

2017

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

1.3M

NOV 2016

## LIBYA



Photo: UNICEF/2016

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



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@ocharomena

# PART I: SUMMARY

- 
-  Humanitarian needs & key figures
  -  Impact of the crisis
  -  Breakdown of people in need
  -  Severity of need

TOTAL POPULATION OF LIBYA

PEOPLE IN NEED

6.4<sub>M</sub>

1.3<sub>M</sub>



## HUMANITARIAN

# NEEDS & KEY FIGURES

Civilians in Libya continue to suffer as a result of conflict, insecurity, political instability and a collapsing economy. An estimated 1.3 million people are in need of humanitarian assistance. Internally displaced people, refugees and migrants are identified as having the most severe needs. Returnees and non-displaced Libyans in the worst affected areas are also in need of humanitarian assistance.

Access to life-saving medical healthcare and essential medicines are the most critical needs, as well as protection of the most vulnerable groups and access to essential goods and services, including food, shelter and water and sanitation. Ongoing conflict and instability has restricted access to basic services, led to forced displacement and impacted people's safety and security. Medical facilities have been damaged or destroyed and essential medicines are not available. At the same time, hundreds of thousands of people living in major cities are at high risk of death or serious injury due to explosive remnants of war (ERWs) and unexploded ordinance (UXOs). The most vulnerable people have little or no financial means or other coping mechanisms to protect and support themselves, and face high risks of being exploited. Access to essential household goods such as food has significantly reduced due to fighting, insecurity, market disruption, inflation and limited cash availability. In addition, basic community services and utilities are not functional mostly due to damage or a lack of management and resources, denying people access to water, fuel and electricity. The priority needs outlined below have been determined based on a life-saving criteria.

## HUMANITARIAN NEEDS



### 1 Life-saving healthcare and essential medicines

The healthcare system in Libya has been brought to the brink of collapse by the crisis. As a result hundreds of thousands of people lack access to life-saving healthcare and essential medicines. Hospitals and medical centers have been damaged or destroyed. Medical personnel have fled the country. Doctors do not have the staff, functioning equipment or resources to work effectively. As the crisis persists and affected people become more vulnerable and exposed to risks, the need for functional medical services and medicines becomes ever more critical.



### 2 Protection of the most vulnerable groups

Effective protection of the most vulnerable people is severely hindered by ongoing conflict and violence across Libya, compounded by the absence of rule of law. As a result, people who are the least resilient to the impact of the crisis face alarming threats to their physical, legal and economic safety. Increased prices and competition over scarce resources, as well as limited coping abilities and low resilience of host communities, is further compounding the situation. The most vulnerable groups include people with no or low incomes and coping mechanisms such as displaced people, refugees and vulnerable migrants, and people with disabilities, older persons, children and women.



### 3 Access to essential goods and services

Access to essential goods and services, including food, shelter and water and sanitation, is an issue across Libya, mainly driven by conflict, insecurity and the economic crisis. The severity of the problem varies depending on the extent of infrastructural damage, security, resources and the resilience of populations. In locations such as Benghazi and Tripoli access to essential goods and services has been dramatically reduced particularly considering the large affected populations. The situation is also extremely concerning in locations such as Sirt and in the south.

**HUMANITARIAN**

# KEY FIGURES

The overall population and people in need figures are reflective of the humanitarian situation as of October 2016.

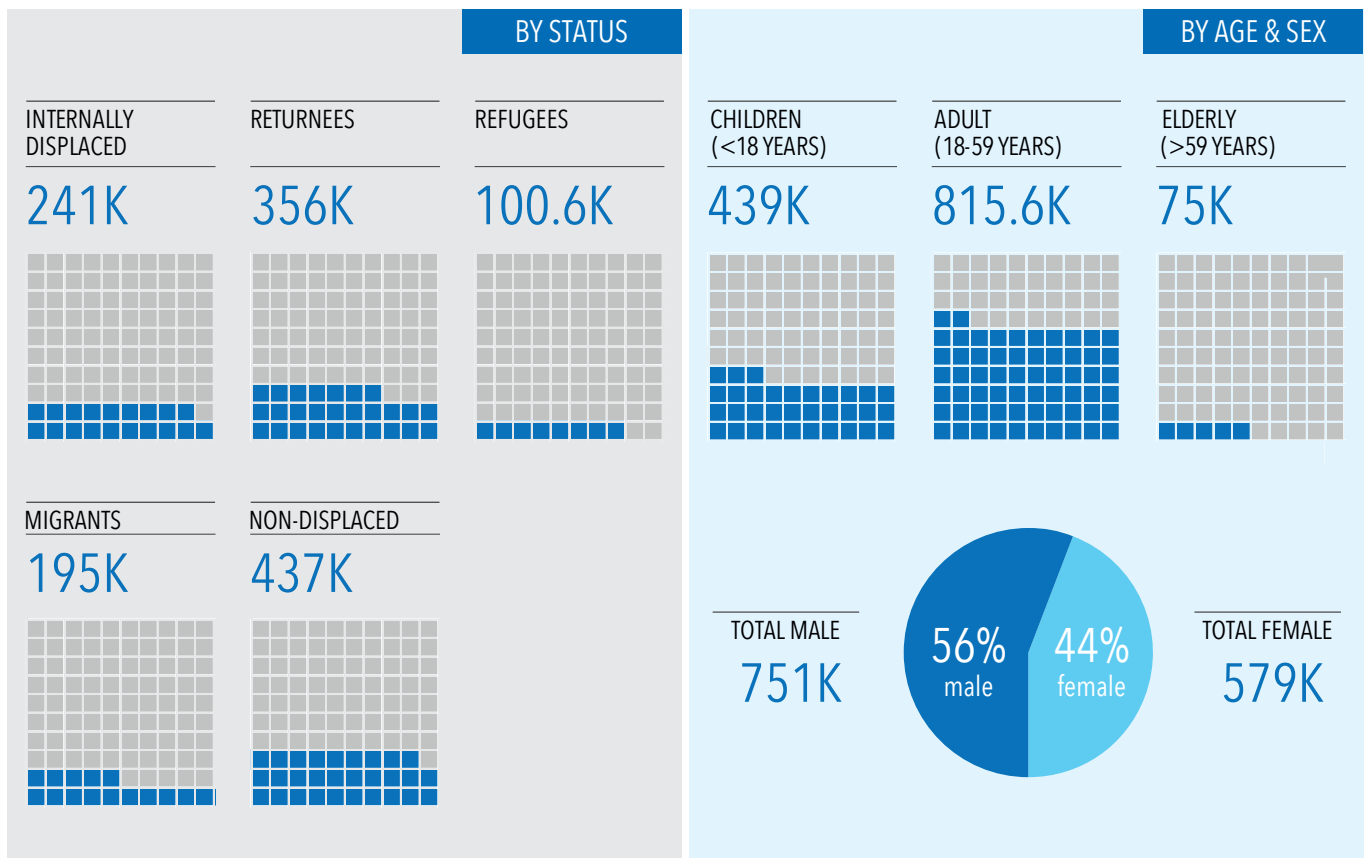
POPULATION OF LIBYA



PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



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## IMPACT OF THE CRISIS

The current crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, driving system collapse with grave security, rule of law, social and economic consequences. Hundreds of thousands of people across the country are now suffering, living in unsafe conditions and in high-risk hostile environments, with little or no access to basic household goods and essential commodities, and without functioning public services and utilities. Under these conditions people are highly vulnerable, exposed to violence and unable to access life-saving medical assistance, essential medicines, food, safe drinking water and sanitation, shelter and education.

### Conflict and Insecurity

Insecurity and violence across Libya has created unsafe living conditions and damaged critical infrastructure, placing people at high risk of injury and death, disrupting access to public utilities and services, and driving displacement. According to the Armed Conflict Location and Event Data Project database 731 conflict incidents have been reported since October 2015, with 2,077 fatalities reported, out of which 161 are civilians.

Since 2014, Libya has been split between rival governments based in the western and eastern regions, each backed by different militias and tribes. In December 2015, the UN brokered an agreement that brought opposing parties together in Tripoli, creating a unity government and presidency council to govern during a transition period of two years. Despite the unity government receiving significant international support and backing from military forces in Misrata, progress in 2016 has been challenging and is being undermined by intractable

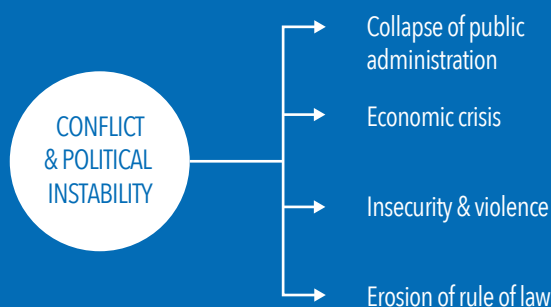
differences between political actors, intimidation of elected representatives, targeted and politically motivated kidnapping and assassinations. Furthermore, insecurity brought about by the extensive availability of munitions and hostilities between unregulated militias, with various regional and political loyalties and alliances, is further hindering stability. As a result there continues to be a lack of agreement on the use of resources, roles and responsibilities regarding leadership, as well as a common strategy to support people most in need of assistance, at a time when hundreds of thousands of people across the country are suffering.

