

Highlights:

- As of 31 July 2020, there are 3,691 confirmed cases and 74 COVID-related deaths nationally with significant increases in Tripoli, Sebha and Misrata.
- Socioeconomic impacts of COVID-19 continue to affect people’s food security and livelihoods, exacerbated by electricity and water cuts.
- More than 243,000 people have been reached with humanitarian assistance through the HRP since the beginning of 2020.
- Humanitarian access remains a persistent challenge across the country, compounded by COVID-19 restriction measures.



Credit: UNICEF / Tripoli / Pirozzi

KEY FIGURES

1M

People in need

0.3M

People targeted

430k

People displaced in Libya

626k

Migrants and refugees in Libya

243k

People reached

FUNDING (2020) *(as at 31 July)*

\$129.8M

Required

\$74.5M

Received



57%

Progress

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

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Cases of COVID-19 on the Rise

COVID-19 cases in Libya continued to significantly increase in July, with 2,867 new cases recorded, representing an increase of 348 per cent since June. The lack of adequate testing across the country indicates that reported cases are a glimpse at the overall rate of infection. As of 31 July, the National Centre for Disease Control (NCDC) reported 3,691 confirmed cases and 74 COVID-related deaths. Municipalities with the highest number of confirmed cases are Sebha (793), Tripoli (985), Misrata (699) and Zliten (235). While the highest proportion of cases are in the West (63 per cent), the South remains a hotspot, representing 33 per cent of confirmed cases, while only representing eight per cent of the country’s population.

The Libyan authorities have outlined the top challenges in combatting COVID-19 as the fragmentation of health sector institutions, poor governance, extreme shortages of medical supplies and health care workers, ongoing insecurity and shortages of allocated funding. Furthermore, the continued closure of more than 50 per cent of healthcare facilities, particularly in rural areas, has further reduced people’s access to health services, either in relation to COVID-19 or for other medical assistance.

There are a total of 64 health facilities, with a combined capacity of 800 beds, engaged in the COVID-19 response. However, many of these facilities require additional staff. There are 15 functional labs across eight municipalities (Al-Jufra, Benghazi, Gharyan, Misrata, Sebha, Tripoli, Zawia, Zliten), although the majority of tests are still conducted in Tripoli and Benghazi, but are increasing in Misrata and Sebha.

The South remains a significant concern, particularly Sebha, where cases continue to increase rapidly. Limited health resources have been further stretched, with many health care staff testing positive for COVID-19, mainly due to poor infection prevention and control (IPC) practices in health facilities. Most patients are self-isolating at home, but compliance is poor and compounded by weak coordination among local health authorities. In addition, some members of communities in the South are refusing to be tested due to fears of contracting the disease. Only the Sebha Medical Centre has the capacity to treat patients, but it has acute shortages of staff, with many health workers refusing to report for duty because of fears of contracting the virus and insufficient personal protective equipment.

While health Rapid Response Teams (RRTs) have been deployed to the region, they lack logistic support and the region suffers from a lack of equipment and supplies for testing, which contributes to delays in the detection of cases. In response to severe shortages of swabs for testing, health authorities in Tripoli have sent a further shipment of 20,000 swabs to Sebha in July and WHO continued to advocate with national health authorities to send available stocks to cover gaps until new supplies arrive. WHO is also finalising an agreement with the Ministry of Health to deploy WHO-supported COVID-19 mobile teams to rural areas to support testing, tracing and patient referrals, and humanitarian organizations continued to support training for health workers in case management and IPC.

Targeted risk communication and community engagement for COVID-19 continued to be scaled up. A recent update on COVID-19 mobility tracking by IOM's Displacement Tracking Matrix (DTM) demonstrates that 94 per cent of assessed municipalities' key informants reported that at least some level of local awareness campaigns against the spread of COVID-19 were being undertaken. However, these activities remained a priority for health authorities and humanitarian organizations given recent rates of transmission. This included meeting with NCDC representatives to review optimal ways of disseminating health promotion materials through TV, radio and other channels, and how to improve community engagement in risk communication activities.

Containing the pandemic, particularly in the South, is complicated by sub-standard living conditions of many people, lack of access to basic health and WASH services, either due to insecurity or years of neglect in public service infrastructure and delivery. Fuel shortages and daily electricity cuts of more than 18 hours also affected the functioning of health facilities, as well as affecting water supplies. Furthermore, insecurity typified by armed robberies and tribal clashes in the South have been increasing, further impacting people's ability to access services and medical assistance.

