2016

HUMANITARIAN
RESPONSE PLAN
—— OCTOBER 2015-DECEMBER 2016 ——

NOV 2015

LIBYA

Photo credit: International Medical Corps

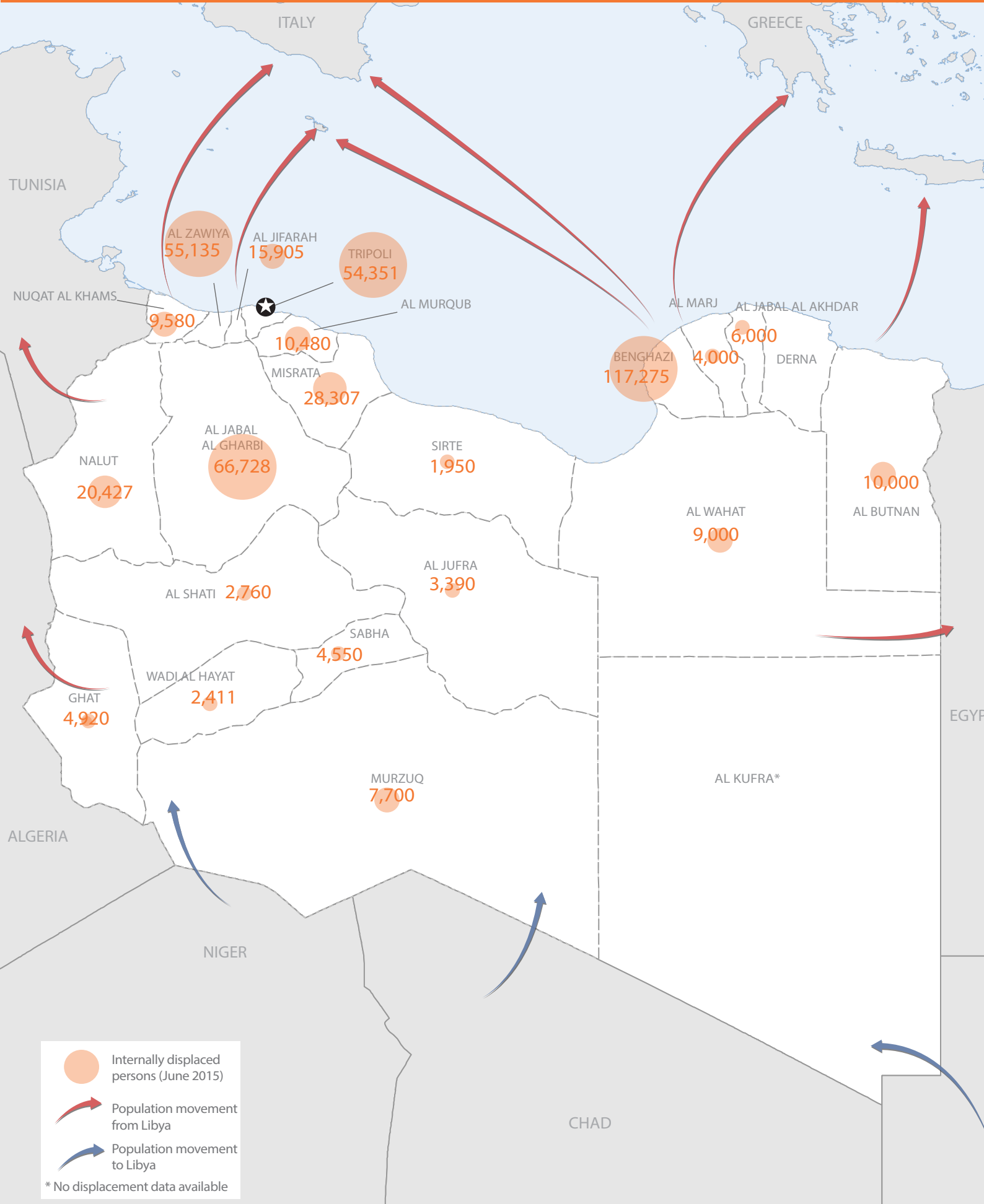| TOTAL POPULATION OF LIBYA	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	# HUMANITARIAN PARTNERS
6.3M	2.44M	1.3M	165.6M	18

ITALY

GREECE

TUNISIA

AL ZAWIYA
55,135

AL JIFARAH
15,905

TRIPOLI
54,351

NUQAT AL KHAMS

AL MURQUB

AL MARJ

AL JABAL AL AKHDAR

9,580

10,480

6,000

4,000

DERNA

BENGHAZI
117,275

MISRATA
28,307

AL JABAL AL GHARBI
66,728

SIRTE
1,950

AL WAHAT
9,000

10,000

AL BUTNAN

NALUT
20,427

AL SHATI 2,760

AL JUFRA
3,390

SABHA

4,550

WADI AL HAYAT
2,411

GHAT
4,920

AL KUFRA*

MURZUQ
7,700

EGYP

ALGERIA

NIGER

CHAD

Internally displaced persons (June 2015)

Population movement from Libya

Population movement to Libya

* No displacement data available

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THE HUMANITARIAN COORDINATOR

It is almost five years since violence, conflict and instability spread to almost every corner of Libya. The crisis continues to deepen, with over three million people affected, nearly half of Libya's population. The Libyan people have suffered tremendously and are now exhausted as they continue to live in fear for their safety and future. Many have lost their homes, livelihoods and loved ones.

Today, the ongoing violence maintains a terrible hold over the population, depriving the most vulnerable of their basic needs and triggering large-scale displacements. Libyans have been forced to flee on multiple occasions. The fighting has caused extensive damage to infrastructure and livelihoods. The streetscapes of Benghazi are unrecognizable, destroyed by explosive weapons. Access to food, water, sanitation and shelter has deteriorated dramatically and the fragile healthcare system is on the brink of collapse.

For five years, Libyans have lived with the daily reality of threats and violence. As ever, refugees, migrants, internally displaced persons, women, children and the disabled have suffered most from a conflict that has claimed thousands of lives and left thousands more injured. Explosive remnants of war litter the landscape, threatening further harm. Gender-based violence and forced recruitment increasingly threaten women and children in their own communities.

Libya's operating environment remains insecure and hostile for humanitarian actors. This Humanitarian Response Plan provides a way forward to tackle the challenges inherent in planning and responding to large-scale needs in a volatile setting. It is the most comprehensive Libyan response plan to date, benefiting from an improved humanitarian needs assessment and a rigorous planning phase.

As 2015 draws to a close, Libya's future hangs in the balance. Any further deterioration of the crisis will be felt throughout the region as inhumane conditions and a loss of hope drive more to flee across borders, or on perilous boat journeys in search of safety in Europe.

We need to act now to mitigate the devastating effects of this long-running conflict. There is much that we can do, equipped with better information and strengthened coordination mechanisms. All the force of our efforts must now combine to open up humanitarian access, bolster national capacity, and deliver a calibrated and efficient response.

With all eyes on the prospects for a political agreement in Libya, I urge all parties to cease hostilities and achieve reconciliation, while prioritising the humanitarian needs of the people of Libya. Assistance must urgently reach the most vulnerable to avoid a humanitarian catastrophe. The international community, in line with our obligations as humanitarians and guided by humanitarian principles, must immediately join hands and support people affected by this crisis.

Ali Al-Za'tari
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1

SAVE LIVES AND IMPROVE ACCESS TO BASIC SERVICES

STRATEGIC OBJECTIVE 2

PROTECT THE MOST VULNERABLE PEOPLE

STRATEGIC OBJECTIVE 3

IMPROVE RESILIENCE OF AFFECTED COMMUNITIES

PEOPLE IN NEED

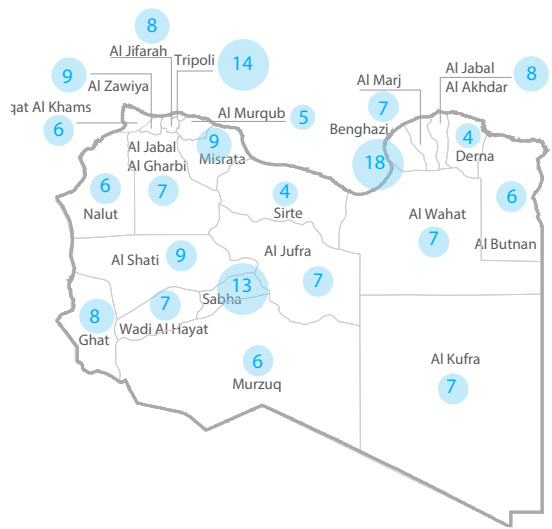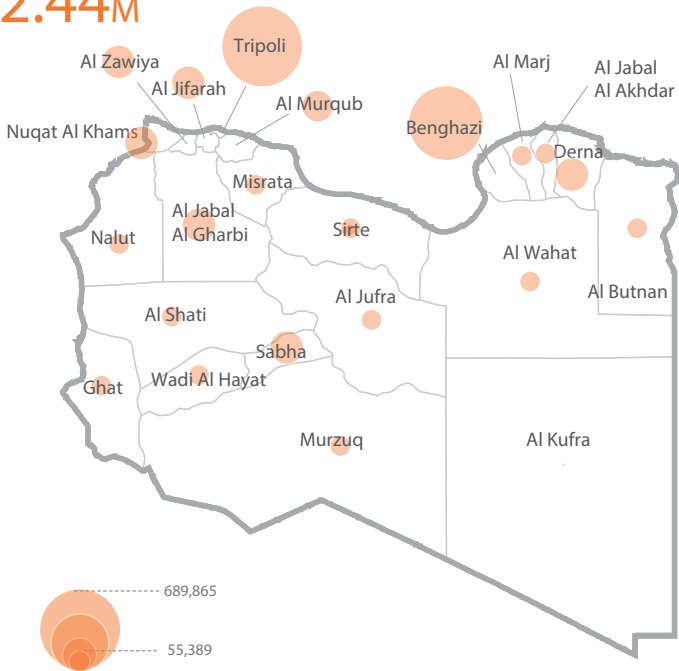2.44M

PEOPLE TARGETED

1.3M

REQUIREMENTS (US$)

$165.6M

OPERATIONAL PRESENCE: NUMBER OF PARTNERS

18

Al Jifarah 8
Tripoli 14
Al Zawiya 9
Al Marj 7
Al Jabal Al Akhdar 8
qat Al Khams 6
Al Murqub 5
Benghazi 18
Derna 4
Al Jabal Al Gharbi 7
Misrata 9
Sirte 4
Al Wahat 7
Al Butnan 6
Nalut 6
Al Shati 9
Al Jufra 7
Sabha 13
Ghat 8
Wadi Al Hayat 7
Murzuq 6
Al Kufra 7

05

PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

2.44M

Al Zawiya
Al Jifarah
Tripoli
Al Murqub
Al Marj
Al Jabal Al Akhdar
Nuqat Al Khams
Benghazi
Derna
Misrata
Al Jabal Al Gharbi
Sirte
Nalut
Al Wahat
Al Shati
Al Jufra
Al Butnan
Ghat
Sabha
Wadi Al Hayat
Murzuq
Al Kufra

689,865
55,389

PEOPLE IN NEED BY STATUS

INTERNALLY DISPLACED PEOPLE
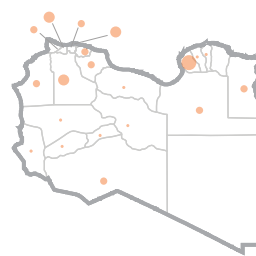
435,000
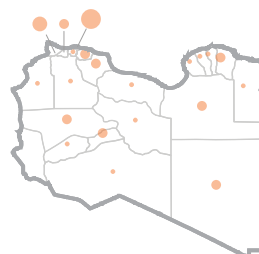
NON-DISPLACED PEOPLE IN NEED

1.75M

REFUGEES
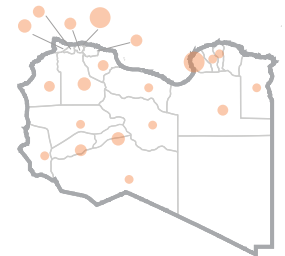
100,000

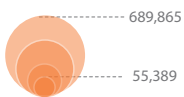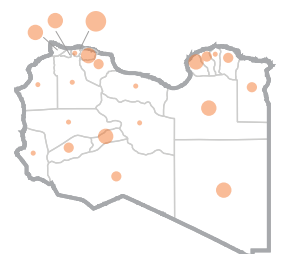#### MIGRANTS

150,000

OVERVIEW OF
THE CRISIS

The Humanitarian Needs Overview (HNO) for Libya paints a deeply concerning picture of a people in the grip of armed conflict and political instability, and forced to flee their homes, with authorities struggling to provide basic goods and services such as food and water, healthcare, and shelter. An estimated 2.44 million people are in immediate need of protection and some form of humanitarian assistance.

Multiple Forced Displacements

There are almost half a million internally displaced persons (IDPs) in Libya. The conflict is concentrated in urban areas, with the displaced forced to flee from one neighbourhood to another, or across greater distances between provinces. In these densely-populated settings, the impact on civilians is severe, and many have endured not one but multiple displacements as they flee to seek safety and protection from violence. With each forced displacement, the livelihoods and coping capacities of displaced persons are further eroded, with many seeking shelter in public buildings and spaces or staying with host communities already struggling to cope to meet their own needs.

Escalating Protection Needs

Across the country, 79 per cent of all affected people are in need of some form of protection from serious violations of International Humanitarian and Human Rights Law, perpetrated by all parties to the conflict. Women face a particular threat from gender-based violence (GBV) in what has become an extremely hostile and unstable environment, and many fear moving about their communities alone. Children are at risk of trafficking, abduction and forced recruitment, amid increasing evidence of a spike in early marriages affecting young girls. The conflict itself has claimed the lives of thousands of civilians - men, women and children. More than 30,000 people have suffered injuries, in many cases life-threatening and requiring

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CRISIS TIMELINE

TIMELINE OF EVENTS

October 2011

Between 100,000 and 150,000 people have been internally displaced by clashes. The National Transitional Council (NTC) declares the liberation of Libya.

July 2012

Election and transfer of power from NTC to General National Congress (GNC).

September 2012

Thousands of protestors march against armed groups in Benghazi, ousting Ansar Al-Sharia from its headquaters.

December 2013

There are at least 59,400 people still in protracted internal displacement from the events of 2011.

May 2014

Libyan National Army attack on Islamic militant groups in Benghazi.

June 2014

Clashes in the city of Benghazi, fueled by Operation Dawn, displace at least 269,000 people.

Parliamentary elections conclude with an unprecedented increase in women's political participation to 16% of the National Assembly.

urgent medical care, or life-changing and requiring long-term health support. Explosive remnants of war (ERW) pose persistent hazards in many areas that have suffered conflict.

This is a population on constant edge, not knowing when they will next be forced to take flight, or what conditions they might encounter when they do.

A Collapsing Health System

Libya's healthcare system has deteriorated to the point of collapse. It is struggling to deal with casualties from the conflict, and serious illness and disease are on the rise. In conflict areas, over 60 per cent of hospitals have been inaccessible or closed in the last six months, especially in the east and south. Hospitals are overcrowded with patients, and their capacities have been severely reduced by a largescale exodus of foreign health workers.

Access to Basic Services

The conflict has affected access to food for over 1.2 million people, particularly IDPs and those living in the south and east. Fighting has cut off supply routes, with the subsequent shortages driving up prices to a point where cash-strapped families are reducing portions or missing meals to cope.
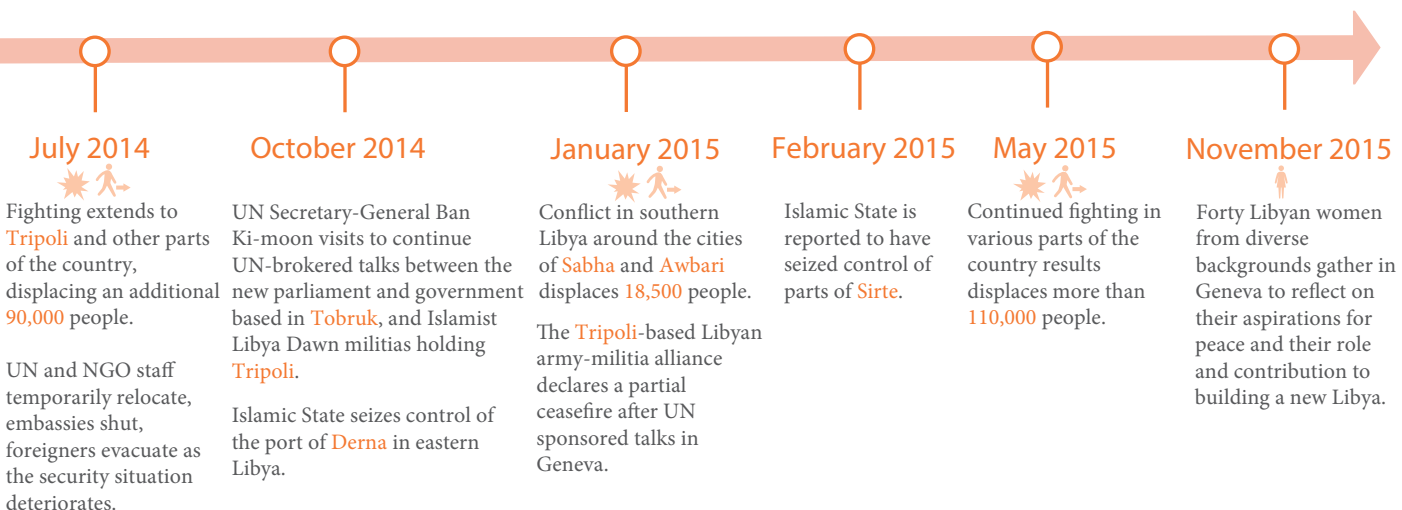
Approximately 680,000 people are in need of assistance to ensure their access to safe drinking water and sanitation. School enrolment rates across the country have dropped by an average of 20 per cent over the past twelve months, a trend that has seen 150,000 children deprived of education. In Benghazi, 73 per cent of schools are no longer functioning or inaccessible due to the conflict.

