**Interim Report (Semi-Annual – 2) to**

**Italian Ministry of Foreign Affairs and International Cooperation**

MULTI-SECTORAL SUPPORT FOR CRISIS-AFFECTED POPULATIONS IN LIBYA

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NFI distribution by the MRRM team in [omissis] © IOM, (2021).

|  |  |
| --- | --- |
| Executing Agency | International Organization for Migration (IOM) |
| Project Identification | IOM Project Code: DP.2200 |
| Grant Reference ID |  |
| Geographical Coverage | National |
| Beneficiaries | Migrants in Libya, Libyans (host community and IDPs), Local authorities, CSOs |
| Partner(s)Partner(s) | Relevant government authorities at national and local level |
| Management Site | [omissis], CO, LIBYA [omissis], CO, LIBYA |
| Relevant Regional Office(s) | Cairo, RO, [OMISSIS] |
| Project Period | 1 September 2020 – 28 February 2022 |
| Reporting Period | 1 March 2021 – 31 August 2021 |
| Date of Submission | October 31, 2021 |
| Total Confirmed Funding | 4,500,000 EUR |
| Total Funds Received to Date | 4,455,446.00 EUR |
| Total Expenditures | 1,444,895.00 EUR |

# Summary of Key Achievements during the Reporting Period

The project, ‘Multi-Sectoral support to Crisis-Affected Populations in Libya’ comprises of four components:

* Community stabilization (CS)
* Direct assistance (DA)
* Migrant Resource and Response Mechanism (MRRM)
* Capacity building (CB)

Through the interlinkage of these components, the project aims at contributing to the resilience of crisis-affected populations, including migrants and Internally Displaced Persons (IDPs) in Libya.

During the reporting period – the second 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 **CS** component, more than 200 people from several backgrounds (different tribes and ethnic groups, migrants, IDPs) were involved in community consultation and meetings aimed to identify community-prioritized activities. Following the recommendations from the consultations, 10 Community Improvement Projects (CIPs) have been identified. One of them, the provision of equipment to [omissis] was completed in August. Preparation is also ongoing to start the implementation of social cohesion and community-based activities with the support of local civil society organizations (CSOs).

Under the **DA** component, a total of 12,955 individuals (5,237 male, 3,350 female, 5237 children) were assisted with provision of lifesaving humanitarian assistance, which included family non-food items (NFIs) such as blankets, solar lamps, tarpaulins, kitchen sets and family hygiene kits. The items were provided to families based on assessments and identified critical needs pertinent to their displacement situations. During this project period a Direct Assistance Post Distribution Monitoring Satisfaction Feedback report was undertaken and is attached as an annex. The findings of the feedback report indicate that 78 per cent of the respondents were satisfied with the items. Of the 401 sampled respondents, 348 confirmed that they would recommend IOM’s services to relatives and family.

Under the **MRRM** component, IOM assisted 9,930 migrants (7,190 men and boys and 2,740 women and girls)with various NFIs (such as hygiene kits, clothing kits, summer blankets, tarpaulins, solar lamps, kitchen sets, mattresses, kitchen sets, sanitary pads and diapers), 3,945 primary health care consultations and 106 referrals to hospitals.Also, 4,283migrants (3,104 men and boys, 1,179 women and girls) were reached during awareness raising sessions, informing migrants about the risks of irregular migration and alternative pathways. In addition to COVID-19 related challenges, in June this year there were targeted attacks on migrants in [omissis] which affected MRRM implementation. During this time, the field teams operated at a low profile and focused on providing urgent assistance including NFIs and medical support (especially for cases of physical violence). Awareness raising activities were on hold during that period.

Under the **CB** component, IOM implemented three training courses which took place in March and April 2021. Reaching more than 50 officials from across 12 different governmental entities, the three training courses demonstrated willpower and readiness from Libyan authorities to execute recommended best practices, while being observant of COVID-19 and health regulations. This reporting period enabled IOM to solidify strong collaborative relationships with the [omissis] particularly in [omissis].

The spread of COVID-19 constituted a major predicament for the implementation of some activities, especially gatherings and meetings. The restrictive measures in place to mitigate the risk of infection and the ramifications of the pandemic severely impacted the socio-economic situation, ignited inter-tribal clashes and triggered demonstrations throughout the country in response to the electricity crisis and the skyrocketing oil prices. Also, the delicate transitional phase the country is going through and the new and arduous procedures in place to access certain areas of Libya have made the process to expand to new locations in [omissis] slower than expected.

# Progress Made towards Realizing Outcomes and Outputs

**COMPONENT I: COMMUNITY STABILIZATION**

Under this component with the objective to support the stability and resilience of conflict-affected communities, IOM aims to build on the gains of the previous MEACI project (September 2017-December 2020), which allowed IOM to establish a presence within the communities of implementation and gain the trust of both government actors and the wider community.

**Rapid and conflict sensitivity assessments**

In the first year of the project, IOM completed community consultations as preparation for the expansion of the Community Stabilization (CS) programme into new areas. IOM assessed four locations in the [omissis] ([omissis], [omissis], [omissis], [omissis]) and two locations in and around [omissis] ([omissis], [omissis]) using a methodology comprising of a desk review of existing documents and approximately 25 key informant interviews per area during focus groups discussions. Among them, three reports were finalized within the reporting period (Annex 1, 2 and 3). Based on focus group discussions with community members and key informant interviews with officials, these consultations are providing essential information on demographic, social and economic issues, as well as the overall quality of public services in the areas that are currently being used as entry points for CS programming.

An integral component of CS programming is ensuring that the needs of the most vulnerable are addressed, and that interventions create an environment where social capital can thrive. This requires a carefully designed ‘do no harm’ and conflict sensitivity strategy. For this reason, as a second step towards the implementation of CS activities, IOM completed conflict sensitivity assessments (CSA) in [omissis], [omissis] and [omissis] ([omissis]) and at the same time updated the CSA reports which was previously conducted in [omissis], [omissis], [omissis] and [omissis] in 2018[[1]](#footnote-1). These assessments provide an overview of key local dynamics, peace and conflict factors, a map of local stakeholders and a conflict sensitivity matrix with programmatic recommendation to minimalize risk of exacerbate conflicts.

Focus group discussion in [omissis] © IOM (2021)

**Outcome 1: Crisis-affected communities have enhanced social cohesion and capacities to address community issues**

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Under this outcome, IOM worked on bringing together community groups from different backgrounds in a spirit of cooperation, and to promote positive relationships and peaceful coexistence. For this purpose, several approaches were employed: a) Directly engage with local communities and authorities through a participatory process for the identification of priorities and handover of Community Improvement Projects (CIPs); b) Promote community engagement and social cohesion with community-based initiatives; and c) Build capacity of local CSOs to implement projects with a focus on social cohesion and peacebuilding.

1. **Community Management Committees (CMCs) and community consultations**

IOM has helped set up Community Management Committees (CMC) in [omissis] and [omissis] in 2018; these community committees comprise, where feasible amidst conflict sensitivity challenges, a cross-section of tribal groups who monitor and support IOM’s community stabilization efforts, advise on local conditions and concerns. The CMC’s have been set up to address the most pressing concerns of communities by having a local, transparent, and accountable identification of community needs. In the other project locations, IOM is conducting community consultations in the same manner.

