

This report is produced by OCHA Libya in collaboration with WHO Libya and humanitarian partners. The next report will be issued on or around 11 May 2020.

### HIGHLIGHTS

- As of 26 April 2020, there are 61 confirmed cases of COVID-19 reported in Libya, including two deaths.
- 1,000 Tunisian workers stranded on the Libyan/Tunisian border were repatriated.
- Libyan authorities are putting plans in place to repatriate Libyans – more than 15,000 Libyans are reported in 45 countries.
- To date, 14,055 calls have been received, 7,822 of which have been answered by the Common Feedback Mechanism's information hotline.
- Immediate needs include support to rapid response teams, personal protective equipment, lab diagnostic kits and supplies, establishment and support to isolation sites, training, and education/awareness.



**61**

people confirmed with COVID-19

**2**

COVID-related deaths

**1,623**

samples tested

**\$10M**

funding gap for COVID-19 Health Sector Plan

### SITUATION OVERVIEW

As of 26 April 2020, the Libyan National Centre for Disease Control (NCDC) reported 61 confirmed cases, including two COVID-related deaths, in Libya. Eighteen people have recovered and 41 are under observation. A total of 1,623 tests have been performed.

The 24hr curfew imposed by the Government of National Accord (GNA) ended on 26 April 2020 and a partial curfew from 6 p.m. to 6 a.m has been implemented for 10 days. In the East, in areas controlled by the Libyan National Army (LNA), the curfew remains 6 p.m to 6 a.m.

A special committee has been formed including with the ministries of interior, economy and health to develop a policy and procedures for repatriating Libyans from abroad. According to the authorities, there are more than 15,000 Libyans in 45 countries. Libyans being repatriated will be required to travel through either Spain, Turkey, Tunisia or Egypt, where they will undergo mandatory testing followed by 14-day quarantine before being granted approval to return to Libya.

The NCDC has reversed its earlier decision to suspend childhood vaccinations for one month. Vaccinations will resume with immediate effect. Information from the ground indicates that health personnel from most healthcare facilities lack adequate knowledge of case management for suspected or confirmed COVID-19 cases. This has resulted in a number of health facilities stopping their services due to contact tracing confirming COVID-19 positive patients in the facilities. This will have a serious impact on managing suspected and confirmed COVID-19 cases and on access to normal health services.

Heavy fighting continues in and around Tripoli. According to a recent rapid assessment fighting near Tarhuna and along the coastal road that erupted from 18-19 April 2020 resulted in the displacement of at least 3,100 people. The majority have moved to surrounding areas and are staying with friends and families or in rented accommodation. OCHA, through the Area West Coordination Group is coordinating humanitarian assistance for displaced families.

During early hours of 21 April 2020, two field hospitals in Wadi Al Rabie were damaged by shelling. The attack also resulted

in injuries to five medical staff. This brings the number of conflict-related attacks (direct or indirect) on health facilities to 11 for this year. The Ministry of Health (MoH) in Tripoli issued a statement on 23 April 2020 confirming the disappearance of four health staff (2 doctors, 1 nurse and 1 administrative support staff) from the Ibn Sina public hospital in Sirt. Their whereabouts currently remain unknown. Most public and private health facilities, including laboratories in the cities of Sabratha and Surman remain closed, following an escalation in fighting in the vicinity. Limited access and increased insecurity from ongoing fighting is expected to impact COVID-19 response planning.

More than 1,000 Tunisians that were stranded on the Libyan side of the Libyan/Tunisian border for several weeks were transferred from the Ras Jedir border crossing to their respective regions. The first group of nearly 700 people were transferred on Monday (20 April) followed by a second group of 400 people the following day. All reported undertook preventive COVID-19 medical checks and the Tunisian Red Crescent provided meals. Buses were mobilized to transport them back to the 18 regions where they were placed in mandatory quarantine centres set up by their respective governorates. Additional Tunisia workers have since approached the border but been moved to Zwara where they are receiving assistance from humanitarian partners while arrangements are being made for their repatriation. Libyan drivers and their goods that had reportedly been stuck on the Tunisian side of the border have also been able to cross.

To measure the impact of COVID-19 on the provision of health service support, the Health Sector carried out a rapid survey among its partners between 15-22 April 2020. According to the survey while over half of respondents were able to continue their operations, 32 per cent have continued with only specialized services for vulnerable and high-risk cases. The provision of health services and commodities to public healthcare facilities and the delivery of health services via mobile medical teams/clinics are among the top activities that continued. More than 63 per cent reported that movement restrictions impacted on their ability to deliver health services and 62 per cent reported funding constraints.

