

HUMANITARIAN NEEDS OVERVIEW

LIBYA

HUMANITARIAN
PROGRAMME CYCLE
2020

ISSUED JANUARY 2020



About

This document has been consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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

PHOTO ON COVER

IDP waiting for food parcels in Tripoli

© Taha Jawashi, WFP Libya

Get the latest updates



OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

www.unocha.org/libya

www.twitter.com/ocha_libya

Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

<https://www.humanitarianresponse.info/en/operations/libya>



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

www.hum-insight.com



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

fts.unocha.org/countries/127/summary/2020

Table of Contents

04	Summary of Humanitarian Needs
9	Part 1: Impact of the Crisis and Humanitarian Consequences
	Context of the Crisis
	Impact of the Crisis
	Scope of Analysis
	Humanitarian Consequences
	Severity of Needs
	People in Need
29	Part 2: Risk Analysis and Monitoring of Situation and Needs
	Risk Analysis
	Timeline of Events
	Projected Evolution of Needs
	Monitoring of Situation and Needs
35	Part 3: Annexes
	Data Sources
	Information Gaps and Limitations
	Methodology
	Indicators and Inter-Sector Analysis Framework
	Acronyms
	End Notes

Summary of Humanitarian Needs

Executive summary

Libya is in its ninth year of instability and conflict following the fall of the Gaddafi regime in 2011. In 2019, escalations in conflict, in both the south and in the country's capital, Tripoli, saw fighting move into more populated urban areas. The use of explosive weapons in this environment has put civilians at high risk of indiscriminate harm. Civilian casualties, displacement and damage to civilian infrastructure, including medical facilities, have increased. Protracted political and economic instability, which has severely impacted governance structures, has resulted in a significant deterioration in basic services provision. With each passing year, people's well-being and living standards have been eroded, with the most vulnerable increasingly relying on negative coping strategies.

MISRATA, LIBYA

© Intisar Alqsar, OCHA



TOTAL POPULATION	PEOPLE AFFECTED	PEOPLE IN NEED	PEOPLE IN ACUTE NEED
6.7M	1.8M	0.9M	0.3M
PERCENTAGE	26%	13%	4%

Scope of analysis

Available information, including humanitarian assessments, point to a humanitarian context that is overall comparable to 2019, with a gradual deterioration in the humanitarian situation, coupled with spikes in conflict, insecurity and vulnerability. A surge in internal displacement – up by 80 per cent in 2019 – demonstrates the impact of such spikes. The number of people returning to their place of origin in 2019 has been moderated by the scale of displacement, resulting in roughly the same overall number of people displaced at the end of 2019, compared to 2018. The number of migrants and refugees has remained similar in 2019 and this group remains a priority category of vulnerable people in need.

The Humanitarian Needs Overview (HNO) analysis covers all provinces and districts of Libya. Analysis focused on five population groups comprising the in-need population—internally displaced persons (IDPs), returnees, migrants, refugees and vulnerable conflict-affected Libyans not displaced. The impact of the crisis on these groups was analyzed under two overarching categories of humanitarian consequences; those associated with critical problems related to people's physical and mental well-being, and those associated with deteriorating living standards.

Humanitarian consequences

The persistent political and security crisis, coupled with escalations in fighting, have impacted the physical and mental well-being and living standards of Libyans, as well as migrants and refugees, while also exposing them to significant protection risks. The absence of functioning governance structures has resulted in deterioration of public services, exacerbating existing vulnerabilities and diminishing people's coping capacities.

Ongoing conflict has increased the exposure of individuals to risks to life and safety due to violence, indiscriminate attacks and exposure to explosive remnants of war. Much of the conflict is characterized by its indiscriminate nature, with regular violations of international humanitarian and international human rights laws. Attacks on civilians and civilian infrastructure, particularly health infrastructure which doubled in 2019, are increasing. This year, at least 647 civilians have been killed or injured, the majority in Tripoli.

Insecurity and conflict remain the central driver of displacement. The number of IDPs has nearly doubled in 2019, with new displacement

mostly from Tripoli and Murzuq. Of the more than 343,000 IDPs, many struggle to pay rent and/or live in substandard shelters. Those living in informal settlements are particularly vulnerable and are at high risk of eviction.

The use of negative coping mechanisms and the risk of exploitation remains high particularly among vulnerable populations who are unable to meet their basic needs. Children are exposed to high levels of psychosocial distress and trauma, with six per cent of households with children reportedly observing negative behaviours and emotional changes in their children, particularly among IDP children. Refugee and migrant children face discrimination and bullying, including in schools. Psychosocial and gender-based violence (GBV) support services are extremely limited. The existence of discriminative laws allowing victims to be prosecuted, widespread stigma and mandatory reporting further undermines and creates additional barriers GBV victim's access to justice and support. Arbitrary detention further exposes migrants and refugees to critical protection risks. Around 3,200 migrants and refugees remain in detention, living in overcrowded conditions with limited services.

The decreased cost of the food has improved food security indicators, but this has not been across the board, with food prices rising in many parts of the south during 2019. Despite improvements, 30 per cent of households still report food affordability challenges. As a result, around 64 per cent of Libyan households and 78 per cent of migrant and refugee households report employing negative coping strategies to afford food, including reducing the number and size of meals per day, withdrawing children from schools, or selling assets.¹

Around 24 per cent of Libyans and 80 per cent of migrants and refugees, reported facing challenges accessing health services. Many public health care facilities are closed and those that are open lack medicines, supplies and equipment. Many facilities have been directly attacked or damaged due to fighting and those that remain functional are overburdened or not maintained. Access to health, education and other public services are further restricted for people who have lost legal documents, or for those who do not have them, such as migrants and refugees. Education and water, sanitation and hygiene services have also been disrupted.

Severity of needs

Around 39 per cent of all people in need – 893,000 people – have acute humanitarian needs as a result of exposure to physical and mental harm, a partial or total collapse of living standards and basic services, and increased reliance on the use of negative coping strategies.

Overall, the most severe and compounded needs are found in mantikas that are experiencing direct conflict, such as Tripoli, or have received the highest numbers of IDPs, such as Azzawya, Benghazi, Ejdabia, Misrata and Sebha. The majority of IDPs in Libya have been displaced since 2014, demonstrating the protracted nature of this crisis. IDPs are more likely to face challenges in accessing basic services, like health and education, compared with other affected Libyans. Among returnees and non-displaced Libyans, 353,000 people face significant challenges meeting their basic needs, due to limited cash and/or access to services. Furthermore, many areas, in particular all major frontline areas in the greater Tripoli area, as well as some areas with the highest returns, like Benghazi and Sirt, remain contaminated by explosive remnants of war (ERW), posing grave risks to people's wellbeing, living standard and livelihoods.

Protection risks are most significant for refugee and migrants, compared to other groups of concern. Risks include unlawful killings, torture, sexual and gender-based violence (SGBV), arbitrary detention, forced labour and extortion. Refugee and migrant children are far more likely to report no access to education, particularly in the south. Women and girls are more likely to have poorer nutrition, access to shelter and less opportunities for work than male refugees and migrants.

People in need

Out of the 1.8 million people who have been affected by the crisis, more than 893,000 people are in need of some form of humanitarian assistance – a nine per cent increase on 2018. This includes 212,000 women and 268,000 boys and girls under 18 years of age (176,000 boys and 91,000 girls). Around 30 per cent of people in need are children, 34 per cent of whom are girls. While the number of people in need is 66 per cent boys and men, this is largely due to the majority of the migrants (93 per cent) being male. Of those people in need, an estimated 134,000 are people living with a disability (66 per cent male and 34 per cent female).

Of the total number of people in need, nearly 50 per cent are concentrated in four mantikas—Tripoli, Ejdabia, Misrata and Benghazi. Migrants and refugees remain among the most vulnerable and at-risk groups in Libya and constitute the largest portion of people in need, at 36 per cent. Nearly two thirds of the total IDP population are in need and, unable to afford rent, live in sub-standard shelters, and cannot afford or access basic services. An estimated 74,000 people who have returned to their place of origin, are in need of humanitarian assistance, with the largest number in Ejdabia, Tripoli and Zwara. Many people who have not been displaced but live in areas of insecurity or with limited services remain in need. Around 278,000 non-displaced Libyans face unmet humanitarian needs, particularly in Ejdabia and Sebha.

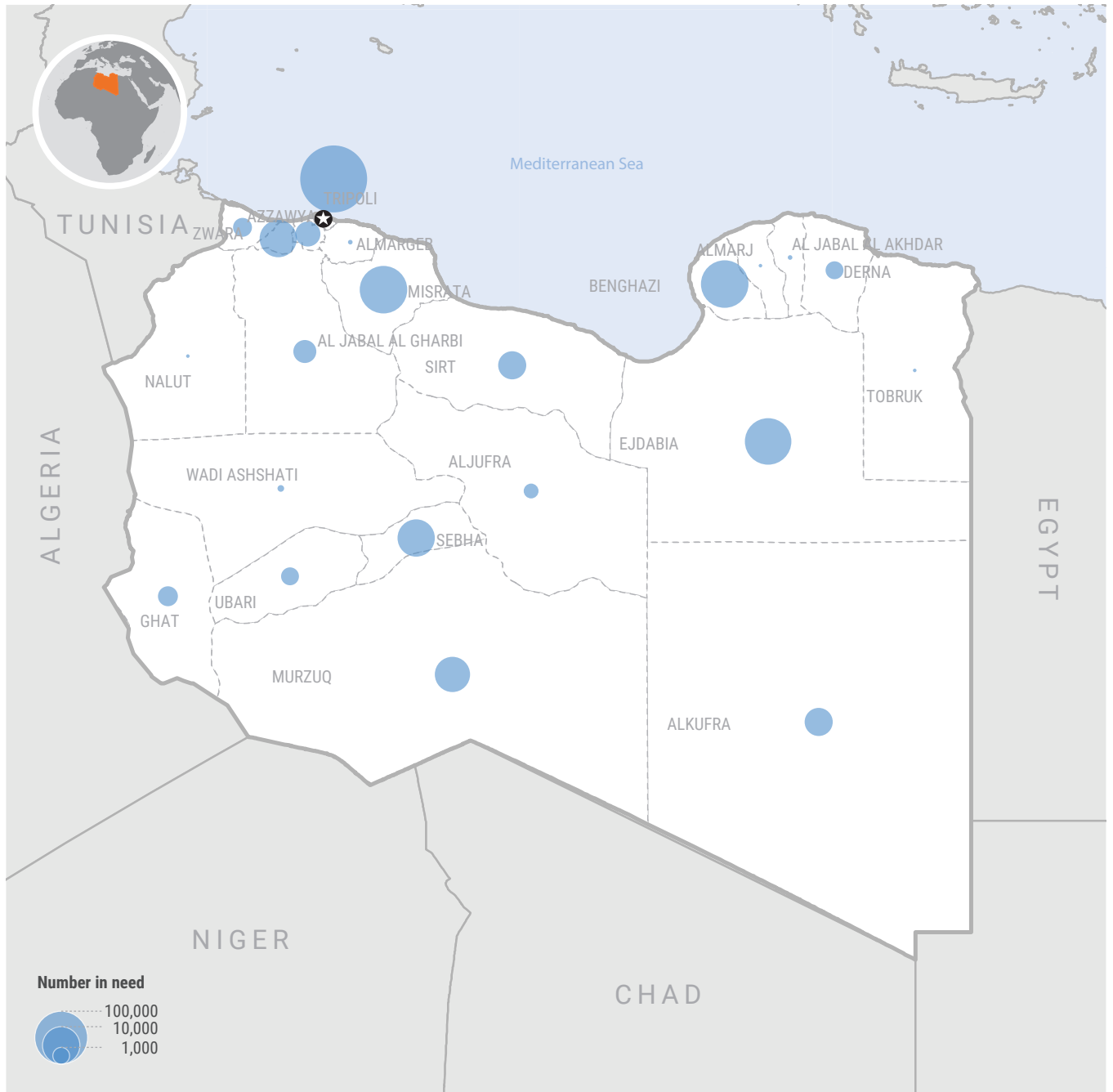
Critical problems related to physical and mental wellbeing



Critical problems related to living standards



Overview map



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.

Key Findings

PEOPLE IN NEED

0.9M

TREND (2016-2020)



WOMEN

34%

CHILDREN

30%

WITH DISABILITY

15%

By Humanitarian Consequence

CONSEQUENCE	PEOPLE IN NEED
Critical problems related to physical and mental wellbeing	828
Critical problems related to living standards	595 k

By Gender⁴

GENDER	PEOPLE IN NEED	% PIN
Boys	177 k	20%
Girls	91 k	10%
Men	412 k	46%
Women	212 k	24%

By Population Groups

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people	216 k
Returnees	74 k
Non-displaced	278 k
Migrants	276 k
Refugees	48 k

By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	268 k	30%
Adults (18 - 54)	598 k	67%
Elders (54+)	27 k	3%

With Disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	134 k	15%

By Severity⁵

Minimal	43%
Stress	6%
Severe	31%
Extreme	7%
Catastrophic	13%

4. Men have a higher percentage than women in people in need due to the fact that the migrant population has 93% men compared to 7% women. The identified migrant population in need is around 299,000 out of 897,000 total population in need.

5. Severity is calculated as a percentage of the number of people affected (1.8 million people).

Part 1

Impact of the Crisis and Humanitarian Consequences

1.1

Context of the Crisis

Executive summary

Since 2011, Libya has been affected by political, security and economic volatility. An escalation in conflict and insecurity since September 2018 remained largely localised and small-scale, until the recent offensive on Tripoli in April 2019. Successive Libyan governments have struggled to assert control over the country, with instability allowing rival political parties and armed militias to compete for power and control over key territories and strategic assets. Governance structures have been eroded, state institutions weakened, and the economy damaged. With each passing year, people have struggled to withstand the impact of a crisis that has destabilized the country and driven humanitarian needs.

