INSTITUTE FOR WAR & PEACE REPORTING

IWPR

مُبادِرات

برنامج مُبادِرات: بين الجائحة والنزاعات

BCI binda consulting international

SUMMARY REPORT OF RAPID ASSESSMENT RESEARCH: THE IMPACT OF COVID-19 AND CONFLICT ON WOMEN AND GIRLS IN LIBYA

FEBRUARY 2021

INSTITUTE FOR WAR & PEACE REPORTING

IWPR

مُبادِرات

برنامج مُبادِرات: بين الجائحة والنزاعات

BCI binda consulting international

SUMMARY REPORT OF RAPID ASSESSMENT RESEARCH: THE IMPACT OF COVID-19 AND CONFLICT ON WOMEN AND GIRLS IN LIBYA

FEBRUARY 2021

Executive Summary

"Unfortunately, the manner of educational and social upbringing in Libya views women as inferior; they are not decision-makers; they are not consulted and have no opinions even in official meetings. No matter what we suggest, they will not consider women's opinions, and officials decide on whatever they want. Will this session take our opinion as you claim?" (Female)

In 2020, the COVID-19 virus struck almost every corner of every country in the world. The intensity and degree to which populations suffered (and continue to, at the time of writing) depended on a variety of factors, including the state of national health systems, communication of reliable and science-based information, dependable supply chains and continuation of basic and life-saving services, and government leadership to support the economic shocks of shuttered businesses and unemployment. Unfortunately, for the citizens of Libya, none of these factors has been in much supply for several years.

Globally, pandemic mitigation measures exposed vulnerable populations and groups to increased hardship and violence, especially women and children. Lockdowns, lost employment and isolation have resulted in increases in domestic violence and poverty and rollbacks in education and participation in social or professional activities for many. Research conducted by 11 civil society organisations (CSOs) in Libya confirms that the COVID-19 pandemic has made a grim situation worse, especially for women and girls.

The findings show that stakeholders and experts interviewed for the research consider **the economic situation to be the most urgent crisis**; a crisis as a result of years of conflict only exacerbated – but not created – by the global pandemic. Predatory price increases of essential goods and services have created food insecurity for many citizens affected by COVID-19 prevention measures such as border closures and the inability to move easily within and among communities. Libyan women are particularly vulnerable to the economic crisis as they face increased limitations on mobility and have lost work and education opportunities. While the pandemic has had a negative impact on the livelihoods of many Libyans, lockdowns and the closure of businesses have placed a particular burden on entrepreneurial women who are forced to abandon small enterprises or those who rely on income from the informal sector. The suspension of public sector salaries for many, particularly for teachers, has also had a disproportionate impact on women.

The research points to an urgent need to prioritise understanding of **violence against women** in order to design and provide appropriate support and services for victims of violence. While quantitative data are sparse, anecdotal evidence

suggests that violence against women has increased in Libya during the pandemic. While over 80 percent of stakeholders interviewed are convinced COVID-19 has increased the risk of domestic violence, several admit that cultural norms suppress the true extent of violence against women and prevent victims seeking support – support that is largely hidden or absent, particularly in rural and isolated communities.

In Libya, pandemic mitigation measures exposed the **lack of support for vulnerable groups**, including internally displaced people, but especially women and children. The pandemic has exposed and tested an ailing and neglected health care system that is failing to meet the needs of women and children. As extended family caretakers, mothers with children, or informal sector workers, women have disproportionately suffered from emotional stress and mental health problems.

Where policymakers and local authorities have attempted to implement strategies to prevent the transmission or spread of COVID-19, there is little evidence that these strategies are inclusive of women's voices or address unique vulnerabilities of marginalised groups. **Official responses in Libya are uncoordinated** and left up to local decision-makers, with varying degrees of success. The lack of reliable, science-based communication on the COVID-19 crisis contributes to the spread of misinformation and perpetuates a culture of stigmatisation of disease where fear of being shamed or ostracised prevents people from observing proven measures to prevent the spread of the virus.

Alleviating the negative impacts of the COVID-19 virus will require short-term efforts. However, inoculating communities against the indelible economic and social costs of simultaneously occurring traumas like conflict and disease requires long-term vision and planning. The recommendations resulting from the research call on Libyan civil society, local and national governments, and the international community to take urgent action which will provide immediate support to vulnerable citizens (particularly women and girls), and which will equip communities to handle similar shocks in the future.

The recommendations point to the need for greater coordination and inclusion in crisis decision-making and implementation processes. CSOs and local government authorities should engage in community-based crisis planning that is gender mainstreamed and prioritises the most vulnerable members of the community. The recommendations provide practical suggestions to address the dire economic crisis that is exacerbated by the pandemic. These include:

- Engage women in the local production of food and goods to address issues of food insecurity and the scarcity of essential goods.
- Utilise and mobilise conflict resolution expertise to help negotiate safe transportation corridors for women to access goods and services.
- Prioritise services and support for victims of gender-based violence.
- Prioritise the payment of salaries for teachers and health care workers.
- Expand and improve internet accessibility in Libya.

Introduction

Global health crises, such as the COVID-19 pandemic, contribute significantly to the erosion of rights and freedoms, and in Libya, one of the most impacted groups is women and girls. CSOs and activists – and women in particular – have less access to power centres that can address gender-adverse policies than they did prior to 2014. Post-revolution, and now during the pandemic, restrictions force many women to remain at home, limiting their economic independence and civic engagement even further. Sexual and Gender-based violence (SGBV) is even more widespread, ill-documented and under reported, and there are no mechanisms in place to support victims and their families.

The COVID-19 pandemic added a new layer of crisis to Libya, already buckling under the stress of long-term conflict. An international consortium works with civil society partners to increase their capacity to engage, identify priorities and propose and implement workable solutions to meet the needs of women and girls and respond more effectively to the impact of the ongoing COVID-19 crisis and the recent surge in the conflict in Libya. Engaging women in local development and decision-making processes reinforces and cements community partnerships and ensures that implementation of decisions reflects the priorities of women and girls.

At the end of 2020, 11 CSOs from east to west and north to south interviewed stakeholders in their communities to assess the impact of COVID-19 on women and girls.[1] The 11 individual assessments will enable the organisations to develop appropriate responses and contribute to policy efforts to prevent the spread of the virus and mitigate its worse impacts on women and girls. While the individual CSOs may share their findings with the public in their communities, others will not, to protect the safety of their staff, members and networks. This report summarises the most common top-line findings from the 11 organisations and does not isolate or highlight the results from any one community or CSO. Direct quotes are distinguished only by the gender of respondent.

1 The participating CSOs are: Al Ataa Al Kheer for Charity (Traghen), Dyhia Organization for Development (Tripoli), For You Libya Group (Tripoli), Libya Foundation for Sustainable Development (Misrata), Libyan Organization for Development (Benghazi), Nana Maran Organisation for Charity (Tripoli), Nitaj Organization (Benghazi), I am Libyan and my son is a stranger (Ghat), Women & Youth Empowerment Forum (Tripoli), Women's Forum for Development (Zawiya), and Women's Libyan Union in The South (Sabha).

Methodology

The research identified the needs of women and girls that can be addressed by local CSO interventions. The research focused on the following topics: how cultural and religious norms influenced citizens' responds on the pandemic; how COVID-19 impacted citizens' access to essential goods and services; what kind of support is provided by national authorities, municipalities and local CSOs to women and girls during the COVID-19 crisis; who are the most vulnerable and in the most profound need in the community; who is making the decisions related to the pandemic; how clear and reliable is the information that has been reaching the citizens on the COVID-19 crisis and related measures; what are the unique needs of women and girls in the community and how efficiently are they provided with services.

During November 2020, the 11 CSOs conducted 168 Rapid Assessment Interviews, and six focus group discussions with a total number of 63 discussants. Over three-quarters of the interviews were held in person, with the rest conducted remotely. A majority of interviewees are women working in a range of sectors and from a range of ages and backgrounds. Researchers interviewed more women than men, because a significant proportion of the questions focused on women's needs, experiences and vulnerability.

