

2019

# HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2019 —

NOV 2018

Photo: AU UN IST/Tobin Jones

LIBYA



TOTAL POPULATION OF LIBYA

6.6M + 0.67M

Libyans

Migrants/Refugees

PEOPLE IN NEED

823K

PEOPLE TARGETED

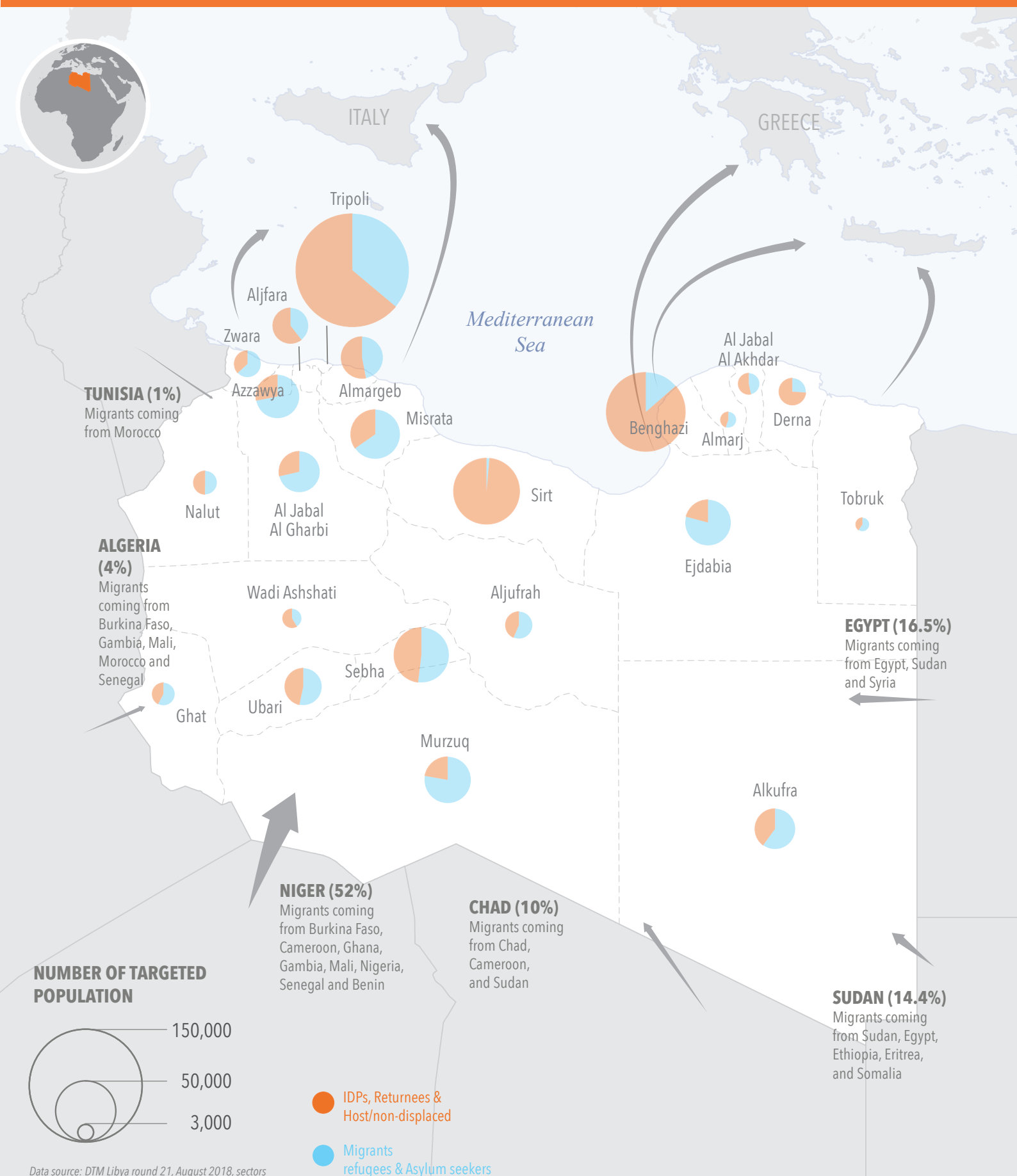
552K

FUNDING  
REQUIREMENTS

\$202M

APPEALING  
ORGANIZATIONS

23



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**FOREWORD BY**

# THE HUMANITARIAN COORDINATOR

Seven years of instability and insecurity have taken their toll on the wellbeing of many children, women and men in Libya. Each passing year people struggle to withstand the impacts of the crisis that has destabilized the country, put them in harm's way, driven up food prices, and ravaged the economy.

Libya is now producing well over one million barrels of oil a day. However, this has not yet translated into tangible benefits for people. Many Libyans get poorer every year. Basic health and education services decay, and frustrated citizens cannot understand why oil production and increased government revenue does not lead to improved living standards, security and well-being for all in Libya.

Vulnerable people and families are unable to afford food, water, and basic household items and are forced to resort to taking desperate measures and adopting degrading coping mechanisms just to get through these difficult times.

Refugees and migrants face grave human rights violations and abuses in the absence of rule of law, many of them young people from sub-Saharan Africa looking for opportunities to work and for a better life. They face high risks of arbitrary detention and exploitation, often simply because of the colour of their skin.

As Humanitarian Coordinator for Libya this is the second Humanitarian Response Plan I have launched. During that time partners have kept making important progress increasing humanitarian access, building strong relations and partnerships with national and local organisations, and opening up to civil society.

Moving forward into 2019 we have a better understanding of the humanitarian situation in Libya than ever before, which has enabled us to build a response plan based on strong evidence. We intend to support the most severely affected and vulnerable people, many of whom are in the South. We will continue to support Libyans struggling to access essential services and basic household items, we will work closely with development partners and together help displaced people get back to their homes and support them in rebuilding their lives, and we will continue to address the plight of refugees and migrants who need our protection and assistance.

Ultimately, the future of Libya is very much in the hands of the Libyans. Progress on the political, security and economic reform are essential in ensuring sustainable pathways to stability and peace, and many efforts are ongoing in this regard. But right now, while people are suffering, it is absolutely critical that the international community work together with national partners to make sure vulnerable people are supported and protected.

**Maria do Valle Ribeiro**  
Humanitarian Coordinator for Libya



## THE HUMANITARIAN RESPONSE PLAN

## AT A GLANCE

## STRATEGIC OBJECTIVE 1

Provide and improve safe and dignified access to essential goods and critical public services in synergy with sustainable development assistance.

## STRATEGIC OBJECTIVE 2

Enhance protection and promote adherence to International Humanitarian Law, International Human Rights Law, and International Refugee Law.

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



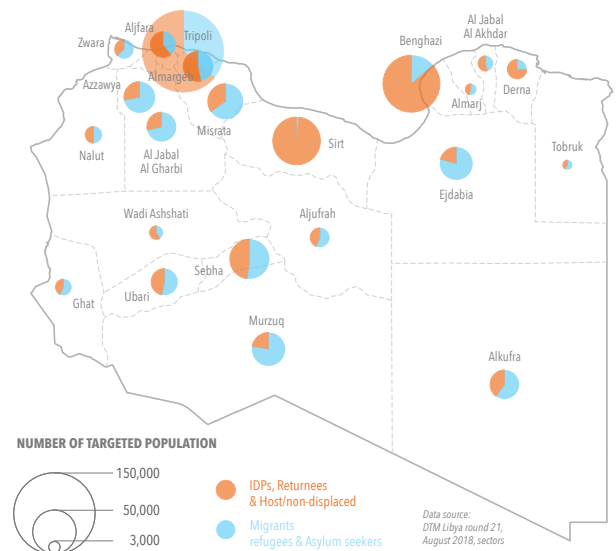
## POPULATION IN NEED AND TARGETED BY POPULATION GROUP

POPULATION GROUP	PEOPLE TARGETED	PEOPLE IN NEED
IDPS	73K	97K
RETURNEES	116K	165K
HOST & NON-DISPLACED	130K	148K
REFUGEES	56K	125K
MIGRANTS	179K	288K

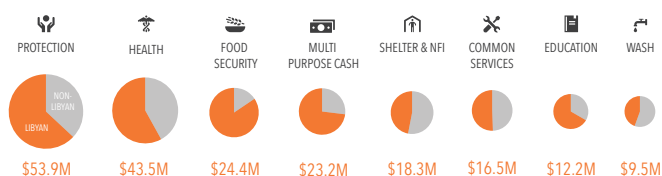
## POPULATION IN NEED AND TARGETED BY SECTOR

SECTOR	PEOPLE TARGETED	PEOPLE IN NEED
HEALTH	388K	554K
PROTECTION	234K	490K
FOOD SECURITY	197K	298K
SHELTER & NFI	195K	292K
WASH	150K	267K
EDUCATION	71K	93K
MULTI PURPOSE CASH	74K	

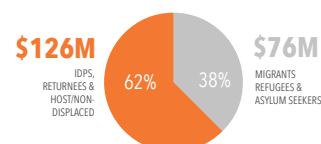
## POPULATION TARGETED BY LIBYAN AND NON-LIBYAN



## FUNDING REQUIREMENT BY SECTOR



## FUNDING REQUIREMENT BY LIBYAN AND NON-LIBYAN



## POPULATION TARGETED BY LIBYAN AND NON-LIBYAN

	FEMALE	MALE	TOTAL
IDPS, RETURNNEES & HOST/NON-DISPLACED	163K	156K	319K
MIGRANTS REFUGEES & ASYLUM SEEKERS	51K	182K	233K

## OVERVIEW OF

## THE CRISIS

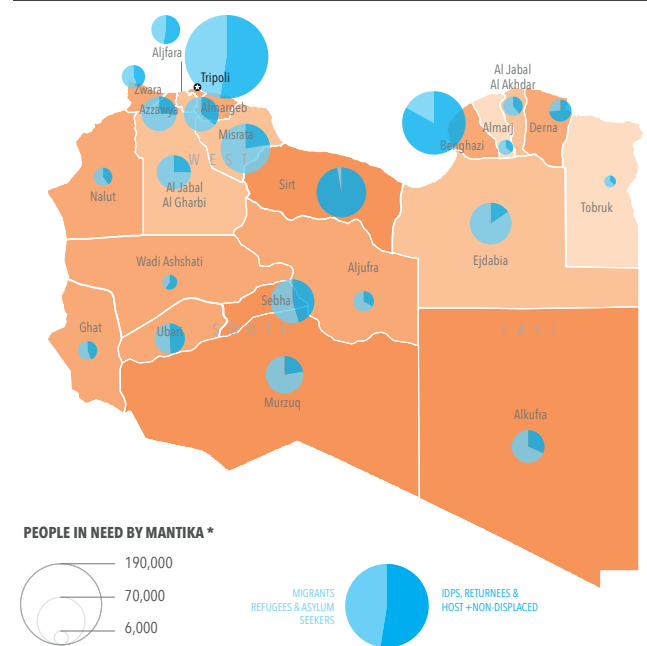
An estimated 823,000 people, including around 248,000 children, are in-need of humanitarian assistance in Libya as a result of persisting political instability, conflict and insecurity, the breakdown of the rule of law, a deteriorating public sector and a dysfunctional economy. People in-need of assistance include internally displaced persons, returnees, non-displaced conflict affected people and host communities, and refugees<sup>1</sup> and migrants.

As highlighted in the Humanitarian Needs Overview (HNO) for 2019, key humanitarian needs in Libya are linked to i) protection, ii) access to critical services such as healthcare and education, and safe drinking water and sanitation, and iii) access to basic household goods and commodities including food and essential non-food items. These humanitarian needs reflect life-threatening risks from exposure to violence, vulnerability, and the inability to cope with human rights violations and abuses, and the deprivation of essential services and commodities.

The protracted crisis in Libya continues to be of grave concern with both Libyans and non-Libyans paying a high price for seven years of instability and insecurity. Approximately half of the people in need of humanitarian assistance are Libyans. Refugees and migrants in or transiting through Libya make up the other half. The majority of people in need are found in urban areas in the western and eastern regions of the country. However, many of the most severe needs are in the southern mantikas<sup>2</sup> of Murzuq, Sebha and Al Kufra, although severe needs are also found in Sirt, on the north-coast.

While the impacts of the crisis on people in all affected groups

## SEVERITY AND SCALE OF NEEDS



<sup>1</sup> For the purpose of this document, the term “refugee” shall be used to include refugees as well as asylum-seekers.

<sup>2</sup> The term ‘mantika’ describes a major administrative and geographic area of Libya. There are twenty-two mantikas in Libya.



Oct 2011



Between 100,000 and 150,000 people are internally displaced by clashes. The National Transitional Council (NTC) declares the liberation of Libya



Jul 2012



Election and transfer of power from NTC to General National Congress (GNC)



Jun 2014



Second parliamentary elections held to elect the House of Representatives



Jul 2014



HOR leaves Tripoli and re-establishes itself in Tobruk; GNC re-establishes itself in Tripoli; UN pulls out; Operation Dawn launched ousting Zintan forces from the city

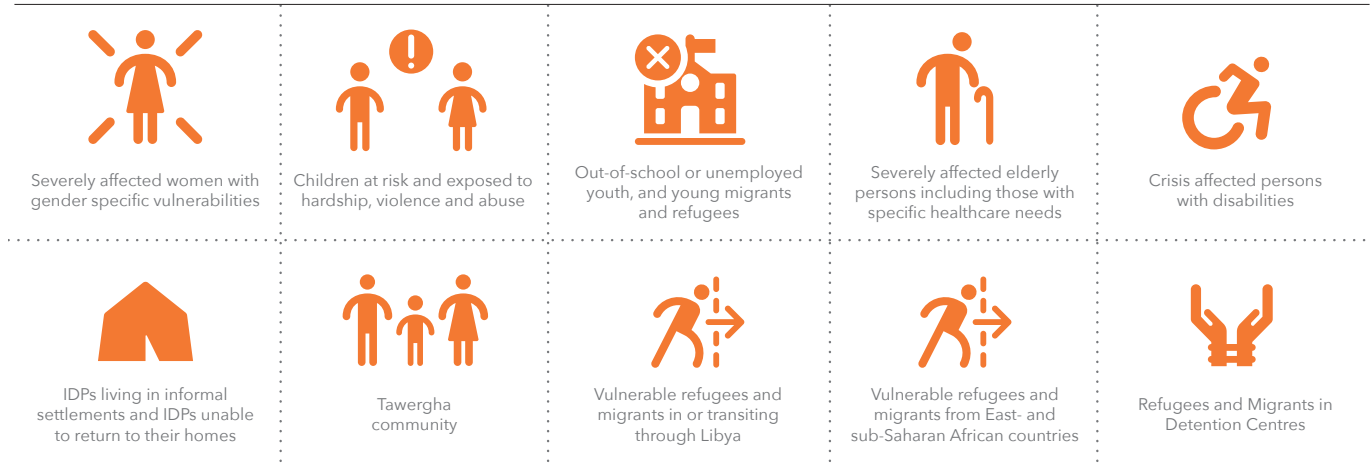


Dec 2015



UN facilitates the signing of the Libyan Political Agreement in Skhirat, Morocco

## VULNERABLE GROUPS



have been severe, needs vary according to the characteristics and contextual situation of different populations. Of note, refugees and migrants often face specific protection issues including grave human rights violations and abuses by state and non-state actors given their irregular status, lack of domestic support networks, impunity for crimes committed against foreign nationals, racism and xenophobia, and policies linked to the control of mixed migrations flows to Europe.

People identified as vulnerable are individuals or families who have specific circumstances that undermine or limit their resilience to withstand the impacts of the crisis. Vulnerabilities are mainly related to gender, age, disabilities, ill-health, nationality, and legal status. People who have been forced to adopt emergency level negative coping mechanisms due to socio-economic challenges are also considered vulnerable.

The most vulnerable groups suffering as a result of the situation in Libya are those who are exposed to insecurity and conflict, people who are socio-economically disadvantaged, and/or foreign nationals who face discrimination and prejudice. Amongst these groups, women, children, youth, people with disabilities, and older persons have been severely impacted by the crisis, in particular female-headed households, women and girls victims of Gender-Based Violence (GBV), children survivors of violence, migrant and refugee women living in detention centres, unaccompanied children, and children out of school. Other specific groups also include people with

disabilities and elderly persons without support networks and with no access to healthcare assistance, unemployed young men at risk of being recruited into armed groups, and young refugees and migrants from sub-Saharan African countries. Also identified as particularly vulnerable are Tawergha communities, refugees and migrants transiting through Libya, refugees and migrants in detention centres, and displaced people living in informal settlements and/or being prevented to return home due to security threats and risks. Persons of undetermined legal status (PULS) who consider themselves Libyan but are not officially recognized as citizens and cannot access documentation are also considered vulnerable, as a marginalized group without access to the rights and benefits that come with citizenship.

Sep 2016



LNA takes over control of the oil crescent, oil production increases

Dec 2016



Pro-GNA forces oust IS from Sirt

Jul 2017



Rivals Prime Minister al-Serraj and General Haftar agreed to a ceasefire and to hold elections in 2018.



LNA forces oust IS and Benghazi Mujahideen Shura Council from Benghazi

Jul 2018



LNA takes over control of Derna after heavy fighting

Aug 2018



Conflict between rival forces in Tripoli

## STRATEGIC

## OBJECTIVES



# 1

**Provide and improve safe and dignified access to essential goods and critical public services in synergy with sustainable development assistance.**

Seven years into the crisis, people across Libya have been increasingly impacted by the deterioration of public services. The dysfunctional public health system, challenges in the education sector, and non-functional water and sanitation services have resulted in a lack of access to primary and secondary healthcare, children struggling to access quality education, and limited access to water supply and poor waste management. Moreover, people most in need have not been able to afford basic food items, such as bread, due to low incomes, inflated prices, limited or exhausted savings, and challenges to access cash as a result of the liquidity crisis. Refugees and migrants are amongst the poorest and most discriminated against people in Libya. They are often denied access to essential services and face difficulties in buying basic household items.

The humanitarian community will assist the most severely affected people in need through the provision of food, water, sanitation, hygiene materials, non-food items and cash, and support both the delivery of and access to safe primary and secondary healthcare and education. Humanitarian aid will complement development and stabilization assistance that is rehabilitating basic services facilities, such as medical centres, schools, and water and sewerage systems, undertaken as part of the UN Strategic Framework. These interventions aim to address many of the underlying causes of humanitarian needs.



# 2

**Enhance protection and promote adherence to International Humanitarian Law, International Human Rights Law, and International Refugee Law.**

Protection needs are amongst the most commonly reported needs in Libya for all people affected by the crisis, whether Libyan or foreign nationals. Protection needs are primarily driven by exposure to conflict and violence, human rights violations and abuses, contamination from explosive hazards in urban centres, breakdown of the rule of law, and major challenges related to impediments to access critical services and essential goods and commodities. Refugees and migrants face similar protection challenges as Libyans, being directly exposed to conflict and increased criminality throughout the country. However, they also face additional protection issues as a result of racism, discrimination, lack of tribal and family support networks, impunity for perpetrators of criminal acts that target them, taking advantage of their vulnerabilities including their irregular status and poor socio-economic standing in Libya.

Humanitarian partners aim to prevent and mitigate protection risks and respond to protection needs, by working with communities and local authorities to create a protective environment in which International Humanitarian Law, International Human Rights Law, and International Refugee Law is promoted and adhered to, and critical protection assistance is made available to the most severely in-need and vulnerable people in Libya.

Humanitarian assistance will be delivered in a principled, inclusive, accountable, dignified and timely manner, and guided by solid evidence, based on a robust analysis of humanitarian needs and a human rights based approach. The humanitarian community is committed to continuing its efforts to ensure

a strong presence in Libya and deliver assistance working with local partners, building their capacity and together overcoming operational and access challenges. Achieving the above objectives is contingent upon the availability of sufficient resources and humanitarian access.



## RESPONSE

## STRATEGY

The response strategy in 2019 is focused on people with the most severe humanitarian needs across Libya, aiming to protect the vulnerable and help those struggling to meet their basic needs by enabling access to essential services, and household goods and commodities. Working to overcome challenges in a complex operating environment with humanitarian access constraints, humanitarian partners will support Libyans, refugees, and migrants through principled humanitarian assistance based on both the needs and rights of affected people.

### Planning scenario

The Humanitarian Response Plan (HRP) is based on a series of planning assumptions which the HCT believes reflect the most likely situation in Libya in 2019. As the HRP is a flexible framework that should support a relevant, adaptive and agile response, it will be revised should the situation differ from the planning assumptions in the coming 12 months.

#### *A protracted crisis resulting in a worsening humanitarian situation*

The HRP is based on the assumption that political instability, security and economic challenges will continue, leading to a worsening of the humanitarian situation, and an increasing scale and severity of humanitarian needs as more families and individuals become more vulnerable, less resilient to the impacts of the crisis, and no longer able to ensure their basic safety, security and welfare. Outbreaks and/or the spread of infectious diseases will continue to remain major public health threats. Outbreak of acute watery diarrhea and the spread of Tuberculosis along with other respiratory infections are considered highly likely, particularly in overcrowded living conditions areas such as detention centres.

#### *Conflict-driven displacement*

Continued localized conflicts and insecurity, including fighting among armed groups and militias competing for power, territory and natural resources are expected to remain the main drivers behind population movements in Libya. While returns to areas where armed conflicts have subsided have increased over the past year, insecurity and protection issues including threats of violence and fear of reprisals is likely to continue to prevent many returns. Libyans who plan to move back to their homes will require humanitarian assistance in line with the principles of safe, dignified and voluntary return.

