

2019

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

0.82M

OCT 2018



LIBYA

Photo: WFP/Abeer Etefa



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 needs and the estimated number of people who need assistance and protection. 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.

 <http://www.unocha.org/libya>

 www.humanitarianresponse.info/en/operations/libya

PART I: SUMMARY

- 
-  Humanitarian needs & key figures
 -  Impact of the crisis
 -  Severity of needs
 -  Vulnerable groups
 -  Coping mechanisms and social safety support
 -  Stories from Libya
 -  Needs assessments and information gaps

TOTAL POPULATION OF LIBYA

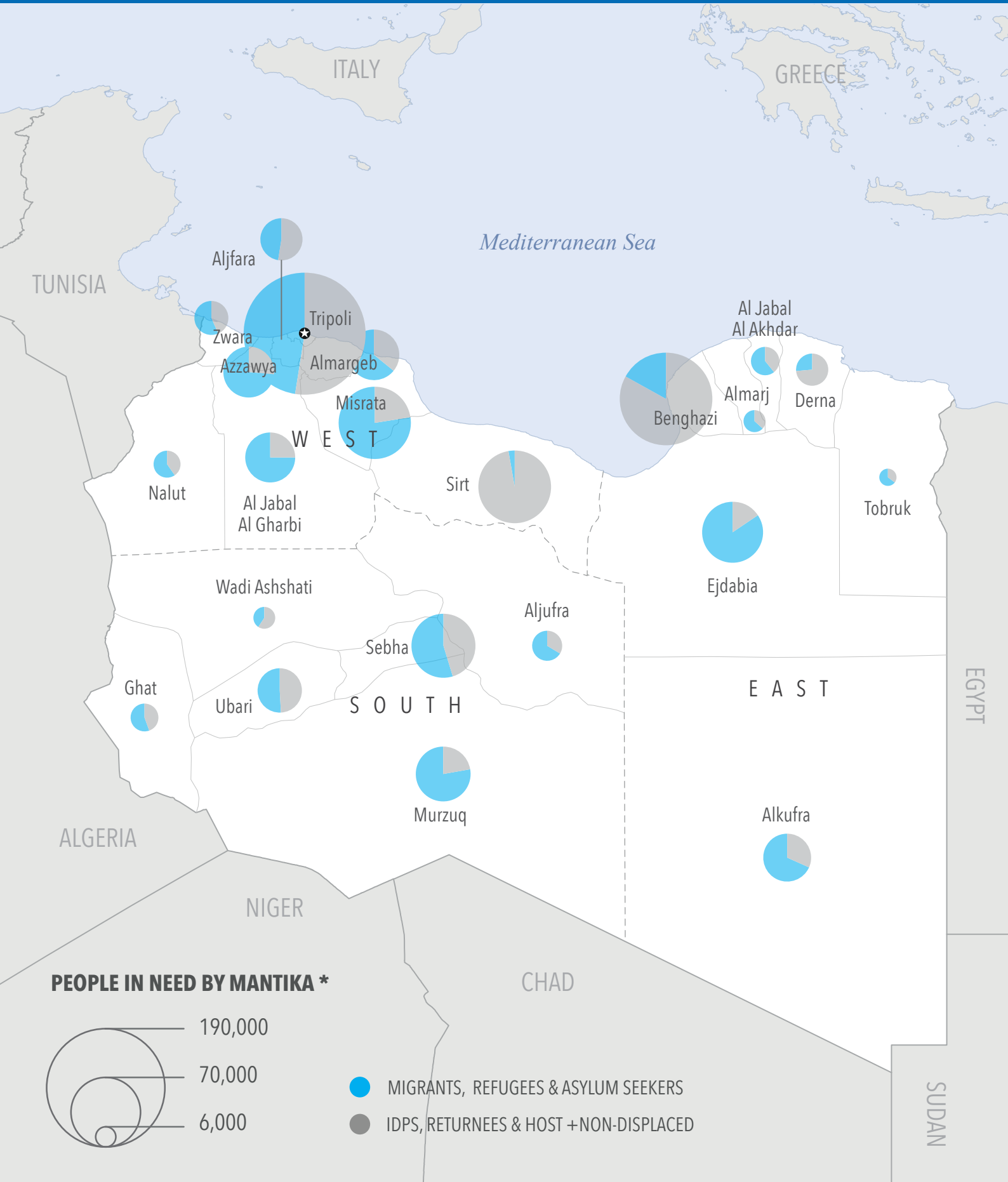
6.6M + 0.67M
 Libyans Migrants/Refugees

PEOPLE AFFECTED

1.6M
 (22% of population)

PEOPLE IN NEED

0.82M
 (11% of population)



HUMANITARIAN

NEEDS & KEY FIGURES

An estimated 823,000 people, including around 248,000 children, are in-need of humanitarian assistance in Libya as a result of persisting political instability, conflict and insecurity, the breakdown of the rule of law, a deteriorating public sector and a dysfunctional economy. These include internally displaced persons, returnees, non-displaced conflict-affected people and host communities, refugees¹ and migrants.

The reduced number of people identified as in need of humanitarian assistance in 2019, compared to 2018, should certainly not be interpreted as an improvement in the humanitarian situation in Libya. The decrease in the number of people identified as in need of humanitarian assistance is rather a direct result of methodologically improved needs analysis, focused on the most severe humanitarian needs across the country, enabled by an increased availability of information and more refined data collected through needs assessments and monitoring.

KEY HUMANITARIAN PRIORITY NEEDS



1 Protection

Protection challenges for Libyans and foreign nationals in Libya are a grave concern, primarily driven by exposure, vulnerability and inability to cope with conflict and violence, human violations and rights abuses, contamination from explosive hazards in urban centres, breakdown of rule of law, and major challenges related to impediments to access critical services and essential goods and commodities.



2 Access to critical services

Public healthcare services, schools and WASH facilities in Libya have been heavily impacted by the crisis due to ongoing hostilities, insecurity, and governance failures. As a result, both Libyans and foreign nationals in Libya do not have access to critical primary and secondary healthcare, children are missing out on essential education, and people suffering due to limited access to safe drinking water and poor or non-existent sanitation systems and services.



3 Access to basic household goods and commodities

The crisis in Libya has resulted in major economic challenges for both Libyans and non-Libyans in Libya, to access basic households goods and commodities is a major problem in Libya. Limited access to employment, low incomes, limited savings, inflation and the liquidity crisis are the main drivers behind challenges to access goods and commodities.

¹ For the purpose of this document, the term “refugee” shall be used to include both refugees as well as asylum-seekers.

The protracted crisis in Libya continues to be of grave concern with both Libyans and non-Libyans paying a high price for seven years of instability and insecurity. Approximately half of the people in need in need of humanitarian assistance are Libyans. Conflict affected refugees and migrants in or transiting through the country make up the other half. The majority of people in need are found in highly populated urban areas in the Western and Eastern regions of Libya. However, people with the most critical and severe needs are located in the southern mantikas² of Murzuq, Sebha and Alkufra, and the coastal mantika of Sirt.

Key humanitarian needs in Libya are linked to 1) protection, 2) access to critical services such as healthcare and education services, and 3) access to basic household goods and commodities including food, safe drinking water, sanitation facilities, and essential non-food items. These humanitarian needs reflect life-threatening risks from exposure to, vulnerability from, and the inability to cope with human rights violations and abuses, conflict and violence, and deprivation of essential services and commodities.

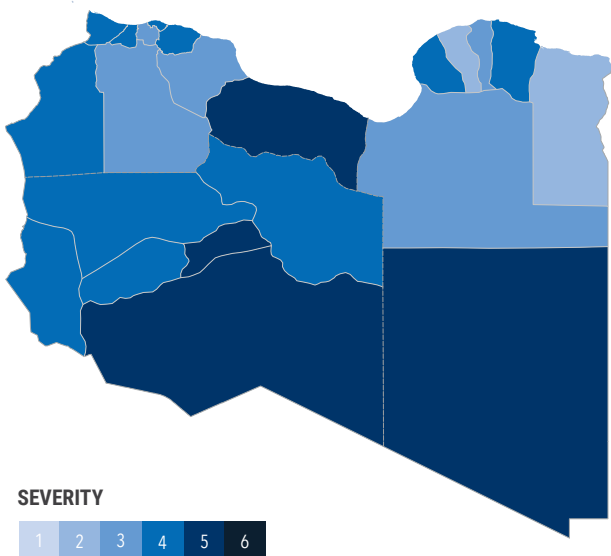
The Health Sector has identified the highest number of people in need, 554,000 people, however the needs of people are not stand-alone sector issues, rather interlinked across all sectors and compounded by multiple factors driving deteriorating living conditions and increasing risks.

While the impacts of the crisis has been severe on a range of people and communities, needs vary according to the characteristics and contextual situation of different populations in Libya. For example, refugees and migrants affected by the crisis, face specific protection issues including grave human rights violations and abuses by State and non-State actors due to their irregular status, lack of domestic support networks, impunity for crimes committed against foreign nationals, racism and xenophobia, and policies linked to the control of mixed migrations flows to Europe.³

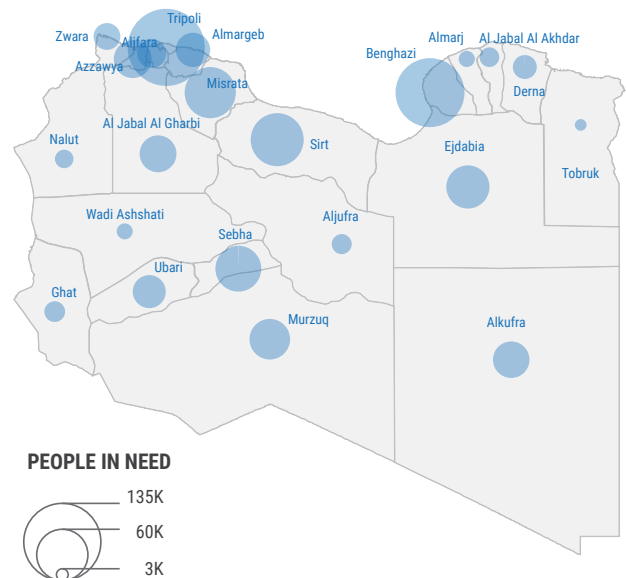
2 The term ‘mantika’ describes a major administrative and geographic area of Libya. There are twenty-two mantikas in Libya.

3 Amnesty International, ‘Libya’s Dark Web of Collusion: abuses against Europe-bound refugees and migrants’, December 2017

SEVERITY OF NEEDS



SCALE OF NEEDS



HUMANITARIAN

KEY FIGURES

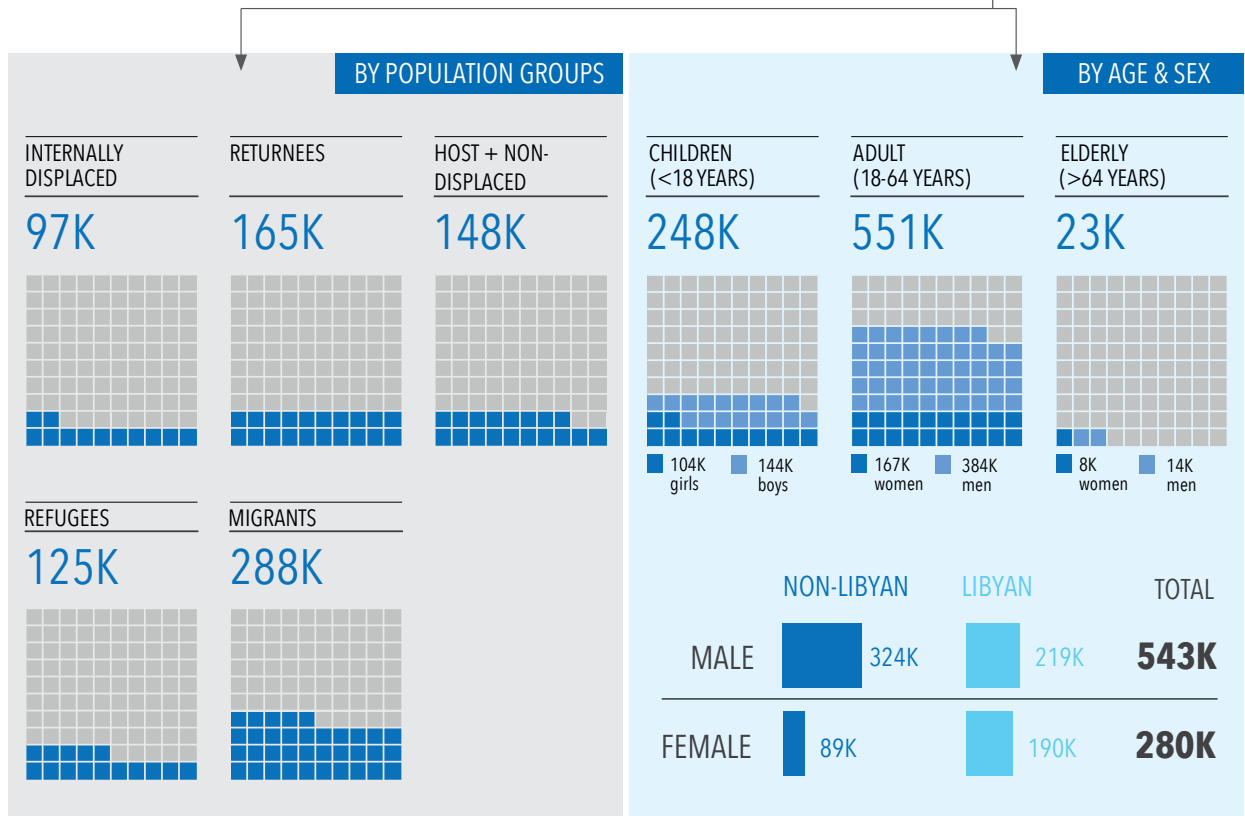
TOTAL POPULATION



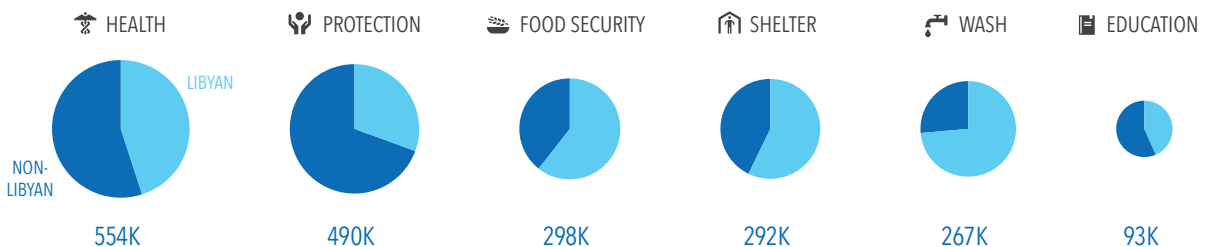
NUMBER OF AFFECTED PEOPLE



PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



NUMBER OF PEOPLE IN NEED BY SECTOR



IMPACT

OF THE CRISIS

Libya continues to suffer from interlinked political, security, and economic crises that are driving conflict, damaging its economy, weakening State institutions, and facilitating criminal gangs and the existence armed militias. Compounded by the protracted nature of the situation in Libya, these factors have severely affected vulnerable families and individuals who have limited resilience to withstand the impacts of the crisis and ensure their basic safety, security and welfare.

Political Crisis

Since 2011, successive Libyan governments have struggled to assert control amid the proliferation of rival political parties competing for power. The result has been a vacuum of effective governance and ongoing conflict, which has driven system collapse creating deeply concerning security, rule of law, and social and economic consequences. Conflict and insecurity escalated in 2014 and has continued since with fluctuations in the intensity of localised clashes, while multiple parties continue fighting for the control of the country, including key territories, borders and strategic installations.

Currently, Libya is divided between two governing authorities: the UN-backed unity government, the Government of National Accord (GNA) led by Prime Minister al-Sarraj, announced in January 2016 following the Libyan Political Agreement (LPA), and the unrecognized

“interim government” based in eastern Libya, backed by the House of Representatives, the last elected parliament. These governments exert little power on the ground, as their authority relies on militia support. Their popularity amongst the population is unclear with alliances being subject to local territorial and political interests.⁴ The Libyan National Army (LNA) forces, under the command of General Khalifa Haftar, controls sizable territories in the east and south of Libya.

Important steps were taken in July 2017, when rivals Prime Minister al-Sarraj and General Haftar agreed to a ceasefire and to hold elections in 2018. In September 2017, the Special Representative of the United Nations Secretary General to Libya presented an Action Plan for Libya aiming to resume an inclusive political process including support for parliamentary and presidential elections.⁵ However, challenges continue to exist as Libya remains deeply divided. Non-implementation of the plan will not only mean a further deterioration of the humanitarian situation and continued suffering for people in Libya, but combined with other factors, it is also likely to

4 The Assessment Capacities Project (ACAPS), <https://www.acaps.org/country/libya/crisis-analysis>

5 United Nations Support Mission in Libya (UNSMIL)



Oct 2011



Between 100,000 and 150,000 people are internally displaced by clashes. The National Transitional Council (NTC) declares the liberation of Libya



Jul 2012



Election and transfer of power from NTC to General National Congress (GNC)

Jun 2014



Second parliamentary elections held to elect the House of Representatives



Jul 2014



HOR leaves Tripoli and re-establishes itself in Tobruk; GNC re-establishes itself in Tripoli; UN pulls out; Operation Dawn launched ousting Zintan forces from the city



Dec 2015



UN facilitates the signing of the Libyan Political Agreement in Skhirat, Morocco

adversely affect regional security, and to enable continued migration flows into the European Union of both foreign nationals and Libyans.⁶

Important steps were taken in July 2017, when rivals Prime Minister al-Serraj and General Haftar agreed to a ceasefire agreement and to hold elections in 2018.

Currently, political instability driven by rival political faction's preoccupations with fighting for control of the country's resources continues to undermine the government in performing its core government functions. These core functions include executive decision making and coordination at the centre of government, public revenue and expenditure management, government employment and public administration, management of the security sector, local governance, and aid management.⁷

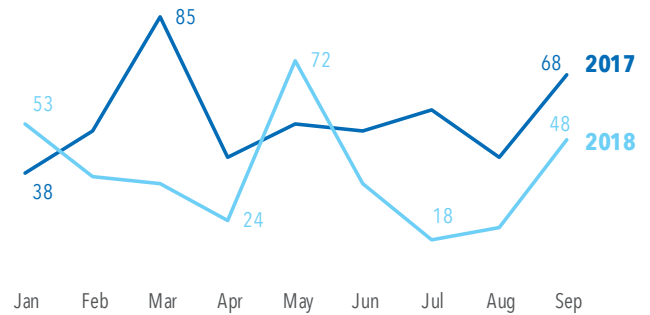
Conflict and Insecurity Crisis

Since 2014, fluctuating escalations of localized conflict has been a continuous trend in Libya. Clashes between militias and forces loyal to different governments have continued over the past years. Armed groups throughout the country including those nominally integrated into State institutions have committed violations of international humanitarian law and human rights law. Violations by armed groups include extrajudicial executions, targeting civilians, carrying-out indiscriminate attacks, arbitrarily detaining thousands of people, and preventing freedom of movement, such as the imposition of a siege on Benghazi and encirclement of Derna.

In early 2015, the extremist armed group, the Islamic State of Syria and the Levant (ISIL) took control of Sirt, committing egregious abuses against the population. ISIL then lost control the following year, in December 2016, after GNA forces supported by US airstrikes defeated the group. Though ISIL was pushed out of Sirt, the fighting displaced tens of thousands of people, creating new humanitarian needs, and increasing contamination of Explosive Remnants of War (ERW) and improvised explosive devices (IEDs). Some ISIL affiliated fighters remain in Libya and have staged attacks against checkpoints in the desert and security related targets in major cities. Women and orphaned children affiliated to ISIL fighters continue to be imprisoned without due process.

In March 2017, the LNA ended its siege of nearly two years on the Benghazi neighbourhood of Ganfouda, where many civilians were trapped due to ongoing fighting. In May 2017, clashes between pro- and anti-GNA militias took place for the control of Tripoli. The clashes resulted in 44 killed and over 100 injured, including civilians⁸ before militias and security forces aligned with the GNA took control of the city.

NUMBER OF ARMED CONFLICTS



Source: The Armed Conflict Location & Event Data Project (ACLED)

6 International Crisis Group, <https://www.crisisgroup.org/middle-east-north-africa/north-africa/libya>
 7 UNDP/World Bank, 'Building Core Government Functions in Fragile and Conflict Affected Settings', 2017.
 8 United Nations Support Mission in Libya (UNSMIL)

- Sep 2016**: LNA takes over control of the oil crescent, oil production increases (Icon: Oil pump)
- Dec 2016**: Pro-GNA forces oust IS from Sirt (Icon: Sunburst)
- Jul 2017**: Rivals Prime Minister al-Serraj and General Haftar agreed to a ceasefire and to hold elections in 2018. (Icon: Handshake)
- Jul 2018**: LNA forces oust IS and Benghazi Mujahideen Shura Council from Benghazi (Icon: Sunburst)
- Jul 2018**: LNA takes over control of Derna after heavy fighting (Icon: Military helmet)
- Aug 2018**: Conflict between rival forces in Tripoli (Icon: Sunburst)



In May 2018, conflict broke out in Derna as rival groups fought for control following a lengthy encirclement of the city by forces allied to the LNA, leading to civilian casualties. In the midst of the fighting humanitarian access to the city was extremely limited, however as more access became possible, it became clear people were in need of food, safe drinking water and medicines. Protection risks were very high, driven by exposure to conflict and violence, destruction of property and looting, extrajudicial executions, and restrictions on the freedom of movement. Local activists, medical professionals and other civilians from Derna were captured by forces allied to the LNA, many on account of their identity and political opinions, and continued to be held incommunicado.⁹ By the end of June the LNA declared control of the city of Derna, while clashes continued in small pockets across the city.

On 26 August 2018, clashes broke out between rival armed groups in southern Tripoli, particularly in the Salaheddin, Ain Zara, Mashroua, Al Hadhba and southern mahalas.¹⁰ These clashes quickly escalated and spread throughout Tripoli with shells falling on wide swathes of the city.¹¹ Three weeks later, despite a period of relative calm brokered on 4 September, fighting and shelling continued. Exposure to explosive hazards has notably increased as a result of the heavy fighting.

Violations by armed groups include extrajudicial executions, targeting civilians, carrying-out indiscriminate attacks, arbitrarily detaining thousands of people and preventing freedom of movement

According to UNSMIL monitoring of civilian casualties at least 171 people were killed and 335 people injured from 1 January 2018 to 30 September 2018. This figure excludes fighters.¹² According to the Armed Conflict Location and Event Data Project (ACLED), there were 344 outbreaks of conflict and armed clashes since January 2018. 727 people were killed in Libya, from 1 January 2018 to 22 September 2018.¹³

9 Ibid

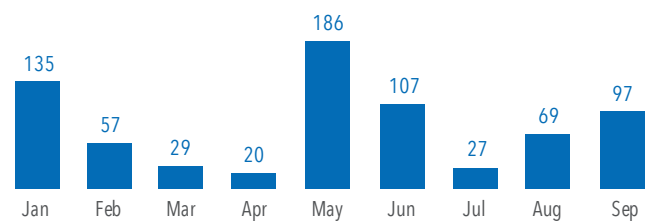
10 The term 'Mahala' describes a neighbourhood or locality in Libya.

11 Tripoli: Joint Rapid Situation Overview, 21 September 2018

12 Monthly Civilian Casualty Reports on the UNSMIL site: <https://unsmil.unmissions.org/libya-human-rights-report-civilian-casualties-may-2017>

13 The Armed Conflict Location & Event Data Project (ACLED): <https://www.acledata.com/?s=Libya&id=m>

FATALITIES DUE TO INTERNAL FIGHTING



Source: The Armed Conflict Location & Event Data Project (ACLED)

The Inform Risk Index analysis on Libya currently scores the indicator for 'Projected Conflict Risk' at 9.9 out of 10, and the indicator for 'Current Highly Violent Conflict Intensity' at 10 out of 10.14

Economic Crisis

Liquidity challenges in Libya

In 2014, escalations in conflict caused disruptions to Libya's oil production, plunging the country into a severe economic crisis, as oil production forms the backbone of the economy in Libya. The economic crisis combined with a general public lack of confidence in the banking system and ensuing shortage of foreign currency has resulted in a major liquidity crisis in Libya.¹⁵ Due to the shortage of physical Libyan dinars and other hard currencies, the Libyan Central Bank has restricted the distribution of cash in the country, meaning Libyan bank account holders can only access a fraction of their salary and savings. The liquidity crisis is having a severe impact on vulnerable people in Libya who have limited access to cash, in what is a predominantly cash-based economy.

The Parallel Market and Inflation in Libya

According to the Joint Market Monitoring Initiative (JMMI), during the first two months of 2018, parallel market exchange rates for the Libyan dinar were more volatile than at any point in the previous three years. Until November 2017, the dinar had steadily lost ground against the Euro and US dollar on the parallel market. In December 2017 and January 2018, however, this trend reversed itself, with the dinar regaining over 50 per cent of its value in just under a month. These dramatic shifts can be attributed to the launch of the Central Bank of Libya 2018 family dollar allowance on 15 January, which guaranteed all eligible Libyan citizens the opportunity to purchase USD 500 at the official LYD/USD exchange rate. The discrepancy between the official exchange rate and the parallel market rates enabled Libyans to multiply the value of their allowances by obtaining USD at the official rate and

14 <http://www.inform-index.org/countries/country-profiles>

15 US-Libya Business Association, 'Libya's Liquidity Crunch and the Dinar's Demise' 2017

reselling it at close to the parallel market rate.¹⁶ This measure has not only decreased the value of the USD on the parallel market, but also benefitted Libyans even if in the short term, giving them much needed access to cash. It is of note that not all Libyans have access to buying dollars through this scheme primarily due to administrative issues including lack of documentation.

