

A WORD FROM THE CHIEF OF MISSION

Federico SODA

September was characterized by an alarming increase in the number of COVID-19 cases in Libya, totaling over 34,000 cases since the beginning of the pandemic. In light of the health emergency in the country, IOM scaled up its activities and support to the Government of Libya and national health partners to strengthen their preparedness and response capacity.

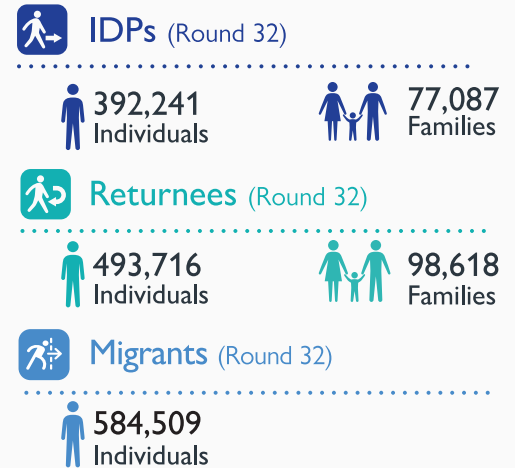
In addition to ensuring continuity of services and operations directly assisting migrants and internally displaced people, IOM delivered advanced technical training nation-wide to laboratory workers and frontline healthcare providers at public healthcare facilities. The Organization also supported the National Center for Disease Control (NCDC) by providing training to the staff at points of entry, health surveillance and health check-ups for passengers entering the country. Thermal cameras were also installed at two airports and three land border crossing points.

IOM launched a series of outreach campaigns and awareness raising sessions on COVID-19 prevention measures, key symptoms and how to seek medical help when needed. To ensure no one is left behind, informative leaflets were provided in six languages and “door-to-door” campaigns were carried out in remote areas.

The latest IOM Displacement Tracking Matrix (DTM) report shows a slow return home for some displaced families in western Libya, despite the challenges linked to the presence of explosive remnants of war and unexploded ordnance, and the lack of basic services. In parallel, the number of displaced persons decreased, making the period of July-August the first time in a year that the trend of increasing displacement is reversed.

So far 9,448 migrants have been returned to Libyan shores this year, marking a 30 per cent increase compared to the same period last year and exceeding the total number registered in 2019. The increase in numbers of arrivals to Italy through the Central Mediterranean route is even more significant compared to last year, representing a 200 per cent increase, with large numbers of people arriving in the months of July, August and September. While it is difficult to attribute the increase in departures to specific push factors, migrants at disembarkation points have said to IOM staff that the deteriorating humanitarian and security conditions were the main reasons behind their departures.

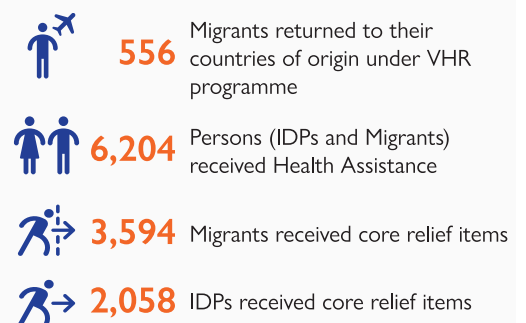
KEY FIGURES



SINCE THE BEGINNING OF THE CLASHES (April 2019)



ASSISTANCE PROVIDED IN SEPTEMBER 2020



CENTRAL MEDITERRANEAN UPDATE



ASSISTANCE TO MIGRANTS AND LIBYAN COMMUNITIES



During the month of September, **Direct Assistance teams** provided core relief items such as blankets, mattresses, hygiene kits, clothing and snacks to **3,594** migrants (1,832 in detention centres, 525 in urban areas and 1,237 in disembarkation points) as well as to **2,058** internally displaced persons (IDPs) in Tripoli, Misrata, Benghazi, Azzawya, Tobruk and Kufra.



IOM medical teams provided a total of **6,204** consultation services to migrants, refugees and IDPs over the month, and referred 81 migrants to secondary or tertiary healthcare facilities for further treatment.

