

# HUMANITARIAN NEEDS OVERVIEW

## LIBYA

HUMANITARIAN  
PROGRAMME CYCLE  
**2021**  
ISSUED DECEMBER 2020





# About

This document is 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 need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

## PHOTO ON COVER

UNICEF/LIBYA.

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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](http://www.unocha.org/libya)

[www.twitter.com/ocha\\_libya](https://www.twitter.com/ocha_libya)

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[www.humanitarianresponse.info/en/operations/libya](http://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](http://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/appeals/overview/2021](http://fts.unocha.org/appeals/overview/2021)


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# Summary of humanitarian needs and key findings

## Current figures

PEOPLE IN NEED	TREND (2016-2020)	WOMEN	CHILDREN	WITH DISABILITY
1.3M		23%	35%	15%

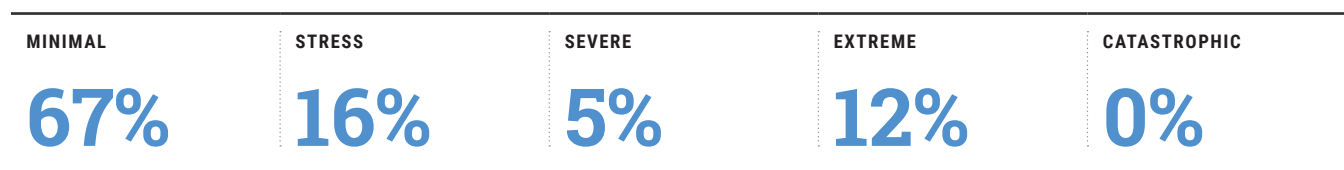
## Projected figures (2021)

PEOPLE IN NEED	TREND (2016-2021)	WOMEN	CHILDREN	WITH DISABILITY
1.8M		23%	35%	15%



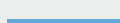








## Severity of needs: current








### By gender

GENDER	PEOPLE IN NEED	% PIN
Boys	239 k 	19%
Girls	229 k 	18%
Men	510 k 	41%
Women	273 k 	22%










### By age

AGE	PEOPLE IN NEED	% PIN
Children (<18)	468 k 	37%
Adults (18 - 59)	738 k 	59%
Elders (>59)	45 k 	4%


### By population groups

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people	173 k 
Returnees	228 k 
Non-displaced	502 k 
Migrants	304 k 
Refugees	44 k 

### By sectors

SECTOR	PEOPLE IN NEED
Protection	460 k 
Education	326 k 
Food Security	699 k 
Health	1,193 k 
Child Protection	271 k 
Gender-Based Violence	153 k 
Mine Action	503 k 
SNFI	374 k 
WASH	438 k 

### With disability

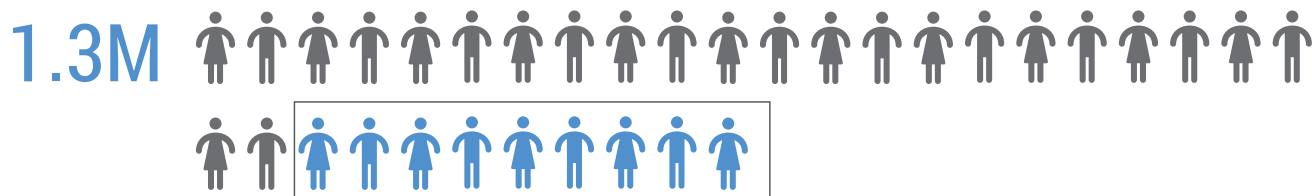
AGE	PEOPLE IN NEED	% PIN
Persons with disabilities	188 k 	15%

## Estimated number of people in need

### TOTAL POPULATION



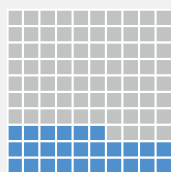
### PEOPLE IN NEED



#### BY SECTOR

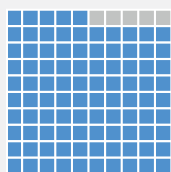
##### EDUCATION

0.3M



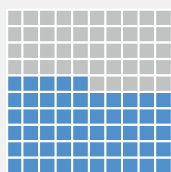
##### HEALTH

1.2M



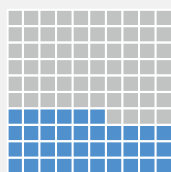
##### FOOD SECURITY

0.7M



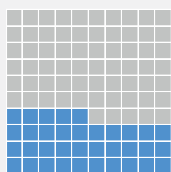
##### PROTECTION

0.5M



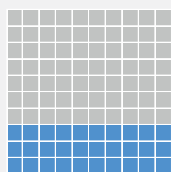
##### WASH

0.4M



##### SNFI

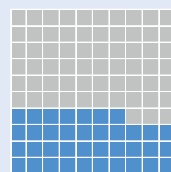
0.4M



#### BY AGE & SEX

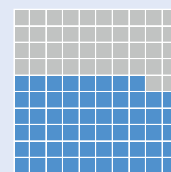
##### CHILDREN <18 YEARS

0.5M



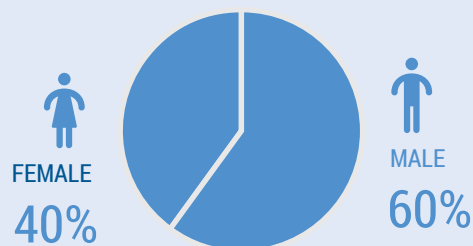
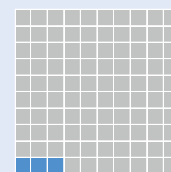
##### ADULT 18-59 YEARS

0.7M



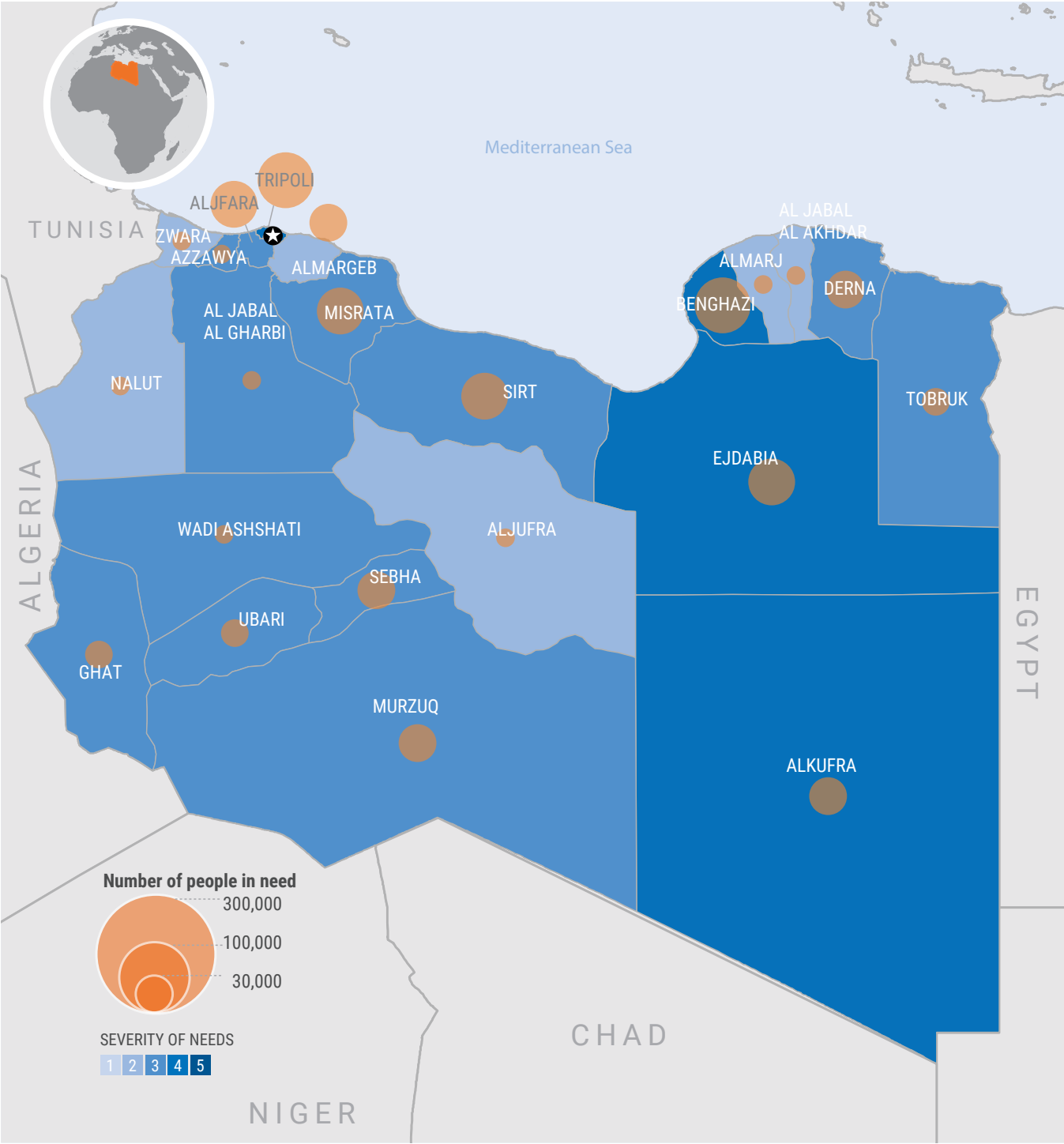
##### ELDERLY >59 YEARS

0.05M

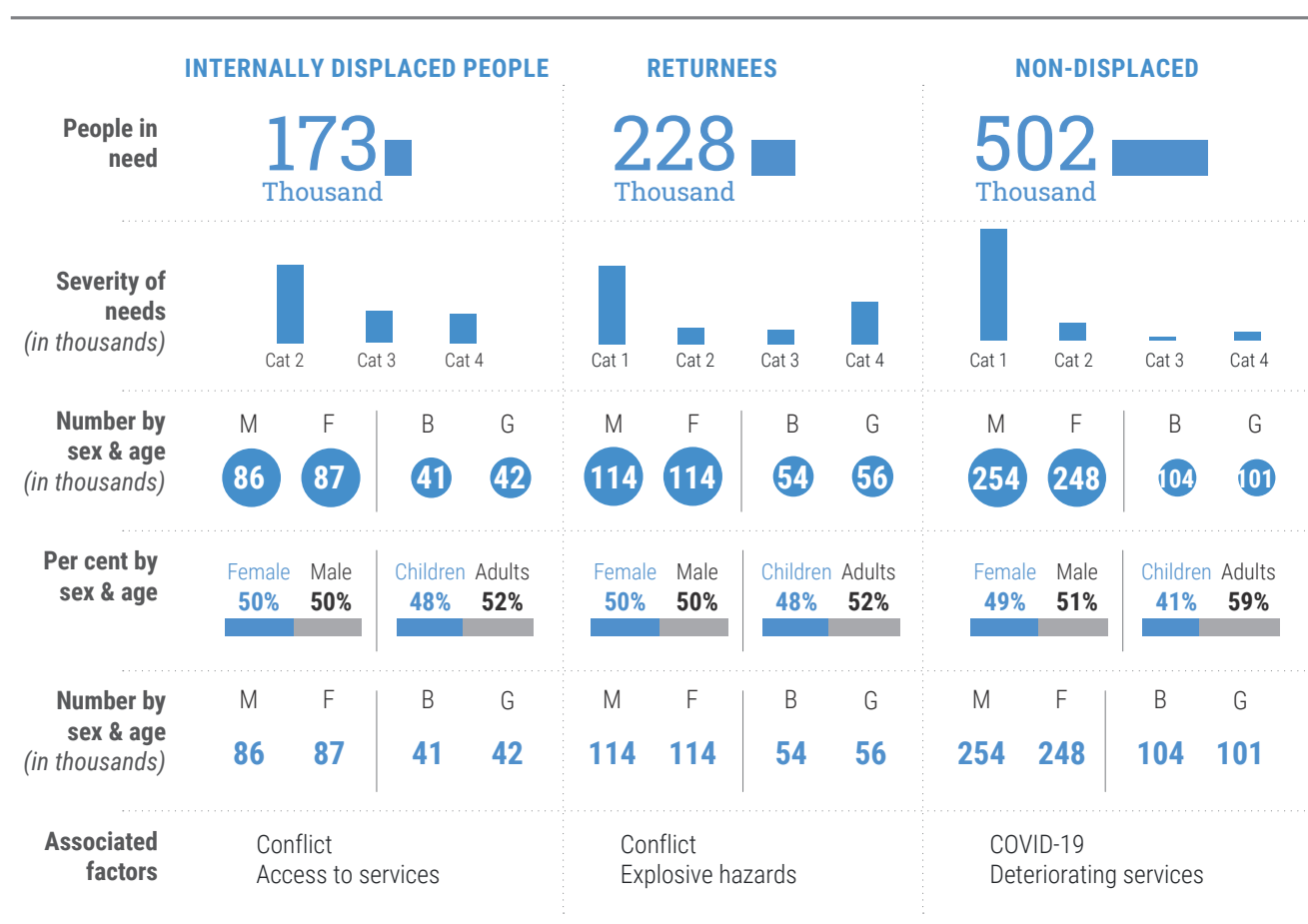




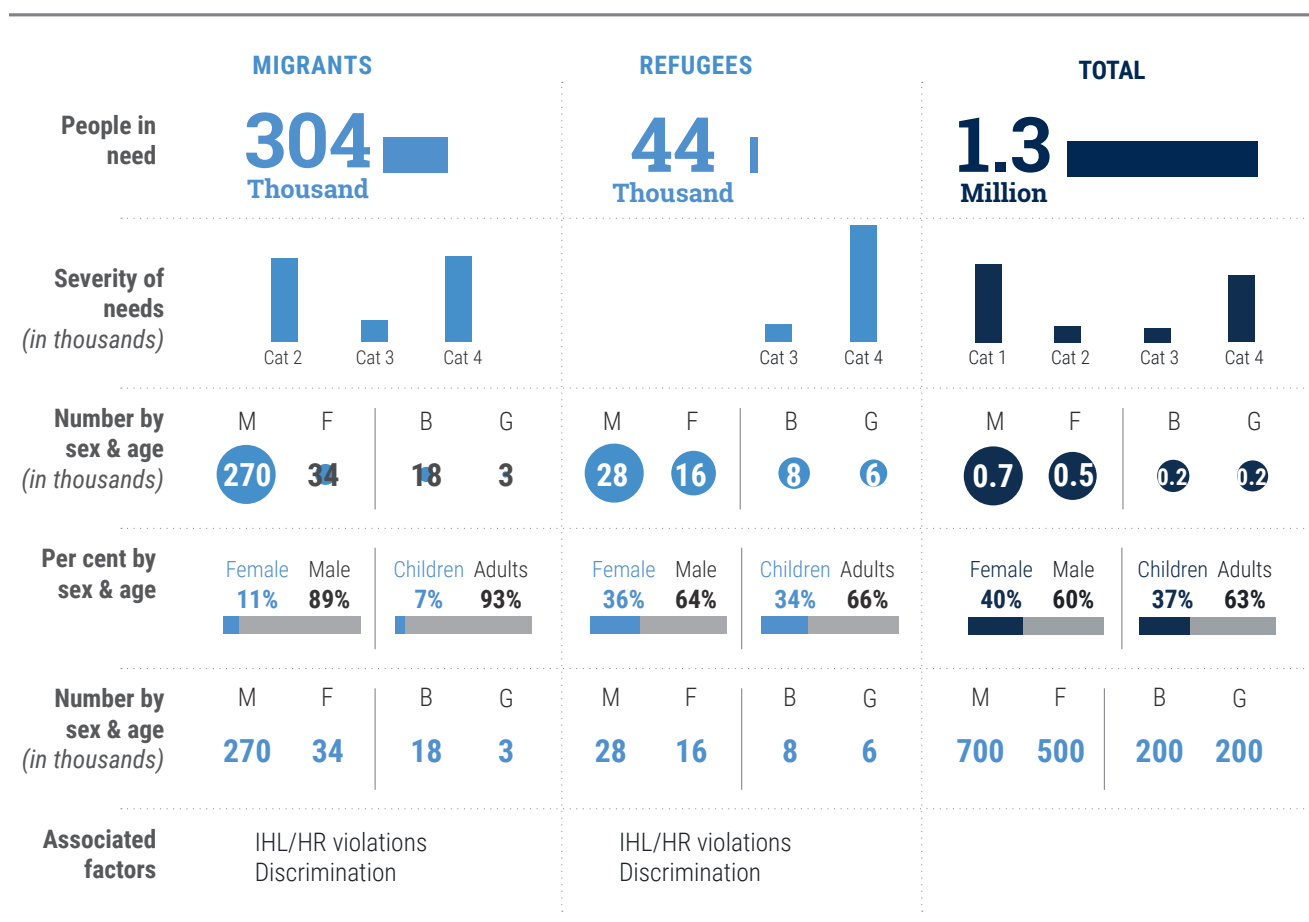
Severity of humanitarian conditions and number of people in need



## Severity of humanitarian conditions and number of people in need







Part 1:

# Impact of the crisis and humanitarian conditions

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UNICEF, LIBYA





## 1.1

## Context of the crisis

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### Political and security developments

The situation in Libya remained volatile in 2020 and the prospects for peace, while encouraging, are uncertain. Following the launch of the Libyan National Army's (LNA) offensive to capture the capital, Tripoli, in April 2019, armed conflict has impacted areas in and around some of Libya's most densely populated areas. Despite the international community's persistent calls for a ceasefire and despite several ceasefire initiatives agreed, clashes and indiscriminate shelling continued in and around the capital for 14 months.

Increased foreign support to the different sides of the conflict, including provision of military equipment in violation of the United Nations-agreed arms embargo, contributed to the loss of civilian lives and damage to civilian infrastructure. According to the United Nations Support Mission to Libya (UNSMIL), from January to June 2020, 147 civilians were killed, and 270 people were injured. Indiscriminate shelling and direct attacks damaged and destroyed health facilities, schools and water infrastructure, as well as people's homes<sup>1</sup>. The conflict drove displacement in the beginning of 2020, particularly in the west before seeing a modest amount of returns in the second half of the year.

While lines of control remained largely static towards the end of 2019 and into the first half of 2020, this changed following the Government of National Accord (GNA) and aligned forces' move to retake cities on the coastal road and then full control of Tripoli and nearby cities in June. While some changes in control were achieved through negotiations with local actors permitting an orderly withdrawal of armed groups rather than significant fighting, there were reports of reprisal violence in some towns and communities after control shifted.

Mass graves were discovered after the GNA's recapture of Tarhuna, some dating back several years, underscoring

the risks civilians face in conflict areas and fears of grave human rights violations during the conflict. An investigation was launched by national authorities and the UN Human Rights Council established a fact-finding mission to investigate violations of international human rights and humanitarian law by all parties to the Libya conflict since 2016.

After the withdrawal of LNA-affiliated forces from Tripoli, booby traps, including improvised explosive devices (IEDs), landmines and explosive remnants of war (ERW), were left behind. These explosive hazards are a significant risk to the safety and security of returning residents and have resulted in civilian casualties, including children, as well as humanitarian workers and security personnel tasked with clearing explosive hazards.

In June, frontlines shifted from western to central Libya and by September hostilities had reached a stalemate over the control of the coastal town of Sirt and Aljufra. Positioning of forces and advanced military equipment in the area, as well as sporadic clashes between warring parties, were reported. While a ceasefire was agreed on 23 October 2020, the lives of more than 125,000 people in and around Sirt remain at risk should efforts for peace fail.

Proposals have been put forward by the main Libyan political entities for a political solution and in August, the President of the Presidency Council in the west and Speaker of the House of Representatives in the east issued simultaneous, though separate, declarations that brought about the ceasefire, resumption of oil production and exports, and a return to the political process. These two initiatives, which were supported by many parts of Libyan society, demonstrate opportunities for a peaceful political solution to the crisis.



#### OCHA/LIBYA

Photo: Giles Clarke

International efforts to de-escalate the conflict and pave the way for a political solution to the Libyan crisis continued throughout the year. The Berlin Conference, held in 2020, and the subsequent UN Security Council Resolution 2510 were important steps in the process. An international follow-up committee to implement the outcomes of the Berlin Conference, consisting of all countries and international organizations that had participated, was established to assist in the operationalization of the conference's conclusions, under the auspices of the UN. The agreement to launch four tracks; security, political, economic and humanitarian and human rights law have advanced discussions through regular meetings and remain critical to implementing the conference's conclusions and advance steps to peace and stability.

#### Economic and social-economic situation

The continued conflict, the blockade of the oil sector for most of the year and the COVID-19 pandemic have further debilitated the already weak economic situation in the country.

The blockade on oil exports, imposed by the LNA in January, has reduced oil production from an average of 1.2 million barrels per day (bpd) in 2019, to 72,000 bpd before rebounding to over one million barrels and rising just weeks after the blockade was lifted. Given the reduced output, Libya lost over US\$ 7.5 billion in oil revenues as of September<sup>2</sup>. The shutdown also resulted in significant damage to oil infrastructure due to the corrosion of empty pipelines, some of which have developed leaks. As Libya's exports are largely dependent on oil, representing 90 per cent of total goods revenues over the last five years, protracted



disruption to production and exports makes the Libyan economy increasingly vulnerable<sup>3</sup>. The resumption of oil production will be a critical source of revenue for the authorities to ameliorate the continuous power outages and fuel shortages that have plagued the country for most of 2020.

The current lost revenues, along with other economic challenges, means Libya could record a historic budget deficit, with some economic analysis forecasting over 50 per cent in 2020<sup>4</sup>. To offset the diminished revenues, the Central Bank of Libya (CBL) and the GNA attempted to impose austerity measures, including cuts to the public service payroll and a reduction in fuel subsidies. However, some of these measures, while helping to mitigate the deficit, resulted in commodity shortages and higher prices, further stretching people's coping capacities at a time when the country faced additional economic pressures owing to COVID-19. In the east of the country, the ability of the eastern branch of the CBL to extend credit lines to commercial banks to offset its lack of access to cash, began to reach its limits. The Governor of CBL Albayda announced in March that they would only pay salaries until June. In August, an international financial audit review of the two branches of the CBL was launched. The audit, supported by the UN, is expected to be an important step towards enhancing transparency and accountability, and creating the conditions for the eventual unification of the two branches and advance a more equitable distribution of national revenue.

The strained economy, along with fuel shortages and frequent electricity and water cuts, have pushed many people to a breaking point, with thousands taking to the streets to protest. Beginning in August, demonstrations took place in many cities across the country, including largescale protests in Benghazi, Tripoli and Misrata, over deteriorating living condition and electricity and water cuts. Demonstrators have also demanded an end to government corruption and mismanagement.

It is still unclear what the full impact of COVID-19 will be on the global economy and on Libya in particular. Given the country's weak economic situation, current gross domestic product (GDP) projections and crumbling

public services, the pandemic has further increase people's hardship. In the longer term, the country's economic prospects and the impact on the population remain dependent on oil production made possible through political and security agreements.

### **Coronavirus pandemic**

Following the confirmation of the first COVID-19 case in Libya on 24 March, the country has seen a steep increase in the number of confirmed cases. By the end of October, Libya had recorded more than 60,000 confirmed cases of COVID-19 and more than 800 deaths<sup>5</sup>. Every mantika (province) has reported confirmed cases and the municipalities with the highest number of cases by the end of October were Tripoli, Misrata, Sebha and Zliten. The World Health Organization (WHO) revised its transmission scenario in August to "community transmission" following several large population centres, such as Tripoli and Sebha, confirmed extensive spreading of the virus among the community.

Despite the trend of increasing cases, the true scale of the pandemic is likely to be far higher than reported as testing capacity, remains limited and concentrated in Benghazi and Tripoli. An acute shortage of testing kits and cartridges, adequate health facilities to isolate and treat confirmed cases and a limited ability to conduct contact tracing has further obscured the full scale.

To prevent the spread of COVID-19, national and local authorities introduced a series of preventive measures and curfews, including the closure of all air, land and sea borders, restrictions on movement between municipalities and regions, suspension of large gatherings and the closure of schools and non-essential shops. Despite a scaling up of risk education and community engagement, including launching national and regional campaigns, there remains a lack of compliance with prevention measures. Furthermore, a lack of understanding of the disease and significant stigma associated with it has resulted in strong community opposition to isolation centres being established in their communities, and people refusing to report or get tested due to fear of the disease and the associated stigma.

A serious obstacle to responding to the COVID-19 pandemic has been the fragmented governance in Libya. At the onset, separate committees were established in the east and the west to address the impact of the disease. By September, a national preparedness and response plan for COVID-19 was still to be endorsed. In the absence of a coordinated national plan, many municipalities have issued their own directives and taken measures as deemed appropriate. Additionally, challenges have been found in the coordination at a national level between the National Centre for Disease Control (NCDC) and the two ministries of health.

The capacity of the health system to effectively respond to the pandemic has been affected by more than nine years of conflict, resulting in nearly half of all primary health care facilities in the country being closed. Those that remain open do not have enough supplies, equipment or human resources to care for COVID-19 patients along with maintaining normal health services. A sizable number of health care staff have reportedly contracted COVID-19 due to limited personal protective equipment and inadequate infection, prevention and control measures, placing further weight on an overburdened system.



IOM/LIBYA



## 1.2

## Shocks and impact of the crisis

### Impact on people

Insecurity and fighting triggered new displacement in the first six months of the year, despite the call made by the Secretary-General for a global ceasefire in the face of COVID-19 in March. At least 36,000 people were newly displaced from February to June due to escalation in armed conflict in western Libya, particularly in Abu Qurayn, Garabolli, Sirt and Tajoura<sup>6</sup>.

Significant changes to lines of control that took place in June, with GNA-affiliated forces re-taking Tripoli, Tarhuna and nearby towns, saw displaced people slowly starting to return to their home areas. More than 18,000 people reportedly returned in July and August<sup>7</sup>. As a result, there was an 8 per cent decrease in the number of people displaced across the country from 426,000 people in June to 392,000 people in August<sup>8</sup>. Despite this reduction, displacement remains 30 per cent higher than at the same time last year<sup>9</sup>.

A significant constraint to people returning to their homes is the presence of booby-traps, including IEDs, landmines and explosive remnants of war. Newly contaminated areas, such as Tripoli's southern neighbourhoods, along with contamination from years of fighting in areas such as Benghazi and Sirt, have prevented the return of many families and present a significant risk to people's safety and wellbeing. Between May and November, at least 71 people have been killed and 130 people injured from incidents related to explosive hazards, mostly in Tripoli. Of the casualties, 132 were civilians (six women, 11 children and 12 non-Libyan migrant workers)<sup>10</sup>.

The indiscriminate use of heavy weaponry in civilian areas has resulted in severe damage to housing and civilian infrastructure across the country. According to the 2020 Multi-Sector Needs Assessment (MSNA), 32 per cent of Libyans reported living in accommodation with some amount of damage, with returnees and

displaced people more likely to report higher rates of damage compared to non-displaced Libyans. More than 25 per cent of migrants and refugees surveyed also reported living in sub-standard accommodation<sup>11</sup>.

High displacement, along with significant damage to civilian infrastructure, particularly in urban areas, increased the demand for safe shelter spaces, adding pressure on their availability and affordability. As a result, rental prices have risen to levels that many poor and low-income families are unable to afford, putting them at increased risk of eviction. This risk is more significant for displaced families, migrants and refugees, as many do not have formal rental contracts. Over a third, 37 per cent, of displaced households and 68 per cent of migrants and refugees reported having no formal rental contract where they reside<sup>12</sup>.

The ability of many people to afford rent, as well as to cover other basic needs, has also been eroded by the impact of COVID-19. Border closures, disrupted trade, movement restrictions and curfews have seen an increase in prices of essential food and goods and a reduced availability in markets. REACH's monthly market monitoring has recorded the prices of essential food and other goods were 10 per cent above pre-COVID-19 levels as of September<sup>13</sup>.

COVID-19 and associated measures have negatively affected all aspects of food security<sup>14</sup>. According to the 2020 MSNA, around 9 per cent of surveyed Libyan households were food insecure, particularly in southern mantikas. Food insecurity has also increased among migrants and refugees, with 24 per cent of those surveyed reportedly food insecure<sup>15</sup>. In addition to increased food prices, delayed salaries and loss of employment have forced many households to adopt negative coping mechanisms in order to maintain food consumption.

COVID-19 related movement restrictions and curfews have seen many people's access to livelihoods negatively affected. Approximately 20 per cent of Libyans and 22 per cent of migrants and refugees reported that their own, or a member of their household's, work had been disrupted by COVID-19<sup>16</sup>. Migrants and refugees, who are most likely to be employed through daily labour or temporary work, and women, who are mostly engaged in the informal sector, have been particularly affected due to movement restrictions or temporary business closures. The unemployment rate among surveyed migrants in August was 27 per cent, compared to 17 per cent in February<sup>17</sup>.

