



International Organization for Migration (IOM)
The UN Migration Agency

IOM LIBYA

APPEAL COVID-19

APRIL—DECEMBER 2020





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IOM LIBYA COVID-19 APPEAL

SITUATION OVERVIEW

On 31 December 2019 a cluster of pneumonia of unknown etiology was reported in Wuhan City, People's Republic of China. The virus spread fast, affecting all continents which led to WHO announcing a pandemic on 13 March 2020. As of 8 April 2020, according to WHO, there are close to 1.4 million confirmed cases reported globally and more than 80,000 deaths.

On 25 March 2020 the UN launched a Global Humanitarian Response Plan for COVID-19 emphasizing the criticality of contain the spread of the COVID-19 pandemic and decrease morbidity and mortality, decrease the deterioration of human assets and rights, social cohesion and livelihoods, and protect, assist and advocate for refugees, internally displaced people (IDPs), migrants and host communities particularly vulnerable to the pandemic.

The COVID-19 pandemic came at a moment of extreme fragility for Libya, and the Libyan health system is severely under-equipped to face the challenge that COVID-19 presents. Nine years of instability and insecurity has affected the wellbeing of the Libyan population. The Libyan health system was not structured in a sustainable manner under Qaddafi's leadership, being heavily reliant on foreign medical personnel. With the beginning of the conflict and the following years of instability and with the lack of qualified medical professionals, the health system has nearly collapsed. Many public health care facilities are closed and those that are open lack medicines, supplies and equipment. Many facilities have been directly attacked or damaged due to fighting and those that remain functional are overburdened or unable to be maintained.

According to IOM Libya's Displacement Tracking Matrix, 74% of migrants have limited or no access to health services. While the Libyan health system in principle does not discriminate, in practice, very often migrants are underserved due to lack of resources. Discrimination is widely spread and common misperceptions that migrants are vectors of communicable diseases are widely spread.

These factors severely limit migrant's access to public health care and they practically rely on humanitarian community health partners for service delivery and supported referral to private health facilities

While as of 8 April 2020, 21 cases have been confirmed in Libya, the shortage of test kits and weak surveillance systems means that the real rate of infection is not really known and cannot yet be predicted.

Neighboring countries, including Egypt, Tunis, Morocco, Algeria, and Italy, on the other hand have confirmed coronavirus infections and the cases are growing exponentially. These countries have taken severe measures to reduce the incidence rate, such as closing the borders, imposing curfews and restriction of public assembly.

While the Government of National Accord (GNA) and the Libyan National Army (LNA) have welcomed the UN's call for a humanitarian truce to enable authorities to respond immediately to the threat posed by the virus, fighting, including in and around Tripoli, has increased since the beginning of the pandemic.

Furthermore, to prevent the spread of the disease on 14 March 2020, the GNA represented by Prime Minister Fayez Al-Serraj declared the state of emergency in Libya. He announced that all border crossing points via land, air and sea would close from 16 March 2020. As of 24 March 2020, the Libyan Government of National Accord also announced a curfew.

Funding required
\$7.5 MILLION





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IOM Libya CAPACITY TO RESPOND

IOM Libya provides direct assistance, support and services to address critical humanitarian needs, while at the same time working with the Libyan authorities on programmes for better migration management and health system strengthening.

IOM has a strong presence throughout the country, with more than 350 staff including third-party field staff (60 medical staff). In the current context, IOM is one of the leading actors in the Libyan crisis and is responding to emergency situations and immediate needs by providing life-saving assistance in the form of non-food items (NFI), emergency food as well as health, protection and mental health and psycho-social support (MHPSS) through an integrated approach. In addition, under its Voluntary Humanitarian Return (VHR) programme, IOM provides comprehensive support to migrants wishing to voluntarily return home.

IOM has a well-established health programme in Libya, providing support to vulnerable populations, including migrants in detention centres, at the disembarkation points and in urban settings, as well as IDPs. IOM provides these services through regular visits of mobile teams to these locations.

