



SITUATION AND CONTEXT OVERVIEW

More than 176 million people globally have contracted COVID-19 since the virus was declared a pandemic by the World Health Organization (WHO) on 13 March 2020. As it stands on 28 June 2021, Libya has more than 192,000 cumulative COVID-19 cases, relative to the country's population of less than seven million, this demands a rapid scale up in the provision of health services. As of 23 June 2021, a total of 370,066 vaccine doses have been administered in the country.¹ COVID-19 continues to aggravate the already complicated situation of vulnerable migrants and internally displaced persons (IDPs) in Libya. Deeply affected by the unstable security situation and movement restrictions, many of the vulnerable populations do not have access to basic essential services and little to no access to health care.

Libya's fragile and under-resourced health care system suffered from 32 reported attacks against health infrastructure during the 2020 conflict. Libya is also impacted by frequent fuel shortages and electricity outages, which affect the capacity of medical facilities to deliver appropriate health care. There are insufficient trained staff, medicines and supplies across the country, compounding the challenges in the health system further. Additionally, continued mobility restrictions and high jobless rate (the unemployment rate among migrants increased from 17 per cent in Jan-Feb 2020 to 29 per cent in May-June 2020) created an environment where migrants and IDPs continue to rely on health partners within the humanitarian community for acute service delivery and referral to private health care facilities. No national policy measures directed at Libyans – nor non-Libyans – have been undertaken to alleviate the grievances of vulnerable populations in need of

health care. A rise in the prices of basic goods and services, coupled with the loss of livelihoods, has added to the vulnerabilities of these groups. Following the devaluation of the Libyan Dinar (LYD) that took place on 3 January 2021, it is worth noting that the status quo may be subject to deterioration.

In addition, continuous power cuts affect water supply for over a third of the Libyan population in the north-western parts of the country. Practical measures, such as frequent handwashing to protect against the infection, are consequently difficult to maintain. The current outbreak of COVID-19 in the country has also provoked social stigma and discriminatory behaviors against migrants and people of certain ethnic backgrounds, as well as anyone perceived to have been in contact with the virus. Furthermore, 77 per cent of assessed communities reported outbreaks of diseases such as diarrhea, lice and scabies, and influenza-like illnesses. Humanitarian Needs Overview (HNO) for 2021 reports the availability of essential medicines in Libya is a major challenge with 70 per cent of functioning primary health care facilities lacking any of the top 20 essential medicines.²

While the ceasefire agreement signed on 23 October 2020 by the 5+5 Joint Military Commission gives hope for a more conducive work environment and better access for humanitarian actors, COVID-19-related morbidity and mortality rates continue to rise steadily, while the existing gaps in the COVID-19 response must be addressed. The urgent needs of migrants and IDPs across Libya will continue and priority interventions must respond as outlined in this country response plan for January–December 2021.

1 <https://covid19.who.int/region/emro/country/>

2 <https://www.humanitarianresponse.info/fr/operations/libya/document/health-sector-2021-hno>



Total funding amount required in 2021 for IOM to respond in Libya



20,200,000 USD

Risks and needs overview

In Libya, COVID-19 has added another layer of hardship and challenges to a country that has been plagued by several years of instability. The conflict and absence of nationwide governing bodies had created significant challenges to providing basic services, protection, and healthcare throughout Libya prior to the outbreak of COVID-19. Hence, the spread of the virus has further exacerbated the challenges faced by a population already left vulnerable by the social consequences of war. The impact has been particularly amplified by the fact that the first surge of the pandemic coincided with the resumption of hostilities and armed conflict. The response from the Libyan government included a variety of initiatives including training health workers, forming rapid response teams, preparing laboratory facilities, engaging in communication campaigns, setting up screening equipment and procedures at borders entry points, and planning for the distribution of medicine and Personal Protection Equipment (PPE) across the country. However, a fragmented health sector and lack of funding and human resources has crippled the execution of a response that fits the scale of the challenges in Libya.

