

COVID-19 and Gender in Libya Assessment

AJDABIYA | BANI WALID | SABHA | TOBRUQ | UBARI | ZLITEN

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A volunteer delivers food and health kits to shielding and quarantined households. Women in Libya have been at the forefront of local efforts to manage the COVID-19 crisis.

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Introduction

This assessment is part of a new set of gender-focused activities implemented within Peaceful Change initiative (PCi)'s multi-year Social Peace and Local Development (SPLD) Libya programme, funded by the UK Foreign, Commonwealth & Development Office. The overall objective of the Gender and COVID-19 in Libya Assessment is to provide a granular understanding of the impact that COVID-19 has had on women and girls and gender dynamics in Libya. The assessment focused on understanding how COVID-19 affected target communities from a gender perspective across four key areas of research: (1) socio-economic impact; (2) gender roles and women's leadership; (3) gender based violence; (4) conflict, peace and security. The assessment also sought to better understand women's needs and priorities both during the pandemic and looking ahead to post-COVID-19 recovery, with a view to providing recommendations for future programming. Finally, it sought to understand the role and contribution of the Social Peace Partnerships, established by PCi, in local responses to manage the COVID-19 crisis.

The assessment was commissioned by PCi and produced by the independent consultant Magda Mohamed Elsanousi. The data collection was carried out by PCi's staff and Trainer Mentors in Libya in December 2020. The present report was edited by PCi. The findings contained in this report reflect the views and perceptions of those consulted in the assessment. More information about the assessment methodology is provided in [Annex 1](#).

Executive Summary

This assessment provides a comprehensive picture of the impact that COVID-19 has had on Libyan communities, and more specifically on women and girls in the six Municipalities targeted by the project: Ajdabiya, Bani Walid, Sabha, Tobruq, Ubari and Zliten. The findings show a significant degree of consistency across all target areas, suggesting that communities in different regions of the country have experienced similar challenges throughout the pandemic. In most cases, these challenges were already present as a result of the ongoing conflict, political and economic instability, and displacement, but were further exacerbated by COVID-19.

Health Services

Public health services saw a deterioration since COVID-19, as an already weak health system had to divert resources from routine services towards managing the emergency. Local hospitals and facilities operated with inadequate equipment, insufficient supplies, and overstretched human resources. Women's routine services such as reproductive and mother and child health were reduced, while patients often avoided attending health facilities due to fear of contracting the virus. Medications for chronic patients became more expensive and harder to find, while the fees of private clinics increased. Many women resorted to Traditional Birth Attendance practices and families used traditional medicine and self-medication at home. Pregnant women, the elderly, people with disabilities, and chronic patients were the most affected by the deterioration of health services.

As it is considered women's role to care for children, the elderly and ill family members, many female health workers took leave as families were concerned that they could transmit the virus to more vulnerable relatives at home. This reduction in the number of female health workers had a secondary effect on women's access to healthcare; as it is usually not accepted that women be treated by male doctors, a reduction in the number of female health workers available meant that many women could not access health services when they needed them.

Education and Skills Development

With a few exceptions, women, men, boys and girls have more or less equal access to technology; access depends mainly on the financial capacity of families to pay for equipment and internet subscriptions, as well as from the state of communication and power infrastructure. During

Free of charge health services are in high demand and it is difficult to obtain appointments on short notice. Access to free of charge facilities is particularly challenging for women from displaced communities who reside in the periphery due to the lack of accessible transport and limited financial resources.

The fear to be infected and transmit the virus to family members led many female health workers to take leave from work. While it is relatively easy for male health workers to self-isolate from the rest of the household, women's reproductive role does not allow them to give up their day-to-day care duties.

Access to technology is dependent on affordability, as it requires families to pay for equipment and internet subscriptions. Frequent power cuts and poor connectivity represented a large obstacle to the implementation of distance education.

lockdown and school closures, online education did not represent a viable option to in-person attendance due to poor connectivity and power cuts; the cost of internet subscriptions and computers also represented a key barrier for low-income families, including those from displaced communities. Educational TV programmes represented a resource to support learning at home during school closures. Girls tended to use this time to enhance skills that are consistent with gender roles, such as sewing and handicrafts.

Income and Livelihoods

The majority of women in the informal sector, where they perform petty trade and traditional craft making, lost their income due to increased prices of raw materials and inability to market their products as a result of COVID-19 restrictions. Social media were used as an alternative online market in some cases, while other women started providing services that were in demand during lockdown, such as deliveries of home-made food. Businesswomen struggled to keep up with fixed costs and no revenue, particularly as women compared to men have fewer assets and savings, and limited access to credit. Widows, divorced women, women married to men without Libyan citizenship, women from displaced communities, migrants, informal and casual workers, and self-employed manual workers were identified as the groups that were most vulnerable to the economic shocks caused by COVID-19.

Gender Based Violence

Gender based violence (GBV), including domestic violence incidents, increased since COVID-19. In some communities, the topic is considered taboo and both men and women are reluctant to discuss it. GBV is commonly seen as a private issue to be dealt with within the family and is addressed outside the formal legal system, usually with the help of Elders and notables. Women are not encouraged to report GBV incidents to the police and they rarely do so. There was a perception, particularly among male respondents, that GBV only exists in migrant communities. The police officers interviewed referred that most GBV cases are reported by foreign women. The absence of female police officers in many police stations is considered a barrier for women to report cases. Even when GBV cases are reported to the police, adequate mechanisms are not always in place to provide protection and pursue the perpetrators. Women have limited access to justice and are usually forced to continue to live with the perpetrators of violence. Support, including protection, access to shelters, legal advice, and counselling, are scarcely available. Psychological support to

Small trade of homemade food and sweets flourished as the closure of shops created a gap in the market that women were able to fill. Some women capitalised on emerging needs during the lockdown and used their own cars for deliveries of items to customers and for transport of women to their workplace.

Women in the public sphere were subject to verbal abuse, sexual harassment, bullying, hacking of their social media profiles, and policing of their online activity.

Women survivors of violence are usually forced to continue to live with the perpetrators; they are supported by family members but rarely access justice through the formal legal system (police or courts).

Based on gender roles, women must prioritise housekeeping and childcare responsibilities, which are rarely shared with men, so they cannot bear the heavier workload of more senior professional positions.

women survivors of violence in some areas is provided by NGOs but falls short of meeting women's needs.

Gender Roles and Women's Leadership

No significant changes in gender roles were triggered by COVID-19. With regards to women's reproductive role, their workload in the household increased as more time was spent at home with family members during lockdown. As women are responsible for the care of the elderly and ill family members, they were required to look after COVID-19 patients, which exposed them more to contracting the virus. Some women took up occasional petty trade activities to compensate for the loss of income of their husbands. Some men started to contribute more to domestic work and childcare. Women's community management role was curtailed as gatherings and social events were cancelled due to COVID-19. Many women engaged in charitable work as part of local efforts to address people's needs during the pandemic; women's leadership in initiatives such as providing food parcels to shielding families and raising awareness about the virus received some level of recognitions in the community, along with the role played by female health workers.

Peace, Conflict and Security

Respondents in most areas reported that security overall improved as a result of lockdowns and curfews, with the exception of some increases recorded in crimes such as theft and robbery. A limited number of armed incidents occurred in some areas, mostly involving men and linked to land or property disputes. Women spent more time indoors and thus were less exposed to this type of violence. However, frequent harassment, bullying, hacking of social media profiles, and policing of their online activity were reported by women as security challenges. These were also seen as a form of GBV by women, while men did not always recognise them as 'security' issues. The potential for social tensions, not least triggered by economic factors, remains high. Resentment towards COVID-19 policies that have exacerbated economic hardship are also likely to further undermine confidence in government authorities.

COVID-19 Policies

COVID-19 policies were largely designed and implemented in a gender-blind way by both national and local authorities. According to respondents, communities were not consulted to better understand the needs of different social groups and mitigate the adverse effects of these policies on the most vulnerable in society. While women were at times

Displaced women expressed the hope to establish an NGO to work on conflict resolution in the camp, showing the importance placed on their collective role in promoting peace.

Competition over the allocation of large amounts of resources to counter COVID-19 fuelled tensions between different sectors and community groups.

Displaced women felt that COVID-19 policies were not 'realistic' and did not take in account the need for less privileged women to safeguard their livelihoods.

As COVID-19 policies were largely formulated in a gender-blind way, the specific needs of women and girls in terms of health services, income support, protection from violence, or the barriers that women face in accessing services were not taken into consideration.

formally represented in the COVID-19 committees managing the emergency, their influence was very limited and did not translate into the inclusion of women's needs and perspectives as decisions were made.

The role of the Social Peace Partnerships

The Social Peace Partnerships (SPPs) established and supported by PCi, whose mandate is to promote social peace in their communities through local initiatives, during the past year have prioritised addressing community needs induced by COVID-19. While activities could not be held as regularly as before due to restrictions on mobility and gatherings, most SPPs continued to work with local partners, such as civil society organisations, charitable groups and individuals, health authorities, COVID-19 committees, and Municipalities, to raise awareness about COVID-19 and provide support to those most in need. More could have been done by the SPPs to advocate for greater inclusion of women and girls' voices in the local committees that were formed during the pandemic to design policies and interventions to counter COVID-19.

Needs and Priorities of Women

Health, education, livelihoods, and security were identified as key priorities for women and girls during and post-COVID-19. Reproductive and sexual health, mother and child health, and a higher number of female health workers available at public hospitals were mentioned among these, along with counselling and social support to women survivors of violence. A safe and peaceful environment for women and girls, including protection from gender based violence, represents a key security priority. Better access to justice through awareness raising on women's rights, the presence of female officers or social workers at police stations, hotlines to report violence, and free of charge legal advice were also seen as key to addressing gender based violence, along with awareness raising initiatives at the community level. Support to creating and sustaining women's livelihood opportunities was described as providing skills training on business management and technology, and access to finance (grants and loans) for businesswomen, particularly those whose income-generating activities were affected by COVID-19. Welfare support to the groups that were most affected by COVID-19 (displaced communities, migrants, female-headed households, informal, casual, and manual workers) represents another key priority. Finally, support to women's leadership and their role in peacebuilding, women's inclusion, and gender sensitivity in decision making were prioritised by respondents.

Regular meetings of the SPPs were suspended or had to take place remotely; the focus of activities and resources was diverted towards responding to the pandemic.

One SPP conducted awareness raising campaigns and sewing trainings for women to help them generate an income while also contributing to combating COVID-19. 3000 masks produced by women were distributed to the local population.

