

### Highlights:

- Close to ten per cent decrease in the number of people displaced in Libya.
- COVID-19 cases double, with more than 20,000 confirmed cases and 320 deaths reported in September alone.
- Fuel shortages and electricity outages continue to disrupt people’s lives and impact hospitals and schools across the country.
- More than 268,000 people reached with some form of humanitarian assistance in 2020.



Credit: IOM Libya

### KEY FIGURES

**1M**

People in need

**0.3M**

People targeted

**392k**

People displaced in Libya

**585k**

Migrants and refugees in Libya

**268k**

People reached

### FUNDING (2020) \*

**\$129.8M**

Required

**\$78.8M**

Received



**61%**

Progress

FTS: <https://fts.unocha.org/appeals/931/summary>

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## Families slowly returning to Tripoli

Following the suspension of hostilities in South Tripoli in June 2020, a slow return of displaced households has been recorded. According to the most recent Displacement Tracking Matrix report (covering July/August), there has been an eight per cent decrease in the number of people displaced in Libya, with a total of 392,000 people remaining displaced, down from 429,000. The new DTM report reverses for the first time the trend of increasing displacement that has been recorded since the beginning of 2019. The total number of people displaced across the country remains 30 per cent higher today compared to the same time in 2019.

From June to August 2020, a total of 3,694 families (18,471 individuals) returned to the Tripoli region with the municipalities of Abusliem and Ain Zara accounting for the majority. Only a small number of families who fled their homes following the escalations around Tarhuna in June returned, mostly those who fled to other locations in the West (e.g. Bani Waleed), with the majority who fled to the East may be unwilling to return due to perceived political/tribal affiliations and fear of reprisals.

However, a lack of basic services combined with the presence of booby traps, including IEDs, landmines and explosive remnants of war have limited the number of people that can safely return home. Between May and September 2020, there has been a total of 94 mine-related incidents, mostly in southern Tripoli, resulting in 66 deaths and 117 injurers, 116 of which were civilians.

While there has not been any significant re-escalation in fighting between the GNA and LNA and respective allies since June 2020, there has been an increase in inter-group clashes, particularly in Tripoli where armed groups resumed vying for control of territory amongst themselves once the external threat withdrew. Furthermore, the situation around Sirte remains tense. With continued military buildup by both parties and lack of a political settlement there remains an ever-present threat of re-escalation that would likely result in largescale displacement and an increase in humanitarian need. The approximately 125,000 people that live in and around Sirte, remain at significant risk.

\* As of 30 September 2020

## Fuel, PPE and salary shortages impact health system amid rising COVID-19 cases

Following the trend of exponential increases in number of cases of COVID-19 in Libya in recent months, the National Centre for Disease Control (NCDC) reported 35,208 confirmed cases and 559 deaths by the end of September, with the number of confirmed cases in September being nearly double the number of those recorded in August.

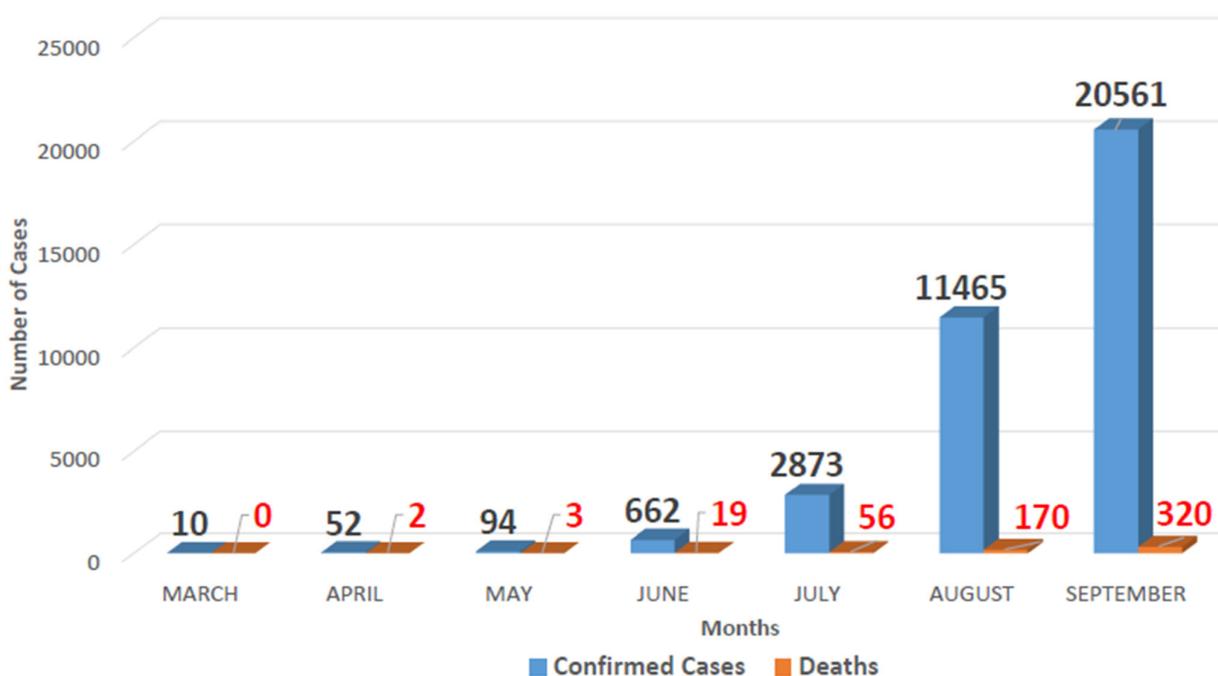
Throughout September, cases continued to increase in some of Libya's largest cities, in Tripoli, Zliten, Misrata in the west, and in Benghazi and Ejdabia in the east. While the number of cases reported in the south is lower than the number reported earlier in the year, the near exhaustion of testing supplies and limited capacity of health facilities in the south likely explains the decrease, not that the virus has been brought under control there.

