

# LIBYA IDP AND RETURNEE REPORT

ROUND 32 • JULY - AUGUST 2020

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UN MIGRATION

كوفيد-19  
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يرجى الاتصال بالرقم التالي إذا كان لديك اشتباه بأي أعراض أو  
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**Cover photo:** In response to COVID-19, IOM Libya is implementing awareness-raising activities in addition to various trainings of health workers, provision of health consultations, and other relevant response. Pictured in this photo, IOM staff engaged in COVID-19 information campaign in Suq Aljumaa. © Majdi EL NAKUA / IOM 2020

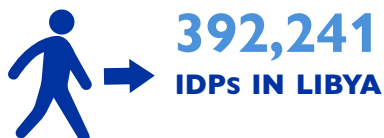
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# KEY FINDINGS

Round 32 (July-August 2020)

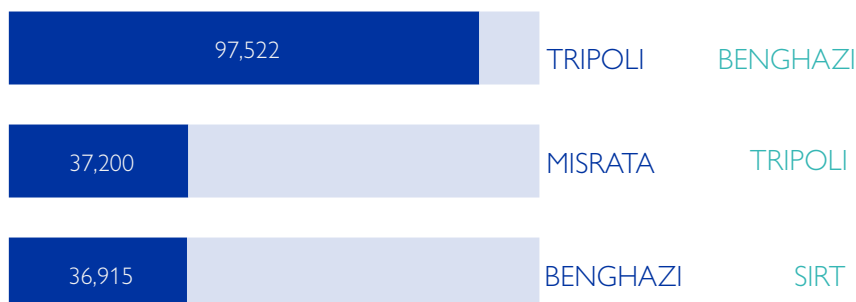
## IDPs



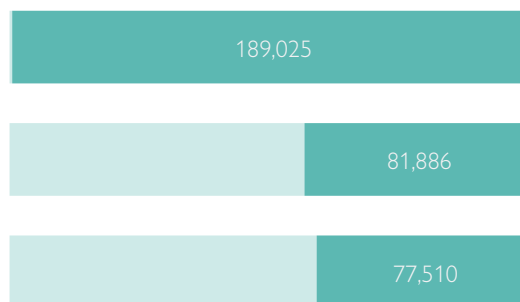
## Returnees



TOP 3 REGIONS WITH IDPs



TOP 3 REGIONS WITH RETURNEES



**659 of 667**  
COMMUNITIES



**100% of**  
MUNICIPALITIES

**2,102** Interviews with key informants  
(Round 32, Mobility Tracking)



Project funded by  
the European Union

# OVERVIEW

This report presents the findings of Round 32 of the Mobility Tracking component of IOM Libya's Displacement Tracking Matrix (DTM) programme, covering the reporting period from July to August 2020.

During the reporting period, a substantial decline in reported instances of armed conflict was observed in Libya (see page 6).

Following the suspension of hostilities in South Tripoli, a slow return of some displaced households was observed in Western Libya, although the lack of basic services combined with the presence of explosive remnants of war (ERW) and unexploded ordnance (UXO) in previously contested areas has so far hindered most displaced families from returning to their areas of origin. The number of returnees identified during this round of data collection increased from 456,728 to 493,716 returnees compared to the last round, with returns being observed primarily in Abusliem, Swani bin Adam, Al Azizya, Espeaa and parts of Ain Zara.

Correspondingly, the number of internally displaced persons (IDPs) identified in Libya decreased from 425,714 IDPs to 392,241 IDPs in Round 31 in line with observed returns. The number of returnees in Tripoli region increased by 3,694 families (18,471 individuals) with the municipalities of Abusliem and Ain Zara accounting for most new returnees, despite the presence of hazards such as explosive remnants of war (ERW) and unexploded ordnance (UXO), and lack of electricity supply in several parts of these neighborhoods.

Similarly, different areas in the municipalities of Swani Bin Adam and Al Azizya also saw a significant rise in the number of previously displaced families returning to their places of origin.



## IDPs



392,241  
Individuals



77,087  
Families



92  
Municipalities



460  
Communities



## Returnees



493,716  
Individuals



98,618  
Families



47  
Municipalities

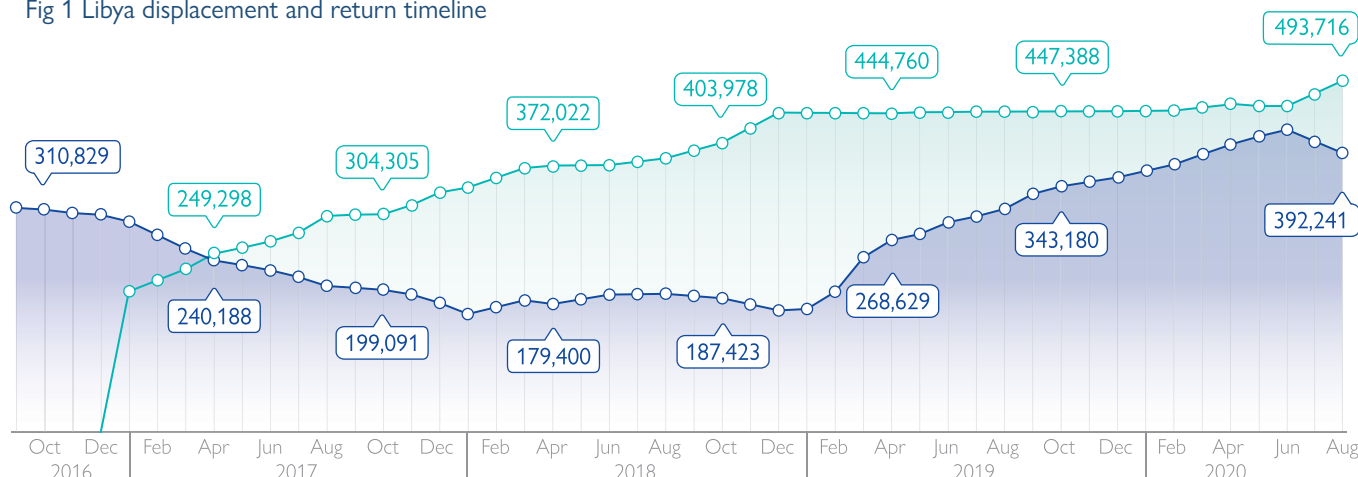


192  
Communities

During the months of July and August 2020 a decline in new displacements was also observed as the frontlines of the conflict that had previously moved towards Sirt remained stable without major instances of armed conflict being reported.

DTM's Mobility Tracking Round 32 marks the first data collection round in over a year where the trend of increasing displacement was reversed as the previously stagnant figure of returns saw a significant increase. Figure 1 below shows the DTM Libya displacement timeline.

Fig 1 Libya displacement and return timeline



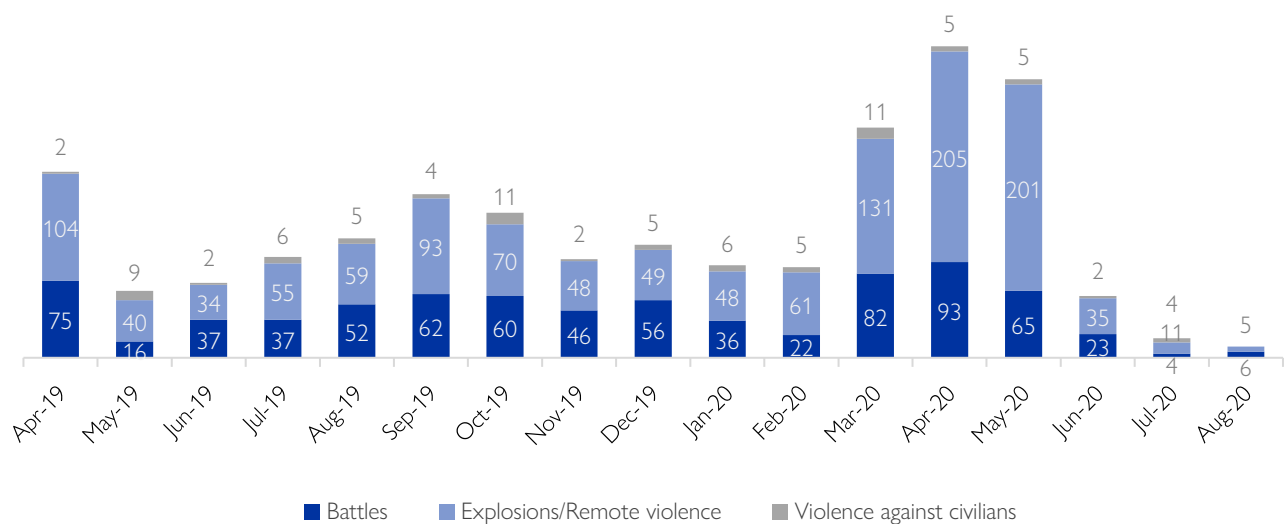
## UPDATE ON CONFLICT IN WESTERN LIBYA

During the July - August 2020 data collection cycle, a sharp decline in the number of armed conflict related incidences reported was observed by the Armed Conflict Location and Event Data (ACLED) project (see figure 2 below)<sup>2</sup>.