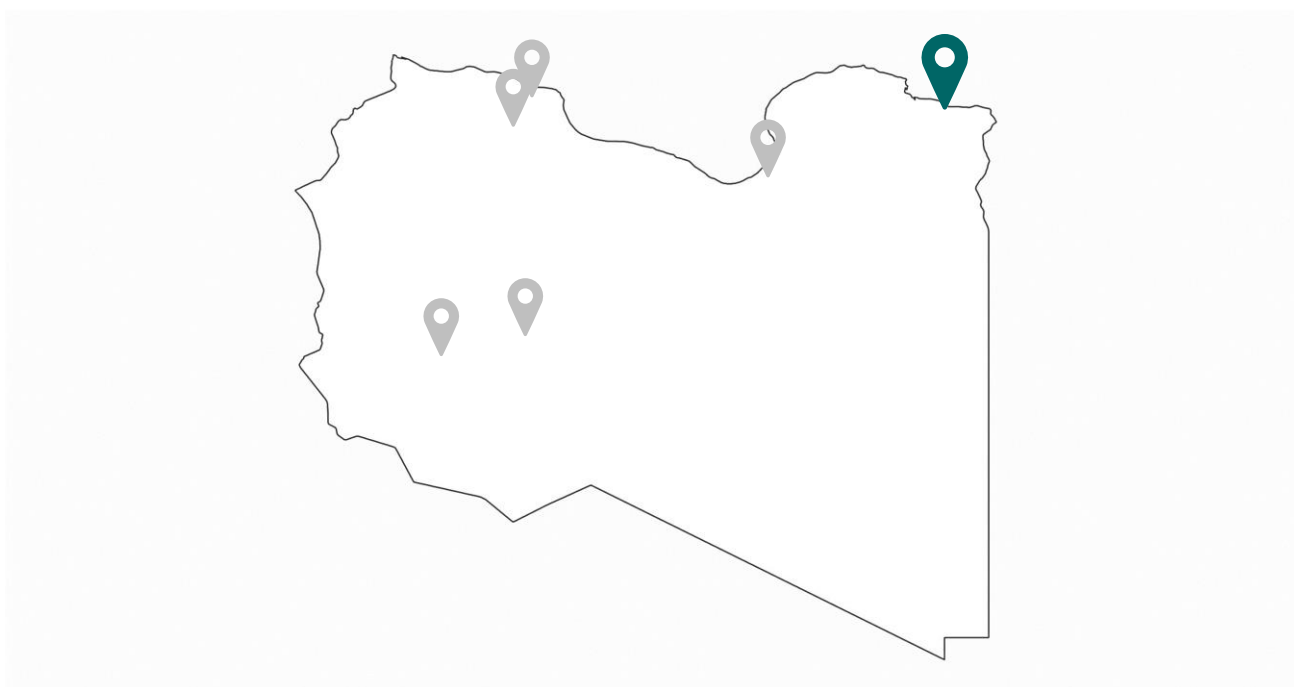
SPP members joined the COVID-19 Committees, working closely with Municipal Councils and the Health Department. They engaged in the distribution of food baskets to low-income households.

General Recommendations

It is recommended that local, national and international organisations integrate the following actions in the design and implementation of their programmes in Libya:

- Work in partnership with UN Women and other relevant UN agencies to advocate for gender-sensitive policy change and tangible support to address women's needs.
- Implement programmes that provide livelihood opportunities for women. These could explore non-conventional business ideas for women, ways to help women scale up their micro businesses, and loan schemes for businesswomen, among other initiatives.
- Leverage on the potential of young women to promote peacebuilding and conflict resolution by supporting and strengthening existing women's networks and groups. The United Nations Population Fund (UNFPA), among others, could be a partner on youth, women, and peacebuilding issues.
- Explore opportunities to integrate the issue of women's access to justice in future programming. The experience of 'Why me', a local project funded by the government of The Netherlands, could serve as a starting point to develop partnerships in this area of work, and replicate or adapt this model to other Municipalities.
- Share and validate the main findings and recommendations of this assessment with local committees, CSOs and other community-based bodies such as the Social Peace Partnerships (SPPs) to (1) design relevant project activities and (2) ensure that recommendations are disseminated and applied as widely as possible.
- Share the main findings and recommendations of this assessment with UN Women and other relevant UN agencies who lead on advocacy for more gender-sensitive COVID-19 policies, with a view to ensuring that resources be allocated to mitigating the impact of COVID-19 and to planning for after the pandemic. Sharing this report should contribute to better coordination and complementarity among different international actors implementing assistance in Libya.
- Work with UN Women, UNSMIL and other relevant Libyan organisations to influence the debate around GBV and the social status of women married to men without Libyan citizenship, two issues with legal implications that could be addressed within the framework of the new constitution and new government's policies.

TOBRUQ



MAIN FINDINGS

1. The socio-economic impact of COVID-19

1.1 Impact on health

The Tobruq Medical Centre is the only hospital in Tobruq that provides services in all medical fields; four Primary Healthcare Units and the Bab Darna Mother and Child Healthcare Centre are also present. All of these facilities offer services to citizens free of charge. In addition, Tobruq has ten private clinics. Free of charge facilities are in high demand and it is difficult to obtain appointments on short notice. Access to free of charge facilities is particularly challenging for women from displaced communities who reside in the Tobruq periphery due to the lack of accessible transport. Before the COVID-19 pandemic, women and girls' health needs were catered for through the provision reproductive health and maternal health services. Public healthcare facilities often lack medical equipment and supplies.

In the Tobruq Medical Centre, women are employed as doctors, nurses, technicians, and cleaners. The majority are female nurses, with a considerable number of female doctors and a few female cleaners. Most of the medical departments are headed by female health workers (FHWs), while male doctors tend to dominate management roles. The majority of health workers at Isolation Centres¹ are men; they have been more exposed to the risk of contracting the virus compared to FHWs. The fear to be infected and transmit the virus to family members led many FHWs to take leave from work in both public and private clinics. While it is relatively easy for male health workers to self-isolate from the rest of the household, women's reproductive role does not allow them to give up their day-to-day

¹As part of containment policies, Isolation Centres for COVID-19 patients were established. Other measures included: a travel ban; the closure of government institutions, schools, mosques, and commercial activities, with the exception of pharmacies and grocery shops (allowed to operate outside curfew hours); a ban on social gatherings, including weddings and funerals; the closure of roads connecting towns; the imposition of curfews; social distancing measures and the use of face coverings; the sanitisation of homes and public buildings.

care duties. Both men and women health workers experienced psychological stress, not least due to social distancing and isolation. As stated by a respondent:

“My daughter is a doctor and works at the Isolation Department. Her siblings refused to have a meal with her as she could be a carrier of the virus.”

The demand for health services from community members, including women and girls, decreased as people avoided attending hospitals where COVID-19 patients were also treated. Many households resorted to traditional medicine such as using herbs and oils to cure illnesses. An increase in calls for Traditional Birth Attendance (TBA) for delivery at home was recorded, due to the curfew, poor services at public hospitals, the high cost of private clinics, and fears of exposure to the virus. Some patients could access healthcare through an initiative called “Your Doctor at Your Home”. Pregnant women, chronic patients, and the elderly were the most affected by the impact of COVID-19 on health, as regular access to care, medications, and check-ups was constrained. In general, people across all different social groups were affected psychologically by COVID-19 and the policies associated with its containment, such as lockdowns, curfews, and social distancing.

1.2 Impact on education and skills development

The closure of schools and universities affected educational attainment, with many students unable to graduate in due course and the quality of accessible education worsened. Distance learning requires strong communication infrastructure and stable electricity, neither of which are easily accessible in Tobruq. Because of these challenges, the Tobruq University's attempt to provide distance learning was short-lived.

During the lockdown, most girls and women learned different sewing and craft making skills through the internet, while men and boys accessed TV channels that provide educational content for students. Some young women invested time in voluntary work and enhancing skills like painting and communications.

1.3 Impact on livelihoods and income

The main sources of income for the Tobuq population come from government salaries, private sector salaries, daily casual work, or from medium and small businesses. Fathers are the heads of the household and the breadwinners in most families; in the case of widows and divorced women, this is the mother's role. The eldest brother or the eldest sister may also shoulder this responsibility if both parents are unable to do it. The most vulnerable groups, as identified by most respondents, were widows whose income is dependent on their families (i.e. fathers), divorced women who receive alimony through court, and women married to men without Libyan citizenship, who are usually the main breadwinners in the family.

The economic crisis, which was further exacerbated by COVID-19, affected income for the majority of the population. Self-employed manual workers (i.e. taxi drivers, plumbers, etc.) and casual workers who depend on daily wages were affected the most. Public sector employees (both men and women) were the least affected as their salaries continued to be paid. In the absence of liquidity, public sector employees were able to pay by cheque to purchase items. Women whose income comes from petty trade of sweets, handicrafts and other products were affected by a reduction in the volume of business. The closure of most suppliers also meant that procuring raw materials was not possible. The main coping mechanism adopted by men to address financial shocks was borrowing, while women borrowed, used savings, and sometimes sold their gold and jewellery. In some cases, COVID-19 opened new opportunities for women to earn an income. As one female respondent explained:

“I changed my business and became a taxi driver. My clients are women and I also do delivery services”.

Delivery services of food and other essential items were a flourishing business as most people were forced to stay at home. COVID-19 containment policies had a heavy impact on displaced women who are more vulnerable to poverty. Economic difficulties pushed displaced women to often engage in multiple casual jobs to secure an income for their families.

2. Gender roles and women's leadership

With children and family members staying at home, women's reproductive workload increased. In addition to increased volumes of house chores, women have been responsible for caring for COVID-19 patients in the household. If mothers fall ill, daughters step in to take over this responsibility.

Women confirmed that during lockdown men started to contribute more to housework through some tasks such as cooking and taking care of the children. The majority of men, however, tended to engage in maintenance of electronics within the household and other tasks that are often assigned to men according to a gender-based division of labour. At the community management level, women's leading role in social activities (weddings, funerals, etc.) was affected as gatherings and events were banned to contain the spread of the virus. However, women stepped up to engage in community management actions related to COVID-19, such as delivering essential items to households in need. Women and girls also took a leadership role in awareness raising campaigns on the pandemic and sterilisation of public places. This role has been somewhat recognised by the community; women and girls also emerged as leaders during COVID-19 due to the significant role played by female doctors, nurses and volunteers in responding to the health crisis.

3. Gender Based Violence (GBV)

Men and boys consulted on GBV denied the relevance of this issue in Tobruq and were extremely reluctant to admit that physical violence against women occurs. As a respondent in a focus group discussion stated:

“We have not heard of any violence; tensions among family members have been happening during the curfew and lockdown due to COVID-19. Sisters often experience bullying from brothers; where this happens, parents intervene to resolve the issue.”

Another man interviewed said:

“Violence against women is only verbal.”

Women respondents explained that violence against women existed before COVID-19; with the curfew and lockdown restrictions, an increase in arguments between couples could be observed, with verbal violence sometimes evolving into physical violence. Children were also affected by increased violence from parents. Women who experience GBV have very limited options to escape it. In most cases, they resort to support from family members, which often does not stop the violence and does not have any consequences on the perpetrators.

As a respondent explained:

“My sister was beaten badly by her husband. After receiving medical assistance, she has been staying at our parents' home. It is like she is neither married nor divorced.”

The same respondent also explained that displaced women who are survivors of violence are not supported by government institutions because they are from Tawerga, implying a perceived

discrimination against this community when it comes to accessing justice and social support. Displaced women reportedly experienced an increase in GBV in their community. All respondents agreed that women are discouraged to report cases of GBV and to access formal justice. GBV continues to be perceived as a private issue, outside the scope of state responsibility, besides the lack of women's awareness of their rights. A female police officer interviewed explained:

“The majority of women who report cases of GBV are displaced and migrant women. The perpetrators in all cases are men.”

Women who report GBV are supported by female police officers. The presence of female police officers in Tobruq showed some level of integration of women in police and military forces. During COVID-19, reports of GBV cases in the family by women increased. Police Stations continued to provide support and protection to women survivors of violence and cases were processed through court. In one of the twelve police stations in Tobruq, the police established a hotline service with trained staff to encourage survivors to report cases. However, during COVID-19 many female and male police officers were absent from work, which affected this service.

4. COVID-19 and conflict, peace and security

No armed clashes were reported. Respondents indicated that when the first COVID-19 restrictions started to be enforced, tensions between citizens and security forces increased. The community was not responsive and often failed to observe curfew and lockdown measures. Some health workers and security personnel were attacked by members of the public. Incidents of crime against traders and merchants were reported, including theft and robberies. Migrant workers selling products in the local markets were more vulnerable to theft and robbery; they lack protection and experience discrimination. Women in the public sphere were subject to verbal abuse, sexual harassment, bullying, hacking of their social media profiles, and policing of their online activity.

All respondents agreed that women have a role to play in the family to contribute to managing conflicts through awareness raising and reconciliation. Young women are seen to have great potential to contribute to peacebuilding efforts both inside the household and at community level.

