EMERGENCY APPEAL
OPERATIONAL STRATEGY
Libya, MENA | Storm Daniel

A Libyan Red Crescent Society staff member making his way through debris and water, in search of survivors. Photo: IFRC

<table>
<thead>
<tr>
<th>Appeal №: MDRLY005</th>
<th>To be assisted: 200,000 People</th>
<th>Appeal launched: 13/09/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glide №: FL-2023-000168-LBY</td>
<td>DREF allocated: CHF 1 million</td>
<td>Disaster Categorisation: Orange</td>
</tr>
<tr>
<td>Operation start date: 10/09/2023</td>
<td>Operation end date: 31/12/2024</td>
<td></td>
</tr>
</tbody>
</table>

IFRC Secretariat Funding requirement: CHF 7 million
Federation-wide funding requirement: CHF 10 million
**9-10 September 2023:** Two IFRC regional red alert forecasts are shared with the Libyan Red Crescent Society (LRCS) to initiate preparedness at the community level. The LRCS activates its preparedness mechanism and disseminates Storm Daniel risk alerts.

**10 September 2023:** Storm Daniel wreaks havoc with heavy rains and fierce winds in Eastern Libya causing two dams to collapse in Derna, causing mass destruction in the town of Derna city and its surrounding areas.

**12 September 2023:** The Prime Minister of the Libyan Government in the East, Osama Hammad, declares Derna a disaster zone and issues an official request for immediate international support. The IFRC releases CHF 1 million from the Disaster Response Emergency Fund (DREF) to support the launch of the LRCS response.

**13 September 2023:** The IFRC activates its Rapid Response Mechanism (RRM) to ensure the capacity to support the LRCS response in managing the operations as close to the disaster as possible. An operations manager is deployed in the country.

**14 September 2023:** The IFRC launches an Emergency Appeal for CHF 10 million.
DESCRIPTION OF THE EVENT

On Sunday, 10 September 2023, the unprecedented Storm Daniel hit northeastern Libya, unleashing winds of 70 to 80 km/h and record torrential rainfall between 150 and 240 mm. The coastal city of Derna was hardest hit by this devastating weather system, with its dams suffering heavy damage. Floodwaters then reached up to three metres, submerging entire neighbourhoods and washing them into the sea.

The impact has been staggering, with more than 9,730 lives lost and at least 25,000 individuals still missing. Additionally, more than 44,000 people have been internally displaced, leaving 7,000 families stranded. This disaster aggravated an already challenging situation, since eastern Libya was already home to 46,000 internally displaced persons (IDPs) and numerous migrants.

Communications and electricity infrastructure was in ruins, as videos shared on social media by the Libyan Red Crescent Society (LRCS) and other sources clearly show. These videos reveal submerged cars, collapsed buildings, and torrents of water surging through the streets.

In response to the dire situation, Libyan Prime Minister, Osama Hamad, declared the crisis catastrophic and unprecedented, and issued an urgent appeal for medical personnel and assistants to rush to Derna's aid. The Libyan Parliament also reached out to the international community and all humanitarian organizations within the country, seeking their support and assistance during this challenging period. The combined efforts of the international community and local authorities are essential to alleviate the immense suffering caused by the devastation of Storm Daniel in northeastern Libya.

This powerful storm exacerbated existing challenges and added new levels of complexity to the pre-existing situation. Since the 2011 crisis, Libya has been grappling with complex population movements, involving over 706,000 migrants, refugees, and internally displaced people (IDPs). Tropical Storm Daniel exacerbated these challenges, affecting numerous displaced people and migrants.

Despite recent progress towards stability, marked by a ceasefire agreement in 2020 and a national unity government in 2021, Libya's health system remains strained due to a decade of conflict. Low vaccination rates leave the population vulnerable to vaccine-preventable diseases, while global price hikes stemming from the Ukraine crisis have hit Libya hard, impacting food security. Relying on wheat and grain imports from Russia and Ukraine, the country is facing soaring food prices, forcing many to cut back on their daily food consumption.

As more IDPs gradually return home, they continue to face obstacles such as damaged residences and restricted access to essential services. Additionally, forced expulsions of migrants have increased sharply, raising serious human rights concerns. Furthermore, women and girls in Libya remain at significant risk of gender-based violence, exacerbated by factors such as fear, social stigma, discrimination, and shortage of services, particularly in remote areas. Despite the reduction in large-scale hostilities, explosive remnants of war, including landmines and Improvised Explosive Devices (IEDs), pose an persistent threat, requiring continued efforts to identify and mitigate risks.
Severity of humanitarian conditions

1. Impact on accessibility, availability, quality of, use, and awareness of goods and services

1a. Inadequate Accommodation Conditions: Informal sites and collective centres run by local authorities have been identified to host more than 2,600 people in affected districts, including schools in Benghazi, Derna, and AlBayda. Residents of these shelters report lack of privacy, limited space; and insufficient heating, lighting, and WASH (water, sanitation, and hygiene) facilities as their main concerns. Accommodation costs are high, and some IDPs fear eviction.

1b. Protection and Documentation Needs: Refugees, asylum seekers, and IDPs, including those displaced by previous conflicts, face challenges due to the loss of essential documents during the floods. People need access to information about Housing, Land, and Property (HLP), as well as compensation options.

1c. Risks of Gender-Based Violence (GBV) and Child Protection: Families who have lost members, often breadwinners, are at increased risks of GBV. Child protection efforts continue to register unaccompanied and separated children. Many children on the move are at greater risk of trafficking, abuse and forced labour. UNICEF reported that more than 300,000 children affected by Storm Daniel are at increased risk of diarrhoea, malnutrition, and dehydration. UNICEF is also working with authorities to increase public awareness, formal registration and referral of affected children, with the aim of reuniting them with their families or finding appropriate solutions.

2. Impact on physical and mental well-being

2a. Mental Health: Difficult living conditions and the loss of family members, often breadwinners, have taken a toll on the mental health of affected communities. Increased frustration, depression, anxiety, and anger are expressed.

2b. Physical Health Effects: Although the need for trauma care has largely passed, there is a gap in primary health care. This gap is due at least in part to the damage suffered by certain public health care (PHC) centres, including the LRCS polyclinic, during the floods. PHCs in the central part of the city are the most heavily affected, while those in other parts of the city are often only partially functioning. The main current demand is for PHC consultations, with a focus on children's illnesses (upper respiratory tract infection, diarrhoea, etc.), non-communicable diseases (NCDs), and skin diseases. cases of infectious upper respiratory diseases, diarrhoea, and skin infection/scabies in Derna. At this stage, no cases of acute watery diarrhoea or other outbreaks have been reported; however, there is a risk of outbreaks in areas linked to water-borne and vaccine-preventable diseases.

3. Risks and vulnerabilities

3a. Environmental Concerns: Concerns about contaminated water, stagnant water, and the presence of livestock or animal faeces in public spaces have been raised. There are also concerns about disaster waste, improper waste disposal practices, and soil contamination. Some industrial and waste processing facilities, as well as chemical plants, have been affected, raising concerns about water and environmental safety.

3b. Population Displacement: Ongoing mapping of informal sites and collective centres hosting IDPs is indicative of continued population displacement. This situation, combined with previous conflict-related displacement, has put a strain on resources and social services.

3c. Access to Essential Services: Challenges exist in accessing health facilities, with many remaining closed or offering limited services. Lack of information on continuity of services and logistical/physical barriers to access have hampered access to healthcare. There is also a shortage of essential medicines, vaccines, and medical equipment, further compounded by a lack of psychosocial support capacity. WHO reports that about 63 percent of health facilities assessed are partially or non-functional, and that 101 health workers have lost their lives in the floods; and that although hundreds of volunteer health care professionals came to Derna to help after the disaster, many returned home after 3 to 4 weeks increasing the risk of an even more acute shortage of health care providers a few weeks after the disaster.
3d. Water Accessibility and Sanitation: Even if water is available, it is not always safe or affordable. Water seller kiosks have become the primary source of drinking water, but not everyone can access them. People get their drinking water from a variety of sources, some of which are damaged, unprotected, or untested. Cases of diarrhoea have been reported in affected areas, reinforcing the importance of disease surveillance and prevention, highlighting the risk for potential water-born outbreaks.

4. Context in Libya
After several years of hostilities in Libya, the situation since the 2019 ceasefire agreement tends to improve, particularly in the eastern part of Libya, where signs of stability are evident in recent years and which encompass areas such as Benghazi, Derna, and Tobruk.

Although the fact of the presence of two governments, the perception of the Libyan Red Crescent (LRC) and the IFRC is very positive from both. The LRC has opened channels with governments and authorities on both sides in the interest of its Neutrality, Impartiality, and Humanitarian mandate.

Despite the calm situation, IFRC is paying close attention and closely monitoring any developments in the security situation, Minimum Security Requirements (MSR) documents have been developed and security personnel are available in the country to support the IFRC operations.

5. Risks and Vulnerabilities of the IFRC
The International Federation of Red Cross and Red Crescent Societies (IFRC) operates in Libya through the Libyan National Red Crescent Society. During its humanitarian efforts, the IFRC and its staff are exposed to various risks and vulnerabilities, including: road accidents, criminal activities; water and vector-borne diseases; telecommunications problems.

