2018

HUMANITARIAN
RESPONSE PLAN

JANUARY-DECEMBER 2018

LIBYA

Hassan Morajea, 2017

TOTAL POPULATION OF LIBYA
6.5M

PEOPLE IN NEED
1.1M

PEOPLE TARGETED
0.94M

REQUIREMENTS (US$)
313M

HUMANITARIAN PARTNERS
21
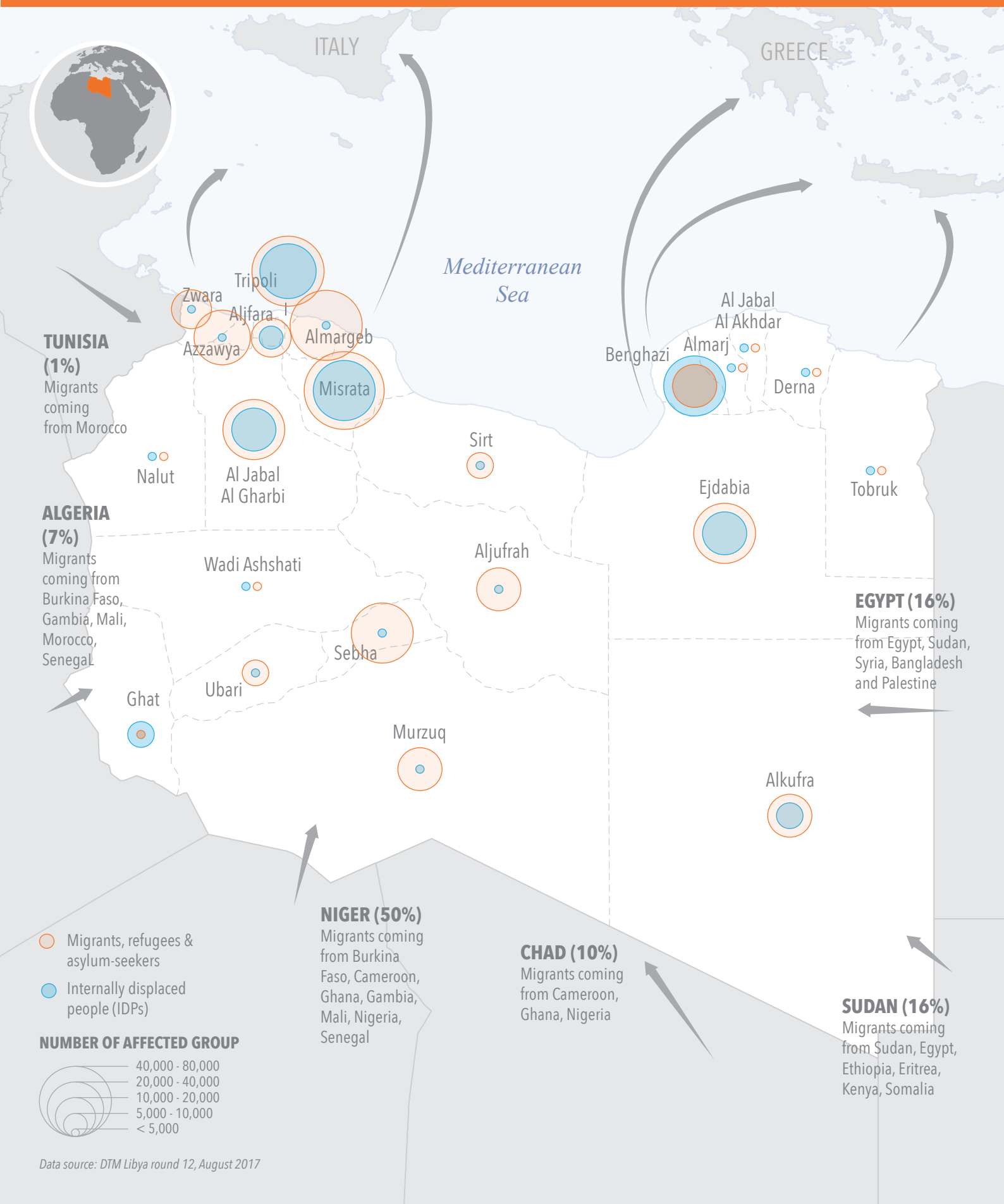
ITALY

GREECE

Mediterranean Sea

Tripoli

Zwara

Aljfara

Azzawya

Almargeb

Misrata

TUNISIA (1%)
Migrants coming from Morocco

Al Jabal Al Akhdar

Almarj

Benghazi

Derna

Nalut

Al Jabal Al Gharbi

Sirt

Ejdabia

Tobruk

ALGERIA (7%)
Migrants coming from Burkina Faso, Gambia, Mali, Morocco, Senegal

Wadi Ashshati

Aljufrah

EGYPT (16%)
Migrants coming from Egypt, Sudan, Syria, Bangladesh and Palestine

Sebha

Ghat

Ubari

Murzuq

Alkufra

NIGER (50%)
Migrants coming from Burkina Faso, Cameroon, Ghana, Gambia, Mali, Nigeria, Senegal

CHAD (10%)
Migrants coming from Cameroon, Ghana, Nigeria

SUDAN (16%)
Migrants coming from Sudan, Egypt, Ethiopia, Eritrea, Kenya, Somalia

○ Migrants, refugees & asylum-seekers

● Internally displaced people (IDPs)

NUMBER OF AFFECTED GROUP
40,000 - 80,000
20,000 - 40,000
10,000 - 20,000
5,000 - 10,000
< 5,000

Data source: DTM Libya round 12, August 2017

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FOREWORD BY

THE HUMANITARIAN COORDINATOR

Libya continues to suffer from the impact of a protracted political crisis, which leads to outbreaks of violence, displacement and a general worsening of people's living conditions. Availability and affordability of food, fuel, water and sanitation, electricity and medical supplies have decreased and the provision of health care and public services continues to decline, thus exacerbating the humanitarian situation over the past year. This is further compounded by the desperate situation of many migrants and people in need of international protection such as refugees and asylum-seekers. In addition, there are serious protection concerns, linked to the existing conflict and insecurity, including the presence of unexploded ordnance and mines and gender-based violence.

The Humanitarian Response Plan (HRP) for 2018 is based on broad consultations and improved evidence and analysis of assessments. During the assessment and analysis stage we were mindful to engage with development and stabilisation actors working in Libya as their interventions are directly relevant to our humanitarian work. They often provide longer-term and sustainable solutions that reduce humanitarian needs and vulnerabilities over time.

The HRP was developed in close collaboration with the Libyan authorities and stakeholders. In November, 160 participants from all over Libya joined us in a workshop to discuss the needs of Libyans and the way forward towards a collective response to the priorities identified. This reflects Libyans' and the humanitarian community's commitment towards a principled, conflict-sensitive, coordinated and more effective humanitarian response in Libya.

The humanitarian community has kept protection at the centre of the HRP in 2018, alongside critical life-saving humanitarian interventions. Our response strategy for the year ahead is anchored around three main axes: 1) rapid response for emergency and life-saving assistance, 2) multi-sectoral assistance targeting the most vulnerable people and households; 3) restoring basic functionality and access to services.

This year's HRP is seeking US$ 313 million for the humanitarian and protection response which is targeting 940,000 people in need across Libya. This is an increase on last year's humanitarian funding requirement and is due to the planned scale up in Libya in 2018 as well as to new response interventions, such as humanitarian mine action and strengthened multi-sectoral approaches to prioritise those most in need.

We firmly believe that together we can work to alleviate the suffering of those most vulnerable and affected in Libya to overcome this difficult period.

Maria Ribeiro
Humanitarian Coordinator

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THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1

Protect people's rights in accordance with international humanitarian law (IHL) and international human rights law (IHRL)

STRATEGIC OBJECTIVE 2

Support inclusive, safe and dignified access to basic services for vulnerable households and communities

STRATEGIC OBJECTIVE 3

Strengthen the humanitarian response by increasing accountability and capacity

PEOPLE IN NEED
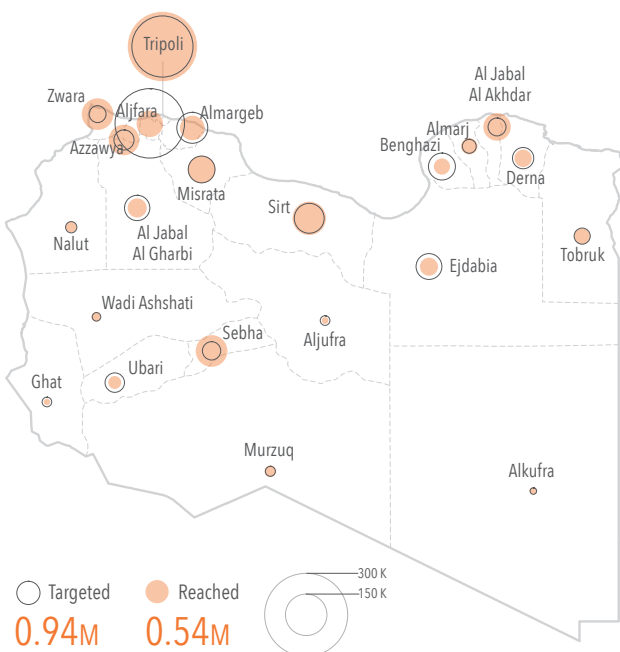
1.1 million

PEOPLE TARGETED

0.94 million

REQUIREMENTS (US$)

313 million

NUMBER OF PEOPLE IN NEED AND TARGETED BY SECTOR

SECTOR	PEOPLE TARGETED	PEOPLE IN NEED
PROTECTION	0.46M	1.04M
FOOD SECURITY	0.20M	0.63M
EDUCATION	0.13M	0.30M
HEALTH	0.83M	1.05M
WASH	0.27M	0.67M
SHELTER & NFI	0.30M	0.58M
REFUGEE & MIGRANT RESPONSE	0.40M	0.40M
MULTI-SECTOR	0.03M*	

These are multi-purpose cash assistance (MPCA) interventions

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PEOPLE TARGETED/REACHED WITH HUMANITARIAN ASSISTANCE IN 2017

○ Targeted ● Reached
0.94M 0.54M

300 K
150 K

OPERATIONAL PARTNERS' COVERAGE IN 2017

Reached population

- 71,001 - 305,860
- 48,001 - 71,000
- 23,001 - 48,000
- 10,001 - 23,000
- Less than or equals 10,000
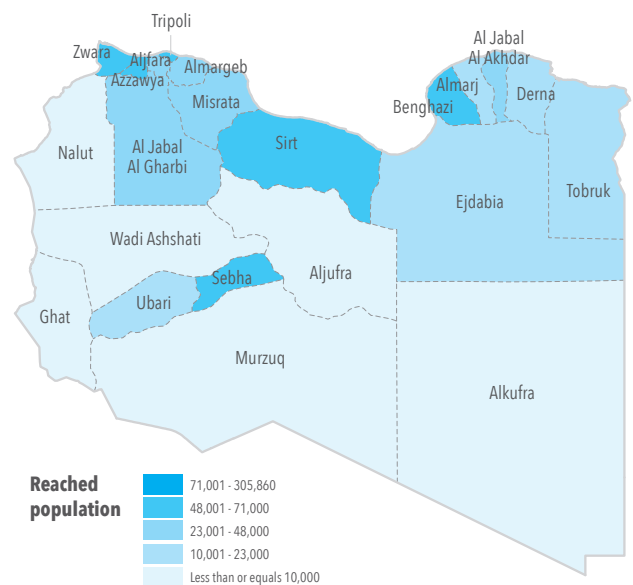
OVERVIEW OF

THE CRISIS

In last 12 months, ongoing conflict in populated areas has directly affected an estimated 1.62 million Libyans. Affected populations across Libya continue to face protection challenges, including risk of death and injury due to indiscriminate use of weapons, freedom of movement restrictions and conflict-related psychological trauma.

Violations of international human rights and humanitarian law, including indiscriminate attacks targeting civilians and civilian objects, denial of access to health care, violations of children and women's rights, are widespread. Various forms of gender-based violence (GBV), trafficking and smuggling of human beings, unlawful killings, arbitrary detention, enforced disappearances, torture and other ill-treatment, and indiscriminate attacks are among the violations committed by all parties. Civilians continue to be killed and injured. Protection concerns are heightened for civilians trapped between frontlines and for those who are unable or feel unsafe to move. Detention conditions continue to be inhumane throughout Libya, both in official and non-official detention centres. Armed groups and criminal networks continue to exploit various sources of financing, such as the smuggling of migrants and fuel.
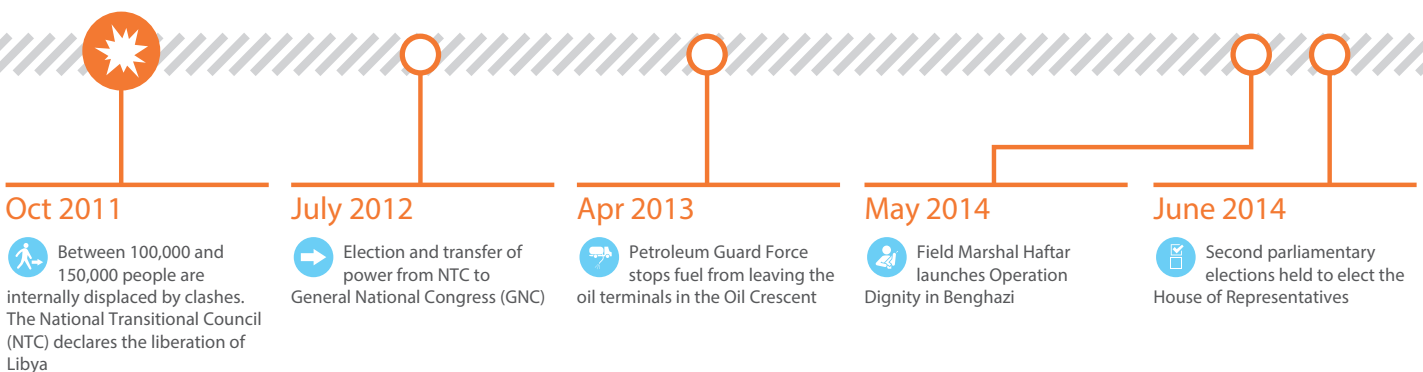
The presence of explosive hazards, including landmines, improvised explosive devices, unexploded ordnance and other explosive remnants of war (ERW) has been a persistent threat to the Libyan population and to access for humanitarian workers. Attacks on health care facilities and medical personnel continued across the country, including in Azzawya, Benghazi, Tripoli, Sebha and Derna.

Libya continues to be the one of the main transit points for people attempting the Mediterranean crossing to Europe. Arrivals report exploitation, abuse, sexual violence, unlawful killings and torture in Libya by armed groups, including those affiliated to State institutions. They have no or limited access to services and live in fear of capture and arbitrary detention.

Libya is also a destination country for migrants on temporary economic and circular migration routes from neighbouring and West African countries. Over 400,000 migrants, refugees and asylum-seekers are exposed to abuse and human rights.

The country remains divided between rival administrations, leaving national and local institutions facing challenges to provide protection and basic services. The economic situation continues to deteriorate: inflation, the devaluation of the Libyan dinar on the black market, and cash shortages have all led to reduced purchasing power of the Libyan population - especially those already affected by the conflict, further deepening vulnerabilities. Living conditions have deteriorated as availability and affordability of food, fuel, water and sanitation, electricity and medical supplies decrease and the provision of health care and public services declines. Libya's health care system struggles to deal with casualties from the
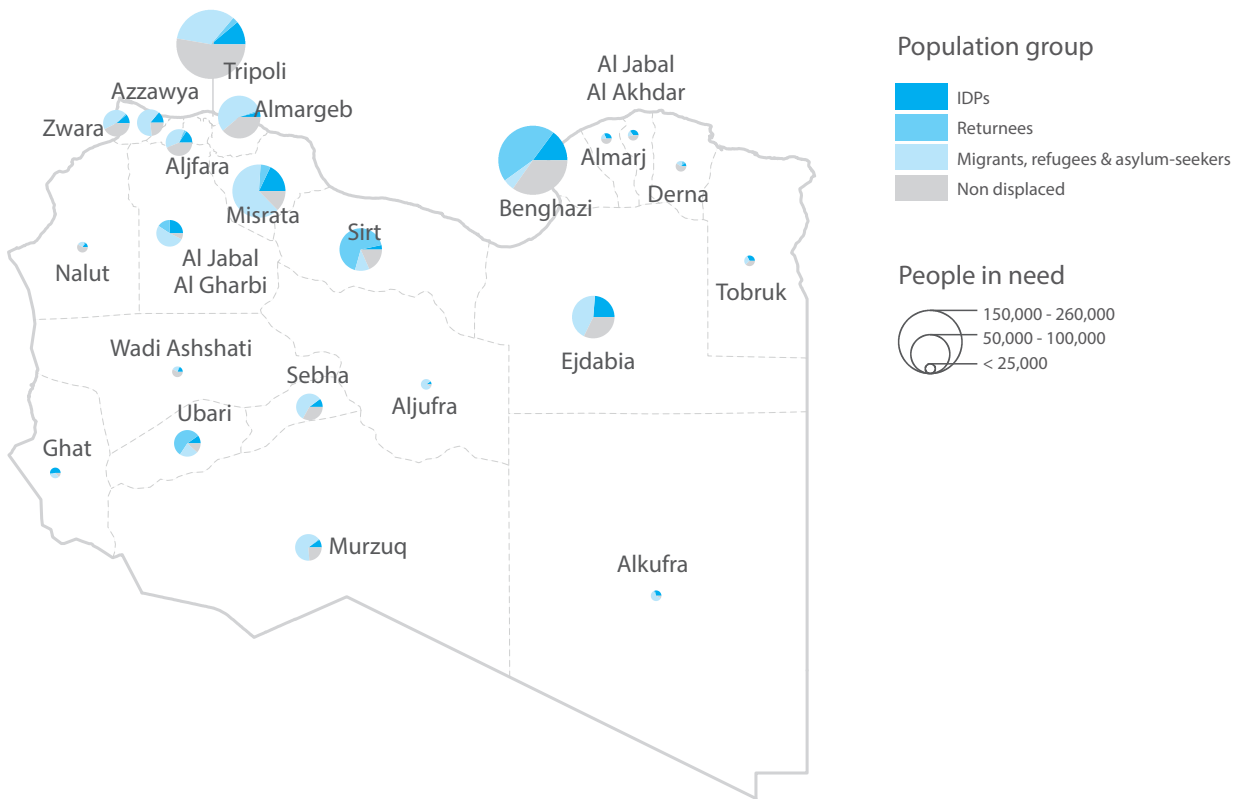
CRISIS TIMELINE

Oct 2011
Between 100,000 and 150,000 people are internally displaced by clashes. The National Transitional Council (NTC) declares the liberation of Libya

July 2012
Election and transfer of power from NTC to General National Congress (GNC)

Apr 2013
Petroleum Guard Force stops fuel from leaving the oil terminals in the Oil Crescent

May 2014
Field Marshal Haftar launches Operation Dignity in Benghazi

June 2014
Second parliamentary elections held to elect the House of Representatives

conflict, and there is a lack of preventive and curative health services for vulnerable people leading to a risk of an increase in communicable diseases. The education of 267,000 students has been affected across Libya. Weak rule of law is leaving vulnerable civilians and marginalised groups unprotected.

Based on humanitarian assessments conducted throughout 2017 and underpinning the HNO analysis (two household multi-sectoral needs assessments, WHO's Service Availability and Readiness Assessment and IOM's displacement tracking matrix), humanitarian actors estimate that 1.1 million people, of which 378,000 are children and 307,000 are women, are in need of humanitarian assistance and protection. The most severe and critical needs across multiple sectors are

concentrated in areas of ongoing conflict or areas with large numbers of returnees, internally displaced persons (IDPs), migrants, refugees and asylum-seekers. Many of these areas are suffering from challenges in terms of food security, livelihood, water, sanitation and health care.

