Texila International Journal of Public Health
ISSN: 2520-3134
DOI: 10.21522/TIJPH.2013.12.02.Art017

Provision of Integrated Health and Protection Services for Vulnerable Children Through Baity Center, In East Libya; Benghazi – Role of Civil Society Organizations in Providing Access to Basic Services

Nuzhat Rafique[1*], Waleed Albarghathi[2], Rakha Badi[3], May Abdulwanis[4], Dr. Ahsan Maqbool Ahmad[5]
[1]*School of Public Health, Texila American University, Georgetown, Guyana, South America and Chief of Field Office, UNICEF Benghazi, Libya*
[2]*Director Future Makers Society, Civil Society Organization, Benghazi, Libya*
[3]*Monitoring and Evaluation Officer, Future Makers Society, Benghazi, Libya*
[4]*Child Protection Officer, UNICEF, Benghazi, Libya*
[5]*Center for Global Public Health, Institute of Global Public Health, University of Manitoba, Canada*

Abstract

This paper is based on operational research conducted in Benghazi, eastern Libya. The study assessed the feasibility of a cross-sectoral integrated services delivery strategy for vulnerable children, primarily migrants, refugees, and internally displaced families. These groups are often deprived of their basic rights to health, education, and protection services. Future Makers, a civil society organization in East Libya, implemented the project with support from UNICEF, international NGOs, and technical experts from UNICEF. Libya's political, geographic, and economic context has made it a hub for those escaping conflict and poverty. However, the country faces numerous challenges, including political instability, human rights violations, and inadequate support for migrants and refugees. The Baity Center, meaning "My Home" in Arabic, is a strategic approach to providing services to these vulnerable children under one roof. This approach was implemented for the first time in East Libya. The Future Makers team completed the first year of the project, delivering services to more than 700 children who needed any of these services. They extended their mental health and psychosocial support (MHPSS) services to families in cases of gender-based violence and mental health issues for parents, particularly mothers, and young siblings. The paper discusses the challenges faced by young migrant children and the restrictive policies in Libya that hinder their access to basic rights and effectiveness of Baity Center to address this. The acceptance of the Baity Center and the high demand for its services were reflected by high levels of utilization and requests for its continuity met by extended donor support.

Keywords: *Access To Social Services, Civil Society Organization, Child's Rights, Physical and Mental Health, Social Health, Vulnerable Children.*

Introduction

For decades, Libya has served as an attractive launching point for migrants streaming into Europe [1]. As a transit hub, it remains one of the key actors in sub-Saharan migration to Europe, both for migrants seeking passage and for Europe's efforts to manage this migration [2]. Additionally, Libya has been a destination for individuals fleeing conflict, persecution, extreme poverty, and human rights violations. These factors have driven people to seek refuge within its borders [3]. During the COVID-19 epidemic, a significant proportion of unemployed migrants reported being unable to meet their basic needs. Compared to their employed counterparts, a larger number of unemployed migrants faced challenges related

Received: 28.03.2024 ***Accepted: 20.05.2024*** ***Published on: 28.06.2024***
****Corresponding Author: nrafique@unicef.org***

to food insecurity, financial issues, and lack of access to safe drinking water [4]. This trend persisted even during the pandemic, as neighbouring countries continued to experience illegal migration processes.

It is crucial to address the complex humanitarian situation in Libya and find sustainable solutions to support both migrants and the host country during these challenging times. Women and children constitute the most vulnerable groups among these migrants. They face significant challenges due to limited access to basic facilities, especially for those who are non-Arabic speakers and have uncertain legal status within the country. In response to these pressing needs, UNICEF initiated the Baity Center Project in 2021. This project involves a mixed-methods operational research approach, combining qualitative and quantitative components. Its primary goal was to test a strategy that delivers an integrated package of services for migrant and refugee children, mainstreaming them into public systems and supporting their reintegration as part of host communities in Benghazi. Notably, this collaboration includes working closely with a local civil society organization and Government counterparts. The integration process is intended to provide these children with a sense of normalcy as civil citizens, enabling them to attain their maximum potential in a healthy and positive environment. Access to all their rights is a fundamental aspect of this strategy. Implementation involved multiple partners and cross-sectoral service provision, with a specific focus on addressing the needs of children among both Libyan and migrant communities mainstreaming the migrant and refugees' children into public systems and supporting their reinvigoration/integration into host communities in Benghazi, for the first time in collaboration with a local civil society Organisation. The integration includes these children gaining normality as civil citizens and enabling them to grow to their maximum potential in a healthy enabling positive environment with access to all their rights.

This strategy includes multiple partners, and cross-sectoral service provision for the migrants' refugees and IDPs as the most vulnerable groups in Libya especially focusing on out-of-school children among both Libyan and migrant communities.

Libya faces major issues of legal and illegal migrants and refugees in the whole country, and about 34% come directly to the east, those entering from the South also end up in the main cities of the east including Benghazi and Ajdabiya. These migrant communities face numerous challenges in terms of settling down and having access to basic rights for their children including education, health and protection. The main issues hindering migrants' access to education services were related to admission policies, language for Arabic speakers, affordability for transportation and safety of access. To ensure that the rights of every child are met, especially the most vulnerable like migrants and refugees, this operational research was initiated to deliver a multi-sectoral services & resilience-building program for vulnerable children in the Gwarsha area of Benghazi through local civil society organisations. Including host communities, and internally displaced families from war-affected areas. Migrant and refugee children in Benghazi were served through Baity Center, which is a safe child-friendly space to fulfil their education, health and protection needs and hence enabled them to achieve their true potential as a successful approach.

Some researchers have been questioning the role of non-government organizations (NGOs)in navigating the humanitarian borderwork on migration management programs in transit sites. Drawing on the example of Libya it shows the scope and challenges for NGOs working in transit sites and aims to advance understanding of what it means to work within migration management structures. International and local NGOs and

CSOs are deeply involved in migration management programs often as implementing partners to UN agencies [5]. Most migrants come from neighbouring countries, driven by economic hardship or conflict. Some are in transit, attempting to reach European nations via Libya, a journey often marred by human trafficking. This trafficking exacerbates the complexities of migration, both within Libya and at its borders, where migrant women and children are often forced back into the sea. Tragically, many lose their lives in the Mediterranean waters or the Libyan deserts due to harsh conditions [6, 7, 8].

Libyan government policies towards migrants and refugees are stringent, maintaining their non-Libyan status even after years of residence. Access to public schools, healthcare, and psychosocial mental health support for these families is as challenging as securing shelter, food, and work rights in Libya [6].

The for health services for migrants is very evident. As per the WHO's August 2021 bulletin, the Periodic Monitoring Report (PMR) for July 2021 indicated that a total of 35,141 medical procedures were provided, including outpatient consultations, referrals, mental health and trauma consultations, deliveries, and physical rehabilitation. This underscores the pressing need for mental and physical health services in these communities [9].

The "Baity Center," which translates to "Home" in Arabic, was founded in a densely populated area of Benghazi, where migrants, refugees, and internally displaced persons (IDPs) live. This centre provides a comprehensive suite of cross-sectoral services, including health, non-formal education, and child protection services. These services encompass mental health and psychosocial support (MHPSS) for children and mothers. Family services for any abuse or GBV (gender-based violence) cases were delivered through an outreach team of *Future Makers*, who was involved in establishing and running the centers as local implementing partners.

