

July 2021

Key figures

42,458 registered refugees and asylum-seekers* in Libya¹

6,262 medical consultations with urban refugees and asylum-seekers in 2021 (including 5,642 at the CDC)

4,786 refugees received cash-based interventions in 2021 (3,390 in 2020)

189 urban refugees departed for solutions out of Libya in 2021 (715 in 2020)

11,015 urban refugees received food assistance in 2021 (12,488 in 2020)

¹ data as of 1 July 2021.

*The number includes refugees registered in detention.

The CDC & UNHCR's Community-Based Protection Team

UNHCR supports persons in need of international protection through its Community Day Centre (CDC) in Tripoli. In May 2021, the CDC moved from Gurji to the Serraj district of Tripoli. At the CDC, UNHCR and its partners, CESVI and the International Rescue Committee (IRC), carry out protection needs assessments, child protection and SGBV case management. They also provide medical services as well as distribute core-relief items (CRIs), and cash assistance.



All entrants to CDC undergo temperature checks and must wear protective masks. ©UNHCR/M. Alalem

CDC entrance. Pending on the urgency of their situation, they can be admitted for emergency registration by UNHCR, medical care by IRC doctors and emergency assistance by CESVI.

Protection Needs Assessments (PNAs) are conducted by UNHCR and CESVI to identify risks and vulnerabilities and refer asylum seekers and refugees to specialised services for support or for processing for solutions such as resettlement and evacuation in third countries. **Specialized assistance is provided to persons with specific needs**, including unaccompanied and separated children (UASC) and victims of trafficking. This includes community-based foster care arrangements for UASC as well as family tracing and support with finding accommodation for persons-at-risk. In October 2020, a new weekly legal counselling service began through the Norwegian Refugee Council (NRC). **Humanitarian assistance is provided through in-kind distributions** of core relief items (CRIs). These include blankets, mattresses, seasonal clothing, e.g. winter jackets, hygiene items, school educational materials, baby diapers, heaters for the winter.

Cash assistance is key to building the resilience of vulnerable refugees in urban settings. To date, through CESVI and IRC, UNHCR has distributed cash assistance to some 4,700 refugees in



Registration at the CDC, Tripoli. ©UNHCR

Since the outbreak of the COVID-19 pandemic in March 2020, UNHCR and its partners have introduced new health and safety protocols at the CDC and now work on an appointment-only basis, in order to ensure social distancing. Temperature checks and the use of hand sanitisers and masks are required for everyone entering the CDC. Individuals without appointments are screened at the



At the CDC, cash assistance is disbursed to vulnerable persons of concern. ©UNHCR/M. Alalem

Tripoli, based on vulnerability criteria. This has consisted of emergency cash (between 500 and 1,120 LYB depending on family size) and monthly/regular cash assistance.

In 2021, in an effort to support refugees to become more resilient and self-sufficient while being processed for solutions in third countries – UNHCR referred 13 asylum seeking women to the Women's Empowerment Centre at Hay Andalus Municipality to attend vocational trainings. Two of them



At the Women Empowerment Centre in Tripoli. ©UNHCR

have already been included in a cash-for-work project, while others have been referred for a capacity assessment under the same project. **UNHCR Libya has strengthened cooperation with UNDP** within the overall objective of strengthening the capacity of refugees for self-reliance. Seven asylum seekers have already been referred to a cash-for-work project in Abusliem.

In 2020, in Tripoli, **UNHCR and UNICEF signed a Joint Action Plan to pilot the Blueprint for Joint Action**, a global initiative aimed at expanding cooperation between the two agencies and improving the delivery of essential services including water, sanitation and hygiene, education and child protection to refugee children in Libya. Under the Blueprint, UNHCR makes referrals to UNICEF's Bayti Centres where refugee children can participate in various educational activities, benefit from educational case management and enrol in informal education and remedial classes. So far, sixty-five refugee children have enrolled in

schools across Libya under the Blueprint following the rehabilitation of four schools in areas with a high number of refugees. Other areas of joint work include: birth registration through increased legal support, best interest procedures for unaccompanied children and child support.

Outreach

Since late 2020, UNHCR has sought to strengthen two-way communication with refugee communities through expanding outreach to ensure that everyone, including older persons, persons with disabilities and other vulnerabilities, have access to relevant information on assistance and services available through UNHCR and its partners. Through community consultations, home and field visits, communities and individuals are encouraged to engage meaningfully and take part in all programmes that can benefit them.

In January 2021, UNHCR and UNFPA started joint outreach activities in Tripoli within the overall aim of increasing refugee access to information and expanding referrals to available GBV and sexual and reproductive health services. To date, field visits, have been conducted and discussions held with key informants to better understand the main risks of GBV at community level. As a next phase, UNHCR and UNFPA will focus on creating support mechanisms for refugees at risk of GBV through information sharing, provision of peer support and inclusion in activities. Peer support will be provided through women's committees set up and trained and to organise different activities within their respective communities. Referrals will be made for refugee women and girls to participate in Safe Space activities through UNFPA's local partners. To support implementation, both agencies will provide training to key actors on GBV and clinical management of rape.

Given the current security situation in Tripoli and the countrywide impact of COVID-19, only one CDC is operative in Tripoli. Expanding outreach in urban areas where large numbers of refugees live is a key priority for 2021.

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