This reduction in incidences of armed conflict and the change of control over territory in Western Libya coincided with a decline in the number of identified IDPs as the less volatile security situation facilitated the return of some of the displaced IDPs to their places of origin.

Fig 2 shows the month on month comparison of events of armed conflict reported since April 2019, till the end of the reporting period in August 2020. The armed conflict related events had declined by 91% during the reporting period in comparison to the May - June 2020 reporting period.

Fig 2 Comparison of reported events related to armed conflict in Libya via utilization of ACLED project dataset.



<sup>2</sup> ACLED project is a non-profit organization that publishes disaggregated data, analysis, and crisis mapping. Data as of 8 August 2020 from Armed Conflict Location and Event Data Project (ACLED), Data Export Tool, <https://www.acleddata.com/data/>

## AREAS OF DISPLACEMENT AND RETURN

Despite the reduction in instances of armed conflict events in Western Libya, the Tripoli region (mantika) still hosts the largest population of internally displaced persons (IDPs) in Libya.

More specifically, currently there are over 97,000 IDPs present in the various municipalities of Tripoli region, many of them facing protracted displacement. While the number of IDPs in Tripoli region decreased by over 8,000 IDPs due to returns during the reporting period, the municipalities of Tajoura, Suq Aljuma, and Hai Alandalus together still hosted about 77 percent of the total IDP population in the Tripoli region. The majority of these IDPs have now been displaced for over a year from various areas in Western Libya and are in need of durable solutions or a progressive resolution of their displacement situation<sup>2</sup>.

The region of Misrata hosted 37,200 IDPs during the months of July - August 2020, while the caseload of IDPs in the Benghazi region stands at 36,915 IDPs.

During the reporting period, Almargeb region was identified as hosting the fourth largest population of IDPs in Libya (34,505 individuals).

A large proportion of these IDPs have also faced protracted displacement from various areas of Western Libya that were previously affected by conflict in 2019 and the first half of 2020.

Fig 3 Number of IDPs by Region (Mantika)

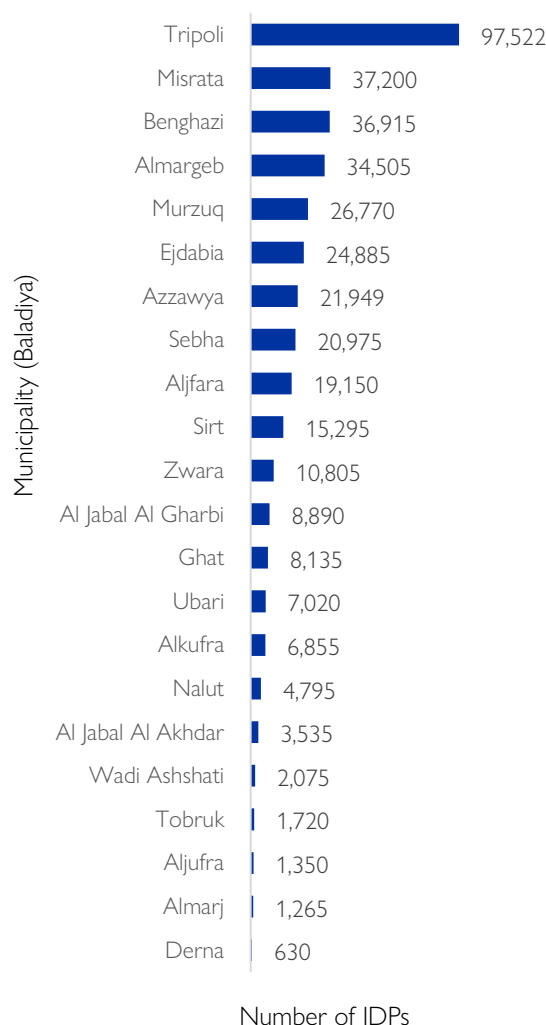
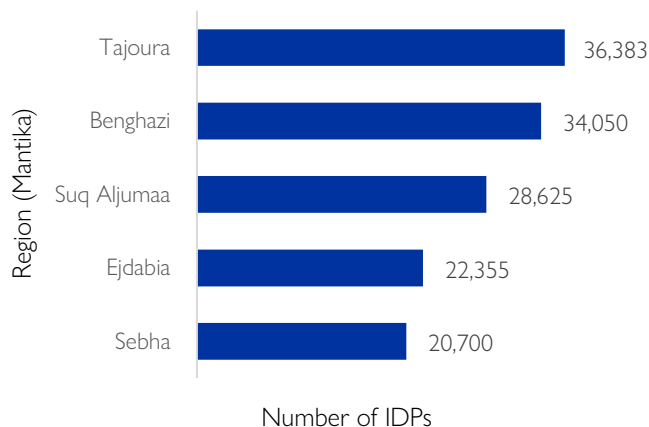


Fig 4 Top 5 Municipalities of Displacement



<sup>2</sup> Progressive Resolution of Displacement Situations (PRDS) Framework; <https://www.iom.int/progressive-resolution-displacement-situations>

During Round 32 data collection, a significant increase in return movements was observed, as the number of previously displaced families returning to their places of origin in Tripoli increased by 18,471 individuals.

However, as in previous rounds of data collection, the highest number of returnees (IDPs who had returned to their habitual place of residence since 2016 till June 2020) were identified in the regions of Benghazi (189,025 individuals) and Sirt (77,510 individuals).

The charts on the right show the distribution of returnees by region (mantika) of origin and return respectively, followed below by top 5 municipalities of origin and return.

Fig 5 Number of Returnees by Region (Mantika)

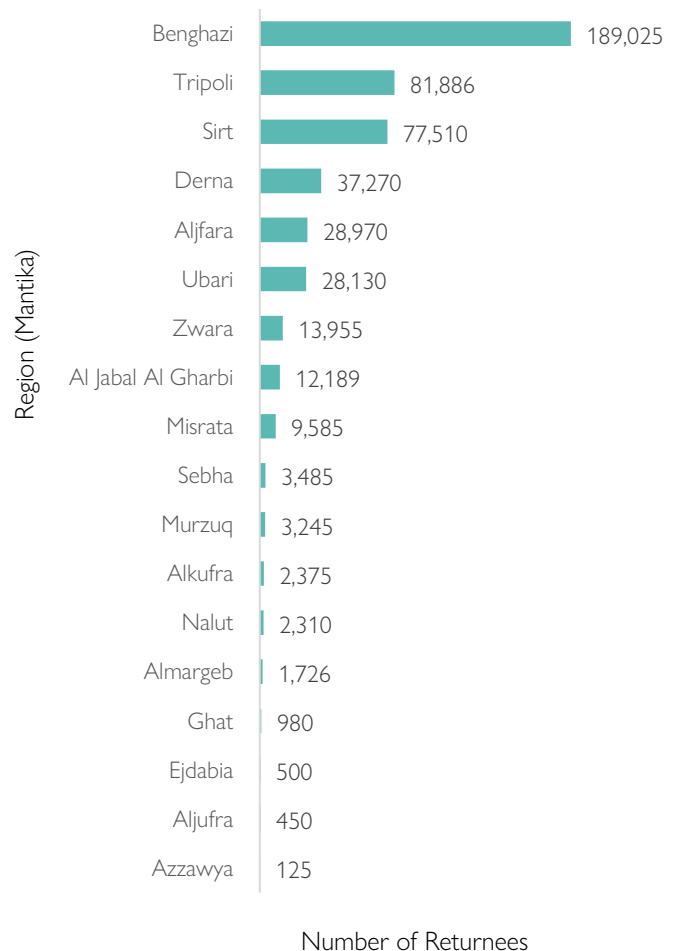
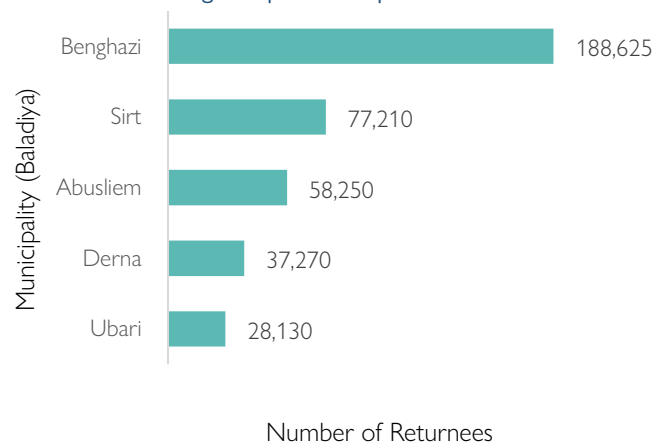