Population group

- IDPs
- Returnees
- Migrants, refugees & asylum-seekers
- Non displaced

People in need

- 150,000 - 260,000
- 50,000 - 100,000
- < 25,000

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July 2014
HOR leaves Tripoli and re-establishes itself in Tobruk; GNC re-establishes itself in Tripoli; UN pulls out; Operation Dawn launched ousting Zintan forces from the Tripoli

Dec 2015
UN facilitates the signing of the Libyan Political Agreement in Skhirat, Morocco

Sept 2016
LNA takes over control of the oil crescent, oil production increases

Dec 2016
Pro-GNA forces oust IS from Sirt

July 2017
LNA forces oust IS and Benghazi Mujahideen Shura Council from Benghazi

KEY FIGURES

- 217K Internally Displaced Persons (IDPs) and some 278K people returnees.[1]

- 400K migrants, including 64K refugees and asylum-seekers.

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- 17.5% of hospitals, 20% of Primary Health Care facilities (PHCs) and 8% of other types of health facilities are not operational.[2]

- Out of 1,151 health facilities, only 69 (6%) are providing delivery services. In terms of overall readiness of these 69 facilities on Basic Emergency Obstetric Care (BEmONC), only 20% of the 1,099 PHCs were found to be meeting the criteria. For the 52 public hospitals, only 20% were found to be meeting the criteria.[3]

- More than 71% per cent of people living with chronic diseases are facing shortage in drugs and 1 out of 5 Libyan households are reporting that medicines are their priority non-food needs.

- Women constitute 56% per cent of employees at hospitals across the three Libyan regions.[4]

- Some 489 schools have been affected by the crisis. Of those 40 have been fully damaged and 26 are accommodating IDPs, thus affecting 244,500 Libyan students, in addition to 160,178 refugee and migrants.

- 637K people in need of food and essential agricultural livelihoods assistance.

- 75% of market-dependent households have low purchasing power and have resorted to negative coping mechanisms such as cutting meals, reducing number of meals per day, among others.[5]

- 43% of the population is currently relying on water trucking as the main sources of drinking water.[6]

- Only 64% of the affected population have access to adequate drinking water sources.

- 33% of the schools do not have access to an improved water source.

- Unexploded Ordnance (UXO) was reported in 9 out of 22 mantikas.[7]

- Frequent electricity cuts: 4-5 hours per day.[8]

- On average, non-displaced (host communities) people spend 44% of their overall expenditure on food, 3% on accommodation, which shows that they most own their own accommodation, whereas IDPs and migrants spend 38% of their overall expenditure on food and 16% on habitation.[9]

1 DTM Libya round 12, August 2017
2 Service Availability and Readiness Assessment (SARA)- SARA is a 6-month survey completed in February 2017
3 Ibid
4 Report of the Secretary-General on the United Nations Support Mission in Libya, 22 August 2017
5 UNFPA MSNA 2016-17
6 DTM Libya Round 12, August 2017
7 UNMAS Libya September 2017
8 MSNA REACH 2017 was conducted in eight mantikas: Misrata, Derna, Al Jabal Al Gharbi, Benghazi, Ghat, Sebha, Tripoli, Almargeb
9 UNFPA MSNA 2016-17

Vulnerable groups

The following population groups in Libya have been identified by humanitarian partners as most in need of life-saving and life-sustaining humanitarian assistance and will be prioritised as part of the humanitarian response plan.

- Migrants, refugees and asylum-seekers, including those in detention centres

- Over-burdened non-displaced communities

- People living in conflict-affected areas, or in areas contaminated with explosive hazards, or in hard-to-reach areas where freedom of movement and access to services remain extremely limited and challenging

- Persons with chronic diseases, disabilities or mental health issues

- Internally displaced persons (IDPs) living in rented accommodation and collective centres

- Returnees (during first three months after return)

- Pregnant women (in areas where two-thirds or more of public hospitals are either non-functional or working at less than 25 per cent of their capacity)

- Female-headed households

- Children (unaccompanied, engaged in child labour, in armed groups and living in overcrowded spaces)

- Youth (adolescent girls at risk of early or forced marriage and male youth who need safe and appropriate livelihood opportunities).

People living in conflict-affected areas	Migrants, refugees and asylum-seekers	Persons with chronic diseases, disabilities and mental health issues	Returnees during first three months of return	Over-burdened host communities
IDPs in rented accommodation and collective centres	Pregnant women	Female-headed housholds	Children	Youth

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STRATEGIC

OBJECTIVES

Under the 2018 Libya Humanitarian Response Plan, humanitarian partners aim to respond to the most basic needs of 940,000 people out of an estimated 1.1 million in need of life-saving humanitarian assistance and protection across Libya.

The Humanitarian Country Team (HCT) has identified three core strategic objectives to guide a principled, focused, prioritised and better coordinated humanitarian response in 2018. These were informed by enhanced assessments and analysis, as well as operational considerations.

1 Protect people's rights in accordance with international humanitarian law and international human rights law

Acknowledging the international human rights (IHRL) and international humanitarian law (IHL) violations, and in line with the IASC guidance note on the Centrality of Protection, humanitarian actors aim to protect the rights and uphold the dignity of the most vulnerable. They will focus on mainstreaming and promoting the centrality of protection across all elements of the response, through a solid articulation of protection concerns, trends monitoring and analysis, as well as the establishment of preventative and response measures. Humanitarian actors will also increase advocacy efforts with duty bearers and all relevant stakeholders to protect affected civilians and promote respect for and adherence to IHL and IHRL.

2 Support inclusive, safe and dignified access to basic services for vulnerable households and communities

This objective stresses the importance of people's ability to access humanitarian assistance, basic services and protection in safety and dignity, particularly in areas with the most severe needs. Response interventions in the various sectors will be focused on the most vulnerable groups and communities with limited access to basic goods and services. Examples of interventions include, but are not limited to, supporting access to formal and non-formal education, providing psychosocial support, improving access to preventive and curative health services, ensuring timely and dignified access to WASH services, providing cash assistance, and addressing the threat of explosive hazards.

3 Strengthen the humanitarian response by increasing accountability and capacity

This objective encapsulates humanitarian partners' commitment to good programming, gender and conflict sensitivity, scaling up capacity, improved coordination, and upholding the core principle of 'do no harm' including through meaningful two-way communication with communities affected by the crisis. It also includes efforts to strengthen the local and national emergency capacity and response mechanisms.

Achieving these objectives, through humanitarian activities under this plan, is contingent upon the availability of sufficient resources and the existence of an enabling operational environment.

The plan was developed in complementarity with the United Nations Country Team's Strategic Framework, which includes efforts to build resilience and strengthen basic services, with every effort made to eliminate duplication and ensure maximum synergies between the plans.

RESPONSE

STRATEGY

The 2018 response strategy has been developed based on an analysis of the humanitarian needs that affect people in various parts of the country, consideration of the potential emergence of new needs, and the likely continuation of sporadic conflicts in the coming year. It also considers the access and humanitarian space limitations that humanitarian actors face in reaching areas with the most needs. The strategy underlines a need for enhanced coordination amongst humanitarian actors and sustained advocacy in a challenging operational context.

1. RESPONSE SCENARIO AND A PRIORITISED RESPONSE

Response scenario:

Building on the achievements of the humanitarian response in 2017, the international community will continue its efforts to assist the people most in need and most vulnerable in Libya, despite the challenging operational context.

While the Action Plan for Libya launched by the UN Secretary-General and his Special Representative in Libya in September 2017 aims to resume an inclusive political process, in 2018 authorities will likely remain fragmented and with limited influence. The year 2018 may also see the implementation of national elections, which might cause escalation of localised violence and subsequent displacement. The unstable security and political context will continue to have a severe impact on the economy, unless timely measures are adopted. The limited availability of cash and the loss of the value of the Libyan dinar has made it increasingly difficult for the average Libyan households to access basic services. Adding to this already difficult situation, people's access to basic social services will remain further constrained also due to the dysfunctionality or partial functionality of key basic service infrastructure, and the limited capacity and resources of national and local institutions in charge of managing them. In this context, people's humanitarian needs, vulnerabilities and exposure to protection risks are expected to continue during 2018. This will be further exacerbated by a continued slow erosion of people's living standards and eroding coping capacity of communities. The flow of migrants and refugees transiting or staying in Libya will also likely continue. Furthermore, smugglers and human trafficking networks will likely continue to take advantage of victims of physical and psychological abuse and those who face a variety of issues that render them more vulnerable e.g. discrimination, financial exploitation, arbitrary arrest and detention. Operationally, local municipalities and councils will continue playing an important role in delivering services to their citizens, often as the first line responders to people's

humanitarian needs. However, their capacity and resources to respond will remain strained, and they will require increasing support. While in 2018, the international community will progressively increase its operational presence in Libya, response operations are likely to remain managed semi-remotely. Access to people in need will also likely remain challenging in various parts of the country, and humanitarian space will most likely continue to shrink.

Prioritising the response:

Grounded in the findings of the needs analysis, the international humanitarian response will target the most vulnerable people and the geographical locations most severely affected by the crisis. However, additional prioritisation of response interventions within the plan was undertaken to address the most urgent needs first, and achieve the highest possible impact. With this objective, the Humanitarian Country Team (HCT) agreed on a set of prioritisation criteria that were consistently applied to identify the most critical projects to be implemented. The criteria included the following:

1. Life-saving interventions: projects were prioritised if the primary goal of the project is to save lives and / or remedy, mitigate or avert an immediate and direct risk faced by a community/person particularly if they are a vulnerable population group (e.g. displacement; arbitrary detention; food insecurity; waterborne disease; etc.).

2. Sectoral needs severity: While the inter-sectoral needs severity informed the scope of the overall response, the sectoral needs severity was used to prioritise projects in geographical locations with a high severity within the given sector.

3. Vulnerability: The Humanitrian Needs Overview HNO identified 10 population groups deemed to be particularly vulnerable and exposed to protection risks due to their status or other factors. The vulnerability criteria contributed to prioritising projects that target these population groups.

4. Needs assessment-based response: Provided the importance of ensuring an evidence-based response, this criterion was applied to prioritise the projects that were developed to address needs and/or response gaps identified by assessments.

5. Community engagement: While acknowledging the semi-remote nature of operations in Libya, engaging with communities and/or local counterparts is critical for an effective response. Thus, projects making a significant

effort to engage affected people were prioritised.

6. Implementation capacity: While acknowledging the challenging operational environment and the difficulties of implementing projects in Libya, this criterion was used to prioritise interventions delivered through direct implementation arrangements versus through implementing partners.

7. Coordination: The appealing organisation should be part of existing coordination structures and shares reports on implementation and funding status with the relevant sector, including the commitment to report to the UNOCHA Financial Tracking Service (FTS) and to report project monitoring data to sector coordinators. Furthermore, the appealing organisation should demonstrate coordination with implementing partners if any, including national/local counterparts and authorities. This criterion was used to prioritise projects that were developed in coordination with other humanitarian actors to ensure the response that is complementary within and between sectors and made the effort to reduce overlaps.

Based on a combination of the above criteria, 25.3 per cent of projects, equal to US$ 55 million, were top priority. The projects went through a strict prioritisation exercise based on the above criteria, to ensure the most critical humanitarian needs of the most vulnerable population groups are adressed.

2. LINKAGES TO OTHER HUMANITARIAN AND NON-HUMANITARIAN ASSISTANCE

Humanitarian aid is only a limited portion of the overall assistance provided by the international community to Libya. Following the Libyan Political Agreement (LPA) in December 2015, the international community started engaging with Libyan counterparts to support the country in its path to peace, stability and security. On 20 September, the UN Secretary General and its Special Representative in Libya launched an Action Plan for Libya to resume the political process, and further boost international assistance. In 2017, almost 179 projects were ongoing in Libya by 96 organisations with a total budget of approximately US$530 million contributing to one or more of the six areas of the stabilisation/development international support structure. These areas include economic recovery and infrastructure; restoration of basic services; migration; governance; human rights, justice and rule of law; and airports, seaports and border management. While the new UN Strategic Framework (UNSF 2019-2020) is being finalised in 2018, the UN system supports the Action Plan for Libya, by working towards addressing the economic challenges and improving living conditions of people in Libya, promoting peace and reconciliation among Libyans; addressing the overarching political situation towards a democratic and elected government; and restoring security and legality.

No. of organisations

- 66 - 77
- 58 - 65
- 50 - 57

XX # of projects
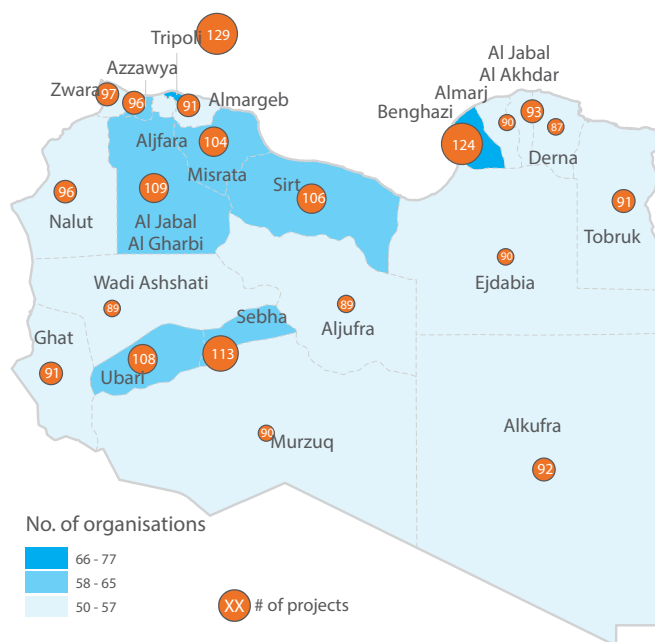
Stabilisation and development interventions are directly relevant to humanitarian work, as they often provide longer-term and sustainable solutions that reduce humanitarian needs and vulnerabilities over time. For instance, stabilisation programmes support the rehabilitation of light infrastructure destroyed by the conflict and that have an impact on the whole

Total no. of development partners: **96**

Total number of projects: **179**

Total requirements: **$529,845,913**

communities, such as clinics, water facilities, power grids, and access roads, as well as recovery of critical businesses. Stabilisation programmes also support local governments by strengthening their capacity to deliver key services, such as health care, education and infrastructure, and local civil society organisations as "capacity-multipliers" for local authorities (e.g. municipal councils, local crisis committees).

It is therefore imperative for the HCT to be aware of and align with existing and planned stabilisation and development interventions in areas targeted by humanitarian actions, to coordinate and sequence interventions accordingly. This approach is not unique to Libya and is supported by global initiatives following the World Humanitarian Summit (WHS)

in 2016, such as the Grand Bargain commitments and the implementation of the New Way of Working (NWOW). These initiatives made a call to transcend the humanitarian development divide by working towards "collective outcomes" to meet humanitarian needs, while simultaneously contributing to reducing needs, risks and vulnerabilities together with development and other relevant actors. In pursuing this, the Libya HCT will consistently adhere to the humanitarian principles of independence, neutrality, impartiality and humanity, and commits to preserving humanitarian space.

Recognising that the stabilisation of Libya is a pressing objective to preserve the rights, needs and dignity of the people in Libya, the HCT commits to engaging with development and stabilisation actors by coordinating its assistance with them to maximise the impact of its support. To this end, sector response strategies identified linkages between humanitarian aid and development and stabilisation support (e.g. in specific geographical locations or for targeted population groups), including opportunities to phase out relief assistance towards longer term support, when and/or where appropriate.

Looking forward, a more robust platform for information exchange with development actors will be developed during the year and the humanitarian community will coordinate with those same actors to identify synergies and ensure complementarity in potential areas of overlap.

3. ADOPTING A MULTI-SECTORAL RESPONSE APPROACH

Led by the imperative of ensuring principled, inclusive, safe and dignified assistance to the most vulnerable people, and equal accountability towards communities and constituencies in Libya, the HCT commits to improving delivery of humanitarian aid by implementing a strengthened multi-sectoral response. This approach will be anchored in three main pillars: pillar 1 focuses on rapid response for emergency and life-saving assistance, pillar 2 on multi-sectoral assistance for the most vulnerable people and households, and pillar 3 on restoring basic functionality of essential services and livelihoods.

Needs assessments, strengthened inter-agency coordination and development of a humanitarian access strategy are crucial elements in creating an enabling environment towards a more effective response.

Pillar 1: Rapid response for emergency and life-saving assistance

Timing: response interventions under this pillar aim to target needs that arise in the first three months from the onset of new emergencies. These could be due to new localised violence and/or sudden onset disasters.

Targeted humanitarian caseload: people targeted by response interventions under pillar 1 include people living in conflict areas, new migrants and refugees, as well as newly displaced, returnees in the first three months of return, and survivors of gender-based violence.

Geographical scope: response interventions under this pillar will target any areas in need, as they arise, in the 22 mantikas of Libya.

Key programmatic interventions: actions under pillar 1 aim to save lives, by delivering urgent life-saving and protection assistance to people most in need. Some of the response actions under this pillar include, but are not limited to, emergency food distribution, emergency health care, medicine distribution, trauma and emergency kits, clinical management of rape, psychological first aid, distribution of non-food items (NFIs) including hygiene and dignity kits, provision of water (potable and domestic) and water treatment, protection monitoring, education in emergencies and psychosocial support, registration, establishment of an Explosive Remnant of War (ERW) helpline, contamination reporting, mine risk education, risk awareness, spot clearance and provision of agricultural emergency inputs.

Implementation modality: Different response modalities will be utilised to deliver aid under this pillar, depending on the type of assistance/service delivered and the operational context. This includes, among others, use of rapid response teams/mechanisms, mobile teams (health), emergency cash, and in-kind distributions (food, NFIs). Emergency operation centres and multi-sector needs assessments will support the planning and coordination of humanitarian assistance under pillar 1 as required.

Pillar 2: Multi-sectoral assistance for the most vulnerable people and households

Timing: response efforts under pillar 2 aim to address more protracted humanitarian needs, i.e. needs beyond three months from the onset of new emergencies.

Targeted humanitarian caseload: people targeted under pillar 2 are the most vulnerable groups with protracted needs, as identified by the HNO. These include, people living in areas contaminated with ERW, IDPs living in rented accommodation/ collective centres, migrants, refugees and asylum-seekers, people with chronic diseases and disabilities, pregnant women in underserved or conflict areas, female-headed households, returnees after three months of return and children/students in conflict affected areas/schools.

Geographical scope: response efforts under pillar 2 will focus on the 16 mantikas (out of a total of 22) identified as most severely in need by the needs analysis. These include six mantikas with needs 'severity 5 - critical' (Ghat, Sirt, Derna, Benghazi, Zwara and Aljfara), and 10 mantikas with needs 'severity 4 – severe' (Ejdabia, Alkufra, Murzuq, Sebha, Ubari, Wadi Ashshati, Al Jabal Al Gharbi, Almargeb, Tripoli and Azzawya). Should pockets of severe vulnerability arise in other parts of the country during 2018, and solid evidence is provided, they will be considered on a case-by-case basis and addressed.

Key programmatic interventions: to the extent possible, humanitarian assistance under this pillar will be provided through a multi-sectoral approach, meaning that, whenever

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feasible, sectors will try to maximise the impact of their support by teaming up with other sectors and delivering aid in a joint manner to ensure a comprehensive approach. The HCT will explore opportunities to scale up existing practices in this respect (e.g. WASH support and hygiene education or awareness initiatives in schools and other learning environments; support to ensure access to safe drinking water, sanitation and hygiene facilities in public health centres and hospitals; joint distributions of food assistance and NFIs etc.) and to identify new entry points for multi-sectoral assistance. Multi-sectoral aid to dentention centres is also key to minimise suffering, address the inhumane conditions in which detainees live, and improve their dignity.

