

This report is produced by OCHA Libya in collaboration with WHO Libya and humanitarian partners.

HIGHLIGHTS

- As of 21 June 2020, there are 571 confirmed cases of COVID-19 reported in Libya, including ten deaths.
- Cases continue to increase particularly in the South, accounting for nearly half of all positive cases.
- Food prices have improved but remain high, forcing many households to adopt negative livelihood coping strategies to afford food.
- Priority health response activities include support for health rapid response teams, personal protective equipment, lab diagnostic kits and supplies, establishment and support to isolation sites, as well as capacity building and education/awareness raising.



Première Urgence Internationale

571

people confirmed
with COVID-19

10

COVID-related
deaths

20,800

samples tested

\$8.9M

funding gap for COVID-19
Health Sector Plan

SITUATION OVERVIEW

As of 21 June 2020, the Libyan National Centre for Disease Control (NCDC) reported 571 confirmed cases, including 10 COVID-related deaths, in Libya. A total of 98 people have recovered. Almost 20,800 tests have been performed. Cases continue to increase in the South, which account for over half of all confirmed cases. The majority of confirmed cases are from the mantikas of Sebha (270), Tripoli (164) and Misrata (35).

With support from WHO, the local authorities in Sebha are developing an operational plan for COVID-19 and engaging all partners in this process in an effort to curb the pandemic in the South. Sebha currently has 2 triage centres and 1 isolation facility with 10 ICU beds and 100 standard beds. The Ministry of Health (MoH) has deployed a mobile isolation centre and additional health personnel. Testing and contract tracing has increased, and in Sebha, the NCDC lab has started testing suspected case specimens using the GeneXpert machine after the laboratory staff passed the required professional tests. Public awareness campaigns are also being expanded to ensure residents are following recommended precautions to mitigate the spread of the disease.

In response to an increasing number of confirmed cases, the Government of National Accord has announced a curfew from 8 p.m. to 6 a.m., starting 17 June 2020 for 10 days, with a 24-hour curfew on weekends with no movements between cities. In the South, movements between cities at all times is prohibited and all public events and gathering are cancelled. Shops that do not provide basic services (such as food stores) are closed, however home delivery is permitted from restaurants and cafes. In the East, a 2-day 24-hour curfew was imposed on 18 June 2020 following increasing cases in Albayda and Benghazi. On 14 June, the Minister of Education (MoE) for the Libyan Interim Government announced the extension of suspended studies in all institutions of higher, primary and secondary education, both public and private, until 27 June 2020.

REACH has reported in its recent joint market monitoring from 4-11 May that the cost of essential food and goods (as defined in the minimum expenditure basket) has remained high in May, with prices being 23 per cent above pre-COVID

levels. However, the first half of May has seen an improvement (an overall price decrease of 5.6 per cent) from late April prices. The price of goods varies significantly between regions, with some areas found to be experiencing price decreases such as Nalut (-30 per cent), Albayda (-28.8 per cent) and Tobruk (-27.9 per cent), which may be attributed to cost reductions for domestically produced seasonal vegetables, such as tomatoes (-37.5 per cent), potatoes, peppers and onions (-28.6 per cent).

Fuel prices continued to increase, particularly in the West, and unofficial liquefied petroleum gas (LPG) prices are 400 per cent more expensive in May 2020 compared to one year ago. Since June 2019, Bani Waleed and Tarhuna have experienced fuel shortages for both official and parallel markets, requiring many residents to travel over 100 km for fuel. Furthermore, military activity in early 2020 has further prevented fuel shipments arriving from other supply routes.

The June 2020 WFP Vulnerability Analysis Mapping (VAM) for the Middle East and North Africa included Libya as one of the countries whose levels of nutrition are most affected by the coronavirus-related restrictions and its impact on the economy. The June 2020 WFP Libya VAM highlights that 76 per cent of Libyans have adopted negative livelihood coping strategies to address a lack of resources during the pandemic. For 87 per cent of displaced households the reliance on coping strategies is higher. A major concern during COVID-19 is that 38 per cent of displaced households have reduced their health expenditures in order to cover their basic food needs. The highest proportion of households adopting emergency coping strategies was identified in Alkufra (50 per cent), Tobruk (43 per cent), and Zwara (33 per cent).