5. The role and contribution of the Social Peace Partnerships (SPPs)

Before COVID-19, the SPP delivered several trainings for women on peacebuilding and encouraged representatives of different women's groups to join, including lawyers, medical doctors, and businesswomen. Women members of the SPP explained that usual activities were suspended during the lockdown, but the SPP focused on contributing to local responses to address the COVID-19 crisis through initiatives such as the distribution of masks to the community. While the Head of the SPP is a member of the Emergency Committee, the SPP did not take any specific actions to promote greater inclusion of women's needs and perspectives in the formulation of COVID-19 policies and initiatives.

A key lesson learnt by the SPP through the implementation of COVID-19 response initiatives was the importance of collaboration between SPP members and other community actors, and good communication with decision makers; in addition, the need to set up an emergency plan specifically to support women was noted, as well as the need to ensure that women are better represented in leadership roles and that a peacebuilding dimension is considered in the design of COVID-19 policies.

The main challenges facing the work of the SPP include difficulties in transportation and logistics, and limited capacity to respond quickly to community needs. Due to social distancing and mobility restrictions, and because of poor communication infrastructure in Libya, the SPP was not always able to communicate timely and effectively with other community actors during the crisis.

6. Impact of COVID-19 policies

All respondents learn about COVID-19 policies through traditional and social media, and through word of mouth. The community as a whole is largely aware of policies adopted by government institutions to address COVID-19. Most community members were affected psychologically by COVID-19 and related policies, particularly due to the need to stay at home for longer hours, reduced income, less access to social services, and increased GBV. COVID-19 policies did not take into account the impact that they would have on women, men, boys or girls; rather, they had a narrow focus on measures to prevent the spread of the virus and ensure the provision of health services to COVID-19 patients, with no plans or resources to mitigate their broader impact on communities. None of the respondents' groups were consulted on the formulation of these policies. The government did not provide any form of welfare support particularly targeting widows, divorced or displaced women. NGOs and charitable organisations actively engaged to fill these gaps and support more vulnerable groups. The needs of women and girls, such as health services, income and welfare support, psychological support, and protection from violence were not considered in COVID-19 responses by authorities. Women respondents suggested a better representation of women in the COVID-19 committees is needed, particularly from among health workers, the education sector, and the judiciary, in order to support more gender-sensitive planning during COVID-19.

7. Needs and priorities of women and girls

Respondents identified protection and security, access to cash², basic food items, health services and medicine as top priorities during COVID-19. Broadly, access to justice, women's leadership, and economic activities were among the top priorities for the majority of the respondents. Displaced women prioritised education as well, which reflects the importance of improving access to education for this group. Capacity building activities for women on planning small projects, on technology to support women's businesses, and linking women owners of small businesses with funding organisations were also identified as priorities.

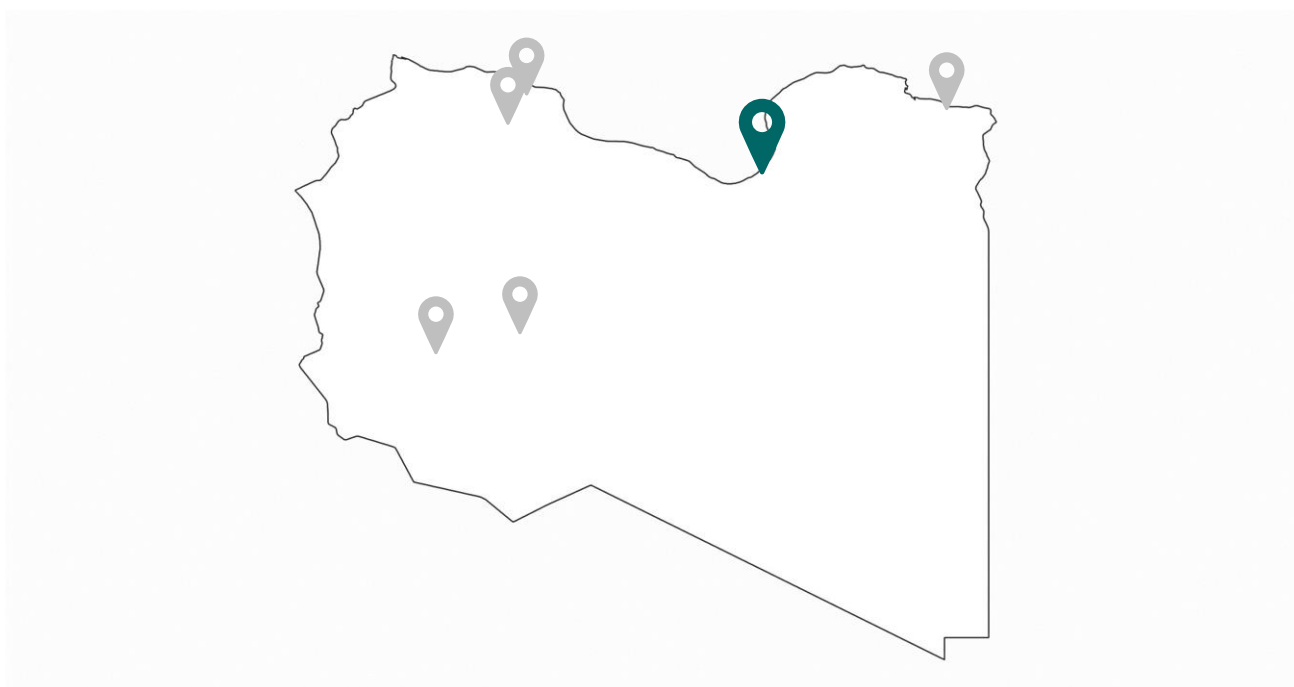
RECOMMENDATIONS

- Work with UNFPA, UNDP and other organisations to support Bab Darna Centre for Mother and Child Health Care, including through the provision of equipment, reproductive health services and staff training to expand support to displaced and migrant women and girls
- Support initiatives to map Traditional Birth Attendance professionals in Tobroq and IDP camps; provide certified training and deliver equipment to generate income opportunities
- Facilitate dialogue between the SPP and the Emergency Committee to advocate for greater integration of women and girls' needs into COVID-19 responses
- Work with women's NGOs to integrate messages around GBV into social peace and other community initiatives
- Support initiatives to build non-traditional skills for women and encourage entrepreneurship development; support skills development of existing businesswomen in marketing, accounting, and social media
- Support the establishment of a group of young women and develop their knowledge around access to justice and women's legal rights, so they can play a leading role in community outreach and services to victims of GBV and other women in need

² Due to the liquidity crisis, citizens are often unable to withdraw money from their bank accounts.

- Support the establishment of a forum that includes women's organisations working on GBV, medical doctors, young men, and female police officers to explore ways of support to women survivors of violence, including through counselling and psychological support
- Starting from the group of women who took part as respondents in this assessment, support the establishment of a women's forum to develop their capacity in conflict resolution at family and community level, based on their experiences, learning and emerging needs

AJDABIYA



MAIN FINDINGS

1. The socio-economic impact of COVID-19

1.1 Impact on health

Ajdabiya has one public hospital, the Mohamed al Magarif, which offers services that are considered efficient, accessible, and affordable. Private health clinics were considered more or less affordable before COVID-19. The majority of nurses employed are women, reflecting gender stereotypes in the medical field, with a few female doctors and cleaners. Female doctors are not represented in higher leadership roles in the hospital. The pandemic impacted the female labour force in the health sector. Pregnant health workers did not resume duties after maternity and others took leave without pay due to the fear of being exposed to COVID-19 and putting their families at risk, as female health workers (FHWs) are expected to prioritise their reproductive role and the welfare of their family over their profession. A female doctor interviewed explained:

“The FHWs who have kept working have experienced psychological and emotional stress during the pandemic. Families avoided them and they were prevented from interacting with the elderly”.

As a result of the decreased availability of FHWs, combined with social norms whereby women are not allowed to be examined by male doctors, restrictions on mobility, and fear of exposure to the virus in health facilities, women and girls' access to health care during COVID-19 became minimal. Male health workers were the most exposed to COVID-19 as the main carers of patients at Isolation Facilities. From the perspective of displaced women, health services declined significantly in public hospitals and health units, as COVID-19 patients were prioritised. This combined with the high cost of medical care at private clinics, which displaced and other less privileged groups can hardly afford, led many women to resort to traditional medicine and Traditional Birth Attendance (TBA). Pregnant women, chronic patients, the elderly, and persons with disabilities have been some of the most affected groups in terms of access to health services during COVID-19.

1.2 Impact on education and skills development

Distance education was not a viable alternative to school and university attendance during COVID-19, as it requires strong communication infrastructure both from educational institutions and at home. Internet and computers are not accessible to all students; in IDP camps, displaced families cannot afford an internet connection, even where the infrastructure is available. Also, distance learning is not encouraged by some families as they believe that children, but particularly girls, should not be allowed to spend time on the internet, which they see as a source of 'immoral' content that can 'corrupt' young minds. This is consistent with a pattern that sees girls more discriminated against than boys when it comes to access to information and knowledge through technology. A young woman explained:

“Some families do not allow girls to use internet, but they allow boys.”

Girls' learning during curfews and lockdown included sewing, craft making, and painting skills, while boys mainly used computers for new knowledge and learning.

1.3 Impact on livelihoods and income

Government employees continued to receive their salaries during the pandemic, although cash availability from banks during the lockdown was limited. The engagement of women in business is accepted and encouraged by the society, since women's business contributes to family income and is often performed at home. Women's business focus reflects gender stereotypes and includes sewing, handicraft and sweets making. Handicraft is the main source of income for displaced women. As COVID-19 resulted in the closure of most shops, women could not market their products. The flow of income stopped for women with small businesses, adding significant pressure to pay for running cost such as rent for the business workshop and staff salaries. Men, based on their gender role as breadwinners, experienced severe stress and anxiety due to the inability to meet the needs of the family. During the pandemic, women had a greater role in decision making with regards to household budget allocation to cope with the decreased income. Priorities on expenditure included food, medicine and medical treatment. At a time of financial stress, men were able to borrow from merchants using cheques, while women tended to sell their jewellery and personal assets, reflecting the gender gap in earnings, savings, and men's access to credit. Women's income and access to own livelihoods increase their decision-making power in the family. During the lockdown, women started to use social media to advertise their products and some delivery services; by doing that, some women managed to sustain their income. Through a campaign called "Service for Service", women exchanged services and products. During COVID-19, the closure of banks meant that access to monthly welfare support for widows and divorced women was affected. Casual workers among migrant and displaced women and men lost their jobs. Widows and divorced women who engage in petty trade and men in casual labour were the most affected groups.

2. Gender roles and women's leadership

With children and family members staying at home, women's reproductive workload increased. In addition to increased volumes of house chores, women were responsible for caring for COVID-19 patients in the household. Most men continued to carry out their jobs remotely. During lockdown, men started to contribute more to housework through some tasks such as cooking and childcare. Women's presence in the public sphere was limited by COVID-19. At the community management level, women's leading role in social activities (weddings, funerals, etc.) was affected as gatherings and events were banned to contain the spread of the virus. However, women stepped up to engage in community management actions related to COVID-19, such as collecting and distributing items for households in need and mobilising charitable activities, even from home. Women's leadership at the strategic level of planning COVID-19 responses was not mentioned by any of the respondents, with the exception of one female doctor who played a significant role during the first days of the pandemic

and became a member of the Higher Consultative Committee on COVID-19. However, according to the respondents, she had limited influence.