Response interventions under pillar 2 include, but are not limited to, rehabilitation of water facilities in schools, health facilities and IDP camps; in-kind food assistance in detention centres; hygiene promotion in schools and IDP camps, multi-sectoral basic services to migrants/refugees in detention centres and to those intercepted or rescued at sea (health, WASH, counselling and protection services); psychosocial support in schools; migration monitoring (monitoring, reporting on and addressing the human rights issues faced by migrants); integrating mental health/psychosocial services and reproductive health services within primary health care and referral to psychosocial workers and unconditional cash assistance.

Implementation modality: delivering of aid under this pillar could include a multi-sectoral assistance package (in-kind), multi-purpose cash and sector specific assistance such as cash for rent as well as capacity enhancement of local actors.

Pillar 3: Restoring basic functionality of essential services and livelihoods

Timing: response interventions under this pillar will be implemented throughout the year, as needed.

Targeted humanitarian caseload: assistance will target overburdened host communities, returnee communities after three months from return, migrants, refugees and asylum seekers, IDPs in camps, children/students in conflict affected areas/schools, female-headed households, as well as local partners and institutions.

Geographical scope: as with pillar 2, response efforts under pillar 3 will focus on the previously mentioned 16 mantikas (out of a total of 22) identified as most severely in need by the needs analysis. Should pockets of severe vulnerability arise in other parts of the country during 2018, and solid evidence is provided to support it, they will be considered on a case-by-case basis and addressed.

Key programmatic interventions: response interventions under pillar 3 aim to restore the basic functionality of essential services and livelihoods to benefit the communities at large and to enhance critical capacity of local actors to deliver essential services. Some expected interventions under this pillar include, but are not limited to, light rehabilitation of basic service facilities (e.g. health facilities, conflict-affected schools, water supply systems, WASH facilities), provision of livelihoods assets (e.g. fishing/agricultural equipment, etc.), mine risk education, small arms light weapons risk awareness/attitude change activities, case management and referral systems, provision of catch-up classes for drop-out children, remedial classes for children at risk of failing or dropping out, community-based health services, and mainstreaming of psychosocial support in the formal education system.

Implementation modality: response interventions under pillar 3 will be implemented through service restoration, limited capacity building of local actors and first-line responders (e.g. municipalities, local crisis committees, local civil society organisations, etc.), and community-based projects. Response interventions under pillar 3 will pay particular

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Linkages to development/stabilisation assistance:

Development and stabilisation interventions in Libya often provide longer-term and sustainable solutions that reduce humanitarian needs over time. The most vulnerable households will need longer-term economic resolutions such as increased employment opportunities and strengthed livelihoods to ensure that their protracted situation does not continue to worsen. As a start, cash assistance and small livelihood projects under the HRP will contribute to alleviating suffering of the most vulnerable. However, coordinated efforts need to be made with development actors to ensure that these kinds of interventions are complemented by longer-term initiatives. This includes interventions such as the development of functioning social safety nets and institutions that are better able to respond to risks and vulnerabilities, employment generation, school feeding programmes and more. This year, for example, key stakeholders for the cash assistance response will be engaged to explore the feasibility of anchoring the humanitarian response within existing national social safety nets.

attention to inclusion of and to improving communication with communities by sharing information on what assistance is provided and how, and receive feedback on whether it is appropriate.

4. KEY PRINCIPLES OF THE COLLECTIVE RESPONSE

Aware of the impact that international assistance can have on the context itself, including empowering or legitimising some actors over others, the humanitarian community commits to aligning its support to the three principles of Conflict-Sensitive Assistance to Libya[10], i.e. (1) assistance should be delivered as inclusively as possible (2) assistance should strengthen the ability of our partners to be accountable to their communities and constituencies (3) assistance should strengthen the connection between state institutions and communities across the country, by delivering tangible improvements. Humanitarian actors will ensure they are aware of the context in which they operate (through conflict analysis) and understand how their support interacts with the conflict dynamics to avoid exacerbating them.

The centrality of protection

As highlighted by the needs analysis, violations of human rights law and international humanitarian law, are widespread in Libya. These include, but are not limited to, gender-based violence, unlawful killings, arbitrary detention and torture and other ill-treatment, as well as psychological distress and exploitation by criminal networks. Civilians in Libya continue to be exposed to periodic escalations of armed violence and the risk of explosive remnants of war.

Reflecting the commitment to ensure that protection is central to all aspects of the humanitarian response, the HCT will develop a Centrality of Protection Strategy identifying the critical protection issues to be prioritised and addressed going forward. This highlights the significance and overarching imperative of having a comprehensive approach to providing affected populations with the means to live their lives in safety and dignity. By setting a strategic objective on protection, the 2018 HRP emphasises the central role played by protection and respect for international humanitarian law (IHL) and international human rights law (IHRL) across all humanitarian operations. This will be achieved by mainstreaming protection across all humanitarian interventions, by collecting and using protection data to inform programmatic and advocacy

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Linkages to development/stabilisation assistance:

Multiple stabilisation initiatives support the rehabilitation of infrastructure destroyed by the conflict whose non-functioning has an impact on the whole community, such as clinics, police stations, water facilities, power grids, and access roads, as well as recovery of critical businesses. Examples of these stabilisation interventions that are relevant to humanitarian assistance include, but are not limited to, provision of solar panels and generators to hospitals, rehabilitation of waste management systems and sewage disposal systems, rehabilitation of water management systems, civil works and equipment supplies to hospitals and schools. As these interventions contribute to reducing humanitarian needs and vulnerabilities of communities over time, humanitarian partners are working closely with development and stabilisation actors to avoid duplications and implement sequenced response actions. A mapping exercise of all development projects was conducted in 2017 and will be periodically updated to be able to better ensure linkages between development and humanitarian actors on the various activities taking place across Libya. As part of this, the HCT will endeavor to increase its engagement with women's organisations and it is looking towards UNWOMEN, who are on the HCT, to support on this, as well as to ensure that all groups are included during conflict-sensitive and needs programming. Over time, a progressive scale-up of stabilisation assistance and an improved service delivery by Libyan national and local authorities, along with a phase out of humanitarian assistance can be expected. However, this transition is not deemed feasible in the course of 2018.

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10 A process to increase the conflict sensitivity of international assistance to Libya was established in October 2012, initially hosted by the Swiss Embassy to Libya. It is now driven by a Leadership Group of ten missions to Libya: African Union, Embassy of Germany, Embassy of The Netherlands, Embassy of Switzerland, Embassy of Turkey, Embassy of the United Kingdom, EU Delegation to Libya, UNDP, UNSMIL and the World Bank.

efforts and by prioritising the most vulnerable groups in the response. Quarterly reporting to the HCT will inform on the implementation of these activities.

<u>Engaging with communities</u>

The semi-remote management of humanitarian assistance has posed a significant challenge to effective engagement with affected people in Libya. Efforts to collaborate with communities and beneficiaries have been limited to individual actors with no system-wide approach on Accountability for Affected People (AAP). Aware of this challenge, the HCT commits to strengthening its engagement with communities by gathering affected communities' feedback on the assistance provided, and advising on needed adjustments to programmes and response operations. The inter-sector coordination group (ISCG) will support by developing an approach on how to bring information together from different actors, through the sectors and to the ISCG so that the HCT can take into account feedback from affected people to adjust its strategic guidance. With this in mind, the HCT will also consider developing a collective system on AAP to provide a common framework for engaging with communities and addressing the existing ad-hoc and individual approaches. This will also be in line with the principles of Conflict-Sensitive Assistance to Libya, particularly in relation to ensuring inclusive and accountable aid. This engagement will also ensure that is it facilitative of women's participation. The HCT and humanitarian community commit to engaging women and ensuring their active participation in the strategy and look towards UNSMIL and development actors such as UNWOMEN for support.

<u>A gender-sensitive response approach</u>

Women, children and youth are particularly impacted by the crisis. The humanitarian needs analysis identified these population groups, among others, as particularly vulnerable and subject to basic service deprivation and exposed to protection risks. To tackle the needs of these vulnerable population groups, the HCT commits to ensuring that all response interventions integrate specific actions to mitigate or reduce the suffering or negative impacts of the crisis. Furthermore, humanitarian actors are committed to fully incorporating gender in planning and response. This approach will also ensure that women participate in and shape the development and implementation of the response.

To this end, a gender advisor supported all sectors and partners to design gender-sensitive projects. Overall, 52 per cent of projects were assessed as contributing significantly to gender equality (Gender Marker score of 2a) and 10 per cent were designed with the main purpose to contribute to gender equality (Gender Marker score of 2b).

Principles of conflict-sensitive assistance

1. Assistance should be delivered as inclusively as possible.

2. Assistance should strengthen the ability of our partners to be accountable to their communities and constituencies.

3. Assistance should strengthen the connection between state institutions and communities across the country, by
delivering tangible improvements.

OPERATIONAL
CAPACITY

During 2018, humanitarian actors plan to scale up their presence and reach in Libya. By the end of 2017, UN guard units were deployed to Libya and security upgrades to the UN compound in Tripoli were made. These improvements now pave the way for a more systematic expansion of humanitarian presence in Libya and allows the UN's plan to return its operations to the country to come into effect.

Some international NGOs (INGOs) have already fully relocated back to Libya, whilst others have several international staff present inside the country and both INGOs and UN agencies are planning to significantly increase their humanitarian presence in 2018. In addition to those partners implementing under the HRP, others are present in Libya and have a significant role to play in providing humanitarian assistance. These partners have been consulted with in order to ensure a coordinated and sequenced response. Furthermore, in early 2018, the evacuation status is expected to be lifted and will be replaced by the traditional security clearance system. This will allow for increased programming and additional coverage across the country.

The HCT will continue to coordinate its support with other national and international response efforts, while ensuring adherence to humanitarian principles and standards. Overall, there are currently 73 humanitarian actors active in Libya, of which 11 are UN implementing agencies, 21 are international organisations and 41 are national partners, whose capacity has been stretched in light of the increasingly complex and protracted vulnerabilities and needs. The 2018 HRP includes funding requirements for 21 organisations who are appealing for funding directly, but many of these will be working with national implementing partners.

The remote nature of planning and programming has been a significant impediment for a timely, principled and effective humanitarian response. Notwithstanding the evacuation status of international staff since 2014, humanitarian actors have been able to deliver assistance for nearly 540,000 people

in 2017, mainly through dedicated and brave national staff and implementing partners in country, as well as through remote support. Local implementing partners played a key role in coordinating the direct delivery of humanitarian assistance at grassroots levels and in hard-to-reach areas. However, the number of Libyan NGOs with adequate capacity remains limited and their absorption capacity is stretched. The fragmentation of national and local institutions, as well the administrative restrictions faced by international NGOs operating inside Libya further constrain the operational capacity. This is further compounded by the limited security and other humanitarian space restrictions such as the bureaucratic and varying procedures imposed on the movement of humanitarian organisations which are restricting access and are likely to increase. Optimising operational capacity in a complex and insecure operating environment like Libya will require renewed efforts towards strengthened inter-sectoral and sectoral coordination at strategic and operational levels. There will also be a need to continue to raise awareness of humanitarian action and humanitarian principles with the authorities and other groups to preserve and increase humanitarian space.

Increased awareness of and increased coordination with ongoing development and stabilisation activities will also be required, so as to ensure that while the humanitarian response will remain distinct, interventions will be mutually reinforcing.

TOTAL NUMBER OF HUMANITARIAN PARTNERS APPEALING FOR FUNDING IN THE HRP

21

NGO PARTNERS

10

UN PARTNERS

11

ALJFARA

UNHCR, UNICEF, WHO, IOM, UNFPA, Handicap Int., DRC, DDG, 3F
Scouts, IMC,MSO, NCDC, AKS

AZZAWYA

UNHCR, IOM, WHO, UNICEF, UNFPA, WFP, DRC, IMC, Handicap Int.
Al motawasset, LCG, STACO,MSO, NCDC, STACO, Scouts, DCIM

ZWARA

IOM, WHO, UNICEF, UNFPA, UNHCR
STACO, Scouts, LRC, MSO, NCDC, LS, IMC
Essafa Centre for Mental health

NALUT

WHO, UNICEF, UNFPA, IOM
MSO, NCDC, Assalem Bani Waleed Asso.

WADI ASHSHATI

WHO, UNFPA, UNICEF, DDG, DRC
MSO, NCDC

GHAT

WHO, UNICEF, WFP, DRC, IOM
STACO, NCDC, TCMT

AL JABAL AL GHARBI

UNHCR, IOM, WHO, UNICEF, UNFPA, Handicap Int., CIR
Woman&youth empowerment forum, MC
AMACC, Essafa Centre, Nana Marn, MSO, NCDC, Scouts, AKS, Assalem Bani Waleed Association, LS, IMC, CESVI

UBARI

IOM, WHO, UNICEF, UNFPA, WFP, DDG, DRC, Woman&youth empowerment forum
STACO, Scouts, Azdjar, SPOD, MSO, NCDC

SIRT

IOM, WHO, UNICEF, UNFPA, UNHCR, DDG, 3F, IRC, DCA, MC, QRCS
Woman&youth empowerment forum
STACO, Scouts, EMDAD, Ahlai Sirte, AKS , Sirte Crisis Committee, MSO, NCDC, Quduratty

TRIPOLI

UNHCR, IOM, WHO, UNICEF, UNFPA, WFP, Handicap Int., CIR,DDG, 3F
Woman&youth empowerment forum,CESVI, IMC, ACTED, IRC, DRC
Ahali Sirte, AKS, Moltakana, Children Vision, STACO, LCG, Kafaa, DCIM, CESVI, Alnahla Org., Pride of Libya, MSO, NCDC, STACO, LS, Libaid, LRC, Al motawasset, The Libyan Association for social workers, Essafa Centre for Mental health

SEBHA

IOM, WHO, UNICEF, UNFPA, WFP, DRC, CIR, DDG, ACTED, IMC
Woman&youth empowerment forum
STACO, Scouts, MSO, NCDC, Libyan Assoc. for Youth&Dev.
Om el Momeeneen, CS, SPOD, Ahrar Libya

ALMARGEB

UNHCR, UNICEF, WHO, IOM, WFP, UNFPA, Handicap Int., DRC, IMC, CESVI
Scouts, MSO, NCDC, AKS, STACO, LRC, Assalem Bani Waleed Association, LCG

MISRATA

UNHCR, IOM, WHO, UNICEF, UNFPA, WFP, Handicap Int., DCA, IRC, CESVI, UNMAS, IMC, UNSMIL
STACO, Assalem Bani Waleed Asso., DCIM, AKS, LRC, DDG
Bani Waleed Municipality

MURZUQ

IOM, WHO, UNICEF, UNFPA, WFP, DRC
STACO, Scouts, SPOD, MSO, NCDC

BENGHAZI

UNHCR, IOM, WHO, UNICEF, UNFPA, WFP, UNMAS, ACTED, REACH, DCA
Woman&youth empowerment forum, IMC, PUI
Breezes, Ekraa, Libaid, LRC, CESVI, LS, Union IDPs, Amazonat Libya, PUI, STACO, MSO, NCDC, DRC, Libyan Health Org., Essafa Centre, Benghazi Municipality

ALMARJ

UNHCR, WHO, UNFPA,UNICEF, ACTED
MSO, NCDC, Libaid

AL JABAL AL AKHDAR

WHO, UNFPA, IOM, UNHCR, ACTED, UNICEF
MSO, NCDC, STACO, Libaid, Union IDPs

DERNA

UNICEF, UNFPA, WHO
MSO, NCDC, Scouts

TOBRUK

WHO, UNICEF, UNFPA, UNHCR, IOM
MSO, NCDC, LRC

EJDABIA

UNHCR, UNICEF, UNFPA, WHO, ACTED
MSO, NCDC, Scouts

ALJUFRA

UNICEF, WHO, UNFPA, WFP, Handicap Int.
Scouts, AKS, MSO, NCDC

ALKUFRA

UNHCR, UNICEF, WHO, UNFPA, IMC, IOM
Scouts, MSO, NCDC, LRC, IMC

Azzawya Tripoli
Zwara
Almargeb
Aljfara
Misrata
Al Jabal Al Akhdar
Almarj
Benghazi
Derna
Nalut
Sirt
Tobruk
Al Jabal Al Gharbi
Ejdabia
Wadi Ashshati
Ghat
Sebha
Aljufra
Ubari
Alkufra
Murzuq

Sectors

Protection
Food
Education
WASH
Shelter & NFI
Health
Refugee & Migrant Response

Reached population

Less than or equals 10,000
10,001 - 23,000
23,001 - 48,000
48,001 - 71,000
71,001 - 305,860
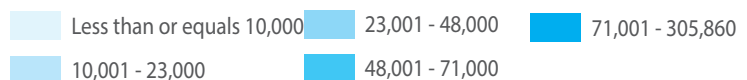
HUMANITARIAN

ACCESS

The humanitarian community faces a multitude of access challenges in Libya, predominantly resulting from an unpredictable operating environment. Continued conflict and violence, the proliferation of armed groups, the presence of explosive hazards (landmines, unexploded ordnance, improvised explosive devices), threat of abduction, arbitrary detention and kidnapping of staff, as well as arbitrary administrative requirements (such as confiscation of items and complex registration requirements), all represent key obstacles for predictable, rapid and unimpeded humanitarian access.

Freedom of movement of humanitarian organisations, personnel, or goods into and within the most affected areas is often restricted. Against this backdrop, preserving and where possible expanding humanitarian access will require increasing acceptance for humanitarian action. This will be worked on throughout the humanitarian response plan this year which is already more multi-sectoral in nature and is based on the vulnerability of those in need rather than on their status.

In 2018, the HCT will strengthen its efforts to negotiate humanitarian access with all relevant stakeholders to overcome these obstacles and reach those most in need.
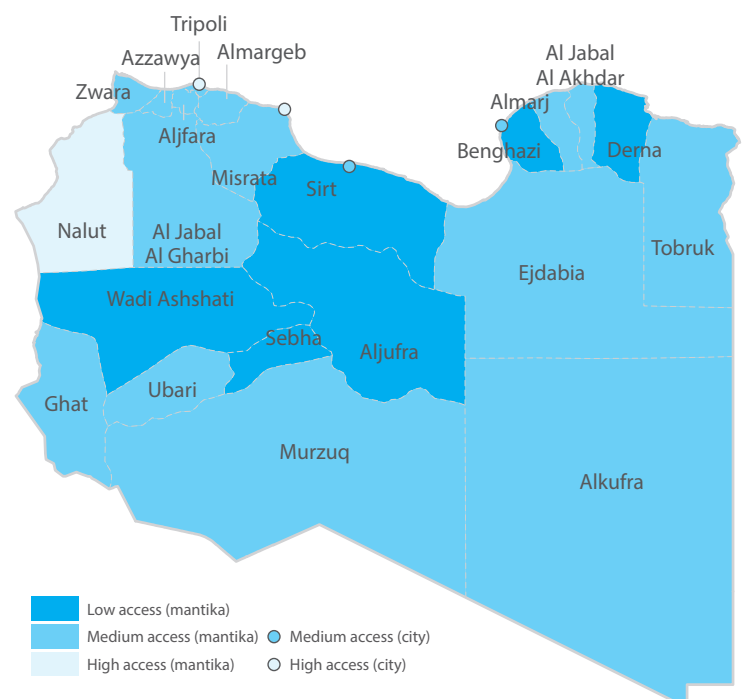
Priority actions by the humanitarian community

- Shifting the centre of gravity of the response from Tunis to Libya (presence and proximity);

- Focusing on ''stay and deliver'' by strengthening risk management measures and crisis response capacity, informing and engaging with staff, partners, authorities, armed groups and others on adherence to the core humanitarian principles, reviewing remote programming and other creative context specific approaches to reduce risk;

- Adherence to the key humanitarian principles of humanity, neutrality, impartiality and independence and raising awareness on humanitarian principles with all relevant stakeholders, which is a key prerequisite to increase acceptance by all stakeholders;

- Commitment to respect minimum duty of care vis-à-vis its implementing partners and staff;

- Identifying new modalities of aid delivery and monitoring, particularly in areas where access is constrained;

- Strengthening accountability frameworks based on risk management models that aim to link principles of due diligence, performance and capacity assessment throughout the project cycle;

- Strengthening engagement with and conduct limited capacity building of national humanitarian actors, including for localised emergency response and provision of services;

- Investing in developing strong trust and relations with partners, authorities, institutions and the affected people;

- Increasing the operating space for NGOs;

- Ensuring more granular and conflict-sensitive needs analysis and programming;

- Developing better systems to exchange information on access and; and

- Increasing community based activities.

