PEACEBUILDING FUND (PBF)
ANNUAL PROGRAMME[1] NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 OCTOBER 2013 – 31 MARCH 2014

Programme Title & Project Number

- Programme Title: PBF/IRF-66: Libya Civilian Capacity support to the democratic transition in Libya
- Programme Number *(if applicable)*
- MPTF Office Project Reference Number:[3] **PBF/00086617**

Country, Locality(s), Priority Area(s) / Strategic Results[2]

(if applicable)
Country/Region Libya, Tripoli

Priority area/ strategic results

- *Priority area 1: Support to implementation of peace agreements and political dialogue*
- *Priority area 2: Promote co-existence and peaceful conflict resolution*
- *Priority area 4: (Re-)build essential administrative services and infrastructure*

PBF Outcome:
Increased ability by the national government to address transitional challenges

Participating Organization(s)

- UNDP, IOM and WHO

Implementing Partners

- Ministry of Social Affairs (Division of Social Solidarity), Prime Minister's Officer and Ministry of Health (National Center for Disease Control)

Programme/Project Cost (US$)

MPTF/JP Contribution:
- US$504,184

Agency Contribution
- *by Agency (if applicable)*

Government Contribution
(if applicable)

Other Contributions (donors)
(if applicable)

TOTAL: US$ 504,184

Programme Duration

Overall Duration *(months)*

Start Date[4] *(05.09.2013)*

Original End Date[5] *(30.09.2014)*

Current End date[6]*(dd.mm.yyyy)*

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[1] The term "programme" is used for programmes, joint programmes and projects.
[2] Strategic Results, as formulated in the Performance Management Plan (PMP) for the PBF, Priority Plan or project document;
[3] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to "Project ID" on the MPTF Office GATEWAY
[4] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY
[5] As per approval of the original project document by the relevant decision-making body/Steering Committee.
[6] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Assessment/Review - if applicable *please attach* ☐ Yes ☐ No Date: *dd.mm.yyyy* Mid-Term Evaluation Report *– if applicable please attach* ☐ Yes ☐ No Date: *dd.mm.yyyy*	○ Name: Iman Shawwa ○ Title: Coordination Specialist ○ Participating Organization (Lead): UNSMIL/UNCT ○ Email address: Shawwa@un.org

(DELETE BEFORE SUBMISSION)

Introduction:

The Narrative Progress Report template is based on the UNDG 2003 template, which is currently under review and is in line with the UNDG Results Based Management Handbook (October 2011).

Building on continued efforts made in the UN system to produce results-based reports, the progress report should describe how the activities (inputs) contributed to the achievement of specific short-term outputs during the twelve month reporting period, and to demonstrate how the short-term outputs achieved in the reporting period collectively **contributed to the achievement of the agreed upon outcomes** of the applicable Strategic (UN) Planning Framework guiding the operations of the Fund[7].

In support of the individual programme reports, please attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

Where available, the information contained in the Programme Summaries and Semi-Annual Updates prepared by the Participating Organizations may be useful in the preparation of the Annual Narrative Progress Report. These Summaries and Updates, where applicable, are available in the respective Fund sections of the MPTF Office GATEWAY (http://mptf.undp.org/).

Formatting Instructions:

- The report should not exceed 10-15 pages. Include a list of the main abbreviations and acronyms that are used in the report.
- Number all pages, sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point _ Times New Roman and do not use colours.
- The report should be submitted in one single Word or PDF file.
- Annexes can be added to the report but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.

[7] In the case of the Peacebuilding Fund's Peacebuilding and Recovery Facility (PRF), show how the programme relates to the PBF Priority Plan's objectives, as well as the PMP.

NARRATIVE REPORT FORMAT

EXECUTIVE SUMMARY

The 2013-2014 UNCT Strategic Framework (SF) was developed providing the Government of Libya (GoL) and the United Nations Country Team (UNCT) with an overarching strategic level mechanism, framing the response of the UN system to the identified national needs and aligning the UNCT planning and programming to national priorities, as set by the interim Government Strategic Plan.

The Strategic Framework intends to serve as a compact between the UN system and the GoL, providing a basis for the work of the UN system in the country. It is a 'light' structure, designed to be flexible and agile, allowing the UNCT strategy to evolve in tandem with the Government's strategic plan, conforming to the rapidly evolving context of Libya's transition. The Framework identifies the UNCT's support to the GoL in the thematic areas of democratic governance, transitional justice, social reconciliation, economic recovery and basic service delivery. Certain areas of work undertaken by the UNCT also support the implementation of the mandate of the United Nations' Support Mission in Libya (UNSMIL).

The Strategic Framework in Libya revolves around six overarching, inter-related, development sectors identified by the Government as priorities and linked to the national agenda set by the Government immediately after the 17 February Revolution: (i) Social Services, (ii) Economic Recovery, (iii) Public Administration and Governance, (iv) Transitional Justice, Human Rights and Rule of Law, (v) Culture and Tourism, and (vi) Infrastructure and Housing.

The UN civilian capacity programme is designed to respond to Libya's needs for short-term, targeted civilian expertise in key areas of the Libyan transition and within the UNCT Strategic Framework six overarching sectors. Through the creation and funding of a 'civcap' window in the UN Peacebuilding Fund (PBF), UN agencies submit proposals to deploy civilian expertise in priority areas, such as the constitutional process, economic recovery policies and regulations, public administration, the re-engineering of the health system, security sector reform and human rights protection. Each proposal needs to be based on a request from the Libyan government and will be reviewed and approved by a joint government-UN Steering Committee.

