

Final Evaluation Report for:

RESPONDING TO THE NEEDS OF MOST VULNERABLE
POPULATIONS IN LIBYA THROUGH COVID-19
PREVENTION, ASSISTANCE AND ACCESS TO
VACCINATION

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1. Executive summary

To limit the vulnerability of migrants to disease spread and support national COVID-19 prevention, response and vaccination efforts, IOM Libya implemented – in close collaboration with the World Health Organization (WHO) and the Ministry of Health - this 12-month Austrian funded project, aimed at:

1. Supporting migrants who are in extremely vulnerable situations – i.e. those who are detained in detention centres with bad living conditions and;
2. Contributing to strengthening Libyan authorities' ability to prevent and respond to COVID-19 transmission and outbreaks amongst the most vulnerable populations, including migrants, Internally Displaced Persons (IDPs), detainees and other mobile and vulnerable groups.

Post project, the IOM end-cycle (final) summative evaluation was conducted through an external evaluator intended for programme management and donors. The evaluation sought to assess and measure the extent to which the project implemented in Libya, has achieved its intended short-, medium- and long-term objectives as well as the extent to which the interventions and delivery strategies were adequate to address the problems at hand with the aim to determine what worked and what did not work under what circumstances. The evaluation therefore also documented lessons learnt and good practices.

The evaluation used a mix of data sources collected through multiple methods. This included primary data which was collected directly from key informants comprising of project stakeholders (officials of partners and supported facilities e.g personnel of POEs, DCs, DPs etc), IOM project personnel and project beneficiaries (MoH, DCIM personnel who received support), about their firsthand experience with the intervention. This data was collected through interviews of 14 key informants (11 males, 3 females), and some observation conducted during the months of October and November 2022. It also included data consisting of documentary evidence (primary and secondary) that had direct relevance for the evaluation such as published reports, relevant project documents, monitoring reports, previous reviews, country strategic plans, and research reports etc. Desk reviewed information was used to triangulate and buttress primary data.

The following sections summarize the main findings of this evaluation:

Relevance

The evaluation shows that the project activities and interventions were technically relevant and also appropriately responded to the needs of target beneficiaries, especially migrants. Based on the primary and secondary data, the evaluation could not find any counter data or information. The Austria government funded project aligned with and buttressed Libyan national government capacity building priorities within the framework of COVID-19 preparedness and response. The multi-faceted approach of capacity building, direct assistance and engagement of national and local authorities (via the task forces in coordination and implementation) was highly relevant to the complicated country context.

Effectiveness

Overall, the project has actualized its inherent results and thus achieved its objective to support Libyan authorities to respond to the most urgent needs of at-risk populations in Libya whose vulnerabilities have been further exacerbated by the COVID-19 pandemic while promoting equitable access to COVID-19 vaccines for all, including migrants. Based on the analysis of the key informant interviews, the project's beneficiaries, stakeholders and project staff were largely satisfied with all activities. Towards ensuring migrants and other vulnerable populations have improved access to overall health and COVID-19 services (to protect against disease), vulnerable and at-risk migrants in Detention Centres (DCs) and at disembarkation points (DP) received Personal Protective Equipment (PPE) kits, hygiene kits and medical supplies. Additionally, in order to have institutional capacity building framework aligned with national priorities, IOM through this project was able to reinforce the capacity of authorities working in DCs and POEs towards preparedness and response to COVID-19 as well as vaccination.

Efficiency

A desk review of relevant project documents and monitoring records show that IOM was able to leverage its organizational knowledge and technical expertise in the area of migration management (in lieu of its migration governance framework) to design and implement a project which efficiently and adequately addressed the most compelling priorities and achieve its results. The project was also able to leverage robust strategic partnerships between the government of Libya and other strategic health sector actors such as the World Health Organization (WHO), Médecins sans Frontières (MSF) and UNICEF with complementary COVID-19 preparedness and response programmes in Libya to best support vulnerable migrants. This framework aligned with the "United Nations Strategic Framework 2019 —2022"¹, prevented duplication of response and enhanced the efficiency of the project's resource allocation.

Impact.

The project has a positive impact on the institutional capacity of Libyan authorities to respond to the most urgent needs of at-risk populations in Libya due to the COVID-19 pandemic while promoting equitable access to COVID-19 vaccines for all, including migrants. This impact is in the long term as institutional capacity and knowledge always transcend into the long term.

Sustainability

The institutional capacity building in COVID-19 preparedness and response as well as in cold chain equipment, logistics and vaccination campaign administration during this project (supported by local institutions and embedded in institutional structures) has produced salient results that will survive beyond the life of the project.

