HUMANITARIAN PROGRAMME CYCLE
2020
ISSUED JULY 2020

2020 HUMANITARIAN RESPONSE MONITORING

PERIODIC MONITORING REPORT (JAN-MAY 2020)

LIBYA

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About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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fts.unocha.org/countries/127/summary/2020

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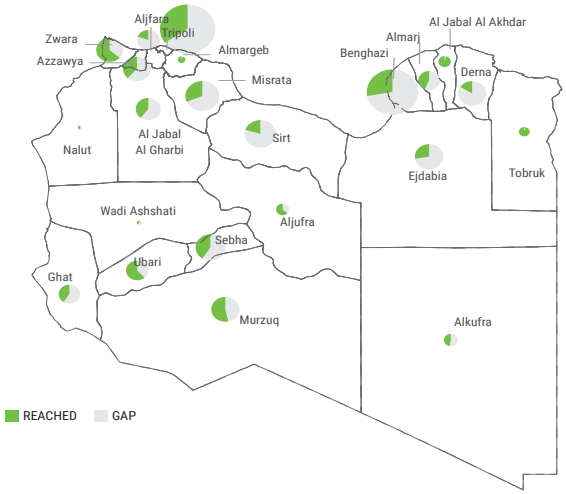
AT A GLANCE

KEY FIGURES

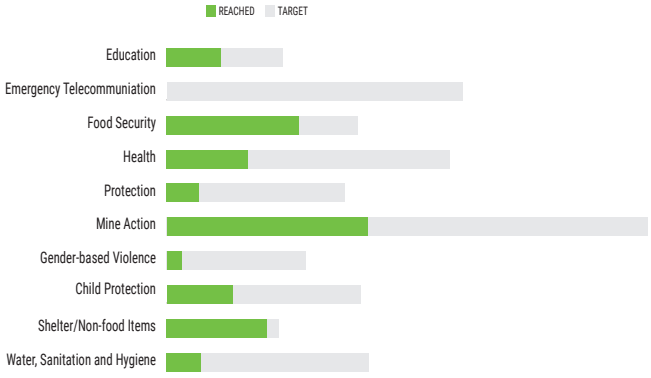
PEOPLE IN NEED	PEOPLE TARGETED	REACHED	PERCENTAGE
1M	0.3M	198K	57%

REQUIREMENTS (US$)	FUNDING RECEIVED (US$)	UNMET FUNDING (US$)	FUNDING GAP
130M	64M*	66M	51%

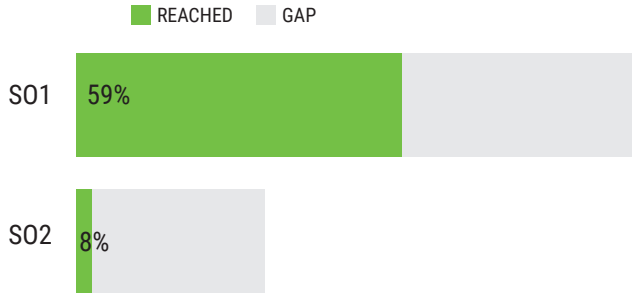
TOTAL PEOPLE REACHED BY MANTIKA



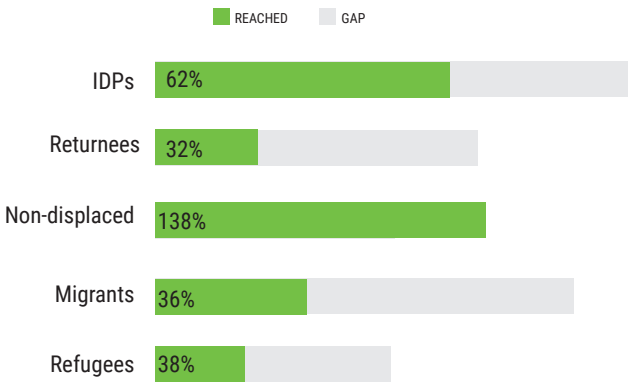
TOTAL PEOPLE REACHED BY SECTOR



TOTAL PEOPLE REACHED BY STRATEGIC OBJECTIVE**



TOTAL PEOPLE REACHED BY POPULATION GROUPS



* Funding received as of 14 July 2020

** 2020 HRP Strategic Objectives:

SO1: Ensure people's safe, equitable and dignified access to critical basic services and resources to reduce their vulnerability, in accordance with international legal and other standards.

SO2: Enhance national and local authorities' capacity to respond and strengthen community resilience to acute shocks and chronic stresses through strengthened coordination, evidence-based needs analyses, strategic preparedness and disaster management.

CHANGE IN CONTEXT

The situation in Libya remained volatile throughout the first half of 2020, with armed conflict of varying intensity that continued to put the lives of civilians at risk. The situation for many people has been made worse by the COVID-19 pandemic and the associated prevention measures that have restricted people's movements and access to livelihoods and basic goods and services. The situation in the first half of 2020 exacerbating humanitarian needs, including displacement, eroded people's coping capacities and impeded access for humanitarian responders and assistance.

The number of internally displaced persons (IDPs) in Libya increased from 356,700 people at the end of 2019 to 402,000 by the end of April, half of whom are women and girls and 24 per cent of whom are children. In early June, which falls outside the reporting period, military movements around Tarhuna and Sirte resulted in the displacement of an additional 27,000 people, with the majority moving to the East, bringing the total number of people displaced to 430,000 people. New displacements were primarily due to escalations in armed conflict in western Libya, particularly during March and April with significant displacement from Abu Qurayn, Sirte, Hai Alandalus, Tajoura, and Garabolli.

Despite the international community's calls for a global ceasefire in light of the COVID-19 pandemic, clashes and indiscriminate shelling continued in Libya, as well as frequent attacks on essential services, including health, water and education facilities. Those who were already in vulnerable circumstances were further impacted by the ongoing hostilities. From January to June 2020, there was a total of 417 civilian casualties (147 deaths and 270 injuries). On 16 May, the al-Furnaj IDP and migrant shelter in Tripoli was shelled, killing seven people and injuring at least 17 others. The second quarter of 2020 was more deadly, with a 118 per cent increase compared to the first quarter.

Between January and May, there were 20 reported attacks on health infrastructure, killing six people and injuring 21 others. The attacks damaged 13 health centres, many of which temporarily suspended operations and transported patients to other facilities. This makes Libya the country with the highest number of reported attacks on health infrastructure globally, followed by Afghanistan and Syria.

While closed due to COVID-19 preventative measures, a total of 16 schools were attacked during the reporting period. Prior to the implementation of COVID-19 measures, many schools in and around Tripoli were temporarily closed due to the proximity of clashes or shelling, while 16 schools in the frontline areas of Ain Zara and Suq Aljumaa were closed for extended periods. From April 2020, all schools were closed due to COVID-19 measures. There has been an increase in attacks on water infrastructure, which on several occasions led to a lack of water for around 2 million people in the Tripoli and central areas, particularly in April and May. Electricity cuts are frequent and can continue for days or weeks, also affecting water supplies.

With the recent shift in conflict dynamics, some of which occurred in June outside the reporting period, displaced people have started returning to areas of southern Tripoli. However, due to the prevalence of explosive hazards, there is a significant risk to returning residents. According to the Libyan Mine Action Centre, there have been 130 casualties (47 killed, 83 injured), with 75 civilians, including children, among the casualties.

Uncontrolled stocks of weaponry increase the likelihood of explosive remnants contamination when abandoned or poorly stored that pose a direct threat to civilians until cleared.

