

Action fiche of the EU Trust Fund to be used for the decisions of the Operational Committee

T05-EUTF-NOA-LY-01

1. IDENTIFICATION

Title/Number	Strengthening protection and resilience of displaced populations in Libya		
Total cost	Estimated total cost: €6.9 million (*) Total amount from Trust Fund:€ 6.9 million		
Aid method/Implementation methods	<i>Direct centralised management direct grant to a consortium of INGOs Danish Refugee Council, International Medical Corps UK, Cesvi, International Rescue Committee - led by the Danish Refugee Council</i> <i>Second grant directed to International Medical Corps (**)</i>		
DAC code	150	Sector	

(*) The AD was approved for a total amount of 6m€ (5.9m€ for a grant contract for DRC + 100,000€ for the line Monitoring & Evaluation). However, further to the Operational Committee on 23 May 2017, a Technical Cooperation Facility (TCF) of 5.2m€ was adopted to support EUTF NoA countries in monitoring, evaluation and programme communication, among others. The TCF was set up as an operational modality recasting funding from previous approved level 1 commitments in order to create one overarching contract covering monitoring, evaluation and communication needs for the EUTF NoA as a whole. Consequently, de-commitment of level 1 budget lines was adopted for the budget lines related to monitoring, evaluation, audit and communication as part of level 1 commitments approved by the Operational Committee in June and December 2016 (see note for the record 30 May 2017).

(**) International Medical Corps (IMC), one of the implementing agencies within the DRC consortia has the capacities to scale up their health actions already including COVID-19 activities. IMC is a US non-profit humanitarian aid organization established in the United States, California in 1984 (when referring to IMC, meant is IMC US). It is dedicated to saving lives and developing long-term sustainable capacity in country health systems in order to make a measurable improvement in the health of most vulnerable populations. IMC has different branches operating in Libya, among them IMC UK (who was in the lead in the current contract led by DRC) and IMC Croatia (who is already co-partner in the EUTF-NOA-LY-08 T05.121 contract with CESVI signed on 6/2/2020 Ares(2020)794438). All IMC branches in the world share the same mission, name and objectives while they divide among themselves the interventions and their focus in the countries according to their capacities in order to create economies of scale and avoid cost overruns. The new grant with IMC shall be signed with IMC Croatia in affiliation with IMC US. Since 1993, IMC (US) has had and operating branch office in Croatia, which was initially established to support IMC operations in Bosnia and later advanced to manage field finances, global procurement, compliance, IT and internal audit. Finally, IMC Croatia was funded in November 2018 with IMC (US) as part of its Board of Directors and General Assembly.

2. GROUNDS AND BACKGROUND

2.1. Summary of the action and its objectives

This Action Fiche captures the interventions in Libya to be committed during 2016 under the *European Union Emergency Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa* (i.e. “Trust Fund”).

This action embeds the new approach put forward by the EU in the recently adopted Communication *Lives in dignity: from aid-dependency to self-reliance*¹ to change the way forcibly displaced persons are supported in external action policies, looking at ways to help them and their host communities become more self-reliant in the countries where they reside, while protecting those most vulnerable.

¹Communication COM (2016) 234 final: Lives in Dignity: from Aid-dependence to Self-reliance.

The proposed action aims to strengthen protection² and resilience³ of displaced populations in Libya (including refugees, asylum seekers, migrants, internally displaced people (IDPs) and host communities) and build the capacity of local authorities to manage migration flows in a protection sensitive manner.

2.2. Background

The present action is complementary to on-going initiatives funded by the EU in Libya. Protection and assistance to displaced populations are of primary importance, in particular in today Libya. On-going projects are focusing on this component through a range of interventions stretching from response to urgent needs to psycho-social support, service provision (health in particular) and protection of migrants rescued at sea, refugees and asylum seekers, as well as community stabilisation. Nevertheless, there is a need to increase our support also outside the detention centres and make sure assistance and protection is adequately brought to migrants in communities, IDPs and host communities. Support to IDPs is another area where increased assistance and protection is urgently needed in the short term, with a perspective of integration and/or voluntary return of displaced populations, addressing sources of tension and potential instability generated by displacement and promoting social stability and cohesion in the longer term.

This action will be implemented by a consortium of International Non-Governmental Organisations (INGOs): Danish Refugee Council (DRC), International Medical Corps UK (IMC-UK), Cesvi, International Rescue Committee (IRC), with established presence in Libya and proved experience in the targeted fields of action. Danish Refugee Council (DRC) will lead the consortium.