Regular disruptions to water and electricity have further eroded people's living standards. These outages, sometimes of up to 18 hours per day, are the result of a fuel and energy crisis in the country, lack of maintenance and attacks on infrastructure by armed groups. In addition to stretching people's coping capacities, it also makes it more difficult for communities to follow preventative protocols to reduce the spread of COVID-19. This puts those living in sub-standard or crowded conditions at particular risk, such as people who have been displaced or recently returned home, as well as migrants and refugees. Decreased income is likely to lead to the adoption of harmful coping strategies and result in aggravated protection risks.

Many migrants and refugees in Libya continue to face arbitrary detention, gender-based violence (GBV), forced labour, extortion and exploitation and are at increased risk of being trafficked. On 27 May, 30 migrants were killed, and 11 others injured at a smuggling centre in Mezda, southwest of Tripoli, reportedly as retribution for the killing of a people smuggler by migrants. Events such as this illustrate the violations of international human rights and humanitarian law that continued to take place in Libya with relative impunity. Discrimination in access to services and a lack of documentation continue to prevent migrants and refugees from meeting their basic needs and accessing services, including specialized protection assistance.

Coinciding with the start of the COVID-19 pandemic, the number of migrants and refugees in Libya has steadily decreased, from 626,000 people in April to

585,000 people in August<sup>18</sup>. This decline is the result of a combination of factors, including increasing unemployment and a reduction in alternative labour opportunities for migrant workers, in addition to tightened security controls and mobility restrictions that have been implemented by the authorities.

Migrants and refugees have also continued to take risks in attempts to cross the Mediterranean to Europe. Although Libya is not a safe port of disembarkation, as of the end of September, more than 9,400 migrants and refugees, of which 7 per cent are women and 5 per cent are children, have been intercepted at sea and returned to Libya. This is already more than the last year's total of 9,200 people. The perilous nature of the cross-Mediterranean journey is evidenced by the steady increases in the number of those who have been confirmed to have drowned (184) or that remain missing (247)<sup>19</sup>.

Of those that are returned to Libya, most are arbitrarily detained without due process in official detention centres, where widespread abuses have been documented, or they have gone missing and remain unaccounted for. The number of migrants and refugees detained in official detention centres fluctuates but between 2,200 and 3,100 people, on average, are reported to be held in official detention centres. Of these about 12 per cent are women and 27 per cent are children<sup>20</sup>. Protection risks for migrants and refugees are further compounded by the interconnectedness of smuggling and trafficking networks with detention centres and a lack of sustainable alternatives to detention in the country.

### **Impact on systems and services**

The last 12 months have been characterized by a continued breakdown in social infrastructure and service delivery across the country. Since August, thousands of people from across the country have taken to the streets protesting the deterioration in their living conditions.

Libya's health system is close to collapse. More than half of the health care facilities that were functioning in 2019 have closed, especially in rural areas, mainly because of security threats and insufficient national

and health sector funding. The facilities that remain open face acute shortages of staff, medicines and supplies, with 70 per cent of primary health care centres not having any of the top 20 essential medicines. The disease surveillance system lacks sustainable technical and financial support and the national health information system is not comprehensively capturing the health situation and health needs. The incidence of tuberculosis is on the rise and the disruption of routine immunization services has resulted in several outbreaks of vaccine-preventable diseases. In mid-2020, Libya's failure to secure the timely replenishment of critical vaccines resulted in stock-outs of all vaccines, including those critical to tackle childhood diseases such as measles and polio, for at least two months, putting at risk the lives of more than 250,000 children. Another vaccine stock-out is imminent as the year concludes.

As a result of the deterioration of the health system, the ability of authorities to effectively combat the COVID-19 pandemic has been severely constrained. While capacity for testing has slowly increased, the ability of health authorities to adequately test, trace and provide treatment remains low. As of October, 27 labs were operational in the country but are faced with persistent and acute shortages of COVID-19 testing supplies. Furthermore, response capacity is mostly concentrated in Tripoli and Benghazi, neglecting vast geographical areas.

### COVID-19 cases per month

2020	April	52		2
2020	May	94		3
2020	June	662		19
2020	July	2,873		56
2020	August	11,465		170
2020	September	20,561		320
2020	October	26,328		301

Health staff are only paid sporadically, and most must wait months to receive their pay. Many health care staff have refused to report for duty because they have no personal protective equipment or because they have not been paid. An increasing numbers of health care staff have contracted COVID-19, limited personal protective equipment and adequate infection, prevention and control measures. Many hospitals across the country have regularly suspended operations due to high rates of COVID-19 infection among staff and patients. This has further exacerbated capacity gaps in the health system.

Throughout the second half of 2019 until mid-2020, hostilities directly affected civilian infrastructure and personnel, including hospitals, water and electricity infrastructure and schools. Libya has the second highest number of reported attacks on health care in the world in 2020, second only to Afghanistan. Between January and September, Libya recorded 28 attacks on medical facilities, ambulances and medical personnel, resulting in the deaths of eight people and injury of 23 others<sup>21</sup>. On four separate occasions from 6 to 10 April, the al Khadra Hospital in Tripoli, which was assigned to receive patients with COVID-19, was struck by rockets.

There have also been at least five significant attacks and numerous lesser attacks on water infrastructure, damaging wells and frequently cutting off water for around two million people in the Tripoli and central areas alone. There have also been 16 attacks on schools since the beginning of the year, affecting more than 16,000 students. Indiscriminate attacks, as well as attacks directed against civilian objects, are prohibited under international humanitarian and human rights law.

Access to basic hygiene and sanitation services also remains a challenge, particularly in light of regular attacks on water infrastructure, lack of maintenance and shortages in electricity. The protracted conflict has resulted in the almost suspension of regular maintenance, which has reduced water pumping capacity by as much as 35 per cent since April 2019. Around 90 per cent of wastewater is currently released, untreated, into the sea and only ten of the 24 wastewater plants are functioning. Garbage and solid waste management, which is a national level function has deteriorated with up to 40 per cent left on the streets or buried and there have been reports of increases in



associated diseases like leishmaniasis<sup>22</sup>. Municipalities do not have sufficient technical and financial means to fill these gaps. This has further constrained people's ability to adopt hygiene and sanitation practices that would limit the spread of COVID-19.

Education has also been significantly affected. Prior to the closure of schools due to COVID-19, many learning centres in and around Tripoli were closed due to the proximity of clashes or shelling. This included 16 schools in the frontline areas of Ain Zara and Suq Aljumaa that were closed for four consecutive months from late 2019. A total of 287 schools, or 6 per cent of all schools in Libya, have been damaged or destroyed<sup>23</sup> and another 27 schools are being used as shelters for displaced families<sup>24</sup>. While schools remain closed

due to COVID-19 measures, attempts have been made to provide distance learning classes through television and online platforms in order to continue children's education. However, the recent MSNA survey highlighted that of those students enrolled in school, up to 81 per cent have reported being unable to access these resources<sup>25</sup>.

## Humanitarian access

Humanitarian access, which has been a consistent challenge in Libya since the start of the conflict, continues to be a major obstacle for humanitarian partners to operate in a principled manner and reach those in need and for people in need to access the assistance they require.

In 2020, access has been compounded by COVID-19 and associated measures imposed by various authorities in Libya, as well as the global impediments related to travel and supply chains. Movement restrictions and curfews have limited people's ability to move freely and access their livelihoods and basic goods and services. This has been particularly disruptive for migrants, refugees and women who are more likely to be engaged in the informal economy or in daily labour, restricting their access to livelihoods and thereby to afford necessities.

Increased discrimination and stigmatization from communities as carriers of the disease as well as increased fear of arrest or detention has been reported by migrants and refugees. Similarly, Libyan and non-Libyan

women and girls became more dependent on male family members to be able to move freely to access services and address their needs.

COVID-19 also affected people's access to different health services and support. Many already overburdened health facilities concentrated their efforts to fight the pandemic and were not able to provide primary health service support, which particularly affected access for women to reproductive health services. Migrants, refugees and other people without formal identification documents faced additional barriers in accessing health, education and other services, due to a lack of required legal documentation.

Durable solutions for refugees and migrants were affected by travel restrictions, with resettlement and repatriation programmes being suspended. IOM were only able to re-commence repatriation flights in August, which were subsequently suspended by DCIM for technical reasons. UNHCR organized resettlement departures in September; the first since March.

Humanitarian access to detention centres administered by the Ministry of Interior's Directorate for Combatting Illegal Migration (DCIM) continued to face significant challenges. Access to the centres is often permitted on an ad-hoc basis and routinely has been restricted to specific centres, regions or offered only to certain humanitarian actors. Conditions of access to detainees is also inadequate, with no guarantees of confidentiality and other conditions that allow for free and frank communications. In addition to these centres, thousands of migrants and refugees are believed to be detained by non-state armed groups and smugglers in sites to which humanitarian partners do not have access.

Bureaucratic constraints typically surpassed 60 per cent of all reported access constraints by humanitarian organizations, according to OCHA's Humanitarian Access Monitoring and Reporting Framework. This includes delays and inconsistencies in obtaining and renewing visas for humanitarian staff, which found some remedies starting in October 2020, and registration for humanitarian organizations to operate in Libya, as well as delays in obtaining customs and other clearances for humanitarian supplies, especially health related materials, to enter the country.

Since the onset of COVID-19 and the temporary closure of many countries' borders, including Libya, the ability of humanitarian staff to travel into the country has been severely constrained. In addition to the suspension of commercial flights for many months, the UN Humanitarian Air Service (UNHAS) was also suspended for three months due to issues with movement restrictions and issues with aviation contracts. Movement into the country was further constrained by delays in issuing of visas for international staff.

Timely clearances for humanitarian supplies has also been a significant bureaucratic impediment. In a time where health supplies are in critical need, delays of up to 12 months in securing release of health items from ports have been reported. Delays have been particularly acute in the east where there is a lack of legislation addressing how the relevant authorities should deal with international NGOs, which has required lengthy ad-hoc approaches to securing the release of humanitarian supplies.

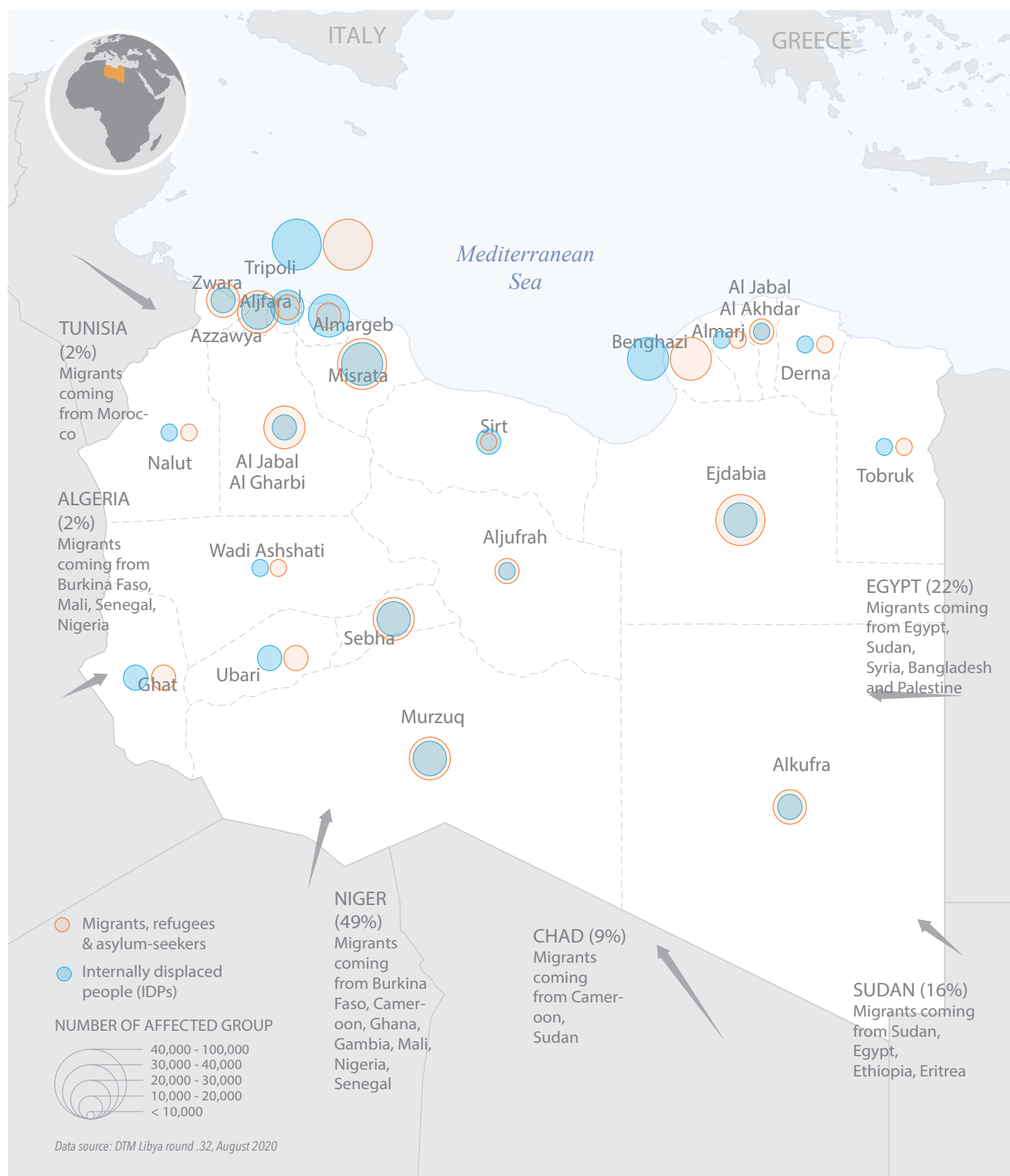
COVID-19 precautionary measures have also posed challenges for humanitarian movements within the

country. Movement restrictions and curfews have required the negotiation of exemptions for humanitarian movements, which have resulted in delays. While municipal administrations in the south have generally been able to facilitate movements, restrictions have been more stringent in the east and west, particularly when seeking approvals to move items from the west, where most humanitarian supplies enter the country, to the east.

While the most common constraints faced by humanitarian organizations are related to bureaucratic impediments, conflict-related constraints presented the most risk to the safety and security of humanitarian staff, equipment and supplies, as well as to communities themselves. Escalations in fighting and inter-group or tribal clashes, along with explosive hazard contamination restricted people's ability to access goods and services, while also constraining the ability of humanitarian organizations to assist those most in need of assistance.

UNICEF/LIBYA







## 1.3

## Scope of analysis

The Libya 2020 Humanitarian Needs Overview (HNO) analysis covers all 22 mantikas (province), given that the protracted crisis has affected all areas of the country, albeit in different ways and at different times. This has been further exacerbated by the impact of COVID-19 that has touched all parts of the country through the near collapse of the health system and far-reaching effects on the socioeconomic situation and people's livelihoods.

Internally displaced people (IDPs), returnees, migrants, refugees and non-displaced continue to be the spectrum of population groups, treated by the analysis. Baseline figures on displaced people, returnees and migrants were provided by IOM's Displacement Tracking Matrix (DTM), while non-displaced was derived from forecasted population figures and refugee population figures was based on the registered refugee list from UNHCR.

For non-displaced Libyans, focus was given to hosting populations and those living in current or previous frontline or conflict-affected areas, particularly in areas hosting large numbers of displaced populations, where there is a higher likelihood of increased damaged as a result of conflict and therefore pressure on available housing and public services. For returnees, focus was given to those areas of conflict and/or armed groups and the threat or presence of explosive hazards.

Geographically, data collection in most instances was undertaken at mantika level through household-level and key informant data collection. Given this, most of the analysis was undertaken at the mantika level. Where there was a need to undertake analysis at the baladiya (district) level, this was done by disaggregating findings from the mantika level data to populate the baladiya level analysis.

The two main sources used for the HNO analysis were the results of the 2020 MSNA and the DTM's displacement, returnee and migrant reports. The MSNA adopted two parallel data collection exercises, differentiated by population groups of interest. The first focused on Libyans (displaced, returnees and non-displaced) conducted in all of Libya's 22 mantikas in 2020. A separate methodology was used for migrants and refugees to reflect and analyze migrants and refugees' inherently different experiences and needs. As the location of migrants and refugees are not dispersed evenly throughout the country but clustered typically in urban areas, nine mantikas were selected in line with pre-defined criteria in relation to concentrations of migrants and refugee populations<sup>26</sup>.

DTM's population flow monitoring and mobility tracking, conducted every two months, collected and analysed key indicators on displaced households, returnees and migrants. Data is gathered through key informants, at municipality and community level, through key informant interviews in roughly 100 municipalities across all 22 mantikas for displaced people and returnees, and through quantitative interviews at 40 flow monitoring points in 13 municipalities for migrants. Additional reports, covering either locations seeing a significant deterioration or increase in humanitarian needs or for a particular population group (such as maritime migration) provide additional datasets for analysis.

Mostly due to the limitations caused by COVID-19 and associated restrictions, there were limited data sources to support analysis and inform the calculation of people in need (PiN). In Libya, a lack of in-depth sectoral assessments undertaken, with many sectors using results from the MSNA and DTM to inform their sectoral analysis. The impacts on food security were supported

by WFP's mobile Vulnerability Analysis and Mapping (mVAM) and other ad-hoc food security agricultural assessments, though most usually only covered a proportion of the geographic scope and/or population groups. For other sectors, disease surveillance, regular market monitoring, as well as service mapping and response monitoring contributed to the calculation of the PiN or analysis.

This was complimented by other ad-hoc and small-scale assessments that provided analysis across a range of cross cutting themes, such as gender, mobility/access and protection, many of which focused on the impact of COVID-19 across Libya. While generally limited in scope (geographic, population groups, etc.) these supported triangulation/validation of other assessment results and contributed to a more inter-sectoral analysis of vulnerabilities and needs.

The majority of assessments that were conducted in 2020 faced a number of constraints, particularly due to COVID-19, that affected the results and were not statistically representative. Most assessments were conducted using remote methodologies, such as through phone interviews, online surveys, WhatsApp group discussions, etc. that influenced the ways in which respondents were identified and, in some cases, required a reduction in the scope of the assessment to adapt to the different information collection platforms. Changes in methodology to adapt to the COVID-19 prevention measures, in some cases, limited the extent to which longitudinal analysis could be made. These challenges are discussed more in the methodology annexes.



## 1.4

## Humanitarian conditions and severity of needs

Libya continues to struggle to cope with the effects of ongoing conflict and insecurity, an economic and governance crisis and the impacts of COVID-19. In 2020, around 2.5 million people have been the most affected, with 1.3 million people having the most severe needs and requiring humanitarian assistance. This is the result of a deterioration or partial collapse of living standards and basic services, an increased reliance on the use of negative coping strategies and widespread grave violations of human rights and significant impact on physical and mental wellbeing.

People living in Alkufra, Benghazi, Ejdabia and Tripoli mantikas were most affected with the highest acute severity on average. This was due to a combination of factors related to having recently experienced conflict, such as Tripoli, or hosting high number of displaced, such as Benghazi, Ejdabia, and Tripoli, or high number of returns, like Benghazi. Alkufra appeared regularly in assessments displaying acute needs particularly in relation to access to services, shelter conditions and use of negative coping strategies. It is also one of the most underserved areas in the country, by the government and humanitarian partners, due to its low population density and relative remoteness.

All mantikas in the southern region, except Aljufra, were classified as the next most severe in terms of overall needs. In addition to underlying vulnerabilities related to insecurity, displacement and governance issues, the south has been particularly hard hit by the COVID-19 pandemic. There were fewer COVID-19 cases reported in September and October, but this is likely not a sign that the virus has been brought under control, but rather due to near exhaustion of testing supplies, limited capacity of health facilities and prolonged electricity cuts and acute shortage of fuel.

### Humanitarian conditions based on physical and mental wellbeing

Serious human rights concerns have persisted in Libya in the last year, as violations of international humanitarian and human rights law in the course of the conflict continued to be committed with impunity. The use of explosive and heavy weapons in densely populated areas continued in the first half of the year, placing civilians at risk, as well as destroying or damaging homes and civilian infrastructure. A concerning number of summary executions and other unlawful killings, abductions, enforced disappearances were reported. From January to June, there were 489 civilian casualties (170 deaths and 319 injuries). This is a slight decrease in the casualty rate compared to the last six months of 2019 (with 497 casualties). Like 2019, ground fighting, airstrikes and heavy weapons, explosive hazards and targeted killings were the leading causes of civilian casualties. Of the casualties, 67 were women, 63 were boys and 16 were girls<sup>27</sup>.

Conflict and insecurity continued to be the main driver of displacement. Continued clashes in the western region displaced at least 36,000 people between February and June<sup>28</sup>. While an improvement in the security situation has seen people slowly returning home, more than 392,000 people remain displaced across Libya. Reports of looting and revenge attacks, as well as other violations, have been reported during fighting or after changes in control of territory, with many families who fled unwilling to return due to fear of retribution. Weak institutional structures and concrete action to ensure accountability for conflict-related and other human rights violations and abuses, undermines efforts to create a protective environment. The establishment of a fact-finding mission by the UN Human Rights Council in June 2020 to investigate violations by all sides in Libya may contribute to efforts to reduce impunity.



Indiscriminate shelling and the increasing use of heavy weapons, in addition to causing displacement, resulted in further destruction of people's homes. Many Libyans who live in conflict-affected areas sustained widespread destruction to their property, forcing many to live in sub-standard conditions increasing the threat of disease, as well as GBV and other protection risks. Large amounts of unexploded ordnance that have accumulated over years of conflict, in addition to the vast number of booby-traps, mines and IEDs that were left by withdrawing LNA and allied forces from southern Tripoli, prevented families from returning home. Other families are unable to return home due to their actual or perceived tribal or political affiliations.

Lack of legal documentation adversely affects people's ability to access services, such as medical care or school enrollment for children. While migrants and refugees are more likely to be impacted by a lack of documentation, it also affects many Libyans, with around 22 per cent of surveyed Libyans reported missing some form of documentation<sup>29</sup>.

Underreporting of sexual and gender-based violence, in an overall context of volatility, is associated with several factors such as the fear of reprisals, widespread stigma, entrenched gender-based discrimination, including in national legislation and cultural practice, and lack of legal protection for survivors. The underreporting on sexual and gender-based violence, including conflict related sexual violence, is also linked to restricted monitoring and reporting due to instability, presence of protection partners and severely limited access to detention facilities.

Reporting of GBV cases that fall under criminal legal provisions to law enforcement by healthcare staff in Libya is still mandatory, which can deter survivors from reporting the case and seeking help. The investigation that follows such reports can be highly re-traumatizing and poses a high risk of retaliation, especially when perpetrators are affiliated with authorities, military or militias. Survivors can also be indicted for adultery and face punished under the legal framework on extramarital intercourse if they fail to prove the absence of consent. In terms of services, there are significant geographical limitations. Specialized GBV case management services,

in line with global standards, are currently only available in Tripoli and Misrata in the west, Benghazi in the east and Sebha in the south. Safe houses for survivors are non-existent.

Movement restrictions and curfews due to COVID-19, and the subsequent closure of schools and many community and group interventions, including for protection partners, has further reduced safe entry points for survivors to receive timely and quality care. The prolonged closure of schools also puts additional pressure and stress on parents and caregivers, particularly women, who disproportionately carry the burden of providing home-schooling and managing with the negative impact of confinement and curfew on children. Long periods of confinements and movement restrictions, along with the worsening economic situation and related impacts on parents' access to work and livelihoods, increase the risks of domestic violence for children and women.

Libya's health system, close to collapse prior to the onset of the COVID-19 pandemic, has been further weakened by the exponential spreading of the virus. In 2020, 50 per cent of surveyed households reported facing issues in accessing health services in the previous quarter. This is a significant increase from 2019 where 24 per cent of surveyed households reported facing challenges in accessing health care when needed. Challenges in accessing health services are higher in the southern region, compared to other parts of the country, and among migrants and refugees more than Libyan population groups<sup>30</sup>. Women and girls are more likely to face challenges in accessing health services due to the lack of documentation required by many public health facilities.

As Libya is heavily reliant on imports for food and other goods, diminished exports from other countries and movement restrictions due to COVID-19, has negatively affected all components of food security. Higher prices, compounded by the impact of curfews and lockdown measures on people's access to work, particularly those in the informal sector or engaged in day labour, has resulted in an increase in food insecurity. As a result, the Food Security Sector estimates that the number of

people that are food insecure and in need of assistance in 2020 has more than doubled.

### **Humanitarian conditions based on living conditions**

the protracted nature of instability and weak and fragmented governance have led to a further deterioration of public service delivery, directly effecting people's ability to meet their basic needs. In 2020, the onset of the COVID-19 pandemic resulted in the country adopting stringent measures, including full lockdowns, curfews, partial or full closure of facilities (including schools), which significantly affected people's ability to earn a livelihood and further constrained access to basic goods and services. Half of all Libyans and non-Libyans surveyed for the 2020 MSNA reported being unable to cover at least one of their basic needs<sup>31</sup>.

The COVID-19 pandemic increased the economic vulnerability of many people who experienced an increase in job insecurity from decreasing demand for labour due to lockdowns, movement restrictions and curfews. In 2020, one in five surveyed working Libyan household reported their workplace had closed due to COVID-19. This was most significant in southern mantikas (particularly Murzuq, Wadi Ashshati and Sebha), where there is a large proportion of people engaged in daily labour for agricultural work.

In addition to the effect of COVID-19 on people's ability to work, the prices of many essential items have increased, making it more difficult for low-income and already vulnerable people or those newly out of work, to afford basic food and goods. While prices have reduced since spiking in April, they remain 10 per cent above pre-COVID levels as of September<sup>32</sup>. Reduced livelihoods and higher prices have also affected the availability and affordability of appropriate shelter. High rent prices and lack of adequate shelter solutions force vulnerable populations to reside in substandard or damaged dwellings. This can lead to significant adverse impacts on the health and wellbeing of those affected.

Access to essential services, such as health, education and water, sanitation and hygiene (WASH) also affects people's living standards. Where communities report being unable to access services, the most reported

reasons pertain to a lack of infrastructure, such as lack of staff, facilities or related supplies. Fifteen per cent of Libyans reported issues with overcrowded health facilities. Communities also reported that they were not able to access services because they did not have sufficient money to pay for it.<sup>33</sup> Equally, women also face barriers to accessing services due to limits on their freedom of movement related to gender-specific protection threats and barriers.

The health system suffers from severe shortages of health staff, supplies and equipment, compounded by years of under-investment and lack of maintenance. According to recent assessments, only 40 per cent of communities have access to child health and emergency services, only 35 per cent to general clinical services, and only 15-20 per cent to reproductive health care and noncommunicable and communicable disease services<sup>34</sup>.

Services for people with disabilities or those seeking mental health support face significant challenges in accessing these services given their limited availability in the country. This is particularly concerning given the increased risk of stress and anxiety stemming from the pandemic and ongoing insecurity.

Water cuts have been regularly reported in many parts of the country in 2020, partly the result of targeted attacks against the Man-Made River project, which supplies 60 per cent of the country's access to water, lack of maintenance, as well as regular electricity cuts that impact the function of water infrastructure. Overall, 24 per cent of households reported that there was at least one time when they did not have sufficient quantity of water to meet their daily needs in the past 30 days<sup>35</sup>. Almost 80 per cent of Libyans in the western region used bottled water as a primary source of drinking water, while in the east and southern regions rely more on protected wells (around 40 per cent and 50 per cent respectively), and around a quarter of respondents in the east reported relying on water trucking.

While 95 per cent of Libyans have access to sanitation facilities, the wastewater systems continue to deteriorate and wastewater is often reported in streets, increasing the risks of disease. Around 90 per

cent of wastewater is disposed of, untreated, into the sea. Moreover, there is no proper solid waste system, particularly in urban areas, with 40 per cent of garbage and solid waste left on the street or buried<sup>36</sup>.

Education has also been severely disrupted for most of 2020, affecting more than 1.3 million children in Libya. With schools closed to reduce the spread of the COVID-19, which was extended several times due to the continued spread of the virus, new modalities of learning were attempted to ensure children could continue their studies. Distance learning classes were implemented, with limited success, through television and other online platforms, as well as through paper-based distributions. The 2020 MSNA found that of surveyed households with children, 81 per cent reported that they did not have access to these resources.

When schools are opened, many schools lack the adequate facilities, particularly in terms of WASH. As the 2019 Joint Education Needs Assessment highlighted, 24 per cent of schools in Libya do not have adequate drinking water facilities, 15 per cent do not have handwashing facilities, and 35 per cent do not have gender-segregated latrines. Once schools re-open, many children who are enrolled may not return having become engaged in labour in order to supplement households' incomes.

