

UNICEF's emergency preparedness partner, LRCS, provides life saving humanitarian assistance to stranded migrants and asylum seekers at Libyan-Tunisian border



Humanitarian Situation Report No. 1

Reporting Period

1 January to 30 June

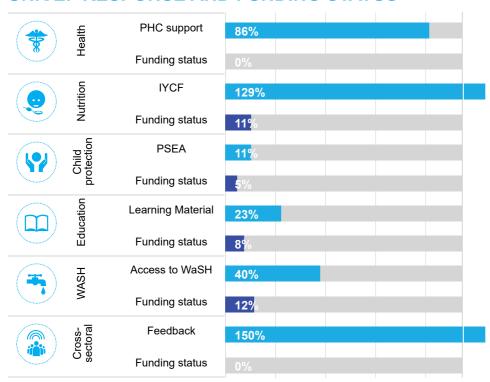
2023

Libya

HIGHLIGHTS

- Decreased humanitarian funding for the country led to a critical funding gap of 93%.
- UNICEF supported the Ministry of Health/National Center for Disease Control to vaccinate more than 31,000 children against measles in response to the measles outbreak in southern Libya.
- UNICEF supported nutritional screening and malnutrition management of 355 children (179 girls, 176 boys) in detention centers.
- UNICEF reached 41,507 mothers in 41 municipalities with IYCF counseling through mother support groups.
- UNICEF continued to support migrant children through 10 Baity Centers in 9 municipalities with essential education, life skills and child protection services.
- 1,394 children and caregivers benefitted from Mental Health Psychosocial services through Baity-My Home Centers.
- UNICEF reached 2,060 people with emergency WASH interventions.

UNICEF RESPONSE AND FUNDING STATUS*



SITUATION IN NUMBERS



120,000

Children in need of humanitarian assistance¹



300,000

People in need of humanitarian assistance²



706,062

Registered migrants 3

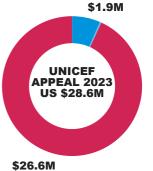


134,787

Internally Displaced People

FUNDING STATUS (IN US\$)**





Humanitarian Resources 2022 carry over

Funding gap

^{**} Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

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

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF's humanitarian programmes in Libya aim to assist the most vulnerable children and families in collaboration with Government line Ministries, national and international non-governmental organizations, and UN agencies. UNICEF appealed for US\$ 28.6 million to provide emergency and lifesaving services to vulnerable children, including conflict-affected children; IDPs; children on the move, children in detention centers (DCs), and their families. As of June 2023, the appeal was funded at 7 percent, with a US\$104,533 carry-over from 2022 and US\$ 1,863,766 million in funding received in 2023. There is a critical funding gap across all sectors. Notably, health and nutrition have not received any funding towards emergency interventions for 2023. This puts at risk access to essential primary healthcare and nutrition services for almost 175,000 children and women.

To date, UNICEF's humanitarian preparedness and response for Libya is generously supported by Japan, France, and the United States of America.

Funding of approximately US\$ 9.5 million was received from development donors including Education Cannot Wait, the European Commission, Italy, Germany, and the Peacebuilding Fund, have also contributed to the results achieved to date (this funding is not included in the Annex.B detailing the funding status under HAC).

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The persisting pockets of humanitarian need in Libya result from the complex sociopolitical landscape and protracted conflict since 2011. Political and military divisions in 2014 further worsened instability, with armed clashes centered on strategic and economic resources. While the UN-brokered Ceasefire Agreement in October 2020 and the Government of National Unity (GNU) formation in March 2021 laid the ground for improving security, some humanitarian needs persist. OCHA Libya Humanitarian Overview 2023 states that around 300,000 individuals, including 120,000 children, require humanitarian aid. The conflict has also severely impacted the economy, leading to widespread unemployment, lack of livelihoods, and vulnerability to exploitation and human smuggling/trafficking.

The COVID-19 pandemic has added pressure to an already struggling healthcare system. Disruptions to immunization programs due to recurrent stock-outs have increased vaccine-preventable disease risk. As a result of the protracted conflict and protection situation, mental health and psychosocial support needs have increased for vulnerable groups. This is particularly true for internally displaced, migrants, refugees, people with disabilities, children, and women in situations of neglect or violence.

During the last six months, a decline in armed confrontations have been noticed; however, the scene remains unpredictable. The security environment across Tripoli will likely remain relatively stable, albeit sporadic low-impact incidents and targeted attacks because of the current political tensions. The security situation in Al-Zawiya and the broader western region will likely continue to deteriorate following exacerbating local tensions. The impasse on constitutional reforms and elections has jeopardized a stabilization that could be faster as supported by high economic gross domestic product growth. This continued fragility and the global rise in commodity prices have raised concerns about food security. Vulnerable households face difficulties accessing affordable, nutritious food, leading to negative coping strategies and reduced food consumption, especially in the

southern region where food prices are higher than the national average and 12% of households are food insecure according to WFP Food insecurity Outcome monitoring of August 2022, 5 moreover; according to Libya National Nutritional SMART survey, the South region has the highest prevalence of global acute malnutrition (GAM) at 6.1% while all other five regions have GAM prevalence less than 5%.6

There is a decreasing number of IDPs, now at 134,787 according to DTM (from 316,000 in October 2020), and of those, 71,000 are in a pathway for solutions. Displaced people returning to their areas of origin continue to face systemic challenges, including damaged houses and lack of access to public services. Efforts are being made to address internal displacement by formulating a national policy framework and developing a Durable Solutions Strategy. UNICEF is an integral part of such endeavor with its support for strengthening education, water, social work, and health system.