Community engagement platforms which contribute to social cohesion include bringing together people from different tribes and social groups to jointly identify the most urgent community concerns, to agree on proposed solutions, and to be present during the handover upon completion of the projects. During the reporting period, IOM engaged more than 200 community members with the aim to identify community-prioritized activities, ensuring a participatory approach in the selection of project activities and transparency regarding project implementation and local ownership.

Community consultation meeting in [omissis] with the presence of the new mayor, tribal and community leaders, CSOs representatives ©IOM (2021)

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1. **Promote community engagement and social cohesion with community-based initiatives**

In March, IOM opened a call for proposal (CfP) to identify actors who were able to respond to the community needs through promoting community engagement and social cohesion. The CfP was open for one month. Local civil society organizations (CSOs) and companies operating in various programme areas (including youth engagement, peacebuilding, localized cross-tribal activities, education, sports, women’s empowerment, and support to children and families with disabilities) applied to the CfP. During the reporting period, one Implementing Partner (IP) was selected. Below is a description of the proposed activities:

* **Al Waha Company for Training and Consultation.** Established in 1992 in [omissis] and with local branches in [omissis] and [omissis], this company has a long experience in education and capacity building activities targeting women and youth. The company has developed creative and interactive training methodologies in several sectors, including media and technology education, social cohesion, mediation and facilitation. Under the guidance and technical support of IOM, Al Waha will implement a social cohesion project with the objective to increase social cohesion between women from different backgrounds living in [omissis] area in the [omissis] region. 75 women from different tribes existing in this area ([omissis], [omissis], Tuareg and other minor tribes) will attend a training to improve their dialogue and facilitation skills and will be guided to form peace-committees in their villages with the aim to promote a culture of peace and active citizenship. The committees will also be responsible to implement local activities with the same scope, including the development of radio broadcast episodes and other media activities.

Meanwhile, following the conflict sensitivity assessments recommendation, IOM started consultations between local staff and municipalities to identify opportunities for community outreach and social cohesion activities targeting primarily youth and women. Discussions are ongoing with the [omissis] to partner on activities aimed to empower youth to enhance a sense of ownership, community responsibility and activities. [omissis] is a very well know national organization recognized by the [omissis] with extensive experience in involving local youth groups in sport, recreational, arts and cultural activities. New projects are being developed for activities in the next period. First, utilizing IOM's Global Migration Film Festival, the unit plans to organize film screenings in current areas of implementation, combining international films that explore the topic of migration with a call for Libyan filmmakers to share their own short films for screening across the country. The second planned project will incorporate the provision of books to schools in areas that lack public libraries, as well as a competition to encourage future readers. The third plan is for a series of activities to encourage community responsibility through fun, accessible volunteer activities.

1. **Build capacity of local CSOs to implement projects with a focus on social cohesion and peacebuilding.**

During the reporting period, preparations have started to develop a training curriculum to improve technical and managerial capacity of local grassroots CSOs in [omissis], [omissis] and [omissis]. In August, Term of References (ToR) were published to identify a technical partner to support IOM in the implementation of trainings covering a range of topics which include: basics of project management, proposal writing, financial management on one hand, and programmatic training such as conflict sensitivity, social cohesion, protection and youth engagement.

In the next reporting period, IOM will identify at least 10 local CSOs and associations in need of capacity building and will start with the training implementation.

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**Outcome 2: Crisis-affected community members have improved access to basic services and community infrastructure**

Furniture and other equipment delivered at Al Noujayla Primary and Intermediate School © IOM (2021).

Under this outcome IOM aims to strengthen the effectiveness of local authorities to provide essential services to the community and build trust within local communities by rehabilitating and improving essential infrastructure, such as water and sewage systems, as well as schools, hospitals and public spaces. IOM also provides equipment, such as furniture for schools, medical equipment and generators for clinics, pumps for the water and wastewater companies, and equipment to municipal staff to improve their services. Projects are called Community Improvement Projects (CIPs) and are identified through a consultative process with local communities to engage and strengthen local capacity and foster their ownership and commitment to ongoing management of rehabilitated facilities. With this outcome 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, **10 CIPs have been identified** and work has started at all sites. Below is a description of the CIPs:

**In [omissis], one educational project has been completed during the reporting period and one is ongoing**. Both of the educational projects are meant to increase educational opportunities and provide a healthy educational environment to students. In August, **[omissis]**was provided with essential equipment, including air conditioning units, photocopiers, desks and chairs. This primary and intermediary school for boys and girls is located in the [omissis] area. In 2020, IOM expanded the school’s capacity by constructing two additional classrooms to accommodate a growing number of students (estimated as more than 400) including migrants from [omissis], [omissis], [omissis] and [omissis] and 90 teachers and administrative staff. A visit from the Italian Consul, omissis] is planned in September to meet with the principal and representatives from the education department and to see how the changes are making positive impacts.

The second project in [omissis], the **provision of equipment in [omissis]**is ongoing. This public primary and intermediary school is in a peripheral area of western [omissis] and enrols more than 700 students which are divided into morning and afternoon sessions. Around 10 per cent of the student body is made up of migrant children from [omissis], [omissis], and [omissis]. Due to the lack of essential furniture, students often have to sit in the corridors during lessons and exams and the school cannot enrol additional students who often do not have other options since this is the only school in the area. For this reason, in coordination with the education department in [omissis], IOM will provide computers for administrative staff, printers, projectors, air conditioners, desks and chairs for students and teachers. Students are often sitting in the corridors during lessons and exams. Due to the absence of furniture, the school cannot enrol additional students who often do not have other options since this is the only school in the area.

During the community consultation conducted in August in several muhallas of [omissis] **the construction of a public garden in [omissis]area** has been identified as a priority and construction will start in October. [omissis]is a muhalla located in the center of [omissis] and is inhabited by approximately 5,000 people from the [omissis] community, IDPs and migrants from several sub-Saharan African countries. The area lacks any recreational areas for women and children to gather or play safely and the garden will provide numerous benefits to the community including the provision of a space inducive of stress relief, improved connectiveness within the community (bringing together men, women, children and a wide age range of community members) as well as the creation of a fun space for children. To avoid exacerbating existing conflicts that already separate the [omissis] tribe living and the [omissis] community[[2]](#footnote-2), IOM is also supporting the construction of a similar garden in the [omissis] area of the city. During the handover, IOM will organize a final ceremony inviting both communities to encourage social cohesion through public outreach events.

**In [omissis], seven CIPs are ongoing (numbered)**:

1. **Provision of Generator for [omissis]water well (1) and [omissis] water well (2)**

**[omissis]and [omissis]** suffer from a lack of basic services such as access to water, electricity, sewage systems and health services. The situation has worsened since the crisis in 2011, with constant daily power outage for hours at a time, especially in the summer season when the electricity is available for only six hours per day. In addition to the daily challenges that people face, including the lack of access to drinkable water, there is also a risk of deterioration of the water wells since the water pumps are exposed to extreme heat and an unstable electricity source. IOM will install one generator per well and will build protective shading and fencing.

