ACTION DOCUMENT

THE EUROPEAN UNION EMERGENCY TRUST FUND FOR STABILITY AND ADDRESSING THE ROOT CAUSES OF IRREGULAR MIGRATION AND DISPLACED PERSONS IN AFRICA

1. IDENTIFICATION

Title	**Reference: T05-EUTF-NOA-LY-11** **Managing mixed migration flows: protection, health assistance, resilience and community engagement**
Zone benefitting from the action / Localisation	Libya
Total cost	Total estimated cost: EUR 32 610 000 Total amount drawn from the Trust Fund: EUR 30 200 000 Co-financing amount: EUR 2 410 000 from UNHCR
Aid modality(ies) and implementation modality(ies)	**Indirect management** through Contribution Agreements with UNHCR, IOM and WHO
DAC – codes	12220 - Basic health care 15190 - Facilitation of orderly, safe, regular and responsible migration and mobility 72010 - Material relief assistance and services
Main delivery channels	- United Nations High Commissioner for Refugees (UNHCR) - 41121 - International Organization for Migration (IOM) – 47066 - World Health Organization (WHO) - 41307
Markers	(see below)

Markers:

Policy objectives	Not targeted	Significant objective	Principal objective
Participatory development / good governance	X	☐	☐
Aid to environment	X	☐	☐
Gender equality and empowerment of women and girls	☐	X	☐
Trade development	X	☐	☐
Reproductive, maternal, newborn and child health	☐	X	☐
Disaster Risk Reduction	X	☐	☐
Nutrition	X	☐	☐
Disability	X	☐	☐
Rio Markers	**Not targeted**	**Significant objective**	**Principal objective**
Biological diversity	X	☐	☐
Combat desertification	X	☐	☐

Climate change mitigation	X	☐	☐
Climate change adaptation	X	☐	☐
Migration marker	☐	☐	X
Digitalisation	X	☐	☐
COVID-19	☐	X	☐

SDG	- Goal 3: Ensure healthy lives and promote well-being for all at all ages - Goal 10: Reduce inequality within and among countries - Goal 16: Promote just, peaceful and inclusive societies
Valetta Action Plan Domains	3. Protection and asylum
Strategic objectives of the Trust Fund	2. Strengthening resilience of communities, especially the most vulnerable, as well as refugees and IDPs (Internally Displaced People) 3. Improved migration management
Beneficiaries of the action	**DIRECT:** i.- 148.920 Vulnerable migrants, asylum seekers, refugees, vulnerable members of host communities, Internally Displaced People (IDPs)[1] ii. - 31 TB treatment centres. iii.- Relevant Libyan authorities from Ministry of Interior (MoI), Ministry of Health (MoH), National Center for Disease Control (NCDC), Ministry of Labour (MoL), Ministry of Planning, Ministry of Local Governance, Administration: 325 government officials from these institutions benefiting from capacity building and 1,500 health workers iv. - Civil society organisations: Libyan Red Crescent (LRC) and other INGOs and local NGOs. **INDIRECT:** Future migrants rescued at the sea[2] due to the provision of life-saving equipment to the Libyan Coast Guard (LCG) and General Administration for Coastal Security (GACS) for them to be able to save lives Families of patients affected by tuberculosis

[1] i.- Vulnerable migrants, asylum seekers and refugees in Libya, targeting detention centres (DC) and disembarkation points (DP): 15,000 persons at DPs and DCs; ii.- Vulnerable migrants, asylum seekers and refugees in urban settings in Libya: 47,000 refugees and asylum seekers; 25,000 migrants (to receive Non-Food Items (NFIs), health assistance, awareness raising information and other services through mobile teams); iii.- 1,060 Vulnerable members of host communities (1,000 benefitting from social cohesion activities and 60 from capacity building); iv.- 57,100 Vulnerable Internally Displaced People (IDPs) and returnees (mainly in locations with high concentration of migrants) ; v.- 1,000 migrants, IDPs and host community youth trained and counselled at the employment one-stop-shops (EOSS); vi.- 2,700 persons affected by tuberculosis (TB)

[2] The ones rescued during the period of the Action are direct beneficiaries.

	Families of labour migrants who gain sustainable livelihood opportunities through improvement of labour conditions and opportunities 1.7 million people living in severity scale 4 and 5 geographical areas[3]
Derogations, authorised exceptions, prior approvals	N/A

2. RATIONALE AND CONTEXT

2.1. Summary of the action and objectives

The **overall objective** of the action is to save lives and improve the resilience of vulnerable migrants, migrants at risk, asylum seekers, refugees and host communities (including IDPs and returnees) in Libya and to increase social cohesion among these groups. The **specific objective** is to provide high quality lifesaving multi sectoral and dignified protection interventions and services to these vulnerable groups.

These objectives are now even more relevant than before in light of the **COVID-19 pandemic** and its effects for vulnerable populations and populations at risk both in terms of life saving interventions, relief assistance, health assistance and increasing risks in social cohesion, livelihoods and stigmatisation.

This Action is aligned and continues **previous protection interventions** conducted in Libya under the European Union Emergency Trust Fund for stability and addressing the root causes of irregular migration and displaced persons in Africa (EUTF), in particular T05-EUTF-NOA-LY 03 ("*Managing mixed migration flows in Libya through expanding protection space and supporting local socio economic development")* and T05-EUTF-NOA- LY 08 ("*Managing mixed migration flows top up: Enhancing protection and assistance for those in need in Libya").* The Action contributes to Valetta Action Plan domain 3 "*Protection and asylum*" as well as to Strategic Objective 3 of the Operational Framework of the North of Africa Window of the EUTF for Africa, namely "*to strengthen protection and resilience for those in need*".

These previous actions have shown tangible results for the protection of vulnerable people in Libya in terms of: emergency evacuations, voluntary humanitarian returns (VHR), medical assistance, protection monitoring, distribution of basic relief items, community engagement, etc. These efforts need to continue because the situation in Libya remains challenging and it is worsening. The focus on the most vulnerable people needs therefore to continue.

Late 2019 and beginning 2020 the armed conflict between the Government of National Accord (GNA) and the Libyan National Army (LNA) worsened in terms of airstrikes, involvement of military international actors, mercenaries and equipment. High level diplomatic efforts have been led by UNSMIL and several countries and as a consequence,

[3] Humanitarian Needs Overview 2019.

talks resumed. Nevertheless, it remains to be seen if the Berlin initiative can be consolidated. Regrettably for the time being there is not much hope for a real and durable peace.

The eruption of armed conflict in South Tripoli on 4 April 2019 triggered large scale displacement of affected families, leading to the number of IDPs in Libya more than doubling, from 172,541 in March 2019 to 355,672 IDPs by the end of the year. The sustained use of air strikes and artillery shelling in the vicinity of areas in Tripoli inhabited by civilians continued to negatively impact the livelihoods of both Libyans and migrants as the conflict has become protracted. Among the at least 653,800 migrants tracked by the latest IOM's Displacement Tracking Matrix (DTM) in Libya[4], over 119,000 were identified in close proximity to areas with active conflict in and around Tripoli. Furthermore, armed conflict also erupted in Murzuq in August 2019, triggering displacement of families to the surrounding areas in Southern Libya, as well as more distant areas in Eastern and Western Libya, contributing to the substantial increase of IDPs in Libya in 2019.

Migrants and refugees are particularly vulnerable due to the lack of existing legislation on foreign migration and absence of an asylum system. Despite the worsening ongoing conflict, people still attempt perilous journeys across the Mediterranean Sea organised by smugglers and traffickers. This Action will strive to find safe alternatives to detention policy and foster durable solutions.

In addition to this, the Action will pay special attention to the tuberculosis (TB) situation. The presence of large numbers of refugees and migrants from high TB-burden countries is likely to be fuelling the TB prevalence in Libya and contributes to the already existing bad perceptions of migrants. This happens in a context of a Libyan health system severely weakened by the conflict, with health programmes' implementation jeopardized, damage and closure of several health facilities, and lack of human resources.

The Action will take place mainly in detention centres (DCs)[5]; disembarkation points (DPs); urban settings were migrants, refugees and asylum seekers are present; IDPs locations and at community level throughout the country (with a particular focus on areas in and around Tripoli, East of the country - Benghazi area- and in locations in the South such as Al-Kufra). Regarding IDPs, the Action will focus on the more recently displaced persons in the West but also protracted IDPs in the East and South who are still in need of core relief items and those who are unable to return to their places of origin and re-start their lives. IDPs and host communities will be provided with health assistance through public health centres in the south of Tripoli and Zintan area.

This Action will be implemented by IOM, UNHCR and WHO, agency leads in their respective domains.

The immediate outcomes/results to achieve through this Action are the following:

1. Multi-sectoral assistance, support and protection for migrants, refugees and asylum-seekers in DCs and at DPs for persons rescued/intercepted at sea.

[4] IOM DTM round 29, April 2020

[5] People of Concern will be reached in 11 officially recognized DCs and DP, mainly in Tripoli, Al Khumes and Zawiya

2. Support to migrants, refugees, asylum seekers, IDPs, returnees and host communities in urban settings and shelters provided including community engagement and resilience.

3. Durable solutions for most vulnerable persons of concern (PoC) to UNHCR through emergency evacuations outside of Libya.

4. Improved TB case management (detection, screening, treatment) for risk groups.

5. Protection monitoring of vulnerable population and analysis of migration displacement in Libya.

6. Improved search and rescue capacity (LCG and GACS) and basic improvements of DPs and DCs.

7. Improved capacity building, national technical leadership and coordination of relevant stakeholders.

8. Improved labour conditions and increased opportunities for migrants.

2.2. Context

2.2.1. *National context*

The conflict in Libya has been ongoing since the 2011 revolution, subsequent NATO-led intervention and overthrow of Colonel Muammar Gadhafi. The United Nations Mission to Libya (UNSMIL) was established soon after with the mandate to support an inclusive Libyan political process. Its mandate was renewed in 2018.

Since 2014 Libya has been split between three rival governments based in the western and eastern regions, each backed by different militias and tribes. In December 2015, the UN brokered an agreement that brought opposing parties together in Tripoli, creating a unity government and presidency council to govern during a transition period of two years. However, Libya continued to suffer from interlinked political, security and economic crises, which are driving conflict, damaging the economy, weakening state institutions and facilitating criminal gangs and the existence of non-state armed actors. On 4 April 2019, LNA Commander General Khalifa Haftar, launched an offensive against the internationally-recognized GNA in Tripoli. His attack prevented UNSMIL from convening the EU-funded National Conference and found the opposition of armed groups loyal to the GNA. Following the April 2019 attack, conflicts between the two sides escalated. A Russian-Turkish call for a ceasefire on 12 January was followed on 19 January by the Berlin conference which brought together all the major international partners on Libya (UN, EU, African Union, Arab League, and leaders of 12 countries) and resulted in a detailed declaration and an operational plan.

To date, those documents remain the guiding reference for the EU and its member states in Security Sector Reform, Rule of Law, Human Rights, Economic Reforms and political dialogue.

While fighting subsided in January and part of February, attacks resumed and resulted in numerous civilian casualties particularly in April and May. Meanwhile, UNSMIL convened all the Libyan-Libyan negotiating tracks including the Joint Military Committee. On 23 February, UNSMIL submitted to the GNA and the LNA a draft ceasefire agreement which has now been

commented by both sides with a resumption of talks expected soon. UNSMIL has also started an International Follow up Committee and four thematic working groups on Politics, Economy, Security and IHL - the economy group being co-chaired by the EU. The EU has also started to implement operation Irini to monitor the violations of the arms embargo and all member states have jointly called on Libyan sides to commit seriously to political and security negotiations amidst escalating fighting and foreign intervention.

After the 12 January ceasefire, Tripoli continues to see regular clashes between rival forces. At present, reports have emerged of Turkish-backed Syrian troops seen operating in Tripoli while Russian mercenaries, who entered Libya, to support Haftar's forces in September, are decreasing their presence. All parts of Libya have seen increases in violence and crime, with Tripoli and Benghazi increasingly becoming hubs for the illicit sale of drugs and arms. In mid-January, tribal militias loyal to Haftar shut down eastern oil ports in protest of Turkey's military support to the GNA. The National Oil Corporation (NOC) has reported that over 75% of Libya's oil output in areas that Haftar controls has been cut. In the South the presence of Haftar's LNA forces seem to have caused disruptions and an escalation in tensions between local communities.

International participants in the 19 January 2020 Berlin conference agreed to a communique meant to be a starting point for further UN-led peace negotiations. The UN, EU, African Union, Arab League, and leaders of 12 countries agreed to a ceasefire agreement in Libya, and a pledge to uphold the UN arms embargo established in 2011. However, foreign shipments to militants have reportedly resumed. GNA Prime Minister Fayez al-Serraj and General Haftar both attended the Berlin summit but did not meet. It is uncertain whether the agreement reached in Berlin will hold, while signs are mainly in the opposite direction.

