


EUTF NOA Implementing Partners Quarterly Information Note – AICS n. 8

Organisation Name	Italian Cooperation: Italian Agency for Development Cooperation (AICS)
Project Title	Recovery, Stability and Socio-Economic Development in Libya – Baladiyati Phase 1
EUTF project reference number	T05-EUTF-NOA- LY-05-01/T05.437
Project Start and End Date of implementation	01/10/2018- 30/06/2022
Period covered by quarterly information note	01/10/2021- 31/12/2021
Targeted municipalities during the reporting period	<i>Please list the municipalities where the interventions took place during the reporting period.</i> Municipalities of Janzour, Zuwara, Zawya (Centre, West and South), Ghat/Tahala, Misrata, Ajdabiya, Benghazi, Al Kufra, Ribyana, AlBayda, Tobruk, Bani Walid, Al Khoms, Zintan, Al Maya, Mamoura, Sorman, Sabratha, Brak al Shati, Murzuk, Al Quatrun, Sebha, Shawerif.
Beneficiaries reached during the reporting period	Number of staff from public, CSOs and private sector service providers trained in the reporting period (by AICS and by INGOs): 744 (cumulative number since the beginning of the programme: 2370).
Contact Person	 @aics.gov.it

A. Implementation Environment//Context

Contextual Factors	<p><i>During the period covered by this report, have there been any changes to the political, economic, social or cultural environment and or the government structure and capacity that affected project design, activities, implementation or production of outputs or immediate outcomes?</i></p> <p>In the reporting period, the political and security situation in Libya remained unchanged. As declared by the High National Elections Commission, Libya's Presidential election scheduled for 24 December 2021 was postponed and discussions are ongoing regarding the parliamentary elections. Civil society and international organizations reported increased levels of violence against migrants and refugees, dire conditions, and limited access to basic services. Despite the humanitarian situation improving over 2021, no particular improvements have been registered for refugees, asylum seekers and migrants, whose number has increased significantly throughout the year, from 1,100 in January to 5,738 at the end of November. Human rights violations and abuses are widespread in Libya, especially for migrants and refugees.</p> <p>Regarding the COVID-19 pandemic, the situation remains particularly dire, mainly in the South and East of the country, despite the ongoing vaccination efforts. After a downward trend since mid-August 2021, rates of cases and deaths in the country have increased. The health care system in Libya remains overstretched.</p> <p>Security concerns and hazards restrict the presence and mobility of international staff in Libya including interactions with local staff, authorities, and suppliers. AICS adopts all available risk mitigation measures and closely coordinates staff missions and institutional platforms with the Embassy of Italy in Tripoli. Additionally, OCHA reports that bureaucratic restrictions on the movement of humanitarian staff and relief suppliers constitute most impediments to humanitarian work.</p> <p>Frequent/extended power cuts are affecting many basic service facilities and telecommunications, slowing activities, as well as liaison and coordination with local authorities.</p>
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Effects on project overall	<i>If so, please describe the broader environment in which you are working at the country and/or regional level and how this affected your project and/or results.</i>						
	Despite sporadic armed clashes and the impact of the COVID-19 pandemic, suitable conditions remained in place at the local level for programme implementation and the delivery of expected results of the current inception phase of the programme.						
	Delays, due to the COVID-19 pandemic and global supply chain constraints, impacted the international shipments of equipment, supplies and vehicles to be delivered to the target facilities of the programme across the country. Therefore, some INGO IPs had to request additional No-Cost Extensions to the Grant Contracts to ensure that all project activities were completed without affecting programme results:						
	<table><tr><th><i>INGO IPs Consortia</i></th><th><i>Addendum n. 2 No-Cost Extension</i></th></tr><tr><td>- IRC/ACTED/PUI (Ajdabya, Benghazi, Al Kufra and Ribyana municipalities) - IRC/ACTED/PUI (Tobruk, AlBayda municipalities)</td><td>2 months (up to January 2022)</td></tr><tr><td>- IRC (Al Khoms, Bani Walid, Misrata and Zintan municipalities),</td><td>1 month (up to December 2021)</td></tr></table>	<i>INGO IPs Consortia</i>	<i>Addendum n. 2 No-Cost Extension</i>	- IRC/ACTED/PUI (Ajdabya, Benghazi, Al Kufra and Ribyana municipalities) - IRC/ACTED/PUI (Tobruk, AlBayda municipalities)	2 months (up to January 2022)	- IRC (Al Khoms, Bani Walid, Misrata and Zintan municipalities),	1 month (up to December 2021)
<i>INGO IPs Consortia</i>	<i>Addendum n. 2 No-Cost Extension</i>						
- IRC/ACTED/PUI (Ajdabya, Benghazi, Al Kufra and Ribyana municipalities) - IRC/ACTED/PUI (Tobruk, AlBayda municipalities)	2 months (up to January 2022)						
- IRC (Al Khoms, Bani Walid, Misrata and Zintan municipalities),	1 month (up to December 2021)						
Effects on or changes to project assumptions	As of 31 December 2021, three projects out of six were successfully completed. The No-Cost Extension requests have not affected the programme results.						
	<i>Please refer to section <u>D. Challenges, Risks and Solutions</u> for further details on the approved No-Cost Extensions.</i>						
	In regard to the COVID-19 pandemic, adoption of an adaptive and flexible work style and use of online tools were reported by the INGO IPs, due to restrictions of the movement and entry of humanitarian personnel into the country. Capacity-building plans were also affected by the movement restrictions but successfully readapted without negative impacts on the implementation of the activities.						
	<u>The governance architecture of the programme was not affected by the Libyan environment.</u>						
	<i>Have these contextual factors had an effect on your project assumptions, as documented in your log frame and/or Description of Action? If so, please describe them.</i>						
	The above-mentioned contextual factors had no significant impact on the project assumptions.						