Refugees, Asylum Seekers and Migrants in a Precarious Protection Situation

Libya hosts an estimated 250,000 vulnerable refugees, asylum seekers and migrants, fleeing violence, weak economies and political turmoil in North and Sub-Saharan Africa and the Middle East. They face discrimination and marginalization, limited access to food and medical care, and harsh shelter conditions. With Libya's future uncertain and living conditions deteriorating, many refugees, asylum seekers and migrants are setting out on perilous sea journeys to seek refuge and economic opportunities in Europe.

KEY ISSUES

- Armed violence
- Multiple displacements
- Protection
- Health
- Access to basic services

July 2014

Fighting extends to Tripoli and other parts of the country, displacing an additional 90,000 people.

UN and NGO staff temporarily relocate, embassies shut, foreigners evacuate as the security situation deteriorates.

October 2014

UN Secretary-General Ban Ki-moon visits to continue UN-brokered talks between the new parliament and government based in Tobruk, and Islamist Libya Dawn militias holding Tripoli.

Islamic State seizes control of the port of Derna in eastern Libya.

January 2015

Conflict in southern Libya around the cities of Sabha and Awbari displaces 18,500 people.

The Tripoli-based Libyan army-militia alliance declares a partial ceasefire after UN sponsored talks in Geneva.

February 2015

Islamic State is reported to have seized control of parts of Sirte.

May 2015

Continued fighting in various parts of the country results displaces more than 110,000 people.

November 2015

Forty Libyan women from diverse backgrounds gather in Geneva to reflect on their aspirations for peace and their role and contribution to building a new Libya.

STRATEGIC

OBJECTIVES

The Humanitarian Country Team (HCT) has capitalized on a strengthened assessment phase to distill three core strategic objectives that guide a focused, more efficient response plan.

1 **Save lives and improve access to basic services for people in need**
Saving lives by improving access to the most crucial goods and services including health, nutrition, shelter, water and sanitation.

2 **Protect the most vulnerable**
Provide protection from violence and abuse with a focus on the most vulnerable, including women, children, youth, people with disabilities and people with low economic means.

3 **Improve resilience of affected communities**
Developing the resilience and capacity of affected communities to cope with the ongoing crisis. This includes restoring livelihoods, strengthening infrastructure and promoting well-being across the population, and harnessing capacities for recovery.

Based on a number of needs assessments and planning assumptions, including potential political scenarios and likely humanitarian consequences, the Libya HCT agreed on the pressing need to scale up humanitarian interventions, with the focus on protecting the most vulnerable and improving access to life-saving services. Taking into account the protacted nature of the Libyan crisis, and the extensive damage to livelihoods and infrastructure wrought by the ongoing conflict, the Humanitarian Response Plan (HRP) also focuses on improving the resilience of affected communities. This includes strengthening the capacity and impact of local response to help communities cope better with increasing vulnerability including multiple displacements.

A Multi-Sector Needs Assessment (MSNA) and a range of other sector and gap analyses have combined to feed a comprehensive strategic planning process. The Humanitarian Coordinator (HC) convened a workshop in August 2015 to discuss the outcomes of the HNO and identify strategic objectives for the development of the HRP.

RESPONSE

STRATEGY

Violence and political instability in Libya are causing significant human suffering, with the conflict intrinsically tied to events taking place across the Middle East. To address the growing humanitarian crisis in Libya and mitigate further spillover and regional humanitarian challenges, steadfast and urgent action is required.

This is a conflict characterized by a shifting political landscape, and aggravated by an already depleted economic and social system. Libya's humanitarian crisis is rapidly eroding available safety nets and people's coping mechanisms. Violence continues to impact vulnerable groups, and successive rounds of conflict are engulfing communities often still reeling from the last.

The HCT has recognized the need to scale up the humanitarian response in what is a complex security environment and tackle the multifaceted nature of humanitarian needs. The HRP is thus designed to adapt to a fluid and volatile operating environment, and to mobilize a response that is calibrated to deliver where needs are highest and the impact greatest. The response plan is independent from political efforts to achieve a solution to the conflict and is guided by established humanitarian principles, with humanitarian partners reconfirming their commitment to humanity, impartiality, neutrality and operational independence.

Scope of the Response

Based on the severity of needs, access constraints, capacity to deliver, and planned or existing implementation arrangements, the HCT has refined its geographic and demographic focus. Partners have prioritized the response in the areas that have been most affected by the conflict, particularly Benghazi, Tripoli, and Sabha. In all areas the humanitarian community will assist IDPs, non-displaced people in need, refugees and migrants, with a focus on targeting the most vulnerable people within those groups, which include women, children, people with disabilities and people with low economic means.

The modality for the the delivery of humanitarian assistance will mostly be through remote management, noting that the overall capacity to respond is dependent on humanitarian access. To date, successive outbreaks of widespread violence have meant that the humanitarian reach cannot cover all vulnerable people in all conflict-affected areas of the country. Humanitarian partners will continue to advocate for increased access to these areas while working where they can to deliver assistance to the most vulnerable.

Optimizing Delivery

Where there are opportunities to address a range of humanitarian needs in one delivery, the HCT is mobilizing across the sectors, harnessing the capacities of national partners to ensure that transport and logistical channels deliver the most goods, with minimal outlays. To this end, the HCT is taking a multi-sector operational planning approach to coordinate distribution of multiple assistance packages in single deliveries, thereby making best use of available resources and optimizing the capacity of civil society organizations (CSOs) and local authorities without overburdening them. This approach will play an important role in maximizing the efficiency of the response under difficult access conditions.

Prioritization has narrowed the focus of the plan to where the scope, scale and severity of needs are most prevalent, and where the response can have the greatest impact.

Prioritization

Drawing on enhanced data and analysis as part of a first level of prioritization through peer review, sectors strictly examined projects according to specific selection criteria: life-saving and time criticality, vulnerability, multi-sectoral/multiplier effect, cost-effectiveness, and sustainability. Projects that were subsequently included in the plan are thus considered high priority. However, projects have also been subject to a second level of peer review to further prioritize projects within the plan. Any changes to or review of the plan due to a significant change in the situation, which results in new needs or information, will be subject to a rigorous prioritization process.

Adaptability

As efforts to reach a political solution continue, insecurity and conflict are Libya's daily reality, demanding that the HCT adhere to an adaptable response plan. The HRP is designed to create and take advantage of opportunities to access hard-to-reach areas and people in need, while also ensuring humanitarian partners are ready to retune their approach should the chance arise to seize new opportunities for access and aid delivery. Equally, if conflict intensifies and multiplies across different regions, the HRP dictates that partners be poised to quickly respond.

The HRP will be revised as necessary and under the leadership of the HC and HCT based on a significant change in the humanitarian context, new needs or additional information on the humanitarian situation.

The HRP is flexible and can be adapted at any time to suit the changing context in Libya, based on a significant change in the humanitarian context, new needs or additional information on the humanitarian situation.

Capturing Crucial Data

The capacity of humanitarian partners to be flexible goes hand in hand with the availability of reliable and timely humanitarian data. In the planning process, the HCT recognized that enhancing humanitarian data gathering is critical to ensuring that it maintains a good understanding of the needs in-country. While access issues will continue to make it difficult to fill all information gaps across all sectors, humanitarian partners have intensified efforts to close information gaps related to the scope, scale and severity of needs. A lack of national and local data collection mechanisms remains a concern, which is why partners continue to invest in building the capacity of local authorities, municipalities and crisis committees in data collection.

Enhanced data collection will underpin further evidence-based planning, vital to ensuring an informed, considered and agile response going forward.

Gender and Age

Displacement is one of the outcomes of the conflict in Libya, and women and children in particular have borne the brunt of successive waves of violence leading to displacement. For many, multiple displacements have depleted their capacities to cope with conflict and new social responsibilities, with GBV a constant threat in a hostile and lawless environment.

The HCT has redoubled its efforts to ensure gender and age equality programming is applied across the HRP, requiring that all projects across all sectors carry a gender marker and age-disaggregated data reflecting whether projects will advance the respective needs of women and girls, men and boys, or to predict how well they will advance gender and age specific needs.

Eighty-three per cent of projects in this response plan have received the top Gender Code (code 2a or 2b), meaning projects are designed to significantly contribute to gender equality. As much as possible, activities have been designed to be relevant to the specific needs of different age groups.

The critical role of local response partners in delivering assistance to communities will by definition deliver greater accountability, enabling grassroots responders to apply their on-the-ground knowledge and relationships to better tailor aid delivery. Constructive interaction between humanitarian partners and local actors is a core success factor for promoting the resilience of affected people.

Accountability to Affected Populations

Designing a people-centred, transparent response where operations are managed remotely does present challenges, but was a key consideration for the HCT in the planning process. Sector lead agencies have encouraged all partners to ensure that Accountability to Affected Populations (AAP) is integrated into needs assessments, project design and planning. Thus, across the sectors, projects have benefited from local participation and inputs, and incorporate participatory and feedback mechanisms in their project implementation plans.

The response includes a wide range of activities, designed to suit the wide ranging needs at community level down to individual level.

Tailored Assistance to Specific Needs

Activities within the response plan are tailored to ensure the most relevant support to respond to the needs of affected people. The plan includes support at community level, through basic services such as healthcare facilities and schools, right down to the individual level, including assistance in terms of voluntary repatriation and integration support. As a result, financial requirements for different kinds of support vary greatly with some activities being a significantly higher cost than others.

KEY POINTS

- Conflict-affected Populations
- Reaching the Vulnerable
- Priority Projects
- Efficiency & Impact

Photo credit: UNMAS/Giovanni Diffidentis

OPERATIONAL

CAPACITY

A range of responders have key roles to play in shoring up the success of the response plan. Optimizing capacity in a complex and insecure operating environment is dependent on strong coordination at strategic and operational levels.

The HCT has specifically guided planning to ensure the response fits around the framework of responders available. It aims to optimize coordination across the sectors, with a focus on effective and efficient remote management, strong links and support to national response partners who form the vanguard of direct delivery capacity.

UN agencies stand ready to reestablish their operational offices in Tripoli and Benghazi, and are reviewing options for increasing the frequency of international support missions, dependent on the evolving security situation. In the meantime, the HCT based in Tunis is closely monitoring the network of humanitarian actors at work in Libya, and overseeing the alignment of their activities with the HRP strategic objectives.

Nine international NGOs (INGOs) make up half of the partners in the plan. They have operational offices in Tripoli, Benghazi, Misrata and Sabha where national staff capacity is

being strengthened through close international support. In turn, INGOs continue to engage closely with national NGOs and to coordinate targeted training to increase capacity to deliver in line with the HRP strategic objectives.

As Libya's civil society continues to develop, its local knowledge and role in direct delivery have proven vital to the reach and scope of the response thus far. As with all crises, Libya's local communities are often the first responders to the extreme violence, infrastructural damage, and human cost of the conflict. They are supported by municipal authorities and a series of local crisis committees that strive to coordinate response at the grassroots level. The HCT is strengthening the lines of communication and accountability channels with these important partners as part of its efforts to gather better data and increase accountability.

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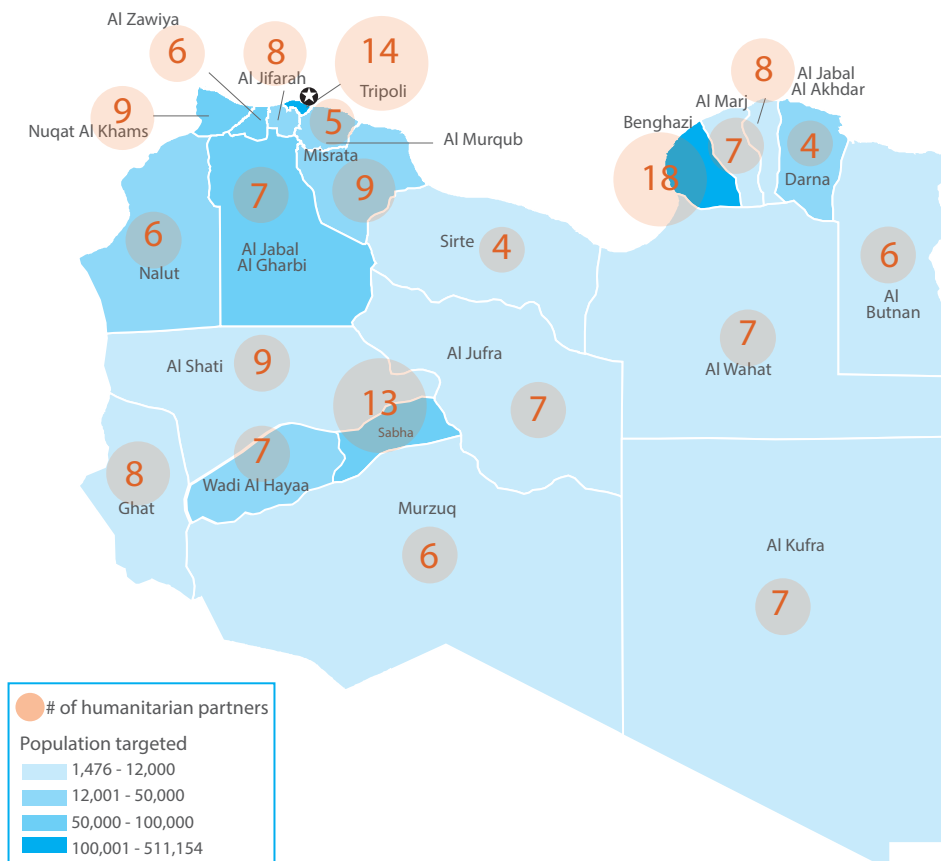
TOTAL NUMBER OF HUMANITARIAN PARTNERS

18

OF NGO PARTNERS

9

OF UN PARTNERS

9

# of humanitarian partners

Population targeted

1,476 - 12,000

12,001 - 50,000

50,000 - 100,000

100,001 - 511,154

HUMANITARIAN

ACCESS

Libya is one of the most hostile operating environments in the world for humanitarian responders. The HCT has initiated a humanitarian advocacy campaign to address access concerns, while assuming a posture of adaptability to overcome access challenges.

The risk to lives and operations in Libya culminated in July 2014 in the relocation of almost all UN agencies and international partners from the country and required a major shift in the way that the response was coordinated. Working on the ground in Libya remains hazardous and unpredictable, due to multiple factors including improvised explosive devices, UXOs, direct threats to humanitarians, and sudden outbreaks of conflict between armed groups, of which up to 1700 exist in Libya. Obstructive factors beyond the control of the HRP – including armed conflict and disrupted supply lines - will continue to frustrate aid efforts in some parts of the country.

The HCT stands ready to make real-time, informed decisions about access based on improved security data. The HCT is consistently reviewing options for access sharpening its reflexes to reprioritize and adapt to changing circumstances on the ground to make the best use of the remote delivery approach. It is also continuing to explore options to introduce direct delivery in non-conflict zones.