Activities will take place in Libya. Whenever necessary, some activities may be implemented in Tunisia and /or in other countries, whenever relevant.

While the exact numbers of targeted beneficiaries will be defined through detailed proposal documents based on specific activities, consortium members are committed to ensure close cooperation and coordination with international actors involved in refugee and migrants response in Libya, specifically the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) and the International Federation of Red Cross and Red Crescent Societies (IFRC) in defining such targets. During this process existing key assessments and response plans such as Humanitarian Needs Overview (HNO), Displacement Tracking Matrix (DTM), Multi-sector Needs Assessment (MSNA) and Humanitarian Response Plan (HRP) for Libya will serve as key guidance. It will also be important to ensure coherence with wider international action, including by the EU and its Member States, in relevant areas beyond migration, such as local governance, stabilisation, peacebuilding, and security, and to draw on relevant analysis from such sources.

Specific geographical locations of the intervention will be selected taking into account the demographic data on migrants and refugees population in Libya (as per HRP and DTM) and

² According to the Inter-Agency Standing Committee (IASC) protection is defined as “... all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. HR law, IHL, refugee law)”. Such activities can be responsive, i.e. aiming to prevent imminent or stop on-going violations, remedial, i.e. aiming to provide redress (e.g. access to justice, reparation or rehabilitation) for past violations, or environment-building, i.e. aiming at creating the necessary legal and institutional framework, capacity and awareness that is necessary to promote respect for human rights and prevent future violations. IASC, IDP Protection Policy 1999. The definition was originally adopted by a 1999 Workshop of the International Committee of the Red Cross (ICRC) on Protection.

³ Resilience is the ability of an individual, a household, a community, a country or a region to withstand, to adapt, and to quickly recover from stresses and shocks, Communication on the EU Approach to Resilience, COM(2012)586, 03.10.2012.

gaps in the response, in order to ensure maximum relevance of the proposed action. Based on the accessibility of the locations, main urban areas will be targeted as well as the detention centres present in and around them.

Consortium members will define a division of labour in the detailed proposal documents and harmonise assessment and monitoring and evaluation tools to be used during the project, as well as training curricula. The consortium will also produce joint information campaign materials with unified content whilst taking the local context and specifics into consideration. Contents will be harmonised with those of international actors involved in refugee and migrants' response in Libya, specifically UNHCR, IOM and IFRC, as much as possible. During such process consortium members will benefit from each other's technical expertise and capacities, which will increase the quality of the action and reduce overall costs.

In full coordination with the EU-led dialogue with national authorities and the international community at large, the consortium will develop joint advocacy approach towards external stakeholders such as Libyan governmental officials and local municipalities, Libyan universities, international community, EU Member States governments and other governmental representatives, based on findings from the inception phase and initial assessments, as well as, on overall research cooperation with North Africa Mixed migration hub (M-hub)⁴ and Regional Mixed Migration Secretariat (RMMS)⁵.

In line with the EU's commitment to applying conflict sensitivity across its assistance to Libya, the consortium will apply a conflict sensitive approach.

At the light of COVID 19 pandemic declared by WHO at 13th March 2020, the main health implementing partners of this Action Document will scale up health component interventions focused on COVID 19 prevention and response in line with national health priorities defined in the health cluster and in close coordination with WHO, UNOCHA and other main stakeholders in the country. Specific grant(s) will be signed with this aim.

2.2.1. National background

Though the flow of migrants in the Eastern Mediterranean has increased in the past year, tens of thousands of migrants continue to utilise the Central Mediterranean Route from North Africa to Italy. Recent figures show that 150,317 people have arrived in Europe through the Central Mediterranean route in 2015 and 27,147 arrived in the first four months of 2016 (Frontex). The Central route is extremely dangerous, both in Libya where people are at risk of kidnapping, exploitation, forced recruitment, arbitrary arrest, detention, and sexual abuse and rape, and at sea, where 2,892 people have lost their lives in 2015 and 117 passed away in the first three months of 2016 (Frontex).

The general situation of armed violence, criminality and lack of rule of law, including the role of militias and impunity, adds to the risks, and migrants, refugees, asylum seekers and IDPs may get caught-up in local and national political and resource competition and tensions.

