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
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>4</td>
</tr>
<tr>
<td>Overview</td>
<td>5</td>
</tr>
<tr>
<td>Update on Conflict in Western Libya</td>
<td>6</td>
</tr>
<tr>
<td>Areas of Displacement and Return</td>
<td>7</td>
</tr>
<tr>
<td>Locations of Displacement and Return Map</td>
<td>9</td>
</tr>
<tr>
<td>Demographics</td>
<td>9</td>
</tr>
<tr>
<td>Drivers of Displacement</td>
<td>10</td>
</tr>
<tr>
<td>Multi-Sectoral Location Assessment</td>
<td>12</td>
</tr>
<tr>
<td>Humanitarian Priority Needs</td>
<td>12</td>
</tr>
<tr>
<td>Humanitarian Priority Needs By Region</td>
<td>13</td>
</tr>
<tr>
<td>Health</td>
<td>14</td>
</tr>
<tr>
<td>Security and Mine Action</td>
<td>16</td>
</tr>
<tr>
<td>Education</td>
<td>17</td>
</tr>
<tr>
<td>Food</td>
<td>18</td>
</tr>
<tr>
<td>NFI and Access to Markets</td>
<td>19</td>
</tr>
<tr>
<td>Accommodation</td>
<td>20</td>
</tr>
<tr>
<td>Water Sanitation And Hygiene (WASH)</td>
<td>22</td>
</tr>
<tr>
<td>Methodology</td>
<td>24</td>
</tr>
<tr>
<td>Reference Map - Libya</td>
<td>25</td>
</tr>
</tbody>
</table>
KEY FINDINGS
Round 32 (July-August 2020)

IDPs

392,241
IDPS IN LIBYA

92%
WERE DISPLACED DUE TO THE DETERIORATION OF THE SECURITY SITUATION

65%
OF IDPS LIVE IN SELF-PAID RENTED ACCOMMODATION

Returnees

493,716
RETURNEEs IN LIBYA

87%
RETURNED TO THEIR PLACES OF ORIGIN DUE TO IMPROVED SECURITY SITUATION

84%
OF RETURNEEs LIVE IN THEIR PREVIOUS HOMES

TOP 3 REGIONS WITH IDPs

97,522
TRIPOLI

37,200
MISRATA

36,915
BENGHAZI

TOP 3 REGIONS WITH RETURNEEs

189,025
BENGHAZI

81,886
TRIPOLI

77,510
SIRT

659 of 667 COMMUNITIES

100% of MUNICIPALITIES

2,102 Interviews with key informants
(Round 32, Mobility Tracking)
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 Aziziya also saw a significant rise in the number of previously displaced families returning to their places of origin.

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](image)
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)².

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.

2 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/
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.

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.

2 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.
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.
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.
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).
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.

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).
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

- Not operational
- Partially operational
- Operational

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Public health centers and clinics</th>
<th>Private health centers and clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>199</td>
<td>967</td>
<td>1,204</td>
</tr>
<tr>
<td>7%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>41%</td>
<td>41%</td>
<td>28%</td>
</tr>
<tr>
<td>52%</td>
<td>49%</td>
<td>69%</td>
</tr>
</tbody>
</table>
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 ordinance (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).

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Reason for Restricted Freedom of Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abu Qurayn</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Abusliem</td>
<td>Road closed, Insecurity, Other</td>
</tr>
<tr>
<td>Ain Zara</td>
<td>Road closed, Insecurity, Threat / Presence of Explosive Hazards</td>
</tr>
<tr>
<td>Al Aziyya</td>
<td>Road closed, Insecurity, Other</td>
</tr>
<tr>
<td>Algatroun</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Azzahra</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Derna</td>
<td>Road closed, Threat / Presence of Explosive Hazards</td>
</tr>
<tr>
<td>Espeaa</td>
<td>Road closed, Other</td>
</tr>
<tr>
<td>Garabollì</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Ghat</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Murzuq</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Qasr Alkhyar</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Qasr Bin Ghasheer</td>
<td>Road closed, Insecurity, Other</td>
</tr>
<tr>
<td>Sebha</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Sidi Assayeh</td>
<td>Road closed, Insecurity, Other</td>
</tr>
<tr>
<td>Suq Alkhamees</td>
<td>Road closed, Insecurity, Other</td>
</tr>
<tr>
<td>Tarhuna</td>
<td>Insecurity</td>
</tr>
<tr>
<td>Ubari</td>
<td>Insecurity</td>
</tr>
</tbody>
</table>

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
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](image)

![Fig 22 Number of schools reported as partially and fully destroyed](image)
**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)](image)

- 98 Local market
- 21 Donated by charity or aid
- 8 Donated by relatives or friends
- 2 Other food source

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.

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

- 76 Pay in cash
- 59 Pay with ATM card
- 59 Obtain on credit

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 25 Main problems related to food supply](image)

- Too expensive: 94%
- Insufficient availability: 2%
- No Problem: 4%
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.
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 30 Map of public shelter or communal accommodation types used by IDPs by location

Shelter Type
- Abandoned buildings
- Squatting on other peoples’ properties (farms, flats, houses)
- Schools and other public buildings
- Informal settings (e.g., tents, caravans, makeshift shelters)
- No accommodation

IDP AND RETURNEE REPORT
JULY - AUGUST 2020

No Accommodation
Abandoned Buildings
Squatting on other people’s properties (farms, flats, houses)
Schools and other public buildings
Informal settings (e.g., tents, caravans, makeshift shelters)
No accommodation
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.
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)

<table>
<thead>
<tr>
<th>Number of municipalities</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>Too expensive</td>
</tr>
<tr>
<td>31</td>
<td>Not safe for drinking or cooking</td>
</tr>
<tr>
<td>23</td>
<td>No problem</td>
</tr>
<tr>
<td>13</td>
<td>Other problem</td>
</tr>
</tbody>
</table>
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 (KII) were conducted during this round. 329 KIIIs were carried out at the municipality level and 1,729 at the community level. 32% KIIIs 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% KIIIs 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.
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