



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
LIBYA
CONFLICT-RELATED DISPLACEMENT**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Ali Al-Za'tari

REPORTING PROCESS AND CONSULTATION SUMMARY

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

No AAR has taken place due to the significant turnover of personnel for the Libya response. Instead of an AAR, OCHA ROMENA has been covering the reporting requirements for the CERF response and bilaterally engaged with agencies.

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

YES NO

The RC/HC has requested the agencies to follow up reporting for CERF as best possible, given the turnover of staff and resulting limited institutional knowledge regarding this CERF process.

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

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 35,250,000 (Libya Humanitarian Appeal 2014-15)		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,861,508
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	25,798,082
	TOTAL	30,659,590

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17 December 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-197	Protection	182,934
UNHCR	14-RR-HCR-063	Protection	1,491,012
WHO	14-RR-WHO-089	Health	677,693
UNOPS	14-RR-OPS-006	Mine Action	509,869
WFP	14-RR-WFP-097	Food Aid	2,000,000
TOTAL			4,861,508

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,938,677
Funds forwarded to NGOs for implementation	922,831
Funds forwarded to government partners	0
TOTAL	4,861,508

HUMANITARIAN NEEDS

The clashes in the capital city of Tripoli and several other areas of the country in mid-2014 are some of the most serious outbreaks of armed conflict since the Libyan revolution in 2011. The use of heavy weaponry in densely populated areas by all conflicting sides, particularly in the capital, resulted in scores of civilians killed and injured major displacement. As of 7 December 2014, close to 400,000 people were reportedly displaced within and around Tripoli, Benghazi and Ubari. Since 13 July 2014 the conflict also obliged the vast majority of the international community present in Libya, including the United Nations, to temporarily withdraw from the country.

The intense fighting caused a rapid deterioration of living conditions, including shortages in food, fuel, water and electricity, lack or limited access to health services, along with a rise in criminality. Significant damage and destruction was reported to public installations in Tripoli's southern and western suburbs, including the international airport, the main oil depot, roads and bridges. Numerous reports have surfaced of abductions, looting, burning of homes and other acts of revenge.

Inadequate response to the ongoing humanitarian crisis will contribute to the worsening the humanitarian situation inside Libya. This may result in excessive loss of lives, and instability in Libya and neighbouring countries. It will, ultimately, affect the country's socioeconomic progress.

As of 30 November 2014, UNHCR Italy reported 163,368 people arrived in Italy, of whom approximately 85% departed from Libya. There is particular concern for southern towns in Libya around Ubari where reports of ongoing clashes between Tebu and Tuareg (preceding the current crisis) have created a serious humanitarian situation complicated by lack of access. The Ubari and other southern crisis committees informed UNHCR on 7 December that clashes in the Ubari town displaced approximately 3,490 families (24,430 people) since beginning of fighting in early/mid-October 2014. Of this, approximately are 1,730 Tuareg families who have been displaced to other parts of the south such as Ghat, Wadi Alhayah, Sabha and Wadi Alshatee. The remaining 1,760 displaced families are from the Tebu tribes and have mainly been displaced to Murzuq and neighbouring towns. The IDP crisis committees urgently asked that assistance be provided to locations hosting internally displaced population as they are in need of food and non-food items. Local authorities described the dire situation especially for IDP families who do not have relatives or support from the host community.

According to the scarce information available and the recent assessment carried out mid-October, food represents the key issue for the displaced. Inadequate access to food would result in a deterioration of nutritional status of the population, particularly children. Opting for harmful coping strategies such as reduced food intake or food quality, or depleting key resources, would negatively impact the population. Given its geographical position, a crossroad between Africa and Europe, sharing borders with six other nations, and lack of health services and inadequate sanitation services may exacerbate the risks such as an Ebola virus outbreak. Lack of response to the current crisis will increase the possibility of other outbreaks, especially polio and measles. A measles outbreak occurred in Benghazi in October 2013 and a vaccination campaign was conducted in May 2014 to contain it.

Clashes in Libya have debilitated the already weak public health system. In Benghazi, hospitals were damaged by shelling (AlJumhuriya, Benghazi Medical Centre) and medical warehouses were destroyed, leaving the Eastern part of Libya with limited medicines and supplies and increased burden on the few working health facilities, in the West some hospitals were devoted mainly to treat wounded (Zintan), while others were overwhelmed by the additional load of the tens of thousands of IDPs, meanwhile, in the South, the health facilities are struggling to cope with the increased number of patients (including hundreds of wounded and thousands of IDPs) coupled with very limited supply chain, since the road are closed due to security constraints. The situation is exacerbated further with the departure of big part of the foreign health workers, which composed the majority of the nursing staff and over 50% of the doctors in Libya.

Given the humanitarian situation and lack of a ceasefire agreement, the humanitarian community continues to be concerned about exacerbation of the already dire situation. In Tripoli and other western cities, most displaced persons have moved in with relatives and host communities to calmer areas and neighbouring cities. At the same time, the number of families unable to seek shelter with friends and relatives is reported to be increasing, with significant numbers seeking shelter in Janzour and Zawiya Forests, schools and other public buildings provided by local councils in Tripoli.

Vulnerable groups face heightened challenges and protection risk. As many as 4,800 Tawerghan IDPs reportedly left their displacement camps in Tripoli because of the shelling and fear of abduction. Over 5,600 Tawerghans IDPs became re-displaced in Benghazi after the latest round of fighting. Most local communities have been reluctant to provide accommodation to Tawerghans for fear of retaliation by armed groups or out of the belief that Tawerghan IDPs are unlikely to return to their places where they normally reside in the near future, unlike other displaced Libyans. As a result, there is a growing concern that some 10,000 Tawerghan IDPs may lack shelter or other essential items and services.