Funds made available by the Peacebuilding Fund for civilian capacity initiatives are limited to $504,184 US$ total with an average proposed disbursement per proposal of $60,000 USD, based on salary, DSA and travel costs for a consultant. As of September, approximately US$ $204,674 funds had been allocated to support work in the reform of the public health sector. During the reporting period three UN agencies submitted proposals in the UN Peacebuilding Fund (PBF) to respond to Libyan defined needs for short-term, targeted civilian expertise in key areas related priorities 2 and 4 to the Libyan transition. Four projects - from IOM, UNDP and WHO - in the areas of: 1) psychosocial assistance to former combatants and their families; 2) improving health security; and 3) Small and Medium Enterprise consultant for the Prime Minister's Office

I. Purpose

During the reporting period the purpose of the submitted proposals was to increase the ability by national government to address transitional challenges targeting priority areas 2: Promote co-existence and peaceful conflict resolution and priority area 4: (Re-) build essential services and infrastructure

WHO submitted two project proposals targeting priority areas 2 and 4, First, WHO improving health security is completed, project's objectives were to assess the current health security measures and implementation of International Health Regulations (IHR) at points of entry to Libya, and capacity building

for health professionals at Ministry of Health on implementation of IHR 2005 at points of entry to Libya, designing an action plan to strengthen national health security measures. Second, WHO ongoing project psychosocial support for ex combatants and their families, project's objectives are for psychosocial service providers to ex-combatants and their families from different cities in Libya are equipped with skills and knowledge to provide services to this highly vulnerable group through high quality training program, reintegration of ex-combatants into their communities through establishing community based mental health and psychosocial rehabilitation services closer to their living places provided by candidates graduate from the course. Moreover, professionals from all over Libya able to exchange their experience during the course, learn from each other and to support building a national consensus among professionals on right based approach to psychosocial services for ex combatants and their families.

IOM ongoing project proposal targeting priority area 4, addressing the capacity challenges of psychosocial health staff, IOM is seeking to deploy two mental and psychosocial expert consultants from the region, for a period of three months, in the psychosocial center in Misrata. The embedded expert consultants will work with the management of the center to develop and implement an intensive training programme for the staff of the center focusing on improving the quality of psychosocial activities and counseling services, responding to psycho-social needs.

The UNDP Small and medium enterprises (SMEs) overall objective of the project is to strengthen, support and revitalize SMEs to support Libya's overall economic recovery and increase livelihood options for people affected by conflict, including former Revolutionaries. By boosting SME's through addressing the specific challenges of Libyan entrepreneurs, this project contributes to Peacebuilding outcome 4: (re-) building essential services and infrastructure, and more specifically to "economic recovery policies and regulations" a priority areas as outlined identified in the Peacebuilding submission note
Under the general supervision of Decision Support Office the consultant will perform the following:

- Meet with stakeholders from banks, Chambers of Commerce , Ministry of Finance , Ministry of Planning;
- Work closely with the Economic Advisory Board;
- Plan for SMEs an innovative and sustainable solutions and developing plans Affairs which allows them access to foreign markets;
- Make a diagnosis of current SMEs situation, regulations and laws;
- Recommend actions to improve the SMEs competitiveness;
- Recommend actions to improve access to finance for SMEs;
- Identification of the key financing constraints for SMEs;
- Provision of a set of practical tools and strategies to overcome these constraints;
- Identification of innovative and SME specific instruments to improve access to finance for SMEs (e.g. equity finance; SME stock exchanges to facilitate access to public funds) and recommendations on how to best use these instruments;
- Development of a set of recommendations about internal changes to be made by SME to improve access to finance, e.g. accounting and auditing standards;
- Develop recommendation on how to lower cost of finance

Furthermore, Proposals are currently under consideration include work in the areas of the constitutional process, strategic communications, juvenile justice, strategic planning and reintegration of ex-combatants. In light of the UN's light footprint in Libya and the difficulty of the government since the end of the revolution to disburse for UN programmes, the fund has served to cover critical capacity building needs outside of other regular donor funded programmes. Funds have gone entirely to UNCT proposals, as UNSMIL is not eligible to apply for Peacebuilding Funds as long as a MoU between DPA and the Peacebuilding Fund has not been signed.

II. Results

WHO has completed the project on "E*nhancing health security at designated points of entry to Libya under the IHR 2005"*. The International Health Regulations or IHR (2005), entered into force in June 2007, and set out the obligations for Member States in meeting IHR core capacity requirements by June 2012, with an extension available for those countries that needed more time, which was the case for Libya, based on current available information overall point-of-entry capacities remain limited in Libya.

WHO project on "*advanced training course as part of MoH/WHO diploma on clinical psychotherapeutic interventions for ex-combatants and their families*", remains ongoing. The post-graduate diploma in clinical psychotherapeutic interventions for ex combatants and their families , launched in 2013 by the World Health Organization (WHO) in collaboration with the Ministry of Health , and Warriors Affairs Commission and based within the National Center for Disease Control (NCDC/MOH), is intended to fill the human resource gap in mental health and psychosocial support particularly in remote and underserved areas in Libya and for the Ex combatants as one of high priority vulnerable groups . The diploma is an intensive 8-month training programme for selected participants from throughout Libya. The program outcome is intended to transform Libya's institution-based approach to a community-based approach to mental health care, making mental health services available to the most remote and under-served areas of the country

IOM project on "*ongoing psychosocial support programme and support to Libyan institutions*" remains on going. The purpose of the project is to address the capacity challenges of psychosocial health staff, IOM to deploy two mental and psychosocial expert consultants from the region, for a period of three months, in the psychosocial center in Misrata. The embedded expert consultants will work with the management of the center to develop and implement an intensive training programme for the staff of the center focusing on improving the quality of psychosocial activities and counseling services, responding to psycho-social needs.

