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for every child

**Humanitarian** 

Action for Children



IICEF Libya/2020/Zakari

2021

Two young girls engage in recreational activities while their mother attends a focus group discussion at a UNICEFsupported community centre in Tripoli.

# Libya

# **HIGHLIGHTS**

- Due to the protracted armed conflict, political and economic crises and the coronavirus disease 2019 (COVID-19) pandemic, nearly 1.2 million people, including over 348,000 children, require humanitarian assistance in Libya.<sup>1</sup> Children and families are experiencing a rapid deterioration in public services particularly education and health services higher food and fuel prices due to cuts in state subsidies, loss of shelter and livelihoods, and significant protection challenges.
- UNICEF will work with government counterparts, civil society organizations and the private sector to realize its humanitarian, development and peacebuilding strategy in Libya, while maintaining capacity for a rapid response at the onset of new emergencies.
- UNICEF and partners require US\$49.1 million to spearhead emergency preparedness and response interventions in Libya in 2021. Given the major needs linked to COVID-19, the priority interventions for 2021 include health, water, sanitation and hygiene (WASH), education and child protection.

188,000

150,000

children accessing

educational services

people reached with

change programmes

handwashing behaviour-

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**KEY PLANNED TARGETS** 

120,000

290,000

children/caregivers

accessing mental health

and psychosocial support

children and women

accessing health care



Figures are provisional and subject to change upon finalization of the inter-agency planning process for 2021.

## **HUMANITARIAN SITUATION AND NEEDS**

Humanitarian needs continue to rise in Libya due to the protracted political crisis, armed conflict and now the COVID-19 pandemic. Tribal violence and armed groups continue to displace families, affect access to basic services and hinder humanitarian access. The conflict between the Libyan National Army and the Government of National Accord escalated in 2019 and 2020, with heavy fighting in civilian areas in greater Tripoli.

During the first half of 2020, there were nearly 500 civilian casualties,<sup>6</sup> including 79 children. As of August 2020, over 392,000 displaced persons and nearly 494,000 returnees required humanitarian assistance,<sup>7</sup> including safe drinking water, sanitation facilities and access to health care, education and protection services. In areas affected by armed conflict, families are vulnerable to explosive hazards. Overall, some 681,000 people need health and nutrition assistance; 315,000 need safe water, sanitation and hygiene; 283,000 children need protection; and 165,000 children need access to schooling.<sup>8</sup>

Continued political instability has weakened state institutions and damaged the economy. Children and families are experiencing a rapid deterioration of public services, higher food and fuel prices, loss of livelihoods, and serious protection challenges. The conflict has left housing and infrastructure across the country – including schools and health facilities – severely damaged. In March 2020, due to the outbreak of COVID-19, immunization services ceased and the only tertiary care facility in Tripoli closed. Critical gaps in medical supplies and staffing have also been reported. Children are disproportionately affected by armed conflict and are at high risk of violence, exploitation, trafficking, gender-based violence, recruitment by armed groups and unlawful detention.

Libya remains both a destination and major transit centre for migrants and refugees. As of August 2020, there were nearly 585,000 migrants and refugees in Libya, including nearly 47,000 children (nearly 12,000 of whom are unaccompanied).<sup>9</sup> Migrants and refugees are exceptionally vulnerable given their migration status, significant protection risks and lack of access to social services.

COVID-19-related morbidity and mortality rates have been steadily rising across Libya, with over 35,000 confirmed cases and nearly 600 deaths.<sup>10</sup> There is an acute shortage of tests, laboratory capacities are limited, and water and electricity shortages have undermined basic hygiene practices. Schools have been closed since mid-March 2020.

## SECTOR NEEDS



#### Health and nutrition

**684,000** people need health assistance<sup>11</sup>



#### Water, sanitation and hygiene

**315,000** people need safe water, sanitation, hygiene<sup>12</sup>



# Child protection, GBViE and PSEA

**283,000** children need protection services<sup>13,14</sup>



#### Education 165,000 children need access to school<sup>15</sup>

## **STORY FROM THE FIELD**



Essential supplies are being pre-positioned in Benghazi to allow UNICEF and partners to rapidly respond to emergencies.

