

OPERATION UPDATE

Libya, MENA | Storm Daniel

Emergency appeal №: MDRLY005 Emergency appeal launched: 13/09/2023 Operational Strategy published: 30/11/2023	Glide №: FL-2023-000168-LBY
Operation Update #3 Date of issue: 23/06/2025	Timeframe covered by this update: From 13/09/2023 to 31/12/2024
Operation timeframe: 15 months (13/09/2023 - 31/12/2024) <i>Extended till 30/06/2026</i>	Number of people being assisted: Increased to 400,000
Funding requirements (CHF): CHF 20 million through the IFRC Emergency Appeal CHF 25 million Federation-wide	DREF amount initially allocated: CHF 1 million



*The Revised Emergency Appeal raised 68.6 percent as funding from the total secretariat ask of 20 million CHF. This operation update provides information on the 15-month progress, while **extending the implementation timeframe**, to ensure expenditure of remaining funds and the completion of remaining planned activities by end of June 2026 in response to the floods and its impact. **The next operation update will be shared by December 2025** to report on the **implementation in 2025**.*

If partners or donors have any objections or questions regarding the transition, please contact the IFRC within 30 days of this update's publication. In the meantime, activities will proceed as planned utilizing the remaining funds.

A. SITUATION ANALYSIS

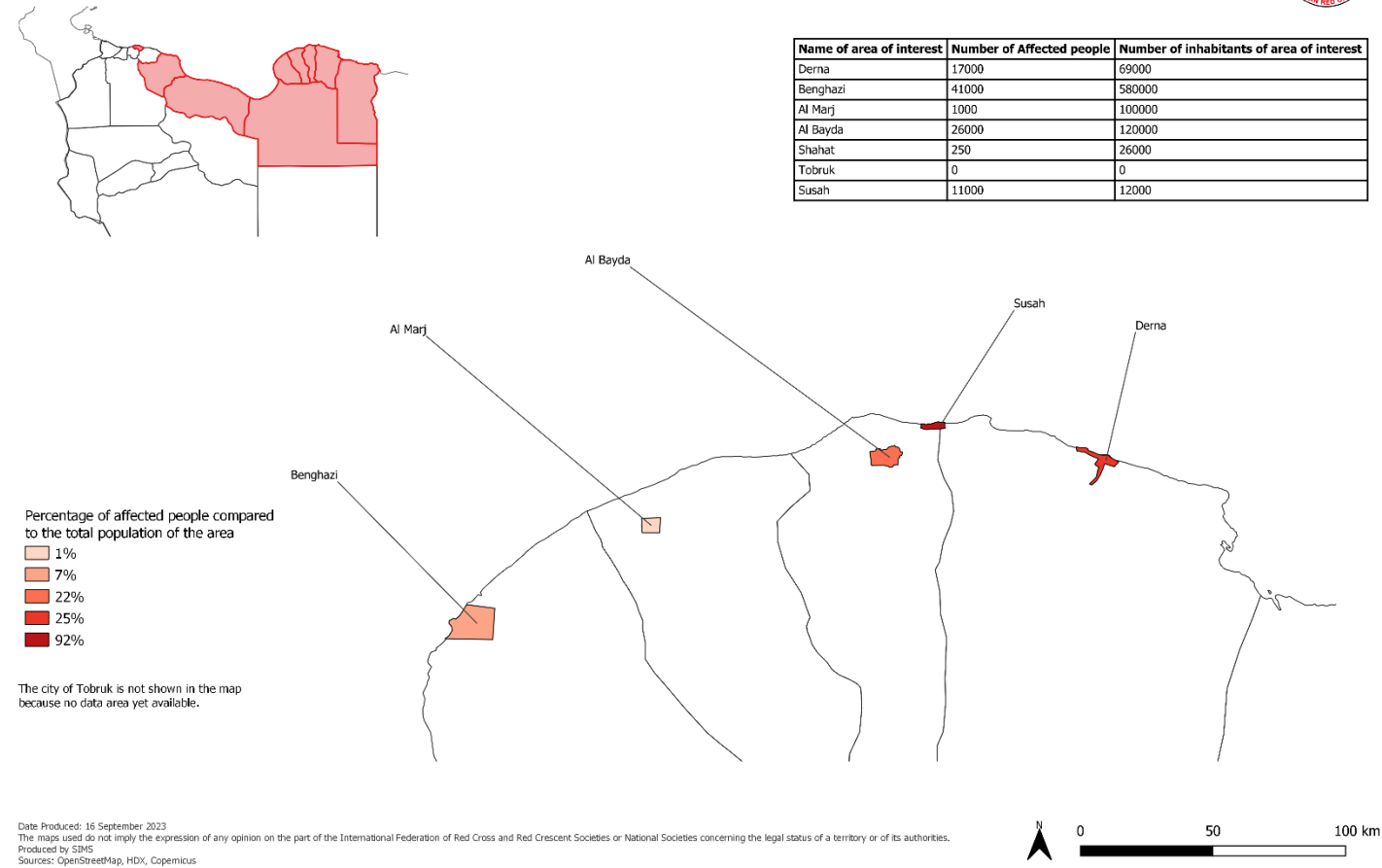
Description of the crisis

Libya Floods

Percentage of affected people in areas of interest



Name of area of interest	Number of Affected people	Number of inhabitants of area of interest
Derna	17000	69000
Benghazi	41000	580000
Al Marj	1000	100000
Al Bayda	26000	120000
Shahat	250	26000
Tobruk	0	0
Susah	11000	12000



On the night of 10–11 September 2023, Libya faced one of the most catastrophic natural disasters in its modern history as Storm Daniel, a Mediterranean tropical-like cyclone (also referred to as a “medicane”), made landfall on the country's northeastern coast. The storm brought unprecedented rainfall, flash floods, and gale-force winds, culminating in the collapse of two aging dams in the city of Derna. This triggered a tsunami-like deluge that swept entire neighborhoods into the sea and caused catastrophic damage across Derna and surrounding municipalities.

The scale of destruction was staggering. According to OCHA estimates, more than **5,200** people lost their lives, over **8,000** were reported missing, and more than **40,000** people were displaced. Entire communities were cut off, public services and infrastructure—including hospitals, water networks, schools, and roads—were devastated, and access to basic needs like health care, clean water, shelter, and food was severely disrupted.

The coastal city of Derna, home to approximately 130,000 residents, bore the brunt of the catastrophe, but the effects were widespread, reaching into Al Marj, Jabel Akhdar, Benghazi, and beyond. Torrential rainfall and dam failures combined to produce an unparalleled humanitarian emergency for hundreds of thousands of people in a country already grappling with decades of political instability, fragile institutions, and conflict.

The scope of the disaster has been vast, with hundreds of thousands of people affected, and key sectors such as health, shelter, water and sanitation (WASH) and food security suffering immense damage. The health sector remains overwhelmed due to damaged health facilities and surging needs, while WASH infrastructure has been severely compromised, escalating the risk of waterborne diseases. Food systems were disrupted due to submerged agricultural lands and damaged supply chains, leaving many communities reliant on humanitarian aid.

Summary of response



Following the unprecedented devastation caused by Storm Daniel, the Libyan Red Crescent Society (LRCS), supported by the IFRC and Partner National Societies, was among the first to respond on the ground. Despite widespread destruction, blocked roads, and loss of communication, LRCS volunteers mobilized immediately to carry out life-saving search and rescue operations, recover mortal remains, and provide urgent support to displaced families. Over 700 volunteers, many of whom were directly affected by the disaster, were deployed across eastern Libya, particularly in Derna, Shahat, Al Bayda, and Tobruk. Their work extended beyond emergency aid to include psychosocial support, distribution of essential relief items, first aid, and community coordination.

To manage this massive response, LRCS quickly established a central Emergency Operations Room and two coordination hubs in Derna. This structure allowed for real-time decision-making and effective resource deployment, enabling the National Society to scale up its operations rapidly. In parallel, the IFRC allocated an initial CHF 1 million

through the Disaster Response Emergency Fund (DREF) and launched a Federation-wide Emergency Appeal, later revised to CHF 20 million, to support the evolving needs on the ground.

As immediate humanitarian needs were addressed, the response evolved into an integrated early recovery phase, maintaining a strong emphasis on community engagement, localized delivery, and institutional strengthening. Across the country, LRCS provided tens of thousands of people with shelter materials, hygiene items, water services, and healthcare support. The National Society also took steps to rehabilitate essential infrastructure, including its main warehouse in Benghazi, and began pre-positioning emergency stocks in high-risk areas to prepare for future shocks.

In parallel, LRCS expanded its mobile health services, re-equipped medical facilities, and opened a dedicated mental health and psychosocial support center in Derna. Community-level outreach in schools and neighborhoods became a key element of the response, with thousands reached through health, hygiene, and protection messaging. Despite not launching direct cash or livelihoods programming during the Appeal period due to technical and logistical limitations, the groundwork for future implementation was firmly laid. Assessments were conducted, staff were trained, and partnerships were initiated to ensure readiness for follow-up interventions in 2025.

The operation also focused on strengthening internal systems and accountability. Policies related to Protection from Sexual Exploitation and Abuse (PSEA), safeguarding, and whistleblower protection were adopted and operationalized. LRCS also improved its feedback and complaints mechanisms, laying the institutional groundwork for more accountable programming in future responses. Volunteer capacity was reinforced through training, insurance, and provision of kits, while key support functions such as HR, finance, and planning were strengthened through targeted investment and technical support.

Overall, the response transitioned from a high-intensity emergency operation into a structured recovery effort that prioritized dignity, inclusion, and preparedness. The LRCS demonstrated its role not only as a front-line responder but also as a trusted community actor capable of leading recovery and laying the foundation for long-term resilience in Libya. The achievements during this period reflect a strong and evolving partnership between LRCS, the IFRC, and the broader Red Cross Red Crescent Movement—anchored in the principle of local leadership and humanitarian neutrality in the face of overwhelming need.

Overall, the appeal faced significant constraints which yielded important lessons to learn from and that could support the ongoing operations:

Emergency Phase Constraints

Despite the speed and scale of the response, several critical constraints were encountered during the emergency phase, particularly in the health sector. This have impacted the efficiency and reach of services:

- **Infrastructure Collapse:** Widespread destruction in Derna and surrounding areas including damage to clinics, roads, and power lines which severely restricted physical access to health facilities at a time of acute need.
- **Supply Chain Bottlenecks:** Delays in procuring and transporting medical equipment and supplies, especially specialized items, hindered the rapid restoration of essential clinical services.
- **Volunteer Exposure and Burnout:** Many volunteers, already personally affected by the disaster, were repeatedly exposed to traumatic conditions without immediate access to psychosocial support, underscoring the need for formal responder care systems.
- **Barriers to Equitable Access:** A limited number of female healthcare providers and a lack of services tailored to women and girls created significant gender-based access constraints, particularly for reproductive and protection-related health needs.
- **Strain on Chronic and Preventive Care:** Even as acute needs were addressed, services for chronic diseases and communicable disease prevention remained under-resourced, particularly in hard-to-reach or underserved areas.

- **Delays in Mobile Health Rollout:** Expansion of the health fleet and deployment of mobile health units lagged with the growing demand for services in remote and displaced communities.
- **Human Resource Fatigue:** Prolonged operations without sustained surge support placed pressure on health staff and volunteers, affecting the long-term resilience of health service delivery.

Lessons Learned

Key learnings from the operation have already informed ongoing and future programming and should continue to shape preparedness and response efforts:

- **Prioritize Mental Health and Volunteer Support:** The integration of Psychological First Aid (PFA) and rollout of the “Care for Volunteers” policy proved vital to ensuring the continuity and well-being of the response workforce. Formalizing such practices early in future responses is essential.
- **Adaptability in Service Delivery:** The combination of mobile teams and fixed health facilities was instrumental in overcoming access barriers and reaching both displaced and isolated populations. This dual approach should be reinforced in future planning.
- **Invest in Community-Level Preparedness:** Health promotion and first aid campaigns, such as the initiative in Tobruk have demonstrated the value of pre-crisis education and local engagement in building trust and response readiness.
- **Advance Preparedness Measures:** The absence of pre-positioned medical stocks and operational fleet assets in key locations slowed early response capacity. Future preparedness strategies should include pre-deployment of supplies, equipment, and surge personnel.

Needs analysis

After a joint Multi-Thematic Rapid Needs Assessment (MTRNA), among UN agencies, the Libyan INGO Forum and Civil Society Organizations, coordinated by UNDAC was organized in the beginning of the response, 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 Secondary Data Analysis Report represented a significant initial phase in the Multi-Sectoral Needs Assessment (MSNA) process that was supported by IFRC and implemented by LRCS staff and volunteers. The assessment objective aimed to inform LRCS response plans and enhance stakeholders understanding of both immediate and long-term needs arising from the humanitarian landscape. Through a systematic analytical approach for the collected data, the

report laid the groundwork for a comprehensive evaluation of the challenges faced by affected communities. This information was instrumental in guiding recovery responses and shaping implementation plans that are responsive to the actual needs on the ground. The collaborative efforts between the IFRC and the LRCs underscore a commitment to evidence-based decision-making, ensuring that interventions are not only timely but also tailored to effectively address the evolving circumstances of those we serve.

The **Multi-Sectoral Needs Assessment (MSNA)** conducted between December 3 and December 20, 2023, provided a comprehensive analysis of the impact of Storm Daniel on various sectors across the affected communities. 2,136 households were assessed through the Multi-Sector Needs Assessment (MSNA). A follow-up round later expanded the coverage to 2,432 households, contributing to a more comprehensive understanding of community needs and informing the design of targeted interventions.