Political and security developments

In early 2019 nationwide public consultations and other preparations continued towards the Libya National Conference. The Conference, planned for mid-April was intended as an opportunity for the Libyan people to formulate a vision for the future and advance the political process, including agreement on the holding of parliamentary and presidential elections as well as a constitutional referendum.

On 4 April 2019 the Libyan National Army (LNA) launched an offensive to seize control of Tripoli, triggering a mobilization of counterforces operating under the command of the Government of National Accord (GNA). The launch of the military offensive came days before the planned date of the National Conference and followed months of armed confrontation between LNA and GNA-aligned forces over control of strategic locations in the south of the country.

The conflict has become protracted, focused mostly in southern parts of Tripoli. However, fighting, particularly in the last few months of 2019, has increasingly moved into populated areas, causing further civilian casualties and displacement. As of January 2020, around 149,000 people have fled their homes².

In July 2019, a three-point peace plan, including provisions for a truce between the parties, and international conference, and a Libyan-owned consultative process, was presented to the UN Security Council in an effort to deescalate fighting, resolve the conflict and return all parties to the political process. Amidst increasing international involvement in the conflict and growing risk of regional escalation, an international conference was convened in Berlin on 19 January 2020. The conference aimed to solidify a fragile mid-January truce and create an enabling

international environment for a Libyan solution to the conflict. A re-escalation of conflict would risk serious and potentially immediate humanitarian deterioration – around 749,000 people are estimated to be in areas affected by clashes, including almost 345,000 people who remain in frontline areas³.

Reinforcing and exacerbating the impact of conflict are Libya's weak and divided governance structures. The emergence of competing public administrations has left institutions with unclear and/or overlapping mandates. Rival political factions' preoccupation with fighting for control of the country's resources continues to undermine the government in performing its core functions at national and sub-national levels.

Economic and socio-economic crisis

While the UN Development Programme's 2019 Human Development Index categorizes Libya as a "high" human development country, its ranking has fallen 43 places from 67th in 2010 to 110th in 2019, making it the largest drop in HDI rankings globally⁴. This drop in performance is felt by Libya's people mainly through the collapse of public services, especially education and health, higher prices through cuts to food and fuel subsidies, conflict-related loss of shelter and livelihoods and major setbacks in ensuring the safety of citizens and the rule of law.

Once a high middle-income country with socio-economic indicators among the highest on the African continent, years of war and instability have sent the economy into a downward spiral. Oil and gas remain the main source of economic growth in the country. Although oil production rose by 18 per cent in 2018⁵ and according to the Libyan National Oil Corporation has averaged 1.2 million barrels per day in 2019, production is below pre-conflict levels of 1.6 million barrels per day. Furthermore,

oil production remains susceptible to disruptions due to conflict, with many facilities temporarily stopping production, which negatively impacts the economy.

The economic crisis, lack of confidence by the public in the banking system and shortage of foreign currency has also resulted in a major liquidity crisis. Due to the physical shortage of Libyan dinars and other hard currencies, the Libyan Central Bank has restricted the distribution of cash in the country, significantly impacting people's ability to cover their needs in what is a predominantly cash-based economy. A recent assessment highlighted that 40 per cent of surveyed people faced challenges in obtaining enough cash to meet their needs^{6,7}.

The Central Bank of Libya (CBL) continues to apply economic measures, approved in September 2018, aimed at improving access to foreign currency, and Libya has seen a stabilization of the exchange rate with official rates around 1.39 Libyan dinars (LYD) to the US dollar (USD), as well as greater convergence with the parallel market⁸. This has cushioned the liquidity stress and provided the Government with over 1 billion LYD in revenue per month. Despite this, Libya was expected to have a budget deficit of up to USD10 billion in 2019, owing in part to the diversion of resources to sustain the conflict⁹. The conflict in Tripoli has also impacted the momentum of economic recovery from 2017-18. Within this dynamic, GDP growth is expected to have slowed to around 5.5% for 2019 (down from an average growth of 17.3% over 2017-2018)¹⁰.

Current sanctions have resulted in more than USD60 billion in frozen Libyan assets by countries abroad and limitations on the sale of crude oil, potentially impacting economic and institutional development.

While Local Administrative Law 59 (2012) provides for greater municipal autonomy, many municipalities are left to provide basic services with limited resources due to weaknesses in financial distribution and management systems¹¹. This has resulted in a severe deterioration in the provision of basic public services in many parts of the country. For example, at least 22 per cent of primary health care facilities are closed¹² and many that are open are unable to provide essential services and medicines, lack staff or are damaged. Additionally, at least 219 schools have been destroyed or damaged and those that remain open are overcrowded and lack sufficient training capacity¹³.

Security environment

The security situation across many parts of the country remains unpredictable. Fighting has broadened beyond the major Tripoli front lines and driven division and localized conflict in other locations, including in Murzuq and other parts of southern Libya. Armed groups and militias, including those nominally integrated into State institutions, appear to operate with impunity and concerns have been raised over potential violations of international humanitarian law by some of these actors. Allegations have included extrajudicial executions, indiscriminate attacks against civilians and civilian infrastructure, arbitrary detention and restrictions on freedom of movement. The enhancement of parties' military capabilities as a result of external support has further heightened risks to civilians as well as humanitarian actors and added to the complexity of the operating environment.

The situation in the south of the country remains volatile. The security vacuum, particularly since the withdrawal of many of the LNA's troops to focus on the Tripoli offensive, has contributed to the emboldening of criminal gangs, smuggling of illicit goods, human trafficking, and clashes between tribal militias, leading to the degradation of living conditions. Inter-communal hostilities escalated into violent clashes in Murzuq in August 2019, resulting in more than 90 civilian deaths, more than 200 people injured, and 28,000 people displaced.

While the security situation in the eastern region has remained relatively calm, sporadic clashes continue to occur and there are regular reports of kidnappings, forced disappearances and assassinations. An attack on 10 August outside a shopping mall in the eastern city of Benghazi left three United Nations staff members dead and two others injured, in addition to several further Libyan civilian casualties.

Although the Islamic State of Iraq and the Levant (ISIL) no longer holds significant territory in Libya, there is concern that further deterioration in the security situation may facilitate resurgence. ISIL factions remain in parts of the country and finance their operations through robbery, kidnap for ransom, extortion and smuggling. In April 2019, ISIL claimed an attack in Fuqaha, southern Libya, that saw the targeted killing of three people as well as deaths of other people and destruction to both public and private property¹⁴.

1.2

Impact of the Crisis

GHAT, LIBYA

© Imadidin Salah Elzen, OCHA Libya



Impact on people

The protracted nature of the conflict has severely impacted people's wellbeing and livelihoods. Conflict and insecurity remain the main drivers behind population movements, with escalations in fighting leading to several waves of displacement in 2019. As of 1 December 2019, there are more than 343,000 people displaced in Libya, nearly doubling in 2019. New displacements were primarily due to the conflict in southern Tripoli that has displaced 149,000 people since April 2019, clashes in Murzuq in August 2018 that displaced more than 28,000 people, as well as localized and temporary displacement following floods in Ghat in June 2019¹⁵.

Conflict has resulted in severe damage to housing and civilian infrastructures across the country, impacting living conditions. The destruction and damage of housing, coupled with increased demand due to IDP arrivals, has led to shortages in adequate shelter options in many locations, and associated increases in rental costs. Vulnerable families face difficulties in securing affordable housing as a result; many are at risk of eviction. IDPs are most likely to live in substandard shelter and have informal rental contracts¹⁶. Around 4,000 IDPs in

informal settings are assessed as being among the most vulnerable and in need of shelter.

Existing pressure on shelter options could increase even further should the conflict re-escalate. An estimated 749,000 people remain in frontline areas or in areas affected by conflict in Tripoli and may come under pressure to leave their homes and seek shelter in safer locations.

Despite the persistent drivers of displacement, many Libyans are returning to their places of origin. In 2019, 447,000 people have returned, with Benghazi (42 per cent) and Sirte (17 per cent) receiving the highest numbers of returns¹⁷. Some families will need humanitarian support to facilitate safe and voluntary return, including shelter assistance, mine action response, access to functional basic services and essential household necessities including food and safe drinking water.

While the overall cost of essential goods has decreased, prices remain higher in the south than in other areas of the country¹⁸. Around 40 per cent of households surveyed reported facing challenges in obtaining enough cash to meet their needs¹⁹. Although an improvement from 2018²⁰, many households continue to resort to negative coping mechanisms, such as borrowing money, taking additional jobs, and

reducing expenditure on essential non-food items and services, such as in health and education²¹.

The trend of decreasing food prices has improved the food security situation in the country. However, many still face challenges accessing sufficient food, particularly IDPs. While 20 per cent of households remain engaged in the agriculture sector, and 2019 saw fewer households abandoning crop and livestock production due to conflict, reports of households abandoning crop and livestock production occurred particularly in Murzuq and Sebha. Furthermore, around 75 per cent of households reported challenges in being able to afford and access land, fertilizers and other supplies necessary for production.

As a consequence of conflict, displacement and limited institutional reach, many households have lost or been unable to obtain important legal documents. This impacts their access to essential services, such as government assistance, health and education, and their freedom of movement. Migrants and refugees face significantly more movement restrictions than other groups, due to insecurity and fear of arrest²².

Libya has remained both a destination for migrants and a major transit country for migrants and refugees attempting to cross the Mediterranean to Europe. In 2019, there are more than 636,000 migrants and refugees in Libya, compared to 669,000 in 2018²³. Migrants and refugees continue to be at risk of unlawful killings, torture, arbitrary detention and unlawful deprivation of liberty, rape and other forms of SGBV, slavery and forced labour, extortion and exploitation. Furthermore, these

groups face more challenges than Libyans in accessing basic services.

Of particular concern are the more than 3,200 migrants estimated to be in detention centers, where conditions are characterised by severe overcrowding, insufficient access to sanitation facilities, food, or clean water, and where there are wide-spread reports of human rights violations²⁴. A recent study found that ten per cent of migrants surveyed between May 2017 and June 2019 reported being detained in Libya, and the proportion of respondents experiencing detention increased over time. Those migrants seeking to move to Europe were twice as likely to be detained as those seeking to remain in Libya²⁵. In 2019, more than 9,000 migrants and refugees have been returned to Libya by the Libyan Coast Guard after being rescued or intercepted at sea, many of whom are returned to detention²⁶.

Impact on systems and services

Public services have significantly deteriorated in Libya as a result of the crisis. Challenges in the central government's ability to perform core government functions, such as public revenue, expenditure management, and oversight of public administration, have undermined local governance structures and resulted in a significant deterioration of service provision. Furthermore, insecurity and conflict, including direct attacks on public infrastructure, mean many public services have been abandoned or remain non-functional.

Overall, 24 per cent of Libyans reported challenges in accessing health

SHUHUDA ALNASR DETENTION CENTRE, AZZAWIYAH, LIBYA

© Hamza Al-Hallodi, OCHA Libya



care. For Libyans, this was highest among IDPs at 29 per cent (compared to 25 per cent of non-displaced and 19 per cent of returnees) but is a far greater challenge for migrants and refugees, with 80 per cent reporting such difficulties²⁷. More than 22 per cent of public health care facilities are closed. In open facilities there are a lack of medicines, equipment and staff to provide critical services²⁸. Around 33 per cent of open PHC facilities do not have any of the required essential medicines and only 6 per cent offer all essential services. With the exception of emergency obstetric and newborn care and antenatal care services other sexual and reproductive health services are limited, such as postnatal care, family planning, management of sexually transmitted infections, prevention of mother to child transmission of HIV and voluntary counseling.

Furthermore, continued fighting has restricted the movements of health workers and of people seeking medical assistance and there are not enough mobile medical teams to meet needs. In 2019, many trauma patients did not receive timely medical assistance due to lack of ambulances and disrupted emergency referral system. Many of these patients may suffer lifelong disabilities, which is exacerbated by a severe shortage of physical rehabilitation services and limited information on those services that remain available.

In an increasingly worrying trend, attacks against health infrastructure has increased sharply since last year. In 2019, more than 61 conflict-related incidents, including direct attacks, have been recorded on field hospitals, health care workers, ambulances and medical supplies, killing at least 75 people and injuring 52 others. This is almost double the number of attacks recorded in 2018²⁹.

School enrollment and attendance among school-aged children remain high at around 97 per cent in 2018-19, according to a recent survey. However, 35 per cent of enrolled children faced challenges to consistent attendance, including lack of functioning toilets, lack of clean water, poor quality of teachers, overcrowding and violence³⁰. Parents struggle to take children to school out of concern for their safety and security. Refugee and migrant children continue to face discrimination in accessing education.

As of December 2019, at least 37 schools have been destroyed and 182 partially damaged across the country. Displacement has added pressure, increasing the number of students in areas of displacement, and requiring around 22 schools are temporarily closed and function as shelters for IDPs³¹. A teachers' strike in October 2019, saw 85 per cent of schools remaining closed for many weeks into the school year, affecting an estimated 800,000 students across the country.

The protracted conflict has also caused a severe decline in water and sanitation services and facilities. Water in Libya is supplied through the Man-Made River Project (60 per cent), municipal well fields (30 per cent), and desalination plants (10 per cent). However, armed group attacks, vandalism and the lack of maintenance have disabled nearly one third of aquifer pumps that supply 60 per cent of Libya's fresh water, placing additional pressure on the aging and energy-intensive desalination plants in the north. This has resulted in limited access to safe water, as well as electricity blackouts³². As a result, 36 per cent of households report limited access to sufficient water. Many households

use water filters to improve the water quality; a 27 per cent increase since 2018^{33,34}.

Access to basic hygiene and sanitation services also remains a challenge, particularly for displaced and conflict-affected communities. The deterioration of public administration has meant garbage and solid waste collection is limited, with 49 per cent of garbage being buried or left on the street, raising the risks of contamination and disease.