¹ UNDP. *United Nations Strategic Framework 2019—2022*. Retrieved from: <https://www.undp.org/sites/g/files/zskgke326/files/2022-06/UN-Strategic-Framework-for-Libya-2019-2022.pdf>

Cross-cutting issues

The project did not experience any barriers to equal gender participation in design or implementation as beneficiaries (most vulnerable migrants) were targeted and reached based on unbiased and objective needs assessments.

Key recommendations:

- 1.1. Consider extending the project for another year based on the persistence of the COVID-19 pandemic and other contagious and viral diseases.
- 1.2. Consider expanding the project activities or increasing the coverage of other IOM complementary projects to cater for some other salient needs of vulnerable migrants in Libya such as nutrition, clothing and sanitation facility management (WASH).
- 1.3. Consider widening the focus of the project not just COVID-19 but other infectious diseases endemic to migrants such as tuberculosis, meningitis etc.
- 1.4. Consider an extension of technical capacity building for government officials relevant to migrants in the area of infectious disease preparedness and response and in cold chain and vaccination logistics. Finally, to ensure sustainability, it would also be imperative to conduct further refresher trainings to take former trainees back to basics so they can review fundamentals they may have forgotten or upskill on new information and global best practices.

2. List of acronyms

| | |
|--------|---|
| DTM | Displacement tracking matrix |
| DCIM | Directorate of Combatting Illegal Migration |
| DC | Detention centers |
| DP | Disembarkation point |
| GNA | Government of National Accord |
| IHR | International Health Regulations |
| IDPs | Internally displaced persons |
| IOM | International Organization for Migration - |
| POE | Points of entry. |
| MOH | Ministry of health |
| NCDC | National center for disease control |
| POC | Person of interest |
| PPE | Personal Protective Equipment |
| SOPs | Standard Operating Procedures |
| TOT | Training of trainers |
| UNICEF | United Nations Children’s Emergency Fund |
| WASH | Water, sanitation, and hygiene |
| WHO | World Health Organization |

3. Context and purpose of the evaluation

3.1. Context/Project background

The COVID-19 pandemic continues to aggravate an already complicated situation of vulnerable migrants and internally displaced persons (IDPs) in Libya, many of whom are deeply affected by the unstable security situation without access to basic essential services and little to no access to health care.

Libya's fragile and under-resourced health care system has suffered from 32 reported attacks against health infrastructures in 2020 (Libya is ranked fourth highest in number of attacks against health infrastructures in the world). Additional challenges affecting health services access and delivery are frequent fuel shortages and electricity outages (impacting the capacity of medical facilities to deliver appropriate medical assistance) and continued mobility restrictions and high unemployment.² Such challenges create an environment where migrants and IDPs continue to rely on the humanitarian community and health partners for service delivery and referral to private health care facilities.

In addition, continuous power cuts affect the water supply for over a third of the Libyan population in the northwest parts of the country. Practical measures, such as frequent handwashing to protect against infection, are consequently difficult to maintain. The current outbreak of COVID-19 in the country has also provoked social stigma and discriminatory behaviours against migrants and people of certain ethnic backgrounds, as well as anyone perceived to have been in contact with the virus.

While the ceasefire agreement signed on 23 October 2020 by the 5+5 Joint Military Commission gives hope for a more conducive work environment for humanitarian actors, in the same month there was a 22 per cent increase in COVID-19 cases in just two weeks. COVID-19 - related morbidity and mortality rates continue to rise steadily and existing gaps in the COVID-19 response must be addressed. The urgent needs of migrants and IDPs across Libya will not vanish in 2021.

The heightened risk of COVID-19 transmission and outbreak faced by migrants held in detention centres is of particular concern as the pandemic further exacerbates the already dire conditions that migrants in detention experience and compounds their vulnerabilities. Migrants in detention have limited access to water, sanitation, and hygiene (WASH) facilities as well as fresh air, properly ventilated spaces, light and electric appliances. Sanitary facilities are very limited, overly used and unable to properly function, causing sewage clogs leading to flooding of their living space with human waste. Migrants lack access to proper drinking water resulting in numerous health issues and increasing the risk of transmission of diseases such as cholera, diarrhea, polio, typhoid, and hepatitis A. Moreover, migrants in detention are also unable to practice social distancing. In such conditions, women and children are particularly vulnerable and even more exposed to health risks associated with poor hygiene and transmittable diseases.

As of 27 December 2020, there were 1,462 migrants in 15 detention centres in the West of the country (12 per cent women and 88 per cent men) and 329 of them (22 percent) are assessed as vulnerable persons of concern (POC).³ This action targeted a total of six detention centres. Since the situation of detention centres is quite volatile, specific centres were not identified in advance but IOM targeted those where needs are most acute during the project implementation.