2.2.2. *Sector context: policies and challenges*

<u>Migration situation</u>

Libyan law criminalises entering, exiting and staying irregularly in Libya. The country does not have a comprehensive migration governance framework nor an asylum system. Existing laws and regulations, some of which date back to the 1950s, contain significant gaps. Even though the country signed and ratified the 1969 OAU Convention on Refugees, Libya has never signed the 1951 Refugee Convention. In addition to this, Libya's migration profile is characterized by different migration flows and patterns. Economic prosperity pre 2011, porous borders and the complex realities of the political and economic situation in Libya and other regional countries, have seen Libya hosting various mixed migration flows. Following the crisis since 2014, Libya increasingly became a transit country towards Europe due to the absence of powerful central authorities, effective border control and weakness in rule of law.

As a matter of fact, large numbers of migrants have a long tradition in Libya, from unqualified workers to highly technical personal. IOM Libya's Displacement Tracking Matrix programme has identified at least 653,800 migrants present in Libya during the last round of data collection[6]. Migrants were identified in all 100 municipalities, within 559 communities and coming from 40 different countries. The majority come from Libya's neighbouring countries,

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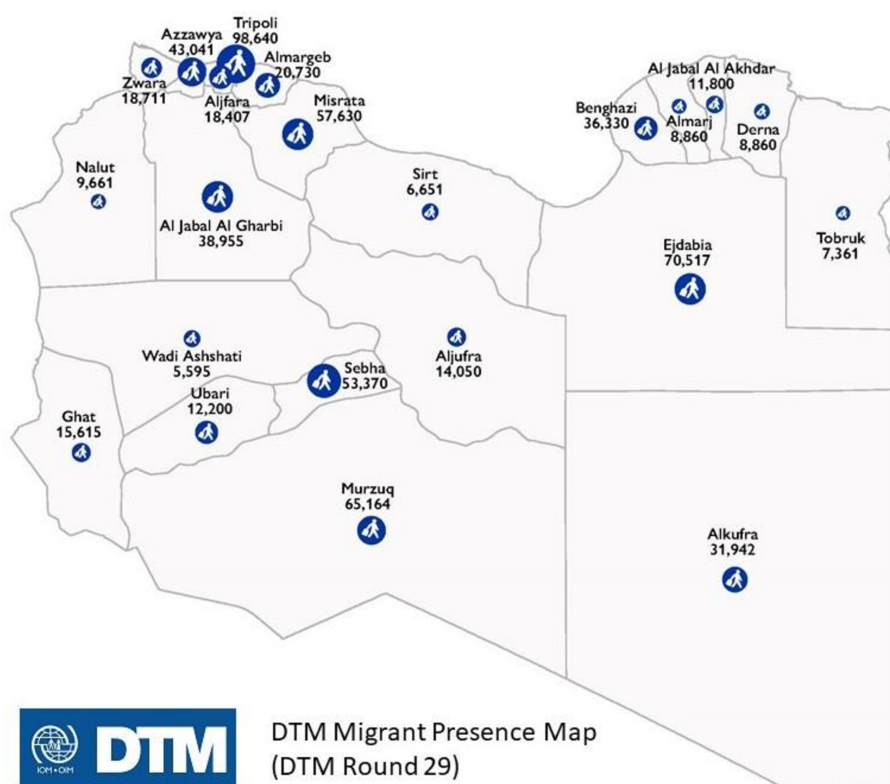
[6] IOM (April, 2020). DTM Libya Round 29 Migrant Report.

especially Niger, Chad, Sudan and Egypt, which account for 65% of Libya's migrant population. Despite the current challenges and conflict, higher salaries vis-à-vis neighbouring countries, and demand in Libya's labour market continue to make the country an attractive destination for migrants. The vast majority of migrants interviewed through DTM in January and February 2020 reported being employed (83%), although the restrictions placed on freedom of movement in Libya as a public health measure to counter the spread of Covid-19 are expected to increase migrant workers' unemployment and its associated negative humanitarian consequences such as food insecurity. Furthermore, despite substantial decreases in sea crossings from Libya to Italy over the past two years, the country also remains an important transit point for migrants attempting to cross the Mediterranean Sea.

Like Libyans, migrants are facing severe constraints related to health services. On top of service availability weaknesses, migrants are also frequently struggling with additional access constraints, often related to their irregular status. In 2019, 71%[7] of migrants interviewed by DTM reported access to health services as a critical constraint. Scarcity of health services further fuels social exclusion. As per the findings of the Flow Monitoring Surveys (FMS) conducted between January - February 2020, around one in ten migrants interviewed (11%) reported lack of access to sufficient drinking water. This challenge was observed among migrants interviewed in Western Libya to a higher extent (20%) than the migrants in other geographical parts of Libya.

Main challenges faced by migrants in Libya related to security and finding opportunities to make a living, closely followed by high food prices were identified in a joint study conducted



[7] IOM (April, 2020). DTM Libya Round 29 Migrant Report.

by the World Food Programme (WFP) and IOM in November 2019[8], especially among those who had recently arrived or were unemployed. Finally, the armed conflict in Western Libya, which started in April 2019 continues to negatively impact the situation of migrants in the affected and surrounding areas[9].

Map 1: DTM Round 29

There are more than 47,000 persons registered as refugees or asylum seekers[10] as of February 2020. As of 24/4, the total number of detained persons in the 11 official Department for Combating Illegal Migration (DCIM)-managed DCs is 1,439 (out of whom, 990 UNHCR-registered PoCs), and an unknown number of persons are in unofficial DCs, smuggling and trafficking camps and the new so-called "investigation units", to which more and more persons from DPs are brought, and to which humanitarian agencies have no or very limited access. International stakeholders and humanitarian actors continue to advocate for alternatives to these DCs where minimal conditions are not ensured, and access for humanitarian partners is limited. The orderly release to urban settings is one of the main alternatives to detention that should be supported, although it is not free from risks as it may create new dangers for the most vulnerable.

Libya remains an important transit country for refugees and migrants to reach Europe. Therefore, and in spite of the conflict and the difficulties, people still attempt dangerous journeys across the Mediterranean Sea organized by smugglers and traffickers with a high risk to their lives. Since February 2020, the instructions to the LCG concerning rescue/interception activities at sea remain unclear. After a partial shift of migration flows from the Central Mediterranean Route (CMR) to the Western Mediterranean Route (WMR) since the second quarter of 2018 and a substantial decrease in arrivals by sea in Italy observed until the end of 2019, the first months of 2020 saw an increase in people rescued/intercepted at sea and reaching Italy (compared to 2019) in spite of unfavourable weather conditions (see Table 1).

Table 1: Comparison of Rescue at Sea/Interception and arrivals in Italy (30 April 2020)

	Arrivals by sea to Italy – (Source: Italian Ministry of Interior)					**Migrants returned from the sea to Libya (Source: IOM)**		
Month	**2016**	**2017**	**2018**	**2019**	**2020**	**2018**	**2019**	**2020**
January	5,273	4,467	4,182	202	1,342	2,046	548	1,072
February	3,828	8,972	1,065	60	1,211	375	307	1,109
March	9,676	10,853	1,049	262	241	1,058	218	630
April	9,149	12,943	3,171	255	671	1,485	130	395
May	19,925	22,993	3,963	782		1,866	1,214	
June	22,371	23,524	3,147	1,218		3,866	1,333	
July	23,552	11,461	1,969	1,088		2,024	826	
August	21,294	3,914	1,531	1,268		553	1,374	
September	16,975	6,282	947	2,498		751	1,242	
October	27,384	5,988	1,007	2,017		348	1,131	
November	13,962	5,645	980	1,232		692	719	

[8] "Hunger, displacement and migration: A joint innovative approach to assessing needs of migrants in Libya" November 2019 (IOM and WFP study)
[9] DTM-WFP (2019, November). Hunger, migration and displacement in Libya.
[10] UNHCR data, February 2020

December	8,047	2,327	359	589		364	183	
Total	**181,436**	**119,369**	**23,370**	**11,471**	**3,465**	**15,428**	**9,225**	**3,206**

Migrants returned to Libyan coast require immediate humanitarian assistance, health and protection screening at DPs. In addition to this, while the LCG remains the main entity operating in the Libyan search and rescue (SAR) zone (together with the General Administration for Coastal Security - GACS), it requires continued support in terms of human rights-based and protection-oriented technical assistance and capacity building in order to improve the modalities in which the migrants are dealt with. In addition to this, provision of lifesaving equipment remains key for limiting the suffering of migrants and the number of lives lost at sea, especially in the situations of capsized boats, or if migrants remain stranded at sea due to technical malfunctions.

Libyan civilian population has also been adversely affected by the escalation of conflict. Particularly IDPs find themselves in an increasingly dire situation. With 373,709 IDPs tracked by DTM in Round 29[11], the country has witnessed large-scale displacements over the past year. Critical humanitarian needs for IDPs include food assistance, shelter, health services and non-food items. Furthermore, the erosion of coping mechanisms due to the protracted nature of the ongoing armed conflict exacerbates challenges in fulfilling these needs. Often having lost all their assets and properties, the living conditions of IDPs displaced in 2019 have deteriorated substantially, increasing the urgent need of humanitarian assistance. At the same time, returns to places of origin have stalled in 2019 due to lack of security and sense of safety; in 17% of Libya's municipalities limited freedom of movement for residents was reported and in 8% the presence of unexploded ordnances[12]. Damage to housing and infrastructure has been observed across Libya, mostly on the coastal areas including Sirt, Benghazi, Misrata and, more recently also in Tripoli. The ongoing conflict in Western Libya has also resulted in a shortage of housing in Western Libya and increases in rental prices while liquidity constraints and inflation add to the challenges faced by Libyans. Within this Action, the movements of IDPs, returnees and migrants in Libya will continue to be tracked through the DTM providing a common operating picture allowing humanitarian actors to respond rapidly to those in need.

The situation on the ground shows that migrants and displaced communities are likely to be disproportionally vulnerable to both COVID-19 transmission and to the secondary effects of the measures taken to curb the virus's transmission. Currently, EUTF Implementing Partners are accelerating and re-orienting their interventions in order to respond accordingly to COVID 19 within the already existing crisis situation. As a consequence, some components within their interventions (mainly health, NFIs, relief equipment) could be exhausted sooner than expected. It is of utmost importance to ensure continuity and avoid gaps in support.

Protection needs

Protection challenges are multiple in Libya for all people affected by the crisis including migrants, refugees, IDPs and vulnerable host communities. The needs are primarily driven by exposure to risks and threats, trauma, vulnerability, inability to cope with conflict and violence,

[11] IOM Libya (January, 2020). IDP & Returnee Report Round 29

[12] IOM Libya (January, 2020). IDP & Returnee Report Round 29.

human rights violations and abuses, contamination from explosives and major challenges related to impediments to access critical services and essential goods and commodities.

Refugees and migrants are specially affected, facing specific protection issues including human rights violations and abuses by state and non-state actors due to their irregular status, lack of domestic support networks, impunity for crimes committed against foreign nationals, racism and xenophobia. Around 1,439 people (in April 2020) including children, remain detained in the Directorate for Combating Illegal Migration (DCIM)[13] DCs and an unknown number in investigation, transit centres and unofficial centres in very harsh conditions. Overcrowding, Sexual and Gender Based Violence (SGBV), lack of proper ventilation, infectious diseases, and malnutrition have been repeatedly reported. These conditions result in physical harm, psychological distress and trauma and health conditions.

There are a total of 86,000 refugee and migrant children in Libya, approximately 29% of whom are unaccompanied and separated[14]. According to a study conducted by DTM in Italy, 88% of child migrants who transited through Libya to Italy suffered from physical violence during their journey[15].

Sustainable solutions are needed to foster safe and dignified return/repatriation, resettlement, and humanitarian evacuation to third countries or local integration when possible. The Action will enforce protection monitoring, evacuations through UNHCR's Emergency Transit Mechanisms (ETM) and links will continue to be strengthened with the Voluntary Humanitarian Return Programme.

Within the urban settings, protection needs are mainly linked to the lack of documentation and stay permits (as migrant workers or refugees) which are further increased through the exposure to conflict and violence over the past years, displacement during the armed clashes, interruption of access to basic services and robbery and looting, mostly in Tripoli, Sirt, Derna, and Benghazi. Women are most at risk (gender specific vulnerabilities)[16], children, refugees and migrants. Armed clashes have displaced people and interrupted access to basic services such as healthcare, education and access to functional safe water supplies. Gender-based violence, taking various forms, was already widespread in Libya before the conflict and has been exacerbated by it. Approximately 40% of respondents to a 2017 assessment survey[17], indicated that SGBV was either very common or common.

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[13] The DCIM was created in 2002 with the main objective to combat irregular migration in Libya. In 2014 according to the Council of Ministers Decree N.386/2014, the DCIM became a separate Directorate holding legal character and independent financial liability. It works under the MoI. DCIM's main responsibilities include: participating in the drafting and implementing of joint security plans to ensure the maintenance of security and public order; studying and developing strategic plans leading to the reduction of irregular migration; drafting and implementing security plans to combat the crimes of human trafficking and smuggling; locating irregular immigrants and placing them in DCs; carrying out deportation and registering irregular migrants and smugglers.