A recent post-distribution monitoring for multi-purpose cash programming in March/April for internally displaced people (IDPs) found that all respondents reported increased challenges to meet their food needs. While some respondents reported using savings to cover their needs, 61 per cent reported having to borrow money to purchase basic goods and 10 per cent reported selling household assets or means of transport to cover their needs. Around 18 per cent of respondents reported threats of eviction from their current accommodation, while 70 per cent expressed concerns about the hygiene condition in their accommodation.

The Libyan Joint Market Monitoring Initiative (JIMMI) which conducts weekly monitoring in light of current fluctuations released results from the survey (covering 2-10 April) confirming price increases reported previously. The highest prices were reported in tomatoes, peppers, flour and eggs. The most impacted locations were in the West, including Nalut, Ashshegaga (Al Jabal Al Gharbi), Sabratha (Zwara) and Ghadamis (Nalut). Whilst global crude oil prices are low, unofficial fuel prices continued to increase across Libya due to the ongoing oil blockade that has prevented Libya's oil refineries from receiving sufficient crude oil with increases since March in the West (+57%), East (+150%) and South (+116%).

During the ongoing survey on possible discrimination related to COVID-19, 15 per cent of refugees and migrants surveyed reported increased discrimination since the COVID-19 outbreak. Discrimination was reported as the main barrier to accessing health services, particularly in Ejdabia, Tripoli and Sebha. Women (69 per cent) were more likely to report stress and anxiety since the COVID-19 outbreak compared to men (43 per cent).

While access remains challenging, there are ongoing efforts, including at the highest levels, to ensure unrestricted humanitarian access. This includes working with municipal and national authorities on authorizations for humanitarian personnel and supplies to deliver humanitarian assistance. There are particular challenges in moving assistance between GNA-controlled and LNA-controlled areas. OCHA continues to support humanitarian organizations to seek exemptions to operate during curfew hours. A total of eight requests to the COVID-19 Committee in the East are pending approvals, including approvals for movement of humanitarian assistance for distribution, movement of staff to conduct activities and release of shipments from customs. In coordination with the Ministry of Health, WHO was able to send COVID-related health items from Benghazi to Aljufra which were then delivered by ambulances from Aljufra to Tarhuna.

## FUNDING

In Libya, the requirement for the COVID-19 Health Sector Plan stands at US \$14.3 million, with around \$4.2 million received as of 26 April 2020 (30 per cent of the funding requirement).

While funding to the 2020 HRP has increased, it remains significantly underfunded overall. As of 26 April 2020, \$11.3 million has been received, 10 per cent of the requested \$115 million. The Inter-Sector Coordination Group conducted an exercise that identifies \$30.8 million (additional to the \$14.3m for COVID-19 Health Sector Plan) to be required for critical HRP activities addressing the direct and indirect impacts of COVID-19 on the most vulnerable people in need over the next three months.

There is ongoing advocacy to clarify how the LYD 500 million (US\$ 351 million) earmarked for the COVID-19 response by the GNA will be allocated.

## HUMANITARIAN RESPONSE

### Health

#### Needs:

- Immediate needs include support to rapid response teams, procurement of personal protective equipment (PPE), establishment of labs and procurement of lab diagnostic kits and supplies, establishment and support to isolation sites and wards (within or outside public hospitals), provision of training, health education and awareness materials.
- Up to 90 per cent of public health care services in some areas are closed or under resourced.

#### Response:

##### Pillar 1: Coordination

- Provides necessary technical support and guidance to MoH and NCDC to develop and update national preparedness response, protocols and guidance materials aligned with nine pillars of priority response.
- Released the results of the online survey mapping the impact of health service support due to COVID 19 related restrictions on health programs.

##### Pillar 2: Risk communication and community engagement

- Developed, printed and disseminated eight different types of awareness materials in relation to preparation for and managing of COVID-19, protecting healthcare worker, facilities and patients from COVID-19, communicating with patients, coping with stress, hygiene and broader COVID-related messaging.
- 28,000 awareness materials (above) distributed to healthcare facilities - 8,000 for East, 4,000 for South and 16,000 for West.
- 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

- The health sector is supporting contact tracing and is providing training and capacity-building for Rapid Response Teams and is developing a strategy for expanding support.
- More than 1,000 health workers have received COVID-19 training. Around 70 training and other capacity-building events have been conducted or planned for April.

##### Pillar 4: Points of entry

- Establishing health offices at two border crossing points (Tunis and Egypt), further two are in planning and five disembarkation points.
- Al Toum (Libya/Niger), Ghadames (Libya/Algeria) and Ghat (Libya/Algeria) border crossing points will be prioritized but a full list of formal and informal border crossing points needs to be developed.
- Development and sharing of core tools/guidelines related to PoE programming, creation of tools and facilitating capacity-building for partners.