In Benghazi and other Eastern cities, the humanitarian crisis started since May 2014, and is even deeper as access to the city is severely restricted due to security situation. The Benghazi Local Council has so far reported over 15,000 families (90,000 people) who have fled Benghazi and are in need of food and NFIs.

Numbers and locations of IDPs are summarized below:

Region	Total IDPs
South and Western region (Tripoli, Gheryan, Zawiya, Surman, Tarhouna, Bani Walid, Ajaylat)	182,994
Misrata, Ras Lanuf, Slooq, Gulf of Sidra	56,850
Eastern region (Benghazi, Tobruk, Ajdabiya, Al Marj, Al Bayda)	90,000
Southern region (Ubari/Sebha)	24,430
Tawerghans displaced in western region	17,800
Tawerghans displaced in eastern region	18,200
Tawerghans displaced elsewhere southern towns)	4,000
Total as of 7 December	394,274

* Numbers are based on estimate from the Local Crisis Committees and Higher Emergency Committee

On 17 October 2014, a UN Humanitarian Mission comprised of IOM, UNHCR, UNMAS, UNESCO, UNDP and WFP, led by UNICEF, undertook a four-day mission to Tripoli. The agencies met with civil society representatives including a representative from Warshafana and officials from the Libyan Crisis Committees. Demands for UN humanitarian assistance focused on technical assistance to manage emergency and humanitarian actions, specifically training for community based assessments and crisis management, in addition to development assistance. Libyan interlocutors called for the UN redeploy to Libya on a permanent basis and for humanitarian efforts to focus on all affected areas. These demands were echoed in bilateral meetings with other national counterparts including met with heads of technical departments in the line ministries responsible for the delivery of services, these counterparts were their previously coordinated programmes prior to the conflict.

Despite the security challenges and ongoing financial constraints, UN agencies are actively identifying needs within their respective portfolios, working with UN local staff members, the Libyan Red Crescent Society, NGO partners and Crisis Committees.

II. FOCUS AREAS AND PRIORITIZATION

The sectors of focus for the Libya humanitarian response are Food Security, Shelter and NFIs, Protection, and Health. The initial CERF application identified the provision of food and essential medicines, shelter support, NFI distribution, ERW and UXO clearance, child protection and psychosocial wellbeing support for children and youth, and national partner capacity building.

However, due to changes in the context and security related access issues one of the partners adapted the focus areas and prioritization. UNMAS increased the emphasis of programmes on preventing further injuries and death through increased risk education activities rather than on implementing UXO and ERW clearance.

Agencies held consultations in order to determine the priority sectors and activities. Based on these consultations the CERF application was outlined.

III. CERF PROCESS

An inter-agency mission conducted by humanitarian Heads of Agencies in mid-October 2014 met with local NGOs and crisis committees. National partners identified several humanitarian needs and urgent response is needed. These representatives also identified need towards technical assistance to manage emergency and humanitarian actions, specifically training for community based assessments and crisis management.

As a follow up, agencies agreed to conduct a more in-depth Inter-Agency assessment in December 2014. Based on initial findings and consultation with local partners and authorities agencies developed the CERF application identifying focus areas and priorities based on the needs information available at the time.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis:				
At the time of the CERF application the total number of affected population was 400,000 people. As of December 2015, based on secondary analysis and further IA assessment, the identified total number of affected population is 3 million, 2.44 million of whom are considered as being in need of humanitarian assistance.				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Protection	47,500	27,532	75,032
	Health	56,000	44,000	100,000
	Mine Action	N/A	N/A	N/A
	Food assistance	47,748	48,184	95,932

BENEFICIARY ESTIMATION

Figures are based on monitoring of programmes conducted either through operational/implementing partners or third party monitoring. Reached figures are directly related to programme outputs rather than outcome analysis (e.g. In addition, due to the nature of programming it is currently not possible to estimate the number of people benefitting from risk education, however, the number of people benefitting from the education may be very high.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	66,354	56,000
Male	49,349	48,184
Of total, children under age 5	0	0
Total individuals (Female and male)	112,703	104,184

As access is a major challenge total reached estimates have been determined by the highest numbers reached in any one sector in order to avoid the risks of overlap in reporting. In reality more than the estimated number of people reached would have benefitted from assistance as there is some overlap of target population but also different targeting of population groups. However, given the constraints including monitoring capacity of national and access limitations determining the specifics of who received what from whom is currently not achievable.

CERF RESULTS

Overall the CERF funding achieved the initial objectives, reaching a minimum of 104,184 people with some form of assistance. The funding from CERF enabled agencies to respond needs as a result of a rapidly changing environment due to increased hostilities. The major target population for the CERF funded response was displaced people, who benefitted from timely support in terms of some form of humanitarian assistance. Without the CERF funding many of the most vulnerable groups may not have received support of any form.

With the support of implementing partners UNHCR was able to deliver NFI and health assistance to over 75,000 people. Working with local partners UNICEF was able to support 6,000 boys and girls through community based psychosocial and child protection services. UNMAS was able to partner with local mine action partners and build capacities to ensure minimum safety requirements and international standards are met in mine clearance and improved mine risk education. WFP was able to deliver food assistance to almost 96,000 people, and WHO reached 100,000 people through support to life-saving emergency medical services and supply of essential medicines.

