

HUMANITARIAN RESPONSE PLAN

LIBYA

HUMANITARIAN
PROGRAMME CYCLE

2021

ISSUED JANUARY 2021



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

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WFP/LIBYA

HC foreword

At the start of 2021, Libya is at a cross-roads. Last year began in conflict, particularly around Tripoli, that killed, injured or displaced tens of thousands of people, by mid-year the fighting had ceased, which was formalized in October into a permanent ceasefire and reengagement in a political process. While previous attempts to resolve the conflict in Libya have been fleeting, 2021 offers a real possibility of peace and stability for Libyans. These initial steps now need to be translated into concrete actions to improve the lives of the most vulnerable people in the country.

Libyan and non-Libyans still face significant hardships. The COVID-19 pandemic, as in many countries, continues to spread across the country, with a significant toll on the Libyan population and its fragile healthcare system. Frequent water and electricity cuts, shortages in health care workers, medical supplies and personal protective equipment has resulted in further closures to health facilities making it even more difficult to combat the virus, as well as provide basic health care services.

The socioeconomic impacts of COVID-19, compounded by eight months of blocked oil production and a continuing economic crisis, has worsened people's living conditions and coping capacities. Conflict and fragmented governance has led to a deterioration in the provision of basic services, further eroding people's resilience. While the suspension of fighting has allowed many people to start returning to their homes, explosive hazard contamination is widespread, posing an obstacle to many who want to return and a risk to people's lives and livelihoods until clearance can be undertaken.

Many migrants and refugees in Libya continue to face grave protection risks and violations of their human rights. Instances of migrants and refugees being killed or injured are much too common and hundreds have been arbi-

trarily detained in inhumane conditions. Many continue to attempt the dangerous Mediterranean Sea crossing, at the cost of their lives.

In 2021, the Humanitarian Response Plan (HRP) has been expanded to meet the challenges faced by people who are the most vulnerable, particularly in view of the impact of COVID-19 on people's lives and service delivery. Of the 1.3 million people estimated to be in need, we plan on reaching 451,000 people with assistance and seeking to raise \$189 million to this end. In comparison, in 2020, humanitarian partners reached 463,000 people across Libya with humanitarian assistance. Our efforts would not have been possible without the generous support of our donors. In 2020, the operation received 90 per cent of requested funding, the highest percentage in the world. With expanded needs in 2021, we look forward to working in partnership with our donors to assist the most vulnerable.

Working closely with the Libyan authorities and our partners, we believe the humanitarian community will be prepared to handle the multiple challenges that will require our response. This HRP outlines our plans based on a detailed analysis of needs and the financial requirements to respond to the most vulnerable people in need in Libya.

While the primary responsibility for the protection of the populations is with the Libyan authorities, the United Nations and non-government partners that have contributed to this plan will continue to support authorities in ensuring protection of civilians and will continue to assist Libyan communities who have shown exceptional commitment and solidarity. We look forward to the coming year as offering great hope for the country to begin the long road to recovery from years of conflict and violence while we remain vigilant to any potential crisis.

Georgette Gagnon
Humanitarian Coordinator
State of Libya





Response plan overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
1.3M	451k	\$189M	33

In 2021, HRP partners aim to reach approximately 451,000 people, 36 per cent of the 1.3 million people identified to be in need of humanitarian assistance. These are people with the most severe needs as a result of a partial or total collapse of living standards and basic services, increased reliance on negative coping strategies, and widespread physical and mental harm.

The response will target five groups identified as particularly vulnerable—internally displaced persons, non-displaced Libyans, returnees, and migrants and refugees—across all 22 mantikas in the country. Based on assessed needs, the response prioritizes provision of or access to critical services, such as education, health, protection, and hygiene and sanitation, as well as providing access to basic household goods and commodities including food and essential non-food items.

The response will be underpinned by two strategic objectives that aim to prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international legal frameworks, as well as facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people’s resilience and ensure they meet their basic needs.

Protection remains at the core of the response and in addition to specific protection activities and services,

protection will be mainstreamed across all interventions, ensuring a response that seeks to reduce protection risks while addressing needs.

Capacity-building is a commonly agreed priority for all sectors and will be a key component of partners’ activities. Similarly, a focus on improved evidence-based planning and response through better data collection and analysis will continue. Coordination at all levels will also be strengthened, in addition to the continuation of other support services, such as logistics. A continued focus on a more people-centered and accountable response will be pursued through reinforcing and strengthening in the inter-agency Common Feedback Mechanism (CFM).

Response modalities will include in-kind assistance and service support, as well as conditional and unconditional cash assistance. Multi-sector response approaches, such as the Rapid Response Mechanism (RRM), will strengthen intersectoral complementarity and maintain the flexibility and speed required in Libya’s volatile operating environment. Response approaches are also built around key thematic areas of intervention or geographical locations of people in need, such as health and education facilities, area of displacement and detention centres.

Crisis context and impact

Libya continues to struggle to cope with the effects of ongoing armed conflict, economic and governance crises, and the direct and indirect impact of COVID-19 that has resulted in the deterioration of public services and people's livelihoods. The crisis in Libya has a strong protection dimension, with violations of international human rights and humanitarian law, including conflict related sexual violence and grave violations against children, and civilian infrastructure.

Lines of control remained largely static into the first half of 2020, however, this changed following the Government of National Accord and aligned forces' move to retake cities on the coastal road and then full control of Tripoli and nearby cities in June. These changes saw displaced people slowly starting to return home, particularly around southern Tripoli. As a result, there was an 8 per cent decrease in the number of people displaced across the country from 426,000 people in June to 392,000 people in August¹.

Despite this reduction, displacement remains 30 per cent higher than at the same time last year². A significant constraint to people returning home is the presence of explosive hazards. Newly contaminated areas, such as Tripoli's southern neighbourhoods, along with legacy contamination from years of fighting in areas such as Benghazi and Sirt, are a significant risk to the safety of returning and remaining residents, resulting in civilian casualties. The indiscriminate use of heavy weaponry has resulted in severe damage to housing and civilian infrastructure across the country.

The continued conflict, the blockade of the oil sector for most of the year and the COVID-19 pandemic have further debilitated the already weak economic situation in the country. The ability of many people to afford rent, as well as to cover other basic needs, has also been weakened. Border closures, disrupted trade, movement restrictions and curfews have seen an increase in prices of essential food and goods and a reduced

availability in markets. According to the 2020 Multi-Sector Needs Assessment (MSNA), around 9 per cent of surveyed Libyan households are food insecure, particularly in southern mantikas. Food insecurity has also increased among migrants and refugees, with 24 per cent of those surveyed reportedly food insecure³. In addition to increased food prices, delayed salaries and loss of employment have forced many households to adopt negative coping mechanisms.

High displacement, along with significant damage to civilian infrastructure increased the demand for safe shelter spaces, adding pressure on their availability and affordability. As a result, rental prices have risen to levels that many poor and low-income families are unable to afford, putting them at increased risk of eviction. This risk is more significant for displaced families, migrants and refugees, as many do not have formal rental contracts.

Libya's health system is close to collapse. More than half of the health care facilities that were functioning in 2019 have closed, especially in rural areas, mainly because of security threats and insufficient government funding. The facilities that remain open face acute shortages of staff, medicines and supplies, with 70 per cent of primary health care centres not having any of the top 20 essential medicines.

In mid-2020, Libya's failure to secure the timely replenishment of critical vaccines resulted in stock-outs for at least two months of all vaccines, including those critical to tackle childhood diseases such as measles and polio, putting the lives of more than 250,000 children at risk.

As a result of the deterioration of the health system, the ability of authorities to effectively combat the COVID-19 pandemic has been severely constrained. While capacity for testing has slowly increased, the ability of health authorities to adequately test, trace

and provide treatment remains low. Furthermore, response capacity is mostly concentrated in Tripoli and Benghazi, neglecting vast geographical areas.

Many healthcare staff have refused to report for duty because they have no personal protective equipment or because salaries have not been paid. An increasing numbers of healthcare staff have contracted COVID-19, mainly due to limited personal protective equipment and inadequate infection, prevention and control measures. Many hospitals across the country have regularly suspended operations due to high rates of COVID-19 infection among staff and patients. This has further exacerbated capacity gaps in the health system.

Regular disruptions to water and electricity have further eroded people's living standards. These outages, sometimes of up to 18 hours per day, are the result of a fuel and energy crisis in the country, lack of maintenance and attacks on infrastructure by armed groups.

The strained economy, along with fuel shortages and frequent electricity and water cuts, have pushed many people to a breaking point, with thousands taking to the streets to protest deteriorating living conditions. In addition to stretching people's coping capacities,

it also makes it more difficult for communities to follow preventative protocols to reduce the spread of COVID-19.

Coinciding with the start of the COVID-19 pandemic, the number of migrants and refugees in Libya has steadily decreased, from 626,000 people in April to 585,000 people in August⁴. This decline is the result of a combination of factors, including increasing unemployment and a reduction in alternative labour opportunities for migrant workers, in addition to tightened security controls and mobility restrictions that have been implemented by the authorities.

Migrants and refugees have also continued to take risks in attempts to cross the Mediterranean to Europe, with nearly 11,800 migrants and refugees, of which 7 per cent are women and 5 per cent are children, intercepted at sea and returned to Libya by the end of November, already 28 per cent more than last year⁵. Of those that were returned to Libya, most were arbitrarily detained without due process in official detention centres, where widespread abuses have been documented, or they have gone missing and remain unaccounted for.

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Response by strategic objective

S01: Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.

Under this objective, partners will provide assistance to 451,000 of the most acutely in need people and who are at greatest risk of conditions that impact their mental and physical wellbeing. This includes 98,000 displaced, 61,000 returnees and 143,000 non-displaced Libyans, along with 105,000 migrants and 44,000 refugees.

Partners will provide an essential package of integrated health care services, including emergency and trauma care, management of communicable and noncommunicable diseases, maternal, neonatal and child health, mental health and psychosocial support (MHPSS), vaccination and disease surveillance. It also includes combatting and mitigating the effects of the COVID-19 pandemic through provision of personal protection equipment, disinfection of critical facilities and awareness raising on infection, prevention and control (IPC).

Partners will support a strengthened protective environment to decrease the discrimination in access to rights and services for all groups in need, with due consideration of distinction of age, gender, disability or other diversity factors. This will be complemented by promoting mental health and psychosocial wellbeing, strengthening community-based protection mechanisms and enhancing the capacity of national, local

and international responders, including child protection and gender-based violence (GBV) prevention and response, and preventing and mitigating risks of explosive hazards.



Basic food needs of the most vulnerable people will also be met to prevent further deterioration of food security, either through in-kind food or cash-based assistance.

S02: Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.

Under this objective, partners will prioritize 298,000 people with severe needs or in life-threatening situations, or whose living conditions and coping capacities have been eroded. This includes 84,000 displaced, 53,000 returnees and 65,000 non-displaced Libyan, as well as 73,000 migrants and 23,000 refugees.

Partners will continue to support and expand the provision of education, health and water, sanitation and hygiene (WASH) services. Assistance will include the provision of essential supplies and equipment, such as medicines, teaching and learning materials, hygiene and sanitation supplies. Repair and maintenance of schools, hospitals and other health facilities, as well as WASH facilities will also be continued.

Specialized protection services, particularly for children, women and girls at risk and GBV survivors, including

STRATEGIC OBJECTIVE		PEOPLE TARGETED		REQUIREMENTS (US\$)
S01	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks	451k		\$70M
S02	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.	298k		\$119M

case management, mental health and psychosocial support and legal counselling, will be expanded.

Provision of shelter materials and other non-food items and support the repair and rehabilitation of damaged or destroyed accommodation will improve living stand-

ards and ensure greater safety and security. People's livelihood-based coping capacities will be enhanced through income-generating activities, such as access to vocational trainings and asset creation and support agricultural, livestock and fishery systems.

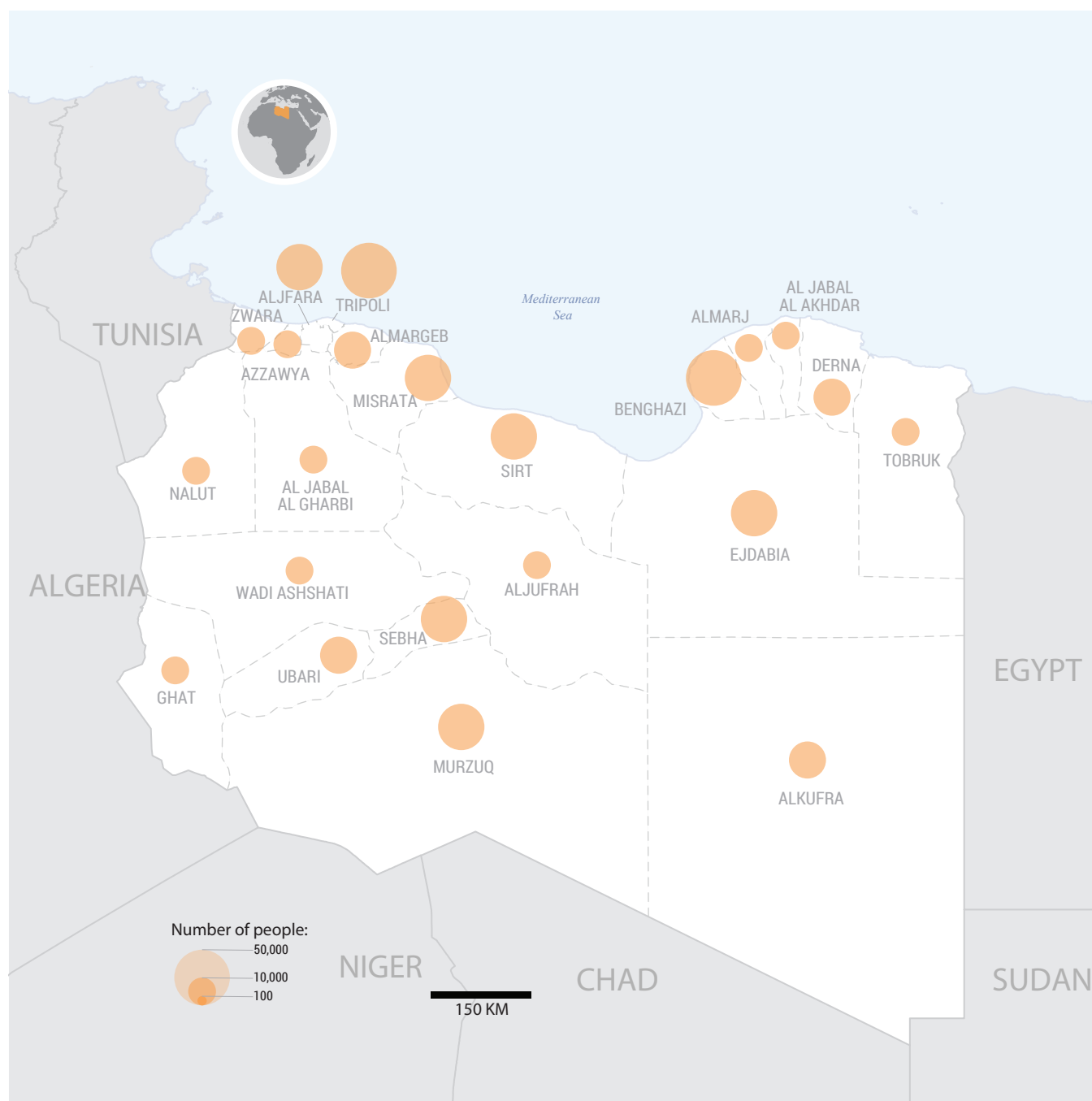
IOM/LIBYA

Border management



Planned response (visual)

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
1.3M	451K	22%	37%	15%



HRP key figures

Humanitarian response by targeted groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Internally displaced people	173 k	98 k	<div><div></div><div></div></div>
Returnees	228 k	61 k	<div><div></div><div></div></div>
Non-displaced	502 k	143 k	<div><div></div><div></div></div>
Migrants	304 k	105 k	<div><div></div><div></div></div>
Refugees	44 k	44 k	<div><div></div><div></div></div>

Humanitarian response by gender

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Boys	239 k	86 k	<div><div></div><div></div></div>	36%
Girls	229 k	81 k	<div><div></div><div></div></div>	35%
Men	510 k	186 k	<div><div></div><div></div></div>	36%
Women	273 k	98 k	<div><div></div><div></div></div>	36%

Humanitarian response by age

AGE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Children (<18)	468 k	167 k	<div><div></div><div></div></div>	36%
Adults (18 - 59)	738 k	268 k	<div><div></div><div></div></div>	36%
Elders (>59)	45 k	16 k	<div><div></div><div></div></div>	36%

Humanitarian response for persons with disability

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Persons with disabilities	188 k	28 k	<div><div></div><div></div></div>	15%

Financial requirements by sector

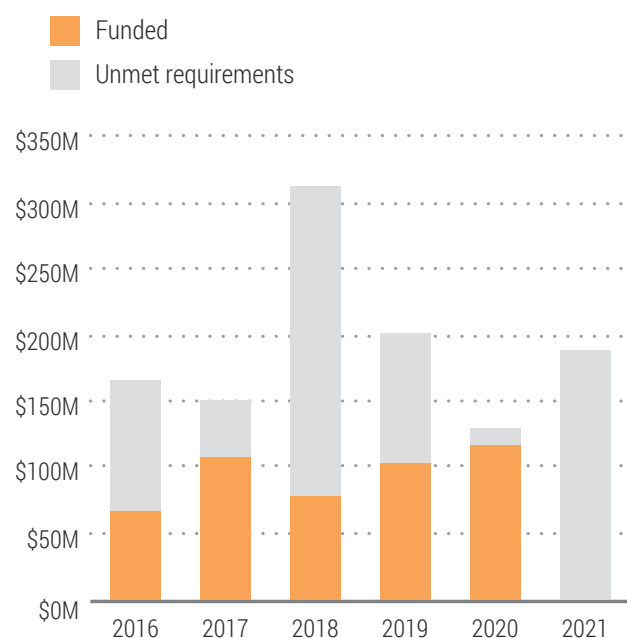
SECTOR	FINANCIAL REQUIREMENTS (US\$)
Education	\$8M <div></div>
ETS	\$0.8M <div></div>
Food Security	\$25M <div></div>
Health	\$41M <div></div>
Protection	\$33M <div></div>
Child Protection	\$8M <div></div>
GBV	\$8M <div></div>
Mine Action	\$11M <div></div>
Shelter/NFI	\$13M <div></div>
WASH	\$13M <div></div>
MPCA	\$13M <div></div>
CCS	\$14M <div></div>

Historic trends

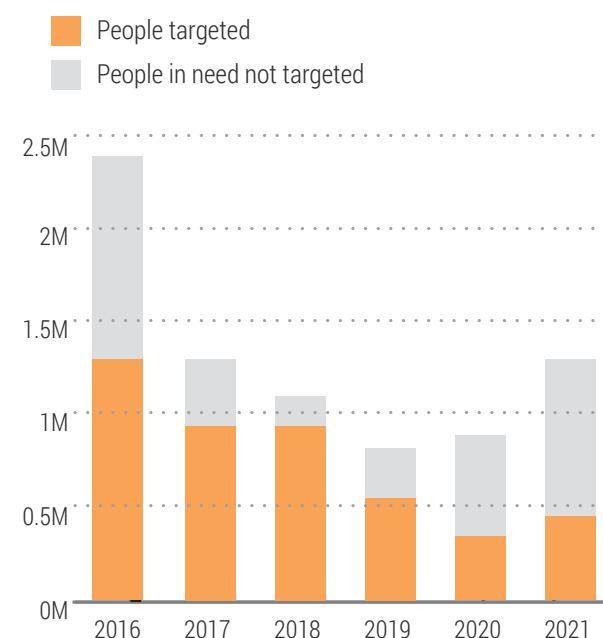
Prior to 2021, the number of people in need in Libya had decreased from 1.3 million people in 2017 to 893,000 in 2020. However, for the 2021 HRP, the number of people in need has increased to 2017 levels, largely driven by the socioeconomic impacts of COVID-19 and continued deterioration of public service delivery and people's living conditions.

In 2020, 403,000 people were reached with some kind of humanitarian assistance, more than the 345,000 people planned to be targeted for assistance. The 2020 HRP saw a significant reduction in the funding requirement, 85 per cent of which was received, but this has increased for 2021, to reflect the higher number of people estimated to be in need and the number of people being targeted by humanitarian partners.

FINANCIAL REQUIREMENTS (US\$)



NUMBER OF PEOPLE IN NEED VS TARGETED



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2016	2.4 M	1.3 M	166 M	67 M	39%
2017	1.3 M	941 k	151 M	108 M	71%
2018	1.1 M	940 k	313 M	78 M	25%
2019	823 k	552 k	202 M	103 M	51%
2020	893 k	345 k	130 M	116 M	89%
2021	1.3 M	451 k	189 M	-	-

Part 1: **Strategic response priorities**

UNICEF/LIBYA



1.1

Strategic response priorities

Humanitarian conditions based on physical and mental wellbeing

Conflict and insecurity continued to be the main driver of displacement. While an improvement in the security situation has seen at least 36,000 people slowly returning home, more than 392,000 people remain displaced across Libya⁶. The use of explosive and heavy weapons in densely populated areas continued in the first half of 2020, placing civilians at risk, as well as destroying or damaging homes and civilian infrastructure. Large amounts of unexploded ordnance that have accumulated over years of conflict, in addition to the vast number of booby-traps, mines and improvised explosive devices (IEDs) that were left by forces in southern Tripoli, prevent families from returning home.

Migrants and refugees continue to be subjected to torture, sexual violence, abduction for ransom, trafficking, forced labour and unlawful killings throughout Libya. Of the 538,000 migrants and 44,000 refugees in Libya, 56 per cent of migrants and all refugees have unmet needs. Discrimination in access to services, lack of legal protection and documentation continue to prevent migrants and refugees from accessing rights and meeting their basic needs including healthcare, food, shelter, education, and specialized protection services.

Cultural barriers and pre-existing discrimination in the country mean more women and girls are more likely to face challenges in accessing health services due to the lack of documentation required by many public health facilities. Movement restrictions and curfews due to COVID-19, and the subsequent closure of schools and many community and group interventions, including access for protection partners, has further reduced safe entry points for survivors to receive timely and quality care.

The prolonged closure of schools put additional pressure and stress on parents and caregivers, particularly

women, who disproportionately carry the burden of providing home-schooling and managing the negative impact of confinement and curfew on children. Long periods of confinements and movement restrictions, along with the worsening economic situation and related impacts on parents' access to work and livelihoods, increase the risks of domestic violence for children and women.

The protracted nature of instability and weak and fragmented governance have led to a further deterioration of service delivery, directly affecting people's living standards. In 2020, the onset of the COVID-19 pandemic resulted in the country adopting stringent measures, including full lockdowns, curfews, partial or full closure of facilities (including schools), which significantly affected people's ability to earn a livelihood and further constrained access to basic goods and services.

Humanitarian conditions based on living standards

Half of all Libyans and non-Libyans surveyed for the 2020 MSNA reported being unable to cover at least one of their basic needs⁷. Migrant's, refugee's and women's livelihoods were disproportionately affected by COVID-19, as they make up a significant number of people engaged in daily labour or engaged in the informal economy. By August, an assessment reported 27 per cent of surveyed migrants reported being unemployed, substantially higher than in February 2020 (17 per cent)⁸.

As Libya is heavily reliant on imports for food and other goods, diminished exports from other countries and movement restrictions due to COVID-19, has negatively affected all components of food security. As a result, the Food Security Sector estimated that the number of people that are food insecure and in need of assistance in 2020 has more than doubled. Reduced livelihoods and higher prices have also affected the

availability and affordability of appropriate shelter. High rent prices and lack of adequate shelter solutions force vulnerable populations to reside in substandard or damaged dwellings, leading to adversely affecting people's health and wellbeing.

Access to essential services, such as health, education and WASH also affects people's living standards. Libya's health system, close to collapse prior to the onset of the COVID-19 pandemic, has been further weakened. In 2020, 50 per cent of surveyed households reported facing issues in accessing health services. Challenges in accessing health services are higher in the southern region, compared to other parts of the country, and among migrants and refugees more than Libyan population groups⁹. Women and girls are more likely to face challenges in accessing health services due to the lack of documentation required by many public health facilities.

Water cuts were regularly reported in many parts of Libya in 2020, partly as a result of targeted attacks against the Man-Made River project, which supplies 60 per cent of the country's water, lack of maintenance, as well as regular electricity cuts that impact the function of water infrastructure. Regular and prolonged electricity outages further compounded water accessibility.

People in need and prioritized for response

In 2020, around 2.5 million people have been identified as the most affected, with 1.3 million people having the

most severe needs and requiring humanitarian assistance. Of which 14 per cent are displaced (173,000 people), 18 per cent are returnees (228,000 people), 40 per cent are non-displaced Libyans (502,000 people) and 22 per cent are migrants and refugees (348,000 people).

This is the result of a deterioration or partial collapse of living standards and basic services, an increased reliance on the use of negative coping strategies and widespread grave violations of human rights and significant impact on physical and mental wellbeing.

Of the number of people in need, 290,000 are women and 433,000 are under 18 years of age, of which 48 per cent are girls. While the people in need is 60 per cent boys and men, this is largely due to the high proportion of migrants being male (89 per cent).

People living in Alkufra, Benghazi, Ejdabia and Tripoli mantikas were most affected with the most severe needs, on average. This was due to a combination of factors related to having recently experienced conflict, such as Tripoli, or hosting high number of displaced, such as Benghazi, Ejdabia, and Tripoli, or high number of returns, like Benghazi. Alkufra appeared regularly in assessments displaying acute needs particularly in relation to access to services, shelter conditions and use of negative coping strategies. It is also one of the most underserved areas in the country, by the government and humanitarian partners, due to its low population density and relative remoteness.

Internally displaced people

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
0,000	219k	90k	83k	0	173k	50 50	48 47 5

Despite the recent return of 39,000 people in 2020, more than 392,000 people remain displaced across the country. Among those, 173,000 displaced people need assistance due to a combination of factors relating to an inability to afford rent and/or basic needs, increased protection and/or health risks due to living in sub-standard shelters.

Tripoli hosts a quarter of all displaced people, with the number of people displaced nearly doubling in Tajoura, which is the baladiya hosting the highest number of displaced. Significant displacement remains in Benghazi, also seeing a 25 per cent increase in the last year. Sub-groups with more severe needs include female-headed households and people residing in informal settlements and public buildings.

