the use of tents in emergencies in Libya carries a negative cultural connotation, that the local authorities did not see the need for setting up tents, and that there were better options available for affected communities in Libya, IOM, after consulting with local authorities, decided to forego the purchase and distribution of tents.

Indicator 1.5. SN.3 Number of shelters and common shelter structures constructed or rehabilitated (collective centers). Target: 10.

Indicator 1.6. SN.6 Number of people accessing shelter services (collective centers repaired, maintained, rehabilitated). Target: 10000.

In the immediate aftermath of the disaster, IOM Libya DTM identified several schools and different structures and facilities sheltering flood-affected, displaced populations. Based on these early findings, IOM projected that the number of communities accommodated in collective centers would increase exponentially. The context and findings at the time of the assessments showcased immense destruction of residential buildings and the displacement of thousands of families. As means to provide assistance, the government established collective centers. Nevertheless, affected populations' stay in collective centers was short lived. While initially a small proportion were housed in schools and public structures, all IDPs soon after relocated to different areas or cities to live with their relatives and family members or to rent accommodation elsewhere. Furthermore, the government urged affected populations to secure alternative housing and issued directives that promptly led to the closure of collective centers.

B) Remedial action:

As outlined above, IOM did not rehabilitate collective centers since collective centers ceased to exist by December 2023. As a remedial action: IOM proposed the use of Cash-Based Intervention / Multi-Purpose Cash Support as a means to ensure dignity, empowerment, and choice for affected populations.

2- NFIs:

In November 2023, affected populations expressed the need for winterization kits. As many have lost all of their material belongings due to the disaster, winterization kits were perceived as necessary items for overcoming the harsh winter season until durable solutions are achieved. Additional types of NFIs (such as heaters) were also in high demand.

II-Revision:

- A) 3-month NCE.
- B) Reprogramming: Activity 1.1. Provide emergency shelter to affected individuals: Fully removed. / Activity 1.2. Provide sealing off kits to affected individuals: Partially implemented (Less need than anticipated during project conceptualization). Activity 1.3. Maintain and/or repair, and/or rehabilitate collective centers: Fully removed:
 - ⇒ Removed activities were replaced by CBI/MPC and NFI/ Winterization kits.
- C) Redeployment of funds: Component 1: Cash-based Intervention: Multi-purpose Cash Support: 231,904.00 \$ Assessments and identification of Cash Support beneficiaries: 60,000.00 \$. Component 2: Procurement and distribution of NFIs: 208,096 \$.

III-CERF's response: The donor approved the revision.

IV-Revision Outcome: Implemented and partially achieved.

Complications and delays in implementation caused by access constraints, cumbersome administrative procedures and challenging logistical processes resulted in unspent funds under the CBI and SNFI components. Unspent Funds (amount to be communicated when financial report is ready) will be returned following the submission of the final financial report.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items (as per the revision, this initial plan, reflected in the figures under Planned , is no longer relevant/applicable).									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	7,000	7,000	1,000	1,000	16,000	3,447	3,391	2,675	2,608	12,121
Host communities	1,500	1,500	900	900	4,800	0	0	0	0	0
Other affected people	0	0	0	0	0	0	3500	0	0	3500
Total	8,500	8,500	1,900	1,900	20,800	3,447	6,891	2,675	2,608	15,621
People with disabilities (PWD) out of the total										
	50	50	25	25	150	138	275	107	104	624

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

No indirect beneficiaries / No people indirectly targeted by the project. All beneficiaries are direct (Reported in detail under Section Nr. 4).

6. CERF Results Framework

Project objective To respond to needs in urgent shelter and households' essentials, provide emergency relief assistance to the most vulnerable to mitigate the impact of the floods, restore dignified living conditions, and address the deteriorating humanitarian conditions in northeast of Libya.

Output 1 Affected populations have access to emergency shelter assistance and collective centres in host communities and displacement settings are maintained, repaired and rehabilitated.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.1a Number of people receiving in-kind shelter assistance (emergency shelter)	0	0	N/A.
Indicator 1.2	SN.1b Number of in-kind shelter kits distributed (emergency shelter)	0	0	N/A.
Indicator 1.3	SN.1a Number of people receiving in-kind shelter assistance (sealing off kits – SOK)	900	1707	1707 Individuals (308 Households). Distribution records.
Indicator 1.4	SN.1b Number of in-kind shelter kits distributed (SOK)	150	308	Distribution records.
Indicator 1.5	SN.3 Number of shelters and common shelter structures constructed or rehabilitated (collective centers)	0	0	N/A.
Indicator 1.6	SN.6 Number of people accessing shelter services (collective centers repaired, maintained, rehabilitated)	0	0	N/A.

Explanation of output and indicators variance:

1) Initial targets, prior to the revision of the project vs revision targets, following the revision of the project:

Indicator 1.1:
Initial target: 900
Revision target: 0
Achieved: 0
Related activity: Activity 1.1: Fully removed.

Indicator 1.2:
Initial target: 150
Revision target: 0
Achieved: 0

	<p><u>Related activity: Activity 1.1: Fully removed.</u></p> <p>Indicator 1.3: <u>Initial target: 2400</u> <u>Revision target: 900</u> <u>Achieved: 1707</u> <u>Related activity: Activity 1.2: Kept.</u></p> <p>Indicator 1.4: <u>Initial target: 400</u> <u>Revision target: 150</u> <u>Achieved: 308</u> <u>Related activity: Activity 1.2: Kept.</u></p> <p>Indicator 1.5: <u>Initial target: 10</u> <u>Revision target: 0</u> <u>Achieved: 0</u> <u>Related activity: Activity 1.3: Fully removed.</u></p> <p>Indicator 1.6: <u>Initial target: 10,000</u> <u>Revision target: 0</u> <u>Achieved: 0</u> <u>Related activity: Activity 1.3: Fully removed.</u></p> <p>2) Indicators 1.3 and 1.4: Reasons for the overachievement</p> <p><u>SN.1a: Number of people receiving in-kind shelter assistance (sealing off kits – SOK). Target 900 / Result 1707</u></p> <p><u>SN.1b: Number of in-kind shelter kits distributed (SOK). Target 150 / Result 308.</u></p> <p>The initial sealing-off kit was designed to provide urgent shelter repair materials, such as timber, hardware items, and roofing sheets for beneficiaries to conduct minor repair of damaged houses. However, delays in assessment due to access restrictions and difficulties in reaching affected communities led to a change in requirements from the initially proposed sealing-off kit. Based on later needs, the kit was revised to provide house repair materials such as crack sealing, cleaning, removing damaged paint, and repainting. As a result, the overall cost of the kit decreased, allowing for procuring more items and therefore reaching more beneficiaries than initially planned.</p>
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Activities	Description	Implemented by
Activity 1.1	Provide emergency shelter to affected individuals.	N/A.
Activity 1.2	Provide sealing off kits to affected individuals.	IOM.
Activity 1.3	Maintain and/or repair, and/or rehabilitate collective centers.	N/A.
Activity 1.4	Monitoring	IOM.

Output 2	Affected populations have access to essential households' items to improve living conditions and dignity
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Was the planned output changed through a reprogramming after the application stage?

Yes

No

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.2a Number of people receiving in-kind NFI assistance	11,700	12,215	12,215 (8,715 IDPs, and 3,500 migrants). Distribution records.
Indicator 2.2	SN.2b Number of in-kind NFI kits distributed	33,950	21,266	21,266 (21,133 NFIs and 133 Electric Generators) Distribution records.

Explanation of output and indicators variance:

1) Initial targets, before the revision of the project vs revision targets, following the revision of the project:

Indicator 2.1:

Initial target: 7,500

Revision target: 11,700

Achieved: 12,215 (8,715 IDPs, and 3,500 migrants).

Related activity: Activity 2.1.

Indicator 2.2:

Initial target: 24,050

Revision target: 33,950

Achieved: 21,266.

Related activity: Activity 2.2.

2) Indicator 2.2: Reasons for the underachievement.

SN.2b: Number of in-kind NFI kits distributed. Target 33,950 / Result 21,266.

Issue 1: The total number of procured NFIs is 24,333 -- an under procurement/underachievement of 9,617 items, as a result of significant logistical challenges and supply chain constraints within the Libyan market. Specifically, the limited availability of items, coupled with local vendors' insufficient capacity to meet large-scale procurement demands, led to difficulties in fulfilling procurement requirements on schedule.

Issue 2: Out of the total number of procured NFIs (24,333), 3200 were seized by local authorities in Derna due to deconfliction/bureaucratic issues. Specifically, during the distribution operation in question - coordinated with authorities through OCHA as a standard, agreed-upon process - two trucks transporting items to beneficiaries arrived in Derna. The External Security (Intelligence Agency) confiscated the NFIs onboard the truck, stating the reason as failure to present a valid movement clearance. IOM informed OCHA immediately and efforts were made to retrieve the items, to no avail. The items remain confiscated to date. Recently, IOM learned through unofficial channels that the confiscated NFIs have been distributed by authorities (please see the incident report).

Lessons learned and future commitments: IOM acknowledges encountering procurement difficulties and vows to optimize its vendor selection process to ensure future commitments are fulfilled.

Activities	Description	Implemented by
Activity 2.1	Provide emergency NFI assistance to affected individuals.	IOM.
Activity 2.2	Monitoring	IOM.

Output 3 Affected populations have access to Multi-Purpose Cash assistance and therefore empowered to make choices and decisions in accordance with their unique needs which ultimately translates into improved living conditions, and a restored feeling of choice and dignity.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Cash and voucher assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Cash.1a Number of people receiving multi-purpose cash	495	309	309 Households (1699 Individuals). List of beneficiaries, transaction report, financial documents (Prepaid purchase order invoices)
Indicator 3.2	Cash.1b Total value of multi-purpose cash distributed in USD	231,904	111,240	111,240

Explanation of output and indicators variance:

1) Indicators 3.1 and 3.2 Reasons for the underachievement

Cash.1a Number of people receiving multi-purpose cash: **Target 495 / Result 309 Households (1699 Individuals).**

Cash.1b Total value of multi-purpose cash distributed in USD: **Target 231,904 / Result 111,240**

Access restrictions to project locations and interference with humanitarian action impacted the timely distribution of vouchers to beneficiaries. On multiple occasions, IOM was prevented from distributing vouchers to beneficiaries. As a result, IOM was not able to reach 186 households (out of the 495 target).