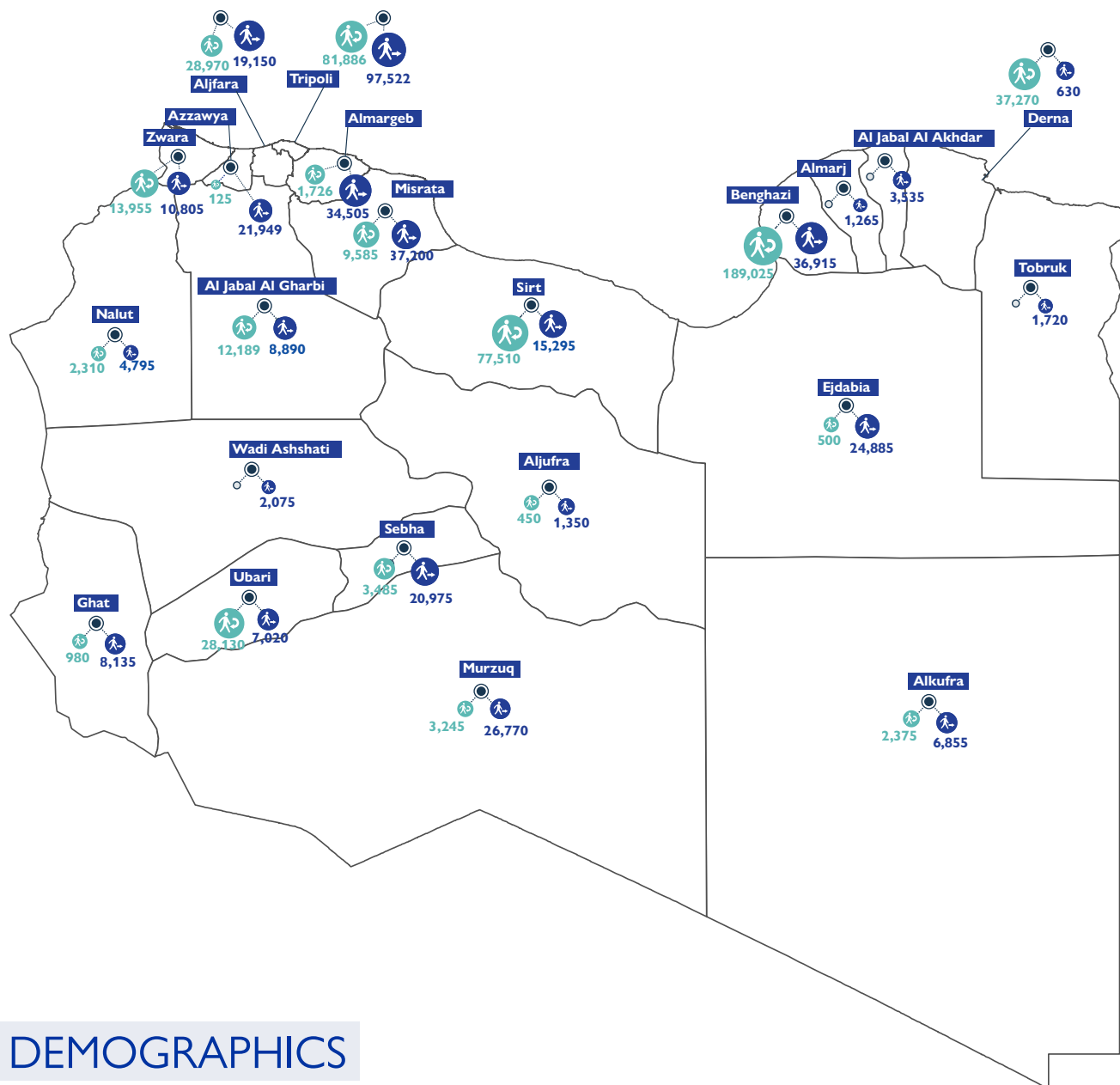
Fig 6 Top 5 Municipalities of Return





# LOCATIONS OF DISPLACEMENT AND RETURN MAP

Fig 7 Map of IDPs and returnees by region (mantika)

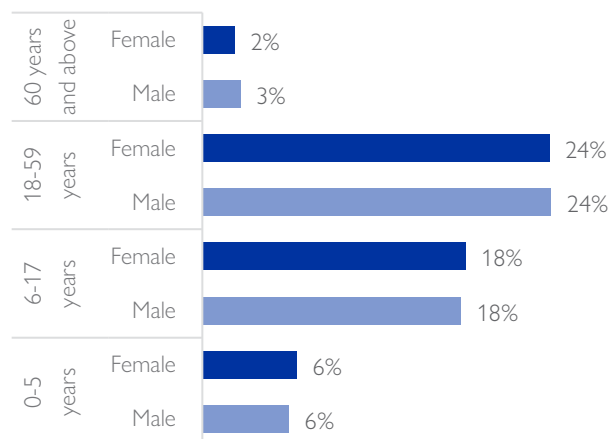


## DEMOGRAPHICS

In the context of ongoing armed conflict in western Libya, DTM conducted a rapid profiling exercise of displaced households to better understand the demographic composition of IDP families (figure 8). To this end, DTM enumerators gathered demographic data from a sample of 87,573 IDPs (16,530 families) displaced in western Libya.



Fig 8 IDP Profiling: Age - Gender Disaggregation



## DRIVERS OF DISPLACEMENT

As in previous rounds, internal displacement in Libya is primarily linked to armed conflict related insecurity, and its negative impact on the economic situation and availability of basic services.

In line with past trends, IDPs identified in Round 32 were reported to have left their communities of origin in search of safety, with the deterioration of the economic situation and lack of availability of basic services being exacerbating factors.

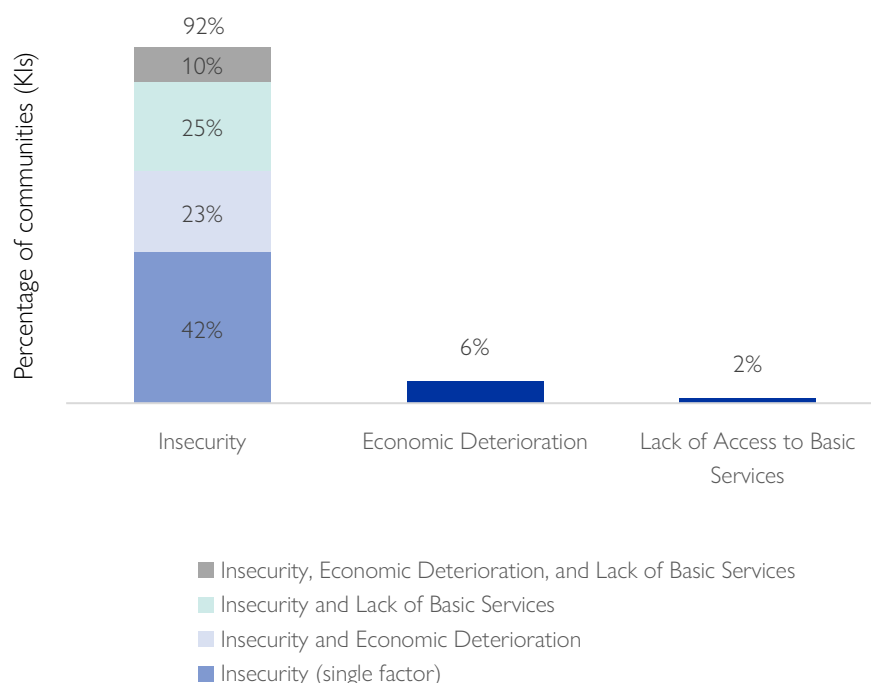
Insecurity has remained the main driver of displacement in Libya, as an overwhelming majority of key informants (in 92% of the affected communities) reported that IDPs had left their places of origin primarily due to insecurity. Whereas, in 6% of the affected communities, a deterioration in the economic situation was identified as the primary driver of displacement, while in 2% of communities key informants identified lack of access to basic services as the primary driver of displacement.

Figure 9 shows that while insecurity was the primary driver of displacement, it was identified as the only driver of displacement in 42% of the communities.

For the remaining communities other contributing factors such as economic deterioration due to armed conflict (23% communities) and lack of basic services (25% communities) were also reported in addition to insecurity. Lastly, in 10% of the affected communities a combination of all three factors (insecurity, economic deterioration, and lack of basic services) were identified as drivers of displacement.

This indicates that conflict driven decline in economic activity and/or lack of basic services also plays a role as a secondary driver of displacement in Libya. In the majority of affected locations rising insecurity, economic deterioration which has now been also detrimentally affected by COVID-19 induced economic slowdown and loss or employment opportunities, and lack of access to basic services were identified as complex drivers of displacement.

