1 Prior to the 2011 revolution, Libya was an upper-middle-income country that had made progress in its Millennium Development Goals. The vacuum of effective governance since 2011 has contributed to the increase in armed conflict and the deterioration of security, the rule of law, basic service delivery, and economic recovery. Libya is divided between two rival governing authorities: the Government of National Accord (GNA) and the ‘interim government’ backed by the House of Representatives and the Libyan National Army (LNA). The political stalemate dissolves into open warfare in April 2019 when the LNA launched an offensive against Tripoli. The GNA and the LNA became entrenched in Tripoli’s suburbs and other cities in Western Libya, with escalating armed conflict throughout the first half of 2020. There were significant violations of international human rights and humanitarian law, including gender-based violence, grave violations against children, and damage to essential civilian infrastructure. Following the ceasefire in October, there was a reduction in armed conflict and a slow return of displaced persons.

2 The crisis has severely affected the Libyan economy, as well as the 6.5 million residents. Income from oil production, the primary contributor to the gross domestic product (GDP), has declined over the past decade, shrinking the economy; the real GDP has fallen to less than half of its pre-revolution level. COVID-19 further fragilized the economy, including as a result of border closures, movement restrictions, and trade disruptions. Household economic vulnerability increased during 2020, increasing negative coping mechanisms. The combination of fuel shortages, significant water and electricity cuts, as well as economic deterioration drove thousands to the streets in protest of the deteriorating living conditions.

3 In 2020 the armed conflict had devastating humanitarian consequences for children and families. An estimated 1.3 million people, including around 481,000 children (235,690 boys and 245,310 girls) require humanitarian assistance. As of October 2020, there were 316,415 Internally Displaced People (IDPs) and 567,802 returnees across Libya. The lack of clear durable solutions for some groups of IDPS to return home, forcing them to remain in crowded camps with minimal basic services. Humanitarian access to some areas remained limited/constrained. Explosive hazards and remnants of war remain a critical risk for people returning to their homes.

4 There are approximately 574,146 migrants and refugees (9 percent children – 2 percent of which are unaccompanied) in Libya. Migrants and refugees face increasingly difficult living conditions. An estimated 2,000 refugees and migrants are being held in detention, 27 percent of which are children, in inhume conditions. Roughly 80,000 migrants are believed to have left Libya since the start of the pandemic, predominately to neighboring countries and the number of migrants crossing the Mediterranean Sea has increased (nearly three times higher than the same period in 2019).

5 Access to and quality of healthcare significantly deteriorated in 2020, with a grave risk of increased communicable and non-communicable disease. An estimated 1.2 million people are in need of primary and secondary health services, including 425,705 children. More than half of the health care facilities functioning in 2019 have closed due to security issues and funding deficits. Those that remain open are constrained by significant shortages of staff, medicines and supplies; notably, an estimated 70 percent of primary health care facilities do not have the 20 most essential medications. During two months in 2020, there was a stockout of essential vaccines, including those that prevent childhood diseases such as measles and polio. By the end of the year, there were indications that another vaccine stock-out was imminent.
6 The COVID-19 morbidity and mortality rate have steadily increased in 2020. The deterioration in the healthcare system has hampered efforts to control COVID-19. Existing treatment and testing facilities are predominately located in Tripoli and Benghazi; large areas of Libya are without access to services. Significant gaps in the availability of Personal Protective Equipment as well as inadequate measures to prevent and control transmission have resulted high healthcare worker transmission rates. Risk Communication and Community Engagement are vital to stopping further transmission but local capacity is limited.

7 An estimated 316,000 children and 10,000 teachers are in need of education support. Due to COVID-19, schools closed in mid-March and did not reopen. The new academic year is scheduled to start on in January 2021 in the West and in December 2020 in the East. During 2020, 16 schools were damaged as a result of conflict and 34 sheltered IDPs.

8 Child rights violations and protection needs are increasingly reported across Libya; a result of deteriorating security, violations of international law, the breakdown of the rule of law, and the absence of quality child protection services. At the end of 2020, 294,000 people required protection services, 84 percent of which are children. Unaccompanied and separated migrants and refugees are particularly vulnerable in Libya. An estimated 153,000 people are at risk of gender-based violence (30 percent girls).