LIBYAN DINAR TO USD EXCHANGE RATE



Source: Libyan Black market exchange rate¹⁷ (Facebook page)

In general however, access to foreign currency at the official exchange rate has been extremely limited, creating a parallel-market war economy that is cannibalizing the formal sector and driving up the prices of basic commodities.¹⁷ As a result, over the past years a huge gulf has opened up between the official exchange rate and the rate available on the parallel market, where the vast majority of people in Libya exchange Libyan Dinars into US dollars. On average the parallel market exchange rate is five times higher than the official exchange rate, which is inaccessible for most people.¹⁸ With the collapse of the State economy and the rise of the parallel market and the liquidity crisis, certain key commodities are no longer easily affordable or accessible for many people in Libya. An example of the rate of inflation due to the failing economy is the price increases of a loaf of bread, which in 2018 is on average five times higher than it was in 2014.¹⁹

The economic crisis combined with a general public lack of confidence in the banking system and ensuing shortage of foreign currency has resulted in a major liquidity crisis in Libya

¹⁶ Cash Working Group (CWG), 'Joint Market Monitoring Initiative', Jan-June 2018

¹⁷ Middle East Eye, 'Libya's Currency Crisis: Can the central bank stop the decline of the dinar?', August 2017

¹⁸ As of November 2018, the unofficial exchange rate of the Libyan Dinar to US Dollars was 5.6:1; the official rate remains stable at 1.3:1. REACH, Libya Joint Market Monitoring Initiative (JMMI).

¹⁹ Mercy Corps, 'Libya's Shadow Economy', June 2017

Oil Production and Increased National Revenue

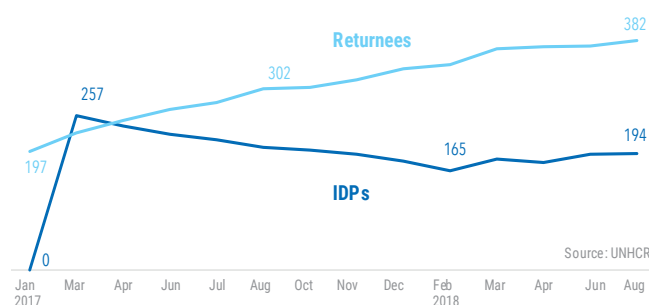
In 2018, regardless of continued major political and security challenges, oil production has increased with Libya producing over one million barrels per day. However, the government is failing to convert the wealth from oil production into well-being for Libyans who have been heavily impacted by the crisis. As summarized by the United Nations Special Representative to the Secretary General for Libya, "Despite the country now producing well over one million barrels a day and generating rosy macro-economic indicators, the country does not enjoy a true economic recovery. Instead, Libyan people get poorer every year. Basic health and education services decay, as frustrated citizens cannot understand why oil production translates into a further decline in living standards."

Impacts on People

Impacts on Population Movements

Conflict and insecurity have been the main drivers behind population movements in Libya, with fighting leading to several waves of displacement over the last years. With many people still displaced, insecurity due to fear of reprisal attacks has prevented some people from returning to their homes, even after armed conflicts have subsided. Since late August 2018, hostility between rival authorities led to localised conflict in Tripoli between armed groups aligned with different political factions. The violence has forced people to flee their homes and created new humanitarian needs, with a total of 3,845 households displaced between 26 August and 21 September 2018.²⁰

DISPLACEMENT TREND IN LIBYA



Source: UNHCR

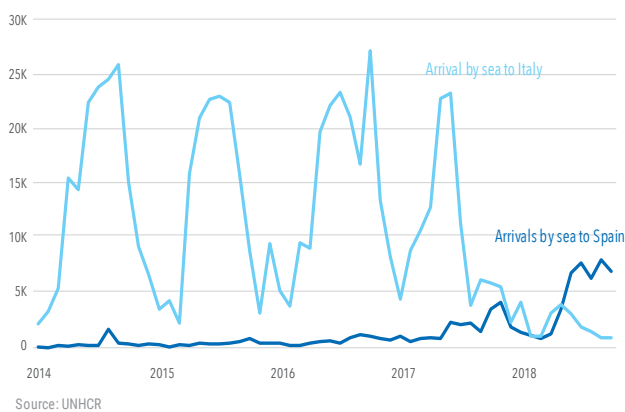
The latest figures estimate 194,000 people are displaced in Libya, out of which 97,000 are in-need of humanitarian assistance. Many displaced people have been forced to move multiple times. There are also many Libyans who have returned to their homes and need continued humanitarian

²⁰ Tripoli: Joint Rapid Situation Overview update, 21 September 2018

support to facilitate their return, including shelter assistance, mine action response, and support to access functional basic services and essential household necessities including food and safe drinking water. There are 165,000 returnees identified as in need of critical humanitarian assistance.

An estimated 310,000 people directly affected by conflict did not leave their homes. The reasons for people staying are many, though primarily related to whether or not people have been directly exposed to fighting from neighbourhood to neighbourhood. The total number of non-displaced conflict affected people in need of humanitarian assistance is 148,000 people.

MIGRANTS/REFUGEES ARRIVALS BY SEA



Over the past years Libya has remained a major transit country for refugees and migrants attempting to cross the Mediterranean to Europe. However, in 2018 there has been a massive decrease in the number of people trying to cross the Mediterranean from Libya as a result of increased efforts and new initiatives to deter and prevent smugglers from operating, rigorous efforts to control mixed migration flows in Libya, and increased numbers of rescues/interceptions at sea.

Of note, over the past three years there have been significant number of Libyan nationals attempting to cross the Mediterranean to Europe, indicating just how desperate and challenging life has become in Libya. UNHCR reports that in 2016, 887 Libyans crossed the Mediterranean and arrived in Italy. In 2017, despite a 34 per cent decrease in overall arrivals by sea in Italy, 1,234 Libyans made the journey across the Mediterranean and arrived in Italy (including 216 unaccompanied and separated children). In 2018, up until September, despite the massive decreases in overall migration flows from Libya to Italy, 428 Libyans still managed to cross the Mediterranean to Italy from Libya. Reasons Libyan nationals gave for leaving Libya and making the journey to Italy, include growing insecurity and risks such as kidnapping, a lack of basic services and job opportunities, and medical issues with no possibility to receive treatment in Libya.

Impacts on Protection

Protection needs are amongst the most commonly reported needs in Libya for all people affected by the crisis, whether Libyan or foreign nationals. Overarching, protection needs are primarily driven by exposure to risks and threats, vulnerability, and the inability to cope with conflict and violence, human rights violations and abuses, contamination from explosive hazards, and major challenges related to impediments to access critical services and essential goods and commodities. An estimated 490,000 people, including 134,000 children, have protection needs in Libya.

Many people, particularly in urban centres, have been exposed to conflict and violence over the past years, most notably in Tripoli, Sirt, Derna, and Benghazi. The impacts of direct exposure to conflict, violence and explosive hazards contamination have been severe including physical harm, psychological distress and trauma. Armed clashes have displaced people and interrupted access to basic services such as healthcare, education and access to functional safe water supplies.

11 per cent of returnee households reported the presence of explosive hazards at neighbourhood level while 6 per cent of IDPs and 6 per cent of returnees have left their area of origin because of the presence of explosive hazards

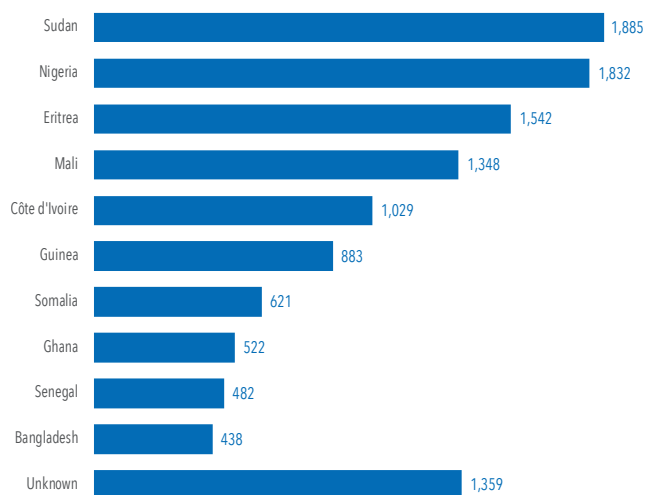
Militias and armed groups, often with links to competing governments, carry out arbitrary arrests and detention, torture and other ill-treatment, extrajudicial executions and other unlawful killings, indiscriminate attacks, enforced disappearances, pillage and appropriation of property, and attacks on medical facilities and personnel.²¹ In some instances, such as the siege of neighbourhoods in Benghazi, armed groups have also imposed restrictions on freedom of movement, trapping civilians in areas of active conflict without access to basic necessities.

Explosive device contamination poses a high risk to people wanting to return to their homes. According to the 2018 Multi-Sector Needs Assessment (MSNA), 11 per cent of returnee households reported the presence of explosive hazards at neighbourhood level. While 6 per cent of IDPs and 6 per cent of returnees have left their area of origin because of the presence of explosive hazards, an estimated 9

21 United Nations Secretary General Report https://unsml.unmissions.org/sites/default/files/sg-report-on-unsmil_s_2018_780_e.pdf and United Nations Office for the High Commissioner for Human Rights <https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session37/Pages/ListReports.aspx>

per cent of IDPs have not returned to their homes in part due to the threat of explosive hazards in the surrounding area.

TOP 10 NATIONALITIES RESCUED/INTERCEPTED AT SEA SINCE 1 JANUARY 2018



Source: UNHCR

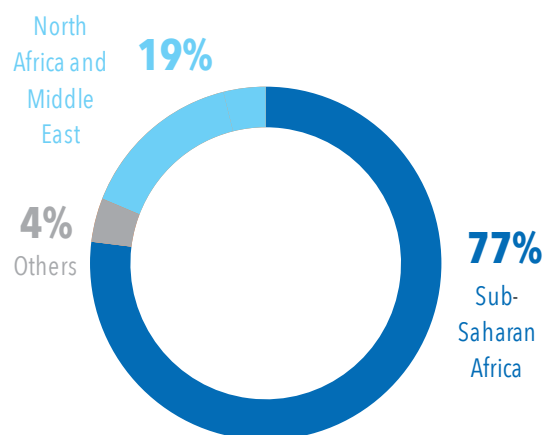
Furthermore, by virtue of having irregularly entered and stayed in Libya, national authorities consider many refugees and migrants as having broken the law and treat them as criminals. As a result refugees and migrants are systematically exposed to a regime of arbitrary detention, limited freedom of movement, as well as institutional discrimination.

Owing to rampant racism and xenophobia, as well as vulnerabilities linked to their irregular status and a poor socio-economic standing in Libya, refugees and migrants face grave violations of international refugee law and human rights law. Violations and abuse include restricted access to safety and freedom of movement, alarming levels of gender-based violence (GBV), sexual violence, systematic and arbitrary detention in inhumane conditions with high rates of torture, unlawful killings, disappearances, kidnapping, extortion, robbery, and forced labour. These violations and abuses have led to high prevalence rates of persons grappling with severe mental health and psychosocial problems, impacting especially the most vulnerable, including women, children and the elderly. IOM reports that 77 per cent of adult migrants have suffered from physical violence of any kind during the journey. Around 81 per cent of these events have been reported to have happened in Libya.²² Refugees and migrants that attempt to cross the Mediterranean to Europe are likely to be beaten, robbed, assaulted and detained if they are intercepted (inland or at sea) by either non-State armed groups or State authorities. Risks for foreign nationals from sub-Saharan African countries are particularly in Libya high

22 IOM DTM – Flow monitoring surveys: the Human Trafficking and other exploitative practices indication survey analysis on adult and children on the Mediterranean routes (September 2017)

due to racism and discrimination because of the colour of their skin.

MIGRANTS CATEGORIES BASED ON COUNTRY OF ORIGIN



Source: UNHCR

Humanitarian access to vulnerable refugee and migrant populations is extremely challenging in Libya because of insecurity and political barriers. It is critical that formal authorities and armed groups allow access to refugees and migrant populations, and support and provide information to protection partners to enable the delivery of critically needed support.

Gender Based Violence (GBV)

Gender-based violence, taking various forms, is widespread in Libya and has been exacerbated by the conflict. Approximately 40 per cent of respondents to a 2017 assessment survey indicated GBV was either very common or common.²³ Women or girls who dare to speak out risk being threatened, kidnapped, physically assaulted, or even killed.²⁴ Due to the conflict and the resulting vacuum of formal authority, collapse of the judicial system and absence of rule of law, women and girls are unlikely to report crimes of gender-based violence and sexual violence.²⁵ In addition, the movement restrictions imposed on women and girls who have to seek the permission of husbands or male relatives, limits their exposure and engagement in the public sphere, reducing access to support services. 87 per cent of females indicated that they needed permission from a spouse or parents to access health services.²⁶ Other data also suggests that women do not access health services out of fear for

23 Gender Based Violence Area of Responsibility, 'Secondary Data Review', 2018

24 Ibid

25 Ibid Note: prior to 2011 women and girls would be unlikely to report GBV crimes in Libya due to massive social/community pressures and stigmas related to women's purity and sexual engagement, and the strong sense in Libyan societies that marriage is a private affair and instances of domestic violence, rape or other forms of GBV should be considered private affairs not to be discussed in public.

26 UNFPA GBV Situational Study 2017

stigma, gossip, or a lack of confidentiality in those services. Furthermore, domestic violence, rape, and other forms of GBV whether inside or outside the home are considered private affairs and are rarely discussed publicly.²⁷ This contributes to a high degree of stigmatization of women who are GBV survivors. Women and girls who report instances of domestic violence fear rejection by their husbands and community.²⁸ Of major concern is that an estimated 70 per cent of women do not know about community-based organizations in their area providing support services to help GBV survivors.²⁹

Migrants and refugee women and girls are often held in unsafe environments where they suffer ill-treatment and abuse, often carried out by the predominantly male guard workforce. Both women and girls in detention have reported being raped or sexually assaulted by multiple perpetrators. As some detention centres do not separate male, female, or child detainees, often women, girls, and boys can face increased risks of being exposed to abuse. Migrant women and girls being held by non-State armed groups and criminal gangs face particularly high risks of sexual violence and abuse, including gang-rape.³⁰

Sexual violence is also used as a form of torture against male detainees, who have reported being victims of physical abuse and being forced to abuse other detainees.³¹ Migrant men and boys are also exposed to the risk of sexual abuse along the smuggling/trafficking routes. Survivors have little to no access to support services, rehabilitation and/or justice or remedy.

Prior to the crisis and resulting collapse of the judicial system, laws in Libya were already discriminating against women and girls, undermining their status in society. The role of the judiciary remains unclear and severely hampered by governance failures, rife politicization and insecurity. Criminal justice mechanisms are fragmented or non-operational, leaving GBV survivors with very few avenues for recourse. In some cases, unofficial dispute mechanisms have filled the void.³² Judges, prosecutors and police officers attempting to carry out their duties have faced threats and been attacked.³³

Sexual relations outside marriage are criminalized in Libya.³⁴ This has resulted in men receiving reduced sentences for killing wives or female relatives when they are suspected to have had extramarital sexual relations. Rape survivors are particularly vulnerable as they are at risk of being accused of having extramarital sexual relations or face the prospect of being forced to marry their rapist, helping

the perpetrator to avoid a prison sentence. If survivors of sexual violence outside marriage reveal having been raped they risk becoming victims of ‘honor killings’.³⁵ GBV cases inside marriage and the household are considered private affairs, which are handled within the family, mainly to avoid public embarrassment and ‘shame’.³⁶ The belief that GBV cases should only be discussed privately is highly likely to contribute to heavily underreporting of GBV. Sexual violence in itself is not criminalized as a crime against women as individuals, but rather as “crimes against freedom, honor, and morality”.³⁷

Migrants and refugees including women and girls are often held in unsafe environments where they suffer ill-treatment, often carried out by the predominantly male guard workforce.

As women and girls are highly unlikely to report crimes of GBV and sexual violence, information about the prevalence and nature of GBV in Libya is very limited. However, the types of abuse and violence that are perceived as the most common in Libyan society include physical assault (31 per cent), forced marriage (31 per cent), denial of resources and opportunities (27 per cent), and sexual violence (14 per cent).³⁸

Child Protection

A recent study from UNICEF on violence against children³⁹ found increased levels of gender-based violence as well as other forms of abuse in conflict-affected regions. Violence is occurring in different settings including schools, homes and other community spaces. In conflict-affected areas, 62 per cent of children reported having been subjected to emotional and/or physical violence perpetrated by teachers. Parents were the second-most common perpetrators, with around 38 per cent of children reporting to have experienced violence by their parents in the last 12 months. 9 per cent of children reported to have been victims of violence by police or militia members. Limited information is available regarding the recruitment and use of children by armed groups. However, cases of the use of children by armed actors continued to be reported.⁴⁰

Disability was found to be a contributing factor of exposure to neglect and abuse in and outside the home, particularly of more severe forms of physical violence. Likewise, children from socio-economically disadvantaged backgrounds in

27 Ibid

28 Ibid

29 Ibid

30 United Nations, ‘Gender Based Violence in Libya and Syria’, 2014; Report of the Secretary General on Conflict-Related Sexual Violence 23/03/2018; Global Detention Project, ‘Immigration Detention in Libya’, 08/2018

31 Ibid

32 Freedom House 2016; Human Rights Watch 2018

33 Freedom House 2016; Human Rights Watch 2018

34 Report of the Secretary General on Conflict-Related Sexual Violence 23/03/2018

35 Women’s Media Center 2012

36 UNFPA GBV Situational Study 2017

37 Human Rights Watch 2016

38 UNFPA GBV Situational Study 2017

39 UNICEF (2017) ‘Study on Violence against Children in Libya’

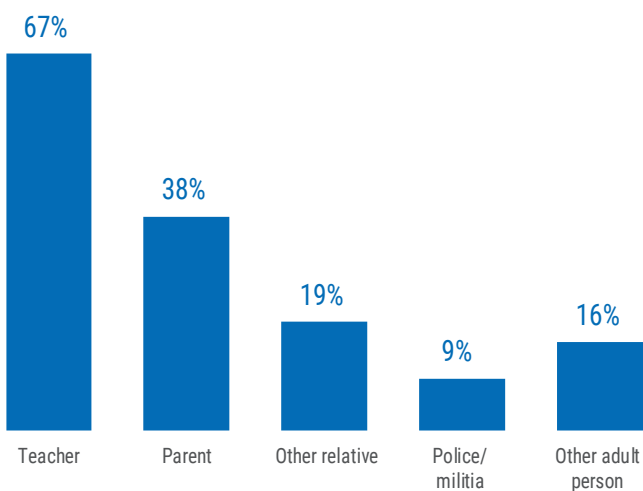
40 United Nations, ‘Report of the Secretary-General’ (A/72/865-S/2018/465)

conflict-affected areas were significantly more likely to be exposed to all types of violence, including armed violence. The study also identified that being a child from an ethnic minority and/or having a physical disability increases the likelihood of experiencing violence as these specific groups of children are less likely to report abuse or are easier to target due to their social status and abilities. Strong evidence⁴¹ demonstrates that exposure to violence, including in armed conflict, increases the risks of injury, mental health and psychosocial problems, delayed cognitive development, poor school performance and school dropout, early pregnancy, reproductive health problems, and communicable and non-communicable diseases.

Sexual violence is also used as a form of torture against male detainees, who have reported being victims of abuse and being forced to abuse other detainees.

Boys and girls in Libya are living in a very volatile environment characterized by the presence of mines and unexploded ordnance, risk of recruitment and trafficking, high prevalence of weapons across the country, a fragmentation of families and community networks, particularly in the case of displacement, and a critical breakdown of basic services, including health and education.

PERPETRATORS OF PHYSICAL VIOLENCE AGAINST CHILDREN

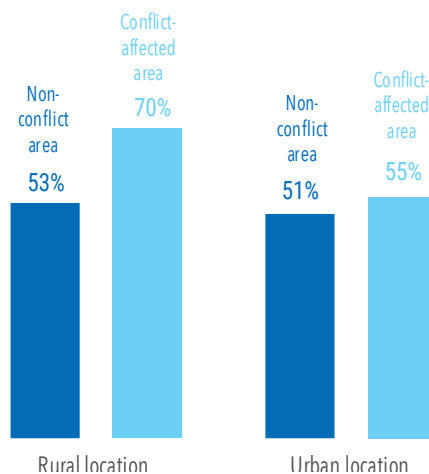


Source: UNICEF (2017) 'Study on Violence against Children in Libya'

In 51 per cent of mahalas, very few migrant children have access to education. Children who are out of school or at risk of drop out are more exposed to a number of protection risks.⁴³

Migrant and refugee children in Libya have specific vulnerabilities linked to their status and, in some instances, nationality and race. The analysis of a study conducted by UNICEF and IOM,⁴² reveals that the journey crossing the African continent to reach Italy, via Central Mediterranean route, is particularly dangerous. It takes most young migrants and refugees through Libya, where they contend with pervasive lawlessness and violence and are often detained, by State authorities and others. When children and youth travel, the benefits of additional years of education and travelling in a group, whether with family or not, afford young migrants and refugees a measure of protection. However, the nationality of non-Libyans often outweighs either of these factors. For example, 73 per cent of adolescent boys from sub-Saharan Africa, who have a secondary education and travel in groups along the Central Mediterranean route, have experienced exploitation, compared to 38 per cent of boys coming from other regions. Girls are understood to be exposed to much higher incidences of abuse than boys,⁴³ but there are multiple social and cultural barriers that impede girls from being able to report abuse. All children on the move are at heightened risk of human trafficking, arbitrary detention, forced labour, physical abuse and sexual exploitation during their journey and when they arrive in Libya.

PHYSICAL VIOLENCE IN SCHOOLS IN CONFLICT AFFECTED AREAS



42 UNICEF, IOM (2017), Harrowing Journey. www.unicef.org/publications/index_100621.html

43 UNICEF (2017), A Deadly Journey for Children - The Central Mediterranean Migration Route.

41 World Health Organization (2016), INSPIRE: Seven strategies for ending violence against children.

The DTM reports 554 communities host migrants in Libya. In 150 of those communities, migrant children do not have access to education. Across Libya, in 51 per cent of mahalas, very few migrant children have access to education.⁴⁴ Children who are out of school or at risk of drop out are more exposed to risks in general.

As the security situation has deteriorated, xenophobic sentiments and abuse against migrants has increased, especially targeting those from Sub-Saharan Africa. Those without legal papers are particularly vulnerable to exploitation. An estimated 35 per cent of migrant children in Libya are unaccompanied,⁴⁵ and therefore in need of specialized and targeted protection support and assistance. They are typically male adolescents between the ages of 14 and 17. Often isolated, without access to child-focused information on available services and the true risks of the onward journey, they witness and experience emotional, physical and sexual violence, without access to adequate food or the critical services they need, such as health care, education and psychosocial support.⁴⁶ According to UNICEF⁴⁷, they risk abduction, extortion, exploitation (including human trafficking) and detention, and are often dependent on the assistance of smugglers, or in the hands of traffickers, who may abuse them.

Impacts on Public Services

Public-sector services have significantly deteriorated in Libya as a result of the crisis. The dysfunctional public health system, challenges in the Education Sector, and non-functional water and sanitation services have significantly impacted vulnerable people across Libya, resulting in a lack of access to critical primary and secondary medical healthcare, and challenges to access safe water and quality education.

Due to insecurity and fighting many public services have been abandoned and remain non-functional, however challenges also exist due to governance failures. The central government's inability to perform core government functions such as public revenue and expenditure management, and oversight of government employment and public administration have undermined local governance and are largely to blame for the deterioration of the public sector. These governance failures have resulted in public institutions and facilities suffering from a lack of qualified and empowered personnel, limited resources, inadequate and/or non-functional equipment, regular power cuts, and damage to physical infrastructure. In the absence of effective governance and public service providers, civil society groups and communities have taken on the burden of managing and delivering services despite limited resources and capacity constraints.

44 DTM/IOM, Libya round 21, Migrant report (July – August 2018)

45 DTM/IOM, Libya round 21, Migrant report (July – August 2018)

46 IRC, Pushing the Boundaries, 2018.

47 UNICEF, Child Alert: A Deadly Journey for Children – The Central Mediterranean Migration Route, February 2017.

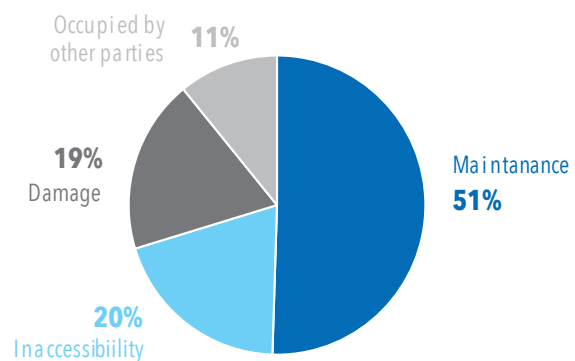
Only 41 per cent of hospitals have a comprehensive set of essential medicines available, with levels of availability at PHC facilities and medical stores extremely low at 10 per cent and 13 per cent respectively.⁴⁸

Impact on Health Services

Public healthcare services in Libya have been heavily impacted by the crisis due to ongoing hostilities and governance failures. In conflict-affected areas armed groups have carried out attacks on medical facilities and personnel, including shelling, looting of medical equipment, assaults on medical professionals and interference in medical work.⁴⁸ In addition, the absence of effective public administration has resulted in poor service provision due to a lack of resources, qualified staff, equipment and supplies.

Across Libya access to healthcare is substantially less than the needs. Amongst Libyans, displaced people and non-displaced conflict affected people have been significantly impacted, although returnees face some of the most significant challenges to access healthcare.⁴⁹

MAIN REASONS FOR CLOSURE OF HEALTH FACILITIES



Source: Ministry of Health/World Health Organization, 'Service Availability and Readiness Assessment' 2017

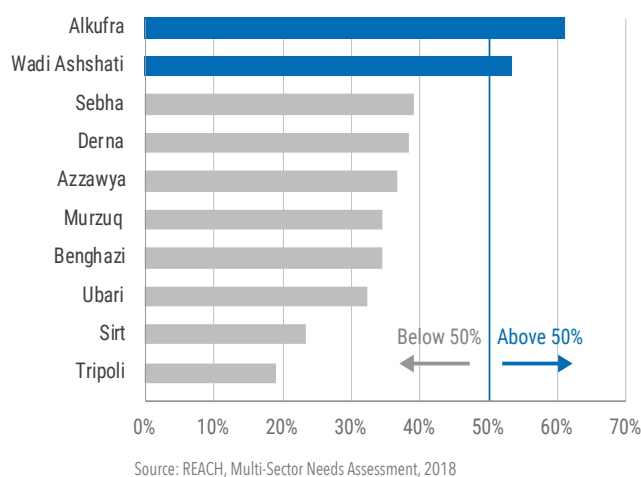
The Service Availability and Readiness Assessment, published in 2017, has been the main source of information available outlining the functionality of health services in Libya. The assessment findings indicate the General Service Availability Index score for Libya is 81 per cent, meaning that overall potential access to health services is good. However, the assessment accounts for both private and

48 UNSMIL, 'Attacks on Healthcare in Libya' 2018 https://unsmil.unmissions.org/sites/default/files/libya_health-care_under_attack_report.pdf

49 REACH, Multi-Sector Needs Assessment, 2018

public health facilities in a context in which private facilities are significantly better resourced, staffed, and equipped, and where many people no longer have access to private facilities due to financial challenges as a result of the crisis.