⁴ North Africa Mixed migration hub (M-hub), based in Cairo and hosted by IOM, is a group of agencies working on mixed migration in North Africa - <http://www.mixedmigrationhub.org/>

⁵ The Regional Mixed Migration Secretariat (RMMS), based in Nairobi and hosted by DRC, supports agencies, institutions and forums in the Horn of Africa and Yemen sub-region to improve the management of protection and assistance response to people in mixed migration flows - <http://www.regionalmms.org/index0b30.html?id=2>

Libya remains a primary country of destination and transit for migrants. Whereas a stable Libya provided employment and generated remittances for many migrants from the sub-region, instability in Libya is contributing to larger migrant flows into Europe. IOM identified around 150,000 in need of life-saving humanitarian assistance. As the period for increased migration towards Europe approaches (April to October), the number of people leaving Libya for Europe is expected to increase.

Due to widespread discrimination and marginalisation, refugees, asylum seekers, and migrants face significant protection issues. Based on the findings of HNO for Libya⁶, 79% of all affected people are in need of some form of protection from serious violations of International Humanitarian and Human Rights law, perpetrated by all parties to the conflict. Women face a particular threat from gender-based violence (GBV) and children are at risk of trafficking, abduction, and forced recruitment into militias. Humanitarian needs, including lack of access to healthcare, education and other basic services are of a serious concern. With no social network available for support, as well as being rebuffed by local communities from having access to basic services provided by the Libyan government, refugees, asylum seekers, and migrants have faced multiple displacements within the different regions and across the country. As a result, they are very vulnerable to harassment and targeting by traffickers and being caught-up in tensions related both to their presence and the assistance they receive.

While Turkey is the primary hub for Middle Eastern migration to Europe, Libya is likely to remain a primary migration route for Africans. Current instabilities in Libya do not act as a deterrent for people wishing to transit through the country, whereas discouragement of the Balkan migration route could lead to an increase in numbers of migrants using the Central Mediterranean route through Libya.

In general terms, the impact of the COVID 19 situation seen so far on migrants and forcibly displaced persons in third countries is likely to entail an increased risk for these populations to contract the virus due to partially a lack of awareness of prevention measures and mainly difficulty to practically implement them. Physical/social isolation, language barriers, conflict/humanitarian situations are harmful for migrants and forcibly displaced people at the light of the pandemic. For instance, in DCs in Libya it is difficult to implement isolation measures taking into account the overcrowded settings, none or restricted access to water and detention in extremely poor hygienic conditions

The COVID-19 pandemic came at a moment of extreme fragility for Libya as the Libyan health system is severely under-equipped to face the challenge that COVID-19 presents. Nine years of instability and insecurity has affected the wellbeing of the Libyan population. The Libyan health system was not structured in a sustainable manner under Qaddafi's leadership, being heavily reliant on foreign medical personnel. With the beginning of the conflict and the following years of instability and with the lack of qualified medical professionals, the health system has nearly collapsed. Many public healthcare facilities are closed and those that are open lack medicines, supplies and equipment. Many facilities have been directly attacked or damaged due to fighting and those that remain functional are overburdened or unable to be maintained. Health challenges in Libya tackle the main health pillars of any health system (financing, governance, human resources, drugs and equipment, services). The government's financial inputs are mainly limited to disbursement of salaries (sometimes with delays), with no or very little allocation for drugs, diagnostic tests, equipment. This is affecting the health of all populations, mainly that of the most vulnerable. The Libyan public health system is also

⁶ Libya, Humanitarian Needs Overview, September 2015 - Humanitarian Country Team for Libya.

challenged by divided governance structures, competing public health administrations and no real mid-long-term solution to rebuild the public health system.

Migrants and refugees are disproportionately affected due to their legal situation described above and mainly by the fact of not having full access to the public health system. According to IOM Libya's Displacement Tracking Matrix⁷, 74% of migrants have limited or no access to health services. While the Libyan health system in principle does not discriminate, in practice, migrants are underserved due to lack of resources and their legal status. Their access to the health system is often limited to private hospitals, greatly adding to treatment costs and highlighting the need for enhanced public sector capacity, and/or to finding opportunities with INGOs, heavily relying on humanitarian community health partners for service delivery and supported referral to these private health facilities.

In addition to this, refugees and migrants in DCs (and some of those outside DCs as well) live in overcrowded and unsanitary conditions, without proper ventilation and nutrition, creating conditions ripe for the spread of COVID.

Discrimination is widely spread and common misperceptions that migrants are vectors of communicable diseases are widely spread. There are already reports on blaming migrants and foreigners of COVID 19 in Libya and current confining restrictions limit them heavily on being able to work without having access to any national social or economic coverage.

