

Final Report

Libya, MENA | Storm Daniel

Emergency appeal №: MDRLY005 Emergency appeal launched: 13/09/2023 Operational Strategy published: 30/11/2023	Glide №: FL-2023-000168-LBY
Final Report Date of issue: 29/09/2026	Timeframe covered by this update: From 13/09/2023 to 31/12/2025
Operation timeframe: 15 months (13/09/2023 - 31/12/2024) <u>Extended till 30/06/2026</u>	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



IFRC supported LRCS in reaching over 400,000 people through relief assistance, emergency response, and preparedness activities, strengthening the National Society's capacity for effective humanitarian action. LRCS National Response Teams participated in simulation exercises and emergency drills alongside national stakeholders, enhancing coordination and readiness to respond to future disasters.

ABOUT THIS REPORT

This final report presents the progress, achievements and lessons learned under Emergency Appeal MDRLY005 – Storm Daniel. The Appeal was delivered through two successive operational strategies, marking the operation's evolution from emergency response to recovery, each addressing a distinct phase of the crisis:

- **The initial Operational Strategy** (Nov 2023) concentrated on emergency response, search and rescue, and the delivery of immediate life-saving assistance to flood-affected communities.
- **The revised Operational Strategy** (Sep 2024) broadened the operation toward early recovery and resilience, with increased attention to recovery and resilience planning and implementation, strengthening the capacity of the Libyan Red Crescent Society (LRCS), and enhancing security management.

The MDRLY005 emergency appeal was launched on 13 September 2023 and extended till 30 June 2026. The revised operations strategy expanded to include recovery efforts to address needs stemming from the Operational context. The last revision of the emergency appeal, funding requirements were increased to 20 million under IFRC multi-lateral funding, and 25 million Federation-wide. This approach aligned with the framework outlined in the previous revision and focused on delivering urgent humanitarian assistance and addressing recovery and institutional needs.

Under each operational strategy, funds have been earmarked where required, identifying donor assistance needs and streamlining monitoring, evaluation and reporting. The appeal revisions, operational strategies and operations updates are available [here](#) . After 30 June 2026, interventions will continue under the IFRC [Libya Country Plan for 2026](#).

The IFRC Unified Country Plan shows an integrated view of bridging relief to development and longer-term programming tailored to the needs of the country identified under the national society road map. The 2-year roadmap was designed to support structured implementation, effective monitoring, and strategic oversight of NSD priorities. It provides a clear pathway of key actions linked to performance indicators aligned with IFRC strategic priorities, NSD IFRC framework and national society's organizational needs. The tool was developed through a consultative engaging process with the LRCS ensuring alignment with IFRC standards while reflecting the Libyan context and reinforcing National Society ownership, while still ensuring that the needs of those affected by the disaster are met in an accountable and transparent way.

EXECUTIVE SUMMARY

The Daniel Storm Emergency appeal was launched in September 2023 with an initial request for CHF **10** million to address immediate humanitarian needs affecting vulnerable populations in affected areas. Following comprehensive multi-sectoral needs assessment and deeper understanding of the disaster's scope and recovery requirements, the appeal was revised upward to CHF **20** million in November 2023. The revision reflected: expanded geographic reach across **15** municipalities rather than the initially assessed areas; identification of **300,000** affected persons rather than the initial **200,000** estimate; inclusion of medium-term recovery and institutional strengthening components beyond immediate relief; and critical gaps in water, sanitation, health, and livelihoods sectors revealed by detailed sector

assessments. Closing on 30 June 2026 with **69.2%** funding coverage, the Libyan Red Crescent directly reached more than **400,000** people with at least one form of humanitarian assistance. The LRCS and IFRC wholeheartedly thank all donors and contributors who have supported the people of Libya through this appeal.



Libya Floods

Humanitarian Impact & Relief Overview



This operation was implemented in a complex operational environment that influenced implementation timelines and the sequencing of activities. Between 2023 and 2025, the Libyan Red Crescent Society (LRCS) underwent three senior management transitions, requiring sustained technical accompaniment from the IFRC to support institutional continuity and maintain implementation momentum. In response to financial governance concerns, the IFRC strengthened oversight and fiduciary controls, including the temporary suspension of fund transfers from December 2023 until the required assurance measures were in place. These measures, together with lengthy banking procedures and customs clearance processes, contributed to delays in fund availability, procurement, and the delivery of internationally sourced supplies. Libya's evolving political and security context also required continuous adaptation of operational planning and geographic targeting to maintain humanitarian access across different regions. High staff turnover and competing institutional priorities further affected implementation capacity, particularly during 2025.

Throughout the implementation period, the IFRC maintained regular and transparent communication with donors, Movement partners, and other stakeholders on operational progress, implementation challenges,

and the mitigation measures being undertaken. This continuous engagement ensured that partners remained informed of the evolving operational context and developed a shared understanding of the constraints affecting delivery. As a result, partners demonstrated flexibility in implementation timelines and operational modalities, enabling the operation to adapt to changing circumstances while remaining focused on achieving its intended humanitarian objectives.

Despite these challenges, the operation achieved significant results through the sustained commitment of the LRCS, supported by the IFRC and Movement partners. The experience demonstrated the value of strong coordination, adaptive management, and partnership in delivering humanitarian assistance and strengthening institutional capacities in a highly complex operating environment.

Adopting a unified Federation-wide approach, the Libyan Red Crescent Society (LRCS) worked in close coordination with the IFRC, Movement partners, and national and local authorities, while ensuring that affected communities remained at the centre of planning and implementation. Through this Emergency Appeal (September 2023–December 2025), the LRCS provided critical humanitarian assistance and early recovery support to people affected by Storm Daniel, achieving the following results:

- **Essential Relief:** Assisted 375,884 people with household and relief items to safeguard their health, dignity, and daily living.
- **Health & Well-being:** Reached over 51,000 people with healthcare and mental health services (including 30,305 through polyclinics/mobile teams and 20,946 through psychosocial support), plus an additional **5,600** people through health and hygiene promotion.
- **Resource Distribution & Readiness:** Distributed over 75,851 core relief items during the acute crisis, and replenished 22,488 household kits to boost national readiness for future emergencies.
- **Shelter Support:** Directly supported 15,235 households (upward of 94,000 individuals) with shelter and non-food items.
- **Water Security:** delivering 510,000 liters of safe drinking water to 24,154 people.
- **Capacity Building:** Trained over 600 staff and volunteers in health, WASH, cash assistance, protection, and livelihoods
- **Operational Enablers & Institutional Strengthening:**

Beyond delivering humanitarian assistance, the operation substantially strengthened the institutional capacity of the Libyan Red Crescent Society (LRCS) to prepare for, manage, and recover from future emergencies. Key achievements included :

- Development of the LRCS Development Roadmap, informed by a comprehensive Organizational Capacity Assessment (OCA) exercise.
- Rehabilitation of the Benghazi Central warehouse to strengthen national logistics and emergency stock management.
- Enhancement of the Emergency Operations Centre (EOC) to improve operational coordination and surge response, that acts today in synergy with branch level operation rooms, positioning LRCS as the information hub during crisis and emergencies
- Strengthening of the LRCS fleet and logistics capacity through the provision of **7** ambulances, **5** Mobile Health Units (MHUs), **4** cargo trucks (**2** IVECO Eurocargo trucks and **2** Hilux 4x4 double cabin

vehicles), and **1** water truck (10,000L capacity), enhancing emergency response, logistics, medical service delivery, and humanitarian operations nationwide.

- Provision of technical, operational, and surge support by IFRC staff to strengthen LRCS capacities across emergency response, preparedness, organizational development, logistics, PMER, health, WASH, CVA, communications, and coordination, ensuring effective implementation of humanitarian operations and institutional development.

Investments were also made to strengthen core organizational functions, including finance, planning, monitoring, evaluation and reporting (PMER), logistics, human resources, and digital transformation. Institutional accountability was reinforced through the adoption and operationalization of key policies and systems on integrity, whistleblower protection, Prevention of Sexual Exploitation and Abuse (PSEA), child safeguarding, and community feedback and complaints mechanisms. Collectively, these achievements established stronger governance, improved operational readiness, and laid the foundation for a more resilient, accountable, and sustainable National Society.

The operation invested in long-term emergency health capacity through the procurement and deployment of five Mobile Health Units (MHUs), five ambulances, rehabilitation and equipping of two primary healthcare polyclinics, and strengthening of seven health facilities, significantly improving emergency medical preparedness and access to healthcare.

Beyond immediate relief, LRCS expanded its emergency preparedness by replenishing 22,488 household relief kits, pre-positioning emergency stocks, strengthening national logistics infrastructure, and establishing improved warehousing and supply chain capacity for future emergencies.

The operation transitioned from emergency relief to more sustainable water solutions through water trucking operations, installation of water treatment systems, procurement of household reverse osmosis filters, rehabilitation of water infrastructure, and delivery of more than 510,000 litres of safe drinking water to affected communities.

Following the signing and activation of the IFRC Legal Status Agreement, the IFRC Country Delegation relocated from Tunis to Libya in January 2026. This milestone enabled closer operational oversight, stronger coordination with LRCS and national authorities, faster technical support, and a more sustainable in-country humanitarian presence.

FUNDING REQUIREMENTS AND CONTRIBUTIONS

The overall MDRLY005 Daniel Storm emergency appeal sought CHF 20 million through the IFRC Secretariat and CHF 25 million through Federation-wide support (which includes contributions outside this Appeal) to cover the needs of 300,000 vulnerable people (some 60,000 households). Up to the close of the appeal, funding was 69.2 percent realized. In its initial emergency plan of action in September 2023, this appeal sought CHF 10 million to support floods affected people. However, following revision of the Appeal, funding requirements were increased to cover the expanding needs and increasing numbers of disaster-affected and displaced people.

National Societies and partner organizations who have contributed towards the Emergency Appeal in cash, kind, or technical assistance have played a vital role in supporting this humanitarian response. This appeal has also received contributions from a wide range of institutional donors, including governmental organizations, charitable foundations, not-for-profit organizations, corporations, and private individuals.

We extend our gratitude to all partners and supporters whose generosity has made this emergency response possible.

SITUATION ANALYSIS

DESCRIPTION OF THE CRISIS

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, with damage extending into Al Marj, Jabel Akhdar, Benghazi, and surrounding areas. The combination of torrential rainfall and dam failures produced an unparalleled humanitarian emergency in a country already strained by decades of political instability, fragile institutions, and conflict.

Hundreds of thousands of people were affected across multiple sectors. Health facilities were damaged and overwhelmed by surging demand; WASH infrastructure was severely compromised, escalating the risk

of waterborne disease; and food systems were disrupted by submerged agricultural land and broken supply chains, leaving many communities reliant on humanitarian aid. Shelter needs likewise remained acute as displaced households struggled to access safe housing.

However, the humanitarian emergency evolved significantly over the implementation period. As the acute crisis phase stabilized by early 2024, deeper assessment revealed that immediate survival needs had given way to medium and longer-term recovery challenges¹. Displaced populations remained in temporary shelters months after the disaster; water and sanitation infrastructure damage persisted, creating ongoing disease risks; livelihoods destruction meant families could not meet basic needs through their own resources; and psychosocial trauma among survivors remained pervasive. Communities that had lost homes, productive assets, and economic opportunity required not only emergency relief but sustained support for housing recovery, livelihood restoration, and resilience-building. Health systems require rebuilding and strengthening for long-term service delivery. WASH infrastructure rehabilitation demanded substantial investment.

This evolution of needs from immediate survival assistance toward recovery and institutional strengthening fundamentally shaped the operational strategy revision in November 2023, justifying the increase from CHF 10 million to CHF 20 million and the extension of implementation beyond the initial 15-month timeframe through June 2025.

SUMMARY OF RESPONSE

Following the unprecedented devastation caused by Storm Daniel in September 2023, 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.

¹ [IFRC Libya Storm Daniel - Presentation Multi Sector Needs Assessment, Key Findings, December 2023](#)

To coordinate the response, LRCS 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. Over the operation's lifespan, LRCS directly reached 400,000 people across eastern Libya, exceeding the original target of 300,000.