3. Gender Based Violence (GBV)

Before COVID-19, women rarely reported cases of domestic violence, sexual harassment or verbal abuse. Often the perpetrators were young men and family members. Women are not encouraged to report cases of violence; when they do, no immediate action to protect them from the perpetrators is taken. Families and community leaders are often those dealing with cases of violence against women and reconciliation, and women's access to formal justice is often prevented in favour of the use of more traditional mechanisms. Respondents confirmed that cases of GBV increased during COVID-19. A young girl stated:

“Yes, violence against women and girls increased. We are brought up in a society where women cannot stand up against men and have to accept their oppression.”

Increased bullying and harassment against girls and physical violence against wives perpetrated by men were recorded. Women exposed to violence could not leave home but had to continue to live with the perpetrators. Most of the respondents identified men's increased stress during the pandemic due to restricted exposure to public life, isolation from male peers, and the lack of recreational activities as 'triggers' for increased violence against women, both physical and verbal. GBV affected all women regardless to their economic or social status. A male police officer stated:

“After women report cases of violence, we investigate but we have no mechanism for protecting them. Protection is in God's hands.”

Government institutions do not provide psychological or social support to women survivors of violence; the only support provided is from women's organisations. The work of NGOs supporting women survivors of violence has been affected by the lack of funding that stopped flowing during the pandemic. As explained by an NGO member:

“Donations from businessmen, membership fees, and volunteers' work stopped during the pandemic”.

Children were also exposed to increased violence, including those with disabilities. As one female respondent stated:

“I never used to beat my children; now I always do.”

4. COVID-19 and conflict, peace and security

Respondents indicated the absence of armed conflict in Ajdabiya during the pandemic. Crimes associated with drug trafficking, robbery and theft continued to occur. Displaced women mentioned incidents such as murders as a result of tribal conflicts. However, the same group mentioned that there were no major security problems as social relations are generally strong and tribal leaders play a role in managing conflict. The Police Officer interviewed stated that violent incidents, including with the use of weapons, decreased substantially during curfews and the lockdown. Women mentioned that conflicts occurring are due to land disputes or honour issues, and sometimes as a result of competition over high positions in the town. Family members of those involved are often affected, as in some cases the entire family is forced to leave the area as a result of conflict.

The most significant security issue for women is verbal harassment, which both women and girls experience, and violence. However, in the Focus Group of men and boys, respondents stated that women and girls do not face any particular security issues, which suggests that violence against women is not seen as a security issue by men and boys.

Female respondents believed that women have the potential to raise awareness about peace and contribute to managing conflict in the family; they also see an opportunity to convey messages about zero tolerance on violence against women, girls and children through COVID-19 awareness initiatives. Displaced women expressed the hope to establish an NGO to work on conflict resolution in the camp, showing the importance placed on their collective role in promoting peace.

5. The role and contribution of the Social Peace Partnerships (SPP)

Before COVID-19, the SPP delivered several trainings to women, including on the role of women in peacebuilding, and facilitated various assessments of women's needs and priorities. The SPP's activity was affected by COVID-19 policies; regular meetings were suspended or had to take place remotely, and the focus of activities and resources was diverted towards responding to the pandemic. The SPP conducted awareness raising campaigns and sewing trainings for women to help them generate an income while also contributing to combating COVID-19. 3000 masks produced by women trained through this initiative were distributed to the local population by the SPP.

The SPP has a good relationship with the Municipality and the local COVID-19 committee in charge of implementing current policies and regulations. According to the respondents, the Municipality did not have a clear plan in place to support community members affected by COVID-19 policies. The SPP played an active role to help widows and divorced women whose monthly welfare payments were discontinued during the pandemic. It advocated with the court for payments to resume, acknowledging the economic challenges that women were facing. For COVID-19 policies to be designed and implemented in a more gender-sensitive way, the SPP proposed to conduct a series of consultations with women and girls, so that the SPP could better advocate for their needs with the Municipality and the local COVID-19 committee. SPP members consulted in this assessment identified the three priorities for women and girls during and post-COVID-19: social and psychological support, skills development, and the provision of funding through grants or loans for businesswomen.

6. The impact of COVID-19 policies

All respondents were aware of COVID-19 policies, which they learned about through traditional and social media, and by word of mouth. There was a perception among all respondents that policy makers had no clear plans for how to mitigate the impact of COVID-19 policies on women, men, boys, or girls. According to respondents, citizens were not consulted on the making of such policies, including NGOs, the SPP and women's groups. As COVID-19 policies were largely formulated in a gender-blind way, the specific needs of women and girls in terms of health services, income support, protection from violence, or the barriers that women face in accessing services were not taken into consideration. Hotline services for women survivors of violence, ambulances for delivery, or other services for pregnant women were not provided. Resources, including medical personnel, were diverted towards catering for COVID-19 Isolation Centres. Home services for those shielding, such as deliveries of medicines to the elderly and chronic patients, were not provided. Financial compensation and welfare support for less privileged groups that were most affected by COVID-19, including informal and casual workers, self-employed manual workers, widows and divorced women, and persons with disabilities were not provided. Displaced and migrant communities were identified as the most affected groups.

7. Needs and priorities of women and girls

Practical gender needs during and after COVID-19 identified by the majority of respondents were health, livelihoods, peace and security. Among these, health services for women and girls, including

access to mother and child healthcare, access to medical treatment and medicine, a hotline for women and girls seeking health support, more FHWs in the public hospital, psychological and counselling support to women and girls survivors of violence were identified as key priorities. Welfare support to the groups that were most affected by COVID-19 (displaced, female-headed households, male casual workers and self-employed manual workers) was also identified, in addition to the protection of women and girls from violence, including access to justice, and the promotion of peacebuilding and conflict resolution at community level.

RECOMMENDATIONS

- Support women's leadership and representation in decision making bodies responsible for managing COVID-19 (Municipality, COVID-19 Committees, etc.)
- Support livelihoods opportunities for women by exploring new economic activities beyond traditional skills based on gender roles
- Support marketing initiatives of women's products and services through social media and other platforms to strengthen women's small and micro businesses
- Support mapping of Traditional Birth Attendance (TBA) professionals to explore opportunities for further training and certified qualifications
- Work with women's organisations to incorporate messages against GBV into social, peace and COVID-19 related campaigns and initiatives
- Work with women's organisations to provide psychological and counselling support to survivors of GBV, for example by training NGO/CSO staff to deliver these services
- Work with women's organisations to raise awareness of GBV among the police and increase women's access to justice
- Support displaced women to set up and develop organisations dedicated to peacebuilding and conflict resolution in their communities

SABHA



MAIN FINDINGS

1.1 The socio-economic impact of COVID-19

1.2 Impact on health

Sabha has no specialised hospital for mother and child healthcare, reproductive health, or delivery. The public Medical Hospital provides these services for women from the whole southern region, free of charge. Public and private clinics are found at the locality or neighbourhood level, including some that provide reproductive and mother and child healthcare. Private clinics' fees are considered expensive and are not affordable to most women. Women practise as doctors, nurses, technicians and in administration jobs, but are scarcely represented in senior posts. Female health workers (FHWs) have dual jobs in public hospitals and private clinics; this is often because the latter pay salaries in cash while government salaries are transferred to employees through banks, which often means that they are unable to withdraw funds due to lack of liquidity. Both women and men as health workers have been exposed to the virus and affected psychologically during the pandemic. As a FHW explained:

“I use the back door to enter my house quietly when I return from my shifts at the hospital, then I take a shower and wash my clothes. My youngest daughter looks at me with sadness, wondering why I no longer hug her as soon as I am back.”

FHWs in Sabha were part of the team running the Isolation Centre for COVID-19 patients. Prior to the pandemic, women in the South faced problems to access health services due to the scarcity of fuel, which affects transport, expensive fees at private clinics, and lack of lab and specialised testing equipment. During COVID-19, the Sabha Medical Hospital and other public clinics deprioritised services related to women's reproductive health and mother and child healthcare to divert resources towards managing the emergency. Women's demand for health services was also affected due to the fear of contracting the virus in health facilities that treat COVID-19 patients. Many women resorted to self-medication, remote medical support provided by doctors via social media, the use of traditional medicine, and Traditional Birth Attendance (TBA) at home. Whereas in the past some

families chose to travel to Tripoli to seek medical care, during COVID-19 this was no longer possible due to travel restrictions and measures adopted by hospitals to contain the spread of the virus, including the decision not to accept patients from other municipalities. Displaced women were particularly affected. Even before COVID-19, access to private healthcare was not possible for them due to the high cost of fees, so the only option was to use the public Medical Centre; this entailed long waiting times to secure an appointment due to high demand. This situation was further exacerbated by COVID-19. Displaced women's access to medical care after dark is particularly problematic, due to lack of security in the camps and neighbouring areas that they need to cross to reach health facilities. Pregnant women, chronic patients, the elderly, and persons with disabilities were the most affected groups in terms of access to healthcare during COVID-19. Displaced and migrant women and those from female-headed households (divorced and widows) were the least able to seek medical care from private clinics due to their lack of financial resources.

1.3 Impact on education and skills development

Young women stated that there is no gender discrimination against young girls' access to technology in Sabha, in particular internet. Access is linked to the financial capacity of individuals to cover for internet costs, and the availability of electricity and connectivity. During the lockdown, the Sabha University tried to implement distance learning programmes for students; however, this was not successful due to frequent, long power cuts and lack of access to internet by many students. As such, educational attainment was heavily affected. With the closure of educational institutions, men used time for reading, boys for entertainment such as computer games, while young women and girls invested in learning new cooking skills.

1.4 Impact on livelihoods and income

The main sources of income for the population in Sabha are salaries of government employees and income from casual labour and private businesses. Men are the main breadwinners in the household and women's income is a secondary source in the case of employed married women. Widows, divorced women and those with disabilities are eligible for monthly support payments from the government. Women married to men who do not hold Libyan citizenship often work to support the household income, as their husbands are usually employed in informal sectors or as casual workers. COVID-19 policies had an impact on the income of most household due to curfews, the lockdown, and other restrictions that negatively affected business activities. Displaced women, who engage in petty trade of handicraft, were particularly affected as they were unable to source raw materials due to restricted mobility and higher prices and could not market their products. To make up for the loss of income, in many cases women had to accept low-paid casual labour. Households adopted different mechanisms to cope with financial pressure during COVID-19: men relied mainly on borrowing from traders, or selling cars and mobile phones, while women resorted to selling jewellery and other personal assets. COVID-19 also created opportunities for women to expand small businesses and establish new ones. Small trade of homemade food and sweets flourished as the closure of shops created a gap in the market that women were able to fill. Many women established food and sweet businesses at home during this time and succeeded in generating an income. Some women capitalised on the emerging needs during the lockdown and used their own cars for deliveries of items to customers and for transport of women to their workplace. One of the interviewees in the assessment was a businesswoman who owns a Nutrition Centre and employed seven young women, a type of activity that breaks from the usual businesses that are traditionally established by Libyan women. The Nutrition Centre offers nutritional advice and provides nutritious food for persons with chronic diseases and other health conditions. During COVID-19, she used social media to advertise her products and services and to conduct some business remotely; however, the increased costs and reduced activity meant that she had to cut the number of staff to sustain her business. The groups that were identified

as the most affected economically during COVID 19 were informal and casual workers, self-employed manual workers, women married to men without Libyan citizenship, displaced women, young unemployed women and men, widows, and divorced women.

2. Gender roles and women's leadership

No major changes were observed in men's attitudes and practices with regards to gender roles and division of labour in the household. Men continued to be in charge of grocery shopping for the family, while women maintained their responsibility for buying items related to their reproductive role, such as kitchen utensils and bedding. Men interviewed as part of this assessments acknowledged that, during the lockdown, they realised the time and effort dedicated by women within the household. As one of the respondents put it:

“Men started to appreciate women's role.”

