

HUMANITARIAN NEEDS OVERVIEW

LIBYA

HUMANITARIAN
PROGRAMME CYCLE
2022
ISSUED DECEMBER 2021



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

MMC / LIBYA.

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




The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance. fts.unocha.org/appeals/overview/2022

Table of Contents


04	Summary of humanitarian needs and key findings
10	Part 1: Impact of the crisis and humanitarian conditions
11	1.1 Context of the crisis
14	1.2 Shocks and impact of the crisis
21	1.3 Scope of analysis
23	1.4 Humanitarian conditions and severity of needs
39	1.5 Number of people in need
48	Part 2: Risk analysis and monitoring of situation and needs
49	2.1 Risk analysis
52	2.2 Projected evolution of needs
54	2.3 Monitoring of situation and needs
58	Part 3: Sectoral analysis
63	3.1 Education
66	3.2 Food Security
69	3.3 Health
72	3.4 Protection
76	3.4.1 Child Protection
77	3.4.2 Gender-Based Violence
79	3.4.3 Mine Action
81	3.5 Shelter & NFIs
83	3.6 Water, Sanitation & Hygiene
85	Part 4 Annexes
86	4.1 Data Sources
88	4.2 Methodology
92	4.3 Information gaps and limitations
93	4.4 Acronyms
94	4.5 End notes

Summary of humanitarian needs and key findings

Current figures

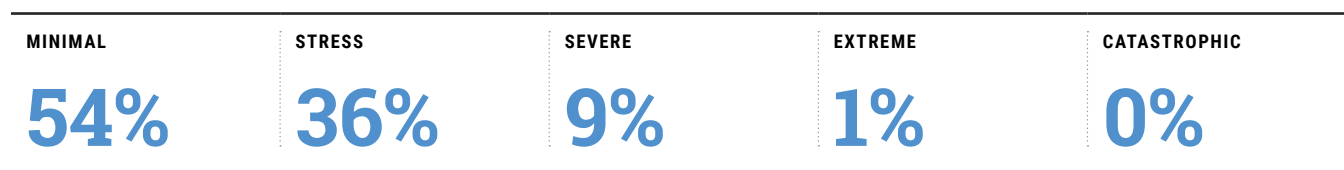
PEOPLE IN NEED	TREND (2016-2021)	WOMEN	CHILDREN	WITH DISABILITY
0.8M		24%	30%	15%

Projected figures (2022)



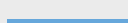

PEOPLE IN NEED	TREND (2016-2022)	WOMEN	CHILDREN	WITH DISABILITY
1.5M		24%	30%	15%






Severity of needs: current





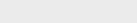
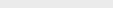

By Gender

GENDER	PEOPLE IN NEED	% PIN
Boys	131 k 	16%
Girls	113 k 	14%
Men	370 k 	46%
Women	189 k 	24%



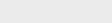






By Age

AGE	PEOPLE IN NEED	% PIN
Children (<18)	244 k 	30%
Adults (18 - 59)	522 k 	65%
Elders (>59)	37 k 	5%


By Population Groups

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people	132 k 
Returnees	115 k 
Non-displaced	281 k 
Migrants	232 k 
Refugees	43 k 

By Sectors

SECTOR	PEOPLE IN NEED
Education	171 k 
Food Security	511 k 
Health	804 k 
Protection	350 k 
Child Protection	271 k 
Gender-based Violence	153 k 
Mine Action	804 k 
SNFI	397 k 
WASH	381 k 

With Disability

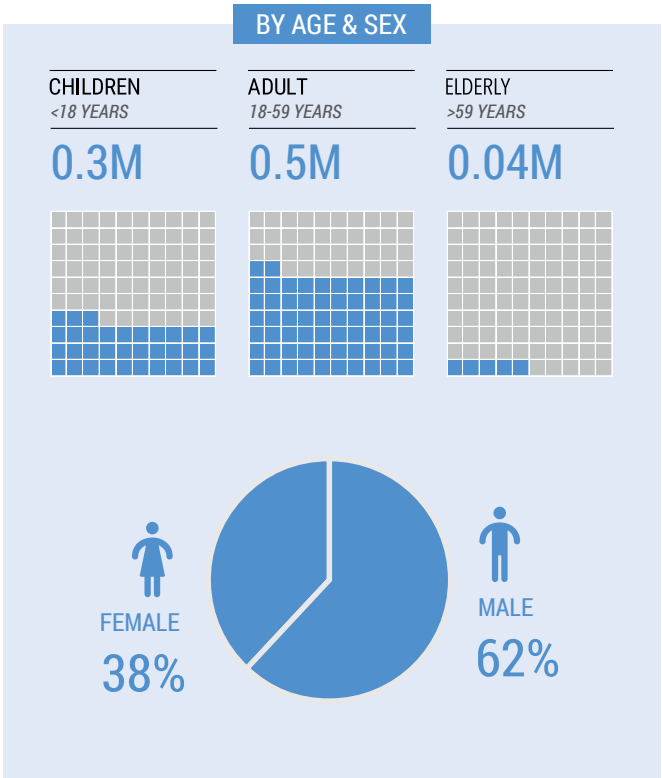
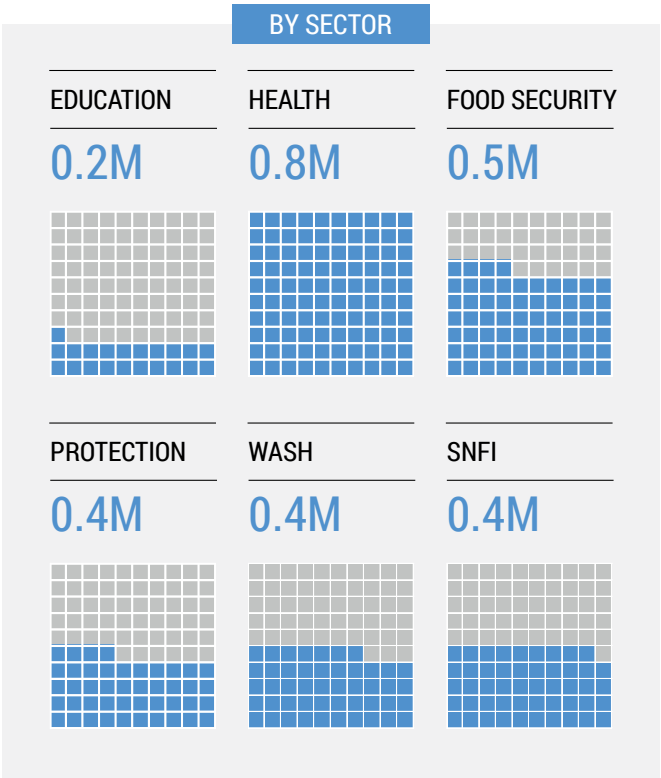
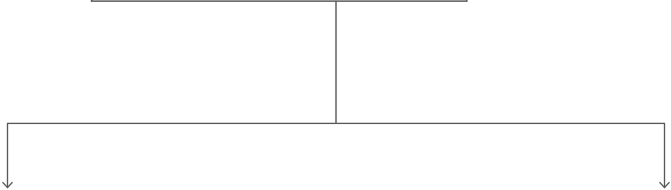
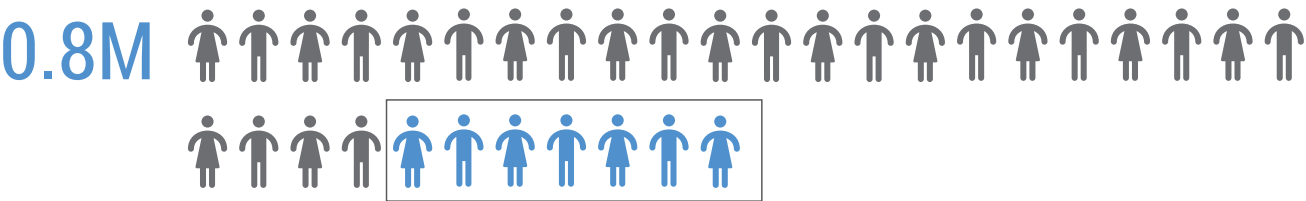
AGE	PEOPLE IN NEED	% PIN
Persons with disabilities	121 k 	15%

Estimated number of people in need

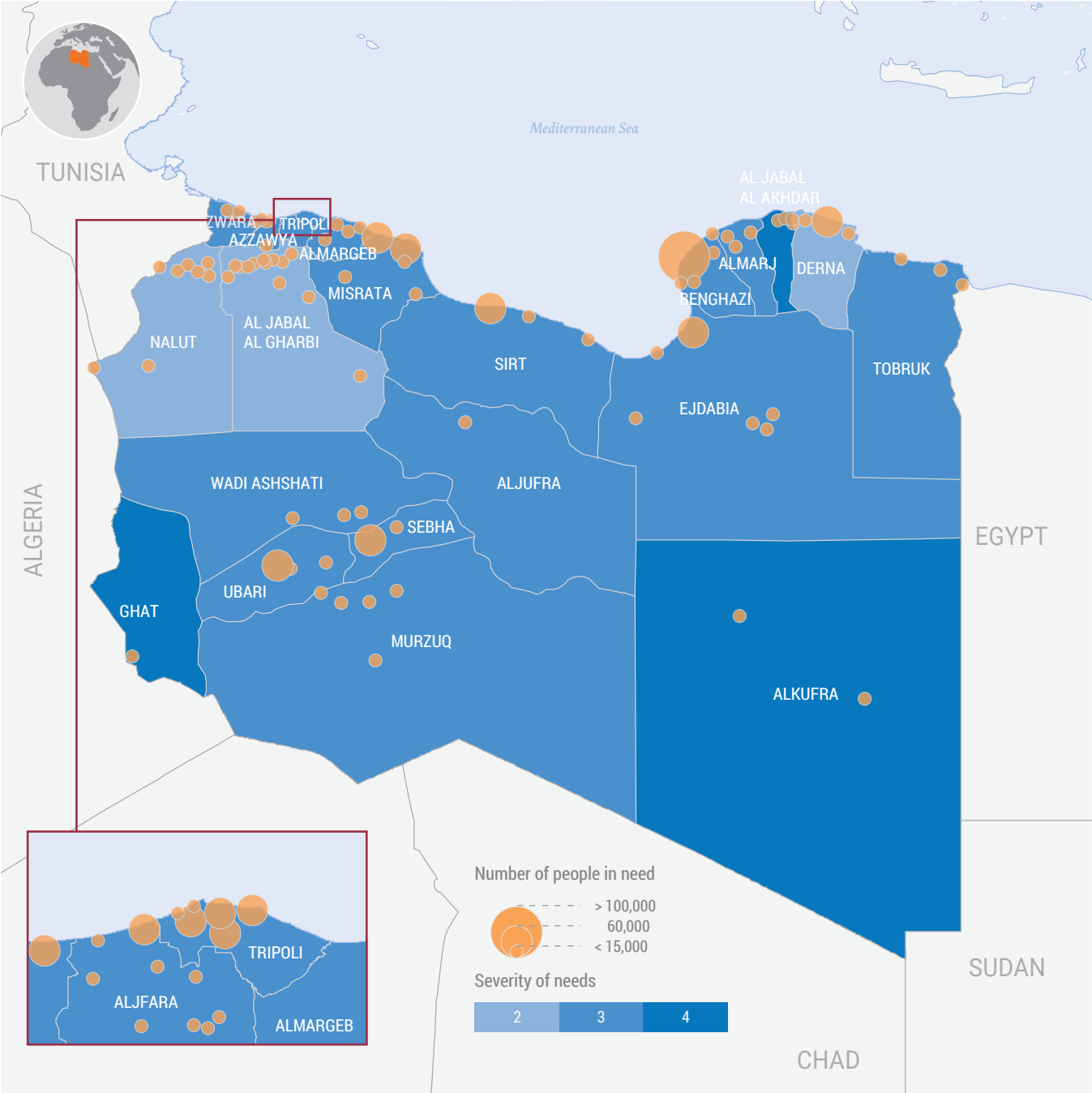
TOTAL POPULATION



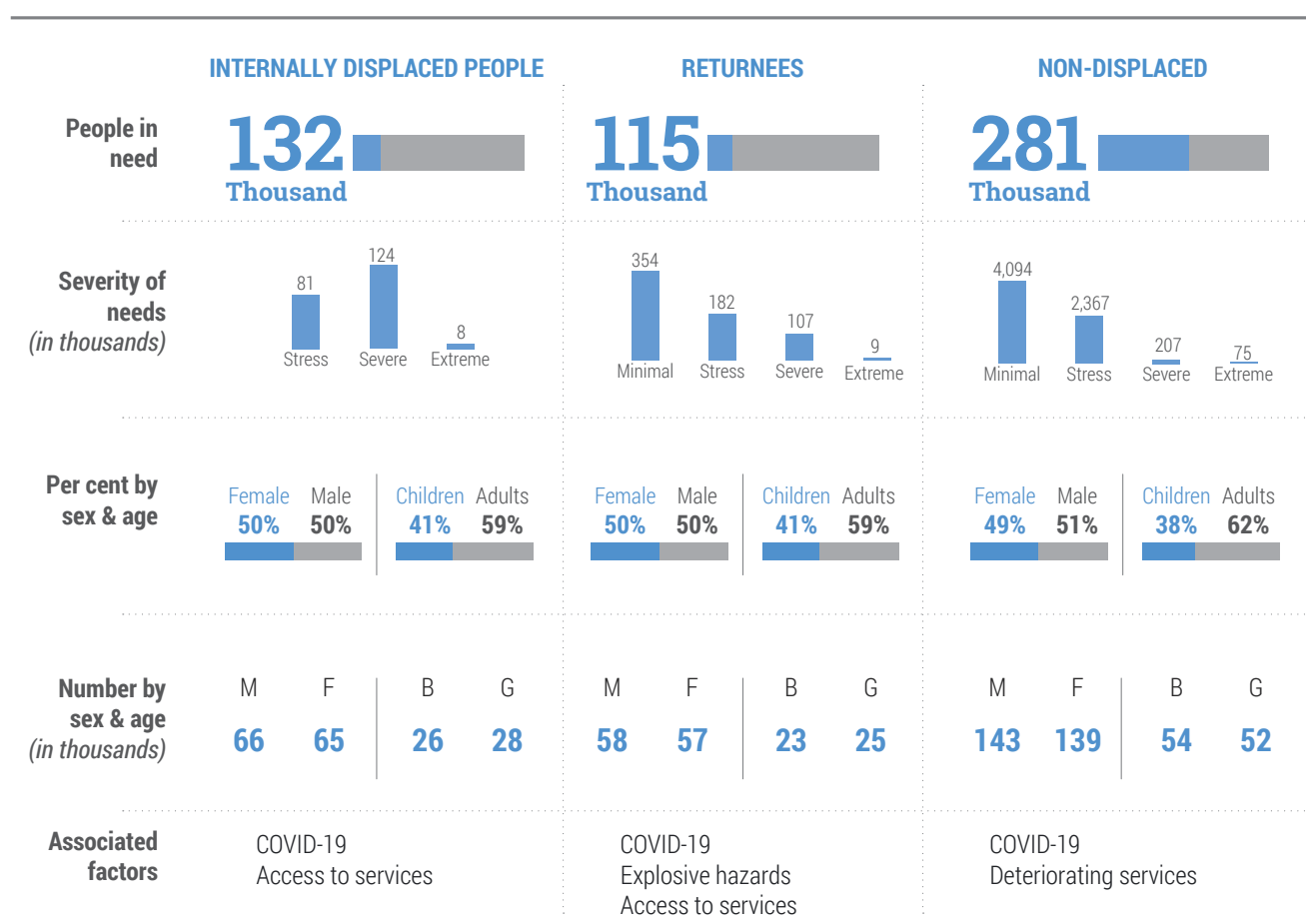
PEOPLE IN NEED

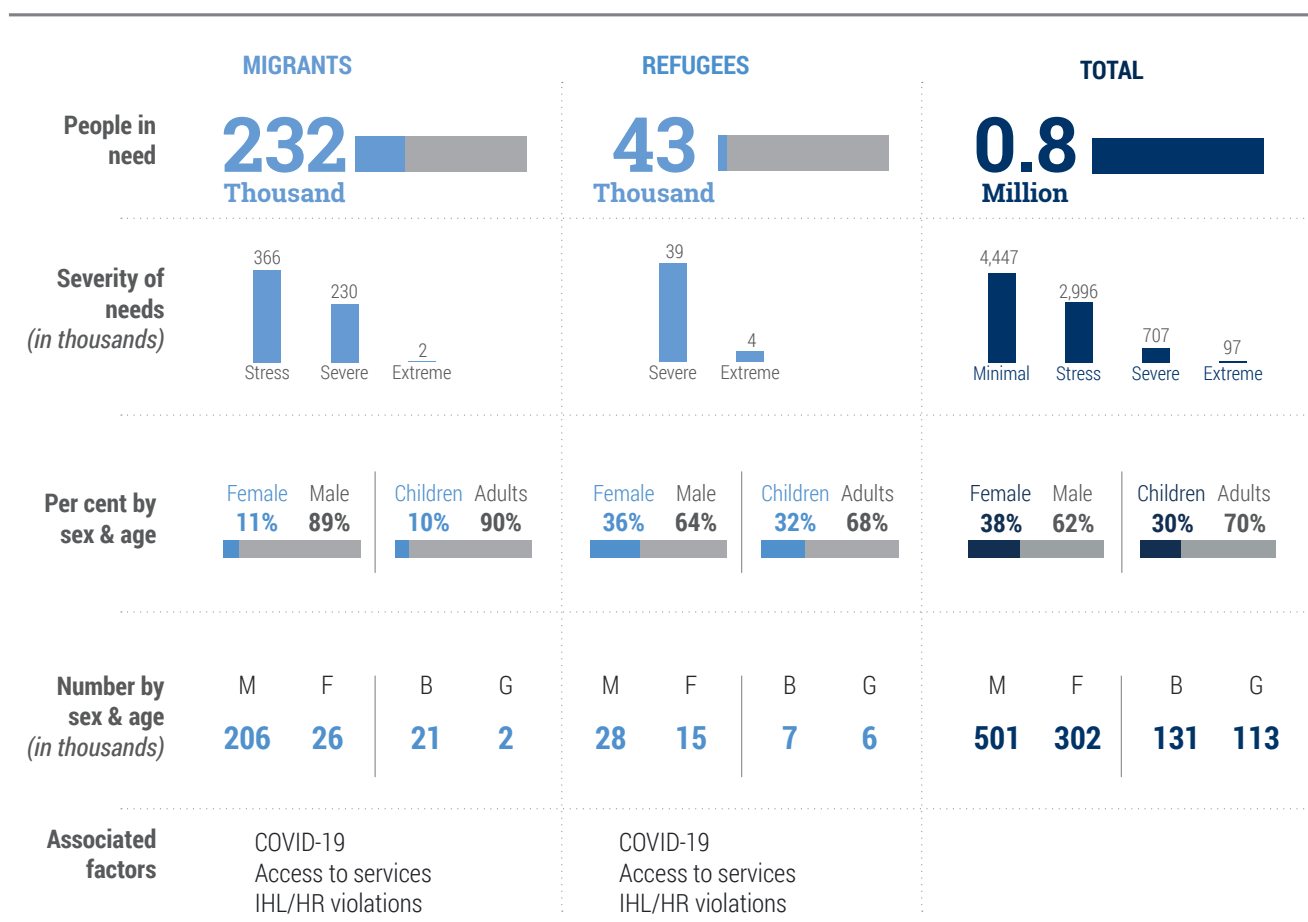


Severity of humanitarian conditions and number of people in need



Severity of humanitarian conditions and number of people in need





Part 1:

Impact of the crisis and humanitarian conditions

NRC/ LIBYA



1.1

Context of the crisis

Political and security developments

After nearly a decade of hostilities and civil war, a Ceasefire Agreement between the Government of National Accord (GNA) and the Libyan National Army of the General Command of the Armed Forces was signed on 23 October 2020. The subsequent formation in March 2021 of the Government of National Unity (GNU) established a provisional governmental structure while striking a delicate balance between regional powers in the country. Although there has been an end to large-scale hostilities, portions of the ceasefire agreement remain unimplemented, namely the withdrawal of foreign armed forces. Uncertainties also remain around the proposed 24 December 2021 election date and who is eligible to stand as a candidate. These recent developments occurred against the longer running backdrop of general insecurity caused by the proliferation of Libyan armed groups and the competition and occasional clashes that occur among them.

The political situation remains precarious, as administrative divisions and the nonalignment of policies have hampered progress in defining legal frameworks on electoral procedures and the unification of some Government administrative entities. The House of Representatives (HoR) did not approve the GNU proposed national budget for 2021. While expenditures for salaries were carried over, the government has implemented other initiatives financed through decree. Through these measures, the GNU managed to expand a system of patronage increasing salaries, social benefits, and embarking on numerous development projects. However, the lack of an overarching budget has reportedly seriously hampered the work of line ministries and progress towards infrastructure rehabilitation and the ability to deliver basic services.

In June 2021, the Second Berlin Conference sought to strengthen the political roadmap towards finding

solutions to unresolved legal, economic, and security issues. The reopening of the coastal road on 30 July was a critical development in the implementation of the Ceasefire Agreement, directly benefitting the population due to the freer movement of commerce, greater access to medical and humanitarian services and family reunification spread across the former front lines.

While the ceasefire has resulted in the reduction in civilian casualties, violations of human rights and international humanitarian law have continued to be reported. The ceasefire has also allowed for investigations into prior violations. The Independent Fact-Finding Mission (FFM) on Libya reported that war crimes and crimes against humanity have likely been committed in Libya by all parties to the conflict since 2016 including by external actors. From arbitrary detention to torture, the recruitment of child soldiers and mass killings, the FFM listed numerous grave rights violations which impacted the country's people, and which gave them reasonable grounds for the war crimes allegations¹. Mass graves continue to be discovered in Tarhuna. As of 10 October, Libyan authorities reported the discovery of 163 bodies, including seven women and three children in and around the outskirts of the city.

Migrants, asylum seekers, and refugees in Libya—including thousands returned to Libya by the Libyan Coast Guard after being intercepted at sea while trying to reach Europe—faced arbitrary detention, during which many reportedly experienced ill-treatment, sexual assault, forced labor, and extortion by armed groups, smugglers, and traffickers.

With the end of large-scale hostilities, a persistent security concern remains the presence of explosive hazards, such as booby traps, improvised explosive devices (IEDs), landmines and explosive remnants of war (ERW). These explosive hazards pose 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.

Economic and social-economic situation

The conflict, the impact of the blockade of the oil sector for much of 2020 and the COVID-19 pandemic have further debilitated the already weak economic situation in the country. With the ceasefire agreement in place, oil production and exports rebounded, though the state of oil production infrastructure that has been neglected during the past decade of instability has hampered production.

The collapse of oil revenues strained the ability of the monetary and fiscal authorities to defend the country's currency peg, and in December 2020, for the first time in five years, the board of directors of the Central Bank of Libya (CBL), agreed to devalue the currency, setting the Libyan Dinar's (LYD) value at 4.48 to the U.S. Dollar². While the country's liquidity crisis persists, particularly in eastern and southern parts of the country, there has been some improvement in 2021. With the abolishment of the foreign exchange tax in January 2021, the gap between the official and parallel market exchange rates has narrowed significantly. While the devaluation has improved macro-economic stability the adverse impact on purchasing power has been felt throughout the population, particularly affecting the most vulnerable. By June 2021, five months after the devaluation of the LYD, the cost of the minimum expenditure basket (MEB) reduced by 0.4 per cent from December 2020 to May 2021, despite a spike in certain imported goods, however it remains 13 per cent higher than pre-COVID-19 levels in March 2020³.

COVID-19 Pandemic

At the start of the year, Libya, as elsewhere in the world, struggled with the ongoing challenges of the COVID-19 pandemic. A third wave of the pandemic in the second half of the year and the emergence of new variants, further exacerbated the already fragile health care facilities. A sharp increase by 660 per cent from June in the number of confirmed cases forced the Ministry of Health to declare a public health state of emergency.

A series of stringent restrictions were imposed across Libya, including a nightly curfew from 6pm to 6am, the suspension of all schools and universities, closure of borders, as well as the closing of summer resorts, parks, and public gardens.

With the national budget yet to be approved, the lack of sufficient funding impacted health facilities' ability to remain fully operational, barely coping to respond to the COVID-19 pandemic, with isolation centers and case management facilities overwhelmed and facing shortages in medical personnel and supplies, such as oxygen masks, oxygen tanks, medicine, and personal protective equipment (PPE). Health facilities across the country experienced temporary closures due to increasing transmission of COVID-19 among health workers, lack of PPE and other supplies. Of those remaining functioning, 880 per cent of public health care centers (PHC) did not have any of the essential medicines. As of end September, the Libyan National Center for Disease Control (NCDC) reported 340,084 confirmed COVID-19 cases and 4,651 deaths.

Libya's enrolment in the Global Supply Portal for COVID-19 and the COVAX facility, as well as the deployment plan for the COVID-19 vaccine distribution, was implemented by the Ministry of Health with support from the United Nations. The first shipment of the COVID-19 vaccine arrived in April 2021 but saw limited distribution due to the slow rollout of the vaccination campaign, with few centers open and a mandatory online registration system further delaying the process. By July, efforts were put in place by the National Center for disease Control (NCDC) and the Ministry of Health to enhance vaccination campaigns with the opening of new vaccination centers across the country and abandonment of the mandatory online registration system.

Although more people are being vaccinated, the overall vaccination coverage remains low, with 18.5 per cent of the population having received the first dose by end September 2021, and only 2.8 per cent being fully vaccinated⁴. It is estimated that only 10 per cent of the high-risk population is vaccinated while 72 per cent are partially vaccinated. The vaccination of migrants and refugees started in some municipalities, with the

NCDC and the International Organization for Migration (IOM) beginning a targeted vaccination campaign for migrants and refugees at the end of September 2021. To date, a total of 4,199,390 vaccine doses were received in Libya, with 1,091,130 doses procured through the COVAX facility.

The cumulative positivity rate has remained at 19.1 per cent since October 2020, with 3,721 cases per 100,000 population, however it cannot be generalized for all regions. Southern Libya accounts for only 2.4 per cent of the total number of laboratory tests performed in the country but has an estimated positivity rate of 32-68 per cent. Similarly, eastern Libya accounts for only 4 per cent of the total number of laboratory tests performed in

the country but has a positivity rate estimated between 18-30 per cent. Although the national testing numbers are relatively high, most of the testing for COVID-19 is concentrated in the west. Limited testing capacity in the south and east has likely led to significant under-reporting (only laboratory-confirmed cases are included in official statistics). Moreover, the mortality surveillance system is weak and disease surveillance in many locations is inadequate. These factors mask the true extent of COVID-19 in the country. Two variants of concern (VOCs): 202012/01 (B.1.1.7) and 501Y.v2 (B.1.351) have been detected in the country. Although, Libya has not reported an official confirmation of the Delta variant, its existence is likely because of its circulation in neighboring Tunisia and Algeria.



1.2

Shocks and impact of the crisis

Impact on people

The signing of the Ceasefire Agreement and the subsequent formation of the GNU laid the foundation for increased stability across Libya. With the cessation of large-scale hostilities and the gradual easing of COVID-19 mobility restrictions, the overall humanitarian situation showed signs of improvement, highlighted by the continuing trend in the number of displaced people returning to their areas of origin. The number of internally displaced people decreased to an estimated 212,593⁵ by end June 2021, in comparison to some 278,000 individuals at the start of the year. Although this is an encouraging trend, challenges remain in ensuring that returnee and vulnerable populations have proper access to essential services, such as health care, safe drinking water, suitable housing and a strong protective environment.