LRCS Volunteers carry out search and rescue operations across valleys of east Libya

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 rehabilitated 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



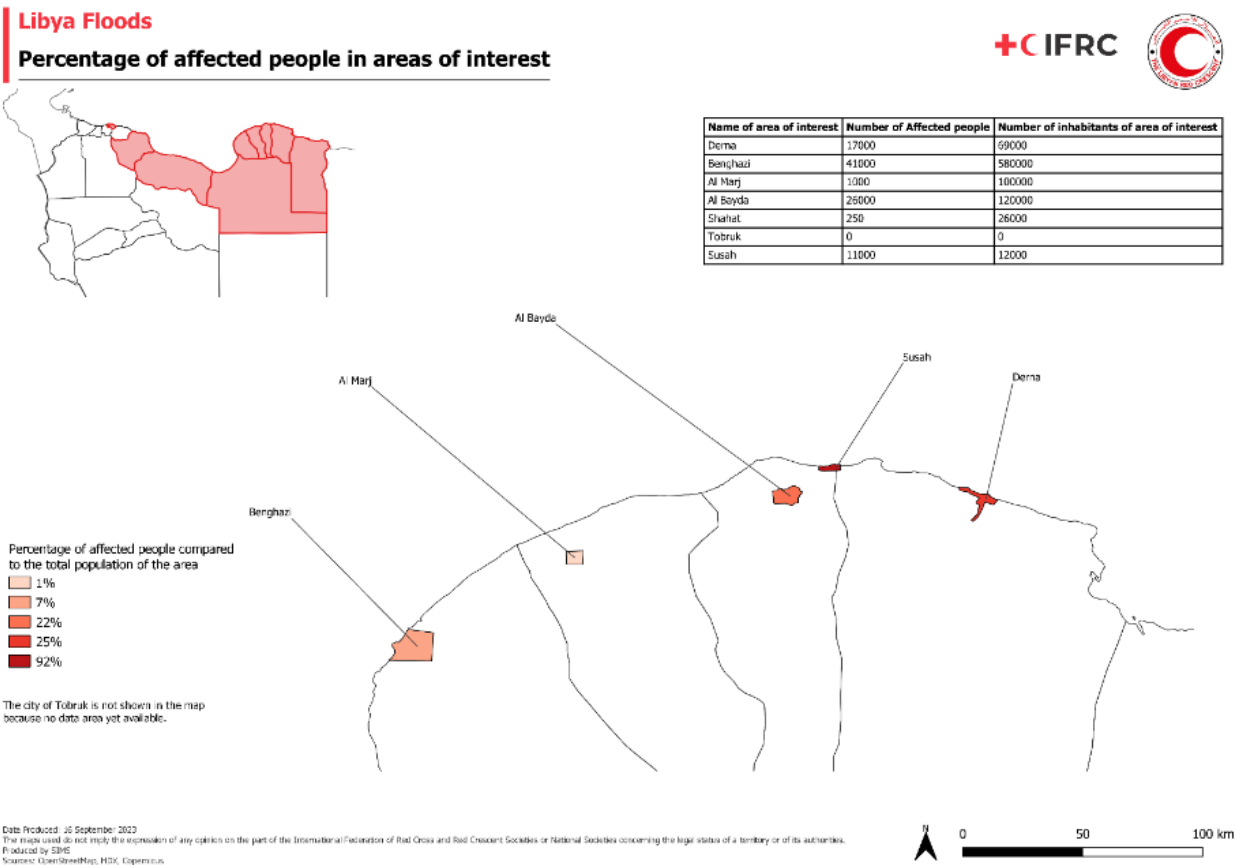
and neighborhoods became a key element of the response, with thousands reached through health,

hygiene, and protection messaging. Direct cash and livelihoods programming was not launched during the Appeal period due to technical and logistical limitations; however, assessments, staff training, and partnership-building during the operation laid the groundwork for follow-up interventions taken forward under the LRCS Development Roadmap.

Map showing population density in affected areas

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, and culminated in the LRCS Development Roadmap finalized in May 2026. 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 principles of local leadership and humanitarian neutrality in the face of overwhelming need.

NATIONAL SOCIETY CAPACITY

Auxiliary Status and Operational Footprint

The Libyan Red Crescent Society (LRCS), operating in accordance with its auxiliary mandate to public authorities, serves as a pivotal national partner in disaster preparedness and emergency response. Backed by a dedicated workforce of approximately 3,000 trained volunteers and staff, the National Society delivers vital humanitarian assistance to crisis-affected populations across the country. Despite operating within a highly fragile and politically sensitive environment, the LRCS has consistently preserved its organizational unity and operational integrity. Its humanitarian mandate is effectively sustained through this resilient volunteer base, disciplined internal coordination mechanisms, and an unwavering commitment to the Fundamental Principles of the International Red Cross and Red Crescent Movement.

A core strength of the LRCS is its extensive operational footprint. Maintaining an active presence and established local networks across all 38 nationwide branches, the National Society ensures close proximity to affected populations and rapid deployment capability, even in the most challenging contexts. These branch-level capacities are essential for driving community engagement, conducting localized needs assessments, and identifying beneficiaries, ensuring that all humanitarian activities remain well-coordinated and principled.

Community Acceptance and Access

Crucially, the LRCS enjoys broad community acceptance and possesses reliable access in areas where other humanitarian actors face severe constraints. Consequently, the National Society is uniquely positioned to reach vulnerable populations that might otherwise remain underserved, particularly in remote and hard-to-reach locations. This combination of a nationwide branch network, deep-rooted community trust, and long-standing local partnerships allows the LRCS to provide timely emergency assistance and sustain support well beyond the immediate response phase. Ultimately, this volunteer-driven, unified structure enables inclusive, effective disaster response across all regions, maximizing reach in high-need areas.

Lessons Learned and Institutional Strengthening

In the wake of recent emergency responses, the LRCS identified several critical gaps and strategic opportunities to reinforce its preparedness, surge capabilities, coordination mechanisms, and overall institutional readiness. To address these findings systematically, the LRCS requested technical support from the IFRC to facilitate a comprehensive organizational capacity assessment workshop.

Conducted in May 2026, the workshop was facilitated by National Society Development (NSD) teams from both the IFRC Regional Office and IFRC Geneva. This structured, evidence-based exercise enabled the LRCS to evaluate existing capacities and prioritize operational gaps. The resulting findings and follow-up recommendations are being translated into concrete actions under the LRCS roadmap toward institutional resilience. This strategic framework will directly inform and shape the prioritization of institutional strengthening interventions within the upcoming Unified Plan, which is scheduled for publication in August 2026.

OPERATIONAL CONSTRAINTS

Security, Movements, and Community Perceptions

Security clearance requirements enforced by local authorities restricted the movement of international personnel, resulting in delays to field-based training, technical support, and direct community engagement. To address these constraints, the operation accelerated the localization of implementation and oversight by strengthening the capacity of local staff to lead programme delivery and monitoring. Community engagement and accountability (CEA) activities, including the collection of community feedback, were transitioned to trained volunteers to ensure continued engagement with affected populations. In parallel, the Libyan Red Crescent Society (LRCS) leveraged its auxiliary role to the public authorities and its established advocacy capacity to facilitate access, strengthen coordination with government counterparts, and maintain operational continuity. These measures enhanced LRCS's ability to deliver humanitarian assistance independently while reinforcing its leadership role as Libya's national humanitarian actor.

Personnel Welfare and Complex Operating Pressures

Operating in Libya's volatile context created cumulative stress on staff, affecting continuity when personnel departed and undermining service quality. The operation established duty of care protocols, rotation schedules, wellness activities, and counseling support. These measures sustained staff retention and established practices LRCS continues beyond the appeal period.

Organizational Governance, Data Availability, and Institutional Risks

The operation was implemented in a challenging operational environment marked by three successive leadership transitions within the Libya Red Crescent Society (LRCS). These changes disrupted institutional memory and information continuity, resulting in data gaps, reporting delays, and increased concerns among partners regarding the consistency and quality of operational oversight.

To mitigate these risks, the operation introduced a series of strengthened management and accountability measures. Key mitigation actions included the temporary suspension of selected activities during transition periods to safeguard compliance, the assumption of direct IFRC oversight for procurement and financial management functions, the reconstruction and validation of missing operational data through post-distribution monitoring and verification exercises, and significant investment in strengthening digital Planning, Monitoring, Evaluation and Reporting (PMER) systems. These measures enhanced data integrity, improved reporting quality, and reinforced accountability throughout implementation.

By the end of 2025, LRCS had institutionalized core monitoring and reporting systems reducing operational disruptions and strengthening organizational resilience. Building on these achievements, LRCS developed its PMER Framework in 2026 to further strengthen quality assurance, monitoring, reporting, accountability, and community feedback mechanisms across its programmes and operations. The framework establishes standardized processes and roles for performance monitoring, data quality assurance, evidence-based decision-making, and the systematic collection and use of community feedback, positioning LRCS to deliver

more consistent, accountable, and high-quality humanitarian programming while enhancing institutional learning and continuous improvement.

Internal Capacities and Human Resources Structural Issues

Overlapping roles and responsibilities, an unstable organizational structure, and high staff turnover—compounded by limited support service capacities, particularly in finance and quality assurance—created administrative bottlenecks and increased financial management risks. In response, the operation deployed embedded finance technical resources, formalized job descriptions and organizational structures, digitized financial management systems, and provided continuous coaching and capacity strengthening. As a result, the Libyan Red Crescent Society's finance and human resources systems have been significantly strengthened, enhancing institutional capacity, accountability, and operational efficiency. Further building capacities components and interventions are captured under the unified country plan.

Safeguarding and Protection Risks

Emergency conditions heightened vulnerability to sexual exploitation and abuse. The operation developed PSEA protocols, implemented personnel screening, integrated mandatory safeguarding training, established community reporting mechanisms, and mainstreamed Protection considerations across all sectors. Safeguarding became a proactive institutional practice.

Legal Status and External Operational Hurdles

The operation was implemented in a challenging operational environment where the absence of formal legal status for the IFRC in Libya significantly constrained its operational independence and limited its ability to establish the administrative, financial, and contractual arrangements required for efficient programme delivery. At the same time, restrictions affecting the national banking sector prevented the implementation of reliable and accountable cash-based assistance, reducing the feasibility of cash transfer programming for affected populations.

To address these constraints, the operation prioritized sustained engagement with the relevant national authorities to secure the IFRC's legal status, which was successfully activated in December 2025. This milestone strengthened the IFRC's operational presence and enabled the relocation of the IFRC delegation to Libya in January 2026, enhancing coordination, oversight, and direct support to the Libyan Red Crescent and other operational partners.

In parallel, the operation adapted its programme delivery approach by redesigning livelihood interventions from cash-based assistance to in-kind support modalities. This transition ensured that assistance could be delivered through mechanisms that were operationally feasible, transparent, and effectively monitored within the prevailing financial and regulatory environment. Implementation for such strategic adjustments helped the operation reduce dependence on constrained banking systems, strengthen accountability, and maintain continuity in the delivery of critical support to affected communities.

IFRC Country Relocation and Mitigation Actions

To mitigate these constraints and enhance oversight, the IFRC country delegation relocated from Tunis to Libya in January 2026 following the activation of its signed legal status. This move enabled a more responsive presence, closer implementation oversight, and improved coordination.

Throughout the appeal period, the IFRC, the Norwegian Red Cross, and the ICRC sustained support to the LRCS. Targeted measures focused on institutional strengthening, including technical training, finance capacity enhancement, logistics reinforcement, and digital transformation initiatives. Through a collaborative, consultative process under the National Society Unified Plan, partners prioritized enhancing LRCS systems, specifically focusing on financial compliance, reporting, monitoring, transparency, and accountability, ensuring the effective management of resources and the delivery of principled humanitarian assistance despite ongoing operational and political challenges.

A. OPERATIONAL STRATEGY

The Libyan Red Crescent Society (LRCS), with the support of the IFRC and Partner National Societies, structured its response to Storm Daniel around a phased approach that moved deliberately from life-saving emergency intervention through early recovery and toward longer-term resilience building and National Society development. This evolution was evidence-driven and guided throughout by close collaboration between LRCS, the IFRC, and the broader Movement.

Assessment-led design

Programming decisions throughout the operation were anchored in evidence generated by the Multi-Sectoral Needs Assessment (MSNA), conducted between 3 and 20 December 2023 the largest needs assessment LRCS had undertaken. An initial **2,136** households were assessed, with a follow-up round expanding coverage to **2,432** households, producing a sector-by-sector picture of post-storm conditions. The findings directly shaped sectoral targeting: **41** per cent of households reported no access to potable water, **31** per cent faced barriers to healthcare, and **40** per cent reported at least one school-aged child no longer enrolled, informing the relative weighting of WASH, health, and education interventions. Where the assessment identified acute, localized need such as Al Wardiyeh, where every surveyed household required emergency non-food items and **92** per cent reported difficulty accessing food the operation adjusted accordingly, increasing the volume of assistance directed to the village. Data were disaggregated by age, sex, and disability, allowing the operation to identify and prioritize groups at heightened risk, including unaccompanied minors and elderly persons with limited mobility. Beyond informing programming, the MSNA strengthened LRCS capacity in its own right: volunteers were trained in assessment tools and deployment, and the PMER team developed a monitoring dashboard that was subsequently expanded to track other LRCS programmes.

Integrated, adaptive programming

The operational plan was modified continuously in response to field evidence, post-distribution monitoring, and community feedback, ensuring that programming remained adaptive and responsive to evolving needs. Integrated programming across sectors was a deliberate feature of the operational design. Health and MHPSS services were delivered through the same community platforms. WASH distributions

were systematically paired with hygiene promotion. Protection, Gender and Inclusion considerations were mainstreamed across all sectors, with referral pathways for gender-based violence established in partnership with UNFPA, hygiene sessions designed to address menstrual hygiene and disability inclusion, and post-distribution monitoring tools disaggregated by sex, age, and disability. Community Engagement and Accountability was treated as a cross-cutting approach embedded across every area of the response rather than a standalone activity.

Early recovery was promoted from the earliest stages of the operation. Recovery-oriented WASH proposals, shelter assessments, and livelihood feasibility studies were initiated in parallel with ongoing emergency distributions. The rehabilitation of the LRCS Derna branch and polyclinic, the establishment of the MHPSS Community Centre, and the progressive transition from emergency water trucking to community-managed water infrastructure all reflected a sustained commitment to recovery alongside relief. By the end of December 2025, LRCS had reached 400,000 people across eastern Libya, exceeding the original target of 300,000.

Navigating institutional turbulence

The operation navigated significant institutional turbulence within LRCS, with three different senior management teams appointed between 2023 and 2025. Each transition created disruptions in information continuity and implementation pace. IFRC and LRCS responded with precautionary measures including temporary suspension of activities, direct IFRC oversight of procurement, and sustained technical accompaniment. The May 2024 General Assembly, which endorsed corrective measures on fraud prevention, integrity, and safeguarding, marked a turning point after which implementation accelerated substantially. Throughout this period, LRCS maintained its access and acceptance across affected communities, and its volunteers continued delivering services without interruption.

A notable operational achievement during the recovery phase was the successful retrieval of the Canadian Red Cross Emergency Response Unit, a carefully coordinated joint effort between LRCS and IFRC requiring close engagement with local authorities. Critically, the associated assets were not simply withdrawn but repurposed to support LRCS's response to the growing influx of Sudanese refugees arriving through Libya's southern border at Kufra, demonstrating the operational flexibility and coordination capacity the appeal helped build.