Important to note that restrictions and constraints impacted not only IOM's but all UN agencies' operations in the east, and required High Level UN interventions, led by the UN ASG & RHC Georgette Gagnon and the DSRSG for Political Affairs & UN Envoy Stephanie Khoury, who frequently visited the East of Libya in recent months and met with high level Libyan officials to advocate for unrestricted and uninterrupted humanitarian access in the East (among other issues).

N.B: the CVA figures reported in this narrative report is IOM's best estimation at the time of submission. Kindly refer to the final financial report for the final total value of the distributed multi-purpose cash.

Activities	Description	Implemented by
Activity 3.1	Identify beneficiaries for MPC assistance	IOM.
Activity 3.2	Provide MPC assistance to identified beneficiaries	IOM.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

NFIs component:

Before distributions, the beneficiaries were consulted and informed about the distribution location and timing. Distributions took place when affected populations approved of distributions' locations and timing.

Regarding distribution locations, many factors were taken into account, including, among others, ease of access (in and out), sufficient space, and location proximity to means of transportation.

When conducting distributions, beneficiaries' phone numbers were collected for subsequent M&E processes. The M&E team systematically reaches out to beneficiaries to collect their feedback for incorporation in future project designs and/or for revising the scope/modality/activities of ongoing projects, as relevant and necessary.

Shelter component:

During the previous distribution of heaters and hygiene kits, feedback was collected from beneficiaries to identify the most common shelter needs. Based on this feedback, a standard sealing-off kit (SoK) was prepared to address most of the common requirements. An IOM staff was assigned as a contact focal point to whom beneficiaries can reach out to offer additional suggestions.

Cash component:

IOM established a clear feedback and complaint mechanism for beneficiaries receiving cash assistance. Each distributed card included two contact numbers: IOM's and Tafany's (IOM's FSP) hotline numbers. Beneficiaries had therefore access to both IOM and Tafany to voice their concerns and/or express any complaints regarding the distribution process or any other encountered issues. This process enabled open communication channels with, and accountability vis-a-vis affected population.

b. AAP Feedback and Complaint Mechanisms:

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

In Libya, the Common Feedback Mechanism (CFM) is operational and accessible to the project beneficiaries. The CFM is a toll-free, country-wide number that affected populations call to obtain information on humanitarian assistance programs; submit their feedback and get referrals to the humanitarian organizations that are best suited to handle their issue(s). The CFM enables the humanitarian community to collect feedback directly from the affected populations; better understand the needs on the ground; and make informed programming decisions. The CFM is called Tawasul.

Tawasul CFM is administered by a team of national hotline operators, 50% of whom are women. The languages spoken by migrants, refugees, and host populations are in use within the CFM.

The CFM systematically receives calls, complaints/requests from the affected population to address such calls while taking into account the different needs within communities from an age, gender, and diversity perspective. Needs and priorities are circulated to response partners (including IOM) through agreed feedback pathways, which include guidance on response time to ensure feedback loop closure, document programme adjustment, and trust building with affected communities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

IOM staff implementing the project underwent training on the prevention of sexual abuse and exploitation (PSEA) and IOM's GBV risk mitigation approach.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

A special emphasis was put on the needs of women and girls during the initial needs assessment. These assessments enabled effective service provision to women and girls, namely about the distribution of non-food items, and particularly concerning the ease of access, cultural appropriateness, and distribution timing.

When implementing the project, IOM identified cash as a favorable and convenient support modality for women, especially those heading a household, and was therefore incorporated into the project.

GBV risk mitigation is an integral part of the emergency response's Terms of reference (ToR). Staff in charge of the implementation were trained on the ethical and safe management of GBV disclosures.

e. People with disabilities (PwD):

During the initial assessments and community consultations, IOM identified access barriers for persons with disabilities and tailored the delivery methods to address these barriers effectively. The distribution of NFIs and cash vouchers was conducted in areas accessible to PwDs. Furthermore, vulnerability criteria, including disability, were considered when distributing NFIs and cash vouchers

f. Protection:

Protection concerns, including child protection, the protection of undocumented migrants, risks of gender-based violence (GBV), and other vulnerability-related issues, were thoroughly assessed and integrated into the project's implementation.

Staff in charge of the project implementation were trained on protection mainstreaming and sensitized on the importance of Do No Harm and Accountability to Affected Populations.

IOM ensured physical safety in project locations and promoted inclusion and accessibility for vulnerable groups, such as people with disabilities, the elderly, women, and children.

g. Education:

N/A.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	309

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

IOM provided MPCA to flood-affected IDPs, specifically those displaced in Tripoli and Tobruk. In line with the recommendation of the CWG, 360 USD was set as the overall cash allocation per HH (120 USD per month, per HH for three months). IOM conducted a vulnerability needs assessment to identify beneficiaries. Please refer to the Annex **CBI Beneficiaries Profile** for an overview of the CVA's beneficiaries' profile, including their demographic and vulnerability characteristics.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
MPCA.	309	111,240	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities	
Title	Weblink
Storm Daniel: From Ruin to Recovery. Social media post.	<u>Link 1.</u>
<i>Storm Daniel: From Ruin to Recovery. YouTube trailer.</i>	<u>Link 2.</u>
<i>Storm Daniel: From Ruin to Recovery. Full video (screened to various stakeholders, but unpublished on SM).</i>	<u>Link 3.</u>

3.2 Project Report 23-RR-FPA-040

1. Project Information			
Agency:	UNFPA	Country:	Libya
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	23-RR-FPA-040
Project title:	GBV Response Risk mitigation East Libya		
Start date:	10/09/2023	End date:	09/03/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,910,160
	Total funding received for agency's sector response to current emergency:		US\$ \$2,656,367
	Amount received from CERF:		US\$ 400,000
	Total CERF funds sub-granted to implementing partners:		US\$ 212,465
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 212,465
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA in collaboration with its partners has set up four women and girls' safe spaces in Benghazi, Derna, Shahat, and Al Bayda where 7,028 disaster-affected women and girls got access to PSS consultations, recreational activities and GBV case management and referral to specialized protection services. Since the government provided cash assistance to the displaced households, the temporary shelters and UNFPA-supported WGSS were shut down (except the one in Benghazi). Moreover, UNFPA's partners in the East availed PSS services, GBV case management and asset-building activities to 10,303 displaced women, men, girls and boys since the onset of the floods.

UNFPA and its partners have trained 46 service providers on GBV core concepts and GBV case management.

UNFPA has completed the procurement of 6,000 Dignity kits and provided 2,900 women in the East with core relief items. Dignity kits were distributed through the interagency Rapid Response Mechanism (together with other core relief items provided by IOM, UNICEF and WFP) to the displaced women. The Dignity kits were used as well as entry point for GBV case management and PSS.

UNFPA and its partners in the East have reached out to 3,304 women and girls with direct awareness activities on available services and psychosocial impacts of the flood and the displacements on women and girls.

3. Changes and Amendments

UNFPA's partner reported access constraints when they conducted safety audits in collective shelters in the flood-affected areas (especially in Benghazi and Derna) however they succeeded in conducting 10 safety audits.

The social workers were prevented by the local authorities from providing PSS inside transit shelters to displaced women. Therefore, UNFPA agreed with the partners to avail confidential consultations inside the WGSS.

Moreover, the area of Derna continued to be controlled by the military who required an additional security clearance for the humanitarian aid personnel to access the city. International aid workers faced additional access constraints to the eastern areas. Coordination with the authorities controlling the Eastern and Western areas continued to be fragmented with parallel and uncoordinated initiatives from the two governments. Access to protection services for women and girls remained very challenging due to the restrictions. The establishment of four WGSS allowed to increase in the number of beneficiaries. However, the access constraints to the displaced people in the shelters and Derna affected the distribution of dignity kits which could not be completed before the end of the project. UNFPA has delivered the dignity kits to the Humanitarian branch of the Ministry of Social Affairs (LibAid) and local NGOs (PSS TEAM and Amazonat). These Dignity kits continued to be distributed regularly to women visiting the WGSS even after the end of this project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	71	7	11	10	99	89	46	27	30	192
Returnees	0	0	0	0	0					
Internally displaced people	2,500	250	400	350	3,500	3,152	1,618	945	1,063	6,778
Host communities	500	50	80	70	700	630	323	189	213	1,355
Other affected people	0	0	0	0	0					
Total	3,071	307	491	430	4,299	3,871	1,987	1,161	1,306	8,325
People with disabilities (PwD) out of the total										
	50	0	20	0	70	245	130	65	81	521

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

UNFPA and its partners were able to reach out to a total of 29,739 people through awareness activities, in-person sessions, workshops - radio programs - television programs - Facebook pages - sponsored advertisements - and text messages during the 16-day campaign to combat violence against women.

6. CERF Results Framework

Project objective Provide multisectoral, compassionate, confidential, survivor-centred GBV prevention and response in East of Libya.

Output 1 Multisectoral GBV services prevention and response is provided in the affected locations in East Libya

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	5000	7,028	Amazonat Workplan Progress Report PSS Team Workplan Progress Report
Indicator 1.2	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported	3	4	Amazonat Workplan Progress Report PSS Team Workplan Progress Report
Indicator 1.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	2	10,303	Amazonat Workplan Progress Report PSS Team Workplan Progress Report

Explanation of output and indicators variance:

UNFPA partners were able to set up 3 temporary Women and girls Safe Spaces in (Shahat, Derna and Al bayda) in addition to the WGSS in Benghazi. This has allowed to increase the number of people accessing the WGSS to 7028 beneficiaries.

Moreover, the deployment of 7 mobile PSS teams allowed to increase the number of women reached through PSS consultations, sessions, and activities, recreational activities, GBV case management and referrals to other services.