The project is technically and financially supported by UNICEF, along with other funding sources.

Baity Centers serves as a beacon of hope for these children, aiming to integrate them into the public health systems of the country. Future maker and government counterparts like Ministry of social Affairs, education (MOE) and Health (MOH) are expected to facilitate access to health, education, and protection from violence and abuse for these individuals, providing an environment for children that is conducive to their optimal growth and development.

Study Population and Social Environment

The study was designed to evaluate the acceptability, effectiveness, and administrative aspects of delivering an integrated services package to vulnerable children in Benghazi. These children included Libyans, migrants, and refugees mainly from neighbouring countries, as shown in Figure 1, including Sudan, Tunisia, Egyptian, Syrian, and non-Arab African countries like Chad, Ghana and Nigeria [6]. The services were delivered through a community-based centre called Baity Center, "My Home," in Arabic.

The specific goals of the study were: 1) To measure the impact of a multisectoral intervention strategy on service delivery to the most vulnerable children, including migrants, refugees, internally displaced people (IDPs), and out-of-school children (OOS) children. 2)To understand how this strategy could contribute to the realization of child rights. 3) To assess how a multisectoral intervention, with a special emphasis on physical, mental, and social health, protection, and education, could help integrate migrant and refugee children into public systems in East Libya.

The study aimed to reach 550 children over a year, with an estimated quarterly reach of 100 to 150 children. However, the actual number of

children reached was over 700 due to higher demand, acceptability, and access to services without any financial barrier.

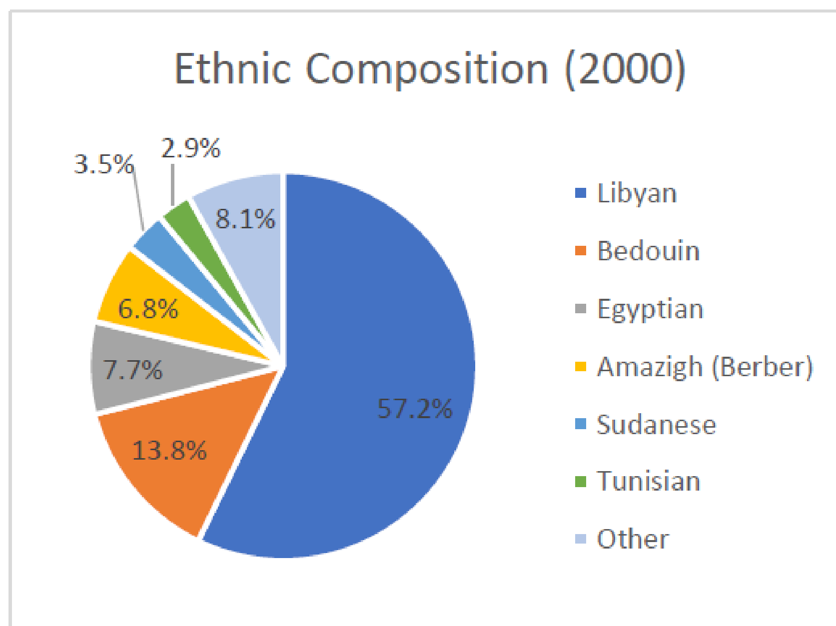

Figure 1: Ethnic Composition of Migrants in Libya https://www.britannica.com/place/Libya

Information Gathering and Description of Activities

This project was an interventional study designed as operational research to test a multi-sectoral, integrated intervention for delivering essential services to vulnerable children in Benghazi, East Libya. The research methodology combined both qualitative and quantitative approaches, utilizing tools such as household surveys, focus group discussions, and in-depth interviews.

The Baity center, based on similar examples from other countries, served as the theoretical framework for the delivery of cross cross-sector integrated package of services for vulnerable children in east Libya. After its successful establishment in Benghazi, the project was systematically scaled up, implementing a standard package in collaboration with the Ministry of Social Affairs in areas populated by deprived groups.

The intervention aimed to protect the basic rights of the most vulnerable Libyan and non-Libyan children and integrate them into public systems and society as productive future citizens. The integrated package of multi-sectoral services, including education, health, and protection services, was delivered to approximately 700 children, both Libyan and non-Libyan, aged 5 to 17 years, enrolled in the Baity Centre.

Initially, the estimated number of enrollments was 100 to 150 per session, with a total of three sessions expected in one year - each batch for three months, totalling approximately 500 to 550 children in one year. However, due to high community demand, more than 700 children were enrolled and benefited from the cross-sectoral intervention package.

The primary research combined qualitative and quantitative research, with qualitative attributes expected to change over time with program implementation more than the quantitative elements.

The variables related to health, mental and psychosocial support, case management for protection, education and parent's awareness sessions, were assessed through specific indicators that were used to assess the

acceptability of interventions, trends in service uptake, effectiveness of interventions in terms of addressing community needs and evidence generation for scaling up to most vulnerable and resource mobilization. Qualitative information was collected throughout the course to understand the vulnerabilities, fears among vulnerable groups for accessing services, community perceptions about the program and benefits of services. A gender-based outcome comparison within the enrolled group was conducted for all indicators as part of the analysis.

In order to evaluate the effectiveness of this interventional package, a comparison group of children, their parents and community members who were unable to access any institution or the Baity center, were included in the Focus Group Discussions (FGDs). These children were from the same communities or from similar contexts in other parts of the city. The aim was to see the added value of Baity center through those who could not access services through Baity center, in terms of their constrained access to health, protection and education services.

Results

Services Utilization at Baity Centre and Community Level Through Outreach Team

According to the base line survey, Baity center covered an area populated with approximately 15,000 people, including migrants, refugees and poor Libyan families. The fixed population constitutes around 12000 population whereas scattered migrant communities, covered by Baity center are app 3000.

Baseline survey of a random sample of 50 households' clusters (3-4 household per cluster area) was conducted by the team from civil society organisation (CSO) *Future Makers*, who was engaged as an implementing partner for the Baity center. This random survey was to assess the available facilities in the area, introducing Baity center to the communities and understand their perception and expectations of Baity center.

In each household, team enquired about the existing services, and explained the range of cross sectoral services that would be available at the Baity center for the children, sibling and families that helped in sensitizing the communities as well about Baity center program. Following was the key finding from this base line:

Availability of Services in the Area, Prior to Initiating Baity Centre

Physical, Mental and Social Health Services

The survey indicated a lack of basic social services in the area. There was only one health facility, which operated from 10 am to 1 pm. non-Libyan's access to these services was often compromised due to their illegal status, linked with unavailability of registration documents or incomplete residential certification. Illegal status being a highly sensitive issue caused a fear of getting caught by police, among these migrants and refugees. Occasionally, attention of health providers was also compromised due to their residential status and language barrier.

Emergency treatment was not feasible due to the limited operating hours and the unavailability of most medicines. There was no referral system in place for specialized care. A significant majority of respondents (76%) expressed dissatisfaction with the quality of services, waiting times, and the attitude of the healthcare provider.

Approximately half of the households complained about improper referrals for emergency treatment, which were made without any documentation or referral slip, leading to delays in seeking emergency treatment. The facility provided treatment for minor illnesses like colds, flu, and seasonal fever, but lacked specialized services for newborns and infants.