The situation for more than 626,000 migrants and refugees in Libya did not improve, with many continuing to face arbitrary detention, gender-based violence, forced labour, extortion and exploitation. On 27 May 2020, 30 migrants were killed, and 11 others injured at a smuggling centre in Mezda, southwest of Tripoli, reportedly as retribution for the killing of a people smuggler by migrants. Human trafficking and smuggling constitute a grave violation of international human rights law. In addition, restriction measures imposed to reduce the spread of COVID-19 has particularly affected migrants and refugees, many of who face increased discrimination, inability to access services due to fear of arrest or detention and have lost livelihood opportunities given their reliance on the informal sector and daily wage labour.

The number of people being held in state-run detention centers has nearly doubled since earlier in the year, and as of 19 June 2020, stands at 2,100 people. Migrants and refugees have continued to take risks in attempts to cross the Mediterranean to Europe. As of 26 June, more than 5,000 refugees and migrants have been intercepted/rescued at sea and returned to Libya this year, compared to 3,450 people over the same period in 2019. Libya remains an unsafe port of return and the humanitarian community continues to advocate with the authorities for alternatives to detention.

In addition to ongoing insecurity and conflict, Libya has been impacted by the COVID-19. In May and June, the number of cases significantly increased. As of 30 June 2020, there were 802 confirmed cases, including 23 deaths. The majority of confirmed cases were in the south of the country, which accounts for over half of all confirmed cases and reported deaths, despite accounting for only 8 per cent of Libya's population. There were also a significant number of cases in Tripoli and Misrata, with cases increasing in eastern and central Libya.

While capacity has increased slowly, the ability of health authorities to adequately test, trace and provide treatment remains low. The total number of tests across 13 labs totaled 30,700, although most were concentrated in Tripoli and Benghazi. There was a lack of critical medical supplies and equipment, including for testing capability because of acute shortages of testing kits and cartridges. Given the low level of testing, the true scale of the pandemic in Libya is likely to be much higher than what reporting suggests.

A national preparedness and response plan for COVID-19 was still to be endorsed by the authorities and in the absence of a coordinated national response, many municipalities issued their own directives and took measures as they deemed appropriate. A weak surveillance system and lack of reporting to the Early Warning and Response Network (EWARN)—which has decreased from 70 per cent in March to 50 per cent in April—further complicated efforts. Additionally, while national immunizations campaigns re-started after a two-month suspension due to a lack of vaccines, shortages of vaccines put the lives of over a quarter of a million children under one year of age at risk.

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OCTOBER 2011

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

JULY 2012

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

JUNE 2014

Second parliamentary elections held to elect the House of Representatives.

JULY 2014

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

DECEMBER 2015

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

SEPTEMBER 2016

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

DECEMBER 2016

Pro-GNA forces oust IS from Sirt.

JULY 2017

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

JULY 2017

LNA forces oust IS and Benghazi Mujahideen Shura Council from Benghazi.

JULY 2018

LNA takes over control of Derna after heavy fighting.

AUGUST 2018

Conflict between rival forces in Tripoli.

APRIL 2019

Conflict between GNA and LNA erupted south of Tripoli on 4 April.

AUGUST 2019

Communal fighting in Murzuq; 28,000 people are displaced

JANUARY 2020

World Health Organization declares the novel coronavirus a Public Health Emergency of International Concern

MARCH 2020

National Committee for Disease Control (NCDC) confirmed its first case of coronavirus.

APRIL 2020

GNA takes control of Sorman and Sabratha

MAY 2020

GNA captures the al-Watiya airbase from LNA forces; GNA re-takes full control of Tripoli, as well as Tarhuna; more than 27,000 people are displaced.

ANALYSIS OF CHANGES IN PEOPLE'S NEEDS

As a result of the limited capacity of the health system to respond to the pandemic, the increase in trauma cases from hostilities, and struggle to maintain essential health services, people were increasingly unable to access care when needed. Between 80-90 per cent of Primary Health Care (PHC) facilities across the country have been negatively impacted by COVID-19 and 75 per cent of PHC facilities in the South are not fully functional.

Assessments highlighted that essential health services were not available in many communities, including child health services (available in 55 per cent), emergency services (in 53 per cent), reproductive health (in 28 per cent) and non-communicable diseases (in 21 per cent). Mental health services were virtually non-existent throughout the country. With local health capabilities unable to cope, there were an increasing number of municipalities that referred patients for treatment to Tripoli, Benghazi, Misrata and Sabha. Additionally, essential services for women, such as sexual and reproductive health, have been deprioritized, thereby putting women and girls at risk and hindering access to an important service for survivors of GBV.

Absenteeism among health workers was high, partially due to a lack of personal protective equipment. Pre-existing discrimination towards migrants and refugees exacerbated the challenges they faced in accessing health services during COVID-19.

Lack of livelihoods remained a major risk factor in increasing people's vulnerability and decreasing their resilience. The COVID-19 pandemic increased the economic vulnerabilities of many groups, including IDPs, migrants and refugees who all experienced an increase in job insecurity from a decrease in demand for daily labor due to movement restrictions and curfews. According to a recent Displacement Track Matrix (DTM) survey by IOM, in 95 per cent of assessed locations (44 municipalities), migrants who relied on daily labour for their income reported having been negatively affected by the COVID-19 induced slowdown in economic activities, compared to 68 per cent of Libyans, including IDPs and host community members. Many women also rely on the informal economy for their livelihoods, and were similarly affected by COVID-related restrictions. A UN Women survey reported that the work of 52 per cent of women surveyed had been affected by COVID-19.

Libya is heavily reliant on imports for food and other goods. However, diminished exports from other countries and movement restrictions negatively impacted all components of food security: food access, food availability, food utilization and stability. According to the Joint Market Monitoring Initiative (JMMI) report, from 4-11 May, prices of essential food and goods improved compared to late April by 5.6 per cent overall decrease. However, overall, prices remained 23 per cent above pre-COVID levels. In the South, price increases reached as high as 42 per cent.

The prolonged oil embargo and global crude price fluctuations continued to minimize state revenues, forcing authorities to initiate austerity measures such as removing fuel subsidies, reducing public wages and raising the transaction fee for attaining foreign currency. The increased liquidity crisis, along with the rising prices of goods, led to a decrease in people's purchasing power. Low-income families and other vulnerable groups were forced to spend much of their assets and available cash on rent and purchase of consumable goods, which will impact their coping capacities in the longer term. As a result, 76 per cent of Libyans adopted negative livelihood coping strategies to address a lack of resources during the pandemic – with up to 87 per cent of displaced households reporting such practices. A major concern during the COVID-19 pandemic is that 38 per cent of displaced households reportedly reduced their health expenditures in order to cover basic food needs.

Food consumption also decreased, particularly for vulnerable groups. According to WFP Vulnerability Anslysis Mapping, female-headed households experienced poor food consumption[1] at a rate four times that of male-headed households. Similarly, the share of IDP households who had poor food consumption was twice that of non-displaced households.

The situation was equally concerning for migrants. According to IOM's Migrant Emergency Food Security Report, one in three migrants in Libya was estimated to be food insecure and in urgent need of assistance.

As a result, by the end of May 2020, WFP estimates that the number of food insecure people in Libya has increased from 336,000 at the beginning of the year, to an estimated 683,000 people. Of these, 474,000 are Libyans and 209,000 are migrants and refugees.

