

2018

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

1.1M

DEC 2017

A black and white photograph of a young boy with dark hair, wearing a striped t-shirt, standing in a classroom. He is holding a piece of chalk and writing on a chalkboard. The background is slightly blurred, showing other students and desks in the room.

**LIBYA**

Photo: UNSMIL/Abel Kavanagh

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/country/romena/country-profile/libya>



[www.humanitarianresponse.info/en/operations/libya](http://www.humanitarianresponse.info/en/operations/libya)

# PART I: SUMMARY

- 
-  Humanitarian needs & key figures
  -  Impact of the crisis
  -  Breakdown of people in need
  -  Severity of needs
  -  Most vulnerable groups
  -  Assessments and information gaps

TOTAL POPULATION OF LIBYA

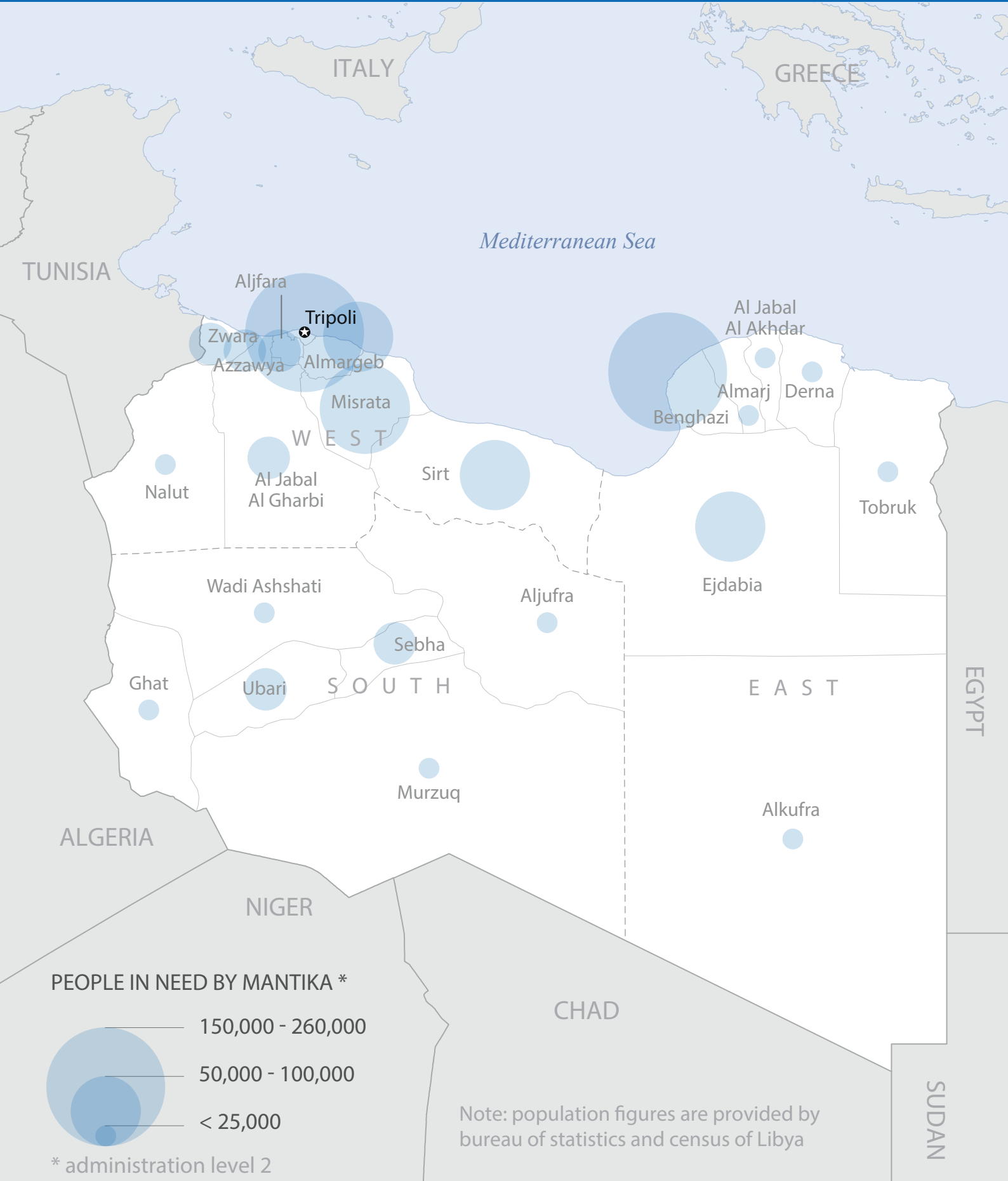
6.5M

PEOPLE AFFECTED

1.6M (25% of population)

PEOPLE IN NEED

1.1M (17% of population)



# HUMANITARIAN NEEDS

Since mid-2014, fighting in populated areas continues across Libya, leading to civilian casualties, damage to civilian infrastructure and displacement. In the last 12 months, an estimated 1.62 million people<sup>1</sup> have been directly affected. According to the latest UN and partners' needs analysis, 1.1 million people, of whom 378,000 are children and 307,000 are women of reproductive age (15-49), require life-saving humanitarian assistance and protection.

In 2017, more than 80,000 people returned to their home communities. To date, there are still around 217,000 internally displaced people in Libya, while some 278,000 people have returned to their places of origin.<sup>2</sup>

Libya continues to be the main point of departure for people attempting to cross the Mediterranean. IOM reports that, as of 26 October, at least 2,824 people have died or gone missing in the attempt to cross to Europe by sea in 2017. Arrivals report exploitation, abuse, sexual violence, discrimination, unlawful killings and torture in Libya by armed groups, including those affiliated to State institutions. They have no, or limited, access to services and live in fear of capture and arbitrary detention. Libya is also a destination country for migrants on temporary economic and circular migration routes from neighboring and West African countries. Over 400,000 migrants, refugees and asylum-seekers in Libya are particularly exposed to abuse and human rights violations as proliferating, armed groups engage in smuggling, trafficking and exploitation.

Recent developments have provided some momentum to a stalled political process, but with no clear solutions as the country remains divided between rival administrations,

leaving national and local institutions largely unable to provide protection and basic services. The economic situation continues to deteriorate, further eroding both the authorities' ability to provide services and as well as the livelihoods of communities and families. Living conditions are worsening as cash, food, fuel, water, electricity, health care and public services and supplies become increasingly scarce. Weak rule of law is leaving vulnerable civilians and marginalised groups unprotected. Armed groups, including those affiliated to the State, continue to unlawfully detain thousands of Libyans and foreign nationals in substandard conditions, where they are vulnerable to torture and other abuses.

Contamination by explosive remnants of war (ERW) and improvised explosive devices (IEDs) as a result of the ongoing conflict are threatening the lives of civilians and hampering the ability of the humanitarian community to carry out humanitarian activities.

<sup>1</sup> Libya affected (directly or indirectly) population is an estimate of population living in one kilometer radius of conflict events (ACLED database) recorded between August 2016 to September 2017.

<sup>2</sup> Displacement Tracking Matrix (DTM) Libya round 12., August 2017. Although more recent data is available at the time of publication, round 12 DTM was the most updated information at the time of the HNO analysis.

**HUMANITARIAN**

# KEY FIGURES

TOTAL POPULATION



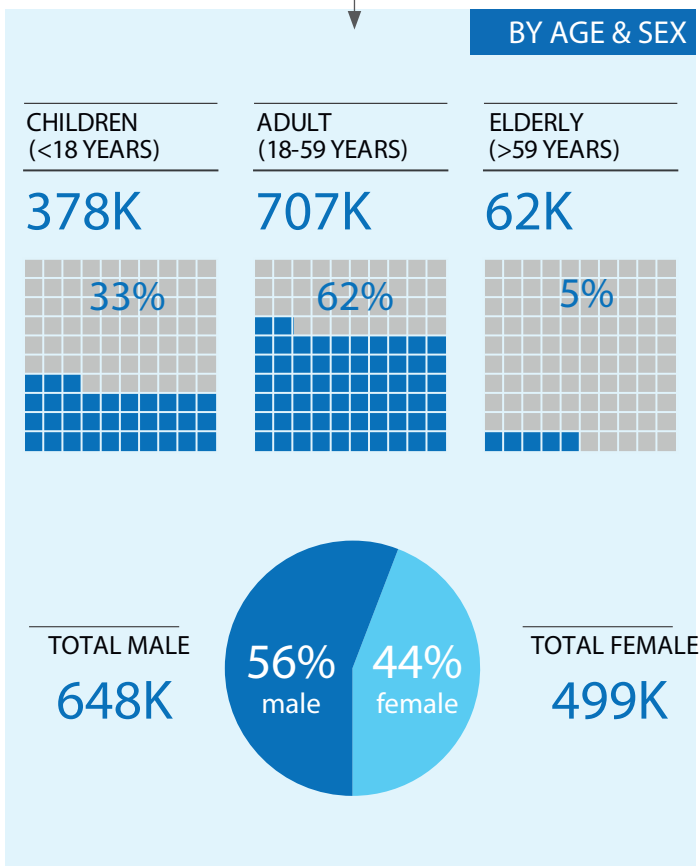
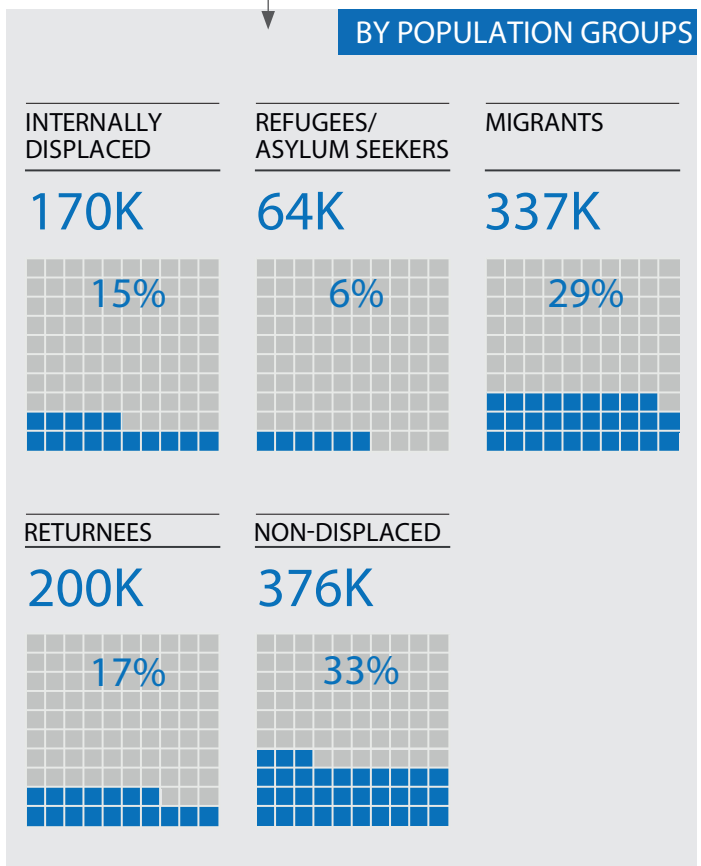
NUMBER OF AFFECTED PEOPLE



PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



06



## IMPACT OF THE

# CRISIS

The humanitarian crisis in Libya is largely defined by 1) pockets of acute needs prompted by outbreaks of violence, shifts in territorial control and the local power of armed groups, 2) migrants, refugees and asylum-seekers suffering from grave abuses in official and non-official detention and exposed to extreme risks while in Libya; and 3) an environment of deepening vulnerability for the population at large, with a rapid deteriorating economy and public sector. These three dimensions are all rooted in a protection, basic services, economic and governance crisis that has engulfed the country since 2014.

### Pockets of acute needs prompted by violence and shifts in territorial control

In the last 12 months, ongoing conflict has directly affected an estimated 1.62 million people across Libya. Some 217,000 people continue to be displaced. Affected populations continue to face critical protection challenges, including risk of death and injury due to indiscriminate use of weapons, freedom of movement restrictions and conflict-related psychological trauma. Violations of international human rights and humanitarian law, including violations of children and women's rights, are widespread, including but not limited to various forms of and gender-based violence (GBV), unlawful killings, arbitrary detention, enforced disappearances and torture and other ill-treatment. Psychological distress and exploitation from criminal networks are also common.

Civilians continue to be killed and maimed: according to the Armed Conflict Location and Event Data Project (ACLED) this year alone, 1,289 people were killed.<sup>1</sup> From 1 January 2017 to 30 September 2017, UNSMIL has documented at least 128 deaths and 164 injuries among civilians. Given limitations on access and information flow from conflict-affected areas, the actual casualty figures are very likely to be significantly higher. The presence of explosive hazards, including landmines, improvised explosive devices, unexploded ordnance and other ERW has been a persistent threat to everyone in Libya.<sup>2</sup> The threat of violence and insecurity due to the presence of armed

groups is reported as the main reason for people to flee their homes.<sup>3</sup> Armed groups on all sides continue to take hostages, carry out unlawful killings, torture and enforced disappearances and unlawful deprivation of liberty, including of civilians. Individuals are targeted on the basis of family or tribal identity, gender, affiliations and political opinions, as well as for ransom or prisoner exchange.<sup>4</sup>

Attacks on health care facilities and medical personnel continued across the country, including in Azzawya, Benghazi, Tripoli, Sebha and Derna, affecting the wellbeing of patients, the provision of health services and the livelihoods particularly of women, who constitute 56 per cent of employees at hospitals across the three Libyan regions.<sup>5</sup> The Service Availability and Readiness Assessment (SARA)<sup>6</sup> carried out by WHO and the Ministry of Health for all public health facilities, found that 17.5 per cent of hospitals, 20 per cent of primary health care facilities and eight per cent of other health facilities were not operational due to damage, lack of maintenance, inaccessibility and occupation by people and entities. The availability of some essential health services is also particularly limited. Mental health and family planning services are completely absent in the south and available in only one per cent of all health facilities across Libya.<sup>7</sup> Most of the facilities lack a supply of post rape care kits and emergency contraceptives, while the health staff have not received any specific training on the clinical management of rape (CMR), considered a life-saving intervention for sexual violence survivors.

1 ACLED conflict and protest data for African states from 25 August 2016 to 15 September 2017. The Armed Conflict Location & Event Data Project (ACLED) is a publicly available conflict event dataset designed for disaggregated conflict analysis and crisis mapping. This dataset contains information on the dates and locations of all reported political violence events in over 50 developing countries, with a focus on Africa. The data are drawn from news reports, publications by civil society and human rights organisations, and security updates from international organisations.

2 UNMAS Libya September 2017

3 91 per cent of displaced (DTM Libya round 12)

4 Report of the Secretary-General on the United Nations Support Mission in Libya, 22 August 2017

5 Report of the Secretary-General on the United Nations Support Mission in Libya, 22 August 2017

6 Service Availability and Readiness Assessment (SARA) is a six-month survey completed in February 2017

7 SARA, Libya 2017

The presence of the Islamic State (IS), of Al-Qaeda-affiliated terrorist groups, foreign fighters and mercenaries, the trafficking of arms and the cross-border black market economy are challenges which extend across Libya's borders and impact its neighbours and the wider international community.<sup>8</sup>

### Migrants, refugees and asylum-seekers at extreme protection risk

The movement of refugees and migrants across the Sahara desert and the Mediterranean Sea towards Europe continues to have a devastating toll on human lives. As of 26 October, at least 2,824 people have died or gone missing in the attempt to cross to Europe by sea in 2017.<sup>9</sup> Many others are thought to have died on their way across the desert in the hands of smugglers and traffickers. Since the beginning of the conflict, there has been a lack of oversight and institutional capacity in managing migration, with no system of checking or regularising stays, including through the issuance of legal documentation. In order to live, work, and have access to basic services, migrants must have necessary documentation. Whilst the majority of migrants and refugees enter Libya irregularly, some migrants enter Libya in possession of appropriate travel documents, but they are unable to renew these documents when they expire.

IOM's Displacement Tracking Matrix (DTM), has identified approximately 400,000 migrants, refugees and asylum-seekers throughout the country, including over 63,000 refugees and asylum-seekers.<sup>10</sup>

Migrants, refugees and asylum-seekers who are stuck in Libya often suffer abuses, torture and other ill-treatment in detention.<sup>11</sup> Often they cannot access services and live in fear of exploitation, sexual violence, unlawful killings, capture and arbitrary detention in official and unofficial detention centres, in many cases run by local militia. People detained in these centres suffer from poor hygiene standards, diseases, lack of food and safe drinking water. Trafficking and smuggling rings operate freely and 'slave market' conditions have been reported in Tripoli and Sebha. Alarming cases of rape and physical abuse of female and male migrants, including in the official and unofficial detention centres, have been well documented. Almost 40 per cent of refugees and migrants interviewed in 2017 reported rape and sexual abuse, although unreported figures are likely to be far higher. Some women report being

advised by traffickers to use a contraceptive injection before transiting through Libya, indicating how widespread and entrenched this violence is. It's worth noting that the journeys may last longer than the effectiveness of such injections and that these contraceptives do not prevent the risk of HIV transmission. Beyond the immediate risks the migrants face, the revenue smuggler networks are generating from irregular migration is developing into a direct threat to stability in parts of Libya.

### An environment of deepening vulnerability for the population at large

The country remains divided between rival administrations, leaving national and local institutions largely unable to provide protection and basic services. The economic situation continues to deteriorate: inflation, the devaluation of the Libyan dinar on the black market, an acute cash liquidity shortage in the banking system have all led to reduced purchasing power of the Libyan population - especially those already affected by the conflict, further deepening vulnerabilities. Living conditions have deteriorated as availability of food, fuel, water and sanitation, electricity and medical supplies decrease and the provision of health care and public services declines. Libya's health care system struggles to deal with casualties from the conflict, rising diseases and illnesses. Weak rule of law is leaving vulnerable civilians and marginalised groups unprotected. Reporting structures for survivors of GBV are weak, due to lack of social support, fear of reprisals and lack of trust and confidence in the justice system, a lack of confidentiality and specialised staff, and physical reporting outlets. The weak structures, combined with a social stigma surrounding reporting, have resulted in widespread underreporting of violence against women and therefore impunity for perpetrators.

### Operational challenges

The humanitarian response has been hindered by ongoing hostilities and, widespread insecurity. Since the evacuation of UN international staff from Libya in 2014, the UN has operated primarily remotely out of Tunis, although most

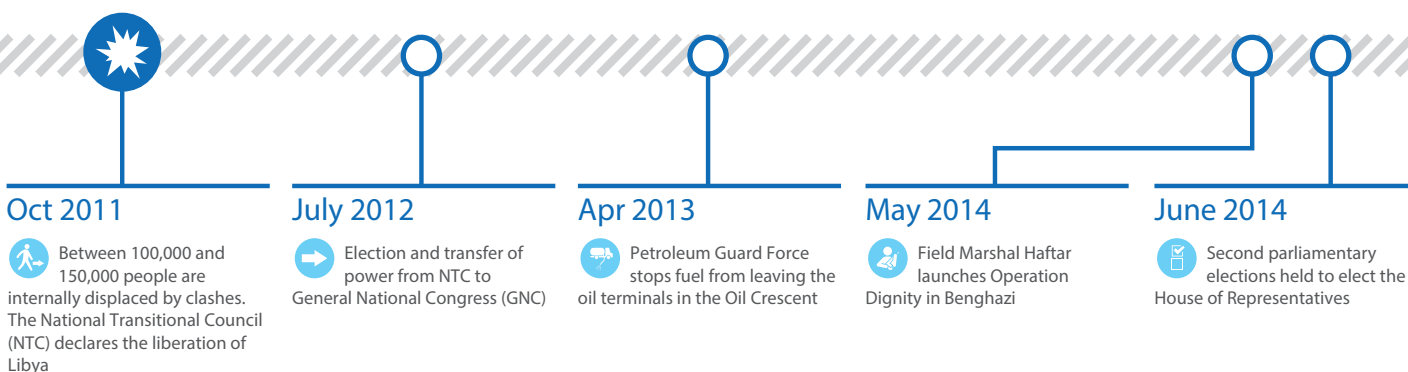
8 Remarks of SRSR Ghassan Salamé to the United Nations Security Council, 28 August 2016

9 DTM Libya

10 DTM Libya round 12

11 Remarks of SRSR Ghassan Salamé to the United Nations Security Council 28 August 2016

## CRISIS TIMELINE







**July 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

**Sept 2016**  
LNA takes over control of the oil crescent, oil production increases

**Dec 2016**  
Pro-GNA forces oust IS from Sirt

**July 2017**  
LNA forces oust IS and Benghazi Mujahideen Shura Council from Benghazi

humanitarian agencies have international and national staff, consultants or third-party contractors in-country. With the anticipated lifting of the evacuation status, UN humanitarian agencies are preparing to re-establish permanent presence in Tripoli in the first quarter of 2018. The return of humanitarian agencies to Tripoli will be a significant step, but humanitarian presence is required beyond Tripoli, in the east and south of the country, to address acute needs as well as to counteract perceptions of uneven assistance that may arise from the return to Tripoli. In addition, the unpredictable security environment, the multiplicity of interlocutors and armed actors, the unclear bureaucratic requirements in the country pose challenges for humanitarian actors looking to deliver conflict-sensitive assistance. OCHA continues to support the sectors and the broader humanitarian community in building acceptance and trust with multiple interlocutors on the ground.

