HIGHLIGHTS

- UNICEF supported the procurement, arrival, and distribution of 0.5 million doses of oral polio vaccine.
- UNICEF, in coordination with the Bureau of Statistics and other partners began conducting a nutrition SMART survey that will generate reliable quality data on the nutrition status of children and women in Libya.
- Almost 72,000 people were reached by primary health care services in UNICEF-supported facilities and over 75,000 people were reached with critical WASH supplies and over 25,000 children received learning materials and over 1.1 million people reached through messaging on prevention and access to services.

SITUATION IN NUMBERS

- 803,574 People in need of humanitarian assistance
- 321,430 Children in need of humanitarian assistance
- 649,788 Registered migrants in the country

FUNDING STATUS (IN US$)**

- Nutrition: $1.8M
- Health: $6.8M
- Safe Drinking Water: $46.8M
- MHPSS Access: $1.8M
- Education Access: $6.8M

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.
**FUNDING OVERVIEW AND PARTNERSHIPS**

In 2022, UNICEF’s humanitarian programmes in Libya aim to assist the most vulnerable children and families in collaboration with government ministries, national and international non-governmental organisations and UN agencies. UNICEF is appealing for US$55.4 million to provide emergency and lifesaving services to 294,753 vulnerable children, including conflict-affected children and their families. As of June 2022, the appeal was funded at 16 per cent, with a US$ 6.8 Million carryover from 2021 and US$ 1.7 million in funding received in 2022, with a critical funding gap of 84 per cent across all sectors. Education and Child Protection are the most underfunded sectors, with funding gaps of over 92 per cent each. The sectors of Water, Sanitation, and Hygiene (WASH) and Social Protection are also severely underfunded.

To date, UNICEF’s humanitarian preparedness and response for Libya is being generously supported by the Education Cannot Wait Fund, the European Union, the Governments of Germany, Japan, France, Poland, Sweden, and the United States of America.

**SITUATION OVERVIEW AND HUMANITARIAN NEEDS**

At the end of 2021, the Humanitarian Country Team in Libya agreed to extend the Humanitarian Response Plan for an additional five months covering programming requirements until 31 May 2022 and further extended in June 2022 until the end of the year. This decision was based on the findings of the Humanitarian Needs Overview (HNO) and Multi-Sectoral Needs Assessment which verified improvements in the overall humanitarian situation, following a period of relative political and economic stability in the country. The HNO further assessed that 803,000 people remain affected and in need of some form of continued humanitarian assistance with 30% or 241,000 of them being children. The number of internally displaced people decreased to an estimated 159,996 which is a 49 per cent reduction since October 2020. However, 2022 began on ambiguous grounds as the postponement of the presidential and parliamentary elections heightened concerns for the potential resumption or escalation of hostilities and armed clashes between rival political opponents. Although sporadic localized clashes of armed groups, particularly in the western region continue, there was no associated relapse into large-scale armed conflict to date. A review of humanitarian activities covering the first quarter of 2022 indicates that programming was unaffected by the political situation, however, the increasing number of bureaucratic and administrative impediments hindered partners’ ability to effectively deliver assistance in a timely manner.

The COVID-19 pandemic continues in the country, with the total cumulative cases reaching 502,189 and the number of total deaths reached 6,430 by the end of June 2022. The COVID-19 vaccinations are still ongoing; the National Center for Disease Control reached 2,269,135 people or 34 per cent of the population with at least the first dose, 1,200,824 people or 18 per cent receiving both doses and 139,514 people or 2 per cent receiving the booster. Libya has a high community transmission, with Alpha, Beta, Delta, and Omicron variants of concern. Testing capacity is limited nationally, especially at the municipality level. As a result, the actual number of infections is estimated to be higher than the confirmed cases.

The number of migrants in Libya continues to rise every quarter. The latest figures published by IOM state that there are currently 649,788 migrants residing in the country, including 77,975 children of whom almost 3,900 are unaccompanied children in the 100 Libyan municipalities. According to IOM report, the primary needs of migrants in Libya were centered around health services, non-food items, accommodation, and water, sanitation and hygiene.