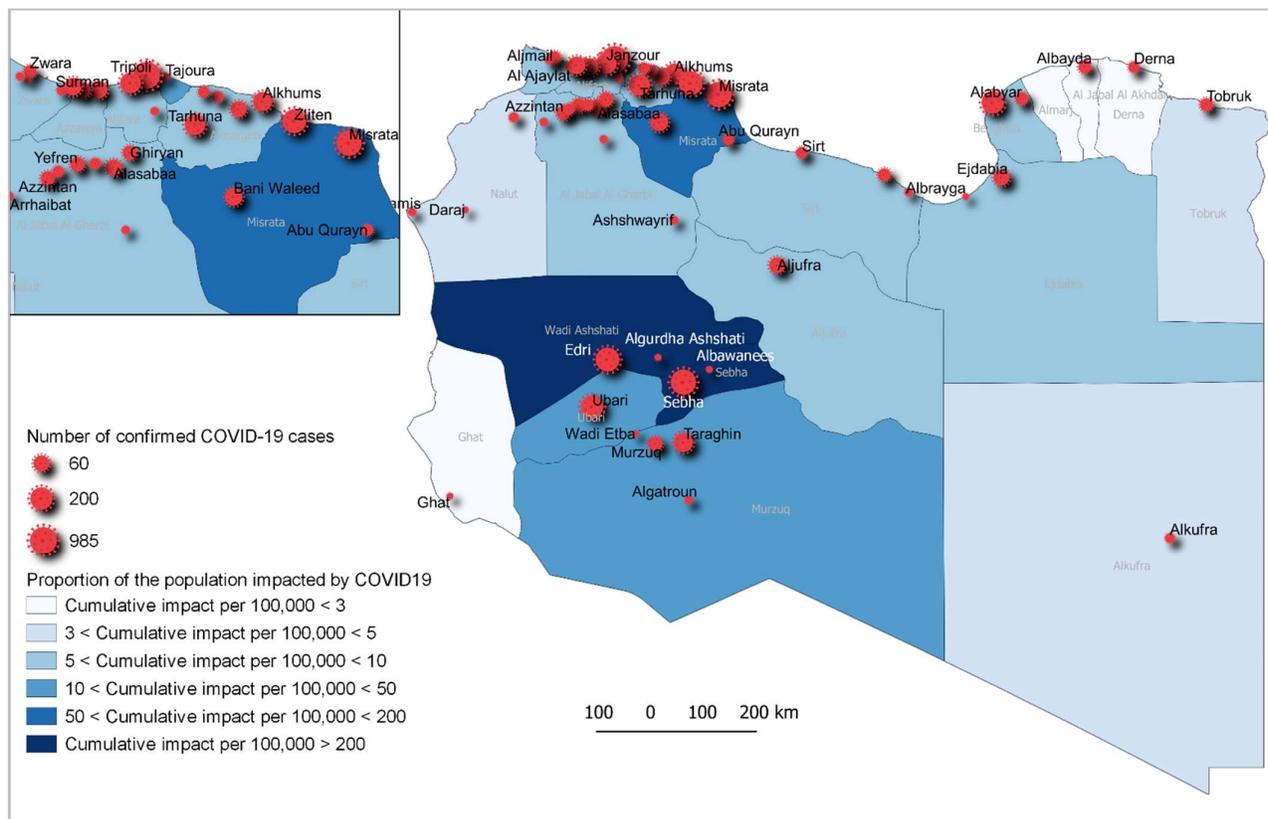


Figure 1: COVID-19 cases in Libya by baladiya (as of 31 July 2020)

Socioeconomic Impact of COVID-19 Taking a Toll

The continued socioeconomic impacts of COVID-19, along with the protracted crisis and its associated impacts on deteriorating public services, continued to stretch the most vulnerable people's coping capacities, particularly the more than 1 million people estimated to be in need of humanitarian assistance in 2020. Humanitarian organizations continued to provide assistance to those most in need, and between January and June 2020, have reached more than 243,000 people. This includes 66,000 internally displaced (IDPs), 119,000 vulnerable conflict-affected Libyans and returnees, 37,000 migrants and 21,000 refugees.

This included 98,000 people who received unconditional food assistance through either in-kind or cash-based transfers, 93,000 people who received non-food items (NFIs), such as hygiene kits, mattresses and jerry cans, and 22,000 people who were reached with essential hygiene items and awareness materials. More than 36,000 people received specialized protection services, such as general protection, gender-based violence and child protection services, including psychosocial support. An additional 49,000 children received psychosocial support through schools and learning spaces. Health sector partners also enabled increased access to health services through more than 74,000 medical procedures.

Of the 243,000 people reached by humanitarian organizations since the beginning of the year, 46,000 people were reached with assistance that directly addresses the impact of COVID-19 as outlined in the Health Sector's pillars of their COVID-19 Response Plan. Additionally, 40 per cent of those reached through HRP activities are addressing the indirect impacts of COVID-19.