DO YOU FACE ANY CHALLENGES ACCESSING HEALTH FACILITIES WHEN YOU NEED THEM?



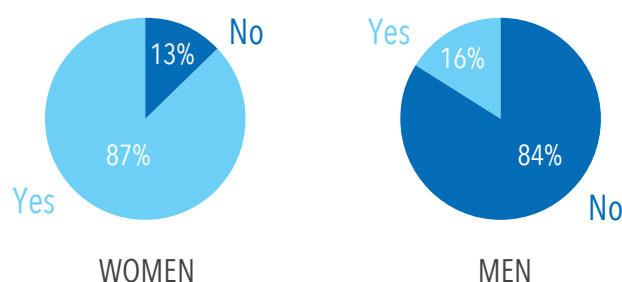
The report findings show that out of the 97 public hospitals, 1355 primary healthcare facilities, and 204 other specific health services in Libya, 19 per cent were closed. The main reasons for closure of facilities was maintenance (51 per cent), inaccessibility due to conflict (20 per cent), damage (19 per cent), and occupation by other parties (11 per cent). Overall, 17.5 per cent of hospitals, 20 per cent of Primary Healthcare (PHC) facilities, and 18 per cent of specialized health facilities have been partially damaged or completely destroyed.⁵⁰ Additionally, many health facilities lack adequate critically needed water, sanitation and hygiene facilities.

Only 41 per cent of hospitals have a comprehensive set of essential medicines available, with levels of availability at PHC facilities and medical stores extremely low at 10 per cent and 13 per cent respectively.⁵¹ Stocks of family planning medicines, only provided through PHCs, are also virtually non-existent at only 2 per cent. According to the MSNA, 70 per cent of all households with a family member who suffers from a chronic illness faces difficulties to access necessary medicines.⁵²

At any point in time there are an estimated 205,000 women of reproductive age and 25,000 pregnant women in Libya, but antenatal care (ANC) availability and readiness is very limited at a national level due to a lack of medicines and trained staff. There are significant gaps and a lack of facilities that provide delivery services, particularly in Sirt, Wadi Al Haya and Ghat. Only 18 facilities offer family planning services in the entire country.

Other healthcare issues are also a serious concern. Mental health needs in Libya are understood to be considerable as a result of the crisis and exposure to violence, however service delivery is limited to only eight districts across the country. These include six hospitals, one mental health clinic, and four PHC facilities. Mental health service delivery in Libya needs urgent attention, including psychosocial support for survivors of explosive hazards, conflict, and victims of violence and abuse.

DO YOU SEEK PERMISSION BEFORE GOING TO THE HEALTH CLINIC



Overall, the capacity of the health workforce in the public sector is very limited, for example facilities able to provide specialized healthcare services across the country have become particularly scarce and overstretched, primarily due to a shortage of specialized medical doctors. The continuous limitations of the health workforce particularly in Alkufra, Aljufra, Al Wahat, Ghat, Ubari, Murzuq and Sebha is a major contributing factor to increasing maternal mortality rates.⁵³

The lack of access to healthcare services can be a major challenge for women, amongst whom there is a higher prevalence rate of chronic diseases than men and who face greater challenges in accessing specialized services. Critical specialized services such as sexual and reproductive health (SRH) services are weak across the country on multiple issues, for example, only 4 per cent of all public health facilities are able to offer a diagnosis of cervical cancer. Furthermore, women and girls are required to ask permission from their husbands or male relatives to visit health clinics and therefore experience constraints.

In addition, women's health is unlikely to be prioritized as a household expense given that men largely control family resources. Further evidence from surveys and focus group discussions suggest that women tend not to access health services when seeking GBV or reproductive health support, out of fear of stigmatization, gossip, or a lack of confidentiality at the services.⁵⁴ As a result, clinical management of rape and

50 Ministry of Health/World Health Organization, 'Service Availability and Readiness Assessment' 2017

51 Ibid

52 REACH, Multi-Sector Needs Assessment, 2018

53 Ministry of Health/World Health Organization, 'Service Availability and Readiness Assessment' 2017

54 UNFPA GBV Situational study 2017

other forms of sexual abuse is limited, heightening the risks of the spread of STIs.

Although the prevalence of sexually transmitted infections in Libya is unknown, a significant issue that needs to be addressed is that only 8 out of 22 districts have Sexually Transmitted Infection (STI) services available, with only six PHC facilities and nine hospitals offering diagnosis and treatments.

TOP THREE REASONS FOR NOT BEING ABLE TO ACCESS HEALTHCARE WHEN NEEDED



Source: REACH, Multi-Sector Needs Assessment, 2018

The availability of preventative and curative services for children under five is also extremely limited. Over one-third of municipalities cannot provide child healthcare to their constituents, and even where PHC facilities do offer services the package is very limited. There are major gaps in the provision of Integrated Management of Childhood Illnesses (IMCI) and essential Newborn Care. Among refugees and migrants there are an estimated 11,000 children under five years old in need of health assistance. Within the IDP, returnee, host and non-displaced communities, there are an estimated 24,000 children under five in-need healthcare support.

The top three barriers to healthcare for refugees and migrants are the lack of medical supplies and staff, discriminatory treatment in terms of being refused service, and unaffordable healthcare costs. Discriminatory treatment by public medical centres is believed to be discouraging refugees and migrants to even try to seek care from these public facilities.

People with disabilities, survivors of explosive hazards, elderly people and people with chronic illnesses are among the most severely impacted by the deterioration of the public Health Sector and resulting lack of access public healthcare, as the services available to them are grossly insufficient to match their critical needs.

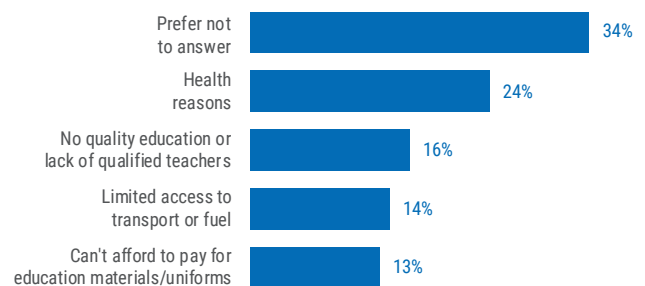
Refugees and migrants face specific challenges accessing public healthcare centres, with indicative surveys estimating over half being in-need of medical care during their time in Libya either for themselves or for a household member.⁵⁵ Medical needs for refugees and migrants are mostly related to general sickness, work injuries or pregnancy. The top three barriers to healthcare for refugees and migrants are the lack of medical supplies and staff, discriminatory treatment in terms of being refused service, and unaffordable healthcare costs.⁵⁶ Discriminatory treatment by public medical centres is believed to be discouraging refugees and migrants to even try to seek care from these public facilities.

Impact on Education Services

The crisis in Libya has negatively impacted public education services, meaning less access to fully functional schools and quality education for children. Displacement driven by insecurity has led to overcrowding in many schools and the use of schools as shelters, particularly in urban settings. Assessments indicate 212 schools in Libya are reported to be partially damaged, mostly as a result of fighting.⁵⁷

Libyan teachers are not sufficiently equipped and skilled to teach in emergency settings, to deal with overcrowded classrooms and with children who have been affected by violence, armed conflict, and displacement. Furthermore, pre-primary education continues to be extremely limited in Libya. A major constraint is that kindergarten is not compulsory for Libyan children aged six years and under. As such, quality of education and the disparities across geographic regions are of significant concern. Despite previously high financial investment in education, Libya ranks low on the Global Competitiveness report regarding quality education 128 (primary education) and 138 (secondary education) out of 139 countries.⁵⁸

TOP FIVE REASONS FOR NOT ATTENDING SCHOOL FOR THOSE HOUSEHOLD WHOS CHILDREN ARE NOT ENROLLED OR DROPPED OUT OF SCHOOL



Source: REACH, Multi-Sector Needs Assessment, 2018

55 REACH, 'Refugees and Migrants' Access to Resources, Housing and Healthcare In Libya' 2017

56 Ibid

57 DTM round 21

58 Global Competitiveness Report, 2010-2011

An estimated 15 per cent of school age children, whether enrolled or not, are not regularly attending school in Libya, particularly in Azzawya, Alkufra, Ubari, Jabal al Akhdar, and Wadi Ashshati. Most school age children that have dropped out of school have done so due to health reasons, poor quality of education and limited access to transport, as well as lack of or loss of documentation. Additional factors that impact access and retention in schools includes violence in schools.

Physical violence is significantly more common in schools than in homes, particularly in schools in conflict-affect areas and schools attended by children from less wealthy backgrounds. Furthermore, teachers have low capacity in class-room management and positive discipline. Though corporal punishment in schools is illegal in Libya, there are no oversight, monitoring or recourse mechanisms available to children who have experienced violence.

Refugee and migrant children have little or no access to education in 65 per cent of the mahalas in Libya.⁵⁹ Children without official civil documentation and school certificates are not permitted to join Libyan schools. Children from sub-Saharan African countries also face particular difficulties to access schools due to discrimination and language barriers. Only very few training or learning opportunities exist for those who cannot integrate into formal schools, and non-formal education is almost entirely non-existent.

Adolescents and youth are even less likely to access education after dropping out of school in their country of origin and falling behind in their studies, also facing difficulties in learning Arabic and family pressures to earn money. Unaccompanied young men make up a large portion of those without access to education or training and may turn towards negative coping mechanisms without positive engagement opportunities. Adolescent girls and young women are often denied education, being kept at home or even subjected to forced early marriage. The lack of psychosocial support, which could be offered through education or training, prevents migrant and refugee children and young people from coping with trauma, challenges, and regaining their capacity for learning and cognitive development.

Serious water, sanitation, and hygiene issues have been reported in schools. According to a UNICEF study on water quality of Libyan schools, 67 per cent of surveyed schools have limited drinking water available. In addition, 10 per cent of water supplies in schools were contaminated with harmful bacteria, and 31 per cent of schools tested positive for high levels of nitrates in the water.⁶⁰

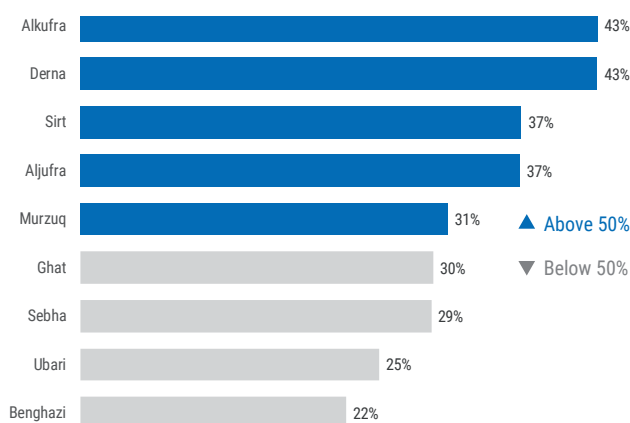
In some schools there are no functional toilets. In schools where there are functional toilets, the average number of students per functional toilet is very high (71 children per toilet) often due to overcrowding, while the Ministry of Education standards are one toilet per 25 students. Hygiene facilities and services are grossly inadequate across schools in

Libya, with 48 per cent of schools having no hygiene services, and 17 per cent having only limited hygiene services.⁶¹

Impact on WASH services

Water in Libya is supplied from three main sources, the Man-Made River Project (supplying 60 per cent of overall population), municipal wellfields managed by the General Company for Water and Wastewater (30 per cent), and desalination plants (10 per cent). These three main service providers have been left without essential operation and maintenance budgets which could lead to total breakdown of water-services across the country and the risk of six million people not having access to sufficient water. It is also of note that water infrastructures are vulnerable to and potentially at risk of damage as a result of attacks and/or sabotage.

IN THE LAST MONTH, HAS THERE BEEN ANY TIME WHEN YOUR HOUSEHOLD DID NOT HAVE A SUFFICIENT QUANTITY OF DRINKING WATER?



Source: REACH, Multi-Sector Needs Assessment, 2018

The protracted conflict in Libya has caused a severe decline in water and sanitation services and facilities. According to DTM round 21, 58 per cent of the municipalities are currently relying on water trucking as the main source of drinking water. Increased displacement has added additional pressure to weakened WASH infrastructure leaving refugee, migrant and internally displaced children and families particularly vulnerable.

⁶²Access to basic hygiene and sanitation services remains a big challenge in the current Libyan context. Conflict, insecurity, and the deterioration of public administration has meant garbage and solid waste collection is limited with 49 per cent of garbage being buried or left on the street. Solid waste left out to decompose in open environments has resulted in several leishmaniosis cases being reported as well as outbreaks of scabies. Around 90 percent of waste water is also currently untreated and disposed of into the sea with

59 UNICEF (2017) 'Study on Violence against Children in Libya'

60 Ministry of Education/UNICEF, 'Assessment of Water Quality, Sanitation, and Hygiene in Schools' 2017

61 Ministry of Education/UNICEF, 'Assessment of Water Quality, Sanitation, and Hygiene in Schools' 2017

62 REACH, Multi-Sector Needs Assessment, 2018

14 out of 24 wastewater treatment plants completely non-functional. The remaining 10 plants are partially functional. Contaminated water significantly increases the risks of dysentery, hepatitis, and acute watery diarrhoea.

Across Libya, poor water, sanitation and hygiene services are disproportionately affecting the health and well-being of children.

67 per cent of surveyed schools have limited drinking water available. In addition, 10 per cent of water supplies in schools were contaminated with harmful bacteria, and 31 per cent of schools tested positive for high levels of nitrates in the water.

Impact on Markets and Access to Goods and Commodities

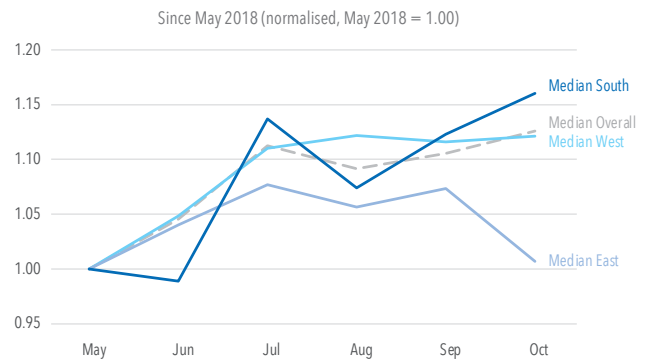
Many Libyans face significant challenges to access goods and commodities due to low incomes, limited savings and the liquidity crisis. With rates of private sector employment generally low across the country, government jobs are the main source of income for these households. Overall 85 per cent of the active workforce in Libya is employed in the public sector.⁶³ The MSNA found 80 per cent of Libyan households includes one or more adults working in the government sector. It is worth noting however there are often irregularities of government salary payments leaving people without access to cash.

Overall returnees or non-displaced people are more likely than displaced people to have a low salary. According to REACH analysis the weighted medium income for IDPs is 1000 Libyan Dinar (LYD) per month, and around 800 LYD for returnees and non-displaced people. An estimated 16 per cent of households identify one of the main challenges to obtaining enough money to meet monthly expenses is a lack of work opportunities. Income challenges are particularly pronounced in Sebha, a historically marginalized area, where 97 per cent of the IDPs are struggling to earn enough money to cover basic expenses.

In general, there is a high level of availability of goods and commodities in Libya, the vast majority of which are imported. However, while the overwhelming majority of people in Libya have access to markets, many of the most severely affected households are unable to afford items because they are too expensive (33 per cent) or because they did not have enough access to cash due liquidity challenges (9 per cent). On a frequent basis, households across Libya

are unable to withdraw cash or are only able to withdraw cash up to 600 LYD over a one-month period, noting that in September 2018 the monthly Minimum Expenditure Basket in Libya was 864 LYD.⁶⁴

MINIMUM EXPENDITURE BASKET (MEB) PRICE INDEX



Source: CWG/REACH, 'Libya Joint Market Monitoring Initiative', 2018

The prices of basic items have significantly increased since 2014 due to conflict causing intermittent shortages in the supply chains, speculation in the expanding parallel market and the de facto removal of food subsidies due to lack of government funds, and the devaluation of the LYD in the parallel market.⁶⁵ Price increases coupled with a lack of access to cash have led to consumer spending power being significantly reduced, which has severely impacted vulnerable people in Libya. The increase in prices is generally more acute in the southern parts of Libya due to the distance from the coast, and additional logistics and cargo costs. For example, private cooking fuel in the South is five times more expensive in the rest of the country.⁶⁶

Since 2014 the price of bread has increased five times, with a recent surge in bread prices going up 67 per cent from October 2017 to July 2018.

Since 2014 the price of bread has increased around five times, with fluctuations over time including a recent surge with the price going up 67 per cent from October 2017 to July 2018. During the same period the costs of core Libyan food items such as vegetable oil increased by 73 per cent, as have other food items such as tomato paste with a 100 per cent increase. The latest Joint Market Monitoring Initiative report⁶⁷

64 CWG/REACH, 'Libya Joint Market Monitoring Initiative', 1-8 September 2018

65 World Bank, <http://pubdocs.worldbank.org/en/860391507055170984/MEM-Oct2017-Libya-ENG.pdf>

66 CWG/REACH, 'Libya Joint Market Monitoring Initiative', 1-8 August 2018

67 CWG/REACH, 'Libya Joint Market Monitoring Initiative', 1-8 August 2018

63 World Bank, 'Labour Dynamics in Libya', 2015

indicates the cost of the Minimum Expenditure Basket remains well above pre-crisis level estimates, perhaps as much as five times more expensive based on speculative analysis.⁶⁸

For many foreign nationals in Libya there are specific financial challenges in accessing goods and commodities. If they are able to find work, they mostly work in low paid jobs in construction, cleaning, the services industry. Female refugee and migrant workers are mostly employed in the cleaning

sector and restaurant industry. Due to poor backgrounds, low salaries and minimal savings, refugees and migrants are amongst the poorest people Libya. As economic migrants prioritize sending money home to support their families, saving money for emergencies,⁶⁹ and to pay for travel to return home or for onward travel to Europe, they often end up not having sufficient remaining finances to support their own very basic needs in terms of access to goods and commodities.

⁶⁸ The Minimum Expenditure Basket includes food and non-food items. Ref. https://reliefweb.int/sites/reliefweb.int/files/resources/reach_lby_situationoverview_jmami_august2018_0.pdf

⁶⁹ Migrants save money as a result of serious concerns due to criminal threats and because of concerns related to living in insecure environments.



Photo: UNHCR/Yassin Abbas

BREAKDOWN OF







PEOPLE IN NEED

An estimated 823,000 people are need of humanitarian assistance in Libya, including 248,000 children. 50 per cent of people in need are Libyans and 50 per cent refugees and migrants. Approximately 34 per cent of people in need are women and girls.

The total number of women in need of assistance is 278,000. The relatively small proportion of women identified as in-need is due to the high proportion of refugees and migrants identified as in-need, the vast majority of whom are young men and boys, travelling alone.

The reduced number of people identified as in need of humanitarian assistance in 2019, compared to 2018, should certainly not be interpreted as an improvement in the humanitarian situation in Libya. The decrease in the number of people identified as in need of humanitarian assistance is rather a direct result of methodologically improved needs analysis, focused on the most severe humanitarian needs across the country, enabled by an increased availability of information and more refined data collected through needs assessments and monitoring.

NUMBER OF PEOPLE IN NEED BY SECTOR

	BY STATUS					BY SEX & AGE*		TOTAL
	IDPs	Returns	Host + non-displaced	Refugees	Migrants	% female	% children, adult, elderly*	People in need
 Education	10K	11K	20K	24K	29K	39%	100 0 0%	93K
 Food Security	33K	41K	107K	23K	94K	35%	30 67 8%	298K
 Health	56K	122K	72K	54K	250K	31%	26 72 8%	554K
 Protection	93K	32K	26K	125K	214K	31%	27 70 15%	490K
 Shelter & NFIs	48K	97K	22K	22K	102K	34%	29 68 10%	292K
 Water, Sanitation & Hygiene	43K	85K	69K	14K	56K	39%	34 63 0%	267K

*Children (<18 years old), adult (18-64 years), elderly (>64 years)

PEOPLE IN NEED

(NOV 2018)

BY STATUS

BY AGE

TOTAL

Region	BY STATUS					BY AGE		TOTAL
	IDPs	Returnees	Non-displaced	Refugees	Migrants	% female	% children, adult, elderly*	People in need
AL JABAL AL AKHDAR	3K	-	1K	3K	4K	33%	26 71 3%	10K
AL JABAL AL GHARBI	1K	5K	1K	10K	14K	30%	25 73 2%	31K
AL KUFRAH	5K	1K	3K	10K	10K	33%	27 70 3%	29K
AL MARJ	-	-	2K	2K	2K	34%	33 64 2%	6K
ALJFARAH	6K	2K	4K	4K	6K	37%	33 64 3%	22K
ALJUFAH	1K	-	3K	1K	7K	26%	20 68 2%	11K
ALMARGEB	3K	-	9K	5K	15K	30%	21 77 2%	32K
AZZAWYA	3K	-	5K	4K	20K	25%	19 79 2%	33K
BENGAZI	10K	73K	7K	10K	8K	43%	39 58 4%	108K
DERNA	3K	1K	6K	1K	3K	40%	34 63 4%	13K
EJDABIA	7K	-	1K	24K	16K	32%	33 63 4%	46K
GHAT	4K	-	-	1K	4K	32%	28 69 3%	10K
MISRATA	11K	2K	3K	8K	43K	24%	19 79 2%	66K
MURZUQ	5K	-	3K	4K	26K	23%	17 81 1%	38K
NALUT	1K	1K	2K	2K	3K	33%	27 70 3%	9K
SEBHA	14K	1K	8K	1K	27K	29%	23 75 2%	52K
SIRT	4K	52K	8K	-	1K	46%	42 55 4%	67K
TOBRUK	1K	-	1K	1K	1K	36%	31 65 3%	4K
TRIPOLI	13K	11K	75K	31K	58K	35%	30 67 3%	188K
UBARI	2K	8K	2K	1K	12K	31%	30 69 2%	25K
WADI ASHSHATI	1K	-	2K	-	2K	33%	34 64 2%	6K
ZWARA	-	6K	-	2K	6K	31%	27 71 2%	15K
TOTAL	97K	165K	148K	125K	288K			0.82M

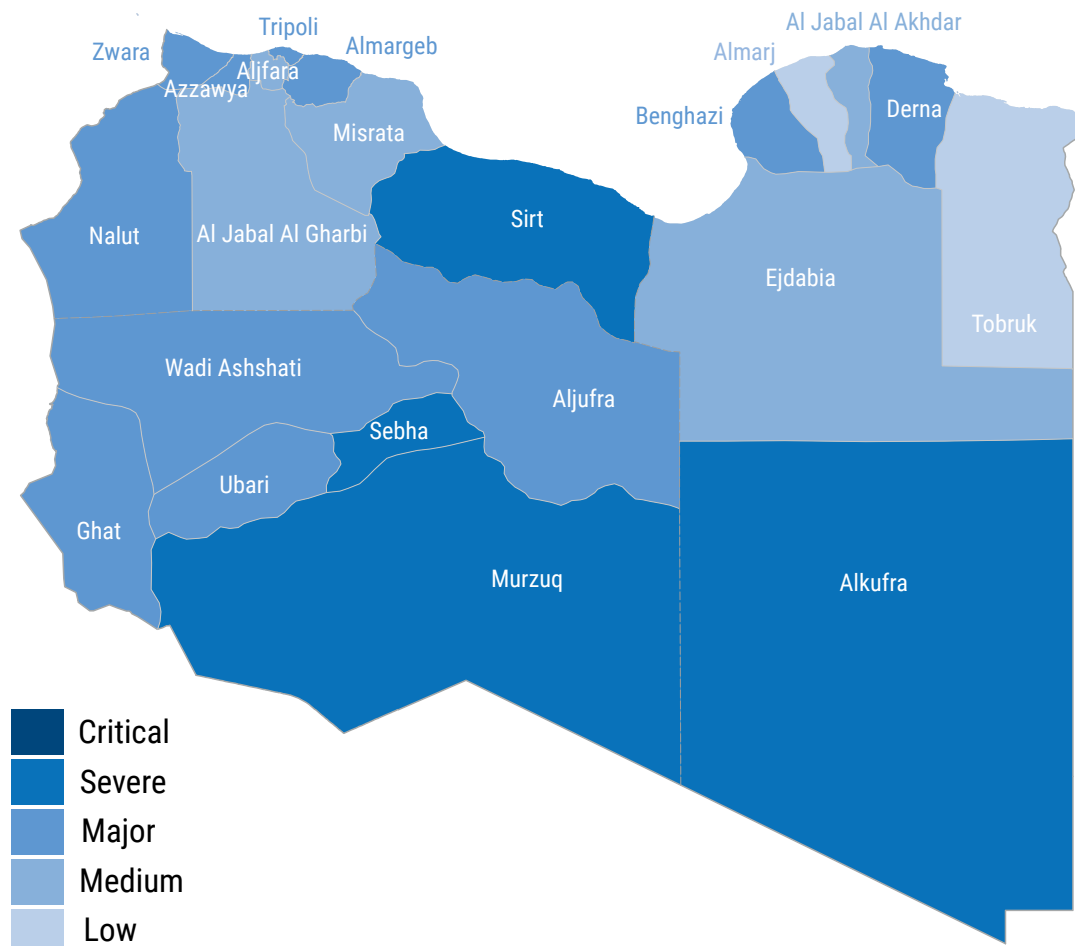
*Children (<18 years old), adult (18-64 years), elderly (>64 years)

SEVERITY OF

NEEDS

Overall people with the most severe and multiple needs across all sectors live in the mantikas of Sirt, Alkufra, Murzuq and Sebha. They have been heavily and extensively impacted by the crisis, have limited resilience, and have been forced to adopt multiple negative coping mechanisms. The main needs are related to protection, access to essential healthcare, education services, and sufficient safe water supplies, and access to basic goods and commodities including food and essential household items.