Fig 9 Reasons for Displacement from Place of Origin (multiple choice)



Various factors influence IDPs' decision making on where to seek safety after being displaced from their places of origin.

As shown in figure 10, a multiple-choice question on reasons for choosing the current location as place of displacement identified that in 68% of the locations of displacement, IDPs had chosen these communities due to better security situation in comparison to the places of origin they had displaced from.

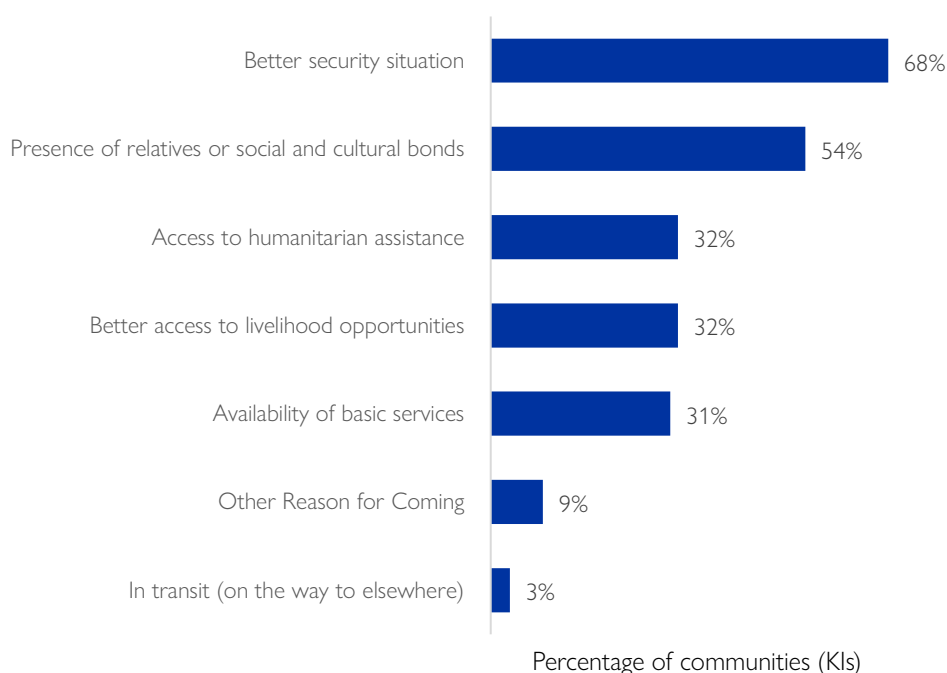
The second major factor was identified as presence of relatives or social and cultural bonds (54%) in the locations of displacement as a reason for IDPs seeking safety in these locations.

Only at 32% of the locations of displacement did access to humanitarian assistance play a role in influencing IDP families' decision to seek safety at these locations.

These findings show that IDP families decide on seeking safety in areas that offer better security and social connections.

Other contributing factors, such as availability of basic services or livelihood opportunities also play a role in IDP families' decision making (see chart below).

Fig 10 Reasons for Choosing the Place of Displacement (multiple choice)



## MULTI-SECTORAL LOCATION ASSESSMENT

DTM Libya's Mobility Tracking includes a Multi-Sectoral Location Assessment (MSLA) covering all regions (mantika) and municipalities (baladiya) of Libya. The MSLA key informant interviews regularly collect sectoral baseline data on availability and access to services and priority humanitarian needs. The regular and continuous implementation of the MSLA is aimed at supporting both strategic and operational planning of humanitarian programming via identification of specific sectoral issues at community-levels.

This round 32 report presents the multisectoral priority needs of IDPs and returnees during the months of July - August 2020. The following sections will also cover key findings related to education, food, health, non-food items (NFI) and access to markets, protection (security and Mine Action), water sources (WASH), and other public services, across Libya.

### HUMANITARIAN PRIORITY NEEDS

The most urgent priority needs for IDPs identified during July - August 2020 data collection were accommodation, food assistance, health services and non-food items (NFIs) as shown in Figure 11.

For returnees, key priority needs were found to be food assistance, followed by non-food items, access to health services and support in the provision of water, sanitation and hygiene (WASH) services, as shown in Figure 12.

Similar to the previous round, the top challenges in fulfilling these needs were related to the erosion of coping mechanisms of the affected populations due to protracted displacement and, more recently, also increasingly due to the negative socio-economic impact of COVID-19. Access to health services was reportedly constrained due to irregular supply of medicines, while more than one third of the private and public health facilities were reported to be only partially operational.

The chart shows ranked priority needs of affected population groups based on the top three needs reported at community (muhalla) levels.

Fig 11 Priority Needs of IDPs (Ranked)

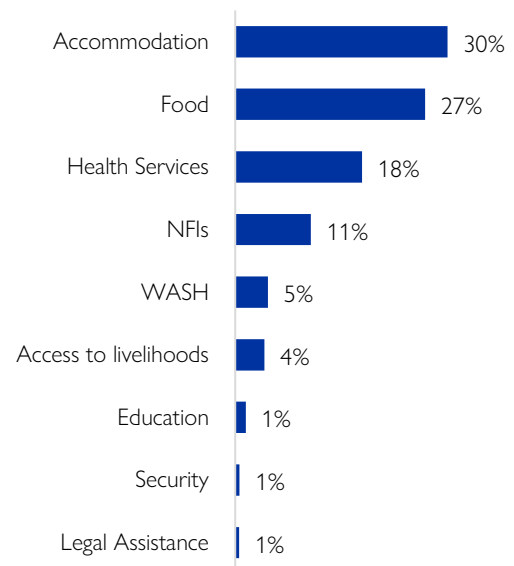
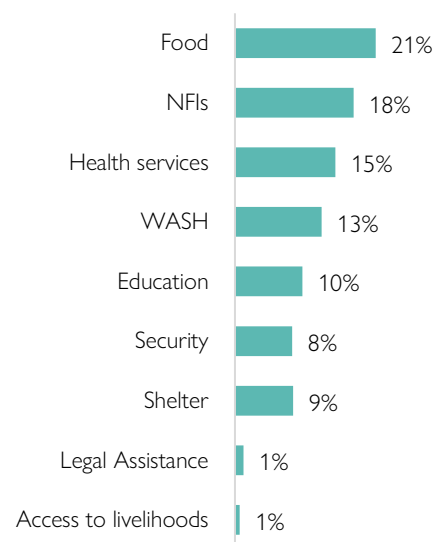


Fig 12 Priority Needs of Returnees (Ranked)



Area analysis of priority humanitarian needs shows variation in the reported priority needs for the top three regions (mantika) as per the population figures for IDPs and returnees in these regions (more details in the next section).

## HUMANITARIAN PRIORITY NEEDS BY REGION

The top three ranked humanitarian needs for the regions (mantika) with the largest IDP and returnee populations are shown below. The ranking is based on the weighted average score calculated for the highest number of people with humanitarian needs. This indicates regional variation in the key informant identified humanitarian needs for IDPs and returnees.

For IDPs in Tripoli region (mantika) the top three humanitarian needs were related to shelter assistance, access to health services (particularly critical in the context of COVID-19), and provision of food assistance.

For returnees in the Benghazi region (mantika) the top three needs related to early recovery to improve their living conditions were related to improved access to water, sanitation and hygiene (WASH) services, access to Education, and non-food items (NFI).

The needs of returnees in the regions of Tripoli and Sirt can be seen in figures 14 below.

Fig 13 Priority humanitarian needs of IDPs (ranked) for top three regions (mantika) with highest IDP populations.

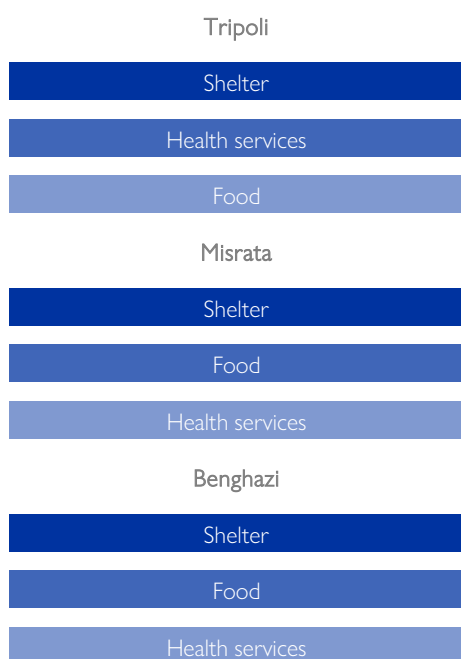
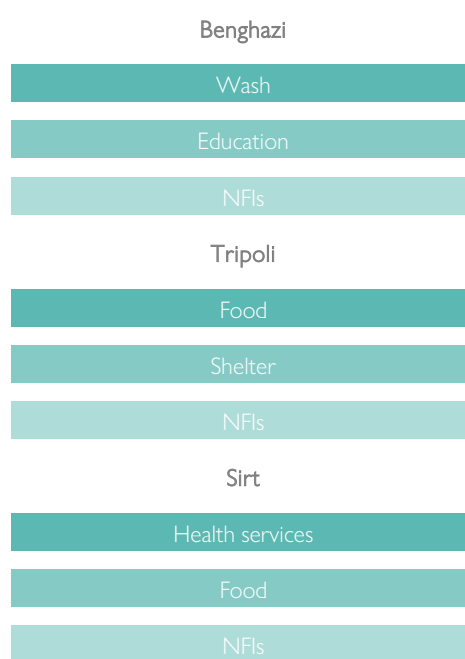


Fig 14 Priority humanitarian needs of returnees (ranked) for top three regions (mantika) with highest returnee populations.