### **Humanitarian conditions based on coping mechanisms**

According to the 2020 MSNA, more than half of all Libyan respondents reported employing one or more coping mechanism to address a lack of resources in 2020<sup>37</sup>. The most used strategies included selling non-productive assets, spending savings, borrowing money, resorting to begging, or by reducing spending, particularly on health<sup>38</sup>. Libyans in the south and east of the country were more likely to adopt more severe 'emergency' or 'crisis' coping strategies, with most migrants in the west reporting using either 'stress' coping strategies or not requiring any at all. The exception was Sirt, which had results similar to the majority of migrants in the east and south<sup>39</sup>. Of the Libyan population groups, returnees

were more likely to use emergency or crisis coping strategies than other groups.

For migrants and refugees, the most used strategies included spending savings, borrowing money or reducing spending on services, taking an additional job or begging. Migrants and refugees from West/Central Africa and East Africa were most likely to report they had spent savings or reduced expenditure on services, while those from Middle East/North Africa were most likely to report that they had spent their savings or borrowed money. Women were more likely to adopt crisis or emergency coping strategies than men, with 37 per cent of women reported using coping strategies that fell into either the crisis or emergency categories, compared to only 28 per cent of men<sup>40</sup>.

Many vulnerable households also adopted negative coping strategies to maintain food consumption, with 72 per cent of displaced Libyans and 59 per cent of non-displaced Libyans reporting adopting either crisis or emergency-related coping strategies. The most commonly adopted strategies included buying less expensive food, reducing the number or size of meals or prioritizing children for food with adults reducing their food consumption<sup>41</sup>. The adoption of food-related negative coping strategies was higher for displaced families compared to non-displaced families, and for female-headed households, compared to male-headed households<sup>42</sup>.

The frequent adoption of food-related coping strategies to mitigate food challenges has been reported for a majority of migrants, according to IOM and WFP's migrant food security report. A total of 63 per cent of interviewed migrants reported using food coping mechanisms to mitigate food shortages. The most frequently adopted strategies included, consuming less preferred or less expensive food (adopted by 49 per cent of migrants), limiting portion sizes or number of meals (42 per cent). Daily wage workers were more likely to resort to more severe coping strategies, as well as migrants who have been in Libya for less than a year, compared to those that had been in the country longer. Migrants who are less than 30 years of age were



also found to be the age group most susceptible to employing negative coping strategies<sup>43</sup>.

Although agriculture contributed less than 3 percent to GDP in 2011 (last information available), over one-fifth of the population is engaged in agricultural activities, often producing crops only for household consumption<sup>44</sup>. Those households engaged in food production and the agriculture sector increasingly abandoned agricultural activities due to the deteriorating situation. Agricultural productivity in the last 12 months has been affected by insecurity, scarcity of water and fuel, as well as higher-priced agricultural inputs and constraints on labour due to COVID-19. Among households that were engaged in the sector, around 45,000 households have abandoned agricultural activity in the last 12 months, compared to 15,000 households that were estimated to have abandoned agricultural activities in 2019<sup>45</sup>. This also impacts on food production in Libya, particularly in the southern region, which remains extremely important for the country's agricultural production and, due to its geographical position, hosts many migrants and displaced people, many of whom are employed in this sector<sup>46</sup>.

Many low-income families and other vulnerable groups who have been forced to spend more to cover rent and purchase goods might be affected over the longer term or put them at heightened risk of abuse. Families

may be pushed to withdraw children from school to contribute to the household earning, particularly those at secondary level school age. In Tripoli, protection partners have observed migrant and refugee children working in factories, construction, gas stations, and being routinely exploited due to their irregular status by either not being payed sufficiently or not at all. Unaccompanied or separated children mostly boys aged between 5 and 12, are often engaged in harmful child labour.

Female-headed households, and migrant and refugee women with limited financial options are more vulnerable to sexual exploitation and abuse due to pre-existing discrimination and exacerbated by the current economic situation, including survival sex, enforced by landlords, taxi drivers, and/or public service providers. Movement restrictions have negatively impacted on women, making them even more dependent on their male family members and exposing them and children at heightened risk of domestic violence with detrimental effect on mental health and wellbeing. A UN Women survey highlighted that 46 per cent of the sampled women expressed a fear of increased outbursts of anger at home due to their partners' constant presence and the increasing economic pressure<sup>47</sup>.











## Most vulnerable groups

Thousands of people (k)

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	LOCATIONS
IDPs	173k	0	219k	90k	83k	0	Conflict Access to services	Benghazi Sirt Tripoli
Returnees	228k	220k	46k	40k	188k	0	Conflict Explosive hazards	Benghazi Tripoli
Non-Displaced	502k	4.7M	723k	150k	352k	0	COVID-19 Deteriorating services	Alkufra Benghazi South region
Migrants	304k	0	235k	62k	243k	0	IHL/HR violations Discrimination	Misrata Tripoli
Refugees	44k	0	0	4k	40k	0	IHL/HR violations Discrimination	Tripoli Aljfara

## Most vulnerable groups

Thousands of people (k)

POPULATION GROUP	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN/ADULTS/ELDERLY (%)
IDPs	50 / 50 	48 / 47 / 5 
Returnees	50 / 50 	48 / 47 / 5 
Non-displaced	50 / 50 	48 / 47 / 5 
Migrants	11 / 89 	7 / 93 / 0 
Refugees	36 / 64 	33 / 62 / 5 

# Internally displaced people

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
392k	0%	56%	23%	21%	0%

## Intersectoral severity of needs and drivers of severity

The recent improvements in security in the western region since June 2020 accounted for the first reversal in the rising trend in displacement in more than 18 months. As a result, between June and August there was a reduction in the number of IDPs across Libya from 426,000 people to 392,000 people, with the majority returning to neighbourhoods in southern Tripoli<sup>48</sup>.

Of the 392,000 people that remain displaced in Libya, 44 per cent have unmet needs with consequences on their wellbeing, living standards and resilience. Of the displaced people that are in need of assistance, 21 per cent have the second highest severity of needs, while 23 per cent have the third highest severity of needs.

Compared to mid-2019, Tajoura replaced Benghazi as the municipality hosting the highest number of displaced, with Tajoura nearly doubling the number of displaced being hosted. On the other hand, Benghazi, as second highest, only saw an increase in displacement by 25 per cent. The majority of displaced (63 per cent) have been displaced three times during their displacement<sup>49</sup>.

Conflict and insecurity are expected to continue to influence displacement trends. Should the current security situation hold, it is likely that the slowly increasing trend in returns since the end of the Tripoli in June conflict will continue. However, for those who remained displaced, assessments highlighted that these households are more likely to face challenges in accessing basic service, like health and education, compared with non-displaced households. Of those that remain displaced, half are women and girls and around a quarter are children.

Displaced families are more likely to be living in heavily or moderately damaged homes or in sub-standard shelters than non-displaced families. They are also more likely to have insecure tenancy arrangements putting them at higher risk of eviction. Among displaced, women, children, people with disability, elderly and those with chronic illness are at higher protection risks and facing challenges in accessing basic services and commodities given other factors that influence their vulnerability, such as pre-existing discrimination, mobility issues and their decision-making power relative to other household members.

## Physical and mental wellbeing

While a recent improvement in the security situation has seen displacement reduced, more than 392,000 people remain displaced, 44 per cent of which are most in need of assistance. Indiscriminate shelling and the increasing use of heavy weapons, in addition to causing displacement has resulted in further destruction of people's homes, forcing many to live in sub-standard conditions increasing risks of disease, as well as GBV and other protection risks. Those who were already in vulnerable circumstances have been further affected by conflict. One such as was on 16 May, when the al-Furnaj IDP and migrant shelter in Tripoli was shelled, killing seven people and injuring at least 17 others.

Libya's health system, close to collapse prior to the onset of the COVID-19 pandemic, has been further weakened by the exponential spreading of the virus. In 2020, 52 per cent of surveyed displaced households reported facing issues in accessing health services, this is slightly higher than non-displaced Libyans. While many of the challenges related to access health



services were the same as non-displaced families, displaced families were more likely to face challenges in afford to pay for health services, with 10 per cent of surveyed displaced households, compared to 7 per cent of their non-displaced counterparts<sup>50</sup>.

Higher prices, compounded by the impact of curfews and lockdown measures on people's access to work, particularly for displaced who are more likely than non-displaced to be in the informal sector or engaged in day labour, 10 per cent for displaced people compared to 6 per cent of non-displaced Libyans<sup>51</sup>. This has also resulted in an increase in food insecurity. According to WFP Vulnerability Analysis Mapping (VAM)<sup>52</sup>, the share of displaced households who had poor food consumption was twice that of non-displaced households<sup>53</sup>.

## Living standards

The protracted nature of instability and weak and fragmented governance have led to a further deterioration of public services, effecting people's ability to meet their basic needs. Seventy-six per cent of displaced households reported being unable to cover at least one of their basic needs, higher than non-displaced and similar to returnees<sup>54</sup>.

The COVID-19 pandemic increased the economic vulnerability of many people who experienced an increase in job insecurity, particularly those in temporary jobs or in daily labour. In 2020, 18 per cent of surveyed working Libyan household reported their workplace had closed due to COVID-19. This was most significant in southern mantikas as well as Ubari<sup>55</sup>.

Reduced livelihoods and higher prices have also affected the availability and affordability of accommodation. According to IOM's DTM, 63 per cent of displaced families reside in privately rented accommodation<sup>56</sup>. As displaced people are more likely to have verbal tenancy agreements (37 per cent), compared to non-displaced and returnees (8 per cent and 13 per cent respectively), putting them at higher risk of eviction.

In addition to those in rented accommodation, 22 per cent of displaced families live with host families. Another 4 per cent live in public buildings and 2 per cent

are living in informal camp settings<sup>57</sup>. These shelters do not meet the minimum requirements for safety, security, privacy, physical protection and access to water and sanitation. Some of the collective sites are located in public buildings intended to provide services, such as schools. This hinders opportunities for local integration and/or peaceful coexistence and at times leads to conflicts. In some cases, displaced families have been evicted from such sites, as the communities attempted to restore access to services.

In addition to those displaced households, living in sub-standard or crowded living conditions, a lack of access to WASH services mean people are also unable to protect themselves effectively from the spread of COVID-19. Displaced households are more likely than other Libyans to rely on public networks as their primary source of drinking water, which has been regularly disrupted by water cuts and power outages, this has particularly significant in western Libya.

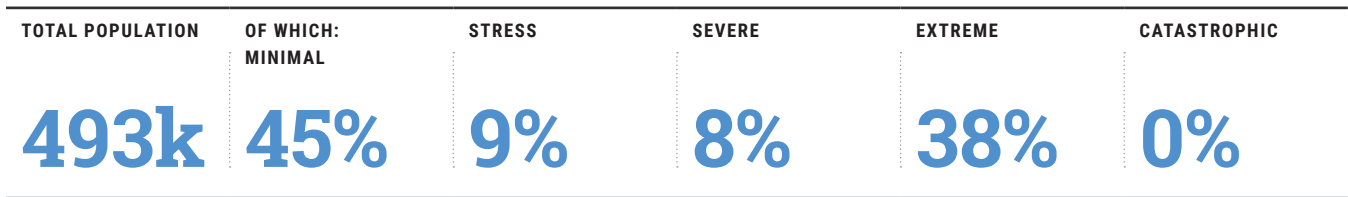
With schools closed, displaced children have faced more challenges access distance learning opportunities than other Libyan population groups, with 86 per cent of displaced households with enrolled children reportedly not being able to access these opportunities<sup>58</sup>.

## Coping mechanisms

According the 2020 MSNA, more than half of all Libyan respondents reported employing one or more coping mechanism to address a lack of resources in 2020. Displaced households are more likely than non-displaced to use negative coping mechanisms. Those coping mechanisms most likely adopted by displaced households include spending savings or borrowing money, selling non-productive assets, taking an additional job or reducing expenditure on health<sup>59</sup>.

This also includes adopting negative coping strategies to food consumption<sup>60</sup>, with adoption of food-related negative coping strategies was higher for displaced families compared to non-displaced<sup>61</sup>. Seventy-two per cent of displaced Libyans, compared to 59 per cent of non-displaced Libyans reported adopting either crisis or emergency-related coping strategies<sup>62</sup>.

# Returnees



## Intersectoral severity of needs and drivers of severity

Returnees have the most acute needs among the Libyan population groups of concern. Of the 274,000 affected returnees, 83 per cent continue to have unmet needs with consequences on their wellbeing, living standards and resilience. Of those returnees that are in need of assistance, 38 per cent have the second most severe acute needs (extreme).

Benghazi remained the municipality with the highest number of returns with little changes in other receiving locations given the rate of returns remaining largely static over the last 12 months. Recent improvements in security, particularly in western Libya as of June, have enabled the first significant increase in the number of people returning home.

However, explosive hazard contamination in many of these areas poses grave risks to people’s wellbeing, along with significant damage to homes and a lack of available services, hinders the rate of returns. 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, Sirt and more recently in Tripoli.

Among displaced households, 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, displaced since 2011, as well as some households from Benghazi, Derna and Sirt. This also includes those families most recently displaced to the east following the recapture of Tripoli and Tajoura by GNA forces.

## Physical and mental wellbeing

Similar to displacement, conflict and insecurity remain a central factor influencing the rate of people returning to their area of origin. However, a significant risk for returning families is the large amounts of unexploded ordnance that have accumulated over years of conflict, in addition to the vast number of booby-traps, including IEDs and mines that were left by withdrawing LNA and allied forces from Tripoli.

The increasing sophistication in the types of explosive devices used in the conflict, coupled with inadequate equipment and expertise of national entities to clear them, has resulted in some families returning to areas that are not safe. This presents grave risks for people’s physical wellbeing, particularly those who have recently returned. Of those Libyan households surveyed for the MSNA, 16 per cent of returnees reported awareness of explosive hazards in their baladiya, higher than other Libyan population groups. In Tripoli, reporting among returnees was as high as 44 per cent<sup>63</sup>.

In particular, in southern Tripoli, numerous returnees have lost their lives, or were severely injured when checking on their properties. In some cases, they were not aware of the threat from explosive hazards; in other cases, they chose to take the risk as a consequence of a perceived lack of alternatives. In some reports, civilians attempted to defuse or clear booby-traps and other explosive hazards, despite the extreme danger involved, causing death or severe injury.

Other families are unable to return home due their perceived or actual tribal or political affiliations and fear of retaliation of reprisals. These groups also report protection challenges during displacement, including

denial of access of basic services, harassment, detention, loss of civil documentation, and threat of eviction. Reports of looting and revenge attacks, as well as other violations, have been reported during fighting or after changes in control of territory.

Lack of documentation affects many Libyans, a quarter of all surveyed returnees reported to be missing some form of documentation. This is higher than displaced and non-displaced Libyans<sup>64</sup>. Lack of documentation affected returnee's ability to access services, particularly health services, and enroll children in school. In 2020, over half of returnees reported facing issues in accessing health services, higher than displaced and non-displaced Libyans<sup>65</sup>.

### Living standards

Among the Libyan population groups, returnees had the highest proportion of respondents being unable to cover at least one of their basic needs<sup>66</sup>. In addition to the effect of COVID-19 on people's ability to work, the prices of many essential items have increased, making it more difficult to afford basic food and goods.

Reduced livelihoods and higher prices have also affected the availability and affordability of appropriate shelter. Many Libyans who have returned home are faced with widespread destruction to their property, forcing many to live in sub-standard conditions increasing risks of disease, and other forms of GBV and other protection risks. Returnees report higher rates of damage to homes, with 32 per cent of returnees reporting either medium damage to destruction, compared with 10 per cent for displaced and non-displaced households<sup>67</sup>. Lack of documentation further complicates finding solutions to housing, land and property disputes and

grievances, creating another obstacle to reintegration between those who stayed and those who returned.

Access to essential services, such as health, education and water, sanitation and hygiene (WASH) also affects people's living standards. Returnees are more likely to report challenges accessing health services, than other Libyans, with 54 per cent reporting challenges<sup>68</sup>. When asked about the main challenges they face in accessing adequate drinking water, returnees, like displaced people, cited the main obstacle related to access to water as being "too expensive"<sup>69</sup>.

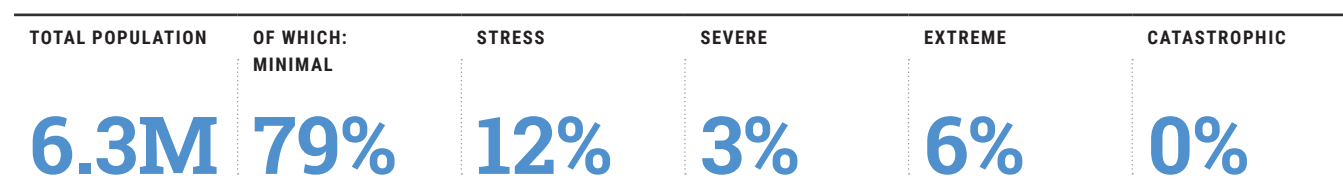
### Coping mechanisms

While more than half of all Libyan respondents reported employing one or more coping mechanism to address a lack of resources in 2020, returnees reported using coping mechanisms more than other Libyans, and more severe types of strategies. The most severe strategies, those called emergency strategies, were adopted more by returnees (33 per cent) than other Libyans (17 per cent). Those emergency strategies most reportedly used by returnees, including asking money from strangers and selling their house or land<sup>70</sup>. These strategies will increase the vulnerability of these families and reduce their resilience to future shocks.

For returnees, key priority needs they report was food assistance. One of the top challenges in fulfilling these needs were related to the erosion of coping mechanisms<sup>71</sup>. As a result, returnee households adopted negative coping strategies to maintain food consumption. The most commonly adopted strategies included buying less expensive food, reducing the number or size of meals or prioritizing children for food with adults reducing their food consumption<sup>72</sup>.



# Non-displaced Libyans



## Intersectoral severity of needs and drivers of severity

Of the 1.2 million non-displaced Libyans that have been affected by the protracted conflict, 41 per cent have unmet needs with consequences on their wellbeing, living standards and resilience. Of the non-displaced people that are in need of assistance, 70 per cent have the second highest severe of needs (extreme), while 30 per cent have the third highest severity of needs (stress).

People's ability to meet their needs in Libya is often correlated to their ability to access cash, which has been affected by liquidity issues, but also by the impact COVID-19 has had on livelihoods. While reforms are ongoing, their impact has varied geographically. People in the south, including Alkufra, face greater challenges in obtaining cash due to dependence on distributions from the central government. Mantikas in the southern region, along with Benghazi and Sirt in the north, have the highest number of households reporting challenges in meeting their basic needs<sup>73</sup>.

Women and girls have limited enjoyment of their rights. In addition to the inability to pass on their nationality, sexual and reproductive rights are systematically violated by the current legislation; sexual violence is understood in Libya as a crime against the victim's 'honour' (Zina), and a perpetrator can marry his victim to nullify legal action against him. The lack of protective legal mechanisms capacities in law enforcement and social services to support GBV cases further contributes to widespread impunity of perpetrators.

Women and girls are more likely to face challenges in accessing health services due to the lack of

documentation required by many public health facilities. Movement restrictions drastically reduced community and group interventions for all protection partners. As a result, safe entry points for GBV, child protection and more individual case management through community centres and safe spaces for women and girls were further limited.

## Physical and mental wellbeing

The use of explosive and heavy weapons in densely populated areas has meant that many Libyans who live in conflict-affected areas have sustained widespread damage or destruction to their property. Among non-displaced Libyans, 10 per cent reported medium to total damage to their accommodation and 45 per cent reported living in sub-standard shelter conditions<sup>74</sup>.

Libya's health system, close to collapse prior to the onset of the COVID-19 pandemic, has been further weakened by the exponential spreading of the virus. In 2020, 50 per cent of surveyed non-displaced households reported facing issues in accessing health services in the previous quarter<sup>75</sup>.

Women also faced additional challenges accessing medical assistance due to pre-existing gender-related mobility constraints coupled with strict movement restrictions due to COVID-19. As a result, safe entry points for GBV, child protection and more general protection case management through community centres and safe spaces for women and girls were further limited. In a UN Women survey, 70 per cent of surveyed women confirmed that they were not able to visit health clinics or hospitals without the presence of a male member of family (brothers, fathers, or husbands)<sup>76</sup>.

In mid-2020, Libya's failure to secure the timely replenishment of critical vaccines resulted in stock-outs of all vaccines, including those that are critical to tackle childhood diseases such as measles and polio, for at least two months. This put at risk of lives of more than 250,000 children. Some 77 per cent of assessed communities reported outbreaks of diseases such as diarrhoea, scabies and influenza-like illnesses. Between January and August, only 75 per cent of disease alerts were investigated and responded to within 72 hours. Recent data suggest that there is a continued worsening of the tuberculosis (TB) burden in the country. The number of TB cases registered has almost doubled, from 1,118 in 2016 to 2,209 in 2019<sup>77</sup>. The clear threat of outbreaks of vaccine-preventable and other diseases is compounded by poor disease surveillance.

Schools, in addition to providing education, serve as an access point for conflict-affected children and adolescents to access various services including school-feeding programmes, recreational activities, and psychosocial support services. The prolonged closure of schools also puts additional pressure and stress on parents and caregivers, particularly women, who disproportionately carry the burden of providing home-schooling and managing with the negative impact of confinement and curfew on children. Long periods of confinements and movement restrictions, along with the worsening economic situation and related impacts on parents' access to work and livelihoods, increase the risks of domestic violence for children and women.

## Living standards

Non-Libyans, like other vulnerable population groups, have seen their living standards decrease as the COVID-19 pandemic has exacerbated the economic situation in and country affecting people's access to their work and livelihoods. Curfews and movement restrictions have resulted in many people not being able to travel to work or their workplace has closed. While non-displaced Libyans' access to their job has been less affected, 19 per cent of working non-displaced households reported their workplace closed due to COVID-19. This was most significant in southern mantikas (particularly Murzuq, Wadi Ashshati and

Sebha), where there is a large proportion of people engaged in agricultural work.

The prices of many essential items have increased, making it more difficult for low-income families, or those newly out of work, to afford basic food and goods. While prices have reduced since spiking in April, they remain 21 per cent above pre-COVID levels as of September. Prices have been more volatile in southern Libya, compared to other regions<sup>78</sup>.

Access to essential services, such as health, education and water, sanitation and hygiene (WASH) also affects people's living standards. Where communities report being unable to access services, the most reported reasons pertain to a lack of infrastructure, such as lack of staff, facilities or related supplies. More non-displaced Libyans, than other Libyan population groups, reported challenges in accessing health services, with lack of medicines, an absence or shortage of health workers, or overcrowded health facilities as being the main reasons for these challenges<sup>79</sup>. Equally, women also face barriers to accessing services due to limits on their freedom of movement related specifically to their gender.

Although non-communicable diseases (NCDs) account for 72 per cent of the burden of disease in Libya, NCD services are widely unavailable, putting those with pre-existing health conditions at higher risk, particularly in light of COVID-19. Equally, persons with disabilities face significant challenges in accessing support, with disability services focused mainly in Benghazi, Misrata, Sebha and Tripoli. Mental health services are available in Tripoli but are mostly absent in the rest of the country. The main psychiatric hospital in Tripoli has been closed and outpatient services have been suspended because of COVID-19 restrictions. This is particularly concerning given the increased risk of stress and anxiety stemming from the pandemic and ongoing insecurity.

Twenty-two per cent of non-displaced households reported that there was at least one time when they did not have sufficient quantity of water to meet their daily needs in the past 30 days<sup>80</sup>. Particularly in the west of the country, long hours of power cuts have affected people's access to water. Almost 80 per cent of Libyans in the western region used bottled water as

a primary source of drinking water, while in the east and southern regions rely more on protected wells (around 40 per cent and 50 per cent respectively), and around a quarter of respondents in the east reported relying on water trucking<sup>81</sup>.

Education has been severely disrupted for most of 2020, particularly since the closure of schools in March to reduce the spread of the COVID-19. Distance learning classes were implemented through television and other online platforms, as well as through paper-based distributions. Despite these initiatives, the 2020 MSNA found that of surveyed households with enrolled children, 81 per cent reported that they did not have access to these resources.

### **Coping mechanisms**

According to the 2020 MSNA, more than half of all Libyan respondents reported employing one or more coping mechanism to address a lack of resources in 2020. The most used strategies included selling non-productive assets, spending savings, borrowing money or reducing spending on, particularly on health or begging<sup>82</sup>. While non-displaced Libyans were less likely to resort to negative coping strategies, those in the south and east of the country were more likely to adopt coping strategies, compared to their western counterparts<sup>83</sup>.

Negative coping strategies related to maintaining food consumption was also reported, 59 per cent of non-displaced Libyans reporting to have adopting a

range of different strategies to maintain some level of food security. The most commonly adopted strategies included buying less expensive food, reducing the number or size of meals or prioritizing children for food with adults reducing their food consumption<sup>84</sup>. The adoption of food-related negative coping strategies was more prevalent for female-headed households, compared to male-headed households<sup>85</sup>.

Although agriculture contributed less than 3 percent to GDP in 2011 (last information available), over one-fifth of the population is engaged in agricultural activities, often producing crops only for household consumption<sup>86</sup>. Those households engaged in food production and the agriculture sector increasingly abandoned agricultural activities due to the deteriorating situation. Agricultural productivity in the last 12 months has been affected by insecurity, scarcity of water and fuel, as well as higher-priced agricultural inputs and constraints on labour due to COVID-19.

Among households that were engaged in the sector, around 45,000 households have abandoned agricultural activity in the last 12 months, compared to 15,000 households that were estimated to have abandoned agricultural activities in 2019<sup>87</sup>. This also impacts on food production in Libya, particularly in the southern region, which remains extremely important for the country's agricultural production and, due to its geographical position, hosts many migrants and displaced people, many of whom are employed in this sector<sup>88</sup>.



# Migrants and refugees

## MIGRANTS

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
538k	0%	44%	11%	45%	0%

## REFUGEES

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
44k	0%	0%	9%	91%	0%

### Humanitarian conditions and drivers of severity

Protection risks are prominent for refugee and migrants, including the risk of being arrested, detained, having their freedom of movement restricted or a lack of access to shelter and essential services. Refugees and migrants in general have more severe needs, compared to other groups of concern, and represent nearly a third of all people in the extreme categories.

Of the 538,000 migrants and 44,000 refugees in Libya, 56 per cent of migrants and all refugees have unmet needs with consequences on their wellbeing, living standards and resilience. Of the refugees and migrants, women and children have the most severe needs, in addition to those who are in detention.

While migrants and refugees are considered among the most vulnerable groups in Libya, 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 are more likely to face higher insecurity and movement restrictions, have poorer food consumption and less likely to be able to cover their basic needs, compared to migrants and refugees from other regions<sup>89</sup>.

Those who are held in official detention centres, compared to those in communities, are more exposed to protection risks, and are exposed to human rights violations, which include severe overcrowding, violence, ill-treatment, forced labour, acute malnutrition and the spread of COVID-19. Furthermore, thousands of migrants and refugees are believed to be held in other sites, such as those run by smugglers or non-state armed groups, to which humanitarian partners do not have access to provide critical assistance, putting their physical and mental wellbeing at even greater risk.

Multiple assessments have shown that among the refugee and migrant population, women are more likely to have poorer nutrition outcomes, more challenges in accessing to sufficient shelter, less opportunities for work and therefore greater barriers to marketplaces. One quarter of all migrant and refugee children are unaccompanied or separated, putting them at greater risk of exploitation and abuse<sup>90</sup>.

Some of these children were subjected to rape and other forms of sexual violence, including forced prostitution by traffickers or criminal networks associated with armed groups. Migrant and refugee children in detention, are often detained together with adults, and

are exposed to human rights violations, which include severe overcrowding, violence, ill-treatment, forced labour, acute malnutrition and the spread of COVID-19. In particular, child labour among refugee and migrant children is common, particularly in the south.

### **Physical and mental wellbeing**

Migrants and refugees continue to be subjected to torture, sexual violence, abduction for ransom, trafficking, forced labour and unlawful killings throughout Libya. Discrimination in access to services, lack of legal protection and documentation continue to prevent migrants and refugees from accessing rights and meeting their basic needs including healthcare, food, shelter, education, and specialized protection assistance. Considering the spread of COVID-19 and the risk of contracting the virus, migrants and refugees' wellbeing is particularly at risk if they are unable to access health services. In a recent survey, migrants and refugees reported that fear of being reported to the authorities, mostly due to their irregular status, as well as discrimination were the two highest barriers to accessing health services. Women were more likely to report these barriers compared to their male peers (45 and 32 per cent respectively for women compared to 32 and 28 per cent respectively for men)<sup>91</sup>.

Social discrimination, particularly against migrants and refugees, and has increased since the onset of the pandemic, driven by misinformation, fear, and panic. Discrimination against those perceived as carriers of the virus has been more pronounced against migrants and refugees given pre-existing discrimination and social exclusion in Libya. A rapid survey conducted in June 2020 highlighted that 12 per cent of migrants and refugee respondents noted an increase in discrimination since the COVID-19 outbreak<sup>92</sup>. Along with increased presence of security forces during curfews and movement restrictions, this has raised the fear of arrest or detention, creating additional barriers for migrants' and refugees' access to services. Intercommunity tensions remain high, with reported incidents of fatal attacks by unknown armed groups against settlements where migrants and refugees live.