1 "Food consumption score" is a score calculated using the frequency of consumption of different food groups consumed by a household during the 7 days before the survey. Poor and borderline food consumption is when the diversity and frequency of food groups consumed by a household over a certain period is below acceptable thresholds. It means they are not consuming diverse nutritious food in an acceptable frequency

Water supply, sanitation and electricity services were regularly affected due to direct damage to infrastructure from conflict or lack of maintenance. This resulted in many cities and towns without running water for days or weeks at a time and presented difficulties in maintaining continuity of water and sanitation services in health care facilities.

The disruptions to water and sanitation made it more difficult for communities to follow preventative protocols to reduce the spread of COVID-19. For those living in sub-standard or crowded conditions, such as many IDPs, recent returnees, and migrants and refugees in urban areas and detention centres, there was an increased need for hygiene items. However, high demand coupled with supply chain disruptions, led to prices increases that outstripped the purchasing power of those already in vulnerable circumstances.

The escalation in conflict drove additional displacement in the first half of 2020, while impeding return for people previously displaced. Many IDPs live in sub-standards shelters that are often directly exposed to hostilities, or in insecure accommodation. In addition to requiring access to safe shelter, IDPs also need basic household items for cooking, clothing, items for personal hygiene, and other basic needs such as food and medical services. Furthermore, the increased number of IDPs has augmented the demand for safe shelter spaces, adding pressure on the availability and affordability of such spaces. As a result, rent prices rose to levels that many IDPs, migrants, refugees and low-income families were unable to afford, putting many people and families at risk of eviction.

Where the security situation improved, displaced families returned to their communities. Many found their homes damaged or completely destroyed and in need of shelter rehabilitation and reconstruction assistance in order to start rebuilding their lives. However, many areas remained heavily contaminated by explosive hazards, presenting significant risk of death of injury for IDPs and returnees, particularly children. Mapping of explosive hazard contamination and explosive ordnance risk education are critical elements to ensuring that returns could be conducted in a safe, dignified and voluntary manner.

While IDPs continued to face hardship and a wide array of protection needs stemming from conflict dynamics, migrants, asylum seekers and refugees in urban settings were even more exposed to risks due to their lack of a social safety network, their reliance on humanitarian support for essentials and basic services, their exposure to risks related to exploitation and abuse, as well as social discrimination they face and linguistic barriers they encounter.

The onset of the pandemic was accompanied by misinformation, fear, and panic, causing migrants and refugees to be particularly impacted due to pre-existing discrimination and social exclusion. The COVID-19 situation has also resulted in increased levels of psychological distress across all communities and contributed to the intensification of GBV, especially domestic and intimate partner violence.

In Libya, the closure of schools to reduce the spread of COVID-19 pandemic disrupted learning for 1.3 million students. In addition to education, schools serve as an access point for conflict-affected children and adolescents to access various services including school-feeding programmes, recreational activities, and psychosocial support services. Furthermore, the postponement of school openings tentatively until early August put additional pressure and stress on parents and caregivers, particularly women, who disproportionately carry the burden of providing home-schooling and managing with 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, increased the risks of domestic violence for children. There were increased reports of children demonstrating signs of psychological distress due to the dual challenges of confinement and increased conflict in some parts of Libya.

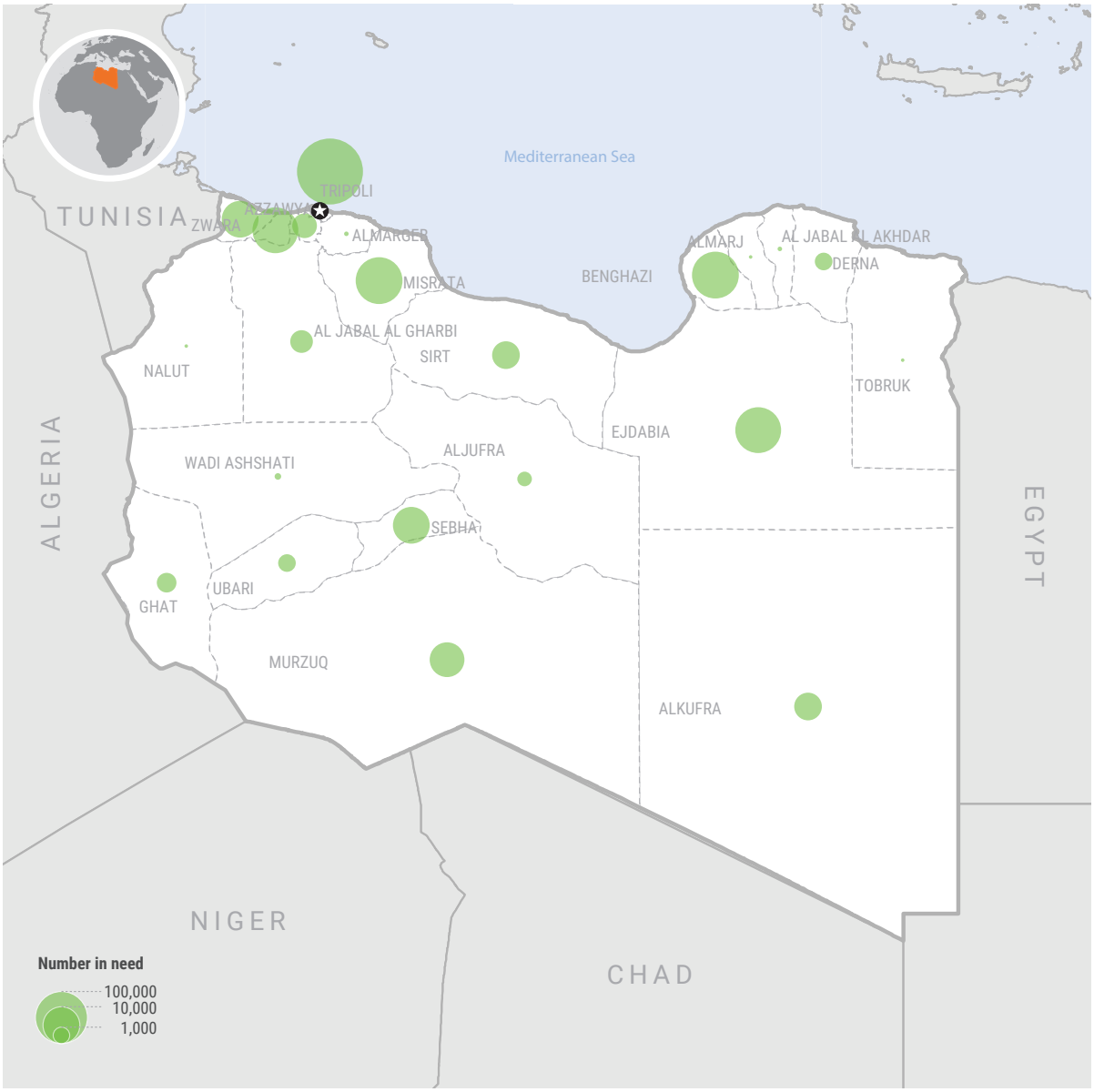
Women and girls, especially refugees and asylum seekers, reportedly faced challenges in accessing public health due to the lack of documentation required by many public health facilities. Movement restrictions drastically reduced community and group interventions for all protection partners. As partners switched to remote service modalities, they were unable to effectively meet all needs as remote services are not always available or appropriate in all situations, especially in cases of abuse and GBV. Safe entry points for GBV case management through community centres and safe spaces for women and girls were further limited. As a result, the number of GBV survivors reaching out to local partners through helplines and existing channels doubled since the start of the year.