[14] IOM (April 2010) DTM Libya Round 29, Migrant Report.

[15] IOM, Italy (September 2017). Human Trafficking and Other Exploitative Practices.

[16] In DTM's 2019 Migrant Humanitarian Needs & Vulnerability Assessment, migrant women showed higher levels of humanitarian needs than their male counterparts across multi-sectoral indicators (IOM Libya (December 2019). Migrant Humanitarian Needs & Vulnerability Assessment).

[17] 2018 Secondary Data Review – HNO 2019.

Protection risks are further compounded by financial pressures faced by many migrants in Libya, as 46% of DTM-surveyed migrants reported in 2019 having taken on debt to finance their journey, a factor that often increases their risks to exposure and exploitation[18].

Concerning IDPs, after being forced to move from their homes as a result of insecurity and conflict, they mostly live with family members and host families in other locations, in rented properties, informal settlements, abandoned buildings, public buildings and private spaces with very limited coping mechanisms and high levels of vulnerability. Conditions of life in these circumstances are often poor. As a result, people face serious protection and health risks, and severe difficulties in accessing basic goods and commodities, including food and essential household items. The majority of people displaced and living in informal settlements and other precarious situations are located in Tripoli, Sebha, Benghazi and Murzuq. There are particularly acute challenges and high risks for women, children, people with disabilities, the elderly, and people with chronic illnesses.

Health

The situation described below, coincides with the spread of the COVID-19 pandemic. COVID 19 came at a moment of extreme fragility for Libya, as the Libyan health system is severely under-equipped to face the challenge that COVID-19 presents in the current circumstances in Libya.

The general health situation in Libya has been rapidly deteriorating, with extensive displacements, damage and closure of health facilities in conflict areas, lack of human resources and drugs. The continuing violence has not allowed for a proper recovery of the health system and the implementation of different health programs. The government's financial inputs are mainly limited to disbursement of salaries, with no or very little allocation for drugs, diagnostic tests, or equipment. This is affecting the health of all parts of the population, but above all that of the most vulnerable. The Libyan public health system is also challenged by divided governance structures, competing public health administrations and the lack of a mid-long-term strategy to rebuild the public health system.

Migrants and refugees are disproportionally affected due to their legal situation described above and mainly by the fact of not having full access to the public health system.

Even if the health challenges in Libya concern the main health pillars of any health system (financing, governance, human resources, drugs and equipment, services), there are specific weaknesses, mainly affecting migrants and refugees, but also the general population in the country.

Tuberculosis is becoming a major challenge in Libya. It is caused by a bacterium (Mycobacterium tuberculosis) that most often affects the lungs. About one-quarter of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill and cannot transmit the disease. TB is curable and preventable. However, it is one of the top 10 causes of death worldwide and the leading cause of death originated from a single infectious agent (above HIV/AIDS). Millions of people continue to fall sick with TB

[18] IOM Libya (December, 2019). Migrant Humanitarian Needs & Vulnerability Assessment.

each year. Worldwide, according to WHO, a total of 1.5 million people died from TB in 2018 (including 251,000 people with HIV). Globally, TB incidence is falling at about 2% per year[19]. This needs to accelerate to a 4–5% annual decline to reach the 2020 milestones of the End TB Strategy. Ending the TB epidemic by 2030 is also among the health targets of the Sustainable Development Goals (SDGs). Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. WHO estimates that worldwide in 2018 there were 484,000 new cases with resistance to rifampicin – the most effective first-line drug, of which 78% had MDR-TB.

Libya is a middle tuberculosis burden country. According to WHO's Global Tuberculosis Report 2019, the overall TB incidence rate per 100,000 population in Libya was 40. The rate for TB patients with HIV was 0.5/100 000 and for multi drug resistant (MDR-TB) or rifampicin-resistant (RR TB) it was 1.5/100 000. These rates translated into 2,700 persons with TB, of whom 99 were estimated to have MDR/RR TB. The above-mentioned report also shows that the number of people with TB increased by 33% between 2017 and 2018. Taking into account Libya's weak capacity to diagnose TB, the real increase could be higher. Data suggests that there has been a serious worsening of TB burden. In 2017 foreign/non born Libyan citizens accounted for 8% of the TB cases while this figure increased up to 27% in 2018. The country is not systematically testing for MDR-TB and when detected, little information could be found about availability of treatment given to MDR-TB patients. Recent information provided by partners suggests that MDR-TB treatments are sometimes outdated and haphazardly dispensed. Since August 2019, according to WHO, there had been six deaths from MDR-TB due to lack of appropriate treatment.

Refugees and migrants in DCs live in overcrowded and unsanitary conditions, without proper ventilation and nutrition, creating conditions ripe for the spread of tuberculosis, also given that some of them come from high TB burden countries. As of August 2019, approximately 700 refugees and migrants (of whom half were living in communities and the other half in DC) were being treated for TB[20]. For migrants in DCs above all, but also those in urban settings, access to a range of health services is limited, as migrants often lack the necessary personal identification to obtain medical referrals. As a consequence, in-patient care for migrants and refugees is often taking place in private hospitals, greatly adding to treatment costs and highlighting the need for enhanced public sector capacity.

The recent releases from DCs, and transfers to urban areas following rescues or interceptions at sea[21] during the last months, have created opportunities for co-existence of migrants with host communities, but places additional challenges to the authorities and health system. The development and implementation of transparent and operationally viable plans reflecting the roles and responsibilities of all stakeholders is essential to enhance the case detection and screening of presumptive tuberculosis patients and risk groups. Previous screening campaigns have been conducted on an ad hoc basis. These campaigns must be conducted regularly since each new campaign identifies a number of new cases requiring follow up, contact tracing and

[19] WHO Global Health Observatory Data (GHO) https://www.who.int/gho/tb/en/
[20] WHO February 2020.
[21] Nevertheless, for the time being there is currently no current trend of phasing out DCs.

treatment. When achieved, this will increase treatment success rates, including for drug-resistant TB. To do so, support for TB hospitals' infection control units is paramount.

The National TB Program (NTP), NCDC and humanitarian organizations' efforts to respond to TB remain insufficient due to the general health situation in the country. At operational level, several challenges remain to implement an effective TB strategy such as: shortages of anti-TB drugs and diagnostic facilities; lack of trained human resources; no established mechanism to refer refugees and migrants; inadequate case finding and screening; absence or limited presence of national and international NGOs; difficult access to many parts of the country due to security constraints; delays in clearing health supplies through Libyan ports; real-time assessments, surveys and evaluations challenged by limited capabilities for experts to move across the country, etc. As a result, it is estimated that Libya is missing 32% of the drug sensitive and 90% of the drug resistant TB cases.

This component within the AD that will tackle Tuberculosis (WHO) will launch the interventions with retroactivity as WHO is insisting on the importance to launch these activities as soon as possible. COVID-19 is aggravating this already very complicated and risky scenario and, as already mentioned, several IPC measures needed to fight TB are common to COVID-19[22].

Community engagement

In the context of protracted conflict, weak security and service delivery, the impact of displacement on local communities in Libya has increased social tensions within the society which may lead to competition over scarce resources between host and migrant communities.

Insecurity and violence across Libya have also created unsafe living conditions and damaged critical infrastructure (mainly education and health facilities), heavily affecting the economy, placing people at risk, disrupting access to public services and driving further internal displacement.

Many people have sought shelter with host communities, however, as the situation becomes protracted, basic resources and services have become scarce and overstretched leading to conflicts. In areas where continued violence has subsided, there are families that try to return to their homes. Socio economic development and cohesion represent key challenges in order to stabilise host communities, better integrate migrants along the route and prevent further dangerous displacements.

EUTF is already working on promotion of dialogue around the issues linked to migration and community inclusiveness to incorporate migrants, IDPs and various tribal and ethnic groups. Particularly in urban areas with a high concentration of migrants and in areas where there is low community engagement, social cohesion and/or high risk of tensions between different groups, there is a need to continue working to create opportunities for interaction and trust building among the different groups.

The largest migrant populations were identified in the Tripoli region (Mantika) in Western Libya, followed by Ejdabia region in Eastern Libya and Murzuq region in Southern Libya. In addition to these, Kufra represents a critical border entry point in the south. Within these

[22] World Health Organization (WHO) Information Note Tuberculosis and COVID-19, 20th March 2020

communities, acceptance of cultural diversity is often challenged by negative stereotypes about migrants and their impact on the community. Weak rule of law has left communities and tribes finding their own methods of protecting their interests – whether real or perceived. This includes perceived competition over resources, which range from the basics of water and petrol, but also employment and livelihoods.

EUTF has been working in these areas through social cohesion events, infrastructural interventions and provision of equipment to improve basic needs. Participatory approaches bring community actors together from project inception and encourage them to work together in the identification and prioritization of grants beneficial to the community as a whole. Local activities linked to infrastructure rehabilitation raise awareness of how all groups benefit and empower community ownership. Further efforts utilize accessible activities to bring groups together. This includes working with local CSOs to invite men and women from multiple tribes to attend workshops, trainings, exhibitions together. In these sessions, discussion and dialogue improve communication, associations and social engagement.

Labour conditions for migrants

Despite these conditions, the Libyan economy and Libyan society continue to rely heavily on migrant labour and there are still an estimated 653,800 migrants in the country[23] (which represents less than half of the estimated number of migrants that were in Libya prior to 2011). IOM anticipates that, as soon as the security situation improves, the number of migrants in the country could quickly and substantially increase[24]. Improved labour management will therefore be an important step with a view to finding more long-term and sustainable solutions for migrants, so as to prevent situations of abuse increasing numbers of migrants in an irregular situation.

The majority of identified migrants come from the neighbouring countries Niger, Chad, Sudan and Egypt, accounting for almost two-thirds of Libya's migrant population. If Nigerian migrants are included, these five nationalities account for approximately 73% of the identified migrants in Libya.[25]

This likely indicates that geographical proximity and historical cross-border connections, including well established migrant networks play a strong role in shaping the trends and dynamics of migration.

As mentioned above, approximately 83% of migrants are employed. More than half reported having better employment in Libya than in the countries of origin. Furthermore, according to IOM's interviews, migrants are sending home an average of USD 130 per month as remittances. This data underscores how Libya is still an important country of destination for the majority of migrants seeking employment opportunities and higher wages than in their countries of origin.

2.2.3. *Justification for use of EUTF funds for this action*

The programme builds on the priorities set by the European Commission in the joint Communication "Migration on the Central Mediterranean Route: Managing flows, saving

[23] IOM DTM Migrant Report, Round 29, April 2020.
[24] Although this is very much also depending now on the current evolution of COVID 19 pandemic.
[25] IOM DTM Migrant Report, Round 29, April 2020

lives", released on 25 January 2017, confirmed and further developed by the European Council in the Malta Declaration issued on 3 February 2017. In addition, the action complements the efforts being pursued through the African Union – European Union- United Nations Task Force which aims to save and protect lives of migrants and refugees along the routes and inside Libya[26].

This Action Document aims to continue to support current on-going interventions and avoid a gap in key lifesaving services provided.

The Action Document will continue interventions funded under T05-EUTF-NOA-LY 03 ("*Managing mixed migration flows in Libya through expanding protection space and supporting local socio economic development"),* T05-EUTF-NOA-LY 08 ("*Managing mixed migration flows top up: Enhancing protection and assistance for those in need in Libya")* and also the Emergency Transit Mechanisms (ETM) for humanitarian evacuations to Niger, Rwanda or other locations considered safe, which are funded under T05-EUTF-REG-REG-04 ("*Protection and sustainable solutions for migrants and refugees along the Central Mediterranean Route")* as well as the EU-IOM *Joint Initiative Facility for Migrant Protection and Reintegration in North Africa.*

EUTF can react with the necessary flexibility to respond to a crisis scenario, with interventions adapted to each specific context combining lifesaving actions for the most vulnerable (medical assistance in DPs, in DCs, distribution of core items, protection monitoring), with advocacy and strategies for sustainable solutions (support in urban settings, humanitarian evacuations) and structural improvements for the population as a whole (community engagement, improvement of basic social services, etc.).

The implementation of protection programmes funded under the EUTF have shown tangible results enhancing the protection of vulnerable people in Libya such as[27]:

- Since September 2017 until end February 2020 under the ETM, 3,386 persons were evacuated: 3,080 from Libya to Niger and 306 to Rwanda;
- From May 2017 to end December 2019, 31,412 stranded migrants were supported to voluntarily return from Libya to 37 countries of origin, while 2,233 returnees benefited from reintegration support;
- Establishment of mechanisms for alternatives to detention and establishment of the host family programme, aimed at hosting vulnerable migrants interested in VHR. More than 600 migrants benefited from host family placement;
- 185,000 non-food items and hygiene kits were distributed to refugees and vulnerable migrants in Libya since EUTF constitution;
- 70,000 young children received formal and informal education, protection services and psycho-social support since EUTF constitution;

[26] The Task Force was set up in the margin of the fifth African Union – European Union (AU-EU) summit which took place on 29-30 November 2017 in Abidjan, Côte d'Ivoire and has since provided an important political framework, including for joint advocacy towards increasing support and protection and better migration management in Libya.
[27] EUTF 2019 Annual Report.