The detention system remains rife with arbitrary detention and other abuses. As of October, UNHCR and IOM estimate more than 3,400 individuals, including 1,200 persons of concern, are held in state-run detention centres, with 12 per cent being female and 27 per cent children. Those in detention face conditions characterized by torture, GBV, overcrowding, a lack of sanitation and medical services, among others. There are serious concerns over the conditions in detention for women and girls with a lack of female guards, strip-searches in front of or by male guards, a lack of privacy in sanitation facilities, and no access to sexual and reproductive health services. Many migrants, asylum-seekers and refugees that attempt the dangerous sea crossing to Europe are intercepted and returned to Libya, which is not considered a safe port, and placed into some form of detention without due process.

Migrants and refugees are also at risk of kidnapping and sexual exploitation by criminal groups and are targets for theft in areas with high concentrations of migrant and refugee populations. The existence of trafficking camps in certain areas of Libya is an ongoing concern. Reportedly, individuals are held in captivity in camps in Nesma, Alkufra or Sebha with journeys being arranged by different smuggling or trafficking networks starting from their country of origin, with the hope to cross the sea to Europe. The majority reported the payment of ransom for release and transportation from one location to another.

Large amounts of unexploded ordnance that have accumulated over years of conflict present significant risks to migrants and refugees as they do not have access to the same formal and informal information networks and/or face language barriers when accessing vital information. This has been confirmed by the MSNA, with migrants and refugees routinely displaying lower levels of awareness about explosive hazard contamination than their Libyan counterparts.

Food consumption has decreased among migrants and refugees. This is largely due to their underlying vulnerabilities coupled with the socio-economic impact, particularly on livelihoods and movement restrictions, related to COVID-19. As a result, according to IOM's Migrant Emergency Food Security Report<sup>93</sup>, conducted

with WFP, one in three migrants in Libya were estimated to be food insecure. Migrants and refugees who are in irregular situations, those who had fled their countries because of violence or are engaged in temporary working conditions or in the informal economy were more likely to be the most food insecure.

## Living standards

Migrant's and refugee's livelihoods have been disproportionately affected by COVID-19, as they make up a significant number of people engaged in daily labour or engaged in the informal economy. In 2020, 22 per cent of working migrants and refugees reported their workplace had closed due to COVID-19. In addition to workplaces being closed, roughly 20 per cent of working migrants and refugees surveyed reported that their salary had been lowered as a result of COVID-19<sup>94</sup>. As a result of disruptions to employment, a recent IOM DTM survey reported that 27 per cent of migrants reported being unemployed, which is substantially higher than in February 2020 (which was 17 per cent)<sup>95</sup>.

While displaced households and returnees continued to face hardship and a wide array of protection needs stemming from insecurity, migrants and refugees, particularly in urban settings, were even more exposed to risks. This is due to their lack of a social safety network, their reliance on humanitarian support for basic commodities and services, their exposure to risks related to exploitation and abuse, as well as social discrimination they face and linguistic barriers they encounter. As a result, migrants and refugees are more likely to face challenges in access to basic services, compared to other groups. For example, 64 per cent of migrant and refugee respondents reported facing issues access health services, compared to 50 per cent for Libyans<sup>96</sup>.

Reduced livelihoods and higher prices have also affected the availability and affordability of appropriate shelter. According to IOM's DTM, 73 per cent of migrants and refugees reside in privately rented accommodation<sup>97</sup>. Migrants and refugees are also less likely to have formal tenancy agreements, leaving them exposed to predatory behaviours by landlords, including arbitrary increases in rent and threats of, or actual evictions. According to

the 2020 MSNA, 94 per cent of migrants and refugees reported having insecure tenancy arrangements. Other migrants and refugees live in collective shelters, 19 per cent and 24 per cent reported to be living in their workplaces, where conditions are worse. Migrants and refugees in rural areas are more likely to be staying in these types of shelter arrangements, than those migrants and refugees living in urban areas<sup>98</sup>.

Lack of documentation also affects migrant's and refugee's ability to access services, such as medical care or enrolling children in schools. Challenges in accessing health services are higher in the southern region, compared to other parts of the country, and among migrants and refugees more than Libyan population groups<sup>99</sup>. Lack of legal documentation adversely affects migrants and refugees, particularly East Africans, with a higher percentage of men (66 per cent) than women (41 per cent) reporting difficulties due to a lack of documentation. Those who have left their home country because of conflict or persecution are less likely to have all the documentation they need<sup>100</sup>.

## Coping mechanisms

For migrants and refugees, the most used strategies included spending savings, borrowing money or reducing spending on services, taking an additional job or begging. Migrants and refugees from West/Central Africa and East Africa were most likely to report they had spent savings or reduced expenditure on services, while those from Middle East/North Africa were most likely to report that they had spent their savings or borrowed money. Women were more likely to adopt crisis or emergency coping strategies than men, with 37 per cent of women reported using coping strategies that fell into either the crisis or emergency categories, compared to only 28 per cent of men<sup>101</sup>.

The frequent adoption of food-related coping strategies to mitigate food challenges has been reported for most migrants, according to IOM and WFP's migrant food security report. A total of 63 per cent of interviewed migrants reported using food coping mechanisms to mitigate food shortages. The most frequently adopted strategies included, consuming less preferred or less expensive food (adopted by 49 per cent of migrants),



limiting portion sizes or number of meals (42 per cent). Daily wage workers were more likely to resort to more severe coping strategies, as well as migrants who have been in Libya for less than a year, compared to those that had been in the country longer. Migrants who are less than 30 years of age were also found to be the age group most susceptible to employing negative coping strategies most frequently<sup>102</sup>.

Many families in order to afford rent and basic goods and services may withdraw children from school to contribute to the household earning. In Tripoli,

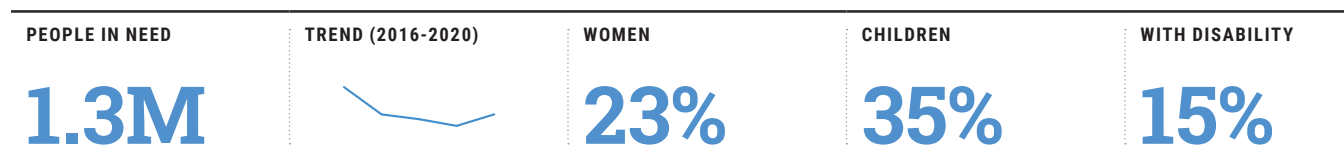
protection partners have observed migrant and refugee children working in factories, construction, gas stations, and are routinely exploited due to their irregular status by either not being payed sufficiently or not at all. Unaccompanied or separated children mostly boys aged between 5 and 12, are often victims of child labour. This exposes children to exploitation and abuse. Equally, female migrants and refugees with limited financial options are more vulnerable to sexual exploitation and abuse due to pre-existing discrimination, which could include requests for sexual favours by landlords, taxi drivers, and public service providers.



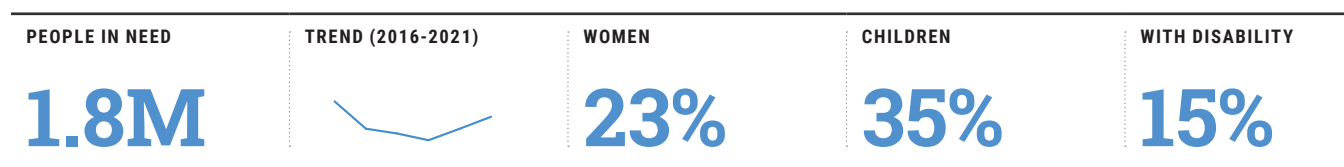
# 1.5

## Number of people in need

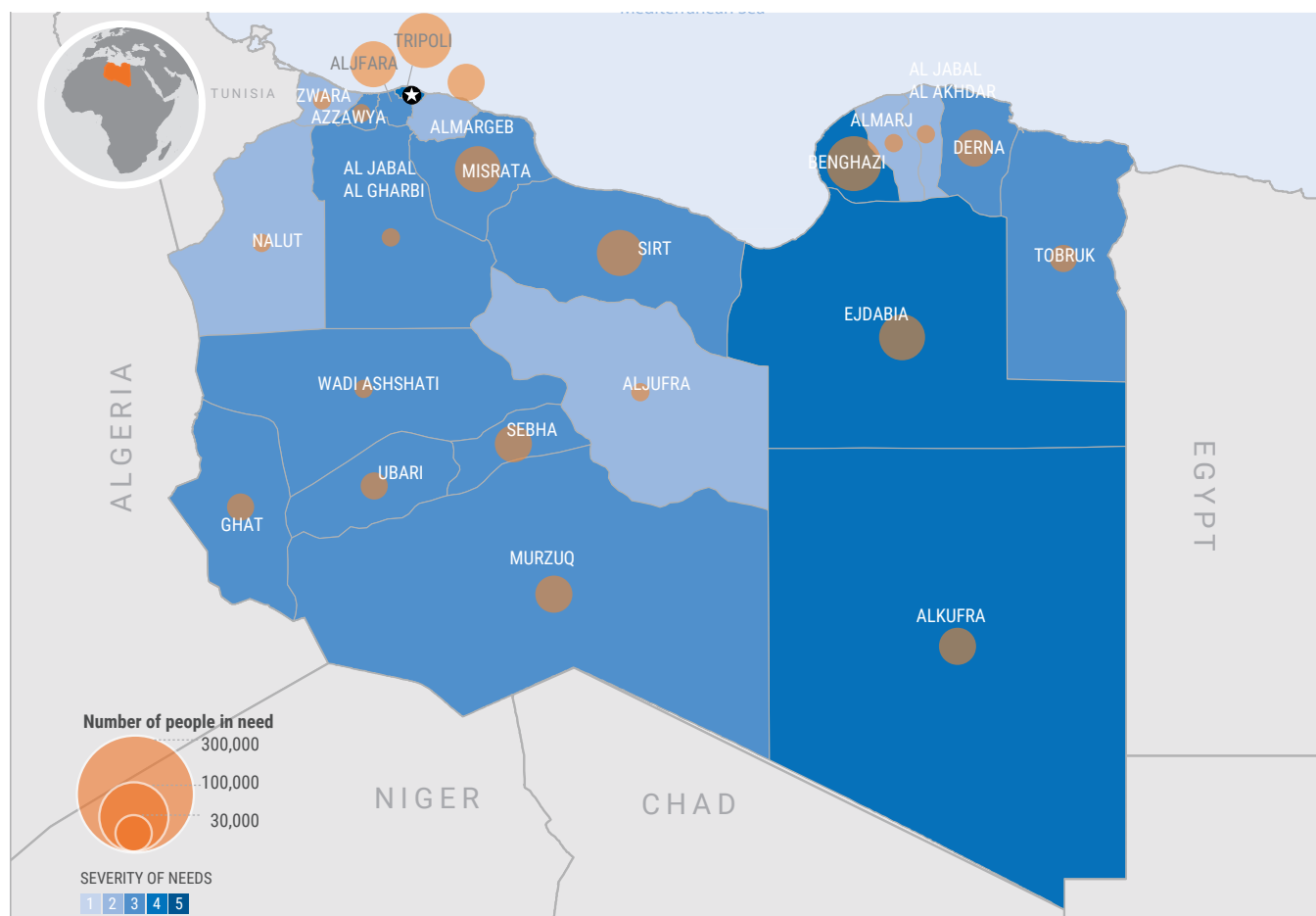
### Current figures



### Projected figures (2021)



### Severity of inter-sectoral needs and estimated number of people in need



About 1.3 million people are projected to need humanitarian assistance in 2021. 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. The estimated PiN for 2021 is a 40 per cent increase from the 893,000 people projected to be in need for 2020 and 25 per cent increase from the revised PiN calculated in mid-2020.

Of the number of people in need, 290,000 are women and 433,000 are under 18 years of age, of which 48 per cent are girls. While the people in need is 60 per cent boys and men, this is largely due to the high proportion of migrants being male (89 per cent). Additionally, an estimated 188,000 people in need are people living with a disability (60 per cent male and 40 per cent female).

Of the 392,000 people who remain displaced in Libya, 173,000 displaced people (44 per cent) need assistance due to a combination of factors relating to an inability to afford rent and/or basic needs, increased protection and/or health risks due to living in sub-standard shelters or are in fear or at risk of eviction. The sub-groups that are more likely to have more severe needs and rely on humanitarian assistance include female-headed households and people residing in informal settlements and public buildings, who account for 6 per cent of all displaced. There has been a moderate decrease in the number of displaced people who are identified to be in need, compared to 2020 and compared to other population groups in 2021, which is a reflection of improvement in the security situation, particularly in the west, which drove displacement in 2019 and early 2020.

For people who have been able to return home, an estimated 228,000 returnees are most in need of assistance due to a 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 hazard contamination. This population group has seen the largest increase of those identified to be in need, tripling the number of returnees in need compared to 2019. These increases are largely a reflection of the effect of COVID-19, as well as the projected increasing trend in returns.

COVID-19 and its socio-economic impacts has also significantly affected non-displaced Libyans, who represent the population group with the largest overall number of people in need at 502,000 people, representing 40 per cent of all those people identified to be in need. The number of non-displaced estimated to have unmet humanitarian needs has doubled from last year, representing the second highest increase, after returnees, from 2019 to 2020. The key factors determining vulnerability include, lack of access to health, water and education facilities and services, restrictions in movement and need for basic shelter improvement. The increase in the use of negative coping strategies, particularly related to maintaining food consumption further account for a deterioration in people's wellbeing and living standards.

Of the number of migrants and refugees estimated to be in Libya-586,000 people-almost 304,000 migrants and more than 44,000 refugees need humanitarian assistance in 2021. This is roughly consistent with 2019, with small decreases mirroring the reduction in the total number of migrants and refugees in Libya in 2020.

Migrants and refugees continue to face protection risks, as well as restrictions and discrimination in accessing basic services and shelter. Some 3,400 migrants and refugees remain in detention centres, where grave violations, including torture and GBV, have been documented. Essential services in detention centres are extremely limited. While women and children make up a minority of refugees and migrants in detention centres 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 people in need, migrants make up the second largest group, after non-displaced Libyans, representing 24 per cent. Similar to last year, all registered refugees in the country are anticipated to have significant unmet humanitarian needs and therefore the entire refugee population is reflected in the PiN.

### **Perceptions and preferences of affected people**

In 2020, humanitarian partners relied on remote and semi-remote management and a limited number of

local implementing partners to reach people in need. To communicate and get feedback on needs and services provided, third-party monitoring mechanisms were used.

Recent assessments and studies highlight that the main ways that people prefer to access information is through their friends, family members and communities, as well as by phone and social media. This has also been the case in terms of accessing information in relation to COVID-19. A survey of migrants and refugees in Libya found that online sources (38 per cent), other migrants/refugees (36 per cent) were the main sources of information on protecting themselves from COVID-19<sup>103</sup>.

However, the use of social media as a preferred source of information is higher among Libyans. For example, a rapid survey by UNICEF in the southern region highlighted that 94 per cent of people thought Facebook was the most effective communication channel. Where social media was not accessible, respondents indicated that the most impactful means were: signs or posters that were placed along roads (62 per cent), flyers that had been distributed in public places (57 per cent) and signs and stickers displayed in mosques, bakeries and other public places (43 per cent)<sup>104</sup>.

Phones and social media are also the preferred method for receiving information about how to access humanitarian assistance. Across the surveyed communities, 53 per cent of Libyans identified phones (calls or SMS) as their preferred method followed by 10 per cent identifying social media (namely Facebook or Twitter) and 6 per cent identifying WhatsApp, with displaced households and returnees more likely than non-displaced Libyans to use these methods. Similarly, 68 per cent of migrants and refugees identified phones, followed by 22 per cent identifying WhatsApp and 14 per cent highlighting social media<sup>105</sup>.

An important way in which the humanitarian community supports community awareness and engagement, as well as enabling communities to provide information on their preferences and perspectives, is through the Inter-Agency Common Feedback Mechanism (CFM). Since its establishment in February 2020, the ETS-managed call centre has answered more than 14,400 calls by the end of September 2020. While numbers were modest in

the initial days, given limited awareness, calls sharply increased at the end of March when it was officially requested by the National Centre for Disease Control (NCDC) to serve as one of the official national channels for COVID-19 information – going from 50 calls per week in mid-March to 2,400 calls the week after. The call centre continues to play a crucial part in the health response to prevent further spread of the virus in Libya. Since March, the average number of calls has stabilized to around 600 calls per week.

Geographically, most calls (88 per cent) have come from the western region of Libya, Tripoli municipality. This might in part be due to the emergence of the pandemic in Tripoli and the larger presence of international humanitarian partners operating in the region who have been providing awareness materials along with their distributions. Of all calls received, women account for one quarter of all callers. Already half of the operators of the call center are women, allowing affected populations to provide their feedback and raise their concerns to an operator with whom they are most comfortable.

While earlier in the year, the vast majority of callers asked for COVID-19 related information, the proportion of calls related to humanitarian issues since July have been roughly half of all calls. Most of these humanitarian-related calls have related to cash, followed by protection and food assistance.

However, there is still a need to improve the way that the humanitarian community engages with affected communities and create avenues for affected communities to provide information in relation to their needs and preferences. Results from the MSNA survey showed that of respondents who reported not receiving assistance in the last six months, but needing it, 15 per cent of Libyans (higher for returnees at 28 per cent) and 20 per cent of migrants and refugees, reported they did not know how to access assistance in their area<sup>106</sup>.

Shelter, food, health, non-food items and WASH are the most consistently identified needs among the majority of affected communities in Libya, similar to last year. For displaced households, shelter is the most commonly identified need (30 per cent of respondents), followed by food (27 per cent). On the other hand, returnees,



many who return to their previous homes identified food (21 per cent), followed by non-food items (18 per cent) as their most pressing needs. Displaced families and returnees identified health services as their third priority need<sup>107</sup>. This is consistent with the needs as expressed by communities last year, although shelter has become a more commonly identified need for displaced households, potentially pointing to more pressure on availability given the increase in displacement in the last 12 months.








































For migrants and refugees, 81 per cent identified health as the overwhelming need, consistent to last year. Shelter (42 per cent) followed by non-food items (38 per cent) and WASH (24 per cent) were the next most reported needs. Challenges related to food were also reported typically to increased prices or reduced availability,

which was similar to challenges faced in relation to shelter and non-food items. This has likely been further exacerbated by the increase in unemployment and lack of access to livelihoods due to COVID-19<sup>108</sup>.

While health was consistently reported as a priority need among all population groups, challenges relating to accessing health services was different for the different population groups. For Libyans, challenges in accessing health services were related to availability, due to lack of medicines at facilities, shortages/absence of health workers and overcrowded facilities. For migrants and refugees, while availability was also a reported challenge, issues related to affordability and lack of documentations were more commonly reported than those related to availability of services that resulted in unmet needs<sup>109</sup>.



## All population groups

AREA	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	[IDPS]	[RETURNEES]	[NON- DISPLACED]	[MIGRANTS]	[REFUGEES]
Al Jabal Al Akhdar	17 / 83 	13 / 85 / 1 	15% 	2.8k	-	-	9k	0.1k
Al Jabal Al Gharbi	27 / 73 	25 / 73 / 2 	15% 	0.3k	-	0.6k	1.1k	1.1k
Aljfara	43 / 57 	41 / 55 / 4 	15% 	1k	13.1k	69.5k	16.3k	6.8k
Aljufra	21 / 79 	19 / 79 / 1 	15% 	1.2k	-	-	3.8k	-
Alkufra	30 / 70 	24 / 73 / 2 	15% 	6.9k	2.2k	12.1k	24.3k	-
Almargeb	49 / 51 	46 / 49 / 5 	15% 	8.6k	-	52.7k	1.5k	2k
Almarj	16 / 84 	11 / 88 / 1 	15% 	1.3k	-	-	6.2k	0.1k
Azzawya	35 / 65 	34 / 63 / 3 	15% 	0.8k	-	4k	3.2k	1.8k
Benghazi	45 / 55 	42 / 53 / 4 	15% 	24.4k	44.5k	185.1k	36.9k	2.3k
Derna	43 / 57 	40 / 56 / 4 	15% 	0.3k	24.3k	19k	9.6k	-
Ejdabia	33 / 67 	31 / 66 / 3 	15% 	24.9k	-	35.1k	33.6k	0.1k
Ghat	38 / 62 	36 / 61 / 3 	15% 	5.5k	0.8k	5k	4.3k	-
Misrata	21 / 79 	19 / 80 / 2 	15% 	7.7k	3.9k	11.7k	53.5k	3.5k
Murzuq	39 / 61 	37 / 59 / 3 	15% 	20.4k	1.4k	15.3k	13.6k	-
Nalut	31 / 69 	27 / 71 / 3 	15% 	0.1k	-	0.5k	0.7k	0.1k
Sebha	43 / 57 	38 / 59 / 4 	15% 	17.6k	3.2k	30k	15k	0.3k
Sirt	50 / 50 	47 / 48 / 5 	15% 	15.3k	42.6k	21.9k	0.7k	0.3k
Tobruk	41 / 59 	39 / 57 / 4 	15% 	1.2k	-	13.8k	4.2k	-
Tripoli	40 / 60 	36 / 61 / 3 	15% 	26.2k	73.3k	16.5k	57.3k	23.8k
Ubari	44 / 56 	42 / 53 / 4 	15% 	4.4k	18.8k	7.3k	4.5k	-
Wadi Ashshati	21 / 79 	25 / 72 / 2 	15% 	1.6k	-	-	2.3k	0.1k
Zwara	37 / 63 	32 / 65 / 3 	15% 	0.4k	-	1.8k	1.9k	1.5k

MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)	
			MINIMAL	STRESS	SEVERE	EXTREME		
Al Jabal Al Akhdar	IDPs		-	778	919	1,838	16119%	▲
Al Jabal Al Akhdar	Returnees	-	-	-	-	-		
Al Jabal Al Akhdar	Non-displaced	239,269	239,269	-	-	-	100%	▼
Al Jabal Al Akhdar	Migrants	12,336	-	3,331	3,824	5,181	958%	▲
Al Jabal Al Akhdar	Refugees	114	-	-	48	66	64%	▼
Al Jabal Al Gharbi	IDPs	8,890	-	8,573	159	159	97%	▼
Al Jabal Al Gharbi	Returnees	12,189	12,189	-	-	-	54%	▼
Al Jabal Al Gharbi	Non-displaced	346,382	314,911	30,842	629	-	96%	▼
Al Jabal Al Gharbi	Migrants	31,095	-	30,007	808	280	94%	▼
Al Jabal Al Gharbi	Refugees	1,118	-	-	831	287	26%	▼
Aljfara	IDPs	19,150	-	18,193	766	192	95%	▼
Aljfara	Returnees	28,970	15,890	-	-	13,080	965%	▲
Aljfara	Non-displaced	502,991	433,536	-	-	69,455	867%	▲
Aljfara	Migrants	16,294	-	-	-	16,294	43%	▲
Aljfara	Refugees	6,794	-	-	-	6,794	102%	▲
Aljufra	IDPs	1,350	-	125	621	604	31%	▲
Aljufra	Returnees	450	450	-	-	-		
Aljufra	Non-displaced	58,075	58,075	-	-	-	100%	▼
Aljufra	Migrants	10,857	-	7,057	2,063	1,737	26%	▼
Aljufra	Refugees	43	-	-	23	20	84%	▼
Alkufra	IDPs	6,855	-	-	-	6,855	10%	▲
Alkufra	Returnees	2,375	175	-	-	2,200	95%	▼

MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	
Alkufra	Non-displaced	47,497	35,367	-	-	12,130	18% <span>▲</span>
Alkufra	Migrants	24,344	-	-	-	24,344	68% <span>▲</span>
Alkufra	Refugees	11	-	-	-	11	96% <span>▼</span>
Almargeb	IDPs	34,505	-	25,879	7,936	690	215556% <span>▲</span>
Almargeb	Returnees	1,726	930	796	-	-	22144% <span>▲</span>
Almargeb	Non-displaced	500,024	447,352	-	52,672	-	2427% <span>▲</span>
Almargeb	Migrants	15,381	-	13,843	1,230	308	144% <span>▲</span>
Almargeb	Refugees	2,002	-	-	1,602	400	0%
Almarj	IDPs	1,265	-	-	1,265	-	77% <span>▼</span>
Almarj	Returnees	-	-	-	-	-	
Almarj	Non-displaced	161,001	161,001	-	-	-	100% <span>▼</span>
Almarj	Migrants	8,845	-	2,654	2,477	3,715	74% <span>▲</span>
Almarj	Refugees	55	-	-	22	33	81% <span>▼</span>
Azzawya	IDPs	21,949	-	21,153	658	137	94% <span>▼</span>
Azzawya	Returnees	125	55	70	-	-	2237% <span>▲</span>
Azzawya	Non-displaced	343,037	276,348	62,688	2,001	2,001	81% <span>▼</span>
Azzawya	Migrants	40,028	-	36,826	2,402	801	84% <span>▼</span>
Azzawya	Refugees	1,807	-	-	1,355	452	25% <span>▼</span>
Benghazi	IDPs	36,915	-	12,551	13,659	10,705	9% <span>▲</span>
Benghazi	Returnees	189,025	144,500	-	-	44,525	92% <span>▼</span>
Benghazi	Non-displaced	623,720	438,611	-	-	185,109	1207% <span>▲</span>
Benghazi	Migrants	36,945	-	-	-	36,945	205% <span>▲</span>



MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)	
			MINIMAL	STRESS	SEVERE	EXTREME		
Benghazi	Refugees	2,342	-	-	-	2,342	26%	✓
Derna	IDPs	630	-	282	208	140	84%	✓
Derna	Returnees	37,270	12,980	-	-	24,290	100%	✓
Derna	Non-displaced	168,909	141,145	8,788	16,381	2,595	582%	⬆
Derna	Migrants	9,571	-	-	-	9,571	1010%	⬆
Derna	Refugees	14	-	-	-	14	94%	✓
Ejdabia	IDPs	24,885	-	-	-	24,885	80%	⬆
Ejdabia	Returnees	500	500	-	-	-	7%	⬆
Ejdabia	Non-displaced	186,978	151,883	-	-	35,095	3%	✓
Ejdabia	Migrants	71,548	-	37,920	21,464	12,163	5%	✓
Ejdabia	Refugees	67	-	-	43	24	83%	✓
Ghat	IDPs	8,135	-	2,611	2,196	3,328	32%	✓
Ghat	Returnees	980	-	219	333	428	96%	✓
Ghat	Non-displaced	19,231	12,145	2,058	2,622	2,407	38%	✓
Ghat	Migrants	12,384	-	8,050	2,353	1,981	71%	⬆
Ghat	Refugees	8	-	-	4	4	97%	✓
Misrata	IDPs	37,200	-	29,537	2,604	5,059	74%	✓
Misrata	Returnees	9,585	5,670	-	-	3,915	165%	⬆
Misrata	Non-displaced	629,921	460,745	157,509	2,333	9,334	54%	✓
Misrata	Migrants	53,501	-	-	-	53,501	140%	⬆
Misrata	Refugees	3,479	-	-	-	3,479	27%	✓
Murzuq	IDPs	26,770	-	6,332	16,062	4,376	180%	⬆

MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)	
			MINIMAL	STRESS	SEVERE	EXTREME		
Murzuq	Returnees	3,245	1,285	568	1,078	314	95%	✓
Murzuq	Non-displaced	64,594	40,945	8,342	11,825	3,482	10%	✓
Murzuq	Migrants	41,293	-	27,666	6,607	7,020	55%	✓
Murzuq	Refugees	44	-	-	21	23	84%	✓
Nalut	IDPs	4,795	-	4,654	96	45	46%	✓
Nalut	Returnees	2,310	2,310	-	-	-	412%	⬆
Nalut	Non-displaced	102,379	79,857	22,072	450	-	90%	✓
Nalut	Migrants	7,111	-	6,400	569	142	55%	✓
Nalut	Refugees	106	-	-	85	21	65%	✓
Sebha	IDPs	20,975	-	3,418	4,615	12,942	5%	✓
Sebha	Returnees	12,085	8,600	314	1,603	1,568	36%	✓
Sebha	Non-displaced	135,189	95,692	9,490	15,901	14,106	47%	⬆
Sebha	Migrants	37,535	-	22,521	10,510	4,504	37%	✓
Sebha	Refugees	265	-	-	186	80	61%	✓
Sirt	IDPs	15,295	-	-	9,636	5,659	114%	⬆
Sirt	Returnees	77,510	650	34,238	26,901	15,721	98%	✓
Sirt	Non-displaced	58,525	20,694	15,889	17,402	4,540	393%	⬆
Sirt	Migrants	7,344	-	6,610	588	147	10%	✓
Sirt	Refugees	287	-	-	230	57	70%	✓
Tobruk	IDPs	1,720	-	478	1,101	141	13698%	⬆
Tobruk	Returnees	-	-	-	-	-		
Tobruk	Non-displaced	200,344	159,617	26,880	12,218	1,629	895%	⬆

MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)	
			MINIMAL	STRESS	SEVERE	EXTREME		
Tobruk	Migrants	5,978	-	1,793	1,674	2,511	597%	▲
Tobruk	Refugees	17	-	-	7	10	94%	▼
Tripoli	IDPs	97,522	-	71,330	23,405	2,786	36%	▼
Tripoli	Returnees	81,886	8,541	-	-	73,345	233%	
Tripoli	Non-displaced	1,041,304	736,129	288,696	9,155	7,324	52%	▼
Tripoli	Migrants	57,287	-	-	-	57,287	6%	▼
Tripoli	Refugees	23,811	-	-	-	23,811	5%	
Ubari	IDPs	7,020	-	2,580	2,387	2,053	18%	▲
Ubari	Returnees	28,130	-	9,348	10,127	8,655	99%	▼
Ubari	Non-displaced	57,294	48,597	1,352	4,870	2,475	115%	▲
Ubari	Migrants	12,972	-	8,432	2,465	2,076	108%	▲
Ubari	Refugees	35	-	-	19	16	87%	▼
Wadi Ashshati	IDPs	2,075	-	465	1,224	385	85%	▲
Wadi Ashshati	Returnees	-	-	-	-	-		
Wadi Ashshati	Non-displaced	93,488	93,488	-	-	-	100%	▼
Wadi Ashshati	Migrants	6,575	-	4,274	1,249	1,052	119%	▲
Wadi Ashshati	Refugees	123	-	-	67	56	60%	▼
Zwara	IDPs	10,805	-	10,419	386	-	95%	▼
Zwara	Returnees	5,355	5,235	118	1	1	50%	▼
Zwara	Non-displaced	344,609	254,419	88,386	1,804	-	94%	▼
Zwara	Migrants	19,040	-	17,136	1,523	381	73%	▼
Zwara	Refugees	1,461	-	-	1,169	292	23%	▲
Sub-total			4,919,786	1,222,537	347,727	902,935	63%	▲
					Total PiN	1,250,662	51%	▲

Part 2:

## Risk analysis and monitoring of situation and needs

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WFP/LIBYA





## 2.1

# Risk analysis

The INFORM Index for Risk ranks Libya as the 12th most at-risk country globally, putting the country in the highest category of risk (very high) when considering its exposure to natural and man-made hazards, levels of vulnerability and lack of coping capacity. This is a significant increase in the risk level from last year, rising from 19th place. The 'hazard and exposure' and 'coping capacity' components remained relatively consistent, with human-induced hazards again receiving ten, which is the maximum risk score. The change in ranking was mostly driven by changes in the 'vulnerability' criteria, particularly by an increase in the risk of food insecurity<sup>110</sup>.