Women and girls, especially refugees and asylum seekers, are facing challenges in accessing public health due to lack of documentation required by many public health facilities. Pregnant women about to give birth are particularly challenged in public hospitals because a marriage certificate is needed among the required documentation and they are also required to be accompanied by the husband. As a result, some pregnant women are choosing to deliver at home, presenting risks to themselves and their baby. Migrant women in possession of their passport generally have access to public health services.

The postponement of school openings (to mid-July) is putting extra pressure and stress particularly on women who have the extra burden of providing home-schooling and dealing with the negative impact of confinement and curfew on children. This is exacerbated by the worsening of the economic situation and related impacts on people's access to work and livelihoods, which is increasing the risks of domestic violence.

Not knowing where to go to get assistance continues to be the largest barrier to health care access for refugees and migrants in Libya. A survey by the Mixed Migration Centre highlighted that 38 per cent of the 936 migrants and refugees surveyed identified not knowing where to go as their largest barrier to access health services. Around 25 per cent of surveyed migrants and refugees highlighted fear of arrest and deportation as a barrier, followed by 24 per cent citing perceived stigma or discrimination against foreigners. In the same survey, 58 per cent of migrants and refugees highlighted reduced access to work as impacting their day-to-day life, followed by 51 per cent citing reduced availability of basic goods.

FUNDING

Of the US \$130 million required to respond to humanitarian needs, which includes the 2020 Libyan Humanitarian Response Plan (HRP) and COVID-19 Health Sector Plan, \$39.1 million has been received (30 per cent of the total requirement).

HUMANITARIAN RESPONSE

Health

Needs:

- Priority health response activities include support for health rapid response teams, personal protective equipment, lab diagnostic kits and supplies, establishment and support to isolation sites, as well as capacity building and education/awareness raising.

Response:

Pillar 1: Coordination

- Provides necessary technical support and guidance to MoH and NCDC.
- WHO continues to follow up with authorities on an endorsed COVID-19 National Preparedness and Response Plan.

Pillar 2: Risk communication and community engagement

- A RCCE Working Group has been established for the South met on 5 June 2020. The working group has developed an action plan and has printed and distributed awareness messages and materials in local languages.
- Sensitization sessions on prevention measures (door-to-door) have taken place in Al-Kufra, IDP settings in Benghazi and in detention centers Ganfouda and Ejdabia, reaching more than 400 people.

- Translating the awareness materials in six languages (French, English, Arabic, Hausa, Sawaili, Tigrin etc).

Pillar 3: Surveillance, rapid response teams and case investigation

- Disseminated case definition and investigation protocols to public and private health workers in the South.
- 29 rapid response team members in Sebha, trained in March, have been deployed to support the response in the South.

Pillar 4: Points of entry

- Supported the NCDC/MOH in establishing a health post/clinic at the Wazen point of entry (POE), including with equipment and supplies. This is in addition to supporting the establishment of such clinics at Ras Aljadir and Misrata airport.
- Conducted site assessments of three POEs – Misrata airport, Ras Aljadir border and Wazen border through joint visits of medical and engineering team for fixing prefabricated structures for temporary isolating suspected cases for testing and referral.
- Supporting the NCDC team at Misrata airport with doctors and nurses for screening of incoming travelers and will be supporting Wazen and Ras Aljadir POEs with trained human resources.

Pillar 5: National laboratory

- Laboratory capacity has increased from two to six (three in Tripoli, two in Benghazi and one in Misrata) and the NCDC is establishing three additional laboratories (two in Sebha and one in Zawiya).

Pillar 6: Infection prevention and control (*see also WASH update*)

- 44 doctors and 82 nurses/paramedics in Sebha have been trained on IPC.
- Support public awareness campaigns on public health measures, including physical distancing, frequent handwashing and other IPC measures.
- Support the development of a plan to manage and monitor health workers exposed to patients with COVID-19 and raise their awareness of the need to restrict their movements to a minimum.