CHANGES IN PEOPLE IN NEED (PIN)

The protracted crisis, along with the socio-economic impacts of COVID-19 eroded the coping capacities and resilience of most Libyans, increasing the number of those estimated to be in need of humanitarian assistance. Basic services were disrupted, hospitals and health care services were stretched beyond their capacity, schools closed, and access to livelihoods was curtailed.

The humanitarian needs analysis conducted for the 2020 HNO in late 2019 was reviewed in light of changes in displacement, reported by the DTM, and ad-hoc assessments that monitor the impact of COVID-19 on different population groups. The overall number of people in need increased by almost ten per cent from 893,000 people stated in the HNO, to one million people. This reflects the increases in displacement, as well as the initial evidence of the impact of COVID-19 particularly in relation to food security and loss of livelihoods that has disproportionately impacted IDPs and migrants.

REVISED POPULTION IN NEED MAP



REVIEW OF RESPONSE

With the onset of the COVID-19 pandemic, humanitarian organizations in Libya adopted a two-pronged approach to scale up support to national and local authorities to combat COVID-19, address the direct and indirect immediate humanitarian consequences of the pandemic, and adapted existing programme modalities to continue to respond to pre-existing vulnerabilities in line with COVID-19 prevention guidelines.

In addition to the response strategy contained in the 2020 Humanitarian Response Plan (HRP), the Health Sector developed a COVID-19 Preparedness and Response Plan, published on 26 March 2020, which coordinates efforts in support of the Ministry of Health (MoH) and overall government response to the pandemic. The Humanitarian Country Team (HCT) also conducted a prioritization exercise in April that identified $30.8 million that was required for critical activities to address the direct and indirect impacts of COVID-19 on the most vulnerable people through June 2020.

Between January and May 2020, humanitarian organizations reached more than 198,000 people with assistance, including 60,000 IDPs, 87,000 vulnerable conflict-affected Libyans and recent returnees and 49,000 migrants and refugees. This represents 57 per cent of the targeted 345,000 in the HRP. This also includes 79,000 people who were assisted by various Sector' through activities that contributed directly to the Health Sector's COVID-19 Preparedness and Response Plan.

General food distributions reached nearly 91,000 vulnerable people, including IDPs, migrants and refugees in urban settings and detention centres, as well as children and pregnant and lactating women. In addition to direct food assistance, sector partners supported crop and livestock production by providing livestock agricultural assistance to around 6,700 people from vulnerable small-scale farming households.

A total of 49 health facilities and community centers provided mental health and psychosocial support services and 53 mobile medical teams/clinics were deployed across the country. Health Sector partners also provided more than 59,000 medical procedures. Sector partners supported 181 PHCs with health services and commodities, including with 1,574 standard health kits. Health sector partners also provided health assistance in 14 IDP collective shelters, 11 official detention centers and nine disembarkation points.

A total of 38,000 people received specialized protection services, including 12,200 people with general protection assistance, 3,500 people with GBV services and 21,000 people through child protection services. Protection partners continue to host helplines to provide support and guidance to people in need of assistance. Case management, psychosocial support and protection assistance was continued through remote service delivery and referrals. While most safe spaces and group activities were suspended due to COVID-19 restrictions, some small group activities, observing social distancing and hygiene measures, were re-activated to ensure safe entry points for case management.

Explosive ordnance disposal continued in Tripoli, Misrata, Tawergha and Benghazi. While much of the non-technical surveys were suspended due to COVID-19 restriction measures, remote real time contamination tracking continued. Explosive ordnance risk education reached nearly 19,000 people.

Cash partners provided assistance through multiple delivery mechanisms to different target populations that reached more than 1,300 households (6,600 people). Most cash actors focused on multi-purpose cash assistance harmonized to one three-month installment, as well as one-off emergency cash assistance. Cash value transfers and eligibility determination was updated and harmonized in light of COVID-19.

More than 69,000 people were provided with essential and supplementary non-food items (NFIs), targeting emergency needs arising from displacement. Core NFIs included blankets, mattresses, hygiene kits, kitchen sets, jerry cans, solar lamps and tarpaulins. Support was also provided to rehabilitate collective centers and damaged dwellings benefiting around 2,200 people.

During COVID-19, partners focused on the provision of critical water and sanitation services, particularly to newly displaced people and for activities that directly contributed to the COVID-19 response. More than 4,800 people were reached with safe water or sanitation services or supplies, and an additional 19,000 people benefited from the provision of basic WASH facilities in health and education facilities.

While schools were closed in early April due to COVID-19, more than 33,000 children received essential learning materials and supplies. Education partners supported the Ministry of Education in conducting school programmes through distance learning (e.g. TV, internet), including providing smartboards, projectors, laptops and other equipment.

The inter-agency Common Feedback Mechanism (CFM) was launched in mid-February, enabling affected populations to obtain information on humanitarian assistance programs, submit their feedback on assistance received and get referrals to humanitarian organizations that were best-suited to handle their needs or concerns. Following a request from the National Centre for Disease Control (NCDC), the call

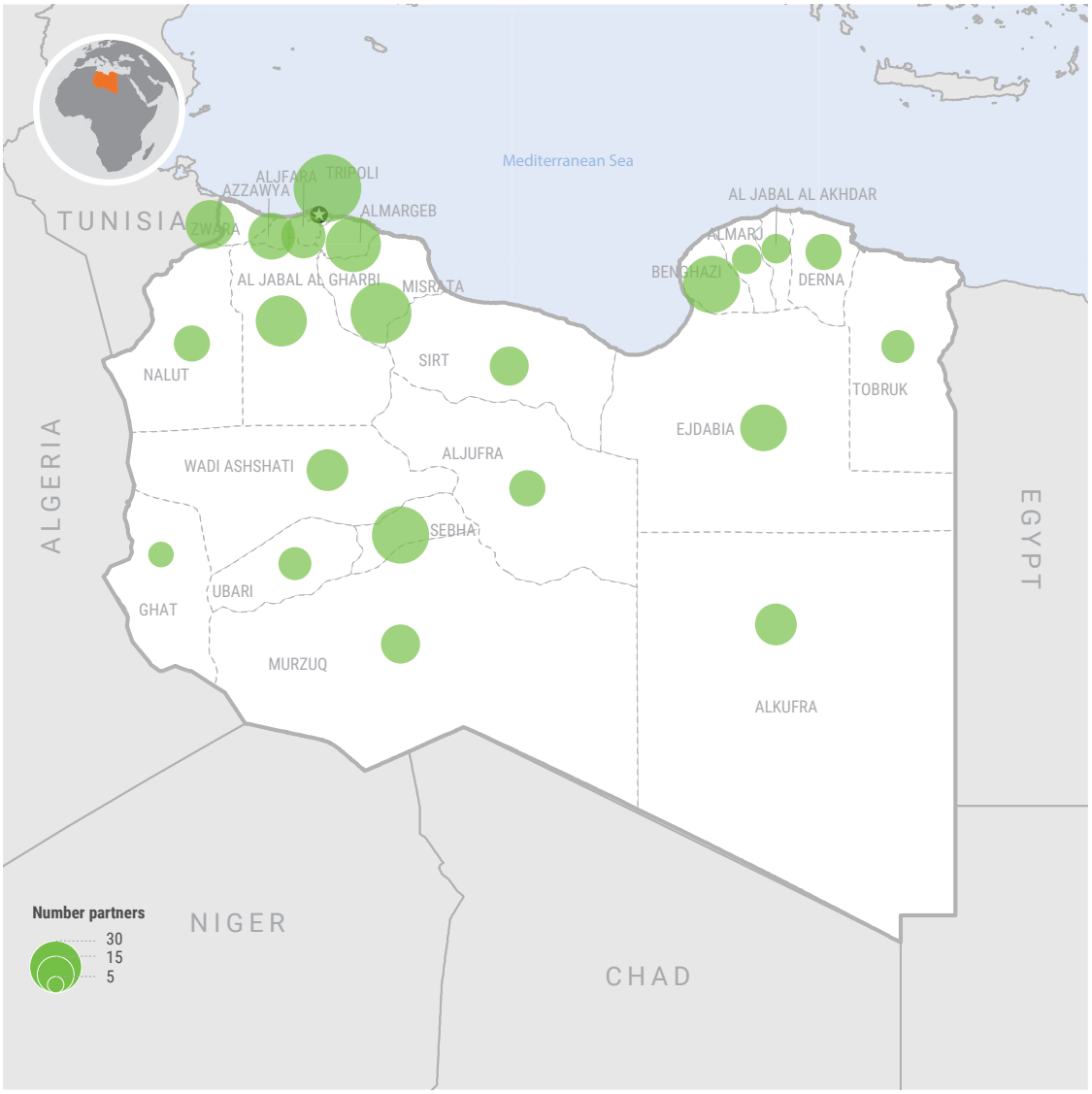
centre also operated as a nationwide COVID-19 information channel. The call centre was used to provide critical information and official health guidelines to the population, raising awareness about the virus and how people can protect themselves from it. Between mid-February and May 2020, 6,500 calls were answered by the CFM call centre. Of these, 85 per cent were COVID-related, 81 per cent of which were callers seeking information, with the remainder reporting symptoms. Those reporting symptoms were referred to the NCDC. Those calls not related to COVID-19 (25 per cent) were related to food assistance (36 per cent), cash (22 per cent) and Shelter and NFI assistance (19 per cent).

