



HUMANITARIAN AND RECOVERY RESPONSE PLAN (HRRP)- FOR FLOOD AFFECTED NORTHEASTERN LIBYA

September 2023 to June 2024



HUMANITARIAN SITUATION

Three weeks post-Storm Daniel, north-eastern Libya continues to grapple with a catastrophic humanitarian situation that is unparalleled. According to the World Health Organization (WHO), there are over 4,006 confirmed deaths and 8,548 people remain missing.

Several towns, most notably Derna, were critically impacted, leaving over 100,000 residents in need of assistance amidst destroyed infrastructure and essential services. Thousands of individuals and families, across five provinces and 15 municipalities, of whom at least 40 per cent are children, have been affected. The catastrophe has precipitated widespread displacement, with 42,045 new internally displaced persons (IDPs), including over 16,000 children.

Children and their families bore the worst of the storm's aftermath. Displacement has led to family separations, leaving many children, especially girls, vulnerable and without the protection of their primary caregivers. The Multi-Thematic Rapid Needs Assessment (MTRNA) highlights significant mental health challenges amongst the affected population, with 56 per cent of surveyed children experiencing psychosocial distress. Adults are also exhibiting high levels of psychological trauma.

Storm-affected populations in areas such as Derna, where approximately 30 per cent of the city was destroyed by floods, are grappling with severe psychosocial impacts, particularly among children, alongside tangible threats, such as old Unexploded Ordnances (UXOs) contaminating areas now affected by the floods.

Critical infrastructure, including hospitals and roads, have been destroyed or damaged, and essential social services now face massive disruptions. The health system, in particular, is of significant concern, with many essential facilities now non-operational. Over 60 per cent of the assessed facilities were nonfunctional or with partial functionality and 101 health workers have died. Water and sanitation systems were also severely impacted. For example, in Derna alone, half of its 18 boreholes are non-functional, being destroyed or damaged. Sewage systems were heavily damaged, escalating concerns of a widespread health crisis. Educational institutions across municipalities suffered extensively. Of the affected 117 schools, 44 sustained major damages and 4 were destroyed.

The humanitarian crisis calls for an intensified, holistic response to address both immediate needs and longer-term recovery.

Internally Displaced

42,045 (including 16,000 children)

Deaths/Missing

Over 4,000 / over 8,000

(40% of affected people are children)

Target

250,000 people

Funding Requirements

US\$26.5 Million

Key Planned Targets

250,000 people access a sufficient quantity of safe water for drinking and domestic needs

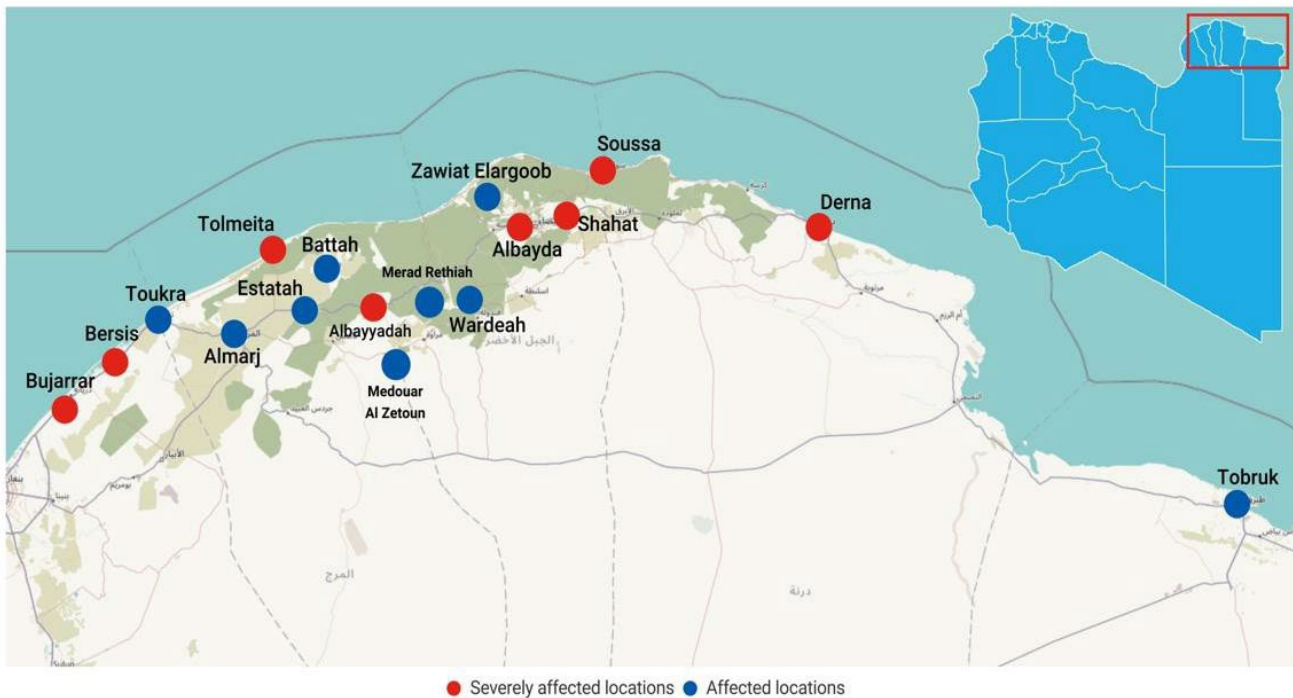
.....
250,000 children, pregnant and lactating women benefit from essential health and nutrition supplies and services