With access improving, and a reduction of hostilities, no significant new contamination from mines and explosive devices was reported, however, existing contamination continued to pose constraints to returning populations. As of November 2021, there were 265 victims reported from 143 incidents. Of those injured, 157 were injured and 108 were killed; of which 87 people were civilian, including 14 women. The death and injury of 78 Libyan clearance personnel had an impact on national capacity to address the threat. The contamination continues to pose a threat to the lives and livelihoods to those who live in their vicinity. Mines and explosive devices contamination reportedly affect humanitarian needs in virtually all locations where it is present in Libya. According to the 2021 Multi-Sector Needs Assessment (MSNA), households in 19 municipalities reported explosive hazard contamination in their neighborhood. The conflict affected baladiyas in Tripoli, Sirte, Al Kufra, Derna, and Al Jabal Al Gharbi ranked the highest.

According to the 2021 MSNA, an overall improvement in shelter needs was noted for Libyans and migrants and refugees. About 10 per cent of Libyans reported living in accommodation with some damage, in comparison to 32 per cent the previous year, with only 2 per cent reporting heavy damage to their homes. The migrant and refugee population saw a 6 per cent reduction, down to 19 per cent, who reported living in sub-standard accommodation; however, following the security operations targeting migrants and refugees in early October, the status of their living conditions is unclear.

Despite the positive trend in the number of returnees, planned and often forcible evictions targeting IDPs, whose displacement continues, remains of critical concern. The forced evictions of individuals and families living in collective and informal sites witnessed a significant increase in 2021, leading to a heightened risk of multiple displacement and tenure insecurity. With the impending threat of evictions, many displaced people without means to cover rent or other communal support are often left with no choice but to leave behind the support and whatever protective environment they have created and return to their place of origin, despite the lack of functional infrastructure including electricity, schools, healthcare and water and sewerage networks there. As the Government has offered limited support on compensation and the former housing benefit yet to be reinstated, the costs associated with return are being borne by the returnees themselves. Some 42 per cent of assessed households reported their top three priority needs are access to cash, followed by shelter support, and medical care. In the south and east regions, access to cash was regularly reported as the top priority need, as reported by 75 per cent of households in five baladiyas⁶.

In addition to the increasing number of forced evictions, critical protection risks remain for displaced persons returning to areas of origin, which do not meet international standards, exposing IDPs and returnees to further risks such as sexual and gender based violence (SGBV), family separation, arbitrary arrest, intimidation by unknown armed groups, homelessness and discontinuation of access to services especially health, mental health and psychosocial support (MHPSS) and education. The Ministry of Displacement Affairs and Human Rights, with support from the United Nations, is embarking on the development of a durable solutions strategy and aligned area-specific plans based on the principles of voluntariness, safety, and dignity, which is currently a critical gap in addressing the needs of displaced persons.

Lack of a determined legal status for many migrants, and lack of recognition of the refugee status reinforces multiple obstacles to protection of migrants, refugees and asylum seekers. Among others, continued barriers to legally enter the rental markets results in 96 per cent having undocumented or no lease agreement, thus increased the risk of eviction, arbitrary rental increases, lack of housing maintenance, poor access to services and lower quality of accommodation. The inability to pay rent remains the most reported cause of actual or feared eviction and negatively influences migrants' ability to access adequate housing⁷.

The average cost of the minimum expenditure basket in July 2021 was 711 LYD, an increase of 13 per cent from the onset of the COVID-19 pandemic in March 2020⁸. While prices have increased across all of Libya, the MEB in the South is 4 per cent higher than the country-wide average at 829 LYD in July 2021. Furthermore, exchange rates, letters of credit, international prices, conflict, and oil production are factors that have impacted the MEB for 2021⁹. The COVID-19 pandemic and its socio-economic impacts continue to hamper livelihoods and sources of income for the fragile population in Libya as witnessed by families referring to financial barriers as main bottlenecks to ensure school attendance for their children.

According to the Food Security and Nutrition survey, the adoption of mostly stress level negative coping mechanism and severe strategies was high among the displaced household, with 87 per cent reporting the lack of money to buy food. Around 62 per cent of the Libyan population employed one or more livelihood coping strategies to deal with the shortage of food. Most Libyans, around 46 per cent, reported spending savings, while 44 per cent reported borrowing money, 44 per cent taking on an extra job, and 32 per cent reported the more concerning strategy of reducing health expenditures as a coping strategy¹⁰.

One in five migrants were found to be either moderately or severely food insecure, with migrants originating from East and West Africa being the most food insecure¹¹. Around 50 per cent of the migrants reported loss in income, while 54 per cent of migrants reported being worried about their inability to have enough food. The main challenges faced by migrants are insecurity, unemployment, and high food prices. Data from the Common Feedback Mechanism (CFM) also shows continued demand for food assistance programmes, including in-kind, voucher, and cash. Out of the total of 18,000 calls handled by the CFM in the first half of 2021, some 96 per cent of inquiries were related to humanitarian services, of which 26 per cent were food security related¹². Approximately 49 per cent of the migrants and refugees adopted coping strategies, reaching up to 80 per cent in Benghazi. The strategies adopted by migrants included spending savings, reducing expenditures on NFI, like water and hygiene items and taking on additional jobs. A higher proportion of women, some 58 per cent, adopted either crisis or emergency coping strategies than their male counterparts (47 per cent).

Progress was noted in the number of households having access to improved and a safe drinking water source, with 50 per cent using bottled water and 29 per cent connected to the public network. Some 61 per cent of the households reported having access to the public water network on average four days or more per week, with 27 per cent stating there was at least one instance when

they did not have sufficient quantity of water to meet their daily needs. Despite these improvements, Libya's water infrastructure lack essential operational maintenance, financial support, and technical capacity. Continuous attacks by armed groups on water facilities, recurrent and prolonged power outages and the deterioration of desalination plants highlight the fragile state of water infrastructures in the country. An estimated 10 per cent of the wells that feed the Man-Made River (MMR) are out of service, and Libya's eight desalination plants operate at approximately 27 per cent capacity due to inadequate maintenance¹³. In addition, the Bomba Bay desalination plant has been rendered out of service, resulting in 63,000 people unable to access safe water supply living in five cities: Al-Tamimi, Bambah, Ras al-Tin, Umm al-Razm, Murtaba, and the eastern coast of Derna.

As a result, people relied on water trucking and the purchase of bottled water to cover their water supply needs, placing an additional financial burden on an already constrained socio-economic situation. With the COVID-19 pandemic, the volume of needs on water supply and sanitation increased due to hygiene and infection prevention protocols. According to the MSNA 2021, some 12 per cent of returnee households reported not having soap in their household. Migrants and refugees adopted negative coping mechanisms by limiting the purchase of essential hygiene materials and are thus at risk of preventable diseases. The lack of hygiene and infection prevention controls in detention centers for migrants and refugees posed additional challenges for the sector.

Many migrants and refugees in Libya continue to face arbitrary detention, sexual and gender-based violence (SGBV), forced labor, extortion and exploitation and are at increased risk of being trafficked. The lack of adequate legal framework continues to affect the daily lives of migrants and refugees who are denied access to basic services or fear risk of arrest and detention due to their undocumented status. Migrants and refugees from sub-Saharan countries and the Horn of Africa continue to face discrimination and xenophobic attacks. An increasing number of attacks targeting migrants and refugees were noted in June and July this year, whereby local authorities blamed the rise in criminality to the increased presence of migrants, creating resentment

among the resident population towards migrants. This attitude was amplified by the COVID-19 pandemic, as migrants and refugees were being associated with spread of the virus.

The IOM implemented Displacement Tracking Matrix (DTM) data¹⁴ shows that migrants are worst affected by the economic consequences of COVID-19 and related public health measures. Unemployment leaves migrants more exposed to attacks and assaults. Reliance on community support networks remains a critical coping strategy, particularly for newly arrived persons and those released from detention centers. However, community support capacities are limited, especially for non-Arabic speakers as the language barrier is one of the key factors that increases people's exposure to protection risks. Based on MSNA data, most migrants and refugees stated that they would ask a Libyan friend or acquaintance for support, indicating the limitation of community social networks to remedy and response to protection risks. In addition, some 40 per cent of migrants suffered a recent decrease or total loss of income, with the situation being the most severe for those who reported informal activities or daily work as their main source of income: within this group, 58 and 45 percent of migrants reported a decrease or a total loss of income¹⁵, respectively.

As of end September 2021, a total of 25,285 migrants and refugees were reported as rescued/intercepted at sea by the Libyan Coast Guard (LCG), which is more than double the total of persons intercepted in all of 2020 (11,891)¹⁶. The number comprises 89 per cent men, 7 per cent women, and 4 per cent children. A total of 455 persons were reported dead and 660 considered missing along the central Mediterranean route. Most of the migrants and refugees returned by the Libyan Coast Guard are transferred from disembarkation points into detention, with the majority remaining in overcrowded detention centers, without access to due process and facing serious rights violations and abuses. As per UNHCR and IOM data, at the end of October, over 6,300 people were being held in Libya's official detention centers, where they continue to face widespread abuse, with many migrants and refugees within the system having disappeared or are unaccounted for. The Protection sector estimates that

based on disembarkation data, approximately 8 to 10 per cent of the detainee population are children. Access to detention centers for humanitarians is limited by the authorities and increasingly challenging, making it difficult to assess the overall situation of the detainees, in particular children, in identifying their exposure to protection risks, such as sexual exploitation and abuse and gender-based violence. The increasing number of migrants and refugees held in already overpopulated detention centers heightens the risk of possible outbreak of communicable disease, such as respiratory illnesses, waterborne diseases, and preventable diseases.

Impact on systems and services

Political developments at the end of 2020 ushered in hopes for increasing stabilization across Libya, as access improved, more people returned to their areas of origin. With a marked reduction in hostilities and security incidents, the status of Libya's infrastructure and ability to deliver basic services was put in focus, especially the viability of areas of return for the internally displaced. For those who have returned, 88 per cent return to their original homes, but face the burden of house repair or reconstruction, often with little support, and amplified by the lack of basic services such as electricity, water/waste management facilities, and access to healthcare centers. Reconstruction is also hampered by increasing prices of construction materials. For households at heightened risks, for example, those forcibly evicted, family members with disabilities or chronic illnesses or female-headed, the situation is more critical as coping capacities have been overstretched by protracted displacement.

Libya's health system remains severely under-resourced and in a state of disrepair. The current context in Libya, including the lack of a national budget, prevents a proper recovery of the health system and the implementation of meaningful reforms to strengthen and address damages to the health infrastructure, including the fragmentation of public health sector institutions, weak governance, lack of accountability, a severely disrupted primary health care network, shortages of human resources, medicines and supplies along with the impact of the COVID-19 pandemic.

Approximately, 803,000 people are expected to continue to be in acute needs of health assistance. Over the year, many routine and elective services have been suspended, or restarted and suspended again, including COVID-19 isolation centers. The current network of 79 COVID-19 facilities, including 43 isolation centers, 31 hospitals and five triage centers is inadequate given the population size and expansive geography of the country. Of the total, only 46 are functional, 11 are non-functional, two under maintenance and seven are ready, but not yet functional.

COVID-19 cases in 2021 per month

MONTH	CONFIRMED CASES	DEATHS
Jan	17,715	383
Feb	14,808	332
Mar	25,793	484
Apr	18,821	365
May	8,109	102
Jun	8,057	66
Jul	55,876	318
Aug	58,357	704
Sep	31,798	423
Oct	17,386	442
Nov	10,134	268

In comparison to the previous year, attacks on healthcare facilities and personnel reduced considerably with only one incident reported between October 2020 and October 2021; whereas in 2020, a total of 36 incidents, resulting in nine reported deaths, were documented in the health sector.

Numerous attacks on the already debilitated main water infrastructure, combined with increasing demand for water and waste management for infection prevention and control due to the pandemic, poses a number of challenges for the sector. Only ten of the 24 public waste water treatment plants are currently functional.

On 24 July, a major leak in the water transmission line in Tazerbo, Benghazi, resulted in the loss of large volumes of water and disruption of service to an estimated 1.5 million people, mainly in Benghazi, Ajdabia, Albrega, Sirte and Alabyar. During the month of July, one of the wells along the Man-Made River, Al-Hasawna, Al-Jafara Water System in the western and southern field was destroyed by criminal elements and rendered out of service. The well had a high daily production capacity of over 5000 cubic meters of water, enough to meet the needs of 70,000 of people.

More than 35 per cent of displaced people and 7.5 per cent of affected returnees need WASH assistance, with the most severe needs found in Tripoli, Azzawya, Benghazi, Ejdabia, Misrata, Sebha, and Sirte. Migrants and refugees are, in general, more in need due to poorer living conditions, and those in detention centers and sub-standard accommodation have the most acute needs given the crowded conditions and limited access to WASH services.

Limited prioritization for WASH activities by national counterparts and the lack of technical expertise at the national level challenge the ability to respond to the rising demand. In June, a mission to Tawergha, where families are already returning mainly due to forced evictions in Tripoli and elsewhere, identified immediate WASH needs, such as water tanks, generators, and water pumps, for schools, health facilities and collective shelters. In the South, the dilapidated sanitation system and sewage networks are badly damaged, with municipal leaders requesting support on proper waste management to avoid contamination of the drinking water supply. Additionally, most of the wastewater, some 85 per cent, is discharged directly into the sea without treatment, negatively impacting the environment and marine life.

With the cessation of hostilities, there was no further damage or occupation of education facilities. The number of schools used as shelters for displaced families reduced by four to 23 facilities. Due to the COVID-19 pandemic and a severe heatwave in July, school closures continued, impacting some 1.5 million school-aged children. School is the entry point for the provision of different services, such as psycho-social

support, recreational activities, supplementary school feeding and health-related messages, all of which were suspended during the intermittent school closures in 2021. A severe heatwave caused prolonged power outages across Libya, resulting in a load shedding programme, where many areas experienced over 12 hours without electricity daily. Protests in towns southwest of Tripoli were reported, as well as an attack by an armed group against the Al-Ruwais power station, 215km southwest of Tripoli. On 22-23 June, due to the severe heat wave, several districts in the west suspended schools for two days, in accordance with the Minister of Health guidelines.

Humanitarian access

Different layers of access challenges and constraints have impacted the humanitarian community's ability to assist affected populations. Although the number of access constraints have steadily declined over the past year, humanitarian access continues to prove difficult in Libya. Similarly, people in need have encountered major impediments, which limited their access to assistance.

In 2021, the most significant access challenges were bureaucratic in nature, relating specifically to visa processes for international staff of humanitarian non-governmental organizations. According to OCHA's Access Monitoring and Reporting Framework, bureaucratic restrictions on movement into and within Libya exceeded 60 per cent of the total reported access constraints in 2021; the majority of which originated from the lack of visas. The absence of a clear and consistent process for visas for international staff compounded by the visa suspension by national authorities that came into effect in early June seriously impacted the humanitarian operation. Consequently, nearly 85 per cent of international staff of humanitarian non-governmental organizations who should be pursuing their work in-country did not have access to the country. Similar to 2020, the situation improved towards the end of the year with 61 international NGO staff obtaining visas by mid-November. However, the lack of a clear system for obtaining visas remains and the likelihood of obtaining visas unpredictable.

The registration process for international NGOs in the country represents another aspect of the type of bureaucratic challenges faced by humanitarian partners in Libya. Prior to applying for a visa for international staff, an international organization is first obliged by law to register with the Commission for Civil Society. However, all previous attempts to establish a registration process that allows for enough humanitarian space and takes into consideration Libya's obligations related to international human rights and humanitarian law on the freedom of association and expression were unsuccessful. Previous registration processes, which will reportedly be reissued under a new decree, were restrictive and did not create an enabling environment.

Limited operational presence of humanitarian actors was also reported among the main challenges that hinder humanitarian's ability to reach those in need. This issue resulted in major disparities in response efforts across municipalities highlighting the need to expand the humanitarian footprint in difficult-to-reach areas by involving in the coordinated efforts more national NGOs and local civil society actors who conform to the recognized accountability frameworks and partnership principles.

Humanitarian partners reported numerous interferences in the implementation of humanitarian activities and in some instances violence against humanitarian staff and affected populations in 2021. Furthermore, conflict-related constraints presented risk to the safety and security of humanitarian staff, equipment, and supplies, as well as to communities themselves. Inter-group or tribal clashes, along with mines and explosive devices 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.

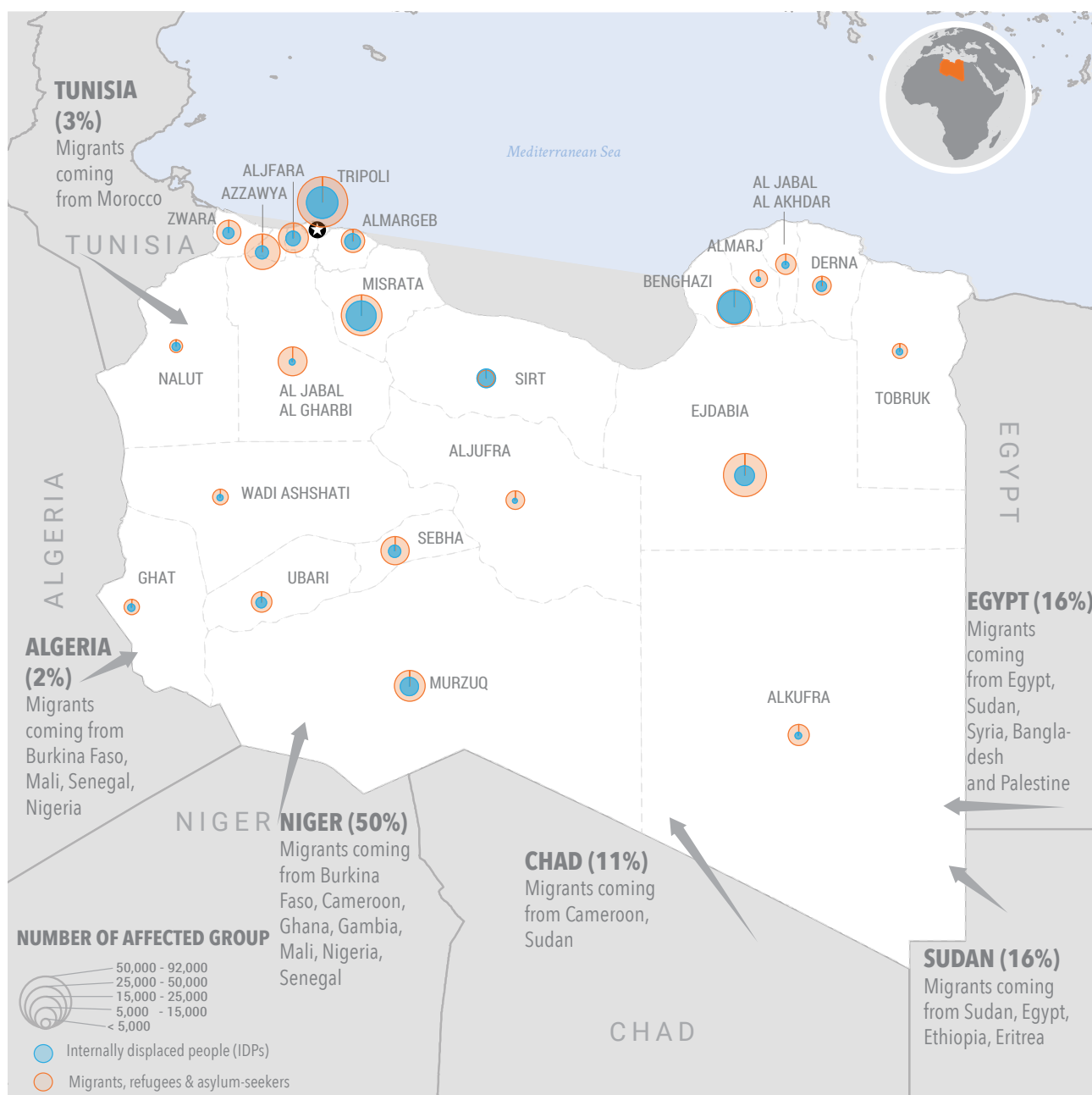
Although the impact of COVID-19 and associated measures have lessened in comparison with 2020, the first two quarters of 2021 witnessed some lockdowns

imposed by local and national authorities based on increases in confirmed cases. Movement restrictions and curfews limited people's ability to move freely and access their livelihoods and basic 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 labor, restricting their access to livelihoods and thereby to afford necessities. Moreover, as part of COVID-19 precautionary measures, borders between Libya and Tunisia were closed for more than two months.

In 2021, voluntary return, resettlement and evacuation flights were repeatedly suspended by authorities. In addition, access by humanitarian partners to migrants and refugees in detention centers continues to prove difficult, partially attributed to the lack of a clear process. The Ministry of Interior's Directorate for Combatting Illegal Migration (DCIM) permitted humanitarians access to detention centers on an ad-hoc basis and routinely restricted to specific centers, regions or offered only to certain humanitarian actors. Conditions of access to those detained are also inadequate, with no guarantees of confidentiality and other settings that allow for free and frank communications. In addition to these centers, 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 any specific information, never mind access.

Migrants and refugees continue to suffer from discrimination and stigmatization by communities as carriers of diseases and perpetrators of crime leading to an increased fear of arrest. As such, migrants and refugees often maintain a low profile, including by frequently changing their contact details. This prevents them from seeking out assistance, which in turn leads to difficulties in humanitarians identifying and reaching to persons in need. This has a larger impact on females who are often dependent on male family members to be able to move freely to access support.

Migrants/Refugees and IDPs movements



1.3

Scope of analysis

For 2021, the Libya Humanitarian Needs Overview (HNO) benefits from the REACH implemented MSNA, covering all 101 baladiyas (municipalities), a change from the mantika (governorate) level analysis in previous years, providing a more in-depth definition covering humanitarian needs among affected populations. Affected population groups included in the analysis remain internally displaced people (IDPs), returnees, non-displaced, migrants and refugees. The figures for non-displaced Libyans was derived from forecasted population figures. IOM's DTM Round 36 provided baseline figures for the internally displaced, returnees, and migrants. Refugee population figures derived from UNHCR's register of refugees.

The two main sources used for the HNO analysis were the 2021 MSNA and DTM's displacement, returnee, and migrant reports. The MSNA adopted two parallel data collection tracts, differentiated by population groups of interest. The first focused on Libyans (displaced, returnees and non-displaced), conducted in 45 baladiyas. A separate methodology was used to assess the situation of migrants and refugees, to reflect and analyze their inherently different experience and needs. As migrants and refugees are not dispersed evenly throughout the country, but rather clustered typically in urban areas, 11 mantikas were selected in line with pre-defined criteria in relation to the concentrations of migrant and refugee populations, as well as based on the severity of needs.

DTM's flow monitoring and mobility tracking, conducted every two months, collects, and analyzes data on population movements, including key indicators aimed at understanding the situation of displaced households, returning IDPs, and migrants. While flow monitoring data is gathered via direct observations at 43 monitoring points along key migration routes, and via individual face-to-face interviews with migrants, mobility tracking is carried out at municipality and community

levels through key informant interviews conducted across Libya. Additional analysis was conducted in locations with reports of significant deterioration in the humanitarian situation, or for particular population groups, such as transit migration across the Central Mediterranean Route.

Due to the COVID-19 pandemic and associated restrictions, there were limitations on data sources to inform the calculation of People in Need (PiN). A lack of numerous or in-depth sectoral assessments, many sectors relied heavily on the MSNA and DTM to inform their sectoral analysis. The PiN for food and livelihood assistance comprises two indicators: the Food Security Index; and, the percent of households that abandoned agricultural activities in the past 12 months. The calculation of the Food Security Index is based on WFP's Consolidated Approach for Reporting Indicators (CARI) console, which combines a suite of food security indicators (in this case Food Consumption Score, Livelihood Coping Strategy and Food Expenditure share) into a summary indicator representing the population's overall food security status. The proportion of food insecure households is derived from the Food Security Index.

The overall analysis was supported by WFP's mobile Vulnerability Analysis and Mapping (mVAM) and other ad-hoc food security and agricultural assessments, though most focused on specific geographic areas 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. 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.

As a result of the constraints partners faced in conducting assessments, particularly due to the COVID-19 pandemic, results were not based on a statistically representative sample. Assessments conducted using remote methodologies, such as through phone interviews, online surveys, WhatsApp group discussions, etc. 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.

For non-displaced Libyans, the focus is on conflict affected Libyans in areas impacted by the previous conflict, including contamination from mines and explosive devices and those that host large IDP populations where there is increased pressure on shelter and basic services. For returnees, the focus is on areas of return and the impact of conflict in those areas, including presence of mines and explosive devices, on shelter and basic services. Geographically, data collection was undertaken at baladiya level through household-level and key informant data collection, and includes analysis undertaken at the baladiya level.



IRC/LIBYA

IRC medical team support person in need at disembarkation point

1.4

Humanitarian conditions and severity of needs

In 2022, 803,000 people in need require some form of targeted humanitarian assistance; this includes 24 per cent women and 30 per cent children. This year's findings also show that no population group registered on the extreme end of the severity scale (5 – catastrophic)¹⁷. The number of people in need of humanitarian assistance represents an overall reduction by 36 per cent from 2021 and highlights the decrease in needs brought about by the end of hostilities and the general improvements in access and mobility across the country.

An overall improvement of humanitarian conditions is evident, as population groups with the means to return to their area of origin and rebuild their lives face limited political or security barriers; however, the returns trend is slowing as those still displaced face far more systematic impediments to return, including personal security and social cohesion, and for whom durable solutions are required in line with planning with national authorities. In addition, the poor state of basic infrastructure and impact of the COVID-19 pandemic continues to present challenges for Libyans and non-Libyans.

The following eight baladiyas registered the highest severity on average: Ubari, Derna, Jalu, Ghat, Albayda, Bani Waleed, Rigdaleen and Tazirbu. Several factors accounted for this including the presence of mines and explosive devices in Derna and the rising incidence of infectious disease and need for medical care coupled with food security in Rigdaleen, Tazirbu, Ubari, Ghat and Bani Waleed. Based on the People in Need (PiN) calculation, some 35,000 people categorized at the extreme end of the severity scale (level four - extreme) were also identified as food insecure. In addition, four baladiyas reported problems related to the time required to reach the nearest health facility, with 50 per cent of households assessed in Ghirya reporting they required more than one hour travel to access the

nearest health facility; followed by 16 per cent of HHs in Alsharguiya, 13 per cent in Abu Salim, and 11 per cent in Suloug¹⁸, all reporting at least an hour commute to reach a health facility. While this needs to be addressed through development initiatives, humanitarians are put in the position of providing basic support.

Derna was identified with the highest percentage of people at the extreme end of the severity scale, with 21 per cent of the population categorized as level four (extreme). More than 33,000 people, mainly non-displaced and returnees, were identified in need due to reporting the presence of explosive hazards in their neighborhoods. The second highest baladiya on the extreme end of the severity scale is Ubari, with more than 26,000 people categorized as level four, of which more than 14,000 are food insecure.

Humanitarian conditions based on physical and mental wellbeing

Human rights concerns have persisted in Libya, with violations of international humanitarian and human rights law continuing with little impunity as members of armed groups, militias, and security forces have reportedly carry out extrajudicial killings, enforced disappearances, torture, sexual and gender-based violence, and arbitrary arrest and detention. Historic abuses have come to light with the improved security situation. Libyan authorities in Tarhuna, southeast of Tripoli, continued uncovering mass graves that are now the subject of a broader investigation by the fact-finding mission under the auspices of the UN Human Rights Council.

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. Authorities continue

to arbitrarily detain migrants, refugees, and asylum seekers, who risk beatings, extortion, sexual violence, and forced labor in detention centers nominally under the state, as well as at the hands of armed groups and smugglers.