While as of 14 April 2020, 26 cases have been confirmed in Libya, the shortage of test kits and weak surveillance systems means that the real rate of infection is not really known and cannot yet be predicted. The dangers are particularly worrisome in light of how cases are growing exponentially in neighbouring countries, including Egypt, Tunis, Morocco, Algeria, and Italy, and in spite of the fact that these countries have taken severe measures to reduce the incidence rate, such as closing the borders, imposing curfews and restriction of public assembly.

While the Government of National Accord (GNA) and the Libyan National Army (LNA) have welcomed the UN's call for a humanitarian truce to enable authorities to respond immediately to the threat posed by the virus and both of them have adopted heavy measures to respond to COVID 19, including financial engagements, fighting in and around Tripoli has increased since the beginning of the pandemic including attacks to health facilities.

2.2.2. Sectoral background: policies and challenges

Libya is not a signatory to the 1951 Refugee Convention but is party to the 1969 OAU Refugee Convention. Due to the high number of migrants and their precarious situation there is a need to develop national asylum systems, manage the complexities of mixed migratory movements in a protection-sensitive manner and improve response capacity and available resources⁸). Improved data gathering and analysis of information is vital for all humanitarian and development actors and government stakeholders to ensure a sound and logical needs analysis and subsequent response.

⁷ IOM Libya, April 2020

⁸ IOM defines mixed migration as population movements including refugees, asylum seekers, economic migrants, and other migrants - <http://www.mixedmigrationhub.org/about/what-mixed-migration-is/>

Moreover, the situation of the 435,000⁹ IDPs is raising severe, humanitarian concerns. The majority of them have been displaced as consequence of the conflict that erupted in July 2014 and at least 40% of the IDPs have been displaced multiple times. Displacements patterns are both at cross-regional level (population moving from one part of the country to another one) as well as localised (population fleeing within their own provinces both in the West as well as in the South and East).

While much is known about the north of the country, the overall protection space in the south of Libya has been under-researched due to insecurity and limited access. Additionally, given the transitory nature of migrant and refugee communities inside Libya, there is a need for more systematic and continuous information campaigns and awareness raising on the lack of available protection mechanisms and deteriorating security situation but at the same time on available support services for most vulnerable.

2.3. Lessons learnt

Despite the progress in political negotiations, sporadic fighting across the country causes additional displacement and destruction. The situation is characterized by damage to health facilities, shortage in medicines, food and serious protection concerns. Migrants, refugees, asylum seekers and IDPs are among the most vulnerable, with fewest resources available.

Based on the experience of the consortium partners and the evaluations conducted on the various projects, the following main common lessons learned and needs were identified to ensure and enhance interventions targeting migrants, refugees, IDPs and host communities in Libya:

- Need to effectively coordinate and share information on the ground with relevant stakeholders and to strengthen relations with local authorities and key influential local actors.
- Need to build local capacity, foster conflict prevention, integration and participation of migrants, refugees, asylum seekers and IDPs with members of the host community, and establish community-based protection mechanisms, with a special focus on specific vulnerable groups (minors, unaccompanied children, pregnant and lactating women, people with specific needs, etc.).
- Provision of health care services which offer a distinct opportunity to get access to refugees, asylum seekers and migrants, build their trust, and raise their awareness about the risk of the journey, their situation and rights in Libya.

Recent needs assessments carried out by the consortium partners show that restriction of population and commercial movements, security and protection concerns have reduced humanitarian access. Access to people in need is furthermore particularly challenging when targeting migrants, refugees and asylum seekers, many of them living in formal or informal detention centres, including facilities run by militias. IOM estimates that the number of migrants held in detention facilities ran by the Directorate for combating illegal migration fluctuates between 4,000 and 5,000 – April 2016. Nevertheless, building the capacities of local communities and working in strict coordination with local authorities will support the feasibility of the intervention.

⁹ Libya Humanitarian Response Plan for 2015-2016, October 2015

2.4. Complementary actions

Members of the consortium are key players in provision of protection, humanitarian relief, and access to basic life services to conflict affected population in Libya (refugees, asylum seekers, migrants, IDPs, and host communities) with strong presence on the ground and complementary relations with large number of Libyan stakeholders.