The urgent nature of the assessment did not intend to draw a representative random sample. Therefore, the conclusions reported here are not representative quantitative statistics of Libyan public opinion; rather they reflect the perspectives of people who are engaged with and know their communities, are members of professional groups including health sector workers, civil society activists, teachers and public sector workers. The information reported below reflects the opinions of these selected participants to urgently identify gaps and opportunities for community-based action.

Limitations of the methodology relate to the time-constraints of the research project, as noted above, that did not allow for interviews with a larger, representative sample. At the same time, COVID-19 pandemic precautions, including physical distancing and hyper-vigilant hygiene protocols posed novel challenges in conducting interviews and collecting qualitative data. Ultimately, the greatest limitation of this research is the lack of reliable information on available services or support to women and girls, particularly victims of violence. For example, almost all respondents interviewed said there are no shelters for female victims of violence in their communities. While this may be true, it may also be that the issue is so sensitive and taboo, that most people are unaware of existing services and shelters. Further, more comprehensive research can help address these limitations.

BCI drafted this report and, although the team worked closely with the CSOs to analyse the data and develop recommendations for their individual communities, the macro-level analysis and recommendations in this report do not necessarily represent the views of the CSOs or the Government of the United Kingdom of Great Britain and Northern Ireland, which funded the research.

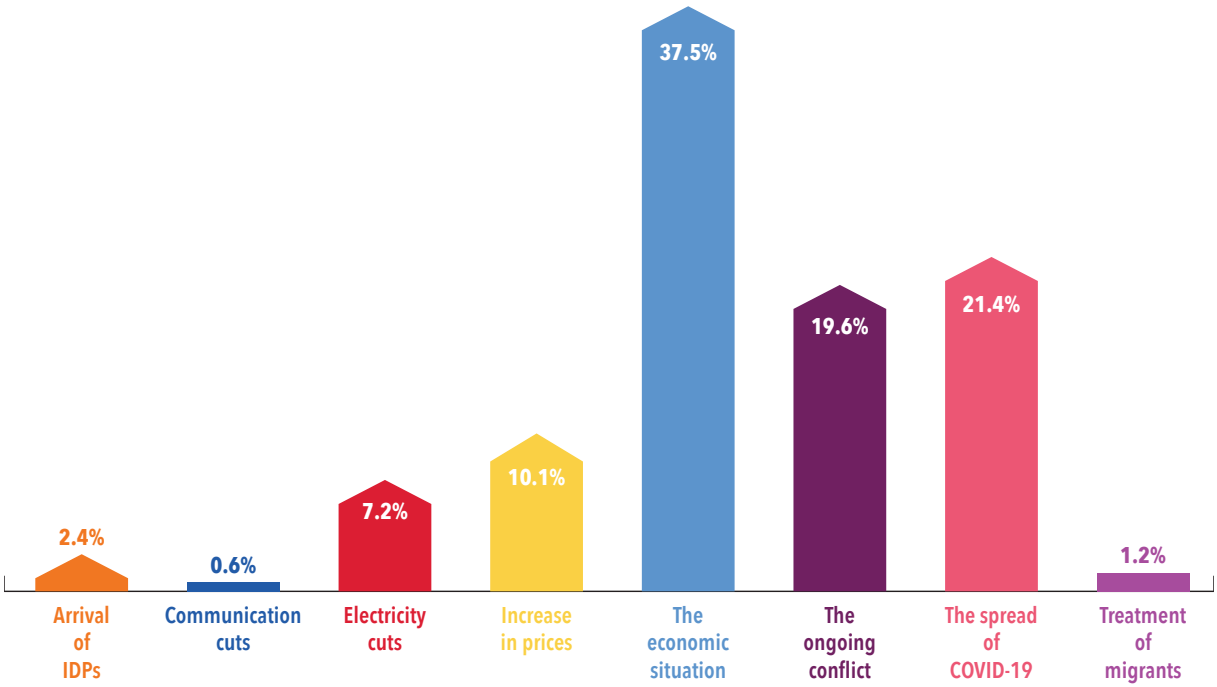
Key Findings

Covid made a bad situation worse

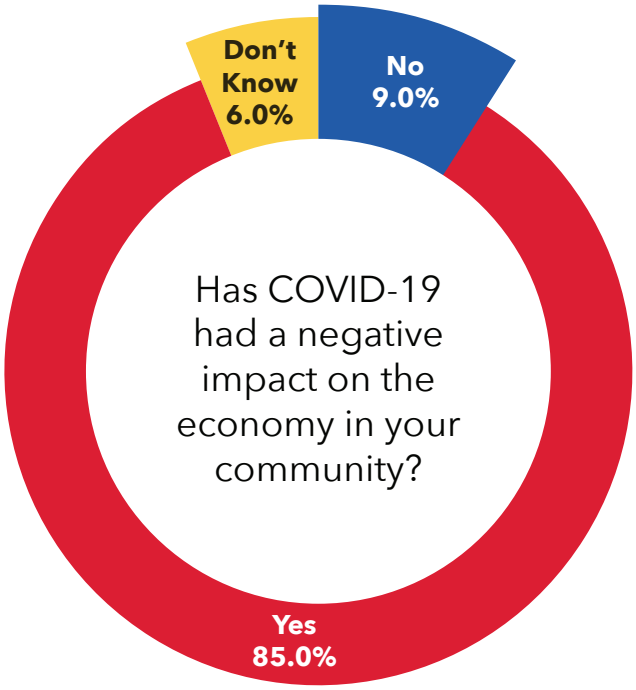
> *"Since 2011 and until now, life in Libya has been very difficult and has not improved, but has become worse, and the Corona pandemic added to the situation, nothing more, nothing less." (Female)*

By and large, respondents consider the economic situation in Libya to be the most urgent crisis. A depreciated Libyan Dinar and the lack of cash liquidity make it difficult for Libyans to purchase their daily needs. Added to the dire economic situation are the dangers and upheaval of the conflict, raging in the country since 2014. The pandemic is yet another problem, among many, that Libyans face. The extent to which each of these crises affects people's perception varies from region to region.

What is the most urgent crisis in your community?



A vast majority of the respondents agree that the pandemic has exacerbated the negative impact of the already dire economic situation. The spread of COVID-19 has resulted in closed workplaces, increased unemployment and a slow-down or halt to fragile trade and industry. Previously tenuous economic opportunities have evaporated in the face of mitigation measures and lockdowns that have closed businesses and workplaces.



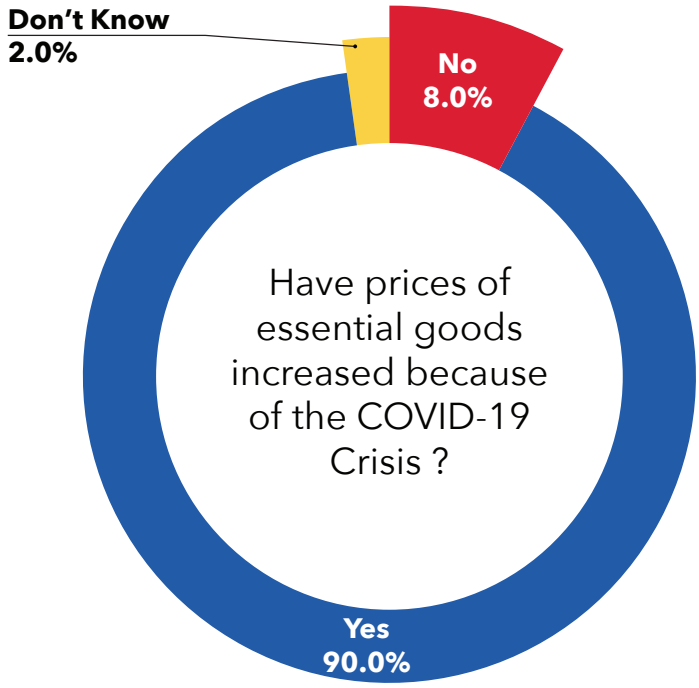
Libyans are also paying high prices for essential health care services; reduced incomes mean that many are unable to fund non-Covid-19 related therapies or medication, if such remedies remain available at all. Several interviewees and focus group participants describe personal and family experiences of forgoing or reducing treatment for chronic disease or medical conditions because limited medical facilities are focused on Covid-19 triage or war casualties.