Medical check-ups were provided for 1,683 detained migrants (1,346 men and 337 women) in detention centres in Dahr Aljabal, Tariq Al-Sikka, Abu Issa, Ganfouda, Tokra, Kufra and Suq Al Khamees. Another 29 migrants from these detention centres were referred to healthcare facilities for further assistance.

Eight door-to-door awareness raising sessions were conducted in Sabha and Tripoli, improving **241** migrant's knowledge on COVID-19 prevention, while giving them practical advice for dealing with people with suspected symptoms. IOM also contributed to extensive outreach activities conducted by the National Center for Disease Control in the Suq Al Jumaa Municipality, where IOM medical teams reached more than 1,000 Libyans and migrants and distributed over 3,000 information, education and communication materials in Arabic, English, French, Hausa, Tigrinya and Amharic.

Through the Migrant Resource and Response Mechanism (MRRM) programme, IOM medical teams provided **2,553** migrants (1,868 men and 685 women) with medical check-ups in urban areas in Zwara, Sabha, Qatroun, Tripoli, Bani Walid and at the Hay Al-Andalus office, while referring 43 migrants to hospital. IOM medical teams also conducted health awareness sessions in these areas and distributed information, education and communication materials on COVID-19.



Vulnerability assessments led by the **Protection unit** were provided to **47** migrants (36 men and 11 women), 21 of which (13 men and 8 women) required in-depth vulnerability assessments. One child protection assessment was made for a boy and 25 victims of trafficking assessments were made for 22 men and three women.

Over September, Protection teams distributed 102 hygiene kits, 8 baby kits, 2 clothing kits and 49 food baskets to **159** migrants (106 men and 53 women) in need. Non-food items (clothing and hygiene kits) were provided to six men from Niger on 21 September during a visit to an urban area in Misrata. The team referred 10 migrants (5 men and 5 women) to UNHCR, as well as three (2 women and 1 man) internally to IOM's Voluntary Humanitarian Return programme and the Migration Health Division. Moreover, 77 nationals of Bangladesh, Sudan and Mali were flagged to their receiving missions. Over the course of the month, four joint counselling sessions were held at IOM's office and Mitiga International Airport for 72 individuals from Mali and Somalia. All chose to return to their country of origin with IOM.

Three days of **protection mainstreaming** workshops were organized for 14 migrant community leaders and mobilizers (12 men and 2 women) in Misrata, while three **COVID-19 awareness raising sessions** and 185 information, education and communication flyers were distributed in Sabha and Benghazi, to migrants from Pakistan, Ethiopia, Sudan, Chad, Tunisia, Niger, Nigeria, India and the Philippines.

Protection teams paid **44** outreach visits to five urban areas in Tripoli, Benghazi, Sabha, Sabratha and Misrata and to five detention centres: Tariq Alsikka, Ganfouda, Ejdabia, Abuslim and Zliten. The unit was also present during **14** rescue operations over the course of a week that took place at Abusetta and Zwara disembarkation points to provide protection monitoring services to migrants rescued/intercepted at sea.



Mental Health and Psychosocial Support (MHPSS) was provided to **195** migrants (120 men, 27 women and 48 children) at the IOM office and in detention centres, health facilities, embassies, urban locations and disembarkation points following rescue at sea operations in Tripoli, Zwara and Sabratha.

During September, MHPSS teams conducted a varied set of activities, including individual counselling and psychological first aid, awareness raising sessions on COVID-19 and stress management, distribution of drawing kits to children, support group sessions, psychoeducation, psychiatric and psychosocial assessments and referrals to specialized mental healthcare services.

Follow-up psychosocial support sessions were conducted with vulnerable migrants on 14 occasions throughout the month, including sessions for migrants with mental health conditions in Tripoli and Zwara.

A joint MHPSS awareness raising activity for children and caregivers in the French school in Al Siyahiya was conducted in coordination with Tripoli's MRRM team on 17 September. Children and their caregivers took part in reading time from an **IASC MHPSS COVID-19 storybook**, drawing session and discussion on coping mechanisms for COVID-19 related stress. Drawing kits, a children's booklet for mental health and psychosocial support and coping with stress flyers were handed out during the day.

Through the **MHPSS** helpline, migrants living remotely continued to access mental health and psychosocial support.

