**Interim Report 1 to Italy - Directorate General for Italian Citizens Abroad and Migration Policies**

| Multi-Sectoral Support for Vulnerable Mobile Populations and Communities in Libya |
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| Executing Agency: | International Organization for Migration (IOM) |
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| Project Identification: | IOM Project Code: [omissis] |
| Grant Reference ID: | NA |
| Geographical Coverage: | Libya |
| Beneficiaries: | Migrants, host communities, local Civil Society Organizations (CSOs) government authorities, such as the Libyan Coast Guard (LCG), General Administration of Coastal Security (GACS), Ministry of Labour and Rehabilitation |
| Partner(s): | Libyan Coast Guard (LCG), General Administration of Coastal Security (GACS), Ministry of Labour and Rehabilitation, Ministry of Interior, Ministry of Foreign Affairs, local CSOs |
| Management Site: | Libya-CO-[omissis]-LY10 |
| Relevant Regional Office(s): | RO Cairo |
| Project Period: | 01 September 2021 to 28 February 2023 |
| Reporting Period: | 01 September 2021 to 28 February 2022 |
| Date of Submission: | - |
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| Total Expenditures: | **EUR 419,549.93** |

# Summary of Key Achievements during the Reporting Period

The project “Multi-Sectoral Support for Vulnerable Mobile Populations and Communities in Libya” comprises of the following components:

* Direct Assistance (DA)
* Migrant Health (MHD)
* Voluntary Humanitarian Return (VHR)
* Search and Rescue (SAR)
* Migrant Protection (MPA)
* Migrant Resource and Response Mechanism (MRRM)
* Community Stabilization (CS)
* Mental Health and Psychosocial Support (MHPSS)
* Labour Mobility (LHD)

Through the interlinkage of these components, the project aims to contribute towards strengthening the resilience and reducing vulnerabilities of migrants, IDPs, returnees and host communities in Libya.

During the reporting period – the first six months of the project duration – IOM made significant progress in delivering essential services to migrants and vulnerable communities contributing to the resilience of crisis-affected populations in Libya.

Under the **DA** component, **1360 Non-food items were procured** during the reporting period, however distribution will occur in the next reporting period.

Under **MPA** component the IOM protection team identified and provided specialized protection services to 62 migrants (61 men and one boy) in detention centres and conducted 16 protection monitoring visits to five detention centers: [omissis]The IOM Protection team assisted 48 vulnerable migrants in finding safe accommodation with host families in [omissis]

The IOM Voluntary Humanitarian Return Programme (VHR) assisted **304 migrants (241 men and 22 boys, 25 women and 16 girls)** to voluntarily return to their country of origin ([omissis] and [omissis]).

Under the **SAR** component IOM completed the development of a training catalogue based on needs identified during consultations with relevant national authorities. During the reporting period, IOM also submitted the document to the relevant authorities in order to coordinate joint training initiatives. The catalogue focused on specialized, rights-based training aimed at enhancing protection-sensitive maritime SAR and providing concrete life-saving assistance to relevant counterparts.

Under the **MHD** component, IOM launched the health outreach activities in December 2021 and provided:

* **1,893 primary health-care consultations** (1,154 men, 264 women, 378 boys and 97 girls below 18 years)
* **28 referrals** (11 men, 14 women and 3 boys below 18 years) to the secondary and tertiary health facilities for the medical investigations and treatment
* in-person health awareness sessions on COVID-19 prevention and vaccines for **2,409 migrants** (2,167 men, 121 women and 121 children below 18 years)

Under the **MRRM** component planning is underway for field activities to ensure the continuity of MRRM services without interruption. This included procurement of NFIs such as clothing kits for children and adults, mattresses, blankets, hygiene kits, solar lamps, plastic sheets, and diapers. In addition, logistical arrangements to extend the rental of buses for the mobile team movement and continuing the lease of MRRM offices has been completed. Under the MRRM-health component, 1,768 healthcare consultations were provided (996 men, 337 women, 258 boys and 177 girls below 18 years).

Under the **CS** component IOM continued working towards strengthening cohesion and building capacities of community members in conflict-affected communities to contribute to stability. To that end preparations have been made to organize community engagement, social cohesion and livelihoods activities in [omissis], [omissis], [omissis], [omissis]and [omissis]. Based on community-prioritized needs, IOM is implementing, five (5) Community Improvement Projects to address the lack of basic services.

Under the **MHPSS** component, services were provided to **523 migrants (364 men, 103 women, 43 boys, 13 girls).** The psychosocial mobile team conducted outreach visits in coordination with IOM teams (MRRM, Health and Protection) to several urban locations, migrant gathering points, detention centers, health facilities, shelters, and a [omissis] where the teams assisted migrants by conducting several activities including psychosocial assessments, basic counselling, psychoeducation sessions, provision of psychological first aid, organizing psychosocial awareness sessions, focus group discussions, art-based psychosocial activities and recreational activities.

Under the **LHD** component IOM initiated engagement with relevant public stakeholders, including universities and relevant line-ministries to identify avenues for collaboration to mainstream migration in various sector. Preparation took place to onboard a research team to conduct a nationwide study on perception of migrants from host community. The study will address common misperception on migrants and aimed at finding out feasibility whether migration studies can be carried within Libya context. Furthermore, initial preparation and a desk review took place to engage with technical and vocational education and training (TVET) professionals in Libya, so to contribute in reducing a profound mismatch between acquired and required skills in Libyan labour market.

# Progress Made towards Realizing Outcomes and Outputs

**COMPONENT I: Direct Assistance**

**Outcome 1: Migrants and Mobile populations have reduced vulnerabilities and improved quality of life**

Under Direct Assistance programming, 1360 non-food items were procured during the project period which included blankets, clothing kits, male and female personal hygiene kits, and mattresses. These NFI’s will be distributed in March 2022.