> *"A marked shortage of infant formula and some medicines intermittently during the Corona pandemic crisis. These are examples of drugs in which a shortage occurred – Anti-inflammatory drugs, insulin, and hypertension drugs." (Female)*

The vast majority of the respondents think that prices of essential goods have increased because of the pandemic, independently from the location.

Predatory pricing has been an issue for many interviewees and focus group participants. The dominant view is that some traders and merchants have taken advantage of public fears to unjustifiably raise prices on all manner of goods, including food.

"I went to buy supplies for the pharmacy at the same place I always got it. Supplies were readily available, but they raised the price. It was not the pharmacy that increased the price, it was the main supplier, who raised the price. They especially increased the price for Vitamin C, Panadol, items related to COVID and flu symptoms." (Female)



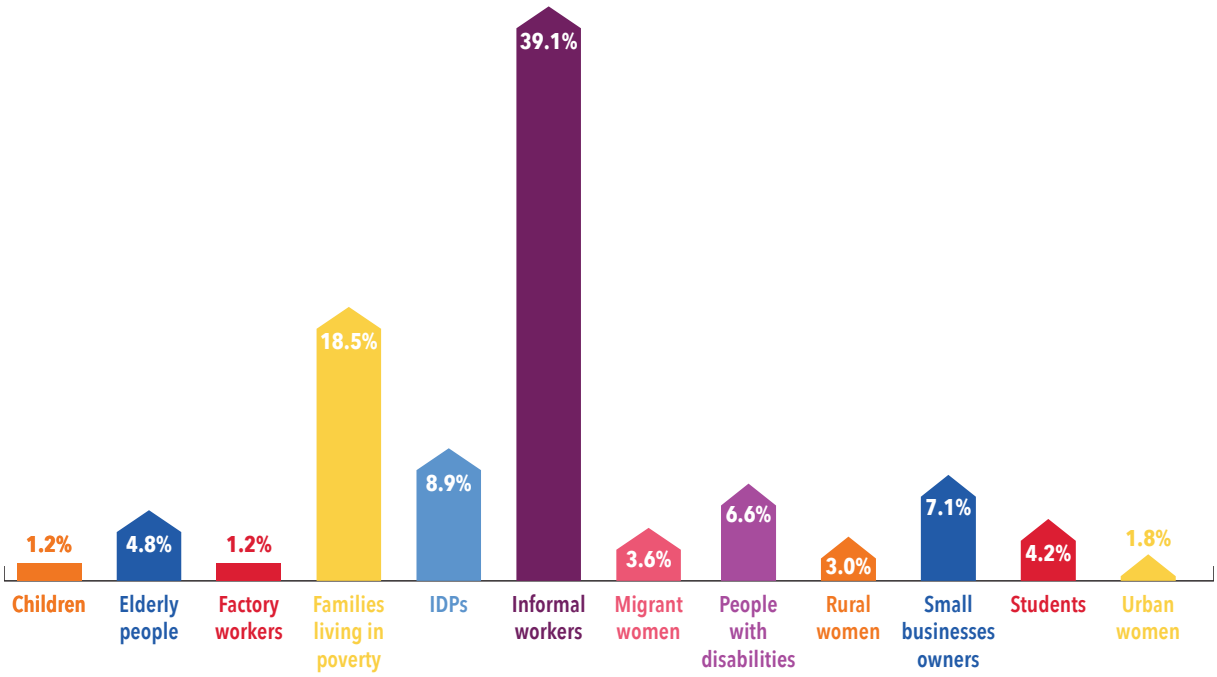
"The price of gas, food supplies, and bread increased, as did medicines prices increased where some traders took advantage of the crisis." (Female)

With pandemic-related border closures and reduced transnational shipping of goods, people are unable to move easily between population centres in search of scarce goods. The impediments for travel also make it difficult for women, in particular, to access workplaces, medical services, and commercial centres.

"Consumer associations are not supplying citizens with the basic commodities. There is also the excessive increase in goods' prices on the black market. We also faced a lack of bread during a certain period of time due to the lack of flour." (Female)

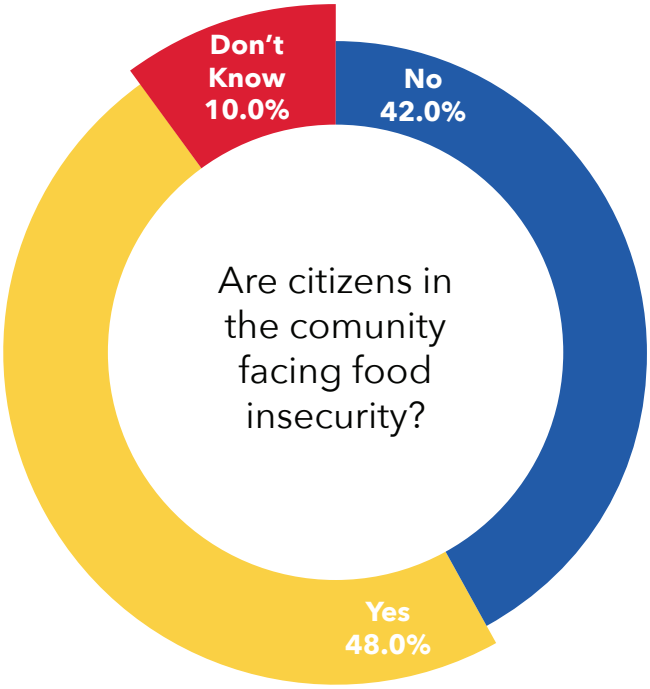
Of course, not everyone is equally affected by the deteriorating economic situation. Those without an initial financial safety net are most susceptible to the economic impact of the pandemic. A majority of respondents believe that informal workers and families already living in poverty are the most vulnerable to economic downturn. For thousands of internally displaced people, the pandemic could not have come at a worse time. Vulnerable groups receive little, if any, support from the government, and rely on the charitable giving and generosity of community members.

Which group is most vulnerable to the negative economic impact in your community?



Almost half of all respondents say that people in their community face food insecurity. In the south, respondents indicate a more notable scarcity of essential goods and nutrition. At the same time, cash liquidity and unemployment are mentioned more frequently in the North West.

