

This report is produced by OCHA Libya in collaboration with WHO Libya and humanitarian partners. The next report will be issued on or around 22 June 2020.

HIGHLIGHTS

- As of 7 June 2020, there are 270 confirmed cases of COVID-19 reported in Libya, including five deaths.
- One in three migrants in Libya is estimated to be food insecure and in urgent need of assistance
- As of 31 May 2020, a total of 21,000 people have been reached with COVID-related humanitarian assistance.
- 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.



UNHCR Ramadan distribution in Tripoli (UNHCR/Mohamed Alalam)

270

people confirmed with COVID-19

5

COVID-related deaths

12,240

samples tested

\$8.9M

funding gap for COVID-19 Health Sector Plan

SITUATION OVERVIEW

As of 7 June 2020, the Libyan National Centre for Disease Control (NCDC) reported 270 confirmed cases, including five COVID-related deaths, in Libya. A total of 53 people have recovered. More than 12,240 tests have been performed. In the last week there has been a significant increase in the number of people confirmed with COVID-19, particularly in the South. As of 6 June, the majority of confirmed cases are from Sebha (114), Tripoli (81), Misrata (14), Wadi Ashshati (12), Gharyan (9) and Zliten (7).

In response to the surge of confirmed cases in the South authorities have announced full curfew and lockdown and additional measures for an initial period of two weeks. Additional supplies are being provided by authorities in the East and the West, as well as from health sector partners, to support the isolation centre in Sebha and other health facilities.

The continuing lack of supplies remains an overriding concern. Although some supplies have been received, the Ministry of Health (MoH) is still to share its distribution plan with WHO. Many health workers, especially in the south, are refusing to report for duty because they have no personal protective equipment. Around 75 per cent of the health facilities are not functioning to capacity due to shortage of staff, are in need of maintenance and repair, or are not accessible to due to security situation. Shortage of fuel and recurrent electricity outages are further affecting the provision of health services.

Remains concerned over the weak disease surveillance and lack of sentinel sites reporting to the disease early warning and response network (EWARN). There are concerns that weekly EWARN bulletins have stopped and the number of sentinel sites has decreased—from 70 per cent in March to 50 per cent in April. WHO is exploring ways of supporting EWARN's rapid scale up, in collaboration with the NCDC. Little progress has been made facilitating approvals for the importation of health supplies, the release of salaries and the provision of PPE to health workers. Other critical issues to be

addressed include vaccine shortages and improving coordination between the MoH and the National Centre for Disease Control (NCDC).

The national preparedness and response plan for COVID-19 is still to be endorsed. In the absence of a coordinated national response, many municipalities have imposed their own regulations and taken their own measures such as establishing local COVID-19 crisis committees.

Senior health administrators in the east met with the “Interim Prime Minister” to discuss the dire situation, including the acute shortages of medicines, supplies and equipment. Health facilities in the east do not expect to receive funds to be released from the Central Bank. The national authorities have announced the release of LYD 1 billion, including LYD 180 million (approximately USD 127 million) for the MoH. However, specific funds for the COVID-19 response have yet to be released by the Central Bank of Libya. Municipalities’ reactions to the government’s allocation of funds for COVID-19 have varied. Some have categorically rejected these funds, while others have welcomed the money.

According to a recent IOM/DTM report on movement restrictions have reported that between 7 and 31 May 2020, close to 2,200 Libyans reportedly returned from Egypt by land and another 2,000 Libyans from Tunisia through Ras Ajdir land border. Additionally, over 4,900 Libyans returned from abroad through Misrata Airport, Benina Airport in Benghazi and Al Abraq Airport in Al Bayda. Local authorities in border cities such as Al Kufra and Al Jaghbub have reportedly implemented stricter measures by implementing municipal entry restrictions into their cities.

COVID-19 and the related prevention measures impact many people’s lives and livelihoods, hitting migrants particularly hard. According to the recently released Migrant Emergency Food Security Report from IOM. Based on the analysis, one in three migrants in Libya is estimated to be food insecure and in urgent need of assistance. The high levels of inadequate food consumption across Libya appear to be closely related to the deteriorating security situation and the fact that daily casual labour opportunities are limited due to containment measures.

According to the assessment, the type and availability of employment were driving factors of food insecurity, with higher levels of low food consumption reported among those seeking daily labour (34 per cent) than for those with regular employment (11 per cent). But other vulnerable groups, such as people who are internally displaced (IDPs) are also impacted. According to WFP’s latest mVAM report conducted in April-May 2020, almost 55 per cent of IDP households were unable to reach their workplace since the beginning of the pandemic and restriction measures in Libya.