Women's reproductive workload increased during the lockdown as a result of COVID-19; as well as domestic work, they are responsible for caring for the elderly, children, persons with disabilities and family members with COVID-19. Based on gender roles, men are the breadwinners. However, women stepped in to support the family through income generating activities when men's income was curtailed due to the pandemic. As some businesswomen consulted in the assessment explained:

“Men allowed women more space in public life through their engagement in economic activities, so that they could generate additional income and relieve them from their unique responsibility [as breadwinners]. Women became overloaded with work, and men are becoming more dependent on women's income”.

In Sabha, women maintained their community management role. They participated in distributing food baskets to families in need, raised public awareness about the pandemic, and provided psychological support to women survivors of violence. Women feel that they have no role in policy and decision making, despite women's representation in the Municipal Council. As a young girl stated:

“No one listens to women's opinions.”

The assessment highlighted how women's formal representation in decision making fora did not necessarily translate into power or influence in decision making. A female member of the SPP explained:

“Women demonstrated leadership during the pandemic by taking part in initiatives such as awareness raising, distribution of food parcels and others, but they were excluded from participating in the local COVID-19 Committee”.

A woman who was interviewed as part of this assessment stated that she had been selected as a member of the COVID-19 Committee but then excluded without any reason, which she attributed to widespread corruption and men's willingness to dominate positions that provide access to power and resources.

3. Gender Based Violence (GBV)

Violence against women was not mentioned by either women and girls or men and boys in the focus group discussions. The topic is clearly considered taboo; men are ashamed to appear as perpetrators and women are ashamed to admit they experienced violence. Respondents more generally confirmed that violence increased during COVID-19. Women and girls experienced both verbal and physical violence. Psychological and financial stress during the lockdown was considered by respondents as the main trigger of GBV. The police station did not have a section dedicated to

women for reporting cases of GBV safely and confidentially. All female Police Officers suspended their service before COVID-19, due to heightened security risks in Sabha. The Police had limited capacity and no clear mechanisms to act upon reports of GBV. As explained by a police officer:

“Cases of GBV are sometimes reported to us. These are often cases of physical violence against women and the perpetrators are either husbands or brothers. I can only file the case but not provide protection. We fear militias, as in Sabha the possession of arms is widespread. Law enforcement does not exist.”

An NGO serving women survivors of violence provided psychological support to rebuild their confidence and, through skills training, enable them to pursue their own income generation activities. While the demand for services increased during the pandemic, the NGO had to reduce their offer substantially due to limited capacity to operate. The NGO continued to communicate with women survivors of violence remotely, including through social media and mobile phones. As the NGO partners with UNFPA, staff salaries continued to be paid during the pandemic, which enabled the NGO so sustain its activities to a certain extent.

4. COVID-19 and conflict, peace and security

Sabha experienced several phases of armed conflict in the past years. Respondents indicated that, during COVID-19, incidents of armed conflict reduced due to curfews, the lockdown and fear of contracting the virus. However, crimes such as robbery and theft saw an increase once the lockdown was lifted. Occasional clashes between families continued to occur but rarely escalated. This was confirmed by the Police Officer interviewed. Some respondents observed that competition over the allocation of large amounts of resources made available to counter COVID-19 in Sabha fuelled tensions between different sectors and community groups.

Women consulted in this assessment believe that they have great potential to contribute to peacebuilding and conflict resolution, but their role is often restricted by male counterparts. As a young woman explained:

“Women can be a driving force for fuelling conflict or making peace by influencing their male counterparts.”

Men and boys also agreed about women's agency in building peace or fuelling conflict. Some respondents pointed to the fact that in some community groups (tribes or ethnicities that they preferred not to name) women may be able to play a greater role than in others to influence men in the family.

5. The role and contribution of the Social Peace Partnerships (SPP)

During COVID-19, the SPP was not active in the community. Along with the lack of resources to provide for community needs, and women and girls' needs in particular, members of the SPP interviewed for this assessment mentioned the lack of support from the new Municipal Council as one of the main reasons:

“Now we have to establish new relationships with the new Council members, who do not know our work.”

An SPP member interviewed consulted through the assessment explained that conflict among decision makers at the municipality level discouraged them from raising issues affecting the community with local authorities. Mapping women's needs during and post COVID-19 to ensure a more gender-sensitive response was identified as a potential task for the SPP, along with advocating for women's representation in different committees responsible for COVID-19 policies. Respondents felt that COVID-19 impacted the most vulnerable groups in the community, while also opening up

new opportunities for working in alternative ways, for instance through social media and technology. The priorities for women and girls, as articulated by the respondents, were skills training to support economic opportunities for women, new avenues to market their products, micro credit opportunities for women who lost their businesses, and technical and psychological support to build their confidence and leadership potential.

6. The impact of COVID-19 policies

Respondents learned about COVID-19 policies through traditional and social media outlets, and by word of mouth. Displaced women who have limited access to social media received information from different organisations that are working on COVID-19 awareness initiatives, in particular the International Red Crescent. Displaced women felt that COVID-19 policies were not 'realistic' and did not take in account the need for less privileged women to safeguard their livelihoods. As stated by a respondent:

"I work on delivery services. This is my only source of income. I had to take the risk and do my work, keep moving despite the spread of COVID-19."

Although all the bodies that were active during the pandemic (Municipal Council, civil society organisations, COVID-19 Committee, Libyan Red Crescent, Isolation Centre) included women members, their presence did not mean that the needs and priorities of women and girls were considered when designing and delivering COVID-19 policies. This was attributed to the dominant role that men play in decision making. Women felt that they were not consulted on impact mitigation plans during COVID-19. This included the Municipality, which according to the respondents did not have a plan in place to mitigate the impact of the pandemic on different community groups. Among other things, COVID-19 policies had an adverse effect on people's lives through causing higher inflation and a scarcity of commodities. For example, when the price of face masks reached 2 Dinars, low-income households could not afford to buy them, and authorities did not distribute them for free. Similarly, women and girls were forced to seek healthcare from private clinics as the Sabha Central Hospital discontinued some services during COVID-19. The fees charged by private clinics for giving birth increased by four times, which made it unaffordable for many. Due to the lack of public services and the higher cost of private care, access to reproductive health for women was strongly affected. The elderly, people with disabilities and chronic patients were largely unable to access healthcare and medications. Social groups that are more vulnerable to poverty, such as women-headed households, were hit the hardest. In the absence of a comprehensive mitigation strategy, CSOs, the Municipality, the private sector, individual donors, and women's groups contributed to providing support to the most vulnerable, including through the delivery of food parcels, medications, and other services to those in need.

7. Needs and priorities of women and girls

Security, healthcare, livelihoods, financial and psychological support remain the key overall priorities for women during COVID-19. Specific priorities identified by respondents varied depending on the social group to which they belonged. Women from displaced communities identified protection and security as their priority, followed by health and livelihoods. Reproductive health, services for pregnant women and chronic patients, the establishment of a women and girls' health centre, and psychological support were identified as specific priorities. In addition, in case a vaccine becomes available, women's access to vaccinations should be ensured and encouraged through awareness raising campaigns to counter misinformation and conspiracy theories. In terms of supporting women's economic empowerment, skills development in areas such as marketing and management of small businesses, in particular targeting women engaged in petty trade working at home, and the provision of loans and grants for women's businesses that were affected by COVID-19 were identified as

priorities. Security needs identified included living in a safe and peaceful environment, and protection from GBV. Access to justice and support to women's leadership were identified as top strategic needs by women consulted across different social groups. Participation of women in peacebuilding efforts was not one of the top priorities for most of the respondents; this may suggest that women currently play an informal role in conflict resolution mechanisms within their social structure. Respondents in the men's focus group identified security and economic opportunities as key priorities for women.

RECOMMENDATIONS

- Support initiatives to set up counselling and psychological support services for women survivors of violence, e.g. working with Sabha Hospital, UNFPA, women's organisations
- Build relations with new Municipal Council and advocate for greater representation (and consultation) of women in decision making
- Support initiatives to connect women with small/medium businesses and women casual or informal workers to provide better job opportunities
- Support the establishment of a forum for businesswomen to exchange experiences and support
- Work with women's organisations to support initiatives that can increase women's access to justice, for instance through awareness raising on legal rights and procedures to submit cases to court, free legal advice, and pro-bono lawyers to defend vulnerable women in court
- Work with the police, judiciary and prosecutors to increase gender sensitivity and responsiveness to women's rights
- Support initiatives to establish and develop a group of young women peacebuilders at the community level

UBARI



KEY FINDINGS

1. The socio-economic impact of COVID-19

1.1 Impact on health

In Ubari, there is only one public hospital with different specialised departments. Some private clinics are also present. Patients often travel to Tripoli, Misrata or even abroad for healthcare. However, given the high price of fuel (which is scarcely available and sold on the black market at up to twenty times its actual price), not everyone can afford the transportation costs. Gynaecology and obstetrics services provided by the public hospital are limited; the department has only three dedicated doctors, one midwife and a few nurses. These services continued as usual during the lockdown. Female nurses stayed in their jobs; two of them contracted COVID-19 but recovered. Both male and female health workers (FHWs) suffered from psychological stress; FHWs interviewed explained that families continued to support them in their professional role despite fears of infection. COVID-19 further exacerbated the existing inefficiencies of the healthcare sector in Ubari. Even before the pandemic, for example, doctors did not cover night shifts due to security risks. During COVID-19 women resorted to expensive private clinics to give birth or relied on Traditional Birth Attendance (TBA). Traditional medicine was also used to supplement the lack of medications. Women from displaced communities mentioned that the number of doctors in the public hospital's gynaecology and obstetrics department is not sufficient to provide services to the whole population, while the cost of private clinics is unaffordable to them. At the beginning of the pandemic, people tended to avoid hospitals and other medical facilities for fear of contracting the virus; then, people gradually resumed attendance due to the need to access health services. Women in need of specialised gynaecologists and obstetricians, the elderly and chronic patients were the most affected by the deterioration of health services. Pregnant women facing delivery complications often could not find a specialised doctor to assist them. Patients with chronic diseases did not always have access to medications or follow up appointments.

1.2 Impact on education and skills development

In Ubari, boys and girls have access to technology. However, access is dependent on affordability, as it requires families to pay for equipment and internet subscriptions. Students in Ubari accessed distance learning through TV programmes focusing on remote education. Power cuts, however, represented a large obstacle to the implementation of distance learning programmes. During the lockdown, women in Ubari invested their time to learn skills such as sewing, craft making and drawing, while some attended nursing classes via internet.

1.3 Impact on livelihoods and income

Men are the main breadwinners in the household and are solely responsible for providing for their family based on gender roles. The main sources of income for the population in Ubari are salaries for public sector employees, petty trade, small businesses, and welfare payments (e.g. received by widows and divorced women). The latter are hardly sufficient to meet basic needs. The presence of the private sector is limited and lacks the capacity to provide adequate job opportunities for people. Medium and large-scale private sector enterprises cannot be established due to the unstable security situation in the area. Women engaged in the informal economy generate an income from handicraft and food making. Unlike other sectors, women engaged in petty trade could benefit from the closure of shops as a result of the lockdown, as this provided an opportunity to market their products. To cope with the financial pressure that households experienced due to loss of income, some women sought casual work, while many sold their personal assets. Men's coping mechanisms included borrowing and budgeting to limit household expenditures to basic necessities. Informal and casual workers and self-employed manual workers were particularly affected by the lockdown as their income depends on daily wages. Displaced women were more vulnerable to economic shocks, along with widows and divorced women. Both long-term and newly arrived migrants were more vulnerable to extreme poverty as without a National Number they do not hold working rights and cannot access social services, and their livelihoods depend on casual work. Women's small businesses were affected by COVID-19. For instance, a businesswoman interviewed in this assessment owned a tailoring shop with five female staff, paid on an output production rather than salary basis. As the shop remained closed for six months during lockdown, paying rent without revenue or capital savings represented a major challenge. In addition, the price of raw materials increased during COVID-19 and affected most small businesses, including those owned by women. Women with small businesses used social media to advertise their products.