**SUMMARY ANALYSIS OF PROGRAMME RESPONSE**

**Health**

In the first half of 2022, 71,749 people (20,733 girls, 19,948 boys, and 31,068 women) accessed primary healthcare services in UNICEF supported facilities and 4,350 newborns (2,218 girls and 2,132 boys) received lifesaving care.

To ensure continuity of COVID-19 vaccination services in the country, UNICEF procured 950,000 Pfizer syringes. UNICEF continues to monitor the vaccine availability at health facility level and supported the procurement, arrival, and distribution of 0.5 million doses of oral polio vaccine (OPV) nationwide. These vaccines are filling a gap in the national vaccine stock as OPV has been out of stock in Libya since December 2021.

The first national cold chain inventory assessment in Libya was completed, with findings which will strengthen evidence-based programming to improve the safety and quality of vaccination services in the country. National-level coordination efforts were supported by organizing National Immunization Technical Advisory Group (NITAG) meeting, with the objective to discuss priorities related to vaccinations in the country.

Comprehensive workshops for cold chain technicians were conducted in coordination with the National Centre for Disease Control (NCDC), with 60 cold chain technicians (all male) from across Libya trained. Moreover, the first ever nationwide cold chain and vaccine management (CCVM) cascade trainings were conducted, reaching 1,207 people (1,103 female, 104 male) from 15 municipalities. To ensure safe and equitable vaccine delivery, UNICEF provided 20 solar refrigerators, 10 ultra-low temperature freezer, 4 cold rooms, 260 fridge tag 2, 200 vaccine carriers, 20 combined refrigerators/freezers, and 20 generator sets. UNICEF continued to co-lead for the Risk Communication and Community Engagement (RCCE) Technical Working Group (TWG) under the leadership of NCDC. The TWG aims to streamline and strengthen coordination of RCCE initiatives in Libya.

Workshops on COVID-19 RCCE were conducted, building the capacity of a total of 111 media focal persons and health promotion staff from line ministries and partners to ensure they have adequate knowledge and skills to raise COVID-19 awareness in communities.

**Nutrition**

In the first half of 2022, 7,487 primary caregivers of children 0-23 months (all female) received counselling on Infant and Young Child Feeding (IYCF) practices in UNICEF supported PHC facilities. Additionally, 62 mother support groups were established for information and knowledge exchange to promote optimal IYCF practices, with 1,728 mothers receiving breastfeeding counselling through these groups.

UNICEF, in coordination with PHCI, initiated activities for mobile health teams to target vulnerable children, including migrants, refugees, and children on the move. This included implementation of nutritional assessments in detention centers, with 26 screenings conducted in the reporting period, and provision of nutritional supplements for malnutrition.

UNICEF, in coordination with the Bureau of Statistics, PHCI, ACF, and WHO, is planning to conduct a nutrition SMART survey. In June, all partners agreed on the methodology, sample, and trainings. A training of master trainers will be conducted in Tunis focusing on the SMART methodology. The SMART survey will have
a nationwide coverage, including migrants, internally displaced people, and other vulnerable populations, targeting children under five, pregnant and lactating women, and women of child-bearing age. There is a lack of reliable quality data on the nutrition status of children and women in Libya and this survey will generate much needed up-to-date nutrition data for Libya.

Child protection, GBViE and PSEA
Under humanitarian funding, UNICEF and its partners provided 13,312 children, parents/caregivers (5,777 girls, 6,045 boys, 1,295 women, 195 men) with mental health and psychosocial support (MHPSs) services through static centers i.e. Baity Centres, mobile outreach teams in the west, east and south regions, with access to GBV prevention and response. The interventions include, GBV risk reduction/awareness-raising sessions and focused group activities through women and girls safe spaces in Tripoli, Misrata, Sebha and Benghazi. A total of 6,236 people (1,515 girls, 872 boys, 3,849 women) benefited from GBV risk mitigation, prevention, and response activities.