Under-reporting 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. There is a lack of specialized government services for survivors of gender-based violence, as well as qualified human resources and funding. Thus, the humanitarian response, which is hindered by access constraints, is often limited to providing basic services and case management to respond to gender-based violence (GBV) survivor's immediate needs in priority areas such as, Tripoli, Benghazi, Murzuq, Sebha, Assawya, Misrata and Sirte.

The COVID-19 pandemic and its socio-economic impacts continue to impact livelihoods for vulnerable populations as witnessed by families referring to financial barriers as the main bottlenecks to ensure school attendance for their children. School is often the entry point for the provision of different services, such as psycho-social support, recreational activities, supplementary school feeding and health-related messages, all of which were suspended during school closures. Increased economic pressure on families due to long periods of confinement and the socio-economic impacts of COVID-19 have compelled only a small number of Libyan families to require their children abandon school to help support the household with 2 per cent of households reporting their children were kept home from school to work¹⁹. School closures also affected children with learning disabilities and younger children, who have more difficulties in accessing alternative education modalities.

Work opportunities have become more difficult to come by, and this has indirectly affected children in terms of families' ability to purchase food, afford medication, and pay for school fees. Some affected populations, namely migrants and refugees, continue to rely on humanitarian

assistance for most of their needs. Around 19 per cent of migrants and refugees are food insecure with the highest numbers in Murzuq, Tripoli, Sebha and Benghazi. As this population relies on informal employment, they continue to be negatively affected by COVID-19 socio-economic impacts and cannot afford basic needs, including food.

In 2021, more people were forced to seek private health care or buy their own personal protection equipment, diverting resources from already overstretched family budgets. The long distances between many communities and functional health centers and the absence of many specialized health services impacted thousands of patients seeking timely life-sustaining medical treatment. A substantial increase in mental health and psychosocial distress and loneliness during the COVID-19 pandemic are evident, especially for healthcare staff working in isolation centers, who are particularly at-risk of experiencing mental health difficulties.

Humanitarian conditions based on living conditions

Although structural hardships persist, there is an underlying will among the Libyan population to return to their homes, as evidenced by the increasing number of returnees. However, with the impending threat of eviction from settlements, vulnerable displaced people are left with little choice but to return to their place of origin without proper support. Based on an assessment of seven sites of returns conducted by IOM, some of the most significant barriers faced by returnees include concerns over the presence of mines and explosive devices²⁰. Although good progress has been made during 2021 on clearance, households in 19 mantikas surveyed reported contamination by mines and explosive devices in their neighborhood, with conflict-affected baladiyas in Tripoli, Sirte, AlKufra, Derna and Al Jabal Al Gharbi ranking the highest.²¹ Damaged homes and infrastructure are also a major impediment, especially the protracted situation of IDPs from Tawergha, which suffered considerable damage over the past decade, with more than half the homes either destroyed or heavily damaged.

Returns, driven by push factors, such as evictions, the inability to find work or pay rent, contributes to returnees living in sub-standard housing that is either damaged or in need of rehabilitation, as well as living in communities contaminated by mines and explosive devices. Accompanying the economic burden of relocating and repairing houses, most returnees mention the need for new essential household items as a priority, as many cannot afford to replace those lost. For those who cannot return home, around 80 per cent report paying for their current accommodation creating a drain on household budget.

Water supply and sanitation facilities and electricity services remain affected due to infrastructure damages caused by the previous hostilities and the breakdown in operations and maintenance capacities of state-run services and chronic power-cuts, as well as targeted attacks on some facilities. Repeated attacks on the Man-Made River systems resulted in 190 wells to be rendered out of service (Al-Jafara, Al-Hasawna and Al-Sirir-Tazarbo), severely impacting this crucial infrastructure. In the sanitation sector, only 45 per cent of households and institutions are connected to the public network, while the rest are connected to cesspits, which has the potential to pollute groundwater reservoirs. The situation is further exacerbated by frequent power cuts that lead to temporary stoppages in water supply and sanitation services.

According to the MSNA, access to cash is a persistent need across all population groups with 28 per cent of Libyans facing difficulties in withdrawing funds from banks. Some 21 per cent of migrants and refugees, and 25 per cent of Libyans reported difficulties in accessing markets. Access to cash affected 44 per cent of migrants and refugees versus 41 per cent for non-displaced. High prices were reported by 64 per cent of refugees and migrants and 50 per cent of Libyans. While insecurity to travel to and at markets was reported by only 1 per cent of Libyans, the problem is more accentuated among the migrants and refugee population, as overall 9 per cent reported insecurity with 12 per cent of migrants from west and central Africa reporting concerns.

Although statistics show that 88 per cent of non-Libyans and 82 per cent of Libyans are working, it should be

noted that the share of migrants and refugees holding a predictable source of income (from a permanent job) is only 46 per cent, with 69 per cent of migrants interviewed reported difficulties to find work, versus 83 per cent permanent employment among the Libyan population. Temporary employment and daily labor arrangements are common among migrants and refugees, with 55 per cent engaged in precarious employment versus 17 per cent among the Libyan population. Unpredictability of income among non-Libyans is worsened by the fact that most are engaged in informal and temporary employment, as 38 per cent were employed in the construction sector with no access to contributory and noncontributory social protection schemes.

The aftermath of the conflict, aggravated by the COVID-19 pandemic, and the deterioration of the already weakened economic situation, impacted negatively on the livelihoods of many Libyans, migrants and refugees. More than 511,000 people are estimated to be food insecure. Although there is an overall decrease in the number of people in need of assistance from 2021, the number of refugees needing food assistance increased by 15 per cent, highlighting their vulnerabilities as they continue to adopt negative coping mechanisms. Displaced households remain a vulnerable group, with 25 per cent being food insecure; of the total 52,000 IDPs that are food insecure, most are from Benghazi (17,000), following by Almargeb (5,000)²².

Libya's health system is fragile and fragmented, with the health workforce poorly trained and unevenly distributed across the country. There are only two inpatient mental health-care facilities and limited mental health services at the community level. Chronic shortages of medicines, equipment and supplies, and few public health facilities are offering a standard package of essential health care services. In 2021, reports indicated that in some areas, up to 90 per cent of primary health care centers remained closed, while one third of all health facilities in the south and east of Libya are not functional: 73 per cent in the south and 47 per cent in the east are partially functioning mainly due to the shortage of medical supplies and lack of human resources. Out of the total facilities assessed in 2021, 37 per cent (80) of health facilities reportedly had physical damage to some degree. Access to health care for IDPs and migrants

was impeded by cost, concerns over contracting the COVID-19 virus at health facilities, as well as the lack of documents and a lack of trust in the system.

The commencement of the COVID-19 vaccination effort was fraught with issues that slowed the overall vaccination campaign. Interviews conducted with migrants, IDPs, and host communities in Libya by IOM DTM, found that 86 per cent of the interviewees are in favor of being vaccinated.

Humanitarian conditions based on coping mechanisms

According to the 2021 MSNA, 26 per cent of Libyans surveyed employed an emergency livelihood coping strategy; 37 per cent reported a crisis coping strategy; and 13 per cent reported a stress strategy, while 24 per cent reported requiring no coping mechanism. By geographical breakdown, 74 per cent of households in the south reported using coping strategies; followed by 69 per cent in the east; and 58 per cent in the west. The most used strategies included spending savings, borrowing money, taking on an additional job, selling non-productive assets, reducing expenditures on non-food items, and reducing expenses on health. Some 53 per cent of households reported being unable to cover all their needs financially, with health expenses being the top unmet need at 28 per cent, followed by food at 26 per cent, and education at 19 per cent. Of the top five baladiyas where households employed severe or extreme coping strategies: four were in the south (Algurdha, Alghrayfa, Bint Bayya, and Ubari) and one in the east, Suloug. Of the Libyan population groups, returnees were more likely to use emergency or crisis coping strategies than other groups.

For migrants and refugees, 49 per cent of respondents were found to have employed emergency or crisis coping strategies²³, of which some 80 per cent of respondents were based in Benghazi. Women were more likely to adopt an emergency or crisis strategy at 58 per cent, in comparison to 47 per cent of male respondents. The most used strategies included spending savings, borrowing money, reducing spending on services (health), taking an additional job or begging. African

migrants and refugees were most likely to report they had spent savings or reduced expenditure on services, while those from the Middle East and North Africa were most likely to report that they had spent their savings or borrowed money.

Many vulnerable households also adopted negative coping strategies to maintain food consumption, with 62 per cent of displaced Libyans and 59 per cent of non-displaced Libyans adopting one or more coping strategies. Returnees had the highest proportion at 66 per cent adopting crisis or emergency coping strategies. The most adopted strategies included buying less expensive food, reducing the number or size of meals or adults reducing their food consumption and prioritizing for children instead. 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, while the adoption of emergency strategies was highest in the southern regions across all population groups.

For the migrants, refugees and asylum seekers, the use of crisis or emergency livelihood coping strategies, such as reducing essential expenditure on healthcare or education, or engaging in high risk jobs or activities to mitigate food consumption challenges increased compared to May 2020²⁴. This might signal that some migrants are further eroding their capacity to deal with future shocks, thereby increasing their vulnerability to food insecurity. Three in four migrants reported their income being affected negatively since the start of the pandemic, particularly among daily wage workers, who were more likely to resort to more severe coping strategies, as well as migrants who have been in Libya for less than a year. Migrants who are less than 30 years of age were most susceptible to employing negative coping strategies.

Although agriculture contributed less than 3 per cent of GDP in 2011, the last year for which comprehensive data are available, over one-fifth of the population is engaged in agricultural activities, often producing crops exclusively for household consumption. Those households engaged in food production and the

agriculture sector increasingly abandoned agricultural activities due to the deteriorating situation. In addition, extreme weather events such as floods, droughts, pests and disease also impacted food production, thus reducing availability. Some 10 per cent of households reported having engaged in agricultural activities, with 38 per cent of those households having reduced or abandoned those activities in the past 12 months. Among household that reduced or abandoned agriculture, the most reported reasons were loss of productive assets (46 per cent) and movement restrictions (26 per cent). The five baladiyas where households reported having reduced or abandoned agricultural activities were mainly in the south: Ghat, Alsharguia (Murzug), Bint Bayya (Ubari), Ubari; and one in the west: Ghiryan (Al Jabal Al Gharbi).

The steady increase in the number of spontaneous returns in Libya is an indication of people's willingness and capacities to recover from the past conflict. Most returns took place to Benghazi, Tripoli and Aljara²⁵. However, throughout 2021, several closures of collective IDP settlements, notably in Tripoli, and the increasing number of forced evictions impacted numerous vulnerable displaced families. In April 2021, the closing of the IDP settlement at the Naval Academy in Janzour (Tripoli) hosting over 500 Tawergha families resulted in uncertainty and insecurity over housing and livelihood needs. A post-return monitoring conducted by Norwegian Refugee Council (NRC) found that 39 per cent of the 212 households interviewed said they returned to Tawergha permanently, while others tried to find accommodation elsewhere with relatives or friends²⁶. Some 48 per cent of households stated not having sufficient resources to pay rent. The lack of available services in Tawergha and destruction of houses coupled with lack of a clear government-led reconstruction plans creates additional barriers for returns.

Resettlement or humanitarian evacuation are available to few refugees and asylum seekers. The extended time required for these processes to be completed for the few who benefit leads to unmet basic needs and high exposure to human rights violations create pull factors for people to attempt the crossing of the Mediterranean. This is done through irregular routes, almost universally through facilitation by criminal networks, exposing migrants to risk of aggravated smuggling, trafficking, injuries and deaths or should they be caught, detention. Since the start of 2021, at least 1,100 persons died or went missing attempting to cross the Mediterranean. Lack of regularized status and related documents further exposes migrants and refugees to trafficking and exploitation. According to the 2021 MSNA, 64 per cent of migrants and refugees reported facing obstacles to obtain legal documentation, with the top three obstacles being unfamiliarity with procedures (32 per cent); lack of access to Libyan authorities (13 per cent); and lack of access to embassies/consulates (12 per cent); all of which impeded their ability to travel, obtain a SIM card or access to salary. In addition, school closures or the inability to enroll in education created conducive conditions for minors to engage in income-generating activities as a coping mechanism to address limited financial resources.

Women and girls are at risk of engaging in negative coping mechanisms that expose them to violations of their freedoms, rights, dignity, and health. As of result of COVID-19 border closures, disrupted trade, movement restrictions and curfews, the prices of essential food and goods increased and their availability in markets reduced, thus many households were forced to adopt negative coping mechanisms to maintain food consumption, putting girls and women, in particular, at risk of sexual exploitation and abuse. Early marriages have increased as they also serve as a financial coping mechanism, particularly within IDP and migrant and refugee communities, and ensure some amount of protection in times of instability.











Most vulnerable groups

Thousands of people (k)

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	LOCATIONS
IDPs	132k	0	81k	124k	7k	0	COVID-19 Access to services	Benghazi Sirt Tripoli
Returnees	115k	354k	183k	107k	8k	0	COVID-19 Explosive hazards Access to services	Benghazi Tripoli
Non-Displaced	281k	4,100k	2,400k	207k	75k	0	COVID-19 Deteriorating services	Alkufra Benghazi South region
Migrants	232k	0	366k	230k	2k	0	COVID-19 Access to services IHL/HR violations	Misrata Tripoli
Refugees	43k	0	0	39k	4k	0	COVID-19 Access to services IHL/HR violations	Tripoli Aljfara

Most vulnerable groups

Thousands of people (k)

POPULATION GROUP	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN/ADULTS/ ELDERLY (%)	NUMBER IN THOUSANDS
IDPs	50 / 50 	41 / 53 / 6 	132
Returnees	50 / 50 	41 / 53 / 6 	115
Non-displaced	49 / 51 	37 / 55 / 8 	281
Migrants	11 / 89 	10 / 90 / 0 	232
Refugees	36 / 64 	31 / 65 / 4 	43

Internally displaced people

TOTAL POPULATION	OF WHICH: TMINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
213k	0%	38%	58%	4%	0%

Intersectoral severity of needs and drivers of severity

Improvements in the security situation and humanitarian conditions, coupled with the easing of COVID-19 movement restrictions, resulted in an overall reduction in the number of internally displaced people registered in Libya. Between October 2020 and June 2021, the number of IDPs decreased by nearly 104,000 people from 316,000 recorded in October 2020²⁷ to 213,000 by the end of June²⁸. Although an encouraging trend, challenges remain in ensuring that vulnerable populations have proper access to essential services, such as health care, safe drinking water and suitable housing, as primary infrastructure requires urgent rehabilitation.

Planned and often forced evictions targeting IDPs living in collective and informal sites witnessed a significant increase in 2021, leading to a heightened risk of secondary displacement and insecurity over housing, land, and property rights. With the impending threat of eviction from settlements, vulnerable displaced people are left with no choice but to return to their place of origin, often without proper support and confronted with additional challenges from the loss of a protective community and their social network, along with the physical deterioration of infrastructure including electricity, schools, and water and sewerage networks. The lack of a durable solutions strategy and aligned area-specific plans based on the principles of voluntariness, safety, and dignity as well as the centrality of protection remains a critical gap in addressing the needs of displaced people.

As of June 2021, 62 per cent of assessed IDP households have unmet needs with consequences

on their wellbeing. The top three humanitarian needs were accommodation reported by 30 per cent of IDP respondents, food assistance reported by 29 per cent, and access to health services reported by 20 per cent.

Displaced families are also more likely to reside in heavily or moderately damaged homes or in sub-standard shelters than non-displaced families, and more likely to have insecure tenancy arrangements putting them at higher risk of eviction. Among the displaced population: women, children, people with disability, the elderly and those with chronic illness face higher protection risks and challenges in accessing basic services and commodities, with factors influencing vulnerabilities, such as discrimination, mobility issues and their decision-making power relative to other household members.

Physical and mental wellbeing

Some 62 per cent of the 213,000 displaced population are most in need of assistance. The past conflict, which included indiscriminate shelling and use of heavy weapons, resulted in the damage or 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. The presence of mines and explosive devices also affected the movement and safe return of IDPs, with six baladyias reported to contain mines and explosive devices²⁹, while residents reported not being able to move safely within their area of residence in seven municipalities.

Libya's health system, which was already severely under-resourced prior to the onset of the COVID-19 pandemic, was further weakened by the exponential spread of the virus. In 2021, 20 per cent of surveyed displaced

households reported facing issues in accessing health services, which is slightly higher than non-displaced Libyans, 10 per cent of which reported having problems accessing health services. While many of the challenges related to access for health services were the same as non-displaced families, displaced families were almost twice as likely to encounter difficulties to pay for health services, with 21 per cent of displaced households, compared to 12 per cent for their non-displaced counterparts³⁰.

Living standards

The deterioration of public services and infrastructure affected people's ability to meet their basic needs. About 79 per cent of displaced households reported being unable to cover at least one of their basic needs, higher than non-displaced though similar to returnees³¹. Increasing economic vulnerabilities due to the COVID-19 pandemic further affected job security, particularly for those in temporary employment of daily labour. From a livelihood perspective, 20 per cent of households with working household members reported negative changes in their work situation due to COVID-19, while 27 per cent of households reported being unable to financially cover all health needs³². While reduced livelihoods and higher prices also affected the availability and affordability of accommodation, 80 per cent of displaced families were still able to reside in privately rented accommodation³³.

In addition to those in rented accommodation, 13 per cent of displaced families live with host families, while 2 per cent live in public buildings and 1 per cent in informal camp settings³⁴. These shelters do not meet the minimum requirements for safety, security, privacy, physical protection and access to water and sanitation. Some of the public buildings utilized by IDPs were intended for services, such as schools, which led to evictions as host communities sought to return those structures to their original purpose.

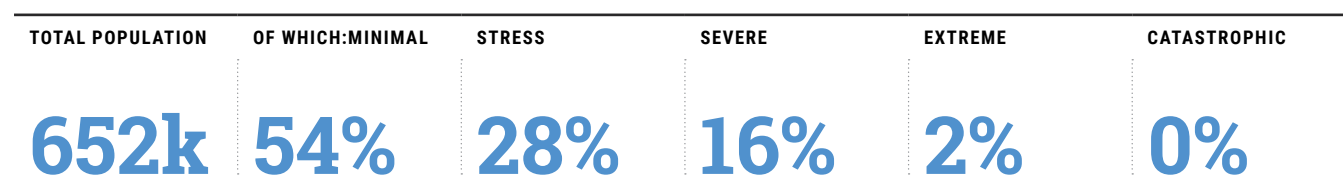
Displaced households rely on public networks more than other Libyans as their primary source of drinking water; however, water infrastructure suffers from regular disruptions due to power outages and water cuts, particularly in western Libya. IDPs, returnees and host communities in 26 municipalities had access to only one source of water; while in 13 of the 26 municipalities the most common source of water available were open wells; in addition, 31 per cent or eight municipalities relied on water trucking, and only 19 per cent of the population surveyed in the 26 municipalities relied solely on the public water network.

Coping mechanisms

According to the 2021 MSNA, displaced households are more likely than non-displaced to use negative coping mechanisms, while some 36 per cent of all Libyan respondents reported having coping mechanism gaps and employing one or more coping mechanism to address a lack of resources. In addition, displaced populations were especially likely to have cash and market access needs, with a key informant from Almarj noting displaced households have a harder time meeting needs due to additional expenses, such as the replacement of lost assets. Several key informants also noted that the insecure job situation of displaced households affects their ability to cover basic needs.

Adopting negative coping strategies for food consumption was also reported, with the main obstacle for sufficient food supply being the affordability of food and prices being too expensive. Around 92 per cent reported food prices as too expensive, and 2 per cent identified that the quantity of food items being insufficient. In 20 municipalities, food distributions by charity or aid organizations were identified as a source of food supply for vulnerable populations³⁵.

Returnees



Intersectoral severity of needs and drivers of severity

Among the Libyan population groups of concern, returnees continue to experience needs. Of the 298,000 affected returnees, 17 per cent have unmet needs with consequences on their wellbeing, living standards and resilience, while 16 per cent have acute needs that are only surpassed by IDPs, Migrants and Refugees. Areas of return include Benghazi, which reported the highest number of returns in 2021, followed by Tripoli, and Al Jufra. In addition, Sirte, which experienced returns after the ceasefire, has shown to have the highest severe needs for returnees in need of humanitarian assistance.

Despite the improvement in security, contamination by mines and explosive devices in many areas of return poses grave risks to people's wellbeing, with those locations typically having significant damage to homes and a lack of available services that hinders a higher and faster rate of returns. The areas with the most severe needs related to mine action assistance correspond to those with the highest number of returns; Benghazi, Sirt, Al Jufra and Tripoli.

Physical and mental wellbeing

The status of Libya's weak infrastructure and ability to deliver basic services, especially in areas of return, couple with security concerns over the presence of mines and explosive devices are part of the factors influencing the rate of return. The presence of mines and explosive devices accumulated over years of conflict pose significant risks for returning populations.

The extent of mine and explosive device contamination versus the limited national and international capacity in country to clear them has resulted in some families returning to areas that are not yet deemed safe. This presents grave risks for people's physical wellbeing, particularly those who have recently returned and lack current local knowledge on dangerous areas. Of the returnees surveyed, 19 per cent reported unmet protection needs mainly related to physical safety³⁶.

Lack of documentation among other protection needs affects many Libyans, with 35 per cent of the assessed households reported having protection needs unmet because of a lack of documentation, which affected people's ability to access services, particularly health services and school enrolment.

The main challenge faced by affected returnees was related to financial vulnerabilities brought on by the erosion of coping mechanisms over the course of the crisis. Access to health services was reportedly constrained due to irregular supply of medicines, and several health facilities were reportedly not fully operational, while the top priority humanitarian needs reported by returnees were related to food, non-food items (NFIs), and access to health³⁷.

Some IDP families who are unable to return to their home due to their perceived or actual tribal or political affiliations and fear of retaliation or reprisals, reported protection challenges during displacement, including denial of access of basic services, harassment, detention, loss of civil documentation, and threat of eviction.

Living standards

Returns, driven by push factors, such as evictions, inability to find work or pay rent, results in returnees living in sub-standard housing that is either damaged or in need of rehabilitation, and living with the threat posed by mines and explosive devices. Households, in general, were most likely to have cash and market related needs, such as income, liquidity, and access to resources. The second most common needs were found to be in relation to food security³⁸. While cash and market and food security related needs were prominent amongst all groups surveyed, key drivers of need differed depending on displacement status, with returnees having more severe needs than other groups across all sectors.

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. Of those who returned to their places of origin, some 88 per cent returned to their own homes. Due to the scale

of damage, 6 per cent of returnees reported renting accommodations, 5 per cent reported living with host families and just 1 per cent reported utilized other accommodation arrangements³⁹.

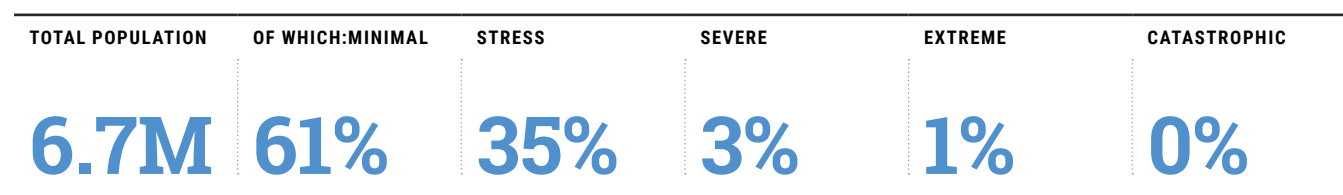
Coping mechanisms

While more than half of all Libyan respondents reported employing one or more coping mechanism to offset a lack of resources, more returnees reported using coping mechanisms and more severe types of strategies, such as asking money from strangers and selling their house or land. One-third of returnees reported adopted the most severe strategies versus 17 per cent of other Libyans reporting the same, thus increasing vulnerabilities as well as reducing their resilience to future shocks.

Returnees households also adopted negative coping strategies to maintain food consumption, such as buying less expensive food, reducing the number or size of meals or prioritizing children for food with adults reducing their food consumption⁴⁰.



Non-displaced



Intersectoral severity of needs and drivers of severity

Around 39 per cent of the total 2.6 million affected non-displaced Libyans have unmet needs affecting their wellbeing, living standards and resilience. Of the non-displaced people in need of assistance, 35 per cent experience Stress level of needs.

The ability of people to meet their needs is often correlated to their ability to access cash due to significant liquidity issues in the market, but the impact of the COVID-19 has also impacted livelihoods. While reforms are ongoing, their impact has varied geographically as people in the south continue to have generally lower incomes, with 84 per cent of households reporting an income of less than LYD 950 per month; while this was the case for 62 per cent of households in the East and only 6 per cent in the West. Mantikas in the southern region, along with Benghazi and Sirte in the north, have the highest number of households reporting challenges in meeting their basic needs⁴¹.

Overall, 28 per cent of households were found to have at least two living standard gaps (LSGs), while most households have either no (44 per cent) or one sectoral LSG (28 per cent). The findings vary significantly across the assessed regions, with a noted majority of households in the South having at least two LSGs (70 per cent)⁴².

The lack of protective legal mechanisms capacities in law enforcement and social services to support GBV cases contributes to widespread impunity of perpetrators and the inequality of rights available to women and girls. Only 1 per cent of households surveyed

reported sexual harassment or violence as a main safety and security concern; although the percentage was significantly higher amongst households in Al Kufra (42 per cent), Murzuq (34 per cent), Ejdabia (22 per cent), Ubari (18 per cent), Al Jabal Al Akhdar (14 per cent), and Sebha (11 per cent). Given that a small minority of respondents were female (13 per cent), there is a strong likelihood that these concerns are largely underrepresented. Key female informants in the East and South of Libya highlighted how COVID-19 measures have reduced women's already restricted freedom of movement, further exacerbating domestic violence and lack of access to safe spaces. Reflecting on recourses available for GBV cases, it was noted that instances of domestic violence are most likely dealt with within the community and are not reported to the police⁴³.

Physical and mental wellbeing

The frail status of basic infrastructure, impact of the COVID-19 pandemic and the precarious political and security situation in Libya continue to impact the lives of Libyans. Work opportunities become more difficult to come by, affecting families' abilities to purchase food, afford medication and pay for school fees.

In 2021, more people were forced to seek private health care or buy their own personal protection equipment, diverting resources from already overstretched family budgets. Long distances to health facilities and the absence of specialized health services in most areas impacted thousands of patients in seeking timely life-sustaining medical treatment. A substantial increase in mental health and psychosocial distress and loneliness during the COVID-19 pandemic are evident, especially for healthcare staff working in isolation centers, who

are particularly at-risk of experiencing mental health difficulties.

Human rights concerns have persisted in Libya, with violations of international humanitarian and human rights law continued with impunity as members of armed groups, militias, and security forces reportedly continue to carry out extrajudicial killings, enforced disappearances, torture, sexual and gender-based violence, and arbitrary arrest and detention.

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.

Living standards

Non-displaced Libyans, like other vulnerable population groups, have seen their living standards decrease as the COVID-19 pandemic exacerbated the economic situation in the country, affecting access to work and livelihoods. According to the MSNA, 20 per cent of households with working household members reported negative changes in their work situation due to COVID-19, while 27 per cent of households reported being unable to financially cover all health needs. 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 price of essential items increased, making it more difficult for low-income families, or those newly out of work, to afford basic food and goods. In comparison to other regions, the price of basic goods was more unstable in southern Libya⁴⁴.

