Highlights

1. In a breakthrough, both the Tripoli and Tobruk-based government officials announced an indefinite ceasefire and agreed to find a political solution for the unification of the country under the auspices of the United Nations.

2. During the third quarter of 2020, Libya continued to face the protracted armed conflict, particularly in Sirte and Jufra region. The humanitarian situation was further exacerbated by the COVID-19 pandemic, and the additional pressure from financial instability and the frequent power and water outages led to civil unrest in the country.

3. Despite all these challenges, UNICEF and partners continued providing critical assistance to the vulnerable children and communities in Libya. During the reporting period, UNICEF reached out to 258,642 children and women with primary health care services. 12,195 people were provided with safe drinking water while 2,143 children were referred to child protection specialized services. UNICEF also supported the Ministry of Education in recording 2,000 hours of online sessions on core subjects.

4. UNICEF Libya’s Humanitarian Action for Children (HAC) appeal requires US$ 19.8 million to reach 268,000 children across Libya. The UNICEF Libya humanitarian response remains underfunded, with current funding gaps at approximately US$ 14.8 million (75 per cent).

UNICEF’s Response and Funding Status 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>83% (17%)</td>
</tr>
<tr>
<td>Health</td>
<td>57% (43%)</td>
</tr>
<tr>
<td>Sanitation</td>
<td>25% (75%)</td>
</tr>
<tr>
<td>WASH</td>
<td>23% (77%)</td>
</tr>
<tr>
<td>MHPSS</td>
<td>15% (85%)</td>
</tr>
<tr>
<td>Child Pro.</td>
<td>23% (77%)</td>
</tr>
<tr>
<td>Education</td>
<td>18% (82%)</td>
</tr>
<tr>
<td>MNS for children</td>
<td></td>
</tr>
</tbody>
</table>

UNICEF Appeal 2020
US$ 19.8 million

*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

For 2020, UNICEF appealed for US$ 19.8 million to provide life-saving services for vulnerable and conflict-affected Libyan and non-Libyan children and their families. The appeal remains critically underfunded across all sectors, with an overall funding gap of 75 per cent (US$ 14.8 million). The education, child protection and water, sanitation, and hygiene (WASH) sectors continue to be the most underfunded, limiting UNICEF’s capacity to reach an estimated 100,000 conflict-affected and vulnerable children and individuals with life-saving essential services. UNICEF implements all programmes aiming to assist the most vulnerable Libyan and non-Libyan conflict-affected or vulnerable migrant, refugees or internally displaced persons (IDP) in collaboration with relevant government ministries and 19 national and international non-governmental organizations and the UN agencies. As of September 2020, the Governments of Denmark, France, Germany, Italy, Japan, Korea, Sweden, the United States of America, and Poland have generously contributed to UNICEF’s humanitarian preparedness and response for Libya. UNICEF expresses its sincere gratitude to all public donors for the valuable contributions received.

Situation Overview & Humanitarian Needs

The humanitarian context in Libya remains volatile and continues to affect children and their caregivers, particularly the most vulnerable ones such as refugees, asylum seekers, migrants, internally displaced person (IDPs), returnees and host communities. Many of these families struggle to access essential basic services; Women and children are often exposed to violence, abuse, exploitation and neglect. Following an intensification of conflict in southern Tripoli, Tarhuna and Sirte in June 2020, nearly 28,000 people (5,550 families), including 11,000 children, were forced to flee their homes to various municipalities in Eastern Libya.

The armed conflict has resulted in a severe need for the provision of services to migrants living in conflict zones or displaced by the conflict. The provision of alternative to detention solutions for migrants officially held in arbitrary detention remains a serious challenge and need. Shelter for vulnerable migrants remains a pressing need in Libya. Children on the move, especially unaccompanied and separated children, live in extremely dire conditions across the country. As of 30 September, 2020, Libya is hosting 46,274 refugees and asylum seekers, including almost 16,000 children. The quarter also recorded high numbers of fatalities on the Central Mediterranean Route, which claimed migrant lives at an alarming rate. Between July - September 2020, at least 86 people reportedly died and 90 were counted as missing while trying to cross over to Europe. As of 28 September, a total of 9,448 migrants (an increase of 3,673 migrants, including 211 women and 224 minors since last quarter) were intercepted by the Libya Coast Guards and disembarked in Libya.

