 **Request for Country Allocation of UNDP** **COVID-19 Rapid Response Facility Resources for L3 COVID-19 Crisis**

**Country:** Libya

**Date:** 14 April 2020

**1. SITUATION ANALYSIS**

**As of 13 April, Libya has a total of 26 officially reported cases of COVID-19 and one fatality – a number that reflects the low level of testing (only 535 people have been tested to date) rather than the actual status of infection in the country.** Although the first cases of reported infection were imported from other countries, local transmission is now the driver of new cases.[[1]](#footnote-1) The Global Health Security Index (March 2020) rates Libya as one of the most vulnerable countries to emerging outbreaks, and WHO rates Libya as “high-risk” for COVID-19. Given that Libya is a major gateway for migrants and refugees hoping to reach Europe, and many communities are continuing to engage in informal cross-border trade and receive an influx of migrants, the situation is highly dynamic. It is likely that unreported cases exist, and that the spread of the virus is far from its peak.

**To date, the Government of National Accord (GNA) has taken steps to contain and suppress the epidemic, although delays in Tripoli’s preparations have resulted in mass public frustration and the resignation of the GNA’s Health Minister.** Measures taken to date include closure of air, sea and land borders[[2]](#footnote-2); restrictions on movement between cities; imposition of curfew and roadblocks; closure of public institutions and gatherings; identification of 305 isolation rooms and 542 quarantine and stabilization rooms across the country[[3]](#footnote-3); assignment of several hospitals for COVID-19 response (in the west and the east, but this is yet to be implemented. 307 people have been placed in quarantine and the Government is now seeking facilities to quarantine up to 6,000 Libyans returning from abroad. At least 600 Chadian and Sudanese migrants in a detention centre in the east of Libya have been sent to a sterilization centre as a proactive measure against the possible spread of COVID-19.

**The Government(GNA) has set up a National High Committee on COVID-19 (NHCC),** which is guiding the response, comprised of the National Centre for Disease Control (NCDC); Ministries of Health, Foreign Affairs, Finance, Planning, Local Governance; and the UN (UNSMIL, WHO and OCHA) in the areas controlled by GNA although the response (budget allocation to Municipalities) is also extended to LNA controlled areas. . On the GNA side, The Ministry of Planning, Ministry of Health and the National Centre for Disease Control (NCDC) have been charged with the development of a national coordination mechanism, as well as a national strategy to respond to COVID-19. Although not officially declared by the Presidential Council, and with no set timeframe for disbursement, the GNA is planning to set aside approximately 350 million USD for COVID-19, of which approximately 50 million USD are earmarked to be allocated to the 119 municipalities in the whole territory.

Within the NCDC there is a level of nationwide coordination, however, the GNA and LNA are following different protocols. GNA does not have any access restraints, however, there are issues regarding what mechanisms to use during the response.

The GNA has taken a more decentralized approach to its COVID-19 response. As mentioned above, the Tripoli based government has set aside $50 million that will be divided and disbursed to the 119 municipalities who will use their share of the budget and assume full responsibility for tackling the outbreak of COVID-19 in their respective domains. However, there has been issues of differences to tap into available resources at the CBL (Central Bank of Libya) between CBL and PC (Presidential Council) as allocating the budget to municipalities that are under LNA control, which has caused a rift and halted the disbursement of these funds. This has created a gap that is being filled by several prominent businessmen who have stepped in and provided support, i.e., in the form of distributing PPEs, to certain municipalities.

The LNA has moved to combating the spread of COVID-19 by supplying several municipalities with medical supplies. On the GNA, there are competing perspectives on the allocation of resources as well as mechanisms for distribution. The LNA has provided support by distributing fuel, subsidized food and medical supplies (i.e., ICUs/beds) to municipalities in the east, i.e., Ajdabiya, Albayda, Tobruk, Derna and to the south, i.e., Sebha. Some municipalities, such as Sebha, are expected to redistribute portions of their supplies to smaller cities in the south. On the other hand, COVID-19 tests in Benghazi and Sabha are being sent to Tripoli for analysis.