**COMPONENT II: Migrant Protection and Assistance**

**Outcome 1: Migrants and Mobile populations have reduced vulnerabilities and improved quality of life**

Throughout the reporting period, IOM’s Protection team maintained continuous services to ensure that migrants requiring specialized support were able to access the needed assistance, especially those identified as being especially vulnerable such as survivors of Gender Based Violence (GBV), Victims of Trafficking (VOT’s) and unaccompanied and separated migrant children. Sixteen outreach and monitoring visits took place in five detention centres in [omissis]; [omissis], [omissis], [omissis], [omissis], and [omissis], to monitor the welfare and wellbeing of migrants and to assess the overall condition of the detention centers. IOM Protection support included family linkage phone calls, family tracing, referrals and in-depth assessments to vulnerable migrants in detention, and migrants who were returned to shore by the Libya Coast Guard in [omissis]. Referrals included those for consular support to advocate for release and referrals to other IOM units.

During the reporting period, IOM protection team provided specialized protection services to 62 migrants in detention centres’ ([omissis], [omissis], [omissis], [omissis] and [omissis]), including victims of abuse and exploitation, and one unaccompanied child. Protection services included provision of food and non-food items such as baby kits and dignity kits, referrals and follow up for medical assistance, education support, legal assistance, cash assistance, psychological assistance, and other needed services. The team conducted detailed protection vulnerability assessments to 62 migrants (61 men and 1 boy), who required in-depth vulnerability assessments.

A further 48 migrants (18 women, 4 girls, 15 men and 11 boys) were hosted through the IOM host family program and provided a range of services including full case management services, medical assistance, psycho-social support, food baskets, non-food items and family linking support, as well as referrals to services including education assistance, shelter, legal assistance and consular support.

OMISSIS (foto di persone)

OMISSIS (foto di persone)

Image 1 & 2-IOM protection team providing protection services to migrants in [omissis] Detention Centre.

**COMPONENT III: SEARCH AND RESCUE**

**Outcome 1: Migrants and Mobile populations have reduced vulnerabilities and improved quality of life**

IOM completed the development of a training catalogue based on needs identified during consultations with relevant national authorities during the reporting period. The catalogue was sent to the appropriate authorities in order to coordinate joint training initiatives. The catalogue focuses on specialized, rights-basedtraining aimed at enhancing protection-sensitive maritime search and rescue and providing concrete life-saving assistance to relevant counterparts These trainings include; first aid focussed on SAR operations, protection principles, Mental Health and Psychosocial Support, international legal frameworks relevant to migration and/or SAR, languages and data protection. IOM has also reached out to EU partners to explore areas of synergies.

Following the receipt and discussion of the training catalogue, the relevant authorities expressed an urgent need for advanced medical training and support, both at Disembarkation Points (DPs) and for staff conducting Search and Rescue (SAR) operations at sea. It was therefore decided to mainly target this project’s training and equipment focus on enhancing the authorities’ life-saving assistance during and immediately after SAR operations by targeting the activity on advanced medical support. IOM Search and Rescue (SAR) and Migration Health Division (MHD) teams met with relevant national counterparts to discuss the exact needs for life-saving assistance training and equipment that will be used for migrants during SAR operations and at disembarkations. Based on the needs identified, IOM, during the next reporting period, will purchase and provide specialized training on advanced medical equipment and start the development of the relevant training together with themedical team.

**COMPONENT IV: MHD**

**Outcome 1: Migrants and Mobile populations have reduced vulnerabilities and improved quality of life**

Providing comprehensive primary health-care consultation in safely accessible locations is critical to address the essential health and protection needs of vulnerable populations in the [omissis]municipality. [omissis]is one of the most migrant-dense municipalities in west Libya, located along the migratory route where the migrants have limited access to health-care services due to the frail health system, deteriorating security situation and high burden of out-of-pocket health expenditure.

During the reporting period, IOM formulated the medical mobile team that comprises a general physician, a nurse, a pharmacist and a community mobilizer. The IOM medical team is coordinated with the local health and security authorities to facilitate IOM’s access to the [omissis]neighbourhood as a primary project site. Since December 2021, IOM started medical outreach activities and provided primary health-care consultations at the IOM [omissis]medical office and within the [omissis]community.

During the reporting period, the mobile medical team provided **1,893 primary health-care consultations** (1,154 men, 264 women, 378 boys and 97 girls) and **referred 28 migrants** (11 men, 14 women and three boys) for the medical investigations and treatment to the secondary and tertiary health facilities.

Of the 1,893 consultations, 1892 were provided to migrants and one consultation was provided to an Internally Displaced Person (IDP). 813 consultations (43%) were provided at the IOM [omissis]Medical Office and 1,080 (57%) were provided through health outreach activities in [omissis]at their shelter-like collective housing and workplaces. The most represented nationalities were [omissis] (39%), [omissis] (18%), [omissis] (14%), [omissis] (7%) and [omissis] (4%).

The most common health problems found among migrants are upper acute respiratory infections (URI) (22%), dermatological (22%) including many cases of scabies, musculoskeletal (11%) including back pain, and 9% of cases were gastrointestinal including gastritis and gastroesophageal reflux disease (GERD).

IOM also provided a range of tuberculosis treatment and care, including two referrals of presumptive tuberculosis cases for clinical investigation, regular follow-up of the known tuberculosis cases and also nutritional support (i.e. distribution of ready-to-use therapeutic food: RUTF) for individuals with severe/moderate acute malnutrition (SAM/MAM).

Among the 28 referral cases, the most common reason for referral was obstetric management (eight cases), followed by laboratory investigation (five cases).

OMISSIS (foto di persone)

Image 3: IOM Medical Team providing a primary health care consultation in the [omissis]commity in [omissis]municipality.

Besides the provision of primary health-care consultations, a female community mobilizer conducted health awareness raising sessions alongside medical activities and neighbouring migrant-dense communities. The in-person health awareness sessions engaged **2,409 migrants** (2,167 men, 121 women and 121 children) on COVID-19 prevention and vaccines. The highest number of migrants were from [omissis] (21%), [omissis] (17%) and [omissis] (6%).

An IOM community mobilizer conducted information sessions to inform migrants and communities about the key symptoms of COVID-19 and prevention measures (i.e. hand hygiene, mask usage, respiratory etiquettes and physical distancing). Moreover, the mobilizer informed migrants of the targeted national COVID-19 vaccination campaign for migrants that started on 1 February 2022 and took place at the IOM [omissis]medical office, addressing migrants’ questions and concerns about the COVID-19 vaccines and its administration process.

