



2015 LIBYA

HUMANITARIAN  
NEEDS OVERVIEW

SEPTEMBER 2015



This document was produced by the Humanitarian Country Team for Libya in collaboration with humanitarian partners. The Humanitarian Country Team for Libya thanks all partners, notably the European Commission for Humanitarian Aid and Civil Protection, for their support in the development of the Humanitarian Needs Overview for Libya.

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Cover photo credit: Aeman BENSOUUD  
Cover photo: Sabri area Benghazi

Second page photo credit: Adam Styp-Rekowski  
Second page photo: Ruins in Bab Al Aziziya in Tripoli

September 2015

-  <http://img.static.reliefweb.int/country/lby>
-  <http://www.unocha.org/romena/about-us/about-ocha-regional/libya>
-  <https://twitter.com/ocharomena?lang=en>

PART ONE

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# SUMMARY

# PRIORITY HUMANITARIAN NEEDS

Armed conflict and political instability has impacted over 3 million people across Libya. An estimated 2.44 million people are in need of protection and some form of humanitarian assistance. This includes internally displaced persons (IDPs), the non-displaced conflict-affected population, refugees, asylum-seekers and migrants. The crisis is predominantly urban centered with most of the fighting taking place in major cities such as Benghazi, Tripoli, Misrata, Sirte, Sabha and Derna.

Health and protection needs of the affected population stand out in terms of scope, scale and severity. This is the result of major shortages of essential medicines and a debilitated primary healthcare system, which have led to an increase in serious illnesses and disease. The conflict has restricted access to basic services, led to forced displacement and impacted people's safety and security.

The displaced are the most vulnerable due to limited coping capacity and loss of assets, particularly displaced women, children, the elderly and those with low economic means. Refugees, asylum-seekers and migrants are also considered some of the most vulnerable, due to their exposed risk to discrimination and exploitation based on their status. The most severe needs in terms of geographic areas are those of affected people in the east and south of the country.

The Libya Humanitarian Needs Overview (HNO) is based on a number of needs assessments conducted in 2015, including the UN inter-agency Multi-Sector Needs Assessment (MSNA), sector needs and gap analysis based on information from on-going humanitarian operations in Libya and available secondary sources. In areas where conflict and insecurity impeded access to affected people, there are some significant gaps in information in terms of the scale and scope of humanitarian needs. There are also information gaps for some of the sectors, especially where national information collection and reporting systems are weak, such as for protection. Despite these challenges, the HNO broadly summarizes the priority humanitarian needs of all those affected across Libya.

## Protection of civilians, including for refugees, asylum-seekers and migrants

Widespread violations of international humanitarian and human rights law are being perpetrated by all parties to the conflict including incidences of gender-based violence (GBV) and violations of child rights. An estimated 2.44 million people, are in need of some form of protection from violence, rights violations, explosive remnants of war, forced recruitment and other forms of abuse.

An estimated 250,000 refugees, asylum-seekers and migrants in Libya are facing significant protection concerns, with their status making them particularly vulnerable to abuse, marginalization and exploitation. This includes limited access to services, with these groups frequently denied healthcare, education and legal support. A large number of migrants are being detained in appalling conditions, often held in overcrowded cells with little or no access to aid. Given the protection environment for these groups, many have embarked on the perilous journey across the Mediterranean Sea to reach Europe, with over 2,748<sup>1</sup> people having lost their lives so far this year trying to make the crossing.

## Large-scale needs as a result of displacement

An estimated 435,000 people have fled their homes in search of safety and security due to armed conflict and escalating violence since mid-2014. Most of the displaced are living in urban centers within host communities, with just over 100,000 living in collective centers in the open or in makeshift buildings such as schools and empty warehouses. The displaced are particularly vulnerable due to limited coping capacities and loss of assets, particularly displaced women, children, the elderly and those who are impoverished. 175,000 IDPs are food insecure. The largest number of displaced are located in Benghazi, Al Jabal Al Ghabi, Al Zawiya, Tripoli and Misrata.

<sup>1</sup> International Organization for Migration (IOM), September 2015. Missing Migrants Project (As of 10 September 2015). Available from <http://missingmigrants.iom.int/latest-global-figures>

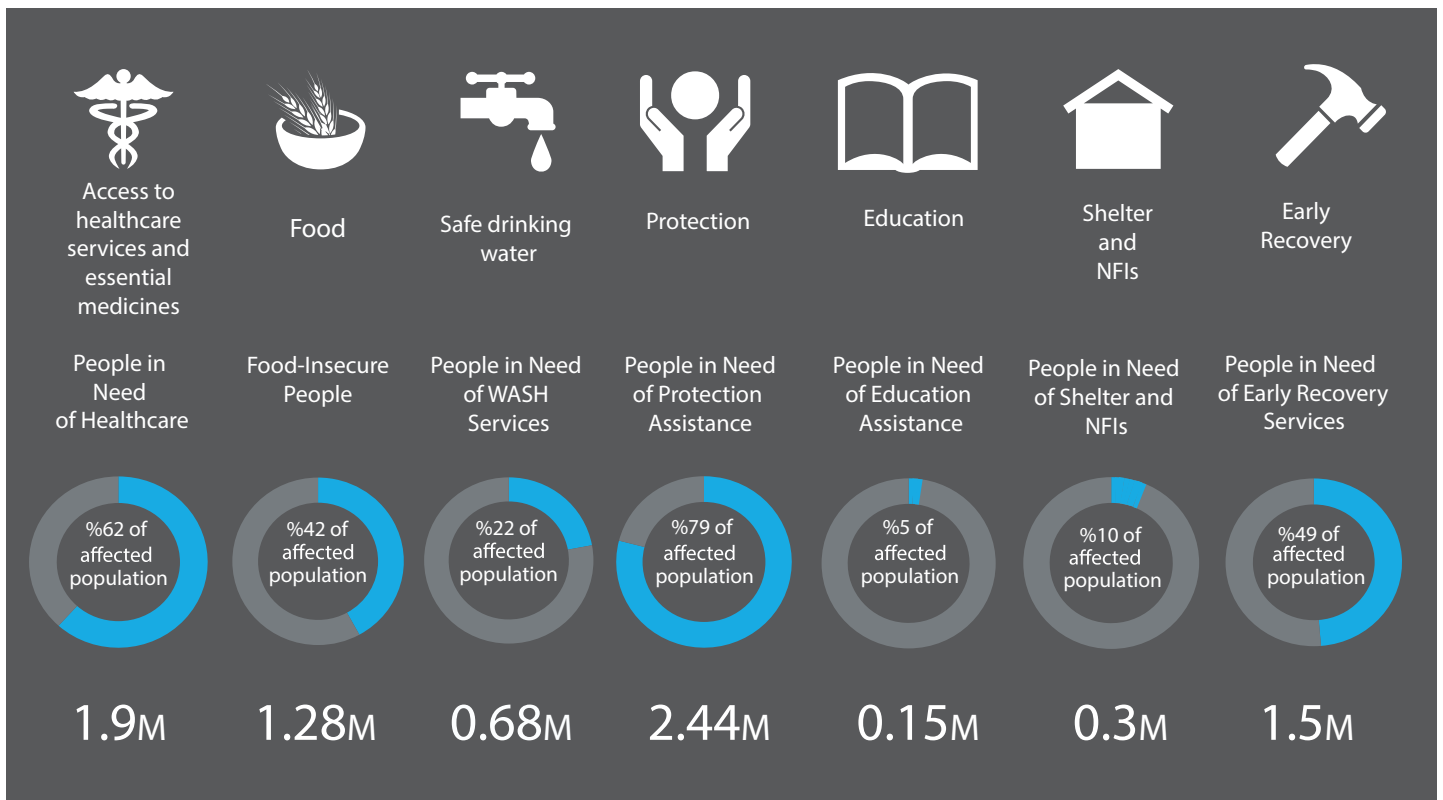
## Access to essential goods and services, particularly healthcare

The conflict has restricted access to basic goods and services, including health, food, water and sanitation and education. The healthcare system has deteriorated to the point of collapse, leading to an increase in serious illness and disease. The already fragile health system has been coming under increasing strain, with hospitals struggling to cope with the number of patients and dwindling resources, including a shortage of staff and essential medicines and supplies. Most foreign healthcare workers have fled the country and despite the increase in needs, there has been an overall decreasing level of investment in the health sector. As a result, an estimated 1.9 million people in Libya require humanitarian aid to meet their basic healthcare needs, with particular concern in Benghazi, Tripoli, Derna, Sirte, Al Jifarah, Al Kufra, Wadi Al Hayat and Ghat.

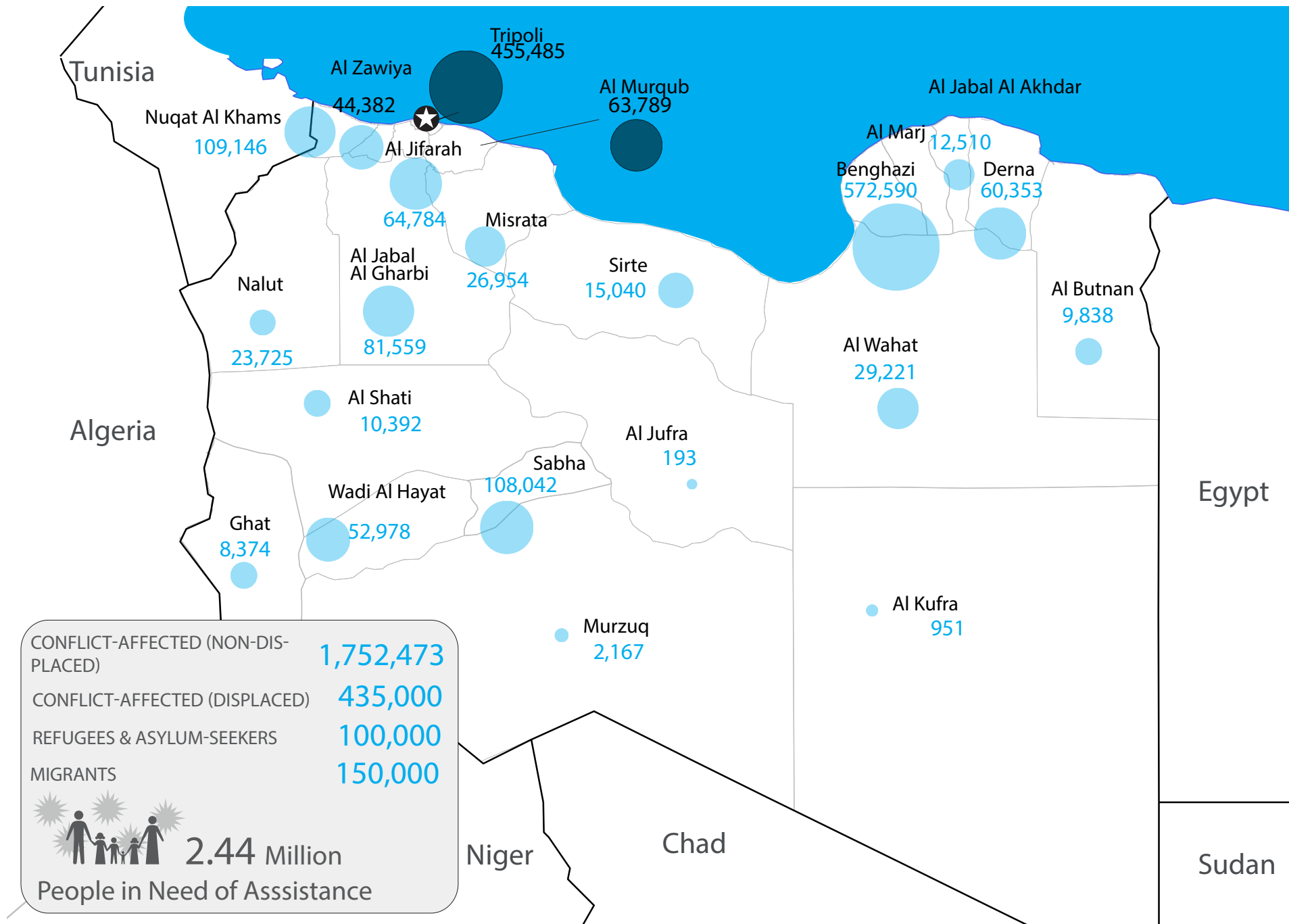
### TOTAL NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



### NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE BY SECTOR



# Number of Conflict-Affected (Non-Displaced ) People in Need of Humanitarian Assistance

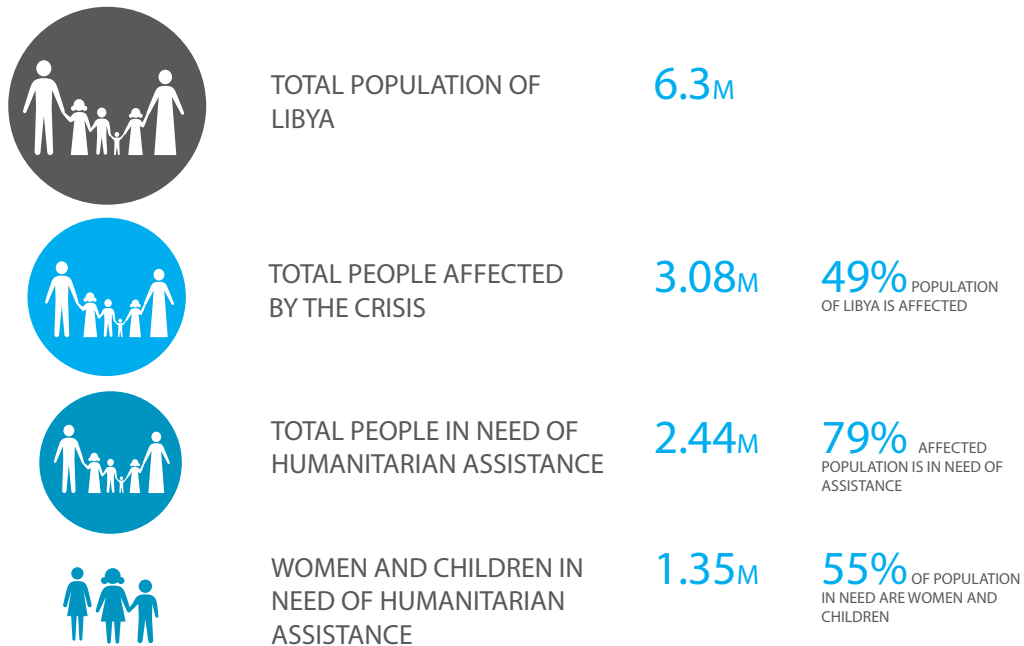


# AFFECTED POPULATION

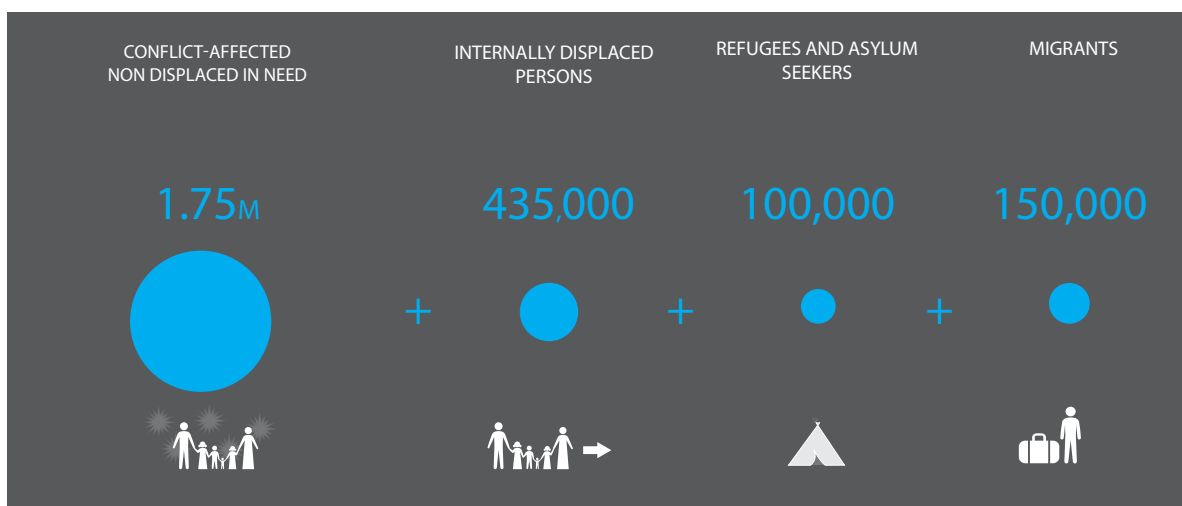
The United Nations and humanitarian partners estimate that 3.08 million people, almost half the population, have been affected by the armed conflict in Libya. The lives and livelihoods of millions of Libyans have been impacted across the country, in addition to those of refugees, asylum-seekers and migrants. There has been widespread disruption in the provision of and access to basic goods and services, especially healthcare, food, shelter, water and sanitation and education, with 79 per cent of the total affected population facing protection threats.

An estimated 435,000 people have been forcibly displaced from their homes and another 1.75 million non-displaced Libyans, most residing in urban centers, have been affected by the crisis. There are an estimated 150,000 vulnerable migrants and approximately 100,000 vulnerable refugees and asylum-seekers in Libya.

From the total number of people that have been affected by the conflict, 2.44 million are in need of humanitarian assistance and protection, 55 per cent of which are women and children. Those categorized as in need of humanitarian assistance include non-displaced affected populations, IDPs, refugees, asylum-seekers and migrants.



## BREAKDOWN OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



# IMPACT OF THE CRISIS

## A deteriorating protection environment

In July 2014, Libya witnessed the most serious outbreak of armed conflict since 2011, involving rival militias and the Libyan national army, and has aggravated tribal tensions and fueled the growing influence of extremist groups. The conflict has continued to escalate, with fighting in Tripoli, Benghazi and elsewhere characterized by serious violations of human rights and international humanitarian law. A lack of governance and rule of law has led to widespread insecurity and criminality, with an increase in the incidences of abductions, targeted killings, robberies, trafficking, and endemic violence.

A high proportion of civilians, including women and children, have been killed and injured as the fighting has been concentrated in densely populated urban areas. Over 20,000 civilians have been injured as a result of the conflict between July 2014 and May 2015<sup>2</sup>, with the actual number likely to be higher due to under-reporting and given recent fighting in Benghazi, Sirte, Derna, Sabha and Al Kufra.

Girls and women are particularly vulnerable to sexual violence<sup>3</sup>, which is often committed by traffickers, smugglers and organized criminal groups. Migrants, asylum-seekers and female IDPs are the most affected by incidents of sexual violence, with many reporting to feel unsafe to travel or leave their homes unescorted.

Children have also been negatively impacted by the ongoing conflict. They comprise 40 per cent of those estimated to be in need of some form of humanitarian assistance, including IDPs, refugees, asylum-seekers and migrants. Children have been the direct victims of increasing human trafficking, forced recruitment, abduction and torture by armed groups and of collateral damage from airstrikes and other attacks at key gathering places<sup>4</sup>. Alarming, the Libya MSNA found that over 67 per cent of key informants in western Libya, 50 per cent in the east and 90 per cent in the south reported that children from within their community are being recruited by armed groups. The psycho-social impact that the conflict has had on children has been devastating and aggravated by the death of relatives or friends, and by their experience of forced displacement. In Tripoli and Benghazi alone, approximately 270,000 children

are in need of psycho-social support.

The breakdown of law and order in Libya has severely impacted the work of civil society. Across the country, human rights defenders and other members of civil society, including women activists, have been subjected to killings, unlawful deprivation of liberty, abductions, torture and ill-treatment, physical and verbal assaults, death threats and other forms of intimidation. These are often committed by armed groups and unknown perpetrators, and in some instances has led to the displacement of the victims and their families.

## Ongoing large-scale displacement

There are an estimated 435,000 IDPs in Libya, the vast majority of which have been displaced since the escalation of conflict since mid-2014. The level of displacement has almost increased seven fold since April 2014, with displacement patterns revealing both cross-regional displacement, that is populations fleeing from one side of the country to another, as well as localized displacement, with populations fleeing within their own provinces, particularly in the northwest.

An estimated 269,000 IDPs are located in the country's western region, which includes 120,000 IDPs who fled fighting in the Warshefana suburb southwest of Tripoli in August 2014 and Tobruk, Ajdabiya and Al Bayda<sup>5</sup>. Internal displacement in Tripoli and surroundings are both local and cross-regional, whilst displacement patterns from Al Zawiya are more localized. In Misrata, the majority of IDPs originate from Benghazi and Zintan hosts IDP populations from various areas of origin including Tajoura and Benghazi. Gharyan hosts populations from Wershafana including those originally from Gharyan, Kikla and Gualish. As a result of these displacements, a number of areas are mostly abandoned including Wershafana, Kikla, Al Awiniya and Gualish.

In the east, Tobruk and Al Bayda host IDPs mostly from Tripoli and Benghazi, with a limited number originating from Zintan and Derna. Benghazi itself hosts over 117,275

2 Estimates based on data from the main hospitals receiving wounded persons in Benghazi and Tripoli

3 United Nations, Security Council (2015). Conflict-related sexual violence. 23 March 2015. S/2015/203

4 Global Horizontal Notes produced by UNSMIL from December 2014 to March 2015

5 Internal Displacement Monitoring Centre (IDMC), 2015. Libya: internal displacement as of March 2015. Available from <http://www.internal-displacement.org/middle-east-and-north-africa/libya/2015/libya-internal-displacement-as-of-march-2015>



IDPs from different areas of origin within the city and surrounding areas.

In the south, IDPs in Sabha, Ghat, Qatrun, and Wadi al Thoum are from Awbari or Tawerghan, with a small number of IDPs originating from Tripoli, Sirte and Benghazi. Displacement is fluid with populations relocating a number of times due to on-going fighting and limited possibilities of return. In some places, such as Sabha and Tawergha, displacement has become protracted with limited prospects for safe return<sup>6</sup>.

According to the findings of the MSNA conducted in May 2015, over 40 per cent of IDPs, 30 per cent of migrants, and 66 per cent of refugees have been displaced multiple times due to the conflict. The vast majority of IDPs have been displaced for over six months.

Around a third of IDP households had to flee quickly without being able to take cash, clothing or food, and have few resources to meet their needs. Over 86 per cent of families interviewed in the Libya MSNA reported to have lost some form of legal documentation as a result of the conflict, which limits their ability to access assistance from government and local authorities including education, health and banking services. In addition, many of the displaced have limited freedom of movement beyond their community boundaries, which impact's their access to safety, security and basic services.

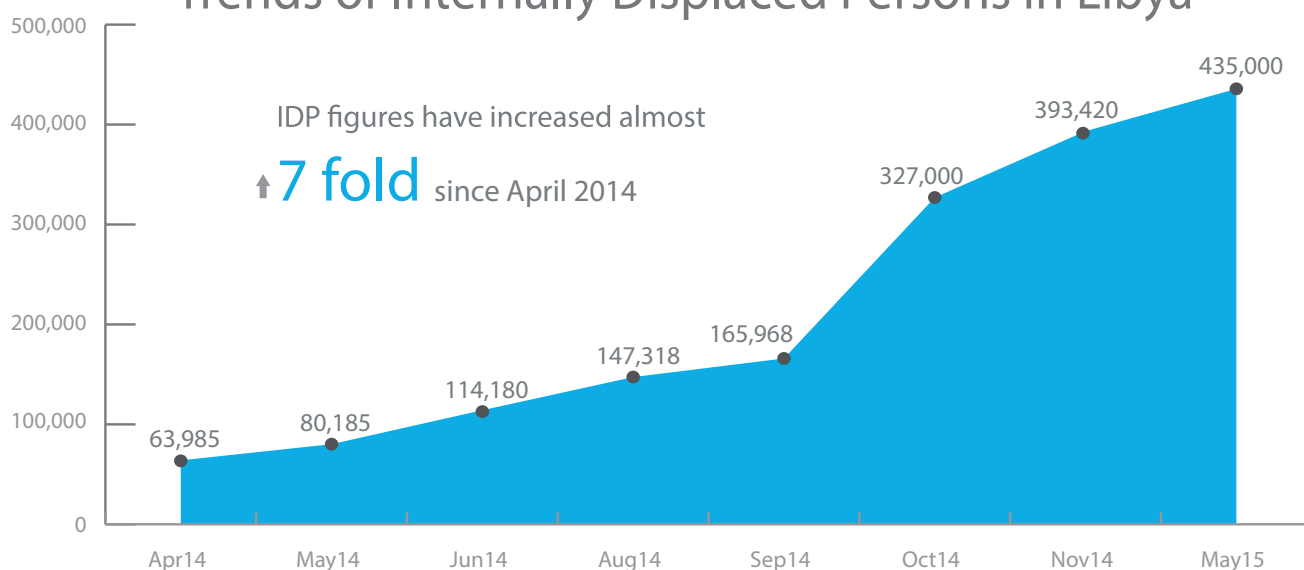
The Libya MSNA highlighted significant protection concerns

for the displaced, with many impacted by the increase in violence and criminality, and their displacement increasing their overall vulnerability. Many reported fearing for their personal safety and security, highlighting cases of increased physical aggression, extortion, abduction and illegal detention with limited enforcement of the rule of law by authorities.

Among the displaced population, those living in collective centers in the open and in makeshift buildings such as schools and empty warehouses (particularly in Benghazi) are the most vulnerable and in need of humanitarian assistance. These comprise over 20 per cent of the total displaced population, with the number likely to rise as many of the displaced can no longer afford to rent accommodation and the coping capacity of host communities reduces. The Libya MSNA found that 27 per cent of IDPs surveyed face a risk of eviction.