The majority of those displaced (63 per cent) reported being displaced at least three times, highlighting the protracted nature of displacement¹⁰. Conflict and insecurity remain critical factors influencing and prolonging displacement, in addition to an absence of basic services. Indiscriminate shelling and use of heavy weapons, in addition to causing displacement, has resulted in widespread destruction of people's

homes, forcing many to live in sub-standard conditions increasing risks of disease, as well as GBV and other protection risks.

While the majority of displaced people (63 per cent) live in rented accommodation, 4 per cent live in public buildings and 2 per cent are living in informal camp settings¹¹. These shelters do not meet the minimum requirements for safety, security, privacy, physical protection and access to water and sanitation. This can lead to significant adverse impacts on the health and wellbeing of those affected.

Higher prices and loss of livelihoods due to COVID-19 and high displacement have affected the availability and affordability of appropriate shelter, particularly putting those displaced households that have verbal tenancy agreements (37 per cent) at higher risk of eviction. Seventy-six per cent of displaced households reported being unable to cover at least one of their basic needs¹². This has also resulted in an increase in food insecurity, with the share of displaced households with poor food consumption twice that of non-displaced households¹³.

Returnees

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
0,000	46k	40k	188k	0	228k	50 50	48 47 5

For people who have returned home, an estimated 228,000 people are in need of assistance due to limited livelihood opportunities, inadequate public services, reduced social cohesion due to inefficient governance structures in their areas of return to address basic civil matters, and risks from explosive hazard contamination.

Benghazi municipality remained the location with the highest number of returns, with little changes in other receiving locations as the rate of returns remained largely static over the last 12 months. Recent improvements in security, particularly in western Libya, have enabled the first significant number of returns in more than a year.

However, explosive hazard contamination in many locations poses grave risks to people's wellbeing, along with significant damage to homes and hinders the rate of returns, including areas such as Benghazi and Sirt. In southern Tripoli, numerous returnees have lost their lives, or were severely injured when checking on their properties. While some were not aware of the threat others chose to take the risk as a consequence of a perceived lack of alternatives.

Other families are unable to return home due their perceived or actual tribal or political affiliations and fear of retaliation of reprisals. These groups also report protection challenges during displacement, including denial of access to basic services, harassment, detention, loss of civil documentation, and threat of eviction.

For a quarter of all surveyed returnees, missing or lack of documentation affects their ability to access services, such as health services or being able to enroll children

in school. In 2020, over half of surveyed returnees reported facing issues in accessing health services¹⁴.

In addition to the impact of COVID-19 on people's ability to work, prices of many essential items have increased, stretching people's coping capacities. Among the Libyan population groups, returnees had the highest proportion of respondents (75 per cent) reporting challenges in obtaining enough money to meet their basic needs¹⁵.

This includes their ability to make critical repairs to damaged homes, forcing many to live in sub-standard conditions. Approximately 32 per cent of returnees reported medium damage or total destruction of their homes¹⁶. Lack of documentation further complicates finding solutions to housing, land and property disputes and grievances, creating another obstacle to reintegration between those who stayed and those who returned.

Non-displaced

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
4.7M	723k	150k	352k	0	502k	50 50	48 47 5

COVID-19 and its socio-economic impact has significantly affected non-displaced Libyans, who represent the largest population group in need, with 502,000 people, doubling since last year. The key factors compounding vulnerability include, limited access to health, water and education facilities and services and restrictions in movement. The increase in the use of negative coping strategies, particularly related to maintaining food consumption, further account for a deterioration in people's wellbeing and living standards.

People's ability to meet their needs is often correlated to their ability to access cash, which has been affected by liquidity issues and by the impact of COVID-19 on livelihoods. People in the south, including Alkufra, face greater challenges in obtaining cash, and along with Benghazi and Sirt, have the highest number of

households reporting challenges in meeting their basic needs¹⁷.

Access to essential services, which have deteriorated due to the protracted conflict, governance issues and the impact of COVID-19, affects many people's living standards. Where communities report being unable to access health services, the most reported reasons pertain to a lack of staff, facilities or supplies. Half of surveyed non-displaced Libyans reported challenges in accessing health services, more than other Libyan population groups¹⁸.

Particularly in the west of the country, long hours of power cuts have affected people's access to water. While distance learning classes were implemented following the closure of schools in March, 81 per cent

of households with enrolled children reported that they did not have access to these resources ¹⁹.

Curfews and movement restrictions have resulted in many people not being able to travel to work or their workplace has closed, with 19 per cent of working non-displaced households reporting their workplace closed due to COVID-19²⁰. Twenty-two per cent of

non-displaced households reported that there was at least one time when they did not have sufficient quantity of water to meet their daily needs in the past 30 days²¹.

The use of explosive and heavy weapons in densely populated areas has meant that many Libyans who live in conflict-affected areas have sustained widespread damage or destruction to their property.

Migrants

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
0	235k	62k	243k	0	304k	11 89	7 93 0

Migrants

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
0	0	4k	40k	0	44k	36 64	33 62 5

Of the 586,000 migrants and refugees in Libya, 304,000 migrants and 44,000 refugees have unmet needs with consequences on their wellbeing, living standards and resilience. This is consistent with last year, with small decreases in the number of people in need mirroring the reduction in the total number of migrants and refugees in Libya in 2020.

Protection risks are prominent for migrants and refugees, including the risk of being detained, having their freedom of movement restricted or lack access to shelter and essential services, making them more vulnerable compared to other groups of concern. Migrants and refugees represent nearly a third of all people in the extreme severity category. However, there are varying degrees of vulnerability based on their irregular status, nationality and exposure to risks.

Those who are held in official detention centres are more exposed to protection risks and human rights violations, including severe overcrowding, violence,

ill-treatment, forced labour, acute malnutrition and the spread of COVID-19. In addition to the 2,000-3,000 migrants and refugees, on average, that are held in detention²², thousands of others are believed to be held in other sites, such as those run by smugglers or non-state armed groups, to which humanitarian partners do not have access.

While a minority among the migrant and refugee population, women are more likely to have poorer nutrition outcomes, more challenges in accessing to sufficient shelter, less opportunities for work and therefore greater barriers to marketplaces. One quarter of all migrant and refugee children are unaccompanied or separated, putting them at greater risk of exploitation and abuse²³. Migrant and refugee children in detention are often held together with adults and child labour is common, particularly in the south.

Social discrimination has increased since the onset of the pandemic, exacerbated by pre-existing discrim-

ination and social exclusion, affecting migrant's and refugee's ability to access basic services. Migrants and refugees reported the fear of being reported to authorities, due to their irregular status, and discrimination as the two highest barriers to accessing health services. Women were more likely to report these barriers than men²⁴.

Food insecurity has increased among migrants and refugees, due to underlying vulnerabilities, coupled with loss of livelihoods and movement restrictions related to COVID-19. One in three migrants in Libya were estimated to be food insecure²⁵. Migrant's and

refugee's livelihoods have been disproportionately affected by COVID-19, as they make up a significant number of people engaged in daily labour or engaged in the informal economy.

While 73 per cent of migrants and refugees reside in privately rented accommodation²⁶, 94 per cent of migrants and refugees reported having insecure tenancy agreements²⁷, leaving them exposed to predatory behaviours by landlords, including arbitrary increases in rent and threats of, or actual evictions. Other migrants and refugees live in collective shelters or at their workplaces, where conditions are worse.

IOM/LIBYA

Direct distribution through
Rapid Response Mechanism



1.2

Strategic objectives, specific objectives and response approach

Of those identified as most in need of humanitarian assistance, the humanitarian community will prioritize more than 451,000 people in acute need across all 22 mantikas. This includes the most vulnerable displaced, returnee and non-displaced Libyans, as well as migrants and all refugees.

This is a 31 per cent increase from 2020. The increase reflects a larger number of non-displaced Libyans found to be in need of assistance in 2020, compared to previous years, which is largely due to indirect impacts of COVID-19 on people's food security and living conditions. As such a higher proportion of non-displaced are targeted for response, representing the largest proportion of those targeted (32 per cent) in 2021. The proportion of migrants and refugees prioritized for response, 34 per cent and 100 per cent respectively, remain consistent with 2020, highlighting these two groups as some of the most vulnerable people in Libya.

The two HRP strategic objectives are designed to address the humanitarian conditions and associated needs identified in the Humanitarian Needs Overview (HNO), prioritizing those conditions that impact on people's mental and physical wellbeing by strengthening the health response, addressing food security and enhancing the protective environment, and people's resilience and living standards by improving access to services and livelihoods. In addition to prioritizing the response based on the severity of needs by geographic location and population group, the number of people targeted in the 2021 HRP took into consideration available response capacity, operational presence and access constraints.

Mainstreaming protection and capacity building

Across all objectives and throughout all interventions, humanitarian actors recognize that many key protec-

tion risks (outlined in the Centrality of Protection section) will impact vulnerability and are committed to ensuring these are considered, measured and better understood and that concrete steps are taken to ensure equal access to humanitarian assistance.

In particular, protection will be mainstreamed across the strategic objectives with a focus on the provision of critical protection-related assistance and specialized services through an integrated approach, as well as solutions to address the immediate and longer-term priority needs of vulnerable populations.

Capacity building will remain a cross-cutting factor among the sectoral interventions to ensure response strategies have greater impact and are in line with international best practice. This includes strengthening the capacity of local and national authorities and civil society to identify protection risks, deliver targeted and appropriate response, and enhance protection advocacy.

Response modalities and integrated response

Delivery of assistance will be undertaken through a range of different modalities. The main response modalities being in-kind distribution (e.g. food, hygiene items, shelter materials etc.), public-service system support, as well as cash-based assistance (both sectoral and multi-purpose) to ensure people can meet their needs in a manner that allows choice and promotes dignity.

Multi-sector response will also remain a key feature in 2021, including through integrated programming approaches, further strengthening of inter- and multi-sectoral complementarity across projects. The integrated response approaches are also built around key thematic areas of intervention, such as education and health facilities or geographical locations of

people in need, such as detention centres and areas of displacement.

An example is the RRM, which aims to deliver life-saving assistance to people affected by, or fleeing conflict, or affected by natural disasters. A partnership between UNICEF, WFP, IOM and UNFPA, the RRM enables an immediate first-line response, to be followed by targeted sector response. In 2020, the RRM reached more than 24,000 people. Through this mechanism, partners will continue to provide integrated assistance including food, health assistance, as well as basic WASH and other non-food items.

Coordination

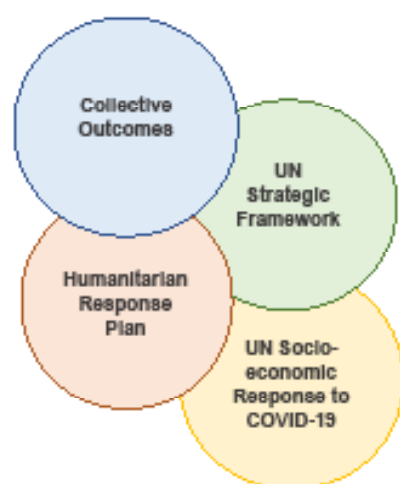
The response will be coordinated at the field level through Area Coordination Groups (ACGs) covering the east, south and west regions, and the sectors, under the leadership of the Humanitarian Country Team (HCT) and the Humanitarian Coordinator (HC). Sector coordination will be strengthened through emphasis on NGO participation, including increased international NGO co-leadership of sectors, and increased participation of local actors at ACGs and sector levels. The Humanitarian Access Working Group (HAWG) will support sectors, ACGs, Inter-Sector Coordination Group (ISCG) and HCT to monitor and address access-related issues to strengthen timely delivery to hard-to-reach, underserved and vulnerable people.

Development-stabilization-humanitarian nexus

Many of the underlying vulnerabilities and conditions that drive humanitarian needs in Libya, such as political fragmentation, deterioration of public infrastructure and services, economic crisis and lack of protective environment, which the HRP aims to address, are also central to longer-term planning. While the interventions prioritized in the HRP seek to address the immediate and most acute humanitarian needs arising from these conditions, activities to address more structural, durable solutions and economic reforms will be addressed through development and stabilization assistance.

Priorities articulated in the United Nations Strategic Framework (UNSF), extended to mid-2021, plans to strengthen the capacity of national and local government institutions in service delivery; rehabilitation of public services and infrastructure; restoration of the rule of law, inclusive and representative government institutions; regain productivity and efficiency in the public sector; and support the private sector.

To strengthen linkages across the development-stabilization-humanitarian response, following intensive consultation with UN, INGOs, donors and national counterparts, two collective outcomes were agreed that required the combined and collective effort of different actors, in close collaboration with Libyan authorities, to achieve.



Collective Outcomes (2019-2023)

1. Number of vulnerable people with equitable and safe access to functional basic social services, and, to sustainable livelihood opportunities increased.
2. Risk and vulnerability reduced and self-resilience of migrants and refugees strengthened in order to reach durable solutions.

UN Strategic Framework (2019-2020) ext. 2021

1. Core governmental functions will be strengthened and Libyan institutions and civil society, at all levels, will be better able to respond to the needs of the people (Libyans, migrants and refugees) through transparent, accountable and inclusive gender sensitive decision-making and peacebuilding processes abiding by the democratic principles of division of power and rule of law.
2. Economic recovery in Libya will be initiated through to better Public Financial Management and economic, financial and monetary policies that will stimulate investment, private sector development and job creation including for women and youth towards a more diversified, sustainable and inclusive and resilient economic model and industrial base.
3. Relevant Libyan institutions improved their capacity to design, develop and implement public and social policies that focus on quality social services delivery for all women and girls, men and boys (including vulnerable groups, migrants and refugees) in Libya towards enhancing human security and reducing inequalities.

Humanitarian Response Plan (2021)

1. Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of children in accordance with international humanitarian law, human rights law and other international legal frameworks.
2. Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.

These outcomes encompass and link the objectives outlined in the UNSF and HRP, highlighting complementary interventions by development, stabilization and humanitarian actors on building capacity of national stakeholders, enhancing service delivery, strengthening resilience, leaving no one behind and respecting human rights and humanitarian principles. Furthermore, all these frameworks prioritize strengthening evidence-based planning through investment in data collection and analysis. Together these complementary priorities seek to ensure the longer-term goals of peace, security and sustainable development.

In 2020, the UN also established the Socio-Economic Framework for Response to COVID-19, to collectively

respond to the socioeconomic impact of COVID-19 and support most vulnerable parts of society while fostering conditions for a rapid socioeconomic recovery to accelerate the achievement of the Sustainable Development Goals in Libya.

Due to the current governance and security dynamics, there is no overarching national development or poverty reduction strategy upon which the above plans are underpinned. However, partners continue to provide support to the authorities to develop plans, such as the COVID-19 National Response Plan and the National Internal Displacement Strategy, to which development, stabilization and humanitarian plans are aligned.

UNICEF/LIBYA



Strategic Objective 1

Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
451k	22%	37%	15%

Rationale and intended outcome

Under this objective, partners will provide assistance to 451,000 of the most acutely in need people and who are at greatest risk of conditions that impact their mental and physical wellbeing. This includes 98,000 displaced, 61,000 returnees and 143,000 non-displaced Libyans, along with 105,000 migrants and 44,000 refugees.

Humanitarian partners will seek to strengthen the protection of the most vulnerable people and enhance the capacity of duty bearers and other providers to address protection risks and to ensure an environment where people’s needs can be met safely and with dignity, in line with international humanitarian law, human rights law and other international legal frameworks.

Recognizing that protection is central to the response, partners collectively commit to strengthening protection from violence, abuse, coercion and deprivation of basic needs throughout all interventions and across both objectives, addressing both primary rights violations as well as secondary protection risks.

The response will be underpinned by strengthened inter-sector coordination mechanisms, logistics, air services, security and telecommunications.

Specific objective 1.1: Increase access to life-saving and life-sustaining humanitarian health assistance for 451,000 people, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks.

Groups targeted:	IDPs, returnees, non-displaced, migrants, and refugees
People targeted:	451,000 people

Health partners will provide an essential package of integrated health care services at primary and secondary levels. The package will include emergency and trauma care, the management of communicable and noncommunicable diseases, maternal, neonatal and child health, mental health and psychosocial support, vaccination, disease surveillance and outbreak response.

This also includes multi-sectoral support for combatting and mitigating the effects of the COVID-19 pandemic through the provision of personal protection equipment, disinfection of critical facilities, such as hospitals, schools and learning centers, as well as awareness raising on IPC measures.

Specific objective 1.2: Strengthen the protective environment for 127,000 people, including from the risks and impact of explosive hazards.

Groups targeted:	IDPs, returnees, non-displaced, migrants, and refugees
People targeted:	127,000 people

Partners will support a strengthened protective environment to decrease the discrimination in access to rights and services for all groups in need, with due consideration of distinction of age, gender, disability or other diversity factors. Efforts will also be directed at facilitating reconciliation efforts and peaceful coexistence between the different communities.

This will include promoting mental health and psychosocial wellbeing, strengthening community-based protection mechanisms and enhancing the capacity of national, local and international responders and institutions in protection, including child protection and GBV, prevention and response.

Mine Action partners aim to prevent and mitigate protection risks from explosive hazards through activ-

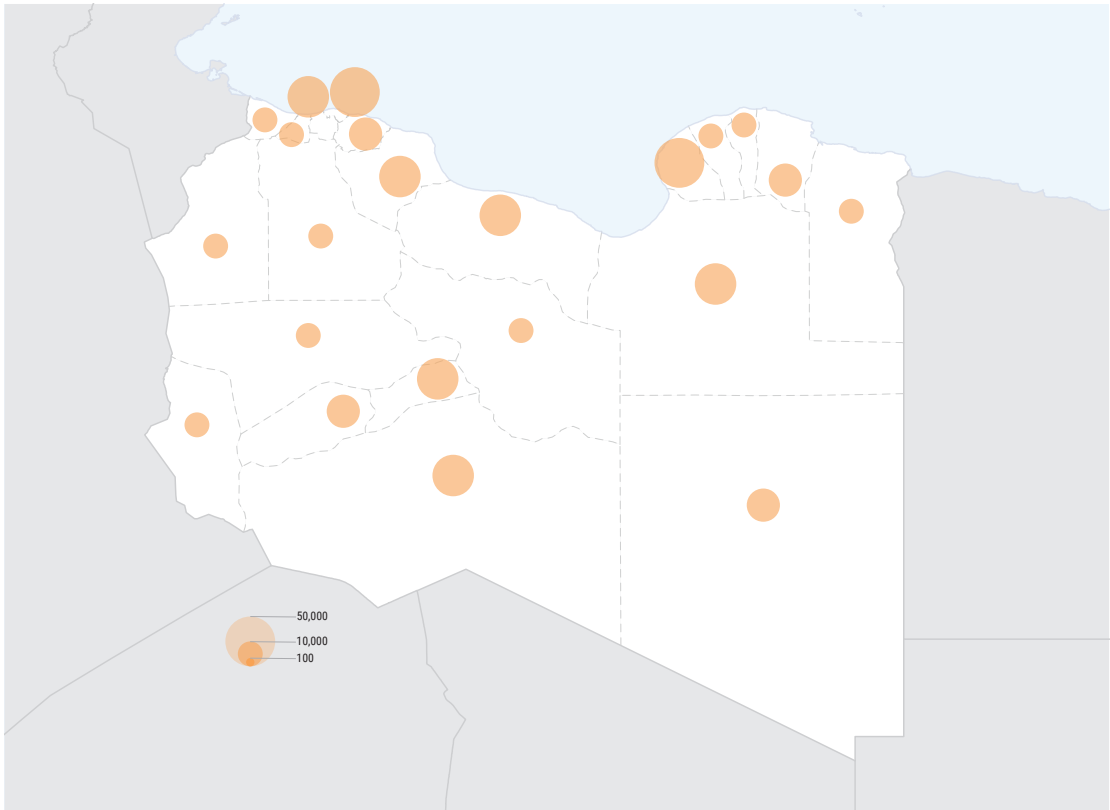
ities that include non-technical surveys, marking and clearance of contaminated areas, explosive hazard risk education and specialized assistance for survivors.

Specific objective 1.3: Improve access to safe, sufficient and nutritious food for 143,000 most food insecure people

Groups targeted:	IDPs, returnees, non-displaced, migrants, and refugees
People targeted:	143,000 people

Food Security partners will ensure that the basic food needs of the most vulnerable people are met to prevent further deterioration of food security, either through in-kind food or cash-based assistance.

This includes rapidly responding to the food needs of 20,000 people affected by escalations in conflict or natural disasters, through the RRM, as part of a multi-sector package assistance along with basic WASH items, and other non-food items, including those targeting women and children, such as dignity and baby kits.



Strategic Objectives 2

Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people’s resilience and ensure they meet their basic needs.

PEOPLE TARGETED

298k

WOMEN

22%

CHILDREN

37%

WITH DISABILITY

15%

Rationale and intended outcome

Under this objective, partners will prioritize 298,000 people with severe needs or in life-threatening situations, or whose living conditions and coping capacities have been eroded. This includes 84,000 displaced, 53,000 returnees and 65,000 non-displaced Libyan, as well as 73,000 migrants and 23,000 refugees.

The response will focus on ensuring safe, equitable and dignified access to quality basic services, such as schools, appropriate shelter and WASH facilities, with protection at its centre. The response will enhance people’s resilience by expanding access to livelihoods and ability to meet their needs.

Partners will support capacity building across all sectors to strengthen the capacity of national and local partners, including governmental and non-governmental stakeholders. This includes teachers, health workers, WASH partners, protection actors and mine disposal operators. Training and capacity-building will focus on technical and sector-specific training, in line with global guidelines and best practice, as well as on preparedness and contingency planning.

The humanitarian response is committed to ensuring increased efforts to address issues of safe, dignified and meaningful access and accountability to affected

populations. The humanitarian response will be underpinned by strengthened monitoring, data collection and analysis. This includes prioritizing a people-centered and accountable humanitarian response through an enhanced feedback mechanism.

This will be actualized through strengthening the inter-agency CFM, including improved referral systems and regularly reporting to ensure affected communities’ access to information related to humanitarian assistance and to provide feedback on their needs and preferences, as well as on organizations’ conduct and performance.

Specific Objective 2.1: Provide access to WASH, education, and protection services to 201,000 most vulnerable people.

Groups targeted:	IDPs, returnees, non-displaced, migrants, and refugees
People targeted:	201,000 people

Partners will continue to support and expand the provision of education, health and WASH services throughout the country. Assistance also includes the provision of essential supplies and equipment, including medicines (including COVID-19 supplies), teaching and learning materials, hygiene and sanitation supplies.

Health partners will also support the deployment of, or support to, mobile health teams. Repair and maintenance of schools, hospitals and health facilities, as well as WASH facilities in these locations will also be continued.

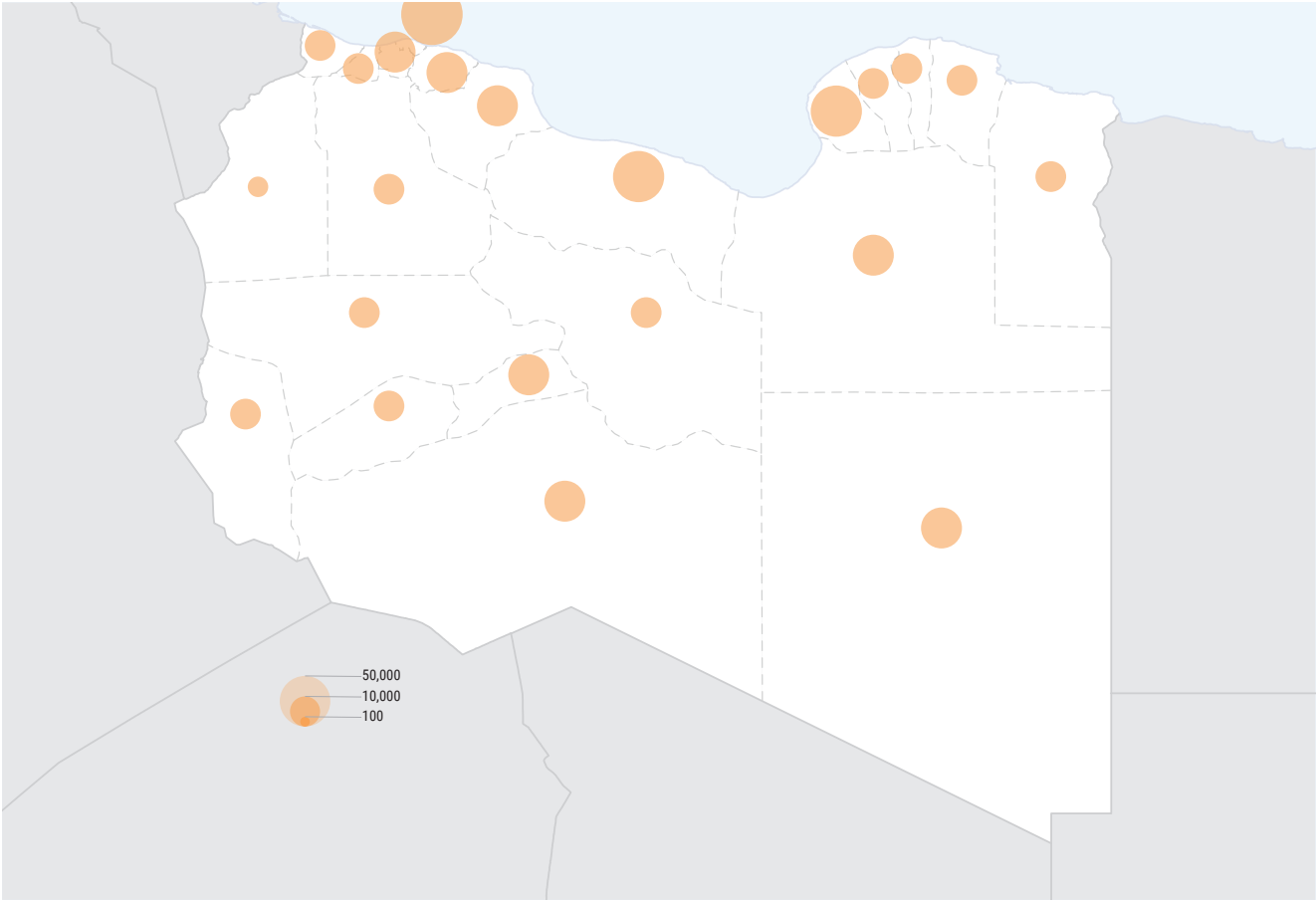
Specialized protection services, particularly for children, women and girls at risk and GBV survivors, including case management, MPHSS and legal counselling, will be expanded. These activities aim to enhance individuals’ and communities’ ability to address protection risks and minimize the impact of decreasing vulnerabilities and maximize positive coping strategies.

