



Brussels, 30.11.2015
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COMMISSION IMPLEMENTING DECISION

of 30.11.2015

**on the Annual Action Programme 2015 and Annual Action Programme 2016 part 1 in
favour of Libya to be financed from the general budget of the European Union**

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THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Regulation (EU) No 236/2014 of the European Parliament and of the Council of 11 March 2014 laying down common rules and procedures for the implementation of the Union's instruments for financing external action¹, and in particular Article 2(1) thereof,

Having regard to Regulation (EU, Euratom) No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union and repealing Council Regulation (EC, Euratom) No 1605/2002², and in particular Article 84(2) thereof,

Whereas:

- (1) The Commission has adopted the Country Strategy Paper and the Multiannual Indicative Programme for the period 2014-2015 for Libya³, point 1.2 of which provides for the following priorities: 1) democratic governance, 2) youth: active citizenship and socioeconomic integration and 3) health.
- (2) The objective pursued by the Annual Action Programme to be financed under Regulation (EU) No 232/2014 of the European Parliament and of the Council of 11 March 2014 establishing a European Neighbourhood Instrument⁴ is to support a smart, sustainable and inclusive development in all aspects reducing social exclusion and promoting public health.
- (3) The action entitled "Improving health information system and supply chain management in Libya" aims to improve the health care provision efficiency in Libya by focusing on two components: a) the improvement of the supply chain system in all its components from a purely regulatory perspective (standards and guidelines) to the ambitious scope of creating a new national culture in planning, procurement, storage and distribution of medicines and supplies; and b) the improvement of the management and quality of the health information system. The implementation method will be direct management via a direct grant to the World Health Organization (WHO).
- (4) The action entitled "Pilot Project: Towards resilience and social inclusion of adolescents and young people in Libya" aims to contribute to the resilience and social inclusion of Libyan adolescents and youth by focusing on two specific objectives: 1)

¹ OJ L 77, 15.3.2014, p. 95.

² OJ L 298, 26.10.2012, p. 1.

³ C(2014) 5699, 12.8.2014.

⁴ OJ L 77, 15.3.2014, p. 27.

the expansion of the active role in the society of Libyan adolescents and youth; and 2) the increase of their resilience and social inclusion. The implementation method will be indirect management with the United Nations Children's Fund (UNICEF).

- (5) It is necessary to adopt a financing decision the detailed rules of which are set out in Article 94 of Commission Delegated Regulation (EU) No 1268/2012⁵.
- (6) It is necessary to adopt a work programme for grants the detailed rules on which are set out in Article 128(1) of Regulation (EU, Euratom) No 966/2012 and in Article 188(1) of Delegated Regulation (EU) No 1268/2012. The work programme is constituted by the Annex 1 (section 5.3.1).
- (7) The Commission may entrust budget-implementation tasks under indirect management to the entity identified in this Decision, subject to the conclusion of a delegation agreement. In accordance with Article 60(1) and (2) of Regulation (EU, Euratom) No 966/2012, the authorising officer responsible needs to ensure that these entities guarantee a level of protection of the financial interests of the Union equivalent to that required when the Commission manages Union funds. These entities comply with the conditions of points (a) to (d) of the first subparagraph of Article 60(2) of Regulation (EU, Euratom) No 966/2012 and the supervisory and support measures are in place as necessary.
- (8) The authorising officer responsible should be able to award grants without a call for proposals provided that the conditions for an exception to a call for proposals in accordance with Article 190 of Delegated Regulation (EU) No 1268/2012 are fulfilled.
- (9) The Commission should authorise the eligibility of costs as of a date preceding that of submission of a grant application for the reasons of extreme urgency in crisis management aid or in situations of imminent or immediate danger to the stability of a country, including by an armed conflict, where an early involvement engagement of the Union may prevent an escalation.
- (10) It is necessary to allow the payment of interest due for late payment on the basis of Article 92 of Regulation (EU, Euratom) No 966/2012 and Article 111(4) of Delegated Regulation (EU) No 1268/2012.
- (11) Pursuant to Article 94(4) of Delegated Regulation (EU) No 1268/2012, the Commission should define changes to this Decision which are not substantial in order to ensure that any such changes can be adopted by the authorising officer responsible.
- (12) The measures provided for in this Decision is in accordance with the opinion of the European Neighbourhood Instrument Committee set up by Article 15 of the financing instrument referred to in recital 2,

HAS DECIDED AS FOLLOWS:

Article 1

Adoption of the measure

⁵ Commission Delegated Regulation (EU) No 1268/2012 of 29 October 2012 on the rules of application of Regulation No 966/2012 of the European Parliament and of the Council on the financial rules applicable to the general budget of the Union (OJ L 362, 31.12.2012, p. 1).

The Annual Action Programme 2015 and Annual Action Programme 2016 part 1 in favour of Libya to be financed from the general budget of the European Union, as set out in the Annexes, is approved.

The programme shall include the following actions:

- Annex 1: Improving health information system and supply chain management in Libya;
- Annex 2: Pilot Project: Towards resilience and social inclusion of adolescents and young people in Libya.

Article 2

Financial contribution

The maximum contribution of the European Union for the implementation of the programme referred to in Article 1 is set at EUR 8 million and shall be financed as follows:

- EUR 4.4 million from budget line 21 03 01 02 of the general budget of the European Union for 2015;
- EUR 3.6 million from budget line 21 03 01 02 of the general budget of the European Union for 2016.

The financial contribution provided for in the first paragraph may also cover interest due for late payment.

The implementation of this Decision is subject to the availability of the appropriations provided for in the draft budget for 2016 after the adoption of the budget for that financial year or as provided for in the system of provisional twelfths.

Article 3

Implementation modalities

Budget-implementation tasks under indirect management may be entrusted to the entity identified in the attached annex 2, subject to the conclusion of the relevant agreements.

The section “Implementation” of the annexes to this Decision sets out the elements required by Article 94(2) of Delegated Regulation (EU) No 1268/2012.

Grants may be awarded without a call for proposals by the authorising officer responsible in accordance with Article 190 of Delegated Regulation (EU) No 1268/2012.

The eligibility of costs prior to the submission of grant applications shall be authorised as of the date set out in the Annex 1.

Article 4

Non-substantial changes

Increases or decreases of up to EUR 10 million not exceeding 20% of the contribution set by the first paragraph of Article 2, or cumulated changes to the allocations of specific actions not exceeding 20% of that contribution, as well as extensions of the implementation period shall not be considered substantial, within the meaning of Article 94(4) of Delegated Regulation (EU) No 1268/2012, provided that they do not significantly affect the nature and objectives of the actions.

The authorising officer responsible may adopt such non-substantial changes in accordance with the principles of sound financial management and proportionality.

Done at Brussels, 30.11.2015

For the Commission
Johannes HAHN
Member of the Commission



This action is funded by the European Union

ANNEX 1

of the Commission Implementing Decision on the Annual Action Programme 2015 and Annual Action Programme 2016 part 1 in favour of Libya to be financed from the general budget of the European Union

Action Document

Improving health information system and supply chain management in Libya

INFORMATION FOR POTENTIAL GRANT APPLICANTS

WORK PROGRAMME FOR GRANTS

This document constitutes the work programme for grants in the sense of Article 128(1) of the Financial Regulation (Regulation (EU, Euratom) No 966/2012) in the following sections concerning grants awarded directly without a call for proposals: section 5.3.1

1. Title/basic act/ CRIS number	Improving health information system and supply chain management in Libya CRIS number: ENI/2015/366-359 Financed under European Neighbourhood Instrument
2. Zone benefiting from the action/location	Libya
3. Programming document	Country Strategy Paper (CSP) for Libya and the Multiannual Indicative Programme (MIP) for the period 2014-2015 ¹
4. Sector of concentration/ thematic area	Sector 3 - Health
5. Amounts concerned	Total estimated cost: EUR 5,560,000 Total amount of EU budget contribution EUR 5,000,000 The contribution is for an amount of EUR 1,400,000 from the general budget of the European Union for 2015 and for an amount of EUR 3,600,000 from the general budget of the European Union for 2016, subject to the availability of appropriations following the adoption of the relevant budget. Budget line 21.03.01.02

¹ C (2014) 5699 of 12.8.2014.

	This action is co-financed by the grant beneficiary for an indicative amount of EUR 560,000			
6. Aid modality(ies) and implementation modality(ies)	Project Modality Direct management - grant – direct award with WHO ²			
7. DAC code(s)	12110 - Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; unspecified health activities.			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	✗
	Aid to environment	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality (including Women In Development)	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Development	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	✗	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Main objective
	Biological diversity	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	✗	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	✗	<input type="checkbox"/>	<input type="checkbox"/>
9. Global Public Goods and Challenges (GPGC) thematic flagships	N/A			

SUMMARY

The health care system in Libya was already underdeveloped for decades with two areas being particularly neglected namely the medical supply chain management and the health information system. During 2011 and 2012, the health authorities acknowledged the gap in these two areas. Consequently, in 2014 a programme was prepared to remediate these deficiencies in close cooperation with Ministry of Health, however, due to the outbreak of violent clashes in the summer 2014 and the subsequent installation of two rivalry governments, it was decided to postpone the project till the situation stabilised. However, the speedy worsening of the health situation, the perceived huge gaps in medicines and supplies, the unavailability of trusted information on the health situation or on the supply chain and the inability of the Ministry of Health to intervene, called for an urgent support to the health sector

² World Health Organisation.

in Libya. This project therefore comes as a response to the rapidly deteriorating situation of the health sector in Libya where the persistence of poor regulations, planning, and management and quality procedures in the field of supply chain management is decreasing the access of the population to medicines. Furthermore, the unavailability of a regular and reliable health information system has already demonstrated the hazard of spreading communicable diseases, which will have not only local but also regional and probably international effect as Libya became a transit country for migrants on their way to Europe. The project goal is to improve the health care provision efficiency in Libya by focusing on two components namely supply chain and health information system management. The action has total budget of EUR 5 million for a period of 2 years. The action will be implemented in direct management through the award of a direct grant to the World Health Organisation (WHO).