[omissis] water well © IOM (2021)

The **[omissis] water well (3)**, located in close proximity to the [omissis] community, a remote village of approximately 5,000 inhabitants from [omissis] and [omissis] tribes, suffers from constant power cuts leading to deterioration of the condition of the well. This in turn has forced the community to transport water from other locations. To ensure continuous access to drinkable water, in coordination with the General Water and Wastewater Company, IOM will provide an electric generator.

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These three locations indicated above ([omissis], [omissis] and [omissis]) have been identified as requiring a protective shade and fencing which IOM has started the procuring.

1. **Provision of Generator to [omissis] Physiotherapy Center (4)**

In 2018, following the recommendation of CMC members, IOM rehabilitated and equipped this centre at the Social Welfare Fund (SWF), a governmental organization that is dedicated to taking care of vulnerable people, especially those with special needs and disabilities.Previously, people were travelling over 200 kilometres to reach the closest physiotherapy unit in [omissis] city. Today, the centre is fully operational. However due to the high number of visitors per day – between 12 to 30 – the erratic electricity source causing constant power cuts has become an issue as it prevents staff from offering quality health-care services to the patients. IOM is coordinating with the health department to provide an electric power generator to the centre.

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A site visit to [omissis]guest house to assess rehabilitation and equipment needs, ©IOM (2021).

1. **Provision of Equipment to [omissis] (5) and [omissis](6) Guest House (GH)**

The [omissis] and [omissis]guest houses are public buildings managed by the local council and utilized for community activities, meetings, and as emergency accommodation for IDPs. They serve a local population of approximately 4,500 people per village, primarily from the [omissis] tribe and people from neighbouring muhallas. The guest houses lack furniture and equipment such as air-conditioners, electric power generators and inside furniture where traditionally meetings take place with participants seated on rugs laid and traditional mattress on the floor. Procurement of equipment and furniture for the guesthouses has begun and work will be completed in the next reporting period.

OMISSIS (foto di persona)

Concrete base for the installation of the generator in Al Sharqi guest house, © IOM (2021)

1. **Provision of Equipment to [omissis] Guest House (7)**

[omissis] is a remote area inhabited by 9,000 people from [omissis] and [omissis] tribes who experience challenges in accessing to basic services. Here, the municipality and the community have recently built a guesthouse with local crowdfunding from municipality members and local inhabitants, to have a space to conduct public meetings and social activities. The construction work has been completed but the building is not yet open due to lack of essential furniture and equipment such as air-conditioners and generators. IOM has started the procurement process and the equipment will be received and installed by October 2021.

**In the next reporting period, IOM will proceed working on the ongoing CIPs and conduct consultations with municipality and local communities in [omissis] and [omissis] to identify needs of the local population.** Unfortunately, due to the election of the new executive authority, which expected to occur in December 2021, and the delicate transitional phase the country is going through, the new and arduous procedures in place to access certain areas of Libya and obtaining required government approvals to expand to new locations in Southern Libya slower than expected.

**COMPONENT II: DIRECT ASSISTANCE**

**Outcome 3: Migrants, IDPs and where relevant host communities have increased access to humanitarian direct assistance**

During the reporting period, IOM has assisted a total of 12,955 individuals (5,237 male, 3,350 female and 4,368 children) through provision of NFIs. Items that were distributed and received by beneficiaries include winter blankets, summer blankets, mattresses, pillows, hygiene kits, and food baskets. Out of the total beneficiaries assisted under direct assistance, 9,703 were IDPs affected by conflict whereas 3,252 were migrants in urban settings and detention centres. The standardization of the NFI kits considered the different needs of family members including men and women. For instance, the family hygiene kits were composed of hygiene and sanitation as well as dignity kits for men, women, and children. The quantity of the items was also designed to meet the average of family size of five members and in accordance with the Libya Shelter and NFI sector guidelines.

Number, location, dates of assistance to IDPs are detailed below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area Of Distribution** | **Mantika of Distribution** | **Date of Distribution** | **Beneficiary Number** | **HHs** | **Male** | **Female** | **Children** |
| [omissis] | [omissis] | 3/7/2021 | 273 | 50 | 64 | 68 | 141 |
| [omissis] | [omissis] | 3/8/2021 | 267 | 47 | 66 | 60 | 141 |
| [omissis] | [omissis] | 5/5/2021 | 1187 | 194 | 347 | 324 | 516 |
| [omissis] | [omissis] | 5/6/2021 | 624 | 87 | 173 | 160 | 291 |
| [omissis] | [omissis] | 5/8/2021 | 963 | 161 | 269 | 248 | 446 |
| [omissis] | [omissis] | 5/10/2021 | 479 | 69 | 131 | 123 | 225 |
| [omissis] | [omissis] | 5/21/2021 | 1518 | 314 | 460 | 474 | 584 |
| [omissis] | [omissis] | 5/24/2021 | 572 | 90 | 106 | 99 | 367 |
| [omissis] | [omissis] | 5/25/2021 | 100 | 26 | 29 | 20 | 51 |
| [omissis] | [omissis] | 6/21/2021 | 1706 | 368 | 428 | 545 | 733 |
| [omissis] | [omissis] | 7/10/2021 | 2014 | 400 | 609 | 937 | 468 |
|  |  |  | **9703** | **1806** | **2682** | **3058** | **3963** |

