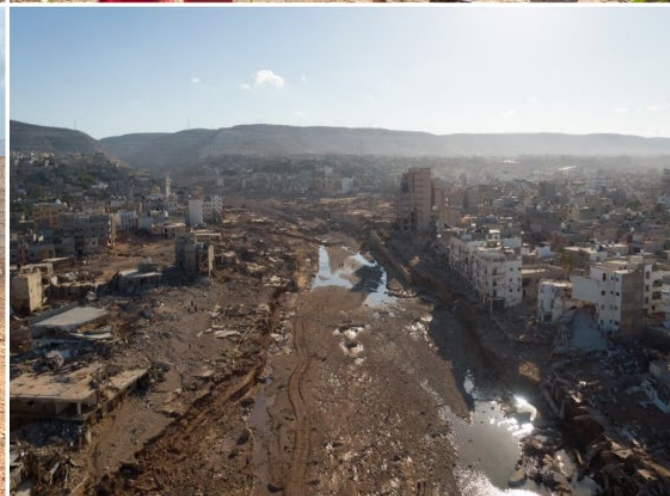


Emergency appeal №: MDRLY005 Emergency appeal launched: 13/09/2023 Operational Strategy published: 30/11/2023	Glide №: FL-2023-000168-LBY
Operation Update #1 Date of issue: 25/01/2024	Timeframe covered by this update: From 13/09/2023 to 31/12/2023
Operation timeframe: 15 months (13/09/2023 - 31/12/2024)	Number of people being assisted: 300,000
Funding requirements (CHF): CHF 20 million through the IFRC Emergency Appeal CHF 25 million Federation-wide	DREF amount initially allocated: CHF 1 million



To date, the revised Emergency Appeal, which seeks CHF 20,000,000 is 51 per cent funded. Further funding contributions are needed to enable the Libya Red Crescent Society (LRCs), with the support of the IFRC, to continue providing humanitarian assistance in the immediate response and provide an integrated recovery approach to the affected population

A. SITUATION ANALYSIS

Description of the crisis

On September 10, 2023, northeastern Libya was struck by Storm Daniel, a severe weather system bringing winds of 70 to 80 km/h and an unprecedented rainfall of up to 240 mm. The storm impacted major urban areas such as Benghazi, Tobruk, Toukra, Talmeitha, Almarj, Taknes, Al Owailia, Bayada, Albayda, Shahhat, and Sousa. Derna, a coastal city, bore the brunt of the storm, suffering significant damage as a result of the collapse of its two dams. The resultant floodwaters, rising up to three meters, engulfed entire neighborhoods, sweeping them into the sea. The floods caused extensive damage to buildings, roads, health facilities, and water systems. In response, the Libyan Government in the east declared a state of emergency in Derna, formally requesting immediate international assistance on September 12, 2023.

As of November 28, a total of 4,352 people had been confirmed dead while around 8,000 people remained missing ([OCHA](#)). Around 884,000 people in five provinces (mantikas) live in areas directly affected by the storm and flash floods to varying degrees. ([OCHA](#)). Meanwhile, more than 43,400 people were internally displaced by the floods. According to [ACAPS](#), before Storm Daniel, around 20,000 migrants lived in the most affected areas of Derna. An estimated 930 migrants died or went missing following the rainfall or floods, and as of November 17, floods had displaced 1,715 migrants. As internally displaced persons gradually return to their homes, they face challenges such as damaged housing and limited access to essential services.

Tropical Storm Daniel further complicated the existing situation in Libya, a country that manages complex population movements, with the presence of more than 706,000 migrants, including refugees and asylum seekers from around 43 countries; as well as people internally displaced since the 2011 Libyan crisis. The country's health system, already strained by a decade of conflict, has faced additional pressures. Low vaccination rates increase susceptibility to preventable diseases and soaring global prices due to the Ukraine crisis have severely affected Libya's food security.

Summary of response

The Libyan Red Crescent Society (LRCs) was established in 1957 and was admitted to the IFRC in 1958. The LRCs is the main national humanitarian organization present in Libya, responding to emergencies and providing services to vulnerable populations nationwide, through a network of 38 branches, 655 staff, and 3,000 volunteers. The LRCs has maintained its unity and continued its work in Libya despite the country's political divisions, even if it had to amend certain programs implemented before the political crisis, such as first aid, road safety, and the promotion of hygiene for children. It has also developed additional programs to respond to humanitarian needs resulting from armed conflicts.

For the response to Storm Daniel, Libyan authorities are coordinating humanitarian assistance for this disaster. LRCs maintains close relationships with different government departments, ministries, security authorities and other relevant agencies as and when required, while the IFRC maintains good relationships with United Nations agencies and other key stakeholders. Thematic working groups have been set up and include IFRC surge personnel deployed, in coordination with LRCs.

LRCs volunteers, particularly from the Derna branch, intervened from the start of the disaster by evacuating vulnerable people stranded by rising waters. LRCs teams from surrounding branches surged to provide immediate support on the ground. At the same time, LRCs headquarters (HQ) and branches in the eastern part of the country activated response mechanisms while coordinating closely with the IFRC and local authorities to assess the situation, support search and rescue operations, and provide required support to those affected. A central emergency operations room was set up, as well as two others deployed to sites in Derna (Eastern and Western).

Emergency and rescue teams were tasked with providing urgent assistance, distributing basic aid and shelter to those affected, and providing necessary medical care to the injured, including first aid and psychosocial first aid support to people affected by the event. Dedicated volunteers were also involved in ambulance services, dead body management, and addressing reports of missing persons across affected areas such as Ajdabiya, Al-Bayda, Al-Sahel, Benghazi, Derna, Shahhat, Sluk, and Tobruk. The Libyan Red Crescent Society's current response continues with the provision of psychosocial support, the distribution of food parcels, the provision of non-food items, and the management of shelter centres. This response underscores the breadth of their commitment to addressing the immediate needs of those impacted by the storm.