UNICEF and partners also provided 1,128 children (522 girls, 606 boys) with specialized case management procedures and referrals to services that included healthcare and legal aid. Moreover, UNICEF provided training in child protection approaches to 611 actors (497 women, 114 men) from service providers and government institutions in Tripoli, Misrata, Benghazi and Ajdabiya. PSEA focal points conducted Protection Against Sexual Exploitation and Abuse (PSEA) awareness-raising sessions for a total of 13,623 People (5,805 girls, 5,552 boys, 1,625 women, 641 men) in Tripoli, Benghazi, Sebha, and Misrata. These sessions focused on establishing community-based Sexual Exploitation and Abuse (SEA) complaint mechanisms.

Furthermore, UNICEF and its partners in the next six months will be implementing EORE TOT training for community volunteer members and teachers in Tripoli and Benghazi. UNICEF provided EORE in schools and communities around Greater Tripoli, with a focus on areas previously impacted by conflict reaching a total of 4,150 children (2,211 girls, 1,939 boys).

Education
Under humanitarian funding, UNICEF and its partners have reached 4,048 children (2,066 girls and 1,982 boys) with non-formal education in the West, South and East of the country, including migrant and refugee children. 26,727 children (13,652 girls and 13,075 boys) also received education supplies in support of their learning.

In addition, 2,851 teachers (2,133 women and 718 men) were trained on child-centered pedagogy and inclusive education, through the Ministry of Education and UNICEF partners. 3,146 children (1,608 girls and 1,538 boys) benefited from rehabilitated WASH facilities in schools, including three schools which have been fully rehabilitated in Emsaëd, Ajdabiyah, and Ghat. These schools, being in border regions, serve populations with high number of foreign children. In addition, 12 schools across the country that integrate children with disabilities have been identified for rehabilitation under HAC funding in the second half of the year. This is part of a pilot project with the Ministry of Education on improving inclusion of children with special needs in public schools, where the humanitarian funding supports the accessibility of infrastructure.

Water, sanitation and hygiene
UNICEF WASH section in the first two quarters of 2022, provided 76,672 people with critical WASH services and supplies, including hygiene kits, and disinfection materials. 9,000 people out of a targeted 58,800 have been reached with safe drinking water and 2,108 people out of a targeted 42,000 reached with hand washing behavior change campaign.

UNICEF launched the second phase of the Safe Back to School initiative, through the Libyan Society Organization of National Reconciliation and Charity Works (LSO), through which the distribution of cleaning and disinfection materials and personal protective equipment was conducted. 39,000 children and teachers in more than 60 schools benefited from this initiative in the Western region: Zultun, Regdalin, Ajaylat, and Al-jamil.

UNICEF’s work in IDP camps is also a key area of response. Through its WASH interventions, UNICEF established a partnership with LSO to provide immediate response and distribution of WASH supplies reaching, 3,500 IDP families or 17,500 people in multiple locations all over the country with cleaning and disinfection kits.

UNICEF provided tarpaulin to 34 IDP families in Ateeb IDP camp in Tarhouna after a fire erupted in the camp and caused damage to several households. Furthermore, there was a distribution of standalone soap bars for hand hygiene in Tripoli that reached 3,475 people. In the south, 1,305 families were provided with cleaning and disinfection kits which benefited a total of 6,525 people. For the first time this year, UNICEF distributed cleaning and disinfection kits to 2,000 families in Twargha which has impacted the life of 10,000 returnees. In the eastern region, 2,500 families were provided with cleaning and disinfection kits in 10 IDP camps which benefited a total of 12,500 people.

Social protection
Through its regular participation in the Cash and Market Working Group (CMWG), UNICEF contributed to the finalization of the CMWG Strategy for Linkages between Cash Assistance and Social Protection. The CMWG HCT-SP strategy heavily builds on the UNICEF-UNHCR assessment of the social protection system for children conducted and finalized with the Ministry of Social Affairs and the Social Solidarity Fund with the support of REACH.