Libya's fatality rate is likely underestimated due to the absence of a functioning mortality surveillance system in the country. The number of known deaths (559) includes only confirmed COVID-19 patients who report to health facilities. The real number of deaths (from undiagnosed infections in communities) is unknown. Even with under-reporting, Libya has recorded 80.19 deaths per 1 million population, which is higher than the rates reported in neighbouring countries.

While capacity for testing continued to slowly increase, with an additional three labs in September, only 15 labs are operational out of a total of 25 and testing remains concentrated in Tripoli and Benghazi. Furthermore, many primary health care (PHC) facilities that were functioning prior to COVID-19 have since been closed. For example, out of 92 PHC facilities in Tripoli functioning before the outbreak, only 54 are still operational. Closures are due mainly to shortages of PPE and infection, protection and control measures, as well as delays or cuts to staff salaries.

Additionally, fuel shortages and continuous electricity and water shortages severely impacted the functioning of health facilities across the country, particularly those centers dedicated to COVID-19 testing or equipped with ventilation machines. Fuel shortages were particularly acute in the south, with many municipalities relying on donations from communities or requesting international assistance in order to continue to be able run generators and maintain operations.

In a positive development, Libya signed up to be a member of COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator and has expressed interest in procuring the new COVID-19 rapid tests that will be made available to low- and middle-income countries.



*Number of confirmed COVID-19 cases and deaths by month (source: NCDC/WHO)*

## Shedding light on life in Libya

Nine years of conflict have taken a severe toll on the country’s people, with almost 400,000 displaced and access to the most basic things in life becoming progressively more difficult for most. The combination of several worrying developments – armed conflict, increasing COVID-19 cases and its impact on livelihoods and the economy – has brought thousands of protesters to the streets since late August, protesting deteriorating living conditions, persistent water and electricity cuts and corruption. This is an insight into three people’s lives from south, east and west Libya.

### Conditions deteriorate in the south – going from bad to worse

“The living conditions in Sebha went from bad to worse, especially after the closure of Sebha airport and the stoppage of fuel shipments to the city. The situation predicts a humanitarian catastrophe in Sebha and the southern region in future if these issues are not resolved,” says Abdulrahim Abdulaziz. He is chairman of Shaghaf, a local NGO in Sebha working on empowering youth through community dialogue, debates and humanitarian work.

Abdulrahim’s warning comes as Sebha and the southern region are experiencing ever-lengthening power cuts, shortages in fuel and a sharp increase in the prices of goods. “Prices have increased up to 15-20 per cent in the past 20 days. The price of fuel in the black market increased up to 1500 per cent compared to the official price,” he said. “Even mobile communication services are on the verge of collapse due to fuel shortages, while farmers struggle to water their crops as they cannot operate the water pumps without electricity.”



*Credit: Shaghaf Organization for Dialogue, Humanitarian Action and Debate*

The current fuel and power crisis are not something to which Libya’s southern region is unaccustomed, but as conditions continue to deteriorate in the midst of the pandemic, people are facing increased challenges. As one of the hardest-hit areas in Libya, health care centers in the south were severely impacted by the power cuts. In September and again in October, Sebha’s isolation center suspended operations, and much needed testing of suspected cases of the virus, when it ran out of diesel fuel to operate its generators.