## 1. Protection issues, insecurity and scarcity of basic commodities and services

### 1.1: Complex protection issues, violations of International Human Rights and Humanitarian Laws

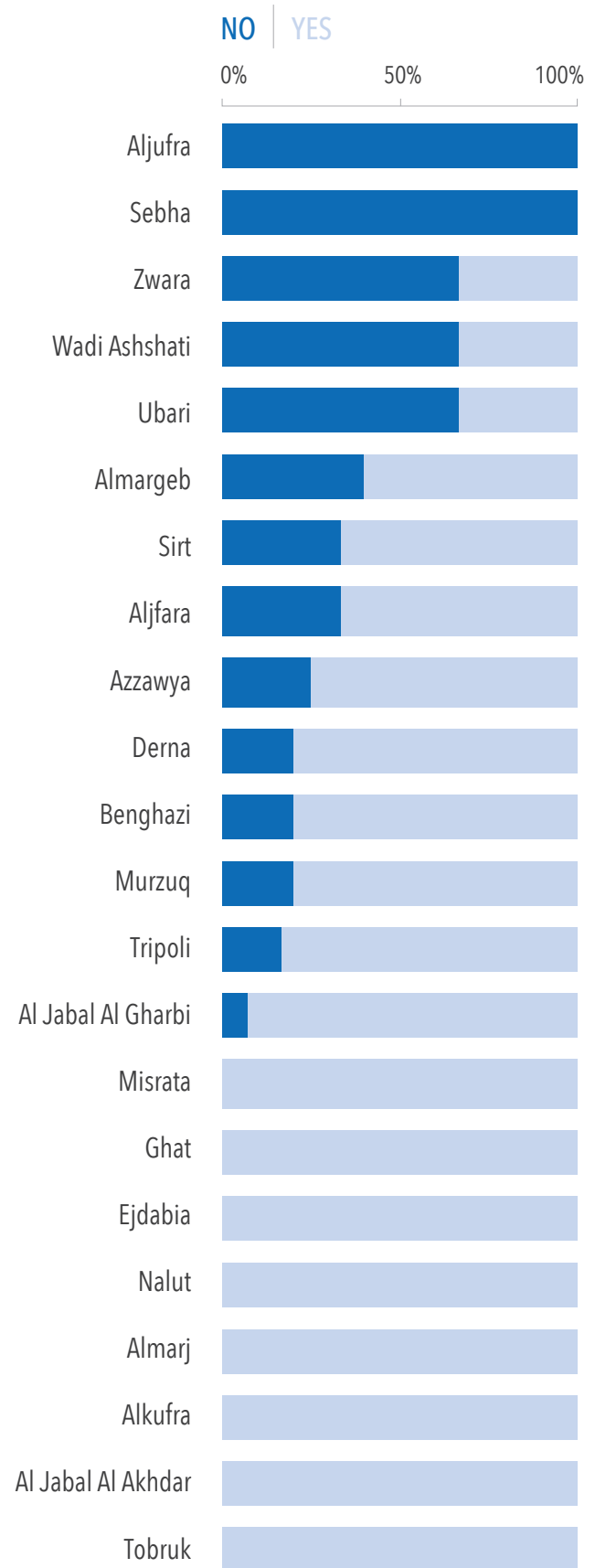
International human rights and humanitarian law violations are widespread and committed by all parties to the conflict in Libya. Kidnappings, hostage-taking, arbitrary detention, enforced disappearances, denial of access to health care, torture, rape and other sexual violence, unlawful killings, including summary executions, restrictions on freedom of movement, attacks targeting civilians and civilian objects, and indiscriminate attacks are among the many violations frequently committed. In addition, armed groups and criminal networks continue to draw on illegal sources of financing, such as the smuggling of fuel, drugs and weapons, human trafficking, and forced prostitution of migrants. Some of these networks are identified along the western coastline and extend through the southern borders.<sup>1</sup> Prevalence of GBV is underreported as a result of weak reporting structures, cultural attributes and practices that link to shame, stigma, and fear of retaliation, a general lack of trust among service providers, and the lack of a multi-sectorial GBV referral system and coordination mechanism. At the same time, services for women and girls who have experienced violence have been found to be insufficient.<sup>2</sup> Furthermore, the notion of domestic violence is regarded as a private matter, which explains family and community non-intervention and a culture of impunity.<sup>3</sup> Female survivors predominantly use informal channels to access legal justice, out of fear of being exposed and publicly shamed or blamed if they choose to use the formal justice system. It, however, remains unclear to what extent a woman's

1 Libya Panel of Expert Report June 2017

2 UNHCR IDP Protection Monitoring Assessment, February 2016

3 Women, Peace & Security: Comparative Study of the Baseline, UNDP 2015

### CAN RESIDENTS MOVE SAFELY?



wishes and rights are respected in this informal justice system, which are often comprised of family members.

Detention conditions continue to be inhumane throughout Libya, both in official and non-official detention centres. Arrests and detentions by armed groups do not respect due process. Politicians, activists, bank employees and journalists are frequently targeted.<sup>4</sup> Others are also targeted on the basis of their tribal or family identity or political affiliations. In Sirt, Benghazi and Brak al-Shatti, armed groups conducted summary executions of captured fighters, in clear violation of the Geneva Conventions. Indiscriminate shelling in residential areas led to the death and injury of many civilians, as well as damages to civilian infrastructure. Protection concerns are particularly heightened for civilians trapped between frontlines and for those who are unable or feel unsafe to move.<sup>5</sup> For instance, in Aljbara and Sebha, almost 100 per cent of surveyed respondents feel they cannot move safely. Respondents reported that insecurity, closure of roads and threat/presence of explosive hazards were the main reasons why they could not move safely.

Thousands of Libyans have been detained arbitrarily across the country since 2011 at official prisons as well as detention facilities controlled by armed groups. They include persons taken during and in the aftermath of the 2011 armed conflict, who have been held for periods reaching up to six years without charge, trial or the opportunity to challenge the legality of their detention. Armed groups, including those affiliated to the State, hold detainees incommunicado for prolonged periods and systematically torture or otherwise ill-treat detainees, in some cases leading to death. Many are denied access to lawyers, while others have no financial means to secure legal representation. Detention conditions fall far short of international standards, and detainees have little or no access to medical care. Women are held in facilities without female guards, rendering them vulnerable to sexual abuse. Hundreds of released detainees have no access to specialised medical, psychological and rehabilitation services, let alone judicial redress.

## 1.2: Insecurity, conflict situation and explosive hazards

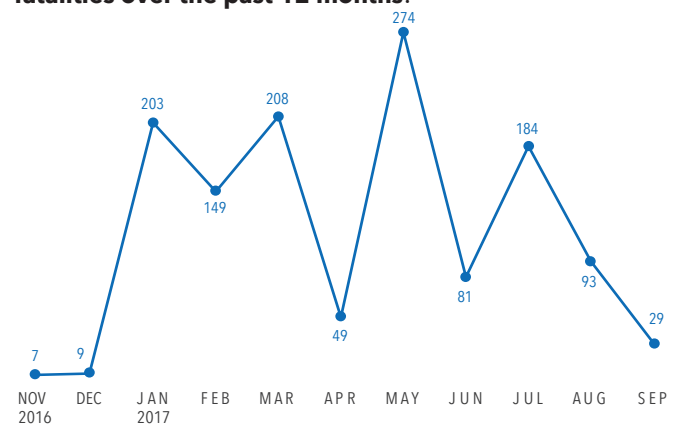
Libya has witnessed localised fighting, with 1,289 estimated fatalities<sup>6</sup> recorded due to conflict in the past 12 months. The majority of these fatalities were reported in Benghazi (41 per cent) followed by Sirt (15 per cent), Tripoli (14 per cent) and Wadi Ashshati (12 per cent).

<sup>4</sup> Libya Panel of Expert [Report](#) June 2017

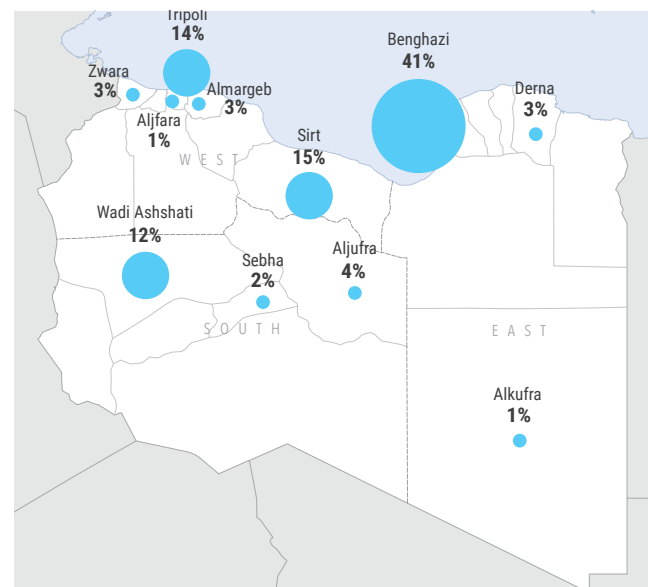
<sup>5</sup> DTM Libya round 12

<sup>6</sup> ACLED reported 1,289 fatalities in Libya from Aug 2016 – Sept 2017: ACLED does not have a fatality threshold for event inclusion; further, it reports fatalities only when a reputable source has relayed that information. It uses the most conservative estimate available, and will revise and correct the totals- upward or downward- when better information comes available.

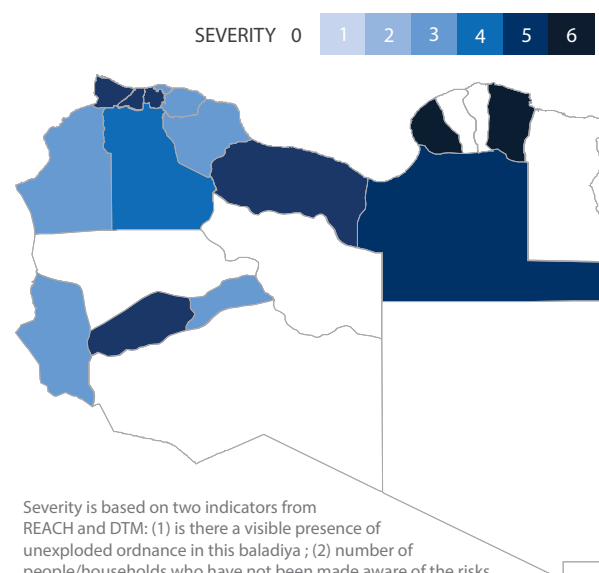
**Sixty-eight per cent of reported fatalities were between January to March 2017. May 2017 witnessed the most fatalities over the past 12 months:**



## PERCENTAGE OF TOTAL FATALITIES PER MANTIKA<sup>6</sup>



## SEVERITY - "EXPLOSIVE REMNANTS OF WAR"



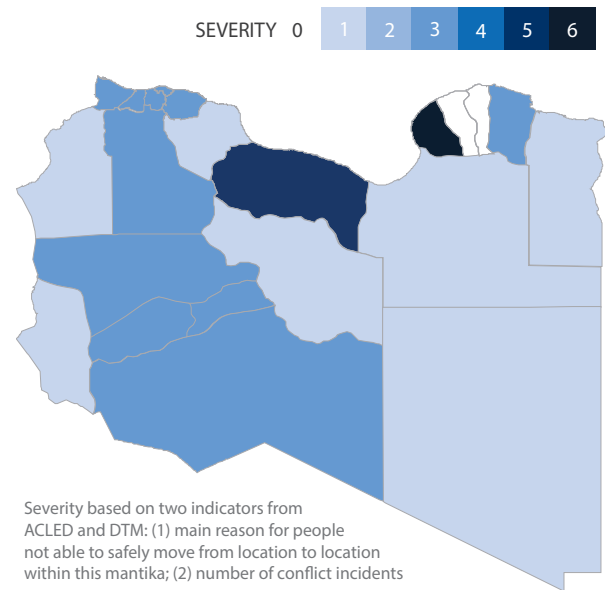
From January until September 2017, at least 128 civilians were killed in the violence, including 25 children, and 164 injured, including 30 children.<sup>7</sup> In Derna, fighting continued between opposing parties even after IS was expelled from the city in 2015. In spite of the ongoing conflict in many parts of the country, over 278,000 people are recorded as having returned to their homes, mainly in Benghazi (53 per cent), Sirt, Murzuq (11 per cent each) and Ubari (10 per cent) mantikas (regions).<sup>8</sup>

The ongoing conflict and increasingly difficult socio-economic situation, characterised by the collapse of the rule of law well as many national institutions, contribute to protracted and ongoing displacement and increasing poverty. These conditions leave the conflict-affected population in particular without safe and effective access to life-saving protection assistance.

Migrants, refugees and asylum-seekers are particularly affected by various forms of protection concerns, linked to the insecurity and conflict situation. In a recent assessment,<sup>9</sup> the biggest fear expressed by the assessed population was abduction. More migrants and displaced populations feel they are under threat of violence and abduction (11 per cent),<sup>10</sup> as compared to residents (seven per cent). According to a recent study on human trafficking and other exploitive practices on the central Mediterranean route,<sup>11</sup> 90 per cent of migrants, refugees and asylum-seekers transiting through Libya have been held against their will during their journey.

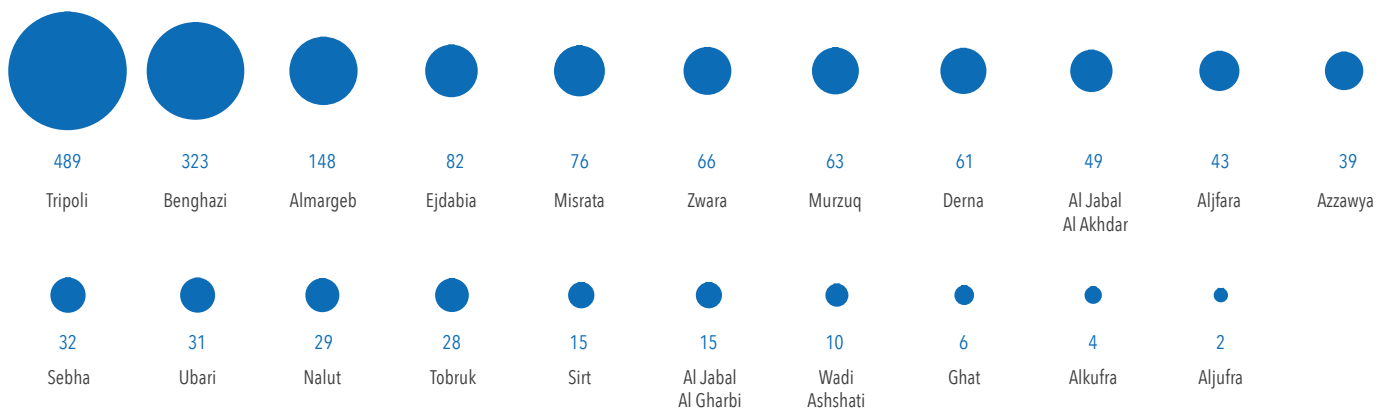
The presence of explosive hazards, including landmines, unexploded or abandoned ordnance, IEDs and other ERW has been a persistent threat to the Libyan population.<sup>12</sup>

SEVERITY – “CONFLICT-AFFECTED AREAS”



Unexploded Ordnance (UXO) was reported in nine out of 22 mantikas. Between 2011-2016 Libya has seen 5,891 deaths and injuries from explosive violence; of these, 66 per cent (3,895) were civilians.<sup>13</sup>

ESTIMATED AFFECTED POPULATION IN THOUSANDS (DUE TO THE EXPOSURE TO CONFLICT IN THE LAST 12 MONTHS)



7 UN Support Mission in Libya (UNSMIL)

8 Administration region 2

9 Libyan household multi-sectoral need assessment (MSNA) – UNFPA, May 2017

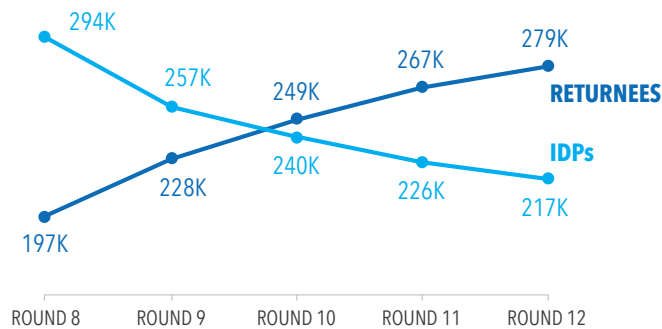
10 Based on 179 households interviewed in 14 mantikas, MSNA UNFPA, 2017

11 Please see DTM Italy report: [http://migration.iom.int/docs/Analysis\\_Flow\\_Monitoring\\_and\\_Human\\_Trafficking\\_Surveys\\_in\\_the\\_Mediterranean\\_and\\_Beyond\\_adults\\_children.pdf](http://migration.iom.int/docs/Analysis_Flow_Monitoring_and_Human_Trafficking_Surveys_in_the_Mediterranean_and_Beyond_adults_children.pdf)

12 UNMAS Libya September 2017

13 Action on Armed Violence (AOAV). Data on explosive violence incidents is gathered from English-language media reports on the following factors: the date, time, and location of the incident; the number and circumstances of people killed and injured; the weapon type; the reported user and target; the detonation method and whether displacement or damage to the location was reported. AOAV does not attempt to comprehensively capture all incidents of explosive violence around the world but to serve as a useful indicator of the scale and pattern of harm.

## NUMBER OF TOTAL IDPs AND RETURNEES BY DTM ROUND



### 1.3: Conflict-affected population

In the past 12 months, an estimated 1.62 million people<sup>14</sup> have been affected by conflict. 1.1 million people, of whom 378,000 are children and 307,000 are women of reproductive age (15-49), require urgent humanitarian assistance and protection. Ninety-one per cent of the displaced population<sup>15</sup> indicated that the main driver of displacement is the threat of violence and the presence of armed groups in their areas.

### 1.4: Displacement and returns

The number of IDPs identified across the country has decreased from 303,608 individuals recorded at the end of 2016, to 217,022 individuals (43,345 households) at the end of 2017; a 29 per cent reduction.<sup>16</sup> The largest decreases in the number of IDPs took place in the mantikas of Tripoli, Almargeb and Azzawya. While the IDPs are returning, new displacement is taking place due to sporadic fighting. In 2017 more than 20,000 people have been displaced inside Libya due to fighting. Some of these people have been displaced more than once. In the same period, the number of returnees has exceeded 80,000 people.

Identified IDPs were primarily residing in private accommodation, consisting of self-paid rented housing, or being hosted with relatives or non-relatives. Forty-seven per cent of IDPs were displaced over the course of 2015, and 18 per cent more recently, between the start of 2016 to the time of data collection in August 2017.

Across the country, the IDPs' primary needs were reported to be access to food, health services and shelter. Displaced Libyans not only have less cash to spend, but also less purchasing power given the substantial increase in the cost of living.<sup>17</sup> Other problems cited for access to health included irregular supply of medicines and low quality of available health services

<sup>14</sup> The affected (directly or indirectly) population is an estimate of the population living in a one kilometre radius of conflict events (ACLED database) recorded between August 2016 to September 2017.

<sup>15</sup> DTM Libya round 12. As of July 2017 DTM Libya interviewed 1,301 key informants across 100 baladiyas and 657 muhallas.

<sup>16</sup> DTM Libya round 12

<sup>17</sup> Libyan household MSNA - UNFPA May 2017

<sup>18</sup> DTM Libya round 12

<sup>19</sup> DTM Libya round 12

due to overcrowded facilities, poorly trained medical staff or unavailability of female doctors.

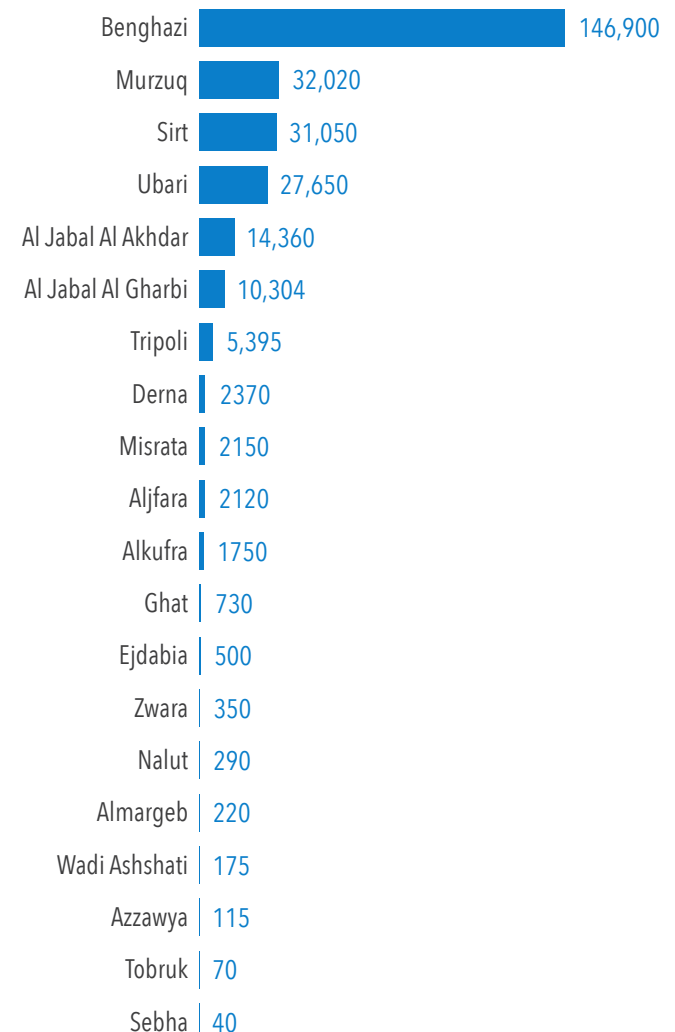
Approximately over 278,000 returnees<sup>18</sup> have gone back to their homes. Nearly all of these were reported to have returned to their previous homes. Other IDP communities are unable or unwilling to return home because their homes and livelihoods have been destroyed or due to fear of attacks. For instance, some 40,000 members of the Tawergha community, displaced since August 2011, remain scattered across the country, in IDP camps or with host communities.