The helpline received **24** calls from **Azzawya, Az Zahra, Qatroun, Gharyan** and **Tripoli**, where migrants from Burkina Faso, Cameroon, Egypt, Ghana, Guinea, Nigeria and Sudan were provided with remote counselling and psychosocial support services.



Migrant Rapid Response Mechanism (MRRM) teams in **Tripoli, Zwara, Qatroun, Sabha** and **Bani Walid** reached **7,787** migrants (5,421 men and 2,366 women) over the course of the month. Most migrants were from Niger, Mali, Chad and Sudan. The migrants (including 1,177 households) received 204 food baskets, 221 kitchen sets, 228 diapers, 62 tarpaulins, 681 summer blankets, 24 mattresses, 336 solar lamps, 2,407 hygiene kits and 515 clothing kits.

During September, MRRM teams conducted **43 health sessions** to raise awareness of the symptoms and prevention measures for five diseases: scabies, tuberculosis, hepatitis B, HIV/AIDS, measles and COVID-19. The sessions were attended by **2,012** migrants (1,543 men and 469 women) who received 734 health awareness flyers, 471 posters and 102 booklets.

MRRM teams also conducted **67 #InformedMigrant** sessions for **3,059** migrants (2,237 men and 822 women) to raise awareness on the risks of irregular migration and to distribute 1,718 booklets and 154 flyers in English, Arabic and French.

The **Tripoli** team conducted one **COVID-19 awareness raising session** and two focus group discussions to **48** migrants (28 men and 20 women) while distributing 75 flyers and 8 posters on the topic in Arabic, English and French.



IOM's **Community Stabilization** team signed **21** contracts with local civil society organizations (CSOs) to implement a range of social cohesion and livelihood projects in **Sabha, Qatroun, Benghazi** and **Kufra**. The contracts respond to youth peacebuilding, localized cross-tribal activities, education, sports, women's empowerment, vocational training, livelihood toolkits and support to children and families with disabilities.

During September, three CSOs completed their activities. In **Kufra**, CSO Arkeno organized two parallel computer training courses of 80 hours each, for 70 Arab and Tebu youth. In **Benghazi**, Nama conducted a training workshop for municipality officers on how to use AutoCAD software for infrastructure rehabilitation, construction and planning. At the end of the workshop, the participants received a laptop with the software installed to help them implement their new found skills in their work. In **Sabha**, Shaghaf hosted a multi-day festival that brought together more than **300** people from various ethnic and tribal cultures to encourage peaceful coexistence and improve community coexistence.

On September 24, the Qasr Masoud water well in **Qatroun** was handed over to the community in the presence of municipality and community members. The community prioritized the drilling of this new water well, as there was only one other well in the muhalla and it was close to collapse. The work for the new well started in July and will provide household water to a community of around **2,000** inhabitants.

The finished Alnasriyah football pitch was handed over to the community in the presence of the municipality and 55 community members on September 20 in **Sabha**. The participants were mainly youth from different groups and tribes. Alnasriyah is one of the most populated areas in the south-west of Sabha, with a population of 15,000 from mixed tribes (Arab, Tebu and Tuareg) and some displaced people from Murzuq and Tawergha. Through the rehabilitation and construction of football pitches, IOM aims to break down cultural barriers and increase community cohesion in areas with mixed population.

Akram, a youth representing the Tebu tribe said: *"We'll take care of this space since it's the only facility for youth in this area. We'll play and manage it all together, regardless of our differences."*

In September, eight CSOs, five in **Sabha** and three in **Kufra**, completed a professionalism and capacity building course under the guidance of IOM partner H20, to help them implement community cohesion activities in their area. In Sabha, the Mental Health and Psychosocial Support team involved children in awareness raising lectures on peaceful coexistence and respect for others. Om Al Moamnen and Howa Al Janob offered women vocational training workshops on sewing and handicraft, which also enabled migrants and IDP women to discuss their challenges and role in society. Friends with Disabilities conducted a survey on accessibility challenges to public buildings for people with disabilities and Damer Libya organized sport and cultural activities to bring together men and women from different communities. In Kufra Al Rahama, Hikma Nisa and Kufra Charity Market used traditional and social media to organize dialogue sessions for Tebu and Arab community members to reflect together on a possible path toward a peaceful coexistence. Participants followed COVID-19 health protocols throughout the festival.