"We needy, and poor families, are feeling food insecurity. We lack a lot, we miss so much in terms of nutrition and we are unable to get nutritional value. Prices are on the rise and there is so much we cannot afford. We started feeling fear and don't trust in the future." (Female)



> *"People suffered lack of food security during the pandemic. As an example, some essential food items went in shortage such as flour. It is important to highlight here the fact that most of the food and dietary products are imported." (Female)*

Increase in violence against women

> *"The crisis contributed to the suffering of women, especially at home, and increased domestic violence and psychological pressure on them because they are primarily responsible for protecting their families in the absence of the state and the weakness of the family economic situation." (Female)*

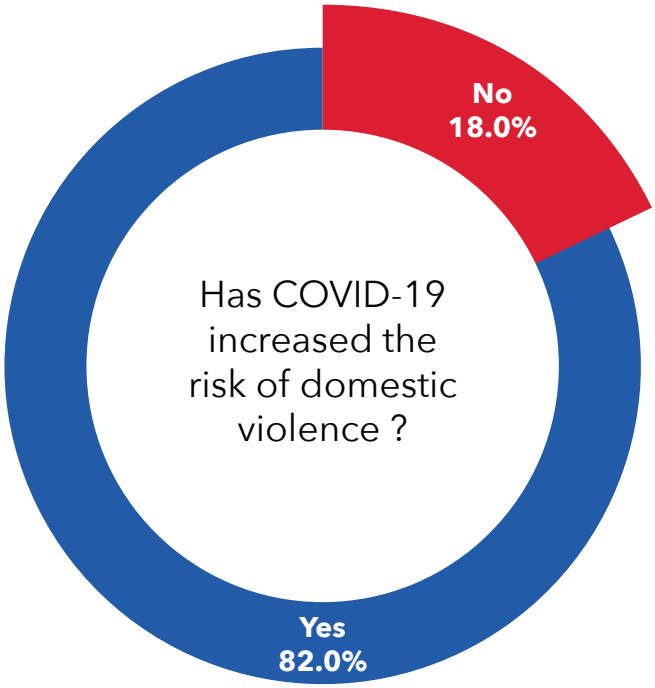
In Libya, gender-based violence is poorly documented and, experts believe, under-reported. The research points to an urgent need to prioritise understanding of violence against women so communities can design and provide appropriate support and services for victims of violence. While quantitative data are sparse, anecdotal evidence from activists and stakeholders on the ground, such as those interviewed for this research, suggests that conservative cultural norms suppress the true extent of violence against women.

The increase of domestic violence during the Covid-19 crisis is a global phenomenon and Libya is no different. Within the first weeks of the lockdown in the spring of 2020, the deaths of three women – allegedly at the hands of their intimate partners – were widely reported causing outrage among women rights advocates. These deaths prompted fourteen local organisations, focused on women's rights, to co-sign an open letter to the GNA's presidential council urging the inclusion of gender-sensitive recommendations in the action plan to address the Coronavirus pandemic.[1]

More than 80% of all respondents in this research believe that the pandemic and the measures related to it (especially lockdowns and curfew) increase the risk of domestic violence. Being confined to your home, experiencing the stress of the pandemic, loss of income and the insecurity of being able to provide for the family all lead to increased tensions in the home and, often, to domestic violence. At the same time, having problems within the family is still stigmatised in Libyan society, so many of the cases remain latent, as women do not ask, or know how to ask for help or support.

1 Open Letter by Libyan CSOs to Recommend Gender Sensitive Policy to the Governments COVID-19 Crisis Response Plan - Network of networks

"Women, nowadays, work all day to support their families. This has increased the psychological pressure on her, and some men developed anger issues as a result of the lockdown… so they began to translate this anger into domestic violence that sometimes developed into physical abuse." (Female)



"Our problem in Libya is that people fear social stigma in speaking out about family problems." (Female)

Pandemic highlights the lack of support for vulnerable groups

"The impact of the conflict converted the focus to the political struggle in the country ignoring basic citizen needs especially for women." (Female)

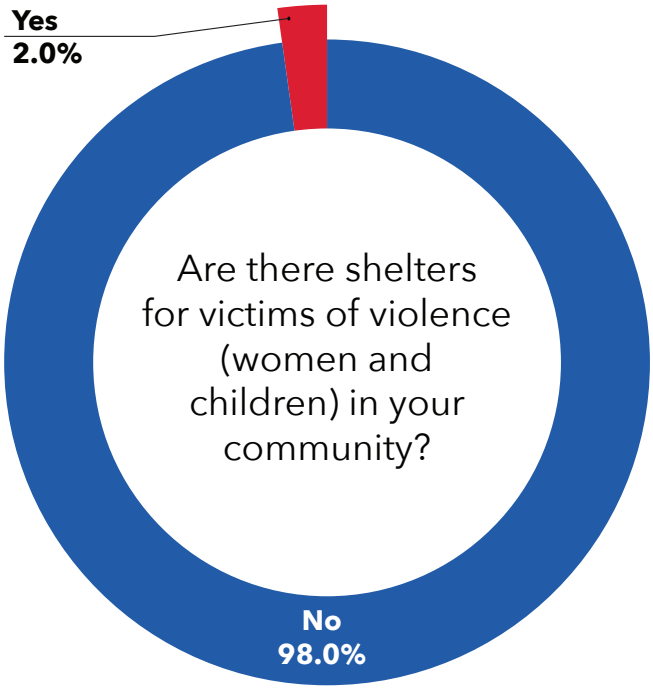
Given the health system's focus on the pandemic, many respondents note that women's health issues are not being addressed. One respondent defined the most urgent needs in the local community as:

"Providing supplies for health care and sterilisation needs, as well as providing sanitary pads for women and some medicines related to patients with blood pressure and diabetes. Providing masks and sterilisers." (Female)

However, the lack of services for women becomes urgent, given the physical and psychological impact of the pandemic on women. While limited ad hoc psychoso-

cial and legal services are available in high-density population centres, they are not readily available in sparsely populated or remote areas where women acutely experience the effects of isolation.

A staggering 98% of all interviewees stated that there are no shelters for victims of violence. Independent of location, a minimum of 80% of respondents reported that their communities also lacked other essential support services, helplines or psychosocial support provisions for victims of violence (women and children), or support centres for mothers with young children.



One respondent noted that COVID-19 has also pushed the issue of women's reproductive health farther down the list of interest and priorities.

> *"Lack of interest in reproductive health, especially in light of the Corona pandemic in hospitals and clinics." (Female)*

The pandemic has exposed and tested an ailing and neglected health care system that is failing to meet the needs of women and children. Several respondents and stakeholders identified health care services as the most urgent priority for women in their community.

> *"The most important aspect is the health aspect. The sector and the health system in our country suffers a lot of problems that must be addressed, including administrative problems, mismanagement, lack of strategy, financial corruption, the interruption of the maintenance of many health centres and hospitals, the lack of vaccines for children such as pneumonia vaccination and many others, and the non-payment of salaries to many health workers and many other problems that hit this sector." (Female)*

In addition to pandemic-mitigating health supplies and services, respondents pointed to the lack of adequate health services for pregnant women, the elderly and migrant women.

> *"Providing her needs of masks, gloves, sterilizers, disinfectants, alcohol, sanitary and medical materials, cotton, and insuring periodic check-ups, especially for pregnant women and for migrant and displaced women." (Female)*

Additionally, people living with disabilities, widows or divorced women, and the elderly are without comprehensive community-based support and live at the generosity of family members, charitable organisations and or individuals, or limited social solidarity fund programs or municipal governments. Many service organisations' activities are curbed during periods of quarantine or heightened public health restrictions and have difficulty delivering needed services and products to the most vulnerable in the community.

> *"The psychological state of the mother, in particular, is one of the main consequences of this ongoing crisis, stopping her source of income because of the lockdown, the closure of schools, the lack of education and the inability to provide the right atmosphere at home." (Female)*