## HEALTH

During Round 32 data collection, 60% of the health facilities in Libya were reported to be operational, while 34% were reported to be partially operational, and 6% were reported to be not operational at all at the time of assessment.

Figure 15 presents the statistics on reported operational, partially operational, and non-operational private and public health facilities. Analysis of health facilities' distribution by region highlights structural issues, such as lack of fully functional hospitals in 43 municipalities.

Similarly, the worst regions in terms of overall availability of health services reported by key informants were Ghat, Aljufra and Alkufra (see figure 17) due to overall low number of health facilities available.

In terms of functionality of health facilities key informants in Misrata region (mantika) reported that during July - August 2020, 34% of the health facilities in the region were not functional.

For life saving clinical management of critical COVID-19 patients only hospitals with fully functional intensive or critical care units may be considered to provide adequate level of care and service. Repeated instances of armed conflict in various parts of Libya, chronic underinvestment in health infrastructure, and dependence on private health service providers has drastically reduced the capacity of health sector in Libya to deal with the COVID-19 emergency.

Fig 15 Availability of health services in the assessed municipalities

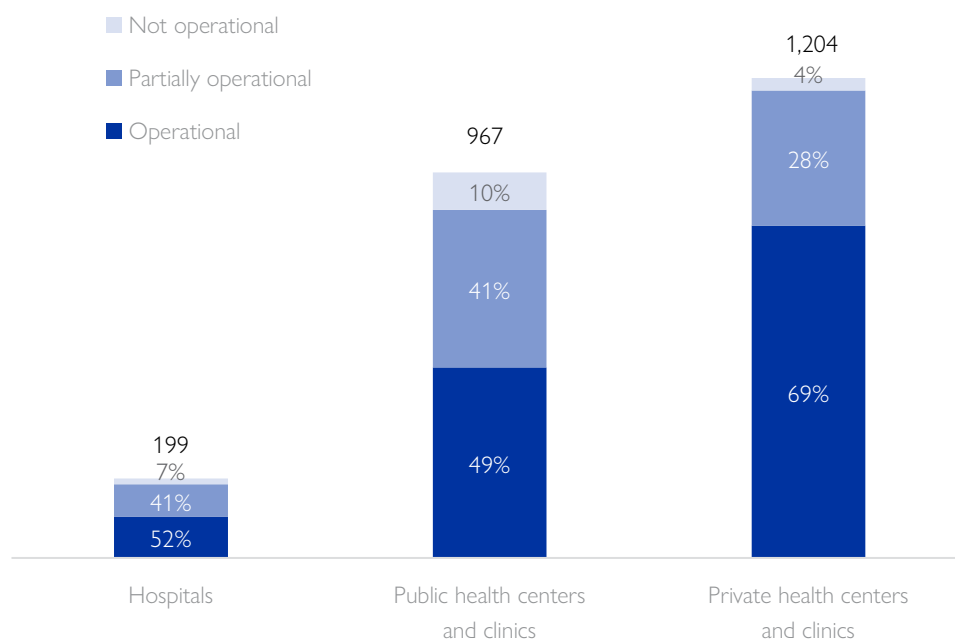
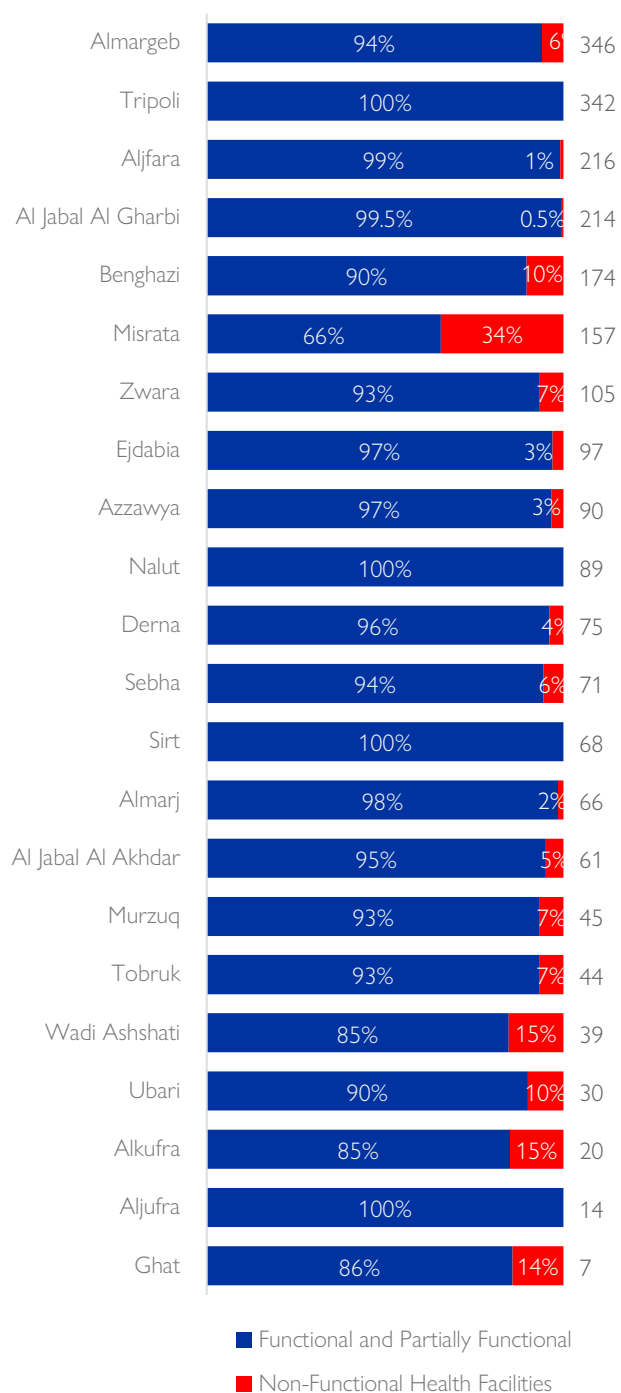


Fig 16 Availability of health services and their functional status by region (mantika) in the assessed municipalities



DTM's Mobility Tracking population data and key informant reports on health services collected via Multi-Sectoral Location Assessment can be used to identify key critical areas of gaps in health services along with higher proportion of affected populations such as IDPs, returnees, and migrants.

Fig 17 Irregular supply of medication reported in 98 municipalities (baladiya)



Furthermore, the range of services available in operational health facilities was often reported to be limited due to various factors, including shortages of medical supplies, such as shortages of medicines for chronic diseases as reported in 98 municipalities out of a total of 100 municipalities in Libya. (Fig 17)

## SECURITY AND MINE ACTION

As part of the Multi-Sectoral Location Assessment (MSLA), security-related indicators were collected in all municipalities, including questions specifically related to mine action (Mine Action Area of Responsibility). The aim was to understand the challenges faced by residents in moving safely within their municipalities, the reasons hindering safe movement, and awareness of the presence of unexploded ordnance (UXOs).

Visible presence of UXOs was reported in 9 municipalities. Residents were reported as not being able to move safely within their area of residence in 16 municipalities. In municipalities where movement was restricted, the main reason was insecurity (14 municipalities), road closures (9 municipalities), and presence or threat of unexploded ordnance (2 municipalities).

During round 32 data collection, restrictions on freedom of movement were also reported and observed as part of the COVID-19 public health measures, however those are not covered under this section (or in the list of reasons restricting movement in figure 20 below).