OF CIVILIAN CASUALITIES DUE TO EXPLOSIVE ATTACKS

FROM JAN-JUN 2015

419

Severity of needs

- Very high risk operating environment
- High risk operating environment
- Medium risk operating environment with constraints and logistical challenges

13
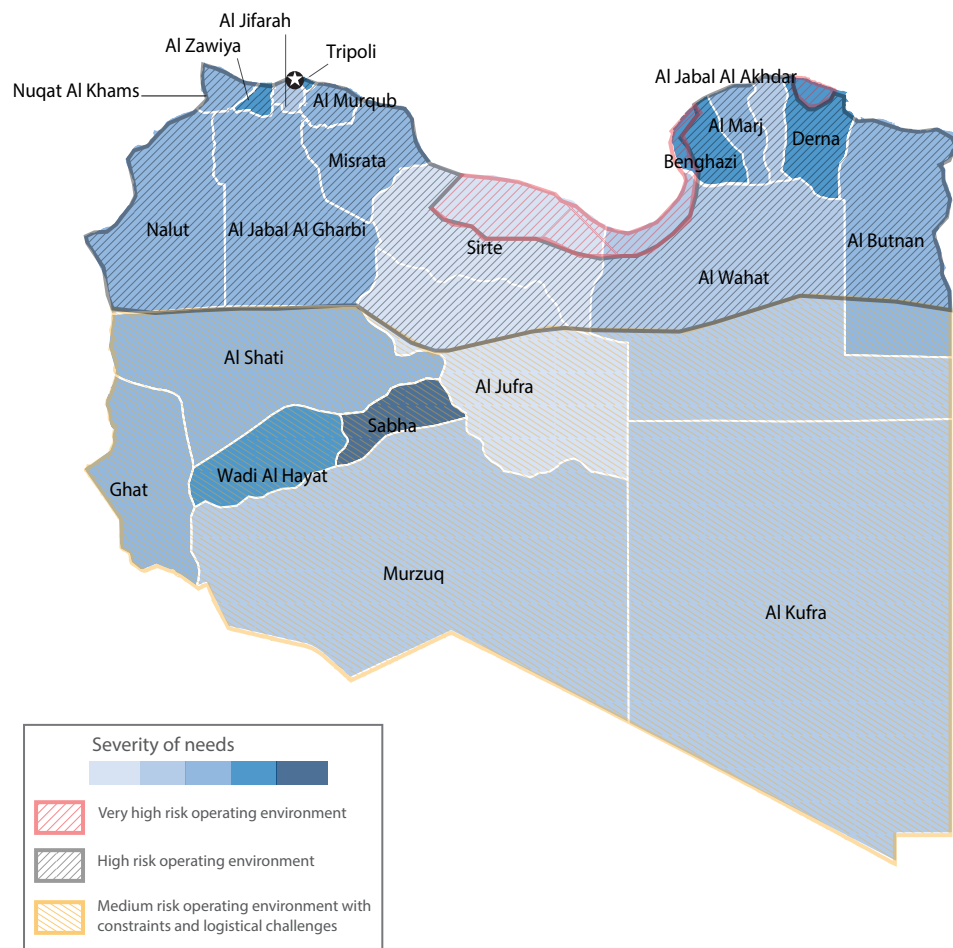
Remote management remains the most viable approach to reach those in need, one that depends on strengthening the ability of direct response partners to reach affected communities and perform their work in safety.

Recognizing that local partners will be the front line of the response, the United Nations Department of Security Services (UNDSS) is gearing up to launch the "Saving Lives Together" project, a framework for UN and NGO security collaboration.

The idea behind this project is to ensure safety and security measures are in place and support is available in order to effectively deliver assistance.

The HC is in the lead on developing and driving a strategy that continues to push hard with key players for safe passage, and advocates for the protection of humanitarian personnel. The HC will engage multiple actors, including government and local officials, armed groups, civil society and affected communities, to enhance understanding of access constraints and advocate for solutions, while continuing to raise the profile of the Libyan crisis in international forums.

Photo credit: UNICEF

RESPONSE

MONITORING

A robust monitoring framework will further deepen the understanding of Libya's crisis, relying on the solid base established by the MSNA. Response monitoring will conform to Inter-Agency Standing Committee (IASC) guidelines, aiming to reflect the ongoing impact of the plan, with the onus on transparency and accountability.

Addressing Information Gaps

Within the HCT structure, the Inter-Sector Coordination Group (ISCG) will lead the way on closing remaining information gaps to better gauge needs in-country. In support of this process, each sector is developing an assessment plan based on lessons learned and known data gaps. The ISCG will also steer the next evolution of the 2015 MSNA. This primary assessment tool will be refined and reapplied at regular intervals throughout 2016.

Tracking Priorities

With prioritization as a core component of the response strategy, the selection criteria and methodology used to rank activities and projects from the outset will be consistently reviewed and revised according to developments on the ground and the evolving assessment of needs.

Periodic Monitoring Reports

In line with IASC guidelines, the ISCG is leading the development of a monitoring framework to establish reporting timelines which requires partners to produce periodic monitoring reports.

Sector-Level Monitoring Tools

Within the sectors, planning is underway to introduce specific monitoring tools to gain a better understanding of the displacement situation which can serve as a baseline for in-depth sectoral assessments. The International Organization for Migration (IOM) is in the process of launching a Displacement Tracking Matrix (DTM) to monitor the IDP population across collective centres and camp-like settlements. In regions most affected by conflict, the Protection Sector is undertaking a number of GBV surveys, a non-technical ERW survey, and a conflict-related casualty assessment.

Obtaining data in militia-controlled areas will form part of the humanitarian access strategy, reinforced by improved communication channels and accountability to local communities. A countrywide nutrition survey will be rolled out in 2016. The United Nations Children's Fund (UNICEF) plans to conduct a household survey on education conditions around Benghazi in early 2016, with at least 110 schools inaccessible due to conflict in that area alone. The United Nations Population Fund (UNFPA) and the United Nations Human Settlements Programme (UN-HABITAT) are working together with Libyan statistics and urban planning departments to implement regular Fast Track Socio-Economic Monitoring and a City Profiling System in the most affected Libyan cities.

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HUMANITARIAN PROGRAMME CYCLE TIMELINE

	2015		2016												2017
Dashboard					•				•				•		
Monitoring Report										•					
Humanitarian Needs Overview												•			
Humanitarian Response Plan														•	
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
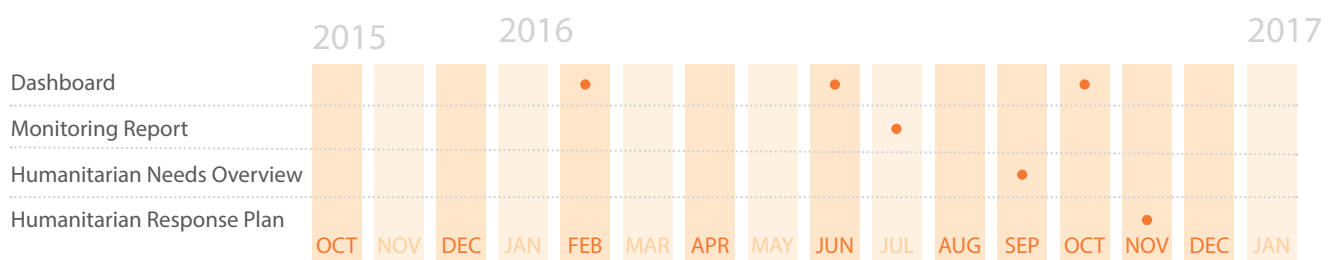
SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED

2.44M

PEOPLE TARGETED

1.3M

REQUIREMENTS (US$)

165.6M

The total population in need is 2.44 million based on the highest number of people identified as being in need of some form of humanitarian assistance, in this case based on the Protection Sector figures.

The total number of people targeted is 1.3 million based on the highest number of people covered with some form of humanitarian assistance, disaggregated by status (underlined in the table below) across the sectors.

The below table outlines the humanitarian needs, sector targeting including the refugee and migrant response plan, disaggregation, and financial requirements by sector. The refugee and migrant response planning figures are is integrated into the sector plans, yet distinct in the Refugee and Migrant Response Plan, which highlights the specifics of the needs and response for refugees, asylum seekers, and migrants.

The total funding requirements for the plan are US$165.6 million to support refugees, migrants, IDPs, returnees, and non-displaced people in need.

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SECTOR	TOTAL		BY STATUS		BREAKDOWN OF PEOPLE TARGETED			BY SEX & AGE		REQUIREMENTS	
	People in need	People targeted	Refugees	Migrants	IDPs	Returnees	Affected non-displaced in need	% female	% children, adult, elderly*	Refugees and Migrants	Total***
Health	1.90M	1.2M	20,000	38,500	320,337	-	827,471	50%	TBD	13.46M	50.4M
Protection	2.44M	641,500	40,000	1,500	412,500	-	187,500	50%		9.33M	27.58M
Food Security	1.28M	210,000	40,000	-	153,000	-	17,000	30%		9.20M	47.68M
Shelter	300,000	222,700	25,000	10,000	161,500	3,800	22,400	54%		7.46M	17.51M
Water, Sanitation & Hygiene (WASH)	680,000	400,000	20,000	-	200,000	-	180,000	50%		0.98M	3.56M
Education	150,000	99,241	10,000	-	82,729	-	6,512	51%		3.26M	7.89M
Early Recovery	1.5M	540,000	-	-	220,000	-	320,000	50%		-	10.18M
Refugee and Migrants Response	250,000	90,000	40,000	50,000	-	-	-	50%		43.69M	-
Coordination	-	-								-	0.77M
TOTAL	2.44M**	1.3M**	40,000**	50,000**	412,500**	2,800**	827,471**			$43.69M	$165.6M

* Information to be confirmed - Children (<18 years old), adult (18-59 years), elderly (>59 years)

** Totals are not the sum of the columns, as the same people targeted may be appear several times within the columns.

***Refugee and migrant response funding requirements are integrated into sector requirements. Therefore the Humanitarian Response Plan total funding requirement is US$ 165.6 million, including the funding requirements for non-displaced people in need, IDPs, returnees, refugees and migrants.

Partners are committed to fill information gaps through monitoring and assessments.

PART II: OPERATIONAL RESPONSE PLANS

- Health
- Protection
- Food Security
- Shelter and Non-food items
- Water, Sanitation & Hygiene (WASH)
- Education
- Early Recovery

HEALTH

PEOPLE IN NEED

1.9M

PEOPLE TARGETED

1.2M

REQUIREMENTS (US$)

$ 50.4M

 # OF PARTNERS

7

HEALTH OBJECTIVE 1:

1 Improve access to basic life-saving primary and emergency secondary healthcare services through the provision of essential medicine, medical materials, and technical support for primary healthcare, disability care, and life-saving emergency care.
RELATES TO SO1

HEALTH OBJECTIVE 2

2 Reduce communicable disease transmission and outbreak through detection and mitigation measures.
RELATES TO SO2

HEALTH OBJECTIVE 3

3 Strengthen the existing health structure and avoid the collapse of the health system through capacity building measures, referral system strengthening, infrastructure rehabilitation and the strengthening of data collection and information sharing mechanisms.
RELATES TO SO3

Impact and Needs

An estimated 1.9 million people in Libya require assistance to meet their basic healthcare needs. The conflict has damaged vital infrastructure and led to the closing down of hospitals and shortages in staff and essential medicines and supplies. The health situation has deteriorated rapidly since 2014, with the crisis compounded by the fact that the health system has been weakened over the years by numerous crises in Libya and an overall decreasing level of investment in the Health Sector.

Major health service issues include:

• A debilitated primary healthcare network, especially in the main cities (Benghazi and Tripoli);

• High dependence on foreign health workers, especially in the southern part of the country;

• A substantial proportion of public health expenditure being spent on sending Libyans for treatment abroad;

• The neglect of healthcare provision in southern parts of Libya (Al Kufra, Sabha, Ghat and Awbari)

Sector Strategy

The Health Sector aims to support the Libyan national health system in managing the exceptional needs arising from the crisis, while building their capacity for continued and strengthened local response. The sector specific objectives contribute to the achievement of all strategic objectives of the HRP.

Libya is a context marked by insecurity and volatility, which impedes access of international partners to the country. As such, humanitarian partners will primarily rely on programming implemented under remote management, with the support of NGOs on the ground and a reliance on the local health actors, including the Ministry of Health and health experts on the ground.

In 70 per cent of cases, the health interventions will be delivered through the government structures (MOH) which are still viable. The facility, district and city level health personnel are being trained to provide optimum preventive and curative services. In 30 per cent of instances, the delivery mechanism will be through the following international NGOs which have footprint on the ground: Emergency, IMC, Handicap International, Save the Children US, MSF France. Additionally, two charity organizations, voluntary group of doctors and academicians from health universities will be providing services.

Specifically, the sector has adopted the following implementation modalities in order to achieve sector strategies:

1) Support to the national network: health partners will provide assistance through the existing public and private health network as a means of maximizing the reach of services and avoiding the creation of a parallel structure which would undermine the existing health system. Specific activities to strengthen the current health structure's response capacity include: the provision of medicines, medical materials and technical support for primary healthcare, disability care, and life-saving emergency and obstetric care. Going forward, the Health Sector in collaboration with Libyan health authorities and providers, will look to standardize the primary health package across all stakeholders, with a focus on integrating reproductive and mental health as well as disability healthcare activities to respond to unmet needs for these services.

2) Provide temporary assistance via mobile and medical outreach services: given the strain on the national health facilities, as well

as challenges in access for certain groups (IDPs, refugees, migrants), on-the-ground partners will also provide direct medical services to complete and complement healthcare coverage provided at health facilities. These mobile clinics will provide basic primary health services (including reproductive health services), and will refer patients to existing secondary facilities for emergency care.

3) Strengthening capacity of local health partners: challenges in access due to insecurity requires a response that relies more on local partners, with capacities that may be much lower than international agencies. As such, the capacity of local actors will need to be strengthened and supported in order to ensure quality services are provided to persons in need. Specific activities to address this initiative include: rehabilitation of facilities, capacity building of health partners to strengthen management capacity, disease control efforts as well as reinforcing the early warning system, and working to define and strengthen referral pathways for patients in need of specific services such as GBV survivors, mental health, TB, HIV, or Hepatitis B care.

The scope of this response covers key affected areas in need, depending on access, with a focus on urban areas where there is a large concentration of persons in need (Benghazi, Misrata, Tripoli, Sabha, Al Kufra). Health partners will continue to collaborate via Health Sector coordination ensuring widest coverage to avoid duplication of response and to identify gaps and additional partners.

In the view of the challenging security situation and the obstacles in accessing affected communities, the Health Sector partners will rely on a variety of sources in assessing and monitoring the health situation and the efficiency of the health response including regular collection of health related data and periodic assessments.

Given the multiple needs of the persons affected by the conflict, the Health Sector will work with related sectors in the implementation of response programming. In particular, the Health Sector will work with the WASH Sector on communicable disease control efforts and with the Protection Sector on the identification of referral pathways for survivors of GBV to medical facilities. As a large number of refugees and migrants are expected to benefit as well from the overall health system response, coordination with the migrants and refugee response will be essential. In addition, close collaboration with partners outside of the HRP will continue in order to better identify needs and coverage of response programming.

The scope of the plan is as follows:

• Total persons in need: 1.9 million people

• Total persons targeted: 1.2 million people (60 per cent of the persons in need)

• Sector partners: WHO, UNICEF, UNFPA, Handicap International, International Medical Corps, Emergency, Save the Children

In the upcoming year, Health Sector partners will target an estimated 1.2 million persons affected by the conflict and in need of assistance. A particular focus will be placed on addressing the needs of the most affected groups among the targeted persons in need, including the estimated 340,000 women at reproductive age and 430,000 children, IDPs and host communities, as well as other vulnerable populations such as persons with disabilities. While health needs are present across country, the Health Sector will target areas that have been most affected by the conflict and which host the largest concentration of persons in need.

In addition, specialized needs of pregnant women will be a particular focus in the humanitarian response. With a total fertility rate of 3.7 children per woman and an

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already high C-section rate of more than 20 per cent of all deliveries, it is also expected that this rate will double among IDPs and the most affected host communities, given the stress and pressures of the conflict. Based on previous pregnancy rates, it is expected that around 80,000 women will become pregnant, of whom 25,000 will be in need of C-section services in 2015.

While specific indicators are mentioned in all health projects, the major deliverables of the Health Sector Plan are mentioned here. These include: provision of 15 mobile clinics and five field hospitals; provision of life saving medicines and different kits for one million patients for one year; provision of immunization services to 350,000 children under five years age; antenatal, natal and postnatal services for 150,000 pregnant women; mental health and psychosocial

services to 25,000 patients; access to 500,000 patients for Primary Healthcare Services; strengthening 20 hospitals for emergency obstetric care and neonatal care; long-term care for 200,000 patients with chronic diseases; creation/strengthening of ten child-friendly services; provision of rehabilitation services to 50,000 persons with disabilities; provision of trauma care services to 25,000 patients with trauma; capacitating 100 sentinel sites for disease early warning systems; training of 100 health staff in emergency preparedness and response.