Specific Objective 2.2: Protect and support livelihoods and people’s ability to access basic goods for more than 97,000 people.

Groups targeted:	IDPs, returnees, non-displaced, migrants, and refugees
People targeted:	97,000 people

Shelter partners will, through their activities, improve living, hygiene and health conditions, as well as protection against environmental risks/hazards and ensure greater safety and security. This includes through the provision of shelter materials and other non-food items and support the repair and rehabilitation of damaged or destroyed accommodation. Furthermore, partners will reduce a household’s needs to spend resources on shelter upgrades, or on rent through cash assistance.

Activities will also include increasing people’s livelihood-based coping capacities through providing income-generating activities, such as access to vocational trainings and asset creation and rehabilitation activities and support agricultural, livestock and fishery systems.



1.3

Costing methodology

Humanitarian partners engaged in response planning for 2021 discussed, through various forums, including the ISCG and HCT, the costing methodology to be used to calculate the financial requirements of the 2021 HRP. Starting in May, at the initial stages of the planning process for the Humanitarian Programme Cycle, the different costing methodologies were discussed, based on the global standards. This included recommendations on when and how to move to an activity-based costing methodology.

Given time and capacity constraints, it was difficult to effectively transition to a new methodology in 2021. As such, in June 2020, the HCT agreed to maintain project-based costing for 2021 and further discuss a move to activity-based costing in 2021.

However, HRP partners would be required to provide more detailed costing breakdowns for their HRP projects, by activity, to give more transparency, accountability and better monitoring. Therefore, sectors have worked with their partners to identify and provide cost breakdowns by activity in all approved projects.

Furthermore, sectors have begun to look at estimating the average cost per activity or unit based on the inputs this year. Sectors started engaging with the global clusters in order to put the required processes in place to be able move to activity-based costing.

The financial requirements for the 2021 HRP are based on project submissions by UN, national and international NGOs, supporting projects in consortium and partnerships. In order to open the Project Module plat-

form for project submission, sectors, with their partners, determined their sector objectives and key activities, as linked to the country-level strategic objectives, which then served as the basis for project development.

OCHA also organized a series of trainings for sector coordinators and sector partners, on the Project Module system, as well as on other related planning issues, such as the Gender with Age Marker and the protection analysis.

Following the submission of projects by partners, sector coordinators, together with review committees, vetted the projects against a common scorecard that assessed the suitability of projects against multiple indicators including alignment with strategic and sectoral objectives and priorities of the HRP, capacity, cost effectiveness, monitoring and accountability mechanisms and coordination. Finally, OCHA undertook a quality review to ensure alignment against the HRP strategy. Overall, 33 partners submitted a total of 101 projects, including multi-sectoral and multi-organizational projects, with a total financial requirement of USD\$189.1 million.

The methodology for project cost estimations differs under each sector and is detailed under their respective sector plans. While the overall approach was project-based costing, some sectors have already started to agree on activity/unit costing that was then used to review individual costs across the projects. A collective effort has been made to reduce costs where feasible and reach an acceptable balance between operational costs and support costs within projects.

1.4

Planning assumptions, operational capacity and access

Planning assumptions

Planning for 2021 is based on the assumption that three key interrelated factors—security, political and economic—will remain the most influential on people’s protection, wellbeing and living standards.

While a nation-wide ceasefire was brokered in October 2020 and political talks re-started in November, which have increased the prospects for greater security, a significant escalation in the conflict cannot be ruled out should current mediation efforts fail. Continued momentum into 2021 towards a reconciliation process would see displacement continue to reduce as households feel secure enough to return to their homes. Political and economic reforms would see an improvement in economic conditions and public trust that would reduce liquidity challenges faced by households and enable people to increasingly be able to cover their basic needs. Improvements in the security and political situation is also likely to improve access conditions for humanitarian partners.

An important consideration for planning is that until the security, economic and political agreements are implemented, public services will likely continue to deteriorate as challenges with governance structures remain unresolved. This is also likely to continue to impede the country’s ability to effectively respond to, and reduce the spread of, the COVID-19 pandemic. Equally, prolonged conflict, significant disruptions to oil production, along with effects of COVID-19 on Libya’s fragile economy, has had significant impacts that will require more structural and durable solutions; outside the scope of this plan. As such, it is expected that the international humanitarian community, along with local partners will continue to fill critical gaps in the interim.

Furthermore, some vulnerable groups, such as migrants and refugees, would still require some form of humanitarian assistance until sustainable solutions are achieved. Advocacy would also remain necessary in order to overcome the cultural barriers and discrimi-

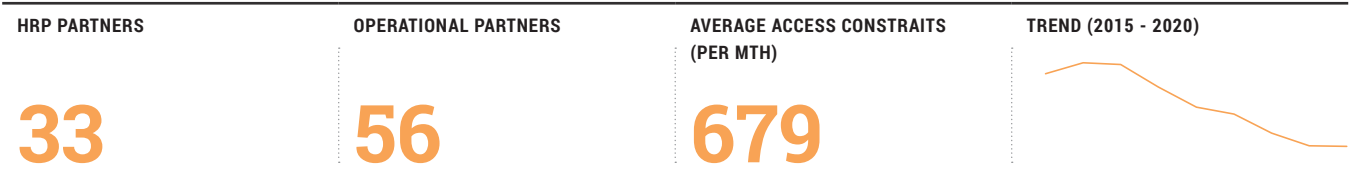
nation that exists in the country. This includes changes in national legal frameworks to enable greater recognition, inclusion and respect for women’s and minority groups’ rights.

Operational capacity

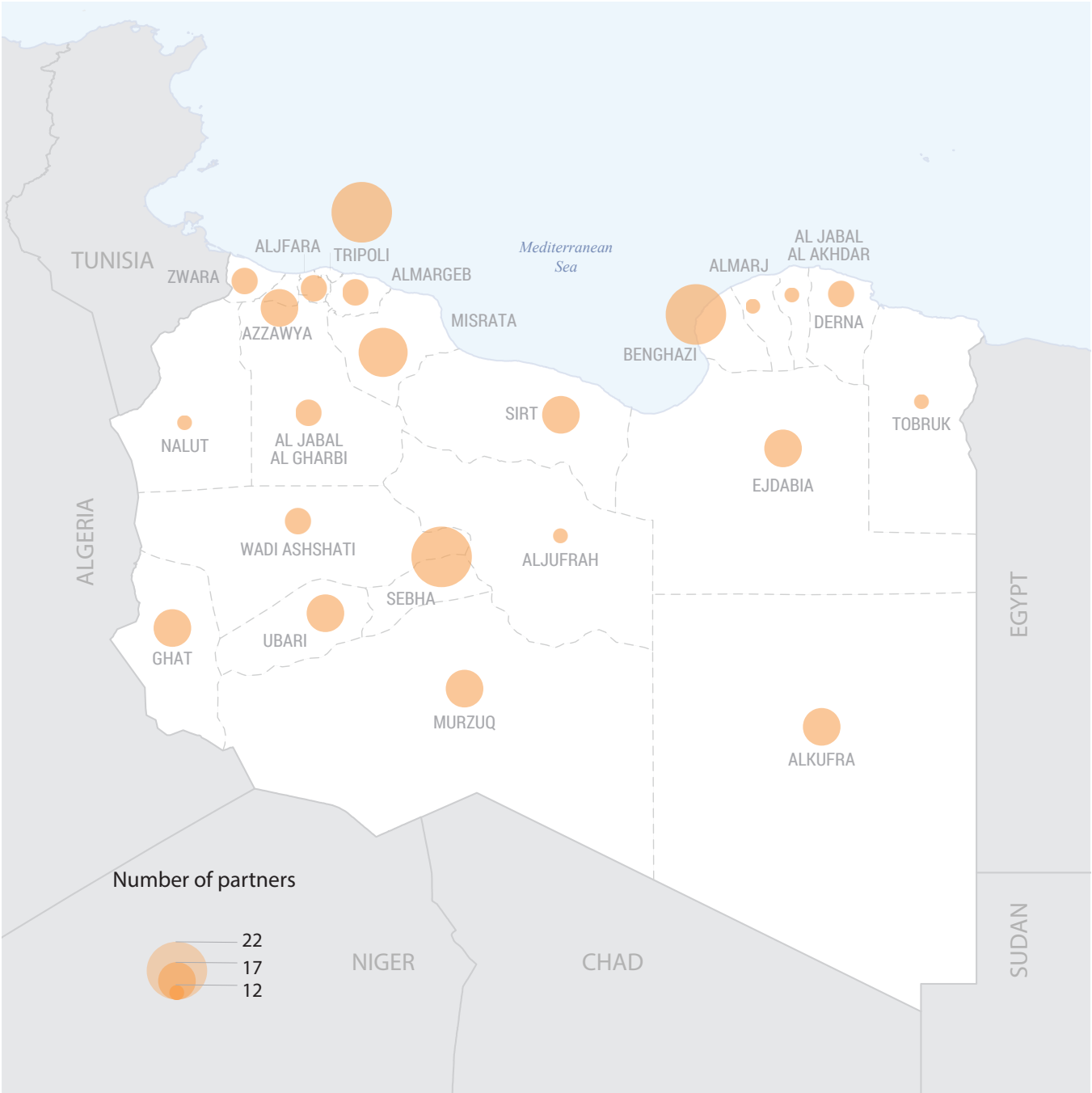
Six national NGOs, 17 international NGOs, nine United Nations agencies and one RC/RC will be implementing activities through 101 projects approved under the 2021 HRP for Libya. They work in collaboration with 56 partners in the implementation of these activities. This is a 40 per cent increase in the number of partners from the 2020 HRP, which had 40 operational partners implementing 85 projects. There are more organizations delivering humanitarian assistance in Libya, both as implementing partners or implementing their own projects, which are not included in the HRP but with whom HRP partners collaborate and coordinate closely.

The humanitarian community works together with national and local authorities, such as local crisis committees and municipalities, and civil society organizations as the first responders. While the number and capacity of Libyan NGOs continue to increase, local partners with adequate capacity to deliver sufficient assistance remain limited, resulting in international organizations heavily relying on a small number of local partners. The importance of increasing localization by building national and local response capacity, remains a strong focus of partners and is mainstreamed across all objectives and sectors’ approaches and activities.























Limited operational presence continues to hamper the humanitarian community’s ability to reach some affected people, especially in remote areas in the south of the country. While national NGOs who do have operational presence in many of these difficult-to-reach areas and continue to express their interest in working with the international humanitarian partners, increased efforts are needed to better engage with and integrate these partners into coordination platforms, particularly in the sectors and ACGs.

























Operational presence by mantika







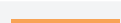
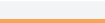






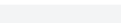










Partners by Location









MANTIKA	PEOPLE TARGETED	NO. PARTNERS
Al Jabal Al Akhdar	3k 	12 
Al Jabal Al Gharbi	3k 	15 
Aljfara	26k 	14 
Aljufra	3k 	12 
Alkufra	18k 	16 
Almargeb	20k 	13 
Almarj	3k 	12 
Azzawya	10k 	17 
Benghazi	66k 	21 
Derna	11k 	13 
Ejdabia	28k 	17 

MANTIKA	PEOPLE TARGETED	NO. PARTNERS
Ghat	8k 	16 
Misrata	39k 	19 
Murzuq	28k 	16 
Nalut	1k 	11 
Sebha	31k 	22 
Sirt	37k 	17 
Tobruk	6k 	12 
Tripoli	91k 	22 
Ubari	12k 	16 
Wadi Ashshati	2k 	14 
Zwara	5k 	14 




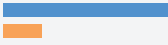
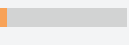

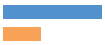



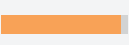





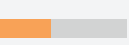


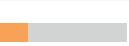

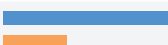



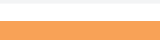


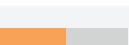


Partners by Sector

SECTOR	PEOPLE TARGETED	NO. PARTNERS
Education	132k 	8 
ETS	451k 	1 
Food Security	160k 	3 
Health	451k 	17 
Protection	117k 	10 
Child Protection	65k 	4 
GBV	54k 	5 
Mine Action	451k 	7 
Shelter/NFI	111k 	6 
WASH	263k 	9 
MPCA	34k 	6 
CCS		11 

Partners by organization type

ORGANIZATION TYPE	REQUIREMENTS	NO. PARTNERS
INGO	51M 	17 
NGO	3M 	6 
RC/RC	0.4M 	1 
UN	134M 	9 

Response reached under previous HRP

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PEOPLE REACHED (As of November)	% TARGET REACHED	FINANCIAL REQUIREMENTS (US\$)
Education	127K	83K		88K	106% 	\$8.0M 
ETS	893K	212K		5K	2% 	\$1.0M 
Health	526K	203K		226K	111% 	\$29.7M 
Food Security	336K	137K		129K	94% 	\$15.0M 
Protection	475K	128K		48K	38% 	\$14.2M 
Child Protection	220K	139K		56K	40% 	\$6.63M 
GBV	166K	100K		22K	22% 	\$6.8M 
Mine Action	893K	345K		215K	62% 	\$7.5M 
Shelter/NFI	342K	81K		105K	130% 	\$7.0M 
WASH	242K	145K		76K	52% 	\$5.1M 
CCS	-	-		-	-	\$14.0M 

Humanitarian access

Humanitarian organizations operating in Libya have faced different layers of access challenges and constraints. The security context in Libya has seen significant changes in 2020 that have impacted the operational environment and humanitarian access across the country. In particular, the suspension of fighting in June that translated into a ceasefire in October, has enabled greater access. However, insecurity, explosive hazard contamination and an absence of rule of law still impact access and since the onset of COVID-19 there have been travel disruptions, curfews and movement restrictions that have severely hampered humanitarian operations.

In 2020, bureaucratic constraints made up the majority (88 per cent) of access constraints reported by partners. Of these, most (67 per cent) related to restrictions in the movement of humanitarian personnel and supplies into Libya. The most commonly reported constraints included significant delays in issuing visas for INGO international staff, difficulties in importing relief items through seaports and airports, as well as a three-month-long suspension of UN Humanitarian Air Service

(UNHAS) flights. Bureaucratic movement restrictions within Libya, making up 21 per cent of monthly reported constraints, emanate mostly from COVID-19 pandemic-related precautionary measures, as well as stringent security measures imposed by the authorities in some parts of the country.

Humanitarian actors also continue to face operational and political challenges in accessing detention centres officially administered by the Ministry of Interior's Directorate for Combatting Illegal Migration. Obtaining access to detention centres is often ad-hoc and routinely restricted to specific centres or for certain humanitarian actors for limited purposes. Conditions of access also do not allow for guarantees of confidentiality between humanitarian actors and detainees. The HCT advocates for unrestricted access by humanitarian organizations to migrants and refugees in detention, for their release from detention, and for the respect of international standards and legal frameworks relating to migrants and refugees, human rights, and protection of civilians.

In an effort to reinforce a collective approach, under the leadership of the HC, the humanitarian community

in Libya, endorsed the Humanitarian Access Strategy in August 2020. The strategy, developed by OCHA in consultation with partners, includes four main objectives that aim to: 1) enhance operational effectiveness; 2) enable those in need; 3) mitigate the impact of an environment of armed conflict; and 4) advocate for unfettered access for principled delivery.

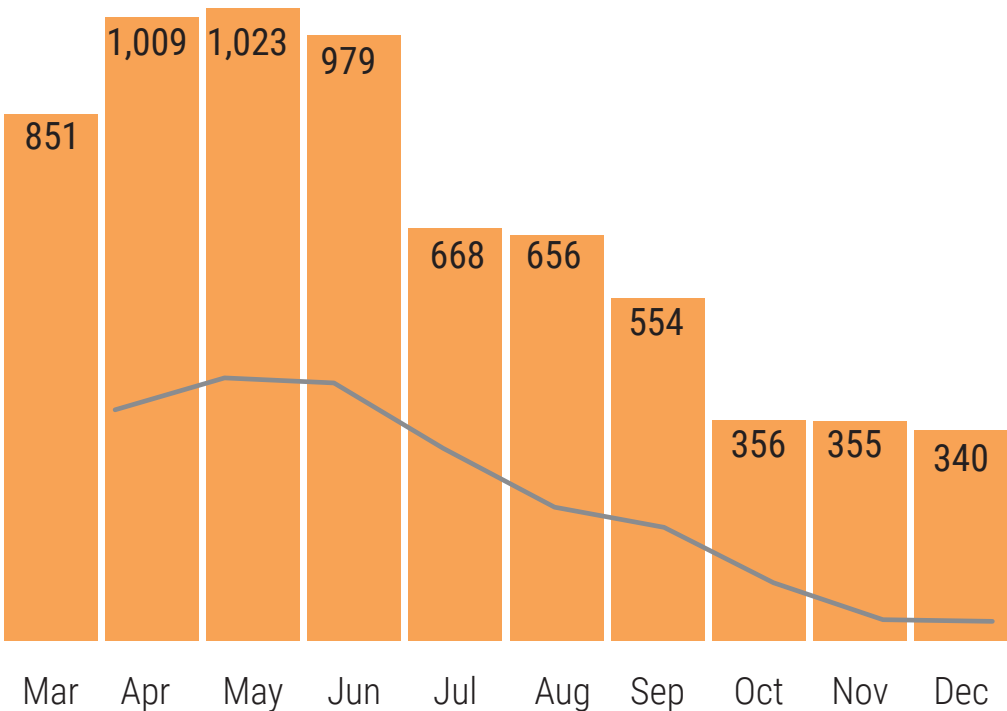
In line with the strategy, the HAWG was re-established to serve as a strategic advisory body to the HCT, providing recommendations and inform decision-making. The scope of the HAWG focuses on improving humanitarian access by strengthening support for analysis, advocacy, coordination and information sharing, and operational presence.

A central priority in 2021 includes strengthening the level of engagement and interaction of the humanitarian community with the national and local authorities, technical counterparts and armed groups. An example of such a participatory approach has been the endorsement of deconfliction guidelines—the Humanitarian

Notification System for Deconfliction (HNS4D)—in November 2020. The system is designed to notify relevant military actors of humanitarian locations, activities, movements and personnel for the purpose of protection against attacks and incidental effects of attacks under International Humanitarian Law. While a more ad-hoc arrangement had been in place, the new guidelines ensure a more systematic approach for deconfliction.

Strengthened access monitoring and reporting, through the establishment of the Access Monitoring and Reporting Framework in 2020, has laid the foundation for collective evidence-based and advocacy. This includes strengthening the understanding of the tenets of principled humanitarian action by authorities, non-state armed groups and others who intentionally or by omission obstruct delivery. Access-specific messaging and advocacy relevant to current constraints is also required. This will be achieved through coordination between the HAWG and the Humanitarian Communications Group, in support of the HCT and broader humanitarian community.

Access constraints per month



1.5

Accountability to affected people

Systematic information sharing with affected communities and diverse and inclusive participation that ensures people's voices inform decision making, which has traditionally been limited in Libya, saw progress in 2020 with the launch of the inter-agency common feedback mechanism. The CFM, launched in February 2020 and managed by ETS, has answered more than 19,000 calls.

While numbers were modest in the initial days, given limited awareness, calls sharply increased at the end of March when it was officially requested by the National Centre for Disease Control to serve as one of the official national channels for COVID-19 information – representing 68 per cent of all calls received. Of these, 90 per cent were requesting information related to self-care, home isolation and the nearest health centre for assistance.

Calls related to humanitarian issues proportionally increased towards the latter half of the year and represented 32 per cent of all calls. The majority of calls were from refugees (66 per cent), followed by displaced and non-displaced Libyans (both 14 per cent).

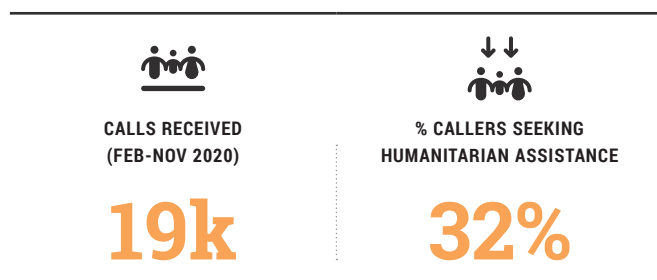
Geographically, most calls (92 per cent) are from the western region of Libya, Tripoli municipality. This might in part be due to the emergence of the pandemic in Tripoli and the larger presence of international humanitarian partners operating in the region who have been

providing awareness materials along with their distributions. Of all calls received, women account for around one quarter of all callers. Half of all operators of the call center are female, allowing affected populations to provide their feedback and raise their concerns to an operator with whom they feel most comfortable.

However, there is still a need to improve the way that the humanitarian community engages with affected communities and creates avenues for affected communities to provide information in relation to their needs and preferences. Results from the MSNA survey showed that of respondents who reported not receiving assistance in the last six months, but needing it, 15 per cent of Libyans (higher for returnees at 28 per cent) and 20 per cent of migrants and refugees, reported they did not know how to access assistance in their area²⁸.

Priorities for 2021 will include reactivation of the Communicating with Communities Working Group and CFM Strategic Advisory Group. Through these platforms, the humanitarian community will build on the initial success of the CFM to ensure there is harmony in information disseminated to communities through multiple mechanisms and modalities, and that existing communication channels and referral mechanisms are strengthened. This also includes ensuring that key issues emerging from the CFM are discussed and resolved, including through the ISCG, and inform planning.

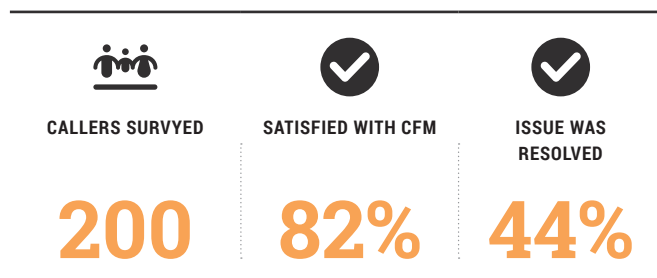
Satisfaction with assistance received Households



Type of assistance received



Satisfaction levels²⁹



Common Feedback Mechanism

Protection from Sexual Exploitation and Abuse (PSEA)

Following commitments by the HCT, the PSEA Network for Libya was established in 2019, with UNFPA and UNICEF as co-chairs. The PSEA Network serves as the primary coordination mechanism for the oversight of PSEA activities by personnel of the UN, INGOs and affiliated personnel across the humanitarian, peace-building and development pillars.

In early 2020 there was initial progress around PSEA, with the development of a work plan, and the establishment of the CFM, which also operates as a complaints mechanisms where allegations relating to sexual exploitation and abuse are handled in accordance with standard operating procedures agreed by the PSEA Network. Progress against the activities outlined in the work plan, focuses on four thematic areas: engagement and awareness; prevention; response systems; and monitoring, compliance and coordination, however, these have stalled due to capacity gaps and since the onset of the COVID-19 pandemic.

In 2021, reactivation of the PSEA Network and taking forward agreed activities as per the work plan will be key priorities, along with strengthening linkages with the CFM and the work of the associated groups. This will be further strengthened by the HCT Protection Strategy which also includes actions related to strengthened community engagement, accountability and PSEA response as key pillars to ensuring protection of and accountability to affected people, as well as ensuring appropriate ownership and leadership that these issues should be given.

1.6

Centrality of protection

HCT Protection Strategy

At the end of 2019, the HCT endorsed the HCT Protection Strategy and associated action plan that was developed in accordance with the principles contained into the IASC Centrality of Protection Declaration, to ensure that protection challenges are addressed and that there is a whole of system approach to implementing key actions.

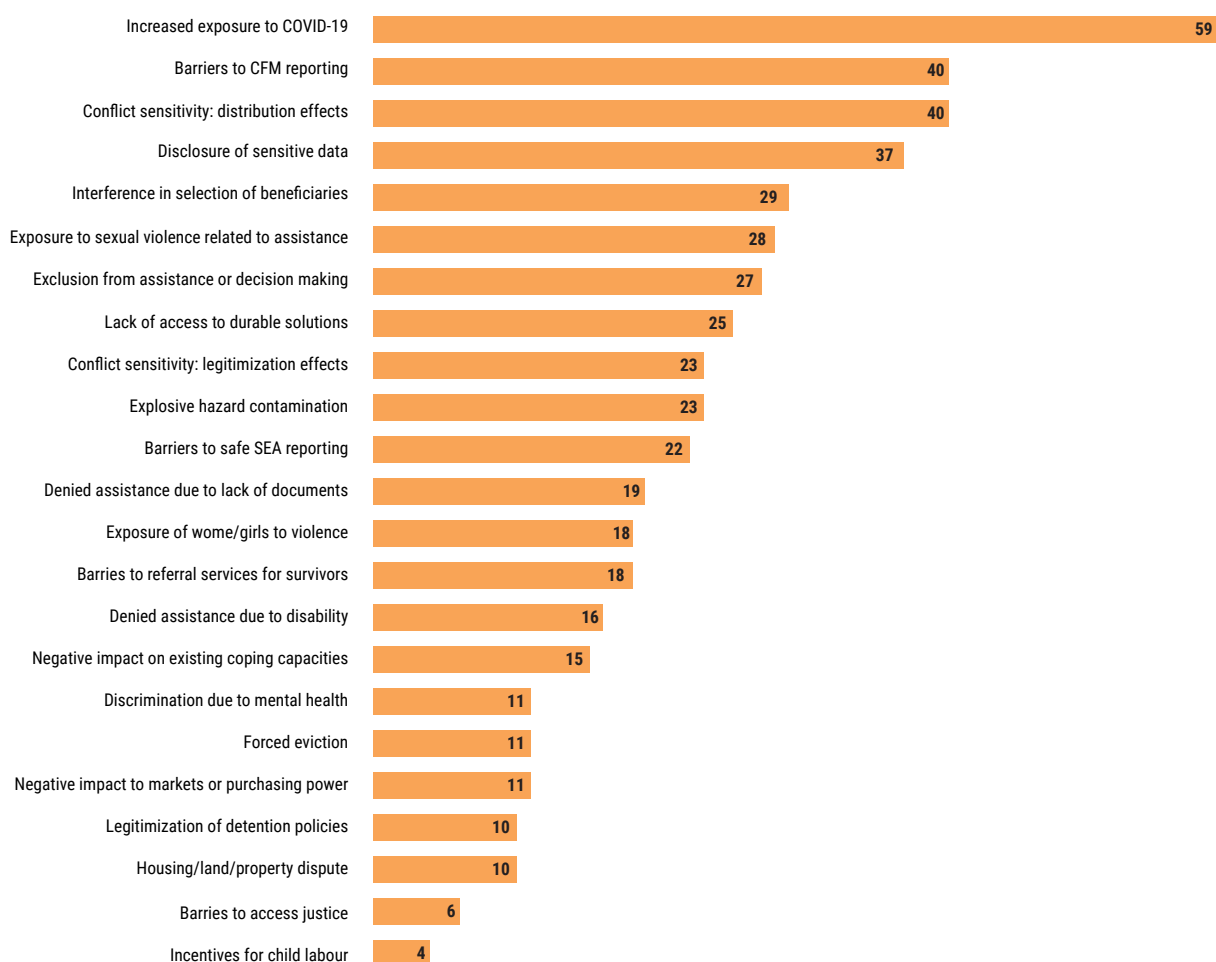
A review in September showed that implementation against the action plan remained limited and only a few deliverables were achieved. The review found that deliverables listed under the initial strategy were too general, difficult to achieve in the 12 months' timeline, and that many overarching protection concerns remained without identified realistic and tangible outcomes. Furthermore, the review found that weak engagement by the HCT and agencies further hindered progress.