Situation and Response

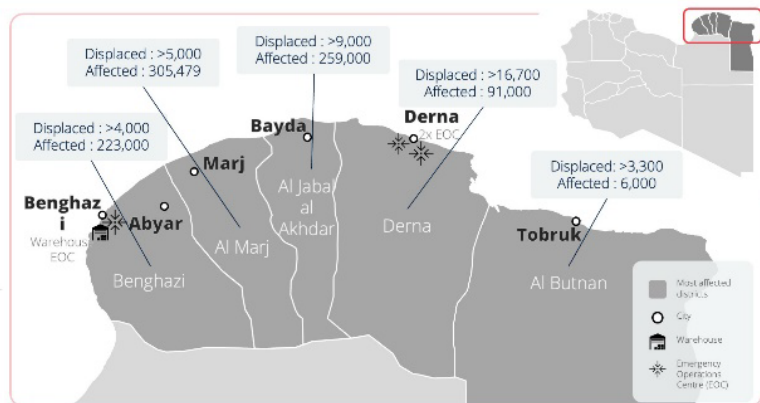
Storm Daniel | Libya



On Sunday, September 10, storm Daniel hit north-eastern Libya, bringing high winds and sudden, heavy rainfall. The storm led to severe flooding, affecting major population centres. Libyan Red Crescent teams were on the ground immediately, coordinating closely with the IFRC and local authorities to assess the situation, support the search and rescue operation and provide help to affected people.

Situation Overview

DEATHS 4,352	PERSONS DISPLACED 43,400
MISSING 8,000	FAMILIES WITHOUT SHELTER 7,000



Libyan Red Crescent Response

ESTIMATED AFFECTED PEOPLE REACHED BY LRC
54,710 +

ITEMS DISTRIBUTED	NON-FOOD ITEMS 47,867	ACTIVITIES	PSYCHO-SOCIAL SUPPORT 7,268	VOLUNTEERS PARTICIPATING 728	IFRC SURGE RESPONSE	30 DELEGATES DEPLOYED
	FOOD ITEMS 75,095		DEAD BODY MANAGEMENT 2,317	SHELTER CENTRES SUPPORTED 14		2 EMERGENCY RESPONSE UNITS
	FIRST AID CASES 601		TRACING REQUESTS 3,975	14 CITIES 61 LOCATIONS		OUTPATIENT DEPARTMENT MODULE

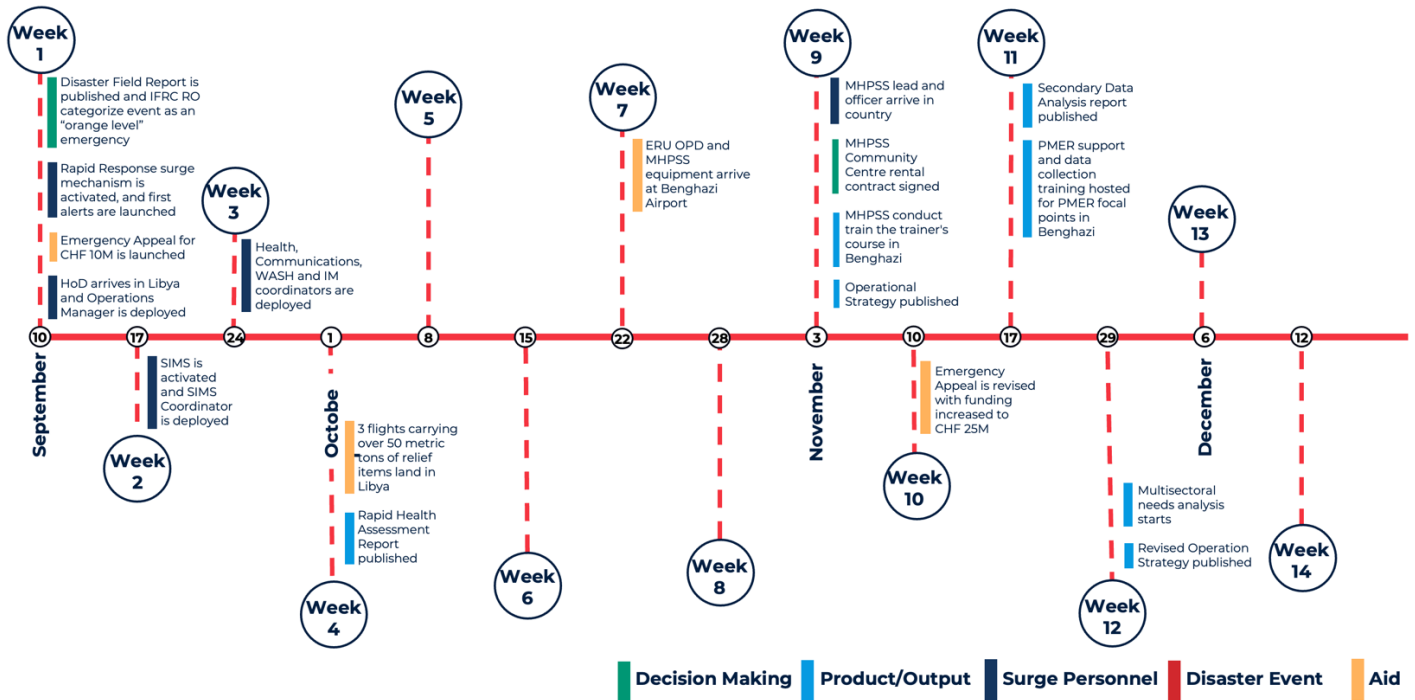
Product created by SIMS. Data sources: Libyan Red Crescent, Libyan Government, OCHA, IOM. Updated: 15 December 2023

From the outset, LRCs has been supported in its efforts by its Red Cross Red Crescent partners, inside and outside the country. The IFRC rapidly activated its Rapid Response Mechanisms, releasing CHF 1 million from its Disaster Response Emergency Fund (DREF) and launching an Emergency Appeal for CHF 10 million. An operation manager was deployed in Libya and an initial rapid response team of eight key function profiles, as well as a Health emergency response unit (ERU). The following infographic presents an overview of key moments of IFRC support, detailed in Part C of this report.

Timeline of Operation Storm Daniel | Libya



+IFRC



Partner National Societies (PNSs) and the IFRC were also present from the start. Early relief distribution and activities at the disaster site were provisioned and carried out with the support of the Turkish Red Crescent, the Qatari Red Crescent, the Kuwaiti Red Crescent, the Emirates Red Crescent, the Saudi Red Crescent, the Tunisian Red Crescent, the German Red Cross, the Norwegian Red Cross, the Russian Red Cross, the French Red Cross, and Iran Red Crescent.