In responding to the COVID-19 pandemic, humanitarian partners directly contributed to the WHO pillars of the COVID-19 health preparedness and response. This included, increasing awareness of COVID-19 in communities through disseminating more than 28,000 posters and other communication means, including videos, radio broadcasts and social media. COVID-19 risk communication activities targeted specific vulnerable groups in at risk locations, such as IDPs in collective shelters, migrants in official detention centres, health facilities, points of entry and disembarkation points, as well as healthcare staff and personnel working in such locations.

Partners supported capacity for testing, tracing and treatment through deployment of emergency medical teams, as well as training for health Rapid Response Teams. Partners provided essential COVID-19 supplies, including testing kits and personal protective equipment, and supported the establishment of health facilities at main points of entry, including site and engineering assessments for the installation of prefab structures for temporary quarantine. This was accompanied by training of health staff working at isolation sites, PHCs and points of entry in case identification and management, infection prevention and control, surveillance and referral.

Partners developed and disseminated infection prevention and control (IPC) guidance and provided training to health staff and other personnel, as well as launching public awareness campaigns. Sterilization, fumigation and disinfection, including waste management, in IDP collective shelters, migrant detention centres and health facilities and schools were undertaken in addition to providing hygiene kits to vulnerable and low-income households.

HUMANITARIAN OPARATIONAL PRESENCE IN LIBYA



HIGHLIGHTS OF ACHIEVEMENTS

91,000 people received unconditional food assistance through either in-kind or cash-based transfers.

58,000 medical procedures provided

56,000 people received non-food items (NFIs) such as hygiene kits, dignity kits, mattresses, jerry cans and baby kits.

38,000 people received specialized protection services, including GBV, child protection, and psychosocial support.

1,300 households reached with multi-purpose cash assistance (either monthly or one-off payments)

4,800 people reached with safe water or sanitation services or supplies

Strategic Objective 1

Ensure people's safe, equitable and dignified access to critical basic services and resources to reduce their vulnerability, in accordance with international legal and other standards

#	INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
SO 1.1	Number of individuals reached through protection services, including individual targeted assistance for persons with specific protection needs, which includes PSS, (cumulative interventions)	199 k	120 k	12 k	Major gap 90%
SO 1.2	Number of HHs who receive the full amount of the emergency one-off cash assistance (disaggregated by gender of HoHH)	100 k	17 k	0.1 k	Major gap 99%
SO 1.3	Number/percentage of targeted girls and boys receiving age- and gender-sensitive GBV case management services (disaggregated by age/ sex/ disability/ population group)	166 k	81 k	0	No Progress
SO 1.4*	Number of medical procedures, including outpatient consultations, referrals, trauma, mental health, physical rehabilitation and deliveries and caesarian sections.	-	345 k	58 k	Major gap 83%
SO 1.5	Number of people in need who receive unconditional food assistance through in-kind or cash-based transfers	336 k	118 k	91 k	On track 77%
SO 1.6	Number of people with access to safe water supply, sanitation and hygiene services	234 k	145 k	4.8 k	Major gap 97%

Strategic Objective 2

Enhance national and local authorities' capacity to respond, as well as strengthening community resilience, to acute shocks and chronic stresses through strengthened coordination, evidence-based needs analyses, strategic preparedness and disaster management.

#	INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
SO 2.1	Number of persons (humanitarian workers and local/ national authorities) who receive training/capacity building	10 k	3 k	2.9 k	On track 97%
SO 2.2	Number of coordination meetings and sector workshops at the national and sub-national levels		134	38	Major gap 72%
SO 2.3	Number of coordination meetings and ISCG workshops at the national and sub-national levels		52	10	Major gap 81%
SO 2.4	Number of identified and assessed locations with people affected by conflict or natural disasters, disaggregated by SADD		100	100	On track 100%
SO 2.5	Number of national humanitarian stakeholders provided with capacity building sessions on humanitarian principles and/or assessments and methodologies.	-	40	1	Major gap 97%

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COVID-19 Response

NUMBER OF CONFIRMED CASES
1,563*

NUMBER OF DEATHS
42

SAMPLES TESTED
36,500

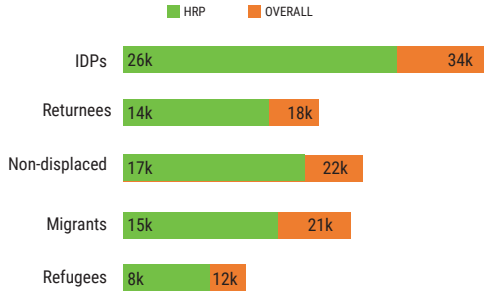
REQUIREMENTS (US$)
$38.8M

OVERALL PEOPLE REACHED THROUGH INDIRECT CONTRIBUTION TO GHRP
107K**

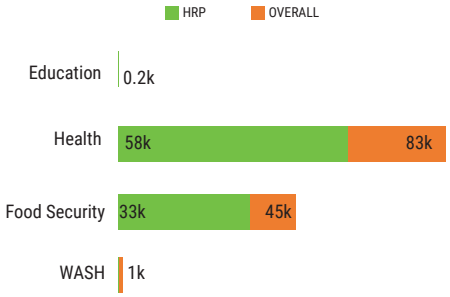
PEOPLE REACHED THROUGH INDIRECT CONTRIBUTION TO GHRP THROUGH HRP ACTIVITIES
79K***