Access to essential services, such as health, education and water, sanitation and hygiene (WASH) also impacted people's living standards. Among the Libyan population groups, more non-displaced Libyans reported challenges in accessing health services, with lack of medicines (29 per cent); an absence or shortage

of health workers (22 per cent); or overcrowded health facilities (15 per cent) as being the main reasons. Equally, women also face barriers to accessing services due to limits on their freedom of movement related specifically to their gender. Higher needs in the West were primarily driven by households reporting the need to travel over one hour to the nearest health facility, with 98 per cent of households in the west compared to 67 per cent in the East and 48 per cent in the South.

A lack of repair and maintenance of water facilities has added extra strain on the already aging water networks, and a further deterioration of water infrastructure and availability of services. Sanitation and wastewater management systems are barely functioning, with only 10 of 24 wastewater treatment plants in use. Twenty-four per cent of assessed households reported that there was at least one time when they did not have sufficient drinking water, and 22 per cent are unable to access the public network to meet their daily needs, and out of these 8 percent were non-displaced.

Coping mechanisms

Some 26 per cent of Libyans surveyed employed an emergency livelihood coping strategy; 37 per cent reported a crisis coping strategy; and 13 per cent reported a stress strategy, while 24 per cent reported not requiring coping mechanisms.

The most used strategies included spending savings, borrowing money, taking on an additional job, selling non-productive assets, reducing expenditures on non-food items, and reducing expenses on health. Some 53 per cent of households reported they were not able to cover all their needs financially, with health expenses being the top unmet need at 28 per cent, followed by food at 26 per cent, and education at 19 per cent.

Negative coping strategies related to maintaining food consumption were also reported, with 59 per cent of non-displaced Libyans reporting to having to adopt a range of different strategies to maintain some level of food security. The most 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. The adoption of food-

related negative coping strategies was more prevalent for female-headed households, compared to male-headed households.

Under 20 per cent of households were found to have food security needs, primarily due to low and borderline food consumption scores (FCS) (53 per cent of

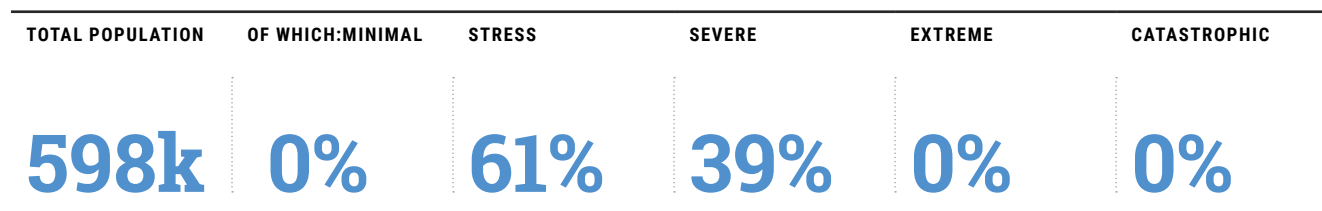
households with unmet food security needs). Food security needs differed quite significantly per region, with 49 per cent of households in the South having food security needs, compared to 23 per cent in the East and 13 per cent in the West. The high food security needs in the South are likely related to the role of agriculture and access to markets.



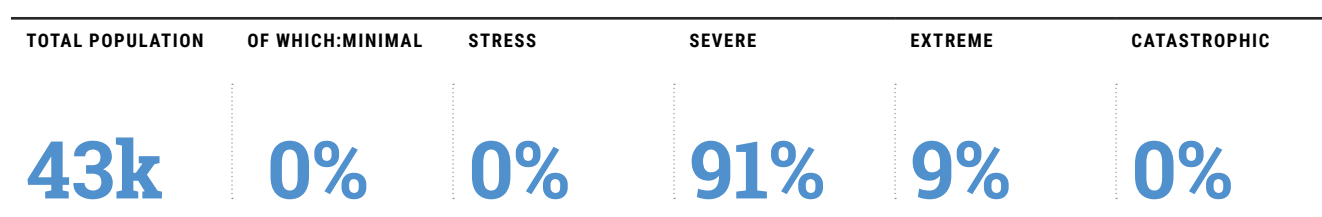
LIBYA
Tawergha IDP camp

Migrants and refugees

MIGRANTS



REFUGEES



Humanitarian conditions and drivers of severity

Migrants and refugees, in comparison to other affected populations, have more severe needs and represent more than a third of all people in extreme categories on the severity scale. While migrants and refugees are considered among the most vulnerable groups, there are varying degrees of vulnerability based on their irregular status, nationality, exposure to risks, and socio-economic situation in Libya. Protection risks are prominent, including the risk of being arrested, detained, having their freedom of movement restricted or a lack of access to shelter and essential services, such as health care. Of the 598,000 migrants and 43,000 refugees in Libya, 43 per cent of migrants and all refugees have unmet needs with consequences on their wellbeing, living standards and resilience, while women and children, and those being held in detention centers, have the most severe needs.

The strict requirements for legal migration in Libya imposed since the late 1990s have made it particularly difficult for sub-Saharan migrants to work legally in Libya, increasing risks of labor exploitation and trafficking and limiting access to judicial support and basic rights. Those who do not meet the strict requirements for

legal migration, which is the vast majority, are at risk of arrest and detention⁴⁵. East Africans are more likely to face higher insecurity and movement restrictions, have poorer food consumption and are less likely to be able to cover their basic needs, compared to migrants and refugees from other regions.

Physical and mental wellbeing

As of end September 2021, a total of 25,285 migrants and refugees were intercepted and rescued by the Libyan Coast Guard (LCG) at sea and returned to Libya, which is more than double the total of persons intercepted in all of 2020 (11,891)⁴⁶. The number comprises 89 per cent men, 7 per cent women, and 4 per cent children; some 455 persons were reportedly died trying to cross the sea and 660 are considered missing along the central Mediterranean route. Most of the migrants and refugees returned by the LCG are transferred from disembarkation points into detention centers, with the majority remaining in detention without access to due process and facing serious violations and abuses.

The migrants and refugees held in official detention centers, compared to those in communities, are more exposed to protection risks and human rights

violations, which include severe overcrowding, violence, ill-treatment, forced labor, acute malnutrition and the spread of COVID-19. In addition, 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 an overview and therefore no access to provide critical assistance, further exacerbating risks for their physical and mental wellbeing.

Multiple assessments have shown that among the refugee and migrant population, women are more likely to have poorer nutrition outcomes, more challenges in accessing sufficient shelter, less opportunities for work and therefore greater barriers to markets. It is estimated that 519 children were held in detention centers with adults, with limited to no access to humanitarian services, and faced with greater risks of exploitation and abuse. Some children were subjected to sexual violence, including forced prostitution by traffickers or criminal networks associated with armed groups.

Living standards

For migrants, refugees and asylum seekers, continued barriers to legally enter the rental market results in 96 per cent having undocumented or no lease agreements, increasing the risk of eviction, arbitrary rental increases, lack of housing maintenance, poor access to services and lower quality accommodations. The inability to pay rent remains the most reported cause of actual or feared eviction and negatively influences migrants' ability to access adequate housing. Around 73 per cent of migrants and refugees reside in privately rented accommodation⁴⁷ and are more likely to have informal rental agreements, with 90 per cent reporting insecure agreements, leaving them exposed to predatory behaviors by landlords, including arbitrary increases in rent and threats of, or actual, evictions⁴⁸. Other migrants and refugees live in collective shelters, while 10 per cent living in urban areas and 24 per cent in rural areas reported to be living in their workplaces, where conditions are worse⁴⁹.

Lack of documentation also affects migrants' and refugees' ability to access services, such as medical care or schooling. Over three quarters of migrants reported

having limited or no access to health care. As for the COVID-19 vaccination programme, although over 3,300 migrants and refugees were registered, the vaccination drive did not begin until end September 2021.

According to IOM's Migrant Emergency Food Security, conducted with WFP, one in five migrants in Libya were classified as moderately or severely food insecure⁵⁰, which corresponds to the MSNA finding that 21 per cent of migrants reported having issues in meeting essential food needs. Livelihoods for migrant and refugee were disproportionately affected by COVID-19, given their reliance on daily labour or engaged in the informal economy. Three out of four of working migrants and refugees surveyed reported their income being negatively affected since the start of the pandemic, particularly among daily wage workers as a result of COVID-19⁵¹.

Migrants and refugees, particularly in urban settings, were even more exposed to risks, due to their lack of social safety nets, their reliance on humanitarian support for basic commodities and services, their exposure to risks related to exploitation and abuse, as well as social discrimination and linguistic barriers. As a result, migrants and refugees are more likely to face challenges in access to basic services, compared to other groups.

Coping mechanisms

The most used coping strategies included spending savings, borrowing money, or reducing spending on services, taking an additional job or begging. According to the MSNA, the situation of migrants and refugees experiencing food insecurity would be more severe if not for their engagement in negative coping strategies. Of those not reporting needs in food security in the East and South, 29 per cent reported having asked for money from strangers, while 40 reported having had to take on an additional job. Sixty-one per cent of this subset reported having accumulated debt for support, most of them resorting to family or friends rather than official lenders.

Findings in the MSNA also point at women's higher reliance on unsustainable, negative coping strategies

to sustain their livelihoods, with 57 per cent of female respondents in need across Libya reporting having used crisis or emergency-level coping strategies compared to 30 per cent of men⁵².

To afford rent and basic goods and services, many families 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

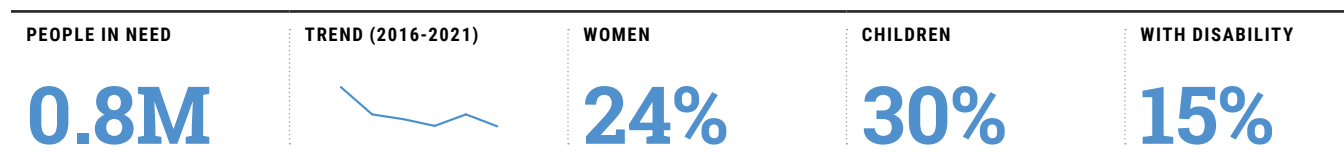
exploited due to their irregular status by either not being paid sufficiently or not at all. Unaccompanied or separated children, mostly boys aged between 5 and 12, are compelled to undertake child labour. This exposes children to exploitation and abuse. Equally, female migrants and refugees with limited 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.



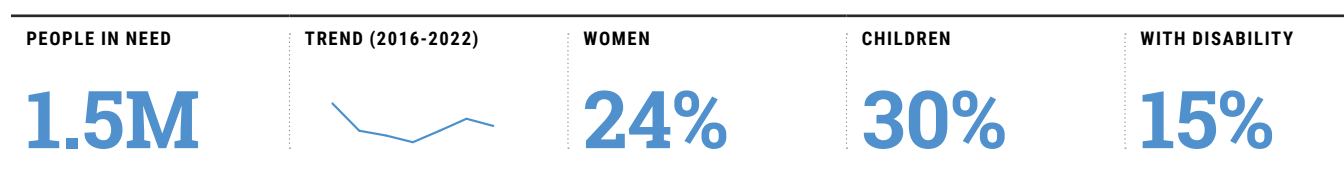
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Number of people in need

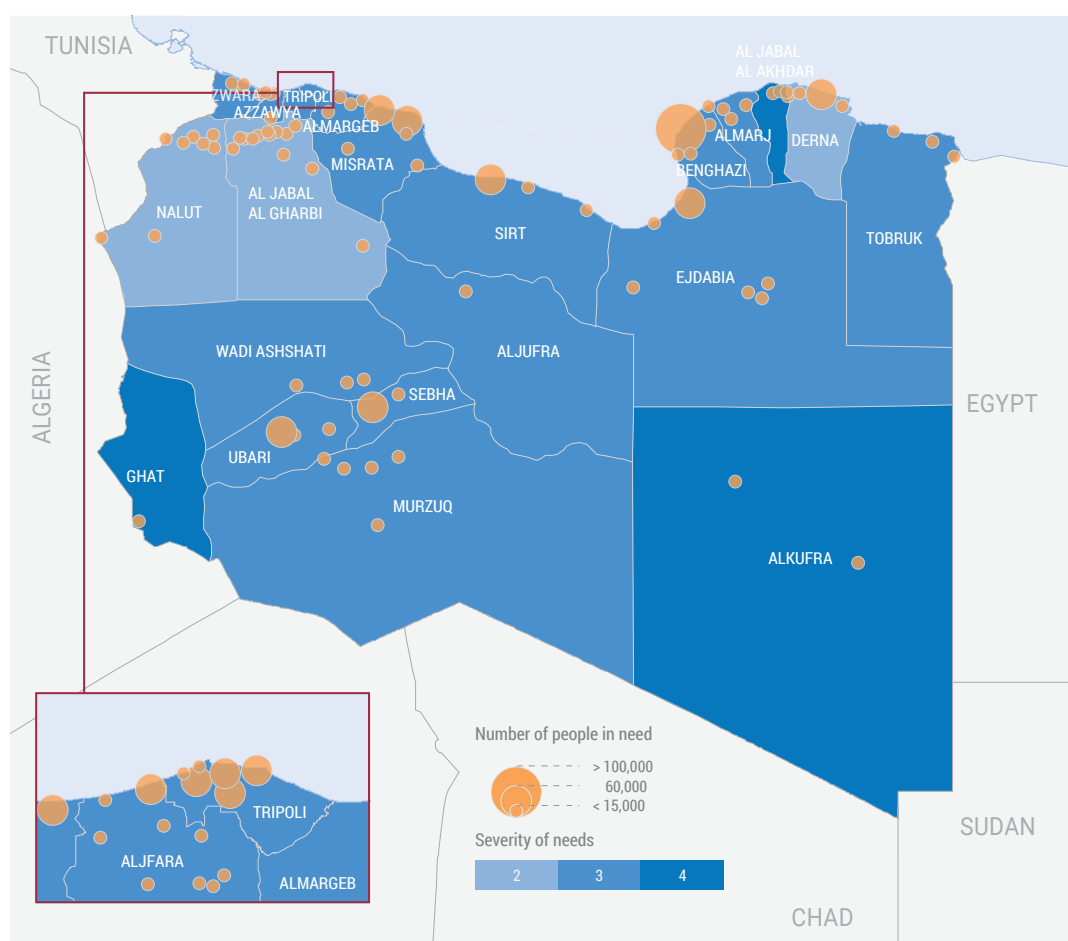
Current figures



Projected figures (2022)



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



More than 803,000 people will require some form of humanitarian assistance in 2022; reflecting the most vulnerable people identified in severe need, and includes internally displaced persons, returnees, non-displaced conflict-affected people, migrants, and refugees. The estimated PiN for 2022 is a 36 per cent decrease from the 1.3 million people projected to be in need for 2021.

Of the number of people in need, 302,337 are women and 264,710 are under 18 years of age, of which 50 per cent are girls. While the people in need is 62 per cent boys and men, this is largely due to the high proportion of migrants being male (89 per cent). Additionally, an estimated 126,000 people in need are people living with a disability (62 per cent male and 38 per cent female).

Of the 213,000 people who remain displaced in Libya, 132,000 displaced people (62 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 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 2021 and compared to other population groups in 2021, which is a reflection of an improvement in the security situation, particularly in the west, which drove displacement in 2019 and early 2020. Although the number of displaced people has been steadily decreasing, that trend has been slowing over the past few months, highlighting the need to find durable solutions, durable solutions, tailored to their specific needs.

Although humanitarian conditions are improving, the COVID-19 pandemic and its socio-economic impacts, significantly affected non-displaced Libyans, who represent the population group with the largest overall number of people in need at 281,000 people, or 35 per cent of all those people identified to be in need. The key factors determining vulnerability include, lack of access to healthcare, water and education, restrictions in movement and need for basic shelter improvement.

Of the number of migrants and refugees estimated to be in Libya, 643,000 people, almost 232,000 migrants and 43,000 refugees need humanitarian assistance in 2022. This is roughly consistent with the previous year, with small decreases mirroring the reduction in the total number of migrants and refugees in Libya in 2021.

Migrants and refugees continue to face protection risks, as well as restrictions and discrimination in accessing basic services and shelter. As of end September 2021, over 5,600 migrants and refugees remain in detention centers, where grave rights violations, including torture and GBV, have been documented. Essential services in detention centers are extremely limited. While women and children make up a minority of migrants and refugees in detention centers, they are particularly exposed to abuse and exploitation, with reports of rape and other sexual violence in official and unofficial detention centers.

Of the overall number of people in need, migrants make up the second largest group, after non-displaced Libyans. Refugees registered in Libya 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

Due to the ongoing COVID-19 pandemic situation, humanitarian partners relied on remote and semi-remote management as well as local implementing partners to reach people in need. This included the use of third-party monitoring mechanisms to communicate and receive feedback on needs and services provided.

Recent assessments and studies highlight that the main ways people prefer to access information is through friends, family members and community members, 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 recent Knowledge, Attitudes and Practices (KAP) survey conducted by UNICEF and WHO reported that 50 per cent of the respondents stated the most trusted source of information on the COVID-19 vaccine is via electronic and social media platforms, followed by 11 per cent who rely on family and friends; 10 per cent refer to health care workers; and 10 per cent

derive information from government. Religious and community leaders were rarely reported as a trusted source of information among the respondents, with only 2 per cent mentioning them⁵³.

Phones and social media are also the preferred method for receiving information about how to access humanitarian assistance. Across the surveyed communities, 58 per cent of Libyans identified phones (calls or SMS) as their preferred method followed by 17 per cent identifying social media (namely Facebook or Twitter) and 5 per cent identifying WhatsApp, with displaced households and returnees more likely than non-displaced Libyan to use these methods. Similarly, 58 per cent of migrants and refugees identified phones, followed by 21 per cent identifying WhatsApp and 13 per cent highlighting social media.

Since the establishment of the Inter-Agency Common Feedback Mechanism (CFM) in February 2020, the ETS-managed call center has answered more than 30,099 calls by end September 2021, providing a key service in ensuring support for community awareness and engagement, as well as enabling communities to provide information on their preferences and perspectives⁵⁴. A survey conducted in August 2021 showed that 90 per cent of the sampled population expressed satisfaction with the services provided through the CFM call center⁵⁵. Geographically, most calls (92 per cent) were from the western region of Libya, Tripoli municipality. This might in part be due to the larger presence of international humanitarian partners operating in the region who have been providing awareness materials along with their distributions.

As women account for one quarter of all callers, half of the operators at the call center are female, allowing affected populations to provide feedback and raise concerns with an operator with whom they are most comfortable. In addition, progress was made in expanding the number of languages offered at the call center to include those mainly spoken by migrant populations, such as, Amharic, Hausa, and Tigrinya. Previously, only Arabic, English and French were offered at the inception of the CFM.

Initially during the first few months of operation in 2020, callers mainly requested COVID-19 related information, however as the year progressed there was a sharp increase in demand for information on humanitarian services, with cases on protection topping the list, followed by food assistance, cash and health-related services.

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 in need who reported not receiving assistance in the last six months, 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.

Access to cash, medical care, food assistance, shelter support, non-food items (electricity or fuel) and WASH are the most consistently identified needs among most affected communities in Libya⁵⁶. Access to cash was commonly reported as a priority need in the south and east, where five baladiyas in each region reported at least 75 per cent of households requiring cash assistance.

For displaced households, shelter is the most identified need (30 per cent of respondents), followed by food (29 per cent), and access to health services (20 per cent). Returnees, on the other hand, identified food (27 per cent), followed by non-food items (19 per cent) as well as access to health services (18 per cent) as their most pressing needs⁵⁷.

For the migrant and refugee population, the main obstacle toward meeting their basic needs is the affordability of food and essential items, housing, as well as services, such as health care. Results from face-to-face and web surveys conducted by WFP and IOM showed that up to one in five migrants were classified as moderately or severely food insecure, and 77 per cent identified as having limited or no access to health services⁵⁸. Support for shelter remains a challenge for the migrants and refugee population, where 73 per cent in urban areas are living in self-paid rental accommodation. More than half of migrants interviewed (54 per cent) reported sharing

toilet facilities with more than five individuals, and among them, 42 per cent, reported using a communal toilet shared by more than ten individuals⁵⁹.

A minority of migrants (5 per cent) interviewed by DTM in May and June reported having family members aged between 5 and 18 years old in Libya. A total of 43 per cent of those reported that their school-aged children were unable to access education mainly due to financial barriers (80 per cent) and language barriers (74 per cent). Social isolation (71 per cent) and lack of required documents (66 per cent) were also among the issues that prevented migrant children aged 5-18 years old from accessing education in Libya. This














































has likely been further exacerbated by the increase in unemployment and lack of access to livelihoods due to the COVID-19 pandemic.

While health was consistently reported as a priority need, challenges relating to accessing health services was different among population groups. For Libyans, challenges in accessing health services were related to availability, lack of medicines at facilities, shortages/absence of health workers and overcrowded facilities. For migrants and refugees, while availability was indicated, issues related to affordability and lack of documentation were more commonly reported and resulted in unmet needs.

TARHUNA/LIBYA



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	37/63 	28/66/6 	15% 	0.8k	-	6.2k	2.8k	0.1k
Al Jabal Al Gharbi	30/70 	23/73/4 	15% 	1.3k	0.5k	11.3k	17.1k	0.4k
Aljfara	35/65 	29/66/5 	15% 	4.7k	15.6k	14.3k	17.2k	6.4k
Aljufra	29/71 	17/80/3 	15% 	0.5k	0.2k	3.4k	6.5k	-
Alkufra	30/70 	18/79/3 	15% 	1k	0.6k	2.2k	7.7k	-
Almargeb	43/57 	35/60/5 	15% 	7.1k	2.9k	7.4k	3.9k	1.3k
Almarj	37/63 	28/67/5 	15% 	0.4k	-	4.1k	2.1k	0.1k
Azzawya	28/72 	27/70/3 	15% 	4.9k	-	5.6k	12.4k	2k
Benghazi	45/55 	34/60/6 	15% 	25.4k	9.8k	74.9k	17.9k	1k
Derna	47/53 	36/57/7 	15% 	0.3k	7.8k	27k	2.4k	-
Ejdabia	18/82 	15/83/2 	15% 	9.7k	0.1k	3.6k	27.7k	-
Ghat	30/70 	19/78/3 	15% 	1.1k	-	2k	4.4k	-
Misrata	36/64 	30/66/4 	15% 	19.2k	8.9k	16k	21.2k	4.7k
Murzuq	21/79 	26/71/3 	15% 	8.9k	0.5k	2.1k	22.3k	0.1k
Nalut	39/61 	32/63/5 	15% 	1.3k	0.1k	2k	1.1k	0.1k
Sebha	33/67 	24/73/3 	15% 	5.6k	2.3k	7.1k	16.4k	0.1k
Sirt	49/51 	39/55/6 	15% 	11.5k	35.6k	12.2k	1.8k	0.2k
Tobruk	42/58 	32/62/6 	15% 	0.9k	-	5.2k	1.5k	-
Tripoli	40/60 	32/63/5 	15% 	21.2k	11.3k	50.9k	28.9k	24.6k
Ubari	41/59 	37/58/5 	15% 	2.2k	18.5k	12.8k	7.9k	-
Wadi Ashshati	31/69 	25/70/5 	15% 	1.1k	0.1k	4.5k	4.6k	0.1k
Zwara	39/61 	31/64/5 	15% 	2.6k	0.6k	6.8k	4.5k	1.6k

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	1,400	-	616	700	84	-72%
Al Jabal Al Akhdar	Returnees	-	-	-	-	-	0%
Al Jabal Al Akhdar	Non-Displaced	247,593	185,696	55,709	5,967	221	0%
Al Jabal Al Akhdar	Migrants	14,910	-	12,092	2,818	-	-69%
Al Jabal Al Akhdar	Refugees	147	-	-	96	51	29%
Al Jabal Al Gharbi	IDPS	1,875	-	562	1,278	35	313%
Al Jabal Al Gharbi	Returnees	12,294	9,221	2,580	480	13	0%
Al Jabal Al Gharbi	Non-Displaced	371,682	278,769	81,611	6,092	5,210	1696%
Al Jabal Al Gharbi	Migrants	30,176	-	13,124	17,034	18	1467%
Al Jabal Al Gharbi	Refugees	427	1	-	238	188	-62%
Aljfara	IDPS	8,390	-	3,688	4,208	494	391%
Aljfara	Returnees	105,295	52,277	37,439	15,531	47	19%
Aljfara	Non-Displaced	551,218	370,959	165,965	12,529	1,765	-79%
Aljfara	Migrants	32,145	-	14,927	17,218	-	6%
Aljfara	Refugees	6,432	-	-	5,781	651	-5%
Aljufra	IDPS	875	-	385	438	53	-60%
Aljufra	Returnees	800	275	299	225	1	0%
Aljufra	Non-Displaced	60,885	45,664	11,865	3,278	78	0%
Aljufra	Migrants	12,505	-	6,040	6,377	88	70%
Aljufra	Refugees	33	-	-	33	0	-23%
Alkufra	IDPS	1,850	-	814	925	111	-85%
Alkufra	Returnees	1,815	-	1,258	557	-	-75%
Alkufra	Non-Displaced	54,325	40,745	11,378	2,092	110	-82%
Alkufra	Migrants	16,135	-	8,401	7,734	-	-68%
Alkufra	Refugees	9	-	-	9	-	-18%
Almargeb	IDPS	12,609	-	5,493	6,367	749	-18%
Almargeb	Returnees	6,951	785	3,260	2,906	-	0%
Almargeb	Non-Displaced	535,808	401,858	126,596	7,354	-	-86%
Almargeb	Migrants	19,630	-	15,778	3,460	393	150%
Almargeb	Refugees	1,322	-	-	1,144	178	-34%

MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	
Almarj	IDPS	750	-	328	378	45	-67%
Almarj	Returnees	-	-	-	-	-	0%
Almarj	Non-Displaced	165,393	124,047	37,209	3,990	147	0%
Almarj	Migrants	10,990	-	8,913	2,077	-	-66%
Almarj	Refugees	68	-	-	58	10	24%
Azzawya	IDPS	8,660	-	3,807	4,333	520	510%
Azzawya	Returnees	547	322	190	34	1	0%
Azzawya	Non-Displaced	373,473	280,107	87,784	4,861	721	40%
Azzawya	Migrants	45,465	-	33,096	12,229	140	286%
Azzawya	Refugees	1,980	-	-	1,906	74	10%
Benghazi	IDPS	37,815	-	12,423	25,351	41	4%
Benghazi	Returnees	189,025	171,400	7,801	9,824	-	-78%
Benghazi	Non-Displaced	821,530	99,655	646,990	74,387	498	-60%
Benghazi	Migrants	44,247	-	26,388	17,859	-	-52%
Benghazi	Refugees	1,046	-	-	946	100	-55%
Derna	IDPs	555	-	244	278	33	-11%
Derna	Returnees	37,215	12,925	16,517	-	7,773	-68%
Derna	Non-displaced	209,928	73,236	109,645	1,338	25,709	43%
Derna	Migrants	12,485	-	10,127	2,358	-	-75%
Derna	Refugees	16	-	-	6	10	14%
Ejdabia	IDPs	14,895	-	5,161	9,590	144	-61%
Ejdabia	Returnees	500	375	73	52	-	0%
Ejdabia	Non-displaced	215,376	161,535	50,286	3,342	213	-90%
Ejdabia	Migrants	67,123	-	39,451	27,648	24	-18%
Ejdabia	Refugees	40	-	-	36	4	-40%
Ghat	IDPs	2,011	-	885	1,006	121	-80%
Ghat	Returnees	29	-	16	13	-	-98%
Ghat	Non-displaced	28,904	21,679	5,262	1,874	89	-61%
Ghat	Migrants	8,500	-	4,105	4,336	60	1%
Ghat	Refugees	4	-	-	4	-	-50%

MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	
Misrata	IDPs	33,895	-	14,693	17,436	1,766	151%
Misrata	Returnees	18,310	5,619	3,769	8,535	387	128%
Misrata	Non-displaced	669,304	488,500	164,797	14,974	1,033	37%
Misrata	Migrants	59,799	-	38,635	21,145	19	-60%
Misrata	Refugees	4,676	-	-	3,778	898	34%
Murzuq	IDPs	10,810	-	1,932	8,730	148	-57%
Murzuq	Returnees	2,120	585	1,016	447	72	-63%
Murzuq	Non-displaced	76,367	57,277	17,032	1,453	605	-87%
Murzuq	Migrants	34,295	-	11,951	22,344	-	64%
Murzuq	Refugees	51	-	-	51	-	16%
Nalut	IDPs	2,410	-	1,060	1,205	145	859%
Nalut	Returnees	2,510	1,883	528	96	3	0%
Nalut	Non-displaced	108,889	81,670	25,205	1,929	85	347%
Nalut	Migrants	5,970	-	4,906	945	119	50%
Nalut	Refugees	97	-	-	68	29	-8%
Sebha	IDPs	9,945	-	4,376	4,973	597	-68%
Sebha	Returnees	3,960	-	1,706	2,208	46	-29%
Sebha	Non-displaced	169,284	126,964	35,265	6,702	353	-76%
Sebha	Migrants	28,825	-	12,456	16,349	20	9%
Sebha	Refugees	145	-	-	130	15	-45%
Sirt	IDPs	14,545	-	3,026	11,381	138	-25%
Sirt	Returnees	76,335	-	40,694	35,638	3	-16%
Sirt	Non-displaced	141,006	17,624	111,180	12,202	-	-44%
Sirt	Migrants	9,914	-	8,129	1,586	198	143%
Sirt	Refugees	184	-	-	166	18	-36%
Tobruk	IDPs	1,602	-	704	802	96	-28%
Tobruk	Returnees	-	-	-	-	-	0%
Tobruk	Non-displaced	206,197	154,649	46,388	4,976	184	-63%
Tobruk	Migrants	8,143	-	6,597	1,422	124	-63%
Tobruk	Refugees	23	-	-	14	9	35%

MANTIKA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	
Tripoli	IDPs	37,393	-	16,226	19,264	1,903	-19%
Tripoli	Returnees	150,945	87,118	52,517	11,181	129	-85%
Tripoli	Non-displaced	1,184,901	691,455	442,548	13,894	37,004	209%
Tripoli	Migrants	91,316	-	62,377	28,939	-	-49%
Tripoli	Refugees	24,569	-	-	22,973	1,596	3%
Ubari	IDPs	3,600	-	1,393	2,069	138	-50%
Ubari	Returnees	28,130	-	9,615	18,515	-	-1%
Ubari	Non-displaced	86,667	44,042	29,839	12,480	306	74%
Ubari	Migrants	15,231	-	7,356	7,768	107	73%
Ubari	Refugees	24	-	-	14	10	-31%
Wadi Ashshati	IDPs	2,035	-	890	1,060	86	-29%
Wadi Ashshati	Returnees	210	35	76	99	-	0%
Wadi Ashshati	Non-displaced	97,302	72,978	19,831	4,493	-	0%
Wadi Ashshati	Migrants	8,830	-	4,266	4,502	62	98%
Wadi Ashshati	Refugees	112	-	-	102	10	-9%
Zwara	IDPs	4,673	-	2,055	2,338	280	579%
Zwara	Returnees	14,632	10,728	3,282	604	18	26,k%
Zwara	Non-displaced	366,529	274,900	84,851	6,491	287	276%
Zwara	Migrants	20,977	-	16,495	4,142	340	135%
Zwara	Refugees	1,595	-	-	1,399	196	9%

Part 2:

Risk analysis and monitoring of situation and needs

OCHA-IOM
Benghazi Training for NGOs



2.1

Risk analysis

The INFORM Index for Risk ranks Libya as the 18th most at-risk country globally, a reduction from the category of 'very high' last year to 'high' in 2021, due to improving security conditions since the signing of the Ceasefire Agreement. However, the 'hazard and exposure' and 'coping capacity' components remained relatively stable, with minor decreases noted from, respectively, 8.8 to 8.2, and 7.5 to 6.9. Human-induced hazards continued scoring a maximum of 10 due to a high-risk possibility of violent conflict, while natural hazards only scored 3.7, reflecting risks of flooding, epidemics and droughts. Coastal flood hazard is classified as high, with potential coastal flooding expected in the next 10 years. Wildfire risk and water scarcity risk is also classified as high, meaning that droughts are expected to occur on average every five years.

The vulnerability component of the Risk Index reduced from 7.2 to 4.3, resulting in the change of the overall risk rank, while the socio-economic vulnerability scored a 2.8, the vulnerability of uprooted people and other vulnerable populations scored 5.5, highlighting continued challenges for affected groups⁶⁰.

With the cessation of hostilities and the easing of COVID-19 restrictions in the first half of the year, the number of people returning to their place of origin increased as the security situation improved. However, the lack of a comprehensive reconciliation process has exacerbated social and political divisions, usually along tribal lines, and increasing the risk of small-scale conflicts, while reducing the prospect of a viable long-term constitutional settlement with support of all of Libya's stakeholders. The decade long conflict, continuing political fragmentation, along with the COVID-19 pandemic, has significantly impacted the economic situation and undermined governance and public service delivery, further eroding peoples' living conditions and will have a longer-term effect on coping capacities. A key challenge towards the recovery

process is to ensure support towards capacity building of national and local counterparts, and authorities, to rehabilitate infrastructure as well as to help ensure standardization of essential services at the national level. Inconsistent leadership at the local level and the lack of a recognized process on evictions has led to uncertainty for returning populations, with little information on compensation or rehabilitation funds for those evicted from their temporary settlements.

The government has yet to approve the national budget, which has impacted the ability of national authorities to deliver basic services. The demand for infrastructure rehabilitation coupled with weak governance has resulted in public institutions and facilities suffering from limited qualified personnel, resources, and inadequate upkeep. Occasional attacks by armed groups and unknown criminal elements targeting infrastructure facilities, in particular electrical and water services further affect the recovery and rebuilding processes. Electricity and water cuts are regular occurrences, especially during the summer months and were reported throughout the country.

INFORM Index

INFORM RISK
6.6

HAZARD & EXPOSURE
8.2

VULNERABILITY
5.2

LACK OF COPING CAPACITY
6.8

For more information, visit:

www.inform-index.org

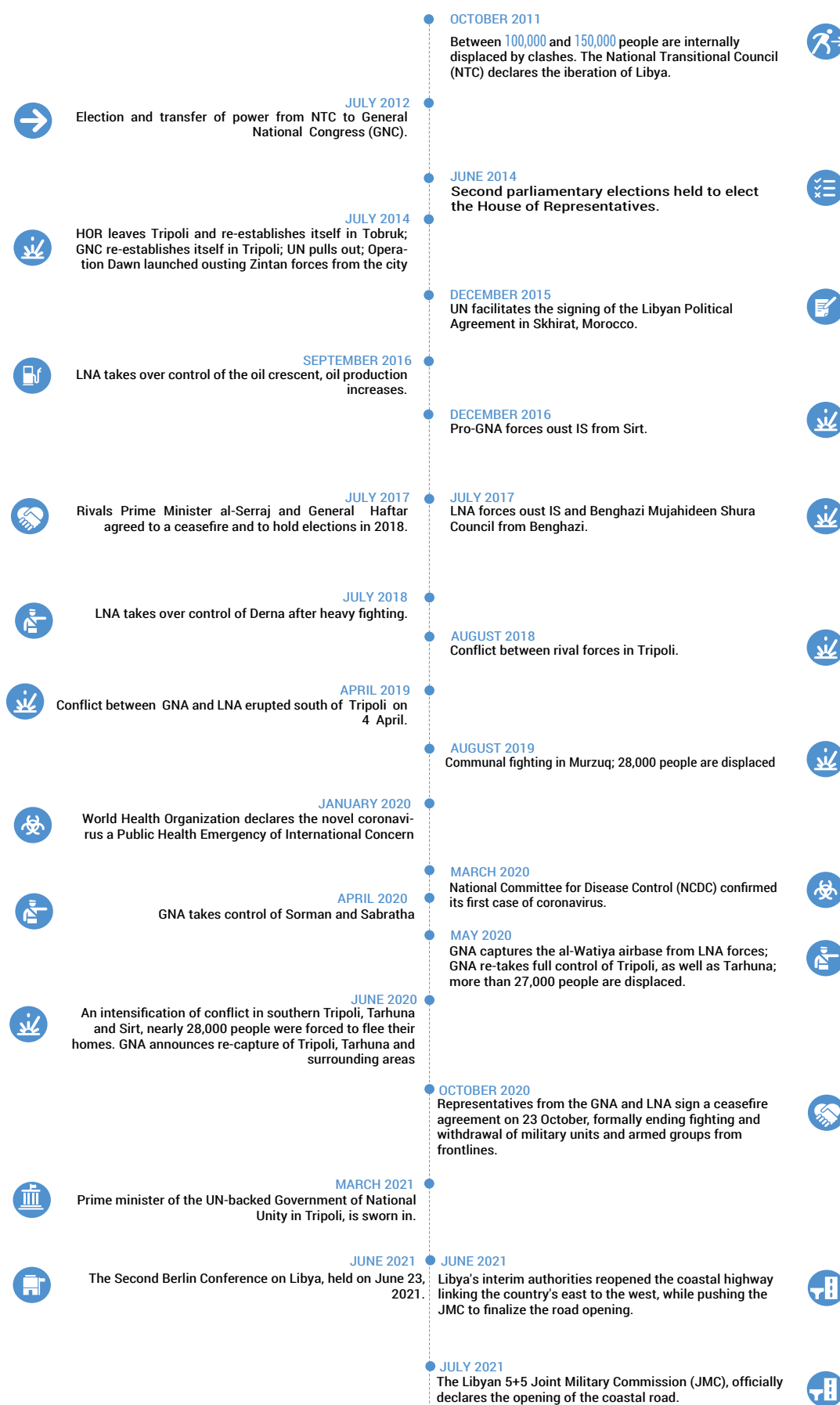
INFORM
INDEX FOR RISK MANAGEMENT

The inability of public services to provide for the population is exemplified by the dilapidated healthcare system. Libya struggled to cope with the ongoing COVID-19 pandemic, as cases rose exponentially during the second half of the year. The slow rollout of the vaccination campaign and persistent shortages in COVID-19 medical supplies, such as PPE for medical staff, oxygen supplies and isolation wards, as well as limited number of fully functioning health care facilities, led to the public health sector not meeting the challenge of not only COVID-19 cases but regular health services. The lack of specialized care, such as surgery, maternal and newborn, child health services and the diagnosis and treatment of various communicable diseases, negatively impacts more than two million people. The weak capacity of the public health system warrants direct assistance from the international community, especially as information consolidation and data collection on the health situation, outside of COVID-19 related incidents, is insufficient.

Discrimination based on gender, including in national legal frameworks, continues to have a serious effect on the rights and protection of women. Insecurity and displacement continue to put people, particularly women and girls, at increased risk of GBV, exacerbated further by poor 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, with special attention on the effects of the COVID-19 pandemic-related restrictions and confinement on women and girls.

Limited application of the rule of law has continued to create a permissive environment for smuggling and other illegal activities, largely with impunity, resulting in widespread insecurity, increasing peoples' exposure to additional protection risks. Multiple forms of discrimination continue in Libya and for some groups, particularly migrants, refugees and displaced household, the situation is further exacerbated due to 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. Between January to October 2021, the Libyan Coast Guard intercepted and returned over 26,000 migrants trying to reach Europe via the Mediterranean Sea, most of whom were taken into detention without due legal process. Libyan authorities have continued detaining migrants and refugees in conditions often characterized by abuse, exploitation, extortion, and violence, again without due process.

Libya faces considerable hurdles in the drive for a more durable economic recovery following the resumption of oil production and exports. The country's political leaders must address short-term challenges in the policy agenda, which include an urgent solution on fiscal transparency; the passing of an unified and reasonable national budget consistent with the country's development priorities and aligned with its institutional capacity; and ensure monetary reforms after the devaluation of the official rate in January. Moving forward, the unification of the two branches of the central bank; the integration of the payments systems in the west and the east, and the resolution of liquidity problems both in the banking system and in the wider economy⁶¹ are top priorities in addressing economic recovery needs.



2.2

Projected evolution of needs

Libya is at a critical juncture where the prospects for continued stabilization or a regression into armed conflict remain equally possible scenarios. Much progress has been made in the political situation over the past year with the formation of the Government of National Unity, which along with the conditions of the Ceasefire that have enabled a path towards increasing socioeconomic stabilization as well as an improved security situation. Despite these overarching advances, a crucial moment awaits Libya, as the holding of national elections scheduled for December 2021 will determine the country's ability to move towards national reconciliation and recovery. The projected evolution of needs in Libya depends on the resolution of the political situation.

Some of the remaining impediments on the humanitarian front include the presence and exposure to mines and explosive devices, particularly in southern parts of Tripoli. For the remaining displaced families, the presence of mines and explosive devices means a further delay towards reconstruction efforts at their places of origin. Although returns have continued, that trend is slowing as those still displaced face more systemic obstacles to return, including personal security and social cohesion, and for whom durable solutions are required in line with planning with national authorities, in particular on developing a strategy on IDP durable solutions, as part of the Centrality of Protection Framework, in collaboration with the government.

The continued security vacuum, especially in the south, creates the conditions for criminality. This allows for smuggling and trafficking, particularly of migrants and refugees, who will continue to face significant protection risks.

The status of migrants and refugees in Libya requires continued engagement from humanitarian and development partners, as well as national and regional

governments. As part of the response to mixed movements by sea, appropriate disembarkation and reception arrangements are needed to ensure that registration and the immediate basic needs of people can be met given that Libya is currently not a safe port of disembarkation. Engagement at the international level needs to increase to address the causes fueling irregular mixed movements, including lack of or limited protection in first countries of asylum to and from Libya, and to provide legal pathways to avoid the loss of lives on the central Mediterranean route.















Political fragmentation and the government's inability to pass a national budget, will continue to impact recovery efforts, as well as creating acute humanitarian needs. Basic infrastructure requires urgent rehabilitation to ensure services such as water supply, electricity as well as keeping hospitals functioning. In addition, the ongoing COVID-19 pandemic has impacted people's livelihood and further restrictions could lead to many adopting negative coping strategies.

With continued momentum in the reconciliation process, 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, some vulnerable groups, such as migrants and refugees, will still require some form of humanitarian assistance, including improved access to the affected population, especially in detention centers. Advocacy would also remain necessary 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 there be a resumption of hostilities, the most likely scenario is that humanitarian needs in the year ahead would rise sharply. As such, humanitarian programming into 2022 sees an extension of the 2021

Humanitarian Response Plan for an additional five months until 31 May 2022 to allow developments on the ground to determine the scale and scope of any future appeal.

Risk Analyses Matrix

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 addition movement re-strictions)

Probability



Decline



No change



Increase

Impact on areas and/or population groups

LOW

MODERATE

HIGH

SEVERE

Severity scale

2.3

Monitoring of situation and needs

In 2021, humanitarian partners in Libya continued 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. 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 Humanitarian Country Team (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, disembarkation, COVID-19 related cases and casualties, and access restrictions.
- In 2020, OCHA, on behalf of the humanitarian community, implemented an access constraint reporting mechanism, producing 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, 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, food security, and GBV-related services, that further contribute to a more comprehensive understanding of the trends and changes in humanitarian vulnerability and needs. This includes the Libya Humanitarian Needs Monitoring indicators dashboard. In 2021, specific monitoring of COVID-19 incidents, including vaccination rates, were also incorporated into monitoring frameworks.

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 intersectoral 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	# of children receiving age, gender and disability sensitive CP services	CP	4W	Monthly
02	# of child protection service providers operating in Libya	CP	Sector	Bi-monthly
03	# of schools used as shelter for IDPs	EDU	DTM	Bi-monthly
04	% of migrants' households with children who are unable to access Education Services	EDU	DTM	Bi-monthly
05	# of calls received requesting for assistance (not information)	ETS	CFM Call Centre	Monthly
06	Livelihood/food coping strategies	FSS	mVAM	Quarterly
07	Food consumption score	FSS	mVAM	Quarterly
08	# of facilities providing GBV-related services.	GBV	Service mapping/4W	Quarterly
09	# of health service providers trained through capacity building and refresher training	HEA	Sector	Monthly
10	Incidence rates for COVID-19	HEA	NCDC/WHO updates	Ongoing
11	# of public health facilities supported with health services and commodities	HEA	Sector	Monthly
12	Percentage of reporting sites submitting the reports in a timely manner	HEA	Sector	Monthly
13	Death rates COVID-19 related	HEA	NCDC/WHO updates	Ongoing
14	# of medical procedures	HEA	Sector	Monthly
15	# of explosive hazards related casualties	MA	LibMAC	Ongoing
16	% of households reporting reduction in the use of negative coping mechanism	MPCA	PDM	Quarterly
17	% of households reporting an improvement in their ability to meet basic needs	MPCA	PDM	Quarterly
18	Minimum Expenditure Basket (MEB) fluctuations	MPCA	CMWG	Monthly
19	% of HH with regular access to essential services (electricity, water)	Multi-Sector	DTM	Bi-monthly
20	# of people newly returned/return trends	Multi-Sector	DTM	Bi-monthly
21	# of people newly displaced due to conflict/civil unrest	Multi-Sector	DTM	Bi-monthly
22	# of people living in conflict affected areas	Multi-Sector	JARH/OCHA/DSS	Ongoing
23	# Attacks on civilian infrastructure (inc. schools, hospitals, etc.)	Multi-Sector	(Health Education and WASH)	Ongoing

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
24	# of migrants and refugees in detention in official DCs	PRO	UNHCR/IOM	Monthly
25	# humanitarian access movement restrictions	PRO	OCHA Access reporting	Monthly
26	# of individual disembarked/disembarkation trends	PRO	IOM	Monthly
27	% of assessed Municipalities with COVID Movement Restrictions for migrants, IDPs or host community	PRO	DTM	Monthly
28	% of households having lost necessary civil documentation and unable to reapply	PRO	MSNA/protection monitoring	Quarterly
29	% IDPs Households living without essential individual items, house items, etc.	SNFI	DTM	Bi-monthly
30	% of IDPs currently living in unsustainable shelter situations	SNFI	DTM	Bi-monthly
31	% Migrants Households living without essential individual items, house items, etc.	SNFI	DTM	Bi-monthly
32	# of migrants currently living in unsustainable shelter situations	SNFI	DTM	Bi-monthly
33	% of municipalities with access to safe water	WASH	DTM	Monthly

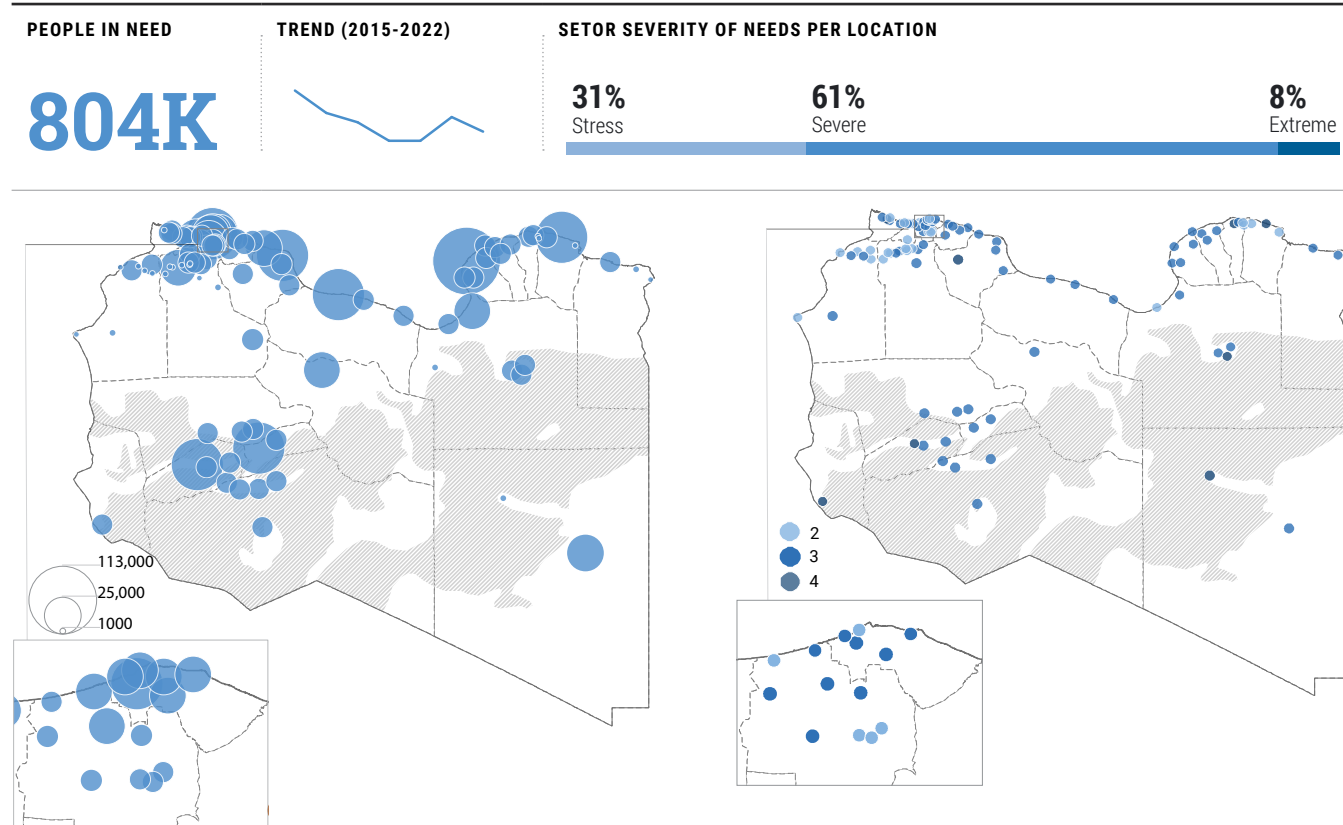
Part 3:

Sectoral analysis

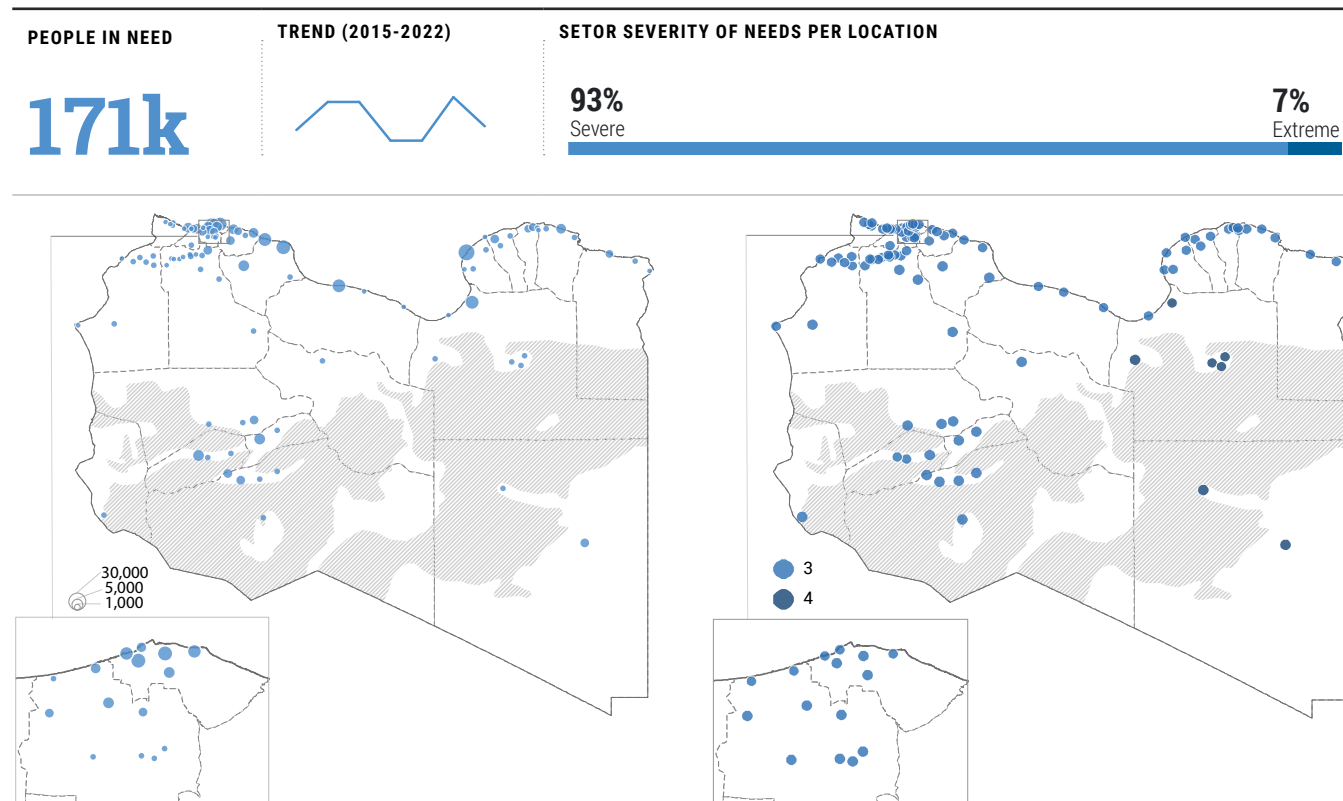
MMC/LIBYA



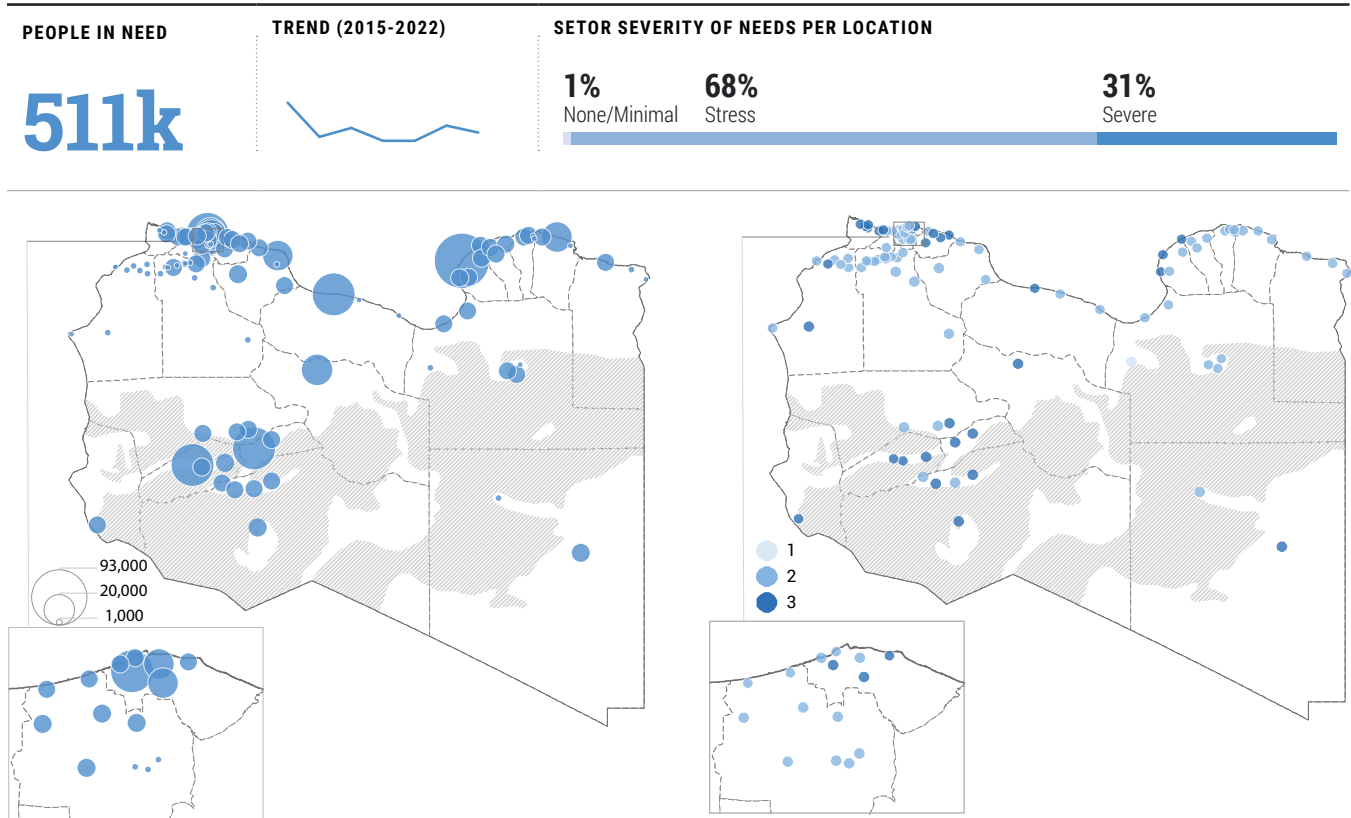
3.1 Intersectoral PIN and Emergency Telecommunications, Health and Mine Action