Migrants and refugees remain a serious concern, with reported cases of systematic human rights violations and lack of compliance with international humanitarian law. Lack of legal status and recognition of refugee status poses obstacles to their protection, and access to affected populations is challenging. Migrants and refugees continue to make dangerous journeys toward Europe, risking detention and human rights violations. Women and girls face widespread risks, including gender-based violence, with limited access to specialized services.

Migrant and asylum-seeking children are among the most affected and continue to be detained in official and non-official detention centers, with an estimated 30% of the population in detention being children. The situation inside detention centers got more complicated with large-scale security raids in eastern and western Libya, leading to an increased detention of migrants/asylum seekers.

Since early July 2023, several migrants, refugees, and asylum seekers, including pregnant women and children, have been stranded at the Libyan-Tunisian border; a group of 350 migrants and asylum seekers are stranded at Ras-Ejdair area between Libya and Tunisia, with limited access to food, water, and essential services, including 65 children and 12 pregnant mothers, exposed to temperatures above 45 degrees Celsius, and in acute need of assistance. The Libyan Red Crescent Society (LRCS) has reported the recovery of 12 bodies between July 24th - July 26th (7 men, 3 women, and 2 children). The Libyan Border Guards (LBG) assisted multiple groups of migrants lost in the desert at the border who were found in a deteriorating situation. LBG transferred more than 250 migrants and asylum seekers to Alassa facility near the Libyan side of the border. Urgent assistance provided by United Nations agencies and led by UNICEF is currently being delivered through the Libyan Red Crescent to at least 350 migrants who remain stranded at the border. UNICEF also joined the efforts with other UN agencies to provide humanitarian assistance to the caseload at Alassa.

The Sudanese crisis also impacted Libya, with more than 3,000 individuals[i] estimated to have moved to Libya according to DTM Sudan's Mixed Cross-Border Movement Report 13.⁷

Bureaucratic challenges hinder humanitarian programming, including restrictions on civic space, formidable visa approvals, and limitations on banking and financial transactions. Despite some progress towards stability, the humanitarian situation in Libya remains precarious, requiring continued efforts to address the needs of the most vulnerable populations, especially women and children.

With the increasing shift by the United Nations from humanitarian to development and peace nexus, UNICEF has focused its humanitarian response on the following four areas: 1. preparedness for conflict/climate-related displacement and disease outbreaks; 2. Remaining IDPs and potential for durable solutions; 3. children on

the move (migrants/refugees), including in detention centers; 4. neglected areas in the South where indicators still show humanitarian needs.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



UNICEF collaborates with the Primary Health Care Institute to support training health care providers on the essential package of reproductive health services.

UNICEF actively supports essential health services for newborns, children, adolescents, and women through a standardized Maternal, Newborn, and Child Health (MNCH) Package benefiting 150,000 (88% of the initial target number of 170,000) affected individuals, of which 52,000 were children (29,000 girls,23,000 boys),. The achievement was attributed to the scale-up and expansion of health services to crisis-affected communities, including hard-to-reach populations like detention centers.

UNICEF's commitment to vulnerable people has improved health outcomes and saved lives, making a profound impact on public health in the country which sets a commendable example, emphasizing sustainable and inclusive healthcare interventions for all. UNICEF reached 150,000 beneficiaries through its health response, including 52,000 children (29,000 girls, 23,000 boys).

In response to the measles outbreak in Sabha, South Libya, UNICEF collaborated with the National Center for Disease Control (NCDC) to vaccinate 45,000 children aged 1 to 6 in four southern municipalities in June.2023. Considerable progress was achieved with the WHO, vaccinating 32,741 children (72.7% of the target). Coordinated efforts are ongoing to reach 95% of the targeted children through catch-up campaigns, including areas with access constraints, ensuring the protection of vulnerable communities from vaccine-preventable diseases.

Another two smaller campaigns were conducted to respond to measles outbreaks, first campaign vaccinated 2125 children with MMR (Measles, Mumps, and Rubella) and polio vaccines focusing on age group 0-6 years in response to measles outbreak at Hayi Altouri, am other campaign was conducted in Bani Walid during March and vaccinated 1531 children of age group 1-15 years with MMR vaccine in response to measles outbreak at Tenini, Bani Walid.

During the reporting period, UNICEF was crucial in strengthening Libya's health system. A vital part of this initiative was procuring and distributing essential equipment to support the safe storage and delivery of vaccines. Support was provided to enhance the vaccine management system through improved storage capabilities. As a result, 56 solar vaccination fridges were procured and installed, and additional 165 vaccination fridges, 488 vaccine carriers, 97 cold boxes, 47 vaccine carriers, and 74 temperature monitoring devices were available in the health centers.