The key findings from this assessment are as follows:

- **Health:** 31% of households faced significant barriers to accessing healthcare due to a lack of medical equipment, medicines, absence of female healthcare staff, and high costs of services.
- **Shelter:** In Al Wardiyeh, every surveyed household urgently needed emergency non-food items, underscoring the severe impact on living conditions. The village's location between two valleys made it particularly vulnerable, resulting in significant damage. This led to a subsequent increase in aid directed to Al Wardiyeh.
- **Food Security:** Food insecurity was particularly severe in Al Wardiyeh, with 92% of households struggling to access food. Additionally, 38% of households across surveyed areas lost their savings due to the storm, exacerbating their vulnerability.
- **Water, Sanitation, and Hygiene (WASH):** 41% of households reported a lack of access to potable water, with 39% citing economic barriers as a significant obstacle to securing safe water.
- **Education:** The storm disrupted education for many, with 40% of households reporting that at least one child aged 5-17 was no longer enrolled in school. Additionally, 37% of households noted that nearby public schools were affected, with substantial gaps in sanitation facilities (32% adequate) and safe drinking water provision (12%).
- **Availability of Essential Services:** There were severe gaps in essential services, with half of the respondents having no access to any services. Access to water supply networks, solid waste services, and public transport was particularly low, at 33%, 24%, and 9%, respectively.
- **Socio-Economic Impact:** 38% of households reported losing their savings, particularly in Derna. Despite these economic hardships, 36% of households maintained their eating habits, though many adopted coping mechanisms like reducing meal frequency or switching to less expensive foods.
- **Community Engagement:** 66% of respondents expressed a need for more information about available assistance and future emergencies, indicating a demand for improved community engagement and communication.
- **Market Access and Price Perception:** While 74% of households did not face challenges accessing markets, 26% did. There was also a widespread perception of increased prices, especially for dairy products and cleaning supplies.

The assessment faced several challenges, including data loss due to technological limitations, weather-related delays, cultural barriers in interviewing women, and issues with survey validity. Despite these obstacles, the MSNA provided a solid foundation for guiding targeted humanitarian interventions.

The findings from the Multi-Sectoral Needs Assessment (MSNA), conducted between December 3–20, 2023, were instrumental in guiding the transition from emergency response to a comprehensive early recovery strategy in Libya following Storm Daniel. By highlighting critical vulnerabilities in health, WASH, shelter, food security, education, and access to essential services, the MSNA enabled the Libyan Red Crescent Society (LRCS) and IFRC to prioritize the most affected areas, particularly Derna, Al Wardiyeh, and Jabel Akhdhar, and tailor their interventions accordingly. The data directly influenced the scale-up of targeted distributions, such as hygiene kits and thermal blankets, and informed

the roll-out of psychosocial support activities and rehabilitation of vital infrastructure, including water wells and primary healthcare centers.

Moreover, this evidence-based approach ensured that assistance reached over 375,000 individuals with coordinated support across multiple sectors, including health care, WASH and shelter. Through community engagement, post-distribution monitoring, and continuous feedback mechanisms, the operation remained adaptive and responsive to emerging needs. As a result, the MSNA not only strengthened accountability and inclusivity in aid delivery but also laid the groundwork for building resilience and social cohesion within affected communities, particularly among vulnerable groups such as women, children, persons with disabilities, and displaced families.

In line with IFRC's Minimum Standards for Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA), the MSNA also ensured data disaggregation by age, gender, and disability, identifying groups at heightened risk, including unaccompanied minors and elderly individuals with limited mobility. The operation integrated these findings to enhance targeting mechanisms and adapt communication strategies, including low-literacy feedback tools. Furthermore, it emphasized environmental sustainability by aligning recovery actions like RO installations plans, with climate adaptation strategies, and promoted longer-term risk reduction through preparedness training and early warning system development through the establishment and training staff of the emergency operation center (EOC) in LRCS HQ, to raise the national societies preparedness and readiness to respond effectively to the different types of emergencies across all branches e.g. the EOC is currently being mobilized to track Sudanese refugee influx through the southern Libyan borders and their movement across the country by monitoring branch level data and management of information in a timely coordinated manner, this effective management of information covered a huge gap that was identified early in the LRCS response. This approach reflects IFRC's commitment to holistic, inclusive, and locally-led humanitarian responses that address both immediate needs and systemic vulnerabilities.

For more information and updates on the MSNA, please visit the IFRC [Go platform](#).

Operational risk assessment

Threats	Situation	Risk	Mitigation
Direct or indirect violent attacks	Although the hazards and risks are lower compared to previous years, in the affected 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.
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 went through leadership and organizational changes, which influence the availability of information related to completed activities, and sharing of data which 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	Moderate	The IFRC will work closely with the Libyan Red Crescent Society (LRCS), which maintains strong acceptance, recognition, and access across the country. Coordination with LRCS will ensure that critical response activities continue through national staff and volunteers, even when international access is restricted.
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.
IFRC Access	IFRC does not have a legal status for its presence in Libya and depends on accessibility of National Society to ease operations.	Low	IFRC working and advocating with LRCS to obtain its legal status, to extend its presence and reach and further support the NS in its operations and activities.
Financial Capacity	Financial Capacity of LRCS Finance team	Low	working with other partners in supporting the NS e.g. Norwegian Red Cross building capacity of both strong financial systems and human resources, while working with NS staff as support.

Human Resources	HR related risks i.e. lack proper job descriptions and overlapping between different positions.	High	LRCS management should conduct a comprehensive review of the salary structure and employee benefits, ensuring clarity in job roles and responsibilities to minimize overlap and align staff incentives with organizational goals.
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B. OPERATIONAL STRATEGY

UPDATE ON THE STRATEGY

The Libyan Red Crescent Society (LRCS), with the support of IFRC and Partner National Societies, initially structured its response to Storm Daniel around life-saving emergency interventions. These actions were critical in the first days and weeks following the disaster, as LRCS volunteers provided immediate aid in the form of search and rescue, first aid, psychosocial support, and relief item distributions. However, as emergency needs were addressed and conditions began to stabilize, the operation evolved into a phased response—moving from immediate relief to a comprehensive early recovery phase, and now toward longer-term resilience building.

This strategic shift is a direct reflection of the changing operational context, which moved from acute humanitarian crisis to a recovery environment where rebuilding systems, services, and institutional capacity became essential. The transition was guided by evolving needs identified through the Multi-Sectoral Needs Assessments (MSNA) conducted and by close engagement with communities, branches, and local authorities.

Transition from Emergency Response to Early Recovery and Resilience Building

Early Recovery

The early recovery phase focused on stabilizing flood-affected communities and restoring essential services. Key milestones during this phase included:

- The **deployment of mobile clinics and psychosocial support centers**, particularly in Derna and surrounding areas, restoring basic health service access and offering vital MHPSS for traumatized populations.
- The **rehabilitation of water systems**, including the installation of temporary desalination units and repairs to damaged wells, significantly reducing the risk of waterborne disease.
- The **procurement and distribution of critical relief and shelter materials**, such as thermal blankets, mattresses, kitchen sets, and hygiene kits, ensured that thousands of households had minimum living conditions during winter.
- The **continued delivery of humanitarian aid**, including health convoys, WASH services, and food assistance, allowed LRCS to reach over 375,000 individuals by the end of 2024.

This phase provided communities with a foundation for recovery and enabled a smoother transition toward longer-term efforts.

Resilience Building

Building on the gains of early recovery, LRCS embedded resilience-focused actions into its operational strategy. These efforts aimed to reduce future disaster risks, enhance institutional readiness, and support sustainable recovery. Key investments included:

- **Strengthening National Society systems**, including the full rehabilitation of LRCS's central warehouse in Benghazi, expansion of the fleet with five mobile clinics and seven ambulances, and restoration of communications infrastructure at branch level.
- The **establishment of a fully operational Emergency Operations Center (EOC)** at LRCS headquarters, which now serves as a national hub for coordination, preparedness, and future disaster response.
- **Training of over 400 staff and volunteers** across key sectors such as WASH, MHPSS, PGI, first aid, and disaster preparedness, significantly enhancing the Society's surge capacity.
- The **procurement of 2,000 household RO units and a water truck**, reinforcing water security and promoting climate resilience in vulnerable and remote areas.
- Integration of **early warning systems and disaster risk management planning** at the branch level, including the adaptation of emergency response plans and the promotion of local climate adaptation strategies.
- Introduction of anticipatory action approached, whereby LRCS branches begun using forecast based triggers and contingency planning to enable faster and more effective response to emerging risks, particularly in flood-prone and climate-sensitive areas.

These efforts collectively represent a shift from reactive response toward proactive preparedness, institutional growth, and sustainable community resilience.

Planned Work for 2025

With the Emergency Appeal concluded in December 2024, the Operations Strategy have been revised with LRCS to focus within 2025 on finalizing key recovery actions and deepening resilience efforts. Under Strategic Sectors of Intervention in section C are all relevant targets for the below summary list of activities which are currently ongoing and projected to be finalized by end of December 2025:

- **Finalization of Relief and Shelter Operations:**
Recently procured household items (mattresses, carpets, and kitchen sets) will be retained as contingency stock. No further shelter distributions are planned, but LRCS will continue monitoring and maintaining its emergency reserves.
- **Livelihoods and Economic Recovery:**
A key priority is to finalize a partnership with a financial service provider to enable the future rollout of micro-grants. A market assessment will be conducted to identify livelihood sectors most affected by the floods, guiding future targeting strategies. Capacity-building for LRCS staff in livelihoods programming will also continue.
- **CVA Preparedness:**
While MPCA activities were not implemented under the Emergency Appeal, SOPs, staff training, and readiness tools will be reviewed to ensure that LRCS can rapidly deploy CVA in future emergencies.
- **Disaster Law Programme:**
Support LRCS in providing technical support and advice to the Libyan public authorities with the aim of developing a robust and comprehensive Disaster Risk Management law. This would contribute to clearer governance, assigned roles and responsibilities, risk reduction activities, and better preparedness and response in case of future disasters.
- **Health System Expansion:**
The six new mobile health units and seven ambulances procured in 2024 will be deployed to underserved areas. MHPSS services will continue through the Derna Community Center, with an emphasis on outreach to schools and vulnerable groups. Moreover, PHCs in northeast Libya will be further supported with the procurement of medical equipment's.
- **WASH Continuation:**
Hygiene promotion activities will remain ongoing, with an emphasis on inclusive and localized messaging. Final distribution of RO filters, hygiene kits and continuous WASH volunteer engagement will be pursued. In

addition, water testing kits and an additional water truck will be procured to support water trucking activity. Finally, pre-identified WASH facilities will be rehabilitated within 2025.

- **Protection and Inclusion Systems Strengthening:**

LRCS will hold two protection coordination workshops and conduct refresher trainings for volunteers delivering PSS. Evaluation of PGI activities will be undertaken to capture lessons learned and ensure new mainstreaming initiatives under new projects. As part of its commitment to inclusive response, LRCS will assess its key facilities to identify accessibility barriers and prioritize rehabilitation works to ensure safe, dignified, and equitable access for persons with disabilities.

- **Community Engagement and Accountability (CEA):**

CEA action plans developed in 2024 will be implemented at HQ and branch levels. Further sensitization on feedback and complaints mechanisms is planned, along with community consultations.

- **Migration Coordination:**

Migration-related activities will remain under the Sudan Population Movement Appeal. However, LRCS will maintain engagement in national coordination platforms and continue supporting migrant communities through integrated referrals.

- **Risk Reduction and climate adaptation:**

LRCS will deepen its investment in disaster risk reduction and preparedness by operationalizing its fully equipped Emergency Operations Center (EOC) in Benghazi, developing SOPs, and enhancing coordination mechanisms across branches. Building on the PER assessment and DRM policy drafted in previous years, LRCS will refine its Plan of Action and initiate contingency planning processes nationwide. The roll-out of National Response Team (NRT) training and the expansion of early response capacity alongside increased awareness on anticipatory action – will ensure stronger readiness for future complex emergencies.

- **National Society Strengthening:**

Additional planned training for staff and volunteers on HR, CEA, PMER and Finance. Exploring new WWPP modalities with LRCS. Equipping LRCS staff and volunteers with the required IT and visibility materials. Enhance LRCS fleet and storage capacity while supporting upgrade needs to dedicated branches.

The evolution of the response—from life-saving humanitarian assistance to structured recovery and resilience-building—has been critical in navigating Libya’s complex operational landscape, marked by institutional fragility, migration dynamics, and climate-driven hazards. This phased approach, stabilizing first and then investing in strength, ensures that the gains made through the Emergency Appeal are preserved and expanded. By focusing 2025 activities on preparedness, sustainability, and institutional growth, LRCS is positioning itself—and the communities it serves—for a safer, stronger, and more resilient future.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

Following the emergency response in September 2023, humanitarian operations continued with LRCS volunteers tirelessly providing essential services and aid to all affected populations.

Out of the 300,000 individuals targeted by the Operational Strategy (Revised to 400,000 in this operations update), LRCS has successfully reached 375,000 affected individuals by 31st of December 2024.

Within the revised activities, LRCS aims at reaching an additional 25,000 direct beneficiaries.

(It's important to note that some strategic priorities and indicators have been updated from the OU2 and in line with IFRC standard indicators update. Furthermore, targets have been updated where relevant to showcase targets planned but not achieved; targets met with no further planning; new targets for 2025). LRCS have managed to verify all below achievements and are in process of consolidating additional targets reached from different branches which will be communicated in the upcoming report.