In addition to providing primary health-care services, life-saving interventions and specialized care in hospitals, IOM also conducts pre-departure medical screening for resettlement of refugees and the fitness to travel (FTT) screening for migrants who have decided to return to their country of origin. Through its mobile teams targeting various locations in Libya, IOM has provided health assistance to thousands of migrants, IDPs and host community members. To date, more than 50,000 persons have benefited from IOM's health assistance services.

IOM Libya has experience in supporting national border management and health authorities in relation to capacity building in border migration health and security. IOM supported the Libyan Ministry of Health by conducting Population Mobility Mapping and piloting community based syndromic disease surveillance among migrants and enhanced the ministry's capacity for in-country and international communication and coordination.

Through Immigration and Border Management (IBM) programming, IOM also supports authorities present at the borders to address challenges related to border security and facilitation of migration flows.

IOM Libya STRATEGIC APPROACH

IOM Libya aims to contribute 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. All planned activities are in line with the Global HRP and the IASC Interim Guidance on COVID-19 with focus on persons deprived of liberty.

IOM believes that preparedness and response plans need to be responsive to population mobility and cross-border dynamics, and that inclusive approaches which take into account migrants, travellers, displaced populations, and local communities, and counter misinformation that can lead to anti-migrant sentiment and xenophobia are essential in the event of an outbreak.

Efforts are initially focused on preparedness and response, but IOM keeps the need for mitigating the social-economic impact of the pandemic in mind through incorporating elements of social cohesion programming throughout.

With this Preparedness and Response Plan IOM Libya aims **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.**

All planned activities will be organized based on national/WHO recommendations.



COORDINATION AND PARTNERSHIPS

- Advocate for all migrants to be included in the national COVID-19 response, ensuring they can access to necessary services, without fear of stigma
- Facilitate national and regional inter-sectoral coordination through support to the Ministry of Health, national actors involved in border management, municipalities and other local authorities, consular staff and organization of a coordination platform involving all stakeholders which will hold regular meetings;
- Assist relevant national agencies active in a border-setting in enhancing inter-agency coordination on COVID-19 preparedness and response in the cross-border context, including referrals and support to voluntary returns/repatriation, and emergency consular assistance – in the spirit of integrated/coordinated border management;
- Assist national authorities in developing, revising and strengthening national contingency plans which provide legal and operational resources – including to health authorities – in responding to the cross-border COVID-19 crisis. Contingency plans can be developed at the local/district level, as well as at national level but also between Libya’s neighbouring countries given the cross-border nature of the crisis.

Funding required

\$300,000

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- Work closely with communities including the ones located close to border areas to develop or adapt and produce Information, Education, and Communication (IEC) material focusing on COVID-19 prevention, early detection and care seeking, and key questions and myths;
- Organize risk communication activities through municipal authorities, civil society organizations (CSOs) consular representatives or other networks, to improve awareness of COVID-19, and community engagement activities (community dialogue, community-led sensitisation sessions, etc.) to promote communities’ active participation in prevention, preparedness and eventual outbreak response (community gatherings will be in small groups in well-ventilated spaces);
- Awareness raising sessions and distribution of hygiene kits, for men, women and children. COVID-19 materials developed by IOM and WHO will be adapted and disseminated (distribution of leaflets and posters, and screening of WHO-produced awareness raising videos). In addition to migrants, the campaign will also target staff working in detention centers and Libyan Coast Guard (LCG) staff involved in search and rescue operations due to their direct engagement with often large groups of migrants. Comprehensive briefings will be organized for all staff prior to the start of the campaign. Protective measures and use of protective equipment (masks, sanitizers) will be in place throughout the activities;
- Establish community feedback mechanisms in accordance with IOM’s Accountability to Affected Populations toolkit, to systematically collect information on community perceptions, concerns, and questions, and utilize community feedback findings to design and implement community engagement and other response activities.