Given the highly volatile and unpredictable security situation the widespread damage of homes in conflict areas, there is no immediate prospect of safe, voluntary and sustainable return for many IDPs. Furthermore, Explosive Remnants of War (ERW) contamination is extensive with a high risk of injury or death from ERW or from abandoned or unattended Small Arms and Light Weapons (SALW), particularly among children and IDPs seeking to return to their homes. The Libya MSNA found that 52 per cent of key informants surveyed reported the presence of landmines/unexploded ordnance (UXO) in their community.

## Trends of Internally Displaced Persons in Libya



Source: Estimates by Protection working group

## A collapsing health system

The health system has come under severe strain due to the armed conflict and widespread violence. An estimated 18 per cent of primary healthcare clinics and more than 20 per cent of hospitals are not functioning, with over 60 per cent of hospitals at times inaccessible or closed in conflict areas over the last six months. Those facilities and hospitals that are open and accessible are overcrowded with patients, have limited resources to respond and often have to prioritize trauma care patients. There is also a severe shortage of essential medicines, medical supplies and vaccines, with hospitals under staffed as a large number of foreign workers have fled the country and local workers are sometimes unable to access hospitals due to fighting. Furthermore, health network coordination, surveillance and information sharing has been curbed due to breakdowns in communication particularly between different administrations.

The impacts are exacerbated by the traditionally weak capacity of the health system, coupled with repeated crises over the years followed by little investment or time to facilitate the recovery of these services. Thus, the system is currently under severe strain and is creating a growing health crisis, as patients, including women and children, are unable to receive treatment and or obtain essential medicines, including for treatment of chronic diseases. Refugees, asylum-seekers and migrants face additional obstacles for receiving healthcare due to a lack of documentation or limited provision in detention centers.

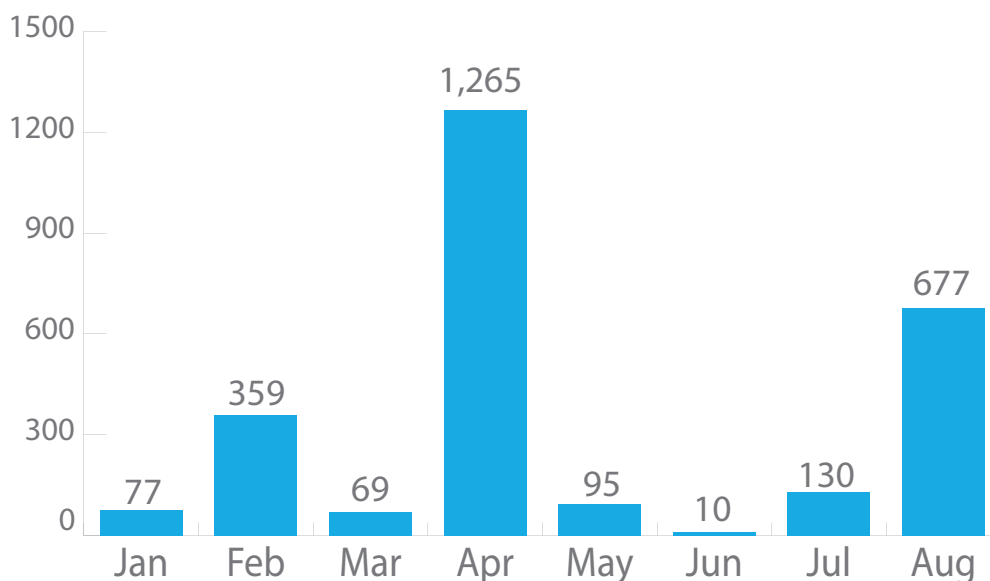
## An increase in vulnerability for refugees, asylum-seekers and migrants

There are an estimated 250,000 vulnerable refugees, asylum-seekers and migrants in Libya. Most originate from countries in the Middle East, North Africa and Sub-Saharan Africa, which have been impacted by war, generalized violence, weak economies and political oppression. Whilst many came to find employment and stability in Libya, they have found themselves caught up in further instability and conflict and often face significant protection concerns as a result of discrimination and marginalization.

They are frequently denied access to basic services, including healthcare, education and legal support as a result of their status. The Libya MSNA revealed that a total of 44 per cent of refugees and 33 per cent of migrants surveyed have limited or no access to health facilities. 43 per cent of refugee households also reported that their school-aged children do not regularly attend school. Furthermore, refugees, asylum-seekers and migrants often lack a social network to rely upon for additional support and are less able to seek assistance from local communities. As a result, they are among the most vulnerable of the affected population and often find themselves subject to abuse and exploitation from criminal smuggling networks.

Harsh conditions and a lack of access to services in Libya have further pushed many refugees, asylum-seekers and migrants to seek refuge in Europe. From January to July 2015, the

## Migrants Deaths in the Mediterranean by Month, 2015



overwhelming majority of the 94,000 migrants and asylum-seekers crossing the Mediterranean Sea to Italy departed from Libya<sup>7</sup>. Migrants pay thousands of dollars to smugglers to facilitate a perilous voyage across the Mediterranean Sea, risking their lives in ever increasing numbers. Over 2,748 migrants have died so far this year trying to cross the Mediterranean to reach Europe, compared to a total of 3,279 that lost their lives in 2014<sup>8</sup>.

Refugees and migrants are also subject to deportations and the risk of refoulement for refugees is a consistent threat. Forced deportation is also sporadically carried out through Libya's southern border with Niger. Most refugees and migrants interviewed in the MSNA have been in Libya for more than 12 months and have been displaced multiple times since arriving due to the conflict. More than 67 per cent reported feeling unsafe, including being targets of xenophobia and religious profiling. Worryingly, many of the established communities of refugees and migrants that have been working and residing in Libya for several years have also started to leave by boat as their lives have increasingly been endangered by the conflict. Without legal ways to move to a third country, they are left with little choice but to attempt the perilous crossing to Europe or return to their countries of origin.

Approximately 2,000 – 4,500 migrants and refugees are held in the 15 official migrant detention centers managed by the Libya Department for Combating Illegal Migration (DCIM) at any given time. The conditions in these centers are extremely difficult, as they are often overcrowded and the detainees have little access to basic goods and services. Some are run by local militia groups and are largely inaccessible to humanitarian organizations, with the detainees reportedly kept in appalling conditions.

## Food insecurity and deteriorating access to safe drinking water and sanitation

Food insecurity has significantly increased, currently

affecting over 1.28 million people, with the most severe cases reported in Benghazi and in the south. This number includes over 175,000 IDPs and over 1 million non-displaced affected populations. This increase in food insecurity is mainly due to the armed conflict disrupting commercial supply routes, which in turn has limited the availability of food and led to severe price increases, with staples such as flour, rice and sugar tripling since May 2014. For example, in Derna in the east and Sabha in the south, the price of wheat has increased by 500 and 350 per cent respectively. In addition, a loss of livelihoods, impacting 1.5 million people in Libya, has resulted in a reduction in household income with many families unable to meet their food needs or relying on savings and/or reducing their health and education expenditure to feed themselves.

The conflict has also disrupted access to safe water and adequate hygiene and sanitation, with an estimated 680,000 people in need of humanitarian assistance to meet their basic water and sanitation needs. The impact is a result of significant disruptions to the main water network, with the Libya MSNA revealing that over 70 per cent of key informants access water for their household from the main network. Wastewater treatment is also a growing concern, especially for the displaced, refugees, asylum-seekers and migrants that reside in collective centers in semi-built structures and public buildings.

## Reduced access to education for children

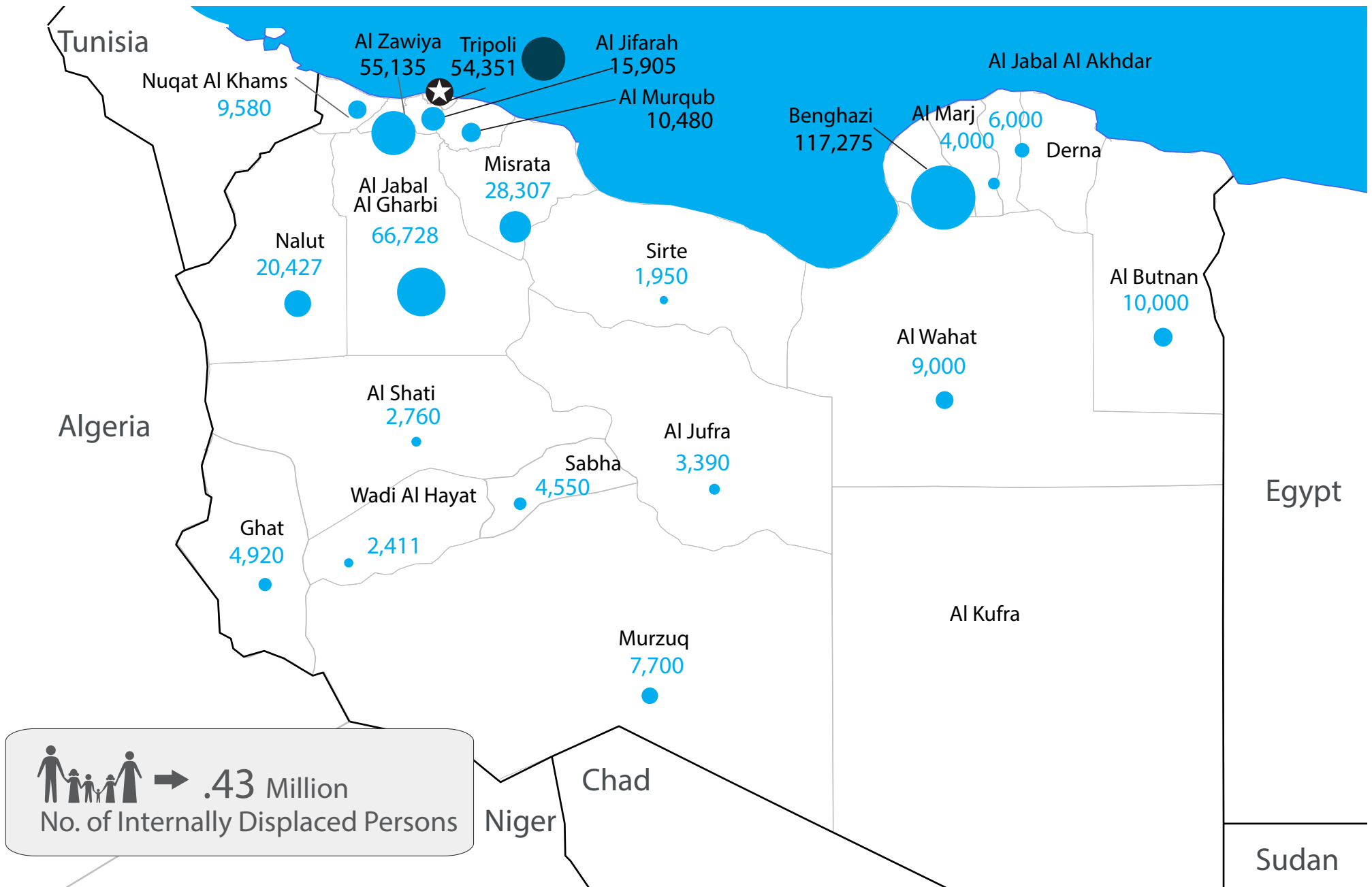
The armed conflict has led to a decrease in school enrolment rates, with the Libya MSNA reporting an average drop of 20 per cent across the country (21 per cent boys / 17 per cent girls). Benghazi is the most affected province with enrolment rates as low as 50 per cent, which is primarily due to 73 per cent of schools no longer functional. Out of 239 schools, 110 are inaccessible due to the conflict and 64 are occupied by IDPs, disrupting access to education for 57,500 children and students. Across the country, 150,000 children are at risk of no longer having access to education because of the crisis<sup>9</sup>.