The proposed action will coordinate with all relevant ongoing actions and actors dealing with migration and protection issues in Libya and, in particular, with the EU-funded projects under the *Regional Development and Protection Programme (RDPP)* in Libya, implemented by UNHCR and IOM, the EU-funded *Support to Right-based Migration Management in Libya* project, implemented by IFRC and the International Centre for Migration Policy Development (ICMPD), the EU-funded *Repatriation Assistance for Vulnerable Migrants Stranded inside Libya and Promoting Stability in Libya's Southern Regions* project, implemented by IOM.

In particular, synergies and coordination will be sought with EU-funded projects, including those supported by humanitarian aid, in the health sector and in the field of protection, water and sanitation, cash assistance, demining and reconciliation. In the health sector, the EU-funded Libya Health Systems Strengthening (LHSS) programme implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) aims to support a comprehensive reform of the national health system. Partially suspended in 2014, the programme is currently being resumed. Coordination will be sought in particular in support to primary health care, in the design and delivery of a basic health care package, quality improvement and quality assurance, human resource planning and management and in referral system's strengthening.

In the migration and protection sectors, the IFRC is implementing two projects, in cooperation with the Libyan Red Crescent. Coordination will be sought in particular in as far as the delivery of psychosocial support services, human rights-based management of detention centres and socio-economic integration of migrants and vulnerable groups. Additionally, several humanitarian interventions are addressing critical needs in the health and education sector or directly support water and sanitation, child protection, humanitarian mine action, cash based assistance and non-food items distributions, vulnerable groups, IDPs, refugees, asylum-seekers and migrants caught up in conflict and insecurity.

The proposed action complements ongoing actions implemented by the consortium partners. All consortium members have been recently allocated funds from the UN Central Emergency Response Fund (CERF) for Libya and two of the consortium members are either ongoing or new recipients of humanitarian aid funds for Libya. During the implementation phase, due attention will be paid to complementarity of actions and locations according to the respective scope of financial instruments, taking into account flexibility imperatives, which are highly needed in the current Libyan context.

Furthermore, the proposed action will coordinate with other EU's and Member States' ongoing and planned actions in relevant areas beyond the migration sector, including those operating in the targeted geographic locations (i.e. support to municipalities and peacebuilding actions).

2.5. Donor coordination

The consortium assigned DRC as a leader, to manage the consortium structure and to maintain a direct contact with the European Commission. DRC will also be responsible for attending, whenever relevant, the established coordination mechanisms of the RDPP in North of Africa and the Steering Committee of LHSS. The consortium leader will also lead further mobilisation of resources towards the project implementation, where possible aided by the other partners and drawing from their experience and expertise. Donor coordination between

the consortium and the EC will be carried out from Tunis as well as from Brussels. In case of improved security situation in Libya and possibility of the returning of the international organisations, such coordination will be managed from Tripoli.

The consortium will liaise closely with the EU coordination platform, led by the EU Delegation to Libya, which aims at coordinating interventions and approaches between EU and EU Member States. Within this platform the EU Delegation is now looking at the possibility to set up a sub-group or an ad hoc steering committee, to closely monitor and coordinate all EU-funded migration- and protection- related projects in Libya. All partners have also already established close relations with EU member states' representatives for Libya in Tunis.

All consortium members are part of the humanitarian coordination mechanism, with IMC and ACTED being delegated by INGOs to represent them in the Humanitarian Country Team (HCT) mechanism, led by the UN Support Mission to Libya (UNSMIL), which is comprised of UN agencies, INGOs and the International Committee of the Red Cross (ICRC). The HCT leads the advocacy on protection and access and on resource mobilisation for the Libya HRP. The newly established Inter-Sectoral Coordination Group (ISCG) is the main operational support mechanism to the HCT. It brings together the technical leaders from key sectors, including health, food security, protection, water, sanitation and hygiene (WASH), shelter/ NFI, education, and early recovery. IMC-UK is currently co-chair of the health sector and DRC co-chairs the WASH sector. All consortium members are currently active participants of sectoral working groups.

The consortium will also ensure that all joint assessments and data analyses will be closely coordinated and shared with ISCG, who is overall responsible for enhancing data collection and analysis on needs and response developments in Libya, both within sectors and across all sectors.

Refugee and migrant response under HCT and ISCG is coordinated and led by UNHCR and IOM respectively, and the consortium will ensure close cooperation, coordination, information, and lessons learnt sharing with both agencies and other actors involved in refugee and migrant support.

Activities tackling COVID 19 will strongly coordinate with national authorities, WHO and health cluster defined priorities.