CERF's ADDED VALUE

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

YES PARTIALLY NO

Due to difficulties in the country, including security constraints, logistical complications, and limited local capacity to deliver humanitarian assistance, there were delays in support being delivered. WFP had to overcome challenges in the procurement and delivery of food which led to delays in programming. Due to security issues UNMAS focused on risk education and were not able to conduct mine clearance, and though UNHCR reached over 75,000 people, delivery was not able to reach an estimated 12,000 additional targeted IDPs in the project timeframe due to security constraints.

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

YES PARTIALLY NO

As outlined above there were some delays for partners but overall CERF funds very crucial in delivering timely assistance.

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

YES PARTIALLY NO

Resource mobilization for Libya has been a major challenge due to political nature of the crisis and donor countries being unwilling to contribute significantly without a political solution being found. CERF has been crucial in supporting the response, and may have triggered some funding, as with the CERF funds, humanitarian agencies were able to prove they can operate in the very complex environment in Libya, even through remote control approaches.

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

YES PARTIALLY NO

Humanitarian coordination has been a challenge in regards to the Libya response, mainly due to very limited presence in Libya and humanitarian partner capacity. However, CERF catalysed the response in the end of 2014/early 2015 and enabled organisations to deliver which in turn also gave the humanitarian community more insight into the scope, scale and severity of the crisis. Moving on from the CERF funded response the HCT supported by OCHA (ROMENA) has been able to carry out a more credible IA Assessment, and develop both and HNO and HRP, with humanitarian coordination significantly improved in the process.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Flexibility for obtaining an extension for the implementation period	Obtain an extension for the implementation period when clashes are on-going can be further facilitated.	UNHCR

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

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

VI. PROJECT RESULTS

UNHCR PROJECT RESULTS			
CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	13.01.15 – 12.07.15
2. CERF project code:	14-RR-HCR-063	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency relief and response to internally displaced people in Libya and the promotion of psycho-social well-being of children and youth		
7. Funding	a. Total project budget:	US\$ 15,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,791,744	▪ NGO partners and Red Cross/Crescent: US\$ 611,403
	c. Amount received from CERF:	US\$ 1,491,012	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	52,000	47,500	Due to the clashes during the implementation period in the South between Tebu and Twareg in Awbari (and surroundings) and the increased security incidents against Humanitarian actors, UNHCR was not able to reach the targeted IDPs in those areas.
b. Male	35,000	27,532	
c. Total individuals (female + male):	87,000	75,032	
d. Of total, children <u>under</u> age 5	5,000	5,000	
9. Original project objective from approved CERF proposal			
For UNHCR, the objective of this project is two-fold: 1) provision of core relief items, medicine and medical supplies to address the basic survival needs of 87,000 recently displaced people in southern, western and eastern regions in Libya over a six-month period, and 2) training of four host communities to conduct rapid needs assessment/registration and managing emergency response of IDPs within their communities, including data collection and initial registration of IDPs. The training will be conducted in the first two-months of the project targeting 125 community leaders, reflected in the age and gender diversity of those representatives, in four host communities in Al Bayda, Ajdabiya, Sebha, and Tripoli (2 trainings).			
10. Original expected outcomes from approved CERF proposal			
Outcome 1: By April 2015, 87,000 individuals would receive standardized core relief item packages appropriate to their age and gender. Indicator: <ul style="list-style-type: none"> □ Number of individuals/households whose needs for basic and domestic items are met. □ Number of persons with specific needs assisted. Outcome 2: By the end of the six-month CERF-fund project, UNHCR and International Medical Corps (IMC) would provide adequate medicine and medical supplies to targeted communities hosting IDP population. Indicator: Number of persons served through provision of medicine and medical supplies.			
11. Actual outcomes achieved with CERF funds			
During the six month period UNHCR has distributed non-food items to internally displaced person in Libya covering various geographical locations throughout the country, namely Benghazi, Misratah, Tripoli and surrounding areas as well as in the South. A total of 75,032 internally displaced persons received assistance in the form of NFI's, and medical interventions.			
Since the evacuation of the international community in July 2014 following the conflict in Tripoli, UNHCR relies heavily on implementing partners			

IMC and Cooperazione e Sviluppo (Cooperation and Development) - CESVI through remote management to continue to carry out its operations and interventions.

In Benghazi and Misratah the distribution was carried out by a local NGO LibAid and monitored by UNHCR implementing partner CESVI. CESVI also carried out the post-distribution monitoring of randomly selected 10% of the total population of those who received assistance.

In Benghazi in particular, a coordination mechanism had been established by a collaboration between international organizations on the ground including, CESVI, ACTED (Agence d'Aide à la Coopération Technique Et au Développement) and UNHCR as well as with six civil society organizations (CSO's), LibAid, the local crisis committee and Benghazi Municipality. The IDP working group is head by LibAid and the meetings for coordination amongst this group convene once a week, every Thursday. All distributions in Benghazi were coordinated closely through this established IDP working group to in order to analyze the beneficiary composition and to plan the operational activity. The vulnerability criteria which was clearly communicated to the Group by CESVI and ACTED was then applied in identifying the most vulnerable beneficiaries to receive assistance.

In Benghazi the distribution was carried out in two phases over a period of three months based on pre-established criteria. In phase I, the criteria used to determine the beneficiaries was to target new displacement; those who had been recently displaced in 2015. Whereas, the criteria used in phase II of the distribution was to cover those displaced families living within the host communities and were exceptionally vulnerable. During this phase, about 2% of the beneficiaries were also selected from the host families themselves, to assist in relieving the burden of hosting IDP communities who are themselves often times vulnerable.

The families for both phase I and II were previously identified and compiled in a list by the established by Benghazi IDP working group.