1 CONTEXT

1.1 Sector context

Libya has experienced a number of crises since 2011, including armed clashes, which have led to an increased scale of humanitarian emergency with large-scale displacements, tens of thousands of dead and injured, and damages to vital infrastructure including health care facilities. These repeated conflicts prevented the recovery of the public sector, most notably of the health sector, which was already experiencing a number of weaknesses prior to the crises such as:

- Fragile public health sector with high dependence on foreign health workers, especially in the south of Libya;
- Debilitated Primary Health Care network, especially in the main cities (Benghazi and Tripoli);
- Substantial part of the health expenditure was spent on sending Libyans for treatment abroad;
- Marginalised health services in some areas (predominantly in the southern part of Libya).

In 2012, and in line with the attempts to improve the public service deliveries in Libya, the health sector received special attention and WHO, the EU and other partners were engaged in a number of projects and initiatives focusing on the development of a national quality health care. The latest escalation of the conflict in June 2014, led to the suspension of the initiatives started in 2012-2013 that were aiming at the reform of all six blocks³ of the health system starting with the strengthening of the primary health care.

With two rivalry governments competing for power, the country has come to a standstill. The institutions do not receive the necessary budget to carry out their core tasks and no decisions can be taken. On the other hand, Libya is also witnessing a steady decline of its national revenues (less oil exports and declining oil prices). Together with the deteriorating political and security situation, the decline of the

³ **The six building blocks of a health system** - Good **health services**, well-performing **health workforce**, well-functioning **health information** system, equitable access to essential **medical products, vaccines and technologies** of assured quality, good **health financing** system and **leadership and governance** ensuring strategic policy frameworks.

available financial resources is also affecting the health system. Shortages of drugs and medical supplies are already occurring and the budgetary cuts have led to a decrease of the number of Libyan patients sent abroad for treatment and as such it is putting an additional burden on the already weakened national health care system.

Health gaps and challenges

Health services: Access to health services has become a major concern mainly in Benghazi, Zintan, Kikla, Ghat and Aubari. The ongoing fighting has led to restrictions of movement for people and health workers in the conflict areas and to the destruction of health infrastructures, e.g. in April 2015, the Al Zahra Kidney Hospital near Tripoli was severely damaged and looted.

Moreover and following the escalation of fighting on 15 October 2014, the hospitals in Benghazi are struggling to cope with the large numbers of patients. In addition, many hospitals in Benghazi have been forced to close due to security reasons. These include Al Hawwary, 7 October, Al Jomhoria, and the psychiatric facilities. The Benghazi Medical Center (BMC) is now the main provider of hospital care services in the city as Al Jala Hospital, the main trauma hospital in Benghazi, being only partly functional. The second wing of BMC has opened to replace Al Jomhoria Hospital in providing obstetrics and gynaecology services to Benghazi and neighbouring areas, and a new dialysis unit has been installed in the BMC for patients of Al Hawwary Hospital. The Kikla, Zintan and Aubari hospitals are inaccessible to patients and some other hospitals such as Ghat, Sorman, Darnah, Misrata main hospital, Al Ajailat, Jmail and the main Primary Health Care Polyclinics in Tripoli and Benghazi have been closed for years because of unfinished maintenance.

Care for patients with chronic diseases, disabilities and mental health disorders is becoming more and more compromised by the limited access to the few functioning health facilities. New waves of internal displacement of population added to the burden on the hospital staff in BMC, Al Marj, Al Baida, Tobruk, Ajdabia, Sirt and Misrata.

The situation of women and children has become particularly vulnerable since the hospitals are overwhelmed with trauma patients, which often restricts the access to other patients in need of clean surgical facilities (e.g. pregnant women).

Human resources for health: shortage of health workforce is caused mainly because qualified Libyan staff is leaving the country and those remaining have limited access to health facilities. The shortage of medical professionals is also due to the departure of foreign medical workers. In addition, the “Ghost health personnel” phenomenon is contributing to the lack of health personnel too: a substantial number of health workers are on the payroll, however they do not appear in their assigned working places.

Medical supplies: currently there is an extensive shortage of medicines and medical supplies in the country with very low stocks of vaccines. Inaccessibility to essential medicines can be due to lack of security or to the interruption of supplies and deliveries. Most of the medical warehouses in the east are either destroyed or located in conflict areas and therefore inaccessible. There are severe shortages of medicines for chronic diseases including insulin and critical shortages in tuberculosis and human immunodeficiency virus (HIV) medicines, blood derivatives, laboratory reagents, anaesthetics and kidney dialysis supplies, anti-neoplastic medicines,

alongside with obstetric supplies and maternal and child health (MCH) medicines and supplies. Severe shortages of dressing materials, internal fixators for fractures, and intravenous fluids have been reported in some hospitals too.

Health finance: the crisis affecting Libya and the related scarcity of budgetary allocations for the years 2014-2015 have a significant impact on the deterioration of public services including health services. The Central Bank has been allocating funds in late 2014 and early 2015 exclusively for salaries and subsidies, which led to marked shortages in the availability of medicines and supplies as well as inability to repair or improve the health care network and system.

Health information system is also affected by the conflict. During the year 2014, only 7 out of 36 surveillance officers have continued to report to the main centre in Zliten. The insufficient reporting and the lack of reliable health information have been proven extremely weak: with the occurrence of H1N1 cases in the country, the system re-acted incoherently leading to a high fatality rate (70%) in the eastern region.

1.1.1 Public Policy Assessment and EU Policy Framework

The EU is the world's biggest donor in the health sector. With a total of EUR 50 billion per year, the EU is providing 56% of global public aid for the health sector.

Health is one of the focal sectors the EU was involved in with Libya since 2007. It remained a focal sector within the EU multiannual programming documents signed with Libya for the periods 2011-2013 and 2014-2015⁴.

At the present moment, Libya has neither an overall National Development Strategy nor a National Health Strategy.

Relevant policy documents related to public health that have been taken into account are:

- Regulation (EU) No 232/2014 of the European Parliament and of the Council of 11 March 2014 establishing a European Neighbourhood Instrument where the promotion of public health is one specific objectives of Union' support⁵;
- Libya Multiannual Indicative Programme (MIP) 2014-2015 where health is indicated as a sector of intervention;
- Commission Communication on Global Health⁶ and Council conclusions on the EU role in Global Health⁷.

1.1.2 Stakeholder analysis

Stakeholders' involvement and analysis will also depend on the political situation and on the formation, or not, of a government of a national accord.

The WHO project team has already started a number of consultations with key stakeholders in order to ensure both, ownership over the project and sustainability of the results achieved.

⁴ C(2014) 5699, 12.8.2014.

⁵ OJ L 77, 15.3.2014, p. 27.

⁶ COM(2010)128, 31.3.2010.

⁷ 301th Foreign Affairs Council meeting Brussels, 10.5.2010.

Ministry of Health (MoH): the Ministry of Health will be involved in the project as soon as a government of national accord will be established. The activities of the project will be mainly implemented through health-care centres and clinics.

Medical supplies organisation (MSO): the leading agency with reference to the development and management of the supply chain will be involved in this project.

Department of Health Information Systems (HIS): the leading agency with reference to the health information system will participate in the project.

National Centre for Disease Control (NCDC): in absence of the Ministry of Health the Centre will play a coordinating role.

Local authorities, communities, health` professional and patients will also be involved in the project.

1.1.3 Priority areas for support/problem analysis

The health care system in Libya has been underdeveloped for decades; however two areas have been particularly neglected: 1) the supply chain management and 2) the health information system. In 2011-2012, the health authorities and the international community acknowledged these gaps and a number of assessments has been conducted in 2012 (including a comprehensive health facilities assessment and assessment of the pharmaceutical division and the supply chain) with the view of planning improvements in the two areas.

The gaps in the supply chain management could be summarised as it follows:

- Lack of drug legislation and regulation;
- out-dated licensing, registration and pricing procedures, which enables huge fluctuation in international and Libyan market pricing;
- poorly regulated procurement with insufficient involvement of the health care specialists in the process;
- insufficient capacity of the National Centre Disease Control (NCDC) to monitor and control the supply chain;
- unclear roles and responsibilities in the planning and regulative process of the supply chain between the various health and pharmaceutical authorities;
- lack of guidelines and monitoring for drugs use;
- poor warehousing conditions and procedures.