People located<sup>1</sup> in, or displaced<sup>2</sup> from, areas of major violence are under continued occupation by militia groups and are highly vulnerable. People living in or returning to conflict-affected areas are faced with extensive infrastructural damage, limited functional public services and face death or injury due to widespread contamination from explosive remnants of war (ERW) and unexploded ordinance (UXO). According

1. An estimated 440,000 people are currently living in area of origin who needs assistance

2. An estimated 310,000 people are currently displaced according to the Displacement Tracking Mechanism Round 6 Report (Oct 2016).

### STABILIZATION AND DEVELOPMENT CHALLENGES



### HUMANITARIAN CONSEQUENCES





to the United Nations Mine Action Service (May 2016), vast amounts of unsecured weapons and ammunition currently contaminate Libya, with 19 undamaged and 17 damaged or destroyed unsecured Ammunition Storage Areas (ASAs). The majority of these have between 20 and 117 bunkers capable of holding thousands of tons of ammunition and weapons, much of it damaged and unsecured. People living in and around Benghazi, Tripoli, Derna, and Sirt are among those most at risk from conflict and insecurity due to the extensive fighting, the presence of militia groups and ERW/UXO contamination.

**Economic crisis**

Exacerbating the impacts of insecurity and violence is the economic crisis that is also directly driving the humanitarian crisis. At the macro-economic level, 2016 has been the fourth consecutive year of decline in Libya’s oil production, massively reducing government revenues. In the first half of 2016 Libya produced an average 350,000 barrels per day (bpd), almost 20 per cent less than in 2015<sup>3</sup>. As a result, a GDP budget deficit of over 60 per cent is expected by the end of 2016, compounding previous years’ deficits. To finance these deficits, net foreign reserves are rapidly being depleted, halving from US\$107.6 billion in 2013 to an estimated US\$43 billion in 2016.

The failure of public financial administration continues with the Government unable to come to agreement on a national budget, plan or system to provide for the population. While funds are being allocated, including most recently the announcement from the Central Bank on the allocation of 11 billion Libyan Dinars (\$US7.8 billion according to the official exchange rate) from the contingency budget to the Presidential Council for energy, security, health and salaries, it is not clear

how these funds will be distributed and if they will reach people in need. Corruption is widespread with stakeholders at multiple levels taking advantage of financial mismanagement throughout the country. The Government payroll for civil servants theoretically distributes salaries to up to 1.8 million people. However, some analysts claim only 1 million people are actually receiving some form of payment. Many of those on the payroll in the lower-medium to low salary brackets continue to report that they are not receiving their salaries.

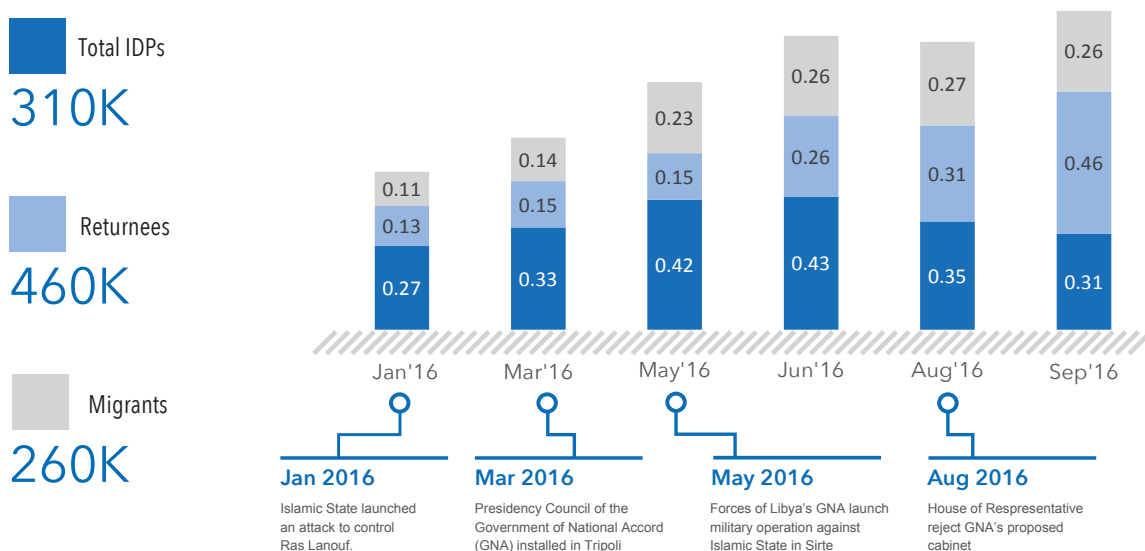
Inflation was 25 per cent in the year to June 2016, and though the Central Bank maintains the official exchange rate at 1.4 Libyan Dinars to the dollar, in real terms and on the black market, the rate is around 5 Libyan Dinars to the dollar. Food shortages have resulted in a thriving black market, driving up the price of food by 31 per cent in first half of 2016. The combination of inflation, devaluation of the dinar in the black market and the increased cost of basic goods and commodities has led to significantly reduced purchasing power for the Libyan population, while a dysfunctional banking system means people have extremely limited access to cash.

**Collapse of public service provision**

Political instability has left a vacuum of effective governance and leadership, resulting in the collapse of public administration and service provision. Militia groups have taken control or ad-hoc arrangements have been put in place by community leaders though they are often incapable or do not have the funds to manage public administration. As a result, public services and utilities have been heavily disrupted or shut down. Public health facilities have been dramatically impacted with 43 out of 98 hospitals assessed either partially functional or not

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**DISPLACEMENT TREND (IN MILLIONS)**





functional at all<sup>4</sup>, while Ministry of Health continues to rely on support from the World Health Organization (WHO) to access essential medicines. In the education sector, over 558 schools are no longer functioning, due to mismanagement or lack of funds, or because they are accommodating IDPs<sup>5</sup>, denying an estimated 279,000 children access to education. Fuel and electricity shortages are frequent and can last for days. Water supply and sanitation services have also deteriorated due to damage from fighting and an absence of competent management and funding.

### Erosion of the rule of law

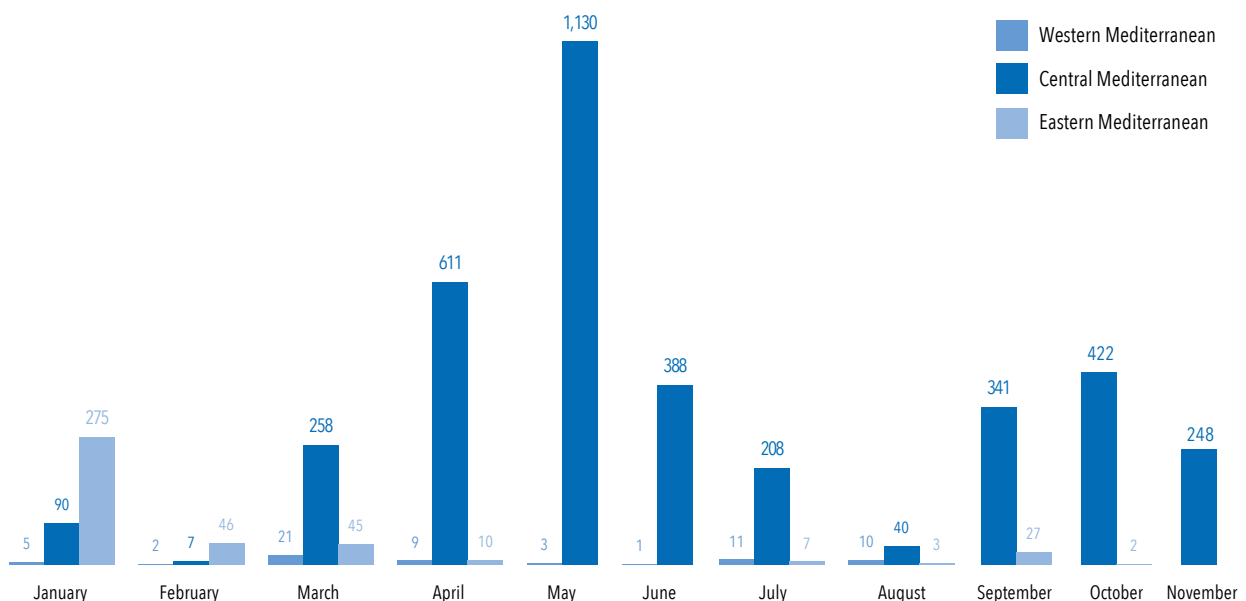
The humanitarian crisis is being further exacerbated by the continued erosion of the rule of law, leading to increased criminality and human rights violations, occurring with impunity. Abduction, kidnapping, arbitrary arrest and detention occur frequently. In locations across the country, occupying militia groups have assumed the role of law enforcement in the absence of police. According to a Human Rights Council report (February, 2016), the Libyan judicial system has been the target of violent attacks with judges and prosecutors being subject to killings, assaults, abductions and threats, causing the system to come to a halt in many areas, particularly in eastern and central regions, and compromising the ability of courts that are open to function..