Impact on access

In addition to conflict and insecurity impacting on the ability of Libyans, migrants and refugees being able to move freely and access basic services, humanitarian organizations operating in Libya have faced different layers of access challenges and constraints. The escalation of the conflict and increase in the geographic divide has resulted in an unpredictable environment. Civilians and responders remain at significant risk in a context of apparent disregard for international humanitarian law by parties to the conflict.

Access to areas with humanitarian needs near the front lines in the Tripoli and in the south of Libya, where humanitarian needs are the greatest, remains difficult and restricted mostly due to insecurity. The Tripoli clashes since April 2019 have advanced toward densely populated areas, exposing more people to associated negative consequences. Even when active hostilities come to an end, explosive hazards continue to pose a threat, denying safe access and impeding the mobility of civilians as well as to humanitarian responders.

Humanitarian access to detention centres administered by the Ministry of Interior's Directorate for Combatting Illegal Migration (DCIM) continues to face significant operational and political challenges. Granting of access to the centres is often ad-hoc, and access has routinely been restricted to specific centres, regions or extended only to certain humanitarian actors for limited purposes. Decisions issued at the central level are not always affected at the local level, with access granted or restricted at specific centres in contravention of central authorization. Conditions of access to detainees are insufficient, without guarantees of confidentiality between humanitarian and affected communities and due to other conditions in the centre that inhibit free and frank communications. The Libyan Humanitarian Country Team (HCT) advocates for unrestricted access by humanitarian organizations to those migrants and refugees in detention in accordance with humanitarian principles; for the release of all migrants and refugees from detention; and for the respect of international standards relating to migrants and refugees, human rights, and protection of civilians.

In some locations, competition among local councils, particularly in the south, requires humanitarian organizations to engage with multiple authorities in order to be able to provide humanitarian assistance.

Humanitarian organizations have also faced increased bureaucratic impediments which have hampered implementation. Bureaucratic impediments in the west include the requirement for humanitarian organizations to submit movement details in hard copy by hand to the Ministry of Foreign Affairs, as well as a five-day advance notice for movements outside Tripoli. In the east, authorities require international non-government organizations (INGOs) to obtain registration and

security clearance through an opaque process, with additional interlocutors recently emerging who require INGOs to engage them as well. Additionally, humanitarian organizations have faced difficulties and delays in securing customs and other clearances when bringing humanitarian supplies into the country.

In the latter half of 2019, humanitarian access into Libya was restricted by insecurity in and around Mitiga and Zuwara airports. Although both airports are civilian in nature, they are both adjacent to military facilities and have been directly hit multiple times in 2019. Mitiga airport, the

only remaining international airport in Tripoli since 2014, was closed between September and December. Misrata airport sustained several direct hits, the latest on 13 December 2019. Furthermore, from 24 October to 7 November, the Ras Ijder border crossing between Tunisia and Libya was closed. This not only impacts on Libyan's ability to leave the country, including for those seeking medical treatment, but it further restricts movement of humanitarian workers and supplies into affected areas.

VISITING MIGRANTS DURING A FIELD MISSION, AZZAWIYAH, LIBYA

© Hamza Al-Hallodi, OCHA Libya



1.3

Scope of Analysis

Scope of analysis

The HNO analysis covers all mantikas of Libya and focuses on the needs of the following five groups: IDPs, returnees, migrants, refugees and vulnerable conflict-affected Libyans who have not been displaced. Regional workshops, covering the West, East and South were convened with key national and local stakeholders, including authorities, national NGOs and civil society organizations, to reflect their understanding and experiences in the analysis, as well as to validate and calibrate information.

A key basis for the HNO analysis is the results of the Multi-Sector Needs Assessment (MSNA), conducted in 17 out of Libya's 22 mantikas in 2019, with the same locations assessed as in the previous cycle. The MSNA adopted two parallel data collection exercises, differentiated by population groups of interest. The first assessment looked at the needs of displaced and non-displaced Libyans, including returnees. A separate methodology was developed for migrants and refugees in order to reflect and analyse migrants and refugees' inherently different experiences, needs and outreach modalities in Libya. In terms of geographic scope, this assessment covered one mantika (Tripoli) and nine baladiyas (Misrata, Sebha, Ejdabia, Azzawya, Benghazi, Alkufra, Algatroun and Aljufra), chosen according to the size of the local migrant and refugee population and accessibility to, and of interest to, humanitarian actors.

In addition to the MSNA, the Food Security Index and Displacement Tracking Matrix (DTM) were important sources to inform analysis. IDP and returnee monitoring, analysed population movements and needs in all municipalities in Libya. For migrants, migration flows were monitored

and analysed via DTM's flow monitoring points and surveys covering all major migration flow and transit points in Libya. Additional reports, covering locations seeing a significant deterioration or increase in humanitarian needs (Tripoli and Murzuq) and with particular population groups (migrants in detention centres) provided additional datasets for analysis.

In Libya, there remains a lack of in-depth assessments by sectors. Despite this, the analysis framework following the enhanced Humanitarian Programme Cycle (HPC) approach was developed—the Joint Inter-Agency Framework—in order to identify people in need for 2020. The framework guided the selection of inter-sectoral needs analysis indicators with well-defined thresholds measuring the severity of need and was used to assess the consequences of ongoing stresses and shocks on the well-being and living standards of affected people.

During the joint analysis, IDPs, migrants, and conflict-affected non-displaced Libyans emerged as the largest among affected population groups. Geographically, data collection (through sampling) was done at mantika level through household-level data collection. Analysis was done at the baladyia level by disaggregating findings at the mantika level to the baladyia level.

Thematically, in addition to identification of sector-specific needs, including protection, food security, health, shelter, WASH and education, the 2020 HNO contains strengthened analysis of cross-cutting issues, including accountability to affected people (AAP), operational presence and access.

1.4

Humanitarian Consequences

Humanitarian consequences

The persistent political, governance and security crisis, coupled with escalations in fighting, particularly since April 2019, continues to impact the physical and mental well-being of Libyans, migrants and refugees, while exposing them to significant protection risks. Governance structures remain very limited, causing public services to further deteriorate. The situation has exacerbated vulnerabilities and diminished people's coping capacities. As a result, 893,000 people in Libya are assessed as in need of humanitarian assistance in 2020. This includes 216,000 IDPs, 74,000 returnees, 278,000 non-displaced conflict-affected Libyans, 276,000 migrants and 48,000 refugees.

BENGAZI, LIBYA

© Ahmed Zeglam, OCHA Libya



People's vulnerability characteristics

Of the more than 343,000 IDPs in Libya, 94 per cent cite insecurity as the main reason for their displacement. However, other IDPs reported moving due to a deterioration in the economic situation³⁵. Of those displaced, more than half are women and girls. Benghazi remains the municipality with the highest number of IDPs, as well as the highest number of returns, reflecting a relative improvement in the security situation in recent years. Sebha, on the other hand, which has the second highest number of IDPs has only seen minimal returns.

IDPs are more likely to face serious protection risks and challenges in accessing basic services and commodities including food and essential household items, than other Libyan groups. These risks are particularly acute for women, children, people with disabilities, the elderly, and people with chronic illnesses.

Among the IDP households, there are many families are unable to return to their places of origin due to resistance from authorities and neighbouring communities. This includes the 40,000 Tawerghans, as well as households from Benghazi, Derna and Sirt. These people face many protection challenges during displacement including denial of access to basic services, harassment, detention, loss or lack of civil documentation, evictions and limited access to cash.

Migrants and refugees are considered among the most vulnerable groups in Libya. However, there are varying degrees of vulnerability based on their irregular status, nationality, exposure to risks, and socio-economic situation in Libya. Migrants and refugees from East Africa faced higher insecurity, movement restrictions, mostly due to fear of arrest, and food insecurity than migrants and refugees from other regions. Recent arrivals—less than six months in the country—report facing more challenges in terms of living standards than those that had been in Libya longer³⁶.

While the recorded number of attempted crossings have decreased, migrants and refugees attempting to transit to Europe are at extreme risk, including if intercepted by authorities during the crossing³⁷. In 2019, the Libyan Coast Guard has returned more than 9,000 migrants and refugees, the majority to detention. As of January 2020, 3,200 migrants and refugees are estimated to be in detention centers, where conditions are characterized by severe overcrowding, insufficient access to toilets, food, or clean water and where torture, SGBV and other grave violations against detainees have been recorded³⁸.

Libya remains a patriarchal society in which women and girls face discrimination in law and in practice and have unequal access to basic freedoms and rights. Libyan women still have limited access to political participation and remain underrepresented in official institutions. Refugee and migrant women have specific vulnerabilities, based on a combination of risks linked to their irregular status and social issues related to both sexism and racism in Libya and neighbouring transit countries. In both official and unofficial detention centres they are at extreme risk of SGBV.

The protracted armed conflict, multiple displacements and widespread

violence also takes a heavy toll on the lives of children. Among the affected population, children represent 45 per cent of the displaced population³⁹. The priority child protection risks affecting the physical and mental well-being of both Libyan and non-Libyan children include, mental health and psychosocial distress, GBV, physical and emotional maltreatment, family separation and recruitment and use by armed groups. Additionally, arbitrary detention and child labor disproportionately affect migrant and refugee children due to the lack of legal status and civil documentation.

Contextual factors and risks

The complex crisis has impacted migrants in Libya, as well as reducing the resilience of Libyan citizens. The crisis has led to fluctuations oil production, with regular clashes near oil facilities causing suspensions in their production, and revenue. This has in turn influenced unemployment rates. Although the situation has improved compared to the beginning of the crisis. Latest records show that the unemployment rate had steadily decreased, from 19 per cent in 2012 to 17.7 per cent in 2017⁴⁰. In 2019, the Libyan dinar strengthened against the US dollar, which increased people's purchasing power with regard to basic commodities. However, access to cash in southern Libya remains a challenge.

The average cost of the minimum expenditure basket (MEB) in September 2019 was 706 LYD, a drop of 9 percent from 2018. While prices have reduced in the east and west, prices in the south continued to rise. Clashes in Murzuq contributed to price increases in the south, with many local markets forced to close, and displacement of tens of thousands to neighbouring towns and cities driving up local food prices: these were up 62 per cent in Algatroun, 60 per cent in Ubari and 44 per cent in Wadi Etba⁴¹.

Accordingly, household data show considerable geographical variation in the impact of the crisis is having on people's coping ability; 2019 saw overall improvement in households' ability to meet basic needs, with only 40 per cent of households reporting challenges in obtaining enough money to meet needs, compared with 61 per cent in 2018. However, many areas in the south have seen a deterioration⁴².

Critical infrastructure and vital installations that provide water, electricity and other essential services to the population have been damaged by the conflict. Deficits in water and electricity supplies have been aggravated by the fighting and attacks targeting the Man-Made River facilities, which provides around 60 per cent of Libya's annual water supply. This places additional pressure on the aging and energy-intensive desalination plants in the north, resulting in longer blackouts nationally. September clashes in Tripoli disabled the main power plant that supplies the south with electricity, resulting in a five-day blackout⁴³. While Libya's oil continues to flow, the risks to its continued production are as grave as those that imperil the supply of water and electricity. An assessment conducted by Internews, UNHCR and Mercy Corps⁴⁴ showed that the lack of a stable source of electricity is a major challenge for affected people in accessing critical information about the response, access to assistance, and security.

Perception of affected people

Remote and semi-remote management of humanitarian operations has been applied to overcome significant challenges to regular and effective access and engagement with communities. Reliance on a limited number of implementing local partners able to reach people in need and use of third-party monitoring mechanisms have been some of the most common modalities adopted by humanitarian partners to reach and communicate with communities and obtain feedback on their needs and assistance provided.

The most trusted sources of information for affected people are through family, friends, neighbors and religious and tribal leaders. The main tools for accessing information are mobile phones, and events including social gatherings. Across the surveyed communities, only four per cent of respondents reported not having access to a phone⁴⁵.

Recent assessments and studies, including the 2019 MSNA and surveys conducted by the Emergency Telecommunication Sector highlight that affected people's main information needs are in relation to the security situation, providing feedback on health and education services, access to assistance, and information on safe places to live.

Food, shelter, health, non-food items and WASH are the most identified needs by affected communities in Libya. For IDPs and returnees, food is the number one priority need (26 per cent and 21 per cent respectively),

while health is the overwhelming need for migrants and refugees (83 per cent). Shelter is the second highest priority need for IDPs and migrants, most likely to live in sub-standard shelter. Returnees identified non-food items as the second highest priority need. Other priorities included WASH, which was ranked fifth for IDPs, third for returnees and fourth for migrants and refugees. Challenges related to food were often reported due to increases in price or availability, which was similar to challenged faced in relation to shelter and non-food items. For health, while for IDPs and returnees the most cited challenges were due to availability due to irregularity of supplies, for migrants and refugees it was also access that resulted in unmet needs⁴⁶.

While the number of humanitarian organizations establishing individual hotlines aimed at enabling affected populations to access information has increased, a recent survey identified that only 54 per cent of respondents said they did not have sufficient access to information on humanitarian response⁴⁷. In another survey 39 per cent of respondents reported not being aware of any assistance⁴⁸.

As a result of these inputs, the HCT have endorsed the establishment of a Common Feedback Mechanism (CFM) for Libya. The CFM will enable the humanitarian community to collect feedback directly from the affected populations, better understand the needs on the ground, and take better informed programming decisions.