Since June 2014, these gaps have further widened by the looting and destruction of some warehouses, especially in the eastern region. The logistics difficulties in importing and transporting medicines and medical supplies in the country have increased dramatically. In addition, the lack of proper funding for medicines procurement since the beginning of 2015 added a new layer to the problem. With reference to the health information system, some results had been achieved in 2012-2013 with the modernisation of the equipment of the HIS' department and with the strengthening of the capacity of its staff. A comprehensive health facility assessment has been developed, with maps virtually accessible, and a network of reporting sentinel sites has been created as well in early 2012. WHO supported the improvement of the Libyan surveillance system in 2012 with the creation of 36 sentinel sites. Unfortunately, the above-described achievements could not be maintained during the recent crisis; the available health facility maps are out-dated and do not reflect the actual health situation; approximately 80% of the initial

sentinel sites are not reporting to NCDC; health information is scattered, unreliable and rarely collected or shared.

2 RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
Compromised security situation	H	Create network of local focal points that can implement and monitor the project activities.
Compromised security situation	M	Allocate extended implementation period for challenging areas (additional 3-6 months).
Lack of Libyan ownership of the project	H	Create “wide ownership and acceptance” of the project via extensive participatory and consultative approach with concerned health professionals during the designing phase.
Resistance to changing the current supply chain management system	H	- Create “advocacy groups” for change within the health professionals. - Dissemination on the rationale of the enhanced regulation and legislation among the health workers and politically/admin influential stakeholders.
Slow progress of the health information component	H	- Extensive capacity building of the health professionals, especially in remote areas. - Triangulating the data received with data from field visits.
Assumptions		
<ul style="list-style-type: none"> • Security situation in the Country will allow the implementation of the planned activities; • Political willingness to improve the health system exists; • Willingness of the health professionals to support the agreed activities; • Experienced national professionals are available to implement the project; • National experts are available to act as focal points even in remote areas and in 		

locations with challenging security.

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

Libya is currently facing a mix of political, administrative, financial, security and social challenges. From previous experience in the country through different programmes in the health sector, the main lessons learned are that the following issues should be taken into consideration:

- Strong Libyan participation and ownership since the earliest stages of any project or intervention are crucial for its success. Furthermore, the foreseeable changes at political and administrative level require wider participation of technical experts that can advocate for the planned interventions in case the key stakeholders would change during the course of the project.
- Coordination and mediation from “external experts” to ease the planning and implementation of the project intervention as Libya has a serious gap of management professionals. On the other hand, technical experts of Libyan origin should be available to implement specific activities.
- Long and complex projects shall be implemented by blocks of simple and well-defined deliverables. This is particularly valid in the context of the rapidly changing security and administrative situation where some interlocutors might change during the project.

3.2 Complementarity, synergy and donor coordination

Complementarities and synergies will be established with other past, ongoing and planned interventions such as the EU funded "Libya Health System Strengthening (LHSS) Programme"⁸ whose implementation is expected to run partially in parallel to this action. A national working group on health existed prior to the recent crisis and should be re-established as soon as possible and will be primordial once a Government of National Accord is established as health is considered a priority sector of intervention.

The EU-funded Libya Health Systems Strengthening (LHSS) Programme is a project of EUR 8.5 million implemented by the *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ). The objective of the programme originally aimed to support a comprehensive reform of the national health system. The programme has been articulated around three main result areas of intervention: a) strategic planning, health financing and capacity building; b) health service delivery and quality of health care; and c) workforce planning, development and management. Because of the fluid political and security situation, the programme has been suspended with some activities in the area of primary health care continue to be implemented by a local NGO based in Tripoli. In case of resumption of all programme' activities, it is strongly recommended to start with the development of a Common Vision and of a National Health Strategy.

Even in the current crisis situation, donor coordination in the humanitarian sector, including health, continues under the umbrella of the UN Humanitarian Coordinator.

⁸ C(2012) 9294, 14.12.2012.

3.3 Cross-cutting issues

Good governance, equal opportunities and non-discrimination will be taken in due consideration.

4 DESCRIPTION OF THE ACTION

4.1 Objectives

The project goal is to improve the health care provision efficiency in Libya by focusing on two components: 1) the supply chain; and 2) the health information system management.

The project will strive towards the following specific objectives and results:

Specific objective 1: Increased quality of planning, management and monitoring of the medicines and supplies in Libya: this specific objective aims to improve the supply chain system in all its components from a purely regulatory perspective (standards and guidelines) to the ambitious scope of creating a new national culture in planning, procurement, storage and distribution of medicines and supplies.

Specific objective 2: Improved management and quality of the health information system: this objective targets all areas of the health information system with initial emphasis on the already developed disease alert and response system by revitalising the sentinel system established in 2012 and currently still partially functioning.

Under the specific objective 1 the following results are expected: enhanced quality of supplies planning, improved conditions of warehousing, implemented WHO standards, best practices and guidelines on selection, procurement, storage and distribution of medicines and medical supplies, updated essential drugs list and drugs legislations and regulations and monitoring and quality assurance integrated in all aspects of the supply management system.

Under the specific objective 2 the following results are expected: improved regularity and reliability of the existing Health Information Centre; boosted outreach of information gathering; health information analysis has become an essential part of public health planning and decision making.

4.2 Main activities/results

1. SO1. Increased quality of planning, management and monitoring of the medicines and supplies in Libya
 - 1.1. Enhance the quality of supplies planning:
 - 1.1.1. Create and operationalise a “management board” formed with the participation of the health professionals in Libya with reference to quality supply planning;
 - 1.1.2. Design and implementation of a “road map” for the development and functioning of the supply chain management.
 - 1.2. Improve the conditions of warehousing:
 - 1.2.1. Complete the “assessment of the identified pilot warehouses”. 8 in total covering all Libyan regions (2 each from east, west, middle and south);
 - 1.2.2. Implement the recommendations of the assessment;

- 1.2.3. Technical monitoring of the improved warehouses.
- 1.3. Implement WHO's standards, best practices and guidelines on selection, procurement, storage and distribution of medicines and medical supplies:
 - 1.3.1. Update the “assessment of the pharmaceutical procedures and supply chain in Libya” using as a base the assessment done in 2012;
 - 1.3.2. Mainstreaming of WHO's and other EU and international standards, guidelines and good practices with reference to the whole supply chain.
- 1.4. Update the essential drugs list and drugs legislations and regulations including quality procedures for drugs use:
 - 1.4.1. Capacity building of the health and pharmaceutical practitioners;
 - 1.4.2. Supporting the health and pharmaceutical practitioners in updating the drug list, drugs related legislation and regulation.
- 1.5. Monitoring and functional evaluation of the supply management improvement:
 - 1.5.1. Continuous monitoring and mid-term evaluation, feedback and, if applicable, revision of the supply management chain.
- 2. SO2. Improved management and quality of the health information system
 - 2.1 Improving the regularity and reliability of the existing health information system in Libya:
 - 2.1.1 Provide a comprehensive capacity-building programme for the health information managers and other relevant staff.
 - 2.2. Boosting the outreach of information gathering in Libya:
 - 2.1.1. Improve the technical capacity of the electronic HIS in all districts in Libya;
 - 2.1.2. Expand the system to more peripheral levels.
 - 2.3. Instituting health information analysis as essential part of public health planning and decision making:
 - 2.3.1. Capacity building of the clinicians feeding into the HIS;
 - 2.3.2. Monitoring of the reporting and HIS.

4.3 Intervention logic

This project comes as a response to the rapid deterioration of the situation of the health sector in Libya. In the country, the persistence of poor legislation and regulation, planning, management and quality procedures in the field of supply chain management is both decreasing the access of the population to medicines and medical supplies and it is increasing the threat of corruption in procurement and distribution and the danger of complications because of irrational drugs use.

On the other hand, the unavailability of regular and reliable health information system has already demonstrated the hazard of spreading communicable diseases, which will have not only local, but also regional and probably international impact.

The steady worsening of the health situation, the perceived huge gaps in medicines and supplies and the unavailability of any trustful information on the health situation or on the supply chain, calls for a prompt start of the implementation of activities. The project will invest in long-term development in both supply chain management and health information system, creating a reliable basis for planning, monitoring and analysis of the supply chain and of the overall health situation and indicators in Libya.

It should also be noted that health remains a priority area of intervention for the EU in Libya due to its importance for the development of the country and its population.

An inception phase of 1 month and a half is foreseen at the beginning of the project. At the end of the inception phase an inception report shall be submitted to the contracting authority for approval.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is not foreseen to conclude a financing agreement with the partner country, referred to in Article 184(2) (b) of Regulation (EU, Euratom) No 966/2012.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.2 will be carried out and the corresponding contracts and agreements implemented, is 36 months from the date of adoption by the Commission of this Action Document.

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute technical amendments in the sense of point (i) of Article 2(3)(c) of Regulation (EU) No 236/2014.

5.3 Implementation modalities

5.3.1 Grant: direct award "Improving health information system and supply chain management in Libya" (direct management)

a) Objectives of the grant, fields of intervention, priorities of the year and expected results

The project goal is to improve the health care provision efficiency in Libya by focusing on two components namely the supply chain and the health information system management. The specific objectives are the following two: 1) Increased quality of planning, management and monitoring of the medicines and supplies in Libya; and 2) Improved management and quality of the health information system. For a 24 months projects it is not needed to list the priorities of the years but it is sufficient to indicate the specific objectives.

b) Justification of a direct grant

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant to WHO without a call for proposals is justified because of the following complementary reasons.

According to Article 190 of the Rules of Application "Exceptions to call for proposals" (Article 128 of the Financial Regulation) a grant may be awarded without call for proposal for actions with specific characteristics that require a particular body on account of its technical specification, its high degree of specialisation or its administrative power, on condition that the action concerned do not fall within the scope of a call for proposal.