A. ACTIVITIES and OUTPUTS (Preparatory Activities and Project Implementation)

Preparatory Activities	<p><i>Please describe any preparatory activities, for example, MoUs with other partners signed, staff hired, Steering Committee meetings held, field visits, baseline studies etc. conducted, etc. accomplished during this reporting period.</i></p> <p>The PMU continued to perform its key role in the Technical Secretariat as the pillar of the entire programme governance architecture. The Technical Committee Meeting n. 14 was held in Tripoli on 8 November 2021. The members of the Technical Committee validated the progress, variations of interventions and reallocation of unspent budget, as proposed by the Implementing Partners AICS, UNDP and UNICEF.</p> <p>The PMU maintained regular communication with the EU Delegation, UN partner agencies and Libyan counterparts at local and central levels. In addition, the PMU continued to monitor INGOs activities, and reviewed and approved Interim Reports, Final Reports, Quarterly Information Notes and Monthly Progress Updates.</p> <p>The PMU in Tripoli played a crucial role throughout the reporting period, successfully facilitating action-wide coordination with the central and local authorities, and AICS communication between INGO IPs and the local authorities - including several follow-up meetings.</p> <p>Concerning the coordination with the Local Authorities in the South of Libya, CEFA extended the MoUs with the now six target Municipalities (extension until the end of the project for the five original ones plus a new agreement with the recently established Municipality of Tejhry, who split from Al Qatrun). The INGO staff based in the target areas continued coordinating with the local authorities and stakeholders, which continued to welcome the Hand in Hand interventions and renewed their willingness to collaborate</p>

with the project.

Please describe the current status of project implementation, specifically, activities initiated and completed during the current reporting period. LINK EACH ACTIVITY WITH THE OUTPUT reported in your data collection tool (DCT) and include the reference number and output name from your most recent approved log frame. Please also discuss any unintended outputs produced, if applicable.

OUTPUT 1. Professional competences and/or awareness of staff working for the supported institution(s)/entities increased [EU TF IO.3]

Capacity-building activities were carried out in the reporting period in most of the target municipalities by the INGOs. Staff from target facilities, local authorities and other key actors in the health sector were involved in the organization and execution of professional trainings.

Capacity-building plans were completed by most INGOs IPs as scheduled. In regard to the professional trainings scheduled by the INGOs Consortium IRC/WW-GVC in the municipalities of Sorman, Sabratha, Maya and Mamoura, the cascade trainings on Health Management Information System (HMIS) were cancelled as WW-GVC found that employees at the target facilities had already received the training on HMIS. The team concluded that implementing this training again would not have any added value. Additionally, the Ministry of Health, in charge of the Health Management Information System, asked the Consortium for extended monitoring, a request to which WW-GVC could not comply given its limited capacity and considering the project ended on 30 November. This change did not substantively affect the punctual achievement of project indicators linked to capacity-building. The INGO IRC assessed the needs for additional specialized trainings as per Bani Walid and Al Khoms municipalities and health facility requests; the IRC team launched and completed the new professional trainings between October and November 2021.

Please note that awareness trainings on Protection Principles, Gender-Based Violence, working with migrants and refugees and related topics, specific staff from target facilities and Libyan authorities, will be included under OUTPUT 4. Awareness/sensitivity of general public regarding all aspects of migration enhanced [EU TF IO.8].

Capacity-building activities are still ongoing in the following Southern municipalities: Murzuk, Qatrun, Sebha, Brak Alshati and Shaverif (INGOs Consortium CEFA/COSPE).

Please refer to the ANNEX 1 for further details and progress on the planned interventions.

OUTPUT 2. Equipment of the supported institutions / entities enhanced [EU TF IO.4]

With regard to provisions of medical equipment and supplies, delays were reported by some INGO IPs on the delivery timeframe. Despite difficulties, planned deliveries took place in 27 facilities in the reporting period. In most of the target facilities, the purchased material has been distributed over several deliveries. All the donated medical equipment was also installed and tested. Orientations and on-the-job training sessions were organized by the IPs to ensure facility staff have the proper skills on equipment usage and maintenance.

In Bani Walid and Zintan municipalities, delivery and full handover of garbage and sewage collection vehicles were completed by the INGO IRC in the reporting period.

In parallel with the completed interventions, the following handover ceremonies were held in the presence of the local authorities between October and December 2021:

2 October: donation of medical equipment and supplies to Al Manara Community Clinic, Tobruk municipality;

20 October: donation of medical equipment and furniture for the Gynaecological Unit of AlKwifia Medical Centre, Benghazi municipality;

23 – 24 October: donation of medical equipment and supplies to all target facilities in Bani Walid and Al Khoms municipalities;

24 October: donation of medical equipment and supplies to Ajdabya municipality;

15 November: donation of medical equipment and supplies to Al Mamoura Village Hospital, Mamoura municipality;

16 November: donation of medical equipment and supplies to all target facilities in Al Maya municipality;

17 November: donation of medical equipment and supplies to the target facility in Sorman municipality;

24 November: donation of medical equipment to all target facilities in Sabratha municipality;

22 December: donation of medical equipment to all target facilities in AlBayda municipality;

6 December: donation of three garbage collection vehicles to Zintan municipality.

In November 2021, progress was made in relation to the procurements for the provision of medicines and medical equipment to the Southern municipalities of Murzuk, Al Qatrun, Brak Alshati, Showerif and Sebha. The finalization of the selection of the winning companies for medical equipment is envisaged in the next reporting period. The selection for the winning companies for the provision of medicines to the health target facilities was finalized in December 2021.