Moreover, to ensure the quality and effectiveness of vaccines across the country, UNICEF installed 89 solar-powered refrigeration units in three regions: East, West, and South. Additionally, 12 vaccination cold rooms at national vaccination warehouses were maintained, further supporting the storage and distribution of vaccines.

To improve data collection and monitoring of vaccine supplies, UNICEF introduced the Tahseen platform, a digital health information system monitoring 359 vaccination centers. This platform enables the Ministry of Health to efficiently oversee COVID-19 and routine vaccinations in each health facility or municipality. It also facilitates vaccine stock control and individual vaccine registration throughout Libya.

UNICEF's efforts have significantly contributed to building a robust and efficient health system in Libya, ensuring that vaccines are appropriately stored and accessible to those in need. The introduction of the Tahseen platform further strengthens the country's capacity for vaccine management and monitoring, improving overall healthcare outcomes.

UNICEF has been actively collaborating with the NCDC of the Ministry of Health to advocate for increased resources for immunization efforts. The efforts secured \$2.78 million to procure lifesaving vaccines, prevent stockouts, and maintain buffer stock. Despite these successes, financing primary healthcare in Libya remains challenging.

UNICEF will continue to advocate with the government's Ministry of Finance and Ministry of Health for adequate funding allocation and timely delivery of primary healthcare services. Additionally, UNICEF aims to strengthen the linkages between the Expanded Program on Immunization (EPI) and birth registration, ensuring that every child receives the necessary vaccines without missing out. By combining advocacy and strategic partnerships, UNICEF strives to improve healthcare accessibility and safeguard the health of Libya's children.

In Libya, the number of migrants peaked in 2023, reaching the highest figure since 2016, with 706,062 migrants spread across 641 communities in 100 municipalities. Among them were 74,797 children, of whom around 21,000 were unaccompanied. The vaccination status of these children is unknown, leading to a high risk of transmission of communicable diseases, such as the measles epidemic that occurred in Sabha this year. To address the critical issue of limited access to lifesaving vaccines and PHC services for children under 5 in targeted detention centers in Libya, UNICEF has developed a comprehensive immunization plan to increase availability and improve accessibility. UNICEF, in partnership with the primary health care institute PCHI of MOH, scaled up mobile health teams in detention centers. During the reporting period, 139 children (74 girls, 65 boys) were vaccinated against vaccine-preventable diseases including measles.

Nutrition



Training of field enumerators to conduct Phase 2 of the Libyan National SMART Survey, focusing on field data collection from households in 6 health regions

UNICEF conducted a SMART Nutritional survey to provide evidence and data on the nutritional status of children and women to prevent nutrition-related morbidity and mortality in Libya. The SMART survey report revealed a prevalence of Global Acute Malnutrition (GAM) of 3.8% and a prevalence of 1.2% for Severe Acute Malnutrition (SAM). The prevalence of stunting was 8.2%, while the prevalence of overweight was 5.2%. Regional disparities were also observed, with the southern region showing the highest prevalence of GAM (6.1%) in the alert phase (5-9%). During the reporting period, UNICEF strengthened the capacity of 86 primary health care centers in 54 municipalities by providing nutrition supplies and anthropometric equipment, thus improving the screening and nutritional treatment of more children in need of nutritional services.

The first two years of a child's life are crucial for survival, growth, and development. UNICEF recognizes this window of opportunity and aims to ensure optimal feeding practices for infants and young children during this period. Between January and June 2023, UNICEF successfully established mother support groups in 41 municipalities, reaching approximately 41,507 mothers through the efforts of 88 health workers and volunteers. Utilizing various technologies, these support groups provided valuable information and guidance on infant and young child feeding practices. Moreover, 10,068 mothers received individual counseling and preventive iron supplementation from health workers. Most of the beneficiaries were from the West (56%), followed by the South (31%) and the East (13%).

To further strengthen healthcare systems, UNICEF collaborated with the Primary Health Care Institute (PHCI) to train 56 healthcare workers on basic and advanced Infant and Young Child Feeding (IYCF) practices. This capacity-building initiative equips healthcare workers with the necessary skills and knowledge to effectively support mothers and children in their communities.

Addressing acute malnutrition among children was also a priority for UNICEF. During the reporting period, 24,546 children were screened, of whom 1,528 of whom were suffering from Global acute malnutrition (GAM 6.2%), around 28% of these children (428 children) were suffering from severe acute malnutrition SAM and received treatment, and 1,100 children (72%) were suffering from moderate acute malnutrition MAM of whom 782 children (70%) received micronutrient supplements and high-calorie diet made locally. However, it is estimated that 318 children (30%) still do not have access to the care they need due to a lack of nutrition supplies. If they are not treated in time, the risk of becoming Severely

Malnourished is very high, calling on the government and partners (WFP, UNICEF) to scale up and allocate sufficient resources for comprehensive care and management of children suffering from wasting. Notably, 32% of these children were from the southern region, with the highest global acute malnutrition rate GAM (6.1%), 4.8 % MAM, and 1.3% SAM. The rates in other regions were lower or equal to the national average (SMART survey report 2022).