3. DETAILED DESCRIPTION

3.1. Objectives

The **overall objective** of the proposed action is to support improved protection and resilience of refugees, migrants, asylum seekers, IDPs, and host communities in Libya.

The **specific objectives** of the proposed action are:

1. Improve access of refugees, migrants, asylum seekers, IDPs and host communities to basic services including protection¹⁰, health and psychosocial support, which enables them become more resilient and allows moving towards durable solutions.

2. Raise awareness of displaced populations (refugees, asylum seekers and migrants) about the risks of perilous land and sea journeys and their situation, rights and services available in Libya, including social cohesion with IDPs and host communities, and enhance capacity of relevant stakeholders at local, national, and international level to manage migration influxes in a protection sensitive way.

3.2. Expected results and indicative main activities

R1.1. Joint assessment and stakeholder analysis using synchronised consortium tools improves quality and frequency of situational analysis, needs, actors, service providers and gaps mapping in the targeted areas, and strengthens conflict and protection sensitive responses.

Indicative list of possible activities:

Situational analysis and assessment of the situation and needs of refugees, asylum seekers, migrants, IDPs and host communities in the targeted locations and mapping of local stakeholders and services available to the beneficiary target groups.

This activity and relevant tools will be designed jointly by all consortium members, and coordinated with all international actors involved in refugee and migrants' response in Libya, to ensure the use of a common methodology being able to produce comprehensive reporting and unified strategy for action.

R1.2. Improved access to quality basic services for refugees, asylum seekers, migrants, IDPs and host communities.

Indicative list of possible activities:

1.2.1. Service provision, which may include but is not limited to health care, first aid, assistance, protection, and psychosocial support, through medical mobile teams, and in partnership with Libyan authorities and/or civil society organisations or referrals, whenever possible.

1.2.2 Improved access to protection services, including, but not limited to, access to documentation, registration as asylum seeker with UNHCR, consular registration, and potential registration by municipalities, based on employer sponsorship.

1.2.3 Piloting and implementing durable solutions for beneficiaries, including referral to IOM for voluntary return, whenever possible.

1.2.4 Capacity building for community mobilizers and outreach activities targeting refugees and migrants living in the urban premises in the targeted areas and involve IDPs and host communities.

¹⁰It includes monitoring access to formal and non-formal education opportunities and promotion of enrolment for school aged children, as well as health (in particular access to public facilities).

1.2.5. Sensitisation of public health providers on the needs of the targeted population. This might include:

- Referral system strengthening and gap filling for services that are needed and not available.
- In-service training and mentoring of doctors, nurses, midwives and community health workers in line with methodologies and training contents agreed amongst all EU-funded partners.
- Training and capacity building in COVID 19 and Infection and Prevention Control (IPC) measures

1.2.6. Support to and piloting of alternatives to immigration detention, by prioritising children in detention, integration and other durable solutions, including studying and analysis of current practices already in place at local level.

1.2.7. Enhancing health surveillance, focusing on COVID 19

1.2.8. Health facility preparedness: equipment, flow systems, referrals, IPC protocols, etc

1.2.9. Strengthening mental health and psychosocial support

R2.1. Increased awareness and knowledge of target groups on rights and access to basic services.

Indicative list of possible activities:

Information dissemination, awareness raising campaigns, social cohesion activities. This could include the involvement of the diaspora community from countries of destination and development of information material.

Risk communication and community engagement

R2.2. Relevant stakeholders have improved capacity and ability to manage migration in a protection sensitive manner, whilst respecting rights and vulnerabilities of target groups.

Indicative list of possible activities:

3.2.1 Capacity building and awareness of local authorities dealing with migration, including, whenever possible and not already covered by other interventions, relevant ministries, municipalities, DCIM, coast guards, border authorities, local civil society, Ministry of Health's staff and civil servants.

3.3. Risks and assumptions

The main risks are following:

- High turn-over within governmental authorities may interrupt existing relations and require renewing trust building and representation.
- Major deterioration in overall political and security situation and lack of access to target communities.
- Terrorist threats against employees of international organisations in Libya (and Tunisia).

- Work permits and visas for international staff may be withheld.
- Failure of the peace process negatively affecting access and/or NGOs' registration in the country.
- Community tensions and violence linked to presence of and assistance provided to IDPs, refugees and migrants.
- Lack of access to affected populations, especially children.
- Gender inequality - as women are often expected to contribute disproportionately towards coping strategies and recovery.