#### *Political fragmentation and economic decline*

Fragmentation of the country related to political and economic interests, political instability, and the fragility and dysfunctionality of state institutions and public-service providers is expected to continue. The fragmentation of the health system will continue to hamper the roll-out of an Essential Health Service Package model in Libya. Challenges to access cash due to the liquidity crisis and the overall inflation of prices is also likely to continue in 2019, having a negative impact on people's ability to access essential goods and services. Further erosion of the public sector will lead to continued challenges in terms of healthcare and education service provision, mains electricity, water supply, and sanitation management.

#### *Protection crisis*

People's need for protection, mental health and psychosocial support assistance will remain high and should be a priority for the international community. Protection needs will continue as a result of people's exposure, vulnerability, and inability to cope with conflict and violence, human rights violations and abuses, contamination from explosive hazards in urban areas, breakdown of rule of law, and major challenges related to impediments to access critical services and essential goods and commodities.

#### *Migration flows*

Even though irregular migration flows by sea to Europe from Libya have significantly decreased in 2018, Libya is expected to remain a transit and destination country for migrants and refugees in 2019. Both refugees and migrants will continue to face dire living conditions and be vulnerable to physical and mental abuse, discrimination, exploitation, gender-based violence, arbitrary arrest and detention.

### Attacks on Healthcare

In 2018, multiple attacks and threats towards healthcare facilities and workers were recorded across Libya, including violence, kidnapping, and assassinations of health service providers. These attacks and threats are expected to continue with high frequency, endangering healthcare providers and ultimately depriving people of urgently needed assistance. The full extent of these attacks is expected to be significant, negatively affecting both access to short-term healthcare services and the longer-term health and well-being of affected populations.

### Access challenges

Overall, both international and national humanitarian response capacities will continue to face challenges primarily as a result of security-driven access limitations, administrative constraints, rapidly changing situations and shifts in areas of control, and operational bottlenecks along major supply routes often in the hard-to-reach locations, impacting the capacity of humanitarian actors to meet the increasing needs of the most vulnerable people.

Following the decision of lifting the evacuation status in February 2018, humanitarian actors have started relocating international staff in Libya, and will continue to make efforts to progressively scale up their operational capacity and presence on the ground, security situation permitting.

### Scope of the response

The overarching scope of the response was determined based on an analysis of HNO findings, humanitarian access analysis, a review of development and stabilization assistance in Libya, humanitarian aid being provided by partners outside the HRP, the planning scenario for the coming year, and analyses by sectors/partners in terms of projected response capacity in 2019.

### Programmatic scope

Humanitarian action in 2019 will aim to prevent loss of life and reduce suffering. This represents a significant focus of the programmatic scope of the response compared to 2018, which included some restoration of basic physical infrastructure, re-establishment of public services and livelihoods recovery. Humanitarian organisations will continue supporting durable solutions for refugees and migrants such as voluntary home return, resettlement, and family reunification outside the scope the 2019 HRP.

Humanitarian actions identified in the HRP are based on the evidence provided by the HNO, on key humanitarian needs and the scope and severity of needs across the country. While needs severity, both inter-sectoral and sectoral, has informed prioritization response approaches, the response covers the entire country and does not limit its geographical scope exclusively to the mantikas with the highest needs severity. Similarly, vulnerabilities have informed inter-sectoral and sectoral targeting and the definition of priority response

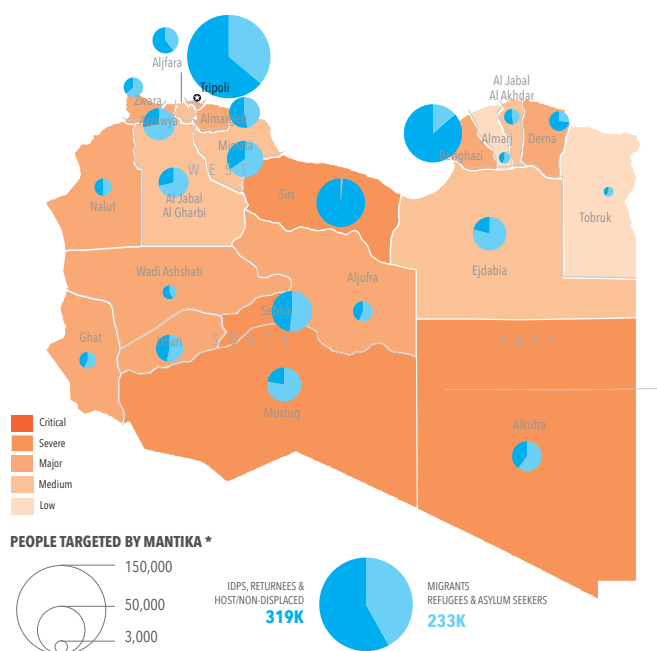
interventions, but have not been used to define the scope of the plan.

The parameters of the response were determined through consultations with Libyan national and local authorities, donors, UN agencies and other humanitarian partners, including national and international NGOs, under the direction and guidance of the Humanitarian Country Team (HCT), supported by the Inter-Sector Coordination Group (ISCG).

### Demographic scope

The response scope includes severely affected people in need of humanitarian assistance as a result of the crisis in Libya. Included are Libyans, and refugees and migrants, the majority of whom are from sub-Saharan African countries. The response covers populations in-need in all mantikas of Libya, including critical interventions targeting the most severely affected people in the South, though the majority of operations will be delivered in the highly populated urban areas along the north coast.

### SEVERITY OF NEEDS AND TARGETS BY MANTIKA



**Key principles of the collective response: centrality of protection, engagement with communities and Accountability to Affected Populations (AAP), gender, age and diversity.**

### Centrality of protection

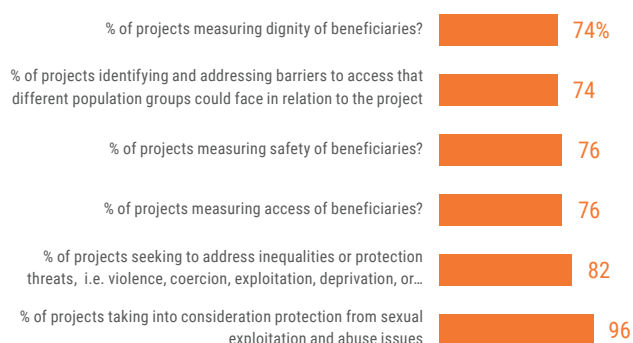
The crisis in Libya is characterized by major protection issues, including widespread human rights violations and abuses, violence against women and children, and arbitrary and unlawful detention of refugees and migrants, who are subjected to live in inhumane conditions, and suffer torture and the denial of basic services such as medical care.

Protection is at the centre of the humanitarian response in 2019, with all humanitarian activities aiming to support people in need with full respect for the rights of the individual. All interventions will aim to promote and ensure the safety, dignity and rights of affected people, and reduce or mitigate exposure to additional risks, applying the do-no-harm principle and through conflict sensitive approaches.

The centrality of protection is an integral part of each sector strategy and the broader HRP strategy for Libya. To this end, the HCT has taken concrete steps to ensure each project in the 2019 HRP integrates protection-related components, such as a protection risks analysis of the specific needs of different population groups, barriers to people's access to humanitarian assistance, the need to address inequalities or protection threats (i.e. violence, coercion, exploitation, deprivation, or neglect), safety and dignity of affected people.

While responding to humanitarian needs, the HCT will continue to advocate for people's protection and access to humanitarian assistance, empowering crisis-affected people, ensuring people's voices are heard, and promoting respect for international humanitarian law and the principles of humanity, neutrality, independence and impartiality. As part of its commitment to enabling a protective environment for vulnerable communities, the HCT will develop a protection strategy that raises awareness on humanitarian issues, monitors and mitigates/addresses protection risks, and undertakes access analysis and security risk management. The strategy will also aim to empower communities, families and individuals on how to address protection concerns, build partnerships with all key actors, and strengthen operational capacity to respond, particularly the capacity of national and local partners.

#### PERCENTAGE OF PROJECTS INCLUDING CENTRALITY OF PROTECTION



#### Gender, Age and Diversity: link to vulnerability analysis in the HNO, responses tailored to the specific needs of vulnerable groups

##### Women, Children and Youth

Women, children and youth represent around 50 per cent of the people in need of humanitarian assistance and are among the most vulnerable groups in Libya.

Based on the inter-sector needs analysis, an estimated 278,000 women are identified as in need of humanitarian assistance including 150,000 women facing protection issues including GBV, an estimated 170,000 women facing challenges to access to relevant and sufficient healthcare services. An estimated 36,000 girls need support to access quality education. An estimated 134,000 children (54,000 girls and 80,000 boys) are in need of child protection services.

As highlighted by the HNO, severely affected women are considered particularly vulnerable to risks and exposed to threats as a result of the crisis in Libya. Many refugee and migrant women and girls have specific vulnerabilities, primarily based on a combination of risks linked to their irregular status and social issues related to sexism, racism and violence in Libya and in neighbouring transit countries.

The crisis is also taking a heavy toll on lives of children and youth in Libya. Children and young people suffer from the direct consequences of war and armed violence, being exposed to risks of physical injuries, loss of life, trauma, displacement, and recruitment by armed groups. Unaccompanied children, children at risk of being perceived as affiliated with armed groups, child survivors of physical and sexual violence, children with disabilities, out-of-school children, and children who are arbitrarily detained and at risk of being trafficked are among the most vulnerable in Libya. Refugee and migrant children are particularly exposed to risks and face grave human rights abuses across Libya and in detention centres, including sexual exploitation and abuse, beatings and other forms of violence.

In 2019, humanitarian actors plan to assist the most vulnerable children, including children with disabilities and child survivors of violence including GBV, through integrated case management and individual follow up and response/referral to services to restore dignity and prevent further distress. The Continuum of Care for Reproductive, Maternal, Newborn and Child Health will be a major priority of the health sector partners in order to improve access of mothers and children to integrated package of health services at primary and secondary levels. Such specialized services will include best interest assessments and determination for refugee and migrant children, structured and sustained psychosocial support and rehabilitation and reintegration services for children affected by armed conflict. Case management, including referrals, will be a priority for the international response. In addition, the humanitarian community aims to increase children's access to quality emergency education, through provision of non-formal and

formal education opportunities, life skills and vocational training. The response will enhance the learning environment in conflict-affected schools, through provision of temporary learning centres and classroom equipment, and provide psychosocial support to conflict affected students, while addressing violence in schools in collaboration with Child Protection actors.

#### Persons with Disabilities

Humanitarian actors aim to address the needs of persons with disabilities, particularly those who have been heavily impacted by direct exposure to conflict and violence. Within crisis-affected communities, children and adults with disabilities are usually among the most marginalized, yet they often are not included and fail to benefit from humanitarian assistance, and face challenges in accessing appropriate basic services. They also have specific needs related to their vulnerabilities such as requiring rehabilitation support, and assistive devices. Information on persons with disabilities in Libya is limited, however, humanitarian partners are committed to increased efforts to improve the availability and quality of data regarding people with disabilities.

#### Elderly People

As highlighted by the HNO, the elderly population (over 64 years old) represents 5.1 per cent of the overall population in Libya. Elderly persons are considered vulnerable in Libya due to having less resilience against the impacts of the crisis due to challenges related to physical frailty and limited availability of public services that are sufficient to meet their needs. Around 59 per cent of the elderly population in Libya suffer from chronic diseases, of which 76 per cent face challenges due to a lack of access to medicines. In 2019, humanitarian actors are committed to enhance collective efforts to deepen their understanding of age-related vulnerabilities through monitoring and assessments. They will also enhance efforts to ensure response interventions are tailored to the distinct and specific needs of all population groups, including elderly people.

#### Improving Vulnerability Analysis

In 2019, the humanitarian community is committed to continuing to enhance and deepen its understanding of vulnerabilities through sectoral and inter-sectoral monitoring and assessments, including gender-based vulnerabilities, and to ensure a more gender and age sensitive determination of humanitarian needs. Partners will also further strengthen their efforts to improve quality of sex and age-disaggregated data, and to systematically collect information on the impact of age and gender-based vulnerability using participatory and inclusive needs assessment tools, including multi-sectoral needs assessments and monitoring mechanisms. Humanitarian partners will also strengthen the provision of specialized GBV services to survivors by scaling them up to areas previously hard-to-reach, such as Sebha and Sirt and to new locations, such as Alkufra and Murzuq. Strengthening local capacity to respond to and prevent GBV cases, and provide a full package of mental health and psychosocial support will also be a key priority for the response.

### Accountability to Affected Population and Communication with Communities

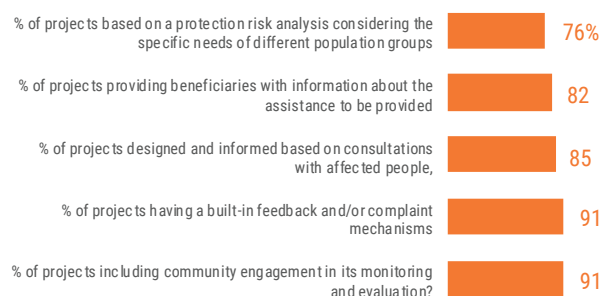
Putting people at the centre of humanitarian action and strengthening accountability to affected people in need are priorities for the response in 2019.

Since the beginning of the crisis in 2014, remote and semi-remote management of humanitarian operations has been applied to overcome significant challenges to regular and effective engagement with communities. Reliance on a limited number of implementing local partners able to reach people in need and use of third-party monitoring mechanisms have been some of the most common modalities adopted by humanitarian partners to reach and communicate with communities and obtain their feedback on their needs and assistance provided.

Assessments and studies including the MSNA, and an Internews, UNHCR and Mercy Corps study, have driven the humanitarian response forward in improved communication with communities, highlighting key priority issues such as the main information needs of affected people being related to health and medical issues, access to assistance, information on education and safe places to live, and security, political and economic developments. The humanitarian community now also better understands that the most trusted sources of information for affected people are family, friends, neighbours and religious and tribal leaders, and that the main tools for accessing information are mobile phone applications, the internet, and events including social gatherings, noting that in certain communities, where conservatism is growing, face to face communication is a key information source for women.

Improved communication with communities has also meant communities being much more engaged in response planning, particularly at partner project development stages.

#### PERCENTAGE OF PROJECTS INTEGRATING AAP MEASURES



Having identified that efforts to ensure AAP are currently limited to measures by individual organizations gathering feedback on the delivery and impacts of projects, the HCT is moving forward with a system-wide approach on AAP through an inter-agency feedback mechanism in order to hold the humanitarian community accountable to the people it aims to serve. Such a mechanism would aim to collect feedback directly from communities on their needs, priorities and expectations, ensure assistance responds to the specific



needs of different population groups and reaches the most vulnerable people. It would be supported by the ET sector, and developed in close collaboration with all sectors.

#### Protection from Sexual Exploitation and Abuse (PSEA)

The humanitarian community is committed to ensuring Protection from Sexual Exploitation and Abuse (PSEA) is a central principle of the humanitarian response in Libya. Under the leadership of the HCT, the humanitarian community will work together to establish a collective system on PSEA, to raise awareness on the issue, ensure that robust measures to prevent sexual exploitation and abuse by humanitarian workers are in place, and to ensure appropriate complaints mechanisms are established, and procedures are in place to address PSEA issues. To this end, with the support of UNFPA and UNICEF, the roll out of the interagency PSEA has been initiated in Libya. The key priorities for 2019 includes the establishment of a community-based complaints mechanism to share information on the PSEA policy and channels to report incidents and the establishment of an in-country network that will foresee the development of SEA prevention and response strategy for Libya.

### **Inter-sectoral Priorities and Integrated Response**

#### *Intersectoral prioritization*

Response priorities are focused on providing the most critically needed support to the most severely affected and most vulnerable people in Libya. While overarchingly the response aims to prevent loss of life and reduce suffering, the humanitarian community has prioritized response interventions based on six inter-agency agreed criteria. These include:

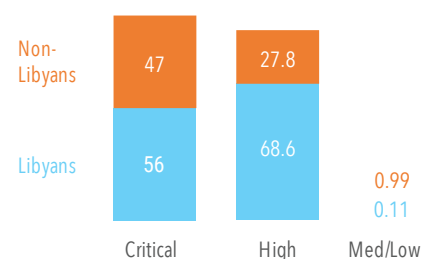
1. **Inter-sectoral severity:** humanitarian partners have prioritized the response to target mantikas with critical and high needs severity, these include Alkufra, Murzuq, Sebha and Sirt.
2. **Vulnerabilities:** response interventions targeting more than one vulnerable group have been prioritized. The HNO identified ten vulnerable groups including women (e.g. women-headed households, women victims of GBV, migrant and refugee women living in detention centres, etc.), children (e.g. unaccompanied children, children out of school and at risk of drop-out), youth (particularly unemployed young men at risk of being recruited into armed groups, and young men from sub-Saharan Africa), elderly persons, persons with disabilities, and the Tawergha community. The HNO also included refugees and migrants in or transiting through Libya, sub-Saharan migrants and refugees, refugees and migrants in Detention Centres and IDPs living in informal settlements, abandoned and/or public buildings as being vulnerable.
3. **Scale of needs:** though the scope of the response is countrywide, interventions targeting mantikas with the highest number of people in need have been prioritized

as part of the collective response. The highest numbers of people in need by mantika are found in Tripoli, Benghazi, Sirt and Misrata.

4. **Urgency and importance:** life-saving, time critical and critically enabling actions are prioritized. Life-saving and time critical assistance can include interventions such as ensuring access to critically needed medicines and medical services, ensuring access to safe drinking water, mine clearance support, mine risk education, protection referral mechanisms, access to food, nutritional screening. Critically enabling assistance can include logistics, coordination, and/or advocacy support that opens essential humanitarian access.
5. **Integrated programming:** projects that have inter-sectoral complementarity with other projects, joint programmes, and multi-sectoral projects have been prioritized, as they are expected to be highly efficient and effective.

These criteria were applied to the projects included in the HRP. HRP projects meeting five out of six prioritization criteria were labelled as “critical priority”, projects meeting three to four criteria were scored as “high priority”, and projects meeting less than three criteria were assessed as “medium/low priority”.

#### **FUNDING REQUIREMENT BY PROJECT PRIORITY AND LIBYANS AND NON-LIBYANS**



#### *Integrated Response Approaches*

Integrated responses are a key feature of humanitarian action in Libya in 2019, with the objective of maximizing impact. To this end, the humanitarian community has committed to scale up integrated programming approaches and foster inter-sectoral complementarity across projects, as well as multi-sectoral interventions.

The HNO highlighted key areas of need that have guided inter-sectoral level response planning to ensure complementarity between projects. As a result, four integrated response approaches have been identified. These include responses in schools, health facilities, detention centres and support to IDPs and returnees.

The integrated response approaches are built around both key thematic areas of intervention (i.e. schools/education and health facilities), and geographical locations of people in need (i.e. detention centres and areas of displacement and return).



## 1. Integrated response in schools

Sectors involved: Education, WASH, Food Security, Protection (Child Protection and GBV), and Health



### IN SCHOOLS



The HNO findings indicate multiple serious issues in schools including, overcrowding, access to safe drinking water and sanitation facilities, and challenges related to child protection. The Education sector will work closely with other sectors to ensure a holistic humanitarian response approach in schools. The CP and GBV Working Groups will work closely with the Education Sector to ensure that education staff are adequately trained in CP and GBV referral mechanisms and existing services, to promote a safe environment in schools through feedback and complaints mechanisms, code of conduct for teachers, and to integrate CP and GBV messaging, amongst other activities. The Education Sector will focus on providing psychosocial support for boys and girls, enhancing teaching methodologies for teachers to improve the learning environment for children. The Sector will also work in community centres where vulnerable children can access various services such as protection and non-formal education services. The GBV Working Group will collaborate with the education sector in assessing the capacity of education programmes to safely and ethically respond to incidents of GBV reported by students.

The CP Working Group will also strengthen its collaboration with the Food Security Sector to ensure referrals of at-risk children and their families to food security services and promote safe participation of at-risk adolescents to livelihoods and life skills activities. A feedback mechanism will also be established. In addition, the GBV working group will enhance awareness of food security staff on basic issues related to gender, GBV, human rights, social exclusion and sexuality, including knowledge of where survivors can report risk and access care, linkages between food security programming and GBV risk reduction.

The WASH Sector will undertake small scale repair and rehabilitation of gender-sensitive WASH facilities in public and community schools, including for refugees and migrants, ensuring schools most in need of support are reached in a timely and effective manner. As highlighted in the HNO, around 67 per cent of children in schools have limited access to water, 96 per cent have limited access to sanitation services, while 4 per cent have no sanitation services at all. An estimated 10 per cent of schools have water supplies that are

contaminated with harmful bacteria.

The Food Security Sector will work closely with education sector partners to deliver a school feeding programme to support 20,000 children in schools in the most severely affected areas.

The Health Sector will work with the other sectors to implement a school health program which is essential for learning and increasing cognitive ability. Health, Education, WASH and Food Security sectors will collectively launch a Focusing Resources on Effective School Health (FRESH) framework that will be used as a platform to bring the four sectors together to respond to the basic needs of the schoolchildren, boost child care and development, ensure better educational outcomes, and achieve greater social equity. The FRESH framework will remain a coordination mechanism at school level to strengthen an effective partnership between teachers and health care workers, and community partnership and awareness of students.

## 2. Integrated response in health facilities

Sectors involved: Health, WASH and Protection (CP and GBV).