Despite progress on resolving the conflict in Libya, a political resolution will underpin the humanitarian context, and without which, the risks of escalation, along with displacement and protection-related risks remain a possibility. Along with COVID-19, political fragmentation and insecurity has significantly impacted on the economic situation and undermined governance and public service delivery, which has further eroded peoples' living conditions and coping capacities.

In the first half of 2020, continued clashes and the indiscriminate use of heavy weaponry in densely populated neighbourhoods in Tripoli resulted in loss of life and injuries, and exposed thousands of people to significant protection risks. Escalations in fighting as well as changes to lines of control towards Sirt in June drove an additional 28,000 people from their homes and explosive hazard contamination prevented displaced people from returning. While western parts of the country have seen an end to fighting between the GNA- and LNA-affiliated groups, inter-group conflict remains. Although the threat of largescale conflict around the capital has lessened, the threat of a conflict to the central areas of the country, particularly around Sirt and Aljufra, has increased. An escalation of the conflict in this area could trigger a severe deterioration

in the situation, drive displacement and increase humanitarian needs. 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 without access to the assistance they need.

Limited enforcement in rule of law, along with smuggling and other illegal activities, are conducted largely with impunity in most parts of the country resulting in widespread insecurity and increasing peoples' exposure to additional protection risks. Multiple forms of discrimination continue in Libya and for some groups, particularly migrants, refugees and displaced households, has been exacerbated by the COVID-19 pandemic. Migrants and refugees continue to suffer serious human rights violations and abuses at the hands of state and non-state actors. Given the current trend, this year will see an increase in the number of people attempting to cross the Mediterranean, compared to 2018-2019, although it remains lower than 2015-2017. Libyan authorities continue the practice of detention of migrants and refugees in conditions characterized by abuse, exploitation, extortion and violence without due process.

### INFORM Index



For more information, visit:

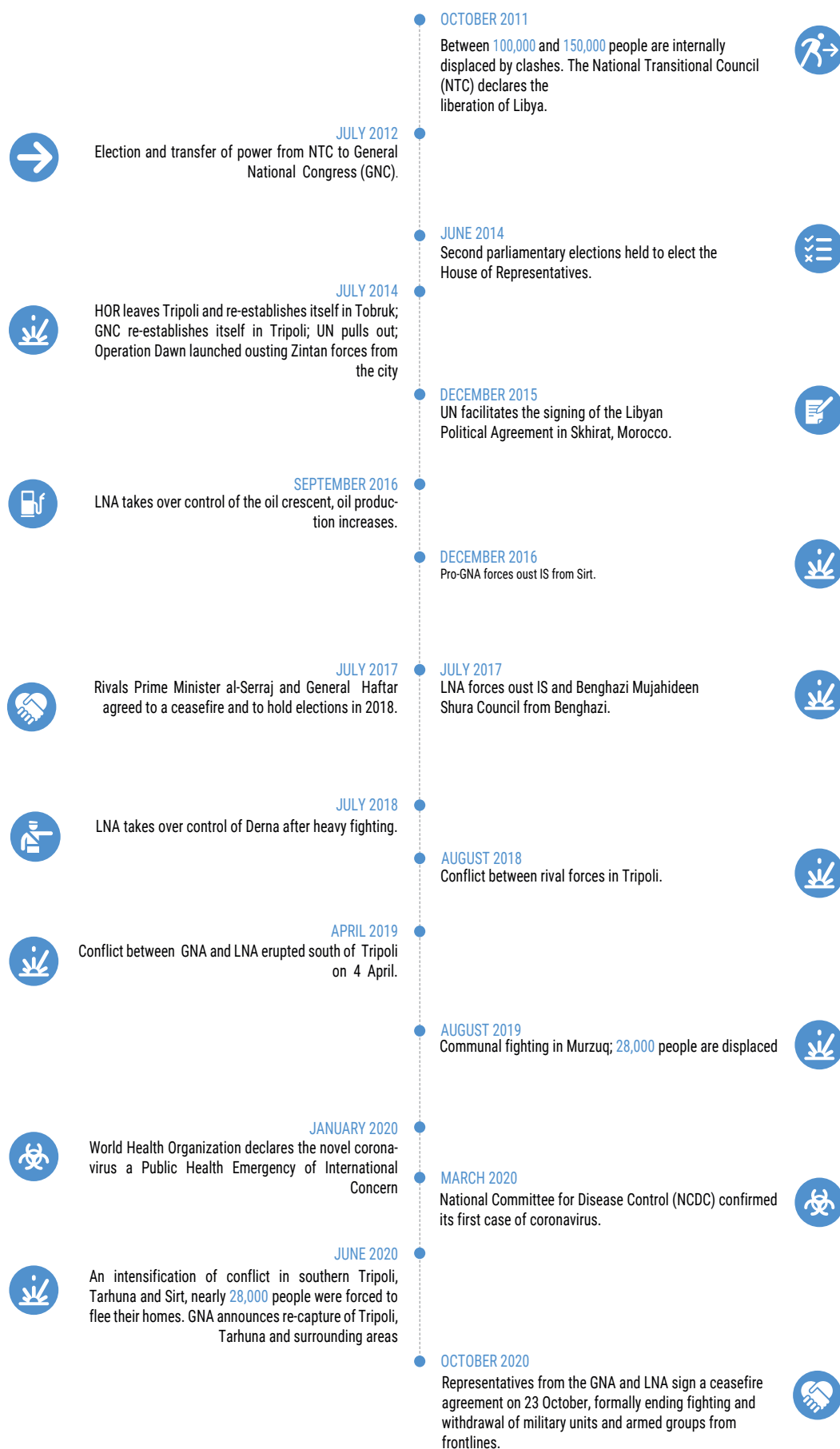
[www.inform-index.org](http://www.inform-index.org)  
**INFORM**  
 INDEX FOR RISK MANAGEMENT

Discrimination based on gender, including in national legal frameworks, continues to have a serious effect on the rights and protection of women. Ongoing conflict, insecurity and displacement continue to put people, particularly women and girls, at increased risk of GBV, which is exacerbated by collapsing infrastructure and a lack of adequate protection systems and services. Mental health remains a neglected need with limited available services and a growing need for structured psychosocial support, particularly in light of the prolonged effect of COVID-related confinement measures on women and children.

The Libyan economy has been struck by a triple shock: a protracted conflict that stifles economic activity; a blockade of oil fields that has largely closed off the country's main revenue stream; and rising domestic food and fuel prices influenced by global and local impacts of COVID-19. Coupled with damaged and deteriorating public infrastructure and service delivery this has eroded people's livelihoods and coping capacities. As a result, in 2020, an increasing number of people across the country have taken to the streets, protesting their deteriorating living conditions and expressing their anger over government mismanagement and corruption.

Weak governance has resulted in public institutions and facilities suffering from limited qualified personnel, resources and inadequate upkeep. This has been exacerbated by regular attacks by armed groups, particularly against electricity and water infrastructure, as well as on hospitals and schools. Regular electricity and water cuts, particularly during the summer months were reported in most parts of the country. Without a resolution of the conflict and immediate investment, services can be expected to deteriorate further.

The lack of ability of public services to provide for the population is exemplified by the near collapse of the health system. The country has struggled to cope with rising COVID-19 cases, with persistent shortages in COVID-19 testing capabilities and supplies, inadequate health care facilities and contact tracing. Health staff continue to contract COVID-19, highlighting the risk to health staff due to insufficient personal protective equipment and lack of training in infection prevention and control procedures. Normal health services have also suffered as the limited health facilities have focused on addressing the pandemic. Childhood vaccinations programmes were disrupted in 2020 for two months, putting at risk more than 250,000 children. With a weak disease surveillance system, the risk of a disease outbreak in Libya is an ever-present threat.



## 2.2

## Projected evolution of needs

Libya is at a critical juncture where the prospects for peace and the risks of escalation remain equally possible scenarios. Instability has been further compounded by deteriorating socioeconomic conditions and continued erosion of public services that in 2020, compounded by COVID-19, have increasingly fuelled popular unrest and threatened prospects for advancing political, security and economic discussions. The projected evolution of needs in Libya depends, to a large extent, on a resolution to the conflict. As such, there are principally three identified scenarios that guide projections of the humanitarian context: status quo in the political situation and continued insecurity; an escalation in the conflict; or a breakthrough in a political solution.

While fighting in and around Tripoli, that began in April 2019, ended with the withdrawal of LNA and allied forces in June, there remains an uneasy standoff around Sirt. In the absence of large-scale conflict, localised tensions among armed groups increased with allegations of unlawful arrests and detention, abuse of power and targeting of civilians being widely reported<sup>111</sup>. Explosive hazard contamination from indiscriminate shelling, particularly in southern parts of Tripoli, will prolong thousands of people's displacement and delay reconstruction efforts. The continued security vacuum, especially in the south, will see a continued absence in rule of law and increased criminality. This will continue to allow for smuggling and trafficking, particularly of migrants and refugees, who will continue to face significant protection risks.

While a nation-wide ceasefire was brokered in October and political talks are planned for November, which have increased the prospects for greater security and a political resolution. However, until those agreements are made and implemented, public services will continue to deteriorate as challenges with governance structures remain unresolved. Political fragmentation is also likely to continue to impede the country's ability to effectively

respond to, and reduce the spread of, the COVID-19 pandemic. The prolonged disruption to oil production has resulted in acute domestic fuel shortages and have negatively impact on other sectors of the economy, including electricity and water, further exacerbating people's living conditions and affected health facilities.

While insecurity and political fragmentation, with associated socioeconomic impacts, is most likely in the absence of a political solution, a significant escalation in the conflict cannot be ruled out should current mediation efforts fail. The threat of escalation is complicated by the involvement of external parties with diverging agendas, though the October ceasefire calls for their withdrawal. Lines of control, which have moved to the central part of the country near Sirt remain calm but tense, with continued reports of build-up of military assets on both sides. Contingency planning by the Humanitarian Country Team (HCT) in Libya in relation to Sirt has identified that as many as an additional 50,000 people could need assistance, depending on developments.

The most recent examples of escalations, notably the Tripoli conflict, were characterized by increased use of sophisticated heavy weaponry and of indiscriminate shelling of civilian areas. Any new conflict, which is likely to be fuelled by foreign support, would therefore cause immense material destruction, increased civilian casualties and displacement. Conflict in one part of the country would also likely further destabilize other parts. As a result, protection risks would likely substantially increase, as would other humanitarian needs. Coupled with increasing insecurity, access and movement restrictions would increase making it difficult for humanitarian organizations to reach those most in need of assistance.

At the same time there have been increasing calls for, and steps taken, to reenergize the political process.

















Moves made by parties within the country, and welcomed by the UN and Member States, demonstrate that there are opportunities to move forward towards a comprehensive political settlement. Agreed sustained end to the oil blockade agreed in October would allow GDP to rebound and a political resolution would enable the implementing of critical policies and reforms to strengthen institutions, stabilize the macroeconomic framework, and diversify the economy to generate jobs. This would enable the rebuilding of critical infrastructure, restoring public services, and reforming economic institutions. The three aspects- security, political and economic are all mutually reinforcing.

With continued momentum in the reconciliation process, displacement would reduce as households feel secure enough to return to their homes and improve access to services as more investment is made into rejuvenating public service delivery. Political and economic reforms would see an improvement in economic conditions and public trust that would reduce liquidity issues felt by households and enable them to cover their basic needs. While some humanitarian needs would remain, national

and local authorities would increasingly be able to respond to these, with the support of humanitarian and, increasingly development, partners. However, it is anticipated that some vulnerable groups, such as migrants and refugees, would still require some form of humanitarian assistance until sustainable solutions are achieved. Advocacy would also remain necessary in order to overcome the cultural barriers and discrimination that exists in the country. This includes changes in national legal frameworks to enable greater recognition, inclusion and respect for women's and minority groups' rights.

Should the negotiations falter, the most likely situation is that humanitarian needs over the next 12 months would continue to increase, rising to 1.8 million people by mid-2021. This would be an increase of 49 per cent. Given that all refugees and 83 per cent of most affected returnees are currently reflected in the PIN, the most significant increases in needs is expected to be among displaced and non-displaced Libyans, as well as migrants.

RISK	PROBABILITY	IMPACT	AREAS/POPULATION GROUPS AT MOST RISK
 Re-escalation of conflict		SEVERE	• All areas/population groups
 Outbreak of hostilities		SEVERE	• Sirt (most immediate but all areas) • All population groups
 Insecurity and criminality		MODERATE	• Southern region • Migrants and refugees
 Political fragmentation/ functionality		HIGH	• All areas • Women and girls • Minority groups • Migrants and refugees
 COVID-19		HIGH	• All areas • Elderly and people with pre-existing conditions • People living in crowded conditions (e.g. IDPs, migrants, refugees)
 Socio-economic situation		HIGH	• Low-income families • People engaged in temporary/daily labour
 Decline in service delivery		MODERATE	• All areas • People without documentation (e.g. IDPs, returnees, migrants, refugees) • Women (due to additional movement restrictions)

## 2.3

## Monitoring of situation and needs

In 2020, COVID-19 has exacerbated existing challenges in the ability to plan and monitor response operations. Despite this, humanitarian partners in Libya continue to focus on strengthening regular and more systematic methods for data collection and monitoring of the humanitarian situation, changing needs and gaps. This included the formation of an Assessment Working Group (AWG) in 2020, which along with the Information Management Working Group (IMWG), supports coordinated needs assessments, harmonization of data collection, and joint analysis to inform strategic and operational decisions.

There are various monitoring tools in Libya that measure changes in the humanitarian context. These mechanisms monitor the evolution of the humanitarian situation and provide critical data and analysis assessing how needs evolve over time. The majority of these tools focus on a subset of the main population groups that are reflected in the HNO, namely displaced people, returnees, non-displaced Libyans, migrants and refugees. Together, these provide an overall indication of the trends in the context and can provide an early indicator for triggering further detailed assessments. These tools, along with sector response monitoring, will contribute to a mid-year review, the Periodic Monitoring Report, to allow sectors and the HCT to analyze trends and emerging needs, and then consider if course corrections are required.

Humanitarian partners will also continue to monitor displacement, migrations and crises impact data throughout the year to guide preparedness and response. In support of this, OCHA will publish a series of interactive dashboards, bulletins and other reports to provide further trend and needs analysis for partners. A summary of the indicators and data that will be monitored in 2021 at the inter-sectoral level include:

- Monitoring of population movements, for both Libyans and migrants and refugees, will continue through DTM which currently generates reports and analysis, including the Mixed Migration Trends in Libya, Population Profiling and Displacement Tracking.
- The Joint Market Monitoring Initiative (JMMI), initially created by the Libya Cash Working Group in June 2017 and led by REACH provides data and trend analysis on the prices and availability of basic food and non-food items sold in key locations across Libya on a monthly basis.
- There are multiple partners that contribute to monitoring of protection-related risks, focusing on either specific risks or specific vulnerable groups. This includes monitoring and analysis of trends in relation to civilian casualties, people in detention, evictions, attacks on civilian infrastructure and movement/access restrictions. In 2020, the HCT also agreed to implement the Monitoring, Analysis and Report Arrangements (MARA) to better monitor, report and address conflict-related sexual violence.
- In 2020, OCHA, on behalf of the humanitarian community, has implemented an access constraints reporting mechanism which is used to produce monthly updates to enable better understanding of the nature and trends in access constraints and to advocate for and resolve these challenges to enable humanitarian partners to access all affected people and that affected people can access the assistance they need.
- The Inter-Agency Common Feedback Mechanism (CFM), established in 2020, serves as a platform enable affected communities to easily access information related to humanitarian assistance through a toll-free country-wide number, but also enable them to provide feedback on their needs and preferences, as well as on organizations' conduct and performance. In 2020-2021, as the mechanism continues to be refined, there



will be greater focus on using this information to inform humanitarian organizations' decisions on gaps, course corrections and response planning.

- In addition to inter-sectoral monitoring, sectors monitor other sector-specific indicators, such as disease surveillance and food security, that further contribute to a more comprehensive understanding of the trends and changes in humanitarian vulnerability and needs.

While the MSNA is not strictly a monitoring tool, it facilitates a deeper understanding of the humanitarian situation and evolution of needs. In addition to supporting analysis of the living conditions of Libyans, a separate methodology for migrants and refugees reflects and analyses their different experiences and needs.

There are tools that will be used to gain immediate insight into unexpected situations, such as floods, or significant deteriorations in security, such as escalation or new outbreaks of conflict. This includes the inter-sectoral Joint Rapid Needs Assessment tools and associated procedures that were developed by the AWG in 2020 and DTM's emergency tracking tools.

Data and analysis will continue to be 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 (ACG) for the east, south and west, and through local partners.



## Monitoring indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Schools used as shelter for IDPs	Education	DTM	Bi-monthly
02	Households that reported facing issues to send their children to school	Education	MSNA	Annual
03	School attendance	Education	MSNA	Annual
04	Attacks on civilian infrastructure (inc. schools, hospitals, etc.)	Education/ Health/ Protection/ WASH	MoE/ MoH/ MMRP/ OHCHR	Ongoing
05	Food consumption	Food Security	mVAM and MSNA	Quarterly
06	Livelihood/food coping strategies	Food Security	mVAM and MSNA	Quarterly
07	Households abandoning agricultural	Food Security	MSNA	Annual
08	Incidence rate for selected disease relevant to the local context (acute diarrhoea)	Health	EWARN	Monthly
09	Access to primary healthcare services	Health	MSNA	Annual
10	Incidence and death rates for COVID-19	Health	NCDC	Ongoing
11	Civil documentation	Protection	MSNA	Annual
12	Movement restrictions	Protection	Access reporting/ MSNA	Monthly
13	Access to GBV-related services.	Protection	Service mapping/4W	Monthly
14	Access to core child protection services	Protection	Service mapping/4W	Monthly
15	Presence of explosive hazards / mine-related accidents	Protection	MSNA/ LibMAC	Ongoing
16	Households living without essential individual items, house items, etc.	Shelter/NFI	4W/ MSNA	Monthly
17	Households shelter/living conditions	Shelter/NFI	4W/ MSNA/ DTM	Monthly
18	Access to an improved and accessible sufficient drinking water source.	WASH	MSNA	Annual
19	Access to functional and accessible sanitation facilities.	WASH	MSNA	Annual
20	Use of negative coping mechanisms as a result of the cash assistance	Cash WG	4Ws/HH Survey	Monthly
21	Ability to meet their basic needs as a result of the cash assistance	Cash WG	4Ws/HH Survey	Monthly
22	Households who have received assistance, reported access to feedback mechanisms	ETS/CFM	CFM Call Centre	Monthly



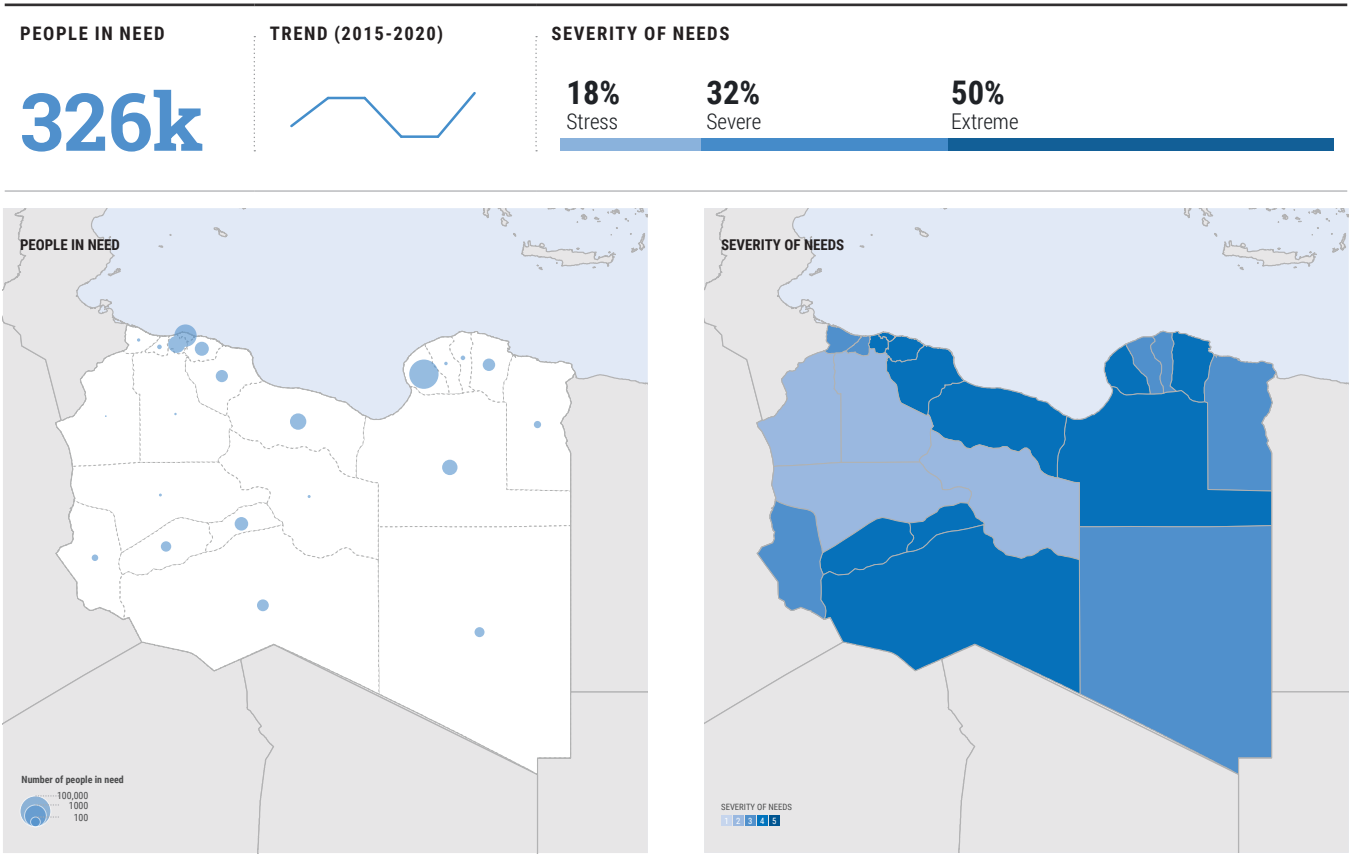
## Part 3: Sectoral analysis

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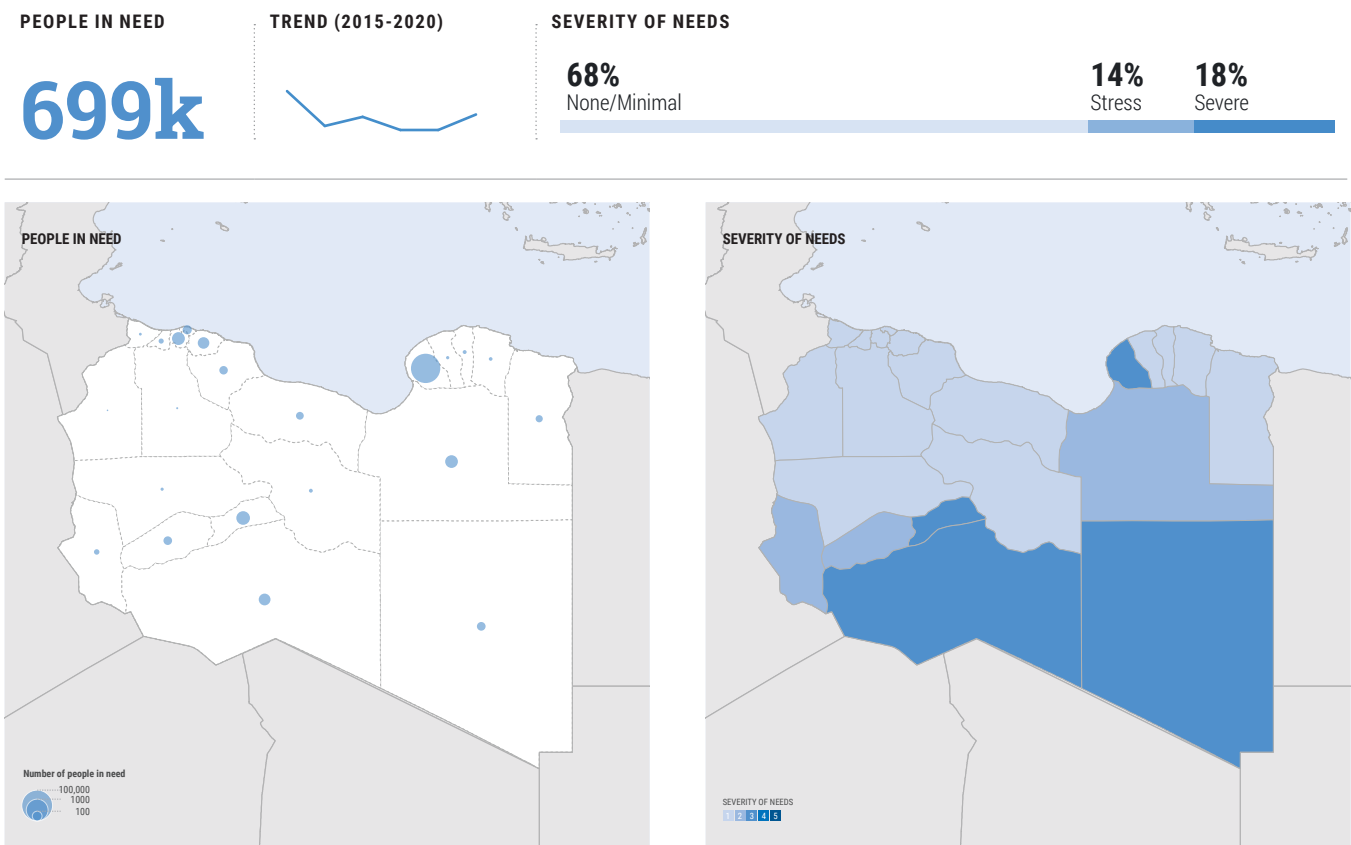
IOM/LIBYA