BENGAZI, LIBYA

© Ahmed Zeglam, OCHA Libya



Critical problems related physical and mental well-being

PEOPLE IN NEED

0.82M

WOMEN

34%

CHILDREN

30%

WITH DISABILITY

15%

Critical problems related to physical and mental well-being

Approximately, 202,000 IDPs, 270,000 non-displaced Libyans, 63,000 returnees and 293,000 migrants and refugees face critical problems related to physical and mental well-being. The conflict has increased individuals' exposure to the devastating consequences of urban warfare. The escalation in fighting in 2019 particularly increased risks for Libyans living or displaced in and around Tripoli, as well as for migrants and refugees in urban communities and in detention centres.

The increasing use of explosive and heavy weaponry in densely populated areas is placing civilians at high risk of indiscriminate harm. From 1 January to 30 November, the United Nations Support Mission in Libya (UNSMIL) and the Office of the United Nations High Commissioner for Human Rights (OHCHR) documented 647 civilian casualties (284 killed and 363 injured), including 26 women and 67 children, compared with 188 civilian casualties in 2018. Air strikes were the leading cause of such casualties, followed by ground fighting, ERW and targeted and deliberate killings. The highest number of civilian casualties were documented in the western part of the country, followed by the eastern and southern areas. However, the actual number of casualties may be higher. As of 1 December 2019, around 749,000 civilians remain in areas directly affected by clashes, including 345,000 in immediate frontline areas. The increasing impact of the fighting on civilians and civilian infrastructure has raised concern over possible serious violations of international humanitarian law. In 2019, 75 people were killed and 52 injured in 61 separate attacks on health care workers, health facilities and ambulances⁴⁹.

Conflict and insecurity remain the main drivers of displacement. In 2019, more than 170,000 people were newly displaced, mostly due to clashes in Murzuq and in Tripoli. This brings the total number of people displaced in Libya to more than 343,000. Around 16 per cent of IDPs live in public buildings and schools, three per cent in informal camp settings and two per cent in abandoned buildings⁵⁰. Many Tawerghan and IDP populations from Benghazi, Derna and Sirt, report being displaced due to their political affiliation and remain unable to return home. These groups also report protection challenges during displacement, including denial of access of basic services, harassment, detention, loss of civil documentation, and threat of eviction⁵¹.

Continued fighting has further degraded the already dysfunctional health system, restricting people's access to health care and the movements of health workers, with insufficient numbers of mobile teams to meet needs. As a result, many trauma patients do not receive timely medical

assistance due to the lack of ambulances and the disrupted emergency referral system. Many of these patients may suffer lifelong disabilities, and there is a severe shortage of physical rehabilitation services in the country⁵². Childhood vaccination programmes have been interrupted and there have been reports of vaccine stock-outs. Measles and rubella outbreaks have been reported, as well as increasing rates of pertussis and acute jaundice syndrome⁵³. Between 1,500 and 2,000 cases of acute diarrhoea are reported each week, and the possibility of a cholera outbreak remains high⁵⁴. The clear threat of outbreaks of vaccine-preventable and other diseases is compounded by poor disease surveillance.

Refugees, migrants and asylum seekers face extreme protection risks including arbitrary detention, human trafficking, unlawful killing, torture, SGBV, forced labor, armed robbery, harassment, and kidnapping. Violations have been documented in official and unofficial places of detention. Around 3,200 migrants and refugees are in detention centres, living in overcrowded conditions, with unsafe water, poor sanitation and hygiene services, and inadequate nutrition⁵⁵. These conditions are contributing to the spread of infectious diseases such as tuberculosis (TB). An estimated 2,000 migrants are detained in centres exposed to, or in close proximity to, the fighting in and around Tripoli. The acute risk posed by this proximity was demonstrated by the deaths of 53 migrants and refugees when the Tajoura detention centre was hit in an airstrike in July⁵⁶.

Changing regulations in neighbouring countries and localized clashes along trafficking routes have made migration to and through Libya longer, costlier and more dangerous. Migrants who work in Libya often reside in ghettos, and run the risk of exploitation, arrest and detention by police and local armed groups⁵⁷. Refugee and migrant children, of whom 35 per cent are unaccompanied and separated children⁵⁸, are traumatized throughout their journey and stay in Libya, experiencing or witnessing abuse, killing, torture, and sexual exploitation. Migrant and refugee children are also disproportionately affected by the worst forms of child labor, particularly for boys who constitute 73 per cent of migrant children⁵⁹.

Assessments show a high prevalence of negative coping mechanisms among vulnerable populations unable to meet their basic needs, heightening risks of exploitation. The MSNA found that 65 per cent of non-displaced Libyans, 69 per cent of migrants and refugees and 79 per cent of IDPs surveyed reported adopting at least one negative coping mechanism, including skipping or delaying rent, begging for money or food, early drop out of school, child marriage, and household adult and

minor members accepting socially and degrading, exploitative, high risk or illegal work.

According to the 2019 MSNA, food consumption of Libyan households is relatively good (96 per cent) and has improved in relation to 2018, while that of migrants and refugees is lower, with only 79 per cent at acceptable levels. This can be partially explained by economic reforms that have lowered food prices. In 2019, the median cost of food dropped nine per cent from 2018⁶⁰. However, many households continue to adopt negative coping strategies to afford food, including relying on less expensive food, reducing the number of meals eaten per day, reducing the size of meals, or selling assets⁶¹. On average, 47 per cent of Libyan and 31 per cent of migrant and refugee household expenses are on food.

Girls and boys in particular are exposed to high levels of psychosocial distress, trauma and protection risks due to the ongoing conflict and persistent insecurity. This has an immediate and long-term psychological and social impact for children and their caregivers who experience displacement, death of or separation from family members, discrimination, and movement restrictions. Approximately six per cent of households with children have observed negative behaviours and emotional changes in their children, with internally displaced children showing a higher prevalence⁶².

GBV remains underreported in Libya. Of the total number of people in need, an estimated 166,000 people, of whom 88 per cent are women and girls, are at risk of GBV. Migrants, refugees and asylum seekers are particularly at risk of SGBV perpetrated by smugglers, traffickers and criminal gangs. Of surveyed respondents, 231 migrants and refugees who transited through Libya to Tunisia in 2018, 83 per cent disclosed experiencing violence or abuse in Libya⁶³. The existence of discriminative laws that allow victims to be prosecuted, widespread stigma attached to GBV, and mandatory reporting all undermine and create barriers for victims to access justice and support.

Explosive hazard contamination continues to pose a serious threat in terms of safety, mobility, and access to services and livelihoods. Armed conflict has left many areas contaminated with explosive hazards, putting people living in these areas at risk, as well as hindering the safe return of IDPs, restricting access for humanitarian workers, and hindering early recovery. Nine per cent of returnees and eight per cent of IDPs reported the presence of explosive hazards in their neighbourhoods and over three per cent of households reported at least one member of their household either killed or injured as a result⁶⁴. All major frontline areas in the greater Tripoli area, as well as many other locations that experienced the outbreak of hostilities, including Benghazi, Derna, Murzuq, Sebha, and Sirt, remain heavily contaminated, presenting risks to Libyans, refugees, migrants and to humanitarian responders.

Most vulnerable groups

Number of people

POPULATION GROUP	AFFECTED PEOPLE	OF WHICH PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
IDP	301.41 K	201.99 K	68.67 K	60.59 K	30.29 K
Returnees	447.03 K	63.30 K	21.52 K	18.99 K	9.49 K
Non-displaced	349.90 K	269.74 K	91.71 K	80.92 K	40.46 K
Migrants ¹	527.53 K	245.51 K	34.32 K	19.61 K	35.77K
Refugees	127.62 K	48.22 K	16.39 K	14.46 K	7.23 K

1. For Migrants, men have a higher percentage than women of people in need due to the fact that the migrant population has 93% men compared to 7% women. The identified migrant population in need is around 299,000 out of 897,000 total population in need.

Critical problems related to living standards

PEOPLE IN NEED

0.59M

WOMEN

34%

CHILDREN

30%

WITH DISABILITY

15%

Critical problems related to living standards

Approximately, 152,000 IDPs, 160,000 non-displaced Libyans, 32,000 returnees and 250,000 migrants and refugees face critical problems related to meeting minimum living standards. The protracted nature of instability, continued escalations in conflict, and weak governance structures resulting in a deterioration of public service delivery, directly effects people's ability to pursue their normal productive and social activities and to meet their basic needs.

Conflict has caused significant destruction and damage to homes and infrastructures across Libya. A lack of adequate shelter options and rising demand in areas of displacement has led to housing shortages and an increase in rental prices. For the majority of IDPs, 60 per cent, that live in private rented accommodation, increasing rental costs and lack of access to cash, has made it more difficult for families to make rent payments, putting them at greater risk of eviction by authorities or landlords, particularly those without official rental agreements⁶⁵. Results from the two most recent displacement tracking rounds indicate an uptick in IDPs staying with host families (2 per cent increase), rather than in rented accommodation, pointing both to an erosion of coping capacity and the increasingly protracted nature of displacement that is impacting on families' ability to continue paying for rented accommodation⁶⁶.

Access to essential services, such as health, education and water, sanitation and hygiene remains a significant challenge for many people. Severe shortages of health and teaching staff, supplies and equipment, have been compounded by years of under-investment and lack of maintenance. Furthermore, hospitals, schools and water, sanitation and hygiene (WASH) facilities have been the target of direct attack by armed groups or have been indirectly damaged due to proximity of fighting.

More than 22 per cent of health care centres have been closed, and those that remain open, 26 per cent offer no essential services⁶⁷ and only 6 per cent provide all essential services. Access to clinical management of rape services is severely limited and case management and psychosocial support are only available in four out of 22 mantikas⁶⁸. Equally, mental health and psychosocial support remain chronically neglected, with only two public mental health hospitals in the entire country. As a result, 24 per cent of Libyans and 80 per cent migrants and

refugees, reported challenges accessing health services. Reproductive, maternal and child health services have been equally affected by the lack of specialised health workers and essential medicines.

Across Libya, 219 schools are destroyed or damaged and require rehabilitation for both classrooms and WASH facilities⁶⁹. Functioning schools take in students from closed ones, resulting in overcrowded classrooms, hindering the quality of learning. While only three per cent of children are reportedly not enrolled or attending schools, 35 per cent of households with children enrolled reported challenges when attending school⁷⁰.

Around 58 per cent of municipalities depend on water trucking and household dug wells, that are being drilled on a regular basis, are affecting groundwater aquifers⁷¹. Around 36 per cent of households report limited/poor access to an improved and sufficient drinking water source⁷². Most household toilets have no/limited connection to main sewerage lines, wastewater treatment plants are not functioning and there is limited management of solid waste, resulting in huge piles of garbage making it a favorable environment for vector breeding.

Where communities report being unable to access services, the most commonly reported reasons pertain to a lack of facilities (either closed or being used for other purposes), distance to facilities and a lack of supplies⁷³. Another commonly reported reason by communities in not being able to access services is because people did not have the money to pay for the services. Around 40 per cent of households reported facing challenges obtaining enough money to meet their basic service needs⁷⁴. Women face particular barriers to accessing services due to limits on their freedom of movement, as they require permission from a male member of the family.

Inability to access essential services is also linked to lack of civil documentation. For those Libyans that reported to not have or to have lost their legal documents, 24 per cent reported being unable to access health services, and 32 per cent were unable to access education services⁷⁵. Among Libyans, IDPs were the group that most reported an inability to access education and health services due to a lack of documentation⁷⁶.

Additional barriers exist for migrants and refugees in accessing basic services. Around 13 per cent of migrants and refugees reported being denied treatment at health facilities, while 25 per cent reported not

being able to access education due to lack of documents, language barriers and discrimination⁷⁷.

While the number of households abandoning agricultural activities in 2019, some areas, particularly Murzuq and Sebha still reported households abandoning crop and livestock production due to the conflict. Of the more than 15,000 Libyan households estimated to have abandoned agricultural activities: 46 per cent abandoned crop

production due to inability to access or afford land, fertilizers and pesticides, 33 per cent due to increased insecurity and 31 per cent due to crops stolen, seized or destroyed. Around households abandoning livestock production reported doing so due to lack of labour (35 per cent), lack of access to pastures and feed (20 per cent) or slaughtered animals for their own consumption (20 per cent). Nine percent of households abandoned fisheries mainly due to insecurity.