- 1.7 million people have improved access to basic services through public buildings rehabilitation (schools, hospitals, electricity and water services) since EUTF constitution.

2.3. Lessons learnt

As already mentioned, this Action Document is a continuation of previous EUTF interventions addressing protection interventions. Therefore, several lessons learnt are being drawn from results of previous interventions and incorporated into this one:

- It is of paramount importance to continue to identify alternative options to DCs, advocate for the end of detention in Libya and foster alternatives in urban settings as well as solutions outside Libya. Although DCIM has significantly reduced the number of official DCs (11 in early March 2020), the authorities have increasingly started to use investigation and transit centres where migrants are held for long periods of time with little or no access from humanitarian partners.
- The most sustainable solutions are to be found in resettlement, family reunification, evacuations and voluntary humanitarian returns (VHR). Developments in 2019 have shown that it is very important to put a particular emphasis on the refugees and migrants living in urban settings to avoid negative coping mechanisms, such as vulnerable people of concern and/or refugees choosing to enter DCs in the belief that this would make them priority cases for solutions outside Libya. The action will therefore focus on persons living in the urban context while at the same time, continuous efforts are needed to advocate for the orderly release of persons held in DCs.
- It is key to ensure close cooperation with national and international actors involved in migrant response and protection in Libya. Strategies and activities have to be identified through consultation with the Libyan Government, UN Country Team (UNCT), UN OCHA, EUDEL (European Union Delegation), EUTF and local communities.
- Regarding health support, earlier established coordination and collaboration among the Ministry of Health (MoH), NCDC/NTP (National Centre for Disease Control/National Tuberculosis Program), WHO, IOM, MSF (Médécins Sans Frontieres) and other partners must be improved (including a reliable monitoring and evaluation system). The work of the TB sub-sector working group will have to be reactivated and made effective, as well as linkages with the Migration Health sub-working group. Inter-ministerial coordination (MoH, Ministry of Justice – MoJ- , Ministry of Interior - MoI) will be pivotal to address the needs of TB patients in the community, DCs and prisons. National leadership, technical and operational capacity should be further built.
- Importance of supporting Joint Practices such as IOM-UNHCR joint letter of understanding at global level to guide cooperation; Rapid Response Mechanisms (RRM) aiming at providing emergency assistance in case of new displacements (UNICEF, IOM, WFP, UNFPA and UNHCR); Joint Counselling (IOM-UNHCR) for

migrants to ensure that individuals originating from at risk locations are informed about their options to enable then to make informed decisions.

- Activities proposed in the interventions need to be based on a flexible approach that can adapt to changing situations. The events leading to the emptying of in early March 2020 of the Gathering and Departure Facility (GDF)[28] clearly demonstrated this. Whenever possible it is important to operate and extent temporary shelter options, such as the temporary shelter in Misrata[29] for persons departing Libya - knowing that any temporary shelter option is dependent on Libyan authorities' approval.
- Currently IOM and UNICEF are working together towards the establishment of adequate, safe and secure solutions for most vulnerable women and children and/or women and children who request voluntary humanitarian return support. Past experience has shown the importance of intensive consultation with the local community to ensure the local buy-in and maintain support and the need to carefully consider security aspects.
- There is a need to promote conflict sensitivity approaches and mainstream them in the design and implementation of activities, taking into account the political, military and social dynamics, as well as the fragmentation of the actors and communities in Libya. In practice this includes, among other things, that grants are implemented evenly

[28] The opening of the GDF took place on 4 December 2018. It was set up to host persons for which UNHCR already identified a durable solution outside of Libya. Officially the maximum stay of persons in the GDF is limited to 90 days, which makes the GDF only a short-term alternative. A total of 1,607 persons departed from this facility in 2019 alone. The majority of them were evacuated to the ETM in Niger and Rwanda, 393 left to Italy on three humanitarian evacuation flights and some persons departed to the Emergency Transit Centre in Romania. Following the informal arrival of almost 500 ex-Tajoura detainees (and other informal asylum-seekers and migrants from urban areas) after the airstrike that killed at least 53 people and wounded more than 130 on 2 July 2019, the situation at the GDF significantly deteriorated.
On 29 October 2019, approx. 600 migrants were released from Abu Salim DC into the streets. Many of them made their way to the GDF and requested to be hosted there in the hope they will be prioritized for solutions in third countries. This additional group of persons reaching the GDF significantly complicated the already severely overcrowding. In late November 2019, with the vast majority of persons staying in the GDF for whom solutions outside of Libya were not prioritized, the initial purpose of the GDF being a departure facility could not be upheld. In addition, the severe overcrowding and the deteriorating infrastructure and services and the lack of access control led to UNHCR's decision to offer, in coordination with other UN agencies and NGOs, an urban package for registered refugees and asylum-seekers at the Community Day Centres (CDC). In early 2020, the GDF became a potential target being next to a new military training area. Since early March 2020, the GDF has been emptied with all PoCs UNHCR being transferred to other locations, as well as the spontaneous arrivals having left to the urban settings. Even though negotiations with the Ministry of Interior are still on going at the moment of writing this Action Document, the future of the facility remains to be decided.
[29] On the 21 November, 12 December 2019 and 5th of March 2020, a LRC premise was used as a temporary transit shelter in Misrata to provide a safe location for persons identified for solutions outside of Libya pending their departure. As this shelter in Misrata is used as a temporary solution, persons transferred there in 2019 have left Libya through resettlement or evacuation. As of the 23 of March there are still 7 persons that arrived on the 12 December in the Misrata LRC/UNHCR shelter. Whereas most of the PoCs came from various DCs (Souq al Khamis, Zintan and Zwara), the shelter hosted also a few PoCs coming from urban settings pending their departure from Libya and PoCs coming from the GDF. UNHCR aims to continue using this temporary shelter, however decision on operating depends on MoI approval. In February 2020, the MoI informed UNHCR that this LRC shelter in Misrata can only be used for a maximum stay of 48 hours. However, on the 5 March 34 PoCs arrived and as of the 23 March they did not departure the temporary shelter in Misrata yet.

across communities. Even more important is community empowerment in the decision-making[30].

- Communicating about assisting migrants in Libya, especially in the South, is one of the most sensitive matters in the country. While continuing to ensure that EUTF´s activities reach migrants, IDPs, returnees and host communities, in all communications EUTF support to the Libyan communities has to be portrayed as an avenue through which multiple community groups (including migrants) are targeted together. This has also been advised throughout the Conflict Sensitivity Analysis conducted in the areas of this intervention.
- Counselling for migrants should take into account the sources of information migrants, refugees and asylum-seekers are using, to ensure beneficiaries can take informed decisions based on facts.
- It is important to work together with local organizations - not just because the international organisations experience difficulties in getting visas and are limited by security constraints-, but above all because of their specific knowledge of the field and close contact with the communities.

2.4. Complementary actions and synergies

Complementarities with other EU financed activities will continue to be sought and developed.

The Action will prioritize the creation of synergies with ongoing projects and programmes, in particular other EUTF supported actions in Libya such as the ones already mentioned that this Action is continuing[31].

In addition to this, synergies will be specifically created with the health interventions and GBV responses funded by EUTF and conducted by Danish Refugee Council (DRC), International Rescue Committee (IRC), United Nations Population Fund (UNFPA), International Medical Corps (IMC) and Cooperazione e Sviluppo (CESVI).

These complementarities will be also fostered regarding the interventions conducted within the framework of the European Neighbourhood Instrument (ENI) specifically in health where ENI has a substantial envelope tackling health systems strengthening, mental health, blood transfusion, primary health care and human resources capacity building among others.

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[30] For instance, in Sabha, IOM established a Community Management Committee (CMC) for the identification and prioritization of community needs in each area, taking the account all tribes. Thus, when a problem arose in one Mahalla, it did not become a tribal issue – even though two different tribes live in the area – but remained a CMC issue and was addressed without conflict or violence by the committee itself. Local implementing organizations are also encouraged to push the bar on inclusion, of women, migrants, youth, IDPs, to normalize interactions among diverse groups – but always taking into account security and accessibility, and the capacity of each organization.

[31] T05-EUTF-NOA-LY 03 ("*Managing mixed migration flows in Libya through expanding protection space and supporting local socio economic development");* T05-EUTF-NOA-LY 08 ("*Managing mixed migration flows top up: Enhancing protection and assistance for those in need in Libya")* and T05-EUTF-REG-REG-04 ("*Protection and sustainable solutions for migrants and refugees along the Central Mediterranean Route")* as well as *the EU-IOM Joint Initiative Facility for Migrant Protection and Reintegration in North Africa*.

Regarding health and TB interventions, complementarities will be fostered through improving coordination of the activities of different health partners in DCs and also outside of them and across the country. Partners include: UNHCR[32], IMC (International Medical Corps)[33], IRC (International Rescue Committee)[34], MSF-H[35] (Médecins Sans Frontieres Holland) and MSF-F[36] (Médecins Sans Frontieres France). This Action will be in line with all technical recommendations and scientific evidence and will receive the required support (advisory and operational) from WHO Global and Regional TB programmes in Geneva and Cairo.

Complementarities are essential in interventions tackling community and migrant engagement as EUTF is heavily investing in community stabilisation interventions. This action will invest a lot of efforts at developing grass roots local level interventions and will complement larger scale efforts on community stabilisation at municipality level with actors like United Nations Development Program (UNDP), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Italian Agency for Cooperation and Development (AICS) and UNICEF.

This Action will also create synergies and complementarities with resettlement component in Libya which receives funding through the Regional Development and Protection Program (RDPP) managed through DG Home and the new Action Document submitted for approval tackling Family reunification in Libya and Egypt.

This Action will also collaborate with interventions supported through AMIF (Asylum, Migration and Integration Fund) (see table below):

UNHCR	Durable solutions for the most vulnerable refugee and asylum-seekers in Libya (resettlement, family reunification, private sponsorship, voluntary repatriation/return to country of first asylum for urban refugees)	Since January 2020 - 24 months	1, 100,000€
IOM	Enhanced support in migration management for Libyan authorities to identify and register migrants Mainly Tripoli and greater Tripoli area, disembarkation points	Since January 2020 – 18 months	700,000€

[32] UNHCR has supported the installation of an isolation unit to treat patients with MDR TB, through provision of support to rehabilitate a 20-bed space for patients with drug-sensitive TB in Abusita hospital. It follows up with TB patients among refugees in community settings at the CDC and provides ad hoc response with general consumables to Abusita hospital and the NTP.

[33] IMC refers identified TB patients to NCDC and to private health care facilities.

[34] IRC: provides health care services in DC and refers TB cases to NCDC and to health facilities outside.

[35] Improving access to quality screening and diagnosis of all forms of TB by providing screening and diagnostic reagents; support NTP to diagnose, confirmation of MDRTB by Culture / DST in Tunis; support at NCDC/NTP OPD TB clinic and Abu seta hospital OPD screening of patients for presumptive TB; refer for diagnostics (sputum, X-thorax) to NCDC; ensure GenXpert diagnosis for all presumptive TB cases; follow up, health education and adherence counselling; highlight IPC as an important component of activities planning and supervision; Provide training on IPC, collection sample, microscopy and Genexpert testing procedure for Abu Seta hospital and NCDC TB OPD clinic; implement maintenance system for laboratory equipment; implement biosafety and security in laboratory; ensure an Internal and External Quality Assurance; provide LPA and in country, etc.

[36] Support to NCDC/NTP in doing active and passive TB case finding by providing diagnosis and initiating treatment in DCs and open setting for migrants and Libyan population. Activities are in Misrata, Bani Walid, Yefren and Zintan municipalities. MSF supports local NCDC laboratory, OPD services and set up a TB treatment facility (16 beds) in Misrata Medical Center. MSF H and MSF F both contributed in drafting the latest Libyan TB guidelines.