CESVI was available to monitor both phases of the distribution in Benghazi while further conducting post-distribution monitoring. Thirty-five distribution sites were covered in total in Benghazi; where 9 schools hosting IDP families received NFI's. The remaining distributions targeted families in host communities. Mattresses, blankets, track suits, mats, and kitchen sets were distributed as well as medical intervention in the form of hygiene kits also distributed to a total of 1,071 families, (5,628 individuals) in Benghazi.

NFI's were also distributed in the western city of Misratah, where a large number of IDPs have relocated due to ongoing conflicts in surrounding areas.

Misratah distribution was conducted over two phases, using the same criteria as that in Benghazi. Initially the intervention was aimed at targeting those newly displaced in makeshift shelters in two main locations in the city, the Steel Factory and the Misratah Seaside Resort. Following this initial distribution, in coordination with the local municipality and crisis committee, a list of vulnerable IDP families taking shelter with the host community were provided with NFI's.

For the first instalments of NFI's in Misratah took, the distribution targeted 203 families, (1,086 individuals). NFI's distributed include mattresses, blankets, track suits, mats, kitchen sets and gender dresses. Where the second instalment of NFI's in Misratah reached a selected total of 1,755 families (9,438 individuals) from the total of 4,169 families (25,014 individuals) registered by the local crisis committee in Misratah. The items distributed included blankets, water cans and kitchen sets. The distribution was made by LibAid. Due to limited number of supplies available limiting the number of beneficiaries reached, UNHCR ensured that a vulnerability criteria was set to target those most in need.

For interventions in Tripoli and the South, UNCHR through implementing partner IMC dispatched its humanitarian convoy into western Libya to assist an estimated 25,000 displaced individuals. IMC partnered with Sheikh Taher Azzawi Charity Organisation (STACO, a local nongovernmental organization, who has presence in Southern Libya and Tripoli as well as ensured the establishment of relations with the Local Crisis Committees, to carry out the distributions while IMC monitored and conducted post-distribution monitoring for those targeted locations. Through cooperation with Municipal councils and with the Crisis Committees, IMC was able to identify areas of high concentration of IDP and assess their needs. This was critical step to establish a pre-distribution list based on the vulnerability criteria agreed in the NFI-&-shelter sector and applied to ensure provision of impartial and needs-based assistance. Criteria for the identification and selection of beneficiaries were closely applied in all targeted locations which were included for the distribution.

In western Libya, including Tripoli and surrounding areas, 5,000 families were assisted, reaching an estimated 25,000 persons in need. Further, IMC carried out a post-distribution monitoring survey targeting 10 per cent of the beneficiaries (500 randomly selected IDP families).

Where in the South, distribution was more challenging due to the ongoing clashes and security constraints. However, 1,762 of the most vulnerable families (approximately 8,810 individuals) in the southern part of Libya were identified and received NFIs. This is lower than the projected 5,000 families, mostly due to said challenges related to accessibility and insecurity in the region.

In addition to NFI distributions, UNHCR has been working closely with the local crisis committees for their better understanding of the IDP issues, rights and responsibilities. During the two workshops which were focused at capacity building of the duty bearers, UNHCR through its partner introduced a set of data on IDP verification and assessment. In the two workshops, which were carried out through UNHCR partners DRC

<p>(Danish Refugee Council) with the Local Crisis Committees in Zarzis southern Tunisia, over 50 members of the Local Crisis Committees were provided with the necessary tools to undertake IDP data collection, data management, and to carry out needs assessments as well as empowering the communities through identifying their own needs.</p> <p>Through the NFI distributions and workshops, UNHCR was able to build long-term harmonized relationships with the local crisis committees as well as with local NGOs working on IDPs and local municipalities. Such relationships assisted in the establishment of the IDP coordination group in Benghazi, by which continued efforts to established norms adherent to international standards have come into effect. This in turn has improved data collection, establishing vulnerability criteria and identifying the needs of the local IDP populations in the east.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Ninety per cent of the project was in fact implemented where UNHCR through strenuous efforts managed to reach 75,032 individuals ensuring that those most vulnerable are provided with basic relief items. This comes short of the initial 87,000 that was initially projected in the proposal. However, due to security and logistical constraints in the country full implementation was not possible within the project timeframe. Assistance in the form of medical intervention was not realized, as per the initial proposal. However, alongside the NFI distributions, UNHCR through implementing partner DRC carried out two workshops for the Local Crisis Committee members to improve IDP data collection and ensure implementation based on international IDP standards.</p> <p>Another key challenge was obtaining comprehensive data on the total number of beneficiaries. Due to the lack of security and ongoing clashes in the country there were times at some distribution sites that implementing partner CESVI and IMC were unable to access the distribution sites due to clashes, and thus confirmation and control was conducted through post-distribution monitoring either through home visits or phone calls.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0): The interventions included in this proposal were implemented according to UNHCR Age, Gender and Diversity Mainstreaming AGDM approach, where the interventions targeted different locations, tribes, Age and gender. Please refer to the breakdown of reached beneficiaries.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>	
<p>Post-distribution monitoring was carried out by for all distribution sites by implementing partners IMC and CESVI for their respective areas of intervention.</p>	
<p>CESVI conducted post distribution monitoring in Benghazi following the two phases of the distribution. Through the survey a random sample of 10 per cent of the total number of beneficiaries were selected for the post-distribution survey. The survey aimed at first confirming that the beneficiaries had in fact received the NFIs while further provided an opportunity to carry out a more detailed assessment of the benefits of the NFIs provided and gain a better understanding of the IDP populations.</p> <p>Overall CESVI reports that the beneficiaries have been satisfied with the NFIs received. Further, it was reported through the survey that the majority of beneficiaries are hosted by relatives or people of their social-urban network. The most vulnerable families were identified to be single women head of households, elderly, as well as those families who lost their jobs due to displacement. It was found that 16 per cent of beneficiaries are headed by Single Women (widows or divorced).</p> <p>The monitoring and follow-up exercise has given a representative picture of the beneficiary's composition in Benghazi, where the families are namely Libyan. However, 3 families from Syria, Palestine and Sudan also affected by the conflict, were assisted with NFIs.</p> <p>All the IDPs families in Benghazi were coming from the clashes areas of Sabri, Al Souq Al Hout, Laithi, Boatni, Gawarsha, Benina, Alkat, Sidi Faraj, Garyones, and Ganfuda. Moreover, the majority of IDPs in Misratah have also fled from the conflict in Benghazi, however in the survey conducted, 96 per cent of those interviewed in Misratah expressed their unwillingness to return to Benghazi. Additionally, from the survey we were able to confirm that only 4 per cent of those interviewed have moved at least once prior to their arrival in Misratah. The remaining confirmed this was their first movement.</p> <p>From the survey it was identified that a high number of beneficiaries are hosted by relatives or people of their social-urban network. The majority of the affected families were clearly identified as the most</p>	
<p>EVALUATION PENDING <input type="checkbox"/></p>	
<p>NO EVALUATION PLANNED <input type="checkbox"/></p>	