 Shelter, Housing and Settlements		Female > 18: 105,000	Female < 18: 82,500
		Male > 18: 112,500	Male < 18: 75,000
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 people provided with household items that support the restoration and maintenance of health, dignity and safety and the undertaking of daily domestic activities in and around the home	375,000	375,000
	National Society has prepositioned NFIs for harsh winter conditions and emergencies	yes	yes
	Number of household items replenished (thermal blankets, kitchen sets, stove/heaters, bedding units/mattresses)	22,488	-
	Number of sites provided with shelter-related response	3	3
	Number of targeted sites for which debris removal has been completed	3	3

In response to the widespread damage caused by Storm Daniel, the Libyan Red Crescent Society (LRCS), supported by the IFRC's rapid response surge system and Partner National Societies, implemented a targeted emergency shelter response. **75,851 non-food item kits** including thermal blankets, mattresses, kitchen sets and heaters were distributed to affected households across Derna, Shahat, Al Bayda, and Tobruk, reaching more than **375,000 individuals** with NFI kits.

This was only made possible by contributions from numerous Partner National Societies and governments, as follows:

- Bilateral with LRCS: Turkey, Qatar, Kuwait, the UAE, Saudi Arabia, Iran, and Tunisia.
- Through IFRC: Germany, Norway, Russia, France, Canada, the UK, Spain, and Denmark.

This combined support helped LRCS reach the hardest hit areas, allowing vulnerable communities to handle the harsh winter conditions better.

A Multi-Sectoral Needs Assessment (MSNA) in late December showed that over 50 % of households urgently needed blankets, 37% required sleeping mattresses, and 32% lacked kitchen supplies or utensils. LRCS responded rapidly and increased its distribution of high and medium thermal blankets to vulnerable communities in Derna, Shahat, Al Bayda, and Tobruk. The blankets, jerry cans, sleeping mattresses, and kitchen sets gave families the means to cope with difficult weather conditions.

During the emergency phase, LRCS received five flights and six shipments carrying essential relief items, including blankets, body bags, hygiene kits, kitchen sets, tents, face masks, chlorine tablets, kit 5, an ERU OPD, MHPSS equipment, and solar lamps. While some items were distributed immediately, others were added to the LRCS's stocks for future use. In-kind contributions from the Canadian Red Cross, French Red Cross, British Red Cross, and Danish Red Cross significantly enhanced the available supply of NFIs.

In parallel, LRCS provided comprehensive support to three collective shelters in El-Khlood School, Om-Elmoamnin School, and the High Institute, hosting internally displaced families in Derna. The intervention included:

- Debris removal and site clearance were completed across all three sites to restore safe and dignified living conditions. Toilets were renovated and made ready to receive families, with separate facilities provided for women and men in accordance with local cultural norms and privacy considerations.
- Shelters were secured and made safer for families through close coordination with local authorities, who supported efforts to enhance protection, access, and overall living conditions for displaced people.
- Distribution of non-food household items such as blankets, mattresses, heaters and kitchen sets
- Continued presence and support were ensured through around-the-clock engagement by local LRCS branches, enabling the National Society to effectively address the evolving needs of displaced populations on the ground.



Pre-positioned mattresses and carpets as part of LRCS's contingency stock.

These actions contributed to stabilizing temporary living conditions and restoring dignity for those affected, particularly as winter intensified.

In the final phase of the Appeal, LRCS procured an additional **20,488 mattresses**, **1,000 household carpets**, and **1,000 units of kitchen sets**. These items were intended for immediate distribution but are now pre-positioned as needs initially identified were quickly covered by other stakeholders. The items procured are now part of LRCS's contingency stock to ensure preparedness for future shocks. In total, **22,488 household relief kits** were replenished and pre-positioned across key branches.

Way Forward / Remaining Activities:

As the emergency phase concludes, 2025 efforts will prioritize maintaining operational readiness for future shelter needs. While no further shelter-related distributions are planned, the LRCS will focus on monitoring and managing pre-positioned stock across strategic locations. This includes regular inspections, inventory updates, and alignment with national emergency response protocols to ensure rapid deployment when needed. These measures aim to preserve response capacity, reduce delays during new crises, and reinforce LRCS's leadership in preparedness and contingency planning.



Food Security and Livelihoods

Female > 18:
30,095

Female < 18:
23,646

Male > 18:
32,244

Male < 18:
21,496

Objective:

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

Indicator

Actual

Target

Key indicators:	<i>Number of people who received food items through national society response</i>	107,481	107,481
	<i>Percentage of surveyed people receiving food rations are satisfied with the type of food received</i>		
	<i>Number of LRCs volunteers and staff trained in livelihood</i>	73	123
	<i>Number of assessment report covering market functionality and labor force needs</i>	-	1
	<i>Number of individuals engaged in EIIP-supported employment schemes</i>	-	150
	<i>Number of people supported to start or improve their income generating activities</i>	-	50
	<i>Number of provided or supported with formal or informal technical, vocational or professional education or training opportunities</i>	-	100
	<i>Number of people reached with essential on-farm and off-farm inputs/materials/tools for agriculture/food production</i>	-	100

In the aftermath of Storm Daniel, LRCS, supported by the Islamic Development Bank, Turkish, Kuwaiti, and Qatari Red Crescent Societies, provided immediate food security assistance through the delivery of 107,481 food parcels across the hardest-hit regions. This intervention not only addressed urgent needs but also laid the groundwork for transitioning into early recovery. Through the generous support of donors, LRCS managed to reach 107,481 individuals with food servings lasting from one to two months. Many of these food parcels were daily ready to eat meals for families that were displaced in shelters.

Throughout 2024, LRCS and IFRC jointly explored the feasibility of supporting affected micro and small enterprises (SMEs). A livelihood feasibility study was conducted to assess the potential for grant-based recovery programming. The study identified critical needs among flood-affected businesses but also highlighted constraints—chief among them the lack of a financial service provider (FSP) partnership and a compressed emergency implementation timeframe, both of which limited the safe delivery of grants.

Despite these limitations, key preparedness steps were achieved:

- A tendering process was launched to identify Financial Service Providers (FSPs), with several expressing readiness to engage in 2025
- 73 LRCS staff and volunteers were trained in basic livelihoods recovery concepts
- Initial discussions were held with Movement partners on how to scale support in a technically sound and sustainable manner

Building on this groundwork, the 2025 Livelihood Recovery Program outlines a phased and evidence-based approach that aligns with LRC's existing capacities while expanding technical depth and community impact.

The proposal begins with two foundational activities: a Market and Labour Market Assessment to identify functioning economic sectors, employment opportunities and workforce needs, followed by the development of standardized

beneficiary selection procedures. These steps ensure that all subsequent recovery interventions are data-driven and inclusive.

Way Forward / Remaining Activities:

No further food distributions are planned under this operation, as the original target has been achieved. The focus in 2025 will shift toward restoring livelihoods and strengthening local economies through a multi-pronged recovery package. Employment-Intensive Investment Programmes (EIIP) will be implemented to provide short-term, dignified income for 150 individuals engaged in community infrastructure rehabilitation. In-kind support will be extended to 50 small enterprises to help them resume operations and stimulate local markets. Additionally, 100 women and youth will be targeted for vocational and entrepreneurship training to enhance employability and foster micro-enterprise development. To support agricultural recovery, 100 flood-affected farmers will receive essential inputs and tools needed to restart seasonal production. These interventions collectively aim to enhance household resilience, promote self-reliance, and position LRCS as a leader in community-driven, localized recovery aligned with IFRC Strategy 2030 and regional resilience priorities.

 Cash and Voucher Assistance		Female > 18: 18	Female < 18:
		Male > 18: 28	Male < 18:
Objective:	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of people who successfully received vouchers after being identified and processed for vouchers</i>	0	1000 This is not a new target
	<i>Number of LRCs volunteers and staff trained on Cash and Voucher Assistance program</i>	31	45
	<i>Number of LRCs volunteers and staff trained on market analysis</i>	15	29
	<i>LRCS can deliver scalable, timely and accountable cash and voucher assistance</i>	No	yes

To complement early recovery planning, LRCS and IFRC jointly designed a pilot Cash and Voucher Assistance (CVA) project for implementation in Al-bayda and surrounding municipalities. The intervention initially aimed to support 1,000 identified households through vouchers valued at 790 LYD, redeemable at selected supermarkets over a two-week period.

The design of this pilot was guided by a CVA feasibility study conducted in late 2023, which examined market functionality, community preferences, available delivery mechanisms, and the presence of Financial Service Providers (FSPs) in Derna and Al-Bayda. The study yielded the following key findings:

- Mobile money platforms and prepaid cards are gradually expanding but remain inaccessible to many
- Several barriers to full-scale CVA implementation persist, including:
 - Limited FSP interest and coverage in the selected locations
 - High illegal transaction fees (up to 20%) in some delivery mechanisms
 - Connectivity challenges affecting mobile-based cash solutions
 - Limited smartphone ownership and digital literacy among vulnerable groups

- Community preference for more tangible and controlled delivery mechanisms, such as vouchers

Given these constraints, the voucher modality was identified as the most feasible, secure, and accountable option.

Despite the preparatory work, implementation was suspended due to procurement limitations. Only one supermarket chain expressed interest, falling short of the required minimum of two retailers across four municipalities, a prerequisite for ensuring fair coverage and avoiding community tensions. As a result, the pilot was not rolled out. In line with its commitment towards the affected population, LRCS supported the pre-identified households (1000 households) with relief items distribution including mattresses and hygiene kits

The preparatory work remains highly valuable:

- **31** LRCS staff and volunteers were trained in CVA fundamentals
- **15** staff and volunteers were trained in market analysis
- Internal tools and draft SOPs for CVA delivery were developed and tested
- However, as of now, LRCS is not yet positioned to delivery CVA at scale, pending improvements in partnerships and operational systems

Way Forward / Remaining Activities:

- There will be no further intention to provide CVA to the affected population. The target of 1,000 mentioned in the indicator table is simply for showing the planned initiative to be achieved before the 31st of December 2024
- Maintain and expand internal LRCS CVA readiness through training and refresher sessions. The target increased to 45 encompassing a planned training for 14 staff and volunteers.
- Ensure the same 14 staff and volunteers are also trained in market analysis, expanding technical readiness to cover broader recovery planning
- Use the existing trained staff pool to prepare for rapid deployment of MPCA when triggered by future emergencies or needs assessments.

 Disaster Law and Legal Frameworks		Female > 18: 1	Female < 18:
		Male > 18: 14	Male < 18:
Objective:	<i>To strengthen the disaster risk governance in Libya by supporting the Libyan Red Crescent Society (LRCS) in providing technical assistance to public authorities for the development of a comprehensive Disaster Risk Management (DRM) law, ensuring clear institutional roles, enhance risk reduction measures, and improved disaster preparedness and response mechanisms</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of baseline reports conducted to inform and create evidence for the bill development for Libya</i>	0	1
	<i>Number of LRCS senior staff and volunteers oriented on disaster law and legislative advocacy</i>	15	30
	<i>Number of new legal instruments adopted due to the influence from the LRCS</i>	0	1

	<i>Number of new legal instruments that formally recognize the LRCS auxiliary role around DRM and climate adaptation with relevant laws</i>	0	1
	<i>Number of internal LRCS working groups or focal points designated to follow on disaster law activities</i>	0	1

In December 2024, a technical mission was conducted by the MENA Disaster Law and Auxiliary Role Coordinator to the headquarters of the Libyan Red Crescent Society (LRCS) in Benghazi. Held between 1 and 10 December, the visit aimed to deepen strategic engagement with LRCS leadership and senior staff around disaster law and the auxiliary role, and to initiate concrete steps toward enhancing Libya's disaster risk governance framework.

The mission focused on:

- Facilitating strategic reflection with LRCS leadership on the Society's auxiliary role in humanitarian affairs, with a view to identifying opportunities for strengthening engagement with public authorities.
- Raising awareness among LRCS leadership and key departments on the foundations and importance of disaster law, and how it intersects with operational effectiveness, legitimacy, and positioning.
- Introducing the key thematic areas covered under disaster law—including disaster risk governance, legal preparedness, and regulatory frameworks for disaster response—and agreeing on a technical roadmap to support public authorities in the drafting of a national Disaster Risk Management (DRM) law.

As a direct outcome of the visit, a set of targeted actions for 2025 were identified and agreed upon in coordination with LRCS. In parallel, IFRC translated into Arabic two recently adopted DRM bills from peer National Societies, which had been developed earlier with the support of IFRC. These comparative examples will serve as reference models for initiating the drafting of a DRM bill tailored to the Libyan context.

Way Forward / Planned Activities for 2025:

- Conduct a legislative and institutional mapping to review all existing laws, regulations, strategies, and policies related to disaster management in Libya. This will form a baseline for identifying legal gaps and opportunities to enhance coherence and clarity in disaster governance.
- Undertake a comparative review of the translated DRM laws from other countries. The objective is to extract good practices and relevant governance models that could inform the structuring of Libya's disaster risk governance system—either as an internal review led by LRCS or with external technical support if needed.
- Map key stakeholders and actors involved in disaster risk management (DRM) across Libya. Initiate engagement meetings to gather insights, build relationships, and understand institutional perspectives. This will require developing a stakeholder engagement and advocacy plan.

Define a strategy and timeline for initiating the formal legislative process. This includes identifying the most strategic moment and mechanism to introduce and advocate for the drafting and adoption of a DRM bill in collaboration with relevant authorities.