The Norwegian Red Cross (NRC) initially supported the LRCs with the rapid health assessment, in addition to scaling-up the intervention of its two local mobile health teams in eastern Derna, namely Sousa and Qanduloa. NRC provided financial support for LRCs to implement a MHPSS training on Psychological First Aid (PFA) and self-care, while supporting MHPSS outreach activities in Derna LRCs branch. Currently, NRC supports the operation through four mobile clinics in the city and suburb of Bayda, and Derna city, and continues to provide MHPSS services to the affected population in Derna through LRCs Derna branch staff and volunteers

The German Red Cross initially implemented two Kit 15 systems (with the capacity to provide clean water for 15,000 people per day) to purify water from boreholes contaminated by the Derna floods. Technical personnel were deployed to train the LRCs in operating the systems. With changing needs, the two water treatment plants (M15) that had been installed were removed and replaced with reverse osmosis (RO filtration system), more suited to current needs. To date, five simple desalination plants have been installed, in addition to the maintenance of one groundwater well.

At the start of the response, the Turkish Red Crescent provided support with an operational setup comprising a field kitchen, a mobile catering vehicle, and a communications vehicle deployed to facilitate essential services. Additionally, a dedicated emergency response team from the Turkish Red Crescent (TRC), was actively engaged in flood-affected areas, providing assistance including food parcels, hygiene kits, clothing, personal protective equipment (PPE), as well as various essential household items.

With a history of engagement in Libya since 2011, the ICRC organized teams and essential supplies to assist flood survivors, particularly in the hardest-hit areas. ICRC has been actively involved in critical activities, including managing mortal remains, reuniting families, and offering technical support for disaster management. Essential supplies like medicine, food, and household items were delivered to the affected families, with a focus on supporting Al Hawary hospital in Benghazi. The ICRC also supported to the Ministry of Health by providing materials, medications and covering operating costs for six primary health care (PHC) centres – two of them in Derna with the rest in other affected areas. The ICRC team also conducted WASH activities in Bayda city and suburbs and in Derna city by providing water trucking and installing bladder tanks. The LRCs also trained 17 volunteers in hygiene promotion and prevention of water borne diseases, in collaboration with the Norwegian Red Cross, and the ICRC. Looking ahead, the ICRC plans to continue its assistance efforts. This includes supporting primary healthcare centres, distributing aid to thousands of families, and providing emergency drinking water to 30,000 people. Long-term water repair projects are also being considered.

On the front lines, more than 700 volunteers participated in the immediate response. Tragically, four Libyan Red Crescent volunteers lost their lives in the disaster, three of them while helping to save the lives of others. In addition to those who lost their own lives, many volunteers in Derna suffered other types of losses due to Storm Daniel. The IFRC honours the bravery and selflessness of the Libyan Red Crescent teams, as well as volunteers around the world for their tireless efforts and sacrifices in the face of great dangers in 2023. Through these difficult times, the IFRC Emergency Response Unit deployed after the flood offers psychosocial support to all survivors, including volunteers. However, more will be done with a more long-term “Caring for Volunteers” program in development.

Needs analysis

In the aftermath of Storm Daniel, on 10 and 11 of September 2023, a joint Multi-Thematic Rapid Needs Assessment (MTRNA), among UN agencies, the Libyan INGO Forum and Civil Society Organizations, coordinated by UNDAC was organized, with data collected by 13 partners. The MTRNA aimed to provide an initial overview of multi sectoral needs to inform the international response. The MTRNA report can be viewed [here](#).

Two months later, on 20 November, drawing on the MTRNA and subsequent secondary data available, the IFRC Assessment Cell published a comprehensive [secondary data analysis report](#), including more information on the scope and scale of the crisis, the operational constraints and a pre-crisis overview of affected areas. From the two reports, the following were identified as priority needs, areas of intervention and affected groups:

Priority need #1 Shelter	Priority need #2 Health	Priority need #3 WASH and Hygiene
Priority area #1 Derna	Priority area #2 Jabal al Akhdar	Priority area #3 Al-Marj
Affected group #1 Migrants and IDPs	Affected group #2 Children	Affected group #3 Women and girls

The IFRC [Secondary Data Analysis Report](#) was a first step in the Multi-Sectoral Needs Assessment (MSNA) process, launched by the IFRC and the LRCs in November, aimed at deepening the assessment of current and future needs thereby informing the recovery response and implementation plans. The assessment aims to obtain a comprehensive insight into the immediate needs, covering sectors such as health, shelter, food security, water, sanitation and hygiene (WASH), education and livelihoods; to formulate a humanitarian response that is both data-driven and tailored to the specific context of Libya. The Libyan Red Crescent society, due to its presence throughout the territory through its

branches and volunteers as well as its good acceptance by the population, institutions and local authorities, was well placed to conduct the assessment.

The MSNA, in addition to the secondary analysis report, includes an extensive primary data collection exercise in the field, including household surveys and key informant interviews. The data collection exercise took place from December 3 to 20 and involved 26 volunteers duly trained for two days before their deployment to the various affected communities of Al Bayda, Derna, Almarj Tacnis, Shahhat, Sousa, and Al Wardiyeh. A total of 2,136 valid surveys were completed. A dashboard was used to track assessment progress, encapsulating key metrics and insights for an overall understanding of the assessment's progress.

The MSNA process is now in its finalisation phase with preliminary analysis underway. A global Fact Sheet covering all affected areas and additional factsheets for each area will be published. For more information and updates on the MSNA, please visit the IFRC [Go platform](#).

Operational risk assessment

The operational risks and constraints mentioned in the [revised Operational Strategy](#) which relate to finance, security LRCs response capacity, access, and the political context in Libya, remain relevant and closely monitored. At this stage of the response, the difficulty of accessing the disaster areas is no longer considered a major operational constraint.

Threats	Situation	Risk	Mitigation
Direct or indirect violent attacks	Although the hazards and risks are lower compared to previous years, in the flood operations area, there are no or limited direct threats.	Low	Access and acceptance of the LRCs is strong. Area-specific security risk assessments are undertaken, and risk mitigation measures are put in place. Security regulations and procedures will be strictly followed.
Pandemic/ outbreak	Derna remains at high risk from the COVID-19 pandemic and acute watery diarrhoea (AWD), with a large amount of its population in temporary and/or crowded accommodations.	Moderate	Apply the necessary health and hygiene practices, and consume safe food and water (bottled water, well-cooked meals), with the use of personal protective equipment, including sanitisation fluids and face masks, available for staff and volunteers. All deployed staff are required to be fully vaccinated against COVID-19 and have up-to-date routine immunisations.
Stress	Libya can be a moderate to high-pressure and complex operating environment, and this can take a toll on members of the deployed personnel in the country.	Moderate	Ensure that all staff are aware of the availability of the psychological support programme (stress counsellors) for them and adhere to rest and relaxation, and annual leave regulations.
Institutional risks	The LRCs is going through leadership and organizational changes, which may influence the availability of information, and sharing of data and may raise questions and concerns by partners and donors to which IFRC will have to respond.	High	Continue to maintain key messages that address the questions and reaffirm the humanitarian mandate of the LRCs. Investigate reported cases and explain the advantages of the role of the LRCs as the focal point between humanitarian actors and government bodies.

