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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Libya**

Proposed indicative UNFPA assistance:	\$13.7 million: \$3.5 million from regular resources and \$10.2 million through co-financing modalities or other resources
Programme period:	Three years (2023-2025)
Cycle of assistance:	Second
Category:	Tier II
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2023-2025

## I. Programme rationale

1. Steeped in history and rich in culture, Libya is endowed with significant natural resources, a vibrant, young educated and ethnically diverse population, providing the country with a solid basis for peaceful, inclusive, and sustainable development for all. Libya has also endured over a decade of political and economic instability and armed conflict, which continues to affect progress towards development and peacebuilding. The proportion of the population living in multidimensional poverty increased from 2 per cent in 2014 to 9 per cent in 2016.<sup>1</sup> With the progress made in the political reconciliation process in 2021, Libya witnessed a decrease in hostilities and an improvement in the development and humanitarian situations. The interim Constitution recognizes all Libyans as equal before the law without distinction. However, gains remain fragile and reversible, considering that the Libyan political dialogue has reached an impasse.<sup>2</sup>

2. The effects of the COVID-19 pandemic added another layer of hardship and challenges to Libya, with an amplified impact on vulnerable populations, particularly women and children. Assessments conducted during the COVID-19 lockdown revealed that 46 per cent of surveyed women expressed a fear of increased domestic violence due to the lockdown and 70 per cent confirmed that they were not self-reliant when visiting clinics or hospitals in case of illness.

3. The 2021 Libya common operational dataset for population statistics<sup>3</sup> estimated the population in Libya to be at 6.9 million. Women of reproductive age account for 26 per cent of the general population and young people make up two thirds of the population,<sup>4</sup> with around 18 per cent of Libyans aged 15- 24 years, with high literacy rates.<sup>5</sup> According to the humanitarian needs overview 2022, an estimated 804,000 people still require humanitarian assistance, including internally displaced persons and returnees. Furthermore, an estimated 126,000 people in need are persons with disabilities (OCHA 2022).<sup>6</sup> The last census was conducted in 2006. A dearth of up-to-date data and the absence of a national development plan have hampered national efforts to effectively respond to the development and humanitarian needs of the people in Libya, particularly women, girls and persons with disabilities.

4. In 2016, 98 per cent of births were attended by skilled health personnel, in both the public and private sectors. However, the maternal mortality ratio has increased, from 52 deaths per 100,000 live births in 2008 to 72 per 100,000 live births in 2017.<sup>7</sup> The deterioration of the public health system has affected the quality and availability of maternal health services in the public sector, while the private health sector remains mostly unregulated. A health population survey conducted in 2017<sup>8</sup> identified large geographical inequalities in institutional deliveries: while the average exceeded 98 per cent in the municipalities located along the coastal road, the ratio varied between 88 and 94 per cent in the south, especially in Ghat, Ubari and Al Kufrah, and in the east in Al Jabal Al Akhdhar, with a high rate of at-home deliveries (12 per cent) in Ghat. The ratio of deliveries in public health facilities is higher in the southern region (above 80 per cent), compared to the western region, where the increasing tendency to outsource public health facility services to private companies is considered a major cause for concern by the health sector (OCHA 2022).

5. Critical gaps in reproductive health supplies and commodities and the lack of a skilled health workforce in the public sector have forced women in need of maternal health services to seek assistance in the private sector, when available, or travel to other regions and countries to give birth. For example, women in Ghat have to travel at least eight hours to reach the nearest public health facility. The World Health Organization (WHO) global health expenditure database 2022 reports that out-of-pocket expenditure for health services in Libya is extremely high, at an estimated 37 per cent. The costs of health services and the lack of availability places an unfair burden on those most vulnerable, including

<sup>1</sup> Oxford Poverty and Human Development Initiative, Global Multidimensional Poverty Index, Country Briefing 2020: Libya, July 2020 ([https://ophi.org.uk/wp-content/uploads/CB\\_LBY\\_2020.pdf](https://ophi.org.uk/wp-content/uploads/CB_LBY_2020.pdf)).

<sup>2</sup> Libya United Nations Sustainable Development Cooperation Framework, 2023-2025.