Most vulnerable groups

Number of people

POPULATION GROUP	AFFECTED PEOPLE	OF WHICH PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
IDP	301.41 K	151.79 K	51.61 K	45.54 K	22.76 K
Returnees	447.03 K	32.12 K	10.92 K	9.64 K	4.82 K
Non-displaced	349.90 K	160.24 K	54.48 K	48.01 K	24.03 K
Migrants	527.53 K	202.24 K	22.43 K	12.82 K	24.01 K
Refugees	127.62 K	48.22 K	16.39 K	14.46 K	7.23 K

1.5

Severity of Needs

HUMANITARIAN PROFILE

1.8M

PEOPLE AFFECTED¹

57%

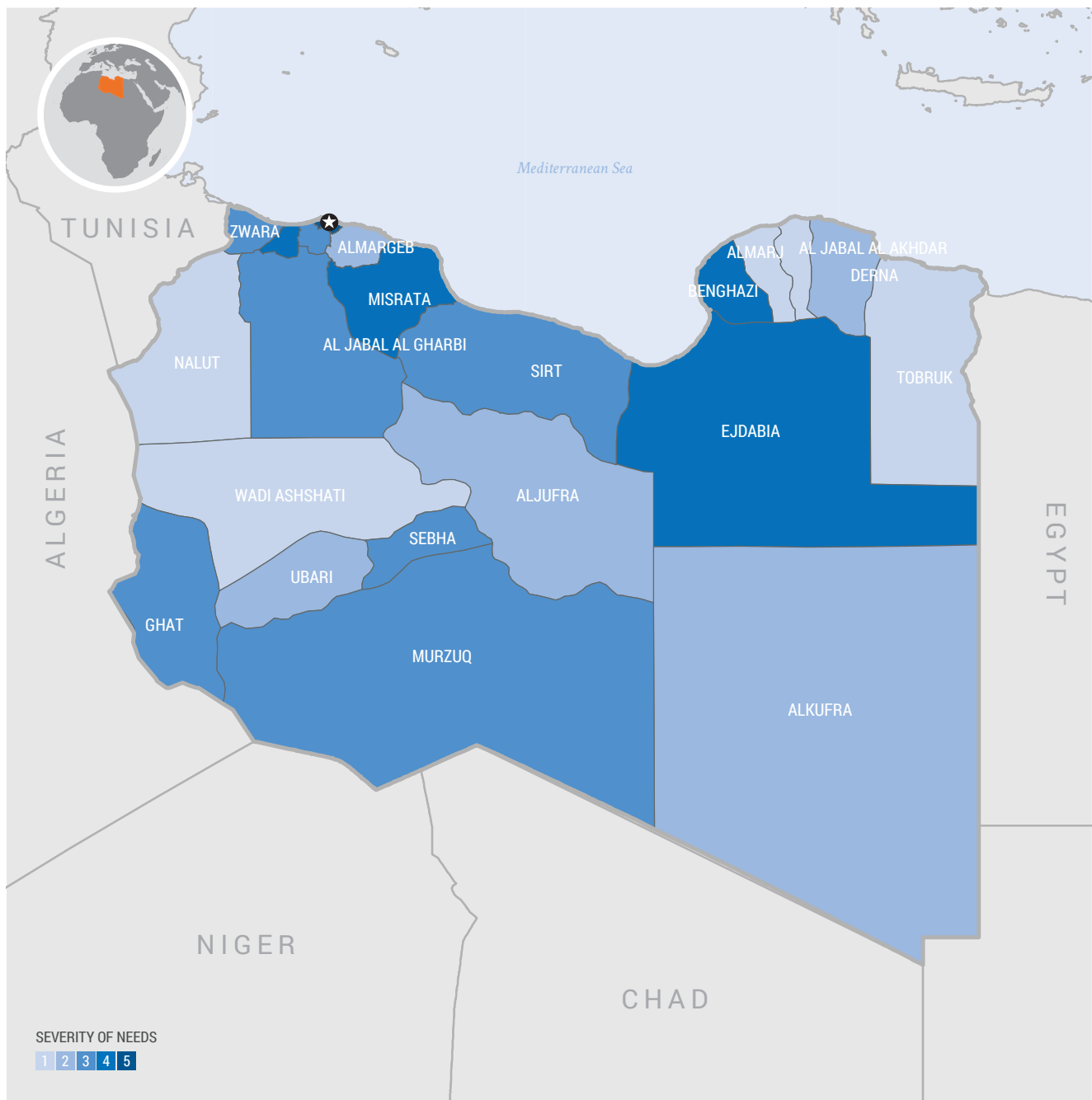
PEOPLE IN NEED

51%

PEOPLE IN ACUTE NEED

20%

Intersectoral severity of needs



1. Percentage are calculated as a proportion of the total Libyan population.

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.

Severity of needs

Of the 893,000 people identified as being in need in 2020, more than 345,000 are identified as acutely in need. These are people that have met the 'extreme' and 'catastrophic' severity categories (indicating acute severity) as a result of a partial or total collapse of living standards and basic services, increased reliance on the use of negative coping strategies, and widespread physical and mental harm.

For 2020, the severity of needs is established at the mantika level along two broad categories of humanitarian consequences—physical and mental well-being and living standards—with specific protection risks and vulnerabilities captured under each of these dimensions. A coefficient was derived for each assessed mantika based on the percentages of people found to be in acute need in each of the consequences. The higher the coefficient, the more severe, time-critical and compounded are the needs.

Overall, the most severe and compounded needs are found in those mantikas that are experiencing direct conflict, such as Tripoli, or are hosting the highest number of IDPs, such as Azzawya, Benghazi, Ejdabia, Misrata and Sebha. At the mantika level, Tripoli has the highest total number of people in acute severity, as well as the highest number of people across both humanitarian consequences.

While the severity of needs was established at the mantika level it was disaggregated by population percentages to the baladyia level, along two broad categories of humanitarian consequences, to enable further analysis.

At the baladyia level, while Benghazi, AbuSliem and Sebha have the highest number of people in need, Benghazi, AbuSliem and Misrata present the most acute severity of needs across the humanitarian consequences analyzed. The baladyia of AbuSliem has the second highest number of people for both humanitarian consequences, after Benghazi, which has the highest the acute severity in relation to mental and physical well-being, and Sirt, which has the highest acute severity related to living standards. IDPs present the highest proportion of households with compound, multiple unmet humanitarian needs, with the baladiyas of Ejdabia, Azzawya and Ghat particularly affected, as well as the baladiyas of Benghazi for returnees and Misrata for migrants.

Among the population groups of concern, some 216,000 IDPs continue to have unmet needs with consequences on their well-being and living standards. The majority of displaced are identified in Tripoli and locations along the coastal line of western Libya, although conflict and insecurity also drive displacement in southern areas. Persistent conflict and insecurity will continue to influence displacement trends, with many people being unable to return home. The majority of IDPs (34 per cent) have been displaced since 2014, demonstrating the impact that the protracted situation is having on people's lives. IDPs are more likely to face challenges in access basic service, like health and education, compared with returnees and non-displaced households.

Improvements in security have enabled localized returns. In 2019, locations seeing the highest number of returns are those that have seen a relative improvement in the security situation, such as Benghazi, which accounts for 42 per cent of overall returnees and Sirt, which

accounts for 17 per cent⁷⁸. But explosive hazard contamination in many of these areas poses grave risks to people's well-being, living standard and livelihoods. Those areas with the most severe needs in terms of Mine Action assistance are many of the same areas that have seen the highest returns, such as Benghazi, Derna and Sirt. Other locations in urgent need of emergency Explosive Hazard Risk Education and clearance are all the major frontline areas in the greater Tripoli area, as well as those that recently experienced armed conflict, including Sebha and Murzuq in the South.

People's ability to meet their needs in Libya is often correlated to their ability to access cash, which is limited due to the economic decline and liquidity issues. While reforms improved economic conditions since 2018, their impact has varied geographically, and people in the south face greater challenges in obtaining cash due to dependence on distributions from the central government. Both Ubari and Ghat saw an increase in the number of households reporting challenges in obtaining enough money to meet their needs⁷⁹. Overall, around 66 per cent of surveyed households reported adopting negative coping mechanisms, such as skipping rent and reducing expenditure on essential non-food items, health or education.

Among Libyans lack of access to health care is more significant for IDPs than for returnees and vulnerable non-displaced people. Access to services, however, is most challenging for non-Libyans. Around, 80 per cent of migrants and refugees reported challenges accessing health care, far higher than for Libyans⁸⁰. Furthermore, refugee and migrant children are far more likely to report no access to education, which is particularly acute in the south, where 59 per cent of respondents reported that their children did not have access to education⁸¹.

Protection risks are also most significant for refugee and migrants, compared to other groups of concern, including being arrested, detained, restricted freedom of movement and a lack of access to shelter and essential services. Women and children migrants and refugees have the most severe needs. Among the refugee and migrant population, women are more likely to have poorer nutrition, access to shelter, less opportunities for work and therefore barriers to marketplaces, than men⁸². An estimated 35 per cent of all migrant and refugee children are unaccompanied or separated children⁸³ putting them at greater risk of exploitation and abuse. In particular, child labour among refugee and migrant children is common, particularly in the south where 79 per cent of respondents reported encountering refugee or migrant children working in their baladiya in the past year, compared to 54 per cent of respondents in the west and 32 per cent in the east⁸⁴.

Other vulnerable groups also face protection risks. Of those in need, an estimated 166,000 people, out of whom 88 per cent are women and girls, are at risk of GBV and in urgent need of GBV-related services. Equally, 160,000 children are identified with severe needs related to their physical and mental well-being and living standards. Of these, more than half are displaced children and 26 per cent are refugee and migrant children. Six per cent of households with children reported negative behavioural and emotional changes in their children as a result of the conflict and/or displacement. Such changes were twice as prevalent among IDPs than returnees and non-displaced Libyan children.



GHAT, LIBYA

© Imadidin Salah Elzen, OCHA Libya

1.6

People in Need

A total of 893,000 women, men, girls and boys are assessed to be in need of humanitarian assistance in 2020. This is a nine per cent increase from 823,000 people assessed to be in need in 2019. This reflects the most vulnerable people identified as in severe need. Those in need of humanitarian assistance include internally displaced persons, returnees, non-displaced conflict-affected people, migrants and refugees.

People in need

Of the total number of people in need, 212,000 are women and 268,000 are under 18 years of age, of which 34 per cent are girls. While the number of people in need is 66 per cent boys and men, this is largely due to the majority of the migrants (93 per cent) being male. Additionally, an estimated 134,000 of those in need are people living with a disability (66 per cent male and 34 per cent female).

Of the total 343,000 people displaced, more than half have been displaced since 2014. 216,000 IDPs have been identified as in need of assistance, of whom 202,000 face problems with physical and mental well-being as a result of one or a combination of the following: inability to afford rent and/or basic needs, living in sub-standard shelters, in

fear or risk of eviction. Particularly for an estimated 4,000 IDPs who are residing in informal settlements, humanitarian assistance enables a basic standard of living.

Of the total number of returnees, an estimated 74,000 returnees are in need due to lack of livelihoods, limited public services, lack of social cohesion due to inefficient governance structures in their areas of return to address basic civil matters, and risks from explosive weapon contamination. This group forms a complex caseload for humanitarians, development actors and relevant government agencies. Approximately 85 per cent are assessed to have acute severe needs that impact on their physical and mental well-being.

More than 278,000 non-displaced vulnerable Libyans face unmet

humanitarian needs, particularly in Ejdabia and Tripoli mantikas. Key factors that determine vulnerability include loss or lack of critical documentation restricting access to services, restriction in movement; lack of access to health, water and education facilities and services, and need for basic shelter improvement. Negative coping strategies, such as reducing the number or size of meals and reducing expenditure on basic services and essential non-food items further account for a deterioration in people's well-being and living standards.

Of the total number of migrants and refugees to be estimated in Libya—636,000 people—almost 276,000 migrants and more than 48,000 refugees are in need of humanitarian assistance in 2020. Migrants and refugees continue to face extreme protection risks, as well as restrictions and discrimination in accessing basic services and shelter. Some 3,200 migrants and refugees remain in detention centres, where grave violations, including torture and widespread SGBV, have been

documented. Essential services in detention centres are extremely limited. Already among the most vulnerable, 2,000 migrants and refugees are being detained in centres either already exposed to, or in close proximity to, ongoing fighting. While women and girls make up a minority of refugees and migrants in detention, they are particularly exposed to abuse and exploitation, with reports of rape and other sexual violence in both official and unofficial detention centres. Of the overall number of children in need of protection assistance in 2020, 26 per cent are migrant and refugee children, and of these 35 per cent are unaccompanied and separated children.

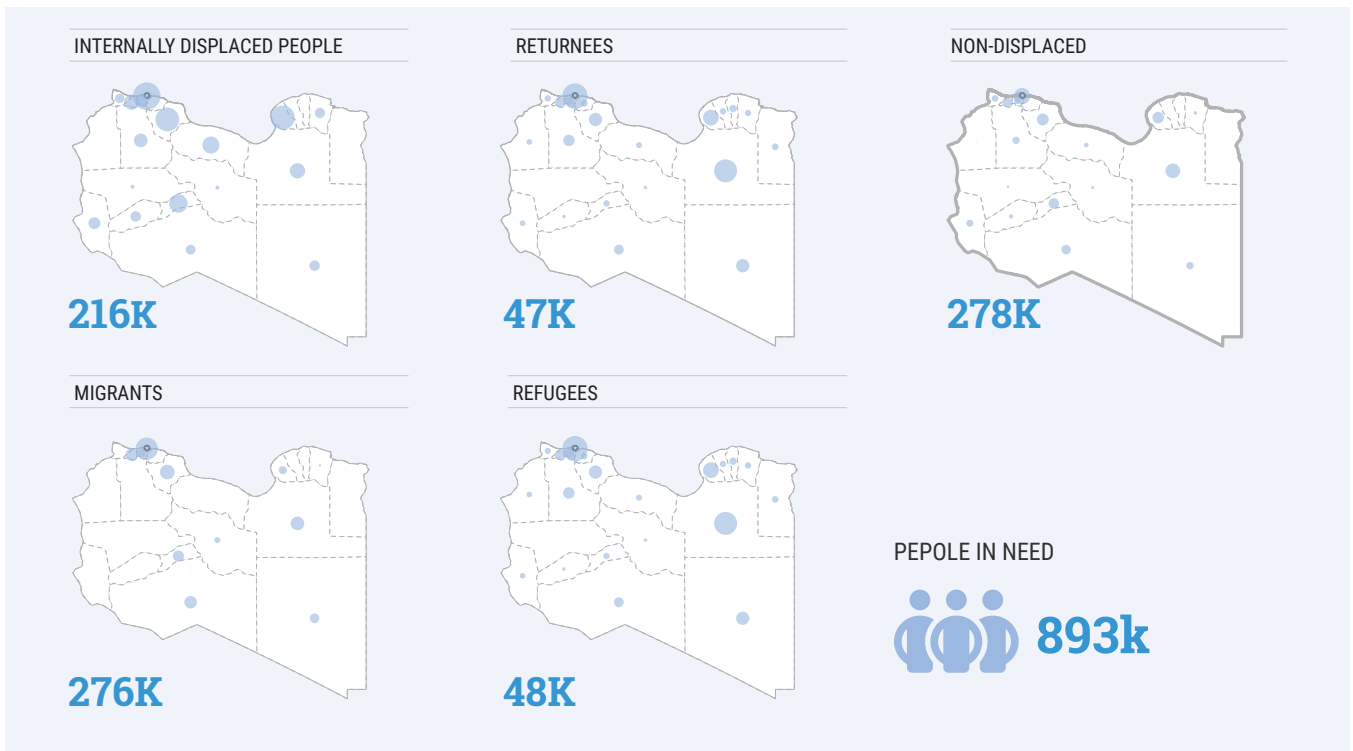
A detailed breakdown of acute people in need (PIN) and acute severity by consequence, by population group and by mantika are available in the HNO Libya PIN dataset which will be published on Humanitarian Data Exchange (HDX).