The IFRC is implementing several measures to address and mitigate the risks and vulnerabilities its personnel face in Libya. These measures include conducting routine security risk assessments to proactively identify address hazards. Comprehensive, MSR-approved strategies are in place for Derna and Benghazi.
CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The Libya Red Crescent Society (LRCS) was established in 1957 and was admitted to the International Federation of Red Cross and Red Crescent Societies (IFRC) in 1958, with a mandate to provide assistance to the most vulnerable segments of society. The LRCS is the main national humanitarian organisation present in Libya. It responds to emergencies and provides services to vulnerable populations nationwide, through a network of 38 branches, 655 staff, and 3,000 volunteers. The LRCS has maintained its unity and continued its work in Libya despite the country’s political divisions, even if it had to modify and adapt certain programs implemented before the political crisis, such as first aid, road safety and the promotion of hygiene for children. It has also developed additional programs to respond to the humanitarian needs resulting from armed conflict.

In 2017, the IFRC conducted the first phase of the Organisational Capacity Assessment and Certification (OCAC) process, identifying human resources (HR); planning, monitoring, evaluation and reporting (PMER), finance development, volunteering, and branch development as priorities for improvement. This guided the LRCS Development plan, supported by various Movement partners.

In early 2022, the LRCS revised its current organisational strategy by identifying enabling priorities and emphasizing healthcare, risk reduction, and the promotion of volunteerism and humanitarian values. The LRCS’s ability to implement its humanitarian programs has been significantly challenged by infrastructure damage and looting, resulting from ongoing political tension.

As part of the Response Capacity in 2022, the LRCS conducted a Preparedness for Effective Response (PER) self-assessment as part of the disaster risk management approach of the National Society to guide the operational priorities in case of the response. The main priority areas under the PER exercise were emergency response and planning, including hazard risk analysis, information management, standard operating procedures, scenario planning, early action mechanism in terms of operational...
support in emergencies; information and technology; logistics and supply chain; reporting and monitoring, as well as staff and volunteer management, among others.

Additionally, the LRCS faced a substantial reduction in financial support from the state, which had previously been a major source of funding for the organization. Therefore, the LRCS is currently relying on the support of its partners to alleviate the suffering caused by the armed conflict. This support is channelled through the implementation of health and relief programmes, with a particular focus on assisting migrants and the most vulnerable communities affected by the conflict.

The LRCS carried out different health activities in the affected areas related to clinical care (the Derna branch polyclinic provided primary health care services to an average of 500 patients per day, with a plan to expand its services to limited secondary health care). In addition, LRCS managed mobile health teams providing primary health care in remote areas), pre-hospital care (two ambulances at Derna branch), health promotion activities (through Community based health and first aid -CBHFA- approach), mental health and psychosocial support (MHPSS) through volunteers trained in the last five years in different branches of the affected areas.

LRCS volunteers, specifically the Derna branch, intervened during the disaster by evacuating vulnerable people stranded by rising waters, and, in some cases, at the unfortunate expense of their lives and own families. LRCS teams from surrounding branches surged to immediately provide support on the ground. LRCS Headquarters (HQ) activated response mechanisms while coordinating closely with the IFRC and local authorities to assess the situation, support the search and rescue operation, and provide help to those affected.

A central emergency operations room has been set up, and two others on sites deployed in Derna (Eastern and Western). Emergency and rescue teams were tasked with providing urgent assistance, distributing basic aid and shelter to affected people; and providing necessary medical care to the injured, including psychosocial support to the people impacted by the event. More than 54,710 affected people have been reached to date.

**Services provided included:**

- Immediate search and rescue for stranded persons.
- Distribution of essential household items to 125,000 affected people.
- Distribution of 25,000 food parcels to families.
- Dead body management interventions.
- Restoring family links (RFL).
- Assessments in IDP centres.
- Online awareness campaigns.
- Coordination with local authorities.

**The above-mentioned activities yielded in:**

- Reaching 61 locations in 14 cities.
- Responding to 9,867 calls for help.
1.2 Capacity and response at the national level

Following the event, the Prime Minister of the Libyan Government in the East, Osama Hammad, announced that the Derna area was a disaster zone and that an official request for immediate international support was announced. Local authorities including the armed forces surged with all capacity to support the responding teams to the crises, especially those that are members of the Libya Crises Cell, including LRCS. They also took the lead in coordinating the distributions of relief items in coordination with the Libyan Relief Committee for all local actors.

A committee emanating from the Libyan government appointed by the parliament, announced that the “international” conference for the reconstruction of the city of Derna, devastated by the floods would take place in early November for logistical reasons and to give companies ample time to present effective studies and projects to contribute to the reconstruction process.

The director of banking and currency control in Libya asked banks to give full attention and priority to applications submitted by non-profit organizations, especially international organizations specializing in relief work who wish to provide assistance to the areas and cities affected by the flooding, to abide by the above-mentioned publications, and to expedite their processes and refer them to the administration urgently and on a daily basis so they can be addressed as quickly as possible.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC

In a swift response to the recent devastating floods in Libya, the IFRC partnered with the LRCS to provide essential assistance to affected communities. Recognizing the gravity of the situation, the IFRC promptly allocated CHF 1 million from the Disaster Relief Emergency Fund (DREF) within 48 hours and initiated an Emergency Appeal for CHF 10 million on 14 September, reinforcing their commitment.

The IFRC activated its Rapid Response surge system for several role profiles after identifying the needed expertise, supported by several National Societies from the Red Cross Red Crescent Movement including the Canadian Red Cross, the Italian Red Cross, the Egyptian Red Crescent, and the Lebanese Red Cross.

The IFRC activated requests for emergency response units (ERUs) that are being deployed, including the Canadian Red Cross outpatient department (OPD) and mental health and psychosocial (MHPSS) modules. Danish Red Cross supported in the MHPSS module with equipment, and Italian Red Cross for the ERU Basecamp.

The IFRC continues to support LRCS relief operations through the provision of operational running costs and in-kind items from IFRC preposition stock in Dubai, based on the evolving needs, through the IFRC mob-table. To date, the British Red Cross, the Danish Red Cross, the French Red Cross, and the Canadian Red Cross have committed to most of the items, while the IFRC facilitated transportation
of the cargo via three flights (with a fourth in preparation) and one shipment by sea route. The flights were donated by UPS, Airbus, and IHC, standing partners of the IFRC network.

The IFRC’s collaborative efforts involved close coordination with the LRCS and the International Committee of the Red Cross (ICRC) in Libya, ensuring a well-structured approach encompassing planning, communication, resource mobilization, technical expertise, and accountability. Strategic meetings with Participating National Societies (PNS) optimized support efforts.

As a pivotal participant in inter-agency coordination under the United Nations Disaster Assessment and Coordination (UNDAC) team, the IFRC established thematic working groups, deployed additional personnel, and conducted a comprehensive multi-sectoral rapid assessment to guide recovery planning.

The IFRC promptly activated the Rapid Response surge mechanism, bolstering the LRCS’s capacity with key personnel deployments and facilitating the timely delivery of essential relief supplies. The IFRC notably collaborated with in-country long-term presence partners, including the ICRC, the German Red Cross, and the Norwegian Red Cross. The IFRC’s response underscores its unwavering commitment to supporting Libya during this crisis through proactive measures addressing the urgent needs of affected communities.

**International Committee of the Red Cross (ICRC)**

In response to the recent devastating floods in Libya, the ICRC, in partnership with the LRCS, quickly provided aid to the affected communities. With a history of engagement in Libya since 2011, the ICRC has organized teams and essential supplies to assist flood survivors, particularly in the hardest-hit areas. They have been actively involved in critical activities, including managing mortal remains, reuniting families, and offering technical support for disaster management. Essential supplies like medicine, food, and household items are being delivered to the affected families, with a focus on supporting Al Hawary hospital in Benghazi. The ICRC is also providing support to the Ministry of Health by providing medications and covering operating costs for six PHC centres – two of them in Derna with the rest in other affected areas. One month's supply of consumables/medications are being redirected from the twenty total PHCs of the Ministry of Health supported by the ICRC all over Libya to support the six PHCs in the affected area, in addition to two inter-agency emergency health kits (IEHKS) to be sent to the Derna PHC.

Looking ahead, the ICRC plans to continue its assistance efforts. This includes supporting primary healthcare centres, distributing aid to thousands of families, and providing emergency drinking water to 30,000 people. Long-term water repair projects are also being considered. In addition, the ICRC is exploring ways to extend support to hard-to-reach flood-affected areas, exemplifying its commitment to helping communities in need.

**Norwegian Red Cross**

The Norwegian Red Cross supported the LRCS with the rapid health assessment, in addition to scaling-up the intervention of their two local mobile health teams in eastern Derna, namely Sousa and Qanduloa. The MHPSS teams conducted two trainings for the LRCS, with planned MHPSS activities in Derna, with hygiene promotion training and activities also expected to be carried out.
**German Red Cross**

Through the LRCS, the German Red Cross has implemented two Kit 15 systems (can provide clean water for 15,000 people per day) for water purification of contaminated boreholes by the floods in Derna and is in the process of installing an additional two more. Technical personnel were deployed to train the LRCS in operating the systems.

**Turkish Red Crescent**

An operational setup comprising a field kitchen, a mobile catering vehicle, and a communications vehicle was deployed to facilitate essential services. Additionally, a dedicated emergency response team from the Turkish Red Crescent (TRC), is actively engaged in flood-affected areas, offering crucial assistance. In collaboration with the LRCS, various forms of aid have been provided, including food parcels, hygiene kits, clothing, personal protective equipment (PPE), as well as various essential household items, ensuring that the affected communities receive comprehensive support during this challenging period.