Please refer to the ANNEX 1 for further details and progress on the planned interventions.

OUTPUT 3. General infrastructure enhanced [EU TF IO.5]

Major accomplishments were reached in the reporting period, as six health facilities and three schools were rehabilitated.

Benghazi

Children Hospital: the rehabilitation of the Outpatient Department and the maintenance works for the hospital's entirety were completed as expected.

Al Maya

Al Maarifa school: the renovations work of the school, consisting of concrete and block works, including accessibility interventions, building plastering and painting, carpentry and metal works, repairing, testing and maintenance of the electrical system; plumbing and sanitary works, including the installation of water heaters, toilets, wash basins and mechanical works, was completed as expected.

Al Mukhattat Medical Center: substantial improvements were made, such as; plastering, painting and carpentry, electrical system maintenance, plumbing and sanitary works, including the installation of water heaters, toilets and wash basins.

Sorman

Rabea Eladawiya and Tarek Ben Ziad schools: the renovations work of the target schools consisting of concrete and block works, including accessibility interventions, building plastering and painting, carpentry and metal works, repairing, testing and maintenance of the electrical system, plumbing and sanitary works, including installation of water heaters, toilets, wash basins and mechanical works, was completed as expected.

Makhlouf Primary Health Center: building rehabilitation works were completed as expected.

Sabratha

In Sabratha, until mid-October rehabilitation works were not advancing as planned, mainly related to Tweela Southern Medical Centre. As the selected contractor informed the Consortium that it would not be able to finish the work by the end of the project, both parties signed the termination letter on 27 October regarding Tweela Southern Medical Centre, however, the work on the other facilities continued as planned. As such, the contractor implementing construction works in Sorman, has successfully taken over the intervention at the Tweela Southern Medical Center and started the work on 26 October. Rehabilitation works at *Tweela Southern Medical Centre, 17 February Emergency Unit and Cardiac Center*, mostly consisting of building plastering and painting, carpentry works, electric system maintenance, and plumbing and sanitary works, were all completed as planned by the expected deadline, namely 30 November 2021.

In the reporting period, the following handover ceremonies were held in the presence of the relevant Libyan authorities, AICS and INGO IPs representatives:

2 - 3 October: completion of the rehabilitation works at New Bezima Al Jadidah and Attiah Alkaseh Hospital, Al Kufra municipality;

20 October: completion of the rehabilitation works at Rebyana Primary health Care Centre, Ribyana municipality;

20 October: rehabilitation works of the Gynaecological Unit were completed, expanding the Unit with two examination rooms, a waiting area and a new hygiene system;

30 October: completion of the rehabilitation works at Children's Hospital, Benghazi municipality;

16 November: completion of the rehabilitation and maintenance works at AlMukattat Medical Centre, Al Tina Medical Centre and Al Maarifa School, Al Maya municipality;

17 November: completion of the rehabilitation works at Makhoulf Primary Health Care Centre, Rabea Eladawiya school and Tarek Ben Ziad school, Sorman municipality;

24 November: rehabilitation and maintenance works at Cardiac Centre, Tweela Southern Health Care Unit and 17 February Emergency Unit, Sabratha municipality;

29 November: a project closing ceremony was held in Tripoli for the completion of the interventions in Ghat/Tahala, Zawya Centre, Zawya South and Zawya West municipalities.

In November 2021, progresses were made in relation to the procurements for rehabilitation and maintenance works at the target facilities in the Southern municipalities of Murzuk, Al Qatrun, Brak Alshati, Showerif and Sebha. The tender's evaluation was completed in December and works started in four health facilities.

Please refer to the ANNEX 1 for further details and progress on the planned interventions.

OUTPUT 4. Awareness/sensitivity of general public regarding all aspects of migration enhanced [EU TF IO.8]

Activities under this output requiring physical gatherings were impacted by the deteriorating COVID-19 crisis – preventive measures are being adopted by the INGO IPs.

In Ghat/Tahala, Zawya Centre, Zawya South and Zawya West municipalities, comprehensive awareness activities were carried out during the months of October and November 2021 by the Consortium Helpcode/ODP, as planned. Extensive work was done on graphic design, video and audio spots production (published in two radio stations in Zawya municipalities and 1 radio station in Ghat/Tahala), Social Media campaigns (31 posts published, 14,825 views, 1,510 engagements) and three awareness events with the participation of the community leaders, reaching 82 people (Libyan and non-Libyan): Zawya with 22 people reached, Ghat area with 28 people reached, Awainat area with 32 people reached. Moreover, 1,500 flyers were distributed within the target health facilities in the target municipalities and another 500 were distributed to the community leaders for further distribution among their networks.

In Benghazi 1,669 people (878F, 791M) benefited from awareness campaigns, while in Al Kufra 3,005 people (1,887F, 1,118M), in Ajdabya 251 people (170F,81M) and in Ribyana three people (3F) were reached through awareness activities with the support of the selected Community Mobilizers. In both municipalities, the INGO Consortium involved Libyans and non-Libyans in awareness sessions on Non-Communicable Diseases (diabetes, hypertension, asthma, COPD), Communicable diseases (COVID-19, COVID-19 vaccination, and tuberculosis), protection, humanitarian principles and rights to health. Health staff from target facilities were also involved in awareness trainings on "Working with Migrants and Refugees, humanitarian principles, and right to health".