Returnee respondents identified access to health services as the most urgent need, followed by access to education and living in an area with adequate security.<sup>19</sup>

### 1.5 Migrants, refugees and asylum-seekers

The situation for refugees and migrants in Libya remains desperate. With a significant reduction in number of sea arrivals into Italy in the summer months of 2017, an increasing number of the most vulnerable migrants and refugees remain stranded inside Libya. These migrants and refugees face a high risk of arbitrary arrest or exploitation for the purpose of

#### NUMBER OF RETURNEES BY MANTIKAS



work and sexual violence.<sup>20</sup> Migrants and refugees continue to be detained in inhumane conditions over long periods of time without the basic resources needed to survive and where serious human rights violations are reported. Studies also highlight that migrants and refugees face increasing challenges to cope with the impact of the crisis. This is mainly due to their exclusion from social protection or safety nets. For instance, migrants and refugees are often denied access to basic services including emergency health care.

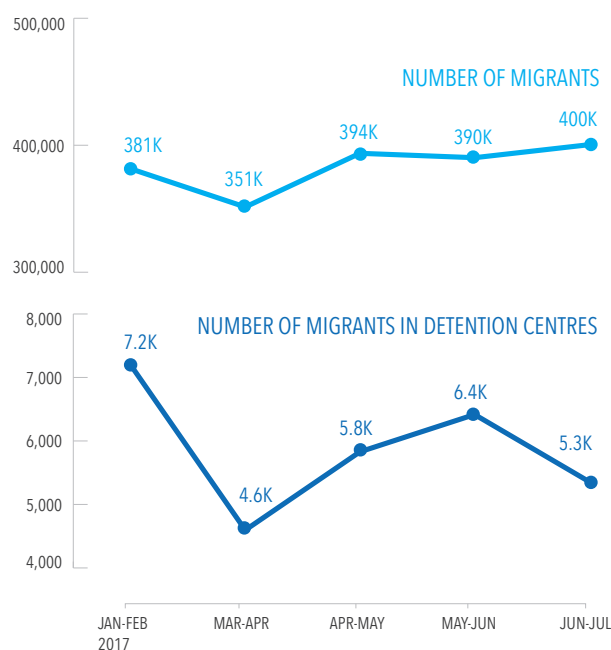
Despite this, Libya continues to be a major destination and transit country for refugees and migrants fleeing poverty and conflict. However, the daily protection risks they face in Libya and, in the case of migrants, the increasing difficulty to access reliable money transfer systems to send remittances in their country of origin is a push factor towards the sea journey. While release from detention and adequate reception conditions have been raised as key priority areas, migrants and refugees continue to be stranded in detention centres where humanitarian actors face access challenges. Rescue/interception at sea requires continued engagement by humanitarian actors to provide assistance to a growing number of vulnerable rescued people.

Migration patterns in and through Libya are interlinked with regional migrant activity, with the 'flow' of migrants stemming from areas within sub-Saharan Africa, Asia and the Middle East, predominantly in pursuit of economic security.

In 2016 Tripoli, Misrata and Sebha were the top three regions for migrants. In 2017, Sebha had been replaced by the Almageb region. Since January, Misrata, Tripoli and Almageb continued to see the highest number of migrants (to July 2017) due to the economic opportunities available and due to the presence of smugglers who can expedite travel to Europe. Similar to 2016, Egyptians, Nigeriens and Chadians were the most common nationalities identified in 2017. Most of the migrants assessed since January 2017 were male, with significantly fewer females recorded. However, an increase in the number of women in the migrant flow coming from West Africa to Libya has been recorded since the beginning of the year 2017.<sup>21</sup> Ninety per cent were adults with an approximate fluctuation of five to 10 per cent for unaccompanied minors. Over 90 per cent of migrants stated economic reasons as the primary driver for their migration with an average of five per cent reporting that they had left their countries due to war, conflict, insecurity or political reasons.<sup>22</sup>

In 2017, a steady flow of migrants in detention centres was observed. The highest number of migrants in detention centres was recorded in January 2017 (7,197), whilst the second highest number of migrants in detention centers was registered in May and June 2017.

## MIGRANTS



According to the DTM, the highest number of migrants, with stays between two weeks and three months, were located in Alkufra, Ejdabia, Nalut and Wadi Ashshati. Tripoli, Zwara, Derna, Almageb, Aljfarra, and Azzawya represent the mantikas with the highest number of migrants staying for over six months. This could be in line with the employment opportunities, schooling and medical facilities that are found at each of these mantikas.

## 2. Availability and access to everyday commodities and basic services

### 2.1: Water Sanitation and Hygiene (WASH) services

Before the crisis, the water supply coverage was estimated as 100 per cent in urban communities and 95 per cent in rural populations, while the sanitation coverage was 60 per cent in urban areas and 40 per cent in rural areas.<sup>23</sup> Six years after the crisis erupted, assessments show that only 64 per cent<sup>24</sup> of the affected population have access to adequate drinking water sources. The frequent electricity cuts (4-5 hours on most days, with peaks to 14 hours in some areas such as Derna) continue to affect water and sanitation facilities, and lack of maintenance and spare parts are the main drivers for inadequate access to

<sup>20</sup> Please see DTM Italy report: [http://migration.iom.int/docs/Analysis\\_Flow\\_Monitoring\\_and\\_Human\\_Trafficking\\_Surveys\\_in\\_the\\_Mediterranean\\_and\\_Beyond\\_adults\\_children.pdf](http://migration.iom.int/docs/Analysis_Flow_Monitoring_and_Human_Trafficking_Surveys_in_the_Mediterranean_and_Beyond_adults_children.pdf). Out of the 4,826 respondents travelling on the Central Mediterranean Route to Italy in 2017, 36 per cent of adult and 32 per cent of child respondents reported to have observed someone travelling with them having been threatened with sexual violence during the journey. 93 per cent of the reported cases occurred in Libya.

<sup>21</sup> 4Mi DRC Hidden Figures Report

<sup>22</sup> DTM Libya round 12

<sup>23</sup> CEDARE and Arab Water Council, 2<sup>nd</sup> Arab State of the water report, (2012), page 146

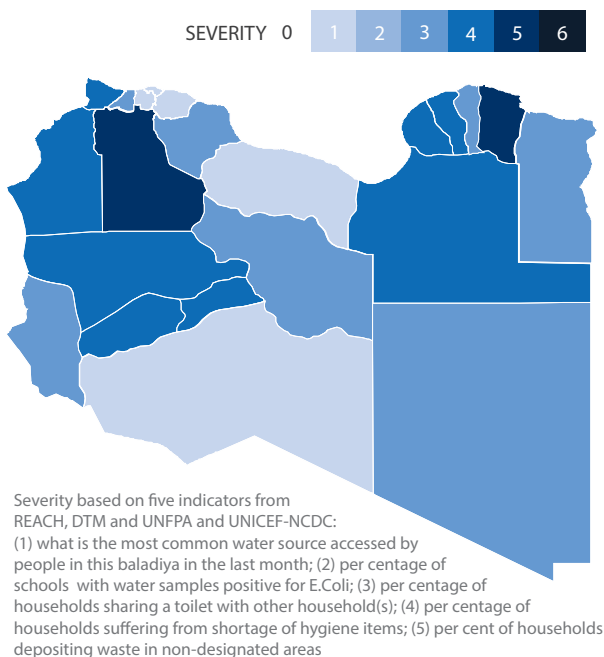
<sup>24</sup> DTM Libya report (June/July 2017)

water and sanitation services. Currently water trucking is the main source of drinking water for 43 per cent of the affected population, which raises concerns related to poor quality of water, high price and lack of sustainability.

The Libya Joint Market Monitoring Initiative (JMMI) report of November 2017, assessed the availability of eight basic WASH items in 250 shops across the country. The results showed no significant shortages observed throughout the country.<sup>25</sup>

Water, sanitation and hygiene conditions in most schools are a concern. Recent water quality assessment results indicated 10 per cent of water samples taken from 140 schools in Libya were contaminated with harmful bacteria (E-Coli bacteria).<sup>26</sup> The water samples also contained a high concentration of chemicals which can affect the health of children. The average number of students for each functional toilet is recorded at 71 and reaches up to 375. According to the Libya Ministry of Education standards the ratio of students to a functional toilet should be 25. Some 95 per cent of schools have a hand washing facility; however, most of them do not have running water.

## SEVERITY – “WASH SERVICE”



## 2.2: Health services

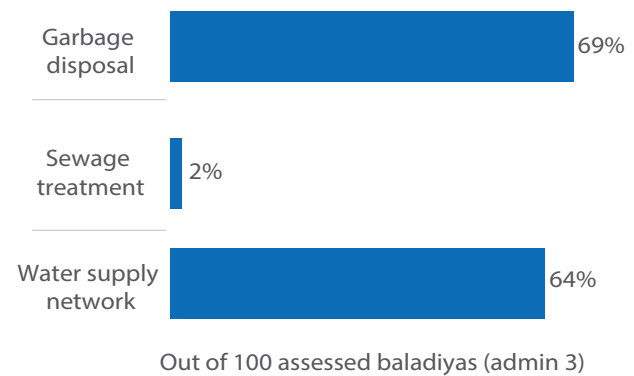
Libya's health care system has deteriorated to the point of collapse and struggles to deal with conflict-related casualties. The WHO Service Availability and Readiness Assessment (SARA) and the Libyan Ministry of Health reported that 17 (18 per cent) hospitals, 273 (20 per cent) primary health care (PHC) facilities and 18 (8 per cent) other health facilities were closed. The most affected regions were Benghazi and the Central region.

25 Libya Joint Market Monitoring Initiative (JMMI) - November 2017. [http://www.reachresourcecentre.info/system/files/resource-documents/reach\\_lby\\_situation\\_overview\\_joint\\_market\\_monitoring\\_initiative\\_jmimi\\_november\\_2017.pdf](http://www.reachresourcecentre.info/system/files/resource-documents/reach_lby_situation_overview_joint_market_monitoring_initiative_jmimi_november_2017.pdf)

26 UNICEF-NCDC WASH in schools Survey, 2017

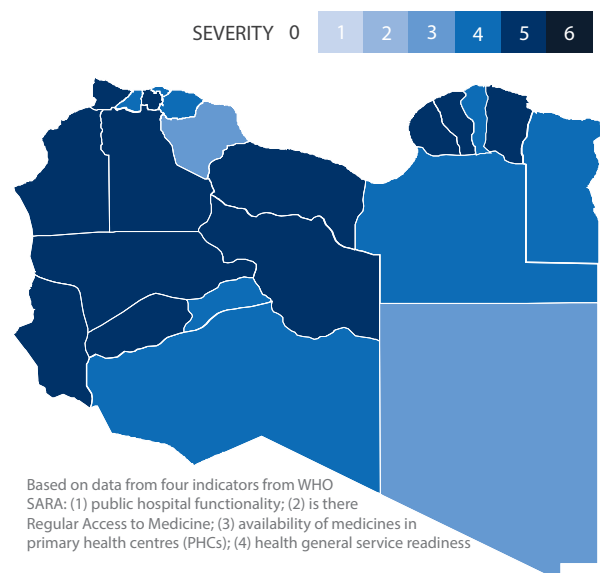
27 Libyan household multi-sectoral needs assessment (MSNA) – UNFPA 2017.

## REGULAR AVAILABILITY OF WASH SERVICES



According to WHO's SARA survey conducted in 2017, the situation of general service readiness (including basic amenities, basic equipment, standard precautions, diagnostics and medicines) is concerning. The overall general service readiness for the public hospitals is at 68 per cent and for the public primary health care facilities it stands at 37 per cent. The survey also highlighted a concerning lack of medicines at public health care facilities with 71 per cent of people with chronic diseases facing challenges in accessing essential medicines.<sup>27</sup>

## SEVERITY – “HEALTH SERVICE”



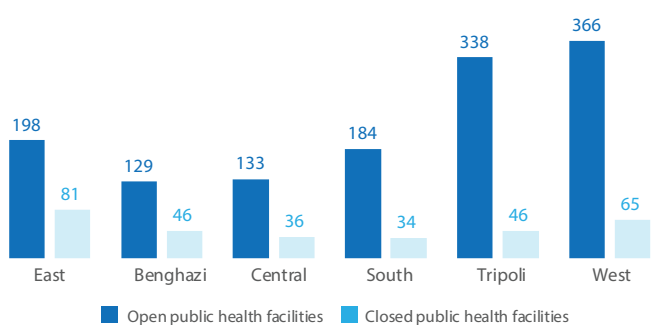
The readiness on diagnosis and management of chronic diseases was 40 per cent at primary health care facilities for diabetes, 24 per cent at primary health care facilities and 42 per cent at hospitals for cardiovascular diseases and 18 per cent at primary health care facilities and 42 per cent at hospitals for chronic respiratory diseases. According to the “Market Systems in

Libya<sup>28</sup> study prices of insulin in private markets have risen progressively. In 2014, cost of 10 ml of insulin was around seven LYD, and is currently being sold at 35LYD at pharmacies in Tripoli. In Sebha retail prices currently range from 35 to 50LYD. Availability of insulin in the south of country (especially Sebha) is a concern. As a coping strategy, people are buying insulin from other neighbourhoods where insulin stocks are sufficiently available or they resort to buying it from different cities (such as Misrata).

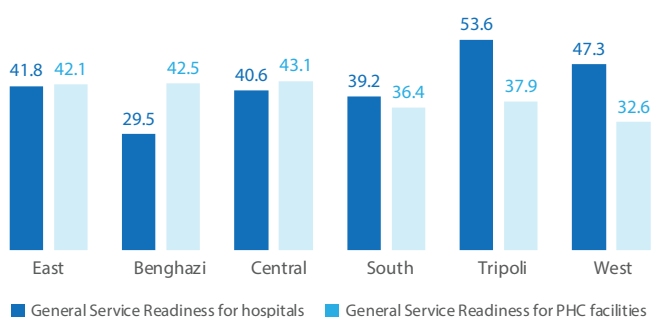
Emergency services were provided by 67 hospitals (84 per cent), however 24 per cent of those only offer emergency services in the non-emergency outpatient service area. The overall readiness of the hospitals on emergency services was 47 per cent. Lack of training (18 per cent), guidelines (21 per cent) and diagnostics (40 per cent) were reported as main weaknesses.

According to recent assessments in 2017, almost 20 per cent of pregnancies among women of reproductive age (15-49) ended up with miscarriage or stillbirth in the previous year.<sup>29</sup> Only 6

### STATUS OF HEALTH FACILITIES



### GENERAL SERVICE HEALTH READINESS (% PER MANTIKA)



per cent of health facilities are providing specialised services (75 per cent are hospitals).<sup>30</sup> This is due mainly to the lack of a skilled health workforce and a shortage in essential drugs and equipment.

The contraception prevalence rate has decreased from 42 per cent in 2007 to 28 per cent in 2014<sup>31</sup> and is expected to be lower

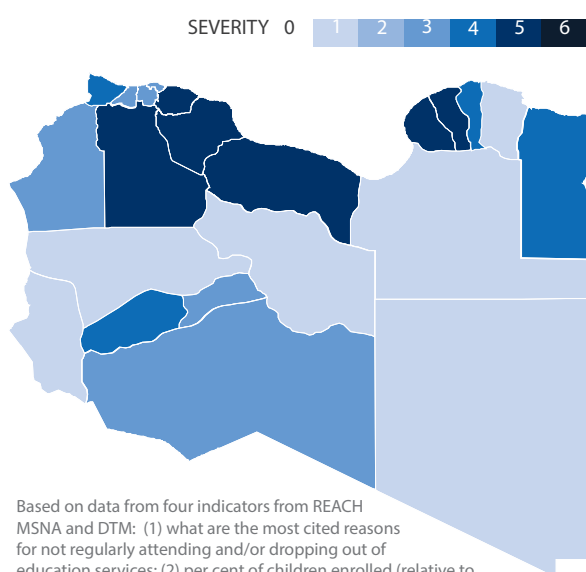
in 2017 as only two per cent of health facilities are providing family planning services.<sup>32</sup>

### 2.3: Education services

In July 2017 DTM<sup>33</sup> reported that 96 per cent of children were attending school regularly across the country with the exception of four mantikas where respondents reported 100 per cent school attendance. In Aljbara, Derna, Sirt and Ubari overcrowded schools, safety issues, damage to school buildings or schools being occupied by armed actors were reported as reasons for lack of school attendance for children.

Years of conflict have affected the education system. Only

#### SEVERITY – "EDUCATION SERVICE"



Based on data from four indicators from REACH MSNA and DTM: (1) what are the most cited reasons for not regularly attending and/or dropping out of education services; (2) per cent of children enrolled (relative to children population in the region); (3) do majority of Children Attend School Regularly; (4) proportion of operational public schools per mantika

six mantikas out of 22 have 100 per cent of their schools operational. Derna, Misrata and Sirt have the lowest percentage of operational schools.

### 2.4: Availability and access to non-food items (NFIs)

According to the DTM round 12, availability of household items / non-food items (NFIs) is a concern in Ejdabia, Alkufra and Azzawya, where 67 per cent and 50 per cent of the key informants (KIs) respectively indicated insufficient availability of household items / NFIs. In all other mantikas, affordability was indicated as the main issue, with KIs indicating unaffordable prices as the main reason why people cannot access household items / NFIs.

28 Market Systems in Libya. Assessment of the Wheat Flour, Insulin, Tomato and Soap Supply Chains <http://bit.ly/2jjRTOE>

29 Libyan household MSNA, 2017 UNFPA.

30 Service Availability and Readiness Assessment, WHO, 2017.

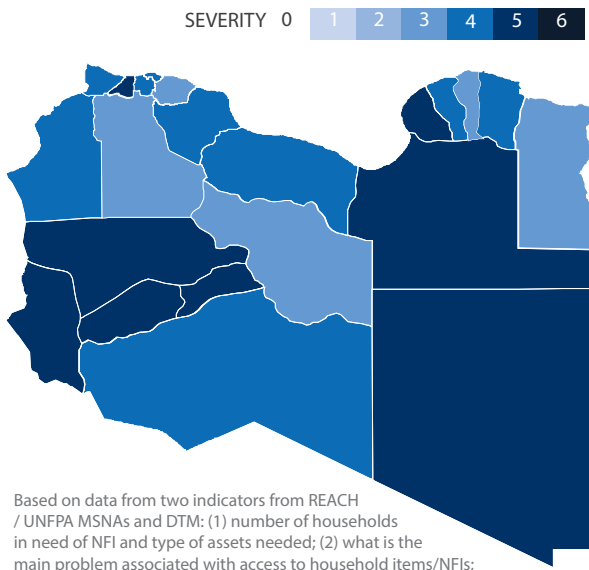
31 Libyan National Family Health Survey, PAPFAM report 2007 and 2014, BSC.

32 Service Availability and Readiness Assessment (SARA), WHO, 2017.

33 DTM Libya round 12 – 2017



SEVERITY – “AVAILABILITY AND ACCESS TO NFIs”



% OF POPULATION GROUP REPORTING LEVEL OF DAMAGE OF CURRENT SHELTER

Mantika	Type of Damage*	IDP	Non-Displaced	Returnees
Misrata	Medium to heavy	9%	0%	2%
	Heavy damage/destroyed	2%	0%	0%
Derna	Medium to heavy	1%	1%	5%
	Heavy damage/destroyed	0%	2%	1%
Al Jabal	Medium to heavy	9%	2%	25%
Al Gharbi	Heavy damage/destroyed	1%	0%	4%
Benghazi	Medium to heavy	16%	2%	12%
	Heavy damage/destroyed	22%	0%	6%
Ghat	Medium to heavy	6%	1%	9%
	Heavy damage/destroyed	1%	0%	3%
Sebha	Medium to heavy	4%	1%	0%
	Heavy damage/destroyed	4%	1%	0%
Almargeb	Medium to heavy	30%	6%	0%
	Heavy damage/destroyed	17%	1%	0%

\*Medium to heavy damage: needs repair before being liveable. Heavy damage/destroyed: needs reconstruction.

mantikas,<sup>34</sup> reveals an average five to seven hours per day without electricity.<sup>35</sup>

Assessment result indicate that in Tripoli only 15 per cent of respondents have regular access to electricity from the main electricity network, whilst 84 per cent of respondents have irregular access to electricity.<sup>36</sup> In Sebha and in Derna, 100 per cent and 87 per cent of respondents respectively are getting their electricity through the main network, whilst 13 per cent in Derna rely on generators.

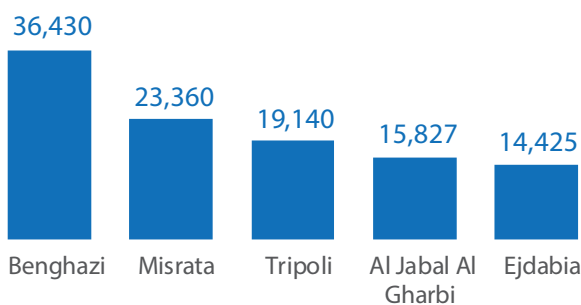
Households use piped gas, cylinder gas and kerosene for cooking. In terms of cooking fuel, 96 per cent of REACH MSNA respondents in Ghat reported irregular access to cooking fuel, while four per cent each respondents in Tripoli and Sebha reported no access to cooking fuel.

There have been several instances where local committees provided security to gas cylinder deliveries or filling stations due to militia attacks and insecurity. Access to kerosene in many parts of the country is also problematic. In Benghazi, Ghat, Sebha, Misrata and Tripoli more than 75 per cent of respondents reported no access to kerosene.

2.5: Housing and shelter

Out of the total 217,000 IDPs recorded in DTM round 12, 76 per cent of IDPs are living in rented accommodation (self-pay) and collective centres whilst for returnees, nearly six percent were hosted with relatives. Seventy-one per cent of migrants are also living in rented accommodation (self-pay). A shortage of cash was identified as one of the major issues for these population groups, as they spend a major portion of their cash on rent.