The partnership with the Libyan Red Crescent Society – one of the first responders in Libya – has allowed UNICEF to reach vulnerable children affected by emergencies.

The pre-positioning of essential life-saving emergency supplies around the country has been a cornerstone of the emergency response. UNICEF and the Libyan Red Crescent have dedicated substantial time and effort to agreeing on the composition of the pre-positioned stocks to ensure that all items are tailored to the needs of children and families in Libya. In 2020, the organizations used the stocks to undertake a multi-sectoral emergency response to at least four crises in Libya.

## **HUMANITARIAN STRATEGY**

In 2021, UNICEF's humanitarian strategy in Libya will focus on making sure that no child is left behind, regardless of nationality, migration status or geographic location.

As part of efforts to link humanitarian action and development programmes, UNICEF will strengthen the capacities of national actors to support basic service delivery, including in emergency situations, in line with the Grand Bargain commitments.<sup>16</sup> Where there are essential gaps in basic service delivery, UNICEF will provide assistance. UNICEF will focus on supporting and improving protection and education services for children, in addition to other essential support.

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

UNICEF will facilitate access to safe water and sanitation; provide health and nutrition supplies, equipment and training to health care staff; support the operation of community centres; and provide child protection and educational services. The health system will be strengthened to better prepare for future disease outbreaks.

Integrated, inter-sector programming will be central to the humanitarian response. Education, child protection and health responses will use integrated approaches and target key geographic locations such as detention centres and areas of displacement. All programmes will prioritize gender and the unique needs of adolescents and youth.

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

In its service delivery, UNICEF will focus on the most vulnerable groups, including children on the move. UNICEF will further strengthen its field office in Benghazi and increase its footprint in the south to improve the provision of humanitarian assistance across the country.

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

Progress against the 2020 programme targets is available in the humanitarian situation reports:

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

# **2021 PROGRAMME TARGETS**



#### Nutrition

- **40,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **25,500** children aged 6 to 59 months receiving multiple micronutrient powders

#### Health

- 12
  - **120,000** children and women accessing primary health care in UNICEF-supported facilities<sup>17</sup>
  - **200** health care facility staff and community health workers trained on infection prevention and control

#### Water, sanitation and hygiene

- 80,000 people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene<sup>18</sup>
- **188,000** people reached with handwashing behaviour change programmes
- 135,000 people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services

## Child protection, GBViE and PSEA

- **290,000** children and caregivers accessing mental health and psychosocial support
- **25,000** women, girls and boys accessing genderbased violence risk mitigation, prevention or response interventions
- **4,000** people with access to safe channels to report sexual exploitation and abuse<sup>19</sup>
- **150,000** children accessing explosive weaponsrelated risk education and survivor assistance interventions

#### Education

- **150,000** children accessing formal or non-formal education, including early learning
- **50,000** children receiving individual learning materials
- **750** schools implementing safe school protocols (infection prevention and control)

## Social protection and cash transfers

• **2,000** households reached with humanitarian cash transfers across sectors

## C4D, community engagement and AAP

- **2,000,000** people reached with messages on access to services<sup>20</sup>
- **60,000** people participating in engagement actions for social and behavioural change

## **FUNDING REQUIREMENTS IN 2021**

UNICEF is requesting US\$49.1 million to provide life-saving humanitarian assistance to children and families in Libya in 2021. The 2021 request is significantly higher than the 2020 request because it includes UNICEF's response to the COVID-19 pandemic, as well as to displacement due to armed conflict, deteriorating basic services and other urgent humanitarian needs. The additional funds will also enable UNICEF to support the continuity of essential health and nutrition services, provide essential WASH supplies, and reach children and women with critical child protection and education services. This funding will help mitigate the negative impacts of crises and reach more children and families across Libya. UNICEF is grateful for the vital financial contributions of donors, without which it would be unable to respond to the urgent humanitarian needs of girls and boys in Libya and support the country's national response to the ongoing crisis.