The assumptions on which the success of the project and its implementation depend:

- Favourable security situation and progressive support of local authorities.
- Improved coordination mechanisms with consolidated needs assessments by the international humanitarian organisations and UN agencies.
- Donor support towards an integrated and coherent humanitarian response.
- Local host communities and beneficiaries understand the aim of and support the envisaged project activities.

Mitigation measures have been given consideration, including:

- Investment in analysis to guide conflict sensitive design and implementation.
- Building programmes on local acceptance and provision of impartial and neutral assistance using a multifaceted approach to involve beneficiaries, host communities, local partners and authorities in project activities.
- Even-handed provision of protection and other services to refugees, asylum seekers, migrants, IDPs and the host community.
- Close coordination with local authorities and communities for safe access.
- On-going capacity building of local civil society and relevant authorities in order to build relations of trust and mutual understanding.

3.4. Crosscutting issues

This Action will be in line with the new EU Gender Action Plan (GAP II), which provides the framework for the EU's promotion of gender equality through external action for the period 2016-2020. The GAP II is based on three thematic objectives: a) securing the physical and psychological protection of women and girls; b) promoting economic and social rights and the empowerment of women and girls; c) strengthening women's and girls' voice and participation. The fourth, and horizontal, component is to embed a gender perspective in the EU's institutional culture.

The consortium members are committed to ensure an inclusive and Age, Gender and Diversity (AGD) sensitive programme. The consortium will work with targeted populations, local stakeholders, and partners to mainstream and prioritise the specific needs of women, men, girls, and boys, with particular attention to people with special needs. All activities are designed according to the do-no-harm principle.

While the HRP for Libya clearly states that women face particular gender-based violence threats in what has become an extremely hostile and unstable environment and children are at risk of trafficking, abduction, and forced recruitment, it also has to be clearly recognised that they are not just victims of conflict, but also potential drivers for change.

The consortium will disaggregate all data by AGD to reflect the needs of different groups. All project data including assessments and feedback used for project evaluation will be

disaggregated by sex and age, and will include feedback from women and girls participating in the project whether as partners, beneficiaries, or staff.

The project will focus on targeting women and girls through continuing work with community based organisations or their representatives (be it refugees, asylum seekers, migrants, IDPs, or host communities). Direct activities will consider specific needs of women and girls and information messages or social cohesion community events will be designed to reach all groups through well targeted gender and cultural content. Working through female staff will be also instrumental in enhancing outreach to women and girls through proper communication means and venues.

The proposed action will be designed and implemented following a rights-based approach to the protection of target groups and looking in particular at what measures can be put in place (going from identification, referral and support of victims to the high level advocacy with duty bearers and key stakeholders), to support the creation of an environment where respect for human rights can be promoted without any exception or discrimination of any kind.

The EU is committed to applying conflict sensitivity in its actions in Libya, including in the migration sector, in line with conflict sensitivity principles developed among the Conflict-Sensitive Assistance in Libya (CSA) group in Tunis¹¹. This requires for example careful analysis as the basis for intervention identification and design, integrating conflict sensitivity-relevant indicators in results frameworks and risk management, and ensuring ongoing monitoring and analysis in order to avoid harm and adapt where necessary. Conflict sensitivity also applies to communications around the EU's support for actions in this sector, and therefore also of implementing partners' communications.

3.5. Stakeholders

Leveraging on the experience and expertise developed across the years by the members of the consortium in their respective areas of operation, a stakeholder analysis has been elaborated in order to identify interested parties that should be incorporated in the decision-making process and in the intervention to enhance a more realistic and sustainable implementation and potentially assist in reducing the power imbalance among more vulnerable groups. Upon the analysis, relevant strategies to overcome opposition, build coalitions, and channel information and resources to promote and sustain the proposed intervention have been identified. For instance, a close collaboration with the main stakeholders will be assured at different levels to ensure smooth implementation, sustainability and ownership of the action, i.e.:

- Community/beneficiary level: refugees, asylum seekers, migrants and IDPs are actively and directly involved in the programme in light of the promotion of a participatory approach, whenever feasible. Moreover, it will be sought the involvement of the host community through, for instance, the collaboration with Libyan universities.
- Institutional level: whenever possible, close collaboration with governmental authorities, local administration and authorities, municipalities, local crisis committees, public and private service providers, medical centres in targeted areas,

¹¹ These principles are: assistance should be as inclusive as possible (Principle 1); assistance should strengthen the ability of our partners to be equally accountable across communities and constituencies (Principle 2); assistance should strengthen the connection between state institutions and communities across the country, by delivering tangible improvements (Principle 3); relationship to variable conflict factors and other sectors (Conflict Analysis Process).

etc. The consortium will strengthen the relation with the local councils, since they are also viewed as being essential to successful migrants' integration across the region and define together the operational strategy, whenever feasible. The Consortium will actively participate in local crisis committees and other coordination with central and local authorities to ensure their involvement in the response developed by the intervention towards the needs of vulnerable groups.