UNICEF has recognized the vulnerability of children in detention centers and has taken necessary steps to extend its nutritional services through PHCI mobile teams. A total of 355 children in detention centers were screened for malnutrition and received micronutrient supplements. 59 children (17%) were wasted, 114 (32%) were stunted, and 91 (26%) were underweight, highlighting the triple burden of malnutrition in detention centers. By prioritizing nutrition in these facilities, UNICEF aims to ensure that every child in hard-to-reach locations can access adequate nutrition services. However, more efforts are needed to reach all vulnerable populations and prevent all forms of malnutrition. Continued investment in nutrition is crucial to achieving long-term improvements in nutrition as part of children's well-being. Moving forward, UNICEF remains committed to addressing the nutritional needs of children through system strengthening and scaling up screening of children in detention centers and other challenging environments, striving to impact their health and development positively.

Child protection, GBViE and PSEA



Positive parenting activity at Baity Center-Ajdabiya, East of Libya

UNICEF is committed to strengthening the national child protection system in Libya; in this regard, mapping the social service workforce within the child protection system in Libya was finalized with UNICEF's support. This effort is leading to the Government's increased understanding of the critical gaps towards building a more robust child protection system, including the need to have harmonized case management standard operating procedures (SOP) and a long-term sustainable institutional capacity strengthening strategy for the social service workforce in Libya. Furthermore, UNICEF supported the development of SOP for the Case Management Task Force, which includes various national and international NGOs responsible for providing child protection services. In addition, UNICEF is contributing to the capacity development of the newly established Family and Child Protection Units under the Ministry of Social Affairs to all directors of these units from the east, west, middle, and south of Libya. To this end, UNICEF provided training in child protection approaches to 87 actors (60

women, 27 men) from service providers and government institutions all over Libya.

Furthermore, UNICEF is committed to increasing access to child protection services, partnering with various local and international NGOs to implement Baity centers/ youth centers/ child-friendly spaces. This year, UNICEF has supported the establishment of 10 centers in nine municipalities all over Libya. These centers provide child protection services and social and behavioral change activities, besides education and skills programmes. UNICEF and its partners provided 1,394 children, parents/caregivers (600 girls, 450 boys, 190 women, 154 men) with community-based mental health and psychosocial support (MHPSS) services through the Baity Centres and mobile outreach teams in the West, East, and South regions including access to GBV prevention and response services. Of these, 871 vulnerable children, including UASC (500 girls, 371 boys), were provided with case management and referrals to healthcare and legal aid services.

Through various social and behavioral change activities, UNICEF also contributes to ending violence against children. These interventions include GBV risk reduction/awareness-raising sessions and focused group activities through women and girls' safe spaces in Tripoli, Ejdabia, Sebha, and Benghazi. 577 people (200 girls, 77 boys, and 300 women) benefited from GBV risk mitigations, prevention, and response activities, of which 15 vulnerable women and children received GBV case management. 486 parents/caregivers have received positive parenting sessions. Furthermore, UNICEF and its partners strengthened its work on the Prevention of Sexual Exploitation and Abuse (PSEA), where at least 437 children and parents/caregivers have access to safe reporting channels on SEA through awareness-raising sessions in Tripoli, Benghazi, Ejdabia, and Sebha. These sessions focused on establishing community-based Sexual Exploitation and Abuse (SEA) complaint mechanisms.

In addition, UNICEF and its partners provided Explosive Ordinant Risk Education (EORE) Training Of Trainers (TOT) to 40 (16 women, 24 men) community volunteer members and teachers in Tripoli and Benghazi. EORE sessions were conducted in schools and communities in the greater Tripoli area, Sebha, Ghat, Derna, and Benghazi, focusing on locations previously impacted by conflict, reaching 75 people (35 girls, 40 boys). Moreover, approximately 50,000 individuals were sensitized to key EORE messages through mass media.

Education



Remedial Classes at Baity Center - Aubari, South of Libya

UNICEF is committed to ensuring quality, inclusive education for all children. During the reporting period, efforts towards this continued, including providing education services in community centers, enrolment of out-of-school children, and rehabilitation of schools.