FUNDING RECEIVED (US$)
$12.8M

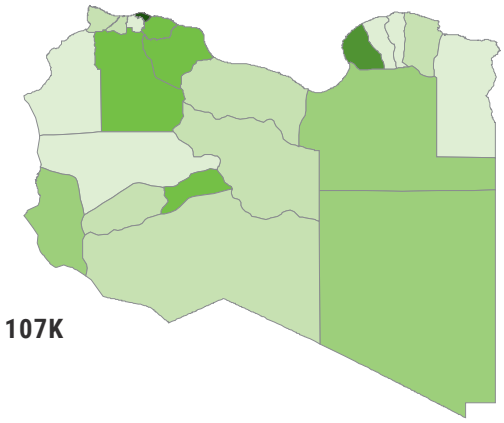
PEOPLE REACHED BY POPULATION GROUP



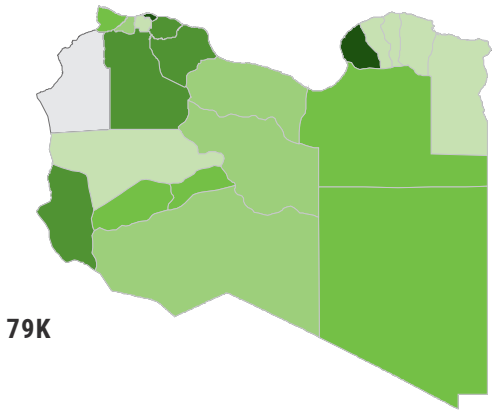
PEOPLE REACHED BY SECTOR (HRP)



OVERALL PEOPLE REACHED (HRP+NON-HRP)

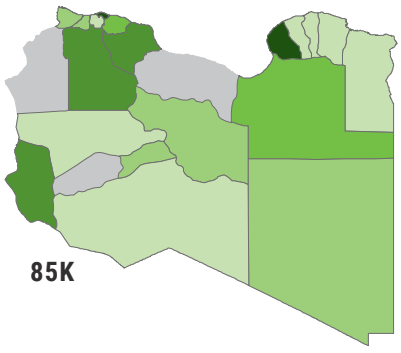


TOTAL PEOPLE REACHED (HRP ONLY)

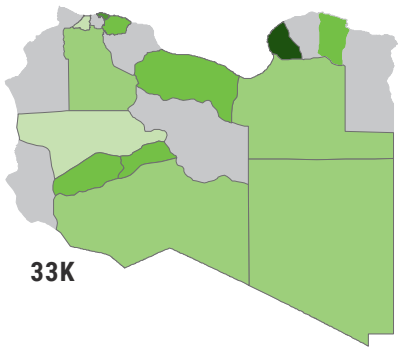


PEOPLE REACHED BY SECTOR (HRP ONLY)

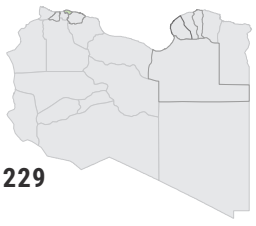
HEALTH



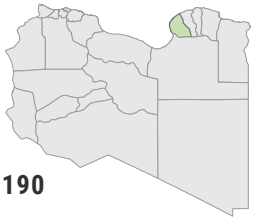
FOOD SECURITY



EDUCATION



WASH



*Numbers reported as of 13 July 2020

**Number of people reached through the sectors' identified critical activities that contribute directly to the Health Sector's COVID-19 response plan.

***Number of people reached through the sectors' identified activities from HRP that contribute indirectly to the Health Sector's COVID-19 response plan.

Education

PEOPLE IN NEED
127K

PEOPLE TARGETED
83K

REQUIREMENTS (US$)
$8.0M

 # OF HRP PARTNERS
7

PEOPLE REACHED THROUGH HRP
39K

HRP REPORTING PARTNERS
3

FUNDING RECEIVED (US$)
$0.5M

Sector Strategic Objective 1

Enhanced access to formal and non-formal education for vulnerable school-aged children affected by protracted crisis.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of School-aged children (boys and girls) accessing formal/non formal education services.	127 k	74 k	3 k	Major gap 97%
Number of Children (boys and girls) receiving essential learning materials and supplies	127 k	70 k	33 k	On track 47%
Number of School aged children (girls & boys) accessing rehabilitated and repaired educational facilities (classroom, WASH facilities and play ground)	127 k	25 k	3 k	Major gap 88%

Sector Strategic Objective 2

Improved quality of education services in protective learning environment.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of Children (boys and girls) accessing psychosocial support in schools and learning spaces	60 k	30 k	5 k	Major gap 84%
Number of school aged children (girls & boys) provided with school feeding meals	60 k	30 k	18 k	On track 60%

Sector Strategic Objective 3

Improved quality of education services in protective learning environment.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of Teachers and education personnel trained on PSS.	5 k	1.1 k	0	No Progress
Number of Teachers and education personnel trained on child centered pedagogy in Emergency.	2.5 k	0.1 k	0.02 k	Major gap 20%
Number of education actors (f/m) oriented on EiE policy, planning, information managment, sector coordination and INEE MS.	0.05 k	0.03 k	0	No Progress

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Emergency Telecommunication

PEOPLE IN NEED
893K

PEOPLE TARGETED
212K

REQUIREMENTS (US$)
$1.0M

 # OF HRP PARTNERS
1

PEOPLE REACHED THROUGH HRP
5K

HRP REPORTING PARTNERS
1

FUNDING RECEIVED (US$)
$0.2M

Sector Strategic Objective 1

Strengthen the UN Emergency Communications System in Libya

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of Common operational areas covered by common security communications services	1	2	1	On track 50%

Sector Strategic Objective 2

Enhanced implementation of the Accountability to Affected People (AAP) throughout the Humanitarian Programme Cycle.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Percentage of households in need with access to functioning feedback mechanisms	90%	60%	2%	Major gap 98%
Number of S4C projects supported by ETS	0	1	1	On track 100%

Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	# OF HRP PARTNERS
683K*	137K	$15.0M	3

PEOPLE REACHED THROUGH HRP	HRP REPORTING PARTNERS	FUNDING RECEIVED (US$)
95K	3	$2.0M

Sector Strategic Objective 1

Ensure that crisis-affected vulnerable populations in Libya have access to safe, sufficient and nutritious food.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of people in need who receive unconditional food assistance through in-kind or cash-based transfers	215 k	104 k	90 k	On track 87%

Sector Strategic Objective 2

Protect livelihoods and promote livelihood-based coping capacities of crisis-affected vulnerable populations at risk of hunger and malnutrition.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of people who receive food (in-kind or cash-based transfer) through vocational training and asset creation/rehabilitation to strengthen self-reliance	0.9 k	0.4 k	0.01 k	Major gap 97%
Number of individuals in need who receive emergency agricultural inputs, vaccines and lab materials	11.3 k	10 k	6.7 k	On track 67%

*By end of May 2020, the number of food insecure people in Libya has increased from 336,000 to an estimated 683,000, of whom 474,000 are Libyans and 209,000 are migrants and refugees.

Health

PEOPLE IN NEED
526K

PEOPLE TARGETED
203K

REQUIREMENTS (US$)
$44.7M*

 # OF HRP PARTNERS
9

PEOPLE REACHED THROUGH HRP
58K

HRP REPORTING PARTNERS
9

FUNDING RECEIVED (US$)
$6.7M

Sector Strategic Objective 1

Increase access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks.