Health & Care	Female > 18: 10,390	Female < 18: 8,164
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	(Mental Health and psychosocial support / Community Health / Medical Services)	Male > 18: 11,132	Male < 18: 7,421
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
	<i>Number of individuals who received mental health and psychosocial services from LRCs</i>	11,048	16,048
	<i>Number of individuals reached through LRC's Polyclinic and five mobile health teams</i>	22,534	35,432
	<i>Number of emergency clinical care units equipped and strengthened</i>	7	7
	<i>Number of volunteers trained in PFA and other MHPSS trainings</i>	318	353
	<i>Number of people reached with health promotion activities related to CD, NCD management and safe motherhood in emergencies</i>	3,413	15,413
	<i>Number of polyclinics and outreach mobile health teams equipped</i>	7	9
	<i>Number of first aid trainees reached through school-based awareness campaigns in Tobruk</i>	896	1596
	<i>Number of ambulances operated by LRCS to provide medical transportation and pre-hospital care</i>	0	5
	<i>Number of people transported by LRCS ambulances/medical transport to health facilities</i>	0	500

In the aftermath of Storm Daniel and the catastrophic flooding in eastern Libya, the Libyan Red Crescent (LRC), supported by the IFRC and Movement partners, launched an intensive health and care response to meet the urgent medical and psychosocial needs of affected communities, particularly in Derna and its surrounding municipalities.

Emergency First Aid and Mobile Health Clinics:

In the first months of the emergency, LRCS volunteers and mobile health teams were deployed to provide on-site first aid, basic medical consultations, and triage for injuries and flood-related illnesses. Despite extensive damage to health infrastructure, particularly in Derna, LRCS teams ensured the continuation of emergency health services.

Through their search and rescue efforts, LRCS volunteers administered first aid to **861** individuals, including **426** in Derna, covering minor trauma, wound care, and vital signs monitoring. With support from the Norwegian Red Cross, two mobile health clinics were initially deployed to Derna's suburbs—Sousa and Qandula—reaching more than **600** individuals with first aid and health care.

These efforts were coordinated with the deployment of an IFRC Health Emergency Response Unit (ERU), which undertook a rapid needs assessment and began setting up critical service pathways in coordination with LRCS and local authorities.

Moreover, through the initial response LRCS managed to reach a total of **21,432** individuals by deploying medical convoys across the northeastern coast to all affected cities as follows:

Adult Males	Adult Females	Males < 18 yrs old	Females < 18 yrs old
3586	9964	3979	3903

MHPSS Response and Volunteer Support

Recognizing the psychological trauma caused by widespread loss, displacement, and devastation, LRCS prioritized Mental Health and Psychosocial Support (MHPSS) from the outset. Through a dedicated ERU module, and with ongoing support from the Norwegian Red Cross, PFA was delivered both at community level and to LRCS volunteers. In addition to that, the following activities were completed during the first months of the emergency:

- A total of **7,831** individuals of all ages and genders received urgent Mental Health and Psychosocial Support (MHPSS) through tailored psychosocial activities conducted in schools and designated shelter locations across Derna, Sousa, and Albayda. In Derna alone, the MHPSS Community Center, established during the emergency phase, remained fully operational. Housed in a renovated building, the center provided a safe space for psychosocial care, recreational engagement, and structured emotional support to over **1,200** individuals coping with trauma, loss, and displacement. Building on this initial success, outreach activities were further expanded to include Al Bayda, Shahat, Ajdabiya, Benghazi, and Tobruk, reaching an additional **5,732** individuals in Tobruk, **211** in Al Bayda, **127** in Shahat, **210** in Ajdabiya, and **350** in Benghazi—primarily children under the age of 15. These sessions, delivered by Libyan Red Crescent (LRCS) volunteers trained during the emergency phase, combined play therapy, group counseling, and resilience-building activities to help children and families regain a sense of emotional safety and normalcy in the aftermath of the disaster.
- A total of **318** volunteers (**144** women and **174** men) were trained in PFA and basic psychosocial intervention techniques.
- The Derna Branch, despite suffering heavy flood damage, acted as a central point for community outreach and MHPSS activities.
- A structured training-of-trainers (ToT) was conducted in Benghazi, strengthening the capacity of volunteers to implement outreach across affected areas.
- Importantly, LRCS also updated its MHPSS framework, and a "Care for Volunteers" policy was drafted to address the well-being of frontline responders. This was a key measure in maintaining staff mental health and operational continuity amid high exposure to trauma.

Polyclinic Services and Infrastructure Support

The LRCS Polyclinic in Derna, a cornerstone facility for outpatient care prior to the Storm Daniel disaster, sustained significant structural damage that necessitated its temporary relocation. Despite these constraints, outpatient services were rapidly restored, covering chronic disease management, maternal and gynecological consultations, minor procedures, and essential follow-ups.

With the support of many Movement partners, the clinic was re-equipped to ensure continuity of care. A comprehensive package of medical equipment was procured to restore and enhance service delivery. This included a color Doppler ultrasound machine equipped with three probes (linear, adult echo, and pediatric echo), a second color Doppler ultrasound with convex and vaginal probes to support both general and obstetric imaging, and a Bucky x-ray machine to re-establish diagnostic imaging capacity. These acquisitions aimed to

restore the clinic's capacity to manage a wide range of presentations, including cardiology, maternal health, pediatrics, and general diagnostics, particularly considering the increased disease burden following the floods.

Additional clinical and patient management tools were provided to ensure safe, dignified, and comprehensive care. These included an ECG machine for cardiovascular diagnostics, a fully integrated ENT unit with a patient chair and headlamp to support specialized care, and a patient monitor for vital sign tracking during outpatient procedures. To strengthen infection control and maintain patient privacy, three folding medical curtain screens on wheels were delivered. For improved procedural capacity, a minor operating table, instrument trolley, examination couch with step stool, and a dedicated gynecology examination couch were installed. Moreover, to accommodate inpatient observation, when necessary, the clinic received three-piece electric hospital beds with wheels, ensuring patient comfort and clinical functionality. These enhancements reflect a coordinated and strategic investment into the health system's recovery, directly contributing to resilience-building and preparedness for future emergencies. All equipment procurement followed a needs-based approach and was integrated into the operational recovery strategy under the IFRC Emergency Appeal.

Health Promotion and Community Outreach

To mitigate disease outbreaks in flooded areas, LRCS implemented community-based health awareness sessions focusing on:

- Communicable disease prevention (e.g., acute respiratory illness, diarrhea),
 - Non-communicable disease management, and
 - Safe motherhood and child health practices.
- These outreach activities reached 3,413 individuals, encouraging health-seeking behaviors and self-care in communities where access to formal medical services remained limited.

Sustained MHPSS Services and Expansion

Mental Health and Psychosocial Support continued to serve as a key component of the health response strategy during the recovery period.

In the last quarter of 2024, Libyan Red Crescent branches carried out an extensive series of Mental Health and Psychosocial Support (MHPSS) activities across several cities. The Derna branch recorded the highest reach, supporting a total of **949** individuals, including children and adults of all genders through structured recreational and emotional support sessions conducted in schools, playgrounds, and public venues. In Ajdabiya, more than **660** individuals benefited from child-focused psychosocial interventions, particularly in educational centers. Tobruk followed with **469** beneficiaries, reached through interactive sessions blending play therapy, group counseling, and trauma recovery activities. In Solouq, over **388** individuals participated in psychosocial workshops, dialogue circles and support groups for cancer patients, as well as school-based recreational events. Meanwhile, in Shahat, the branch reached **100** individuals, including women and children, through a mix of awareness sessions, recreational therapy, and group discussions led by trained volunteers.

In total, **3,217** individuals were reached through these sessions: **962** girls, **796** boys, **1,128** adult women, and **321** adult men.

To reinforce long-term capacity, LRCS finalized its updated MHPSS policy framework and institutionalized a national "Care for Volunteers" policy. By the final quarter of 2024, static and mobile PSS sessions were being implemented across targeted communities, led by trained facilitators and supported by standardized tools for monitoring and quality assurance.

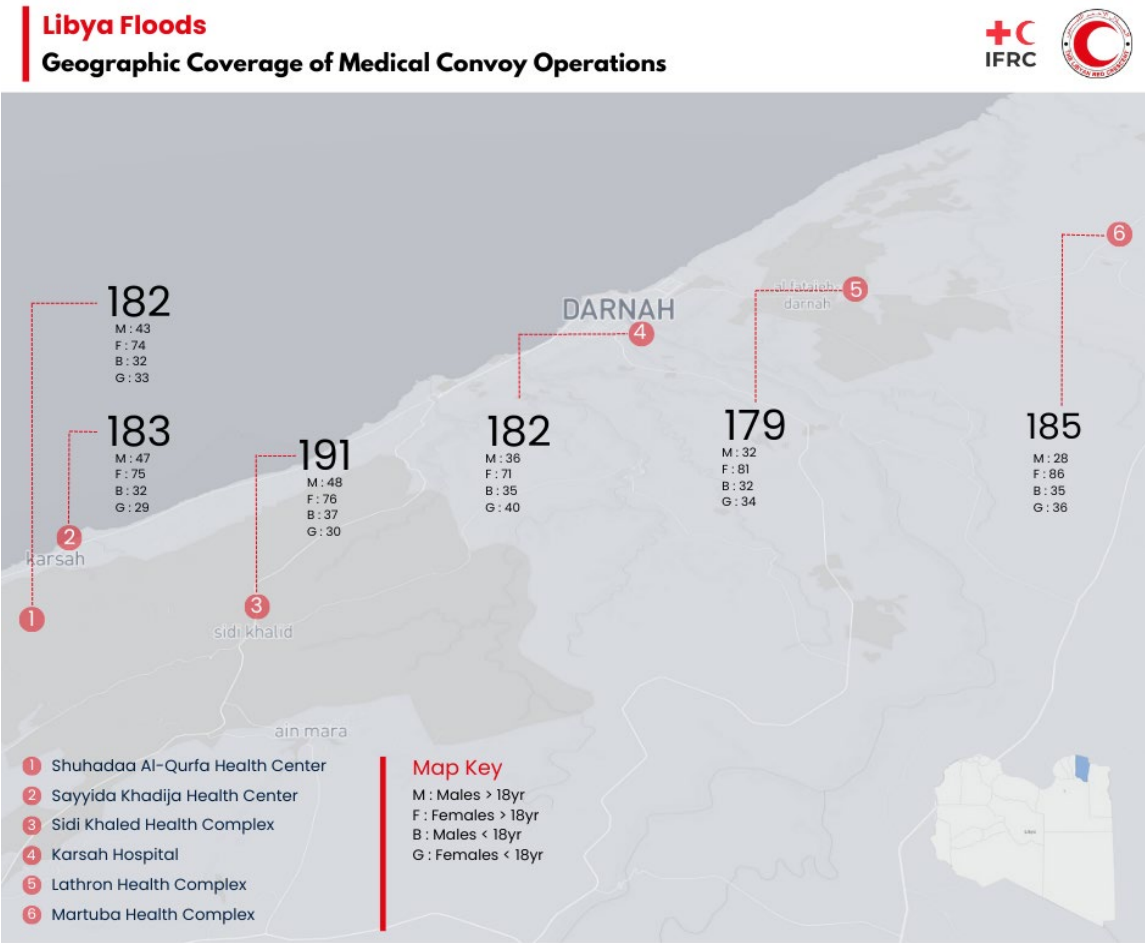
Community-Based First Aid Training

In line with the transition toward preparedness and resilience, LRCS launched a structured first aid awareness campaign in Tobruk. Conducted between October and November 2024, this campaign reached **896** individuals across eight secondary schools. Participants included **231** girls under 18, **173** adult women, **317** boys under 18, and **175** adult men. Facilitated by trained LRCS volunteers, the sessions focused on life-saving techniques, including wound management, burn care, fracture immobilization, and CPR.

The schools involved in the campaign included Jeel Al-Mustaqbal, Al-Murakhas, Shuhada' Al-Aqilah, Noor Al-Maarefa, Sunna' Al-Mustaqbal, Al-Quds, Al-Istiqlal, and Saleh Al-Haddad. This model of localized capacity-building significantly enhanced community-level preparedness and served as a blueprint for replication in other vulnerable areas.

Mobile Health Service Delivery and Medical Convoys

Throughout the recovery phase and the support of the Norwegian Red Cross in the purchase of 2 mobile health clinics, the Libyan Red Crescent Society (LRCS) carried with its healthcare outreach by deploying **11** medical convoys across six key locations in Derna, namely: *Shuhadaa Al-Qurqub Health Center, Martuba Health Complex, Sayyida Khadija Health Center, Karsah Hospital, Lathron Health Complex, and Sidi Khaled Health Complex.* These convoys played a critical role in complementing the gradual restoration of fixed health services, delivering essential medical consultations and preventive care to a total of 1,102 individuals. This included **234** adult men, **463** adult women, **203** boys under 18, and **202** girls under 18, ensuring comprehensive coverage across gender and age groups.



In As part of their clinical activities, convoy teams issued medical prescriptions based on the most encountered conditions. In October 2024, prescriptions were provided for **187** cases of acute respiratory illness,

55 cases of diabetes, **55** cases of hypertension, **35** cases of watery diarrhea, and **13** cases of skin infections. The trend continued in November, with a noticeable increase in respiratory-related prescriptions (**232** cases) and sustained demand for chronic illness management, including **52** for diabetes, **59** for hypertension, **39** for diarrhea, and **17** for skin infections.

These figures highlight the ongoing health needs of the affected population and reinforce the critical importance of mobile, community-based healthcare services, especially in areas where fixed infrastructure remains under rehabilitation. The continued presence of LRCS convoys helped bridge healthcare gaps, offering timely support to vulnerable communities in remote and underserved areas of Derna.