WHO is the United Nations specialised agency for health established already in 1948. They have gained the trust of the Libyan health authorities and professionals via engagement in a variety of initiatives to improve the health system in Libya since 2011 and continue to support the health system in Libya with the supply of life saving and essential medicines and interventions in the field of Primary Health Care. Notwithstanding the difficult security context at the beginning of 2015, WHO was able to establish a network of focal points throughout the country to implement and monitor activities in their respective areas. At the same time, WHO has enhanced its operational presence in Libya by recruiting additional two "national public health officers".

c) Essential selection and award criteria

The essential selection criteria are the specific expertise, the financial and operational capacity of WHO as well as their presence in Libya and their in depth knowledge of the Libyan health sector.

The essential award criteria are the relevance of the proposed action to the objectives of the programme, design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

d) Maximum rate of co-financing

The maximum possible rate of co-financing for this grant is 90% of the eligible costs of the action.

In accordance with Articles 192 of Regulation (EU/Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. The essentiality of full funding will be justified by the Commission's authorising officer responsible for the award decision, in respect of the principles of equal treatment and sound financial management.

e) Indicative trimester to conclude the grant agreement

Fourth trimester 2015.

f) Exception to the non-retroactivity of costs

The action is a response to the sudden and rapid deterioration of the situation of the Libyan health sector and more particularly the shortage of medicines and medical supplies. The improvement in the management of the health information system and of the supply chain is a preliminary action needed in order to increase the access of the overall local population to medical supplies. Given the current critical situation in the country it is of utmost importance to start the planned activities at the earliest opportunity and therefore the eligibility of the costs shall be authorised, prior to the submission of the grant application, as of 1 October 2015.

5.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased

as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provision.

The Commission’s authorising officer responsible may extend the geographical eligibility in accordance with Article 9(2) (b) of Regulation (EU) No 236/2014.

5.5 Indicative budget

Improving health information system and supply chain management in Libya	EU contribution (amount in EUR)	Indicative third party contribution, in currency identified
Direct grant to WHO This budget includes an indicative amount of EUR 250,000 for communication and visibility actions.	5,000,000	560,000
Totals	5,000,000	560,000

5.6 Organisational set-up and responsibilities

The WHO will be responsible for the organisation and the management of the action. A full time project manager will be assigned to the project in Tunis. A steering committee will be established and an indicative list of the committee' members shall be included in the description of the action.

Since 2011 WHO has gained the trust of the Libyan health authorities and professionals via engagement in a variety of initiatives to improve the health system in Libya. At this stage, WHO is already involved in supporting Libya with lifesaving and essential medicines and supplies and is operational in supporting Libya in procuring medicines internationally along with other interventions in the field of primary health care, such as mental health and theoretical and practical capacity building of health professionals.

Taking into account the prevailing security situation and the challenges to access certain areas, WHO has established since the beginning of 2015 a network of focal points that follow up the health and general situation in their respective areas and are operation in implementing part of the activities and monitoring activities implemented with the health authorities. Simultaneously, WHO has enhanced its operational presence in Libya by recruiting two additional “national public health officers” that would be the liaison with the health authorities in the different regions in Libya.

WHO’s long lasting institutional experience and expertise in both supply chain management and the health information system would guarantee sustainability of the project activities and continuity of the achievements.

5.7 Performance monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner’s responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties

encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the log-frame matrix. The report shall be done in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.8 Evaluation

Having regard to the importance and the nature of the action, a final evaluation will be carried out for this action or its components contracted by the Commission. A mid-term evaluation of the functioning of the supply management chain will be done too.

It will be carried out for accountability and learning purposes at various levels, including for policy revision, taking into account in particular the fact that the implementing partner will probably have to implement this action in a challenging context given the current security situation and also given the recent institutional setting.

The Commission shall inform the implementing partner at least three months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

The financing of the evaluation shall be covered by another measure constituting a financing decision.

5.9 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

The financing of the audit shall be covered by another measure constituting a financing decision.

5.10 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

The implementation of the communication activities shall be the responsibility of the beneficiary, and shall be funded from the amounts allocated to the action.

This action shall contain communication and visibility measures that shall be based on a specific and detailed Communication and Visibility Plan of the action, to be elaborated before the start of implementation and supported with the budget indicated in section 5.5 above.

The Communication and Visibility Plan of the action shall be budgeted and it should also come with an indicative schedule. The Communication and Visibility Plan of Action shall be part of the inception report.

All necessary measures will be taken to publicise the fact that the action has received funding from the EU in line with the Communication and Visibility Manual for EU External Actions⁹. Additional Visibility Guidelines developed by the Commission will have to be followed.

Visibility and communication actions shall demonstrate how the intervention contributes to the agreed programme objectives. Actions shall be aimed at strengthening general public awareness and support of interventions financed and the objectives pursued. The actions shall aim at highlighting to the relevant target audiences the added value and impact of the EU's interventions and will promote transparency and accountability on the use of funds. It is the responsibility of the beneficiary to keep the EU Delegation and the Commission fully informed of the planning and implementation of the specific visibility and communication activities.

Contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements. The contribution of the EU shall be duly reflected in the communication and visibility measures of the Action. The beneficiary shall report on its visibility and communication actions in the report submitted to the ENI monitoring committee.

⁹ http://ec.europa.eu/europeaid/work/visibility/index_en.htm.

APPENDIX - INDICATIVE LOG FRAME MATRIX (FOR PROJECT MODALITY) ¹⁰

The activities, the expected outputs and all the indicators, targets and baselines included in the log frame matrix are indicative and may be updated during the implementation of the action without an amendment to the financing decision. The indicative log frame matrix will evolve during the lifetime of the action: new lines will be added for listing the activities as well as new columns for intermediary targets (milestones) when it is relevant and for reporting purpose on the achievement of results as measured by indicators.

	Intervention logic	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
Overall objective: Impact	Improve the health care provision efficiency in Libya	<p>% of health facilities with essential medicines and lifesaving commodities in stock on the day of visit.</p> <p>% of deaths that are registered (with age and sex) by the end of 2017</p>	<p>N/A for 2014 and 2015 (reports indicate that over 50% interviewed facilities suffer shortages including health facilities closed due to lack of medicines)</p> <p>N/A for 2014 and 2015</p>	85%	<p>Health facilities reports and on site health facilities visits and assessments</p> <p>Health statistics</p>	<p>Willingness by all parties to improve the health system</p> <p>Availability of funds to finalise the project (donors) and to continue the improvement in the health system (Libyan funds)</p>

¹⁰ Mark indicators aligned with the relevant programming document mark with '*' and indicators aligned to the EU Results Framework with '**'.

				95%		
Specific objective(s): Outcome(s)	<p>1. Increased quality of planning, management and monitoring of the medicines and supplies in Libya</p> <p>2. Improved management and quality of the Health Information System.</p>	<p>% of medicines destroyed due to expiry or damage by the end of 2017</p> <p>% of facilities that submit reports within the required deadline by the end of 2017</p>	<p>100,000 tons in 2015 (accumulated from previous years)</p> <p>N/A for 2014 and 2015 (reports submitted from sentinel sites vary between 20-70% depending on the security situation)</p>	<p>15%</p> <p>95%</p>	<p>MSO reports</p> <p>Health Information Centre reports and visits</p>	<p>Willingness of the health professionals to support the agreed project activities</p> <p>The availability of national experts that act as focal points even in remote areas and in locations with challenging security</p>
	Intervention logic	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
Outputs	<p>1.1 Enhance the quality of supplies planning</p> <p>1.2 Improve the conditions of warehousing</p> <p>1.3 Implement WHO standards, best practices and</p>	<p>Number of warehouses improved according to new regulations and standards</p> <p>Approved and published</p>	<p>0</p>	<p>8</p>	<p>Warehouses assessment and monitoring reports</p>	

	guidelines on selection, procurement, storage and distribution of medicines and medical supplies	Standards and guidelines document	0	1	Published booklet	
	1.4 Update the essential drugs list and drugs legislations and regulations	Available revised essential drugs list for Libya	0	1	Published booklet	
	1.5 Monitoring and evaluation of the supply management improvement	% of warehouses producing annual quality reports	0	50%	MSO - Warehouses reports	
	2.1 Improve the regularity and reliability of the existing Health Information System in Libya	% of sentinel sites reporting monthly				
	2.2 Boost the outreach of information gathering in Libya	% of births that are registered (within one month of age) as part of a civil registration system	50%	95%	Sentinel sites reports	
	2.3 Instituting health information analysis as essential part of public health planning and decision making		N/A for 2014-2015	95%	Health statistics department reports	

EN



This action is funded by the European Union

ANNEX 2

of the Commission Implementing Decision on the Annual Action Programme 2015 and Annual Action Programme 2016 part 1 in favour of Libya to be financed from the general budget of the European Union

Action Document

Pilot project: Towards resilience and social inclusion of adolescents and young people in

Libya

1. Title/basic act/ CRIS number	Pilot project : Towards resilience and social inclusion of adolescents and young people in Libya CRIS number: ENI/2015/366-454 Financed under European Neighbourhood Instrument.
2. Zone benefiting from the action/location	Libya
3. Programming document	Country Strategy Paper (CSP) for Libya and the Multiannual Indicative Programme (MIP) for the period 2014-2015 ¹
4. Sector of concentration/ thematic area	Sector 2 -Youth: active citizenship and socioeconomic integration
5. Amounts concerned	Total estimated cost: EUR 3,300,000 Total amount of EU budget contribution EUR 3,000,000 Budget line: 21.03.01.02 This action is co-financed in joint co-financing by: UNICEF ² for an amount of 300,000.
6. Aid modality(ies) and implementation modality(ies)	Project Modality: Indirect Management with the United Nations Children's Fund (UNICEF)
7. DAC code(s)	11230 Basic life skills for youth and adults Formal and non-formal

¹ C (2014) 5699 of 12.8.2014.