UNHCR and IOM lead the coordination of the refugee and migrant response. Please refer to the Refugee and Migrant Response Plan for further details of the health response for refugees and migrants.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	Migrants	IDPs	Returnees	Non-displaced in need	% female	% children, adult, elderly*
PEOPLE IN NEED	100,000	150,000	435,000	-	1.22M	TBD	
PEOPLE TARGETED	20,000	38,500	320,337	-	827,471	30%	38%
FINANCIAL REQUIREMENTS	$12.46M	$1M	$10M	-	$26.94M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

Partners are committed to fill information gaps through monitoring and assessments.

HEALTH RESPONSE PLANNING BY PROVINCE

Nuqat
Al Khams
Al Zawiya
Tripoli
Al Murqub
Al Jabal
Al Akhdar
Al Marj
Benghazi
Derna
Misrata
Al Jifarah
Nalut
Al Jabal
Al Gharbi
Sirte
Al Wahat
Al Butnan
Al Shati
Al Jufra
Ghat
Wadi Al Hayaa
Sabha
Murzuq
Al Kufra

No of partners per province
1- 2
3 – 4
5 or more

PEOPLE IN NEED

2.44M

PEOPLE TARGETED

641,500

REQUIREMENTS (US$)

27.6M

OF PARTNERS

11

PROTECTION OBJECTIVE 1:

1 Identify and respond to the basic protection needs of the targeted popualtion.
RELATES TO SO1

PROTECTION OBJECTIVE 2

2 Reduce the protection threat on the at risk and vulnerable groups.
RELATES TO SO2

PROTECTION OBJECTIVE 3

3 Support and strengthen community based protection network mechanisms.
RELATES TO SO3

PROTECTION

Impact and Needs

Although the conflict has consistently resulted in increased suffering, an increase in fighting in July 2014 led to a significant spike in humanitarian needs. Across the country, but particularly in Tripoli and Benghazi, the crisis has been characterized by serious violations of international human rights and humanitarian law. Indiscriminate firing of heavy weaponry by all parties in densely populated areas has resulted in significant civilian casualties which marked an increase in internal displacement throughout the country. With fighting concentrated in densely populated urban areas, a high proportion of the casualties are civilian. This has also resulted in mass ERW contamination of urban areas, placing the civilian population at significant risk of death or serious injury.

The breakdown of law and order in Libya has severely impacted the work of civil society organizations (CSOs). Across the country, human rights defenders and other members of civil society have been subjected to killings, unlawful deprivation of liberty, abductions, torture and other ill-treatment, physical and verbal assaults, death threats and other forms of intimidation by armed groups and unknown perpetrators, oftentimes leading to displacement of the victims and their families.

Sector Strategy

The Protection Sector aims to mitigate the protection consequences of the crisis by providing a timely humanitarian and protection response to the population in need, in particular the most vulnerable people among IDPs, host communities and non-displaced population impacted by the conflict. The sector will also work to reduce the impact of ERW and Small Arms (SA) and mines, and mainstream protection in all areas of the humanitarian response.

The sector response plan foresees efforts to

reinforce the accountability of duty bearers for the affected population. The demographic of the Protection Sector target population is 52 per cent female and 48 per cent male, with GBV projects targeting mainly women and girls.

The sector has concluded in a strategic manner to target 614,500 individuals based on the needs of the most vulnerable, access, and operational capacity. The targeted population has been agreed upon taking into consideration the following: 1) security situation in the country and the limited access of humanitarian actors; 2) absence of a baseline for the planned protection activities in Libya, with reasonable planning and new projects designed to establish a baseline for further and broader protection activities.

The sector will specifically target IDPs, host communities (non-displaced people in need), returnees, GBV-affected individuals, children-at-risk, ERW- and SA-affected populations, including survivors and their care-givers, human rights defenders, former detainees (victims of torture), humanitarian workers, journalists and other activists.

In light of the security situation inside Libya international humanitarian partners will continue to implement activities through remote management, mainly relying on NGOs who are present inside Libya and on coordination with duty bearers for advocacy interventions through the local crisis committees.

The Protection Sector plans to implement its activities through the following approaches:

1) Identifying needs: the deteriorating security situation, fractured national and administrative institutions and restricted access in many areas has impaired the ability to have access to proper data. The Protection Sector plans to address the existing information gap and conduct accurate

data collection and in-depth assessments to obtain better understanding of the of the population in need, IDP numbers, locations and demographics, including sex andage desegregated data. The DTM will also integrate protection-risk indicators and specific mechanisms for sharing sensitive protection-related data will be established with the Protection Sector. The outcome of these assessments will form the basis to reinforce protection response and to mobilize the right response.

2.) Strengthen response and access to protection services: the crisis has restricted the freedom of movement of people in need throughout the country and their ability to reach out and to receive humanitarian assistance. With the ongoing instability, the access to sustained protection services will continue to be a major challenge for the population in need. The sector plans to increase its services in accessible areas and enhance the protection monitoring to identify and respond to the needs of the most vulnerable people through enhanced referral mechanisms based on an established vulnerability criteria. Child protection, GBV prevention and response, ERW surveying and emergency response clearance, lack/absence of documentation and multiple displacements and victim assistance (injured and former detainees) have been identified as the key protection needs and will be prioritized in the response strategy.

3) Mitigating protection risks: capacity building and awareness-raising activities will be conducted with duty bearers on international human rights and humanitarian law to address violations and abuses of human rights including grave violations committed against children. The purpose is to promote protection standards and build the capacity of key duty bearers to create a "rights environment" for the affected population. The activities will also build awareness and capacity on issues such as ERW, mine risk

education and GBV for key duty bearers.

4) Community based support: as part of the strategic and sector objectives, the Protection Sector will support and strengthen community based and coordinated management mechanism through empowering existing community platforms, strengthening accountability and information management. It aims at investing in existing local platform and to further empower them to establish internal coordination mechanism on various protection issues including child protection, GBV and ERW/mine reporting and awareness.

Child protection will continue to be one of the key protection priorities since children comprise around 40 per cent of the population in need and are considered as the most vulnerable. The main protection concerns include: lack/loss of documentation as a result of multiple displacement which hindered access to education; psychosocial well-being; suffering severe stress as a result of a loss/ death of relatives, forcible displacements; discrimination; destruction of homes and possessions; and presence of child-headed households.

A major concern is the underage recruitment into armed groups and fighting forces. Key activities in the response will include: expand psychosocial support services for children and adolescents through an inclusive child friendly spaces and training of specialized social workers; better access to the most vulnerable groups through protection monitoring; provision of specialized psychosocial support to survivors and victims of violence and GBV; establish proper identification and referral mechanisms; raise awareness on child protection concerns (underage recruitment, ERW/SA/mine risks, child rights); and collect evidence-based data through nationwide community network assessments.

GBV is a key protection concern. Women of reproductive age (15 to 49) and particularly

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female-headed households are increasingly vulnerable to GBV and in dire need of protection and response services. Due to the stigma related to GBV and the scarcity of services to respond to GBV incidents, data is challenging to collect. Moreover, the protracted nature of the crisis and associated breakdowns in social structures and services and the adoption of negative coping mechanisms further contribute to increased GBV incidence. Response activities will include: establishment and strengthening of referral pathways to ensure that survivors are able to access response services including health and psychosocial support, community-based outreach to share key messages concerning GBV prevention and response to reach women, men and boys at risk, and capacity building of local authorities and CSOs.

The presence of widespread ERW is a key protection concern. Up to 300 ERW incidents were reported in Benghazi over a three-month period in 2015. ERW contamination has not yet been surveyed in all conflict-affected areas and the Libyan Mine Action Centre (LibMAC) does not currently have the capacity to implement countrywide survey and clearance activities. Response activities will include: surveying affected areas to prioritize clearance activities; conducting emergency response clearance activities; conducting awareness rising and risk education campaigns on ERW and mine threats; and developing a platform for victims' assistance and continue capacity building.

Overall, the Protection Sector will deliver multiple assistance packages, including: media-based and targeted awareness campaigns to at-risk populations; various

services in specialized women-friendly spaces to meet the specific needs of women and promote their empowerment; and psychological and social support, especially to women and children.

In partnership with national NGOs, the Protection Sector will carry out direct implementation through national staff, under remote management. To support this modality, national NGO staff based in Tunisia and Libya will be training on delivery of services, management and organizational capacity building. The sector will also focus on working with and through local authorities and institutions, and will carry out training and awareness-raising with a range of local actors, including municipalities, local councils and crisis committees. The sector plan also includes technical training for staff from medical and educational institutions.

The Protection Sector activities are closely interlinked with other sectors. The activities are particularly linked with the Shelter/NFI Sector in which protection monitoring and access to the affected population mainly relies on the distribution of NFIs. Distribution of dignity kits will also be strongly coordinated with Shelter/NFI Sector. Within protection monitoring activities, identification of other needs (health, education, etc.) will be referred to the relevant sector through an agreed inter-sector referral mechanism.

UNHCR and IOM lead the coordination of the refugee and migrant response. Please refer to the refugee and migrant response plan for further details of the protection response for refugees and migrants.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	Migrants	IDPs	Returnees	Non-displaced in need	% female	% children, adult, elderly*
PEOPLE IN NEED	100,000	150,00	435,000	-	1,750,000	46%	TBD
PEOPLE TARGETED	40,000	1,500	412,500	-	187,500	54%	TBD
FINANCIAL REQUIREMENTS	5.73M	3.60M	12.54M	-	5.7M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

Partners are committed to fill information gaps through monitoring and assessments.

PROTECTION RESPONSE PLANNING BY PROVINCE

No of partners per province
- 1- 2
- 3 - 4
- 5 or more

25

PEOPLE IN NEED

1.3M

PEOPLE TARGETED

210,000

REQUIREMENTS (US$)

$ **47.7**M

OF PARTNERS

2
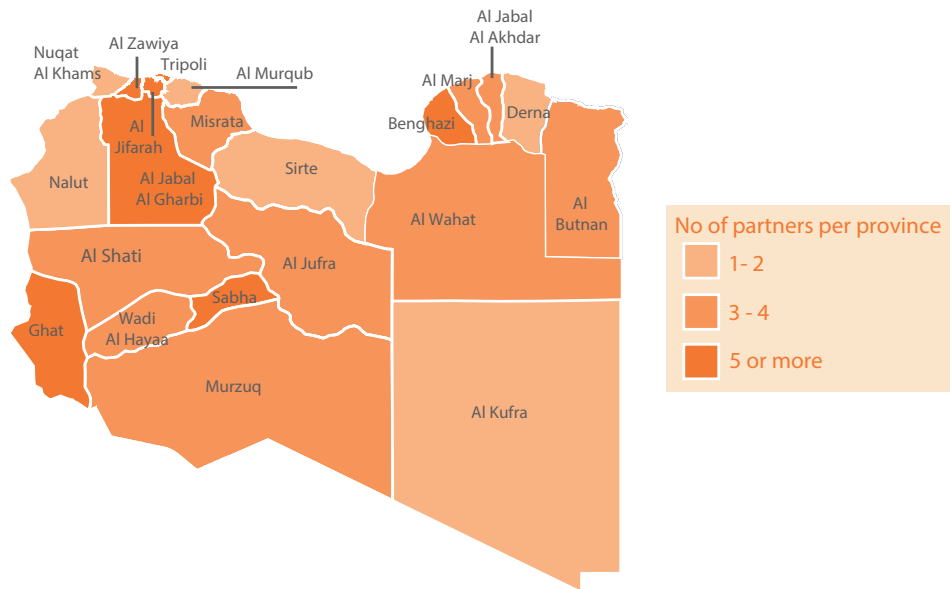
FOOD SECURITY OBJECTIVE 1:

1 Improve immediate household food availability and access for the most vulnerable people. RELATES TO SO1

FOOD SECURITY OBJECTIVE 2

2 Protect vulnerable people from sliding to malnutrition by providing nutritious food, particularly to women and children. RELATES TO SO2

FOOD SECURITY OBJECTIVE 3

3 Develop skills and tools to enhance stakeholders' capacity in food security preparedness and response management. RELATES TO SO3

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FOOD SECURITY

Impact and Needs

Some 1.28 million people in Libya are at risk of food insecurity across the country, with an increasing number of IDPs, refugees and asylum seekers in critical need of assistance.

The MSNA confirmed that access to food is constrained by affordability caused by inflated prices and limited family resources. Fifty-five per cent of respondents indicated they had insufficient resources to buy the food that is available in the markets. As families continue to deplete their resources, they will increasingly become vulnerable to further price increases. While undernutrition rates amongst children under 5 in Libya were not of major concern prior to 2011, this group has become particularly vulnerable to the negative consequences of a poorly diversified diet. Although a nutrition assessment has not been carried out, it is likely that the nutritional status of children and of other population groups will be compromised in the unstable Libyan context. Additionally, increased food prices will negatively affect host communities. Therefore, there is a need to undertake a nutrition survey to outline the status for any possible nutritional interventions.

Response Strategy

The Food Security Sector will provide food assistance to the most affected populations in need, in order to prevent the emergence of acute hunger and malnutrition. As such, 210,000 people in need will receive food assistance.

The following assumptions underly the response:

• Food security needs will persist, and without assistance, are at risk of leading to a serious deterioration of the humanitarian situation of the conflict-affected population;

• Sector operations will continue to be managed remotely from Tunisia until there is a significant improvement in the security situation;

• Sector partners will continue to have access to people in need and be able to receive and deliver food without constraint;

• Additional partners to support food delivery will be found;

• Libya's borders with Tunisia and Egypt will remain open.

The sector faces major operational challenges including: insecurity, limited partner capacity, lack of timely and accurate food security data, insufficient funding, procurement and logistical challenges (contributing to unpredictable supply chains), restricted border movements and limited access to areas where open conflict is occurring. For these reasons, the sector has taken a realistic approach to the feasibility of what it will be able to deliver until significant changes to the operating environment occur and financial resources are increased.

The sector will continue to work with the available partners on the ground and manage operations remotely from Tunisia.

WFP relies on cooperating partners to carry out food distributions in Libya. Food assistance is delivered through the Libyan NGO Sheikh Tahir Azzawi Charity Organisation (STACO) in western and southern Libya. For eastern Libya, food is distributed through another humanitarian organisation LibAid. WFP's strategy is to source food on a regional basis with deliveries for the east of Libya from Egypt and for the western and southern areas from Tunisia. WFP dispatches food by road from Tunisia or Egypt to its cooperating partners.

However, reliable cooperating partners operating inside Libya are limited. Therefore capacity development for the current partners

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and any additional cooperating partners is necessary in order to deliver services effectively.

To compensate for humanitarian access challenges, the sector will continue to engage in third-party arrangements to monitor distributions and collect beneficiary feedback on the assistance provided. Third-party monitors will also be responsible for collecting food security baselines and outcome information as well as cross-cutting themes including gender and AAP. Cooperating partners will assist with monitoring markets and population movements to ensure that the commodities and services are delivered to the affected people. Access to food delivery from the neighboring countries, Egypt and Tunisia, will be negotiated through the appropriate authorities to permit transport of the required resources.

Food security assistance will be provided to people based on need, targeting the most vulnerable regardless of legal status. Out of the 1.28 million in need of food assistance, the sector has determined that 210,000 people are most vulnerable and in critical need of assistance.

The following categories of people have been given priority:

• IDP households that have been recently displaced (less than two months)

• IDP households that have been displaced more than once

• IDP households that live in collective public space such as schools and mosques

• Vulnerable host communities

• The non-displaced population with acute food needs (limited access to government safety nets and social protection systems including subsidized food and realiable banking services).

WFP will provide monthly food parcels to the affected population. Each food parcel contains rice, pasta, fortified wheat flour, chickpeas, vegetable oil and tomato paste. This represents approximately 75 percent of a person's daily nutritional requirement. The monthly rations are packaged for a household of five people in two parcels which enables WFP and partners to distribute food quickly and safely.

For IDPs, distribution centres will be established in Al Shati, Benghazi, Ghat, Wadi Al Hayat, Al Kufra, Al Murqub, Al Marj, Misrata, Murzuq, Nuqat Al Khams, Nalut, Sabha, Tripoli, Al Zawiya and Al Jifarah provinces.

The sector maintains operational linkages with the Shelter/NFIs and Protection Sectors in terms of beneficiary information sharing and distribution of resources. The sector will regularly review and respond to the movements of refugees, asylum seekers and IDPs, while monitoring the nutrition status of women and children.