The COVID-19 pandemic has further caused major disruptions in the lives of children and their families. As of 30 September, the total number of confirmed COVID-19 cases rose to 35,208 with 559 deaths and 19,894 recoveries, with Tripoli recording the highest number of positive cases. The COVID-19 movement restrictions impacted the routine immunization, which was already facing issues due to shortages of personal protective equipment (PPE) and interruption in the supply chain of critical vaccines at the health facility level. The schools continue to be closed since March, with the projected plans to open in late December in the West and mid-November in the East. The closure of schools and other learning centers placed an incredible strain on the education and well being of children. Children who were previously not considered to be at risk of dropping out of school before the COVID-19 pandemic, are now at risk due to pandemic-related issues, such as economic instability and movement restrictions. They also face an increased risk of negative coping mechanisms, such as child labor and child marriage. Secondly, remedial and catch-up classes had to

---

3 https://twitter.com/UNHCRLibya/status/1312178897694322688/photo/1
4 https://twitter.com/IOM_Libya/status/1310659860429305856/photo/1
5 https://ncdc.org.ly/Ar/
shift to a distance education modality. This is challenging as children may not have access to distance learning tools, internet, and additional support from teachers has not been available.

Summary Analysis of Programme Response

Nutrition

UNICEF, in close coordination with the National Center for Disease Control (NCDC), facilitated the establishment of the Nutrition Unit to implement a comprehensive nutrition program focused on prevention and management of all kinds of malnutrition. Currently, UNICEF is focused on provision of nutritional services to the vulnerable population for prevention of morbidities and mortalities associated with malnutrition, including micronutrient deficiencies. Through its national implementing partner, UNICEF provided nutritional supplies for 153 children aged 6 to 59 months and 109 pregnant and lactating women in detention centres. The nutrition supplies included high energy biscuits, emergency food rations, micronutrients and ready-to-use therapeutic food (RUTF).

Health

During the reporting period, 258,948 children and women had improved access to better quality of primary healthcare in 18 UNICEF supported government health facilities\(^6\). Through this support, UNICEF ensured availability of lifesaving primary and secondary services for 9,070 individuals (2,480 boys, 2,582 girls, 4,009 women). UNICEF distributed first aid kits in schools in three municipalities, Alkufra, Azzawya, and Janzour, benefitting 444 children (226 boys, 224 girls).

A comprehensive package of Maternal Child Health care was also distributed in targeted 13 municipalities, benefitting 249,264 individuals (68,161 boys, 70,943 girls, 110,160 women), while 170 mothers living with human immunodeficiency virus (HIV) were provided with prophylaxis treatment. This strategic approach has been designed and implemented in coordination with the Ministry of Health and other sector partners to ensure the access of vulnerable population to responsive services. Among the reached population, 5,077 newborn babies received essential newborn care. With the onset of the COVID-19 pandemic, UNICEF’s support has been significant to ensure the continuity of health care.

During the reporting period, UNICEF completed the rehabilitation of the Training Center at Aljala Teaching Hospital in Tripoli. UNICEF focused on maintaining the water and sanitation facilities, improving classrooms, library and administrative offices benefitting 1,000 hospital staff and trainees.

Water, Sanitation and Hygiene (WASH)

During the reporting period, UNICEF and partners provided safe drinking water to 12,195 people (3,587 men, 3,731 women, and 4,877 children). Sanitation services were also provided to 463 people (138 men, 141 women, and 184 children) through the maintenance of WASH facilities. Hygiene materials, including menstrual hygiene items, and key hygiene messages were also provided to 29,341 people (6,335 men, 6,426 women, and 16,580 children).

UNICEF provided hygiene kits and awareness on critical hygiene practices to a total of 29,341 individuals in Benghazi, Derna, Sirte, Tripoli, Al Jabal Al Akhdar, Sebha, Misrata and Ejdabia. In July, UNICEF rehabilitated WASH facilities in two schools. These schools are located in Benghazi and Ejdabia and are used as IDP shelters, benefitting a total of 288 people, including 115 women, and 112 children. In addition, UNICEF undertook the maintenance of water and sanitation facilities in Tarek Al Sikka Detention Center in Tripoli, which benefitted 175 migrants.

