Libya faces a complex and protracted humanitarian crisis resulting from armed conflict, political and economic challenges, and the impact of COVID-19. Currently, 803,574 people, including 321,430 children, require humanitarian assistance. Children and families are experiencing a rapid deterioration in public services – particularly education and health services – higher food and fuel prices, loss of shelter and livelihoods, and significant protection challenges. Further destabilization of political dynamics might threaten the ceasefire agreement and the government’s viability, risking resumption of the conflict.

UNICEF will work with government counterparts, civil society organizations and the private sector to realize its humanitarian, development and peacebuilding strategy, while maintaining capacity for a rapid response at the onset of emergencies.

UNICEF will enhance child-centered risk analysis as the foundation for greater risk-informed programming in order to reduce impact of crises and increase coherence with long-term programming. UNICEF will promote accountability to affected populations, localized response and strengthening national systems.

UNICEF and partners require US$55.4 million to undertake essential humanitarian intervention, including emergency preparedness.

UNICEF, together with its partners, distributed warm clothes to fend off the cold winter. Over 628 displaced children in temporary shelters have received new winter clothes.
HUMANITARIAN SITUATION AND NEEDS

Following almost two years of acute armed conflict, 2021 saw a welcome period of relative peace and political stability. Although acute needs reduced over the past year thanks to progress in the peace process and economic interventions from the Central Bank, household vulnerability remains high, particularly for displaced families, returnees, migrants and refugees.

As of June 2021, 223,000 displaced persons\(^6\) and over 643,000 returnees required humanitarian assistance,\(^7\) including access to safe drinking water, sanitation, basic health care, education and protection services. In areas that experienced armed conflict, families are still vulnerable to explosive hazards. Overall, some 803,000 people need health and nutrition assistance; 381,000 need safe water, sanitation and hygiene; 271,000 children need protection; and 171,000 children need access to schooling.\(^8\) The looming crisis of acute water scarcity is an increasing priority for UNICEF.

Libya remains both a destination and major transit center for migrants and refugees. As of June 2021, there were nearly 598,000 migrants and refugees in Libya, 10 per cent of which are children (2 per cent of whom are unaccompanied).\(^9\) Migrants and refugees are exceptionally vulnerable, given their migration status and significant protection risks, including gender based violence, and lack of access to social services.

Continued political instability due to the lack of agreement between the various stakeholders on a unified political solution has weakened state institutions and damaged the economy. Children and families continue to suffer from critical deterioration in public services, higher food and fuel prices, loss of livelihoods, and serious protection challenges. The conflict has left homes and infrastructure across the country severely damaged, including schools and health facilities. Immunization services have been disrupted in some locations, and critical gaps in medical supplies and staffing have also been reported. Women, boys and girls are disproportionately affected by gaps in protection services and are at high risk of violence, exploitation, trafficking, gender-based violence and unlawful detention.

Morbidity and mortality rates related to COVID-19 have been steadily rising across Libya, with over 334,000 confirmed cases and nearly 4,600 deaths.\(^10\) There is an acute shortage of tests, laboratory capacities are limited, and water and electricity shortages have undermined basic hygiene practices.

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**STORY FROM THE FIELD**

UNICEF completed the rehabilitation of the school in Tajoura Municipality, damaged by armed conflict, providing more than 400 girls and boys with access to a safe and healthy environment for learning. To commemorate the completion of a UNICEF rehabilitation of a primary school in Tajoura Municipality, Ms. Georgette Gagnon, the United Nations Assistant Secretary-General, Resident and Humanitarian Coordinator for Libya said, “The Alkhaledon Primary School today represents a positive contribution in support of educational institutions in Libya. Quality learning for children requires a safe, friendly and protective environment and the support of teachers, administrators, parents, and the community.”

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**SECTOR NEEDS**

803,000 people in need of health assistance\(^12\)

380,613 People lack safe water, sanitation and hygiene\(^13\)

270,524 children in need of protection services\(^14\)

171,364 children in need of access to school\(^15\)
In 2022, UNICEF’s humanitarian strategy in Libya will focus on ensuring that no child is left behind, regardless of nationality, migration status or geographic location. Enhancing linkages between humanitarian and development action, UNICEF will strengthen the capacity of national actors to provide risk-informed, inclusive basic service delivery, including in emergency situations, in line with Grand Bargain commitments. UNICEF will provide assistance where there are gaps in basic service delivery.

UNICEF leads the WASH and education sectors and the child protection sub-sector and supports the nutrition working group. In response to the COVID-19 pandemic, UNICEF is spearheading the risk communication and community engagement and infection prevention and control inter-agency coordination mechanisms. Humanitarian assistance will be delivered in partnership with line ministries, municipalities, non-governmental organizations and the private sector.

UNICEF will facilitate access to sustainable safe water services and improved wastewater and sanitation services, including in schools and health facilities; provide health and nutrition supplies, equipment and training to healthcare staff; support the operation of community centers; and provide child protection and educational services. The health system will be strengthened to better prepare for future disease outbreaks.

Integrated, inter-sector programming will be central to the humanitarian response. Education, child protection and health responses will use integrated approaches and target key geographic locations, such as detention centres and areas of displacement. UNICEF in Libya will work to improve safety and accessibility by mitigating gender-based violence risks, including protection from sexual exploitation and abuse.