² United Nations Children's Fund.

	education for basic life skills for young people and adults (adults education); literacy and numeracy training.			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	×
	Aid to environment	×	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality (including Women In Development)	×	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Development	×	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	×	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Main objective
	Biological diversity	×	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	×	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	×	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	×	<input type="checkbox"/>	<input type="checkbox"/>
9. Global Public Goods and Challenges (GPGC) thematic flagships	NA			

SUMMARY

The aim of the proposed action is to contribute to the resilience and social inclusion of Libyan adolescents and youth by focusing on the following specific objectives: 1) to expand the active role in the society of Libyan adolescents and youth; and 2) to increase their resilience and social inclusion. In order to achieve the action' objectives, it is proposed to increase the access and participation of youth and adolescents to programmes of non-formal education and to livelihoods and recreational and cultural programmes and also to increase their access and participation in peace-building dialogues across the country. Moreover in particular, the action intends to build the capacity of individual and communities to prevent, dis-engage and resolve conflicts. Although the main target group of the project are adolescents and youths other relevant actors will be involved in the realisation of the activities such as e.g. parents, families, teachers, youth organisations, civil society organisations (CSOs), private sector, local government bodies and possibly community leaders such e.g. elders and religious leaders. Following the hostilities in the summer 2014 and the co-existence of two competing government in Libya, the EU decided to suspend all projects dealing with national authorities and government bodies. In case a peace agreement would be reached and a Government of National Accord would take office during the implementation period, the action should take into consideration and appropriately include, if and where appropriate, the new relevant institutions. The action has total budget of EUR 3.3 million for a period of 3 years. The action will be implemented by UNICEF in indirect management since it is planned that most of the project activities will be realised by municipalities and civil

society organisations which will imply the delegation of budget implementation tasks.

1 CONTEXT

1.1 Sector context

More than three years after the revolution, the country's situation is still extremely volatile. The internal political struggles and the continuously deteriorating security context as well as the dramatic reduction in oil production and export, negatively affected the economic performance and political stability of Libya. The transitional government's activities, its local and international credibility, and its relationship with the international community have also been affected during that period.

Parliamentary elections took place in June 2014 and were immediately followed by an escalation of conflicts, exacerbating an already precarious situation. The internal rivalry turned increasingly violent and led to the ousting of the internationally recognised government from the capital by an alliance of militias called "Libya Dawn" in July 2014. The interim government had to relocate to Tobruk and with little or no influence on the Administration that staid in Tripoli. This resulted in two rival governments competing for power over the remaining independent institutions. The continued indiscriminate firing of heavy weaponry by all sides in densely populated areas, particularly in and around Tripoli, Benghazi, Derna and now Sirt, have resulted in significant civilian casualties, destruction of public infrastructure, disruption of basic services and systems, and in an unprecedented movement of population fleeing the fighting, leading to the emergence of yet another humanitarian crisis. While United Nations Support Mission in Libya (UNSMIL) continues to facilitate talks aimed at ending Libya's deepening political and security crisis, clashes continue around the country. Recently, the increased presence and activity of Islamic State militants mark another milestone in the country's deteriorating security situation.

The humanitarian community now estimates that over 420,000 people have been internally displaced so far, half of them being children. Due to the widespread nature of the fighting, children have witnessed extreme violence, they experienced the loss of relatives, they have been forcibly displaced and/or had their homes damaged. Young Libyans have been exposed to grave violations of their rights, ranging from killing and maiming, also as a result of the widespread danger posed by landmines and unexploded ordnances (UXO), to detention. Schools and hospitals were and are also being target of attacks and access to these infrastructures has become increasingly more difficult. Because of the emergency context and political instability, children and adolescents in Libya are at risk of increasingly missing out on key education and life milestones.

1.1.1 Public Policy Assessment and EU Policy Framework

Youth is a key priority for a peaceful and prosperous future of the country. Although a comprehensive youth policy or strategy has not been developed yet, young people are perceived to be potential actors for the stabilisation process and key players in the democratic transition in Libya. The 2011 Draft Constitutional Charter issued by the National Transitional Council was only mentioning youth in its article 5: "The State shall take care of children, youth and the handicapped". Current policy efforts now concentrate on education and employment.

Therefore, this EU-funded action will play an important role in guiding the development of future youth policies, by addressing the current lack of baseline data, as well as generating evidence for the design and provision of programmes and services dedicated to young people at national level.

The proposed Action suggests working with adolescents and young people, as well as their families and communities, in order to empower them, build their resilience and provide them with positive opportunities and attractive alternatives to cope with conflicts. It also seeks to address the lack of available data on key indicators related to the situation of adolescents and young people which are of fundamental importance to inform the design and the implementation of public policies, programmes and services.

The action is in line with the EU Youth Strategy and it will encourage and support adolescents and young people in society with a particular attention to the following areas: education and training; employment and entrepreneurship; participation; and social inclusion.

UNICEF will conceive and implement this action in close cooperation with the relevant national institutions and civil society organisations with also the aim to strengthen their capacity in working and in continuing to work on the resilience and social inclusion of the target group.

The action has been prepared in line with the following policy documents:

- UN Convention on the Rights of the Child³;
- UN Secretary General's Annual Report(s) on Children and Armed Conflicts⁴;
- Reports from the UN Committee on the Rights of the Child⁵.

EU Policy Framework:

Youth, namely active citizenship and socio-economic inclusion is along democratic governance and health one of the sector of intervention for the Multi-Annual Indicative Programme Libya 2014-2015.

The action takes into consideration the following EU policy documents:

- EU Strategy for Youth - Investing and Empowering 2010 - 2018⁶;
- Council Resolution on a renewed framework for European cooperation in the Youth field 2010 - 2018⁷;
- Resolution on a European Union Work Plan for Youth 2014 - 2015⁸;
- EU Guidelines on Children and Armed Conflicts;
- EU Guidelines for the Promotion and Protection of the Rights of the Child⁹;

³ <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

⁴ <http://www.securitycouncilreport.org/un-documents/children-and-armed-conflict/>.

⁵ <http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>.

⁶ http://ec.europa.eu/youth/policy/youth_strategy/index_en.htm.

⁷ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32009G1219%2801%29>.

⁸ http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2014.183.01.0005.01.ENG.

⁹ <http://www.consilium.europa.eu/uedocs/cmsupload/16031.07.pdf>.

- Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions of 5 February 2008 - A special place for children in EU external action;
- Study on "Social inclusion and youth in EC External Cooperation, including the case of ENP Countries"¹⁰;
- Communication of the Commission COM(2013) 941 final of 15 January 2014¹¹ "Preventing radicalisation to terrorism and violent extremism: strengthening the EU' response".

1.1.2 Stakeholder analysis

The main beneficiaries of this programme will be adolescents and young people, aged from 10 to 24 years old, who live in the areas and municipalities that will be selected during the inception phase and who will directly benefit from the establishment of dedicated pilot programmes (vocational training and civic engagement programmes). The expected number of direct beneficiaries will be determined during the inception phase after the selection of the project areas, which will be in the West, East and in the South of the country (depending on the security conditions). Attention will be paid to gender equality and at least 50% of the adolescents and youth benefiting from the activities under results 2 and 3 will be women and girls.

The action will be inclusive and will therefore ensure that the most vulnerable and marginalised amongst this primary target group will have access to and benefit from the planned activities, including for instance inactive youth, former members of militias, conflict affected youth, victims of violence and/or gender-based violence, young people with disabilities, or former drug users.

Young people aged 10 to 24 years old approximately constitute 30% of the general population figures. Out of an estimated 6,475,000 inhabitants, there are around 1,620,000 youth and adolescents in Libya. A significant part of them will benefit, at least indirectly, from the rolling out of youth programming models, the establishment and strengthening of community based child protection mechanisms, and directly from social mobilisation interventions that will be implemented nation-wide.

In addition, the programme will target and positively impact parents and community members (such as teachers, community leaders, social workers, cultural actors) and will be instrumental in building and strengthening their capacity and this of local organisations and authorities working for and with young people (community-based organisations, civil society, local authorities).

The action will be mainly implemented through partnerships with municipalities and local and international NGOs, while working in close cooperation with other UN agencies and the local communities with particular attention to young people organisations. With this action, UNICEF will provide technical support to strengthen

¹⁰ http://ec.europa.eu/echo/files/policies/sectoral/children_2008_Special_Place_en.pdf.

¹¹http://ec.europa.eu/dgs/home-affairs/e-library/documents/policies/crisis-and-terrorism/radicalisation/docs/communication_on_preventing_radicalisation_and_violence_promoting_extremism_201301_en.pdf.

surveillance and community follow-up to municipal services' systems through the use of some modern innovations such as the U-Report¹².

The 2011 Revolution prompted the proliferation of civil society organisations, which are willing to coordinate and support the active role of young people in society but very often lack the required capacity to do so. In this context, UNICEF will continue to play a key role in strengthening the capacity of CSO/NGO by offering its technical expertise and playing a convening.