INDICATOR**	IN NEED	TARGETED	REACHED	PROGRESS
Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries,physical rehabilitation)	536 k	203 k	58 k	Major gap 71%
Number of public health facilities supported with health services and commodities	650	650	308	On track 47%

Sector Strategic Objective 2

Strengthen health system capacity to provide the minimum health service package and manage the health information system.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of health service providers trained through capacity building and refresher training	100 k	2.1 k	2 k	On track 95%

*The amount included US$15 million required by Health sector to respond to COIVD-19

** Health sector indicators have been adjusted for reporting compared to the indicators provided in the HRP for the monitoring framework.

Protection

PEOPLE IN NEED
475K

PEOPLE TARGETED
128K

REQUIREMENTS (US$)
$14.2M

 # OF HRP PARTNERS
17

PEOPLE REACHED THROUGH HRP
23K

HRP REPORTING PARTNERS
10

FUNDING RECEIVED (US$)
$21.7M*

Sector Strategic Objective 1

Enhance the protection environment for Libyans and non-Libyans, particularly those affected by conflict, by providing specialized protection services and strengthening responses in areas with the highest need.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
No. of individuals reached through protection services, including individual targeted assistance for persons with specific protection needs (includes PSS) (cumulative interventions).	361 k	102 k	12 k	Major gap 88%
No. of individuals receiving legal counselling or assistance, including civil documentation and HLP issues (cumulative interventions).	3 k	0.6 k	0.1	Major gap 83%
Number of detention centres reached with protection monitoring	10	10	22	Over reached 220%
Number of communities where needs assessments or monitoring have been conducted	0.1 k	0.1 k	0.01 k	Major gap 90%
Number of individuals reached through awareness raising sessions (cumulative interventions).	90 k	22 k	1 k	Major gap 96%
Number of community based initiatives	10	10	0	No Progress
Number of community-based protection structures	10	10	0	No Progress

*The amount received included US$300,000 received for COVID-19 response and US$3.1M for Multi-purpose Cash Assistance

Sector Strategic Objective 2

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

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of HHs who receive the full amount of the emergency one-off cash assistance (disaggregated by gender of HoHH)	203 k	17 k	0.8 k	Major gap 95%
Number of HHs who receive the full amount of the multi-month cash transfer (disaggregated by gender of HoHH)	136 k	7 k	0.5 k	Major gap 93%
Number of market monitoring assessments conducted and made available to the humanitarian community	-	12	6	On track 50%
Number of HH reporting a reduction in the use of negative coping mechanisms.	17 k	4 k	0	No Progress
Number of HHs who report an improvement in their ability to meet their basic needs	7 k	2 k	0	No Progress

Sector Strategic Objective 3

Strengthen engagement with key duty bearers and communities to enhance their capacity to identify and address protection risks and needs.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of persons (humanitarian workers and local/ national authorities) who receive training (cumulative interventions).	10 k	3 k	0.02	Major gap 99%
Number of advocacy interventions.	130	130	0	No Progress

Protection - Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	# OF HRP PARTNERS
839K	345K	$7.5M	7

PEOPLE REACHED THROUGH HRP	HRP REPORTING PARTNERS	FUNDING RECEIVED (US$)
144K	3	$0.0M

Sector Strategic Objective 1

Strengthen the protection of individuals and communities from the risks and impacts of explosive hazards, by providing Mine Action services in areas with the highest need.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of direct beneficiaries benefiting from risk education	475 k	345 k	19 k	Major gap 94%
Number of indirect beneficiaries benefiting from risk education	475 k	345 k	125 k	On track 36%

NEW INDICATORS*	IN NEED	TARGETED	REACHED	PROGRESS
Number of items from explosive hazard removed, including Explosive Ordnance Disposal (EOD), EOD spot tasks, and Battle Area Clearance		2.5 k		
Area of land cleared from explosive hazard removed, including Explosive Ordnance Disposal (EOD), EOD spot tasks, and Battle Area Clearance (m2)		500,000 m²		
Square-meter area newly identified as contaminated		250,000 m²		
Square-meter area cancelled or cleared from contamination		15,000,000 m²		

Sector Strategic Objective 2

Enhance national Mine Action operational capabilities to mitigate the risks and impacts of explosive hazards.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of people trained	-	190	17	Major gap 91%

*By end of May 2020, the Mine Action sub-sector added new indicators to be monitored for the second half of the year.

Protection - Gender-based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	# OF HRP PARTNERS
166K	100k	$6.8M	6

PEOPLE REACHED THROUGH HRP	HRP REPORTING PARTNERS	FUNDING RECEIVED (US$)
11K	5	$0.5M

Sector Strategic Objective 1

Improve access to safe, timely, confidential and coordinated GBV services, provided according to a survivor-centered approach.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of women and girls accessing life skills and recreational activities in women and girls safe spaces/ community centers	146 k	15 k	4 k	Major gap 74%
Number of of men, women, boys and girls participating in structured PSS activities	166 k	3.3 k	6 k	Over reached 200%
Number of men, women, boys, girls reached with GBV information dissemination sessions	166 k	100 k	3.4 k	Major gap 97%
Number of women and girls receiving dignity kits.	146 k	10 k	1.2 k	Major gap 88%
Number of safety audits conducted.	-	28	1	Major gap 96%
Number of functional referral pathways developed and updated on a regular basis.	-	4	0	No Progress

Sector Strategic Objective 2

Strengthen capacities of and increase coordination among service providers and local institutions in GBV response, prevention and risk mitigation.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of frontline workers trained on GBV including how to deal with disclosure.	-	210	63	Major gap 70%
Number of GBV partners including national actors trained on GBV response, safe data collection and storage	-	360	646	Over reached 179%

Protection - Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	# OF HRP PARTNERS
220K	139k	$6.6M	12

PEOPLE REACHED THROUGH HRP	HRP REPORTING PARTNERS	FUNDING RECEIVED (US$)
47K	5	$0.1M

Sector Strategic Objective 1

Strengthen community-based child protection to enhance protection of children from violence, abuse and exploitation in targeted locations

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of children and caregivers engaging in psychosocial support and recreational activities in schools and community spaces (disaggregated by age/ sex/ disability).	160 k	104 k	7 k	Major gap 93%
Number of people reached by awareness raising activities in targeted location (disaggregated by age/ sex/ disability)	220 k	138 k	30 k	Major gap 88%

Sector Strategic Objective 2

Provide specialised child protection services to girls and boys who are survivors or at risk of violence, abuse, neglect and exploitation in targeted locations.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number/Percentage of targeted girls and boys receiving age- and gender-sensitive case management services (disaggregated by age/ sex/ disability/ population group).	24 k	1.5 k	0.4 k	Major gap 27%
Number of identified at-risk girls and boys received or referred for specialised services.	12 k	6.4 k	6.7 k	Over reached 104%
Number of targeted locations with functional referral pathways for child protection in place	-	5	6	Over reached 120%

Sector Strategic Objective 3

Strengthen child protection capacity to prevent and respond to child protection concerns in Libya.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of child protection actors trained on child protection approaches (disaggregated by age/ sex).	-	2 k	0.1 k	Major gap 95%
Number of non-child protection actors (national/ local authorities, civil society actors) trained (disaggregated by age/ sex).	-	1 k	0.02k	Major gap 98%