With the support of National Center for Disease Control, UNICEF provided Aquatabs (household water treatment tablets for water purification) to a total of 11,732 internally displaced persons (IDPs) in greater Tripoli, Bani Walid, Tawergha, Sebha, Oubari, and Barak Ashati, ensuring safe drinking water for at least a period of one month. In addition, 463 people benefitted from light rehabilitation of water facilities. A WASH assessment has been undertaken in Aljala detention center and the activities will be implemented accordingly.

In response to reports of COVID-19 positive cases in Tawergha Alfaith IDP camps, UNICEF through its local partner conducted awareness sessions and distributed hygiene supplies benefitting 2,310 persons (479 families), including 982 children. The camps were also disinfected and cleaned, to limit transmission of COVID-19 and ensure a safe environment. UNICEF, in partnership with a service provider, worked on disinfection of IDP camps in Halles, Garunu, and Anabbeeb and three schools hosting IDPs in Benghazi. This activity benefitted 725 displaced families (3,100 individuals) people including 1,240 children.

---

\(^6\) Total number reached beneficiaries in 18 health facilities while MCH distributed in 13 municipalities
UNICEF, in coordination with WASH and Health sectors, established an Infection Prevention and Control (IPC) Working Group to strengthen the coordination of essential preparedness and response activities. Moreover, personal protective supplies for COVID-19 for schools and health centres have been procured and are expected to arrive in Libya during the quarter four of the year.

In preparation for the safe school re-opening, UNICEF, in close coordination with the Ministry of Education (West), disinfected 39 schools. Disinfection of additional 163 schools will be completed in October 2020.

UNICEF supplied 20,000 soap bars to the Ministry of Education for distribution in both Benghazi and Tripoli each. These soap bars will be used once the schools are reopened in December and/or during the examination period.

**Education**

During the reporting period, UNICEF continued offering remedial and catch up classes in Bayti centers through distance education modality, reaching 1,187 children in Tripoli, Misrata and Zwara. A total of 6,718 children also received learning and recreational materials, including take-home printed materials to study, when they were not able to follow the online education classes.

UNICEF also completed school rehabilitation, with a focus on water and sanitation facilities in eight primary schools in Sabha, which benefitted a total of 6,528 children in the South Libya.

In response to prolonged school closure due to COVID-19, UNICEF provided technical support to the Ministry of Education by recording online sessions related to core curriculum subjects. These are broadcasted on dedicated national TV channel and available on the Ministry's e-learning platform and YouTube Channel “Let’s Learn.” So far, 2,000 sessions have been recorded. UNICEF also provided 66 laptops to strengthen the coordination mechanism between the Ministries of Education in the eastern and western regions on distance education. UNICEF printed 6,000 leaflets that Ministry of Education will use to provide information on safe school re-opening in December and during the examination period.

Within the Blueprint Initiative with UNHCR, the partners will aim to support the enrolment of refugee children in public schools in Libya. Four schools were selected for rehabilitation and provision of supplies, which will be completed in December 2020. Under the Blueprint Initiative, UNICEF continues to work closely with Bayti centers to assess the barriers to refugee children’s enrolment in education and support the families with finding solutions to these barriers.

UNICEF, as the Education Sector Lead Agency, has been leading the sector response. Through outreach activities, UNICEF covered 48.5 per cent of the targeted beneficiaries, whereas the rest of the sector members altogether covered 51.5 percent. Between July and September 2020, a total of 35,957 school aged children were reached through the coordinated Education Sector response to enhance vulnerable children’s access to education.

**Child Protection**

Despite the COVID-19 restrictions and the increase in the numbers of COVID-19 cases in Libya, UNICEF and partners continued to implement child protection and GBV programmes. The Baity centers re-opened during the months of September and October, after business continuity plans were developed by UNICEF and partners. Relevant Infection prevention and Control measures were put in place in each center. UNICEF, in partnership with INTERSOS, re-opened its Baity centers in Tripoli (Suq Al Juma) and Sebha respectively on 13 September and on 6 of September. UNICEF re-opened the Baity centers in Tripoli (Hay Andalous), Misrata and Zwara on 4 of October, in partnership with CESVI. All Baity centers are currently implementing Infection Prevention and Control measures and are conducting in-person activities with reduced numbers of children for child protection and education activities.