	Due to the evacuation of the camps for the displaced people from Derna in the municipality of Al-Bayda and the municipality of Benghazi and Shahat, where sums of money were given as rent allowance to families, the safe spaces that we had created were evacuated and we continued to provide the services through mobile safe spaces.
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Activities	Description	Implemented by
Activity 1.1	Provide GBV case management and psychosocial services	UNFPA, PSS TEAM, Amazonat
Activity 1.2	Support and establish women and girls safe space in affected location	UNFPA, PSS TEAM, Amazonat
Activity 1.3	Strengthen referral services for GBV survivors	UNFPA, PSS TEAM, Amazonat

Output 2 Improved community capacities and knowledge to respond and mitigate GBV

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of women, men, boys and girls reached through awareness raising initiatives	3500	3,304	Amazonat Workplan Progress Report PSS Team Workplan Progress Report
Indicator 2.2	Number of GBV and non-GBV specialists trained	50	46	PSS Team Workplan Progress Report

Explanation of output and indicators variance:	<p>The number of people reported as reached through awareness-raising activities reflects the number of direct beneficiaries reached through individual and group sessions (face-to-face). Our partners reached a 29,739 audience through live sessions, in-person sessions, workshops - radio programs - television programs - Facebook pages - sponsored advertisements - and text messages during the 16-day campaign to combat violence against women.</p> <p>In addition, our partners provided GBV refresher training on GBV guiding principles/core concepts and GBV case management to 120 service providers working with the Red Crescent- civil society organizations and psychologists in educational institutions.</p>
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Activities	Description	Implemented by
Activity 2.1	Organize GBV awareness-raising campaigns	UNFPA, PSS TEAM, Amazonat
Activity 2.2	Conduct quick GBV refresher training on GBV guiding principles/core concepts and GBV cases management	UNFPA, PSS TEAM, Amazonat

Output 3	Ensured continuous consideration and sustainability of GBV risk migration interventions/initiatives in the East Libya response.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Protection - Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of women and girls receiving dignity kits	4000	2,900 (out of 6,000 procured)	PSS TEAM Workplan progress report Amazonat Workplan progress report
Indicator 3.2	Number of safety audits conducted	5	10	PSS TEAM progress report

Explanation of output and indicators variance:	<p>Based on the results of the interagency rapid assessment, UNFPA has initially procured 4,000 Dignity kits that were delivered to LibAid (Ministry of Social Affairs). Due to government denial of access and delayed distribution, UNFPA has procured an additional 2,000 dignity kits to meet the urgent needs of displaced women. By the end of the project, 2,900 dignity kits reached the end beneficiaries and UNFPA is working with UN OCHA and MoFA to have the remaining dignity kits distributed to vulnerable women in the East.</p> <p>On another hand, PSS TEAM was able to conduct a higher number of safety audits in women shelters thanks to a facilitated access to transit shelters and the rapide deployment of mobile PSS teams (4 in Al Bayda, 4 in Derna and 2 in Benghazi).</p>
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Activities	Description	Implemented by
Activity 3.1	Procurement and distribution of dignity kits	UNFPA, LibAid and PSS TEAM
Activity 3.2	Conduct safety audit in the affected areas/ informal settlements	PSS TEAM

Activity 3.3	Deploy national GBV field coordinator	UNFPA
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7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

In the project areas UNFPA and implementing partners ensure accountability to affected populations by cooperating key messages about services and how to complain at the beginning of each PSS session, case management, dignity kit distribution to how to receive the services. This ensured that participants are informed on the channels through which participants can raise complaints and provide feedback on provided services.

b. AAP Feedback and Complaint Mechanisms:

The reporting mechanism included hotlines (INTERSOS, PSS TEAM) and service hotlines for beneficiaries to call with questions about available services.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA and its implementing partners put in place robust mechanisms for handling SEA-related complaints, ensuring confidentiality, accessibility, and follow-up. Complaints can be submitted via hotlines (PSS team, UNFPA), complaint box (PSS team, Amazonat), and online platform (UNFPA), with options for anonymity. Reports are handled with strict confidentiality and securely stored to protect identities. Multiple reporting channels and community awareness activities are carried out in WGSS to enhance accessibility. Upon receiving a complaint, UNFPA ensures an immediate response through the existing referral pathway that is ready to provide medical care and psychological support. All allegations against UNFPA personnel will be conducted by OAIS through investigations with a victim-centered approach. The progress of each case is monitored, with outcomes tracked for accountability and transparency. Regular audits and evaluations are conducted to assess and improve the SEA response mechanisms, ensuring diligent follow-up and support for victims. During the project, no allegation on PSEA was received.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project primarily focused on women's and girl's protection and strengthening access to GBV services. The project established safe spaces for women and girls, providing confidential counselling, case management, and skill-building activities. GBV referral pathways

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

were developed, and community groups were empowered to provide psychosocial support and referrals. Awareness-raising campaigns educated communities on GBV and available services.

e. People with disabilities (PwD):

This project allowed to reach out to 521 people with disabilities (including 310 women and girls) through improved access to the Women and Girls Safe Spaces and dedicated livelihood activities to help PwD recover their economic and psychosocial assets. UNFPA has provided specific session to partners' service providers on disability inclusion.

f. Protection:

The project mainly focused on GBV prevention and response. UNFPA has encouraged partners to conduct safety audits before implementation of activities in the transit shelters.

g. Education:

UNFPA provided life skills and asset-building activities to the displaced women and girls through informal education inside the WGSS. Child-friendly spaces were established inside the WGSS where children had access to recreational activities and informal education sessions.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNFPA has attempted to set up CVA interventions for displaced women however two major constraints prevented its implementation: cash transfer constraints to local NGOs and the protection risks related to the registration of vulnerable women and GBV survivors by the local authorities. The access constraints imposed by the government on the identification and registration of displaced people continue to affect the implementation of CVA in Libya.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

[Fill in]

[Fill in]

US\$ [insert amount]

Choose an item.

Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Retweet of ASRO's tweet	https://x.com/UNFPA_ASRO/status/1701631225570431008?s=20
Retweet of ED's tweet	https://twitter.com/Atayeshe/status/1702005409932800492
Retweet of ASRO's tweet	https://twitter.com/UNFPA_ASRO/status/1703408874332487740
Quote tweet of UNOCHA's tweet	https://twitter.com/UNFPA/status/1703893664190108075
Update with Darna mission photos	https://twitter.com/UNFPA/status/1704469037902688543
Flash appeal and data card	https://twitter.com/UNFPA/status/1709201221028843709
Initial statement	https://www.facebook.com/UNFPA/posts/pfbid0bPHnSe4Y5vZ1NayBewjer3zEAsK8wvDmp9UxwSu4koYxcZC4R5YWjudj1Wg9Q9cgI
Update with Darna mission photos	https://www.facebook.com/UNFPA/posts/pfbid0B6oqHJXNaqyuiFS1jk5T7uGCmWuJ4WscGhD4bsusjdLSCnUXtGPvUKGubUiufxMXI
Initial statement	https://www.linkedin.com/feed/update/urn:li:activity:7108185164094074881
Initial statement	https://www.instagram.com/p/CxLefJSNJgt/
Addressing the crisis triggered by StormDaniel in East Libya through the UN RRM	https://www.facebook.com/UNFPALibya/posts/pfbid0RE3oheSoU7Zhyitmxyhb0VMvF5vHTLgPuVqtJiPTBp3qUm94QKMCR1zxAiUmWmNQL
Delivering vital aid to 71 households through the UN RRM in Toukra	https://www.facebook.com/UNFPALibya/posts/pfbid037sZpqR1WkeijDLFl7W4KfTxvU799YpVSyCQSPqmRsttVDsds54kugtkq4zASmTBI
Distribution of essential supplies, such as kitchen sets, dignity kits, and family food kits, to 50 families in Tolmeita to those impacted by Storm Daniel through RRM	https://www.facebook.com/UNFPALibya/posts/pfbid0HwWs4m1sSyVpmZSEW6V5q7H8p2KRSjRQwFsCa3q5xjbQ47Xd7B5EuXTV8kEJPMFI

3.3 Project Report 23-RR-HCR-030

1. Project Information			
Agency:	UNHCR	Country:	Libya
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	23-RR-HCR-030
Project title:	Provisions of lifesaving humanitarian assistance to flood-affected population		
Start date:	27/09/2023	End date:	26/03/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 5,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 1,800,000
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

From the onset of the storm response, UNHCR through this CERF RR grant was able to immediately dispatch emergency relief items from local warehouses to reach those affected. In addition, two airlifts carrying 53 and 35 metric tons of humanitarian supplies were dispatched from our global warehouse in Dubai. As of March 2024, UNHCR with partner LibAid had distributed more than 60,000 emergency aid items to assist 27,000 people. Core relief items included: 3,562 plastic sheeting, bedding (17,570 blankets, 3,847 mattresses and sleeping mats), clothing (250 baby jackets, 100 boots and 52 pairs of children's shoes, 600 tracksuits and 1,200 raincoats), 4,197 female hygiene kits and 4,337 male hygiene kits, as well as 11,555 bars of soap and household items such as 3,832 kitchen sets, 2,974 jerry cans, 121 plastic buckets and 3,360 solar lamps. For school-aged children to return to school UNHCR provided 1,838 school bags. In addition, UNHCR provided two power generators and medical supplies that can assist up to 10,000 people to health authorities in Benghazi and procured four prefabricated houses in Derna to establish women and child-friendly spaces.

3,700 refugees (1,559 families) who were registered with UNHCR in the East were reached through three rounds of phone consultations. 303 families were successfully contacted and among them, 206 refugees were directly impacted by the floods, predominantly Sudanese and Syrian refugees. Their individual needs were identified and addressed by UNHCR and as part of the overall UN response.

UNHCR teams traveled throughout eastern Libya to meet with people affected by the flooding and speak with them to understand their most urgent needs and concerns and provide targeted support. The Mental Health and Psychosocial Support (MHPSS) working group played a pivotal role in ensuring the inclusion of refugees in programs collaboratively undertaken by the World Health Organization (WHO) and the Ministry of Health. People, particularly at risk who were identified through this outreach, are children who had been separated from their nuclear families, people with ongoing medical and mental health issues, and women and girls at risk of gender-based violence.