**Movement and Membership Coordination**

The IFRC is coordinating with ICRC in country, in addition to the Partner National Societies (PNS) to ensure a comprehensive Federation-wide approach to supporting the LRCS, including planning, communications, resource mobilization, technical expertise, quality assurance and accountability. Several meetings to date have been organized between member National Societies to share information and mainstream the provided and expected support including relief distribution and activities on the disaster site (the Turkish Red Crescent, the Qatari Red Crescent, the Kuwaiti Red Crescent, the Emirates Red Crescent, the Saudi Red Crescent, the Tunisian Red Crescent, the German Red Cross, the Norwegian Red Cross, the Russian Red Cross, the French Red Cross, and Iran Red Crescent). These membership meetings continue to take place regularly to update on the progress of the multilateral approach of supporting PNSs to LRCS in their response to the crises.

**2.2 International Humanitarian Stakeholder capacity and response**

International humanitarian stakeholders, led by UNDAC in-country with the IFRC's integral involvement, are demonstrating their robust response capacity to Libya's recent devastating floods. Working collaboratively, they have established thematic working groups and surged deployments, strengthening coordination with the LRCS. These efforts enable a comprehensive multi-sectorial assessment that builds on the UNDAC-coordinated multi-thematic rapid needs assessment (MTRNA) findings, providing a solid foundation for early recovery and recovery planning.

The MTRNA is made possible through the support of valued partners such as the Danish Refugee Council, We World, Moomken Org, IOM, Première Urgence Internationale, Terre des Hommes, Norwegian Refugee Council, Intersos, Action Against Hunger, WFP, and UNFPA. This coordinated support has further enhanced the effectiveness of the response.

Moreover, the European Union (EU) Civil Protection Mechanism, activated on 12 September, drew significant assistance from eight EU member states, offering essential resources and contributing 5.7 million euros in funding. The Copernicus Emergency Management Service has also played a vital role, providing seven crucial maps to guide coordinated response efforts.
Together, 21 organizations, including seven UN agencies and 14 international and local NGOs, have intensified their efforts in the affected districts. This includes international search-and-rescue and emergency medical teams, in conjunction with non-governmental partners, all working diligently to assess and address the needs of flood-affected populations, while prioritizing the delivery of effective and relevant humanitarian assistance.

3. Gaps in the response

The devastating floods in Derna have had varying impacts on different segments of the population, emphasising the need for a tailored humanitarian response that considers various dimensions, including gender, age, disability, socio-economic status, and access to safety. As per the rapid assessments carried out by the LRCS and the Libya Multi-Thematic Rapid Needs Assessment carried by UNDAC, the following gaps were identified in order of priority:

**Emergency Shelter and Non-Food Items (NFIs):** There is a significant gap in the provision of emergency shelter and essential household items to affected. Many displaced residents have lost their homes and belongings, and the majority of residential buildings along the riverbanks have been destroyed or severely damaged. The disrupted market and financial systems further hamper the ability of affected households, particularly vulnerable and marginalized groups, to replace these lost items. Most displaced households have sought refuge in host communities (strong community and cultural cohesion), while others remain in community shelters and are grouped in designated shelters to mainstream humanitarian services. Nevertheless, this imposes security and privacy concerns (in Derna city, there are around 170 households -HHs).

**Health and WASH:** Access to medical services, medications, and mental health and psychosocial support is limited, particularly for individuals with chronic illnesses. The floods have damaged roadways, making it even more challenging for those in need of care to access healthcare facilities, at least those that continued to function after the floods damaged infrastructure and medical equipment. This is specific to the LRCS Derna Branch, which included polyclinics that used to provide several essential health care services to more than 500 patients per day. The risk of waterborne diseases, vaccine-preventable outbreaks, and infectious hazards is high due to floodwater contamination. The MHPSS needs of the affected population are likely to intensify due to the significant distress and socioeconomic effects of the protracted humanitarian and protection situation, in addition to the ongoing collective grieving. The catastrophic event created a major gap in MHPSS, which was confirmed by the LRCS, the Ministry of Health, and in different interviews with healthcare providers in local PHCs and surge Emergency Medical Technicians (EMTs). There are already several signs of severe distress in the different affected groups, including suicide attempts, self-harm, substance abuse, and anxiety. Without immediate professional assistance, this risk will continue to pose a significant gap in the response. In addition, there is no functional maternity ward in some areas.

**Food Security and Livelihoods:** Disruption of local food supply chain and market systems has led to food shortages, making food security a pressing concern. Vulnerable groups, including marginalized and discriminated individuals, are at increased risk of food insecurity and malnutrition. Immediate food assistance, including ready-to-eat meals and nutritional support for infants and young children, is essential to address this gap. The price of food items has increased, the quantity of food in markets
has decreased, and some essential food items are no longer available. Water selling points are difficult to reach and insufficient in number. Water is too costly, and water sources have been damaged due to the floods though they are still operational.

**Community Engagement and Accountability (CEA):** There is a need to invest more to better support community needs, priorities, and context, and ensuring ways of working collaboratively with people, including migrants speaking different languages, and communities by integrating meaningful community participation, timely, open, and honest communication, coordinated engagement, and mechanisms to listen and act on feedback throughout the response. This promotes positive accountability among communities and enables people to lead and shape changes in their lives and on their own terms.

These gaps highlight the urgent need for a comprehensive humanitarian response focused on addressing the immediate and potential needs of the affected communities, with a particular focus on vulnerable and marginalized groups. The response should prioritize the provision of emergency shelter, essential household items, medical assistance, psychosocial support, food assistance, and livelihood support to ensure the well-being and recovery of people impacted by the floods, in addition to those in less accessible areas.

**OPERATIONAL CONSTRAINTS**

1. **Finance**

Due to a shortage of physical Libyan dinars, the Libyan Central Bank has restricted the distribution of cash in the country, meaning that Libyan bank account holders can only access a fraction of their money. At the same time, access to foreign currency at the official exchange rate has been severely limited.

2. **Access**

Accessibility remains a significant operational challenge, mainly due to the extensive damage inflicted on infrastructure by the flooding. Although ongoing efforts are being made to restore access to isolated affected areas, the magnitude of the damage makes this a time-consuming task. Notably, the construction of a single route linking the two previously disconnected areas has been completed, but the terrain in this region is rugged and challenging. This presents additional difficulties for the affected communities, especially considering that all vehicles in the path of the floods have been rendered inoperable. Furthermore, there is a lack of available public transport services in Libya, exacerbating the transportation challenges. It is worth noting that this route may become impassable during rainy periods, as it traverses a valley, further complicating the accessibility to humanitarian and healthcare services.

3. **Security**

The security situation in Libya remains volatile. Further, safety-related issues may arise due to damaged infrastructure such as roads, bridges, buildings, water supply, and health facilities. Road safety presents a considerable concern because of road conditions, weather conditions, vehicle road worthiness, and driving habits. Flooding has rendered many buildings and bridges in the affected areas unsafe for habitation.
4. **LRCS Response Capacity**

The LRCS, having suffered some losses to physical infrastructure and assets in the affected areas, including one destroyed branch (Derna), is operating from a temporary location (a school in Derna), and is expected to evacuate in the coming week. As the LRCS is pursuing its auxiliary role to the public authorities and its mandated role as an implementing partner for international and national organisations, this acute crisis has further stretched its financial and human resources. The LRCS's capacity to scale-up this response is essential but also to recover existing capacities at the branch level. Therefore, the IFRC is supporting the LRCS in coordination, technical, and logistical capacities to ensure the scaling-up of operations and response to this crisis, including having the necessary human resources (staff and volunteers) in place. Furthermore, the IFRC supports National Society development and strengthening of the LRCS including to restore, build, recover, and improve its own capacities.

**FEDERATION-WIDE APPROACH**

The Emergency Appeal is an integral part of a comprehensive **Federation-wide approach**, which has been formulated in line with the response priorities of the LRCS and involves close consultation with all members of the IFRC contributing to the response efforts. The operational strategy outlined in this appeal aims to establish strong connections among all response activities, encompassing bilateral initiatives and domestically funded activities, and to leverage the collective capacities of all members within the IFRC network in the country (German Red Cross, Norwegian Red Cross which are working under different modalities with the ICRC, Turkish Red Crescent which is working through a government to government agreement, in addition to the Canadian Red Cross and Danish Red Cross which operate in Libya through IFRC under the ERLU modality), with the ultimate goal of maximizing collective humanitarian impact.

Furthermore, this approach fosters a spirit of shared leadership and collective humanitarian diplomacy. It seeks to actively engage the membership, aligning with the Agenda for Renewal's objectives of enhancing the IFRC as a more effective platform for international coordination of emergency operations, collective representation, policy discussions, and National Society development and capacity strengthening. To reinforce the Red Pillar actions, the IFRC Cluster Delegation and MENA Regional Delegation in Beirut will provide expert membership coordination and support for effective Movement Coordination.

The Federation-wide funding requirements for this Emergency Appeal encompass all financial support to be directed to the Operating National Society in response to the emergency event. This includes the Operating National Society's domestic fundraising request, the fundraising appeals of supporting Red Cross and Red Crescent National Societies, and the funding requirements of the IFRC secretariat. This comprehensive approach ensures that all available resources are mobilized to address the urgent humanitarian needs of the affected communities.