² The unemployment rate among migrants increased from 17 per cent in January-February to 29 per cent in May-June. While it dropped to 21 per cent in September – October 2020, regional unemployment rates are of concern for migrants in south Libya.

³ IOM and UNHCR joint bi-weekly DC population estimation figures

In the absence of national response mechanisms and assistance, IOM has been conducting improvement works in detention centres, as part of ensuring at least the minimum living standard for vulnerable migrants. IOM interventions such as thorough cleaning, fumigation, disinfection, rehabilitation and maintenance works in sleeping areas and WASH facilities contribute to the prevention of disease spread, however there is more to be done to achieve decent and safe condition in DCs.

Access to clean water is another challenge that affects migrant vulnerability, particularly to morbidity. In 22 municipalities out of the 39 assessed in the same IOM study, water supply was reported to be infrequent and unreliable. Lack of adequate functional health facilities and insufficient supply of water indicate that vulnerable populations are at further risk of facing deteriorated conditions resulting in negative humanitarian consequences.⁴

COVID-19 has led to the global suspension of international travel as part of efforts to slow the spread of the virus and revealed a critical need for the entire spectrum of migration management to adapt to a new reality. As countries contemplate removing internal restrictions and reopening borders, they are all confronted with the same challenge: there is no clear blueprint on how to safely enable cross-border human mobility in a post-pandemic world.

In its work to help Member State countries to integrate health concerns into complex mobility and border management systems, IOM has developed and applied a **Health, Border and Mobility Management framework⁵ in its partnerships with government**. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR). IOM strategic priorities at the community, national and regional levels include: 1) effective coordination and partnerships as well as mobility tracking; 2) preparedness and response measures for reduced morbidity and mortality; and 3) efforts to ensure that affected people have access to basic services, commodities and protection.

At national level IOM is supporting health ministries, border authorities and partners to enhance preparedness of prioritized points of entry (PoEs). The Organization has drawn on its experience with public health emergencies and is developing a toolkit of standardized border management and migration health tools and Standard Operating Procedures (SOPs) that could build operational capacities and provide timely information for preparedness and response along the mobility continuum, including at Points of Entry (PoEs). This toolkit includes assessments at land, airport and port PoEs; minimum requirement checklists for readiness for outbreaks, SOPs for early warning and response, and data management and exit/entry screening SOPs.

The Government of National Accord (GNA) approached the COVAX facility⁶ to secure vaccines for a 7.5 million population, included migrant and refugee populations. The COVAX facility informed the government that vaccine provision will be based on a population of 6.8 million, a number which will cover Libyan citizens, migrants and refugees. 20 per cent of the vaccine will be provided in Phase 1 (date

⁴ Migrants Needs and Vulnerability Assessment, IOM DTM, Libya, December 2019.

⁵ https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/mhd_infosheet_hbmm_25.09.2020_en.pdf

⁶ A global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines.

unknown) with prioritization of health workforce (3 per cent), population ≥60 years (5 per cent), mother and breastfeeding women (3.5 per cent), followed by the rest of the population.

The GNA was to establish six technical taskforces, each at national, regional and municipal level as part of the Libya's national vaccination response. Each taskforce at each level will have one government official and one consultant to provide technical support. The taskforces will focus on the following: cold chain and vaccine logistics management, capacity building, safety and adverse event for immunization, demand creation, monitoring and evaluation, and infection, prevention, control including waste management.

The GNA requested international partners' support with the provision of consultants to these taskforces. Libyan authorities will develop a micro plan for all government administrative levels and intends to use 50 per cent (350-400) of Libya's 700 vaccination centres for the vaccination campaign.

To limit the vulnerability of migrants to disease spread and support national COVID-19 prevention, response and vaccination efforts, IOM Libya implemented this project that 1) supported migrants in extremely volatile situations – i.e. those who are detained in detention centres with bad living conditions and 2) contributed to strengthening Libyan authorities' ability to prevent and respond to COVID-19 transmission and outbreaks amongst the most vulnerable populations who are mobile or detained. IOM implemented this project, along with all its COVID-19 activities, in close collaboration with WHO and the Health Sector in Libya, led by the Ministry of Health.