NUMBER OF IDPs IN RENTED ACCOMMODATION AND COLLECTIVE CENTRES



2.6: Energy needs (fuel, electricity, gas)

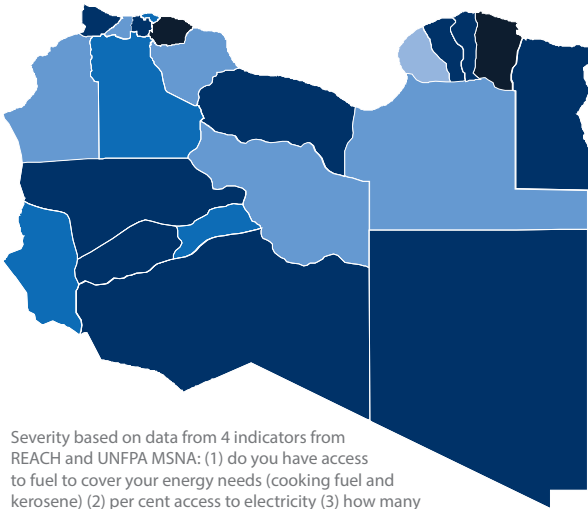
Libya faces shortages in electricity affecting the day-to-day lives of Libyans and having direct impact on the economy. Currently, daily power cuts of five to seven hours are common, while parts of the south have been cut off for up to a week at a time. The electricity cuts have caused a high adverse impact on water supply and sanitation services. The recent REACH multi-sector needs assessment (MSNA) conducted in eight

34 REACH Multi-Sector Needs Assessment (MSNA) was conducted in eight mantikas: Misrata, Derna, Al Jabal Al Gharbi, Benghazi, Ghat, Sebha, Tripoli, Almargeb

35 Ibid

36 Ibid

### SEVERITY - "ENERGY (FUEL, ELECTRICITY AND GAS)"



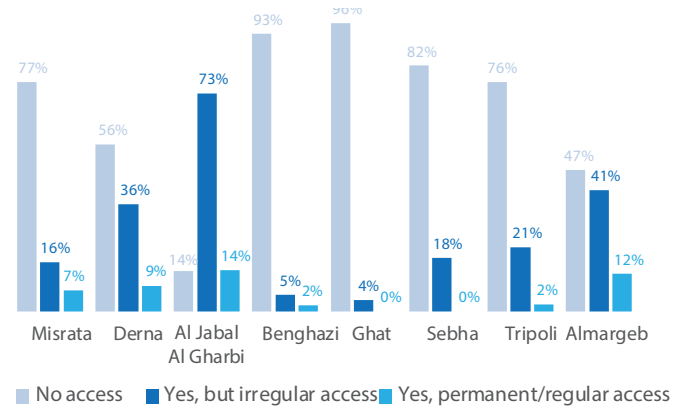
Severity based on data from 4 indicators from REACH and UNFPA MSNA: (1) do you have access to fuel to cover your energy needs (cooking fuel and kerosene) (2) per cent access to electricity (3) how many hours on average do you witness power cuts per day (4) what is the main source of electricity



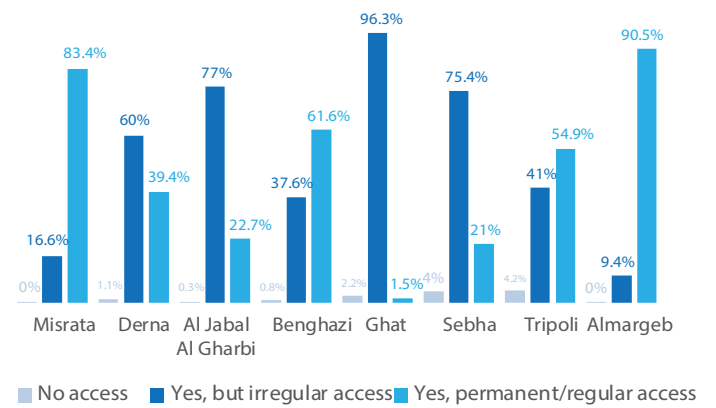
### MAIN SOURCE OF ELECTRICITY USED BY HOUSEHOLD

Mantika	Source	All population groups
Misrata	Generator	98%
	Main network	1%
	No electricity	1%
Derna	Main network	87%
	Generator	13%
	No electricity	1%
Al Jabal	Main network	92%
Al Gharbi	Other	5%
	Generator	1%
	No electricity	1%
Benghazi	Main network	100%
	No electricity	0%
	Generator	0%
Ghat	Main network	99%
	No electricity	0%
	Generator	0%
Sebha	Main network	100%
Tripoli	Main network	80%
	Generator	20%
Almargeb	Main network	100%

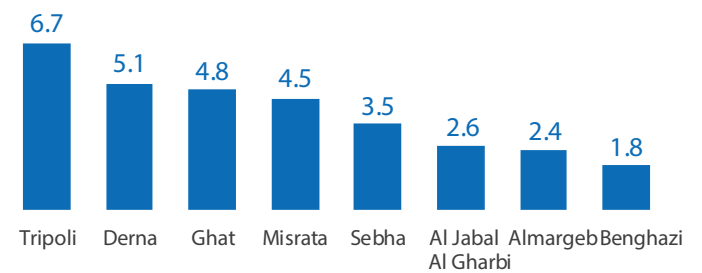
### ACCESS TO KEROSENE



### ACCESS TO COOKING FUEL



### AVERAGE NO. OF HOURS WITHOUT ELECTRICITY



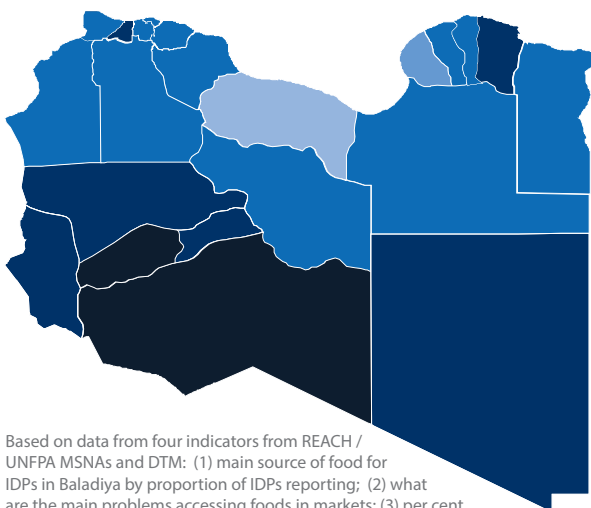
## 2.7: Food, agriculture and nutrition

The Rapid Food Security assessment for IDPs in September 2016 found that 24 per cent of all IDP households are food insecure. The food insecure households have poor or borderline food consumption and are not able to meet their essential food needs without engaging in severe and possibly irreversible negative coping strategies. In 2015, food insecurity was not reported. In addition to those already food insecure, 62 per cent of all the IDP households are at risk of slipping into food insecurity. The deterioration is due to the significant rise in food prices, depreciation of the Libyan dinar, as well as the lack of liquidity in the Libyan banks induced by the prolonged conflict.

The level of food insecurity is higher in the western parts of the country. Bani Walid (Misrata) is most concerning, with 58 per cent of IDPs considered food insecure. In general, locations close to conflict hotspots are hosting the most vulnerable households who have had to recently flee their home because of the ongoing fighting. Although the southern region holds only seven per cent of the IDP households, 21 per cent of the households in Ubari are found to be food insecure.

Food insecure households are typically large families headed by an unemployed head of household. These IDP households often have been displaced for less than six months, they live far from their place of origin and they did not establish social, family or ethnic networks in the areas of displacement. Female-headed households are more likely to be food insecure, as they are often unemployed and without income.

### SEVERITY - "ACCESSIBILITY AND AVAILABILITY OF FOOD"



Based on data from four indicators from REACH / UNFPA MSNAs and DTM: (1) main source of food for IDPs in Baladiya by proportion of IDPs reporting; (2) what are the main problems accessing foods in markets; (3) per cent of HH accessing subsidized food; (4) average households food consumption score

SEVERITY 0 1 2 3 4 5 6

## 2.8: Impact of IDPs, migrants and returnees on public services

According to DTM Round 12, and based on the perceptions of key informants' interviews, 100 per cent of key informants in Ghat indicated that the presence of IDPs, returnees and migrants has put a strain on already overstretched public services. In Aljufra, 100 per cent of key informants interviewed indicated that the presence of IDPs and migrants have stretched the barely functional public services. Such tensions should be further assessed to ensure that provision of assistance and services is 'conflict-sensitive'.

## 3. Economic situation and livelihoods

### 3.1: Inflation and liquidity crisis

Since 2014, the Libyan Dinar (LYD) has lost over 500 per cent of its value in the parallel market, trading at approximately LYD8.5 to the dollar (well above the LYD1.4 official rate) and sometimes as high as LYD10, due to increased demand for foreign currency. Security constraints, high inflation, cash shortages, lack of remuneration on bank deposits, falling confidence in the banking system and Libya's political and economic future all compound high demand for foreign currency.<sup>37</sup> Increased demand for foreign currency, together with unpredictable hydrocarbon revenues, have led to a fall in reserves to US\$73.6 billion at end-2016 from US\$123.5 billion at end-2012. At this pace, foreign reserves are estimated to be completely depleted within 3-4 years.

Compared to pre-crisis levels, Libyans have less cash to spend, but also less purchasing power, since the cost of living has increased substantially. Over 80 per cent of food items are imported, and prices are directly affected by currency depreciation.<sup>38</sup> According to the Joint Market Monitoring Initiative (JMMI), food prices have increased by 16.9 per cent between June and December 2017.<sup>39</sup> Food inflation<sup>40</sup> averaged 9.93 per cent from 2005 until 2017, reaching an all-time high of 38.9 per cent in the month of July 2016 and a record low of -12.12 per cent in the month of October 2012. More recently in September 2017, food inflation reached 33.4 per cent.<sup>41 42</sup>

37 Libya: Macroeconomic, Financial and Public Finance Update – WB Libya

38 Libya Cash & Markets Working Group & REACH (2017). Market Systems in Libya – Assessment of the Wheat Flour, Insulin, Tomato and Soap Supply Chains. Available from <http://bit.ly/2jjRTOE>

39 Libya Cash & Markets Working Group & REACH (2017, Dec). Joint Market Monitoring Initiative (JMMI) December Factsheet. Available from <http://bit.ly/2Duz1p9>

40 Definition: Food inflation refers to the condition whereby there exist increase in wholesale price index of essential food item (defined as food basket) relative to the general inflation or the consumer price index.

41 Trading Economics and Bureau of Statistics and Census Libya

42 Bureau of Statistics and Census in Libya

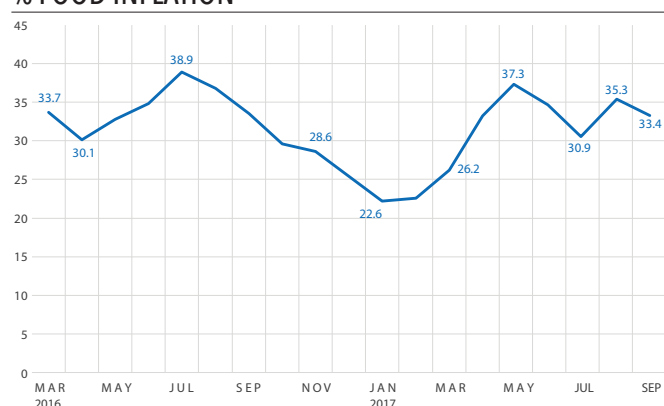
On the other hand, the monthly general inflation rate<sup>43</sup> in Libya was 25.7 per cent in September 2017. Many importers' lack of access to foreign currency/exchange through official channels, and their resulting reliance on the parallel market to obtain currency at less advantageous rates, is the key driver of inflation in the Libyan economy.

Due to the lack of hard currency, Libyan commercial banks impose increasingly strict capital limits on withdrawals, which at the time of writing was low as LYD200 per day. These withdrawal limits make it difficult for individual households and small businesses to access sufficient liquidity to support themselves or cover costs. This, paradoxically, means that most low-level market transactions must take place in cash, as

retailers frequently rely on collecting cash from their customers to be able to pay their suppliers.

In encircled Derna city, where some 100,000 people reside, amid restrictions on the freedom of movement of civilians and bans on the entry of goods, preliminary evidence in mid- August 2017 suggested a lack of available cash and overall liquidity, with banks being closed.<sup>44</sup> As a result, coping mechanisms were reported, including using alternate forms of payments such as certified cheques or bank transfers, selling gold, or borrowing money.<sup>45</sup> Lack of cash is identified as one of the main needs amongst the IDPs, thus further exacerbating their vulnerability and triggering negative coping mechanisms. In urban areas in particular, IDPs have started selling belongings, especially gold and silver items. The market for precious metals is closely linked to the parallel market for cash.<sup>46</sup>

### % FOOD INFLATION



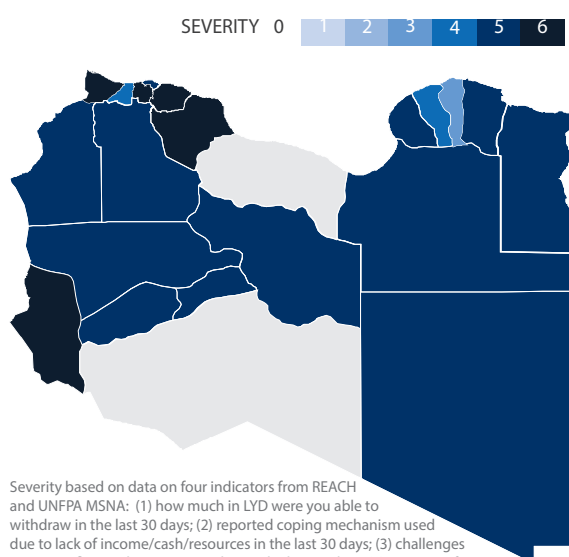
### 3.2: Official currency conversion rates

The loss of confidence in the economic and political future in Libya eroded trust in the financial system, leading businesses and people to withdraw their savings, which ultimately caused the liquidity crisis. Due to the lack of hard cash, Libyan commercial banks impose increasingly strict capital limits on withdrawals which can be as low as LYD200 per day. In 2014, inflation was at 2.4 per cent; it rose to 9.8 per cent in 2015, to an average of 26 per cent in 2016, and by September 2017 it was at 25.7 per cent. As the official rate of the dinar has not adjusted to inflation due to it being pegged to Special Drawing Rights (SDR) at around LYD1.4 to US\$1, the parallel market value has skyrocketed at times up to LYD10 to US\$1. Given that 94 per cent of goods sold in the Libyan economy are imported, this has resulted in an increase in the cost of goods for the consumer. According to the World Bank, prices of almost all consumption categories increased significantly, with prices for food having increased to over 30 per cent.

### 3.3: Overdependence on oil

Ninety per cent of Libya's revenue comes from oil revenues and any fluctuations in oil price or decrease in production have a significant impact on its economy. Most of Libya's oilfields are in conflict-prone areas. The Central Bank of Libya, in its statement on 29 August 2017,<sup>47</sup> shared the closure of some oil production lines and also attacks on some valves, which led to the decrease of oil production by about 350 thousand barrels per day. In 2017, Sharara, the country's largest oilfield which was reopened in December 2016, has experienced several brief shutdowns caused by the presence of different armed groups. On 20 August, Libya's National Oil Corporation declared a

### SEVERITY - "PRICE INCREASE OF BASIC COMMODITIES AND DECREASE OF PURCHASING POWER"



43 Definition: inflation is a sustained increase in the general price level of goods and services in an economy over a period of time. A chief measure of price inflation is the inflation rate, the annualized percentage change in a general price index, usually the consumer price index, over time.

44 REACH Initiative (2017). Derna City, Libya – Rapid Situation Overview. Available from <http://bit.ly/2insHqD>

45 Ibid

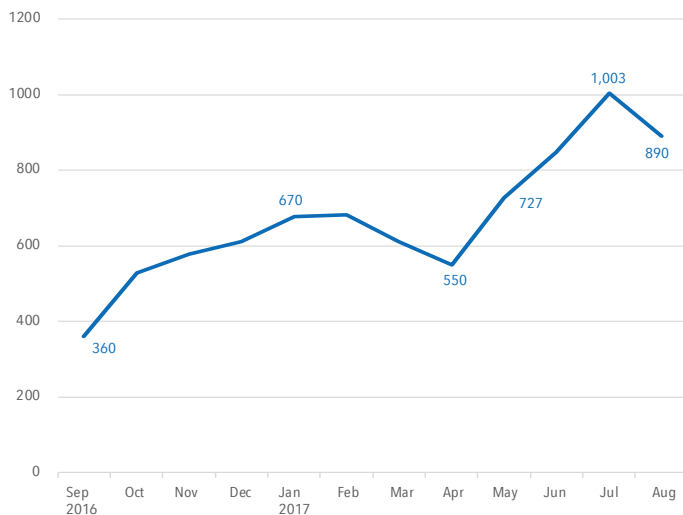
46 Libya Shadow Economy April 2017

47. Central Bank of Libya (<https://goo.gl/opCZVi>)

force majeure on crude oil deliveries from Sharara oil field, after a blockade on its pipeline by an armed group.<sup>48</sup>

Libya, which holds Africa's largest crude reserves, pumped 1.02 million barrels a day in July 2017, compared to 1.6 million barrels a day prior to the conflict.<sup>49</sup> More than ever, the state institutions are urging for greater efforts to protect the only source of income for the Libyans.

### LIBYA CRUDE OIL PRODUCTION THOUSAND BARRELS PER DAY



### 3.4: Source of income and expenditure

In 2004, Libya's labour force occupation was 17 per cent in agriculture, 23 per cent in industry and 59 per cent in the service sector. Overall, the rate of unemployment was 30 per cent. Humanitarian assessments conducted in 2016 and 2017 indicated that the main source of income for nearly half of the population are state salaries.<sup>50</sup> This assessment is commensurate with the fact that the Libyan public payroll has nearly doubled since the revolution with an estimated 1.6 million – 1.8 million people on the public payroll. Other sources of income cited by households are salaried work, casual labour and support from relatives. Reportedly, the eruption of fighting negatively impacted the income of around half of Libyan IDPs, with 29 per cent of them reporting that their income had decreased by up to 50 per cent compared to May 2014.

According to the Central Bank of Libya (CBL) latest figures for the Libyan economy (January to end of October 2017), state sector salary costs were down by LYD 3.2 billion from a projected LYD 16.2 billion to LYD 13 billion. Salary payment is directly linked to the country's main source of earnings, notably oil. Any disruption to oil production has direct effect on state expenditure, inflation and fragile economy of the country.

48 Libya Shadow Economy April 2017

49 Ibid

50 Rapid Food Security Assessment September 2016.; REACH Initiative (2017), Multi-Sector Needs Assessment.

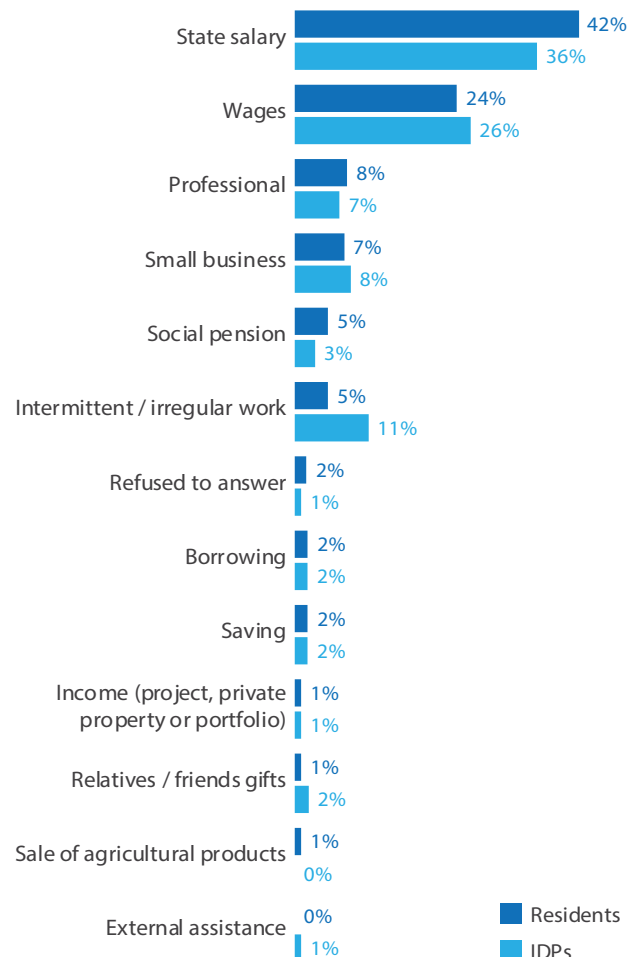
51 REACH MSNA September 2017 – based on 3057 respondents

52 Libyan Household MSNA - UNFPA May 2017

Challenges reported in eight mantikas<sup>51</sup> highlight the hardships people face in having a regular an income. Amongst other challenges, 41 per cent of households reported receiving irregular salary payments, and 39 per cent struggled to access their incomes due to the dysfunctional banking system.

In terms of expenditure, assessments conducted in May 2017 also reported that households spend 44 per cent of their household expenditures on food. Overall the main expenditures are food, health and education. The average share of expenditures of residents and IDP households is very similar. However, displaced households spend more on rent than non-displaced households.<sup>52</sup> Both non-displaced and displaced populations face highly inflated food prices; however, high expenditures on housing by the IDP population represent an additional burden, thus increasing their vulnerability.