<sup>3</sup> The common operational dataset for population statistics is produced every year by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with support from UNFPA and the IOM displacement tracking index.

<sup>4</sup> The Ministry of Youth has expanded the definition of 'young people' to 39 years.

<sup>5</sup> Common country analysis for Libya (CCA), 2022.

<sup>6</sup> OCHA, humanitarian needs overview, 2022.

<sup>7</sup> United Nations Maternal Mortality Estimation Inter-agency Group.

<sup>8</sup> Libyan household multisectoral needs assessment, UNFPA and Libyan Bureau of Statistics and Census, 2017.

rural women and girls, especially in the south, and internally displaced persons. According to the 2014 pan-Arab project for family health survey, the adolescent birth rate reached 10.9 per 1,000 girls aged 15-19 years, and the rate in 2022 is expected to be significantly higher – although no data are available – as anecdotal evidence suggests an increase in early marriage during the protracted conflict and displacement.

6. After decades of sharp decline in the total fertility rate – from 8.28 in 1973 to 2.65 in 2007 – the most recent statistics indicate an increase to 3.37 in 2014. The earlier sharp reduction in the total fertility rate and the extremely low population density (4 per km<sup>2</sup>) spurred the Government to adopt pronatalist policies and reduce access to family planning in public health institutions. Currently, the Ministry of Health has included childbirth spacing among the priorities of the national reproductive, maternal, newborn, child and adolescent health strategy. However, the unmet need for family planning increased from 27 per cent in 2007 to 40 per cent in 2014. During the same time period, there was a decrease in the use of modern contraceptives among married women aged 15-49 years, from 20 per cent in 2007 to 16.3 per cent in 2014. Addressing unmet need for family planning in Libya requires strong advocacy to remove misconceptions and support development of rights-based population policies towards establishing a national family planning programme aligned with national priorities.

7. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 6,700 people were living with HIV in 2020. The number of new infections peaked in 2020, with around 500 new people living with HIV (OCHA 2022). The HIV prevalence rate among people who inject drugs is the highest ever reported figure and points to the urgent need for an evidence-based comprehensive response, especially with the ongoing armed conflict (OCHA 2022).

8. While there is no recent quantitative data, the 2014 pan-Arab project for family health survey found that 8.2 per cent of women aged 15-49 years were subjected to abuse. Gender-based violence (against women and men), while prevalent, is underreported and there is a lack of accurate data and information. However, according to recent qualitative studies, the most prevalent forms of gender-based violence (women and men) in Libya are assault, conflict-related gender-based violence (women and men), sexual violence, early and forced marriage, harassment and human trafficking (OCHA 2022). According to a statement published on 13 July 2022 by the Ministry of State for Women's Affairs, seven women in different parts of the country were murdered between 4 and 8 July 2022 as a result of domestic violence. The Ministry of Interior crime report for 2021 registered 353 women murdered by a family member (OCHA 2022). Libya is a signatory to several international instruments that promote women rights, such as the Convention on the Elimination of All Forms of Discrimination against Women, and has national normative legislation related to women's rights, including the draft Constitution and labour legislation; and in 2021, the Government initiated a new draft law on violence against women, with support from the United Nations Support Mission to Libya, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and UNFPA. However, the legal framework continues to be discriminatory; some forms of gender-based violence (women and men) are not fully recognized as a crime (OCHA 2022). The country's ranking on the global gender inequality index dropped from 41 in 2018 to 56 in 2019, out of 162 countries.

9. Youth constitute two thirds of the population in Libya and represent a potential huge demographic dividend opportunity in economic terms. However, among many youths in Libya, there is a pervasive feeling they are not safe and cannot plan adequately for the future in such an uncertain environment. In a study conducted by the National Economic and Social Development Board (NESDB) and UNFPA in 2018 (OCHA 2022), only 4 per cent of Libyans reported being involved in volunteer organizations and associations. The study also found low youth membership in political parties, parliamentary and local councils, and low access to leadership positions in the Government. Unemployment rates remain persistently high, reaching 20 per cent overall in 2020 (51 per cent for youth overall and 26 per cent for women). The old-age dependency ratio is also expected to increase significantly, from 6.9 per cent in 2015 to 24.7 per cent in 2050, resulting in an increased burden on those of working age to support economically inactive elderly persons.<sup>9</sup> While there are no official