The LRCS Development Roadmap as a Strategic Achievement

The most enduring achievement of the Emergency Appeal is the development of the LRCS Development Roadmap, finalized in May 2026 through a rigorous, participatory process grounded in operational learning. This was not a conventional institutional development exercise imposed by external partners. Rather, it emerged directly from the gaps, adaptations, and lessons accumulated through 28 months of continuous operation across a complex emergency.

LRCS conducted an Organizational Capacity Assessment exercise with real-time sentiment analysis and participatory reflection sessions with staff and volunteers at all levels, triangulated with technical reviews by IFRC Regional Office thematic leads across 15 domains. The assessment explicitly examined what had

worked during the appeal, what had created friction, and what institutional investments had proven their worth. The result is a roadmap genuinely owned by the National Society, built from within rather than imposed from outside and built from the lived experience of operating at scale under stress.

The roadmap is organized around thjr strategic pillars, each directly traceable to operational insights and institutional gaps revealed during Storm Daniel response:

To Exist: Strengthening legal and regulatory foundations reflects lessons from three successive management transitions between 2023 and 2025, each creating acute disruptions in information continuity, institutional control, and governance accountability. During the appeal, institutional memory resided in individuals rather than systems; volunteer management was paper-based and ad hoc; decision-making authority was unclear; and the organization was vulnerable to fraud and mismanagement during periods of institutional transition. LRCS commits to institutionalizing mandatory onboarding and formal HR systems, establishing a National Strategy 2026–2030 with documented institutional direction, conducting formal branch capacity assessments, establishing an enterprise risk management system to mitigate governance risks before they become operational crises, and launching a digital volunteer management platform to ensure that institutional knowledge survives personnel changes.

To Organize: Building internal systems for efficient humanitarian delivery emerged from the operational reality of managing procurement, supply chains, and financial accountability under donor scrutiny while institutional controls were weak. During the appeal's implementation, procurement was repeatedly delayed or required direct IFRC oversight; financial reporting lagged behind operational delivery; and supply chain visibility was fragmented. The focus is on building the systems required to function independently: a performance management system that tracks operational efficiency, integrated financial reporting that provides real-time visibility into spending, digitized supply chain management to reduce delays and improve transparency, and a digital transformation pathway grounded in an ICT health check.

To Mobilize: Diversifying resources and managing reputation addresses a structural vulnerability revealed by the appeal: LRCS's overdependence on restricted emergency funding from institutional donors, coupled with limited visibility and reputational vulnerability in the national and regional humanitarian landscape. The appeal demonstrated both LRCS's operational capacity and its institutional fragility the organization could deliver at scale but struggled to communicate its achievements reliably or to maintain stakeholder confidence through governance disruptions. LRCS commits to developing a national communication strategy to articulate its mission and achievements, a reputational risk management mechanism to identify and respond to threats to organizational credibility, and a phased humanitarian diplomacy plan to diversify its funding base and establish LRCS as a strategic partner in Libya's humanitarian landscape. These investments recognize that LRCS cannot remain a passive recipient of emergency appeals; it must actively manage its reputation and position itself as a strategic player in Libya's humanitarian landscape.

To Perform: Embedding accountability and results-based management is directly responsive to the appeal's emphasis on Community Engagement and Accountability and PMER as cross-cutting approaches. The appeal invested substantially in building LRCS's monitoring, evaluation, and accountability capacity

creating the Emergency Operations Centre, establishing the PMER unit, deploying post-distribution monitoring, and embedding feedback mechanisms across all sectors. By the end of 2025, LRCS had the tools and systems to track its own performance, but these remained project-specific rather than institutionalized. There was a risk that these capabilities would atrophy once emergency funding ended. The priority is updating the Community Engagement and Accountability strategy through genuine community consultation, rolling out an integrated PMER framework across all LRCS programmes, and establishing a results-based management system with institutional dashboards and KPIs. These investments ensure that accountability to communities and evidence-based management become permanent organizational features, embedded in how LRCS operates, rather than emergency appeal attributes that disappear when external funding ends.

The roadmap did not emerge despite the Storm Daniel response; it emerged because of it. The institutional gaps it addresses were the same gaps the Emergency Appeal exposed and began to address through direct operational intervention. The three-year operation revealed that institutional memory could not survive leadership transitions if it resided only in individuals; that procurement and financial systems could not withstand donor scrutiny if they were paper-based and ad hoc; that LRCS's reputation remained fragile without proactive communication and stakeholder engagement; and that monitoring and accountability would atrophy without being embedded in permanent institutional systems rather than emergency projects.

The institutional gains made during the appeal warehouse rehabilitation, the Emergency Operations Centre, HR systems development, volunteer training infrastructure, and PMER capacity building were never intended as temporary crisis fixes. They were always foundational investments in LRCS's operational capacity. What the roadmap does is systematize these investments, connect them to a coherent organizational strategy, and extend them across the entire institution rather than confining them to emergency operations.

B.DETAILED OPERATIONAL REPORT

	Shelter, Housing and Settlements	Female > 18:	Female < 18:
		132,060	71,109
		Male > 18:	Male < 18:
		126,881	68,321

Objective:	Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions
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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	375,884	375,884
	National Society has pre-positioned NFIs for harsh winter conditions and emergencies	Yes	Yes
	Number of household relief kits replenished and pre-positioned (including mattresses, carpets and kitchen sets)	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

Emergency Response Phase (2023)

Following Storm Daniel, the Libyan Red Crescent Society (LRCS), supported by the IFRC's rapid response surge system and Partner National Societies, delivered a comprehensive emergency shelter and non-food items (NFI) response across Derna, Shahat, Al Bayda, and Tobruk. Through combined contributions from Movement partners and other humanitarian actors, more than **75,851** core relief items including thermal blankets, mattresses, kitchen sets, and heaters were provided, covering over **375,000** people in the worst-affected communities and helping vulnerable households cope with harsh winter conditions.

A Multi-Sectoral Needs Assessment (MSNA) conducted in December 2023 confirmed that shelter and household items remained among the highest-priority needs, with more than half of assessed households requiring blankets, **37** per cent needing mattresses, and **32** per cent lacking basic kitchen

supplies. Based on these findings, LRCS scaled up distributions of thermal blankets, mattresses, kitchen sets, jerry cans, and other essential household items across the four target governorates.

During this phase, LRCS also received five relief flights and six shipments containing emergency shelter materials, body bags, hygiene kits, tents, chlorine tablets, face masks, Emergency Response Unit (ERU) equipment, MHPSS supplies, and solar lamps. These supplies were either distributed immediately or incorporated into national contingency stocks, significantly strengthening operational readiness.

In parallel, LRCS supported three collective shelters in Derna El-Khlood School, Om-Elmoamnin School, and the High Institute, which hosted internally displaced families. The intervention included:

- Debris removal and site clearance across all three facilities.
- Rehabilitation of sanitation facilities, including separate toilets for women and men in line with local cultural practices.
- Site safety and accessibility improvements in coordination with local authorities.
- Distribution of blankets, mattresses, heaters, kitchen sets, and other essential household items.
- Continuous 24-hour support provided by local LRCS branches to respond to evolving humanitarian needs.

Together, these actions stabilized temporary living conditions, improved safety and dignity, and enabled displaced families to endure the winter period in safer conditions.

Early Recovery and Transition Phase (2024)

Through the IFRC Emergency Appeal, LRCS received substantial in-kind assistance between September 2023 and August 2024, and during the same period, LRCS distributed **28,076** blankets, **7,935** ten-litre jerry cans, **3,650** twenty-litre jerry cans, **4,910** kitchen sets, **800** utensil sets, **2,440** hygiene kits, **2,501** mattresses, **340** solar lamps, and all **150** family tents, directly assisting **15,235** families and more than **18,500** individuals (**94,752** people in total) while retaining strategic contingency stocks for future emergencies.

As emergency needs gradually declined, LRCS transitioned from immediate relief to recovery and preparedness by replenishing national contingency stocks. During this phase, LRCS procured **20,488** additional mattresses, **1,000** household carpets, and **1,000** kitchen sets, increasing contingency reserves to **22,488** household relief kits strategically pre-positioned across key branches for future emergency response.

Late Recovery and Preparedness Consolidation (2025)

The value of this preparedness approach was demonstrated during 2025. In January 2025, pre-positioned stocks were mobilized to support winter assistance operations in Tobruk and Shahat, where **150** households (**884** people, including **379** children) received **300** mattresses, **300** carpets, **175** solar lamps, **300** paint cans, and **150** family hygiene kits.



Livelihoods

Female>18:
35,654

Female<18:
19,198

Male>18:
34,256

Male<18:
18,446

Objective:

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

Key indicators:

Indicator

Actual

Target

Number of people who received food items through national society response

107,481

107,481

Percentage of surveyed people receiving food rations are satisfied with the type of food received

Number of LRCs volunteers and staff trained in livelihood

73

123

Number of assessment report covering market functionality and labor force needs

1

1

Number of individuals engaged in EIIP-supported employment schemes

-

150

Number of people supported to start or improve their income generating activities

-

50

Number of provided or supported with formal or informal technical, vocational or professional education or training opportunities

-

100

Number of people reached with essential on-farm and off-farm inputs/materials/tools for agriculture/food production

-

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 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, some preparatory steps were undertaken during 2024:

- 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.

Despite plans for a 2025 livelihoods recovery package EIIP cash-for-work for **150** individuals, in-kind support to **50** small enterprises, vocational training for **100** women and youth, and agricultural inputs for **100** farmers.

Planned livelihoods recovery interventions did not materialize during the reporting period due to specific operational constraints. The cash-based livelihood modality was cancelled following risk assessments that identified unmanageable constraints: Libya's severely restricted banking system, inability to reliably contract Financial Service Providers, and lack of leverage over cash disbursement processes prevented accountable implementation. Additionally, LRCS's institutional instability during three leadership transitions limited capacity for the complex coordination required in livelihood programming.

 Multi-purpose Cash		Female > 18: 18	Female < 18:
		Male > 18: 28	Male < 18:
Objective:	Households are provided with unconditional/multipurpose cash grants to address their basic needs		
Key indicators:	Indicator	Actual	Target
	Number of people who successfully received vouchers after being identified and processed for vouchers	0	1000
	Number of LRCs volunteers and staff trained on Cash and Voucher Assistance program	31	45
	Number of LRCs volunteers and staff trained on market analysis	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 (1,000 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 the close of this operation, LRCS is not yet positioned to deliver CVA at scale, pending improvements in partnerships and operational systems Achievements Against Targets: • No CVA distributions were made to the affected population. The target of 1,000 households represents the planned initiative that was not achieved within the operational period ending 31 December 2025. • A total of 31 LRCS staff and volunteers were trained in CVA fundamentals, meeting the revised target through a final training cohort of 14 staff and volunteers delivered during the extended implementation period. • 15 staff and volunteers received training in market analysis, meeting the revised target, inclusive of the same 14 staff and volunteers who received both CVA and market analysis training.			

The CVA readiness investments made under this operation trained personnel, documented SOPs, CVA focal points at headquarters and branch level, and FSP market intelligence constitute a standing institutional asset for LRCS. As the operation closes, LRCS maintains a pool of trained staff deployable for rapid MPCA activation when triggered by future emergencies or needs assessments. Sustained investment in FSP partnerships and digital infrastructure will be necessary to unlock full-scale CVA delivery. These efforts will be pursued under LRCS's annual planning cycle and future IFRC programming in Libya.

	Health & Care (Mental Health and psychosocial support / Community Health / Medical Services)	Female > 18:	Female < 18:
		19,008	10,235
		Male > 18:	Male < 18:
		18,626	9,834
Objective:	Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening		
Key indicators:	Indicator	Actual	Target
	Number of individuals who received mental health and psychosocial services from LRCs	20,946	
	Number of individuals reached through LRC's Polyclinic and five mobile health teams	30,305	
	Number of emergency clinical care units equipped and strengthened	7	7
	Number of volunteers trained in PFA and other MHPSS trainings	318	353
	Number of people reached with health promotion activities related to CD, NCD management and safe motherhood in emergencies	3,413	15,413
	Number of volunteers and staff who benefitted from MHPSS services	20	40

Number of polyclinics and outreach mobile health teams equipped	7	9
Number of first aid trainees reached through school-based awareness campaigns in Tobruk	896	1596
Number of individuals reached through emergency first aid and mobile clinic services during the initial emergency response phase	1461	

The Libyan Red Crescent Society (LRCS) delivered integrated primary health care and mental health and psychosocial support (MHPSS) services across northeastern Libya from September 2023 through August 2025. **30,305** individuals received healthcare through LRCS's rehabilitated polyclinic and five mobile health teams, comprising: **21,432** through early mobile health convoys and polyclinic services, **1,102** through medical convoys across six health facilities, and **7,771** through expanded community health outreach.

Another **20,946** individuals received mental health and psychosocial support services, comprising: **7,831** through emergency psychological first aid, **3,217** through structured group interventions across 15 branch locations, and **6,681** through the Derna MHPSS Community Centre. Additionally, **5,600** people received health and hygiene promotion services. This integrated response was supported by rehabilitation of two primary health care facilities, procurement of five ambulances and five mobile health units, training of **318** volunteers in psychological first aid and MHPSS competencies, and establishment of a permanent community-based mental health center.

1. Primary Health Care Services: Medical Convoys and Mobile Clinic Operations

1.1. Emergency Health Response: Immediate Medical Outreach (September 2023 – September 2024)

In the immediate aftermath of Storm Daniel and the catastrophic collapse of the Derna dams on 11 September 2023, health infrastructure across the affected region was severely damaged or destroyed. The LRCS Derna Branch, which housed the Society's main polyclinic, sustained significant structural damage necessitating the temporary relocation of all clinical services. With fixed health facilities compromised and community access to medical care severely restricted, LRCS rapidly mobilized emergency and rescue teams to deliver on-site first aid, triage, and basic medical consultations across the affected municipalities.