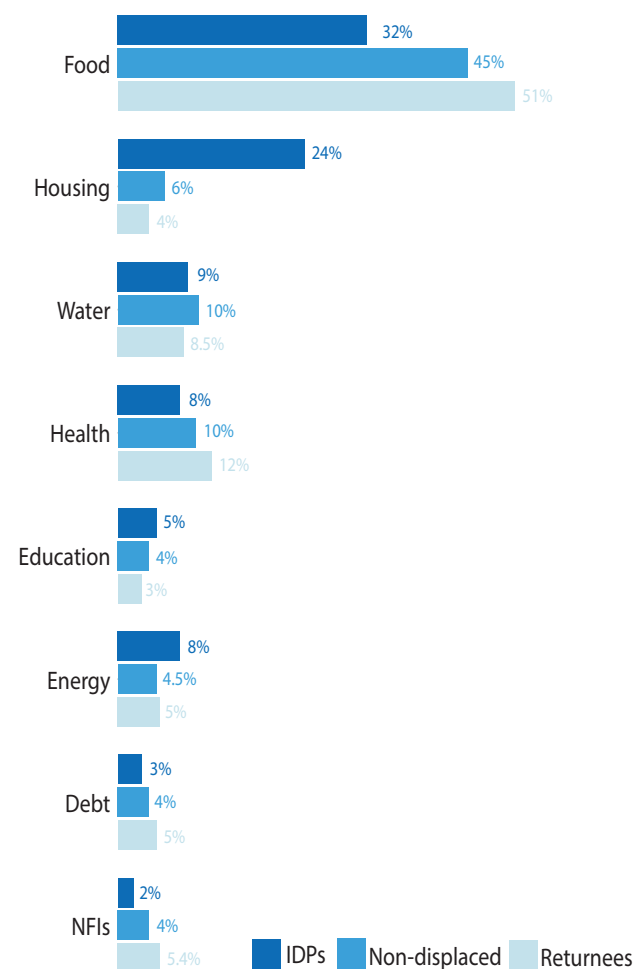
### SHARE OF INCOME SOURCES



## % OF HOUSEHOLDS REPORTING CHALLENGES TO ACCESSING INCOME

Mantika	Challenge	IDP	Resident
Misrata	Irregular salary payment	42%	37%
	Low salary	27%	16%
	No work opportunity	27%	7%
	Other	22%	11%
	No challenges	1%	8%
Derna	Irregular salary payment	89%	71%
	Dysfunctional banking system	19%	52%
	Low salary	56%	27%
	No work opportunity	23%	12%
	No challenges	1%	2%
Al Jabal Al Gharbi	Irregular salary payment	56%	68%
	Low salary	38%	26%
	No work opportunity	33%	8%
	Dysfunctional banking system	30%	21%
	No challenges	4%	5%
Benghazi	Irregular salary payment	38%	29%
	Dysfunctional banking system	35%	50%
	No challenges	20%	22%
	Low salary	16%	4%
	Other	8%	1%
Ghat	Irregular salary payment	22%	83%
	Don't want to answer	22%	2%
	Low salary	14%	29%
	Dysfunctional banking system	5%	13%
	No challenges	2%	2%
Sebha	Irregular salary payment	52%	77%
	Dysfunctional banking system	23%	48%
	Low salary	10%	21%
	No work opportunity	28%	3%
	No challenges	8%	2%
Almargeb	Dysfunctional banking system	33%	61%
	No work opportunity	52%	4%
	Irregular salary payment	14%	18%
	No challenges	2%	14%
Tripoli	No work opportunity	5%	3%
	Dysfunctional banking system	31%	23%
	Low salary	14%	10%
	Irregular salary payment	41%	43%
	Other	14%	9%
	No challenge	13%	18%
	Don't want to answer	4%	8%

## HOUSEHOLDS EXPENDITURE ITEMS IN %



### 3.5: Coping Mechanisms

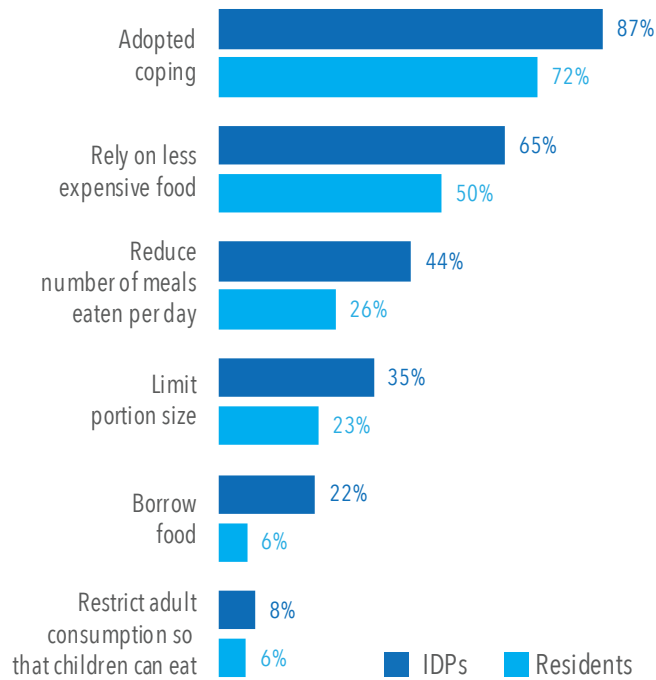
The population in Libya employs different ways to cope. For example due to lack of food or money to buy food, the population relied on cheaper food, reduced number of meals per day, started to limit portion size, borrowed food, and adults restricted their food consumption in favour of children.<sup>53</sup> Almost 90 per cent of the displaced households and 72 per cent of the resident households adopted some form of coping strategy.<sup>54</sup>

Between male and female-headed households, it appears that male-headed households tend to rely more on less expensive food, limit portion size and restrict adult consumption, while female-headed households are more prone to reducing the number of meals eaten per day.

53 Libyan household MSNA - UNFPA May 2017

54 Ibid

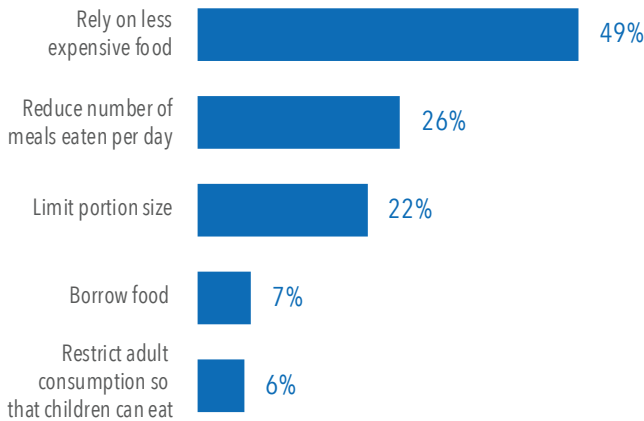
**COPING THROUGH FOOD CONSUMPTION**



**% OF HOUSEHOLDS LEAVING TOWN TO ACCESS MARKET BY FREQUENCY AND AVERAGE TRAVEL TIME**

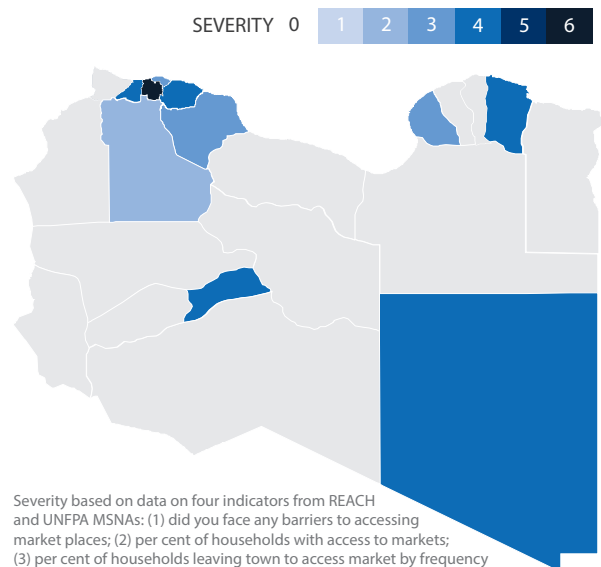
Location	Frequency	Household Type		
		IDP	Non-displaced	Returnees
Misrata	< 1 hour	36%	73%	12%
	1-2 hours	60%	27%	85%
	> 2 hours	4%	0%	3%
Derna	< 1 hour	53%	58%	65%
	1-2 hours	38%	41%	35%
	> 2 hours	9%	1%	0%
Al Jabal Al Gharbi	< 1 hour	35%	32%	95%
	1-2 hours	65%	65%	4%
	> 2 hours	0%	3%	1%
Benghazi	< 1 hour	51%	79%	19%
	1-2 hours	47%	15%	19%
	> 2 hours	2%	1%	2%
Ghat	< 1 hour	44%	22%	20%
	1-2 hours	6%	41%	0%
	> 2 hours	50%	37%	80%
Sebha	< 1 hour	95%	93%	0%
	1-2 hours	5%	7%	0%
	> 2 hours	0%	0%	0%
Tripoli	< 1 hour	48%	46%	53%
	1-2 hours	42%	39%	44%
	> 2 hours	6%	14%	3%
Almargeb	< 1 hour	97%	94%	0%
	1-2 hours	0%	6%	0%
	> 2 hours	3%	0%	0%

**COPING THROUGH FOOD CONSUMPTION RESIDENT VS DISPLACED**



While physical access to markets is generally established, consumers have been confronted with limited access to cash—the primary payment modality—which has created new challenges to market access. Indeed, the major barrier to not accessing items in shops was the lack of cash, making many items too expensive for many households.

**SEVERITY - "ACCESS TO MARKETS"**

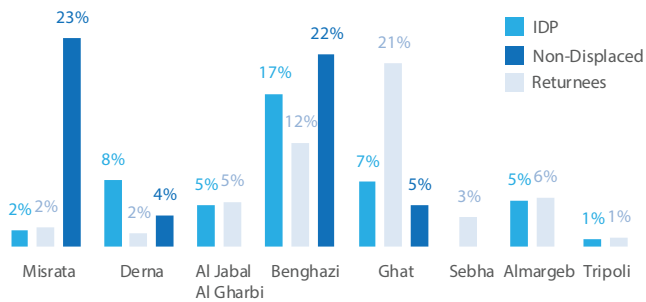


Severity based on data on four indicators from REACH and UNFPA MSNAs: (1) did you face any barriers to accessing market places; (2) per cent of households with access to markets; (3) per cent of households leaving town to access market by frequency and average travel time; (4) per cent reporting barriers to accessing market items in last 30 days. Grey color denotes no data.

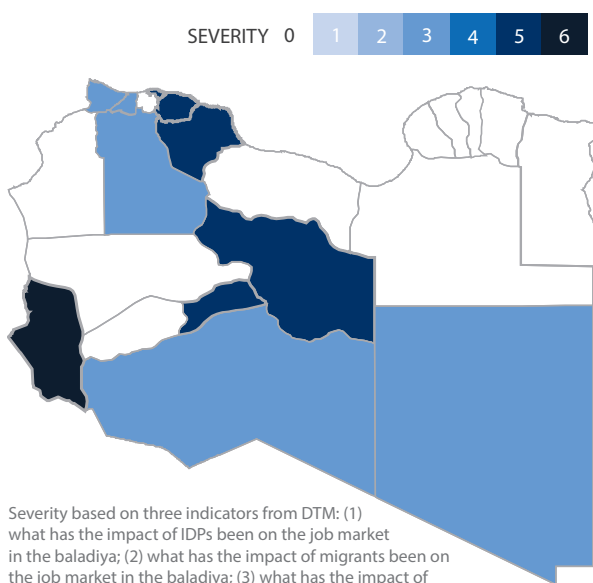
**3.6: Access to markets**

According to assessments,<sup>55</sup> physical access to markets remained largely constant throughout Libya with 94.7 per cent of households reporting they had consistent access to markets. Access to markets is sometimes temporarily disrupted due to insecurity as conflict peaks. This was notably not the case for 13.5 per cent of households in Benghazi and 17.2 per cent in Ghat.

Moreover, 56 per cent of respondents living in Ghat indicated that they had to leave their city and travel more than two hours to buy goods, because the nearest market was at a great distance.

**% HOUSEHOLDS WITH NO ACCESS TO MARKETS****3.7: Effects of IDPs, migrants and returnees on job market**

A recent assessment found that refugees and migrants could be particularly affected by the deteriorating socio-economic environment in Libya, and to the liquidity crisis in particular.<sup>56</sup> Almost all respondents reported receiving their salaries and realising all their economic transactions in cash. One quarter of respondents reported delays in receiving their salaries on a regular basis, and another one quarter reported that the highly dysfunctional banking system represented a key barrier to accessing their economic resources. This could be explained on the one hand by the weakening of the formal transfer system, which is likely to affect employers' ability to access cash to pay their employees. On the other hand, this could owe to refugees and migrants' inability to enforce their right to receive their salary, due to their undocumented status. In a context of limited access to economic resources, refugees and migrants' ability to meet their most basic needs could be severely affected.

**SEVERITY - "EFFECT OF IDPS, MIGRANTS AND REFUGEES ON THE JOB MARKET"**

Severity based on three indicators from DTM: (1) what has the impact of IDPs been on the job market in the baladiya; (2) what has the impact of migrants been on the job market in the baladiya; (3) what has the impact of returnees been on the job market in the baladiya.

**4. Governance and institutions**

Numerous issues, created by a government that was ruled over by Gaddafi for 43 years and the manner in which it was ousted in 2011, continue to impede the political transition and limit the ability to meet people's needs by successive Libyan governments. Among the most prominent of these are a weak central government that lacks effective democratic processes capable of accommodating competing interests, a fragmented security sector and an economy incapable of redistributing resources.

UNDP's Core Government Functions and Rule of Law assessment indicates that the governance and institutional dimension in Libya remains complex and fragmented, notably:

- national-level competition over political influence, control of resources and the nature of the Libyan state (secular/religious, unitary/federal, etc.);
- an array of political-military actors who mobilise support along local, tribal and ideological lines;
- the presence of armed groups, including UN-designated terrorist groups;
- local level intercommunal tensions, often linked to historical grievances, including a sense of marginalisation from power sharing; and
- criminal interests fueled by a vibrant war economy, including trafficking.

**Key features and challenges:**

The Presidential Council (PC) and Government of National Accord (GNA) continue to struggle with a protracted political and security crisis and face a series of challenges in restoring core government functions that can effectively extend state authority, deliver services, and restore economic growth, while also building public trust.

**1. Core government functions:**

- Weak, fragmented state apparatus and outreach affecting all core government functions – public financial management, civil service, security, rule of law and local governance- but also hampering the ability of the Libyan State to respond to the needs of its population;
- Inability to spend the national budget and convert it into tangible services throughout Libya, except for the payment of salaries to civil servants (albeit irregular);
- No central agency or enforceable laws to manage government employment and public administration; and
- Weak management, coordination and oversight of international assistance, presenting potential risks in terms of conflict-sensitive assistance.

<sup>56</sup> REACH (2017), Refugees and Migrants' Access to Resources, Housing and Healthcare in Libya. Key Challenges and Coping Mechanisms.



## 2. Local governance:

- Local-level actors, and particularly municipalities, are trying to fill in gaps left by the central public administration, often through collaborative solutions with civil society, the private sector and community leaders. However, their limited decision-making autonomy, weak technical capacities and low financial resources, greatly limit their responsiveness and ability to address needs in fast-changing conditions. Only a few municipalities have a baseline describing the developmental context and needs of their territory and populations,<sup>57</sup>
- In some localities, local governance stakeholders have been able to mitigate local conflicts by establishing local peace infrastructures infused with traditional conflict resolution practices (e.g. Ubari, Misrata);<sup>58</sup> and
- The legitimacy of municipalities is threatened by the on-going political, security and institutional crises, and it affects their capacities to mobilise local actors.

## 3. Tension over centralisation:

- In violation to the commitment of decentralisation in the transition period, national power-holders, whether civilian or military, all contributed to further centralising decision-making and access to scarce state resources. This push is also likely to result in further fragmentation of the country.

## 4. Rule of law system:

- Little or no access to justice particularly for the most vulnerable groups;
- With different authorities and legislative bodies each producing different – and often conflicting – legislation and executive orders, which law to implement also becomes challenging;
- The formal justice structures and traditional networks were severely damaged by years of oppressive rule, deliberately corrupting policies, and the construction of parallel structures;
- The 2014 armed conflict further weakened judicial bodies. Courts were closed and judges, prosecutors and other judicial officials targeted for attack;
- Decisions taken after 2011 to bring revolutionary groups under State control by providing salaries and incorporating them into state security institutions, without vetting to remove those with abusive human rights records, did not achieve the intended effect, instead resulted in empowering new parallel structures within and outside the formal justice and security framework;

<sup>57</sup> It is worth noting here the initiative of Sebha municipality to establish statistics committees in every muhalla under its jurisdiction.



















<sup>58</sup> Ibid, and Peaceful Change Initiative, 2014.

## BREAKDOWN OF

## PEOPLE IN NEED

Over the last year the total number of people in need in Libya has slightly decreased from 1.3 million people to 1.1 million. Within the overall 1.1 million in need there are ten population groups who are considered particularly vulnerable and are likely to face a convergence of needs and heightened protection risks. These groups are explained more in detail within the chapter on most vulnerable groups.

## NUMBER OF PEOPLE IN NEED BY SECTOR

	BY STATUS				BY SEX & AGE*		TOTAL
	IDPs	Returnees	Migrants/ refugees/ asylum- seekers	Host Communities	% female	% children, adult, elderly*	
 Food security	60K	93K	141K	343K	41% 	31   64   5% 	0.63M
 Water, sanitation & hygiene	132K	139K	105K	294K	42% 	32   63   5% 	0.67M
 Protection	125K	188K	400K	334K	44% 	33   61   6% 	1.04M
 Health	170K	200K	310K	375K	44% 	33   61   6% 	1.05M
 Shelter & NFI	130K	200K	210K	41K	36% 	26   70   4% 	0.58M
 Education	67K	79K	32K	121K	49% 	100   0   0% 	0.30M

# PEOPLE IN NEED (NOV 2017)

	BY STATUS				BY SEX & AGE		TOTAL
	IDPs	Migrant/ refugees/ asylum- seekers	Returnees	Host commu- -nities	% female:	% children, adults, elderly*	
ALJABAL AL AKHDAR	4K	2K	0	5K	45%	35   59   5%	12K
ALJABAL AL GHARBI	12K	25K	8K	4K	42%	32   63   4%	49K
ALJFARA	7K	17K	1K	20K	48%	37   56   7%	46K
ALJUFRA	1K	12K	0	1K	42%	32   62   6%	15K
ALKUFRA	6K	12K	875	2K	47%	36   58   6%	21K
ALMARGEB	3K	41K	991	29K	36%	27   69   3%	73K
ALMARJ	3K	2K	0	5K	48%	37   56   7%	11K
AZZAWYA	5K	22K	71	8K	39%	29   66   4%	35K
BENHAZI	37K	13K	115K	88K	47%	36   58   6%	254K
DERNA	2K	3K	1K	9K	48%	37   56   6%	16K
EJDABIA	17K	31K	294	22K	45%	35   59   5%	70K
GHAT	8K	5K	548	2K	46%	35   59   5%	16K
MISRATA	21K	74K	7K	15K	48%	37   57   5%	117K
MURZUQ	3K	18K	290	7K	49%	38   55   6%	28K
NALUT	3K	5K	961	12K	39%	29   66   5%	21K
SEBHA	4K	22K	0	13K	35%	26   70   4%	40K
SIRT	2K	6K	38K	11K	49%	38   56   5%	57K
TOBRUK	3K	3K	70	3K	40%	30   66   4%	9K
TRIPOLI	21K	65K	5K	102K	36%	26   70   3%	193K
UBARI	3K	7K	19K	4K	45%	34   60   5%	33K
WADI ASHSHATI	1K	1K	210	4K	42%	33   61   6%	7K
ZWARA	3K	12K	450	11K	47%	36   58   6%	27K

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

## SEVERITY OF

## NEEDS

Some parts of Libya are more acutely affected by the conflict than others. The most severe and critical needs across multiple sectors are concentrated in areas of ongoing conflict or areas where job markets and public services are limited. Influx of populations has further put a strain on these locations. Most people living in these areas face difficulties in meeting their needs in terms of food security, livelihoods, water, sanitation and health care. Hundreds of thousands are in acute humanitarian need.

The 2017 mantika level inter-sectoral severity analysis compared close to 100 different indicators across two vulnerability pillars. As a result, 16 mantikas are in “Severe problem and Critical problem” severity categories. More details appear in the methodology annex.

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## INTER-SECTORAL SEVERITY INDEX

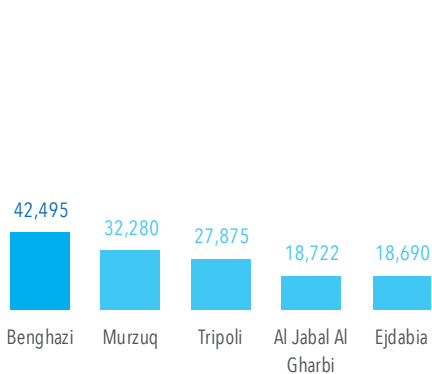


MEDIUM	3	MAJOR
HIGH	4	SEVERE
	5	CRITICAL

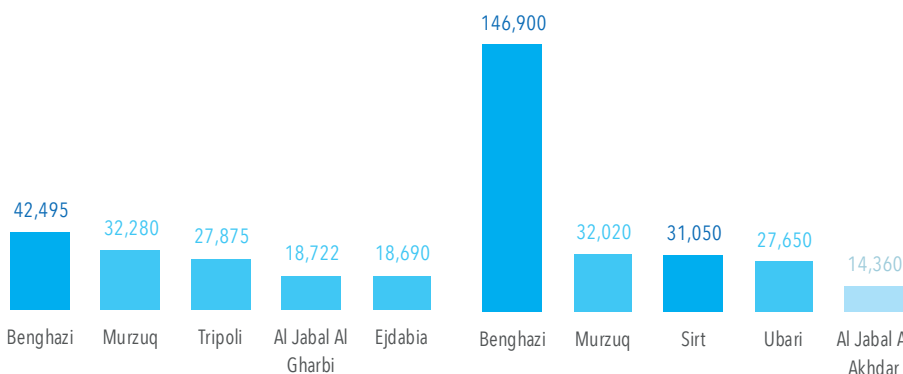
\* mantikas covered by REACH MSNA

\*\* Sirt severity based on few indicators from WHO SARA and DTM. No data available from UNFPA and REACH MSNAs

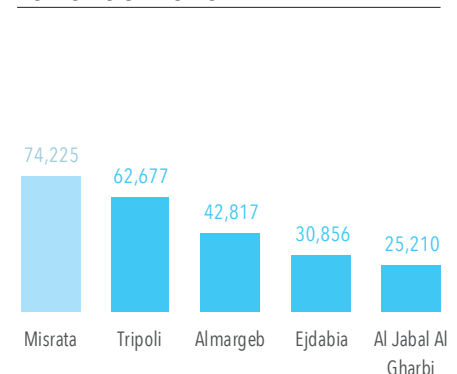
## IDPs - TOP 5 LOCATIONS



## RETURNEES - TOP 5 LOCATIONS



## MIGRANTS &amp; REFUGEES - TOP 5 LOCATIONS



## Locations and populations in the 'Critical problem' severity category

An inter-sectoral analysis of the severity of needs indicates that six mantikas – **Sirt, Ghat, Derna, Benghazi, Aljbara and Zwara** – are the most severely affected and fall under the severity category 'Critical problem' (5).