WHO project on "Advance training course as part of MoH/WHO diploma on clinical psychotherapeutic interventions for ex-combatants and their families"

The objectives of this technical training were to, 1) Facilitate 10 days of Advanced Skills of Family therapy to psychologists participating in MOH/WHO Diploma on Psychotherapeutic Interventions for ex-combatants and their families; 2) To facilitate total of 3 days training for supervisors of MOH/WHO Diploma on clinical psychotherapeutic Interventions for ex combatants and their families, focusing on supervision skills in family therapy.

Description of courses/subjects covered during the training

Description of supervision training:

The training content was performed with 4 supervisors and approximately 25-33 (attendance varied) diploma students, including 8 social workers from Al Raizy hospital.

The first day of the training was focused on *supervision of supervision* of 4 supervisors. Further modules were spread out over 12 following days and focused on: The structure of their supervision, their assessment of the development of their current group of supervisees, their biggest challenges to date, their strategies for supervisor-supervisee relationship development and their own practices of self-reflecting and self-care. As the training progressed, we included daily observations on each supervisor's set of trainees, how they assessed their performance during the training, and modeling group supervision. WHO also assigned them a "Supervision Philosophy" paper, which asks them to comment on their beliefs, practices, and goals as a supervisor. These papers were discussed at length at the end of, with the supervisors, and one supervisor (Dr. Fatiha) presenting her material (a very systemic diagram of the effects of supervision on individuals,

families, and communities) to the entire training group. The original documents/papers were retained by Center of Disease Control (CDC) staff.

Issues that have come up for their supervision seem appropriate to the work they are doing in this context of contemporary Libya. There are issues of gender in supervision for example, and also questions about confidently and purposefully managing more overtly the supervisor-supervisee relationship. Several of them reported issues with supervisees who are not yet receptive to supervision. There are issues of how to manage different learning styles and different forms of cognitive processing of supervisees. Conducted discussions on how to make distinctions between different types of learners and modeling behaviors as supervisors. In addition, after each role play during the long term training, the Expert performed a type of group supervision in and had the supervisors sit and observe me giving constructive feedback to participants who had role-played therapists. Usually this was a group of 6 students, plus the 4 supervisors, me and the translator. This gave us more material to discuss in our private supervision of supervision meetings, and also, more examples of how to promote group cohesion while giving direct feedback to supervisees in a strength-based form as well as how to stay on task regarding the purpose of the supervision session. The Expert observed that many issues that are brought up are more appropriate for individual supervision, and encouraged the supervisors to work more closely with some of their supervisees on personal issues and behaviors that seem to repeat often as a pattern and need to be addressed more closely.

In this training program the Expert asked the supervisors to provide vignettes and case scenarios for the role plays. The Expert observed the supervisors' feedback to their trainees to be very case specific (as opposed to general during my last visit), their observations of skills to also be specific and also, their comments and behaviors of providing solution-oriented feedback to supervisees more conscientious and more active than on previous visit.

Description of revision training: family therapy (2 days) and advanced family therapy (10 days):

Two days at the start of the training focused on Introduction and Basic Skills of Family Therapy: A Revision and Introduction. 33 participated in this training, including 8 social workers from Al Raizy hospital and 25 diploma students. In these two days we revisited family therapy content from a very general perspective, including the family/system as a focus of treatment, ethical issues in family therapy, introduction to ideas of stability/change in family therapy. The diploma students spoke first about their perspective and definition of family therapy practice, which was a way for them to revisit our previous content and me to note what had been retained.

A significant time spent on genograms, with the diploma students demonstrating and performing genogram assessments for the group. This was a useful revision and an opportunity for me to witness what had been retained. Fortunately, the diploma students have retained a significant amount of detail on how to construct genograms and the purpose and utility of genograms. The Expert had to do very little to correct/modify their presentations.

The social workers from the hospital contributed a great deal to the training, and the Expert was surprised how well they integrated into the group while maintaining their own ideas and identity as social workers. Their experience with clients came clear throughout their role plays, and yet it was also clear that their exposure to family therapy and systems ideas was new and curious to them. The larger group assisted a great deal in supporting the social workers, answering their questions, and demonstrating systems ideas in role plays. It took some time and it was not immediate, but each social worker present participated fully by the end of the training, as part of a group project and also in role plays and discussions.

The majority of the training days focused on Advanced Family Therapy, discussed the following content:

1) Reflecting practices in therapy and family therapy,

2) Organizing the 1st session including, gaining rapport of all family members, focusing on defining the presenting problem, and introducing the clinical and role of family therapy.

The diploma students were able to connect these latter practices with the learnings from Dr. Guus VanderVeer regarding breaking down a problem into negotiable pieces. They also mentioned Dr. David Raines' training on Cognitive Behavior Therapy (CBT) as a way to focus a first session. This was very useful to build on. The training also focused on:

3) Family life cycle development as relevant to Libyan families,
4) Solution-focused brief therapy (SFBT) as developed by Steve de Shazer and Insoo Kim Berg,
5) Ethical decision making in family therapy,
6) Marital/couple treatment: Evidence based practice and research of John Gottman,
7) Crisis intervention in Families,
8) Substance Abuse in Families.

Dr. Nasser Almanafi presented a module on "First Do No Harm," to build on the ethical decision-making module that was presented earlier. Further, during the training, the Expert offered brief introductions to interventions across several family therapy models, including the miracle question, scaling questions, circular questions, and defining specifics of the problem as per MRI Brief Therapy (Watzlawick, Weakland and Fisch), Milan Systemic Family Therapy, working with a co-therapist (Carl Whitaker), and strategic family therapy (Jay Haley), specifically how to organize the first interview with a family. This was done by presenting didactic information on the model, demonstrating it in front of the group or by using a video clip on Youtube (the clips by Insoo Kim Berg and Carl Whitaker were especially commented on), and then having the students perform the intervention in a role play either within the large group or in small groups. The pattern of didactic training + visual example + practice session was very effective. Later, observations were witnessed of many flawless demonstrations of very sophisticated family therapy interventions.