2348 out-of-school children accessed non-formal education classes at community centers/Bayti Centers in Misurata, Tripoli, Brak Alshati, Ajdabiya, Benghazi, and Sebha with UNICEF's support, in cooperation with partners Terre des Hommes/intersos and future makers. In addition, 16 out-of-school children (11 girls and five boys) from Sudan, Syria, Chad, Egypt, Nigeria, and Cameroon were supported to enroll in public schools. UNICEF led this effort through its Baity centers in cooperation with other Education Sector actors in Benghazi, Sebha, Tripoli, Ghat, Misurata, Ubari, and Ajdabiya.⁸

UNICEF's efforts to provide access to education services to out-ofschool children were further advanced by the identification and handover of suitable buildings for Child-Friendly Spaces (CFS) and youth centers. Engineering assessments and rehabilitation designs have been finalized, and construction bids have been evaluated. Partnership agreements are in place with the organizations that will run the centers, and in parallel, UNICEF has made noteworthy progress toward developing education programs to be delivered upon completion of rehabilitation works. A Life Skills curriculum has been developed to equip migrant and refugee children with the core skills to make informed decisions, communicate effectively, and develop coping and self-management skills to help them lead healthy and productive lives. Materials for two courses (ages 10-13 and 14-18) have been produced and are undergoing translation and design. In June, UNICEF conducted a TOT workshop to prepare facilitators from implementing partners and Civil Society Organizations (CSOs) to deliver life skills training to children and youth in the centers from August 2023.

Water, sanitation and hygiene



A water technician from General Company of Water and Wastewater (GCWW) operates a desalination plant in Tripoli

UNICEF continues to provide lifesaving services to children and vulnerable communities in Libya through the provision of essential water and sanitation services. For the period under consideration, UNICEF supported the rehabilitation of WASH facilities in 12 schools hosting IDPs or vulnerable families in Libya's East, South, and West. The rehabilitation work firmly focused on ensuring gender responsiveness and disability friendliness of the upgraded systems. The rehabilitation efforts benefited 10,150 people, including 3,100 women, 3,050 men, and 4,000 children.

Furthermore, UNICEF provided lifesaving support to migrants in Detention Centers (DCs) through the distribution of hygiene kits, installment of water tanks, and water trucking to ensure that migrants can exercise basic hygiene to prevent the spread of communicable diseases in the DCs. Accordingly, UNICEF provided 1,000 family hygiene kits (each able to cover up to five people for one month) to 2,060 migrants in Ganfouda, Kufra, and Abusalim DCs, respectively. In recent months, there has been an increase in the number of migrants in Detention Centers, primarily attributable to raids by different security actors and the Department for Combating Illegal Immigration (DCIM) aimed toward migrants. Additionally, the aftermath of the Sudanese conflict has increased trafficking through the Libyan-Sudanese and Libyan-Chadian borders.

In addition, UNICEF has prepositioned 2200 Family Hygiene Kits (FHKs) at the Libyan Red Crescent Society (LRC)warehouses in Kufra, Benghazi, and Sebha as contingency stock. UNICEF also supported the Installation of a collapsible water tank and Water trucking at the Gandoura DC, as part of DC-focused humanitarian action.

Finally, it is worth noting that UNICEF will provide a complete generator to support the continuation of lifesaving water provision in one of the most remote and most crowded DCs in the East (Kufra DC) where water supply is frequently compromised because of the lack of a secure energy source for water abstraction.

Social protection

UNICEF's work on social protection in Libya is helping to ensure that the most vulnerable people in the country have access to the support they need to survive and thrive. The Cash for Education Pilot in Libya was put on hold in 2022 due to the inability of the financial service provider (FSP) to deliver cash to non-Libyans. The FSP could not do this because of government obligations restricting the

FSP from transferring cash to non-Libyans.

The Cash for Education Pilot was a promising new initiative that had the potential to help children and youth affected by conflict and displacement stay in school. However, the project was put on hold due to circumstances beyond UNICEF's control.

UNICEF is working with the Libyan government and the FSP to find a solution that will resume the Cash for Education Pilot. In the meantime, UNICEF provides other forms of assistance to children and youth affected by conflict and displacement, such as education in emergencies (EiE) programming.

UNICEF is working with the Libyan government to strengthen the country's social protection system. This is important because social protection can help to protect people from the effects of shocks, such as conflict, economic downturns, and natural disasters.

UNICEF has signed two work plans with the National Economic and Social Development Board (NESDB) and the Ministry of Social Affairs. These work plans aim to increase the coverage of social protection programs and ensure that the system is functioning effectively in case of emergency.

UNICEF has also finalized a TOR (terms of reference) for a study on the readiness of the social protection system to respond to shocks. This study will assess the existing systems and their ability to respond to shocks and make recommendations on how to improve the system.

The study is critical because it will help identify the gaps in the social protection system and make recommendations on how to improve the system. This will help to ensure that the system can better protect people from the effects of shocks.

Cross-sectoral (HCT, C4D, RCCE and AAP)



UNCEF's emergency response partner, LRCS, provides emergency WaSH interventions to stranded migrants and asylum seekers at the Libyan-tunisian border

In collaboration with the National Center for Disease Control (NCDC), UNICEF launched the "Vaccination is Protection" localized campaign from April to May 2023. The initiative aimed to increase vaccine uptake in eight municipalities identified by NCDC and UNICEF KAP studies as having low vaccination uptake and high hesitancy.

One of the key activities of the campaign was the establishment of awareness tents in 42 busy locations. These tents served as a community engagement and dialogue platform, allowing people to ask questions, voice concerns, and receive accurate information from trained community mobilizers. To ensure effective community

engagement, supervisors and Risk Communication and Community Engagement (RCCE) focal persons were also involved in reaching communities, including local authorities, religious leaders, and key influencers.