.....
75,000 children and their parents benefit from structured child protection interventions

.....
75,000 students and teachers benefiting from education supplies and services children accessing formal or non-formal education

.....
45,000 vulnerable flood affected children/families will benefit from "Cash Plus" assistance to cover their basic needs

Map: Storm and Flood Affected Areas



HUMANITARIAN SITUATION

WATER SANITATION AND HYGIENE (WASH)

North-eastern Libya's water and sanitation infrastructure suffered severe storm and flood damage, affecting hundreds of private boreholes across a large geographical area. According to the General Company for Water and Wastewater (GCWW), four public boreholes were damaged due to electrical short-circuits caused by the storm. The green mountain district has two desalination plants, used to provide around 65 percent of the water supply, both of which were damaged during the storm. UNICEF, in collaboration with GCWW, has identified and is confirming 15 non-operational public boreholes and sanitation networks for maintenance. Access to safe water and hygiene promotion remain a high concern.

Al Bayda's sewage treatment plant, which serves approximately 125,000 households within the catchment area, was also damaged by flood water. It's worth noting that the plant was already out of service prior to the storm. Flood water has contaminated water supply sources, including groundwater, and this is presenting a high public health risk due to water borne diseases.

UNICEF has prioritized lifesaving WASH interventions. Support to the limited maintenance capacities for the already fragile pre-storm systems, compounded by Derna's non-operational desalination plant, demand immediate, coordinated efforts to restore and strengthen the region's water and sanitation capacity.

Entities such as the GCWW are striving to extend support amidst their constrained resources and equipment shortages.

Core needs are provision of hygiene kits, including menstrual supplies, jerry cans, water purification items, installation of water tanks and rapid emergency repair of water and sewage networks. The dire WASH situation underscores the urgent necessity for a robust humanitarian response and recovery plan, entailing immediate infrastructure reparations, water quality interventions, and strategic collaborations, focusing on restoring systems and hygiene awareness.



HEALTH and NUTRITION

Following the floods from Storm Daniel, north-eastern Libya is at heightened risk of escalating health concerns, including waterborne diseases due to the compromised water and sewage systems.

There is growing concern of a public health emergency, with the National Center for Disease Control (NCDC) reporting 1,905 Acute Watery Diarrhoea (AWD) cases, across storm and flood affected towns, as of 3 October. This represents 71 per cent of all Early Warning Alert and Response Network (EWARN) reported cases, emphasizing the need for preparedness, active monitoring, surveillance and promoting personal hygiene and risk reduction behaviours. So far, however, AWD has not resulted in water borne diseases outbreak. The healthcare system has been significantly affected and is under immense pressure. Numerous hospitals and clinics have sustained damage, stretching the capabilities of mobile medical teams. According to UNICEF field assessments, over half of primary health facilities in affected areas have partially or entirely ceased operations.



A WHO assessment in early October reveals that in the affected areas, approximately 60 per cent of hospitals are non-functional/partially functional. With the region's already fragile health infrastructure prior to the crisis, existing health facilities grapple with equipment shortages and operational issues, including lack of personnel with over 100 reportedly dead and many others affected. Over half of Derna's health facilities are now limited in their operations. Facilities like the Taknis Vaccination Center and Almkhaili and Albayada Rural Hospitals have also been particularly affected, eliminating crucial immunization services for their communities.