In addition, under humanitarian funding, UNICEF (with WFP and UNHCR) organized two capacity building workshops in English and Arabic on Cash Transfer Programming (with the technical support from the CaLP) to increase the country office and national partners capacity on HCT. Seven UNICEF staff from different sections including emergency, social policy, education, child protection and finance were trained.

Furthermore, UNICEF launched the process for the design of an Education Cash Programme with the recruitment of an international cash consultant and the contracting of a Financial Service Provider to provide cash assistance across the country.

A joint UNICEF-WFP project proposal has been developed to support national authorities to prepare and plan a national response to the impacts in Libya of the Ukraine crisis. The proposal is currently shared with donors for potential funding.

Finally, at the end of June 2022, UNICEF Libya has provided cash assistance to 613 households with school-aged children to cover family expenses related to school transportation.

Cross-sectoral (HCT, C4D, RCCE and AAP)
NCDC and UNICEF continue to lead the RCCE Technical Working Group with a focus on highlighting and streamlining activities planned for 2022 and RCCE accomplishments achieved. The meeting is attended by members from UN agencies, NGOs, and INGOs, such as WHO, TDH, Helpcode, GIZ, IMC, IRC, PHCI, IOM, BBC, and aims at presenting on their achievements, proposed activities, and challenges. Two bulletins were published highlighting RCCE accomplishments achieved in 2021 and activities planned for 2022.

An Accelerated RCCE Strategy was developed to support the RCCE working group interventions by transforming knowledge on COVID 19 into sustained behavior and social change through engagement of families and communities including service
HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Press Statement: Children killed and injured by explosive remnants of war [EN/AR]  


- Libya: UNICEF Programme Monthly Update (December 2021)  

- Libya Education Sector Annual Report 2021  

- UNICEF Libya Country Office Humanitarian Situation Report No. 1 (1 January to 31 March 2022)  

- Libya Education Response Monitoring Dashboard: Jan-Mar 2022  

- Infection prevention and control bulletin IPC January - March 2022  

- Libya Child Protection Response Monitoring Dashboard, Jan - Mar 2022  

- Libya WASH Response Monitoring Dashboard - Jan - Feb 2022  
Flash Update: School shooting, Benghazi, 9 February 2022

Libya Child Protection Response Monitoring Dashboard, Jan - Dec 2021

HAC APPEALS AND SITREPS

Libya Appeals
https://www.unicef.org/appeals/libya

Libya Situation Reports
https://www.unicef.org/appeals/libya/situation-reports

All Humanitarian Action for Children Appeals
https://www.unicef.org/appeals

All Situation Reports
https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 31/10/2022
# Annex A Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs response</th>
<th>2022 targets</th>
<th>Total results</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>Total</td>
<td>40,000</td>
<td>7,487</td>
<td>7%</td>
</tr>
<tr>
<td>Children aged 6 to 59 months receiving multiple micronutrient powders</td>
<td>Total</td>
<td>25,500</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Pregnant women receiving preventative iron supplementation</td>
<td>Total</td>
<td>13,600</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and women accessing primary health care in UNICEF-supported facilities</td>
<td>Total</td>
<td>120,000</td>
<td>71,749</td>
<td>60%</td>
</tr>
<tr>
<td>Health care facility staff and community health workers trained in infection prevention and control</td>
<td>Total</td>
<td>500</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Number of new-borns receiving essential lifesaving care</td>
<td>Total</td>
<td>6,800</td>
<td>4,350</td>
<td>64%</td>
</tr>
<tr>
<td><strong>Water, sanitation and hygiene</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>Total</td>
<td>58,800</td>
<td>9,000</td>
<td>15%</td>
</tr>
<tr>
<td>People reached with hand-washing behaviour-change programmes</td>
<td>Total</td>
<td>42,000</td>
<td>2,108</td>
<td>5%</td>
</tr>
<tr>
<td>People reached with critical WASH supplies</td>
<td>Total</td>
<td>126,000</td>
<td>76,672</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Child protection, GBVIE and PSEA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and parents/caregivers accessing mental health and psychosocial support</td>
<td>Total</td>
<td>269,253</td>
<td>13,312</td>
<td>3%</td>
</tr>
<tr>
<td>Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>Total</td>
<td>27,771</td>
<td>6,236</td>
<td>8%</td>
</tr>
<tr>
<td>People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers</td>
<td>Total</td>
<td>3,098</td>
<td>13,623</td>
<td>440%</td>
</tr>
<tr>
<td>Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions</td>
<td>Total</td>
<td>129,404</td>
<td>4,150</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Total</td>
<td>166,811</td>
<td>4,048</td>
<td>1%</td>
</tr>
<tr>
<td>Children receiving individual learning materials</td>
<td>Total</td>
<td>76,204</td>
<td>26,727</td>
<td>34%</td>
</tr>
<tr>
<td>Schools implementing safe school protocols (infection prevention and control)</td>
<td>Total</td>
<td>996</td>
<td>105</td>
<td>11%</td>
</tr>
<tr>
<td>Teachers and educational personnel trained on child protection and improved teaching methods</td>
<td>Total</td>
<td>2,561</td>
<td>2,851</td>
<td>110%</td>
</tr>
</tbody>
</table>