According to a November 2015 report by the UN High Commissioner for Human Rights and UN Support Mission in Libya, Islamic State has carried out summary executions on the basis of political and religious beliefs. The report added that all parties fighting in Libya may be violating international humanitarian law, with indiscriminate shelling of civilian

areas, abduction of citizens, enslavement of women (often used as human shields), torture, executions and destruction of property. Attacks on private property, in particular the burning of houses and looting is widespread. In many cases attacks are targeted against particular individuals on the basis of place of origin and/or perceived political affiliation. Armed conflict and lack of rule of law has also resulted in increased violence and discrimination against women and girls, who face multiple layers of discrimination and abuses. Women and girls remain at risk of sexual and gender-based violence, particularly by armed groups, and face ongoing barriers to accessing justice<sup>6</sup>. Cross-border illegal activities are also increasing, including human trafficking and drug smuggling. Forced labor and sexual exploitation are widespread among trafficked victims from sub-Saharan Africa and elsewhere.

Refugees and migrants are at high risk, reportedly being subjected to physical and mental abuse, forced and unpaid labor, financial exploitation, arbitrary arrest and detention. Despite the risks and as a result of reduced border controls, there is increasing illegal migration. Traffickers, taking advantage of civil unrest, have established enterprises which load refugees and migrants into overcrowded boats, bound for Europe. In 2016, this has led to 4,220 deaths at sea. The International Organization for Migration (IOM) has identified 256,690 migrants, although 700,000 to 1 million migrants are estimated to be in the country. Despite the current situation, Libya is still an important transit and destination country for migrants searching for employment or trying to reach Europe.

### RECORDED DEATHS IN THE MEDITERRANEAN BY ROUTE, 2016



4. Health facilities assessment, WHO / MoH , Libya (Sep 2016)

5. Nation-wide assessment of schools, Ministry of Education (MoE) in Tripoli and Benghazi

6. Investigation by the Office of the United Nations High Commissioner for Human Rights on Libya, OHCHR (February 2015)

## BREAKDOWN OF

# PEOPLE IN NEED

The people most in need of humanitarian assistance are those with the least resilience to the impact of the crisis in Libya, particularly people with very limited financial means and coping mechanisms. Internally displaced people (IDPs), returnees, and people living in high risk, hostile environments are amongst the people of most concern. Refugees and migrants are considered particularly vulnerable as in addition to not having effective coping mechanisms, they are also specifically targeted by militias and often subjected to abuse and exploitation. Within all groups of people in need, the extremely vulnerable include people with disabilities, children, older persons and women.

## NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

1.3 MILLION



In total, 1.3 million people are in need of humanitarian assistance, including:

- 241,193 internally displaced people, out of more than 313,000 people currently displaced in Libya;
- 356,478 returnees, out of an estimated 462,957 people that have been identified as returnees;
- 295,652 migrants and refugees, out of an estimated 357,259 refugees and migrants currently in Libya; and
- 436,775 most vulnerable non-displaced Libyans.

People in need of humanitarian assistance are identified as those people living in unsafe conditions and high risk hostile environments. These people are suffering as a result of a lack of access to basic household goods and essential commodities including food, shelter, water and sanitation, as well as the deterioration of public services and utilities. People impacted by the crisis but who have coping mechanisms, such as the financial means and other opportunities to support themselves and their families, are not identified as in need of humanitarian assistance.

### Internally displaced people

Displaced people, including those displaced as a result of the presence of Islamic State and military operations in Sirt have some of the most severe needs. They have fled their homes, lost their assets and are currently living with little support, protection or coping mechanisms, and thus face significant risks. The vast majority (84 per cent) are located in major cities, hosted by relatives or local communities. Benghazi (18 per cent), Misrata (12 per cent) and Tripoli (11 per cent) are the top three provinces with the greatest concentration of IDPs. Displaced people are in urgent need of non-food items, shelter, medical support and food.

### Refugees and migrants

The situation for refugees and migrants in Libya is desperate. They are frequently detained in inhumane conditions over long periods of time with no access to health care, safe drinking water, sanitation facilities or food. Refugees and migrants are subjected to violence, financial exploitation and forced labor. Human rights reports indicate refugees and migrants face horrific physical abuse including rape, torture, beatings and abduction at the hands of human traffickers,

smugglers, employers, armed groups and criminal gangs. As a result, refugees and migrants are considered to be extremely vulnerable and at extreme risk. Despite this, Libya continues to be a major destination and transit country for refugees and migrants fleeing poverty, conflict and persecution in sub-Saharan Africa and the Middle East. Accessing refugees and migrants in detention centers continues to pose a challenge for humanitarian partners trying to provide much needed assistance. At disembarkation points, refugees and migrants rescued at sea are in need of immediate health and mental assistance.

### Returnees













Returnees are people who have been displaced as a result of the crisis but who have now returned to their places of origin. Many returnees return to find their homes damaged or destroyed, assets lost, and face a lack of access to basic goods and commodities, including food, shelter, water and sanitation. Markets in areas they return to are often not functioning and essential services have been disrupted, meaning returnees have limited access to health care, water and sanitation systems, as well as fuel shortages and frequent power cuts. In almost all cases returns have been spontaneous and there are major concerns about the safety of the returnees particularly due to the widespread contamination of ERWs and UXOs in many

areas, such as Benghazi and Sirt but also due to ongoing insecurity and risk of exposure to violence. With few assets, no significant financial means, limited support, and in volatile and insecure environments people face a significant struggle in trying to rebuild their lives.

### Non-displaced people in need

Though the majority of Libyans have the means and coping mechanisms to overcome many of the challenges brought about by the current crisis, there are still Libyans without such means who are severely impacted and in need of humanitarian assistance. In major cities including Benghazi and Tripoli, there are people who have not left their homes, even when exposed to fighting and violence, and who now do not have access to health care and safe drinking water, and suffer from fuel shortages and power cuts. Furthermore, they are unable to access basic household goods such as food as a result of markets not functioning or due to the economic situation, particularly restricted availability of cash. Non-displaced people in need, like other people living in contaminated areas, are also at high risk of exposure to ERWs and UXOs.

## NUMBER OF PEOPLE IN NEED BY SECTOR

	BY STATUS					BY SEX & AGE*		TOTAL
	IDPs	Returnees	Refugees	Migrants	Non-displaced	% female	% children, adult, elderly*	People in need
 Health	0.24M	0.36M	0.10M	0.20M	0.44M	44%	33   61   6%	1.3M 
 Protection	0.24M	0.36M	0.10M	0.20M	0.44M	44%	33   61   6%	1.3M 
 Shelter	0.11M	0.06M	0.10M	0.20M	0.08M	36%	26   70   4%	0.6M 
 Water, Sanitation & Hygiene	0.05M	0.18M	0.05M	0.1M	0.13M	42%	32   63   5%	0.5M 
 Food Security	0.06M	0.09M	0.04M	0.08M	0.09M	41%	31   64   5%	0.4M 
 Education	0.08M	0.04M	0.02M	0.01M	0.15M	49%	100   0   0%	0.3M 

# PEOPLE IN NEED

(NOV 2016)

	BY STATUS					BY AGE		TOTAL
	IDPs	Returnees	Refugees	Migrants	Non-displaced	% female	% children, adult, elderly*	People in need
AL JABAL AL AKHDAR	16K	-	-	4K	13K	45%	35   59   6%	30K
AL JABAL AL GHARBI	21K	3K	-	14K	27K	42%	32   63   5%	70K
AL KUFRAH	3K	-	-	-	1K	47%	36   58   6%	4K
AL MARJ	5K	-	-	1K	12K	48%	37   56   7%	20K
ALJFARAH	22K	263K	-	8K	14K	48%	37   56   7%	307K
ALJUFAH	4K	1K	-	2K	3K	42%	32   62   6%	10K
ALMARGEB	17K	-	-	28K	27K	36%	27   69   4%	70K
AZZAWYA	6K	3K	1K	13K	18K	39%	29   66   5%	40K
BENGAZI	49K	66K	11K	6K	58K	47%	36   58   6%	190K
DERNA	3K	8K	-	1K	23K	48%	37   56   7%	30K
EJDABIA	23K	-	-	5K	16K	45%	35   59   6%	50K
GHAT	3K	-	-	0.5K	1K	46%	35   59   6%	4K
MISRATA	12K	-	12K	-	49K	48%	37   57   6%	70K
MURZUQ	1K	-	-	-	7K	49%	38   55   7%	10K
NALUT	4K	-	-	3K	3K	39%	29   66   5%	10K
SEBHA	3K	2K	0.4K	10K	8K	35%	26   70   4%	20K
SIRT	1K	1K	1K	-	42K	49%	38   56   6%	50K
TOBRUK	9K	-	-	5K	5K	40%	30   65   5%	20K
TRIPOLI	29K	2K	75K	91K	75K	36%	26   70   4%	270K
UBARI	4K	8K	-	3K	5K	45%	34   60   6%	20K
WADI ASHSHATI	2K	1K	-	2K	5K	43%	33   61   6%	10K
ZWARA	5K	-	-	2K	23K	47%	36   58   6%	30K
	<b>240K</b>	<b>360K</b>	<b>100K</b>	<b>200K</b>	<b>430K</b>		<b>33   61   6%</b>	<b>1.3M</b>