IOM	Migration management for Libyan authorities to identify and register migrants in Tripoli. DCs (Tajoura, Tareq Al-Sekka, Tareq Al-Mattar, Janzour and Ain Zara) disembarkation points (Abu Sitta (Navy Base), Al-Hamydia, Main Port Tripoli, Al-Zawyah (Mesfat), Garabuli, Al-Khums, and Zwara).	Since January 2020 – 18 months	750,000€

And with those coming from bilateral partners[37]. Find table below:

DONOR	PARTNER	OBJECTIVE	TIME-FRAME	BUDGET
DFID	IOM	SAR in the desert, support to health for migrants, information campaign, capacity building of NGOs, CSOs and Officials. Mainly South of Libya, Bani Walid	2018 - 2021	£2,000,000
DFID	WHO	Emergency Medical Teams and supplies for trauma and surgical care; supplies for the full package of primary healthcare, including NCDs; and outbreak preparedness and response (the latter TB). Tripoli	2019-2020	£900,000
DFID	UNHCR	Providing primary healthcare, psychosocial support, legal assistance and counselling to refugees and asylum-seekers in Libya. Tripoli	2019 - 2021	£1,400,000
ECHO	WHO	Support emergency and basic health services for conflict affected population in Libya. Medical & surgical supply and emergency contingency stock, deployment of 2 mobile medical teams with surgical capacity, HSWG coordination. Tripoli, Derna, Sirte, Benghazi, Tobruk, Al Jabal Akhdar, Ghat, Ubari, Murzuk and Sabha	2018-2020	1,800,000€
GER	UNHCR	Assistance and protection for refugees and IDPs	2017-22	39,500,000€
GER	WHO	Health emergency response (primary healthcare)	2018-20	4,000,000€
France	WHO	Improving Access of Vulnerable People to life-saving health services. Sebha	2019-2020	400,000€
France	IOM	IOM Action Plan for Central Mediterranean Route	2019	500,000€
France	UNHCR	UNHCR Action Plan for Central Mediterranean Route (Libya, Niger, Tchad)	2019	2,600,000€
Italy	WHO	Improving access to essential and emergency health care to vulnerable population Al Jufra, Wadi Ashshati and Murzuq	2019 - 2020	500,000€
Italy	IOM	Emergency response and Assistance to Displaced Population. Tripoli	2019 - 2020	800,000€
Italy	WHO	Health emergency response (primary healthcare)	2019 - 2020	1,000,000€
Italy	IOM	Multisectoral Action Plan in Libya	2017-2020	20,000,000€
Italy	UNHCR	Enhance access to basic needs and services for persons of concerns in Libya	2019	500,000€
Italy	WHO	Enhancing diagnosis and treatment for migrants in detention centres. Tripoli and Benghazi	2018-2019	1,100,000€

[37] List might be not exhaustive but EUDEL will coordinate with all bilateral initiatives, especially those coming from the MS

Italy	UNHCR	New Emergency Transit Mechanism from Libya to Rwanda	2019-2020	1,000,000€
Italy	UNHCR	Protection and assistance to refugees and asylum seekers	2018	10,000,000€

2.5. Donor coordination

Coordination on the ground is essential, particularly regarding alignment, articulation and harmonisation with Libyan authorities, and also at technical level to avoid overlapping, duplications and promote efficiencies.

The governance system of the EUTF for Africa entails close coordination and joint decision making based on detailed analysis of the complementarity of interventions funded by donors sitting in the Operational Committee of the EUTF for Africa. The programme presented under this Action will be also integrated in the several field Coordination mechanisms (Steering Committee – SC- [38], Technical Coordination Groups and Implementers Partners Forum) that were set in the framework of the EUTF for Africa NoA window "*Managing mixed migration flows in Libya through expanding protection space and supporting local socioeconomic development*" programme.

A joint coordination initiative, the Joint Technical Coordination Committee (JTCC), was launched in 2016. The JTCC is the technical body within the Coordination Framework for international cooperation with the Libyan Government of National Accord. It is tasked with facilitating and enhancing the coordination of development assistance to Libya and it has resulted in the creation of several donors' meetings in Tunis and Tripoli organised thematically, aiming to reach a common analysis and understanding of needs in a conflict-sensitive manner. By now, five working groups have been created in this framework (Migration, Governance, Rule of Law& Human Rights, Basic Services and Economic Recovery). The Migration Working group is co-chaired by Libyan Ministry of Foreign Affairs and IOM and its main aim is to find sustainable solutions for the migration management in Libya. Different line

[38] The EU Delegation set up the SC together with representatives from the Libyan government with the aim to bring GNA to the table on migration issues. It meets every 6 months and it is chaired by the EU and LY Ministry of Interior (MoI) and it is composed by representatives of: MoI, Ministry of Finances, Ministry of Local Governance, Ministry of Planning and Ministry of Health as well as International Organizations such as: IOM, UNHCR UNICEF, UNDP. Germany and Italy participate as well. The 4th SC was held on 3/12/2019 with the presence of LY DMoI, and line Ministries. The release of children from DCs was discussed as a priority, The MoL indicated openness to issue work permits to all healthy migrants interested to work in Libya and to continue the negotiations with the government of Niger for a MoU on labour migration with the possibility of expanding to other neighbouring countries. At the request of the LY representatives the next SC is foreseen to be organized in 3 months' time. Nevertheless, current situation regarding COVID pandemic makes it difficult for the time being. The Post-Tajoura Working Group (PTWG) was established by the EUDEL following the LNA airstrike on the Tajoura Detention Centre in July 2019 which resulted in the death of 53 inmates. The objective of the PTWG is to improve joint advocacy vis-a-vis to the Libyan authorities for the safety and fundamental rights of refugees and migrants, demilitarization of detention centres, abandon the policy of arbitrary detention. 6 meetings of the PTWG have been organised in the second semester of 2019, some of them at the presence of LY MoI. PTWG was created with participation from key donors engaged in the migration issue in Libya in addition to the AU, UNSMIL and relevant UN agencies. The PTWG aims at ensuring better coordination and information sharing on migration-related issues as well as improving the joint advocacy on migration with the Libyan interlocutors.

ministries[39], donors and implementing partners attend this meeting. UNHCR has an observer status.

IOM and UNHCR lead the "Migrants and Refugees Platform" together with IRC (on behalf of the members of the INGO forum). The main aim of the platform is to facilitate coherent and well-coordinated analysis, support on strategic planning, foster advocacy and bring consensus to the policy direction of all humanitarian action supporting migrants, asylum seekers and refugees both inside and outside DCs. Relevant UN agencies, INGOs and other organisations are members and observers of the platform. As the case for humanitarian activities undertaken under the aegis of the Humanitarian Response Plan (HRP) led by UN-OCHA, the Migrant &Refugee Platform assumes a '*droit de regard*' function. In this capacity, the Platform engages with humanitarian coordination structures, such as the Inter Sector Coordination Group, the UNCT, sectors and working groups within the humanitarian architecture as well as other relevant actors, including national and regional institutions and authorities, while remaining accountable to the respective UNHCR and IOM Chiefs of Missions.

WHO leads the international health sector in Libya. There is an active national health sector coordination group, led by WHO and co-led by the MoH ICO (International Cooperation Office), with monthly meetings. There are 2 sub-national health sector groups at:

- Sabha hub – led and co-led by MoH/NCDC and WHO national staff, monthly meetings; organized in February 2019.
- Benghazi hub/Al Baida – led and co-led by the MoH Interim Government and WHO national staff, monthly meetings; organized in November 2018.

The overall humanitarian response is led by the Humanitarian Coordinator together with OCHA and sector coordination groups such as shelter/NFIs, Health, Wash, Protection and their respective subgroups such as Child Protection, Cash, MHPSS, GBV.

In addition to this, there are five thematic sub-sector working groups[40]: Gender-Based Violence –led by UNFPA; Mental Health/Psychosocial Service Support (MHPSS) – led by IOM and HI (Handicap International); Tuberculosis –led by WHO – led by UNHCR and ACTED; Sexual and Reproductive Health – led by UNFPA; Migration – led by IOM; Cash Group. As of today, operational health sector organizations in Libya include: 6 UN agencies, 11 International NGOs, 1 National society and 2 International Federations. There are seven donors currently engaged and following up closely on a regular basis with all health sector-related activities and strategies.

Inter-sector collaboration and integration with water, sanitation and hygiene (WASH) and protection sectors are being continuously enhanced. A special emphasis is given to the development of referral pathways, especially with the protection sector and other sub-sectors (GBV, MHPSS).

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[39] The EU Delegation participates to the Migration Working Group. The migration WG is a Coordination Mechanism established between the Libyan government and the international community, to discuss topics related to migration. The WG is co-chaired by Ministry of Foreign Affairs and IOM. The 4th WG from was held on the 13 December 2018. Since then, Libyan authorities did not call for any migration WG.

[40] See OCHA's website https://www.humanitarianresponse.info/es/operations/libya

3. DETAILED DESCRIPTION

3.1. Objectives and expected outputs

The **overall objective** of the action is to save lives and improve the resilience of vulnerable migrants, migrants at risk, asylum seekers, refugees, and host communities (including IDPs and returnees) in Libya and to increase social cohesion among these groups.

The **specific objective** is to provide high quality lifesaving multi-sectoral and dignified protection interventions and services to these vulnerable groups and access to quality live-saving services for target groups and host communities.

These objectives are even more relevant than before in the light of the COVID-19 pandemic given the pressure it is likely to put on health and social services, and its particular impact on vulnerable groups, including migrants, refugees and IDPs, who may suffer disproportionately due to their circumstances, increased stigma and pressures on livelihoods and social cohesion.

The **expected immediate outcomes/results**, deliverables or benefits of activities to be delivered by this Action are the following:

1. Multi-sectoral assistance, support and protection for migrants, refugees and asylum-seekers in DCs and at DPs for persons rescued/intercepted at sea.
2. Support to migrants, refugees, asylum seekers, IDPs, returnees and host communities in urban settings and shelters provided including community engagement and resilience.
3. Durable solutions for most vulnerable persons of concern to UNHCR through emergency evacuations outside of Libya.
4. Improved TB case management (detection, screening, treatment) for risk groups.
5. Protection monitoring of vulnerable population and analysis of migration displacement in Libya.
6. Improved search and rescue capacity (LCG and GACS) and basic improvements of DPs and DCs.
7. Improved capacity building, national technical leadership and coordination of relevant stakeholders.
8. Improved labour conditions and increased opportunities for migrants.

3.2. Main activities

3.2.1. *Activities associated with each output*

An indicative list of possible outputs and activities associated with each **immediate outcomes** is set out below. Not all the activities correspond to all partners as each partner will conduct the activities under its respective mandate. Not all the activities will necessarily be implemented; choices will depend on access and capacities.

Immediate outcome 1: Multi-sectoral assistance, support and protection for migrants, refugees and asylum-seekers in DCs and at DPs for persons rescued/intercepted at sea.

Outputs/Activities:

- Health assistance (primary health care and basic medical assistance) to vulnerable people in DCs, DPs and those intercepted/rescued at the sea and other locations as relevant.
- Provision of MHPSS (Mental Health and Psychosocial Support)[41].
- Provision of NFIs (Non-food items) in DCs and other locations as relevant.
- Provision of emergency food[42] and water/refreshments for persons rescued/intercepted at sea at DPs and in DCs if relevant.
- Protection monitoring in DCs and DPs and registration of persons of concern to UNHCR in detention, including advocacy for release.

Immediate outcome 2: Support to migrants, refugees, asylum seekers, IDPs, returnees and host communities in urban settings and shelters provided, including community engagement and resilience.

Outputs/Activities:

- Provision of NFIs to IDPs
- Provision of primary health care and medical assistance to IDPs.
- Provision of urban package to persons of concern to UNHCR released from detention into urban settings, including cash-assistance, NFIs, food, etc.
- Provision of primary health care, NFIs, emergency cash-assistance and medical referrals to registered and most vulnerable refugees and asylum-seekers in urban settings, shelters (including psycho-social and GBV assistance).
- Active support of alternative shelter options.
- Community-outreach for registered refugees and asylum seekers in urban settings, including support to community care arrangements.
- Mobile outreach activities (Migrant Resource and Response Mechanism: MRRM) including provision of NFI assistance, medical care, referral services, dissemination of materials and awareness.
- Provision of cash-based interventions to achieve protection specific results.
- Community engagement and social cohesion events including capacity building of local implementers, activities engaging youth, women, divided communities and livelihood development support.

[41] MHPSS at DPs and at DCs is limited because access constraints and the requirements of this type of intervention.
[42] Snacks at DPs and emergency food at DCs.

- Basic services and community improvement interventions including rehabilitation and equipment to improve access to quality basic social services such as schools, community centres, public spaces, etc.
- Capacity building and trainings.

Immediate outcome 3: Durable solutions for most vulnerable PoCs to UNHCR through emergency evacuations outside of Libya.

Outputs/Activities:

- Identification of most vulnerable registered refugees and asylum seekers for evacuations, including advocacy for release from detention.
- Evacuation of people out of Libya.

Immediate outcome 4: Improved TB case management (detection, screening, treatment) for risk groups.

Outputs/Activities:

- Active case finding (periodic screening campaigns in DCs and migration holding places and other crowded areas hosting migrants) and contact tracing.
- Mobile outreach and supervisory visits.
- Establish and support sample transportation system.
- Establish and supporting external quality control system and mechanisms.
- In patient care for migrants when needed (including referrals and transportation), therapeutic nutrition when appropriate.
- Procurement of laboratory equipment and drugs.
- Enforcement of IPC (Infection Prevention and Control) measures[43]

Immediate outcome 5: Protection monitoring of vulnerable population and analysis of migration displacement in Libya.