During the reporting period, IOM distributed over 3,500 Information, Education and Communication (IEC) materials in [omissis], [omissis] and [omissis], which IOM developed in close collaboration with the National Center for Disease Control (NCDC) and with migrant community leaders.While the heath sessions were conducted mainly in [omissis], community mobilizers engaged migrant community members as volunteers to help translate and explain information toensure that the vaccine information is well understood by community members, despite any potential literacy challenges. 

Figure 4, 5, 6 - IEC Materials

OMISSIS (foto di persone)

Image 7: Community mobilizer in a migrant congregation shelter, disseminating the information on COVID-19 prevention and vaccines.

In January 2021, the procured mobile clinic arrived [omissis]. IOM closely followed up with the Ministry of Health to obtain timely approval and support for customs clearance for the mobile clinic to enable the medical mobile team to conduct outreach activities with a wider geographical coverage in [omissis]municipality. Meanwhile, IOM conducted a rapid community mapping and identified four other migrant gathering points as project sites besides [omissis]neighbourhood. IOM coordinated with the local health and security authorities to facilitate IOM’s access to these locations through the health outreach activities.

Health systems are often challenged to meet the needs of migrants. Accessibility to health services can be compromised by a lack of familiarity with enrolment processes, financial barriers and discouraging or discriminatory treatment at health facilities.

During the reporting period, IOM, in close collaboration with the Primary Health Care Institute at the Ministry of Health, developed a training package to strengthen the capacity of health-care workers to deliver the essential package of health services in a humane, sensitive and non-discriminatory manner. The training package includes the group discussion, case study and role play to facilitate health-care professionals to discuss how to better address the health and protection needs of migrant communities with enhanced social and cultural understanding.

In the next reporting period, IOM will finalize the nomination of training participants, in close collaboration with the Primary Health Care Institute and plans to conduct the first training in March 2022.

**COMPONENT V: MRRM**

**Outcome 1 : Migrants and mobile populations have reduced vulnerabilities and improved quality of life.**

The MRRM team started planning for field activities to ensure the continuity of MRRM services without interruption. This included procurement of NFIs such as clothing kits for children and adults, mattresses, blankets, Hygiene kits, solar lamps, plastic sheets, and diapers. In addition to logistical arrangements to extend the rental of buses for the mobile team movement and continuing the lease of MRRM offices.

During the project period, MRRM health service delivery began in November 2021. Previous to this, the medical teams were hired and provided with an induction orientation, and the required equipment, medicines and supplies were procured. A functional and well-equipped clinic has been established at IOM-MRRM base in [omissis]. The medical team consists of a medical doctor and clinical Nurse, hired under full time monthly contract to cover the project requirements, the team ran the clinic, received migrants with health needs and provided the required assistance; in addition, the team also arranged and conducted mobile outreach clinics in migrant communities in and around [omissis].

The medical team is rotated between the clinic and the outreach visits with another medical team (funded by under another project) based on weekly schedule for both clinic and outreach mobile visits. The schedule is prepared in coordination with the MRRM team. These schedules are coordinated to identify the most suitable and feasible locations for the maximum benefits of migrants from the outreach intervention.

While at clinic, the medical doctor and nurse received migrants and provided required medical assistance in terms of medical consultations, surgical consultations, minor surgical management, regular dressings, health awareness and promotion, and referral to secondary and/or tertiary health centres. The clinic is provided with all the required medicines, consumables and supplies that are required to support the primary health care needs; and are replenished on needs basis from MHD medical warehouse. Similarly, any additional equipment is added on need basis and out of order equipment is repaired or replaced to ensure continuity of services.

**Outreach medical visits**

Based on the weekly schedule, outreach medical clinics are arranged in urban settings having significant migrant population. These visits are scheduled by MRRM team leader, and follow a mapping exercise that was conducted at the beginning of the project, which targets the points of migrants gatherings, urban migrant communities, and houses of labor migrants.

The medical teams equipped with medications, medical dressing consumables, and medical examinations tools join the whole MRRM team, which is composed of team leader and case workers, explore the migrant’s communities and examine migrants with any medical conditions. The medical examination guided the clinical decisions, whether the sick migrant is provided treatment or management on site or referred for higher services, whether diagnostics or management.

During the reporting period, the medical mobile team provided **1,768 primary health-care consultations** (996 men, 337 women, 258 boys and 177 girls below 18 years) and **referred 98 migrants** (33 men, 38 women and 15 boys and 12 girls below 18 years) for the medical investigations and treatment to the secondary and tertiary health facilities.

Beside receiving migrants at [omissis] office clinic, the outreach medical visits targeted multiple points in and around [omissis], including [omissis], [omissis], [omissis], [omissis]. And outside locations in [omissis], [omissis], [omissis], [omissis]. The outreach team also provided health education to the migrants in the communities, including information and awareness on prevention of COVID 19.

The most common health problems among migrants were the upper acute respiratory infection (URI) (32%) followed by dermatological diseases (22%), musculoskeletal (21 %) and gastrointestinal (13%).

Among the 98 referral cases, the most common reason for referral was for medical workup and laboratory investigation (46 referrals), followed by referrals for surgical intervention and orthopaedic management (14 referrals), paediatric medical workup and medical management (12 referrals), obstetric and gynaecological management (11 referrals) and medical in-hospital management (9 referrals). Among these referrals two patients were referred for Lifesaving interventions one of them was subjected to violent gunshot injury.

**COMPONENT VI: VHR**

**Outcome 1: Migrants and mobile populations have reduced vulnerabilities and improved quality of life.**

The IOM Voluntary Humanitarian Return Programme (VHR) assisted **304 migrants (241 men and 22 boys, 25 women and 16 girls)** to voluntarily return to their country of origin ([omissis] and [omissis]) under funding support provided by the Italian Directorate General for Italian Citizens Abroad and Migration Policies.