In **Sirt**, access to health services is severely jeopardised. One out of the two public hospitals in Sirt is non-functional and the second is working at less than 25 per cent of its capacity.<sup>1</sup>

In **Aljbara**, there are two public hospitals and both are functioning at less than 25 per cent capacity. Results from the UNFPA MSNA<sup>2</sup> show that Aljbara has one of the highest proportions of households with poor (nine per cent) and borderline (six per cent) food consumption scores. In terms of food diversity and food prices, as compared to pre 2011, 83 per cent of households consider prices to be too high compared to the period before 2011. Also, over half the households (55 per cent) believed that the quality and diversity of products has worsened. Due to a lack of cash liquidity to fulfill their daily needs (e.g. buy food), around 54 per cent of households are reportedly resorting to negative coping strategies, such as spending savings (41 per cent) and selling households assets (13 per cent). Forty-seven per cent of the individuals suffering from chronic diseases in Aljbara are experiencing lack or shortage of medicine in public pharmacies and health care centres. Those who have access to medicines cited their lack of ability to pay for medicines as the main challenge.<sup>3</sup>

In **Ghat**, there is only one public hospital, which is functioning at 25-49 per cent of its capacity.<sup>4</sup> Fifty-six per cent<sup>5</sup> of the individuals suffering from chronic diseases have experienced a lack or shortage of medicines in public pharmacies and health care centres. In terms of food diversity and food prices, 95 per cent of households consider food prices to be too high compared to pre-2011. Eighty-eight per cent of households believed that the diversity and quality of food products has

worsened. Twelve per cent of households are resorting to selling their assets as a livelihood coping strategy.

In **Benghazi**, out of the total 15 public hospitals, two thirds are either non-functional or working at less than 25 per cent of their original capacity<sup>6</sup>. Fifty-six per cent<sup>7</sup> of individuals suffering from chronic diseases have experienced a lack of or shortage of medicines in public pharmacies and health care centres. Twenty-five per cent of the population in Benghazi is resorting to spending savings as a negative coping strategy.

In **Derna**, two out of the three public hospitals are either non-functional or operating at less than 25 per cent of their capacity. Seventy-one per cent of the individuals suffering from chronic diseases are experiencing lack or shortage of medicines in public pharmacies and health care centres<sup>8</sup>. Results from the UNFPA MSNA show that Derna has the highest proportion of households with poor borderline food consumption scores.

In **Zwara**, three public hospitals are non-functional and one is operating at less than 25 per cent capacity. Eighteen per cent of households are resorting to spending savings as a negative coping strategy.

**Population groups:** Overall, 66 per cent of returnees, 32 per cent of IDPs and 14 per cent of migrants and refugees are residing in these six mantikas.<sup>9</sup> **Benghazi** has the highest number of IDPs population (42,495) and returnees (146,900). **Sirt** has third highest number of returnees (31,050 or 11 per cent of overall), as per DTM round 12.

**Derna, Benghazi and Zwara** have all experienced heavy fighting in the recent months.

1 SARA WHO, 2017

2 UNFPA MSNA: data collection was carried out in December 2016 and January 2017 in 20 cities

3 Ibid: Percentage distribution of persons with chronic disease suffering from lack of medicine (table 4.5.5)

4 SARA WHO, 2017

5 UNFPA MSNA

6 SARA WHO, 2017

7 UNFPA MSNA

8 Ibid: Percentage distribution of persons with chronic disease suffering from lack of medicine (table 4.5.5)

9 DTM Libya round 12

### Locations and population groups in the 'Severe problem' severity category

Ten mantikas – Alkufra, Wadi Ashshati, Ubari, Al Jabal Al Gharbi, Azzawya, Sebha, Ejdabia, Almargeb, Murzuq, and Tripoli – fall in to severity category 'Severe problem' (4).

In **Ubari**, the only public hospital is non-functional. In **Ejdabia**, out of the three hospitals, two are operating between 25-49 per cent of their capacity and the third is operating between 50-74 per cent of its capacity. In **Tripoli**, out of 15 public hospitals, 60 per cent are functioning at 49 per cent or less of their original capacity.

In terms of food diversity and food prices as compared to pre-2011, more than 85 per cent of households, in all of the 10 mantikas in this severity category, reported prices of food items to be too high compared to period before 2011. Likewise, in all 10 mantikas, households (ranging between 38 per cent to 85 per cent) believed that the quality and diversity of products had worsened, compared to pre 2011.

Livelihood coping strategy: The rate of selling household assets, as a livelihood coping strategy, was found greatest in Ejdabia (24 per cent), followed by Wadi Ashshati (20 per cent) and Sebha (18 per cent). Thirty-eight per cent of households in Ejdabia and 35 per cent in Al Jabal Al Gharbi are resorting to spending savings as a negative coping strategy.

Population groups: In terms of presence of different population groups, these mantikas report the overall highest presence of IDPs (57 per cent) and migrants, refugees and asylum seekers (61 per cent).<sup>10</sup>

### Locations and population groups in the 'Major problem' severity category

Six mantikas - Aljufra, Tobruk, Murzuq, Al Jabal Al Akhdar, Almarj, Misrata and Nalut – fall into the severity category 'Major problem' (3). Seventy-five per cent of public hospitals in **Almarj** and **Tobruk** were found to be working below 25 per cent of their capacity and 50 per cent of public hospitals in **Misrata** (three out of six) were either non-functional or operating at less than 25 per cent of their capacity. In the remaining three mantikas, the functionality of public hospitals was better. According to results from the UNFPA MSNA, food prices as compared to pre-2011 were reported higher by 90 per cent of households, in all six mantikas. Similarly, more than 90 per cent of households reported that food diversity has declined considerably, as compared to situation before 2011.

Livelihood coping strategy: The rate of selling household assets, as a livelihood coping strategy, was found greatest in **Nalut** (18 per cent). Seventeen per cent of households in **Aljufra** and 12 per cent in **Nalut** are resorting to spending savings as a negative coping strategy. In addition, 88 per cent of the individuals suffering from chronic diseases in **Tobruk** and 75 per cent in **Aljufra** reported either complete shortage or non-availability of medicines.<sup>11</sup>

Population groups: Six per cent of returnees, 12 per cent of IDPs and 24 per cent of migrants and refugees are residing in these six mantikas. Overall in the country, **Misrata** has the highest number (74,225, 19 per cent of the total) of migrants, refugees and asylum-seekers population. Al Jabal Al Gharbi is the fifth highest mantika in terms of returnee population (14,360).

<sup>10</sup> DMT Libya round 12

<sup>11</sup> Libya households MSNA - UNFPA 2017

## MOST

# VULNERABLE GROUPS

The following population groups in Libya have been identified by humanitarian partners as most in need of life-saving and life-sustaining humanitarian assistance.



a) **People living in conflict-affected areas, or in areas contaminated with explosive hazards, or in hard-to-reach areas** where freedom of movement and access to services remain extremely limited and challenging.

As of October 2017, priority conflict-affected areas were: Sebratha (Zwara), Benghazi and Derna (Derna)

Estimates indicate that between 2011-2016, there have been 5,891 recorded deaths and injuries from violence. Of these, 66 per cent (3,895 death and injuries) were civilians. Given limitations on access and information flow from conflict-affected areas, the actual casualty figures are likely to be higher. The presence of explosive hazards, including landmines, improvised explosive devices, unexploded ordnance and other explosive remnants of war has been a persistent threat to the Libyan population.<sup>1</sup> The presence of UXO in June-July 2017 was reported in nine out of 22 mantikas.<sup>2</sup>

Top 5 mantikas with UXO presence (per cent of people reporting presence of UXO):

MANTIKA	PERCENTAGE OF PEOPLE
Benghazi	40 per cent
Derna	40 per cent
Sirt	33 per cent
Ubari	33 per cent
Zwara	33 per cent

b) **Migrants, refugees and asylum-seekers, including those in detention centres:**

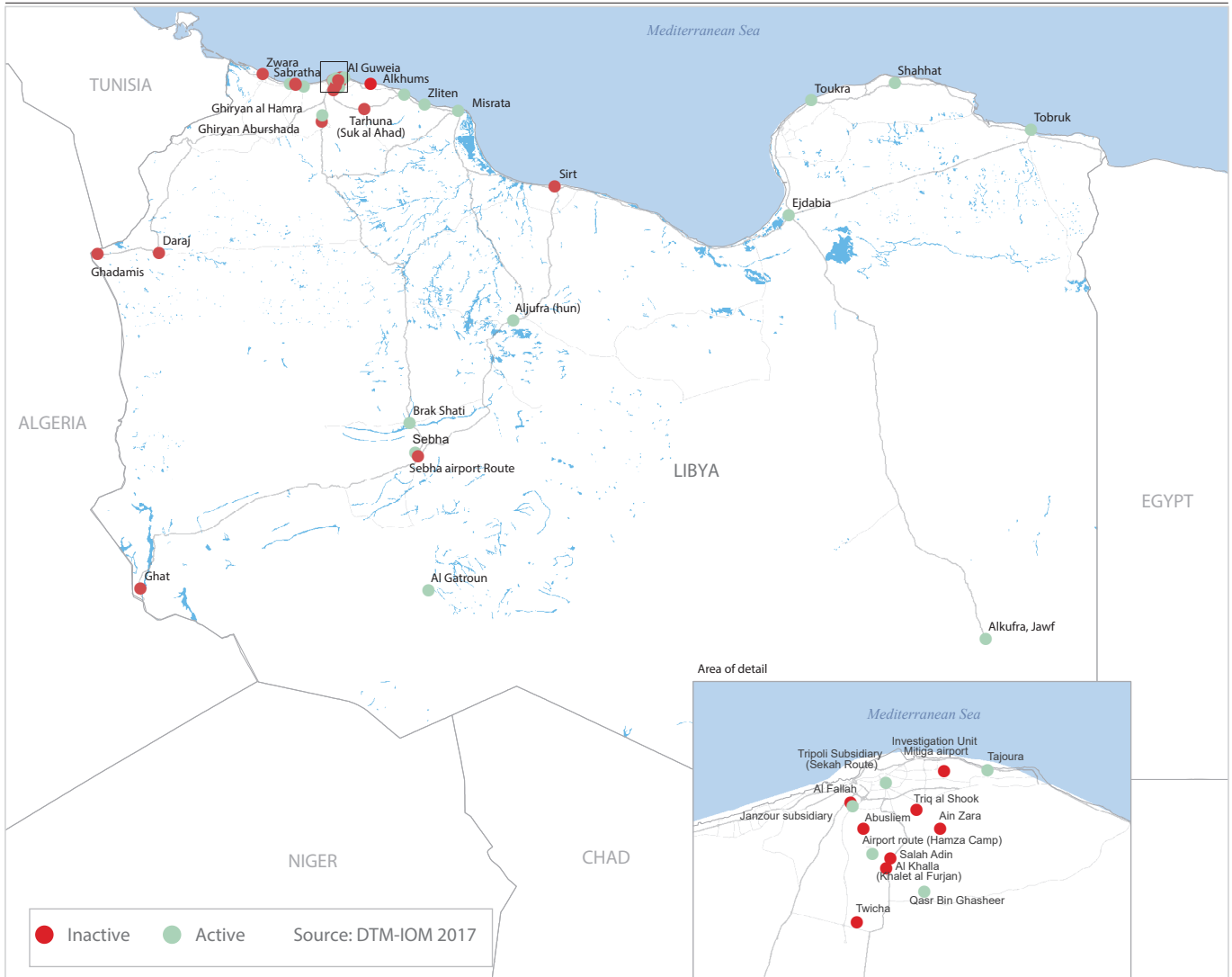
Migrants, refugees and asylum-seekers in Libya face a heightened risk of arbitrary arrest and detention, unlawful killings, torture and other ill-treatment, sexual violence, exploitation for the purpose of work and prostitution and being targeted by the trafficking network. Eleven per cent<sup>3</sup> of migrants report fear of abduction and violence. Until 2014, migrants were in a relatively positive situation in Libya (including free access to education and health care) but this started to unravel soon after the conflict started. Migrants have been subjected to increasingly harsher treatment by Libyan authorities, militias and criminal gangs, including detention

1 UNMAS Libya

2 DTM Libya round 12

3 179 households interviewed in 14 mantikas – UNFPA MSNA 2016-17

DETENTION CENTRES (LOCATIONS AND STATUS)



for an indefinite period of time, and (often unpaid) forced manual labour.<sup>4</sup>

In addition to official detention centres, there are several unofficial detention centres, often run by militias, without the adequate oversight. Whilst the humanitarian community has raised the need for alternatives to detention as a key priority area, migrants and refugees continue to be stranded in centres. Migrants and refugees suffer from diseases, including communicable ones, as a result of the dire and inhumane conditions in detention centres. Food is limited or not available in many of the detention centres. They also face extremely poor hygiene standards and access to safe water. Detained women and girls are particularly vulnerable to rape and other sexual violence. While the inhumane conditions in detention centres are a stark example of the dire situation for migrants in Libya, the people detained in these centres represent only a small portion of this overall group.

Migrants and refugees are often denied access to basic services, including emergency health care, and have to resort to negative coping mechanisms.

The host community acceptance of migrants and refugees is also a major concern in some locations. In Aljufra, Alkufra and Ghat, it is perceived by all of the key informants interviewed during Round 12 of DTM, that the influx of migrants has put strain on the availability of public services, which were already over-stretched. In Azzawya, 75 per cent of the key informants had similar impressions, while in Murzuq, Sebha, Tripoli and Zwara, half of the population had the same perception.<sup>5</sup> In Alkufra, Almargeb, Ghat and Wadi Ashshati<sup>6</sup>, the already difficult economic situation was reported to have worsened with the influx of the additional migrant population.

The daily protection risks migrants and refugees face in Libya and the increasing difficulty to access reliable money transfer systems to send remittances to their country of origin constitute push factors towards the perilous sea journey.

4 Migration Trends across the Mediterranean: Connecting the Dots. Altai, 2015

5 DTM Libya round 12

6 Ibid



## Mantikas hosting migrants

MANTIKA	MIGRANTS (ROUND 12)	PER CENT OUT OF THE TOTAL
Misrata	74,225	19 per cent
Tripoli	62,677	16 per cent
Almargeb	42,817	10 per cent
Ejdabia	30,856	8 per cent
Al Jabal Al Gharbi	25,210	6 per cent

Top eight mantikas with highest number of migrants, refugees and asylum seekers in rented accommodation:<sup>7</sup>

MANTIKA	MIGRANTS IN RENTED ACCOMMODATION (SELF PAY)
Aljufra	94 per cent
Tripoli	94 per cent
Al Jabal Al Gharbi	90 per cent
Nalut	87 per cent
Ejdabia	83 per cent
Aljfara	82 per cent
Almarj	82 per cent
Al Jabal Al Akhdar	81 per cent

## c) Persons with chronic diseases / disabilities / mental health issues:

Prior to the crisis, state subsidies offered to people with chronic disease (59 per cent are 64 years old and above)<sup>8</sup> to go out of the country for treatment. With this subsidy no longer available to them, the vulnerability of this group of persons has been heightened, prompting the need for humanitarian assistance.

## Percentage of persons with chronic disease suffering from lack of medicines (Top six mantikas)

MANTIKA	PERCENTAGE OF INDIVIDUALS
Derna	68 per cent
Aljufra	57 per cent
Tobruk	51 per cent
Aljfara	35 per cent
Ghat	33 per cent
Tripoli	32 per cent

Mantikas with the highest rate of persons with a disability<sup>9</sup>

MANTIKA	PERCENTAGE OF INDIVIDUALS
Azzawya	4.0 per cent
Wadi Ashshati	4.0 per cent
Ejdabia	4.0 per cent
Nalut	3.7 per cent
Benghazi	3.6 per cent

Mantikas with the highest rate of persons with mental illness<sup>10</sup>

MANTIKA	PERCENTAGE OF INDIVIDUALS
Al Jabal Al Gharbi	6.0 per cent
Sebha	5.5 per cent
Derna	4.5 per cent
Benghazi	3.0 per cent
Ghat	2.9 per cent
Tripoli	2.8 per cent

## d) IDPs living in rented accommodation and collective centres:

IDPs fleeing active hostilities often face immediate and acute needs during their initial three months of displacement. Price increases of basic commodities and decrease of purchasing power affects IDPs. IDPs living in rented accommodation and collective centres are also affected; many are increasingly dependent on assistance the longer their duration of displacement, as their resources dwindle over time. On average, non-displaced (host communities) spend 44 per cent of their overall expenditure on food, and three per cent on accommodation, which shows that they mostly own their accommodation, whereas IDPs and migrants spend 38 per cent of their overall expenditure on food and 16 per cent on habitation.<sup>11</sup>

Top four mantikas with highest number of IDPs in rented accommodation and collective centres<sup>12</sup>

MANTIKA	IDPs IN RENTED ACCOMMODATION	IDPs IN COLLECTIVE CENTRES	TOTAL
Benghazi	36,080	350	36,430
Tripoli	15,040	4,100	19,140
Al Jabal Al Gharbi	15,827	-	15,827
Ejdabia	13,040	1,385	14,425

## e) Returnees (during first three months of return):

In the first three to four months of return following displacement, families often require specific and dedicated assistance to avoid the trap of negative coping strategies and to enable them to prioritise their resources toward laying a foundation for re-establishing their lives.

7 DTM Libya round 12

8 UNFPA MSNA 2016-17

9 UNFPA MSNA 2016-17

10 REACH MSNA 2017

11 UNFPA MSNA 2016-17

12 DTM Libya round 12

Top five mantikas with highest presence of returnees<sup>13</sup>

MANTIKA	NUMBER OF INDIVIDUALS
Benghazi	146,900
Murzuq	32,020
Sirt	31,050
Ubari	27,650
Al Jabal Al Akhdar	14,360

f) Over-burdened host communities:<sup>14</sup>

The limited capacity of national institutions in terms of service provision and limited availability of services, competition for livelihood opportunities, and possible tensions over access, all contribute to a scarcity of resources experienced by host communities as well as migrants, refugees and IDPs. These host communities may require community-based and/or individualised assistance.

The below table shows the percentage of IDPs, migrants and returnees in relation to the total population of the mantika (region).

MANTIKA <sup>14</sup>	PER CENT OF IDPS, RETURNEES, MIGRANTS AGAINST TOTAL POPULATION	SEVERITY CATEGORY
Murzuq	92 per cent	Catastrophic
Ghat	51 per cent	Catastrophic
Ubari	44 per cent	Critical
Alkufra	39 per cent	Severe
Benghazi	28 per cent	Severe

## g) Pregnant women (in areas where two thirds or more of public hospitals are either non-functional or working at less than 25 per cent capacity):

Over 74 per cent<sup>15</sup> of births in Libya take place in public hospitals and 16 per cent in private clinics. This can involve having to travel long distances in insecure conditions and with high transportation costs to access services in public hospitals. There are 52 public hospitals and 1,099 primary health centres (PHCs) currently functioning in Libya. According to WHO Service Availability and Readiness Assessment (SARA), out of these 1,151 health facilities, only 69<sup>16</sup> (six per cent) are providing delivery services. In terms of overall readiness of these 69 facilities for basic emergency obstetric care (BEmONC), only 20 per cent of the 1,099 PHCs were found to be meeting the criteria. For the 52 public hospitals, only 54 per cent were found to be meeting the criteria.

13 DTM Libya round 12

14 For the purposes of this guidance, "over-burdened host communities" are communities where IDPs and/or returnees and/or migrants constitute more than 50 per cent of the total population for catastrophic areas; over 40 per cent for critical areas and over 28 per cent for severe areas. For the purposes of calculating the percentage, the IDP, migrant and returnee figures should be combined, if their total percentage is >xper cent then the community meets the threshold. For the purposes of the calculation, returnees are counted as those returning within last 12 months.