IFRC strategically prioritized a Federation-wide operational approach for the Libya Storm Daniel response, noting and recognizing the in-country partnership history of LRCS member partners; informing, advocating, and consulting with other partners on the operational updates, areas of
support, and strategic collective planning and implementing. The IFRC have prioritized safety and security of staff and deployed surge personnel/ERUs by scaling up several measures to address and mitigate the risks and vulnerabilities confronting its staff in Libya.

**OPERATIONAL STRATEGY**

**Vision**

The IFRC is taking a key supporting coordinating role in the response, harmonizing the implementation support of member National Societies with an in-country presence and long-term programming. This coordination role will enable strong technical support in the emergency phase and in the transition to longer-term integrated approach resilience building. The IFRC, as per the mandate, is also supporting the LRCS to strengthen its capabilities and functions to be an accountable and effective humanitarian actor supporting community response, recovery, and resilience.

The LRCS is the leading humanitarian organization in Libya responding to the needs of the most vulnerable people in times of crises and emergencies. In addition, the LRCS supports affected people in recovering from the effects of crises and emergencies according to the Fundamental Principles of the Red Cross and Red Crescent Movement using the latest methods in governance and accountability towards affected populations and donors.

The Emergency Appeal is linked to the strategic IFRC unified plan. In mid-2024, the country plan will reflect the long-term resilience activities. At the end of 2024, the operation will transition to one country plan.

**Anticipated climate-related risks and adjustments in the operation**

In the short-term, low temperatures are expected (night temperatures below 10°C) until mid-April. Spring rainfall creates a potential risk of flooding and landslides. The strategy should then focus on managing extreme summer temperatures which could pose a risk to the elderly, pregnant women, infants, and people whose health is compromised.

A vulnerability and risk assessment is required given the insecurity of the impacted population, the vast geography of the operation, climate change making seasonal hazards more difficult to anticipate, and ongoing and localized hazards. The IFRC and LRCS will design their interventions with a climate-smart approach and integrate climate and disaster risk assessments, including environmental protection, throughout planned operations.
Targeting

1. People to be assisted.

This Emergency Appeal seeks to assist those most affected by the disaster, those whose homes were completely or partially destroyed, people whose livelihoods were affected, and those who evacuated their homes and are now displaced. Targeting will be based on assessments of household vulnerabilities and assistance will be based on the identified needs of the population, taking into consideration age, gender, and disability.

2. Considerations for protection, gender, and inclusion (PGI) and community engagement and accountability (CEA)

This response fully takes into account protection mainstreaming considerations, both in its design and in all its planned activities. However, additional attention and support will be provided to the LRCS in order to embed these ways of working and ensure minimum standards are met in all areas of its work - both operational and support in the emergency response. The focus will be at the branch level. However, this will inevitably encompass some targeted technical, operational, and institutional support to the LRCS's headquarters office in Benghazi.

Community engagement and accountability (CEA) will be mainstreamed throughout the response, both in its design considerations and as a stand-alone focus of activities in support of the ongoing LRCS operations, especially in the absence of standard institutional CEA modalities. Ensuring strong participation and information sharing with affected populations and all stakeholders will be at the core. This is particularly relevant for early disaster recovery as CEA is designed to shift towards community-based activities after focusing on deepening the understanding of the needs and capacity building of the National Society. CEA plans and tools will be developed for implementation at both, branch and HQ levels of the LRCS, with emphasis on selecting and developing appropriate communication channels with targeted populations. The Multi-Sectoral Needs assessment and feedback from field workers will be the entry points to determine means of engagement.

PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC aims to support the LRCS in its response to Storm Daniel and its impact. The IFRC's response strategy will be to help support 200,000 individuals and will focus on the following areas:
## INTEGRATED ASSISTANCE

<table>
<thead>
<tr>
<th><strong>Shelter, Housing and Settlements</strong></th>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
<th>CHF 910,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male &gt; 18:</td>
<td>Male &lt; 18:</td>
<td>Total target: 80,000</td>
<td></td>
</tr>
</tbody>
</table>

**Objective:**

Emergency phase: Communities in crisis-affected areas restore and strengthen their safety through the provision of emergency shelters and household items.

Resilience building: Meeting medium-term shelter needs and urban resilience in line with the principles of dignity, protection, and an integrated approach.

**Priority Actions:**

1. Through the detailed multi-sectorial assessment, identify medium and long-term needs to guide the response option and strategy, contributing to a recovery.
2. Provide winterization and relief household items based on identified priorities, such as thermal blankets, kitchen sets, heating stoves/heaters, and bedding units/mattresses.
3. Conduct post-distribution monitoring (PDM) surveys on the support provided when the situation allows.
4. Replenish and pre-position shelter and essential household items distributed from existing stocks to maintain readiness to respond to crises and disasters.
5. Coordinate with Shelter Cluster agencies and local authorities on shelter strategy/solutions and actions.
6. Provide cash-based shelter support if possible and when appropriate.
7. Conduct a market assessment of the rental accommodation available in the targeted location.

<table>
<thead>
<tr>
<th><strong>Livelihoods</strong></th>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
<th>CHF 1,108,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male &gt; 18:</td>
<td>Male &lt; 18:</td>
<td>Total target: 50,000</td>
<td></td>
</tr>
</tbody>
</table>

**Objective:**

Communities in crisis-affected areas and the displaced can cover their immediate food needs and protect and build resilient livelihoods.

**Priority Actions:**

Assisting in the initial recovery phase and recovery activities, including the strengthening of disrupted livelihoods among the affected population. These efforts will be based on the outcomes of assessments of food security and employment prospects conducted throughout both the response and recovery stages, while adhering to environmental considerations.
1. Provide food assistance in the form of bulk baskets in the initial phase and ensure longer-term food security through standard food parcels consisting of different rations.
2. Replenish and pre-position standard and ready-to-eat food parcels distributed from existing LRCS stocks, to maintain response readiness.
3. Conduct a recovery assessment to guide appropriate actions.
4. Enhance the LRCS’s capacity, improving their skills and train the volunteers involved in the response in livelihoods programming.
5. Support affected households to protect their livelihoods and/or replace productive assets to recover their source of income (potentially through cash and voucher assistance based on a feasibility study).
6. Conduct monitoring, evaluation, accountability and learning actions that ensure effectiveness and relevance of the interventions such as baselines, post-distribution monitoring and end lines.
7. Provide the LRCS Livelihoods Unit with resources and technical support at the HQ and branch level to develop livelihoods interventions complementing LRCS strategic priorities and the wider humanitarian response.
8. Integrate disaster risk reduction and climate change adaptation into livelihoods protection and strengthening interventions to build the longer-term resilience of the affected population.

<table>
<thead>
<tr>
<th>Multi-purpose Cash</th>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
<th>Male &gt; 18:</th>
<th>Male &lt; 18:</th>
<th>Total target:15,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CHF 1,667,000</td>
<td></td>
</tr>
</tbody>
</table>

**Objective:**
Affected households are provided with unconditional multipurpose cash assistance to address their basic needs (life-saving and longer-term) in an accountable and participatory manner.

**Priority Actions:**
1. Coordinate on a national level with the national cash working group (CGW) and other humanitarian actors regarding cash and voucher assistance (CVA) programming (transfer value, instalments, etc.)
2. Continuous capacity assessments of financial service providers (FSPs), market assessments, and continued market monitoring (liquidity and resources in affected areas).
3. Support registration of the affected population in a centralized database to guide future programming and avoid duplication.
4. Distribute multipurpose cash assistance for the affected population to meet basic needs.
5. Monitoring and evaluation of CVA activities (PDM, endline).
6. Integrate risk communication and community engagement (key messages) with affected populations into CVA programming and facilitate referrals to other LRCS services, such as health and protection.
7. Ensure the CVA response is based on a thorough understanding of community needs, priorities, and socio-cultural context.
8. CVA self-assessment for the LRCS.
9. Build the capacity of LRCS volunteers and staff on CVA and rapid market assessments (RAMs).

HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)

<table>
<thead>
<tr>
<th>Health &amp; Care</th>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
<th>CHF 586,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mental Health and Psychosocial Support/Community Health/Medical Services)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male &gt; 18:</td>
<td>Male &lt; 18:</td>
<td>Total target: 120,000</td>
<td></td>
</tr>
</tbody>
</table>

Objective:

Health and care services aim to preserve the short, medium, and long-term health, safety, and dignity of individuals and communities in the affected areas, including volunteers, and by strengthening the LRCS’s capacities in providing clinical care, public health in emergencies (PHiE), MHPSS, and engaging them through community health approaches like the CBHFA approach and care in communities as needed.

Priority Actions:

Clinical services

1. Rehabilitate and restore the LRCS Derna Branch clinical and pre-hospital care capacities.
2. Provide clinical care to vulnerable communities through support for the LRCS polyclinic operation.
3. Provide clinical care to remote vulnerable communities through the operation of two mobile health teams (MHTs).
4. Strengthen emergency clinical care capacity through equipment and trainings in basic emergency care.
• **Emergency Response Unit (ERU):**

1. Strengthen and recover the LRCS's outpatient delivery (OPD) services by handing over materials and equipment to be used in the temporary/rehabilitated polyclinic and outreach mobile health teams.