To mitigate the threat of diseases and prevent potential increases in maternal and child deaths, there is an urgent requirement to bolster the Primary Healthcare system, ensuring resilient, quality services for under-5 children, adolescents, and pregnant and lactating women. A comprehensive Primary Health Care and nutrition package, inclusive of essential equipment and medicines, amidst the challenging context of health facility damage and dwindling medical supplies, is crucial given the prior underlying determinants of malnutrition such as limited feeding practices, and the pre-existing child food poverty and high anemia. Simultaneously, robust human and institutional capacity building for primary health and nutrition services emerges as paramount, alongside fostering demand creation and vigorous community engagement for health and nutrition services, collaboratively forging a pathway towards recuperative and sustainable healthcare in the storm-affected regions.

CHILD PROTECTION

In the wake of Storm Daniel, north-eastern Libya is faced with daunting psychosocial challenges, most critically among its youngest citizens.

The need for mental health and psychosocial support (MHPSS) services has surged as children cope with the traumatic effects of the disaster. Wide-reaching displacement and the distressing separation of families have resulted in many children losing the protection of their primary caregivers. Without familial protective networks, these children find themselves at heightened risk of exploitation, abuse, and even trafficking, with girls and women at heightened risk.

The existing social welfare infrastructure, already strained prior to the disaster, is struggling to cope with this surge in need. The system's limitations in identifying, registering, and providing for separated and unaccompanied children are evident. While no concrete data is available from both governmental and NGO sources yet, the precise number of affected children remains uncertain. There's an urgent call for immediate actions to identify, protect, and care for these vulnerable children.

Due to limited livelihoods and displacement the risk of negative coping mechanisms such as resort to child marriage and other forms of violence especially against women and girls remains high.

The psychological aftermath of the storm runs deep. Beyond the evident destruction, the emotional toll on children and their families is stark. Seeing homes destroyed, enduring displacement, and losing loved ones contributes to severe psychological distress. Reports of symptoms such as withdrawal, disrupted sleep patterns, bed-wetting among children, and even instances of suicides in shelters are indicative of widespread need for mental health and psychosocial support (MHPSS) services. It is imperative that MHPSS and Child Protection measures are prioritized and scaled up, with a focused commitment to understanding and addressing the unique MHPSS needs and vulnerabilities of exposed to potentially traumatic events and large-scale loss.



EDUCATION

In the wake of Storm Daniel, eastern Libya's educational fabric stands severely affected. Across 15 municipalities, the Ministry of Education (MoE) reports that 117 schools were affected by the floods, with 44 suffering significant damage and 4 completely destroyed. The scenario becomes bleaker with the knowledge that many schools, including 10 in Benghazi, 5 in Algoba, 10 in Shahat, and 7 in Derna, as per MoE data, coupled with an additional 3 in Albayda, have been used as shelters for the internally displaced. MoE is prioritizing the reopening of schools to ensure uninterrupted learning and to address potential learning gaps.

MoE is prioritizing the reopening of schools to ensure uninterrupted learning and to address potential learning gaps. MoE is also working on developing alternative plans for students from destroyed schools to ensure continued access to learning opportunities. High displacement rates may lead to overcrowded classrooms, which can hinder child-centred learning and conducive quality learning. Educators are under pressure to provide psychosocial support to students while also needing support themselves. Swiftly reopening schools and providing educators with necessary tools and support are essential steps to support children, especially girls, and their families, especially because schools can be critical entry points for other essential services.

CASH PLUS AND SOCIAL PROTECTION

Preliminary assessments estimate that over 42,000 people have been displaced who are currently residing in collective and temporary shelters, and require cash assistance to access and address basic needs including food, energy, hygiene, water, sanitation, children's health and nutrition.

The humanitarian cash plus response would focus on providing unconditional cash assistance to affected families with children and link them to essential services to meet their basic needs.

The response would be aligned with the vision of the national social protection framework (currently under finalization with the national stakeholders) to ensure the sustainability of the intervention. This will allow quick and effective relief to the most affected families to cover their most basic and immediate needs.

The cash response would be coordinated through the cash working group and in close partnership with other agencies to avoid duplication of targeting and efforts.

The humanitarian cash plus response would provide a smooth transition to affected families (with focus on female and child-headed households) to move from relief to recovery and would contribute towards building their resilience.



PRIORITY RESPONSE AND RECOVERY ACTIVITIES

In alignment with the 2023 Humanitarian Action for Children (HAC) and the 2023-2025 Country Programme Document (CPD), the UNICEF September 2023 - June 2024 Humanitarian and Recovery Response Plan (HRRP) will build upon immediate humanitarian assistance with longer-term recovery activities, in support of the ongoing national response. UNICEF has a unique comparative advantage on the humanitarian-development-peace nexus through its expertise in both relief and system-building, and its close cooperation with local actors, including public authorities/institutions or civil society.