### Education must resume in the east despite the virus



*Credit: Dr. Seif Alnaser*

“After months of suspension due to coronavirus, universities and higher education institutions were given permission by the eastern Ministry of Education to resume classes since the beginning of October, while adhering to the necessary precautionary measures,” said Dr. Seif Alnaser, the Director of the Department of International Cooperation at the interim Ministry of Education.

In Libya, the closure of schools to reduce the spread of the COVID-19 pandemic has disrupted learning for 1.3 million students. In addition to learning, 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. The prolonged closure of schools also puts additional pressure and stress on parents and caregivers.

Dr. Seif, who teaches political science and research at the University of Benghazi said that colleges decided to implement remote learning programs for some classes to stop the spread of the virus, while courses which required attendance were held at the university with the necessary precautions.

“The Ministry of Education was late to respond and adapt to remote learning but has since provided an educational platform with over 1,800 classes recorded so far. We must learn to coexist with the pandemic. But if we stop life, including education and work, the results will be disastrous”.

## Health services hard hit by electricity cuts and COVID-19 in the west

Doctor Hassan Rih studied dentistry in Germany and has been working as a dentist since the mid-70s. But lately his business, as for many Libyans, has been struggling due to the long power cuts in Tripoli, which sometimes reach up to 20 hours a day.

In the West, power outages have been particularly acute in the country's capital, Tripoli. Between 24-27 September, Tripoli recorded four consecutive days of total power cuts.

"When you get power for only a few hours a day, your business is negatively affected, as all of our equipment requires electricity," says Dr. Hassan, a veteran dentist running a private dental clinic in Tripoli. "We have a [power] generator, but it's not powerful enough to run all the equipment and the air conditioning, and you can't keep it running for too long, it wasn't made to run for very long hours".

"Diesel fuel is becoming scarce and expensive. The last time we bought it, it was 1.7 dinars per liter (133 times the official price) and now I heard it reached 2.5 dinars per liter. And it could cost more in the future," Dr. Hassan says, adding that on many occasions they had to cancel patient appointments and close the clinic when the generator malfunctioned or when they ran out of fuel.



*Credit: Ahmed Rih/OCHA*

As well as managing the disruptions caused by electricity cuts, the COVID-19 pandemic is having significant impact on the health workforce putting further strain on the system to continue to provide medical support for Libyans. Noor\*, a 34-year-old doctor working at a hospital in Tripoli, explained how several of her colleagues got infected with COVID-19, some of whom needed to be put on respirators. "We can handle it [COVID-19], but we don't want to take it back to our families, some of them suffer from chronic illnesses," Noor says. She avoided visiting her family for nearly two months because she was worried that she could spread the infection.

In other hospitals, services have been disrupted by a lack of staff and/or resources. In some instances, staff have gone on strike protesting the rising cases among colleagues and lack of government support. The rising cases, including among health personnel highlights the need for personal protective equipment and effective infection, protection and control measures to help curb the spread of the virus.

*\* Name has been changed to protect her identity*

## Improving trend in access but longer term solutions still needed

Humanitarian partners working in Libya reported a total of 554 access constraints in the month of September 2020, a 16 per cent decrease compared to August. This is the third month showing a reduction in the number of access constraints reported through the Access Monitoring and Reporting Framework. While there have been improvements in access, particularly in the resumption of regular UN Humanitarian Air Service (UNHAS) and commercial flights to and from Libya, the release of essential health items from customs and relaxations in COVID-19-related movement restrictions, part of the decline can be attributed to humanitarian organizations having reduced presence due to other persistent access constraints, particularly in relation to the issuance of visas for international staff. Regarding delays in release of imported medical supplies, which was a key constraint for Health Sector partners that was resolved during September, there is still a need to implement a long-term solution to ensure it does not reoccur.