vulnerable, including single women head of households, elderly and all the families with member who lost their job due to their displacement. Where the real main impact from displacement has been financial, and the largest burden on IDP families living in the host communities was identified to be rent. However, other identified problems include general lack of sufficient income and unstable employment opportunities while displaced. Moreover, IDPs have also identified insufficient health care and lack of access to proper and specific medicine to be another pressing issue affecting their overall wellbeing.

UNICEF PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	12.01.14 – 11.07.15
2. CERF project code:	14-RR-CEF-197	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening protection of and psychosocial support to crisis affected children and youth		
7. Funding	a. Total project budget:	US\$ 399,184	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 128,217	▪ NGO partners and Red Cross/Crescent: US\$ 108,428
	c. Amount received from CERF:	US\$ 182,934	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,000 (children and youth aged 7 – 18 years)	2,500	The number of actual beneficiaries reached exceeds the planned number.
b. Male	2,000 (children and youth aged 7 – 18 years)	3,500	
c. Total individuals (female + male):	4,000 (children and youth aged 7 -18 years)	6,000	
d. Of total, children <u>under</u> age 5			
9. Original project objective from approved CERF proposal			
To strengthen the protection and psychosocial well-being of youth and children (girls and boys) affected by the conflict in selected IDPs locations in Libya through provision of community-based child protection and psychosocial support activities.			
10. Original expected outcomes from approved CERF proposal			
Result 1: By June 2015 the protection and psychosocial wellbeing of 4,000 children and youth (boys and girls) is improved through the provision of psychosocial support by adult care-takers trained to deal with the stress and the psychological effects of being exposed to conflict. Indicators:			
<ul style="list-style-type: none"> • 4,000 children and youth (boys and girls) registered and participating in a community based psychosocial support activities and within the schools. • Improvement in psychological wellbeing of participating children and youth from the beginning to the end of the intervention (Reduction of aggressive behaviour, bed-wetting etc as reported by care takers.) • 8 children's friendly spaces established in 8 IDPs communities. • 300 child victims/survivors of GBV identified, referred to and receive appropriate child friendly services. 			
11. Actual outcomes achieved with CERF funds			

<p>The CERF contribution helped UNICEF and its implementing partners to improve the psychosocial wellbeing of 6,000 girls and boys through community based psychosocial and child protection services. Eight child friendly spaces established in eight IDPs locations. Five child friendly spaces in Tripoli IDPs (Tuwargah and Kikla IDPs camps) one child friendly space for Tuwargah IDPs in Beni Waleed, one child friendly space in Sebratha and one in Surman Town.</p> <p>Sixty-four per cent of the 1,600 girls and boys assessed by the psycho-therapy specialists in the IDPs camps in Tripoli show moderate or severe post Stress symptoms. Approximately 10 per cent of these cases were victims of sexual violence.</p> <p>The CERF contribution was crucial in helping UNICEF through implementing partners, to provide specialized psychosocial and recovery services for 350 girls and boys thereby contributing to their overall wellbeing, psychological health and social recovery.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The achieved outcome is fully in line with planned outputs/outcomes.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0): 48 per cent of cases benefited from the specialized psychosocial services are girls and the child friendly spaces were almost equally open for both girls and boys.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