Focusing on the most impacted individuals - notably those displaced in shelters and in host families, with an additional spotlight on female-headed households - the plan seeks to wholly meet immediate needs and spur recovery, ensuring essential services in storm-affected areas that are safeguarded and enhanced.

UNICEF's response is accounting for the differentiated risks, needs, and capacities of women and girls, and men and boys, with attention to marginalized or vulnerable subpopulations including adolescent girls and people living with disabilities. UNICEF will implement its action with specific attention to Prevention of Sexual Exploitation and Abuse capacity building and reporting and tools for Accountability to Affected Populations, in particular using feedback mechanisms. Tailored and targeted interventions for these specific groups, especially adolescent girls, is needed due to their heightened vulnerabilities to violence, restricted mobility and other barriers to services, menstrual hygiene needs and potential limited access to learning and education.

In terms of humanitarian actions, lifesaving and life-sustaining interventions will focus on the displaced and most in need of protection children/families. Besides a supply response through its Rapid Response Mechanism (RRM), essential actions such as mobile psychosocial support and WASH, and health urgent repairs will be applied.

In terms of recovery, the response plan prioritizes revitalizing essential services through a comprehensive "build back better" approach for infrastructure and supply chains, while also incorporating capacity building (of health workers, social workers, teachers, etc.). UNICEF will support Government Reconstruction and Rehabilitation plans at both central and municipality level, connecting line Ministries strategies and resources with local plans and building upon those pre-existing (e.g. Derna city plan). Furthermore, it commits to safeguarding affected individuals, especially children, through embedding protective measures, mental health support, and establishing clear communication and referral pathways.

The plan underscores the essential linkages of multi-layered partnerships and engagement, including central level authorities, municipalities as well as local civil society in particular youth groups.

UNICEF leads the Education, WASH, and Nutrition thematic Working Groups (WGs) and the Child Protection AOR under Protection and is fully engaged in Health and Early Recovery WGs.



Water, Sanitation and Hygiene (WASH)

WASH intervention will ensure a sequential package by providing lifesaving women/men sensitive and inclusive humanitarian WASH assistance to flood affected people while starting with immediate recovery opportunities.

In terms of humanitarian action, UNICEF will focus on water trucking and water tanks (focus on shelters, schools and Primary Health Care clinics), provision of hygiene items, hygiene campaigns, water treatment materials, and water quality monitoring.

In terms of recovery interventions UNICEF will start repairing boreholes and water newtorks, rehabilitating WASH in schools and primary health care facilities, building capacities of local actors and NGOs on assessments, water safety plans and water quality monitoring, supporting the essential supplies for restarting core desalination plants, including Derna. To the same end, in the medium term to long term, WASH interventions shall focus on the much-needed anticipatory action for ensuring WASH systems functionality and preventing collapse of essential WASH services during this transitional period while advancing climate resilient safe water and safely managed sanitation and contribute to stabilizing communities.



WASH activities shall be integrated with other sectors such as Health, Education, Protection, and social and behaviour change (SBC) to maximize impact. Social and behavior change activities will also be integrated with WASH and health interventions, and local volunteers and religious and tribal leaders will reach boys and girls and families with awareness on hygiene and water conservation,. Participatory mechanisms will be strengthened to ensure that the needs and preferences of the affected communities are factored into WASH interventions, with a specific focus on adolescent girls and young women.



HEALTH and N UTRITION

In terms of immediate needs UNICEF will focus on life-saving interventions such as medical supplies, medical check-ups/mobile teams including nutrition screening, awareness and treatment, and vaccinations campaigns for the affected population including women and children. UNICEF will support in particular the primary health care centers to ensure the capacity to undertake medical consultations and decongest hospitals, as well as increase awareness on maternal and child health issues. Through NGO partners and health directorates, UNICEF will support mobile medical teams to reach the displaced population, providing maternal and child health care.

In terms of recovery, UNICEF will support the rehabilitation of the most affected and most in need primary health care centres (PHCs), including the ones which resources were depleted ahead of this crisis. The rehabilitation of PHCs costs on average USD25,000, including cold chain, maternal and child health equipment, WASH systems, training on integrated management of childhood illnesses, ante-natal and post-natal services, safe deliveries, and healthy nutrition and infant young child feeding.

In addition, UNICEF will enhance available health services through fixed health centres and mobile medical teams, in addition to the emergency repair works of primary health centres.

UNICEF will ensure effective engagement with the affected population to promote health services through different strategies such as community volunteers and religious leaders.