Between July and September, UNICEF and partners reached 1,255 children (644 boys and 611 girls) with in-person and remote mental health and psychosocial support services in Tripoli, Misrata, Bani Waleed, Benghazi, Ejdabia and Sabha. 2,143 children (1,079 boys and 1,064 girls) were referred to child protection specialized services in Benghazi, Misrata, Tripoli, Sebha, and Zwara. These activities were conducted using online implementation modality during the months of July and August due to the movement restrictions.

---

7 Bayti, meaning “home” in Arabic, is a multi-sectoral community-based programme that contributes to the development and well-being of vulnerable children and youth, by providing integrated interventions including learning support services, early childhood development, community-based child protection, life skills and health and nutrition services.

8 [https://dl.edu.ly/](https://dl.edu.ly/)

9 [https://www.youtube.com/channel/UC0wmGY_mXgTXj3ZHJS4V6A/videos](https://www.youtube.com/channel/UC0wmGY_mXgTXj3ZHJS4V6A/videos)
A total of 4,878 children and women (1,024 boys, 1,141 girls, and 2,713 women) accessed gender-based violence (GBV) risk mitigation, prevention or response services in Misrata, Tripoli, Benghazi, and Sebha. 1,056 girls and boys (520 boys and 536 girls) received age and gender sensitive case management services and referrals for other services in Tripoli, Misrata, Sebha, Benghazi, and Tarhuna. UNICEF and its partners reached 694,683 people with messages on prevention of child protection risks through radio campaigns in Benghazi while 8,698 children and care givers accessed mine/explosives risk education.

As the number of COVID-19 cases increases, child protection actors in the field face new challenges that may put service providers and children at risk. For this reason, UNICEF partners focused on building the capacity of Child protection key actors who work on the ground, by participating in a training on how to conduct mental health and psychosocial support (MHPSS) intervention and give access to Child protection services during emergencies and COVID-19. During the reporting period, 229 actors (67 men and 162 women) from service providers and institutions were trained on child protection approaches with COVID-19 considerations and prevention measurements.

During the reporting period, UNICEF also completed the construction of a soccer field in Ghat city, benefiting 1,000 children where children can play in a safe space. UNICEF also rehabilitated a child friendly space at Abu Salem district, Multakana Bayti Center, benefiting 5,000 children, including Libyan and migrant children.

Humanitarian Leadership, Coordination and Strategy
UNICEF continues to participate in the Humanitarian Country Team to coordinate the multi-sectoral emergency preparedness and response in Libya. To strengthen the linkages between humanitarian action and development programming in Libya, UNICEF continues to prioritize its coordination role and support for capacity building for all partners, including local authorities and municipalities. UNICEF’s overall humanitarian strategy remains aligned with the Humanitarian Needs Overview, Humanitarian Response Plan, UNICEF’s Humanitarian Action for Children within the framework of the Core Commitment for Children in humanitarian action, Sectors and Sub-Sectors priorities.

UNICEF leads the Education and WASH sectors, and the Child Protection Working Group under the leadership of the Libyan authorities. It is also an active member of the Health Sector and co-chairs the IPC and Risk Communication and Community Engagement Working Groups for COVID-19 preparedness and response. UNICEF continues to be an integral member of the inter-agency Rapid Response Mechanism, which pre-positions supplies and provides direct cash assistance in response to sudden-onset emergencies and delivering life-saving assistance in the hard-to-reach areas.

The WASH, Education, Child Protection Sectors led by UNICEF actively participated in the interagency humanitarian planning process to develop the Humanitarian Response Plan 2021. The Humanitarian Needs Overview and Humanitarian Response Plan 2021 will include preparedness and response to COVID-19 pandemic. The plan is expected to be published by the end of December, providing the basis for the humanitarian appeal.

During the reporting period, WASH sector successfully mobilized US$2.7 million from the Central Emergency Response Fund to support the WASH response by sector partners for a duration of nine months to combat COVID-19 pandemic. UNICEF, as the Sector Lead Agency for Education, continued to support the regular coordination meetings for Education Sector. Three monthly Education Sector Meetings were conducted in this quarter to discuss the key priorities and interventions regarding school reopening and the coordinated plan of sector members. The Child Protection Working Group held monthly meetings, where the partners held in-depth discussions on overall child protection situation in Libya, case management, GBV task forces and child protection dashboard.

Human Interest Stories and External Media
UNICEF actively engaged with donors, government counterparts, media and wide audiences through diverse communication activities. Several press releases highlighting the humanitarian and programmatic updates received press coverage. UNICEF’s social media platforms have continued to be a reliable source of information for children, repeatedly quoted by media and gaining new followers. From July - September UNICEF Libya gained 7,700 new followers across its social media platforms engaging more than 200,638 social media users.