### IN HEALTH FACILITIES



Based on HNO findings some of the most severe and widespread needs in Libya are linked to challenges to access primary and secondary healthcare services. The Health Sector will work closely with WASH and Protection partners to deliver integrated services that mitigate health risks and contribute to enabling the effective delivery of healthcare services. Partners will adopt integrated protection and health activities to maximize coverage of vulnerable groups (especially women and children) and to allow flexibility to respond to unpredictable escalations of violence in the wider community, whilst retaining the capacity to intervene where women and children are particularly exposed to risks. Programmatic synergies between WASH and Health sectors include the improvement of sanitation systems in health facilities, ensuring the availability of clean and safe water in targeted health facilities, integration of hygiene promotion activities into health education sessions, distribution of water purifying Aquatabs through medical teams and health awareness programming, and working closely together in the prevention and treatment of water borne diseases. Both Health and WASH sectors will link to rapidly respond to the alerts raised by the diseases surveillance reports.

The Health and Protection sectors will work together to

ensure community engagement, accountability to affected people, and equal access to health services. Both sectors will ensure the delivery of a comprehensive package of mental health and psychosocial support at both clinical and community levels. Furthermore, GBV Working Group will further collaborate with the Health Sector to implement strategies that maximize the quality of survivor care at health facilities including implementation of standardized guidelines for the clinical care of sexual assault, establishing private consultation rooms, maintaining adequate supplies and medical drugs, and providing follow-up services.

### 3. Integrated response in detention centres

Sectors involved: Protection (CP and GBV), Food Security, WASH, Shelter, and Health.



#### IN DETENTION CENTRES



The humanitarian community strongly opposes the arbitrary detention of people in detention centres. However, partners acknowledge that detained people require critical humanitarian support and protection. As a result, humanitarian partners face an ethical dilemma, where on the one hand the provision of assistance in detention centres may contribute to sustaining the existence of detention facilities and the perpetuation of violations and abuses, and on the other hand humanitarians are driven by the principle of humanity and the obligation to deliver assistance and provide effective protection to minimize suffering wherever it is found.

Libyan authorities are the primary duty bearers to provide humane treatment to detainees, and they have the resources to do so. Therefore, the provision of services and supplies by international actors should not substitute the role of Libyan authorities that manage detention centres.

According to HNO findings, people in detention centres are considered some of the most vulnerable and are subjected to some of the most dire living conditions and risks. As a result, responding to the needs of people in detention centres is a priority, though the total number of people in Directorate for Combatting Illegal Migration (DCIM) run centres is low.

Over the course of 2019 humanitarian partners will provide emergency meals to approximately 20,000 people who at some point during the course of the year are detained in DCIM facilities. Food will be provided on an emergency basis for the first days of detention until the DCIM establishes the regular provision of sufficient food in detention facilities.

Protection partners will provide life-saving protection

assistance and conduct protection risk monitoring and assessment for more than 6000 refugees and migrants in need of support in DCIM facilities at any given time. This will include specialized services to particularly vulnerable individuals in detention, such as GBV survivors, victims of trafficking and children, with a specific focus on separated and unaccompanied children, and children exposed to violence and abuse.

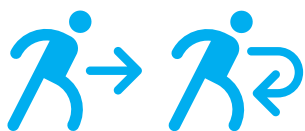
Protection support services will include psychological, legal, family tracing and advocacy for release, and placement alternatives to detention for the most vulnerable. Considering the ensuing challenges in providing practical case management in the detention centres, the GBV Working Group, seeks to collaborate with the Health Sector to increase the accessibility of health and reproductive health services that integrate GBV-related interventions.

WASH partners will work closely with other partners to ensure detained people have access to safe water and sanitation facilities in detention centres. Shelter and NFI partners will work to ensure detained people have access to critically needed NFIs, to alleviate suffering in harsh conditions during detention.

Health sector partners will link with the WASH and Protection sectors to deliver a minimum package of primary health care services that will include immunization services, out-patient screening and treatment, safe motherhood services, management of common illnesses and referral of complicated cases. Partners will coordinate with the national health programs under the umbrella of national centre for disease control to identify and refer migrants with complicated illnesses including but not limited to Tuberculosis (TB), HIV, mental health disorders and other conditions to secondary health facilities without discrimination. The Health Sector will support other sectors that have interventions in the detention centres to develop a Minimum Assistance Package (MAP) that includes available, accessible, appropriate and affordable services. The Health Sector will also negotiate with health authorities at national and local levels to ensure full access of migrants to secondary services without any discrimination.

#### 4. Integrated response to support internally displaced people (IDPs) and returnees

Sectors involved: WASH, Shelter, Food Security, Education, Health and Protection (CP, GBV and Mine Action)



### DISPLACED PEOPLE AND RETURNEES



Based on the HNO findings, there are an estimated 97,000 IDPs and 165,000 returnees in need of assistance. Based on analysis of humanitarian access, needs severity, and response capacity in 2019, partners in the HRP aim to target 65,000 IDPs and 85,500 returnees, providing critical support during displacement and supporting people to return to their homes.

With displacement and returns expected to remain as prominent features of the crisis, the humanitarian community aims to work together to provide support to both displaced people and to support safe, dignified and voluntary returns in 2019, in line with the Guiding Principles on Internal Displacement.<sup>3</sup> It is critical that the primary role of the national authorities in providing support and respecting the rights of displaced people is acknowledged and considered in humanitarian response implementation.

For many displaced people aiming to return, key priorities include ensuring conflict has ceased, areas of return are safe and clear from Explosive Remnants of War (ERW) contamination, and no threats from neighbouring communities or militias. Immediate support including but not limited to food, WASH, Shelter and NFI, Protection, and cash assistance is required. Access to functional public services including healthcare facilities and schools is also critical. In the longer term, however, social cohesion between host and displaced communities, and support to rebuild communities, and re-establish income-generating and livelihoods opportunities is critical for durable solutions to displacement. Building on the foundations of the humanitarian response, these should be provided through stabilization and development assistance.

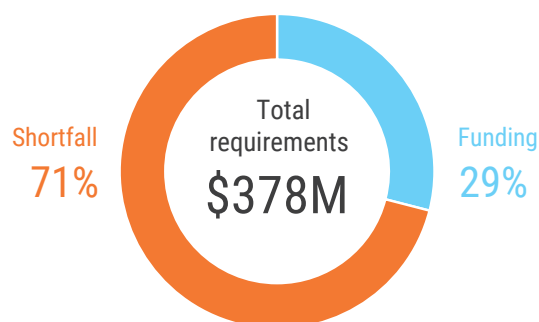
In 2019, the Displacement Tracking Matrix (DTM) will continue to track displacement patterns, trends and needs in Libya, complemented by assessments such as the Multi-Sector Needs Assessment (MSNA) and many others highlighted in the HNO.

#### The Humanitarian-Development-Peace nexus

This plan is based on the understanding that a multitude of actors are pursuing humanitarian, development and stabilization objectives in parallel to help the country move forward. While the HRP aims to address severe and critical humanitarian needs, activities targeting other issues including those related to structural and economic challenges in Libya, will be addressed by development and stabilization assistance.

To enable complementarity between humanitarian action and development support, the HCT will increase joint efforts to explore ways for humanitarian and development partners to better coordinate assistance. This approach is in line with the Secretary General's Agenda for Humanity, the Grand Bargain global commitments and the principles of the New Way of Working, calling for collective and coherent support to reduce people's needs and vulnerabilities, based on comparative advantages and over a multi-year horizon.

#### UN STRATEGIC FRAMEWORK (UNSF) PROGRAMME FUNDING REQUIREMENTS



Critical sectors for linking humanitarian aid and development assistance include the Health, Education and WASH sectors, which have suffered significantly as a result of the inability of the Government to perform core government functions leading to a continuous deterioration of public services. For example, while providing medical supplies and equipment through humanitarian aid, health partners have also been working very closely with government institutions and the Ministry of Health to rehabilitate destroyed or partially damaged medical facilities, strengthen capacity of medical personnel, and reform the public health system through stabilization and development interventions. Last year, the Health Sector also adopted a Minimum Health Service Package (MHSP) that standardizes the primary and secondary health services, piloting the package in four districts of Libya. In 2019, the Health Sector will advocate for the integration of MHSP into the district development plans with the use of available national resources in order to minimize the reliance on international aid and shift gradually from emergency response based on *ad-hoc* plans to long-term development plans. The ultimate goal is to transition to the implementation of Essential Health Service Package (EHSP) with a fully-fledged health system.

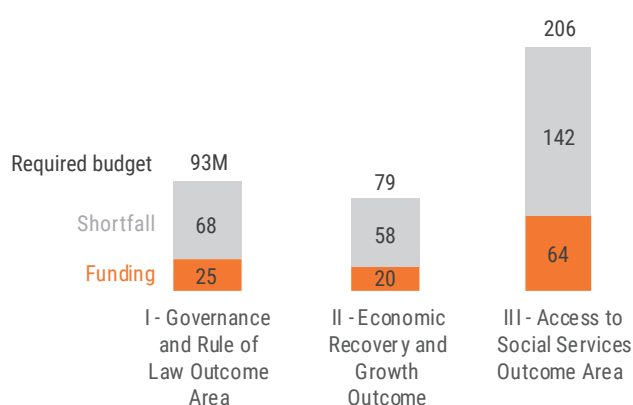
While the WASH Sector assists people in need through water

<sup>3</sup> <https://www.unocha.org/sites/dms/Documents/GuidingPrinciplesDispl.pdf>

trucking, at the same time, WASH partners also support development initiatives by helping state institutions to rehabilitate WASH infrastructures and maintain municipal wellfields managed by the General Company for Water and Wastewater, so to reduce reliance on water trucking. Partners are also exploring ways to support the Man-Made River Project, an underground network of water pipes and aqueducts, which provides safe drinking water to 60 per cent of the Libyan population, including in the main cities, and which requires regular maintenance and rehabilitation.

Education partners continue to support strengthening both national systems and community-based structures to facilitate access to quality education for all vulnerable girls and boys, irrespective of their legal status in the country to respond to the education needs of children as part of its humanitarian-development nexus plan. By focusing on the three objectives of access, quality and education system strengthening, the Sector contributes to the Sustainable Development Goal (SDG) 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and to the overall education reform of the system. Planned response interventions will be further strengthened through longer term development plans of system strengthening that include the establishment of the Education Management Information System (EMIS), which will improve evidence-based interventions to the most vulnerable. Furthermore, teacher training interventions through this response will also contribute to the overall Ministry of Education vision of capacity building for teachers that will enhance the quality of education for children.

#### UN STRATEGIC FRAMEWORK (UNSF) PROGRAMMES FUNDING REQUIREMENTS BY RESULT GROUP



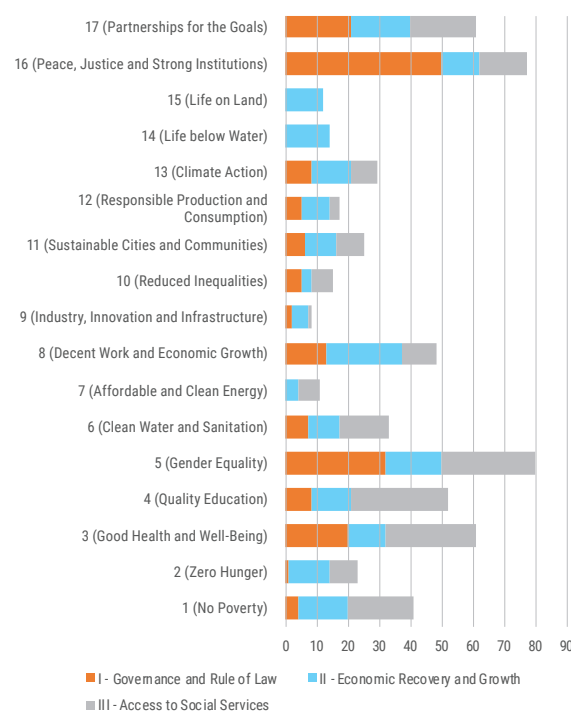
#### *The United Nations Strategic Framework for Libya*

The UN Strategic Framework (UNSF) 2019-2020 provides the overarching strategic guidance for international collective efforts in support of all people across Libya. The UNSF adopts an integrated approach responding to development priorities and building on complementary activities with relief assistance. To this end, it addresses structural issues that are negatively affecting domestic capacity to provide basic social services. The UNSF consists of three strategic outcomes

focusing on strengthening governance and rule of law, promoting economic recovery and growth, and supporting sustained basic social services. International support through the UNSF takes place at policy level (upstream) and at community level (downstream). Its focus on improving the capacity of Libyan institutions to design, develop and implement social policies for quality social services (outcome three) is particularly relevant to humanitarian aid, as it aims to tackle some of the structural issues driving humanitarian needs.

Under the framework of the UNSF, multiple programmes and initiatives have been implemented/initiated by development partners in Libya to help the country move forward, including the Stabilization Facility for Libya (SFL) and the UNDP Resilience Programme.

#### TOTAL # OF ENTITIES/AGENCIES PROVIDING SDG SUPPORT THROUGH VARIOUS SF PILLARS



While development and stabilization support is provided by multiple partners, it is worth noting that Libya is not eligible for funding from the World Bank under the framework of International Development Association 18 for fragile and conflict-affected countries. At the same time, funding from the International Bank of Reconstruction and Development (IBRD) may not be immediately forthcoming. But, there may be an option once there is more political stability. As of 2019, the World Bank Country Engagement Note for Libya focuses on two pillars: i) macro-economic stability, public finance mechanisms, and governance and ii) basic services (mainly health, education, energy and migration). In 2019, the World Bank, in close cooperation with the UN and the EU, will conduct a Risk and Recovery Peacebuilding Assessment (RPBA) which will constitute the basis for collective and



coherent development programming going forward. The humanitarian community follows closely these developments to promote synergies and complementary approaches.

## Response modalities

Delivery of humanitarian assistance will be undertaken through different modalities. The main response modalities are in-kind distribution (e.g. food, NFIs, etc.), public-service system support, and use of emergency cash. In order to rapidly respond to emerging needs, there is already an established Health Sector Rapid Response Framework (RRF). In addition, the HCT is also establishing a multi-sector Rapid Response Mechanism (RRM).

### RESPONSE MODALITIES

<b>Public -service system support</b> <ul style="list-style-type: none"> <li>• Support to basic service institutions/providers</li> <li>• strengthening of emergency response capacity</li> </ul>	<b>Multi -Purpose Cash Assistance (MPCA)</b> <ul style="list-style-type: none"> <li>• emergency one -off cash assistance</li> <li>• provision of cash assistance for up to six months</li> </ul>
<b>In-kind assistance</b> <ul style="list-style-type: none"> <li>• Food</li> <li>• NFI</li> <li>• Shelter kit</li> <li>• Water trucking</li> </ul>	<b>RRM/RRF</b> <ul style="list-style-type: none"> <li>• frontline emergency response</li> <li>• intervene in hard -to -reach areas with urgent life -saving interventions</li> <li>• respond to urgent health needs</li> </ul>

#### *In-kind Assistance*

In-kind assistance includes the delivery of critical and basic household goods and commodities including food, non-food items and other materials that people need, such as shelter repair kits.

#### *Public-service system support*

Support to institutions delivering critical public services including is a critical response modality for humanitarian partners in 2019, given that some of the greatest needs in Libya are caused by the deterioration of public services. The humanitarian community continues to support national and local partners, by strengthening their capacity to respond to, and assist the people most in need. Local authorities, such as local crisis committees and municipalities, play a vital role as the first responders to people's needs, and will continue to play a key role in implementing response operations. National and local civil society organizations are also important partners. However, the number of Libyan NGOs that have adequate capacity to deliver assistance is quite limited, resulting in several international organizations utilizing the services of the same small number of national partners, which threatens their ability to deliver effectively and at scale.

#### *Multi-Purpose Cash Assistance*

Having identified a lack of access to sufficient cash as a key issue preventing affected people to access basic goods and services, humanitarian partners will use Multi-Purpose Cash Assistance (MPCA) as a response modality to meet the most urgent basic needs in areas where markets are functioning, accessible, and the safe delivery of cash is possible. MPCA will be used to support both Libyans and non-Libyans. MPCA will be provided to people that have been assessed against harmonized socio-economic vulnerability criteria based on household level assessments. MPCA is considered a critical response in the context of the Libya crisis as it can be delivered in a flexible way and a manner that allows and enables choice and dignity.

MPCA is operationalized in close collaboration with all sectors, with oversight of MPCA at the inter-sectoral level, coordinated through the Cash Working Group (CWG). There are two types of MPCA assistance; the provision of emergency one-off cash assistance to highly vulnerable households; and the provision of cash assistance for up to six months to highly vulnerable households. For further information please refer to the MPCA operational plan.

#### *Rapid Response*

The Rapid Response Mechanism (RRM) will be activated for emergency responses and to intervene in hard-to-reach areas within a period of 72 hours to a week to assist otherwise inaccessible populations with urgent life-saving interventions. Through the RRM humanitarian partners will deliver immediate, life- saving supplies, services and direct cash assistance to families on the move fleeing conflict. The mechanism represents the initial emergency first-line response, to be then overtaken by the sector responses and to be coordinated through the Inter-Sector Coordination Group. The RRM aims to reach hard-to-reach areas, targeting migrants on the move, assisting refugees and collecting data on vulnerabilities of families, women and children. It aims to cover the needs of 30,000 people in onset emergencies and 50,000 in hard-to-reach areas. Grounded in a partnership among UNICEF, WFP, IOM and UNFPA, the RRM will provide integrated assistance including food, basic WASH items, immediate psycho-social support, health services to mothers, pregnant and lactating women, and children under-five, nutrition screening, vaccinations, and mine-risk awareness services.

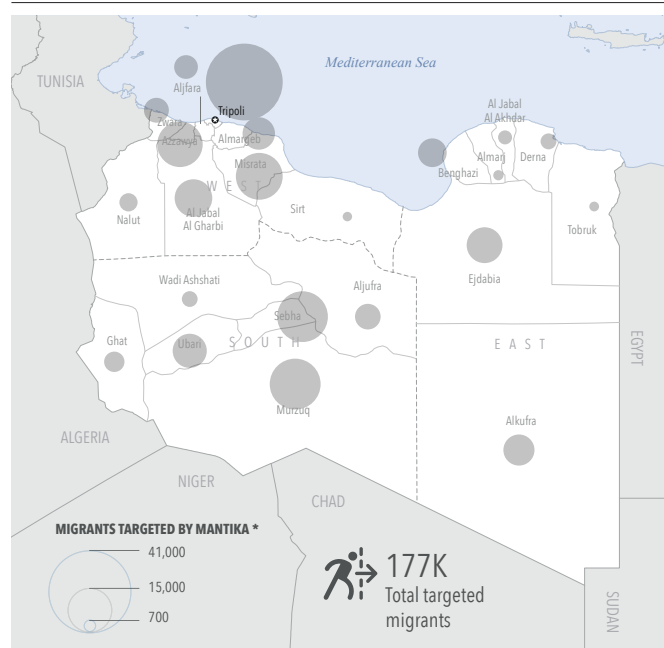
In addition, a Rapid Response Framework (RRF), established by the Health Sector in 2018, will respond to urgent health needs of the affected population. Through the deployment of the RRF team, Health Sector partners will support health facilities assisting displaced families, highly vulnerable people in accessible areas and people who were cut-off by the conflict and lack substantive assistance. Rapid response interventions will include, among others, deployment of Interagency Emergency Health Kits, Emergency Trauma Kits, Interagency Reproductive Health Kits, as well as deployment of ambulances and mobile clinics and teams for outreach services.



## The Refugee and Migrant Response

Of the estimated 823,000 people-in-need identified in the HNO, refugees and migrants are among the most vulnerable communities affected by the ongoing crisis. In addition to facing similar challenges as the Libyan population, many of the estimated 670,000<sup>4</sup> refugees and migrants in Libya are discriminated against and excluded from accessing public services, and face substantial protection risks due to their unrecognized or irregular status in Libya.<sup>5</sup> Furthermore, migrants and refugees face extreme risks along the Central Mediterranean Route (CMR) and upon arrival in Libya, where they live in fear of trafficking, exploitation, sexual violence, unlawful killings, capture and arbitrary detention in official detention centres and clandestine holding facilities, forced labour camps, farms, warehouses, hangars, or makeshift prisons run by militia, smugglers, traffickers and other armed groups.

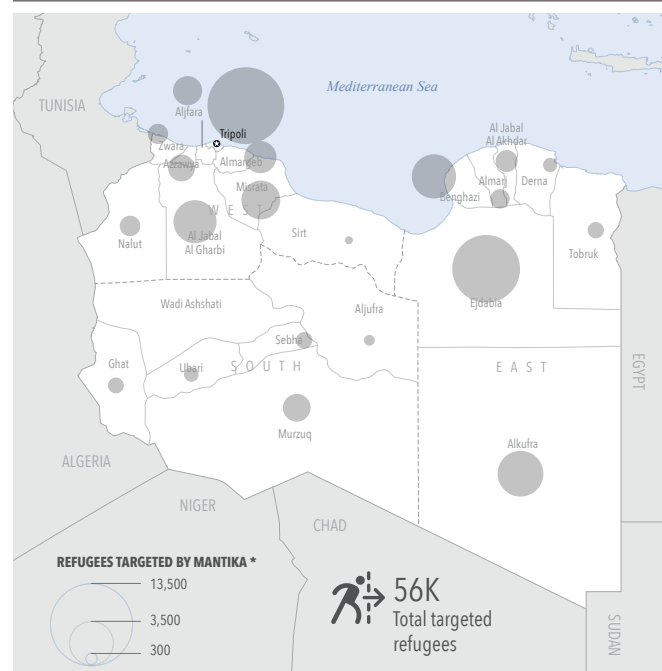
### TOTAL TARGETED MIGRANTS



<sup>4</sup> IOM-DTM, Round 21 Migrant Report, September 2018

<sup>5</sup> Whilst not a party to the 1951 Refugee Convention or its 1967 Protocol, multiple articles of which - notably those relating to the protection of refugees - are considered customary law, the Government of Libya is a party to the 1969 OAU Convention Governing Specific Aspects of Refugee Problems in Africa (since 24 April 1984), to the Arab Charter of Human Rights (since 26 March 1987), and the African Charter on Human and Peoples' Rights (since 26 March 1987), whose legally binding provisions are not applied in Libya, thereby rendering asylum-seekers and refugees exposed and subject to arbitrary detention pursuant to Law 19 (2010), which criminalizes irregular entrants to Libya (including migrants and persons of concern to UNHCR).