2. **Gender roles and women's leadership**

No significant changes in gender roles were observed as a result of COVID-19. During the lockdown, men who lost their jobs tended to go out to find casual work in farms. Very few men contributed to housework duties; at home, men mainly engaged in tasks that are consistent with their gender role, such as maintenance of electricals and carpentry. During the lockdown, women's reproductive workload increased as family members were spending more time at home and required additional care. Women (mothers and eldest daughters) are responsible for the care of ill family members; this included caring for COVID-19 patients at home. The perception among male respondents was that women did play a leadership role as members of the Municipal Council, the COVID-19 Committee, and organisations such as the SPP.

3. **Gender Based Violence (GBV)**

Both male and female respondents in the assessment were reluctant to talk openly about GBV, suggesting that this is a sensitive issue. As stated by a young woman interviewed:

“There is no violence against women; we have not heard of it in Ubari. From time to time, we hear about divorce cases. There is only violence against children.”

When a dispute between a husband and a wife occurs, family elders intervene to settle the issue. Domestic violence is considered a private issue and women feel ashamed to talk openly about it. There was a perception among respondents that GBV only occurs in the migrant community. The Police Officer interviewed confirmed that women rarely report cases of GBV:

“GBV is considered a private issue and is resolved at the family level, since women do not feel comfortable to disclose family issues.”

Women's access to justice through the formal system is limited to divorce cases. A woman working with a local NGO with experience of legal and psychological support to survivors of GBV in the town of Murzuq confirmed that GBV cases exist even if unreported. The NGO is working on a project in partnership with the Ministry of Social Affairs to establish a centre that provides support to women survivors of violence through a team of psychologists and legal advisors. The Ubari police station has some female Police Officers and it started to establish a Family and Child Protection unit to deal with different forms of violence. During COVID-19, most Police stations have focused their resources on enforcing curfews and other preventative measures, which meant that hotlines for emergency calls, including for reporting violence, were no longer operational; at the same time, the number of both male and female officers on duty was reduced.

4. COVID-19 and conflict, peace and security

No conflicts were reported during the lockdown. However, an increase in crimes such as robberies was observed, most of which were attributed by respondents to armed groups from a specific “well known” community group that they preferred not to name. In some areas, young men took it upon themselves to patrol their neighbourhood. The positive role of the police in dealing with these criminal cases was mentioned. Young women and girls often experience harassment when attending school. Women from the IDP community observed an increase in cases of robbery and theft of goats from farms. Workers returning from night shifts were often the target of criminal gangs. Unlike other respondents, the IDP women's perception is that these cases were not dealt with properly by the police to offer adequate protection to the displaced community. Young women said that women can play a role in conflict resolution and peace building by lobbying male family members against resorting to violence, rather than through formal channels. Male focus group discussants acknowledged that women and girls can play a vital role in conflict resolution, if provided with opportunities and support.

5. The role and contribution of the Social Peace Partnerships (SPPs)

The SPP has a history of facilitating trainings and workshops aimed at enhancing the role of women in peacebuilding. Women from different social groups participated in initiatives supported by the SPP in partnership with women's organisations such as the local Women's Support Centre and the Noor Centre. Most of these activities were suspended since COVID-19 as gatherings were prohibited and the SPP focused on responding to the pandemic. SPP members joined the COVID-19 Committee established in Ubari, working closely with the Municipal Council and the Health Department. SPP members engaged in the distribution of food baskets to low-income households and in awareness raising campaigns. According to respondents, women are represented in the Committee; however, no attention was placed by the Committee on addressing women and girls' needs. Women are also formally represented in the Municipal Council. According to the members interviewed, the SPP can play a role in mobilising and engaging more women and promoting their leadership in peacebuilding.

6. The impact of COVID-19 policies

Respondents from the different social groups consulted referred that they sourced information about COVID-19 and relative policies from traditional and social media, and through word of mouth. There was a widespread perception in Ubari that the number of COVID-19 cases in the town was very

limited. According to the respondents, the COVID-19 Committee did not sufficiently engage at the community level nor consulted different social groups, including women, in the design of policies to counter the pandemic. No plans from authorities were reported by respondents to deal with the secondary effects of COVID-19 policies, for example through welfare support for the most affected groups. Reliance on community-based safety networks, such as help from family members and neighbours, was the most common coping mechanism adopted by residents to mitigate the impact of the pandemic. Assistance provided by charitable organisations such as the Red Crescent was also mentioned as a form of support. However, short-term emergency support was not considered a sufficient or sustainable solution for the population to deal with the longer-term economic effects of COVID-19.

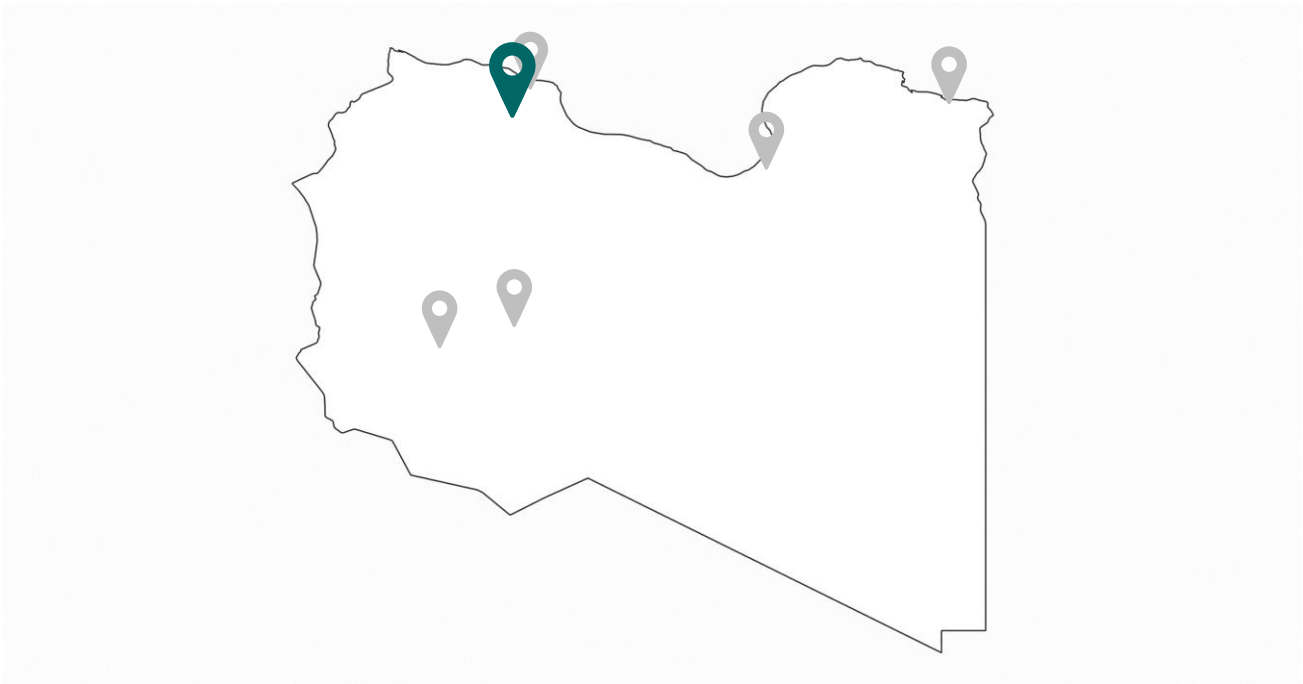
7. Needs and priorities of women and girls

The respondents identified security (protection from GBV and armed conflict), health services (support to the maternity section in the Ubari hospital with equipment, personnel; reproductive health services, including training of nurses and Birth Attendance professionals), livelihoods (grants and loans, trainings in business management and marketing to businesswomen), and education as priority needs for women and girls during the pandemic. Post-COVID-19, women identified access to justice, strengthening their role in peacebuilding, and raising awareness on GBV as strategic gender needs.

RECOMMENDATIONS

- Support the provision of certified training for Traditional Birth Attendance professionals, working in partnership with UNICEF and the Red Crescent
- Facilitate dialogue between the SPP and local COVID-19 Committee to advocate for greater inclusion of women and girls' needs in the design of COVID-19 response interventions. Invite sectorial departments and women's NGOs to encourage joint action supported by donors
- Continue to raise awareness about COVID-19 through both traditional and social media, covering risks from new waves and emerging variants of the virus
- Support the 'Family and Child Counselling' initiative implemented by the department of Social Affairs
- Support training of female police officers on GBV; provide technical support to the Family Protection Unit that the police aims to establish
- Work with young men/boys to raise awareness of GBV; select 'change makers' among young men who can educate their peers on this issue
- Support income generating activities for more vulnerable women and men (migrants and casual or informal workers, widows and divorced women, etc.)
- Build on young women's demonstrated interest in peacebuilding and access to justice by upskilling them and supporting initiatives led by them
- Support the establishment of a pool of lawyers to provide free legal advice to women survivors of violence. Train young women and establish a para-legal team to support these efforts at the community level

BANI WALID



MAIN FINDINGS

1. The socio-economic impact of COVID-19

1.1 Impact on health

The Bani Walid General Hospital is the only public hospital in the town and hosts different specialised departments. In the area are also 15 rural health facilities and 20 private clinics. No facilities specialised in reproductive health, mother and child health, or delivery are available; these services can be accessed at the General Hospital. Health services provided to women and girls were rated by the health workers interviewed as 'below standard', as they fall short of responding to the needs of women and girls. The majority of women and girls cannot afford private clinics. Respondents largely agreed that health services in Bani Walid were already inadequate before COVID-19 but deteriorated further. Three female medical doctors operate at the General Hospital, one of whom at the gynaecology and obstetrics department. Female health workers (FHWs) are found in large numbers across all departments of the General Hospital, working as specialised doctors, midwives, assistants, nurses and cleaners; however, only one woman occupies a senior position. Since COVID-19, the workload of health workers increased, and they operated at heightened risk due to the lack of sufficient and adequate personal protective equipment and other supplies such as sterilisers. Some health workers used their own resources to procure these items to ensure they could operate safely. Ten nurses died from contracting the virus while on duty. Both female and male health workers were affected psychologically by the experience of working through the pandemic; among other issues, fears of infecting family members at home represented a significant source of stress and anxiety, in particular for FHWs who are in close contact with children and the elderly based on their care responsibilities. During the pandemic, access to reproductive health and mother and child health services became more difficult for women as these services were reduced and most women could not afford private clinics. Many families resorted to traditional medicine (oil and herbs) to compensate for the lack of health services and unaffordable medications. In terms of access to health services, the elderly, chronic patients, mental health patients, people with disabilities, pregnant women, and mothers with

babies were the most affected, as regular follow up appointments were missed and medications were not always available.

1.2 Impact on education and skills development

According to respondents, men, boys, women and girls have more or less equal access to technology; rather, access depends on income and the ability to purchase IT equipment and pay for internet subscriptions. Regardless of financial capacity, access to technology is also curtailed by frequent power cuts and poor internet connectivity. As education institutions closed when the lockdown was imposed, distance learning was not considered a viable option. Students used TV and radio resources that they could access free of charge. Educational attainment was strongly affected by the pandemic. During this time, women focused on enhancing their sewing and craft making skills; men accessed vocational trainings such as those provided by international organisations.