UNHCR and IOM lead the coordination of the refugee and migrant response. Please refer to the refugee and migrant response plan for further details of the food security response for refugees and migrants.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	Migrants	IDPs	Returnees	Non-displaced in need	% female	% children, adult,
PEOPLE IN NEED	40,000	-	175,148	-	1.07M		TBD
PEOPLE TARGETED	40,000	-	153,000	-	17,000		TBD
FINANCIAL REQUIREMENTS	$9.2M	-	-	$34.48M	$3.83M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

Partners are committed to fill information gaps through monitoring and assessments.

FOOD SECURITY RESPONSE PLANNING BY PROVINCE

Al Zawiya
Nuqat Al Khams
Tripoli
Al Murqub
Al Marj
Al Jabal Al Akhdar
Benghazi
Derna
Al Jifarah
Misrata
Nalut
Al Jabal Al Gharbi
Sirte
Al Wahat
Al Butnan
Al Shati
Al Jufra
Ghat
Wadi Al Hayaa
Sabha
Murzuq
Al Kufra

No of partners per province
1- 2
3 - 4
5 or more
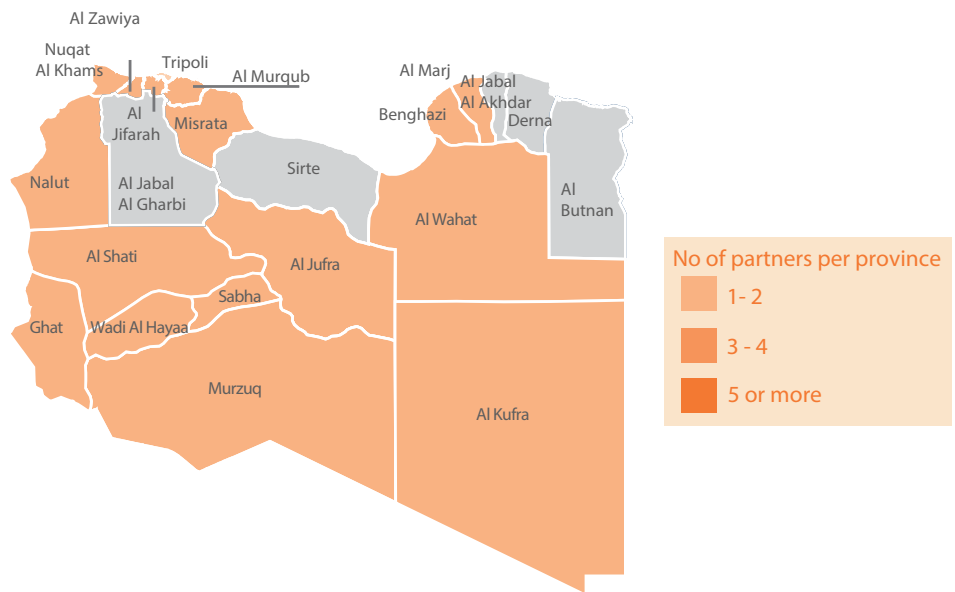
PEOPLE IN NEED

300,000

PEOPLE TARGETED

222,700

REQUIREMENTS (US$)

17.5M

OF PARTNERS

5

SHELTER OBJECTIVE 1:

1 Provide minimum and dignified shelter and NFI and shelter assistance in a timely and coordinated manner to IDPs most in need. RELATES TO SO1

SHELTER OBJECTIVE 2

2 Decrease the impact of accommodating IDPs in collective spaces on host/non-displaced in need communities. This includes facilitating the relocation of IDPs taking gender issues into consideration and the needs of the most vulnerable. RELATES TO SO2

SHELTER OBJECTIVE 3

3 Strengthen local capacity to identify and address emergency shelter and NFI needs. RELATES TO SO3

SHELTER AND NON-FOOD ITEMS

Impacts and Needs

Continuous heavy fighting and indiscriminate shelling of residential areas have severely affected the safety and security of civilians across the country leading to significant shelter and NFI needs. An estimated 435,000 IDPs have been forced to leave their homes to look for temporary shelter with host families, rented apartments, collective centres and unfinished buildings. Many IDPs and affected host communities have struggled to afford rent for proper housing that would enable them to live in safety and with dignity. This is the result of a loss of livelihoods, limited employment opportunities and other income-generating activities, significant challenges to access funds (including lack of liquidity for salary payments by the banking system), and depleted savings. In the current situation, the most vulnerable are those exposed to risks due to limited shelter options and being forced to reside in conditions that are unsuitable for human habitation.

In addition, the current pressure on host communities to support IDPs and basic infrastructure across the country as a result of the crisis has created significant competition for scarce resources. In the absence of rule of law in Libya this further increases the vulnerability of IDPs and heightens the risk of exploitation and tension.

There are also protracted caseloads of IDPs in camps from the 2011 conflict. On average, 17 per cent of IDP household expenditure is spent on rent (compared to 14 per cent among the wider population). In this context, the primary needs in terms of shelter support includes cash-based assistance (feasibility studies have been undertaken by some sector partners), as well as access to hygiene materials and other basic household NFIs. In the southern provinces and in Benghazi, a significant hindrance for the Shelter/NFI Sector is the limited access to markets to source goods locally. With limited supply and

inflation affecting different parts of Libya, the challenge is moving goods across insecure locations to access populations in need.

Sector Strategy

Based on operational experiences, monitoring, assessments, and inputs from coordination platforms in Tripoli and Benghazi, the sector will prioritize newly displaced, IDPs, returnees, and persons who have been displaced multiple times and living in collective spaces unfit for habitation. Assistance will also be provided to host communities in besieged areas and support 10 per cent of the most vulnerable non-displaced population. The sector has identified three objectives aiming at: providing minimum and dignified shelter and NFIs for the target groups in a timely and coordinated manner; reducing the impact of IDPs on host communities by facilitating their relocation, taking into account gender needs and the needs of the vulnerable; and strengthening the capacities of local actors on the ground.

Shelter/NFI activities will be implemented through close engagement with local partners, in particular two actors that can ensure coverage of all the accessible areas of Libya, plus approximately one dozen CSOs that contribute a more localized reach. National and local authorities, as well as local crisis committees, collaborate in activities, provide institutional coverage and coordination, and facilitate access to the beneficiaries. The three INGOs working in the sector are able to implement their activities directly, through local staff, in areas in which the security situation allows it.

Since 2014, given the current volatile situation, the sector has been primarily able to meet NFI needs with very minimal intervention on shelter needs. While the shelter needs are evident, the sector is faced with various challenges which need to be taken into consideration when planning a response.

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Remote management, human resources, budget limitations and lack of access to conflict-affected areas are major challenges, particularly due to limited local actors with sufficient capacities in delivering efficient services. Coordination on procurement and transport of goods has been severely jeopardized and challenges are faced in facilitating the delivery of aid to the target groups. The sector also acknowledges that in the past people in need have relied on a small number of local actors, with limited response capacities. To address this, support will be given to strengthen local CSOs.

Multiple displacements and lack of sufficient human resources pose a challenge in maintaining updated data to reach out to targeted populations and prevent duplication of services. Post-monitoring assessments on distributions are also a challenge. As a result the sector identifies a need to develop channels to address this through coordination with the relevant local actors. Alternatives to in-kind distribution do not seem to be a viable option in the south and west due to the inconsistent functionality of banking services, inability of the local market to supply all needed items and large price inflation. The affected communities that have benefited from the NFI distributions in the past have appealed for the provision of items that meet their needs. A review is ongoing, in consultation with the affected community, local crisis committees and CSOs.

A key requirement to address shelter needs is increased cashflow to pay for the rent of housing. NFI distributions and other forms of support can contribute positively to this because they allow families to save their money for rental payments. The active participation of the local authorities, CSOs and the host community is encouraged at each stage of addressing shelter needs and shall be linked to early recovery interventions. Through damage assessments it will be possible to identify suitable and safe alternatives to the common

spaces currently used as shelters, in particular schools. It is worth noting that, although directly impacting on shelter needs, such interventions are foreseen under other sectors and shelter needs may be met through multi-sector responses.

While the needs of the most vulnerable remain high, the sector has to be strategic in meeting these as the result of the limitation in access, operational capacity, and funding. As such the targeted people for NFI distribution will be in accordance with the following criteria:

1) Internally displaced people will receive full assistance within the first three months.

2) Returnees among the internally displaced that have returned within three months will receive full assistance.

3) Communities in need in accessible conflict affected areas.

4) Non-displaced communities in need – 10 per cent of the most vulnerable.

The sector will target: about 161,500 IDPs, both newly displaced and those living in collective spaces; 3,800 returnees; 13,850 of the most vulnerable living in host communities; and 2,700 people living in hard-to-reach areas.

In terms of non-food items, assistance will take the form of distribution of a variety of kits, tailored to the specific needs of the beneficiaries, and including Hygiene Kits, Baby Kits, Kitchen Sets, Resettlement Kits, Winterization Kits, and other Kits adapted for special needs. There are also plans to implement pilot Cash distributions. Appropriate and feasible shelter solutions are currently under development, and will be designed to adapt to cultural requirements.

The sector is ensuring multiple links with other sectors, including: the WASH Sector in meeting hygiene needs; linkages with the Early

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Recovery Sector to provide shelter items such as solar lamps in emergency shelter; linkages with the Protection Sector to mainstream age and gender in the response and also to seek guidance on the definition of vulnerability; linkages with the Food Sector to coordinate and complement NFI and food distribution to the targeted population by province; and linkages with the Education Sector since schools are currently used for sheltering IDPs.

UNHCR and IOM lead the coordination of the refugee and migrant response. Please refer to the Refugee and Migrant Response Plan for further details of the shelter response for refugees and migrants.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	Migrants	IDPs	Returnees	Non-displaced in need	% female	% children, adult, elderly*
PEOPLE IN NEED	TBD	TBD	TBD	TBD	TBD	52%	TBD
PEOPLE TARGETED	25,000	10,000	161,500	3,800	22,440	50%	TBD
FINANCIAL REQUIREMENTS	$4.51M	$2.95M	$8.2M	-	$1.14M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

Partners are committed to fill information gaps through monitoring and assessments.

SHELTER AND NON-FOOD ITEMS RESPONSE PLANNING BY PROVINCE

WATER, SANITATION & HYGIENE (WASH)
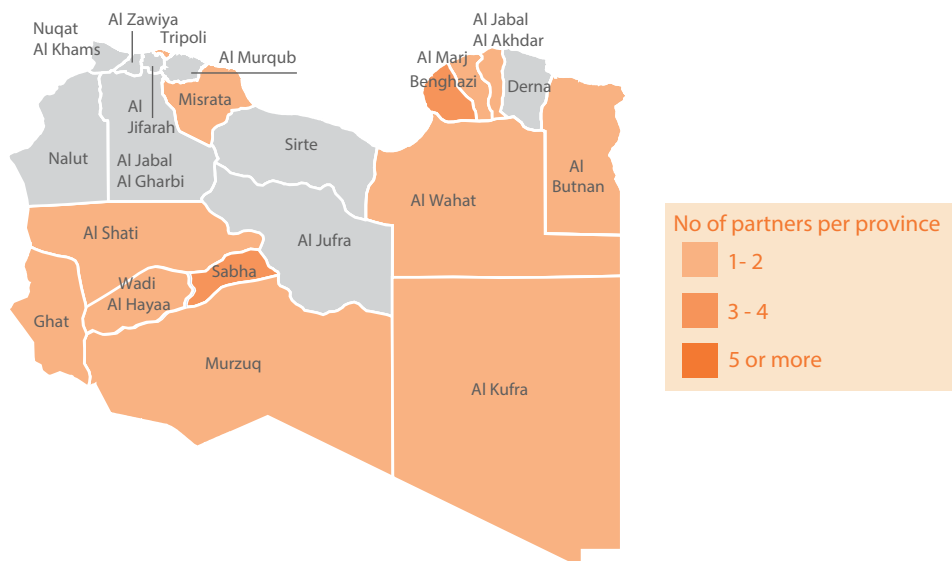
PEOPLE IN NEED

680,000

PEOPLE TARGETED

400,000

REQUIREMENTS (US$)

$ 3.6M

 # OF PARTNERS

2

WASH OBJECTIVE 1:

1 Provide affected people with sufficient safe water, basic sanitation, WASH related information and hygiene items.   RELATES TO SO1

WASH OBJECTIVE 2

2 Children access safe drinking water, sanitation, and hygiene facilities in their learning environments. RELATES TO SO1

WASH OBJECTIVE 3

3 Strengthen technical capacity of local water and sanitation institutions. RELATES TO SO3

32

Impact and Needs

An estimated 682,000 people in Libya lack adequate access to safe drinking water, hygiene and sanitation, creating serious health risks from exposure to water borne illnesses, nutritional problems, and hygiene and sanitation related diseases. Although the effectiveness of water networks to support a large number of communities was an issue pre-2011, the conflict has further exacerbated water supply shortages. The two main sources of water - the man-made River Project and desalination treatment plants - have faced increased levels of disruption, mainly in the southern areas of the country. Damage to the water network represents an increasing concern for the WASH Sector, especially since it is the main source of water in Libya at the household level.

Findings from the Libya MSNA reveal that approximately 70 per cent of respondents access household water from the main networks. In the eastern part of the country, 16 per cent of respondents reported that the main network is no longer functional. In the west, communities in the Nafusa mountains region and surrounding areas reported that they were not connected to any water network. IDPs living with host communities and in collective shelters are particularly vulnerable to health risks as a consequence of service disruptions and ineffective wastewater management.

Wastewater treatment systems are not functioning properly compared to the pre-conflict situation, largely due to the unavailability of required maintenance budgets and accessibility problems. In addition, the large number of displaced has put increased pressure on already poor infrastructure in many host communities.

Sector Strategy

The protracted conflict has caused a severe decline in WASH conditions and led to a widening of gaps in the provision of services over the last three years. An estimated 750,000 people across Libya lack adequate access to safe drinking water, hygiene and sanitation.

WASH Sector partners have identified critical humanitarian needs in the HNO. IDPs living in collective centres, and families and individuals in detention centres, are among the most vulnerable. They are in need of sustained and safe water supply, hygiene items, access to functional and clean toilets for better health and dignity, and hygiene promotion. Libyans are experiencing challenging WASH conditions which include: frequent water supply disruptions due to power supply issues and system breakdowns (on a few occasions water was intentionally cut by armed groups); uncollected solid waste; dysfunctional wastewater sewers and treatment systems; and rocketing prices of basic hygiene items. WASH service providers (municipalities, local government units) need support in solid waste, water supply sanitation management and equipment.

The sector response will therefore focus on the provision of basic WASH services in camps and detention centres, restoration and rehabilitation of essential WASH infrastructure and services, and strengthening the capacity of government, communities and other local partners.

Due to the difficult access to many parts of Libya and possible deterioration of the situation vis-à-vis access to water supply, international partners will continue to adopt and improve remote monitoring with their Libyan partners.

For assistance to IDPs in collective centres and individuals in detention centres, key sector strategies are:

1) Tailored WASH packages of assistance based on the needs of the most affected, regardless of status, with a particular focus on the most vulnerable including women,

children and disabled persons.

2) Local government technical units will be supported to provide assistance to IDPs.

3) Participation of IDPs in decision-making and implementation at all stages of the response will be emphasized.

4) Increased inter-sectoral coordination and collaboration: in detention centres, WASH actors will work in close collaboration with the Protection Sector. To assist IDPs, WASH actors will continue to work in close collaboration with the Shelter/NFI Sector. Other sectors supported by WASH include Health, Food Security and Education.

For the provision of assistance to people affected by disruption of water and sanitation services, key sector strategies are:

1) Strengthening of capabilities and systems to ensure sustainable, equitable and affordable access to basic WASH services.

2) Quick impact projects to reduce vulnerability, such as rapid repairs, power supply (generators, fuel), chemicals for water treatment, removal of solid waste, safe containment/removal of sludge from sewers and septic tanks.

3) Support water quality surveillance and rapid remediation measures by service providers in case of water quality issues.

4) Subsidy support to most vulnerable/poor that access private water supplies (water trucking) will be considered as relevant to the situation.

5) Advocate with all key actors, decision makers and affected people about the risks of inadequate WASH facilities and unhygienic practices.

Geographically, the WASH Sector will work in targeted locations across Libya, depending on access, which will include Benghazi, Derna, Al Kufra, Wadi Al Hayat, Awbari, Sabha, Misrata, Tripoli and Zintan. Access represents a main challenge in most locations and much of the sector's interventions will be carried out in collaboration with local partners including NGOs and municipalities. The limited number of WASH-based local partners also represents a challenge for implementing WASH interventions.

The WASH Sector will be the main vehicle for coordination and will apply a remote monitoring mechanism mainstreamed through each of the interventions. Given the nature of the interventions, municipalities including the Tawergha Local Council will help facilitate coordination and collaboration at the local level.