Health Fleet Expansion and Future Capacity

To ensure the continuity of health services beyond the emergency phase, LRCS prioritized the operationalization of its enhanced health fleet. One IVECO Mobile Health Unit (MHU) was prepared for full deployment by December 2024, complete with a dedicated medical team. IFRC supported the procurement and delivery of five additional mobile clinics and seven ambulances. These assets are set to bridge gaps in access, serve remote communities, and enhance LRC's long-term emergency preparedness.



ambulances and mobile clinics to enhance LRCS's health service delivery and emergency preparedness.

Way Forward/Remaining Activities:



Fully equipped polyclinics in Derna and Towkra to expand access to essential health services in 2025.

In 2025, the health sector will focus on expanding access to essential services and reinforcing institutional capacity across multiple delivery points. LRCS plans to deploy the remaining five mobile health units and five ambulances, reaching a combined total of 5,398 people. Two polyclinics in Derna and Towkra will be fully operational throughout the year, aiming to serve 7,500 individuals, and will be equipped with the necessary medical equipment. To ensure continuity of care, a procurement plan is in place to secure essential medicines for polyclinics, mobile units, and ambulance teams. Mental health and psychosocial support (MHPSS) services will continue through the Derna community center and outreach teams, with a target of reaching 6,000 people by the end of the year. LRCS will also finalize and institutionalize its 'Care for Volunteers' framework, reinforcing staff well-being. Health education efforts will expand to additional municipalities, providing first aid training to 700 children. Meanwhile, health promotion activities addressing chronic and communicable diseases are expected to benefit 7,000 people in underserved areas. To build response capacity, Psychological First Aid (PFA) training will be delivered to 35 new LRCS staff and volunteers.

	Water, Sanitation and Hygiene	Female > 18: 31,641	Female < 18: 24,861
		Male > 18: 33,902	Male < 18: 22,601
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		
	Indicator	Actual	Target

Key indicators:	<i>Number of people reached by LRCS with contextually appropriate water, sanitation and hygiene services</i>	34,250	57,580
	<i>Number of liters of safe water distributed</i>	120,000 L	1.3 million L
	<i>Number of people reached with WASH actions (Distribution of safe drinkable water)</i>	24,000	25,000
	<i>Number of people receiving hygiene items or packages distributed in schools or other collective shelter</i>	5,973	7,473
	<i>Number of people reached with effective water treatment materials and promotion (Installation of 2,000 RO filters)</i>	0	10,000
	<i>Number of people provided with access to safely managed drinking water services or an improved drinking water source constructed or rehabilitated</i>	2,000	2,000
	<i>Number of sites reached with WASH actions in emergency response</i>	89	100
	<i>Number of people provided with access to safely managed sanitation services or improved sanitation facilities</i>	44,500	46,700
	<i>Number of WASH items prepositioned in LRCS stock</i>	27,760	-
	<i>Number of LRCs staff and volunteers who have received training and capacity building on emergency WASH topics</i>	95	120
	<i>Number of people covered with hygiene promotion activities</i>	2,187	2500

Following the devastation caused by Storm Daniel, the Libyan Red Crescent Society (LRCS), with support from the IFRC and Movement partners, promptly launched a wide-scale water, sanitation, and hygiene (WASH) response to meet the urgent needs of the affected population. The storm severely compromised water systems and sanitation infrastructure in Derna and surrounding areas, increasing the risk of waterborne disease outbreaks and poor hygiene conditions.

Responding to Crisis: Initial Emergency Relief

A WASH rapid assessment workshop was conducted for 20 volunteers as part of the broader Multi-Sectoral Needs Assessment (MSNA) in December 2023. This ensured data-driven decisions on future programming and enabled volunteers to carry out localized technical WASH assessments efficiently. This contributed to a total of 47,250 people reached with contextually appropriate WASH services and 120,000 liters of safe water distributed.

During the emergency phase, the Libyan Red Crescent Society (LRCS) distributed approximately 240,000 bottles of drinking water (0.5L each), meeting the immediate hydration needs of an estimated 24,000 individuals. In parallel, 5,973 hygiene kits, ensuring immediate relief in shelters and camps. The LRCS took over WASH management of three shelters in Derna (El-Khlood School, Om-Elmoamnin School, and the High Institute), providing daily cleaning, maintenance, and hygiene kit replenishment. These interventions helped reduce the spread of disease in overcrowded and high-risk environments. This activity contributed to covering WASH needs in 89 emergency response sites.

With technical support from the German Red Cross and financial contribution of the British Red Cross and Islamic

Development Bank, two water purification systems (M15 units) were initially installed to provide safe drinkable water to up to 2,000 people daily. Each unit, with a capacity of 15,000 liters per day, could meet the SPHERE standard water needs (15 liters per person per day) for approximately 1,000 individuals, bringing the combined reach to 2,000 direct beneficiaries per day during their operation. These systems were later replaced by five reverse osmosis (RO) filtration units to better match the long-term water needs of the affected population. In addition, one groundwater well was rehabilitated to restore a more sustainable water source for local communities.

This allowed for a transition from emergency water trucking to more reliable and community-managed water access, improving health outcomes and reducing dependency on external water deliveries.

To improve hygiene behavior and awareness, 17 volunteers were trained in hygiene promotion and waterborne disease prevention. These efforts were supported by the Norwegian Red Cross and the ICRC and targeted high-risk communities in Derna and Bayda. As recovery progressed, 65 LRCS staff and volunteers also received structured training on emergency WASH topics, strengthening localized response capacity. In addition to the 30 volunteers receiving training in the recovery phase mentioned below, a total of 95 LRCS staff and volunteers received training on WASH.

Hygiene promotion sessions supported through Islamic Development Bank were designed to address the specific needs of women, children, and persons with disabilities. The conducted sessions emphasized menstrual hygiene management (MHM), inclusive hygiene practices, and culturally appropriate communication strategies. This targeted approach aligns with the IFRC's cross-cutting mandates on Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA), ensuring that WASH interventions uphold both physical health and human dignity. Moreover, the participatory and inclusive nature of the sessions helped reduce barriers to safe hygiene access and built trust among affected communities.

Recovery Phase: Sustaining Support & Rebuilding

The recovery phase emphasized sustainable access to clean water and improved sanitation infrastructure. Under IFRC funding, LRCS developed a comprehensive WASH recovery and resilience strategy. Key activities include: Among the most critical milestones in LRCS's WASH recovery efforts were the American Red Cross and Islamic Development Bank supported procurement of **2,000** reverse osmosis (RO) filters, a dedicated water truck, and the distribution of **1,000** hygiene kits alongside tailored hygiene promotion sessions. These interventions aim to collectively strengthen community-level public health defenses, particularly in areas most exposed to contaminated water sources and deteriorating hygiene conditions following Storm Daniel.

The procurement of **2,000** RO filters to be distributed across storm-affected zones represented a decisive shift from temporary emergency water supply toward more sustainable, community-embedded solutions. In the aftermath of the disaster, many communities—especially in Derna and its surrounding rural pockets—faced compromised groundwater and severely damaged water networks. The RO filters are planned to be distributed at household and community levels, providing immediate access to safe drinking water and will significantly mitigate the risk of diarrhea and waterborne disease outbreaks. This deployment will not only serve as a short-term lifesaving measure, but also as a foundational investment in public health resilience, supporting the IFRC's commitment to prevention-focused WASH strategies. To further strengthen this initiative, the IFRC WASH delegate conducted comprehensive technical training for more than **30** volunteers from LRCS branches operating in the areas targeted for RO unit installation. The training covered key topics including water quality monitoring, the water cycle, disease prevention related to contaminated water, and the technical aspects of installing and maintaining reverse osmosis (RO) systems. By equipping volunteers with both theoretical knowledge and practical skills, the initiative ensures that communities receive sustained and informed support directly from trained local volunteers. This localized and participatory approach fosters long-term sustainability, community ownership, and resilience, as assistance is delivered by those embedded within the affected populations.

Complementing this was the purchase of a dedicated **one** water truck, an asset that has had a dual benefit. In the short term, it ensured the continuity of safe water supply to isolated or underserved communities, particularly where fixed infrastructure remained damaged or inaccessible. In the medium-to-long term, the truck enhances the LRCS's preparedness capacity—positioning the organization to respond more rapidly and efficiently in future crises. It contributes directly to the National Society's logistical agility, supporting decentralized and mobile humanitarian operations during emergencies. (This water truck has started its operation in April 2025 with the direct support from the Qatar Red Crescent.

Recognizing the critical link between hygiene, gender, and dignity, the procurement and planned distribution of **27,760** hygiene kits were prioritized under joint contributions from the Islamic Development Bank, American Red Cross and Korean Red Cross during the final four months of implementation. However, due to unforeseen customs-related delays, the kits did not arrive in time for distribution. In the interim, pre-identified households received hygiene support through other humanitarian actors, helping to partially address urgent needs. As of end of 2024, these **27,760** hygiene kits have been pre-positioned in LRCS warehouses, with **1,500** kits scheduled for distribution in January 2025. As a key WASH actor in the region, LRCS will continue to assess hygiene-related needs in coordination with other partners operating in north-east Libya and remains committed to addressing any identified gaps using its available emergency stock.



Family and personal hygiene kits prepositioned as contingency stock in LRCS warehouses

Together, these activities demonstrate a transition from reactive relief to early recovery and systems restoration, prioritizing both the continuity of safe WASH services and the empowerment of affected populations, especially the most marginalized. They reflect a broader humanitarian trend: the increasing need for WASH programming that is sustainable, participatory, and inclusive, especially in fragile and climate-affected contexts like eastern Libya. The

below remaining activities align with the transition from emergency to recovery, reflected mainly in the installation of RO filters and solar plans.

Way Forward/Remaining Activities:

In 2025, WASH interventions will focus on sustaining access to safe water, promoting hygiene, and strengthening LRCS's operational capacity. A total of 2,000 reverse osmosis (RO) filters will be distributed and installed for vulnerable households, aiming to reach 10,000 people with clean drinking water. Complementary water trucking will continue to serve 200 households—around 1,000 individuals—in underserved areas with damaged infrastructure. The planned distribution of 1,500 personal hygiene kits will also be completed. To prevent water-related diseases, tailored hygiene promotion sessions will be delivered to 313 people, with localized messaging adapted for women and children. LRCS will maintain emergency WASH stockpiles and support minor infrastructure upgrades in 11 schools and health centers, improving access for approximately 2,200 people. Local response capacity will be bolstered through the training of 25 new WASH volunteers and staff. Short-term IFRC WASH experts will be deployed to provide targeted technical support and on-the-job training. A medium-term transition and recovery plan will be developed in coordination with local water authorities to guide future programming. Additionally, solar energy systems will be phased into LRCS facilities to enhance sustainability and reduce costs. Post-distribution monitoring on RO filter installations and water delivery will be conducted, with results expected by October 2025.

 Protection, Gender and Inclusion		Female > 18: 355	Female < 18: 279
		Male > 18: 381	Male < 18: 254
Objective:	<i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of LRCS staff and volunteers trained on prevention and protection of sexual exploitation and abuse (PSEA) and all forms of child safeguarding</i>	83	100
	<i>Number of people reached by protection, gender and inclusion programing</i>	1,123	2,123
	<i>LRCS applies the IFRC minimum standards for protection, gender and inclusion in emergencies</i>	yes	yes
	<i>Number of referrals made for survivors of a protection violation, via a common referral pathway</i>	63	100

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. These policies are complemented by orientation sessions conducted for newly recruited staff and branch-level refresher trainings.

During the reporting period, LRCS finalized and adapted Standard Operating Procedures (SoPs) on safe identification and referral pathways to the emergency context. These SOPs were developed in consultation with community focal points and field teams. Adequate communication and outreach modalities are being aligned with preferences identified in the MSNA, including gender-sensitive and age-appropriate feedback mechanisms.

In Derna and surrounding municipalities, LRCS ensured protection desks were embedded within health and psychosocial support services, offering safe spaces for referral and survivor support in partnership with relevant actors.

In collaboration with [UNFPA](#), service mapping for reproductive health service points and contacts was completed and disseminated to branch teams. Referral collaboration for sexual and reproductive health cases has been activated through joint protocols with health care providers.

LRCS participated actively in the Violence against Women and Protection Thematic Pillars led by the Protection Sector, contributing to the inter-agency service mapping for gender-based violence (GBV) across flood affected regions. The GBV service mapping will inform cross sector referral strategies in line with global minimum standards on GBV in emergencies.

Mapping of child protection services is ongoing through the child protection thematic pillar for Derna and adjacent areas. Once finalized, this will be shared with IFRC and integrated into the PGI toolkit used by LRCS field teams.

A rapid PGI capacity 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. This will inform a branch specific PGI capacity building plan in 2025.

Between October and November 2024, the Libyan Red Crescent Society (LRCS) conducted **18** activities with a strong focus on Protection, Gender, and Inclusion (PGI) across four key branches: Benghazi, Sulouq, Tripoli, and Tobruk. These initiatives comprised psychosocial support sessions, community awareness campaigns, and skill- building workshops, designed to empower vulnerable populations and raise awareness around protection issues such as mental well-being, gender-based violence, and children's rights.

Delivered through a network of schools, community centers, and hospitals, these activities directly reached **1,123** individuals, including **275** girls and **299** boys under the age of 18, as well as **294** women and **255** men over 18. The efforts were made possible by **36** trained volunteers (**16** female and **20** male), who played a vital role in ensuring a safe, inclusive, and respectful environment for all participants.