9 Adolescents and youth are among the most vulnerable populations in Libya. Young people, especially girls, have limited opportunities for social, economic, and civic engagement. Poor quality education limited vocational training and employment opportunities, and a weak protective environment are push factors for young people’s engagement in high-risk behaviors, including association with armed groups.

10 Libya is one of the most water scarce countries in the world. Approximately 438,000 people, 40 percent of whom are women and girls, are in need of water, sanitation and hygiene (WASH) assistance. Only 65 percent of households are connected to the public water network. Libya’s water institutions lack essential operational maintenance, financial support and technical capacity. An estimated 10 percent of wells that feed the Man-Made River water system are fully out of service. Water infrastructure continues to be targeted and sabotaged. Ninety per cent of waste-water is disposed, untreated, into the sea. Only 10 out of 24 wastewater treatment plants are at least partially functional. The alarming state of solid waste management in urban settings and subsequent increase in the rate of water and vector-borne disease has resulted in increased watery diarrhoea and Leishmaniasis.

**Major contributions and drivers of results**


12 In line with the Country Programme and reflecting the humanitarian-development nexus, the UNICEF focused on (a) support to basic service provision, including in health, nutrition, education and WASH; (b) building a protective environment for children; and (c) contributing to and building national capacity in evidence generation and evidence-based policy making and budgeting. Gender, youth, children on the move, and emergency preparedness and response are core cross-sectoral
components of the programme. During 2020, UNICEF received funding from Education Cannot Wait, the European Union, Germany, Japan, Poland, UNHCR, UNOCHA’s Central Emergency Response Fund, the US Agency for International Development, and USAID’s Bureau of Humanitarian Assistance.

13 UNICEF, as other United Nations agencies and the UN Stabilization Mission in Libya (UNSMIL), had a reduced number of international staff in Libya as a result of security and COVID-19 related restrictions in 2020. Due to the rapid increase in COVID-19 cases, UNICEF’s Tripoli office reduced office attendance and increased Flexible Work Arrangements to allow staff to work from home. There is cautious optimism that UNICEF may move to its new office premises in Tripoli during the first quarter of 2021. UNICEF expanded its presence in its Benghazi office, with an additional six national staff members and the recruitment of a Chief of Field Office. An independent office space adjacent to UNICEF Tunisia Country Office has been setup to facilitate work for staff in Tunis.

14 Against the backdrop of COVID-19 and armed conflict, UNICEF has strengthened many of its monitoring, coordination, and implementation mechanisms. UNICEF continued to implement the Harmonized Approach to Cash Transfer (HACT) framework. Nineteen micro-assessments and 15 spot-checks were undertaken. Based on the results, UNICEF conducted an intensive three-week capacity building for all partners. An additional 19 spot checks are on-going for programmes implemented in the latter half of 2020. UNICEF established a hybrid monitoring strategy for 2020, managed by UNICEF and supported by a network of individual monitors across Libya. Two evaluations were undertaken during 2020, including a Country Programme Evaluation.

15 UNICEF increased its communication support to programme delivery in 2020. The country office monitored the evolving situation, highlighting grave violations of child rights. UNICEF used its network with the media and on social media to support the Risk Communication and Community Engagement (RCCE) strategy, in cooperation with national authorities. UNICEF closely monitored the evolving COVID-19 pandemic and addressed outbreaks with tailored messages and community engagement campaigns. UNICEF’s social media platforms are considered a reliable source of information, repeatedly quoted by media. During 2020 UNICEF’s account on Twitter and Facebook were verified, strengthening the credibility of its messages.

A. Support to Basic Service Delivery

16 During 2020, UNICEF supported basic service provision, including for health, nutrition, WASH, and education. UNICEF prioritized the needs of youth and adolescents through targeted service delivery and direct engagement. UNICEF focused on strengthening basic services, including system strengthening, capacity building, rehabilitation of infrastructure, and the provision of essential materials. The Annual Work Plans, signed with relevant line ministries for 2019-20, were revised to incorporate COVID-19 response. Where basic services were not available for the most vulnerable, UNICEF provided humanitarian assistance.