##### Pillar 5: National laboratory

- Of the 50,000 swabs and 300 PCR kits that have arrived in Benghazi, 25,000 swabs and 200 PCR kits will be given to the laboratory in Benghazi and the remaining 25,000 swabs and 100 PCR kits will be sent to Tripoli.
- Regional hub in Dubai is dispatching 20,000 surgical masks, 50,000 examination gloves, as well as laboratory, trauma and non-communicable disease kits to support both COVID-19 and the ongoing health emergency in Libya.

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

- Supporting NCDC and MoH preparedness and providing WHO guidelines and updates.
- The MoH has delivered another shipment of PPE to the NCDC in Tripoli. The supplies include 1,000 protective suits, goggles and face masks.
- All 11 official detention centres have been fumigated and disinfected.
- Rehabilitation and upgrading of communal structures in IDP camps and collective centers as part of shelter programming ongoing and humanitarian partners have received a list of COVID-19 isolation and hospitalization sites for possible support.

##### Pillar 7: Case management

- Case management, which has been initially focused in Tripoli is being expanded to other parts of the country.
- The MoH is establishing/refurbishing isolation sites across the country to support a move away from home isolation to mandatory institutional isolation.

**Pillar 8: Operational support and logistics**

- Provided technical briefing with MoH and NCDC on the COVID-19 Essential Supplies Forecasting Tool (ESFT) to better help to identify gaps and availability of essential supplies at national level.
- Preparing a distribution plan for 509 standard health kits that have been cleared by customs and are ready for dispatch.

**Pillar 9: Essential health services maintained**

- Health partners have identified essential services to be maintained by each level of health facility. Once all information has been received, a list of essential services will be presented to the MoH for approval.

**Gaps & Constraints:**

- Information on designated locations and hospitals assigned to care for COVID patients regularly changes.
- 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 the end of May as a preventative measure, impacting the learning of 1.3 million students across country.

**Response:**

- Ministry of Education (MoE) has started the distance learning through TV which is being extended to all grades.
- Trained 16 educators from four mantikas on Psychological First Aid and distance learning.
- Established a virtual learning environment in four schools in Tripoli and began work with teachers to support distance learning through training and lesson planning.

**Gaps & Constraints:**

- While distance learning is being implemented through TV and internet this is only for limited grades.
- Power cut for longer hours has also affected the distance learning sessions.

**Emergency Telecommunications****Response:**

- In the last week, the Common Feedback Mechanism call centre received 2,558 calls and answered 630 calls (41% female, 59% male), 302 were from the West, 35 from the East and 23 from the South.
- The majority (307) of calls were requesting awareness information while the rest wanted to confirm their symptoms.
- Of these, 31 had non-COVID-related symptoms, 18 had low-severity possibly COVID-related symptoms, and 4 had high-severity symptoms. All cases reported that had symptoms that could be COVID-19 were referred to the NCDC.
- To date 14,055 calls have been received, 7,822 of which have been answered.

**Constraints:**

- The CFM urgent requires more funding to raise capacity to be able to handle the call volume effectively and to ensure the needs of the population are being met.

**Food Security****Needs:**

- According to the recent assessment, 48 per cent of assessed cities reported food shortages and 86 per cent of assessed cities reported food price spikes.
- Food Security partners continue to receive requests for food assistance from different municipalities.

**Response:**

- Through the Rapid Response Mechanism, food will be provided to 620 recently displaced households (3,100 people) from Tarhuna in Garabolli and 308 displaced households (1,540 people) from Ain Zara.
- Monthly food distributions are continuing, and expanding to Alkufra, Ejdabiya and Sirt due to increased needs. Numbers are being verified according to needs and vulnerabilities through quick needs assessments.
- Food distributions was recently resumed in Aljufra to 378 vulnerable IDPs and host communities.
- In April so far, 1,066 Ready-to-Eat food rations were distributed to migrants outside detention centres in Algatroun, Bani Walid, Sebha, Tripoli, and Zwara.

**Gaps & Constraints:**

- Food distribution for 32,700 beneficiaries in the South for April 2020 are still underway due to security and COVID-19 access challenges. Monthly distributions are as well affected by the intensified clashes in Tarhuna and Bani Walid, which is also increasing displacement in and around those areas.
- 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:**

- Recently surveyed refugees and migrants are reporting cash as their primary need.
- Traditionally vulnerable groups are being impacted by loss of revenue stream and their livelihoods as prices for basic food and non-food items increases, widening socio-economic vulnerabilities and inequalities.