Through search and rescue operations in the immediate days following the disaster, LRCS volunteers administered first aid to **861** individuals, of whom **426** were in Derna alone. Services included wound care, minor trauma management, and vital signs monitoring. In parallel, the Norwegian Red Cross deployed two mobile health clinics to the eastern suburbs of Derna specifically to the communities of Sousa and Qandula reaching more than **600** individuals with first aid and basic health care. These early actions constituted the first layer of organized primary health outreach before formal convoy operations were established under the Emergency Appeal.

The 861 LRCS first aid beneficiaries and the 600+ individuals reached by Norwegian RC mobile clinics in Sousa and Qandula are documented separately from the formal polyclinic and convoy indicator. They represent pre-indicator emergency actions and are included here for completeness of the operational narrative.

1.2. Mobile Health Convoy Operations and Polyclinic Services

As operations were consolidated under the IFRC Emergency Appeal MDRLY005, LRCS deployed medical convoys in coordination with Movement partners across the northeastern coast of Libya, covering all flood-affected cities. Clinical services at the LRCS Derna Polyclinic were simultaneously restored at a temporary location, while the Qatar Red Crescent committed to financing two dedicated mobile clinics based at the Derna branch, with catchment coverage extending to Bayda and Tobruk.

By the close of the first twelve months of the operation, cumulative health services provided through the convoys and polyclinic had reached a total of 21,432 individuals. The full disaggregated beneficiary data is as follows:

Adult Males (>18 yr)	Adult Females (>18 yr)	Boys (<18 yr)	Girls (<18 yr)	Total
3,586 (17%)	9,964 (47%)	3,979 (19%)	3,903 (18%)	21,432

Stacked bar chart disaggregating the 21,432 total by sex and age group. Adult females represented 46.5% of all clinical contacts the largest single demographic group. Children under 18 collectively accounted for 36.8% of beneficiaries (7,882 individuals).

The disaggregated data reveals a notable demographic pattern: adult females accounted for 9,964 beneficiaries (46.5% of the total), the largest single group, reflecting both the demographic composition of affected communities and the availability of maternal, gynecological, and chronic disease management services at the polyclinic. Children under 18 (boys and girls combined) accounted for 7,882 individuals (36.8%) of total beneficiaries, highlighting the significant proportion of pediatric health needs within the affected population.

The LRCS Derna Polyclinic, had sustained severe structural damage during the flooding. Rehabilitation and re-equipment commenced under the Emergency Appeal, with the NSD team overseeing renovation and the LRCS Health Department managing procurement with support from the British Red Cross.

Clinical services were maintained at a temporary relocated site to ensure continuity throughout the rehabilitation period. The Qatar Red Crescent finalized its commitment to financing and deploying two mobile clinics staffed by 20 health professionals who shared working time between polyclinic and mobile outreach, extending coverage across Derna, Bayda, and Tobruk.

1.3. Early Recovery Health Services: Mobile Convoy Operations (October–December 2024)

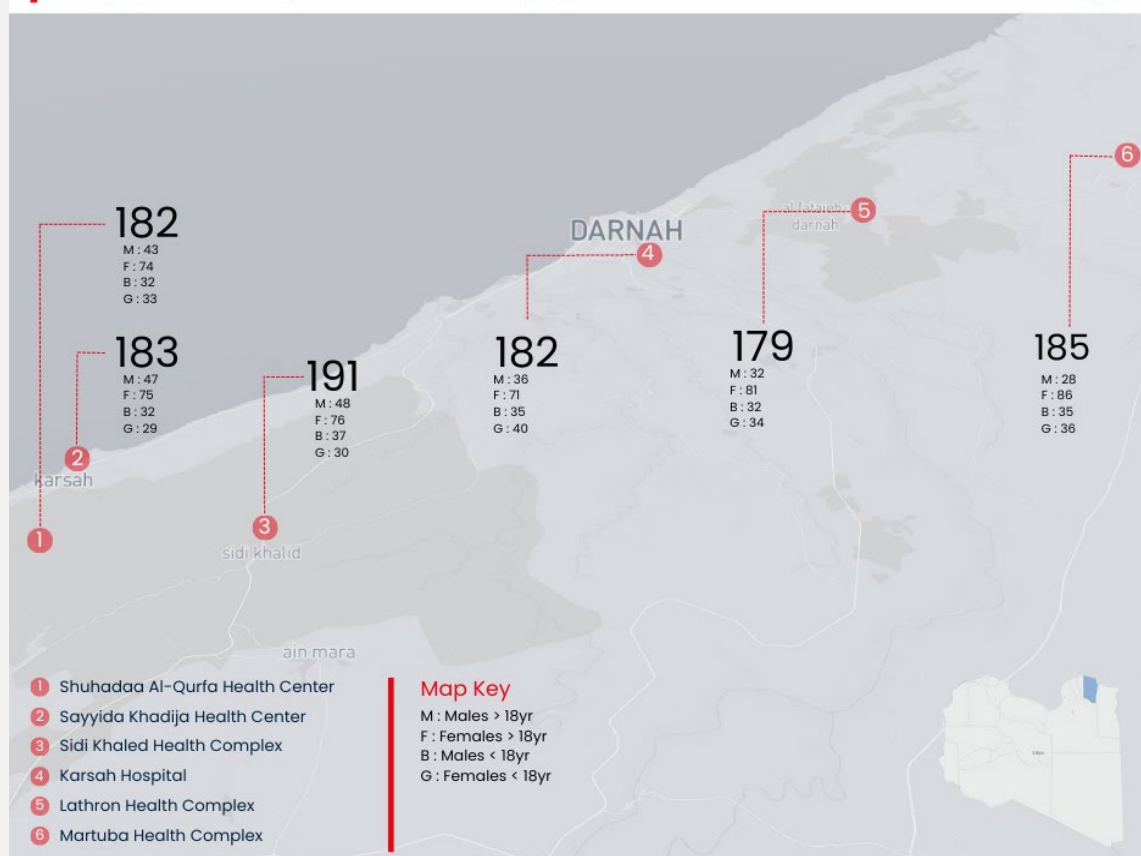
As the operation transitioned into early recovery, LRCS sustained mobile health outreach through the final quarter of 2024. Fixed health infrastructure in Derna and surrounding areas remained partially operational, and the gradual rehabilitation of health facilities necessitated continued mobile outreach to bridge access gaps, particularly for remote and displaced communities. With IFRC support, the Norwegian Red Cross financed the procurement of **two** additional mobile health clinics that were integrated into LRCS convoy operations during this period.

Health Facility	Males >18	Females >18	Boys <18	Girls <18
Shuhadaa Al-Qurfa Health Center	43	74	32	33
Sayyida Khadija Health Center	47	75	32	29
Sidi Khaled Health Complex	48	76	37	30
Karsah Hospital	36	71	35	40
Lathron Health Complex	32	81	32	34
Martuba Health Complex	28	86	35	36
Total	234	463	203	202
Grand Total:	1,102 individuals			

Between October and December 2024, LRCS deployed **11** medical convoys across six fixed health facility sites in Derna. Each convoy was staffed by a multidisciplinary medical team and provided outpatient consultations, chronic disease management, and preventive care. The six sites were:The **11** convoys delivered medical consultations and preventive care to a total of **1,102** individuals during this period. The per-site breakdown is as follows:

Libya Floods

Geographic Coverage of Medical Convoy Operations



*Locations of the six fixed health facilities in Derna served by LRCS medical convoys
October–December 2024*

Clinical Prescription : Convoy teams recorded the most frequently encountered clinical conditions each month based on prescriptions issued. This data provides direct evidence of the ongoing health burden in flood-affected communities during the recovery phase.

Condition	October 2024	November 2024
Acute Respiratory Illness	187	232
Diabetes (Chronic NCD)	55	52
Hypertension (Chronic NCD)	55	59
Watery Diarrhea	35	39
Skin Infections	13	17

Polyclinic Rehabilitation and Re-equipment. In parallel with mobile convoy operations, LRCS completed comprehensive rehabilitation and re-equipment of the Derna Polyclinic, restoring its diagnostic and clinical capacity across cardiology, maternal and child health, general surgery, and diagnostic imaging service areas facing heightened demand in the post-disaster context. This investment complemented the mobile convoys by re-establishing a fixed point of care for the affected population, bridging emergency response and longer-term recovery of the local health system. A full equipment inventory is available in the annex.

1.4. Expanded Community Health Service Delivery (January – August 2025)

Throughout 2025, LRCS expanded its primary health care delivery through two complementary modalities: fixed-facility outpatient services at the Derna Branch Primary Health Care Clinic, and scheduled mobile convoy operations serving Derna and Towkra cities and their surrounding areas. Together, these service points reached a combined total of **7,771** individuals, providing multi-speciality clinical care, diagnostic services, and community-based health consultations to populations whose access to functioning health infrastructure remained significantly constrained in the aftermath of Storm Daniel.



LRCS Medical Health Teams carrying providing services to targeted communities

1.4.1. Mobile Clinics and Polyclinic Operations (July–August 2025)

As part of the extended operations plan (January 2025 – June 2026), two dedicated medical teams were formally assigned to serve Derna and Towkra respectively, conducting a scheduled programme of field visits to health centers within and surrounding each city. Each team was composed of a coordinator, an internist, an obstetrician/gynecologist, a pediatrician, two nurses, a pharmacist, and a driver — a multidisciplinary configuration designed to address the full spectrum of primary health care needs encountered in communities where fixed facility access remained constrained.

The Derna medical team conducted **24** visits to health centers in and around Derna between 9 July and 7 August 2025, reaching a total of **4,838** individuals. The six facilities targeted included Shuhada Al-Qarqaf Health Centre, Martuba Health Complex, Al-Sayeda Khadija Health Centre, Karsa Hospital, Al-Tharon Health Complex, and Sidi Khalid Health Complex. Daily volumes ranged from a low of **169** individuals (29 July) to a high of **238** (7 August), with a clear and consistent upward utilization trend across the four-week period reflecting growing community trust and demand for LRCS-delivered services. The beneficiary profile was: **754** males under 18, **1,538** males over 18, **793** females under 18, and **1,753** females over 18.

The Towkra medical team conducted **9** visits to health centers in and around Towkra between 23 July and 20 August 2025, reaching **1,351** individuals. Per-visit volumes ranged from **119** to **177** individuals. The beneficiary profile was: **181** males under 18, **432** males over 18, **205** females under 18, and **533** females over 18.

Combined, the two convoy teams reached **6,189** individuals through mobile outreach during this period. Beneficiary satisfaction data collected during operations revealed that approximately **26%** of individuals served lived outside the primary geographic catchment of the targeted health centers, demonstrating that the mobile health model is generating demand and community trust that extends well beyond planned coverage boundaries. This finding directly supports the case for expanding convoy reach, increasing visit frequency, and reinforcing diagnostic and treatment capacity to serve geographically dispersed and mobility-constrained populations across northeastern Libya.

1.4.2. Derna Branch Primary Health Care Clinic (January–July 2025)

Beyond the mobile outreach model, the LRCS Derna Branch Primary Health Care Clinic operated continuously as a fixed outpatient facility from 1 January to 31 July 2025, providing static clinical services to the resident and displaced population of Derna city. During this period, the clinic recorded **1,582** clinical cases across a wide range of medical specialties, reflecting the sustained and multi-dimensional health burden carried by a community still in recovery more than eighteen months after the disaster.

The highest caseload was recorded in women's and gynecological health (**184** cases) and chest and respiratory conditions (**176** cases) the latter consistent with the elevated respiratory disease burden documented across all LRCS health delivery points throughout the reporting period. Ophthalmology (**75** cases) and orthopedics (**69** cases) also accounted for significant shares of the clinical workload, alongside

surgery (**41** cases), diabetes management (**38** cases), cardiology (**37** cases), dermatology (**28** cases), pediatrics (**12** cases), and ENT (**8** cases) alongside **511** routine checkup services.

In addition to clinical consultations, the clinic delivered a substantial volume of diagnostic services: **288** X-rays, **53** Doppler ultrasounds, **42** echocardiograms, and **20** ECG recordings. The breadth of this diagnostic activity underscores the clinic's role not merely as a consultation point but as a functioning primary diagnostic center for a city where hospital infrastructure and specialist referral pathways remain under rehabilitation. The availability of imaging and cardiac diagnostics on-site reduced the need for beneficiaries to travel to Benghazi or other distant facilities for basic investigations, a meaningful reduction in both cost and access barrier for affected families.

The clinic's sustained operation across a seven-month period, with consistent daily footfall and multi-speciality coverage, is a direct product of the investment in facility rehabilitation and equipment procurement made under the Emergency Appeal, including the installation of two colour Doppler ultrasound machines, a Bucky X-ray unit, an ECG machine, a fully integrated ENT unit, a patient monitor, gynaecology and minor procedure tables, and electric hospital beds. It also demonstrates the LRCS Derna Branch's growing institutional capacity to manage a fixed health facility in parallel with outreach activities a model of integrated service delivery that the National Society intends to sustain beyond the close of the appeal.

1.5. Fleet and Health Facility Support

Aggregating across the response, LRCS equipped and strengthened a total of 7 health facilities, 5 Mobile Health Units (MHUs) and 2 Primary Health Care (PHC) polyclinics : Derna and Toukra have been supported and equipped under the Emergency Appeal.

In addition, 5 ambulances have been procured and equipped under the Emergency Appeal to strengthen LRCS medical transportation and pre-hospital care capacity in northeastern Libya.