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

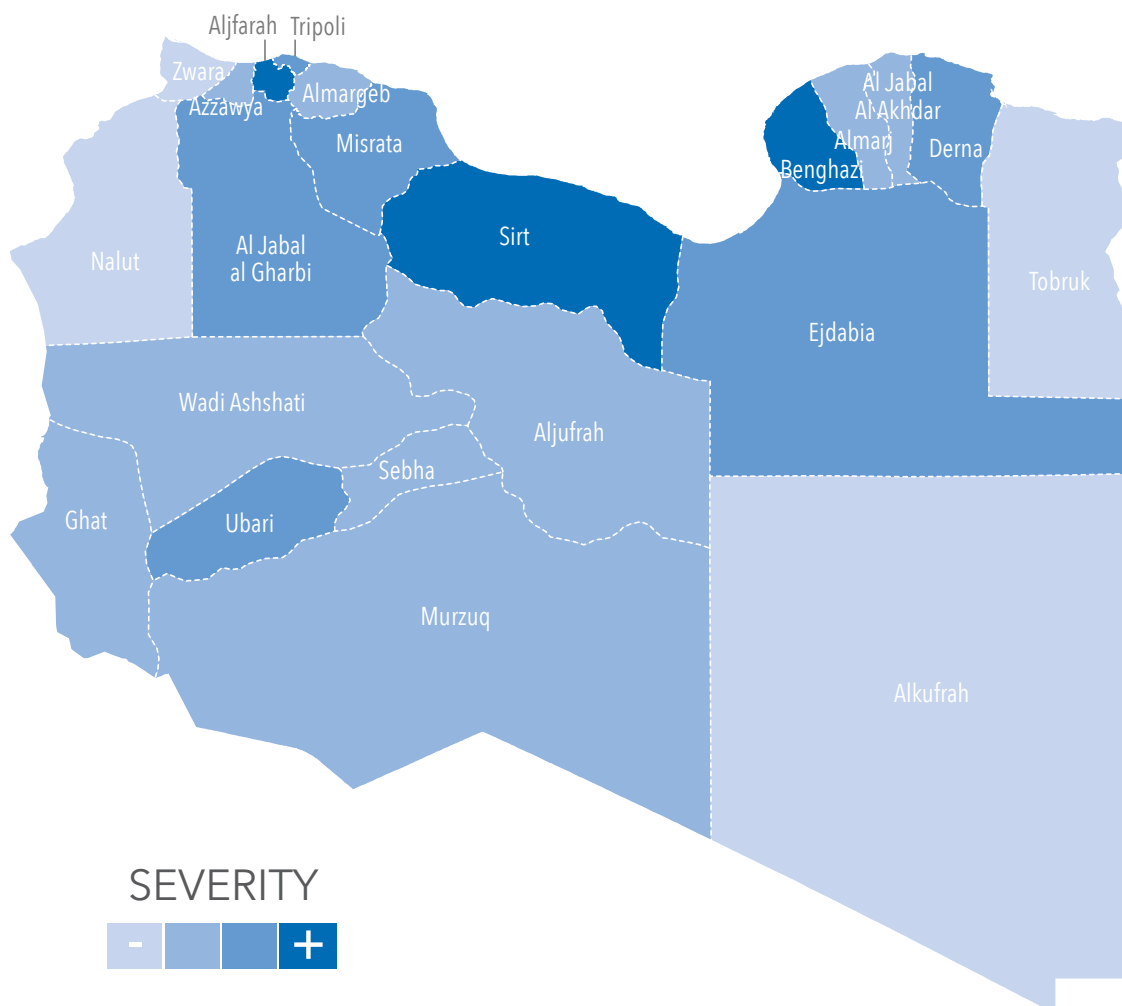
## SEVERITY OF

## NEED

While all people in Libya are affected by the crisis, 1.3 million are identified as in need of some form of humanitarian assistance. To further understand the needs and identify priorities, sectors developed indicators to outline the severity of needs.

The list of sector specific indicators and their thresholds are available in part II of this document. For the overall severity of needs, in addition to sector specific indicators provided by the six sectors, the following three indicators from the expert survey conducted online, were used:

1. level of functionality of basic services;
2. level of functionality of markets providing basic household items; and
3. extent of humanitarian needs by geographic locations (provinces).



Analysis of the severity of needs indicates Benghazi, Tripoli, and Al Jifarah and Sirt are the most impacted locations. Sebha, Ghat and Derna also have severe needs though the number of people in need is less than in other locations.

In terms of specific population groups and their geographic locations, Benghazi has the highest number of people in need in terms of IDPs, with Tripoli having the second highest. Aljfarah has by far the highest number of returning families in need. This group is the highest concentration of any group in any geographic location (263,000 people). Tripoli is hosting the highest number of refugees and migrants than any other area in Libya. For non-displaced Libyans, those most in need of humanitarian assistance are located in Benghazi, Misrata, Sirt and Tripoli.

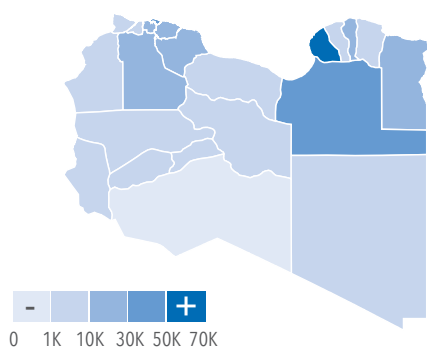
### Geographical area and population groups' analysis

The main factors driving needs in a specific area are the presence of displaced people and returnees, lack of functioning and accessible basic services, as well as active combat.

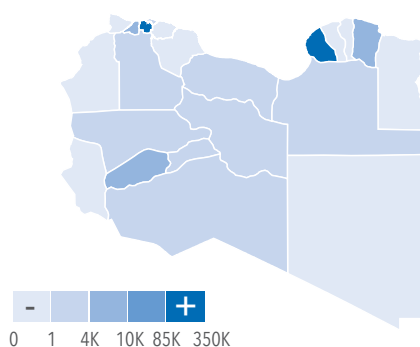
**Areas hosting IDPs:** The presence of IDPs may cause additional strain on the resources of hosting areas. Below is a snapshot of the 10 municipalities (baladiyas) hosting the largest number of IDPs<sup>7</sup>.

**Returnee areas:** Communities to which IDPs are returning may suffer from damaged public infrastructure and homes, lack of safety and security, unstable communities and unavailability of psychosocial support. Below is a snapshot of the 10 municipalities (baladiyas) with the highest number of returnees<sup>8</sup>.

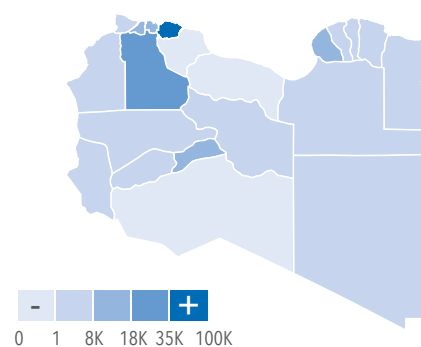
INTERNALLY DISPLACED PEOPLE



RETURNEES



MIGRANTS



PROVINCE	BALADIYA	NUMBER OF IDPs	% OF IDPs
Benghazi	Benghazi	51,730	16.5%
Ejdabia	Ejdabia	27,480	8.8%
Tripoli	Abu Salim	24,670	7.9%
Al Jabal Al Akhdar	Al Bayda	19,950	6.4%
Al Jabal Al Gharbi	Alzintan	19,900	6.4%
Tobruk	Tobruk	11,740	3.7%
Misrata	Bani Waled	10,500	3.4%
Aljfarah	Janzour	9,750	3.1%
Almargeb	Tarhuna	8,790	2.8%

PROVINCE	BALADIYA	NUMBER OF RETURNEES	% OF RETURNEES
Aljfarah	Az Zahrah	184,050	39.8%
Aljfarah	Al Mayah	97,000	21.0%
Benghazi	Benghazi	85,500	18.5%
Aljfarah	Al Aziziyah	33,000	7.1%
Aljfarah	Sawani Bin Adam	16,275	3.5%
Aljfarah	Qasr Bin Ghashir	10,000	2.2%
Derna	Derna	10,000	2.2%
Ubari	Ubari	10,000	2.2%
Azzawya	Azzawya	4,015	0.9%

7. Displacement Tracking Matrix Round 6, IOM

8. Displacement Tracking Matrix Round 6, IOM

# PART II: NEEDS OVERVIEWS BY SECTOR

## INFORMATION BY SECTOR

-  Food Security
-  Health
-  Water, Sanitation & Hygiene
-  Protection
-  Shelter and NFIs
-  Education

## INFORMATION GAPS AND ASSESSMENT PLANNING



# FOOD SECURITY

## OVERVIEW



Food insecurity among the affected population is increasing due to protracted displacement, disruption to markets and lower food commodity production. Livelihoods and access to basic social services have been affected by the conflict, exposing the most vulnerable people to a high risk of inadequate food consumption and forcing people into negative coping strategies such as spending savings, cutting their number of daily meals and reducing non-food related expenses, particularly in health and education.

