

Highlights:

- Following an intensification of conflict in southern Tripoli, Tarhuna and Sirt in June, nearly 28,000 people were forced to flee their homes.
- Changing conflict dynamics have resulted in people starting to return home but many areas, particularly southern Tripoli, are heavily contaminated by explosive hazards and remain unsafe for returning residents.
- COVID-19 cases have significantly increased in June, with half of all cases in southern Libya. Socioeconomic impacts continue to affect people's food security and livelihoods.
- Humanitarian access continues to be a challenge with a 20 per cent increase in reported incidents in May, compared to April.



UNHCR with partner LibAID distributing NFIs for Murzuq IDPs in Taraghin Municipality (LibAID, 2020)

KEY FIGURES

1M

People in need

0.3M

People targeted

430k

People displaced in Libya

626k

Migrants and refugees in Libya

198k

People reached

FUNDING (2020)*

\$129.8M

Required

\$42.4M

Received



32.6%

Progress

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

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Situation update (until 30 June)

Following an intensification of conflict in southern Tripoli, Tarhuna and Sirt in June 2020, nearly 28,000 people were forced to flee their homes. The majority of those displaced moved to the east of the country, particularly to Benghazi (6,550 people) and Ejdabia (6,050 people), while others moved to the West, notably to Bani Waleed (4,750 people). Most internally displaced people (IDPs) are staying with relatives, friends, host families or in privately rented accommodation, while a smaller percentage (around 13 per cent) are staying in collective shelters that have been established by the local authorities.

In Tarhuna and in Sirt, there have been reports of acts of retribution, looting and other serious violations. This included reports of looting of the Tarhuna General Hospital. The recapture of Tarhuna by the Government of National Accord (GNA) brought the discovery of multiple mass graves. The United Nations Support Mission to Libya (UNSMIL) received an official request from the GNA to provide technical assistance to support investigations and collection of evidence in conformity with international standards.

On 22 June, the UN Human Rights Council passed a resolution to establish a fact-finding mission to investigate violations of international human rights law and international humanitarian law by all parties to the Libya conflict since the beginning of 2016. The resolution also included preserving evidence with a view to ensuring that those responsible for abuses are held accountable.

In response to newly identified humanitarian needs, UN agencies and partners responded to those affected in Tarhuna and Sirt, and to those in areas of displacement, reaching 34,000 people. This includes 17,500 affected or displaced people who have been provided with either food, hygiene kits and/or non-food items in Bani Waleed, Sirt, Tarhuna and Zawia in the West, and 16,300 people across the various locations of displacement in the East. Additionally, health supplies and equipment, as well as the provision of health services, have been provided in Bani Waleed, Sirt and Tarhuna and in the East.

There are around 430,000 people that remain displaced in Libya, compared to 269,000 people at the same time last year. Those municipalities hosting the highest number of IDPs are Tajoura and Suq Aljumaa in Tripoli, Benghazi and Sebha. The number of people that have returned to their places of origin have remained limited (8,750 people since last reported). Insecurity remained the more significant factor that drove people's displacement, with worsening economic conditions and availability of basic services being contributing factors.

With the recent shift in conflict dynamics, many people who were displaced since the beginning of the Libyan National Army's (LNA) Tripoli offensive in April 2019, have started to return to many areas of southern Tripoli. However, there is a significant risk to returning residents and responders from explosive hazards that have been left behind by forces as they withdrew from Tripoli's southern suburbs. According to the Libyan Mine Action Centre, there has been 138 casualties to date, with 81 civilians, including children, and 57 non-civilians, including clearance operators, are among the casualties in areas of southern Tripoli.

The Ministry of Defense has convened a joint committee to coordinate the mine action response and relevant humanitarian partners are supporting with mapping of explosive hazard contamination, explosive ordnance risk education and providing guidance to ensure that any returns are safe, dignified and voluntary. Urgent surveys of contaminated areas in Tripoli are critical for effectively planning safe returns. Recent incidents around Sirt, especially in the western part of the city, have also reportedly resulted in the deaths and injuries of seven civilians, including children, from new or legacy contamination. However, the scale of contamination in these areas cannot be quantified and mapped until surveys can be safely conducted after cessation of hostilities.