Funding required

\$550,000

DISEASE SURVEILLANCE

- Strengthen Community Event-Based Surveillance by linking mobility information to surveillance data, particularly among border communities, Points of Entry (PoE), and migrant dense areas;
- Support expanded community-based disease surveillance and assist Early Warning, Alert and Response System (EWARS);
- Strengthen the district Health Information System (DHIS-2) to better manage patients and referrals through the provision of technical support to health facilities to be able to record and provide real time data;
- Mobility mapping to support immigration and border authorities in enhancing their capacities to trace travellers both inside and outside the country, contributing to public health responses with relevant data and information (contact tracing based on travel history);
- Train government counterparts and other key partners on community evidence-based surveillance by linking mobility information to surveillance data particularly within migrant-dense area;
- Train related government counterparts and key partners on conducting participatory mapping exercise to identify high-risk transmission mobility corridors and areas to inform national preparedness and response plans;
- Upon request of relevant national authorities, the IOM Migration Information and Data Analysis system may be modified to support the tracking of travelers with potential medical conditions of interest – including through the use of mobile solutions – in close coordination with public health authorities and in line with the applicable privacy and personal data protection regulations and international standards;
- Raise awareness regarding migration data collection and privacy considerations in public health emergency settings, balancing the need for increased information sharing with continuing privacy considerations, particularly through: developing initial SOPs for reporting and disseminating information on health and mobility, under the condition that this does not violate individuals' privacy;
- Supporting national agencies in inter-agency coordination on reporting and data dissemination for purpose of public health interventions and advocacy;
- Assist the Government – through training and equipment provision – in analyzing travel patterns and routes and developing evidence-based emergency measures on mobility restrictions (e.g. partial closing and reopening of border check points).

Funding required

\$650,000

POINTS OF ENTRY (POE)

- Conduct a health needs assessment at the POE and identify existing needs;
- Assist in the development of a preparedness and health response plan in the selected PoEs;
- Procurement of necessary personal protective equipment (PPE), equipment, medical consumables and necessary medicine for health facilities, POE, LCG, staff involved in ongoing search and rescue missions at sea. The equipment being purchased includes medical gloves, N95-type face masks (protective face masks with filter), surgical masks, nylon protective suits, silver emergency blankets, hand sanitizers, disinfectants, hand-held infrared thermometers, and thermometer cameras, protective goggles and face masks;
- Support establishment of temporary isolation spaces at the prioritized POE to better prevent and control spread of virus/infection. Isolation spaces are temporary spaces where suspected cases are isolated until a more thorough medical examination can be undertaken;
- Strengthen existing referral systems, with special consideration to the individuals and groups in situations of vulnerability, and provide support to ambulance or fitted van services between the border post and the nearest public health unit (PHU) or district hospital, as well as to communications links such as the mobile phone system between the referring and referral units;
- Develop and disseminate POE specific Standard Operating Procedure (SOPs) including those for detection, notification, isolation, management and referral including development of curricula and manuals; Trainings for immigration, border and health staff on SOPs to manage ill travellers and on infection prevention and control;
- Provide of COVID-19 preventive supplies to migrants at migrant disembarkation points that includes hygiene kits, sanitizers, soaps, gloves and masks to reduce the risk of transmission;
- Conduct capacity building of authorities at POE on active case identification and management; and preventive measures to increase the understanding of staff on how to limit exposure and disease spread.

Funding required

\$1,500,000

NATIONAL LABORATORY SYSTEM

- Provide lab supplies/reagents/diagnostic equipment, including testing kits for detection of COVID –19;
- Procure necessary PPE for laboratory personnel;
- Bridging the human resource gap through support and reinforcement of the Rapid Response Teams for surveillance and case finding and tracing contacts.