Fig 18 Presence of UXOs reported in 9 municipalities



Fig 19 Restrictions on freedom of movement reported in 16 municipalities



Fig 20 Reasons for restrictions on freedom of movement as reported in 18 municipalities

Municipality	Reason for Restricted Freedom of Movement
Abu Qurayn	Insecurity
Abusliem	Road closed, Insecurity, Other
Ain Zara	Road closed, Insecurity, Threat / Presence of Explosive Hazards
Al Aziziya	Road closed, Insecurity, Other
Algatroun	Insecurity
Azzahra	Insecurity
Derna	Road closed, Threat / Presence of Explosive Hazards
Espeaa	Road closed, Other
Garabolli	Insecurity
Ghat	Insecurity
Murzuq	Insecurity
Qasr Akhyar	Insecurity
Qasr Bin Ghasheer	Road closed, Insecurity, Other
Sebha	Insecurity
Sidi Assayeh	Road closed, Insecurity, Other
Suq Alkhamees	Road closed, Insecurity, Other
Tarhuna	Insecurity
Ubari	Insecurity



## EDUCATION

During Round 32 DTM multi-sectoral location assessment (MSLA) data collection, key informants in 100 municipalities of Libya reported that 4% of public and 2% of private schools were not operational due to damage to buildings and physical infrastructure as a result of armed conflict or because of being used as shelters for IDPs in need of emergency shelters. Furthermore, a total of 54 schools were reported to be fully destroyed due to armed conflict. See figures 21 and 22 for further details.

Fig 21 Operational and non-operational schools

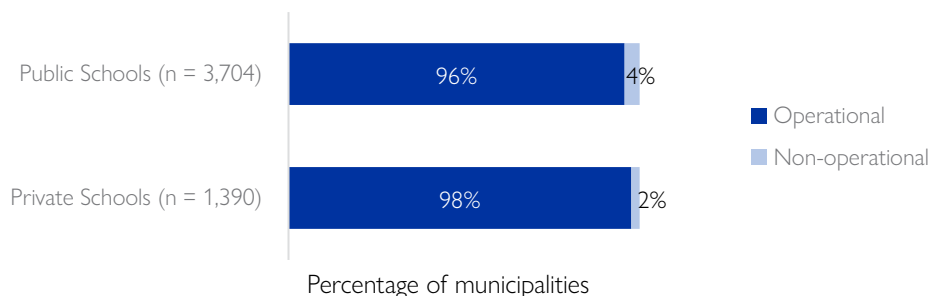
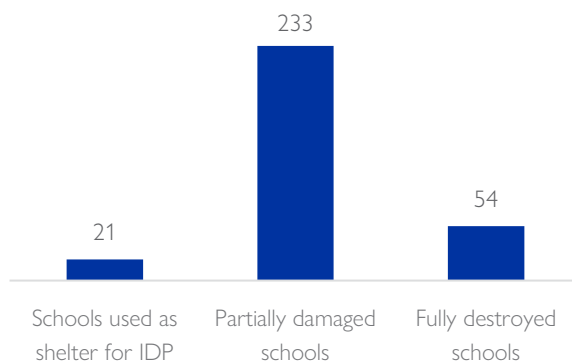


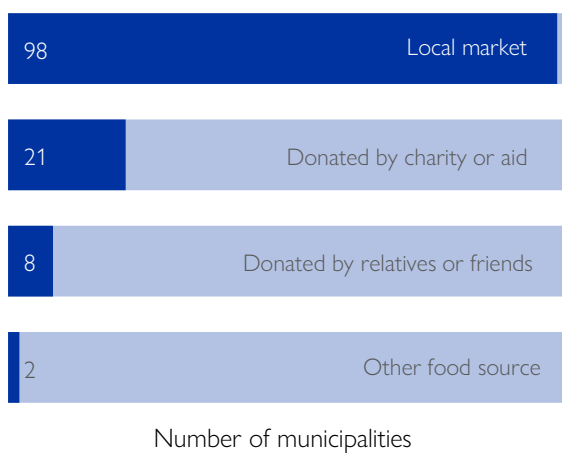
Fig 22 Number of schools reported as partially and fully destroyed



## FOOD

In 98 municipalities, local markets, such as grocery stores, supermarkets, and open markets, were reported to be the main source used by residents to procure food items, including IDPs, returnees and the host community. Furthermore, in 21 municipalities food distributions by charity and aid organizations were also identified as sources of food supply for vulnerable populations as shown in the figure below.

Fig 23 Sources of food supplies for residents by number of municipalities (multiple choice)



The modes of payment utilized for purchasing food were reported to be payments in cash, along with ATM cards and purchases made on credit as shown in the chart on the right. Figure 24 shows the mode of payments as per the number of municipalities where key informants reported the use of each payment mode.

The biggest obstacle in accessing adequate food to meet household needs was reported as food being too expensive compared to the purchasing power of affected populations.

Fig 24 Various modes of payment used for purchasing food by number of municipalities (multiple choice)

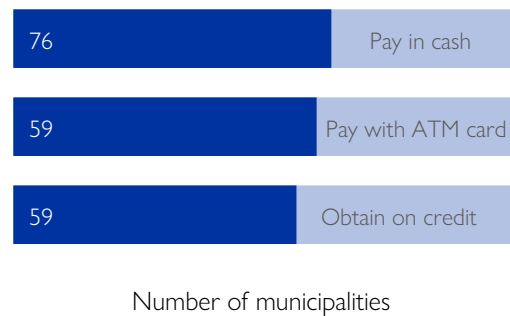
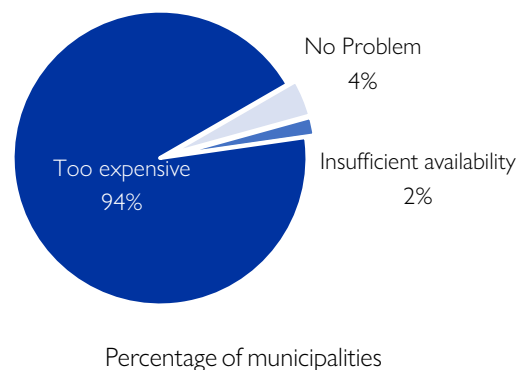


Fig 25 Main problems related to food supply



## NFI AND ACCESS TO MARKETS

Data was also collected on humanitarian priority needs related to non-food items (NFIs) in local markets. The most commonly cited obstacle to accessing NFIs was that items were too expensive for those in need of assistance. In 21 municipalities the main challenge in accessing non-food items was reported to be related to the poor quality of items available on local markets, followed by distance from local markets as key challenge reported by key informants in 12 municipalities.

Notably, mattresses emerged as the most commonly cited item in need as part of the humanitarian Non-Food Items kit, reported by key informants in 76 municipalities. The second priority NFI need identified were hygiene items (60 municipalities) which is also significant in terms of facilitating the prevention of the spread of COVID-19. Gas and fuel shortages were also reported during the reporting period.

Fig 26 Main challenges reported in obtaining the required Non-Food Items (multiple choice)

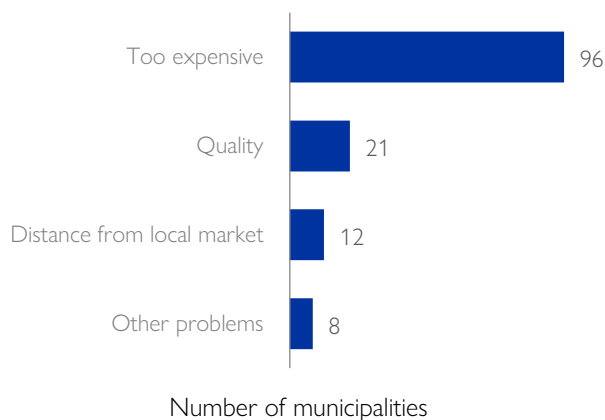
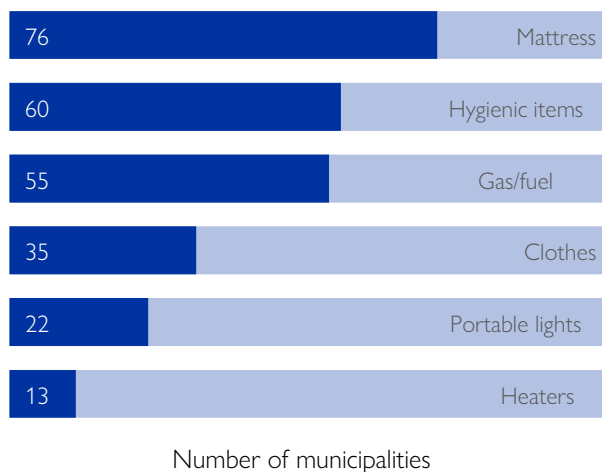


Fig 27 Most reported priority Non-Food Items in need (multiple choice)



## ACCOMMODATION

In July and August 2020, 65% of all IDPs identified in Libya were reported to be residing in privately rented accommodation, while 22% were staying with host families without paying rent, and 4% were taking shelter in schools and other public buildings.

84% of returnees were reported to be back in their own homes in their areas of origin. The remaining returnees were in rented accommodations (8%), with host families (6%) or utilizing other accommodation arrangements (1%).

Please refer to the map on next page for the geographical distribution of IDPs in public shelter or communal accommodation settings by region.