There are nearly 626,000 migrants and refugees in Libya; many who face arbitrary detention, gender-based violence, forced labour, extortion and exploitation. The number of people being held in state-run detention centers has nearly doubled in the last two months, with more than 2,300 migrants and refugees in detention. Migrants and refugees also continue to take risks to attempt to cross into Europe. Between 29 May and 29 June, more than 1,500 people were intercepted/rescued by the Libyan Coast Guard and returned to Libya. As of 26 June, more than 5,000 refugees and migrants have been intercepted/rescued at sea in 2020 and returned to Libya, this is compared with 3,450 over the same period in 2019.

Across Libya, the protracted crisis, along with the socio-economic impacts of COVID-19, are stretching the coping capacities and resilience of many people, including the more than 1 million people estimated to be in need of humanitarian assistance. Between January and May 2020, humanitarian organizations have reached more than 198,000 people with assistance, including 60,000 IDPs, 87,000 vulnerable conflict-affected Libyans and recently returned, and 49,000 migrants and refugees.

This includes 91,000 people who received unconditional food assistance through either in-kind or cash-based transfers, and 6,700 people who received emergency agricultural inputs. Approximately 56,000 people received non-food items (NFIs) such as hygiene kits, mattresses, jerry cans and a further 2,200 people benefited from rehabilitation to collective shelters or damaged dwellings. More than 38,000 people received specialized protection services, such as general protection, gender-based violence and child protection services, including psychosocial support. Health sector partners enabled access to health services through more than 59,000 medical procedures.

COVID-19 update (until 30 June)

COVID-19 cases have significantly increased in Libya over the reporting period. As of 30 June 2020, there are 824 confirmed COVID-19 cases, including 24 deaths, with cases increasing daily. The majority of confirmed cases are in the mantikas of Sebha, Tripoli and Misrata, although cases are increasing in locations in eastern and central Libya, including Benghazi, Sirt and Ejdabia. The South has the largest concentration of cases, representing half of all confirmed cases, though only 8 per cent of the population resides in the South.

In response to increasing cases, additional curfews were announced, movements between cities were prohibited, most public events and gathering were cancelled, and non-essential shops were closed. The re-opening of schools has been delayed to mid-July at this stage.

Immediate priorities for the COVID-19 response remain procuring and distributing personal protective equipment, lab diagnostic kits and supplies, supporting the establishment of and support to isolation sites, providing training and capacity building for health workers, including for rapid response teams, and continuing awareness raising.

While capacity has increased slowly, the ability of health authorities to adequately test, trace and provide treatment remains low compared to the requirement. There is a lack of critical medical supplies and equipment, including an increasing gap in testing capabilities from acute shortages of testing kits and cartridges. The total number of tests conducted across 13 labs is 30,700, although this is mostly concentrated in Tripoli and Benghazi. Given the low level of testing, the true scale of the pandemic in Libya is likely to be much higher than what reporting suggests.

Another serious obstacle to the COVID-19 response is the fragmented governance in Libya. A national preparedness and response plan for COVID-19 is still to be endorsed and in the absence of a coordinated national response, many municipalities have issued their own directives and taken measures as they deem appropriate.

Complicating efforts is a weak disease surveillance system and lack of reporting to the disease early warning and response network (EWARN), with only 64 per cent of sentinel sites providing regular and timely reporting in June. While national immunization campaigns have re-started, shortages of vaccines are putting the lives of over a quarter of a million children under one year of age at risk. Measles outbreaks, which occur in Libya roughly every two years, present a significant risk.

The humanitarian community continues to monitor the socioeconomic impacts of COVID-19 on people's lives and livelihoods. Food insecurity is increasing amid less food availability and increased prices. REACH joint market monitoring from 4-11 May identified that prices of essential food and goods had improved (an overall price decrease of 5.6 per cent) from late April. However, overall prices remained high, being 23 per cent above pre-COVID levels. The price of goods varies significantly between regions, with highest price decreases in Nalut (-30 per cent), Albayda (-28.8 per cent) and Tobruk (-27.9 per cent).

The June 2020 WFP Vulnerability Analysis Mapping shows that 76 per cent of Libyans have adopted negative livelihood coping strategies to address a lack of resources during the pandemic – up to 87 per cent for displaced households. 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 their basic food needs. The locations with the highest proportion of households adopting emergency coping strategies were Alkufra (50 per cent), Tobruk (43 per cent), and Zwara (33 per cent).

Lack of livelihoods remains a major risk factor increasing people's vulnerability and decreasing resilience, particularly for migrants. According to a recent DTM survey, in 95 per cent of assessed locations (44 municipalities), migrants who relied on daily labour reported to have been negatively affected by the COVID-19 induced slowdown in economic activities, compared to 68 per cent of residents including IDPs and host community members.