Gender and age play a critical role in all interventions and this will need further assessment and intervention. All WASH interventions are gender sensitive and will be monitored to ensure that services are delivered to the affected people.

UNHCR and IOM lead the coordination of the refugee and migrant response. Please refer to the Refugee and Migrant Response Plan for further details of the WASH response for refugees and migrants.

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BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	Migrants	IDPs	Returnees	Non-displaced in need	% female	% children, adult, elderly*
PEOPLE IN NEED	TBD	TBD	380,000	TBD	320,000	55%	TBD
PEOPLE TARGETED	20,000	-	200,000	-	180,000	50%	TBD
FINANCIAL REQUIREMENTS	$0.98M		$1.76M		$0.82M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

Partners are committed to fill information gaps through monitoring and assessments.

WASH RESPONSE PLANNING BY PROVINCE

No of partners per province
1 - 2
3 - 4
5 or more
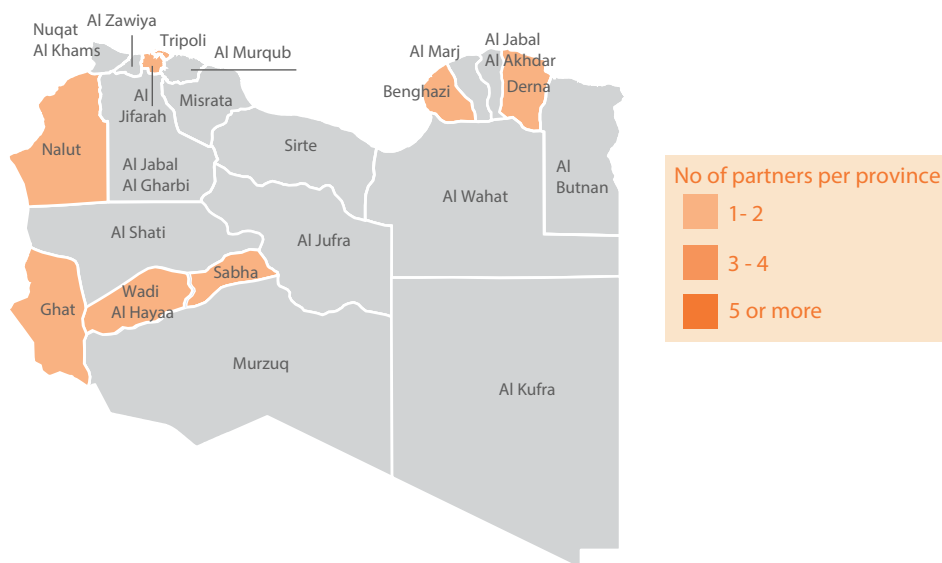
EDUCATION

PEOPLE IN NEED

150,000

PEOPLE TARGETED

99,241

REQUIREMENTS (US$)

7.9M

 # OF PARTNERS

3

EDUCATION OBJECTIVE 1:

1 Provide access to safe learning spaces and psychological support for girls and boys affected by the crisis. RELATES TO SO1

EDUCATION OBJECTIVE 2

2 Increase attendance in formal and non-formal education to near pre-crisis levels and decrease the drop-out levels. RELATES TO SO2

EDUCATION OBJECTIVE 3

3 Support activities that engage children, adolescents and communities in learning that promotes social cohesion and resilience. RELATES TO SO3

Impact and Needs

Assessments and analysis show that the slowing of the Libyan economy and the increasing intensity of the internal conflict are steadily contributing to a decrease in access to education. Immediate assistance is needed to sustain the access of 150,000 children to school. Needs are particularly great in the east of the country, specifically in the Benghazi area, where schools are used as emergency collective centres by IDPs, and where 73 per cent of the schools are not functioning, affecting 57,500 children.

Libya had the highest school enrolment rate in the Middle East prior to the uprising in 2011. However, the lack of rule of law and limited access to basic services resulting from the conflict has severely affected the education system. According to the findings of the MSNA, over the last 12 months enrolment rates have dropped by an average of 20 per cent across the country. Many of the schools occupied by IDPs are located in the northeast and to the south of Benghazi. Where civil society actors have access to schools, they often do not have sufficient technical or financial capacities to support the overwhelming needs.

Out of around 239 schools in Benghazi, 65 schools are functioning, 64 schools are occupied by IDPs, and around 110 schools are inaccessible due to the conflict. As a result, enrolment rates have dropped as low as 50 per cent. Although the Ministry of Education (MoE) has set up mobile education units on the outskirts of Benghazi, there is still a critical gap in terms of children accessing education with more access to facilities needed. A major issue of concern is the overall out-of-school rate in conflict-affected areas.

Protection risks are significantly increasing due to the increase in out-of-school children. This is particularly so for the age group 15-17 years, which is the main target for military recruitment and drug dealers. If the situation continues to worsen in conflict-affected areas, the out-of-school rate is expected to increase even further. Among the impacts could be an increase in early marriage and girls' vulnerability.

Response Strategy

The Education Sector will continue to support the provision of education and recreation activities, with particular priority given to Benghazi, its peripheries and in other conflict-stricken areas. To ensure the right to education for all children, programs will utilize learning and learning spaces as entry points for life-saving activities and knowledge. The sector will emphasize resilience of education systems and activities, and resilience of communities through learning activities. The sector will also continue to coordinate all activities and build upon strong links established with the MoE.

The sector response will focus on getting out-of-school children back into schools. This will be achieved by increasing access to education facilities and strengthening advocacy through existing national partnerships and expanding partnerships with NGOs and CSOs in conflict-affected areas. The remaining population in need of support will be covered through interventions managed in close cooperation with the MoE, by building the life skills of adolescents and promoting non-violence and culture of peace.

The response will support access to education without delay, starting from the new academic year. All collective centres, child friendly spaces and other facilities will be used as education centres for IDPs. Simultaneously, advocacy activities will be conducted to find solutions for IDPs currently residing in schools, working with communities and local authorities to find solutions for occupied schools instead of unnecessarily investing resources on new education spaces.

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UNICEF has already dispatched recreational kits and 'School-in-a-box' to Libya and plans to provide educational supplies/'School-in-a-box' throughout 2016. To increase access to schooling, UNICEF plans to procure prefab classrooms from Tunis or Egypt to be delivered to the Ministry of Education in Benghazi.

In close cooperation with the Ministry of Education, the sector plans to expand partnerships with NGOs and CSOs in conflict-affected areas. UNICEF is already working closely with three national NGOs to provide recreational & educational activities and psychosocial support in 28 different areas, along with catch-up classes in Benghazi and surrounding areas. The three implementing partners for Education intervention are: Boy Scouts and Girls Guides of Libya, Ekraa Assembly For Development and Education, and Organization Breezes Libya for Sustainable Development.

The sector will ensure a monitoring mechanism is in place to support remote planning and intervention, including third-part monitoring, and working with education counterparts and partners (MoE, municipalities and NGOs) supported by national senior consultants.

Priority activities include:

• Establishing mobile classes in conflict-affected areas and in host communities and promoting solutions for IDP-occupied schools and supporting children's return to schools currently occupied by displaced persons.

• Supporting educational and recreational activities to mitigate the psychosocial impact of the crisis and to restore normalcy with a focus on vulnerable groups and minorities.

• Establishing safe and secure learning environments that promote the protection and well-being of students with a particular focus on adolescent girls and improving learning environments in IDP camps.

• Capacity building for teachers and MoE staff in host communities on management of overcrowded class rooms, child-centreed teaching and learning methods, data collection and school-based planning and action in emergencies.

UNHCR and IOM lead the coordination of the refugee and migrant response. Please refer to the Refugee and Migrant Response Plan for further details of the education response for refugees and migrants.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	Migrants	IDPs	Returnees	Non-displaced in need	% female	% children, adult, elderly*
PEOPLE IN NEED	TBD	TBD	TBD	TBD	TBD	52%	TBD
PEOPLE TARGETED	10,000	–	82,729	–	6,512	50%	TBD
FINANCIAL REQUIREMENTS	$3.258M		$4.30M		$0.35M		

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

Partners are committed to fill information gaps through monitoring and assessments.

EDUCATION RESPONSE PLANNING BY PROVINCE

No of partners per province
- 1- 2
- 3 - 4
- 5 or more

PEOPLE IN NEED

1.5M

PEOPLE TARGETED

540,000

REQUIREMENTS (US$)

10.2M

OF PARTNERS

5
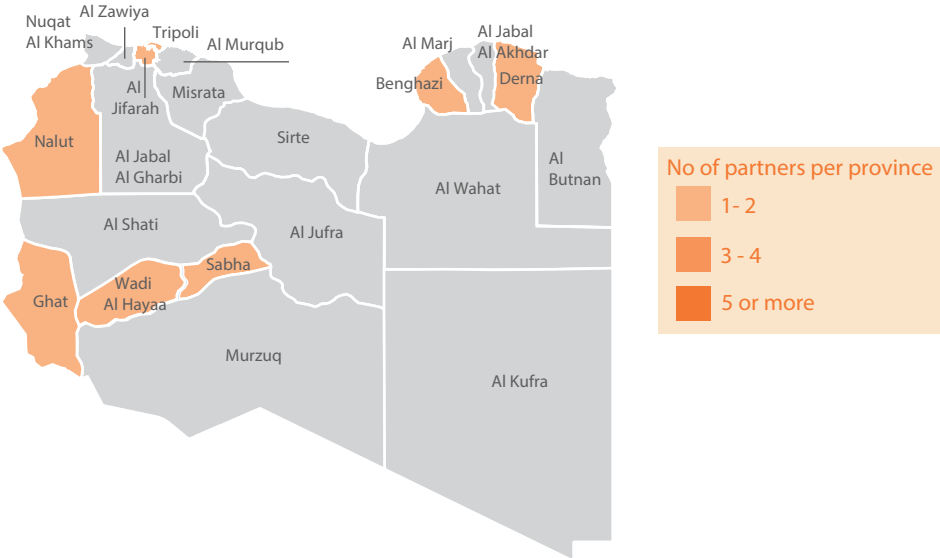
EARLY RECOVERY OBJECTIVE 1:

1 Improve provision and access to municipal services. RELATES TO SO1

EARLY RECOVERY OBJECTIVE 2

2 Improve organizational, technical, and analytical capacity of local authorities within a participatory approach. RELATES TO SO3

EARLY RECOVERY OBJECTIVE 3

3 Support and strengthen local municipalities to provide better services . RELATES TO SO3

EARLY RECOVERY

Sector Strategy

The worsening economic situation and political crises have exacerbated the vulnerability of the people in Libya, where the main source of household income remains salaries from the state. In the preliminary findings of the MSNA conducted by UN agencies, 71 per cent of households reported that their incomes have either remained the same or decreased.

Given the protracted nature of the current crisis, the primary objective is to improve resilience of affected communities. This entails building capacity at national and local levels to generate the evidence base needed to monitor the impacts of crisis, to plan key interventions as needed to address humanitarian and early recovery priorities, and to support the recovery of local economies and rehabilitation of critical damaged infrastructures and public services.

The sector's key activities will therefore involve strengthening the capacity of municipalities and local actors in data collection city profiling and area-based action planning, emergency preparedness, repair of critical infrastructure, economic revitalization, and community stabilization. To do this, the sector will provide technical expertise and training as well as on-the-job support to the municipalities, service providers and other local actors to enable them to improve service delivery during crises. Where there are critical capacity gaps, the sector will undertake targeted quick impact interventions as needed to support humanitarian early recovery priorities.

Boundaries/Scope

Geographically, the project focuses on the most affected areas in eastern Libya (Benghazi and Tripoli and Sabha). Public infrastructure, including schools, health centres and municipal centres, are considered for intervention. The demographic set-up of the

beneficiaries comprises three municipalities in Tripoli, Benghazi and Sebha. Migrants, refugees and host communities will be targeted for support. Special focus will be given in the design and implementation of the project by encouraging municipalities to provide gender disaggregated data and advocate for inclusive and participatory approaches in decision-making at the local level.

Target beneficiaries

People from the most conflict-affected areas of Benghazi, Tripoli and the southern part of Libya, mainly Sebha, withh special attention to IDPs living inside or outside the camps, and in host communities. Migrants and refugees living with host communities will also receive support.

Demographic target area

The sector will focus on Tripoli, Benghazi and Sebha, particularly host communities within them. Beneficiaries will include IDPs, migrants and refugees, with a particular focus on vulnerable women and children. Accessibility and risks will be continuously updated in communication with implementing partners, municipalities and local authorities.

Coordination and Implementation: The Early Recovery working group will continuously convene coordination meetings to monitor the progress on implementation. Data collection for planning and monitoring will be carried out in partnership with the Bureau of Statistics, Benghazi University Centre for Research, ACTED/REACH and relevant municipalities. Implementation will be carried out through a combination of direct and remote management of projects using the existing office and staff capacities in Libya, and third parties engaged by hiring/contracting both national and international private companies and NGOs that have proven to be effective in project implementation, monitoring and evaluation. Assessments of capacities for service delivery of potential Implementing

Partners (IPs) will be conducted prior to signing any implementation agreement.

UNFPA will be supporting regular multi sector fast track socio-economic monitoring system (FTMS) led by government in close collaboration with local authorities. It is to be noted that this will be closely linked to UN-HABITAT's activity on City Profiling and GIS.

While early recovery considerations cut across all sectors, specific linkages will be established with the Education, Health and WASH Sectors in light of the immediate focus on rehabilitation of school and health facilities, and solid waste management.

In developing integrated resilience and recovery plans, UNDP will capitalize on its already established relationships with the Ministry of Local Governance and a number of selected municipalities to deliver a training course specifically tailored to municipalities. This will improve the level of coordination among all the relevant stakeholders at the local level to enhance resilience and recovery processes.

Gender and AAP

Gender will be mainstreamed throughout the programme design and implementation. For example: data collection and analysis will be gender disaggregated; action planning for Early Recovery interventions will ensure the participation of women and youth; training and capacity building activities will include women and men. All early recovery interventions will take gender issues into consideration.

Implementing Partners

• Local government institutions, community organizations, NGOs, universities

• International NGOs with required technical expertise and presence

• Municipalities (initially: Benghazi, Tripoli, Misrata and Sebha)

• Local decentralized state departments (Education and Health)

• Urban planning agency

• Vocational training centres

• Local construction companies

Deliverables

Key deliverables in the area of Early Recovery are clustered into 3 identified priority areas of intervention and include:

1) Rehabilitation of damaged priority public infrastructures

  - Assessments to identify priority damaged public infrastructures such as hospitals and schools

  - Rehabilitation of public infrastructures to improve public services of health and education system

  - Provide electrical hybrid backup uninterrupted power systems including solar heating systems for hospitals, health centres

2) Community empowerment and resilience

  - Dialogue platforms (including specific needs for youth and women)

  - Development of integrated Local Resilience & Recovery Plans (LRRPs)

  - Small grant projects for local CSOs

  - Short term job opportunities for at least 10,000 vulnerable community members

  - Support local municipalities to build resilience and prevent crises and build the confidence of local communities

3) Support to municipalities to plan and provide public service delivery during crises

- City and neighborhood profiling

- Capacity building of local municipalities: training for needs assessment, data collection and disaster risk preparedness, as well as for public service delivery

- Assessment of vulnerable population groups in urban areas (especially IDPs, women and children)

- Vocational training for skilled workers in public services

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY STATUS					BY SEX & AGE	
	Refugees	Migrants	IDPs	Returnees	Non-displaced in need	% female	% children, adult, elderly*
PEOPLE IN NEED	TBD	TBD	TBD	TBD	TBD	50%	TBD
PEOPLE TARGETED	-	-	220,000		320,000	50%	TBD
FINANCIAL REQUIREMENTS			$4.15M		$6.03M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

Partners are committed to fill information gaps through monitoring and assessments.