Protection Services: Mental Health and Psychosocial Support, GBV and VAC

The concept of mental health and psychosocial support for children, youth, and adults was not recognized. Despite most households experiencing conflict and trauma during migration or displacement, the need to address these issues was not evident. Mental stresses were reported in almost every household. The survey team introduced the issue of gender-based violence (GBV) and violence against children (VAC), but it was not acknowledged in the baseline survey. There was no access to any child development center operated by the Ministry of Social Affairs for psychosocial support services.

However, a significant change occurred during the project. With repeated visits and awareness sessions by the project team at the Baity centre and community level, acceptance of GBV and VAC significantly increased. This led to the achievement of targets for the identification and treatment of such cases.

Education: At the start of the project, approximately 80% of children from migrant households and 30% from Libyan households were not attending school. Despite the presence of two schools in the area, migrants and refugees, particularly those who did not speak Arabic, were not permitted to enrol due to the Ministry of Education's policy. This situation highlights the educational barriers faced by non-native speakers and migrant populations in the region.

Key Needs Identified by the Community Included

Initially, healthcare services for minor illnesses and a referral system to hospitals were particularly needed among migrant households. There was also a need for educational support for children who were out of school or at risk of dropping out due to a lack of family support.

After the first quarter, the outreach team began receiving requests for mental health support and parental counseling to prevent child abuse and domestic violence. This was made possible through frequent household visits and awareness sessions conducted by the outreach team.

Based on the needs identified, the outreach team organized focus group discussions to address sensitive issues such as violence and abuse with women at the community level. Individual discussions were also held in cases where signs of violence were identified or reported by neighbors. This proactive approach helped in addressing critical issues and providing necessary support.

Qualitative Data Analysis and Findings

Data was collected through periodic Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with parents, teachers, communities, and children. This was carried out by the research team, the NGO's outreach team, and the Baity center's data management team. The qualitative information gathered highlighted the needs of the communities, particularly migrant groups and vulnerable children. Figure 2 reflects the total number of children enrolled in the Baity center and their nationalities. Families of these children and communities were involved in focus group discussions, surveys and in-depth interviews. Besides enrolled children's families, community leaders and some families of non-enrolled children in the same communities also participated in qualitative information gathering.

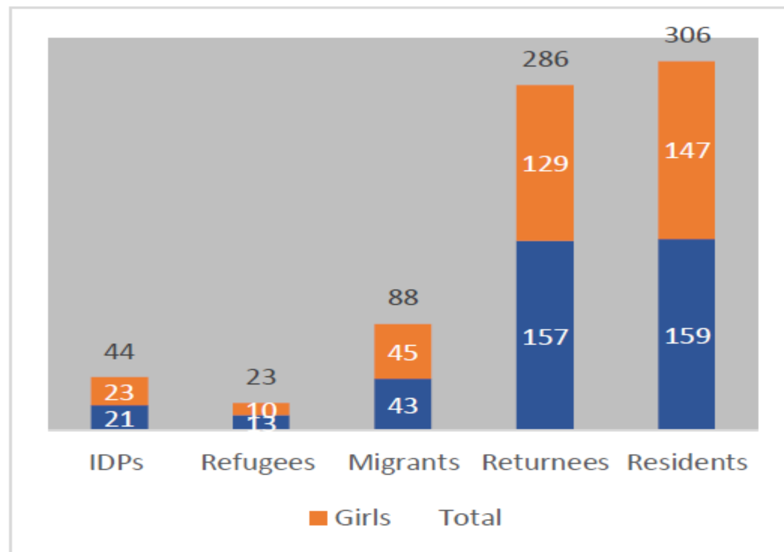

Figure 2. Children Enrolled in Baity Center

FGDs were held with parents, teachers, and communities of non-Libyan, especially non-Arabic speaking individuals who mostly face unique challenges in accessing education and protection services in Libya. In-depth interviews were conducted with community leaders from Nigerian migrants and Libyan family heads with children attending remedial classes at the Baity centre.

Regular outreach teams from the NGO conducted short surveys, along with the provision of Child Protection (CP) services and identifying children who are potential candidates for enrollment in the Baity centre, such as out-of-school children. The team also identified signs of Gender-Based Violence (GBV), Violence Against Children (VAC), and other protection needs (such as war trauma, domestic trauma, poverty, and hunger) through direct observation.

This comprehensive approach allowed for a thorough understanding of the community's needs and the challenges they faced.

The qualitative data analysis was conducted at the level of themes. To finalize these themes, the researcher and team selected repeated phrases to begin the content analysis. Narratives from both the focus groups and Key Informant Interviews (KIIs) were used to support these themes.

No precoding was performed, allowing for flexibility in adding categories throughout the ongoing content analysis. This analysis was conducted by the researcher periodically with the outreach team, who collected data at both the household and group levels. This approach allowed for a comprehensive and adaptable analysis of the qualitative data.

Key Themes Evolved From the Qualitative Information Were

1. Enormous needs existed related to protection services, health and education among vulnerable families.
2. Key barriers in accessing the schools were faced by migrants and refugees who didn't have legal status or complete documents, and acceptance in public schools was hampered by National policy. Some constraints in terms of the illegal status of the families and transport issues were also interfering with the access of migrant children to Baity centers. Especially from scattered migrant communities settled in far-flung areas were afraid of being caught by police leading to detention or deportation.
3. Financial barriers for daily transportation to Baity center were significant as there is no public transport system in the city and

country, and most of the people use their own cars, even taxies are rare.

4. Parents of children who were enrolled and benefitted from the cross sectoral services package in Baity center, were highly appreciative of the initiative and requested for the continuity in each conversation.
5. More than 98% of the families, whose children attended remedial classes in Baity center, shared that it had helped their children to get promoted in the next class as they were passing school tests and showed performance improvement. Children who lacked tutoring support at home previously, showed dramatic improvement and could sustained their school enrolment.
6. Migrant communities living long distant from the Baity center could not access the services in routine, came up with suggestion of satellite centers near their communities /geographical locations where outreach team could visit regularly and provide enhanced services to their children and families. This reflected clearly that community engagement could play a key role that led to an adaptation in the model to establish satellite centers. Later during the flood crisis in East Libya in September 2023, this adaptation was also practiced during the flood emergency response for the displaced children from Derna and was successful in reaching more than 16000 children in need of post trauma support and MHPSS. It was considered as a success of the model.
7. Outreach services were critical for identifying the cases and issues in communities like GBV and VAC through direct observation at the household level, as females didn't share such issues openly due to reputational fear.
8. Disability / children with special needs and their inclusion in this center was a huge demand and issue because it needed special arrangements. Given the capacity of the teachers to deal with such children, it was not possible during the first year. However, capacity building of teachers and NGO teams in the long run is potential hope, especially when model gets absorbed in Ministry of Social Affairs program. During first year, few children with mild Autism and down syndrome were enrolled but they didn't need special assistance in movement or daily life needs. Keeping in mind the humanitarian Principals and core commitment for the children, "Do No Harm" was kept at the heart of all interventions in this OR. Not to compromise on this principal, it was considered essential and ethical to exclude such children who needed specialised assistance and support for their daily life needs.