17 Contributing to the realization of SDG 3 and 2, UNICEF continued to focus on bridging the gaps in preventative and curative health and nutrition services in Libya. During 2020, UNICEF continued implementation of its package of life-saving health supplies, medicines, and training in 34 health facilities in 24 pilot municipalities, reaching 613,009 people (including 344,183 children). Support to health facilities was particular important in the context of COVID-19 and for conflict affected communities. Health facility staff were trained through distance modalities. Health promotion material regarding Infant and Young Child Feeding was distributed to the targeted health facilities.

18 UNICEF undertook a rapid assessment of the availability of vaccines in health facilities (200 out of 700 vaccination sites). This exercise revealed a stock out of BCG vaccines and limited availability of other essential vaccines. The findings of the assessment were used by UNICEF and
WHO in their advocacy to the government, which contributed to the expedited procurement and delivery of vaccines. Additionally, UNICEF provided personal protection equipment to all vaccination sites (700) to ensure continuity of safe vaccination. During the last quarter of 2020, UNICEF provided extensive technical support to national counterparts to prepare for the COVID-19 vaccine, including with regards to micro-planning and support to cold chain and vaccine management, rehabilitation of PHCs, staff training, safety and quality assurance, waste management, demand creation and completion of Vaccine Introduction Readiness Assessment Tool.

UNICEF continued to support the national nutrition unit in their development of a comprehensive national programme, including through capacity development. Due to COVID-19 and the closure of several Detention Centres, the nutrition interventions were scaled down during 2020; however, UNICEF and partners continued to distribute High Energy Biscuits, Micronutrients and Emergency Food Rations and Ready to Use Therapeutic Food, reaching 18,262 detained children and 39,290 pregnant and lactating women.

Contributing to the realization of SDG 6, UNICEF provided 192,657 people with sustainable WASH services and hygiene supplies, including soap, bleach, chlorine and cleaning materials, accompanied by relevant COVID-19 messaging. UNICEF provided safe drinking water to 53,921, including through the provision of water pumps. UNICEF focused on hygiene promotion and Infection Prevention and Control measures, including in response to the devastating floods in Misrata, Albayda and Alhelsi IDP camp. With IOM and UNHCR, UNICEF assessed and provided IPC response to 51 sites, including health facilities, detention and collective centers in the east, south and west of Libya. WASH facilities were rehabilitated in 22 health facilities, 5 detention centres and disembarkation point, 15 collective centres, and nine IDP camps. To enable the reopening of schools, 202 schools were cleaned, and disinfected and PPE kits were distributed. Ten water facilities were disinfected to support WASH governmental counterparts (GAWR, GDC and GCWW), in addition to 8 IDP camps. 180 staff from different health facilities, water and education authorities and NGO partners were trained on IPC.

Contributing to the realization of SDG 4, UNICEF continued to improved access and quality education through systems building. In addition to the Annual Work Plan, UNICEF and the Ministry of Education (MoE) signed a COVID-19 response plan, including support to the development of distance-learning sessions on core subjects. Around 2,000 classes have been recorded with UNICEF’s support, reaching an estimated 90,000 children in 2020. UNICEF rehabilitated 31 schools during 2020. UNICEF continued supporting the MoE in school re-opening efforts; in June 2020, a video on the infection prevention and control measures taken by MoE for school re-opening was recorded and shared on social media, reaching more than 46,000 persons. In addition to PPE equipment distributed to different parts of the country, 10,000 health booklets and 6,000 posters on IPC measures in school were provided to the MoE to support re-opening of the schools. Despite COVID-19 related challenges, 95 teachers (37 men, 58 women) were trained on education in emergencies, child-centered pedagogies and school health. Additionally, UNICEF trained school health officers and social workers on health and safety measures in school and the psychological impact of COVID-19 pandemic.

In response to humanitarian needs of the most vulnerable, UNICEF continued to provide non-formal education and education supplies to children in need, including internally displaced children, migrants and refugees. 13,029 children (5,952 boys, 7,077 girls) and 2,515 young adults were reached through a combination of in-person and distance non-formal education activities, including 3,180 young children (1,539 boys and 1,641 girls) enrolled in early childhood education. UNICEF distributed education supplies to 69,530 children.