IOM LIBYA'S ACTIVITIES ARE SUPPORTED BY



SPOTLIGHT FROM THE FIELD

Ali Lateef, MHPSS Programme Assistant

My name is Ali Lateef and I have been working with IOM's Mental Health and Psychosocial Support (MHPSS) unit since June 2019. With MHPSS we provide direct mental health and psychosocial assistance to migrants in Libya, based out of Tripoli and Zwara.

Since the conflict in 2011, migrants in Libya have been exposed to tremendous suffering. I have met many migrants who have experienced inconceivable trauma arising from the abuse, violence, exploitation, torture, unlawful imprisonment and isolation they have endured. Many migrants are still experiencing the impact of the unimaginable abuse they went through and continue to go through, every day.

This has a tremendous impact on the migrant's mental health. They feel fear, anxiety, depression, a sense of inferiority and general feelings of helplessness and hopelessness. Within Libya, migrants require a comprehensive approach to care that includes not only health and protection, but also mental health and psychosocial support, which addresses the psychological impact caused by their journey.

"Mental health and psychosocial support should be a major component in any emergency response."

IOM has been active in MHPSS programming by delivering its direct assistance to migrants, IDPs and host communities in several countries around the world. During my previous experience as a protection officer with some local organizations, I noticed mental health and psychosocial assistance in Libya was to some extent, neglected. I have been interested in mental health and psychosocial support since medical school and I joined IOM because I believe they should be a major component in any emergency response.

In the MHPSS unit, our approach seeks to address mental health needs and reduce suffering, while promoting resilience and psychosocial well-being. Despite the fact that our unit is small, it remains effective and important. We work hard to overcome challenges, such as a shortage of reliable MHPSS experts and scarcity of service providers in the country, while continuing to scale up our community-based MHPSS response, supporting national coordination and helping to raise awareness on the importance of addressing MHPSS needs in a war-ravaged country like Libya.

We provide our services according to the Inter-agency Standing Committee (IASC) guidelines on mental health and psychosocial support and IOM's community-based MHPSS manual. We provide a set of varied services, including counselling, psychological first aid, focused group discussions and group support, cultural and recreational activities, sports activities, art based mediation activities, psychosocial awareness raising sessions, psychoeducation, assessment and referrals to specialized mental healthcare services. We work with other IOM units in different locations across Tripoli and Zwara providing MHPSS services to migrants in detention centres, urban locations, disembarkation points, shelters, health facilities and embassies.

As a response to the COVID-19 pandemic and access restrictions, we have recently launched an MHPSS helpline that provides remote mental health services to migrants across Libya, including migrants in quarantine. The pandemic has caused an exacerbation in pre-existing vulnerabilities



among migrants. Common psychological reactions include fear, anxiety, confusion, frustration, anger and withdrawal. Migrants are worried about their own and their family members' health, having access to supplies or medication, and losing their jobs and livelihoods.

"We try to understand the story of every migrant we encounter and each migrant has their own special story."

Mental health issues are stigmatized in Libya, not just in the local population, but also in the migrant population. With MHPSS, we do not just provide a service, we build a trust-based relationship with the community. We provide mental health and psychosocial support through direct assistance and follow-up sessions with vulnerable migrants in need, who are vulnerable not because they're migrants, but because of what they went through as human beings. Our main goal is to help them restore their dignity and well-being, while working on promoting their resilience.

On my first visit to Zwara detention centre in 2019, I encountered a Sudanese man who was mentally and physically unwell. In January this year, I received a referral from IOM's Migrant Health Division regarding a case admitted to Abusitta Hospital in Tripoli. The man had been transferred from a detention centre to the hospital after showing symptoms of psychological distress. I visited him at the hospital and we recognized each other, it was the same man I had met at the Zwara detention centre, the year before.