3.2. Evaluation background, scope and purpose

To limit the vulnerability of migrants to disease spread and support national COVID-19 prevention, response and vaccination efforts, IOM Libya implemented – in close collaboration with WHO and the Ministry of Health - this 12-month Austrian funded project, aimed at:

1. Supporting migrants who are in extremely vulnerable situations – i.e. those who are detained in detention centres with bad living conditions; and
2. Contributing to strengthening Libyan authorities' ability to prevent and respond to COVID-19 transmission and outbreaks amongst the most vulnerable populations, including migrants, Internally Displaced Persons (IDPs), detainees and other mobile and vulnerable groups.

Objective: To support Libyan authorities to respond to the most urgent needs of at-risk populations in Libya whose vulnerabilities have been further exacerbated by the COVID-19 pandemic while promoting equitable access to COVID-19 vaccines for all, including migrants.

Outcome 1: Migrants and other vulnerable populations have improved access to overall health services, including COVID-19 services, to protect against disease spread.

Under this outcome, IOM implemented the following main activities:

- To limit the spread of the pandemic, IOM distributed Personal Protective Equipment (PPE) kits to migrants disembarked on shore following a Search and Rescue Operation at sea, and to migrants detained in detention facilities. These were provided directly to the migrants.

- To enhance the capacity of detention authorities to better prevent and respond to COVID-19 cases, IOM donated COVID-19 PPE to the Directorate of Combatting Illegal Migration (DCIM) headquarters in Tripoli and Al Bayda, for officials working at 15 detention centres. These were then distributed to the detention centers' staff.
- Similarly, PPE has been provided before the end of the project to staff working at Points of Entry (PoE).
- To strengthen surveillance activities at PoEs, IOM has placed medical staff at two PoEs. They are providing support with traveler screening for infectious diseases, in-patient transfer to health and quarantine facilities and case management.
- To raise awareness about prevention of COVID-19, IOM implemented awareness raising campaigns in the communities through community mobilizers.

Outcome 2: Libyan authorities have enhanced their ability to coordinate and promote equitable access to COVID19 vaccines in Libya, including amongst most vulnerable mobile populations.

Under this outcome, IOM implemented the following main activities:

- IOM provided data and analysis on migrant and refugee populations based on its assessments to inform vaccination campaign planning and implementation.
- IOM organized a master training for MoH and NCDC health workers and administration staff and trained 17 individuals as master trainers. In the next two months they will conduct cascade trainings with local MOH and NCDC staff.
- By way of providing technical support the three taskforces responsible for cold chain/vaccine logistic management, capacity building and demand creation, IOM has hired three consultants who are embedded in the health authorities. The consultants are supporting the taskforce for cold chain/vaccine logistic management, capacity building and demand creation.
- IOM in partnership with UNICEF, is still in the process of purchasing cold chain equipment to support vaccination campaign implementation.

Evaluation Purpose

The IOM end-cycle (final) summative evaluation was conducted through an external evaluator intended for programme management and donors. The evaluation sought **to assess and measure the extent to which the project implemented in Libya, has achieved its intended short-, medium- and long-term objectives as well as the extent to which the interventions and delivery strategies were adequate to address the problems at hand with the aim to determine what worked and what did not work under what circumstances.** The evaluation therefore also documented lessons and good practices. The findings, recommendations, lessons, and good practices emanating from the evaluation will be used to inform further programme development either through scaling up or through the development of a follow up phase to maximize the momentum created through this initiative. The users of this evaluation include IOM Libya particularly the project Management team and PDSU interested in integrating recommendations, lessons, good practices into on-going programmes and identified priorities into future

resource mobilization initiatives as well as the project team. Furthermore, the evaluation is expected to inform the donor who is interested in the effectiveness and efficiency of the project.

3.3. Approach and methodology

To strengthen the credibility and usefulness of evaluation results, the evaluation used a mix of data sources collected through multiple methods. This included primary data which was collected directly from interviews of key informants comprised of project stakeholders (MoH and DCIM personnel), IOM project personnel and project beneficiaries (MoH, DCIM personnel who received support). These key informants provided firsthand experience concerning the intervention. This data was collected through interviews of 14 (11 male and 3 females), and some observation. It also included data consisting of documentary evidence (primary and secondary) that had direct relevance for the evaluation, such as published reports, relevant project documents, monitoring reports, previous reviews, country strategic plans, and research reports etc. Desk reviewed information was used to triangulate and buttress primary data.

The evaluation methodology included multiple methods with analysis of both quantitative and qualitative data, where possible. It included but was not restricted to the following:

- **Desk review** of relevant project documents (including the project proposal document, quarterly reports, social media and news publications etc);
- **Direct observation**
- **Semi-structured interview** with beneficiaries (government personnel and other individuals who received training, material/equipment support etc.);
- **Semi-structured interview** with IOM project personnel; and
- **Semi-structured interview** with government project stakeholders (staff of facilities served under the project. E.g DCs, PoEs and DPs. and personnel from Ministry of Health and the National Centre for Disease Control and relevant task forces etc);
- Review and analysis of **project monitoring records**.