- International level: international organizations are also a key stakeholder to be considered when addressing migrant populations, especially asylum seekers and refugees, which are not only more vulnerable but are also subject to international rules of protection. The consortium consolidated its strong relation with the international organizations (in particular UNHCR and IOM) throughout years of implementation of programmes focused on protection in Libya. The participation of the consortium at the sectoral working groups within the UN-led international aid's coordination mechanisms will ensure sharing of information, lessons learnt, good practices and recommendations.
- Local NGOs and civil society organisations (CSOs) are an essential stakeholder in migrant and refugee integration and they often fill gaps in provision not covered by other mandated actors.
- Public-private partnerships constitute an important toll through which municipalities can improve migrants', refugees', and IDPs' integration policies. Partnerships between the private sector, local authorities and government are instrumental in identifying challenges and solutions in the economic and labour dimensions of migration and migrants' integration.

Because stakeholders and their positions may change over the course of analyses and negotiations, the stakeholders' analysis should remain an ongoing process allowing for programme's design to adjust as more is known about the context.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, where applicable

It is not foreseen to conclude a Financing Agreement with the partner country.

4.2. Indicative period of operational implementation

The indicative execution period of the action is 78months from the approval of this Action Fiche by the Operational Committee of the Trust Fund. This period comprises 60 months for operational implementation, during which the relevant contracts and agreements will be signed and the activities described in section 3 implemented, and a 18-month closure phase.

4.3. Implementation components and modules

The Action will be implemented via direct centralised management through the direct award of a grant to a consortium led by the Danish Refugee Council and composed of INGOs which have a longstanding presence in key parts of Libya since 2011 and a wide protection/migration experience. The recourse to a direct award is justified by the crisis situation in the country (Art. 190 (2) RAP) as well as by the specific characteristics of the Action requiring a quick mobilization of proven expertise and a presence in some areas of the country.

4.4. Indicative budget

	EU contribution (amount in EUR)	Indicative third party contribution, in currency identified
Grant to DRC	5.9 million	
Grant to IMC	1 million	
Monitoring and evaluation (*)		
Total	6.9 million	

(*) The AD was approved for a total amount of 6m€ (5.9m€ for a grant contract for DRC + 100.000€ for the line Monitoring & Evaluation). However, further to the Operational Committee on 23 May 2017, a Technical Cooperation Facility (TCF) of 5.2m€ was adopted to support EUTF NoA countries in monitoring, evaluation and programme communication, among others. The TCF was set up as an operational modality recasting funding from previous approved level 1 commitments in order to create one overarching contract covering monitoring, evaluation and communication needs for the EUTF NoA as a whole. Consequently, decommitment of level 1 budget lines was adopted for the budget lines related to monitoring, evaluation, audit and communication as part of level 1 commitments approved by the Operational Committee in June and December 2016 (see note for the record 30 May 2017).

4.5. Monitoring and Evaluation

It is important to establish monitoring and evaluation arrangements that can measure progress towards the intended results in a consistent and regular manner. Efforts will be made to set up a single monitoring and evaluation framework for all EUTF-funded projects in the North of Africa.

If necessary, ad hoc monitoring could be contracted by the European Commission for this Action. A final evaluation will be carried out for this action or its components via independent consultants contracted by the European Commission.

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, ad hoc audits or expenditure verification assignments could be contracted by the European Commission. Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission. Evaluation and audit assignments will be implemented through service contracts; making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

4.6. Communication and visibility

All implementing partners in receipt of funds from the Trust Fund shall take all appropriate steps to publicise the fact that an action has received funding from the EU under the Trust Fund. These measures shall be based on a specific *Communication and Visibility Plan of the Action*, to be elaborated by each implementing partner at the start of implementation on the basis of the Communication and Visibility Manual for EU External Action¹². Appropriate contractual obligations shall be included in, respectively, the grant contracts, and/or delegation agreements.

¹²http://ec.europa.eu/europeaid/work/visibility/index_en.htm_en