Outputs/Activities:

- Protection monitoring to detect the most vulnerable cases[44].
- Tracking population movement (through the DTM).
- Develop and produce regular mobility and emergency tracking, flow monitoring and migrant surveys and detention centre data collection activities.
- Undertake and publish migrant information studies (challenges and benefits).
- Public dissemination of the above.

[43] IPC measures could be extended to cover COVID-19 pandemic preparedness and response if needed.
[44] Apart from protection monitoring conducted in DC and DP (here entails all the other cases).

Immediate outcome 6: Improved search and rescue capacity (LCG and GACs) and basic improvements of DPs and DCs.

Outputs/Activities:

- Provision of life saving equipment and basic materials to LCG and GACS.
- Limited improvement work in DCs and DPs related to wash, ventilation, heating and electrical network linked to dignifying living conditions.
- Fumigation, sterilisation and cleaning if needed (DCs and DPs).

Immediate outcome 7: Improved capacity building, national technical leadership and coordination of relevant stakeholders.

Outputs/Activities:

- Trainings for state officials with a relevant mandate in dealing with migration, especially those involved in SAR, including human rights capacity building.
- Support for coordination mechanisms established to streamline the assistance to migrants.
- Trainings for MoH NTP staff: capacity building in laboratory, refresher trainings including infection control, trainings tackling treatment protocols, etc.
- Participation of national staff in key medical events and training courses.
- Translate and print national guidelines in Libya on TB infection control, treatment administration and monitoring of drug resistant TB patients.
- Support quarterly coordination meetings at national level on infection control.

Immediate outcome 8: Improved Labour conditions and increased opportunities for migrants.

Outputs/Activities:

- Support the establishment of community-based employment one-stop-shop initiatives (EOSS)[45].
- Support knowledge repository of vocational qualifications[46].
- Support labour and entrepreneurial cultural and arts-related initiatives including film screenings and other activities that will also promote social cohesion among migrants and local communities.

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[45] EOOS will function as a community service centre where both Libyans and migrants can receive services and information, both technical and general. A similar project is being implemented in Morocco, where l'Agence Nationale de Promotion de l'Emploi et des Compétences - ANAPEC supports employers to achieve their recruitment goals and job seekers, including regularized migrants looking to enter the labour market, and also acts as an intermediary in the labour market. They have a dedicated online section for migrants: http://www.anapec.org/conseils/informer_10.html. Furthermore, IOM worked with ANAPEC on a manual for enterprises on the steps to undergo to recruit a foreigner. The manual is available here: https://morocco.iom.int/sites/default/files/guide_juridique_vf2.pdf

[46] As linkage centre between potential employment opportunities for the trained youth in the region.

- Provide soft-skills training to provide links to employment opportunities[47].
- Foster awareness and dissemination of information about labour opportunities.

3.2.2. *Target groups and final beneficiaries*

This Action will support as beneficiaries:

i. Vulnerable migrants, asylum seekers and refugees in Libya, targeting detention centres (DC) and disembarkation points (DP): 15,000 persons at DPs and DCs;

ii. Vulnerable migrants, asylum seekers and refugees in urban settings in Libya: 47,000 refugees and asylum seekers; 25,000 migrants (to receive NFIs, health assistance, awareness raising information and other services through mobile teams);

iii. 1,060 Vulnerable members of host communities (1,000 benefitting from social cohesion activities and 60 from capacity building);

iv. 57,100 IDPs and returnees (mainly in locations with high concentration of migrants);

v. 1,000 migrants, IDPs and host community youth trained and counselled at the employment one-stop-shops (EOSS);

vi. 2,700 persons affected by tuberculosis (TB);

vii. 31 TB treatment centres;

viii. Relevant Libyan authorities: Ministry of Interior (MoI), Ministry of Health (MoH), National Centre for Disease Control (NCDC), Ministry of Labour (MoL), Ministry of Planning, Ministry of Local Governance; Administration: 325 government officials benefiting from capacity building and 1,500 health workers;

ix. Civil society organisations: Libyan Red Crescent (LRC) and other INGOs and local NGOs.

INDIRECT

Future migrants rescued at the sea due to the provision of life-saving equipment to the Libyan Coast Guard (LCG) for them to be able to save lives.

Families of patients affected by tuberculosis.

Families of labour migrants who gain sustainable livelihood opportunities through improvement of Labour conditions and opportunities

1.7 million people living in severity scale 4 and 5 geographical areas[48].

[47] Such as for instance counsellors for the walk-in and referral services, phone helpline for the general information dissemination and expert trainers for training of the trainers with dedicated classrooms for conducting the soft skill training programmes

[48] Humanitarian Needs Overview 2019.

3.3. Risks and assumptions

Risk	Level of risk (High/ Medium/ Low)	Mitigating measures
COVID 19 pandemic: impossibility to conduct activities	High	Follow up the current evolution and adapt accordingly Foster new delivery methods according to access restrictions Negotiate humanitarian access taking into account safety of the staff and national regulations
Lack of support for program implementation from government and relevant ministries due to conflict, political instability, political distance and high turnover of management staff (for instance at DCIM or others)	High	Close monitoring of the political and security situation Close engagement and technical collaboration with authorities, technical mid-level management and municipalities Foster active and efficient coordination mechanisms Invest in analysis to guide conflict sensitive design and implementation
Lack of access to beneficiaries (for implementation, monitoring, etc.)	High	Building program on local acceptance and participation and follow humanitarian principles to reach beneficiaries Conflict sensitivity approaches in place Third party monitoring when needed, joint monitoring visits, remote verifications and regular field visits when allowed: consider best practices developed in similar contexts
Security forces working under the DCIM and the MoI/ Ministry of Defence no compliant with human right principles	High	The global United Nations human rights due diligence policy, issued by the United Nations Secretary-General in 2011, applies to the United Nations system in Libya, including concerning migration related programmes largely funded by the European Union. The policy aims at ensuring that the United Nations system does not provide any support to non-UN security forces where there are substantial grounds for believing there is a real risk of the receiving entities committing grave violations of international humanitarian, human rights or refugee law. A similar risk assessment with respect to support to the DCIM, adopted in August 2018, found that responsible, principled and transparent engagement with DCIM and life-saving assistance to migrants and refugees in DC should be offered in conjunction with the implementation of a range of mitigating measures. These safeguards include high-level advocacy, monitoring and reporting of human rights in DCs, and exclusion from training and material support of DCIM members and commanders when there are substantial reasons to suspect their involvement in human rights violations
Aid diversion and misuse of humanitarian aid/fraud	High	Work with pre-vetted and reliable local partners Whenever possible, maintain full control on procurement and distribution channel Run third party monitoring, spot-checks and inspections
Uncoordinated release of detainees from DC – Detainees	High	Continuous protection monitoring at DPs and in DCs including registration of persons (preferably through biometric registration)

brought to other locations with no/reduced access (investigation units)		Enhancing advocacy with national authorities while working closely with other international and local actors to engage in coordinated and cohesive approach when providing assistance to beneficiaries
LCG stopping rescue operations at the sea	Medium	Enhancing provision of assistance to GACs provided that they show capacity to operate at the sea
GDF not able to resume their functions again	Medium/High	Continue to advocate to obtain release from DCs to urban settings from where durable solutions outside of Libya can be identified for most vulnerable refugees and asylum-seekers
Difficulties in evacuations to Rwanda, Niger, or other locations	High	Increased number of resettlement pledges for ETM evacuees by EU MS Increased number of humanitarian evacuations such as offered by Italy.
Continued political fragmentation and military conflict prevent national TB programme in Tripoli from reaching out to Benghazi and vice versa	High	Coordinate and work closely with health authorities both in Tripoli and Benghazi Identify operational solutions to deliver drugs and provide any other assistance through direct deliveries/support by WHO to Benghazi and Tripoli Organize high level technical missions both to Tripoli and Benghazi Conduct quarterly coordination meetings in “neutral” locations (e.g. Tunis)
Weakness of coherent inter-ministerial approach to coordinate TB response	Medium	Organize a high-level steering committee Conduct a situation analysis with detailed plan of action Ensure participation of other ministries in the work of the TB sub-sector working group
Absence of inpatient care facilities in public hospitals with continued practice of referrals to private clinics	High	Identify hospitals across the country with the capacity to treat TB patients Support TB public hospitals’ infection control units
Delays in procurement of TB drugs	Medium	Receive pre-procurement “green lights” Coordinate procurement plans at earliest with all engaged stakeholders Receive distribution and utilization plans prior to the procurement processes
Use of migrants and refugees as human shields in armed conflicts	Medium	Confliction-reduction efforts jointly with other humanitarian aid agencies Transfer/release of detained migrants and refugees to other relatively safe areas alternative to detention
No cooperation agreement signed between Libyan authorities and UNHCR	Medium	Advocacy on UNHCR's role and mandate and high-level bilateral missions (with support from donors and UN System)
Threats against employees of international organisations in Libya.	Medium	Close coordination with local authorities and communities for safe access Regular communication with local staff, modifying work locations and times

Work permits and visas for international staff withheld.	High	Maintain constant relation with relevant Libyan authorities and engage in joint advocacy for better access and facilitation of international presence in Libya When security situation does not allow international staff to travel to Libya, national staff in place to guarantee the continuity of the intervention.
Collapse of banking system in Libya/ lack of available cash in country.	High	Explore alternatives to establish a system to ensure cash available for project implementation in Libya Careful planning of bank transfers to ensure sufficient liquidity Identification of alternatives such as voucher systems or payment through mobile phones
Failure of the peace process negatively affecting access and/or NGOs' registration in the country.	Medium	On-going capacity building of local civil society and relevant authorities in order to build relations of trust and mutual understanding.
Gender inequality - as women are often expected to contribute disproportionately towards coping strategies and recovery.	Medium	GBV response is adopted as a mainstreamed gender approach during the inception and implementation of the action.
Female participants are not allowed to travel alone to attend trainings.	Medium	Selection criteria will include the ability of female participants to travel alone. For critical candidates (working or living in remote areas or strategically important for successful project implementation), the decision to support chaperone accommodation or travel will be considered
Lack of political will to cooperate and endorse activities among relevant government bodies regarding labour migration improvement	Medium	Liaison with the government is carried out at the very start of the project and prioritised at each stage of implementation to ensure ownership of the initiative
Lack of interest among migrant and Libyan youth to avail services of the EOSS	Medium/Low	Strong awareness raising efforts and use of IOMs CSO network to reach a larger audience

The assumptions for the success of the Action and its implementation include:

- Local authorities/ governments maintain authority, and environments are safe enough to implement planned activities;
- Relevant authorities grant permissions to carry out interventions, visits and provision of services in all premises. Authorities and other stakeholders remain cooperative and facilitate support to implementing partners' staff;

- The security, public health situation[49] and political environment allow for access and response to the needs of targeted population and will not further deteriorate to a level preventing project implementation. Access to locations is not hindered by security, conflict, local authorities and leaders, government restrictions and military interventions;
- Local communities and beneficiaries understand the aim of and support the project activities;
- Target population continue to be able and willing to participate in project activities;
- Safety of civilians in DCs or other organized facilities is adequately provided;

3.4. Mainstreaming

Human rights: Ensuring the protection of human rights is at the heart of the EU policy. Human rights, including conditions of migrants and refugees, is regularly addressed in the constant EU dialogue with Libyan authorities. Rights-based approach (RBA)[50] is a central part of the strategy of intervention designed under this Action and frames activities to be implemented therein. Therefore, the Action will be implemented through a constant monitoring of RBA during all phases of the projects supported within the Action (including the principles of do-no-harm), based on the toolbox prepared by the European Commission[51].

All activities that will be carried out by UNHCR will be embedded in the organization's Result-Based Framework which is established around various basic human rights each refugee and asylum seeker is entitled to. Protection mainstreaming is also at the heart of IOM's humanitarian response in Libya. When implementing its activities, IOM respects the need to protect the rights of migrants irrespective of their nationality or migration status, promote that these rights are respected, protected and fulfilled by the State and that migrants are aware of their rights. This includes placing the best interest of migrants at the center of all activities and referrals to appropriate specialized services for those in need of specific protection assistance. Recognizing that the most vulnerable migrants often have the least access to services in Libya, often due to security concerns, risks of detention, discrimination and stigmatization, IOM strives for outreach to these groups, and also arrange activities in appropriate locations, with safeguards in place, and at times convenient to the affected population. Special attention will be paid to reduce barriers to access to the most vulnerable groups, such as to persons with disabilities and children. WHO also prioritizes human rights within their interventions, mainly ensuring the universal right to health. Specifically, WHO will also consider key findings and recommendations of the Libya scoping exercise (WHO September 2019) to inform the

[49] Current COVID-19 pandemic.