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<sup>9</sup> Ebtisam Elghblawi, "Elderly situation in Libya, the challenge", *Middle East Journal of Age and Ageing*, Vol 10, No. 1., 2013 (<http://www.me-jaa.com/archives/January2013.pdf>).

statistics on early marriage, there are reports it is increasing, particularly in rural areas, where early marriage is protected by tribal custom.<sup>10</sup>

10. The evaluation of the first country programme demonstrated that the UNFPA country office strategically utilized its comparative advantage in its gender-based violence area of responsibility, built the capacity of local partners, and adapted to address national priorities and population needs, implementing the programme in collaboration and consultation with various line ministries, increasing project sustainability. The new country programme strives to enhance the integration of the different components and use the comparative advantage of UNFPA as a leader in integrated sexual and reproductive health, and women's and human rights programming. The country programme evaluation also recommends that the new country programme strengthen advocacy/policy dialogue, strategic partnerships and innovative resource mobilization, together with other United Nations organizations, in addition to sourcing and pooling resources to support joint activities of the United Nations country team. The final recommendation was to continue capacity-building and systems-strengthening, in collaboration with government line ministries, increase engagement with municipalities and implementing partners, and strengthen the structures of affected communities, while focusing on durable solutions for the continuing humanitarian crisis.

11. Lessons learned from the country programme evaluation are incorporated into the new country programme. These include: (a) the need to plan for project activities realistically, estimating the time and resources needed efficiently to build trust with donors; (b) involving young people in programming, particularly peacebuilding projects, which is key to ensuring interventions are responsive to the needs of young people and utilize approaches appropriate for them; (c) mainstreaming women and human rights throughout the country programme, which will benefit from a clear rights-based framework to enhance focus, with greater attention to the rights of particularly vulnerable populations; (d) strengthening capacities for the generation, dissemination and utilization of population data at all levels and providing high-level technical and financial support (where necessary), especially given that no other United Nations organization focuses on population dynamics; (e) advocating for the transitioning of capacity in project design to national institutions over time and at all levels, since doing so is less expensive and can translate into self-sustainability; (f) building the capacity of local implementing partners, to build a foundation for sustainability, in addition to enhancing efficiency in programme delivery.

## II. Programme priorities and partnerships

12. The proposed country programme, for 2023-2025, the second for Libya, was developed in full consultation and coordination with the Government, civil society organizations (CSOs) and United Nations organizations. The country programme is aligned with national sectoral strategies, including the national reproductive, maternal, newborn, child and adolescent health strategy and the national strategy for development of statistics. It is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2025, and contributes to three of its four outcomes, under three strategic priorities: peace and governance; sustainable economic development; and social and human capital development. This country programme is fully aligned with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), in particular Goals 3, 5, 10, 16 and 17, and with the UNFPA Strategic Plan, 2022-2025.

13. A comparative advantage of UNFPA is its ability to engage government ministries within various platforms, such as the national reproductive, maternal, newborn, child and adolescent health task force, the national strategy for development of statistics, the youth working group, and the gender-based violence working group. UNFPA is strategically positioned to collaborate with other United Nations organizations through joint programming to: (a) improve youth participation and civic engagement, including through the joint UNDP, UNFPA, the United Nations Children's Fund (UNICEF) and the International Labour Organization (ILO) initiative on the transition from learning to earning; (b) the national reproductive, maternal, newborn, child and adolescent health strategy with IOM, UNICEF and WHO; (c) the rapid response mechanism with IOM, UNICEF and the World Food Programme (WFP);

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<sup>10</sup> The minimum age of marriage is 20 years for both women and men, but courts can allow under-age persons to marry with the consent of their guardian, hence removing the minimum age threshold for legal marriage (CCA 2022).

(d) the strengthening of local engagement through a human security approach to help address the impact of conflict and the COVID-19 pandemic and build the resilience of communities, in collaboration with IOM, UNDP, UN-Women and WFP; (e) the development of inter-agency standard operating procedures for protection against sexual exploitation and abuse, in collaboration with UNICEF and other United Nations country team members; and (f) the expansion of protection frameworks, in collaboration with the United Nations agencies with a protection mandate.