TAWERGA, LIBYA
© Intisar Alqasar, OCHA

People in need by population groups

Number of people

























NUMBER OF PEOPLE IN NEED BY SECTOR

	BY STATUS					BYSEX & AGE*		TOTAL
	IDPs	Returnees	Host + non-displaced	Refugees	Migrants	% female	% children, adult, elderly*	People in need
Education	39K	13K	58K	-	18K			127K
Food Security	17K	27K	173K	20K	99K			336K
Health	118K	43K	152K	29K	184K			526K
Protection	128K	47K	53K	48K	199K			475K
Shelter & NFIs	77K	32K	88K	48K	98K			342K
Water, Sanitation & Hygiene	117K	13K	58K	14K	40K			242K

*Children (<18 years old), adult (18-54 years), elderly (>54 years)

People in need by mantika

Number of people

PEOPLE IN NEED (DEC 2019)		BY STATUS					BY AGE		TOTAL
		IDPs	Returnees	Non-displaced	Refugees	Migrants	% female	% children, adult, elderly*	People in need
	AL JABAL AL AKHDAR	-	-	2K	-	1K	34%	30 67 3%	3K
	AL JABAL AL GHARBI	10K	2K	15K	2K	17K	34%	30 67 3%	46K
	AL KUFRAH	6K	-	10K	-	15K	34%	30 67 3%	32K
	AL MARJ	-	-	2K	-	-	34%	30 67 3%	3K
	ALJFARAH	18K	1K	7K	3K	11K	34%	30 67 3%	40K
	ALJUFRAH	1K	-	5K	-	5K	34%	30 67 3%	11K
	ALMARGEBA	6K	-	4K	2K	4K	34%	30 67 3%	15K
	AZZAWYA	13K	-	21K	2K	20K	34%	30 67 3%	57K
	BENGHAZI	22K	31K	14K	3K	12K	34%	30 67 3%	83K
	DERNA	2K	5K	3K	-	-	34%	30 67 3%	11K
	EJDABIA	14K	-	36K	-	36K	34%	30 67 3%	86K
	GHAT	8K	-	8K	-	3K	34%	30 67 3%	19K
	MISRATA	30K	1K	25K	5K	22K	34%	30 67 3%	83K
	MURZUQ	7K	-	17K	-	30K	34%	30 67 3%	56K
	NALUT	-	-	5K	-	2K	34%	30 67 3%	7K
	SEBHA	18K	-	20K	-	24K	34%	30 67 3%	64K
	SIRT	7K	15K	4K	1K	1K	34%	30 67 3%	29K
	TOBRUK	-	-	1K	-	1K	34%	30 67 3%	2K
	TRIPOLI	41K	8K	34K	25K	61K	34%	30 67 3%	169K
	UBARI	4K	6K	3K	-	2K	34%	30 67 3%	15K
	WADI ASHSHATI	-	-	9K	-	1K	34%	30 67 3%	10K
	ZWARA	7K	3K	32K	1K	7K	34%	30 67 3%	51K
		216K	74K	278K	48K	276K			0.89M

*Children (<18 years old), adult (18-54 years), elderly (>54 years)

Part 2

Risk Analysis and Monitoring of Situation and Needs

GHAT, LIBYA

© Imadidin Salah Elzen, OCHA Libya



2.1 Risk Analysis

Risk analysis

The INFORM Index for Risk Management ranks Libya as the 20th most at-risk country globally, categorized at the second highest level of risk class (high) when considering levels of exposure to hazards, vulnerability and coping capacity⁸⁵.

Human-induced hazards received a maximum risk score of ten for Libya. Continued clashes and insecurity in the south and the ongoing conflict in Tripoli, expose people to significant protection risks and threats to well-being and living standards. They also complicate efforts of humanitarian actors to provide assistance. While a lower risk, Libya was impacted by natural disasters in 2019, particularly with flooding in Ghat that affected over 20,000 people.

A further escalation of the conflict, especially as Tripoli clashes move towards the more densely populated areas, could trigger a severe deterioration in the humanitarian situation. The use of explosive weaponry in urban settings puts civilians at risk of indiscriminate harm. This is likely to increase civilian casualties and further damage civilian infrastructure. Should the conflict escalate, it is likely that humanitarian access will be more restricted, putting more people at high risk of being trapped in the violence and not receiving the assistance needed.

The protection risk analysis of September 2019 identifies the main protection threats in Libya associated to conflict-related violence against civilians as: restriction of movement, direct and indiscriminate attacks against civilians and civilian infrastructure, retaliation and collective punishment, violence and abuses by armed

groups, tribal conflicts, GBV, forced recruitment, proliferation of criminal activities, family separation and disappearances and exposure to remnants of war.

In addition to conflict, which has destroyed and damaged public infrastructure, a lack of maintenance and weak governance systems have contributed to the deterioration of crucial public services. INFORM ranks Libya as the 4th highest globally in terms of a lack of institutional capacity, mostly driven by issues of governance⁸⁶. Weak governance has resulted in public institutions and facilities suffering from a lack of qualified personnel, limited resources, inadequate or non-functional equipment and irregular electricity. Without a resolution of the conflict and political stalemate, services can be expected to deteriorate further.

The interruption of childhood vaccinations programmes exemplifies this breakdown. Regular programmes have been disrupted and vaccine stocks running out have been reported across the country. Measles and rubella outbreaks were reported in 2019 and rates of other communicable diseases, such as tuberculosis, are also increasing. Coupled with a lack of essential medicines and a weak disease surveillance system, the risk of a disease outbreak in Libya is significant and increasing.

Migrants and refugees continue to suffer serious human rights violations and abuses at the hands of both state and non-state actors. Even though there has been a reduction in the recorded number of people attempting to cross the Mediterranean, Libyan authorities continue the practice of interception and detention of migrants and refugees trying to reach Europe. Nearly 3,200 migrants and refugees are estimated to be held in detention centers in inhumane conditions. Children do not receive preferential treatment and often share cells with adult detainees other than their family members, increasing their vulnerability and the risk of abuse.

Although Libya has ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and other international instruments prohibiting discrimination based on sex, significant discrimination in both law and in practice continues to have a serious impact on the rights of women. SGBV is treated in the penal

code as a crime against the victim's honour rather than violation of bodily integrity⁸⁷. The ongoing armed conflict and multiple displacements continues to put people at risks of GBV, which is exacerbated by collapsing infrastructure and protection systems.

Psychological distress and anxiety are frequently observed in all age groups of both Libyan and non-Libyan children⁸⁸. Mental health remains a neglected need with limited available services and there are growing needs for structured psychosocial support⁸⁹. Internally displaced children show higher prevalence of negative behavior and emotional changes⁹⁰. The majority of refugee and migrant children are likely to have experienced or witness abuse, killing, torture, and SGBV. Institutions remain ill-equipped to respond to the needs of persons with disability.

INFORM Index

INFORM RISK
6.1

HAZARD
& EXPOSURE
8.4

NATURAL
4.5

HUMAN
10.0

INFORM
INDEX FOR RISK MANAGEMENT

For more information, visit:
www.inform-index.org

Timeline of Events

2014 - 2019



Projected Evolution of Needs

Projected evolution of needs

Conflict, insecurity and weak governance largely drive humanitarian needs in Libya. As such, the evolution of needs will depend, in large part, on a resolution to the conflict and the political and institutional way forward. Three principal scenarios have been identified to guide projections regarding the humanitarian situation:

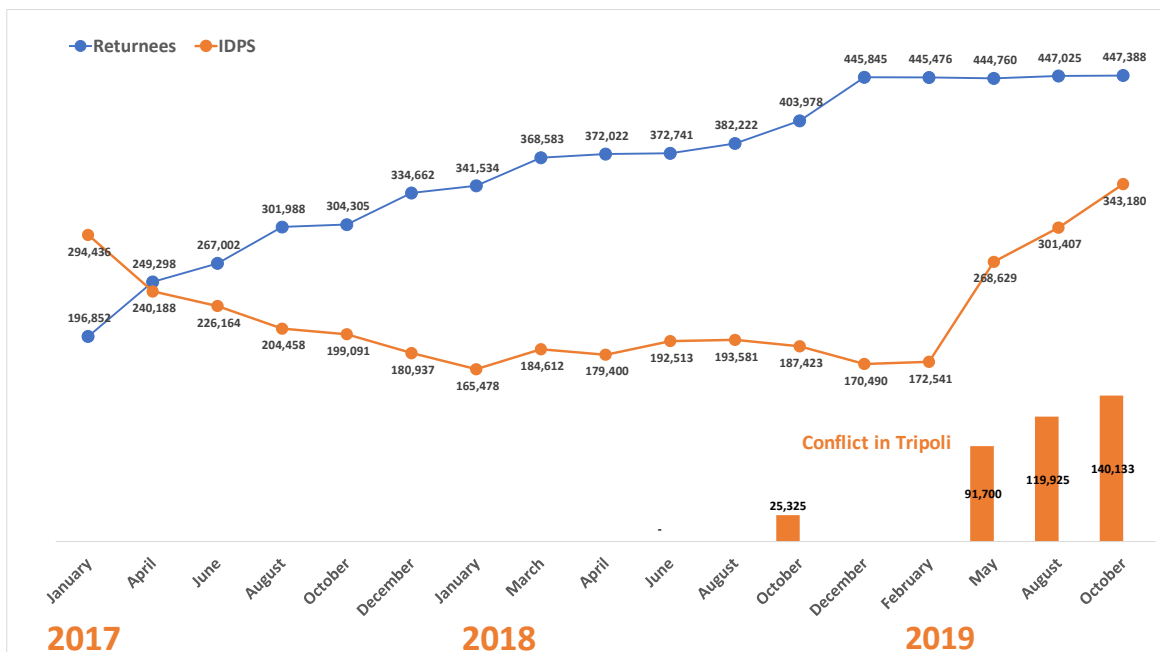
Under the first scenario, political discussions are not successful and the relative balance between forces remains unchanged, resulting in a stalemate and a continuation of the protracted situation. Changes to the frontlines in and around Tripoli would likely be limited, but continued clashes could nonetheless increase humanitarian needs, particularly in areas near the frontlines. As the conflict rolls on, Libya’s social fabric would continue to unravel. Use of weapons with wide-area effects, including airstrikes, would likely continue, resulting in further casualties and displacement. The continued security vacuum, especially in the south, would see a continued absence in rule of law and criminality, impacting people’s living standards and livelihoods. Public services would continue to deteriorate as challenges with governance structures remain unresolved.

Developments in Tripoli in beginning of December 2019 have raised the risk of conflict escalation in the west and the possibility for the country to descend into civil war which, under the second scenario, could lead to the permanent division of the country. The conflict, fueled by foreign support, could escalate, causing immense material destruction,

increased civilian casualties and displacement. It could further destabilize southern and eastern Libya, particularly if the LNA focuses its resources on taking Tripoli. A protracted battle for Tripoli could further ignite a fight for control of the country’s finances and resources in other parts of the country. Furthermore, civilian infrastructure would likely be further destroyed and/or damaged. Coupled with increasing access and movement restrictions due to fighting, this is likely to see a further deterioration of public services, to near collapse levels. Under this scenario humanitarian needs across the country, but particularly in the west, are likely to increase exponentially.

However, a political solution is possible. Under the third scenario, a political solution brings to an end the transitional period and enables parliamentary and presidential elections, leading to increased security across the country and stable governance structures. This would in turn improve the economic outlook and enable a rebuilding of public service provision. As a result, displacement would reduce and households returning home would increase. National authorities would be increasingly able to respond to the majority of these needs. However, some humanitarian needs would remain in the short term, such as for families returning to destroyed homes or into areas where services have not been fully reestablished. Particularly vulnerable groups, such as migrants and refugees would still require some form of humanitarian assistance until sustainable solutions are achieved. Advocacy to overcome the cultural barriers and change a national legal framework towards increased recognition and respect for women’s rights will remain necessary

Evolution of displacement¹ (2017-2019)



1. IOM, Displacement Tracking Matrix

2.2

Monitoring of Situation and Needs

Monitoring of situation and needs

Since the beginning of the crisis, the changing nature of the conflict, and the regular escalations in violence, have represented a challenge in planning and monitoring response operations. In recent years, humanitarian partners in Libya have focused on strengthening regular and more systematic methods for data collection to inform stakeholders on the humanitarian situation, changing needs, gaps and progress.

In addition to the annual MSNA, the suite of assessments monitoring population and migration movements, and other in-depth sectoral assessments, and the Common Feedback Mechanism, sectors have committed to monitoring a series of both cross-cutting and sectoral needs indicators throughout 2020 – please see annex for cross-cutting indicators.

These indicators will be reviewed at the mid-year point to allow sectors to analyse trends and emerging needs, and then consider if any course corrections are required. A narrative update on needs trends will be included as an annex to the mid-year HRP monitoring report or the Periodic Monitoring Report (PMR). Humanitarian partners will also continue to monitor displacement, migrations and crises impact data throughout the year to guide preparedness and response. OCHA will publish a series of interactive dashboards that provide nearly real-time data for partners on these trends.

A summary of the indicators and data that will be monitored in 2020 at the inter-sectoral level is included below:

- Monitoring of population movements, for both Libyans and migrants and refugees, will continue through DTM which currently

GHARABOLI, LIBYA

© Noorelhuda Gleasa, OCHA Libya



generates a number of reporting and analysis, including the Mixed Migration Trends in Libya, Population Profiling and Displacement Tracking.