3. Changes and Amendments

The scale of the flood disaster in eastern Libya was unprecedented and while initial assessments showed large-scale infrastructural damages the weeks following the disaster revealed the actual scope and degree of hardship faced by the flood-affected population. With UNHCR able to distribute non-food items (NFIs) within two days after the storm hit, access issues became the major determining factor for the provision of life-saving emergency aid. The NFI distribution targets were rather quickly over-achieved, while more in-depth protection assistance was severely affected by the lack of access due to restricted approval of permits by authorities. Also affected was the shelter component, which was well-intended, but got blocked by lengthy decisions on overall reconstruction plans by the authorities in Derna but also elsewhere in affected areas. In the lead-up to reconstruction plans being made public and once published, the scope of the plans went far beyond anything that UNHCR or the UN in general was able to implement.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	250	250	250	250	1,000	45	87	33	41	206
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,000	4,000	4,000	4,000	16,000	6,750	6,800	6,600	6,850	27,000
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,250	4,250	4,250	4,250	17,000	6,795	6,887	6,633	6,891	27,206
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	250	250	250	250	1,000	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,000	4,000	4,000	4,000	16,000	892	888	891	891	3,562
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,250	4,250	4,250	4,250	17,000	892	888	891	891	3,562
People with disabilities (PwD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

0	0	0	0	0	0	0	0	0	0	0
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

In the context of the activities conducted during the flood response, no indirectly targeted people benefitted from the specific activities. However, due to the flood-affected areas not regularly used to natural disasters, especially not to this devastating level, partner and UNHCR staff improved their knowledge on emergency needs assessment procedures, protection issues, etc.

6. CERF Results Framework

Project objective The project aims to provide immediate humanitarian relief to flood-affected populations in the eastern region through lifesaving humanitarian interventions.

Output 1 Provision of basic assistance.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.2a Number of people receiving non-food items	15,000	27,000	UNHCR and partner distribution reports
Indicator 1.2	SN.1a Number of people receiving shelter support	1,000	3,562	UNHCR and partner distribution reports

Explanation of output and indicators variance: The needs initially estimated turned out to be larger than expected and with available non-food items the distributions were able to be extended to reach more people, including flood-affected persons displaced to other parts of Libya, for example to Misrata, Tripoli, and Azzawya. The shelter support was limited to the provision of plastic sheeting (tarpaulins) as the Libyan authorities provided first communal shelters and later cash assistance for renting accommodations.

Activities	Description	Implemented by
Activity 1.1	Procurement, transportation and distribution of non-food items for IDPs, people newly displaced, refugees and asylum-seekers. Items distributed include mattresses, blankets, solar lamps, kitchen sets, plastic tarpaulin, clothes, hygiene kits, etc.	UNHCR and LibAid
Activity 1.2	Provision of small-scale shelter support, in the form of material support or rehabilitation of collective shelters.	UNHCR and LibAid

Output 2 Provision of protection-targeted essential services.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PP.1b Number of people accessing protection referral mechanisms and/or pathways (Complaint Feedback Mechanism/hotlines).	250	900	UNHCR data sources

Indicator 2.2	CP.3 Number of children receiving protection support (children reached through different activities such as case management, recreational activities, referral, etc).	200	595	UNHCR data sources
Indicator 2.3	# of people receiving PSS activities, including psychological first aid.	300	37	UNHCR and partner monitoring sources
Indicator 2.4	# of people benefiting from community-based care arrangements	100	0	NA
Indicator 2.5	# of people benefiting from legal assistance for Housing, Land & Property rights (HLP)	150	0	NA

Explanation of output and indicators variance: Whereas needs assessments, referrals through the Common Feedback Mechanism, and children benefitting from protection support benefitted more than anticipated through the UNHCR support, certain activities turned out to be not relevant, such as community-based care arrangements as the large commitment and solidarity by extended families took over instead of humanitarian actors. In the best interest of children, family structures are always preferable to external care arrangements, even though follow-up on specific child protection safeguards were applied. Regarding the legal assistance for Housing, Land & Property Rights (HLP), the situation was much more complicated due to the loss of property rights and government decisions not conducive to immediate solutions for those who lost their properties.

Activities	Description	Implemented by
Activity 2.1	Operators will receive phone calls and transfer them to PSS counsellors and psychological first aid (PFA) responders who will be in place to support remotely.	UNHCR and WFP/Moomken
Activity 2.2	Child protection activities will be implemented, including case management, recreational activities and referrals to specialized services and other service providers.	UNHCR
Activity 2.3	Psychosocial counselling and support, including psychological first aid will be provided.	UNHCR and LibAid
Activity 2.4	Children and people at heightened risks identified in need of community-based care arrangements will be identified and linked with caregivers.	n/a
Activity 2.5	Provision of legal assistance for Housing, Land & Property Rights (HLP).	n/a

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

The initial plans made based on the immediate needs assessments and estimates were discussed with the flood-affected population and were constantly adapted to address the support provided by the authorities and the changing needs. However, due to access restrictions and a lack of permits for the implementation of certain planned activities, implementation was affected. As an example, the support for child protection services was amended based on affected people's feedback stressing the need to immediately return to schools as preferred support to the psycho-social wellbeing of children and thus UNHCR provided support for children for recreational and educational assistance.

b. AAP Feedback and Complaint Mechanisms:

A feedback and complaint mechanism existed already before the flood emergency, however, was upscaled through a toll-free number where not only refugees but also flood-affected people were able to obtain information on available services and be referred in case UNHCR was not offering the requested services. Further, the protection needs assessments conducted were also a possibility for feedback and complaints.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The mechanism to record and handle PSEA-related complaints was through the feedback and complaint mechanism as well as through communication with communities, including a referral mechanism as well as widespread information on additional complaint options, including UNHCR's direct line to the Inspector General's Office. This allowed to ensure confidentiality, accessibility, and follow-up.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project contributed to gender equality and promoting access to services and protection of women and girls, female-headed households, as well as survivors of gender-based violence, through the provision of immediate support to those in need. The high number of male breadwinners who lost their lives or went missing in the flood emergency, caused many families to become female-headed households. UNHCR ensured that female staff are part of protection needs assessments to allow more confidential and targeted discussions with affected women and girls.

e. People with disabilities (PwD):

The assistance provided by UNHCR did not focus specifically on people with disabilities but through the common feedback mechanisms and during protection needs assessments conducted, information on service provided for PwD was shared.

f. Protection:

UNHCR chaired the protection sector working group and ensured all partners adhere to the same protection principles, while at the same time advocating for access and inclusion of minority groups. UNHCR also enhanced the knowledge and training for newly recruited staff to learn about specific protection safeguards and minimum standards applicable in emergencies.

g. Education:

to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Through engagement with the affected population, the urgent need to provide stability in the life of displaced children the urge to re-open schools, and allowing children to return to a more normalized life was taken into consideration by UNHCR. In this context, school supplies and recreational items were distributed to schools and pupils to be able to return to school as soon as possible.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	n/a

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

A major challenge to large-scale CVA remains the liquidity and banking issues in Libya. In the context of the flood response, the authorities swiftly started to distribute cash to flood-affected people to rent accommodation. A general reticence to cash assistance through international organizations was observed, as the lists of beneficiaries were shared with authorities.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Multi-Purpose Cash	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
End of Year thank you post (Arabic)	https://twitter.com/UNHCRLibya/status/1741389322492788870
End of Year thank you post (English)	https://twitter.com/UNHCRLibya/status/1741383360088310150
End of Year thank you post Facebook (English)	https://www.facebook.com/UNHCRTripoli/videos/1425494941702137
End of Year thank you post Facebook (Arabic)	https://www.facebook.com/UNHCRTripoli/videos/897007531776613
Six months after flood hit (X in English)	https://x.com/UNHCRLibya/status/1767587701207761085
Six months after flood hit (Facebook in Arabic and English)	https://www.facebook.com/UNHCRTripoli/posts/pfbid0Eugj1XLKQt1RxndCvUwpzQo32obNX2JBhNATzW7DvBhaFEcSofcLFZ3Jd7nrQ5Pt

3.4 Project Report 23-RR-CEF-051

1. Project Information			
Agency:	UNICEF	Country:	Libya
Sector/cluster:	Protection - Child Protection	CERF project code:	23-RR-CEF-051
Project title:	Vulnerable children and their families have access to emergency child protection interventions in affected areas		
Start date:	12/09/2023	End date:	11/03/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 6,500,000
	Total funding received for agency's sector response to current emergency:	US\$ 300,000
	Amount received from CERF:	US\$ 300,000
	Total CERF funds sub-granted to implementing partners:	US\$ 145,331
	Government Partners	US\$ 0
	International NGOs	US\$ 115,000
	National NGOs	US\$ 30,331
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

UNICEF partnered with INTERSOS, TDH, and the Libyan scouts to deliver Mental Health and Psychosocial Support (MHPSS) to children and families impacted by floods. Mobile teams reached over 10,000 children with MHPSS, including over 5,200 girls, in Benghazi, Al Bayda, and other affected areas with high numbers of displaced people. These teams provided services like Psychological First Aid, group activities for emotional expression, and recreational activities like art and sports. MHPSS was delivered in schools, shelters, and child-friendly spaces. Recognizing the strain on service providers, UNICEF also trained 196 professionals from various sectors, including social affairs and NGOs, in Darna, Benghazi, and other areas. This training aimed to support the mental well-being of frontline workers and ensure they could effectively assist children and families.

In addition to mental health support, UNICEF's mobile teams reached 1,626 people with awareness-raising sessions, including 1,044 women in Benghazi, Al Bayda, and other flood-affected areas, with child protection and gender-based violence (GBV) awareness sessions. These sessions aimed to equip communities with knowledge to identify signs of distress in children following the floods. The mobile teams covered topics like recognizing child protection concerns, understanding GBV dynamics, and positive parenting practices. The sessions were delivered in schools, shelters, and child-friendly spaces to ensure wide reach. Importantly, the content was tailored to each community's needs, ensuring cultural appropriateness, and fostering dialogue. These awareness efforts aimed to empower communities to support children's well-being and protection during this difficult time.