Data collection during the evaluation obtained the unique and particular perspectives of both male and female beneficiaries and stakeholders. All data was disaggregated to allow for a thorough gender analysis of the evaluation's findings. Gender equality for IOM is a fundamental cross-cutting issue within the framework of its Principles for Humanitarian Action. To the extent possible, data collection and analysis was disaggregated by gender and also adhere to IOM's data protection principles as described in the United Nations Evaluation Group (UNEG) and IOM evaluation guidelines.

Sampling

The project utilized convenience sampling; a non-probability method⁷ of sampling where interviewed participants were selected for inclusion in the sample due to their ease of access and availability. It was deemed the most practical and effective technique for this evaluation due to the very mobile nature of its migrant beneficiaries and relevant stakeholders (MoH, NCDC, DCIM and other partner staff). It should be noted that with the closure (and release/repatriation of detained migrants) of the detention centers supported under this project, it was impossible to locate the various migrants and other relevant key

⁷ Non-probability sampling is a method of selecting units from a population using a subjective (non-random) method.

informants who benefited from the project interventions. Further, although considerable effort was put into locating key informants (project beneficiaries and stakeholders), only those who could be reached and who were available—and willing to participate—were interviewed. Therefore, the final population sample of 14 interviewees (11 males and 3 females) was determined by the ease of access and availability of interviewees. This sample is presented in the table below.

| key informant Category | Description | Population |
|-------------------------|---|------------|
| Government stakeholders | Staff of facilities served under the project. E.g DCs, PoEs and DPs. | 7 |
| Beneficiaries | Government personnel/individuals who received training, material/equipment support etc. | 4 |
| Project staff | Members of IOM project team | 3 |
| Total | | 14 |

Table 1. Key informants interviewed

Analysis of primary data

Primary qualitative data collected from key informant interviews was analyzed via axial coding of emerging themes. Axial coding is a qualitative research technique that involves relating data together in order to reveal codes, categories, and subcategories grounded within the responses of interviewees in collected data. Axial coding was preferred for this evaluation as it reveals insight into causal conditions, context, strategies, and consequences. It enables the analysis of data to break it down into new, unexplored results. Through this qualitative text data is analyzed from multiple perspectives, then put back together in results that make sense in the context of the research in question. The evaluator aggregated the responses collected during the key informant interviews and created thematic codes (related to the evaluation criteria) to which associated themes (identified from the responses of key informants) were tagged. The identified themes then formed the grounded theory for explaining the collective perspectives of interviewees concerning the evaluation criteria.

4. Evaluation findings

The findings of the evaluation are presented below according to the following evaluation criteria.

Relevance

The evaluation shows that the project activities and interventions were technically relevant and also appropriately responded to the needs of target beneficiaries, especially migrants. Based on the primary and secondary data, the evaluation could not find any counter data or information.

The situation in Libya in relation to the COVID-19 related plight of migrants was compounded by gaps in the capacity of government to timely and holistically provide essential health services and access to

vaccines for vulnerable migrants. Therefore, the project sought to support Libyan authorities to respond to the most urgent health needs of these at-risk populations in Libya whose vulnerabilities have been further exacerbated by the COVID-19 pandemic. The project was designed with the knowledge that it would be impossible to serve all migrants with the limited resources available. Therefore, the major objective of the project was to focus on the most vulnerable and most at-risk migrant populations. This entailed needs-based targeting of the most vulnerable migrants in Libya. IOM was able to conduct needs assessments leveraging its DTM and migration health technical capacity to identify its target beneficiary population. Key informants revealed that IOM conducted health assessments not just in the detention centers (DC) but in the urban areas to identify those migrants with significant health concerns, risks and disease infections as target beneficiaries.

Consequently, IOM identified the various detention centers and PoEs with most salient health service gaps and higher populations of very vulnerable and at-risk populations within the framework of COVID-19 preparedness and response. All IOM Key informants affirmed that in providing critical COVID-19 prevention and hygiene kits as well as key medical services to migrants in detention centers and PoEs, the 12-month project enhanced equitable access for at-risk migrant populations in Libya to critical health services, sensitization and COVID-19 vaccines.