EARLY RECOVERY RESPONSE PLANNING BY PROVINCE
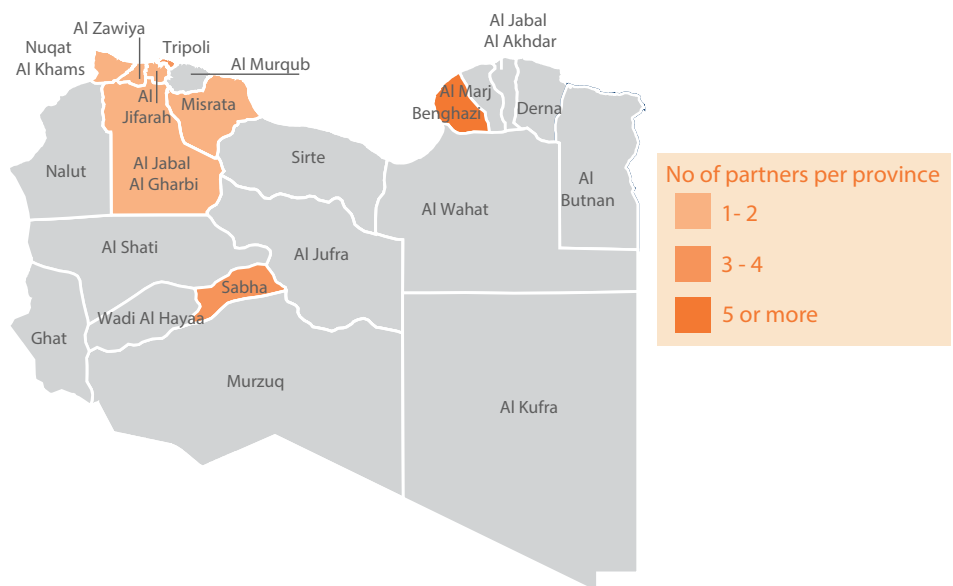
No of partners per province
1- 2
3 - 4
5 or more

PART II: OPERATIONAL RESPONSE PLANS

Refugee and Migrants Response Plan

Coordination

PEOPLE IN NEED

250,000

PEOPLE TARGETED

90,000

REQUIREMENTS (US$)

43.7M

 # OF PARTNERS

8

RMRP OBJECTIVE 1

1 Provide direct life-saving support to meet the needs humanitarian needs of migrants, refugees and asylum asylum seekers. RELATES TO SO1

RMRP OBJECTIVE 2

2 RMonitor, promote and protect the basic rights of refugees, asylum asylum seekers and migrants. RELATES TO SO2

RMRP OBJECTIVE 3

3 Strengthen local capacity building for enhanced protection environment. RELATES TO SO3

REFUGEE AND MIGRANTS RESPONSE PLAN
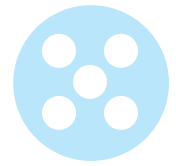
Impact, Needs and Targets

Due to widespread discrimination and marginalization, refugees, asylum seekers and migrants face significant protection issues and humanitarian needs, including denied access to healthcare, education and other basic services. With no social network available to support, as well as being rebuffed by local communities from having access to basic services provided by the Libyan government, refugees, asylum seekers and migrants have encountered multiple displacements within the different regions and across the country. As such, they are the most vulnerable, easily spotted and targeted by harassers and traffickers.

The estimated total number of persons in need for the sector is 250,000 out of which 100,000 are refugees and asylum seekers. As of August 2015, around 40,000 refugees and asylum seekers primarily from countries such as Syria, Palestine, Iraq, Eritrea, Somalia, and Sudan were registered with UNHCR, all of whom are targeted by this plan. Services provided to the rest of the persons in need will be contingent upon accessibility. In addition, IOM estimates that 150,000 migrants are in need of assistance and are targeting up to 50,000 migrants in the response, a more limited number due to lack of access to detention centres, unavailability of diplomatic services, and limited capacity to provide all migrants willing to return home with appropriate travel documents and transit visas. In addition, due to the lack of commercial airlines operating out of Libya, the related costs for organizing land and air transportation for migrants to reach their country of origin (many of whom are originating from far flung countries around the globe) are significantly higher than in other countries facing a similar crisis situation.

The UNHCR and IOM-led response will target up to 90,000 vulnerable migrants, refugees and asylum seekers for emergency repatriation services and humanitarian response to their growing needs in a country with prevailing security situation.

Multi-Sector Response Strategy

With a volatile security situation in many regions of the country, direct access to people in need of assistance and support remains very limited. The response will continue to be implemented through remote management of relevant operations from Tunis. UNHCR, IOM and humanitarian actors will continue to provide humanitarian and protection assistance to people in need through adapted modalities and will ensure continuity in delivery of assistance during periods of increased insecurity. To strengthen the protection environment, prioritized areas of focus will remain border monitoring, registration, provision of in-kind assistance (cash and NFIs), medical assistance, Voluntary Repatriation and Reintegration Support, psychosocial support, and advocacy for alternatives to detention, as well as life-saving interventions at sea in the context of mixed migration flows. A limited number of refugee status determination (RSD) and resettlement initiatives for extremely vulnerable cases in need of durable solutions will also be carried out. Furthermore, community based organizations will expand their outreach to migrant communities with the aim to detect and reduce protection risk, in particular with regards to GBV, through the support of community-based protection mechanisms, development of referral mechanisms, and awareness rising.

Through the expansion of urban refugee, asylum seekers and migrant community program, a focus will be put on individual case management, cash assistance, medical and psychosocial assistance, as well as legal assistance. This will also include an outreach component related to protection monitoring, awareness raising and individual case follow up, and verification and issuance of registration documentation. Furthermore,
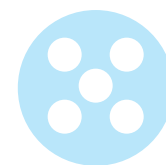
with the absence of legislation in place to establish a national asylum framework, the sector will continue its registration of asylum seekers and RSD in Libya under its mandate. UNHCR and IOM will lead and coordinate the humanitarian response to those who arrive in and are disembarked in Libya following rescue/interception at sea through: 1) capacity building and provision of equipment to the Libyan Coast Guard, 2) direct assistance, including registration and provision of food and NFIs to refugees and asylum seekers, 3) health service delivery, as well as psychosocial support for migrants inside and outside detention centres, and 4) promoting longer-term capacity building and awareness-raising initiatives, in line with international standards and principles to both the Coast Guards and the Directorate for Combating Illegal Migration (DCIM) personnel.

It is expected that even if a Government of National Accord is formed, vulnerable migrants, refugees and asylum seekers will continue to face challenges and difficulties in accessing services within this precarious environment, further exacerbated by shortages of food, fuel, electricity, medical and healthcare items. In particular, the Libyan healthcare system is facing a collapse, with a large number of medical personnel who are labor migrants departing in large numbers during the fierce battles that engulfed the major cities in the country.

Finally, it is also assumed that mixed migration and flows towards the Mediterranean Sea will continue unabated and supported through trafficking networks and smuggling routes, resulting in third country nationals who are refugees/asylum seekers and migrants in the urban centres of Tripoli, Sabha, Benghazi and Al Kufra. In 2016, if government interlocutors are put in place, in addition to humanitarian response via sea rescue efforts and protection-sensitive border management for mixed migration flows, the sector will focus on community stabilization activities in areas of high concentration of migrant populations.

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BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

**the total figure is not the total of the column, as the same people may appear several times	PEOPLE IN NEED			PEOPLE TARGETED			$$
	Refugees and Asylum seekers	Migrants	% female	Refugees and Asylum seekers	Migrants	% female	Financial requirements
📖 EDUCATION			50%	10,000	-	50%	$3.26M
🍲 FOOD SECURITY			40%	40,000	-	40%	$9.20M
⚕ HEALTH	TBD	TBD	40%	20,000	38,500	40%	$13.46M
🤲 PROTECTION			40%	40,000	1,500	40%	$9.33M
🏠 SHELTER AND NFIS			40%	25,000	10,000	40%	$7.46M
🚰 WASH			50%	20,000	-	50%	$0.98M
				40,000**	50,000**		$43.698M

Partners are committed to fill information gaps through monitoring and assessments.
** Totals are not the sum of the columns, as the same people targeted may be appear several times within the columns.

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REFUGEES AND MIGRANTS RESPONSE PLANNING BY PROVINCE

No of partners per province

- 1 - 2
- 3 - 4
- 5 or more
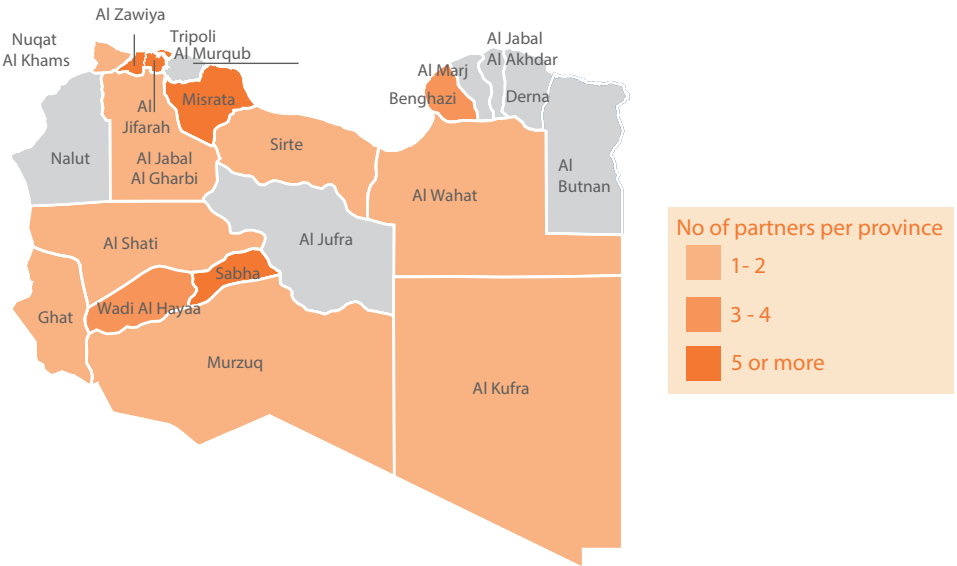
REQUIREMENTS (US$)

774,000

OF PARTNERS

1

COORDINATION OBJECTIVE 1

1 Strengthen coordination of the response through supporting the HCT, inter-sector coordination group, and individual partners.

COORDINATION OBJECTIVE 2

2 Strengthen overall information management, advocacy, and resource mobilization.

COORDINATION OBJECTIVE 3

3 Strengthen coordination and collaboration with Government, national partners, and donors.

CONTACT

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COORDINATION

Inter-Sector Coordination

Coordination will be further strengthened during the period of the HRP. The HCT, which is comprised of humanitarian UN agencies and NGOs active in Libya, will be reinforced to make critical policy and strategy decisions for the emergency response, including adjustments of the HRP strategy where necessary. The HCT will also lead on advocacy, particularly on protection and access and will develop and implement a strategy for mobilizing resources for the HRP.

The newly-established ISCG will be the main operational support mechanism to the HCT. It brings together the technical leaders from key sectors, including Health, Food Security, Protection, Water, Sanitation and Hygiene, Shelter/NFIs, Education, and Early recovery. The ISCG will work together to ensure enhanced data collection and analysis on needs and response developments both within each sector and across all sectors. This will be achieved through joint response monitoring and the use of a number of evaluation tools, which in combination with security reports and other real-time information will serve to inform strategic decision-making and strengthen humanitarian operations.

The refugee and migrant response is coordinated and led by UNHCR and IOM respectively, thereby ensuring that the responses address the specific needs of these groups. Coherence is ensured through their participation in the ISCG.

To support the HC in leading the HCT and strengthening the ISCG mechanism, the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) plans to establish a Humanitarian Advisory Team (HAT) for Libya. The HAT will work towards facilitating a more effective and principled humanitarian response, in which leadership, through the HC and HCT, is empowered to make strategic decisions on the direction of the response, and able to find solutions for challenges in the field. The HAT will also work towards strengthening coordination structures, ensuring they are adapted to context, and have common approaches to key cross-cutting issues such as accountability, resilience, protection and communication with communities. Given the limited number of response partners, OCHA will also work towards reaching out to a diverse set of actors and seek to build their capacity to provide additional support to collective humanitarian action.

Remote Management

Given that remote management is the main response modality, close coordination across the HCT and ISCG will ensure common approaches that ensure adherence to key principles and guidelines in terms of support to implementing partners. All implementing INGOs are represented on the HCT and are active participants among the sectors. They play the role of the primary coordinators of local NGO partners, overseeing project delivery and capacity building of response partners. Employing cross-sector operational planning, the ISCG will regularly review information gathered from partners on the ground inside Libya and feed this data into the HCT's strategic-level decision-making.

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN

The Libya Humanitarian Needs Overview, Humanitarian Response Plan and monitoring reports are available online at www.reliefweb.int.

For more information on sector responses, please contact sector focal points.

To donate directly to organizations participating to the plan please contact partners directly.

For further information about the response plan and/or contributing to the humanitarian response please contact OCHA.

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at http://fts.unocha.org

PART III: ANNEXES

OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective 1 (SO1 :(1. Save lives and improve access to basic services to people in need.

INDICATOR	IN NEED	BASELINE	TARGET
Global Acute Malnutrition (GAM) rate (disaggregated by sex and age)	TBD post nutrition assessment	TBD post nutrition assessment	TBD post nutrition assessment
Number of persons reached through mobile medical services (disaggregated by sex and age)	TBD	5,000 people	100,000 people
Number of people provided with minimum amount of safe water to international standards (disaggregated by sex and age)	380,000 people	5,000 people	213,000 people
Number of refugees, asylum seekers, and migrants receiving life-saving assistance	250,000 people	9,000 people	90,000 people

Strategic Objective 2 (SO2 :(2. Protect the most vulnerable people.

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of targeted population who are referred to specialized services (disaggregated by age and sex)	600,000	N/A	%46
Percentage of out-of-school children that benefit from safe learning spaces and psycho-social support (disaggregated by age and sex)	150,000 children	20,000	89,241 children

Strategic Objective 3 (SO3 :(3. Improve resilience of the affected communities.

INDICATOR	IN NEED	BASELINE	TARGET
Number of evidence-based municipal action plans to strengthen resilience	1.14 million people	0	3
Implementation rate of provincial GBV multi-spectral plans	22 provinces	0	5 plans
Number of rehabilitated health facilities	Partners are committed to fill information gaps through monitoring and assessments	0	5

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Health Objective 1: Improve access to basic life-saving primary and emergency secondary healthcare services through the provision of essential medicine, medical materials, and technical support for primary healthcare, disability care, and life-saving emergency care.   relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Number of health facilities receiving essential medicines	TBD	10	16
Number of persons reached through mobile medical activities	TBD	10,000 people	100,000 people
Number of persons with disabilities receiving rehabilitation services	TBD	TBD	10,000 people
Number of health facilities providing basic obstetric and neonatal care and/or comprehensive obstetric and neonatal care	TBD	0	16
Number of people participating in health and hygiene promotion activities	TBD	0	11,000 people

Health Objective 2: Reduce communicable disease transmission and outbreak through detection and mitigation measures.

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of coverage of measles vaccination	TBD	TBD	95 per cent
Percentage of communicable diseases alerts verified and responded to within 48 hours	TBD	TBD	85 per cent

Health Objective 3: Strengthen the existing health structure and avoid the collapse of the health system through capacity building measures, referral system strengthening, infrastructure rehabilitation and the strengthening of data collection and information sharing mechanisms.

relates to SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number of health personnel trained	TBD	300 people	3200 people
Number of persons admitted to secondary health facilties following referrals	TBD	0	12,000 people
Number of rehabiliated health facilities	TBD	0	5

Protection Objective 1: Identify and respond to the basic protection needs of the targeted population.

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of vulnerable people including IDPs for which sex and age disaggregated data is available through comprehensive collection	2,186,000 people	TBD	27 per cent
Percentage of targeted population who are referred to specialised services (disaggregated by sex and age)	600,000	TBD	46 per cent
Percentage of vulnerable people who receive support (disaggregated by sex and age)	2,186,000 people	TBD	13 per cent

Protection Objective 2: Reduce the protection threat on at risk and vulnerable groups.

relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of identified people at risk and supported	600,000 people	TBD	42 per cent

Protection Objective 3: Support and strengthen community-based protection network mechanisms.

relates to SO3

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of humanitarian organisations and service providers that have in place community based protection mechanisms	150 organisations and/or service providers	TBD	30 per cent
Implementation rate and provincial GBV multi-spectral plans	22 provinces	0	5 plans

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Food Security Objective 1: Improve immediate household food availability and access for the most vulnerable people.

relates to SO1 , SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of people reached receiving food per month	1,280,000 people	60500 people	210,000 people
Quanity of food distributed per month	16.384 million MT	774.47 MT	2688 MT

Food Security Objective 2: Protect vulnerable people from sliding to malnutrition by providing nutritious food, particularly to women and children.

relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of malnourished	TBD post 2016 assessment	TBD post 2016 assessment	TBD - post 2016 nutrition assessment

Food Security Objective 3: Develop skills and tools to enhance stakeholders' capacity in food security preparedness and response management.

relates to SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number of training sessions/workshops in needs assessments, targeting, food distribution and reporting	10	1	5

Shelter and NFI Objective 1: Provide minimum and dignified shelter and NFI and shelter assistance in a timely and coordinated manner to IDPs most in need.