---

**Note:**

1. Total needs may not sum due to rounding.
2. Percentage is calculated based on total needs unless otherwise specified.
<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicator</td>
</tr>
<tr>
<td></td>
<td>Households reached with UNICEF funded multi-purpose humanitarian cash transfers</td>
</tr>
<tr>
<td></td>
<td>People reached through messaging on prevention and access to services</td>
</tr>
<tr>
<td></td>
<td>People engaged in risk communication and community engagement actions</td>
</tr>
</tbody>
</table>
## ANNEX B FUNDING STATUS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2022</th>
<th>Resources available from 2021 (carry over)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>7,228,000</td>
<td>261,458</td>
<td>3,092,310</td>
<td>3,874,232</td>
<td>54%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>8,215,200</td>
<td>169,460</td>
<td>895,938</td>
<td>7,149,802</td>
<td>87%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>12,468,842</td>
<td>357,463</td>
<td>654,708</td>
<td>11,456,671</td>
<td>92%</td>
</tr>
<tr>
<td>Education</td>
<td>16,912,852</td>
<td>473,282</td>
<td>928,327</td>
<td>15,511,243</td>
<td>92%</td>
</tr>
<tr>
<td>Social protection</td>
<td>3,000,000</td>
<td>61,458</td>
<td>299,061</td>
<td>2,639,481</td>
<td>88%</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>6,480,000</td>
<td>351,178</td>
<td>444,749</td>
<td>5,684,073</td>
<td>88%</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>600,000</td>
<td>61,458</td>
<td>341,751</td>
<td>196,791</td>
<td>33%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>514,855</td>
<td>61,458</td>
<td>168,383</td>
<td>285,014</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55,419,749</strong></td>
<td><strong>1,797,215</strong></td>
<td><strong>6,825,227</strong></td>
<td><strong>46,797,307</strong></td>
<td><strong>84%</strong></td>
</tr>
</tbody>
</table>

**Who to contact for further information:**

Michele Servadei  
Representative, Libya Country Office  
T +218 912000471  
mservadei@unicef.org

Cristina Brugiolo  
Deputy Representative Programmes, Libya Country Office  
T +218 91 250 8642  
cbrugiolo@unicef.org

Suad Al Marani  
Communications Specialist, Libya Country Office  
T +218 912 508 648  
salmarani@unicef.org
ENDNOTES

1. OCHA 2022 Humanitarian Needs Overview
2. IOM Libya Migrant Report Round 41
3. Libya 2022 Humanitarian Needs Overview
4. IOM DTM Libya — IDP and Returnee Key Findings Report 41 (February - April 2022)
7. IOM DTM Migrant Report Key Findings Round 41 (Feb - April 2022)
8. 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.
9. 2021 MSNA shows a 36 per cent reduction in PIN from 2020 after the signing of the ceasefire agreement.
10. 2021 MSNA shows a 36 per cent reduction in PIN from 2020 after the signing of the ceasefire agreement.
11. This includes US$92,940 for PSEA activities.
12. 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.