Pillar 7: Case management

- Conducted a simulation exercise in Sebha to test the triage and referral mechanisms between the triage centres and isolation facilities.

Pillar 8: Operational support and logistics

- Following dispatch of personal protective equipment (PPE) to the South to support the response, another consignment of PPE and lab reagents arrived in Benghazi.

Pillar 9: Essential health services maintained

- In May 2020, 104 public health facilities have been supported with health services and commodities and nearly 15,300 medical procedures have been provided, including 15,350 outpatient consultations.

Gaps & Constraints:

- Health authorities are reporting that many Rapid Response Teams are experiencing difficulties in reaching remote areas.
- Surveillance needs to be strengthened in the South, at all points of entry and in detention centres.
- While funds for the national COVID-19 preparedness and response plan and back pay has been released for health workers, adequate financial resources to combat the pandemic continues to be a challenge.

Education

Needs:

- All schools remain closed until Mid-July impacting the learning of 1.3 million students across country.
- There is need for reaching students with distance learning, psychosocial support and awareness raising messaging; and implementing adequate prevention and control measures to enable safe school reopening.

Response:

- Interim Ministry of Education was supported by recording a total of 500 TV sessions and are to be uploaded on the Ministry's online platform to support distance learning.
- A total of 49 students from vulnerable families were reached with distance learning support in Tripoli, Zwara and Misrata.

- Vulnerability assessments through phone started last week reaching a total of 145 cases that were assessed and provided with phone-based psychosocial support to the family of students.

Gaps & Constraints:

- While distance learning is being implemented through TV and internet there is a gap in monitoring.
- Power cut for longer hours, poor network connection, and lack of access to internet connection has affected the distance learning sessions.

Emergency Telecommunications

Response:

- Between 7-20 June 2020, 1771 calls were answered by the CFM call centre.
- Of these, 92 per cent were COVID-related, 96 per cent of which were callers seeking information, with the remainder reporting symptoms.
- Those calls not related to COVID-19 (8 per cent) were mostly related to cash (45 per cent), food assistance (17 per cent) and protection (15 per cent).

Constraints:

- Urgent funding required to increase capacity to handle call volumes.

Food Security

Needs:

- Continued support to food security inside the country is essential so that this health crisis does not worsen to include a food crisis.

Response:

- Delivered food and hygiene kits to 1,000 people in Sebha who are under house-based quarantined in Sebha municipality due to family members either suspected or found positive for COVID-19.
- Launched a project to assist refugees and asylum-seekers released from detention with food assistance, in line with its prioritized plan to assist vulnerable migrants, refugees and asylum-seekers living in urban settings, aiming to reach an initial 2,000 people, scaling up to 10,000 people through the end of the year.
- Continued support crop and livestock production by distributing agricultural inputs to around 2,000 vulnerable small-scale farming households affected by COVID-19 as well as emergency support to 450 Libyan veterinaries for combatting major zoonotic and transboundary animal diseases.

Gaps & Constraints:

- Many areas are reporting food availability problems. In addition, border closures, import restrictions, and movement of food supplies is disrupted in addition to impacts from the ongoing conflicts.
- Lack of confirmed funding is impacting the ability to respond to the needs of IDPs, host communities and migrants.

Protection (inc. Child Protection, GBV, Mine Action and Cash)

Needs:

- The lack of cash continues to heavily impact the most vulnerable and hampers their ability to cover their basic needs.
- Limited access to livelihoods also has meant that cash for rent continues to be of concern, particularly those for refugees and migrants and for those engaged in daily labour or the informal economy.
- Newly displaced families, especially those who are depending on private income, are in urgent need assistance.
- Parents and children need materials (especially learning and other activities) to continue home-schooling.

Response:

- 719 people provided with psychosocial support in Benghazi, Misrata, Sebha, Tripoli and Zwara.
- 25 outreach visits in Tripoli, Sebha, Benghazi, and Misrata, and 3 detention centres (Ganfouda, Zliten, Tripoli).
- Protection monitoring visits and distribution of food baskets to four host families in Tripoli accommodating 74 'alternative to detention' beneficiaries.