14. The following accelerators have been identified to achieve the three transformative results of UNFPA (ending preventable maternal deaths; ending unmet need for family planning and ending gender-based violence and all harmful practices): (a) ‘leaving no one behind’, focused on the most vulnerable groups<sup>11</sup> identified in the common country analysis, particularly women of reproductive age and girls in the south and in crisis-affected areas, youth, older people, internally displaced persons, and persons living with HIV; (b) using data and evidence at the core of the programme to address the major gap in quality population data and building evidence-based policies; and (c) using a humanitarian-development-peace continuum approach, given the highly unpredictable context, to address the underlying causes of fragility and vulnerability of the most marginalized groups. UNFPA will support the rehabilitation of sexual and reproductive health and gender-based violence service delivery points for women and men that contribute to durable solutions for internally displaced populations and facilitate their return to their areas of origin. UNFPA will also build the capacities of the relevant government stakeholders to find alternatives to detention for women and youth in need of assistance.

15. A central goal of this country programme is to support Libya in its pursuit of an evidence-based, people-centred investment in improving the health and well-being of women and youth, particularly focused on the most vulnerable and those left furthest behind. The proposed programme has a threefold approach: (a) increasing policymakers’ engagement and commitment towards the International Conference on Population and Development (ICPD) Programme of Action; (b) reducing inequalities, improving the quality of care and social protection, and building resilient systems; and (c) using the transformative power and innovation of youth and women-led CSOs to help increase community engagement to achieve the three transformative results.

16. The country office will conduct interventions through five modes of engagement: (a) advocacy and policy dialogue; (b) capacity development; (c) knowledge management; (d) coordination, partnership, and South-South and triangular cooperation; and (e) service delivery. UNFPA will contribute to the joint United Nations effort to help Libya draft its first national development plan by integrating the needs and aspirations of women and youth through evidence generation and sectoral policies. These policies and Government commitments will contribute ultimately to the achievement of the ICPD Programme of Action.

**A. Output 1. Strengthened institutional capacities to produce, coordinate and implement evidence-based policies and accountability frameworks for the acceleration of the achievement of the three transformative results**

17. Through this output, UNFPA will increase the availability of high-quality, disaggregated population data and stronger national and subnational capacities to design and implement evidence-based and people-centred plans and policies that increase accountability and national ownership. The pathways include: (a) providing technical support for the preparation and undertaking of the national population census, using computer-assisted personal interviews and geographic information systems in data collection and building on other best practices through South-South and triangular cooperation; (b) strengthening analysis and use of population data at the subnational level in targeted municipalities for evidence-based planning, monitoring and reporting; (c) building the capacities of line ministries and CSOs to analyse and use data for planning and advocacy; (d) supporting the Government in drafting and costing rights-based, people-centred sectoral policies and plans, including a national population policy and the national youth strategy, in line with the upcoming recovery and peacebuilding assessment agenda and the development of the national development plan. UNFPA will provide technical support to the national authorities to ensure the rights and needs of the people are well

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<sup>11</sup> These vulnerable groups are detailed in “A mapping of Libya’s social protection sector,” Working paper No. 194, table 6, page 29, by the International Policy Centre for Inclusive Growth, in collaboration with the National Economic and Social Development Board, UNDP and UNICEF.

reflected in the policies, including through grassroots consultations with women of reproductive age and girls in the south and in crisis-affected areas, women with disabilities, youth, older people, internally displaced persons and people living with HIV; (e) developing an investment case on the unmet needs for family planning; (f) strengthening the partnership between data producers and users, including academic institutions, for demographic and population studies; (g) updating the situation analysis on civil registration and vital statistics and strengthening the existing system; (h) providing technical support to national entities on the implementation and expansion of the district health information system, the gender-based violence management information system and other data collection mechanisms; (i) supporting a family planning needs assessment and behavioural study; and (j) contributing to climate-responsive energy, water and food security planning, in collaboration with UNDP, UNICEF and WFP.