The COVID-19 strategy will focus on: (1) strengthening risk communication and community engagement; (2) improving infection prevention and control and providing critical medical and WASH supplies; (3) contributing to evidence-based decision-making; and (4) supporting access to continuous education, social protection (support to inclusive national subsidies and cash assistance), child protection and gender-based violence services.

In its support to service delivery, UNICEF will focus on the most vulnerable groups, including displaced persons, migrants and refugees. UNICEF will continue to expand programming through its Benghazi field office and increase its footprint in the south to ensure access to humanitarian assistance.

UNICEF will continue to work with sister United Nations agencies to deliver immediate life-saving supplies to families through the Rapid Response Mechanism, particularly in hard-to-reach areas. Essential emergency goods will be pre-positioned to ensure a rapid response to emergency situations. UNICEF will build on its partnership with the United Nations High Commissioner for Refugees (UNHCR) to support and protect refugee children.

Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
UNICEF is requesting US$55.4 million to provide life-saving humanitarian assistance to children and families in Libya in 2022. These funds will enable UNICEF to support the continuity of essential health and nutrition services, provide essential WASH supplies and reach children and women with critical child protection and education services, in addition to supporting COVID-19 prevention and response action. The financial requirement has not significantly changed since 2021, due to the ongoing COVID-19 crisis, continued displacement and weak basic services. Child protection and education remain the biggest priority. The funding requirement for social protection, communication for development (C4D) and accountability to affected populations (AAP) has nearly doubled compared to 2021, in line with the new COVID-19 strategy which aims to strengthen these aspects. Insufficient funding will limit UNICEF’s ability to respond to the critical needs of the most vulnerable children and their families, increasing their exposure to rights violations.

### Sector Requirements (US$)

<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>7,228,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>8,215,200</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>12,468,842&lt;sup&gt;22&lt;/sup&gt;</td>
</tr>
<tr>
<td>Education</td>
<td>16,912,852</td>
</tr>
<tr>
<td>Social protection</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>6,480,000&lt;sup&gt;23&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>600,000</td>
</tr>
<tr>
<td>Evaluation</td>
<td>514,855</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55,419,749</strong></td>
</tr>
</tbody>
</table>

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<sup>22</sup>This includes costs from other sectors/interventions: Social protection (5.4%), Cluster coordination (1.1%), Evaluation (<1%).

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Who to contact for further information:

**Abdulkadir Musse**  
Special Representative, Libya  
T +218 91035809  
amusse@unicef.org

**Manuel Fontaine**  
Director, Office of Emergency Programmes (EMOPS)  
T +1 212 326 7163  
mfontaine@unicef.org

**June Kunugi**  
Director, Public Partnership Division (PPD)  
T +1 212 326 7118  
jkunugi@unicef.org
1. UNICEF’s public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.

2. Estimated PIN/CIN are based on provisional findings of OCHA/REACH (2021) Multi-Sectoral Needs Assessment (MSNA).

3. Estimated PINs are based on provisional findings of OCHA/REACH (2021) MSNA.

4. This was calculated using the highest coverage programme targets for children to be reached with psychosocial support (269,253); children under 5 years to be reached with nutrition support (25,500); women to be reached with health care interventions (52,000); and people to be reached with hygiene and sanitation supplies and services (126,000). This includes 241,104 women/girls and 231,649 men/boys. The Humanitarian Response Plan (2021) estimated that 15 per cent of the population is living with a disability; specific estimation for children with disabilities are not available. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

5. This was calculated using the highest coverage programme targets for children to be reached with psychosocial support (269,253); and children under 5 years to be reached with nutrition support (25,500). This includes 150,324 girls and 144,429 boys. The Humanitarian Response Plan (2021) estimated that 15 per cent of the population is living with a disability; specific estimation for children with disabilities are not available. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

6. Average gender disaggregation in Libya is 51 per cent women, 49 per cent men.


8. This estimation is based on preliminary findings of the 2021 MSNA.


10. National Center for Disease Control.

11. Figures are provisional and subject to change upon finalization of the inter-agency planning documents. Estimated PINs are based on provisional findings of OCHA/REACH (2020) MSNA.

12. Health and nutrition PIN is estimated at the full PIN identified by the OCHA/REACH 2021 MSNA.

13. Figures are provisional and subject to change upon finalization of the inter-agency planning documents. Estimated PINs are based on provisional findings of OCHA/REACH (2020) MSNA.

14. Figures are provisional and subject to change upon finalization of the inter-agency planning documents. Estimated PINs are based on provisional findings of OCHA/REACH (2020) MSNA.

15. Figures are provisional and subject to change upon finalization of the inter-agency planning documents. Estimated PINs are based on provisional findings of OCHA/REACH (2021) MSNA.

16. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.

17. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.

18. 34 health facilities. 5,000 per health facility. 40 per cent children (68,000 children); 51 per cent of the adult population is female (52,020 women); total target: 120,020.

19. 2021 MSNA shows a 36 per cent reduction in PIN from 2020 after the signing of the ceasefire agreement.

20. 2021 MSNA shows a 36 per cent reduction in PIN from 2020 after the signing of the ceasefire agreement.

21. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.

22. This includes US$92,940 for PSEA activities.

23. The funding requirement has increased compared to 2021 since UNICEF plans to reach 4.8 million users with RCCE key messaging through mobile service providers.