With regard to Tobruk and AlBayda municipalities, the INGO IPs continued rolling out awareness-raising sessions through the involvement of the local Civil Society Organizations (CSOs) involved in this activity, reaching 188 people (88F, 100M) in Tobruk and 1,693 (612F, 1,081M) people in AlBayda; moreover, the distribution of COVID-19 and awareness-raising campaign flyers reached a total of 4,140 individuals in Tobruk¹. In both municipalities, the INGO Consortium involved Libyans and non-Libyans in awareness sessions on Non-Communicable Diseases (diabetes, hypertension, asthma, COPD), Communicable diseases (COVID-19, COVID-19 vaccination & tuberculosis), protection, humanitarian principles and rights to health; health staff from target facilities was also involved in awareness trainings on "Working with Migrants and Refugees, humanitarian principles, and right to health".

In the reporting period, IRC kept involving the local CSOs in the roll out of education sessions on the most common health issues such as COVID-19 precautions, COVID-19 vaccination, personal hygiene, diabetes, hypertension, and tuberculosis (TB). The teams targeted migrants in host communities and the local

¹ Flyers were mainly disseminated in public spaces and streets to reach the highest number of individuals. The number reported is based on an estimation of the number of flyers distributed by the CSOs.

population in their workplaces, social activities, community centres, PHCCs supported by IRC and home visits, reaching 18,715 beneficiaries: Al Khoms - 1,543 people (519F, 1,024M); Misrata - 5,907 people (2,974F, 2,933M); Bani Walid - 10,705 people (3,499F, 7,206M). A Humanitarian Principles and Right to Health cascade training was conducted in Al Khoms Municipality, targeting seven health staff (3F, 4M) from the target facilities. In parallel, the Community Health Workers (CHWs) and Community Outreach Volunteers (COVs) remained active and delivered awareness health sessions in several settings such as homes, women's groups, migrants' group housings, schools, mosques, community centres, COVID-19 vaccination points, PHCCs supported by IRC and labour concentration points in different districts around the cities. Awareness topics included non-communicable diseases such as diabetes mellitus and hypertension, as well as, COVID-19 awareness, prevention and control, and personal hygiene. The COVs continued providing blood sugar and blood pressure screenings during health sessions. In Bani Walid municipality, 3,596 beneficiaries (880F, 2,716M) were reached, Libyans and non-Libyans (Chad, Sudan, Syria and Egypt). In Al Khoms municipality 1,541 beneficiaries (679F, 862M), Libyans and non-Libyans (Niger, Syria, Sudan, Egypt and Niger). During the health education sessions, IRC distributed IEC flyers containing information about the common morbidities identified among the targeted migrant communities.

As a part of the health awareness activities, the INGO IRC also organized an event for World Diabetic Day on 14 November. The event aimed to raise awareness about early detection of this disease, and included: screening for diabetes and HTN, BMI calculation, importance of early detection and adapting a healthy lifestyle for controlling diabetes, diabetic foot care practice in everyday life, as well as distributed healthy snacks and mini gifts to promote foot-care and prevent diabetic foot complications. Flyers, containing information about diabetes, were also distributed.

In Al Maya, Maamoura, Sorman and Sabratha municipalities, the INGOs Consortium IRC/WW-GVC carried out new awareness-raising sessions on COVID-19 prevention, diabetes, hypertension and tuberculosis, through the trained Community Mobilizers and the support of its local partner MIGRACE field team. The following numbers of beneficiaries were reached in the reporting period: 1,480 people (584F, 896M) in Al Maya, 1,790 people (790F, 1,040M) in Mamoura, 1,345 (481F, 864M) in Sorman and 937 people (486F, 451M) in Sabratha. In parallel, the protection workshops were delivered, reaching 58 individuals selected among the targeted facilities and included local representatives, students, activists and educational staff: 11 people (8F, 3M) in Al Maya, 16 (11F, 5M) in Maamoura, 10 (2F, 8M) in Sabratha and 21 people (8F, 13M) in Sorman.

In the reporting period, the INGOs Consortium CEFA/COSPE contracted the qualified agency Psychosocial Support (PSS) Team, which will be supporting the awareness activities in the Southern municipalities, namely Murzuk, Al Qatrun, Sebha, Showerif and Brak Alshati. Several meetings were held between the parties to discuss the strategy and the implementation plan of the awareness campaigns. The topics previously selected were revised and adapted according to the prior needs identified through the need assessment. The final awareness topics were identified as follows: COVID-19 protective and preventive measures, COVID-19 vaccination, positive parenting through COVID-19, positive education and stress, Gender-Based Violence (GBV) and Healthy Lifestyle. In December 2021 the first awareness campaign started in Sebha: 117 staff (95F, 22M - all Libyans) from clinics and secondary schools benefited from the awareness campaigns on Psychological First Aid (PFA), positive education and coping with stress, GBV, COVID-19 and positive parenting.

Please refer to the ANNEX 1 for further details and progress on the planned interventions.

Please include any details about changes in project design, activities, targets, budget, etc.

Slight variations of the Logframe's targets occurred in the reporting period, in line with the validation of the final interventions in the Fezzan Region by the local authorities, as a result of the needs assessment conducted by the INGOs Consortium CEFA/COSPE.

Therefore, the following Logframe outputs will be updated as follows, once validated by the next Technical and Steering Committee meetings:

OUTPUT 2.1. Equipment and supplies delivered to health, WASH and education facilities:

- Number of health facilities/service providers receiving enhanced equipment and supplies - from 52 to 50.