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LEVEL OF HUMANITARIAN ACCESS

Legend:
- Low access (mantika)
- Medium access (mantika) / Medium access (city)
- High access (mantika) / High access (city)

MONITORING

Stronger commitment towards more effective monitoring

Monitoring the humanitarian response in Libya has been challenging. The semi-remote nature of the humanitarian response in 2017 made data collection difficult and ad-hoc. As most international humanitarian organisations have operated mostly remotely from Tunis since mid-July 2014, maintaining access to reliable and updated data on the humanitarian situation in Libya has been challenging.
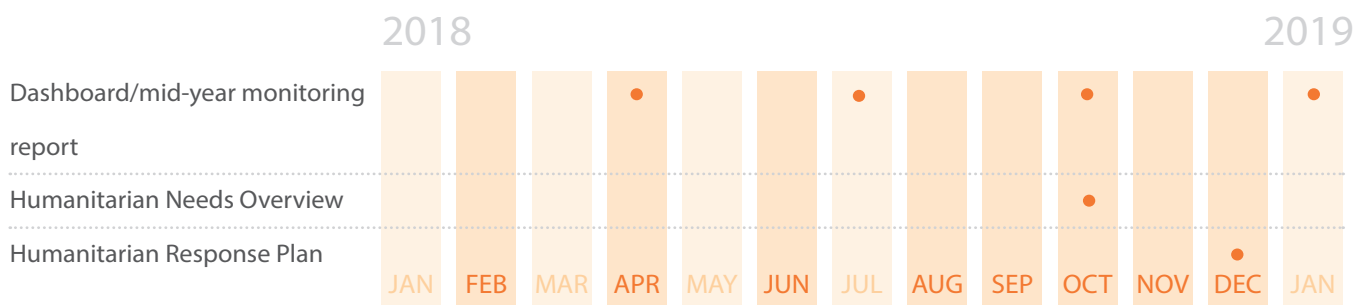
To partially overcome this difficulty, in December 2015, IOM established a Displacement Tracking Matrix (DTM) to provide more accurate and regular information on the locations and movements of IDPs, returnees and migrants in the country, including mobility tracking and flow monitoring, registration and surveys. The data and results produced by the DTM are used to coordinate targeted and evidence-based humanitarian assistance and advocacy. Multi-sectoral needs assessments (MSNAs) are also undertaken in selected geographical regions (mantikas) particularly affected by the crisis. The MSNAs provide comprehensive information on humanitarian needs across all sectors and do represent an important source of data for the response. With the expected lifting of the evacuation status in early 2018, and the re-establishment of humanitarian actors' international presence in the country, access to data and information is likely to be less challenging in 2018. A number of agreements have already been made with some of the partners who conducted MSNAs in 2017 to build on this experience to reach wider coverage.

As part of the HCT commitment to strengthen coordination, including data collection and use of data in the humanitarian programme cycle, Libya has piloted a new platform for project planning which closely integrates project activities with disaggregated data on people in need (PiN) and targeted, and indicators from the HRP monitoring framework.[12] This platform is part of the new HPC.tools-suite initiative, developed to improve how humanitarians around the world plan, monitor and report on response operations.

Monitoring responsibilities

The HCT is ultimately accountable for the implementation of the 2018 HRP. In the attempt to ensure more effective monitoring and regular reporting on response operations, the HCT commits to ensuring that all sectors collect information on 4Ws on a monthly basis and produce related humanitarian dashboards updates of which analysis of, and reporting on HRP strategic objectives, response, risks and needs monitoring information will be undertaken. The inter-sector coordination group (ISCG) will be responsible to ensure timely and quality reporting on the overall response, to regularly inform the HC/HCT on progress and/or gaps toward achieving the expected targets, and advise on required operational adjustments. Effective monitoring and reporting will rely on, and benefit from close and continuous collaboration between the ISCG and the information management and assessment working group (IMAWG).

HUMANITARIAN PROGRAMME CYCLE TIMELINE

	2018											2019
---	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Dashboard/mid-year monitoring report				●		●				●			●
Humanitarian Needs Overview										●			
Humanitarian Response Plan												●	

12 Monitoring of sectoral and multi-sectoral refugee and migrant response efforts lies within the Refugee and Migrant Response Plan, in close collaboration with all sectors.

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED

1.1 M

PEOPLE TARGETED

0.94 M

REQUIREMENTS (US$)[1]

313 M

The total population in need of humanitarian assistance in Libya in 2018 is estimated at approximately 1.1 million people. This figure includes the total estimated population of vulnerable groups: IDPs, returnees, non-displaced as well as migrants, refugees andasylum-seeker.

People in need: for the calculation of overall people in need for IDPs, returnees and migrants, refugees and asylum-seekers, highest sectoral estimates at mantika level were taken and aggregated for each population group. For non-displaced in need seven indicators were used from the UNFPA/Bureau of Census and Statistics (BCS) Libya multi-sectoral needs assessment (MSNA) and WHO/MoH Service Availability and Readiness Assessment (SARA) and thresholds for non-displaced population in need in each of the 22 mantikas were defined: poor food consumption score; food product prices compared to pre-2011; food product diversity compared to pre-2011; livelihood coping strategies (sold household assets); livelihood coping strategies (spent savings); working status of hospitals, primary health care centres (PHCs) and other health facilities and non-availability of medicine for people suffering from chronic disease.

People in need per sector: the sector specific numbers of people in need were calculated based on the indicators collected and used for a joint inter-sectoral analysis exercise. Using these indicators and sector severity maps, sectors determined people in need for IDPs, returnees, migrants/refugees/asylum seekers and non-displaced population groups.

Needs analysis: The analysis of the HNO was based, amongst others, on the two household level MSNAs carried out for this year's HNO. Data collection for the first MSNA was carried out in December 2016 – January 2017 by UNFPA / BCS Libya

MSNA and covered 20 cities. The second MSNA was carried out by REACH, at baladiya level, in eight mantikas and the data collection was completed in September 2017.

In addition, WHO / Ministry of Health also updated the results of SARA in 2017. IOM's displacement tracking matrix (DTM) for Libya ensures that IDPs, returnees and migrant numbers are updated on a regular basis. For the 2018 HNO, DTM's round 12 data was used incorporated and the figures were used as a baseline for the calculation of the people in need. UNHCR provided the figures on refugees and asylum-seekers.

Target population: The total population targeted in this appeal is approximately 940,000 people. This figure is based on the highest number of IDPs, non-displaced and returnee individuals targeted with some form of life-saving assistance by a sector, in this case the health sector. This was added to the number of migrants, refugees and asylum-seekers in need to reach a total figure. Other factors included the severity of needs, as identified by the Humanitarian Needs Overview (HNO), capacity to deliver and resources that may be available. All population figures are disaggregated by status group, sex and age, as well as geographical location.

The total funding requirement for the plan is US$ 313 million. The humanitarian response has been strictly prioritised and it addresses the most critical humanitarian needs of IDPs, returnees, non-displaced in need, migrants, refugees and asylum-seekers.

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Sector	TOTAL		BY STATUS		BREAKDOWN OF TARGETED			BY SEX & AGE		REQUIREMENTS (US$)	
	People in need	People targeted	Refugees /asylum-seekers	Migrants	IDPs	Returnees	Non displaced	% female	% children, adults, elderly A	Refugees /migrants /asylum-seekers	Total
Protection	1.04M	0.46M	24.2K	62.7K	72.4K	102.4K	193K	46%	37 | 58 | 5%	83.7	121.5M B
Education	0.30M	0.13M	10K		17K	59K	48K	50%	100 | - | -%	0.4M	6M
Food Security	0.63M	0.20M	10K	10K	60K	93K	27K	51%	42 | 53 | 5%	2.5M	26.4M
Health	1.05M	0.83M	290K		121K	158K	262K	46%	46 | 49 | 5%	23.2M	46.2M
Shelter & NFIs	0.58M	0.30M	33K	41K	90K	99K	38K	49%	40 | 53 | 7%	44.9M	81.7M
WASH	0.67M	0.27M	126K		44.5K	31K	66K	51%	43 | 52 | 5%	4.8M	9.5M
Multi-sector	-	0.03M	-	-	25.7K	2.5K	3.9K	50%	45 | 50 | 5%	-	5.5M C
Coordination	-	-	-	-	-	-	-	-	-	-	16M
TOTAL	1.1M D	0.94M D	0.4M D		121K D	158K D	262K D	-	-	$159.5M*	$313M*

A. Children (<18 years old), adult (18-59 years), elderly (>59 years)
B. This includes Assisted Voluntary Return (AVR) initiatives
C. These are multi-purpose cash assistance (MPCA) interventions
D. Total figure is not the total of the column, as the same people may be targeted by multiple sectors

*These requirements represent the whole 2018 HRP for Libya. Refugee and migrant multi-sectoral financial requirements appear under the relevant sectors (as in 2017). The Financial Tracking Service, however, displays the refugee and migrant multi-sectoral response requirements separately.

PART II: OPERATIONAL RESPONSE PLANS

- Implementing a multi-sectoral approach
- Protection
- Education
- Food security
- Health
- Shelter/NFIs
- Water, sanitation & hygiene (WASH)
- Coordination and common services
- Refugee and migrant response

IMPLEMENTING

A MULTI-SECTORAL APPROACH

The 2018 Libya HRP is underpinned by its aim to provide a multi-dimensional response to people in need. In line with the HCT's commitment to improve delivery of humanitarian aid, a strengthened multi-sectoral response will be implemented through the 2018 HRP. This will be supported by the imperative of ensuring principled, inclusive, safe and dignified assistance to the most vulnerable people, and accountability towards communities and constituencies in Libya. This approach will be anchored by three main pillars: pillar 1 focuses on rapid response for emergency and life-saving assistance and aims to target needs that arise in the first three months from the onset of new emergencies. Pillar 2 focuses on multi-sectoral assistance for the most vulnerable people and households and aims to address more protracted humanitarian needs beyond

MULTI-SECTORAL APPROACH

Pillar 1
Rapid response for emergency and life-saving assistance

- Emergency food distribution
- Emergency health care, medicine distribution, trauma and emergency kits, delivery kits, support to health workers
- Clinical management of rape (CMR)
- Psychological First Aid
- Non-food items (NFIs): hygiene and dignity kits
- Water provision (domestic and potable), water treatment
- Protection monitoring
- Education in emergencies and psychosocial support
- Registration
- ERW helpline, ERW contamination reporting, mine risk education, risk awareness, spot clearance
- Humanitarian evacuation for migrants and refugees
- Provision of agricultural emergency inputs

Pillar 2
Multi-sectoral assistance for the most vulnerable people and households

- Rehabilitation of water facilities in schools, health facilities and IDP camps
- In-kind food assistance in detention centres
- Hygiene promotion in schools and IDP camps
- Multi-sectoral basic services to migrants/refugees in detention centres and to those intercepted or rescued at sea (health, WASH, counselling and protection services)
- Psychosocial support in schools
- Integration of mental health/psychosocial services (MHPSS) and reproductive health services within primary health care and referral to psychosocial workers
- Unconditional cash assistance

Pillar 3
Restoring basic functionality of essential services and livelihoods

- Light rehabilitation of basic service facilities (e.g. health facilities, conflict-affected schools, water supply systems, WASH facilities)
- Provision of livelihoods assets (e.g. fishing/agricultural equipment, etc)
- Mine risk education, small arms light weapons risk awareness/attitude changes
- Case management and referral systems
- Catch-up classes for drop-out children, remedial classes for children at risk of failing or dropping out, recreational activities in schools, teachers training on education in emergency (EiE), support to formal and non-formal education
- Community-based health services

the first three months. Pillar 3 focuses on restoring basic functionality of essential services and livelihoods and will be implemented throughout the year when needed. Within this multi-sectoral approach, humanitarian mechanisms will be aligned with stabilisation and development principles and interventions. The humanitarian community will work with stabilisation and development actors to ensure longer-term solutions are identified and to establish a sustainable process of recovery that will reduce humanitarian needs over time.

Response modalities

Cash Assistance

The Cash and Market Working Group (CMWG) for Libya was established in August 2016 to support the humanitarian operations to all affected populations in Libya and is co-lead by UNHCR and Mercy Corps. Whilst initially hosted by the Shelter/NFI sector, due its cross-cutting multi-sectoral nature, the working group is directly linked to the inter-sector coordination group (ISCG).

The CMWG uses the Cash Learning Partnership (CaLP) definition of Cash Based Interventions (CBI), which refers to "all programs where cash (or vouchers for goods or services) is directly provided to beneficiaries. In the context of humanitarian assistance the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CBI covers all modalities of cash- based assistance, including vouchers". CBI also refers to the indirect responses such as market-based interventions/actions with others (e.g. traders or authorities) to benefit indirectly households affected by the crisis.[13]

In 2018, cash assistance across Libya will continue to be delivered both as multi-purpose cash assistance and as sector-specific interventions, while avenues for further scaling up and diversifaction will be explored. The aim of this cash assistance is to help ensure that highly vulnerable families and individuals receive direct financial support in the form of cash transfers aimed at covering a wide range of their basic needs.

In support to the scaling up of both sectoral and multi-purpose cash assistance (MPCA) approaches the CMWG is developing a strategy articulated along four pillars: harmonisation of cash delivery mechanisms; beneficiary data management; monitoring and evaluation and third-party monitoring; and feasibility of anchorage to national social safety nets. Understanding the specific risks linked to the implementation of CBI at scale in the Libyan context and developing proper mitigation measures will be of paramount importance. Implementing programs and cash-based responses (partially) remotely presents multiple challenges. As the operation expands, more rigorous beneficiary data management will be required to facilitate and support programming, monitoring, coordination and reporting.

This year, a total of 12 projects, that are either fully multi-purpose CBIs or include cash components have been submitted under the HRP. Four projects are multi-purpose CBIs and target an estimated caseload of 6,433 households (32,150 individuals). In addition to this, six sector specific projects will be implemented this year under the 2018 HRP within the food security, protection and shelter/NFIs sectors (respectively for 10,000, 9,000 and 30,000 households). Furthermore, there are two projects under the refugee and migration response plan that have cash components. The total amount of cash assistance under the HRP is approximately US$36 million and will target some 58,000 households (more than 300,000 individuals) who will receive at least one cash transfer. In 2017, 11,000 individuals were reached with at least one cash transfer.

As the ISCG is responsible in ensuring timely and quality reporting on the overall response in order to regularly inform the HC/HCT on progress and/or gaps, the CMWG as with other sectors/working groups will regularly update the humanitarian community of which the ISCG is a part. This will include CWMG members reporting on operational activities through existing sectoral channels and thus in parallel on CBI related indicators under each relevant sector. In addition the CMWG will maintain a dedicated monitoring framework to inform progress updates and analysis. To facilitate this and to avoid duplications, sector lead and co-lead representatives will be invited to attend the CMWG meetings and there will be representation of the CMWG at the ISCG and sector meetings. The CMWG will ensure that relevant documentation resulting from meetings will be shared with sectors to keep all members informed.

In support of the scale up and as a key component in monitoring the feasibility of using cash as a response modality, the Joint Market Monitoring Initiative (JMMI) - operational since June 2017 - collects and shares monthly harmonised price data across markets throughout Libya. Household-level consumption and expenditure related information will support the creation and the update of a minimum expenditure basket (MEB) which will allow the calculation of standardised transfer values to be used by all cash partners operating in Libya.

Expanding cash-based response programming in Libya will still present risks and challenges in 2018. The financial liquidity crisis will remain a major issue and financial service providers (FSPs) are yet to be contracted and tested at scale. Additional constraints include a lack of countrywide access to financial services and the remote and semi-remote management set up in place for most implementing partners.

To address these challenges, operational partners are scaling up their response in phases within which monitoring capacities of existing FSPs will take place. Furthermore the CMWG is developing and strengthening its relationships with the World Bank, the International Monetary Fund (IMF) and UNSMIL in order to better monitor the economy in Libya to have an

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13 The working group is a community of practice of humanitarian actors (Cash and Market WG Members) that operates from the CaLP approach to cash coordination. It includes both technical functions that focus on process (such as sharing lessons learnt, harmonizing approaches to delivering cash, developing guidelines) and strategic functions that focus more on results and impact (such as ensuring that cash programmes are appropriately integrated throughout the assessment, planning and monitoring of the humanitarian response, avoiding gaps and duplication, advocacy to promote appropriate cash based interventions and influence policy).

improved understanding of the liquidity issues. This will allow for interventions to be planned with a 'do no harm' approach. The CMWG has also been identifying alternative means to official financial services which may include for example vouchers and mobile banking to address the lack of countrywide access to these services. To strengthen accountability for remotely managed cash interventions, the CMWG will be updating the monitoring and evaluation framework during their strategic review in 2018.

With the facilitation of the CMWG, cash actors will, during 2018, begin to lay the groundwork for its exit strategy. As per the Grand Bargain, "delivering cash should, where possible and appropriate, use, link or align with local and national mechanisms such as social protection systems." Avenues to operationalise this commitment in the Libyan context will be explored. To this end, the Ministers of Social Affairs and IDPs and key stakeholders will be engaged to explore the feasibility of anchoring the humanitarian response within existing national social safety nets.

Implementing community-based interventions

As a means to support and enhance the recovery programme in conflict-affected areas, as well as in areas with large population movements, small-scale projects referred to as community based projects (CBPs) or quick impact projects (QIPs) will be supported to create social cohesion between IDPs, returnees, migrants, refugees, asylum-seekers and host communities. The aim of this type of community-based support is to facilitate access to basic services and livelihood opportunities. Community participation is an intergral part of a successful community based project and thus these projects are defined in coordination with communities and local authorities, ensuring their participation at every stage to create rapid conditions for durable solutions towards return/recovery. These projects also act as tools to reinforce linkages between humanitarian assistance and longer-term development. Through community participation, the projects will mainstream protection and gender, taking into account considerations of men, women, boys and girls at all ages and project design and implementation will ensure that female-headed households and groups with special needs benefit from these projects. Areas that are highly populated with IDPs, refugees, asylum-seekers and migrants or are return locations will be prioritised for these community based projects.

Within the 2018 HRP, these community-based interventions are a sub-set of pillar 3 which aims to restore the basic functionality of essential services and livelihoods to benefit communities at large. Examples of these projects across sectors submitted under the 2018 HRP include light rehabilitation of infrastructures and public services (such as primary health care units, schools and WASH facilities); environmental campaigns (such as cleaning up streets in neighbourhoods); creation/renovation of public spaces to promote social cohesion; renovation of public parks; provision of mobile schools and provision of in-kind grants for start-up and existing businesses with a focus on female-headed households. Projects will be planned for and implemented based on the most urgent needs as defined by the community and will be selected to avoid the perception that one group is being favoured over another, thus avoiding stoking community tensions.

This year, an estimated nine community-based projects are planned to be implemented in Libya during the year, representing approximately 170,000 individuals benefitting from these community-based projects.

Sectors members implementing community-based initiatives will report on their operational activities through existing sectoral channels which will also include reporting towards existing relevant indicators under each sector. These reports will feed into regular reporting requirements to the HCT/HC. Sector coordinators will ensure that all communication on community-based interventions is shared with relevant sectors and the ISCG and invite those concerned to attend meetings as and when required. As chair of the ISCG, OCHA will also facilitate with making sure all concerned partners are well informed. Furthermore, in 2018, a dedicated resource will be based in the RC/HC office to ensure better linkages with the development/stabilisation activities, including for the community based interventions under this humanitarian response plan. This dedicated resource will be asked to join ISCG meetings as required.