UNMAS PROJECT RESULTS			
CERF project information			
1. Agency:	UNOPS	5. CERF grant period:	12.01.15 – 11.07.15
2. CERF project code:	14-RR-OPS-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Mine Action		<input checked="" type="checkbox"/> Concluded
4. Project title:	Humanitarian Mine Action Emergency Response through Coordination, Monitoring and Quality Assurance and Quality Control of Battle Area Clearance and Explosive Ordnance Disposal Activities in accordance with International Standards		
7. Funding	a. Total project budget:	US\$ 509.869	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 509.869	▪ NGO partners and Red Cross/Crescent: US\$ 203,000
	c. Amount received from CERF:	US\$ 509.869	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	n/a	5	The initial focus of this project was on clearance activities. Due to the security situation, we reprioritised the activities in our proposal to focus on lifesaving risk education, accreditation of mine action NGOs and upholding the international mine action standards. This saw 27 Civil Society Organisation members trained in RE (5 women), 10 local NGO staff trained in RE project management, 10 personnel from the Libyan National Mine Centre trained in Quality Assurance/Control to international standards, and 2 Quality Assurance/Control and Risk Education Officers contracted for UNMAS. Altogether these beneficiaries initiated the risk education response in the West of Libya and began to accredit NGOs for critical mine action activities in Libya.
b. Male	n/a	44	
c. Total individuals (female + male):	n/a	49	
d. Of total, children <u>under</u> age 5	n/a		
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Reduce risks of death and injury of Libyan communities through identification of hazardous areas in and around Tripoli and rapid clearance of Explosive remnants of war (ERW) in prioritized areas in accordance with International Mine Action Standards (IMAS). Increase the awareness of the local communities of the risks posed by ERW contamination and from the proliferation of conventional weapons. Support international and national humanitarian counterparts in their limited ability to execute humanitarian mine action ERW clearance and risk education activities through providing monitoring and quality assurance and control services in accordance to IMAS. The failure to adhere to IMAS is a threat to life and limb for both the local communities living in, and returning to, the vicinity of contaminated areas and for the international community coming to their assistance as it ensures both that the areas are completely and safely cleared, marked and reported. Improperly cleared, marked or reported areas will put returning civilian men, women and children and humanitarian aid workers at immediate life threatening risk. The National Authority, the Libyan Mine Action Centre (LibMAC) has made it clear that no clearance activities will be permitted by any INGO in the absence of monitoring, Quality assurance and control in liaison with UNMAS. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> The outcomes and indicators for the above mentioned activity are as follows: <ul style="list-style-type: none"> a. All (100%) of the national and international organizations working on clearance efforts are identified b. All (100%) of the identified organizations working on activities related to Humanitarian Mine Action clearance are coordinated, monitored, quality assured, quality controlled and reported on in accordance with International Mine Action Standards on weekly basis. c. At least 30,000 direct messaging beneficiaries of risk education activities in Tripoli and the surrounding areas. d. All (100%) of the identified organizations working on activities related to risk awareness are monitored, quality assured, quality controlled and reported on in accordance with International Mine Action Standards on weekly basis e. All (100%) of ERW and UXO identified cleared in accordance with International Mine Action Standards. 			
11. Actual outcomes achieved with CERF funds			

In pursuit of outcome (a) and (b), UNMAS held a three week training for members of the Libyan Mine Action Centre (the LibMAC), who are the national authority on humanitarian mine action in Libya. The training allowed 10 personnel to receive clearance related Quality Assurance/Control (QA/QC) training in line with the International Mine Action Standards. This capacity enhancement training will allow the LibMAC to ensure that minimum safety requirements and international standards are met during ERW and mine clearance, to avoid injury or death and also to guarantee safe humanitarian access.

Adding further to outcome (a) and (b), the CERF funds allowed UNMAS to contract monitoring and quality assurance personnel to support and mentor the Accreditation Committee of the LibMAC in the assessment and accreditation of humanitarian mine action actors seeking to implement various activities in Libya. Thorough guidance on organisational and operational standards has been given to the Committee. Furthermore, the opportunity for members from the LibMAC on the QA/QC course to accompany UNMAS on QA/QC assessments was made possible by the CERF funding; this allowed participants to implement their knowledge and accredit implementing partners operationally for risk education activities (as no clearance activities are taking place currently). This mentoring and shadowing element to QA/QC understanding is vital to ensuring sustainability in the mine action capacity in Libya.

In pursuit of outcomes (c) and (d) a contract was awarded to Handicap International for Risk Education on ERW and Conventional Weapons, to design and disseminate safety and accident prevention messaging. HI trained and assembled a local team of 10 Libyan personnel to run, monitor and support HI risk education activities from Tripoli. Through the production of Information, Education and Communication (IEC) tools and the training of local civil society partners, Handicap International has made progress in promoting safer attitudes and behaviours around ERW, raising awareness and knowledge of the dire risks. In total HI trained 27 volunteers from local organisations such as Assalama Association, Boy Scouts, Girl Guides, who will be able to deliver risk education sessions and general awareness. The IEC materials were developed in coordination with the local partners and the LibMAC, in addition to being field tested via questionnaire to ensure the relevance and understanding at the beneficiary level. In total, 2 billboards, 4 radio spots, 1 leaflet, 2 posters and 1 sticker were designed and tested using CERF funding. CERF funding has allowed 42,000 hard copy materials to be printed (mixture of leaflets, stickers and posters) and secured 1 month of airtime and display for one radio-station and seven billboards (located in Tripoli, Janzour, Zawia and Zuwara, Garhyan and the Western Mountains area).

Handicap International has obtained a subsequent funding to the value of US\$ 222,000 to ensure that these life-saving and important activities continue. This further funding will secure the seven billboards and two radio stations for a further 2 months. Handicap International began delivering risk education sessions using the hard copy materials and techniques learned under CERF funding after Eid Al-Adha, with the aim of reaching 6,000 beneficiaries directly (with the assistance of the subsequent funding).