Two latter days of the training were reserved for group presentations from all the participants. Each group presented a case, using de-identified case information, and demonstrating an intervention or aspect of the case live or on video. These presentations were extremely creative to see, as the students use and perform actual interventions they had seen and used in the training. Several demonstrations touched very specifically on therapy content relevant to current circumstances in Libya, and were brought by trainees' real life clinical experiences in the diploma thus far. Further, all groups received feedback from me, from their peers, and had to evaluate their process as a group as well.

Other comments/observations:
Based on feedback and requests from WHO homework was included, essays, and a group assignment in this training module. The instructions and descriptions are attached. Essays were completed/requested on an impromptu basis and included:

1) Reflection Essay: Why I chose family therapy as an elective module? What this course means to me, my professional career, and my own family? What this course means to me for the Libyan context?
2) Family Life Cycle Development: What is my idea of an "Ideal" family in Libya? What events affect this family over its lifetime and development? What is a "non-ideal" family?
3) Marital Communication/Therapy: What are three characteristics of a 'stable, happy 'marriage?

In the middle and latter part of the training mission, Expert focused on practical experience, connecting the dots between theory and practice, incorporating information from multiple trainers to build on what is practiced in the role-plays, and re-visiting and repeating interventions and ideas already presented.

Also, the Expert noticed that the supervisors' more specific observations about trainees has helped them give specific requests on who to involve in a role-play, who to work with more closely in a demonstration, for example. The Expert has used this advice and noticed changes in the work of specific students, quite quickly. The supervisors also commented later how surprised they were to see a trainee do something very different than they expected. Additionally, with written assignments completed, Expert triangulated information about a trainee's development and track what might be a useful focus on supervision, and provided that information to the supervisor where appropriate.

Final thoughts, it was clear in this training that the group has assimilated much knowledge from their previous trainers and they are each of them developing a clear personal style as a clinician. It is clearer now that they prefer some models over others; this means they are able to discriminate and make distinctions about theories, models, and their own preferences. It was noticed, they are also more conscientious about incorporating outside information and questions into the training content performed. This showed they are thinking a lot about what they are doing; they have so much happening in their daily lives in and outside Tripoli and they are not immune to what is happening in the country. It is more evident this mission. Further, many times people make direct connections between their experiences and the clients' experiences, as contextualized by what is happening in Tripoli.

Interestingly, the Expert also noticed and was very surprised by an unusual amount of vocal criticism in the group, directed toward each other, which was not noticed before. It did not seem to be competitive in any way; it seemed more a matter of being "right" or even righteousness in a sense; this was demonstrated across many people, including supervisors. The Expert realized this is part of the transition happening in the larger system; it is as if they are figuring out how to question, how to challenge, how to change and persuade. That is fine however the question for the training is how to make this process useful rather than not useful? How to direct it? Typically would either address this privately to a participant, address this to the participant, in the model group supervision, talk to the supervisor of that student, interrupt the criticism if the Expert could, and if it was destructive in the training program as performed, or the Expert would speak about some aspect of this the next day of training. For this reason, in the group presentations' feedback form, the Expert constructed it such that only positive feedback could be given. Also modeled constructive criticism wherever could. The Expert was constantly torn between wanting to allow freedom of speech, and restricting what was thought less than useful for the training. Also, realizing that the group has worked together nearly 8 months and there is some personal feelings and dynamics happening that the Expert was not aware of nor perhaps should be. Some of these behaviors are better addressed by supervisors. This in particular was discussed with them in our supervision of supervision sessions at the end of each training day.

Overall, the Expert was very pleased by the skill set of the group with regard to family therapy and systems ideas. They are very prepared to use these skills and confident they will; they have mastered many techniques it can take many years to learn and this speaks to the confidence, motivation and capacity of the group. What is next for them - is the ongoing reflective and competent peer, self- and more formal clinical supervision. Additionally, routine and consistent repetition of tying skills to theory and making both relevant for the local context in Libya will be helpful to them, as this country unfolds and alters its history and narrative, and the students do the same.

WHO project on "Enhancing health security at designated points of entry to Libya under the IHR 2005"

WHO deployed one international consultant on international health regulations conduct 15 days to conduct an assessment of current health security measures and implementation of International Health Regulations at points of Entry to Libya through capacity building for health professionals at MoH on implementation of IHR 2005 at points of entry to Libya and designing an action plan to strengthen national health security measures. The task included visiting and assessing at least three points of entry to Libya, to conduct a national capacity building workshop for multidisciplinary professionals to strengthen surveillance and

response capacities and an operational plan of action for upgrading health security measures in Libya in consultation with key stakeholders. The objective was to increase the ability by national government to address transitional challenges. Particularly those related to obligation by international law to apply IHR 2005 at points of entry.
(Full mission report and recommendations are annexed to this report)

IOM project on "psychosocial support programme and support to Libyan institutions"
During the months of November, February and March 2014, psychosocial capacity building initiatives took place both in Misurata and Tripoli. The IOM Psychosocial Team, including international and nationals hired under the CivCap operational framework, engaged in several meetings with departments' heads, managers and key technical staff of the Social Solidary Funds (SSF), including the Psychosocial Support Centers, to assess their needs in terms of gaps and opportunities in dealing with vulnerable population attended by the related Care-Centers.