**VHR outreach and awareness-raising:**

OMISSIS (foto di persone)

During the project reporting period, IOM conducted **outreach activities** in various locations to increase the level of awareness on VHR possibilities to migrants in Libya and to establish direct connection with migrants in urban settings. 10 information sessions on IOM’s operations in Libya including VHR targeting migrant communities were held. They reached 156 migrants across locations in Libya, including urban areas with considerable migrant populations -as identified in collaboration with IOM’s Displacement Tracking Matrix (DTM) - in [omissis], [omissis] ([omissis]) [omissis], [omissis], [omissis]and [omissis].All necessary public health measures were put in place to respect social distancing in light of COVID. The overall aim of these meeting was to enable a two-way communication platform between migrant communities and IOM services in Libya.

Such outreach efforts were also supported through the use of the **hotline service**. The VHR Hotline is a direct tool of communication between migrants in urban settings with IOM staff and it has proved effective. During the project period, a total of **367** incoming calls were registered, all calls/questions were successfully addressed under this project. All queries were recorded and referred internally to relevant teams for follow ups.

All outreach sessions endeavoured to clarify the VHR process and unequivocally ascertained migrants were aware of the voluntary nature of the programme. Furthermore, the outreach sessions highlighted that migrants incur **no costs** for services, including flights and medical fit-to-travel screenings. These measures were put in place to ensure migrants would voluntarily choose to return once a request for assistance was received through outreach activities (including direct visits to detention centres) and referrals from embassies, community leaders, the VHR hotline and IOM social media pages. 

**Counselling and screening for vulnerability**

The VHR team during the reporting period, as part of its assistance and support process identified and referred a **total of** **4** Unaccompanied and Separated Children (UASC), **25** person of concern (PoCs) and 47 migrants in need of medical attention. The VHR team conducts initial screenings and counselling of migrants through interviews as an initial step to begin the process of assistance and to identify any specific vulnerabilities that may require urgent/additional assistance.

Identified POCs and UASCs are referred to the IOM Protection Team for in-depth vulnerability assessments and case management including family tracing and follow-up with the receiving

OMISSIS (foto di persone)

Image 8: Pre-departure counseling sessions for the benefit of migrants from [omissis] on the 16th of November 2021 at [omissis] DC

missions in the countries of return to ensure safe and sustainable reintegration into their communities. Once migrants were cleared for return assistance, IOM facilitated the necessary travel documentation (preparing and submitting exit visa applications, coordinating with relevant embassies).

The VHR team assesses the vulnerability of migrants through the IOM Assistance to Vulnerable Migrants (AVM) standards and follow the guidance on vulnerability determination through the identification of the presence, absence and interaction of certain factors and circumstances that increase the potential risk of exposure to violence, abuse, exploitation and rights violations particularly in the below categories:

* Children and adolescents
* Pregnant women/lactating women
* Individuals living with disabilities (cognitive disabilities and/or physical disabilities)
* Single headed household (female-headed, male-headed or child-headed)
* Elderly people (unaccompanied or accompanied)
* Survivors of gender-based violence (GBV)
* Large households (more than the average number of children in the given community and ratio between breadwinners and dependents)
* Unaccompanied and separated children (UASC)
* Survivors of torture
* Survivors of trafficking in persons
* Individuals at risk due to their nationality, religious beliefs, political affiliation, sexual orientation, ethnicity or any other status
* Safety and security factors (forced recruitment into the conflict, physical abuse and abduction)

**Travel documents issuance and medical fit-to-travel screening**

During the reporting period, the VHR team facilitated the issuance of consular travel documents for **160 migrants (all men).** Counselling, screening for vulnerability and travel document issuance took place in parallel to expedite the return procedure.

This service is undertaken in conjunction with the various embassies and with community representatives that have been assigned by their relevant embassies for embassies without representation in Libya. IOM teams work hand in hand to support the process and as such it has enabled most Embassies who do not have representations in Libya to issue travel documents within the week of registration.

This service is crucial for the many migrants who find themselves without proof of identity due to the challenges faced in their journey as many lost their possessions including their travel documents during what is often an arduous journey to Libya.

Migrants on the VHR assistance programme are provided with a fit-to-travel medical examinations prior to final clearance to ensure migrants were medically safe to travel. This examination is vital to ensure the safety of migrants during the flight as medically unclear travellers can pose a health risk to themselves and other travellers on board. PCR tests, pre-travel, were conducted for a total of 150 applicants; 138 of those tested negative and were cleared to travel. Cases who have medical needs are referred for appropriate assistance until they are declared medically fit and their return logistics are resumed. 14 of the 138 (10%) migrants who were cleared to travel (all men) were identified as having medical conditions ( Hypertension, renal stones, post total thyroidectomy, lower limb amputation, history femoral and pelvic fractures, treated pleural TB. Applicants with uncontrolled hypertension were reassessed by our physicians, their medications adjusted accordingly, counselled and provided with medications supply) among the total number of returnees. Such charter flights were joined by a medical escort who accompanied the migrants during their flight.

As per standard pre-departure preparations within the VHR programme, IOM provided transportation and distributed non-food items (NFIs) consisting of clothes and footwear to all migrants assisted from detention centresbefore their return flights. Also, on the day of departure, all migrants were provided with IOM bags for easy recognition by the IOM airport assistants.

IOM missions in the receiving countries ensure sufficient staff to quickly and efficiently process the paperwork of the arriving returnees, arrange their pocket money, transportation and escorts for those traveling further or support upon arrival for identified vulnerable individuals.

**COMPONENT VII: COMMUNITY STABILIZATION**

**Outcome 2: Communities in Libya demonstrate strengthened resilience through livelihoods opportunity, social cohesion and access to basic services.**

The objective of this component is to support the stability and resilience of conflict-affected communities. This project builds upon previous results in [omissis] regions, with expansion in marginalized areas around the main cities. Through a participatory process centred on community consultations prior to and throughout implementation, community stabilization aims to (1) restore community-prioritized services and infrastructure, (2) support the regeneration of livelihoods and (3) promote social cohesion.

During the first six months of the project, IOM continued to monitor and oversee the projects under implementation in the previous MAECI fund that expired on the 28th of February 2022. Some of these activities such as the preparation of the reading competition in [omissis] and [omissis], volunteer environmental activities in [omissis]and [omissis] and the consultation with communities to identify Community Improvement Projects are linked with the initial MAECI funding [omissis] with the aim to maximize the results and create sustainability between the interventions. Consultation with communities and preparation have been made under the initial MAECI fund and the implementation is planned for the next reporting period.