Human Interest Stories:
Delivering for children from behind a computer screen: https://bit.ly/3gMIQ4K
Press Releases and Updates
UNICEF Press Release - Multakana Centre a safe place for children and young people to access learning opportunities, child protection and other critical services: https://bit.ly/3hS0STj
Story of a mine survivor in Libya: https://bit.ly/36cBxQ0

Audio-visual and Multimedia:
UNICEF continues its support to the High Scientific Committee through the production of COVID-19 educational videos targeting frontline workforce and the public. The following video presented by: Dr. Hisham bin Masoud illustrates the most prominent etiquette to reduce the infection of the Corona virus.


Adam Al-Darzi from Tabu notables in Sabha https://bit.ly/2IaA0IP
Mohammed Imigel, Vice President of the Corona Virus Control Committee in Sabha https://bit.ly/3eEEixA

External Media:
UNICEF Libya Facebook Page: https://www.facebook.com/unicef.libya/
UNICEF Libya Twitter Account: https://twitter.com/UnicefLibya
UNICEF Libya LinkedIn Account: https://www.linkedin.com/in/unicef-libya-8b1797155/

Next SitRep: December 31, 2020

Who to contact for further information:
AbdulKadir Musse
Special Representative
Libya Country Office
+216 93 237 510
amusse@unicef.org

Narine Aslanyan
Deputy Representative (Prog)
Libya Country Office
+218 910 351 809
naslanyan@unicef.org

Suad Al-Marani
Communication Specialist
Libya Country Office
+216 99 070 815
salmarani@unicef.org
### Summary of Programme Results

#### Cluster/Sector Response

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2020 target</th>
<th>Total results</th>
<th>Change since last report ▲▼</th>
<th>2020 target</th>
<th>Total results</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children and women who received primary healthcare in UNICEF supported facilities (M/F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100,000</td>
<td>582,743</td>
<td>▲ 258,948</td>
</tr>
<tr>
<td># of New-borns who received essential lifesaving care (M/F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6 to 59 months who received MNP s (M/F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Pregnant and Lactating women (PLW) who received micro-nutrient supplements and emergency nutrition services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of caregivers of children who received IYCF counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children who accessed improved WASH facilities in schools and health facilities (M/F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people who accessed a sufficient quantity of safe water for drinking, cooking and personal hygiene (M/F)</td>
<td>242,000</td>
<td>44,000</td>
<td>21,160&lt;sup&gt;11&lt;/sup&gt;</td>
<td>▲ 13,029</td>
<td>30,000</td>
<td>20,326</td>
<td>▲ 12,195</td>
</tr>
<tr>
<td># of people who accessed appropriate sanitation facilities (M/F)</td>
<td>242,000</td>
<td>58,000</td>
<td>4,996</td>
<td>▲ 463</td>
<td>20,000</td>
<td>4,996</td>
<td>▲ 463</td>
</tr>
<tr>
<td># of people who received essential hygiene items and critical WASH-related information (M/F)</td>
<td>242,000</td>
<td>58,000</td>
<td>75,991&lt;sup&gt;12&lt;/sup&gt;</td>
<td>▲ 41,667&lt;sup&gt;13&lt;/sup&gt;</td>
<td>40,000</td>
<td>63,665</td>
<td>▲ 29,921&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td># of children who received IYCF counselling</td>
<td>1,500</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>▲▼ 0</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children and women who accessed GBV risk mitigation, prevention or response interventions (M/F)</td>
<td>20,466</td>
<td>15,345</td>
<td>2,801&lt;sup&gt;17&lt;/sup&gt;</td>
<td>▲ 2,591</td>
<td>7,400</td>
<td>1,120</td>
<td>▲ 1,056</td>
</tr>
<tr>
<td># of children who accessed mental health and psychosocial support (M/F)</td>
<td>160,000</td>
<td>104,000</td>
<td>13,385</td>
<td>▲ 3,536</td>
<td>70,000</td>
<td>10,395</td>
<td>▲ 1,255&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
<tr>
<td># of targeted girls and boys who received age- and</td>
<td>24,000</td>
<td>1,500</td>
<td>2,801&lt;sup&gt;17&lt;/sup&gt;</td>
<td>▲ 2,591</td>
<td>7,400</td>
<td>1,120</td>
<td>▲ 1,056</td>
</tr>
</tbody>
</table>