Across Libya, the prices of essential food and basic goods continued to fall in July, but remained eight per cent above pre-COVID-19 levels, according to REACH's joint market monitoring report for July. The reduction in the average cost of essential goods between June and July was more pronounced in the West (-6.9 per cent) and the South (-5.6 per cent), while prices remained relatively consistent in the East. Reductions were largely driven by a 43 per cent drop in unofficial fuel prices and an increase in official fuel vendors. Fuel is particularly important during summer months given regular electricity outages in many parts of the country, resulting in many families, as well as hospitals and other public infrastructure, increasingly relying on generators.

Unemployment and lack of access to livelihoods, particularly among migrants, continued to drive people's vulnerability and impacts on food security and access to public services, such as medical care. According to DTM, while the impact of movement restrictions had reportedly eased, with survey respondents in 25 per cent of municipalities reporting a lack of freedom of movement in July compared to 34 per cent in May, 29 per cent of migrants interviewed in June reported still being unemployed, compared to 17 per cent in February 2020. Among Libyans, including IDPs, in 89 per cent of the municipalities assessed, people reported they still faced negative socioeconomic impacts of COVID-19, particularly in relation to freedom of movement and access to livelihoods.

Persistent Risks for Migrants, Refugees and Asylum-seekers

While there have not been significant changes in the security situation across the country in July, many migrants, refugees and asylum-seekers continued to face significant risks to their lives and well-being. In July, 1,143 people, including 64 women and 96 children, were intercepted at sea and returned to Libya, according to IOM. Furthermore, there were reports of migrants, asylum seekers and refugees drifting in the Mediterranean for many days until assistance was rendered. In 2020, more than 6,600 migrants, asylum-seekers and refugees were intercepted at sea and returned to Libya.

On 27 July, three migrants were killed and two others injured in a shooting at the Khums disembarkation point, when the migrants, intercepted at sea and returned to Libya, attempted to flee the disembarkation point. On 20 July, an Eritrean asylum-seeker in Tripoli died, having been previously held in a trafficking centre in Bani Waleed. The man approached the UNHCR's Community Day Centre seeking medical assistance, appearing severely malnourished, but died before being able to be transferred to a hospital. A [joint report by UNHCR and the Mixed Migration Centre](#) published in July further documents the abuse, protection, and justice issues related to refugees and migrants making irregular journeys between East and West Africa and Africa's Mediterranean coast.

“I was devastated when I saw my left leg was missing” - story of a mine survivor in Libya

Over nine years of hostilities in Libya have left many areas of the country severely contaminated with explosive hazards, threatening residential areas, schools, universities and hospitals.

With the re-taking of southern Tripoli by the Government of National Accord (GNA) and aligned forces in June, significant areas were contaminated by booby traps, including IEDs, landmines and explosive remnants of war by withdrawing forces. According to the Libya Mine Action Centre (LibMAC), as of 10 August, 55 people have been killed and 107 others injured, of which 98 are civilians from these deadly hazards.

Omar*, a migrant from Morocco who engages in construction work, is one of the survivors. He came to Libya 15 years ago in search of work with his wife to support his seven children, 6 to 22 years old, back home.



Credit: Free Fields Foundation/GCS

“I still have shrapnel under my skin, everywhere on my body. I was unconscious for 25 days. I remember waking up in the hospital confused. I was devastated when I saw that my left leg was missing. Slowly, the memories started coming back to me on what happened.”

Omar’s day started like any other. *“It happened on a Sunday, during a normal work week for me. At around 9 or 10 AM, I visited a house in the Ain Zara district in Tripoli to assess the work that needed to be done. I rebuild houses that are damaged by the war.”*

Ain Zara is one of the most contaminated in south Tripoli. Most residents left the area when the escalation of conflict started in Tripoli in 2019. *“I remember entering the house with two of my colleagues and just as I turned around the corner, I stepped on a mine. I passed out immediately and only woke up about a month later in the hospital. My wife has been with me every day but my accident put a lot of pressure on her as well and her blood pressure went up.”*

The road to recovery for survivors like Omar is long and requires resources few can afford. *“I have been in the hospital for 2 months and 20 days. I am counting the days. But I don’t know yet when I will be released. Just last week I went into surgery for my right leg, which got infected and is causing a lot of pain. I’m very worried that I might lose it, too. I can’t do much other than lay down. I don’t know if I will ever be able to work again from a wheelchair but I haven’t thought much about the future yet as my greatest concern at the moment is to keep my right leg.*

My children have to take care of themselves back home, all they have is us to support them from afar. I used to send whatever money I earned to them, to cover for their needs. But now that I haven’t been able to work for almost three months, I’m very concerned about them. I’m afraid that my children are suffering more than me because they depend on us.”