In line with the end of initial duration of the Strategy, the Protection Sector presented recommendations to the HCT on the way forward, based on the experiences in implementing the work plan over the previous 12

months, as well as learning from the Global Protection Cluster review of HCT Protection Strategies. The recommendations focused on ensuring the next strategy, to be multi-year, would be more focused, with phased priorities and with a clear governance and accountability structure.

The revised Strategy and action plan would focus on fostering greater inter-agency cooperation, strengthen accountability of national and local authorities and reflect the role that humanitarian, development and peacebuilding interventions can play in achieving collective protection outcomes, promote a rights-based approach to mitigating protection risks while meeting the needs of all affected people and strengthen their resilience and coping capacities. Key commitments of the Berlin and Tunis Peace Talks will also be embedded in the strategy with concrete, targeted advocacy initiatives to support their implementation. The Strategy will ensure progressive achievements of short, medium- and long-term outcomes, with regular monitoring against deliverables as outlined in the action plan.

Protection risks



Protection risk analysis

As part of efforts to increase awareness and understanding of protection risks and how to better mitigate them, all projects that were submitted for the HRP included an assessment of the likelihood and impact of key protection risks in relation to their proposed interventions and the mitigation measures for those risks that were deemed to have the highest likelihood. The infographic (below) shows the most commonly identified risks across all projects. The Protection Sector undertook a review of selected projects across all sectors as part of the vetting process.

Key risks identified by partners varied across sectors indicating how protection and their assessment differ, depending on the sectoral focus. Sector specific analysis will be used throughout 2021 for tailored support to protection mainstreaming with sectors and partners by protection actors. While many different mitigation

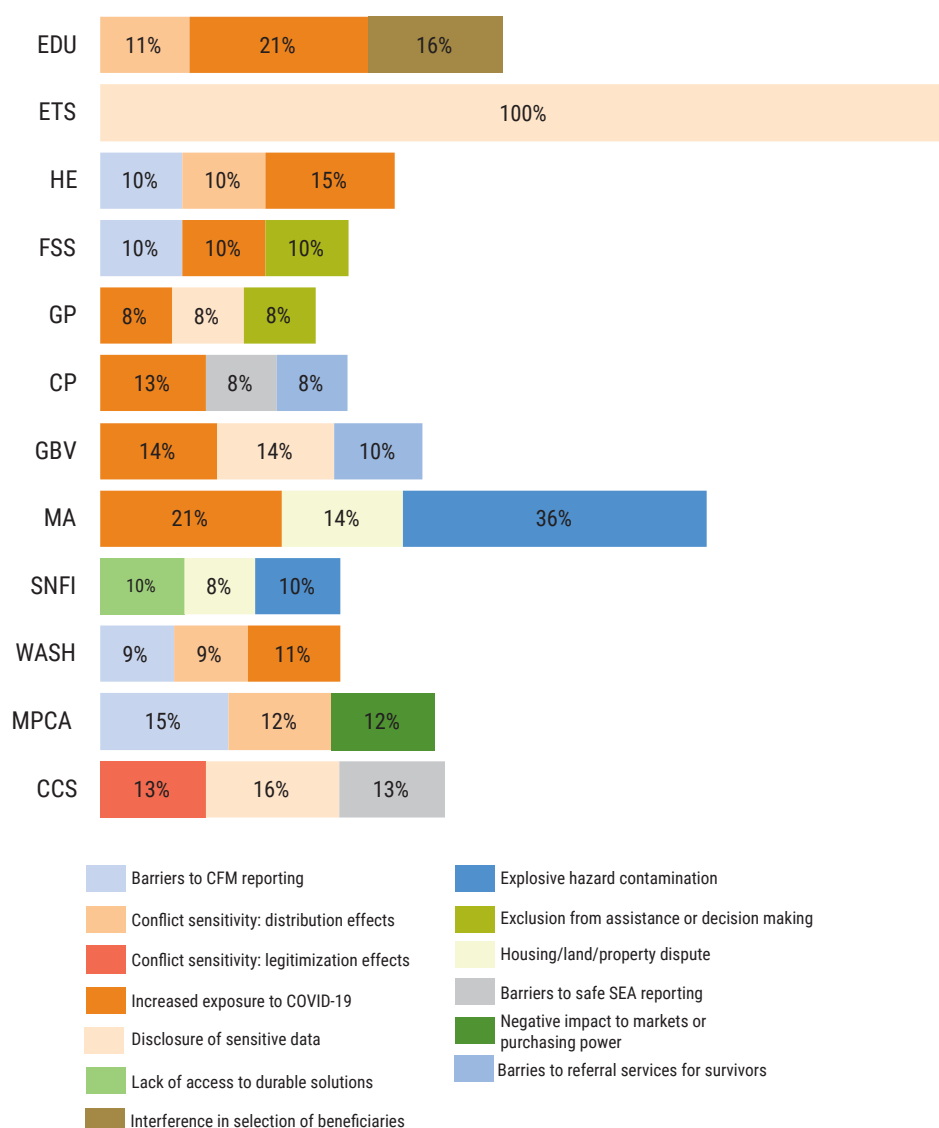
measures were outlined by the partners in addressing the highest protection risks, the main mitigation measures for the top three protection risks are outlined below:

Project results in Increased exposure to COVID-19 transmission – Most partners highlighted their use of personal protective equipment, ensuring IPC measures are correctly followed, especially social distancing in places where assistance is provided and, where possible, resorting to remote modalities of service provision, as effective mitigation measures to reduce the risks of communities being exposed to COVID-19. Some partners also highlighted integrating WASH components in their interventions and deploying community outreach staff from the assisted communities to enhance trust and strengthen two-way communication to raise awareness on and address concerns, which could lead to subsequent inter communal tensions and stigmatization.

Increased tensions and inter-community conflict due to perceived or actual unequal distribution of assistance – Supporting conflict-sensitive programming through the adoption of an area-based and needs-based approach rather than targeting population sub-groups based on their status was identified as an effective way to reduce inter-community conflict. Equally important was to include transparent two-way communication within communities, both through existing formal and informal leadership structures, as well as by understanding exclusion factors and reaching persons at risk of discrimination. This could be supported by ensuring programmes were informed by area-specific conflict analysis and providing information to communities on feedback channels and then responding timely to feedback received.

Disclosure of sensitive personal data of affected people – Most partners stressed the need to ensure training and building capacity for staff on the handling of sensitive data. This included specific standard operating procedures related to data protection. For partners working in detention centres, partners highlighted training staff specifically on assessing risks and the benefits/risks of proceeding with information gathering based on the specific context. Many partners also pointed to safety (password protection, encryption) of online files containing sensitive personal data. The Protection Sector will provide refresher trainings on inter-agency referrals focusing amongst others on data safety and confidentiality.

Protection risk per sector



Consolidated overview on the use of multi-purpose cash

The use of multi-purpose cash assistance (MPCA) in Libya supports the most vulnerable households and individuals through the provision of unconditional multi-purpose cash allowing them to cover a wide range of their basic needs. MPCA is a preferred modality by many people who received humanitarian assistance as it provides them the power to choose and control how to utilize the assistance based on their family's needs and priorities. In 2021, unconditional multi-purpose cash, will be complemented by, and coordinated with, sectoral-based cash assistance as outlined in the relevant sector strategies.

Response

The use of MPCA for the response will be expanded in 2021, increasing the number of people being targeted by MPCA by 36 per cent. In 2021, more than 34,000 people will be targeted with \$ 13 million in MPCA.

Two objectives guide the overall approach, which seeks to: (i) support vulnerable households to meet their urgent basic needs through the provision of emergency multi-purpose cash assistance; as well as (ii) support socioeconomically vulnerable households to meet their basic needs through the provision of multi-month multi-purpose cash assistance.

Under the first objective, which aligns with the first HRP strategic objective, partners providing MPCA will provide a multi-purpose emergency cash payment (in two installments) to eligible migrants and refugees who face an immediate life-threatening situation or are identified to be exposed to critical protection risks. This will target those identified and eligible with a lifeline to mitigate further harm or aggravation of the protection risks for the individual or family and allowing them to meet their basic needs while upholding their safety and dignity.

Activities under the second objective, and aligned to the second HRP strategic objective, focuses on strength-

ening the community's resilience, addressing gaps in livelihoods and ensuring access to basic needs. Partners will provide multi-purpose, multi-month, cash assistance allowing eligible displaced Libyans and returnees, as well as migrants and refugees living in urban communities to meet their basic needs.

These multi-purpose cash interventions will be complemented by, and coordinated with, other sectoral activities that will use cash and voucher assistance to contribute to sectoral outcomes, including in education, food security, protection, shelter and WASH.

Partners will continue to look for opportunities to scale-up cash programming where feasible and provide either emergency cash assistance or regularly monthly cash assistance using a range of delivery mechanisms, including prepaid cards, mobile money, and direct cash.

Targeting

The Cash and Markets Working Group (CMWG) guides all cash actors through the harmonization of key tools for eligibility determination. For this purpose, a socio-economic vulnerability assessment tool has been developed by the CMWG to support partners in identifying eligible affected people in line with a set of agreed criteria. This allows for greater consistency among beneficiary selection across all cash programmes and helps ensure that scarce resources are directed to those most in need. The targeting approach adopted by the CMWG factors in age, gender and disability considerations.

In addition, the CMWG developed a Minimum Expenditure Basket (MEB) that defines the basic recurrent needs of the most vulnerable households including expenditures for food, hygiene items, drinking water, cooking fuel, rent, health and clothes. The standardized Cash Transfer Value (CTV) is defined for emergency and multi-month cash assistance based on the family size to be used by cash partners across Libya.

Monitoring

In light of the volatile economic situation in Libya, including fluctuations in the prices of basic goods since the onset of COVID-19, the Joint Market Monitoring Initiative (JMMI) undertakes monthly market monitoring that provides critical information on the evolving situation, including price trends, functionality of markets, appropriateness of market-based modalities. The JMMI collects market and price-based data in 39 urban and remote rural areas across Libya.

Price data is used to calculate the MEB and CTV to ensure it remains proportionate to the cost of living. The MEB and CTV are therefore regularly reviewed, and if needed, revised, to ensure that any changes in the context, such as prices of goods, exchanges etc. are reflected.

The progress of implementation of MPCA is monitored on a monthly basis using three indicators (below) and is complemented by sectoral monitoring of cash-based assistance. Additionally, a harmonized post distribution monitoring tool will be part of the response in 2021 to ensure the quality of the assessment and an analysis on the impact of MPCA transfers.

Coordination

All partners coordinate cash-based activities through the CMWG, and to ensure their approach is harmonized and that cash payments values are in line with the common agreed MEB. Similarly, the CMWG coordinates and shares information on key cash-related developments, as well as maps and harmonizes ongoing cash programming across all the sectors and cash partners. To facilitate this and to avoid duplications, sector lead and co-lead representatives are invited to attend the CMWG meetings and there is representation of the CMWG at the ISCG and sector meetings.

CMWG partners will conduct a mapping exercise to explore possible linkages of cash assistance with existing national social protection systems, and with the facilitation of the CMWG, engage with the Ministers of Social Affairs and Ministry for IDPs and other key stakeholders to explore the feasibility to link humanitarian response activities within existing National Social Safety Net Programme. In parallel, the World Bank, UN agencies and cash actors are establishing a national social protection platform which is expected to form a bridge to find complementarities between humanitarian cash transfer programmes and government social safety net programmes.

	OBJECTIVE	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks		9,970
Sectoral Objective 1.1	Support vulnerable households to meet their urgent basic needs through the provision of emergency multi-purpose cash assistance	# of Individuals who receive the full amount of the emergency one-off cash assistance	9,970
Sectoral Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.		23,655
Sectoral Objective 2.1	Support socioeconomically vulnerable households to meet their basic needs through the provision of multi-month multi-purpose cash assistance	# of Individuals who receive the full amount of the multi-month cash transfer	23,655
Sectoral Objective 2.1	Support socioeconomically vulnerable households to meet their basic needs through the provision of multi-month multi-purpose cash assistance	# of market monitoring assessments conducted	12

Part 2:

Response monitoring

REACH/LIBYA



2.1

Monitoring approach

In 2021, humanitarian partners will continue improving monitoring and implementing more systematic methods for data collection to inform stakeholders on the changing needs, gaps and progress. The ISCG supported by the Information Management (IMWG), Assessment (AWG) and Access working groups will work collectively to ensure monitoring, analysis and reporting on the HRP, at the strategic and operational levels, strengthen accountability and transparency of the response.

A monitoring framework, developed by the ISCG and sectors for 2021, and will be used to report on the HRP's implementation. Monthly data will be captured through ActivityInfo, which was piloted at the end of 2020 and will be fully rolled out in 2021. This will capture information on the progress of implementation and people reached by indicator and at the activity level. The progress towards reaching those targeted by the plan and gaps that exist will be detailed through the release of monthly monitoring reports.

The ISCG has agreed to a set of specific objectives and related indicators which are designed to comprehensively track the community's progress against the HRP. Individual sector objectives and indicators then feed into the multi-sectoral specific objectives, each of which is in turn aligned with the overall strategic objectives, guiding overall response.

A mid-year review (through the Periodic Monitoring Review) will be conducted to measure progress towards the achievement of the HRP objectives and identify where course corrections may be required

based on the response to date and any changes in the context. Regular funding and access updates, as well as situation reporting and snapshots on the evolution of the humanitarian situation will also continue to be produced.

The CFM will complement the above monitoring efforts to enable humanitarian partners to better understand needs on the ground, people's preferences and their feedback on the response. As by the PSEA Network, the CFM will also operate as the community-based complaints mechanism.

Response monitoring will be complemented by ongoing needs assessments aimed at capturing a comprehensive picture of the situation in the country. The ISCG, IMWG and AWG will strengthen engagement with all humanitarian partners to promote coordinated and multi-sectoral needs assessments and the timely and effective analysis of data.

Many sectors and agencies have their own monitoring tools, such as post-distribution monitoring, agency-specific hotlines and focus groups. Such monitoring tools will provide specific data and analysis to complement multi-sector efforts to maintain a common understanding of the evolving humanitarian situation.

Data and analysis from monitoring and assessments, will be shared through the existing coordination mechanisms and inform decision-making. This includes decisions made at the strategic level, through the HCT and the ISCG, and at operational level through sectors and ACGs.

Humanitarian Programme Cycle Timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AGO	SEP	OCT	NOV	DEC
Humanitarian Needs Overview												
Humanitarian Response Plan												
Periodic Monitoring Report												
Humanitarian Dashboard												
Assessment Tracking												



IOM/LIBYA

Fumigation in Detention Centres and Disembarkation points

2.2

Indicators and targets

Strategic Objective 1

Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.

	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SOURCE	FREQUENCY
S0 1.1	Increase access to life-saving and life-sustaining humanitarian health assistance for 451,000 people, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks.	# of medical procedures provided	1.2 M	451 k	HE-1	Monthly
		% of EWARN reporting sites submitting the reports in a timely manner		80%	HE-1	Monthly
S0 1.2	Strengthen the protective environment for 127,000 people, including from the risks and impact of explosive hazards.	# of direct beneficiaries benefiting from risk education	503 k	67 k	MA-1	Monthly
		# of persons reached with awareness raising activities on key protection issues	156 k	39 k	GP-1	Monthly
		# of caregivers, children and community members trained and/or sensitized on child protection issues	28 k	9 k	CP-1	Monthly
		# of people reached with awareness sessions on GBV prevention and response and service availability	153 k	51 k	GBV-1	Monthly
S0 1.3	Improve access to safe, sufficient and nutritious food for 143,000 of the most food insecure people.	# of people who receive unconditional food assistance	603 k	143 k	FS-1	Monthly

Strategic Objective 2

Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.

	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED	SOURCE	FREQUENCY
S0 2.1	Provide access to WASH, education, and protection services to about 263,000 most vulnerable displaced, returnees, non-displaced, migrants and refugees	# of people with access to adequate sanitation	438 k	80 k	WSH-2	Monthly
		# of school-aged children (boys and girls) accessing formal/non-formal education	326 k	65 k	EDU-2	Monthly
		# of community health workers trained		0.06 k	HE-2	Monthly
		# of health service providers trained		0.2 k	HE-2	Monthly
		# of individuals reached through protection services, including individual targeted assistance for persons with specific protection needs.	220 k	52 k	GP-2	Monthly
		# of women and girls participating in structured group psychosocial activities	124 k	17 k	GBV-2	Monthly
		# of children receiving age-, gender-, and disability-sensitive child protection services	271 k	63 k	CP-2	Monthly
S0 2.2	Protect and support livelihoods and people's ability to access basic goods for more than 92,000 people	# of people whose core and essential NFI needs are met	271 k	84 k	SNFI-2	Monthly
		# of individuals who receive the full amount of the multi-month cash transfer	233 k	24 k	CM-2	Monthly
		# of individuals in need who receive emergency agricultural inputs, vaccines and lab materials	113 k	4 k	FS-2	Monthly
		# of people who receive food through vocational training and/or asset creation/rehabilitation	191 k	5 k	FS-2	Monthly

Part 3:

Sector objectives and response

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Overview of sectoral response

In 2021, the humanitarian community will aim to reach approximately 451,000 people, 35 per cent of the 1.3 million people identified to be in need of humanitarian assistance. These are people that have been identified with the most severe needs as a result of a partial or total collapse of living standards and basic services, increased reliance on negative coping strategies, and widespread physical and mental harm.

The response will target five groups identified as particularly vulnerable—internally displaced persons, non-displaced Libyans, returnees, and migrants and refugees—across all 22 mantikas in the country. Based on assessed needs, the response prioritizes the provision of life-saving assistance, including food, shelter support, health assistance, protection services and support, as well as support to education and WASH services and livelihoods support.

Protection remains at the core of the response and in addition to specific protection activities and services, protection will be mainstreamed and complemented by interventions in health, shelter, food and non-food items,

WASH and education, ensuring a response that seeks to reduce protection risks while addressing needs.

A continued focus on a more people-centered and accountable response will be pursued through reinforcing and reinvesting in the inter-agency CFM.

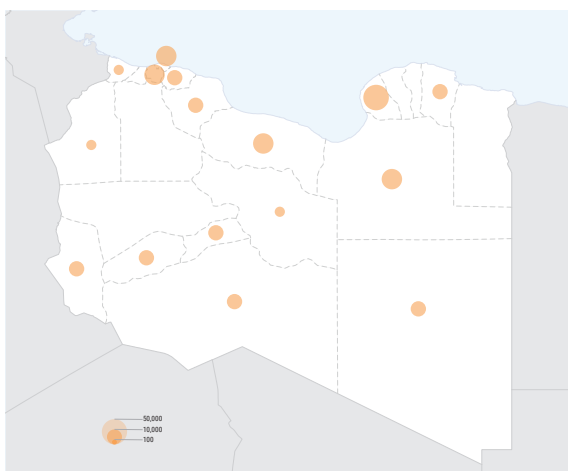
Capacity-building is a commonly agreed priority for all sectors and will therefore be a key component of partners' activities. Similarly, a focus on improved evidence-based planning and response through better data collection and analysis will continue. Coordination at all levels will also be strengthened, in addition to the continuation of other support services, such as logistics.

Multi-sector response modalities, such as the RRM, will remain a key feature to strengthen intersectoral complementarity and maintain the flexibility and speed required in Libya's volatile operating environment. Integrated response approaches are also built around key thematic areas of intervention or geographical locations of people in need, such as detention centres and areas of displacement.

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Education	\$8.0M 	8	8	326k	132k	
ETS	\$0.8M 	1	2	1,251k	451k	
Food Security	\$25.0M 	3	8	699k	160k	
Health	\$41.0M 	17	28	1,193k	451k	
Protection	\$33.5M 	10	11	460k	117k	
Child Protection	\$8.0M 	4	4	271k	65k	
GBV	\$8.4M 	5	6	153k	54k	
Mine Action	\$10.6M 	7	7	503k	451k	
Shelter/NFI	\$13.2M 	6	7	374k	111k	
WASH	\$13.0M 	9	9	438k	263k	
MPCA	\$13.2M 	6	7	311k	34k	
CCS	\$14.4M 	11	15	1,251k	-	

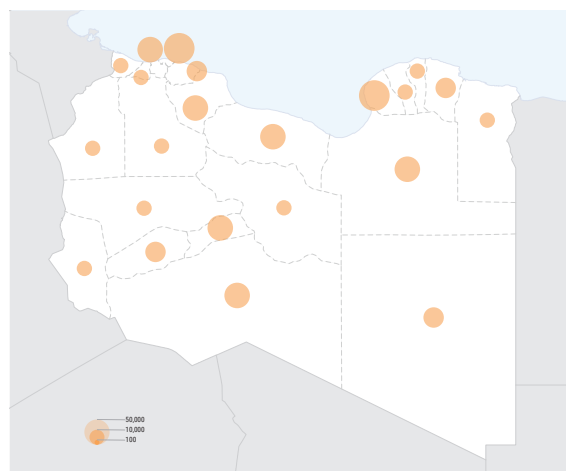
3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
326k	132k	\$8M



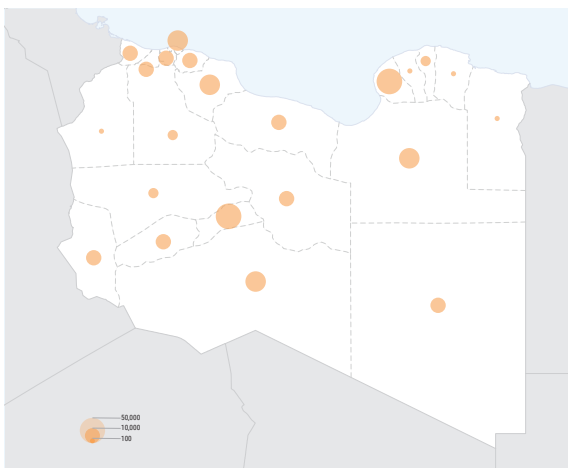
3.2 Emergency Telecommunications

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.3M	451k	\$0.8M



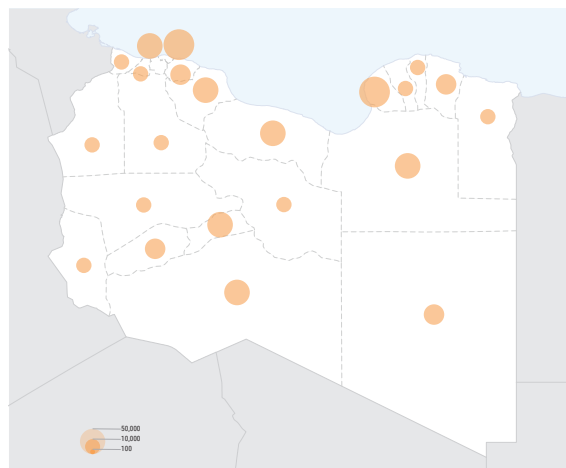
3.3 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
699k	160k	\$25M



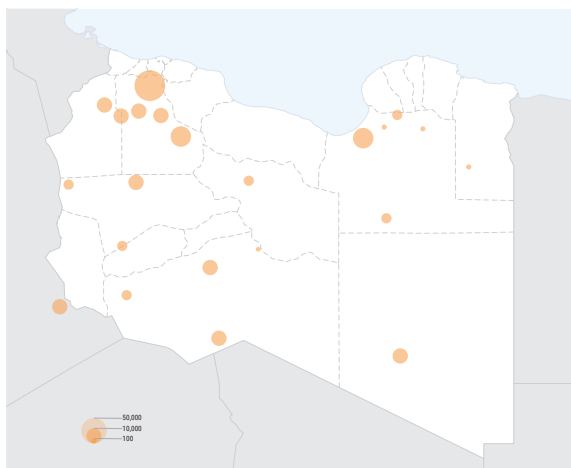
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.2M	451k	\$41M



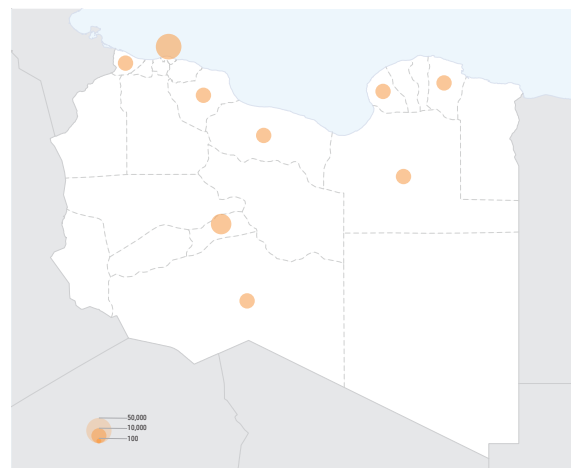
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
460k	117k	\$33.5M



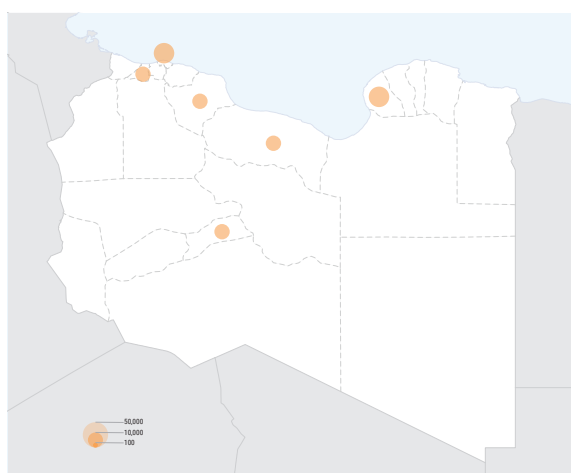
3.5.1 Protection : Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
271k	65k	\$8M