### TOTAL TARGETED REFUGEES



In addition to the prevailing volatile security situation, particularly for refugees and migrants living in urban areas, limited protection space and arbitrary access constraints, imposed by national actors, impact humanitarian response and timely delivery of assistance. Challenges in access are further augmented in the East and South, owing to the political divisions in the country and security constraints.

#### Response Priorities

The humanitarian response will target 230,000 refugees and migrants out of the 414,000 identified as in need. The targeted refugees and migrants include those who are considered the most vulnerable and/or severely affected by the crisis. Response priorities in 2019 will include, the provision of life saving and protection assistance for refugees and migrants in urban areas, areas of active conflict who are exposed to high risks, and for the approximately 6,700 refugees and migrants being held in inhumane conditions in DCIM operated detention centres.<sup>6</sup>

Key response activities include addressing immediate needs related to access to cash, food, non-food items, shelter, education, health, protection services and WASH. Critical priorities also include supporting self-reliance and resilience, strengthening efforts to enhance humanitarian access, improving conditions in detentions centres and advocating

<sup>6</sup> IOM, UNHCR, October 2018. The number of official detention centres operating fluctuates as does the number of migrants held therein, depending on the political/conflict context, returns to home countries, the migratory and smuggling trends as well as the number of migrants disembarked on Libyan shores as a result of Libyan Coast Guard rescue operations at sea.

for the establishment of alternatives to detention.<sup>7</sup> Other priority areas are ensuring that migrants and refugees have equal access to critical services, such as basic health services, and augmenting specialized services such as structured psychosocial support.

The response also aims to provide livelihoods support and community-based protection services, while expanding humanitarian programmes in areas where there are high numbers of refugees and migrants, supporting community social cohesion efforts, and assisting refugees and migrants to obtain official civil status documentation.

Overarchingly, capacity building efforts will be strengthened, along with partnerships and coordination, to reinforce the skills and technical capabilities and competences of Libyan institutions and authorities to respond to the humanitarian and wider needs of migrants and refugees in Libya. This includes migration governance and management (including humanitarian border management, registration, and countering human trafficking among other activities) and strengthening the understanding of applicable International Refugee Law, International Humanitarian Law (IHL) and International Human Rights Law, as it pertains to the situation of refugees and migrants in Libya. Libyan institutions and authorities, which have the primary responsibility for the protection and well-being of all persons in Libya, and humanitarian partners will continue to work together to address the needs of refugees and migrants.

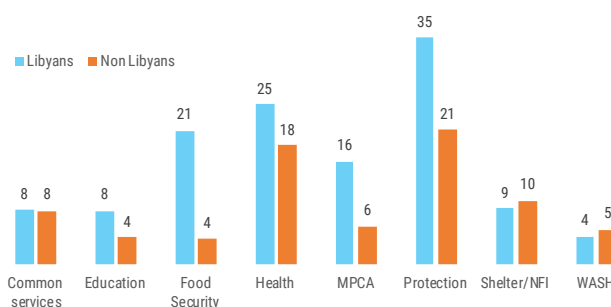
Within the framework of the 2019 HRP, humanitarian partners will also work towards strengthening data collection and analysis on key thematic topics and trends related to refugee and migrants in Libya. A Refugee and Migrant Platform (RMP) is being established in support of the humanitarian response in 2019.

#### *Links between humanitarian action, broader migration management, development and peace*

Humanitarian partners will work together to provide immediate assistance to refugees and migrants in-need complementing broader support for refugees and migrants in Libya. Though outside the framework of the HRP, working towards enhancing solutions for refugees and migrants stranded in Libya, IOM and UNHCR continue to support voluntary humanitarian returns (VHR), resettlement, complementary legal pathways and other durable solutions. Economic factors and poor essential basic services delivery have a large impact on challenges in absorbing increased migration flows. The large presence of migrants has increased pressure on local host communities, particularly in southern border towns which are often also affected by large influxes of IDPs. Relations between host communities, IDPs, refugees and migrants are often strained leading to tensions and clashes. Improving livelihood opportunities and living

conditions, through the provision of short-term opportunities and rehabilitation of essential services and infrastructure, such as community stabilization initiatives and quick-impact projects (QIPs), is therefore considered a critical contribution towards strengthened community stability and resilience. Such initiatives will be overseen and coordinated under development and stabilization mechanisms.

#### FUNDING REQUIREMENTS BY LIBYAN AND NON-LIBYAN



<sup>7</sup> See hereto advocacy notes of the Mixed Migration Working Group on the situation of detained refugees and migrants (<http://mmwg-libya.org/wp/wp-content/uploads/2018/03/MMWG-Advocacy-Paper-March-2018.pdf>), as well as on the food situation in government-operated detention centres (<http://mmwg-libya.org/wp/wp-content/uploads/2018/03/MMWG-Note-on-Food-at-DCs.pdf>).

## OPERATIONAL

## CAPACITY

In February 2018, the international community began to re-establish its presence in Libya. Though the full relocation of international staff to Libya and the establishment of full-fledged capacity on the ground have yet to be completed, efforts are ongoing to ensure a significantly increased humanitarian presence in the coming months.

The humanitarian community works together with national and local authorities, such as local crisis committees and municipalities, and national and local civil society organizations as the first responders to people's needs. While the number of Libyan NGOs has increased over the years, local partners with adequate capacity to deliver sufficient assistance remain limited. This has resulted in several international organizations heavily relying on a small number of national and local partners, and in turn stretching the partner abilities to deliver. To this end, humanitarian actors will explore ways to undertake coordinated capacity building of national and local partners by pooling resources, joint planning, and sharing knowledge and specialized skills.

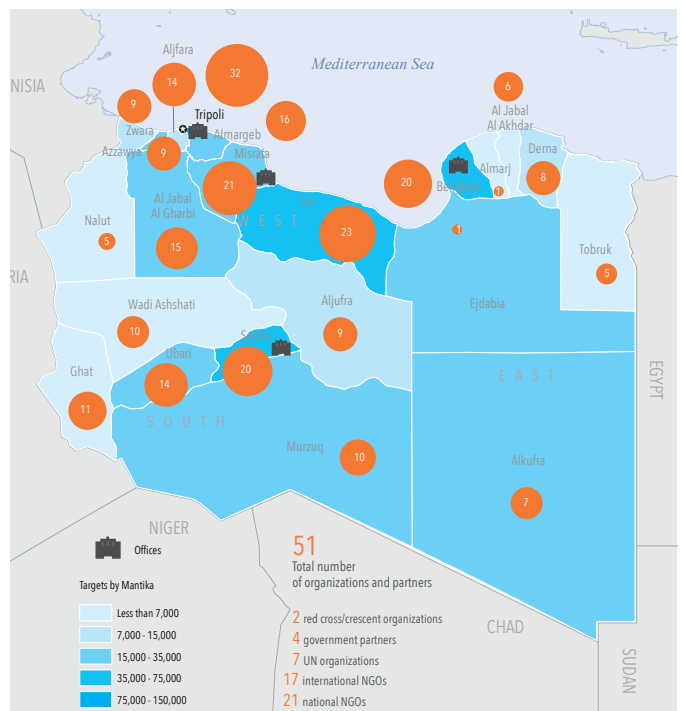
The split between Tunis- and Libya-based teams has created coordination and communication challenges, and impacted response operations. In 2019, the HCT will give priority to Libya-based coordination structures, now that the majority of stakeholders are expected to return to Libya. To this end, building on lessons learned from the recent emergency response in Tripoli, and following recommendations from a high-level mission of INGOs, OCHA, IOM and UNHCR headquarters in September 2018, the HCT is committed to strengthen area-based coordination groups (ACGs) in locations where needs are documented and implementation capacity exists. The Inter-Sector Coordination Group (ISCG) will provide technical and advisory support to the ACGs, as required.

Mindful of the importance to scale up assistance beyond Tripoli to respond to the needs of the most vulnerable groups across Libya in a timely and effective manner, the HCT is committed to strengthen its operational capacity in the East and in the South. In order to achieve this goal, an operational hub is being established in Benghazi, and options reviewed for an increased presence in Sebha in the future. The Logistics and Emergency Telecommunications (ET) sectors will support the implementation of these decisions, aiming to provide logistics and telecommunication support to the humanitarian community. As part of the 2019 HRP, these

sectors plan to facilitate logistics and air transport services, internet connectivity and security telecommunications primarily in the main hubs of Tripoli, Benghazi, and Sebha, and potentially expanding activities to hard-to-reach and neglected areas, based on operational bottlenecks, response priorities, and humanitarian presence, to enhance the ability of the humanitarian community to deliver relief items where most needed.

## # OF HUMANITARIAN PARTNERS

51\*



\* This number includes organizations appealing for funding directly under the HRP as well as implementing partners

## HUMANITARIAN

## ACCESS

Libya continues to be an unstable, complex and dynamic operating environment, in which humanitarian access, and response planning and coordination remain challenging. Fighting between forces allied with the Government of National Accord (GNA) and the House of Representatives (HoR), and clashes between tribal militias have perpetuated a state of chaos and instability.

The conflict has contributed to dividing Libya into geographic territories of control under different armed groups and tribal militias. With multiple stakeholders controlling different territories, humanitarian partners continue to face major challenges to establish predictable, rapid and unimpeded humanitarian access, and continue to face security risks when operating in Libya. With revenue streams significantly reduced, many armed groups are resorting to different ways to finance themselves. As a result the threats of kidnapping, abduction, and harassment remain major issues for humanitarian personnel in Libya.

Criminality, the presence of hostile/extremist groups and aggression towards aid workers are all factors that impact humanitarian access to people in need of assistance. The presence of explosive hazards including landmines, unexploded ordnance, improvised explosive devices, can also pose a major risk in Libya.

Humanitarian partners have also faced operational constraints due to arbitrary administrative requirements and varied bureaucratic processes, rules and regulations across the different regions (complex registration procedures, delays in importing humanitarian commodities, risk of confiscation of aid related items in some supply routes, etc.). Such issues can represent a significant obstacle to the delivery of timely and unhindered assistance.

In general Libya has well-developed civil infrastructure but mainly concentrated along coastal areas, and in and around the main cities. Road networks are generally in good condition and connect main hubs along the coast as well as Libya to Tunisia and Egypt, though there have been some damages, blockages and lack of critical maintenance due to the conflict. Major ports include Tripoli, Benghazi, Khoms, and Marsa el-Brega. Libya has several main civilian airports with paved runways as well as military and smaller airfields across the territory. Access to electricity and telecommunication connectivity varies across the country,

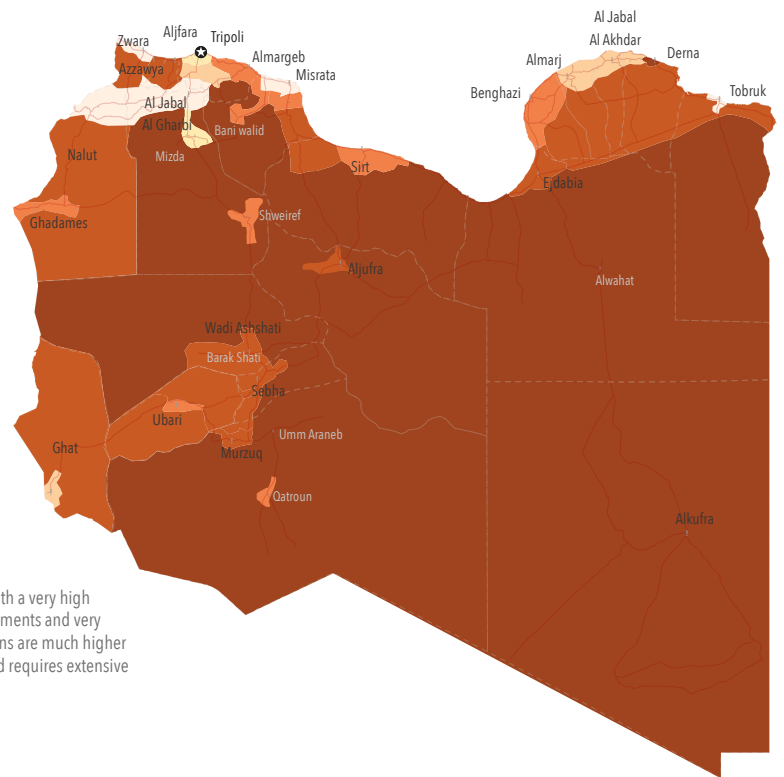
impacting the ability of humanitarian partners to operate effectively. There are many people in Libya who live in areas that are challenging to access due to the remoteness of villages and towns.

Humanitarian access to DCIM facilities has improved in 2018 and in the coming year the humanitarian community will continue to advocate for improved access to people being detained. Access to informal detention centres is non-existent, primarily due to political barriers, limited information, and security related issues. The humanitarian community has grave concerns about the conditions of life and human rights violations and abuse of people being held in clandestine facilities that are in essence smuggler holding centres and/or forced labour camps in farms, warehouses and makeshift prisons run by armed groups.

The HCT is developing an access strategy in order to both increase humanitarian access to reach people and deliver assistance, as well as to enable affected people to seek out and obtain humanitarian aid. Guided by humanitarian principles, partners will continue to engage with authorities and other relevant stakeholders, in order to ensure humanitarian access and enable the delivery of critically needed assistance in areas under the control or influence of militia groups, building trust and acceptance as a measure to deliver effectively.

## LIBYA HUMANITARIAN ACCESS MAP 2018

- Limited access constraints**  
 International and national humanitarian organizations can operate in these areas with a high level of confidence related to the security and safety of staff, and very limited impediments and operational risks.
- Low access constraints**  
 International and national humanitarian organizations can operate in these areas with confidence related to the staff safety and security, few serious impediments and low levels of operational risks.
- Medium access constraints**  
 International and national humanitarian organizations can operate in these areas with caution related to the staff safety and security. There are reports of serious impediments and increased operational risks in these areas.
- High access constraints**  
 International and national humanitarian organizations can operate in these areas with a high level of caution related to staff safety and security. There are frequent serious impediments and high operational risks in these areas. Access restrictions for international organizations are higher than national organizations.
- Extremely high access constraints**  
 International and national humanitarian organizations can operate in these areas with a very high level of caution related to staff safety and security. There are constant serious impediments and very high operational risks in these areas. Access restrictions for international organizations are much higher than for national organizations. Access for international organizations is sporadic and requires extensive security management.





## RESPONSE

## MONITORING

Response monitoring in 2019 will build on current practices and gauge progress against the HRP targets throughout the year. The HCT will use response monitoring to help guide strategic decision-making. Volatility in the situation and changes to humanitarian access make regular response monitoring even more important to ensure humanitarian activities are relevant to the needs of affected people.

*Strengthen monitoring efforts to inform an adaptive and flexible response*

Since the beginning of the crisis, fluidity and unpredictability of the operating environment have represented a major challenge to response operations in Libya. Continued conflicts, sudden escalations of violence, recurrent shifts of areas of control, proliferation of armed groups and political instability have complicated delivery of humanitarian assistance and related monitoring efforts. In 2019, the humanitarian community is committed to strengthen its operational capacity to respond and to regularly monitor needs and response efforts. Monitoring information and data will be analysed regularly to support adjustments to the response, as required, to meet evolving or emerging needs.

*Improved monitoring data, analyses and products to inform decisions and advocacy*

The Inter-Sector Coordination Group (ISCG) and the Information Management and Assessment Working Group (IMAWG) will ensure regular monitoring, analysis and reporting on the HRP, at the operational and strategic levels. They will support monitoring response activities, through 4W updates on a monthly basis, also contributing to monthly funding updates, and snapshots of the evolution of the humanitarian situation. Quarterly dashboards on the response reflecting monitoring information, related analysis of response achievements and gaps, evolution of needs, and recommended adjustments to response operations will be

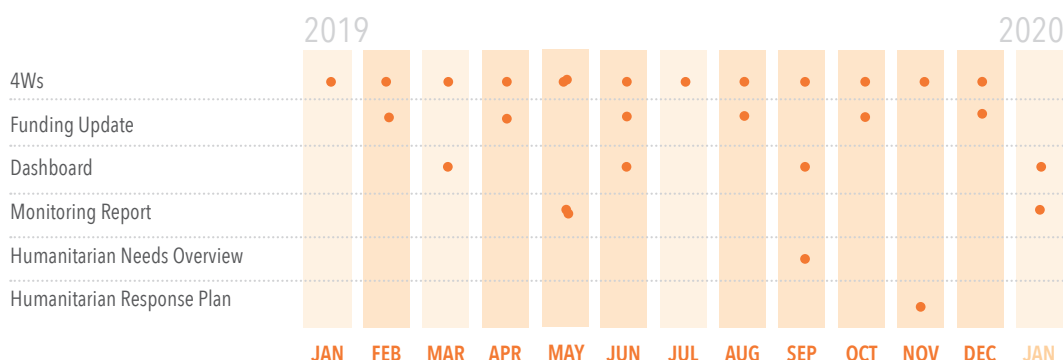
produced to inform HCT decisions, as well as advocacy efforts with donors and partners. A Periodic Monitoring Report (PMR) will be developed mid-2019 and at the end of 2019.

The ISCG and the IMAWG will strengthen engagement with all humanitarian partners to promote coordinated and multi-sectoral needs assessments and timely and effective analyses of data collected. Key planned assessments next year include the Multi-Sector Needs Assessment (MSNA) for Libyans, the MSNA for refugees and migrants, the Joint Market Monitoring Initiative (JMMI), Mixed Migration Trends in Libya, Population Profiling, the Displacement Tracking Mechanism (DTM) and many more. More information is available in the HNO.

*Innovative tools and systems to enable a more effective coordination of response operations*

The HPC Response Planning Module (RPM) tool was utilized to develop the monitoring framework of the HRP and will be used to report on the HRP indicators during the implementation of the plan. The ISCG and IMAWG will also explore the use of other complementary and integrated e-tools that could further strengthen data compilation and reporting. The DTM remains a critical source of information for the international community to monitor population movements in the country and collect, analyse, and share comprehensive information on IDPs, returnees and migrant and refugee populations.

**HUMANITARIAN  
PROGRAMME CYCLE  
TIMELINE**



## SUMMARY OF

## NEEDS, TARGETS &amp; REQUIREMENTS

## PEOPLE IN NEED



823K

## PEOPLE TARGETED



552K

## REQUIREMENTS (US\$)



202M

In 2019, humanitarian partners will target 552,000 people across Libya. 58 per cent are Libyans (IDPs, returnees, non-displaced and host communities) and 42 per cent migrants and refugees. While 51 per cent of the Libyans targeted are women, the large majority (78 per cent) of targeted non-Libyans are men, as the refugee and migrant population mainly constitutes of young men travelling alone.

## Methodology for people targeted

The overall number of people targeted in the HRP is calculated based on the maximum number of people targeted by each of the sectors, per population group, per mantika. With this approach, the total number of people targeted for humanitarian assistance in 2019 is 552,000. It is of note that the sum total of people targeted is higher than any individual sector target, as the sum figure reflects the range and diversity of people being targeted according to different population groups across Libya.

Achieving the objectives set in the plan will require US\$ 202 million. The reduced funding requirement compared to 2018 is due to a more focused humanitarian response, targeting people who are the most severely in need and vulnerable groups, based on a robust and refined needs analysis. Total funding requirements are based on a project-costing methodology, i.e. resulting from the aggregation of all endorsed projects. Strategic Advisory Groups thoroughly reviewed all projects, ensured relevance to the HRP Strategic Objectives, inter-sectoral response priorities and sector strategies, and prioritized them in line with agreed inter-agency prioritization criteria. The refugee and migrant response will be operationalized through the sectors and is therefore reflected across the relevant sectors operational plans. The response to refugees and migrants represents 38 per cent of the total budget.