During November -December 2022, and March 2023, an additional round of focus group discussions was held with Parents, teachers and children in center and communities to assess the role of Baity center and services. In March FGDs mainly targeted the families of children not attending Baity center from the same communities and matching social status to look at the added value of the Baity center in children's life. Approximately 32 parents, 14 adolescent and 26 guardians/grandparents were interviewed through FGDs and about 22 as key informants from the families of the children in two rounds. Respondents shared their views about reasons and constraints that did not allow the children to attend Baity center. Key findings included:

The findings from the two groups highlighted the following:

Child Labor, Violence, Racism and Abuse

Children from migrant and poor families, if not engaged in Baity center were more likely to get involved in child labour. On the other hand, child labour and economic gain was one of the main reasons why parents did not spare the child for baity center. Over 50% were working

at car repair workshops with their fathers or on daily wadges with parents. Almost 700 Children attended Baity center in 2022, no one was involved in child labour after their enrolment in Baity center, where as app 80% of the remaining/ non attending children in the same community faced child labour and violence episodes. The exact number of episodes could not be estimated due to hesitation to share information. However, most of the mothers and children reported child violence by fathers, especially stepfather or mother/ both parents and three families reported violence in schools for those children attending public schools. These were mostly Arabic speaker migrants. and abuse at workplaces was also reported by the majority of working children and their families.

Access and Transportation: The lack of a public transport system and the difficulty for migrants and lower socioeconomic groups to afford personal transport were significant barriers.

Incomplete Documentation: Most migrant families lack complete documentation, which leads to fear of detention or deportation. This fear also restricted the transportation of children to and from the Baity center.

Family Decision: Some families acknowledged no specific reason for not enrolling their children in the Baity center. However, after discussions, almost 90% of the parents agreed to send their children to the Baity center, especially if transportation could be provided.

The critical barriers to accessing the Baity center and using cross-sector services were financial constraints, legal status issues, reliance on children as a source of income, and a lack of awareness about the services and the rights of the children.

Implications of not Sending the Children to Baity Centre

Key themes for Social Services Access and Use For Children who were not Enrolled in Baity Centre

Health: Almost all children needed medical support at least once, with 80% treated in public facilities. However, immediate services were often unavailable, and parents faced difficulties due to logistics and costs. Unlike children at the Baity center, who were screened and referred for various health issues, children not attending the centre lacked these facilities.

Protection Services: Parents were largely unaware of the mental health and psychosocial support services needed by children exposed to conflicts and violence. Unlike children at the Baity center, no assessments or referrals for violence cases were done for children outside the center.

Education: A group of 10 children, with the help of the Baity center team, were able to enrol in public schools. This case study demonstrated the feasibility of a cross-sectoral integrated service delivery strategy for vulnerable children in East Libya, Benghazi. Key challenges for migrant children to get admission in regular public schools include lack of legal documents or incomplete proof of legal status and financial barriers related to transportation, clothes, food, and related expenditures.

Quantitative Data Collection, Analysis, and Findings

Quantitative data was collected through the monthly and quarterly reports of the Future makers as implementing partners. Enrolment of a total of 747 children completed in 3 quarters. Out of these 747 children, 53% were boys.

Each quarterly report provided a final batch report and then compiled as a final quarterly report. As the first quarter of the project year was used to establish the Baity centre and train teachers, the rest of the 3 quarters were enrolment sessions and services were delivered to all 747 children. The life skills program was

integrated in the middle of 2nd quarter, given the demand from communities especially Youth, both Libyan and non-Libyans.

All 747 children who were enrolled and benefitted from the services package, as an overachieved target of 550, the following three indicators (output level) were monitored as a percentage (%) of the annual target, through the Baity center data team:

1. Vulnerable children in affected communities will have access to integrated care to address the physical, mental, and social health needs of vulnerable children.
2. Vulnerable children and adults in affected communities have access to an integrated package of quality prevention and responsive child protection services.
3. Vulnerable children in affected communities will have access to quality education, and teaching staff will be provided with qualitative training.

The results from Tables 1-3 show significant progress in the achievement of indicators for children enrolled till December 2022. Key indicators for health, protection, and education were nearly 100% achieved or even surpassed. Teacher training exceeded expectations, with all teachers receiving multiple trainings on various subjects to build the capacity of national NGOs as sustainable resources.

For health interventions, almost all targets were met, as shown in Table 1 for all five indicators, the most important being the medical screening and referral. A total of 677 children were screened as shown in Figure 3, with disaggregation by their gender and residential status. However, in terms of percentage it needs to be clarified that targets were only estimates for the first Baity centre in east Libya. The team discussed all the indicators with researchers and found that pragmatically cases were handled accurately as per need, especially for the treatment provided with and without inpatient referral. For overall screening of all enrolled children the target for the first year was approximately 550 and reaching 677 was an overachievement based on community need and demand. However, given the high demand, the target number was increased to 700, especially when new donor funding was received based on the visit to Baity centre and finally centre ended up enrolling 747 children, based on community need and resource mobilisation by UNICEF. The Medical screening of 677 children had been completed and the rest was under process and was completed within 2 months after the completion of research, achieving 100 % of screening for the admitted children.

Table 1. Health Program Indicators and Achievements

Index #	Activity indicator	Target #	Achieved	
			#	%
Health Output	**Vulnerable children in affected communities will have access to integrated care to address physical health needs. (85)**			
1.	# of medical check-ups implemented throughout the cycles.	700	677	97%
2.	# of cases who have been provided with primary health care services without referral.	50	46	92%
3.	# of beneficiaries who received in-patient medical treatment from referral	25	18	72%
4.	Medical databases created for children at Baity Centre	1	1	100%

5.	# Of health awareness sessions conducted for beneficiaries.	140	143	102%

Table 2. Child Protection Program Indicators and Achievements

Index #	Activity indicator	Target #	Achieved	
			#	%
Protection Output	**Vulnerable children and adults in affected communities have access to an integrated package of quality prevention and response child protection services (63 %).**			
1.	# Number of Child Protection and Psychosocial Support staff trained on the CP approach (M/F)	39	189	484%
2.	# Number of vulnerable families reached through outreach activities in the community (awareness-raising activities)	235	234	99.55%
3.	# Number of people (including community leader; 50% female; 50% male; 50% children) reached through awareness community-based activities.	500	485	97%
4.	# Number of children (boys and girls) receiving case management services (CP specialized services)	39	41	108%
5.	# Number of parents/caregivers (50% female, 50% male) attending awareness/training sessions in the Baity Centre	175	189	108%
6.	# Number of parents and students (M/F) attending Covid-19 awareness sessions.	850	854	100.4%
7.	# Number of children (boys and girls) accessing psychosocial Support Services (M/F)	750	797	106%
8.	# Number of cases (boys and girls) referred to specialized services	38	38	100%
9.	# Number of cases successfully closed after case management process	10	8	80%
10.	# Number of People with access to safe channels to report sexual exploitation and abuse	850	802	94.3%