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Shelter & NFIs

PEOPLE IN NEED
342K

PEOPLE TARGETED
81K

REQUIREMENTS (US$)
$7.0M

 # OF HRP PARTNERS
6

PEOPLE REACHED THROUGH HRP
72K

HRP REPORTING PARTNERS
6

FUNDING RECEIVED (US$)
$0.0M

Sector Strategic Objective 1

Provide humanitarian life-saving and life-sustaining shelter and NFI support.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of people whose core and essential NFI needs are met.	203 k	48 k	56 k	Over reached 117%
Number of people assisted with emergency shelter materials/kits.	104 k	25 k	0	No Progress
Number of people assisted with rental assistance.	8 k	2 k	0.5 k	Major gap 84%
Number of people assisted by rehabilitated collective centres.	15 k	3.5 k	1.3 k	On track 36%

Sector Strategic Objective 2

Contribute towards the resilience of communities and households by improving housing and related community/public infrastructure.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of people assisted by repaired/rehabilitated damaged dwelling.	11 k	2.6 k	0.9 k	On track 35%

Water, Sanitation and Hygiene

PEOPLE IN NEED
242K

PEOPLE TARGETED
145K

REQUIREMENTS (US$)
$5.1M

 # OF HRP PARTNERS
6

PEOPLE REACHED THROUGH HRP
24K

HRP REPORTING PARTNERS
6

FUNDING RECEIVED (US$)
$0.9M

Sector Strategic Objective 1

Most vulnerable population groups affected by humanitarian crisis are provided with life-saving WASH assistance.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of people with access to safe water supply	242 k	44 k	4.6 k	Major gap 90%
Number of people with access to sanitation services.	242 k	29 k	0.2	No Progress
Number of people reached with essential hygiene items and information.	242 k	58 k	1.3 k	Major gap 99%
Number of people provided with basic WASH facilities in schools and Health Centres	145 k	15 k	19 k	Over reached 126%

Sector Strategic Objective 2

WASH Sector partners capacity strengthened on water and sanitation responses in emergencies.

INDICATOR	IN NEED	TARGETED	REACHED	PROGRESS
Number of Government, I/NGOs trained on emergency preparedness and response planning	50	50	0	No Progress
Number of Government, I/NGOs trained on WASH in Emergencies	50	50	0	No Progress
Number of Govternment, I/NGOs offices provided with technical supplies	6	6	0	No Progress

Common Services (Logistics and Coordination)

REQUIREMENTS (US$)

$14.0M

 # OF HRP PARTNERS

10

FUNDING RECEIVED (US$)

$3.4M

Sector Strategic Objective 1

Facilitate a principled humanitarian response by ensuring that strategic decision-making processes and coordination mechanisms, as well as humanitarian financing, are guided by centrality of protection.

INDICATOR	BASELINE	TARGETED	REACHED	PROGRESS
Number of sector co-chaired by INGOs	5	8	5	On track 63%
Number of coordinated assessments including intersectoral/interagency assessments conducted.	42	60	4	Major gap 93%
Number of national humanitarian stakeholders provided with capacity building sessions on humanitarian principles and/or assessments and methodologies.	-	40	1	Major gap 97%
Number of national stakeholders provided with capacity building sessions on Information management	-	30	10	On track 33%

Sector Strategic Objective 2

Promote, coordinate and harmonize information management practices, needs and assessments in close collaboration with national stakeholders across sectors, including maintaining common data and information repositories to produce analysis and evidence-based advocacy.

INDICATOR	BASELINE	TARGETED	REACHED	PROGRESS
Number of identified and assessed locations with displaced, return and migration disaggregated by SADD.	-	100	100	On track 100%
Number of common information management products, including infographics, datasets, statistics, and/or other consolidated information data sets on affected population, needs and response, available on regular and ad-hoc basis.	70	70	19	Major gap 73%

Note:The sector indicators are monitored on a quarterly basis

CHALLENGES AND CONSTRAINTS

Despite continued advocacy and efforts to end the fighting, the conflict in Libya continued, displacing a further 45,000 people in the first half of the year and making people's living conditions more difficult. Where fighting subsided, many displaced people were unable to return home due to explosive remnants of war contamination. Continued attacks on critical public infrastructure, such as hospitals, schools and water supplies further limited people's access to basic services.

Insecurity, bureaucratic impediments and COVID-19 restriction measures hamper humanitarian access. In May 2020, humanitarian agencies reported 1,023 incidents of access constraints – a 19 per cent increase from March. Almost 74 per cent were directly or indirectly related to COVID-19 precautionary measures. Despite these challenges, continued engagement with all authorities resulted in the successful de-confliction and securing of authorizations in some instances that enabled humanitarian assistance to reach those in need. However, moving supplies by road from Tripoli to other parts of the country, particularly to the East, remained a challenge.

The global availability of essential COVID-19 supplies, including personal protective equipment and testing kits, and the challenges in global supply chains complicated efforts to bring sufficient supplies into Libya. This was further exacerbated by delays in securing import clearance of the supplies from authorities in a timely manner.

High-level advocacy continued to call for a de-escalation of fighting and for a ceasefire to enable the timely and unrestricted movement of humanitarian personnel and assistance. This included working with municipal and national authorities on authorizations for humanitarian personnel, particularly in securing exemptions from COVID-19 related movement restrictions and curfews, and to fast-track customs clearances for incoming supplies.

Due to the exceptional international measures affecting movements of staff and goods globally, a Gaps and Needs Exercise (GNE) was conducted by the Logistics Sector, with support from the Global Logistics Cluster. The survey identified the logistics challenges faced by humanitarian organizations and the need to scale up logistics services and coordination mechanisms to address the current constraints.

Avenues for resettlement, humanitarian evacuations, family reunifications, voluntary repatriation for migrants and refugees were suspended, thus hindering the attainment of much needed durable solutions. The majority of migrants and refugees that attempted to leave by boat were returned to Libya, with the majority of those returned sent to detention, where humanitarian partners did not have full access to them.

All sector' partners adapted the way they provided humanitarian assistance in order to prevent the spread of the COVID-19 to the people they sought to assist and their staff. The provision of in-kind humanitarian goods was adjusted to abide by COVID-19 prevention measures. The selection criteria for distribution locations sought to ensure social distancing and ensure traffic flow. The sites were also systematically disinfected prior to use. The measures included reducing the size of groups receiving assistance and delivering assistance using direct delivery methods, such as door-to-door, where possible.

For other types of assistance, such as protection-related services, partners developed new ways to continue supporting those in need, such as remote case management and psychosocial support services. In addition to adopting telephonic modalities, partners used a variety of internet platforms (such as WhatsApp) tailored to access and needs.

However, frequent electricity outages at times prevented the implementation of remote modalities. For example, while the Ministry of Education broadcasted classes through television, frequent electricity cuts impacted children's ability to access education. Sector partners therefore have also provided hard copies of learning materials so students can continue home-based learning.

Staff have also been equipped with personal protective equipment and sanitation facilities at the assistance sites. Training and awareness sessions were provided to field staff on preventative measures and necessary precautions to minimize the risk of COVID-19. Online approaches and platforms were widely used in order to continue coordination and response planning among all partners.

Underfunding remained a challenge for partners. As of 30 June, $42.4 million was received (32.6 per cent) of the US $130 million required to respond to humanitarian needs in Libya. This included funding attributed to Libya's COVID-19 response, which received $10.8 million, 27.8 per cent of required funding for COVID-19 specific interventions.

Sustaining funding for the Humanitarian Response Plan during the COVID-19 pandemic is vital to ensure that existing vulnerabilities are not exacerbated, and lifesaving needs are addressed. As a result, many Sectors undertook prioritization exercises to ensure that funds were allocated to those planned interventions that addressed the most critical needs and were the most feasible in light of COVID-related restrictions.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.


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