**Public Health in Emergencies (PHiE)**

1. Enhance the LRCS's PHiE preparedness and early response for potential outbreaks.

**Mental Health and Psychosocial Support (MHPSS)**

1. Support the provision of psychological first aid (PFA) and other tailored MHPSS services to the most vulnerable groups in the affected population, including building the capacity of staff and volunteers on PFA and related community based MHPSS activities.
2. Establish a system to care for volunteers at the HQ and branch level of the affected areas which includes a peer support programme, supervision, etc.
3. Coordinate with both Movement and non-Movement partners and establish effective referral systems for MHPSS, reinforcing pathways to specialised mental health services.
4. Mainstream MHPSS into health interventions conducted by the LRCS to the targeted population.
5. Develop a plan that strengthens the LRCS's MHPSS programmes at the HQ and branch level of the affected areas.

• **Emergency Response Unit (ERU)**

1. Scale-up MHPSS activities for the initial three months of the response to meet the heightened demand.
2. Set up safe spaces for vulnerable groups to provide MHPSS activities such as awareness and psycho-education sessions, community mobilisation activities, peer-group support sessions, recreational activities, etc. also where relevant in health facilities/outreach activities.
3. Build Capacity of volunteers on PFA and related community based MHPSS “based on assessment results”.


### Community-based Disease Prevention

1. Conduct awareness sessions on CD, NCDs, and safe motherhood.
2. Build capacity of LRCS volunteers through refresher trainings on community awareness and new agendas.
3. Encourage the affected population to seek advice to address concerns and stigmas.
4. Strengthen promotion and advocacy of referral health services provided by LRCS polyclinics and MHTs.
5. Train staff and volunteers on community engagement, with a focus on behavioural change approaches.

### Water, Sanitation, and Hygiene

<table>
<thead>
<tr>
<th></th>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
<th>Male &gt; 18:</th>
<th>Male &lt; 18:</th>
<th>Total target: 200,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CHF 410,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Priority Actions:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Undertake continuous and detailed assessments to better understand WASH needs in coordination with other sectors.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provide access to and ensure the integration of lifesaving water, sanitation, hygiene, and waste management in designated shelters and facilities.</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provide access to lifesaving and secure safe drinking water supply via water trucking, distribution of water bottles, and simple rehabilitation for water network/wells, complementing the installation of the M15 kit supported by the German Red Cross and install Kit5 water treatment units supported by the IFRC in the other most affected areas.</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conduct hygiene promotion which includes effective messaging to prevent diarrhoea, cholera, and other water-borne diseases with the relevant distribution of materials.</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Distribute essential WASH items, including hygiene kits, dignity kits, cleaning kits, culturally appropriate menstrual hygiene management (MHM) kits, and ensure community awareness and training of household water treatment, if needed.</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Repair, rehabilitate, and provide operational support to water systems, sanitation/sewage systems and solid waste management systems in addition to developing the capacity of the LRCS (through potential ERU deployment).</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Support WASH facilities, including both hardware and software interventions in schools and PHUs in close proximity to displaced populations.</td>
</tr>
</tbody>
</table>
8. Integrate PGI issues into WASH programming to guarantee safe, effective, and inclusive services.
9. Enhance the capacities of LRCS staff and volunteers on emergency WASH topics, including assessments, hygiene promotion, and different WASH interventions via various capacity building modalities.
10. Define a transition and recovery plan to link the emergency response to development and sustainable targets.
11. Coordinate WASH interventions with the relevant ministries, General Company of Water and Wastewater (GCWW), and through the clusters, technical working groups, and other agencies.

**PROTECTION AND PREVENTION**

(Protection, Gender, and Inclusion (PGI), Community Engagement and Accountability (CEA), Migration, Risk Reduction, Climate Adaptation and Recovery, Environmental Sustainability, Education)

**Objective:**

Ensure that dignity, access, participation and safety (DAPS) is considered a safe and inclusive response, by strengthening the LRCS's PGI capacities, mainstreaming of PGI and safeguarding in relevant technical sectors, and strengthening of protection services.

**Priority Actions:**

1. Include PGI in the multi-sector needs assessments to ensure safe and equitable access to basic services, taking into account the different needs, based on gender and other diversity factors, such as disability and impairment.
2. Mainstream the PGI approach across the intervention with a focus on the specific technical sectors.
3. Ensure the LRCS is able to disaggregate data accordingly to PGI, with a focus on gender, age, disability, and displacement.
4. Provide specialized protection services in GBV and child protection to the vulnerable people affected, including pregnant women and unaccompanied children.
5. Embed safe referral and feedback mechanisms into all activities, especially during the immediate, post-disaster recovery phase.
6. Strengthen RFL services, and community-based care and protection activities for unaccompanied and separated children, and for other persons with special needs.
7. Ensure that IDPs and migrants affected by the flooding are fully included in all service provisions.
8. Conduct regular, rapid community needs assessments to ensure an adequate and updated response modality.
9. Support the LRCS in establishing and operating humanitarian service points (HSPs) with functional referral systems aiding the affected population.
10. Ensure that staff and volunteers are made aware of safeguarding tools, mechanisms and reporting channels focused on PSEAH and child safeguarding.

<table>
<thead>
<tr>
<th>Community Engagement and Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female &gt; 18:</strong></td>
</tr>
<tr>
<td><strong>Male &gt; 18:</strong></td>
</tr>
</tbody>
</table>

**Objective:**
Ensure the LRCS’s emergency response operations are built on a thorough understanding of the needs, priorities, and context while providing ways to collaborate closely with affected people by integrating meaningful community engagement, timely and transparent communications, and feedback mechanisms for an effective response.

**Priority Actions:**
1. Integrate CEA across the response so that staff and volunteers have the knowledge and capacity to effectively engage with communities.
2. Ensure the response is based on a thorough understanding of community needs, priorities, and the socio-cultural context, including preferred ways to receive information, participate, and give feedback.
3. Establish safe and accessible feedback and complaints mechanisms across all activities.
4. Disseminate and integrate the feedback and complaints mechanisms standard operating procedures in the emergency response.
5. Conduct regular post-service satisfaction surveys.
6. Develop standardized templates for data collection across activities.
7. Train the concerned branches on CEA core concepts.
8. Conduct a lessons learned workshop.
9. Actively engage with affected communities to ensure CEA early in the response.

### Migration

<table>
<thead>
<tr>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male &gt; 18:</td>
<td>Male &lt; 18:</td>
</tr>
</tbody>
</table>

**Objective:**
Reduce the vulnerabilities of the displaced and host communities by providing assistance and protection through existing community centres, HSPs, and mobile teams as well as finding durable solutions to ensure their safety and dignity for a resilient and sustainable future.

**Priority Actions:**
1. Support the LRCS in the registration of IDPs and returnees from the affected population.
2. Ensure the identification of the needs of migrants based on their displacement status.
3. LRCS to provide support in dead body management and the identification of non-Libyan migrants.
4. Provide basic services to migrants in the nearby detention centres affected by the lack of resources due to the Derna floods.

### Risk Reduction, Climate Adaptation and Recovery

<table>
<thead>
<tr>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
<th>CHF 144,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male &gt; 18:</td>
<td>Male &lt; 18:</td>
<td>Total target: 100,000</td>
</tr>
</tbody>
</table>

**Objective:**
Strengthen the resilience and capacities of disaster and crises affected communities through climate smart community-based risk reduction actions informed by enhanced vulnerability capacity assessments (EVCAs) and advanced planning.

**Priority Actions:**
1. Strengthen the capacity for disaster risk management, including disaster risk reduction (DRR), resilience building, and climate change adaptation.
2. Engage with the LRCS in developing relevant scenarios to guide response/resilience planning and procedures, risk management, business continuity, and preparedness plans/agreements.
3. DRR hazard, risk, and vulnerability assessments to guide the response operations (with health, shelter, PGI, and operations).
4. Support and develop disaster management and preparedness plans by enhancing the early warning system and early action mechanism.
5. Analysis of the hazard risk context and identifying high risk areas.
6. Develop intervention scenario and contingency planning with local communities together with testing.

---

### Enabling approaches

<table>
<thead>
<tr>
<th><strong>Objective:</strong></th>
<th><strong>Female &gt; 18:</strong></th>
<th><strong>Female &lt; 18:</strong></th>
<th><strong>Male &gt; 18:</strong></th>
<th><strong>Male &lt; 18:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Society Strengthening</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>CHF 934,000</strong></td>
</tr>
</tbody>
</table>

Reinforce LRCS HQ and branch capacities to respond to the operation (repair structures and temporary operations base camp) and enhance volunteer and staff competencies in preparedness and response and continued service delivery in an inclusive manner.

The LRCS responds effectively to the wide spectrum of evolving crises and its auxiliary role in DRR is well-defined and recognized.

**Priority Actions:**

**LRCS disaster management and operational capacity to respond to emergencies:**

**Response Capacity**

1. Strengthen and support the LRCS's disaster management and response capacities and take critical actions to enable immediate service delivery, including establishment/support for the Emergency Operations Centre (EOC) and coordination, including the development of LRCS cash transfer programming (CTP) procedures and templates compatible with Movement-related CTP procedures and templates.

2. Enable the LRCS to implement a branch plan of action based on PER assessments, adjusted as needed to meet the ongoing priorities of the emergency operation.

3. Provide resources for critical DM needs across the National Society (HQ and branch level), including systems and procedures equipment, and HR based on self-identified priorities and lessons learned from previous operations.