Vulnerable women and groups impacted the most

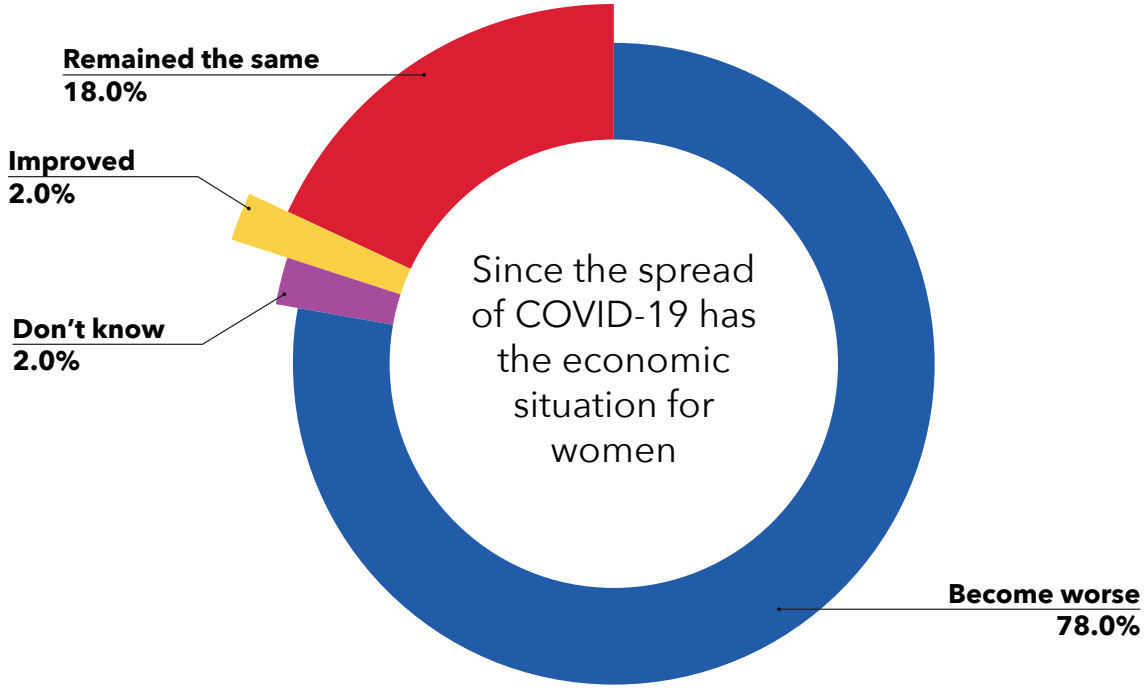
> *"It [the pandemic] affects women specifically; women are the most vulnerable category for persecution, in work and social life, this results in psychological issues from violence by family members and husbands." (Female)*

Respondents recognised informal workers, families living in poverty, and IDPs as the most vulnerable to the negative economic and social impacts of the pandemic. The tendencies for the most vulnerable women in the local communities are similar. Respondents say that unemployed and internally displaced women are the most vulnerable to the negative economic impacts of COVID-19. They also note that official pandemic responses in Libya do not prioritise unique women's or vulnerable groups' circumstances.

> *"There is no specific committee that is designated to address women's issues within all groups, even those with disabilities. All of the committees were formed for all groups of the society." (Female)*

"The spread of the virus along with the ongoing conflict has led to an increase in women's suffering, especially those with limited income and their inability to obtain aid and support, and the absence of communication between municipalities and the government made their condition worse due to the current division, the ongoing conflict and the Coronavirus crisis." (Female)

More than three-quarters of all interviewees say that women's economic situation has become worse since the spread of COVID-19. Several respondents in the research suggested women have lost the right to mobility, work and education as a result of the pandemic.



While the pandemic has had a negative impact on the livelihoods of many citizens in Libya, lockdowns and the closure of businesses have placed a greater burden on women who were forced to abandon small entrepreneurial enterprises (for example, sweet shops, craft and sewing activities, and food services).

This pandemic, especially during the period of isolation and home quarantine, and following the divergence, most projects related to entrepreneurship, and projects related to economic empowerment were postponed." (Female)

The lack of a social safety net or financial compensation for people forced into unemployment because of the pandemic has affected women who previously relied on government-sector jobs, especially teachers – a female-dominated profession in Libya.

> *"The Corona pandemic has negatively affected this problem because women have been forced to stay at home, and we no longer have work, which caused a material shortage and an unavailability of a financial return. Most of the women are teachers. When the schools were closed, the teachers had no work and no income." (Female)*

Women who are the primary income earners, such as divorced, widowed or migrant women, are further challenged to earn a living or claim their rights in the midst of COVID-19 related restrictions. For instance, with the courts and banks closed, women who rely on alimony payments have lost an important source of income during an already-difficult time. Similarly, unemployment has placed additional burdens on migrant women in unfamiliar and, sometimes, hostile communities.

> *"Many migrant women like me do not find work nowadays due to the Corona pandemic, which caused a financial stagnation for us as women who do not have a man to support them financially, which caused depression and frustration for many of us." (Female)*

The mental health implications of economic stress created by the pandemic, in addition to the ongoing conflict, are significant for Libyan women. Many stakeholders suggest that women disproportionately suffer more emotional stress as a result of COVID-19 and mitigation measures. In addition to financial insecurity, women face further burdens as extended family caretakers, as mothers with quarantined children, and as informal sector workers.

> *"Due to the complete lockdown, it became difficult for women to find a job, which affected their psychological sanity; therefore, women became more anxious and fearful about the future of their children. Women's fear of getting infected by the virus became an obsession and affected their morale." (Male)*

> *"The political division gave rise to armed conflicts, which resulted in the spread of chaos and terrorism that disrupted security and safety, this affects and threatens the lives of women who wish to look for economic resources to support themselves." (Female)*

Women, often caretakers of both immediate family and extended elderly relatives, are unable to provide care during periods of lockdown and are cautious about exposing older family members to the virus. As noted later in this report, the Covid-19 Crisis Response Committees adopted a whole community approach without systematic consideration for population segments which may be most vulnerable, or for whom the pandemic introduced unique threats. For example, women's, mother and child health were not key considerations; not all committees included women representatives engaged in policy decision-making processes.

> *"No (the team did not address gender-specific issues). Unfortunately, the committee's role was limited to providing only masks and gloves, especially to the people coming to the hospital and the medical centres, to care for the health of employees of the health sector." (Female)*

> *"Restricting the movement of women; economic recession; staying at home and caring for children deprived women of practising their economic activity because they are to take care of the children." (Female)*

School-age children are also a vulnerable group impacted by pandemic-related measures. Unfortunately, the COVID-19 pandemic is not the first experience Libyans have with school closures and interruptions in education. Physical distancing measures to mitigate the spread of the virus are not, however, accompanied by actions to minimise the risks and increased vulnerability borne by children missing vital elements of their development. The government provides little support to families with school-aged children, particularly for continuing education during times of school closures. There are, however, a few examples of educational radio programming and limited online support.

> *"Unfortunately, closing schools was our biggest loss during this crisis as education is the society ground and foundation for the advancement of societies. And also, this is not the first time in Libya closed schools, wherein the war schools were also closed, and children could not complete the educational curricula, which will lead to increasing the risk, we previously observed. The results of school closures on children as the rate of violence among children increased, drug addiction also increased, addiction to electronic games, and many students became dependent on cheating methods, and this will have serious consequences on the future of society." (Female)*

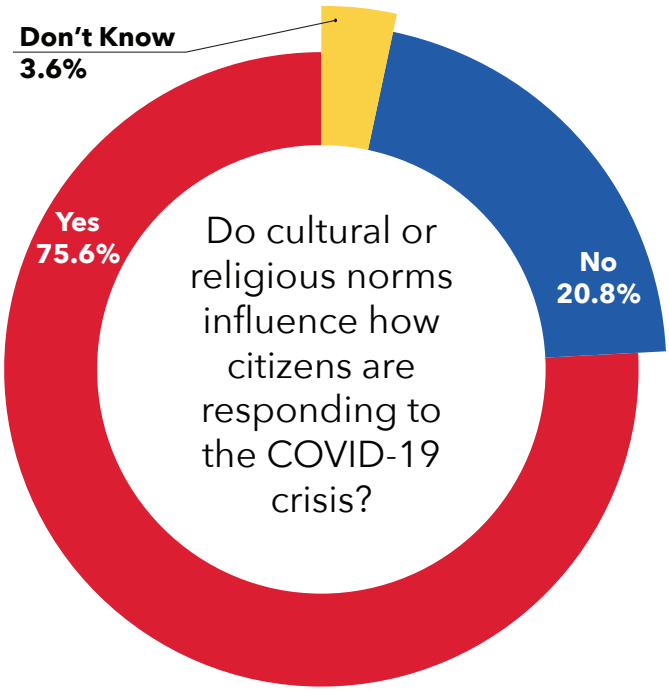
"Catastrophic [the education during the pandemic]. Children resorted to the Internet, video games, and television. There was a lack of measures from schools or the Ministry of Education in coordination with the parents. Though the government provided some programs through satellite channels, power outages, and unfruitful methods of explanation did not benefit the children." (Female)

Cultural and social habits speed transmission while religious practices prevent transmission

Many (three quarters) respondents think that cultural or religious norms influence how citizens are responding to the COVID-19 crisis (both negatively and positively). However, there are significant differences between locations: almost all respondents from Tripoli think that norms play a critical role in people's behaviour during the pandemic. At the same time, only half of the interviewees from Ghat share that opinion.