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Number of people receiving NFI kits	187,700 people	0	138,500 people
Number of people receiving shelter support items in their living accomodation	187,700 people	0	138,500 people
Number of reports submitted and evaluated by the sector	TBD	0	5

Shelter and NFI Objective 2: Support and strengthen community-based protection network mechanisms.

relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of IDPs relocated from collective spaces not usually used for shelter	104,160 people	0	104,160 people
Number of IDPs targeted by projects under shelter/NFI Sector	104,160 people	0	104,160 people

🏠 Shelter and NFI Objective 3: Strengthen local capacity to identify and address emergency shelter and NFI needs.

relates to SO3 👤

INDICATOR	IN NEED	BASELINE	TARGET
# of local actors involved in coordination mechanisms, capacity building of humanitarian and vulnerability assessment skills	N/A	22	50
% of local NGOs and partners that make use of coordination mechanisms and of the skills gained through capacity building in their humanitarian actions.	N/A	20%	80%

🚰 WASH Objective 1: Provide affected people with sufficient safe water, basic sanitation, WASH-related information and hygiene items.

relates to SO1 👫

INDICATOR	IN NEED	BASELINE	TARGET
Number of people provided with minimum amount of safe water in line with international standards	380,000 people	5000 people	213,000 people
Number of people provided with gender appropriate sanitation facilities	380,000 people	5000 people	120,000 people
Number of people reached with hygiene items and information	380,000 people	12,500 people	250,000 people

🚰 WASH Objective 2: Children access safe drinking water, sanitation, and hygiene facilities in their learning environments.

relates to SO1 👫

INDICATOR	IN NEED	BASELINE	TARGET
Number of children provided with water and sanitation facilities in their learning environments	150,000 children	0	75,000 children

🚰 WASH Objective 3: Strengthen technical capacity of local water and sanitation institutions.

relates to SO3 👤

INDICATOR	IN NEED	BASELINE	TARGET
Number of WASH institutions provided with technical support	18	0	10

📖 Education Objective 1: Provide access to safe learning spaces and psychological support for girls and boys affected by the crisis.

relates to SO1 👫

INDICATOR	IN NEED	BASELINE	TARGET
Number of out-of-school children (disaggregated by gender and age) that benefit from safe learning spaces and psycho-social support	150,000 children	20,000 children	89,241 children
Number of teachers in conflict-affected areas trained	5,000	0	1,000 teachers trained

📖 Education Objective 2: Increase attendance in formal and non-formal education to near pre-crisis levels and decrease drop-out levels.

relates to SO2 👤

INDICATOR	IN NEED	BASELINE	TARGET
Number of schools in conflict-affected areas rehabilitated/repaired	104 schools (destroyed/semi-destroyed) and 64 schools occupied by IDPs	0	64 schools
Number of classes in conflict-affected areas added	500	0	100 additional portable prefab classes

📖 Education Objective 3: Support activities that engage children, adolescents and communities in learning that promotes social cohesion and resilience.

relates to SO3 🔬

INDICATOR	IN NEED	BASELINE	TARGET
Number of conflict-affected population (disaggregated by sex and age) reached through campaign and awareness sessions on issues related to resilience and social cohesion.	435,000	0	200,000

🔧 Early Recovery Objective 1: Improve provision and access to municipal services.

relates to SO1 👪

INDICATOR	IN NEED	BASELINE	TARGET
Number of people receiving improved services	1,140,000 people	0	150,000 people of most affected Households
Number of municipalties able to deliver improved services	1,140,000 people	0	3

🔧 Early Recovery Objective 2: Improve organizational, technical, and analytical capacity of local authorities within a participatory approach.

relates to SO3 🔬

INDICATOR	IN NEED	BASELINE	TARGET
Number of conflict-affected population (disaggregated by sex and age) reached through campaign and awareness sessions on issues related to resilience and social cohesion.	435,000	0	200,000

🔧 Early Recovery Objective 3: : Support activities that engage children, adolescents and communities in learning that promotes social cohesion and resilience.

relates to SO3 🔬

INDICATOR	IN NEED	BASELINE	TARGET
Number of municipalities with evidence based and area based multi-sectoral analysis, prioritizing humanitarian and early recovery response	1,140,000 people	0	3

Refugees and Migrants Response Plan Objective 1: Provide direct life-saving support to meet the needs humanitarian needs of migrants, refugees and asylum asylum seekers.

relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Number of refugees, asylum seekers and migrants to receive basic life-saving assistance	250,000 people	9,000 people	90,000 people
Number of refugees, asylum seekers and migrants rescued at sea, provided with emergency response at points of disembarkation and in detention	100,000 people	4,000 people	4,000 people

Refugees and Migrants Response Plan Objective 2: Monitor, promote and protect the basic rights of refugees, asylum asylum seekers and migrants.

relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of refugees, asylum seekers and migrants issued documents	50,000 people	No info	45,000 people
Number of migrant requests for voluntary repatriation to country of origin are identified and addressed	6,000 people	1,200 people	2,700 people

Refugees and Migrants Response Plan Objective 3: Strengthen local capacity building for enhanced protection environment.

relates to SO3

INDICATOR	IN NEED	BASELINE	TARGET
Number of coast-guards and Directorate of Combating Illegal Migration (DCIM) staff trained and supported in implementing protection sensitive response to incidents at sea	2,000	40	50
Number of training sessions provided	10	3	6
Number of disembarkation points equipped	34	2	2

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Coordination Objective 1: Strengthen coordination of the response through supporting the HCT, inter-sector coordination group, and individual partners.

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of partners that recognise strenghtened coordination through a perspective survey	N/A	N/A	60%

Coordination Objective 2: Strengthen overall information management, advocacy, and resource mobilization.

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of partners using the 3Ws system	N /A	N/A	60%
Percentage of partners that recognise strenghtened advocacy through a perspective survey	N /A	N/A	60%

Coordination Objective 3: Strengthen coordination and collaboration with Government, national partners, and donors.

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of partners that recognise strenghtened coordination through a perspective survey	N/A	N/A	60%

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Partners are committed to fill information gaps through monitoring and assessments.

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS	REQUIREMENTS (US$)
WFP	48,519,658
UNHCR	22,465,039
UNICEF	19,319,100
WHO	15,260,000
IOM	14,636,000
UNFPA	7,028,000
International Medical Corps UK	6,880,630
Danish Refugee Council	5,175,830
Save the Children	5,000,000
UNMAS	4,855,000
UNDP	3,778,000
ACTED	3,570,294
EMERGENCY	2,368,550
Handicap International	2,226,720
UN-HABITAT	1,750,000
CESVI	1,170,160
ACT/DCA	799,823
OCHA	774,000
Total	165.6M

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PLANNING FIGURES: PEOPLE IN NEED AND TARGETED

PEOPLE IN NEED	BY STATUS					BY SEX & AGE	% children, adult, elderly*	TOTAL	
	Refugees asylum seekers	Migrants	IDPs	Returnees	Non-displaced people in need	female (48%)		People in need	Total population
AL BUTNAN	2,000	3,000	10,000	-	9,838	11,974	35% 59% 7%	24,838	178,224
AL JABAL AL KHDAR	300	500	6,000	-	12,510	9,309	35% 59% 7%	19,310	224,647
AL JABAL AL GHARBI	300	500	66,728	-	81,559	71,874	35% 59% 7%	149,087	357,749
JIFARAH	900	2,000	15,905	-	64,784	40,298	35% 59% 7%	83,589	695,308
AL JUFRA	800	500	3,390	-	193	2,354	35% 59% 7%	4,883	56,536
AL KUFRA	8,000	10,000	NO DATA	-	951	9,136	35% 59% 7%	18,951	54,785
AL MARJ	1,500	3000	4,000	-	-	4,098	35% 59% 7%	8,500	137,977
AL MURQUB	5,000	10,000	10,480	-	63,789	43,036	35% 59% 7%	89,269	532,678
AL WAHAT	3,200	10,000	9,000	-	29,221	24,790	35% 59% 7%	51,421	197,112
NUQAT AL KHAMS	15,000	15,000	9,580	-	109,146	71,700	35% 59% 7%	148,726	322,147
AL SHATI	5,000	2000	2,760	-	10,392	9,715	35% 59% 7%	20,152	79,898
AL ZAWIYA	5,000	9,500	55,135	-	44,382	54,967	35% 59% 7%	114,017	171,196
BENGHAZI	1,000	20,000	117,275	-	572,590	342,705	35% 59% 7%	710,865	816,722
DERNA	5,000	5,000	NO DATA	-	60,353	33,917	35% 59% 7%	70,353	182,263
GHAT	100	1,000	4,920	-	8,374	69,39	35% 59% 7%	14,394	35,835
MISRATA	3,700	3,000	28,307	-	26,954	29,871	35% 59% 7%	61,961	687,501
MURZUQ	500	3,000	7,700	-	2,167	6,444	35% 59% 7%	13,367	87,340
NALUT	300	500	20,427	-	23,725	21,671	35% 59% 7%	44,952	101,520
SABHA	7,000	15,000	4,550	-	108,042	64,886	35% 59% 7%	134,592	154,107
SIRTE	1,500	500	1,950	-	15,040	9,155	35% 59% 7%	18,990	89,566
TRIPOLI	33,600	31,500	54,351	-	455,485	277,174	35% 59% 7%	574,936	1,078,323
WADI AL HAYAT	300	4,500	2,411	-	52,978	29,017	35% 59% 7%	60,189	75,566
TOTAL	100,000	150,000	434,869	-	1,752,473	1,175,032		2,437,342	6,317,000

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PEOPLE TARGETED	BY STATUS					BY SEX & AGE		TOTAL	
	Refugees asylum seekers	Migrants	IDPs	Returnees	Non-displaced people in need	female (48%)	% children, adult, elderly*	People Targeted	Total population
AL BUTNAN	-	-	8,000		2,951	5,280	35% 59% 7%	10,951	178,224
AL JABAL AL KHDAR	-	-	4,800		3,753	4,123	35% 59% 7%	8,553	224,647
AL JABAL AL GHARBI	-	-	53,382		32,624	41,463	35% 59% 7%	86,006	357,749
JIFARAH	-	500	12,724		32,392	21,991	35% 59% 7%	45,616	695,308
AL JUFRA	-	-	2,712		97	1,354	35% 59% 7%	2,809	56,536
AL KUFRA	-	1,000	NO DATA		476	711	35% 59% 7%	1,476	54,785
AL MARJ	-	-	3,200		-	1,543	35% 59% 7%	3,200	137,977
AL MURQUB	694	5,000	8,384		19,137	16,013	35% 59% 7%	33,215	532,678
AL WAHAT	356	-	7,200		14,611	10,686	35% 59% 7%	22,167	197,112
NUQAT AL KHAMS	-	5,000	7,664		39,658	25,224	35% 59% 7%	52,322	322,147
AL SHATI	-	500	2,208		5,196	3,810	35% 59% 7%	7,904	79,898
AL ZAWIYA	347	4,900	33,081		16,541	26,452	35% 59% 7%	54,869	171,196
BENGHAZI	8,521	8,000	93,820		400,813	246,425	35% 59% 7%	511,154	816,722
DERNA	-	-	NO DATA		30,177	14,548	35% 59% 7%	30,177	182,263
GHAT	-	100	3,936		4,187	3,964	35% 59% 7%	8,223	35,835
MISRATA	3,207	2,000	16,984		8,086	14,597	35% 59% 7%	30,277	687,501
MURZUQ	-	1,000	6,160		1,084	3,974	35% 59% 7%	8,244	87,340
NALUT	-	-	16,341		7,118	11,310	35% 59% 7%	23,459	101,520
SABHA	148	5,000	3,640		43,217	25,071	35% 59% 7%	52,005	154,107
SIRTE	456	-	1,560		7,520	4,597	35% 59% 7%	9,536	89,566
TRIPOLI	26,271	15,000	32,610		136,646	101,494	35% 59% 7%	210,527	1,078,323
WADI AL HAYAT	-	2,000	1,928		21,191	12,110	35% 59% 7%	25,120	75,566
TOTAL	40,000	50,000	320,336	3,800**	827,471	596,742	35% 59% 7%	1,240,608	6,317,000
ACTUAL TARGETED			412,500*					1,332,771***	

*The plan actually targets 412,500 IDPs (through the Protection Sector) however geographic locations of these IDPs is not yet available. For this reason the column represents the IDPs targeted by the Health Sector as geographic location information is available.
** Locations of returnees not yet determined.
*** Actual targeted total is 1,332,771 people, including 40,000 refugees, 50,000 migrants, 412,500 IDPs, 2,800 returnees and 827,471 non-displaced people in need.

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WHAT IF?

...WE FAIL TO RESPOND

LIBYA FACES A HUMANITARIAN CATASTROPHE

Without action, the crisis will escalate across all sectors, with a dramatic increase beyond 2.44 million people in need. Those on the margins of society will succumb to the fallout from continued violence and displacement. Lacking basic services, access to food and healthcare, the human suffering already affecting millions will become catastrophic, with a spillover effect for the region. In 2014, an estimated 330,000 people were displaced or at risk. The number over the past 12 months has risen to over three million people affected, almost 50 per cent of the population. The trend shows no sign of abating. As ever, the most vulnerable will bear the brunt of a lack of action. For them, fear, hunger and sickness will become a protracted reality.

VULNERABLE GROUPS FACE INCREASED RISKS

In the absence of international support, people will continue to face serious protection risks across Libya including being at risk of physical harm, without legal protection, and facing a loss of assets. Landmines, gender-based violence, underage recruitment into armed groups, the lack of access to civil registration and other human rights and humanitarian law violations already mean women, children, persons with disabilities and people with low economic means are suffering greatly. If not supported the situation for vulnerable people will deteriorate rapidly.

UNSAFE DRINKING WATER WILL EXPOSE THOUSANDS TO DISEASE

If WASH needs are not met, over 380,000 people will not have adequate access to safe drinking water, hygiene and basic sanitation. Outbreaks of preventable communicable and water-borne diseases are likely to occur, particularly acute watery diarrhea. The poor living conditions of migrants and refugees held in overcrowded detention centres and IDPs living in collective shelters will further exacerbate the risk of illness and death from disease.

VULNERABLE GROUPS RISK MALNUTRITION

Without immediate food assistance, 210,000 people will be affected by continuing disruptions to normal food supply chains, as families dip into decreasing savings to cover rising food costs. Many Libyans already have no choice but to opt for harmful coping strategies such as reduced food intake or food quality. With their coping capacities already depleted, refugees and migrants are at higher risk of becoming malnourished and vulnerable to disease and starvation.

WHAT IF?
...WE FAIL TO RESPOND

DIMINISHING CARE FOR THE SICK AND INJURED

Failure to support the national health system will accelerate a trend that has already produced 1.14 million people in immediate need of medical care, and place further strain on resources already stretched to breaking point. Current capacity is unable to combat diseases and provide life-saving services, including antenatal care and immunization programmes for many. Implications of a further decline will be severe for the most vulnerable: IDPs, women, children under five and persons with disabilities.

MORE CHILDREN WILL MISS OUT ON AN EDUCATION

Unless there are alternative solutions for schools occupied by IDPs, and safe and secure learning environments provided, the current 50 per cent enrolment rate is expected to decrease even further. The ongoing conflict has left over 150,000 children without access to education. In some areas like Benghazi as many as 73 per cent of schools are non-functional or inaccessible due to the conflict. As the situation continues to worsen, children remain a target for military recruitment and trafficking.

FADING PROSPECTS FOR EARLY RECOVERY

As the social fabric continues to deteriorate, the number of people in need of livelihood support is expected to increase from 545,000. They are at risk of sliding into extreme poverty if not immediately assisted. The level of need arising from the lack of provision of basic public services such as education and healthcare, dysfunctional governance institutions, limited employment opportunities, and damage to infrastructure could grow further and become protracted, particularly in terms of further displacement due to limited coping capacities.

REFUGEES AND MIGRANTS FACE LONG-TERM, ACUTE PROTECTION NEEDS

Without immediate action, over 90,000 refugees and migrants targeted for assistance will continue to be in acute need of protection and remain vulnerable to discrimination and marginalization. With no social network to rely on and lack of access to healthcare, education and other vital services, refugees, asylum seekers and migrants will continue to be exposed to abuse, harassment and exploitation by smugglers and will further seek to cross the Mediterranean Sea in search of safety in Europe.

MORE WILL GO WITHOUT SAFE AND DIGNIFIED SHELTER

If assistance is not delivered, over 214,160 would not have essential NFIs and dignified shelter, and be forced to continue to live in the open or in inadequate public spaces. As the situation deteriorates, many more of those living with host communities, at risk of eviction and struggling to secure stable accommodation would be forced to live in public spaces unsuitable for human habitation. As ever, lack of action will affect the most vulnerable.

Photo credit: Mohamed Ben Khalifa

http://img.static.reliefweb.int/country/lby

http://www.unocha.org/romena/about-us/about-ocha-regional/libya

https://twitter.com/ocharomena?lang=en