The Austria government funded project aligned with and buttressed Libyan national government capacity building priorities within the framework of COVID-19 preparedness and response. However, this support transcends to the development of national institutional capacity in preparedness and response. The project proposal document and information from IOM key informants show that the project was aligned with global and IOM's strategic COVID-19 preparedness and response plan. The project design was also in alignment with sustainable development goal 3 that seeks to ensure healthy lives and promote well-being for all at all ages⁸ as well as being in alignment with IOM's migration government framework objective 3 which seeks for migration to take place in a safe, orderly and dignified manner. This entails ensuring migration is safe and orderly as well as mitigating the risks associated with the movement of people. This includes applying effective cross-border health measures and strengthening public health strategies to prevent the spread of disease and protect the health of migrants and society⁹.

Based on the above, the multi-faceted approach of capacity building, material support and engagement of national and local authorities (via the task forces in coordination and implementation) was highly relevant to the complicated country context.

⁸SDG goal 3. Retrieved from: <https://sdgs.un.org/goals/goal3>

⁹ IOM. *Migration Governance Framework (MiGOF)*. <https://publications.iom.int/books/migration-governance-framework>

Effectiveness

Overall, the project has achieved its objective to support Libyan authorities to respond to the most urgent needs of at-risk populations in Libya whose vulnerabilities have been further exacerbated by the COVID-19 pandemic while promoting equitable access to COVID-19 vaccines for all, including migrants. Based on the analysis of the key informant interviews, the project's beneficiaries, stakeholders and project staff were largely satisfied with all activities. A desk review of relevant project monitoring records and information from key informants showed that towards ensuring migrants and other vulnerable populations have improved access to overall health and COVID-19 services (to protect against disease), vulnerable and at-risk migrants in DCs and at disembarkations points (DP) received PPE kits, hygiene kits and medical supplies. Six PoEs were also supplied with PPEs and hygiene kits to ensure prolonged protection of vulnerable migrants from COVID-19 and other infectious diseases. The support provided herein is imperative to the welfare and survival of these migrants who upon disembarkation from overcrowded lifeboats and rafts are prone to various infections, hypothermia and malnutrition. These risks are further exacerbated by their irregular migrant status which increases vulnerability and limited access to critical health and social services.

Outputs

- 7231 vulnerable migrants in DCs and at DPs following disembarkation received PPE kits.
- Six points of entry supplied with PPEs and equipment's Wazin, Ras Jader, Amsaad crossing Points. Mitiga, Misratha and Benina airports
- Distribution of PPE kits (comprising hygiene items and covid-19 protective items) to 1590 migrants (1,056 males, 316 females, 181 children (m), 37 children (f)) at Triq Al-sekka, Ain Zara, Abusalim, Zliten, Aburshada, Zliten, and Sharaa Azzawiya DCs.
- 5,464 migrants (4,833 males, 361 females, 197 children (m), 73 children (f)) received PPE kits during distributions at Tripoli Mian Port, Abusetta, Misfat Azzawiya DPs.
- 177 male officials received PPE kits during health awareness-raising sessions conducted in four (4) detention centers (Tarik Alsekka, Ganfouda, Abu Rshada, and Ain Zara DCs) and two (2) disembarkation points (Tripoli Main Port and Mesfat Al Zawiya DP).
- Recruiting 2 surveillance officers at Misratah airport and Ras Jadir entry point respectively upon which a functional surveillance system was established.
- collection—through IOM DTM—and sharing of periodic data on migrants and refugees with MOH based on which a vaccination deployment plan was developed.
- 17 vaccine supervisors (all male) from MOH/NCDC trained in TOT on Covid-19, Cold chain management and effective management of vaccines. Additionally, 186 (36 males and 150 female) health workers trained in cascading training on Covid-19, Cold chain management and effective management of vaccines.
- IOM recruited and assigned three consultants to provide technical advisory support to the three taskforces responsible for cold chain/vaccine logistic management.
- IOM procured and delivered cold chain equipment to NCDC

See Annex 1 - Result Matrix for details

Towards a needs-based institutional capacity building aligned with national priorities, IOM through this project was able to reinforce the capacity of authorities working in DCs and PoEs towards preparedness and response to COVID-19. This was achieved via the distribution of PPEs for use by officials in four DCs and two migrant DPs.¹ *See Annex 1 - Result Matrix for quantities supplied.*

The project also succeeded in enhancing the capacity of the aforementioned POEs in COVID-19 preparedness and response needs by recruiting and placing a surveillance officer at Misratah airport and Ras Jadir entry point respectively upon which a functional surveillance system was established.