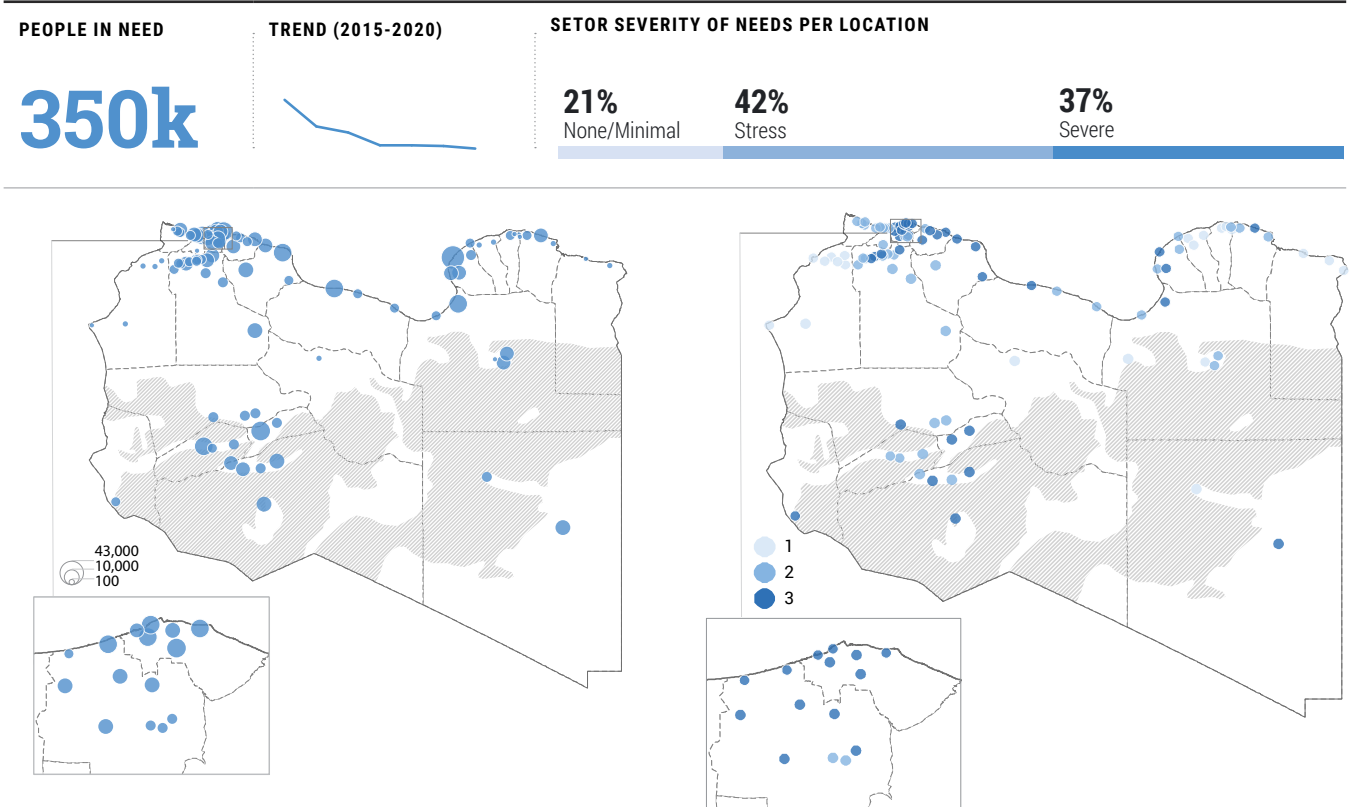
3.2 Education



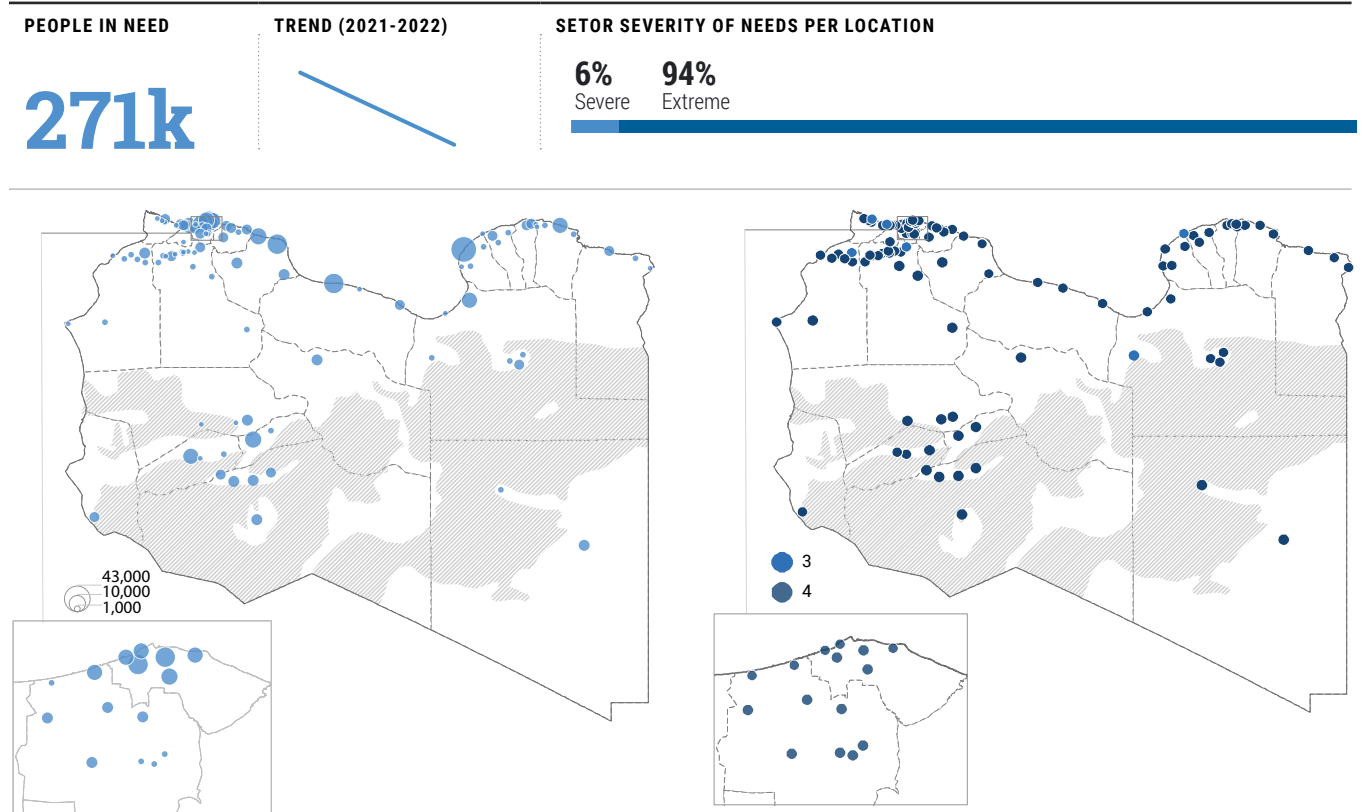
3.3 Food Security



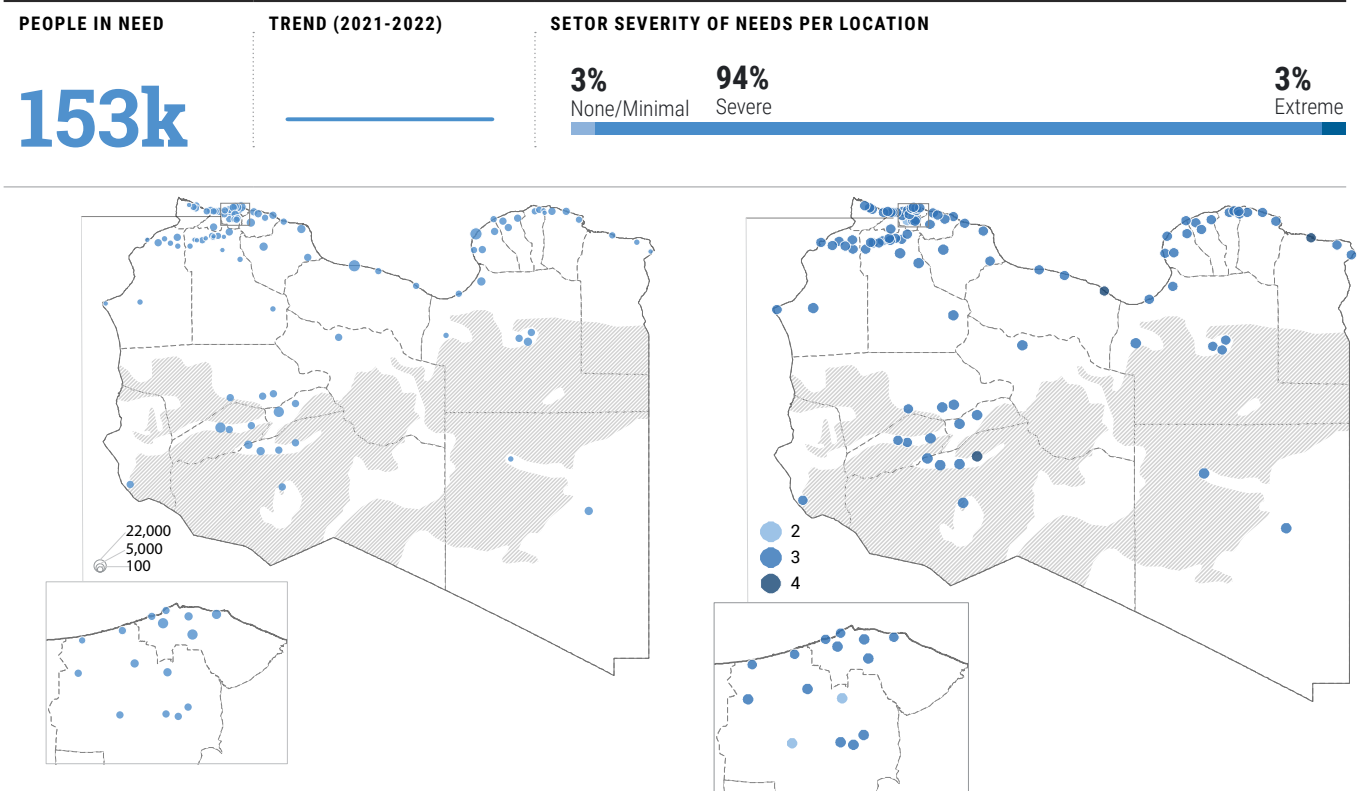
3.4 Protection



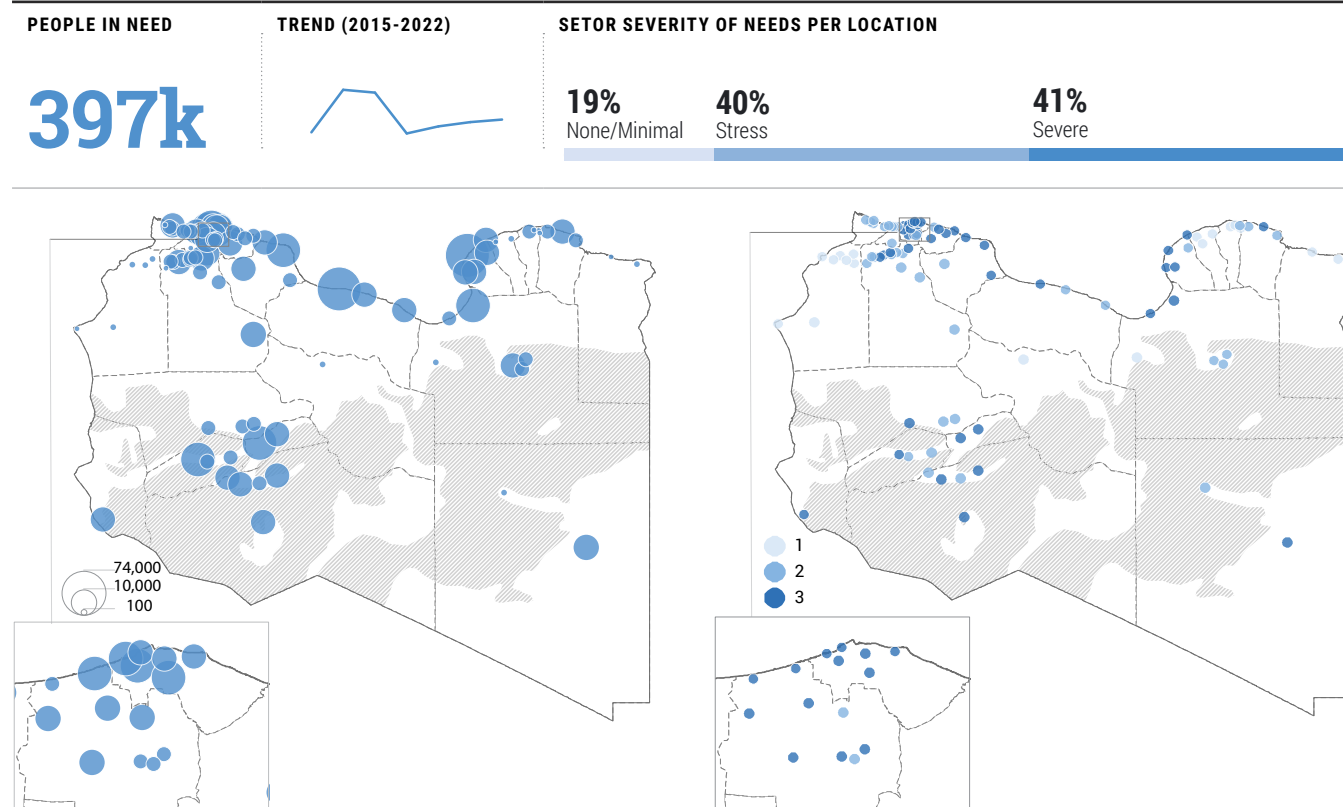
3.4.1 Child Protection



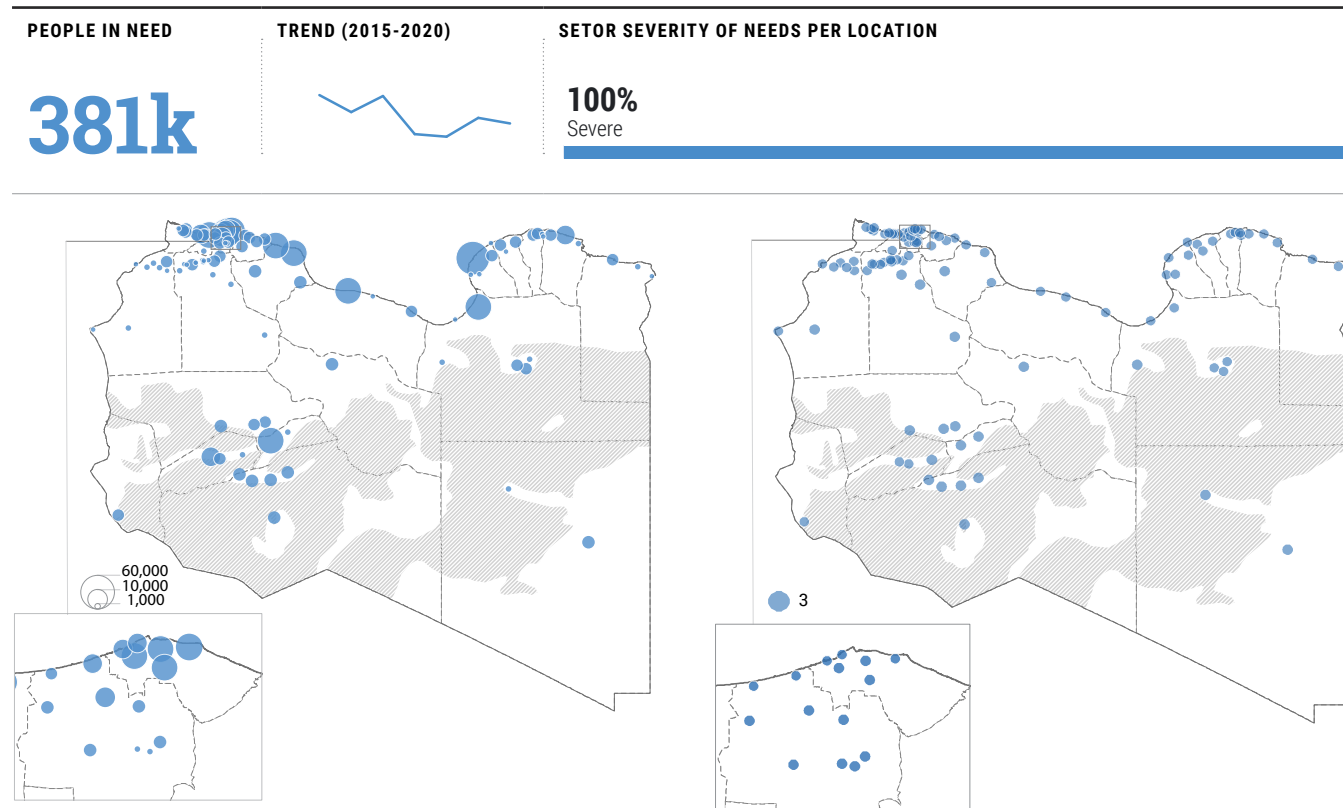
3.4.2 Gender-Based Violence



3.5 Shelter & NFI



3.6 Water, Sanitation & Hygiene



3.1 Education



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
171k	4%	93%	15% ¹¹²

Overview and affected population

After almost a year of school closures for in-person learning due to the COVID-19 pandemic, affecting 1.3 million school-aged children, schools were reopened during the first quarter of 2021. The reopening, however, continued to face challenges in ensuring compliance of COVID-19 and infection prevention protocols and children could only attend school in person a few days per week to lower the infection risks. Schools closed again at different times and locations after the first quarter of 2021 when the local COVID-19 situation was showing a worsening trend. In addition, difficult working conditions for teachers have impacted continuity of education due to teachers strikes in different regions of the country.

According to the 2021 MSNA, 11 per cent of Libyan households have at least one child not regularly attending school, while 36 per cent reported facing issues when their children are attending schools (COVID-19 related school closure, distance from school, problems with means for school fees, transport, materials, or food). According to DTM data, migrant children's access to education remains concerning as 43 per cent of the migrants with school-age children reported that their children were unable to access education due to financial and language barriers, and the lack of required documents.

In 2021, nearly 160,000 children and 5,600 teachers are estimated to need of education assistance related to access or quality of education. This includes 72,369 displaced, 8,139 returnees, 63,216 non-displaced Libyans, 10,227 migrants and 17,358 refugees. These figures represent an overall reduction by 52 per cent

from the previous year, however, an increase in needs targeting refugees and displaced populations was noted. The areas with the most severe lack of quality education are found in Tripoli, Benghazi, Misrata, Aljafara, Sirte, Ejdabia, Sebha, Derna and Ubari mantikas. The absence of widespread active conflict in the last 12 months has not further deteriorated the situation of damage to schools, nor increased the number of schools used as shelter for displaced families, which went down from 27 in 2020 to 23 in 2021. In addition, some 245 schools remain damaged or destroyed, down from 278 in 2020. Approximately 74 percent of schools are without adequate safe drinking water, and 35 per cent of schools do not have gender segregated toilets.

One of the main challenges for the education sector is access to distance and online learning due to COVID-19 measures and restrictions, which highlighted the lack of a national distance-learning strategy, more specifically a digital education strategy, with a focus on inclusiveness of the most marginalized. In 2021, only ten per cent of households with school-aged children had access to distance education, while for migrant and refugee children the situation is worse.

Analysis of humanitarian needs

Although the overall situation in Libya is stabilizing, there remains pockets of insecurity, coupled with potential evictions of IDPs and a hobbled economy further exacerbated by the pandemic. Children need safe and protected schools to ensure minimum learning standards. The prolonged school closure between 2020 and 2021 negatively affected the psycho-social support needs of children, as well as their learning levels. While

school drop-out data related to the COVID-19 period is not available, global data on the effects of school closure on both learning and drop-out show that remedial and catch up classes to close learning gaps and support children who dropped out of school remain a priority in the country. In the 2021 MSNA, 4 per cent of Libyan respondents mentioned that their child was not enrolled or not attending school due to a child's health or behavioral problems. School is the entry point for the provision of different services, such as psycho-social support, recreational activities, supplementary school feeding and health-related messages, all of which have been suspended with the closure of schools. Increased economic pressure on families due to long periods of confinement and the socio-economic impacts of COVID-19 put children at increased risks of being pushed into work to help support their families. Accordingly, 2 per cent of Libyan households stated their children were kept home from school to work. School closures also affected children with learning disabilities and younger children, who have more difficulties in accessing alternative education modalities.

Teachers and education professionals need to be trained on distance learning as well as have adequate equipment to help students succeed with remote learning. For children enrolled in formal schools (mainly Libyan children), the collapsing infrastructure further exacerbated the education needs of children, as frequent electricity cuts negatively impacted a child's ability to access distance/digital education.

While school closure is cited as the main reason for not attending school in 2021 (52 per cent of Libyan respondents according to MSNA 2021), some 5 per cent of Libyan families reported their inability to afford basic school fees, and other associated fees, such as transport, materials, or food. For migrant and refugee children, the lack of a flexible enrollment system for those without proper documentation remains problematic as 80 per cent of families with out-of-

school children mentioned this as a barrier to accessing school. Moreover, children in detention centers do not have any access to education.

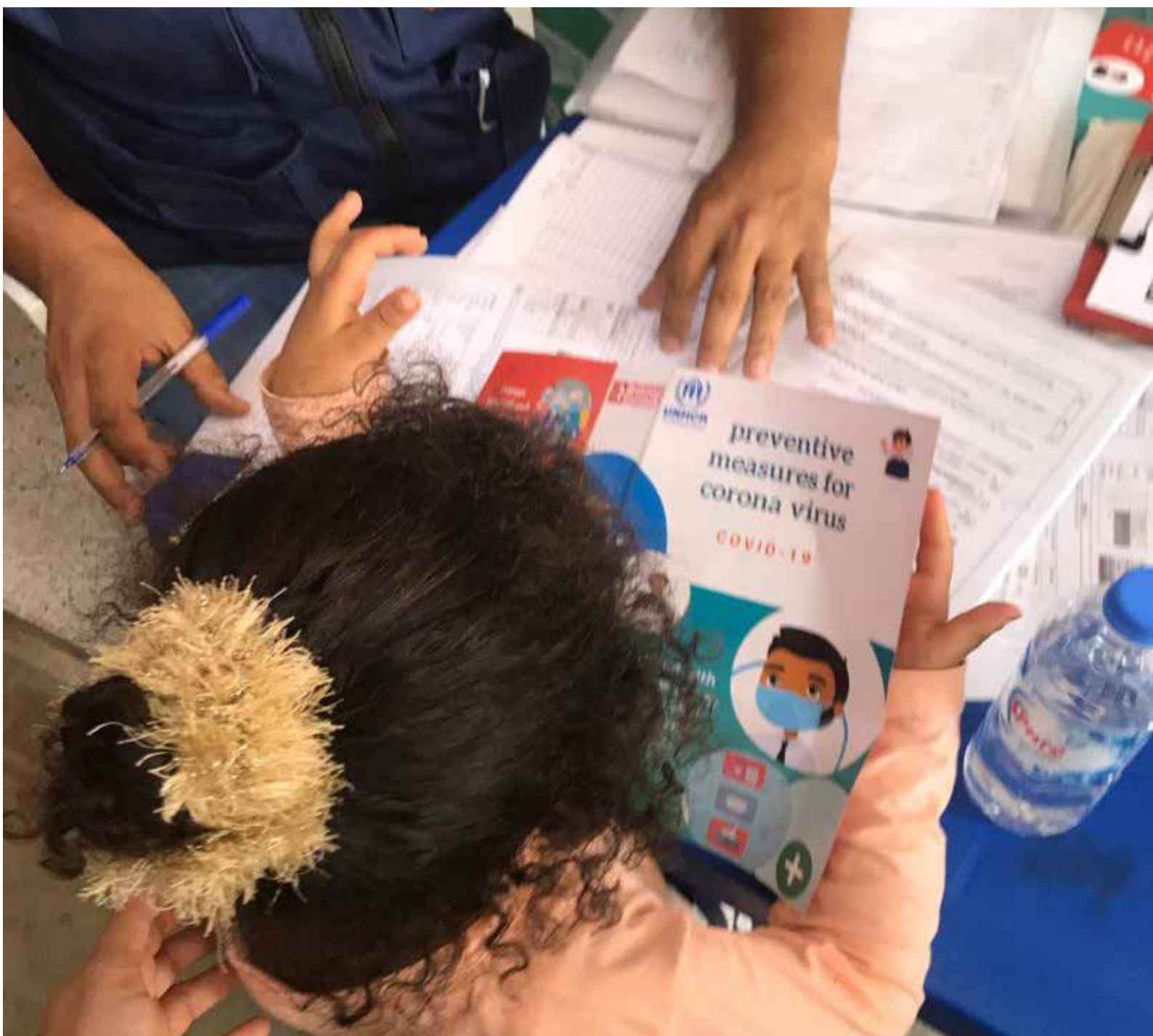
Projection of needs

Potential school closures either due to the pandemic or political insecurity surrounding the December 2021 elections, are the two main factors contributing to sectoral needs that could further negatively affect the learning and development of children and adolescents over the next 12 months. In addition, further school closures and the increase in the learning gap for the most marginalized children, who might have already been at risk of dropping out.