Lack of access	International staff may have limited or no access to visit Libya or some field locations of the response activities due to the impact of extreme weather and other factors affecting the routes.	Moderate	The Government of Libya is expediting security clearance for international staff following the floods. Planning for field visits will take into account the risks. Ensure that donors are aware of possible challenges to access and, therefore, to reporting on field projects.
Safeguarding (Child Safeguarding and PSEA)	Forms of abuse, particularly sexual abuse and exploitation are heightened in the presence of power imbalances. Emergencies cause a breakdown in the protective social mechanisms and norms that govern behaviours, threaten basic livelihoods, and increase food insecurity, causing existing power inequalities to be reinforced, with children and women being particularly vulnerable. The control of resources, services, information, and opportunities is also a form of power and is open to abuse by humanitarian workers, especially those who make decisions about who can access aid or services, when they can access them, and how often.	Moderate	The LRCs has recently adopted PSEA and child safeguarding policies and is currently working with different partners to strengthen safeguarding systems, including handling sensitive complaints through the complaints and feedback mechanism, investigations, and survivor support. IFRC policies, including a confidential Integrity Line, provide the mechanism for reporting and follow-up.

B. OPERATIONAL STRATEGY

Update on the strategy

The Operational strategy was first published on 7 November and can be found [here](#), reflecting first assessments and analysis of the disaster situation. During the first weeks of the operation, humanitarian needs were predominantly tied to search and rescue efforts, as well as to the delivery of immediate life-saving assistance. The situation has evolved, and new needs and interests have been identified, necessitating new capacities. The Operational Strategy was therefore revised to reflect this understanding, building on the most recent available assessments and analyses. The revision of the Operational Strategy includes:


1. Increased attention to recovery and resilience planning and implementation.
2. Strengthening the National Society's capacity.
3. Enhancing security management.

The severity of needs is likely to continue evolving, with additional complexities and scenarios arising based on how the recovery progresses in the medium and long term. Ultimately, strengthening the capacities of the LRCs, a respected and trusted humanitarian institution in the country, is foundational and will reduce the loss of life and the suffering of the Libyan people when faced with contextual changes.

The original IFRC Appeal for Libya, thanks to the generous donors from the international community was able to reach its original funding targets. Based on current assessments, anticipated needs and changes in the Operational Strategy, the Federation-wide funding requirement of this Emergency Appeal has been increased from CHF 7 million to CHF 20 million, to effectively respond to the ongoing and medium- to long-term recovery needs on the ground. The revised Operational Strategy is available [here](#).

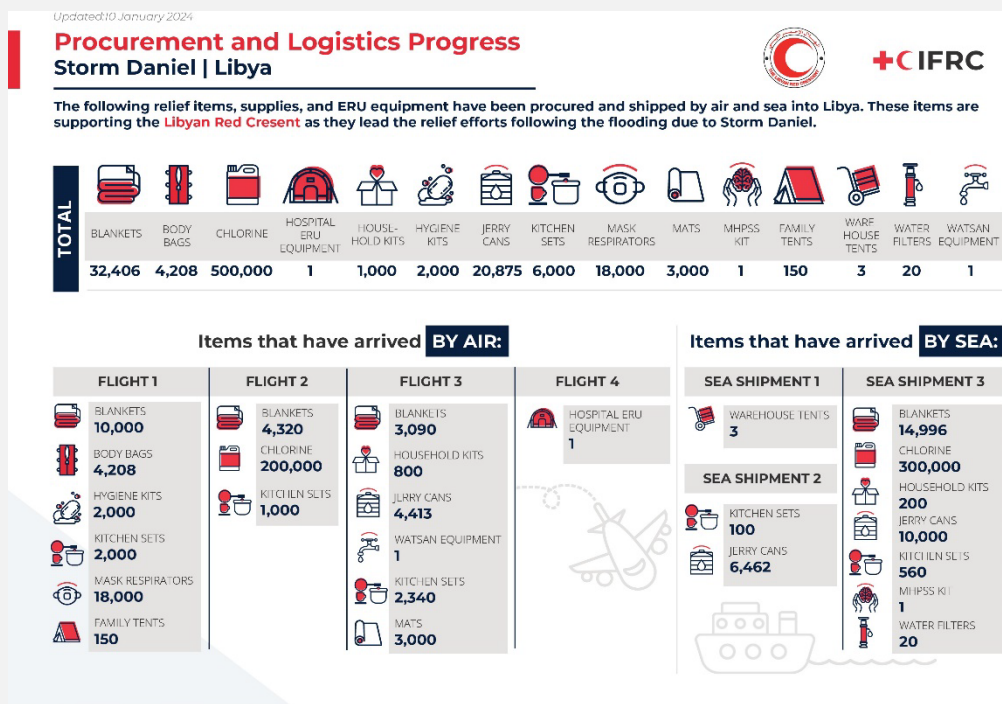
C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Shelter, Housing and Settlements	Female > 18:	Female < 18:	
	Male > 18:	Male < 18:	
Objective:	Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions		
Key indicators:	Indicator	Actual	Target
	Number of relief items distributed (thermal blankets, kitchen sets, stove/heaters, bedding units /mattresses) segregated by item.	-	-
	Number of relief items replenished (thermal blankets, kitchen sets, stove/heaters, bedding units /mattresses) segregated by item.	-	-
	Percentage of people assisted reported receiving relevant assistance in a dignified and safe manner	-	-


From the start of the response, the LRCs carried out the supply and distribution of relief items with the support of the Turkish Red Crescent, the Qatari Red Crescent, the Kuwaiti Red Crescent, the Emirates Red Crescent, the Saudi Red Crescent, the Tunisian Red Crescent, the German Red Cross, the Norwegian Red Cross, the Russian Red Cross, the French Red Cross, and Iran Red Crescent. More than 47,867 non-food items were distributed.

Progress under the Appeal funding:



Under the Appeal funding, so far, four flights and three shipments carrying relief items including blankets, body bags, hygiene kits, kitchen sets, tents, face masks, chlorine tablets and kit 5, and ERU OPD and MHPSS equipment have been received, to be distributed or used as replenishment of LRCs stocks. Relief items provided include in-kind contributions from the Canadian Red Cross, French Red Cross, British Red Cross, and Danish Red Cross.