The project was successful in enhancing the capacity of Libyan authorities to coordinate and promote equitable access to COVID-19 vaccines in Libya, including amongst most vulnerable mobile populations. Equitable access for vulnerable migrants to COVID-19 vaccines is predicated upon a well targeted vaccination campaign which is informed by updated data on mobile migrant populations. Regarding this aspect of IOM intervention, the project committed to its intra-project and IOM DTM surveillance team resources to share periodic data on migrants and refugees with the Libya MOH based on which a vaccination deployment plan was developed. In the course of the development of the vaccination

deployment plan, institutional and logistical gaps were identified as impedances to the success of the plan. Therefore, IOM developed a training for MOH and NCDC officials in effective COVID-19 cold chain and vaccination implementation. The training was based on a training of trainers (ToT) model for snowball intra-institutional transmission of capacity. The ToT model ensures that those officials who receive training during the ToT will in turn, later cascade the newly acquired knowledge to relevant colleagues even without IOM support post-project. In this regard, 17 vaccine supervisors of the national expanded vaccination program were trained during the ToT on COVID-19, cold chain management and effective management of vaccines. Additionally, 186 health workers were trained by graduates of the aforementioned ToT in cascading trainings across various regions on the same topic. Further to institutional capacity building, IOM recruited and assigned three consultants to provide technical advisory support to the three taskforces responsible for cold chain/vaccine logistic management, capacity building and the demand creation. Finally, IOM procured and delivered cold chain equipment (*See Annex 1 - Result Matrix for details*) to support COVID-19 vaccines logistics towards effective implementation of a COVID-19 vaccination campaign.

Key informant interviews revealed that the project met the subjective expectations of its beneficiaries and stakeholders. This is a salient indicator to gauging the effectiveness of the project's design, implementation and results towards its overarching objective. However, almost all key informants recommended for an extension of the project as burgeoning needs still persist because the pandemic is not over and the influx of migrants into Libya is increasing year on year¹⁰. Key informants also recommended for an expansion of the project's services to cater for other critical needs of migrants in Libya such as nutrition and clothing support, sanitation facility management, key informants also recommended for focus not just on COVID-19 but on other infectious diseases particularly affecting migrants such as tuberculosis, meningitis etc. Project stakeholders also requested for increased technical capacity building for government officials relevant to migrants in the area of infectious disease preparedness and response and in cold chain and vaccination logistics. Key informants finally revealed that the major external factor influencing the achievement of the project's expected outputs and outcomes was the heightened insecurity informed by the multi-year conflict in Libya and its impedance to safe mobility and access in some regions of the country. This posed a challenge to some of the project activities though IOM was able to mitigate these challenges by leveraging its organizational capacity and experience in successfully implementing projects in similar contexts. IOM was also able to mitigate these challenges by establishing robust strategic partnerships and coordination with other partners and stakeholders.

Efficiency

A desk review of relevant project documents and monitoring records show that IOM was able to leverage its organizational knowledge and technical expertise in the area of migration management (within its migration governance framework) to design and implement a project which efficiently and adequately addressed the most compelling priorities and achieve its results. The project was also able to leverage robust strategic partnerships between the government of Libya and other strategic health sector actors such as the World health organization (WHO), Médecins sans Frontiers (MSF) and UNICEF with

¹⁰ IOM. Libya — *Migrant Report 42 (May - June 2022)*. Available at: <https://dtm.iom.int/reports/libya-%E2%80%94-migrant-report-42-may-june-2022>

complementary COVID-19 preparedness and response programmes in Libya to best support vulnerable migrants. This prevented duplication of response and enhanced the efficiency of the project's resource allocation.

The evaluation found that the use of funds seems to be adequate as, even though a no-cost extension was requested¹¹ by IOM and granted by the donor, IOM's intelligent budgeting and financial management ensured that the project still actualized its intended outputs. The activities budgeted were conducted as planned, and under output 1.1 (which sought increased access of vulnerable populations to basic items for prevention of communicable diseases) IOM surpassed its initial target of 3,000 beneficiaries. The project was able to efficiently manage its budgetary resources to reach an additional 4,054 migrant beneficiaries—*See Annex 1 - Result Matrix*. Project monitoring records and key informants affirm that project activities were undertaken as scheduled and all outputs were delivered on time and in expected quantity. However, the cold chain equipment delivery experienced delays which project personnel attributed to global supply chain limitations due to COVID-19 travel restrictions.

Impact

The project has a positive impact on the institutional capacity of Libyan authorities to respond to the most urgent needs of at-risk populations in Libya regarding the COVID-19 pandemic while promoting equitable access to COVID-19 vaccines for all, including migrants. This impact is in the long term as institutional capacity and knowledge always transcends into the long term. Project stakeholders in the key informant interviews also attested to this capacity building impact being in the long term, for this newly acquired or enhanced capacity is being applied daily post-project. Further, the access to essential health care and COVID-19 prevention items has a direct positive impact on the health and wellbeing of all migrant beneficiaries who would otherwise face dire health outcomes.