Way Forward / Remaining Activities:

In 2025, LRCS will continue strengthening its protection, gender, and inclusion (PGI) programming through a combination of coordination, training, and field-level integration. Two national workshops will be organized with protection actors in northeast Libya to review and sustain the referral pathway system. Refresher training on safe identification and referral protocols will be delivered to 100 volunteers involved in psychosocial support, including 17 newly engaged staff and volunteers working with children and vulnerable adults. PGI activities will continue to reach 1,000 individuals through inclusive and targeted outreach. Child protection service mapping will be finalized in collaboration with partners and integrated into LRCS standard operating procedures and volunteer induction tools. LRCS will maintain its engagement in national protection coordination mechanisms to ensure response frameworks and service mapping remain current. Additionally, the PGI component of the Emergency Appeal will be evaluated to document lessons learned and inform future program design. PGI mainstreaming will also be expanded across the health, shelter, and WASH sectors, supported by cross-sector volunteer orientations throughout the year.



Community Engagement and Accountability

Objective: <i>Ensure that affected communities are meaningfully engaged throughout the response and recovery phases through transparent communication, inclusive participation, and accessible feedback mechanisms, thereby reinforcing trust, accountability and the relevance of humanitarian action</i>			
Key indicators:	Indicator	Actual	Target
	<i>Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption or protection concerns</i>	827	1,200
	<i>Percentage of project activities that have successfully integrated and implemented safe and accessible feedback and complaints mechanisms</i>	15%	60%
	<i>Percentage of staff, volunteers, and leadership, trained on Community Engagement and accountability (disaggregated by staff, volunteers, and sex)</i>	40%	80%
	<i>Number of activities/interventions that are followed by satisfaction surveys</i>	1	-
	<i>Number of accessible feedback and complaints mechanisms developed and functional</i>	-	1

Following managerial changes in the National Society, the LRCS PMER department has undergone a major restructuring and is now in an early, formative stage. The newly formed team is currently undergoing extensive training and shadowing and has demonstrated strong motivation and a genuine interest in capacity building. There is promising momentum toward institutional growth, with a clear focus on strengthening spatial data analysis capabilities, embedding CEA practices, and developing improved monitoring and evaluation frameworks for future operations. In particular, the team is placing strong emphasis on GIS mapping for emergency response coordination, including real-time visualization of affected populations, layered vulnerability data, and logistics tracking. These efforts aim to improve the quality and timeliness of data-driven decision-making in disaster contexts, enabling the LRCS to better anticipate needs and allocate resources more efficiently during crises.

Despite limited direct interventions, significant structural progress has been achieved. Since October 2024, an IFRC PMER Officer has been embedded within the LRCS team, supporting the institutional development of Community Engagement and Accountability (CEA) systems, as well as the establishment of robust post-distribution monitoring (PDM) structures. This includes developing standardized PDM tools and guidance tailored to the Libyan context.

The management feedback policy and SOPs for the complaints and feedback mechanism were finalized, including protocols for receiving and acting on sensitive feedback (e.g., related to SEA or fraud). These systems have laid the groundwork for community-informed programming.

Way Forward / Remaining Activities:

In 2025, LRCS will deepen its commitment to community engagement and accountability (CEA) by operationalizing localized action plans and reinforcing feedback mechanisms. With the support of the embedded IFRC PMER Officer, CEA strategies will be rolled out in both Derna and headquarters, ensuring alignment with operational priorities. Community awareness of available feedback channels will be expanded through targeted outreach sessions. Complaints and feedback trends will be systematically monitored to inform program adjustments and improve responsiveness. CEA capacity among branch focal points will be enhanced through new training opportunities, while feedback loops will be gradually integrated into both project design and post-distribution monitoring processes. Staff and volunteers will receive dedicated training on ethical community engagement, inclusive data collection, protection-sensitive complaint handling, and safeguarding, with disaggregation by gender and role to ensure inclusive learning outcomes. Community sensitization sessions will also be delivered, using culturally relevant tools to raise awareness of rights, available services, and how to submit feedback. Feedback collection will be embedded in PDM surveys for livelihoods and WASH interventions, focusing on satisfaction, fairness, and access. Coordination with PGI focal points will be maintained to ensure sensitive feedback is managed appropriately, including referrals to specialized services where necessary.

 Risk Reduction, climate adaptation and Recovery		Female > 18: 0	Female < 18:
		Male > 18: 2	Male < 18:
Objective:	<i>Support communities to recover in safer, more sustainable ways by strengthening local disaster preparedness, promoting climate adaptation measures, and integrating risk reduction into early recovery and long term resilience programming</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)	2	2
	Number of LRCS staff and volunteers receiving NRT Training	0	100
	Number of Emergency Operations Centers established and equipped	1	1
	Emergency Operations Center SOPs developed and published	No	Yes
	PER Plan of Action revised and published	No	Yes
	Disaster Risk Management Policy developed and published	No	Yes
	LRCS Contingency Planning developed and disseminated to all branches	No	Yes
	Climate and Disaster Risk Reduction Strategy Developed and Published	No	Yes

Following the training received in Qatar, the Libyan Red Crescent Society (LRCS) emergency team has successfully established the Emergency Operations Center (EOC). Two LRCS staff personnel participated in an EOC Training of

Trainers (ToT) from 24 to 30 August 2024, which provided the requisite knowledge for the setup of the EOC in Benghazi.

In conjunction with Preparedness for Effective Response (PER) assessment completed in 2022, LRCS will continue to develop and refine its Plan of Action (POA), ensuring it remains responsive to the evolving context in eastern Libya. Furthermore, the Disaster Risk Management (DRM) policy, formulated in 2023, remains under development and has yet to be finalized and published.

Furthermore, building upon the Preparedness for Effective Response (PER) assessment completed in 2022, LRCS will continue to develop and review its Plan of Action (POA), adapting it to the evolving context in eastern Libya. Similarly, the Disaster Risk Management (DRM) policy, designed in 2023, remains under development and is yet to be finalized, and published.

Following the National Response Team (NRT) Training of Trainers held in Damascus, Syria, in 2022, two LRCS staff members attended this training. The concept of National Response Teams seeks to broaden the traditional understanding of National Disaster Response Teams, fostering inclusivity. The term 'National Response Teams' encompasses various response teams across different regions, including National Intervention Teams, National Disaster Teams, and Rapid Response Teams. The common standards provide a framework through which the leadership, operational, technical, and administrative units of National Societies can enhance their efforts.

Aligned with the scope of the preparedness for Effective Response approach, LRCS is keen on developing an emergency team based on the NRT common standards.

By the beginning of December 2024, with the support of the Norwegian Red Cross and the Belgian Red Cross, the Emergency Operations Center (EOC) located at the LRCS headquarters was fully equipped with the necessary IT materials to enhance its coordination and response capabilities. Equipment from the following categories has been procured for the Emergency Operations Center (EOC) in Benghazi, anticipated to open in Q2 2025:

- Surveillance & Security
- Network & Communication
- Presentation & Computing
- Printing & Scanning
- Audio-Visuals & Power and Server & Storage.

Moreover, IFRC supported LRCS with the development of heatwave awareness messages, including information on preventive measures and operational guidelines.

Way Forward/ Remaining Activities:

In 2025, under the revised operational strategy, and in collaboration with the LRCS Operations Director, key activities are planned to be implemented:

LRCS will advance its disaster preparedness and risk reduction agenda through a set of institutional and operational reforms aligned with the revised operational strategy. In collaboration with the LRCS Operations Director, a comprehensive review of the Preparedness for Effective Response (PER) Plan of Action will be conducted to reflect evolving humanitarian dynamics in Libya. The Emergency Operations Center (EOC) Standard Operating Procedures (SOPs) and associated response levels will be developed, piloted across various branches, and finalized for publication. The newly established EOC at LRCS headquarters in Benghazi is now operational and serves as a central hub for information management, consolidating data from branches to guide resource utilization during emergencies. LRCS also plans to publish its Disaster Risk Management (DRM) policy following final validation at HQ and branch levels. A key priority will be the development of a robust contingency plan to ensure readiness in future emergencies through pre-positioned protocols on resource allocation, coordination, and technical response options. To reinforce response capacity, IFRC will support the delivery of National Response Team (NRT) training to 100 LRCS

staff and volunteers in June 2025, pending security clearance for trainers. LRCS will continue engaging in regional peer learning platforms, including the Community-Based Disaster Risk Reduction (CBDRR) Sub-Working Group, the MENA dialogue, and the 2nd MENA Enhanced Vulnerability and Capacity Assessment (EVCA). Finally, LRCS will be supported in scaling up its climate and disaster risk reduction programming by developing a comprehensive strategy to effectively address growing climate-related threats.

Enabling approaches

 National Society Strengthening			
Objective:	<i>Enhance the intuitional capacity, operational readiness, and sustainability of the Libyan Red Crescent through targeted investments in systems, staff development, logistics, and governance to ensure an effective and accountable humanitarian response now and in the future</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of volunteers and staff trained on disaster management and response capacities to enable immediate service delivery</i>	0	20
	<i>Number of volunteers and staff trained in HR, CEA, PMER, Finance and IM</i>	20	40
	<i>Number of branches implementing Branch Plan of Action on PER assessment</i>	1	3
	<i>Percentage of rehabilitation of Derna branch achieved</i>	100	100
	<i>Number of HQ and Branches equipped with communication equipment, logistics capacity strengthening, DM needs and IT (segregated by service/support)</i>	5	7
	<i>Number of volunteers insured and/or equipped</i>	500	2000
	<i>Number of volunteers and staff who benefitted from MHPSS services</i>	20	40

The HR re-assessment consultancy carried out at the Libyan Red Crescent Society HQ in Benghazi during the last quarter of 2024 was successfully finalized. This consultancy reviewed key elements of the existing HR structure, systems, and processes in line with the organization's strategic goals and humanitarian mission.

The outcome included a comprehensive gap analysis that covered areas such as recruitment, onboarding, compensation, performance management, and HR information systems. Preliminary recommendations were developed and shared, setting a strong foundation for the next phase of HR development at LRCS.

The process was positively received by LRCS leadership and staff, and there was broad alignment on the importance of strengthening the HR function to support future growth and emergency response capacity.

However, some elements remain pending. These include the full development and implementation of revised HR policies, the establishment of a dedicated HR department, and the recruitment of a specialized consultancy firm to lead the next phase. Continued coordination with Movement partners including ICRC and the Norwegian Red Cross will be key to completing these steps.

In addition to the ongoing HR development initiatives, the following planned activities have been finalized:



LRCS fleet of 4x4 ambulances, mobile clinics, logistic vehicles and water truck

- **Warehouse Rehabilitation:** With the support of both the Irish and Italian governments, the LRCS main warehouse in Benghazi (Bouatni area) has undergone a comprehensive rehabilitation process, significantly enhancing its capacity to manage relief logistics efficiently. The work included site clearance and demolition of damaged roofing, reconstruction of walls and structural columns using reinforced concrete, and installation of polished concrete floor slabs. Interior and exterior surfaces were plastered and coated with moisture-resistant paint, while the facility was fully rewired with new electrical panels, lighting, LED bulbs, and exterior searchlights. Plumbing upgrades included vertical PVC drainage systems, and metal works involved new wrought iron doors, protective grills, and sandwich roof panels for improved insulation. To further bolster safety and operations, wall-mounted fire extinguishers and a complete HD surveillance system were installed. This upgrade has strengthened LRCS's logistical readiness and response capability for current and future emergencies.
- **Ongoing improvements to warehousing facilities** continue to focus on boosting LRCS's storage, inventory management, and distribution capacity across affected regions.
- **Enhancement of LRCS Fleet Capacity:** The LRCS fleet has been strengthened through the procurement of 2 units of H100 porter trucks and 2 units of Hilux 2.7L 4x4 double cabin vehicles, improving logistical capabilities for operational activities.
- **Procurement of Generators:** Generators were procured for the Derna Branch and the Headquarters (HQ) to ensure reliable power supply, particularly crucial during emergency responses and for maintaining operational continuity.

- Operational Capacity Upgrade at Derna Branch: As part of ongoing National Society Development (NSD) efforts to strengthen the operational and digital capacity of the Derna branch, a comprehensive IT and office infrastructure package was delivered. This included advanced surveillance and security systems (15 Hikvision cameras and a 32-channel NVR), eight fully equipped Lenovo desktop stations, two UPS backup units, and multiple high-performance printing solutions such as thermal, laser, inkjet, and multifunctional photocopiers. Additionally, two smart TVs, networking equipment (Cisco switches, firewall systems), and data cabling were provided to enhance both communication and operational reliability. These upgrades are pivotal in restoring full functionality at the branch level and enabling more efficient, secure, and coordinated emergency response and service delivery.

This comprehensive approach, encompassing both organizational strengthening through HR development and the enhancement of operational capacities, underscores the LRCS's commitment to improving its effectiveness in serving vulnerable populations.

Way Forward/ Remaining Activities:

LRCS will focus on institutional development and workforce strengthening to enhance its ability to deliver timely and effective humanitarian response. The recruitment of an external HR consultancy will be finalized to lead the development of internal policies and standard operating procedures (SOPs), alongside the establishment of a dedicated Human Resources department at headquarters. Updated HR systems and practices will be rolled out to ensure consistency and efficiency across branches. LRCS will also assess its organizational capacity to support new Working with Project Partners (WWPP) modalities, ensuring compliance and readiness. Infrastructure upgrades will continue, with two additional branches benefitting from improvements modeled after successful renovations in Derna and Benghazi and aligned with PER assessment recommendations. Staff and volunteer preparedness will be strengthened through disaster management and emergency response training for 20 new participants. To reinforce volunteer care, insurance coverage will be expanded, and 1,500 volunteers will be equipped with communications, visibility, and IT materials across all branches. Finally, psychosocial support services will be scaled up to safeguard responders' well-being, with targeted PSS training provided to an additional 20 LRCS staff and volunteers.