Funding required

\$450,000

INFECTION PREVENTION AND CONTROL / WASH / DETENTION CENTRES

- Conduct trainings on Infection, Prevention and Control for the health staff, LCG and management of detention centres;
- Provide necessary PPE, equipment, medical consumables and necessary medicine to prevent disease spread in detention centres (DCs) aimed at the safety and wellbeing of the detainees and facility staff;
- Provide of COVID-19 preventive supplies to migrants in DCs such as hygiene kits, sanitizers, soaps, gloves and masks to reduce the risk of transmission;
- Provide additional personal hygiene and sanitation kits including clothing and bedding to detained migrants following fumigation and anti-scabies campaigns;
- Train health care staff intervening in DCs on infection prevention and control measures and support health awareness campaigns for migrant communities in DCs;
- Support the establishment and equipment of prefabricated isolation spaces for migrants in case of outbreak of COVID-19 within the space of DC compounds;
- Implement light WASH rehabilitation interventions in DCs;
- Ensure the support of migrants who can potentially be released from detention centres (ensure their access to NFIs, food and health support).

Funding required

\$1,000,000

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

- Provide primary health care services through IOM mobile teams, incorporating COVID-19 testing and identification;
- Support the health facilities with necessary supplies and equipment;
- Support the establishment of isolation spaces in the designated hospital;
- Provision of MHPSS to stranded migrants.

Funding required

\$750,000

PROTECTION AND DIRECT ASSISTANCE

- Continue implementing core protection activities such as identification, assessment and overall case management. Whenever possible using phones to continue following up with cases, as opposed to in person meetings;
- Community hosting program, emergency cash assistance and other forms of direct assistance for stranded migrants, displaced population and persons in need of specific care and protection including persons with disabilities (PWD), children and older persons, victims of trafficking, SGBV;
- Distribute family hygiene and sanitation kits including soaps, liquid soaps and water collection kits to protracted IDPs who have limited access to income and employment opportunity;
- Provide food packages to extremely vulnerable migrants/IDPs who have lost their employment opportunities as a result of the spread of COVID-19;
- Monitor the situation of migrant communities in regard to 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 the communities;
- Ensure alignment of mitigation measures on health hygiene with WHO's recommended guidelines on mitigating the transmission of Coronavirus disease (COVID-19) advice for the public;
- Implement contingency planning for maintaining minimal IOM presence and emergency visits to respond to movement restrictions and public health recommendations;
- Monitor the situation of migrants in detention centers as per the programme criticality guidance's agreed on the Protection Sector.

Funding required

\$ 1,250,000

DISPLACEMENT TRACKING

- Track COVID-19 related movement restrictions at official and unofficial border crossing points, key transit points and municipalities in Libya;
- Conduct rapid health surveillance amongst mobile vulnerable populations such as IDPs, Returnees, and Migrants to facilitate safe provision of ongoing humanitarian response activities;
- Use Displacement Tracking Matrix to monitor mobility in the context of restrictions on internal movement put in place, due to the health crisis, to facilitate the provision of information on internal mobility trends that may impact disease spread.

Funding required

\$550,000

ADDRESSING SOCIO-ECONOMIC IMPACTS

- Undertake an assessment of the socio-economic impact of COVID-19 on migrants, IDPs and vulnerable populations in Libya;
- Establish a multi-purpose cash transfer system to respond to the loss of income many migrants and IDPs will face as a consequence of COVID-19. In the medium to longer term this will also include supporting the authorities to develop sustainable social protections schemes for people employed in the informal economy;
- Deliver targeted skills development trainings, including to support with the COVID-19 response for migrants and host communities affected by COVID-19.

Funding required

\$ 500,000



Non-Food Items (NFIs) distribution, IOM Libya, 2019

SUMMARY OF IOM PROJECTS WITHIN THE APPEAL

SECTOR	TOTAL REQUESTED AMOUNT (USD)
COORDINATION AND PARTNERSHIPS	300,000
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	550,000
DISEASE SURVEILLANCE	650,000
POINT OF ENTRY (POE)	1,500,000
NATIONAL LABORATORY SYSTEM	450,000
INFECTION PREVENTION AND CONTROL / WASH	1,000,000
CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	750,000
PROTECTION	1,250,000
DISPLACEMENT TRACKING	550,000
ADDRESSING SOCIO-ECONOMIC IMPACTS	500,000
TOTAL APPEAL	7,500,000

All interventions proposed in this appeal are in line with the Global Humanitarian Response Plan.

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