Interestingly, culture or social norms and religion might have, respectively, contradictory influences in the spread and mitigation of COVID-19. According to several respondents, cultural traditions and habits, especially related to ceremony and social engagement, hurt the observance of mitigation measures (particularly gatherings and social distancing). Religious practice is, however, broadly seen as positive in curbing transmission.

"Yes, cultural norms like funerals, weddings, and gatherings. From my perspective, this will affect how citizens respond to the pandemic now. Many people give up on maintaining their health by going to gatherings, condolences and weddings to please one another." (Female)



"Citizens in general ... are not committed to the conditions of social distancing, and they consider it necessary to continue with their friends or families in social events, whether in weddings or condolences, and this comes influenced by the cultural or religious norms in society, even despite the state's imposition of home quarantine. Even with the closure of mosques and schools, we find some people meeting in gatherings inside the courtyards of mosques or schools to perform the Friday prayers, indifferent to disease or the imposed laws." (Female)

Several interviewees and focus group participants suggest that stigma, or perception of stigmatisation, is a crucial factor in the transmission of the virus in communities. Because people do not want to be ostracised or shunned, they ignore any signs of possible infection and continue their routine. Social attitudes toward illness and personal fears may have contributed to the community spread of the virus. Clearly, stigmatisation of disease is a chronic detriment to both public health as well to emotional wellbeing.

"The Libyan culture sees the virus as a disgrace and a shame and urges Libyan families to cut ties with those infected and makes them social outcasts, it is considered as a stigma. This has caused a disaster as the virus began to spread in a manner that made it imperceptible for the Libyan authorities to detect it because those who were infected did not admit carrying the virus and continued to wander among citizens, which caused the virus to spread faster, they interacted with healthy people for the sake of not being rejected or ostracised (an example, a Libyan family wrote on the wall of the house that they did not want family visits until the end of the Coronavirus pandemic, they became an example of mockery from neighbours and citizens) (another example, there was a family that was entirely infected, Libyan citizens were even afraid to pass in front of their house). The citizens who quarantined themselves, were made fun of and mocked, and in our culture there is no cooperation, solidarity or provision of assistance in emergency cases, this is due to the negative media and propaganda which caused panic between citizens and did not focus on the negatives that resulted in the Coronavirus pandemic culturally and how citizens dealt with those carrying the virus and the pandemic, and the absence of civil society organisations in helping and spreading awareness ." (Female)

While cultural and social norms are hampering efforts to mitigate the spread of the virus, religious practice and teachings (Hadith) address pandemic and mitigation measures forcefully. Practices such as ablution before prayer ensures hygienic

practices, and the teachings of the Prophet Mohammed (PBUH) instruct adherents to observe physical distancing during times of pandemic. Despite these important religious adherences, respondents observe that people often gathered in prayer on Friday even when the mosques were closed, and that their social habits, rather than religious observance, governed their behaviour.

> *"Stopping or reducing some of the cultural practices was the most difficult thing that society could face while trying to control COVID19- pandemic. For example, not being able to pay your respects during a funeral or stopping all social events was difficult for many. Although, the role of the religious figures and sheikhs and the social influencers, helped in controlling the spread of the virus in Ghat in comparison to other locations and cities. Also, on a religious level, people were asked to temporarily stop visiting relatives and close family members and stop going for Quran study." (Female)*

Many of the participants in both interviews and focus groups talk about 'pandemic fatigue'. While initially, people observed some level of adherence to the mitigation measures, they would soon discard them and continue as before the pandemic.

The pandemic affects isolated and southern communities most

A comparative review of the interviews and focus groups conducted for this research shows drastically different circumstances and implications of COVID-19 for isolated communities, particularly those in the south.

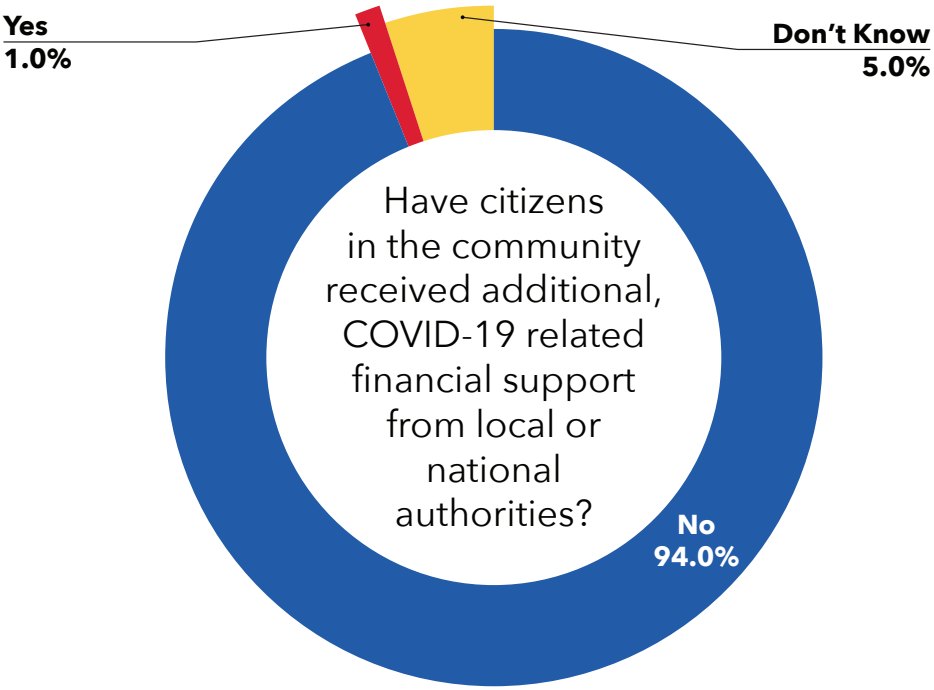
The research highlights existing regional inequalities within Libya and how the pandemic has exacerbated these differences. Limited access to essential goods and the lack of services – especially for women and children – is most pronounced in southern Libya. Failing and inadequate infrastructure has made responding to COVID-19 more difficult; regular and lengthy outages of electricity and water impact efforts to maintain hygiene or connect to the internet for continuing education or social engagement.

The highest proportion of respondents who say that the COVID-19 crisis limited people's access to food, women's sanitary supplies, pre- and post-natal vitamins, infant supplies, medicines, and elderly sanitary or medical supplies are from the south. Respondents in the south believe, proportionately less than other respondents around the country, that hand sanitisers and disinfection kits are readily available for the people in the local community.

Respondents in the south are also more likely to believe that the COVID-19 crisis limited women's physical access to shops and work than interviewees in other regions.

Community-based organisations step in to fill the vacuum

Regardless of their location, almost all respondents believe that local and national governments have failed to support citizens. Participants in the research do not believe that authorities have compensated shuttered businesses or provided COVID-19 financial support to citizens experiencing income loss and rising costs.