The budget allocated for the COVID-19 response remains disputed and is yet to be disbursed. Tensions exists between the Prime Minister and the Central Bank governor regarding multiple economic reforms, which is also impeding the government’s ability to respond effectively to COVID-19. This lack of an agreement is in relation to key monetary policies that the central banks deems necessary for economic stability against the backdrop of reduced oil production and a global economic downturn as a result of COVID-19. This stalemate has led to delayed salaries and blocked benefits, as well as a decrease in access to hard currency, which has forced an increase in dependency on the shadow economy.

**Decades of underinvestment in healthcare, compounded by nine years of wartime devastation, have left Libya with low domestic capacity to respond to COVID-19.** **Compromised health, emergency response and waste management systems offer very little defence in the face of the virus, and the Libyan National Centre for Disease Control (NCDC), one of the leaders of the Government’s national response, warns that Libya may not be in a position to confront COVID-19, given Libya’s lack of preparedness.[[4]](#footnote-4)** Years of fragmented governance and conflict, limited financial resources, deficient human resources, acute shortage of lifesaving medicines and basic equipment, debilitated hospitals and primary healthcare (PHC) network[[5]](#footnote-5), an inefficient health information/risk communication system and neglected health services have left 1.7 million Libyans (~25% of the population) in need of medical care but lacking access to adequate health facilities and services. Today, Libya ranks only 194 out of 195 countries in the area of healthcare access.[[6]](#footnote-6) Meanwhile, the healthcare needs of IDPs, refugees and migrants have increased manifold, especially in detention centres.

**The latest surge of conflict between the Government of National Accord (GNA) and the Libyan National Army (LNA) has further stretched the health system and compounds the impact of the COVID-19.** Despite calls for a global ceasefire to focus on fighting COVID-19, and recent commitments by both sides to suspend fighting, clashes continue. Negative impacts have been exacerbated by a recent spate of attacks targeting health facilities, mainly in western Libya, by armed groups resisting the use of health facilities to isolate and treat suspected cases of COVID-19 in their communities. According to WHO, since the start of escalating conflict in January 2020, a total of 26 public health facilities have been damaged and require immediate reconstruction and rehabilitation. This week, one of the hospitals hit by shelling was the 400-bed Al Khadra hospital in Tripoli – one of the few earmarked by the Government as a potential COVID-19 treatment facility. Continued insecurity has already forced several public hospitals and Public Health Centres (PHC), in both western and eastern Libya, to close. The overstretched and under-resourced Libyan public health facilities that remain open are attending to a stream of fighters and civilians injured in the conflict, including as a result of intensive bombardment in Tripoli. If disregard of the ceasefire agreement continues, it will undermine the fight against COVID-19 by decimating healthcare facilities and promoting attrition of the 6,000 people delivering health services (including 72,000 – 96,000 patient consultations each month). The compound crisis will severely strain governance and the rule of law in Libya in the medium term.

**Because of the lack of a unified approach nationwide to respond to COVID-19, there is a clear need for a decentralized approach providing support at the local level while at the same time strengthening the mechanisms for government coordination by the GNA and promoting processes of coordinated actions engaging all the regions.** The absence of working decentralization mechanisms – whereby municipalities are financially supported and the ability to respond on a local/community basis to the pandemic, has been also advised/strategized by DSRSG/HC/RC and central support to municipalities has caused frustrations between local authorities and the GNA. Local mayors and businessmen have started taking prevention measures themselves, including to gather donations, set up quarantine centres and fund local clinics.