Sector	TOTAL	People targeted	BY STATUS		BREAKDOWN OF TARGETED			BY SEX & AGE		REQUIREMENTS (US\$)	
	People in need		Refugees /asylum-seekers	Migrants	IDPs	Returnees	Non displaced	% female	% children, adults, elderly <sup>A</sup>	Refugees /migrants /asylum-seekers	Total
Health	554K	388K	38K	175K	39K	86K	51K	34%	26   72   2%	18.3M	43.5M
Protection	490K	234K	55K	75K	65K	22K	17K	45%	38   57   5%	20.6M	53.9M
Shelter & NFIs	292K	195K	20K	50K	36K	73K	16K	36%	31   62   7%	9.74M	18.3M
Food security	298K	197K	12K	27K	33K	18K	107K	46%	36   60   4%	3.86M	24.4M
WASH	267K	150K	8K	32K	24K	48K	39K	43%	34   63   3%	5.30M	9.50M
Education	93K	71K	21K	24K	8K	8K	10K	42%	100   0   0%	4.10M	12.2M
Multi purpose cash	-	74K	11K	-	45K	6K	11K	45%	34   61   5%	5.82M	23.2M
Common services	-	-	-	-	-	-	-	-	-	8.32M	16.5M
<b>TOTAL</b>	<b>823K<sup>B</sup></b>	<b>552K<sup>B</sup></b>	<b>56K<sup>B</sup></b>	<b>177K<sup>B</sup></b>	<b>73K<sup>B</sup></b>	<b>116K<sup>B</sup></b>	<b>130K<sup>B</sup></b>	<b>39%</b>	<b>33   64   3%</b>	<b>\$76M</b>	<b>\$202M</b>

A. Children (<18 years old), adult (18-65 years), elderly (>65 years)

B. Total figure is not the total of the column, as the same people may be targeted by multiple sectors

# PART II: OPERATIONAL RESPONSE PLANS



Protection



Health



Water, Sanitation & Hygiene (WASH)



Shelter & Non-Food Items (NFIs)



Food Security



Education



Multi-Purpose Cash Assistance



Common Services (Logistic, Emergency  
Telecommunication, Coordination)

## PEOPLE IN NEED

 490K

## PEOPLE TARGETED

 234K

## REQUIREMENTS (US\$)

 53.9M

## # OF PARTNERS

 13

## PROTECTION OBJECTIVE 1:

1 Monitor and assess protection risks and violations to identify persons in need to inform the humanitarian response

RELATES TO SO2 

## PROTECTION OBJECTIVE 2

2 Provide specialized protection assistance and services to vulnerable and conflict affected Libyans and non-Libyans

RELATES TO SO2 

## PROTECTION OBJECTIVE 3

3 Engage with authorities and humanitarian partners to promote full adherence to international protection norms, humanitarian and human rights law and facilitate community-based approaches to protection

RELATES TO SO2 

## PROTECTION



## Priority Needs

Seven years of conflict and widespread violations of International Human Rights Law, International Humanitarian Law and International Refugee Law have resulted in severe protection needs for IDPs, returnees, affected host communities, refugees and migrants. The Protection Sector identified 490,000 persons in need of protection in Libya. Priority needs are: 1) access, and availability of specialized and other protection service for all population groups in need; 2) limited information on the protection situation of the different population groups across Libya to better mainstream protection across the overall response; 3) need for greater capacity of institutions and individuals to respond to identified protection needs through increased community-based protection mechanisms.

## Response Strategy

## Scope of the sector response

In line with the HRP scope and targeting parameters, the Protection Sector (including its Child Protection, Gender Based Violence, and Mine Action Working Groups) targets 234,000 persons in need for protection intervention and assistance, of which 104,000 are Libyans and 130,000 non-Libyans. The calculation of people targeted was informed

by the number of people reached by the Sector in 2018 (January-September 127,000; annual projection: 170,000), the planned scale up of activities by protection partners and their increased capacity and access.


The geographic focus is on those areas with severe needs and large populations in need, in particular Tripoli, Benghazi, Sirt, Misrata and Sebha. Further priority is given to locations with high population density of Libyans and non-Libyans, including in DCIM-operated detention centres holding refugees and migrants in dire need.

## Response priorities

While there was a significant increase in information collected in 2018, there are still overwhelming gaps in accurate and comprehensive protection data for vulnerable persons in conflict affected areas and refugees and migrants in urban areas. In 2019 the Sector response is inclusive of all population groups in need (IDPs, returnees, affected host community, refugees and migrants) and includes: 1) expansion of protection monitoring and of protection assessments, to identify needs and inform future programming; 2) expansion of quality specialized protection services and referral pathways to facilitate access; 3) continuation of capacity-building initiatives for stakeholders, including duty-bearers, national humanitarian actors and community members to identify/mitigate protection risks

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## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	125K	214K	93K	32K	26K	490K	31% <div><div></div></div>	27%	68%	5%
PEOPLE TARGETED	55K	75K	65K	22K	17K	234K	45% <div><div></div></div>	38%	57%	5%
FINANCIAL REQUIREMENTS	\$20.6M		\$33.3M		\$53.9M		*Children (<18 years old), adult (18-65 years), elderly (>65 years)			

\*Children (<18 years old), adult (18-65 years), elderly (>65 years)

**CONTACT**

Yasin Abbas  
Protection Sector  
Coordinator  
Abbasy@unhcr.org

Maanasa Reddy  
Protection Sector Co-  
Coordinator  
Pwg.cc@drc-libya.org

and improve service quality; 4) reinforcement of community-based approaches and services, through awareness-raising, social cohesion and community-based initiatives. Furthermore, for the urban-based non-Libyan population in need the focus is on 5) the provision of basic socio-economic support to individual refugees and migrants at specific risk of otherwise resorting to harmful coping strategies.

**Refugees and migrants in detention:** The provision of life-saving protection assistance, as well as protection risks monitoring and assessment for the more than 6,000 refugees and migrants held in DCIM-run detention centres continue to be an integral part of the sector's response. This will include specialized services to particularly vulnerable individuals in detention. Services include psychosocial, legal, family tracing and advocacy for release and placement in alternatives to detention for the most vulnerable.

**Gender-Based Violence (GBV):** There are an estimated 125,000 people in need of GBV assistance in Libya. The GBV Working Group (GBV WG) seeks to strengthen the provision of specialized services by expanding its coverage to previously unaddressed areas, such as Sirt, Alkufra and Murzuq. It also aims to strengthen provision of GBV services in Tripoli, Sebha, Benghazi, Misrata and Sirt to enhance timely and safe access to services for 11,400 vulnerable individuals in need of GBV case management and psychosocial support. A GBV information management system will be rolled out at the inter-agency level to ensure improved advocacy and quality GBV programming in Libya. GBV referral pathways will be developed and shared with 100,000 community members in the above mentioned locations to help the most vulnerable Libyans and non-Libyan women, youth and children seek and receive the support they need. Partners will conduct additional GBV assessments, including safety audits in collective centres and IDP informal settlements. Partners will also strengthen local capacity to respond to, and prevent GBV, by providing tailored training to more than 620 people. Furthermore, dignity kits will be distributed to more than 70,000 women and girls of reproductive age.

**Child Protection:** An estimated 133,400 children (53,400 girls and 80,000 boys) are in need of Child Protection services. The Child Protection Working Group (CPWG) is planning to address multiple needs of

children and their caregivers by scaling up programmes, improving the quality of services and strengthening integrated approaches with other sectors. The CPWG is planning to reach 8,000 of the most vulnerable children, including children with disabilities and child survivors of GBV, through integrated case management and individual services to restore dignity and prevent further distress. Such specialized services include best interest assessments and determination for refugee and migrant children and reintegration services for children affected by armed conflict. The CPWG works with the Protection Sector, GBV WG and Mental Health and Psychosocial Support (MHPSS) Technical Group to develop a harmonized approach towards case management, including referrals. 88,000 children will be reached through social cohesion activities, and structured and sustained psychosocial support activities also targeting caregivers and community members. Increased efforts will be made to strengthen the collaboration with Protection, GBV and Mine Action partners to develop a harmonized approach towards data collection, messaging and development of inter-agency coordination and standard operating procedures. CPWG partners also aim to strengthen the capacity of local actors through mentoring and coaching. Accelerated efforts will be also made by responsible agencies to scale up monitoring of child rights violations.

**Mine Action:** Civilians, especially IDPs, returnees, and refugees and migrants residing in affected areas, continue to be exposed to explosive hazards, such as landmines, unexploded/abandoned ordnance and other explosive remnants of war, which affect their physical security and access to services. The Mine Action Working Group (MAWG) focuses on: i) conducting Non-Technical Surveys (NTS) to assess the presence of explosive hazards and identify safe areas, ii) performing clearance of contaminated areas, ii) delivering Mine Risk Education for host communities, IDPs and returnees, to increase awareness of the risks of explosive hazards, and iv) providing specialized assistance to survivors of explosive hazards. These activities will take place in Tripoli, Benghazi, Tawergha, Sirt, Al Jabal Al Gharbi, Derna, Sebha, and Brak Al Shati. The MAWG will continue enhancing the capacity of national stakeholders and coordinate mine action operations and information management.



## Integrated response approaches

The Protection Sector will actively pursue integrated response approaches in 2019 at different levels, including advocating for an inter-sectoral referral mechanism. The Protection Sector and its Working Groups work on an integrated response approach in collaboration with the Education, Food, Health, and Shelter sectors in schools, community centres, health facilities, and detention centres. Furthermore, in 2019, the Housing, Land, and Property Technical Group (HLP TG) will be established, in close collaboration with the Shelter Sector. The newly formed MHPSS Technical Group will increase the scale of their work and will report and coordinate with the Health and Protection sectors. The CP and GBV working groups will work closely with the Education Sector to ensure that education staff are adequately trained in CP and GBV referral mechanisms and existing services, promoting a safe environment in schools, and developing CP and GBV messaging, amongst other activities. The CP WG will also strengthen its collaboration with the Food Security Sector to ensure referrals of at-risk children and their families to food security services and promote safe participation of at-risk adolescents to livelihoods and life skills activities. The Protection Sector will engage with all other sectors to increase protection mainstreaming, centrality of protection, and the identification of most vulnerable persons through protection monitoring activities.

## The Humanitarian-Development-Peace Nexus

The Protection Sector interventions will address immediate needs taking into account longer-term development and stabilization activities outside the HRP. By being “as local as possible, as international as necessary,” programmes aim to find a balance between local and international capacity and efforts, and to comply with the global commitments of the World Humanitarian Summit and the Grand Bargain, including the need to strengthen partnerships with national and local actors. The Protection Sector response for 2019 contributes to the overall improvement of public services through local capacity building and enhanced community-based protection mechanisms, including through the activation of sub-national area working groups. An increased focus will also be placed on social cohesion activities.

## Key principles of the response: centrality of protection, gender and accountability to affected population

In line with the IASC policy on the Centrality of Protection, the Protection Sector supports all sectors, humanitarian partners and the HCT to ensure that the humanitarian response and all assistance is planned and implemented to promote the safety, dignity and rights of affected people. This includes development of concrete protection mainstreaming measures and actions, and integration of protection activities across all humanitarian programmes to create a protective environment for people in need.

## Response modalities

The Protection Sector response (including its Child Protection, GBV, and Mine Action Working Groups) broadly comprises activities which monitor, identify and assess protection needs, including human rights/ IHL violations, child right violations, GBV incidents, and overall civilian impacts, to advocate for (as it concerns Libyan nationals), and refer people to assistance to all sectors. Provision of direct protection and assistance activities include psychosocial support tailored to adults, children and GBV survivors, as well as other critical protection services, such as legal assistance, case management, survivors’ assistance, referral pathways and multi-sectoral GBV response, as well as cash assistance to address and remedy specific protection incidents or situations.

Specific to refugees and migrants, urban protection infrastructure, including Community Day Centres and outreach mechanisms, such as the Migrant Resource and Response Mechanism (MRRM), remain fundamental tools to reach-out to urban refugees and migrants in a participatory and inclusive manner.

## PEOPLE IN NEED

 554k

## PEOPLE TARGETED

 388k

## REQUIREMENTS (US\$)

 43.5M

## # OF PARTNERS

 9

## HEALTH OBJECTIVE 1:

1 Improve access of vulnerable people to integrated primary and secondary health services.

RELATES TO SO1



## HEALTH OBJECTIVE 2

2 Strengthen disease surveillance and rapid response system

RELATES TO SO1



## HEALTH OBJECTIVE 3

3 Strengthen capacity of health facilities for timely provision of a full package of health services.

RELATES TO SO1



## CONTACT

Dr Hussein Hassan

Health Sector  
Coordinator

hassenh@who.int

## HEALTH



## Priority Needs

The health system in Libya is fragile and fragmented, and the protracted crisis has weakened the technical and operational capacities of the health workforce. Migrants, displaced persons, refugees, vulnerable groups, people with special needs, including people with mental health problems and rural communities, have limited access to integrated essential health services due to shortage of medical equipment and medicines and inadequate competent health service providers. 17.5 per cent of hospitals, 20 per cent of primary health care facilities and 18 specialized hospitals are partially damaged or completely destroyed.

The spread of communicable and preventable diseases, as well as non-communicable diseases (NCD) is one of the major challenges faced by most of the districts and municipalities. Weak disease surveillance, limited rapid response capacity and fragmented health system show a grim picture of universal health coverage indicators in Libya.

## Response Strategy

## Scope of the sector response

In line with the HRP scope and targeting parameters, the Health Sector will prioritize areas with high and moderate needs severity.

Areas with lower severity ranking but high scale of people in need will also be targeted. Findings from the HNO analysis, as well as other vulnerability assessments were used to define targeted people. People having chronic illnesses with limited or no access to medicines, people with mental health disorders and without access to integrated care and treatment support, people having physical disability without access to needed healthcare, pregnant and lactating women especially in hard-to-reach areas, people living in areas with damaged or destroyed health facilities and displaced families, migrants, refugees and returnees will be given the highest priority by the response. To improve access to integrated and essential health services, the Health Sector will also focus on addressing shortages of supplies and lack of adequate medical staff.

## Response priorities

The Health Sector response will prioritize access to a minimum package of integrated health services at primary and secondary levels, strengthening disease surveillance, rapid response and effective response coordination, and strengthening the capacity of the health workforce. Integrated services cover emergency and trauma care, management of Communicable and Non-Communicable Diseases, Maternal, Neonatal and Child Health (MNCH), MHPSS and clinical rehabilitation. The disease surveillance component will strengthen

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children*	% adult*	% elderly*
PEOPLE IN NEED	54K	250K	56K	122K	72K	554K	31%	26%	72%	2%
PEOPLE TARGETED	38K	175K	39K	86K	51K	388K	34%	26%	72%	2%
FINANCIAL REQUIREMENTS	\$18.3M		\$25.2M			\$43.5M				

\*Children (<18 years old), adult (18-65 years), elderly (>65 years)

the existing Early Warning Alert and Response Network (EWARN) and Rapid Response Network (RRN) under the coordination of the Emergency Operations Centre (EOC). This will enable partners to detect, manage and contain cases at the earliest stages. On capacity strengthening of the health workforce, health partners will rely on Emergency Medical Teams (EMT) and mobile teams in areas where medical staff is limited or specialized services are inadequate. EMT will complement the public system capacity and enhance availability and quality of services, and transfer skills to the existing health workforce.

### **Integrated response approaches**

The Health Sector will identify programmatic synergies with the WASH and Protection sectors and enhance inter-sectoral approaches during the response. Programmatic synergies between the WASH and Health sectors include but are not limited to the improvement of sanitation systems in health facilities, ensuring the availability of clean and safe water in targeted medical centres, the integration of hygiene promotion activities into health education sessions, distribution of water purifying Aquatabs through medical teams and health awareness activities, and working closely in the prevention and treatment of water-borne diseases.

The Health Sector will work with the Protection Sector on response approaches that ensure community engagement, accountability to beneficiaries and equal access to health services for men, women, boys and girls. The Health and Protection Sectors will deliver comprehensive services on mental health and psychosocial support in addition to clinical management of sexual violence at clinical and community levels. Inter-sectoral coordination and communication, joint response planning, monitoring, as well as gap analyses will be undertaken at all stages of the Health Sector response.

### **The Humanitarian-Development-Peace Nexus**

The Health Sector will support close coordination between humanitarian, development and stabilization programmes to work jointly on data collection, data analysis and restoration of full access to comprehensive healthcare services. While responding to the acute needs of vulnerable groups, public health emergency projects will expand the coverage and quality of comprehensive healthcare service packages at different levels with the use of an integrated approach. Skills transfer through capacity development and refresher training will be ensured to further empower the health workforce and reduce reliance on mobile teams. The Health Sector will work closely with the different departments of the Ministry of Health to support the restoration of the functionality of the health system. This will involve rolling-out the minimum health service package in all districts and municipalities and transitioning to the Essential Health Service Package. Capacity building for the health workforce, and improving management of existing human resources, enhancing the health information system with the use of District Health

Information System tool, and improving the supply chain system and cold chain system will be prioritized in order to bridge the humanitarian and development nexus in the context of health. The Health Sector will advocate for the development of district development plans that cover healthcare services along with other development priorities.

### **Key principles of the response: centrality of protection, gender and accountability to affected population**

The Health Sector will identify protection risks and needs during health needs assessments and health population surveys with the use of systematic and meaningful engagement tools. This includes joint community planning and monitoring tools. Other community conversation tools that focus on community health vulnerabilities and protection concerns will also be developed and piloted in some districts and municipalities. Vulnerabilities and strengths of men, women, girls and boys, elderly persons, persons with disabilities, persons belonging to minority groups, and persons with mental disorders will be identified through participatory assessments. The Health Sector will use a two-way communication with affected communities in order to capture their risks, needs, capacities and aspirations. In order to ensure excellence and equality in healthcare services, Health Sector partners will enhance the diversity and distribution of healthcare workforce (including available female staff) in all primary and secondary facilities as well as mobile team members. Community outreach teams will be reinforced and strengthened in order to expand the services to different community settings. Further initiatives to tackle the health professional-patient encounter will be discussed.

### **Response modalities**

Direct implementation and partnership with national and local partners will be the main response modalities. Partners will deploy EMTs and mobile teams in areas with limited capacities of health service providers or where health service is not adequate. Capacity building through provision of regular training courses, supportive supervisions, and on-job training activities will represent other key response modalities. Partners will work with the Medical Supply Organization (MSO) and the Pharmaceutical department for the procurement and distribution of essential medical equipment, medicines and laboratory supplies and reagents. The Health Sector will also support linkages across early warning, rapid response and emergency response coordination.

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## FOOD SECURITY OBJECTIVE 1:

1 Crisis-affected vulnerable populations in Libya have access to sufficient and nutritious food.

RELATES TO S01 , S02

## FOOD SECURITY OBJECTIVE 2

2 Improve households food security for at-risk groups by supporting agricultural, livestock and fishery systems, assets and control of outbreak of diseases.

RELATES TO S01

## FOOD SECURITY



## Priority Needs

Food security is a priority for the most vulnerable populations in Libya, as conflict continues to cause displacement, and the economic crisis contributes to increasing food prices. In Alkufra, Zwara and Murzuq, more than 30 percent of households have a poor or borderline food consumption. On average, Libyan households spend 53 per cent out of their total expenditure on food items.

Food needs are severe in Sirt and Zwara (in the West), and critical in some of the southern and eastern mantikas, such as Aljufra, Alkufra, Murzuq, Sebha, and Ubari, where food insecurity is high and people are increasingly reliant on negative coping strategies.

While the agricultural sector, namely crop or livestock production and fishing, stands at 22 per cent, it is particularly prominent in specific mantikas, such as Wadi Ashshati and Sebha, where 50 per cent or more of the population is engaged in some form of agricultural production. The vast majority of households are involved in agricultural production for household consumption, and less than 10 percent rely on agriculture exclusively as a source of income. Nationally, 7.4 per cent of households have abandoned agricultural production across Libya since 2014, and a majority of households still engaged in agricultural production report difficulties continuing it, as a result of the conflict.

## Response Strategy

## Scope of the sector response

In line with the HRP scope and targeting parameters, the Food Security Sector aims to progressively strengthen and expand its footprint across Libya including to the mantikas with moderate and acceptable food security levels, as the increasing use of negative coping strategies are expected to have direct impact on the food security.

People targeted by food assistance have been identified based on geographic and household targeting criteria, using proxy indicators. Vulnerable Libyans have been jointly identified with the local crisis committees in consultation with partners, including NGOs. People targeted include IDPs, returnees, non-displaced hosting communities including farming communities, refugees and migrants with a priority to female-headed households, the elderly and households with persons living with disabilities. Refugees and migrants will also indirectly benefit from food assistance provided to Libyans, as it is expected to help local markets stabilize, and as a result, to contribute maintaining the prices of basic food items at an accessible level for non-direct beneficiaries in the same areas.

Following a country-specific agreement between WFP and UNHCR and in line with the UNHCR-WFP global Memorandum of Understanding, the Sector targets refugees

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	23K	94K	33K	41K	107K	298K	35%	30%	67%	3%
PEOPLE TARGETED	12K	27K	33K	18K	107K	197K	46%	36%	60%	4%
FINANCIAL REQUIREMENTS	\$3.86M		\$20.58M		\$24.4M					

\*Children (<18 years old), adult (18-65 years), elderly (>65 years)

## CONTACT

Shaker Allozi  
Food Security Sector  
Coordinator  
shaker.allozi@wfp.org

Mohamed Alansi  
Food Security Sector  
Co-coordinator  
mohamed.alansi@fao.org



registered by UNHCR. The Sector also assists refugees and migrants in Detention Centres (DCs), through IOM, with emergency meals/nutritional packages.

### Response priorities

Based on the sectoral needs severity and identified vulnerable groups in the HNO, the Sector prioritizes response interventions targeting the most vulnerable communities, as well as the mantikas identified as having critical or severe needs (Alkufra, Aljufra, Azzawya, Murzuq, Sebha and Wadi Ashati).

Emergency food assistance for refugees and migrants in detention centres is also prioritized as an emergency life-saving measure undertaken during the first five days of migrants' arrival at the centres, until the DCIM starts its assistance. It is critical that emergency food assistance in detention centres is a stop-gap measure and does not sustain the perpetuation of inhumane living conditions in detention centres.

In addition to direct food assistance, the Sector supports agricultural, livestock and fishery systems, by providing emergency agricultural inputs as well as vocational trainings through FAO, in order to minimize the rate of abandoning agricultural activities, capacitate Libyan populations to produce their own food and sell the surplus to generate some income.

A rapid food security review will be conducted in 2019 to collect updated information on food security needs in order to further inform and guide response operations.

### Integrated response approaches

Integrated response approaches are planned by the sector during 2019. For example, FAO and WFP target the same population groups in identified geographical areas with food assistance, emergency agriculture, livestock and fishery support to meet their immediate food needs, while protecting and preserving the agricultural and livestock assets that they depend on.