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PEOPLE IN NEED

1.04M

PEOPLE TARGETED

0.46M

REQUIREMENTS (US$)

121.5M

OF PARTNERS

9

PROTECTION OBJECTIVE 1:

1 Provide immediate protection assistance to population at risk from the consequences of the armed conflict in Libya.

RELATES TO SO1 , SO2

PROTECTION OBJECTIVE 2

2 Provide specialised protection services to people suffering from abuse and violence.

RELATES TO SO1 , SO2

PROTECTION OBJECTIVE 3

3 Strengthen the capacity of the humanitarian actors and duty bearers to promote full adherence to international protection norms and humanitarian and human rights law and facilitate community-based support for the communities and people affected by the conflict.

RELATES TO SO1 , SO3

PROTECTION

PRIORITY NEEDS

The protection environment in Libya remains greatly challenging. The protection space continues to deteriorate due to the absence of effective institutional capacity, breakdown of the rule of law and insecurity throughout country. The violation of human rights and humanitarian law, including violations of the right to life, and of children and women's rights, are widespread, including but not limited to various forms of gender-based violence (GBV), unlawful killing, arbitrary detention, and torture, enforced disappearances and other ill treatment. Psychological distress and exploitation from criminal networks are also common. As identified in the humanitarian needs analysis, the threat of explosive hazards, which is particularly present in nine out of 22 mantikas, is an overarching protection concern and threat to civilians. Civilians continue to be killed and maimed, exposed to explosive hazards, such as landmines, unexploded/abandoned ordnance and other explosive remnants of war, and improvised explosive devices, that affect lives, physical security and access to much needed services.

RESPONSE STRATEGY

I. Scope of the sector response: The protection sector will coordinate and expand protection presence, strengthen institutional capacities, enhance prevention and risk reduction efforts and up-scale response to provide assistance to those most in need and most vulnerable, as identified by the humanitarian needs analysis, including IDPs, returnees, non-displaced people living in conflict-affected areas, children, women and girls, elderly and people with mental and physical disabilities; meanwhile the mixed migration sector will lead on providing protection and life-saving assistance to refugees and migrants.

II. Priority response interventions and prioritisation: the sector response includes three priority components 1) provide immediate protection assistance to population at risks; 2) provide specialised protection services to people suffering from abuse and violence; and 3) strengthen the capacity of the humanitarian actors and duty bearers to promote adherence to international protection norms and humanitarian and human rights law and through facilitation of community-based approaches to protection.

The sector will increase coordination with all

sectors and relevant actors and strengthen referral mechanisms to ensure a coherent multi-sectoral response and mainstreaming protection throughout response. In 2018, the sector aims to increase protection assessments (house, land and property (HLP), civil documentation, GBV) and protection monitoring to improve the identification of actionable protection and humanitarian needs and gaps to inform protection response and advocacy initiatives.

The protection sector will collaborate with the shelter/NFI, the cash and markets working group, health, education, food and WASH sectors to ensure that the most vulnerable persons have been identified and prioritised to receive assistance by updating the vulnerability criteria in Libya.

To ensure a more sustainable response and complement humanitarian operations, the sector will prioritise capacity building and technical assistance in IDP profiling, child protection, GBV, and legal framework on addressing displacement and returns to the local authorities, notably in hard to reach areas, to promote full adherence to protection, GBV and child protection guiding principles and human rights law principles. The sector will scale-up community-based protection structures, initiate GBV case management and operationalise the GBV-sub sector working group. Quick impact projects will be implemented in displaced and return areas to ensure social cohesion, mitigate conflict between IDPs, returnees and host communities and contribute to long term protection of most vulnerable groups.

III. Response modilities: At a minimum, response in areas considered inaccessible by international humanitarian actors will include;delivery of remote services including protection monitoring through national partners and advocacy and building the capacity of local partners. Through targeting and prioritisation, the protection sector will increase capacities to timely assess protection concerns and risks in areas of new displacement and return within Libya to enable protection and other actors to provide immediate life-saving services, including in areas where physical access is limited. It is envisaged that this will lead to new partners for the protection sector. The sector will also work on increasing the cash-based intervention to reduce protection risks and improve effectiveness in programme delivery.

SYNERGIES WITH DEVELOPMENT AND STABLISATION ASSISTANCE

The protection sector interventions will strive to address immediate needs, while considering, in coordination with relevant actors, the longer-term development and stabilisation potential of its activities. In this context, the protection sector will contribute to development activities by making areas affected by the conflict suitable for civilian use in line with international law and national standards.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

- Engagement with communities: to ensure accountability and strengthening communication with communities- both in terms of better engaging with affected populations and better incorporating their views into the programme cycle- will constitute a central focus of the 2018 response. The sector will support the HCT to establish a collective approach on accountability to affected populations (AAP) and to bring together the individual efforts of protection partners and ensure that community voices inform protection strategic decision-making and help adjust operational plans appropriately. The protection sector will build and expand on what is currently obtained by ensuring feedback and accountability mechanisms are integrated into project activities, monitoring and reporting. Programming will be adapted on the beneficiaries' feedback where possible. Through implementation of provision of information activities, the sector will provide accessible and timely information to affected populations, so they can make informed decisions and choices, including putting in place mechanisms that promote dialogue between humanitarians and affected populations.

- Protection and Protection Mainstreaming: Through trainings, advice and guidance to all sectors, the protection sector will aim to ensure that activities in Libya are carried out with a protection lens to ensure that the humanitarian response target the most vulnerable, enhance safety, dignity, and promote and protect the human rights of the beneficiaries without contributing to or perpetuating discrimination, abuse, violence, neglect and exploitation.

- Gender: the protection sector is committed to incorporating gender and age considerations across the response. All sector members collect sex-and age-disaggregated data and use for planning, monitoring and advocacy. Programmatic focus across protection sector components facilitates gender- and age sensitive activities through providing training to relevant sectors and partners. The protection sector also recognises that the existence of discriminative laws, social norms and the disregard for international conventions and treaties signed by Libya to end violence against women remains fundamental issues that require urgent action.

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

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	64K	336K	125K	188K	334K	1.04M	44%	33%	61%	6%
PEOPLE TARGETED	24.2K	62.7K	72.4K	102.4K	193K	0.46M	46%	37%	58%	5%
FINANCIAL REQUIREMENTS	$83.7M					$121.5M	*Children (<18 years old), adult (18-59 years), elderly (>59 years)			

PEOPLE IN NEED

0.3M

PEOPLE TARGETED

0.13M

REQUIREMENTS (US$)

6M

OF PARTNERS

2

EDUCATION OBJECTIVE 1:

1 Most vulnerable school aged children affected by protracted crisis are provided with access to nonformal/formal education, psychosocial support within a safe and protective environment and provision of education in emergencies supplies.

RELATES TO SO1 ,SO2

EDUCATION OBJECTIVE 2

2 Capacity of Education personnel is strengthened to provide the vulnerable children equitable access to quality education.

RELATES TO SO1 ,SO2

EDUCATION

PRIORITY NEEDS

The protracted conflict has damaged vital education infrastructure, and recent reports from the Ministry of Education in the east, west and southern part of Libya suggest that some 489 schools have been affected by the crisis of which 40 have been fully damaged, 423 partially damaged and 26 are accommodating internally displaced persons (IDPs). Thus, the education of 267,000 students has been affected (considering that the average number of children per school is 500). Moreover, as per DTM round 12 there are 32,000 are refugee and migrant children in different parts of Libya who need educational support. The major humanitarian needs are access to conducive and safe learning environment, formal/non-formal education opportunities for out of school children or those who are at risk of dropping out and education in emergency supplies. The needs also include teachers' capacity on education in emergency, mine risk education, handling students with disabilities and minorities, and management of overcrowded classrooms, and gender-based violence guidelines.

RESPONSE STRATEGY

I. Scope of the sector response: the education sector will focus on reaching the most vulnerable, especially those living in hard-to-reach and conflict-affected areas. The response will target school aged children from grades 1-12 in the east (Benghazi and Derna), in the west (Sirt, Zwara, Tripoli) and in the south (Sebha and Ubari). The education sector will work closely with protection and WASH sectors, and collaborate with the refugee and migrant working group to ensure refugee and migrant children will be incorporated into existing educational interventions.

II. Priority response interventions and prioritisation: the main priorities for the education sector are to increase access to quality emergency education, through provision of non-formal/formal education and establishment of additional and mobile classes in conflict-affected areas or small-scale rehabilitation of damaged schools where rehabilitation is needed to increase access and provide a protective environment and mainstreaming of psychosocial support into formal education settings to mitigate psychosocial impacts of the crisis with a focus on girls, children with disabilities and minorities.

III. Response modalities - The sector will continue to coordinate activities with the Ministry of Education and municipalities, through strengthening and expanding partnerships with national counterparts, NGOs and CSOs in conflict-affected areas. Educational and psychosocial support services will be delivered through local and national NGOs and the Ministry will be supported to mainstream these programmes into the educational system. The sector will ensure a monitoring mechanism to support remote planning and implementation, including third-party monitoring and working with education counterparts and partners (MoE, municipalities and NGOs).

The response modalities include emergency preparedness and contingency planning and pre-positioning of education in emergency supplies at strategic locations.

SYNERGIES WITH DEVELOPMENT AND STABILISATION ASSISTANCE

The sector will implement humanitarian projects which will contribute to the stabilisation/developmental impact. The selected projects will be coordinated with community and/or local authorities through the existing coordination mechanisms. Some activities will focus on building the capacity of partners to provide quality educational services.

The sector will also strengthen the existing education working group coordination platform between government, humanitarian and development stakeholders to ensure complementarity between humanitarian and development initiatives. The sector will develop a combined workplan according to the government priorities. The education sector will also advocate for the inclusion of under-served locations in the development of education projects.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

- Engagement with communities: for educational activities, active engagement of the communities is critical, and hence, the sector will take into account the different needs of adolescent girls and boys based on their age, gender and other specific circumstances. Special attention will be given to providing opportunities for girls, children with disabilities and minorities. Selection of children who are out of school for several months will be done though local committees. Accountability to affected people

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(AAP) will be addressed through these committees who have records of displaced school-aged and out of school children, and conduct regular awareness and orientation sessions for their communities.

- Protection: provision of educational services will be adapted to ensure safe and dignified access for vulnerable people. The sector will work with the local committees that the learning spaces should be conducive and protective environments and the distance should be within or in close proximity to the community, IDP collective centres to prevent violence against girls, disabled children and minorities.

- Gender: gender mainstreaming is at the core of education in emergencies, and will be achieved through the planned activities. The education sector will promote and ensure that 50 per cent of the children benefiting through the educational services are girls, starting from the needs assessments up to reports and gender disaggregated data will be provided.

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

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	32K		67K	79K	121K	300K	49%	100%	0%	0%
PEOPLE TARGETED	10K		17K	59K	48K	134K	50%	100%	0%	0%
FINANCIAL REQUIREMENTS	$406K					$6M				

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

PEOPLE IN NEED

0.63M

PEOPLE TARGETED

0.2M

REQUIREMENTS (US$)

26.4M

OF PARTNERS

3

FOOD SECURITY OBJECTIVE 1:

1 Improve immediate household food availability and access for the most vulnerable populations.

RELATES TO SO2 , **SO3**

FOOD SECURITY OBJECTIVE 2

2 Protecting agriculture-related livelihoods of crisis-affected communities in Libya.

RELATES TO SO2 , **SO3**

FOOD SECURITY

PRIORITY NEEDS

Protracted conflict continues to affect families' livelihoods and their ability to meet basic needs, including food. The inability to provide for the minimum food requirements to reach or maintain a satisfactory nutritional status continues to be a widespread problem in Libya. Agricultural production has also suffered immensely from the conflict, with greatly impacted food prices and limited availability hindering access to food for the most vulnerable households.

The changing landscape of the conflict has generated further displacement (IDPs) and an increased number of returnees, migrants and refugees who continue to face challenges. In some areas of the west, 24 per cent of people are severely food insecure, with almost 60 per cent of the internally displaced persons (IDPs) population struggling with food insecurity and 20 per cent in need of agricultural support. Areas in southern and eastern regions are also seeing a rise in food insecurity and are increasingly reliant on coping strategies.

RESPONSE STRATEGY

I. Scope of the sector response: Vulnerable IDPs, returnees, refugees, migrants and non-displaced populations will be targeted for immediate food assistance. Agricultural livelihood interventions will target the most vulnerable populations located in the most severely affected areas, focusing mainly on returnees and the non-displaced households with IDPs, migrants and refugees as indirect beneficiaries.

II. Priority response interventions and prioritisation: the food security sector response will include rapid response in-kind food assistance to people who have recently been displaced as well as returnees and refugees, food support to non-displaced people and emergency assistance to migrants (multi-sectoral pillars 1 and 2). Emergency provision of essential agricultural inputs, vaccinations and treatment of livestock against zoonotic diseases and support in controlling plant diseases will be rendered to non-displaced and returnee households (pillars 1 and 2). Small-scale farmers will be supported to restore fisheries production (pillar 3).

Support to agricultural livelihoods will focus on enhancing household food security among vulnerable small-scale farmers, income-generating activities for female-headed households and youths among returnees and non-displaced households. Specific assessments and capacity enhancement will be undertaken depending on the intervention needs of the pillars. A rapid food security assessment will be conducted during 2018 and will provide updated information on food security needs, which will allow the sector to continue to focus on the areas where help is most urgently needed.

III. Response modalities: While in-kind food assistance will be provided particularly in pillar 1 and in pillar 2 depending on the availability of food and market functionality, the sector will also continue to work with the Joint Market Monitoring Initiative to collect data in-country that will allow for the consideration of a future cash and voucher modality. The sector will provide emergency agricultural kits and animal and plant disease control through vaccinations and pest treatments. Multi-sectoral assistance will include capacity development as well as assessments.

SYNERGIES WITH DEVELOPMENT AND STABILISATION ASSISTANCE

With an unstable government infrastructure, food security including subsidies and agricultural production are seriously impacted. The planned agricultural livelihood interventions will support in the areas of animal and plant protection and fisheries. As the country stabilises, development support will gradually be increased for food security, sustainable agricultural development and economic development.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

Municipalities, local crisis committees, and small-scale farmer unions will be engaged in the decision-making processes. The Ministry of Agriculture and cooperating partners will play an active role in the design and implementation of the activities. The Sector will mainstream gender in core operational

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activities such as programming and monitoring, including ensuring gender parity among cooperating partner staff, monitoring distributions and post-distribution interviews to continue integrating gender-specific lines and hotline numbers, asking gender specific questions during the market monitoring process to improve in-country gender data, and the reviewing of projects to ensure that food assistance programmes and activities are adapted to the difference needs and capacities of women, men, girls and boys.

With regards to protection, the sector will ensure that

programmes are implemented safely with respect for dignity, needs, and human rights. Priority is given to ensuring that people served can safely collect their entitlements and return home, that participants have safe physical access and necessary documentation and that people in need have a means to voice complaints and provide feedback about the programmes they benefit from.

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

	BY STATUS						BY SEX & AGE			
	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
PEOPLE IN NEED	21K	120K	60K	93K	343K	637K	41%	31%	64%	5%
PEOPLE TARGETED	10K	10K	60K	93K	27K	200K	51%	42%	53%	5%
FINANCIAL REQUIREMENTS	$2.5M					$26.4M				

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

PEOPLE IN NEED

1.05M

PEOPLE TARGETED

0.83M

REQUIREMENTS (US$)

46.2M

OF PARTNERS

9

HEALTH OBJECTIVE 1:

1 Improve access of vulnerable people to preventive and curative health services.

RELATES TO SO2

HEALTH OBJECTIVE 2:

2 Restore basic functionality of health services.

RELATES TO SO3

HEALTH OBJECTIVE 3:

3 Reduce risk of outbreaks and other health emergencies.

RELATES TO SO3

HEALTH

PRIORITY NEEDS

Key priority needs include lack of preventive and curative health services for vulnerable people. Furthermore, functionality of most health facilities in Libya are inadequate within a health system that has poor capacity to respond to health emergencies.

The availability and readiness of various health care programs is seriously limited especially in reproductive maternal newborn child health, immunisation, communicable diseases including HIV as well as tuberculosis and non-communicable diseases (NCDs), mental health and specialised services such as surgery and emergency. The inadequate availability and readiness of these programmes is due to the lack of medicines, supplies and equipment in health facilities as well as the limited availability of specialised/skilled health staff.

With regards to health response capacity in emergencies, the majority of hospitals do not have functional emergency operations centres, an emergency response plan or security protocols, etc. The primary health care system has no capacity in terms of triage, stabilisation and referral of emergency cases. Moreover, while the risk of spread of communicable diseases is high, the surveillance system in Libya is weak, as well as the preventive measures. Furthermore, the inadequate diagnostic capacity, shortages of medicines and restricted access to health services in certain areas intensifies the risk of outbreak.

RESPONSE STRATEGY

I. Scope of the sector response: The health sector will target all districts where absence or reduced functionality of health facilities and infrastructure limit people's access to health services and essential needs. The response will target IDPs, returnees, migrants, refugees and non-displaced people. In line with the most vulnerable groups identified by the humanitarian needs analysis, primary focus will be on targeting injured people, elderly, children, pregnant women, people with disabilities, victims of violence, people with infectious diseases, especially HIV infection and tuberculosis, people with chronic diseases, people with mental illness and hard to reach citizens.

II. Priority response interventions and prioritisation: health sector intervention will be based on health priority needs. In line with HRP strategic objectives, the health sector strategy will contribute to three pillars. For the first pillar, improving access of vulnerable people to

preventive and curative health services will be ensured in all districts in the frame of emergency response, by providing medicines, supplies and deployment of mobile medical teams. For the second pillar, improving access to preventive and curative health services will be implemented to assist vulnerable people according to the needs in each district after three months from the onset of new emergencies. For the third pillar, the health sector will restore the basic functionality of health services by strengthening policy framework for health services delivery, supporting availability of skilled health staff especially in underserved areas, as well as providing medical supplies and equipment for health facilities. Furthermore, reducing the risk of health emergencies will be also a priority in the third pillar and will be implemented by strengthening all-hazard emergency health management in Libya at strategic and operational levels.

The health sector response will be jointly planned and implemented with the WASH sector to ensure dignified hygiene and sanitation conditions and safe water in health facilities. Furthermore the health sector will coordinate with the protection sector in the frame of the protection approach in health response for vulnerable people.

III. Response modalities: The delivery of health services will be implemented by the Ministry of Health and its technical units, organisations including the UN, international NGOs and national organisations. Implementation modalities include remote management through Ministry of Health, NCDC, Medical Supply Organisation (MSO), health facilities and NGOs and direct implementation through national staff. Provision of medical supplies and equipment as donations, deployment of health staff to health facilities and through mobile clinics, trainings and workshops to build capacities of workforce, will be the main modalities of the health sector response.

SYNERGIES WITH DEVELOPMENT AND STABILISATION ASSISTANCE

The health sector will work to ensure well-functioning health services by developing a capacity programme targeting health management, human resources and medical logistics. Furthermore, the health sector will coordinate with development and stabilisation partners for electricity provision, civil works and equipment supply at health facilities to ensure autonomy and sustainability of health services.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

- Engagement with communities: several assessments were conducted with households and with community focus groups, in close collaboration with health managers at the national and local level to determine challenges that limit access to health services. Moreover, feedback mechanisms from the community will be conducted through engaged community volunteers, implementing partners and national staff, to improve accountability and adjust the response.

- Protection: specific health needs of the most vulnerable groups including children, women and girls, people with disability, IDPs, migrants, refugees and GBV survivors of grave human right violations will be considered in the humanitarian response and will be addressed through advocacy, establishment of referral pathways and strengthening the health workforce to ensure more humanised and protection-sensitive health interventions.