**The virus threatens to negatively impact the safety and the livelihoods of vulnerable and marginalized groups, especially migrants, refugees, IDPs and women.** Some 654,081 migrants, refugees and asylum seekers and 355,672 IDPs remain most at risk to the impact of COVID-19 in Libya. Social distancing is a major challenge for this section of Libya’s society, owing to inadequate shelter, dependence on informal employment and daily wage-based jobs, coupled with a high population density inside IDP settlements, migrant households and detention centres. Particularly vulnerable and exposed to possible abuse from misinformed authorities are the thousands of asylum seekers, refugees and migrants held in 11 "official" detention centres and “private prisons" run by armed groups and traffickers across the country. Un-detained migrants, refugees and asylum seekers as well as IDPs also have limited access to information, resources or healthcare, and are increasingly subject to discrimination and human rights abuses by authorities. A noted decline in the availability of food, fuel, water, medical supplies and power supply since the current phase of the civil war began in 2014, has been putting a strain on IDPs and about 35-odd host communities, and as a result, many IDPs in the South are already denied access to healthcare. After imposition of the curfew, migrants have also reported an increase in prices for goods and accommodation. Protection is also a major concern, owing to the widely held belief that migrants have brought the COVID-19 disease to Libya, and the conflation of COVID-19 with tuberculosis, another disease used to stigmatise migrants. As the UNSG emphasized in his [appeal](https://www.un.org/press/en/2020/sgsm20018.doc.htm) for a global ceasefire, women are among the most vulnerable in times of war and face the highest risk of suffering devastating losses from the pandemic, and global spikes in domestic violence and maternal mortality are predicted.

In Libya, domestic violence is regarded as a ‘taboo issue’ and therefore discussing incidents of domestic violence is considered "shameful" bringing dishonour on the victim and her family. In addition, many victims prefer not to make complaints of domestic violence due to ‘social stigma’ and fear that they will be rejected by their husband and their extended family. Within Libyan society the issue of domestic violence is considered ‘western’ and is therefore viewed with ‘suspicion’. As is typical with most countries in the MENA region, Libya has very few laws protecting women against domestic violence. The imposed lockdown due to the outbreak of COVID-19 has emboldened abusers and inadvertently put victims of domestic violence (i.e., women) in greater danger as they are trapped and cut off from accessing any means of support or seeking protection due to the halt in all socio-economic activities. The COVID-19 outbreak has caused a reduction in services for survivors of domestic violence as well as an increase in the numbers of calls to hotlines or other support services.

The internet is a prominent tool that many victims of domestic violence can use to highlight their predicament, however, many women in rural areas in Libya do not have the luxury of internet access. There are many vulnerable women in remote areas or villages in Libya and they do not have access to the internet or a smartphone to inform about their abuse. In addition, there are also many girls and women in Libya who, despite coming from affluent or middle-class families, will be cut off from the world by force as they will be forced to hand over their devices to men who claim to need it more or who are intentionally trying to stop them from seeking escape from abuse. Even traditional methods of actively looking for women in remote areas or allowing them a safe space to speak up against abuse in health clinics, are being diminished as an effect of the response to COVID-19. With lockdowns imposed in response to the COVID-19 pandemic, women will be less able to escape to already under-resourced shelters.

To tackle these gender specific issues, UNDP Libya is setting up a whole-of society response bringing together the relevant stakeholders around the table. In regards to providing support to victims of gender-based violence in Libya, this will include providing support for institutions and NGOs/CSOs engaged in providing protection for women at the national and local level; and raising awareness on domestic violence during the COVID-19 outbreak by engaging a network of communication officers of municipalities in the South, West, and East of the country in an e-learning platform that includes gender based violence electives within its curriculum.

In Libya, fuel shortages will place many women in a uniquely vulnerable position in a COVID-19 outbreak since even services including maternal and childbirth service have been largely disrupted and unavailable in many communities, and travel exposes women and their contacts to COVID-19.

**There is limited real-time gender-disaggregated data** on persons affected by COVID-19, persons engaged in front-line support and services and people at higher risk due to their duties or form of employment. However, underlying political and socioeconomic fault lines in Libya are already having visible effects, and it is evident that COVID-19 will have different effects on the vulnerable groups named above.