In order to support responding organizations in containing the spread of COVID-19, REACH has developed a [geographic overview of at-risk populations](#) in 17 mantikas in Libya. Each mantika’s severity score is based on an inter-sectional analysis of two factors: populations at risk of developing severe COVID-19 symptoms, and populations at risk of experiencing higher infection rates. The indicators used for the analysis captured issues like individuals’ pre-existing vulnerabilities, population density, population movement, and access to WASH and health services. According to the analysis Murzuq is the mantika most likely to have populations susceptible to COVID-19 due to preexisting vulnerabilities, followed by Alkufra, Al Jabal Al Gharbi, Azzawya, Misrata, Sebha, Tripoli and Ubari. The map was developed to support organizations in prioritizing areas for assistance by identifying vulnerable populations, not to predict the spread of the COVID-19 pandemic.

Despite continuing challenges with humanitarian access, due to COVID-related restriction measures, insecurity and bureaucratic impediments, the humanitarian community continues to work with national and local authorities to facilitate access for humanitarian personnel and supplies. Humanitarian organizations have been able to successfully gained agreement to move assistance between municipalities and between the West and the East and South, which had required specific authorisation due to COVID-19. These includes health items and WASH supplies, including hygiene kits, water tanks and trucks for waste management, as well as other non-food items.

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, \$35.9 million has been received, 27.6 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.
- Has provided the health perspective for the UN framework for the socio-economic response to COVID-19.

Pillar 2: Risk communication and community engagement

- Health partners are conducting sensitization sessions on prevention measures, including door-to-door through partnership with the Libyan Red Crescent, in IDP settlements, detention centres and in cooperation with health teams.
- Communication materials are being translated into six languages to reach both Libyans and non-Libyans (French, English, Arabic, Hausa, Sawaili, Tigrin).
- Existing organization helplines are being used to disseminate household-level COVID-19 prevention measures, as well as provide a mechanism to report symptoms or provide counselling services.

Pillar 3: Surveillance, rapid response teams and case investigation

- Organizing a sensitization virtual workshop led by the WHO Regional Office on the use of Go.Data, a field data collection platform that focuses on case data (including lab, hospitalization and other variables through case investigation form) and contact data (including contact follow-up).
- Supported surveillance campaign held by the advisory committee in Benghazi among vulnerable groups in IDP settlements, Ganfouda and Ejdabiya detention centers and supported the collection of 600 test samples.
- Exploring ways of supporting EWAR's rapid scale up, in collaboration with the NCDC. Is continuing technical discussions with the NCDC over the inclusion of COVID-19 into disease surveillance forms to facilitate notification and data collection.

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)

- Health partners are ensuring IPC measures are established in supported health facilities.

Pillar 7: Case management

- Supported training on mild case management (remotely) the COVID medical advisory committee in Benghazi.
- Coordinating with the MoH on conducting a rapid health facilities assessment to provide information about health facilities' capacity to respond to COVID-19.

Pillar 8: Operational support and logistics

- Facilitated the second consignment of COVID-19 medical supplies on behalf of the Jack Ma and Alibaba foundations.
- In response to confirmed cases in Sabha, partners have dispatched a joint shipment of PPE, including 17,000 examination gloves, 8,000 surgical masks, 10,000 gloves, 8,000 gowns, 2,000 surgical caps, 3,000 aprons and 50 antiseptic liquid soap.
- Dispatched and inter-agency emergency health kit (supplementary kit) to Sabha isolation centre and nasopharyngeal swabs with viral transport equipment for Rapid Response Teams in Wadi Ashshati.
- Introduce the COVID-19 Supply Portal, including how it functions and how the authorities can use it.

Pillar 9: Essential health services maintained

- 53 primary healthcare centres (PHC) facilities were assisted in May, with gaps in following districts: Al Jabal Al Gharbi, Aljufra, Almarj, Azzawiya, Derna, Murzug, Tobruk, Ubari, Zwara.
- 23 hospitals also received assistance while hospitals in Al Jabal Al Gharbi, Almarj, Benghazi, Derna, Ejdabia, Ghat, Misrata, Murzug, Sebha, Sirt, Tobruk, Ubari and Wadi Ashshati are yet to receive support.
- Capacity building and training providing covering 796 health service providers in Al Jabal Al Akhdar, Al Jabal Al

Gharbi, Alkufra, Nalut, Sebha, Tripoli and Wadi Ashshati.

- Deployed mobile medical teams in two PHCs in Tripoli and one in Sebha for the provision of sexual and reproductive health (SRH) prevention and response services and have so far provided services for 86 women and girls.

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:

- Schools are to remain closed until mid-July, affected 1.3 million students.

Response:

- Distance learning continues through TV with the support from Education partners.
- With support from Education partner, a private sector company is recording lessons taught by Libyan teachers which are then broadcast on national TV.