Although the original design of the IOM support to the Ministry of Social Affairs and Social Solidarity Funds was conceived to boost the capacities of the Psychosocial Activities in Misurata and Tripoli, two factors determined the concentration of the activities in Tripoli: a) the security situation which prevented the team to be based in Misurata and allowed only for short visits and limited mobility in the city; b) Review of the methodological and strategic actions conceived at the project's inception.

In fact, one of objectives of the activities was to support the institutional counterparts to still maintain an integrated vision of the mission and scope of the Social Solidarity Fund. In a situation where Libyan institutions are searching, and struggling, for a new legitimating mandate, both at national and local level, different forces and interests may suggest local branches to perceive themselves as a sort of independent bodies with their own peculiarities and operational strategies. Then, in agreement with the national leadership of the Social Solidarity Fund, the IOM support was directed towards the promotion of opportunities for technical interaction, constructive dialogue and sharing experiences between managers and technical staff of Care Centers of these two cities. In this perspective one successful experience is the 3-day intensive training on Psychosocial Support, Disability and Community Based Rehabilitation approaches that took place in Tripoli on March 17-19, and was attended by managers and technical staff of Care Centers coming from Tripoli and Misurata, should be regarded as a successful action to promote reasons and opportunities for mutual engagement and shared objectives.

Therefore the CivCap initiative has been pursuing the capacity building objective of the Social Solidarity Fund in three ways: a) direct technical support to managers and staff of the Care Centers to build up their capacity to support their work needs in the current complex situation, including boosting their professional qualifications and vision. Helping them to an exploratory attitude and planning in how to deal with emotional distress, lack of trust and community engagement of both staff and beneficiaries; b) Support to Departments' Heads and National Officers to promote joint initiative and strengthen their capacity to collaborate and share common principles, strategies and objectives at policy and operational level; c) linking up GoL Social Care initiatives with the emerging Civil Society Organizations.

UNDP project on" Small and medium enterprises (SMEs) project"
The UNDP project on SMEs to support the Prime Minister's Office proposal submitted to the Peace Building Fund (PBF)/CivCap for the amount US$ 45,988, whereby this proposal was initially endorsed and the aforementioned amount was transferred to UNDP account. Nevertheless, the proposal was never implemented due to the fact that the Prime Minister's Office was not in a position to proceed with implementation. However, the SMEs' fund will be utilized towards a new CivCap project that UNDP is currently developing to support the constitutional process.

Delays in implementation, challenges, and lessons learned and best practices
WHO is supporting the Government to build the required national capacities to implement the international health Regulations 2005 (IHR 2005), by 15 June 2014. IHR 2005 is legally binding to Libya whereby the Government is committed to fulfill all the requirements to fully implement these regulations by no later than 15 June 2014.

Activities implemented:

WHO has already implemented several activities as part of CIVCAP project including:

1- Mission by International Expert to provide capacity building in Advanced psychosocial Counseling Skills for candidate of MOH/WAC/WHO Diploma in clinical psychotherapeutic interventions for ex combatants and their families 7 -20 December 2013
2- Mission by International Expert to provide capacity building in Family counseling skills for candidate of MOH/WAC/WHO Diploma in clinical psychotherapeutic interventions for ex combatants and their families 26 December 2013 – 9 February 2014
3- Mission by International Expert to provide technical support for clinical supervisors of MOH/WAC/WHO Diploma in clinical psychotherapeutic interventions for ex combatants and their families 24th to 28th February 2014
4- Mission by International Expert to provide capacity building workshop , conduct assessment and provide technical support for implementation of international health regulations and health security measures in Libya 1st to 15th December 2013.

1. WHO reason for no cost extension request and workplan:

No cost extension was requested for "*Psychosocial Support for ex-combatants and their families* "until the end of June 2014, Due to the prevailing security situation in Libya, some experts, involved in the implementation of the training activities funded by CIVCAP as per the proposal submitted by WHO, requested to postpone their missions, in addition, to security restrictions for all missions to Libya during February.

Proposed workplan if CIVCAP/ WHO projects extended until end of June 2014:

Activity	Objective	Date	Target Beneficiaries
Mission by International expert in Addiction and substance abuse counseling	Capacity building on best evidence based clinical practices for substance abuse and addiction management	1st to 12th May 2014	36 Psychologists , 4 social workers and 4 psychiatrists providing services in 12 Libyan cities at MOH and WAC for Ex combatants
Mission by Academic expert in Psychosocial counseling	Providing input to Final Evaluation exam of the Diploma in clinical psychotherapeutic interventions for ex combatants and their families and supporting Academic and training institutions in Libya to institutionalize and sustain the program	18th to 22nd May 2014	36 Psychologists providing services in 12 Libyan cities at MOH and WAC for Ex combatants
National Training	National Training workshop to	8th to 12th	25 Health professionals

Activity on International Health Regulations	Support the implementation of health security measures at points of entry as per recommendation of international expert mission	June 2014	selected from points of Entry to Libya

2. IOM reason for No-Cost Extension justification and work plan

The project has suffered some delays in implementation due to two main factors, due to security constrains causing restrictions of movement have hampered project implementation, especially during the months of December to February. In addition to, long recruitment process to identify experience experts and the consequent delays in securing their Libyan Visas, causing delays in the original deployment plan.

