



Achievements



50,480 people reached through COVID-19 awareness-raising activities



81,270 people received access to vital health care services



79,698 migrants received core relief items



57,018 IDPs received core relief items



571 frontline workers trained on COVID-19 infection prevention and control



88 laboratory technicians trained on COVID-19 infection prevention and control



Total funding received by IOM Libya for its Preparedness and Response Plan to address COVID-19

\$15,654,857



SITUATION OVERVIEW

It has been one year since the first cases of COVID-19 were reported in Libya in March 2020. To prevent the spread of the disease, the Libyan Government declared a state of emergency. All border crossing points via land, air and sea closed and a curfew was put in place. Although the curfew was lifted in June, it continued to be re-imposed ad hoc by local authorities wherever important numbers of cases were registered.

By the end of June 2020, with only 824 confirmed cases of COVID-19 reported in Libya including 24 deaths, it became evident that due to the shortage of COVID-19 test kits and weak surveillance systems, the actual infection rate in the population was uncertain. As of September 2020, the number of COVID-19 cases had spiked to over 34,500 cases due to significant levels of community transmission reported in some of the main cities in the country (Tripoli, Zliten, Misrata, Khums and Janzour). More than 9,143 people in Libya remain actively infected as of end of March 2021.

In a country reeling from years of conflict, political and economic crisis, the pandemic continues to impact communities across Libya who lack access to basic services and stable living conditions. The Libyan health system is severely under-equipped to face the challenge that COVID-19 presents and while in principle it does not discriminate, in practice, very often migrants are underserved due to lack of resources. Particularly affected are migrants held in detention centres (DCs) due to severe overcrowding and reduced access to adequate hygiene and health care, as well as migrants living in an irregular situation, relying on temporary and precarious employment opportunities.

An estimated 80,000 migrants have left Libya since the start of the pandemic, mainly to neighbouring countries. The economic downturn, including plummeting income-generating opportunities for migrant workers, tightened security controls and mobility restrictions due to COVID-19, likely contributing to this figure.

IOM'S RESPONSE

- IOM developed a Libya-specific COVID-19 Preparedness and Response Plan 2020 in March, which aimed to contribute to the Government of Libya and national health partners preparedness and response efforts for COVID-19, to reduce associated morbidity and mortality and prepare for and address the crosscutting humanitarian needs of migrants impacted by COVID-19. In March 2021, IOM launched its COVID-19 Global Preparedness and Response Plan 2021. IOM Libya asks for 20,200,000 USD in 2021.
- IOM Libya's interventions contributed to the overall objective of the IOM COVID-19 Global Preparedness and Response Plan to halt further transmission and mitigate the impact of the outbreak, as well as the Global Humanitarian Response Plan, the IASC Interim Guidance on COVID-19 with focus on persons deprived of liberty and it promotes Universal Health Coverage (UHC).
- Despite the challenges linked to curfews and mobility restrictions, IOM has ensured continuity of services and operations to directly assist migrants and IDPs. IOM also worked closely with the Libyan health sector and several Libyan authorities responsible for working with migrants to support their preparedness and response capabilities to prevent and address 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 personal protective equipment (PPE) and medical equipment, and capacity-building to staff in health facilities and rapid response teams.

This document takes stock of the activities implemented by IOM Libya in response to COVID-19 between March 2020 and March 2021.

COORDINATION AND PARTNERSHIPS



Received
\$170,076

- IOM worked closely with the Libyan Ministry of Health (MoH) and the NCDC to reinforce and strengthen their capacities, but also to advocate for all migrants to be included in the COVID-19 response and access necessary services.
- In order to ensure continuity of essential services and be granted humanitarian access, despite movement restrictions and curfews, IOM coordinated closely with the Ministry of Foreign Affairs and the Ministry of Interior, health authorities at the central and local level, border management authorities and consular staff on a regular basis.
- IOM is a member of several technical working groups such as Risk Communication and Community Engagement (RCCE), Reproductive Health, Essential Health Service and Points of Entry (PoE). As part of these working groups, IOM continued actively attending the meetings organized during the reporting period and provided overall coordination support to the PoE working group as UN leading agency, to better enhance response capacity at prioritized points of entry.
- IOM is leading the Migration Health sub working group under the health sector, to advocate for migrants to be included into the national health system/COVID-19 responses.
- IOM was nominated as the chair of the Mental Health and Psychosocial Support (MHPSS) technical working group, starting in August 2020, with the International Medical Corps (IMC) as co-chair. The working group, (in collaboration with MoH and partners) aims at providing technical guidance and capacity-building, working with all actors to better respond to MHPSS needs across Libya, and advocating for the increased protection and assistance of vulnerable groups focusing indiscriminately on all the people in need, including migrants, refugees/ asylum seekers, IDPs, returnees, and host communities. The working group met eight times from August to