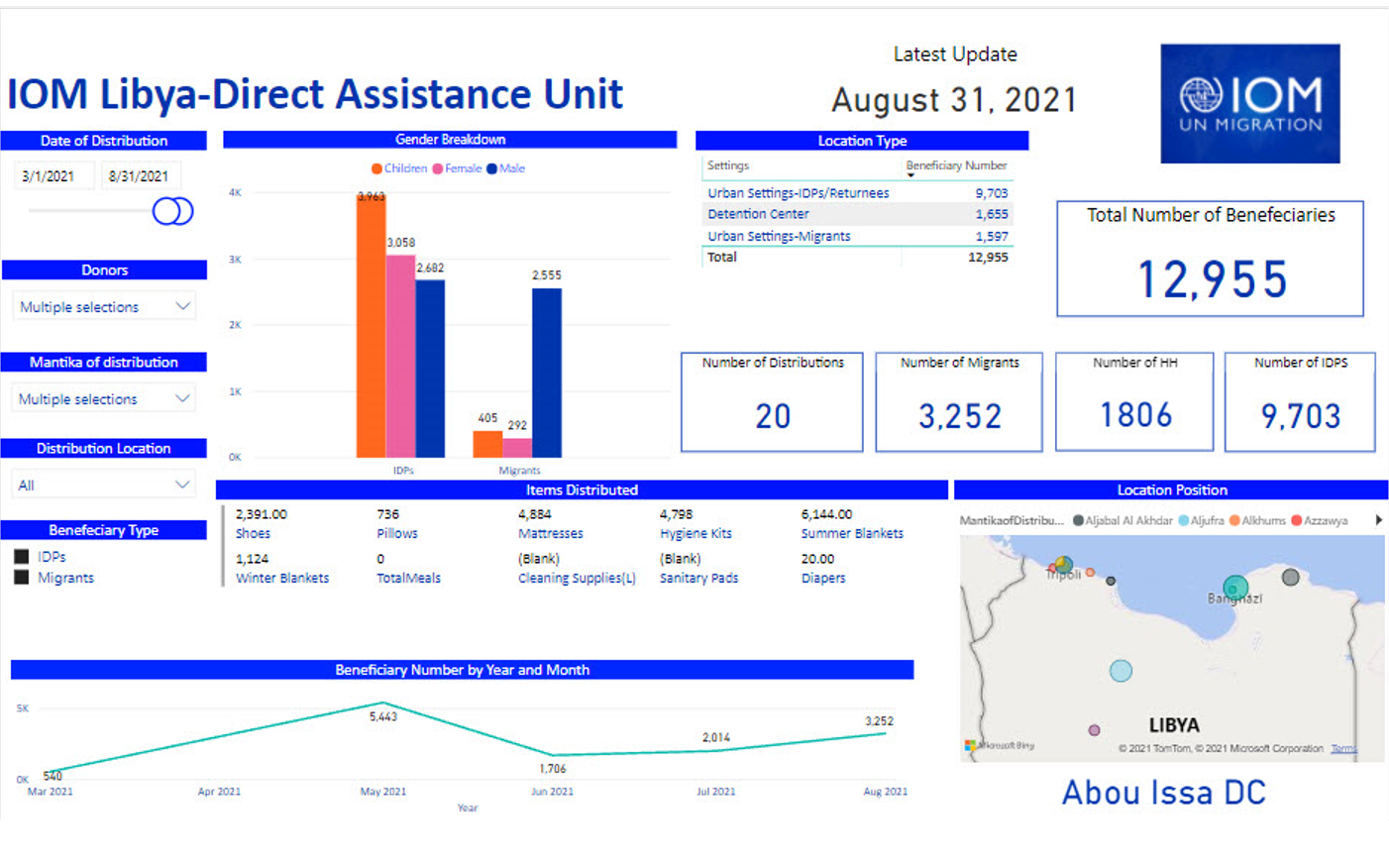
Number, location, and dates of assistance to migrants are detailed below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Settings** | **Area Of Distribution** | **Mantika of Distribution** | **Date of Distribution** | **Beneficiary Number** | **Male** | **Female** | **Children** |
| Detention Center | Abou Issa DC | Azzawya | 8/2/2021 | 65 | 61 | 4 | 0 |
| Detention Center | Ganfuda DC | [omissis] | 8/10/2021 | 26 | 13 | 5 | 8 |
| Detention Center | [omissis]DC | [omissis] | 8/17/2021 | 71 | 0 | 56 | 15 |
| Detention Center | [omissis]DC | [omissis] | 8/18/2021 | 348 | 195 | 75 | 78 |
| Urban Settings-Migrants | [omissis] Area | [omissis] | 8/26/2021 | 1457 | 1088 | 101 | 268 |
| Urban Settings-Migrants | [omissis] City | [omissis] | 8/26/2021 | 140 | 112 | 28 | 0 |
| Detention Center | [omissis] DC | [omissis] | 8/29/2021 | 600 | 600 | 0 | 0 |
| Detention Center | [omissis] | [omissis] | 8/30/2021 | 120 | 61 | 23 | 36 |
| Detention Center | [omissis] DC | [omissis] | 8/31/2021 | 425 | 425 | 0 | 0 |
| **Total** | | | | **3252** | **2555** | **292** | **405** |

Through this project, IOM procured and distributed several sets of NFIs for both IDPs and migrants. The table below demonstrates the type and quantity of items distributed to both migrants and IDPs.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Beneficiary type** | **Hygiene Kits** | **Mattresses** | **Blankets** | **Clothes** | **Solar Lamp** | **Plastic Sheet** | **Kitchen Sets** | **Jerry Cans** |
| IDPs | 3528 | 4269 | 4308 | 0 | 1719 | 2272 | 1719 | 2111 |
| Migrants | 1638 | 983 | 2960 | 2391 | 0 | 0 | 0 | 0 |

**Overview of Direct Assistance delivered during the reporting period**



**COMPONENT III: MIGRANT RESOURCE AND RESPONSE MECHANISM (MRRM)**

During the reporting period, MRRM field teams in [omissis] and [omissis] were able to reach **9,930** migrants (7,190 men and boys and 2,740 women and girls). Beneficiaries living in different localities of [omissis] and [omissis] municipalities, are nationals of 30 countries. The highest number of nationalities that received assistance were from [omissis], [omissis], [omissis], [omissis], and [omissis] respectively.

Among the beneficiaries, **3,887 migrants (662 households)** have received 5,191 NFIs such as hygiene kits, clothing kits, winter and summer blankets, tarpaulins, solar lamps, mattresses, kitchen sets, sanitary pads and diapers. The following graph summarizes the quantity of each non-food item distributed during the reporting period.

Percentages of non-food items distributed in [omissis] and [omissis]

The MRRM teams connected with various relevant stakeholders and continued to maintain these contacts through regular communication and provided information about available MRRM services and updates about planned activities. In [omissis], the team leader met with the Mayor of [omissis] Municipality, the [omissis], the Crisis Management Committee, and representatives from the Internal Security Agency. Likewise, the team in [omissis], organized several meetings with municipality representatives, [omissis]NGO ([omissis]), and community leaders of migrant communities residing in [omissis], including [omissis]ia, [omissis], and [omissis]ese community leaders.

Additionally, the teams expanded their outreach activities to new locations and new migrant housings and gathering points. The MRRM team in [omissis] supported migrants in [omissis] (20 km)[[3]](#footnote-3), [omissis] (25 km), [omissis] (60 km), and [omissis] (80 km). While [omissis] team conducted outreach activities in [omissis] (11 km), [omissis] (9 km), [omissis] (8 km), [omissis] (6 km), [omissis] (25 km), [omissis] (12 km), [omissis] (8 km), [omissis] (8 km), [omissis] (65 km), [omissis] (43 km), [omissis] (13 km), [omissis] (7 km), [omissis] (6 km), [omissis] (11 km), [omissis] (10 km), [omissis] (8 km), [omissis] (5 km), [omissis] (6 km), [omissis] (8 km), [omissis] (7 km), [omissis] (9 km), [omissis] (12 km).

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MRRM NFI Distribution, [omissis] ©IOM, (2021).

In June, a series of xenophobic incidents ignited in [omissis]. Migrants were physically attacked, many expelled from their homes, and they had to restrict their movement to avoid clashes. The MRRM team leader conducted a meeting with the Mayor of [omissis] Municipality to discuss the situation and possible actions to ensure migrants’ safety. IOM continued to provide assistance and services reducing possible risks as much as possible and sent monitoring reports and referrals to relevant partners. IOM during this reporting period continued to maintain contact with affected communities via outreach and monitoring visits by IOM case workers working in the area and the IOM hotline services. The MRRM team supported 130 migrants who encountered violent behaviour in the [omissis] old city. The majority of migrants were from [omissis], [omissis], [omissis], [omissis], and new arrivals from [omissis]. Based on the identified needs, migrants received NFIs, food, medical assistance, and referral services, including referrals to [omissis].