As part of the inter-sectoral monitoring framework, the education sector will continue monitoring humanitarian needs affecting children's ability to access education and the availability of teaching learning materials, such as small-scale assessments and complaint and feedback mechanisms. As part of the monitoring plan, Education Sector members will conduct joint monitoring visits and they will report towards ActivityInfo to monitor progress. Complaints and feedback mechanisms will continue to be used by all education partners. Moreover, small scale assessments will be conducted to fill data gaps and establish baselines that can be used to measure improvements. Main challenges ahead for the sector include ensuring higher flexibility of school enrollment systems; financial support for vulnerable families unable to support school fees; catch-up learning for children who had limited access to in-person education and no access to distance education; emergency preparedness for the education system based on different distance education options which can ensure education continuity in the face of crisis also for the most marginalized children; safe school reopening, including rehabilitation of WASH facilities; provision of supplementary feeding; and teacher training on identification and support to children for psycho-social support, as well as teacher training on improving distance learning.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	# of schools used as shelter for IDPs	DTM	Bi-monthly
02	% of migrants' households with children who are unable to access Education Services	DTM	Bi-monthly



LIBYA
PUI support to schools

3.2 Food Security



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
511k	42%	32%	15%

Overview and affected population

The signing of the ceasefire agreement in October 2020 and the overall improvements to the political and security situation created favorable conditions for the displaced population to return. According to IOM-DTM Round 37, some 38,000 people have returned home since December 2020. However, the toll left from the nearly ten years of fighting, aggravated recently by the COVID-19 pandemic, has further contributed to the deterioration of the already weakened economic situation, placing a negative impact on the population's purchasing power and their ability to fulfil their basic needs. As a result of the economic downturn and shrinking labor opportunities, the unemployment rate among displaced people as well as migrants presents a significant risk factor, which can lead to increased vulnerability and humanitarian needs.

In 2021, more than 511,000 people are estimated to be food insecure and in need of assistance. This includes 53,000 displaced people, 67,000 returnees, 269,000 non-displaced Libyans, 111,000 migrants, and 11,000 refugees. The southern region reported the highest proportion of food insecure population at 16 per cent compared to the Eastern (7 per cent) and Western (four per cent). Although an overall decrease in the number of people in need of assistance from 2021, the number of refugees in need increased by 15 per cent, highlighting their vulnerabilities as they continue to adopt negative coping mechanisms. Tripoli and Misrata account for the highest number of refugees who are food insecure.

According to the MSNA, 25 percent of the IDPs interviewed are food insecure: Out of the 52,000-food insecure IDPs, most (17,000) are in Benghazi; followed by 5,000 in Almargeb. Financial vulnerabilities and the loss of income-generating opportunities coupled with the high rate of food prices, led to negative and severe coping mechanisms, with 70 per cent of displaced households most affected. Twenty per cent of the returnees were found to be food insecure with the majority in Sirte (31,000) and Ubari (11,000). The issue is more protracted with those returning to areas where basic infrastructure was damaged or destroyed, and are faced with the challenges of finding employment, affecting their ability toward self-sustainability. Among Libyans, 13 percent of the female headed households and 12 percent of male headed households were food insecure.

The latest DTM COVID-19 Impact in Libya Dashboard highlighted that the majority of key informants interviewed (65 per cent) in April-May 2021 identified migrants as the most adversely affected population group by the COVID-19 pandemic because of loss of livelihoods and increased health risks, despite mobility restrictions having been eased significantly. From the Hunger and COVID-19 report, the use of crisis or emergency livelihood coping strategies, such as reducing essential expenditure on health care or education (37 percent) or engaging in high risk jobs or activities (5 percent) to mitigate food consumption challenges increased compared to May 2020. This might signal that some migrants are further eroding their

capacity to deal with future shocks, thereby increasing their vulnerability to food insecurity.

Limited access to agricultural production inputs and support provided for animal health care due to years of conflict around the main agricultural areas, in addition to the disruption of the agricultural extension services linked to COVID and instability, resulted in lower production and accordingly increased need for food production. Many cannot afford to continue under these constraints, pushing more households to abandon agricultural activities, further reducing medium and long-term food availability. In tandem with supporting household food security among vulnerable populations and protecting their livelihoods, restoring agricultural activities for the longer term is crucial following the impact of the crises on the agricultural sector.

Analysis of humanitarian needs

The Libyan population continues to be affected by the socio-economic impact of the pandemic, causing about half of the people to lose their livelihood source (DTM). In June 2021, IOM identified 597,000 migrants in Libya, a figure that is lower than pre-COVID levels. From the November 2020 Migration Pulse, migrants were most affected by insecurity and violence (33 per cent), lack of work/unemployment (23 per cent) and high food prices (22 per cent).

A 6 per cent increase in the price of the Minimum Expenditure Basket in February was noted due to the higher cost of imported goods. Prices later dropped in the subsequent months, though the overall cost of the MEB remains 12.3 per cent higher than pre-COVID-19 levels, meaning that people have to pay more to obtain the basic goods, with prices being much higher in the south.

As the number of displaced people reduced due to the improving political and security situation, the displaced population lost their means of livelihood are mostly employed in the informal sector. The informal sector, affected by COVID-19 restrictions, resulted in reduced mobility and closure of workplaces leading to

unemployment, reduced incomes, affecting their ability to access food and other basic services.

Fifty eight percent of IDPs and 59 per cent of migrants in the migration pulse reported that their income had been affected negatively since the start of the pandemic, particularly among daily wage workers. About 62 percent attributed the income change to either insecurity or COVID-19 restrictions.

A notable increase was noted in food requests received by FSS partners from national authorities, local municipalities, and local leaders as well as through the (CFM). The WFP Migration Pulse report noted that one in five migrants were found to be either moderately or severely food insecure, with migrants originating from East Africa and West Africa being the most food insecure. Around 50 per cent of the migrants reported loss in income, while 54 per cent of migrants reported being worried about their inability to have enough food. The main challenges reported to be faced by migrants are insecurity, unemployment, and high food prices. Migrant unemployment rate increased to 22 per cent, higher than pre-COVID-19 levels (17 per cent in February 2020). Assistance with food was mentioned as a top need, with the biggest obstacle for migrants related to adequate food supply to meet household needs was reported to be availability and prices of food items, considered to be too expensive compared to the purchasing power of affected populations (IOM DTM Round 36).

Data coming from the (CFM) also shows that there has been a significant and continuous increase in demand for food assistance programmes, including in-kind, voucher, and cash. Out of almost 18,000 total calls handled by the CFM between January and July 2021, 96 per cent of the received requests were related to humanitarian services, of which 26 per cent were Food Security-related, the second highest proportion following Protection requests (36 per cent). This rise in demand stems from income loss and subsequent increased unaffordability of foods resulting in more people depending on food assistance to maintain a healthy diet and avoid food insecurity

Projection of needs

The COVID-19 pandemic is expected to have long-lasting, multi-dimensional implication on the region's economy. Public health measures imposed in the form of curfews and restrictions on movements have led to increased vulnerabilities due to the effects of increased prices, reduced availability of commodities and loss of employment, especially for IDPs, migrants and refugees, most of whom rely on daily work opportunities.

The sector will monitor food insecurity in the country, relying on the major indicators identified such as the Food Consumption Score and food-based Livelihood Coping Mechanism. The sector will also seek and analyze information and feedback from beneficiaries coming from the CFM and other monitoring tools. Livelihood and agricultural assessments are also planned to monitor the situation and impact of partners' interventions.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	Livelihood/food coping strategies	mVAM	Quarterly
02	Food consumption score	mVAM	Quarterly



3.3

Health



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
804K	24%	30%	15%

Overview and affected population

The state of Libya's public health system remains fragile and fragmented, coupled with the ongoing COVID-19 pandemic and the emergence of new variants, the overall health system struggled to meet the needs of the population. The provision of equitable, effective, and efficient health care and public health services continued a declining trend, with meaningful reforms to foster a proper recovery of an overburdened system as well as address damages to the health infrastructures from previous conflicts and pre-existing structural challenges have yet to be implemented.

In 2021, more than 803,000 million people, in the most severe need of assistance lack consistent access to primary and secondary health care services. This includes 132,000 displaced people, 115,000 returnees, 281,000 non-displaced Libyans, 232,000 migrants and 43,000 refugees. Up to 90 per cent of primary health care centers remained closed, while one third of all health facilities in the south and east of Libya are not functional; 73 per cent in the south; and 47 per cent in the east are partially functioning, due to the shortage of medical supplies and lack of human resources. Out of the total facilities assessed in 2021, 37 per cent (80) health facilities were reported damaged (fully or partially damaged). In addition, a shortage of trained personnel specialized in mental health services, further impacted the timely delivery of services, while the situation is more critical in remote and hard to reach areas. Regular, prolonged power and water cuts and fuel shortages disrupted critical social services and affecting people's health and livelihoods. Only six out of 227 assessed health facilities in the south reported sufficient levels of electricity.

The impact from the COVID-19 pandemic has further exacerbated the public health care infrastructure, with the national budget yet to be approved, the lack of sufficient funding impacted health facilities' ability to remain fully operational, barely coping to respond to the pandemic, with isolation centers and case management facilities overwhelmed and facing shortages in medical personnel and supplies, such as oxygen masks, oxygen tanks, antibiotics, medicine and N95 masks. In addition, health facilities across the country had to be closed due to increasing transmission of COVID-19 among health workers, lack of (PPE) and supplies. Of those remaining functioning, 80 per cent of PHC centers did not have any of the essential medicines. As of end September, the Libya's (NCDC) reported 340,084 confirmed cases and 4,651 deaths.

Libya's enrolment to the Global Supply Portal for COVID-19 and the COVAX facility, as well as the deployment plan for the COVID-19 vaccine distribution, was facilitated with support from the UN to the MoH. The first shipment of the COVID-19 vaccine doses arrived in April 2021 but saw limited distribution due to the slow rollout of the vaccination campaign, with few centers open and a mandatory online registration further delaying the process. By July, efforts were put in place by the NCDC and the MoH to enhance vaccination campaigns with the opening of new vaccination centers across the country and lifting the mandatory online registration, facilitating access to all Libyans in the country.

The disruption in health services equally reduces access to essential and specialized health care for IDPs, non-displaced population, returnees, migrants,

and refugees. The increasing number of migrants and refugees held in already overpopulated detention centers heightened the risk of possible outbreak of communicable disease, such as respiratory illnesses, waterborne diseases, and preventable diseases. In addition, some 66 per cent of migrants and refugees reported not having access to COVID-19 testing facilities in their baladiya, or not being aware of such facilities.

Analysis of humanitarian needs

Maintaining continuity of essential health services is a key pillar of the health response. Over the past year, more people were forced to seek private health care or buy their own PPE, diverting resources from already overstretched family budgets. While the population demonstrated support and compliance with COVID-19 measures, long distances, and absence of specialized health services on the ground disabled thousands of patients to seek timely life-sustaining medical treatment, leading to increasing rate of neglected diseases. As such, a substantial increase in mental health and psychosocial distress and loneliness during the COVID-19 pandemic was noted. Some 29 per cent of Libyan households reported not having access to a public hospital, with baladiyas in Zliten, Janzour, Misrata, Hai Alandalus and Algurdha Ashshati among the highest percentage reporting no access to a public hospital. Around 46 per cent of households also reported having faced barriers or issues in accessing health services, such as not being able to afford health care.

Projection of needs

In 2022, the health sector will continue to focus on COVID-19 response needs, but also on supporting the maintenance and strengthening essential health

services and systems. This includes closer collaboration with health authorities as well as improving health system assessments, defining sector development objectives, and strengthening monitoring and evaluation mechanisms. In addition, preventive care for communicable diseases, particularly vaccination services, must be strengthened. The following 12 months will surely need continuous support to the MoH in the country, with the availability of vaccines, support to the vaccination roll out and continuity of expanded program for immunization is much needed, this is maintained through provision of PPE, capacity strengthening of vaccinators across the country and continuous technical support to the national counterparts.

In 2021, improvements were noted in enhancing risk communication, more emphasis needs to be placed on community engagement and infodemic management strategies to ensure proper messaging on the overall health situation, including the pandemic, in order to develop context-specific/people-centered solutions to overcome existing challenges in accessing health services.

Collaboration with the WASH and Protection sectors will continue to be strengthened while work with sub-sectors on health-related topics, such as migration health, reproductive health, GBV, will be further integrated. 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 the COVID-19 response, further compromising the mental and physical health and wellbeing of millions of Libyans, migrants and refugees.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	# of health service providers trained through capacity building and refresher training	Sector	Monthly
02	Incidence rates for COVID-19	NCDC/WHO updates	Ongoing
03	#r of public health facilities supported with health services and commodities	Sector	Monthly
04	Percentage of reporting sites submitting the reports in a timely manner	Sector	Monthly
05	Death rates COVID-19 related	NCDC/WHO updates	Ongoing
06	# of medical procedures	Sector	Monthly



3.4

Protection



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
350k	20%	25%	15%

Overview and affected population

Following the October 2020 ceasefire, cessation of hostilities coupled with depleted coping capacities due to protracted displacement, led to an increase in spontaneous returns of internally displaced Libyans. A total of 643,123 Libyans returned to their homes, and of the total, over 75,000 persons returned between October 2020 and June 2021⁶². However, those remaining displaced face uncertainty with critical protection risks persisting with the increase in numbers of forced evictions and returns not meeting international standards, exposing IDPs and returnees to further protection risks such as SGBV, family separation, arbitrary arrest, intimidation by unknown armed groups, homelessness and discontinuation of access to services especially health, including mental health and psychosocial support, and education.

By the end of September 2021, over 25,000 migrants and refugees were reported as rescued/intercepted at sea by the (LCG), doubling the number of those incepted in 2020, though the numbers remain lower than pre-pandemic times. The number comprises 89 per cent men, seven per cent women and four per cent children. Most of those returned were transferred from disembarkation points into detention, the majority remaining in detention centers lacking basic infrastructure, without access to due process and facing serious violations and abuses. In majority of the DCs, there are no female guards, while women and children are kept in the same areas.

In 2022, 350,000 women, girls, boys and men are estimated to face protection risks, including direct rights violations. This includes 45,000 displaced people, 78,000 returnees, 26,000 non-displaced Libyans, 157,000 migrants and 43,000 refugees. The overall number of people in need of protection services reduced by 24 per cent, in comparison to the previous year, while at the same time, the number of people in need of protection services increased by 54 per cent for the migrant population, reflecting increasing risks to their safety and well-being due to lack of legal protection and access to due process, discriminatory policies and increased intercommunal tensions. Based on MSNA data analysis, the majority of migrants in need of protection services live in Benghazi, Misrata, Sebha and Tripoli.

Libya is not a party to the 1951 Refugee Convention and has no legislation concerning the status and treatment of refugees and asylum-seekers. Refugees are considered illegal migrants under national legislation and are subject to indefinite detention. The widespread detention of refugees and asylum-seekers, including children, by the Department for Combatting Illegal Migration (DCIM) is arbitrary and contrary to international obligations legal norms, lacking legal oversight and judicial review, contributing to widespread human right rights abuses against migrants and refugees. Trafficking in persons, often against migrants and refugees, is carried out with impunity, while significant challenges remain in holding perpetrators of crimes against refugees and migrants accountable with no systems in place to ensure victim protection.

The lack of an adequate legal framework continues to affect the daily life of migrants and refugees who in many areas are denied access to basic services and limited movements, which impact their ability to generate income out of fear of arrest and detention due to lack of recognition of their status. Lack of legal protection or a determined status further exposes them to the risk of different forms of human trafficking, among them forced labor, forced prostitution, sexual slavery, forced criminal activities. Migrants and refugees from Sub-Saharan countries and Horn of Africa continue to face discrimination and xenophobic attacks, with several incidents of large-scale intercommunal violence resulting in mass expulsion, arrest and physical abuse of migrants and refugees, as witnessed in June and July in Zwara, and in Tripoli in October.

Women and girls in Libya face continued inequality contributing to widespread discrimination and violence. Judicial and customary responses to gender-based violence, including the Zina law, victimize survivors and can lead to charging survivors with prostitution. This contributes to significant under-reporting of incidents by women and girl survivors, fearing further harm including stigmatization by the community, forced marriage or retribution at the hands of perpetrators if they pursue legal remedies. The lack of legal protection for women refugees and irregular migrants makes it virtually impossible for them to seek any legal remedy, including as victims of trafficking.

Analysis of humanitarian needs

Support for durable solutions encompassing physical, material, and legal safety remains a priority for people living in protracted displacement and recent returnees, including the communities from Tawergha, Murzug and other minority groups. IDPs are still exposed to specific protection risks such as armed violence, restrictions of movement, and challenges in obtaining or replacing legal documentation, with 27 per cent of IDPs and the same ratio of returnees reported missing personal documents⁶³. As a result, many struggle with accessing services or sustainable livelihoods, such as adequate accommodation, food and health services; all cited as the top priority needs of IDPs⁶⁴. Benghazi, Tripoli and Misrata alone host over 100,000 IDPs, while

at the same time, Benghazi, Tripoli and Aljara mantikas also have the highest numbers of returnees. Presence of armed conflict and robberies where two protection risks mentioned most frequently by both IDPs and returnees in the 2021 MSNA. Alkufra, Sebha, Ubari, Murzuq and Tarhouna, as well as Sirt for returnees in particular where locations with the highest ratio of IDPs, returnees and non-displaced persons expressing feeling unsafe. Overall, 23 per cent of returnees expressed feeling somewhat or very unsafe compared to 13 per cent of IDPs.

For returnees, priority needs include access to food, NFIs, health services and WASH. The lack of durable solutions strategy of authorities that are unable to cater for returnee populations has an impact on the capacity of affected people to access basics services. The increasing eviction threats targeting collective sites and individual families, with the eviction of IDPs from the Janzour Naval Academy in April 2021, highlights the precarious situation of vulnerable families. In some cases, families were forced to choose between returning to damaged houses and limited basic services in Tawergha, or stay in Tripoli, where they risk uncertain circumstances due to insufficient incomes to cover rent and basic needs. The post-return monitoring conducted by the Norwegian Refugee Council (NRC) found that 48 per cent of the interviewed household stated having insufficient resources to pay rent upon returning to Tawergha⁶⁵. The need to better address issues of housing, land and property disputes and provide clarity on compensation for conflict-related damages remains crucial in building sustainable reconciliation and peace processes in areas of return.

The total number of refugees and asylum seekers registered with UNHCR decreased slightly from over 46,000 to 43,000, most of whom reside in Tripoli, Misrata, Aljara, Azzawya and Benghazi. The number of migrants in need of humanitarian assistance increased by 54 per cent compared to 2020, from 102,000 to 157,000 persons. This is consistent with reports of increasing protection risks affecting migrants especially those without a regularized legal status, who don not speak Arabic and/or originate from sub-Saharan Africa. The highest number of migrants in need of protection services live in Benghazi, Misrata, Sebha and Tripoli.

The unpredictability of the context and related security issues remains an important factor affecting the presence of humanitarian actors in some areas especially in the South; however the limited presence of protection actors outside of major urban areas in the West and East and overall, in the South, is a barrier for establishing safe communication channels with affected persons to document and address protection risks. In particular, Al Kufra, Sebha, and Murzuq mantikas, serve as a transitional point with multitude of captivity camps run by smuggling and trafficking networks reported. Migrants and refugees passing through these areas trying to reach northern Libya or those returning to their home countries, remain highly exposed to risks of kidnapping, exploitation and detention.

Irregular issuance of visas for international humanitarian staff also impeded the implementation of programmes in Libya. Humanitarian organizations faced major hurdles in building the capacity and abilities of national staff and partners without being able to bring in international managers and experienced specialists in their sectors, preventing adequate transfer of knowledge, in person training, monitoring and support from international managers to local teams. Humanitarian Mine Action organizations, for example, require regular and consistent presence of international Explosive Ordnance Disposal (EOD)-qualified staff to build the capacity of local staff to safely conduct EO clearance activities, which are currently preventing many displaced Libyans from returning to their homes, rebuilding their communities, and accessing critical infrastructure. It also highly impacts the health centers and systems supported by INGOs, at a time when the COVID-19 situation continues to prevail.

Projection of needs

Challenges remain for displaced persons, with critical protection risks increasing with the number of forced evictions, and conditions of returns not meeting the most basic standards, exposing IDPs and returnees to risks of family separation, arbitrary arrest, as well as intimidation by armed groups. The need for a durable solutions approach encompassing physical, material and legal safety remain a priority for both IDPs and returnees. Strengthening community engagement and

community-based protection to support a whole-of-community approach to solutions is critical. This means conflict-sensitive engagement with IDPs, returnees, persons in mixed migration flows, and with particular attention to persons at risk of marginalization due to their gender, age, disability, political affiliation, ethnicity or their diversity factors, when setting up, monitoring and/or adapting reintegration plans at local level. Where local integration is supported, the inclusion of host communities is crucial to maintain social cohesion.

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. Hope for continuing progress on the political and peace fronts leading to strengthened governance structures will benefit Protection sector's ability to engage in conducive discussion on durable solutions for internally displaced persons. At the same time the stabilization and economic recovery and urban redevelopment might increase risk of evictions and HLP disputes. In such a scenario the protection needs will focus on ensuring voluntariness, safety and dignity of durable solutions and support to social cohesion in areas of return and reintegration or local integration and access to community-based conflict resolution mechanisms and legal aid. Lack of solutions at scale including rehabilitation of damaged public infrastructure, housing, and lack of clarity on government compensation plans leaves many displaced people in limbo. Collaboration with development, peacebuilding and governance actors will be critical for humanitarian response should the situation become more conducive for durable solutions.

At the same time, regardless of the political developments, the situation of migrants, refugees and asylum seekers is likely to remain dire, with limited prospects for changes in the legal framework ending arbitrary detention. In the first half of 2021 a drastic increase of persons in detention was observed compared to the same time last year, with repeated indication of grave human rights violations occurring in detention centres - torture, SGBV, deprivation of basic needs. At the same

time growing tensions between Libyan and non-Libyan communities have been observed leading to outbursts of violence underpinned by accusations of increasing crime rates in areas where migrants and refugees reside like the July 2021 expulsion incidents in Zwara and significant increase of hate speech in Libyan social media especially focusing on Tripoli.

Continued advocacy for alternatives to detention and for humanitarian space to respond to needs of released persons in urban areas is required with particular focus on the needs of unaccompanied or separated children. This includes advocacy for the revision of the interpretation of Article No. 2 of Law No. 19 of 2010 on Combatting Irregular Migration, criminalizing the rental of properties to migrants. There is also a critical need for strengthened engagement with authorities on countertrafficking efforts as many of the criminal networks are linked to human trafficking. Campaigns to reduce xenophobic perceptions, with initiatives aimed at peaceful coexistence and creating space for community dialogue to deescalate tensions are also of priority.

Protracted displacement and experience of conflict, human rights violations, but also COVID-19 related

isolation result in significant mental health and psychosocial support (MHPSS) needs among all affected groups regardless of their displacement situation, age or gender. At the same time adult males, while exposed to grave human rights violations including torture and rape, are least likely to seek relevant support due to gender norms and insufficient focus on prevention and response to sexual affecting IDP, migrant and refugee men and boys.

To increase targeted analysis of protection needs, the Protection Sector plans to launch the Joint Protection Monitoring exercise with periodical data collection in areas where protection partners implement a response to observe and respond to changes in the protection landscape, analyzing the occurrences and perceived threat of selected protection concerns, factors increasing exposure to those risks, impact on communities and their coping strategies. In addition, the Protection Sector, together with the SNFI sector will collect systematic information about eviction threats affecting persons, through the eviction tracker and conduct an eviction risk mapping for collective sites to inform preventative engagement.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	# of migrants and refugees in detention in official DCs	UNHCR/IOM	Monthly
02	# humanitarian access movement restrictions	OCHA Access reporting	Monthly
03	# of individual disembarked/disembarkation trends	IOM	Monthly
04	% of assessed Municipalities with COVID Movement Restrictions for migrants, IDPs or host community	DTM	Monthly
05	% of households having lost necessary civil documentation and unable to reapply	MSNA/protection monitoring	Quarterly

3.4.1

Child Protection

PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
271k	13%	72%	15%

The COVID-19 pandemic continued to negatively impact children with the scale varying based on the evolution of the situation. The reopening of schools in various parts of Libya during the first quarter of 2021 was a welcome relief for school-enrolled children following a year of school closure in 2020. However, as the COVID-19 situation evolved, schools and non-formal education facilities faced sporadic closures to ensure compliance with infection prevention measures and stricter pandemic measures. Such closures impacted children's psychological wellbeing, leading to psychological distress as well as straining families' capacities to support their children. Parents have reported changes in children's behavior to aggressiveness, sadness and feeling of exclusion, due to the stricter confinement measures and school closures. Families noted a deterioration of their quality of life, and as result, more children were obliged to support their families by engaging in work. Protection partners observed an increase in child labor and decreasing age of children engaged in income-generating activities.

The increase in eviction of displaced populations, in most cases resulting to forced return to places of origin, where basic services and infrastructure are either non-existent or damaged, raises concerns over children's wellbeing, especially for displaced families from Tawergha. By July 2021, some 480 displaced families returned to Tawergha and were confronted with the reality of no basic services in place, exposing children and families to serious risks. Returnees have no access to WASH facilities, while most families lack shelter, forcing them to live in crowded housing, further exposing children, and girls particularly to risks, such

as GBV. Only two schools are operational in Tawergha and lacking necessary equipment and learning materials. The increased evictions and returns have therefore strained families' economic wellbeing thereby heightening stress levels and increasing incidents of violence against children in the homes.

It is estimated that there are over 21,000 children with disabilities in Libya, who remain among the invisible groups of children. Most children with disabilities, especially severe disabilities (both physical and mental), remain out of school either because of stigma by families and the community (including from the school environment), or due to absence of capacity in schools/centers to handle children with special needs. Service providers have limited services targeting children living with disabilities, and there is no broad community mobilization for their identification and referral, with limited knowledge on handling children with disabilities.

The number of children in detention centers across Libya has more than doubled over the past year. A comparison of DTM's Detention Centre Profile Generator of June 2020 and that of June 2021 reveals that there were 206 children in detention centers across Libya in June 2020, while in June 2021, this number rose to 519 children. Access to detention centers for humanitarian actors has become more difficult during this year, and with limited to no presence of humanitarian actors operating at the centers, it becomes a challenge monitoring the situation of children and identifying child protection risks in the centers. The Child Protection subsector will continue to advocate for unconditional release of children from detention centers.

With the ongoing COVID-19 situation, the situation of children in Libya is likely to worsen, with more children suffering from psychological distress, increased cases of school dropout, and the more vulnerable children, including children with disabilities, not attending school or having access to technology required for online learning. Combined with an uncertain political environment, this will likely produce an effect of more children on the move, more children involved in child labor and in the black market, more cases of child marriage and early pregnancies. Other likely consequences include increased violence against children at home including GBV, and an increase in need of the child protection partners to focus on enhancing

case management efforts. Efforts are underway to finalize and operationalize the CP Case Management SOPs as a step towards harmonizing child protection responses in Libya, including further engagement with the Ministry of Social Affairs on building capacities to better address the ministry's involvement and ownership of child protection activities. Planning for 2022 includes enhanced psychosocial support services for children and families; increased collaboration with GBV AoR for better response to cases of child and adolescent survivors of GBV, including the subject of child marriage; and strengthening community-based CP mechanisms to help address the effects of the situation escalating.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	# of children receiving age, gender and disability sensitive CP services	4W	Monthly
02	# of child protection service providers operating in Libya	Sector	Bi-monthly

3.4.2 Gender-Based Violence

PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
153k	51%	38%	15%

An estimated 153,000 people are most at risk of GBV, requiring sustained prevention and response services including 47,000 displaced, 49,000 returnees, 15,000 non-displaced Libyans, 27,000 migrants and 14,000 refugees. Of the total, 77,000 are women (51 per cent) and 47,000 are girls (48 per cent). Most people facing GBV risks and in need of assistance are in Tripoli, representing 21 per cent of all those in need.