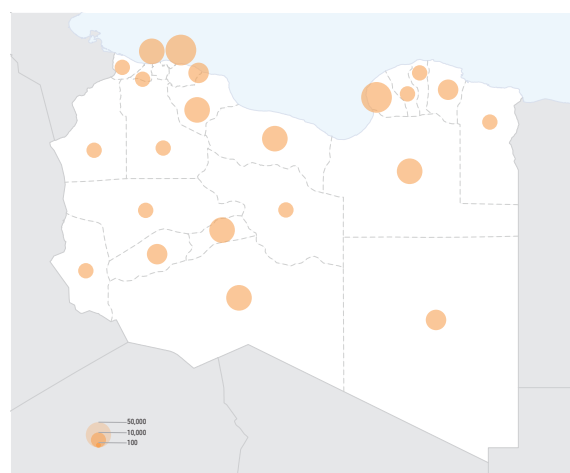
3.5.2 Protection: Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
153k	54k	\$8.4M



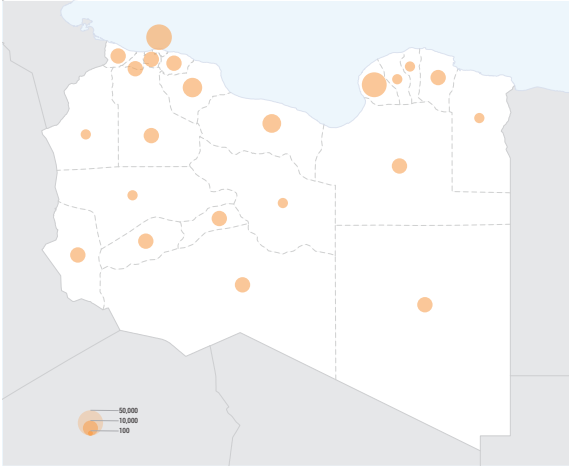
3.5.3 Protection: Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
503k	451k	\$10.6M



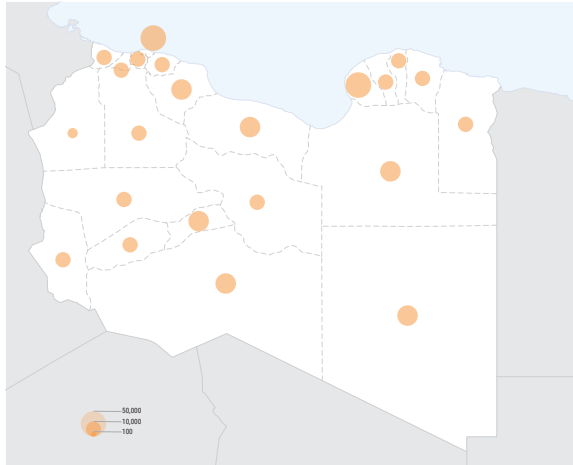
3.6 Shelter & NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
374k	111k	\$13.2M



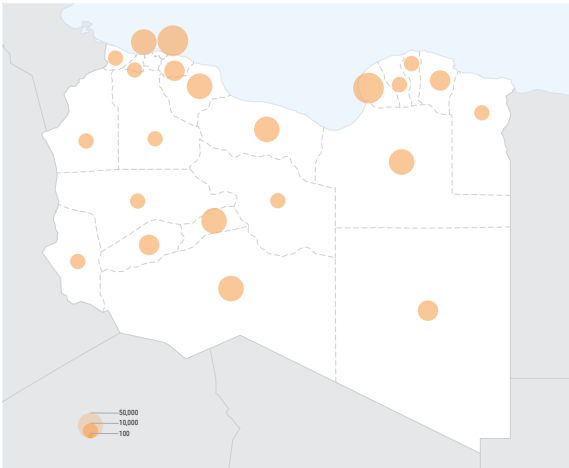
3.7 Water, Sanitation & Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
438k	263k	\$13M



3.8 Coordination & Common Services

PEOPLE IN NEED	REQUIREMENTS (US\$)
1.3M	\$14.4M





3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
326k	132k	\$8M	8	8

Objectives

The Education Sector has three objectives aiming to ensure access to safe, inclusive and quality education for children and adolescents. Under the first HRP strategic objectives, Education Sector partners seek to increase awareness on COVID-19 and IPC measures among the vulnerable school aged children, teachers and families to ensure safe return to schools. Under the second HRP strategic objective, partners will enhance access to quality formal and non-formal education services, as well as strengthen the capacity of teachers, education personnel and sector members to deliver a timely and coordinated education response.

Response

Of the 316,000 school-aged children and 10,000 teachers estimated to need education support, Education Sector partners will target 130,000 school-age children and 2,000 teachers. This includes, 26,000 displaced children, 25,000 returnee children, 56,000 non-displaced children, 23,000 migrant and 2,000 refugee children. Out of all children targeted, at least 660 are children with disabilities. The Education Sector response targets 16 of the total 22 mantikas, with particular focus on Aljafara, Alkufra, Benghazi, Derna, Ejdabia, Misrata, Sirt, Sebha and Tripoli.

Given the impact of the COVID-19 pandemic, Education Sector partners will prioritize interventions that ensure children are able to safely return to school. This includes the distribution of school kits that include materials to support teachers and facilities, such as school cleaning supplies and personal protective equipment. It will also include support for disinfection of schools and learning

centers, as well as increased awareness raising on COVID-19 and on IPC measures. This will be complemented by the repair and maintenance of school facilities, including small-scale rehabilitation of conflict-damaged school infrastructure, as well as WASH facilities, in accordance with the Inter-agency Network for Education in Emergencies minimum standards. Partner will also distribute school supplies and equipment, including student learning kits and school kits.

The Education Sector aims to support basic education services, particularly in the areas where schools are damaged, closed, overcrowded or are not fully operational, and areas where school aged children, both Libyan and non-Libyan, do not have access to education. Activities include supporting or establishing formal and non-formal education through the provision of in-person and online modalities, including the provision of teaching and learning materials to formal and community schools. To help more vulnerable school-age children, particularly migrant, refugee and displaced children, access education, Education Sector partners will provide cash and vouchers, including phone credit to support access to remote learning opportunities or transport stipends to facilitate safe transport to and from community learning centres.

Non-formal education will be provided for out of school children and those who are at risk of dropping out or need additional support to be retained in school. Children who have missed a school's year or more will be supported with bridging classes so that they can enroll in age appropriate grades in school. The implementation of psychosocial support activities and the provision



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of supplementary school feeding will also target the most vulnerable and at-risk students.

To benefit from the intersectoral linkages and expertise, the Education Sector response will continue coordinating with relevant sectors. WASH infrastructure repairs and maintenance in schools and learning centers will be coordinated with WASH Sector and COVID-19 related interventions will be coordinated with WASH and Health sectors. Similarly, the psychosocial support (PSS) component in the schools and learning spaces will be coordinated with Child Protection sub-sector. School Feeding activities will be coordinated with Food Security Sector. The GBV related interventions and capacity building interventions will be coordinated with GBV subsectors.

There will also be a focus on enhancing the existing capacity of the teachers, education personnel and education actors to deliver timely and coordinated education services. This includes teacher training on PSS, child-centered pedagogy in emergency contexts

and remote learning methodologies. Capacity-building for teachers and local authorities will be conducted drawing on the expertise of national trainers within the Ministry of Education and humanitarian partners. The Education Sector will also conduct a Joint Education Needs Assessment in 2021 that will bolster the understanding of educational needs across the country and support more targeted and evidence-based programming.

Cost of response

For 2021, the Education Sector requires US\$ 8 million to ensure that 132,000 people can access life-saving and life-sustaining humanitarian education assistance. The cost breakdown by activity includes: 41 per cent expanding access to formal and non-formal education (including by distance); 30 per cent for rehabilitation of school facilities, including provision of essential materials; 14 per cent targeted at risk children through provision of nutrition support or PSS; 10 per cent relates to distributing school kits, disinfecting schools and learning centres and awareness raising activities

related to COVID-19; and 6 per cent on capacity building and training for education personnel and partners.

The Education Sector will continue project-based costing for 2021. However, in order to prepare to move to activity-based costing in 2022, the Education Sector will begin preparing for the implementation of activity-based costing. As such, in 2021, the Sector's costing method has included activity-based costing as far as possible, estimating the average cost per activity and per child generated based on the input from partners. The sector will also coordinate with the Sector Lead Agency and Global Education Cluster to put processes in place to move to activity-based costing for the 2022 HRP.

Monitoring

The Education Sector will report against 10 indicators. Education Sector partners will continue using monthly reporting through Activity Info as part of sector-wide monitoring. In addition, in coordination with Ministry of Education, sector members will conduct field monitoring on a semi-annual basis. The findings of these monitoring tools, both quantitative and qualitative, will be discussed in the monthly sector meetings and will be used to monitor the education response, identify unmet needs and gaps, avoiding duplication in the response, mapping partners' presence, assist partners

in their operational planning, and formulating advocacy on behalf of partners.

To ensure that the sector has adequate data for sector planning for 2022, a Joint Education Needs Assessment (JENA) will be planned in 2021. The Education Sector will coordinate with REACH (for the MSNA) and IOM (for DTM) and other assessments planned by other sectors to ensure that those planned will help to address any data gaps in sector. Furthermore, the feedback received from the CFM will be consolidated along with those from the JENA and other assessments to identify any key gaps and support planning for future interventions.

Communicating with affected people

Sector members carry out focus group discussions among school aged children, local authorities, educators and parents to better understand the needs, interests and perspective of affected communities. These discussions help determine implementation in terms of the design, methodology and modalities used. Sector members will also use the assessments and consultations to identify the best delivery channels and reach out those who do not have access to education sector services and support. The feedback collected through the CFM will also be taken into consideration while planning and implementing the response intervention.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.			130,100
Specific Objective 1.1	Increase awareness on COVID-19 Infection Prevention and Control (IPC) measures among the vulnerable school aged children, teachers and families	In-kind	# of schools and learning centers reached with COVID-19 IPC measures	648
		In-kind	# of children in schools and learning centers reached with COVID-19 IPC measures	130,100
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			66,000
Sectoral Objective 2.1	Enhance access to quality formal and non-formal education services in safe and protective learning environment.	In-kind/Cash	# of school-aged children (boys and girls) accessing formal/non-formal education	64,000
		In-kind	# of school-aged children (girls & boys) provided with meals at school/learning spaces	20,000
		In-kind	# of school-aged children (girls & boys) accessing rehabilitated and improved educational facilities (WASH facilities, inclusivity for children with disabilities, classrooms, furniture)	10,940
		In-kind	# of children (boys and girls) accessing psychosocial support services in schools and learning spaces	8,500
		In-kind	# of children (boys and girls) receiving essential learning materials	43,940
Sectoral Objective 2.2	Strengthen the capacity of teachers, education personnel and sector members to deliver a timely and coordinated education response	In-kind	# of teachers and education personnel trained on PSS	794
		In-kind	# of teachers and education personnel trained on child-centered pedagogy, child safeguarding, and remote learning	870
		In-kind	# of education actors (f/m) oriented on EiE policy, planning, information management, sector coordination and INEE Minimum Standards	255



3.2 Emergency Telecommunications

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.3M	451k	\$0.8M	1	2

Objectives

The Emergency Telecommunications Sector (ETS) has three objectives. Under the first HRP strategic objective, ETS will enhance the safety and security of the humanitarian community through coordination and implementation of security telecommunications services. Under the second HRP strategic objective, ETS will support meeting communications needs of affected communities and strengthen the ways communities can shape, influence and give feedback on assistance received.

Response

Of the 1.3 million people estimated to be in need of humanitarian assistance in 2021, the ETS will target 451,000 people, which are all those people targeted across the response.

The ETS's three objectives aim to support the work of the entire response community, enabling them to work safely and securely, ultimately ensuring lifesaving assistance reaches those who need it most. The ETS will do this by strengthening the UN emergency communications system by ensuring that the operational areas of Tripoli and Benghazi are covered by one common radio network that can be easily accessed by all UN agencies, with the appropriate licensing in place. To complement the traditional radio networks, the ETS will pilot the provision of satellite-based security communications in close collaboration with partners.

Currently, UNSMIL's Tetra radio network is the primary security communications network, enabling close coordination between all UN agencies. However, the ETS plans to establish a back-up VHF radio network in

Benghazi. The ETS will also identify an alternative satellite-based Push-To-Talk solution which does not rely on the same frequency licensing and radio or the same towers and infrastructure. The ETS will explore capacity-building opportunities with the Ministry of Telecommunications and Information Technology to ensure the sustainability of services.

The ETS will also provide dedicated inter-agency coordination services to ensure a smooth, effective response and to share regular operational information to support advocacy efforts and decision-making. To achieve this, the team will deploy one dedicated coordinator to manage the operation throughout 2021, one ICT specialist and one CFM manager.

The sector also aims to ensure that affected communities have access to basic information about the response and assistance available to them, and to encourage and gather feedback from them through the CFM. The ETS will assess and explore the potential ways it can provide communications services, such as internet connectivity, to affected communities which will be achieved through close collaboration with the Communication with Communities Working Group and other relevant stakeholders, as well as engaging with affected communities themselves.

To further strengthen the CFM, ETS will work closely with sectors and humanitarian partners to ensure referral systems are linked to ensure callers' cases can be addressed efficiently and effectively. In addition, the ETS will continue to engage with sectors and partners to enhance the way calls are reported, including statis-

tics on geographic location, age and gender, and also the most frequently asked topics or issues received, to enable partners to have a better insight into the needs and issues faced by affected populations and so that programmes can be adapted to best suit the needs on the ground.

Cost of response

For 2021, ETS requires US\$ 882,000 to enable partners reach 451,000 people with humanitarian assistance, while also enabling affected communities can access information and provide feedback on assistance. The cost breakdown by activity includes: 59 per cent for the CFM and 41 per cent for telecommunications services.

The ETS' costs for 2021 will be project-based which all projects being thoroughly reviewed and have been analyzed per activity to ensure they are appropriate and aligned with the sector and HRP objectives.

Monitoring

The ETS will report against eight indicators and through monthly monitoring, will be able to adjust what services it is providing to better suit the needs of the humanitarian community and for affected communities' to be able to provide feedback on the assistance they receive.

The ETS will conduct an annual user satisfaction survey for all partners and users of any service provided by the ETS to gauge the usefulness and quality of services provided and identify ways to improve. Any project that involves providing services directly to affected communities will include a dedicated monitoring

mechanism based on project-specific outcomes and output indicators.

Specifically, CFM monitoring will be achieved through call satisfaction surveys, partners' satisfaction surveys and the monitoring of 10 per cent of randomly chosen calls. All statistics from the call centre and ETS activities are monitored and regularly reported in monthly ETS products, including situation reports, infographics and factsheets. Reporting and issues raised by the CFM will be regularly discussed at HCT and ISCG meetings.

Communicating with affected people

ETS recognizes the importance of, and remains committed to, ensuring that humanitarian action is accountable to the people we seek to assist and that there are mechanisms in place to improve transparency with affected people. A cornerstone of being accountable to affected populations is ensuring that complaints and feedback are heard and acted upon so that responses are effective, relevant and do-no-harm.

As the central inter-agency mechanism for improving engagement and communication with affected people, the CFM is a key contributor to enabling affected communities can easily access information related to the COVID pandemic and humanitarian assistance, while ensuring they have an accessible method to provide feedback, or complaints, on organizations' performance, including on sensitive matters. Through reporting provided by the CFM, coordinated through the ETS, this information then informs humanitarian agencies' decisions on the response activities that they implement.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.			451,000
Specific Objective 1.1	Enhance the safety and security of the humanitarian community through the coordination and implementation of security telecommunications.	In-kind	# of common operational areas covered by common security telecommunications network	2
		In-kind	% of users reporting delivery of the service as "satisfactory" and within "satisfactory" timeframe	80%
		In-kind	Information Management and collaboration platform established and maintained	1
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			451,000
Sectoral Objective 2.1	Support the communication needs of affected communities.	In-kind/	# of service for communities' implementations	2
		In-kind/	% of users reporting delivery of the service as "satisfactory"	80%
Sectoral Objective 2.2	Strengthen the CFM through improved referral systems and enhanced regular reporting	In-kind	% of call users reporting delivery of the service as "satisfactory" and within "satisfactory" timeframe	80%
		In-kind	% of partners reporting delivery of the service as "satisfactory" and within "satisfactory" timeframe	80%
		In-kind	# of sector-specific reports submitted to sector focal points	12

3.3

Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
699k	160k	\$25M	3	8

Objectives

The Food Security Sector has three objectives that aim to prioritize the most food insecure people to ensure that their physical and mental wellbeing is not compromised and their livelihoods and coping capacities are strengthened to withstand the current and future shocks. Under the first HRP strategic objective, Food Security Sector partners will ensure that basic food needs of vulnerable people are met to prevent the deterioration of food security and that they have access to safe, sufficient and nutritious food. Under the second HRP strategic objective, the Food Security Sector will protect livelihoods and promote livelihood-based coping capacities of crisis-affected vulnerable populations at risk of hunger, including protecting agricultural livelihoods and building national and community resilience against current and future food insecurity shocks.

Response

Of the 699,000 people estimated to be in need of food and agricultural livelihood assistance, Food Security Sector partners will target 160,000 people. This includes 51,000 displaced, 1,000 returnees, 70,000 non-displaced, 31,000 migrants and 7,000 refugees. Benghazi, Ejdabia, Misrata, Murzuq, Sebha and Tripoli will be focus locations for partners. Of the total, 43 per cent are women and girls.

Food Security partners will provide food assistance, either through emergency rations or regular monthly food baskets to improve access to safe, sufficient and nutritious food. This includes the most vulnerable Libyans receiving monthly food assistance, as well as for refugees in urban settings. Response interventions

will also seek to address the specific needs of different vulnerable sub-groups including female-headed households, or large households with pregnant and lactating women or girls, children under age two, elderly persons, and people living with chronic illnesses or disabilities. Guided by protection risk assessments, conflict sensitivity assessments, quick needs assessments, and accessibility to cooking facilities and distribution sites, these needs are addressed by, the extent possible, the choice of assistance modality, choice of distribution modality, the composition of the food basket, and the provision of nutritious packages and fortified foods.

The Food Security Sector will work with other sectors to ensure that newly displaced people as a result of armed conflict, people in hard-to-reach areas, caught at checkpoints or stranded between frontlines will receive emergency assistance. Emergency food assistance will be provided as part of a multi-sector response through the RRM.

One-off emergency food assistance will also be provided to migrants outside detention centres, including those at disembarkation points after being intercepted at sea and returned to Libya, and those in urban settings. Emergency food assistance for refugees and migrants inside detention centres will only be provided on an exceptional basis and as a life-saving measure, in line with agreed HCT guidelines. The Sector does not support direct food assistance at detention centres as a regular practice due to its potential in supporting continued detention of migrants and refugees.

At the same time, promoting and increasing livelihood-based coping capacities of crisis-affected vulnerable populations will be achieved through providing income-generating activities, such as access to vocational trainings and asset creation and rehabilitation activities, that strengthen their self-reliance and that of their communities. This supports linking short-term humanitarian interventions, such as immediate food assistance, with longer-term support through the creation of livelihood opportunities and income-generation that will eventually enhance linkages between the sector assistance and national safety nets. This will include transitioning some households from unconditional food assistance to food assistance for training (or for assets, based on vulnerability and conflict-sensitivity analysis).

In addition to direct food assistance, support to agricultural, livestock and fishery systems will continue by providing emergency agricultural inputs. This includes improved seeds, farming tools, vaccines and lab materials, as well as vocational trainings on animal and zoonotic disease prevention and control. These efforts aim to minimize the rate of abandoning agricultural activities by farming households and enhance the capacity of households to produce their own food and sell surplus to generate income.

Cash-based transfers (CBT) for food assistance, currently implemented in Tripoli and Zwara, will be gradually increased and expanded to areas where local markets are functional and food is available, with initial plans for Benghazi and Azzawya. CBT will also facilitate livelihoods and resilience-building activities and will partially contribute to increasing access to essential goods. The Sector continues to work closely with the CMWG on market monitoring – including the JMMI – to collect data on price fluctuation, the minimum expenditure basket, and the functionality of markets. In addition, the Sector is engaged with CMWG on facilitating harmonized and coherent inter-sectoral approaches to multi-purpose cash assistance, including the definition of vulnerability criteria for targeting people in need.

All activities implemented by the sector integrate nutrition-sensitive programming, gender-sensitive approaches and conflict-sensitive design. Moreover, 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.

Although conflicts and insecurity remain the main drivers of food insecurity in Libya, the added dimension of COVID-19 is exacerbating the ability of affected communities to cope. The pandemic is requiring the Food Security Sector to re-examine modalities to reach beneficiaries and adapt to new circumstances. All interventions with diversified modalities will be implemented with COVID-19 precautionary measures such as social distancing, disinfection, provision of PPE to distribution staff and beneficiaries.

Cost of response

For 2021, the Food Security Sector requires US\$ 25 million to ensure that 160,000 people to improve access to safe, sufficient and nutritious food while at the same time promoting livelihood-based coping capacities of crisis-affected vulnerable populations. The cost breakdown by activity includes: 84 per cent to provide unconditional food assistance to people in need through in-kind or cash-based transfers; 5 per cent to provide food assistance to people in need through vocational training and/or asset creation/ rehabilitation to strengthen self-reliance; 10 per cent to provide emergency agricultural inputs, vaccines and lab materials to vulnerable and crisis-affected farming households; and 1 per cent to conduct a nationwide assessment on the current food security and agricultural livelihood situation in Libya.

The Food Security Sector will use a project-based costing methodology for 2021. However, the transfer value of food packages and/or CBT for all partners will be based on the agreed minimum expenditure basket, which is regularly reviewed and amended, where necessary, based on assessments, monitoring and evaluation.

Monitoring

The Food Security Sector will report against three indicators across the whole sector response. Sector partners also identify and monitor the population's needs and response at the national and district level by cross-checking information from various assessments from different sources, including the MSNA, FAO's agricultural assessments, WFP's mobile Vulnerability Assessment and Mapping (mVAM), IOM's Displacement Tracking Matrix (DTM), JMMI, and WFP's Migration Pulse.

The Sector, through its partners, will continue to offer and manage several platforms, such as hotlines, third-party monitoring, post-distribution monitoring, and monthly quality control calls. Monthly post-distribution monitoring will measure the impact of partners' activities, collecting data from beneficiaries using indicators like the Food Consumption Score, the Reduced Coping Strategy Index, along with livelihood coping strategies to assess beneficiary household-level food security. The quarterly mVAM will collect data from random sampling on the same indicators as post-distribution monitoring to assess the overall household-level food security situation.

Third-party monitoring will monitor targeting and distribution processes and collect pre-assistance baselines, while at the same time receiving feedback from beneficiaries and collecting cross-cutting indicators on gender equality, protection and beneficiary accountability. Quality control calls will verify the accuracy of the beneficiaries' lists, enquire whether the beneficiaries have faced any difficulties on the distribution sites and assess the level of awareness of the beneficiaries towards the complaints and feedback mechanism.

The Food Security Sector will hold monthly sectoral meetings with partners to update on achievements, concerns, as well as response planning, so that the

sector coordinates the responses to avoid any duplication. Outcomes of sectoral assessments and response monitoring will support the reassessment of food- and livelihood-related needs, add newly identified vulnerable households or removing those where the situation has improved, as well as transition assistance from one modality or activity to another, as appropriate. While the geographical mapping of needs is developed yearly, it is regularly adjusted in light of the changing context.

Communicating with affected people

The feedback from the inter-agency CFM, as well as sector partners' hotlines, will improve the sector's accountability and transparency towards affected populations. The hotline acts as a dual-purpose feedback mechanism for beneficiaries as it is designed to provide beneficiaries with answers to their queries and enable beneficiaries, as well as non-beneficiaries, to provide information on their experiences with the interventions, thereby enhancing beneficiary participation in the sector's overall programming.

Post-distribution monitoring will also allow beneficiaries to confirm the outcomes of the sector's interventions and crucial process concerns, such as the management of food assistance distributions, quality and length of assistance, entitlements, and the impact of the sector's activities.

This will support the review and redesign of the sector's response, including shifts from in-kind to CBT. Where relevant and appropriate, information provided is used to improve communication, accountability, transparency and programme quality. In addition, data collected can include beneficiary perceptions regarding protection, awareness and gender issues, using relevant cross-cutting indicators.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.			143,143
Specific Objective 1.1	Ensure that crisis-affected vulnerable populations in Libya have access to safe, sufficient and nutritious food.	In-kind/Cash	# of people in need who receive unconditional food assistance through in-kind or cash-based transfers	143,135
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			17,300
Sectoral Objective 2.1	Protect livelihoods and promote livelihood-based coping capacities of crisis-affected vulnerable populations at risk of hunger and malnutrition	In-kind	# of people who receive food through vocational training and/or asset creation/rehabilitation to strengthen self-reliance	5,000
Sectoral Objective 2.2	Protect agricultural livelihoods and build national and community resilience against current and future food insecurity shocks	In-kind	# of individuals in need who receive emergency agricultural inputs, vaccines and lab materials	12,300

IOM/LIBYA

Assistance provision through
Rapid Response Mechanism



3.4

Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.2M	451k	\$41M	17	28

Objectives

The Health Sector has three objectives that aim to prevent disease, reduce risks to physical and mental well-being and enable access to critical services. Under the first HRP strategic objective, Health Sector partners will increase access to life-saving and life-sustaining humanitarian health assistance, by providing an essential package of integrated health care services at primary and secondary levels, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks. Under the second HRP strategic objective, the capacity of the health systems and community resilience will be strengthened, through support to existing health systems, including health information systems, and through training and capacity building of health care providers and community health workers.

Response

Of the 1.2 million people estimated to lack consistent access to health services and that are in the most severe need of humanitarian assistance, Health Sector partners will target 451,000 people. This includes 98,000 displaced, 61,000 returnees, 143,000 non-displaced, 105,000 migrants and 44,000 refugees. All municipalities that were identified as the most severe needs, as outlined in the HNO, will be targeted. Beyond the population groups outlined, other vulnerable groups, including women and children, people with chronic diseases or people with mental health disorders or living with a disability will be prioritized.

Health Sector partners will provide an essential package of integrated health care services at primary

and secondary levels. This package will include emergency and trauma care, the management of communicable and noncommunicable diseases, maternal, neonatal and child health, mental health and psychosocial support, vaccination, disease surveillance and outbreak response.