**The impact of COVID-19 is amplified by Libya’s economic vulnerability**. The coronavirus pandemic, on top of the ongoing oil blockade is expected to significantly further undermine fiscal revenue and economic growth; with a contraction of real GDP by 12.7% expected in 2020[[7]](#footnote-7); unemployment is at 17.3%[[8]](#footnote-8). The societal and economic disruption of COVID-19 has already started showing negative effects, including the rapid increase of inflation (set to reach 12.2% in 2020) and unavailability of some food items. With people losing their income and unable to access food or pay their rent, continued food assistance will be crucial as needs are already on the rise. A rise in rent, food prices and basic commodities has made it increasingly difficult for people working in the informal sector to provide for themselves or find work to secure their daily needs. As mentioned above, emergency measures, including movement restrictions, are already taking a toll on migrant/refugee/IDP livelihoods, their ability to find safe shelter and their access to basic services. The GNA plans to issue more economic measures to support small businesses and assist those most harmed by the national curfew, however, no substantial progress can be made unless internal disagreements with the Central Bank of Libya (CBL) are resolved. The Prime Minister has called for a meeting of the Board of Directors of the CBL to discuss Libya’s monetary policy and to unblock the earmarked funds in response to the pandemic and to the contraction of the economy.

**The coordination mechanism to respond to COVID-19 in Libya by the UN is led by WHO joined by different agencies (both humanitarian and development). As part of the UN response, and with the full endorsement and support of the RC/HC, UN Country Team and the Libyan Government (NCDC, Ministry of Health), UNDP, in consultation with the UNCT, has identified areas of critical gaps/needs where it can add value:**

* **Strengthening health systems**: Leveraging its stabilization and recovery programmes, UNDP is building on significant experience in supporting the upgrading of health infrastructure and waste management in conflict affected areas. As municipalities are at the frontline of service delivery, governance and security in Libya, UNDP will target support to areas where there is limited capacity and services, especially rural/remote areas where vulnerable groups like IDPs/migrants and women cannot count on access to vital services and social support. Support will include provision of mobile/prefabricated health clinics, mobile/prefabricated isolation rooms, rehabilitation of hospitals, provision of ambulances, garbage trucks, water pumps, PPE production and health waste management. This action will be of a good entry to strengthen and support future value chains and livelihoods activities. Moreover, UNDP has been supporting solar energy provision for hospitals and this practice will continue as part of COVID-19 response. UNDP is also engaging with local entrepreneurs/innovators to identify creative ways to fight the spread of COVID-19 in rural/remote/conflict areas, e.g. using telemedicine (see below).
* **Inclusive crisis management which also tackles drivers of conflict and exclusion[[9]](#footnote-9), at national and subnational levels**. UNDP is applying whole-of-Government approach in all its activities in Libya. Therefore, UNDP, by working mainly with three key Ministries (Ministry of Health, Local Governance and Planning) will be able to response to overall Government mechanism (Min. of Planning) with the right technical advice and cooperation (Ministry of Health) in an inclusive way outreaching at the local level as well (Ministry of Local Governance) . More specifically, UNDP is supporting the national government in their efforts to manage crisis, providing technical expertise and capacity development at the national (line Ministries) and local level (Municipalities).

Under this RRF proposal, UNDP will also support Government in its aim of carrying out effective nationwide public information campaigns that help to empower citizens to fight COVID-19, break down community resistance to countermeasures, counteract harmful misinformation, mitigate widespread stigmatisation and discrimination, violations of human rights and threats to safety (including for migrants and other marginalized groups). UNDP Libya’s Communication unit has already been strategizing a harmonized approach to counter-messaging with other UN Agencies in Libya, especially with UNICEF and WHO, through the Communication with Communities sub-working group. A clear guideline are being developed at the time of writing this proposal. Through its existing stabilization and reconciliation programmes, UNDP will leverage its large networks of peace actors and mediators to disseminate essential information and counter disinformation which contributes to increased stigmatisation, discrimination and conflict. This work has started through a social media campaign (#unitedagainstcorona #peacenowstopcorona) to support ceasefire and COVID-19 response. With specific regards to countering misinformation, UNDP Libya will seek to form a collaborative network involving an institution of higher education that specialises in Political Communications, WHO, UNICEF and relevant (Libyan) government institutions to develop an e-learning tool in this regard. This e-learning tool will include material that will be used to guide the development of theoretical and practical approaches to countering misinformation.