1. **Restoration of community-prioritized services and infrastructure**

IOM aims to strengthen access to and effectiveness of essential infrastructure in the community throughout Community Improvement Projects (CIPs). By rehabilitating and improving essential infrastructure, such as water and sewage systems, schools, hospitals and public spaces, IOM aims to contribute to long-term stability by reducing tension associated with inadequate access to public services, and competition over resources. During the reporting period, consultation have happened with community members and local authorities in all the areas of implementation to identify needs of community and possible CIPs.

**Provision of generator to [omissis] Water Well in** [omissis]

During a consultation meeting in June 2021, residents expressed the need to improve the water well system in [omissis]. [omissis] well in the eastern area of [omissis] had deteriorated since there has been no maintenance work for more than fifteen years. Since 2011, electricity has been cut off for around 6 hours per day and up to 8 hours during the summer season. Due to the high demand of electricity in summer, residents of [omissis] muhalla often have no water for several days. The generator and the shade installed around the well will ensure a constant access to water and preserve the well from further deterioration due to the extreme heat and instability of electricity supply. Preparation is ongoing and the generator will be installed in the next reporting period and handed over to the [omissis].

**Construction of canopies in [omissis]and** [omissis] **school in** [omissis] **in [omissis]**

[omissis] is located in the center of [omissis] and inhabited by approximately 55,000 people including a large number of IDPs and migrants from [omissis] countries. It’s a desert area where the temperature rises significantly during the summer reaching almost 50 degrees. The extreme heat creates several issues for the school and students, identified by IOM, as there is no shaded space. The canopies will offer shade for students during breaks, offer a space to organize outdoor activities and provide a comfortable space to wait at the entrance and at the exit of the school.

**Provision of equipment to** [omissis]  **school**

This co-ed primary mixed school is located in the western area of [omissis]. Approximately 900 students are enrolled and are divided between a morning and afternoon shift. The enrolled students include 10% migrants from [omissis], [omissis], [omissis] and [omissis]. Due to the shortage of equipment such as desks for teachers and students, chairs and printers, students are often sitting in the corridor and the school cannot enrol additional students despite the high demand. In coordination with the department of education, IOM is proceeding with logistical arrangements to provide several equipment (sound system, desks, five printers, a scanner, a photocopy machine, laptops for the administrative staff, air conditioners, furniture for the meeting room).

1. **Support the regeneration of livelihoods**

IOM is aiming to support economic development by building capacity useful to accessing the job market and improving employability for community members. Based on the positive results of the livelihoods intervention implemented under the previous MAECI fund [omissis], where technical vocational trainings in phone repairs and maintenance of air conditioners were given and were proven to be highly effective and in demand within the local economy, IOM has published a Request for Quotations (RfQ). The RfQs are meant to identify a vendor to implement two rounds of technical training on generator repair and maintenance, one training in [omissis]and one in [omissis].

Each training will be for a duration of 120 hours over four weeks (approximately 13 participants per training). This length of training will provide adequate time for the technical skills and knowledge of home generators.

Topics will include:

* Mechanical and electrical make-up of generators, focusing on home-use generators (1.5KVA to 7.5KVA gasoline and diesel)
* Mechanism of action
* Parts and functions
* Assembly/de-assembly
* Troubleshooting
* Common errors and repairs
* General maintenance
* Safety procedures
* Introduction to green energy alternatives

One week to provide small business, entrepreneurship training, covering at least online business presence and marketing, service estimates, pricing, and small business administration.

After the training, IOM will provide to those participants, who pass a minimum standard in the final evaluation, a toolkit adequate for repair and maintenance of home generators that include at least: keys and wrenches, Avometer and gloves. IOM has also coordinated with local business in the areas to explore the possibility to provide apprenticeships for participants after the training. If successful, this pilot activity will be repeated in other locations with similar needs (e.g. [omissis]) through alternative funding sources.

A call for Expression of Interest (EOI) was published in December 2021 to create a roster of CSOs interested in collaborating with IOM to implement livelihoods and social cohesion activities and the due diligence process will start in the coming period.

1. **Enhance social cohesion and community engagement**

Rapid and conflict sensitive assessments conducted by IOM in 2021 showed continued need to improve community engagement, social cohesion and community resilience. Youth have been identified as a potential actor for peace and change in the community and IOM is planning activities that promote their active role and to strengthen their capacity.

In project locations in the [omissis] ([omissis] and [omissis]) outreach to the municipalities of [omissis] and [omissis] brought to the attention of IOM the lack of access to information at the level of primary and secondary education, as well as the lack of public library facilities. As part of the previous funding IOM worked with the Education Representatives in both cities to determine appropriate schools and needs for small starter libraries.

Preparations are under way to organize a reading competition in each school, and between the schools of each city after Ramadan 2022. Prizes will be given to the youth who read the most books in each school, and guidance has been designed for parents, to emphasize their role in increasing student reading habits. Students in each school will build a sense of cohesive teamwork, as they compete for a school prize within their city.

In a complementary activity supporting the education system of [omissis], IOM has engaged the education head and teachers to identify capacity building needs. Trainers have been identified in both fields, and teachers divided into groups. Activities will start in the next project period.

The courses organised:

* Guidelines and recommendations for teachers. The course will be based on the education guidelines published by the [omissis] in Libya exploring several subjects including roles and responsibilities of teachers and managerial staff, how to improve efficiency and performance, and effective communication and reporting.
* IT and Excel training. The course will increase teachers’ general IT and Excel skills and knowledge. The training of approximately 45 hours will include an overview of basic Microsoft Excel program, how to navigate the application, use of functions, formatting, restrictions, pivot tables, and accessibility features. Each participant will have access to a laptop for practical exercises, and additional sessions will be dedicated to the use of Excel and other programs to improve day to day responsibilities.