CASH PLUS - SOCIAL PROTECTION

Unconditional “cash+” assistance to 45,000 people will be provided to the most vulnerable families, such as families caring for children with disabilities, unaccompanied or separated children, children with chronic illness and female/child-headed families, as well as all families with children in affected geographical locations and collective shelters.

The humanitarian cash assistance response will be linked, through social and behavioral change mobilization teams, to the promotion of families/children’s referrals to essential social services such as education, health, nutrition (hence the denomination “Cash Plus”).

EDUCATION

UNICEF will continue to prioritize support for the safe reopening of affected schools and ensure children resume their education in a safe, enabling environment with adequate and women-men sensitive and disability inclusive WASH facilities.

Conducting school safety assessments and repairing of schools that sustained light damage will be a priority to make them safe for students

Affected children and teachers will need to be immediately provided with recreation and education kits as well as with Psychosocial Support (PSS) and health and safety awareness, in coordination with the Child Protection, WASH and Health sectors.

To support children who have missed out on their learning, UNICEF will work with education partners, including local NGOs and community organizations, to provide catch-up and remedial support lessons in which PSS will be integrated.

In order to ensure remote and remedial learning, UNICEF will make also use of its supported platform called the Learning Passport. In addition, establishing community-based e-learning centers will also provide opportunities for children to learn foundational reading, writing and numeracy skills using tablets loaded with gamified digital content aligned with the curriculum with the help of trained young facilitators from local communities thus promoting community ownership and support for education. UNICEF will provide tablets, education content, and a solar powered system that provides a source of energy for the centre.



The community will continue to play a major role in ensuring the continuity of services provided for children. The key to success will be the active engagement of young facilitators and women’s associations who will be responsible for managing the centers on a daily basis. UNICEF will immediately support the cleanup of schools with minor damage, while schools that have sustained more damage will be rehabilitated and provided with furniture and women/men sensitive and disability inclusive latrines. The rehabilitation component will be conducted in coordination with the WASH Sector.

CHILD PROTECTION

In terms of humanitarian action, UNICEF will work in collaboration with protection partners to address the immediate MHPSS and protection/case management needs of around 75,000 affected girls, boys, women, men and frontline workers in Derna and the affected areas. Mobile teams with partners are deployed to provide services in shelters and schools. A multi-layered and cross-sectoral approach to address MHPSS needs will be adopted, resulting in an integrated package of services, including community-based support and targeted MHPSS interventions, including through child friendly spaces. Clothing kits/Non-Food Items (NFIs) will also be provided to supplement the MHPSS interventions. Referrals and case management will also focus on children without parental care and children separated from their families including family tracing and reunification or appropriate alternative care support. Risk Communication and Community Engagement (RCCE) messaging on awareness of child protection areas will decrease the level of distress and risks of violence against children, family separation, violence and negative coping mechanisms, including child marriage

In terms of recovery, UNICEF will ensure that the Social Welfare system is capacitated to register and provide interim care and tracing/reunification services for separated and unaccompanied children; to provide mental health and psychosocial support training for front line workers (prioritizing health workers and teachers); and to apply case management procedures in line with international standards.

FUNDING REQUIREMENTS

UNICEF Libya has revised its initial 3-month appeal, now requiring **US\$26.5 million (Sep 2023 - Jun 2024)** to provide a mix of **humanitarian assistance and recovery actions** to the vulnerable populations affected by the floods in eastern in Libya. In order to swiftly adapt to unfolding needs and challenges, UNICEF seeks flexible and unearmarked contributions, enabling us to optimize our response mechanisms to the evolving situation in Libya. This humanitarian and recovery response plan is integrated into the broader 2023 UNICEF Libya Humanitarian Action for Children (HAC) and UNICEF Country Programme Document 2023-2025 and it is integral part of the United Nations Sustainable Development Cooperation Framework (UNSDCF).

Sector	Target Beneficiaries	Estimated Budget in US\$	Funding Received in US\$	Funding Gap in US\$
Health and Nutrition	250,000 people (40% children)	7,500,000	1,121,000	5,166,000
WASH	250,000 people (40% children)	9,000,000	3,834,000	6,379,000
Child Protection	75,000 children	3,000,000	825,000	2,175,000
Education	75,000 children	3,000,000	682,000	2,318,000
Multi-Purpose Cash Assistance	45,000 including 13,500 children	3,500,000	-	3,500,000
Cross-sectoral: PSEA, AAP, SBC, Evaluation and RRM	250,000 people (40% children)	500,000	-	500,000
Total		26,500,000	6,462,000	20,038,000