The MRRM teams have continued to capitalize on their long-standing experience in delivering awareness raising sessions with the aim of providing migrants with accurate information and increasing their awareness on the dangers of irregular migration, the health implications that migrants may suffer from and risk averting measures. Information was also provided on the services available to migrants including referral services i.e. referral to volunteer humanitarian return (VHR). Consequently, MRRM teams in [omissis] and [omissis] referred a total of **500** cases to VHR, protection, mental health and psychosocial support (MHPSS), and IOM medical teams. The table below indicates the number of cases referred to each IOM unit and segregated per location within the reporting period.

**Number of Cases Referred to Other IOM Units**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **VHR** | **Protection** | **MHPSS** | **Medical Referrals [[4]](#footnote-4)** |
| **[omissis]** | 35 | 4 | 1 | 241 |
| **[omissis]** | 55 | 0 | 0 | 164 |
| **Total** | **90** | **4** | **1** | **405** |

Chart, pie chart

Description automatically generated

During the reporting period, **4,283 migrants (3,104 men and boys, 1,179 women and girls)** were reached during a total of 484 awareness raising sessions. The awareness raising information capitalized on the materials developed under the #InformedMigrants campaign. Supporting Information, Educational, and Communication (IEC) materials were printed in [omissis], French, and English, and distributed during the sessions. MRRM teams distributed 1961 pocket guides and 745 helpline cards.

As part of the activities to promote awareness raising information, MRRM teams in [omissis] and [omissis] celebrated the World Day of Cultural Diversity on 21st May. The teams conducted awareness raising sessions and art-based activities. In [omissis], 14 migrants from [omissis], [omissis], [omissis], Algeria, Mali, and [omissis] attend this session. While 11 migrants from [omissis] and [omissis] attended the session in [omissis].

Gender Breakdown of Awareness Sessions Attendees

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Awareness Raising Activities Implemented at [omissis] (left) and [omissis] (right), © IOM (2021).

During the reporting period, IOM Protection unit provided specialized protection services to 19 migrants, including victims of trafficking and/or victims of other forms of abuse and exploitation. Protection services included initial screening for vulnerability followed by necessary follow up and referrals to other services such as psychosocial support.

The protection team was able to conduct 19 vulnerability assessments to 19 migrants (10 men and 9 women). Seventeen migrants (9 men and 8 women) required in-depth vulnerability assessments, and two victims of trafficking assessments were conducted for one man and one woman. During the assessments, the team identified various vulnerabilities affecting migrants including 15 cases of survivors of abuse, torture or trafficking in persons and four cases with critical medical health conditions. Moreover, among the identified and assisted migrants, two migrants (one man and woman) were referred internally to IOM’s MHPSS team to receive the assistances.

IOM Protection team maintained continuous provision of services to ensure that migrants requiring specialized support were able to access the needed assistance. During the reporting period, 14 Outreach and monitoring visits took place in urban settings in [omissis] and [omissis] and three detention centre monitoring visits were conducted in [omissis]: [omissis], [omissis] and [omissis].

Under the health component of MRRM, two medical teams were recruited in [omissis] and [omissis], each medical team consists of a doctor and a nurse. The required equipment, medicines and supplies were procured. In addition, afunctional and well-equipped clinic was established at IOM-MRRM base in [omissis]. The MRRM team leader prepared a weekly workplan in coordination with medical health (MHD) unit and displacement tracking monitoring (DTM) unit and community leaders to identify outreach locations.

The medical team equipped with medications, medical dressing consumables, and medical examination tools joined the filed visits and examined migrants with medical conditions and provided medical consultations. Based on examination results, some screened migrants were provided with treatment on site, while some cases were referred for specialized treatment. The medical team in [omissis] identified 22 children under five years old who missed the opportunity to be vaccinated and were provided full assistance to complete their vaccination.

During the project period, health consultations and assistance was provided to a total of **3,945** migrants; 2,583 migrants in [omissis] and 1,362 [omissis]. The below table provides further information for each location, segregated by age and gender.

**Numbers of Migrants who received medical assistance in [omissis] and [omissis]**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Months** | **Location** | **Number of beneficiaries** | | | | | | | | **Total** |
| **Male** | | | | **Female** | | | |
| **0-5**  **Y** | **6-17**  **Y** | **18-59 Y** | **60+ Y** | **0-5 Y** | **6-17 Y** | **18-59**  **Y** | **60+ Y** |
| **1st March - 30th June** | **[omissis]** | 183 | | 1107 | | 143 | | 365 | | **1,798** |
| **1st July – 31st August** | **[omissis]** | 76 | | 456 | | 76 | | 177 | | **785** |
| **[omissis] total outreach** | | 259 | | 1,563 | | 219 | | 542 | | **2,583** |
| **1st March - 30th June** | **[omissis]** | 76 | | 599 | | 73 | | 112 | | **860** |
| **1st July – 31st August** | **[omissis]** | 43 | | 321 | | 46 | | 92 | | **502** |
| **[omissis] total outreach** | | 119 | | 920 | | 119 | | 204 | | **1,362** |

Medical consultation at [omissis] © IOM (2021).

The medical teams referred a total of **106** cases to hospitals for specialized care, many of those referrals were urgent and lifesaving. In [omissis], a total of 79 cases were referred, including medical cases relating to children, pregnancy, natal and postnatal care, psychiatric cases and highly suspected tuberculosis cases. While in [omissis], a total of 27 cases were referred to hospitals for specialized care. Referrals included vulnerable population such as pregnant women and children’s medical cases, as well as cases requiring psychological care. The referrals were both for diagnostic and inpatient care. To facilitate such referrals, IOM used its already established mechanism of agreements with hospitals and ambulance services, which ensured swift and smooth referrals and remained instrumental in preventing mortality and disabilities. The table below details the referral cases segregated by age and gender.

**Numbers of Medical Referrals**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project period**  **March-August** | **Number of beneficiaries** | | | | | | | | **Total** |
| **Male** | | | | **Female** | | | |
| **0-5 Y** | **6-17 Y** | **18-59 Y** | **60+ Y** | **0-5 Y** | **6-17 Y** | **18-59 Y** | **60+ Y** |
| **[omissis]** | 1 | 7 | 47 | 2 | 3 | 0 | 18 | 1 | **79** |
| **[omissis]** | 1 | 2 | 7 | 2 | 0 | 0 | 15 | 0 | **27** |

The medical teams successfully conducted health and awareness sessions for migrants regarding TB, COVID-19 and other communicable diseases. Overall, the health component of MRRM established trust in health services provided by IOM in [omissis] and [omissis], and ensured continuity of essential health care services specially for patients having chronic illnesses.