Within the BluePrint partnership between UNICEF and UNHCR addressed to refugees, three refugee-hosting schools were rehabilitated and school supplies were provided to the schools. UNICEF conducted assessments regarding barriers to school access for migrant and refugee children attending Bayti centers and children referred to UNICEF by UNHCR.
Contributing to SDG 10, 8, 4, 5 and 16, UNICEF aims to increase the resilience and social and economic inclusion of young people in Libya, allowing them to play an active and positive role in their society. Governing its intervention during 2019-2020, UNICEF has two Annual Work Plans addressed to the unique needs of the second decade of children’s live with the Ministry of Local Governance (MoLG) and the Authority of Youth and Sports, respectively. During 2020, UNICEF finalized the Youth Vulnerability Assessment.

During 2020, UNICEF and the MoLG relaunched the Child Friendly Municipality award initiative to sensitize 57 municipal councils on means to build the enabling environment for children and adolescents. Six municipalities publicly announced that they were ready to work towards being ‘child-friendly’. In partnership with the Authority of Youth and Sports and Expertise France, UNICEF provided social enterprise training to 144 young persons, including 60 girls and 30 exceptionally vulnerable youth. Thirty projects from 17 municipalities (out of 76 projects) were awarded EURO 7,500, respectively. Working with international partners, UN agencies, and local authorities, UNICEF launched sports, journalism and art clubs in Sirte, training 35 teachers/facilitators and reaching 115 young people and adolescents (55 boys, 60 girls) with trainings to promote life-skills. UNICEF globally launched the Reimagine Your Future Youth Challenge in 13 countries including Libya to encourage youth to engage in community action; with support from partners and national counterparts, fifty-eight young Libyans participated.

B. Building a Protect Environment for Children

Building on its achievements in 2019, UNICEF continued to implement planned activities, in accordance with its Annual Work Plans (2019-2020) with the Ministry of Social Affairs (MoSA), the Ministry of Interior (MoI) and the Higher Commission for Children (HCC), including the 5-year Action Plan to End Violence Against Children. Restrictions related to COVID-19 necessitated modification of implementation modalities.

During 2020 UNICEF continued to implement humanitarian and development programmes to respond to increased protection needs. UNICEF provided technical support to government, national and international partners in the development of COVID-19 response plans. UNICEF continued working with government stakeholders to support the development of national child protection systems, including the case management system. UNICEF built the capacity of 91 social workers from the MoSA and 1,076 social workers from national partners. In the framework of the 5-year National Action Plan to End Violence against Children, UNICEF finalized the capacity building manual to support mainstreaming child protection in education as part of a compulsory teacher training programme, in collaboration with the MoE.

UNICEF continued to work with the Higher Committee for Children and the MoI to develop the case management system and Standard Operating Procedures (SoP) for the FCPUs. A consultation workshop with the MoI, MoSA, and the HCC will be held in 2021 to finalize the draft SoPs.

The Convention on the Rights of Children State Report has been finalized by the government and is to be submitted to the Committee on the Rights of the Child in 2021. UNICEF and the civil society partners will continue to work on alternative reporting.

During 2020, UNICEF prioritized Child Protection in Emergency. UNICEF continues to run 6 community centres (‘Bayti’ centres, meaning ‘home’ in Arabic) for vulnerable children, in migrants, refugees and displaced children, providing them with non-formal education and child protection services. COVID-19 adjusted modalities were adopted to ensure that child protection interventions were able to continue, including online parenting support, online group activities. The Child Protection in Emergency response included the following:
(a) Based on the UNICEF GBV/GBViE framework UNICEF continued to scale-up its GBViE response, including through the establishment of women and girls centers, capacity development for national partners, integration of GBV interventions in all Bayti centers (including referral pathways to specialized services). During 2020, 29,832 persons were reached with GBV services;
(b) Continued provision of MHPSS at the community level in 18 municipalities in community centres and IDP shelters. Including through COVID-19 adapted implementation modalities (distance), UNICEF reached 11,873 children (5,832 boys, 6,041 girls) and 1,739 young adults;
(c) UNICEF continued to provide capacity building support to the informal child rights group, activated in 2019. Meanwhile UNICEF contributed to grave child rights violations where at least 100 grave violations affecting 100 children (59 girls, 41 boys) were verified during 2020;
(d) In coordination with civil society partners, the Libyan Mine Action Centre (LibMAC) and the National Centre for Disease Control (NCDC), UNICEF has continued to consolidate and strengthen Mine Risk Education (MRE) in schools and communities, including through the dissemination of combined COVID-19 and EORE messaging. MRE/EORE programming directly reached 41,970 children and caregivers in 2020.