The Sector also collaborates closely with the Education and Health sectors through joint activities, such as upcoming school feeding programmes and nutrition surveys. For instance, in 2019, the Sector plans to undertake a nutrition survey with UNICEF and the Libyan Ministry of Health to collect evidence to inform tailored food assistance programmes for pregnant and lactating women, as well as malnourished children. The Sector also will also collaborate with the Education Sector on different initiatives, such as Home-grown School Gardens (vegetable growing for school feeding) and rapid food responses with ready-to-use food, such as date bars already stored at predetermined schools for emergency cases.

The Food Security Sector continues working closely with the Cash Working Group (CWG) on market monitoring,

the minimum expenditure basket, and household profiling. In addition, it will engage with the CWG on facilitating harmonized and coherent inter-sectoral approaches to multi-purpose cash assistance, including the definition of vulnerability criteria for targeting people in need.

### The Humanitarian-Development-Peace Nexus

Linking short-term humanitarian interventions, such as immediate food assistance to the most vulnerable groups, with longer-term development support, such as creation of livelihood opportunities and income-generating initiatives is critical for the Sector. All activities implemented by the Sector integrate nutrition-sensitive programming, gender-transformative approaches and conflict-sensitive design.

WFP's port assessments planned outside the HRP will eventually support the rehabilitation of ports. This is expected not only to facilitate the import of humanitarian food and non-food items, but also to create an enabling environment for the commercial sector. Outside the HRP, and in close collaboration with the Libya Food and Drug Control Centre (FDCC), WFP provides support to improve food control standards, and food safety procedures. These activities are expected to have a positive impact on the quality of food in Libya.

The Food Security Sector will complement, and contribute to these interventions by strengthening focus on prevention/deterioration of food insecurity and enhancing linkages between the sector assistance and national safety nets (to be reviewed next year). The Sector also plans to invest in data collection and analysis.

### Key principles of the response: centrality of protection, gender and accountability to affected population

Protection concerns are integrated into all activities to ensure that people most in need, including persons with disabilities, can access assistance in a safe, dignified and equitable manner. To address the specific needs of different population groups, the Sector targets women-headed households, or large households with pregnant and lactating women or girls, children under two, and/or elderly persons, people with chronic illnesses or people living with disabilities.

The Sector is committed to ensuring that affected populations are knowledgeable about planned assistance through local partners and other appropriate communications mechanisms, such as crisis committees and regular communication campaigns. Specific efforts are made to consult with female beneficiaries in planning and implementing phases to ensure protection and other concerns are considered and addressed. For instance, the Sector will continue to offer and manage several platforms, such as hotlines, Post-Distribution Monitoring, and monthly quality control calls, through which people can provide their feedback on assistance received.



### **Response modalities**

Response modalities will be determined based on gender analyses and beneficiary preferences, as well as contextual and sectoral (market and financial sector) assessments. Cash-based transfers (CBT) will gradually be increased where local markets are functional and food is available. Wholesaler capacities, redemption solution technology, and local food supply are other factors that will be taken into consideration. CBT will also facilitate livelihoods and resilience-building activities, and partially contributes to increase access to essential goods and partially address liquidity crisis.

The sector will continue to collaborate with the Joint Market Monitoring Initiative (JMMI) to collect data on price fluctuation, including the minimum expenditure basket, and the functionality of markets.

## PEOPLE IN NEED

 267K

## PEOPLE TARGETED

 150K

## REQUIREMENTS (US\$)

 9.5M

## # OF PARTNERS

 7

## WASH OBJECTIVE 1:

1 Provide life-saving WASH assistance to the most vulnerable population groups affected by humanitarian crisis.

RELATES TO SO1 

## WASH OBJECTIVE 2

2 Ensure the most vulnerable children affected by crisis have access to basic and safe WASH facilities

RELATES TO SO1 

## WATER, SANITATION & HYGIENE (WASH)



## Priority Needs

The protracted conflict and continuous political instability resulted in reduced access to adequate WASH services as well as weakened capacity of WASH institutions. WASH priority needs are: 1) access to WASH services in detention centres. As a result of continuous overcrowding, there is a continued need to improve water, sanitation and hygiene situation in all the centres; 2) the need for supplies and equipment (e.g. generators, pumps) to maintain WASH facilities and ensure basic functionality of WASH systems in several conflict-affected municipalities, including Sabha, Sirt, Benghazi, Derna. The lack of capacity and of service providers particularly for the Man-Made River Project network, (which serves 60% of people in Libya) is acute and needs rehabilitation and maintenance; 3) the need for access to WASH in schools, particularly in the most marginalized areas in southern and western cities, conflict-affected areas of the country as well as areas located on the migration routes. The WASH situation in the health facilities is also in dire need of rehabilitation/upkeep especially regarding access to clean water/sanitation; 4) the need to access basic and safe humanitarian WASH services for host communities in collective centres and IDP camps, as well as for refugees and migrants wherever the needs arise as the protracted situation continues.

## Response Strategy

## Scope of the sector response

267, 000 people including 106,000 children in Libya are in need of humanitarian WASH assistance. In line with the HRP scope and targeting parameters, the WASH Sector will target 150,000, including 60,000 children in highly affected mantikas (including Benghazi, Al Gabal Al Gharbi, Zwara, Sebha, Azawya, and Ejdaia). New and emerging conflict affected population across the country will be targeted for life-saving WASH intervention, as needs arise. The WASH Sector response will focus its assistance on the newly displaced population, IDPs living in collective centres, returnees with damaged infrastructure, overburdened non-displaced population in conflict-affected areas, refugees and migrants, and schoolchildren with limited access to WASH facilities.

## Response Priorities

Sectoral priorities for the WASH sector are:

- Improvement of WASH facilities in detention centres to enhance dignified access to refugees and migrants in need.
- Responding to the urgent WASH needs during onset of emergencies (e.g. water trucking).
- Providing technical support to service

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	14K	56K	43K	85K	69K	267K	39%	34%	63%	3%
PEOPLE TARGETED	8K	32K	24K	48K	39K	150K	43%	34%	63%	3%
FINANCIAL REQUIREMENTS	\$5.3M		\$4.2M		\$9.5M		*Children (<18 years old), adult (18-65 years), elderly (>65 years)			

## CONTACT

Mohammad Almjadleh,  
WASH coordinator.  
malmjadleh@unicef.org

providers to enable them to assist their communities to access safe drinking water. Light rehabilitation of WASH facilities in IDP camps, schools, health facilities and detention centres.

- Ensuring children affected by the crisis have access to basic and safe WASH facilities in schools and health facilities.
- Advocating for the repair and maintenance of the Man-Made River Project, the water network providing water supplies to about 60 per cent of the population in Libya.

Response interventions will be prioritized against fund availability, needs and engagement of vulnerable people particularly children and women.

### Integrated response approaches

Aiming at cost reduction and higher impact, the implementation will ensure proper coordination with other sectors. WASH in schools will be undertaken in collaboration with the Education Sector. WASH in health facilities will be implemented in collaboration with the Health Sector. Similarly WASH in detention centres will be carried out in collaboration with Protection, Food Security and Shelter/ NFI sectors. WASH in areas of return, will be delivered in collaboration with SNFI.

### The Humanitarian-Development-Peace Nexus

WASH activities will be complementary to social services provided under the UN Strategic Framework (UNSF) 2019-2020 outcome area three on improving the capacity of Libyan institutions to design, develop and implement social policies for quality social services. The selected projects will be coordinated with community and local authorities through the existing coordination mechanisms, such as the Joint Technical Coordination Committee (JTCC).

Development interventions implemented outside the HRP but complimentary to WASH humanitarian assistance and addressing some of the underlying causes of WASH needs will focus on building the capacity of partners for the effective management of WASH facilities. Other development activities include the repair of municipal water and sanitation systems, water quality monitoring and provision of supplies for affected municipalities in alignment with government priorities. These are 1) ensure service delivery and operational water and sanitation systems; 2) ensure continuous provision of water and sanitation services to affected people; and 3) reform and strengthen the water and sanitation sector governance, policy and strategy.

### Key principles of the response: centrality of protection, gender and accountability to affected population:

WASH partners regularly involve affected communities in

all phases of project planning, design, implementation and monitoring. For example, during the implementation of the WASH projects feedback mechanisms, such as interviews and surveys, are used to enable people to provide their comments and advice on issues, such as access to water and sanitation services, quality and effectiveness of the response. Transparent and relevant information on the organization and the implementation of activities are being shared with communities and affected people.

Protection and gender mainstreaming are at the core of the humanitarian WASH assistance. The light rehabilitation of water and sanitation facilities in schools and health facilities will be adapted to ensure safe and dignified access for all affected population groups, especially persons with disabilities.

The WASH Sector has integrated information about GBV risk reduction including referral pathways for GBV survivors in all its awareness campaigns. By promoting and ensuring separate WASH facilities for men and women in IDP collective centres, schools, and detention centres, WASH partners aim to protect women and girls and respond to their specific needs. WASH need assessments and reports will also include gender and age disaggregated information.

### Response modalities

The WASH Sector will respond by pre-positioning basic WASH items at strategic locations, providing in-kind WASH items as well as cash assistance, whenever feasible. WASH partners will also re-establish the basic functionality of WASH facilities and adopt of key emergency preparedness measures. The WASH Sector is also part of the Rapid Response Mechanism (RRM) led by UNICEF to respond within three to seven days to new emergencies as they arise. This assistance will include provision of essential WASH items and emergency assistance in line with globally agreed minimum standards (e.g. 15 to 20 litres of water per person per day, and sanitation facilities of 1 latrine per 20 persons).

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## SHELTER &amp; NFI OBJECTIVE 1:

**1** Provide emergency shelter assistance to the most vulnerable populations

RELATES TO S01 , S02

## SHELTER &amp; NFI OBJECTIVE 2

**2** Provide shelter assistance to most vulnerable IDPs, returnees, non-displaced, migrants and refugees.

RELATES TO S01 , S02

## SHELTER &amp; NFI



## Priority Needs

Waves of conflict have caused population displacement and severe damages to housing and infrastructures across Libya, mostly in the coastal areas, impacting the living conditions of the affected populations, Libyans and non-Libyans. This destruction of housing and lack of adequate shelter options have led to housing shortages and an increase in rental prices, affecting the most vulnerable population.

The need for housing continues to stretch, especially into urban areas and around the major cities, exacerbating the difficulties in securing affordable housing and putting an increased number of families at risk of eviction. IDPs in informal settings are among the most vulnerable in need of shelter and basic infrastructure support.

On top of this housing situation, the current economic decline continues to impact the livelihoods opportunities of Libyans and non-Libyans. Displaced populations encounter greater difficulties to afford rental costs and cannot afford the costs of repairs constraining them from returning to their original homes.

Also Housing, Land and Property (HLP) rights for shelter appear to be of concern, especially for populations engaging in return. This population needs assistance in the form of information, counselling and legal assistance to access their original homes in a safe and dignified manner.

## Response Strategy

## Scope of the sector response

An estimated 292,000 people in Libya are in need of shelter assistance in the form of in-kind, cash-based and legal assistance related to the right for shelter.

Across Libya, the most severe needs for shelter assistance are concentrated in areas where returnees experience difficulties to afford safe and dignified settings, such as Benghazi and Sirt (72,400 people estimated in need); 24,800 IDPs remain in need of assistance in Aljbara, Benghazi, Sebha and Tripoli – and an estimated 22,000 non-displaced persons would need support to afford a safe and dignified setting. Dedicated shelter assistance, in all forms will be prioritized in these areas concentrating the most vulnerable populations.

In line with the HRP scope and targeting parameters, 125,000 Libyans will be targeted in these prioritized areas for shelter activities in 2019. Migrants, refugees and asylum seekers, require particular attention, especially in areas such as Almargeb, Ejdaiba, Murzuq, Sebha, Tripoli – 62,700 people need a specific humanitarian response in urban areas. These areas will be of concern for shelter assistance toward migrants and refugees. Overall, across Libya, around 70,000 migrants and refugees will receive assistance in the form of NFI packages mostly, including in detention centres.

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## CONTACT

Julien Peschmann  
Shelter/NFI Sector  
Coordinator  
Email: coord.libya@  
sheltercluster.org

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	23K	102K	48K	97K	22K	292K	34%	29%	64%	7%
PEOPLE TARGETED	20K	50K	36K	73K	16K	195K	36%	31%	62%	7%
FINANCIAL REQUIREMENTS	\$9.7M		\$8.6M		\$18.3M					

\* Children (<18 years old), adult (18-65 years), elderly (>65 years)

### Response priorities

In order to prevent further deterioration of the shelter situation of the most vulnerable populations of concern, the Sector's response will focus on the following priorities:

Provide emergency shelter assistance to the most vulnerable populations (to meet the basic needs of the most vulnerable population affected by new and onset crises across Libya);

- Provide shelter assistance to most vulnerable IDPs, returnees, non-displaced, migrants and refugees, even the population burdening long-term displacement;
- Empower the most vulnerable population groups in the realization of their HLP rights for shelter.

The Sector aims to provide tailored assistance in-kind, but also in the form of emergency cash grants wherever feasible and appropriate, to ensure people meet their needs in a manner that allows choice and promotes their dignity.

### Integrated response approaches

A cross-sectoral approach will be developed in order to ensure that protection considerations are mainstreamed and incorporated at all stages of interventions.

A combination of in-kind and cash-based assistance is provided to people that have been assessed as socio-economically vulnerable through a close linkage with actors providing multi-purpose cash to ensure that scarce resources are directed to those most in need.

Shelter upgrades will be undertaken through an integrated approach, involving multiple sectors, such as WASH, while engaging in repairs, rehabilitation of individual dwellings, and basic infrastructure improvements allowing the access to dignified shelter solutions. The strategy addresses the physical aspects of poor living-conditions, but is not limited to the physical ones.

The Shelter and NFI Sector, in collaboration with the Protection sector will develop due diligence standards for the security of tenure. Information, legal assistance related to HLP issues will be subject to a dedicated HLP Area of Responsibility, reporting to both the Protection and Shelter and NFI sectors, which will also contribute to social cohesion efforts in most affected areas.

### The Humanitarian-Development-Peace Nexus

The Shelter and NFI Sector aims to deliver immediate humanitarian assistance and build the foundations of longer-term development and contribute to stabilization initiatives. Responding to the Libyan protracted crisis requires the use of different types of interventions that build resilience, while addressing urgent needs through a mix of short- and long-term actions.

Combining mechanisms such as in-kind assistance (NFIs and/or shelter materials), with cash-based assistance at household

level (emergency grant, rental subsidies, cash for construction materials), builds resilience and results in longer-term solutions.

With expanded livelihood opportunities, affected households will be better able to contribute to local economies and move towards self-sufficiency.

The objective of developing the due diligence guidelines, and standards in collaboration with Protection actors is to support shelter actors in ensuring that HLP rights of both shelter beneficiaries and land/property owners in Libya are protected to the greatest extent possible throughout the shelter programme cycle. A due diligence process also ensures accountability to beneficiaries and donors.

### Key principles of the response: centrality of protection, gender and accountability to affected population:

The Sector continues to move towards providing support to the most vulnerable population groups based on the cross-sectoral vulnerability analysis of households. The Shelter and NFI Sector is committed to incorporating gender and age considerations across the response and to ensure that the humanitarian response targets the most vulnerable, enhance safety, dignity, and promote and protect the human rights of the beneficiaries.

Mainstreaming protection in shelter-related intervention will consider the following aspects and principles:

#### *Prioritize safety and dignity, and avoid doing harm*

- It is essential to understand land tenure arrangements, including statutory/legislative and customary access rights to land, water and other natural resources. This will reduce the risk of eviction or conflict erupting due to the lack of clarity of these issues;
- Avoid any shelter or settlement activities that involve forced relocation or return.

#### *Meaningful Access*

- Ensure particularly vulnerable groups, such as female headed households, older persons and persons with disability have equal access to shelter assistance – develop appropriate response to help vulnerable groups;
- Treat owners, tenants, the landless, informal dwellers and secondary occupants equitably even if return, resettlement and reintegration options are different for different groups.

#### *Accountability, Participation and Empowerment*

- Consider assistance to host families and host communities, such as support in expanding or adapting the host family shelter;
- Set up mechanisms for complaints and appeals, and ensure that men and women are both comfortable to access these complaints mechanisms.



## Response modalities

In-kind assistance will be delivered in the form of family NFI packages during emergency responses and also for long-term displaced populations in need of support. Also cash for shelter in emergency situations will be developed wherever feasible and appropriate.

Shelter upgrade activities will be a key component of the in-kind response, in the form of shelter materials dedicated to light repairs and rehabilitation. Light infrastructure improvements will also be considered in specific situations such as in informal settlements.

Migrants and refugee populations will also receive in-kind assistance through tailored NFI packages according to their specific needs.

In addition, unconditional multi-purpose cash assistance will be provided when appropriate, in combination to the in-kind assistance to enable the most vulnerable populations to cover inflating rental costs and facilitate access to essential goods and services.

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## EDUCATION OBJECTIVE 1:

**1** Scale up equitable access to formal and non formal education for vulnerable school-aged children affected by protracted crisis

RELATES TO SO2

## EDUCATION OBJECTIVE 2

**2** Improve the quality of education services in protective learning environments

RELATES TO SO2

## EDUCATION OBJECTIVE 3

**3** Strengthen the capacity of the education sector to deliver a timely, coordinated and evidence-based education response

RELATES TO SO2

## EDUCATION

## Priority Needs

There are approximately 343,300 Libyan, migrant and refugee school-aged children (6-17 years) whose access to education has been affected due to the conflict, displacement or legal status in the country. Out of them, 93,000 school-aged IDP, returnee, refugee and migrant children are most vulnerable and in need of education in emergency support.

Many conflict and displaced-affected children are suffering from psychosocial distress or trauma, affecting their ability to learn and develop to their fullest potential. Access to education remains one of the key priorities for returnees, the majority of which are found in Benghazi (51 per cent), Sirt (41 per cent), and Ubari (8 per cent), to establish a resumption of normalcy in children's lives.

Migrant and refugee children particularly from sub-Saharan Africa face most difficulties in accessing education, as they are prevented from enrolling due to their legal status and documentation. Those children that do attend school are often discriminated and face insurmountable language and cultural barriers. Beyond the primary level, most non-Libyan adolescents and youth have no pathway to continue their education.

Violence in schools remains a paramount issue for all children and young people in Libya. Harassment, bullying and violence push children to drop out from school, leaving them exposed to multiple protection

concerns, such as exploitation and risk of recruitment among others.

## Response Strategy

## Scope of the sector response

In line with the HRP scope and targeting parameters, the Education Sector targets 71,000 most vulnerable school-aged children, both Libyan, and migrant and refugee children, especially those living in hard-to-reach and conflict-affected areas.


The response targets 26,162 Libyan children from grades 1-12 and at least 600 teachers in the West (Tripoli, Sirt, Zwara, Azzawiya and Misrata mantikas), the East (Benghazi and Derna) and the South (Sabha, Ubari and Murzuq mantikas).

For migrant and refugee children, the response targets 45,000 school-aged children and at least 300 teachers in areas where large refugee and migrant populations reside, particularly in the West (Tripoli, Almagreb, Azzawiya, Misrata and Al Jabal Al Gharbi), the East (Benghazi, AlKufra and Ejdaibia) and the South (Sebha, Murzuq and Ubari).

## Response priorities

Education partners continue to support both national systems and community-based structures to facilitate access to quality education for all vulnerable girls and boys,

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	24K	29K	10K	11K	20K	93K	39% <div><div></div></div>	100%	0%	0%
PEOPLE TARGETED	21K	24K	8K	8K	10K	71K	42% <div><div></div></div>	100%	0%	0%
FINANCIAL REQUIREMENTS	\$4.1M		\$8.1M		\$12.2M		*Children (<18 years old), adult (18-65 years), elderly (>65 years)			

\*Children (<18 years old), adult (18-65 years), elderly (>65 years)

## CONTACT

Hind Omer  
Education Sector  
Coordinator  
Email:homer@unicef.org

Hollyn Romeyn  
Education Sector Co-  
ordinator  
Email:hollyn.romeyn@nrc.no

irrespective of their legal status in the country. The response prioritizes vulnerable children including children living with disabilities, especially in hard-to-reach and conflict-affected areas.

The Sector prioritizes improved access to formal education for children through support to teacher training, provision of supplies, and light and small scale rehabilitation of schools with gender-sensitive WASH facilities. Children who have been identified as at risk of dropping out of school or who are not attending due to displacement or legal barriers will be supported with non-formal education services, such as catch up classes and remedial support, to ensure that they do not miss out on additional years of education. Education partners have also prioritized life skills education to equip children with the skills needed for better learning in order to reach their full potential. Attention is also given to psychosocial support and recreational interventions for vulnerable children, while also addressing violence in schools through training of teachers in child protection and improved teaching methods.

The Education Sector continues to improve the capacity of education actors, by undertaking capacity development programmes for Education in Emergency (EiE) actors mainly at the national level. This support aims to strengthen their knowledge and skills to plan, implement and coordinate high quality EiE preparedness and responses in protracted emergencies and crises.

### Integrated response approaches

Education is crucial to provide access to life-saving information, address psychosocial needs, and create a stable and safe environment for the most vulnerable boys and girls and foster social cohesion, working closely with the CP and GBV working groups, through referrals to specialized agencies for case management or other specialized services. Furthermore, the education sector provides psychosocial support to boys and girls, enhances teaching methodologies to improve the learning environment for children, and collaborates with community centres where vulnerable children, from host communities and refugee and migrant children, can access services such as protection and non-formal education services, among others.