In [omissis] and [omissis], where IOM has worked since 2017, and has a network of local partners and community members, priority has been given to activities aimed at increasing awareness of environmental issues and to empower youth and give them a sense of community responsibility toward the environmental improvements they can make in their cities. CS is using this accessible opportunity to expand youth activities to the neighbouring city of [omissis].

During the first six months of the project, preparations were made for several activities with the Libyan [omissis]in [omissis] and [omissis]. [omissis] are a well-known and well-respected national organization recognized by the Ministry of Youth and Sport, with extensive experience in involving local youth in sports, arts, and cultural activities. In total, more than 300 youth will be involved in the implementation of the environmental awareness and community improvement activities in March 2022. The [omissis] identified locations of broad community access (public gardens, schools, roads) that will be beautified by the groups of volunteers by cleaning, painting, planting trees and flowers. They will follow this in [omissis]with sessions for elementary school children on community responsibilities to care for the environment.

**COMPONENT VIII: MHPSS**

**Outcome 2: Communities in Libya demonstrate strengthened resilience through livelihoods opportunity, social cohesion and access to basic services.**

Under the **MHPSS** component, services were provided to **523 migrants (364 men, 103 women, 43 boys, 13 girls).** The psychosocial mobile team conducted outreach visits in coordination with IOM teams (MRRM, MHD and Protection) to several urban locations, migrant gathering points, detention centers, health facilities, shelters, and a [omissis]) Camp where the teams assisted migrants by conducting several activities including psychosocial assessments, basic counselling, psychoeducation sessions, provision of psychological first aid, organizing psychosocial awareness sessions, focus group discussions, art-based psychosocial activities and recreational activities. The mobile teams also conducted group readings of the IASC MHPSS COVID-19 story book for children and their families, as well as referrals to other IOM teams with a total of eight referrals (four men, two women, two boys) to health, protection for specialized mental health assistance. Beneficiaries were from the following countries: [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], and [omissis].

OMISSIS (foto di persone)

Image 9: MHPSS activities- International Migrants’ Day, December 2021 [omissis]

During MHPSS service provision, migrants expressed several concerns related to lack of safety and security measurements, loss of identification documents, restricted mobility and limited access to public health care facilities, emotional, physical, and sexual exploitation, human trafficking, racial and gender based discrimination, lack and limitation of livelihood opportunities, facing difficulties to pursue their education, as well as mental health stigma experienced by society and close circle that causes discouragement to seek professional mental health assistance. These concerns are often mentioned by migrant communities stating that this is affecting their mental and general well-being rapidly and putting them more at risk of developing mental health disorders.

OMISSIS (foto di persone)

Figure 11: MHPSS Activities in [omissis]

To address the stated concerns, the psychosocial mobile team responded by conducting outreach visits in coordination with other IOM teams in a holistic approach to promote measures to address protection, health, safety, and respond to the basic needs and psychosocial needs of affected population and linking them with other service provider that can support with the identified concerns. Additionally, the psychosocial team designed and implemented community based MHPSS activities tailored according to the needs and concerns of beneficiaries with focus on fostering emotional wellbeing, and a safe environment while raising awareness on mental health, disseminating information on the available services, and promoting their psychosocial wellbeing, and enhancing their positive coping mechanism skills with the onset of future stressors.

In celebration of World Mental Health Day on 10th of October, IOM psychosocial mobile team organized art-based psychosocial and recreational activities for children and adolescents in [omissis] and [omissis] that focused on promoting the mental health and psychosocial wellbeing of migrants.

In the days leading up to International Migrants’ Day on the 18th of December, IOM psychosocial mobile teams organized art based psychosocial activity workshops for adolescents, and children in collaboration with other IOM teams in [omissis]. The activities focused on raising awareness on mental health and psychosocial wellness and strengthening the resiliency of migrant communities.

OMISSIS (foto di persone)

Image 10: World Mental Health Day activities- 10 October- [omissis]

**COMPONENT IX: LHD**

**Outcome 3: A conducive environment for the inclusion of migrants, IDPs (returnees) and vulnerable local population in entrepreneurship ecosystem and labour force is enabled.**

In an effort to promote human mobility for susainable development in Libya, IOM aims to engage relevant Libyan counterparts and youth via mainstreaming migration into public discourse and feasibility of introducing migration studies to be taught as an extra curriculum in education sector. Initially Terms of Reference (ToR) were prepared and launched to bring onboard a research team to conduct a nationwide feasibility study on perception of host community on migrants and whether migration studies can be incorporated to university curriculum. This feasibility study will serve to develop sensibe approaches to mainstream migration issues in Libya. During the reporting period, the selection process for this consultancy is being finalised and the perception study of host community on migrants will commence at the end of March. In a parallel process, meetings took place with universities in [omissis] and [omissis] to map out possibilities to collaborate on mainstreaming migration studies into curricula. Furthermore, migration mainstreaming has been continuously discussed with various public sector entities and a labour migration governance training is organised in March to be delivered in [omissis]. This training is dedicated to women employees in various municipalities in the [omissis] of Libya. The training effort is meant to engage relevant Libyan authorities on migration related topics and to showcase how they can apply migrant-sensitive policies in their day-to-day work.

In response to strengthening labour market system and promote an inclusive labour force, IOM has carried out a desk review to identify relevant economic sectors with high potentials of work opportunities for migrants and host community youth. This report showed that there is a clear mismatch between skills among the youth and the skills needs of the labour market. For this purpose, IOM has engaged with relevant authorities to support them in strengthening Technical and Vocational Education Training (TVET), particularly in less advantaged areas, such as South of Libya. During the reporting period, a desk review has been finalized and a call for proposal has been launched to bring onboard TVET expert team for conducting a comprehensive mapping exercise of the TVET sector in South of Libya and to come up with suggestions for developing and delivering training of industry-tailored TVET modules.

## Progress Made towards Incorporating Cross-cutting Themes

Accountability to Affected Populations, Gender Mainstreaming, and Conflict Sensitivity

All IOM activities place the safety and dignity of migrants at the centre of interventions and respect the principles of “Do No Harm” and “self-determination”. Throughout the implementation of the project, gender and protection have been mainstreamed. A free hotline is active to receive feedback from affected populations, as well as regular Focus Group Discussions, together with monitoring and evaluation of services provided.