The dire economic consequences of catching COVID-19 and the lack of treatment and testing centres, as well as the increased price of food, medicine, and other necessities were the main causes of concern cited by IDPs and migrants in Libya. Indeed, the rise in prices, combined with reduced income opportunities and mobility restrictions, has caused significant stress and hardship for vulnerable groups. This has made the most vulnerable migrants and IDPs more willing to accept precarious work, which leaves them more susceptible to exploitation, particularly financial exploitation due to resource scarcity and reduced capacity of law enforcement. Rights violations have also

been reported to have increased since the outbreak of COVID-19, indicating that the pandemic acts as a threat multiplier. Additionally, border closures and mobility restrictions can render migrants, who had intended Libya as their destination, more likely to take increasingly risky routes when travelling, putting them at risk of exploitation and abuse by human traffickers. Migrants and IDPs have also encountered instances of discrimination and stigmatization as they are perceived by the local community as likely carriers of the virus. These instances have had a widespread adverse impact on migrant populations when it comes to accessing services such as healthcare. Furthermore, the lack of clear outlook and isolated lifestyles have increased the mental pressure faced by migrants and IDPs. Addressing these issues has proven particularly difficult, since already scarce psychosocial offerings have been forced to reduce operations due to COVID-19 related restrictions.³

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³ IOM Libya, Assessment of the Socio-Economic Impact of COVID19- on Migrants and IDPs in Libya - https://libya.iom.int/sites/libya/files/Publications/IOM_COVID20%19-Assessment-Final20%Report_210423_vF29%281%20%7.pdf





FROM RESPONSE TO RECOVERY – IOM LIBYA’S PLAN

In 2021, IOM Libya will continue to contribute to the overall objective of the IOM COVID-19 [Global Strategic Response and Recovery Plan](#) to halt further transmission and mitigate the impact of the outbreak. All planned activities are in line with the Inter-Agency Standing Committee (IASC) Interim Guidance on COVID-19 with focus on persons deprived of liberty.

IOM believes that strategic response and recovery plans need to be responsive and adaptive to population mobility and cross-border dynamics, and that inclusive approaches must consider the needs of migrants, travellers (tourists, Libyans returning home, etc), displaced populations and local communities, and counter misinformation and rumors that can lead to anti-migrant sentiment and xenophobia. Primary efforts continue to be focused on preparedness and response; however, IOM keeps track of underlying factors

and stresses the importance of mitigating and addressing the social-economic impact of the pandemic through incorporating elements of social cohesion and recovery programming throughout IOM’s response.

With this 2021 Country Specific Strategic Response and Recovery Plan, IOM Libya will continue to support the Government of Libya and national health partners’ preparedness and response efforts towards COVID-19 to reduce associated morbidity and mortality and address the cross-cutting humanitarian needs of migrants and IDPs impacted by COVID-19. All planned activities will be aligned and organized based on national and WHO recommendations.





Strategic Objective 1 - Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities

1a. Mitigate the impact of COVID-19 on crisis-affected populations - Funding requirement: \$ 2,000,000

- Rehabilitate water, sanitation and hygiene (WASH) facilities and provide safe water in detention centres, health care facilities, schools and other locations as needed.
- Conduct regular disinfection, cleaning and fumigation of schools, health care facilities, camps, detention centres and other locations as needed.
- Distribute hygiene kits to Internally Displaced Persons (IDPs.)
- Monitor the situation of migrant communities regarding safe and meaningful access to services and information, as well as an updated analysis on the impact of the COVID-19 pandemic and response on the protection situation within communities.
- Provide emergency cash assistance and other forms of direct assistance for stranded migrants, displaced populations, and persons in need of specific care and protection, including persons with disabilities, children and elderly persons, victims of trafficking, sexual and gender-based violence.