1.3 Impact on livelihoods and income

Men are considered the main breadwinners and heads of the household based on gender roles. Widows and divorced women are heads of the household and the main breadwinners in female-headed households. In Bani Walid, people's main sources of income are salaries for public sector employees, income from private sector, social welfare payments for widows, pensioners and people with disabilities, income from petty trade and small businesses for women, and wages from casual work. Widows, divorced and displaced women who often engage in home-based small businesses and petty trade to top up their welfare income were the worst affected by COVID-19. In Bani Walid, the private sector is dominated by men; according to respondents, when a crisis hits the private sector, women are more likely to lose their jobs. Those who depend on casual labour and daily wages, like technicians with on call jobs, were strongly affected, as people became reluctant to let anyone into their homes for fear of contracting the virus. Businesswomen engaged in perfume making and traditional clothing for weddings were also affected, as social events and gatherings were cancelled. To cope with financial pressures, women tended to sell jewellery, home items, and engage in home-based businesses such as selling food and sweets in the neighbourhood. Other women started to give private lessons to students at home. Men sold land and cars and borrowed money, while some resorted to illicit activities such as trafficking and smuggling. Women with small businesses struggled to stay afloat with no income, increased production costs due to higher prices of raw materials, and fixed costs such as rent; in many cases, they were forced to lay off staff.

2. Gender roles and women's leadership

No significant changes in gender roles were reported as a result of COVID-19. In addition to maintaining their reproductive role, which includes caring for children and housework, women were responsible for the care of elderly people and ill family members, including those infected with COVID-19. When mothers were not able to fulfil this role, eldest daughters stepped in. As such, women were more exposed to contracting the virus. Respondents reported that during the lockdown some men played a more active role in childcare and house chores. To overcome financial pressures due to the loss of income by men, some women engaged in petty trade and production of home-made food and sweets. While this increased women's workload, it also provided them with income-generating opportunities that could be sustained beyond the crisis. It was reported that some young men were involved in fights, used drugs, and drank alcohol as a result of unemployment, and partly as a reaction to the lack of social activities during the lockdown. At the community level, women demonstrated a leadership role in raising awareness about COVID-19 and helping displaced communities. For instance, respondents reported that women led an initiative to build a database of displaced women and migrants, which helped to map communities in need and to better identify and address their needs. However, women were not visible in formal leadership roles, for example in state institutions.

3. Gender Based Violence (GBV)

Respondents agreed that violence against women (and children) increased with COVID-19. Bullying, harassment, and verbal and physical violence were mentioned. Women were targeted and harassed through social media. Despite some counselling and psychological support services are available, no shelters are provided for women survivors of violence. GBV cases are rarely reported to the police or dealt with through the formal legal system. GBV is considered a family issue to be treated 'confidentially'. Women usually receive support from family members but are not encouraged to report violence to the police. As explained by some respondents:

“Women victims of violence do not do anything about it. In a conservative, tribal society, GBV is considered as a secondary issue that men have a right to practise as a form of masculinity.”

According to respondents, most GBV cases that were reported to the police involved migrant women. No female police officers were available to receive GBV reports from women in any of the police stations in Bani Walid. Services such as hotlines to report cases and emergencies were reduced with COVID-19.

4. COVID-19 and conflict, peace and security

According to respondents, tensions and conflict in the town increased as a result of the lockdown and COVID-19 related policies, including an incident that saw an armed attack on the General Hospital because a COVID-19 from relatives of a patient that could not be admitted. Arms continued to be widespread in Bani Walid and incidents of armed conflict occurred, mainly generated by a 'well known' armed group linked to a tribe that respondents preferred not to name. Law enforcement was seen to have limited capacity to act upon these security challenges. Police officers interviewed in the assessment reported that violence increased during COVID-19, with disputes occurring mainly around debt or land issues. Men were involved and affected by these issues the most according to respondents. Youth were seen as drivers of insecurity and particularly vulnerable to becoming involved in crime due to the lack of economic opportunities. Women from displaced communities suggested that women can play a role in conflict resolution through their positive influence on family members.

5. The role and contribution of the Social Peace Partnerships (SPPs)

Before COVID-19, the SPP implemented several social peace initiatives, including some specifically looking to enhance the involvement of women in peacebuilding. Through these activities, the SPP secured the participation of a greater number of women as members of the Partnership. During COVID-19, the SPP prioritised local responses to the pandemic, including providing personal protective equipment and sterilisers to the Mardom Health Centre, and raising awareness about COVID-19 prevention measures. Through its initiatives, the SPP worked on addressing the needs of displaced communities, including by working closely with the Municipality to provide drinking water to an IDP camp. During COVID-19, the SPP had to reduce its activities. A key lesson learnt by the SPP during COVID-19 was the importance of building relationships and ensuring collaboration with decision makers in Bani Walid. The SPP also reflected on the opportunity to support women's leadership and advocate for greater inclusion of their needs and priorities in policy making around COVID-19.

6. The impact of COVID-19 policies

Respondents reported that they sourced information about COVID-19 through traditional and social media, and by word of mouth. Consultations with different community groups (civil society, women, IDPs) to understand specific needs and mitigate the impact of COVID-19 policies and assistance were not pursued according to respondents. For example, women were not represented in the COVID-19

Committee responsible for monitoring the implementation of these policies and its impact on the more vulnerable groups. People with chronic diseases were forced to fill in a considerable amount of paperwork to receive their usual support, with no exceptions. Social distancing in high-density IDP camps was not a realistic option, so displaced communities were exposed to a higher risk of contracting the virus. The lockdown and reduced working capacity of courts caused delays and affected women seeking divorce and alimony. Women survivors of violence were forced to live with their perpetrators without access to counselling, support, or justice. Respondents were not aware of any plans from the Government Social Fund to support the most disadvantaged groups during COVID-19. Some financial support was provided by the Red Crescent, the Zakat Fund, and well-off individuals. However, this support was limited and insufficient given the scale of the impact of the pandemic. Women were more vulnerable to economic shocks, as their income and savings are usually lower than men's.

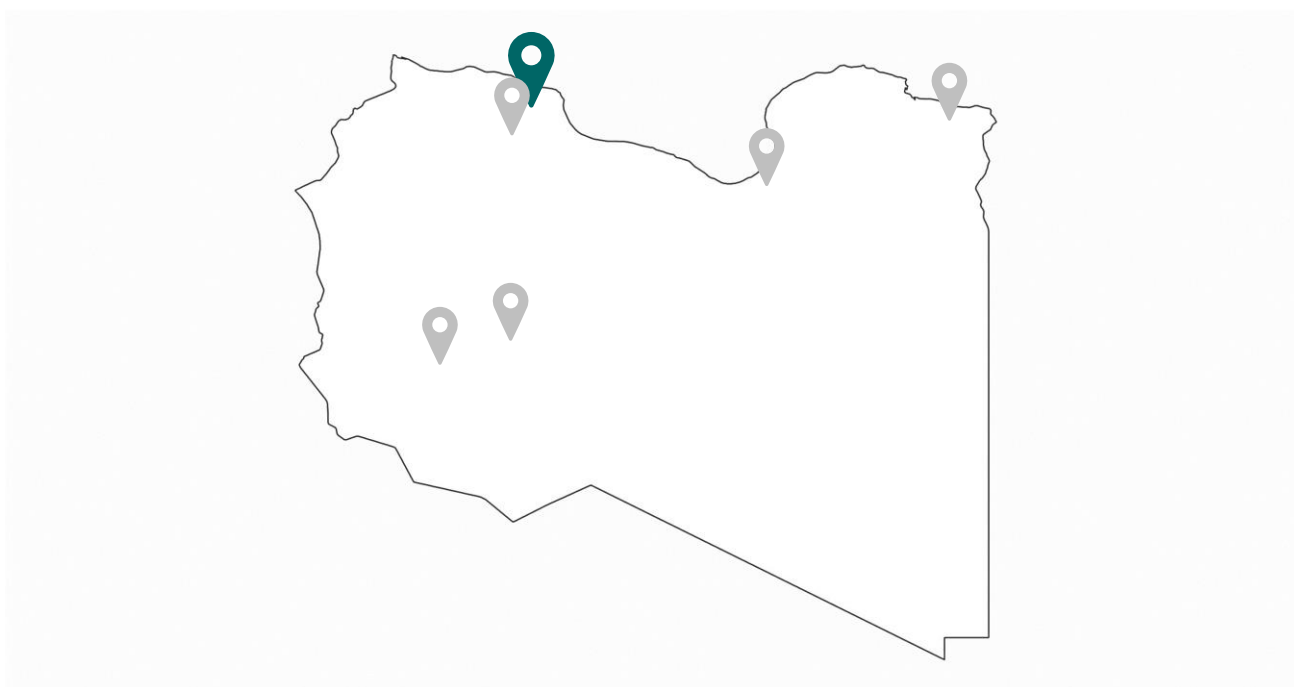
7. The needs and priorities of women and girls

Security, health, livelihoods, and education were generally identified as top priorities by most women respondents. In particular, young women identified security, intended as a safe environment, including free from GBV, and livelihood opportunities such as business and skills development as practical needs. Strategic gender needs included ensuring access to justice (police and courts) and strengthening women's role in peacebuilding. Women-focused health services such as reproductive and sexual health, mother and child, and delivery services, along with income support and livelihood opportunities were also considered key needs during and after COVID-19. Men respondents identified health and security as priorities (that matter to both men and women), and peacebuilding and conflict resolution as strategic gender needs.

RECOMMENDATIONS

- Facilitate dialogue with the Follow Up and Monitoring Committee and the Municipal Council to advocate for greater integration of women's needs in decision making during and post-COVID-19
- Deepen understanding of the role of family and tribal reconciliation on GBV cases to find entry points to address the issue
- Identify and cooperate with NGOs that work on GBV and provide training on counselling to women survivors of violence
- Build on the interest shown by young women/girls in issues relating to accessing justice and peacebuilding through supporting initiatives led by women; the SPP could support learning and upskilling
- Advocate for the presence of Social Workers at police stations in the absence of female police officers to facilitate reporting of GBV cases by women
- Support economic empowerment and livelihood projects that benefit divorced and displaced women, widows and casual or informal workers

ZLITEN



MAIN FINDINGS

1. The socio-economic impact of COVID-19 on women and girls and gender dynamics

1.1 Impact on health

As reported by respondents, Zliten has one main public hospital, a few health centres, and some private clinics; all of them provide mother and child health services. Respondents agreed that COVID-19 had a negative impact on health services that were already lacking staff, equipment, and supplies, as these issues were further exacerbated by the pandemic. Inadequate health services often force people to travel out of town to access healthcare. Women and girls depend on male family members for transportation to attend health facilities, particularly if travelling outside the town. During COVID-19 people were reluctant to access health facilities for fear of contracting the virus. Health workers operated at increased risk, with limited personal protective equipment provided to them, and often worked extra hours to meet increased demand. A number of health workers decided to take leave as they could not cope with the workload and unsafe working conditions during the emergency. The majority of nurses are women; as such, female health workers (FHWs) were exposed to COVID-19 patients and many lost their lives. The fees of private clinics became more expensive and many women could no longer afford them. COVID-19 took an emotional toll on most people; isolation, fear of contracting the virus, particularly among the most vulnerable groups who had to shield, all had a significant psychological impact. Women are found as doctors, nurses, nutrition specialists, office staff, and cleaners in hospitals. They are present in managerial roles but not in the highest leadership positions, which are male dominated. According to respondents, based on gender roles, women must prioritise housekeeping and childcare responsibilities, which are rarely shared with men, so they cannot bear the heavier workload of more senior professional positions. The elderly, chronic patients, persons with disabilities, pregnant women, and mothers with newborn babies were the most affected by the deterioration of health services. Patients with chronic diseases who would usually travel to seek care outside of Libya were prevented from doing so due to lockdown restrictions. Many families resorted to traditional medicine (oil, herbs), self-medication and remote health support to

compensate for the lack of health services and prescriptions. Displaced women were particularly affected by the lack of accessible, free of charge health services.