The campaign reached approximately 70,915 people through inperson awareness, flyers, and social media coverage. UNICEF distributed 39,650 vaccination fact sheets to reinforce key messages about vaccines. According to NCDC, the initiative contributed to an increase in the percentage of vaccinated people in targeted municipalities, ranging from 4% to 32.2% increase.

In addition, UNICEF conducted capacity building training on RCCE for women councilors and religious leaders from 34 municipalities. The training aimed to strengthen their capacity to communicate health information effectively. Around 182 women councilors and 30 religious leaders received training and became trusted sources of information within their communities. By leveraging their influence, UNICEF aims to promote accurate information on COVID-19 and other diseases and empower individuals to take necessary steps to protect themselves and their communities.

UNICEF also formed RCCE advisory groups in 15 targeted municipalities to reach communities with accurate information about COVID-19. Through one-on-one engagement at health facilities, UNICEF reached 3,500 people with real-time information and support. UNICEF also convened eight RCCE technical working groups meetings involving community organizations, local authorities, ministries, and other stakeholders. These groups remain instrumental in developing effective communication strategies and disseminating accurate information about COVID-19 to the public.

Through UNICEF's partnership with BBC Media and their Alkul Libyan platform, social media listening for rumors, myths, and misinformation was conducted to understand public sentiment on vaccination, including COVID-19, and created content accordingly. UNICEF responded by creating interactive and creative content, such as testimonies, human interest stories, drama, and infographics.

UNICEF also employed various mass media channels, such as television and radio to disseminate information about COVID-19. 7 infographics and 4 radio contents combating rumors and misinformation were produced and disseminated through NCDC radio and 16 local radios from targeted municipalities. These infographics were also disseminated on different social media platforms at targeted health facilities, hospitals, and influencer pages, reaching out to 2.3 million individuals.

Lastly, UNICEF engaged a diverse group of 15 community influencers and leaders from the targeted 15 municipalities to promote COVID-19 vaccination. This was done through human interest stories, comedy, and drama scenes, which appealed to social norms and were disseminated on the influencers' social media platforms, 4 local TV channels, health facilities pages, and NCDC platforms. This effort reached around 451,000 followers and helped increase awareness and uptake of COVID-19 vaccination.

In 2023, UNICEF Libya prioritized community participation recognizing the importance of empowering communities while engaging fully and holistically with them. Mainstreaming AAP activities in Libya included implementing the priorities of the 2022 LCO AAP strategy and the associated action plan. UNICEF Libya also joined the common UN Community Feedback Mechanism (CFM), which effectively allowed affected populations to obtain information on UNICEF programs, provide feedback, and address complaints, including sexual exploitation and abuse. In 2023 through the Common Feedback Mechanism (CFM), UNICEF received more than 100 cases and was able to assist with information provision of UNICEF programs and providing services to people in need.

UNICEF also conducted studies that directly interact with beneficiaries, such as the 'Beneficiary Assessment of Baity Centers', which used direct interactions with beneficiaries to obtain feedback and inform programmatic changes.

UNICEF Libya's emergency preparedness strategy seeks to ensure the availability of response capacity and prepositioning of resources to respond to contextual potential risks, including armed conflict. outbreaks, mass displacement, and other threats. For this purpose, UNICEF has partnered with the Libyan Red Crescent Society (LRCS) to preposition multi-sectoral contingency supplies strategically and to conduct emergency response activities throughout the country as needed during crises. This preparedness also encompasses life-saving interventions for the urgent humanitarian needs of children on the move and their families. UNICEF Libya is investing in building the capacity of the national society focusing on core commitments for children. It also supports the readiness of the LRCS to conduct child and youth-centered rapid needs assessments to inform and improve operational responsiveness. The partnership with LRCS was activated in June 2023 to respond to the rapidly deteriorating situation of migrants and refugees in official detention Centers by providing emergency WASH and protection interventions. According to the National System Analysis for Emergency Preparedness and Response conducted by UNICEF in 2021, Emergency Preparedness and Response systems in Libya suffer from several weaknesses, including primitive to nonexistent risk monitoring system, lack of modern equipment, poor integration of conflict sensitivity analysis, and the absence of training programs. LCO is committed to strengthening emergency preparedness by building Government and CSOs' capacities, through training and technical assistance, at the national and local

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continues to be an active contributor to all humanitarian working groups, including the Humanitarian Development Peacebuilding (HDP) Group under the Sustainable Development Cooperation Framework (UNSDCF), the Detention Centers Working Group (DCWG), Internal Displacement and Durable Solutions Working Group (IDDS), Access Working Group, and Area Coordination Groups for East, West, and South Regions, in addition, UNICEF continues to be part of the Rapid Response Mechanism in Libya (RRM).