1b. Secure life-saving assistance and access to critical services - Funding requirement: \$ 2,500,000

- Provide life-saving humanitarian assistance in the form of non-food items for IDPs, returnees, host communities as well as migrants in detention centres and urban settings affected by the pandemic.
- Rehabilitate sanitation facilities in Detention Centres (DCs), Community Centres (CCs) and/or other priority areas and implement light solid waste management activities.

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia - Funding requirement: \$ 1,000,000

- Implement contingency planning for maintaining minimal IOM presence and ensure emergency interventions to respond to COVID-19 movement restrictions and public health recommendations on COVID-19.
- Provide Mental Health and Psychosocial Support (MHPSS) services to migrants and communities affected by the pandemic.
- Continue to implement core protection activities such as identification, assessment, and overall case management as well as technological solutions to address challenges of in-person meetings due to quarantines and lockdowns.
- Expand community hosting programmes, emergency cash assistance and other forms of direct services to vulnerable stranded migrants, displaced population and persons in need of specific care and protection (including persons with disabilities, children and elderly persons, victims of trafficking, abuse and exploitation, sexual and gender-based violence).
- Support humanitarian return programme for migrants stranded and affected by the pandemic, including secondary socio-economic impacts.
- Provide virtual psychological support (remote psychological first aid and counselling services through MHPSS helpline).





Strategic Objective 2 - Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2a. Prevent, detect, and respond to COVID-19 and other public health threats in communities and at borders - Funding requirement: \$ 7,500,000

- Continue disease surveillance activities and Risk Communication and Community Engagement (RCCE) for COVID-19 and other diseases, alongside programming that supports the continuation of essential health care services.
- Enhance Infection Prevention and Control (IPC) in health care settings, through provision of IPC materials and trainings.
- Strengthen COVID-19 response and management capacity at Points of Entry (PoEs) through needs assessments, public health emergency response planning, and improved infrastructure and equipment.

2b. Promote equitable access to vaccines for vulnerable populations - Funding requirement: \$ 950,000

- Support vaccine supply chain management and information campaigns, in close coordination with other UN agencies.
- Strengthen data collection among migrant populations (including the operational cost of hiring data enumerators and device procurement).
- Conduct capacity building trainings on IPC, adverse event following immunization (AEFI) surveillance and data entry/management.

2c. Strengthen health systems to promote access and inclusion - Funding requirement: \$ 150,000

- Support public health care facilities through human resources, and their rehabilitation to allow health

service continuation.

- Support COVID-19 specific isolation centres through human resources, and their rehabilitation to allow health service continuation.
- Conduct health assessments at detention centres to establish minimum health service package plans for detained migrants.
- Procure PPEs, medical equipment and supplies for health care facilities.
- Support policy dialogue for the development of public health emergency plans at PoEs, in line with International Health Regulations (IHR).
- Provide technical support for the development of standardized referral mechanisms of COVID-19 cases in detention centres.

IOM believes that strategic response and recovery plans need to be responsive and adaptive to population mobility and cross-border dynamics, and that inclusive approaches must consider the needs of migrants, travellers (including Libyans returning home, etc.), displaced populations and local communities, and counter misinformation and rumors that can lead to anti-migrant sentiment and xenophobia.





Strategic Objective 3 - Mitigate the longer-term socio-economic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility - Funding requirement: \$ 2,000,000

- Conduct IHR assessments at PoEs to mitigate and prevent the spread of the diseases of concern and identify the existing health needs.
- Establish isolation spaces at PoEs.
- Train immigration, border, and health care workers at PoEs and develop and disseminate PoE-specific standard operating procedures (SOPs).
- Procure PPEs, medical equipment, medical consumables, medicines for health care facilities.
- Provide COVID-19 preventive supplies medical clinics at the ports equipped with medical laboratories.
- Support migrant registration systems and facilitate consular support coordination among concerned states to migrants stranded because of COVID-19.
- Strengthen exiting referral systems, with special consideration to individuals and groups in situations of vulnerability to ensure they can receive adequate protection, health care and MHPSS services.