* **Assessing the socio-economic impact of the crisis and supporting a recovery strategy and public policies for inclusive development,** within ongoing peacebuildingefforts for economic recovery, reconstruction and development in which UNDP is highly involved with UNSMIL, with a focus on the additional impact of the epidemic on the livelihoods of poor and vulnerable households and businesses and with a view to pave the way for post-COVID recovery and peacebuilding that leaves no one behind, including IDPs, the elderly, people with disabilities (PWDs), refugees and migrants; women; and people without access to health services, including those living in remote, hard-to-reach areas including rural and conflict affected areas in the west, east and south of the country.

**In all these areas, the Libyan Government, through the Ministry of Health/Ministry of Planning, has requested UNDP’s support.** The proposal has been discussed with and has the support of the DSRG/HC/RC, reflecting UNDP’s leadership role as UN Sector Lead for Socio-Economic Impact and Early Recovery, which will consequently lead to a greater programming in the area of social and economic recoverywhich UNDP is already leading through its Resilience and Stabilization programmes.The proposed activities are based on the findings of the UN/WHO country response plan. UNDP Libya is in discussions with WHO, UNSMIL, NGOs (REACH, Tatweer) on taking forward the activities listed below. The proposal has strong prospects for up-scaling and bringing in further catalytic funding from additional partners. UNDP will target engagement with the following donors; European Union, EU Member States, World Bank, IFIs, and the Private Sector (Siemens, Toyota, Kia Group).

**2. PROJECT OUTPUTS AND ACTIVITIES**

In the context of UNDP’s broader COVID-19 support described above, this proposal for rapid response facility support focuses on the elements that will generate immediate impact[[10]](#footnote-10) and address critical gaps, while providing an evidence base for scaled-up partnership with government and donors and catalytic programmatic interventions as a model to formulate a full-scale post COVID-19 recovery and peacebuilding effort.

**Output 1**: **STRENGTHENING THE LIBYAN HEALTH SYSTEM**

* **Activity 1.1:** In collaboration with WHO and the Ministry of Health, procuring and distributing 15,000 COVID-19 test kits (cepheid cartridges) and 5 GenX machines, with a view to equipping five hospitals designated for COVID-19 response, with a three-month immediate supply of tests, and expanding testing capacity to the marginalized South.

Ke*y partners: Ministry of Health, WHO, Five designated national hospitals*

*RRF budget requested: 200,000 USD (plus 200KUSD to be complemented by existing UNDP projects)*

* **Activity 1.2:** Providing support for local young entrepreneurs/innovators engaged in innovative activities aimed at addressing the spread of COVID-19. Below are a couple indicative solutions to be potentially supported under this activity, which UNDP is already in the process of exploring with partners:
  + Developing an application to set up a **Telemedicine system** for remote diagnosis of vulnerable populations by doctors, especially women and migrants, in hard to reach areas. UNDP will work with the **Accelerator Lab** and young innovators and entrepreneurs, Saxion University of Applied Sciences (on app development) and the Libyan Ministry of Health (to build a network of hospitals as well as municipalities that can help pilot and raise awareness about the app and its uses). Risk mitigation measures will be developed and taken as many women and migrants might not have access to smart phones. The project will have a pilot where women, migrants and other vulnerable populations will be included. As pre-discussed with Saxion University, their contribution of creation of the app will be voluntary and all the intellectual property rights will remain with UNDP. This initiative has the potential to attract private sector partners and become a private-public partnership initiative, for example by involving telecommunications companies and banks

*Key partners: Ministry of Health, Saxion University of Applied Sciences (Netherlands), WHO, National Hospitals, Libyan National Robotics Team, private sector*

* + Supporting the **Lybotics** (Libyan National Robotics Team) in 3D printing of PPE equipment, i.e., face shields. UNDP will provide additional printers and raw materials (filaments), mainly prioritizing local sourcing (UNDP has already mapping the local producers) , and work with Ministry of Health to determine needs and guide scale of production. Employment creation, especially for women, will be prioritized if/when there is an opportunity.