In order to consolidate the initial promising results of this strategy, an additional period of implementation of the CIVCAP is then required. Therefore a 3-month extension is deemed necessary to deploy the following workplan:

- Week 1 & 2: contracting and deployment of international experts and national consultants in Libya;
- Week 3 & 4: workshops and on the job training (mentoring) in consultation with national and local counterparts (Social Solidarity Fund) in Tripoli and Misurata;
- Week 5, 6 & 7: 3-day workshop on Mental Health and Psychosocial Support, case management and participatory evaluation for managers and technical staff of Care Centers (30 participants) and on the job training session in the 2 Care Centers in Tripoli;
- Week 8, 9 & 10: 3-day workshop on psychosocial support, case management and participatory evaluation for managers and technical staff of Care Centers (30 participants) and on the job training session in the 2 Care Centers in Misurata;
- Week 11: 3-day workshop in Misurata (or Tripoli) with managers and technical staff of Care Centers from both Tripoli and Misurata to jointly evaluate the training experiences and to agree on a common plan of actions for the next six months;
- Week 12: Consolidation of the data collected during the capacity building process and report writing by the consultants.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Priority Plan, or Logframe of the Project Document** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

Project Number: PBF/IRF-66:+ 00086617 - 00005691
Project completed: WHO - Enhancing health security at designated points of entry to Libya under the IHR 2005

	Achieved Indicator Targets	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Outcome 1[8] Enhancing health security at designated points of entry to Libya under the IHR 2005 **Indicator:** Increased ability of national government at entry points to address transitional challenges. (Particularly those related to obligations by international law to apply IHR 2005 at points of entry).	Assessment of IHR 2005 implementation. at minimum assessment of IHR implementation at 7 points of entry **completed**		The situation analysis regarding the implementation of IHR requirements at Libya's points of entry - Mission Report - SWOT analysis conducted in November 2013
Output 1.1 Timely availability of targeted, specific expertise to government in critical transitional areas. **Indicator 1.1.1** IHR implemented at main points of entry to Libya with respect to human rights of travelers and migrants **Baseline:** ▪ **3 points of entry assessed Plan of action designed for IHR implementation**	IHR implemented at main points of entry to Libya with respect to human rights of travelers and migrants. **7 points of entry assessed its plan of action intended for IHR implementation.**		Field visits Observations reports Records at points of entry
Indicator 1.1.2 *Degree* of participation by health professionals at various points of entry across Libya increased.	*Degree* of participation by health professionals at various points of entry across Libya increased.		Missions report Training activity reports Plan of action

[8] Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document/Priority Plan or PMP specific** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

Baseline: • **National Capacity building workshop implemented**	National Health authorities satisfaction with consultation – **12 consultations conducted** and **Training evaluation forms established**		

Project Number: PBF/IRF-66:+ 00086617 - 00005691
Achievements to date: WHO - Psychosocial Support for ex combatants and their families

	Achieved Indicator Targets	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Outcome 1[9] Increased ability by national government to address transitional challenges particularly those concerning ex combatants needs **Indicator:** Increased ability by national government to address transitional challenges. Particularly those related to obligation by international law to apply IHR 2005 at points of entry.	1- Mission by International Expert to provide capacity building in Advanced psychosocial Counseling Skills for candidate of MOH/WAC/WHO Diploma in clinical psychotherapeutic interventions for ex combatants and their families 7 -20 December 2013	No cost extension was requested until the end of June 2014, Due to the prevailing security situation in Libya, some experts, involved in the implementation of the training activities funded by CIVCAP as per the proposal submitted by WHO, requested to postpone their missions. In addition to security restrictions for all missions to Libya during February.	MOH-WAC statistical records NCDC and MOH records World Health Organization Assessment instrument of mental health system (currently being implemented in Libya)
Output 1.1 Timely availability of targeted, specific expertise to government in critical transitional areas. **Baseline:** Number of Warrior affairs centers and MOH facilities with trained psychologists on clinical psychotherapeutic interventions providing services **Indicator 1.1.1** Government priority in providing services including psychosocial support and rehabilitation services to ex combatants and their families established	1- Mission by International Expert to provide capacity building in Family counseling skills for candidate of MOH/WAC/WHO Diploma in clinical psychotherapeutic interventions for ex combatants and their families 26 December 2013 – 9 February 2014 2- Mission by International Expert to provide technical support for clinical supervisors of MOH/WAC/WHO Diploma in clinical psychotherapeutic		Two draft mission reports of international experts are attached to provide an overview and examples of activities implemented, full and final mission reports of all experts will be provided by the end of the project. Training activity reports Participants attendance sheets Training evaluation

[9] Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document/Priority Plan or PMP specific** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

Indicator 1.1.2 Consensus building among professionals from different Libyan cities on right based approached and best evidence based international practices to psychosocial services to ex combatants with mental health problems as members of Libyan community satisfaction survey by participating organizations and training course evaluation by candidates **Planned Target:** Number of Warrior affairs centers and MOH facilities with trained psychologists on clinical psychotherapeutic interventions providing services **Baselines:** Degree of participation of candidates from different cities of Libya Organization/candidates evaluation of training activity	interventions for ex combatants and their families 24th to 28th February 2014 3- Mission by International Expert to provide capacity building workshop , conduct assessment and provide technical support for implementation of international health regulations and health security measures in Libya 1st to 15th December 2013		Certification and national accreditation of program
	40 mental health professionals trained on best evidence based skills to provide psychotherapeutic interventions to ex combatants Diploma curriculum updated based on experts inputs Evaluation mechanism for the diploma was designed		

Project Number: PBF/IRF-66:+ 00086617 - 00005693
Achievements to date: IOM - Psychosocial support programme and support to Libyan institutions

(Re)Build essential services and administrative infrastructure	**Achieved Indicator Targets**	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Outcome 1[10] Timely availability of targeted, specific expertise to government in critical transitional areas. **Indicator:** Satisfaction with the Misrata	Increased local government capacity to provide psychosocial health services to populations affected by conflict- During the months of	The project has suffered some delays in implementation due to two main factors, due to security constrains causing restrictions of movement have hampered project implementation,	IOM reporting