3b. Include and empower people on the move to support socio economic recovery - Funding requirement: \$ 450,000

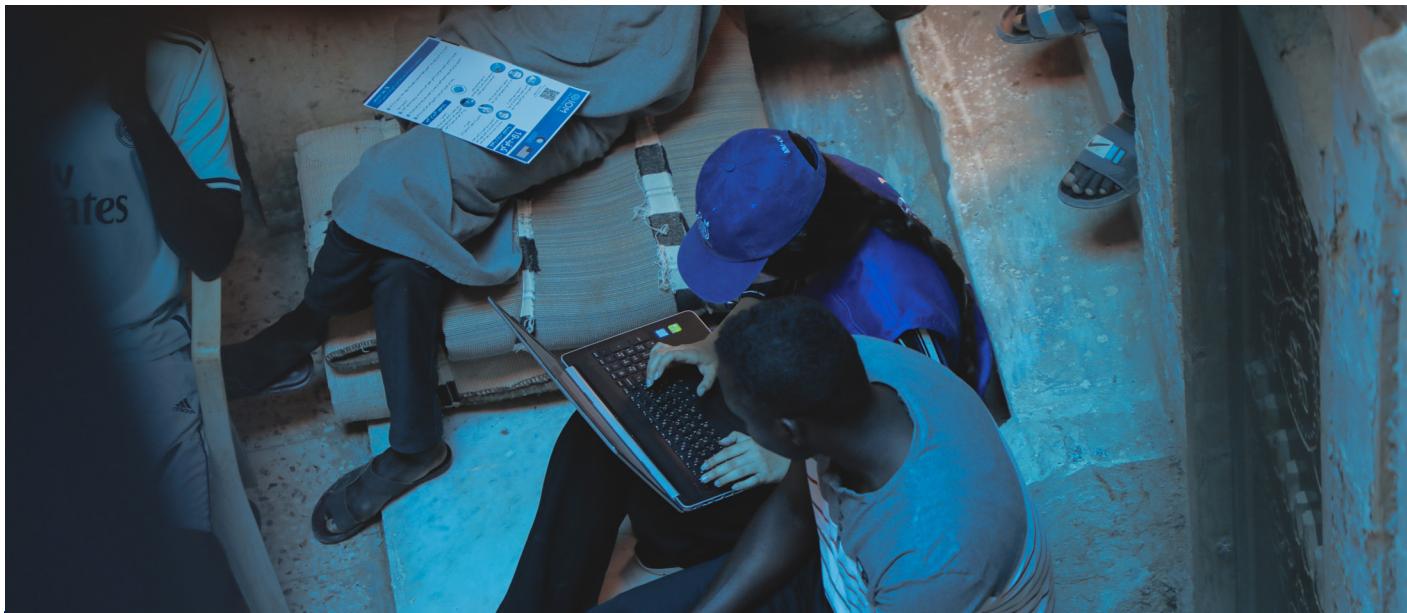
- Provide livelihood support to migrants and IDPs through vocational trainings, small grants and technical assistance to entrepreneurs and Micro, Small & Medium Enterprises (MSMEs).
- Support authorities to develop sustainable social protection schemes for people employed in the informal

sector.

- Deliver targeted skills development trainings through business grants to COVID-19 affected populations.
- Conduct a country-wide assessment on perceptions of migrants among host communities in Libya to act as baseline for long-term social cohesion planning, keeping in mind rise of xenophobia due to COVID-19.
- Support complaints mechanism for vulnerable migrant workers within the integrated labour market information system, currently being developed to address exacerbated vulnerabilities arising due to the pandemic.
- Provide reintegration assistance to migrants who benefited from Voluntary Humanitarian Return (VHR) programme, supporting them to re-establish their psychosocial and economic ties with their home community.