*Key partners: Ministry of Health, WHO, Tripoli University, National Hospitals, Libyan National Robotics Team.*

This activity has the potential to grow to support other innovative solutions by young social entrepreneurs and generate income and employment through the provision of much-needed health supplies and services.

*RRF budget requested: 50,000 USD (to be complemented by reallocation of funding from existing projects)*

**Output 2**: **SUPPORTING INCLUSIVE AND INTEGRATED CRISIS MANAGEMENT**

* **Activity 2.1:** Supporting the Ministry of Health to ensure effective COVID-19 response coordination and a whole-of-government response, by strengthening coordination and public health capacity within the Ministry. As explained above, this will entail immediately providing two technical experts within the Ministry of Health to provide coordination of the cOVID\_19 response with International Organizations and other Ministries.

*Key partners: Ministry of Health, Ministry of Planning, WHO*

*RRF budget requested: 100,000 USD*

* **Activity 2.2:** In partnership with WHO, support Libyan authorities to engage local community actors to build a Public Health communications campaign on social distancing and community care measures which combats misinformation; and provide counternarratives to combat fake news and incitement to conflict linked to COVID-19.

*Key partners: Ministry of Health, WHO, UNSMIL, Municipalities, Local mediators, CBO and NGOs*

*RRF budget requested: 30,000 USD (to be complemented by reallocation from existing UNDP projects).*

**Output 3: UNDERTAKING THE SOCIO-ECONOMIC IMPACT NEEDS ASSESSMENT**

* **Activity 3.1:** **In collaboration with other UN entities, the World Bank and Libyan Government, UNDP will support and initiate a socio-economic impact assessment of COVID-19 in Libya, and prepare a recovery strategy and public policies for inclusive development and reconstruction**. UNDP will lead on the recruitment of international expertise to design, formulate and undertake the development of a holistic assessment tool to analyse the socioeconomic impact of COVID-19 with rapid implementation and results. It will also input conflict and peacebuilding approaches, utilizing data innovation – to ensure real-time user generated and sex-disaggregated data is collected and analysed. It is anticipated that the recruitment of an international consultant to lead the assessment and development of a conflict-sensitive impact assessment tool and methodology in partnership with the UNCT, WB and national actors to be focused on the identification of short and mediate term actions and set the basis for a longer-term medium level assessment that requires a much longer period for implementation. UNDP will then also identify and map-out NGOs with capacity, taking into account conflict-sensitivity approach, to support data collection on the ground, identify innovative remote information collection systems, with a focus on poor and vulnerable groups and with a gender and human rights lens, to inform policies which mitigate the negative effects and increase community resilience. It is anticipated that this will take six months, covering the whole country, and that the remaining steps of the exercise (e.g. production of the report, dissemination of the findings, stakeholder consultations and support to the development of recovery strategy, policies and interventions) will be completed in Q4 and beyond.

*Key partners: Ministry of Health, Ministry of Planning, Ministry of Labour, Ministry of Social Affairs, Ministry of Economy, Ministry of Finance, World Bank, UN Agencies (UNICEF, UN Women, WFP, IOM, UNHCR), NGOs for data collection, international experts*

*RRF budget requested: 100,000 USD (with additional funding to be mobilized from other sources)*

UNDP will be applying the same risk mitigation measures that are undertaken through its Stabilization and Resilience projects leveraging municipal level partners and implementation modalities that are effectively working as much as possible given the circumstances. Moreover, there are additional measures that are currently negotiated by the UN Area Coordination groups (for South, West, East) specifically on granting special mobility permits to UN and Humanitarian workers to be able to work beyond curfew hours. UNDP is closely following up on the developments regarding risk mitigation measures through HCT and different coordination groups.

**3. MANAGEMENT ARRANGEMENTS**

The project will be implemented though a direct implementation modality (DIM), with UNDP working closely with the UNCT within the Multi-Sector Response led by the RC, and in close coordination with Government and other partners. UNDP will leverage existing operational projects/presences/coordination mechanisms established under its Resilience and Stabilization projects which support rebuilding, support to Municipalities, and recovery across the country.