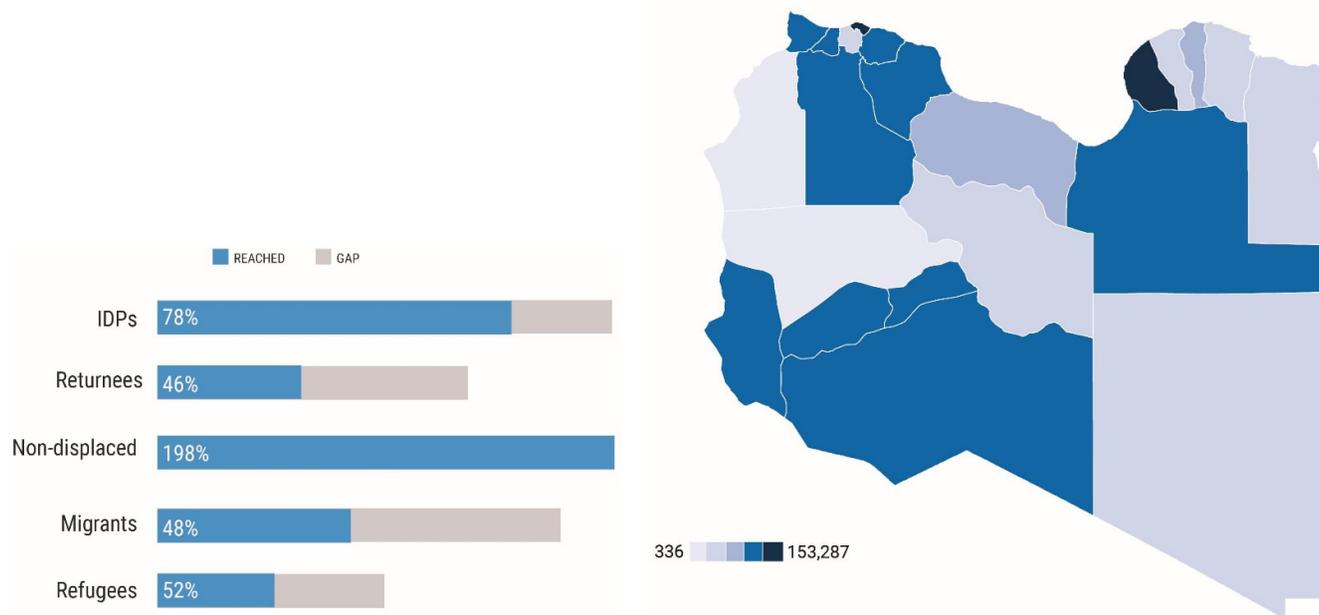
For the seventh month in a row, restrictions on movement of humanitarian agencies, personnel, and goods into Libya made up more than half of reported constraints (51 per cent). INGOs continued to face challenges in obtaining visas for their international staff with 91 per cent of INGO staff supposed to be either fully or partially based in Libya reportedly not being able to secure visas to enter the country. Only very few staff members were granted visas during the month, though advocacy with relevant ministries pointed to a potential breakthrough that would allow dozens of international staff who have been waiting up to eight months for visas to finally be allowed to enter the country.

Restrictions in movements within Libya represented 24 per cent of reported challenges, with humanitarian activities in the East the most impacted for a third consecutive month with 42 per cent of all reported constraints, compared to 38 per cent in the West and 20 per cent in the South. Some organizations continuing to find difficulties in implementation because of COVID-19 precautionary measures that impact on movement. Other organizations have had to limit their movements and activities due to security measures. The concentration of humanitarian supplies in Tripoli compounds difficulties in transporting humanitarian items through different areas of control.

There was a concerning increase in the number of direct attacks against civilian/humanitarian personnel, assets and facilities during September, particularly health workers desperately needed to respond to the COVID-19 pandemic. On 11 September, a doctor from Al-Khadra General Hospital in Abusliem was kidnapped from outside his house in Tripoli. He was safely released nine days later. Another doctor resigned after being attacked and threatened with kidnapping at a hospital in Ejdabia, resulting in the hospital being without an ICU specialist and hospital staff also went on a strike in solidarity further disrupting the hospital's operations. The General Hospital in Bani Walid temporarily closed after its medical personnel were attacked and its administrative building and emergency department vandalized and burned. While military operations have had a lower impact on humanitarian access relative to previous months, the presence of armed groups and explosive hazards in different areas in Libya continued to constitute a security risk for humanitarians and impacted movements.

A total of 291 (53 per cent) out of the 554 reported constraints affected humanitarian sector activities with the Health Sector registering as the highest with 40 per cent, followed by the Protection Sector at 15 per cent and the Shelter/NFI and Education sectors at 11 per cent each. For the first time in four months, Food Security Sector partners were not affected by any constraints. However, limited operational presence in some parts of the country impacted the humanitarian community's ability to deliver humanitarian assistance in general, especially in remote areas.

Between January and August 2020, humanitarian organizations have reached more than 268,000 people with humanitarian assistance since the beginning of the year. This includes support to 75,000 internally displaced people, 128,000 vulnerable, conflict-affected Libyans and recent returnees and 66,000 migrants and refugees. This included nearly 119,000 people who received unconditional food assistance, 107,000 people with shelter assistance and 44,000 people who benefited from WASH items or services. Health partners continued to increase access to health services, providing more than 120,000 medical procedures and supported 308 public health facilities with health services and supplies. More than 83,000 people received specialized protection services or awareness raising activities, including gender-based violence and child protection services and psychosocial support. Mine Action partners have cleared more than 124,000 m<sup>2</sup> of land of explosive hazards and provided risk education to approximately 28,000 people.



**Number of people reached by population group and by mantika**