Fig 29 Accommodation types utilized by returnees

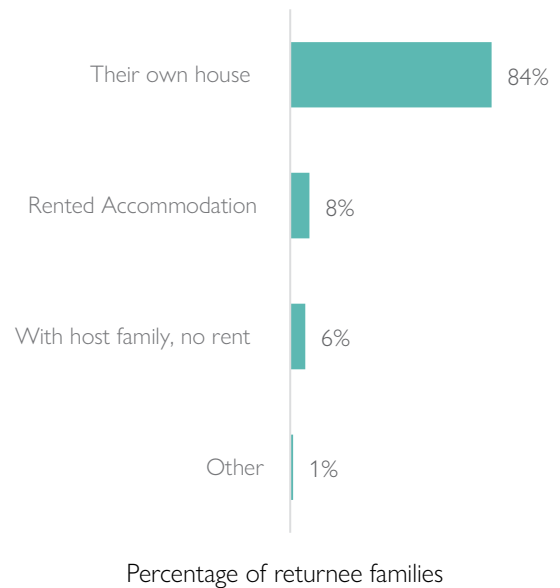


Fig 28 Accommodation types utilized by IDPs

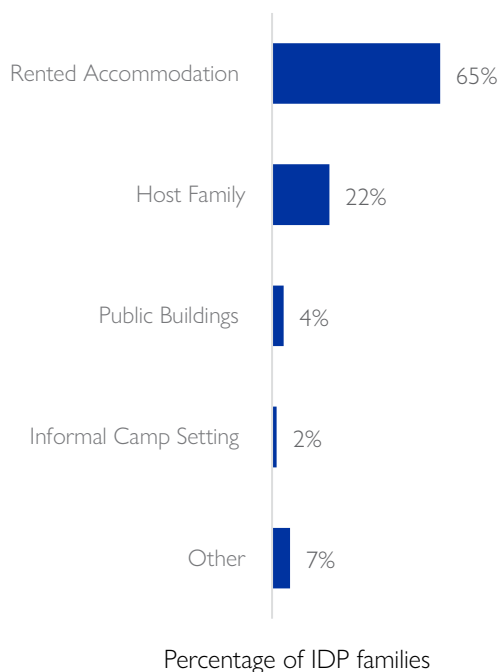
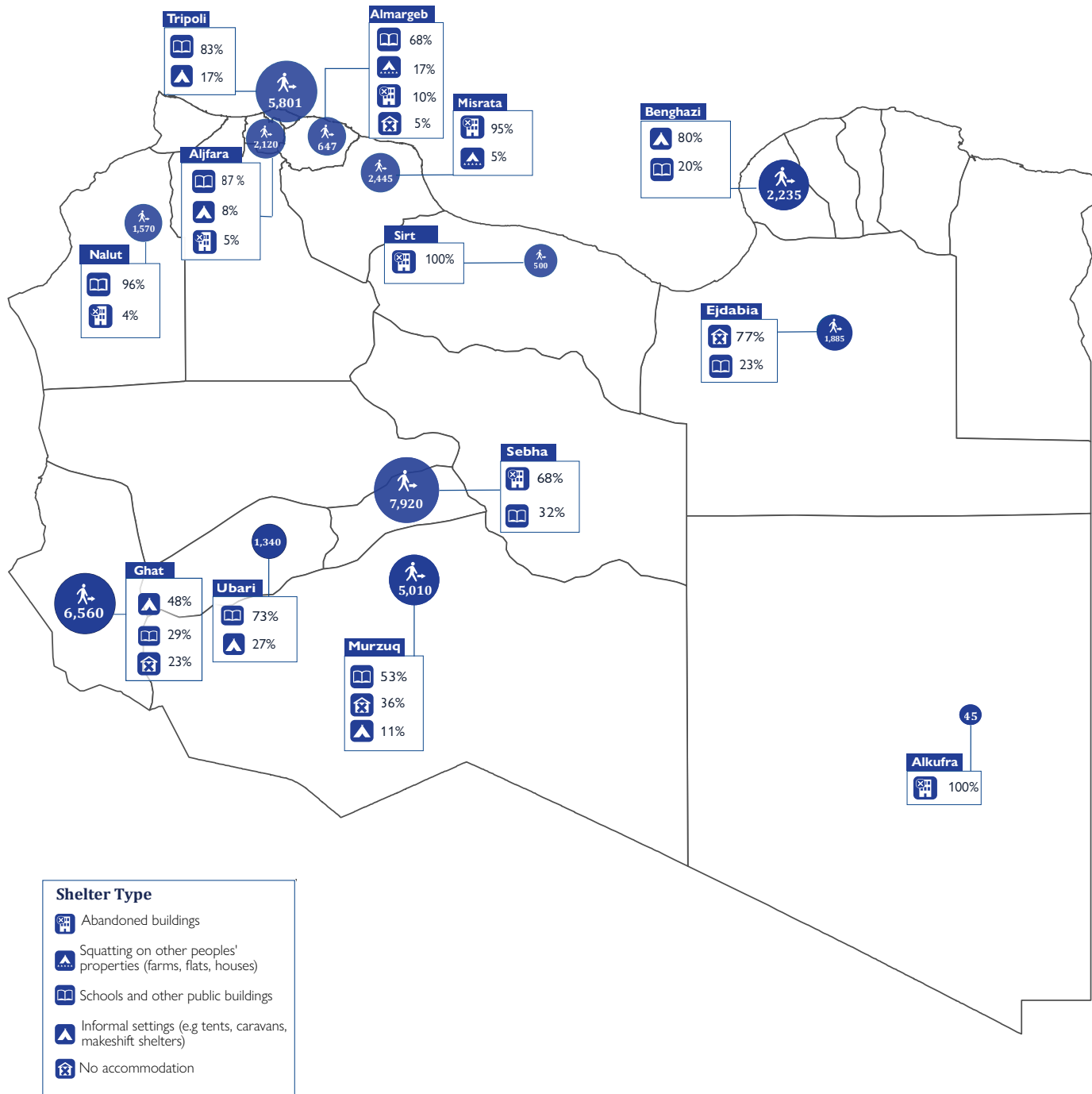


Fig 30 Map of public shelter or communal accommodation types used by IDPs by location



## WATER SANITATION AND HYGIENE (WASH)

In terms of utilized water sources, in 62 municipalities use of water trucking was reported as means to meet the household needs of residents, including IDPs, returnees, host community and migrants. While in 46 municipalities water bottles, in 45 municipalities water networks, and in 43 open wells (boreholes) were also reported to be used as sources of water available to the households. The entire distribution of the main water sources reported can be seen in figure 31.

Analysis of water source availability and utility by municipality shows that in 33 municipalities only one source of water was available and therefore utilized. Whereas in 35 municipalities two water sources were available, in 25 municipalities three water sources, and in 7 municipalities 4 water sources were available and utilized. Figure 32 below shows that in 15 municipalities of the 33 municipalities (44%) that depended on one source of water, open wells were the most common source of water, followed by 33% (11 municipalities) reporting dependence on water trucking as the only source of water utilized.

As the availability and utility of water sources increases the diversity of the types of water sources utilized also increases. However, as shown in figure 32, the reliance on water trucking – reported by 62 municipalities – as a source of water for household use is very common in Libya. Use of

water bottles was reported the most amongst municipalities reporting availability of two water sources for household use. Both water trucking and use of water bottles are resource intensive and indicate a dependence on alternative sources of water in the absence of reliable municipal water networks.

Fig 31 Main sources of water in use by the number of municipalities (multiple choice)