- The MSNA is expected to take place in 2020. While not strictly a monitoring tool, the MSNA facilitates a deeper understanding of the humanitarian situation and evolution of needs since 2015. A separate methodology for migrants and refugees reflects and analyses their different experiences and needs, while alignment to the Libyan MSNA tool and indicators will enable some level of comparison between the Libyan and refugee and migrant groups.
- The Joint Market Monitoring Initiative (JMMI), initially created by the Libya Cash Working Group in June 2017 and led by REACH provides data and analysis on the prices and availability of basic food and non-food items sold in key locations across Libya on a monthly basis.
- Among the dynamic tools, DTM's emergency tracking tools and rapid needs assessments, such as the ones conducted on the situations in Murzuq and Tripoli, will be used to gain immediate insight into unexpected situations, such as floods, or significant deteriorations in the protracted context, such as escalation or new outbreaks of conflict.

- The Inter-Agency Common Feedback Mechanism, to be established in 2020, will be a toll-free, country-wide number that will allow affected communities to easily access information related to humanitarian assistance, but will also enable them to provide feedback on their needs and preferences, as well as on organizations' conduct and performance, including on the implementation of activities and sensitive matters such as SGBV and abuse. This information will further inform humanitarian organizations' decisions on new needs, course corrections, etc. for their continued response planning.

For increased situational awareness and context analysis, a wide range of data will continue to be monitored and shared through the existing coordination mechanisms, at the strategic level through the HCT and the Inter-Sector Coordination Group (ISCG), as well as at the operational level through the individual sectors, the Area Coordination Groups (for the east, south and west) and through local partners.

In 2020, the humanitarian community will also increase coordination and collaboration with government institutions to ensure there is access to increased common operational datasets in order to enable better analysis, as well as assessments at the lowest geographical levels to allow more nuanced understanding of humanitarian needs.

Part 3

Annexes

GHAT, LIBYA

© Imadidin Salah Elzen, OCHA Libya



Data Sources, Gaps and limitations

Number of Assessments

NO. OF ASSESSMENTS

75

PARTNERS

16

TYPE OF ASSESSMENT

MULTI-SECTOR
SECTOR SPECIFIC

42

33

Data sources

The 2020 HNO analysis is informed by multi-sector needs datasets, specifically the MSNA and displacement, returns and migration tracking, as well as other key informant and expert sources. A total of 75 assessments (including 42 multi-sectoral assessments) are reported by 16 humanitarian organizations in 2019, which is an increase in assessments and a reduction in partners conducting assessments, compared to 2018 (50 assessments conducted by 44 partners in 2018).

The 2019 assessments varied between rapid assessments, including multi-sectoral assessments triggered by specific events, as well as regular data collection on population and migration movement tracking mainly on IDPs and migrants. For sector-specific assessments, only the Health Sector, in partnership with the Ministry of Health, conducted country-wide assessments, while the majority of other assessments took place in specific locations or for specific emergencies or locations with a high influx of IDPs, such as Tripoli, Tajoura, Gharyan, Murzuq, Benghazi and Derna.

The MSNA in Libya, covered displaced and non-displaced Libyans, as well as returnees. A household survey was conducted between 7 July and 10 September 2019 and covered 17 of the 22 mantikas, undertaking 5,058 household surveys, as well as key informant (68 interviews) and focus group discussions (25 group discussions). For the focus group discussions, ten were female only, 13 male only and two were mixed gender. The MSNA for migrants and refugees analysed migrants and refugees' inherently different experience, needs and outreach modalities in Libya. The assessment conducted 1,716 individual surveys (1,572 male and 144 female), as well as six focus group discussions, three with women only and three with men only and dedicated to different age groups (15-17, 18-24, 25+). In terms of geographic scope, the assessment covered three mantikas (Ejdabia, Murzuq, Tripoli) and six baladiyas (Alkufra, Aljufra, Benghazi, Misrata, Sebha), chosen according to the size of the local migrant and refugee population, accessibility to humanitarian actors and interest to humanitarian actors.

In addition to the MNSA, the DTM was an important source of data to inform analysis. This is conducted through key informants at both the municipality and community level on a bi-monthly data collection

cycle. In the most recent round (Round 27), the DTM assessed all 100 municipalities in Libya. More than 2,500 key informant interviews were conducted, 370 at the municipality level and more than 2,100 at the community level. Of the key informants, 30 per cent were representatives within the municipality offices, 12 per cent from civil society organizations, and nine per cent from health facilities. Out of all key informants interviewed, seven per cent were female.

For the analysis of migrant stock and migration flows, mobility tracking was implemented in all hundred municipalities of Libya to determine baseline migrant stock figures, whereas migration flows were monitored and analysed via flow monitoring points and surveys implemented at all major migration flow and transit points in Libya. Furthermore, 15,800 migrants were interviewed between January and September 2019 via flow monitoring surveys to understand migration dynamics, and migrant vulnerabilities and humanitarian needs.

Triangulation of information is done at different administrative levels through a variety of different information sources, including Local Crisis Committee representatives, humanitarian and civil society organizations, representatives of local security forces, local community and tribal leaders, baladiya and muhalla representatives, representatives of educational facilities, representatives of health facilities, representative of migrants networks, local religious leaders and migrant community leaders. Additional reports, covering specific locations (Tripoli and Murzuq) and particular population groups (detention centres, displacement events) provided additional datasets for analysis.

Other source of information included the JMIMI, which provides data and analysis on the prices and availability of basic food and non-food items sold in key locations across Libya on a monthly basis, as well as other sectoral assessment or analysis, such as those undertaken by education, health and protection.

Except for the access severity data, INFORM and PIN/severity dataset, the rest of the operational and programmatic data was collected from affected communities directly, or on their behalf through key informants, and as such provided first-hand evidence about the needs of Libyans, migrants and refugees that continue to be impacted by the

ongoing political, security and governance crisis. The MSNA, conducted annually, gathered information directly from affected households and generated findings representative at the province level and for the different population groups. The migration and displacement tracking collected information through key informants at a number of different locations throughout the country, particularly those areas most likely to be migration routes.

Gaps and limitations

As in 2019, the MSNA and the DTM continued to be the primary sources of data for the Libya HNO. It provided the data for all the indicators used in the inter-sectoral analysis and informed most of the cluster-specific analysis.

The changing nature of the conflict, and the regular escalations in violence, continue to represent challenges in data collection, planning and monitoring response operations. Inter-sectoral coordinated needs assessments in close collaboration with national stakeholders will be a key means of providing in-depth analysis to inform sector planning and response in 2020. Assessment and analysis of livelihoods patterns

and social tensions will be critical in 2020. For hard-to-reach areas, data will continue to be gathered remotely through key informant networks established by humanitarian partners.

Improving access to, and quality of, data and analysis will be further strengthened through greater collaboration and capacity building of government institutions on assessment methodologies and information management to ensure understanding of humanitarian needs. Information on people's needs, as articulated by them, as well as their perspectives on assistance they receive will be further strengthened by the CFM to ensure needs analysis and response planning are more people centered.

In addition to the required sectoral in-depth assessments on needs across Libya, the common operational datasets in Libya remain a priority to the humanitarian partners, by providing capacity building for national institutions providing key population and country survey data. Libya is one of the countries that the geographical administrative data remains at the first administrative level (mantika), which remains a significant gap in conducting more in-depth analysis.

GATHERING AND DEPARTURE FACILITY, LIBYA

© UNHCR Libya



Methodology

Methodology

In 2019, the humanitarian community in Libya has adopted the new global approach for the HPC on categorization of people in need and projecting the severity of needs to inform targeting for humanitarian interventions.

The humanitarian community has identified five categories of population groups in need: IDPs, newly returned, vulnerable conflict-affected Libyans, migrants and refugees. The current HNO more accurately identifies people with acute needs by looking at the criticality of their needs (i.e. categorization of needs by types of humanitarian consequences) as well as the severity of those needs (i.e. estimation of severity of the consequences through a five-point scale). Given the methodological shift, a degree of caution should be exercised when comparing trends across years.

Despite the shift in methodology, the data analyzed with the enhanced methodology revealed a geographical configuration of needs for 10 out of 22 mantikas that is similar to 2019, with eight mantikas showing a reduced severity of needs compared to 2019 and four mantikas showing an increased severity of needs.

Calculation of people in need (PiN) and severity

Inter-sectoral severity and PIN were calculated, supported by the Information Management Working Group using the follow steps, as well as consultations through the HCT, ISCG, and through Libyan national stakeholders' consultations.

- The scope of the analysis (population groups, geographic areas, humanitarian consequences and thematic sectors) were defined and agreed.
- Following this a joint analytical framework was developed with the sectors by summarizing available indicators and data and assigning them to relevant humanitarian consequences, which were identified as those related to problems with mental and physical well-being and living standards.
- Regional consultations, covering the West, East and South, were convened with key national and local stakeholders, including authorities and national NGOs and civil society organizations, to reflect their understanding and experiences, as well to ensure validation and calibration of information in relation to outcomes of the analytical framework.
- An inter-sectoral model for estimating the PIN by severity and humanitarian consequence was agreed through:
 - a joint selection of core severity need indicators were agreed to illustrate the different dimensions of each humanitarian consequence by: (a) identifying indicators were appropriate

and relevant in explaining the consequence; (b) the data for the indicator available in order to organise the findings on the five point severity scale; and (c) that the information collected had the agreed unit of analysis (household) with the possibility to aggregate findings to the required geographic level (mantika); and

- thresholds and scales were aligned to permit categorization of the assessed population directly within the five-point severity scales.

- In parallel, OCHA prepared the humanitarian profile (or base population), using DTM displacement monitoring data, UNHCR registration of refugees, DTM migrant tracking, WFP food security calculated index, and official Libyan population projected data for 2018 provided by the Central Bureau of Statistics, while REACH provided analysis for the selected MSNA indicators.
- OCHA estimated people in need by selecting the highest percentage from among those households categorized in severity 3, 4 or 5 by population group, by humanitarian consequence and by mantika. People in categories 2, 3, 4 and 5 constitute 'people affected', while 'people acutely in need' were estimated from categories 3, 4 and 5. The resulting percentages were applied to the baseline population for that location.
- For 2020, the acute severity of needs was established at mantika level along two humanitarian consequences (well-being and living standards). Specific protection risks are captured under each of these dimensions. A coefficient was calculated for each assessed mantika by aggregating percentages of people found to be in acute need, which is the percentages of people corresponding to the two upper levels on the five-point scale severity (extreme and catastrophic). The higher the coefficient of the mantika, the more severe, time-critical and compounded are the needs.
- The summary of people in need, people in acute need and severity by consequence, by mantika and by population group was presented in a technical joint needs analysis workshop (with HCT, sectors, national authorities and other stakeholders) on October 2019 and validated in a workshop with the same participation in November 2019.
- Sector PIN and severity estimations were made based on the indicators and thresholds used in the inter-sectoral framework. All the sectors and working groups have been using the OCHA-generated humanitarian profile (base file) for affected population, while most used MSNA indicators exclusively to understand the severity of needs and derive the number for people in need.

Indicators and Inter-Sector Analysis Framework

Summary of approaches, tools and indicators

CLUSTER	PEOPLE IN NEED	SEVERITY OF NEEDS	INDICATORS TO ESTIMATE PIN AND SEVERITY	SOURCE
Education	Enhanced approach	Enhanced approach	3 indicators (LS)	MSNA, DTM, UNHCR, UNFPA
FSC	Enhanced approach	FSC index	2 composite indicator (WB, LS)	MSNA, , Livelihood Coping Strategies and Share of Food Expenditure
Health	Enhanced approach	WHO severity scale	2 indicators (WB, LS)	MSNA, EWARN, EPI
Protection-General	Enhanced approach	Enhanced approach	11 indicators (WB, LS)	MSNA, DTM, UNHCR
Protection-CP	Child Protection Needs Identification and Analysis Framework (CP-NIAF)	(CP-NIAF)	4 indicators (WB, LS)	MSNA, DTM, Thematic research and assessments
Protection-GBV	Enhanced approach	Enhanced approach	3 indicators (LS)	MSNA, DTM, HAT, GBV service mapping
Protection-MA	Enhanced approach	Enhanced approach	3 indicators (WB)	MSNA
SNFI	Enhanced approach	Enhanced approach	3 indicators (LS,)	MCNA VII, DTM, UNHCR
WASH	Enhanced approach	Enhanced approach	3 indicators (LS)	MSNA, DTM, UNHCR

Inter-sectoral Analysis Framework

Physical and Mental Well-Being

			Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
Sector	Indicator	Source	Thresholds, Values				
Health	Proportionate morbidity due to outbreak-prone disease	EWARN	less than 5%	5%-10%	10%-15%	15%-20%	Above 20%
Food	Food Security Index	MSNA					
Mine Action	% of HH reporting at least one member harmed or killed by explosive hazards	MSNA	0%	<1%	1-4%	4-8%	>8%
Mine Action	% of HH in areas reporting presence of explosive hazards who have not received any form of explosive hazards risk awareness	MSNA	0-30%	31-60%	61-80%	81-90%	91-100%
Mine Action	% of HH reporting presence of explosive hazards (at mahalla level)	MSNA	0%	<3%	3-12%	12-20%	>20%