The Education Sector continues to work with the WASH Sector to undertake light rehabilitation of public and community schools with gender-sensitive basic WASH facilities (including for refugees and migrants). Education partners also collaborates very closely with the Food Security Sector on school feeding programmes for approximately 20,000 children.

### The Humanitarian-Development-Peace Nexus

Despite the continued complexity of the Libyan context, and the lack of availability of reliable data for planning and policy recommendations, education reform remains a priority on

the national agenda. Education partners continue to support strengthening both national systems and community-based structures to facilitate access to quality education for all vulnerable girls and boys, irrespective of their legal status in the country to respond to the education needs of children where the system cannot, as part of its humanitarian development nexus approach.

By focusing on the three objectives of access, quality and education system strengthening, the sector contributes to the Sustainable Development Goal (SDG) 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and to the overall education reform of the system. Long-term system strengthening assistance, including the establishment of the Education Management Information System (EMIS), will further support evidence-based interventions. Assistance is coordinated with communities and/or local authorities. Capacity building for both teachers and local actors is expected to enhance sustainability and ownership of interventions. Teacher training also contributes to the Ministry of Education's vision of capacity building for teachers that will enhance the quality of education for children. In order to enhance the linkages between immediate needs and longer term investments, the Education Sector continues to advocate for the inclusion of under-served locations and most vulnerable populations, identifying pathways with the Ministry of Education to enrol non-Libyans in schools.

### Key principles of the response: centrality of protection, gender and accountability to affected population

The protracted crisis continues to impact access to quality education for both Libyan IDPs and returnees, and also for migrant and refugee school-age children. The design and provision of education services considers the different needs of girls and boys based on age, gender, and diversity. For example, improvements to structures will aim to increase access for children with limited mobility and teacher training will include modules on inclusivity and differentiation of instruction. Special attention is given to providing opportunities for the most vulnerable girls, refugee and migrant children to ensure their access to education services.

AAP is addressed through coordination mechanisms with relevant national counterparts who have records of displaced school-age and out-of-school children to ensure regular feedback loops to enhance and strengthen interventions. Parent-Teacher Associations in formal schools and similar parent groups in non-formal education gather feedback and inputs from communities on the services provided by partners.

The Sector works closely with child protection partners to ensure learning spaces are conducive and protective environments, taking into consideration some of the factors that might impact children's access and retention in school.

### **Response modalities**

Education assistance is coordinated jointly with the Ministry of Education, local authorities and local partners, through strengthened and expanded partnerships with national and international NGOs, civil society organizations and UN entities operating in conflict-affected areas. The Sector regularly monitors activities, including through third-party monitoring and partnerships, with education counterparts and national partners.

## REQUIREMENTS (US\$)

 **16.5M**

Coordination: 8.6M

Logistics: 5.8M

ET: 2.1M

## # OF PARTNERS

 **6**

## LOGISTICS OBJECTIVE 1:

**1** Provide logistics coordination, information management, support services to organizations responding to the humanitarian crisis.

RELATES TO S01 , S02 EMERGENCY  
TELECOMMUNICATIONS  
OBJECTIVE 2

**2** Coordinate the ICT response through the provision of shared connectivity and facilitation of security telecommunication services in common operational areas for the humanitarian community, collaborating with inter-sectoral initiatives to increase access and accountability to affected communities

RELATES TO S01 , S02 

## COORDINATION OBJECTIVE 3

**3** Support humanitarian leadership and coordination to ensure an effective and principled humanitarian response

RELATES TO S01 , S02 

## LOGISTICS OBJECTIVE 4

**4** Guarantee a safe and reliable air service to the humanitarian community

RELATES TO S01 , S02 

## COMMON SERVICES



## Logistics, Emergency Telecommunications, Coordination

Following a HCT decision to rationalize and strengthen the coordination architecture, a common services pillar was created in the 2019 HRP to include Logistics, Emergency Telecommunication (ET), UNHAS and Coordination. The Logistics and the ET sectors were activated in October 2018 to help humanitarian actors re-establish operational presence in the main locations across Libya. All common services will benefit the entire humanitarian community, by enabling it to effectively and timely reach the people most in need.

## Priority Needs

Operating in Libya continues to remain challenging, with numerous security, logistical and administrative constraints to effectively deliver humanitarian assistance to the most vulnerable population.

Access to consolidated information related to logistics capacities and infrastructure, and reliable logistics services are priority needs to support a coordinated response and supply chain functions of humanitarian organizations. The volatile security situation inside Libya also hinders the ability of humanitarian actors to reach people in need, as travelling by road is often not possible.

Reliable security communications and internet connectivity in at least one common operational hub, starting with Benghazi, is critical, as highlighted by an ICT assessment mission and a needs assessment survey conducted in May 2018. Findings also showed the need to enhance current Information Communication and Technology (ICT) services in Tripoli for humanitarian organizations currently operating or planning to work in Libya.

With limited sector coordination capacity, reduced operational presence in the country, particularly outside Tripoli, and a small number of national and local partners, humanitarian coordination in Libya remains challenging. Simple and effective coordination mechanisms, a strong and unified voice on humanitarian issues, and a robust humanitarian narrative that underpins

collective advocacy and the humanitarian strategy are priority needs. Collaboration with national actors and the centrality of protection across all humanitarian interventions are other critical areas of concerns to the humanitarian community.

## Response Strategy

## Response priorities

The Logistics Sector will focus on i) maintaining and strengthening logistics coordination and information sharing among all humanitarian organizations operating across Libya, ii) facilitating common logistics services provision to enhance the ability of the humanitarian community to deliver relief items where most needed, and iii) conducting mapping and assessments of key logistics infrastructure and entry points, to clarify processes, mitigate access constraints and bureaucratic impediments to cargo movements, and maximize use of resources available in country.

The ET Sector will provide ICT, ICT helpdesk, internet connectivity and facilitate security telecommunications services along with information management services to humanitarian partners and affected population in Libya.

UNHAS will provide a fast, safe and flexible air service to the humanitarian community, facilitate the movement of humanitarian personnel and help expedite projects implementation within the country. The service will also transport light cargo to remote locations and evacuate humanitarian staff, should the situation require it.

Service provision will focus on the main hubs of Tripoli, Misrata, Benghazi and Sebha, to address operational needs in the western, eastern, and southern parts of the country. Activities will be expanded to other areas, as needed, based on operational bottlenecks, humanitarian access and presence.

Coordination response priorities include i) increase the effectiveness of humanitarian



**CONTACT****LOGISTICS:**

Valentina Signori,  
Logistics Sector  
coordinator  
Valentina.signori@  
wfp.org

**ET:**

Pastor Lovo,  
ET Sector  
Coordinator  
pastor.lovo@wfp.org

**COORDINATION:**

Niels Scott,  
OCHA Head of  
Office,  
Scott2@un.org

**UNHAS:**

Mattia Bugatto  
mattia.bugatto@wfp.  
org

response by building partnerships and enhancing leadership focussed on delivery, ii) rationalize the coordination architecture, enhance mutual accountability within the Humanitarian Country Team and strengthen information sharing, iii) strengthen area coordination, iv) undertake common advocacy on key humanitarian issues derived from a solid evidence base to promote respect for humanitarian principles, space and access, to ensure civilians are protected, and that the voices of affected people and needs inform the response, and to mobilize adequate funding for humanitarian assistance, and vi) enhance preparedness and rapid response mechanisms. At all times, humanitarian coordination will reinforce and promote inter-sectoral complementarity to enhance the impact of the collective response.

**The Humanitarian-Development Nexus**

The mapping and assessments of local infrastructures will include an analysis on rehabilitation needs and options to enhance local capacities in the medium and long terms through training and capacity building initiatives, in coordination with stabilization and development interventions. The coordination and information sharing role will also entail close collaboration with national and local counterparts and advocacy to streamline logistics and emergency telecommunications procedures and improve efficiency of the public services system.

The coordination sector will strengthen efforts to bridge the gap between humanitarian assistance and development and stabilization support, through the identification and achievement of collective outcomes and the creation of platforms for information exchange and planning.

**Key principles of the response: centrality of protection, gender and accountability to affected population**

Acknowledging the importance of strengthening Accountability to Affected Population (AAP), and in close collaboration with inter-sector coordination mechanisms, the ET Sector will explore options to establish Services for Communities (S4C). This includes providing advice to humanitarian organizations and implementing technical solutions, such as establishing an inter-agency feedback mechanism to provide people with

the opportunity to give feedback on the assistance received.

Logistics Sector interventions will be based on a participatory approach including regular discussions and feedback during sector coordination meetings and monitoring capacity of the service usage.

The Coordination Sector will support protection mainstreaming at the inter-sectoral level, in close collaboration with the Protection Sector, through the development of a protection strategy. It will also facilitate the definition of an AAP strategy to agree on a collective and coherent approach to engaging with affected people. Coordination actors will also support sectors developing needs-based impartial responses that take into consideration the different needs of women, men, girls and boys, as well as the specific vulnerabilities and capacities of the affected people, especially with respect to gender and age. In addition, it also ensures that early recovery informs all steps of the humanitarian programme cycle.

**Response modalities**

Logistics services provided will include regular and ad-hoc coordination meetings in central and field locations, based on partners' presence, timely information sharing through multiple platforms, common storage capacity established in different logistics hubs, as needed by humanitarian organizations primarily for contingency and emergency stocks, mapping and assessments of logistics infrastructures and processes to support humanitarian supply chain capacities.

The ET Sector will provide secure internet connectivity and facilitate security telecommunications services, by enhancing and sharing existing resources or deploying ICT equipment and staff to common operational areas, building local capacity, and establishing an information-sharing platform (etcluster.org) to coordinate operations with partners and users.

Coordination actors aim to achieve their response priorities through i) capacity development of sectors and area coordination groups, ii) humanitarian financing, e.g. CERF, international appeals (HRPs and Flash Appeals), iii) needs assessments support to all humanitarian actors, and iv) enhanced communications, advocacy efforts and information management.

## PEOPLE TARGETED

 74K

## REQUIREMENTS (US\$)

 23.2M

## # OF PARTNERS

 5

## MPCA OBJECTIVE 1:

1 Support vulnerable households to meet their urgent basic needs through the provision of emergency one-off cash assistance

RELATES TO SO1



## MPCA OBJECTIVE 2

2 Support socioeconomically vulnerable households to meet their basic needs through the provision of multi-month cash assistance

RELATES TO SO1



## MULTI-PURPOSE CASH ASSISTANCE



## Strategy

The Cash Working Group (CWG), in coordination with the sectors, supports the most vulnerable households to meet their urgent basic needs through the provision of multi-purpose cash assistance (MPCA) in areas where markets are functioning, accessible, and safe delivery of cash is possible. MPCA can be deployed flexibly to respond to the basic needs of socioeconomically vulnerable households in a manner that allows choice and dignity. For households impacted by the ongoing conflict, multi-month MPCA is provided to ensure that the most vulnerable are able to meet their basic needs without relying on negative coping strategies.

To achieve this, CWG partners will provide emergency one-off cash assistance or multi-month cash assistance using a range of delivery mechanisms, including prepaid cards, mobile money, and direct cash. Partners will regularly monitor the prices of goods and exchange rates, ensuring that transfer values are appropriate and that local markets are able to meet the needs of affected populations.

Under Objective one, partners will:

- Conduct vulnerability assessments and identify highly vulnerable families who need support to meet their urgent basic needs.
- Provide emergency one-off cash assistance to highly vulnerable households.

- Conduct post-distribution monitoring.

Under Objective two, partners will:

- Conduct vulnerability assessments and identify highly vulnerable families who need support to meet their basic needs.
- Deliver three months of MPCA to highly vulnerable Libyan households and up to six months of MPCA to highly vulnerable refugee and asylum seeker households.
- Conduct post-distribution monitoring.

All partners will coordinate their activities through the Cash Working Group, and ensure their approach is harmonized with other cash actors assisting the same population groups. Partners will contribute to the Joint Market Monitoring Initiative (JMMI), to ensure the transfer value remains appropriate and is adjusted when necessary. This includes regular market monitoring on the contents of the minimum expenditure basket, analysing price trends and monitoring exchange rate fluctuations. The contents of the minimum expenditure basket are agreed in coordination with sector leads. Refugees and asylum seekers may be approved for up to six months of cash assistance under objective two, based on severity of needs, after which they can be reassessed for further assistance. CWG partners will conduct a mapping exercise to explore possible linkages of MPCA with social protection platforms as part of a future exit strategy.

## CONTACT

Erick Gerstner  
CWG Coordinator  
Email: gerstner@  
unhcr.org

Mustafa Hadeed  
CWG Co-  
Coordinator  
Email: mhadeed@  
mercycorps.org

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE TARGETED	11K	-	45K	11K	7K	74K	45%	34%	61%	5%
FINANCIAL REQUIREMENTS	\$5.8M		\$17.4M		\$23.2M		*Children (<18 years old), adult (18-65 years), elderly (>65 years)			

## Targeting

Partners will target a total of 73,550 individuals with multi-purpose cash assistance in 2019, where the needs are identified by key sectors, including Shelter/NFI, WASH, Protection and Food Security. The targeted population includes Libyans (IDPs, returnees, and non-displaced) and non-Libyans (refugees and migrants). MPCA is provided to people that have been assessed against harmonized socio-economic vulnerability criteria based on a household assessment. These criteria will be tailored to different population groups. They will take into consideration different vulnerability aspects based on multiple proxy indicators that will measure the socio-economic vulnerability of households. The assessments will help to ensure that scarce resources are directed to those most in need. The targeting approach adopted by the CWG factors in age, gender and disability considerations.

## Key MPCA response principles

Cash assistance under the 2019 HRP response will be planned and implemented so as to promote the safety, dignity and rights of the affected people. These efforts will be guided and coordinated with the Protection Sector. The CWG will work closely with protection partners to conduct a joint protection risk assessment for MPCA. The provision of targeted cash assistance to the most vulnerable can cause tension within communities if transparent communication and accountability mechanisms are not in place. CWG partners will provide clear information to communities, ensuring that robust two-way communication channels are in place. The harmonization of targeting criteria – reviewed by the Protection Sector – and transfer values amongst all CWG actors also serve to lessen tension among the communities we serve.

CWG partners will ensure community involvement at every possible stage of the project cycle, from needs assessment to project evaluation. The timing, location and method of the cash transfers are coordinated with community members to ensure that all beneficiaries, including the elderly, women and persons with disabilities are able to collect the cash transfers.

Appropriate community accountability and reporting mechanisms will be established so that affected populations can provide feedback on the adequacy of the intervention, or raise concerns and complaints. Each CWG partner has a feedback mechanism, including telephone hotlines, community Focussed Group Discussions (FGDs), and community feedback boxes. At least one mechanism for submitting complaints is available at every distribution site, and the programme team ensures all cash recipients and community members are encouraged to share comments. CWG partners are committed to providing assistance in accordance with the principles of Do No Harm. All project staff receive training on feedback and complaints mechanisms.

# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

[www.humanitarianresponse.info/operations/libya](http://www.humanitarianresponse.info/operations/libya)

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

[logik@un.org](mailto:logik@un.org)

## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to [fts@un.org](mailto:fts@un.org) or through the online contribution report form at <http://fts.unocha.org>

# PART III: ANNEXES



Objectives, indicators & targets

Participating organizations & funding requirements

Planning figures: people in need and targeted

What if? ... we fail to respond



## OBJECTIVES, INDICATORS & TARGETS

### STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Strategic Objective 1 (SO1): Provide and improve safe and dignified access to essential goods and critical public services in synergy with sustainable development assistance**

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL TARGET
Number of people having received multi-sector assistance					552,000
Percentage of community satisfied with assistance received					60%
Number of people having received multi-purpose cash assistance					74,000

**Strategic Objective 2 (SO2): Enhance protection and promote adherence to International Humanitarian Law, International Human Rights Law, and International Refugee Law.**

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL TARGET
Number of people having received protection assistance					234,000

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### SECTOR OBJECTIVES, INDICATORS AND TARGETS



**PROTECTION Objective 1: Monitor and assess protection risks and violations to identify persons in need to inform the humanitarian response**

relates to SO2

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL TARGET
# of communities reached with protection monitoring and/or needs assessments	TOTAL: All communities in need	TOTAL: All communities in need	TOTAL: 30	TOTAL: 250	280
% of active official detention centres reached with protection monitoring and/or needs assessments	TOTAL: 100%	TOTAL: N/A	TOTAL: 100%	TOTAL: N/A	100%
# of individuals reached with protection monitoring and/or needs assessments	TOTAL: 339,000 Male: 214,000 Female: 54,000 Boys: 45,000 Girls 26,000	TOTAL: 150,000 Male: 45,500 Female: 42,500 Boys: 34,500 Girls 27,500	TOTAL: 40,000 Male: 25,000 Female: 7,000 Boys: 5,000 Girls 3,000	TOTAL: 36,000 Male: 11,000 Female: 10,000 Boys: 8,000 Girls 7,000	76,000


**PROTECTION Objective 2: Provide specialized protection assistance and services to vulnerable and conflict affected Libyans and non-Libyans**

relates to SO2

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL TARGET
# of individuals receiving specialized services	TOTAL: 339,000 Male: 214,000 Female: 54,000 Boys: 45,000 Girls: 26,000	TOTAL: 150,000 Male: 45,500 Female: 42,500 Boys: 34,500 Girls: 27,500	TOTAL: 45,000 Male: 24,000 Female: 10,000 Boys: 7,000 Girls: 4,000	TOTAL: 93,000 Male: 28,000 Female: 26,000 Boys: 21,000 Girls: 18,000	138,000
# of individuals reached by awareness raising activities (Communicating with Communities)	TOTAL: 325,000 Male: 205,000 Female: 52,000 Boys: 43,000 Girls: 25,000	TOTAL: 115,000 Male: 35,000 Female: 33,000 Boys: 26,000 Girls: 21,000	TOTAL: 100,000 Male: 63,000 Female: 16,000 Boys: 13,000 Girls: 8,000	TOTAL: 100,000 Male: 30,000 Female: 28,000 Boys: 23,000 Girls: 19,000	200,000
# of individuals participating in structured sustained psychosocial activities	TOTAL: 50,000 Male: 1,500 Female: 1,500 Boys: 30,000 Girls: 17,000	TOTAL: 90,000 Male: 9,000 Female: 9,000 Boys: 40,000 Girls: 32,000	TOTAL: 25,000 Male: 500 Female: 500 Boys: 15,000 Girls: 9,000	TOTAL: 55,000 Male: 5,000 Female: 5,000 Boys: 25,000 Girls: 20,000	80,000
# of referral pathways established	TOTAL: 22	TOTAL: 22	TOTAL: 6	TOTAL: 1	7
# of women and girls of reproductive age received dignity kits	TOTAL: 40,000 Female: 32,000 Girls: 8,000	TOTAL: 30,000 Female: 24,000 Girls: 6,000	TOTAL: 40,000 Female: 32,000 Girls: 8,000	TOTAL: 30,000 Female: 24,000 Girls: 6,000	70,000


**PROTECTION Objective 3: Engage with authorities and humanitarian partners to promote full adherence to international protection norms, humanitarian and human rights law and facilitate community-based approaches to protection**

relates to SO2

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL TARGET
# of individual community members trained on protection approaches, norms, and humanitarian and human rights laws	TOTAL: N/A	TOTAL: N/A	TOTAL: 400 Male: 250 Female: 150	TOTAL: 700 Male: 375 Female: 325	1,100
# of individuals from service providers and/or institutions trained on protection approaches, norms, and humanitarian and human rights laws	TOTAL: N/A	TOTAL: N/A	TOTAL: 1,000 Male: 600 Female: 400	TOTAL: 1,000 Male: 600 Female: 400	2,000
# of individuals benefiting from social cohesion activities	TOTAL: 489,000 Male: 260,000 Female: 96,000 Boys: 80,000 Girls: 53,000		TOTAL: 100,000 Male: 42,000 Female: 16,000 Boys: 25,000 Girls: 17,000		100,000



### HEALTH Objective 1: Improve access of vulnerable people to integrated primary and secondary health services

relates to SO1

INDICATOR	IN NEED		TARGET		TOTAL TARGET
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	
Number of targeted people receiving a minimum package of health services through fixed or mobile facilities	TOTAL: 304,296 Male: 250,520 Female: 53,776 Boys: 25,295 Girls 29,342	TOTAL: 249,408 Male: 133,600 Female: 115,808 Boys: 57,969 Girls 45,582	TOTAL: 213,000 Male: 175,000 Female: 38,000 Boys: 18,000 Girls: 21,000	TOTAL: 175,000 Male: 93,000 Female: 82,000 Boys: 41,000 Girls: 32,000	388,000
Number of targeted migrants in detentions centres receiving a minimum package of health services through fixed or mobile facilities.	TOTAL: 7,000 Male: 87% Female: 13% Boys: 7% Girls: 2,2%	N/A	TOTAL: 5,000 Male: 87% Female: 13% Boys: 7% Girls: 2,2%	N/A	5,000



### HEALTH Objective 2: Strengthen disease surveillance and rapid response system

relates to SO1

INDICATOR	IN NEED		TARGET		TOTAL TARGET
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	
Percentage of outbreak alerts verified per quarter	TOTAL: 50 %	TOTAL: 50%	TOTAL: 100 %	TOTAL: 100 %	100%
Percentage of outbreak alerts contained	TOTAL: 100 %	TOTAL: 100%	TOTAL: 50 %	TOTAL: 50 %	50%