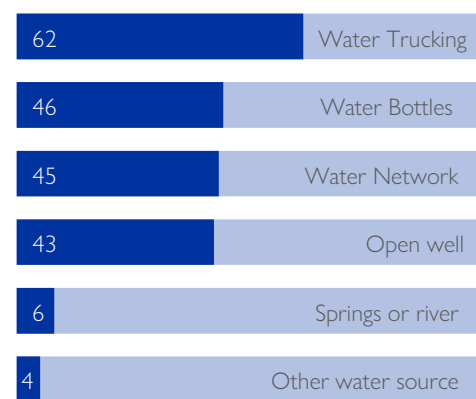
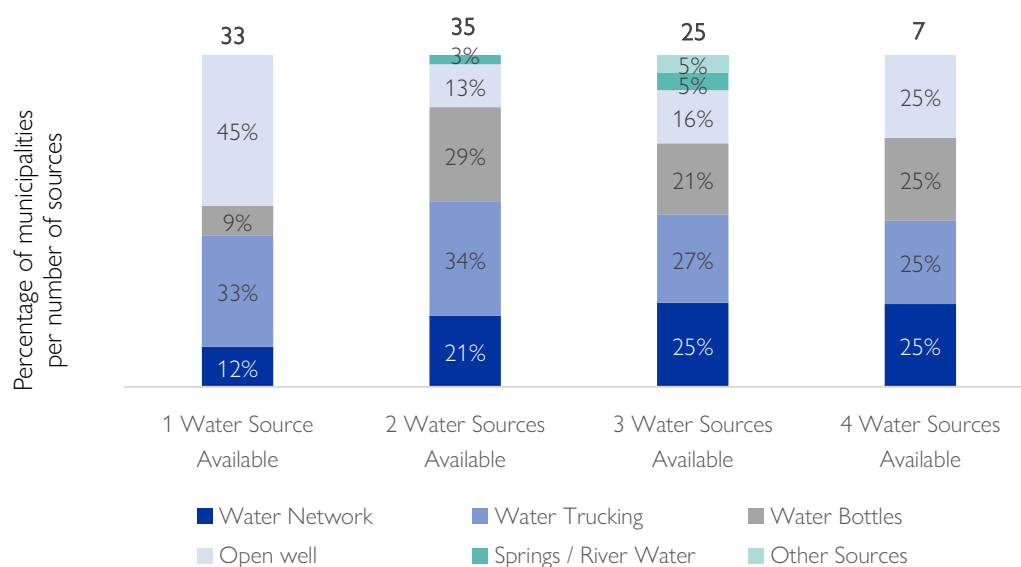
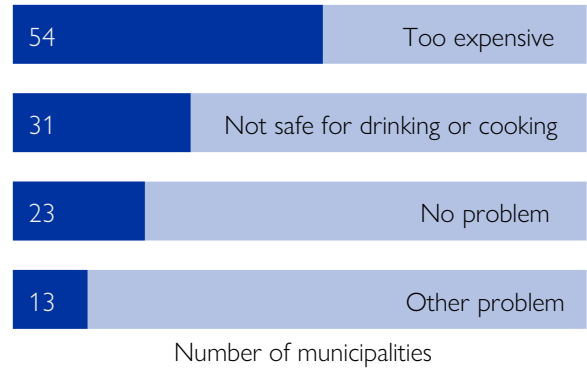


Fig 32 Analysis of number of water sources in use by municipality and their diversity



When asked about the main challenges faced by the residents, IDPs and returnees in accessing adequate drinking water, the most cited obstacle was related to access to water being “too expensive” (reported in 54 municipalities), as dependency on resource intensive water trucking to meet household needs, and use of bottled water for drinking were identified. In 31 municipalities the water available was reported to be not safe for drinking or cooking as shown in the chart below.

Fig 33 Challenges related to water availability by number of municipalities (multiple challenges reported by several municipalities)



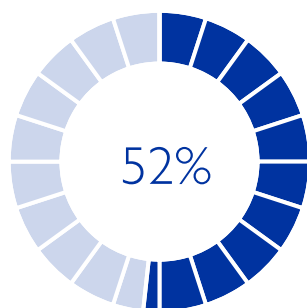
## METHODOLOGY

The data in this report is collected through DTM's Mobility Tracking module. Mobility Tracking gathers data through key informants at both the municipality and community level on a bi-monthly data collection cycle and includes a Multi-Sectoral Location Assessment (MSLA) component that gathers multisectoral baseline data. A comprehensive methodological note on DTM's Mobility Tracking component is available on the DTM Libya website.

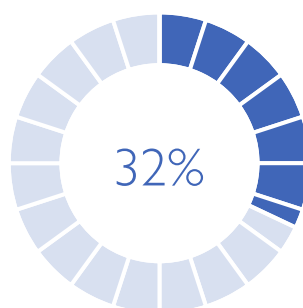
In Round 32, DTM assessed all 100 municipalities in Libya. 2,102 key informant interviews (KIIs) were conducted during this round. 329 KIIs were carried out at the municipality level and 1,729 at the community level. 32% KIIs were with the representatives from various divisions within the municipality offices (Social Affairs, Muhalla Affairs etc.), 11% from key civil society organizations, and 11% with local crisis committee

representatives. 6% KIIs were with female key informants, whereas 94% were male key informants.

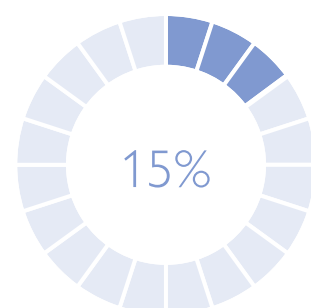
52% of data collected was rated as "very credible" during the Round 31, while 32% was rated "mostly credible", and 1% was "somewhat credible". This rating is based on the consistency of data provided by the Key Informants, on their sources of data, and on whether data provided is in line with general perceptions.



Very Credible



Mostly Credible



Somewhat Credible

### IOM Data collection in numbers

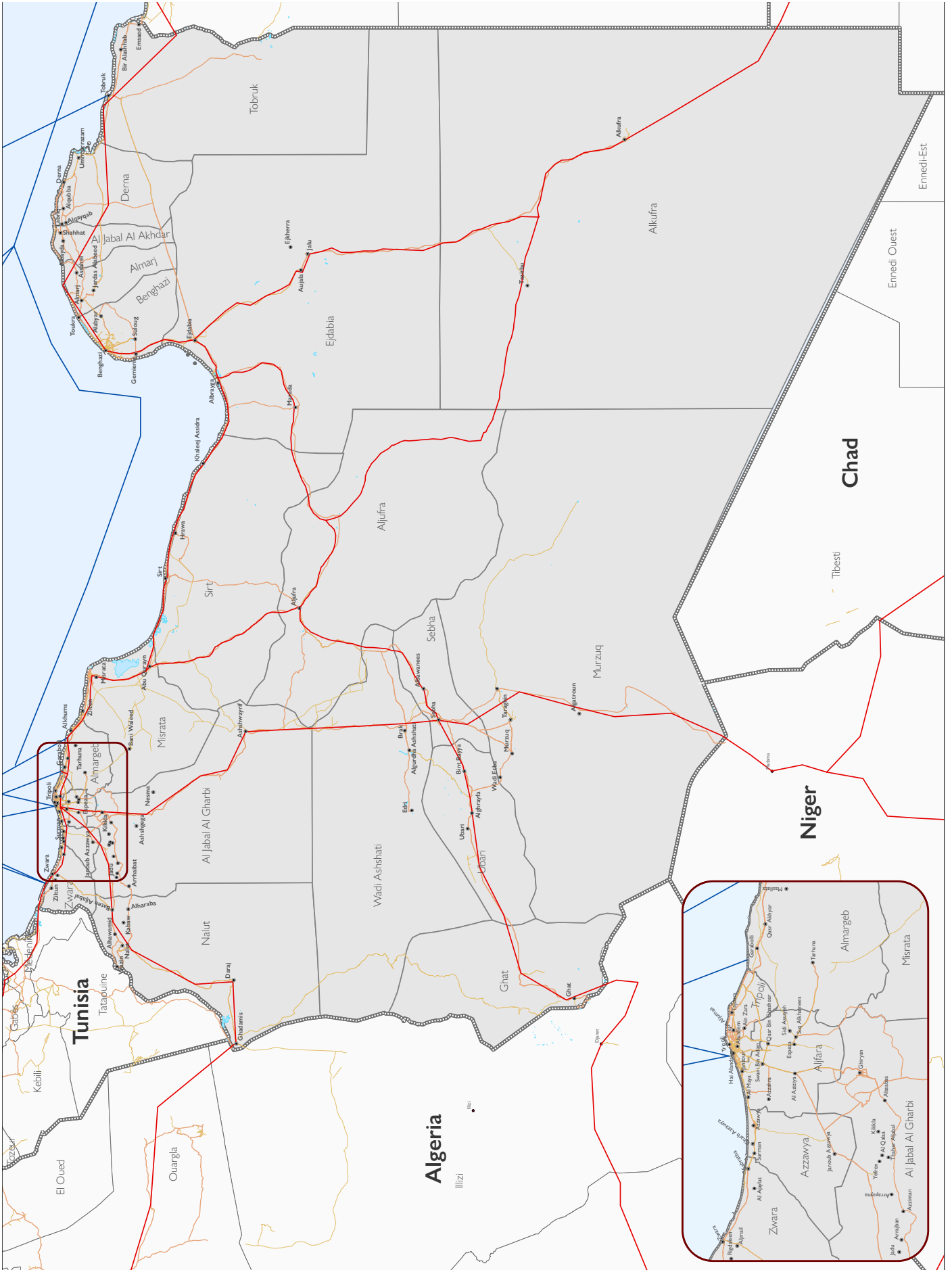
 **55**  
Enumerators

 **5**  
Implementing Partners

**100%**  
coverage



# REFERENCE MAP - LIBYA



Funded by the European Union, the Displacement Tracking Matrix (DTM) in Libya tracks and monitors population movements in order to collate, analyze and share information to support the humanitarian community with the needed demographic baselines to coordinate evidence-based interventions.

To consult all DTM reports, datasets, static and interactive maps and dashboards, please visit DTM Libya website:

[dtm.iom.int/libya](https://dtm.iom.int/libya)



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