To support children's recovery after the floods, UNICEF distributed essential Child Protection supplies like art kits, recreational kits, and soccer balls to 4,600 children (2,300 girls) across Benghazi, Al Bayda, and other affected areas. This distribution happened in collaboration with local authorities and partners at schools, community centers, and UNICEF's Baity Centers. These supplies complemented ongoing psychosocial activities by providing opportunities for creative play and recreation, which helped children heal, develop, and regain a sense of normalcy.

UNICEF's intervention provided mental health support, child protection awareness training, and recreational supplies to over 11,822 children and caregivers in flood-affected areas. This comprehensive approach aimed to equip communities with the knowledge and resources to support children's well-being and mental health in the aftermath of the disaster.

3. Changes and Amendments

Not applicable

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	2,000	1,000	3,500	3,500	10,000	1,154	668	5,285	4,715	11,822
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,000	1,000	3,500	3,500	10,000	1,154	668	5,285	4,715	11,822
People with disabilities (PwD) out of the total										
	20	20	30	30	100	3	2	5	3	13

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Not Applicable

6. CERF Results Framework:

Project objective	The critical protection needs of storm- and flood-affected children and families in the targeted locations are addressed.			
Output 1	Vulnerable children and their families affected by storm Daniel and the floods have access to emergency child protection services in the targeted locations			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services, including supplies.	10,000	11,822	Partners' Report & Activities Picture.
Explanation of output and indicators variance:		Not applicable.		
Activities	Description	Implemented by		
Activity 1.1	Provision of Mental Health and Psychosocial Support (MHPSS) including Psychological First Aid (PFA)	[INTERSOS, TDH, DRC and Scout]		
Activity 1.2	Awareness raising on key child protection and GBV messages	[INTERSOS, TDH, DRC and Scout]		
Activity 1.3	Procurement and distribution of crucial Child Protection supplies including early childhood development and recreational kits,	Procured by UNICEF and delivered through its partners INTERSOS, FM, TDH, Scout and MOSA/SSF		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁹:

UNICEF prioritizes in all its programming that communities remain at the centre of response and are being consulted throughout the project cycle. Committed to its AAP strategy and action plan, UNICEF ensured the 1,626 beneficiaries reached with awareness-raising sessions were heard, were given an equal opportunity to participate, and were able to give feedback in all the steps. UNICEF followed up with its implementing partners for feedback to be taken into consideration in areas of operations to ensure that beneficiaries could voice their concerns and receive clarifications about the activities implemented to them. Assessments and field monitoring visits were conducted to tailor the activities based on the actual needs on the ground and adapt the project design as required. UNICEF also made efforts internally to build the capacity of its staff and partners to increase the knowledge of AAP and to guide partners on ensuring that AAP is mainstreamed and implemented across all parts of the program.

b. AAP Feedback and Complaint Mechanisms:

UNICEF ensured that the implementing partners had a clear mechanism to regularly collect feedback from the communities we serve. Flyers were printed out and distributed among the community members including hotlines and emails where all calls and emails were treated with confidentiality and referrals to specialized services were made only after providing consent. We listened to suggestions from the beneficiaries and tried to respond to their needs. Moreover, during the programming, pre- and post-monitoring exercises took place regularly to learn about the actual needs of the affected communities and collect feedback on the implemented activities. We ensure and are committed to keeping all collected feedback confidential and share only general analysis to support future adaptation to the implementation design.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF is committed to the Prevention of Sexual Exploitation and Abuse in all the steps of the implementation. UNICEF has trained its implementing partners on the importance of adhering to the PSEA policies and dealing with any violations strictly and seriously. A complaint box is installed in UNICEF's office as well as its implementing partners spaces. Specialized focal points are designated to respond to any possible complaints with strict confidentiality. Beneficiaries are informed and awareness is raised among participants and community members of acts of PSEA to preserve their rights and encourage them to send a complaint in such circumstances. UNICEF ensures a fair investigation will take place to protect the rights of the staff members as well as the communities it serves.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNICEF has already trained its 196 frontline workers on how to identify and respond to gender-based violence. Providing MHPSS to survivors of crisis is the first step to the identification of such needs. To respond to the flood crisis in the East, mobile teams were formed to reach beneficiaries in their homes, temporary shelters of displacement, schools, and mobile safe spaces. Providing mobile MHPSS services has limited and minimized the problem of access and ensured that women and females were reached and included without causing any possible harm to them. During the programming, some cases of GBV were identified and as our teams were qualified and equipped to respond to such cases, primary PSS was provided, and case management referrals were done to ensure a follow-up is being made.

e. People with disabilities (PwD):

After the floods in Derna, and after the Danial storm destroyed many parts of the city, the people living in the affected areas had to be displaced to other parts of the country. In their efforts to respond to the emergency, UNICEF and its partners have formed mobile teams

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

to reach out to the IDPs and the affected communities in their area of living. This has facilitated access to people with disabilities, who might not be able to move and reach safe spaces. The support provided was inclusive to all types of disabilities and the mobile teams were trained on how to identify and deal with people with special needs. The team provided primary PSS and was ready to refer cases to case management if needed. Facilitating access has encouraged people with disabilities to participate and engage in the activities as they felt safe being around their caregivers while receiving support.

f. Protection:

Supporting children and caregivers including females and people with disabilities, in overcoming trauma and stressful events, through MHPSS services tailored for them and coming to their doorsteps to improve their well-being, was one of the top priorities for UNICEF and its partners to mainstream protection among the affected communities. Inclusivity and acceptance of all types of differences, whether gender-based, special needs and/or any other differences whether physical or beliefs, was one of the crucial elements of implementation. Adhering to the PSEA principles and informing beneficiaries about their rights and fair treatment were preserved throughout the implementation. UNICEF is always committed to accountability to affected people through different assessments and FGDS and the availability of feedback channels to everyone, adjusting the response as needed and taking all feedback, complaints, and suggestions into serious consideration.

g. Education:

No direct educational services were provided, however, many of the MHPSS services were provided in schools and to students. After attending the MHPSS sessions, many children have shown improvement in their academic rate and are more interested in school than right after the emergency. They have shown more engagement in school activities and more social engagement with other students improving the overall school environment.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	Not Applicable

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was considered as a response option, but it ultimately wasn't feasible due to several challenges. In Derna, there were no implementing partners on the ground with experience in CVA. Additionally, local security authorities imposed strict restrictions, preventing access to the city. Financial service providers also required Know Your Customer (KYC) documentation, which many internally displaced persons (IDPs) did not have at the time. These factors made it difficult to implement cash-based assistance effectively.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities:

Title	Weblink
nan Interest Story English	https://www.unicef.org/mena/stories/supporting-young-survivors-towards-recovery
nan Interest Story Arabic	https://www.unicef.org/mena/ar/دعم-الأطفال-الناجين-نحو-التعافي/قصص
X post	https://x.com/UnicefLibya/status/1766737667830554814
X post	https://x.com/UnicefLibya/status/1792822759178854863
X post	https://x.com/UnicefLibya/status/1777667281826336919
X post	https://x.com/UnicefLibya/status/1766738161080615231
X post	https://x.com/UnicefLibya/status/1792822270068420697
Facebook Post	https://bit.ly/4bzj1kQ
Facebook Post	https://bit.ly/3VP6HHj
Facebook Post	https://bit.ly/3W5TjQn
Instagram Post	https://bit.ly/3xGqRuU
Instagram post	https://bit.ly/3XLdCnt

3.5 Project Report 23-RR-CEF-052

1. Project Information			
Agency:	UNICEF	Country:	Libya
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	23-RR-CEF-052
Project title:	Provision of critical WASH emergency services for the most vulnerable children and families in flood-affected areas of eastern Libya		
Start date:	12/09/2023	End date:	11/06/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 300,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,454,468
	Government Partners		US\$ 0
	International NGOs		US\$ 1,100,000
National NGOs		US\$ 354,468	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

UNICEF partnered with ASARYA, INTERSOS, and IMC to deliver critical WASH services to 130,000 people affected by floods in eastern Libya, focusing on Derna, the most impacted area. This project improved water access and sanitation in Al Jabal Al Akhdhar. UNICEF efforts included rehabilitating boreholes for clean drinking water in Derna, Albayda, Shahat, and Algoba (reaching 53,000 people), repairing water points and networks in Derna, Albayda, and Shahat (providing water for 40,000 people), and supplying water treatment chemicals to resume operations at desalination plants in Derna and Sousa (benefiting 130,000 people). Additionally, emergency water trucking delivered nearly 12 million liters of water to 30,000 people in affected areas, and 96 water storage tanks were distributed to ensure safe water storage.

UNICEF addressed sanitation concerns by rehabilitating sewage networks in Derna and Albayda, preventing sewage overflows and safeguarding over 36,000 residents from waterborne illnesses. Additionally, they repaired sewage trucks and a crane in these areas to bolster sewage network maintenance and prevent flooding. This crucial intervention protected an estimated 24,250 people from health risks associated with contaminated water. Furthermore, UNICEF, along with its partners, prioritized hygiene in educational and healthcare settings. They rehabilitated WASH facilities in 15 Derna schools, improving access to clean water and sanitation for over 8,000 students (including girls) and staff, with accessibility features for those with disabilities. To aid the post-flood recovery of healthcare services, WASH facilities were rehabilitated in four primary healthcare centers, benefiting around 5,700 people, including medical staff. UNICEF's support extended to 14 additional healthcare facilities by providing disinfection and cleaning supplies, along with safe water storage tanks.

UNICEF, through partners like INTERSOS and ASARYA, distributed hygiene kits and water purification tablets to more than 78,000 people in flood-affected areas like Derna, Albayda, Shatat, Sousa, Almkilie, and Albayadah. Additionally, UNICEF collaborated with the National Centre for Disease Control (NCDC), Libyan Red Crescent (LRC), International Medical Corps (IMC), and INTERSOS to deliver over 1,116 hygiene promotion sessions. These sessions reached over 170,000 people, educating them on proper handwashing techniques, water treatment, and safe storage practices. This collaborative effort significantly improved sanitation and hygiene behaviors, ultimately helping prevent the spread of diseases.