For the recovery response, Shelter questions were drafted and included in the MSNA to identify medium- and long-term needs to guide response options and recovery strategy. Analysis of the results is still in progress and should normally be shared in January.

 Livelihoods	Female > 18:	Female < 18:
	Male > 18:	Male < 18:

Objective: *Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*

Key indicators:	Indicator	Actual	Target
		<i>Insert indicators here</i>	
	Number of food assistance rations distributed (bulk baskets and food parcels) segregated by item	75095	-
	Number of LRCs volunteers and staff trained on livelihood programming	-	-
	Number of cash installments done for affected people taking part in CFW	-	-

The LRCs, with the support from its partners including but not limited to Turkish Red Crescent, Kuwaiti Red Crescent, and Qatari Red Crescent, delivered 75,095 food parcels to people affected.

 Multi-purpose Cash	Female > 18:	Female < 18:
	Male > 18:	Male < 18:

Objective: *Households are provided with unconditional/multipurpose cash grants to address their basic needs*

Key indicators:	Indicator	Actual	Target
		Number of individuals and households benefitting from MPCA assistance	-
	Number of LRCs volunteers and staff trained on CVA and RAM	31	-

An IFRC regional cash and voucher assistance (CVA) specialist was deployed to Libya for a month in November and December, to support LRCs in assessing the feasibility of implementing a CVA program and develop a cash

program proposal. To this end, for future activities, and to develop internal capacity in cash programming, the LRCs has appointed two cash and voucher assistance (CVA) focal points at its headquarters, who will act as co-coordinators. In addition, two CVA focal points have been appointed within the Derna and AL Bayda branches of LRCs. Four areas were targeted from LRCs to implement CVA intervention (Derna, Al Bayda, Tobruk, and Benghazi), based on the following criteria: most affected areas, number of IDPS, presence of LRCs.


The feasibility study process included a secondary data analysis covering information on government policies, earlier market assessments, in-country financial service providers and delivery mechanisms, previous experiences of international organizations in Libya and cash working groups initiatives. The feasibility study also included primary data analysis from field visits to Derna and AL Bayda.

The field visits in Derna and Al Bayda were organized primarily to meet key Informants from the main governmental banks (Alwihda, Altijari al Watni, Al Jamhouria) for a better understanding of their services and capacities for cash transfer programming. Market assessments visits and key informant interviews with traders and wholesalers were conducted, as well as key informant interviews with local authorities. The feasibility study also included an assessment of the National Society capacity at headquarters and branch level. The relevant assessment tools (traders and wholesalers; focus group discussion survey) were designed in collaboration with LRCs. The resulting CVA project proposal was completed and shared in December.

In December, a meeting was organized with the LRCs management team to present the results of the feasibility study and together review the options available to provide cash to the affected communities; the collaboration mechanisms and the challenges to overcome to successfully implement the program. The CVA coordinator also advocated for the creation of an internal technical working group to facilitate the implementation of the CVA program. The terms of reference (ToR) of this technical working group were shared with the National Society for discussion.

On December 11 and 12, CVA training on cash feasibility, markets assessment, delivery mechanisms, response options analysts, risk analysis and assessment in emergency took place for the branches of Al-Bayda and Derna. Thirty-one (31) volunteers and the two branches CVA focal points (9 women, 24 men) took part in the training aimed at increasing the capacities of field workers for effective implementation.

Additionally, specific CVA questions on markets, financial service providers (FSP), community preferences and delivery mechanisms were drafted for inclusion in the IFRC-led multi-sectoral needs assessment (MSNA) covering all affected areas by storm Daniel in eastern Libya. Prior to the rolling out of the assessments by volunteers, a training session on CVA was facilitated as part of the broader two-day MSNA training.

 Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18:	Female < 18:	
	Male > 18:	Male < 18:	
Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
Key indicators:	Indicator	Actual	Target
	Number of LRCs Derna Branches with clinical and prehospital care rehabilitated	-	1
	Number households assessed through MSNA	2,136	2,432

Number of individuals reached through LRCs polyclinic operation and two mobile health teams (segregated by source of service)	-	-
Number of emergency clinical care units equipped and strengthened	-	-
Number of volunteers trained in PFA and other MHPSS trainings	35	-
Number of individuals who received mental health and psychosocial services from LRCs	-	-
Number of polyclinics and outreach mobile health teams equipped	-	1
Number of people reached with health promotion activities related to CD, NCD management and safe motherhood in emergencies	-	-
Number of staff and volunteers trained on the community awareness and community engagement approaches	-	-

In immediate response to storm Daniel and especially after the collapse of the Derna dams, LRCs emergency and rescue teams provided urgent assistance, including necessary medical care for the injured, as well as first aid and psychosocial first aid support, to those affected by the event. Additionally, Norwegian Red Cross deployed two mobile health clinics. More than 600 people have been reached with first aid and 7,000 with psychological first Aid.

Three months later, the Libyan Red Crescent is continuing its Mental Health and Psychosocial Support (MHPSS) activities with the affected population, including LRC volunteers and staff.

Under the IFRC Appeal, the Health Emergency Response Unit (ERU) team, following a rapid assessment of the situation and needs in coordination with the LRCs and in concertation with local authorities, has focused its efforts on Derna with the provision of MHPSS trainings and services. A building is now leased and being renovated and equipped to house a MHPSS Community center, which will provide a safe place for community members to participate in MHPSS activities and for LRCs staff and volunteers to be supported. Furniture, equipment and supplies needed to open the site have been purchased and installed in the center, including additional activity supplies for program areas.

The team finalized the proposed MHPSS human resources (HR) structure and service offering with a menu of activities and established a critical referral pathway to higher level mental health services at a nearby hospital and clinics. Progress has been made in identifying required positions at the center including the MHPSS center manager, coordinator, two team leads and a logistic assistant. So far, sixteen volunteers (5 women, 11 men) have been trained in Derna to implement MHPSS activities and outreach activities. As of December 17, the ERU activities had reached:

ACTIVITY RESULTS (cumulative)

Persons reached with PSS activities, including awareness sessions:

Children (Under 6)		Youth (6-11)		Teenagers (11-18)		Adults (19-65)		Elderly (over 65)		PWD	Non-Libyan
F	M	F	M	F	M	F	M	F	M		
12	15	18	18	4	9	38	23	0	0	0	12
Total: 137 (72 F/ 65 M)											

Persons reached with capacity building (adult volunteers):

Female	Male
5	11

MHPSS activities have also been carried out outside of Derna, in the other affected provinces by the IFRC MHPSS coordinator. In Benghazi, a five-day MHPSS Training of Trainers (ToT) on the *Caring for other volunteers'* program was organized in collaboration with LRCs. A total of 19 volunteers (12 men and 7 women) from nine eastern side branches of the LRCs participated in the training held from November 6 to 10. The training was designed to create a support system for volunteers and staff; strengthen internal capacities in MHPSS with an expected transfer of capacity through the training of fellow volunteers and staff.