Due to the intense fighting and deteriorated security conditions in Libya, there has been mass internal displacement. In an attempt to spread the risk awareness messaging in both geography and demographic, CERF funds were also used to print an additional 14,000 ERW risk awareness posters/leaflets for distribution by a variety of national and international partners. UNMAS liaised with International Medical Corps and had some of these posters included in Non- Food Item (NFI) distributions in areas in Tripoli aimed at internally displaced persons in desperate need of this life-saving information. UNMAS also has made some of these materials available for the National Safety Authority and LibMAC to display and distribute in the East and West of Libya respectively.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Due to the deterioration of the security situation and the inability of international organisations to resume work in Libya, the mode of implementation and organisational capabilities shifted. While the scope of the project remained the same, the focus was on realistic remote implementation. Therefore, UNMAS was unable to conduct any clearance activities. The CERF Secretariat was informed of the delays and alternative actions in pursuit of the objective. Despite this, UNMAS increased its attention on prevention of further injuries and death through Risk Education activities and initiatives, and strengthened the national capacity of the national authority on the international mine action standards.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): Fill in

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

Gender mainstreaming was an important consideration for our risk education implementing partner, Handicap International specifically engaged female local staff and a female civil society organisation as one of its local implementers to ensure that messaging was adapted and suitable for its audience. This has allowed for 5 women from the Girl Guides to be trained to deliver risk education sessions to girl guides and other elements of society. HI endeavoured to have 50 per cent of its IEC materials tested on women; however the Libyan context and many other factors resulted in 33.5 per cent of interviewees being women.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

<p>UNMAS has not conducted a post-project evaluation. However, UNMAS monitored the training of partners and national counterparts during the project to ensure quality and adherence to national standards UNMAS performed this evaluation for both of Handicap International's trainings, in addition to the three-week capacity enhancement course for the 10 LibMAC personnel.</p>	
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TABLE 8: WFP PROJECT RESULTS

CERF project information				
1. Agency:	WFP		5. CERF grant period:	01.12.14 – 31.08.15
2. CERF project code:	14-RR-WFP-097		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded
4. Project title:	Libya Emergency Operation (EMOP) 200776 Assistance to people affected by the crisis in Libya			
7. Funding	a. Total project budget:	US\$ 14,866,300	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 6,018,211	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0	
	c. Amount received from CERF:	US\$ 2,000,000	▪ <i>Government Partners:</i> US\$ 0	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	56,440	47,748	Since WFP had to use the funds to pay for four separate consignments of food from three countries (Tunisia, Egypt and Turkey) over a period of some six months, the planning timing and consignment amount(s) changed and there were some delays in procurement and delivery. However, there was no significant discrepancy between planned and reached number of beneficiaries.	
b. Male	38,560	48,184		
c. Total individuals (female + male):	95,000	95,932		
d. Of total, children <u>under</u> age 5	8,720	16,575		
9. Original project objective from approved CERF proposal				
<p>Objective: Under this operation, WFP will primarily focus on WFP Strategic Objective 1: Save lives and protect livelihoods in emergencies. The objective of WFP's assistance is to support the most affected and vulnerable people whose food security has been compromised due to their displacement, loss of livelihood and/or loss of productive assets and capacities, compounded by a parallel increase in food prices and disruption of national and community social safety net mechanisms.</p> <p>The CERF funding component objective is to ensure that WFP will be able to meet its primary objective by swiftly addressing the food security needs of displaced people most affected by the current crisis. The CERF funding will provide a one month food ration to 95,000 people in several areas of Libya affected by the conflict. WFP will distribute the food through its two partners Libya Red Crescent Society (LRCS) and Sheikh Taher Azzawi Charity Organisation (STACO), who provided a detailed distribution plan.</p> <p>Activities: The main activities will include procurement, shipment, and food distribution which could take two to three months. Partners STACO and LRCS will distribute the food assistance and the Danish Refugee Council (DRC) will provide third party monitoring and capacity building of national partners. (See "Implementation Plan" below for a more detailed description). Training on food distribution will include components on gender sensitive food distribution as well as protection, in order to ensure gender equality, women empowerment and the protection of beneficiaries and staff. Food management committee formulation ensures women are represented.</p>				
10. Original expected outcomes from approved CERF proposal				
<p>Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries:</p> <ul style="list-style-type: none"> • Number of women, men, boys and girls receiving food assistance (target 95,000) • Quantity of food assistance distributed, disaggregated by type, as percentage of planned (target 1,148mt) 				
11. Actual outcomes achieved with CERF funds				
<p>With CERF funds, WFP successfully provided food assistance to 95,932 beneficiaries. Of these, 47,748 were women and girls and 48,184 were men and boys. WFP targeted IDPs, as the most vulnerable populations.</p> <p>IDP beneficiaries targeted for distribution included families that had recently been displaced (less than two months), families that had been displaced more than once, families that had been living in collective public spaces such as schools/mosques and female headed families. The</p>				

<p>partners, along with the local crisis committees, provided the lists of beneficiary.</p> <p>Between January and August 2015, the period in which WFP used CERF funding, WFP's food distribution partners were STACO and the Libya Humanitarian Relief Agency (LibAid). WFP had initially also contracted the LRCS, but the partner did not comply with the terms of the field level agreement leading to the termination of the partnership. STACO distributed 516 metric tonnes (MT) of food throughout western and southern Libya; specifically in Al Jabal Al Gharbi, Nuqat Al Khams, Al Shati, Al Zawiya, Murzuq, Sabha Tripoli and Misrata. LibAid Distributed 614 MT of food in the east, specifically in Benghazi and Al Maraj, where most IDPs have converged. It is important to note that it has been very difficult to operate in the east due to multiple conflicts.</p> <p>Food was packed in 32 kg boxes to enable fast distribution and the family members to be able to carry the food home. Each family received two 32 kg packages per month. The specific commodities provided were rice, pasta, couscous, chickpeas, vegetable oil, sugar and tomato paste which constitutes a food basket of 425g which is 1560 Kcal/day/person. However, the food basket varied from time to time due to availability and preference of the beneficiaries.</p> <p>Training on food distribution included components on gender sensitive food distribution as well as protection, in order to ensure gender equality, women empowerment and the protection of beneficiaries and staff. The food management committee formulation ensured women were represented. WFP worked with the Danish Refugee Council (DRC) to provide third party monitoring on food distributions.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Since WFP had to use the funds to pay for four separate consignments of food from three countries (Tunisia, Egypt and Turkey) over a period of some six months, the planning timing and consignment amount(s) changed and there were some delays in procurement and delivery. WFP found it challenging to procure food locally in Tunisia, for example, due to administrative and bureaucratic procedures which delayed the process considerably. However, there was no significant discrepancy between planned and reached beneficiaries.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 1 If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