As a result, the Migrant Emergency Food Security Report, conducted by IOM in April, shows that one in three migrants in Libya is estimated to be food insecure and in urgent need of assistance. Factors affecting food security among migrants included the type and availability of employment, with higher levels of low food consumption reported among those seeking daily labour (34 per cent) than for those with regular employment (11 per cent). Living conditions were also a contributing factor, with 70 per cent of those living in informal settings having lower food consumption than those who lived in rented accommodation (41 per cent).

The postponement of school openings (to mid-July) has put extra pressure and stress, particularly on women, who have the extra burden of providing home-schooling and dealing with the negative impact of confinement and curfew on children. This is exacerbated by the worsening of the economic situation and related impacts on people's access to work and livelihoods, which is increasing the risks of domestic violence.

Women and girls, especially refugees and asylum seekers, also reportedly face challenges in accessing public health due to lack of documentation required by many public health facilities. Pregnant women about to give birth require a marriage certificate in addition to other documentation and are required to be accompanied by their husband. As a result, some pregnant women, particularly migrant and refugee women, have chosen to deliver at home, presenting risks to themselves and their baby.

Women on the frontline of the COVID-19 battle

“Corona aggravated an already bad situation in Libya, particularly for women who are most vulnerable and are always the first to pay the price of any crisis,” says Mona*.

In Libya, like many countries in the Arab region, pre-existing gender and social inequalities have been exacerbated by the coronavirus. The pandemic has disrupted many women’s livelihoods, particularly those working in the informal sector or who are self-employed.

Across the divided country, women are facing increasing household work, risks of violence and restrictions on their movements. On the other hand, their access to healthcare services, particularly sexual and reproductive health, as well as social protection systems has been decreasing, aggravating their vulnerabilities.

Women and girls also face discrimination in law and in practice, and have unequal access to basic freedoms and rights. As such, Libyan women still have limited access to political participation and remain underrepresented in official institutions.

Yet, women across Libya are playing a significant and an important role in responding to COVID-19, including as frontline healthcare workers and as mobilizers in their communities. As in most parts of the world, the majority of Libya’s nursing staff are women.

Women also hold an important role in the family, as caregivers, which has become more critical during COVID-19, including supporting home-schooling, ensuring home sterilization, hygiene practices and other prevention measures. Many of these women continued to work while also taking care of the increased housework load.

The Libyan Women Network for Peacebuilding (LWNP) is one of the most active women groups in responding to the pandemic in Libya. LWNP is a new network of women representing a broad social, political, generational and geographic spectrum of war-divided Libya. The network was created with support from UN Women in July 2019 to help peacebuilding efforts across the country. As soon as the threat of the pandemic became known, the Network members quickly adapted their political activism to respond to the pandemic.

Through the LWNP, women have supported or created their own social media campaigns, such as the “Stay Safe Stay Home” campaign, to raise awareness of COVID-19 and preventive measures. They have established WhatsApp groups to support mothers and children, sharing strategies and ideas on how to keep children entertained and active during lockdown as well as information on protecting families from the pandemic.

In Sirt, they have hosted a radio programme with a psychologist and a social worker to talk about home sterilization and how families can cope with confinement. In Zawia, women from the LWNP created a drawing contest for children during lockdown through WhatsApp.

“With the emergence of the pandemic, the situation became worse; the war intensified and the number of victims increased. We needed to join efforts to help our people cope with both crises,” said Iman, another member of the Network



Courtesy of the Libyan Women Network for Peacebuilding

To reach Libya's most vulnerable people, the group started disseminating vital information on national and local radios to make people aware of the risks posed by the new coronavirus and how to limit its spread. They helped disseminate hotline numbers for those experiencing gender-based violence and distributed cleaning and sanitizing products to low-income families. They linked up with the "We are with You" campaign to provide doctors and nurses with protective clothes, masks, gloves, sanitizers so they could safely treat people.

"I tell women around me to learn how to live with Corona and strengthen their families' preventive measures and immune systems so at least they can have peace at home," said Raja, a member of the Network.

Aware of the heightened risk of outbreak in crowded places such as prisons, the Network teamed up with a legal aid network to distribute masks and gloves in prisons and detention centres and called for the release of prisoners who are either on a short sentence or about to finish their sentence, particularly those who are elderly or ill.

They also worked with NGOs in vulnerable migrant and refugee communities to distribute food, sanitizers and information on preventive measures in local languages of these populations.