Overall, the CERF project significantly enhanced access to clean water, sanitation, and hygiene services, mitigating health risks in flood-affected regions of eastern Libya and ensuring substantial improvements in WASH conditions for affected populations.

3. Changes and Amendments

Considering the challenges faced, UNICEF requested a three-month no-cost extension to the CERF secretariat to ensure the completion of key WASH activities in eastern Libya. Initially set to conclude on 11 March 2024, the new proposed end date was adjusted to 11 June 2024. This extension was essential to finish critical water and sanitation infrastructure repairs, and to ensure the rehabilitation of WASH systems in healthcare facilities and schools, which are vital for the sustained well-being of the affected communities. The delay in completing the CERF project was primarily due to logistical and access restrictions beyond UNICEF's control. Procuring necessary supplies and equipment locally mitigated some procurement delays; however, certain items required offshore sourcing. Additionally, recurrent access restrictions and bureaucratic challenges in securing permits significantly hindered the progress of our implementing partners (IPs).

UNICEF prioritized facilitating access for IPs through support letters and high-level advocacy with local and national authorities. Despite these efforts, obtaining permits from the General Water Company and local municipalities took up to two months, delaying sanitation network repairs. School WASH infrastructure rehabilitation faced a three-month delay in securing necessary approvals from the Ministries of Education, Foreign Affairs, and Interior. Healthcare facility repairs were delayed due to the extended procurement process and difficulty in finding qualified contractors, although a contractor was finally secured in February 2024. Environmental cleaning activities were also delayed due to initial challenges in accessing affected areas, prompting a shift to providing disinfection kits for affected populations and healthcare facilities.

The no-cost extension allowed UNICEF to fully utilize the grant and complete all planned activities, resulting in an overachievement in the number of direct beneficiaries. Given these challenges, the requested extension enabled UNICEF and its partners to successfully conclude WASH interventions, ensuring the desired quality and impact for the communities served.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned	Reached								
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	10,000	8,000	7,000	5,000	30,000	23,205	22,295	9,945	9,555	65,000
Host communities	10,000	8,000	7,000	5,000	30,000	23,205	22,295	9,945	9,555	65,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	20,000	16,000	14,000	10,000	60,000	46,410	44,590	19,890	19,110	130,000
People with disabilities (PWD) out of the total										
	200	100	100	100	500	928	892	398	382	2,600

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project:

The project indirectly benefited a significant number of individuals through hygiene awareness campaigns, water & sanitation interventions, and capacity-building activities. UNICEF's hygiene promotion and awareness campaigns successfully reached 170,000 people (58,310 men, 60,690 women, 24,990 boys, 26,010 girls). In the flood affect areas and all of Libya indirectly through mass media, educating them on essential hygiene practices and the importance of safe water usage, thus helping to mitigate health risks in the communities. Additionally, UNICEF provided the General Company for Water and Wastewater (GCWW) with 2.5 tons of chlorine for water treatment. This initiative ensured the provision of safe drinking water in Derna, Albayda, Sousa, Shahat, and other affected areas for three months. The chlorine supply benefited approximately 250,000 people (85,750 men, 89,250 women, 36,750 boys, 38,250 girls). by preventing waterborne diseases and promoting overall health and well-being in these regions.

Moreover, UNICEF and its partners conducted water quality training and provided portable laboratory equipment, which serves the entire Green Mountain region. This initiative indirectly benefits the whole region by enhancing the capacity for ongoing water quality monitoring and ensuring safer drinking water for all residents. These combined efforts significantly contributed to the improved health and resilience of the flood-affected populations in eastern Libya, ensuring broader regional benefits through enhanced water quality management and hygiene education.

6. CERF Results Framework

Project objective	Meet the immediate and critical emergency WASH needs of storm- and flood-affected people in Derna, Akhder, Al-Marj, Batah, Bayada, Albayda, Shahat			
Output 1	Restore critical service delivery capacity through minor emergency repairs of water and sanitation systems and networks in affected communities and institutions.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	60,000	130,000	Programmatic Monitoring Visits
Indicator 1.2	Number of people in affected areas reached with basic sanitation services through the project	60,000	60,250	Programmatic Monitoring Visits
Indicator 1.3	Number of damaged schools in affected areas reached with basic WASH services through the project	15	15	Programmatic Monitoring Visits
Indicator 1.4	Number of healthcare facilities in affected areas reached with basic WASH services through the project	15	18	Programmatic Monitoring Visits
Explanation of output and indicators variance:		UNICEF overachieved on indicator 1.1 due to increased community demand and effective feedback mechanisms. The repairs to water infrastructure and piping networks in affected areas allowed for increased water production, leading to 130,000 people accessing safe water, exceeding the target of 60,000. This increased demand underscored the critical nature of the services provided and validated the need for the project's extended reach. For indicator		

		1.4, the successful rehabilitation of healthcare facilities also surpassed expectations, with 18 facilities reached against a target of 15.
Activities	Description	Implemented by
Activity 1.1	Emergency minor repair of water points or networks at community level	UNICEF, ASARYA, INTERSOS
Activity 1.2	Emergency minor repair of sanitation networks at community level	ASARYA, INTERSOS
Activity 1.3	Emergency minor repair of WASH infrastructure in schools	ASARYA, INTERSOS
Activity 1.4	Emergency minor repair of WASH infrastructure in healthcare facilities	ASARYA, IMC, INTERSOS

Output 2	Provide critical WASH services and supplies to storm- and flood- affected households and communities			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	30,000	41,206	Field Monitoring Reports
Indicator 2.2	Number of flood-affected people that gain access to basic hygiene services	60,000	61,454	Inter-agency Field Missions' Reports
Indicator 2.3	Number of people reached with basic sanitation services	15,000	15,220	Field Monitoring Reports
Explanation of output and indicators variance:		The heightened community engagement and responsive programming contributed to the higher-than-expected number of beneficiaries receiving critical WASH supplies, with 41,206 people reached compared to the set target of 30,000.		
fActivities	Description	Implemented by		
Activity 2.1	Distribution of WASH non-food items including family hygiene kits and water purifications tablets	UNICEF, ASARYA, INTERSOS, IMC, LRC		
Activity 2.2	Environmental cleaning, disinfection, spraying in affected households and communal shelters	ASARYA, INTERSOS		
Activity 2.3	Construction of temporary emergency latrines or emergency rehabilitation of existing ones at IDP sites or shelters.	UNICEF, LRC, ASARYA		
Activity 2.4	Hygiene behaviour change promotion focused on handwashing and proper water treatment	UNICEF, ASARYA, INTERSOS, IMC ¹⁰		
Activity 2.5	Emergency water trucking and installation of water storage systems.	ASARYA, INTERSOS, IMC, LRC		

¹⁰ Internation Medical Corporation (IMC)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

Accountability to Affected People (AAP): UNICEF built AAP into the project by utilizing community platforms and established feedback mechanisms to capture the views of affected populations during UNICEF and UN interagency monitoring missions. This ensured the participation of project beneficiaries at different stages of implementation. Feedback from beneficiaries was used to adjust implementation modalities and adapt project design as required. Communities were consulted on WASH activities, particularly to identify water points and borehole for rehabilitation and engage with their water trucking needs.

b. AAP Feedback and Complaint Mechanisms:

Accountability to affected populations (AAP) was fundamental to UNICEF's humanitarian programming. During the project implementation, UNICEF used its feedback mechanism in areas of operations to ensure that beneficiaries could voice their concerns and receive clarifications about the project by speaking with UNICEF staff members during assessment and field monitoring visits. UNICEF also arranged focus group for the local water and sanitation providers, authorities, and municipalities to come up with implementation modalities and adapted project design as required. This ensured that interventions met the actual needs of the communities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF's and its partners ensured that women, girls, and boys had access to safe channels for reporting sexual exploitation and abuse. Women and girls were consulted by Implementing Partners (IPs) to get their views and address their concern specific to PSEA before, during and after the UN CERF interventions. For instance, the rehabilitation of latrines in schools in Derna was designed to ensure privacy and safety for girls.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNICEF's project ensured that women, girls, and boys had access to safe channels for reporting sexual exploitation and abuse. For instance, the rehabilitation of latrines in schools in Derna was designed to ensure privacy and safety for girls. UNICEF coordinated closely with sector actors, particularly with the government and UNFPA, to ensure the alignment and complementarity of interventions. Sectoral meetings were held to plan, revise, and adjust interventions based on existing evidence, ensuring that the needs of women, girls, were effectively addressed.

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

e. People with disabilities (PwD):

Although the project did not specifically target people with disabilities, the needs of vulnerable people, including PwD, were addressed through planned interventions. Universal accessibility principles were applied, such as ensuring that rehabilitated latrines in schools were accessible to students with disabilities, thus enabling them to access assistance without barriers.

f. Protection:

Protection risks were heightened due to displacements, particularly for women and children. UNICEF focused on providing essential life-saving community-based health and WASH services to vulnerable households, caregivers, and children. For instance, during emergency water trucking operations, priority was given to the most vulnerable households, ensuring they had access to safe water. This included sensitizing and engaging communities on safe and accessible channels for reporting sexual exploitation and abuse.

g. Education:

As part of the WASH component, UNICEF provided safe water and WASH NFIs to schools in target communities, either for affected families sheltering in schools or to contribute to back-to-school efforts. For example, in Albayda, safe drinking water was provided to schools, WASH safe practices awareness sessions to ensure that children could return to a safe learning environment.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	Not Applicable