<sup>7</sup> Italian Ministry of Interior and IOM estimates

<sup>8</sup> IOM, September 2015. Missing Migrants Project. <http://missingmigrants.iom.int/latest-global-figures>

<sup>9</sup> Libya Ministry of Education, 2015. Nationwide school assessment 2015

# Number of Internally Displaced Persons



# PEOPLE IN NEED

(JUNE 2015)

	POPULATION (2015)*	INTERNALLY DISPLACED PERSONS**	NON-DISPLACED PEOPLE IN NEED ***	TOTAL (DISPLACED & NON-DISPLACED)	% IN NEED OUT OF PROVINCE POPULATION	% TOTAL OF PEOPLE IN NEED OF ASSISTANCE
AL BUTNAN	178,224	10,000	9,838	19,838	11%	0.91%
AL JABAL AL AKHDAR	224,647	6,000	12,510	18,510	8%	0.85%
AL JABAL AL GHARBI	357,749	66,728	81,559	148,287	41%	6.78%
AL JIFARAH	695,308	15,905	64,784	80,689	12%	3.69%
AL JUFRA	56,536	3,390	193	3,583	6%	0.16%
AL KUFRA	54,785	NO DATA	951	951	2%	0.04%
AL MARJ	137,977	4,000	0	4,000	3%	0.18%
AL MURQUB	532,678	10,480	63,789	74,269	14%	3.4%
AL WAHAT	197,112	9,000	29,221	38,221	19%	1.75%
NUQAT AL KHAMS	322,147	9,580	109,146	118,726	37%	5.43%
AL SHATI	79,898	2,760	10,392	13,152	16%	0.6%
AL ZAWIYA	171,196	55,135	44,382	99,517	58%	4.55%
BENGHAZI	816,722	117,275	572,590	689,865	84%	31.56%
DERNA	182,263	NO DATA	60,353	60,353	33%	2.76%
GHAT	35,835	4,920	8,374	13,294	37%	0.61%
MISRATA	687,501	28,307	26,954	55,261	8%	2.53%
MURZUQ	87,340	7,700	2,167	9,867	11%	0.45%
NALUT	101,520	20,427	23,725	44,152	43%	2.02%
SABHA	154,107	4,550	108,042	112,592	73%	5.15%
SIRTE	89,566	1,950	15,040	16,990	19%	0.78%
TRIPOLI	1,078,323	54,351	455,485	509,836	47%	23.32%
WADI AL HAYAT	75,566	2,411	52,978	55,389	73%	2.53%
<b>TOTAL</b>	<b>6,317,000</b>	<b>434,869</b>	<b>1,752,473</b>	<b>2,187,342</b>	<b>35%</b>	<b>100%</b>

Migrant estimates by IOM and Refugee estimates by UNHCR

\* Population data source: Worldpop data 2013 adjusted to UN data projection 2015.

\*\* Figures estimated by Protection Working Group Libya

\*\*\* Highest number of people in need out of all the sectors

The source of conflict incident is ACLED database and the source of medical facilities status is WHO.

PEOPLE IN NEED OF ASSISTANCE (DISPLACED & NON-DISPLACED)

2,187,342

REFUGEES & ASYLUM-SEEKERS

100,000

MIGRANTS

150,000

**TOTAL PEOPLE IN NEED OF ASSISTANCE**

2,437,342

INCLUDING 1.35M WOMEN AND CHILDREN (55% OF THE TOTAL POPULATION IN NEED)

AGE AND GENDER BREAKDOWN OF  
CONFLICT-AFFECTED POPULATION  
JUNE 2015

	CHILDREN > 17		ADULTS 18 - 59		60 AND ABOVE		TOTAL MALE	TOTAL FEMALE	TOTAL AFFECTED-POPULATION
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE			
AL BUTNAN	7,605	7,240	13,075	11,961	1,482	1,430	22,162	20,631	42,793
AL JABAL AL AKHDAR	8,477	8,069	14,574	13,332	1,652	1,595	24,703	22,996	47,699
AL JABAL AL GHARBI	27,965	26,618	48,077	43,980	5,449	5,261	81,491	75,859	157,350
AL JIFARAH	41,207	39,221	70,841	64,802	8,029	7,751	120,077	111,774	231,851
AL JUFRA	716	682	1,232	1,127	139	134	2,087	1,943	4,030
AL KUFRA	563	536	968	885	110	106	1,641	1,527	3,168
AL MURQUB	24,537	23,354	42,182	38,587	4,781	4,615	71,500	66,556	138,056
AL MARJ	711	677	1,222	1,118	139	134	2,072	1,929	4,001
AL WAHAT	18,911	17,999	32,511	29,740	3,685	3,557	55,107	51,296	106,403
NUQAT AL KHAMS	23,257	22,136	39,981	36,574	4,532	4,374	67,770	63,084	130,854
AL SHATI	2,543	2,420	4,371	3,998	496	478	7,410	6,896	14,306
AL ZAWIYA	18,563	17,669	31,913	29,193	3,617	3,492	54,093	50,354	104,447
BENGAZI	133,916	127,464	230,224	210,601	26,093	25,190	390,233	363,255	753,488
DERNA	11,918	11,344	20,490	18,743	2,322	2,242	34,730	32,329	67,059
GHAT	5,835	5,554	10,032	9,177	1,137	1,097	17,004	15,828	32,832
MISRATA	20,999	19,988	36,101	33,024	4,091	3,949	61,191	56,961	118,152
MURZUQ	2,653	2,525	4,561	4,171	517	499	7,731	7,195	14,926
NALUT	17,685	16,834	30,404	27,813	3,446	3,327	51,535	47,974	99,509
SABHA	22,145	21,077	38,069	34,825	4,315	4,165	64,529	60,067	124,596
SIRTE	3,317	3,157	5,702	5,216	647	624	9,666	8,997	18,663
TRIPOLI	99,607	94,807	171,241	156,646	19,408	18,736	290,256	270,189	560,445
WADI AL HAYAT	10,890	10,366	18,723	17,127	2,122	2,049	31,735	29,542	61,277
<b>TOTAL</b>	<b>504,020</b>	<b>479,737</b>	<b>866,494</b>	<b>792,640</b>	<b>98,209</b>	<b>94,805</b>	<b>1,468,723</b>	<b>1,367,182</b>	<b>2,835,905</b>

CONFLICT-AFFECTED POPULATION

2,835,905

REFUGEES & ASYLUM-SEEKERS

+

100,000

MIGRANTS

+

150,000

**TOTAL AFFECTED POPULATION**

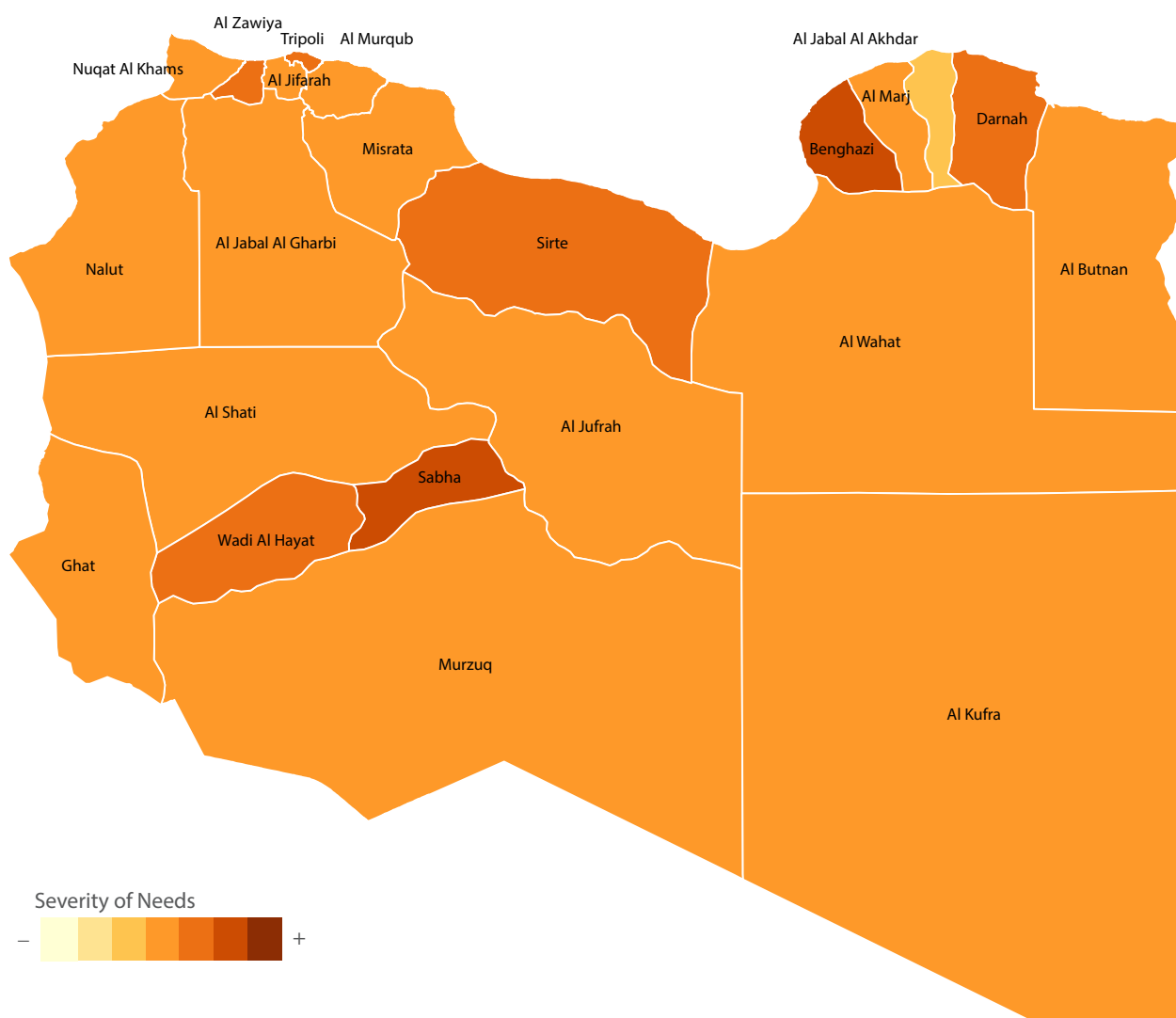
**3,085,905**

# SEVERITY OF HUMANITARIAN NEEDS

Since 2014, the armed conflict and widespread violence has increased humanitarian needs and exacerbated pre-existing vulnerabilities in Libya. In order to identify the most severe humanitarian needs and their geographical location, each sector used a severity scale of 0-6, with 0 indicating no humanitarian needs and 6 that many people have died and that there is high and rapidly increasing threat to the life and dignity of many of the affected population. Sector inputs were analyzed using a composite index<sup>10</sup>, yielding an overall score for each province. Those provinces scoring a 4

or higher are considered to be above the threshold of acute humanitarian need.

The results of the severity assessment indicate that the most acute humanitarian needs are found in Benghazi and Sabha, followed by Wadi Al Hayat, Tripoli, Derna, Al Zawiyah and Sirte. Whilst variations exist within each province, these areas are most impacted by the conflict, forced displacement and disruptions to basic service provision, particularly healthcare.



<p>There are no humanitarian issues</p> <p>0</p>	<p>A few people are facing humanitarian issues, impacts are minimal</p> <p>1</p>	<p>Many people are facing humanitarian issues, impacts are significant but with some coping mechanisms in place</p> <p>2</p>	<p>Humanitarian issues are affecting most people, though not life threatening the longer term impacts will be seriously detrimental to the population and country</p> <p>3</p>	<p>As a result of humanitarian issues, imminent threat to the life and dignity of affected population</p> <p>4</p>	<p>As a result of humanitarian issues, some people have died, continued threats to life and dignity of affected population</p> <p>5</p>	<p>As a result of humanitarian issues, many people have died, high and rapidly increasing threat to the life and dignity of many affected population</p> <p>6</p>
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<sup>10</sup> The 2015 "Humanitarian Needs Comparison Tool" guidance developed by UNOCHA is available from: <https://www.humanitarianresponse.info/fr/programme-cycle/space/document/humanitarian-needs-comparison-tool-guidance>

PART TWO

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# NEEDS OVERVIEWS BY SECTOR

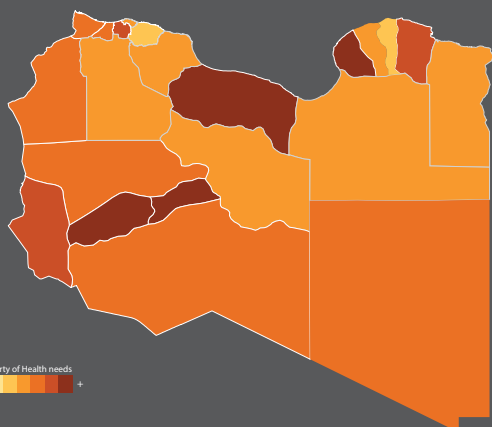




## PEOPLE IN NEED OF BASIC HEALTHCARE

# 1.9M

### SEVERITY OF NEED FOR SECTOR SERVICES



Source: Health sector. Darker areas indicate higher estimated level of humanitarian needs.

### EST. PEOPLE IN NEED



1.9 Million

1.9 million people in Libya are in need of humanitarian assistance including support to access medical facilities and essential medicines, surgical supplies, and vaccines.

An estimated 1.65 million people in need are displaced or non-displaced people in need. An estimated 250,000 refugees, asylum-seekers and migrants are in need of some form of health assistance.