The partnership with the private sector will be also nurtured with special attention to the employment and entrepreneurship initiatives planned within the action with the aim to support also the socio-economic inclusion of the target group.

Young people are themselves eager to be part of the country's development and of the transition process. During the Tunisian-Libyan Youth Forum Workshop organised by the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the United Nations Development Programme (UNDP) and the EU sponsored "Civil Initiatives Libya" programme in Tunis in December 2014, participants highlighted questions related to youth participation in decision-making and in the peace process. One of the identified priorities for the Libyan participants was to play an active role in the construction of a new state and a new political environment. UNICEF, UNDP, UNESCO and Democracy Reporting International (DRI) are working together to support and facilitate youth participation. 30 young people representing Youth civil society organisations (CSOs) have been supported to attend a workshop in Tunis where they worked with experts on planning an advocacy campaign and developing substance content.

During the action's inception phase, the stakeholders' analysis will be refined, as well the involvement of some of the target groups; UNICEF is for instance currently exploring the option of an increased role for respected elders, who would help promote positive lifestyles.

1.1.3 Priority areas for support/problem analysis

With 53% of the population having not more than 24 years of age, Libya has a young and vibrant population. If given the right opportunities and support, young Libyans have the potential to play a key positive role in the current transition and also in the medium and long term stability and economic growth of their country. However, the current situation in Libya prevents many adolescent and young people to positively participate in this transition process. Therefore, part of this project will focus on ensuring a number of innovative ways to engage young people, to sustain their active citizenship and to support their socio-economic inclusion.

In addition, some of the persisting issues related to the rights of the child (e.g. child abuse; child labor and exploitation; low birth registration rates; justice for children and migrant children) in Libya has recently become more difficult and challenging to address given the current absence of governance. To tackle this specific issue, UNICEF will also focus part of its activities on building and strengthening the capacity of grassroots organisations in playing a critical role on working on these existing issues.

¹² <https://www.ureport.in/>.

Youth militarisation in Libya and the proliferation of weapons are also issues of great concern. It is estimated that around 20,000 Libyans (mostly young people) directly participated in the 2011 Revolution, and that the current government had over 250,000 militia members, whose many were youngsters, in 2014 on its monthly payroll. These militias are consistently gaining strength, and they have grown accustomed to receive regular financial compensation for their “participation in the conflict”. In addition, the proliferation of weapons in Libyan society since 2011 is estimated to be ten times more than in Iraq, Somalia and even Afghanistan. Weapons are distributed across all levels of society and the lack of both formal weapons training and awareness of safe practices can result in reckless use, accidents, and overall in an increased tendency for armed violence.

It should also be noted that adolescents and young people are becoming increasingly disillusioned with the national institutions and are struggling to find ways to make their voices heard. After the 2011 Revolution the population's expectations has not been answered, on the contrary public services has been finally negatively affected impairing their capacity in offering access to services. Frustration is a good terrain for radicalisation leading to violent extremism to grow.

Young people in Libya are faced with limited socio-economic options and opportunities which would allow them to successfully make the transition to adulthood. As noted in a study from the *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) from 2013, there is a wide spread belief that finding an appropriate job even after graduating is very difficult: “Perceived barriers for employment include higher education, access to connections, limited chances and difficult to access/find jobs”.

Despite government's investments in education prior to the Revolution, the Libyan education system and training institutions have not been able to develop the skills needed by the private and public sectors. This serious shortcoming has significantly impacted the current generation of young people, who have not been adequately prepared for the demands of the changing labour market. Currently, there are limited, to non-existent, linkages between education systems and the labour market, with very few opportunities for adolescents and young people to develop entrepreneurial competencies.

The lack of opportunities both in terms of education and employment - the youth unemployment rate is around 30% - combined with the ongoing violent conflicts in the country provide a very fragile environment for adolescents and young people.

Investing in adolescents and young people in Libya, empowering them to fully participate in the country's transition and development, and equipping them with fundamental social and livelihood skills, are fundamental steps to drive future social and economic development. At the same time, local capacities, at community and institutional levels, and structural mechanisms need to be either set up or strengthened to allow the development of youth policies and ensure that programmes are sustainable, thus allowing the upcoming generations to develop their full potential.

Following the hostilities in the summer 2014 and the co-existence of two competing governments in Libya, the EU decided to suspend all projects dealing with national authorities and government bodies. In case a peace agreement would be reached and a Government of National Accord would take office during the implementation

period, the action should take into consideration and appropriately include, if and where appropriate, the new relevant institutions.

2 RISKS AND ASSUMPTIONS

The current Libyan context is highly volatile and undergoing dramatic changes. The action will therefore be designed with adequate flexibility to be sustainable in such a context. Due to the ongoing crisis and insecurity in Libya, several elements may affect the implementation of the action, like for instance the deterioration of the security situation. Therefore, a continuous dialogue between the implementing partner and the EU Delegation is needed to adapt expected results and activities to the changing reality on the ground. The action includes an inception phase of six months which will enable UNICEF and the partners to refine the strategies and planned activities based on informed decision and on solid partnership established with various national actors.

Risks	Risk level (H/M/L)	Mitigating measures
Weak capacities of the civil society to coordinate and monitor child rights, and to deliver protection and social inclusion services for youth.	M	<p>UNICEF has already strengthened and diversified its strategic partnership with civil society organisations/NGOs with active presence at national and sub-national level. UNICEF will continue to strengthen them by providing them the skills to implement and manage projects aimed at promoting and protecting children's rights and creating a critical mass of child rights advocates in Libya through a range of capacity building activities (workshops, support to networking);</p> <p>UNICEF will apply its internal procedures, which has been positively assessed (Pillar Assessment) by the EU Commission, when selecting the partner NGOs, in order to reduce risks, and monitor them closely during the implementation.</p>
Persistent high turnover at the governmental, legislative, and institutional decision making levels and eroding institutional memory are impeding advocacy efforts	M	So far key technical partners remained in function at different institutional levels. UNICEF will keep investing time in trust and partnership building to ensure sustainability of the intervention at

and limiting space for policy dialogue.		institutional levels both at local and, if applicable, at central level; Innovatively for the Libya context will be to work with municipalities or local government which is continuing interrupted until now.
Deterioration of security conditions could affect programme implementation and beneficiaries' access as well the project's monitoring.	M	Since its temporary relocation to Tunis, UNICEF operates through remote programming and monitoring modalities which have so far been satisfactory under the specific circumstance. In case the relocation is maintained when the programme starts, the same systems will remain in place and be further strengthened to ensure quality assurance and adequate monitoring: this includes four UNICEF staff members and national consultants who will continue monitoring visits on a regular basis, and the signature of an agreement with an international NGO and three Libyan NGOs to conduct specific monitoring on behalf of UNICEF.
Assumptions		
The absorption capacity of sub-national authorities (municipalities) is not seriously affected by the current political and security context.		

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

Across the region, the same factors influence young people's participation in risky behaviour (for instance, social, political or community exclusion, legacy of past violence, violent extremism, its propaganda and possible financial incentives (exacerbated by the vacuum left by political instability), lack of safety, lack of positive or employment opportunities, boredom), as much as some other factors protect and motivate them to engage in society and adopt more positive behaviours. Those are guiding principles and promoted in UNICEF's youth programmatic interventions. They include: a sense of agency and purpose, access to skills development, civic engagement, inter-cultural awareness, livelihood and volunteer opportunities, access to recreational opportunities for adolescent boys and girls, connectedness at the family and community level including a supportive psycho-social environment.

Young people's skills, both cognitive and non-cognitive, have a significant effect on how well they are able to navigate the transition from childhood to adulthood. A

large body of evidence has shown that non-cognitive skills (or 21st century skills) such as communication, critical thinking, self-esteem, and collaborative problem solving, are strongly predictive of positive life outcomes, from higher wages to a decreased probability of engaging in high-risk behaviour. The development of 21st century skills has not only an economic but also a civic rationale. Adolescents and youth empowered with these skills learn how to be engaged citizens who can analyse, understand and express opinions about governance issues, and who can think creatively and propose solutions to their local social challenges¹³.

UNICEF has supported several skills development programmes in the region. An impact evaluation¹⁴ of an existing skills development and civic engagement programme targeting Palestinian adolescents, implemented by UNICEF and partners with communities and in youth centres (2011-14), has shown that 90% of the adolescents that participated in the programme reported positive changes. The impact evaluation found evidence that the programme had directly contributed to the adolescents' increased capacity and skills towards finding non-violent solutions to conflict, and a reduction in violence and bullying among peers, within the family, and at school. Expanding opportunities for the adolescents to practice these skills in their communities, and through adolescent-led community initiatives, had a very positive effect by empowering adolescents to be responsible and agents of social change within their communities. When adolescents and youth are empowered to play meaningful roles in their communities, given a sense of purpose and the chance to have their voices heard, evidence shows that they make more positive choices and transcend violence and discrimination. The impact evaluation highlighted that even a relatively small investment in adolescent skills development and access to experiential learning/meaningful participation, can make a significant difference in the lives of marginalised adolescents.

3.2 Complementarity, synergy and donor coordination

UNICEF Libya is an active member of the UN Country Team and the UN Humanitarian Country Team, and is the co-chair with UNESCO of the Inter-UN Task Team on Young People, which ensures efficient communication, coordination and complementarity of interventions amongst all actors working on youth issues or planning to implement youth programmes in Libya (UN, international NGO, donors, private development companies).