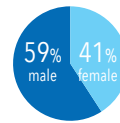
The World Food Programme's (WFP) October 2016 Rapid Food Security assessment indicated that some 17 per cent of IDPs (an 11 per cent increase since 2015) are food insecure and 60 per cent are vulnerable to food insecurity. Refugees and asylum seekers are among the most vulnerable population groups in need of food assistance. Particularly for refugees, accessible food is not sufficient for survival. Furthermore, female headed households are facing significant challenges in providing food. Many of the returnees also lack access to social services while others have lost their livelihoods or have come back to damaged homes.

Local agricultural production has reduced due to the prolonged conflict, while an outbreak of trans-boundary animal and plant diseases is affecting food security and requires immediate control.

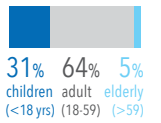
## NO. OF PEOPLE IN NEED

0.4M

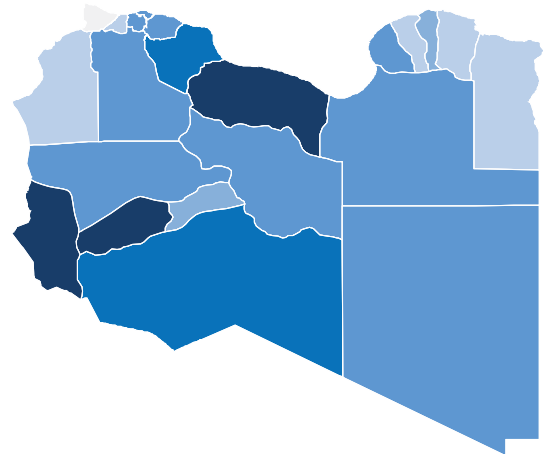
## BY SEX



## BY AGE



## SEVERITY MAP



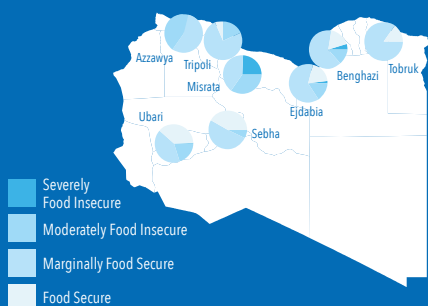
## AFFECTED POPULATION

- 65,000 IDPs
- 90,000 returnees
- 40,000 refugees
- 78,000 migrants
- 91,000 non-displaced individuals (including small-scale farming households).

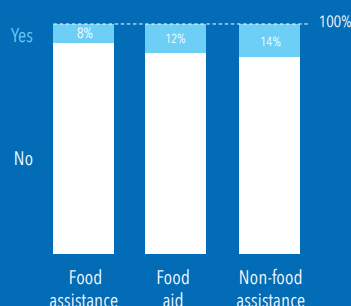
## HUMANITARIAN NEEDS

- Access to food to address food shortages experienced by the most vulnerable populations.
- Seeds for small-scale farmers to improve agricultural production.
- Vaccination to avert trans-boundary animal diseases, which could affect food security, and to reduce risks of cross-human transmission.

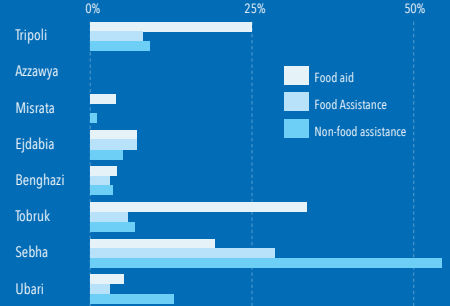
## IDP FOOD INSECURITY



## IDPs RECEIVING VARIOUS SUPPORT



## IDP SUPPORT TYPE AND LOCATION



## HEALTH

## OVERVIEW



Access to life-saving medical care and essential medicines is a top priority need in Libya. Around 1.3 million people do not have access to life-saving health care services and resources.

A joint Ministry of Health and World Health Organization (WHO) review (September 2016) showed that most health facilities are non-functional or partially functional. An estimated 43, out of 98 assessed hospitals across Libya are either partially functional or not functional at all.

Lack of functionality is as a result of an acute shortage of life-saving medicines, medical supplies and equipment along with critical shortages of human resources, particularly specialized nurses, midwives and technicians. These shortages are more pronounced at the primary care level. As a consequence, referral and tertiary hospitals are overloaded with patients presenting with common illnesses and are unable to meet the demand. Provision of primary health care, especially for communicable diseases among migrants and refugees in detention centres, is a major challenge for these population groups.

## AFFECTED POPULATION

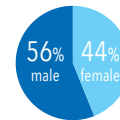
Access to health is an issue in all conflict affected areas, including Ghat, Ubari, Sebha, Aljufrah, Misrata, Sirt, Derna, Benghazi, Azzawya, and Tripoli. The most vulnerable include those who have been injured, the elderly, children, people with disabilities, hard-to-reach people and women (pregnant and lactating mothers and those within reproductive age).

- 241,000 IDPs
- 356,000 returnees
- 101,000 refugees
- 195,000 migrants
- 437,000 non-displaced individuals

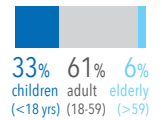
## NO. OF PEOPLE IN NEED

1.3M

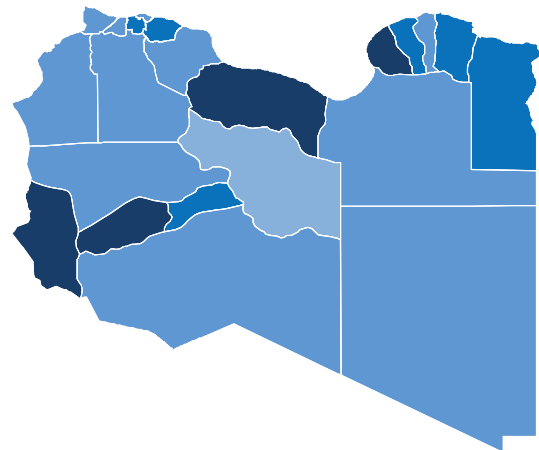
## BY SEX



## BY AGE



## SEVERITY MAP



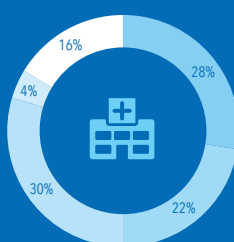
## HUMANITARIAN NEEDS

- Essential medicines in public health facilities as a result of reduced accessibility due to increasing costs of medicines including in the private sector.
- Access to health professionals, including specialized nurses, midwives and technicians, particularly in hard-to-reach areas, both in terms of availability, accessibility, acceptability and quality.
- Robust disease control programs to detect and combat infectious diseases and life-threatening diseases such as polio, measles and HIV/AIDS. Maintenance of immunization against childhood infectious diseases at primary health care level as well as support to referral systems.
- Sustainable electricity and solar energy backup for public health services provide to enable critical medical operations.

## FUNCTIONAL HOSPITALS

Functional Status of Hospitals in Libya

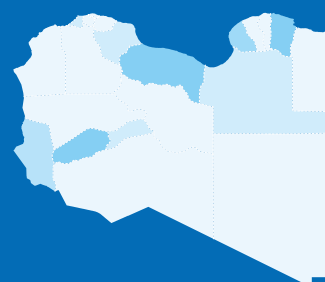
- Less than 25%
- 25% - 49%
- 50% - 74%
- 75% and Higher
- Not functional



No fully functional hospitals in Libya

## PERCENTAGE OF FUNCTIONAL BEDS

- 0 - 20
- 21 - 40
- 41 - 60
- 61 - 90
- 91 - 100



## PHYSICIANS &amp; MEDICINES



Severe reduction in physicians



Acute shortage of medicines

## WATER, SANITATION & HYGIENE

### OVERVIEW



An estimated 500,000 people are in need of access to safe water, sanitation and hygiene services. Due to the protracted crisis the functionality of basic infrastructure such as water and wastewater networks continues to deteriorate.