## HEALTH

An estimated 1.9 million people in Libya require humanitarian assistance to meet their basic healthcare needs. The conflict has damaged vital infrastructure, led to the closing down of hospitals and led to shortages in staff and essential medicines and supplies. The health situation has subsequently deteriorated rapidly since last year, with the crisis compounded by the fact that the health system had been weakened over the years by numerous crises in Libya and a lack of significant investment or time to facilitate a recovery of these public sector services. Some of the pre-crisis shortcomings include:

- A debilitated primary healthcare network, especially in the main cities (Benghazi and Tripoli);
- The high dependence on foreign health workers, especially in the southern part of the country;
- A substantial proportion of public health expenditure being spent on sending Libyans for treatment abroad;
- The neglect of healthcare provision in southern parts of Libya (Al Kufra, Sabha, Ghat and Awbari)

Access to effective health services during the current conflict

has become a major concern across Libya, particularly in Benghazi, Derna, Zintan, Kikla, Sirte, Al Kufra, Sabha, Ghat and Awbari. Fighting has restricted the movement of health workers and of those seeking health services in conflict-affected areas, thus denying patients with critical needs access to essential care. The situation of women and children is of significant concern, with hospitals overwhelmed with trauma patients and restricting access for other patients, including pregnant women, in need of clean surgical facilities.

Since the escalation of conflict in 2014, primary and secondary healthcare facilities and services have sharply deteriorated. Approximately 18 per cent, or 250 out of 1,450, of Primary Healthcare Centers (PHCs) are not functioning, including in the main cities of Benghazi and Tripoli and other conflict-affected areas such as Kikla and Zintan. According to the MSNA, only 15 per cent of PHCs in the south and 18 per cent in the east are functional.

The MSNA also reported that over 20 per cent of hospitals in Libya are not functional. The situation is particularly

alarming in Benghazi, where eight out of the 15 existing hospitals are closed and four are occasionally non-functional or inaccessible due to the on-going hostilities. Physical access to hospitals in conflict zones is restricted not only by the prevailing insecurity but also by fuel shortages and poor communications.

Civilian access to secondary care is also limited in conflict-affected areas, such as Sirte, Zintan, Sabha, Kikla and Al Kufra. This is due to an influx of war wounded requiring priority treatment. Furthermore, the emergency medical system, transfer paths, and referral systems have collapsed in many areas, further restricting access for pregnant women to emergency obstetric care. Simultaneously, reproductive health services have been markedly affected by the prioritization of wounded patients, and the significant decrease in the number of working female healthcare providers.

Many people in conflict-affected areas, particularly children, are affected by symptoms of distress caused by continuing danger, loss, trauma, and changing or uncertain social circumstances. Yet, access to mental health and psychosocial support is limited due to the lack of functioning facilities and an insufficient number of trained mental health workers in Libya.

Care for patients with chronic diseases and disabilities are also compromised by restricted access to the few functioning health facilities and availability of medicines. Trauma patients and new waves of internal displacement have added to the burden on hospital staff treating such patients in Benghazi, Al Marj, Al Baida, Tobruk, Ajdabiya, Sirte and Misrata.

The National Center of Diseases Control has reported a decrease in vaccination coverage, especially in conflict areas and among displaced populations. They indicate that in August 2015, Benghazi received barely 20 per cent of its required vaccines supplies. It is expected that Benghazi and Tripoli will deplete all their vaccines stock before the end of August 2015, which would pose a threat in terms of outbreaks of vaccine preventable diseases such as Measles and Polio. The weak surveillance system and uncontrolled borders pose a threat of importation of communicable diseases, including Ebola and Polio.

Simultaneously, the decline in the national revenue together with the on-going political and security situation is exacerbating the shortages of essential drugs and medical

and surgical supplies. These shortages have led to the occasional closure of a number of hospitals in eastern and western Libya. Budget cuts have also led to a decrease in the number of patients sent abroad, which in turn has increased the burden on the already-weakened healthcare system.

The shortages of funds and the increasing cuts of electricity have hampered the regular maintenance of the health facilities, hindering proper sanitation, sterilization and medical waste management.

Finally, there is an increased morbidity risk due to inefficient disease prevention, health promotion and emergency response with potential significant risks of transmission of TB, HIV and possibly Ebola importation as a result of the thousands of migrants passing through Libya.

### Most affected groups

Women and children, especially in the south and in conflict areas, IDPs and host communities.

### Humanitarian needs

As a result of the above mentioned factors, health needs have been increasing in conflict areas across the eastern, western and southern parts of the country. The main health needs faced by the various population groups in Libya are as follows:

- Severe shortage of medical supplies including essential medicines, surgical supplies and vaccines.
- Limited access to primary healthcare services including mental, reproductive and neonatal and child health.
- Limited access to secondary healthcare services, such as hospitals, including emergency and obstetric care.
- Increased morbidity risk with potential significant risks of transmission of TB, HIV and possibly Ebola importation.

### Health needs of refugees and migrants

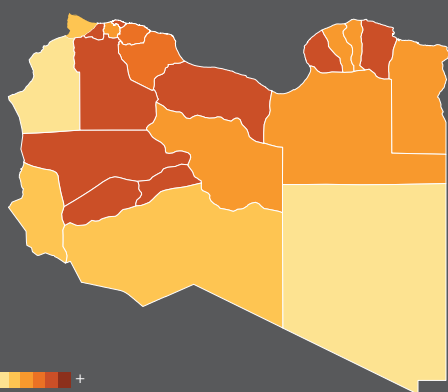
The Libya MSNA 2015 revealed that a total of 44 per cent of refugees and 33 per cent of migrants reported limited or no access to health facilities. Those without documents can be denied healthcare, in particular those from Sub-Saharan Africa. In migrant detention centers, health needs continue to be critical, including pre-natal care, and women and girls affected by GBV, with limited access to healthcare.



## PEOPLE IN NEED OF PROTECTION ASSISTANCE

# 2.44M

### SEVERITY OF NEED FOR SECTOR SERVICES



Source: Protection sector. Darker areas indicate higher estimated level of humanitarian needs

### EST. PEOPLE IN NEED



2.44 Million

2.19 M IDPs and non-displaced populations in need  
Also includes 270,000 children in Tripoli and Benghazi in need of psycho-social support on account of their exposure to violence associated with armed conflict.

100,000 Asylum-seekers and refugees are in need of some form of protection assistance.

150,000 Migrants are in need of some form of protection assistance.

## PROTECTION

An estimated 2.44 million people in Libya are in need of protection assistance. The number of IDPs has almost doubled since September 2014, placing a strain on host communities, with competition for resources starting to undermine relations between the two. The lack of an IDP policy framework for Libya has impeded accurate identification of IDPs and has prevented a coherent approach to IDP response. Displacement remains fluid with continuing movements due to on-going fighting and returns are infrequent or short term due to unsustainable conditions in areas of origin. In some places, such as in the south, displacement is becoming protracted with limited prospects for safe return.

There is a lack of response services available to survivors of GBV for both sexes. The capacity to detect, treat and provide counseling to GBV survivors is absent or weak and has historically been limited to civil society organizations in eastern Libya, representing a critical gap in life-saving health and psychosocial support services. Survivors often fear disclosing exposure to GBV to healthcare professionals. No data on child marriage is available from before the crisis and recent incidents of GBV are most likely due to the

increase of violence and economic deterioration in Libya. Lack of security, displacement and deterioration of schools may encourage parents to arrange for their daughters to be married at a young age. In the Libya MSNA, key informants reported that women experiencing violence most commonly seek assistance from tribes and local elites (76 per cent), religious leaders (38 per cent) and community leaders (32 per cent), yet only 11 per cent indicated that women receive assistance from hospital and health centers. Outreach is required to ensure mobilization in the community is undertaken to ensure an effective response to GBV victims which continues to be under-reported.

Thousands of conflict-related detainees are currently in custody across Libya, mainly in Tripoli, Al Zawiya, Misrata and Benghazi in a range of official and unofficial detention centers. Most are detained illegally, and have yet to face formal charges or be referred to trial. They include men, children and a small number of women, detained during the 2011 conflict as well as civilians abducted on the basis of their identity, family links or perceived political affiliations. All IDPs in the current conflict irrespective of tribal affiliations suffer from a range of protection concerns, including the

Tawargans, who suffer from a more protracted displacement linked to their perceived role in the 2011 conflict.

Children represent approximately 40 per cent of the population in need of assistance, including IDPs and the non-displaced conflict-affected population. They are thus one of the most vulnerable groups in the country. Many children have experienced the death of relatives or friends, forced displacement, and damage or destruction of their homes and possessions. As a result the psychological impact of the conflict on children is substantial. An in-depth assessment by a team of specialists from Essafa Center for mental health in Tripoli, supported by UNICEF, found that 55 per cent of the 1,000 children assessed in IDP camps in Tripoli show moderate or severe post-stress symptoms. Around 10 per cent of these cases were victims of GBV. Child recruitment and other practices that contravene the six Grave Child Right's Violations are reported across the country<sup>11</sup> and a lack of legal documentation has been a barrier to school enrolment. The presence of unaccompanied children and child headed households has been reported in displaced and conflict-affected communities. Discrimination against IDP students is reported in locations where tension exists between host communities and IDPs (e.g.: Misrata).

ERW contamination in Libya remains extensive, but as yet unquantified, in all conflict-affected areas. The risk of injury or death from ERW or from abandoned or unattended SALW is high, particularly among children and IDPs returning to their homes, with over half of the surveyed population reporting the presence of landmines or ERW in their communities<sup>12</sup>. However, ERW contamination has not yet been surveyed in all conflict areas and the Libyan Mine Action Centre (LibMAC) does not currently have the capacity to implement a countrywide survey and clearance activities.

In order to reduce the number of casualties caused by SALW and ERW, including landmines and 2.19 M IDPs and non-displaced populations in need, all populations that are living in or intending to return to areas that have been impacted by conflict will require an integrated risk awareness training to reduce the likelihood of injury or death by ERW and SALW. The most affected areas, such as Sabha, Awbari, Brak and Al Shati require surveying to establish the levels of contamination and the needs and priorities for clearance activities. The data collected through community based non-technical surveys will help establish priorities for clearance related activities together with the local authorities. The victims of the armed conflicts and UXOs suffering physical or psychological trauma have increased the number of persons with disabilities needing access to rehabilitation services. Survivors and/or people with disabilities lack specialized services, quality services from health structures

and rehabilitation centers, accessibility to basic services, and visibility especially among the IDPs.

Those reporting on human rights violations are at risk of assassinations, other physical violence, abductions and arbitrary arrest, torture and other intimidation across Libya, especially in Benghazi, Tripoli and Derna. Some are also vulnerable on account of their ethnic or tribal origins as armed groups across the country carry-out abductions on the basis of tribal or family links or real or perceived political affiliations. As a result, many have fled the country, been internally displaced or have fallen silent. The shrinking space for civil society leaves victims of human rights violations with even fewer channels to seek remedy and redress. Many of them suffered post-traumatic stress disorder, and lost their incomes in the host countries, including Tunisia. Areas of intervention might be capacity building, psycho-social support and financial support.

The breakdown of law and order in Libya has severely impacted the work of civil society. Across the country, human rights defenders and other members of civil society have been subjected to killings; unlawful deprivation of liberty; abductions; torture and other ill-treatment; physical and verbal assaults; death threats; and other forms of intimidation, by armed groups and unknown perpetrators. In some instances, armed groups and unknown perpetrators have also unlawfully detained, attacked or threatened relatives of human rights defenders with the aim of silencing those who remain in Libya or who have fled.

### Most affected groups

IDPs, individuals at risk or victims of GBV, children recruited in armed conflict, children at risk, ERW/SALW-affected populations, including survivors and their caregivers, former detainees, human rights defenders, humanitarian workers, journalists and other activists.

### Humanitarian needs

The MSNA 2015 highlighted:

Over 86 per cent of families interviewed in Libya reported having lost legal documentation on account of the conflict, leading to consequent barriers in access to education and social services, difficulties in proving legal title to land and property, and restricted freedom to move through security checkpoints.

Over 77 per cent of families face difficulty registering newborn children, including over 90 per cent of IDPs,

11 Save the Children, 2015. Egypt-Libya-Tunisia Assessment (SCelta) report, 18 June 2015; UNSMIL's human rights monitoring

12 Save the Children, 2015. SCelta report, 18 June 2015

which may create a risk of statelessness in the absence of documentary evidence of birth, identity and parentage.

Over 67 per cent of key informants in western Libya, 50 per cent in the east and 90 per cent of those in the south reported that children from within their community are being recruited by armed groups.

Over 14 per cent of key informants have referred to the presence of the unaccompanied children in their communities as well as child headed households.

Over 45 per cent of key informants reported that women in their community had experienced violence. 13 per cent of key informants report marriage of children or adolescents under 18 taking place in their communities.

Over 52 per cent of key informants surveyed, reported the presence of landmines/UXO in their community. This has affected both displaced and non-displaced conflict-affected communities.

Over 81 per cent of IDPs surveyed in May 2015 have been displaced for more than 6 months. Of those living in rented apartments/houses, 27 per cent face a risk of eviction.

In other assessments by UNICEF it was noted that in Tripoli and Benghazi alone, approximately 270,000 children are in

need of psycho-social support, as a result of indiscriminate shelling of residential areas, schools and health facilities.