Essential medicines, supplies and equipment will be provided to functioning public primary health care facilities and hospitals, and emergency referrals between different levels of care will be strengthened and supported. Outpatient consultations will be supported and the number of skilled birth attendants at deliveries will be increased. Mental health and psychosocial support services will be integrated into primary and secondary health care facilities and community centres. Provision of essential health services, including referrals, will be prioritized in displacement settlements and in detention centers.

Mobile medical teams will be deployed to support health facilities. Mobile health teams, in particular, will supplement health care services in remote, rural and hard-to-reach areas where access to health facilities are limited. Where necessary, Health Sector partners will support the rehabilitation or refurbishment of existing health facilities. Emergency vaccination activities will be streamlined through provision of cold-chain equipment and required training. Outreach immunization services in displacement, migrant and refugee sites and host communities will be supported, and disease surveillance and response will be strengthened. The number of sentinel sites reporting to the disease surveillance system will be increased and disease alerts and

outbreaks will be investigated, verified within 72 hours and responded to.

The health sector will support national efforts to combat COVID-19. The spread of the disease will be monitored, and the response adapted accordingly. Health Sector partners continue to provide technical guidance, procure and distribute personal protective equipment, lab diagnostic kits and supplies, as well as supporting the establishment and support to isolation sites, providing training and capacity building for health workers, including for rapid response teams, and continuing awareness raising and risk education.

Due to protracted emergency further complicated by COVID-19 there is risk of a deterioration in the nutrition status of vulnerable children and women. Therefore, there is an urgent need to undertake a SMART Nutrition survey to ascertain the nutrition status of children and women to facilitate evidence-based nutrition programming with focus of optimizing Infant and Young Child Feeding practices to prevent nutrition related morbidity and mortality.

Training of health care workers and community volunteers will continue. To support the strengthening of health and community resilience, health care providers and community health workers will be trained on the provision of essential care services including the clinical management of rape. A training-of-trainer approach from the central level reaching out to municipality and local levels.

The Health Sector partners will support advocacy to improve access to deliver supplies, assess health needs, monitor the health situation and adjust operations. While improving coordination with health authorities at all levels and acknowledging their lead role, the health sector will support disease surveillance and the delivery of medicines and supplies, the deployment of mobile medical teams and the implementation of vaccination campaigns in areas where needs are greatest. Collaboration with the WASH and Protection sectors will be strengthened and sub-sector working groups on health-related topics, include mental health and psycho-

social support services, migration health, TB, reproductive health and GBV will be further integrated into health sector activities.

The Health Sector will also support advocacy and awareness raising. This includes in relation to COVID-19 and will support Libya's participation in global mechanisms to secure supplies and vaccines for COVID-19. Health Sector partners will promote the need for all people to have access to health services, including migrants, refugees, people held in detention centres and prisons. Other critical issues that the Health Sector will advocate for include the need to secure regular salary payments and personal protective equipment for health workers, the resumption of vaccination activities and the rapid release of emergency supplies delayed in Libyan ports.

Cost of response

For 2021, the Health Sector requires US\$ 41 million to ensure that 451,000 people can access life-saving and life-sustaining humanitarian health assistance. The cost breakdown by activity includes: 68 per cent on establishing functional health facilities and mobile medical teams; 25 per cent on providing an essential package of integrated health services; 4 per cent on supporting health authorities to carry out timely response to disease outbreak and vaccinations; 3 per cent on capacity building and training and 0.3 per cent on coordination.

Health sector financial requirements were calculated based on the cost-per-activity modality, using the unit costs encountered by partners over the last year as a baseline. Since the modality of health service provision differs from the distribution of commodities, an average has been used in order to provide an overall cost of activities. The main cost drivers for the 2021 HRP include an increasing focus on support of continuity of essential health services in those areas with the highest severity of needs and the impact of COVID-19 on the already overstretched and largely disrupted public health sector, as well as the continuation of primary health care services in informal settlements and detention centers.

Monitoring

The Health Sector will report against 30 indicators, including two for inter-sectoral monitoring. Health Sector partners conduct regular data collection through interviews, surveys and assessments and field visits to ensure that activities are monitored, and results are captured.

In Libya, the weak capacity of the national health information system has hampered efforts to gather overall data on the burden of disease, the prevalence and main causes of morbidity and mortality, and the status (accessibility, availability) of health care services across the country. Despite this, the Health Sector will develop comprehensive plans to improve assessment and monitoring to be able to evaluate trends, improve data analysis and reporting capacity. It will adopt a variety of approaches to overcome access challenges in some areas. They include: recruiting local staff; building monitoring capacity of partners that have access to restricted areas; advocating with authorities for improved access to key locations; supporting joint monitoring efforts by partners to capitalize on existing resources; ensuring better linkages with planning and reporting tools; conducting a joint mid-term review; and, improving information-sharing among partners by creating a registry of needs and technical assessments.

The Health Sector will regularly assess the impact of COVID-19 restrictions on the health sector; municipalities' preparedness for COVID-19; community health services, laboratory capacity; the availability of vaccines; and health care for migrants. Third-party monitoring modalities will be explored and implemented. Regular bi-weekly operational updates, ad hoc situation reports, and monthly health sector bulletins will be further developed and disseminated. A variety of online dashboards will be produced illustrating the progress of the COVID and non-COVID response in Libya. The health sector will prioritize the roll-out of the

Health Resources and Services Availability Monitoring System (HeRAMS) across the country.

Communicating with affected people

The health sector will strengthen accountability towards affected people by developing tools to analyse feedback from beneficiaries and modify projects accordingly. The COVID-19 response has re-focused efforts by the Health Sector to strengthen community engagement across the country.

In 2020, the health sector tested health messages on trusted community groups including community and religious leaders, health workers, community volunteers, migrants and refugees, and youth, business and women's groups. It has built an extensive network of media contacts to disseminate its message by means of TV, radio, the internet, newspapers and other mechanisms. Health information messages and materials will be adapted and communicated in both local languages and those of the main migrant and refugee populations.

The health sector monitors social media, hotlines and radio shows to detect and rapidly respond to misinformation and assess public perception of the quantity and quality of health services provided by national stakeholders and health sector partners. The Health Sector also carries out behavioural assessments to understand target audiences, perceptions, concerns, influencers and preferred communication channels.

The health sector will also implement training workshops on community engagement through public health and community-based networks, media, schools and universities, national and local governments and other sectors. Established community information and feedback mechanisms including the Common Feedback Mechanism and social media monitoring (Facebook and Twitter) will be further strengthened.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.			450,759
Specific Objective 1.1	Increase access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks.	In-kind	# of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)	1,162,700
		In-kind	# of patients referred for treatment between different levels of care and locations	7,000
		In-kind	# of trauma/injury related consultations	20,000
		In-kind	# of mental health consultations	5,500
		In-kind	# of physical rehabilitation (disability) sessions/consultations	3,000
		In-kind	# of vaginal deliveries attended by a skilled attendant	1,500
		In-kind	# of caesarian sections supported	300
		In-kind	# of medical procedures provided (inter-sector indicator)	1,200,000
		In-kind	# of health facilities and community centers providing MHPSS services	150
		In-kind	# of mobile medical teams/clinics (including EMT)	60
		In-kind	# of nutrition assessments (SMART survey) conducted	1
		In-kind	# of children aged 6-59 months (girls & boys) received emergency nutrition services	5,500
		In-kind	# of vaccination centers received cold chain equipment	75
		In-kind	# of vaccinators trained on cold chain and vaccine management	2,000
		In-kind	% of reporting sites submitting the reports in a timely manner	70%
		In-kind	% of disease outbreaks responded to within 72 hours of identification	80%
		In-kind	# of EWARN sentinel sites	250

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			298,000
Sectoral Objective 2.1	Strengthen health system capacity to provide the essential package of health services and manage the health information system.	In-kind	# of coordination meetings at the national and sub-national levels	36
		In-kind	# of completed health sector assessments conducted	12
		In-kind	# of attacks on health care reported	0
		In-kind	# of public PHC facilities supported with health services and commodities	600
		In-kind	# of public secondary health care facilities supported with health services and commodities	50
		In-kind	# of provided medical equipment	650
		In-kind	# of provided standard health kits	650
		In-kind	# of provided PPE (personal protective equipment) materials	1,200,000
		In-kind	# of health facilities supported with mobile medical teams	60
		In-kind	# of public health facilities refurbished and/or rehabilitated	30
		In-kind	# of IDP camps/settlements covered by fixed health points and/or mobile medical teams	20
		In-kind	# of official detention centers covered by fixed health points and/or mobile medical teams	20
		In-kind	# of disembarkation points covered by fixed health points and/or mobile medical teams.	14
		In-kind	# of public health facilities supported with services and commodities	650
Sectoral Objective 2.2	Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.	In-kind	# of health service providers trained through capacity building and refresher training.	1,500
		In-kind	# of community health workers trained through capacity building and refresher training.	450
		In-kind	# of health workers trained on CMR (Clinical management of rape)	100

3.5 Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
460k	117k	\$33.5M	10	11

Objectives

The Protection Sector has eight objectives across General Protection and the Areas of Responsibility (AoRs) that aim to prevent disease, reduce risks to physical and mental well-being and enable access to critical services. While each AoR has defined its own sectoral objectives, the Protection Sector will ensure linkages and synergies across the specific responses.

For General Protection, under the first HRP strategic objective, protection partners will enhance the protective environment and reinforce community ownership of protection initiatives by strengthening accountability to affected populations and promoting meaningful engagement and capacity-strengthening with communities, authorities and local actors. Under the second HRP strategic objective, protection partners will identify and respond to the rights violations, protection needs and promote the rights of Libyans and non-Libyans through the provision of specialized protection services, including individual protection assistance, MHPSS, legal aid, and civil documentation. Additionally, partners will support and strengthen integrated protection responses to enhance individuals' and communities' ability to address protection risks, minimize their impact and mitigate secondary risks stemming from adoption of hazardous coping strategies, by decreasing vulnerability and maximizing positive coping capacities.

Response

Of the 460,000 people estimated to face protection risks and rights violations and in need of assistance, general protection partners will target 117,000 people³⁰. This includes 25,000 displaced, 5,000 returnees, 10,000 non-displaced, 33,000 migrants and 44,000 refugees. Of the total, 21 per cent are women, 14 per cent are girls and 17 per cent are boys. Protection partners will prioritize response in 16 of the 22 mantikas³¹.

The Protection Sector will continue its priority focus on strengthened protection and promotion of rights of the five population groups with consideration of the impact of COVID-19 both on the protection environment and the partners' ways of working. While considering intersectionality of vulnerabilities, of particular concern will be refugees and migrants at risk of human rights violations, newly displaced people, returnees, populations exposed to protection risks due to the COVID-19 pandemic, and populations exposed to protection risks, the magnitude of which are difficult to capture due to lack of reliable data, such as persons at risk of statelessness or at risk of abuse at the hands of smuggling and trafficking networks.

Through a rights-based approach, Protection Sector partners will be responding directly to rights violations and protection concerns identified through monitoring and needs assessments and intersectoral referrals providing individual protection assistance, MHPSS,

legal counseling and legal aid and other targeted assistance. Integrated protection response will be aimed at mitigating secondary protection risks and at supporting socio-economic reintegration of survivors of rights violations and persons at heightened risk of such.

Protection partners will also focus on strengthening the protective environment for all populations of concern, with due consideration to age, gender, disability, displacement situation and other diversity factors through awareness raising. Community-based processes, meaningful engagement and capacity strengthening interventions aimed at reinforcing the agency of the different communities in need will allow for a better understanding of the different priorities and concern of different individuals and ensure their full participation in decision-making on issues impacting their lives. Efforts will also be directed at facilitating reconciliation efforts and peaceful coexistence between the different communities, particularly in urban areas with a specific focus on return through community driven initiatives.

There will be a stronger emphasis on advocacy with key stakeholders in the humanitarian, peace, development and donor community to influence the implementation of protection and assistance within the framework of a rights-based approach. The Protection Sector remains

committed to evidence-based, conflict-sensitive, and accountable actions aimed at making age, gender and diversity considerations central to the overall response, as well as for collective protection outcomes and advancing access to durable solutions. As such, in addition to the protection activities outlined above, the Protection Sector will lead initiatives to mainstream protection and conflict sensitivity across all sectors and support the HCT in promoting the centrality of protection in the humanitarian response in Libya.

Since the start of the COVID-19 pandemic, protection partners have creatively and timely addressed the hurdles of remote provision of protection services by employing several modalities of communicating with communities and ensure regular management of individual cases and delivery of protection assistance, by adopting a mix modality - in person and remote. A variety of modalities have been used, including telephonic case management and assessments; awareness raising through social media and other platforms (TV, radios, WhatsApp, leaflets, posters), and through helplines/hotlines, psychosocial and focus groups, as well as in different languages. The same approach and modalities will be applied in 2021. The Protection Sector will also use cash modalities for certain activities in order to enhance individual protection assistance.

3.5.1

Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
271k	65k	\$8.0M	4	4

Objectives

The Child Protection AoR has two objectives that aim to continue to enhance the quality of child protection services in line with the child protection minimum standards through more targeted and integrated approaches. Under the first HRP strategic objective, Child Protection partners aim to strengthen community-based child protection to enhance protection of children from violence, abuse and exploitation in targeted location. Under the second HRP strategic objective, Child Protection partners will scale up the availability of and access to quality child protection specialized services.

Response

Of the 271,000 children and caregivers are most at risk of violence, exploitation and abuse, requiring sustained child protection services, Child Protection partners will target 65,000 people. This includes 31,000 displaced, 4,000 returnees, 15,000 non-displaced, 11,000 migrants and 3,000 refugees. Of the total, 84 per cent are children. Child Protection partners will prioritize response activities in 13 of Libya's 22 mantikas³².

Child Protection partners will promote mental health and psychosocial wellbeing through strengthening community-based child protection mechanisms. Partners will also enhance the capacity of community-based organizations, caregivers, children and other community members on child protection, as well as further strengthening capacity with a focus on Level 2 MPHSS. Through this enhanced community-based child protection, children and caregivers could be protected from further harm to their physical and mental health. Child

Protection partners will facilitate peer-learning and capacity building of partners based on lessons learned from 2021 to provide quality remote child protection services for children and caregivers in need.

Child Protection partners also aim to scale up access to and quality of specialized child protection services which include case management; psychological first aid; individual counselling and other non-specialized MHPSS interventions; family tracing and reunification, alternative care and other specialized child protection services. These will be provided through mixed modalities, including in-person provision of specialized child protection services, cash assistance, and NFI assistance to address child protection needs. Child Protection partners will expand existing mobile and remote modalities that have been used as preventative measures in the context of the COVID-19 pandemic such as online MHPSS sessions for children and caregivers, remote case management through helplines and outreach through mass media.

To address the specific needs of at-risk children of all age, gender, disability, legal status, and ethnic affiliation a multisectoral integrated response is critical. In this regard, the Child Protection AoR will continue close collaboration with the GBV AoR in promoting GBV risk mitigation, prevention and response with a focus on caring for child and adolescent survivors, as well as joint capacity building on case management. The Child Protection AoR will also continue to coordinate with the Mine Action AoR to develop and disseminate

inate messages on explosive ordnance risk education to children and their caregivers and provide assistance to children injured by mines and explosive remnants of war. In coordination with the Education Sector, Child

Protection partners will support ensuring adequate provision of MHPSS for children and teachers, training of social workers, school counsellors and teachers on child protection and MHPSS.

UNICEF/LIBYA



3.5.2

Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
153k	54k	\$8.4M	5	6

Objectives

The GBV AoR has two objectives that prioritize the provision of and access to specialized GBV prevention and response services, GBV mainstreaming and capacity building of key national stakeholders and civil society organizations. Under the first HRP strategic objective, GBV partners will strengthen capacities and coordination among service providers, national/local institutions and communities in GBV response, prevention and risk mitigation in line with international standards and legal frameworks. Under the second HRP strategic objective, GBV partners aim to improve access to safe, timely, confidential and coordinated GBV services.

Response

Of the 153,000 people most at risk of GBV, requiring sustained prevention and response services, GBV partners will target 54,000 people. Of the total number of people targeted, 60 per cent are women, 30 per cent are girls and 3 per cent are boys. This includes 16,000 displaced, 1,000 returnees, 14,000 non-displaced, 15,000 migrants and 8,000 refugees. GBV partners will prioritize response activities in Alkufra, Azzawya, Benghazi, Misrata, Murzuq, Sebha, Sirt and Tripoli.

GBV partners plan to expand and strengthen GBV programming interventions, including quality case management provision. Building and strengthening capacities of non-GBV frontline workers, civil society and key line ministries on GBV programming and referral mechanisms in line with GBV guiding principles and international standards, such as the guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and The Inter-Agency Minimum

Standards for Gender-Based Violence in Emergencies Programming, will be a key priority for the GBV Sub-Sector across geographical areas.

In light of the COVID-19 pandemic and the implications for women, girls and survivors of GBV, provision of and capacity-building on remote GBV prevention and response service delivery will be a key focus in 2021. While preventing and mitigating the risks of GBV is a shared responsibility of all humanitarian actors, the GBV AoR will strive to further strengthen GBV mainstreaming and integration into other sectors. Moreover, increased awareness among women, girls, men and boys on rights and social behavior change as well as continuous provision of Sexual and Reproductive Health and Clinical Management of Rape services for GBV survivors will be key for 2021 interventions. The GBV AoR will also prioritize mainstreaming of GBV into the COVID-19 response by sensitizing and providing guidance to other sectors, and health actors in particular. Close coordination and collaboration with the Child Protection AoR will ensure mutual capacity building on case management and safe service provision for child and adolescent survivors.

In order to empower women and girls in their well-being and offering safe access to specific services, PSS support and life skills activities will continue to be provided through static and mobile service modalities. Continuous advocacy, in line with GBV guiding principles, to address current loopholes and discriminative laws that undermine access to justice and to promote protective legal provisions for GBV survivors, as well as establishing safe houses, shelter and unlimited humanitarian access to detention centers to provide life-saving

services will remain a key priority. All activities will strive to ensure inclusion of people with disabilities and aim to reduce various access barriers, including language barriers.

GBV partners will continue to provide GBV prevention and response services through mixed modalities, including in-person provision of specialized services (such as GBV awareness, PSS and case management), and non-food items to address critical needs. GBV AoR

partners will further expand and improve adaption of service provision including mobile and remote modalities to improve access to services in hard-to-reach areas and to adapt to the context of the COVID-19 pandemic and its specific implications for service delivery and accessibility. Key adaptations to be strengthened will include remote case management, establishment of helplines, provision of PSS and awareness raising campaigns conducted through social media platforms, radio, television, and text messaging.

IOM/LIBYA

Provision of mental health and psycho-social support



3.5.3

Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
503k	451k	\$10.6M	7	7

Objectives

The Mine Action AoR has two objectives that aim to mitigate the risk of explosive hazards and contribute to safe access to vital services and enable the return and resettlement of displaced people and the resumption of basic socioeconomic recovery. Under the first HRP strategic objective, Mine Action partners aim to prevent and mitigate protection risks from explosive hazards through surveys, marking and clearance of contaminated areas, explosive hazard risk education and specialized assistance for survivors. Under the second HRP strategic objective, Mine Action partners will enhance national operational capabilities to mitigate the risks and impact of explosive hazards.

Response

Of the 503,000 people estimated to be at risk from contamination from explosive hazards and in need of assistance, Mine Action partners will target 451,000 people. This includes 98,000 displaced, 61,000 returnees, 143,000 non-displaced, 105,000 migrants and 44,000 refugees. Response activities will be focused in Benghazi, Misrata, Sirt, Tripoli and surrounding areas.

Although explosive hazards do not distinguish between population groups (i.e. non-displaced, displaced, returnees, and refugees and migrants), those returning to areas that have recently experienced hostilities are particularly affected. This is especially true for southern Tripoli where large quantities of mines, booby-traps, and IEDs have been planted in an indiscriminate manner. Indicative data shows that adult men are most exposed to risk of explosive hazard incidents. Migrants and refugees are particularly at risk, as they do not have access

to the same formal and informal information networks and/or are often faced with language barriers when accessing vital information.

In order to mitigate the threat and impact of explosive hazards, response priorities for Mine Action partners will be to conduct explosive hazard risk education in order to increase awareness of the risks and dangers of explosive hazards among the population. Assessments, surveying and mapping of contaminated areas, in coordination with the Libyan Mine Action Centre (LibMAC), and/or other competent authorities, will increase the level of information on the location, extent, and nature of explosive hazard contamination to inform Mine Action prioritization and response, as well as broader humanitarian response.

Explosive hazard marking and clearance in affected areas, through Explosive Ordnance Disposal (EOD), EOD spot tasks, battle area clearance, and mechanical clearance in coordination with the LibMAC will be undertaken by Mine Action partners. Provision of specialized assistance to the direct and indirect victims of explosive hazards will also be undertaken.

Libyan national capacity to mitigate the threat of these hazards remains insufficient to address the growing threat to the population. While the managerial and coordination capacity is in place, existing governmental and non-governmental actors lack the sufficient quantity of qualified personnel, equipment, and technical expertise to scale up to meet the increased demand. Mine Action partners will therefore prioritize the enhancement of technical skills and physical capacity of local actors.

Cost of response

For 2021, the Protection Sector and AoRs require \$ 60.5 million to ensure that 451,000 people to enhance the protective environment and increased access to specialized protection service, as well as building the awareness and capacity of duty bearers and communities to better identify and address protection risks and needs. This includes \$ 33.5 million for general protection, \$ 8 million for Child Protection, \$ 8.4 for GBV and \$ 10.6 million for Mine Action. The cost breakdown by activity includes: 79 per cent provision of specialized protection services, including child protection, GBV and Mine Action; 11 per cent awareness raising, risk education and advocacy; 9 per cent capacity-building and training; and 1 per cent on assessment and protection monitoring.

The Protection Sector and AoRs used project-based costing for 2021. For GBV, some specific activities assessed the activity-based costing to ensure some standardization of project-based costings, such as for dignity kits. The Protection Sector and all AoRs have already started working closely with partners to ensure a standardized approach to costing to begin the process of analyzing costs in preparation for the shift to activity-based costing in 2022. Coordinators are working with the Protection and AoR global clusters to contextualize existing guidance on implementing activity-based costing to the Libya operation.

Monitoring

The Protection Sector and AoRs will report against 32 indicators outlined in the monitoring framework and will be collected on a monthly basis through the Activity Info platform. Response monitoring, along with protection monitoring, and profiling methodologies are the primary tools used to identify protection risks and priorities areas of intervention to ensure an effective response. The Sector has also established an online service mapping platform that captures services provided by the whole sector, including AoRs, to facilitate individual referral, particularly for high risk cases, as well as information sharing between partners in the different areas of the country.

Technical monitoring of Mine Action operations falls under the responsibility of the LibMAC. A structured registration and accreditation process guarantee that only those organizations with the capacity to meet the Libyan Mine Action Standards are permitted to operate in Libya. In addition, the LibMAC conducts regular quality assurance and quality control visits, and all humanitarian Mine Action operators must report their activities and achievements through the Information Management System for Mine Action which is managed by the LibMAC.

The Protection Sectors and AoRs will work with partners in identifying opportunities for joint field monitoring, and/or peer monitoring by Libya-based staff. Multi-sectoral assessments will be used to further understand perspectives of people in need and on the relevance and efficiency of the protection response. Information obtained through the above-mentioned channels are regularly reviewed and jointly analysed with partners, and to the possible extent affected communities, for validation and response adaptation to ensure that partners on track to reach the targets established in the planning cycle and to make revisions, where appropriate, to represent realistic targets as the context evolves.

Communicating with affected people

Protection Sector partners have robust and meaningful engagement with communities, throughout all phases of the project cycle to ensure that activities and programmes reflect the needs identified by individuals or specific groups. Focus groups discussions, key informant interviews (with target population, host population, authorities, key stakeholders), surveys, together with complaint mechanisms (helplines, boxes, visits,) feed into programmatic changes and future programming.

The Protection Sector regularly engages with the CFM, regularly receiving information and referrals and continues to support through provided guidance and training to mainstream protection. In addition to the CFM, many partners have agency specific community engagement mechanisms, such as hotlines/informa-

tion lines, or complain and feedback mechanisms, that further support the monitoring of the protection situation strengthen feedback from population of concern.

For Child Protection, one of the sector objectives is to strengthen community-based child protection which means that community members, including children, can play critical roles in monitoring, identifying, responding to and preventing child protection issues, including through the design, planning and monitoring of response activities. Child Protection partners will promote the ethical and meaningful participation of diverse groups of children in all stages of programming by helping children access information about available services, enabling children to provide feedback and providing opportunities for children to participate in social and recreational activities. In this regard, Child Protection partners will work jointly with community-based child protection mechanisms to identify and address barriers that children of different age, gender and disability face in meaningful and safe participation.

GBV partners use a variety of ways to engage with communities, including feedback hotlines, focus group discussions, risk assessments, safety audits and key informant interviews with target populations, host populations, authorities, and key stakeholders from diverse backgrounds. The information collected during such discussions is used by partners to inform

the programmatic design and targeting of people in need, and to implement activities and services accordingly. To ensure communities are able to express their needs and complaints throughout all phases of the program cycle, partners use complaint and response mechanisms including organization-level helplines, outreach through community-based networks such as women's and girl's committees, and monitoring activities through service evaluations, post-distribution monitoring, surveys and client feedback forms with people reached by the interventions. This information feeds into programmatic adaptations and future program design.