The LRCs, with the IFRC support, is setting up a volunteer support system. To this end, the MHPSS framework has been updated and a policy for caring for volunteers is being developed. Two workshops on rapid MHPSS assessment for LRCs branches in Derna and Al Bayda were delivered to eight volunteers.

The LRCs Derna branch, which also houses a LRCs' polyclinic, was seriously damaged during the floods. The two Derna branch services have been temporarily relocated while the branch and polyclinic will be rehabilitated and equipped. The branch renovation process is the responsibility of the National Society Development (NSD) team, while the procurement of equipment and materials is the responsibility of LRCs Health department. The contracting process for the rehabilitation has begun.

In addition to the LRC polyclinic, the Qatar Red Crescent has agreed to finance two mobile clinics. The polyclinic would have 20 professionals, some of whom would also share their working time in mobile clinics. The mobile clinics based at the Derna branch of the LRCs would cover Derna but also Bayda and Tobruk.



Water, Sanitation and Hygiene

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions

Key indicators:

Indicator

Number of households assisted with access to lifesaving and secured safe drinking water, sanitation, hygiene, and waste management (segregated by service)

Actual

-

Target

-

Number of people reached with hygiene promotion and awareness sessions (segregated by topic)	-	-
Number of households receiving essential WASH items (segregated by item)	-	-
Number of facilities (schools, healthcare, community centres, etc.) supported with improved and rehabilitated WASH services and waste management	-	-
Number of schools with improved WASH infrastructure (e.g., latrines, handwashing facilities, safe drinking water points)	-	-
Number of LRCs staff and volunteers who have received training and capacity building on emergency WASH topics	20	-

From the onset of the response, LRCs, with its Movement partners, has been addressing the critical water, sanitation, and hygiene needs of the affected population with, at the start of the crisis, the distribution of around 240,000 bottles of waters, the distribution of approximately 5,973 hygiene kits, while taking the responsibility for three shelters at El-Khlood school, Om-Elmoamnin school, and the high institute. For these institutions, the LRCs handled the preparation, cleaning, and provision of cleaning kits for the restrooms, along with other WASH activities. The German Red Cross supported LRCs with the installation of two water treatment plant (M15). Those were recently replaced with reverse osmosis (RO) filtration systems to better respond to evolving needs. To date, five simple desalination plants have been installed, in addition to the maintenance of one groundwater well. ICRC also conducted WASH activities in Bayda city and suburbs and in Derna city by providing water trucking and installing bladder tanks. The LRCs also trained 17 volunteers in hygiene promotion and prevention of water borne diseases, in collaboration with the Norway red Cross, and the ICRC.

Under the IFRC Appeal funding, with recovery in mind, a WASH recovery and resilience response proposal accompanied by a **work plan** was prepared in collaboration with LRCs, including a detailed budget and a 12-month timetable. The proposal is currently being reviewed for approval. The project takes a comprehensive approach to addressing the WASH crisis, including physical rehabilitation of public facilities, community engagement initiatives, and strengthening of the National Society. At the same time, a water trucking proposal for Derna was developed and submitted with success to Qatar Red Crescent.

The WASH response proposal was drafted following WASH needs assessments for all affected areas, gathering primary data to comprehensively understand the situation and identify existing gaps.

Among the initiatives that inspired the project proposal, are three WASH feasibility studies prepared by the WASH coordinator, based on field visits in Derna carried out in October, November and December; on collection of primary and secondary data, as well as on coordination and exchanges with stakeholders.

In the context of the MSNA conducted throughout December, **two WASH assessments** were designed, one to fit the MSNA format and another WASH rapid assessment to delve deeper into complementary technical aspects. The WASH rapid assessment was shared with the LRCs data team and carried out during the MSNA field work, under the supervision of the information management (IM) team and in coordination with WASH. The results of these two assessments will complement the WASH feasibility studies and inform the project strategy and implementation plan. The WASH rapid assessment form has been shared with WASH TWG for reference.


Along with the proposal, the **WASH technical files** are also being finalized to ensure support to the LRCs and IFRC implementation team for a smooth start in all distinct aspects of the operation. Topics included are aligned with

the proposed program and cover implementation standards and guidelines, training manuals, water trucking, clear descriptions of WASH rehabilitation activities, rapid wash assessments, among others.

The WASH coordinator conducted a **WASH rapid assessment workshop** to the 20 volunteers taking part in the MSNA training with a view to deploying assessment activities in the field. With the same idea of strengthening WASH capacities, the IFRC collaborated with LRCs to establish the **capacity building plan for LRCs volunteers** involved in the WASH response. A comprehensive capacity building program for LRCs staff and volunteers has also been prepared, including a series of training modules ranging from basic to advanced then specialized.

The WASH coordinator assisted the LRCs in establishing the WASH **staffing structure** for the project proposal and a recommendation was made to expand the team with recruitment for national and international positions. Job descriptions and responsibilities were finalized and shared with management.

Regular **coordination and working meetings** were organized with LRCs to finalize the WASH strategy, framework, proposed WASH programs, technical files among others, as well as weekly technical coordination meetings with the IFRC regional office WASH team. A first WASH coordination meeting with RCRC and other partners took place. LRCs/IFRC also participated in weekly Technical Working Group (TWG) meetings hosted by UNICEF. Continued engagement within the thematic group facilitated technical support and information sharing on the situation in other affected areas. Additionally, regular coordination with the German Red Cross is in place to ensure integrated and complementary interventions regarding water trucking and building capacities.

	Protection, Gender and Inclusion	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalised groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i>		
Key indicators:	Indicator	Actual	Target
	Number of staff, and volunteers trained on PGI, safeguarding (including tools, mechanisms and reporting channels focused on PSEAH and safeguarding)	-	-
	Number of referrals to specialized protection services by National Societies	-	-
	Percentage of activities with PGI mainstreamed minimum standards considered	-	-


LRCs has policies on protection against sexual exploitation and abuse (PSEA), child safeguarding and protection, and whistleblower protection, and has in place a code of conduct signed by staff.