### Protection needs of refugees and migrants

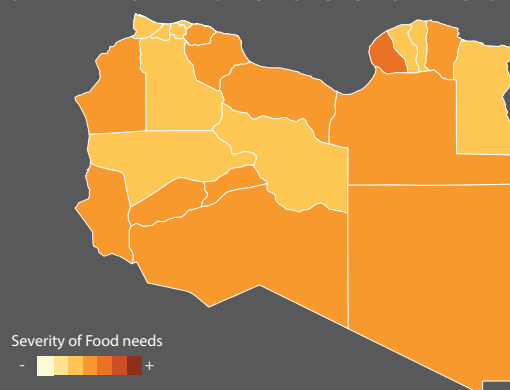
Based on information received from visits to migrant detention centers managed by the DCIM, there are around 2,500 – 4,000 migrants and refugees detained in the centers at any given time. Many of them are detained for several months, until they might be deported by force to neighboring countries, despite a possible risk of refoulement for refugees. Some ask for voluntary repatriation to their home countries and the conditions in the DCIM centers do not meet the minimum standards of detention. They do not provide basic services and are overcrowded and lack funding for adequate running and maintenance. According to the MSNA, many of the interviewed refugees and migrants have remained in Libya for a longer period than 12 months, but encountered repeated displacement due to the armed conflict. More than 67 per cent of the refugees/migrants reported feeling unsafe, including being targets of religious profiling and experiencing an increased level of xenophobia and hostility by host communities. This is due to increased scarcity of resources, including food, accommodation or access to basic services. Refugees with valid documents were previously likely to be released from arbitrary detention and allowed to pass through the numerous checkpoints across the country, which is not always the case anymore.

## FOOD INSECURE PEOPLE



# 1.28M

### SEVERITY OF NEED FOR SECTOR SERVICES



Sources: Food Security sector. Darker areas indicate higher estimated level of humanitarian needs

### EST. FOOD INSECURE PEOPLE



1.28 Million

1,068,529 non-displaced affected persons (the number has been derived from the proportion of non-displaced households reporting to have faced difficulties in accessing food due to lack of resources.)

175,148 displaced persons (the number has been derived from the proportion of IDP households reporting to have faced difficulties in accessing food due to lack of resources.)

27,964 registered refugees (UNHCR)

8,904 asylum-seekers (UNHCR)

## FOOD SECURITY

The intensification of the fighting in some areas of Libya, especially in Benghazi and Awbari and Sabha in the south has impacted access to food for over 1.2 million people.

Attacks on the commercial port in Benghazi are reported to have disrupted critical food import routes. The subsequent disruption of food supplies has led to significant inflation on food prices, with reports that the prices of flour, rice and sugar have more than tripled since the upsurge of fighting erupted in May 2014. In Derna (east) and Sabha (south), the price of wheat flour has increased by 500 per cent and 350 per cent respectively compared to the pre-crisis period.

Food shortages are most prevalent in the south and the east where basic food items including wheat, bread, flour, pasta, oil, milk and fortified blended foods for children are in short supply. In the east, where food expenditure was found to be higher, households were more likely to have resorted to more extreme coping strategies including significantly reducing food intake through reduced portions or missing meals. In order to ensure there is money for food, affected families throughout the country are relying heavily on their

savings and reducing expenditures on health and education.

Access to cash is a major challenge with banking services not fully functional and salary and/or pension payments delayed. Food assistance is being provided by host communities and families/relatives for IDPs; however, refugees, asylum-seekers and migrants do not benefit from such assistance.

### Most affected groups

- IDPs: the most severely affected people are those who have suffered the impacts of displacement, including losing assets and often legal documentation which helps them access support. These groups have been forced into an unfamiliar living environment with little support available or coping capacity. Those who have been recently displaced, displaced multiple times, or currently residing in collective centers in public buildings are considered the most vulnerable.
- Populations in the south are particularly vulnerable to food insecurity due to supply issues and resulting food shortages.

## Humanitarian needs

The Libya MSNA found the following population groups as most vulnerable and therefore in need to be given priority for food assistance:

- 175,148 IDPs: those that have recently been displaced, that have been displaced more than once and those that live in collective public spaces such as schools/mosques.
- 1,068,529 non-displaced affected population, particularly in the south: limited access to government safety-nets/social protection system including subsidized food, banking services not functional regularly.

## Food needs of refugees and migrants

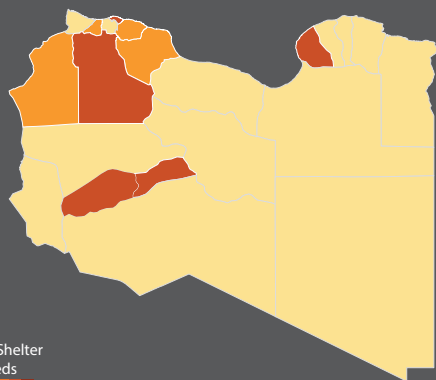
According to the MSNA, refugees and migrants do not receive support from host communities in relation to their food needs as they are perceived as 'outsiders'. As a result, 27,964 refugees and 8,904 asylum-seekers have limited or no access to any form of assistance. Food assistance is not available for registered refugees/asylum-seekers in the urban centers of Benghazi and Tripoli and Sabha and Misrata. Food assistance is also not provided in migrant detention centers, which are severely constrained in their food provisions due to the continued fighting and depleted resources. UNHCR and WFP are in discussion currently to address this gap. Currently refugees and migrants spend 51 per cent and 42 per cent of their household expenditure respectively on food.



PEOPLE IN NEED OF SHELTER  
OR OTHER ESSENTIAL  
NON-FOOD ITEMS

0.3M

SEVERITY OF NEED FOR SECTOR SERVICES



Severity of Shelter  
and NFI needs



Source: Shelter and NFIs sector. Darker areas indicate higher estimated level of humanitarian needs.

EST. PEOPLE IN NEED



304,160

Number of IDPs residing in schools and other public spaces not usually used for human habitation (65,100), or unfinished houses and apartments (39,060) =104,160

Number of people needing Shelter/Non-Food Items (NFIs) is estimated at 304,160 (200,000 NFIs and 104,160 shelter)

## SHELTER AND NFIs

Continuous heavy fighting in and indiscriminate shelling of residential areas, by all sides of the conflict in Libya, has severely affected the safety and security of civilians across the country. An estimated 435,000 IDPs have been forced to leave their homes to look for temporary shelter with host families, with relatives, in rented apartments, or in collective centers in unfinished, makeshift or public buildings. Many IDPs and affected host communities have struggled to afford rent for proper housing that would enable them to live in safety and with dignity. This is the result of a loss of livelihoods, limited employment opportunities and other income-generating activities, significant challenges to access funds (including lack of liquidity for salary payments by the banking system), and depleted savings. In the current situation, the most vulnerable are those exposed to risks due to limited shelter options and being forced to reside in conditions that are unsuitable for human habitation.

In addition, the current pressure on host communities to support IDPs and basic infrastructure across the country as

a result of the crisis has created significant competition for scarce resources. In the absence of rule of law in Libya this further increases the vulnerability of IDPs and heightens the risk of exploitation and tension.

There are also some protracted caseloads of IDPs in camps from the 2011 conflict. On average, 17 per cent of IDP household expenditure is spent on rent (compared to 14 per cent among the wider population). In this context, the primary needs in terms of shelter support includes cash-based assistance (feasibility studies have been undertaken by some sector partners), as well as access to hygiene materials and other basic household NFIs.

In the southern provinces and in Benghazi, a significant hindrance for the NFI/Shelter sector is the limited access to markets to source goods locally. With limited supply and inflation affecting different parts of Libya, the challenge is moving goods across insecure locations to access populations in need.



## Most affected groups

- IDPs: those facing first-time displacement and multiple displacements are considered among the most vulnerable groups due to limited coping capacity and a loss of assets due to displacement.
- Returnees: former IDPs returning to their habitual place of residence who lack access to mechanisms for property restitution, reconstruction of their homes, or compensation. In the meantime, they are accommodated in temporary unsafe housing with very limited means of shelter or basic relief items or are accommodated in their own damaged structures.
- The non-displaced affected population, including households in the host community whose homes have been damaged by the conflict and have no alternative shelter may benefit from repair kits. The scale of damage among some communities needs to be better documented and analyzed.

## Humanitarian needs

Cash to cover rent and living expenses: An estimated 9 per cent of IDP households live in collective centers, unfinished houses or apartments. Others who cannot afford to rent are moving into public spaces, this include 7,500 households in 60 schools in Benghazi and many in hotels and resorts in Misrata. It was noted in the June 2015 assessment that 15 per cent of IDP households are living in private or shared facilities, which are not usually used for human habitation. One of the key protection issues for the sector is around evictions with 66 per cent of key informants perceiving a risk

of eviction. 65 per cent cite their inability to afford the rent as a reason and 54 per cent report insecurity in the community as a factor.

NFI assistance, including hygiene kits: 48 per cent of households rely in part on the host community/neighbors for non-food assistance, including 50 per cent of IDP returnees. Assistance for 28 per cent of households comes from non-government/community organizations, while 36 per cent of households rely in part on religious charities. Notably, recent surveys in Misrata<sup>13</sup> and in Benghazi<sup>14</sup> indicated that a preference is emerging among IDPs for assistance to come in the form of cash and portable items such as hygiene kits. Items such as mattresses are less favorable.

## Shelter/NFI needs of refugees and migrants

According to the Libya MSNA, refugees and migrants are predominantly living in collective centers and in shelter type habitations, such as private and public spaces not normally used for shelter, or unfinished residential buildings that are inadequate for such a purpose. Over 50 per cent of refugees and migrants interviewed reported to be living in shared housing and are concerned at the threat of eviction.

A key information gap is access of female-headed households and other vulnerable groups to shelter/NFI assistance. Whilst most distributions try to address the specific needs of these groups, additional mapping to assess and analyze shelter needs throughout Libya, particularly in the east and south is needed, both among IDPs and non-displaced conflict-affected communities.

13 Conducted by UNHCR/CESVI

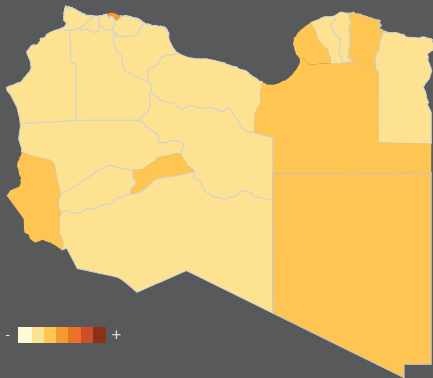
14 Conducted by the Agency for Technical Cooperation and Development (ACTED)



## PEOPLE IN NEED OF WATER AND SANITATION ASSISTANCE

# 0.68M

### SEVERITY OF NEED FOR SECTOR SERVICES



Source: WASH sector. Darker areas indicate higher estimated level of humanitarian needs.

### EST. PEOPLE IN NEED



682,000 people

IDPs and non-displaced populations in need



100,000 IDPs in public facilities



2,000 migrants per month at detention centers

## WATER, SANITATION AND HYGIENE

An estimated 682,000 people in Libya lack adequate access to safe drinking water, hygiene and sanitation, creating a serious health risk as those affected are exposed to water borne illnesses, nutritional problems, and hygiene and sanitation related diseases.

Although the effectiveness of water networks to support many communities was an issue pre-2011, the conflict has exacerbated the issue. This is because the two main sources of water, the man-made River Project and desalination treatment plants, have faced increased levels of disruption, mainly in the southern areas of the country. Damage to the water network represents an increasing concern for the water sector, especially since it is the main source of water in Libya at the household level. Findings from the Libya MSNA reveal that approximately 70 per cent of respondents access household water from the main networks. Yet in the east, 16 per cent of key informants report that the main network is not functioning at all, and in the west, communities in locations such as the Nafusa mountains region and surrounding areas report not to be connected to any network at all.

IDPs in host communities or those that live in collective centers are particularly vulnerable to disruptions to the main network. In such circumstances, alternative drinking water sources are bottled water, water trucking and open wells.

Ineffective wastewater management is also a major concern, exposing affected people to health risks. Wastewater treatment systems are not functioning properly compared to the pre-conflict situation, largely due to the unavailability of required maintenance budgets and accessibility problems. In addition, the large number of displaced has put increased pressure on already poor infrastructure in many host communities.

There is very limited access to sanitation facilities for displaced people living in unfinished apartments and collective centers in buildings not usually used for shelter, again increasing health risks.

If the security situation continues to deteriorate, further service disruption is likely and more non-displaced conflict

affected populations will face serious water, hygiene and sanitation challenges. IDPs, host communities, refugees and migrants will also lack access to minimum standards of water and wastewater services and municipalities will also not be able to collect waste and garbage. WASH infrastructure in schools that are sheltering IDPs is expected to be damaged by over-use.