**COMPONENT IV: CAPACITY BUILDING**

The purpose of capacity building components is to improve Libyan officials’ knowledge on human rights-based migration management. It aims to promote a comprehensive and effective governance of migration in Libya, by specifically targeting front line officers on migration management knowledge and procedures.

**Outcome 5: Strengthened capacity of local authorities to address migrants’ needs**

**During the reporting period, IOM Immigration and Border Management Unit (IBM) implemented three training courses. The trainings took place in March and April 2021.**

1. ***Humanitarian Border Management Training, 7-11 March 2021***

The **Humanitarian Border Management training**, in coordination with the African Capacity Building Center (ACBC), aimed to enhance the knowledge, skills and abilities of participants to better perform humanitarian border management tasks while acquiring specific professional skills and knowledge on international humanitarian law and human rights**.** The training adopted both virtual and in-person training methods whilst observing strict adherence to health and safety guidelines to prevent COVID-19 infections. The training was very successful, reaching 24 participants from eight different governmental entities, namely [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], and the [omissis].

The five-day training was divided into nine sessions focused on: Migration Law, Emergency and Planning, Document security, Identification and Biometric registration.

Humanitarian Border Management workshop, implemented in [omissis] © IOM (2021).

OMISSIS (foto di persona)

**Migration Law:**

Participants familiarised themselves with the concept of state sovereignty and basic knowledge of international human rights law. Based on this, the first session’s discussion centered on the concept of sovereignty, state’s human rights obligations, and sources of international law. Additionally, the principles of jus sanguinis and Jus soli employed by states in determination of nationality were thoroughly discussed.

**Emergency and Planning:**

This topic enabled participants to understand the need to assess a state's capacity to respond to a humanitarian crisis and the importance of a unified approach to ensure a holistic and collaborative response. The session emphasized the need for an interagency, regional and/or international cooperation mechanism to improve joint responses to emergencies. In addition, the training on Simulation Exercises (SIMEX) gave participants the understanding of the overall importance of a simulation exercise.

**Document Security:**

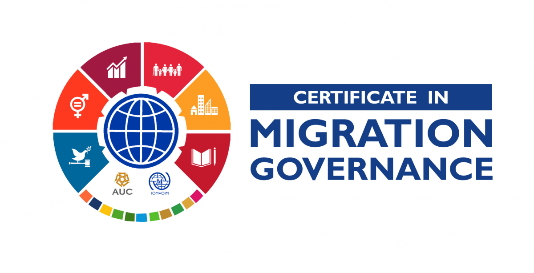
The document security theme covered the importance of wearing a mask for border officials while inspecting the documents and how to sanitize the equipment for document inspection.

**Identification and Biometric Registration:**

Delegates were given a presentation on IOM’s affordable and customizable Migration Information Data Analysis System (MIDAS). In addition, the session touched on the general impact of movement on migrants. As regular migration opportunities become limited, people turn to smugglers to facilitate their need and desire to move, this increases the vulnerability of migrants. Participants were put into three groups and each group was required to analyse three hypothetical scenarios on irregular migration. The aim of the exercise was to introduce the participants to the analytical framework that is based in international law as a way of meeting the difficult challenge of identifying trafficking victims.

1. **Migration Governance Training, 21-27 March 2021**

The **Migration Governance training** took place in [omissis]. The training programme was divided into six modules and the overall objective was to enhance the capacity of relevant Libyan national authorities to prepare for and address the needs of migrants, in the event of a crisis affecting the country.



Certificate issued, following the six days training

The training was composed of an interactive lecture session, group discussions and group exercises moderated by instructors from the American University in Cairo (AUC) and one IOM thematic specialist.

This certificate began with an **introduction to migration**. Participants learned basic terms and definitions of migration, past/current trends, and patterns of international migration. It provided a historical overview of multilateral cooperation on migration, including the treatment of migration within the UN system, the role of IOM, and existing formal and informal cooperation processes and fora at regional and international levels.

Taking place between the 22 and the 27 of March, the training focused on various topics spanning from Migration and Development, International Migration Law, Trafficking and Smuggling of Migrants to Labour Migration, and an Overview of the most recent updates on migration governance.

**Migration and Development:**

Participants learnt how migration policy can impact development objectives and vice versa, they had a look at how migration policies can be integrated into regional and national development strategies. Key issues that were covered was inter alia, economic immigration policies, remittance trends and their impact on poverty alleviation and development.

**International Migration Law:**

Participants obtained an introduction to the international legal framework which governs migration. The topics covered States’ legal responsibilities and authority regarding migration, including nationality, admission, stay, detention, expulsion, as well as the rights and obligations of migrants. Lastly, a panorama of the legal framework governing refugees and internally displaced persons was provided.

**Trafficking and Smuggling of Migrants:**

This module presented in detail the crimes of trafficking in persons and pointed out the difference between trafficking and migrant smuggling. Participants learned the purpose and challenges of identifying trafficked persons both through the provision of the international legal tools as well as in practice. During the training, participants reviewed state obligations under the relevant international legal frameworks of criminal proceedings and strategies to combat trafficking in persons. Different forms of international cooperation to combat trafficking and assist victims were described as well as best practices and lessons learnt from other countries were mentioned.

**Labour Migration:**

This module discussed the economic considerations surrounding migration and focused particularly on the relationship between migration policy, labour market and economic development policy from the perspective of both countries of origin and destination. Participants learned about the different types of labour mobility, as well as the social and economic causes and impact of labour mobility at the micro level for migrants and their families, as well as at the macro level for countries of origin and destination.

Thanks to this training, Libyan Government officials were able to enhance their skills and knowledge in Migration governance. Furthermore, they were able to obtain an internationally recognised professional and academic qualification.

***3) Migrants in Countries in Crisis, 6-8 April 2021***

**Migrants in Countries in Crisis (MICIC)** training was held to enhance the capacity of relevant Libyan national authorities to prepare for and address the needs of migrants in the event of a crisis affecting the country.

The training was a success and reached 20 participants from 13 governmental bodies. The three-day training focused on the MICIC Initiative and Guidelines, Migrants’ Vulnerability and Capacities in Emergencies and Coordination for Improved Assistance to Migrants in Emergencies​.

The **MICIC Initiative** session presented the participants with guidelines to follow during and after a crisis. It shared best practices particularly relating to tracking information in conflicts, how to communicate effectively with migrants and establishing clear referral procedures among stakeholders.

Through active sessions and activities, participants were able to discuss the establishment of a mechanism to share information that is relevant to preventing, preparing for, and responding to crises. In addition, the training enable government officials to coordinate capacity building events on matters that are relevant to crisis management.

OMISSIS (foto di persona)

Migrants in Countries in Crisis Training, [omissis], Libya © IOM (2021).

## Progress Made towards Incorporating Cross-cutting Themes

Accountability to Affected Populations, Gender Mainstreaming, and Conflict Sensitivity

Since the commencement of the project, IOM actively engaged the community and local authorities in each step of the project to engage in the decision-making process for the benefit of the entire community. All interventions have been conducted while ensuring that the needs of the most vulnerable are addressed. Youth and women empowerment are one of the IOM’s priority areas. Therefore, conflict sensitivity assessments are rigorously conducted to ensure that interventions will be context appropriate and contribute to address drivers of instability in a sustainable manner.