[10] Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document/Priority Plan or PMP specific** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

local authorities and management of the Psychosocial center on the training provided. Timely deployment of expert trainers	November, February and March 2014, psychosocial capacity building initiatives took place both in Misurata and Tripoli	especially during the months of December to February. In addition to, long recruitment process to identify experience experts and the consequent delays in securing their Libyan Visas, causing delays in the original deployment plan. Therefore a 3-month extension was requested.	
Output 1.1 Timely availability of targeted, specific expertise to government in critical transitional areas. **Baseline:** Implementation of training programme for psychosocial staff **Indicator 1.1.1** Trained psychosocial councilors in to improve mental health services in Misrata	One successful experience is the 3-day intensive training on Psychosocial Support, Disability and Community Based Rehabilitation approaches that took place in Tripoli on March 17-19, included participants from Misurata and Tripoli		IOM end review of project
Planned Target: Improved mental health services in Misrata			

iii) Success Story

- In the box below, provide details on how the project successfully contributed to accelerate the peacebuilding process. What were the most significant changes achieved at the level of perceptions, behaviours, and attitudes of individuals or groups that were previously involved in conflicts?

- Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report.

Conflict dynamics being addressed: Describe the specific problem or challenge faced by the subject of your story

<u>WHO Enhancing health security at designated points of entry to Libya under the IHR 2005:</u> Re-engineering the public health system and border security are key priority areas of Libya's post-conflict transition. WHO is working with the Ministry of Health to strengthen national capacity to manage national and international health security risks, in line with the International Health Regulations (2005). The assessment found that there is no national legislation promulgated in order to implement the IHR requirements. A draft of a ministerial decree, pending signature by the Prime Minister, has been prepared. It specifies the IHR committee members and their attributions according to the new composition of the government. As a result of this and at this time, none of the 26 points of entries are designated according to the IHR annex 1 provisions and none of the sea ports are declared authorized (IHR article 20). Secondly, the Office of International Health and Points of Entry (OIHPE), the NCDCs entity in charge of management of the activities assigned to public health staff at points of entry, has no standardized procedures. OIHPE should own a set of standardized procedures applicable at points of entry directly inspired from IHR and adapted to the national context. Moreover, the OIHPE should be able, through a predefined system of reporting and notifications, to collect, centralize and analyze all data from points of entry. This should apply both during times of normalcy or during the PHEIC, insofar points of entry are an indispensable link within the national surveillance chain (articles 19 and 22 of IHR). A plan of continuous training should be put in place. It should concern not only the IHR practical implementation at points of entry but also courses in English language due to the fact that communication with ship masters as well the pilots in command is mainly conducted in English worldwide. Still on the same topic, it should be taken in account that a huge number of guidelines, guides, e-learning courses, manuals, technical tools, training networks, training material, training modules, web-based communication networks and documentation are freely available in English language. These are provided not only by WHO but also by other involved partners and networks, like ICAO, CAPSCA, PAGNET, IATA, ACl,lLO, IMO, SHIPSAN JOINT ACT, EPISOUTH

<u>WHO - Psychosocial Support for ex combatants and their families:</u> During 2011-2012, all national consultations regarding health and mental health services in Libya organized by WHO identified ex-combatants as one of most vulnerable groups that would need urgent support .An intensive training program targeting psychologists providing services to ex-combatants was designed in 2012 , in consultation with Psychology departments from 6 Libyan Universities ,Ministry of Health, Warriors Affairs Commission (WAC) and with technical support from WHO. The post-graduate diploma in clinical psychotherapeutic interventions for ex combatants and their families , launched in 2013 by the World Health Organization (WHO) in collaboration with the Ministry of Health , and Warriors Affairs Commission and based within the National Center for Disease Control (NCDC/MOH), is intended to fill the human resource gap in mental health and psychosocial support particularly in remote and underserved areas in Libya and for the Ex combatants as one of high priority vulnerable groups . The diploma is an intensive 8-month training programme for selected participants from throughout Libya. The program outcome is intended to transform Libya's institution-based approach to a community-based approach to mental health care, making mental health services available to the most remote and under-served areas of the country. The course is targeting 35 psychologists from Tripoli, Sebha , Sert , Benghazi, Kufra , Tobrok ,Misurata, Zintan and other cities in Libya.

<u>IOM - Psychosocial support programme and support to Libyan institutions:</u> The initiative targets the city of Misrata that was the scene of some of the heaviest fighting during the Libyan civil war. In the three months the city was under siege, it has been estimated that 2,000 people died and 14,000 were wounded. While the majority of the displaced population has returned to their homes and people have started re-building their lives are still struggling with the resulted psychological suffering, and assessments have shown there is a desperate shortage of qualified mental health and psychosocial practitioners to support them. The Libyan social health infrastructure sustained severe damage during the conflict, and the majority of foreign health personnel left the country, leaving the system insufficiently equipped to address people's psychosocial needs that emerged from the war.
CivCap initiative has been pursuing the capacity building objective of the Social Solidarity Fund in three ways: a) direct technical support to managers and staff of the Care Centers to build up their capacity to support their work needs in the current complex situation, including boosting their professional qualifications and vision. Helping them to an exploratory attitude and planning in

how to deal with emotional distress, lack of trust and community engagement of both staff and beneficiaries; b) Support to Departments' Heads and National Officers to promote joint initiative and strengthen their capacity to collaborate and share common principles, strategies and objectives at policy and operational level; c) linking up GoL Social Care initiatives with the emerging Civil Society Organizations.