15 UNFPA MSNA 2016-17

16 52 are hospitals and 17 are Primary Health Centres (PHCs)

17 UNFPA MSNA 2016-17

18 WHO SARA 2017

19 UNFPA MSNA 2016-17

20 Ibid

Percentage of women with pregnancies among all married women of reproductive age (15-49) - one year before the survey<sup>17</sup> (Top five Mantikas and status of public hospitals<sup>18</sup>)

MANTIKA	PERCENTAGE OF PREGNANT WOMEN	PERCENTAGE OF PUBLIC HOSPITALS NON-FUNCTIONAL OR OPERATING AT LESS THAN 25 PER CENT CAPACITY
Ubari	28.5 per cent	100 per cent
Sebha	22 per cent	100 per cent
Almarj	21.9 per cent	75 per cent
Almargeb	16 per cent	67 per cent
Aljifara	5.9 per cent	100 per cent

## h) Female-headed households:

Among displaced populations, female-headed households are often unemployed with no income, making them more likely to be food insecure. With regards to consumption-based coping strategies, surveys indicate that male-headed households tend to rely more on less expensive food, limit portion size and restrict adult consumption so that children can eat. On the other hand, female-headed households are reducing the number of meals eaten per day, adopting a more severe coping strategy.<sup>19</sup>

Top five mantikas with highest per centage of female-headed households<sup>20</sup>

MANTIKA	PERCENTAGE OF FEMALE-HEADED HOUSEHOLDS
Ghat	22.8 per cent
Al Jabal Al Akhdar	21.1 per cent
Al Jabal Gharbi	21.0 per cent
Wadi Ashshati	19.3 per cent
Almargeb	18.8 per cent

## i) Children

- unaccompanied and separated;
- engaging in child labour or recruited for military purposes; and
- living in crowded spaces (collective centres, with host families) may be at greater risk of domestic violence.

## j) Youth

- adolescent girls at risk of early or forced marriage; and
- male youth who need safe and appropriate livelihood opportunities.

## ASSESSMENT & INFORMATION GAPS

The 2018 HNO is based on a comprehensive data collection exercise. Since the start of 2017, 16 humanitarian partners have shared 30 assessment reports through the Information Management and Assessment Working Group (IMAWG)<sup>1</sup>, nearly doubling the number reported last year.<sup>2</sup>

The inter-sectoral assessment ensures a more effective response by identifying areas where multi-sectoral needs converge. There were two household level multi-sector needs assessments (MSNA) carried out for this year's HNO. Data collection for the first MSNA was carried out in December 2016 – January 2017 by UNFPA / Bureau of Census and Statistics (BCS) Libya MSNA and covered 20 cities. The second MSNA was carried out by REACH, at baladiya<sup>3</sup> level, in eight mantikas and the data collection was completed in September 2017. WHO / Ministry of Health also updated the results of Service Availability and Readiness Assessment (SARA) in 2017. IOM's DTM for Libya

ensured that IDPs, returnees and migrant numbers are updated on a regular basis. For the 2018 HNO, DTM's round 12 data was used.

Resulting from the efforts of operational partners, the scope and depth of inter-sectoral data on humanitarian vulnerabilities and needs is unique in the context of the Libya crisis, and will provide a solid evidence base for a more effective and accountable humanitarian response in 2018.

NUMBER OF  
ASSESSMENTS

30

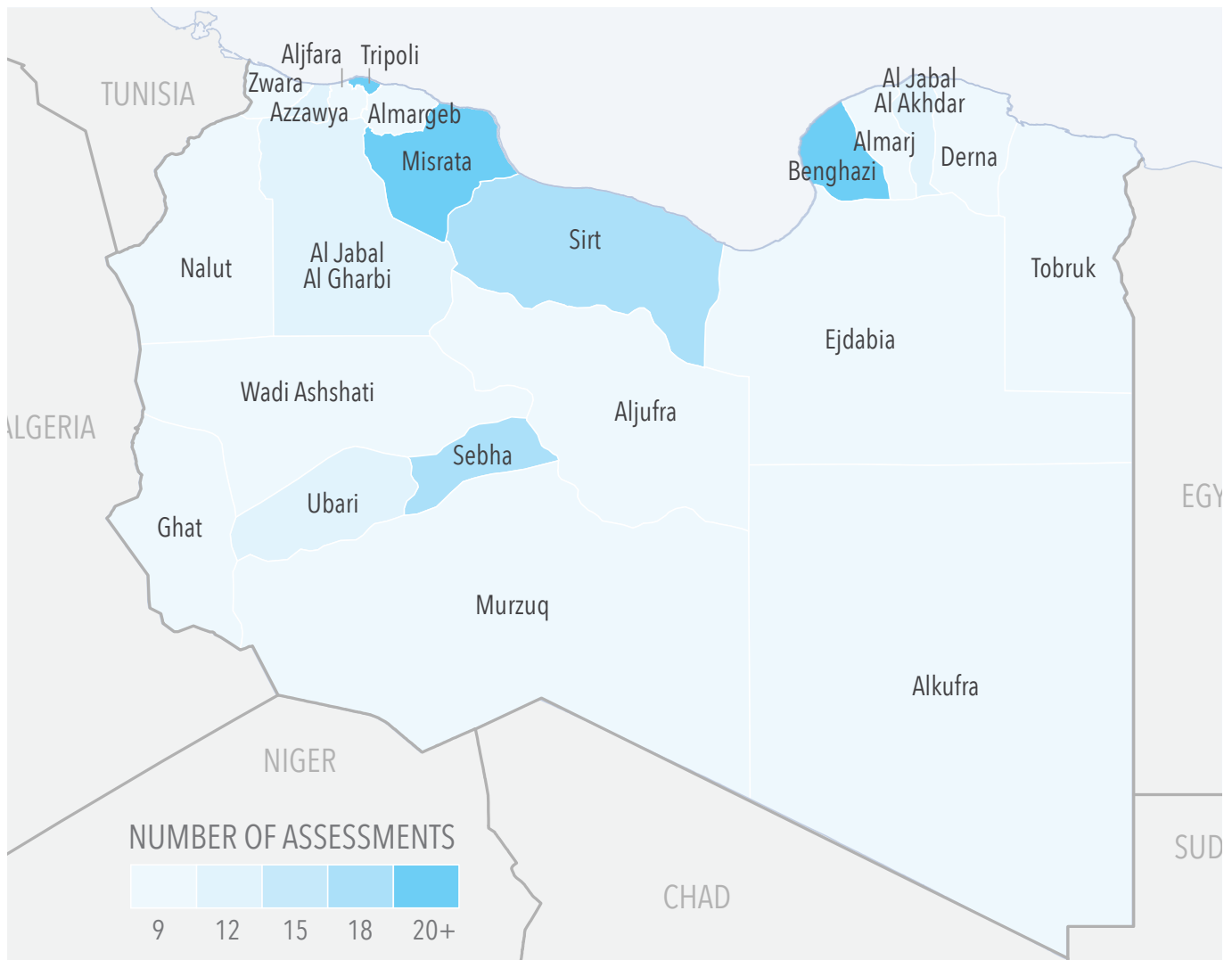
NUMBER OF  
PARTNERS

16

1. Assessment registry on HR.Info: [humanitarianresponse.info/en/operations/libya/assessments](http://humanitarianresponse.info/en/operations/libya/assessments)

2. 17 assessments reported in 2017 HNO

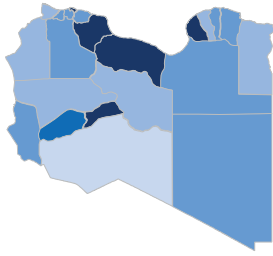
3. Administrative region 3



MULTI-SECTOR

11

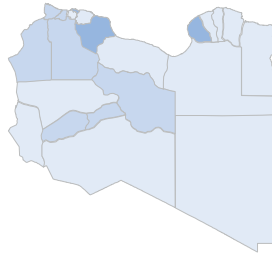
COMPLETED ASSESSMENTS



EDUCATION

3

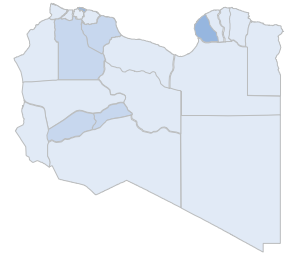
COMPLETED ASSESSMENTS



FOOD SEC. AND AGRICULTURE

3

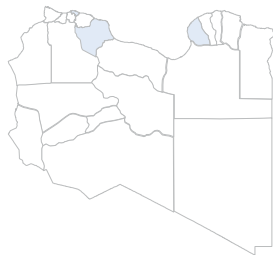
COMPLETED ASSESSMENTS



SHELTER & NFIs

1

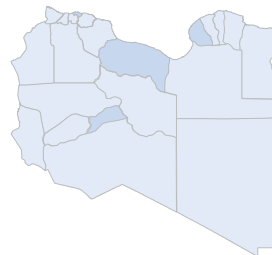
COMPLETED ASSESSMENTS



WASH

3

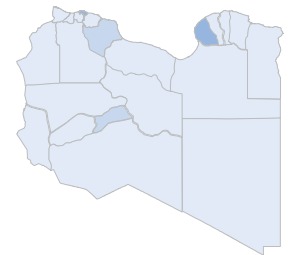
COMPLETED ASSESSMENTS



HEALTH

3

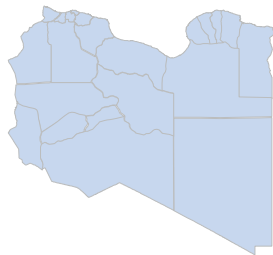
COMPLETED ASSESSMENTS



GOVERNANCE & RULE OF LAW

2

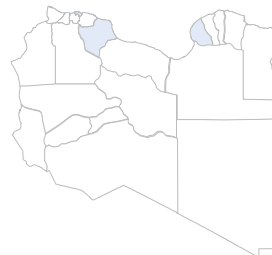
COMPLETED ASSESSMENTS



LIVELIHOODS

1

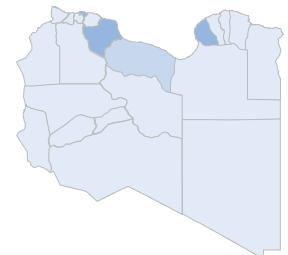
COMPLETED ASSESSMENTS



PROTECTION

3

COMPLETED ASSESSMENTS



NUMBER OF ASSESSMENTS



PLANNED NEEDS ASSESSMENTS

SECTOR	LOCATION	LEAD AGENCY	PLANNED COMPLETION DATE	TITLE
Multi-sector	Whole of Libya	IOM	Every six weeks	Migration assessment, and IDPs and returnees assessment
Multi-sector	Whole of Libya	IOM	Every four weeks	Baladiyas profile , and detention centres Profile
WASH	Whole of Libya	UNICEF	Jun 2018	Technical assessment of water supply systems in Libya
Protection	Tripoli, Benghazi	ACTED/DRC	Mar 2018	Protection monitoring
Cash & Markets	Urban areas across Libya	UNHCR, Libya Cash & Markets Working Group (CMWG)	1 Jan to 31 Dec	Joint Market Monitoring Initiative (JMMI)
Multi-Sector	Whole of Libya	REACH	Aug 2018	Multi-Sector Needs Assessments (MSNA)
Food security	Locations will be identified later	WFP	Dec 2018	Rapid assessment of household food security in Libya
Multi-Sector	Whole of Libya	UNFPA and UN-HABITAT	Aug 2018	Rapid city profiling and monitoring system

## NUMBER OF ASSESSMENTS BY LOCATIONS AND BY SECTOR

		Multi-sector 	Education 	Food Security 	Health 	Protection 	Emergency Shelter 	WASH 	Governance & Rule of 	Livelihoods 	TOTAL
 AL JABAL AL AKHDAR		4	1	2	1	1		1	2		12
 AL JABAL AL GHARBI		4	2	1	1	1		1	2		12
 ALKUFRA		4	1	1	1	1		1	2		11
 ALMARJ		3	1	1	1	1		1	2		10
 ALJFARA		4	1	1	1	1		1	2		11
 ALJUFRA		3	2	1	1	1		1	2		11
 ALMARGEB		4	1	1	1	1		1	2		11
 AZZAWYA		4	2	1	1	1		1	2		12
 BENGHAZI		7	3	3	3	3	1	2	2	1	25
 DERNA		4	1	1	1	1		1	2		11
 EJDABIA		4	1	1	1	1		1	2		11
 GHAT		4	1	1	1	1		1	2		11
 MISRATA		6	3	2	2	3	1	1	2	1	21
 MURZUQ		2	1	1	1	1		1	2		9
 NALUT		3	2	1	1	1		1	2		11
 SEBHA		6	2	2	2	1		1	2		17
 SIRT		6	1	1	1	2		2	2		15
 TOBRUK		3	1	1	1	1		1	2		10
 TRIPOLI		7	3	3	3	3	1	2	2	1	25
 UBARI		5	2	2	1	1		1	2		14
 WADI ASHSHATI		3	1	1	1	1		1	2		10
 ZWARA		3	2	1	1	1		1	2		11
	<b>TOTAL</b>	<b>11</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>30</b>

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

# PART II: NEEDS OVERVIEW BY SECTOR

## INFORMATION BY SECTOR

-  Protection
-  Education
-  Food security
-  Health
-  Shelter and NFI
-  Water, sanitation & hygiene

## PROTECTION

### OVERVIEW



Affected populations across Libya continue to face critical protection challenges, including risk of death and injury due to indiscriminate use of weapons, freedom of movement restrictions and conflict-related psychological trauma. Violations of international human rights and humanitarian law, , are widespread, including but not limited to various forms of and gender-based violence (GBV), unlawful killings, arbitrary detention, enforced disappearances and torture and other ill-treatment . Groups in situations of vulnerability including foreign nationals, women, unaccompanied children and IDPs are exploited by criminal networks. In addition, civilians continue to be killed and maimed, exposed to explosive hazards, such as landmines, unexploded/abandoned ordnance and other explosive remnants of war, and improvised explosive devices, that affect lives, physical security and access to much needed services.

The ongoing conflict and the increasingly difficult socio-economic situation, characterised by the collapse of the rule of law and fragmentation of national institutions, contribute to protracted and ongoing displacement and increasing poverty. This often leaves the conflict affected population in particular without safe and effective access to life saving protection assistance.

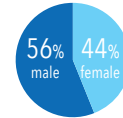
In addition, migrants, refugees and asylum-seekers are particularly suffering from various protection concerns, due to the irregular situation such as exclusion from social protection mechanisms, breakdown of the rule of law, militia control in a climate of impunity, proliferation of weapons, rampant racism as well as the Government's inability and unwillingness to issue and validate legal documents recognising their status inside Libya. According to a recent study on human trafficking and other exploitive practices on the central Mediterranean route, 90 per cent of migrants, refugees and asylum-seekers, transiting through Libya have been held against their will during the journey. Most reported events fell into the category of kidnapping for ransom or being detained by armed individuals. Thousands are detained in horrid conditions in State facilities and directly by armed groups, where they are vulnerable to ill-treatment, torture and sexual abuse. Migrants and refugees in Libya suffer from widespread physical abuse and sexual and gender-based violence, including rape.

The international community should advocate for alternatives to detention for migrants in an irregular situation, legal and institutional reform, improvement of detention conditions, protection of detainees from torture and other ill-treatment, and improved access to assistance and services.

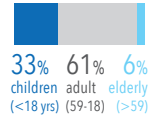
### NO. OF PEOPLE IN NEED

1.04M

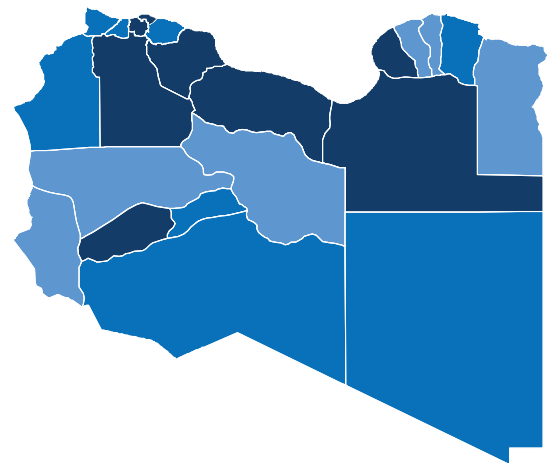
### BY SEX



### BY AGE



### SEVERITY MAP



### AFFECTED POPULATION

More than one million people need protection assistance across Libya and 70 per cent of this population is hosted in five mantikas: Tripoli, Benghazi, Misrata, Sirt and Ejdabia.

Populations vulnerable to the aforementioned protection risks include migrants, refugees/asylum-seekers, IDPs/returnees, host communities, and minorities. Women, children, detainees, the elderly, people with mental and physical disabilities are particularly vulnerable to violations of international human rights and humanitarian law.

The total migrant, refugee and asylum-seeker population is considered severely in need due to their irregular status, which further exposes them to exploitation and human rights violations and abuses.

### HUMANITARIAN NEEDS

- Strengthened protection environment (impacted by the absence of effective institutional capacities, breakdown of the rule of law and insecurity throughout Libya) through the monitoring and reporting of violations of international human rights and humanitarian law, and advocacy efforts with Libyan authorities at national and local levels for the respect, protection and promotion of human rights.

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## HUMANITARIAN NEEDS CONTINUED

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- Safe, voluntary and dignified returns through, advocacy, ERW survey and clearance and assisting returnee families where return areas are secure.
- Information awareness on access to civil registration and available functional services.
- Safe access to basic services and protection assistance, including mental health and psycho-social support.
- Provision of specialised assistance (as relevant psychosocial services and/or legal aid and/or medical care) for those unlawfully detained, and survivors of torture, GBV and other violations of human rights
- Safe access to basic services and protection assistance, including mental health and psychosocial services.
- Provision of specialised assistance (as relevant psychosocial services and/or legal aid and/or medical care) for those unlawfully detained, and survivors of torture, GBV and other violations of human rights and international humanitarian law, and community reintegration for children affected by armed conflicts.
- Support provided for children affected by armed conflicts for reintegration into the community.
- Women and girls, disaggregated by age and gender, are protected from any form of violence, abuse or neglect.
- Contribute to the social cohesion and mitigate conflicts between IDPs and host communities through implementation of quick impact projects.



Photo: UNFPA/Sassi Harib



## EDUCATION

### OVERVIEW



The protracted crisis affected 489 schools; of those, 40 have been fully damaged and 26 are accommodating Internally Displaced Persons (IDPs), thus affecting 244,500 Libyan students (considering that the average number of children per school is 500), in addition to 160,178 refugee and migrants (considering 40 per cent of the total refugee and migrants are children below 18).

The start date for schools during the 2017/2018 academic year has been delayed three times for different reasons. The latest announcement from the Ministry of Education is that schools will open on 15 October 2017. Even in the best-case scenario, not all schools will operate and not all children will attend classes in conflict affected areas. Each year, school is delayed for a multitude of reasons, including security issues, shortage of teachers, delays in receiving text books and the need for schools' rehabilitation. This is a fundamental problem on the education system as children are out of school for these months and it has an implication on catching up the required competencies due to irregularity of school attendance/calendar which ultimately is a challenge in relation to retention by the sector as well as by the students to acquire the minimum learning competencies.

There is also a need for psychosocial support with regard to establishment of in-school psychosocial support systems for vulnerable children and children and adolescents with special needs, including children severely distressed as a result of the conflict. This is to support the major needs of the children to have access to the psychosocial support that is essential for those that have been through six years of violence, conflict, displacement and insecurity. In order to reach the required scale of support, this has to be done through the education system.

According to REACH 2017, unaffordability of educational services is the highest among the top three barriers to education and 45 per cent of IDPs cannot afford educational services in the assessed mantikas.

Capacity building of teachers is needed on education in emergency to be able to deal with the children who have been subjected to stress, conflict, violence (in school and at the family setting) and displacement.

Similar to the NFI sector, the cash liquidity issues in Libya has caused increased prices of basic household items, including educational supplies, particularly for the displaced children.

Although schools are meant to provide a structured setting for children and youth, it is alarming that in Libya the education system is hampered by insecurity, overcrowded classrooms, schools damaged, destroyed or occupied.

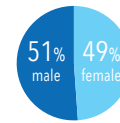
In addition, according to the preliminary data of the out-of-school children study, a significant number of pre-primary school aged children are out of school.

Schools provide stability, structure and protective environment for children by establishing normal routines needed to cope with loss, fear, stress and violence. Being in school means

### NO. OF PEOPLE IN NEED

0.3M

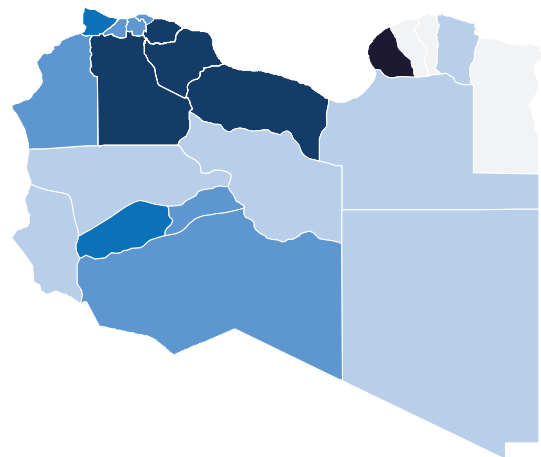
### BY SEX



### BY AGE

100%  
children  
(<18 yrs)

### SEVERITY MAP



children are safe and protected from risks and violence and involvement into armed groups, child labour and early marriage.

### AFFECTED POPULATION

It is estimated that a total of 300,000 children are in need of education in emergency support. The most affected population are:

- 67,000 IDPs,
- 79,000 returnees
- 121,000 non-displaced children
- 32,000 refugees and migrants

### HUMANITARIAN NEEDS

- Access to a conducive learning environment for children and youth either through establishment of additional classrooms or mobile classes or rehabilitation of existing schools.
- Access to formal or informal education to the vulnerable children.
- Access to psychosocial support to children including mainstreaming in to the formal education system of Libya.
- Teachers training in conflict affected areas on different topics related to education in emergencies.
- Education in emergency supplies.

## FOOD SECURITY

### OVERVIEW



Food insecurity remains a challenge as the humanitarian situation deteriorates, with 637,000 people in Libya in need of food assistance and essential agricultural livelihoods assistance.

Ongoing conflict and political and economic instability have negatively affected families' livelihoods and their ability to meet basic needs. The August 2017 FAO Agriculture and Livelihoods Assessment shows that farming, livestock and fisheries have suffered with production declining due to insecurity, high costs, and limited access to or lack of agricultural inputs (seed, livestock vaccines & drugs, fertilizers, farm tools, animal feed, machinery rents, and fuel for irrigation pumps). According to the FAO assessment report, livestock health has degenerated considerably due to lack of vaccines, drugs and veterinary services as a whole (including surveillance) which could lead to outbreak and spread of zoonotic diseases.