- Gender: the health sector will provide specific interventions to increase the accessibility of women of reproductive age to comprehensive reproductive health services, including the deployment of mobile medical teams to provide maternal health services, the support referral mechanisms to secondary health care centres for complicated pregnancies and the provision of quality comprehensive maternal health services to complicated pregnancies referred to hospitals. Furthermore, health services for children will be considered as well and will include vaccination and curative pediatric services.

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

	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
BY STATUS							**BY SEX & AGE**			
PEOPLE IN NEED	310K		170K	200K	375K	1.05M	44%	33%	61%	6%
PEOPLE TARGETED	290K		121K	158K	262K	0.83M	46%	46%	49%	5%
FINANCIAL REQUIREMENTS	$23.2M					$46.2M				

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

SHELTER AND NFI

PEOPLE IN NEED

0.58M

PEOPLE TARGETED

0.3M

REQUIREMENTS (US$)

81.7M

OF PARTNERS

5

SHELTER OBJECTIVE 1:

1 Most vulnerable population groups affected by new humanitarian crisis are provided with life-saving shelter assistance.

RELATES TO SO2 , SO1

SHELTER OBJECTIVE 2

2 Most vulnerable population groups affected by protracted crisis are provided with shelter and shelter upgrades assistance.

RELATES TO SO2

SHELTER OBJECTIVE 3

3 Most affected communities are provided with community support projects.

RELATES TO SO2 , SO3

PRIORITY NEEDS

The protracted crisis and the current economic decline, coupled with limited access to sustainable livelihood options, has resulted in a cycle of asset depletion for many Libyans, displaced and non-displaced, returnees, migrants, refugees and asylum-seekers, whose savings are gradually exhausted. The destruction of housing and lack of adequate shelter options have led to housing shortages and an increase in rental prices, affecting the most vulnerable population.

The need for housing continues to stretch into urban areas in and around the major cities, exacerbating the difficulties in securing affordable housing and putting an increased number of families at risk of eviction.

RESPONSE STRATEGY

I. Scope of the sector response: Around 580,000 people in Libya are currently in need of shelter assistance in the form of in-kind or cash-based assistance and community support.

It is estimated that 55,000 most vulnerable households (302,500 individuals - IDPs, returnees, non-displaced, refugees and migrants) will be targeted for shelter assistance (in the forms of in-kind, cash-based assistance or a combination of both) in the following highly affected mantikas: Benghazi, Al Jabal Al Gharbi, Ubari, Tripoli and Misrata.

II. Priority response interventions and prioritisation: in order to prevent further deterioration in economic and shelter vulnerability, the sector's response focuses on the following priorities:

• provide rapid response, life-saving, to the most vulnerable population groups affected by onset crisis;

• provide a multi-sectoral response to the protracted vulnerable groups;

• provide support to communities in urgent need of assistance.

Rapid response for emergency and life-saving assistance: the continued strategic priority for the shelter and NFIs sector is to provide, life-saving assistance to meet the basic needs

of the most vulnerable population affected by new and onset crisis across Libya. The Sector aims to provide assistance in the form of emergency cash grant or tailored NFI package, to ensure that they can meet their needs in a manner that allows choice and promotes dignity. Subsequently, the provision of cash assistance will be prioritised wherever feasible and appropriate.

Multi-sectoral assistance for the most vulnerable people and households: the shelter and NFIs sector priority remains to ensure adequate, appropriate and affordable housing options for the most vulnerable people and households.

A combination of in-kind and cash-based assistance will be provided to people that have been assessed as socio-economically vulnerable through a cross-sectoral angle, including indicators from sectors such as protection, WASH and the cash and markets working group. These vulnerability and socio-economic considerations across sectors ensure that scarce resources are directed to those most in need.

Shelter upgrades will be undertaken through an integrated approach, involving multiple sectors, such as protection, WASH, cash and markets working group and food security. The strategy addresses the physical aspects of poor living-conditions, whilst reducing the household's rent burden, reducing their socio-economic vulnerability and providing them with more stability. The overall strategy also aims at increasing in adequate housing in a view to contribute to social cohesion in most affected areas.

Restoring basic functionality of essential services and livelihoods: expanding access to livelihoods is central to resilience building. Livelihood initiatives through community support projects take many forms in various sectors, including short-term employment opportunities through infrastructure rehabilitation, service activities; business stimulation through local contracting and procurement; vocational training; market analysis. Nonetheless, shelter or infrastructure-related community support projects will be prioritised.

III. Response modalities: where markets are functioning and accessible, cash-based

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interventions can ensure that humanitarian aid is delivered to these in need in a timely fashion, even during emergencies wherever feasible and appropriate.

The sector will focus on scaling up cash assistance, including regular monthly assistance as well as ensuring wide coverage with a combination of in-kind assistance.

In-kind assistance will be provided in the forms of family NFI packages and shelter material packages dedicated to rehabilitation and shelter upgrades.

Community support projects will be provided in the form of quick impact projects (short-term, small-scale initiatives that are designed to have an immediate impact contributing to strengthen the local capacities). Community-support programming aims at building bridges with development programming, linking between self-reliance and sustainability.

SYNERGIES WITH DEVELOPMENT AND STABILISATION ASSISTANCE

The shelter sector aims to deliver immediate humanitarian assistance and build the foundations of longer-term development and stabilisation initiatives. Responding to the Libyan protracted crisis requires the use of different types of interventions that build resilience, while addressing urgent needs through a mix of short- and long-term actions. Combining mechanisms such as cash-based assistance at household level (emergency grant, rental subsidies, cash for construction materials), with in-kind assistance (NFIs and/ or shelter materials) and community support projects, builds resilience and results in longer-term solutions.

With expanded livelihood opportunities, affected households will be better able to contribute to local economies and move towards self-sufficiency.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

- Protection and gender mainstreaming and engagement with communities: The Sector continues to move towards providing support to the most vulnerable population groups based upon the cross-sectoral vulnerability analysis of households. The shelter sector is committed to incorporating gender and age considerations across the response and to ensure that the humanitarian response target the most vulnerable, enhance safety, dignity, and promote and protect the human rights of the beneficiaries.

The shelter sector, as a strategic component, seeks to expand the involvement of communities in the implementation and monitoring of the sector's initiatives. Data collection and knowledge management will be strengthened to ensure that humanitarian programming is grounded in evidence and accurately reflects the evolving needs of communities.

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

	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
	BY STATUS						BY SEX & AGE			
PEOPLE IN NEED	33K	177K	130K	200K	41K	0.58M	36%	26%	70%	4%
PEOPLE TARGETED	33K	41K	90K	99K	38K	0.30M	49%	40%	53%	7%
FINANCIAL REQUIREMENTS	$44.9M					$81.7M				

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

WATER, SANITATION & HYGIENE (WASH)

PEOPLE IN NEED

0.67M

PEOPLE TARGETED

0.27M

REQUIREMENTS (US$)

9.5M

 # OF PARTNERS

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WASH OBJECTIVE 1:

1 Most vulnerable population groups affected by new/escalated humanitarian crisis are provided with life-saving WASH assistance.

RELATES TO SO1 ,**SO2**

WASH OBJECTIVE 2

2 Most vulnerable population groups affected by protracted crisis are provided with access to sufficient and safe WASH facilities.

RELATES TO SO1 ,**SO2**

WASH OBJECTIVE 3

3 Capacity of Water and Sanitation institutions are strengthened to ensure sustainable operation of water and sanitation systems.

RELATES TO SO1 ,**SO2**

PRIORITY NEEDS

The protracted conflict and continuous political instability in Libya has resulted in reduced access to adequate quantity and quality of water, poor sanitation and hygiene to the vulnerable population as well as weakened capacity of water, sanitation and hygiene (WASH) institutions and private sectors. Consequently, the priority humanitarian needs include:

• life-saving WASH services for population affected by new or escalated crisis

• access to safe environment and adequate WASH services for the most vulnerable population affected by protracted crisis particularly IDPs in collective centres, returnees with damaged WASH facilities, children in schools, migrants and refugees

• essential hygiene items for the most vulnerable families and individuals

• improved water and sanitation facilities in affected schools and health facilities

• capacity building of the main water and sanitation institutions (e.g. expertise, contingency planning, essential supplies, maintenance and operational support)

• improved water quality monitoring across the country to ensure the population has access to safe water.

RESPONSE STRATEGY

I. Scope of the sector response: In 2018, a total of 670,500 people including 268,000 children in Libya are identified among the most vulnerable groups and in need of humanitarian WASH assistance. Some 270,000, including 108,000 children from highly affected mantikas (including Benghazi, Tripoli, Sebha, Al Gabal Al Gharbi, and Sirt) will be targeted by humanitarian assistance. In addition, new and escalated conflict affected population across the country will be targeted for life-saving WASH interventions, as needs arise. The most vulnerable groups targeted are newly displaced population, IDPs living in collective centres, returnees with damaged infrastructure, over-burdened non-displaced population, most in need refugees and migrants and schoolchildren with limited access to WASH facilities in schools.

II. Priority response interventions and prioritisation: the type of response considering

timeframe and impact of WASH intervention comprises of the below three pillars. The projects under each category will be prioritised against fund availability, needs and engagement of vulnerable people particularly children and women and alignment with governmental priorities.

Rapid response for emergency and life-saving assistance: the sector will ensure timely and dignified access to life-saving WASH assistance to the population affected by new or escalated crisis that cause sudden loss of partial or total access to WASH services based on outcomes of a rapid need assessment. The main response actions include providing safe and sufficient water supply and sanitation facilities e.g. through water trucking, installing water storage facilities; providing emergency latrine and bathing facilities and distribution of basic hygiene items.

Multi-sectoral assistance for the most vulnerable people and households: in coordination with other sectors such as shelter/NFIs, health, education and protection, the WASH sector will ensure sufficient and safe access to basic WASH services for most vulnerable populations affected by protracted humanitarian crisis. The main response actions include light rehabilitation and repair of water and sanitation facilities in IDP camps, schools, health facilities and assembly points; improving garbage collection and disposal activities; hygiene promotion in schools and IDP camps;

Restoring basic functionality of essential services and livelihoods: to increase the resilience of population to future loss of partial or total access to existing water and sanitation facilities, the sector will work together with development actors to build the capacity of the community, government, institutions, development partners, and other stakeholders. The main actions include support operation and maintenance of the municipal water supply and sanitation systems through evidence generation, emergency preparedness and contingency planning, provision of life-saving supplies and water treatment chemicals; and strengthening of partnership and coordination systems at national and sub-national level including private service providers.

III. Response modalities: the response modalities include emergency preparedness and contingency planning, rapid response mechanism, pre-positioning of basic WASH

items at strategic locations, in-kind distribution of WASH items and cash-based interventions (when possible), improved coordination with government, development actors, private sectors, and CSOs and advocacy.

SYNERGIES WITH DEVELOPMENT AND STABILISATION ASSISTANCE

The sector will implement humanitarian projects which will contribute to the link between humanitarian and stabilisation/development initiatives. These projects will be coordinated with community, local authorities, and other international and national stakeholders through the existing coordination mechanisms. The capacity building interventions will enable local partners and government counterparts to have effective management of humanitarian WASH assistance.

The sector will also strengthen the existing WASH working group that coordinates between government and development stakeholders and ensure complementarity between humanitarian and development initiatives. The sector will continue developing a combined workplan and mapping of project activities based on the water and sanitation priorities identified by governmental institutions. The WASH sector will advocate for the inclusion of under-served locations in the developmental WASH projects.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

- Engagement with communities: for WASH facilities to be used and sustained, active engagement with communities is critical. Starting from the outset of the WASH intervention, communities will be engaged in the need identification, planning and monitoring. The community will be engaged in all related project actions including: coordination and communication before commencing WASH interventions; allowing for separate discussions/information collection with different affected groups (including children and gender and age disaggregated groups) and providing feedback for the community. Accountability to Affected People (AAP) will be ensured along the implementation of WASH projects.

- Protection: the rehabilitation of water and sanitation facilities will be adapted to ensure safe and dignified access for all affected population groups including people with disabilities. Water and sanitation facilities will be available within or near learning environments, IDP collective centres and health facilities as these are utilised by a large number of people, especially the most vulnerable. The physical safety and access to WASH facilities will be analysed to identify associated risks such as GBV and the risks will be mitigated for the users, particularly women and girls and ensure equal access by people with disabilities. Basic information about GBV risk reduction including referral pathways for GBV survivors will be incorporated through WASH awareness campaigns.

- Gender: gender mainstreaming is at the core of the humanitarian WASH assistance. The WASH sector will promote and ensure separate WASH facilities for men and women in IDP collective centres, schools, health facilities and detention centres. During the project cycle, separate and confidential discussions with men, women, boys and girls will be conducted to capture their specific needs and concerns, and addressed through the response. WASH need assessments and reports will provide gender and age disaggregated information. To ensure appropriate use of the hygiene kits, the kits will be distributed with key messages that consider appropriate cultural norms. Representatives of different affected groups will be included in participatory evaluations and committees.

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

	Refugees	Migrants	IDPs	Returnees	Non displaced	Total	% female	% children *	% adult*	% elderly*
BY STATUS							**BY SEX & AGE**			
PEOPLE IN NEED	105K		132K	139K	294K	0.67M	42%	32%	63%	5%
PEOPLE TARGETED	126K		44.5K	31K	66K	0.27M	51%	43%	52%	5%
FINANCIAL REQUIREMENTS	$4.7M					$9.5M				

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

REQUIREMENTS (US$)

$ 16M

OF PARTNERS

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COORDINATION OBJECTIVE 1:

1 Ensure effective humanitarian response through strengthened HCT, inter-sector and coordination, including with national and local partners.

RELATES TO SO1 , **SO3**

COORDINATION OBJECTIVE 2:

2 Strengthen evidence in support of humanitarian operations, through multi-sector assessments of humanitarian needs and response, and strengthened information management.

RELATES TO SO1 , **SO3**

COORDINATION OBJECTIVE 3:

3 Ensure more effective advocacy efforts and increased resources in support of the collective humanitarian response.

RELATES TO SO1 , **SO3**

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COORDINATION AND COMMON SERVICES

PRIORITY NEEDS

Operating in Libya remains high-risk and unpredictable. Since the evacuation of almost all UN agencies and international partners in 2014, international organisations have mostly managed their operations remotely from Tunis, but are gradually increasing systematic presence in Libya. In such a complex context, strong inter-sector coordination and security management are essential to an effective, principled and evidence-based response. There are some 65 humanitarian actors active in Libya, including at least 10 UN agencies, 14 international organisations and 41 national partners. Out of the total, 21 organisations are appealing for funding in the 2018 HRP. In addition, Libyan local communities, local crisis committees and municipal authorities are key players in responding to the human costs of the conflict, violence and disruption of basic social services. Six sectors are currently active in coordinating the humanitarian response to Libya: protection, education, food security, health, shelter/NFIs and water, sanitation and hygiene (WASH), in addition to the coordination and common services sector. Due to the specific needs and status of migrants, refugees and asylum-seekers, additional ad-hoc coordination arrangements are in place for these population groups under the mixed migration working group (MMWG) co-led by UNHCR and IOM. A cash and markets working group (CMWG) was also established in August 2016 to support inter-sector coordination co-led by UNHCR and Mercy Corps.

Humanitarian actors have invested significantly in the establishment of local networks and partners and all response operations are supported and coordinated at the local level with an increased inclusion of local humanitarian partners and affected populations.

RESPONSE STRATEGY

In 2018, efforts will build on the 2017 strategy, with key priorities being strengthened coordination, provision of evidence based data and needs assessments and advocating for increased access and protection. The following include the main aspects of the strategy:

- Ensure that inclusive humanitarian coordination mechanisms are fully functional inside Libya

- Support the HCT and inter-sector coordination group efforts to take decisions on operations, strategy, key policy issues and security challenges

- Support the HCT to develop a strategy which includes components on centrality of protection, community engagement, access and accountability to affected populations

- Strengthen collaboration with national and local government authorities as the first responder to people's needs to enhance their capacity to respond

- Support the humanitarian community to have safe, effective and efficient access to beneficiaries and projects implementation sites through United Nations Humanitarian Air Services (UNHAS) operated by WFP. UNHAS can also provide light cargo services such as medical supplies and high value equipments and capacity for humanitarian staff evacuations.

- Strengthen data and information management; improve monitoring and reporting systems, including on population movement; and strengthen joint assessment capacity

- Strengthen information sharing between and across and better linkages of humanitarian coordination structures with stabilisation and development coordination mechanisms

- Produce granular and conflict-sensitive context analysis on the humanitarian context in Libya, closely linking it to stabilisation, development and peacebuilding to come to a common understanding of the Libya situation

- Monitor and analyse security and access constraints, and engage relevant parties to address humanitarian space concerns

- Ensure that awareness and advocacy of humanitarian principles is increased for a more principled response and advocate for neutral, impartial, human and independent humanitarian assistance

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at all times, including better integration of do no harm approaches

- Advocate for protection of civilians, and take necessary steps, to ensure all vulnerable groups are treated humanely and in accordance with IHL

- Manage the Humanitarian Programme Cycle (HPC), including supporting and coordinating needs assessments, analysis, reporting and response planning

- Ensure gender and protection are mainstreamed across the response at all times and humanitarian partners systematically engage with affected communities

- Advocate for the provision of adequate and predictable funding to humanitarian activities by scaling up advocacy initiatives and resource mobilisation efforts

SYNERGIES WITH DEVELOPMENT AND STABILISATION ASSISTANCE

Humanitarian organisations will undertake increasing efforts to ensure that relief support in the various parts of Libya is complemented by development and stabilisation interventions for a more sustainable and longer-term response to the current crisis. The coordination sector commits to supporting organisations and the HCT in doing this. The sector will support with the development of a more robust platform for information exchange so that the humanitarian community and development actors can coordinate to identify synergies and ensure complementarity.

With this in mind, the sector plans to continue in 2018 with several initiatives that it initiated with in 2017:

- A mapping of all development projects was conducted in 2017 and will be periodically updated to ensure better linkages between development and humanitarian actors across Libya

- Humanitarian actors will continue their engagement with the Joint Technical Coordination Committee (JTCC)[14] which coordinates development and stabilisations efforts with the aim of ensuring that humanitarian actions complement longer-term efforts and so that humanitarian action can progressively phase out

- Supporting the humanitarian community to align with the three principles of conflict-sensitive assistance to Libya. Humanitarian actors will ensure they are aware of the context in which they operate (through conflict analysis) and understand how their support interacts with the conflict dynamics to avoid exacerbating them

- In 2018, a dedicated resource will be based in the RC/HC office to ensure better linkages with the development/ stabilisation activities, including for community based projects under this humanitarian response plan.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

Accountability to affected populations (AAP) will be strengthened in all humanitarian interventions, including through dedicated mechanisms under the HCT strategy, and further integration into the HPC as well as within the inter-sector coordination mechanism. The coordination sector will ensure that the HCT and ICSG include frequent agenda items on AAP within the various coordination platforms/meetings and that better ways are found to solicit affected communities and individuals' feeback, including satisfaction of humanitarian responses, through feedback and complaints mechanisms. All projects in the HRP had to present evidence of AAP. Through coordination mechanisms, sectors and operational agencies will be supported to ensure two-way communication or feedback mechanism (including the use of media) and participatory approaches for the affected populations. The coordination sector will ensure that community engagement is integrated in assessments and in emergencyparedness and emergency response activities.

Through the engagement of humanitarian actors, the coordination sector will also ensure that protection and gender are fully incorporated in planning and response through:

- Strategic planning: gender equality in accessing services and the distinct needs of women and girls, as well as men and boys, are considered throughout the Humanitarian Programme Cycle (HPC) in each sector response plan. In close collaboration, the protection and coordination sectors will ensure that core protection priorities are incorporated within the HNO and HRPand broader advocacy efforts by the HC or the Emergency Relief Coordinator (ERC).