**Response:**

- 204 (120 girls, 84 boys) children provided with case management and specialized child protection services, including mental health and psychosocial support.
- 40 key stakeholders have been trained on a number child protection service provision to children during COVID-19.
- Better parenting sessions are carried out through WhatsApp groups to provide support to parents, including key messages on COVID-19 prevention and child protection messages.
- 422 (312 females, 110 males) people received awareness sessions on COVID-19, child protection and GBV.
- 19 (14 females, 5 males) GBV cases supported with specialized services.
- 55 (34 women, 21 men) people received Gender-based violence trainings in collaboration. Topics included the gendered implications of COVID-19, support gender-based violence survivors, information on services, how to conduct referrals and psychological first aid.
- Legal counselling provided to pregnant beneficiaries on registering births during the current restrictions.
- 130 hygiene kits were distributed to women and girls in host communities, IDPs and migrants. Awareness leaflets were distributed along with the kits.
- Undertook 13 protection monitoring visits and follow up distribution of food baskets, hygiene kits and baby kits to 142 migrants (91 males, 51 females), among which were 30 unaccompanied migrant children.
- Distributed eight baby kits, six child kits, three hygiene kits to four migrant families and three food baskets to 11 migrants to cover food rations for one month.
- Cash transfer values have been revised for both Libyans, as well as migrants and refugees, in light of current fluctuating market conditions.
- Explosive Ordnance Risk Education (EORE) with key safety messages broadcast daily through multiple radio stations.
- Assisted the authorities in Tawergha to safely dispose of previously collected UXOs. Mine Action partners responding to explosive ordinance disposal (EOD) emergency calls in Tripoli and Benghazi.

**Gaps & Constraints:**

- Group activities at women and girl's safe spaces have remained suspended in light of COVID-19 preventions measures but one-on-one support services continue.
- Humanitarian access remains a challenge due to COVID-19 prevention measures and conflict, including for persons of concern, unaccompanied children, as well as to detention centres.
- Due to coverage and access to those affected from recent clashes near Tarhouna, there are challenges in providing protection support.

## Shelter

### Needs:

- Shelter partners continue to receive multiple requests for assistance in shelter and non-food items, including for recently displaced families in Abusliem.

### Response:

- 283 displaced families (1,410 people) received soap and 1,047 displaced families (4,654 people) received hygiene kits in IDP settlements.
- 470 migrants received hygiene kits in Qanfouda, Zwara and Tarik el Sikka detention centres.
- 42 hygiene kits and 21 mattresses were provided to healthcare facilities in Misrata.

### Gaps & Constraints:

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

## Water, Sanitation and Hygiene

### Needs:

- While the Man Made River water value has been turned on after being shut off on 6 April, families continue to be affected by water shortages. Moreover, 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:

- 514 people provided with safe drinking water by replacement of two water pumps in Zintan Detention Centre (DC).
- 862 people sensitized on key hygiene awareness in Azzawiya Abu Issa DC, Zintan DC, Zwara DC, Tarik Al Sikka DC and Surbana shelter (Garagarash).
- 1,082 people benefitted from fumigation and disinfection activities in Azzawiya Abu Issa DC, Zintan DC, Zwara DC, Tarik Al Sikka DC and Surbana shelter (Garagarash).
- 420 people provided with hygiene items in Zwara and Tarik Al Sikka DCs.
- 149 frontline workers trained on infection, protection and control (IPC) in relation to COVID-19.

### Gaps & Constraints:

- Continued attacks on water infrastructure result in increased disruptions to water supplies and further overburden deteriorating systems.
- Curfews, clashes and insecurity complicate ongoing distributions.

## Common Services (inc. Coordination and Logistics)

### Response:

- The Inter-Sector Coordination Group identified \$30.8 million (additional to \$14.3m for COVID-19 Health Sector Plan) required for critical HRP activities to address direct and indirect impacts of COVID-19 in the next three months.
- Logistics sector is monitoring entry points to Libya and providing updates through the Global Logistic Cluster website and working on a map to illustrate the various entry points and on possible bottlenecks for entry to Libya.

### Gaps & Constraints:

- The UN Humanitarian Air Service (UNHAS) is waiting for clearance to position the replacement aircraft from the Tunisian authorities in order to recommence humanitarian air flights into Libya.

#### For further information, please contact:

**Mr. Kasper Engborg**, Acting Head of Office, OCHA Libya, [engborg@un.org](mailto:engborg@un.org)  
**Ms. Jennifer Bose Ratka**, Public Information Officer, OCHA Libya, [bose.ratka@un.org](mailto:bose.ratka@un.org)  
**Ms. Samantha Orr**, Humanitarian Affairs Officer, OCHA Libya, [orrs@un.org](mailto:orrs@un.org)

For more information, please visit <https://www.humanitarianresponse.info/en/operations/libya>  
 To be added or deleted from this Sit Rep mailing list, please e-mail: [ochalibya2@un.org](mailto:ochalibya2@un.org)