[50] The implementation of an RBA is founded on the universality and indivisibility of human rights and the principles of inclusion and participation in the decision-making process, non-discrimination, equality and equity, transparency and accountability. These principles are central to the EU development cooperation, ensuring the empowerment of the poorest and most vulnerable, in particular of women and minors.

[51] 4 A Rights-Based Approach, encompassing all human rights for EU development cooperation - Tool-Box, Commission Staff Working Document, 29 April 2014 version): https://ec.europa.eu/europeaid/rights-basedapproach-encompassing-all-human-rights-eu-development-cooperation-tool-box-commission_en

development of a framework for Health and Protection Cluster Coordinators to utilize to improve a coordinated or integrated approach to health and protection response.[52]

Gender: This Action will be in line with EU Gender Action Plan (GAP II) which provides the framework for the EU's promotion of gender equality through external action for the period 2016-2020.

The profound conservative nature of Libyan society, as well as the challenges in ensuring social protection, along with the fragmentation of the health system, make challenging to address needs, especially for vulnerable groups, in a timely and adequate manner.

Migrant women, girls and female unaccompanied minors have greater need for protection, especially those in DCs. This Action will specifically address these concerns through the provision of gender sensitive services and provision of specialized healthcare. Gender considerations will be also integrated in recruitment procedures to ensure gender-specific assistance, planning, implementation and monitoring and evaluation of all activities.

Data will have to be collected and disaggregated by gender and age, giving particular concern to confidentiality and informed consent.

Specific activities funded by the Action will have to ensure participation of both men and women including steering committees and decision-making committees. To achieve this, right communication with target population, appropriate times and locations for activities will be designed based on their convenience to both women and men.

The Action will also ensure that attitudes and practices that contribute to discrimination against, marginalization of, or violence against women, girls, men or boys, are challenged. While men, boys, women, and girls require specific assistance services, social stigma is often most serious for those recovering from sexual abuse[53]. The Action will pay attention to the interventions carried out by service providers to ensure that beneficiaries have access to quality services that meet their individual needs, and that they have access to care providers with appropriate expertise (e.g., child protection specialists, male and female social workers). The mapping of health facilities providing services for GBV survivors (most of them at Primary Health Care level - PHC) as well as the situation assessments conducted and shared by the GBV Sub Sector working group will help to better address the gaps in terms of overcoming social and structural barriers based on gender bias, to allow equal provision of support for all beneficiaries.

[52] Conclusions reached: Need for referral pathways and standard operating procedures between health and protection; adapting and contextualizing globally endorsed minimum standards, protocols, etc. at the Cluster and UNCT level to ensure standardization of services; 3/4W mapping conducted and shared across all sectors where not available; training on safe identification and referral to front line service providers who are working across sectors, especially community-health workers; community-based responses prioritized; safety audits conduction and shared across sectors to guarantee safe access to health care.

[53] Key findings and recommendations from the latest (March 2020) "Gender-Based Violence Health Responses in Libya" will be considered and integrated into this Action addressing the overall weaknesses of the current health response to GBV, including: limited availability of trained staff, health services and referral options for GBV survivors; mandatory reporting; lack of data and information on the availability and quality of GBV health services.

Specifically concerning health, it is of paramount importance to consider and address gender equalities affecting health interventions at both policy and operational level[54]. The active Health Sector Working Group has ensured to include gender analysis in most of the assessments which have been conducted by various health partners in order to ensure equitable distribution of health resources to all beneficiaries.

Populations with **specific vulnerabilities** (women and adolescents head of households, victims of trafficking, people with physical disabilities or pregnant and lactating women) will be served using methodologies that ensure access and prevent harassment. Sensitivity to vulnerability and confidentiality is important in order to promote the wellbeing of beneficiaries. Relevant data will be sex-disaggregated to ensure aims and objectives are appropriately reaching populations. In addition, GBV indicators are included in the DTM, serving as a reference point for partners to tailor planning and responses. Activities will also be age sensitive and many aspects, such as access to basic services like health facilities and access to water, will be designed so that persons of diverse ages and special needs are able to benefit from.

This action seeks to increase the **resilience of migrants** and Libyans, civil society organizations and Libyan bodies in the targeted areas. This will be done through direct capacity building trainings, coordination and guidance to implementing partners. Diversification of initiatives and local partners in response to community identified priority needs will broaden the positive impact of implementation through their access to different geographic and social areas. Engagement of community members across tribal, ethnic, and national divides through inclusive activities will contribute to improved social engagement, in turn contributing to social cohesion and thus benefiting migrant members of each community.

This Action supports the design and mainstreaming of a conflict-sensitive approach, including **Do No Harm** principles according to RBA. Activities will encourage positive inter- and intra-communal interactions to promote concepts of team spirit, respect, non-violence, neutrality as well as messages of solidarity and peace. These aspects will be monitored through EUTF Third Party Monitoring exercises.

The Steering Committee will have the responsibility to adjust implementation so as to better mainstream cross-cutting issues.

3.5. Stakeholder analysis

For all activities, efforts will be coordinated with local and national authorities to receive authorisation and secure access to areas and facilities; understand needs; ensure uniformity of interventions and avoid duplication of efforts and exercises. The Action will also work through clear channels of communication with UNSMIL.

At local level:

The interventions funded through the Action will engage mayors, municipal councils and community leaders within each area of implementation. Additional stakeholders include

[54] WHO tools to mainstream gender, in particular the "Country Support Package for Equity, Gender and Human Rights in Leaving No One Behind in the path to Universal Health Coverage" (https://apps.who.int/iris/handle/10665/325057), and the "Gender mainstreaming for health managers tool" (https://www.who.int/gender-equity-rights/knowledge/health_managers_guide/en/)

community groups, tribal leadership, etc. For instance, in providing health services, continuous engagement with the medical facilities under the Ministry of Health will be ensured in order to facilitate necessary referrals to clinics for those in need of specialized care. In doing so, the facilities will be chosen based on their level of ability and specialization in providing primary health care services.

At national level:

Implementing partners have already established constructive cooperation relations and partnership with national authorities, including key ministries, such as the Ministry of Interior, Ministry of Health, Ministry of Foreign Affairs, Ministry of Defence, Ministry of Planning and Ministry of Local Governance,. Partners will closely work with Libyan representatives when implementing its actions and will ensure continuous engagement with them to better address the humanitarian needs for both the migrants, refugees, asylum seekers and the local communities as well as to mitigate potential risks.

At international level:

Action partners will coordinate among them and with other key international partners involved in protection of refugees, asylum seekers and migrants in Libya, including different UN agencies. As part of the UNCT, the three UN agencies involved in this Action will also coordinate and extensively tap into the specialized expertise of UNSMIL, given its presence as a special political UN Mission in Libya and its engagement with the Libyan authorities. Coordination is vital especially between IOM and UNHCR and their implementing partners, particularly for interventions in DCs and at DPs.

Others:

National and local civil society organizations, national committees and platforms, international NGOs, local contractors and companies, etc.

Beneficiaries (already described in Section 3.2.2).

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

In order to implement this action, it is not foreseen to conclude a financing agreement with the partner country.

The envisaged assistance is deemed to follow the conditions and procedures set out by the restrictive measures pursuant to Article 215 TFEU.

4.2. Indicative operational implementation period

The indicative operational implementation period of this Action, during which the activities described in section 3.2 will be carried out and the corresponding contracts and agreements implemented, is 36 months, from the date of the adoption of this Action by the Operational Committee.

Extensions of the implementation period may be agreed by the relevant Commission's responsible authorising officer by amending this Decision and the relevant contracts and agreements.

4.3. Implementation modalities

The Action will be implemented through indirect management (Contribution Agreements).

Operational presence and capacity within Libya through national staff on the ground; presence of sub offices; network of implementing partners; remote monitoring systems in place; all of them are key factors for an effective impact on the ground. Consequently, selection on the implementing partners for this Action is based on the following criteria: i) presence on the ground; ii) exclusive and specific mandate; iii) operational capacity; iv) degree of expertise. Potentially these partners are UNHCR, IOM and WHO.

A part of this action may be implemented in indirect management with UNHCR in accordance with Article 62(1) of FR 2018/1046and applicable by virtue of Article 17 of Regulation (EU) N°323/2015. UNHCR has the exclusive global mandate to ensure international protection of those entitled, provide multi-sectoral assistance to refugees and asylum-seekers and seek durable solutions for PoCs. They are an indispensable partner to respond to protection and assistance needs of refugees and asylum seekers present in Libya. UNHCR has two field offices in the North (Tripoli and Benghazi).

Another component of this Action may be implemented by IOM who operates with field staff present in each active location[55], providing regular monitoring and contextual updates. Staff is able to directly update local government and maintain positive relationships required to ensure IOM access and approval for implementation. IOM maintains a cadre of contracted staff including engineers for rehabilitation, doctors and health workers providing direct services, managing operations, providing assistance, monitoring and evaluating local implementers and providing day to day guidance as necessary to ensure effective direct and grant implementation. Over the past years IOM staff have built relationships allowing access to all parts of cities – including those controlled by conflicted tribes. IOM is regularly aware of the existing conflicts and able to work flexibly to meet community needs. IOM's relationships on the ground in many parts of Libya, including Tripoli, Sabha, Qatroun, Misrata, Bani Waleed, Kufra and Benghazi have not only facilitated access but encourage individuals, groups, and other local government actors to bring their ideas, concerns and recommendations to both local staff and the Tunis office directly.

IOM is also directly involved in health. Regarding TB, IOM is following up TB cases in DCs and communities, currently following up about 30 cases in private and public hospitals. IOM has supported diagnostic capacity of TB program with provision of Genexpert machines, kits, lab reagents and also first line TB drugs. IOM also supports NCDC/NTP in organizing screening campaigns for active case finding in DCs and passive TB case detection through its medical teams.

[55] IOM will implement its actions directly on the ground through IOM staff as well as third party contracted staff with access to areas inaccessible to regular IOM staff due to security restrictions.

WHO has a global mandated action related to health advisory and technical support role. WHO Libya has the operational expertise and institutional memory to implement projects in close coordination with various national health authorities across the country. WHO has also the operational infrastructure on the ground, staffed office in Tripoli, hubs in Benghazi and Sabha, warehouse and transportation capabilities, network of focal points, M&E capabilities, etc. It has a proven capacity to reach out and deliver any type and quantity of health supplies to the end users in different parts of the country regardless of the lines of control and party to the conflict.

The Commission authorises the costs incurred as soon as the action document is approved as eligible because of the crisis situation in the context of the COVID-19 pandemic (ARES (2020)1792308 - 27/03/2020) mainly the ones linked to the health component of this action (precisely Tuberculosis)[56].

4.4. Indicative budget

Component	Amount EUR	Co-financing EUR
UNHCR	**13 000 000**	**2 410 000**
IOM	**13 900 000**	
WHO	**3 300 000**	
Total	**30 200 000**	**32 610 000**

[56] It is important to ensure that essential services and operations for dealing with long-standing health problems continue to protect the lives of people with TB and other diseases or health conditions. Health services, including national programs to combat TB, need to be actively engaged as soon as possible and current interventions scaled up to ensure an effective and rapid response to COVID-19 while also ensuring that TB services are maintained. Progress has to be made in TB prevention and must not be reversed by the COVID19 pandemic. Finding and treating people with TB remain the fundamental pillars of TB prevention and care and those would require maintained attention. The COVID-19 pandemic has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have had contact with the virus. Stigma and fear around communicable diseases like TB hamper the public health response. The project will continue to build trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves safe. National health authorities together with health sector partners (UN agencies and INGOs) respond to COVID-19 against 9 pillars, including: Pillar 1: Country-level coordination; Pillar 2: Risk communication and community engagement; Pillar 3: Surveillance, rapid response teams and case investigation; Pillar 4: Point of entry; Pillar 5: National laboratory; Pillar 6: Infection prevention and control; Pillar 7: Case management; Pillar 8: Operational support and logistics; Pillar 9: Essential health services maintained. WHO takes a technical lead in almost all pillars. The EU project will complement the national response to ensure that all measures should be taken to ensure continuity of services for people who need preventive and curative treatment for TB. Support to essential TB services, people-centred delivery of TB prevention, diagnosis, treatment and care services will be focused in tandem with the COVID-19 response. These interventions need to start as soon as possible as a lot of synergies can be created in prevention (similar way of transmission); tests (support to lab networks); human resources: respiratory physicians, pulmonology staff of all grades, TB specialists and health workers at the primary health care level may be points of reference for patients with pulmonary complications of COVID-19. Detection and effective supportive treatment may reduce morbidity and mortality from both COVID-19 and most forms of TB. In addition, the response to COVID-19 can benefit from the capacity building efforts developed for TB experts. These include infection prevention and control, contact tracing, house-hold and community-based care, and surveillance and monitoring systems.

4.5. Monitoring and reporting

The implementing partners must establish a permanent internal, technical and financial monitoring system for the action and prepare regular progress reports and final reports.