2. MHPSS Response and Volunteer Support

2.1. Emergency Psychological First Aid Response (Sept–Dec 2023)

In the immediate aftermath of Storm Daniel, the Libyan Red Crescent Society (LRCS) mobilized trained volunteer networks to deliver emergency Psychological First Aid (PFA) across severely impacted communities. During the initial four-month emergency deployment phase spanning September to December 2023, a total of **7,831** individuals received immediate crisis stabilization and emotional support. The operational environment was profoundly complicated by a catastrophic torrent that physically divided Derna city into two semi-isolated operational zones, shattering road networks and health infrastructure. To manage this geographic partition, LRCS utilized a cross-branch coordination model demonstrating national solidarity; volunteers from the neighboring Tobruk branch rapidly cross-deployed to support Derna's overwhelmed eastern side, successfully reaching **5,732** beneficiaries. Meanwhile, Derna branch volunteers operated within the western side of the city under severe supply constraints to serve **1,200** beneficiaries. Mobile outreach actions simultaneously expanded into adjacent

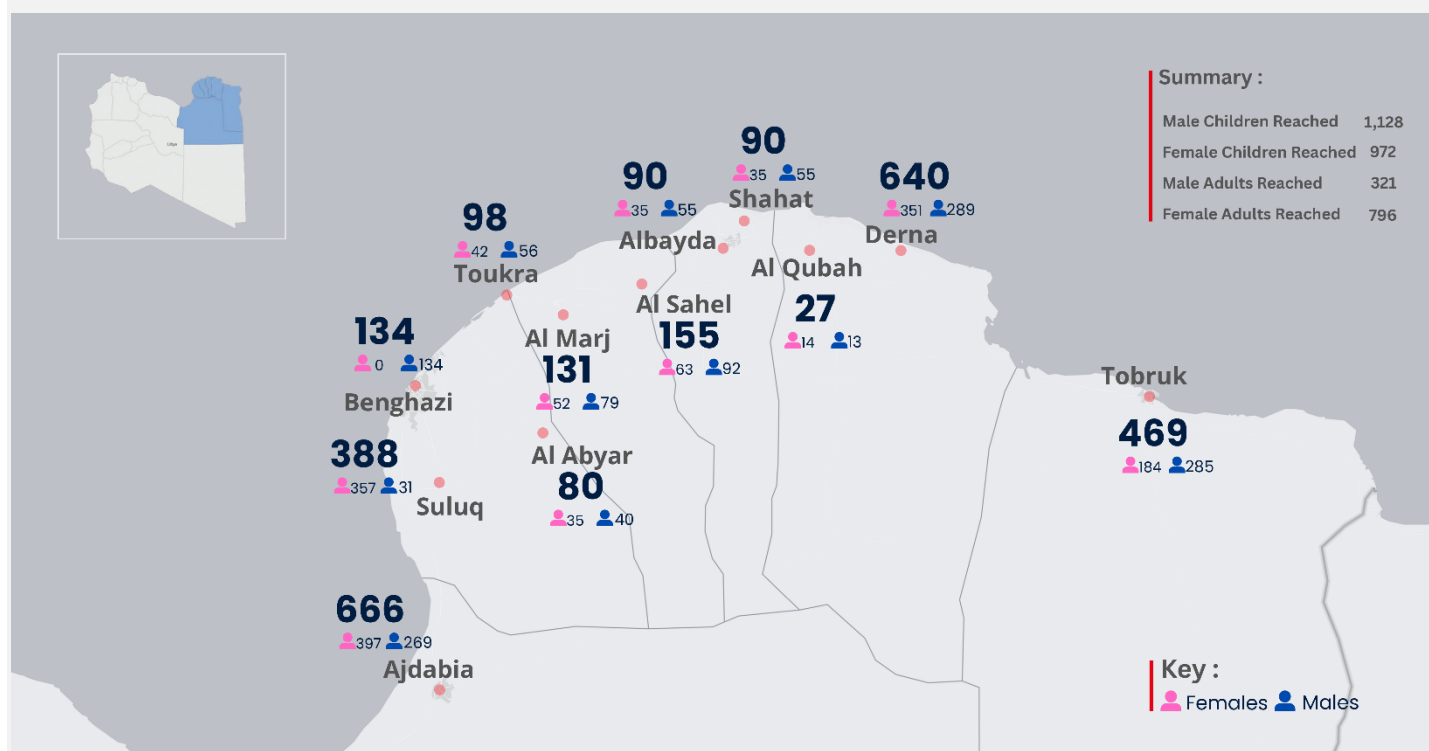
flood-affected municipalities to provide vital psychological stabilization, reaching **350** individuals in Benghazi, **211** in Al Baydha, **211** in Ajdabia, and **127** in Shahat.

Emergency services were executed via rapid outreach campaigns in schools, neighborhood block-by-block operations, temporary camps, and directly alongside search and rescue efforts. Core field activities focused on immediate psychological stabilization, emotional containment for displaced families experiencing acute shock, and basic grounding exercises. Crucially, volunteers established safe referral pathways to connect individuals exhibiting severe psychiatric symptoms or suicidality with remaining specialized health facilities, while linking practical material needs directly to LRCS food, water, and shelter distribution channels. This rapid scale-up was achieved despite severe implementation bottlenecks, including ongoing secondary flooding, damaged infrastructure, communication breakdowns between branches, and secondary trauma affecting the volunteers themselves, many of whom were simultaneously navigating personal grief and displacement.

As the acute emergency phase stabilized, LRCS shifted its structural focus from reactive emergency PFA toward structured, community-based mental health and psychosocial support (MHPSS) programs. This transition across 2023 and 2024 was underpinned by a major institutional capacity scale-up under the emergency appeal. A retrospective demographic baseline established between November and December 2023 for a sample size of **3,179** individuals demonstrated a balanced service footprint, reaching **601** adult males, **604** adult females, **1,242** boys under the age of 18, and **732** girls under the age of 18, highlighting a targeted institutional focus on long-term youth resilience.

2.2. Expanding MHPSS Reach Across Eastern Libya (2024–2025)

By October and November 2024, active field reporting captured an expanded operational footprint of **3,217** unique individuals reached through **42** distinct targeted group sessions across more than **15** branch locations as follows :



Coverage Of Mental Health and Psychosocial Support Activities



To maximize accessibility and eliminate the societal stigma often associated with clinical psychological care, LRCS systematically embedded its structured MHPSS programs within everyday, non-clinical environments. While the wider branch network operations are logged completely in the appended data table, four highly specialized, high-impact interventions have been selected for operational spotlighting due to their strategic design and targeted volunteer mobilization.

Ajdabiya

The Ajdabiya branch drove large-scale, structured school interventions designed to establish a predictable, reassuring routine for flood-affected youth, using specialized play therapy to combat post-disaster social withdrawal. In October, a team of 5 female and 4 male volunteers launched the initiative, reaching **341** girls at Al-Hidaya School and **195** boys at Al-Hurriya School. Operations were sustained into November to ensure continuity, utilizing 5 male volunteers at the Noor Al-Hayat Center to support **11** girls and **5** boys, alongside a co-deployed team of 4 female and 5 male volunteers at Al-Ittihad School serving **40** boys and **60** girls.

Al-Baydha

Recognizing that physical surroundings directly dictate trauma recovery, the Al-Baydha branch engineered a unique outdoor intervention strategy outside traditional classroom settings to leverage the therapeutic value of a change in environment. In October, the branch mobilized 2 female and 5 male

volunteers to conduct targeted outdoor therapeutic and psychological stabilization activities for **35** girls and **25** boys at the Wadi Al-Kawf Resort. By shifting operations to open, natural environments, LRCS successfully provided children with essential emotional relief and a sense of safety far removed from ruined urban infrastructure.

Solouq

Demonstrating advanced institutional capacity under this appeal, Solouq branch designed a highly specialized framework addressing the critical intersection of life-threatening physical illness and post-disaster mental trauma. In October, the branch delivered targeted dialogue and peer-support sessions for cancer patients and their families navigating oncological care under severe post-flood stress. The first deployment utilized 2 female and 3 male volunteers at Solouq Rural Hospital to support **10** girls and **75** women, while a parallel team of 1 female and 3 male volunteers operated at the Solouq Health Center to care for **8** girls and **65** women.

Al Marj

In one of the most clinically technical tracks of the recovery response, the Al-Marj branch institutionalized targeted mental concentration and sensory stabilization activities in November. This specialized intervention addressed the acute needs of neurodivergent youth and individuals with developmental disabilities whose strict routines and sensory comfort zones had been completely shattered by the disaster. The branch deployed 3 male volunteers to the local Autism Center for Children, delivering tailored, low-stimulus cognitive exercises and caregiver burden support for a focused group of **6** girls and **7** boys.

2.3. The Derna MHPSS Community Centre:

Equity-driven targeting was a foundational pillar of the LRCS MHPSS strategy, ensuring specialized care reached marginalized populations facing multi-layered trauma and structural obstacles to aid. Between April and July 2025, the Derna MHPSS Community Centre managed a caseload of **6,681** unique beneficiaries split **3,400** children (51%) and **3,281** adults (49%) reflecting Derna's post-disaster demographic concentration of internally displaced persons (IDPs), returning families, vulnerable migrants, and individuals coping with disaster-induced physical and psychological impairments.

Children served were reached through cohort-specific frameworks:

- **Migrant and refugee minors:** predominantly Sudanese youth displaced after April 2023 and subsequently impacted by Storm Daniel); linguistically adapted play therapy using universal non-verbal symbols, same-nationality peer support groups, culturally tailored grief processing, and protection-actor coordination to mitigate trafficking and separation risks.
- **Children with developmental, physical, or acquired disabilities:** sensory-adapted music and arts therapies, cognitive concentration exercises, and caregiver support tracks to alleviate parental burnout.
- **Internally displaced children** and returnees in damaged homes: community re-belonging support, age-appropriate loss processing, and school re-enrollment tracking.

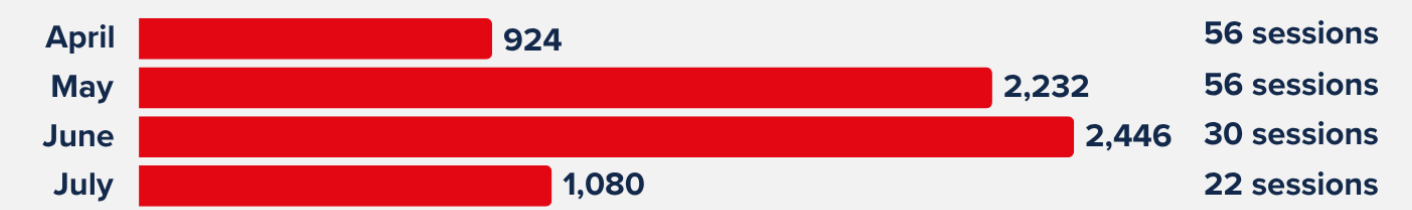
- **General flood-affected youth:** broader resilience and group-based play support.

Monthly Service Delivery and Beneficiary Reach (April-July 2025)

Adult outreach reached through demographically tailored recovery frameworks:

- **Widows bereaved by Storm Daniel** (~720): clinical group therapy for grief and anger management, family communication tools to support grieving children, and structural linkages to livelihood programs to counter loss of primary household earners.
- **Sudanese mothers and adult migrants** (~370): trauma-informed counseling using community interpreters and direct referrals to UN protection agencies, addressing legal, economic, and language barriers from dual displacement.
- **Flood-displaced adults in temporary shelter** (~830): stress management and conflict-resolution strategies for overcrowded-shelter psychological strain.
- **Returnees rebuilding livelihoods** (~450): strength-based resilience support and future-oriented recovery planning.
- **Adults with disabilities** (~230, including new flood-related injuries such as amputations): identity reconstruction support, specialized mental health management, and physical accessibility advocacy across humanitarian sectors.

Monthly operational reports from April to July 2025 demonstrate a service delivery model adaptive to local calendars and climate. April established a baseline, adult-heavy at 74% following early-year



administrative transitions. In May, more than doubled reach with balanced age split (50% in May and June). June marked peak reach despite cutting sessions to 30 an efficiency gain driven by a deliberate shift toward large-format community campaigns and summer playground events. July displayed anticipated mid-summer reduction and tilted child-dominant (60%) as summer school breaks brought youth into the center.

To secure the network's viability beyond the appeal's funding lifecycle, LRCS embedded three operational safeguards: mandatory peer-support and secondary-trauma protocols protecting the 65+ active volunteers who were themselves grieving; daytime-only scheduling to mitigate ongoing security and infrastructure constraints; and a permanent roster of bilingual community volunteers to bridge language gaps for regional migrant populations.

2.4. MHPSS Volunteer Training and Capacity Building

Across the operation, LRCS trained **318** volunteers in Psychological First Aid (PFA) and broader MHPSS competencies against a target of 353 building the human-resource backbone that enabled the cross-branch deployments described above (Tobruk, Derna, Ajdabiya, Al-Baydha, Solouq, Al Marj specialized interventions, and the **65+** active volunteers anchoring the Derna MHPSS Community Centre).

3. School-Based First Aid Training — Expansion Across Municipalities

Following the success of the first aid awareness campaign in Tobruk, which reached **896** students across **eight** secondary schools in October and November 2024, LRCS expanded this programme to additional municipalities across northeastern Libya throughout 2025. Trained LRCS volunteers delivered structured first aid sessions covering wound management, burn care, fracture immobilization, and CPR to students across schools in Derna, Al Bayda, and Ajdabiya, applying the same facilitation model that proved effective in Tobruk.