### HEALTH Objective 3: Strengthen capacity of health facilities for timely health services

relates to SO1

INDICATOR	IN NEED / BASELINE		TARGET	
Number of health facilities supported with specialized Emergency Medical Teams	TOTAL: 4		TOTAL: 20	
Number of beneficiaries reached with specialized healthcare services through Emergency Medical Teams	TOTAL: 13,000 Male: 35 % Female: 65 % Boys: 17 % Girls: 21 %		TOTAL: 70,000 Male: 35 % Female: 65 % Boys: 17 % Girls: 21 %	



### FOOD SECURITY Objective 1: Crisis-affected vulnerable populations in Libya have access to sufficient and nutritious food.

relates to SO1 &amp; SO2

INDICATOR	IN NEED		TARGET		TOTAL TARGET
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	
Number of people in need who receive unconditional food assistance through in-kind or cash-based transfers	TOTAL: 117,154 Male: 85,760 Female: 16,101 Boys: 9,980 Girls 5,313	TOTAL: 180,665 Male: 55,240 Female: 50,835 Boys: 41,138 Girls 33,452	TOTAL: 38,851 Male: 28,440 Female: 5,340 Boys: 3,310 Girls 1,762	TOTAL: 113,149 Male: 40,712 Female: 37,465 Boys: 19,288 Girls 15,684	152,000

Number of people receiving food (in-kind or cash-based transfer) through vocational/professional training to strengthen self-reliance	TOTAL: 117,154 Male: 85,760 Female: 16,101 Boys: 9,980 Girls 5,313	TOTAL: 180,665 Male: 55,240 Female: 50,835 Boys: 41,138 Girls 33,452	TOTAL: 0 Male: 0 Female: 0 Boys: 0 Girls 0	TOTAL: 24,000 Male: 7,338 Female: 6,753 Boys: 5,465 Girls 4,444	24,000
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### FOOD SECURITY Objective 2: Improve households' food security for at risk groups by supporting agricultural, livestock and fishery systems, assets and control of outbreak of diseases

relates to SO1

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL TARGET
Number of individuals in need who received emergency agricultural inputs	TOTAL: 117,154 Male: 85,760 Female: 16,101 Boys: 9,980 Girls: 5,313	TOTAL: 180,665 Male: 55,240 Female: 50,835 Boys: 41,138 Girls: 33,452	TOTAL: 0 Male: 0 Female: 0 Boys: 0 Girls: 0	TOTAL: 24,000 Male: 4000 Female: 4000 Boys: 8000 Girls: 8000	24,000
Number of targeted individuals at the community level trained on animal disease prevention and control	TOTAL: 117,154 Male: 85,760 Female: 16,101 Boys: 9,980 Girls: 5,313	TOTAL: 180,665 Male: 55,240 Female: 50,835 Boys: 41,138 Girls: 33,452	TOTAL: 0 Male: 0 Female: 0 Boys: 0 Girls: 0	TOTAL: 200 Male: 100 Female: 100 Boys: 0 Girls: 0	200



### WASH Objective 1: Most vulnerable population groups affected by humanitarian crisis are provided with life-saving WASH assistance

relates to SO1

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Total Target
# people with access to safe water supply	TOTAL: 69,970 Male: 57,284 Female: 12,686 Boys: 10,145 Girls: 10,146	TOTAL: 196,949 Male: 105,407 Female: 91,542 Boys: 40,375 Girls: 40,374	TOTAL: 15,600 Male: 12,636 Female: 2,964 Boys: 1,092 Girls: 1,092	TOTAL: 44,400 Male: 23,976 Female: 20,424 Boys: 8,880 Girls: 8,880	60,000
# people with access to sanitation services	TOTAL: 69,970 Male: 57,284 Female: 12,686 Boys: 10,145 Girls: 10,146	TOTAL: 196,949 Male: 105,407 Female: 91,542 Boys: 40,375 Girls: 40,374	TOTAL: 7,800 Male: 6,240 Female: 1,560 Boys: 1,131 Girls: 1,131	TOTAL: 22,200 Male: 11,988 Female: 10,212 Boys: 4,440 Girls: 4,440	30,000
# people reached with essential hygiene items (or cash) and information	TOTAL: 69,970 Male: 57,284 Female: 12,686 Boys: 10,145 Girls: 10,146	TOTAL: 196,949 Male: 105,407 Female: 91,542 Boys: 40,375 Girls: 40,374	TOTAL: 10,400 Male: 8,424 Female: 1,976 Boys: 728 Girls: 728	TOTAL: 29,600 Male: 15,984 Female: 13,616 Boys: 5,920 Girls: 5,920	40,000



### WASH Objective 2: Ensure the most vulnerable children affected by crisis are provided have access to basic and safe WASH facilities

relates to SO1

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Total Target

# of children provided with basic WASH facilities in schools	TOTAL: 35,285 Boys: 23,164 Girls 12,121	TOTAL: 40,300 Boys: 22,024 Girls 18,276	Total: 4,000 boys: 2,000 girls: 2,000	Total: 6,000 boys: 3,000 girls: 3,000	10,000
# of people provided with basic WASH facilities in health centres	TOTAL: 27,084 Male: 13,542 Female: 13,542	TOTAL: 24,019 Male: 12,008 Female: 12,008	TOTAL: 4,000 Male: 2,000 Female: 2,000	TOTAL: 6,000 Male: 3,240 Female: 2,760	10,000



### SHELTER AND NFI Objective 1: Provide emergency shelter assistance to the most vulnerable populations

relates to SO1 & SO2

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Total
# of Individuals having received emergency non-food items in-kind	TOTAL: 50,000 Male: 37,000 Female: 7,000 Boys: 4,000 Girls: 2,000	TOTAL: 30,000 Male: 9,000 Female: 8,500 Boys: 7,000 Girls: 5,500	TOTAL: 45,000 Male: 33,000 Female: 6,000 Boys: 4,000 Girls: 2,000	TOTAL: 30,000 Male: 9,000XXX Female: 8,500 Boys: 7,000 Girls: 5,500	75,000
# of Individuals having received emergency shelter assistance in-kind	TOTAL: 45,000 Male: 33,000 Female: 6,000 Boys: 4,000 Girls: 2,000	TOTAL: 2,600 Male: 800 Female: 700 Boys: 600 Girls: 500	TOTAL: 10,000 Male: 7,000 Female: 1,500 Boys: 900 Girls: 600	TOTAL: 2,000 Male: 550 Female: 550 Boys: 500 Girls: 400	12,000
# of Individuals having received emergency shelter assistance in-cash	TOTAL: n/a	TOTAL: 2,000 Male: 600 Female: 550 Boys: 450 Girls: 400	TOTAL: n/a	TOTAL: 1,000 Male: 300 Female: 300 Boys: 200 Girls: 200	1,000

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### SHELTER AND NFI Objective 2: Provide shelter assistance to most vulnerable IDPs, returnees, non-displaced, migrants and refugees

relates to SO1 & SO2

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Total
# of Individuals having received non-food items in-kind	TOTAL: 15,000 Male: 11,000 Female: 2,000 Boys: 1,300 Girls: 700	TOTAL: 70,000 Male: 21,000 Female: 20,000 Boys: 16,000 Girls: 13,000	TOTAL: 15,000 Male: 11,000 Female: 2,000 Boys: 1,300 Girls: 700	TOTAL: 55,000 Male: 16,500 Female: 15,500 Boys: 13,000 Girls: 10,000	70,000
# of Individuals having received shelter and shelter upgrades assistance in-kind	TOTAL: 16,400 Male: 12,000 Female: 2,200 Boys: 1,500 Girls: 700	TOTAL: 60,000 Male: 18,000 Female: 17,000 Boys: 14,000 Girls: 11,000	TOTAL: 0	TOTAL: 35,000 Male: 10,500 Female: 10,000 Boys: 8,000 Girls: 6,500	35,000
# of Individuals provided with assistance to cover energy needs	TOTAL: 6,000 Male: 4,450 Female: 800 Boys: 500 Girls: 250	TOTAL: 17,000 Male: 5,000 Female: 5,000 Boys: 4,000 Girls: 3,000	TOTAL: 0	TOTAL: 2,000 Male: 600 Female: 600 Boys: 450 Girls: 350	2,000




**EDUCATION SECTOR Objective 1: Scale up equitable access to formal and non-formal education for vulnerable school aged children affected by protracted crisis**

relates to SO1 &amp; SO2

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL
Number of school aged children (girls & boys) provided with essential learning materials/school supplies	TOTAL: 52,681 Boys: 31,608 Girls: 21,073	TOTAL: 40,299 Boys: 19,746 Girls: 20,553	TOTAL: 45,074 <sup>1</sup> Boys: 27,044 Girls: 18,030	TOTAL: 26,162 Boys: 12,819 Girls: 13,343	71,236
Number of school <sup>2</sup> aged children (girls & boys) accessing rehabilitated and repaired educational facilities/prefabricated classrooms	TOTAL: 52,681 Boys: 31,608 Girls: 21,073	TOTAL: 20,149 Boys: 9,873 Girls: 10,276	TOTAL: 2,000 Boys: 1,200 Girls: 800	TOTAL: 12,500 Boys: 6,125 Girls: 6,375	14,500
Number of school aged children (girls & boys) accessing formal/non-formal education services.	TOTAL: 52,681 Boys: 31,608 Girls: 21,073	TOTAL: 30,000 Boys: 14,700 Girls: 15,300	TOTAL: 45,074 Boys: 27,044 Girls: 18,030	TOTAL: 26,162 Boys: 12,819 Girls: 13,343	71,236
Number of school aged children (girls & boys) provided with school feeding meals	TOTAL: 52,681 Boys: 31,608 Girls: 21,073	TOTAL: 30,000 Boys: 14,700 Girls: 15,300	TOTAL: 0 Boys: 0 Girls: 0	TOTAL: 20,000 Boys: 9,811 Girls: 10,189	20,000


**EDUCATION Objective 2: Improve the quality of education services in protective learning environments.**

relates to SO1 &amp; SO2

INDICATOR	IN NEED		TARGET		
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced	TOTAL
Number of teachers and education personnel trained on child centred and protective pedagogy	TOTAL: 500 Male: 300 Female: 200	TOTAL: 600 Male: 294 Female: 306	TOTAL: 300 Male: 180 Female: 120	TOTAL: 600 Male: 294 Female: 306	900
Number of children receiving psychosocial/recreational activities in schools and learning spaces	TOTAL: 52,681 Boys: 31,608 Girls: 21,073	TOTAL: 40,299 Boys: 19,746 Girls: 20,553	TOTAL: 45,074 Boys: 27,044 Girls: 18,030	TOTAL: 20,192 Boys: 9,894 Girls: 10,298	65,266


**EDUCATION Objective 3: Strengthen the capacity of the education sector to deliver a timely, coordinated and evidence-based education response**

relates to SO1 &amp; SO2

INDICATOR	IN NEED	TARGET
Number of education actors (f/m) trained on policy, planning, data collection, sector coordination and INEE MS	TOTAL: 50	TOTAL: 50 50



### LOGISTICS Objective 1: Provide logistics coordination, information management, support services to organizations responding to the humanitarian crisis

relates to SO1 & SO2

INDICATOR	IN NEED	TARGET
Number of organisations benefitting from coord and information sharing role	+/- 40 international and national partner organizations	20
Number of organisations using common storage services	+/- 40 international and national partner organizations	15
Number of assessments conducted and made available to the humanitarian community	N/A	8



### EMERGENCY TELECOMMUNICATION Objective 2: Coordinate the ICT response through the provision of shared connectivity and facilitation of security telecommunication services in common operational areas for the humanitarian community, collaborating with intersector initiatives to increase access and accountability to affected communities

relates to SO1 & SO2

INDICATOR	IN NEED	TARGET
# of common operational areas covered by common security telecommunications network and data communication services	2	2
Information Management and collaboration platform established and maintained	1	1
Percentage of users reporting delivery of the service as "satisfactory" and within "satisfactory" timeframe	100%	80%



### COORDINATION Objective 3: Support humanitarian leadership and coordination to ensure an effective and principled humanitarian response.

relates to SO1 & SO2

INDICATOR	IN NEED	TARGET
Number of partners, including national and local civil society organizations, supported	+/- 40 international and national partner organizations	IDPs, returnees, host, non-displaced
Number of strategic HCT decisions made and implemented	Minimum of 2 decisions per meeting	+/- 40 international and national partner organizations.
Percentage of humanitarian partners satisfied with OCHA information and advocacy products	100%	Minimum of 2 decisions per meeting



### LOGISTICS Objective 4: Guarantee a safe and reliable air service to the humanitarian community

relates to SO1 & SO2

INDICATOR	IN NEED	TARGET
Number of passengers per month	N/A	225
Number of humanitarian and donor organizations using the service	N/A	50



### MPCA Objective 1: Support vulnerable households to meet their urgent basic needs through the provision of emergency one-off cash assistance

relates to SO1

INDICATOR	TARGET
Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced

# of households who receive the full amount of the emergency one-off cash transfer (disaggregated by gender of head of household)

TOTAL: 1,500

Female HoH: 450  
Male HoH: 1,050

TOTAL: 1,200

Female HoH: 600  
Male HoH: 600



## MPCA Objective 2: Support socioeconomically vulnerable households to meet their basic needs through the provision of multi-month cash assistance

relates to SO1

INDICATOR	TARGET	
	Refugees, Migrants and Asylum seekers	IDPs, returnees, host, non-displaced
# of households who receive the full amount of the multi-month cash transfer (disaggregated by gender of head of household)	TOTAL: 1,500 Female HoH: 750 Male HoH: 750	TOTAL: 10,100 Female HoH: 4,040 Male HoH: 6,060
% of households reporting an improvement in their ability to meet their basic needs	80%	80%
% of households reporting a reduction in the use of negative coping mechanisms	50%	50%
# of market monitoring assessments conducted and made available to the humanitarian community	n/a	12

(Footnotes)

1 As population breakdown indicates about 60% of population is male

2 Average number of Libyan children per school is 500 learners per shift in public school. Estimates for community schools at approximately 200 learners per shift.

## PARTICIPATING ORGANIZATIONS &amp; FUNDING REQUIREMENTS

ORGANISATIONS	REQUIREMENTS (US\$)
Agency for Technical Cooperation and Development (ACTED)	9,983,721
Alemdad Charity Association	780,000
Cooperazione E Sviluppo - CESVI	1,100,000
Danish Refugee Council	4,520,932
Food & Agriculture Organization of the United Nations	3,000,000
Gruppo Volontariato Civile	1,000,000
Handicap International / Humanity & Inclusion	5,187,220
International Organization for Migration	25,393,651
International Rescue Committee	4,448,958
INTERSOS Humanitarian Aid Organization	2,060,000
Libyan Society for National Reconciliation and Charity	500,000
Mercy Corps	7,228,000
Norwegian Refugee Council	3,712,700
Office for the Coordination of Humanitarian Affairs	4,229,682
Première Urgence Internationale	6,040,000
REACH Initiative	1,920,000
Terre des Hommes - Italy	1,460,000
United Nations Children's Fund	18,348,600
United Nations High Commissioner for Refugees	46,548,388
United Nations Mine Action Service	1,600,000
United Nations Population Fund	11,997,169
World Food Programme	29,101,068
World Health Organization	11,464,349
<b>TOTAL</b>	<b>201,624,438</b>

## PLANNING FIGURES: PEOPLE IN NEED AND TARGETED

PEOPLE IN NEED (NOV 2018)		BY STATUS					BY AGE		TOTAL
		IDPs	Returnees	Non-displaced	Refugees	Migrants	% female	% children, adult, elderly*	People in need
	AL JABAL AL AKHDAR	3K	-	1K	3K	4K	33%	26   71   3%	10K
	AL JABAL AL GHARBI	1K	5K	1K	10K	14K	30%	25   73   2%	31K
	AL KUFRAH	5K	1K	3K	10K	10K	33%	27   70   3%	29K
	AL MARJ	-	-	2K	2K	2K	34%	33   64   2%	6K
	ALJFARAH	6K	2K	4K	4K	6K	37%	33   64   3%	22K
	ALJUFRAH	1K	-	3K	1K	7K	26%	20   68   2%	11K
	ALMARGEB	3K	-	9K	5K	15K	30%	21   77   2%	32K
	AZZAWYA	3K	-	5K	4K	20K	25%	19   79   2%	33K
	BENGHAZI	10K	73K	7K	10K	8K	43%	39   58   4%	108K
	DERNA	3K	1K	6K	1K	3K	40%	34   63   4%	13K
	EJDABIA	7K	-	1K	24K	16K	32%	33   63   4%	46K
	GHAT	4K	-	-	1K	4K	32%	28   69   3%	10K
	MISRATA	11K	2K	3K	8K	43K	24%	19   79   2%	66K
	MURZUQ	5K	-	3K	4K	26K	23%	17   81   1%	38K
	NALUT	1K	1K	2K	2K	3K	33%	27   70   3%	9K
	SEBHA	14K	1K	8K	1K	27K	29%	23   75   2%	52K
	SIRT	4K	52K	8K	-	1K	46%	42   55   4%	67K
	TOBRUK	1K	-	1K	1K	1K	36%	31   65   3%	4K
	TRIPOLI	13K	11K	75K	31K	58K	35%	30   67   3%	188K
	UBARI	2K	8K	2K	1K	12K	31%	30   69   2%	25K
	WADI ASHSHATI	1K	-	2K	-	2K	33%	34   64   2%	6K
	ZWARA	-	6K	-	2K	6K	31%	27   71   2%	15K
		97K	165K	148K	125K	288K			0.82M

\*Children (&lt;18 years old), adult (18-64 years), elderly (&gt;64 years)



PEOPLE TARGETED (NOV 2018)		BY STATUS					BY AGE		TOTAL
		IDPs	Returnees	Non-displaced	Refugees	Migrants	% female	% children, adult, elderly*	People targeted
	AL JABAL AL AKHDAR	2K	-	1K	1K	1K	40%	35   62   3%	5K
	AL JABAL AL GHARBI	1K	4K	1K	4K	10K	31%	31   67   2%	20K
	AL KUFRAH	5K	1K	2K	5K	7K	36%	29   69   3%	19K
	AL MARJ	-	-	1K	1K	1K	40%	38   59   3%	3K
	ALJFARAH	4K	1K	4	2K	4K	41%	38   59   3%	15K
	ALJUFRAH	-	-	3K	-	4K	31%	26   72   2%	9K
	ALMARGEB	2K	-	9K	2K	7K	37%	32   65   3%	20K
	AZZAWYA	2K	-	4K	2K	14K	27%	22   76   2%	22K
	BENGHAZI	7K	52K	5K	4K	6K	48%	40   57   4%	73K
	DERNA	2K	1K	3K	-	2K	43%	34   62   3%	8K
	EJDABIA	5K	-	1K	10K	9K	35%	37   60   3%	24K
	GHAT	2K	-	-	1K	3K	33%	28   70   2%	6K
	MISRATA	8K	1K	1K	3K	15K	31%	29   69   2%	28K
	MURZUQ	4K	-	2K	2K	18K	24%	20   79   1%	25K
	NALUT	1K	1K	2K	1K	2K	37%	31   66   3%	6K
	SEBHA	10K	1K	6K	1K	18K	33%	25   73   2%	35K
	SIRT	3K	41K	7K	-	1K	50%	41   55   4%	51K
	TOBRUK	1K	-	-	1K	1K	38%	38   59   3%	2K
	TRIPOLI	13K	8K	75K	13K	41K	41%	34   63   3%	150K
	UBARI	1K	5K	2K	-	8K	32%	31   67   2%	16K
	WADI ASHSHATI	1K	0	2K	-	2K	36%	30   67   3%	4K
	ZWARA	-	2K	-	1K	4K	31%	27   71   2%	8K
		73K	116K	130K	56K	177K	39%	33   64   3%	552K

\*Children (&lt;18 years old), adult (18-59 years), elderly (&gt;59 years)

# WHAT IF?

## ...WE FAIL TO RESPOND



### THE MOST VULNERABLE PEOPLE WILL NOT ACCESS BASIC HUMAN NECESSITIES

Without humanitarian support, internally displaced persons (IDPs), returnees, non-displaced people, hosting communities, refugees and migrants will not be able to access essential services, good and commodities, such as food, safe water and sanitation, and healthcare.

The most vulnerable groups will pay a higher price. These groups include severely affected women, children, elderly persons, people with disabilities, and people suffering from chronic illnesses and diseases. Refugees and migrants will also be amongst the most vulnerable groups as a result of protection issues linked to refugee status, the irregular status of foreign nationals in Libya, racism and discrimination, socio-economic issues, and broader political issues related to controlling mixed migration. Refugees and migrants in formal and informal detention centres, as well as refugees and migrants from sub-Saharan African countries who face specific discrimination as a result of the colour of their skin and prejudice towards certain nationalities, will be particularly at risk.



### THOUSANDS MORE WILL FACE GRAVE THREATS TO THEIR BASIC HUMAN RIGHTS

Failure to respond will further increase protection needs for all people in Libya, whether Libyan or foreign nationals. Failure to create a protective environment, in which International Humanitarian Law, International Human Rights Law, and International Refugee Law are promoted and adhered to, will increase the number of people exposed to grave human rights violations and abuses, violence, and discrimination.



### THOUSANDS MORE WILL ADOPT HIGH-RISK EMERGENCY LEVEL NEGATIVE COPING MECHANISMS

Failing to respond will lead to an increased number of people adopting negative coping mechanisms, significantly increasing their exposure to protection risks. More individuals and families will shift from adopting crisis level to emergency level negative coping mechanisms as they become more vulnerable and less able to withstand the impacts of the crisis. These include, among others begging and socially degrading, exploitative, high risk or illegal work.