If access to safe drinking water, and hygiene and sanitation facilities and services is not addressed there is a high risk of increased rates of morbidity and mortality.

### Most affected groups

- IDPs: families including children are considered the most vulnerable affected groups, particularly those with limited coping capacity such as an estimated 100,000 IDPs currently residing in collective centers and substandard shelters.
- IDPs living in camps face a critical situation with extremely limited access to sanitation with many families having to share limited bathroom facilities. Availability of the different hygiene products is significantly lower in the south compared to the east and west.
- Host communities where water, sanitation and hygiene infrastructure is coming under strain.

### Humanitarian needs

- Access to safe drinking water.
- Access to hygiene materials.

- Access to sanitation facilities.
- Support to ensure safe household water treatment and storage.
- Financial and technical support to water and sanitation authorities and utilities to mitigate the risk of long-term disruptions of water supply and sewage related health risks.
- Technical and financial capacity of municipalities on management of solid waste and garbage collection in fighting-affected areas as well as IDP camps.
- Water, sanitation and hygienic facilities for the affected people in detention centers.

### WASH needs of refugees and migrants

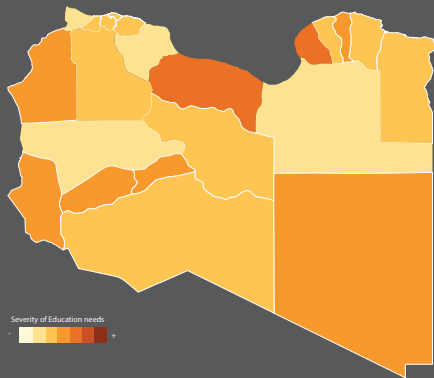
The on-going security situation and a limited rule of law have led to increased numbers of migrants transiting through Libyan territories in order to reach Europe. The migrant groups detained by Libyan authorities are accommodated in detention centers in poor conditions. They are lacking basic water and sanitation facilities, vulnerable to diarrheal and skin infections. Refugees and migrants are also highly vulnerable due to many residing in unsuitable shelters with very limited or no access to safe drinking water, and basic sanitation and hygienic facilities. Refugees and migrants are also often detained in extremely unsuitable conditions exposing them to serious health risks, particularly children and the elderly. Children are the most vulnerable among the refugees and migrants and are at extreme risk when exposed to inadequate sanitation and hygiene facilities and services.

## CHILDREN REQUIRING ASSISTANCE TO ENSURE ACCESS TO EDUCATION



# 0.15M

### SEVERITY OF NEED FOR SECTOR SERVICES



Source: Education sector. Darker areas indicate higher estimated level of humanitarian needs

### EST. PEOPLE IN NEED



150,000 students

IDPs, students (especially secondary age), non-displaced affected, refugees, migrants, host communities, children and adolescents/youth.

## EDUCATION

The conflict and resulting negative impact on the economy are contributing to a decrease in access to education for hundreds of thousands of children across Libya. An estimated 150,000 children are at risk of no longer having access to education because of the crisis, with schools being used as collective centers for IDPs and with families reallocating finances to pay for food and other goods and services. Girls are particularly impacted by the crisis with parents reluctant to send them to schools in areas controlled by Islamic State of Iraq and the Levant (ISIL).

Needs are particularly urgent in Benghazi, which has been the worse hit for education. Enrolment rates have dropped as low as 50 per cent and out of around 239 schools, only 65 schools are functioning, with 64 schools currently occupied by IDPs and around 110 schools inaccessible due to their location in conflict-affected areas<sup>15</sup>. On the outskirts of Benghazi, the Government has set up mobile education units; however, there is still a critical gap in access

to education due to the displacement of children from the center of Benghazi to the peripheries of the city.

Prior to the conflict, Libya had the highest school enrolment rate in the Middle East and North Africa region. However, the education system in Libya has been severely affected by the conflict and the resulting lack of law and order and limited access to basic services. Over the last 12 months and according to the preliminary findings of the MSNA, enrolment rates have dropped by an average of 20 per cent (21 per cent boys and 17 per cent girls) across the country. Civil society actors have access but not the technical or financial capacities to support the overwhelming needs.

Compared to the pre-conflict attendance rate, the out-of-school rate in conflict-affected areas is of great concern. Out-of-school children from the age group 15-17 years face protection threats as they constitute a target for military groups and drug dealers in terms of recruitment

<sup>15</sup> Libya Ministry of Education; ACTED

and exploitation. If the situation continues to worsen in conflicted-affected areas, the out-of-school rate is expected to increase, placing more children at risk.

### Most affected groups

- Displaced children: particularly families with limited coping capacity who are forced to sacrifice their children's education to use funds to pay for basic services and goods.
- Girls in areas controlled by ISIL.
- Children who have been displaced multiple times such as children in the Tawergha IDP population (15 IDP camps in Benghazi and other cities)

### Humanitarian needs

- Access to safe a safe education environment for children and adolescents by supporting the establishment of additional and mobile classes in conflict-affected areas and IDPs host communities.
- Advocate and promote for alternative solutions for schools occupied by IDPs and support children's return to their occupied schools (rehabilitation, repairs, stationery)
- Educational activities to mitigate the psycho-social impact of the crisis and to restore normalcy with focus on

vulnerable groups and minorities.

- Access to quality education opportunities for all children
- Establish safe and secure learning environments that promote the protection and well-being of students with particular focus on adolescent girls.
- Improve learning environments in IDPs camps.

### Education needs of refugees and migrants:

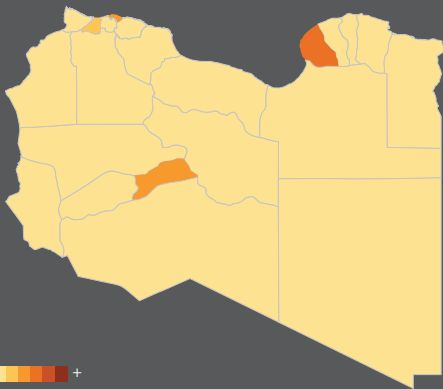
According to the MSNA, 43 per cent of refugee households report that school-aged children do not regularly attend school. There is no reliable, consistent access to public education system for Sub-Saharan African refugees/asylum seekers and migrants due to issues of lack of documentation as well as the stigma of being 'foreigners' and the resultant discrimination. This has been accompanied by an unclear legal regime governing access to higher education by foreigners, which has resulted in further restrictions on access to education in western Libya. In eastern Libya, a number of refugees and asylum-seekers are among the internally displaced population in Benghazi and surrounding areas and face the additional challenges of being foreigners among the displaced. The likelihood of refugee children resuming schooling will be different from IDP children in this region.



PEOPLE IN NEED OF  
EARLY RECOVERY  
ASSISTANCE

1.5M

SEVERITY OF NEED FOR SECTOR SERVICES



Source: Protection sector. Darker areas indicate higher estimated level of humanitarian needs

EST. PEOPLE IN NEED



1.5 Million

1.5 million people are in need of humanitarian assistance in terms of early recovery support, mainly in Sabha, Benghazi and Tripoli.

## EARLY RECOVERY

The significant loss of oil exports has caused an economic recession since mid-2013<sup>16</sup>. Being the primary source of income for Libya, the fall in oil export revenues has caused total revenues to drop by 61 per cent in 2014 and for real Gross Domestic Product (GDP) to contract by 24 per cent in 2014. The Government's budget deficit in 2014 reached 43.5 per cent of the GDP, which is the highest ever recorded for Libya<sup>17</sup>. Large fiscal and current account deficits could deplete official reserves as the various factions compete to control them and threaten the capacity of the state to honor the public service payroll and commitment to food, fuel and electricity subsidies. Domestic subsidies and public salaries represented 69 per cent of GDP in 2014.

The worsening economic situation has exacerbated the

vulnerability of the people in Libya where the main source of household income remains salaries from the state. In the preliminary findings of the MSNA, 71 per cent of households reported that their incomes have either remained the same or decreased<sup>18</sup>. The two most significant challenges for household income are delays in salary payment and inadequate functionality of the banking system.

1.5 million people are affected by the loss of livelihoods, with the most affected groups residing in Benghazi, Sabha and two municipalities in Tripoli. Out of them, the most affected districts are Sabha in the south, Benghazi in the east and Tripoli in the west.

<sup>16</sup> World Bank: Libya Overview March 2015 <http://www.worldbank.org/en/country/libya/overview#1>

<sup>17</sup> World Bank: Libya Overview March 2015 <http://www.worldbank.org/en/country/libya/overview#1>

<sup>18</sup> Preliminary findings of Multi-Sector Needs Assessment 2015

## Humanitarian needs

Limited and broken institutional relations between municipalities and local actors: The human and financial capacity issues in local governments that prevailed before the latest crisis have been exacerbated. It limits the possibility for municipalities to assume greater roles in service provision and mitigating the impact of the conflict. Furthermore, municipalities being newly elected and established also suffer from limited experience and means for public outreach and strategic communications. For the most part, services at the municipality level are still being delivered by offices that report to central government ministries. Some 45 per cent of municipalities state that interaction with these offices is weak<sup>19</sup>. The majority of municipalities surveyed indicated a lack of funding, as public budgets were not forthcoming in 2014<sup>20</sup>. Eighty per cent of municipalities ranked both the level of effectiveness of division of responsibilities and the current capacity development support provided to them by central government weak. On basic infrastructure repairs, 92 per cent of key informants in the inter-agency assessment indicated that there have not been major repairs done to basic infrastructure in the last six months.

Breakdown of key Government services: In the June 2015 assessment, 52 per cent of key informants reported that government services did not work regularly in the last three months. 43 per cent of the informants said that government functions did function occasionally and only a mere five per cent reported that they had regular government

services. The preliminary findings show overwhelmingly that stable employment in the public sector is the major contributor to household income. A majority of informants (97 per cent) reported a delay in their salary payments and banking services do not work regularly – 43 per cent of key informants express that they had experienced irregular banking services in the last three months. In addition, over 55 per cent of those surveyed have indicated that their expenditure increases have exceeded income increases.

The second most commonly reported reason for IDPs to leave their homes is the feeling of safety, coming only second to the control of their areas by armed groups<sup>21</sup>. While the evidence of insecurity due to the conflict is clear, the indirect consequences consist in cutting off routes used by traders and hence contributing to rise in prices. In specific areas such as Zintan, the insecurity has contributed to greater scarcity in food items and their rising prices. In Sabha, the inability to access farmlands has also damaged livelihood sources<sup>22</sup>.

The Libya MSNA findings showed that the vast majority of all households (99 per cent) reported to be reliant on the main electricity network. Yet it has experienced frequent power cuts and impacted people's access to critical sectoral services at community and household levels. Electricity constitutes an essential item as telecommunication and health facilities depend on adequate supply of electricity to perform services.

19 UNDP diagnostic assessment, 2015.

20 UNDP diagnostic assessment, 2015.

21 Preliminary findings of Multi-Sector Needs Assessment 2015

22 UNDP diagnostic assessment, 2015.

PART THREE

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# ACCESS & OPERATIONAL PRESENCE



## INSECURITY AND HUMANITARIAN ACCESS

The deteriorating security situation in Libya prompted the majority of international aid organizations to temporarily relocate outside the country in July 2014, primarily to Tunisia. Since then, the international humanitarian community has had limited direct access to people in need in Libya, given on-going fighting, insecurity and criminality, including the increasing presence of extremist groups, such as ISIL.

The aid operation is being managed remotely and in partnership with Libyan actors, including national humanitarian organizations, local authorities, and civil society groups.