1.2 Impact on education and skills development

According to respondents, men and women, and boys and girls have more or less equal access to technology in Zliten; affordability and the lack of communication and power infrastructure are considered the main barriers to accessing technology. Implementing distance learning was not a viable option during lockdown due to the lack of electricity and connectivity; in addition, not all families could afford internet and computers. Students accessed educational resources through TV programmes when power was available. During the lockdown, women invested their time to learn skills such as sewing, craft making and drawing. School attainment was affected across all ages and genders.

1.3 Impact on livelihoods and income

The main sources of income for people in Zliten are salaries for public sector employees, revenues from private businesses, and daily wages for casual workers and self-employed manual workers. Men are considered the breadwinners, while women may also contribute to the household income. Widows and divorced women are heads of their households. The Ministry of Social Affairs and the Social Solidarity Institution provide monthly welfare payments to widows, divorced women, persons with disabilities, and women married with men who do not hold Libyan citizenship. Women owners of small businesses were heavily affected by COVID-19, along with artisans (mostly men) as they saw a sharp decrease in demand for their products. Businesswomen struggled to pay fixed costs such as rent and to stay in business with the price of raw materials increasing. Women and men working as informal and casual workers and self-employed manual workers were also hit hard as they lost their daily sources of income. People employed in catering and event management (restaurants, cafes, weddings and funeral services) suffered significant financial hardship as social gatherings were banned. To cope with financial pressure, women sold their jewelry and used savings, while men borrowed money, sold assets, and started casual work. Households prioritised food and medicine and gave up shopping for clothes, furniture and electronics. Charities and the Zakat fund supported the most affected groups (informal and casual workers, self-employed manual workers, migrants, people with disabilities, IDPs, including women and girls) with food and non-food items.

2. Gender roles and women's leadership

Women's workload in the household increased as families spent more time at home. In addition to house chores and childcare, women cared for family members with COVID-19, which meant that they were more exposed to the risk of contracting the virus. According to respondents, men participated more in parenting tasks and house chores. However, this did not translate into any significant shifts in gender roles or power dynamics. Women were scarcely represented in formal leadership roles; reportedly, no women were present in the local COVID-19 committee, for example. Women's leadership was visible at the civil society level, as they often led local actions in response to COVID-19, for example through charitable initiatives. The work of female health and education professionals during the pandemic also received some public recognition.

3. Gender Based Violence (GBV)

Both women and men groups consulted in the assessment stated that GBV cases increased during COVID-19, including physical and verbal violence against women (and children). Women survivors of violence are usually forced to continue to live with the perpetrators; they are supported by family members but rarely access justice through the formal legal system (police or courts). As explained by a female respondent:

“Women who experience violence have no other option but to be tolerant and patient, and to get moral support from mothers and sisters.”

Reportedly, no female police officers are available at police stations to receive reports from women; police receive very few reports of GBV cases, as these are usually dealt with through traditional structures, such as reconciliation committees, or mediated by Elders. As stated by discussants in the men's focus group:

“Yes, there has been violence against women because of men's power over women and the absence of gender equality in the society, which allows violence. Women never received assistance or support. Violence increased during COVID-19. The main types are physical and verbal violence against women and children.”

During COVID-19, people used Facebook to report security incidents to the police. However, women did not report violence incidents through this channel. “Why Me”, a women's organisation, supports women survivors of violence through counselling, shelter, vocational trainings, access to justice. Demand for services increased during COVID-19.

4. COVID-19 and conflict, peace and security

According to the police officers interviewed in the assessment, crime decreased during COVID-19, aside from a few cases of theft and robbery. When they occur, conflicts are resolved through social reconciliation committees or notables and mediated through traditional structures. The displaced community reported that they feel somehow removed from Zliten and have little access or exposure to the city. The displaced women interviewed said they are ‘not part of Zliten’.

5. The role and contribution of the Social Peace Partnerships (SPPs)

Before the pandemic, the SPP worked with women's groups and provided training in peacebuilding and mainstreaming gender into tension monitoring and conflict analysis. The SPP organised awareness raising initiatives on the importance of women's political participation and encouraged them to engage in elections. When COVID-19 started, the SPP suspended its activities, which were later resumed to focus on local responses to the pandemic in partnership with other civil society organisations. Its regular activities did not cease but were curtailed during COVID-19 due to the restrictions on mobility and gatherings, which prevented the SPP from holding trainings and workshops. Key lessons learnt from the SPP's work during this time were the importance of engaging and cooperating with different civil society groups and having a team with different skills that can help identify and address a range of needs from different community groups. Health, security and livelihoods are the key areas of support that the SPP felt should be prioritised after COVID-19, along with greater attention placed on women and girls' needs in the design and implementation of any policies and initiatives.

6. The impact of COVID-19 policies

Most respondents gathered information about COVID-19 through traditional and social media, and by word of mouth. Reportedly, no consultation of women by authorities in the design of policies and local responses to COVID-19 was conducted to better understand their needs and priorities. Similarly, there were no consultation mechanisms in place either at the national or local level to design mitigation plans and address the impact of these policies on the most vulnerable social groups. Displaced communities appreciated outreach efforts to raise awareness about the virus but felt marginalised due to the lack of communication with authorities to articulate their needs. Women and girls have been particularly affected by a rise in poverty among citizens; charitable organisations and the Zakat fund provided relief support to the most vulnerable groups, particularly informal and casual

workers, self-employed manual workers, migrants, people with disabilities, and displaced communities. However, this support was insufficient.

7. The needs and priorities of women and girls

Healthcare, education, security, and livelihoods were identified as key priorities. More specifically, protection from violence, access to justice and psychological and counselling support for women survivors of GBV, along with awareness raising in the community on issues relating to GBV were identified as key gender needs. In terms of livelihoods, respondents suggested providing access to financial support and provision of food and non-food items to families in needs. Compensations to businesses damaged by COVID-19 were also identified as a way of supporting livelihoods, along with professional training, skills development, grants and loans for businesswomen. In terms of strategic gender priorities, support to women's role in peacebuilding and women's leadership were mentioned.

RECOMMENDATIONS

- Work in partnership with Why Me and other women's NGOs to train women graduates in social sciences as social workers to support survivors of violence
- Support collaborations between the SPP and Why Me to exchange knowledge about their respective areas of work and raise awareness about GBV in the community
- Through the SPP, develop initiatives to strengthen the role of women in peacebuilding, for example by collecting and disseminating success stories about their contributions in this field and providing trainings to strengthen their skills
- Support initiatives that provide livelihood opportunities to women, including through skills development and support to small and medium enterprises run by women and affected by COVID-19
- Support the establishment of a network of women employed in different government sectors (e.g. health, education, justice) to strengthen their leadership skills, so they can better advocate for the inclusion of women's needs in policy and decision making at different levels

ANNEX 1: Methodology

The assessment focused on the following themes: a) the socio-economic impact of COVID-19 on women and girls; b) the needs and priorities of women and girls during and after COVID-19; c) the interactions between COVID-19, conflict, peace and security; d) the role and contribution of the Social Peace Partnerships (SPPs) in local responses to COVID-19. The assessment covered 6 municipalities: Bani Walid and Zliten in the West; Ajdabiya and Tobruq in the East; Sabha and Ubari in the South. The methodology included the analysis of both secondary and primary data:

1. Secondary data

Review of secondary data focusing on the impact on COVID-19 on women and girls from international and regional literature.

2. Primary data

- Key Informant Interviews
- Focus Group Discussions

KIIs

36 KIIs (6 in each target location) were carried out. Interviews (face to face or via phone) with the following informants were carried out:

- Staff member at a security facility (police station)
- Female health worker working at Mother and Child or reproductive healthcare unit
- Women with micro or small businesses
- Staff of organisation working with women survivors of violence and/or on women's issues
- Members of Social Peace Partnerships (SPPs) (2 interviewees: one woman, one man)

Focus Group Discussion (FGDs)

Target respondents included:

- 1) Young women
- 2) Adult educated women, employed in the public sector
- 3) Women from displaced communities
- 4) Women with small and medium businesses
- 5) Group of men and boys

30 FGDs (5 in each target location) were carried out. Diversity was ensured in the selection process to include people from different ethnicities, tribal identities, age, social status, level of education, economic status, disability and other.

Profile of Respondents in Focus Group Discussions:

	Men	Young women	Businesswomen	Displaced women	Women in public sector
Tobruq	6 respondents Aged between 18-48 3 married and 3 singles 4 public sector employees, 1 jobseeker, 1 student	6 respondents Aged between 18-26 University students Unmarried	6 respondents Aged between 19-55 4 divorced	6 respondents Aged between 40-55 Tawerga community 1 widow, 5 married Primary level education, 1 illiterate 2 public sector, cleaners, cooks, hairdressers	6 respondents Aged between 47-35 2 divorced University level education
Ajdabiya	6 respondents Aged between 18-45 2 students, 1 intermediary and 2 university graduates, 1 secondary level graduate Married, 3 singles 2 public sector employees, 1 self-employed, unemployed	8 respondents Aged between 18-27 University, diploma, secondary and intermediate level 2 widows, 3 divorced, 3 singles	6 respondents 1 student, 1 with diploma, others with bachelor certificates 2 sweets business, 2 sewing business, 1 hairdresser, 1 electronics sales	5 respondents Aged between 22-42 1 Haisha and 4 Tawerga Primary and intermediate level education 2 single, 1 divorced, 1 widow, 1 married	6 respondents Aged between 24-62 University and diploma education Health, education, Municipality, and social security department employees
Sabha	6 respondents Aged between 22-36 3 civil society, 1 Municipality, and 1 health sector Arab and Tuareg	6 respondents Aged between 18-28 6 students, 1 social worker Arab, Tuareg and Tebu	6 respondents Aged between 20-49 3 employees, 2 civil society (have income generation activities), 1 small business owner Arab, Tuareg and Tebu	6 respondents From Ubari, Ghadwa and Murzuq (Arab)	6 respondents Aged between 42-51 Public sector employees (Sabha University, labour office, planning office, health unit at municipality, ministry of education Arab, Tuareg and Tebu
Ubari	9 respondents Aged between 32-54 6 public sector employees, 1 civil	6 respondents Aged between 24-31 Students and university graduates	10 respondents Aged between 20-48 Businesses in sewing, sweet making,	4 respondents Aged between 24-45	6 respondents Aged between 33-44 Teachers, nurse, social worker, employees at

	society activist, 1 member of Libyan-Libyan dialogue Arab, Tuareg and Tebu	Arab, Tuareg and Tebu	handicraft, food making; 3 social workers, 1 private nursery teacher, 1 civil society activist Arab, Tuareg and Tebu	1 student, 2 public sector employees, 1 civil society activist Arab and Tebu	electricity department, and Municipality Arab, Tuareg and Tebu
Bani Walid	5 respondents Aged between 25-63 University level educated, 1 with PhD Public sector employees	6 respondents Aged between 20-22 5 university students and 1 completed secondary education	6 respondents Aged between 20-40 All university level educated 4 public sector employees, 2 business owners	6 respondents Aged between 28-55 Displaced from Tawerga, Zamzam, Al Galla, Al Haisha, and Azazia – Tripoli 1 primary level educated and others with Diploma 1 teacher, 1 nurse with small business and 4 small business owners	6 respondents Aged between 32-48 All with Bachelor degrees All employed in ministries, including education, health, transport and media
Zliten	6 respondents Aged between 19-53 Intermediate to university level education Students, public sector employees, private sector	6 respondents Aged between 18-30 Intermediate to university level education Students, teachers and small business owners	6 respondents Aged between 26-45 Primary to university level education Teachers, employees and full-time businesswomen	6 respondents: Aged between 28-44 Public sector employees, private school teachers Originally from Murzuq and 1 from South Tripoli	6 respondents Aged between 25-37 Intermediate to higher level education University tutors, teachers, and health sector workers