3c. Mitigate new or exacerbated community tension and conflict related to COVID-19 - Funding requirement: \$ 200,000

- Support, maintain and enhance social cohesion between migrants and host communities.
- Train community members and local authorities on peacebuilding and dialogue.
- Engage migrants and host communities in community-based activities to maintain positive interactions and contribute to mitigating risk of isolation during the pandemic.



Strategic Objective 4 - Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data

4a. Ensure a well-coordinated, informed, and timely response and recovery through mobility tracking systems at the community, national and regional levels - Funding requirement: \$ 3,000,000

- Conduct emergency tracking of displacement with rapid needs assessments to identify needs of displaced and affected populations, especially by the COVID-19 pandemic.
- Implement Displacement Tracking Matrix (DTM) mobility tracking to update baseline IDP and returnee population figures, and multisectoral needs data.
- Conduct migrant stock population baseline assessments and migrant flow monitoring and profiling including intention surveys (durable solutions).
- Conduct Multi-sectoral Needs Assessment (MSNA) surveys to support Humanitarian Planning Cycle (HPC) process.
- Conduct joint workshops on narrowing down specific needs (COVID-19 response) and areas of focused collaboration.
- Conduct workshops on joint data analysis and information management as part of local and national counterparts' capacity building.
- Conduct community-based migrant health surveillance in support of the National Centre of Disease Control (NCDC).

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility - Funding requirement: \$ 300,000

- Conduct Mobility Restriction Mapping (MRM) for Points of Entry (PoEs) and Key Locations of Internal Mobility (KLIM).
- Support PoE Data Collection for IHR/Integrated Border Management (IBM) Modules.

- Support publication and dissemination of briefs and tailored reports on issues related to mobility restrictions.
- Support publication of dashboards and infographics to inform humanitarian responders.
- Support cross-border health surveillance.
- Support data collection and analysis on evolving protection risks and lessons learnt to inform future programming and policy advocacy.

4c. Support and inform the medium-and longer-term efforts to address the socio-economic impact of COVID-19 at the international, national, and local levels through data provision and analysis - Funding requirement: \$ 150,000

- Analyse the socio-economic impact of COVID-19 on mobile populations.
- Analyse and assess the social protection frameworks and labour laws for inclusion of migrants.
- Support capacity building on effective labour migration management considering the pandemic for a variety of stakeholders.





IOM LIBYA'S CAPACITY TO RESPOND TO COVID-19

IOM is mandated by its Constitution and the policy documents adopted by its Member States to support migrants across the world, developing effective responses to the shifting dynamics of migration and, as such, is a key source of advice on migration policy and practice. IOM works in emergency situations, developing the resilience of all people on the move, and particularly those in situations of vulnerability, as well as building capacity within governments to manage all forms and impacts of mobility. IOM does this by emphasizing the promotion of the dignity of migrants and displaced people, their well-being and respect for their rights, and by adopting rights-based approach (RBA) in all its policies, strategies, projects, and activities, simply going beyond the physical and material needs of migrants.

IOM's policies, strategies, projects and activities are rights-based, and are developed and conducted based on principles of international migration law, which includes relevant rights and protections contained in the international human rights law, international refugee law, labour law, international humanitarian law, maritime law, law of the sea, transnational criminal law, and consular law at the international and regional levels. IOM is committed to protection mainstreaming, within the context of the Migration Crisis Operational Framework (MCOF), and to conducting activities in ways that seek to do no harm, prioritize safety and dignity, foster empowerment and participation, and are non-discriminatory and needs-based. IOM Libya engages in partnerships and cooperates with the stakeholders involved in humanitarian action based on shared principles to promote mutual respect, complementarity, predictability, and reliability for a more effective humanitarian response.

With the creation of a Libya-specific COVID-19 Preparedness and Response Plan in March 2020, IOM continued to help the Government of Libya and national health partners to reduce associated morbidity and mortality and address the cross-cutting humanitarian needs of migrants and IDPs impacted by COVID-19.