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 22 May and 6 June 2020, 933 calls were answered by the CFM call centre.
- Of these, 92% were COVID-related, 98% of which were callers seeking information, with the remainder reporting symptoms.
- Those calls not related to COVID-19 (8%) were mostly related to cash (54%), protection (25%) and food (12%) assistance.

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:

- Over 15,500 people have been provided with food assistance, including through normal monthly distributions and emergency distributions. Those reached including vulnerable IDPs and non-displaced, migrants in urban communities and newly displaced families.
- Harvesting of the 2020 winter barley is almost complete, while wheat harvesting started in early May. Remote sensing analysis indicated favourable crop development with good rains throughout the season. However, continued military operations, particularly around Tripoli, have had a negative impact on agricultural activities.

Gaps & Constraints:

- COVID-19 access constraints and armed clashes are delaying planned distributions. Food distributions to Bani Waleed and Tarhouna are still delayed due to conflict.
- 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:

- UNHCR's Community Day Centre (CDC), continued to provide medical assistance and protection assessments. Last week, a total of 122 refugees and asylum-seekers received primary healthcare consultations while 179 Protection Needs Assessments (PNA) were conducted.
- 20 vulnerability assessments (12 females and 8 males) for migrants from Nigeria, Somalia, Ethiopia, Cameroon, Niger, Sudan, Mali, and Eritrea were completed, as well as 25 outreach visits in Tripoli, Sebha, Benghazi, and Misrata, and 3 detention centres (Zwara, Souq Alkhamis, and Ganfouda).
- 140 IDP households were provided with pre-paid cards to enable purchases of basic items in over 2,000 locations.
- 5,000 persons of concern living in urban areas were reached with a one-off distribution of food, NFIs and hygiene items.
- 41 children (22 M; 19F) were provided with specialized protection services, in Tripoli, Benghazi and Sebha.
- 3 GBV survivors (all girls) received specialized GBV assistance.
- 264 calls through specialized hotlines of protection partners were received.
- 97 people (all girls) were provided with structured psychosocial support in Tripoli, Benghazi and Sebha and another 264 beneficiaries were reached through online psychosocial support
- 24 children (10 girls, 14 boys) participating in PSS activities through which case management was included.
- 4,737 posters and stickers containing key joint COVID-19 and explosive ordnance risk education (EORE) messages were posted in key public areas in Tripoli (inc. Ain Zara and Salah Al Din), Benghazi and Tawargha
- Awareness text messages on COVID-19, well-being and easing the burden for women at home were sent to 240,000 recipients in Sabha and Tripoli. Regular awareness messages are shared via social media platforms of protection partners.
- Additional four radio challenges in Sebha (Radio Ramdan) and Tripoli (Alwataniya, Alrasmiya, Alshbabiya) started sharing key EORE safety messages. An additional TV channel (Panorama TV) started broadcasting EORE infographic and videos

Gaps & Constraints:

- Partners have variable access to detention centres in the West and Central regions due to security restrictions, as well as bureaucratic obstacles.

Shelter

Needs:

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

Response:

- 5,232 displaced people received non-food (NFI) items, including mattresses, blankets and clothing, in Tripoli, Nalut and Benghazi.
- 2,734 displaced people received hygiene kits in Nalut and Benghazi.
- 450 migrants received hygiene kits and NFI items in Azzawya.

- 791 migrants in detention centres in Zliten, Al Jabal Al Gharbi, Alkhums, Alkufra and Ejdabia received hygiene and NFI kits.
- 2,348 migrants and refugees received hygiene and NFI items in Tripoli, Azzawya, Tajoura, Zwara and Misrata.
- Four prefabs were constructed in Benghazi that will be able to enable the provision of health assistance up to 11,200 patients per month.

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:

- 3,740 displaced individuals provided with hygiene kits or items in and around Tripoli.
- 177 people provided with hygiene kits in detention centres in the East.
- 183 people reached with hygiene promotion messages on COVID-19 in Tripoli.
- 156 people benefitted from improved sanitation through desludging of wastewater in Al Saraj IDP camp.
- Online IPC WASH training was provided to 20 key WASH stakeholders, including government officials.
- IPC assessments were conducted in 26 sites including health facilities, detention centres, and IDP settings to determine needs in relation to clean and safe water, sanitation, and hygiene services.

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 Gaps & Needs Assessment (GNA) is ongoing with humanitarian partners in Libya. So far 14 partners have been interviewed between sister agencies and INGOs. The Logistics Sector is continuing to conduct interviews and plans to provide recommendations in the next two weeks.

Gaps & Constraints:

- The UNHAS Libya service expects to soon receive the official go-ahead to restart its operation; logistics are ongoing.

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