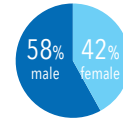
According to the findings of MSNA June 2016<sup>9</sup>, on average 54 per cent of people has reduced access to an adequate supply of water. The main causes for reductions are the lack of electricity, damage to the public water supply network, poor operations and maintenance services. In addition, the assessment indicated 63 per cent of people in east Libya reported non-functionality of the sewerage network and 33 per cent reported that garbage is left on the street, posing public health risks to the population.

Access to basic hygiene items remains one of the big challenges. Due to the cash availability crisis, hyperinflation and rising prices of non-food items, procurement of hygiene items is either unavailable and/or unaffordable for a majority of the population. Conditions in detention centres where migrants and refugees are detained are particularly dire, with access to safe water, sanitation and hygiene being limited.

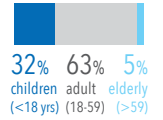
### NO. OF PEOPLE IN NEED

0.5M

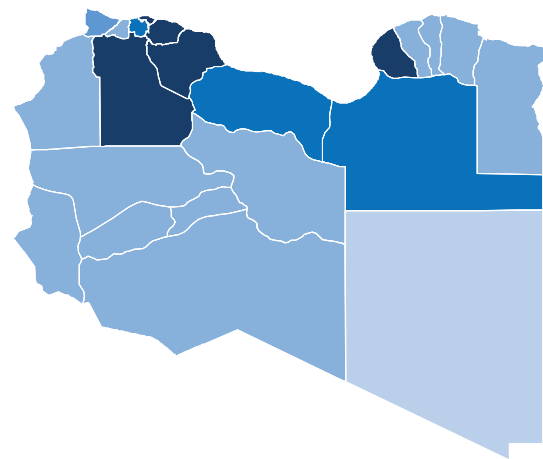
### BY SEX



### BY AGE



### SEVERITY MAP



### AFFECTED POPULATION

The deterioration of access to adequate safe water and sanitation and hygiene services has affected most of population in Libya, particularly women, children, people with disabilities, and the elderly.

- 48,000 IDPs
- 178,000 returnees
- 50,000 refugees
- 98,000 migrants
- 131,000 non-displaced individuals

### HUMANITARIAN NEEDS

- Access to adequate and safe drinking water, sanitation and hygiene facilities for all affected people, as well as adequate water and sanitation for children in education facilities.
- Solid waste management and garbage collection, particularly in conflict-affected areas and IDP camps. This includes increasing the capacity of water and sanitation service providers (municipality and local government).
- Improved monitoring of water quality.

9. <http://reliefweb.int/report/libya/libya-reach-multi-sector-assessment-informs-humanitarian-response-amid-continued-unrest>

### SAFE WATER



1 out of 2  
persons reported reduction in the quantity of safe water



73%  
reduction of safe drinking water due to lack of electricity

### HYGIENE ITEMS



Baby diapers, soap and washing powder are the most difficult hygiene items to obtain (%84 reported unaffordable)

### GARBAGE DISPOSAL

49%

of garbage are not properly disposed and left in the street or burned



## PROTECTION

### OVERVIEW



An estimated 1.3 million people are considered to be in need of protection assistance across Libya. Spontaneous returns across the country, in particular to Benghazi, Derna, Gwalesh and Kikla, raise serious protection concerns including threats caused by landmines and explosive hazards.

The protection crisis in Libya is caused by targeted attacks on civilians, and restricted access to safety and freedom of movement. There are alarming levels of gender-based violence (GBV), grave violations of child and women's rights and an increasing number of civilian injuries and fatalities caused by landmines and explosive hazards, such as ERW and UXOs.

While the security situation has improved in certain parts of the country, continued military activities in Sirt, Benghazi and Ejdabia have led to new displacements. The ongoing conflict and difficult socio-economic situation continues to pose risks for many civilians leading to situations of protracted and ongoing displacement. The MNSA (June 2016)<sup>10</sup> demonstrated a regional disparity, with urban centres more affected by the conflict particularly in Tripoli, Benghazi, Derna, Zintan, Ubari and Sebha.

### AFFECTED POPULATION

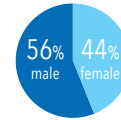
The most severe protection concerns are in Al Jabal Al Gharbi, Aljfarah, Benghazi, Misrata and Tripoli. The most vulnerable groups include women, children, elderly people and people with mental and physical disabilities.

- 241,000 IDPs
- 356,000 returnees
- 101,000 refugees
- 195,000 migrants
- 437,000 non-displaced individuals

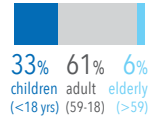
### NO. OF PEOPLE IN NEED

1.3M

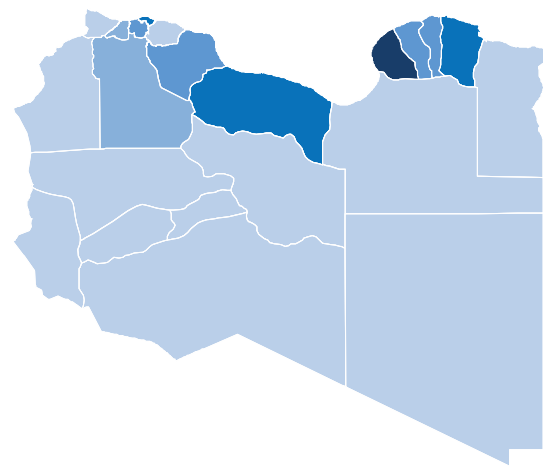
### BY SEX



### BY AGE



### SEVERITY MAP



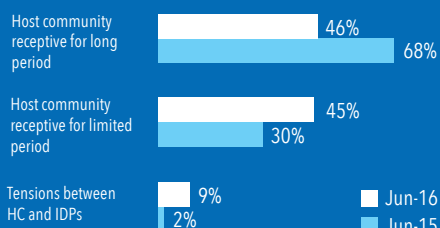
### HUMANITARIAN NEEDS

- Safe access to basic services and adequate living conditions as well as access to protection assistance, in particular specialised psychosocial support.
- Safe and dignified returns though, ERW survey and clearance and assisting returnee families where return areas are secure.
- Identification of persons with physical disabilities, and ensure that efficient and fast referral mechanisms to multi-sectoral services are implemented.
- Establish efficient identification, referral and adequate response to cases of GBV and establish solid information management system.
- Ensure refugees, asylum seekers and migrants enjoy safe access to basic services without discrimination or threat to physical and legal safety.

10. <http://reliefweb.int/report/libya/libya-reach-multi-sector-assessment-informs-humanitarian-response-amid-continued-unrest>

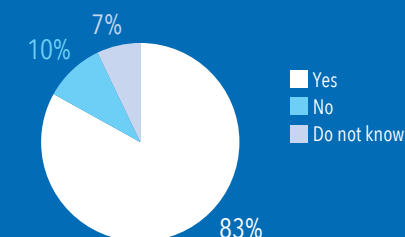
### HOST COMMUNITY RECEPTIVENESS

Reported receptiveness of host community to IDPs (June 2015 & June 2016)



### LOSS OF DOCUMENTATION

Awareness of people who lost legal documentation in assessed communities, June 2016



### THREATS TO PERSONAL SAFETY

Reported presence of different types of threat in assessed communities, by region

	South	West	East
Threatening behaviour	33%	28%	30%
Theft	69%	43%	52%
Assault	60%	34%	24%
Kidnapping	64%	25%	25%
Other	0%	1%	1%

# SHELTER & NFIS

## OVERVIEW



An estimated 552,000 people in Libya are currently in need of shelter assistance and essential non-food items (NFIs).

Ongoing conflict has caused significant damage to housing and infrastructure. Destruction of housing is one of the main factors leading to widespread displacement. Many people without shelter are living in damaged and/or unfinished buildings and houses, or in collective centres. These living conditions make people more vulnerable and in need of multi-sectoral support.

Many IDPs and affected host communities have struggled to afford rent for proper housing to enable them to live in safety and with dignity. This is the result of a loss of livelihoods, limited employment opportunities and other income-generating activities, significant challenges to accessing funds and depleted savings. IDPs returning to their original place of residence lack access to mechanisms for property restitution, reconstruction of their homes, or compensation and are often accommodated in temporary housing, or in their damaged homes, with very limited means of shelter or basic relief items.

In the current situation, the most vulnerable are those exposed to risks due to limited shelter options and being forced to reside in conditions that are unsuitable for human habitation. In addition, rising rents are placing many families at risk of eviction from their current accommodation, particularly IDPs, who face greater challenges.

## AFFECTED POPULATION

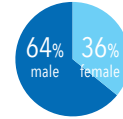
Across all areas assessed the most severe needs for both shelter (including cash-based assistance) and/or NFI assistance are in Benghazi, Tripoli, Aljfarah, Ejdabia, Al Jabal Al Gharbi. Those most in need are IDPs facing first time displacement or multiple displacements, returning IDPs and non-displaced populations including households in host communities whose homes have been damaged and who have no alternative shelter.