Table 3. Education Program Indicators and Achievements

Index #	Activity indicator	Target #	Achieved	
			#	%
Education output	**Vulnerable children in affected communities will have access to quality education, and teaching staff provided with qualitative training**			
1	# of teaching and auxiliary staff (M/F) trained in pedagogy, classroom management and specific subjects teaching	15	75	500
2	# of children (boys and girls) enrolled in non-formal education classes (Arabic, English, mathematics)	700	746	107%
3	# of children (boys and girls) provided with supplies (Schools in box)	700	746	107 %

4	# of children (boys and girls) accessing Life Skills and Citizenship Education	700	746	107 %
5	# Of Out of School Children (boys and girls) enrolled in public schools (formal education)	10	10	100 %

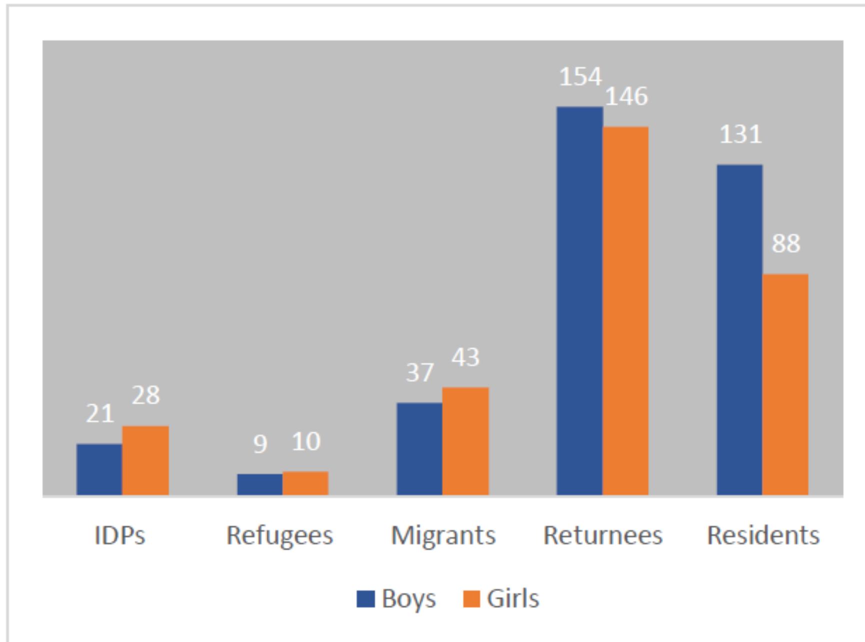

Figure 3. Medical Checkups for Children Throughout the Cycle

Summary tables (Table 1,2,3) of the results show that the overall expected target had been met by the project. However, trends have been different for different groups of indicators. In addition to the screening of 677 children, the Baity Center medical staff conducted medical check-ups of children as needed throughout the year. Distribution of beneficiaries who received treatment with or without referral to health facilities, among migrants, refugees, IDP, and poor families from local host communities is given in Figures 2, 3, and 4:

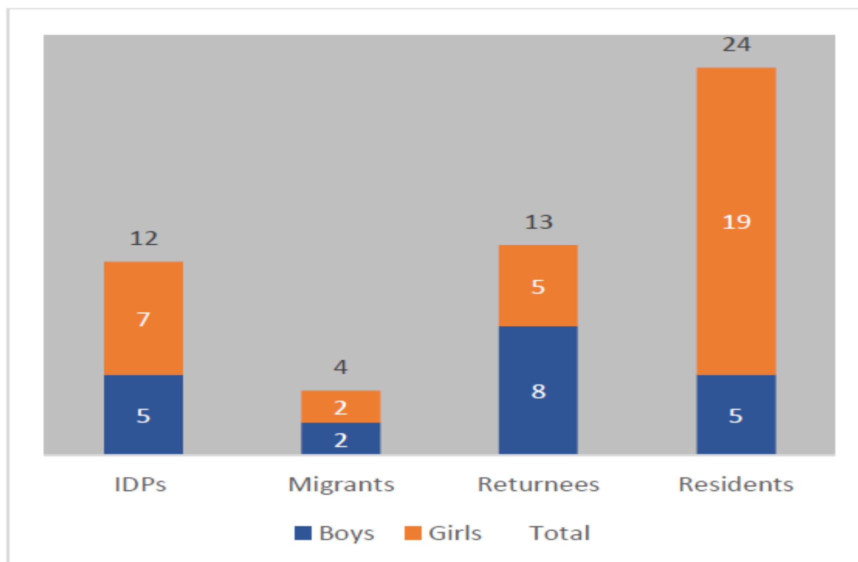

Figure 4. Primary Health Care Services Without Referral (53 Children)

A total of 53 children who faced any acute illness, fall or injury, and complained at the Baity center were provided immediate treatment by the Baity medical staff without referral to a Health facility, however, 18 children including 6 girls were referred to nearby PHC or hospital, as disaggregated in figure 5, according to the need.

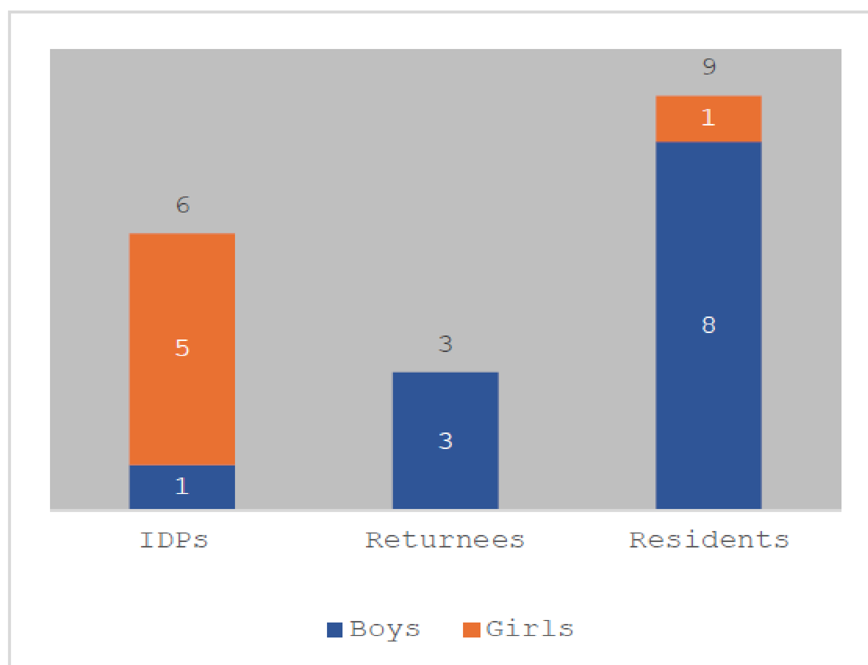

Figure 5. Children who Received Medical Treatment Form Referrals (18 Cases)

Table 2 below summarizes the results for **child protection,** reflecting the successful achievement of the protection indicators according to the set targets.

In the early stages of the project, the communities were not fully aware of the issues and were hesitant to access the services at the Baity center due to a lack of trust in the team and facilities. However, as a few children began to attend the Baity center and their families started to spread the word in the communities, there was an increase in demand for psychosocial support and case management for post-traumatic children and family members.

An outreach team was established one month after the project's initiation, which significantly increased enrollment and service utilization. Despite these efforts, the number of migrants, refugees, non-Arab, and out-of-school children (OOS) remained low as well as the overall target for enrollment. It took considerable time and effort to reach the initial target of approximately 550 children. However, as the quality of services improved and trust with the communities was established, the target exceeded significantly.