During this reporting period, referral and safe identification standard operation procedures (SoPs) were finalized and adapted to the emergency context. Adequate communication and community outreach modalities will be determined based on the preferred outcomes of MSNA respondents.

In collaboration with [UNFPA](#), service mapping for reproductive health service points and contacts was finalized. Referral collaboration is activated.

In collaboration with the Violence Against Women Thematic Pillar and the Protection thematic Pillar working groups, service mapping for gender-based violence (GBV) services is underway using an inter-agency modality. The mapping of child protection related services is being developed by the Child Protection Thematic Pillar for Derna floods and will be shared with IFRC once finalized.

A rapid assessment of the Protection, Gender and Integration (PGI) capabilities of the Derna Branch was carried out through interviews with different departments at the branch level to identify priorities for capacity building.

 Migration		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)</i>		
Key indicators:	Indicator	Actual	Target
	Number of Humanitarian Service Points established and operated effectively	-	-
	Number of people reached through humanitarian service points (migrants and displaced people)	-	-
	Percentage of IDPs and returnees registered with the support of LRCs.	-	-
	Number of assessments conducted to identify migrant and displaced population-specific needs	-	-
No update for this reporting period			

 Risk Reduction, climate adaptation and Recovery		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	Number of individuals trained on disaster risk reduction-related areas (vulnerability and capacity assessment or climate change adaptation, first aid, contingency planning, or emergency response)	-	-

	Number of early warning systems and early action mechanisms developed	-	-
No update for this reporting period			

Enabling approaches



National Society Strengthening

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	Number of volunteers and staff trained on disaster management and response capacities to enable immediate service delivery	0	20
	Number of volunteers and staff trained in HR, CEA, PMER, Finance and IM	20	40
	Number of branches implementing Branch Plan of Action based on PER assessment	1	5
	Percentage of rehabilitation of Derna branch achieved	5	100
	Number of HQ and Branches equipped with communication equipment, logistics capacity strengthening, DM needs and IT (segregated by service/support)	0	6
	Number of volunteers recruited and trained with induction or in-depth sectoral training	0	100
	Number of volunteers insured and equipped	500	1,000
	Number of volunteers and staff who benefitted from MHPSS services	20	40

Through this appeal, IFRC is actively supporting the LRCs in several key areas to enhance its capacities and effectiveness in serving the Libyan communities. Here is a summary of the main activities:

1. Rehabilitate LRCs branch in Derna: The LRCs branch in Derna, which was seriously damaged, will be renovated. A call for tenders was launched from engineering consultancies to prepare a study on the construction works required for the building of the branch.

2. Build a robust emergency response system: IFRC is providing critical support for the construction, furnishing, and equipping of a dedicated Emergency Operations Centre (EOC) at LRCs headquarters. The EOC will serve as the nerve center for coordinating disaster response efforts across the country. A plan of action to construct and furnish the

EOC is already agreed with LRCs, as well as the development of standard operating procedures (SOPs) through facilitation workshops for LRCs staff and volunteers to create standardized protocols for various emergency response scenarios. This ensures coordinated and effective action during critical situations.

3. Enhance Communication Capabilities: To strengthen the LRCs communication department, IFRC is providing Information Technology (IT) equipment, tools, and programs to improve the department's ability to communicate effectively with the public, media, and partners. This will enhance transparency and improve the impact of LRCs activities.

4. Develop Logistics Capacity: Through a joint effort, IFRC and LRCs are finalizing rehabilitation plans for five warehouses. This will significantly increase storage capacity for essential relief and medical supplies, ensuring preparedness for future emergencies.

An ERU Base camp–facility assessment specialist was deployed to Libya to determine the needs of the Libyan Red Cross as part of its response to Storm Daniel. A base camp assessment was conducted at the site of the LRCs future National Operational Center, the new temporary location of the Derna Branch and the former polyclinic as well as at the site of the MHPSS community center in Derna. Given that in the meantime, suitable locations and facilities had been identified, to provide space for the local branch and reactivate the activities of the polyclinic as well as a space for the MHPSS center, the conclusions of the ERU facility assessment focused on the supply of equipment, furniture, medical and office materials for these structures. The ERU also offered its assistance in the functional organization of the internal spaces of the new Derna branch location and offered to share guidelines and SOPs on development and management of the Emergency Operation Center (EOC), adapted to the context.

On November 21 and 22, as part of the preparation for the MSNA, a two-day training was organized in Benghazi for 20 PMER focal points (7 women, 13 men) from eleven eastern branches of the National Society. The first day, led by the PMER coordinator, was focused on PMER support and data collection with training on program cycle and the monitoring, evaluation, accountability, and learning (MEAL) framework. The second day of the training, led by the Assessment Cell, which included the Assessment Coordinator and the Humanitarian Information Analyst, focused on the ethical and behavioral aspects of data collection, particularly for enumerators. The training also covered the effective and respectful use of the Kobo Toolbox questionnaire, which was set to be implemented in the field by volunteers. Additionally, the training featured specialized briefings from the WASH Coordinator and the CVA Coordinator, focusing on their respective areas within the MSNA. The aim was to ensure thorough preparation and understanding of the MSNA process among the volunteers.



*The photo on the left showcases the LRCs MHPSS volunteers trained and on the right the MSNA two-day training participants.
Photo:LRCs*

The MHPSS Coordinator led a five-day training of trainers (ToT) on the Caring for Volunteers program in collaboration with LRCs. A total of 19 volunteers (12 men and 7 women) from nine LRCs eastern branches took part in the training

from November 6 to 10, which was designed to create a support network for the National Society volunteers and staff.

To lead the MSNA process, IFRC deployed an assessment coordinator and a humanitarian analyst, supported by information management (IM) and SIMS surge capacities, to work with LRCs. Storm Daniel MSNA is the largest needs assessment of LRCs to date. Go through the process of preparing the proposal, developing questionnaires and tools; the training of LRCs volunteers, and the deployment of the assessment at the field level constitute an interesting and capacitating experience for the National Society and the IFRC.

Planning, monitoring, evaluation and reporting (PMER) and IM skills were also used to develop a monitoring [dashboard](#) highlighting the progress of the response to Storm Daniel on the ground. The dashboard scope has since expanded to encompass other LRCs programs or activities, with the aim of maintaining the dashboard on an ongoing basis.



Coordination and Partnerships

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	Number of Movement coordination meetings organized, and updates are provided to the Movement partners	-	-
	Number of External partners coordination meetings organized and/or attended	-	-

IFRC continues to coordinate with ICRC and Movement partners at the national level to support LRCs with their response to ensure alignment. IFRC, ICRC, and LRCs convened for the two rounds of the mini-summit, to agree on having a coordinated approach in supporting the efforts of the LRCs.