B. Immediate Outcomes

Progress on immediate outcomes	<p>For any immediate outcomes reported in your data collection tool (DCT) during the current reporting period, please add any narrative information about how the immediate outcome was produced, including, for example, how planned activities and outputs contributed to achieving the immediate outcome. Please discuss progress over baseline and toward targets and include the reference number and immediate outcome name from your most recent approved log frame.</p> <p>Progress regarding the targets and the immediate outcomes will be reported after the AICS End-line Study completion.</p>
Changes to planned immediate outcomes (if applicable)	<p>If your immediate outcomes have changed since your last progress report, please note any changes and reasons for the change.</p> <p>N/A</p>
Unplanned immediate outcomes	<p>Please also discuss any unintended immediate outcomes produced, if applicable.</p> <p>N/A</p>

C. Challenges, Risks and Solutions

Challenge	Solution
<p>Did you experience any challenges or barriers during implementation, and/or with producing outputs or immediate outcomes? If so, please describe them here. Please include any information you deem relevant about the challenges themselves, how they arose and how they affected your project.</p> <p>Most challenges related to ongoing tensions and COVID-19 risks and mitigation measures are covered in sections A and B, as above.</p>	<p>Please describe your solution or how you responded to the challenge as well as any information you would like to add about the effectiveness of the solution. Focus on factors that stem from or directly relate to project activities themselves (rather than the broader socio-political and economic context covered by context above).</p>
<p>The Consortium CEFA/COSPE has not yet signed the MoU with the Ministry of Health, to support the implementation phase of the project in the South of Libya.</p>	<p>The Consortium extended the validity of the MoUs with the individual municipalities. AICS is closely following up on this issue with the INGO CEFA and with the Ministry of Health.</p>
<p>As anticipated in the latest AICS Quarterly Information Note n.7, the major delays regarding the donation of the medical equipment purchased through the international suppliers for the municipalities of Al Kufra and Ribyana municipalities (Call for Proposals n.3 – Lot 1) and AlBayda municipality (Call for Proposals n.3 – Lot 2), were reported by the INGOs Consortium IRC/ACTED/ PUI.</p>	<p>Additional 2-month No-Cost Extension (NCE) requests, until 31 January 2022, were submitted to AICS by the INGO Consortium on 28 October for both Lot 1 and Lot 2 to guarantee the donation of the medical equipment by the end of the projects. The NCE requests were officially approved by AICS on 26 November 2021. By end-December 2021, the internationally procured equipment was delivered, installed, and tested in all target municipalities.</p>
<p>In November 2021, the INGO IRC faced unexpected delays in finalizing the delivery, the payment and the handover of the sewage and garbage collection vehicles to Bani Walid and Zintan municipalities. Concerning the delivery of the sewage and garbage collection vehicles to Bani Walid municipality, despite that the formal handover occurred in September, the vehicles could not be put into operation due to pending provision of vehicles' documentation by the supplier, linked to the receipt of the final payment by the IRC. With regard to the three garbage collection vehicles to be donated to Zintan municipality, the delivery had to be postponed due to customs clearance delays and the closure of the Libya/Tunisia border, causing further delays with the vehicle registration process and official handover to the municipality and the finalization of the last payment to the international supplier.</p>	<p>After several interlocutions and coordination with the AICS PMU, an additional 1-month No-Cost Extension (NCE) request, until 31 December 2021, was submitted to AICS by the INGO Consortium on 26 November to ensure the completion of the activities. The NCE request was officially approved by AICS on 29 November 2021. The planned interventions were completed by the INGO IRC in early December in both municipalities.</p>
<p>As stated by the INGO Consortium IRC/WW-GVC through a letter sent to AICS on 21 September 2021, despite the progress recorded at the end of August 2021 in the implementation of the</p>	<p>In October 2021, upon coordination with the AICS PMU, the Libyan Ministry of Local Governance sent a letter to Sabratha municipality as mitigation strategy. Through the letter, the</p>

<p>interventions, the cooperation with Sabratha municipality was still complicated at the end of the last reporting period. In September 2021, Sabratha municipality requested the selected contractor to stop the works in the target facilities since it was not in line with the latest priorities of the municipality, although the rehabilitation works had already started. Moreover, several requests were submitted to the Consortium regarding the provision of the equipment and the realization of the awareness campaigns at municipality levels, causing delays in the project implementation. As also stated in the letter, the Consortium was willing to cooperate with the municipality and to amend the BoQ as needed, but according to the letter the main challenge was related to internal miscommunication, and disagreement between different local stakeholders.</p>	<p>Ministry reiterated the importance of the project and urged a good cooperation with the INGOs Consortium. In parallel, the INGO IPs continued to liaise with AICS, providing updates on the issue and taking the necessary measures to guarantee the successful implementation of the activities. Sabratha municipality displayed goodwill to settle the dispute and pledged not to further interfere with the agreed works.</p>
<p>Concerning the interventions to be implemented at Showerif Village Hospital, consisting of both rehabilitation work and donation of medical equipment, the newly elected mayor of the municipality reported some remarks on the BoQ, due to the small scale of the planned rehabilitation works and the fragmentation of the intervention in different units of the health facility. Despite the BoQs produced upon a technical need assessment of the facilities and were prepared and reviewed in collaboration with the health facility's representatives in August 2021, CEFA agreed to revise the BoQ for the rehabilitation works based on the feedbacks received by the health facility engineer. A follow up meeting was held in the presence of CEFA staff, the mayor of Showerif Municipality, the Deputy Director of Showerif Village Hospital and the Engineer of the Municipality to clarify the issue emerged throughout the field visit. Despite the fact that the BoQ was revised and the Consortium efforts to clarify the results of the need assessment, the new mayor insisted that the allocated budget was not enough and that the overall budget for Showerif has to be allocated to works and not for equipment donation.</p>	<p>As the Mayor's request was not in line with the result of the technical need assessment nor with the scope of the intervention that foresees just light rehabilitations and maintenance, a follow-up meeting between AICS, CEFA and the mayor of Showerif was held on 1 December 2021 to clarify the scope of the project and the importance of the need assessment results. In the end, the mayor was satisfied with the explanation provided by AICS and its Implementing Partners and agreed to move forward as planned.</p>
<p>In December 2021 the Training of Trainers (ToT) on "Midwifery care" started as planned in Sebha, targeting health staff from Al Tahrir Clinic, Sebha Medical Center, Al Gourda Golden Clinic, Qatroun Village Hospital, Showerif Village Hospital, Murzuq Town Polyclinic, Haj Hajil Clinic as well as Al Madhya Clinic (Fezzan Region). Unfortunately, due to armed clashes that erupted in Sebha and the subsequent deterioration of the security situation in the area, the ToT was suspended.</p>	<p>The agency contracted by COSPE for the logistics of the activity and CEFA Security Officer promptly reacted in order to ensure the safe evacuation of the participants coming from outside Sebha. Between the end of December 2021 and the beginning of January 2022, the security situation in Sebha improved, thus allowing for the ToT rescheduling for late-January. The activity will be implemented with the modalities originally foreseen.</p>
<p>After the selection of the construction companies and the awards of the contracts, the INGO Consortium CEFA/COSPE mobilized their staff on the ground to liaise with the representatives of the eight target health facilities and the local authorities, which were informed on the final selection of the construction companies. This step was conducted in order to ensure their authorization and full support throughout the civil works. Formal letters were signed by the facilities' representatives and the local authorities, except for the municipality of Sebha. In fact, Sebha Municipality requested a justification about the selection of the winning bidders.</p>	<p>All requested clarifications were provided by CEFA to the municipality of Sebha. The INGO Consortium is currently waiting for the final green light to start the civil works. At the same time, CEFA liaised with the South Office of the Ministry of Health to get support towards starting the planned interventions.</p>