Project Interventions: Describe the Project interventions that were undertaken to respond to this problem. What was the intended 'change' at which level? Be as detailed as possible

WHO Enhancing health security at designated points of entry to Libya under the IHR 2005: One international consultant on international health regulations conduct 15 days mission to Libya, visiting and assessing at least three points of entry to Libya, to conduct a national capacity building workshop for multidisciplinary professionals to strengthen surveillance and response capacities and an operational plan of action for upgrading health security measures in Libya in consultation with key stakeholders. An assessment of the core capacities at the points of entry, with the context of IHR (2005), county wide (West, East and South). Also, conducted meetings with all relevant stakeholders in the context of IHR Implementation at points of entry.

The mission held in Libya, during the period 1-15 December 2013 is organized by the National Center for Diseases Control. The schedule is as follows:

- Sunday 1: December: meeting at the building of NCDC in Tripoli including presentations.
- Monday 2 December: visit to Tripoli sea port
- Tuesday 3 December: visit to Tripoli airport
- Wednesday 4: visit to Zwara sea port and to Ras Jdir ground crossing
- Thursday 5: visit to the reference laboratory at NCDC followed by presentations and workshop in the NCDC1s conference room.
- Saturday 7: visit to Tobruk airport, Emsaad ground crossing and Tobruk port.
- Sunday 8: visit to the branch of the NCDC in Tobruk, in which, a meeting and presentations have been organized with staff of Tobruk port and of Tobruk airport as well as the Emsaad ground crossing personnel.
- Monday 9: visit to Benghazi port and to Benghazi airport. A meeting with presentations took place in the premises of PHA at Benghazi airport.
- Tuesday 10: meeting at WHO office in Tripoli 9 Wednesday lltmheetin:g w ith the head of the office of legislative affairs
- and the head of training at the NCDC
- Thursday 12: Top table exercise at the NCDC in Tripoli.
- Saturday 14: debriefing at the NCDC in Tripoli.

The field visits to the health facilities of points of entry as well as the meetings with the related stakeholders were conducted in order to study the national core capacities required for IHR implementation and to advise for further actions to strengthen them.
A framework for a manual of procedures, applicable at points of entry, has been submitted to the OIHPE.

WHO - Psychosocial Support for ex combatants and their families:
A diploma course in clinical psychotherapeutic interventions was launched in Tripoli in May 2013 with support of WHO and in partnership with NCDC, WAC and the Libyan Foundation for Rehabilitation. Four international experts in mental health and psychosocial support in post conflict settings participate in capacity building programs as part of Diploma on clinical psychotherapeutic interventions for ex combatants and their families. The objectives were to provide Psychosocial Service to ex-combatants and their families from different cities in Libya are equipped with skills and knowledge to provide services to this highly vulnerable group through high quality training program. The Reintegration of ex-combatants into their communities through establishing community based mental health and psychosocial rehabilitation services closer to their living places provided by candidates graduate from the course. Included Professionals from all over Libya able to exchange their experience during the course, learn from each other and to support building a national consensus among professionals on right based approach to psychosocial services for ex combatants and their families.

The objectives of this technical training were to: 1) Facilitate 10 days of Advanced Skills of Family therapy to psychologists participating in MOH/WHO Diploma on Psychotherapeutic Interventions for ex combatants and their families, 2) To facilitate total of 3 days training for supervisors of MOH/WHO Diploma on clinical psychotherapeutic Interventions for ex combatants and their families, focusing on supervision skills in family therapy.

IOM - Psychosocial support programme and support to Libyan institutions: Given the severe psychosocial needs of communities in Misrata, and the shortage of experienced mental health and psychosocial professionals, IOM, together with the Ministry of Social Affairs and the Misrata Local Authorities are preparing a short term surge of highly qualified experts to ramp up

capacity, with a direct and accelerating impact on the psychosocial services. Embedded expert consultants work with the management of the center to develop and implement an intensive training programme for the staff of the psychosocial center in Misrata focusing on improving the quality of psychosocial activities and counseling services, responding to psycho-social needs.

Result: Describe the ***change*** that occurred as a result of the project interventions. For example, how did relationships between previously conflicting groups change? How have the drivers and key causes of conflict been addressed?

WHO Enhancing health security at designated points of entry to Libya under the IHR 2005: A framework for a manual of procedures, applicable at points of entry, has been submitted to the OIHPE. The mission developed a set of recommendations to be implemented by the concerned national authorities in Libya and delivered a WHO-CO the final report at the end of the assignment (**Report attached**).

WHO - Psychosocial Support for ex combatants and their families: Thoughts from the mission. "*It was clear in this training that the group has assimilated much knowledge from their previous trainers and they are each of them developing a clear personal style as a clinician. It is clearer now that they prefer some models over others; this means they are able to discriminate and make distinctions about theories, models, and their own preferences. I noticed they are also more conscientious about incorporating outside information and questions into the training content I performed. To me, this showed they are thinking a lot about what they are doing; they have so much happening in their daily lives in and outside Tripoli and they are not immune to what is happening in the country. It is more evident this mission. Further, many times I did see people make direct connections between their experiences and the clients' experiences, as contextualized by what is happening in Tripoli. I did not need to point this out as often*." (**Report attached).**

IOM - Psychosocial support programme and support to Libyan institutions: overall objective of the project is professionalization of core psychosocial health services in Libya, especially related to the psychological consequences of war and extreme violence
By supporting and strengthening the capacity of the Psychosocial Center in Misrata to respond to the specific and unique needs of communities affected by conflict, this project contributes directly to peacebuilding outcome 4, which aims to "(re-) build essential services and infrastructure" and is in line with priority area 1 of the UNCT Strategic Framework on social services. More specifically, the project contributes to the re-engineering of the (mental) health system, a priority area as identified in the PBF submission note.

III. Monitoring Arrangements

- All assessments and reports conducted are attached to this report.