March 2021 and more than 25 participants discussed how to scale up MHPSS services in the COVID-19 response in Libya. The working group shared the resources of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS) COVID-19 with different actors and facilitated online training sessions on basic psychosocial support skills for frontline workers.

TRACKING MOBILITY IMPACT



Received
\$738,473

- To respond to displacement tracking needs throughout the pandemic, IOM's Displacement Tracking Matrix (DTM) provided specific products to support humanitarian response programming in relation to mobility restrictions and vulnerabilities:
 - The DTM Mobility Restriction Dashboard monitors and provides a visual snapshot of restrictions on movement and closure of borders stemming from COVID-19 public health measures.
 - The DTM COVID-19 mobility tracking reports aim to understand the impact of mobility restrictions on vulnerable populations in Libya.
- DTM has produced eight mobility restriction dashboard updates, and four monthly mobility tracking reports available at <https://dtm.iom.int/libya>. Through the process of compiling DTM Mobility Restriction Dashboards, IOM identified that access restrictions, related to both COVID-19 and the ongoing conflict, are impacting food distribution and other humanitarian operations. Moreover, DTM recorded a negative socio-economic impact related to various restrictions on freedom of movement and a resulting loss of livelihoods.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



Received
\$853,005

- IOM, as a member of the RCCE working group, supported the conduction of a behavioural assessment on COVID-19. The findings of the assessment have been used to identify the most strategic ways of disseminating messages on prevention and risk reduction behaviours and prepare a communications plan accordingly.
- IOM also supported awareness-raising sessions on the prevention of COVID-19 in all its operation areas through medical and non-medical teams. IOM developed information, education and communication materials on COVID-19 precautionary measures in six languages (French, English, Arabic, Hausa, Amharic and Tigrinya) to help target migrant communities. Informational posters on COVID-19 and health measures, developed by IOM were also posted at 20 different livelihood and capacity-building training sites, as well as during social cohesion activities. Moreover, all focus group discussions activities include informing on and debating about the impact of COVID-19 on migrant communities, the effects on mental health and health promotion, and protection against COVID-19 infection.
- The IOM Migrant Resource and Response Mechanism (MRRM) has been strategically positioned along migratory routes in Zwara, Sabha, Qatroun, Bani Waleed and Tripoli, where mobile outreach teams provided medical services, organized health awareness sessions and distributed information, education and communication materials on COVID-19 precautionary measures. IOM also ensured that information leading to the prevention of COVID-19 was provided in all official detention centres (DCs) for migrants, management and staff, and at disembarkation points (DPs). A total of 287 Libyan officials, working in close contact with migrants, were targeted by information and awareness-raising sessions on COVID-19. Migrants were also provided with hygiene kits and pamphlets with COVID-19 information, produced by IOM and translated in several languages. Presentations, posters, and pamphlets provided an explanation of COVID-19 symptoms and the responsible conduct when suspecting infection and disseminated knowledge about preventative and protective measures.
- Overall, during the reporting period, IOM reached 50,415 migrants and IDPs through focus group discussions and information sessions on COVID-19 symptoms and precautionary measures. The information sessions focused on prevention measures, key symptoms and how to seek medical help, which contributed to the containment of further spreading of the virus, while the focus group discussions, regularly conducted with migrants, community leaders and embassy representatives, consisted of informing and debating the impact of COVID-19 on migrant communities, the effects on mental health and protection against COVID-19 infection.