Figure 6 shows that a total of 234 households (HHs) were visited by the outreach team, where in some HHs it was identified that some siblings and mothers also required psychosocial support. This highlights the broader impact of the project and the diverse needs within the community. This was followed by the 485 awareness sessions, shown in Figure 7 by residential status and gender, at the community level to make information accessible to needy communities. The project's success in reaching and exceeding its targets demonstrates the effectiveness of its integrated, multi-sectoral approach in a challenging context where internally displaced people, displaced returnees and poor Libyan host families also benefitted extensively. It also underscores the importance of building trust within communities to ensure the successful delivery of such services.

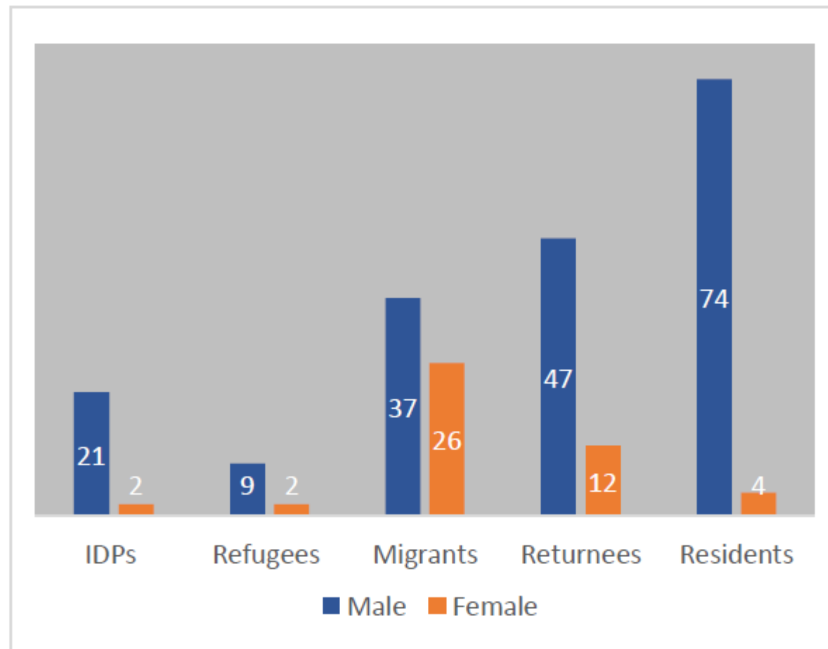

Figure 6. Families Reached Through Outreach Activities In The Community (Household Visits 234)

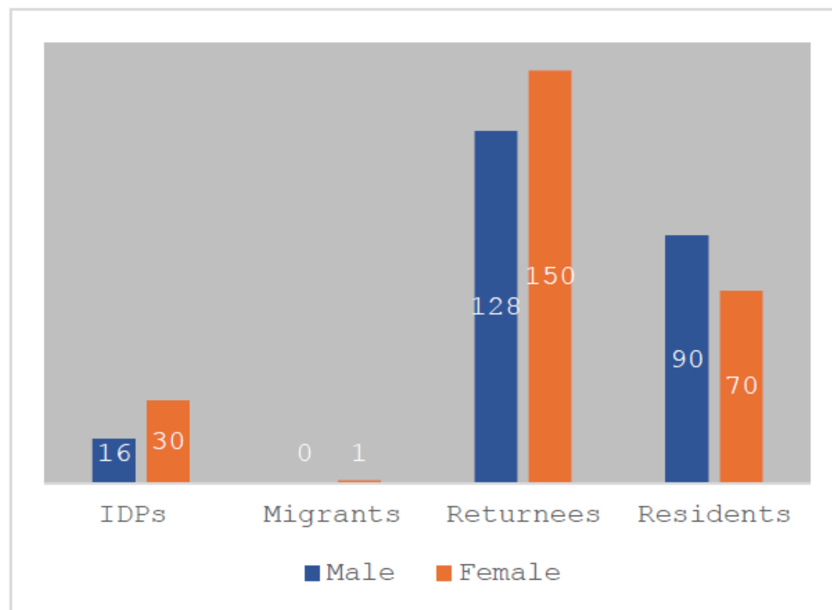

Figure 7. People Reached Through Awareness Raising Community-Based Activities(Group Awareness Activities)

Child Protection and Psychosocial Support Staff Trained on Cp Approach

The project team, consisting of 13 males and 26 females, underwent extensive training both internally and from external resources including sister UN organizations and INGOs. The training covered a wide range of topics including Child Stress Management (CMS), Positive Parenting (PP), Mental Health and Psychosocial Support (MHPSS), Protection from Sexual Exploitation and Abuse (PSEA), Gender-Based Violence (GBV), Child Protection, Psychosocial Support Training of Trainers (PSS TOT), and how to be a trainer.

These trained individuals, comprising teachers and outreach team members, reached out to vulnerable families in the community through various activities aimed at raising awareness. The outreach team visited over 200

families during three functional quarters, identifying their needs and providing necessary support. In some instances, cases were referred to external agencies for further assistance. Specifically, 12 cases were referred to the appropriate organizations or institutes where needed services could be arranged. A total of 797 children, age 8 to 18 years, were provided psychosocial support sessions during the first year of project life, disaggregated by gender and residential status in Figure 8.

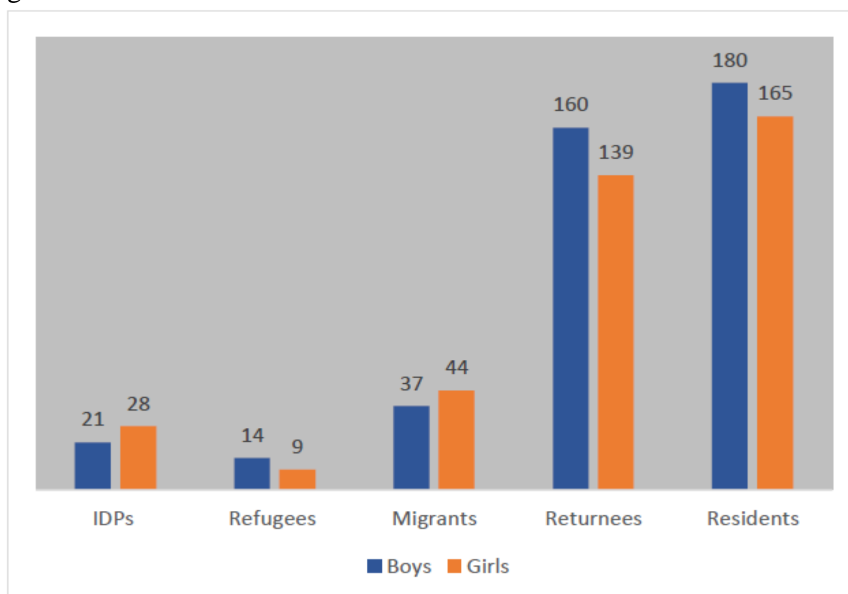

Figure 8. Psychosocial Support Sessions Provided Through Baity Center (Children and Families -797)

This comprehensive approach ensured that the project not only addressed immediate health, protection and educational needs but also provided broader psychosocial support, contributing to the overall well-being of the children and their families. The project's success in reaching and exceeding its targets demonstrates the effectiveness of its integrated, multi-sectoral approach in a challenging context. It also underscored the importance of building trust within communities to ensure the successful delivery and acceptance of such services. It's a commendable initiative towards creating a more inclusive and equitable society. However, it's important to note that the success of such initiatives often depends on the continuous support and collaboration of various stakeholders, including local communities, government agencies, and international organizations.