The proposed action will build up and complement the past and ongoing capacity development and youth interventions by NGO partners within Libya. This action should be particularly linked to the existing EU sponsored Programme "Civil initiatives Libya" implemented by the French Agency for Technical Cooperation and Development (ACTED) focussing on building capacity of youth civil society organisations in governance and political participation and with actions of the Institute for War and Peace Reporting (IWPR) who already have a network with local community radios in Libya. It will also benefit from the ongoing UN supported active citizenship and social entrepreneurship programmes in Morocco, Palestine,

¹³ Opfer V.D. & Saavedra A.R. (2012) Teaching and Learning 21st Century Skills: Lessons from the Learning Sciences.

¹⁴ Final Report –Evaluation of Phases III & IV of the programme Palestinian Adolescents: Agents of Positive Change – towards an environment promoting peace and reconciliation, 2014.

Egypt and Jordan, thereby creating opportunities for youth networking and technical exchanges between the countries.

Furthermore, links and synergies should be established with other EU' funded projects. The European Neighbourhood Instrument has provided 5 million euro to counter violent extremism in the Sahel and Maghreb.

The proposed Action will also benefit from the outputs from another EU-financed project "Programme de Prévention Régionale de l'Extrémisme Violent de l'Union Européenne" (PPREV-UE) which also operates in Sahel, Maghreb (including Libya) and is financed through the Instrument contributing to Stability and Peace (IcSP).

It will also benefit from another IcSP' funded action, called "STRIVE Global" (Strengthening Resilience to Violence and Extremism), which is aiming at working globally with local state and non-state partners to develop and implement interventions that have a demonstrable impact on the threat posed by radicalisation and recruitment to terrorism. The STRIVE Global project is world-wide one and it will contribute to support the International Centre of Excellence for Countering Violent Extremism (the Hedayah Centre) and the Global Community Engagement and Resilience Fund (GCERF).

Libyan students, youth organisations and young people can also benefit from the EU-supported Erasmus+ programme (scholarships to study in Europe, youth exchanges, European Voluntary Service and youth workers training). It supposes however that agreements are signed with partner organisations in Europe and that the actual mobility of individuals is safe and possible (visa issue).

3.3 Cross-cutting issues

Good governance; gender; equal opportunities/ non-discrimination are all issues that will be taken in consideration.

4 DESCRIPTION OF THE ACTION

4.1 Objectives

The overall objective of the proposed action is to contribute to the resilience and social inclusion of adolescents and young people in Libya. More in particular, it aims at reaching the following two specific objectives/components:

- **Specific objective/component 1:** to expand adolescents' and young people's active role in society through access to non-formal education; livelihoods programmes; and recreational and cultural services in selected areas across Libya;
- **Specific objective/component 2:** to increase the resilience and social inclusion of adolescents and young people through peacebuilding dialogue in selected areas across Libya.

4.2 Main activities/results

The detailed list of activities that will be implemented in order to achieve the expected results will be further defined during the inception phase of the project.

Component 1

Result 1: Capacities of local service providers and youth organisations to deliver programmes and services for adolescents and young people are expanded in selected areas.

Activity 1.1 Carry out a needs assessment, situation analysis and mapping of the service providers for youth;

Activity 1.2 Develop and put in place a strategy to create/strengthen the capacities for the service providers and youth groups;

Activity 1.3 Develop, test and put in place a capacity building programme for the staff of the service providers.

Result 2: Non-formal civic and citizenship education and livelihood programmes and psycho-social support (PSS) are established and provided to adolescents through adolescent-friendly spaces in selected areas.

Activity 2.1 Develop, test and put in place non-formal civic and citizenship education programmes;

Activity 2.2 Develop, test and put in place livelihood programmes and recreational and cultural services;

Activity 2.3 Develop, test and put in place PSS;

Activity 2.4 Design, implement and monitor an awareness raising campaign to mobilise adolescents and young people to attend and participate in activities in adolescent-friendly spaces;

Activity 2.5 Support the youth volunteer network to facilitate exchanges and dialogue.

Component 2

Result 3: Capacities of communities and families to prevent and protect youth from gross violations and to cope with conflict and to promote peace are strengthened in selected areas of Libya.

Activity 3.1 Develop, test and implement a comprehensive and gender sensitive parenting education programme for parents, families and communities;

Activity 3.2 Develop, implement and monitor a social mobilisation campaign targeting parents, families and communities and other relevant actors.

Result 4: Capacities and mechanism for civil society, youth volunteers and relevant municipal staff to monitor and report about child rights violations are developed within selected municipalities.

Activity 4.1 Conduct capacity building processes of civil society, youth volunteers and relevant municipal staff.

Result 5: Evidence based data and knowledge is available for identification, development and implementation of policies and programme on adolescents and young people.

Activity 5.1 Conduct KAP¹⁵ baseline and end line surveys (adolescents, parents, etc.);

¹⁵ Knowledge Attitude and Practice Survey (KAP).

Activity 5.2 Promote and support the use of new technologies to gather data and knowledge (U-Report, etc.).

4.3 Intervention logic

A six month inception phase will be dedicated to data collection and to fine tune the activities to be finally proposed depending on the specific situation for each of the municipalities and partners identified. A conflict and a risk analysis will be conducted as well as baseline surveys on adolescents and parents and other relevant groups (e.g. KAP - Knowledge, Attitude and Practice). Identifying partners (municipalities, NGOs, community level organisations and other actors) and initial activities to start building their capacity will also be done during the inception phase. Given the volatile context in Libya, UNICEF will further refine the stakeholder and vulnerability analyses during the proposed inception phase, in agreement with the EU Delegation. At the end of the inception phase a detailed implementation plan will be available, based on best practices and lessons learnt in the region, and the programming will be adjusted to the specificities of each region and all targeted groups. The following two and a half years will be dedicated to implementation, monitoring of the activities and reporting on the results achieved. Annual and mid-term reviews of the project will also be conducted. At the end of the project, an end-line survey on adolescent and parents and other groups involved in the implementation of the action will be also done.

The proposed action is designed around the fundamental role of the national partners, sub-national authorities (municipalities through Memoranda of Understanding) and national CSOs and community based organisations (through partnership agreements). This will ensure the sustainability of the investment made in the design and implementation of mechanisms and programmes that will encourage the resilience and enhance the inclusion of youth and adolescents. While the action will not support new infrastructures, it will focus on the strengthening and development of dedicated spaces offering adapted services to promote civic engagement, access to non-formal education, livelihood and life/social skills programmes.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is not foreseen to conclude a financing agreement with the partner country, referred to in Article 184(2)(b) of Regulation (EU, Euratom) No 966/2012.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in Section 4.2 will be carried out and the corresponding contracts and agreements implemented, is 54 months from the date of adoption by the Commission of this Action Document.

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute technical amendments in the sense of point (i) of Article 2(3)(c) of Regulation (EU) No 236/2014.

5.3 Implementation modalities

5.3.1 Indirect management with an international organisation

This action may be implemented in indirect management with UNICEF in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012. This implementation entails to contribute to the resilience and social inclusion of adolescents and young people in Libya, while it aims at reaching the following results: the active role of adolescents' and young people in society is expanded through access to non-formal education and livelihoods programmes and recreational services in selected areas across Libya; and the resilience and social inclusion of adolescents and young people is increased through peacebuilding dialogue across Libya.

The implementation method of indirect management with UNICEF is justified because of the following reasons:

- UNICEF is the leading humanitarian and development agency working globally for the rights of every child. It has been created in 1949 to provide help to children in countries affected by WWII and since then it is providing its services worldwide through a network of more than 200 offices. Child protection and social inclusion are among the core responsibilities of the Organisations and this is where the Organisation has built its strongest capacity. UNICEF is the most appropriate UN Agency to be responsible for the implementation of this action given its mandate, its high degree of specialisation and also its administrative capacity. It should also be noted that UNICEF is currently also the co-chair of the Inter-UN Task Team on Young People;
- With particular reference to the administrative capacity, UNICEF is still present and successfully operating in Libya where it is actively cooperating with municipalities and civil society organisations to provide humanitarian and development support to Libyan' children with particular attention to IDPs and the most vulnerable ones. During 2015, UNICEF has signed 15 Memoranda of Understanding and it is negotiating 8 more with Municipalities from across Libya. UNICEF is currently also working with Libyan civil society organisations;
- Taking into account UNICEFs privileged relations with municipalities and civil society organisations obtained through previous actions in the country, this implementation method will ensure ownership of the Libyan people over the process and will contribute to the sustainability of both activities and results. In case a Government of National Accord will take office during the implementation period, UNICEF will duly take into consideration and appropriately include, if and where appropriate, the new relevant institutions in the programme. UNICEF is currently well placed and equipped to facilitate and support the dialogue and cooperation with all the Libyan counterparts.

The entrusted entity would carry out the following budget-implementation tasks: UNICEF will be responsible for the overall implementation of the action, including coordination and monitoring of activities, procurement and grant award, concluding contracts, making payments and reporting. Potential beneficiaries of such contracts could be Libyan municipalities, civil society organisations and national central institutions in the case of a Government of National Accord.

5.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provision.

The Commission's authorising officer responsible may extend the geographical eligibility in accordance with Article 9(2)(b) of Regulation (EU) No 236/2014.