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The project focuses on restoring access to WASH services; CVA is not deemed an appropriate modality for the project. Additionally, markets and the local economy have not yet recovered from the emergency.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF Libya Humanitarian Situation Report 1	https://bit.ly/3W7qRxC
UNICEF Libya Humanitarian Situation Report 2	https://bit.ly/3VJCT7
UNICEF Libya Humanitarian Situation Report 3	https://bit.ly/3RPuhSX
UNICEF Libya Humanitarian Situation Report 4	https://bit.ly/3RNrsBM
UNICEF Libya Humanitarian Situation Report 5	https://bit.ly/3zmgMnx
UNICEF Libya Humanitarian Situation Report 6	https://bit.ly/4chN9SK
UNICEF Libya Humanitarian Situation Report 7	https://bit.ly/3XFtKSA
Video Human Interest Story- Twitter	https://x.com/UnicefLibya/status/1771833624460992621
Twitter Post	https://x.com/UnicefLibya/status/1792120971924513248
Twitter Post	https://x.com/UnicefLibya/status/1716407070126203386
Facebook post	https://bit.ly/4bopyyE
Facebook Post	https://bit.ly/3xH1Z6i
Facebook Post	https://bit.ly/4cmXa0S
Instagram post	https://bit.ly/3RRc8Eh
Instagram Post	https://bit.ly/3VDVJE8
Instagram post	https://bit.ly/3RQUhNT
Human Interest Story	https://reliefweb.int/report/libya/lifeline-families-bayda-libya
YouTube	https://youtu.be/HzhHXN2hHlg?feature=shared
YouTube	https://youtu.be/oRpRIHbUa0A?feature=shared

3.6 Project Report 23-RR-WHO-037

1. Project Information			
Agency:	WHO	Country:	Libya
Sector/cluster:	Health	CERF project code:	23-RR-WHO-037
Project title:	Health Emergency Response to the populations affected by the devastating effects of east coast Daniel Storm in Libya		
Start date:	17/09/2023	End date:	16/06/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 11,100,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,300,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF allocation, WHO in collaboration with the health authorities, provided health services to 330,000 people in the East of Libya, including mental health services, trained 48 people, and donated 8 mobile clinics to allow for the mobile approach in the hardest-to-reach areas.

WHO was able to deliver the procurement in the first weeks after the Storm, providing life-saving support to the collapsed infrastructure. The project targeted 12 Hospitals, 12 PHCs, 4 Health Service Directorates and NCDC units, and the Diabetes and Mental Health Centres. Thanks to CERF, WHO could provide immediate, holistic support to all levels of health governance, from the remote locations to the national level.

3. Changes and Amendments

WHO experienced delays in the procurement of ambulances to support the referral system in the areas affected by the Storm.

The national supplier that was selected through an independent process led by the Regional Office experienced severe delays and did not share reliable information with WHO.

In light of the commitments made by the supplier, WHO sought a three-month NCE to receive the ambulances which, according to the supplier, had already been shipped.

Unfortunately, it became evident that the supplier commitments were not trustworthy. At the date of writing, the ambulances have not reached Benghazi yet.

At the onset of the Derna response, WHO made the technical recommendation to conduct a preventative vaccine campaign for measles and polio, which the NCDC agreed to do. At the end of 2023, however, the NCDC communicated that the Country did not have enough vaccines for supplementary immunization activities. So NCDC decided to wait for this segment to be included in the routine supplementary nationwide campaign, originally scheduled for the beginning of the year, and delayed until now.

WHO does not conduct campaigns in isolation and must rely on the leadership of the NCDC.

It should be noted that the lack of a Director for the Central Bank has progressively paralyzed the West-based Government, whose resources are now rationalized to meet the most pressing needs.

Finally, between 2023 and 2024 NCDC decided to launch the IDSR system, suspending EWARN, hence why the RRT training could not be conducted.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	72	72	41	46	231	1,000	1,027	849	872	3,747
Returnees	3,754	4,068	2,826	10,503	21,151	0	0	0	0	0
Internally displaced people	9,911	10,752	7,440	6,896	34,999	75,535	77,600	64,135	65,889	283,158
Host communities	69,527	69,137	41,114	8,807	188,585	7,497	7,702	6,366	6,540	28,105
Other affected people	71	12,322	714	546	13,653	3,999	4,108	3,395	3,488	14,989
Total	83,335	96,351	52,135	26,798	258,619	88,030	90,437	74,745	76,788	330,000
People with disabilities (PwD) out of the total										
	11,048	12,877	6,731	5,874	36,530	2,499	2,567	2,122	2,180	9,368

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

In coordination with Meta, WHO launched a four-week social media campaign (between 3 October 2023 and 1 November 2023) on Facebook and Instagram that focused on Health guidelines to maintain the health of people living in or near flood areas with a special focus on precautionary measures on water and food-borne diseases, infectious diseases, mental health and psychosocial support (MHPSS), fighting rumors after the floods, especially about the public health risks after the floods. According to the data provided by Meta, the number of people reached via Facebook and Instagram at the end of this campaign was 5,772,130 with 10,760,396 Impressions and Engagement: 64,517.

6. CERF Results Framework

Project objective To mitigate excess mortality and morbidity through ensuring equitable access to lifesaving primary and secondary care to the populations affected by Storm Daniel in the east coast of Libya

Output 1 Save lives of people affected by the flood by ensuring access to secondary health services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.7 Number of hospitals equipped with necessary emergency kits, supplies, medicines and equipment to provide lifesaving services	12	12	Procurement and distribution records
Indicator 1.2	Number of EMTs deployed	8	9	WHO procurement records
Indicator 1.3	Number of ambulances deployed to restore life-saving referral services in affected areas	10	0	Procurement and distribution records.

Explanation of output and indicators variance: Please see below.

Activities	Description	Implemented by
Activity 1.1	Based on field assessments and assessed needs, procurement and distribution emergency kits, essential medicines, equipment and supplies for hospitals	Kits were distributed to the following 12 hospitals. See the Annex for more information.
Activity 1.2	Deployment and coordination of 8 Emergency medical teams and human resource support in affected areas	With CERF support, WHO deployed 9 members of mobile medical teams.
Activity 1.3	Restoring emergency care services (pre-hospital) and referral for patients requiring transfer to immediate advanced care through provision of ambulances to most affected areas	Ambulances have not been delivered to the Benghazi port, yet this activity is therefore not implemented.

Output 2 Provide access to a timely and equitable package of healthcare services as close as possible to the flood affected population

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.7 Number of primary care facilities equipped with necessary supplies, medicines and equipment to sustain essential services	25	13 Health facilities, and the Health Service Directorates of Almarj, Derna, Sirte, and Tobrouk covering at least 3 PHCs each supervising all the primary healthcare facilities of the district, for a total of 25.	Distribution list
Indicator 2.2	Number of Mobile Clinics Deployed to support outreach services in affected areas with limited services availability	10	8	Distribution list
Indicator 2.3	Immunization campaigns supported	2	0	
Indicator 2.4	Number of frontline workers trained on Psychological First Aid and MHPSS (including GBV)	200	48	Training reports
Indicator 2.5	Number of medical teams providing MHPSS services (including GBV)	5	5	WHO and the National Mental Health Committee
Explanation of output and indicators variance:		<p>2.3 - WHO Libya advocated for the NCDC to conduct preventative immunization campaigns targeting the floods-affected areas for measles and polio, which the NCDC initially agreed to do. Unfortunately, at the end of 2023, the NCDC confirmed they did not have enough vaccines for the ad-hoc campaign, in addition to the regular nationwide campaign. WHO provided support by training the vaccinators and surveillance officers. The nationwide campaign is now scheduled for November 2024. It should be noted that the lack of a Central Bank Director is posing severe challenges to the ability of the Government in the West to plan for and conduct activities, due to lack of resources.</p> <p>2.4 – WHO initially intended to deploy 200 doctors who had received mhGAP. However, under a sister award implemented in coordination with CERF WHO received feedback through independent Third-Party Monitor VOLUNTAS from the municipalities and local authorities that some of the doctors deployed were not sufficiently experienced. So, WHO and the National Mental Health Committee decided to deploy more experienced staff but could only find 48 available.</p>		
Activities	Description	Implemented by		
Activity 2.1	Based on field assessments and assessed needs, re-establish outreach Healthcare services for displaced and host communities through provision of emergency kits, essential medicines, equipment and supplies for PHCs	13 of health facilities were equipped with human resources, supplies, medicines and equipment, as per their needs and four Health Services Directorates covering at least 3 health facilities each.		
Activity 2.2	Coordinate the establishment and the operation of mobile clinics and outreach teams especially with partially or non-functional health facilities in areas affected by the flood	10 mobile clinics were donated to the Emergency Operating Centre, for onward distribution to the areas in most pressing need.		

Activity 2.3	Monitor distribution of supplies and mobile clinics deployment through WHO field coordinators in respective areas	Field coordinators were deployed through funds provided by CERF and other donors. They monitored the distribution of supplies and the mobile teams.
Activity 2.4	Provide technical and operational support to strengthen the national immunization program with emphasis on quality and coverage for all children in Eastern Libya	<p>WHO Libya advocated for the NCDC to conduct preventative immunization campaigns targeting the floods-affected areas for measles and polio, which the NCDC initially agreed to do.</p> <p>Unfortunately, at the end of 2023, the NCDC confirmed they did not have enough vaccines for the ad-hoc campaign, in addition to the regular nationwide campaign. WHO provided support by training the vaccinators and surveillance officers. The nationwide campaign is now scheduled for November 2024.</p> <p>It should be noted that the lack of a Central Bank Director is posing severe challenges to the ability of the Government in the West to plan for and conduct activities, due to lack of resources.</p>
Activity 2.5	Train frontline health workers on Psychological first aid and MHPSS	<p>In coordination with the Mental Health National Committee, WHO trained 48 people (32 doctors with mhGAP refresher training – 3 men and 12 women – and 16 journalists on how to report mental health issues avoiding stigma and encouraging reporting).</p> <p>At the end of December 2023, however, the MoH requested support to carry out mental health outreach campaigns, in light of the dramatic increase in the number of people seeking consultations.</p> <p>WHO and the MH National Committee, therefore, identified previously trained mental health professionals, organized them in multi-disciplinary teams, and deployed them across 11 health facilities:</p> <ul style="list-style-type: none"> Salim Sasy PHC. Al Daman Building. Polyclinic No. 1 in Al Bayda. Mental Health Unit. Al Wahda Hospital - Nephrology Unit; Al Wahda Hospital - Bab Tobruq; Hay Al Salam PHC in Al Emarat; Hay Al Salam PHC in Al Koroud; Respiratory Centre; Health Services Management in Al Marj; Bou Mansour PHC in Al Suqsr. <p>The deployed professionals carried out community-based outreach campaigns identifying vulnerable cases and carried out over 3,000 consultations, including 443 for children and 1,136 for women and girls.</p> <p>WHO equipped the local authorities with psychotropics, to support the referral systems from the outreach teams and other health partners.</p>
Activity 2.6	MHPSS services integrated at PHC level in affected areas	Please see activity 2.5
Activity 2.7	Establishing a referral pathway for patients needing advanced care	Referral pathways were discussed and agreed upon within the Health, Mental Health, and GBV sub-sectors.