SEVERITY OF NEEDS



MOST

VULNERABLE GROUPS

People identified as vulnerable are individuals or families who have specific circumstances that undermine or limit their resilience to withstand the impacts of the crisis. Vulnerabilities are mainly related to gender, age, disabilities, ill-health, nationality, and legal status in Libya. People who have been forced to adopt emergency level negative coping mechanisms due to socio-economic challenges are also considered vulnerable.



Severely affected women with gender specific vulnerabilities



Children at risk and exposed to hardship, violence and abuse



Out-of-school or unemployed youth, and young migrants and refugees



Severely affected elderly persons including those with specific healthcare needs



Crisis affected persons with disabilities



IDPs living in informal settlements and IDPs unable to return to their homes



Tawergha community



Vulnerable refugees and migrants in or transiting through Libya



Vulnerable refugees and migrants from East- and sub-Saharan African countries



Refugees and Migrants in Detention Centres

These groups include among them severely affected women, children, elderly persons, people with disabilities, and people suffering from chronic illnesses and diseases. Severely affected refugees and migrants are also considered to be amongst the most vulnerable groups as a result of protection issues linked to refugee status, the irregular status of foreign nationals in Libya, racism and discrimination, socio-economic issues, and broader political issues related to controlling mixed migration. Refugees and migrants in formal and informal detention centres are considered particularly vulnerable, as are refugees and migrants from sub-Saharan African countries who face specific discrimination as a result of the colour of their skin and prejudice towards certain nationalities.

Severely affected women with gender specific vulnerabilities

Libya is a patriarchal society in which women and girls face discrimination in law and practice, and have unequal access to basic freedoms and rights. Women generally have limited participation in leadership, family decision making, and access to finances. They also face restrictions on movement,

imposed controls over their behaviour, and risks of exposure to GBV. The crisis in Libya has exacerbated the challenges for women across the country.

Based on the inter-sector needs analysis, an estimated 278,000 women are identified as in need of humanitarian assistance, including 150,000 women facing protection issues and an estimated 170,000 women facing challenges to access to healthcare. Approximately 36,000 girls need support to access quality education.

According to the Libyan National Family Health Survey, 13.7 per cent of households are headed by a woman.⁷⁰ Female-headed households face multiple challenges in a male-dominated society, with the gender roles of male breadwinner and female homemaker the most prevalent in Libya. Only 29 per cent of women report to be in the formal labour force, out of whom 93 per cent are employed in the public sector, mainly in the health and Education Sectors. An estimated 79 per cent of men are employed in the formal sector.⁷¹

⁷⁰ Pan Arab Project for Family Health (PAPFAM), 2014

⁷¹ World Bank, "Labour Dynamics in Libya" 2015

In general working women are expected to hand over their earnings to male family members, leaving them with very limited savings and security related to financial independence. Studies found only 34 per cent of women had financial savings, and 59 per cent did not have any savings at all.⁷²

Many refugee and migrant women have specific vulnerabilities, primarily based on a combination of risks linked to their irregular status and social issues related to both sexism and racism in Libya and in neighbouring transit countries. As a result, refugee and migrant women face high risks of abuse and exploitation, including sexual violence.

UNICEF reports that nearly half of migrant women and children face direct exposure to frequent sexual abuses during their journey to and time in Libya.⁷³ IOM reports that 36 per cent of adults interviewed have observed someone travelling with them having been threatened with sexual violence during their migratory journey. Women and girls in detention centres in Libya are at very high risk of violations of their fundamental human rights.

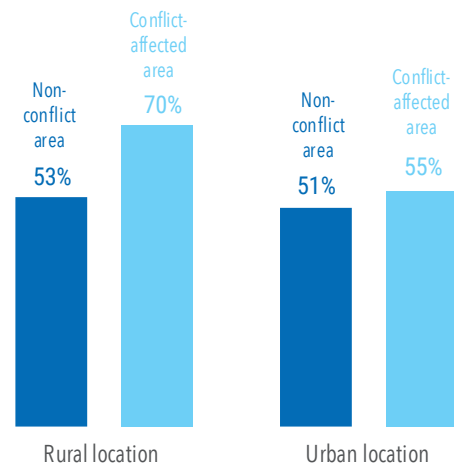
Over the course of 2018, the humanitarian community has made significant efforts to deepen their understanding of vulnerabilities through monitoring and assessments, including gender-based vulnerabilities, and ensure a more gender sensitive determination of humanitarian needs. Nonetheless strengthened efforts continue to be needed to improve quality of sex and age-disaggregated data, and to systematically collect information on the impact of gender-based vulnerability using participatory and inclusive needs assessment tools.

Many refugee and migrant women have specific vulnerabilities, primarily based on a combination of risks linked to their irregular status and social issues related to both sexism and racism in Libya and in neighbouring transit countries.

Children at risk and exposed to hardship, violence and abuse

In Libya, the protracted armed conflict, multiple displacements, economic crisis and widespread violence take a heavy toll on the lives of children. Not only do children suffer from the direct consequences of war and armed violence by being exposed to risk of recruitment by armed forces or groups, physical injuries and death, they are also indirectly affected by displacement, worsening of economic conditions, weak referral systems and the distress experienced by their caregivers. Armed conflict and harsh living conditions affect all aspects of child development, including physical, mental and emotional⁷⁴. Such effects accumulate and interact with each other. The impact of multiple distress factors in a child's life cannot be fully understood without looking at the related effects on women, families and the community support systems that provide protection and a secure environment for child survival and development. Children's well-being is best ensured through family and community-based solutions that draw on local culture and an understanding of child development.

PHYSICAL VIOLENCE IN SCHOOLS IN CONFLICT-AFFECTED AREAS



Source: UNICEF (2017) 'Study on Violence against Children in Libya'

Children in Libya are dying because of the crisis. In 2017, at least 40 children were killed and 38 children injured by air strikes, shelling, small arms fire, improvised explosive devices and explosive remnants of war.⁷⁵

The disruption of food supplies, the challenges in accessing goods and commodities, the disintegration of families and communities, the displacement of populations and the overall weakening of educational and health services and of water

⁷² Social Institutions and Gender Index (2016). Libya. Available from <http://www.genderindex.org/country/libya>

⁷³ UNICEF, 'A deadly journey for children: The migration route from North Africa to Europe', 2017

⁷⁴ United Nations/UNICEF, 'Impact of Armed Conflict on Children', 1996

⁷⁵ United Nations, Children and Armed Conflict - Report of the Secretary-General (A/72/865-S/2018/465)



Photo:

and sanitation systems, have severely adverse effects on children.

Child Protection partners have identified that the children who are the most affected by the crisis are unaccompanied children, children at risk of affiliation with armed groups, child survivors of physical and sexual violence, caregivers and children in distress, children at risk of exploitative labour, children with disabilities, and children who are arbitrarily detained and at risk of being trafficked and smuggled.

There are a total of 86,000 refugee and migrant children in Libya, approximately 35 per cent of whom are unaccompanied and separated.

Refugee and migrant children are particularly exposed to risks and face grave human rights abuses across Libya and in detention centres, including sexual exploitation and abuse, beatings and other forms of violence. There are a total of 86,000 refugee and migrant children in Libya, approximately 35 per cent of whom are unaccompanied and separated. These children are exposed to particularly high risks and face grave human rights violations and abuse. According to the DTM, 88 per cent of child migrants have suffered from physical violence during their journey.⁷⁶

A total of 248,000 children are in need of humanitarian assistance. Of those, an estimated 134,000 children face protection issues in Libya. Children represent up to 41 per cent of the displaced population, 9 per cent of the migrant population, and 30 per cent of the refugee population.⁷⁷

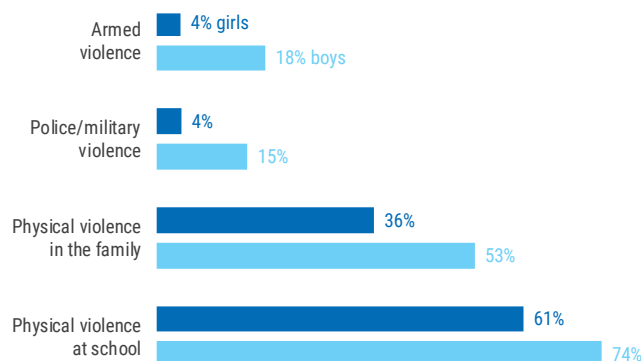
Out-of-school or unemployed youth, and young migrants and refugees

Libyan adolescents and youth⁷⁸ are among the most vulnerable population groups in the country as a result of risks related to the conflict. Out-of-school adolescents and unemployed young men who have very limited engagement in civil society are particularly at risk of being forced or coerced into joining armed groups or militias.

Many of the migrants and refugees in Libya are young men who set out to escape harm or secure better futures, face staggering risks in the process. Their journeys are marked by high levels of abuse, trafficking and exploitation. Adolescents and youth are at greater risk than adults on the migration routes, with the Central Mediterranean Route to Italy being particularly dangerous. Their journeys take most young

migrants and refugees through Libya, where they contend with pervasive lawlessness and violence, and are often detained by State authorities and others.⁷⁹

REPORTED EXPERIENCES OF PHYSICAL VIOLENCE BY GENDER



Source: UNICEF (2017) 'Study on Violence against Children in Libya'

Travelling in a group, whether with family or not, affords young migrants and refugees a measure of protection in Libya. However, other factors such as their place of origin do play a role in increasing protection risks. One of the most common profiles of adolescent migrants is a boy from sub-Saharan Africa, who has secondary education and travels in a group along the Central Mediterranean Route. UNICEF estimates 73 per cent of migrants with this profile have faced exploitation during their journey to or in Libya. Non-sub-Saharan adolescent migrants, face a much lower risk of exploitation (38 per cent).⁸⁰ Countless testimonies show that youth from sub-Saharan Africa are treated more harshly and targeted for exploitation because of the colour of their skin.

Severely affected elderly persons including those with specific healthcare needs

The elderly population (over 64 years old) represents 5.1 per cent of the overall population in Libya.⁸¹ In general, elderly persons are considered as vulnerable in Libya with significant support needs that are not met by public sector services. Many elderly people in Libya require regular access to healthcare services due challenges related to physical frailty and illness. More than 76 per cent of the elderly population with chronic diseases suffer from a lack of access to medicines.⁸²

Elderly women are more vulnerable to poverty and disease, and have limited access to services compared to elderly men and the rest of the population. Although it is reported

⁷⁶ IOM/DTM, Flow monitoring surveys: the Human Trafficking and other exploitative practices indication survey analysis on adult and children on the Mediterranean routes, 2017

⁷⁷ IOM/DTM, Libya round 21, (July – August 2018)

⁷⁸ Adolescents include children aged 14-17. Youth refers to young people aged 18-24.

⁷⁹ UNICEF/IOM, Harrowing Journeys, 2017

⁸⁰ Ibid.

⁸¹ UNFPA/Bureau of Statistics and Census

⁸² REACH, Multi-Sector Needs Assessment 2017

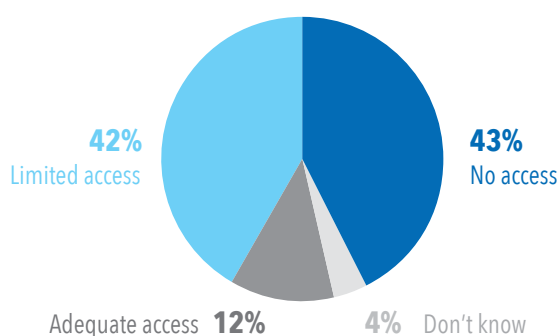
that social security exists in Libya, no data is available to substantiate these claims. For the severely affected elderly to live a dignified life in Libya support with housing, healthcare, income, disability, and access to adequate food is required. Libyans are expected to continue to depend on their children in their old age instead of social security, and the burden of the care-giver role is often placed on the shoulders of daughters and other women in the family.

Elderly women are more vulnerable to poverty, disease, and have limited access to services compared to elderly men and the rest of the population.

Crisis affected persons with disabilities

Persons with disabilities are strongly impacted when a crisis occurs and are highly likely to be heavily affected by direct exposure to conflict and violence. Globally, an estimated 27 per cent of people with disabilities report being psychologically, physically or sexually abused in crisis situations. Within any crisis-affected community, children and adults with disabilities are among the most marginalized, yet they often are excluded from humanitarian assistance⁸³ and face challenges in accessing basic services such as water, shelter, food and health, they also have specific needs related with their vulnerabilities such as, rehabilitation support, and assistive devices.⁸⁴

PERSONS WITH PHYSICAL DISABILITIES HAVING ACCESS TO NEEDED HEALTHCARE SERVICES



Source: REACH, Multi-Sector Needs Assessment, 2018

During disasters and conflict, children with disabilities are more likely to be left behind, abandoned or neglected, they may lose essential medications and assistive devices,

reducing their level of functioning and resulting in increased dependence on caregivers. Children with disabilities in Libya are highly vulnerable and much more likely than be exposed to exploitation and abuse than other children.⁸⁵ Girls with disabilities are particularly vulnerable and are at risk of sexual and gender-based violence.⁸⁶

Disability remains a critical source of vulnerability, that can contribute to gender-based discrimination and violence. Women and girls with disabilities suffer from amplified forms of GBV and have limited access to services. Also, the customary division of labour in Libyan society means that women and girls bear the primary responsibility for the functioning and maintenance of households. This division of labour continues to apply to married women with disabilities, who face additional hardship. As children and adolescents with disabilities are rarely included in assessments and other data collection exercises, humanitarian programmes may inadequately document and consider their needs. Much more information is required to better understand the specific needs of people with disabilities in the context of the crisis in Libya.

IDPs living in informal settlements and IDPs unable to return to their homes

There are an estimated 37,000 people who have been forced to move from their homes as a result of insecurity and conflict, and now live in informal settlements, abandoned buildings, public buildings and private spaces in Libya.⁸⁷ Living in these conditions is an absolute last resort for Libyans, indicating that people in this situation have very limited coping mechanisms and a very high level of vulnerability.

Conditions of life in these circumstances are very poor, as a result people face serious protection and health risks, and challenges to access basic goods and commodities including food and essential household items.

The majority of people displaced and living in informal settlements and other precarious situations are located Tripoli, Sebha, Ghat, Benghazi and Murzuq. There are particularly acute challenges and high risks for women, children, people with disabilities, the elderly, and people with chronic illnesses living in harsh conditions as a result of being displaced.

They are approximately 35,000 IDPs who are not able to return to their places of origin due resistance from authorities and neighbouring communities. The main reasons for their initial displacement are linked to political opinion and/or perceptions that they support certain armed groups other communities and the authorities are against. These people face many protection challenges during displacement including the denial of access to basic services, harassment, detention, loss or lack of civil documentation, evictions and

83 UNICEF/Handicap International (HI), Guidance – Including Children with Disabilities in Humanitarian Action. 2017

84 HI, Disability in Humanitarian Contexts, 2015

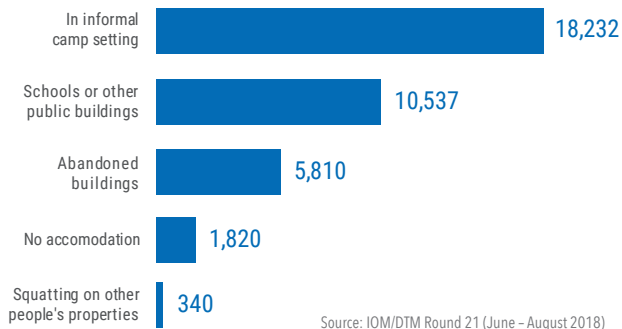
85 UNICEF, Violence Against Children in Libya, 2018

86 UNICEF, State of the World's Children: Children with disabilities, 2013

87 REACH, MSNA 2018; IOM DTM round 21 (July – August 2018)

a lack of access to cash. Most people facing these challenges form Benghazi, Sirt and Derna.⁸⁸

NUMBER OF IDPS LIVE IN INFORMAL SETTLEMENTS, ABANDONED BUILDINGS, PUBLIC BUILDINGS AND PRIVATE SPACES



Tawergha community

An estimated 40,000 Tawerghans live in informal settlements, often in appalling and precarious conditions. They are often exposed to forced eviction, the last one being in August 2018, when the Tariq al-Matar Camp in Tripoli, hosting around 2,000 IDPs, was raided, homes demolished, and people forced to flee. The raid rendered people homeless, and violated their dignity and their rights to protection under International Human Rights and International Humanitarian Laws.⁸⁹

Seven years since the Tawergha community was displaced from their hometown by Misrata militia forces, the vast majority are still unable to return safely to their homes. The Tawergha community has faced relentless reprisal attacks from Misrata forces. They have also faced human rights violations and abuses including arbitrary arrests, torture and other ill-treatment, enforced disappearances and extrajudicial executions. To date, there has been no investigation into these abuses and no one has been held to account for these crimes⁹⁰.

After several reconciliation attempts over the past two years, the GNA decided to implement the Misrata-Tawergha agreement and to allocate funds to compensate those affected by the painful events that took place in that area and to support the Tawergha community to return to their homes starting 1 February 2018.⁹¹

On 3 June 2018, local officials from Misrata and Tawergha signed a Reconciliation Charter, which fell far short of international human rights standards. The Charter failed to ensure the unconditional and safe return of the some 40,000

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Tawerghan IDPs. The Charter's preamble reproduced a one-sided narrative of the conflict, only referencing alleged crimes committed by the Tawergha community. The Charter further undermined the Tawerghans' rights to freedom of expression and association, placed returns and security under the control of armed groups from Misrata and excluded a range of Tawerghans from the possibility of returning to their hometown. The Tawergha Shura Council and other members of civil society opposed conditions set by the Charter.

Tawergha IDPs continue facing different discrimination from different militia in the country. In August 2018, a local militia evicted 370 families from the Tawergha community in Tripoli. The Tariq al-Matar informal settlement use to host Tawergha IDPs since 2011. The evicted families are still displaced in locations in Tripoli and other areas. The humanitarian community condemned the forced evictions and asked for an independent investigation on the incident. To date no action has been taken by local authorities.

Vulnerable refugees and migrants in or transiting through Libya

According to the United Nations Support Mission in Libya (UNSMIL) and Office of the United Nations High Commissioner for Human Rights (UNOHCHR) report, 'Detained and Dehumanised: Report on Human Rights Abuses Against Migrants in Libya',⁹² the situation of refugees and migrants in Libya is a human rights crisis, in which the breakdown of the justice system has led to a state of impunity with armed groups, criminal gangs, smugglers and traffickers controlling the flow of migrants through the country.

Pursuant to findings by various UN agencies, including UNHCR and IOM, refugees and migrants, especially those in the hands of traffickers, smugglers, criminal gangs, and militia, are subjected to arbitrary detention, torture, forced labour, extortion, unlawful killings, sexual exploitation, and a host of other human rights violations and abuses. Additional issues faced by refugees and migrants transiting through Libya include harsh environmental conditions, contamination by UXOs, unsafe means of transportation, and minimal or no access to food, water, and medical support, all against a background of an absence of any meaningful rule of law or access to judicial processes.⁹³

88 Protection Sector update on the IDPs from Benghazi, 2018 <https://www.humanitarianresponse.info/en/operations/libya/document/lyb-protection-sector-update-idps-benghazi-may-2018>

89 United Nations Support Mission in Libya (UNSMIL)

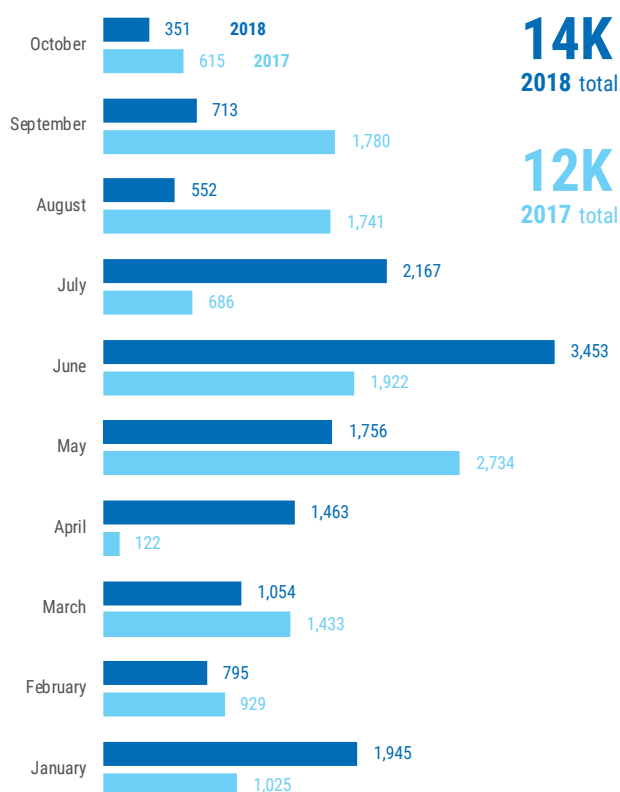
90 Amnesty International

91 United Nations Support Mission in Libya (UNSMIL)

92 UNSMIL/UNOHCHR, 'Detained and Dehumanised: Report on Human Rights Abuses Against Migrants in Libya', 2016

93 IOM/DTM Round 21 (June – August 2018)

RESCUED/INTERCEPTED AT SEA PER MONTH (2017-2018)



Source: UNHCR

Profiles of refugees and migrants transiting through Libya varying considerably. They can be loosely grouped into the following⁹⁴:

(1) Nationals from neighbouring countries (Niger, Chad, Sudan, Egypt and Tunisia) traditionally travelling to Libya for economic reasons. Seasonal and longer-term migration has been a common pattern in the region. However, their reason for migration is often mixed and linked to the political and socio-economic contexts.

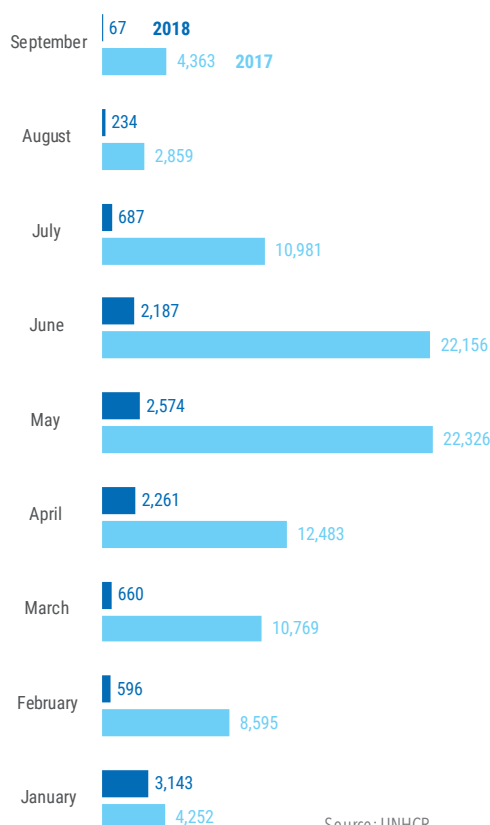
(2) Nationals of West and Central African countries (Nigeria, Guinea, Côte d'Ivoire, The Gambia, Senegal, Ghana, Mali and Cameroon) largely indicate economic reasons for migrating, while their motivations are usually mixed with other concerns, including armed conflict and insecurity in their countries of origin. Around half indicate an intention to travel onwards to Europe. With an average age below 30 years old and largely travelling on their own, their vulnerability to ill-treatment, extortion, and people smuggling/trafficking is high.

(3) Nationals from East African countries (Eritrea, Ethiopia, Somalia, South Sudan and Sudan) report having left their countries of origin because of political persecution, conflict or economic distress. They tend to transit quickly through Libya on their way to Europe, but may settle in Libya when provided

with sustainable economic opportunities and with social cohesion measures showing effect.

(4) Nationals from outside Africa usually originate from non-neighbouring Arab countries (Syria, Palestine, and Iraq) and predominantly flee from conflict and insecurity and mostly travel in family units. They tend to be more skilled and have a high level of education.

ARRIVALS IN ITALY FROM LIBYA PER MONTH (2017-2018)



Source: UNHCR

There are varying degrees of vulnerability within all of the groups based on their irregular status, nationalities, exposure to risks, and socio-economic situation in Libya. While many refugees and migrants in Libya are considered as in need of protection assistance and support, all those attempting to transit to Europe are amongst the most vulnerable in Libya, especially when risking the crossing of the Mediterranean Sea, and the harsh consequences if or when they are intercepted by authorities.

Further, a study on changes in mixed migration dynamics within Libya conducted in April 2018 found that, as a result of increased border guard controls in Niger and along the Libyan coast, mixed migration routes into Libya and attempted departures have diversified in the country. Accordingly, the study found an increase in arrivals from Algeria and Chad and a multiplication of smuggling hubs along the eastern coast of the country. This has reportedly led to an increase in refugees and migrants held for long periods

94 REACH/UNHCR, 'Mixed migration routes and dynamics in Libya: the impact of EU migration measures on refugees and migrants in Libya, 2018

of time with limited freedom of movement in warehouses and unsafe accommodation, as individuals remain more hidden waiting to be able to cross the sea. In the rest of the country, refugees and migrants reportedly continued to suffer from the difficult living situations in Libya already recorded before 2018.⁹⁵

Vulnerable refugees and migrants from East and sub-Saharan African countries

Though refugees and migrants from all nationalities face more protection issues than Libyans, refugees and migrants from sub-Saharan countries, who represent approximately 77 per cent of refugees and migrants currently in Libya, are particularly exposed to multiple forms of discrimination, racism, human rights violations and abuses, and face greater challenges to access essential goods and services. In 81 per cent of Libya's municipalities they are facing limited access to public services, often due to discrimination and denial of access due to their irregular status.⁹⁶ Overall sub-Saharan refugees and migrants adopt negative coping strategies in order to withstand the impact of their mistreatment and the overall crisis in Libya. Such negative coping strategies include begging and engaging in illegal and degrading work.