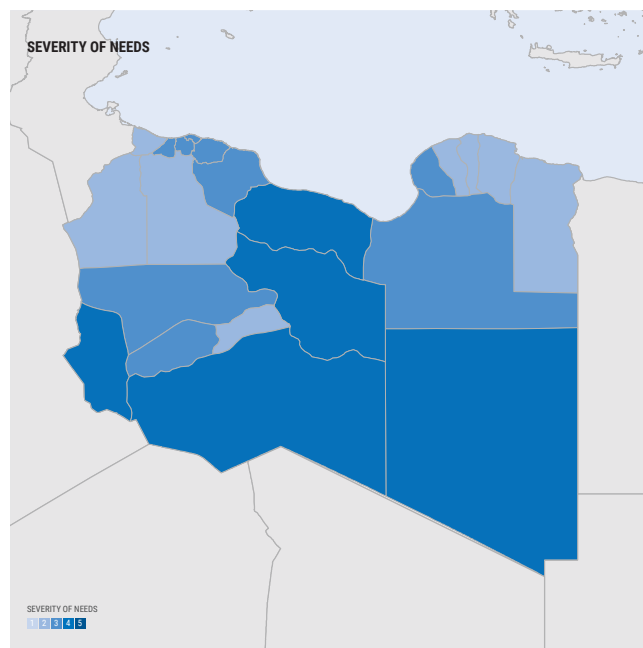
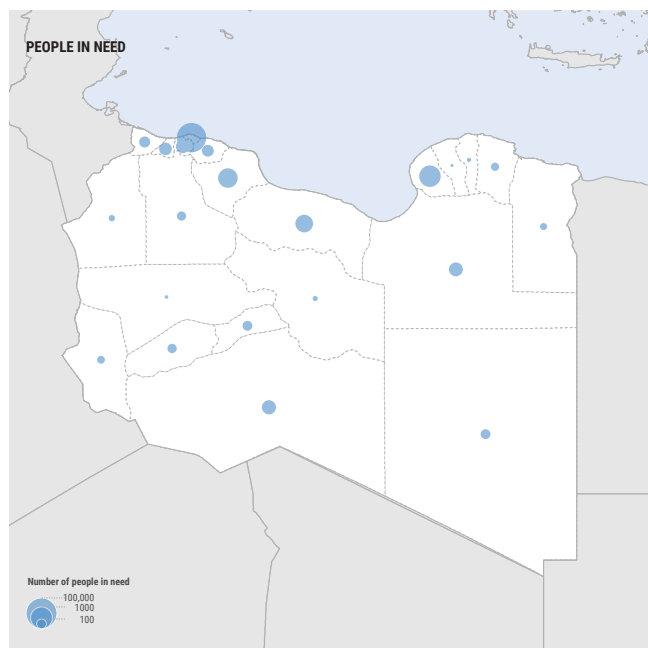
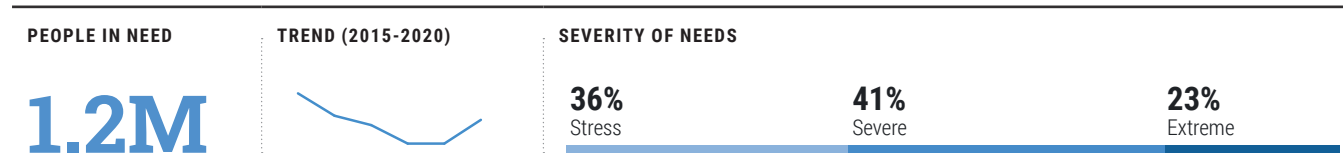
3.1 Education



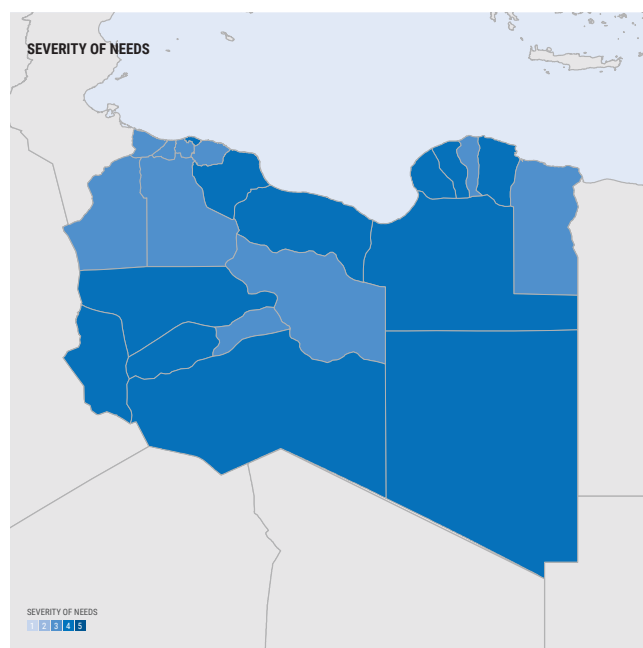
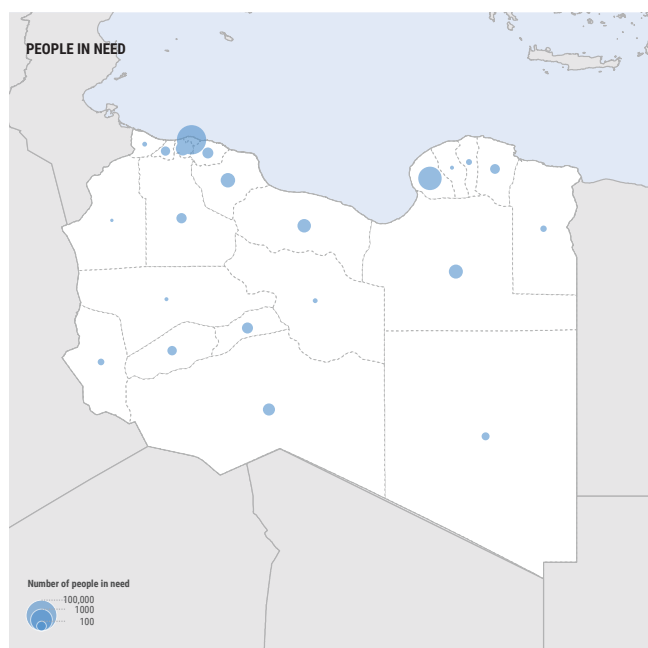
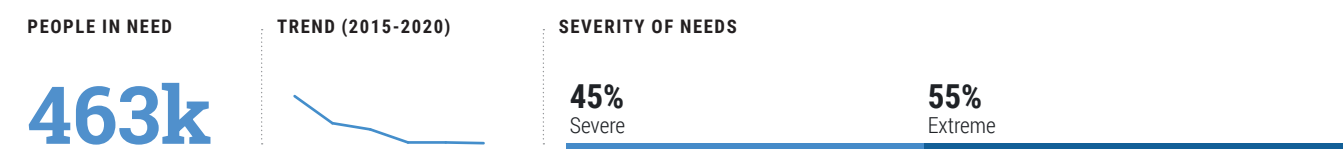
3.2 Food Security



### 3.3 Health



### 3.4 Protection



### 3.4.1 Child Protection

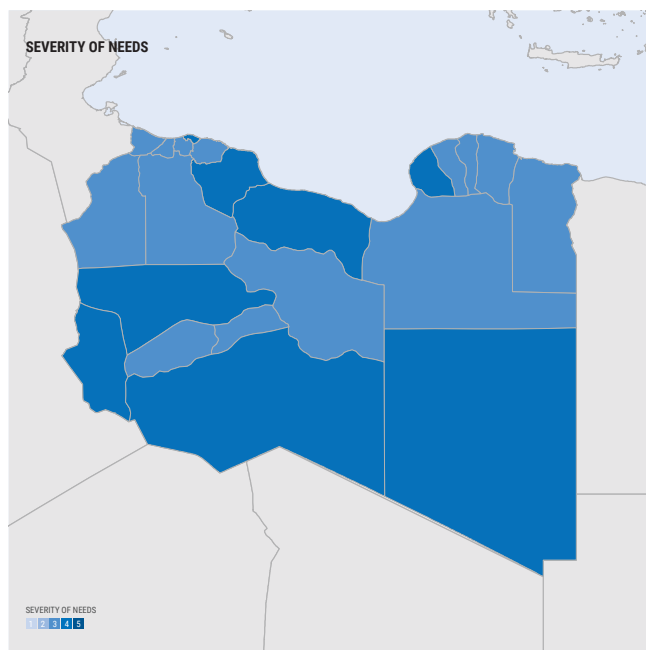
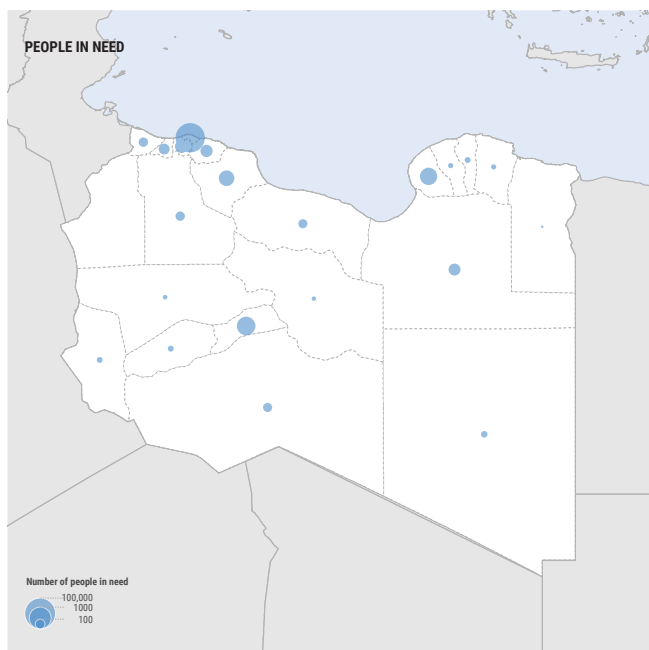
PEOPLE IN NEED

**294k**

SEVERITY OF NEEDS

**64%**  
Severe

**36%**  
Extreme



### 3.4.2 Gender-Based Violence

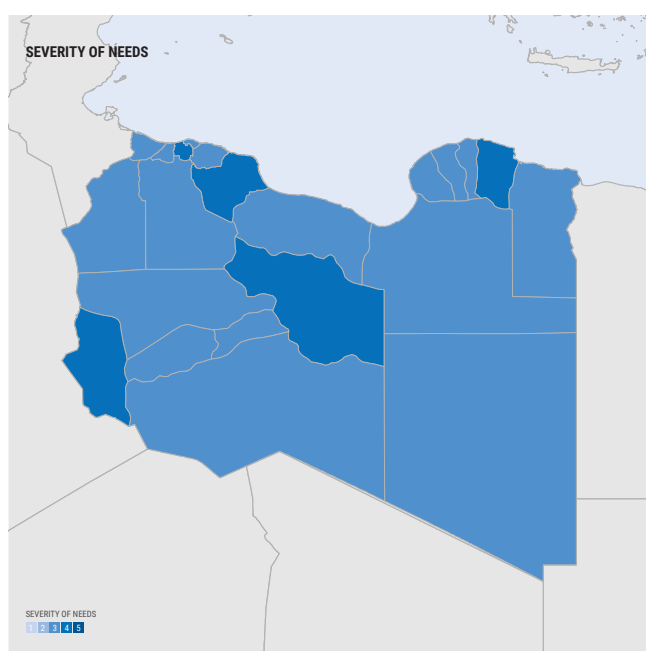
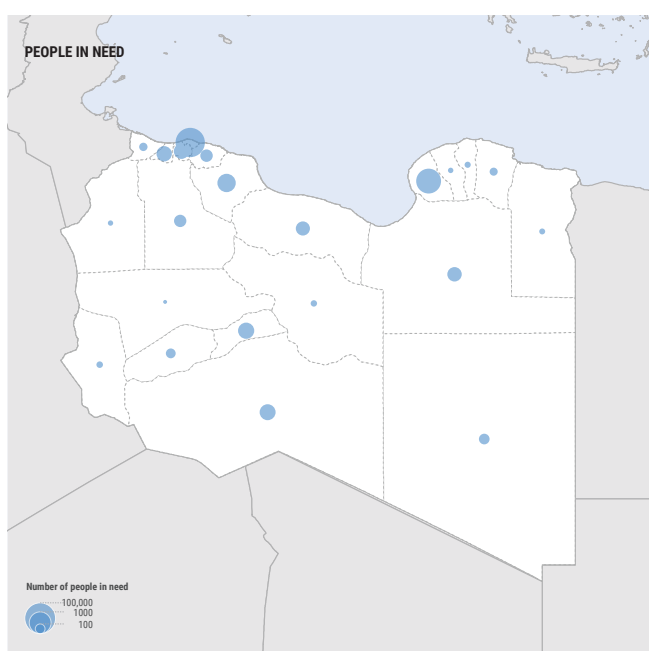
PEOPLE IN NEED

**153k**

SEVERITY OF NEEDS

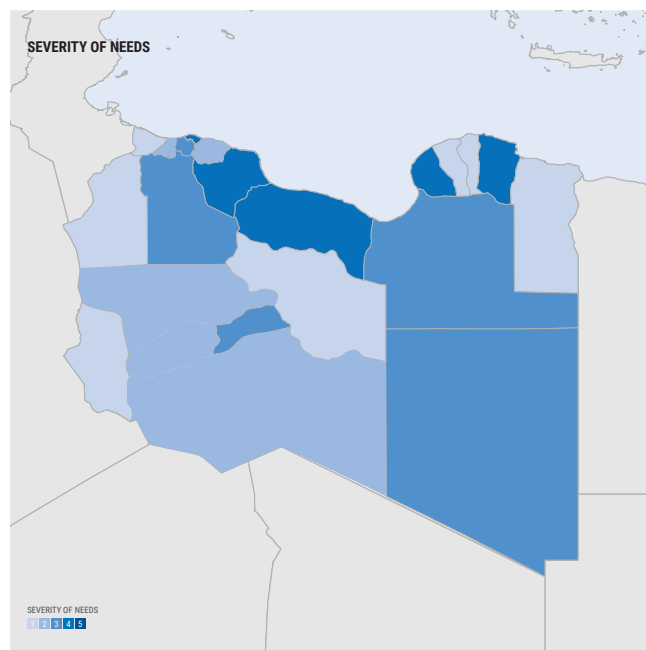
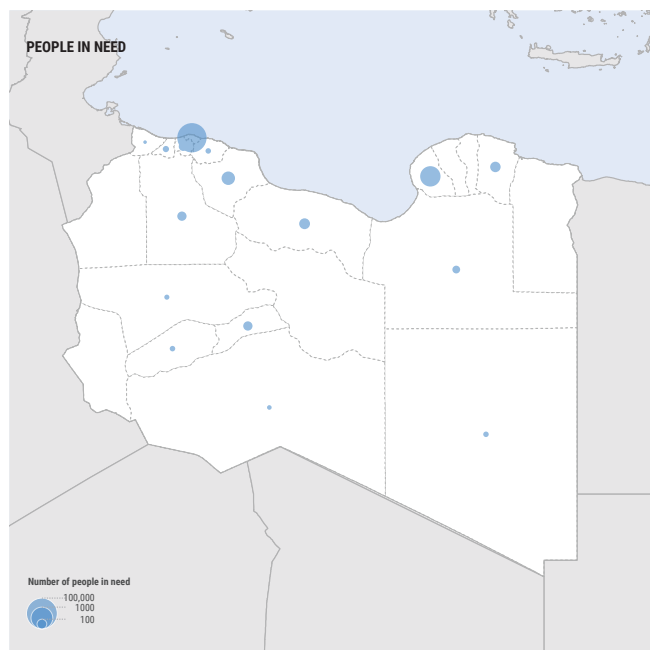
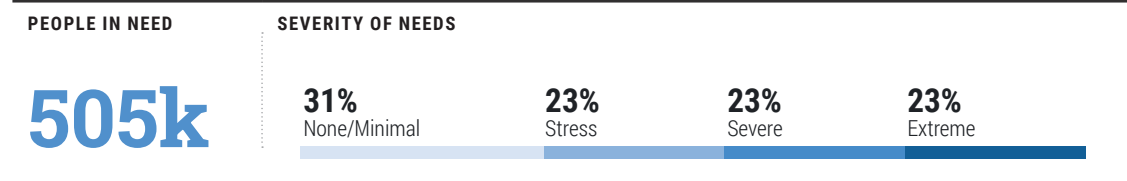
**77%**  
Severe

**23%**  
Extreme

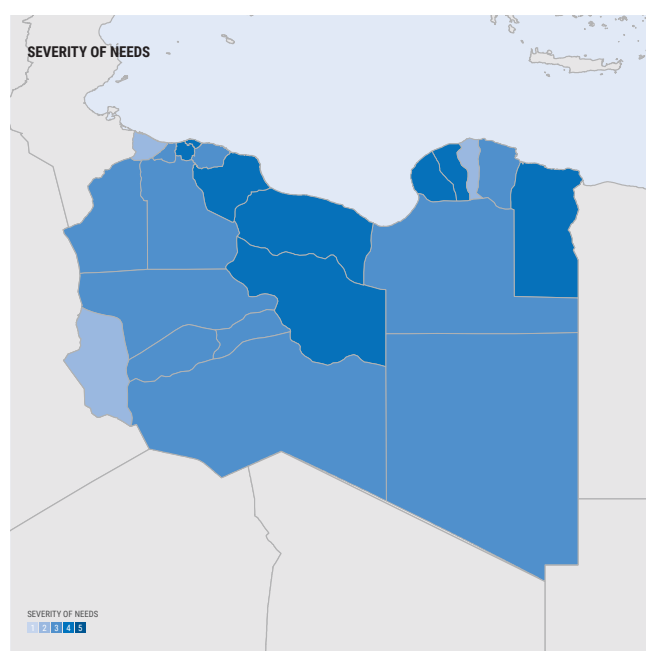
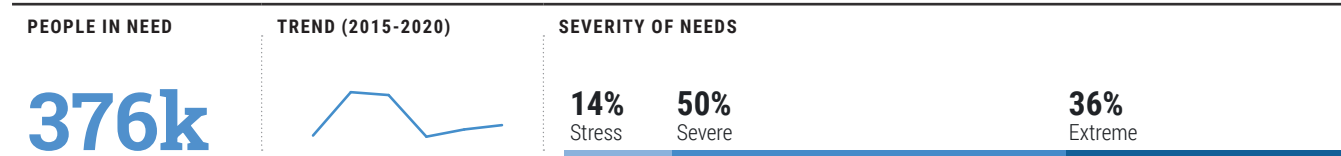




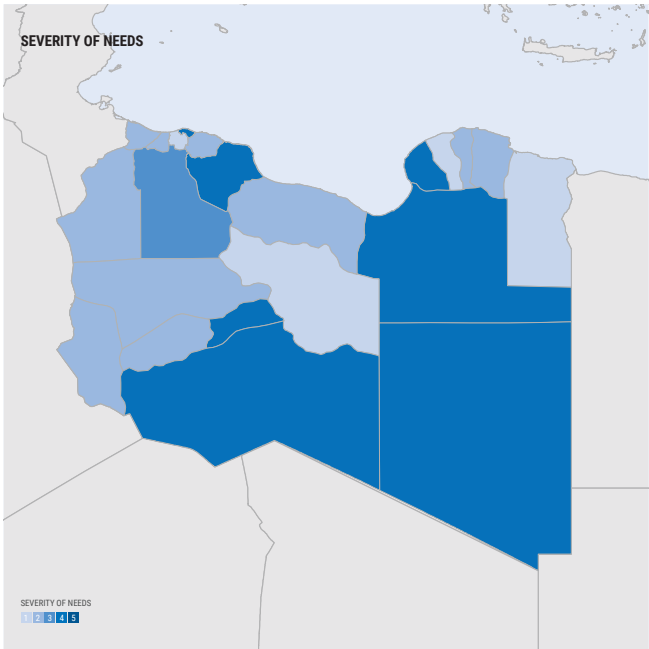
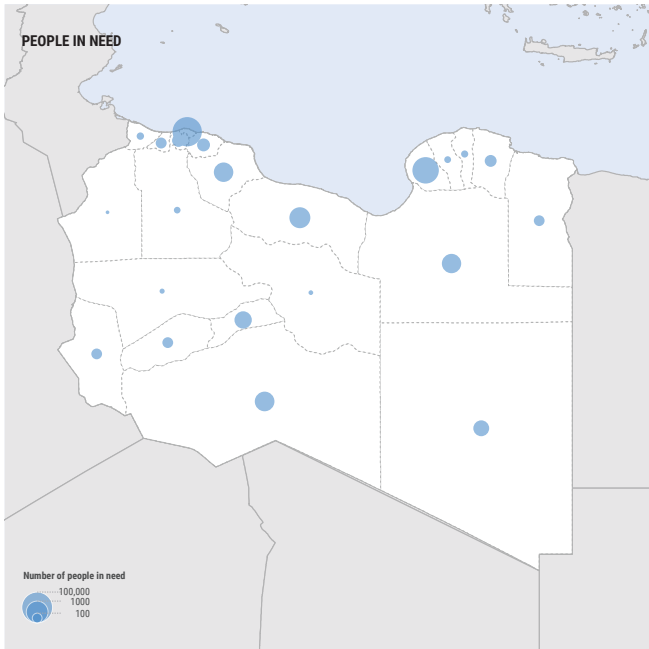
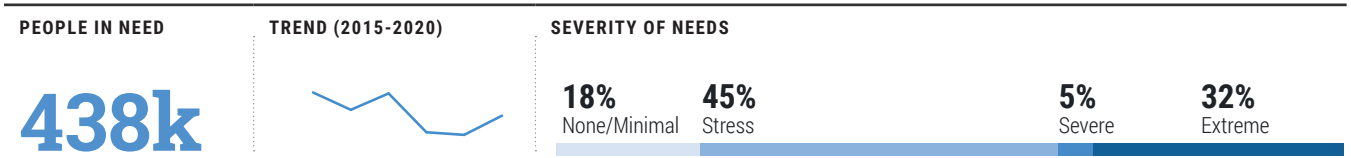
### 3.4.3 Mine Action



### 3.5 Shelter & NFI



3.6 Water, Sanitation & Hygiene



# 3.1

## Education



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
326k	2%	97%	1.5% <sup>112</sup>

### Overview and affected population

Libya’s education system has suffered from years of protracted conflict and underinvestment. At least 287 schools (6 per cent) have been damaged or destroyed and 27 schools are being used as shelters for displaced families. Additionally, a quarter per cent of schools across the country do not have adequate drinking facilities, 15 per cent do not have handwashing facilities and 35 per cent do not have gender segregated toilets. In addition, many schools lack teachers and/or learning materials and fighting has displaced many students, leading to overcrowding in many schools. Deteriorating livelihoods and economic situation also meant that many low-income households have not be able to cover expenses related to their child’s education. Families who have lost or do not have identification documents face additional barriers in enrolling their children in school.

In 2020, nearly 316,000 children and 10,000 teachers are estimated to need assistance. This includes 55,000 displaced, 73,000 returnees, 146,000 non-displaced Libyans, 36,000 migrants and 6,000 refugees. This is 157 per cent increase in the number of people compared to 2019, with the most significant increases among returnee children. The areas with the most severe needs are Aljara, Almargeb, Benghazi, Derna, Ejdabia, Misrata, Murzuq, Sebha, Sirt, Tripoli and Ubari. These are locations that have the highest proportion of schools being used as collective shelters and/or are damaged schools, and have higher numbers of displaced, migrant and refugee children.

Fourteen per cent of all displaced children and 27 per cent of affected returnee children need education assistance. For both groups, Tripoli has the highest

number of children in need, as it is one of the areas hosting the largest number of displaced households and has started to see an increase in returnees. Displaced and returnee households are more likely to report challenges with sending their children to school. Around 12 per cent of affected children who have not been displaced are estimated to be in need of education assistance, with the majority located in Benghazi.

About 7 per cent of all migrants and 13 per cent of all refugees require education support, with the highest number of migrants in Tripoli and Benghazi and for refugees more than half are in Tripoli. For migrants, boys represent 88 per cent of all migrant children reported to be in Libya. School enrollment for migrant and refugee children, who are not official entitled to access free public education, is significantly lower, with 63 per cent of surveyed households that have school-age children reported them not enrolled in school, compared to 97 per cent of Libyan children<sup>113</sup>. Since the onset of COVID-19, 81 per cent of school-age children report being unable to access any of the distance learning opportunities<sup>114</sup>.

### Analysis of humanitarian needs

Children need safe and protected schools to ensure minimum learning standards. This also includes the provision of essential learning material and supplies for schools, as well as for teachers and students. Catch-up classes for children who have been affected by conflict, either due to school closures or displacement, need to continue.

The COVID-19 pandemic has required new learning modalities and children need support to follow classes.

Assessments have highlighted that only 19 per cent of enrolled school-aged children are accessing these services<sup>115</sup>. Teachers need to be trained on distance learning as well and have adequate equipment to help student succeed with remote learning.

In addition to missing in person classes, the most vulnerable children have also missed out on school feeding, psychosocial and other recreational services as schools have been closed. Increased pressure on families due to long periods of confinement and from the socio-economic impacts of COVID-19 put children at increased risk of abuse and GBV, and risks more children being pushed into work to help support their families. Teacher training for pedagogy and psychosocial support and recreational activities is needed to support at risk and vulnerable children.

### Projection of needs

As of September, schools largely remain closed. With the COVID-19 virus continuing to spread across the country schools may continue to remain closed or face

further disruptions in 2021. If schools remain closed, the needs of school-age children to access educational support would increase.

Children are estimated to need more support to access and succeed with remote learning. In particular, this would include the ability for households, as well as teachers, to have the equipment and supplies needed to engage in distance learning. Needs related to alternative entry points for particularly vulnerable children to access psychosocial or nutritional support, as well as recreational opportunities, would continue.

Prior to schools re-opening many would have to be repaired and rehabilitated to ensure that children and teachers can safely go back to schools that have been damaged by years of conflict or lack of maintenance.

### Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	Schools used as shelter for IDPs	DTM	Bi-monthly
02	Households that reported facing issues to send their children to school	MSNA	Annual
03	School attendance	MSNA	Annual
04	Attacks on schools	Ministry of Education	Ongoing



## 3.2 Food Security



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
699k	38%	36%	15%

### Overview and affected population

Continuous fighting and instability across the country, along with the COVID-19 restrictions to curb the spread of the virus – such as closing air, land and sea borders, imposing curfews and social distancing measures – have had a significant negative impact on all components of food security. COVID-19 and insecurity has affected the availability of food, as well as its cost, with many basic food items doubling in price since the onset of the pandemic. This has been compounded by increased unemployment and underemployment, including for those engaged in the agricultural sector. Nearly twice as many households engaged in food production have abandoned these activities due to the deteriorating situation<sup>117</sup>. COVID-19 has also disrupted livelihoods and led to food shortages for many households, resulting in families adopting negative coping mechanisms.

In 2020, nearly 699,000 people are estimated to be food insecure and in need of assistance. This includes 77,000 displaced people, 77,000 returnees, 415,000 non-displaced Libyans, 123,000 migrants and 7,000 refugees. This is a doubling, compared to 2019, with the most significant increases among displaced and non-displaced Libyans, mostly due to the conflict, which continued to displace families and the negative effects of COVID-19 on livelihoods, forcing many households to adopt negative coping strategies.

The areas with the most severe food security needs are Alkufra, Benghazi, Murquz and Sebha. While displaced people in Aljufra were identified to have the most severe food needs, overall refugees were identified to have most severe food needs, on average, followed by migrants. This is mainly because many have lost their

sources of income due to COVID-19, with most being employed in temporary or daily labour, and migrants and refugees have also been disproportionately affected by movement restrictions further affecting their access to markets and livelihoods.

About 20 per cent of all displaced people and 28 per cent of affected returnees are food insecure, with Benghazi being most affected. With persistent insecurity and conflict, people who are displaced have been forced to abandon their homes and livelihoods and lost their jobs and income in search of safety. Along with those that have returned home, the loss of livelihoods and income makes it difficult to meet basic needs, such as food. Around 34 per cent of affected non-displaced Libyans are estimated to be food insecure and in need of assistance. The majority are located in Benghazi, representing almost half of all those in need of food assistance.

Almost a third of all migrants and refugees are food insecure with the highest number of migrants in Benghazi and refugees in Tripoli. As migrants and refugees mainly rely on casual employment for their source of livelihoods, they have been particularly affected by the restrictions put in place by the authorities to control the spread of COVID-19 and therefore can no longer afford necessities, including food.

### Analysis of humanitarian needs

The most vulnerable people need support to access food. The conflict, which has led to large displacements, coupled with restrictions to control the spread of COVID-19 have affected food access, especially for

displaced Libyans, as well as refugees and migrants. Strengthening livelihood-based coping mechanisms through access to vocational and skills training will help affected people to get jobs to help them become self-sufficient and improve their wellbeing.

In addition to supporting household food security and protecting their livelihoods, restoring agricultural productivity is crucial to longer term food security and sustainability. This is particularly the case in the southern region, which is important for the country's agricultural production overall.