All Mine Action operations are coordinated and carried out in close consultation with communities, in addition to authorities at the local level, and the LibMAC. Through community liaison officers, Mine Action partners actively seek the input and feedback of the affected communities. Emergency hotline numbers are communicated to local populations via leaflets and posters, as well as social media and other communication channels, to allow community members to report suspicious items and deposit feedback.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.			450,759
Specific Objective 1.1	Enhance the protective environment and reinforce community ownership of protection initiatives by strengthening accountability of affected populations and promoting meaningful engagement and capacity strengthening with communities, authorities and local actors.	In-kind	# of persons (humanitarian workers, CSO members and local/ national authorities) who receive training/ capacity support.	626
		In-kind	# of informal community committee leaders and members who receive training/capacity support.	789
		In-kind	# of persons reached with awareness raising activities	39,330
		In-kind	# of community-driven initiatives	26
		In-kind	# of advocacy interventions.	40

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Specific Objective 1.2	Strengthen community-based child protection to enhance protection of children from violence, abuse and exploitation in targeted location.	In-kind	# of children and caregivers benefitting from gender, age and disability sensitive psychosocial support activities.	63,660
		In-kind	# of caregivers, children and community members trained and/or sensitized on child protection issues including child protection and GBV risks and referrals	9,000
		In-kind	# of non-child protection actors (national/local authorities/ civil society actors) trained	200
Sectoral Objective 1.3	Strengthened capacities and coordination among service providers, national/local institutions and communities in GBV response, prevention and risk mitigation	In-kind	# of people reached with awareness sessions on GBV prevention and response and service availability	51,082
		In-kind	# of non-GBV frontline workers trained on GBV core concepts in line with GBV guiding principles	422
		In-kind	# of individuals trained on GBV case management including static, mobile and remote service delivery	372
Sectoral Objective 1.4	Strengthen the protection of individuals and communities from the risks and impact of explosive hazards.	In-kind	# of explosive hazard items removed	6,500
		In-kind	m2 cleared from explosive hazards	2,250,000
		In-kind	m2 of contaminated area newly identified (suspected and confirmed hazardous areas)	3,600,000
		In-kind	m2 surveyed	91,000,000
		In-kind	# of direct beneficiaries benefiting from risk education	67,290
		In-kind	# risk education campaigns conducted	7
		In-kind	# of services delivered	30

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			169,000
Sectoral Objective 2.1	Identify and respond to the protection needs and promote the rights of Libyans and non-Libyans through the provision of specialized protection services and strengthening of integrated protection responses, particularly for people at heightened-risk in areas with the most need	In-kind	# of detention centres reached with protection monitoring	15
		In-kind	# of communities where needs assessments or monitoring have been conducted	146
		In-kind/ Cash	# of individuals reached through protection services, including individual targeted assistance for persons with specific protection needs (includes MHPSS).	52,225
		In-kind/ Cash	# of individuals assisted with integrated protection response provided through livelihood, income generation other socio-economic support	3,636
		In-kind	# of individuals receiving legal counselling or assistance, including civil documentation and HLP issues.	20,060
Sectoral Objective 2.2	Increase availability of and access to quality child protection specialized services	In-kind	# of children receiving age, gender and disability sensitive child protection services.	6,360
		In-kind	# of child protection actors trained on specific child protection technical areas	827
		In-kind	# of children identified at-risk girls and boys referred for specialized services.	6,300
Sectoral Objective 2.3	Improved access to safe, timely, confidential and coordinated GBV services in line with GBV Guiding Principles and the Inter-Agency Minimum Standards	In-kind	# of women and girls participating in structured group psychosocial activities	17,251
		In-kind	# of women and girls participating in life skills activities	10,975
		In-kind	# of dignity kits distributed	19,968
		In-kind	# of referral pathways in place	4
		In-kind	# of safety audits conducted	28
Sectoral Objective 2.3	Enhance national Mine Action operational capabilities to mitigate the risks and impact of explosive hazards.	In-kind	# of people trained	170

3.6 Shelter & NFIs



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
374k	111k	\$13.2M	6	7

Objectives

The Shelter and NFI (SNFI) Sector has two objectives that aim at improving the physical living conditions and promoting dignified and safe access to adequate and secure accommodation. Under the second HRP strategic objective, SNFI Sector partners will contribute to building the resilience of targeted populations by improving living conditions, as well as hygiene and health conditions, and protect against environmental factors and ensure greater safety and security. This will contribute towards increased resilience and social cohesion of communities and households by improving housing and related community/ public infrastructure. Reducing the household's needs to spend money on shelter upgrades, or on rent, will significantly reduce financial burdens and enable targeted populations to better meet their basic needs and invest in more durable solutions.

Response

Of the 374,000 people estimated to need of shelter and non-food items, SNFI Sector partners will target 111,000 people. This includes 30,000 displaced, 39,000 returnees, 10,000 non-displaced, 22,000 migrants and 10,000 refugees. Of the total, 41 per cent are women and girls.

The SNFI Sector's priority remains to ensure adequate, appropriate and affordable housing options for the most vulnerable people. Activities include improving physical living conditions through support for upgrading and rehabilitating damaged and substandard housing, collective shelters and accommodation facilities. These activities will mainly target displaced fami-

lies, returnees and migrants, focusing on areas that have been damaged by the conflict, such as southern Tripoli. This will ensure that these shelters meet a minimum standards and provide a higher quality of living conditions and better protection for those living in these spaces.

Modalities used for upgrading and rehabilitating shelters will depend on the scale and nature of the works that are required. For minor works, SNFI Sector partners will provide shelter materials to allow vulnerable households and individuals to independently carry out repairs themselves. For rehabilitation works that require skilled laborers, partners will either complement the delivery of materials with technical capacity and guidance or will implement interventions through contractors to ensure quality and best practices are considered for the more technically challenging interventions. Improving community infrastructure and public buildings will also be included to promote better access to basic services such as health, education and power utilities.

While most activities will be through in-kind assistance, cash assistance, mostly in the form of rental assistance, will be provided where feasible and appropriate. This will ensure that the most vulnerable people can meet their needs in a manner that allows choice and promotes dignity.

SNFI Sector partners will also provide core relief items, households items, as well as seasonal non-food items and shelter materials. This will mainly be provided through in-kind assistance for non-food items and core

relief items, as well as shelter materials intended for emergency upgrades.

SNFI sector will work in close coordination with the other sectors to ensure shelter and non-food items are jointly provided with other components in order to address needs more comprehensively. Particularly for response to new displacement or needs from escalations in conflict or natural disasters, SNFI response will be planned and implemented in consultation with Protection, Health, Food Security and WASH, in particular, to provide a complete package of assistance. This includes support through the Rapid Response Mechanism. Shelter activities, such as rehabilitation of houses, will be designed together with WASH to ensure basic services (water supply and sanitation) are included. SNFI will also work with the CMWG in relation to cash-based activities to identify appropriate options accordingly feasibility and ensure interventions are in line with common agreements in relation to cash transfer values and eligibility criteria.

Sector partners will provide evidence-based advocacy messages to humanitarian stakeholders and donors to highlight needs and gaps. In 2021, the sector will continue working towards exploring more appropriate and feasible shelter solutions for migrants, refugees and asylum seekers.

Sector partners will also contribute building the capacity of local actors and communities with the aim of improving shelter skills to allow for more sustained impact of the interventions. This includes engaging with communities, local manpower and unskilled labor at a technical level or upgrading and rehabilitation of shelters while also improving a sense of ownership of the communities.

Cost of response

For 2021, the SNFI Sector requires US\$ 13.2 million to ensure that 111,000 people can access appropriate, safe and secure shelter and basic goods. The cost breakdown by activity includes: 61 per cent to provide essential non-food items, including seasonal items; 33 per cent for rehabilitation and upgrading of shelter, including collective centres, unfinished buildings and

damaged houses; 6 per cent for repair and rehabilitation of community/public infrastructure; and 1 per cent in rental assistance.

The SNFI Sector will use project-based costing methodology for 2021, while working closely with partners and the SNFI Strategic Advisory Group to transition to activity-based costing methodology in 2022. In 2021, the SNFI sector has guided its partners to a standardized approach in estimating projects costs for the main activities. This approach will ensure more transparency while beginning the process of analyzing costs to transition to activity-based costing. Projects are reviewed to ensure costs are appropriate and aligned with activities and outcomes. The SNFI Sector will also work in close coordination with the Global Shelter Cluster to further contextualize existing guidance on implementing activity-based costing for 2022.

Monitoring

The SNFI Sector will report against eight indicators. On monthly basis the SNFI sector will collect and monitor activity progress reported by partners through the Activity Info platform to measure achievements toward the sector objectives, with progress measured against pre-identified sector targets. Through sector meetings, sector partners will follow progress, to identify where revisions and corrective actions may need to be made as the context evolves and on the evidence of new needs emerge.

The SNFI Sector partners will conduct post distribution monitoring and impact monitoring as a regular practice upon the completion of distributions. The involvement of third parties for the Impact monitoring may also be undertaken by partners. Analysis and feedback, included calls referred from the CFM will be taken into consideration to qualitatively improve the implementation, monitoring, evaluation and reporting of SNFI activities.

Communicating with affected people

The SNFI sector has been strengthening accountability towards affected people by developing tools to collect and analyze feedback from beneficiaries and adjust projects accordingly. To ensure communities are able to express their needs and complaints throughout all

phases of the program cycle, partners are encouraged to regularly hold focus group discussions and key informant interviews with target populations, host populations, authorities, and key stakeholders. The information collected during such discussions is used by partners in their programmatic design, targeting of people in need, and planning of appropriate activities.

In 2021, the SNFI sector aims to pilot community driven projects for repair and rehabilitation of houses to promote proactive engagement of communities and enhancing local skilled labor with dedicated technical trainings.

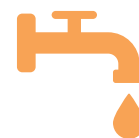
The SNFI Sector is strongly engaged with the CFM as a key inter-agency mechanism for improving communications with affected people. The SNFI Sector continues to work closely with the ETS, who manages the CFM, to provide technical advice and guidance in relation to SNFI-related to ensure that calls can be correctly addressed and resolved.

SNFI information and materials will be translated in Arabic, and where feasible and necessary, in other languages for migrants and refugees to better convey messages. SNFI sector will also explore building social media platforms to disseminate messages and offer alternative ways to send feedback and complaints.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			110,949
Specific Objective 2.1	Provide humanitarian life-saving and life-sustaining shelter and NFI support	In-kind	# of people whose core and essential NFI needs are met	83,541
		In-kind	# of people whose seasonal and supplementary NFI needs are met	12,448
		Cash	# of people assisted with rental assistance.	154
		In-kind	# of people assisted by rehabilitated collective centers	158
		In-kind	# of people assisted by upgraded unfinished buildings	673
Sectoral Objective 2.2	Contribute towards increased resilience and social cohesion of communities and households by improving housing and related community/ public infrastructure	In-kind	# of people assisted by rehabilitated damaged houses	5,002
		In-kind	# of people assisted by repaired/ rehabilitated community/public infrastructure	7,750
		In-kind	# of people assisted by repaired/ rehabilitated community/public buildings	1,250

3.7 Water, Sanitation & Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
438k	263k	\$13M	9	9

Objectives

The WASH Sector has three objectives that aim to improve access to safe water and adequate sanitation and hygiene. Under the first HRP strategic objective, WASH Sector partners will contribute to combatting and mitigating the effects of the COVID-19 pandemic and diseases outbreaks by increasing awareness of IPC measures. Under the second HRP strategic objective, WASH Sector partners will expand service delivery to enable improved and safe access to water and sanitation services as well as focusing on capacity enhancement of governmental counterparts and I/NGOs on emergency preparedness, contingency planning and diseases outbreak response.

Response

Of the 438,000 people estimated to need access to safe water, hygiene and sanitation services, WASH Sector partners will target 263,000 people. This includes 91,000 displaced, 20,000 returnees, 74,000 non-displaced, 68,000 migrants and 10,000 refugees. Projects will target people in 19 of Libya's 22 mantikas³³. Of the total, 40 per cent are women and girls.

WASH Sector partners will support communities' efforts to protect themselves from COVID-19 and other diseases through awareness raising on COVID-19, as well as effective IPC measures, and hand hygiene. This will be complimented by the provision of personal protective kits to the most affected populations. Disinfection and cleaning in schools, health care facilities, displacement sites and detention centres will also be supported to reduce the risks of spreading the disease. Sector partners will provide essential WASH services,

including to displaced people, hosting/non-displaced communities, returnees, refugees and migrants. This will be achieved through the rehabilitation of water and sanitation facilities in priority areas, such as detention centres and displacement sites, as well as in schools and health centres. Support to improve solid waste management and undertake fumigation will be also undertaken in these priority areas. Partners will also provide WASH items and/or cash assistance. The dissemination of hygiene messages to priority groups will also be continued.

Partners will also respond to urgent WASH needs at the onset of new emergencies, such as provision of water through water trucking, or by providing technical support to service providers or rehabilitation of WASH facilities to enable communities to access safe drinking water and adequate sanitation in the longer term. Working with other sectors, WASH Sector partners, through the RRM, will provide essential WASH items, in line with globally agreed minimum standards, for immediate life-saving support for newly displaced people. The WASH Sector will also pre-position basic WASH items at strategic locations as an emergency preparedness measure.

WASH Sector partners will also focus on capacity enhancement of governmental counterparts and I/NGOs in emergency preparedness, contingency planning for diseases outbreaks. This will include training and capacity-building in emergency preparedness and response planning and technical trainings, such as WASH in Emergencies. Essential WASH supplies, such as pumps, generators, chlorine and water testing kits will be provided for key government and I/NGO offices.

The WASH Sector will adopt a cross-sectoral approach, ensuring proper coordination with other sectors. In coordination with the Education and Health sectors, WASH facilities in schools and health centres will be disinfected and cleaned as well as WASH facilities rehabilitated to ensure that children and patients, as well as teaching and health staff, can access these facilities safely while having access to uninterrupted water and sanitation services.

Cost of response

For 2021, the WASH Sector requires US\$ 13 million to ensure that 438,000 people can access safe water, hygiene and sanitation services. The cost breakdown by activity includes: 33 per cent for rehabilitation of water and sanitation facilities and solid waste management; 28 per cent for provision of WASH items and hygiene promotion; 18 per cent for COVID-related activities, including providing personal protective equipment, disinfection of key facilities and awareness raising; 16 per cent for providing access to safe drinking water; and 5 per cent on capacity-building supporting counterpart with technical supplies.

The WASH Sector costs for 2021 are based on unit costing methodology. WASH sector financial requirements were calculated based on the unit costing and cost-per-activity modality, using the unit costs from last year as a baseline. In comparison to last year unit cost has been increased due to multiple factors, mainly due to the impact of COVID-19. The sector ensures that costs are appropriate and aligned with activities and outcomes and that each project submitted and included in the HRP has been thoroughly reviewed and vetted.

Monitoring

The WASH Sector will report against seven indicators. In 2021, WASH Sector partners will continue to strengthen monitoring efforts and systems, to ensure that the response remains appropriate and at the required scale, and that course correctors can be built in as and when necessary.

A dynamic dashboard for the WASH Sector has been established to analyze real time response undertaken by its partners. Gap analysis will be prioritized

as part of this to better understand gap areas where urgent WASH assistance may be required and assist in evaluating trends. Additionally, sector partners will report their progress against implementation on the Activity Info platform on a monthly basis against the seven indicators.

The WASH Sector will also monitor and collaborate with other relevant sectors on data analysis and reporting, such as the Health EWARN weekly updates and COVID-19 epidemiological updates in order to align its responses in the required geographical areas. Moreover, WASH sector aims to undertake a comprehensive assessment of water and sanitation infrastructure in the first quarter of 2021, which will guide partners in initiating/redesigning their responses. This early assessment will be a critical opportunity to reassess the situation and adapt the response.

Communicating with affected people

The Sector will incorporate responses from the various community communication and engagement modalities, and complaint and feedback mechanisms, in close collaboration with the CFM. WASH Sector partners will monitor the community's perception of and satisfaction with service provision. This will also support the collective monitoring of whether the targeted population feels consulted and informed through the entire cycle of the response. Assessment tools and questionnaires will have specific areas to record focus group discussion and key informant opinions.

Local WASH committees at municipality level will be established/strengthened to ensure affected population engagement in planning and designing of projects. Training on important aspects of monitoring will be undertaken for these committees to support better targeted and appropriate responses.

The Sector will maintain community engagement as a stand-alone agenda point in its regular meetings and will support building partner's capacity in accountability and feedback approaches. The WASH Sector will also collaborate with the Protection Sector on capacity-building of its partners on protection-related themes.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.			80,000
Specific Objective 1.1	Increased awareness of COVID-19 Infection Prevention and Control (IPC) measures	In-kind	# of people reached with COVID-19 assistance	80,000
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			263,182
Sectoral Objective 2.1	Most vulnerable population groups affected by humanitarian crisis are provided with life-saving WASH assistance.	In-kind	# of people with access to safe drinking water	70,000
		In-kind	# of people with access to adequate sanitation services	80,000
		In-kind/ Cash	# of people provided with hygiene materials (in kind/cash) and information	87,400
		In-kind	# of people provided with basic WASH facilities in schools and health centres	67,140
Sectoral Objective 2.2	WASH Sector partners' capacity strengthened on water and sanitation responses in emergencies and pandemics	In-kind	# government, I/NGOs staff trained on emergency preparedness and response planning and WASH in emergencies and pandemics	250
		In-kind	# of government and I/NGOs offices provided with technical supplies	5

3.8

Coordination and Common Services

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.3M	-	\$14.4M	11	15

Objectives

Coordination and Common Services (CCS) has two objectives that aim to provide a principled service delivery and facilitate a well-coordinated response to inform decision-making. Under the first HRP strategic objective, the sector will support strengthening of humanitarian actors through improved coordination and better support humanitarian organizations' work by strengthening the inter-sector coordination mechanisms, logistics and air services. Under the second HRP strategic objective, sector partners will promote, coordinate and harmonize information management practices and needs assessments to produce quality analysis and evidence base advocacy in collaboration with relevant stakeholders.

Response

The CCS activities will support the entire humanitarian community by providing an evidence base to reach the most vulnerable people in need in Libya in an effective and timely manner, as well as enabling the sectors to sustain and extend their members' operational reach and impact.

Coordination activities will focus on ensuring a well-functioning humanitarian coordination mechanism in Libya, that is inclusive and representative of international and national actors, as well as building the capacity of sector coordination through sector coordinators and NGO co-leads. Through improved coordination, including common evidence-based advocacy and planning, CCS will ensure that basic needs are identified through safe, equitable and dignified access to critical basic services and livelihoods. Where gaps are identi-

fied, or new needs emerge, strengthened coordination will ensure these are addressed collectively and in a timely fashion. This will reinforce and promote inter-sectoral complementarity, as well as ensure the centrality and mainstreaming of protection to enhance the impact of the collective response.

In recent years, humanitarian partners in Libya have focused on strengthening systematic methods for data collection to inform stakeholders on the humanitarian situation, changing needs, gaps and progress; this will continue in 2021. It includes country-wide data collection and assessments that provide baseline and evidence to respond to the needs of the most affected people. The assessments will cover vulnerable groups in Libya whose protection and humanitarian needs are critical. Enhanced monitoring and evaluation will support stepped up advocacy efforts on key issues. This will be supported by the Humanitarian Access Working Group and protection-mandated agencies, such as OHCHR, UNHCR, and the Protection Sector.

Information management and monitoring and evaluation products focusing on access, population movements and delivery will guide strategic thinking, with periodic monitoring reports, dashboards and snapshots remaining regular products for ISCG planning and inform HCT decision-making. Improving access to, and quality of, data and analysis will be further strengthened through greater collaboration and capacity building of government institutions on assessment methodologies and information management to ensure understanding of humanitarian needs.

Logistics activities will include providing air transport services to support access for humanitarian and development organizations into and across the country. UNHAS will continue to communicate with all the parties involved in the region, in order to continue providing safe and secure access into the country, which is crucial for humanitarian organizations. Logistics Sub-Sector will continue to provide a forum where organizations can access additional technical support on logistics assessments and analysis and ensure common logistics gaps and/or bottlenecks are identified and relevant mitigation measures are implemented. Building on findings of the Gaps & Need Exercise (GNE) conducted in June 2020, the Logistics Sub-Sector will primarily work with humanitarian organizations on assessing partners' capacity-building needs, including identifying relevant technical trainings in logistics, raise partners' awareness of supply chain resources and build the capacity of partners to scale up their operations. The Logistics Sub-Sector will support the COVID-19 response by assessing cold chain and service provider capacities for the efficient roll out of the COVID-19 vaccine across the country.

In 2021, anticipating that COVID-19 will continue to impact on the operating environment and people's needs, the Logistics Sub-Sector will primarily work with humanitarian organizations on supporting and strengthening available in-country supply chains and raise partners' awareness of supply chain resources made available by the Global Logistics Cluster (GLC) and the World Food Programme (WFP), as well as building the capacity of partners for scaling up their operations.

Cost of response

For 2021, CCS partners require US\$ 14.4 million to ensure that 451,000 people can access the assistance that they need. CCS partners used a project-based costing, with partners developing projects under three over-arching areas 1) Logistics; 2) Coordination; and 3) Assessments. Under these activities, logistical services represent 41 per cent of costed activities, coordination support represents 35 per cent and assessments represents 24 per cent.

Monitoring

CCS will report against five indicators as part of the monitoring framework, which outlines the objectives, indicators, baseline and targets, which have been put in place to measure achievements and identify areas to strengthen. CCS partners will meet quarterly to evaluate progress and make recommendations to achieve the goals.

Although no direct service delivery to beneficiaries is undertaken in the context of coordinated needs assessments, regular triangulation, data quality control and review of results will be undertaken through the Assessment Working Group (AWG). UNHAS will be monitored in real time to ensure operational effectiveness and efficiency. This will be done using Satellite Tracking systems, flight management application (Takeflight) and the Performance Management Tool for real-time monitoring of operational performance, offering the opportunity to make informed decisions to address identified gaps. Steering and User Group committee meetings will be carried out on regular basis in order to promote interests of users in the movement of passengers and cargo within the area of operation.

Communicating with affected people

The needs assessments include primary data collection from the community to better understand humanitarian needs and ensure the voice of affected people are heard and are put at the center of humanitarian response planning. A key focus for 2021 will also be strengthening data collection from the communities themselves. Information on people's needs, as articulated by them, as well as their perspectives on assistance they receive, will continued to be strengthened to ensure needs analysis and response planning are more people centered.

An important way in which the humanitarian community supports community awareness and engagement, as well as enabling communities to provide information on their preferences and perspectives, is through the CFM. CCS partners will continue to work to strengthen and build the CFM and that calls received and the trends and analysis from reporting is being regularly discussed in coordination forums, particularly the ISCG. This will include providing information on the CFM to respondents during assessments.

Objectives, indicators and targets

	OBJECTIVE	SECTOR APPROACH	INDICATOR	TARGETED
Strategic Objective 1	Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.			-
Specific Objective 1.1	Provide principled service delivery and facilitate a well-coordinated response through informed decision-making, keeping in view best international practices and in-country guidance	In-kind	# of partners supported through humanitarian flights	47
		In-kind	# sectors co-chaired by NGOs	8
		In-kind	# of coordination meetings (ISCG, HCT, sector specific, ACGs, WGs etc)	170
Strategic Objective 2	Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people's resilience and ensure they meet their basic needs.			-
Sectoral Objective 2.1	Promote, coordinate and harmonize IM practices and needs assessments to produce quality analysis and evidence base advocacy in collaboration with relevant stakeholders	In-kind	# of multi-sector needs assessments/ inter-agency rapid needs assessments, thematic, common operational datasets disaggregated by gender and age, as well as other partner and sector specific assessments	60
		In-kind	# of trainings, workshops, capacity-building sessions, etc.	75

Part 4: **Migrant and refugee response plan**

RECH/LIBYA



Migrant and refugees

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN	CHILDREN
348k	149k	\$76M	14%	15%

Libya continues to serve as both a destination and transit country for migrants and refugees seeking a better life or fleeing violence, repression and poverty in their countries of origin. Protection risks are prominent for migrants and refugees, including risks of being arrested and arbitrarily detained, at the risk of sexual and gender-based violence, facing trafficking and extortion, or lacking access to shelter and essential services. Migrants and refugees in general have more severe needs, compared to other groups of concern, and represent nearly a third of all people in the extreme category in terms of severity of needs.

Migrants and refugees are often excluded from national social protection services and safety nets due to restrictive policies and have limited access to basic services, such as health and education, due to lack of documentation, discrimination or ability to afford services. According to the most recent DTM assessments, migrants and refugees identified their priority needs as health, shelter, non-food items and WASH. Food insecurity has become an increasingly growing concern since the onset of the COVID-19 pandemic³⁴. Migrants and refugees also require legal assistance, access to registration and documentation, as well as protection from arrest and detention.

Duty bearers' lack of awareness of migrants and refugees' rights is a significant challenge, requiring continued engagement of international and national humanitarian actors. Libya is not signatory to the 1951 UN Convention Relating to the Status of Refugees nor

its 1967 Protocol and lacks national legislation for refugees and asylum seekers. Support and capacity building efforts towards the implementation of relevant International Human Rights law conventions, already ratified by the state, also need constant engagement to ensure the protection of the rights of migrants and refugees.

Objectives

The migrant and refugee response is built around three objectives that are in line with the HRP strategic objectives.

- 1- To improve coordinated advocacy with national authorities and key stakeholders in the humanitarian, development, and donor communities to strengthen migrant and refugee inclusion in COVID-19 prevention and response; improve access to essential services and an end to arbitrary detention.
- 2- To build capacity of government, humanitarian actors, and civil society to better understand and respond to migrant and refugee needs with effective policies and programming in line with international human rights, international standards on migration governance and management as well as international human rights and refugee law.
- 3- To protect and assist the most vulnerable migrants and refugees, including women and girls, unaccompanied and separated children, persons at heightened risk of COVID-19 infection, and arbitrarily detained migrants and refugees.

Responding to the needs of migrants and refugees in Libya is incorporated into sectoral response. This will ensure that the needs of the most vulnerable migrants and all refugees will be better met, reduce their reliance on negative coping strategies, including dangerous attempts to move onward from Libya, which exacerbates risks of trafficking and arbitrary detention. This will also ensure that migrant and refugee communities are better included in both humanitarian and state service provision.

Response

IOM, UNHCR and other humanitarian partners will seek to address the needs of a total of 105,000 migrants and 44,000 refugees, representing 34 per cent and 100 per cent respectively, of those estimated to be in need of humanitarian assistance. Among migrants and refugees targeted for assistance are those in arbitrary detention, as well as the most vulnerable living in urban communities. Women and girls, unaccompanied and separated children, and those at particular risk of COVID-19, such as with chronic diseases, are also prioritized.

Coordinated advocacy on behalf of migrants and refugees will facilitate the release of detained migrants and refugees and end arbitrary detention, while the response supports released detainees in their transition to living in urban areas where basic needs can be met through self-reliance, improved access to services and humanitarian support to those most in need. Advocacy will also promote migration governance reform, increased resettlement and voluntary humanitarian return opportunities, and expanded protection space to better address migrant and refugee needs. The Migrant and Refugee Platform will coordinate joint advocacy, strategy and policy development, and regional solutions initiatives for migrants and refugees.

Humanitarian partners will support and build capacity of Libyan authorities and institutions to protect the rights of migrants and refugees and respond to their needs. The response will include technical support aimed at improving understanding of International Refugee Law, International Humanitarian Law and International

Human Rights Law, including international standards on migration governance and management, including humanitarian border management, registration, and countering human trafficking. Humanitarian partners will engage with and provide support to authorities and institutions to strengthen the ethical collection, storage and analysis of data concerning migrants and refugees to facilitate an evidence-based response.