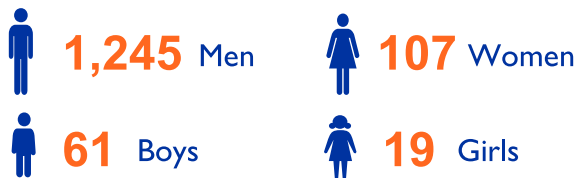
We talked and discussed his situation. He explained that his unusual behavior was due to the unfathomable conditions he went through in Libya and before. Our first session ended with a tear and a smile. Over the following months, his mental health and physical condition continued to improve. He continued having follow up sessions with us and the last time we talked, through the MHPSS helpline, we discussed his progress and motivation. He is out of the centre now and living with friends in Tripoli. He is trying to make a living for himself and wishing to return to Sudan, so I referred him to our colleagues in the Voluntary Humanitarian Return programme to assist him.

Working in MHPSS is everything to me. It's not only about managing people with mental health conditions and providing psychosocial support, for me, it's a holistic approach that helps people aspire to reach their full potential. Each person I meet has their own unique story and my job is to hear them, acknowledge their feelings, restore their dignity and empower them in their community.



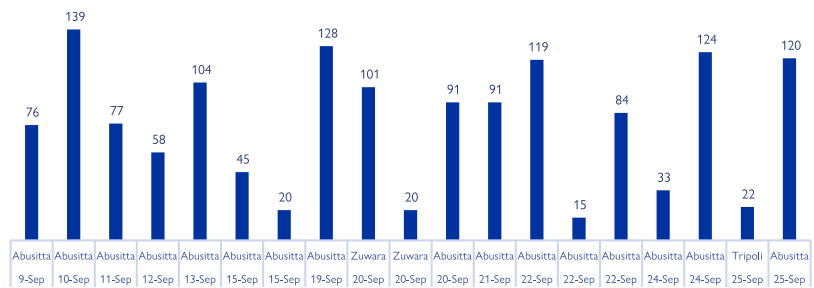
IN SEPTEMBER 2020

1,467 Migrants Disembarked in Libya



*No gender data available for 35 individuals

Disembarkation Location and Date (Sept 2020)



In 2019

9,225

DISEMBARKED IN LIBYA

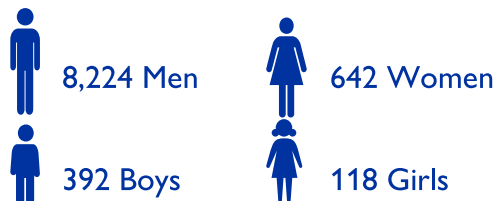


121 Bodies retrieved
102 Missing

In 2020

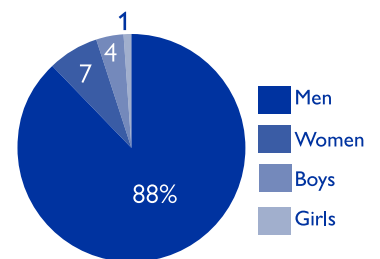
9,448

DISEMBARKED



*No gender data available for 72 individuals

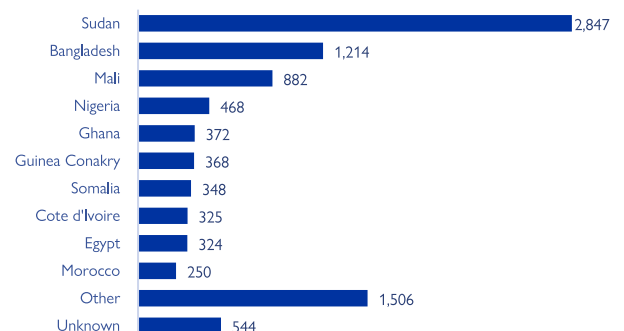
106 Bodies Retrieved 122 Missing



Monthly Disembarkation Trends 2019 and 2020



Nationalities of Individuals Disembarked in 2020



Disclaimer: Figures based on updates from IOM Libya Search and Rescue (SAR) data, compiled from disembarkations in Libya. For detailed data on deaths and missing migrants please refer to the missing migrants project. (<https://missingmigrants.iom.int/>)
Figures on Maritime incidents in Libya are estimates based on initial reports at the time of each incident, and are regularly updated as more information becomes available.