### Projection of needs

As of September, Libya continues to record increasing COVID-19 infection trends across the country. This is likely to result in prolonged or additional restrictions implemented by the authorities in order to control the spread of the virus.

Based on the effects already seen, this would lead to further disruptions in international and domestic food supply chains, prolong higher than average prices, as well as increased loss of income due increasing unemployment and prolonged disruptions to businesses and people's livelihoods. As a result, this would further stress households who are already vulnerable and adopting coping mechanisms in order to maintain adequate food consumption.

As most Libyans are already marginally food insecure, they are therefore susceptible to further shocks, and risk pushing more households in more extreme forms of coping capacities and food insecurity. Migrants and refugees are at significant risk, given underlying food insecurity but also the increase in unemployment due to significant disruptions to daily labour, where the majority of migrants and refugees are employed, due to curfews and movement restrictions.

### Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	Food consumption	mVAM and MSNA	Quarterly
02	Livelihood/food coping strategies	mVAM and MSNA	Quarterly
03	Households abandoning agricultural	MSNA	Annual

### 3.3

## Health



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
1.2M	23%	35%	15%

#### Overview and affected population

Libya’s health system is close to collapse. More than half of the health care facilities that were functioning in 2019 have closed, especially in rural areas, mainly because of security threats and insufficient national and health sector funding. Already prior to the onset of COVID-19, many essential services were not available in many parts of the country. These include reproductive health care, services for children under five years of age and treatment for patients with non-communicable diseases. Many hospitals across the country have regularly suspended operations due to high rates of COVID-19 infection among staff and patients. This has further exacerbated capacity gaps in the health system. Curfews and movement restrictions measures have also affected people’s access to health.

In 2020, 3.5 million people lack consistent access to primary and secondary health care services, including 1.2 million people in the most severe need of assistance. This includes 169,000 displaced people, 180,000 returnees, 499,000 non-displaced Libyans, 301,000 migrants and 46,000 refugees. This represents more than double those in the most severe need compared to last year reflecting the continued deterioration in the health system and the increased burden presented by COVID-19.

The majority of people in need of health assistance are located in Tripoli, with an estimated 280,000 people. The most severe needs are among people living in Aljufra, Alkufra, Ghat, Murzuq and Sirt. These locations have been identified through assessments as harder to reach and they also have a lower availability of health services and facilities. Displaced people, refugees and migrants

have the most severe needs. However, returnees and non-displaced Libyans in the worst-affected areas, as well as other vulnerable groups such as children, the elderly, and patients with chronic health conditions are also in need.

Forty-three per cent of all displaced people and 66 per cent of affected returnees need health assistance. About 41 per cent affected non-displaced Libyans are also estimated to need health assistance. Across all Libyan population groups, Tripoli has the highest number of people in need. Displaced people and returnees are more likely to live in sub-standard or crowded shelters, making them more prone to health conditions. COVID-19 has disrupted livelihoods for many households, and along with facilities being closed or overcrowded, Libyans have had to travel longer distances to access health services or divert more resources to cover health costs, stretching family budgets.

Migrants and refugees have some of highest health needs and assessments have consistently identified health services as their priority need. As such, 56 per cent of migrants and all refugees are identified most in need of health support. The pandemic has deepened their vulnerabilities and many of them no longer have access to informal work to afford medical assistance and by virtue of their displacement or their legal status have additional barriers to accessing health services than other groups.

#### Analysis of humanitarian needs

Maintaining continuity of essential health services is a key pillar of the health response. This includes across

all essential primary health services, including child-, sexual- and reproductive health, mental health and non-communicable diseases. While non-communicable diseases account for 72 per cent of the burden of disease in Libya, these services remain widely unavailable. Disability services and sexual and reproductive health services are focused mainly in Benghazi, Misrata, Sebha and Tripoli, neglecting large areas of the country. Mental health services are available in Tripoli but absent in most of the rest of the country.

Expanding and strengthening health services, including through ensuring there is sufficient staff, equipment and medical supplies are critical. Capacity building for health staff, including for mental health and psychosocial support and psychological first aid is needed, including for rapid response health teams. Auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services must be maintained. As local capacities of health facilities have eroded, an increasing number of municipalities have been relying on referring patients to the main cities. As such, the referral system needs to be urgently strengthened throughout the country.

The COVID-19 pandemic has also highlighted the need for more rapid response teams, laboratory diagnostic kits, personal protection equipment for health workers, better isolation and treatment facilities for COVID-19 patients, as well as improved risk communication and community engagement.

Vaccination coverage needs to be maintained, requiring sufficient stocks across the country and a strengthened disease surveillance system. Libya experienced a vaccine stockout in May this year and there is a potential for another stockout soon if immediate measures

are not taken to procure and distribute supplies. This means that many children have missed, or may miss, their scheduled vaccine doses, which increases the risk of outbreaks of vaccine-preventable diseases.

### Projection of needs

There has been no comprehensive forecasting of needs or country-wide analysis of local market capacity or the scalability of the national and external response to COVID-19. As such, it is difficult to project the health impact of COVID-19 and how the system would be able to adapt to the additional burden. However, to date, differences between health authorities have led to delays in releasing funds, hampering the response.

Without an agreed national plan, and complementary and sufficient resources, the health system is likely to continue to buckle under the pressure of rising COVID-19 cases in addition to the normal health burden. Acute shortages of health care facilities, health workers, supplies and equipment are likely to continue. Without sufficient personal protective equipment and other resources more health workers are likely to contract the disease or refuse to report to work, forcing the temporary or permanent closure of more facilities, further reducing people's access to health support.

Routine health services, such as in sexual and reproductive health, child health, non-communicable diseases and mental health are likely to continue to be de-prioritized and concentrated to largely urban locations as the limited capacity is focused on combatting the pandemic, further comprising the mental and physical health and wellbeing of millions of Libyans, migrants and refugees.

## Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	Incidence rate for selected disease relevant to the local context (acute diarrhoea)	EWARN	Monthly
02	Access to primary healthcare services	MSNA	Annual
03	Incidence and death rates for COVID-19	NCDC	Ongoing
04	Attacks on health infrastructure	MoH	Ongoing



## 3.4 Protection



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
<b>463k</b>	<b>24%</b>	<b>36%</b>	<b>15%</b>

### Overview and affected population

In 2020, conflict and the COVID-19 pandemic have exacerbated protection risks and needs across the country. Parties to the conflict indiscriminately used heavy weaponry in densely populated areas, putting civilians living in, or willing to return to, suspected and confirmed hazard areas at high risk of exposure to explosive hazards. Movement restrictions to address COVID-19, including lockdowns and partial or full closure of facilities (including schools and health facilities) to curb the disease, have also limited access to services and basic goods.

The fragile economic situation, compounded by the pandemic, has led to reduced incomes and increased risks linked to livelihoods and security of tenure. A lack of legal documentation further exacerbates migrants and refugees' access to services. The pandemic and subsequent prolonged periods of confinement affected people's mental health and psychosocial wellbeing, increasing the risk of exposure to GBV and other forms of abuse, particularly for women, children, migrants and refugees. This has created an increased need for mental health and specialized protection services.

In 2020, about 463,000 people are estimated to face protection risks and rights violations and will need assistance<sup>17</sup>. This includes 123,000 displaced people, 104,000 returnees, 88,000 non-displaced Libyans, 102,000 migrants and 46,000 refugees. This is roughly consistent to 2019, with the largest reduction among migrants, reflecting the lower number of migrants in Libya in 2020, and largest increase in returnees, reflecting the increasing trend in returns due to the changes in conflict dynamics during the second part of the year.

Individuals facing protection risks in Tripoli represent one quarter of all people in need of protection assistance. The mantikas with the most severe protection needs were identified in Alkufra, Almarj, Benghazi, Derna, Ejdabia, Ghat, Misrata, Murzuq, Sirt, Tripoli, Ubari and Wadi Ashshati. Mantikas with the highest severity have been heavily affected by the conflict, including having either large numbers of displaced or returnees, as well as increased exposure to protection risks such as movement restrictions and explosive hazards contamination. Mantikas with the highest levels of severity were identified based on the protection environment for non-Libyan populations, including risks of eviction, discrimination or abuse, and arbitrary detention, as highlighted by MSNA and protection partner report findings.

For displaced people and returnees, 31 per cent of all displaced people and 38 per cent of affected returnees face protection risks and need assistance. Most of them are located in Tripoli and Benghazi, with Tripoli hosting the highest number of displaced people and Benghazi recording the highest returns. The threat of eviction for displaced populations, many of who have insecure tenancy agreements, is exacerbated by the increasingly fragile economic situation for both displaced and hosting populations. Insecurity of tenure highlights the need in provision of structured legal assistance, which is an acute need identified for both displaced people and migrant and refugee population. Around 7 per cent of affected non-displaced Libyans are estimated to face protection risks and be in need of assistance. The majority are located in Benghazi and Tripoli. Increased population, whether in displacement or returning, economic and social hardship have affected

the non-displaced Libyans living in these two cities, with 37 per cent of the total in need of protection assistance due to strains on hosting communities.

About 19 per cent of all migrants are estimated to face protection risks and need assistance, in addition to all 46,000 refugees. The highest number of migrants in need are located in Tripoli, Ejdabia and Misrata. Discrimination in access to services and a lack of documentation continue to prevent many migrants and refugees from meeting their basic needs and accessing specialized protection assistance. Migrant and refugee populations face significant threat or fear of eviction and predatory behaviours by the landlords, including the arbitrary increase of rental costs and threats of or actual evictions. Furthermore, migrants and refugees face increased discrimination following the onset of COVID-19 and movement restrictions due to fear of arrest or detention.

Marginalized communities, particularly those like the Tebu and Tuareg from southern Libya, continue to be at risk of statelessness due to lack of civil status and documentation. Despite Libya being a signatory to the 1954 Convention Relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness, gender discrimination persists in nationality legislation by restricting the right to nationality to a child born to a Libyan mother and a foreign father.

## Analysis of humanitarian needs

Despite a reduction in hostilities, there is still a need for a robust approach to durable solutions for people living in protracted displacement, including the Tawergha and other minority groups who have limited prospects for return and reintegration. The national legal framework requires major reform to ensure the Government upholds its obligations vis-à-vis its citizens and other persons in need without discrimination.

This is also true for women, girls, refugees, and migrants who face barriers to fully participate in society. Despite Libya being a signatory to the 1954 Convention Relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness,

gender discrimination persists in the Libyan nationality legislation by restricting the right to nationality of a child born to a Libyan mother and a foreign father.

Migrants and refugees continue to be subjected to torture, sexual violence, abduction for ransom, trafficking in persons, forced labour and unlawful killings. Child and female migrants and refugees are more prone to these protection incidents due to their age and sex. Additionally, the situation in detention centres has deteriorated and detainees are not guaranteed the necessary safety and security measures to avoid the spread of the pandemic among the detained population. Migrant children continue to be detained in Libya in violation of international laws, negatively affecting their safety and wellbeing. While efforts are made by humanitarian partners to access detention centres, the lack of systematic access means that information on the conditions and numbers of detainees cannot be fully confirmed.

## Projection of needs

For protection activities to be effective in preserving, protecting and restoring the rights of people in need, involvement of key international and national development actors is essential to ensure protection activities are underpinned in a solid development strategy aimed at strengthening the rule of law and local governance. Protection Sector partners would continue to ensure the centrality of protection and support safe reporting mechanisms for human rights abuses and other violations of international humanitarian law, working with UNSMIL counterparts under their expanded mandate to strengthen protection response in Libya.

The key drivers for the evolution of needs would be the unfolding of the COVID-19 pandemic and insecurity. If COVID-19 related restrictions continue, the already negative impact on living conditions and access to essential services would increase, with humanitarian needs rising as a result. This would require the need for more (including remote) specialized protection services, including child protection mental health and psychosocial support and GBV support services. The need to mainstream specialized protection services

into health responses and other services would become pertinent, due to the geographical coverage compared to other actors. Any escalations in the conflict would compound this situation, resulting in further breakdown of services and protective systems and increased displacement.

Despite the current reduction in fighting, until a permanent ceasefire is implemented, it is possible

that escalation in fighting could occur. This is likely to be accompanied by the continued reliance on heavy weapons, adding those the areas contaminated by explosive hazards requiring expanded risk awareness and clearance operations. Each iteration of fighting increases the level of contamination and the threat to communities.

### 3.4.1

## Child Protection

PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
271k	10%	79%	15%

The continued impact of insecurity and conflict, along with the impact of COVID-19, has detrimental impact of children’s health and wellbeing. The loss of income or job opportunities for caregivers has resulted in the increase use of negative coping mechanisms (cutting down on school supplies, toys, medical expenses etc.), negatively affected children’s physical and mental health. As a result, 36 per cent of households have reported an increase in child protection concerns since COVID-19<sup>118</sup>.

An estimated 271,000 children and caregivers are most at risk of violence, exploitation and abuse, requiring sustained child protection services. This includes 106,000 displaced, 16,000 returnee and 83,000 non-displaced, as well as 44,000 migrants and 20,000 refugees. Of the total, 79 per cent (214,000 people) are children. The majority of children and caregivers in need of assistance are located in Tripoli, representing 30 per cent of all those in need. Those mantikas with the most severe child protection needs were in Alkufra, Benghazi, Ghat, Misrata, Murzuq, Sirt, Tripoli and Wadi Ashshati.

For displaced people and returnees, 27 per cent of all displaced people and 6 per cent of affected returnees are in need. For both displaced and returnees, Tripoli and Benghazi have the highest concentrations of those in need. Nine per cent of affected non-displaced Libyans are estimated to be most at risk and in need of assistance, the majority in Tripoli. Movement restrictions and school closures as a result of COVID-19 have deprived children of access to education. Children living in a context characterized by insecurity, poor living conditions, limited recreation activities and the lack of or inability to access safe spaces significantly affects their wellbeing.

Around 8 per cent of migrants and 51 per cent refugees are identified most in need of child protection assistance, with the highest number in Sebha for migrants and Tripoli for refugees. Since majority of migrant children are boys (88 per cent), there is a significant difference between the numbers of boys and girls in needs. Unaccompanied migrant and refugee children are exposed to risks and have less support structures and therefore are at heightened risk. Approximately 23 per

cent of migrant and 9 per cent of refugee children in Libya are unaccompanied<sup>119</sup>.

The need for child protection services, such as mental health and psychosocial support at all levels, as well as recreational and basic groups activities, case

management, family reunification are very much needed, along with strengthened community-based child protection for children and their caregivers. Alternative care and support to vulnerable families for households with children is needed to allow them to meet their basic needs.

### 3.4.2

## Gender-Based Violence

PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
153k	59%	30%	15%

An estimated 153,000 people are most at risk of GBV, requiring sustained prevention and response services including 30,000 displaced, 16,000 returnees, 26,000 non-displaced Libyans, 63,000 migrants and 16,000 refugees. Of the total, 90,000 are women (59 per cent) and 41,000 are girls (26 per cent). The majority of people facing GBV risks and in need of assistance are located in Tripoli, representing 21 per cent of all those in need. Those mantikas with the most severe GBV needs were in Derna, Ghat and Misrata.

For displaced people and returnees, 8 per cent of all displaced people and 6 per cent of affected returnees are in need. For displaced persons the highest concentrations of people in need was in Tripoli and for returnees in Benghazi. Two per cent of affected non-displaced Libyans are estimated to be most at risk and in need of GBV assistance. The majority are located in Benghazi. Movement restrictions, curfews, closures of services and limitation in social contacts has led to stark increases in GBV risks, which has been compounded by acute shortages of GBV services reducing entry points for survivors to receive timely and quality care.

Around 12 per cent of migrants and 42 per cent refugees are identified most in need of GBV protection assistance, with the highest number in Tripoli and Benghazi for migrants and Tripoli and Aljara for refugees. Migrant and refugee women, many of whom have no recognized status have an increased risk of sexual exploitation and abuse. Migrants and refugees in detention centres are most at risk given reporting of widespread abuses that are documented. Along with the discrimination in accessing to specialized services experienced by migrants and refugees further limits their access to support.

The significant gaps in GBV services across Libya means that health consequences, including serious mental health consequences, sexually transmitted infections, unplanned pregnancies, and other possibly life-threatening health complications remain unaddressed. Scaling up and establishing comprehensive GBV prevention and response services are urgently required, especially in geographic locations that lack any specialized GBV services and are affected by increased conflict and displacement, such as Alkufra, Murzuq, Sirt. Advocacy on establishing protective legal mechanisms for women and girls, to end impunity for perpetrators due to the legal loopholes and unlimited humanitarian access to detention facilities needs to be strengthened.



### 3.4.3

## Mine Action

PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
<b>505k</b>	<b>23%</b>	<b>35%</b>	<b>15%</b>

Explosive hazard contamination affects humanitarian needs in virtually all locations in Libya. According to the MSNA, households reported explosive hazard contamination in their neighborhood in 17 mantikas. More than 505,000 people are estimated to be at risk from contamination from explosive hazards and in need of assistance. This includes 63,000 displaced people, 123,000 returnees, 145,000 non-displaced Libyans, 135,000 migrants and 40,000 refugees.

Most people at risk from explosive hazards and in need of assistance are in Tripoli, representing 39 per cent of all those in need. Those with the most severe needs were identified in Benghazi, Derna, Misrata, Sirt and Tripoli. All of these locations have experienced major conflict, including extended hostilities involving heavy artillery and aerial bombardments. For Misrata, hostilities were focused in Tawergha and around Abu Qurayn, which was part of the frontlines of fighting in 2020.

For displaced people and returnees, 16 per cent of all displaced people and 45 per cent of affected returnees are in need of mine action support. Tripoli has the highest concentrations of need, followed by Benghazi. Around 12 per cent of affected non-displaced Libyans are estimated to be most at risk and in need of assistance. The majority are located in Benghazi,

followed by Tripoli. Although explosive hazards do not distinguish between population groups, those returning to their areas of origin or that have recently experienced hostilities are particularly in need.

About 25 per cent of migrants and 90 per cent refugees are in need of assistance. Migrants and refugees are particularly at risk, as they do not have access to the same formal and informal information networks and/or are faced by language barriers. This has been confirmed by the MSNA, with migrants and refugees routinely displaying lower levels of awareness about explosive hazard contamination than their Libyan counterparts.

The nature of the needs has not changed since 2019. Increased awareness of the risks of explosive hazards remain a critical need to ensure that people living in areas that have seen conflict can go about their lives more safely. Increasing the information on the location, extent, and nature of explosive hazard contamination is critical to inform the prioritization and permanent removal of the hazards. Until these hazards are cleared, they will continue to pose an immediate threat to the lives of anyone in their surroundings. It is also important that those people who have been involved in explosive hazard-related accidents have the required access to services that they need for their wellbeing.

### Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	Civil documentation	MSNA	Annual
02	Movement restrictions	Access reporting/ MSNA	Monthly
03	Access to GBV-related services.	Service mapping/4W	Monthly
04	Access to core child protection services	Service mapping/4W	Monthly
05	Presence of explosive hazards / mine-related accidents	MSNA/ LibMAC	Ongoing

# 3.5 Shelter & NFIs



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
376k	23%	35%	15%

## Overview and affected population

Significant damage to homes, particularly in urban areas, and high displacement has increased the demand for safe accommodation, adding pressure on their availability and affordability. This has resulted in many people living in sub-standard or overcrowded housing, compromising people's standard of living but also increasing protection- or health-related risks.

As the main shelter type for all population groups is renting of private accommodation, the lack of income due to COVID-19 and related movement restrictions and the increased the cost for basic necessities puts more people at risk of eviction, particularly low-income households, and displaced, migrant and refugee households who are more likely to have verbal rent agreements.

In 2020, nearly 376,000 people are estimated to need shelter and non-food items. This includes 58,000 displaced people, 82,000 returnees, 107,000 non-displaced Libyans, 82,000 migrants and 46,000 refugees. This is a 10 per cent increase in the number of people, compared to 2019, with the most significant increases among returnees. The most severe needs were found in Aljara, Alkufra, Almarj, Benghazi, Misrata and Sirt, Tobruk and Tripoli. Shelter needs are particularly concentrated in the urban settlements in the east and west, where large destruction to houses and infrastructures due to conflict. Overall, migrants and refugees were identified with the most severe shelter needs.

About 15 per cent of all displaced people and 30 per cent of affected returnees require shelter support. For

displaced households Tripoli has the highest number of people in need, while for returnees it is Benghazi. This generally reflects displacement trends, with Tripoli hosting the highest number of people displaced and Benghazi recording the highest number of returns. In 2020, 32 per cent of surveyed returnee households reported medium to heavy damage to their house or complete destruction, significantly higher than displaced or non-displaced households<sup>120</sup>. About 9 per cent of affected non-displaced Libyans are estimated to be in need support for shelter and non-food items, with the majority in Tripoli.

About 15 per cent of all migrants and all refugees are in need of shelter assistance or support with non-food items, with the highest number in Tripoli for both groups. Migrants and refugees are more likely to be living in sub-standard accommodation and have insecure forms of tenure putting them at greater risk of eviction. Migrants and refugees have also been more affected, compared to other groups, from lost livelihoods due to the temporary or daily nature of their work making it more difficult to afford essential non-food items and have disproportionately affected by movement restrictions further impacting their access to markets and livelihoods.

## Analysis of humanitarian needs

Beyond rental assistance, many people report living in sub-standard accommodation and therefore support for improving shelter conditions is required, with 54 per cent of displaced, 68 of returnees and 75 of migrants and refugees reporting at least one issue with their accommodation<sup>121</sup>. Conditions for the 6 per cent of

displaced and 9 per cent of migrants and refugees living in informal settlements or collective shelters<sup>122</sup> also require investment to ensure that they reach minimum humanitarian standards.

Many vulnerable households also highlighted needs for different non-food items. These included items such as generators, cooking fuel, blankets or heating systems, computers, mattresses, cooking stove and water storage containers, although different population groups identified some differences in their needs. For example, migrants and refugees were more likely to highlight needs related to communications, such as phones, than Libyan population groups. Major concerns have also been raised by households in needs related to hygiene items, particularly due to COVID-19 pandemic, and that as a result have been particularly affected by price increases.

### Projection of needs

Any significant changes of needs in relation to shelter assistance and support for non-food items would in large part be determined by the conflict and any geographical fluctuation of front lines. While a nationwide ceasefire has been agreed, a resolution to the political situation remains uncertain. Any escalation in

conflict would result in further displacement, as well as damage to civilian homes and infrastructure and therefore increase the number of people in need of shelter assistance, as well as for essential items, either individual and house items that are appropriate to the weather conditions at the time.

People in need of rental support is likely to continue but could increase in 2021 due to pressure on housing from protracted or any increases in displacement. The continued socio-economic impact of COVID-19 is likely to see a further deterioration in the economic situation and livelihood opportunities for people that sees further increases in the cost of rent and basic goods. Low-income households, as well as displaced people, migrants and refugees that are more often employed in temporary or daily labour would be disproportionately affected.

Should the security situation continue to improve this is likely to see increases in the number of returnees. The increased number of returnees are likely to encounter damaged properties and therefore be in need of non-food items as well as immediate shelter support, as well as longer term support for rehabilitation and reconstruction of their dwellings.

### Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	Households living without essential individual items, house items, etc.	4W/ MSNA	Monthly
02	Households shelter/living conditions	4W MSNA/ DTM	Monthly

# 3.6

## Water, Sanitation & Hygiene



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
438k	23%	35%	15%

### Overview and affected population

A lack of repair and maintenance, as well as attacks and force shutdowns, on water infrastructure has put extra strain on the already aged water networks. This has led to a further deterioration of water infrastructure and availability of services. In 2020, this has been compounded by frequent electricity cuts, particularly in the western Libya, causing further disruptions to water supplies in some of the most highly populated areas.

Equally, sanitation and wastewater management systems do not function adequately and only 10 of 24 wastewater treatment plants are functioning. Garbage and solid waste are mostly left on the street or buried, increasing the risk of disease. The deteriorating economic situation in the country, and the increase in the prices of essential hygiene items, compounded by COVID-19, means many people cannot afford to follow hygiene practices in order to safeguard their wellbeing.

In 2020, nearly 438,000 people are estimated to need access to safe water, hygiene and sanitation services. This includes 155,000 displaced people, 33,000 returnees, 124,000 non-displaced Libyans, 113,000 migrants and 13,000 refugees. This is an 80 per cent increase, compared to 2019, with the most significant increases among migrants, returnees and non-displaced Libyans.

The most severe WASH needs are found in Alkufra, Benghazi, Ejdabia, Misrata, Murzuq, Sebha and Tripoli. While all segments of the population have been affected, displaced people, refugees and migrants, particularly those in detention centres, have some of the most severe needs considering the often-overcrowded

living conditions and a lack of access to water and sanitation services.

About 39 per cent of all displaced people and 12 per cent of affected returnees are in need of WASH assistance. For displaced people, the highest number of those in need is in Tripoli and in Sirt for returnees. Locations in western Libya have been particularly hard hit by disruptions to water supplies and are more likely to rely on bottled water for their source of drinking water. Displaced people are more likely to be living in sub-standard accommodation where access to WASH services is less readily available. Ten per cent of affected non-displaced Libyans are estimated to be in need of WASH assistance. The majority are located in Benghazi, Tripoli and Sirt. Urban areas have been particularly affected by disruptions to water supplies and sanitation services and have higher percentages of people that rely on bottled water as their primary means of accessing safe water.

Twenty-one per cent of all migrants and 30 per cent of all refugees are in need of WASH assistance, with the highest number of those in need in Tripoli. Migrants and refugees are particularly in need due to their normally poorer living conditions, compared to Libyans. Migrants and refugees that are in detention centres or living in sub-standard accommodation have the most acute needs given the crowded conditions and inadequate access to WASH services.

### Analysis of humanitarian needs

Access to water, hygiene and sanitation services, particularly in detention centres, collective shelters,



schools and health facilities, as well as disinfection and cleaning are urgently needed to both reduce the risk of spreading COVID-19 and the risk of other diseases and illnesses. This should go hand-in-hand with increased awareness raising and communication of key hygiene messages to ensure safe hygiene behaviours. For refugee and migrant communities these messages need to be linguistically and culturally appropriate.

Support to WASH facilities to ensure basic functionality, particularly in those areas where water infrastructure has been particularly damaged, such as urban centres that have experienced conflict, is needed to ensure accessibility of safe water. COVID-19 response and policies also need to explicitly integrate WASH policies and principles.

### Projection of needs

Continued deterioration to WASH services has seen an increase in the number of people in need in 2020. Along with the COVID-19 pandemic, which continues to spread across the country, it is likely that needs would continue to increase in 2021.

The absence of an endorsed national level COVID-19 response plan and poor coordination between national and local authorities are impacting on the efforts to combat the pandemic, including the need to ensure people are able to maintain basic levels of hygiene. Without significant investment in repairing and expanding WASH infrastructure, people's access to these services is unlikely to improve and may reduce as the systems further deteriorate under the additional strain. Without adequate water and sanitation services in health care facilities this would continue to amplify public health issues.

Prices for essential hygiene goods, and particularly for bottled water which remains the primary source of drinking water, have remained significantly above pre-COVID-19 levels. This is likely to be the case as COVID-19 continues to impact the economy in Libya and more broadly. As household's resilience is further eroded from the socio-economic impacts of COVID-19 it is likely that their ability to afford basic WASH items would reduce, increase their need for assistance.

### Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	Access to an improved and accessible sufficient drinking water source	MSNA	Annual
02	Access to functional and accessible sanitation facilities.	MSNA	Annual
03	Attacks on WASH infrastructure	National authorities/ Libyan Analysis Team	Ongoing

## Part 4

# Annexes

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UNICEF/LIBYA



## 4.1

### Data sources

The 2020 HNO analysis is informed by multi-sector needs datasets, particularly from the 2020 MSNA and IOM's DTM displacement, returns and migration tracking, in addition to other sector-specific or ad-hoc assessments. A total of 117 assessments (including 101 multi-sectoral assessments) were reported by six humanitarian organizations in 2020, which is an increase in assessments and a reduction in partners conducting assessments, compared to 2019 (72 assessments conducted by 16 partners in 2019).

The 2020 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. These assessments were registered by Cooperazione Sviluppo, FAO, IOM, REACH, UNHCR, WFP, and WHO. The highest coverage of the registered assessments conducted/planned are in six mantikas: Murzuq, Ubari, Sebha, Ghat, Aljufra and Wadi Ashshati. They are followed by Alkufra, Ejdabia, Tobruk, Derna, Benghazi, Sirt, Misrata, Almargeb, Tripoli, Aljara, Azzawya, Zwara, Nalut and Almarj. For the planned sector-specific assessments lack of funding for assessments and outbreak of COVID-19 sectors were the main constraints for sectors to conduct their assessments.