The initiative is connected to the overall Government and UN response. The RRF proposal is within the strategic response of the Health Cluster (UN Response) as well as Ministry of Health’s priorities. As an active member of the UNCT, HCT and Health Cluster, UNDP has ensured consultation with WHO, the RC/HC and UN Health Cluster and Humanitarian Coordination Mechanism, who are supportive of UNDP’s positioning and strategy. The Ministries of Health and Planning and are also fully supportive.

In addition to the proposed RRF allocation, UNDP will be reallocating funding from three existing programmes (stabilization, resilience and JSB/START) with the permission of the Government and donors to support implementation of Output 1 and 2.

Implementation of the RRF proposal will be overseen by the RR with the DRR leading the project, with the support of the Project Managers and Teams of the Stabilization, Resilience and START projects as well as the CO Communications Officer in the supply role. The Service Centre (UNDP Libya procurement and engineers) will be in charge of providing procurement officers.

**4. ANNUAL WORK PLAN BUDGET SHEET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPECTED OUTPUTS** and indicators including annual targets | **PLANNED ACTIVITIES** | **TIMEFRAME** | | | **RESPONSIBLE ARTY** | **PLANNED BUDGET** | | |
| Q2 | Q3 | Q4 | Source of Fund | Budget Description | Amount |
| **Output 1**: Strengthening Libya’s health system response by equipping Libyan testing, treatment and isolation centres to ensure access and response to the COVID-19 epidemic and supporting innovative digital solutions to healthcare gaps.  ***Indicators:***   * # of people tested through kits * # of male/female young Libyan entrepreneurs/innovators engaged and supported   ***Targets:***   * 15,000 test kits and 5 GenX machines procured and distributed to centres * At least one innovative measure developed, rolled out and communicated through public communications campaigns * Expand testing capacity to the marginalized South. | **Activity 1.1**  Procuring and distributing COVID-19 equipment, to enable COVID-19 diagnosis and treatment | X | X |  | UNDP, (with WHO and MoH) | RRF | Test kits  GenX machines  Coordination meetings, workshops and consultation meetings  Translation and printing costs  App development costs  Equipment | 200,000  50,000 |
| **Activity 1.2**  Engage young Libyan entrepreneurs/innovators women and men (Accelerator Lab) in innovative measures to tackle the spread of COVID-19, including through the development of an application to set up a Telemedicine system to enable physician diagnosis and treatment of vulnerable populations, as well as patient follow-up, especially women, the elderly and PWDs, and migrants, in remote areas; supporting Libyan National Robotics team in producing 3D printed PPEs.   suggest adding a simpler more locally feasible production of masks/clothing/sanitiser if possible. | X | X |  | UNDP, with  MoH, WHO, Saxion and Tripoli Universities, National Hospitals Libyan National Robotics Team, Accelerator Lab |
| ***Output 1 subtotal*** |  |  |  |  |  |  |  | **250,000** |
| **Output 2: Inclusive and integrated crisis management in enhanced through a whole-of-society response to COVID-19**  **Indicators:**   * Extent to which the Ministry of Health is able to coordinate an inclusive coordination response to COVID-19 * National system in place to monitor spread of misinformation and produce verified and validated informational content to counter misinformation * # of journalists women and men, social media influencers, trained and actively involved in fighting misinformation. * # of Government officials and mayors, and municipal communications staff (women and men) trained in strategic and conflict sensitive communications.   **Targets:**   * Ministry of Health coordination with international organizations and ministries takes place. * International organizations and Ministries respond to the MoH needs through coordination mechanism. * Authorities and influencers in all municipalities receiving training on conflict-sensitive communication on COVID-19 and are disseminating authoritative public information and updates on COVID-19 | **Activity 2.1:** Strengthening coordination and public health capacity within the Ministry | X | X |  | UNDP, MoH, WHO | RRF | Consultants | 100,000 |
| **Activity 2.2.:** Responsive, transparent, consistent public information on COVID-19 is developed and disseminated through trusted channels of communication at national and municipal levels, including by journalists, community-based networks and key influencers. | X | X |  | UNDP, MoH, UNSMIL, Municipalities, Local actors (i.e., Mediators, CBOs, NGOs) | RRF | Audiovisual, print, production costs  Workshops  Consultants  Equipment | 30,000 |
| ***Output 2 subtotal*** |  |  |  |  |  |  |  | **130,000** |
| **Output 3**: Assessing the socio-economic impact of the crisis and supporting a recovery strategy and public policies for inclusive development.  ***Indicators:***   * # of gender sensitive assessment reports * # of gender sensitive post-COVID recovery strategy   ***Targets:***   * Reports focusing on socio-economic recovery, health and socio-economic vulnerability focusing on women and other vulnerable groups (migrants, refugees, IDPs and youth). * A gender sensitive draft strategy on post-COVID recovery strategy, policies and projects | **Activity 3.1**  Development of an impact assessment tool/methodology | X | X |  | UNDP, *Ministry of Health, Ministry of Planning, Ministry of Labour, Ministry of Social Affairs, Ministry of Economy, Ministry of Finance, the World Bank, UN Agencies (UNICEF, UN Women, WFP, IOM, UNHCR), NGOs for data collection, international experts* | RRF | Consultant/s on socio-economic impact assessment, recovery, peacebuilding contracted to develop assessment hybrid methodology  Coordination meetings, workshops and consultation meetings (national)  Translation and printing costs  Equipment | 100,000 |
| **Activity 3.2**  Conduct impact assessment-based desk review |  | X | X |
| **Activity 3.3**  Develop and disseminate the assessment report including COVID recovery strategy |  | X | X |
| **Activity 3:4:** Stakeholder consultations utilizing UNDP’s integrator role – bringing together broad group of stakeholders beyond the health sector for innovative solutions |  |  | X |
| **Activity 3.5:** Based on data analysis, support the design a recovery strategy and policies and recovery projects at the local level targeting the most vulnerable and with gender prism – in close partnership with the national and local government and the focus on building back better**.** |  |  | X |
| ***Output 3 subtotal*** |  |  |  |  |  |  |  | **100,000** |
| ***Grand Total*** |  |  |  |  |  |  |  | **480,000** |