- 113,000 IDPs
- 65,000 returnees
- 101,000 refugees
- 195,000 migrants
- 79,000 non-displaced individuals

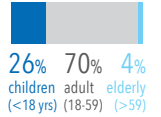
## NO. OF PEOPLE IN NEED

0.6M

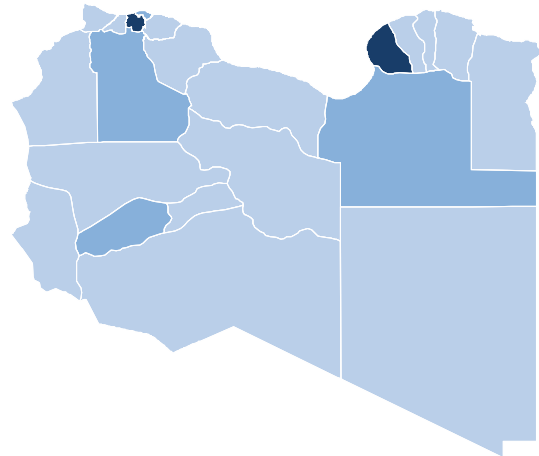
## BY SEX



## BY AGE



## SEVERITY MAP



## HUMANITARIAN NEEDS

- Emergency Shelter/NFI assistance for newly displaced people as well as NFI assistance for refugees and migrants upon disembarkation, and in detention and urban settings.
- Rehabilitation/renovation of most vulnerable shelter types.
- Provision of cash-based assistance, where feasible, to cover increasing rental costs.

## HOUSING



40% live in unfinished apartment or house



34% live in collective infrastructure

## CHALLENGES



Risk of eviction and unaffordable basic goods due to inflation are the main challenges.

## VULNERABLE POPULATION

41% of the vulnerable affected population in Libya is in need of shelter assistance.



# EDUCATION

## OVERVIEW



Recent data collected from the Ministry of Education in Tripoli and Benghazi revealed that 558 schools have been affected by the crisis. Of this, 30 schools have been completely damaged, 477 are partially damaged and 51 are accommodating Internally Displaced Persons (IDPs). As a result, 279,000 students are affected by the crisis (considering that the average number of children per school is 500 students).

Loss of education robs young people of the stability and security crucial to their healthy development, and one of the alarming issues is the increasing number of out-of-school children as a result of the protracted conflict, particularly girls. Out-of-school children, aged 15-17 years are particular targets for military groups, extremist groups and even drug dealers, thus adding to the increasing protection threats they face. Out-of-school rates are expected to increase if the situation continues to worsen in conflict-affected areas.

School provides stability, structure and a protective environment for children by establishing normal routines needed to cope with loss, fear, stress and violence. Being in school can keep children safe and protected from risks, including gender-based violence, recruitment into armed groups, child labor, and early marriage.

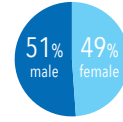
## AFFECTED POPULATION

- 76,000 IDPs
- 47,000 returnees
- 24,000 refugees
- 13,000 migrants
- 156,000 non-displaced children

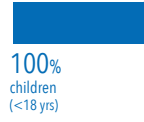
## NO. OF PEOPLE IN NEED

0.3M

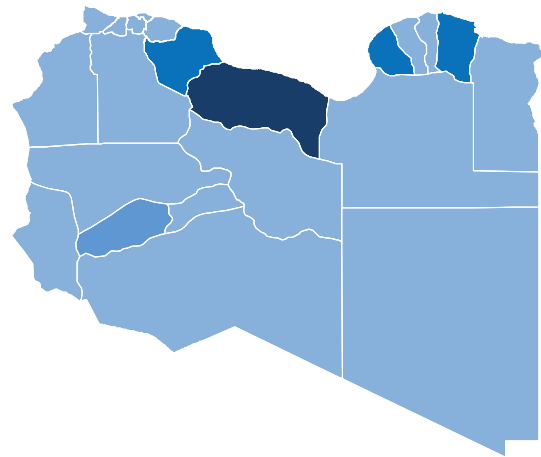
## BY SEX



## BY AGE



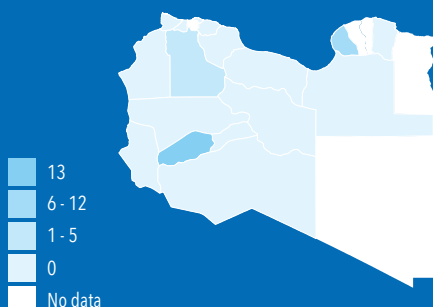
## SEVERITY MAP



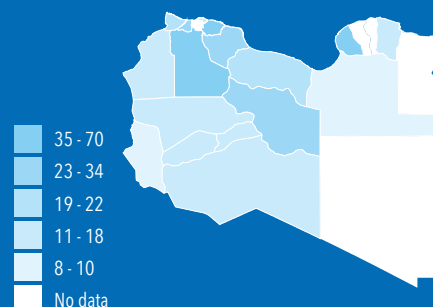
## HUMANITARIAN NEEDS

- Access to quality education for children and adolescents either through the establishment of additional or mobile classes, or the rehabilitation of existing schools.
- Psychosocial support, including mainstreamed into formal education settings.
- Educational activities that mitigate the psychosocial impacts of the crisis and aim to restore normalcy, particularly for vulnerable groups and minorities in informal education settings.
- Teachers that have the capacity and knowledge to work in emergency settings.

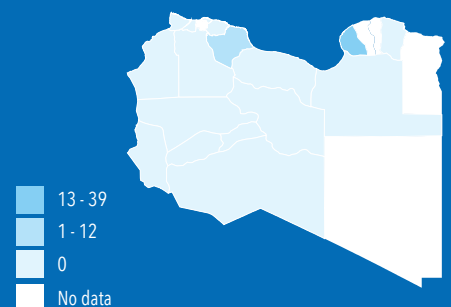
## SCHOOLS DESTROYED



## SCHOOLS DAMAGED

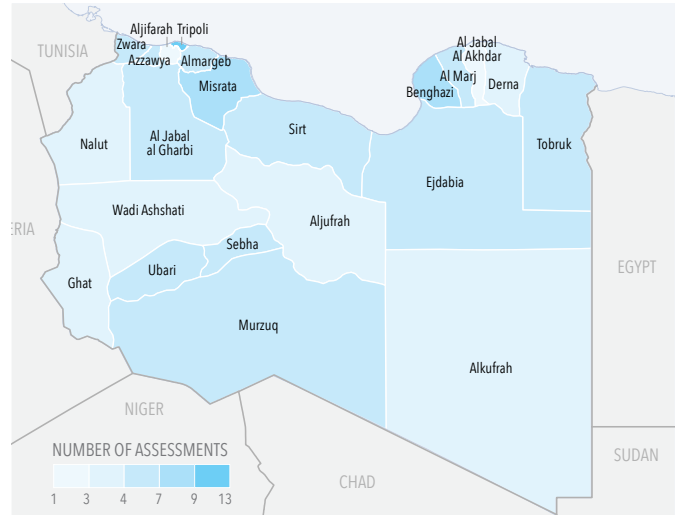


## SCHOOLS WITH DISPLACED PEOPLE



# INFORMATION GAPS & ASSESSMENT PLANNING

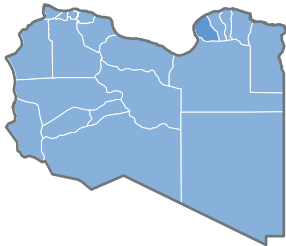
Over the past year the humanitarian country team has ensured an enhanced understanding of the humanitarian situation in Libya, increasing collaboration with government and national humanitarian partners, increasing assessments and expanding monitoring. The needs analysis in the HNO is based on extensive research and consultation, in coordination with the Government departments including the Ministry of Health, Ministry of Education, the Bureau of Statistics, the Population Studies and Policies Office, and the Department of Planning. Experts on the situation in Libya were also extensively consulted throughout the process.



22

## MULTI-SECTOR

3  
COMPLETED  
ASSESSMENTS



## NUMBER OF ASSESSMENTS

17

## NUMBER OF PARTNERS

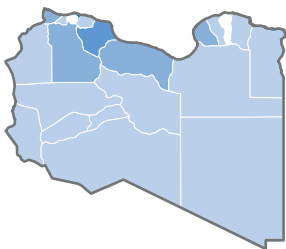
16

## PLANNED NEEDS ASSESSMENTS

12

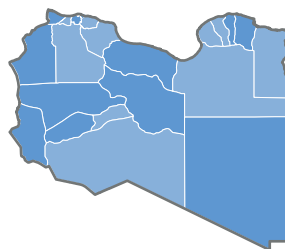
## PROTECTION

5  
COMPLETED  
ASSESSMENTS



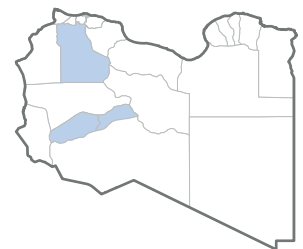
## HEALTH

3  
COMPLETED  
ASSESSMENTS



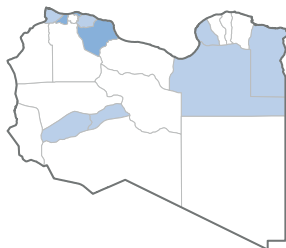
## WASH

3  
COMPLETED  
ASSESSMENTS



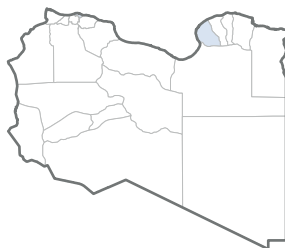
## FOOD SECURITY

2  
COMPLETED  
ASSESSMENTS



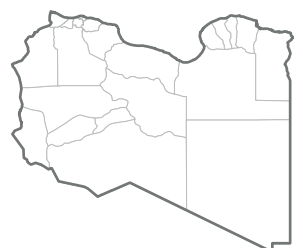
## EDUCATION

1  
COMPLETED  
ASSESSMENTS



## SHELTER & NFIs

0  
COMPLETED  
ASSESSMENTS
































NUMBER OF ASSESSMENTS



Note: Graphic highlights specific sectoral assessments. Many sectors integrated their needs assessments into multi-sector assessments.