4. Support LRCS HQ and branches to ensure that contingency planning, business continuity, and scenario planning are
reviewed/updated as needed and relevant to the operational context.
5. Contribute to re-building and equipping the Derna branch.
6. Provision of a basecamp ERU supported by the Italian Red Cross allowing the Derna branch to maintain provisions of humanitarian services in the emergency phase.

National Society Capacity Strengthening
1. Strengthen LRCS HQ and Derna branch capacities relating to IT infrastructure.
2. Equip LRCS HQ and branches with the required infrastructure equipment to ensure secure internet connectivity and data protection.
3. Equip the LRCS with the required VHF/UHF and VSAT equipment to ensure business continuity and disaster preparedness.
4. Support and strengthen the LRCS’s logistics capacity in terms of warehousing facilities and fleet, procurement, and overall supply chain management.
5. Support the LRCS to further strengthen its IM functions into comprehensive digitalised information management solutions that link the services delivered and people reached with CEA and PMER.
6. Support the LRCS communications department through relevant communication and IT equipment, including the LRCS social-media platform and broadcast station.
7. Support the LRCS IM in producing accurate and timely analyses at various levels (internal, Movement-wide, partner specific, etc.) to guide decision-making and reporting through the production of maps, charts, infographics, etc.
8. Enhance financial management, reporting, accountability, and transparency through necessary systems and trained personnel.
9. Support HR to LRCS support services (HR, IM, MEAL, Finance & Admin) as necessary for the response.
10. Establish and operate a centralized database for registration, targeting, capturing of needs assessment findings and information management, and improved referrals for persons assisted to multiple LRCS services based on their individual needs.
11. Develop an integration strategy for emergency response incorporating and adapting existing procedures to transition to resilience and aligning to the new LRCS Strategic Plan 2022-2025.
Volunteer Management
1. Recruit new volunteers as required and provide onboarding and training including code of conduct, first aid, safety and security, PSEA etc.
2. Standardize the volunteer management system, including reimbursement, online database, and the training of volunteers.

Staff and volunteer well-being and duty of care
1. Provide LRCS staff and volunteers with targeted MHPSS services to reduce the risk of negative social and mental health impacts from carrying out the response.
2. Develop well-being approaches to provide ongoing support to frontline personnel and other responders.
3. Ensure the duty of care of volunteers with insurance coverage, the provision of equipment, protective clothing, and activation and expansion of the volunteer solidarity mechanism.

Coordination and Partnerships

<table>
<thead>
<tr>
<th>Female &gt; 18:</th>
<th>Female &lt; 18:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male &gt; 18:</td>
<td>Male &lt; 18:</td>
</tr>
</tbody>
</table>

Objective: Ensure a well-coordinated emergency operation and availability of funding.

IFRC Membership
1. Engage the IFRC membership to ensure a well-coordinated response to the floods.
2. Maintain a Federation-wide approach throughout the planning, implementation, monitoring, reporting, and evaluation of the operation.
3. Capture bilateral and multilateral support for the LRCS.
4. Ensure the funding and implementation of the IFRC appeal and regularly produce information materials, in close collaboration with IFRC regional offices as well as the Geneva headquarters SEP department.

Movement Coordination
1. Strengthen collaborative efforts that involves close coordination with the LRCS and the ICRC in Libya, ensuring a well-structured approach.
2. Set and maintain membership coordination mechanisms to ensure a coordinated approach and joined effort to maximize
Priority Actions:

Impact and reach, with integration of diverse thematic expertise.

**Fundraising and Engagement with External Partners**

1. Mobilize outreach to a wide range of Movement and non-Movement partners, including governments, the private sector, foundations, high net worth individuals, and the general public across MENA and internationally.
2. Disseminate key messages with international partners, media agencies, and through IFRC platforms in coordination with the communications surge to promote the Emergency Appeal.

**Interagency Coordination**

1. Support the LRCS's already existing engagement with country level coordination structures, including the Humanitarian Country Teams, inter-agency coordination mechanisms and various clusters/sector working groups that exist in order to ensure the identification of gaps and facilitation of collaboration at the national level.
2. Engage with coordination structures for response to guide assessments, gap analysis, and the response.

**Grants Management:**

1. Ensure adherence with donor requirements and conditions.
2. Respond to donor queries and requests for clarification.
3. Ensure quality and timely reporting to donors.
4. Collaborate, through the LRCS, with UN agencies and other international humanitarian actors to identify priorities and establish country level collaborations.

**Humanitarian Diplomacy and Influencing**

1. Support the LRCS in developing key humanitarian diplomacy messages containing components to influence, negotiate, communicate, and advocate as an integral part of the daily actions in and out of Libya.
2. Engage at the Brussels, Geneva, and New York levels with diplomatic missions to highlight the needs and concerns and align across the IFRC and with the ICRC to coordinate and support effective humanitarian diplomacy by National Societies with their governments on the Libya crisis.
3. Ensure quality assurance and accountability including planning, monitoring, evaluation, reporting, information management, risk management and CEA.
4. Reporting and monitoring of the operation will be carried out under IFRC monitoring and reporting standards. Regular
Objective:
The IFRC is working as one organization, delivering what it promises to National Societies and volunteers, and leveraging the strength of the communities with whom it works as effectively and efficiently as possible. The Secretariat provides strategic orientation, facilitation, and coordination considering the long-term positioning and further capacity development of the National Society. The IFRC Secretariat will facilitate the channelling of global resources to sustain the localized response and recovery efforts.

Human Resources
1. Ensure that staffing needs are met through timely and fast-tracked recruitment, immediate surge support, contract management, and HR support to the delegation and operation.
2. Ensure the safety of IFRC personnel through acceptable and reliable protective measures and enhance access to affected persons and communities.

Resource Mobilization
1. Coordinate a resource mobilization strategy to ensure that outreach to Movement and non-Movement partners, as well as the tracking of pledges and development of fundraising materials, is shared effectively and efficiently.

Safety and Security
1. Update, based on LRCS and IFRC security arrangements, and ensure compliance with minimum security requirements and duty of care, including specific security guidelines for select countries as needed. The IFRC implements several measures to address and mitigate the risks and vulnerabilities confronting its staff in Libya. These measures include:
   - Conducting routine security risk assessments to identify and proactively address the hazards faced by its personnel. Comprehensive, MSR-approved strategies are in place for Derna and Benghazi.
- Maintaining close and active communication with local authorities to remain abreast of the evolving security environment and to coordinate its activities effectively.
- Fostering strong ties with various humanitarian stakeholders, including the Libyan Red Crescent Society (LRCS), International Committee of the Red Cross (ICRC), and United Nations (UN), is integral to our efforts.
- Different SOPs in place in order to increase country delegation preparedness.

**Administration and Corporate Services**
1. Ensure, together with the LRCS, the effective and efficient provision of administrative and welcome services (transport, accommodation, visas, IT, office facilities, etc).
2. Oversee business continuity at the IFRC Libya Country Delegation and facilitate advice to the National Society, as needed, including support from the regional office as needed.

**Logistics and Supply Chain Management**
1. Support, in coordination with the LRCS, the overall coordination and management of the country and regional supply chain activities in line with the Federation's global logistics strategy.
2. Ensure that procurement objectives are met with the aim of optimising service quality and ensuring the best value for money principle and make use of the suspension of financial challenges as some are time limited.
3. Ensure that the procurement of items is done according to best practices which follow procedures and IFRC standards, in close coordination with the IFRC Regional Global Humanitarian Services & Supply Chain Management (GHS & SCM) unit, utilising if required, IFRC GHS & SCM structures and existing regional and global arrangements.
4. Support rapid light fleet deployment for IFRC/National Society operations with the aim of facilitating the movement of operational staff through the provision of IFRC VRP services or provision of locally rented vehicles.

**Communications**
1. Develop a communications and visibility action plan that aligns with the priorities identified in this Operational Strategy, including key messages that showcase the work of the LRCS and the Red Cross Red Crescent Movement.
2. Enhance the capacity of the LRCS’s communications team at HQ and branch levels through capacity-building (digital storytelling, media relations, strategic communications, etc.), and provide them with the necessary equipment and means.

**Quality Assurance and Accountability, including Planning Monitoring, Evaluation, Reporting, Information Management, and Risk Management (RM)**

1. Share reports with relevant partners and donors in a timely manner and disseminate among appropriate stakeholders for revisions, approvals, and communication with donors and partners.
2. Mainstream data collection, capture knowledge, and document and communicate well lessons learned.
3. Capture evidence-based good practices across several thematic areas and undertake real-time evaluations to guide adjustments to the response strategy.
4. Create a risk management matrix and registers and updated regularly for the disaster.
5. Create a comprehensive digitalized monitoring system that links Community Engagement and Accountability, Information Management, and PMER with the use of data collection applications and analysis platforms to provide accurate and timely analyses to guide decision-making.

---

**Risk management**

The IFRC took proactive steps to strengthen its assurance model throughout the operation. These steps include enhancing its second line function through the addition of risk management expertise. Informed by the Global Risk Management Policy, the IFRC has designed a risk management plan for the operation which informs the IFRC approach to identifying, assessing, managing, and monitoring the risk landscape.