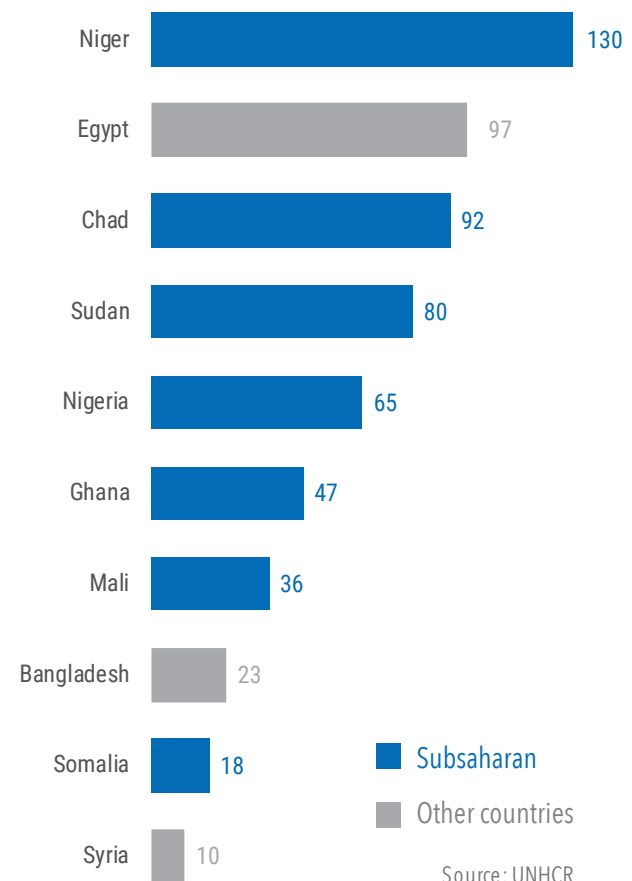
According to UNICEF studies, adolescent migrants and refugees from East- and sub-Saharan Africa are some of the most vulnerable people on the move. Countless testimonies show that youth from East and sub-Saharan Africa are treated more harshly and targeted for exploitation because of the colour of their skin. Adolescents from East- and sub-Saharan Africa with no education, travelling alone, face the highest risk of exploitation (89 per cent), whereas those traveling in groups face substantially reduced risks, and those with secondary education “only” face a risk of 73 per cent. As such, an adolescent boy with the same characteristics (secondary education, travelling in a group for less than three months), but from another geographic region, is at substantially lower risk of exploitation (38 per cent). According to UNICEF, over 80 per cent of adolescents and young people from sub-Saharan Africa reported exploitation, compared to around 55 per cent of those originating from elsewhere.

Results from UNHCR's profiling of Eritrean, Guinean and Sudanese arrivals in Italy in 2017 indicate that 75 per cent of the over 900 people interviewed had experienced some form of abuse on the routes leading to Libya and Europe. 44 per cent of those interviewed voluntarily reported that they had witnessed one or more deaths during their journey. Results of the profiling showed that 64 per cent reported physical abuse, violence or torture. 45 per cent reported being subjected to deprivation of food, and 41 per cent to deprivation of water. 30 per cent reported having been subjected to exploitative labour practices, and 21 per cent experiencing extortion or corruption. 11 per cent of people reported being shot or

threatened with shooting, and 3 per cent reported being subjected to sexual abuse or exploitation, including 7 per cent of women and 2 per cent of men. It is of note that while some women and men did report experiencing sexual violence, the actual number of survivors is thought to be far higher as sexual violence is typically underreported in such profiling exercises.⁹⁷

Refugee and migrant children from East- and sub-Saharan African countries face the greatest difficulty in accessing education, as they are particularly discriminated against by Libyan schools and face significant language barriers.

TOP 10 PLACES OF ORIGIN AMONG MIGRANTS/ REFUGEES



⁹⁵ Ibid

⁹⁶ IOM/DTM, Round 21, (June-August 2018)

⁹⁷ UNHCR, *Desperate Journeys: Refugees and Migrants Arriving in Europe and at Europe's Borders*, 2018

Refugees and Migrants in Detention Centres

An estimated 6,700 refugees and migrants are currently being held in 'formal' detention centres run by the Department for Combatting Illegal Migration (DCIM) under the authority of the Ministry of the Interior. They are brought to detention centres following their interception/rescue-at-sea by the Libyan Coast Guard (LCG), where there is no formal registration system to account for their presence, or that highlights 'disappearances' during detention and for the period between interception and detention. There is also no access to legal process or judicial review.

Conditions in detention are regularly reported as being inhumane and characterized by severe overcrowding, without adequate access to toilets or washing facilities, food, or clean water.⁹⁸ In several detention centres, migrants and refugees are held in large numbers in a single room without sufficient space to lie down or to access WASH facilities, suffering from extreme heat in the summer and extreme cold in the winter.

Sanitation conditions in detention centres range from substandard to catastrophic, and combined with overcrowding, the risks associated with the spread of infectious diseases is high. Although public hospitals are supposed to systematically receive refugees, following an agreement made with UNHCR in 2018, many health centres continue to refuse to treat refugees citing a lack of payment and fear of infectious diseases. IOM and other humanitarian agencies report the same challenges exist for migrants to access healthcare. Reports indicate consistent and widespread patterns of guards beating, humiliating and extorting detained refugees and migrants, including by taking bribes for their release or to access a mobile phone.

Women, children, elderly persons and people with other specific needs, often suffer from trauma as a result of being held in detention centres as they are particularly vulnerable to high risks of violence including sexual exploitation and abuse. The majority of women interviewed in detention centres reported verbal and physical abuse perpetrated by the predominantly male guards. Children do not receive any preferential treatment and are often placed in cells together with adult detainees, which increases risks of abuse.

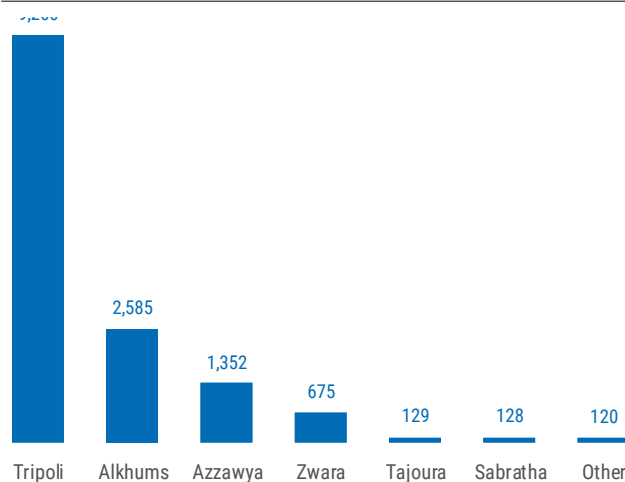
Detention centres often have as many as 20 persons crammed into cells not larger than two square metres for extended periods of time. This has resulted in significant adverse health outcomes including extremely challenging psychological impacts.⁹⁹

During 2018, humanitarian actors reported serious concerns regarding the living conditions and abuses of detained migrants and refugees. In response the Ministry of the Interior provided funds to DCIM for the up-keep and management of detention centres including the provision of

adequate and quality food for all detainees. However, on a continuous basis, refugees and migrants at DCIM-operated detention centres are not provided with sufficient food, leading to significant health and nutrition concerns.

Human rights groups and media reports indicate that thousands of refugees and migrants are being held in clandestine holding facilities, otherwise known as 'informal' detention centres, across Libya. In essence these facilities are no more than forced labour camps, farms, warehouses, and hangars, that resemble makeshift prisons run by militia, smugglers, traffickers and other armed groups. For the thousands of refugees and migrants, including women and children, incarcerated in such locations, they are living hellholes where people are held for up to one year or more. Humanitarian access to these facilities is non-existent, due to a lack of information, political barriers and security related issues, including serious security risks for aid workers.

PEOPLE RESCUED/INTERCEPTED IN 2018 BY DISEMBARKATION POINT



Source: UNHCR

In October 2017, in the aftermath of clashes in and around Sabratha, a coastal town used by smugglers as an embarkation hub, up to 14,000 refugees and migrants were left stranded, many of whom were being held in dire conditions and exposed to human rights violations and abuses perpetrated by smugglers and armed groups.

⁹⁸ UNHCR, *Desperate Journeys: Refugees and Migrants Arriving in Europe and at Europe's Borders*, 2018

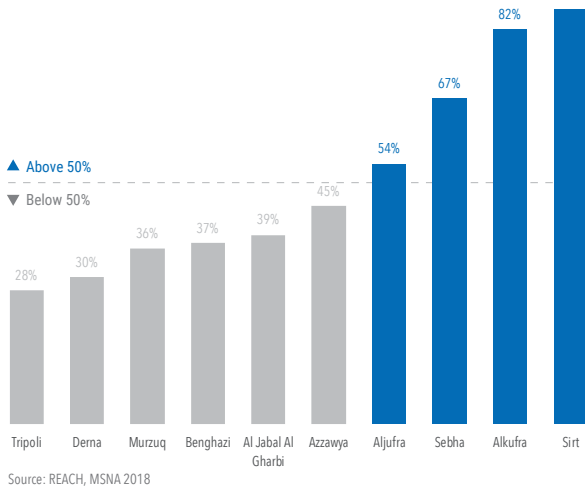
⁹⁹ United Nations Support Mission in Libya (UNSMIL)

COPING MECHANISMS AND SOCIAL SAFETY SUPPORT

Coping Mechanisms of Libyans

Many Libyans have thus far managed to withstand many of the varied impacts of the crisis in Libya as they have sufficient coping mechanisms in place. However, ongoing conflict and economic decline have steadily eroded people's resilience to the crisis, leaving large parts of the population at risk. Many Libyans have already had to adopt one or more negative coping mechanism, leading to multiple adverse effects. Coping mechanisms include relying on savings (52 per cent), borrowing money (35 per cent), reducing expenses on household items (28 per cent), purchasing on credit (35 per cent), and selling non-productive assets such as jewelry (23 per cent).¹⁰⁰ The impacts of the crisis on the most vulnerable have also led to the use of emergency level negative coping mechanisms¹⁰¹ including begging (5 per cent) and socially degrading, exploitative, high risk or illegal work (3 per cent), including prostitution.

PERCENTAGE OF LIBYANS RESORTING TO NEGATIVE CASH COPING MECHANISMS



People in Libya are also adapting how they access food and their food consumption, including relying on less expensive or less preferred food (72 per cent), borrowing food (22 per cent), limiting portion sizes (38 per cent), reducing the number of meals per day (31 per cent), and restricting adult food consumption so children can eat (21 per cent).¹⁰²

¹⁰⁰ REACH, MSNA 2018

¹⁰¹ There are three levels of coping mechanism identified, 'crisis', 'emergency' and 'stress'. 'Emergency' refers to people begging and engaging in degrading illegal work. 'Crisis' refers to selling productive assets and reducing expenses on health and NFIs, and delaying/skipping rent. 'Stress' refers to selling non-productive assets, borrowing money, getting additional jobs, purchase on credit, and spending savings.

¹⁰² REACH, MSNA 2018

¹⁰³ These negative coping mechanisms are not sustainable and as a result many Libyans are year by year becoming incrementally less able to withstand the economic impacts of the crisis.

Comparing data from the MSNA 2017 and the MSNA 2018 across the seven mantikas covered in both assessments, including Jabal al Gharbi, Misrata, Tripoli, Benghazi, Derna, Ghat and Sebha, trends indicate that the humanitarian situation in Libya is deteriorating.

The number of households across the seven mantikas that reported relying on spending savings has decreased from 62 per cent in 2017 to 46 per cent in 2018, while the most prominent trend in 2018 was an increase in households relying on purchasing food on credit or borrowing food, which nearly doubled from 15 per cent in 2017 to 29 per cent in 2018. This may be indicative of a broader shift towards a reliance on credit rather than savings, with savings either inaccessible due to liquidity challenges or savings being exhausted as has been reported by 11 per cent of households in 2018, up from 5 per cent in 2017. This analysis is supported by data showing an increasing reliance on credit-based payment methods such as cheques, from 11 per cent in 2017, up to 24 per cent in 2018.¹⁰⁴

MSNA findings in 2018 also indicate 41 per cent of households in Sebha, 27 per cent in Benghazi, and 26 per cent in Derna reported reducing expenses on health services, medicines, or education. 94 per cent of households in Zwara, 85 per cent in Aljufra and 74 per cent in Sebha reported relying on spending savings. 30 per cent of households in Alkufra and 32 per cent of households in Sebha reported adopting begging as a coping strategy. Households with a family member taking an additional job almost doubled from 16 per cent to 29 per cent from 2017 to 2018.

Given the history and culture of the Libyan population, the necessity to adopt certain coping mechanisms has had a profoundly adverse and lasting effect on the mental well-being and feelings of dignity of people and families. The emergency level coping mechanisms such as begging and engaging in illegal or degrading work are of course very damaging. But other mechanisms such as when husbands are forced to ask their wives to sell items that are important symbols of their heritage and identity, such as a jewelry which has been handed down over generations, also have deep and lasting negative impacts.

¹⁰³ REACH, MSNA 2018, household employing any of these negative cash coping mechanism criteria: sell non-productive asset, sell productive asset, reduce expense health, begging, degrading illegal work.

¹⁰⁴ REACH, MSNA 2018

LOCATIONS WHERE OVER HALF OF AFFECTED PEOPLE HAVE ADOPTED AT LEAST ONE CRISIS LEVEL NEGATIVE COPING MECHANISM



Source: REACH, MSNA 2018

Women in Libya are particularly disadvantaged in regard to adopting negative coping mechanisms, given their limited share of agricultural holdings, their restricted access to services, and the limited economic opportunities available to generate income. This disadvantage restricts women's ability to contribute to household and food security, and also increases the vulnerability of women and female-headed households to food insecurity and malnutrition.

Culturally it is also more likely that women reduce the number of meals they eat per day, limit portion sizes, and limit their food consumption so that children can eat. Given women's position in Libyan society, women are also more likely to be forced to adopt emergency negative coping mechanisms including begging and engaging in degrading and/or illegal work. More detailed information on coping mechanisms related to GBV is needed, including information on women and girls engaging degrading and/or illegal work. Those adopting such negative coping mechanisms face high risks of stigmatization, and even risk their lives.

Overall, an estimated 7 per cent of crisis affected Libyans are adopting emergency level coping mechanisms including begging and engaging in illegal and/or degrading work. The adoption of emergency level coping mechanisms is most prevalent in Alkufra, Sebha and Sirt.

Coping Mechanisms of Refugees and Migrants

Overall, refugees and migrants are more likely to resort to crisis or emergency level negative coping strategies than Libyans, mainly due to multiple specific vulnerabilities, poverty, and limited options and opportunities to overcome challenges in Libya. Common coping mechanisms include reducing the quality and quantity of their food intake, borrowing money from friends or employers, buying food on credit, relying on their families to wire money, and/or seeking jobs that include accommodation and food, thereby reducing expenditures on basic needs, even though this often increases the risks of exploitation. In general, refugees and migrants are

looking to save money at the expense of covering their basic needs.¹⁰⁵

Overall, refugees and migrants are more likely to resort to crisis or emergency level negative coping strategies than Libyans, mainly due to multiple specific vulnerabilities, poverty, and limited options and opportunities to overcome challenges in Libya.

Having major concerns about the risks of kidnapping and robbery and being targeted by the DCIM, smugglers, traffickers, criminal gangs and members of armed groups, many refugees and migrants take mitigating actions by moving as little as possible¹⁰⁶ and diversifying their ways of saving cash, to prevent savings being stolen all at once. For security reasons, refugees and migrants report only leaving home during the day, when the streets are busy, and only leaving the house for work reasons.¹⁰⁷

Personal contacts form a critical part of coping mechanisms for refugees and migrants, as their main source of support in Libya. For example, in order to minimize the risk of not being paid for work, many refugees and migrants, only work for employers that are familiar to them from previous employment, and with whom they have a relationship based on trust.¹⁰⁸

Refugees and migrants also recognize that keeping cash savings, even if small sums of money, may pose a risk to their security. As a result, some send their cash savings out of the country back to their families. However, due to the low official exchange rate and the amount of time it takes to accumulate enough funds to exchange and transfer savings, they also use other methods to secure cash, including hiding money in different places both inside and outside the home or with people they know and trust.¹⁰⁹

With significant concerns about their children missing out on education, some refugees and migrants have managed to form informal community schools to educate their children in relevant languages (i.e. French or English). These schools are few, basic and very limited in terms of having the resources to provide an appropriate learning environment and quality education for children.

¹⁰⁵ REACH 'Access to cash and the impact of the liquidity crisis on refugees and migrants in Libya' 2018

¹⁰⁶ UNHCR/REACH, 'Mixed migration routes and dynamics in Libya - The impact of EU migration measures on mixed migration in Libya', 2018

¹⁰⁷ Ibid

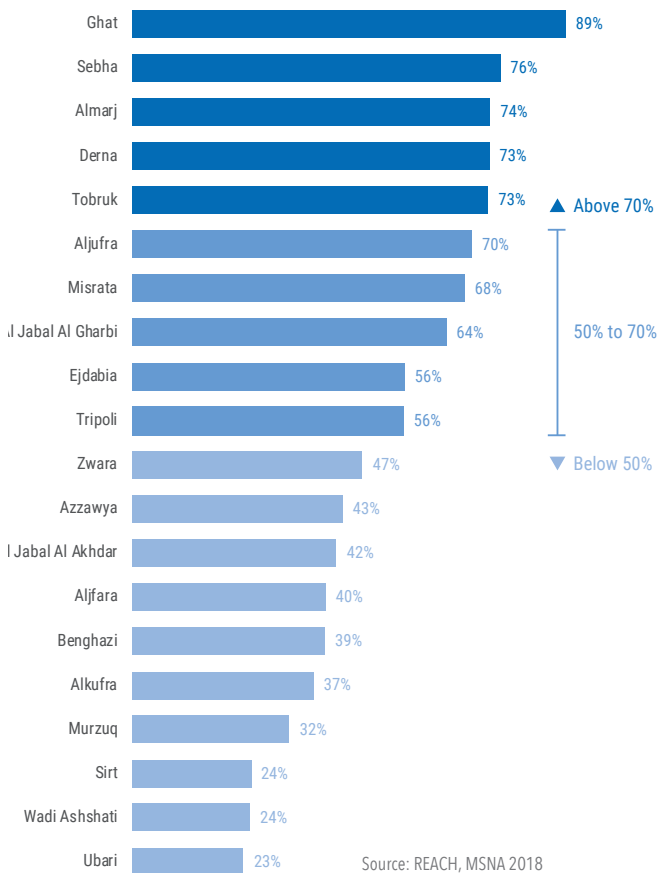
¹⁰⁸ Ibid

¹⁰⁹ Ibid

State Social Safety Support

Understanding the functionality and impact of State social safety support mechanisms in Libya is a major challenge due to a lack of access to reliable information. However, it is well documented that historically State benefits and financial support to its citizens, paid for by oil revenue, has been a central feature of the functional economy of the country. In the decades prior to the revolution in 2011, the Gaddafi government inflated the public sector, using public employment as an instrument in an extensive patronage system, providing Libyans with substantial financial support and benefits from State investment into the country's infrastructure. This hindered the development of modern State institutions in Libya, and meant a significant proportion of the population of Libya became reliant on State provided benefits through subsidies (e.g. fuel, food etc) and State employment. Many of these people have subsequently suffered as a result of the demise of State institutions.

UNABLE TO WITHDRAW SUFFICIENT CASH TO COVER MONTHLY BASIC EXPENSES



Following the overthrow of the Gaddafi government and following political instability and conflict, oil production disruptions resulted in severe economic crisis in Libya, with the State facing major liquidity issues.

As a result, national authorities have faced serious challenges to both continue service delivery and provide benefits to its citizens as before, whilst also attempting to build a modern government that can deliver critical core functions.

Major challenges remain for the government in reforming the public sector and public financial management to fulfil the demands of both the Libyan population in terms of transparency and accountability, and to meet requirements of the international community in order to unfreeze Libyan assets.

At this time, reliable information related to the details of public financial management, and to State social safety support being provided to Libyans, is very limited. It is understood that Libya still counts a high number of State salaried citizens and that there are some social safety mechanisms in place to support the most vulnerable. However, the extent to which Libyans benefit from State salaries and payments is largely unknown. In addition, payments made are transferred to Libyans' bank accounts, meaning that Libyans supported by the system can only access a fraction of the salary and/or social benefits, due to the liquidity crisis.

STORIES FROM LIBYA

Restarting Childhood in Libya

“I wish we could go back to living in our home like it was before a rocket hit it.”

Raquiaa, 6, lives with her older sister, Rukaya, 7, younger brother Saleh and parents in Janzour, Libya. In 2014, when the conflict started, an explosion hit their house injuring Saleh who was just three months old at the time.

Rukaya and Raquiaa were understandably affected by what they went through. Having seen the pain of their little brother, they became enclosed in their own world, unwilling to communicate with other children, and desperately clung to their mother who herself was suffering. Unable to find the money to rent another house, the family had to make some difficult choices. Eventually Rukaya and Raquiaa’s mother took the children to go and live with family members close by.

Amid this separation and further unrest however, Rukaya and Raquiaa retreated further into themselves. Although Saleh had since recovered from the blast injuries, the psychological pressure on their mother was affecting them both deeply.

Their father had heard about Al Nahla, an organization in Janzour operating child-friendly spaces for refugees, children with disabilities, and those from under-privileged families. He went to ask for guidance on how to support his children through this difficult time.

He explained his family’s situation to the staff. They advised him to enroll the girls at the UNICEF supported child-friendly space where they could access psychosocial support and child protection services.

Now Rukaya tells us, “I want to come here every day with my sister!” The child-friendly space is located inside a school whose walls are covered with drawings made by the students: it is easy to see why Rukaya loves being there.

The centre caters to around 1,200 children. Local students, from many different backgrounds, are enrolled in the school, and come to do sport, play chess, paint and draw, and receive specialized psychosocial support in a safe environment every week. UNICEF supports the space through generous support from the German government.

In just a short period of time, with the support of Al Nahla, Rukaya and Raquiaa’s parents have noticed a significant change in their daughters. Although Rukaya tells us that she sometimes has to talk for her shy sister, “she is not shy with me.” There has been a marked difference in their behaviour. They are playing and interacting with other children again, and just being normal young girls.

With the support of Al Nahla and UNICEF, the girls have also enrolled at the school that houses the centre. Although there is still much more to do until this family can resume their previous lives, for Rukaya and Raquiaa, attending the child-friendly space has certainly been a first step.



Finding Community Through Food

Mother of four, Khadeeja, thought she would spend the rest of her days in her hometown of Tawergha, in western Libya. But in 2011, her husband was killed when the conflict in the country began in earnest and violent clashes broke out in their area. While she was trying to decide what to do after his death, Khadeeja's neighbourhood was bombed and she and her children were forced to flee immediately.

"If only I had been given one more hour to take the things we needed the most. We had to leave our house while we were sitting down to lunch," says Khadeeja of the day they fled Tawergha and slowly made their way to Tripoli, Libya's capital city. "If I had known what would come next, I would have taken the bread and meat off the table and taken it with me."

For the last six years, Khadeeja and her children have lived in Al Falah camp for internally displaced people in Tripoli, where the family survives on humanitarian assistance and cash from odd jobs that her sons are able to find.

"There is very little money available," Khadeeja explains, referring to the liquidity crisis in Libya caused by a failing bank system that severely hampers people's access to cash and has led to much higher food prices. "Even today, I would never be able to afford to buy the food we get from the World Food Programme. With this, I can feed my children, and I don't have to use the little money we have on food. It is a big worry taken away."

With the support of donors, WFP provides rations to families like Khadeeja's. Each food ration lasts Khadeeja's family one month and contains the ingredients she needs to cook family meals.

"We share what we receive. I live alone with my children, but very often, other widows will come and eat with us, or we will invite children from another family to share food. We all sit down together to eat. That is the rule in my house. It gives us, in this camp far from home, a sense of family."



COMMUNICATING WITH COMMUNITIES

Over the past years there have been significant challenges to engage with communities across Libya and to comprehensively understand the nature of the impacts of the crisis on individuals and households at a detailed level. As a result of improved assessment designs and extensive enumerator training, assessments carried out in 2018 have collected more in-depth and comprehensive information, and helped to establish much improved communication with communities than in previous years.

For example, the MSNA for 2018 was able to cover 20 out of 22 mantikas across Libya, it covered only eight mantikas in 2017. The MSNA also carried out enough household level interviews to make up representative samples across the country. In addition, the MSNA collected information not only on needs but also related to the type and source of assistance that has been received, the various barriers to access assistance, preferred modalities of assistance, how people are getting information about available assistance, and the type of information people would like to be receiving in regard to available assistance. With years of development behind it, the DTM is also a very strong monitoring and assessment tool not only for gathering information about population movements and needs, but also for communicating with communities, operating through key informants, made up of a cross-section of individuals who represent communities across Libya.

Sectors have also ramped up efforts to ensure strong links and communication with communities. For example, the Protection Sector engages with affected communities through community centres to foster two-way communication and feedback with the humanitarian community, and to mobilize capacity towards protection to all members of the community, particularly the most vulnerable. In addition,

there are community-based protection initiatives that involve participation of the community to raise awareness on key protection issues, relevant to vulnerable Libyan and non-Libyan individuals and families, to prevent or resolve conflicts, and foster peaceful co-existence.

Building on improved communication with communities this year, the ETC sector is exploring opportunities to establish Services for Communities (S4C), including an inter-agency feedback mechanism to communicate with communities and convey people's feedback on services received.

Overall, as a result of improved communication with communities, humanitarian partners have been able to significantly improve the quality of sex and age-disaggregated data, to systematically collect information on the impact of gender-based vulnerability using participatory and inclusive needs assessment tools, and to have a much better understanding of the breakdown of community-based protection mechanisms.

According to a study conducted by Internews, UNHCR and Mercy Corps in November 2017, the main information needs of affected people are related to health and medical issues, access to assistance, information on education and safe places to live, and security, political and economic developments. Displaced people are mainly concerned about accessing information regarding the possibilities of returning to their homes. The most trusted sources of information are family, friends, neighbours and religious and tribal leaders. The main tools for accessing information are mobile phone applications, the internet, and events including social gatherings. In certain communities, where conservatism is growing, face to face communication is a key information source for women.
































NEEDS ASSESSMENTS AND INFORMATION GAPS

Humanitarian partners carried out 50 assessments in 2018 and 20 assessments in 2017 across multiple sectors. There were 8 countrywide assessments in 2018, and 42 assessments each covering specific geographic locations. Key assessments and sources of information contributing to the HNO include the MSNA 2018 and DTM.

While availability of information for the Libyan population has improved significantly compared to the previous years, there is still room for expanding the scope of data collection at the sectoral level. For the coming year, in-depth sectoral assessments should be carried out to ensure availability of adequate information for needs analysis. For refugees and migrants there is a need for a comprehensive multi-sectoral assessment to fill the data gaps.