<sup>10</sup> Part of the results were achieved using non-emergency (SC) and COVID-19 Humanitarian Action for Children appeal
<sup>11</sup> Retroactive revisions were made in results, resulting in a change in the overall results. Actual results achieved during Q3 are 8,131.
<sup>12</sup> Retroactive revisions were made in results. Actual results achieved during Q2 are 4,533.
<sup>13</sup> Retroactive revisions were made in results. Actual results achieved during Q2 are 29,341
<sup>14</sup> ibid
<sup>15</sup> Retroactive revisions were made in results. Actual results achieved during Q2 are 4,878
<sup>16</sup> Retroactive revisions were made in results. Actual results achieved during Q2 are 1,255
<sup>17</sup> Retroactive revisions were made in results. Actual results achieved during Q2 are 2,591.
gender-sensitive case management services

| # of children who were referred to specialized child protection services | 12,000 | 6,400 | 10,610 | ▲ 7,618 | 7,400 | 4,549 | ▲ 2,143 |
| # of people who were reached with messages on prevention of child protection risks | 220,000 | 138,000 | 3,136,628\(^{18}\) | ▲ 694,683 | 40,000 | 3,136,628 | ▲ 694,683\(^{19}\) |
| # of children and caregivers who accessed mine/explosive weapons risk education (M/F) | 475,000 | 345,000 | 38,594\(^{20}\) | ▲ 372 | 15,000 | 38,594 | ▲ 8,698 |
| # of actors from service providers and/or institutions who were trained on CP approaches (M/F) | 1,050 | ▲ 245 | 500 | 1,034 | ▲ 229 |

Education

| # of school-aged children who accessed formal/non-formal education services (M/F) | 127,000 | 74,000 | 15,753 | ▲ 2,639 | 50,000 | 8,890 | ▲ 1,187 |
| # of school-aged children who received individual learning materials | 127,000 | 70,000 | 68,468\(^{21}\) | ▲ 10,676 | 40,000 | 57,792 | ▲ 6,718 |
| # of teachers and education personnel who were trained on child protection and improved teaching methods | 2,500 | 100 | 113 | ▲ 18 | 1,500 | 95 | ▲ ▼ 0 |
| # of children who received psychosocial/recreational activities in schools and learning spaces | 60,000 | 30,000 | 18,633\(^{22}\) | ▲ 997 | 20,000 | 18,610 | ▲ 983 |
| # of school-aged children who accessed rehabilitated and repaired educational facilities/prefabricated classrooms | 127,000 | 127,000 | 14,199 | ▲ 6,223 | 10,000 | 11,271 | ▲ 6,528 |

Annex B

Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available ($)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Received</td>
<td>Current Year</td>
<td>Carry-Over</td>
</tr>
<tr>
<td>Nutrition</td>
<td>196,798</td>
<td>45,240</td>
<td>118,332</td>
</tr>
<tr>
<td>Health</td>
<td>2,443,200</td>
<td>107,240</td>
<td>1,295,254</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>4,200,000</td>
<td>215,173</td>
<td>762,579</td>
</tr>
<tr>
<td>Child Protection</td>
<td>6,492,480</td>
<td>323,965</td>
<td>1,177,263</td>
</tr>
<tr>
<td>Education</td>
<td>5,760,000</td>
<td>296,361</td>
<td>229,256</td>
</tr>
<tr>
<td>Humanitarian Coordination</td>
<td>753,600</td>
<td>345,059</td>
<td>130,796</td>
</tr>
<tr>
<td>Total</td>
<td>19,846,078</td>
<td>1,333,038</td>
<td>3,713,479</td>
</tr>
</tbody>
</table>

\(^{18}\) Retroactive revisions were made in results. Actual results achieved during Q2 are 2,591.
\(^{19}\) Retroactive revisions were made in results. Actual results achieved during Q2 are 694,683.
\(^{20}\) Retroactive revisions were made in results. Actual results achieved during Q2 are 372.
\(^{21}\) Retroactive revisions were made in results. Actual results achieved during Q2 are 67,571.
\(^{22}\) Retroactive revisions were made in results. Actual results achieved during Q2 are 17,636.