In the initial phase, the indicative logical framework agreed in contract and/or the agreement signed with the implementing partners must be complemented with baselines, milestones and targets for each indicator[57]. Progress reports provided by the implementing partners should contain the most recent version of the logical framework agreed by the parties and showing the current values for each indicator. The final report should complete the logical framework with initial and final values for each indicator. The final report, financial and descriptive, will cover the entire period of the implementation of the action.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

In this respect it should be noted that the EUTF has launched a Third-Party Monitoring exercise in Libya, with which implementing partners of this Action should fully cooperate.

The implementing partners will report on a number of relevant common EUTF indicators of the selected results for this Action[58] (see list in English/French published on the EUTF website). As relevant, other indicators can be selected and reported on from the lists of sector indicators defined with thematic units.[59]

Project Implementing Partners will be required to provide regular data, including the evolution of the actual values of the indicators (at least every three months) to the contracting authority, in a format which is to be indicated during the contract negotiation phase. The evolution of the indicators will be accessible to the public through the EUTF website (https://ec.europa.eu/trustfundforafrica/) and the Akvo RSR platform (https://eutf.akvoapp.org/en/projects/).

4.6. Evaluation and audit

If necessary, evaluation, ad hoc audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements.

Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission.

Evaluation and audit assignments can be implemented through service contracts, making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

[57] Partners will have to align and harmonise their interventions with NoA M&E framework.
[58] EN: https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf_results_indicators_41.pdf
FR: https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf_results_indicators_41_fr.pdf
[59] http://indicators.developmentresults.eu User name/password: results.

4.7. Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, which will be developed early in the implementation. The measures are implemented by the Commission, the partner country, the contractors, the beneficiaries and/or the entities responsible in terms of legal obligations regarding communication and visibility. Appropriate contractual obligations will be included in the financing agreement, purchase and grant agreements and delegation as well as contribution agreements.

Communication and visibility requirements for the European Union are used to establish the communication and visibility plan for the action and the relevant contractual obligations.

List of acronyms

AICS	Agenzia Italiana per la Cooperazione Allo Sviluppo
CDC	Community Day Center
CESVI	Cooperazione e Sviluppo
CMC	Community Management Committee
CMR	Central Mediterranean Route
CSO	Civil Society Organisations
DC	Detention Centre
DCIM	Directorate for Combating Illegal Migration
DST	Drug-susceptibility testing
DTM	Displacement Tracking Matrix
DP	Disembarkation Point
DRC	Danish Refugee Council
ENI	European Neighbourhood Instrument
EOOS	Employment one-stop-shop initiatives
ETM	Emergency Transit Mechanism
EU	European Union
EUDEL	European Union Delegation
EUTF	European Union Emergency Trust Fund
GACS	General Administration for Coastal Security
GAP	Gender Action Plan
GBV	Gender Based Violence
GDF	Gathering and Departure Facility
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GNA	Government of National Accord
HI	Handicap International
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
HRP	Humanitarian Response Plan
ICO	International Cooperation Office
IDP	Internal Displaced Person
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IPC	Infection Prevention and Control
IRC	International Rescue Committee
JTCC	Joint Technical Coordination Committee
LCG	Libyan Coast Guard

LNA	Libyan National Army
LPA	Line Probe Assay
LRC	Libyan Red Crescent
MDR-TB	Multidrug-resistant TB
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoL	Ministry of Labour
MRRM	Migrant Resource and Response Mechanism
MS	Member States
MSF	Médecins Sans Frontières
MSF-H	Médecins Sans Frontières Holland
MSF-F	Médecins Sans Frontières France
NATO	North Atlantic Treaty Organisation
NCDC	National Centre for Disease Control
NFI	Non-Food Items
NGO	Non-Governmental Organisation
NoA	North of Africa
NOC	National Oil Corporation
NTP	National Tuberculosis Program
OAU	Organisation of African Unity
OCHA	Office for the Coordination of Humanitarian Affairs
OPD	Out Patient Department
PHC	Primary Health Care
PoC	Person of Concern
PTWG	Post Tajoura Working Group
RBA	Rights Based Approach
RDPP	Regional Development and Protection Program
RR TB	Rifampicin-resistant TB
RRM	Rapid Response Mechanism
SAR	Search and Rescue
SC	Steering Committee
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
TB	Tuberculosis
UN	United Nations
UNCT	UN Country Team

UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund.
UNSMIL	United Nations Support Mission in Libya
VHR	Voluntary Humanitarian Returns
WFP	World Food Program
WHO	World Health Organisation
WMR	Western Mediterranean Route

Annex: Indicative Logical Framework Matrix

Additional note: The term "results" refers to the outputs, outcome(s) and impact of the Action (OECD DAC definition).

<table>
<tr><th></th><th>Results chain:
Main expected results (maximum 10)</th><th>Indicators
(at least one indicator per expected result)</th><th>Sources and means of verification</th><th>Assumptions</th></tr>
<tr><td>Impact (Overall objective)</td><td>To save lives and improve the resilience of vulnerable migrants, migrants at risk, asylum seekers, refugees and host communities (including IDPs and returnees) in Libya and to increase social cohesion among these groups</td><td>Average degree of resilience of individuals. Average scores on the "Connor-Davidson Resilience Scale (CD-RISC)"</td><td>To be collected by EU via external assistance</td><td>Not applicable</td></tr>
<tr><td>Outcome(s) (Specific Objective(s)</td><td>To provide high quality lifesaving multi sectoral and dignified protection interventions and services to these vulnerable groups</td><td>Access to and effective provision of basic services: housing and health care.
Social cohesion: Level of trust towards other people</td><td>To be collected by EU via external assistance</td><td rowspan="3">Local authorities/ governments maintain authority, and environments are safe enough to implement planned activities
Relevant authorities grant permissions to carry out interventions, visits and provision of services in all premises</td></tr>
<tr><td>Immediate outcome 1</td><td>1. Multi-sectoral assistance, support and protection for migrants, refugees and asylum-seekers in DPs and at DCs for persons rescued/intercepted at sea.</td><td>1.1.# of persons receiving protection assistance at DPs disaggregated by gender
1.2.# of persons receiving protection assistance at DCs disaggregated by gender
1.3. # of people released from DCs[62]</td><td>1.1; 1.2. Distribution lists, ad hoc reports, medical reports.
1.3. Engineering work plans, progress reports, photos</td></tr>
<tr><td>Output 1.1.</td><td>Services and assistance provided at DPs and DCs</td><td>1.4. # of services at DPs provided e.g. # of medical screenings, # of protection visits
1.5. # of services in DCs provided e.g. # of medical screenings, # of protection visits</td><td>1.4; 1.5. Partners reports</td></tr>
</table>

[62] If possible to measure as detainees are often released without information to IPs.

Immediate outcome 2	2. Support to migrants, refugees, asylum seekers, IDPs, returnees and host communities in **urban settings** and shelters provided including community engagement and resilience.	2.1. # of persons (IDPs, asylum seekers, refugees, returnees, host communities) receiving protection assistance in urban settings disaggregated by gender 2.2. # of migrants in urban settings adequately informed and assisted through MRRM disaggregated by gender 2.3. # of persons accommodated and receiving protection assistance at temporary shelters (medial assistance, referrals, psycho social counselling) disaggregated by gender 2.4. # of households receiving cash-based assistance	2.1. Distribution lists, partners' reports, medical reports 2.2. Campaign materials (photos, video, fliers, posters, etc. Migrants assessment forms completed, lists of attendance 2.3. Partner reports 2.4. Distribution lists 2.5. Partner reports	Authorities and other stakeholders remain cooperative and facilitate support to implementing partners' staff The security, public health situation[60] and political environment allow for access and response to the needs of targeted population and will not further deteriorate to a level preventing project implementation. Access to locations is not hindered by security, conflict, local authorities and leaders, government restrictions and military interventions Local communities and beneficiaries understand the aim of and support the project activities Target population continue to be able
Output 2.1.	Services and assistance provided in **urban settings**	2.5. # of NFIs # of medical consultations # of referrals, # of psycho social counselling sessions provided 2.6. # of migrants and host community members participating in social cohesion activities disaggregated by gender 2.7. # of migrants and civil society members trained in capacity building and livelihoods activities disaggregated by gender	2.5. Partner reports 2.6. Attendance sheets, photos, invite lists, event reports from partners and field staff 2.7. Partner reports	
Immediate outcome 3	3. **Durable solutions** for most vulnerable PoC to UNHCR through emergency evacuations outside of Libya.	3.1. # of people evacuated out of Libya	3.1. Evacuation partner statistics	
Output 3.1.	Most vulnerable registered refugees and asylum seekers identified for **evacuations**	3.2. # of PoCs to UNHCR identified for durable solutions out of Libya	3.2. Partner reports	

[60] Current COVID-19 pandemic

Immediate outcome 4	4. Improved **TB case management** (detection, screening, treatment) for risk groups	4.1. TB treatment coverage (Baseline 68%; Target: 75%).	4.1. Number of cases diagnosed (health care facility records) / treatment records number of cases estimated (global modelled data).	and willing to participate in project activities Safety of civilians in DCs or other organized facilities is adequately provided Local authorities/ governments maintain authority, and environments are safe enough to implement planned activities Relevant authorities grant permissions to carry out interventions, visits and provision of services in all premises Authorities and other stakeholders remain cooperative and facilitate support to implementing partners' staff The security, public health situation[61] and political environment allow for access and response to the needs of targeted population
Output 4.1.	**TB screenings** conducted	4.2.% of drug-resistant TB patients diagnosed and enrolled in treatment (Baseline: 59%; Target: 85%). 4.3. Number of new and relapse TB cases diagnosed notified (Baseline: 1,815 (2018), Target: 2,025).	4.2. Number of drug resistant cases diagnosed (health care facility records) / number of drug resistant cases estimated (global modelled data). 4.3. National surveillance system which feeds data to the Global TB Report; reports of health screening campaigns	
Immediate outcome 5	5. **Protection monitoring** of vulnerable population and **analysis of migration displacement** in Libya	5.1. Perception of **relevance and utility** of research outputs generated for informing and implementing better migration policies or programmes	5.1. Satisfaction surveys	
Output 5.1.	**Data collection and analysis** on migration and protection conducted	5.2 # of DTM IDP Information Packages on IDPs' demographic breakdown and multi sectorial needs per location published 5.3 # DTM Migrant Flow Monitoring statistical reports produced and disseminated 5.4 # event tracking reports and flash updates published 5.5 # of detention centre profiles published 5.6 # of thematic extensive research case studies published	5.2 DTM reports. DTM website. 5.3 DTM reports. DTM website. 5.4 Event tracker documents. DTM website. 5.5 Profile documents. DTM website. 5.6 Case study papers. DTM website.	

[61] Current COVID-19 pandemic

Immediate outcome 6	6. Improved **search and rescue capacity** (LCG and GACS) and **basic improvements of DPs and DCs.**	6.1. # migrants assisted by LCG and GACS staff benefiting from improved infrastructure works 6.2. Reported use/misuse of equipment	6.1. Partner reports and statistics 6.2. Partner reports and statistics	and will not further deteriorate to a level preventing project implementation Access to locations is not hindered by security, conflict, local authorities and leaders, government restrictions and military interventions Local communities and beneficiaries understand the aim of and support the project activities Target population continue to be able and willing to participate in project activities Safety of civilians in DCs or other organized facilities is adequately provided
Output 6.1.	Infrastructure **works and lifesaving equipment** delivered	6.3 # of works at DPs conducted per type and financial volume 6.4 # of lifesaving equipment and materials distributed at DPs	6.3 Engineering work plans. Weekly progress reports, photos of work done. 6.4 Equipment lists. Receipts. Hand-over forms signed by LCG officers.	
Immediate outcome 7	7. Improved **capacity building, national technical leadership and coordination** of relevant stakeholders	7.1. # of Libyan officers report to have a better knowledge on human rights, first aid, data management, medical protocols of officials trained by the action	7.1. Evaluation of the capacity building initiatives	
Output 7.1.	**Trainings** of officials on human rights, first aid, data management, medical protocols implemented	7.2 # of Libyan officials trained on different topics (human rights, first aid, data management, medical protocols, etc.) by gender and by topic 7.3 # of coordination meetings held to streamline the assistance to migrants	7.2. Attendance sheets, photos, invite lists, event reports from field staff. 7.3. Attendance sheets, photos, invite lists, event reports from field staff.	
Immediate outcome 8	8. Improved l**abour conditions** and increased opportunities for migrants	8.1 # Labour market initiatives developed and operationalised	8.1. Partner reports/registers	
Output 8.1	**Labour initiatives** implemented	8.2# of youth including migrants, IDPs and locals trained in employment skills including soft skills 8.3# of community-based employment one-stop-shop initiatives set up and operationalised 8.4 # of awareness raising initiatives for dissemination of information on labour opportunities, rights and safe & legal migration/prevention of irregular migration	8.2; 8.3. Partner reports/registers 8.4. Attendance sheets, photos, invite lists, event reports from partners and field staff	