The PSS team worked with 747 children who were enrolled in the Baity Center in groups, focusing on mental health and describing problems through drawing and playing. In addition, 50 children from two schools near migrant communities, who were not enrolled in the Baity center received psychological support services. The total number of children who received PSS programs is 797 children. A total of 38 cases were referred based on their specific needs to specialized care facilities for case management and mental health care. As part of the Child Protection component, the Baity Center conducted awareness sessions, positive parenting skills sessions, and Psychosocial Support Sessions for parents and caregivers.

Sessions on gender-based violence were also held at the Baity Center, attended by 189 parents with female's majority up to 58% of the attendees. The age range of these parents was between 26 and 59 years.

Table 3 shows the achievement of education indicators set to assess the acceptability and utilization of the Baity center by communities. The education system was divided into remedial and catch-up classes, remedial was for those who suffer from certain circumstances at school, and those depict many children in Baity

center. The catch-up classes were made for those who have dropped out of school, and these are considered a high priority in the Baity center. The children also received supplies (school-in-box) that contain the basic stationery to start their education journey in the Baity center. In addition, the children got basic computer skills in the Baity Center library.

At the same time, the children had Life-skills classes, two classes per week for each child they received at least 8 of 12 titles of the LSCE program put by UNICEF and this had the impact of integrating different communities and backgrounds of students together to a great extent in addition to being an asset in lifting the level of education background in other subjects.

Trends in Indicators Achievements & Promotional Strategies

Physical Health: Screening and referrals, Awareness raising, Health and Hygiene counselling.

Table 4. Quarterly Progress in Health Program Indicators

Vulnerable children in affected communities will have access to integrated care to address physical health needs. (85)											
	Q1 (# achieved)	Q1 (% of total target)	Q2 (# achieved)	Q2 (% of total target)	Q3 (# achieved)	Q3 (% of total target)	Q4 (# achieved)	Q4 (% of total target)	Yearly (# achieved)	Yearly (% of total target)	Targets (#)
# of medical check-ups implemented throughout the cycles (700)	0	0%	290	41%	302	43%	85	12%	677	97%	700
# of cases provided primary health care without referral (50)	0	0%	9	18%	21	42%	16	32%	46	92%	50
# of beneficiaries who referred to a primary health center	0	0%	17	68%	0	0%	1	4%	18	72%	25
# of beneficiaries that attended health awareness sessions	0	0%	48	34%	55	39%	40	29%	143	102%	140%

As seen in Tables 4 and 5, the progress in the utilization of health services was observed after promoting awareness about health and MHPSS services and the availability of these services at Baity Center. Initially, families and parents were not willing to accept that their children or

spouses could have any mental health or psychological issues. Even physical examination and screening were not an easy task. There was reluctance from some parents, who were counselled in Groups and individually. Later, there was a big demand from families for health screening, and referrals to the health facilities as they witnessed the benefits.

Table 5. Progress in Child Protection Activities

Vulnerable children and adults in affected communities will have access to integrated package of quality prevention and responsive child protection services (63%)											
INDICATORS	Q1 (# achieved)	Q1 (% of total target)	Q2 (# achieved)	Q2 (% of total target)	Q3 (# achieved)	Q3 (% of total target)	Q4 (# achieved)	Q4 (% of total target)	Yearly (# achieved)	Yearly (% of total target)	Targets (#)
1.# of children accessing Psychosocial support services	133	18%	328	44%	215	29%	121	16%	797	106%	750
2. # of cases referred to specialised care/ case management	0	0%	9	24%	9	24%	20	53%	38	100%	38
3 # of people with access to safe channels to report sexual exploitation and abuse	0	0%	100	12%	327	38%	375	44%	802	94%	850

Multi-Sectoral Approach to Children's Wellbeing and Healthy Life

Vulnerable children needed comprehensive support in a well-coordinated manner for physical, mental, psychological, emotional, and environmental health at the right time to save their lives, ensure their well-being and restore their developmental capacity. Given the traumatic journeys of migrants, refugees and IDPs from the conflict-affected areas, it was not easy to bring them to normalcy with only health or education services. Their mental health and psychosocial issues were usually grave and called for a comprehensive, well-coordinated and integrated set of services that was the core of the Baity centre approach. Mental and psycho-social health, along with life skills were given priority along with physical health and educational needs.

Challenges of Sensitive Information and Services

Two key protection indicators.

Number of cases successfully closed after the case management process that was done for referral cases who needed psychosocial support from an expert and

Number of People with access to safe channels to report sexual exploitation and abuse were 80% and 94% respectively.

The main reason for not achieving these indicators 100 % was the gradual rise of awareness about children's need for psychosocial support, access to the household by the outreach team who gradually gained the confidence of the community and acceptance of the sensitive issues by the communities after quite a few awareness sessions and mothers' counselling sessions for children's interactive and psychosocial needs. A significant lesson learnt!

Life Skills Program for Youth

The life skills program aimed to develop life skills among children, adolescents, and youth. The enrolled group included 6 to 17-year-old girls and boys.

This component delivered through Baity Center is believed to support the development of self, others, community, and the environment. Some of the youth from the surrounding community, who reached for this program through word of mouth, not enrolled in the center were exceptionally enrolled in the Youth skills development program. It was initiated after the second quarter and total of 52 youth participants, 23 females among this group, benefited from the life skills program.

Discussion and Conclusion

Migration is an extremely intense process, especially illegal migration. Especially in Libya, where the Government is unstable with political sensitivities and a fragile security situation, policies are getting stricter around migrants. Human trafficking makes this situation even worse. Sometimes interior ministry conducts campaigns against smugglers and in these widespread raids, makeshift shelters are demolished resulting in the arrest of thousands of migrants including women, children, and UNHCR-registered asylum seekers and refugees. At times, these individuals were detained without proper verification of their immigration or asylum status [8]. These migrants also lack legal Protections as Libya is not a signatory to the UN Convention on Refugees and refugees and asylum seekers are often regarded as illegal migrants [9]. They can be subject to arrest and detention, especially if intercepted at sea by the Libyan Coast Guard while attempting to cross the Mediterranean. Many languish in detention for months or even years. Children and their families have also often experienced widespread conflict and instability since 2011. As humanitarian information gaps for displaced and non-displaced populations in Libya remain, especially with the country's political, economic, and social landscapes constantly evolving, REACH, in coordination with the United Nations, conducted the 2021 Multi-Sector Needs Assessment (MSNA), which informed humanitarian actors of the current needs that exist among Libyans and non-Libyans, contributing to evidence-based humanitarian response planning, especially for refugees. [10,11,12]. Families and children involved in the migration process are affected by the events for a long time. The absence of legal status of the families poses immense challenges and deprives children of their basic rights. Families face precarious conditions and shelter constraints. In early October 2021, Amman news reported, that more than 2,000 African asylum seekers, refugees, and migrants camping in Libyan Capital urgently needed shelter, food, and medical treatment These individuals are also exposed to violence and lack basic assistance. The recent demolition of makeshift shelters by Libyan authorities has left thousands of people homeless, creating a humanitarian crisis. [12]. Suicide attempts, aggressive behaviour, sleep disorders and bedwetting –are just some of the symptoms displayed by many young asylum seekers and refugees in Libya who have faced violence and suffering at home as well as during their difficult and dangerous journeys [13].