5.5 Indicative budget

Pilot project: Towards Resilience and social inclusion of adolescents and young people in Libya	EU contribution (amount in EUR)	Indicative third party contribution, in currency identified
Indirect management with UNICEF. This budget includes an indicative amount of EUR 250,000 for communication and visibility actions.	3,000,000	300,000
Totals	3,000,000	300,000

5.6 Organisational set-up and responsibilities

UNICEF staff will provide oversight to programming, technical support, liaison with the partners, and monitoring. At UNICEF level, a project manager, a youth specialist, a youth officer and a monitoring & evaluation officer will be dedicated to this programme, working in close collaboration with the Education and Child Protection specialists, under the leadership of UNICEF's management, and with the support of UNICEF's staff based in Libya.

In order to ensure transparency, accountability and provide strategic guidance on the programme implementation, the establishment and preparation of terms of reference for a steering committee will be discussed with all stakeholders during the programme's inception phase. The steering committee would meet regularly to review the progress of the action against the planned achievements, review and endorse when necessary changes to the work plan, facilitate the involvement of other stakeholders and discuss any issues. A representative from the EU Delegation will be member of the steering committee whose final composition will be decided during the inception phase.

5.7 Performance monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the log-frame matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the

action. The final report, narrative and financial, will cover the entire period of the action implementation.

A six month inception phase will be dedicated to data collection and to fine tune the activities to be finally proposed depending on the specific situation for each of the municipalities and partners identified.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.8 Evaluation

Having regard to the importance and the nature of the action, a final evaluation will be carried out for this action or its components contracted by the Commission. A mid-term evaluation of the functioning of the supply management chain will be done too.

In case a final or ex-post evaluation is foreseen: it will be carried out for accountability and learning purposes at various levels, including for policy revision, taking into account in particular the fact that the implementing partner will probably have to implement this action in a challenging context given the current security situation and also given the recent institutional setting.

Where an evaluation is foreseen and is to be contracted by the Commission: the Commission shall inform the implementing partner at least three months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

The financing of the evaluation shall be covered by another measure constituting a financing decision.

5.9 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

The financing of the audit shall be covered by another measure constituting a financing decision.

5.10 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

The implementation of the communication activities shall be the responsibility of the beneficiary, and shall be funded from the amounts allocated to the action.

This action shall contain communication and visibility measures that shall be based on a specific and detailed Communication and Visibility Plan of the action, to be elaborated before the start of implementation and supported with the budget indicated in section 5.5 above.

The Communication and Visibility Plan of the action shall be budgeted and it should also come with an indicative schedule. The Communication and Visibility Plan of action shall be part of the inception report.

All necessary measures will be taken to publicise the fact that the action has received funding from the EU in line with the Communication and Visibility Manual for EU External Actions¹⁶. Additional Visibility Guidelines developed by the Commission will have to be followed.

Visibility and communication actions shall demonstrate how the intervention contributes to the agreed programme objectives. Actions shall be aimed at strengthening general public awareness and support of interventions financed and the objectives pursued. The actions shall aim at highlighting to the relevant target audiences the added value and impact of the EU's interventions and will promote transparency and accountability on the use of funds. It is the responsibility of the beneficiary to keep the EU Delegation and the Commission fully informed of the planning and implementation of the specific visibility and communication activities.

Contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements. The contribution of the EU shall be duly reflected in the communication and visibility measures of the action. The beneficiary shall report on its visibility and communication actions in the report submitted to the ENI monitoring committee.

¹⁶ http://ec.europa.eu/europeaid/work/visibility/index_en.htm.

APPENDIX - INDICATIVE LOGFRAME MATRIX

The activities, the expected outputs and all the indicators, targets and baselines included in the logframe matrix are indicative and may be updated during the implementation of the action without an amendment to the financing decision. The indicative logframe matrix will evolve during the lifetime of the action: new lines will be added for listing the activities as well as new columns for intermediary targets (milestones) when it is relevant and for reporting purpose on the achievement of results as measured by indicators.

	Intervention logic	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
Overall objective: Impact	<p>The broader, long-term change which will stem from a number of interventions by the partner government and development partners, which the EU funded action will (indirectly) influence.</p> <p>Contribute towards the resilience and social inclusion of adolescents and young people in Libya.</p>	<p>Measures the long-term change at country or sector level. For example, literacy rate disaggregated by sex. However, it is normally not appropriate for the project itself to try and collect this information.</p> <p>% decrease of vulnerable/marginalised adolescents and youth.</p> <p>% increase number of adolescents and youth having access and participating to the socio-economic life;</p> <p>% of adolescents and youth taking part in the community and peace-promoting activities.</p>	Ideally, to be drawn from the partner's strategy	Ideally, to be drawn from the partner's strategy	<p>To be drawn from the partner's strategy.</p> <p>National statistic; partners' reports; and project evaluation report.</p> <p>National statistic; partners' reports; and project evaluation report.</p>	<p>The Libyan political and security context will allow for youth to actively contribute.</p>
Specific objective(s)	The medium-term effects of the action which tend to focus on the changes in behaviour resulting from project/ programme outputs. The EU	Measures the change in factors determining the outcome. For example, number of children enrolled/completing school	The starting point or current value of the indicator.	The intended value of the indicator.	Sources of information and methods used to collect and report (including who and when/how frequently).	Factors outside project management's control that may impact on the

	<p>funded action will contribute to these changes.</p> <p>1) Expand adolescents' and young people' active role in society through access to non-formal education and livelihoods programmes and recreational and cultural services across Libya.</p> <p>2) Increase the resilience and social inclusion of adolescents and young people through peacebuilding dialogue across Libya.</p>	<p>disaggregated by sex.</p> <p>(1.1)# of adolescents' and youths reached by non-formal education and recreational and cultural services in the project areas;</p> <p>(1.2)# of youth provided by Livelihood opportunity in the project areas.</p> <p>(2.1)# of youth CSOs leaders/members participated in events on resilience and social inclusion and grass-root peacebuilding in the project areas.</p>	<p>0</p> <p>0</p> <p>0</p>	<p>TBDⁱ</p> <p>TBD</p> <p>300</p>	<p>Project statistic; monthly reports provided with IP; monthly reports provided with third party monitor; and annual project reviews.</p> <p>Project statistic; monthly reports provided with IP; monthly reports provided with third party monitor; and annual project reviews.</p>	<p>outcome-impact linkage.</p> <p>Female participation on the programme not hindered by the social norms.</p> <p>Security remains stable enough in areas and does not negatively affect participation.</p>
<p>Outputs</p>	<p>The direct/tangible outputs (infrastructure, goods and services) delivered by the action. These can be controlled directly and as such can be linked to the donor funded assistance.</p> <p>1) Capacities of local service providers and youth leaders to deliver programmes and services are expanded in selected areas.</p>	<p>Measures the degree of delivery of the outputs. For example, number of schools built and teachers trained disaggregated by sex.</p> <p>(1.) # of the youth CSOs members provided with programme development and management skills.</p>	<p>Idem as above for the corresponding indicator.</p> <p>0</p>	<p>Idem as above for the corresponding indicator.</p> <p>300</p>	<p>Idem as above for the corresponding indicator.</p> <p>Project statistic; monthly reports provided with IP; monthly report provided with third party monitor; and annual project reviews.</p>	<p>Factors outside project management's control that may impact on the output-outcome linkage.</p> <p>Female participation on the programme might be hindered by the social norms.</p> <p>Security in some</p>

<p>2) Non-formal civic and citizenship education and livelihood programmes and psycho-social support (PSS) are established and provided to adolescents through adolescent-friendly spaces in selected areas.</p>	<p>(2.1) # of adolescents and Youth successfully participated in civic and citizenship education programme in the project areas.</p> <p>(2.2) # of civic engagement policies/plans signed by Municipalities</p> <p>(2.3) # of Youth successfully participated in the psychosocial support services in the project areas.</p>	0	TBD	<p>Project statistic; monthly reports provided with IP; monthly reports provided with third party monitor; and annual project reviews.</p> <p>Project statistic; monthly reports provided with IP; monthly reports provided with third party monitor; and annual project reviews.</p>	<p>areas might affect access and participation of adolescents and youths from some locations.</p>
<p>3) Capacities of communities and families to prevent and protect youth from gross violations, cope with conflict and promote peace are strengthened in selected areas of Libya</p>	<p>(3.1) Strategy and Action plan for the reintegration of the ex-youth fighters developed and agreed upon.</p> <p>(3.2) # of ex-youth fighters and GBV victims benefited from the community reintegration programme and livelihood alternatives.</p> <p>(3.3) # of members from the CSOs trained in human rights monitoring and reporting.</p>	0	1	<p>Project statistic; monthly reports provided with IP; monthly reports provided with third party monitor; and annual project reviews.</p>	
<p>4) Capacities and mechanisms for civil society and youth volunteers to monitor and report child rights violations are developed within selected</p>	<p>(4.1) # of sub-regional monitoring and reporting structure/mechanisms established</p>	0	3	<p>Project statistic; monthly reports provided with IP; monthly reports provided with third party monitor; and annual project reviews.</p>	
		0			

	municipalities	(4.2) % of awareness on grave child rights violation in the population in the project areas		TBD		
	5) Evidence based data and knowledge are available for policies, programmes and services on adolescents and young people.	KAP study successfully conducted in the project area	0	1 study	KAP study	

ⁱ Please note that given the lack of base line data and therefore lack of targets, these will be adjusted accordingly in the inception phase of the project.