UNICEF supported the broader water and sanitation sector coordination, including development and humanitarian initiatives. A Water Sector Working Group (WSWG) led by the Ministry of Water Resources (MoWR) and co-lead by UNICEF and the African Development Bank (AfDB) was established to provide a platform for government and sector partners to jointly promote, support, and coordinate sustainable and integrated development and management of the Water Sector for socioeconomic and environmental development of Libya in line with the relevant Libyan strategies and development plans. The WSWG facilitates coordination and information exchange between development and humanitarian partners and government ministries to efficiently implement priority Water Sector activities, including humanitarian efforts and developing new sector policies and strategies leading to a more sustainable integrated water resources management system in Libya. UNICEF convened two meetings this year to review sector policies and analyze the current humanitarian situation and WASHrelated needs.

UNICEF also plays a vital coordination role in the health context of Libya. As a leading agency in child and maternal health, UNICEF works closely with the Libyan government, UN agencies, international organizations, and local partners to address various health challenges and ensure the well-being of children and mothers. UNICEF is an active member of the health and nutrition technical working group (TWG), pushing forward for further strengthening of the TWG as a coordination platform for the public health sector to improve health outcomes and save lives, particularly among the most vulnerable populations.

In the education sector, UNICEF is the coordinating agency for humanitarian response. UNICEF works closely with INGOs and NGOs working with refugee and migrant children across Libya to provide children with vital education opportunities, including literacy and numeracy classes, computer classes, and a life skills programme. UNICEF coordinates quarterly meetings with over 20 humanitarian actors to discuss challenges and successes. The primary current focus is to harmonize all the education programmes to provide high-quality content for all migrant and refugee children.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



A child engaging in recreational activities at Baity Center

In 2009, amidst the turmoil and violent conflicts tearing Sudan apart, a family embarked on a perilous journey in search of safety and a promising future. Mohamed and Samar, along with their infant daughter Jamila, found refuge in the unpredictable landscape of Libya. Life in a foreign land was fraught with challenges, but the birth of their second daughter, Farah, in 2015, brought a flicker of joy amidst the hardship.

However, in 2016, the cruel hand of fate struck them hard. Mohamed, the family's pillar and sole breadwinner passed away of lung cancer. Samar found herself alone, with two young daughters to care for. She took on a job as a cleaner, leaving Jamila and Farah in the hands of friends or, at times, bringing them to work. The strain of their situation manifested in Jamila, who developed a communication disorder. Their living conditions further exacerbated the hardship. Their home, shared with others and marred by a leaky roof and mold, was far from safe or private.

Samar's meager income could not keep up with the rent, and the family was evicted. It was during these darkest hours that they met a CESVI Community Mobilizer. Jamila was enrolled in the non-formal

education classes at the Baity Center, a life-changing initiative by UNICEF.

Baity Centers, dedicated spaces for vulnerable children, provide formal and non-formal education, mental health and psychosocial support, and crucial life skills for adolescents and youth. At the Baity Center, Jamila's difficulties in communication were noticed. The CESVI team sought to understand the family's predicament through interviews and quickly created a comprehensive case plan. Top of their list was ensuring a safe shelter. CESVI provided a new home for the family in a safe neighborhood, Serrag, taking care of the first three months' rent. CESVI did not stop there.

Recognizing Jamila's needs, they referred her to a CESVI Psychologist. After merely three sessions, Jamila began to show remarkable improvement in her understanding and communication. The International Organization for Migration (IOM) was also roped in to provide the family with much-needed food and non-food items. Samar witnessed a transformation in Jamila. Her behavior and communication skills drastically improved, and she could now engage in meaningful conversations with her mother. The consistent efforts of the CESVI team and the support of the Baity Center paved the way for a new beginning for the family. Approved for resettlement in Canada under a UN program, the family prepared to embark on their next journey. A jubilant Jamila, filled with hope and dreams for her future, exclaimed, "I am so excited we will travel to Canada, and I will start learning again there."

- Human Interest Stories (HIS) From War to Hope https://www.unicef.org/mena/stories/war-hope
- Human Interest Stories (HIS) Building Blocks for The Future https://www.unicef.org/mena/stories/building-blocks-future
- UNICEF Libya developed and published a Monthly Newsletter https://www.unicef.org/mena/reports/unicef-libya-monthly-newsletter-6 https://www.unicef.org/mena/reports/unicef-libya-monthly-newsletter-8 https://mailchi.mp/5cbdf1f62139/test-wcow4yvhyq-13547809 https://us10.campaign-archive.com/? u=f4fe963dc7b4de66e3d2b3970&id=dd2204c97f
- World Immunization Day Campiagn

https://www.facebook.com/unicef.libya/posts/5933510230

https://www.facebook.com/unicef.libya/posts/5975433335 911973

https://www.facebook.com/unicef.libya/posts/5955673627887944

Mine Action Education Campaign

https://www.facebook.com/unicef.libya/posts/5985989734856333

https://www.facebook.com/unicef.libya/posts/5985566781 565295

https://www.facebook.com/unicef.libya/posts/5976372435818063

World Environmet Day

https://www.facebook.com/unicef.libya/posts/6269970861 25024

https://www.facebook.com/unicef.libya/posts/6269970861 25024

https://www.facebook.com/unicef.libya/posts/6281271593 45350

HAC APPEALS AND SITREPS

- Libya Appeals <u>https://www.unicef.org/appeals/libya</u>
- Libya Situation Reports <u>https://www.unicef.org/appeals/libya/situation-reports</u>
- All Humanitarian Action for Children Appeals https://www.unicef.org/appeals
- All Situation Reports <u>https://www.unicef.org/appeals/situation-reports</u>