These are just some of the examples of how Libyan women have led efforts to fight COVID-19 and supported some of the most vulnerable sections of Libyan society to deal with the pandemic's health and socioeconomic impact. The participation and leadership of women and girls is crucial to ensure the effectiveness of the humanitarian response to COVID-19 and recovery from it.

When asked what her message would be to the Libyan people, Heba one of the Network members says, "my message to Libyan men and women is to unite in order to stop the spread of the virus and spread peace instead. We are all suffering from the same symptoms of senseless fighting. It is time we give our country an opportunity to make peace. But peace must be inclusive. Women also need to be involved in peace building and negotiations".

** All names were changed to protect the privacy and security of women.*

Humanitarian access in Libya

In May 2020, humanitarian agencies reported 1,023 incidents of access constraints across the country. This represents a 20 per cent increase from March and roughly consistent with April reporting.

Similar to April, restrictions of movement of personnel and supplies into Libya constitutes the majority of reported incidents in May (64 per cent). These constraints include delays in obtaining and renewing work permits and registrations for humanitarian agencies to operate in Libya, as well as delays issuing visas and security clearances. It also includes delays in humanitarian supplies entering the country due to delays in obtaining customs clearances. But also reflects challenges of personnel travelling to Libya due to the continued suspension of commercial and UNHAS flights in May.

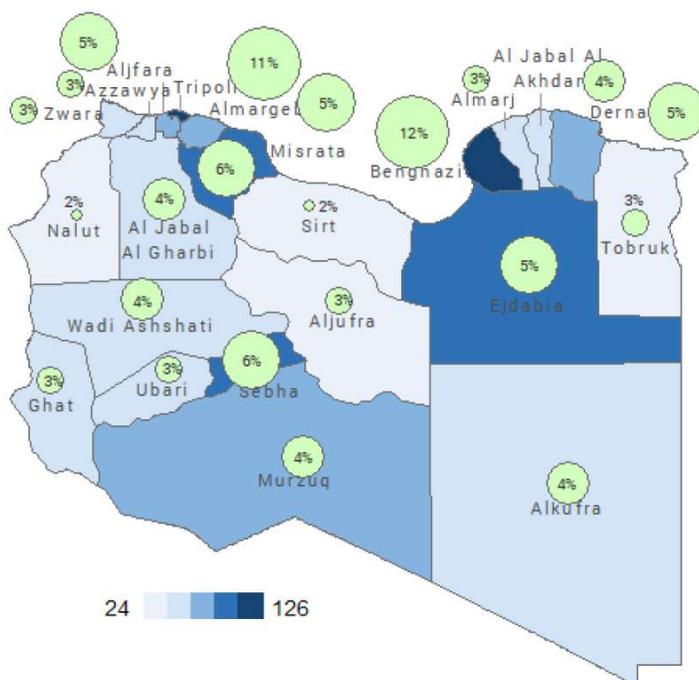
Restrictions on activities and movement of personnel and goods within Libya make up 27 per cent of all incidents reported. This includes delays and difficulties as a result of COVID-19 related restrictions, including curfews and restrictions in movements from one location (municipality) to another.

In addition to constraints related to the movement of humanitarian personnel and supplies, other reported incidents included constraints related to insecurity (4 per cent), environmental factors, such as electricity outages or fuel shortages (3 per cent), violence against humanitarian personnel, facilities or assets (four reported incidents) and restrictions/obstruction to affected populations' access to services (one reported incident).

Most reported incidents were related directly or indirectly to the Coronavirus pandemic. This was largely due to prevention measures and the associated impacts to movements and transportation, either locally or globally. Out of all incidents of access constraints reported, 768 (or 75 per cent) are directly or indirectly linked to COVID-19 imposed restrictions and precautionary measures.

Geographically, the West region had the highest number of reported incidents (41 per cent), followed by the East region (36 per cent) and the South (23 per cent). The Health Sector had the highest number of reported constraints (26 per cent), followed by the Protection Sector (22 per cent). More than half of all incidents that can be attributed to a specific sector were related to COVID-19.

The Humanitarian Country Team in Libya continues to work with the authorities at all levels to facilitate humanitarian access. The analysis provided by access reporting supports efforts to work with all relevant stakeholders to pursue ways to mitigate these constraints in order to reach those in need of humanitarian assistance.



This update has been produced in collaboration with Sectors and humanitarian partners, particularly UN Women for "Women on the Frontlines of the COVID-19 Battle".