With regard to the provision of assistance directly to migrants, it should be noted that women are very much a minority within the migrant population in Libya being usually approximately 10 per cent and tending to be in a vulnerable position. Specific efforts were made to ensure that women and specifically female headed households, benefited from the available assistance. This was made possible through the engagement of community leaders and female migrants who act as focal points within their networks. Approximately 85 per cent of the households in [omissis] and [omissis] are female headed. The assistance IOM was able to provide supported them in surviving through their daily struggles in Libya.

As part of IOM’s commitment to mainstream accountability, MRRM conducted a virtual capacity-building session on Accountability to Affected Populations (AAP) on 22 June 2021, explaining AAP as a concept and introducing available Complaint and Feedback Mechanisms (CFM) in Libya, and how MRRM teams can promote CFM among migrants. MRRM team leaders and case workers in [omissis], [omissis], [omissis], [omissis], [omissis], [omissis], and [omissis] attended the session.

# Progress Achieved Compared with the Indicators in the Results Matrix

|  | | ***Indicators*** | | ***Baseline*** | | ***Target*** | ***Data Source and Collection Method*** | | ***Progress made during reporting period*** | ***Cumulative progress*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Objective:***  Contribute to resilience of crisis-affected populations in Libya | | % of beneficiaries (IDPs, migrants or host community) who report improvement in their lives as a result of the services/trainings received | |  | | 75% | Monitoring reports,  Satisfaction surveys | | N/A  78% of beneficiaries participated in NFI PDM reported to have been satisfied with IOM’s assistance (this is DA section only). |  |
| ***Outcome 1:***  Crisis-affected communities have enhanced social cohesion and capacities to address community issues | | % of CSO participants report increased capacity to address community issues  % of participating community members who report improved perception of other tribes, migrants, IDPs and returnees in their community | |  | | 70%  70% | Survey among community members in the selected locations  Participants' feedback forms | | N/A  Activities haven’t been completed yet  N/A  Activities haven’t been completed yet | n/a  n/a |
| ***Output 1.1:***  Capacity of local CSOs is enhanced | | # of CSOs capacitated  # of community members (IDPs, migrants or host community) who participated in community stabilization and cohesion promotion activities | | 5 | | 10  2000 | Project records  Project records | | N/A  200 of community members (IDPs, migrants or host community) who participated in community stabilization and cohesion promotion activities | n/a  200 of community members (IDPs, migrants or host community) who participated in community stabilization and cohesion promotion activities |
| ***Activities 1.1:***   |  |  | | --- | --- | | 1.1.1 | Conduct meetings with communities | | 1.1.2 | Training/capacity building for CSOs | | 1.1.3 | Provision of grants to CSOs for implementation of social cohesion and community engagement projects | | | | | | | | | | | |
| ***Outcome 2:***  Crisis-affected community members have improved access to basic services and community infrastructure | | % of the targeted community members indicating access to improved basic services and community infrastructure |  | | 80% | | Survey among community members in the selected locations | N/A | | n/a |
| ***Output 2.1:***  Common infrastructures are rehabilitated to provide essential services | | # of CIPs implemented  # of people benefiting from the CIPs | 29 | | 10  10000 | | Weekly progress reports  Field monitoring | 1 (9 ongoing)  Approximately 30 000 of people benefiting from the CIPs | | 1 (9 ongoing)  Approximately 30 000 of people benefiting from the CIPs |
| ***Activities 2.1:***   |  |  | | --- | --- | | 2.1.1 | Selection of contractors based on call for bids | | 2.1.2 | Rehabilitation of common infrastructure and/or provision of equipment as per the selected infrastructure projects (CIPs) | | 2.1.3 | Monitoring by IOM engineers for quality assurance | | | | | | | | | | | |
| ***Outcome 3:***  Migrants, IDPs and host communities, where relevant, have increased access to humanitarian direct assistance | % of beneficiaries who are satisfied with the received assistance | |  | | 70% | | Survey | 78% satisfaction reported as per the NFI PDM | | 78% satisfaction reported as per the NFI PDM |
| ***Output 3.1:* DA**  Migrants, IDPs and, where relevant host communities, received NFIs | # of families receiving full NFI kits | |  | | 2400 | | Interviews, written feedback from CSOs, workshop attendance | 1,806 families and 3,252 individual migrants (12,955 individuals) receiving full NFI kits | | 2,873 families and 3,252 individual migrants (18,656 individuals – 6,878 men, 4,826 women, and 6,952 children) benefited from NFI kits |
| ***Activities 3.1:***   |  |  | | --- | --- | | 3.1.1 | Pre-distribution need assessment | | 3.1.2 | Procurement of NFIs | | 3.1.3 | Distribution of NFIs | | | | | | | | | | | |
| ***Outcome 4: MRRM***  Migrants have improved access to humanitarian assistance that improves their well-being | % of beneficiaries reporting satisfaction with MRRM services | |  | | 70% | |  | N/A | | n/a |
| ***Output 4.1:***  Migrants have access to integrated multisectoral assistance | # of primary healthcare consultations provided by IOM's health teams  # of referrals to secondary and tertiary health facilities  # of protection assessments and support provided  # of beneficiaries loose NFIs, hygiene items and basic food packages (disaggregated by sex)  # of referrals to VHR and other IOM or non-IOM programmes | |  | | 4,000  180  50  2,800  750 | | Database records, reports, pictures  Database records, reports, pictures  Database records, reports, pictures  Database records, reports, pictures | 3,839 primary healthcare consultations (2117 male, 1,722 female)  106 referrals to secondary and tertiary health facilities (69 male, 37 female)  19 assessments (10 male, 9 female)  3,887 beneficiaries received loose NFIs, hygiene items and basic food packages  90 cases referred to VHR, 1 case referred to MHPSS, 4 cases referred to protection and 405 cases referred to health | | 4,329 primary healthcare consultations (2,444 male and 1,885 female)  113 referrals to secondary and tertiary health facilities  19 assessments (10 male, 9 female)  7,028 beneficiaries received loose NFIs, hygiene items and basic food packages  146 cases referred to VHR, 1 case referred to MHPSS, 4 cases referred to protection and 405 cases referred to health |
| ***Activities 4.1:***   |  |  | | --- | --- | | 4.1.1 | Registration and profiling of all migrants and host community beneficiaries targeted through MRRM | | 4.1.2 | Provision of basic health care services and specialized assistance for identified vulnerable migrants | | 4.1.3 | Conduct assessment and provision of protection services in coordination with IOM specialized unit | | 4.1.4 | Distribution of loose NFIs, hygiene items and basic food packages | | 4.1.5 | Registration and referral to other specialized services | | | | | | | | | | | |
| ***Outcome 5:***  Strengthened capacity of local authorities to address migrants' needs | % of trained officials who report the trainings have increased their understanding of the topic | |  | | 70% | | Event reports, feedback forms | N/A | | n/a |
| ***Output 5.1:***  Local authorities have increased understanding of key topics | # of officials trained | |  | | 150 | | Event reports, photos, feedback forms, registration sheets | 69 officials trained | | 70 officials trained |
| ***Activities 5.1:***   |  |  | | --- | --- | | 5.1.1 | Organization of training for officials in Migration Governance | | 5.1.2 | Organization of training for officials in HBM | | 5.1.3 | Organization of training for officials in MICIC | | | | | | | | | | | |