NEXT SITREP: 31-12-2023

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector	Sector				UNICEF and IPs response			
Indicator	Disaggregation	Total needs	2023 targets	Total results	Progress*			
Health								
Children and women accessing primary healthcare in UNICEF- supported facilities	Total	-	174,050 ⁹	150,000	▲ 86%			
Nutrition								
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	40,000	51,567	1 29%			
Children 6-59 months receiving micronutrient powder	Total	-	25,500	24,546	▲ 96%			
Pregnant women receiving preventative iron supplementation	Total	-	13,600	10,060	▲ 74%			
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community- based mental health and psychosocial support	Total	-	172,204 ¹⁰	1,394	1 %			
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	17,550	437	▲ 2%			
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	4,000	437	1 1%			
Children who have received individual case management	Total	-	22,685	871	▲ 4%			
Children and adults accessing explosive weapons-related risk education	Total	-	469,273	50,077	1 1%			
Education								
Children accessing formal or non-formal education, including early learning	Total	-	93,088 ¹¹	2,348	▲ 3%			
Children receiving individual learning materials	Total	-	96,241	22,500	▲ 23%			
Water, sanitation and hygiene								
People accessing appropriate WASH facilities and hygiene services in learning facilities, safe spaces and healthcare facilities	Total	-	30,549	12,210	40%			
People reached with critical WASH supplies	Total	-	112,567	2,060	▲ 2%			
Cross-sectoral (HCT, SBC, RCCE and AAP)								
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	5,000	7,508 ¹²	1 50%			

^{*}Progress in the reporting period

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2023	Other resources used in 2023	Resources available from 2022 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	3,250,000	-	-	-	3,250,000	100%
Nutrition	864,000	96,283.78	-	-	767,716.22	89%
Child protection, GBViE and PSEA	9,134,351	468,604.63	-	-	8,665,746.37	95%
Education	5,333,402	426,638.41	-	-	4,906,763.59	92%
Water, sanitation and hygiene	7,087,256	872,250	-	-	6,215,006	88%
Social protection	1,260,000	-	-	-	1,260,000	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	72,000	-	-	-	72,000	100%
Emergency preparedness	1,000,000	-	-	104,533.38	895,466.62	90%
Cluster coordination	300,000	-	-	-	300,000	100%
Evaluation	275,344	-	-	-	275,344	100%
Total	28,576,353	1,863,776.82	0	104,533.38	26,608,042.8	93%

^{*}repurposed other resources with agreement from donors

ENDNOTES

- 1. According to OCHA's Libya Humanitarian Overview issued on December 20, 2022, the Number of children in need is 30% of the total people in need, estimated to be 0.3 million, figures are based on a multi-sectoral needs assessment (MSNA) for Libya 2022 conducted by REACH; however, UNICEF LCO uses the percentage 40% as general guide to calculate the number of children (All under 18)
- 2. According to OCHA's Libya's Humanitarian Overview 2023 issued on December 2022, based on REACH's Libya multisectoral needs Assessment (MSNA)-2022,
- 3. Based on IOM Libya Migrant Report Round 46, January-February 2023
- 4. Based on IOM Libya IDP and returnee report, round 43, July-August 2022
- 5. WFP Libya, Food Security and Nutrition Survey (Round 4), July 2021 / WFP Libya, Food Security Outcome Monitoring Report (Round 1), August 2022
- 6. Libya's National Nutritional SMART Survey 2022
- 7. Sudan DTM, Mixed Cross-Border Movement Reporting, July 16, 2023
- 8. UNICEF LCO started a new CPD for 2023–2025, setting new strategies and priorities, including nationalizing and empowering local CSOs. for the first six months in 2023, UNICEF opened a new Biaty bid to ensure all Baity centers run non-formal education and CP activities in collaboration with national CSOs, resulting in lower progress towards CP and Education targets for the first quarter of the year
- 9. The target is estimated based on the number of women and children to benefit from 50 health facilities supported by UNICEF.
- 10. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Multi-sectoral Needs Assessment has not been finalized at the time of drafting the Humanitarian Action for Children appeal. Figures from the 2022 Humanitarian Needs Overview, subtracting the needs due to COVID-19, underpin the drastic decrease in need from 2022. Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
- 11. The OCHA Multi-sectoral Needs Assessment has not been finalized at the time of drafting this Humanitarian Action for Children appeal. Figures from the 2022 Humanitarian Needs Overview, subtracting the needs due to COVID-19, underpin the drastic decrease in need from 2022. Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
- 12. The results under the indicator people sharing their concerns and asking questions through established feedback mechanisms" include both the AAP inquiries received through the common feedback mechanism (CFM) and feedback received during RCCE campaigns like the "Vaccination is Protection" campaign conducted by the SBC team.