 Water, Sanitation and Hygiene		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions		
Key indicators:	Indicator	Actual	Target
	Number of people reached by LRCS with contextually appropriate water, sanitation and hygiene services	19,266	
	Number of liters of safe water distributed	510,000	
	Number of people reached with WASH actions (Distribution of safe drinkable water)	24,154	
	Number of people receiving hygiene items or packages distributed in schools or other collective shelter	5973	

Number of people reached with effective water treatment materials and promotion (Installation of 2,000 RO filters)	10,000	
Number of people provided with access to safely managed drinking water services or an improved drinking water source constructed or rehabilitated	2000	
Number of sites reached with WASH actions in emergency response	89	
Number of people provided with access to safely managed sanitation services or improved sanitation facilities	44,500	
Number of WASH items prepositioned in LRCS stock	27,760	
Number of LRCS staff and volunteers who have received training and capacity building on emergency WASH topics	95	
Number of people covered with hygiene promotion activities	2187	

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 deteriorating hygiene conditions across the affected communities.

1. Responding to Crisis: Initial Emergency Relief — September–December 2023

From the onset of the response, LRCS distributed approximately 240,000 bottles of drinking water (0.5L each), meeting the immediate hydration needs of an estimated 24,000 individuals, representing 96% of the 25,000-person target for safe water distribution. In parallel, approximately 5,973 hygiene kits were distributed, ensuring immediate relief for displaced families in collective shelters and camps across Derna and surrounding municipalities.

LRCS took over the full WASH management of three collective shelters in Derna El-Khlood School, Om-Elmoamnin School, and the High Institute providing daily cleaning, maintenance, sanitation upkeep, and hygiene kit replenishment for internally displaced families. Toilets were renovated and made functional, with gender-separated facilities provided in accordance with cultural norms and privacy standards. These interventions helped

reduce the spread of waterborne disease in overcrowded, high-risk environments and contributed to WASH coverage across 89 emergency response sites.

With technical support from the German Red Cross and financial contributions from the British Red Cross and Islamic Development Bank, two water purification systems (M15 Kit units, each with a capacity of **15,000** litres per day) were installed near Derna. These units met the Sphere standard of 15 litres per person per day, providing safe drinkable water for up to 2,000 individuals daily fully meeting the target of **2,000** people provided access to safely managed or rehabilitated drinking water sources. The systems were subsequently replaced by five reverse osmosis (RO) filtration units, which better matched the long-term water needs of the population and facilitated a transition from emergency trucking toward community-managed water access.

The ICRC complemented LRCS WASH activities in Bayda city and Derna city through water trucking services and the installation of bladder tanks, extending safe water access to additional communities. In coordination with the Norwegian Red Cross and ICRC, 17 LRCS volunteers were trained in hygiene promotion and the prevention of waterborne diseases, establishing a localized capacity base for community-level WASH outreach.

A WASH Rapid Assessment Workshop was conducted for 20 volunteers as part of the Multi-Sectoral Needs Assessment (MSNA) in December 2023, ensuring data-driven decisions for future WASH programming. The MSNA revealed that 41% of households reported a lack of access to potable water, and 39% cited economic barriers as a significant obstacle to securing safe water findings that directly informed the design of recovery phase interventions.

2. Recovery Phase: Sustaining Support and Rebuilding — January–September 2024

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 accompanied by a 12-month workplan. The IFRC WASH Coordinator supported LRCS in finalizing an implementation plan for the rehabilitation of water wells and boreholes across multiple affected locations, following the joint August 2024 planning workshop in Tunis. In addition, one groundwater well was rehabilitated to restore a more sustainable water source for local communities.

By the close of the reporting period, 65 LRCS staff and volunteers had received structured training on emergency WASH topics, building toward the 120-person capacity-building target. An additional 30 volunteers received specialized training conducted by the IFRC WASH delegate covering water quality monitoring, the water cycle, disease prevention related to contaminated water, and the technical aspects of installing and maintaining reverse osmosis (RO) systems bringing the overall total to 95 trained staff and volunteers.

A total of 2,187 individuals were reached through hygiene promotion and awareness sessions, achieving 87% of the 2,500-person target. Sessions were designed to address the specific needs of women, children, and persons with disabilities, incorporating menstrual hygiene management (MHM), inclusive hygiene practices, and culturally appropriate communication strategies, in line with the IFRC's cross-cutting mandates on Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA).

3. Recovery Phase: Key Milestones and Pre-positioned Stock — October–December 2024

Among the most significant milestones in LRCS's WASH recovery programming were the procurement of 2,000 household reverse osmosis (RO) filters, a dedicated water truck, and 27,760 hygiene kits. These interventions, funded through joint contributions from the American Red Cross, Korean Red Cross, and Islamic Development Bank, are designed to collectively strengthen community-level public health defenses in areas most exposed to contaminated water sources and deteriorating hygiene conditions.

The 2,000 RO filters represent a decisive shift from temporary emergency water supply toward more sustainable, community-embedded solutions. Distributed at household and community levels, the filters will significantly mitigate the risk of diarrhea and waterborne disease outbreaks. While procurement was completed within the appeal period, distribution and installation remained pending at year-end due to logistical preparation and are planned for completion in 2025, with a target reach of 10,000 people.



Trained LRCS volunteers assist in installing household Water purification Units in Shahat, Libya

The procurement of a dedicated water truck has delivered dual benefit: in the short term, ensuring the continuity of safe water supply to isolated or underserved communities where fixed infrastructure remains damaged or inaccessible; and in the medium-to-long term, enhancing LRCS's preparedness capacity for future emergencies. This truck began operations in April 2025 with the direct support of the Qatar Red Crescent.

The planned distribution of 27,760 hygiene kits was prioritized during the final four months of implementation. However, due to unforeseen customs-related delays, the kits did not arrive in time for distribution before the close

of the appeal period. In the interim, pre-identified households received hygiene support through other humanitarian actors. As of end of 2024, all 27,760 hygiene kits are pre-positioned in LRCS warehouses, with 1,500 kits scheduled for distribution in January 2025.

4. Hygiene Kit Distribution (August 2025)

On 21 August 2025, shipments of personal hygiene kits for adults and children, provided under the IFRC Emergency Appeal for Storm Daniel, were dispatched from LRCS general headquarters warehouses to targeted branches (Al, Al Sahel, Al Qubbah, Shahat, and Al Bayda,) for distribution. Distribution began late august 2025, except for Toukra and Al-Marj branches, which commenced the following day due to delayed shipment arrivals. A total of **2,204** kits were distributed across six branches **1,866** adult kits and **338** children's kits reaching the following areas:

Branch	Adult Kits	Children's Kits	Total Beneficiaries	Male	Female
Toukra	250	12	1,016	372	644
Al-Marj	288	33	1,111	377	734
Al-Sahel	363	237	1,691	785	765
Al-Bayda	350	0	1,831	741	1,002
Shahat	385	12	1,589	453	935
Al-Qubba	230	44	1,714	—	—
Total	1,866	338	8,952		

Field monitoring visits were conducted to all branches throughout the distribution process. Key observations noted a severe fuel crisis that affected volunteer movement and beneficiary access to distribution points. Some branches adopted geographic zone-based distribution to cover outlying rural areas, which extended the required timeframe. Others opted for direct household delivery due to population density or difficult terrain, which caused some logistical complexity and delays. A need for stronger logistical capacity and technical support was identified across several branches.

5. Distribution of Safe Drinking Water by Water Truck (September 2025)

Following coordination instructions from the project manager, water truck distribution to beneficiaries in the Al-Sahel and Shahat branches commenced on Sunday 28 September 2025, targeting households previously identified as lacking access to safe drinking water and affected by Storm Daniel with particular focus on homes where household water treatment units had been installed under the project, in order to evaluate unit performance and supplement supply where sources remained unavailable.

- Al-Sahel Branch: Following assessment of households in need of safe drinking water, **14** households with **93** beneficiaries were served over **7** consecutive days at a capacity of **30,000** litres per day.
- Shahat Branch: Following assessment of households affected by the disruption of the water supply line, **10** households with **61** beneficiaries were served over **9** consecutive days at a capacity of **20,000** litres per day.



Protection, Gender and Inclusion

Female > 18:	Female < 18:
355	279
Male > 18:	Male < 18:
381	254

Objective:

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

Key indicators:

Indicator	Actual	Target
Number of LRCS staff and volunteers trained on prevention and protection of sexual exploitation and abuse (PSEA) and all forms of child safeguarding	83	100
Number of people reached by protection, gender and inclusion programing	1,123	2,123
LRCS applies the IFRC minimum standards for protection, gender and inclusion in emergencies	yes	yes
Number of referrals made for survivors of a protection violation, via a common referral pathway	63	100

LRCS maintained and strengthened its institutional safeguarding framework throughout the operation, building on existing policies related to Protection from Sexual Exploitation and Abuse (PSEA), child safeguarding and protection, whistleblower protection, and a Code of Conduct signed by all staff and personnel. These measures were reinforced through orientation sessions for newly recruited staff and refresher trainings conducted at branch level, ensuring continued awareness and compliance with safeguarding standards across the National Society.

During the operation, LRCS finalized and adapted Standard Operating Procedures (SoPs) on safe identification and referral pathways to the emergency context. The SoPs were developed in consultation with community focal points and field teams to ensure they reflected operational realities and community needs. Communication and outreach approaches were also aligned with findings from assessments, promoting gender-sensitive and age-appropriate engagement and feedback mechanisms.

In Derna and surrounding municipalities, protection desks were integrated within health and psychosocial support services, providing safe spaces for referral, information sharing, and survivor support in collaboration with specialized service providers. This contributed to improving access to

protection services for affected populations while strengthening referral pathways between humanitarian actors.

In partnership with UNFPA, LRCS completed the mapping of reproductive health service points and referral contacts and disseminated this information to branch teams. Referral collaboration for sexual and reproductive health cases was strengthened through agreed protocols with healthcare providers, improving the accessibility and continuity of support for vulnerable individuals.

LRCS also actively participated in the Violence Against Women and Protection Thematic Pillars under the Protection Sector, contributing to inter-agency service mapping for gender-based violence (GBV) across flood-affected areas. The resulting mapping supported the development of coordinated referral pathways and strengthened alignment with global minimum standards for GBV programming in emergencies. Simultaneously, child protection service mapping for Derna and neighbouring municipalities was developed through the Child Protection Thematic Pillar and subsequently integrated into the PGI tools and referral resources used by LRCS field teams.

To further strengthen institutional capacity, a rapid Protection, Gender and Inclusion (PGI) assessment of the Derna Branch was conducted through structured consultations with multiple branch departments. The assessment identified priority areas for organizational strengthening and informed subsequent capacity-building efforts, contributing to the longer-term institutionalization of PGI approaches within LRCS operations.

Between October and November 2024, LRCS conducted **18** PGI-focused activities across four branches Benghazi, Sulouq, Tripoli, and Tobruk. These activities included psychosocial support sessions, community awareness campaigns, and skills-building workshops addressing mental well-being, prevention of gender-based violence, child protection, and inclusion. Delivered through schools, community centres, and hospitals, the 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 the age of 18. A total of **36** trained volunteers, including **16** women and **20** men, facilitated these activities and contributed to creating safe and inclusive environments for participants.

Beyond the immediate response period, LRCS continued to build upon the protection systems, referral mechanisms, and institutional capacities established through the Emergency Appeal. Child protection service mapping was incorporated into standard operating procedures and volunteer induction materials, while volunteer refresher trainings on safe identification and referral pathways continued through complementary programmes. PGI mainstreaming was further strengthened across health, shelter, and WASH interventions through cross-sector collaboration and coordination with protection partners. Although these subsequent activities fall outside the financial scope of the emergency appeal, they demonstrate the sustainability of investments made under the operation and the extent to which protection, gender, and inclusion considerations have become embedded within LRCS policies, systems, and operational practice.



Community Engagement and Accountability

Objective:			
Key indicators:	Indicator	Actual	Target
	Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption or protection concerns	827	1,200
	Percentage of project activities that have successfully integrated and implemented safe and accessible feedback and complaints mechanisms	15%	60%
	Percentage of staff, volunteers, and leadership, trained on Community Engagement and accountability (disaggregated by staff, volunteers, and sex)	40%	80%
	Number of activities/interventions that are followed by satisfaction surveys	1	-
	Number of accessible feedback and complaints mechanisms developed and functional	-	1

Following managerial changes within the National Society, the LRCS PMER department underwent a major restructuring during the operation period. The newly formed team engaged in extensive training and capacity development, demonstrating strong motivation and a genuine commitment to institutional growth. Emphasis was placed on strengthening spatial data analysis capabilities, embedding community engagement and accountability practices, and developing improved monitoring and evaluation frameworks. The team prioritized GIS mapping for emergency response coordination, including real-time visualization of affected populations, layered vulnerability data, and logistics tracking, with the aim of improving the quality and timeliness of data-driven decision-making in disaster contexts.

Since 2024, an IFRC PMER Officer was embedded within the LRCS team, providing direct support to the institutional development of Community Engagement and Accountability systems and the establishment of robust post-distribution monitoring structures. Standardized PDM tools and guidance tailored to the Libyan context were developed during this period. The management feedback policy and SOPs for the complaints and feedback mechanism were finalized, including protocols for receiving and acting on sensitive feedback related to sexual exploitation and abuse and fraud. These systems laid the groundwork for community-informed programming and strengthened the accountability architecture of the operation.

In 2025, LRCS continued to deepen its community engagement and accountability work with the support of other partners. CEA strategies were operationalised in both Derna and at headquarters, community awareness of feedback channels was expanded through targeted outreach, and complaints and feedback trends were systematically monitored to inform programme adjustments. Staff and volunteers received dedicated training on ethical community engagement, inclusive data collection, protection-sensitive complaint handling, and safeguarding. Community sensitisation sessions were delivered using culturally relevant tools, and feedback collection was embedded into PDM surveys for livelihoods and WASH interventions. These activities, while carried out outside the financial scope of the appeal, represent the direct continuation of the accountability systems and institutional capacity established under this appeal.