Sector	2021 requirements (US\$)
Health and nutrition	<b>4,692,000</b> <sup>21</sup>
Water, sanitation and hygiene	12,617,280
Child protection, GBViE and PSEA	<b>12,664,800</b> <sup>22</sup>
Education	12,090,600
Social protection and cash transfers	3,600,000
C4D, community engagement and AAP	2,880,000
Cluster coordination	600,000
Total	49,144,680

\*This includes costs from other sectors/interventions : C4D, community engagement and AAP (5.9%), Cluster coordination (1.2%).

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# **ENDNOTES**

1. This was calculated as a 30 per cent increase over 2020 needs to accommodate for the COVID-19 pandemic and increased conflict-related needs. Office for the Coordination of Humanitarian Affairs, 'Libya: 2020 Humanitarian Response Plan', OCHA, 2020.

2. Ibid.

3. Ibid.

4. This was calculated using the highest coverage programme targets for children to be reached with psychosocial support (290,000); women to be reached with health care interventions (52,000); children under 5 years to be reached with nutrition support (25,500); and people to be reached with hygiene and sanitation supplies and services (135,000). This includes 294,505 women/girls and 207,995 men/boys. Up-to-date disability statistics are not available in Libya; as such it is not possible to disaggregate the potential impact of programming on children with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

5. This was calculated using the highest coverage programme targets for children to be reached with psychosocial support (290,000); and children under 5 years to be reached with nutrition support (25,500). This includes 160,905 girls and 154,595 boys. Up-to-date disability statistics are not available in Libya; as such it is not possible to disaggregate the potential impact of programming on children with disabilities.

6. United Nations Support Mission in Libya, Civilian Casualty Report, January-March 2020 and April-June 2020.

7. International Organization for Migration Displacement Tracking Matrix, 'Libya's Migrant Report: Key Findings Round 32 July-August 2020', IOM DTM, September 2020.

8. This was calculated as a 30 per cent increase over 2020 needs to accommodate for the COVID-19 pandemic and increased conflict-related needs. 'Libya: 2020 Humanitarian Response Plan'.

9. Ibid.

10. International Organization for Migration, 'COVID-19 Movement Restrictions: Libya mobility restriction dashboard #8 (1-30 September 2020)', IOM, October 2020.

11. This was calculated as a 30 per cent increase over 2020 needs to accommodate for the COVID-19 pandemic and increased conflict-related needs. 'Libya: 2020 Humanitarian Response Plan'.

12. Ibid.

13. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).

14. This was calculated as a 30 per cent increase over 2020 needs to accommodate for the COVID-19 pandemic and increased conflict-related needs. 'Libya: 2020 Humanitarian Response Plan'.

15. Ibid.

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

17. Health sector partners led by the World Health Organization (WHO) will cover the remaining people in need.

18. The sector target is for WASH. There are discrete targets for each category, taking into consideration the targets and sector engagement from 2020. There will likely be some overlap between water, sanitation and hygiene, which is taken into account. UNICEF estimates that it will reach the total number of people in need for the sector.

19. UNICEF Libya is currently in the process of rolling out prevention of sexual exploitation and abuse interventions. In 2021, UNICEF Libya would like to strengthen the system across its community centres (the target included here) before expanding further.

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

21. This includes US\$3,468,000 for health programming and US\$1,224,000 for nutrition.

22. This includes US\$120,000 for prevention of sexual exploitation and abuse interventions; US\$2,010,000 for gender-based violence in emergencies interventions; and US\$10,534,800 for child protection interventions.

23. The increase in funding requirements in 2021 is notably due to the increased caseload (because of the conflict intensification and the COVID-19 crisis) as well as additional services generated by COVID-19 such as risk communication and community engagement and infection prevention and control activities.