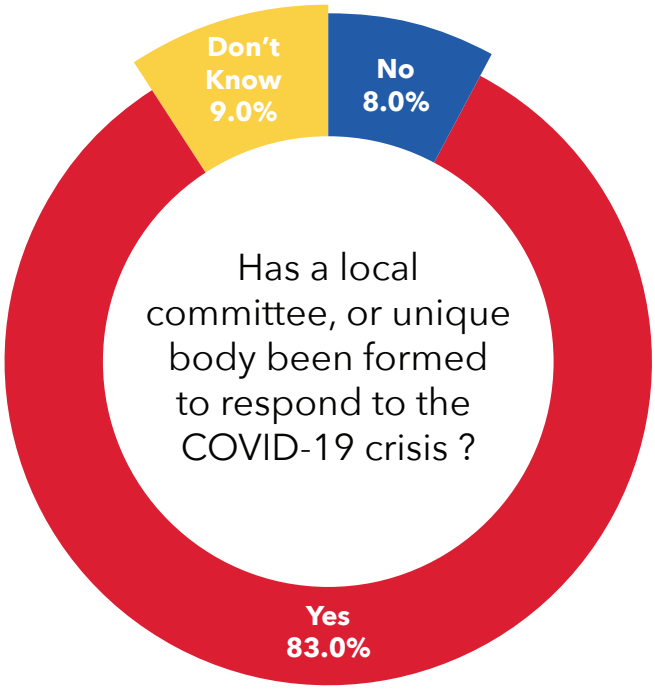


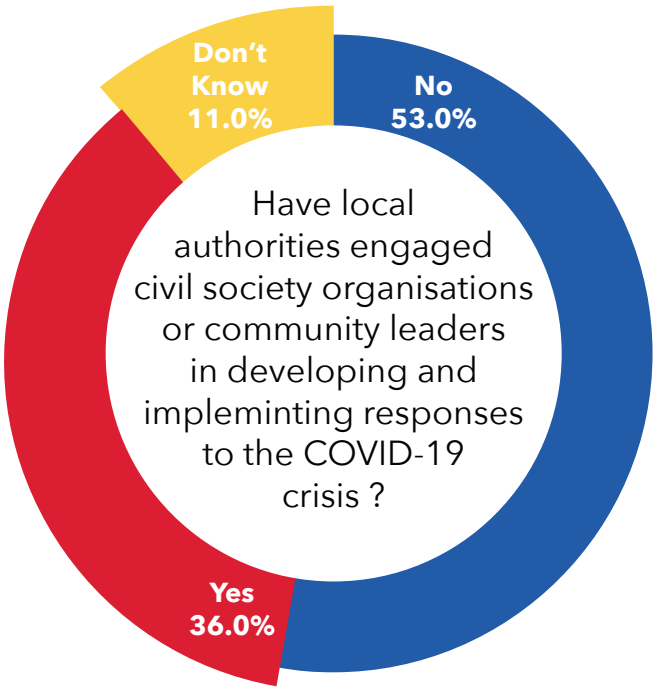
Without adequate state institutions or national crisis management coordination, community-based organisations and municipal authorities alone had to address the COVID-19 emergency. While the State did make some resources available, and expertise from the National Centre for Disease Control, the pandemic response was primarily left to locally constituted Covid-19 Crisis Response Teams (CCRTs).

The national government directed the constitution of the CCRTs. Led by the head of the municipality they include municipal officials, medical professionals, and Ministry of Health officials with support from the National Center for Disease Control. Interviewees and focus group discussants do not say that CCRT teams automatically included community-based organisations or leaders; if they were included, it was upon the good judgement of individual CCRT leadership. Several participants in this study say that some of the CCRTs and municipalities deliberately engaged community leaders, including humanitarian and community-based organisations, but in supportive roles, not as part of the overall decision-making or coordination effort.

"The Municipal Council cooperated with a number of civil society organisations in raising awareness campaigns and sterilisation actions." (Female)

"The civil society was engaged but weakly due to the lack of resources and support." (Male)





There is no conformity, across the country, of the structures or operational effectiveness of CCRTs. They operated differently in the various communities across Libya; some engaged community-based and humanitarian organisations in their efforts; others ignored them. Some CCRTs included women representatives; others were entirely composed of men. None of the respondents in this research suggest that the CCRTs in their communities systematically considered unique, marginalised, or vulnerable sub-communities in COVID-19 response. This omission appears mostly unintentional, as efforts (much as the CCRTs themselves) were by and large ad hoc, reactive and not proactive products of considered crisis management planning.

Several observe that the collection and distribution of materials, information and communication differ from locality to locality, so that data, for example, from one munici-

pality may include or omit data that another municipality may collect and report. Because of poor coordination, several participants in this study believe that there was a duplication of efforts, inconsistencies with shared information, and ultimately inefficient allocation of scarce resources both material and human.

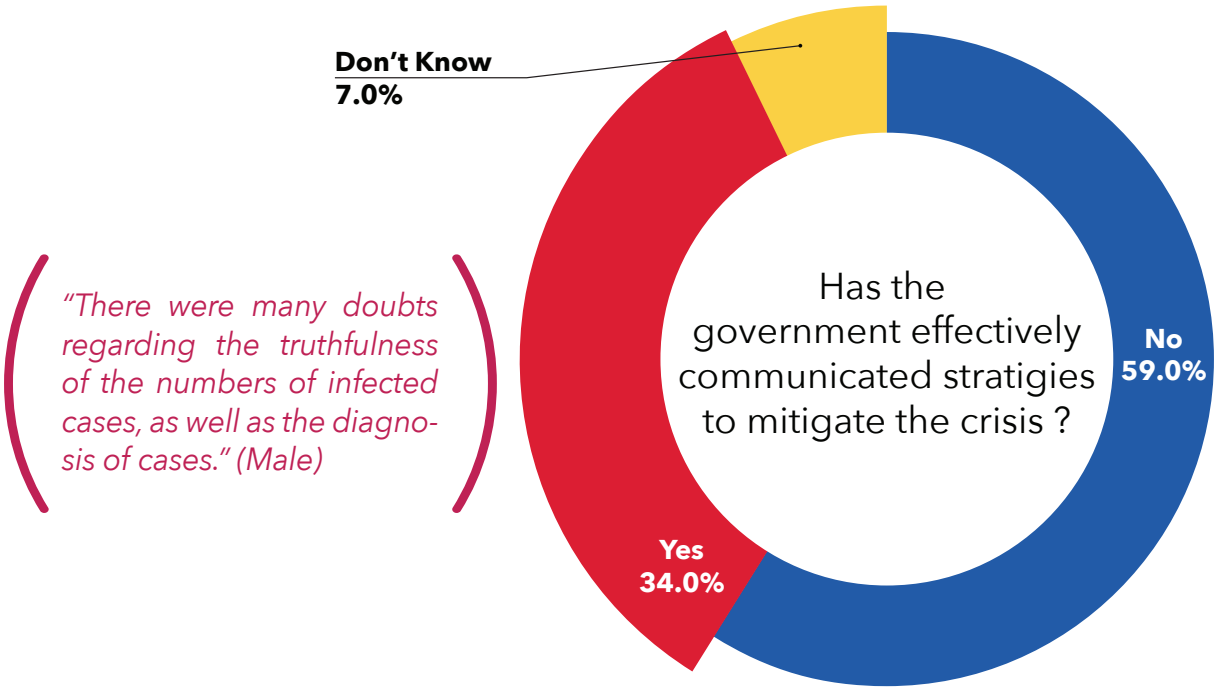
Most of those interviewed and participants in focus groups observe that initial attempts were anaemic and superficial as community teams sprayed disinfectant in public spaces, or distributed limited PPE and sanitising products, while communication with the public was – at best – disjointed and lacked authoritative clarity.

Instead, community-based organisations played an important role, with a rapid mobilisation of human resources; volunteers who disseminated information on the necessary mitigation measures, who distributed supplies from masks to diapers and food to families in need. In many instances, these community-based organisations worked collaboratively with municipalities, as well as CCRTs, and encouraged local officials to take action.

Importantly, national and international humanitarian groups were key linchpins in coordinating the humanitarian response, particularly in areas most affected by conflict. Local CSOs and businesses worked together tirelessly gathering what supplies they could and finding innovative ways to get supplies and services to people in the community.