## NUMBER OF ASSESSMENTS BY LOCATIONS AND BY SECTOR

		Multi-Sector 	Education 	Food Security 	Health 	Protection 	Emergency Shelter 	WASH 	TOTAL
	AL JABAL AL AKHDAR	2			1				3
	AL JABAL AL GHARBI	2			2	2		1	7
	AL KUFRAH	2			1	1			4
	AL MARJ	2			2	1			5
	ALJIFARAH	2			1				3
	ALJUFRAH	2			1	1			4
	ALMARGEB	2		1	2	1			6
	AZZAWYA	2		2	2	1			7
	BENGHAZI	3	1	1	2	2			9
	DERNA	2			1	1			4
	EJDABIA	2		1	2	1			6
	GHAT	2			1	1			4
	MISRATA	2		2	2	3			9
	MURZUQ	2			2	1			5
	NALUT	2			1	1			4
	SEBHA	2		1	2	1		1	7
	SIRT	2			1	2			5
	TOBRUK	2		1	2	1			6
	TRIPOLI	2	1	2	3	4		1	13
	UBARI	2		1	1	1		1	6
	WADI ASHSHATI	2			1	1			4
	ZWARA	2		1	1	2			6
	<b>TOTAL*</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>3</b>	<b>17</b>

\* Total figure is not the total of each column as the same assessment may be conducted in multiple areas

## PLANNED NEEDS ASSESSMENTS

SECTOR	LOCATION	LEAD AGENCY	PLANNED COMPLETION DATE	TITLE
Multi-Sector	Whole of Libya	IOM	Monthly	Migration Assessment
Multi-Sector	Whole of Libya	IOM	Every Six weeks	IDPs, Returnees, Migrants Baseline Tracking
Protection	Benghazi, Ghat, Murzuq, Sebha, Tripoli	Save the Children/ DRC/ CESVI	Nov 2016	Central Mediterranean Migration Research Initiative - CEMRI
WASH	Whole of Libya	UNICEF	Nov 2016	Water quality assessment
WASH	Benghazi	UNICEF	Dec 2016	WASH needs assessment
Protection	Aljfarah, Alkufrah, Murzuq, Tripoli, Ubari, Sebha	UNHCR/ IMPACT	Dec 2016	Migration Assessment in the South of Libya
Protection	Benghazi, Misrata, Sirt, Tripoli	UNHCR/ Mercy Corps	Dec 2016	IDP Protection Monitoring Assessment
Multi-Sector	Whole of Libya	UNFPA	Dec 2016	Multi-Sector Needs Assessments (MSNA)
Health	Whole of Libya	WHO	Dec 2016	Service Availability and Readiness Assessment of Primary Health Care Facilities
Food Security	Al Butnan, Al Jabal Al Akhdar, Almarqeb, Azzawya, Benghazi, Misrata, Sirt, Tripoli, Zwara	FAO	Jan 2017	Fisheries Socio-Economic Assessment - Libya
Multi-Sector	Whole of Libya	REACH	Apr 2017	Multi-Sector Needs Assessments (MSNA)
Multi-Sector	Whole of Libya	REACH	Jul 2017	Multi-Sector Needs Assessments (MSNA)

## INTER-SECTORAL ANALYSIS

Inter-sectoral analysis was produced in two phases.

- Phase 1: Secondary and primary data analysis was supported by the Global Partnership on Joint Inter-Sectoral analysis group in Geneva, facilitated by OCHA's Coordinated Assessment Support Section (CASS) from July to September 2016, with active participation and support from UNOSAT, IOM DTM Team, REACH, Map Action, OCHA Field Information Services, Global WASH Cluster and Digital Humanitarian Network (DHN). The joint Inter-Sectoral Analysis for the Libya HNO was produced on 4 October 2016 and shared with the Inter-Sectoral group in Tunisia for review and further analysis.
- Phase 2: Various analyses from in-country needs assessments, sector assessments and analysis through global support was consolidated at country level with cooperation and active participation from sectors, and reviewed in the inter-sectoral group. On 10 October broader consultation, review and joint analysis was conducted through HNO workshop in Tunis attended by various stakeholders.

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## PEOPLE IN NEED (PIN) METHODOLOGY

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Using the data of the WHO/MoH Libya Health Services Assessment, the following steps were taken to estimate the People in Need figure:

- (i) Affected population was identified from areas where health facilities are not functional or only functional at 25 per cent capacity.
- (ii) From Affected population, 80 per cent population was identified as vulnerable based on criteria of population visiting health facilities.
- (iii) IDP's and returnees figures were used from IOM DTM round 6 and then these figures were subtracted from vulnerable population figure according to geographical area, resulting in the estimate of non-displaced population.
- (iv) IOM DTM data also provided figures for migrants and returnees, and the refugee population was provided by UNHCR.
- (v) PIN was estimated by cumulating figures of non-displaced population, displaced population, migrants, refugees and returnees.

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## INTER-SECTOR SEVERITY OF NEEDS

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The function of severity measures is to substantiate priorities that, together with parameters like access and availability of goods, services, losses and damage etc. guide decisions on the humanitarian response.

The inter-sectoral severity shows the areas where the convergence and severity of needs across all sectors is the highest, thus requiring an urgent joint response. In addition to the indicators provided by sectors, inter-sectoral severity was calculated as follows:

- (i) severity ranking for all sectors at province level;
- (ii) transformed the ranks to percentages per sector per province;
- (iii) Calculated the geometric mean of all sectoral ranks at province level. The advantage of a geometric mean as a special kind of average is that it does not ignore extremely low and extremely high findings and is often used to evaluate data covering several orders of magnitude.
- (iv) in addition, overall severity of needs was estimated by using the following three indicators from the expert survey conducted online in September 2016 which generated 142 responses from across Libya:
  - level of functionality of basic services
  - level of functionality of markets providing basic household items
  - extent of humanitarian needs by geographic locations (provinces)

Broad count method<sup>11</sup> was used to score options in each of the three indicators. The results were then consolidated and presented in HNO workshop which was held on 10 October 2016 in Tunis attended by 110 participants from relevant humanitarian and government partners in Libya. Through field practitioner inputs and expert judgement by stakeholders, results of the severity was adjusted and validated.

11. This method determines the outcome of a question or a poll with different choices by giving each choice, for each record entered, a number of points corresponding to the number of options ranked lower.

## LIST OF NEEDS SEVERITY INDICATORS

SECTOR	INDICATOR	SOURCE
Education	Severity of Education needs (based on the severity scale from 0-6)	Education sector
Expert Survey	Level of functionality of basic services	Expert Survey
Expert Survey	Level of functionality of markets providing basic household items	Expert survey
Expert Survey	Extent of humanitarian needs	Expert survey
Food Security	Food Security Index	Food security sector
Food Security	% of IDPs and migrants against the current population	food security sector
Food Security	Need of Agriculture Inputs	FAO
Food Security	% Non-displaced in need against total population	Food Security
Health	Functionality of hospitals (Non-Functional, less than 25%, 26%-50%, 51%-75%, >75%)	Health sector assessment
Protection	Does the specific location have suspected presence of IEDs/UXOs?	Protection sector
Protection	Does the specific location have reports on specific GBV violations?	Protection sector
Protection	Does the specific location report ongoing conflict and/or clashes in the last three months	Protection sector
Protection	Number of IDPs in need per location	IOM DTM Round 6
Protection	Number of Returnees in need per location	IOM DTM Round 6
Shelter and NFIs	Number of IDPs in need per location	IOM DTM Round 6
Shelter and NFIs	Number of Returnees in need per location	IOM DTM Round 6
WASH	Number of people in need of safe water supply and sanitation services	WASH sector
WASH	Number of people in need of Hygiene Kits	WASH sector
WASH	Number of children in need of water and sanitation facilities in learning environments	WASH sector

## PEOPLE TO CONTACT

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