TITLE OF THE ASSESSMENT	SECTOR	LOCATION	LEAD AGENCY	PLANNED COMPLETION DATE
Shelter and NFI in-depth needs assessment	Shelter/NFI	TBC	UNHCR	Aug-19
Out-of-School Children assessment	Education	Tripoli and Benghazi	NRC	Jul-19
Ports and Airport assessment	Logs/UNHAS	Benghazi, Misrata, Sebha, Tobruk	WFP	May-19
Informal Settlements Assessment in Libya	Shelter	Tripoli, Benghazi, Ubari, Alkufra, Sebha, Sirt	UN-HABITAT	Jul-19
Migration assessment, and IDPs and returnees assessment	Multi-sector	Whole of Libya	IOM	Every eight weeks
Multi-Sector Needs Assessment Libyans	Multi-Sector	Whole of Libya	ISWG/REACH	Jul-19
Multi-Sector Needs Assessment Migrants	Multi-Sector	Whole of Libya	ISWG/REACH	Jul-19
Mixed Migration trends in Libya	Multi-Sector	Whole of Libya	REACH	Every eight weeks
Area Based Assessment	Multi-Sector	Azzawya	REACH	Apr-19
Joint Market Monitoring Initiative	Cash and markets	Whole of Libya	REACH	Every month
Bakery assessment	FSS	Tripoli, Benghazi, Sebha	WFP	Aug-19
Joint food security and livelihood assessment	FSS	Whole of Libya	FAO/WFP	May-19
Population Profiling	Multi-sector	Whole of Libya	UNFPA	Dec-19





NUMBER OF ASSESSMENTS BY LOCATIONS AND BY SECTOR

	Cash and market 	Education 	Food Security 	Health 	Protection 	Emergency Shelter 	WASH 	TOTAL
 AL JABAL AL AKHDAR	5	4	4	4	4	4	4	12
 AL JABAL AL GHARBI	5	5	4	5	8	5	5	8
 ALJFARA	5	4	4	4	5	4	4	9
 ALJUFRA	5	4	4	4	4	4	4	8
 ALKUFRA	5	4	4	4	4	4	4	8
 ALMARGEB	5	4	4	4	5	4	4	9
 ALMARJ	5	4	4	4	4	4	4	8
 AZZAWYA	5	4	4	4	4	4	4	8
 BENGHAZI	6	5	6	5	10	7	6	15
 DERNA	6	5	5	5	5	5	5	9
 EJDABIA	7	4	5	4	4	5	5	11
 GHAT	5	4	4	4	4	4	4	8
 MISRATA	6	5	6	5	9	5	6	16
 MURZUQ	5	4	4	4	4	4	4	8
 NALUT	5	4	5	4	4	4	4	9
 SEBHA	6	5	6	5	5	6	6	10
 SIRT	5	4	5	5	6	5	5	10
 TOBRUK	5	4	5	4	4	5	5	9
 TRIPOLI	8	4	7	6	16	6	6	22
 UBARI	5	4	4	4	4	4	4	8
 WADI ASHSHATI	5	4	4	4	4	4	4	8
 ZWARA	5	4	5	4	4	5	5	9
TOTAL	11	9	16	12	37	16	16	50

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

PART II: NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR

-  Health
-  Protection
-  Shelter
-  Food Security
-  Water, Sanitation & Hygiene
-  Education
-  Logistics
-  Emergency Telecommunications

HEALTH

OVERVIEW



The country health system is fragile and fragmented, while the technical and operational capacities of the health workforce has been affected by the protracted conflict.

The Service Availability and Readiness Assessment (SARA) survey published in 2017 found that 17.5 per cent of hospitals, 20 per cent of Primary Health Care (PHC) facilities and 18 per cent of specialized health facilities in Libya have been partially damaged or completely destroyed by the conflict. Only 41 per cent of hospitals have a comprehensive set of essential medicines available, while levels of availability at PHC facilities and medical stores are extremely low at 10 per cent and 13 per cent respectively. Antenatal care (ANC) availability and readiness is limited at a national level due to a lack of medicines, guidelines and trained staff. Only 18 facilities offer family planning services in the entire country, and only eight offer counselling and testing for HIV. The overall lack of comprehensive health services has affected access of more than one million Libyans and non-Libyans to quality healthcare services.

The spread of communicable and vaccine preventable diseases in addition to limited capacities for the management of non-communicable disease has been one of the major challenges faced by most of the districts and municipalities.¹¹⁰ The massive migration and displacement in Libya with mounting health needs compel the intensification and upgrading of accessible, equitable, available and sustainable health services. The limited capacity of primary health care facilities, shortages of essential drugs, and high number of people in need of healthcare support paints a grim picture of the health situation in Libya. The current resources to provide specialized health care services to Libyans and non-Libyans across the country have become very scarce and overstretched. Moreover, as reported by the National Center for Disease Control (NCDC), the country is currently facing an outbreak of measles and rubella. The spread of tuberculosis and leishmaniasis has also been widely reported.

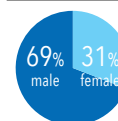
AFFECTED POPULATION

IDPs, returnees, host communities, and refugees and migrants are among the most affected people in need of healthcare support in Libya. Overall there are an estimated 554,000 people in need of healthcare assistance including both primary and secondary healthcare services. Of those, an estimated 45 per cent are Libyans and 55 per cent refugees and migrants. Approximately, 31 per cent of those identified as in need of healthcare assistance are women and girls.

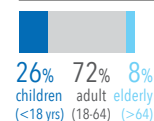
NO. OF PEOPLE IN NEED

554K

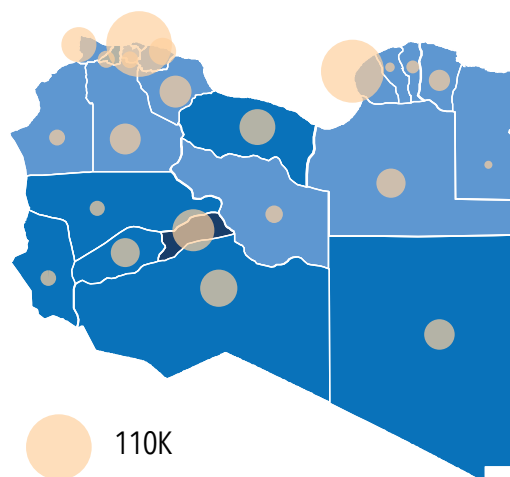
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SEVERITY MAP



In general, there are serious health concerns for all people who have challenges to access adequate healthcare services, but of particular note is the dire situation of refugees and migrants detained in DCIM detention centres, in which there is a considerable decline in the overall health of the individuals, many suffering from tuberculosis and scabies, aggravated by poor hygiene facilities. According to the National Tuberculosis Programme (NTP), 1,357 tuberculosis cases were recorded in 2017, of these 14.6 were migrants.

People with special needs, people with mental health issues, and people with chronic illnesses are in critical need of healthcare support.

HUMANITARIAN NEEDS

- The health system is weak and fragmented. The capacity of the health workforce is poor.
- Libyans, refugees and migrants, specific vulnerable groups including people with special needs, and people in rural communities have limited access to integrated services due to shortage of medical equipment and medicines, limited capacity of the health services providers and poor quality of the existing services.
- Inadequate healthcare assistance for refugees and migrants in detention centers. The rising numbers of migrants put extreme pressure on already under-resourced operations and facilities.
- The lack of equipment, space, and trained personnel at reception centres at disembarkation points leaves rescued

¹¹⁰ World Health Organisation, Early Warning Alert and Response Network (EWARN), 2018

migrants without the emergency, primary health care and referral assistance they urgently need after spending hours at sea, often sustaining injuries or being seriously ill from the arduous journey.

- Migrants in the detention are held in extremely precarious conditions. Sanitary facilities are insufficient, nutritious food is unavailable, and the lack of access to health create undue suffering among detainees.
- Public laboratories lack essential supplies and reagents to carryout diagnosis of infectious diseases while staff are in urgent to be trained on international protocols.
- Insufficient medical stockpiles for public health emergency response including disease outbreaks.
- Disease surveillance systems and the rapid response mechanisms are weak.

CHANGES IN 2018

As a result of the volatile security situation triggering periodic incidences of displacement and a refugee and migrant population of almost 670,000, the severity of health needs is a major concern. The spread of infectious diseases has increased. The number of tuberculosis cases in 2016 was 118111 while in 2017 it was 1,357.112 An estimated 15 per cent¹¹³ of people affected were refugees and migrants.

The spread of upper and lower respiratory infections has significantly increased among the children due to the low coverage of routine immunization services, limited capacity

of PHC centres and polyclinics, and the inadequate medical supplies and service providers at secondary health care level. A measles outbreak affected an estimated 1,200¹¹⁴ people and led to two deaths. In 2018, 75 percent of the Health Sector priorities remain unfunded, which has limited the response capacity of Health Sector partners.

METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

For IDPs, returnees and non-displaced affected communities, MSNA 2018 data was used as primary source of information to estimate the number of people in need across all mantikas. Secondary sources of information included the SARA report 2017, as well as weekly disease surveillance reports. For refugees and migrants, IOM/DTM data on priority needs of migrants and refugees at the mahala level was used to estimate the people in need.

The gender implications were considered to identify and address health determinants that influence health inequities between men, women, boys and girls. Access issues that lead to avoidable mortalities and morbidities were used to determine the different group of affected people who are in need.

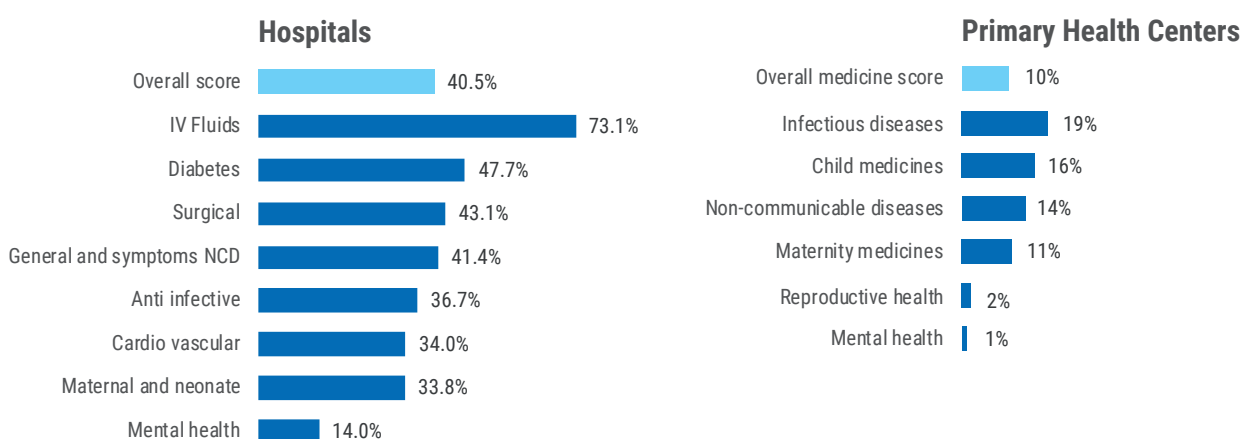
111 National TB Program, National Center for Disease Control

112 Ibid

113 Ibid

114 National Measles Elimination Program, National Center for Disease Control

READINESS OF HEALTH CARE SERVICES IN THE HOSPITALS AND THE PRIMARY HEALTH CARE (PHC) CENTERS



PROTECTION

OVERVIEW



Protection concerns in Libya continue to be widespread affecting people in the majority of the mantikas across the country.¹¹⁵ The ongoing conflict, heavy presence of armed groups, breakdown of the rule of law and increasingly difficult socio-economic situation all contribute to a general disruption of the protective environment throughout the country. According to the MSNA, 66 per cent of IDPs and 88 per cent of returnees reported lack of security in the country as one of the main reasons for leaving their homes, while at least one family member in 16 per cent of Libyan households stated an intention to leave the country.

Across Libya, human rights are flouted with impunity, with civilians suffering as a result of grave violations of international humanitarian law and human rights law. Protection risks remain very challenging and complex depriving people of their liberty, safety and security. Persons with special needs and minority groups are particularly vulnerable and more exposed to human rights abuses, distress and trauma. Forced displacement and bans on return have had a negative impact on the resilience of affected populations, disrupting social cohesion and leading to the breakdown of community-based protection mechanisms.

In 2017 at least 40 children were killed and 38 children injured, by air strikes, shelling, small arms fire, improvised explosive devices and explosive remnants of war.¹¹⁶ Around 150,000 displaced persons, returnees and host community members are in need. An estimated 194,000 persons¹¹⁷ are still displaced in Libya and not able to return to their places of origins due to insecurity, fear of reprisals, violence against them and lack of access to services in their places of origins.

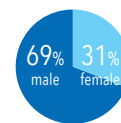
Protection risks potentially affect all refugees and migrants in Libya, though some more than others depending on multiple factors contributing to vulnerabilities, such as gender, age, nationality and their legal status. However, what is certain is that refugees and migrants in detention centres continue to suffer from horrific violations and abuses with impunity. Around 6,700 refugees and migrants, including children, are arbitrarily held in government-run detention centres¹¹⁸ suffering from precarious conditions, deprivation from basic rights and services, and at risk of torture and other ill-treatment. In addition, thousands of refugees and migrants are believed to be being held in clandestine facilities in Libya.

Given the current environment, refugees and migrants residing in urban areas are considered to be at risk of exposure to grave violations of IHL and Human Rights Law committed by State and non-State actors, including unlawful

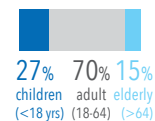
NO. OF PEOPLE IN NEED

490K

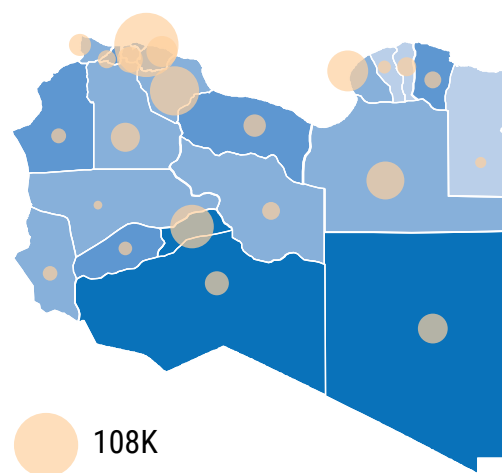
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SEVERITY MAP



deprivation of liberty, torture, unlawful killings, rape and other sexual violence, slavery, extortion and denial of medical treatment, with women and children, as well as sub-Saharan nationals being particularly vulnerable.

Despite the significant increase of protection responses and services both in urban setting and detention centres, the protection situation for refugees and migrants in Libya remains dire. The high occurrence of protection violations in almost all assessed mantikas shows that most protection concerns are inter-linked, for example, links between the lack of civil documentation, dependency on assistance, sexual exploitation, trafficking and forced labour. Proximity to armed hostilities, displacement, increased poverty, family separation, and lack of civil documentation have been identified as critical factors that also increase protection risks and vulnerability of refugees and migrants.

Refugees and migrants, especially women and children, travel in unsafe conditions along the western or eastern routes to and through Libya, face harsh environmental conditions, as well as exposure to extortion and ill-treatment. Many end-up being subject to trafficking, forced-labour, sexual violence and exploitation.¹¹⁹ Additional issues reported by migrants and refugees include, conflict-related insecurity and armed violence, racism and discrimination against people of sub-Saharan origin, and a lack of livelihoods, accommodation,

115 REACH, MSNA 2018

116 United Nations, Children Affected by Armed Conflict, 2018

117 IOM-DTM, Round 21, (June-August) 2018

118 UNHCR, September 2018

119 Mixed Migration Monitoring Mechanism Initiative (4Mi): <http://www.mixedmigration.org/wp-content/uploads/2018/08/tr-na-1808.pdf> 76 per cent of the assessed refugees and migrants reported experiencing one or more protection incidents during their transit across Libya, including sexual and physical abuse, arbitrary arrest and detention, robberies and kidnappings or witnessing the death of fellow refugees and migrants.

access to healthcare and education opportunities, as well as the degradation of their economic situation.

AFFECTED POPULATION

Approximately 490,000 people are in-need of protection assistance across Libya. Approximately 70 per cent are refugees and migrants. Overall 31 per cent are women and girls. A total of 133,000 children are in-need of protection support (estimated 54,000 girls and 80,000 boys).

Specific groups facing high protection risks include displaced people, returnees, refugees and migrants, vulnerable persons in conflict areas, individuals deprived of their liberty, and affected residents in host communities. Amongst those, women, children, the elderly, people with disabilities, ethnic minorities, human rights defenders, journalists and other activists and people perceived to be affiliated with Islamic groups or opposition political groups are also highly vulnerable to violence, distress, arbitrary detention, exploitation, trafficking, and human rights violations.

HUMANITARIAN NEEDS

In 2018, the Protection Sector collected information on several key protection concerns. These include forced and exploitative labour, the presence of explosive hazards, arbitrary detention on the basis of tribal identity or opinion, discrimination against women and girls, minorities, and displaced communities, as well as issues related to housing, land and property, evictions of IDPs and returnees and people with a lack of civil documentation. 5 per cent of the interviewed families stated that they lost their documentation. 27 per cent of them did not reapply due to security reasons, while 64 per cent stated the process was too complicated. The loss of documentation has affected access to assistance and restricted freedom of movement. Over a six-month period, an estimated 7 per cent of households reported having been evicted.¹²⁰

In 2018, the Protection Sector has significantly increased protection responses and services for IDPs, returnees and host communities. However, the continued armed conflict and denial of access to certain parts of the country have prevented the humanitarian community from having an adequate presence on the ground and carrying out regular assessments to better understand protection and humanitarian needs. The limited humanitarian presence in these areas has affected the mainstreaming of protection. At the same time, many local actors, including community groups and networks, require support to develop institutional capacity and to access flexible funding that will enable them to scale up and respond effectively.

Different forms of human trafficking and other exploitative practices, targeting both adults and children, are widespread

across Libya.¹²¹ In the IOM-DTM survey¹²² conducted in Europe among migrants that arrived in 2017, the majority (97 per cent) of violations against migrants were reported to have taken place in Libya, mainly in Tripoli, Sabratha, Sebha, Bani Waleed, Azzawya and Brak.¹²³ The most common violations reported by migrants arriving in Europe through the Central Mediterranean Route included, 'being held against will' (64 per cent of male respondents and 56 per cent female),¹²⁴ 'having worked without getting the expected payment' (50 per cent male; 25 per cent female),¹²⁵ 'being forced to work' (31 per cent male and 26 per cent female),¹²⁶ and 'being approached by someone with offers of an arranged marriage' (2.9 per cent female).¹²⁷ Furthermore, 30 per cent of all respondents reported to have observed someone travelling with them having been threatened with sexual violence during the journey. Trafficking for sexual exploitation continues to prevail. In addition, 'attempted rape in the streets', 'rapes of both men and women while being kept in closed spaces, by either the group managing non-official detention centres or by external men allowed to enter' are among the reported forms of sexual abuse and exploitation. Some organ trafficking cases were also reported, specifically in Bani Waleed, Tripoli and Sebha.¹²⁸

Equally, the number of unaccompanied and separated children (UASC) travelling in Libya is rising, with some 13 per cent of total arrivals in Europe via the Central Mediterranean Route, mainly from Guinea, Côte d'Ivoire, The Gambia, Bangladesh, Nigeria and Eritrea. Among the migrants in Libya, 9 per cent are children and out of the children 35 per cent are unaccompanied or separated.

Notwithstanding the dire conditions in the country, not all refugees and migrants coming to Libya intend to leave, with an estimated 44 per cent¹²⁹ intending to stay either permanently or at least temporarily. Most of those who intend to stay are drawn to job opportunities in the country. Yet, in 2018, the lack of stability, security and rule of law, the economic crisis and widespread abuse and exploitation, negatively impacted the situation of migrants staying in Libya.

121 IOM/DTM, Migrant Vulnerability to Human Trafficking and Exploitation: Evidence from the Central and Eastern Mediterranean Migration Routes, 2017: https://publications.iom.int/system/files/pdf/migrant_vulnerability_to_human_trafficking_and_exploitation.pdf

122 IOM DTM, Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey, January 2018, available at https://migration.iom.int/docs/FMS_CT_Analysis_male%20female_Central_Eastern_2017.pdf

123 IOM-DTM, Migrant Vulnerability to Human Trafficking and Exploitation: Evidence from the Central and Eastern Mediterranean Migration Routes, 2017.

124 91% of reported incidents took place in Libya

125 89% of reported incidents took place in Libya

126 97% of reported incidents took place in Libya

127 "Working in the construction sector, farm work, cleaning and housekeeping are the most frequently mentioned sectors in which instances of being forced to work occurred. Out of the hundred (100) migrant adult women who reported being forced to work, ten said to have been forced into sexual work and prostitution, and other three to have been forced to dance and entertainment activities in bars"; Being reported that 92 percentage of all cases from Libya among other countries survey conducted, i.e. also in Algeria (2.8%), Sudan (1.3%), Turkey (0.8%) and other West and Northern African countries

128 IOM DTM, Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey, January 2018.

129 4Mi, Invisible Labour, 2017

Refugees and migrants outside detention in 83 per cent of the municipalities reported not to have access to public services (100 per cent in the southern municipalities).¹³⁰ They are also exposed to instance of discrimination,¹³¹ and risks of kidnapping, extortion, criminality, and restrictions on their freedom of movement.¹³² Foreign nationals who work, including children, also suffer from limitations on their freedom of movement due to their lack of residence permits and ensuing fear of police, check points along the roads, and militia groups¹³³. Many rely on their social networks to minimize their exposure to risks.¹³⁴ The absence of mine awareness particularly for urban based refugees and migrants, who largely do not benefit from trainings and awareness-raising campaigns, is also a major concern.¹³⁵ Institutional capacity building, coaching and mentoring of national partners responding in hard-to-reach areas are critical to enable partners to scale up and address people's need across Libya, particularly in the South and East.

CHILD PROTECTION

Hardship resulting from multiple displacements and the deteriorated protective environment puts children in Libya at higher risk of abuse, exploitation and violence. As highlighted in a study conducted in 2017 by UNICEF,¹³⁶ violence is a recurrent concern in the community, but also in places that should be safe for children, such as schools and their homes. Children are disproportionately affected by the ongoing conflict and violence in Libya,¹³⁷ as many are unaccompanied (35 per cent of refugee and migrant children¹³⁸), and at risk of domestic violence, recruitment by armed groups, sexual and gender-based violence, abduction, unlawful detention, torture and other forms of ill-treatment, as well as killing or maiming due to presence of unexploded ordnance, and/or explosive remnants of war.

Boys and girls suffer additional protection risks due to the conflict-related actions of their caregivers and/or community. They also face discrimination, social isolation and/or in

extreme cases, inappropriate care. Lack of birth registration documents among refugee and migrant children prevents access to basic services. Furthermore, children arbitrarily detained (approximately 9 per cent of total population in detention are children)¹³⁹ have extremely limited access to legal assistance or basic services, and are at risk of exploitation and abuse including trafficking.

Migrant girls are at particular risk of forced prostitution, rape and other sexual violence, causing injury, early pregnancy, and severe psychological distress.¹⁴⁰ Refugee and migrant children in urban areas, although less visible than those in detention, are also at risk of abuse. All vulnerable boys and girls require sustainable, holistic prevention and response measures, including but not limited to case management, medical referral and rehabilitation assistance, and mental health and psychosocial support for them and their caregivers, which are currently very limited throughout the country.

GENDER BASED VIOLENCE

Risks of GBV are exacerbated by the crisis in Libya, particularly the weakened rule of law, proliferation of armed groups, impunity, and limited specialized services for GBV survivors. Women, girls and boys are the most at risk of GBV. Though the need for psychosocial support is estimated to be high, women and girls reportedly fear accessing such services out of fear of being recognized as a GBV survivor. In addition, it is difficult for women and girls to access services without the permission of their husband or male relative.¹⁴¹ 87 per cent of women report needing permission from a spouse or parents to access health services. Other data also suggests that women do not access health services out of fear of stigma, gossip, or a lack of confidentiality in those services. An estimated 70 per cent of women do not know about any community-based organization in their area providing services.¹⁴²

The same analysis reported close male relatives, such as spouses, fathers, and brothers being often the perpetrators. The perpetrators could escape conviction if they marry rape survivors, while rape survivors could even be accused of having extramarital sexual relations, criminalized in Libya, contributing to high rates of underreporting of GBV.¹⁴³ However, a 2017 study by UNFPA indicated around 40 per cent of people perceived sexual violence as common or very common. Physical assault is reported as common or very common in 34 per cent of cases of young marriages.¹⁴⁴ According to focus group discussions in 2018, the lack of

130 IOM/DTM, Migration Overview, 30 September 2018

131 UNHCR/REACH, Mixed Migration Assessment, 2018. 48 per cent of the assessed refugees and migrants in Misrata reported incidents of violence or discrimination based on their situation since their arrival in Libya

132 UNHCR/REACH, Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms, 2017. 21 per cent of all refugee/migrant respondents noted fearing becoming victims of physical violence or kidnapping, while respectively 31 per cent / 12.5 per cent reported having experienced or witnessed episodes of robbery in the streets or in their apartments. These findings were confirmed in the rapid MSNA of 17 September conducted by the Protection Sector.

133 UNHCR/REACH, Mixed Migration Assessment, September 2018. 100 per cent and 77 per cent of the assessed refugees and migrants in Sebha and Zwara, respectively, became victims of thefts or robberies since their arrival in Libya

134 UNHCR-Reach, Impact of EU migration measures on mixed migration in Libya, May 2018; <http://bit.ly/2GGJvCf>

135 94 per cent of the assessed refugees and migrants in Ejdabia, Misrata, Sebha, Tobruk and Zwara have not benefitted from any form of explosive hazards risk awareness programs. (UNHCR-Reach, Mixed Migration Assessment, September 2018), while 37 per cent of the assessed refugees and migrants in Sebha reported having incurred injuries as a result of explosive hazards in Libya.