While the majority of migrants in Libya are men, IOM is attentive to the gender inclusive approach to facilitate access to health-care services among both genders. To better engage female migrants in health activities, IOM recruited a female community mobilizer who plays a critical role in community engagement and dissemination of information about IOM health-care services in the project locations.

Training and life-saving equipment procured under this Action will also advance the promotion of gender-based approaches in search and rescue (SAR) operations. Gender-sensitive modules will be incorporated during the trainings, with the relevant national authorities encouraged to nominate female participants.

A crucial element of community stabilization programming is to ensure that the needs of most vulnerable are addressed, ensuring that the intervention creates an environment where social capital can grow. This requires a carefully designed ‘do no harm’ and conflict sensitivity length strategy. For this reason, IOM has conducted conflict sensitivity assessments (CSA) analysis in all the areas of intervention beginning of 2021. In addition, communities are consulted on a regular basis to update on changes in the context, needs and suggestion for implementation.

# Progress Achieved Compared with the Indicators in the Results Matrix

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|  | ***Indicators*** | ***Data Source and Collection Method*** | ***Baseline*** | ***Target*** | ***Progress made during the reporting period*** | ***Cumulative Progress*** |
| --- | --- | --- | --- | --- | --- | --- |
| ***Objective:***  To contribute towards strengthening the resilience and reducing vulnerabilities of migrants, IDPs, returnees and host communities in Libya | % of surveyed residents of areas of intervention who express improved perceptions of the economic wellbeing and resilience of their community | Monitoring reports following baseline and endline data from DTM | 75% | 75% |  |  |
| ***Outcome 1:***  Migrants and mobile populations have reduced vulnerabilities and improved quality of life. | % of beneficiaries who are satisfied with the received assistance | Data collection survey | 70% | 75% |  |  |
| ***Output 1.1:***  Migrants detained in Libya and rescued at sea have improved access to life-saving support | # of migrants in detention centers provided with NFIs. | Field reports, distribution records, assessments, training reports, handover receipts | 0 | 2,000 | Not in this reporting period |  |
| # of migrants in detention centers received protection services. | 50 | 70 | 62 (61 men and 1 boy) |  |
| # of Libyan authorities trained and provided with equipment to perform SAR operations | 0 | 60 | No updates for this project period regarding SAR equipment/training. |  |
| ***Activities that lead to Output 1.1:***  Activity 1.1.1: Provide NFIs to migrants in detention centers.  Activity 1.1.2: Provide protection assistance to migrants in detention centers.  Activity 1.1.3: Improve the capacity of Libyan authorities to conduct Search and Rescue (SAR) activities. | | | | |  |  |
| ***Output 1.2:***  Stranded and vulnerable migrants in Libya have the opportunity to re-establish themselves in their home communities. | # of migrants who receive VHR assistance  # of migrants who receive reintegration support under this funding | VHR records, flight manifest, individual reintegration plans | 0  0 | 320  96 | 304 migrants (241 men and 22 boys, 25 women and 16 girls) |  |
| Nothing to report during this project period |
| ***Activities that lead to Output 1.2:***  Activity 1.2.1: Provide Voluntary Humanitarian Return (VHR) assistance to stranded and vulnerable migrants.  Activity 1.2.2: Provide reintegration support for eligible returnees in countries of origin. | | | | |  |  |
| ***Output 1.3:***  Migrants in different urban settings, IDPs and returnees in Libya benefit from improved integrated humanitarian assistance. | # of migrants who receive assistance through MRRM mobile teams | Field reports, database, distribution records, assessments, screenings. | 0 | 1,500 | 1,768 healthcare consultations (996 men, 337 women, 258 boys and 177 girls below 18 years) provided by the MRRM health team |  |
| # of migrants reached with information campaign materials | 0 | 1,500 | 2,409 migrants (2,167 men, 121 women and 121 children) |  |
| ​# of referrals to VHR and other IOM or non-IOM programmes | 0 | 100 | None in this project period |  |
| ​# of primary healthcare consultations provided by IOM's mobile clinic. | 0 | 2,400 | **1,893 primary healthcare consultations** (1,154 men, 264 women, 378 boys and 97 girls) |  |
| # of returnees provided with NFI’s | 0 | 500 | None in this reporting period |  |
| ***Activities that lead to Output 1.3:***  Activity 1.3.1: Conduct outreach, screening, and assessment of needs.  Activity 1.3.2: Provide integrated multi-sectoral assistance to migrants in the urban areas of [omissis] and [omissis] municipalities.  Activity 1.3.3: Provide migrants in transit with information on the risks of irregular migration and on the humanitarian services available.  Activity 1.3 4: Provide health assistance to migrants living in urban areas in [omissis].  Activity 1.3.5: Train local health authorities on migrant-sensitive health-care services (MSHS).  Activity 1.3.6: Provide return package assistance to returnees in [omissis]. | | | | |  |  |
| ***Outcome 2:***  Communities in Libya demonstrate strengthened resilience through livelihoods opportunity, social cohesion and access to basic services. | % of beneficiaries report increased capacity to address local issues | Survey among community members in the selected locations | 0 | 75% |  |  |
| ***Output 2.1:***  Crisis-affected populations benefit from improved and social cohesion and inter- and intra- community relations. | # of people participating in community engagement and social cohesion activities  # of CIPs implanted that are accessible and functional | Field reports, CS records | 0  0 | 240  8 | Nothing in this reporting period  Nothing in this reporting period  Nothing in this reporting period  Nothing in this reporting period |  |
| # of individuals who receive vocational and business management training | 0 | 25 |  |
| # of individuals trained on MHPSS | 0 | 25 |  |
| ***Activities that lead to Output 2.1:***  Activity 2.1.1: Implement Community Improvement Projects (CIPs).  Activity 2.1.2: Provide livelihood support.  Activity 2.1.3: Conduct community engagement and social cohesion activities.  Activity 2.1.4: Provide trainings on MHPSS community-based approach and art-based Interventions.  Activity 2.1.5: Organize workshops to mainstream MHPSS in community stabilization efforts.  Activity 2.1.6: Provide direct MHPSS services within different community stabilization activities. | | | | |  |  |
| ***Outcome 3:***  A conducive environment for the inclusion of migrants, IDPs (returnees) and vulnerable local population in entrepreneurship ecosystem and labour force is enabled. | Libyan stakeholders demonstrate engagement in promoting human mobility for sustainable development | Stakeholder meeting notes | No | Yes |  | Training conducted on 20-21 March in [omissis] –to be reported in next reporting cycle |
| ***Output 3.1:***  Improved collaboration with national counterparts to harness the full potential of its human capital for economic development while protecting the rights of vulnerable mobile groups in the labour force. | # of developed Migration and Development curriculum | Field reports, training reports, signed attendance sheets. | 0 | 1 | Nothing to update in this reporting period |  |
| # of local stakeholders trained on labour migration governance | 0 | 15 |  |
| # of bridge TVET modules developed, including entrepreneurial learnings | 0 | 3 |  |
| # of youth enrolled and trained in various TVET modules | 0 | 80 (at least 30% migrants, 30% internally displaced persons and at least 30% female) |  |
| ***Activities that lead to Output 3.1:***  Activity 3.1.1: Engage Libyan youth via mainstreaming migration studies in the university curriculum.  Activity 3.1.2: Strengthen vocational institutional capacities for improved and sustainable labour force. | | | | |  |  |