D. Facilitators

Implementation or results facilitated	Facilitator
<p><i>Reference to activity, output, immediate outcome</i></p> <p>The mentioned elements refer to the overall Programme.</p>	<p>Please insert any information about factors that helped improve or accelerate implementation. Please focus on factors that stem from or directly relate to project activities themselves (rather than the broader socio-political and economic context covered by context above).</p> <p>The following elements are considered to have been beneficial for the implementation of the programme:</p> <ul style="list-style-type: none"> • AICS has successfully built trust with Libyan authorities at the local and national levels; this has been achieved through kick-off and follow-up meetings, consistent messaging, and communication around AICS' interventions. • Coordination and continuous liaising with the Ministry of Local Governance. • A comprehensive and innovative joint communications strategy that is being rolled out to ensure visibility of the programme, its donors and implementing partners, as well as to engage local stakeholders. • Given the sensitivity of the security situation in some target areas, recruitment of local staff and involvement of local companies is essential to address conflict sensitivity issues, as also recommended by the local authorities. • Constant update of conflict sensitivity in Libya, through participation of International Forums and Working Groups, as well as a daily interaction between AICS PMU in Tunis and Tripoli. • Intensification of AICS presence in Libya through ad hoc mission of the international staff based in Tunis and re-deployment of the PMU Team Leader to Tripoli.

E. Early or Emergent Lessons Learned and Good Practices

<p>Lessons Learned and Good practices</p>	<p>Lessons learned and good practices were identified through the AICS Third Party Monitoring round six, carried out by the specialized agency Voluntas Policy Advisory (<i>please refer to the section I. Monitoring Mechanism in place for further details</i>) and focusing on post-completion monitoring.</p> <ul style="list-style-type: none"> • Purchase of equipment from local vendors seems to be the most appropriate option, as spare parts and consumables can be easily found in the local market ensuring sustainability of the interventions as procuring additional or replacement items becomes more accessible in the future. • The experience with local vendors in this was proved to be more fruitful, especially in light of the disruptions of the global supply chain due to the COVID-19 pandemic. • The collaboration with the Community Mobilizers in the awareness component of the projects turned to be essential for the participations of the local communities members in the activities. • Assessing priorities and staff capacities in partnership with facilities staff turned to be essential to identify prior needs and successfully complete the interventions. • Training for facility staff should be conducted immediately after the equipment is delivered and installed, towards ensuring the items are directly operational and that the staff has the technical skills to follow up and solve any technical issues in due time. • Liaising with INGO Libyan staff has been considered more effective by the facility managers in order to build trust and facilitate coordination between local counterparts and INGO IPs. • The close collaboration between AICS and INGO IPs turned to be crucial in the mitigation of tensions between the IPs and the local counterparts. • The visibility created by INGO IPs when implementing the activities, such as rehabilitation works, equipment delivery and trainings, has created a sense of trust of the local counterparts in the organizations.
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F. NEXT REPORTING PERIOD (Plans and calendar for the upcoming project period)