Despite the challenges linked to curfews and mobility restrictions in 2020, IOM provided vital health services to more than 33,000 people, while providing over 60 per cent of the overall core relief and humanitarian items for migrants and IDPs in Libya, reaching over 70,000 people in 40 municipalities.

Last year, IOM implemented seven new projects, supplementing its existing support from projects to fortify the ability of authorities and communities to prevent and respond to COVID-19. A holistic prevention and preparedness approach is being used, which comprises of numerous integrated activities, such as disinfection and thorough cleaning and rehabilitation of water, sanitation and hygiene (WASH) facilities in detention centres (DCs), health facilities, schools, isolation facilities and at disembarkation points, Risk Communication and Community Engagement (RCCE) awareness-raising sessions and outreach with migrant communities, distribution of COVID-19 protective items and hygiene kits, Mental Health and Psychosocial Support (MHPSS) sessions and hotline for remote counselling services and tracing suspected cases through thermal cameras and screenings at points of entry. Through the Migrant Resource and Response Mechanism (MRRM)⁴ and Health unit, IOM is reaching migrants at their workplaces, in addition to shelter settings, DCs and other facilities.

IOM also worked closely with the Libyan health and WASH sector, and several Libyan authorities responsible for working with migrants to support their preparedness and response capabilities aiming to reduce COVID-19 transmission. This support included the implementation of mobility restrictions and vulnerabilities tracking surveys, the delivery of advanced technical training for laboratory workers and frontline health care providers at public health care facilities nation-wide, direct support to the National Centre for Disease Control (NCDC) at points of entry, the organization of outreach campaigns and awareness sessions, the provision of necessary protective and medical equipment and the rehabilitation and equipment of WASH

⁴ The Migrant Resource and Response Mechanism (MRRM) in Libya was established with the aim of providing direct assistance such as food and non-food items, medical assistance, protection, and psychosocial support to migrants in distress living in urban areas. Assistance is delivered through IOM's MRRM mobile teams that operate in Tripoli, Zwara, Bani Walid, Sabha and Qatroun. Through these outreach activities, migrants are offered direct assistance and informed on the risks of irregular migration and its alternatives. They are also provided with referrals to IOM's different partners and its various programmes, such as the Voluntary Humanitarian Return (VHR) programme.



facilities in various centres.

In line with the 2020 efforts, IOM continues to be a member of the WASH sector and several technical working groups, such as RCCE, Reproductive Health, Essential Health Service and Points of Entry (PoE) and chairs the Mental Health and Psychosocial Support technical working group, which (in collaboration with the Ministry of Health and partners) aims to provide technical guidance and capacity building to better respond to mental health and psychosocial needs across Libya. IOM will also continue to be the leading

organization in conducting Mobility Restriction Mapping (MRM) for Points of Entry (PoEs) and Key Locations of Internal Mobility (KLIM), in collecting data on evolving protection risks and in supporting PoEs data collection for IHR and Integrated Border Management (IBM).

IOM LIBYA'S FUNDING REQUIREMENT

Funding requirements outlined in this Plan are aligned with regional and national inter-agency plans, such as Humanitarian Response Plans, Refugee and Migrant Response Plans, UN national COVID-19 plans, and the Joint Annual Work Plans of the UN Sustainable Development Cooperation Framework, among others. This Plan also incorporates IOM's specific financial requirements included in national and regional inter-agency plans alongside additional funding needs not covered by those, to ensure that all affected populations are reached.

BREAKDOWN OF FUNDING REQUIREMENT

AREAS OF INTERVENTION	TOTAL AMOUNT REQUESTED (USD)
Strategic Objective 1: Ensure continuation of essential services, mitigate risks, and protect displaced persons, mobile populations, and host communities	5,500,000
Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems	8,600,000
Objective 3: Mitigate the longer-term socio-economic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance	2,650,000
Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data	3,450,000
TOTAL	20,200,000

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