Women and girls in Libya continue to face widespread and life-threatening risks of GBV. The socio-economic and psychological pressures on households as a result the ongoing COVID-19 pandemic have increased incidents of domestic violence, especially against women and girls. Recent contextual changes and the normalization of gender discrimination limit the ability of wide population groups and, particularly girls and women, to access services and livelihood opportunities,

further deteriorating their living conditions. Female-headed households, for example, face serious financial difficulties in ensuring basic needs such as buying food, paying rent, or accessing essential services, thus increasing the risk of exploitation, particularly for migrant and refugee women. Girls face challenges in exercising their right to education, as parents in certain areas are reluctant to send girls to schools due to fears of abduction, attacks, and harassment. Moreover, most schools do not have adequate access to safe and gender-appropriate WASH facilities, leading to risks of sexual assault for girls.

In addition, insecurity and the COVID-19 pandemic negatively affected women and girls' physical, mental, sexual and reproductive health: the prolonged nature of the conflict has had a severe psychological impact on local populations, especially on women and children and the situation is worse for obstetric care and reproductive health care services that are difficult to access, especially in security-compromised areas. Evidence also suggests that women face challenges in obtaining justice when suffering GBV, due to discrimination, disbelief, and harassment when reporting GBV crimes.

As a result, women and girls are at risk of falling into coping mechanisms that severely violate their freedoms, rights, dignity, and health. Due COVID-19 border closures, disrupted trade, movement restrictions and curfews, the prices of essential food and goods have increased and their availability in the markets has reduced and,

thus, many households have seen themselves forced to adopt negative coping mechanisms to maintain food consumption, increasing girls and women exposure to sexual exploitation and abuse. Early marriages serve as a financial coping mechanism, particularly within IDP and migrant and refugee communities and are seen by families to ensure protection in times of instability.

Population groups more at risk of suffering GBV are migrants, refugees and IDP women and girls, including migrants in the South and IDPs obliged to return to their areas of origin; adolescent girls and boys; and elderly women. There is the need and a lack of resources to assess the needs of people with disabilities, especially people with mental disabilities and to ensure survivors can access GBV services. Moreover, there are no specific services or initiatives addressing GBV against boys and men. Finally, it is also urgent to address the needs of children of GBV survivors.

GBV is highly prevalent and resulting humanitarian needs are multi-sectoral. The main GBV forms in Libya are conflict-related sexual violence, intimate partner violence, harassment against women activists and leaders, denial of income and resources by partner (mainly among Libyans), psychological violence, trafficking in migrants to and through the country and sexual violence in official detention centers, clandestine prisons, in the context of forced labor and enslavement, during random stops and at checkpoints, in urban settings by gangs.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	# of facilities providing GBV-related services.	Service mapping/4W	Quarterly

3.4.3

Mine Action

PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
804k	24%	30%	15%

With the decrease in large-scale hostilities and the signing of the Ceasefire Agreement in October 2020, there was a significant reduction in the use of heavy weapons and explosive ordnance. Although a reduction of hostilities meant that new contamination from mines and explosive devices was not continuing, large amounts of contamination, including unexploded ordnance, landmines, booby-traps, Improvised Explosive Devices (IEDs), and abandoned explosive ordnance that had accumulated during the siege of Tripoli, as well as during previous conflicts, remain in place. The contamination continues to pose a threat to the lives and livelihoods to those who live in their vicinity.

Contamination from mines and explosive device affects humanitarian needs in virtually all locations where it is present in Libya. According to the 2021 MSNA, households in 19 mantikas reported contamination by mines and explosive devices in their neighborhood. The conflict affected baladiyas in Tripoli, Sirte, Al Kufra, Derna, and Al Jabal Al Gharbi ranked the highest. More than 803,000 people, including 244,000 children, are estimated to be at risk from contamination from mines and explosive devices and in need of assistance. This includes 281,000 non-displaced Libyans, 232,000 migrants, 132,000 displaced people, 115,000 returnees, and 43,000 refugees.

While mines and explosive devices incidents continue to occur throughout Libya, the rate has dropped considerably since the height of the crisis in mid-2020, as per data received from the Libyan Mine Action Centre. This development can largely be attributed to the work of Humanitarian Mine Action actors, as well as Libyan government entities who continue to map,

mark and remove mines and explosive devices in the most affected areas, such as Tripoli, Misrata, Benghazi, Sebha and Derna. In addition, extensive explosive ordnance risk education (EORE), through mass media, print material, and face-to-face sessions contributed to the adoption of risk mitigating behaviour by affected populations.

Although the threat from mines and explosive devices does not distinguish between population groups, those returning to areas that have recently experienced hostilities are particularly affected. According to the Libyan Mine Action Centre, it is estimated that at least 60% of all casualties since May 2020 were returnees. This is particularly true for southern Tripoli where mines, booby-traps, and IEDs were planted in civilian homes and infrastructure. While the rate of mines and explosive devices related incidents among returnees has dropped considerably since the height of the crisis in mid-2020, they continue to occur on a regular basis, mainly in South Tripoli and Sirte.

Migrants and refugees are particularly at risk, as they do not have access to the same formal and informal information networks and/or are often faced with language barriers when accessing vital information. This has been confirmed by the MSNA, with migrants and refugees routinely displaying lower levels of awareness about mines and explosive devices than their Libyan counterparts in the same locations. It is estimated that approximately 232,000 migrants and 43,000 refugees are at risk from mines and explosive devices. Until these hazards are systematically cleared, they will continue to pose an immediate threat to the life of anyone in their surroundings. The lack of uniform

procedures and capacity to secure and manage Libya’s ammunition stockpiles and storage sites contributes to weapons and ammunition proliferation and instability throughout the region.

Given the scope of the accumulated mines and explosive devices, there is an urgent need for qualified national Mine Action capacity and response in all areas affected by previous conflicts. However, the national ability to provide weapons and ammunition management, explosive ordnance disposal (EOD) response, EORE and

victim assistance is hampered by a lack of adequately trained and equipped personnel. The death and injury of over 70 EOD operators since the withdrawal of the LNA from Tripoli has further exacerbated an already grim situation. EOD and IED disposal training, ammunition management training, emergency medical response training, and equipment are needed to increase the capacity of national operators and enable Libyan state entities to carry out a more effective and efficient response in a safe and secure manner.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	# of explosive hazards related casualties	LibMAC	Ongoing



LIBMAC / LIBYA
Non technical survey in Sirte-

3.5 Shelter & NFIs



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
397k	23%	30%	15%

Overview and affected population

The top priority need among the internally displaced population is shelter support, while for returnees, non-food items (NFIs) was cited as among the top three priority needs. Returning displaced populations face further challenges from the loss of a protective community and their social network along with the physical deterioration of infrastructure including electricity, schools, health care and water and sewerage networks. In addition, the presence and exposure to explosive hazards in returnee areas pose further obstacles impacting their return. As the main housing solution for most population groups is renting of private accommodation, the lack of income due to COVID-19 related movement restrictions and the increased cost for basic necessities puts more people at risk of eviction, particularly low-income households, displaced people, migrants and refugees who are more likely to have verbal/informal rental agreements.

In 2022, some 397,000 people are estimated to need shelter and non-food items. This includes displaced people, returnees, non-displaced Libyans, migrants, and refugees. This is a six per cent increase in the number of people, compared to 2021, with the most significant increases among the returnee population. The most severe needs were found in Aljbara, Alkufra, Almarj, Benghazi, Misrata, Sirte, Tobruk and Tripoli.

While displacement figures are decreasing, many families are still unable to return due to explosive hazard contamination and damaged homes, with the most vulnerable lacking the necessary means to do so. It is estimated that 14 per cent of all displaced people and 19 per cent of affected returnees require shelter support.

For displaced households, Benghazi has the highest number of people in need for NFI, Shelter, and combined Shelter and NFI support. In 2021, 22 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. Some three per cent of affected non-displaced Libyans are estimated to need support for shelter and non-food items, with the majority in Benghazi.

About 20 per cent of all migrants and all refugees need shelter assistance or support with non-food items, with the highest number in Misrata and Tripoli. 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 are disproportionately affected by movement restrictions further impacting their access to markets and livelihoods.

Analysis of humanitarian needs

Although there is slight increase in the overall people in need of shelter support and NFI assistance (6 per cent), a marked increase was noted for IDPs and migrants. Of the total remaining IDPs, 22,680 people living in sub-standard inadequate housing require technical and financial support to improve their housing conditions. In addition, some 20,000 people are considered most vulnerable as they remain living in informal sites without access to adequate services and houses. In addition, improving security conditions have permitted more

displaced people to return to their area of origins, creating new needs over the past 12 months. Once home, some 88 per cent live in their original homes, which increases demands for materials and services for housing repair and replacement of essential household items. Lack of assistance in the form of compensation from the Government, and the deteriorated infrastructure pose several challenges for returnees, as the former housing benefit has yet to be reinstated.

Majority of migrants and refugees continue to face barriers to legally enter the rental market, which creates uncertainty and increased risk of eviction as the rental transactions remain either undocumented or without a proper lease agreement. The high reliance on insecure sources of income, such as daily or temporary work in the informal sector coupled with the impact of the COVID-19 pandemic, negatively affects livelihoods, and the inability to pay rent. As such, the inability to pay rent remains the most reported cause of actual or feared eviction and negatively influences migrants' ability to access adequate housing.

The areas with highest need for housing rehabilitation are the baladiyas of Benghazi, Ejdabia, Sirte, Sebha, Aljara and Tripoli. The areas of highest need for NFI support are the baladiyas of Benghazi, Sirte, Murzuq, Ejdabia and Misrata. For displaced people, housing was the top priority in Tripoli, Benghazi, and Misrata.

Projection of needs

Any significant change to the overall needs is dependent on the ongoing political situation and process. A deterioration in the situation leading to increased political instability could result in increased displacement, forcing many to flee their homes, increasing pressure on informal settlements, with new settlements emerging. Rental costs will rise as demand increases and for the most vulnerable, housing conditions will deteriorate as they are forced to look for new lower-cost alternatives. The cost of essential household items will increase due to a currency devaluation and the slow-down of imported goods. The number of people held in over-crowded and structurally instable detention centers will lead to more essential NFI needs. For refugees and migrants, the lack of a legal framework and shrinkage in the labor market due to COVID-19 will see housing conditions deteriorate for the most vulnerable and at risk.

People in need of rental support will continue, but could likely increase in 2022 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, migrants and refugees that are more often employed in temporary or daily labor would be disproportionately affected.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	% IDPs Households living without essential individual items, house items, etc.	DTM	Bi-monthly
02	% of IDPs currently living in unsustainable shelter situations	DTM	Bi-monthly
03	% Migrants Households living without essential individual items, house items, etc.	DTM	Bi-monthly
04	# of migrants currently living in unsustainable shelter situations	DTM	Bi-monthly

3.6

Water, Sanitation & Hygiene



PEOPLE IN NEED	WOMAN	CHILDREN	WITH DISABILITY
381k	18%	45%	15%

Overview and affected population

A lack of repair and maintenance, continued attacks and forced shutdowns of water facilities added extra strain on the already aging water networks and a further deterioration of water infrastructure and availability of services. In 2021, this has been compounded by frequent electricity cuts, particularly in 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, with 10 of 24 wastewater treatment plants in use. In addition, some 40 per cent of garbage and solid waste is left on the street or buried, further increasing the risk of disease. The deteriorating economic situation in the country, and the increase in the prices of essential hygiene items, intensified by the COVID-19 pandemic, means many people cannot afford to follow hygiene practices to safeguard their wellbeing.

In 2022, nearly 380,613 people are estimated to need access to safe water, hygiene, and sanitation services. This includes 119,923 displaced people, 14,479 returnees, 117,861 non-displaced Libyans, 110,379 migrants and 17,971 refugees. This represent a 15 per cent decrease, compared to 2021, with the most significant decreases among migrants, returnees, and non-displaced Libyans.

The most severe WASH needs are in Tripoli, Azzawya, Benghazi, Ejdabia, Misrata, Sebha, Sirte. While all segments of the population have been affected, displaced people, refugees and migrants, particularly those in detention centers, have some of the most

severe needs considering the often-overcrowded living conditions and a lack of access to water and sanitation services.

More than 35 per cent of all displaced people, and 7.5 per cent of affected returnees, require WASH assistance. For displaced people, those most in need are in Benghazi, while for returnees, the most needs are in Sirte. Locations in western Libya were particularly hard hit by disruptions to water supplies, and 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 not readily available. Some ten per cent of affected non-displaced Libyans are estimated in need of WASH assistance, with the majority in Benghazi, Tripoli and Sirte. Urban areas were also affected by disruptions to water supplies and sanitation services and have higher percentages of people relying on bottled water as the primary means of accessing safe water.

Migrants and refugees represent, respectively 25.5 per cent and 3 per cent, of the people in need of WASH assistance, with the highest number based in Tripoli. Migrants and refugees faced more critical needs due to their precarious living conditions as compared to Libyans, while migrants and refugees 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

Humanitarian needs and the COVID-19 pandemic highlight the increasing need for safe drinking water

and adequate sanitation, and will continue to affect all segments of communities, particularly the most vulnerable (children, women, the elderly and people with chronic diseases). Access to water, hygiene, and sanitation services, particularly in detention centers, collective shelters, schools, and health facilities, as well as disinfection and cleaning are urgently needed for infection prevention and the spread of COVID-19, in particular for other diseases and illnesses. This should go together with increased awareness raising and communication of key hygiene messages to ensure safe hygiene behaviors. For refugee and migrant communities, 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 centers 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

The current situation of the WASH sector is a result of the years of conflict combined with the further

deterioration of water facilities and desalination plans. Along with the COVID-19 pandemic, which continues to spread across the country, it is likely that needs would continue to increase in 2022.

The absence of an endorsed national level COVID-19 response plan and poor coordination between national and local authorities are impacting efforts to combat the pandemic, including the need to ensure people can maintain basic levels of hygiene. Without significant investment in repairing and expanding WASH infrastructure, access to these services is unlikely to improve and may reduce with systems deteriorating further 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, remained significantly above pre-COVID-19 levels. This is likely to be the case as COVID-19 continues to impact the economy in Libya. 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, thus increasing their need for assistance.

Monitoring

#	INDICATORS	SOURCE	FREQUENCY
01	% of municipalities with access to safe water	DTM	Monthly

Part 4

Annexes

UNICEF/LIBYA



4.1

Data Sources

The 2021 HNO analysis is informed by multi-sector needs datasets, in particular the 2021 MSNA and IOM's DTM displacement, returns and migration tracking, and includes sector-specific or ad-hoc assessments. In 2021, a total of 82 assessments, including six multi-sectoral assessments, were reported by four humanitarian organizations, which represents a decrease in comparison to 2020, where 117 assessments (including 101 at the multi-sectoral level) conducted by six partners were performed.

The 2021 assessments varied between rapid assessments, including multi-sectoral assessments triggered by a specific event as well as regular data collection on population and migration movement tracking, mainly on IDPs and migrants. These assessments were registered by FAO, IOM, REACH, UNHCR, WFP, and WHO.

The highest coverage of the registered assessments conducted/planned in top six mantikas are: Tripoli, Benghazi, Alkufra, Misrata, Sebha and Wadi Ashshati; followed by: Al Jabal Al Gharbi, Ejdabia, Ubari, Nalut, Al Jabal Al Akhdar, Aljufra, Almargeb, Almraraj, Aljufara, Derna, Murzuq, Sirte, Tobruk, Zwara, Azzawya and Ghat.

For the planned sector-specific assessments, the lack of funding and the ongoing restrictions due to the COVID-19 pandemic were cited as the main constraints sectors faced in conducting assessments.

The MSNA in Libya continued to be the major data source for the humanitarian community, adopting two parallel data collection exercises, differentiated by population groups of interest. The first focused on Libyans (displaced, returnees and non-displaced), conducted in 45 baladiyas; while a separate methodology was used to assess the situation of migrants and refugees, to reflect and analyze the inherently different experience and needs of this population group. As migrants and

refugees are not dispersed evenly throughout the country but rather clustered in certain locations, typically in urban areas, eleven mantikas were selected in line with pre-defined criteria in relation to the concentrations of the migrant and refugee population, as well as based on the severity of needs, as identified in the 2021 HNO.

The 2021 MSNA household surveys were conducted entirely over the phone, due to the operational environment considering COVID-19 related restrictions. Sampling relied on a mixture of referrals and contact lists from Civil Society Organizations (CSOs), municipalities, and INGOs. Referrals were used to the fullest extent possible, with contact lists meant to fill any gaps left by referrals in order to reach strata quotas. In addition to this purposive sampling, Random Digit Dialing (RDD) was piloted during the 2021 MSNA. This method was used to diversify phone numbers and reduce some of the bias associated with relying exclusively on partners. All respondents were provided with the Common Feedback Mechanism (CFM) phone number managed by the Emergency Telecommunication sector (ETS). A monitoring and evaluation (M&E) survey was conducted during quantitative data collection, via random calls to selected interviewee households that had consented to be contacted again.

In addition to the MSNA, the DTM was an important source of data to inform analysis. DTM's flow monitoring and mobility tracking, conducted every two months, collects and analyzes data on populations on the move, including key indicators aimed at understanding the situation of displaced households, returning IDPs, and migrants. While flow monitoring data is gathered via direct observations at 43 monitoring points along key migration routes, and via individual face to face interviews with migrants, mobility tracking is carried out at municipality and community levels through key informant interviews covering the entire country. Supplementary reports, either covering locations seeing

a significant deterioration or increase in humanitarian needs generated via various DTM assessments or research studies, or for a particular population group (such as transit migration across the Central Mediterranean Route) provided further datasets for analysis.

In the most recent round (Round 37), covering May-June 2021, and which was the dataset informing the HNO analysis and PIN calculation undertook 1,912 key informant interviews (KIIs) were conducted. 288 KIIs were carried out at the municipality level and 1,624 at the community level. 31 per cent of KIIs were with representatives from various divisions within the municipality offices (Social Affairs, Muhalla Affairs, etc.); 17 per cent were local crisis committee representatives; 12 per cent were from key civil society organizations; and 12 per cent were representatives from health facilities. Four per cent of the KIIs were with female key informants, whereas 96 per cent were male key informants.

The DTM also undertakes flow monitoring and migrant surveys, conducting interviews with migrants on a rolling basis. These individual interviews include questions on migrant dynamics vis-à-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.

DTM's triangulation of information is done at different administrative levels through a variety of 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 monthly data and analysis on the prices and availability of basic food and non-food items sold in key locations across Libya. REACH also conducted additional ad-hoc and area-based assessments to include detailed information on access to services in Sebha, Abu Salim and Ubari.

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 at the end of 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 their experiences. Web-based and face-to-face surveys were used by WFP and IOM in a joint publication to explore the food security situation of migrants and host communities in Libya.

4.2

Methodology

For 2021, Libya continued with the JIAF framework 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 2020: internally displaced people, returnees, non-displaced Libyans, migrants and refugees. Geographically, the analysis covers all baladiyas (municipalities) in the country.

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 baladiya level through household or key informant interviews. As such, 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.

First, the scope of the analysis (including population groups, geographic scope, humanitarian conditions, 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.

In parallel, 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 (baladiya).

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

For 2021, the JIAF framework aggregation methodology was adapted for the Libya context to enable better estimates on the most affected and in need people by population group. For baseline population calculations, 100 per cent of displaced persons, migrant and refugee populations were included. For the returnee population, an additional set of indicators were applied to identify those most affected: related to the threat/presence of explosive hazards; the security and economic situation; health access issues; and locations where returning populations have had a negative impact on the host community. For non-displaced, additional criteria was applied to determine those most affected by prioritizing locations where there is a threat/presence of explosive hazards and locations reporting significant challenges in accessing operational health facilities. For the PiN calculation the JIAF framework applied to all population groups 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 2021, the severity of needs was established at the baladiya level and the JIAF framework was used.

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 failure of living standards and basic services, an increased reliance on the use of 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 baladiya 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.

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

In addition to the PiN estimation for 2021, a projected PiN was determined using the 25 per cent rule of the JIAF framework, assuming that in case of deterioration of the humanitarian situation, at least 25 per cent of the affected populations will be in need.

Inter-sectoral framework

				MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
CLUSTER	HUMANITARIAN CONDITION	INDICATOR	THRESHOLDS, VALUES					
01	CMWG	Living Standards	% of HH with income less than expenditure and less than MEB at Mantika level	No stress, crisis or emergency coping observed	Stress strategies are the most severe strategies used by the household in the past 30 days	Crisis strategies are the most severe strategies used by the household in the past 30 days	Emergency strategies are the most severe strategies used by the household in the past 30 days	Near exhaustion of coping capacity
02	CMWG	Living Standards	% of HHs who report an improvement in their ability to meet their basic needs as a result of the cash assistance	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
03	EDU	Living Standards	% of schools used as shelter for IDPs	0-5%	6-15%	16-30%	31-60%	Over 60%
04	EDU	Living Standards	% of HH that reported facing issues to send their children to school	0-3%	4-10%	11-20%	21-50%	Over 50%
05	EDU	Physical and Mental Wellbeing	% children not attending school	0-3%	4-10%	11-50%	51-75%	More than 75 % of HH
06	Food	Coping mechanisms	Food Security Index (CARI)	No stress, crisis or emergency coping observed	Stress strategies	Crisis strategies	Emergency strategies	Near exhaustion of coping capacity
07	Food	Living Standards	% Households abandoning agricultural activities in the past 12 months	<10%	10-25%	25-45%	>45%	
08	Health	Physical and Mental Wellbeing	Incidence rate for selected disease relevant to the local context (acute diarrhea)	less than 5%	5%-10%	10%-15%	15%-20%	Above 20%
09	P-CP	Living Standards	% of girls / boys without access to core CP services	0%	0-5%	6-10%	10-13%	>13%

				MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
CLUSTER	HUMANITARIAN CONDITION	INDICATOR	THRESHOLDS, VALUES					
10	P-GBV	Living Standards	% of girls and women without access to GBV-related services.	0-5%	Up to 4 services available	Up to 2-3 services available	0 to 1 service available	Over 60%
11	P-General	Living Standards	% of households having lost necessary civil documentation and unable to reapply	0% - 5%	6% - 10%	11% - 20%	>20%	
12	P-General	Living Standards	% of HHs that have experienced movement restrictions in their neighbourhood	0% - 30%	31% - 41%	42% - 50%	>50%	
13	P-General	Living Standards	% of HH who reported barriers to accessing aid	0-5%	6-15%	16-30%	31-60%	>60%
14	P-MA	Physical and Mental Wellbeing	% of HH reporting presence of explosive hazards in the neighborhood in the last 6 months	0%	> 0% - <2%	> 2% - <8%	>=8%	
15	S/NFI	Living Standards	% of HH living without essential individual items, house items and winter/summer adequate clothes or heating/cooling items	<65%	65-80%	81-95%	>95%	N/A
16	S/NFI	Living Standards	% of HHs/population living in damaged/ destroyed shelter	<20%	20-40%	41-75%	>75%	N/A
17	WASH	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)	less than 10%	10 - 40 %	40-60 %	60 - 80%	>= 80%
18	WASH	Living Standards	% of HHs without access to functional and accessible	less than 10%	10 - 40 %	40-60 %	60 - 80%	>= 80%

4.3

Information gaps and limitations

As in previous years, the primary sources of data for the Libya HNO are the MSNA and the DTM, providing the majority of data for the indicators used in the inter-sectoral severity framework and significantly informed the sector-specific analysis.

The restrictions related to the COVID-19 pandemic as well as insecurity and limited presence in certain parts of the country, coupled with limited funding for assessments, presented challenges in data collection, planning and monitoring response operations. For most assessments undertaken in 2021, data was collected remotely via telephone and other online platforms through key informant networks established by humanitarian partners. As such, the 2021 MSNA covered 45 out of 101 baladiyas, impacting on the analysis and the overall population calculations (affected and people in need).

For the MSNA, data was collected via non-representative sampling methods with no statistical comparison made between prior MSNAs and the 2021 results. Broad trends were used throughout the analysis without statistical longitudinal analysis. Equally, the Libyan and non-Libyan (migrants and refugees) MSNA adopted different sampling approaches. As such, statistical comparison between the two assessments was not possible. Due to sampling approaches, the Libyan MSNA results are likely to overrepresent more vulnerable groups in the sample compared to 2020, 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.

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.

In line with the humanitarian-development nexus, assessment and analysis of socioeconomic and livelihoods patterns will be critical going into 2022, to better inform strategic humanitarian and development interventions, as partners transition from emergency response, towards development and early recovery.

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 increase the ability to provide in-depth analysis to better inform sector planning and response. The 2021 Peer-To-Peer mission report, two action points under the “Data and evidence” pillar were recommended:

- Increase work through national and local partners to access accurate and actionable data on needs on the ground.
- Ensure decision making is based on the best information available and with a commitment to using improved and timely data, sharing data openly, and applying a mutually agreed analytical framework going forward.

There is tangible progress in these recommendations, but more work needs to be done around increasing sectoral and agencies assessments. A key component remains 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

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

4.5

End notes

- 1 OHCHR, Report of the Independent Fact-Finding Mission on Libya (A/HR/48/83), 1 October 2021
- 2 World Bank, Libya Country Profile
- 3 REACH Joint Market Monitoring Initiative (JMMI) July 2021
- 4 WHO Update #31 Reporting period: 1-30 September 2021
- 5 IOM DTM Round 37
- 6 Locations include: South: Bint Bayya, Wadi Etba, Algatroun, Alshrguiya and Ghat; East: Toukra, Sulong, Gemienis, Tazirbu, Marada. REACH MSNA 2021
- 7 REACH, MSNA 2021
- 8 REACH & Cash Working Group, "Libya Joint Market Monitoring Initiative (JMMI)," 1-11 July 2021
- 9 REACH, "Libya's Currency Crisis: Analysis on Devaluation and Liquidity Shortages," 2021
- 10 REACH, MSNA 2021
- 11 IOM/WFP Hunger and COVID-19 in Libya: A Joint Approach Examining Food Security Situation of Migrants, July 2021
- 12 WFP Inter-Agency CFM Report, January to July 2021
- 13 UNICEF, "Assessment of Libyan National Water Systems," 2019
- 14 IOM/WFP Hunger and COVID-19 in Libya, July 2021
- 15 IOM Maritime Report, September 2021
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- 17 Severity scale: 1: minimal; 2: stress; 3: severe; 4: extreme; 5: catastrophic
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- 24 IOM and WFP, Hunger and COVID-19 in Libya, July 2021
- 25 IOM/DTM Round 36
- 26 Norwegian Refugee Council Post-Eviction Monitoring Report, August 2021
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- 31 REACH, MSNA Libyan, 2021
- 32 REACH, MSNA Libyan, 2021
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- 34 IOM DTM Libya

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- 44 REACH MSNA Libyan 2021
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- 46 IOM Libya Weekly Maritime Update, September 2021
- 47 IOM DTM Round 37
- 48 REACH MSNA 2021
- 49 IOM DTM Round 37
- 50 IOM WFP Hunger and COVID-19 in Libya, July 2021
- 51 IOM DTM
- 52 REACH MSNA 2021
- 53 WHO/UNICEF Knowledge, Attitudes and Practices Survey on COVID-19 and its Vaccines, Round 1, June/July 2021
- 54 WFP Inter-Agency CFM Libya Monthly Progress Report, September 2021
- 55 WFP Inter-Agency CFM Satisfaction Survey, August 2021
- 56 REACH, MSNA 2021
- 57 IOM/DTM Round 36
- 58 IOM and WFP, Hunger and COVID-19 in Libya, July 2021
- 59 IOM/DTM Round 36
- 60 INOFRM Index for Risk Management
- 61 World Bank Libya Economic Monitor, Spring 2021
- 62 IOM DTM Round 37
- 63 REACH MSNA 2021
- 64 IOM DTM Round 37
- 65 NRC Post Eviction Monitoring Report, August 2021

**HUMANITARIAN
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