<table>
<thead>
<tr>
<th>Threats</th>
<th>Situation</th>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct or indirect violent attacks</td>
<td>Although the hazards and risks are lower compared to previous years, in the flood operations area, there are no or limited direct threats.</td>
<td>Moderate risk</td>
<td>Access and acceptance of the LRCS is strong. Area specific security risk assessments are undertaken, and risk mitigation measures put in place. Security regulations and procedures will be strictly followed.</td>
</tr>
<tr>
<td>Pandemic/outbreak</td>
<td>Derna remains at high risk from the COVID-19 pandemic and acute watery diarrhoea (AWD), with a large amount of its population in</td>
<td>Moderate risk</td>
<td>Apply necessary health and hygiene practices, consume safe food and water (bottled water, well-cooked meals), with use of personal protective equipment, including sanitization fluid and face masks, available for staff and</td>
</tr>
</tbody>
</table>

---

**Risk management**

The IFRC took proactive steps to strengthen its assurance model throughout the operation. These steps include enhancing its second line function through the addition of risk management expertise. Informed by the Global Risk Management Policy, the IFRC has designed a risk management plan for the operation which informs the IFRC approach to identifying, assessing, managing, and monitoring the risk landscape.

<table>
<thead>
<tr>
<th>Threats</th>
<th>Situation</th>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct or indirect violent attacks</td>
<td>Although the hazards and risks are lower compared to previous years, in the flood operations area, there are no or limited direct threats.</td>
<td>Moderate risk</td>
<td>Access and acceptance of the LRCS is strong. Area specific security risk assessments are undertaken, and risk mitigation measures put in place. Security regulations and procedures will be strictly followed.</td>
</tr>
<tr>
<td>Pandemic/outbreak</td>
<td>Derna remains at high risk from the COVID-19 pandemic and acute watery diarrhoea (AWD), with a large amount of its population in</td>
<td>Moderate risk</td>
<td>Apply necessary health and hygiene practices, consume safe food and water (bottled water, well-cooked meals), with use of personal protective equipment, including sanitization fluid and face masks, available for staff and</td>
</tr>
</tbody>
</table>

---

**Risk management**

The IFRC took proactive steps to strengthen its assurance model throughout the operation. These steps include enhancing its second line function through the addition of risk management expertise. Informed by the Global Risk Management Policy, the IFRC has designed a risk management plan for the operation which informs the IFRC approach to identifying, assessing, managing, and monitoring the risk landscape.

<table>
<thead>
<tr>
<th>Threats</th>
<th>Situation</th>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct or indirect violent attacks</td>
<td>Although the hazards and risks are lower compared to previous years, in the flood operations area, there are no or limited direct threats.</td>
<td>Moderate risk</td>
<td>Access and acceptance of the LRCS is strong. Area specific security risk assessments are undertaken, and risk mitigation measures put in place. Security regulations and procedures will be strictly followed.</td>
</tr>
<tr>
<td>Pandemic/outbreak</td>
<td>Derna remains at high risk from the COVID-19 pandemic and acute watery diarrhoea (AWD), with a large amount of its population in</td>
<td>Moderate risk</td>
<td>Apply necessary health and hygiene practices, consume safe food and water (bottled water, well-cooked meals), with use of personal protective equipment, including sanitization fluid and face masks, available for staff and</td>
</tr>
</tbody>
</table>

---

**Risk management**

The IFRC took proactive steps to strengthen its assurance model throughout the operation. These steps include enhancing its second line function through the addition of risk management expertise. Informed by the Global Risk Management Policy, the IFRC has designed a risk management plan for the operation which informs the IFRC approach to identifying, assessing, managing, and monitoring the risk landscape.

<table>
<thead>
<tr>
<th>Threats</th>
<th>Situation</th>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct or indirect violent attacks</td>
<td>Although the hazards and risks are lower compared to previous years, in the flood operations area, there are no or limited direct threats.</td>
<td>Moderate risk</td>
<td>Access and acceptance of the LRCS is strong. Area specific security risk assessments are undertaken, and risk mitigation measures put in place. Security regulations and procedures will be strictly followed.</td>
</tr>
<tr>
<td>Pandemic/outbreak</td>
<td>Derna remains at high risk from the COVID-19 pandemic and acute watery diarrhoea (AWD), with a large amount of its population in</td>
<td>Moderate risk</td>
<td>Apply necessary health and hygiene practices, consume safe food and water (bottled water, well-cooked meals), with use of personal protective equipment, including sanitization fluid and face masks, available for staff and</td>
</tr>
</tbody>
</table>
temporary and/or crowded accommodations. volunteers. All deployed staff are required to be fully vaccinated against COVID-19 and have up-to-date routine immunisations.

Libya is a high pressure and complex operating environment, and this can take a toll on members of the deployed personnel in the country. Ensure that all staff are aware of the availability of the psychological support programme (stress counsellors) for them and adhere to rest and relaxation, and annual leave regulations.

The IFRC is required to respond to questions by partners/donors about the LRCS’s activities. Continue to maintain key messages that address the questions and reaffirm the LRCS’s humanitarian mandate. Investigate reported cases. Explain the advantages of the LRCS’s role as the focal point between humanitarian actors and government bodies.

International staff may have limited or no access to visit Libya or some field locations of the response activities due to the impact of extreme weather and others on routes. The Government of Libya is expediting security clearance for international staff following the floods. Planning for field visits will take into account the risks. Ensure that donors are aware of possible challenges about access and, therefore, to reporting on field projects.

Forms of abuse, particularly sexual abuse and exploitation are heightened in the presence of power imbalances. Emergencies cause a breakdown in the protective social mechanisms and norms that govern behaviours, threaten basic livelihoods, and increase food insecurity, causing existing power inequalities (around gender, race, age, sexuality, and ethnicity) to be reinforced, with children and women being particularly vulnerable. The control of resources, services, information, and opportunities (which humanitarian workers often have or are perceived to have) is also a form of power and is open to abuse by humanitarian workers, especially those who make decisions about who can access aid or services, when they can access them, and how often. The LRCS has recently adopted PSEA and child safeguarding policies and are currently working with different partners to strengthen safeguarding systems, including handling sensitive complaints through the complaints and feedback mechanism, investigations, and survivor support. IFRC policies, including a confidential Integrity Line, provides the mechanism for reporting and follow-up.

Safety and Security

The IFRC’s security plans will apply to all IFRC staff throughout the operation. A zone-specific security risk assessment will be conducted for any operational area should any IFRC personnel deploy there, and risk mitigation measures will be identified and implemented. All IFRC personnel must, and RCRC
staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe 2.0 Global edition Level 1-3.

**Approved MSR (Minimum Security Requirements) is established for Derna.**

Approved Minimum Security Requirements (MSR) are in place for Derna and Benghazi. Are present in country a security coordinator and a national security officer, as well as the Head of the IFRC Delegation, who is holding the primary responsibility of security in the country.

A security framework was setup with LRCS with a dedicated security staff to monitor the situation and ensure safety and security of members’ personnel, as well as business continuity including communications, accessibility, and risk management. Independent means of communication as SAT phones, VSAT system, and additional communication equipment are on their way to Libya. An adequate fleet of vehicles ready and available to transport all staff to the relocation points in case such a need arises. Comprehensive check-in protocols are established for all staff members, ensuring their safety and well-being.

**Quality and Accountability**

As part of the IFRC’s mandate to ensure quality and accountability, measures are in place at the National Society level; and with the rise of emergencies in the MENA region, the IFRC globally, regionally, and at the country level has tailored its structure and strategy into more valuable and accountability-focused approaches by creating a coherent, complementary, and context-relevant system as a fundamental and critical requirement for National Societies. In the context of this scope, several priorities surfaced in Libya’s Daniel Storm response:

**Performance and Quality Assurance**

Will be mainstreamed throughout all operations. Complementarity between information management, results monitoring, evaluation, reporting, risk management and community engagement will be ensured to achieve quality programming and accountability towards communities.

1. Creating an Efficient Monitoring System
The IFRC and its partners will support the LRCS in creating an efficient, effective, and practical monitoring system to ensure that practical indicators are identified, verified relevantly, documented, and communicated to relevant LRCS units and partners, as well as public when relevant.

2. A Federation-wide Approach in Coordination with the ICRC
The Appeal is an opportunity to reaffirm the need for a collective vision of the Federation and the contributions of its members in response to the acute crisis and the need to regularly have coherent, consistent, and quality data on agreed indicators.

The Federation-wide approach will be coordinated in assessment, planning, monitoring, and data management among all Federation partners for better planning, decision-making and resource
mobilization. With and through the LRCS, the Federation partners will ensure knowledge creation, documentation of good practices, and corrective actions and strategies where appropriate.

This Federation-wide approach, in coordination with the ICRC, will provide a comprehensive overview of the Red Pillar’s collective response to the Storm Daniel operation with a general objective to serve as a positioning tool where all non-confidential activities of the RCRC Movement in Libya will be well described while presenting the collective response of the RCRC Movement. Therefore, the mechanism aims to enhance coordinated strategic decision-making for strong advocacy with other humanitarian actors and to bring more resources to the ongoing work of National Societies across the region.

3. LRCS Capacities Strengthened
Federation partners will ensure that the LRCS has the relevant resources and capacities to adhere to data management and reporting requirements, as well as the ability to generate knowledge and create a monitoring and evaluation framework.

4. PGI and Safeguarding
The LRCS has developed policies on the prevention and response to sexual exploitation and abuse (PSEA), child safeguarding and protection, and whistleblower protection, and has in place a code of conduct that is signed by staff. The IFRC deployed surge personnel and working staff conduct mandatory training to ensure adherence of the relevant policies.