- Assessments: ensure consultation with women and girls so that their needs and concerns are expressed and addressed in the response across sectors, through inter-sector coordination, and in advocacy by the HCT and HC.

- Operational planning: project review and prioritisation will ensure gender considerations are taken into account, including through the use of the Inter-Agency Standing Committee (IASC)

- Gender Marker: all organisations submitting HRP projects were asked to demonstrate evidence of how they integrate the centrality of protection through identifying risks, understanding the consequences on the affected population and devising mitigating measures. The sector will also ensure that cross-cutting protection concerns are adequately reflected and addressed in the work of all sectors through its inter-sector coordination role.

- Data collection, use and analysis: sector data is disaggregated by sex and age and efforts to use, analyse and incorporate such data it into planning and implementation will continue.

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14. The JTCC was established in December 2016 and is chaired by the Ministry of Planning and under the leadership of the Senior Policy Committee and the Prime Minister.

PEOPLE IN NEED

0.4M

PEOPLE TARGETED

0.4M*

REQUIREMENTS (US$)

159.5M

OF PARTNERS

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RMRP RESPONSE OBJECTIVE 1

1 Enable safe and dignified access to multi-sectoral basic services.

RELATES TO SO1

RMRP RESPONSE OBJECTIVE 2

2 Enhance protection of the most vulnerable migrants, refugees and asylum-seekers

RELATES TO SO2

RMRP RESPONSE OBJECTIVE 3

3 Raise awareness and build capacities of national stakeholders .

RELATES TO SO3

* This reflects the sum of RMRP-targeted persons (340,000) and 60,000 under sectoral projects.

REFUGEE AND MIGRANT RESPONSE PLAN

PRIORITY NEEDS

According to IOM's Displacement Tracking Matrix (DTM), more than 400,000 stranded migrants and refugees/asylum-seekers in Libya are in need of immediate humanitarian assistance. Despite its volatile context, Libya continues to be a major transit and destination country for an estimated 700,000 to one million migrants and refugees/asylum-seekers fleeing from poverty and conflict in their countries of origin. In Libya, migrants and refugees/asylum-seekers often face heightened risk of discrimination, arbitrary arrest and prolonged detention, human trafficking, labour or sexual exploitation, and ill treatment. Many of them are also detained in inhumane conditions with limited access to protection and basic services such as food, safe water, adequate sanitation, ventilation, health care and legal aid, where serious human rights violations and substantial health issues have been reported. Apart from this, migrants and refugees are particularly vulnerable to the impact of the crisis as they are often excluded from national social protection services and safety nets. Duty bearers' limited capacity and lack of awareness of migrants' and refugees' rights are significant challenges in assisting migrants and refugees in Libya, which require continued engagement of international and national humanitarian actors.

RESPONSE STRATEGY

I. Scope of the sector response: the RMRP targets approximately 340,000 migrants, refugees and asylum-seekers in Libya, an estimated 60,000 migrants are anticipated to benefit from sectoral projects and are not targeted by RMRP, prioritising assistance to persons in situation of vulnerability, including unaccompanied/separated children and youth, women at risk, female and child-headed households, persons with disabilities, persons with severe medical conditions, victims or persons at risk of trafficking/smuggling and other forms of exploitation and abuse, detained migrants and refugees/asylum-seekers, and survivors of gender-based violence (GBV). The RMRP will focus its response in areas identified as high-volume transit and gathering points for migrants and refugees, disembarkation points for migrants and refugees rescued at sea, and detention centres across the country, including the East (Al Jabal Al Akhdar, Alkufra, Almarj, Benghazi, Ejdabia and Tobruk), the south (Murzuq, Sebha and Ubari), and the west (Aljfara, Almargeb, Azzawya, Al Jabal Al Gharbi, Misrata, Tripoli and Zwara).

II. Priority response interventions and prioritisation: In line with the HRP multi-sectoral approach, the RMRP commits to focus its response around three pillars. Under pillar 1, key interventions will include rapid multi-sectorial assessments, advocacy for release of detained migrants and refugees, provision of emergency and life-saving assistance, including core relief items, psychological first aid (PFA), emergency food, emergency cash, registration, documentation, voluntary humanitarian return (VHR), and case management for persons at risk. Response actions under pillar 2 will focus on mid- to long-term multi-sectoral assistance for the most affected people, such as VHR, voluntary repatriation, resettlement, family reunification, evacuation transfer mechanism (ETM), provision of NFIs, psychosocial support, multi-purpose cash assistance, health assistance, and monitoring of migration flows and protection, including using the displacement tracking matrix (DTM). Interventions under pillar 3 will include restoration of essential services and livelihoods, including establishing alternatives to detention, vocational training, community-based interventions, non-formal education, light rehabilitation of essential service infrastructure and promotion of migrants' and refugees' rights.

III. Response modalities: wherever possible, the RMRP will provide assistance through a combined approach of in-kind distributions and cash-based interventions to maximise the effectiveness of the response. While maintaining remote management systems through local NGOs and national partners, the RMRP will also provide direct assistance when the security situation allows and specific needs are identified.

SYNERGIES WITH DEVELOPMENT AND STABILISATION ASSISTANCE

The RMRP will contribute towards national and international actors' efforts for development and stabilisation to complement its humanitarian actions and ensure sustainability. In addition to the ongoing community-based quick impact projects and capacity building activities for national

actors, the RMRP will increase the scale and diversity of its intervention through light rehabilitation of key infrastructure such as water systems, schools and health care units as well as livelihood support. These actions will be stepping stones for local communities and national authorities to move towards the direction of development. They will further contribute to ease tensions between migrants/refugees and host communities, and restore community cohesion which has been severely undermined by violence in recent years by engaging both groups of populations in the programme.

ENGAGING WITH COMMUNITIES, INTEGRATING PROTECTION AND GENDER

- Engagement with communities: wherever possible, the response will continue to directly engage host communities, municipal councils, and migrants and refugees in rapid needs assessments and field monitoring through a combination of surveys of community members, key informant interviews, and focus group discussions. Community participation will

be particularly encouraged in projects such as community stabilisation, livelihood and infrastructure rehabilitation by incorporating cash-for-work schemes.

- Protection: the RMRP will mainstream protection in its programming as an integral part of the response by incorporating key protection principles and values such as 'do no harm', non-discrimination, meaningful access, safety, dignity, participation, empowerment and accountability. To complement its programming and address major protection concerns in the country, the RMRP will raise awareness and enhance capacities of national actors through various advocacy and capacity building activities on rights and protection of migrants and refugees with due considerations for age, gender and diversity. Additionally, specialised protection assistance, including psychosocial support and case management, will be provided for persons at high risk or survivors of abuses/exploitation.

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

SECTOR	PEOPLE IN NEED			PEOPLE TARGETED			REQUIREMENT
	Refugees/ migrants/ asylum-seekers	% female	%*children, adults, elderly	Refugees/ migrants/ asylum-seekers	% female	%*children, adults, elderly	Total
Protection	400K	13%	9 | 91 | 0%	87K	11%	9 | 91 | 0%	83.7M
Education	32K	13%	9 | 91 | 0%	10K	11%	9 | 91 | 0%	0.4M
Food Security	141K	13%	9 | 91 | 0%	20K	11%	9 | 91 | 0%	2.5M
Health	310K	13%	9 | 91 | 0%	290K	11%	9 | 91 | 0%	23.2M
Shelter & NFIs	210K	13%	9 | 91 | 0%	74K	11%	9 | 91 | 0%	44.9M
WASH	105K	13%	9 | 91 | 0%	126K	11%	9 | 91 | 0%	4.8M

TOTAL FINANCIAL REQUIREMENTS	$159.5M

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

PART III: ANNEXES

OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective 1 (SO1): Protect people's rights in accordance with IHL and IHRL.

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Percentage of people affected by rights violations who are identified through protection monitoring and provided with protection assistance	TOTAL: 46,000 Male: 25,760 Female: 20,240	TOTAL: 7.6% Male: 34% Female: 66%	TOTAL: 20% Male: 56% Female: 44%	Quarterly	UNSMIL/Human Rights Protection
Percentage of people in need (PIN) identified accessing specialised protection services (including psychosocial support, legal assistance (documentation) and referral activities (GBV, mine action assistance).	TOTAL: 1,040,000 Male: 580.000 Female: 460,000	TOTAL: 17% Male: 54% Female: 46%	TOTAL: 44% Male: 54% Female: 46%	Quarterly	Protection MMWG GBV WG

Strategic Objective 2 (SO2): Support inclusive, safe and dignified access to basic services for vulnerable households and communities

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Perecentage of PIN whose immediate lifesaving humanitarian needs are met in severity areas 4 to 5	TOTAL: 888,000 Male: 56% Female: 44%	TOTAL: N/A Male: N/A Female: N/A	TOTAL: 85% Male: 56% Female: 44%	Quarterly	All sectors Access working group
Percentage of PIN reached with at least one form of assistance (e.g. food, WASH, health, NFI/Shelter, education, cash, community based initiatives)	TOTAL:1,100,000 Male: 56% Female: 44%	TOTAL: N/A Male: N/A Female: N/A	TOTAL: 85% Male: 56% Female: 44%	Quarterly	All sectors

Strategic Objective 3 (SO3): Strengthen the humanitarian response by increasing accountability and capacity

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of sector or multi-sector assessments undertaken to support and inform the humanitarian response.	N/A	40	50	Quarterly	OCHA IMWG ISC HCT
Percentage of mobilised resources allocated to gender responsive projects (with a gender marker 2a or 2b).	N/A	N/A	60%	Quarterly	GBV working group

SECTOR OBJECTIVES, INDICATORS AND TARGETS[1]

PROTECTION SECTOR

Protection Objective 1: Provide immediate protection assistance to population at risk from the consequences of the armed conflict.

Relates to SO 1 , SO2

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of individuals reached with rapid protection assessment.	TOTAL: 647,000 Male: 197,000 Female: 193,000 Boys: 130,000 Girls: 127,000	TOTAL: N/A	TOTAL: 15,000 Male: 4,608 Female: 4,485 Boys: 2,991 Girls: 2,916	Monthly	UNHCR, IOM, DRC
Number of women and girls of reproductive age provided with dignity kits.	TOTAL: 82,000 Female: 67,000 Girls: 15,000	TOTAL: N/A	TOTAL: 10,000 Female: 8,100 Girls: 1,900	Monthly	UNFPA

Protection Objective 2: Provide specialised protection services to people suffering from abuse and violence.

Relates to SO 1 , SO2

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of people identified through protection monitoring and referred to specialized assistance.	TOTAL: N/A	TOTAL: N/A	TOTAL: 2,200 Male: 761 Female: 645 Boys: 405 Girls: 389	Monthly	UNHCR
Number of people received cash assistance to reduce protection risks.	TOTAL: N/A	TOTAL: N/A	TOTAL: 4,325 Male: 1,362 Female: 1,331 Boys: 826 Girls: 806	Monthly	UNHCR, IOM, DRC, ACTED
Number of girls and boys victims of GBV receiving specialised psychosocial support.	TOTAL: N/A	TOTAL: N/A	TOTAL: 5,450 Female: 100 Boys: 2,450 Girls: 2,900	Monthly	UNICEF
Number of survivors of explosive hazard incidents and other people with disability identified and referred to appropriate victim assistance or specialised services.	TOTAL: N/A	TOTAL: 1,613 Male: 759 Female: 357 Boys: 338 Girls: 159	TOTAL: 5,100 Male: 1,560 Female: 1,518 Boys: 1,024 Girls: 998	Monthly	HI
Number of children/adolescents associated with armed groups released and received community reintegration services	TOTAL: N/A	TOTAL: 3,470 Boys: 1,707 Girls: 1,763	TOTAL: 1,500 Boys: 1,500	Monthly	UNICEF

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1 Monitoring of sectoral and multi-sectoral refugee and migrant response efforts lies within the Refugee and Migrant Response Plan, in close collaboration with all sectors.

Protection Objective 3: Strengthen the capacity of the humanitarian actors and duty bearers to promote full adherence to international protection norms and humanitarian and human rights law and facilitate community-based support for the communities and people affected by the conflict.

Relates to SO1 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of national and international actors reached by capacity building and training to implement protection responses (including protection mainstreaming, risk mitigation, GBV, child protection in emergencies (CPIE) and grave child rights violations).	**TOTAL: N/A**	**TOTAL: 504** Male: 101 Female: 403	**TOTAL: 1,150** Male: 625 Female: 525	Monthly	UNHCR, UNICEF, UNFPA, DRC
Number of national explosive ordinance disposal (EOD) operators received training.	**TOTAL: N/A**	**TOTAL: 40** Male: 30 Female: 10	**TOTAL: 48** Male: 48	Monthly	DCA, UNMAS
Number of people reached with key messages on access to services, rights, GBV and child protection in the local language(s).	**TOTAL: 647,000** Male: 197,000 Female: 193,000 Boys: 130,000 Girls: 127,000	**TOTAL: N/A**	**TOTAL: 90,900** Male: 37,813 Female: 43,867 Boys: 4,626 Girls: 4,594	Monthly	UNHCR, UNICEF, UNFPA, ACTED
Number of girls and boys provided with structural psychosocial support (PSS) through schools and community based spaces.	**TOTAL: 257,000** Boys: 130,000 Girls: 127,000	**TOTAL: 21,108** Boys: 9,220 Girls: 11,888	**TOTAL: 49,000** Boys: 19,500 Girls: 29,500	Monthly	IOM, UNICEF
Number of people made aware of the risk of explosive hazards.	**TOTAL: 647,000** Male: 197,000 Female: 193,000 Boys: 130,000 Girls: 127,000	**TOTAL: 27,566** Male: 11,809 Female: 11,711 Boys: 2,281 Girls: 1,765	**TOTAL: 25,000** Male: 3,000 Female: 8,000 Boys: 7,000 Girls: 7,000	Monthly	HI, DCA
Number of people benefited from social cohesion project.	**TOTAL: 647,000** Male: 197,000 Female: 193,000 Boys: 130,000 Girls: 127,000	**TOTAL: N/A**	**TOTAL: 98,000** Male: 30,207 Female: 29,384 Boys: 19,828 Girls: 19,331	Monthly	UNHCR

EDUCATION SECTOR

Education Objective 1: Most vulnerable school aged children affected by protracted crisis are provided with access to nonformal/formal education, psychosocial support within a safe and protective environment and provision of education in emergencies supplies.

Relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of school aged children (girls & boys) accessed formal/non-formal education and psychosocial support through recreational activities in learning centres.	TOTAL: 300,000 Girls: 147,000 Boys: 153,000	TOTAL: 105,000 Girls: 51,450 Boys: 53,398	TOTAL: 33,450 Girls: 16,391 Boys: 17,060	Monthly	- Partner's Progress Report - Third Party Monitoring Report - MoE Feedback Review Meeting - UNICEF Local Consultant
Number of school aged children (girls & boys) provided with teaching and essential learning materials/school supplies.	TOTAL: 300,000 Girls: 147,000 Boys: 153,000	TOTAL: 84,869 Girls: 41,769 Boys: 43,223	TOTAL: 80,000 Girls: 39,200 Boys: 40,800	Monthly	- Partner's Progress Report - Third Party Monitoring Report - MoE Feedback Review Meeting - UNICEF Local Consultant
Number of school aged children (girls & boys) accessed rehabilitated and repaired educational facilities/ prefabricated classrooms.	TOTAL: 300,000 Girls: 147,000 Boys: 153,000	TOTAL: 35,500 Girls: 17,395 Boys: 18,105	TOTAL: 20,000 Girls: 9,800 Boys: 10,200	Monthly	- Partner's Progress Report - Third Party Monitoring Report - MoE Feedback Review Meeting - UNICEF Local Consultant

Education Objective 2: Capacity of Education personnel is strengthened to provide the vulnerable children equitable access to quality education.

Relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of education personnel trained on education in emergencies, mine risk education, handling students with disabilities and minorities, management of overcrowded classrooms, and conflict resolution and tolerance.	TOTAL: 200,000	TOTAL: 85 Female: 57 Male: 28	TOTAL: 120 Female: 60 Male: 60	Monthly	MoE Feedback Review Meeting UNICEF Local Consultant
Number of institutions mainstreaming psychosocial support in to the formal education system of Libya.	TOTAL: 1	TOTAL: 0	TOTAL: 1	Monthly	MoE Feedback Review Meeting UNICEF Local Consultant

FOOD SECURITY SECTOR

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

Relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of individuals who receive food on a monthly basis.	**TOTAL: 637,451** Men: 186,136 Women: 184,861 Boys: 128,765 Girls: 137,689	**TOTAL: 80,000** Men: 23,360 Women: 23,200 Boys: 16,160 Girls: 17,280	**TOTAL: 175,000** Men: 51,100 Women: 50,750 Boys: 35,350 Girls: 37,800	Monthly	4Ws
Number of individuals with acceptable food consumption score.	**TOTAL: 637,451** Men: 186,136 Women: 184,861 Boys: 128,765 Girls: 137,689	**TOTAL: 80,000** Men: 23,360 Women: 23,200 Boys: 16,160 Girls: 17,280	**TOTAL: 175,000** Men: 51,100 Women: 50,750 Boys: 35,350 Girls: 37,800	Monthly	4Ws

Food Security Objective 2: Protecting agriculture-related livelihoods of crisis-affected communities in Libya.

Relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of households in need who received agricultural inputs (seeds, fishing kits, etc.).	**TOTAL: 177,000**	**TOTAL: 6,000**	**TOTAL: 10,374** (no disaggregation because the target is the household)	Monthly	4Ws
Number of people trained (disaggregated by type of training and gender of trainees).	**TOTAL: 5,000** Men: 3,500 Women: 1,500	**TOTAL: 320** Men: 280 Women: 40	**TOTAL: 500** Men: 350 Women: 150	Monthly	4Ws

HEALTH SECTOR

Health Objective 1: Improve access of vulnerable people to preventive and curative health services.

Relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of vulnerable patients received health services in health facilities or through mobile clinics.	TOTAL: 1,030,000 Male: 56% Female: 44%	TOTAL: 196,969 Male: 56% Female: 44%	TOTAL: 584,000 Male: 56% Female: 44%	Monthly	- MoH or Health facilities data / reports - Health partners reports
Number of vulnerable people received health services in detention centres.	TOTAL: 26,000 Male: 16,600 Female: 9,400	N/A	TOTAL: 16,000 Male: 10,100 Female: 5,900	Monthly	Health partners reports

Health Objective 2: Restore basic functionality of health services.

Relates to SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of deployed health staff to facilities per month.	TOTAL: 7,716	TOTAL: 5	TOTAL: 200	Monthly	Health partners reports
Number of health facilities that functionality has been restored.	TOTAL: 1,162	TOTAL: 0	TOTAL: 150	Monthly	Health partners reports

Health Objective 2: Reduce risk of outbreaks and other health emergencies.