WHO PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	08.01.15 – 07.07.15
2. CERF project code:	14-RR-WHO-089	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of life-saving health services in Libya		
7. Funding	a. Total project budget:	US\$ 5,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,177,693	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 677,693	▪ <i>Government Partners:</i> US\$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. <i>Female</i>	56,000	56,000	The number of beneficiaries represents the population that could be served by the Inter-Emergency Health Kit (IEHK - essential medicines for six months). The beneficiaries of the NCDs have not been counted separately as there is an overlap between the two groups.
b. <i>Male</i>	44,000	44,000	
c. <i>Total individuals (female + male):</i>	100,000	100,000	
d. <i>Of total, children <u>under</u> age 5</i>	6,000	6,000	

9. Original project objective from approved CERF proposal

1. Support life-saving emergency medical services in all levels of health system in the areas directly affected by the conflict through the supply of medicines to hospitals and primary health care centres.

10. Original expected outcomes from approved CERF proposal

Outcome - Lifesaving health services for the most vulnerable and displaced Libyans are met for six months.

Indicators

- # of Primary Health Care (PHC) facilities receiving life-saving medicines (monthly) – 8 facilities.
- # of Noncommunicable Diseases (NCD) patients supported by medication (monthly) 25,000 direct beneficiaries.
- # of field visit reports received (monthly).

11. Actual outcomes achieved with CERF funds

The project contributed to improving the health services in several areas in Libya (Benghazi, Albaida, Tobruk, Tripoli, Misurata, and Kofra) by providing IEHK basic and supplementary, a selection of medicines that cover the needs of 10,000 persons for three months by each kit.

The IEHK were distributed according to the needs presented during and after the kits arrival at port and hence the locations of distribution differed slightly from the originally planned ones.

NCDs were delivered to the Medical Supply Offices to the East and the West of Libya, according to identified by them lists to cover for gaps and urgently needed medicines.

The project supported as well the deployment of health emergency specialists to Libya (twice for a month) and supported the cost of the emergency coordinator deployed in Tunis.

During the project, a network of eight focal points was created and the project funds covered the costs of their travels for monitoring and operational purposes. The network consisted of human resources from the Ministry of Health (MOH) and local health authorities to effectively monitor the field implementation. As the UN has been evacuated to Tunis since 2014, these focal points played a major role in monitoring the activities and reporting back to WHO. During the implementation period, each focal point provided the following information:

1. Numbers of beneficiaries reached per kit: 10,000 as recorded by focal points.
2. Number of monitoring reports submitted by each focal point: 05
3. Number of monitoring meetings conducted by each focal point: 02

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No discrepancy.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-CEF-197	Child Protection	UNICEF	Assebel Foundation	NNGO	\$18,933	15-Mar-15	10-Feb-15	
14-RR-CEF-197	Child Protection	UNICEF	Essafa Centre for mental health	NNGO	\$18,933	15-Mar-15	10-Feb-15	
14-RR-CEF-197	Child Protection	UNICEF	Boy Scout Soceity	NNGO	\$15,062	31-May-15	1-Apr-15	
14-RR-CEF-197	Child Protection	UNICEF	Mahara Foundation for Capacity building	NNGO	\$18,933	15-Mar-15	10-Feb-15	
14-RR-CEF-197	Child Protection	UNICEF	Tahir Azzawi Foundation (STACO)	NNGO	\$18,933	15-Mar-15	10-Feb-15	
14-RR-CEF-197	Child Protection	UNICEF	The Int. Foundation for children and women rights	NNGO	\$17,634	15-Mar-15	25-Feb-15	
14-RR-HCR-063	Protection	UNHCR	IMC	INGO	\$340,002	1-Apr-15	1-Apr-15	
14-RR-HCR-063	Protection	UNHCR	CESVI	INGO	\$150,469	1-Apr-15	1-Apr-15	
14-RR-HCR-063	Protection	UNHCR	DRC	INGO	\$120,933	1-Apr-15	1-Apr-15	

14-RR-OPS-006	Mine Action	UNOPS	Handicap International	INGO	\$203,000	21-Apr-15	1-Apr-15	Initiate a Risk Education project for the western region
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ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACTED	Agence d'Aide à la Coopération Technique Et au Développement
AGDM	Age, Gender and. Diversity Mainstreaming
CESVI	Cooperazione e Sviluppo (Cooperation and Development)
CFS	Child Friendly Spaces
DRC	Danish Refugee Council
ERW	Explosive remnants of war
HI	Handicap International
IDPs	Internally displaced persons
IEHK	Inter-Emergency Health Kits
IMC	International Medical Corps
LibMAC	Libyan Mine Action Centre
LRCS	Libya Red Crescent Society
NCDs	Noncommunicable Diseases
NFIs	Non-food items
PSS	Psycho Social Support
RE	Risk Education
STACO	Sheikh Taher Azzawi Charity Organisation
UXO	Unexploded ordnance