1. WHO Situation Report 79, 8 April 2020. [↑](#footnote-ref-1)
2. Despite official border closures and restrictions on the numbers of migrants crossing the border, informal cross-border migration and trade continue, as vast sections of the Libyan border remain uncontrolled and many communities rely on cross-border trade for their livelihoods. [↑](#footnote-ref-2)
3. Misrata, Zintan, Zaweya, Tripoli, Ghat, Brak Al Shaty, Bani Walied, Subratha, Ghdamis, Nalut, Swani [↑](#footnote-ref-3)
4. # Reuters, War-stricken Libya free from coronavirus but at risk, 12 March 2020.

   [↑](#footnote-ref-4)
5. The 2017 Service Availability and Readiness Assessment for Libya, conducted by WHO and MOH, found that only 4 of 97 hospitals are functional at a level of 75-80% of its capacity; 17% of hospitals (17 out of 97) and 20% of primary health care centres (273 out of 1,355) are closed, and the rest are not well ready for service delivery. [↑](#footnote-ref-5)
6. GHSI, March 2020 [↑](#footnote-ref-6)
7. Economist Intelligence Unit, Country Report, Libya (April 2020) [↑](#footnote-ref-7)
8. ILOSTAT, Dec 2019 [↑](#footnote-ref-8)
9. Immediate support priorities identified by the Government and UN include procuring urgently required medical equipment and supplies including PPE and diagnostic kits; need for laboratory capacity across the country, particularly in the South, which lacks a testing facility; provision of capacity building and upgrading of health systems at all levels; and support to public awareness and health education. (OCHA situation report, 6 April 2020) [↑](#footnote-ref-9)
10. Barring further intensification of conflict and instability. [↑](#footnote-ref-10)