31 UNICEF in Libya is actively advocating for the rights of children on the national, regional and global level, based on evidence-based programming. The Blue Print initiative provides UNICEF and UNHCR with a unique opportunity for joint advocacy and programming.

C. Evidence Generation and Support to Evidence-Based Policy Making

32 In 2020, UNICEF and its partners continued to prioritize learning and evidence generation regarding the well-being of children in Libya. In addition to undertaking its own research, UNICEF worked with national counterparts to build national information management systems.

33 During 2020, UNICEF has made progress on 8 surveys and studies related to child protection, access to justice, RCCE, social policy, and youth. Four studies were completed during 2020, including a justice sector mapping, a youth vulnerability assessment, and RCCE behavioral assessment. UNICEF has developed a research methodology for Monitoring Children and Families in COVID-19 which will track the socioeconomic well-being of families. In addition, the Multiple Overlap Deprivation Analysis (MODA) has been finalized in 2020.

34 UNICEF continued to work with key government institutions to put in place information management systems, including:

(1) District Health Information System: Data collection tools have been procured for 670 health facilities. UNICEF and partners have trained personnel. Partial reporting from targeted facilities began and regular reporting is expected in 2021;
(2) Education Information System: The development of Education Management Information System application has been finalized with MoE and TVET department and the first round of data collection is scheduled for 2021, led by the MoE.

35 UNICEF is engaged in a policy dialogue with the National Economic and Social Development Board to support the development of a national social protection policy. This initiative will complement UNICEF interventions under the Blue Print Initiative and in humanitarian cash transfers programming.
During 2020, UNICEF strengthened its comprehensive approach to partnership building with key ministries, municipal councils, civil society organizations, United Nations agencies and donors. UNICEF continued to work with government counterparts to implement nine Annual Work Plans adopted in 2019. UNICEF partnered with 18 partners (13 national organizations and 5 International Organizations). UNICEF worked closely with UNSMIL, Office of the Resident Coordinator and all of the UN agencies.

During 2020, UNICEF continued to act as the lead cluster/sector coordinator for education sector, WASH sector, the child protection sub-sector. UNICEF is a key partner in the health sector. UNICEF is represented in the Livelihood working group (led by the UNDP) and has recently established a Social Protection working group. UNICEF is an active member of the interagency Operation Management Team and led the Procurement Working Group up to May 2020. UNICEF continues to lead the Basic Services Working group, including coordination of relevant working groups. UNICEF worked with other UN agencies to finalize the Humanitarian Response Plan for 2020. Through the Rapid Response Mechanism, UNICEF, IOM, UNFP and WFP reached more than 12,200 individuals or 2,440 HHs.

UNICEF is playing an active role in coordinating the COVID-19 response, including chairing of the Risk Communication and Community Engagement (RCCE) pillar, Infection Prevention and Control pillar and significantly contributing to the pillar supporting the provision of basic services, including health and nutrition. Additionally, UNICEF has been designated as the COVID-19 Supply coordinator, under the UN Resident Coordinator. As such, it is responsible for coordination of the national supply needs regarding COVID-19, assurance of deliveries via the global control tower, distribution of supplies in accordance with national requests, and assurance that requested supplies are part of the national plan, recognized by the Disaster Committee.

UNICEF has partnered on a number of inter-agency initiatives during 2020. UNICEF is working with a number of UN and international agencies to support basic services in 24 municipalities through convergence programming. In Sirte, UNICEF is working with 4 other UN agencies to engage youth and contribute to stabilization. UNICEF, UNODC, and UNDP developed a joint programme during 2020 to strengthen the juvenile justice system in Libya, with rollout planned for 2021.

As part of the initiative launched by the High Commissioner of Refugees and UNICEF Executive Director, Libya has been selected as a pilot programme within the Blueprint initiative, offering a fair and sustainable deal for refugee children. UNICEF and UNHCR signed a landmark agreement to support implementation of joint action for refugee children in Libya.