The MSNA in Libya, continued to be a major data source for the humanitarian community, covering displaced, returned and non-displaced Libyans, as well as migrants and refugees. The Libyan MSNA covered Libyan displaced, non-displaced and returnee populations. The survey was conducted at household level, between 24 June and 14 August 2020. A total of 6,061 interviews were carried out, with the sample distributed proportionally throughout all 22 mantikas. The Migrant and Refugee MSNA covered 1,551 migrant and refugees in Libya, with the sample distributed primarily according to region of origin (West and Central Africa, East Africa,

Middle East and North Africa, and other). The sample for each migrant and refugee population group was distributed proportionally per group in nine shortlisted mantikas, (Ejdabia, Murzuq, Tripoli, Alkufra, Aljufra, Misrata, Sebha, Al Jabal Al Gharbi, Azzawya).

All respondents to the MSNA were given the CFM hotline number and field managers conducted calls to randomly selected interviewees across both MSNAs throughout the data collection period (of those that had consented to be called again in the original interview) to confirm that the survey took place as intended, that they were comfortable with the enumerators, and their perspectives on the questions asked, including if any were found challenges or they were not comfortable in answering. This feedback was then incorporated into the data validation and analysis.

Due to the movement restrictions in place due to COVID-19, for both the Libyan and the Migrant and Refugee MSNAs, respondents were contacted by phone. Respondents were chosen through a mixture of referrals, lists provided by the Social Affairs and Crisis Committee offices, CSO networks and lists, and beneficiary lists from INGOs. Both MSNA findings therefore present results from non-probable sampling methods and should not be interpreted as representative of Libyan or migrant and refugee populations.

In addition to the MNSA, the DTM was an important source of data to inform analysis. DTM Mobility Tracking gathers data at the municipality and community level on a bi-monthly data collection cycle covering all 100 municipalities in the country. It is the primary tool tracking population movements and establishes baseline estimates of various populations in assessed areas. Mobility tracking also gathers multi-sectoral baseline data covering various sectoral indicators, data on the availability of services, and multi-sectoral humanitarian needs.



In the most recent round (Round 32), covering May-June 2020, and which was the dataset informing the HNO analysis and PiN calculation undertook 2,102 key informant interviews, 329 at the municipality level and more than 1,729 at the community level. Key informants include representatives from municipality offices, civil society organizations, and local crisis committees. Out of all key informants interviewed, 6 per cent were female.

The DTM also undertakes flow monitoring surveys and migrant surveys and conducts interviews with migrants on a rolling basis. These individual interviews include questions on migration dynamics vis-a-vis aspirations, intentions, migration decision making, routes, potential return to the country of origin, and other migration related aspects. These surveys also cover thematic topics including food security, livelihoods, and remittances; education; health; shelter; non-food items, and WASH. For Round 32, covered 1,724 individual surveys were conducted.

DTM's triangulation of information is done at different administrative levels through a variety of different information sources, including local crisis committees, humanitarian and civil society organizations, representatives of local security forces, local community and tribal leaders, representatives of educational and health facilities. Validation and triangulation were also done through local communities themselves, local

religious leaders, representatives of migrant networks and migrant community leaders.

Other sources of information included the JMMI, produced by REACH, 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. REACH also conducted additional ad-hoc assessments, many in relation to the impact of COVID-19. Similarly, the Mixed Migration Centre (MMC) conducted assessments on behalf of humanitarian partners and sectors, in relation the impact of COVID-19 on migrants and refugees.

For refugees, UNHCR's proGres is the data source providing detailed information and trend analysis on demographics and specific needs related to registered individuals. Data is collected and analyzed on a regular basis, and reports are made available on UNHCR's data portal.

In monitoring the food security, WFP conducted regular mVAM assessments, and partnered with DTM to assess the food security situation of migrants in April 2020. These assessments used data collection from either affected communities directly, or on their behalf through key informants, and as such provided first-hand evidence about the experiences, needs and perspectives of Libyans, migrants and refugees.



## 4.2

# Methodology

For 2020, Libya continued with the enhanced HPC approach, introduced in 2019 to strengthen inter-sectoral analysis and identification of the severity of people's humanitarian conditions (living standards, coping capacity, physical and mental wellbeing), their interlinkages, and compounding effects by population groups.

In Libya, the humanitarian community maintained the five categories of population groups in need used in 2019: internally displaced people, returnees, non-displaced Libyans, migrants and refugees. Geographically, analysis covers all mantikas in the country. See 1.3 Scope of Analysis for more detail on the scope of analysis for the HNO in 2020.

A combination of datasets was used, largely the MSNA and DTM, to determine PiN and the severity of needs. Geographically, data collection in most instances was undertaken at the mantika level through household or key informant interviews. As such, where there was a need to undertake analysis at a baladiya level or where representative gender and age disaggregation data was not available, particularly for the PiN, national demographic percentages were applied.

### Calculation of people in need and severity

Inter-sectoral severity and PiN calculations were supported by the IMWG using the process outlined below. Results were discussed and endorsed by the ISCG, HCT and validated through bilateral consultations with key Libyan national stakeholders', in lieu of consultation workshops.

First, the scope of the analysis (including population groups, geographic scope, humanitarian consequences and thematic sectors) were defined and agreed. Following this, population group baselines, reflected as

the 'affected population', were prepared by OCHA using a variety of data sources:

- DTM displacement monitoring and migrant tracking were used to determine baselines for displacement, migrant and returnee populations;
- UNHCR registration lists were used for the refugee population; and
- Non-displaced Libyans was estimated using UNFPA projected population data from the Central Bureau of Statistics.

At the same time, a joint analytical inter-sector severity framework was developed, with the sectors, by identifying an initial set of indicators, along with their corresponding data sources and assigning them to the relevant humanitarian conditions. From the initial set of indicators, a joint selection of core severity needs indicators were agreed on, which illustrated the different dimensions of each humanitarian condition.

Most indicators were calculated using MSNA data, although other data sets, including DTM, mVAM, service mapping and 4W data were used where relevant. The final set of indicators for the inter-sectoral framework were agreed based on the following criteria.

- Identifying indicators most appropriate and relevant in explaining the conditions, with priority given to inter-sectoral or multi-sector indicators.
- That the data for the indicator was available and could be represented logically on the five-point severity scale.
- That the data, to the extent possible, was available for the agreed unit of analysis (in terms of disaggregation) or could logically be aggregated to the required geographic level (mantika).

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

In Libya, the PiN aggregation was estimated using the 'critical indicators' approach. This involved identifying a smaller set of critical indicators from the inter-sectoral framework, two of which representing humanitarian conditions related to physical and mental wellbeing and one representing humanitarian conditions related to coping capacity. These were:

- Incidence rate for selected disease relevant to the local context (acute diarrhoea)
- Livelihood coping strategy
- Percentage of households reporting presence of explosive hazards

For 2020, the JIAF aggregation methodology was adapted for the Libya context to enable better estimates on the most affected and in need people by population group. The two main adaptations were in relation to the development of the baseline (affected population) for certain population groups and the PiN for refugees. For baseline calculations, 100 per cent of displaced persons, migrant and refugee populations were included. For returnees, an additional set of indicators was applied to the population to identify those most affected, related to the threat of fear of conflict and/or armed groups and the threat/presence of explosive hazards. For non-displaced, additional criteria prioritizing locations in front line conflict areas, those with large displacement, and locations reporting significant challenges accessing operational health facilities was applied to determine those most affected. For the PiN calculation the critical indicator approach was applied to all population groups (explained above) except for refugee. Given the underlying protection risks, vulnerabilities and coping capacities, the total population of refugees was included in the PiN calculation.

### Calculation of severity

For 2020, the severity of needs was established at the mantika level. For severity of needs, a series of severity scenarios were developed using different sets of indicators in order to present severity that

most reflected the context on the ground. Following consultation with partners the scenario chosen used the critical indicators from the inter-sectoral framework, that focus on conditions related to physical and mental wellbeing and coping capacity, with additional thematic indicators. These additional indicators related to access constraints, response rates of partners, ratio of displaced/non-displaced and the incidence of COVID-19.

Most people displaying a severity of needs fell under the stress and extreme severity categories (3 and 4 respectively) as a result of a deterioration or partial collapse of living standards and basic services, an increased reliance on the use of negative coping strategies and widespread grave violations of human rights and significant impact on physical and mental harm.

The summary of the PiN, and severity by condition, population group and mantika were presented and discussed with the ISCG jointly with the IMWG. They were also shared and discussed by sectors with their partners including line ministry counterparts, as well as bilaterally with other key national counterparts, such as the Ministry of IDPs and Ministry of Local Governance. Following these consultations and any amendments reflected, it was then presented and endorsed by the Humanitarian Coordinator (HC) and HCT.

All the sectors, using the OCHA-generated humanitarian profile (baseline) for affected population and indicators and thresholds identified in the inter-sectoral framework, complimented by other sector-specific assessments and/or data, then determined their sectoral PiNs.

In addition to the PiN estimation for 2020, a projected PiN was determined using additional data and trends, including available contingency plans, and COVID-19 trends to determine percentage increases in needs across the different population groups and different geographic areas – scenarios and PiN estimates are reflected in the 'Risk Analysis'.

## Inter-sectoral framework

				MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
HUMANITARIAN CONDITION	INDICATOR	SOURCE	THRESHOLDS, VALUES					
01	Living Standards	% of HH living without essential individual items, house items and winter/summer adequate clothes or heating/cooling items	MSNA	<65%	65-80%	81-95%	>95%	NA
02	Living Standards	% of HHs/population living in damaged/destroyed shelter	MSNA	<20%	20-40%	41-75%	>75%	NA
03	Physical and Mental Wellbeing	Food Consumption Score	MSNA	Acceptable and stable	Acceptable but deterioration from typical	Borderline	Poor	Poor
04	Coping mechanisms	Livelihood coping strategy	MSNA	No stress, crisis or emergency coping observed	Stress strategies	Crisis strategies	Emergency strategies	Near exhaustion of coping capacity
05	Physical and Mental Wellbeing	Incidence rate for selected disease relevant to the local context (acute diarrhoea)	EWARN	less than 5%	5%-10%	10%-15%	15%-20%	Above 20%
06	Living Standards	Percentage of population that can access primary healthcare within one hour's walk from dwellings	MSNA	< 60%	60% < 69%	70% < 79%	>= 80%	>= 80%
07	Living Standards	% of HHs without access to an improved and accessible sufficient drinking water source (bottle water, public network, water trucking, protective well and tap accessible to the public)	MSNA	Less than 10%	10 - 40 %	40-60 %	60 - 80%	>= 80%
08	Living Standards	% of HH without access to water from the public network between 4 to 7 days per week.	MSNA	less than 10%	10 - 40 %	40-60 %	60 - 80%	>= 80%
09	Living Standards	% of HHs without access to functional and accessible sanitation facilities (flush or pour toilet, pit latrine with slab, pit VIP latrine)	MSNA	less than 10%	10 - 40 %	40-60 %	60 - 80%	>= 80%

				MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
HUMANITARIAN CONDITION	INDICATOR	SOURCE	THRESHOLDS, VALUES					
10	Living Standards	% of schools used as shelter for IDPs	DTM IOM	0-5%	6-15%	16-30%	31-60%	Over 60%
11	Living Standards	% of HH that reported facing issues to send their children to school.	MSNA	0-3%	4-10%	11-20%	21-50%	Over 50%
12	Physical and Mental Wellbeing	% children not attending school	MSNA	0-3%	4-10%	11-50%	51-75%	More than 75% of HHs
13	Living Standards	% of HH reporting a reduction in the use of negative coping mechanisms as a result of the cash assistance	4Ws/HH Survey	No stress, crisis or emergency coping observed	Stress strategies are the most severe strategies used by HHs in the past 30 days	Crisis strategies are the most severe strategies used by HHs in the past 30 days	Emergency strategies are the most severe strategies used by HHs in the past 30 days	Near exhaustion of coping capacity
14	Living Standards	% of HHs who report an improvement in their ability to meet their basic needs as a result of the cash assistance	4Ws/HH Survey	HH fully meets their basic needs	HH meets mostly their basic needs	HH meet half of their basic needs	HH meets less than half of their basic needs	HH cannot meet their basic needs
15	Living Standards	% of HH who have received assistance, reported access to feedback mechanisms	CFM, protection analysis & MSNA	0.6	0.5	0.35	0.2	0.1
16	Living Standards	% of households having lost necessary civil documentation and unable to reapply	Protection monitoring	0-5	6-10	11-20	>20	NA
17	Living Standards	% of HHs that have experienced movement restrictions in their neighbourhood	MSNA	0-30	31-41	42-50	>50	NA
18	Living Standards	% of girls / women without access to GBV-related services.	Service mapping, 4W	Up to 4 services available	Up to 3 services available	Up to 2 services available	Only 1 service available	No GBV service available
19	Living Standards	% of girls / boys without access to core CP services	Service mapping, 4W	0%	0-5%	6-10%	10-13%	>13%
20	Physical and Mental Wellbeing	% of HH reporting presence of explosive hazards in the neighborhood in the last 6 months	MSNA	0%	<2%	2-8%	8-15%	>15%



## 4.3

# Information gaps and limitations

As in 2019 and 2020, the MSNA and the DTM continued to be the primary sources of data for the Libya HNO. It provided the majority of data for the indicators used in the inter-sectoral severity framework and significantly informed the sector-specific analysis.

Persistent insecurity and COVID-19 presented significant challenges in data collection, planning and monitoring response operations. For the majority of assessments undertaken in 2020, data was collected remotely through telephone and other online platforms and mostly through key informant networks established by humanitarian partners.

For 2020, there were a limited of limitations that have impacted on the analysis and population calculations (affected and people in need). For the MSNA, given data was collected via non-representative sampling methods, no statistical comparison can be made between prior MSNAs and the 2020 results. Instead, broad trends were used throughout the analysis without statistical longitudinal analysis. Equally, the Libyan and MSNA for migrants and refugees adopted different sampling approaches. As such, statistical comparison between the two assessments is also not possible; instead, any comparison should note overall trends found between the two groups. Due to sampling approaches, some locations for the Libyan MSNA results are likely to overrepresent more vulnerable groups in the sample compared to 2019, given the reliance on beneficiary lists for contact numbers. Where applicable, this limitation has been noted throughout, with overall results excluding findings deemed to be more biased based on triangulation sessions with humanitarian stakeholders and data validation processes.

The Libyan MSNA adopted a stratified approach to selecting quotas per two primary strata: mantika and displacement status. Extrapolating the findings to

lower administrative levels (baladiya, mulhalla), or to population sub-groups (gender, age), is not possible by disaggregating MSNA data. Sample sizes below the chosen strata are too small to present any meaningful results and may mislead any analysis/response.

More broadly, most of the available data and assessment results for Libya are at the mantika level. Only DTM population datasets for displacement, returnees and migrants are at a baladiya level. As such, in order to undertake analysis at a baladiya level this has largely been done by disaggregating findings from the mantika level to the baladiya level. Similarly, gender and age disaggregation at the lower levels of analysis were not available in most cases. Gender and age disaggregation were available for population data for IDPs and returnees at baladiya level and mantika level for migrants and refugees. Data for non-displaced Libyans was disaggregated at baladiya level for gender and mantika level for age. While most assessment results were not representative of gender and age, where results exist, this has informed overall analysis in terms of indicative trends or implications as much as possible.

Assessment and analysis of socioeconomic and livelihoods patterns will be critical going into 2021 and for future planning. While some information on the impact of COVID-19 on unemployment, working conditions, and livelihoods on different population groups, these will be complimented with additional assessments, particularly by UNDP, looking at other aspects of the labour market and economy. In addition to ongoing assessments that look at socioeconomic trends, these will be critical to support humanitarian and development partners in their planning, particularly for the HRP and Socio-Economic Response Framework under the UN Development System, as well as to continue to adapt, reprioritize and re-focus programming

as the COVID-19 pandemic continues to impact different people's lives in varied ways.

Improving access to, and quality of, data and analysis continues to be a priority in Libya. Inter-sectoral coordinated needs assessments, in close collaboration with national stakeholders, is required to be able to increase the ability to provide more in-depth analysis to better inform sector planning and response. In 2020, the humanitarian community had planned through the HRP (under Strategic Objective 2) for greater collaboration and investment on capacity building of government institutions and partners on assessment methodologies and information management. However, as of August, humanitarian partners had only reached a small portion of the intended targets related to these

activities (19 per cent). This was due to a reprioritization as a result of increasing COVID-19 cases and imposed prevention measures that made implementing capacity building initiatives more difficult. In 2021, re-focused efforts on working with national institutions on access to data, particularly to the baladiya level will be critical to enhancing analysis.

A key component will also be strengthening collecting data from the communities themselves. Information on people's needs, as articulated by them, as well as their perspectives on assistance they receive, will continued to be strengthened by the CFM to ensure needs analysis and response planning are more people centered.

## 4.4

## Acronyms

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<b>ACG</b>	Area Coordination Group	<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>AWG</b>	Assessment Working Group	<b>UNHCR</b>	United Nations Refugee Agency
<b>CBL</b>	Central Bank of Libya	<b>UNICEF</b>	United Nations Children's Fund
<b>CFM</b>	Common Feedback Mechanism	<b>UNSMIL</b>	United Nations Support Mission to Libya
<b>DCIM</b>	Directorate for Combatting Illegal Migration	<b>VAM</b>	Vulnerability Analysis Mapping
<b>DTM</b>	Displacement Tracking Matrix	<b>WASH</b>	Water, Sanitation and Hygiene
<b>ERW</b>	Explosive Remnants of War	<b>WFP</b>	World Food Programme
<b>GBV</b>	Gender-Based Violence	<b>WHO</b>	World Health Organization
<b>GDP</b>	Gross Domestic Product		
<b>GNA</b>	Government of National Accord		
<b>HC</b>	Humanitarian Coordinator		
<b>HCT</b>	Humanitarian Coordination Group		
<b>HNO</b>	Humanitarian Needs Overview		
<b>HPC</b>	Humanitarian Programme Cycle		
<b>IDP</b>	Internally Displaced Person		
<b>IED</b>	Improvised explosive device		
<b>IMWG</b>	Information Management Working Group		
<b>IOM</b>	International Organization for Migration		
<b>ISCG</b>	Inter-Sector Coordination Group		
<b>JIAF</b>	Joint Inter-Agency Framework		
<b>JMMI</b>	Joint Market Monitoring Initiative		
<b>LNA</b>	Libyan National Army		
<b>MMC</b>	Mixed Migration Centre		
<b>MoH</b>	Ministry of Health		
<b>MSNA</b>	Multi-Sector Needs Assessment		
<b>NCD</b>	Non-Communicable Disease		
<b>NCDC</b>	National Centre for Disease Control		

## 4.5

# End notes

1. UNSMIL, Civilian Casualties Report, 1 January-31 March 2020 and 1 April-30 June 2020
2. UNSMIL, Report of the Secretary-General, 25 August 2020
3. World Bank, Libya Economic Monitor, Issue No.1, July 2020
4. UNSMIL, Report of the Secretary-General, 25 August 2020
5. National Centre for Disease Control – Libya, Coronavirus Monitoring Platform in Libya, <https://ncdc.org.ly/>
6. IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
7. IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
8. IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
9. IOM DTM, IDP and Returnee Report, Round 26 (June-July), 2020
10. Libyan Mine Action Centre (LibMAC)
11. Includes respondents who answered that their accommodation was (i) destroyed, (ii) heavy damage (not livable without repairs); (iii) medium damage or (iv) light damage (repairs needed but shelter livable), based on the question as to whether respondent's accommodation currently had any damage or defects.
12. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
13. REACH, Joint Market Monitoring Initiative, 6-15 September 2020
14. Food availability, food access, food utilization and stability
15. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
16. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
17. IOM DTM, Migrant Report, Round 32 (July-August), 2020
18. IOM DTM, Migrant Report, Round 32 (July-August), 2020
19. IOM, Libya Maritime Update, 22-28 September 2020
20. IOM & UNHCR, Consolidated detention figures for DCIM Detention Centres
21. WHO, Surveillance System for Attacks on Health Care, <https://extranet.who.int/ssa/Index.aspx>, 1 September 2020
22. UNICEF, General Authority on Water Resources (GAWR), General Company for Water and Wastewater (GCWW) & General Desalination Company (GDC), Assessment of National Capacity of Water Institutions, 2020
23. IOM DTM, IDP and Returnee Report, Round 26 (June-July), 2020
24. Education Sector
25. REACH, Libyan MSNA, 2020
26. Only mantikas that satisfied at least two of the following three criteria were selected: (i) hosting a number of migrants and refugees in total above the national average per mantika (as determined by IOM DTM Round 29); (ii) hosting a number of migrants and refugees in need above the national average per mantika (as determined by the HNO 2020); and/or (iii) presenting a level of access to healthcare for refugees and migrants inferior to the level estimated for the total sample (as determined by 2019 IOM-DTM, Libya migrant vulnerability and humanitarian need assessment).
27. UNSMIL, Civilian Casualties Report, 1 January-31 March 2020 and 1 April-30 June 2020



28. IOM, DTM, updates on clashes in Abu Qurayn/Sirt (March), Abusliem (April) and Tarhuna and surrounds (June), 2020
29. REACH, Libyan MSNA, 2020
30. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
31. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
32. REACH, Libya Joint Market Monitoring Initiative, 8-20 August 2020
33. REACH, Libyan MSNA, 2020
34. WHO, Community Health Assessment in Libya, May 2020
35. REACH, Libyan MSNA, 2020
36. UNICEF, GAWR, GCWW & GDC, Assessment of National Capacity of Water Institutions, 2020
37. MSNA indicator refers to % of HHs who resorted to using one or more coping mechanisms in the last 30 days due to a lack of resources
38. The livelihoods coping strategy index used for the 2020 MSNA was as follows: (i) stress strategies - selling non-productive household assets or goods (TV, household appliance, furniture, gold, etc.), spending savings, borrowing money, reducing expenditures on essential non-food items (water, hygiene items, etc.); (ii) crisis strategies - selling productive household assets or means of transport, reducing expenses on health (including drugs), taking an additional job; and (iii) emergency strategies - households members over 18 engaging in degrading or illegal income activities (e.g. theft, smuggling), households members under 18 engaging in degrading or illegal income activities (e.g. theft, smuggling), asking money from strangers, selling house or land.
39. REACH, Libyan MSNA, 2020
40. REACH, Migrant and Refugee MSNA, 2020
41. WFP, mVAM Bulletin #4, April-May 2020
42. WFP, mVAM Bulletin #4, April-May 2020
43. IOM DTM, Emergency Food Security Report, May 2020
44. FAO, GIEWS Country Brief for Libya, 26 October 2020
45. Food and Agriculture Organization (FAO)
46. WFP, Agriculture and Livelihood Needs Assessment Report, A Study of the Fezzan Region, March 2020
47. UN Women, Gender-Sensitive Prevention, Response and Management of COVID-10 Outbreak in Libya, April 2020
48. IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
49. REACH, Libyan MSNA, 2020
50. REACH, Libyan MSNA, 2020
51. REACH, Libyan MSNA, 2020
52. For the WFP mVAM Bulletin #4, surveys took place between April-May 2020 at the start of the COVID-19 pandemic in Libya and the start of Ramadan and comprised 521 survey respondents, 11 per cent of which were displaced households.
53. WFP, mVAM Bulletin #4, April-May 2020
54. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
55. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
56. IOM DTM, IDP and Returnee Report and Migrant Report, Round 31 (May-June), 2020
57. IOM DTM, IDP and Returnee Report and Migrant Report, Round 31 (May-June), 2020
58. REACH, Libyan MSNA, 2020
59. MSNA indicator refers to % of HHs who resorted to using one or more coping mechanisms in the last 30 days due to a lack of resources
60. The livelihoods coping strategy index used for the WFP's mVAM in April was: selling non-productive and productive assets; buying food on credit; spending savings; borrowing money; reducing expenditure

on health and education; withdrawing children from school, engaging in illegal income activities; and begging.

61. WFP, mVAM Bulletin #4, April-May 2020
62. WFP, mVAM Bulletin #4, April-May 2020
63. REACH, Libyan MSNA, 2020
64. REACH, Libyan MSNA, 2020
65. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
66. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
67. REACH, Libyan MSNA, 2020
68. REACH, Libyan MSNA, 2020
69. IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
70. MSNA indicator refers to % of HHs who resorted to using one or more coping mechanisms in the last 30 days due to a lack of resources
71. IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
72. WFP, mVAM Bulletin #4, April-May 2020
73. REACH, Libyan MSNA, 2020
74. REACH, Libyan MSNA, 2020
75. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
76. UN Women, Gender-Sensitive Prevention, Response and Management of COVID-10 Outbreak in Libya, April 2020
77. WHO
78. REACH, Libya Joint Market Monitoring Initiative, 8-20 August 2020
79. REACH, Libyan MSNA, 2020
80. REACH, Libyan MSNA, 2020
81. REACH, Libyan MSNA, 2020
82. The livelihoods coping strategy index used for the 2020 MSNA was as follows: (i) stress strategies - selling non-productive household assets or goods (TV, household appliance, furniture, gold, etc.), spending savings, borrowing money, reducing expenditures on essential non-food items (water, hygiene items, etc.); (ii) crisis strategies - selling productive household assets or means of transport, reducing expenses on health (including drugs), taking an additional job; and (iii) emergency strategies - households members over 18 engaging in degrading or illegal income activities (e.g. theft, smuggling), households members under 18 engaging in degrading or illegal income activities (e.g. theft, smuggling), asking money from strangers, selling house or land.
83. REACH, Libyan MSNA, 2020
84. WFP, mVAM Bulletin #4, April-May 2020
85. WFP, mVAM Bulletin #4, April-May 2020
86. FAO, GIEWS Country Brief for Libya, 26 October 2020
87. Food and Agriculture Organization (FAO)
88. WFP, Agriculture and Livelihood Needs Assessment Report, A Study of the Fezzan Region, March 2020
89. REACH, Migrant and Refugee MSNA, 2020
90. UNHCR, Libya Operations Portal, <https://data2.unhcr.org/en/dataviz/105?sv=0&geo=666>
91. MMC, Internal Factsheet: Refugee and Migrant Perceptions of Discrimination in Libya. 14 October 2020
92. Mixed Migration Centre, Internal Factsheet: Refugee and Migrant Perceptions of Discrimination in Libya, 12 June 2020
93. IOM DTM, Migrant Emergency Road Security Report, May 2020
94. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
95. IOM DTM, Migrant Report, Round 32 (July-August), 2020

96. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
97. IOM DTM, IDP and Returnee Report and Migrant Report, Round 31 (May-June), 2020
98. IOM DTM, IDP and Returnee Report and Migrant Report, Round 31 (May-June), 2020
99. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
100. REACH, Migrant and Refugee MSNA, 2020
101. REACH, Migrant and Refugee MSNA, 2020
102. IOM DTM, Emergency Food Security Report, May 2020
103. MMC, Access to Information on COVID-19 in Libya and Tunisia, June 2020
104. UNICEF rapid questionnaire on knowledge and attitudes related to COVID-19 in the south
105. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
106. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
107. IOM DTM, IDP and Returnee Report, Round 32 (July-August), 2020
108. IOM DTM, Migrant Report, Round 32 (July-August), 2020
109. REACH, Libyan MSNA and Migrant and Refugee MSNA, 2020
110. INFORM, Index for Risk 2021, <https://drmhc.jrc.ec.europa.eu/inform-index/INFORM-Risk>
111. UNSMIL, Briefing by the Acting Special Representative for the Secretary-General to the UN Security Council, 2 September 2020
112. The Joint Education Needs Assessment, 2019 estimated that 0.5 per cent of school age children were reported to have a disability.
113. Data used was from the REACH Libyan MSNA 2019 as during the triangulation sessions with enumerators on survey results it was believed that the question on school enrollment was misinterpreted by respondents to include those who were not attending (rather than not enrolled) due to COVID-19 school closures.
114. REACH, Migrant and Refugee MSNA, 2020
115. REACH, Libyan MSNA, 2020
116. According to FAO around 45,000 households have abandoned agricultural activity in the last 12 months, compared to 15,000 households that were estimated to have abandoned agricultural activities in 2019
117. The number of people identified to be in need of protection-related assistance exceeded the inter-sectoral PiN in Al Jabal Al Gharbi and Azzawya due to existing and continuing protection programs that will continue to reach populations who did not trigger any of the specific indicators this year but continue to be in need of specialized protection assistance.
118. REACH, Libyan MSNA, 2020
119. IOM DTM, Migrant Report, Round 32 (July-August), 2020 and UNHCR Libya Operations Portal, <https://data2.unhcr.org/en/dataviz/105?sv=0&geo=666>
120. REACH, Libyan MSNA, 2020
121. Enclosure issues included lack of insulation from the cold, leaks during rain, limited ventilation, presence of dirt or debris and mold or moisture present (MSNA, Libyan MSNA and Migrant and Refugee MSNA, 2020)
122. 122 IOM DTM, IDP and Returnee Report and Migrant Report, Round 32 (July-August), 2020

# **HUMANITARIAN NEEDS OVERVIEW**

LIBYA

ISSUED DECEMBER 2020