Multi-purpose cash assistance, food, shelter support and other non-food items, as well as education, health and WASH services will be provided, as detailed under the sectors' response strategies. This will include the provision of protection assistance, such as protection screening, legal assistance, registration and documentation, case management for child protection and GBV, and psychosocial support. Assistance will be provided for migrants and refugees in DCIM-operated detention facilities and those in living in urban areas.

Monitoring and accountability to affected people

The development of migrant and refugee response activities was informed by a dedicated MSNA that was undertaken to identify migrant and refugee needs and concerns through consultation with the relevant key informants and the migrant and refugee communities themselves. Through the design and implementation of a migrant and refugee-specific assessment the views and needs of these communities are better understood and therefore incorporated into sectoral planning.

The periodic production of the IOM Displacement Tracking Matrix reports will provide regular information and support monitoring of displacement patterns, including those of migrants and refugees. Protection monitoring under the protection sector at, in particular, disembarkation points and detention centers, as well as in urban areas provides detailed information on the dynamics of detention risks in Libya and other prevailing vulnerabilities relevant to migrants and refugees. Enrolment of refugees and asylum-seekers in the UNHCR proGres database and Refugee Assistance Information System will ensure availability of detailed demographic and other information to improve assistance targeting.

The Principled Framework for Interventions in Detention Centers will also support monitoring of activities undertaken by humanitarian actors in detention centers, and detention conditions themselves, to assess adherence to the agreed provisions of the Framework and the efficacy of life-saving humanitarian assistance provided in places of detention.

The inter-agency CFM also has specific frequently asked question and referral channels to address specific migrant and refugee concerns that contribute

to the centrality of protection across all humanitarian assistance provided to migrants and refugees and ensures greater accountability to affected people. IOM and UNHCR, who have specific mandates and responsibilities in relation to migrants and refugees, work closely with the CFM to ensure an effective and accessible platform for migrants and refugees to easily access information related to the COVID pandemic and humanitarian assistance and to enable them to provide feedback on organizations' performance and on the adequacy and relevance of the assistance they have received.

UNICEF/LIBYA



Part 5:

Annexes

UNHCR/LIBYA

Distribution of
NFI in Janzour



5.1

Response analysis

Using the outcomes of the HNO in terms of the causes, consequences and severity of people's needs, the ISCG in Libya identified a number of key critical problems that the humanitarian community would prioritize addressing in the response. These problems largely aligned to the two humanitarian conditions related to physical and mental wellbeing and living standards. Against these critical problems, the ISCG identified the vulnerable and/or priority groups and sub-groups most affected.

The five broad population groups—displaced, returnees, non-displaced Libyans, migrants and refugees—were agreed to be maintained for 2021, as many of the critical problems driving humanitarian needs in 2020 remained similar to previous years. However, in 2020, the impact of COVID-19, particularly in relation to access to health services and socioeconomic impacts, particularly on living standard, exacerbated existing vulnerabilities. Based on multiple assessments and severity analysis outlined in the HNO, all groups were impacted to varying degrees, but the severity of needs among non-displaced Libyans had significantly increased (by 80 per cent) compared to 2019.

As such, non-displaced Libyans represent a larger percentage of those in need of assistance in 2020 (31 per cent in 2019 to 40 per cent in 2020), and therefore a higher proportion have been prioritized for response in 2021, representing a third of all people targeted for assistance.

The overall number of migrants and refugees in Libya declined in 2020, partly due to less livelihood opportunities and stricter border controls due to COVID-19, however, their exposure to protection risks and discrimination in accessing services remain acute. Not all migrants in Libya are in need of assistance, a significant proportion (34 per cent) of those identified

in need are prioritized, similar to 2020. All refugees are prioritized.

To effectively address these critical problems, the ISCG revised the HRP strategic objectives; one objective to address critical problems related to physical and mental wellbeing and the second objective to address critical problems related to living standards. Based on this, a set of inter-sectoral specific objectives and sectoral specific objectives for each of the strategic objectives were developed and agreed. The specific objectives contribute to the achievement of the respective strategic objectives.

As outlined in the Sector Approach in Part II of the document, interventions prioritized in the HRP seek to address the immediate and most acute humanitarian needs arising from underlying vulnerabilities and conditions. Therefore, activities to address more durable solutions and economic reforms will be addressed through development and stabilization assistance frameworks. For migrants and refugees IOM and UNHCR have complementary plans that enhance solutions for vulnerable migrants and refugees in Libya. This includes support to voluntary returns, resettlement, complementary legal pathways and other durable solutions that are not covered by the HRP.

Equally, community stabilization initiatives to improve livelihood opportunities and living conditions of host communities will help alleviate possible impacts of internal and transnational migration, particularly in the south of the country. Interventions also focus on locations where the large presence of displaced Libyans are relocated, which can also increase pressures on local host communities. These activities are coordinated under development and stabilization mechanisms. Maintaining and strengthening relations between host communities and displaced people, migrants and refu-

gees through such interventions is crucial to avoid any tensions and straining of relationships, and possible clashes among communities.

Predominant response modalities in Libya remain in-kind assistance and service provision. Expanding cash-based programming remains a focus for many sectors, however, several constraints related to disparities in formal and informal exchange rates, inflation, limitations with banking transfers, documentation issues for migrants, refugees and some Libyan minority groups, and the overall liquidity crisis have limited these efforts. Partners will continue to explore the feasibility of cash as a response modality, coordinated through the CMWG, recognizing that it is a preferred form of assistance by many communities in Libya, including linkages to social protection safety net programmes.

Limited operational presence continues to hamper the humanitarian community's ability to reach some

affected people, especially in remote areas in the south of the country. Despite efforts to increase international presence based in Libya, the concentration of presence mostly in Tripoli has resulted in a focus of response in the western region, at the expense of the south and to a lesser extent, the east. Furthermore, the continued reliance on Tunis-based capacity also impacts the ability of partners to effectively engage with national and local authorities and other relevant stakeholders.

While national NGOs do have operational presence in many of these remote areas and continue to express their interest in working with the international humanitarian partners, increased efforts are needed to better engage with and integrate these partners into coordination platforms, particularly in the sectors and ACGs. This includes increased coordination with the private sector and the Social Solidarity Fund to reduce any duplication of assistance provided and collaboration across all partners involved in humanitarian response.

CRITICAL PROBLEMS	INDICATORS	VULNERABLE GROUPS
Conflict, including attacks and political instability limit people's access to food and essential health services, putting the lives of children and the most vulnerable at risk and impacts their physical and mental well-being.	<ul style="list-style-type: none"> 147 civilians killed / 270 injured 10,000 migrants/refugees intercepted at sea & returned 3,200 migrants/refugees in detention 50% of health facilities closed in 2020 125,000 children at risk from interrupted vaccinations 880,000 ppl food insecure 	Children; older people; people with disabilities; migrants and refugees; women (part. PLW); IDPs; people with pre-existing health conditions; rural areas
Exposure to booby traps, including IEDs, landmines and other explosive hazards put lives of people at risk.	<ul style="list-style-type: none"> 345,000 ppl in conflict and previous frontlines 6% of HHs report presence of explosive hazards 71 ppl killed / 130 injured from explosive hazards in southern Tripoli 37,000 ppl returned to south Tripoli in 2020. 	Non-displaced in frontlines (or former frontlines) areas; IDPs; children; returnees; migrants and refugees.
Insecurity, political instability, fragmented governance and socio-economic impacts of COVID-19 impacts people's access to basic goods and services and erodes coping capacities.	<ul style="list-style-type: none"> 50% HHs unable to cover basic needs 81% HH w/children cannot access remote learning 20% HHs workplace closed due to C-19 36% Libyans adopted crisis/emergency coping strategies 27% migrants unemployed (17% in February) 	Women; children; IDPs; migrants and refugees; Libyans engaged in daily labour; female-headed households.

STRATEGIC OBJECTIVE #1: Respond to outbreaks of disease and risks to physical and mental wellbeing, while strengthening the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.

Specific Objective 1.1: Increase access to life-saving and life-sustaining humanitarian health assistance for 451,000 people, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks

Specific Objective 1.2: Strengthen the protective environment for 127,000 people, including from the risks and impact of explosive hazards.

Specific Objective 1.3: Improve access to safe, sufficient and nutritious food for 143,000 of the most food insecure people.

STRATEGIC OBJECTIVE #2: Enhance safe, equitable and dignified access to critical basic services and livelihoods to enhance people's resilience and ensure they meet their needs.

Specific Objective 2.1: Provide access to WASH, education, and protection services to about 201,000 most vulnerable displaced, returnees, non-displaced, migrants and refugees

Specific Objective 2.2: Protect and support livelihoods and people's ability to access basic goods for more than 97,000 people

5.2

Participating organizations













ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
UNHCR	MPCA, HEL, Pro-G, SNFI	\$33.8M 	5
WFP	CSS, EDU, ETS, FSS	\$30.1M 	12
UNICEF	MPCA, CP, CSS, EDU, GBV, HEL, MA, WASH	\$26.9M 	8
IOM	CP, MPCA, CSS, FSS, HEL, Pro-G, SNFI, WASH	\$18.4M 	9
DRC	MPCA, MA, Pro-G, SNFI, WASH	\$12.9M 	6
UNFPA	CSS, GBV, HEL	\$10.4M 	4
WHO	HEL	\$9.5M 	6
ACTED	MPCA, CP, CSS, EDU, Pro-G, SNFI	\$7.1M 	7
IMC	CSS, GBV, HEL	\$6.3M 	5
NRC	MPCA, EDU, Pro-G, SNFI	\$3.8M 	5
DCA	MA	\$3.6M 	1
IRC	HEL, Pro-G	\$3.6M 	2
HI	HEL, Pro-G	\$3.1M 	1
FAO	FSS	\$2.7M 	3
PUI	HEL, Pro-G	\$2.6M 	3
We world- GVCO	HEL, Pro-G, WASH	\$2.4M 	3
HALO Trust	MA	\$1.9M 	1
OCHA	CSS	\$1.5M 	1
UNMAS	MA	\$1.3M 	2
3F	MA	\$1.1M 	1
INTERSOS	CP, EDU, GBV	\$1.1M 	4
CEFA	HEL, WASH	\$1.0M 	2
CESVI	GBV, Pro-G, SNFI	\$0.8M 	1
Helpcode	HEL	\$0.6M 	1
SAFWA CHARITY	EDU	\$0.5M 	1
TdH- Italy	EDU, HEL	\$0.5M 	2
Action Against Hunger	WASH	\$0.5M 	1
Alemdad Charity Association	WASH	\$0.5M 	1
LSNR & CW	WASH	\$0.4M 	1
IFRC	HEL	\$0.4M 	1
Migrace	WASH	\$0.3M 	1
Emergenza Sorrisi	HEL	\$0.3M 	1
BREEZES	EDU	\$0.3M 	1

5.3

Planning figures by sector and by geography

By geography

PROVINCE	PEOPLE IN NEED	PEOPLE TARGETED	<div> <div>IN NEED</div> <div>TARGETED</div> </div>	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Al Jabal Al Akhdar	12K	3k	<div><div></div><div></div></div>	12	24
Al Jabal Al Gharbi	3k	3k	<div><div></div><div></div></div>	15	30
Aljfara	107k	26k	<div><div></div><div></div></div>	14	31
Aljufra	5k	3k	<div><div></div><div></div></div>	12	22
Alkufra	46k	18k	<div><div></div><div></div></div>	16	34
Almargeb	65k	20k	<div><div></div><div></div></div>	13	26
Almarj	8k	3k	<div><div></div><div></div></div>	12	22
Azzawya	10k	10k	<div><div></div><div></div></div>	17	33
Benghazi	293k	66k	<div><div></div><div></div></div>	21	54
Derna	53k	11k	<div><div></div><div></div></div>	13	31
Ejdabia	94k	28k	<div><div></div><div></div></div>	17	39
Ghat	16k	8k	<div><div></div><div></div></div>	16	32
Misrata	80k	39k	<div><div></div><div></div></div>	19	45
Murzuq	51k	28k	<div><div></div><div></div></div>	16	35
Nalut	1k	1k	<div><div></div><div></div></div>	11	22
Sebha	66k	31k	<div><div></div><div></div></div>	22	54
Sirt	81k	37k	<div><div></div><div></div></div>	17	32
Tobruk	19k	6k	<div><div></div><div></div></div>	12	22
Tripoli	197k	91k	<div><div></div><div></div></div>	22	66
Ubari	35k	12k	<div><div></div><div></div></div>	16	29
Wadi Ashshati	4k	2k	<div><div></div><div></div></div>	14	25
Zwara	6k	5k	<div><div></div><div></div></div>	14	32

SECTOR	PEOPLE TARGETED	BY GENDER WOMEN MEN (%)	WOMEN MEN	BY AGE CHILDREN ADULTS ELDERS (%)	CHILDREN ADULTS ELDERS	WITH DISABILITY	IDPS	RETURNEES	NON DISPLACED	MIGRANTS	REFUGEES
	132k	50 50	<div><div></div><div></div></div>	99 01 00	<div><div></div><div></div><div></div></div>	1.5%	26k	25k	56k	23k	2k
	451k	40 60	<div><div></div><div></div></div>	37 59 04	<div><div></div><div></div><div></div></div>	15%	98k	61k	143K	105k	44k
	160k	43 57	<div><div></div><div></div></div>	39 57 04	<div><div></div><div></div><div></div></div>	15%	51k	1k	70k	31k	7k
	451k	40 60	<div><div></div><div></div></div>	37 59 04	<div><div></div><div></div><div></div></div>	15%	98k	61k	143k	105k	44k
	117k	35 65	<div><div></div><div></div></div>	31 66 03	<div><div></div><div></div><div></div></div>	15%	25k	5k	10k	33k	44k
	65k	50 50	<div><div></div><div></div></div>	84 16 00	<div><div></div><div></div><div></div></div>	15%	31k	4k	16k	11k	3k
	54k	89 09	<div><div></div><div></div></div>	33 62 03	<div><div></div><div></div><div></div></div>	15%	16k	1k	14k	15k	8k
	451k	40 60	<div><div></div><div></div></div>	37 59 04	<div><div></div><div></div><div></div></div>	15%	98k	61k	143k	105k	44k
	111k	41 59	<div><div></div><div></div></div>	37 59 04	<div><div></div><div></div><div></div></div>	15%	30k	39k	10k	22k	10k
	263k	40 60	<div><div></div><div></div></div>	37 60 03	<div><div></div><div></div><div></div></div>	15%	91k	20k	74k	68k	10k
	34k	44 56	<div><div></div><div></div></div>	42 54 04	<div><div></div><div></div><div></div></div>	15%	13k	8k	2k	1k	10k
	451k	40 60	<div><div></div><div></div></div>	37 59 04	<div><div></div><div></div><div></div></div>	15%	98k	61k	143k	105k	44k

MANTIKA	PEOPLE TARGETED	BY GENDER		WOMEN	BY AGE			WITH DISABILITY
		WOMEN MEN (%)	MEN	CHILDREN ADULTS ELDERS (%)				
Al Jabal Al Akhdar	3k	27 73	<div><div></div><div></div></div>		24 74 3	<div><div></div><div></div></div>		15%
Al Jabal Al Gharbi	3k	27 73	<div><div></div><div></div></div>		25 73 2	<div><div></div><div></div></div>		15%
Aljfara	26k	37 63	<div><div></div><div></div></div>		36 60 3	<div><div></div><div></div></div>		15%
Aljufra	3k	23 77	<div><div></div><div></div></div>		21 78 1	<div><div></div><div></div></div>		15%
Alkufra	18k	36 64	<div><div></div><div></div></div>		31 66 3	<div><div></div><div></div></div>		15%
Almargeb	20k	46 54	<div><div></div><div></div></div>		44 51 4	<div><div></div><div></div></div>		15%
Almarj	3k	18 82	<div><div></div><div></div></div>		13 86 1	<div><div></div><div></div></div>		15%
Azzawya	10k	35 65	<div><div></div><div></div></div>		34 63 3	<div><div></div><div></div></div>		15%
Benghazi	66k	43 57	<div><div></div><div></div></div>		39 57 4	<div><div></div><div></div></div>		15%
Derna	11k	39 61	<div><div></div><div></div></div>		36 61 3	<div><div></div><div></div></div>		15%
Ejdabia	28k	35 65	<div><div></div><div></div></div>		27 70 3	<div><div></div><div></div></div>		15%
Ghat	8k	38 62	<div><div></div><div></div></div>		39 58 4	<div><div></div><div></div></div>		15%
Misrata	39k	30 70	<div><div></div><div></div></div>		27 71 3	<div><div></div><div></div></div>		15%
Murzuq	28k	40 60	<div><div></div><div></div></div>		39 58 4	<div><div></div><div></div></div>		15%
Nalut	1k	31 69	<div><div></div><div></div></div>		27 71 3	<div><div></div><div></div></div>		15%
Sebha	31k	43 57	<div><div></div><div></div></div>		38 59 4	<div><div></div><div></div></div>		15%
Sirt	37k	49 51	<div><div></div><div></div></div>		47 48 5	<div><div></div><div></div></div>		15%
Tobruk	6k	41 59	<div><div></div><div></div></div>		39 57 4	<div><div></div><div></div></div>		15%
Tripoli	91k	41 59	<div><div></div><div></div></div>		38 58 4	<div><div></div><div></div></div>		15%
Ubari	12k	45 55	<div><div></div><div></div></div>		43 52 4	<div><div></div><div></div></div>		15%
Wadi Ashshati	2k	21 79	<div><div></div><div></div></div>		25 73 2	<div><div></div><div></div></div>		15%
Zwara	5k	40 60	<div><div></div><div></div></div>		36 61 4	<div><div></div><div></div></div>		15%

5.4

What if we fail to respond?

Without the humanitarian assistance envisaged under this response plan, more than 451,000 people in acute need will not receive life-saving humanitarian assistance. Tens of thousands of people will lack timely and sufficient access to basic services and/or continue to be unable to meet their basic needs, further eroding their living standards and coping capacities.

Without a protective environment, the safety and security of many Libyans, particularly women, children, elderly, people with disabilities, as well as migrants and refugees, will remain at significant risk of physical and mental harm, including exposure to explosive hazards, GBV and other forms of abuse and exploitation.

EDUCATION

Learning for children will be disrupted exposing them to increased protection risks and affecting long-term social and cognitive development.

- Schools will not receive the required COVID-19 prevention supplies or necessary repairs to allow children to safely return to school.
- Alternative learning opportunities and pathways will not be available for 130,000 particularly vulnerable children, particularly displaced, migrant and refugee children.
- 2,000 teachers will not receive the skills and tools to provide a safe and productive learning environment, including delivering through remote modalities.

FOOD SECURITY

Food security will be further compromised, resulting in increased malnutrition and poorer health among the most vulnerable population groups.

- 110,000 Libyans, including 51,000 displaced, as well as 38,000 migrants and refugees will not receive safe and nutritious food to prevent risks of increased malnutrition and poor health.

- 12,000 vulnerable small-scale farmers and their families who cannot afford basic agricultural inputs, including to combat animal and plant pests and diseases, risks more farmers abandoning these activities.
- Support smallholder producers and training for women and at-risk youth will discontinue, reducing women's empowerment and self-sufficiency and put youth at increased risk of radicalization.

HEALTH

The physical and mental wellbeing of people will be at risk due to limited access to services and at increased risk of disease outbreaks, including COVID-19.

- 50 per cent of functional health facilities face closure or reduction in operations, further limiting access to services for 451,000 people most in need of health assistance.
- 60 mobile medical teams will not be supported and will struggle to reach people in rural and remote areas, detention centres and displacement sites with essential health services.
- The network of 131 disease surveillance sites may cease to function without support, increase the risk of preventable diseases, particularly for children.
- 1.2 million medical procedures, including for trauma, mental health, reproductive health and disability support, will not be provided.

PROTECTION

Access to specialized protection services will be diminished, heightening the risks for vulnerable and at-risk groups, such as women, children, displaced, returnees, as well as migrants and refugees.

- 178,000 people would not be able to access protection and MHPSS services leave these

vulnerable groups to risk of further harm to their physical and mental wellbeing and provide limited opportunities to nurture and develop inner resources and coping strategies to address existing and new risks.

- Without quality child protection services, 54,000 children will continue to face serious child protection issues without necessary support to heal and recover. Failure to address the needs of these children will further create devastating short and long term affects, including lifetime and inter-generational consequences for them and their future children.
- Without GBV services, particularly case management, will lead to further physical and mental harm for 33,000 women and 16,000 girls, who rely on these services to address critical needs and secure their rights.
- Explosive hazards will not be cleared or their risks understood, threatening the lives of 451,000 people, particularly for 61,000 recently returned, or those that intend to.
- 149,000 migrants and refugees will continue to face significant protection risks, including arbitrary detention, physical violence, extortion, and gender-based violence, without sufficient access to goods and services, as well as legal assistance, documentation and durable solutions.

SHELTER

People will remain in inadequate, substandard or overcrowded shelters, with severe implications for their health, their living conditions and expose them to significant protection risks.

- 28,000 displaced Libyans will struggle to return to safe homes or continue to live in sub-standard and overcrowded shelters.
- 39,000 returnees will not receive essential non-food items or shelter support to allow them to repair their homes and rebuild their lives.
- 32,000 migrants and refugees will not have access to goods to meet their basic needs and continue to live in unhealthy and unsafe living conditions.

WASH

Lack of adequate water, sanitation and hygiene services will compromise people's health, including the ability to mitigate the risk of COVID-19.

- 263,000 people will not have access to safe water and adequate sanitation and hygiene services to safeguard their physical wellbeing or adequately protect themselves, including from COVID-19.
- 91,000 displaced Libyans, including those in collective shelters and unfinished buildings, will continue to be exposed to disease and other health risks due to a lack of access to WASH services.
- 78,000 migrants and refugees, particularly those in detention centres, will not have access to safe water or hygiene and sanitation items or services to ensure their safety and wellbeing.

5.5

How to contribute

Contribute to the Humanitarian Response Plan

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

www.humanitarianresponse.info/en/operations/libya

Contribute through the Central Emergency Response Fund

The CERF provides rapid initial funding for life-saving actions at the onset of an emergency and for underfunded, 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.

www.cerf.un.org/donate

Report contribution through Financial Tracking Service

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www.fts.unocha.org

5.6

Acronyms

ACG	Area Coordination Group	MPCA	Multi-Purpose Cash Assistance
AWG	Assessment Working Group	MPHSS	Mental Health and Psychosocial Support
AoR	Area of Responsibility	MSNA	Multi-Sector Needs Assessment
CBT	Cash Based Transfers	NGO	Non-Government Organization
CFM	Common Feedback Mechanism	PSEA	Prevention of Sexual Exploitation and Abuse
CMWG	Cash and Markets Working Group	PSS	Psychosocial Support
CTV	Cash Transfer Value	RRM	Rapid Response Mechanism
DTM	Displacement Tracking Matrix	UNFPA	United Nations Population Fund
EOD	Explosive Ordnance Disposal	UNHAS	United Nations Humanitarian Air Service
ETS	Emergency Telecommunications Sector	UNHCR	United Nations Refugee Agency
FAO	Food and Agriculture Organization	UNICEF	United Nations Children's Fund
GBV	Gender-Based Violence	UNSF	United Nations Strategic Framework
HAWG	Humanitarian Access Working Group	VAM	Vulnerability Analysis Mapping
HC	Humanitarian Coordinator	WASH	Water, Sanitation and Hygiene
HCT	Humanitarian Country Team	WFP	World Food Programme
HNO	Humanitarian Needs Overview		
HRP	Humanitarian Response Plan		
IDP	Internally Displaced Person		
IED	Improvised explosive device		
IMWG	Information Management Working Group		
IOM	International Organization for Migration		
IPC	Infection, Prevention and Control		
ISCG	Inter-Sector Coordination Group		
JENA	Joint Education Needs Assessment		
JMMI	Joint Market Monitoring Initiative		
LibMAC	Libyan Mine Action Centre		
MEB	Minimum Expenditure Basket		

5.7

End Notes

- 1 IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
- 2 IOM DTM, IDP and Returnee Report, Round 26 (June-July), 2020
- 3 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 4 IOM DTM, Migrant Report, Round 32 (July-August), 2020
- 5 IOM, Monthly Update, November 2020
- 6 IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
- 7 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 8 IOM DTM, Migrant Report, Round 32 (July-August), 2020
- 9 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 10 REACH, Libyan MSNA, 2020
- 11 IOM DTM, IDP and Returnee Report and Migrant Report, Round 31 (May-June), 2020
- 12 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 13 WFP, mVAM Bulletin #4, April-May 2020
- 14 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 15 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 16 REACH, Libyan MSNA, 2020
- 17 REACH, Libyan MSNA, 2020
- 18 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 19 REACH, Libyan MSNA, 2020
- 20 REACH, Libyan MSNA, 2020
- 21 REACH, Libyan MSNA, 2020
- 22 IOM & UNHCR, Consolidated detention figures for DCIM Detention Centres
- 23 UNHCR, Libya Operations Portal, <https://data2.unhcr.org/en/dataviz/105?sv=0&geo=666>
- 24 MMC, Internal Factsheet: Refugee and Migrant Perceptions of Discrimination in Libya. 14 October 2020
- 25 IOM DTM, Migrant Emergency Rood Security Report, May 2020
- 26 IOM DTM, IDP and Returnee Report and Migrant Report, Round 31 (May-June), 2020
- 27 REACH, Migrant and Refugee MSNA, 2020
- 28 REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
- 29 ETS, inter-agency CFM satisfaction survey, 2020
- 30 This relates to those targeted by General Protection only, those people targeted by Child Protection, GBV and Mine Action sub-sectors are separate.
- 31 Al Jabal Al Gharbi, Alkufra, Almargeb, Almarj, Azzawya, Benghazi, Derna, Ejdabia, Ghat, Misrata, Murzuq, Sebha, Sirt, Tripoli, Ubari and Zwara.
- 32 Al Jabal Al Gharbi, Aljara, Almargeb, Azzawya, Benghazi, Derna, Ejdabia, Misrata, Murzuq, Sebha, Sirt, Tripoli and Zwara.
- 33 Al Jabal Al Akhdar, Al Jabal Al Gharbi, Aljara, Alkufra, Almargeb, Almarj, Azzawya, Benghazi, Derna, Ejdabia, Misrata, Murzuq, Nalut, Sebha, Sirt, Tripoli, Wadi Ashshati and Zwara.
- 34 IOM DTM, Migrant Report, Round 32 (July-August), 2020

**HUMANITARIAN
RESPONSE PLAN**
LIBYA

ISSUED JANUARY 2021