- In coordination with the local NGO Women’s Union, IOM celebrated International Women’s Day at the public theatre in Sabha. IOM teams provided COVID-19 awareness information and distributed awareness-raising COVID-19 flyers to more than 100 migrant, IDP and host community women and their children. Strict COVID-19 health protocol was applied during the event.
- Finally, IOM’s MHPSS team organized group readings of the IASC MHPSS COVID-19 storybook “My Hero is You» with 316 children and their families and distributed MHPSS flyers and booklets. The MHPSS team also organized art-based psychosocial activities (artistic mediation) for 56 children and women, which ensured a safe and friendly space conducive to emotional expressions, where children could paint and draw, as well as take part in relaxation and meditation exercises to channel their COVID-19 induced stress. A similar activity was organized on 21 March, to mark Libya’s National Children’s Day at IOM’s centre in Hay Alandalous, at the Multakana centre and at the Sudanese school. On this day, 58 children and adolescents (26 girls and 32 boys) from Eritrea, Côte d’Ivoire, Libya, Nigeria, Sierra Leone and Sudan were involved.
- Finally, IOM Mental Health and Psychosocial Support (MHPSS) team organized group readings of the IASC MHPSS COVID-19 storybook, *My Hero is You* with children and their families and distributed MHPSS flyers and booklets to 442 migrants. The MHPSS team also organized art-based psychosocial activities (artistic mediation) for children, which ensured a safe and friendly space conducive to emotional expressions, where children could paint and draw, as well as take part in relaxation and meditation exercises to channel their COVID-19 induced stress.

DISEASE SURVEILLANCE



Received
\$457,274

- IOM Libya, in collaboration with the NCDC, rolled out a system of syndromic and event-based health surveillance, which links mobility information to surveillance data, with a focus on areas with a high concentration of migrants and on border communities. As of the end of March 2021, IOM had surveyed a total of 17,903 migrants in Emsaed, Ras Jdir, Kufra, Qatroun, Sabha, Bani Waleed, and Tripoli.
- In the framework of its collaboration with the NCDC, IOM worked on training Rapid Response Teams (RRTs) for active case finding and contact tracing. A total of 78 RRT health care staff were trained in Bani Waleed, Gharyan, Almayya, Ghdamas, Zliten, Sabha and Azzawya during the reporting period.

POINTS OF ENTRY



Received
\$998,304

IOM is the co-chair with the Ministry of Health for the pillar focusing on points of entry (PoE) of the strategic response plan, where it organizes and coordinates the health response at points of entry. IOM provided assistance for preparedness planning and health response at points of entry, through different types of support including:

- IOM medical teams provided support to health staff at Misrata International Airport and at Ras Jdir and Wazen land border crossing points to screen cross-border travellers at points of entry. The screening procedures consisted of thermal screening, symptoms screening and the verification of pre-departure exit screening documents. All travellers were provided with brief health awareness sessions at the airport. A total of 308,386 passengers were screened during the reporting period. Screening procedures were made possible by the donation and installation of thermal cameras by IOM in the airports of Benina and Misrata, and at the land border crossing points of Amsaad, Ras Jdir and Wazen.
- Moreover, to enhance the capacity of health screening stations and isolation units at five PoE at Mitiga, Misrata and Benina Airports as well as at Ras Jedir and Wazen land border crossing points, IOM provided the necessary furniture, PPEs, medical consumables and medications to the NCDC.

- IOM conducted a two-day workshop on *Strengthening Emergency Preparedness and Response for Points of Entry in Libya* on 20-21 January. The aim of the workshop was to assess the status of the PoE in Libya and to develop a roadmap for the development of the PoE public health emergency plan. Fifteen NCDC PoE focal points and seven IOM Migrant Health management staff participated in the workshop.
- In collaboration with NCDC, IOM conducted training workshops on infection prevention and control and COVID-19 case management for 100 health care workers at Mitiga, Misrata, Benina and Amsaaed airports, as well as ports and land crossing points in the East and West.
- In collaboration with authorities at disembarkation points, IOM also supported capacity-building on hygiene promotion, COVID-19 awareness sessions and delivery of equipment and supplies. A total of 147 officers from the Libyan Coast Guard (LCG) and the General Administration for Coastal Security (GACS) were sensitized and received posters and leaflets. Fumigation, disinfection, and cleaning campaigns were carried out, on a monthly basis, in conjunction with the awareness sessions to ensure basic hygiene conditions.
- At disembarkation points, IOM medical teams supported migrants rescued at sea at Al Zawia, Abusitta, and Khums and screened 13,120 migrants upon arrival, triaging for health conditions, with additional emphasis on COVID-19 symptoms.