Federation-wide monitoring and reporting have been launched and will be adopted across all countries and Federation partners, with a harmonized list of indicators, regularly collected and reported to provide a complete picture of the IFRC’s network solidarity and response efforts. Regular internal reporting will be maintained, while adhering to IFRC standards in external reporting. The IFRC PMER and IM teams will engage with all operating National Societies, for consultation and support in establishing/maintaining the necessary systems and practices for regular monitoring. Evaluation and learning will be ensured by conducting a cross-country final evaluation per country, and if feasible, Federation-wide, cross-country lessons learned workshops.

The Federation-wide list of indicators, defined for the initial phase of the operation is as follows (the list has been updated and will include new indicators as the operation evolves):

<table>
<thead>
<tr>
<th>Sector/Area</th>
<th>Federation Wide Indicators</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Number of LRCS Derna Branches Clinical and prehospital care rehabilitated</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Number of individuals reached through LRCS polyclinic operation and 2 Mobile health teams (seggregated by source of service)</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Number of emergency clinical care units equipped and capacitated</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Number of volunteers trained in PFA and other MHPSS trainings</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Number of individuals who received mental health and psychosocial services from LRCS</td>
<td>120,000</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Number</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Number of polyclinics and outreach mobile health teams equipped</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of people reached with health promotion activities related to CD, NCD management and safe motherhood in emergencies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of Staff and volunteers trained on the community awareness and community engagement approaches</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>Number of people reached by WASH assistance</td>
<td>200,000</td>
</tr>
<tr>
<td></td>
<td>Number of households assisted with access to lifesaving and secured safe drinking water, sanitation, hygiene, and waste management (segregated by service)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of people reached with hygiene promotion and awareness sessions (segregated by topic)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of households receiving essential WASH items (segregated by item)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of healthcare facilities supported with improved WASH services and waste management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of schools with improved WASH infrastructure (e.g., latrines, handwashing facilities, safe drinking water points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of LRCS staff and volunteers who have received training and capacity building on emergency WASH topics</td>
<td></td>
</tr>
<tr>
<td><strong>Shelter, Housing and Settlements</strong></td>
<td>Number of relief items distributed (thermal blankets, kitchen sets, stove/heaters, bedding units /mattresses) segregated by item.</td>
<td>80,000</td>
</tr>
<tr>
<td></td>
<td>Number of relief items replenished (thermal blankets, kitchen sets, stove/heaters, bedding units /mattresses) segregated by item.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of people reached with rental assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of people assisted reported receiving relevant assistance in a dignified and safe manner</td>
<td></td>
</tr>
<tr>
<td><strong>Livelihoods and Food Security</strong></td>
<td>Number of food assistance rations distributed (bulk baskets and food parcels) segregated by item</td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td>Number of LRCS volunteers and staff trained on livelihood programming</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of cash installments done for affected people taking part in CFW</td>
<td></td>
</tr>
<tr>
<td><strong>Multi-Purpose Cash</strong></td>
<td>Number of individuals and households benefitting from MPCA assistance</td>
<td>15,000</td>
</tr>
<tr>
<td></td>
<td>Number of LRCS volunteers and staff trained on CVA and RAM</td>
<td></td>
</tr>
<tr>
<td><strong>Protection, Gender, and Inclusion</strong></td>
<td>Number of staff, and volunteers trained on PGI, safeguarding (including tools, mechanisms and reporting channels focused on PSEAH and safeguarding)</td>
<td>50,000</td>
</tr>
<tr>
<td>Area</td>
<td>Indicator</td>
<td>Target</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Migration</strong></td>
<td>Number of vulnerable individuals, specifically pregnant women, and unaccompanied children, who have received specialized protection services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of activities with PGI mainstreamed minimum standards considered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Humanitarian Service Points established and operated effectively</td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td>Number of people reached through humanitarian service points (migrants and displaced people)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of IDPs and returnees registered with the support of LRCS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of assessments conducted with migrants-specific and displaced population specific needs</td>
<td></td>
</tr>
<tr>
<td><strong>Community Engagement and Accountability</strong></td>
<td>Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption or protection concerns</td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td>Percentage of project activities that have successfully integrated and implemented safe and accessible feedback and complaints mechanisms.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of Staff, volunteers, and leadership, trained on Community Engagement and accountability (disaggregated by staff, volunteers, and sex)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of activities/interventions that are followed by satisfaction surveys</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of accessible feedback and complaints mechanisms developed and functional</td>
<td></td>
</tr>
<tr>
<td><strong>Risk Reduction, Climate adaptation and recovery</strong></td>
<td>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)</td>
<td>100,000</td>
</tr>
<tr>
<td></td>
<td>Number of early warning systems and early action mechanisms developed</td>
<td></td>
</tr>
<tr>
<td><strong>National Society Strengthening</strong></td>
<td>Number of volunteers and staff trained on Disaster Management and response capacities to enable immediate service delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of branches implementing Branch Plan of Action based on PER assessment</td>
<td></td>
</tr>
<tr>
<td>VM</td>
<td>Federation-wide funding requirement*</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Percentage of rehabilitation of Derna branch achieved</td>
<td>Federation Wide Funding Requirement including the National Society domestic target, IFRC Secretariat and the Partner National Society fundinf requirement</td>
<td></td>
</tr>
<tr>
<td>Number of HQ and Branches equipped with communication equipment, logistics capacity strengthening, DM needs and IT (segregated by service/support)</td>
<td>IFRC Secretariat Funding Requirement in support of the Federation Wide funding ask</td>
<td></td>
</tr>
<tr>
<td>Number of volunteers recruited and trained</td>
<td>10 million CHF</td>
<td></td>
</tr>
<tr>
<td>Number of volunteers insured</td>
<td>7 million CHF</td>
<td></td>
</tr>
<tr>
<td>Number of volunteers and staff who benefitted from MHPSS services</td>
<td>*For more information on the Federation-wide funding requirement, refer to the section: Federation-wide Approach</td>
<td></td>
</tr>
</tbody>
</table>
Breakdown of the IFRC secretariat funding requirement

## OPERATIONAL STRATEGY

MDRLY005 - Libya
Libya Storm Daniel

### FUNDING REQUIREMENTS

<table>
<thead>
<tr>
<th>Planned Operations</th>
<th>4,856,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter and Basic Household Items</td>
<td>910,000</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>1,108,000</td>
</tr>
<tr>
<td>Multi-purpose Cash</td>
<td>1,667,000</td>
</tr>
<tr>
<td>Health</td>
<td>586,000</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>410,000</td>
</tr>
<tr>
<td>Protection, Gender and Inclusion</td>
<td>16,000</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
</tr>
<tr>
<td>Migration</td>
<td>0</td>
</tr>
<tr>
<td>Risk Reduction, Climate Adaptation and Recovery</td>
<td>144,000</td>
</tr>
<tr>
<td>Community Engagement and Accountability</td>
<td>15,000</td>
</tr>
<tr>
<td>Environmental Sustainability</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabling Approaches</th>
<th>2,144,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination and Partnerships</td>
<td>0</td>
</tr>
<tr>
<td>Secretariat Services</td>
<td>1,210,000</td>
</tr>
<tr>
<td>National Society Strengthening</td>
<td>934,000</td>
</tr>
</tbody>
</table>

### TOTAL FUNDING REQUIREMENTS

7,000,000

*all amounts in Swiss Francs (CHF)*
Contact information

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

At the Libyan Red Crescent Society:
- **Secretary General**: Omar Boudaboues, Libyan Red Crescent Society, email: 
  libyan.rc1957@gmail.com

At the IFRC:
- **IFRC Regional Office for Health, Disasters, Climate & Crises (HDCC) Unit**: Dr. Hosam Faysal, Regional Head of Health, Disasters, Climate & Crises (HDCC) Unit - MENA, email: 
  hosam.faysal@ifrc.org
- **IFRC Regional Office for Operations Coordinator**: Nader Bin Shamlan, Operations Coordination-MENA, email: Nader.Binshamlan@ifrc.org
- **IFRC Country Delegation**: Dr. Tamer Ramadan, Head of IFRC country Delegation, email: 
  tamer.ramadan@ifrc.org
- **IFRC Geneva**: Rika Ueno Harada, Senior Officer Operations Coordination, email: 
  rika.harada@ifrc.org

For IFRC Resource Mobilisation and Pledges support:
- **IFRC Regional Office for MENA**: Francesco Volpe, Regional Head, Strategic Partnerships and Resource Mobilisation, email: 
  francesco.volpe@ifrc.org

For In-Kind Donations and Mobilisation table support:
- **Global Humanitarian Services and Supply Chain Management Unit, MENA Regional Office**: Goran Boljanovic, Head of MENA Regional GHS&SCM unit, email: goran.boljanovic@ifrc.org
- **Global Humanitarian Services and Supply Chain Management Unit, MENA Regional Office**: Sera Coelho, Mobilisation Officer for all IKD Donations, email: sera.coelho@ifrc.org
- **Global Humanitarian Services and Supply Chain Management Unit, Geneva**: Nikola Jovanovic, Global Coordinator Supply Chain in Emergencies, email: nikola.JOVANOVIC@ifrc.org

Reference

Click [here](#) for:
- Previous Appeals and updates