With people in Libya already struggling with exponential price increases for basic commodities, including food, rent, and medicine, the impact of the conflict has hurt the most vulnerable the most. *“I don’t know how to cover the medical bills and where to find the money for a prosthetic leg. On top of that we are two months overdue in rent. Just one single antibiotic pill costs 150 Libyan dinars (approximately US\$25-43). How can we afford this?”*

“I didn’t know about the risk of landmines and I wasn’t able to know whether the house I visited was contaminated. If I knew there was danger, I wouldn’t have gone to the area at all. My only hope now is to get better.” In the early days after the fighting stopped, risk education was limited but in response to the growing threat posed by explosive hazards in Libya, UNMAS together with LibMAC along with partners IOM, UNICEF and UNSMIL developed risk education materials to raise awareness and increase the safety of the Libyan population, as well as migrants and refugees. The intensification of outreach has resulted in an increase in the reporting of explosive devices and a significant decrease in the number of explosive accidents in recent weeks.

Mine Actions partners are also engaging with authorities to undertake technical surveys and the Humanitarian County Team, led by Protection Sector and Mine Action Sub-Sector, have offered technical advice to national authorities on the key steps to ensure that returns are safe, dignified and voluntary.

* The name of the survivor has been changed to protect their privacy and security.

Access Challenges Persist

A total of 979 access constraints were reported during the month of June. This signified a four per cent decrease from May - the first monthly decrease in reported access constraints since March 2020.

Restrictions on the movement of personnel and supplies into and within Libya remained the overriding constraint, representing 91 per cent of all reported constraints in June. Of these, a total of 675 reported access constraints (69 per cent) related to restrictions on movements of humanitarian agencies, personnel, or goods into Libya. This was a five per cent increase in the same category compared to number recorded in May 2020. The most reported constraint in this category was difficulties and delays in the issuance of Libyan visas for international NGO humanitarian staff. While the UN Humanitarian Air Service (UNHAS) has resumed flight in June, commercial flights into the country remain suspended due to COVID-19.

While challenges related to moving personnel or goods into Libya remained, there was a considerable decrease, of 25 per cent, in reported restrictions on the movement of personnel or goods within the country in June. Despite this, partners continued to report delays and difficulties as a result of COVID-19 related measures, including restrictions in movements from one location (municipality) to another, as well as inconsistencies and delays in obtaining clearances for movements by local and national authorities.

Other reported access constraints related to insecurity (3 per cent) and environmental factors, such as electricity outages or fuel shortages (3 per cent). In June, there was also 22 reported constraints (2 per cent) presence of booby traps, including IEDs, landmines and explosive remnants of war, which impacted on humanitarian organizations' access, particularly in Tripoli, Sirte and Tarhuna.

Many access constraints in the country were exacerbated by movement restrictions and other measures that were put in place due to COVID-19. Some measures, particularly related to movement restrictions, were relaxed in June, resulting in the number of access constraints related to COVID-19 declining by 4.5 per cent, compared to May 2020. However, these COVID-19 related constraints still represent 75 per cent of all reported constraints during the month. These reported constraints mostly related to the movement of humanitarian personnel, items and agencies into and within Libya.

The West continued to have the highest number of reported constraints, representing 41 per cent, followed by the East (38 per cent) and the South (21 per cent). A major constraint reported for the West was delays and difficulties of INGOs being granted visas for international staff members. While these challenges existed prior to COVID-19, newly imposed COVID-19 requirements for travelers presented additional complications and delays. The number of reported constraints related to the movement of personnel and supplies, particularly in relation to air transport, was far higher than the other two regions, although this is largely due to the larger operational presence of humanitarian partners in the West. Despite improvements in the ability to move within the region, they remained 16 per cent of reported constraints. In June, other reported constraints included the presence of UXOs and ERW (5 per cent) and insecurity (3 per cent) as impeding access.

In the East, delays and difficulties in obtaining visas for INGO international staff members were the most significant constraint. Moreover, the continued suspension of commercial flights and limited number of UNSMIL and UNHAS flights constrained the ability of humanitarian personnel to travel to the East. While COVID-19 related movement restrictions eased in June, enabling humanitarian organizations to move more easily between municipalities, crossline movements from west to east Libya continued to be challenging. Major delays in transfer of money from outside of Libya into East Libya as payments for local suppliers and local partners was also reported by humanitarian partners.

In addition to challenges with movement of personnel and goods into and within Libya, in the South, insecurity and the presence of armed groups in different parts of the region made it difficult for humanitarian organization to freely operate. Overall these challenges represented 7 per cent of reported constraints in the South. Additionally, environmental factors, such as poor infrastructure, impeded transportation and communication of humanitarian operations and constituted ten per cent of reported constraints in the region.

The analysis from access reporting by humanitarian organizations continued to support efforts with all relevant stakeholders to facilitate access to all affected communities to ensure the continuation of ongoing humanitarian programming and COVID-19 response activities.