NATIONAL LABORATORY SYSTEM



Received
\$1,128,230

- IOM organized several training sessions targeting health workers and laboratory technicians on COVID-19 infection prevention and control measures, quality assurance in molecular diagnostic laboratory and medical waste management, as well as Migrant Sensitive Health Systems/Services (MSHS). A total of 88 laboratory technicians were trained in Tripoli, Sabha and Benghazi.

INFECTION PREVENTION AND CONTROL / WASH / DETENTION CENTRES



Received
\$3,008,464

IOM's intervention for infection prevention and control included training sessions, provision of necessary personal protective equipment, medical equipment, medical consumables and necessary medicines to prevent disease spread.

- IOM medical teams, in coordination with NCDC, conducted several training sessions targeting frontline health professionals and IOM protection staff on infection prevention and control measures. A total of 378 health care workers from across Libya (including from the South and South-East) were trained in Tripoli, Benghazi, and Sabha. Additionally, 15 IOM protection staff benefitted from the training.
- IOM medical teams conducted capacity-building training sessions in Tripoli and Benghazi for DC staff. A total of 65 DC guards from three detention centres in the West, nine detention centres in the East, as well as DCIM staff working in the deportation unit of Mitiga airport were trained on infection prevention and control measures measures and COVID-19 case management.
- IOM MHPSS conducted two specific training sessions in Tripoli on mental health and psychosocial support in response to the COVID-19 pandemic. The training targeted 38 health workers and frontline workers who work closely with affected migrants and the local population. The training focused on main mental health and psychosocial approaches and responses related to COVID-19 pandemic, provision of psychological first aid adapted to COVID-19 and anti-stigmatization and self-care. The training targeted medical doctors, nurses, community health workers, psychosocial workers from different NGOs and psychosocial workers from the NCDC.

- To ensure IOM staff members apply all the correct prevention measures and are able to raise awareness and train colleagues during the different activities carried out, two Training of Trainers courses on infection prevention and control and COVID-19 case management were delivered, targeting 23 health care staff. Moreover, IOM trained 11 newly recruited health care workers in Benghazi.
- IOM supported four municipalities (Qatroun, Zwara, Sabha and Bani Waleed) with PPEs. In addition, IOM provided 10,000 face masks and 10,000 pairs of gloves to the Philippine Embassy in Libya to support Filipino health workers in the country. Moreover, IOM provided 1,500 masks and bottles (500ml) of hand sanitizer to three African Community Schools in Sabha, to meet the immediate needs of students attending the schools and allow them to complete the required exams.
- IOM Libya also delivered sets of COVID-19 personal protective equipment, including surgical face masks, face shields, N95 respiratory masks, surgical hand gloves, hand sanitizer, nylon protective suits, silver emergency blankets, disinfectants, handheld infrared thermometers, thermometer cameras, protective goggles, contactless containers for biohazard garbage and manual fumigation pumps to the Libyan Coast Guard in order to support Libyan national authorities in combating the spread of COVID-19 and help protect migrants' health.
- Additionally, during the reporting period, IOM Libya conducted several thorough sterilization, fumigation and cleaning campaigns as part of the initiatives to combat the COVID-19 outbreak. Targeted locations were 13 disembarkation points, 8 detention centres, 4 IDP camps, 2 COVID-19 isolation centres, 2 health care units and 3 primary health care centres where the campaigns were carried out on a regular basis to ensure basic hygiene conditions. Moreover, in detention centres, a total of 9,679 migrants received non-food items and hygiene kits as part of hygiene promotion initiatives, to reduce the risk of infection.
- Aside from fumigation, disinfection and cleaning interventions in each detention centre, IOM emptied overflowed septic tanks, addressed garbage issues, facilitated the replacement of two water pumps and repaired a third one, and repaired a water desalination unit and a water purification system. This rehabilitation effort was conducted in various detention centres across Libya to ensure that detained migrants have access to clean water and to further mitigate the risk of infection in detention centres. In Zliten DC, to ensure migrants have access to clean water, IOM delivered a 66 KV power generator and a water desalination system
- In light of the high infection rate in Libya and the lack of access to sufficient water (and soap) to meet individual hygiene needs for frequent and proper handwashing, migrants are at extreme risk of contracting COVID-19. Therefore, IOM completed and handed over ten water wells to local authorities in Sabha, south of Libya as well as 8 out of 13 generators scheduled for delivery. In some locations, the poor water pressure meant there was no local water at all, as the flow from other well sites was not sufficient to reach all areas.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES



Received
\$4,443,036

- MHPSS team supported the Protection unit and IOM medical teams by responding to referrals for persons in need of MHPSS services. MHPSS also followed up jointly with other teams on vulnerable migrants in needs of comprehensive services.
- As part of its support to the Government of Libya and national health partners' preparedness and response capacity to address the COVID-19 health crisis, IOM Libya donated necessary medical equipment and furniture, medical consumables, and medications as well as information, education and communication materials on COVID-19 to 11 primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic, Wadi Qatara PHC, Bent Bayya PHC, Zwetina PHC, Alsiraj PHC, Al-Aoeanea PHC and Bersis PHC clinic, Alfewehat polyclinic, Alkish clinic, Benghazi Al jadida polyclinic), as well as to the Nalut COVID-19 isolation centre, Misrata and Bani Waleed general hospitals, and three hospitals in Tripoli (Tripoli Central hospital, Abusaleem hospital and University hospital).

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- IOM also provided primary and lifesaving health care assistance to migrants, IDPs and host community members through outreach teams in various locations across the country. Cases requiring specialized health care assistance were referred to secondary and tertiary health facilities, and all migrants were screened for symptoms of COVID-19 during outreach services. A total of 81,270 consultations were provided to migrants, IDPs and host communities and 901 referrals were made to secondary and tertiary health care facilities.
- In order to reach every migrant in need of support, IOM Libya launched a MHPSS helpline to provide remote psychosocial support to persons who face mobility issues due to COVID-19 lockdowns or who don't have access to MHPSS assistance in their community. The MHPSS helpline provided counselling and psychosocial support to migrants all over Libya in need of assistance, including quarantined migrants. Since its launch in July, the MHPSS helpline has received 175 calls from migrants of different nationalities, including migrants in COVID-19 quarantine hospitals, who were provided with remote counselling and psychosocial support services.
- To render urgent health care in the time of the pandemic more accessible to the local populations, IOM Libya handed over two mobile clinics to Souq Al Jumaa and Tajoura municipalities through which mobile medical teams provided health services in urban settings.
- Moreover, to support health professionals working in public hospitals, IOM organized training sessions for 76 health care providers from the Ministry of Health on COVID-19 identification, response and prevention, and case management, and distributed PPE supplies.
- IOM installed and handed over a 500 KVA generator to the Attia Alkasah hospital in Kufra. This hospital provides services free of charge to Kufra residents, which include 32,000 migrants and 6,800 IDPs. The hospital had been affected by frequent power cuts that restrict medical service operations. This new generator has the capacity to generate most of the hospital's electricity needs, enabling all departments, including the intensive care unit, to operate in better circumstances.

PROTECTION AND DIRECT ASSISTANCE



Received
\$3,737,079

- To address the needs of vulnerable migrants whose hardship has been exacerbated by COVID-19 and the relative restrictive measures, IOM continued to provide protection services and related activities, such as identification, assessment and overall case management, including specific case management for gender-based violence victims, victims of kidnapping and torture, cases with medical concerns, vulnerable households with no source of income and persons of concern.
- During the reporting period, vulnerability assessments including child protection and victims of trafficking assessments were provided to 2,392 migrants in detention centres and urban locations in Libya.