136 UNICEF, Violence against Children in Libya, 2018

137 UNICEF, 2018. The overwhelming majority of children, 91.26% (93.37% of boys, and 89.51% of girls), reported having been exposed to at least one type of violence asked about in the survey

138 IOM/DTM Round 21 (July-August 2018)

139 Ibid

140 Regional Mixed Migration Secretariat West Africa and 4Mi Libya, Hidden Figures Women on the Move in Libya Insights from the Mixed Migration Monitoring Mechanism initiative (4Mi) in Libya, Mali and Niger, 2018

141 UK Government, Country Policy and Information Note. Libya: Women, 2018 (UK Government Report 2018)

142 UNFPA, GBV situational analysis in Libya, 2017

143 Ibid

144 Ibid

separated latrines and bathing facilities in IDP sites also contributes to the risk of GBV.¹⁴⁵ Forced marriage has been reported as an adopted coping mechanism in relation to poverty, as marriage can elevate the financial status of a woman's family.¹⁴⁶

Migrants and refugees including women and girls are often in unsafe environments where they suffer rape, torture and other ill treatment. Women and girls in detention have reported being taken out of their cells by guards and then raped by multiple perpetrators or sexually assaulted. In addition, some informal detention centres do not separate male, female, or child detainees, resulting in further exposure to GBV risks. Staff in formal detention centres are mostly male, further exacerbating GBV risks. Sexual violence is also used as a form of torture against male prisoners. Male detainees have described being physically abused as well receiving threats against their female relatives.¹⁴⁷

In detention centres, latrines and sanitary kits may not always be available.¹⁴⁸ As women and men are detained together in some detention centres, with no separated latrines or bathrooms, the risk of GBV is high.

MINE ACTION

The presence of explosive hazards, including landmines, improvised explosive devices, and unexploded/abandoned ordnance (UXO/AXO) has been a persistent threat to people in Libya. Libya is also contaminated by Cluster Munition Remnants (CMR) and other Explosive Remnants of War (ERW). Explosive hazards contamination poses a serious threat to displaced, returnees and host communities, in terms of safety, access to services and mobility. It also hinders the safe return and restricts access for humanitarian workers. According to the 2018 MSNA, 4 per cent of households reported the presence of explosive hazards at neighbourhood

level, among which 11 per cent are returnees, 8 per cent IDPs and 3 per cent non-displaced population. 9 per cent of IDPs have not returned to their area of origin due to the threat of explosive hazards.

Multiple assessments, along with information provided by national authorities such as the Libyan Mine Action Centre (LibMAC) point to areas of particular concern where the presence of explosive hazards has been reported by mine action actors and local communities. These areas are Tripoli, Benghazi, Sirt, Sebha, Brak Al Shati, Jabal Al Gharbi/Gharyan, Derna, Tawergha, and Alkufra. The low number of people who have been made aware of the risks of explosive hazards indicates a concerning gap that could further impact the Libyan population as well as refugees and migrants currently residing in, or transiting through Libya. Furthermore, there is a concerning lack of provision of specialized assistance to survivors of explosive hazards. An estimated 4 per cent of displaced households reported at least one member injured by a UXO.

CHANGES IN 2018

- The Libyan authorities intensified their efforts to keep refugees and migrants in detention centres, as opposed to urban contexts, leading to a strengthened focus of the humanitarian response to life-saving interventions in detention, as well as enhanced advocacy on alternatives.
- Owing to the foreign policies of EU countries, the rate of intercepted/rescued refugees and migrants at sea who were returned to Libya has considerably increased, as did the risks and mortality rates of those embarking to cross the sea.
- In 2018 protection actors have better access comparing to 2017, hence why more protection activities have been established in Benghazi, the Nafusa Mountains, Sirt and Misrata. Also more protection actors have joined the Protection Sector and established specialized protection activities in Libya.
- In 2018, the Protection Sector has an improved understanding of protection needs and gaps in Libya due

145 Ibid

146 Ibid

147 United Nations, 'Gender Based Violence in Libya and Syria', 2014; Report of the Secretary General on Conflict-Related Sexual Violence 23/03/2018; Global Detention Project, 'Immigration Detention in Libya', 08/2018

148 IOM/DTM round 21 (July-August 2018)

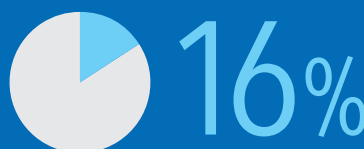
RETURNEES FACING PROBLEMS UPON RETURN TO THEIR AREA OF ORIGIN*



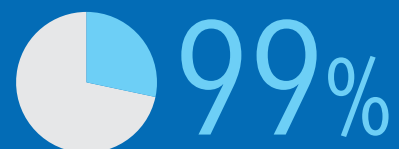
* REACH MSNA 2018

** UNHCR/IOM

HOUSEHOLDS WITH AT LEAST ONE MEMBER INTENDING TO LEAVE LIBYA*



REFUGEES/MIGRANTS REQUIRING PROTECTION OUTSIDE OF DETENTION**



to the increase of protection monitoring activities across Libya.

- Over the past year there are more than 45,000 newly displaced persons in Libya due to the armed conflict, mostly in Derna, Sebha and Tripoli.

METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

The Protection Sector people in need figures were calculated using the five following indicators from REACH MSNA, for IDPs, returnees and non-displaced:

- loss of civil documentation because of conflict and not reapplied reapply for documentation
- protection-related barriers to receiving humanitarian assistance
- presence of explosive hazards at neighbourhood level
- households with members injured, or killed, by an explosive hazard
- returnees facing protection-related challenges upon return to their area of origin

For IDPs, the following additional indicators from the MSNA were taken into consideration:

- households hosting displaced family members or other displaced persons

- households evicted or threatened with eviction within the past 6 months
- households with members diagnosed with a clinical mental disorder
- households with members diagnosed with a physical disability
- households with children under 18 who have worked in the past month
- households displaced more than once since 2011

100 per cent of refugees were considered to be in need of protection, while for the calculation of migrants in need, five indicators were used from the REACH Mixed Migration Assessment (September 2018), complemented by one from IOM/DTM:

- violence or discrimination experienced in Libya
- loss of documentation because of conflict
- lack of documents to access services (education, health, assistance from government, assistance from humanitarian organization) or to move freely
- issues faced with the Libyan host communities
- presence of explosive hazards at neighbourhood level
- Protection reported as priority need (DTM)



SHELTER & NFIS

OVERVIEW



Since the uprising in 2011, waves of conflict have caused severe damage to homes and infrastructures across Libya, mostly along the coastal areas, impacting the living conditions of the affected populations, both Libyans and non-Libyans. Even if returnees in Libya have been steadily on the rise across 2017 and 2018, especially in Benghazi and Sirt, the number of IDPs remains high in Benghazi, Misrata and Tripoli. The majority of IDPs and returnees live in private accommodation (more than 80 per cent), while less than 20 per cent live in public, informal settings. For IDPs residing in private shelter, around 80 per cent rent accommodation.

Each type of accommodation poses a specific set of challenges for IDPs and returnees. For those residing in self-financed private accommodation, inflation and limitations on cash withdrawals result in a higher risk of difficulty making rent payments and, consequently, of eviction. Shelter represents 50 per cent of domestic expenditures for most households. The Libyan population faces a combination of liquidity constraints and a shortage of housing, which has led to very high rental costs.

Those living in public and informal settings, experience a lack of access to basic services, poor WASH conditions, overcrowding, and a lack of privacy. Informal settlements are often spaces of physical insecurity due to crime, raids, and other forms of violence.

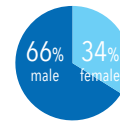
In return areas, thousands of people without adequate shelter are living in damaged and/or unfinished buildings and houses, or in collective centres. These living conditions make people more vulnerable and in need of an appropriate shelter support.

The shelter situation for refugees and migrants is also extremely challenging. The vast majority of migrants and refugees experience difficulties to afford proper, dignified and private settings. It is presently estimated that approximately 124,000 refugees and migrants are particularly exposed to shelter challenges. On top of shelter burden, mainly due to lack of liquidity and livelihood opportunities, migrants are particularly suffering from various forms of protection concerns, due to their irregular status and the Government's inability to issue and validate legal documents recognizing their status inside Libya. According to a UNHCR/REACH joint study¹⁴⁹ on refugees and migrants, one in five respondents reported having been recently evicted or being threatened to be evicted, a much higher rate than among the Libyan population assessed in the MSNA 2018, where 10 per cent reported being having been recently evicted or threatened with eviction.

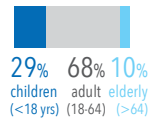
NO. OF PEOPLE IN NEED

292K

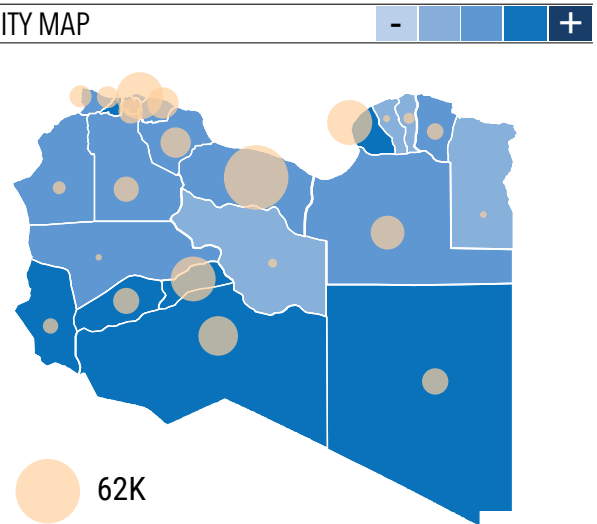
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SEVERITY MAP



While humanitarian actors in principle oppose the detention regime as maintained by Libyan authorities, throughout 2018 the practice of arbitrarily detaining refugees and migrants intensified, leading to particular NFI needs for the 6,700 detained individuals.¹⁵⁰ Assistance provided is carefully balanced so to avoid sustaining and institutionalizing the system of arbitrary detention, especially where the authorities are unable and/or unwilling to address ongoing needs, and to improve the humanitarian situation at these facilities in order to reduce the suffering of thousands of detained refugees and migrants.

The situation of urban refugees and migrants is generally characterized by people living in self-paid accommodation (61 per cent in houses or apartments), while another 14 per cent are reportedly accommodated by their 'employers', and 7 per cent in public buildings.¹⁵¹ In parallel, in 70 per cent of Libya's communities, shelter was identified as a priority need for refugees and migrants, with about 21 per cent of the concerned refugees' and migrants' income being spent on housing.¹⁵² In the context of the August-September 2018 hostilities in and around Tripoli, leading to the displacement of thousands of refugees and migrants, including those released or escaped from DCIM detention centres, the majority found refuge with fellow migrants and refugees

149 UNHCR/REACH, refugees and Migrants' Access to Resources Housing and Healthcare in Libya, 2017

150 UNHCR, mid-September 2018

151 IOM/DTM, Round 21, (June-August 2018)

152 Tripoli: Joint Rapid Situation Overview, September 2018

in communities, adding to the burden of the hosts, and increasing the need for financial and shelter assistance.¹⁵³

AFFECTED POPULATION

There are an estimated 292,000 people in Libya presently in need of shelter and NFI support in the form of in-kind or cash-based assistance. Of those, 57 per cent are Libyans and 43 per cent refugees and migrants. An estimated 34 per cent of people identified as in need of shelter and NFI assistance are women and girls.

Across all areas assessed, the most severe needs for shelter assistance (in-kind or cash-based) are concentrated in areas where returnees experience difficulties to afford safe and dignified settings, such as Benghazi and Sirt where 72,400 people are estimated as in need of basic shelter assistance. 22,000 IDPs remain in need of assistance in Aljbara, Sebha and Tripoli, and an estimated 22,000 non-displaced people need support to afford safe and dignified shelter across Libya.

Refugees and migrants require particular attention and support, especially in areas such as Almargeb, Ejadabia, Murzuq, Sebha, and Tripoli. An estimated 62,700 refugees and migrants based in urban settings need shelter support.

Out of the total population in need of shelter and NFI assistance, 22,000 are non-displaced, 48,000 are IDPs, 97,000 are returnees, 22,000 are refugees and 102,000 are migrants.

HUMANITARIAN NEEDS

- Shelter needs for newly displaced people, as well as refugees and migrants upon disembarkation, in detention and urban settings.

¹⁵³ Rapid MSNA of the Protection Sector of 19 September 2018 concerning the situation in/around Tripoli.

- Shelter solution to protracted displaced population and returnee whose dwelling of origin has been damaged.
- Shelter solution to returnees for safe and dignified dwelling.
- Housing, land and property counselling and support, including eviction mitigation efforts.

CHANGES IN 2018

Since the beginning of 2018, movements of return have been observed across Libya, more specifically in areas such as Benghazi and Sirt, but also in the Nafusa Mountains (Al Jabal Al Gharbi) and Sebha. These waves of return have taken place despite the absence of infrastructures and basic services.

A protection field mission in Sirt in August 2018 found that over 2,500 houses are destroyed and in need of rehabilitation. This issue constitutes the main obstacle to return. However, families who could not afford paying rent and exhausted all their savings and survival mechanisms were forced to return and stay in their damaged houses and are in-need of urgent support.¹⁵⁴

The most vulnerable displaced population cannot afford any longer the burden of renting a dwelling. Consequently, they return to their dwelling of origin, even if damaged.

A Norwegian Refugee Council assessment in Benghazi found that a majority of the respondents who own a dwelling, either where currently living in or in their areas of origin, started some repair, from very minor to substantial investment.¹⁵⁵ Among the different reasons mentioned in the same survey three key issues are hindering repairs, the lack of labour due to foreign workers leaving because of the conflict, the

¹⁵⁴ Protection Sector, Sirt field mission report, 05-06 August 2018

¹⁵⁵ Norwegian Refugee Council (NRC), Benghazi assessment on housing, tenure arrangements and civil documentation, March 2018

INTERNALLY DISPLACED PEOPLE IN NEED OF SHELTER ASSISTANCE

 36.7K

HOUSEHOLDS LIVING IN DAMAGED SHELTERS

 8%

REFUGEES/MIGRANTS IN NEED OF SHELTER ASSISTANCE

 61.4K

* # of IDPs living in abandoned buildings, collective centres, informal settlements, open areas, or squatting (Source: IOM DTM Round 21, August 2018)

** Source: REACH MSNA 2018

*** # of refugees & migrants living in abandoned buildings, collective centres, informal settlements, open areas, or squatting (Source: IOM DTM Round 21, August 2018)

poor quality and high costs of available materials and the difficulty for people to access liquidity, noting that the cost of construction materials has tripled in some areas. The more vulnerable who rent their dwelling, may be unlikely to spend money on rehabilitating their original house, as they have to disburse money for their rent.

Borrowing money and duly contracting debt has become a coping mechanism that hinders returns and/or the ability to repair dwellings of origin for home owners, and also hinders the resilience of those renting, with limited or no opportunities for employment or livelihood earnings.

METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

For IDPs, returnees and non-displaced, the Shelter/NFI Sector people in need numbers were calculated using the following five indicators from the REACH MSNA 2018, complemented by data from IOM DTM for the two mantikas not covered by the MSNA:

- IDPs and returnees living in unfinished buildings, collective centres, informal settlements, and open areas
- returnees facing shelter or NFI-related problems upon return to area of origin
- households living in heavily damaged or destroyed shelter
- households needing assistance to cover energy needs
- households recently evicted or threatened with eviction

For the calculation of refugees and migrants in need, two indicators were used from REACH Mixed Migration Assessment (September 2018), complemented by two from IOM DTM:

- refugees and migrants living in unfinished room(s), public or private spaces not usually used for shelter, tents or caravans, temporary shelters, or camps (MSNA)
- refugees and migrants living in informal camp settings, schools or other public buildings, abandoned buildings, on other people's properties, or with no accommodation (DTM)
- Refugees and migrants sharing the room where they sleep with 7 to 20 or more people (MSNA)
- Refugees and migrants in detention (DTM)
- Shelter or NFI reported as priority need (DTM)



FOOD SECURITY

OVERVIEW



Food security remains a priority for the vulnerable populations of Libya as conflict continues to generate displacement, and the ongoing economic crisis contributes increasing food prices. According to the 2018 MSNA, though on average the food consumption of households is relatively good, the low level of coping capacity indicates that this status is likely to deteriorate in the future. The use of livelihood coping strategies is widespread. 58 per cent of households employ crisis or emergency coping strategies and economic vulnerability is high. On average 53 per cent of Libyan household expenses are on food. 31 per cent of households spend more than 65 per cent of their total expenses on food. The situation also varies significantly between mantikas. In Alkufra, Zwara and Murzuq, more than 30 per cent of the households have a poor or borderline food consumption. The situation is particularly worrying in Alkufra, with 24 per cent poor and 46 per cent borderline food consumption.¹⁵⁶

While food is generally reported as available, 35 per cent of households reported food items as being too expensive to afford. Some food prices significantly increasing in 2018 making access to food even tougher for vulnerable people. In particular, a flour crisis raised the price of bread by 67 per cent in one year.¹⁵⁷ The median cost of the minimum expenditure basket (MEB) in September 2018 is 864 LYD.¹⁵⁸ Notably, in the South, in areas such as Al Gatroun, the MEB can be 45 per cent more expensive. Food prices are highly volatile due to the fluctuation in the parallel exchange rate and the heavy dependence on importation. This high volatility impacts the food security of households, especially the most vulnerable. In addition, the recent reduction of food and fuel subsidies will likely raise the prices of basic goods further.

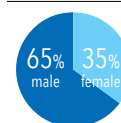
While the Libyan population continues to rely heavily on government institutions for source of income, the contracting economy is making it increasingly difficult to pay salaries and address basic needs. The lack of other sources of income and employment opportunities continues to heavily affect household purchasing power.

Engagement in the agricultural sector – crop or livestock production and fishing – stands at 22 per cent. The vast majority of households are involved in agricultural production for household consumption, and less than 10 per cent rely on agriculture exclusively as a source of income. Engagement in crop production or gardening stands at 14 per cent of households nationally, with the highest proportions in Wadi Ashshati (50 per cent), Misrata (29 per cent), and Almarj (27 per cent). Nationally, 12 per cent of households are engaged in livestock production, with the highest proportions

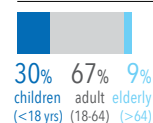
NO. OF PEOPLE IN NEED

298K

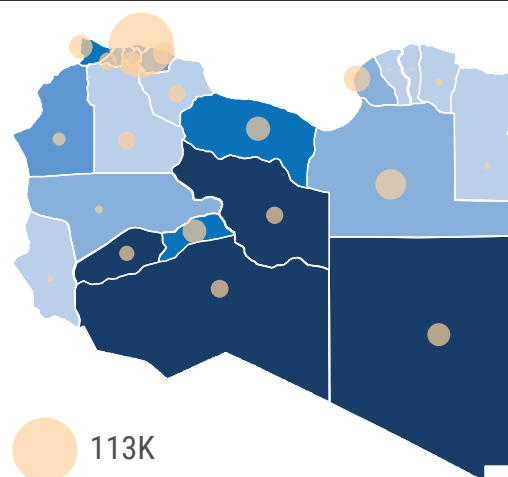
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BY AGE



SEVERITY MAP



in Sebha (50 per cent), Wadi Ashshati (40 per cent) and Al Jabal Al Akhdar (31 per cent).

Nationally, 7.4 per cent of households have abandoned agricultural production since 2014, with the most affected mantikas being Azzawya (35 per cent), Sebha (25 per cent), and Benghazi (17 per cent). Returnees and IDPs were much more likely to have abandoned agricultural production (12 per cent) than non-displaced populations (7 per cent).

Nearly three-quarters (74 per cent) of households who are still engaged in agricultural production report challenges associated with the crisis. Crop producers commonly cite power cuts, increased insecurity and the inability to access or afford inputs. Livestock producers commonly face a lack a shortage of veterinary services, and supplies, difficulties feeding herds, and having had to consume animals for food needs.¹⁵⁹

AFFECTED POPULATION

Displaced people, returnees, host communities, and refugees and migrants are in-need of food security assistance in Libya. An estimated 298,000 people are identified as in-need of food security assistance. Of those an estimated 61 per cent are Libyans and 39 per cent refugees and migrants.

An estimated 12 per cent of the Libyan population are food insecure, out of this, approximately 2 per cent are severely food insecure. The food insecurity in Libya is due to a

¹⁵⁶ REACH, MSNA 2018

¹⁵⁷ REACH Joint Market Monitoring Initiative, October 2017 and August 2018

¹⁵⁸ 85 per cent of the total MEB cost constitutes basic food items

¹⁵⁹ REACH, MSNA 2018

significant deterioration and decrease of economic access, as opposed to food availability. Most of the vulnerable households depend on market purchases as their main source of food, making them very susceptible to rising food prices.

The food insecure households although having an acceptable food consumption, the consumption is met at the expense of households' future productivity or capacity to cope – many spend savings and/or reduce expenditure on health/education.

HUMANITARIAN NEEDS

The current situation in Libya affects the food security of non-displaced households and returnees in a similar way. Returnee and non-displaced households reported the same level of food insecurity (11 per cent and 12 per cent respectively), while displaced households reported a higher level of food insecurity, with 17 per cent being classified as food insecure. In Tripoli, food insecurity is affecting displaced households (53 per cent food insecure) to a greater extent than non-displaced (20 per cent food insecure).¹⁶⁰

The majority of the Libyan food insecure households are located in Tripoli, Zwara and Aljbara. The highest number of food insecure IDPs are living in Tripoli, Alkufra, Benghazi and Murzuq. Most of the food insecure returnees are in Sirt, Benghazi, Zwara and Tripoli.

At national level, the main livelihood coping strategies used by the population are, relying on savings (52 per cent), borrowed money (35 per cent), purchased food on credit (35 per cent), taking an additional job (30 per cent) and reducing expenditures on essential non-food items (28 per cent). Displaced households resorted also to emergency coping strategies like begging and accepting socially degrading, high-risk, or illegal work. Non-displaced households and returnees mainly relied on crisis coping strategies such as selling productive assets, spending savings, borrowing money, taking additional jobs, and reducing expenses on health.¹⁶¹

Female-headed households are more likely to be food insecure.¹⁶² Around 17 percent of women-headed households are food insecure compared to 11 percent for male-headed household.

Throughout 2018, refugees and migrants held at DCIM detention centres faced situations where they were not provided with sufficient and nutritious food, leading to significant health and nutrition problems. In situations where the authorities are unable to address these ongoing needs, for example during the hostilities in Tripoli in September 2018, humanitarian actors provided emergency food for several thousand detained refugees and migrants as a life-saving measure. With the unpredictable nature of the situation and the ongoing detention regime for refugees and migrants, the nutrition and food needs in detention continue to grow.

Concerning refugees and migrants in urban areas, in 69 per cent of the assessed mahalas, food was a priority need. In an assessment conducted by REACH in September 2018, 35 per cent of the refugees and migrants interviewed had a poor or borderline food consumption. Respondents from West Africa had a lower food consumption as well as respondents living in the South.

CHANGES IN 2018

In six out of the seven mantikas assessed in both 2017 and 2018, an overall deterioration of the food security situation of Libyans was noted. In Al Jabal Al Gharbi, Benghazi, Derna, Ghat and Sebha, food consumption remains acceptable. However, in Tripoli, the proportion of households with poor and borderline food consumption jumped from 11 to 22 per cent in a year and the severity of negative food coping mechanisms also heavily increased (up 47 per cent).

METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

For IDPs, non-displaced and the returnee populations, food security figures were estimated with the 2018 MSNA data collected by REACH. The status of household food security was analysed applying WFP standard methodology "CARI" that looks at two domains: current status (food consumption) and coping capacity (share of expenditures on food and a livelihood coping index). Households are classified into different levels of food insecurity.

For IDPs and returnees, a Person in Need (PIN) is a household that is severely or moderately food insecure. For non-displaced, only the severely food insecure were considered in need, as non-displaced households are assumed to be less affected by the crisis. WFP usually considers both moderate and severe food insecure households as in need regardless of their displacement status. Comparisons with 2018 people in need numbers are only indicative as a different methodology was applied last year.

In Nalut and Almageb, as no household data was collected in 2018, it was assumed that the prevalence of food insecurity is the same as at national level. In the mantika of Derna, as no data was collected outside of Derna city, it was assumed that the prevalence of food insecurity is the same in the mantika and the city. In Sirt, the results are only indicative because of issues in data collection.

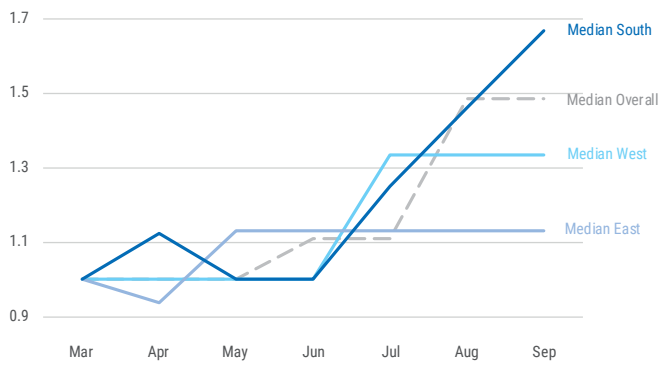
For refugees and migrants, no recent representative household data is available. Key informant data on priority needs of migrants at the mahala level was used to estimate the PIN. If food is said to be the first, second or third priority need by the key informant, it was considered that respectively 46 percent, 20 percent or 10 percent of the refugees and migrants living in the assessed mahala are in need of food assistance. If food was not mentioned in the top 3 needs, it was considered that there is no food insecurity in the mahala.