Sustainability

The institutional capacity building in COVID-19 preparedness and response and the institutional capacity building in cold chain logistics and vaccination campaign administration (supported by local institutions and embedded in institutional structures) produced salient results that will survive beyond the life of the project. This is because as hitherto stated, institutional capacity and knowledge always transcends into the long term. This new acquired capacity (as a result of the project) is currently being applied by relevant authorities. Key informants revealed that the operational capacity acquired as a result of this project are currently being operationalized. Therefore, this newly acquired capacity will continue to be applied as ensured by IOM's effective exit strategy of cascading intra-institutional capacity building, which informed the ToT.

Cross-cutting issues

The project did not experience any barriers to equal gender participation in design or implementation. This is because gender equality is a fundamental cross-cutting issue within the framework of IOM's Principles for Humanitarian Action. Based on IOM's gender mainstreaming policy and guidelines¹² the project closely considered gender mainstreaming issues in all aspects of its design and implementation. The differences, needs, roles and priorities of women, men and specific vulnerable groups were also closely considered during the planning and implementation of the project.

¹¹ Due to delays with the delivery of the cold chain equipment (due to supply chain constraints as a result of Covid-19)

¹² IOM. *Gender Equality Policy*. Retrieved from: <https://emergencymanual.iom.int/sites/g/files/tmzbd1956/files/2022-08/IOM%20Gender%20Equality%20Policy%20%282015-2019%29.pdf>

IOM continued to advocate and support the inclusion and active participation of women and minority groups in various activities throughout the course of this project. Despite the conservative nature of Libyan society, IOM through its progressive advocacy for gender parity, succeeded in having 150 (out of 186) female participants as part of the health officials trained in the cascade trainings. Furthermore, IOM was able to reach 677 female migrants with hygiene and COVID-19 kits under output 1.1. All through the project and its activities, the rights and dignity of beneficiaries were perpetually upheld. The project team ensured that informed consent was sought and acquired from migrants before vaccination. Vaccination messages were also developed in multiple languages to enhance informed decision making on the part of migrants.

5. Conclusions and recommendations

5.1. Conclusions

This evaluation report concludes that the project actualized its objectives, outcomes and outputs and inherent activities as stated in the project results matrix. The project has shown great relevance to the targeted migrant needs and overall shows positive results. Nevertheless, the project would have been even more beneficial to most vulnerable migrants in Libya if it were continued throughout the lifespan of the COVID-19 pandemic in Libya and also expanded to cater for some other salient needs of vulnerable migrants. The project would have a more comprehensive and sustainable impact if it were not solely focused on COVID-19 but also on other infectious diseases lined to the globalized movement of migrants. Even if this was not the purpose of this project, it would be something to consider for future projects.

5.2. Recommendations

The following recommendations were prepared based on the main findings of the final evaluation:

- Consider extending the project for another one-year period based on the persistence of the COVID-19 pandemic or other viral and contagious diseases.
- Consider expanding the project activities or increasing the coverage of other IOM complementary projects to cater for some other salient needs of vulnerable migrants in Libya such as nutrition, clothing and sanitation facility management (WASH).
- Consider widening the focus of the project not just on COVID-19 but to other infectious diseases affecting migrants such as tuberculosis, meningitis etc.
- Consider an extension of technical capacity building for government officials relevant to migrants in the area of infectious disease preparedness and response and in cold chain and vaccination logistics. Finally, to ensure sustainability, it would also be imperative to conduct further refresher trainings to take former trainees back to basics so they can review fundamentals they may have forgotten or upskill on new information and global best practices.

5.3. Lessons learned and good practices

The evaluation found that the use of needs assessments as evidence upon which beneficiary targeting is conducted is a good practice to ensure that beneficiaries are selected according to most salient needs. The project recognized that in lieu of limited resources, it is impossible to attend to the needs of all

migrants within the target area and so to ensure project efficiency towards sustainable impact, the most vulnerable were prioritized. Towards selecting the most vulnerable migrants in target locations, the project conducted needs assessments and disease surveillance which informed unbiased selection of beneficiaries irrespective of gender, ethnicity and other social attributes. This is good practice for other projects in the face of dwindling humanitarian funding and resources.

6. Annexes

- Annex 1- Result Matrix
- Annex 2 - Key informant interviews data and analysis
- Annex 3 – Questionnaires
- Annex 4- Anonymized Key informant interviews data and analysis
- Annex 5- Evaluation terms of reference
- Annex 6- Inception report