# Challenges Encountered and Actions Taken

|  |  |
| --- | --- |
| **Challenges** | **Actions Taken** |
| Considering COVID-19 restriction measures, there will be challenges for the IPs in organizing large community events or in person training in some locations | IOM is requesting to all IPs to respect measure in place by organizing trainings with small groups of people or online and to avoid large community gathering. Face masks (PP) are mandatory and numbers of invitees are limited to ensure physical distancing. \_ |
| Security concerns while visiting migrants at remote or closed community locations. | The security incidents were immediately reported to security department and senior management, which was then followed by an analysis to avoid any similar situations in the future. |
| Frequent power cuts of indeterminate length, sometimes for multiple days. This caused several related difficulties both for the local populations, including IOM teams and for construction contractors working on rehabilitating and building projects. | Access to electricity was highly prioritized in CMC meetings, with many requests for generators at water wells to pump water during power failures and in public health clinics to maintain hygienic environments and ensure the correct storage of medicines. IOM was responding to these needs with the provision of generators at multiple locations, as mentioned under component 2 |
| Some materials and goods were not available in south of Libya requiring a shipment from [omissis] or [omissis]. | Goods are sometimes shipped from [omissis] or [omissis], but due to the political situation it caused some delay for the delivery |
| Public hospitals with very limited staff and sometimes no staff at all in [omissis] and [omissis] have put an additional moral and financial burden, where some cases needed an immediate lifesaving intervention or/and very special long term medical care, which sometimes cannot be provided at public hospitals due to different administrative and technical reasons. | IOM is considering transferring patients to private hospitals as an alternative mechanism to provide timely and proper medical care or lifesaving interventions. |
| Limited or no access to children vaccination especially for migrants with no official documentation. Vaccines include routine child immunizations such as tuberculosis, hepatitis B and polio. Migrant children cannot receive the routine immunization because they refrain from going to the health facility or being rejected at the clinics due to their inability to provide the official document. | MRRM medical teams organized multiple campaigns where 22 children who missed their vaccination doses were taken to Vaccination centers and vaccinated after arrangements and facilitation with NCDC branches. |
| Limited capacity of NCDC branches at [omissis] and Baniwaled areas hinder the efforts of our teams to screen the presumptive TB cases and hence giving the confirmed TB cases with medications. | IOM with support from NCDC is planning to conduct TB screening campaign from TB project in these areas. |

# Conclusion

During the second reporting period of this project (1 March 2021 – 31 August 2021), IOM has quickly progressed in implementing project activities. It is worth noting that this project capitalizes on the experience and gains already achieved on the basis of a previous project supported by the then Africa Fund in 2020, has had a distinct positive impact on the pace and efficiency of implementation of this project.

The CS component continues the engagement of the communities previously worked in, but also progresses in expanding to neighbouring areas in the South of Libya, which are particularly hard for many actors to reach, provides services and engage in a meaningful way. Thus, with this project IOM advances it way forward to try to engage more in the hard-to-reach areas in the [omissis]. During this project period, 10 CIPs have been identified and work has started at all sites. In addition, during the reporting period preparations have started to develop a training curriculum to improve technical and managerial capacity of local grassroots CSOs in [omissis], [omissis] and [omissis]. Crisis affected communities in Libya under the CS component are progressively having enhanced access to basic services and community infrastructure. In the next reporting period, IOM will identify at least 10 local CSOs and associations in need of capacity building and will start with the training implementation.

Under Direct Assistance, almost 13,000 people including children benefited from the provision of NFI’s. During this reporting period, IOM Monitoring and Evaluation (M&E) team support the DA team to conduct post-distribution surveys through phone calls, gathering satisfaction feedback of the beneficiaries targeted as well as evaluating the performance of IOM staff responsible for the delivery of the items. The quality and quantity of items received were evaluated in this survey by the beneficiaries. Overall, respondents were happy satisfied with items received; 78% of beneficiaries responding that they were happy. The full report is attached as an annex. In this project period, DA reached the total beneficiaries expected through NFI distribution.

The MRRM team, during this reporting period reached 9,930 migrants in [omissis] and [omissis]. The MRRM team were able to successfully deliver activities, ensuring that vulnerable populations and particularly migrants, have access to much needed life-saving assistance. In the next project period, the MRRM team will continue to provide NFI’s in urban settings, refer to protection services and to the VHR programme. Further, the MRRM medical team will provide ongoing primary healthcare consultations and referrals to secondary and tertiary facilities. Through the provision of MRRM activities, the wellbeing of migrants is improved.

The CB component successfully delivered three training courses. All three courses included participants from various branches of the public administration who are involved in search and rescue operations or management. This is within a wider framework of capacity building work that IOM is undertaking to strengthen the skills and operational capabilities of relevant branched of the authorities. Several entities asked for more training courses to implement best practices in the field of Migration, Border management and Crisis preparedness. The positive response received during those courses demonstrated the valuable relationship that IOM has with the Government of Libya and the valuable expertise that the organisation can provide. This CB is also a component of the IOM-UNHCR join plan for 2021-2022. In the next project period, CB will continue to strengthen the capacity of local authorities through further trainings.

# Expenditures and Resource Utilization

No financial report required.

# Annexes

Annex 1- [omissis] Rapid Assessment

Annex 2- [omissis]Rapid Assessment

Annex 3- [omissis]Rapid Assessment

Annex 4 – The Story of [omissis], MRRM Beneficiary in [omissis]

Annex 5 – The Story of [omissis], MRRM Beneficiary in [omissis]

Annex 6- Monitoring & Evaluation Report - Direct Assistance Post Distribution Monitoring Satisfaction Feedback

1. The CSAs are developed with funding support from another project with which this project has synergies. Although from another funding source, the assessments will be used to inform this intervention as well. [↑](#footnote-ref-1)
2. In [omissis], violent conflict between[omissis][omissis] and [omissis] tribes resulted in physical division of the city, limiting safe access to basic services. In order to ensure each community has equitable access to critical services, the Community Stabilization programme has supported both rehabilitation and equipment of public sectors in both areas. [↑](#footnote-ref-2)
3. Kilometers from [omissis]/[omissis] [↑](#footnote-ref-3)
4. Medical referrals included: life saving surgical interventions after gunshot injuries, pregnancy related referrals including preeclampsia and antenatal follow up, TB screening and smear positive TB cases for further workup and treatment, survivors of trafficking with life threatening medical conditions, survivors of rape, cardiac disease cases, chest infections, COVID-19 cases, occupational trauma, and orthopaedic fractures. [↑](#footnote-ref-4)