- 141 individuals were provided with specialized protection services, in Tripoli, Benghazi, Misrata and Sebha.
- Providing GBV response services through primary healthcare centres in Tripoli and Misrata; through safe spaces run by local CSOs; and the Libyan Red Crescent shelter in Misrata, reaching 80 people with individual support or referrals.
- 887 people benefited from awareness sessions on child protection and GBV in Misrata, Tripoli, and Sebha.
- Cash assistance was provided to 287 individuals with 185 receiving regular cash assistance and 102 taking one-time emergency cash assistance.
- 5,876 posters and 12,000 stickers/leaflets and hotline cards containing key joint COVID-19 and explosive ordnance risk education (EORE) messages were installed in key public areas in Tripoli, Benghazi, Tawargha.
- Over the last 2 weeks Mine Action partners received 750 calls from IDPs/returnees through their hotline and removed and cleared more than 55 items in an area benefitting 12,270 individuals/residents.
- Face to Face EORE activities took place in five IDP collectives centres benefitting 176 households
- Key safety messages were aired in six radio channels in Benghazi (Libyana Hits and Bejawk FM), Sebha (Radio Ramadan) and Tripoli (Alwataniya, Alrasmiya, Alshbabiya).

Gaps & Constraints:

- Partners have variable access to detention centres in the West and Central regions due to security restrictions, as well as bureaucratic obstacles.
- Partners reported difficulties in implementing activities in Sabha due to the ongoing COVID-19 pandemic and associated lockdown.

Shelter

Needs:

- Shelter partners continue to receive multiple requests for assistance in shelter and non-food items.

Response:

- 6,499 displaced people received non-food (NFI) items, including mattresses, blankets and clothing, in Azzawiyia, Albayda, Benghazi, Ejdabia and Tripoli.
- 7,002 displaced people received hygiene kits in Benghazi, Albayda, Ejdabia and Tripoli.
- 1,027 migrants in detention centres received hygiene and NFI kits and 550 migrants and refugees in urban communities in Tripoli received handwashing kits.
- 200 households (1,000 people) in Sebha received hygiene kits.
- Five households (25 people) were provided with shelter assistance in Misrata.
- Two prefabs were constructed in Azzawiyia, as well as two hospital tents and five medical beds were provided to support the provision of health assistance. Four hospital tents were also provided to Sebha.

Gaps & Constraints:

- Some SNFI partners faced difficulties in dispatching NFI supplies due to movement restrictions and fuel shortages delaying distributions.

Water, Sanitation and Hygiene

Needs:

- Due to power outages in many parts of the western region, people had been unable to get continued supply of water through pumping from boreholes.

Response:

- 225 people currently being hosted in Tarek Bin Ziad school were provided with cleaning and disinfectants.
- 525 people were provided with hygiene kits in Azzawiyia.
- IPC assessments have been undertaken in 26 sites including health care facilities, detention centres, and IDP settings on needs in relation to the provision of clean and safe water, sanitation, and hygiene services.
- Two water bladders and two dewatering pumps have been provided in a collective shelter in Bani Waleed to provide safe drinking water and waste disposal.

Gaps & Constraints:

- Increased curfew timings limiting partners for WASH services provision, availability and transportation of PPEs, disinfectants etc in local and off-shore market becoming more challenging.

🚚 Common Services (inc. Coordination and Logistics)**Response:**

- The local Logistics Sector, with the Global Logistics Cluster have concluded the Gaps & Needs Assessment, conducted with 15 UN agencies and INGOs discussing supply chain challenges in Libya. Preliminary findings reflect partner needs in order to respond effectively, particularly in matters of coordination, information management, and facilitation of access. The final report, including recommendations, is expected out the week of 22 June.
- The new UNHAS aircraft landed in Tunis on 12 June. Flights are set to restart once the mandatory quarantine period has passed. The schedule has been shared with all user groups for potential flights to Benghazi on 30 June and western Libya on 2 July.
- Linking Libya flights with international hubs that have been established for the COVID-19 response as part of the global passenger services is currently being considered.

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