**B. Output 2. Strengthened national and subnational capacities for the provision of high-quality gender-based violence and sexual and reproductive health services for women, men and young people, targeting the most vulnerable people**

18. Through this output, UNFPA and its partners will focus on the most vulnerable people, increasing accountability to affected populations and prevention of sexual exploitation and abuse. The pathways include: (a) enhancing gender-based violence (women and men) and sexual and reproductive health coordination with humanitarian and development agencies; (b) implementing the rapid response mechanism and the minimum initial service package for sexual and reproductive health in emergencies in conflict-affected areas, strengthening the provision of specialized gender-based violence case management for women and men, including clinical management of sexual violence and legal aid through mobile units and through a gender-based violence hotline in four municipalities (in the east, west and south), and deploying medical mobile teams for maternal health services in the southern region; (c) strengthening health system capacities to provide inclusive, rights-based essential sexual and reproductive health services by integrating national reproductive, maternal, newborn, child and adolescent health strategy interventions into the National Health Strategy (2023-2025) implementation plan, the essential package of health services for primary health care facilities and by integrating core national reproductive, maternal, newborn, child and adolescent health indicators into the district health information system; (d) implementing the revised midwifery and specialized nursing educational curricula and retention strategies in three municipalities (Tripoli, Benghazi and Sabha); (e) building the capacity of health care providers in targeted municipalities on the use of WHO guidelines for family planning and sexual and reproductive health services; (f) supporting increased availability and access to essential reproductive health consumables, including family planning commodities; (g) improving social protection system capacities to provide inclusive, rights-based, age-specific gender-based violence response services for women and adolescent girls by expanding the women and girls safe spaces model, increasing safety and security for gender-based violence survivors (technical support to safe shelters); and (h) strengthening accountability mechanisms to affected populations through increased access channels to report sexual exploitation and abuse and strengthened complaint feedback mechanisms.

**C. Output 3. Enhanced capacity of community-based structures to positively engage men, women and young people as key agents to strengthen social cohesion and peacebuilding**

19. This output will build on the country's demographic dividend, youth and women-led social initiatives to increase social cohesion and address exclusion and discrimination at the community and national levels. UNFPA will collaborate with municipalities, local authorities, CSOs, community and religious leaders, high-net-worth individuals and the private sector to: (a) increase community awareness of the negative impact of violence against women, including early marriage, and generate demand for gender-based violence responsive services for women and men, while ensuring safe access to specialized services for survivors; (b) support community-based awareness-raising and information, education and counselling programmes to generate demand for essential sexual and reproductive health and gender-based violence responsive services for women and men; (c) support community-based coalitions and networks of CSOs, high-net-worth individuals, the private sector and activists using volunteerism as an enabler to advocate for improving the legal and policy environment for women and youth social and economic empowerment and participation; (d) engage men and boys in efforts to

ensure women's access to services and stopping harmful practices such as early marriage; (e) work with influencers, such as athletes, religious and community leaders and the media, to combat misconceptions and promote positive masculinities; (f) support the Ministry of Education in expanding the 'health promoting schools' project to foster healthy behaviours, reduce stigma and discrimination, and promote social cohesion and life skills in targeted municipalities, with special focus on marginalized girls, including girls with disabilities, internally displaced persons and people in need of assistance; and (g) support the national programme on youth, peace and security, especially the envisaged reintegration of young ex-combatants through life skills and vocational training, and the joint United Nations programme, 'From Learning to Earning'.

### **III. Programme and risk management**

20. UNFPA will work closely with the Ministry of Planning, the Ministry of Foreign Affairs, the Ministry of Health, the Ministry of Social Affairs, the Ministry of Youth and the Bureau of Statistics and Census to coordinate the implementation of the programme. UNFPA will rely on its strong partnership with national and international institutions. The country office will execute its programme activities mainly in collaboration with implementing partners and implement selected parts of the programme to respond to operational constraints. UNFPA will partner with municipalities, national CSOs – especially youth-led and women-led non-governmental organizations (NGOs) – academic institutions and other United Nations organizations. The harmonized approach to cash transfers will be used to manage financial risk in a coordinated fashion with other United Nations organizations.