# Challenges Encountered and Actions Taken

| **Challenges** | **Actions Taken** |
| --- | --- |
| Unstable security situation and resulting mobility restrictions  Ongoing COVID19 pandemic | As for the mobility restriction that inflicted a major challenge in relation to service accessibility and service provision during pandemic circumstances. To encounter it, the psychosocial mobile team avoided large gatherings and targeted smaller groups on regular visits to fixed locations that included migrant shelters, urban locations, and camps to attend to the health, protection concerns, basic needs and psychosocial needs of beneficiaries while maintaining social distancing, taking protective measures, and minimizing the risk of infection for the teams and beneficiaries. Group activities targeted 3-5 participants per session, supported medical team during COVID-19 vaccination campaigns, and covered topics including raising awareness about COVID-19 precautions and maintaining and boosting migrants’ mental health and psychosocial wellbeing amid COVID-19 pandemic. |
| The primarily intended project site for health outreach activities (i.e. [omissis]) became inaccessible as the Libyan national security authorities carried out raids on houses and temporary makeshift shelters in the neighbourhood in October 2021, in which over 5,000 migrants and asylum-seekers were arrested and detained. Till date, the access to the area is not guaranteed and a number of migrants have left the area. | IOM, in close collaboration with the local health authorities and migrant community leaders, conducted a rapid community mapping and identified alternative project sites with a number of migrants’ collective housings and workplaces. IOM discussed with the local security authorities to ensure facilitation of IOM’s access to these locations. |
| Throughout the reporting period, the IOM protection and VHR teams faced challenges in following up on vulnerable cases identified in Detention Centers due to unexpected and random transfer of newly rescued migrants between detention centers and lack of information sharing by the DC management, which prevented the team from tracking and following up with migrants in detention centers | IOM Protection team continues advocating for access and information sharing. Increased DC monitoring to mitigate the negative impact of such transfers on case follow up. |
| The VHR programme faced challenges in facilitating Exit visas for migrants in the return assistance pipeline. | VHR team continues to advocate for the facilitation of such visas with the Passport authority and in collaboration and coordination with relevant embassies. |

# Conclusion

During the first reporting period of this project (1 September 2021 – 28 February 2022) IOM has quickly laid the needed foundations and kick-started the implementation of this project. This project capitalizes on the experience and gains already achieved on the basis of a previous project under this funding “Multi-Sectoral Support for Crisis-Affected Populations in Libya” and has had a distinct positive impact on the pace and efficiency of implementation of this project.

Within this project period, direct MHPSS services were provided through outreach psychosocial teams responding to MHPSS needs and concerns of distressed migrants. IOM plans to continue MHPSS service provision and mainstream MHPSS across the humanitarian response. Capacity building activities on MHPSS will be planned within the coming months.

IOM MHD, within this project period, launched the health outreach and RCCE activities, contributing to awareness raising of the national targeted COVID-19 vaccination campaign for migrants as well. In next reporting period, IOM will reach a broader geographical area with a mobile clinic after the customs clearance of the procured mobile clinic.

The MRRM component smoothly transitioned from the previous to this project with no interruption in service delivery, thus ensuring that vulnerable populations and particularly migrants, have access to much needed life-saving assistance. IOM will continue service delivery throughout the project duration.

The IOM protection team carried out 16 protection monitoring visits to five detention centers in [omissis], conducted 62 in-depth vulnerability assessments to 61 men and one boy, and helped 48 migrants (18 women, 15 men, 11 boys and 4 girls) find safe accommodation living with host families in [omissis]. 138 migrants (134 males, 4 females) were assisted through the Voluntary humanitarian return programme to their homes in their country of origin ([omissis]).

Based on identified urgent need regarding enhancing SAR authorities’ capacity to provide life-saving assistance during and immediately after SAR operations, the capacity building activity planned for the next reporting period will focus on providing relevant authorities with advanced medical training and support for staff working at disembarkation points and at sea. The purchase of equipment and development of the training will commence in the next reporting period.

Under the CS component, building upon the success of the previous project [omissis], IOM continued working towards strengthening cohesion and building capacities of community members in conflict-affected communities to contribute to stability. To that end, preparations have been made to organize community engagement, social cohesion and livelihoods activities in [omissis] and [omissis]. Based on community-prioritized needs, IOM is implementing, five (5) Community Improvement Projects to address the lack of basic services.

In the reporting period, LHD initiated engagement with relevant public stakeholders, including universities and relevant line-ministries to identify avenues for collaboration to mainstream migration in various sector. Preparation took place to onboard a research team to conduct a nationwide study on perception of migrants from host community. Furthermore, initial preparation and a desk review took place to engage with TVET professionals in Libya, so to contribute in reducing a profound mismatch between acquired and required skills in Libyan labour market.

# Expenditures and Resource Utilization

No financial report required

# Annexes

Annex 1: Search and Rescue Training Catalogue, 2022