	Risk Reduction, climate adaptation and Recovery	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:			
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
	Number of volunteers and staff trained on disaster management and response capacities to enable immediate service delivery	200	20
	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 training received in Qatar, the LRCS emergency team successfully established the Emergency Operations Center at LRCS headquarters in Benghazi. Two LRCS staff participated in an EOC Training of Trainers from 24 to 30 August 2024, providing the foundational knowledge required for the setup. By December 2024, with the support of the Norwegian Red Cross and the Belgian Red Cross, the EOC was fully equipped with the necessary IT infrastructure across surveillance and security, network and communication, presentation and computing, printing and scanning, audio-visual, power, and server and storage systems.		
	In 2025, the EOC became fully operational and quickly established itself as a central hub for information management and emergency coordination. It was activated in response to several climate-related events, including a sandstorm in Benghazi, flooding in Ghat, and wildfires in Al Bayda, serving as the focal point for consolidating branch-level data and coordinating the operational response. The EOC received frequent visits from local authorities, IFRC delegates, and international guests, reflecting its growing recognition as a credible coordination asset within the national humanitarian architecture. Building on this momentum, LRCS developed plans to further leverage the EOC's information management capabilities, with dedicated information management training delivered to staff and further capacity development planned. The longer-term vision is to transition the EOC into a fully-fledged Information Management Centre, enhancing LRCS's ability to anticipate, track, and respond to emergencies across the country.		
	In October 2025, with IFRC support, LRCS conducted a large-scale national simulation exercise in Derna led by its National Response Teams. The exercise represented a significant milestone, with the formal public announcement of the NRT's establishment and active participation from the Libyan special forces, marines, and air force, including air borne rescue through the Libyan Air Force deployment. This demonstrated the credibility and operational readiness of LRCS as a leading national humanitarian actor and strengthened civil-military coordination mechanisms for future disaster response.		
	Looking ahead, LRCS has consolidated its disaster risk management priorities into a forward-looking institutional roadmap. The finalization and publication of the Disaster Risk Management policy, the development and piloting of EOC Standard Operating Procedures across branches, and the review of the Preparedness for Effective Response Plan of Action are all identified as priority actions within this roadmap, reflecting LRCS's commitment to building a more resilient and institutionally robust National Society.		

Enabling approaches



National Society Strengthening

Objective:			
Key indicators:	Indicator	Actual	Target
	Number of volunteers and staff trained in HR, CEA, PMER, Finance and IM	20	40
	Number of branches implementing Branch Plan of Action on PER assessment	1	3
	Percentage of rehabilitation of Derna branch achieved	100	100
	Number of HQ and Branches equipped with communication equipment, logistics capacity strengthening, DM needs and IT (segregated by service/support)	5	7
	Number of volunteers insured and/or equipped	500	2000
	The Libyan Red Crescent Society supported by IFRC completed a comprehensive rehabilitation of its main warehouse in Benghazi (Bouatni area) as part of efforts to strengthen logistics preparedness and improve the safe management of humanitarian supplies. The rehabilitation addressed long-standing structural and operational limitations that affected the warehouse's ability to support large-scale emergency and relief operations.		



LRCS main warehouse in Benghazi (Bouatni area) prior to rehabilitation, showing structural damage and limited safety and operational capacity.

The works began with site clearance and the removal of damaged roofing components and debris, followed by the reconstruction of internal walls and reinforced concrete structural elements to restore the warehouse's structural integrity. New reinforced and mechanically polished concrete floor slabs were installed to improve durability and ensure the safe handling, storage, and movement of relief items.

To enhance working conditions and protect stored materials, all interior and exterior surfaces were plastered and finished with moisture-resistant paint. Electrical systems were fully upgraded, including new wiring, sub-distribution panels, internal lighting, LED fixtures, motion detectors, and exterior searchlights to improve functionality and security. Plumbing improvements included the installation of vertical PVC drainage systems to manage rainwater and prevent water damage.

The rehabilitation also included extensive metal and roofing works, such as the installation of new wrought iron doors, protective window grills, replacement of damaged iron beams, and insulated sandwich roof panels to improve weather resistance and temperature control. Safety and security measures were significantly strengthened through the installation of wall-mounted fire extinguishers and a comprehensive HD surveillance system covering both indoor and outdoor areas.



LRCS main warehouse in Benghazi (Bouatni area) post rehabilitation, with improved structural integrity, safety systems, and readiness for humanitarian logistics and emergency response.

Overall, the rehabilitation has substantially improved the warehouse's safety, durability, and operational capacity, enabling LRCS to manage relief supplies more efficiently and enhancing its readiness to support emergency response and humanitarian operations in Benghazi and surrounding areas.

In addition to the Water trucks, Ambulances and Medical Health Units the LRCS fleet was also substantially strengthened through the procurement of light and heavy-duty vehicles, improving logistical reach and operational mobility across affected areas. This included the integration of high-capacity cargo trucks into the national logistics fleet, significantly enhancing LRCS's ability to transport relief items, medical supplies, and essential equipment across the country. Generators were also procured for the Derna Branch and headquarters to ensure reliable power supply, particularly during emergency responses and to maintain operational continuity.



LRCS's strengthened fleet of emergency response and medical support vehicles.

As part of ongoing National Society Development efforts, the Derna Branch received a comprehensive IT and office infrastructure upgrade that restored full operational functionality at one of the most severely affected locations in the operation. The package included advanced surveillance and security systems, fully equipped workstations, backup power units, printing solutions, networking and communications infrastructure, and data cabling. These upgrades enabled more efficient, secure, and coordinated emergency response and service delivery at the branch level. In 2025, similar infrastructure

upgrades were extended to two additional LRCS branches, broadening the reach of modernized operational capacity across the network.

Volunteer readiness and visibility were significantly reinforced through the procurement and distribution of nearly **2,000** sets of field uniforms and protective clothing, including field vests, winter jackets, and operational shirts, funded through the American Red Cross pledge. These were distributed to volunteers across branches, ensuring their safety, comfort, and professional visibility during deployments including winter and nocturnal operations. The provision of these materials also reinforced LRCS's institutional identity and public recognition in the field.

A significant milestone in human resources development was reached during the operation period. An HR re-assessment consultancy was conducted at LRCS headquarters in Benghazi during the last quarter of 2024, reviewing the existing HR structure, systems, and processes against the organisation's strategic goals and humanitarian mission. The consultancy produced a comprehensive gap analysis covering recruitment, onboarding, compensation, performance management, and HR information systems, with preliminary recommendations shared with LRCS leadership. The process generated broad institutional alignment on the importance of strengthening the HR function. Building directly on this foundation, a dedicated HR professional was recruited in 2025 and immediately began developing the HR architecture that had previously been absent from the organisation, including internal policies, standard operating procedures, and structured HR systems. This represented a transformational step in LRCS's institutional development, moving the organisation from an informal, ad-hoc HR environment toward a structured and professional human resource's function. Continued coordination with Movement partners, including ICRC and the Norwegian Red Cross, remained central to supporting these ongoing reforms.

Across the operation, these combined investments in warehousing, fleet, branch infrastructure, volunteer equipment, and human resources established a significantly stronger institutional foundation for LRCS, enhancing its capacity to deliver timely, accountable, and effective humanitarian response in the aftermath of Storm Daniel and in future emergencies across Libya.



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

The Storm Daniel Emergency Appeal was implemented under 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 maintained an in-country presence, supporting strategic and sectoral coordination. The IFRC, in its role as membership coordinator, co-led key coordination structures with LRCS, facilitated resource mapping, and promoted a unified approach across the Movement. Key activities included ongoing representation, information sharing, and collaboration to make technical working groups more effective and predictable; feeding into a harmonized Federation-wide MEAL plan with a logframe aligned to both the LRCS response plan and the IFRC Operational Strategy; advocating for shared resource mapping and progress updating to ensure supporting members remained aware of gaps in coverage; and maintaining a unified voice vis-à-vis LRCS on approach, standards, and expectations both technical and strategic.

LRCS maintained close coordination with local authorities throughout the operation, in line with its auxiliary role to public authorities, while ensuring neutral and independent humanitarian action. Both IFRC and LRCS advocated for humanitarian diplomacy and coordinated with UN agencies and international NGOs, consistently emphasizing the humanitarian-development nexus and the need to prioritize vulnerable groups including migrants, internally displaced persons, and people with mental health conditions. IFRC served as an observer to the Humanitarian Country Team (HCT) and actively participated in the Inter-Cluster Coordination Team (ICCT) and relevant working group meetings, providing platforms for information sharing, planning, analysis, and strategic coordination. At the national level, IFRC coordinated closely with ICRC and other Movement partners, with two rounds of mini-summits convened between IFRC, ICRC, and LRCS to establish a coordinated approach in supporting LRCS's operations.

Movement partners coordinated in-country in line with the Movement Cooperation Agreement (MCA), with an Emergency Response Taskforce (ERT) established to develop and monitor the LRCS operational strategy, placing LRCS at the centre and the IFRC Secretariat in a strategic coordination role for the benefit of the IFRC Membership. IFRC and LRCS played a central role in the United Nations Disaster Assessment and Coordination (UNDAC) mechanism, with thematic working groups established on WASH, Health, Cash, and Assessment and Information Management, attended by surge personnel during the early phases of the response. The Flood Response Assessment Working Group (AWG), co-chaired by REACH, IFRC, IOM, and OCHA, standardised data practices, promoted information sharing, and developed common data sets to ensure cohesive and efficient data collection and analysis, minimising duplication across the response. IFRC also engaged monthly in cluster coordination platforms, with three meetings held during the initial operational period, providing forums for members to share progress, discuss challenges, and align interventions.

The principal coordination challenges stemmed from Libya's political fragmentation, which necessitated maintaining multiple parallel relationships with different authorities, and from frequent leadership transitions within LRCS that required ongoing orientation of new management. High personnel turnover across the humanitarian system periodically reset institutional relationships, while security constraints intermittently restricted access to field-level coordination forums. A key lesson from the operation was that early investment in a structured Movement coordination architecture notably the MCA and ERT produced significant dividends in operational coherence and prevented fragmentation. Maintaining a unified Movement voice on standards and expectations, and integrating realistic logistics and customs buffers into planning from the outset, were identified as essential practices for future operations. The coordination frameworks and institutional relationships established through this operation, together with the relocation of the IFRC Libya Delegation to in-country in late 2025, provided a durable foundation for continued, locally-anchored coordination support to LRCS beyond the appeal period.



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, accountable, and quality assured humanitarian response in partnership with the Libyan Red Crescent Society

Human Resources (HR)/Administration

Following the onset of the crisis in September 2023, IFRC activated its rapid response mechanism (RRM) to ensure the necessary capacity was in place to support LRCS in managing operations as close as possible to the disaster. During the initial three months, over 18 surge personnel deployed in-country or remotely supported LRCS across the following roles:

Operations Manager SIMS Coordinator	Health Coordinator Health Coordinator	WASH Coordinator Communications Coordinator	Procurement Coordinator MHPSS Officer
Operations Manager	WASH Coordinator	Logistics Coordinator	CVA Coordinator
Operations Manager Security Coordinator	PMER Coordinator Assessment Coordinator	Humanitarian Information Analyst MHPSS Coordinator	Basecamp Facility Assessment

A health Emergency Response Unit (ERU), comprising an outpatient department (OPD) and a mental health and psychosocial support (MHPSS) module, was also deployed. The surge window concluded on 9 January 2024, after which the country delegation completed the pre-selection phase for long-term positions, with personnel onboarded in February 2024. An NSD Delegate was subsequently appointed to advance the National Society Development Initiative (NSDI) and NSD Roadmap, and an operations manager and procurement delegate were recruited in early June 2024 to bolster operational activities.

A HR re-assessment consultancy was completed at LRCS headquarters in Benghazi during the final quarter of 2024, reviewing the existing HR structure, systems, and processes in line with LRCS's strategic goals and humanitarian mission. The consultancy produced a comprehensive gap analysis covering recruitment, onboarding, compensation, performance management, and HR information systems, with preliminary recommendations developed and shared with LRCS leadership. The process was positively received, with broad agreement on the importance of strengthening the HR function. Development and implementation of revised HR policies, establishment of a dedicated HR department, and recruitment of a specialised consultancy firm for the subsequent phase were progressed in coordination with Movement partners including ICRC and the Norwegian Red Cross.

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

In 2023, the IM and PMER teams supported the Multi-Sectoral Needs Assessment (MSNA), including survey design, tool development, volunteer training, data collection, and the subsequent analysis and reporting of results, led by the in-country assessment cell with support from the regional office surge and SIMS. The regional IM team and SIMS produced maps and infographics illustrating response progress, including an operational overview, timeline, and visualisations depicting goods received and work undertaken by LRCS. Alongside the MSNA, a WASH rapid assessment and MHPSS research were conducted, supported by the design of indicators and analysis to inform programming in those sectors.

Communications

Following the floods in September 2023, the IFRC MENA and IFRC global communications teams implemented a comprehensive communications plan to highlight the work of LRCS, the coordination role of IFRC, and the support of Partner National Societies. 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 the response, the role of volunteers, and the needs of the affected population. Two stories were published on IFRC.org in two languages, social media assets were produced, and joint media interviews were conducted for IFRC and LRCS leadership. Key messages were continuously updated based on field observations. Shipments of aid received by IFRC and contributing Partner National Societies including Kizilay, Qatar Red Crescent, and the Canadian Red Cross — were highlighted across Movement platforms, and reputational risks to LRCS were managed during the leadership transition. Capacity-building support was subsequently delivered to LRCS's communications

department, covering storytelling, strategic communications, media policy and guidelines, and the provision of communications equipment including cameras, laptops, and smartphones.