The literature reflects that refugees are particularly vulnerable to violence and Intimidation having been displaced multiple

times. They often live in vulnerable shelter types and are exposed to threats, intimidation, harassment, physical assault, and violence [14]. Thus, the lack of access to basic rights for migrant and refugee communities in Libya is evident and observed among local communities and settled non-Libyans. These people face challenges in terms of settling down and securing access to basic rights such as education, health, and protection. Hindrances include admission policies, language barriers (especially for Arabic speakers), affordability of transportation, and safety concerns.

Those intercepted by the Libyan Coast Guard while attempting to cross the Mediterranean can end up in indefinite detention. The conditions in these detention centers are often dire.[15] In such situations, it is crucial that national institutes and organizations need to be strengthened. Civil society must be prepared to take up the responsibility for both vulnerable Libyans and non-Libyans through civil society organizations who can play a critical role in supporting these children and ensuring their access to basic rights and essential services. This was the main drive behind the Baity Center operations research that succeeded in building the capacity of one national CSO and benefitted more than 700 children along with setting up a Model for long-term adaptation by the Ministry of Social Affairs. Based on the results, UNICEF was lobbying with other UN agencies and technical staff from the Ministry of Social Affairs to advocate for the rights of these children and adaptation of pro-migrant policies in the country. However, given the instability and unpredictability in the country, policy adaptations are a long-term goal in Libya.

Empowering Children- Access to Rights and Normalcy

The integration process through baity centre aimed to provide these children with a sense of normalcy as civil citizens, enabling them to reach their maximum potential in a healthy and positive environment. Access to all their rights—education, health, and protection—is fundamental to this strategy. It involved multiple partners and cross-sectoral service provision, with a specific focus on addressing the needs of non-Libyans but also host communities who were lacking access to social services. To continue with the model and services package to be delivered to all such families in the east of Libya, the ministry of Social Affairs was actively engaged throughout the process. The process of integrating this service delivery approach into the ministry's agenda was ongoing and was brought to reality to some extent during the Derna flood crisis in September 2023 (16). This intervention package is expected to be scaled up to reach the last child. An effective combination of strategic multisectoral packages under one roof and equipped civil society can bring children out of dire situations to the enlightened dawn. The commitment of Future makers contributed to the life of these children by getting them mainstreamed in the public system and making their future, was pivotal in this whole process.

A Holistic Approach: Resilience Building and Community Support

To ensure that the rights of every child are met, especially the most vulnerable like migrants and refugees, this operational research was initiated, which is successfully delivering a multi-sectoral services package and resilience-building program for vulnerable children in Benghazi, through a local civil society organization. This program extends to host communities and internally displaced families from war-affected areas. Migrant and refugee children in Benghazi benefit from the Baity Center, a safe and child-friendly space that

fulfils their educational, health, and protection needs.

Addressing the complexities of this situation requires sustained efforts and collaborative solutions. By prioritizing the well-being and rights of all those affected, we can work toward a more inclusive and supportive environment for Libya's migrant and refugee children.

References

[1]. Baldwin-Edwards, M., & Lutterbeck, D. (2018). Coping with the Libyan Migration Crisis. *Journal of Ethnic and Migration Studies*, *45*(12), 2241–2257. https://doi.org/10.1080/1369183x.2018.1468391

[2]. Paoletti, E. (2011). Migration and Foreign Policy: The case of Libya. *Journal of North African Studies*, *16*(2), 215–231. https://doi.org/10.1080/13629387.2011.532588

[3]. Zwick, H. S. (2022). Onward Migration Aspirations and Destination Preferences of Refugees and Migrants in Libya: The Role of Persecution and Protection Incidents. *Journal of Ethnic and Migration Studies*, *48*(15), 3705–3724. https://doi.org/10.1080/1369183x.2022.2031923

[4]. International Organization for Migration. (2021, August 16). DTM Libya — Migrant Report 37 (May-June 2021). IOM, Libya. https://dtm.iom.int/reports/libya-%E2%80%94-migrant-report-37-may-june 2021#:~:text=DTM%20Libya%20identified%20a%20total%20of%20597%2C611%20migrants,round%20of%20data%20collection%20%28March%20and%20April%202021%29

[5]. Phillips, M. (2022). Advocates, Implementers or Allies? NGOs between Humanitarian Borderwork and Migration Management in Libya. *Journal of Intercultural Studies*, *44*(1), 110–124. https://doi.org/10.1080/07256868.2022.2159937

[6]. Fowler, G. L., Cordell, D. D., Buru, M. M., Barbour, N., & Brown, L. C. (2024, May 10). *Libya | History, People, Map, & Government*. Encyclopedia Britannica. https://www.britannica.com/place/Libya

[7]. REACH. (2021). Migrants and refugees in Libya: 2021 MSNA Bulletin Key Findings (November 2021). https://repository.impact-initiatives.org/document/reach/19ae4f9c/REACH_LBY_Bulletin_2105b_2022.pdf

[8]. REACH. (2022). Libyan Population Multi-Sector Needs Assessment 2021. https://repository.impact-initiatives.org/document/reach/d2fc02ac/REACH_LBY_report_LBY2105a_May2022.pdf

[9]. WHO Libya: Health Response to COVID-19 in Libya, update # 30 (Reporting period: 1-31 August 2021) - Libya. (2021, September 5). ReliefWeb. https://reliefweb.int/report/libya/who-libya-health-response-covid-19-libya-update-30-reporting-period-1-31-august-2021

[10]. Libya: Asylum seekers, refugees need crisis response. (2021, November 4). *Human Rights Watch*. https://www.hrw.org/news/2021/11/03/libya-asylum-seekers-refugees-need-crisis-response

[11]. Gluck, C., & Alalem, M. (2020, January 28). *The challenge of helping child refugees in Libya overcome trauma*. UNHCR. https://www.unhcr.org/news/stories/challenge-helping-child-refugees-libya-overcome-trauma

[12]. UNHCR - The UN Refugee Agency. (1967). *Convention and Protocol Relating to the Status of Refugees | UNHCR*. UNHCR. https://www.unhcr.org/media/convention-and-protocol-relating-status-refugees

[13]. Libya - Refugees and Asylum Seekers In Urban Areas. (2017). Global Focus. https://reporting.unhcr.org/libya-refugees-and-asylum-seekers-urban-areas-5

[14]. Libya and Malta: Failing Refugees, Asylum-Seekers and Migrants. (2020, December 14). *Amnesty International*. https://www.amnesty.org/en/wp-content/uploads/2023/08/pre014152010en.pdf.

[15]. Libya: Derna Flood Response Costs Lives. (2023, December 6). *Human Rights Watch*. https://www.hrw.org/news/2023/12/06/libya-derna-flood-response-costs-lives