> *"Civil society organisations have proliferated. People volunteering to help poor and needy families." (Female)*

Misinformation confounds efforts to mitigate the spread of Covid-19



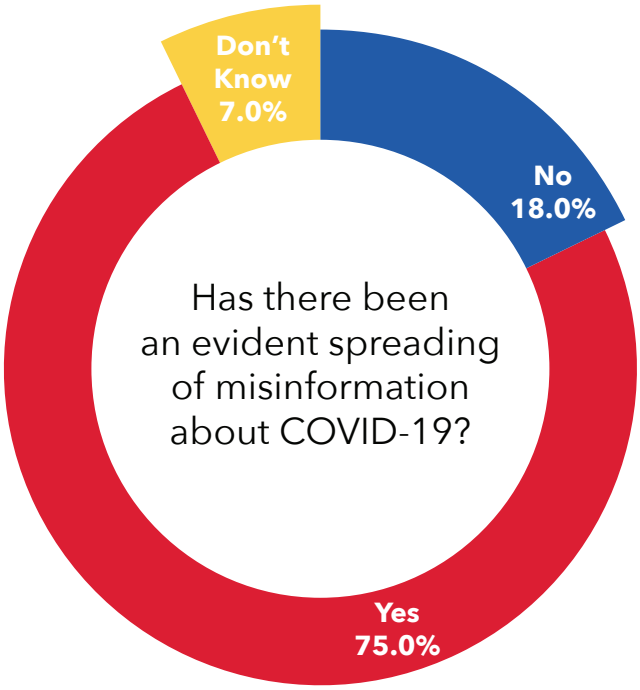
"There were many doubts regarding the truthfulness of the numbers of infected cases, as well as the diagnosis of cases." (Male)

Globally, the COVID-19 pandemic has revealed the positive and negative aspects of mass communication media. The vast information space of the internet allows for conspiracy theorists, deniers, doubters and credible sources to muddy the waters and sow confusion about the lethality and virility of the Coronavirus. In Libya, where information sources are highly polarised and partisan, ordinary people had difficulty sifting through the ocean of information.

More than half of all respondents say that the government did not clearly communicate its COVID-19 crisis mitigation strategies.

It did not help that official sources were inconsistent in how, what, where and when they communicated. Erratic communications from official sources allowed other voices to break through the din and spread misinformation - deliberately or in honest ignorance. Three quarters of the respondents believe that there has been an evident spreading of misinformation about COVID-19.

"For the time being, there is a large group of citizens denying the existence of the Coronavirus, which has led to an increase in the number of deaths and an increase in the emergence of new cases of the virus, thus increasing the risk at the state level, also the incorrect use of masks and the excessive use of sterilisers that led to skin diseases and other health problems." (Female)



Additionally, several interviewees and focus group participants mention that there are instances of public officials making pronouncements or edicts with little or no public notice, or coordination with communities or other official bodies. Most frequently, people talk about the stay at home orders and closure of businesses and schools; they believed the announcement was sudden, at night, and randomly communicated on social media.

RECOMMENDATIONS

As noted earlier in this report, the 11 CSOs have assessed their individual communities and developed recommended interventions for their specific circumstances. This report aggregates similarities among the different communities. The following recommendations seek to address the weaknesses of communication and reliable information gaps needed to reach, educate and support the needy and isolated. Many of the recommendations are relevant for non-pandemic times in Libya but as noted in the findings, COVID-19 has made a bad situation worse.

For civil society organisations

1. Share findings of individual assessments with key community and government stakeholders and invite them into a process of community-based planning for emergency and crisis response management and coordination that is gender-focused, including focusing on providing services to women and children. The inclusion of community-based organisations and leaders in pandemic response is variable across Libya. Effectively managing a crisis requires explicit coordination, communication and inclusive (but efficient) decision making.

2. Identify opportunities for local production to dampen the effect of pandemic restrictions and conflict realities associated with the importation of essential goods, engaging women in the local production of goods. Activities could focus on addressing food scarcity by creating community gardens where nutritious foods are grown, in partnership with local mosques that have run off grey water from ablution facilities. They could include the local production of masks, women's and seniors' hygiene products, or children's clothing.

3. Utilise and mobilise local conflict resolution expertise to mediate community conflict, reducing the burden on civilian populations in conflict-prone communities. Enhanced conflict resolution skills can help in negotiating safe transportation corridors for women to access goods and vital services (health care) and ensuring supply lines for civilian purposes are unimpeded.

4. Take urgent action concerning violence against women (VAW), domestic and intimate partner violence. Victims of gender-based and domestic violence do not have access to emergency safe shelter, online or telephonic support, legal services, and health care. CSOs should prioritise these services in advocacy and community project initiatives.

5. Address stigmatisation in the Libyan culture by promoting tolerance through education and dialogue. Victims of disease or disability should not be ostracized and excluded from society; they should be understood and supported as full members of society.

6. Develop mobile services for communities that can be scaled up during crisis times. These can include mobile internet WIFI stations in vehicles that can be deployed to neighbourhoods, so children and families have access to online education and resources. They could consist of mobile medical, psychosocial, and pharmaceutical products and services.

7. Identify alternatives for social engagement during times of pandemic. For example, hosting virtual condolence pages and memorial services, or online social gatherings with guest artists. These could target multiple audiences, including young children. In areas with poor or no access to the internet, mobile facilities or partnerships with radio stations can provide venues for alternative social engagement.

8. Religious leaders and scholars should engage in public discussion about critical issues rising in times of crisis, from giving spiritual support to accurate information about pandemic mitigation measures.

For the national and local authorities in Libya

9. Prioritise the payment of salaries for teachers and health care workers. Not only are these professions vital for maintaining community health, but they are also largely occupied by women who are vulnerable to the impact of unpaid salaries.

10. Mandate the Covid-19 Crisis Response Teams (CCRTs) to include women among their members and to gender mainstream community responses and pandemic mitigation responses.

11. Engage Libyan civil society organisations in developing crisis response strategies and community communications. This coordination should include scenario planning, emergency response exercises, developing community resource and expertise inventories. In addition, planning should focus on identifying vulnerable groups and strategies to mitigate impacts of crises on these groups. This might include stockpiling of food and medicines, opening shelters, providing rapid response to domestic violence, implementing measures to prevent price gouging, providing mobile services, and strengthening electronic based communications systems.

12. Recognition events (television profiles for example) for local health workers, teachers, civil society groups, and businesses that contributed to Covid-19 mitigation. Using such opportunities to reinforce messaging around mitigation measures including vaccination.

For civil society organisations

13. Conduct a comprehensive mapping of support services for vulnerable women, particularly victims of violence, to identify gaps and needs around the country.

14. Support for civilian crisis and emergency response planning and management. Engaging national authorities, local government, and community groups in strategising and scenario planning, while urging women's representation as decision-makers at all levels.

15. Support the expansion of programs that address violence against women and girls (VAWG), and that provide support to vulnerable communities, particularly during times of crisis.

16. Support efforts to expand and improve internet accessibility in Libya.

17. Support efforts to develop digital curricula and online learning platforms accessible to all children.

18. While many donors are accommodating and flexible when working with Libyan implementers, sometimes more flexibility is needed to ensure real-time responses to urgent issues. For example, during a crisis, donors may forgo full-blown proposals containing detailed monitoring and evaluation plans, branding requirements, and reporting flexibility. This flexibility would need to be balanced against donor obligations for accountability and effective programming, but not at the expense of moving innovative approaches to crisis time problems.

19. Support programs in southern and remote communities that aim to alleviate economic, health, and social impacts in southern and remote communities. Support may include stockpiling essential, but not perishable, goods for use in times of crisis.

20. Support efforts to advocate for legal reforms to abolish discrimination, empower women and protect women and girls.

21. Support improvements to infrastructure, especially the provision of safe public transport for vulnerable populations.