Coordination and Partnerships

Objective:

Strengthen coordination mechanisms and strategic partnerships among Movement and external actors to ensure a harmonized, efficient and local driven humanitarian response, while reinforcing the auxiliary role to the Libyan Red Crescent Society within national and international frameworks

As previously reported, the Storm Daniel Emergency Appeal continues to follow a Federation-Wide approach, coordinated under LRCS's leadership, with technical and operational co-leadership roles assigned to in-country Partner National Societies based on their areas of expertise. Some partner National Societies maintain an in-country presence, supporting strategic and sectoral coordination. The IFRC, in its role as membership coordinator, continues to co-lead key coordination structures with LRCS, facilitate resource mapping, and promote a unified approach across the Movement.

Some of the ongoing activities include:

- Ongoing representation work, response, information sharing, and collaboration, including support to make technical working groups more effective and predictable.

- Feeding into a harmonized Federation-wide MEAL plan, including a logframe that aligns with the LRCS response plan and the IFRC Operational Strategy for a coordinated approach to measuring the impact of the membership-wide response.
- Advocating for shared resource mapping, planning, and progress updating to ensure supporting members are aware of gaps in coverage of LRCS's priority response activities.
- A unified voice vis-a-vis LRCS with respect to approach, standards, and expectations (both technical and strategic)

In its role as membership coordinator, IFRC has been co-leading with LRCS the structure for the overall operation and ensuring relevant and timely technical, HR, and financial resources. The intent behind this approach is to have a larger humanitarian impact from combined and coordinated resources and to position LRCS's critical role in the response.

The Libyan Red Crescent Society (LRCS) is maintaining close coordination with various local authorities, in line with its auxiliary role to public authorities, while ensuring neutral and independent humanitarian action.

Both IFRC and LRCS continue to advocate for humanitarian diplomacy and coordinate with other humanitarian actors, including UN agencies and international NGOs (INGOs).

In engaging with key stakeholders, the IFRC and LRCS regularly share the latest developments and strategic priorities, placing a special focus on the humanitarian-development nexus. They emphasize the need to prioritize vulnerable groups in Libya, such as migrants, internally displaced persons (IDPs), and people with mental health conditions.

At the national level, the IFRC continues to coordinate closely with the International Committee of the Red Cross (ICRC) and other Movement partners to align efforts in supporting LRCS's response.

IFRC/LRCS played a central role in the United Nations Disaster Assessment and Coordination (UNDAC) in Libya, with established thematic working groups that focused on areas such as WASH, Health, Cash, and Assessment and Information Management. These groups, attended by surge personnel during the early phases of the response in coordination with LRCS, aimed at improving collaboration and streamlining efforts in these critical sectors.

In response to Storm Daniel, the Flood Response Assessment Working Group (AWG), guided by the Data Analysis & Assessment Thematic Working Group and chaired by REACH, IFRC, IOM, and OCHA, were dedicated to enhancing information management and coordination of post-disaster assessments. By standardizing data practices, promoting information sharing, and developing common data sets, the AWG ensured cohesive and efficient data collection and analysis, minimizing duplication of efforts.



**Secretariat
Services**

Objective:

Ensure the effective delivery of the Emergency Appeal through coordination, technical support, surge deployment, and operational oversight provided by the IFRC Secretariat, enabling timely,

Human Resources (HR)/Administration:

Following the onset of the crisis in 2023, IFRC activated its rapid response mechanism (RRM) to ensure the necessary capacity was in place to support the LRCS's response in managing operations as close as possible to the disaster. During the initial three months, over 18 surge personnel, deployed in-country or working remotely, supported LRCS in the following roles: 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, comprising both an outpatient department (OPD) and a mental health and psychosocial support (MHPSS) module.

The surge window period concluded on 9 January 2024 with the last rotation. Subsequently, the country delegation, in collaboration with the HR department and technical departments, finalized the pre-selection phase for long-term positions. The recruitment process continued, enabling the onboarding of personnel in line with the plans for February 2024.

Building on this, a Human Resources (HR) re-assessment consultancy was successfully finalized at the Libyan Red Crescent Society HQ in Benghazi during the last quarter of 2024. This consultancy reviewed key elements of the existing HR structure, systems, and processes in line with the organization's strategic goals and humanitarian mission. The outcome included a comprehensive gap analysis covering areas such as recruitment, onboarding, compensation, performance management, and HR information systems. Preliminary recommendations were developed and shared, establishing a strong foundation for the ongoing phase of HR development at LRCS. The process was positively received by LRCS leadership and staff, with broad agreement on the importance of strengthening the HR function to support future growth and emergency response capacity. While the full development and implementation of revised HR policies, the establishment of a dedicated HR department, and the recruitment of a specialized consultancy firm for the next phase remain pending, continued coordination with Movement partners including ICRC and the Norwegian Red Cross is key to completing these steps.

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

In 2023, the IM and PMER teams supported the MSNA, including survey design, tool development, volunteer training, data collection, and the subsequent analysis and reporting of the results. This was led by the in-country assessment cell with support from the regional office surge and SIMS.

The regional IM team and SIMS also provided maps and infographics to illustrate the progress of the response. These included an operational overview, timeline, and other visualizations depicting the goods received and the work already undertaken by LRCS.

Alongside the MSNA, a WASH rapid assessment and MHPSS research were conducted, supported by the design of indicators and the analysis to inform the response in these sectors.

Communications:

Following the floods in 2023, the IFRC MENA and IFRC global communications teams implemented a comprehensive communications plan to highlight the work of the LRCS, the coordination role of IFRC, and the support of Partner National Societies (PNSs) through 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 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

continuously updated based on field observations, such as recommending cash assistance based on cultural aspects and focusing on WASH and Psychosocial Support services.

In addition to amplifying the voice of the LRCS at Xspace and within Movement meetings, the shipments of aid received by IFRC and other Partner National Societies (Kizilay, Qatar, Canada RCs) were highlighted, and reputational risks to the national society were managed during the transition in leadership.

For the subsequent phase, IFRC agreed to provide 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 continues its humanitarian diplomacy efforts to engage with relevant actors to secure support for the response efforts while ensuring the 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.

Membership Coordination:

In-country partners engaged within the framework of IFRC's Agenda for Renewal's New Way of Working (New WoW) throughout the reporting period in 2023.

IFRC and LRCS maintained close coordination with PNS to keep them updated on the most current humanitarian situation on the ground, the evolving operational context, and highlight any new risks in security or the overall operations. These updates were well-received by PNSs as they provided valuable information on ground realities, supporting their internal discussions in Libya and influencing engagements with their back donors.

Movement Coordination and Cooperation:

Movement partners in-country continued to coordinate closely in line with existing Movement Coordination and Cooperation mechanisms anchored under a Movement Cooperation Agreement (MCA) in 2023. An Emergency Response Taskforce (ERT) was agreed to be responsible for developing and monitoring the LRCS operational strategy, with LRCS at the centre and the IFRC Secretariat providing strategic coordination for the benefit of the IFRC Membership.

Cluster Coordination:

Supported by IFRC, LRCS engaged with various cluster members such as UN TWGs to ensure alignment and interventions following the agreed model and the common minimum standards set by the Clusters in 2023. IFRC continued its coordination and participation in different meetings with the clusters, engaging on a monthly basis in these platforms to avoid duplication and ensure a consistent approach among all partners in their support for operational activities. During the reporting period in 2023, three meetings were held, and IFRC participated in each of them. These meetings provided a platform for cluster members to share progress, discuss challenges and new guidelines, and exchange information on various interventions to avoid duplication and ensure timely coordinated and integrated humanitarian services.

Furthermore, an NSD Delegate was appointed to advance the National Society Development Initiative (NSDI) and NSD Roadmap, with the aim of accelerating organizational strengthening in line with the LRCS strategic plan. Recruitment of an operations manager and a procurement delegate took place in early June 2024 to bolster some of the operational activities that had been put on hold since December 2023.

Orientation of LRCS Senior Management and Staff:

LRCS underwent several changes to its management structures since August 2023. Consequently, a key priority has been to provide orientation for the new management on Movement Principles, key IFRC policies and procedures, and various humanitarian standards. During May 2024, LRCS held its general assembly, which brought together heads of branches across the country, at regional and branch levels, covering various topics. The

REVISED OPERATIONAL STRATEGY

MDRLY005 - Libya
Libya Storm Daniel

Operational Budget

Planned Operations		10,098,682
Shelter and Basic Household items		583,183
Livelihoods		754,814
Disaster Law		105,000
Health & Care		3,842,529
Water, Sanitation & Hygiene		1,737,148
Protection, Gender and Inclusion		162,799
Community Engagement and Accountability		145,000
Migration		1
Risk Reduction, Climate Adaptation and Recovery		2,768,208
Enabling Approaches		3,715,898
Coordination and Partnerships		84,892
Secretariat Services		2,251,482
National Society Strengthening		1,379,524
TOTAL Budget		13,814,580

all amounts in Swiss Francs (CHF)

assembly endorsed the strategic directions of the new management, as well as the corrective measures and actions taken by the new management on fraud and corruption prevention, integrity, and safeguarding.

D. FUNDING

As of 31 December, the Emergency Appeal for the Libya Floods (MDRLY005) has officially closed to new contributions. The remaining available balance stands at CHF 6,659,610, which will be used to finalize recovery and resilience-building activities during 2025. The expenditure up to 31 December 2024 stands at CHF 7,154,970. The table below provides a breakdown review of the operational budget under the revised operational strategy.

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2023/9-2024/9998	Operation	MDRLY005
Budget Timeframe	2023/9-2024/12	Budget	APPROVED

Prepared on 03 Jun 2025

All figures are in Swiss Francs (CHF)

MDRLY005 - Libya - Flood Storm Daniel

Operating Timeframe: 12 Sep 2023 to 31 Dec 2024; appeal launch date: 12 Sep 2023

I. Emergency Appeal Funding Requirements

Total Funding Requirements	20,000,000
Donor Response* as per 03 Jun 2025	13,727,644
Appeal Coverage	68.64%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	810,941	583,183	227,759
PO02 - Livelihoods	197,979	4,814	193,165
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	2,370,905	1,842,529	528,376
PO05 - Water, Sanitation & Hygiene	1,235,469	937,148	298,321
PO06 - Protection, Gender and Inclusion	0	799	-799
PO07 - Education	0	0	0
PO08 - Migration	0	1	-1
PO09 - Risk Reduction, Climate Adaptation and Recovery	3,195,779	1,768,208	1,427,570
PO10 - Community Engagement and Accountability	0	0	0
PO11 - Environmental Sustainability	403,324	0	403,324
Planned Operations Total	8,214,397	5,136,682	3,077,715
EA01 - Coordination and Partnerships	9,577	34,282	-24,704
EA02 - Secretariat Services	1,649,097	1,301,482	347,615
EA03 - National Society Strengthening	1,822,851	682,524	1,140,327
Enabling Approaches Total	3,481,525	2,018,288	1,463,238
Grand Total	11,695,923	7,154,970	4,540,952

III. Operating Movement & Closing Balance per 2024/9998

Opening Balance	0
Income (Includes outstanding DREF Loan per IV.)	13,814,580
Expenditure	-7,154,970
Closing Balance	6,659,610
Deferred Income	0
Funds Available	6,659,610

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	Outstanding :	0
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Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2023/9-2024/9999	Operation	MDRLY005
Budget Timeframe	2023/9-2024/12	Budget	APPROVED

Prepared on 03 Jun 2025

All figures are in Swiss Francs (CHF)

MDRLY005 - Libya - Flood Storm Daniel

Operating Timeframe: 12 Sep 2023 to 31 Dec 2024; appeal launch date: 12 Sep 2023

V. Contributions by Donor and Other Income

Opening Balance						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Amadeus IT Group	1,472				1,472	
Amazon	39				39	
American Red Cross	353,456				353,456	
Ameriprise Financial	4,063				4,063	
Austrian Red Cross	101,313				101,313	
Austria - Private Donors	213				213	
Belarus Red Cross	202				202	
Belgian Government - French speaking community	238,009				238,009	
Belgian Red Cross (Flanders)	230,917				230,917	
Belgium - Private Donors	1,917				1,917	
Bloomberg	1,371				1,371	
Boeing	179				179	
British Red Cross	630,629	76,710			707,339	
Bulgarian Red Cross	2,368				2,368	
Canadian Government		64,053			64,053	
Charitable Giving	35,767				35,767	
Charities Aid Foundation	91,877				91,877	
Charities Aid Foundation (from Johnson & Johnson for	39,763				39,763	
Coca-Cola	15				15	
Croatian Red Cross	4,320				4,320	
Croatian Red Cross (from Croatian Government*)	235,182				235,182	
Cyprus Red Cross	4,708				4,708	
Danish Red Cross		203,759			203,759	
Deloitte Global Services Limited	65,314				65,314	
Deloitte NSE Services Ltd	95,917				95,917	
Eli Lilly Export SA	2,853				2,853	
Estonia Government	57,849				57,849	
Estonian Red Cross	78				78	
European Commission - DG ECHO	191,436				191,436	
F5	93				93	
Finnish Red Cross	141,880				141,880	
French Government	16,323				16,323	
French Red Cross		192,874			192,874	
Hong Kong Red Cross, Branch of the Red Cross Socie	22,574				22,574	
Irish Government	961,995				961,995	
Islamic Development Bank IsDB	1,342,475				1,342,475	
Italian Government Bilateral Emergency Fund	2,850,498				2,850,498	
Italian Red Cross	113,524				113,524	
Japanese Red Cross Society	179,499				179,499	
Jordan National Red Crescent Society			12,748		12,748	
KPMG International Cooperative(KPMG-I)	22,525				22,525	
Latvian Red Cross (from Latvian Government*)	47,453				47,453	
Liechtenstein Red Cross	51,394				51,394	
Luxembourg Government	287,588				287,588	
Luxembourg - Private Donors	627				627	
Mastercard Inc.	1,695				1,695	
Medtronic Foundation	88				88	
Monaco Government	47,701				47,701	
Netherlands - Private Donors	48				48	
New Zealand Government	271,031				271,031	