IFRC/LRCs is a core participant in the United Nations Disaster Assessment and Coordination (UNDAC) in country. Thematic working groups were established. WASH, Health, Cash and the Assessment and IM working groups were attended by deployed surge in coordination with LRCs.

The Flood Response Assessment Working Group (AWG), guided by the Data Analysis & Assessment thematic Working Group chaired by REACH, IFRC, IOM and OCHA, is dedicated to enhancing information management and coordination of assessments post-Storm Daniel. It focuses on standardising data practices, promoting information sharing, developing common data sets. The AWG serves as a central body to coordinate the various surveys and assessments conducted by different clusters or agencies. This ensures that efforts are not duplicated and that there is a cohesive approach to gathering and analysing data.

LRCs created a WASH working group including its main WASH partners, including IFRC, ICRC, German Red Cross, and UNICEF.



Objective:

Communities in high-risk areas are prepared for and able to respond to disaster

Human Resources (HR)/administration:

Since the onset of the crisis, IFRC activated its rapid response mechanism (RRM) to ensure required capacity are in place to support the LRCs' response in managing the operations as close as possible to the disaster. During the first three months of the emergency, more than 18 surge personnel, deployed in-country or working remotely, supported LRCs with following positions: Ops Manager (2 rotations), Health Coordinator, WASH Coordinator, Security Coordinator (2 rotations), Communications Coordinator, PMER Coordinator, Logistics Coordinator, Assessment Coordinator, Humanitarian Info Analyst and SIMS Coordinator (2 rotations), MHPSS Coordinator, Basecamp Facility Assessment Configuration, Procurement Coordinator, MHPSS Officer, and CVA Coordinator

In addition to the surge deployments, a health emergency response unit (ERU) was deployed. This ERU included both an outpatient department (OPD) and a mental health and psychosocial support (MHPSS) module.

The surge window period was closed on January 9, with the last rotation. Currently, the country delegation with the HR department and technical departments are finalizing the pre-selection phase for the long-term positions. As soon as this step is finalized, the recruitment process will continue in order to have the needed positions starting onboard as planned by February 2024.

Two organizational charts options have been developed for the response covering the entire duration of the operation. IFRC will maintain a structure of 23 staff to support the LRCs.

A revised security package is shared with membership partners arriving to provide support to the operation, while a comprehensive security assessment and risk management is continuously updated with mitigation measures to ensure the safety and security of deployed teams deployed in the field.

Information Management (IM)/SIMS and Planning, Monitoring, Evaluation and Reporting (PMER):

The IM and PMER teams have been supporting the MSNA, including survey design, tool development, volunteers training, data collection, and currently the analyzing and reporting of the results. This has been led by the in-country assessment cell with some support from the regional office surge and SIMS.

The regional IM team and SIMS have also provided maps and infographics to demonstrate the progress of the response. These include an operational overview, timeline and other visualizations that show what goods have come into the country and the work that LRCs has already carried out.

Alongside the MSNA, there has also been a WASH rapid assessment and MHPSS research supported with the design of indicators and the analysis to inform the response in these sectors.

Communications:

In the aftermath of the floods, IFRC MENA and IFRC global communications teams have implemented a very comprehensive communications plan to present the work of the LRCs, the coordination role of IFRC, and the support of PNSs (social media assets and proactive media interviews).

An IFRC communications coordinator from the MENA regional office was deployed for 20 days to support the LRCs communications team in drafting content and highlighting their response, the role of volunteers, and the needs of the affected population. This included developing an action plan to commemorate the 66th anniversary of the

LRCs through engaging influencers like the Lebanese singer Elissa and conducting joint media interviews for IFRC and LRCs leaders and teams. With the support from field communications, content, B rolls, photos, and social media assets were gathered, and two stories were published on IFRC.org in two languages. Key messages were constantly updated based on field observations, like recommending cash assistance based on cultural aspects; focusing on wash, and Psychosocial Support services.

In addition to making the voice of the LRCs heard at Xspace and among the movement meetings, the shipments of aid received by IFRC and other partner National Societies (Kizilay, Qatar, Canada RCs) were highlighted, and the reputational risks of the national society was managed during the transition in leadership.

For the next phase, IFRC has agreed on providing capacity-building to LRCs (Training for trainers - Storytelling - strategic communications- media policy, and guidelines) and equipment for the communications department (cameras, laptops, and smartphones).

Humanitarian diplomacy:

IFRC uses its humanitarian diplomacy efforts to engage with relevant actors to secure support for the response efforts while ensuring LRCs's commitment to neutrality, impartiality, and independence. Additionally, the IFRC works closely with the LRCs to advocate for access and ensure that the delivery of assistance is not hampered by political or security considerations.



Community Engagement and Accountability

Objective: <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>			
Key indicators:	Indicator	Actual	Target
	Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption or protection concerns	-	-
	Percentage of project activities that have successfully integrated and implemented safe and accessible feedback and complaints mechanisms	-	-
	Percentage of Staff, volunteers, and leadership, trained on Community Engagement and accountability (disaggregated by staff, volunteers, and sex)	-	-
	Number of activities/interventions that are followed by satisfaction surveys	-	-
	Number of accessible feedback and complaints mechanisms developed and functional	-	-

Community engagement and accountability (CEA) is mainstreamed throughout the response in support of ongoing LRCs operations. Ensuring strong participation and information sharing with affected populations and all stakeholders is a key objective. Progress has been made during this reporting period.

A CEA Rapid Capacity assessment was conducted and used to inform the CEA capacity-building action plan which was developed targeting the LRCs branches in Derna and surrounding areas, as well as LRCs headquarters.

The management feedback policy has been reviewed and technically approved by LRCs to ensure an institutional framework for feedback and complaints mechanisms. The standard operation procedures (SoPs) for complaints and feedback mechanism are finalized and adopted for the emergency response. Adequate modalities of community communication and outreach will be put in place based on the results of the MSNA in terms of community preferences.

D. FUNDING

To date, 51 percent of the IFRC revised Emergency Appeal's funding needs have been covered (see [Donors' Response](#)). The IFRC and the LRCs express their gratitude to the generous donors and kindly encourage continued donations to support this Emergency Appeal in order to enable the Libya Red Crescent Society to continue providing support to meet the immediate, medium, and long-term needs of the populations affected by the earthquake.

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Reference documents



Click here for:

- Previous [Appeals and updates](#)
- [Operational Strategy](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.