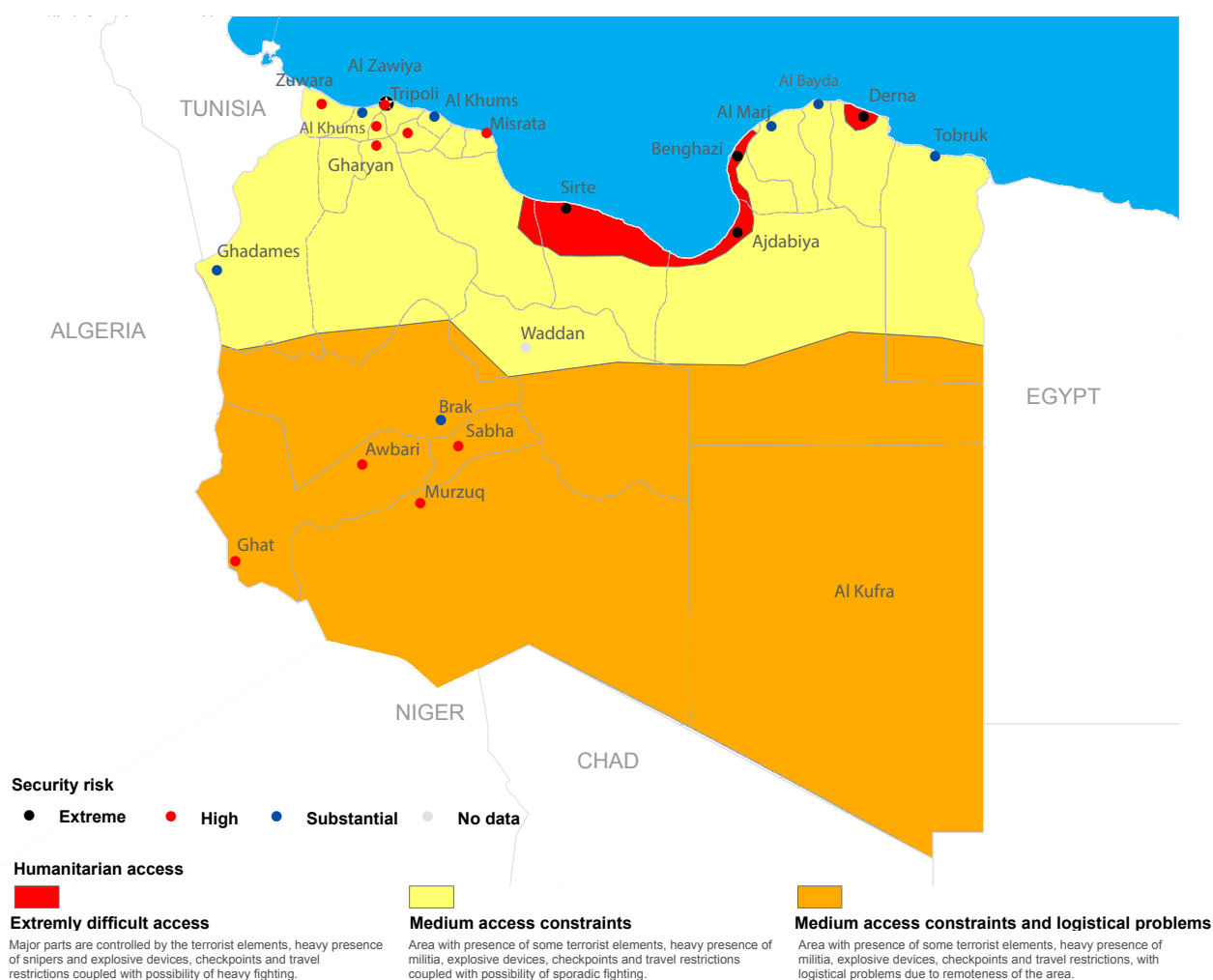
Humanitarian access to areas in need of humanitarian assistance varies considerably across provinces. The areas under the control of ISIL have not been accessible, with ISIL consolidating territorial gains and control, as of 15 July 2015,

over Sirte as well as about 200 kilometers of the coastal area east of the city. The city of Derna in eastern Libya is also under ISIL control mostly inaccessible to humanitarian partners (see access map).

Armed conflict and violence pose access challenges in other parts of the country, particularly in the east and in the south, including Benghazi, Al Kufra, Sabha, Awbari and Ghat. Logistical challenges, due to the remoteness of some areas, are a significant constraint to accessing areas in the south.

Negotiating humanitarian access with all conflict parties and relevant stakeholders remains critical to ensure the effective delivery of humanitarian assistance and protection to people in need. This requires extensive engagement with national authorities, municipalities and militias groups in line with established humanitarian principles.

### HUMANITARIAN ACCESS

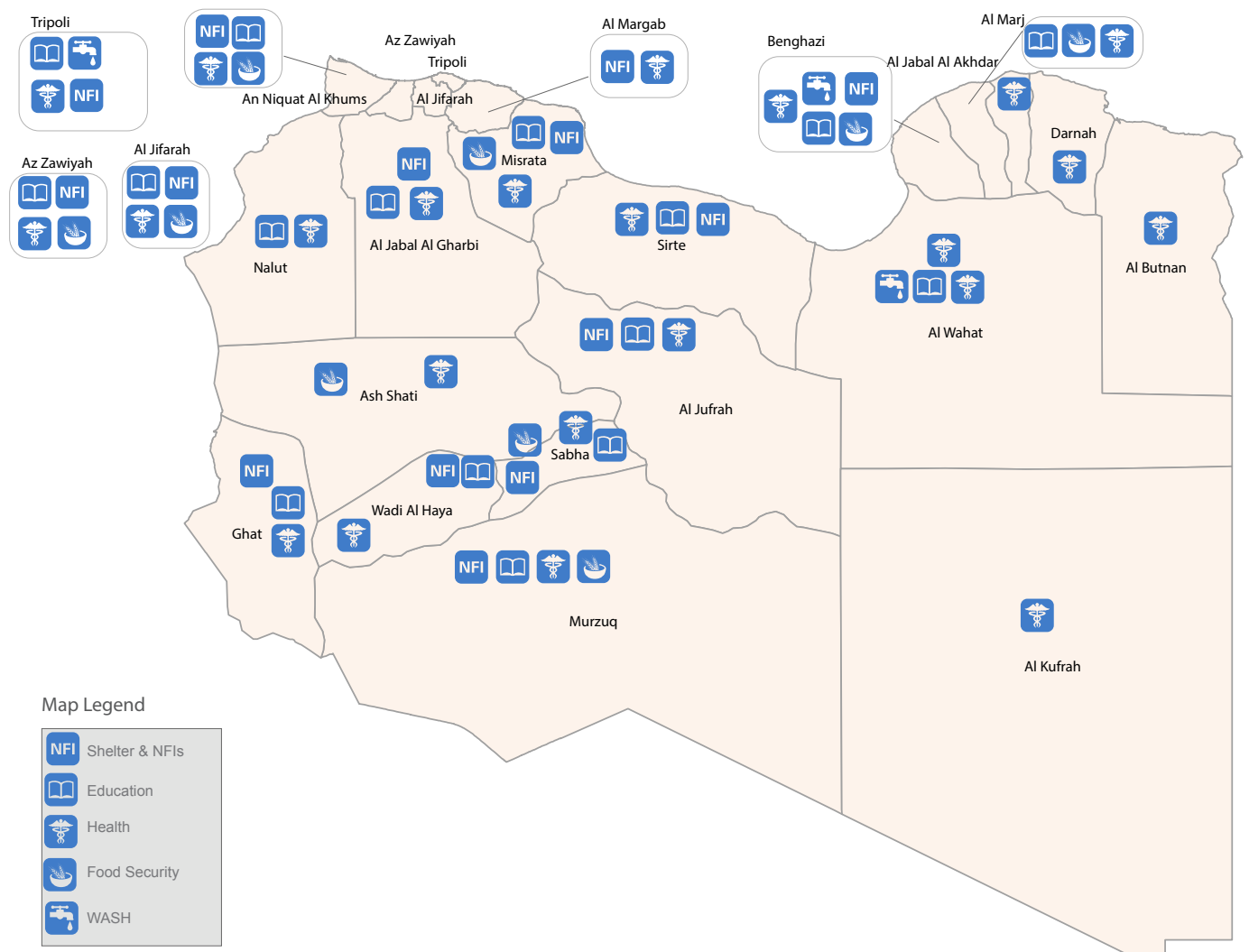


International humanitarian organizations are primarily providing life-saving aid through national implementing partners, both through cross-border assistance (e.g. food aid) and by channeling assistance directly into Libya by air and sea. They work with other national and local partners, such as local civil society organizations, municipalities, and local crisis committees to meet humanitarian needs across the country. However, the capacity of national partners

remains insufficient in meeting the needs of the all those affected.

The map below illustrates the operational presence of the sectors in the various provinces in Libya. The information is based on the presence of implementing partners, national and local authorities and organizations that are present in Libya and capable of delivering aid.

## OPERATIONAL PRESENCE



## HUMANITARIAN FINANCING

Unpredictable and limited funding has constrained the humanitarian response to date, limiting the ability of the humanitarian community to scale-up their assistance to meet the level of humanitarian needs across the country. This includes recruiting staff, planning operations, building the capacity of national and local partners and pre-positioning goods for delivery. In fact, over the last few

months, international humanitarian partners have been forced to scale down their activities. Without the provision of further necessary resources, current operations will have to be scaled down further.

The 2014 Humanitarian Appeal has received 31 per cent of the total US\$35.2 million requested (as of July 2015).

ANNEX 1

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# METHODOLOGY

## Total people affected by the crisis and people in need of humanitarian assistance

Affected people include all those whose lives have been impacted by the crisis; however, not all affected people are in need of humanitarian assistance. The estimated number of people in need of protection and humanitarian assistance is based on the highest sectoral estimate.

### Conflict-affected population (non-displaced affected)

The conflict-affected population was estimated through two indicators: a) extracting the population number living within 2 km of conflict incidents that occurred between June 2014 and June 2015; and b) 80 per cent of the population of Benghazi, Ghat, Nalut, Sabha and Wadi Al Hayat provinces on the basis that all medical facilities are dysfunctional. The source of conflict incidents is the Armed Conflict Location and Event Data Project (ACLED) and the source for the status of medical facilities is the World Health Organization (WHO).

### IDPs estimates

Estimates of internally displaced persons are collected by the Protection sector from various assessments and sources.

### Refugees and asylum-seekers

Estimates of refugees and asylum-seekers are collected by United Nations High Commissioner for Refugees (UNHCR). 36,000 refugees are currently registered by UNHCR and the remaining numbers are estimated based on field reports and other sources.

### Migrants

Estimates on the migrant population inside Libya is provided by the International Organization for Migration (IOM) and are based on field reports.

### Information sources and challenges

The Libya Humanitarian Needs Overview is based on a number of needs assessment conducted in 2015, including

the UN inter-agency Multi-Sector Needs Assessment (MSNA)<sup>23</sup>, sector needs and gap analysis based on information from on-going humanitarian operations in Libya and available secondary sources of information and analysis<sup>24</sup>.

Limited humanitarian access in some areas, such as Sirte, has led to some significant gaps in information in terms of the scale and scope of humanitarian needs. There are also some gaps in information for some of sectors, especially where national information collection and reporting systems are weak.

The Protection Working Group reported limited information on the protection situation for IDPs and non-displaced conflict-affected populations due to the lack of any national or local systems in place to gather information related to the on-going conflict. This would include information on the occupation of schools, recruitment of child soldiers and individual protection incidents. There is also limited information on whether IDPs may be finding durable solutions through settlement elsewhere, or locally integrating into their host community.

The MSNA and SCELTA were unable to assess the humanitarian situation in government and militia managed detention centers in Libya due to overall sensitivities and limited access. The assessments were also unable to report significant information on nutrition due to the general unavailability of data and qualified interview partners. Additional research is required on this issue.

According to the Shelter and NFIs Sector Working Group, a lack of access has led to some information gaps on overall shelter needs in Libya, in particular in the eastern and southern provinces. There are also gaps in information on the management and provision of services in collective centers and IDP camps.

There are also some information gaps for WASH in schools and in detention centers as well as on the functioning of governmental WASH systems, including capacity, resources, challenges and contingency plans. More information is also needed on the degree of environmental contamination that has occurred in Libya as a result of the conflict and the potential public health impact.

<sup>23</sup> REACH and JMW were commissioned to carry out the assessment.

<sup>24</sup> In addition to the MSNA the following assessments and reports informed the Libya Humanitarian Needs Overview: Mixed migration: Libya at the crossroads, Altai consulting for the UNHCR, November 2013; Conflict related sexual violence, United Nations Security Council, 23 March 2015; Humanitarian Crisis in Libya: Public health risk assessment and interventions, World Health Organisation, May 2015; Save the Children's Egypt-Libya-Tunisia Assessment (SCELTA) June 2015; WASH rapid assessment in Tawergha IDP camps, UNICEF, April 2015; Libya: Humanitarian Impact of the Crisis, ACAPS (Assessments Capacity Project), June 2015; Libya: State collapse triggers massive displacement, Internal Displacement Monitoring Centre (IDMC) March 2015 and other UN and NGO reports.

ANNEX 2

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# ACRONYMS

ACAPS	Assessments Capacity Project
ACLET	Armed Conflict Location and Event Data Project
ACTED	Agency for Technical Cooperation and Development
CESVI	Cooperazione e Sviluppo (Cooperation and Development)
DCIM	Department for Combating Illegal Migration
ERW	Explosive Remnants of War
GBV	Gender-Based Violence
GDP	Gross Domestic Product
HNO	Humanitarian Needs Overview
IDMC	Internal Displacement Monitoring Centre
IDPs	Internally Displaced Persons
IOM	International Organization for Migration
ISIL	Islamic State of Iraq and the Levant
LibMAC	Libyan Mine Action Centre
MSNA	Multi-Sector Needs Assessment
NFIs	Non-Food Items
PHCs	Primary Healthcare Centers
SALW	Small Arms and Light Weapons
SCELTA	Save the Children Egypt-Libya-Tunisia Assessment
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization





LIBYA

HUMANITARIAN NEEDS OVERVIEW SEPTEMBER 2015

Photo credit: Aeman BENSAOUD