21. UNFPA will continue to lead and support the UNSDCF management structure for the working groups on youth, gender, monitoring and evaluation, and protection against sexual harassment and abuse. According to the UNSDCF, synergies will be strengthened with United Nations organizations to capitalize on areas of comparative advantage. UNFPA will also lead, as required, on designated areas of responsibility, such as sub-working group on reproductive health.

22. UNFPA will rely on its strong human resources capacity and expertise at the country level through the main office in Tripoli and the sub-office in Benghazi to drive programme implementation. UNFPA has initiated – and will continue – the gradual increase of its presence in Libya, based on the improvement of security conditions, while maintaining some presence in Tunisia. The proposed gradual increase of UNFPA presence in the country will take place in full coordination with the United Nations country team and be managed through risk assessments and scenario-building in the human resources plan. This will be further achieved with the completion of the new United Nations common premises in Tripoli, and the expansion of the planned United Nations system-wide hubs in both Benghazi and Sabha (with UNFPA expanding its sub-office in Benghazi and establishing a new sub-office in Sabha). UNFPA will also rely on its expertise in the Arab States regional office and headquarters to provide technical support.

23. The four major risk areas identified include: (a) continued political, security and socioeconomic fragility and instability; (b) a high-risk and complex operational and security environment, resulting in higher implementation costs and access challenges; (c) uncertainty around the allocation of domestic resources and official development assistance for development priorities; and (d) inadequate prioritization of and investment in data, women and adolescent needs by government authorities.

24. UNFPA will mitigate these risks by: (a) using a risk-informed, conflict-sensitive, agile approach in programme design and implementation to adapt to changing national priorities and needs and operational challenges; (b) diversifying partnerships with United Nations funds, programmes and specialized agencies, international NGOs, CSOs, the private sector, academia and community-based organizations; (c) diversifying resource mobilization and partnerships, reaching out to non-traditional donors and the private sector, as well as using South-South and triangular cooperation and mobilizing government co-financing, in addition to financing and proposed partnerships with the international financial institutions, particularly within the context of the envisaged recovery and peacebuilding assessment; (d) strengthening continuous dialogue, coordination and engagement with mid-level government officials and municipalities; (e) relocating UNFPA international staff to Libya to increase programme presence and capacity, while maintaining some supporting and backstopping capacity in Tunisia; (f) increasing joint programming, monitoring and evaluation and common business

operations; and (g) implementing UNFPA social and environmental standards in programming to mitigate inadvertent harm to people and the environment.

25. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

26. UNFPA and the Government will monitor the implementation of the programme through annual and midterm reviews and regular meetings with technical line ministries, in coordination with the UNSDCF Steering Committee. UNFPA will continue to conduct regular monitoring visits to project sites, subject to the security situation, and will hold regular coordination meetings with partners as part of the mechanisms to adapt, learn and inform programme design and implementation for timely delivery and results. Leveraging its leadership role in the monitoring and evaluation working group, UNFPA will work closely with country team members to implement the monitoring, evaluation and learning of the UNSDCF to strengthen results-based management through collective and coordinated innovative disaggregated data collection, joint monitoring visits, annual reviews, evaluation of the UNSDCF and joint evaluation of United Nations organizations' programmes.

27. UNFPA will build on the recommendations of the evaluation of the previous country programme cycle to strengthen the alignment of its interventions to the Strategic Plan, 2022-2025, the UNSDCF and country programme outcomes and outputs. The country office will establish a monitoring repository where all findings, recommendations and lessons learned are compiled and used by UNFPA country office personnel, in collaboration with implementing partners, in their monitoring activities and in the design of new interventions. UNFPA will strengthen the alignment between the different monitoring and reporting tools, especially the field monitoring and reporting tools, the global strategic information system, the new UNFPA enterprise resources planning system (Quantum), and the UNInfo reporting platform. UNFPA will support implementing partners in integrating these monitoring tools in their routine monitoring processes and using their outputs to adjust project implementation.

28. Given the challenges related to semi-remote management and the security and political context that may hinder full access to programme sites, UNFPA will expand and scale up the use of its electronic monitoring system, as well as third-party and post-distribution monitoring. UNFPA will support and enhance joint monitoring efforts with other United Nations organizations to increase programme efficiency.