Living Standards

			Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
Sector	Indicator	Source	Thresholds, Values				
WASH	% of HHs having access to an improved and accessible sufficient drinking water source	MSNA	75%-100% have access	60%-74% have access	40%-59% have access	15%-39% have access	0%-14% have access
WASH	Consistency of access to water from the public network by the HH within the last 7 days	MSNA	Access for 6-7 days	4-5 days	3 days	2 days	1 day or no access
WASH	% of HHs with access to functional and accessible sanitation facilities	MSNA	70%-100% have access	45%-69% have access	30%-44% have access	11%-29% have access	0%-10% have access
Health	Proportionate morbidity due to outbreak-prone disease	EWARN	less than 5%	5%-10%	10%-15%	15%-20%	Above 20%
Health	Measles vaccine coverage	EPI	Above 95%	90%-95%	85%-90%	80%-85%	Less 80%
ETS	% of households in need with access to functioning feedback mechanisms	ETS community data protection analysis & MSNA	60%	50%	35%	20%	10%
S/IFI	% of HHs living in substandard shelter type (e.g., unfinished room(s), public space not usually used for shelter, private space not usually used for shelter, tent or caravan, temporary shelter provided by INGO or local NGO, camp)	MSNA	0-5%	6-10%	11-25%	26-40%	>40%
S/IFI	% of HHs/population living in damaged/destroyed shelter	MSNA	0-5%	6-10%	11-25%	26-40%	>40%
S/IFI	% of households evicted or threatened with eviction within the past 6 months	MSNA	0-5%	6-10%	11-25%	26-40%	>40%

Living Standards

Sector	Indicator	Source	Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
					Thresholds, Values		
Food	Food Security Index	MSNA					
Food	%HH that abandoned agricultural activity since 2011	MSNA					
EDU	# of schools used as shelter for IDPs	DTM/IOM	0-5%	6-15%	16-30%	31-60%	Over 60%
EDU	% of HH that mentioned XX as main reason for boys and girls don't attend schools	MSNA	0-3%	4-10%	11-20%	21-50%	Over 50%
EDU	# of people that perceive schools are safe	MSNA	90-100%	70-89%	50-69%	30-49%	Less than 30% perceive schools as safe
Prot	% of households having lost necessary civil documentation and unable to reapply	MSNA	0-15%	16-40%	41-60%	61-80%	81-100%
Prot	% of migrants who lack documents to access services (health, education, banking, police, rental accommodation, legal services, assistance from humanitarian organisation, transport)	MSNA	0-15%	16-40%	41-60%	61-80%	81-100%
Prot	% of HHs that have experienced movement restrictions in their neighbourhood	MSNA	0-15%	16-40%	41-60%	61-80%	81-100%
Prot	% of migrants who feel in danger in their current baladiya in Libya	MSNA	0-15%	16-40%	41-60%	61-80%	81-100%
Prot	# of people displaced in 2019 due to the conflict	DTM	0-2500	2601-5000	5001-10000	10001-20000	>20000
Prot	% of IDPs/returnees/migrants/refugees (2019) vis-à-vis DTM / UNFPA	DTM / UNFPA	0-15%	16-40%	41-60%	61-80%	81-100%
Prot	# of refugees & migrants	DTM / UNHCR	0-5000	5001-10000	10001-25000	25001-50000	>50000
Prot	% of households hosting displaced persons	MSNA	0-15%	16-40%	41-60%	61-80%	81-100%
Prot	% of households evicted or threatened with eviction within the past 6 months	MSNA	0-5%	6-10%	11-25%	26-40%	41-100%
Prot	% of households displaced more than once since 2011	MSNA	0-5%	6-10%	11-25%	26-40%	41-100%

Living Standards

			Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
Sector	Indicator	Source	Thresholds, Values				
GBV	Availability of core GBV services	Service mapping/3W	Up to 4 services available	Up to 3 services available	Up to 2 services available	Only 1 service available	No GBV service available
GBV	% of household adopting negative livelihood coping mechanisms	MSNA	No negative coping mechanism need to be adopted	Mechanisms that reduce capacity to deal with future shocks, with no or low impact relevant to other sectors, causing financial stress or other reversible methods (e.g. selling livestock or assets, spend savings, borrow food/money etc.) Option 1,3,4,5	Mechanisms that directly reduce future productivity, with impact relevant to other sectors, result in negative impacts on human capital formation (e.g. sell productive assets, withdraw children from school, reduce expenditure in health or education etc.) Option 2,6,7,8,9,11	Mechanisms that introduce GBV and other irreversible impact on well-being (e.g. sell land; marriage of household member under the age of 18; engage in dangerous or illegal work/activity (theft, illegal substances, prostitution) Option 10,12,13,14	
GBV	% of household with children facing issues attending schools	MSNA	No issue faced by children in the attending school	Poor quality or insufficient access to educational facilities (e.g. overcrowding, poor quality of teacher etc.). Poor quality or insufficient access to non-educational facilities (e.g. lack of latrines, gender-segregated latrines, none-disability inclusive, lack of clean water, poor quality of teacher etc.) Options 2, 3, 4, 5, 6,7	Risk and concerns of safety, security excluding GBV, which causes negative impact on physical and mental well-being (e.g. violence from teachers, bullying/violence from students, Option 8,9	Risk and concerns of safety, security including GBV, which causes negative impact on physical and mental well-being (e.g. sexual violence or harassment, discrimination, attempted recruitment by armed actors etc.) Option 10,12,11,13	
GBV	% of household with access barrier to health facilities	MSNA	No barrier reported	Physical barrier not due to security restriction (e.g. long distance, lack of transportation) AND Financial barrier (e.g. service or medicine cost too much money). Quality of service cannot meet the need (e.g. no qualified staff, no medicine available, do not have specific services) Option 2,6,7, 8,10,11,12,13	Socially/family-imposed barrier (e.g. family prevent from seeking health care, mandatory male companion etc.) Option, 9,14, 15,16	HF not accessible; Denial of services by service providers; physical barrier due to security concerns (e.g. not safe to travel to HF, HF occupied by armed groups) Option 1,3,4,5,	

Acronyms

AAP	Accountability to Affected People	UNDP	United Nations Development Programme
CBL	Central Bank of Libya	UNHCR	United Nations High Commissioner for Refugees
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women	UNSMIL	United Nations Support Mission in Libya
CFM	Common Feedback Mechanism	USD	United States Dollars
CP-NIAF	Child Protection Needs Identification and Analysis Framework	WASH	Water, Sanitation and Hygiene
DCIM	Directorate for Combatting Illegal Migration	WFP	World Food Programme
DTM	Displacement Tracking Matrix	WHO	World Health Organization
ERW	Explosive Remnants of War		
GBV	Gender-Based Violence		
GDP	Gross Domestic Product		
GNA	Government of National Accord		
HDI	Human Development Index		
HCT	Humanitarian Country Team		
HDX	Humanitarian Data Exchange		
HNO	Humanitarian Needs Overview		
HPC	Humanitarian Programme Cycle		
IDP	Internally Displaced Persons		
INGO	International Non-Government Organization		
IOM	International Organization for Migration		
ISCG	Inter-Sector Coordination Group		
ISIL	Islamic State of Iraq and the Levant		
JMMI	Joint Market Monitoring Initiative		
LNA	Libyan National Army		
LYD	Libyan Dinars		
MEB	Minimum Expenditure Basket		
MSNA	Multi-Sector Needs Assessment		
NGO	Non-Government Organization		
OCHA	Office for the Coordination of Humanitarian Affairs		
OHCHR	Office of the United Nations High Commissioner for Human Rights		
PIN	People in Need		
PMR	Periodic Monitoring Report		
SGBV	Sexual and Gender-Based Violence		

End Notes

1. Food Security Sector
2. IOM, Displacement Tracking Matrix, Tripoli Update, 9 January 2020
3. OCHA
4. UNDP, Human Development Data (1990-2018), <http://hdr.undp.org/en/data>
5. Economist Intelligence Unit, Libya Country Report, 6 August 2019
6. Surveyed participants were asked if they faced challenges obtaining enough money to meet their needs over the 30 days prior to data collection (7 July-10 September 2019)
7. REACH, Libya Multi-Sector Needs Assessment (MNSA), October 2019
8. World Bank, Libya's Economic Update, October 2019
9. United Nations Support Mission in Libya, Report of the Secretary-General, 26 August 2019
10. World Bank, Libya's Economic Update, October 2019
11. International Bank for Reconstruction and Development (IBRD), International Finance Corporation (IFC) and Multilateral Investment Guarantee Agency (MIGA), County Engagement Note for The State of Libya (2019-2021), 19 February 2019
12. WHO, Health Survey, October 2019
13. Ministry of Education
14. Panel of Experts, Final Report of the Panel of Experts on Libya, S/2019/914, 9 December 2019
15. IOM, Displacement Tracking Matrix, IDP and Returnee Report, Round 27 (August-October 2019)
16. REACH, Libya Multi-Sector Needs Assessment, 2019
17. IOM, Displacement Tracking Matrix, IDP and Returnee Report, Round 27 (August-October 2019)
18. REACH & Cash Working Group, Libya Joint Monitoring Initiative, 1-6 October 2019
19. REACH, Libya Multi-Sector Needs Assessment, 2019
20. Surveyed as those households reporting challenges in obtaining enough money to meet its needs over the 30 days prior to collection – 61% in 2018 to 40% in 2019.
21. REACH, Libya Multi-Sector Needs Assessment, 2019
22. REACH, Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
23. IOM, Displacement Tracking Matrix, Migrant Report, Round 27 (August-October 2019)
24. UNHCR
25. Mixed Migration Centre, What makes migrants and refugees vulnerable to detention in Libya?, December 2019
26. UNHCR, Libya Update, 10 January 2020
27. REACH, Libya Multi-Sector Needs Assessment & Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
28. WHO, Health Assessment, October 2019
29. WHO, Surveillance System for Attacks on Health Care, <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>
30. REACH, Libya Multi-Sector Needs Assessment, 2019
31. IOM, Displacement Tracking Matrix, IDP and Returnee Report, Round 28 (October-December 2019)
32. Report of the Secretary General on the United Nations Support Mission in Libya, 7 January 2019

33. From 25% in 2018 to 52% in 2019.
34. REACH, Libya Multi-Sector Needs Assessment, 2019
35. IOM, Displacement Tracking Matrix, IDP and Returnee Report, Round 27, August-October 2019
36. REACH, Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
37. Between 1 January and 30 September 2019, the total number of arrivals to Italy was recorded at 7,633 individuals, less than one third of the number of arrivals recorded in the same period in 2018.
38. UNHCR
39. IOM, Displacement Tracking Matrix Population Data
40. IOM & WFP, Hunger, Displacement and Migration in Libya, November 2019
41. REACH & Libya Cash Working Group, Libya Joint Market Monitoring Initiative, September 2019
42. REACH, Libya Multi-Sector Needs Assessment, 2019
43. Report of the Secretary General on the United Nations Support Mission in Libya, 7 January 2019
44. Internews, UNHCR & Mercy Corps, Libya Information Ecosystem Assessment, November 2017
45. REACH, Libya Multi-Sector Needs Assessment, 2019
46. IOM, Displacement Tracking Matrix, IDP and Returnee Report and Migrant Report, Round 27, August-October 2019
47. Emergency Telecommunications, Services for Communities – Communication Needs Assessment, 2019
48. REACH, Libya Multi-Sector Needs Assessment, 2019
49. WHO, Surveillance System for Attacks on Health Care, <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>
50. IOM, Displacement Tracking Matrix, IDP and Returnee Report, Round 27, August-October 2019
51. Amnesty International, Tawergha IDP camp attacked by militia in danger of further attack and demolition, 10 August 2019
52. Humanity and Inclusion
53. Ministry of Health, Early Warning Alert and Response Network
54. WASH Sector
55. UNHCR
56. Remarks of Special Representative of the Secretary-General to Libya, Mr. Ghassan Salame to the UN Security Council UNSMIL, 29 July 2019
57. United Nations Security Council, Final report of the Panel of Experts on Libya, S/2019/914, 9 December 2019
58. REACH, Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
59. REACH, Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
60. As defined through the Minimum Expenditure Basket
61. REACH, Libya Multi-Sector Needs Assessment & Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
62. REACH, Libya Multi-Sector Needs Assessment, 2019
63. Women Refugee Commission, Sexual violence against men and boys on the central Mediterranean route to Italy, 2019
64. REACH, Libya Multi-Sector Needs Assessment, 2019
65. IOM, Displacement Tracking Matrix, IDP and Returnee Report, Round 27, August-October 2019
66. IOM, Displacement Tracking Matrix, IDP and Returnee Report, Round 27, August-October 2019
67. Antenatal care, immunization services, preventative and curative services for under 5 years of age, non-communicable disease services, surgical services.
68. Sebha, Tripoli, Benghazi and Misrata
69. Joint Education Needs Assessment, 2019
70. REACH, Libya Multi-Sector Needs Assessment, 2019

71. WASH Sector
72. REACH, Libya Multi-Sector Needs Assessment, 2019
73. REACH, Libya Multi-Sector Needs Assessment, 2019
74. REACH, Libya Multi-Sector Needs Assessment, 2019
75. REACH, Libya Multi-Sector Needs Assessment, 2019
76. REACH, Libya Multi-Sector Needs Assessment, 2019
77. REACH, Multi-Sector Needs Assessment & Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
78. IOM, Displacement Tracking Matrix, Round 26, June-July 2019
79. According to 2019 MSNA, Ubari reported a 42% increase in the number of households reporting challenges in obtaining enough money to meet their needs, compared to 2018. Ghat reported a 38% increase.
80. REACH, Libya Multi-Sector Needs Assessment & Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
81. REACH, Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
82. REACH, Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
83. UNICEF, Solidarity journeys of unaccompanied and separated children in Libya, December 2019
84. REACH, Libya Multi-Sector Needs Assessment: Migrants and refugees, 2019
85. INFORM Index for Risk Management, 2019
86. INFORM Index for Risk Management, 2019
87. UNICEF Gender Equality Profile, 2011
88. Libya Protection Risks Analysis, October 2019
89. Health Sector Libya, Bulletin, November 2019 & HNO Consultation Workshop with National Counterparts, 30 October 2019
90. REACH Multi-sectoral Needs Assessment for Libyans, 2019