Relates to SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Percentage of confirmed outbreak alerts per month.	TOTAL: 100 %	TOTAL: 6.1 %	TOTAL: 40 %	Monthly	Organisation / MoH Reports

SHELTER AND NON-FOOD ITEMS (NFIs) SECTOR

🏠 **Shelter and NFIs Objective 1: Most vulnerable population groups affected by new humanitarian crisis are provided with emergency shelter assistance.**

Relates to SO2 👫, SO1 💡

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of individuals receiving emergency cash assistance (one-off).	TOTAL: 20,120 Male: 10,195 Female: 9,925 Boys: 4,043 Girls: 3,936	TOTAL: 14,108 Male: 7,148 Female: 6,960 Boys: 2,835 Girls: 2,760	TOTAL: 13,750 Male: 6,967 Female: 6,783 Boys: 2,763 Girls: 2,690	Monthly	4Ws and Shelter Sector Working Group (SSWG)
Number of individuals receiving emergency non-food items (NFIs) in-kind.	TOTAL: 206,729 Male: 104,747 Female: 101,982 Boys: 41,538 Girls: 40,441	TOTAL: 72,062 Male: 36,513 Female: 35,549 Boys: 14,479 Girls: 14,097	TOTAL: 122,100 Male: 61,867 Female: 60,233 Boys: 24,534 Girls: 23,886	Monthly	4Ws and Shelter Sector Working Group (SSWG)
Number of individuals receiving emergency shelter in-kind.	TOTAL: 3,940 Male: 1,996 Female: 1,944 Boys: 792 Girls: 771	TOTAL: 69 Male: 35 Female: 34 Boys: 14 Girls: 13	TOTAL: 2,750 Male: 1,393 Female: 1,357 Boys: 553 Girls: 538	Monthly	4Ws and Shelter Sector Working Group (SSWG)

🏠 **Shelter and NFIs Objective 2: Most vulnerable population groups affected by protracted crisis are provided with shelter and shelter upgrades assistance.**

Relates to SO2 👫

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of individuals receiving multipurpose sector-specific cash assistance.	TOTAL: 78,716 Male: 39,885 Female: 38,831 Boys: 15,816 Girls: 15,399	TOTAL: 19,872 Male: 10,069 Female: 9,803 Boys: 3,993 Girls: 3,887	TOTAL: 49,775 Male: 25,220 Female: 24,555 Boys: 10,001 Girls: 9,737	Monthly	4Ws and Shelter Sector Working Group (SSWG)
Number of individuals receiving shelter and shelter upgrades assistance in-kind.	TOTAL: 192,392 Male: 97,483 Female: 94,909 Boys: 38,657 Girls: 37,637	N/A	TOTAL: 107,250 Male: 54,342 Female: 52,908 Boys: 21,550 Girls: 20,981	Monthly	4Ws and Shelter Sector Working Group (SSWG)

🏠 **Shelter and NFIs Objective 3: Most affected communities are provided with community support projects.**

Relates to SO2 👫, SO3 📋

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of individuals benefiting from community-support projects.	TOTAL: 55,596 Male: 28,170 Female: 27,426 Boys: 11,171 Girls: 10,876	N/A	TOTAL: 37,000 Male: 18,747 Female: 18,253 Boys: 7,434 Girls: 7,238	Monthly	4Ws and Shelter Sector Working Group (SSWG)

WATER, SANITATION AND HYGIENE (WASH) SECTOR

WASH Objective 1: Most vulnerable population groups affected by new/escalated humanitarian crisis are provided with life-saving WASH assistance.

Relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of people with access to life-saving water and sanitation facilities.	TOTAL: 100,000 Male: 49,000 Female: 51,000 Boys: 19600 Girls: 20,400	TOTAL: 20,000 Male: 11000 Female: 9000 Boys:3920 Girls: 4080	TOTAL: 30,000 Male: 14700 Female: 15300 Boys: 5880 Girls: 6120	Weekly/ monthly	Weekly update; Monthly sector report; OCHA 4Ws
Number of people reached with essential hygiene items and information.	TOTAL: 100,000 Male: 49,000 Female: 51,000 Boys: 19600 Girls: 20,400	TOTAL: 20,000 Male: 11000 Female: 9000 Boys:3920 Girls: 4080	TOTAL: 30,000 Male: 14700 Female: 15300 Boys: 5880 Girls: 6120	Weekly/ monthly	Weekly update; Monthly s ector report; OCHA 5Ws

WASH Objective 2: Most vulnerable population groups affected by protracted crisis are provided with access to basic and safe WASH facilities.

Relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of people with access to safe and sufficient basic[15] water and sanitation facilities.	TOTAL: 276,000 Male: 135,240 Female: 140,760 Boys: 54096 Girls: 56304	TOTAL: 50,000 Male: 24,500 Female: 25,500 Boys: 10,200 Girls: 9,800	TOTAL: 60,000 Male: 29,400 Female: 30,600 Boys: 11,760 Girls: 12,240	Monthly	Monthly sector report; OCHA 4Ws
Number of people reached with basic hygiene items and information.	TOTAL: 276,000 Male: 135,240 Female: 140,760 Boys: 54096 Girls: 56304	TOTAL: 50,000 Male: 24,500 Female: 25,500 Boys: 10,200 Girls: 9,800	TOTAL: 60,000 Male: 29,400 Female: 30,600 Boys: 11,760 Girls: 12,240	Monthly	Monthly sector report; OCHA 4Ws
Number of children provided with basic WASH facilities in schools.	TOTAL: 257,000 Male: 125,930 Female: 131,070 Boys: 125,930 Girls: 131,070	TOTAL: 20,000 Male: 9,800 Female: 10,200 Boys: 9,800 Girls: 10,200	TOTAL: 10,000 Male: 4900 Female: 5100 Boys: 4900 Girls: 5100	Monthly	Monthly sector report; OCHA 4Ws

WASH Objective 3: Capacity of water and sanitation institutions are strengthened to ensure sustainable operation of water and sanitation systems.

Relates to SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of institutions supported through technical/capacity building assistance.	TOTAL: 10	TOTAL: 1	TOTAL: 5	Monthly	Monthly sector report; OCHA 4Ws
Number of people benefited from repair or restoration of municipal water and sanitation systems.	TOTAL: 294,000 Male: 144,060 Female: 149,940 Boys: 57,624 Girls: 59,976	TOTAL: 60,000 Male: 29,400 Female: 30,600 Boys: 11,760 Girls: 12,240	TOTAL: 80,000 Male: 39,200 Female: 40,800 Boys: 15,680 Girls: 16320	Monthly	Monthly sector report; OCHA 4Ws

15 Basic WASH facilities: Drinking water from an improved source is available (piped water, protected well or spring, rainwater, or bottled water). Improved sanitation facilities, which are sex-separated and usable (accessible, functional, private). Handwashing facilities with water and soap available

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COORDINATION SECTOR

Coordination Objective 1: Ensure effective humanitarian response through strengthened inter-sector coordination, including with national and local partners.

Relates to SO1 , SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of coordination meetings maintained and functioning on a regular basis (HCT; ISCG; INGO; IMAWG).	N/A	34	48	Quarterly	OCHA
Number of ad-hoc reports, humanitarian dashboards-updates, humanitarian products, advisories produced and shared with partners.	N/A	30	40 information products	Quarterly	OCHA
HCT strategy in place, implemented and monitored on a regular basis.	N/A	0	1 HCT strategy in place	Bi-annually	OCHA/HCT

Coordination Objective 2: Strengthen evidence in support of humanitarian operations, through multi-sector assessments of humanitarian needs and response, and strengthened information management.

Relates to SO1 , SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of sector or multi-sector assessments undertaken to support and inform the humanitarian response.	N/A	40	50 assessments covering identified gaps	Bi-annually	IMWG

Coordination Objective 3: Ensure more effective advocacy efforts and increased resources in support of the collective humanitarian response.

Relates to SO1 , SO2 , SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Percentage/level of funding of the HRP.	N/A	64.6%	55%	Bi-annually	FTS

REFUGEES AND MIGRANTS RESPONSE PLAN (RMRP)

RMRP Objective 1: Enable safe and dignified access to multi-sectoral basic services.

Relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of migrants and refugees/ asylum-seekers assisted with one or more basic services, including education, food, NFIs, health, livelihood, shelter and WASH.	**TOTAL: 400,445** Male: 297,189 Female: 57,360 Boys: 33,294 Girls: 12,602	**TOTAL: 82,047** Male: 56,888 Female: 13,521 Boys: 7,670 Girls: 3,968	**TOTAL: 340,000** Male: 252,280 Female: 48,620 Boys: 28,220 Girls: 10,540	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of NFI/core relief kits distributed to migrants and refugees/ asylum-seekers.	N/A	N/A	**TOTAL: 128,500**	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of medical consultations given to migrants and refugees/asylum-seekers.	N/A	N/A	**TOTAL: 74,000**	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of emergency food parcels distributed to migrants and refugees/ asylum- seekers.	N/A	N/A	**TOTAL: 24,000**	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of in-kind grants (livelihood toolkits) distributed to migrants and refugees/asylum- seekers.	N/A	N/A	**TOTAL: 106**	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of migrants and refugees/ asylum-seekers participated in awareness raising activities (e.g. health campaigns, hygiene promotion).	N/A	N/A	**TOTAL: 57,000** Male: 45,600 Female: 6,840 Boys: 3,990 Girls: 570	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of migrants and refugees/ asylum- seekers benefited from WASH interventions.	N/A	N/A	**TOTAL: 88,396** Male: 70,717 Female: 10,607 Boys: 6,188 Girls: 884	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of migrants and refugees/ asylum- seekers received emergency cash assistance (one-off).	N/A	N/A	**TOTAL: 12,375** Male: 9,448 Female: 1,671 Boys: 968 Girls: 288	Monthly if applicable	4Ws of Mixed Migration Working Group (MMWG)
Number of migrants and refugees/ asylum- seekers received multipurpose cash assistance (monthly).	N/A	N/A	**TOTAL: 11,875** Male: 5,050 Female: 3,258 Boys: 1,831 Girls: 1,736	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of migrants and refugees/ asylum- seekers benefited from community-support projects.	N/A	N/A	**TOTAL: 30,463** Male: 17,681 Female: 6,442 Boys: 3,619 Girls: 2,721	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of migrant and refugees/ asylum- seeker children benefited from non-formal education.	N/A	N/A	**TOTAL: 10,235** Boys: 7,247 Girls: 2,988	Monthly	4Ws of Mixed Migration Working Group (MMWG)

RMRP Objective 2: Enhance protection of the most vulnerable migrants, refugees and asylum-seekers.

Relates to SO2

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of migrants and refugees/ asylum- seekers assisted with voluntary humanitarian return (VHR), voluntary repatriation, evacuation transfer mechanism (ETM), resettlement, family reunification or private sponsorship.	TOTAL: N/A	TOTAL: 12,060 Male: 8,787 Female: 2,177 Boys: 735 Girls: 361	TOTAL: 35,000 Male: 26,188 Female: 4,927 Boys: 2,862 Girls: 1,023	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of migrants and refugees/ asylum-seekers assisted with protection services, including case management and psychosocial support.	TOTAL: 400,445 Male: 297,189 Female: 57,360 Boys: 33,294 Girls: 12,602	TOTAL: 2,300 Male: 1,731 Female: 302 Boys: 137 Girls: 130	TOTAL: 32,716 Male: 25,919 Female: 4,028 Boys: 2,348 Girls: 421	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of refugees/asylum-seekers issued with documents.	TOTAL: 63,907 Male: 27,959 Female: 16,975 Boys: 9,736 Girls: 9,237	TOTAL: 46,000 Male: 19,559 Female: 12,623 Boys: 7,093 Girls: 6,725	TOTAL: 14,000 Male: 6,125 Female: 3,720 Boys: 2,132 Girls: 2,023	Monthly	UNHCR database

RMRP Objective 3: Raise awareness and build capacities of national stakeholders.

Relates to SO3

INDICATOR	IN NEED	BASELINE	TARGET	FREQUENCY OF REPORTING	DATA SOURCE
Number of migrants and refugees/ asylum-seekers released from detention.	N/A	TOTAL: 882 Male: 601 Female: 161 Boys: 98 Girls: 22	TOTAL: 1,800 Male: 1,136 Female: 434 Boys: 250 Girls: 220	Monthly	4Ws of Mixed Migration Working Group (MMWG)
Number of national stakeholders (staff of national and local authorities, NGOs, community leaders and embassy officials) benefited from training, advocacy, awareness raising and other capacity building activities on rights and protection of migrants and refugees/ asylum- seekers.	N/A	TOTAL: 1,306 Male: 1,241 Female: 65	TOTAL: 692 Male: 657 Female: 69	Monthly	4Ws of Mixed Migration Working Group (MMWG)

PARTICIPATING ORGANISATIONS & FUNDING REQUIREMENTS

ORGANISATIONS	REQUIREMENTS (US$)
Agency for Technical Cooperation and Development (ACTED)	8,053,452
Agency for Technical Cooperation and Development,REACH Initiative	440,000
AlEMDAD Charity Association	500,000
Centro Cooperazione Sviluppo	1,000,000
Danish Refugee Council	9,448,653
Handicap International	2,089,000
International Organization for Migration	105,309,993
International Rescue Committee	3,000,000
Libyan Society for National Reconciliation and Charity	400,000
Mercy Corps	800,000
Office for the Coordination of Humanitarian Affairs	3,587,933
Office of the High Commissioner for Human Rights	2,382,120
Qatar Red Crescent Society	5,000,000
REACH Initiative	1,280,000
United Nations Children's Fund	18,860,363
United Nations High Commissioner for Refugees	84,986,457
United Nations Mine Action Service	2,600,430
United Nations Population Fund	19,193,320
World Food Programme	21,500,000
World Health Organization	10,000,000
Food & Agriculture Organization of the United Nations	4,415,323
United Nations Department of Safety and Security	4,136,400
United Nations Humanitarian Air Service	3,756,658
TOTAL	**312,740,102**

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PLANNING FIGURES: PEOPLE IN NEED

PEOPLE IN NEED (NOV 2017)	BY STATUS				BY SEX & AGE		TOTAL
	IDPs	Returnees	Refugees & Migrants	Non-displaced people in need	female	% children, adult, elderly*	People in need
AL JABAL AL KHDAR	4K	-	2K	5K	45%	35% 59% 6%	12K
AL JABAL AL GHARBI	12K	8K	25K	4K	42%	32% 63% 5%	49K
AL KUFRA	6K	0.8K	12K	2K	47%	36% 58% 6%	21K
AL MARJ	3K		2K	5K	48%	37% 56% 7%	11K
AL JFARAH	7K	1K	17K	20K	48%	37% 56% 7%	46K
AL JUFRA	1K	-	12K	1K	48%	32% 62% 6%	15K
AL MARGEB	3K	1K	41K	29K	36%	27% 69% 4%	73K
AZZAWYA	5K	0.071K	22K	8K	39%	29% 66% 5%	35K
BENGHAZI	37K	115K	13K	88K	47%	36% 58% 6%	254K
DERNA	2K	1K	3K	9K	48%	37% 56% 7%	9K
EJDABIA	17K	0.3K	31K	22K	45%	35% 59% 6%	70K
GHAT	8K	0.5K	5K	2K	46%	35% 59% 6%	16K
MISRATA	21K	7K	74K	15K	48%	37% 57% 6%	117K
MURZUQ	3K	0.3K	18K	7K	49%	38% 55% 7%	28K
NALUT	3K	0.9K	5K	12K	39%	29% 66% 5%	21K
SEBHA	4K	-	22K	13K	35%	26% 70% 4%	40K
SIRT	2K	38K	6K	11K	49%	38% 56% 6%	57K
TOBRUK	3K	0.07	3K	3K	40%	30% 65% 5%	9K
TRIPOLI	21K	5K	65K	102K	36%	33% 61% 6%	193K
UBARI	3K	19K	7K	4K	45%	34% 60% 6%	33K
WADI ASHSHATI	1K	0.2K	1K	4K	43%	33% 61% 6%	7K
ZWARA	3K	0.5K	12K	11K	47%	36% 58% 6%	27K
	170K	200K	400K	4K	44%	33% 61% 6%	1.1M

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

PLANNING FIGURES: PEOPLE TARGETED

PEOPLE TARGETED (NOV 2017)	BY STATUS				BY SEX & AGE		TOTAL
	IDPs	Returnees	Refugees & Migrants	Non-displaced people in need	female	% children, adult, elderly*	People targeted
AL JABAL AL KHDAR	3K	-	2K	4K	37%	36% 59% 5%	9K
AL JABAL AL GHARBI	9K	5K	25K	2K	26%	18% 80% 2%	41K
AL KUFRA	4K	0.6K	12K	1K	26%	17% 81% 2%	18K
AL MARJ	3K		2K	4K	39%	36% 60% 4%	9K
AL JFARAH	5K	0.8K	17K	14K	33%	28% 69% 3%	37K
AL JUFRA	1K	-	12K	0.8K	21%	6% 93% 1%	14K
AL MARGEB	2K	0.6K	41K	19K	21%	14% 84% 2%	62K
AZZAWYA	5K	0.05K	22K	6K	22%	12% 85% 2%	32K
BENGHAZI	23K	93K	13K	58K	47%	47% 48% 6%	188K
DERNA	1K	1K	3K	7K	43%	36% 59% 5%	13K
EJDABIA	12K	0.2K	31K	16K	31%	23% 75% 2%	58K
GHAT	5K	0.5K	5K	2K	35%	30% 66% 4%	12K
MISRATA	15K	5K	74K	10K	16%	15% 84% 2%	104K
MURZUQ	2K	0.2K	18K	5K	29%	14% 84% 1%	25K
NALUT	2K	0.6K	5K	9K	31%	30% 66% 4%	15K
SEBHA	3K	-	22K	9K	27%	13% 85% 2%	34K
SIRT	2K	27K	6K	8K	46%	44% 51% 5%	43K
TOBRUK	2K	0.02	3K	2K	32%	27% 69% 4%	7K
TRIPOLI	15K	4K	65K	68K	27%	22% 75% 3%	152K
UBARI	3K	17K	7K	4K	40%	28% 69% 3%	31K
WADI ASHSHATI	1K	0.2K	1K	4K	40%	28% 67% 5%	6K
ZWARA	2K	0.3K	12K	9K	30%	22% 76% 2%	23K
	121K	158K	400K	262K	32%	25% 72% 3%	942K

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

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WHAT IF?
...WE FAIL TO RESPOND

PROTECTION RISKS WILL SIGNIFICANTLY INCREASE

Without immediate action, the protection crisis in Libya will further exacerbate. Attacks against civilians and civilian infrastructure, limited physical, legal and material safety, restricted freedom of movements and access to much needed services, alarming levels of gender-based violence, incidents caused by landmines and explosive devices will impact 1.1 million people. Lack of action may also lead to deterioration of protection concerns and a potential increase of people in need of protection.Women and children will continue to be more severely impacted by the crisis and to be victims of physical and verbal violence and psychosocial abuse. Refugees, asylum-seekers and migrants will continue to be particularly vulnerable to discrimination and marginalisation as detention conditions continue to be inhumane throughout Libya. With no social network to rely on, poor living conditions in overcrowded detention centres, and lack of access to vital services, refugees, asylum-seekers and migrants will continue to be exposed to abuse, harassment and exploitation by smugglers, They will also further seek to cross the Mediterranean sea in search of safety in Europe. Failure to protect them will further expose them to risk of exploitation, abuse, sexual violence, unlawful killings and torture.

THE MOST VULNERABLE PEOPLE WILL NOT HAVE ACCESS TO BASIC SOCIAL SERVICES

Failure to provide the urgently needed international humanitarian support will have a dire impact on the 1.1 million people currently in need in Libya. It will also lead to an increase of the most vulnerable people who rely on humanitarian assistance to meet their basic needs.

Without immediate support, 1.1 million people in urgent need of medical care will not receive essential health assistance and medicines and will have their lives at risk. Failure to respond will have a devastating effect on the health services and place further strain on resources already stretched to breaking point. Over 670,000 people will not have adequate access to safe drinking water, hygiene and basic sanitation assistance. Outbreaks of preventable communicable and water-borne diseases are likely to occur, if no adequate preventive and emergency measures are put in place. In addition, if assistance is not delivered, over 584,500 will not have a dignified shelter and basic non-food items, and will be forced to live in inadequate collective public spaces.

Children have particularly suffered in this crisis and will remain among the most vulnerable victims of the crisis. The ongoing conflict has left over 300,000 children in need of education in emergency support.

As ever, the most vulnerable will bear the brunt of a lack of action. For them, fear, hunger and sickness will become a protracted reality.

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN

The Libya Humanitarian Needs Overview, Humanitarian Response Plan and monitoring reports are available online at:

https://www. humanitarianresponse.info/en/ operations/libya and www.refliefweb.int

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

To donate directly to organisations participating in the plan please contact partners directly.

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

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises.

The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

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

IN-KIND RELIEF AID

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

logik@un.org

REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS

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