29. UNFPA will continue to strengthen the existing data monitoring and reporting systems, especially through the government-owned district health information system 2, in collaboration with the Health Information Centre within the Ministry of Health. UNFPA will advocate for the expansion of the gender-based violence information management system to government institutions (Ministry of Health, Ministry of Social Affairs) given that it is currently limited to local and international NGOs only. UNFPA will support the implementation of the national census and population surveys, especially the demographic survey and other sectoral surveys, to inform national SDG monitoring and reporting, as well as the universal periodic reviews, and contribute further to the modernization of the national statistical system in Libya.



## RESULTS AND RESOURCES FRAMEWORK FOR LIBYA (2023-2025)

<b>NATIONAL PRIORITY:</b> National Strategy for Development of Statistics, 2018-2023: The national statistical system is modern, credible and effective.				
<b>UNSDCF OUTCOME(S):</b> By 2025, Libyan citizens, particularly youth and women, are better able to exercise their rights and obligations in an inclusive, stable, democratic and reconciled society, underpinned by responsive, transparent, accountable and unified public institutions. By 2025, people in Libya participate in and benefit from a more peaceful, safe and secure society, free from armed conflict and underpinned by unified and strengthened security, justice, rule of law and human rights institutions.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>National statistical performance indicator <i>Baseline: 21.4% (2019); Target: 30% (2025)</i></li> <li>Number of enacted and revised legal frameworks that promote, enforce and monitor equality and non-discrimination <i>Baseline: 1 (2021); Target: 3 (2025)</i></li> </ul> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>The country has conducted at least one population and housing census during the last 10 years <i>Baseline: No (2022); Target: Yes (2025)</i></li> </ul>	<p>Output 1. Strengthened institutional capacities to produce, coordinate and implement evidence-based policies and accountability frameworks for the acceleration of the achievement of the three transformative results.</p>	<ul style="list-style-type: none"> <li>The Bureau of Statistics and Census has capacities to use geospatial technology and geographic information system maps in census operations <i>Baseline: No (2022); Target: Yes (2025)</i></li> <li>Number of new national sectoral policies and plans that address sexual and reproductive health as well as youth empowerment, women and girls' protection and participation, and development of statistics <i>Baseline: 0 (2022); Target: 6 (2025)</i></li> <li>Adolescents and youth, including youth with disabilities, participate in the formulation and implementation of policies and programmes related to the three transformative results and climate change <i>Baseline: No (2022); Target: Yes (2025)</i></li> <li>Number of investment cases developed to accelerate the achievement of the three transformative results <i>Baseline: 0 (2022); Target: 1 (2025)</i></li> </ul>	<p>Office of the Prime Minister; Ministries of: Planning; Health; Social Affairs; Youth; Justice; Women's Affairs; National Economic and Social Development Board; National Centre for Disease Control; Primary Health Care Institute; Bureau of Statistics and Census; House of Representatives; High Council of State; universities and research institutions; United Nations organizations; multilateral and bilateral stakeholders; international financial institutions; technical agencies; international NGOs, CSOs.</p>	<p>\$2.9 million (\$0.8 million from regular resources and \$2.1 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy, 2018-2023: All women at reproductive age, newborn, children and adolescents (girls and boys) in Libya enjoy high health standards and have access to a high-quality and sustainable health care.				
<b>UNSDCF OUTCOME:</b> By 2025, people in Libya, including the most vulnerable and marginalized, benefit from improved, equitable, inclusive and sustainable social protection and basic social services.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 24% (2014); Target: 30% (2025)</i></li> </ul>	<p>Output 2. Strengthened national and subnational capacities for the provision of high-quality gender-based violence and sexual and reproductive health services for women, men</p>	<ul style="list-style-type: none"> <li>Country has met at least 85% of its requirement for midwifery professionals for sexual, reproductive, maternal, newborn and adolescent health care <i>Baseline: No (2021); Target: Yes (2025)</i></li> <li>Number of health-care providers in targeted municipalities trained on the use of WHO guidelines for clinical management of rape, family planning and sexual and reproductive health services</li> </ul>	<p>Ministries of: Health; Social Affairs; Justice, the Interior; Internally Displaced Persons Affairs; Education; Youth; Primary Health Care Institute; Department for Combating Illegal Immigration; OCHA, UNICEF, UNDP, WHO, IOM,</p>	<p>\$7.6 million (\$1.5 million from regular resources and \$6.1 million from other resources)</p>