Output 3 Scale up outbreak prevention, detection and control and rapidly detect, investigate and control outbreaks in flood affected areas.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of EWARS sentinel sites supported	35	40	Training report
Indicator 3.2	Number of Rapid Response Teams mobilized	15	0	Suspended
Indicator 3.3	% of alerts are verified and investigated within 48 hours	95%	94%	NCDC online and paper-based reports
Indicator 3.4	# of labs supported with diagnostic supplies	4	2	Distribution forms
Indicator 3.5	# of hospitals trained on IPC practices post floods impact and provided with IPC supplies	12	8	Distribution forms
Indicator 3.6	Number of municipalities supported with water quality monitoring	5	3	Surge mission report
Indicator 3.7	Number of people reached with risk communication messages	200,000	5,772,130	Meta data

Explanation of output and indicators variance: The huge overachievement in indicator 3.7 due to the social media results. It was one of the most successful and targeted social media campaigns in EMRO.

Activities	Description	Implemented by
Activity 3.1	Reinforce EWARN/disease surveillance to ensure timely detection, investigation and response to epidemic-prone diseases (training of surveillance officers)	WHO trained 107 sentinel workers, which operate 40 sentinel sites, on Events-based surveillance (EBS).
Activity 3.2	Provide critical laboratory materials for immediate confirmation and quality control, sampling material, and lab confirmation kits.	WHO distributed Cholera Kits to the two biggest and most operational laboratories in the NCDC branches of Derna and Al Bayda.
Activity 3.3	Mobilize Rapid Response Teams (RRT) in flood affected to ensure timely investigation and response.	By the time WHO began the preparation of the training, the NCDC decided to move towards Integrated Disease Surveillance (IDS). Hence the NCDC refused to share a list of RRT members for the training.
Activity 3.4	Deploy IPC national experts to conduct on-the-job training for hospitals in affected areas and application of IPC and supplement facilities with IPC supplies	WHO provided technical support on IPC and quality standard assurance. WHO also supported the following centres with PPEs and IPC equipment: Al Kwaifiya Chest Hospital; Qasr Esh'sherif, Almarj Hospital; Quirina General Hospital; Tobruk Medical Centre; Bab Darna Medical Centre; Medwar Azzitoun Rural Hospital; Al Bayda Medical Centre;
Activity 3.5	Provide water quality testing kits to laboratories to enhance water quality monitoring in affected areas	The municipalities of Derna, Benghazi, and Zliten were supported with water quality monitoring, and the technical support of a WHO-experienced WASH expert on surge mission.

Activity 3.6	Rapidly develop and disseminate to affected communities risk communication messages on Hygiene, Vector, food and water-Borne Diseases	In coordination with Meta, WHO launched a four-week social media campaign (between 3 October 2023 and 1 November 2023) on Facebook and Instagram that focused on Health guidelines to maintain the health of people living in or near flood areas with a special focus on precautionary measures on water and food-borne diseases, infectious diseases, mental health and psychosocial support (MHPSS), fighting rumors after the floods, especially about the public health risks after the floods. According to the data provided by Meta, the number of people reached via Facebook and Instagram at the end of this campaign was 5,772,130 with 10,760,396 Impressions and Engagement: 64,517.
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Output 4	Strengthen emergency public health information management to inform evidence-based decision making			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of health facilities assessed through HeRAMS in affected and IDP hosting communities	260	331	Assessment report
Indicator 4.2	An interactive dashboard established for WHO health response	1	1	Kobo tool established
Explanation of output and indicators variance:		[Fill in]		
Activities	Description	Implemented by		
Activity 4.1	Conduct baseline and repeat assessments of health care infrastructure and service delivery in Eastern Libya (HeRAMS)	WHO conducted an assessment that targeted 331 health facilities, which showed that only 16% of the health facilities were fully functioning, 77% were partially functioning and 7% were not functioning (the executive summary of the in-depth assessment is annexed to this report as Annex A). This assessment also revealed that the main impediments to service delivery in the assessed facilities were shortages of medicines and medical supplies (54%), lack of staff (17%), and lack of medical equipment (15.7%). Physical damage to the facilities was the cause of dysfunctionality for only 12% of the assessed facilities		
Activity 4.2	Provide updated analysis and interpretation of public health situation and health risks among affected populations	Refer to 4.1		
Activity 4.3	Effectively monitor the public health response to the emergency	WHO led two coordination structures: the health sub-group and the MHPSS sub-group. WHO convened and managed several coordination meetings for partners attended by		

		MOH, UNHCR, IOM, IMC, ICRC, IRC, PUI, ACF, MSF, ERU, Red Crescent, GIZ, TDH, and DRC among others.
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Output 5	Strengthen coordination and leadership to respond to the humanitarian health response in Eastern Libya			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Health Sector Strategic plan developed	Within first 2 weeks	1	Derna response
Indicator 5.2	Health Sector response monitoring framework established and updated regularly (including 4Ws)	Monthly	Yes	MHPSS sub-group notes
Indicator 5.3	Real-time evaluations of the health response (addressing AAP)	quarterly	Yes	After Shock Meeting in Benghazi
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 5.1	Ensure close collaboration with the national, state and local authorities to ensure adequate stewardship of the humanitarian health response	WHO worked in close collaboration with the national, regional, and local authorities throughout the response.		
Activity 5.2	Lead the Health Sector to deliver an appropriate and timely package of healthcare services to affected populations	WHO led two sub-groups: the Health and the MHPSS. Meeting minutes are available.		
Activity 5.3	Provide technical and operational support to health sector partners to scale up the health response in Eastern Libya	WHO advocated for the humanitarian space for all health partners responding and supported the customs clearance processes of health actors who requested it.		
Activity 5.4	Systematic monitoring of health sector response (including 4Ws)	MHPSS work group developed and maintained 4Ws		
Activity 5.5	Ensure effective inter-sector coordination and collaboration for better health outcomes	WHO systematically attended the Inter-Agency meetings		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹⁴:

WHO's field coordinators in the field- recruited from within the same community- placed closest to the field, regularly engaged with the communities they live in and coordinated with health authorities in the municipality, engaging communities and receiving feedback on the needs to be considered in the planning and response.

b. AAP Feedback and Complaint Mechanisms:

WHO participated in the common feedback mechanism (CFM) for humanitarian organizations in Libya. The CFM provides a toll-free, country-wide number that people can call to obtain information on humanitarian assistance programmes, submit feedback on services provided, and obtain referrals to the humanitarian organizations best suited to handle their requests and/or complaints.

IO contracted an external organization to monitor and evaluate (third-party monitoring) the Organization's work in the country to determine the relevance, effectiveness, efficiency, impact, and sustainability of the operations.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Throughout its response to this crisis, WHO ensured gender-sensitive programming in addition to strong prevention and response to sexual exploitation, abuse, and harassment (PRSEAH) mechanisms, which include continued training on how to effectively prevent and respond to sexual exploitation, abuse, and harassment among WHO staff and partners. WHO has a country's PRSEAH focal points in place to guide operations in a PRSEAH-inclusive way and ensure that beneficiaries are sensitized about complaint and feedback mechanisms.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WHO placed special focus on making sure that service provision was non-discriminatory, as analyzed through several initiatives aimed at collecting feedback from the field. For survivors of GBV among beneficiaries, WHO supported the set-up of referral services to appropriate care and protection services and supported psychosocial support. The EMT mobile outreach deployment included female doctors and female nurses as much as possible, to ensure the provision of culturally respectful services to women and girls.

e. People with disabilities (PwD):

The project focussed on delivering health care services in an emergency context. WHO adhered to the health for all without discrimination principle. Everyone has the right to essential health services in a respectful way. Persons with disabilities will be given priority and will be provided with the needed support in terms of physical rehabilitation and psychosocial support.

f. Protection:

WHO works in strict adherence to the humanitarian principles. In carrying out Health activities, WHO prioritizes the centrality of protection. Protection of people with mental health issues and survivors of violence is paramount within the activities under WHO's technical mandate and domain.

People with disabilities and women and girls were prioritized by WHO's teams.

As the leading health actor, globally and in Libya, WHO carries the responsibility to ensure Protection is fully mainstreamed in all Health interventions in all its four elements: prioritizing safety and dignity and avoiding causing harm; ensuring meaningful access; accountability; enabling participation and empowerment.

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

WHO implemented this health response in close coordination with the Protection Working Group and Sub-Groups, and the Inter-Agency coordination. WHO also used its privileged relationship with the national authorities to advocate for a Human Rights based approach, therefore ensuring all individual, regardless of their status, have safe and dignified access to essential health services.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash was not considered in Libya due to the collapse of the banking system. Moreover, cash is not relevant to the delivery of health activities, which are for free.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
<u>Commemorating the first anniversary of the catastrophic Derna floods and thanking donors for the response provided by WHO</u>	Hyperlink provided

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-FPA-040	Gender-Based Violence	UNFPA	NNGO	\$188,937
23-RR-FPA-040	Gender-Based Violence	UNFPA	NNGO	\$23,528
23-RR-CEF-051	Child Protection	UNICEF	INGO	\$40,000
23-RR-CEF-051	Child Protection	UNICEF	INGO	\$35,000
23-RR-CEF-051	Child Protection	UNICEF	NNGO	\$30,331
23-RR-CEF-051	Child Protection	UNICEF	INGO	\$40,000
23-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	INGO	\$600,000
23-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	INGO	\$500,000
23-RR-CEF-051	Water, Sanitation and Hygiene	UNICEF	INGO	\$354,468