Humanitarian Diplomacy

IFRC sustained its humanitarian diplomacy efforts throughout the operation, engaging with relevant actors to secure support for the response while upholding LRCS's commitment to neutrality, impartiality, and independence. IFRC worked closely with LRCS to advocate for access and to ensure that the delivery of humanitarian assistance was not impeded by political or security considerations.

Membership Coordination

In-country partners engaged throughout within the framework of IFRC's Agenda for Renewal's New Way of Working (New WoW). IFRC and LRCS maintained close coordination with PNSs, keeping them updated on the humanitarian situation, the evolving operational context, and emerging security risks. These updates supported PNSs in their internal discussions and enabled constructive engagement with their institutional back-donors.

Movement Coordination and Cooperation

Movement partners coordinated in-country in line with the Movement Cooperation Agreement (MCA). An Emergency Response Taskforce (ERT) was established and served as the body responsible for developing and monitoring the LRCS operational strategy, with LRCS at the centre and the IFRC Secretariat providing strategic coordination on behalf of the IFRC Membership.

Cluster Coordination

Supported by IFRC, LRCS engaged with UN Thematic Working Groups and cluster members to ensure alignment of interventions with agreed standards and common minimum standards. IFRC participated monthly in cluster coordination platforms to avoid duplication and ensure a consistent approach across partners. Three cluster meetings were held during the initial operational period, providing forums to share progress, discuss challenges and guidelines, and exchange information to ensure timely and integrated humanitarian service delivery.

Orientation of LRCS Senior Management and Staff

LRCS underwent significant changes to its management structures from August 2023 onwards, making the orientation of new leadership a key priority throughout the operation. Orientation sessions covered Movement Principles, IFRC policies and procedures, and humanitarian standards. In May 2024, LRCS held its general assembly, bringing together heads of branches from across the country at regional and branch levels. The assembly endorsed the strategic directions of the new management and the corrective measures taken on fraud and corruption prevention, integrity, and safeguarding.

The Storm Daniel Emergency Appeal was implemented in one of the most complex operating environments faced by the Libyan Red Crescent Society (LRCS) in recent years. The operation responded not only to a catastrophic natural disaster, but also to a challenging context marked by political and institutional fragmentation, leadership transitions within LRCS, constrained banking systems, reinforced fiduciary controls, temporary suspension of transfers, procurement and customs delays, access limitations, and broader operational disruptions. These factors required continuous adaptation throughout implementation and affected the pace and scope of several planned activities, particularly cash assistance, livelihoods, and recovery programming.

Despite these challenges, the operation remained focused on delivering principled, accountable, and quality humanitarian assistance while strengthening the institutional foundations required for sustainable recovery and future emergency preparedness. Through the collective efforts of LRCS volunteers and staff, IFRC, Partner National Societies, donors, Movement partners, authorities, and humanitarian actors, the operation reached more than 400,000 people with life-saving and recovery support. Assistance included relief items, health services, mental health and psychosocial support, safe water and hygiene interventions, protection services, emergency preparedness actions, and community-based initiatives, supporting affected communities in their transition from immediate crisis towards recovery and resilience.

At the same time, the operation contributed to strengthening LRCS's capacity to respond to future emergencies through investments in logistics infrastructure, emergency operations coordination, health services, volunteer development, accountability and safeguarding systems, and broader organizational development. Throughout implementation, IFRC and LRCS maintained regular engagement with donors, Movement partners, authorities, and affected communities, adapting programmes and timelines in response to evolving operational realities. Particular emphasis was placed on sound stewardship of resources, fiduciary assurance, risk management, accountability, and the sustainability of humanitarian investments. Consequently, where implementation constraints affected planned activities, the operation prioritized quality and compliance rather than accelerating expenditure at the expense of these principles.

A key outcome of the Emergency Appeal has been the development of the LRCS Development Roadmap, which consolidates lessons learned, institutional priorities, and strategic investments identified during the response. Together with the IFRC Unified Country Plan, the Roadmap provides a framework for translating operational learning into longer-term organizational capacity, preparedness, accountability, and operational readiness. It reflects a shared commitment by LRCS and its partners to ensure that the progress and investments generated through the Storm Daniel response contribute to stronger humanitarian action and resilience beyond the Appeal period.

The Emergency Appeal closed with a remaining fund balance of CHF 4,392,473. This balance reflects, among other factors, delays, operational adjustments, and the cancellation, redesign, or postponement of activities resulting from governance transitions, banking and transfer restrictions, procurement and customs challenges, limited access, and evolving operational conditions. In accordance with IFRC

procedures and donor accountability commitments, the remaining resources will be allocated to priority humanitarian and institutional strengthening interventions under the IFRC Unified Country Plan and LRCS Development Roadmap. This approach will ensure that available resources continue to address priority needs among vulnerable communities while supporting LRCS capacity, preparedness, accountability, and sustainable operational readiness.

The IFRC and LRCS sincerely thank all donors, Partner National Societies, Movement partners, authorities, volunteers, staff, and communities whose commitment and support made this response possible. Their contributions enabled a substantial humanitarian response to one of Libya's most severe disasters while also supporting important investments in the capacity and development of the National Society. Should partners have any questions or concerns regarding the remaining balance, they are invited to contact the Strategic Partnerships and Resource Mobilization Unit at the IFRC MENA Regional Office within 30 days of publication of this final report.

APPEAL
MDRLY005 - Libya - Flood Storm Daniel

All figures in Swiss Francs (CHF)

OPERATING TIMEFRAME
 12 Sep 2023 to 30 Jun 2026

APPEAL LAUNCH DATE
 14 Sep 2023

REPORT STATUS

FINAL

SECTION I Emergency Appeal Funding Requirements

TOTAL FUNDING REQUIREMENTS
20,000,000
 CHF

DONOR RESPONSE* (as per 21 Oct 2026)
13,741,681
 CHF

APPEAL COVERAGE
69%
 of total funding requirement

SECTION II IFRC Operating Budget Implementation

STRATEGIC PRIORITIES & ENABLING APPROACHES	OP BUDGET	EXPENDITURE	VARIANCE
AP000 - Undefined output	0	0	0
PO01 - Shelter and Basic Household Items	583,183	583,183	0
PO02 - Livelihoods	4,814	4,814	0
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	2,389,868	2,247,074	142,794
PO05 - Water, Sanitation & Hygiene	1,104,510	1,104,510	0
PO06 - Protection, Gender and Inclusion	799	799	0
PO07 - Education	0	0	0
PO08 - Migration	0	1	-1
PO09 - Risk Reduction, Climate Adaptation and Recovery	3,286,965	1,964,430	1,322,535
PO10 - Community Engagement and Accountability	0	0	0
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	7,370,139	5,904,811	1,465,328
EA01 - Coordination and Partnerships	131,467	128,467	3,000
EA02 - Secretariat Services	2,208,785	2,186,147	22,637
EA03 - National Society Strengthening	1,111,632	1,112,232	-600
Enabling Approaches Total	3,451,884	3,426,847	25,037
TOTAL	10,822,022	9,331,658	1,490,365

SECTION III Operating Movement & Closing Balance

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	13,741,681
Expenditure	-9,331,658
Closing Balance	4,410,023
Deferred Income	0
Funds Available	4,410,023

SECTION IV DREF Loan

* not included in Donor Response	Loan:	0	Reimbursed:	0	Outstanding:	0
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SECTION 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	0	0	0	1,472	0
Amazon	39	0	0	0	39	0
American Red Cross	353,456	0	0	0	353,456	0
Ameriprise Financial	4,063	0	0	0	4,063	0
Austria - Private Donors	213	0	0	0	213	0
Austrian Red Cross	100,495	0	0	0	100,495	0
Belarus Red Cross	202	0	0	0	202	0
Belgian Government - French speaking community	238,009	0	0	0	238,009	0
Belgian Red Cross (Flanders)	230,917	0	0	0	230,917	0
Belgium - Private Donors	1,917	0	0	0	1,917	0
Bloomberg	1,371	0	0	0	1,371	0
Boeing	179	0	0	0	179	0
British Red Cross	626,703	76,710	0	0	703,413	0
Bulgarian Red Cross	2,368	0	0	0	2,368	0
Canadian Government	0	64,053	0	0	64,053	0
Charitable Giving	35,767	0	0	0	35,767	0
Charities Aid Foundation	91,877	0	0	0	91,877	0
Charities Aid Foundation (from Johnson & Johnson foundation*)	39,763	0	0	0	39,763	0
Coca-Cola	15	0	0	0	15	0
Croatian Red Cross	4,320	0	0	0	4,320	0
Croatian Red Cross (from Croatian Government*)	235,182	0	0	0	235,182	0
Cyprus Red Cross	4,708	0	0	0	4,708	0
Danish Red Cross	0	203,759	0	0	203,759	0
Deloitte Global Services Limited	65,314	0	0	0	65,314	0
Deloitte NSE Services Ltd	95,917	0	0	0	95,917	0
Eli Lilly Export SA	2,853	0	0	0	2,853	0
Estonia Government	57,849	0	0	0	57,849	0
Estonian Red Cross	78	0	0	0	78	0
European Commission - DG ECHO	191,436	0	0	0	191,436	0
F5	93	0	0	0	93	0
Finnish Red Cross	141,880	0	0	0	141,880	0
French Government	16,323	0	0	0	16,323	0
French Red Cross	0	192,874	0	0	192,874	0
Hong Kong Red Cross, Branch of the Red Cross Society of China	22,574	0	0	0	22,574	0
Irish Government	961,995	0	0	0	961,995	0
Islamic Development Bank IsDB	1,342,475	0	0	0	1,342,475	0
Italian Government Bilateral Emergency Fund	2,850,498	0	0	0	2,850,498	0
Italian Red Cross	113,524	0	0	0	113,524	0
Japanese Red Cross Society	179,499	0	0	0	179,499	0
Jordan National Red Crescent Society	0	0	12,748	0	12,748	0
KPMG International Cooperative(KPMG-I)	22,525	0	0	0	22,525	0

Latvian Red Cross (from Latvian Government*)	47,453	0	0	0	47,453	0
Liechtenstein Red Cross	51,394	0	0	0	51,394	0
Luxembourg - Private Donors	627	0	0	0	627	0
Luxembourg Government	287,588	0	0	0	287,588	0
Mastercard Inc.	1,695	0	0	0	1,695	0
Medtronic Foundation	88	0	0	0	88	0
Monaco Government	47,701	0	0	0	47,701	0
Netherlands - Private Donors	48	0	0	0	48	0
New Zealand Government	271,031	0	0	0	271,031	0
New Zealand Red Cross	41,158	0	0	0	41,158	0
Norwegian Red Cross (from Norwegian Government*)	404,079	0	0	0	404,079	0
On Line donations	202	0	0	0	202	0
Other	-16	0	0	0	-16	0
PIMCO	136	0	0	0	136	0
Polish Red Cross	8,190	0	0	0	8,190	0
Qatar Red Crescent	848,200	0	0	0	848,200	0
Red Cross of Monaco	9,482	0	0	0	9,482	0
Red Cross of The Republic of North Macedonia	1,474	0	0	0	1,474	0
Republic of Korea Government	905,442	0	0	0	905,442	0
ServiceNow	5,538	0	0	0	5,538	0
Singapore Red Cross Society	45,938	0	0	0	45,938	0
Spanish Government	239,252	0	0	0	239,252	0
Spanish Red Cross	0	27,030	0	0	27,030	0
Swedish Red Cross	82,104	0	0	0	82,104	0
Swiss Humanitarian Foundation, SRK	60,000	0	0	0	60,000	0
Swiss Red Cross (from Switzerland - Private Donors*)	3,518	0	0	0	3,518	0
Switzerland - Private Donors	110	0	0	0	110	0
Taiwan Red Cross Organisation	97,695	0	0	0	97,695	0
Thai Red Cross Society	17,902	0	0	0	17,902	0
The Canadian Red Cross Society (from Canadian Government*)	516,525	0	0	0	516,525	0
The OPEC Fund for International Development	430,987	0	0	0	430,987	0
The Red Cross Society of Bosnia and Herzegovina	7,807	0	0	0	7,807	0
The Republic of Korea National Red Cross	691,709	0	0	0	691,709	0
United States - Private Donors	2,065	0	0	0	2,065	0
Write off & provisions	0	0	0	-484	-484	0
Total Contributions and Other Income	13,164,990	564,426	12,748	-484	13,741,681	0
TOTAL INCOME AND DEFERRED INCOME	13,741,681					0

The overall IFRC Secretariat funding requirement for Libya Floods (Storm Daniel) was CHF 20 million, with a total coverage of **CHF 13,741,681** (69 per cent). The total expenditure recorded was **CHF 9,331,658**, representing (68 per cent) utilization of the available funds. A detailed financial breakdown, including income, expenditure and balance, is available in the attached final financial report.

Contact information

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

At the Libyan Red Crescent Society:

- **Secretary General:** Marie Eldressy, Libyan Red Crescent Society; inter.relation@lrc.org.ly

At the IFRC

- **IFRC Country Delegation:** Rad Al Hadid, Head of IFRC Country Delegation; rad.alhadid@ifrc.org
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- **IFRC Regional Office for Health, Disasters, Climate & Crises (HDCC) Unit:** Raja Assaf, Regional Head of Health, Disasters, Climate & Crises (HDCC) Unit - MENA; raja.assaf@ifrc.org
- **IFRC Geneva:** Lea Christensen NIEL, Senior Officer, Response and Recovery, Operations Coordination ; lea.nielsen@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for MENA:** Yara Yassine, Regional Senior Officer, Strategic Partnerships and Resource Mobilization; yara.yassine@ifrc.org

For In-Kind Donations and Mobilization table support:

- **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:

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- [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.