<p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of ever-married women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months <i>Baseline: Physical (8.2%), Sexual (2.6%), Verbal (79%). (2014); Target: Physical (7.2%), Sexual (2%), Verbal (70%). (2025)</i></li> </ul>	<p>and young people, targeting the most vulnerable people.</p>	<p><i>Baseline: 1,353 (2021); Target: 2,500 (2025)</i></p> <ul style="list-style-type: none"> <li>Number of service providers from government and non-government institutions trained on prevention and response to gender-based violence (women and men) in line with the international standards <i>Baseline: 450 (2021); Target: 1,000 (2025)</i></li> <li>Number of functional women and girls' safe spaces supported by UNFPA <i>Baseline: 4 (2021); Target: 7 (2025)</i></li> </ul>	<p>WFP and other United Nations agencies, CSOs, international NGOs.</p>	
<p><b>NATIONAL PRIORITY:</b> All women at reproductive age, newborn, children and adolescents (girls and boys) in Libya enjoy high health standards and have access to a high quality and sustainable health care (national reproductive, maternal, newborn, child and adolescent health strategy, 2018-2023).</p>				
<p><b>UNSDCF OUTCOME:</b> By 2025, Libyan citizens, particularly youth and women, are better able to exercise their rights and obligations in an inclusive, stable, democratic, and reconciled society, underpinned by responsive, transparent, accountable and unified public institutions. Outcome 1.2: By 2025, people in Libya participate in and benefit from a more peaceful, safe and secure society, free from armed conflict and underpinned by unified and strengthened security, justice, rule of law and human rights institutions. Outcome 2.1: By 2025, people in Libya, including the most vulnerable and marginalized, benefit from inclusive, transformative, and sustainable socioeconomic opportunities, contributing to reduced poverty and inequalities.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> By 2025, the reduction in the unmet need for family planning has accelerated; By 2025, the reduction of preventable maternal deaths has accelerated; By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>				
<p><u>UNSDCF outcome indicator(s):</u></p> <p>Unemployment rate, by sex, age and persons with disabilities <i>Baseline: 20.1% (general population) (2020)</i> <i>Youth (15-24 years): 51.5% (70.9% female, 43.5% male); Target: 15.5% (2025)</i></p> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 64% (2014); Target: 70% (2025)</i></li> </ul>	<p>Output 3. Enhanced capacity of community-based structures to positively engage men, women and young people as key agents to strengthen social cohesion and peacebuilding.</p>	<ul style="list-style-type: none"> <li>Number of civil society organizations and educational institutions supported by the UN in implementing vocational training and technical skills development programmes. <i>Baseline: 3 (2020); Target: 15 (2025)</i></li> <li>Number of people reached through awareness-raising, parenting programmes, community engagement, and campaign events on gender-based violence prevention (women and men) <i>Baseline: 22,452 (2021); Target: 100,000 (2025)</i></li> <li>Number of marginalized girls, including girls with disabilities, internally displaced persons and people in need of assistance, reached by girl-centred programmes that build their life skills, health, social and economic assets <i>Baseline: 2449 (2022); Target: 4500 (2025)</i></li> <li>Number of municipalities whose capacity has been built on prevention or mitigation of gender-based violence (women and men) <i>Baseline: 19 (2021); Target: 25 (2025)</i></li> </ul>	<p>Ministries of: Education; Social Affairs; Women Affairs; Youth; Labour; Justice; Local Governance; municipalities, Civil Society Commission; local NGOs; international NGOs; the private sector; high-net-worth individuals; faith-based organizations; religious leaders.</p>	<p>\$2.7 million (\$0.7 million from regular resources and \$2.0 million from other resources)</p> <p>Programme coordination and assistance: \$0.5 million from regular resources</p>