Planned activities	<p><i>What are your activities including events and/or outputs planned for the next reporting period? Please share a draft calendar if possible.</i></p> <p>As the programme “<i>Recovery, Stability and Socio-economic Development in Libya - Baladiyati</i>” - (T05-EUTF-NOA-LY-05-01- 01 (T05.437))” has entered its final stage, eight grant contracts have been/are being closed. AICS conducted a budget review to optimize the results and ensure effectiveness in the use of resources. The unspent balance amount is being determined, based on the final reports submitted by some of the INGO Consortia. AICS is considering options for using up the available budget. However, the timeframe is extremely tight – as per the EU-AICS Amendment n. 1, the programme ends on 30 June 2022.</p> <p>OUTPUT 1</p> <p>In the next reporting period, the INGOs Consortium CEFA/COSPE will continue to carry out capacity-building activities, targeting the health staff from the target facilities and the relevant local authorities in the following Southern municipalities of the country: Murzuk, Al Qatrun, Sebha, Showerif, Brak Alshati.</p> <p><i>Please refer to the ANNEX 1 for further details on the planned interventions.</i></p> <p>OUTPUTS 2, 3</p> <p>Concerning the interventions planned in the Fezzan Region, the tender's evaluation for provision of equipment is expected to be finalized by early January 2022. In parallel, the INGOs Consortium CEFA/COSPE, the AICS implementing partners in the South of the country, will proceed with the renovation of the target health facilities and the delivery of the purchased medical equipment, supplies and medicines.</p> <p><i>Please refer to the ANNEX 1 for further details on the planned interventions.</i></p> <p>In order to maximize programme results and ensure effective management of resources, AICS is considering ways to reallocate those unspent funds to programme Component I – Support to Community Services, through:</p> <ol style="list-style-type: none"> <u>1.</u> AICS procurement of medical equipment and supplies, complementing the deliverables under the only ongoing grant - i.e., Lot n. 5 under Call for Proposals n. 3 – as all the other INGO projects have come to an end; <u>2.</u> AICS awarding a direct grant – of approx. EUR 65,000 - to the only INGO Consortium still active under Baladiyati Phase 1, to build on programmatic synergies with the ongoing project and take advantage of the related economies of scale in budgetary terms. <p>The use of those unallocated funds would increase the deliverables under Component I – Support to Community Services, contributing to higher programme impact.</p> <p>OUTPUT 4</p> <p>In the next reporting period, INGOs Consortium CEFA/COSPE is expected to carry out the awareness campaigns in the municipalities of Murzuk, Al Qatrun, Brak Alshati, Sebha and Showerif, as planned and with the support of the qualified agency PSS Team.</p> <p><i>Please refer to the ANNEX 1 for further details and progress on the planned interventions.</i></p>
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G. Operational Management

Financial state of play and instalments/human resources/procurement launched.

Financial state of play:

As of 31 December 2021, EUR 14,975,779.35 has been spent and EUR 5,049,817.96 committed to direct costs, summing up to a total of EUR 20,025,597.31 - corresponding to 97.40 % of the three instalments transferred by the EU to AICS - a total of EUR 20,560,747.70.

Human resources:

Extension of PMU staff contracts:

- Team Leader (Erminio Sacco) - up to 30/03/2022 from 18/10/2021, share cost to 50% between Phase1 and Phase 2
- Compliance Officer (Angela Ferraro) - up to 30/06/2022 from 14/10/2021, share cost to 50% between Phase1 and Phase 2
- Financial Assistance (Felistas Wanjiru Gicheru) - up to 07/10/2022
- Programme Associate (Luca Di Chiara) - up to 30/06/2022
- Programme Associate (Valeria Stera) - up to 30/06/2022
- Communications Officer (Carlotta Comparetti) - up to 30/06/2022

Procurement:

In the reporting period, the following tender selection processes were completed:

- Human resources service for PMU based in Libya, from 01/10/2021 to 30/06/2022 – Negotiated Procedure
- Vehicle rent service for PMU staff based in Tripoli, from 25/10/2021 to 30/06/2022 - Negotiated Procedure
- Merchandise – Communications and Visibility component - Negotiated Procedure
- Videography service – Communications and Visibility - Simplified Procedure
- Logistical Support Services for Missions, Meetings, Events & Workshops in Libya and Tunisia - Contract's Addendum with the service provider Millesima: extension of the service (up to 30/06/2022)
- Monitoring and Evaluation – Contract signed on 18/12/2021 (8 months to 17/08/2022) - Negotiated Procedure

Offices:

- Extension of the Tunis office rent contract up to 30/06/2022
- Extension of the Tripoli office rent contract up to 30/06/2022

H. Monitoring Mechanism in place

Information on monitoring, ROM and evaluation activities implemented during the reporting period.

As mentioned in the previous Quarterly Information Note n. 7, given that the programme has been extended for 9 months and that an additional budget of EUR 59,614.00 is allocated for the monitoring component, the AICS PMU extended the collaboration with the services provided by Voluntas Policy Advisory. The new contract (18 December 2021 – 17 August 2022) was signed in December 2021. According to the new Terms of Reference, Voluntas Policy Advisory will provide AICS with the following deliverables:

- Quarterly Monitoring Report n. 6, covering the period October – December 2021
- Quarterly Monitoring Report n. 7, covering the period January – March 2022
- End-line Study Report, due by August 2022

Under the framework of the new service contract, Voluntas will continue to provide an overview of the performance made by the INGO IPs in relation to the provision of equipment and infrastructure works conducted via site visits through a post-completion monitoring. In addition, Voluntas will be conducting interviews with facility managers, AICS staff, INGO IPs as well as municipal authorities, for a comprehensive analysis of challenges, successes, and lessons learned, as well as the impact of the projects and coordination with internal and external actors.

In the reporting period, Voluntas carried out the second round of post-completion monitoring through desk review, 14 facility site visits, three KIIs with INGO IPs staff, two KIIs with municipal authorities, and one KII with two AICS staff members, as reported in the table below.