The fisheries sub-sector is also facing a major challenge due to the suspension by the government in 2011 to support fisher folk. This coupled with high cost of fishing equipment has greatly affected the only income source and livelihoods of small scale fishers. Many IDPs, returnees and refugees often struggle to meet their food consumption needs as access to essential household commodities, including food, has been significantly reduced as the conflict has disrupted own production and market functionality, creating financial instability and lack of cash as well as skyrocketing food prices; as a result, the majority of households (75 per cent) who are market-dependent have low purchasing power and have resorted to negative coping mechanisms such as cutting meals, reducing number of meals per day, among others. Furthermore, due to the lack of hard currency, Libyan commercial banks impose increasingly strict capital limits on withdrawals. These limits make it difficult for individual households and small businesses to access sufficient liquidity to support themselves or cover costs, further causing the various population groups from being unable to meet their food consumption needs.

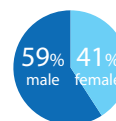
The changing landscape of the conflict has generated further displacement (IDPs) and an increased number of returnees, who continue to face challenges as they attempt to return home. In the west, 24 per cent of people are severely food insecure, with 62 per cent of the IDP population at risk of slipping into food insecurity. Areas in southern and eastern regions are also seeing a rise in food insecurity and are increasingly relying on coping strategies.

WFP is currently undertaking a Rapid Food Security Assessment (RFSA), whose preliminary findings are expected by mid-November, in order to provide updated information on food needs, which will allow the Food security sector to continue to focus on the areas where help is most urgently needed. The sector is also exploring the possibility of cash and/or voucher assistance to bolster its response.

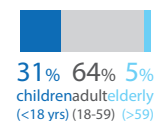
### NO. OF PEOPLE IN NEED

0.63M

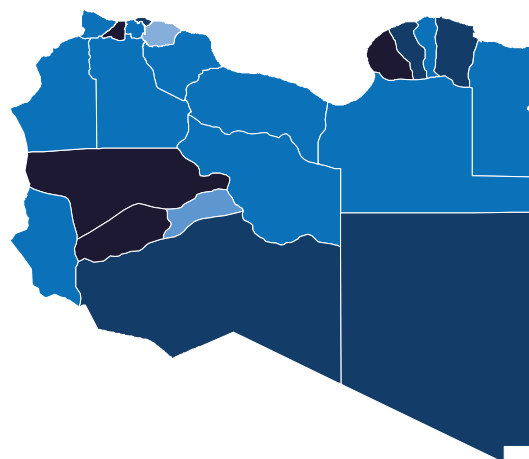
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### BY AGE



### SEVERITY MAP



### AFFECTED POPULATIONS

The most vulnerable populations in the Food security sector are IDP households that have recently been displaced, households that have been displaced more than once during the year, families headed by females without regular or stable income, the youth, migrants, refugees, the host community, and returnees who also continue to suffer due to the loss of their livelihood sources despite their return home. The most vulnerable people are 60,000 IDPs, 93,000 returnees, 343,000 non-displaced, 141,000 migrants, refugees and asylum-seekers. Altogether, 637,000 people will require food security interventions.

### HUMANITARIAN NEEDS

- The inability to provide for the minimum food requirements to reach or maintain a satisfactory nutritional status for 175,000 people.
- Agricultural production has suffered immensely from the conflict, leaving people without agricultural inputs (seeds, livestock vaccines & drugs, fertilizer, farm tools, animal feed, machinery rents, and fuel for irrigation pumps) – 10,000 households.
- Migrants and refugees especially in detention centres, often lack access to quality and high-nutritious food, in particularly needed for pregnant women, children, elderly and sick persons due to the difficulty in meeting basic needs or accessing livelihood opportunities. Furthermore, food is limited or not affordable by migrants.

## HEALTH

### OVERVIEW



- An estimated 1.6 million Libyan individuals are affected by the current conflict.
- More than one million of the Libyan population are in need (PIN) of health assistance.
- The overall general service readiness for the public primary health care facilities is 36.8 per cent, which is significantly lower than the target in all regions.

The ongoing conflict in Libya has caused significant reduction in access to life-saving medical health care services and essential medicines. The majority of all the public health facilities across Libya are partially functional. This is a result of an acute shortage of life-saving medicines and medical supplies and lack of specialised health professionals.

More than 71 per cent of people living with chronic diseases are facing shortage in drugs and one out of five Libyan households are reporting that medicines are their priority non-food needs.

Health partners work together to reduce morbidity and mortality of the targeted population by providing them with necessary life-saving and urgently needed medicines and health-care services.

### AFFECTED POPULATION

Internally displaced people, refugees and migrants are identified as having the most severe needs. Returnees and non-displaced Libyans in the worst affected areas are also in need of humanitarian assistance.

Groups severely in need of health assistance are:

- New and former IDPs returning to their habitual place of residence are considered among the most vulnerable groups due to limited coping capacity.
- The non-displaced affected population are also in severe need of both health services and essential medicines; cumulating around 556,029 PIN of health assistance (~50 per cent of the total PIN)
- Without legal documents validating their status migrants and refugees are often excluded from social security mechanisms and denied access to basic services. Migrants and refugees in Libya suffer from very limited access to primary medical care, mental health care and emergency medical intervention, including clinical management of Sexual and Gender Based Violence (SGBV) survivors.

### HUMANITARIAN NEEDS

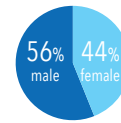
There is a huge deficit in the supply of essential lifesaving medicines that includes non-communicable disease medicines.

Health needs, per priority, could be defined as follow:

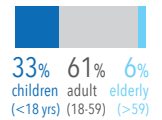
### NO. OF PEOPLE IN NEED

1.05M

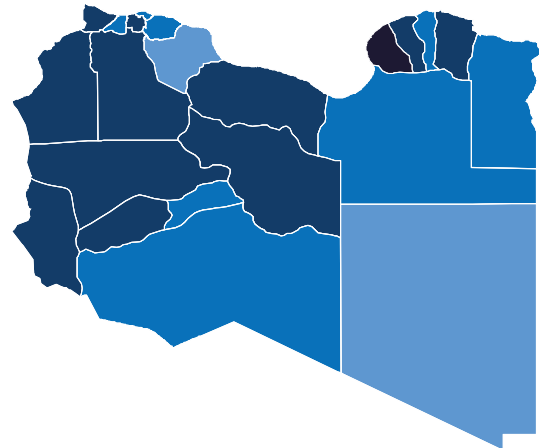
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### BY AGE



### SEVERITY MAP



- Increase access to essential medicines, medical and surgical materials. The current health structure's response capacity can be strengthened by the provision of medical supplies. This includes improving efficiency of the medical supply chain management.
- Improve access to life-saving and basic primary health services (including reproductive health services). Specific activities to maximise the outreach of health services via mobile health teams should be implemented through the existing public health network.
- Support reproductive and mental health care.
- Improve ambulance services especially in hard to reach areas.
- Support comprehensive emergency preparedness plan and response.
- Improve access to rehabilitation services, and provision of equipment and comprehensive training for practitioners.
- Minor repairs to health care infrastructure and maintenance of medical equipment.
- Strengthening Health Information Management System (HIMS) and early warning alert and response systems.
- Enhancement of skills of health care staff and fast track specialisation of doctors and nurses.
- Support specialised hospitals such as eye hospitals.
- Improve coordination mechanisms of the fragmented health system.

## SHELTER & NFI

### OVERVIEW



An estimated 584,500 people in Libya are currently in need of shelter assistance in the form of in-kind or cash-based assistance.

Several waves of conflict since 2011 have induced massive displacement and caused severe damage to housing and infrastructure across Libya, especially on the coastal areas. This has in affect had serious consequences in terms of living conditions of the affected population as well as their access to essential goods and services.

Loss of adequate housing solution, in addition to insecurity and conflict, is one of the factors leading to widespread displacement. 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 a multi-sectoral approach and solution especially in return areas such as northern Benghazi, Ganfouda, Sabratha, Sirt, Tawargha.

Loss of livelihoods in addition to the economic crisis affects the displaced population as well as the returnee and host community ones. Current conditions have affected populations who struggle to afford proper shelter solutions enabling them to live in safety and with dignity, this includes affording rental and reparation costs as well as that of basic relief items. Rising rents are placing many families at risk of eviction from their current accommodation.

In addition, migrants, refugees and asylum-seekers are particularly suffering from various forms of protection concerns, due to the irregular situation and absence of legal documents recognising their status inside Libya. As a consequence, access to shelter is rendered more difficult and challenging for migrants, refugees and asylum-seekers. According to a recent study on human trafficking and other exploitive practices on the central Mediterranean route,<sup>1</sup> 90 per cent of migrants, refugees and asylum-seekers, transiting through Libya have been held against their will during the journey. Without means for social protection or safety nets, migrants and refugees often reside in unfinished, insecure or collective shelters. Reduced livelihood opportunities prevent migrant and refugees from securing core relief items leaving them in undignified situations. Those rescued or intercepted at sea have often lost or sold all their belongings before departure and therefore require urgent provision of clothing and core relief items upon disembarkation. Those in detention centres are also deprived from their personal belongings and have no means to access them if not through humanitarian assistance.

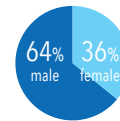
### AFFECTED POPULATION

Across all areas assessed, the most severe needs for shelter assistance (in the form of in-kind or cash-based ones) are concentrated in areas hosting the higher number of IDPs,

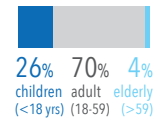
### NO. OF PEOPLE IN NEED

0.58M

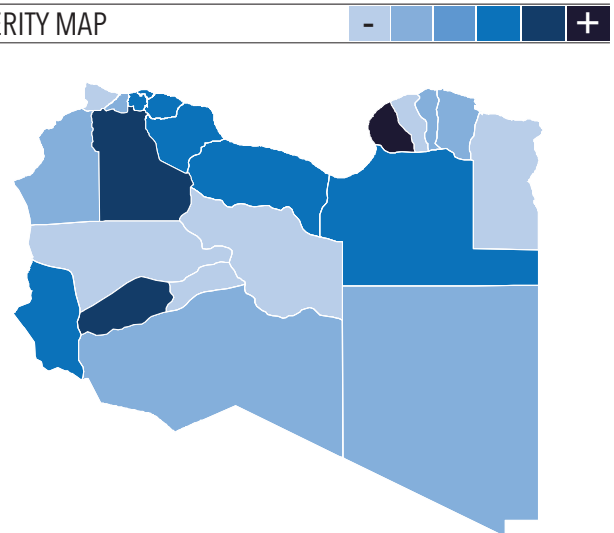
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### SEVERITY MAP



returnees, migrants and refugees and asylum-seekers. Since the non-displaced communities are hosting the most vulnerable population, it strains their capacity to cope with the economic crisis. Subsequently they are also in need of assistance, especially needs related to shelter.

Among the 15 mantikas, considered as in acute and immediate need of humanitarian assistance (Benghazi, Sirt, Ubari, Misrata, Al Jabal Al Gharbi, Tripoli, Derna, Murzuq, Aljgara, Alkufra, Ghat, Ejdabia, Zwara, Nalut, Almageb, Wadi, Ashshati, Azzawya, Tobruk, Al Jabal Al Akhdar, Sebha), three are concentrating the highest number of most vulnerable people (Benghazi, Tripoli and Misrata).

### HUMANITARIAN NEEDS

- Access to emergency assistance for newly displaced people as well as refugees, asylum-seekers and migrants upon disembarkation, in detention and urban settings.
- Adequate emergency shelter solutions for protracted displaced population and returnees of whom dwelling of origin has been damaged.
- Cross-sectoral solutions for return populations, including access to basic services, shelter materials and livelihoods. Support to affected communities to increase resilience and restore basic services.

<sup>1</sup> DTM Italy report: [http://migration.iom.int/docs/Analysis\\_Flow\\_Monitoring\\_and\\_Human\\_Trafficking\\_Surveys\\_in\\_the\\_Mediterranean\\_and\\_Beyond\\_adults\\_children.pdf](http://migration.iom.int/docs/Analysis_Flow_Monitoring_and_Human_Trafficking_Surveys_in_the_Mediterranean_and_Beyond_adults_children.pdf)

## WATER, SANITATION & HYGIENE

### OVERVIEW



The protracted crisis in Libya has resulted in continued deterioration of access to safe water and sanitation services and essential hygiene items for the affected population. The main sources of domestic water in Libya is from three main sources, namely the Man-Made River Project (over 60 per cent), the municipal wellfields (30 per cent), and desalination plants (10 per cent). Due to the declining economic situation, the Libyan water and sanitation sector lacks adequate resources and capacities to ensure continuous provision of sustainable and safe water supply particularly in the remote and conflict affected areas. Unless immediate operational maintenance of the system is provided, it is expected that the water system may fully or partially collapse, leading to additional humanitarian consequences of about 4.5 million people.

Before the crisis, the water supply coverage is estimated as 100 per cent in urban communities and 95 per cent in rural populations as of 2011, and while the sanitation coverage is 60 per cent in urban areas and 40 per cent in rural areas.<sup>1</sup> Six years after the crisis, assessments show that only 64 per cent of the affected population have access to adequate drinking water sources. The frequent electricity cut (four to five hours on most days), damages on water and sanitation facilities, and lack of maintenance and spare parts are the main drivers for inadequate access to water and sanitation services. Currently water trucking is the main source of drinking water for 43 per cent of the population,<sup>2</sup> which comes with concerns related to poor quality of water and high price and lack of sustainability.

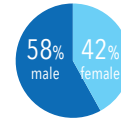
The water, sanitation and hygiene condition in most of the schools is a concern. Recent water quality assessment results indicated that 10 per cent of water samples taken from 140 schools in Libya were contaminated with harmful bacteria. The water samples are also found with high concentration of chemicals which can affect the health of children. Thirty-three per cent of the schools do not have access to an improved water source. The average number of students to a functional toilet is 71, reaching up to 375, while according to Libya Ministry of Education standard, the ratio of students to a functional toilet ratio should be 25. Ninety-five per cent of the schools have a hand washing facility; however, most of them do not have running water.<sup>3</sup>

The general sanitation conditions in some cities and IDP camps is precarious. Garbage disposal on streets and public areas is common in all the cities. Most of the wastewater are disposed directly into fresh bodies without prior treatment, which will have adverse effect on the public health and environment. Sewage treatment is reported only in 16 per cent of the municipalities.<sup>4</sup>

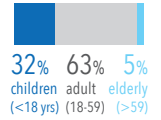
### NO. OF PEOPLE IN NEED

0.67M

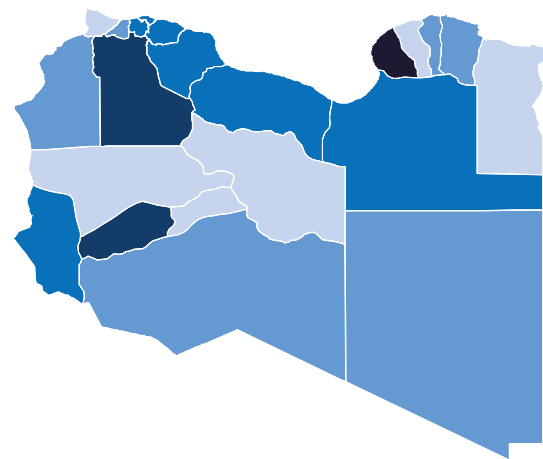
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### BY AGE



### SEVERITY MAP



The cash liquidity issue in Libya has caused increased prices of basic household items compromising the ability of the most vulnerable population, such as IDPs and returnees, to have adequate access to essential hygiene items. According to DTM report 12, 89 per cent of the problems related to access to NFIs is non-affordability due to high price. Due to poor living conditions, the most vulnerable migrants and refugees living in urban settings face extremely poor hygiene standards and access to clean water. Those held in detention centres, especially pregnant and lactating women and sick persons, are also in dire need of WASH facilities.

### AFFECTED POPULATION

It is estimated that 670,000 populations are in need of humanitarian WASH assistance in Libya. The most affected groups are:

- 132,000 IDPs.
- 139,000 returnees.
- 295,000 non-displaced population.
- 104,000 migrants, refugees and asylum-seekers.
- Out of the total population in need of WASH assistance, 275,000 are children with limited access to safe water sanitation and hygiene facilities in schools.

1 CEDARE and Arab Water Council, 2<sup>nd</sup> Arab State of the water report, (2012), page 146

2 DTM Libya round 12 (July 2017)

3 UNICEF-NCDC water quality monitoring report (Apr 2017)

4 CEDARE and Arab Water Council, 2<sup>nd</sup> Arab State of the water report, (2012)

## HUMANITARIAN NEEDS

- Access to safe and adequate water, sanitation services and essential hygiene items to the most vulnerable people affected by conflict
- Access to safe and adequate water and sanitation facilities in collective centres, detention centres, affected schools, health facilities, and areas of return
- Essential hygiene kits for the most vulnerable population
- Safe collection and disposal of solid waste services in collective centres
- Improved water quality monitoring and control practices across the country
- Technical assistance to water and sanitation service providers to strengthen their capacity to undertake essential operation and maintenance of water and sanitation services and respond to humanitarian WASH needs of conflict-affected population.

### MUNICIPALITIES WITH FUNCTIONING SEWAGE TREATMENT



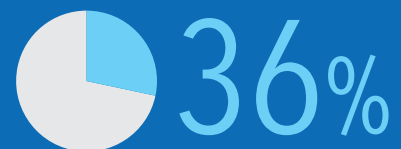
out of 100 municipalities

### WATER SAMPLES FROM SCHOOLS WITH E-COLI BACTERIAL CONTAMINATION



out of 140 schools

### AFFECTED POPULATION W/O ADEQUATE ACCESS TO SAFE DRINKING WATER



out of 6.5M total population

## ANNEX: METHODOLOGY

### Joint inter-sectoral analysis for 2018 Libya HNO

A vulnerability analysis framework based on three vulnerability pillars, with inputs from IMAWG<sup>1</sup> and ISCG,<sup>2</sup> was developed as a first step. In the second step, the Joint Inter-Sectoral Analysis Group (JIAG) was activated at Geneva and field level (Tunis). A half-day data workshop, facilitated by OCHA's Coordinated Assessment Support Section (CASS), was organised with partners at Geneva and field level,<sup>3</sup> in which sub-pillars for each of the three vulnerability pillars and indicators (using primarily four<sup>4</sup> major assessments) for each sub-pillar were discussed and finalised. As a next step, each indicator was divided into thresholds, from a scale of 0 (no problem) to 6 (catastrophic),<sup>5</sup> Each contributing partner provided data for the indicators. All of the indicators (based on the agreed thresholds) and data were added in the Humanitarian Needs Comparison Tool (NCT), which helped generate sub-pillar level severity maps.

Based on the indicators data and sub-pillars severity maps, a detailed inter-sectoral analysis narrative was produced, which was linked to the Impact of the crisis, people in need and severity of needs chapters of the HNO.

### Methodology for calculating overall population affected and in need

1. Affected population: number of (geo-referenced) incidents reported in ACLED from August 2016 to September 2017, inside Libya were used to calculate the total affected population numbers.<sup>6</sup> A buffer analysis (of 1 km radius) approach was used for incidents where one or more than one fatality was reported. A new Libya WorldPop dataset using the population estimates for 2017 from Bureau of Census and Statistics (BCS) Libya, was used for this analysis.

2. Overall people in need (PiN): The overall PiN for Libya 2018 HNO is a mix of top down and bottom up approach. For the calculation of overall non-displaced (host communities) in need, top down approach was adopted. Using the following seven indicators, from UNFPA / BCS Libya MSNA and

WHO/MoH SARA (Service Availability and Readiness Assessment), thresholds for non-displaced population in need in each of the 22 mantika were defined:

1. Poor food consumption score
2. Food product prices compared to pre-2011
3. Food product diversity compared to pre 2011
4. Livelihood coping strategies (sold household asset)
5. Livelihood coping strategies (spent savings)
6. Working status of hospitals, primary health care centres (PHCs) and other health facilities
7. Non-availability of medicine for people suffering from chronic disease

Based on the above indicators, 556,000<sup>7</sup> non-displaced people (within the entire country) were calculated to be in need. This figure was provided to sectors for calculating their sector specific PiN for non-displaced population group.

For the overall people in need for IDPs, returnees and migrants, refugees and asylum-seekers population groups, a bottom up approach was adopted. Highest sectoral estimates, at mantika level, were taken and aggregated for each population group.

DTM Libya round 12<sup>8</sup> figures for IDPs, returnees and migrants were used as baseline for the calculation of PiN. UNHCR provided the figures on refugees and asylum-seekers.

Sector PiNs: sector specific PiNs were calculated based on the indicators collected and used for the joint inter-sectoral analysis exercise (as explained above). Using these indicators and sub-pillars severity maps, sectors determined people in need for IDPs, returnees, migrants, refugees and asylum-seekers and non-displaced population groups.

1 Information management and assessment working group

2 Inter-sector coordination group

3 REACH, IOM DTM, IMAWG, ISCG

4 UNFPA /BCS Libya MSNA, REACH MSNA, DTM Libya, WHO SARA

5 See this file for more information on sub-pillars, indicators and thresholds: [https://www.dropbox.com/s/n2anzv9kladifa/Vulnerability\\_Pillars\\_Indicators\\_List.docx?dl=0](https://www.dropbox.com/s/n2anzv9kladifa/Vulnerability_Pillars_Indicators_List.docx?dl=0)

6 1.6 Million for 2018 HNO

7 This figure was calculated out of the 1.6 Million people identified to be overall affected by the crisis.

8 <http://www.globaldtm.info/libya/>