160 Ibid

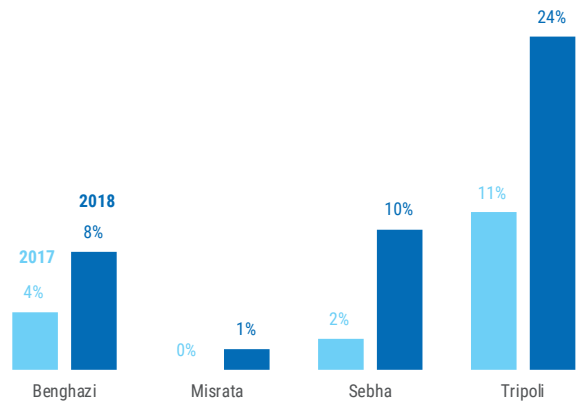
161 REACH, MSNA 2018

162 Ibid

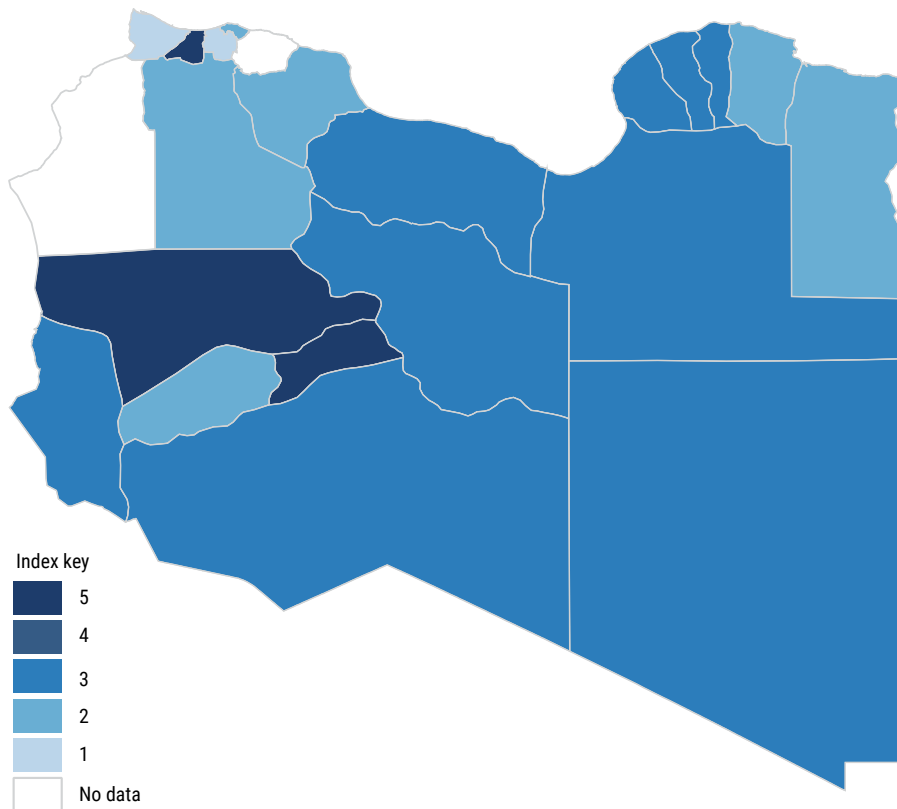
BREAD PRICES OVERTIME



% OF HOUSEHOLDS WITH POOR FOOD CONSUMPTION



COMBINATION OF RATE OF PEOPLE DROPPING AGRICULTURE AND REPORTING CHALLENGES/ISSUES RELATED TO CROPS/LIVESTOCK/FISHERY ACTIVITIES



WATER, SANITATION & HYGIENE

OVERVIEW



The crisis in Libya has negatively impacted access to water, sanitation and hygiene facilities and practices. The protracted nature of the conflict, and inability of government authorities to execute core government functions, has resulted in weakened technical capacity and reduced resources for WASH service providers.

The Multi-Sector Needs Assessment (MSNA) found that approximately 31 per cent of people accessed water at the household level from main networks. According to DTM (Round 21), 58 per cent of municipalities depend on water trucking. This is due to a reduction in the volume of safe water from mains supplies as a result of a lack of electricity and poor maintenance of WASH systems.

Wastewater treatment systems are not functioning properly compared with the pre-conflict situation due to poor maintenance. Furthermore, according to DTM Round 21, only 5 per cent of municipalities have regular access to waste water collection, and treatment and proper disposal. In 42 per cent of the municipalities garbage is not properly disposed of and collected.¹⁶³

WASH providers require resources and strengthened technical capacities in order to deliver the necessary WASH services to people in Libya, otherwise system failure may affect up to 3.9 million people across the country as a result of the failure of the Man-Made River. An estimated 600,000 people may be affected as a result of the failure of desalination systems. Around 1 million people may be affected as a result of failure in ground water systems managed by the General Company for Water and Wastewater. Additionally, dysfunctional water, sanitation and garbage collection systems is likely to lead to increases in risks of water borne illnesses including acute watery diarrhoea.

Prices of hygiene items are highly increased with limited availability in the market. The most needed items are soap, women's sanitary materials and diapers.

AFFECTED POPULATION

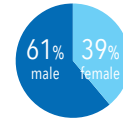
The most vulnerable groups are newly displaced populations, as well as IDPs living in collective centres, returnees to the cities where the water and sanitation infrastructure is damaged and the few remaining functional systems are overburdened.

A total of 267,000 people are identified in need of humanitarian WASH assistance. Of those an estimated 74 per cent are Libyans and 26 per cent are refugees and migrants. Almost 40 per cent of people in need of WASH assistance are women and girls.

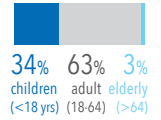
NO. OF PEOPLE IN NEED

267K

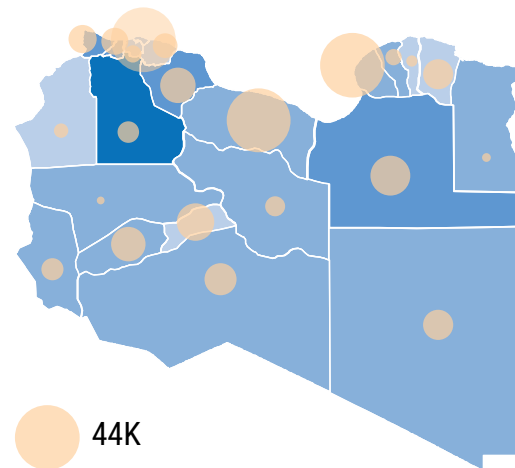
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SEVERITY MAP



As a result of overcrowding, all DCIM detention centres for refugees and migrants need to improve water, sanitation, garbage collection and hygiene situation, especially those hosting persons with special needs, children and women. Assessments in detention centres and around Tripoli during the hostilities of August-September 2018 revealed that in some centres there was only one latrine and one shower per 200 individuals, and that sewage tanks were insufficient for the needs, leading to overflowing of human waste the holding cells, resulting in alarming and life-threatening sanitary conditions for refugees and migrants in detention centres (6,700 people).

Around 35 per cent of refugees and migrants in urban settings, lack access to sufficient safe drinking water, highlighting the need for dedicated outreach of WASH interventions to urban refugee and migrant communities.

There is limited access to WASH facilities in schools. As outlined in the WASH assessment report undertaken by UNICEF and the National Centre for Disease Control in 2017. 67 per cent of children have limited access to safe water, 96 per cent have limited sanitation services, while the remaining 4 per cent have no sanitation services. An estimated 10 per cent of schools have water supplies that are contaminated with harmful bacteria.

HUMANITARIAN NEEDS

163 IOM/DTM, Round 21, (July-August) 2018

- Access to WASH in detention centres. As a result of continuous overcrowding of the detention centres, there is a continued need to improve water, sanitation and hygiene situation in all detention centres.
- Shortages of supplies and equipment (e.g. generators and pumps) to maintain WASH facilities and ensure basic functionality of WASH systems in several conflict-affected municipalities, including Sebha, Sirt, Benghazi, Derna.
- Access to WASH in schools, particularly in the most marginalized areas in southern and western cities near the border with Algeria, conflict affected areas of the country as well as areas located on the migration routes. The WASH assessment report undertaken by UNICEF-NCDC in 2017 highlights an alarming water and sanitation situation.
- With the limited available funding the sector can rehabilitate very few WASH infrastructures in the schools. The same stands for the WASH situation in the health facilities.

CHANGES IN 2018

The protracted conflict in Libya has caused a severe decline in water and sanitation services and deteriorating facilities. This is primarily due to the continued lack of technical capacities and resources to run and maintain water systems. Now as a result of continued lack of care many water systems require repair and rehabilitation.

With systems left unattended and without maintenance, year after year, the task of bringing them back to the level of functionality required in order to support millions of people across Libya becomes more challenging and costly.

Protracted conflict accompanied with multiple onset of emergencies taken place in 2018 like Derna conflict, tribal

conflict in the south caused complete failure of wastewater systems in Sebha and recently the fighting of different factions in Tripoli. This resulted in displacement of thousands of families with immediate required action to respond to their urgent needs.

Additionally, recurrent power cuts have led to complete black out in the country particularly in the western and southern areas. Consequently, the water supply has frequently been suspended for several days. Wastewater collection and treatment systems have also been further debilitated with less than 10 per cent of wastewater being treated and disposed of properly. The continual disposal of wastewater into the sea will have highly adverse impact on coastal areas, the sea environment and public health. Finally, WASH institutions continue to face financial problems with reduced or no budget allocations to deal with diminishing water supply services across the country.

METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

For IDPs, returnees and non-displaced affected communities, MSNA 2018 data was used as primary source of information to estimate the number of people in need across all mantikas. The percentage of households that did not have access to sufficient safe drinking water was used as the only indicator to calculate people in need of WASH support.

For refugees and migrants, the DTM key informant data on priority needs at the mahala level was used to estimate the total number of people in need.

HOUSEHOLDS NOT RECEIVING
SUFFICIENT DRINKING WATER



GARBAGE LEFT IN A PUBLIC PLACE NOT
DESIGNATED FOR WASTE DISPOSAL



SCHOOL WATER CONTAMINATED WITH
HARMFUL BACTERIA



* MSNA 2018

** UNICEF-NCDC Assessment of WASH facilities in schools, 2017

EDUCATION

OVERVIEW



Libya continues to experience clashes that displace children and disrupt access to education. As per the latest DTM data, the impact of conflict and displacements negatively affected education facilities in Libya. 212 schools were reported to be partially damaged, 14 schools were used as shelters for IDPs and 53 schools have been fully destroyed.

Despite the high overall enrolment rate of 87 per cent among Libyan children countrywide, in some mantikas enrollment rates are lower, such as Azzawya (62 per cent) Al Jabal Al Akhdar (78 per cent), Sebha and Ubari (79 per cent).

However, regardless of enrollment rates, 15 per cent of school-aged children do not regularly attend school across Libya, particularly in Azzawya, Alkufra, Ubari, Jabal al Akhdar, and Wadi Ashshati.¹⁶⁴ Over the past couple of years, the start of the school year has been delayed due to security reasons or teacher protests for improved working conditions and education environments. These delays are a serious problem as children are out of school for months at a time, with children being put in a position in which they need to catch up on their education and attain the minimum learning competencies required. Furthermore, overcrowded classrooms have created serious challenges for teachers and learners in terms of delivering and accessing quality education and enabling children to reach their full potential. The quality of education is impacted by the lack of capacity of teachers in class-room management.

Many conflict-affected children are suffering from psychosocial distress or trauma, which affects their ability to learn and develop. A UNICEF study¹⁶⁵, an estimated 67 per cent of children reported being subject to physical violence perpetrated by teachers in formal schools. Negative disciplinary strategies used by teachers in formal schools do more harm to children in need of psychosocial support.

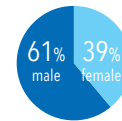
Many schools also lack gender-sensitive WASH facilities which may impact regular attendance of adolescent girls in school. According to the UNICEF study on water quality of Libyan schools, 67 per cent of surveyed schools have limited safe drinking water. 10 per cent of the schools were contaminated with harmful bacteria and 31 per cent of schools tested positive for high levels of nitrates.

Refugee and migrant children, particularly those who are non-Arabic speakers coming from sub-Saharan African countries, are often denied access to education within the national educational system and rarely attend school with Libyan children. Available data reveals that out of an estimated 62,000 school-aged refugee and migrant children registered in the country, approximately 53,000 children are

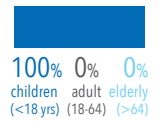
NO. OF PEOPLE IN NEED

93K

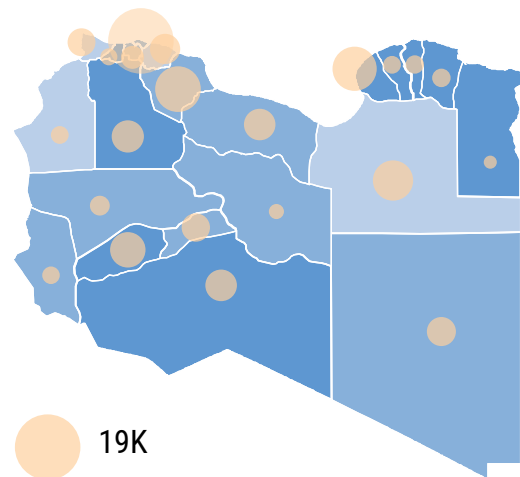
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BY AGE



SEVERITY MAP



in-need of support to access education services. A REACH/ UNICEF report, forthcoming in December 2018, found that that 100 per cent of interviewed unaccompanied and separated children (UASC) had no access to education in Libya.

Children and young people in formal or informal detention centres have no access to psychosocial support or education. Those who are not in detention, and not registered as refugees or as accessing services are difficult to identify and assess by humanitarian actors. Therefore, community-based outreach is sorely needed to determine the needs of these 'invisible' children and young people who are without access to any education, training or positive coping strategies.

AFFECTED POPULATION

There are an estimated 343,000 Libyan and non-Libyan school-age children affected by the crisis, out of which approximately 93,000 in conflict affected areas are in urgent need of education support. Of those, 43 per cent of children are Libyan and 57 per cent of children are refugees and migrants. An estimated 39 per cent of children in need of education assistance are girls.

Access to education is one of the key priorities for returnees, in order to establish normalcy in children's lives. The majority of returnees are found in Benghazi, Sirt, Tripoli and Ubari. As per the MSNA 2018, 24 per cent of interviewed households cited health issues as a reason for not attending and/or dropping out of school, with 16 per cent of households citing poor quality of education and 14 per cent of households citing limited access to transport. 5.6 per cent have indicated loss of

¹⁶⁴ REACH, MSNA 2018

¹⁶⁵ UNICEF, Violence Against Children in Libya, 2018

documentation as one of the main reasons for not continuing in education. Irregular school attendance is mainly found in Wadi Ashshati, Al Jabal Al Akhdar, Alkufra, Azzawya, Murzuq and Ubari.

A UNICEF assessment of functionality of 25 schools in Tawergha city revealed that 17 schools needed rehabilitation and eight were completely destroyed. For Libyan children, in order to ensure minimum disruption of education services, national NGOs have been supporting through provision of catch up and remedial classes, particularly in the East and South of the country.

In some cities across Libya, community schools for migrant and refugee children have been established, but it is unknown how many are operational. As of July 2018, it was reported that in 65 per cent of mahalas in Libya, migrants and refugees have no or very little access to education.¹⁶⁶ This situation is further compounded by challenges to maintaining fully functional schools in Libya, including security issues, shortage of teachers, delays in receiving text books and securing registration for children whose status in the country is considered irregular by the authorities. Children without official civil documentation and school certificates are not permitted to join Libyan schools. Sub-Saharan refugee and migrant children face the most difficulty in accessing education, as they are either not welcome and discriminated against in Libyan schools and face insurmountable language barriers. Beyond the primary level, most non-Libyan adolescents and youth have no pathway to continue their education. Few NGOs are providing non-formal education to non-Libyans, even the needs are vast given the diversity of nationalities and languages among migrants/refugees.

HUMANITARIAN NEEDS

- Lack of access to education for migrant and refugee children remains a critical challenge for school age children, leaving them vulnerable to range of protection concerns. Additionally, within the Libyan population access to education can be limited for IDPs and returnees, and particularly children with disabilities.
- Lack of access to conducive learning spaces with limitations to a physical enabling environment, is detrimental to children accessing quality education, particularly for adolescent girls, as a lack of sufficient WASH facilities often impacts their attendance in schools and learning spaces. The lack of a child friendly and safe physical infrastructure hinders a conducive teaching environment that can support a quality education.
- Lack of access to psychosocial services: Children affected by displacement and conflict need recreation and psychosocial support to increase their ability to learn and return to normalcy. As a result of the conflict, children in some areas are exposed to mines and unexploded

ordinance and need mine risk education and life skills instruction that supports their protection and growth.

CHANGES IN 2018

The protracted crisis has resulted in damage to vital education infrastructure. 489 schools had been affected by the crisis of which 40 have been fully damaged, 423 partially damaged, and 26 are accommodating IDPs. This has affected education and led to a shortage of essential educational supplies including textbooks, and laboratories and furniture, negatively impacting the education of many students.

During 2018, humanitarian actors were able to rehabilitate 20 schools in Sirt, Benghazi and Ubari, facilitating access to education for around 10,000 children (working on the basis of the average capacity of schools being around 500 students). Plans are ongoing to continue supporting rehabilitation of schools. In 2018, an estimated 82,500 school age children were reached with essential teaching and learning supplies across Libya.

METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

With regards to the Education Sector estimates of children in need, the below methodology was employed:

1. For IDP, returnees and non-displaced children the percentage of children not enrolled or attending school based on MSNA data was applied to the total number of school age children under each population group.
2. For refugee and migrant children, number of children identified as in need of education support was based on the percentage of school age children without access to education based on information provided through the DTM.

SCHOOLS
REPORTED
TO BE PARTIALLY
DAMAGED



212

SURVEYED
SCHOOLS WITH
LIMITED
DRINKING WATER



67%

REFUGEE/
MIGRANT
CHILDREN IN
NEED OF ACCESS
TO EDUCATION
SERVICES



85%

* IOM DTM

** Source: Ministry of Education/UNICEF, 'Assessment of Water Quality, Sanitation, and Hygiene in Schools' 2017

LOGISTICS

OVERVIEW



Operational needs to strengthen the ability to provide humanitarian assistance in Libya are critical and of paramount importance to reach vulnerable populations across the country. The situation inside Libya is currently extremely volatile, with recurrent clashes and shifts in areas of control. Security and access issues are a cause for major concern to responding organizations, especially around Tripoli, and in the East and the South of the country, compounded with poor or damaged infrastructure, and multiple inflations in prices, including for fuel, that have led to severe shortages of basic resources.

LOGISTICS CONSTRAINTS

Following the lifting of the evacuation status of UN organizations in Libya in February 2018, humanitarian organizations scaled up their presence in the country and most agencies established bases in Tripoli. However, the humanitarian footprint in the East and South of the country is limited and remains challenging due to insecurity, access, and limited infrastructure.

A logistics assessment conducted in April 2018, highlighted key challenges for humanitarian organizations including operational bottlenecks, lack of coordination, information and consistency on key logistics processes, security-driven access constraints, fuel scarcity and lack of cash.

Due to the limited international humanitarian presence, there is a general vacuum in humanitarian logistics knowledge, especially regarding the status of bridges, roads, ports and airports, as well as the availability of warehousing, making logistics planning more difficult. Information gaps also include humanitarian customs procedures through the different entry points and other administrative processes. These issues can cause significant delays in the clearing process as the volume of cargo increases.

Conflict and insecurity, compounded by a low level of situational awareness, have impacted major supply routes, resulting in them being either blocked or unreliable, triggering disruptions and restricting movement. Additionally, the transport of humanitarian cargo around the country is impacted by shortages of fuel and lack of liquidity, causing further access constraints, especially in the South.

These logistics constraints are expected to continue impacting humanitarian presence and activities throughout 2019.

OPERATIONAL NEEDS

- **A centralized logistics support platform that can collect, analyse and share logistics information** in order to support coordination of agencies' responses to the crisis. The rapid increase of humanitarian presence requires a centralized coordination platform to support the establishment of new or upscaling operations. The platform would ensure the best use of the available resources and minimize the duplication of activities. It would also act as an information sharing mechanism to provide flows of up to date information and allow organizations to have a more comprehensive and shared situational awareness.
- **Mapping and rehabilitation of critical entry points** to ensure the most efficient use of local and already existing infrastructures. There is an initial need to conduct assessments of important infrastructures such as airports, ports and major supply chain routes, including the mapping of specific physical access constraints such as broken bridges or inaccessible roads. More specifically, the rehabilitation of Benghazi port is vital for access to the East of the country.
- **Common storage facilities in strategic locations such as Tripoli, Benghazi and Sebha need to be installed.** These would serve as prepositioning hubs and fuel contingency stocks, and facilitate the distribution of cargo in areas affected by the conflict in a more timely and efficient manner.
- **Sustained and well-maintained access to fuel** to ensure a constant availability of fuel where gaps exist.

EMERGENCY TELECOMMUNICATIONS

OVERVIEW



The humanitarian footprint in Libya is expanding, with an international NGO presence being consolidated in several locations, and most UN agencies scaling up their presence in Tripoli. However, humanitarian access remains challenging in the East and South of Libya. The Humanitarian Country Team (HCT) aims to strengthen its presence in the East (Benghazi) by setting up a fully operational UN office with international staff. To this end, a compound has been identified to be managed by WFP on a cost-sharing basis. The HCT has recommended to activate the Emergency Telecommunication Sector to strengthen humanitarian response capacity across the country.

OPERATIONAL NEEDS

The evacuation status in Tripoli was lifted in February 2018 and agencies such as WFP initiated re-entry into the country. An ICT assessment mission and a needs assessment survey were conducted by WFP, in its capacity of Global ETC lead, in late May 2018. Results showed a need for reliable security communications and Internet connectivity in at least one common operational hub, starting with Benghazi. Findings also highlighted the need to enhance current ICT services in Tripoli for humanitarian organizations currently operating

in Libya and for those who plan to return. In addition, city power was reported as unreliable with cuts experienced multiple times a day.

An assessment conducted by Internews showed that the lack of a stable source of electricity was the major challenge for affected people in accessing critical information about the response, access to assistance, and security. Alternative power supplies to operate equipment and provide services to the humanitarian community are also needed.

Due to the security situation, security communications services are critical for humanitarian responders. There is a need for broader radio communications coverage and more suitable security communications solutions in all common operational locations in line with Security Management Team (SMT) and United Nations Department of Safety and Security (UNDSS) recommendations.

In addition to security communications services, the humanitarian hub in Benghazi, as well as any other hubs established, will require reliable Internet connectivity services, helpdesk support and user training to ensure humanitarian organizations can communicate via all means provided.

As the ETC's implementation plan relies on importing and/or procuring equipment, needs include engaging with local suppliers and with national authorities to deliver its services.

ANNEX (METHODOLOGY)

INFORMATION SOURCES

The data analysis process for the HNO 2019 started in early September 2018 in close consultation with sectors and partners. The information sources for the analysis included quantitative and qualitative data at national and mantika levels. The main sources of quantitative information were the Bureau of Statistics and Census (BSC), IOM Displacement Tracking Matrix (DTM) and REACH Multi-Sector Needs Assessment for 2018. The data analysis was focused mainly at the second administrative level (i.e. mantika level). BSC provided the population figures disaggregated by age and sex, the DTM provided the base numbers of IDPs, returnees, and migrants and refugees, and the MSNA assessment provided information about the humanitarian needs of Libyan population including IDPs, returnees and host community plus non-displaced population affected by the conflict.

For migrants and refugees, the analysis team relied mainly on the DTM, national level studies and surveys, and a limited scope MSNA assessment for migrants covering five mantikas in Libya. The information sources for migrants and refugees were mainly focused at the national level and required triangulation of data to obtain the estimated needs. In addition to above sources, the analysis process was informed by more than 40 assessments, surveys and studies at national and sub-national levels.

JOINT INTER-SECTORAL ANALYSIS FOR 2019 HNO

The approach to the HNO for 2019 was to ensure the effective use of improved availability and quality of data from assessments and monitoring, implement a more robust and methodologically strong analysis, and a focus on severe humanitarian needs. As a result, the overall number of people identified in need of humanitarian assistance in Libya is reduced compared to 2018. It is important to note that the reduced number of people identified as in need of humanitarian assistance is not because of an improvement of the humanitarian situation in Libya, but because of the methodological approaches to needs analysis as mentioned above.

The joint inter-sectoral needs analysis for the 2019 HNO utilized a joint vulnerability analysis framework, supported by sectors and the intersectoral coordination group. The joint analysis framework highlighted four main analytical areas including 1) protection issues, conflict and insecurity, 2) availability and access to commodities and basic services, 3) economic situation and incomes, and 4) governance and institutions (as below).

The inter-sectoral analysis contributed to identifying drivers of the crisis, impacts of the crisis on populations, overall humanitarian needs, needs severity and guided the calculation of the total number of people in need of humanitarian assistance.

HNO INTER-SECTORAL ANALYSIS 2019

1 Protection issues, conflict and insecurity

- 1.1 Protection issues, violations of International
- 1.2 Humanitarian Laws
- 1.3 Insecurity, conflict situation and explosive hazards
- 1.4 Conflict affected population
- 1.5 Displacement and return Migrants, refugees and asylum-seekers

2 Availability and access to commodities and basic services

- 2.1 WASH services
- 2.2 Health services
- 2.3 Education services
- 2.4 Access to NFIs
- 2.5 Shelter and housing
- 2.6 Energy needs
- 2.7 Food, agriculture and nutrition
- 2.8 Impacts on affected people

3 Economic situation and incomes

- 3.1 Economic situation and incomes
- 3.2 Inflation and liquidity crisis
- 3.3 Official and parallel market currency rates
- 3.4 Oil dependence
- 3.5 Source of income and expenditures
- 3.6 Coping mechanisms
- 3.7 Access to markets
- 3.8 Employment

4 Governance and institutions

- 4.1 Core government functions
- 4.2 Local governance
- 4.3 Issues related to centralization
- 4.4 Rule of law and judiciary

CALCULATION OF PEOPLE IN NEED

The overall number of people in need was calculated by taking the highest number of people in need from each sector, disaggregated by gender at the mantika level. This approach ensures the inclusion of all people in-need of humanitarian assistance taking into account different needs of different people in different geographic locations across all sectors.

At the sector level, key needs indicators were identified to support the calculation of the total number of people in need per sector. Specifics of the methodologies for estimating the number of people in need by sector are explained in the sector narratives in part II of the HNO. It should be noted that in determining the number of people in need at the sector level, partners focused on the most severe humanitarian needs and strict vulnerability criteria. The total number of people in need is a sub-set of the total people affected by the crisis in Libya.

METHODOLOGY FOR CALCULATION OF HOST AND NON-DISPLACED AFFECTED POPULATION

The affected population includes IDPs, returnees, refugees and migrants, and a subset of the Libyan population that has been significantly affected by the crisis, referred to in the HNO as 'host and non-displaced affected people'.

The methodology for estimating the number of host and non-displaced affected people for 20 mantikas of Libya was based on the below indicators from MSNA assessment.

- Female Headed HHs
- Presence of explosive hazards in neighbourhood
- Loss of legal documentation
- Negative food coping mechanisms
- HH income from assistance
- Barriers to accessing markets
- Negative Cash coping mechanisms
- HH occupancy (Rented or squatting)
- condition of HH shelter
- No source of electricity
- No or irregular access to cooking fuel
- No sufficient quantity of drinking water
- Limited or no access to healthcare
- Reasons for not attending schools

For the mantikas of Almageb and Nalut (not covered by MSNA), the population living within a radius of 1 km around IDPs living with host community were selected through spatial analysis. Based on the above analysis method, 310,000 Libyans, not including IDPs and returnees, were classified to be affected by the crisis, some of whom require humanitarian