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2023/9-2024/0000	Operation	MDRLY005
Budget Timeframe	2023/9-2024/12	Budget	APPROVED

Prepared on 03 Jun 2025

All figures are in Swiss Francs (CHF)

MDRLY005 - Libya - Flood Storm Daniel

Operating Timeframe: 12 Sep 2023 to 31 Dec 2024; appeal launch date: 12 Sep 2023

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
New Zealand Red Cross	41,158				41,158	
Norwegian Red Cross (from Norwegian Government)	404,079				404,079	
On Line donations	85				85	
PIMCO	136				136	
Polish Red Cross	8,179				8,179	
Qatar Red Crescent	904,926				904,926	
Red Cross of Monaco	9,482				9,482	
Red Cross of The Republic of North Macedonia	1,474				1,474	
Republic of Korea Government	905,442				905,442	
ServiceNow	5,538				5,538	
Singapore Red Cross Society	45,938				45,938	
Spanish Government	239,252				239,252	
Spanish Red Cross		27,030			27,030	
Swedish Red Cross	82,104				82,104	
Swiss Humanitarian Foundation, SRK	60,000				60,000	
Swiss Red Cross (from Switzerland - Private Donors)	3,518				3,518	
Taiwan Red Cross Organisation	97,695				97,695	
Thai Red Cross Society	17,902				17,902	
The Canadian Red Cross Society (from Canadian Gov	516,525				516,525	
The OPEC Fund for International Development	430,987				430,987	
The Red Cross Society of Bosnia and Herzegovina	7,807				7,807	
The Republic of Korea National Red Cross	703,401				703,401	
United States - Private Donors	2,065				2,065	
Write off & provisions				-525	-525	
Total Contributions and Other Income	13,237,931	564,426	12,748	-525	13,814,580	0
Total Income and Deferred Income					13,814,580	0

With the appeal now closed, the Libyan Red Crescent Society (LRCS), with support from IFRC, has reviewed all planned activities to ensure they are realistic and impactful within the limits of the available budget. Priority has been given to sectors such as Health, WASH, Livelihoods, Disaster Risk Reduction, and institutional capacity strengthening.

In line with IFRC's Unified Planning and Reporting procedures, this 15-month operational update serves as the **final stand-alone report** for the Libya Floods Emergency Appeal. As the operation has exceeded 15 months in duration, future reporting—including narrative, indicator data, and financial updates—will be provided through IFRC's **mid-year and annual Unified Plan reports** for Libya. While the MDRLY005 coding structure will remain for financial tracking, the modality of reporting shifts to an integrated, country-level framework.

The operational strategy has been extended through December 2025; a detailed timeframe will be provided in upcoming updates. All future implementation progress will be captured under the Unified Plan. A detailed financial annex showing contributions, expenditures, and the remaining balance is included with this report.

Contact information

For further information, specifically related to this operation please contact:

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- **Global Humanitarian Services and Supply Chain Management Unit, MENA Regional Office:** Cornelis Jan Dees, Regional Head, cornelis.dees@ifrc.org

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.

Annex – Ongoing Emergency Operations – Workplan 2025 for Libya

This annex details the activities scheduled for implementation starting from January 2025 until June 2026.

Appeal No.: MDRLY005	People to be assisted:	The funding requirement
Operational Strategy	People affected: 400,000 people	End date of the emergency phase and transition to longer-term response: 31/12/2024

Ongoing operations

	Health and Care
Objective	Restored access of affected populations to essential health care services (emergency, primary, secondary, community/public health) including mental health and psychosocial support.
Priority actions	
Actions beyond the timeframe of the emergency appeal and covered through this plan	
Activities	
- Deploy remaining mobile clinics and ambulances to expand service reach. A total of 5 Mobile health units and 5 Ambulances are expected to be operational reaching 5,398 people - Support LRCS Polyclinics with needed medical equipment. In total, 2 polyclinics (Derna and Towkra) are expected to be fully operational from January till December 2025. The target is 7,500 people - Sustain LRCS needs in terms of medicines for its polyclinics, mobile health units and ambulances. A procurement is planned to secure LRCS needed medicines for its HEALTH services - Sustain MHPSS services via the Derna community center and outreach teams. A total of 6,000 are expected to be reached by end of 2025 - Finalize and institutionalize the 'Care for Volunteers' framework - Expand school-based health education across additional municipalities. A total of 700 children are expected to be reached with first aid training - Reinforce chronic and communicable disease care in underserved areas. A total of 7,000 people is expected to be reached through health promotion activities - PFA training to 35 new LRCS staff and Volunteers.	

	Shelter, housing, and settlements
Objective	Ensure readiness of emergency shelter response capacities through effective stock management and alignment with national emergency protocols.
Priority actions	
Actions beyond the timeframe of the emergency appeal and covered through this plan	
Activities - No further shelter-related distributions are planned for 2025. - LRCS will continue to monitor and manage pre-positioned shelter and household stocks. - Ongoing stock maintenance and readiness will ensure timely deployment in future emergencies. - Coordination with Shelter Cluster and local authorities will support strategic stock replenishment and SOP alignment.	
	Livelihoods
Objective	Support the restoration of household and community livelihoods through employment generation, skills training, and productive asset recovery, contributing to long-term economic resilience.
Priority actions	
Actions beyond the timeframe of the emergency appeal and covered through this plan	
Activities - No further food assistance distributions are planned; initial targets have been met. - Launch of Employment-Intensive Investment Programmes (EIIP) to provide short-term, dignified income opportunities through infrastructure restoration (target: 150 individuals). - Delivery of in-kind support packages to enable 50 small enterprises to resume operations and restore local economic activity. - Vocational and entrepreneurship training targeting 100 women and youth, aimed at enhancing employability and stimulating micro-enterprise creation. - Provision of agricultural inputs and tools to 100 flood-affected farmers to support the resumption of seasonal livelihoods.	
	Multi-purpose cash
Objective	Strengthen LRCS readiness and capacity to deliver timely, needs-based cash assistance in future emergencies through sustained internal training and preparedness investments.

Priority actions

Actions beyond the timeframe of the emergency appeal and covered through this plan

Activities

- No further CVA distributions are planned for the extended operation; the target of 1,000 recipients represents the goal planned to be achieved by 31 December 2024.
- Continue to strengthen internal CVA preparedness through planned training and refresher sessions, targeting a total of 45 staff and volunteers.
- Ensure 14 core staff and volunteers receive additional training in market analysis, enabling them to contribute to broader recovery and response planning.
- Maintain and deploy the trained staff pool to ensure rapid activation of multi-purpose cash assistance (MPCA) in future emergencies, aligned with trigger-based needs assessments and coordinated CVA protocols.



Water, sanitation and hygiene

Objective

Improve sustained access to safe water, sanitation, and hygiene services in crisis-affected communities while reinforcing institutional readiness and local WASH capacity.

Priority actions

Actions beyond the timeframe of the emergency appeal and covered through this plan

Activities

- Distribute and install 2,000 RO water filters for vulnerable households, reaching up to 10,000 people with safe drinking water.
- Conduct ongoing water trucking operations to underserved communities with damaged infrastructure, targeting 400 households (2,000 individuals).
- Complete the planned distribution of 1,500 personal hygiene kits to support dignity and disease prevention.
- Deliver targeted hygiene promotion sessions using localized messaging, particularly for women and children, reaching 313 people.
- Maintain stockpiles of WASH items and ensure operational readiness for emergency deployment.
- Support minor infrastructure upgrades in 11 schools and health centres, improving WASH access for 2,200 people.
- Train 25 LRCS staff and volunteers to expand local capacity for WASH response.
- Deploy short-term IFRC WASH personnel to provide technical support and on-the-job capacity building for LRCS WASH staff.
- Develop a medium-term WASH recovery and transition plan in coordination with local water authorities to define strategic priorities.
- Plan the phased installation of solar energy systems across LRCS facilities to promote environmental sustainability and reduce energy costs.
- Conduct Post-Distribution Monitoring (PDM) for RO filter installation and water distribution, with findings to be finalized and shared by October 2025.



Protection, gender and inclusion

Objective

Promote the safety, dignity, and equal access of all individuals, with a focus on at-risk groups, by integrating protection, gender, and inclusion across sectors and sustaining field-level systems for referral and support.

Priority actions

Actions beyond the timeframe of the emergency appeal and covered through this plan

Activities

- Organize two national workshops with protection actors in northeast Libya to maintain and refine the referral pathway system.
- Deliver refresher training on safe identification and referral mechanisms to 100 volunteers and staff, including 17 newly onboarded personnel involved in psychosocial and frontline support activities.
- Continue delivering PGI-specific activities to 1,000 people, focusing on addressing vulnerabilities and preventing exclusion.
- Finalize and disseminate child protection service mapping in collaboration with partners and integrate it into LRCS standard operating procedures (SOPs) and volunteer training materials.
- Maintain active engagement in national protection coordination mechanisms to ensure up-to-date service mapping and protection responses.
- Conduct an evaluation of PGI interventions completed during the appeal to document best practices and inform future program design.
- Expand PGI mainstreaming across health, shelter, and WASH sectors through cross-sector volunteer orientations and sectoral collaboration planned for 2025.



Community engagement and accountability

Objective

Ensure that affected communities are meaningfully engaged throughout the response and recovery, with access to timely, relevant information and trusted feedback mechanisms that guide program refinement and build accountability.

Priority actions

Actions beyond the timeframe of the emergency appeal and covered through this plan

Activities

- Leverage the presence of the IFRC PMER Officer to roll out tailored CEA action plans in Derna and LRCS HQ.
- Expand community awareness of feedback mechanisms through localized outreach sessions.
- Monitor feedback and complaint trends to continuously improve response relevance and community trust.
- Identify and implement CEA training opportunities for branch-level focal points to enhance field-level accountability capacity.
- Integrate feedback loops into project design and post-distribution monitoring, ensuring that voices of affected populations inform program adaptation.
- Conduct targeted training for staff and volunteers on CEA fundamentals, ethical data collection, protection-sensitive complaint handling, and safeguarding. Trainings will be disaggregated by gender and role to ensure inclusivity.
- Facilitate community sensitization sessions on their rights, available services, and complaint channels using culturally and linguistically appropriate tools.
- Incorporate feedback questions into PDM surveys for livelihoods and WASH interventions, emphasizing satisfaction, access, and fairness.
- Maintain close coordination with PGI focal points to manage sensitive feedback and ensure timely referral to specialized services when needed.



Risk reduction, climate adaptation and recovery

Objective	Enhance LRCS institutional readiness and disaster risk management capacity through strategic planning, SOP development, response team training, and climate adaptation programming in alignment with IFRC and regional priorities.
Priority actions	
Actions beyond the timeframe of the emergency appeal and covered through this plan	
Activities	
- Conduct a comprehensive review and update of the LRCS Preparedness for Effective Response (PER) Plan of Action, reflecting evolving operational realities in Libya. - Finalize, test, and publish Standard Operating Procedures (SOPs) for the Emergency Operations Center (EOC) and associated response levels, with testing phases carried out across LRCS branches. - Operationalize the central EOC at LRCS headquarters in Benghazi to streamline information management and emergency resource coordination across branches. - Finalize and publish the Disaster Risk Management (DRM) policy, institutionalizing disaster governance frameworks across LRCS levels. - Develop Contingency Plans (CP) to enable timely, effective response to disasters by planning resource allocation, coordination, communication, and technical interventions in advance. - Deliver National Response Team (NRT) training to 100 LRCS staff and volunteers in June 2025 (pending security clearance for trainers), aligned with IFRC global standards to improve deployment, coordination, and service delivery in emergencies. - Engage LRCS DRR focal points in the Community-Based Disaster Risk Reduction (CBDRR) Sub-Working Group and the MENA Regional Enhanced Vulnerability and Capacity Assessment (EVCA) process for peer learning and strategy alignment. - Support LRCS to scale up climate risk reduction activities through the development of a dedicated climate and DRR strategy, enhancing the National Society's long-term capacity to manage environmental and disaster risks.	

Enabling approaches

	National Society Strengthening
Objective	Strengthen the institutional, operational, and human resource capacities of the LRCS to enhance its ability to deliver quality humanitarian services nationwide and maintain organizational resilience.
Priority actions	
Actions beyond the timeframe of the emergency appeal and covered through this plan	
Activities	
- Finalize the recruitment of an external HR consultancy to lead the development of updated policies, systems, and standard operating procedures (SOPs). - Establish a dedicated Human Resources department at LRCS HQ, initiating a phased rollout of improved HR systems and practices across branches. - Assess and enhance LRCS capacity to effectively implement new Working with Project Partners (WWPP) modalities.	

- Continue branch-level infrastructure upgrades, replicating successful improvements from Derna and Benghazi in two additional branches, supporting readiness and PER-based planning.
- Deliver disaster management and emergency response training to 20 newly identified staff and volunteers to reinforce local response capacity.
- Expand volunteer insurance coverage and ensure that 1,500 volunteers across all branches have access to necessary communications, visibility, and IT equipment.
- Scale up psychosocial support services for frontline responders, including targeted PSS training for 20 new LRCS staff and volunteers to bolster operational resilience.