Call & Lot	INGO IPs	Municipality	Data collection mode	Data collection
3.3	IRC	Misrata, Al Khoms, Bani Walid, Zintan	Site visit at Bani Walid General Hospital	Verification of provision of medical equipment
			Site visit at Bani Walid Emergency Unit	Verification of provision of medical equipment
			Site visit at Bani Walid Altadamon School	Verification of provision of medical equipment
			Site visit at Al Khoms Souq Alkhamees Hospital and Polyclinic	Verification of provision of medical equipment
			Site visit at Misrata Alhoria Primary School	Verification of maintenance works
			Site visit at Misrata Aljelani Secondary School	Verification of maintenance works
			Site visit at Misrata Aljihad Primary School	Verification of maintenance works
			Zintan municipality	Verification of provision of three garbage collection vehicles
			<i>Key Informant Interviews:</i> IRC Medical/Health team	Collection of successes, challenges, lessons learnt and recommendations
3.4	IRC/WW-GVC	Maya, Mamoura, Sorman, Sabratha	Site visit at Al Mamoura Village Hospital	Verification of rehabilitation works and provision of medical equipment
			Site visit at Al Maya Tina School	Verification of maintenance works
			Site visit at Al Maya Al Maarifa School	Verification of maintenance works
			Site visit at Sabratha 17 February Medical Centre (Emergency Room)	Verification of rehabilitation works and provision of medical equipment
			Site visit at Sorman Makhoulf Primary Health Care Center	Verification of rehabilitation works and provision of medical equipment
			<i>Key Informant Interviews:</i> IRC representatives WW-GVC representative Sabratha Mayor Sorman Mayor	Collection of successes, challenges, lessons learnt and recommendations

The Quarterly Monitoring Report (QMR) n. 6 was produced and presented to AICS on 25 January 2022, aiming at monitoring delivery, installation and functionality of equipment, infrastructure works conducted, identifying successes, challenges and lessons learned, developing recommendations for the way forward.

During the monitoring exercise Voluntas reported limitations during data collection mainly related to the unresponsiveness of some facility representatives. AICS was kept informed regularly on the progress of data collection as well as challenges experienced. Thanks to close liaison with AICS, including local staff, data collection was completed, except for the site visit planned at Bani Walid municipality regarding the provision of two sewage and garbage collection vehicles. At the time of the site visit, the handover of the garbage vehicles was not finalized.

All the above-mentioned interventions were verified by Voluntas and reported as completed. Through the site visits Voluntas confirmed that all the purchased equipment was delivered, installed and is currently operational in the facilities. However, some items are still in the process of being fully installed and thus are not operational yet, despite the completion of the projects. AICS will further explore on the status of this items.

Overall, the monitoring report consisting of a wide range of recommendations on the way forward. Challenges, success and lesson learnt were also identified. AICS will take into consideration the findings of the monitoring exercise for future programming.

The PMU also continued to support the EUTF 'Third Party Monitoring of Results in Libya', carried out by Altai Consulting through monthly sharing of key information and reporting documents. As agreed with the EU, Altai Consulting shared with AICS the monthly Annexes concerning the verification of the selected activities for September, October and November 2021. As some criticalities emerged through the above-mentioned Annexes, the AICS PMU is seeking clarification with the relevant INGO IPs.

On 9 December 2021, an interview was conducted by Altai Consulting with AICS PMU staff towards developing the next biannual report, which will submit by January 2022. The interview mainly focused on recent updates on the status of Phase I of the Programme, lessons learned for Phase II of the Programme, contextual and general issues.

I. Communication and Visibility

Please list and provide links to the communication material, i.e., Facebook and Tweet, produced during the reporting period.

The communication and visibility activities implemented in the last quarter were developed in line with the Communication and Visibility Plan. Key updates are listed below:

- **Social Networks:** a steady growth in organic traffic has been recorded for the programme-dedicated Facebook page: 4,704 followers are recorded as of 31 December, compared to 3,800 tracked in the previous quarter. The PMU ensured the coordination towards the publication of 40 posts in English and Arabic (38 AICS-specific and 2 as One Communication Team - OCT), sharing news and information about progress and achievements at the municipality level. The same content has been published in parallel on Twitter, and the dissemination boosted through all AICS-specific social media platforms.
- **Multimedia:** thanks to a consolidated network of professional Libyan reporters, AICS coordinated the production of 12 multimedia packages (photos and videos) about deliveries and handover ceremonies held across Libya. Municipalities covered in this quarter are: Ajdabyia, Bani Walid, Benghazi (x2), Al Kufra, Maamoura, Al Maya, Sabratha, Tobruk, Tripoli (x2) and Zintan.
- **Human interest blog:** following the launch of the programme-dedicated blog on August 25, 2021, in this quarter AICS published 2 human interest stories (each in English and Arabic), covering the municipalities of Benghazi and Bani Walid. In addition, AICS collected 4 HIS on project interventions at the municipality level, targeting the following areas: Ajdabyia, Bani Walid, Al Kufra and Al Maya.
- **Visibility items:** following the EU approval of the programme-dedicated brand identity (February 2021), AICS completed the tender procedure to procure the brand identity material. Following an accurate market search in Libya, and out of the three offers received, the identified provider is the Tripoli-based advertising agency Rama Design.
- **Events:** in the last quarter, AICS supported INGO partners in the organisation of 13 handover ceremonies (Ajdabyia, Bani Walid, Al Khoms, Benghazi (x2), Al Kufra, Ribyana, Maamoura, Al Maya, Sabratha, Tobruk, Tripoli and Zintan) to mark project completions or substantial achievements. These were attended by the local authorities, the management of the target facilities as well as project and programme staff.
- **Outreach and engagement with the Libyan Press Officers from the 27 target municipalities:** communications have been maintained through the Whatsapp group where regular updates, information and useful links were shared by the OCT with the aim of facilitating the dissemination of programme information at the municipality level.

J. COORDINATION WITH INTERNATIONAL ACTORS WORKING IN THE SAME FIELD (not only EUTF IPs)

Please insert any institutions working in the same field e.g., international NGOs, UN agencies other donors.

The PMU staff participated in various international forums, meetings and workshops, as follows:

- 6 October 2021: “Working Session on the Use of the EU Local Governance Platform”;
- 18 November 2021: “EU TF Technical Working Group Meeting”;
- 3-4 December 2021: “Preparatory Meeting for the Local Governance forum”;
- 07 December 2021: “11th Implementer’s Forum for EU assistance to Libyan municipalities”.