Based on successful implementation of the Country Programme in 2019-2020, UNICEF will continue to scale-up the following programme innovations in 2021:

(a) BAYTI centres are community-based child-friendly spaces. Bayti centres were designed as a comprehensive strategy to provide multi-sectoral service provision to all vulnerable children identified through community-led outreach and referral. Programmes at these centres are designed to promote and contribute to children and young people’s full development, addressing their physical, cognitive, social and emotional well-being. It links interventions in education (learning support services), child protection (psychosocial support services), adolescent and youth participation (life skills and innovation labs), and health services. During 2021, UNICEF will continue to strengthen and expand services in the 10 Bayti centres and other safe spaces across Libya, including through intersectoral
coordination and strengthening partnership with other agencies (e.g. IOM and UNHCR);

(b) In July 2020, UNICEF and UNHCR signed a partnership agreement within the BluePrint for Action, for which Libya is a pilot country. In 2020, the two agencies have worked intensively in Libya to transform the way the programmes are designed and to join advocacy efforts for refugee and host community children. UNICEF and UNHCR have committed to support government authorities to (a) include refugee children and families in national systems, policies, plans and service delivery systems; (b) Accelerate access to education, WASH and child protection services for refugee and host community children at risk of being left behind; and (b) Deliver a measurably more effective and efficient joint response for refugee children, their families and host communities, in keeping with the UN reform agenda. Solid foundations have been laid in child protection and education programmes to be scaled up in 2021.

(c) In 2020, UNICEF has further developed its convergence programme in the 24 municipalities/cities that have been selected based on the high number of the vulnerable families and migrant and refugees living in these urban areas. UNICEF has developed a monitoring framework to track access to basic services and household access to services, to be rolled out in 2021. The implementation of this flagship programme will continue in 2021, with a stronger emphasis on southern Libya.

42 Despite the encouraging progress made in the peace negotiations during 2020, there are strong indications that the situation in Libya may continue to be unstable and volatile in 2021. The impact of COVID-19 on the capacity of basic health services, as well as children and vulnerable families is becoming increasingly grave. UNICEF undertook an audit and external evaluation of its Country Programme during 2020; the results of these important assessments will feed into an internal review of the programme during 2021 to determine what components need to be adjusted given the evolving context and to begin planning for the next country programme, in line with the new UN Strategic Framework. Though continued support and system strengthening of the national basic service system will continue to be a priority, UNICEF recognizes the importance of a strong and up-to-date internal risk assessment and contingency plans. Additionally, UNICEF will continue to strengthen its internal emergency preparedness measures during 2021, including (a) identifying solid partnerships that are able to rapidly scale-up response (including in hard to reach/inaccessible areas); (b) ensure that pre-positioned essential stocks are available to allow for a rapid response; (c) strengthen its mechanisms for Accountability to Affected Population, strengthened Prevention of Sexual Exploitation and Abuse (PSEA), including systematizing complaints and reporting mechanisms across its programmes; (d) build the capacity of partners, government counterparts and UNICEF staff to ensure emergency preparedness and response, including with regards to the humanitarian principles and Accountability to Affected Populations; (e) enhance the quality and timeliness of emergency response, including through the diversification of the package of emergency response, expanding the targeted areas and beneficiaries, and through cash transfer interventions; and (f) secure flexible funding that allows UNICEF to respond to priority needs, as necessary. UNICEF will invest an additional effort in strengthening its programme monitoring by UNICEF programme teams and third-party contractors.

43 The challenges related to programming in the context of COVID have highlighted the importance of community-based programming to ensure that response services are available to the most vulnerable, with a focus on ensuring that community-based management systems are in place. Understanding that COVID related restrictions may need to be in place during 2021, UNICEF recognizes the importance of strengthening partners to strengthen creative solutions to ensure that the most vulnerable children continue to have access to essential basic services, including education and child protection.

44 Due to the uniqueness of the Libyan context and COVID 19 pandemic, UNICEF faced a
number of operational challenges, such as multiple office locations and multiple accommodations arrangements, lock-downs and quarantine arrangements and constant staff movement back and forth between Tunisia and Libya. UNICEF needs to maintain flexible operational arrangements to allow for flexible, rapid increase and decrease as need.