- IOM strengthened its focus on MHPSS and provided individual counselling services to migrants, psychological first aid, and awareness sessions on COVID-19. During the first year of COVID-19 response, IOM provided MHPSS services for 2,304 migrants of various nationalities. The MHPSS team received migrants at the IOM centre in Hay Alandalous and reached out to migrants in urban locations, including shelters, embassies, health care facilities and disembarkation points.
- To address the need of non-food items identified among the primary humanitarian needs expressed by migrants and IDPs, IOM conducted monthly distribution of core relief items, such as blankets, mattresses, hygiene kits, clothing, and snacks, reaching 79,698 migrants in detention centres, urban areas and at disembarkation points.
- During the same period, IOM also assisted 57,018 IDPs with provision of non-food items that included family hygiene kits. Out of the total IDPs supported, 15,812 were reached through the inter-agency Rapid Response Mechanism (RRM). During these RRM missions, IOM has taken a lead role in conducting pre-distribution assessments and in ensuring COVID-19 mitigation measures were in place during distributions.
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- Moreover, to respond to the increased number of food insecure migrants, between March 2020 and March 2021 IOM targeted 16,000 migrants with World Food Programme ready-to-eat kits distributed along migratory routes, and 37,545 migrants in urban areas with IOM special food baskets.
- After a five-month temporary hold due to COVID-19 mobility restrictions, IOM's Voluntary Humanitarian Return (VHR) programme, a lifeline for stranded migrants, resumed operations in August. A total of 2,470 migrants were assisted to return home to Bangladesh, Mali, Nigeria, Democratic Republic of the Congo, Pakistan, Sudan, Ghana and India, while 279 refugees were resettled in Sweden, Norway and Canada in coordination with UNHCR. IOM ensured that all migrants underwent pre-departure health checks and followed all COVID-19 precautionary measures before and during the flight, including receiving and using PPEs throughout the process. The interruption of IOM's VHR operations in March 2020 coincided with a progressive increase of vulnerabilities among migrants in Libya as more and more stranded migrants, who lost their livelihood opportunities due to COVID-19, requested to go home.

- In May 2020, DTM conducted a Migrant Emergency Food Security Assessment in coordination with the World Food Programme. The assessment confirmed that the measures introduced to curb the spread of COVID-19 virus had resulted in a rise in food prices and scarcity of some types of food in certain areas, which constituted a threat to the food security, safety and well-being of migrants, refugees and IDPs. In addition, according to field observers, COVID-19 related health measures had significantly reduced daily labour opportunities on which many migrant workers relied for their daily subsistence. IOM hosted a webinar to share assessment findings and recommendations, for donors and humanitarian country team partners, which was well received.
- To continue assessing and understanding the socio-economic impact of COVID-19 related restrictions on vulnerable populations on the move and better plan humanitarian interventions, DTM Libya started carrying out Mobility Tracking Key Informant Interviews with migrants. Moreover, IOM launched a socio-economic impact assessment of COVID-19 on mobile populations in Libya.
- The spread of the pandemic has hindered migrants from securing livelihood and generating income, which in turn has detrimentally impacted their housing conditions. A Long Way from Home - Migrants' housing conditions in Libya, a report published by DTM Libya in November 2020, underlines that in light of the pandemic and its socio-economic impact, all migrants, including stranded migrants, regardless of nationality or migratory status, should be included in all national COVID-19 response plans. This should include measures to ensure that migrants have access to adequate accommodation, as well as information, health services, food and other social support systems, in order to mitigate the economic downturn. The findings of this report also highlighted the importance of interventions targeting the problematic supply of and access to water, hygiene and sanitation, especially in a context where the COVID-19 pandemic and the impact of the protracted conflict are exacerbating particular health risks associated with poor sanitation and unsafe water.
- IOM also commissioned the Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya to analyse the Libyan government's economic response to COVID-19, its consequences and the social impact of the pandemic on migrants and IDPs in the country by looking into access to health care and education, basic services, and protection, including the impact of the pandemic on exploitation, discrimination and domestic violence. This socio-economic assessment was presented in March 2021 and the key findings will serve as an evidence-base for supporting Libyan authorities and other stakeholders in better formulating responses to the challenges posed by the pandemic in Libya. The findings can also support IOM in aligning relevant programmatic portfolios, enhancing partnerships, and advancing reforms for a more coherent and effective COVID-19 response.

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