

Protection Analysis Report 2022

A Protection Analysis Report in South of Libya
operationalized through the Community Protection Approach (CPA)



In collaboration with

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01. REPORT SUMMARY

Since 2011, Libya has been in an ongoing conflict that has led to massive displacement of people. In these eleven years, many Libyans have been unable to find a safe home.

The conflict-related protection risks faced by Libyans include forced displacement, violence, and risk to life. According to the Libya Protection Sector¹, 647 civilian casualties (including 284 deaths and 363 injuries) were reported in 2019 and more than 140,000 people were displaced due to the resumption of hostilities in Tripoli (April 2019); civilian infrastructure was attacked by armed groups, limiting the population's access to basic services, as evidenced in particular by attacks on health facilities. In 2019, there were 61 attacks on health facilities, killing 75 people and injuring 52².

Against this backdrop, WeWorld-GVC (WW-GVC) has been present in Libya since 2018, implementing projects to promote safe access to water, sanitation and hygiene (WASH), primary health care and response to COVID-19 (health), capacity building of local Municipalities and civil society organizations (CSOs), and promoting respect for human rights through a nexus approach and integrated protection programming (protection). WW-GVC is currently working in southern Libya (Fezzan region) with a local and implementing partner, the civil organization MIGRACE.

Between December 2021 and January 2022, a protection risk assessment was conducted in the mantikas of Sabha, Al Shati, and Ubari (Fezzan region) as part of a community-based approach (CPA) targeting specific vulnerable communities. The process was led by WW-GVC in collaboration with MIGRACE³ under the Italian Cooperation (AICS) funded project AID 12031, "*Emergency Program in Libya to improve basic Health and Protection services for the most vulnerable population*".

The objective of this **Protection Analysis Report** is to gain an initial understanding of the limitations and opportunities to obtain more relevant protection monitoring data on the ground (evidence-based approaches) and to define protection strategies tailored to the context. The focus is placed on **two protection risks** that have been demonstrated through on- the-ground intervention and monitoring by WW-GVC and that can be linked to the overall lack of effective governance mechanisms and the unstable security context through systemic root cause analysis:

1. **denial of access to services and providers** (especially for vulnerable groups).
2. **forced migration of the population in the conflict context.**

Through the analysis of these two identified protection risks, findings on specific threats to affected populations were highlighted (e.g., lack of recognition of humanitarian and protection needs of populations, denial of needs and entitlements as well as resources and economic opportunities, conflict-induced internal displacement, and restriction of freedom of movement). This allowed for the identification of the impact of these threats on affected populations, including the characteristics of their vulnerability (health and livelihood problems, school dropout, increase in demographics and inter-group social tensions), coping strategies (internal migration, secondary movements of IDPs), and finally, existing (or lack of) capacity to mitigate the risks (social cohesion based on tribal dynamics, community conflict prevention and resolution mechanisms, or limited presence of international and national humanitarian actors on the ground).

¹ Libyan Protection sector strategy 2020-2021, available on the Global Protection Cluster website: <https://www.globalprotectioncluster.org>

² Ibid.

³ Migrace website: www.migrace.org

02. METHODOLOGY

Data were collected after the implementation of the **Community Protection Approach**⁷ from WW-GVC in Libya. Multi-sectoral data comes from the **Multisectoral Questionnaires (MQ)**, a comprehensive cross-sectoral community-level assessment through structured group interviews with key informants selected according to the minimum criteria of representativeness. The data collected aims to describe the situation of communities in the different humanitarian sectors and transform it into a set of protection risk indicators. A set of **quality indicators** was used to assess the quality of the MQ22 data. The **Integrated Protection System of Indicators**⁸ (IPSI) is a set of indicators and composite indices derived from the MQ data that provide a quantitative, protection-focused description of the communities' environment.

Community Protection Approach data

Between **December 2021 and January 2022**, a total of 12 MQs (6 questionnaires for men and 6 for women) were conducted in **6 communities in Fezzan** (muhallah⁹) region, representing a total population of 15,000 people, including vulnerable IDPs and migrants, as shown in the chart below on the status of IDPs and rights holders.

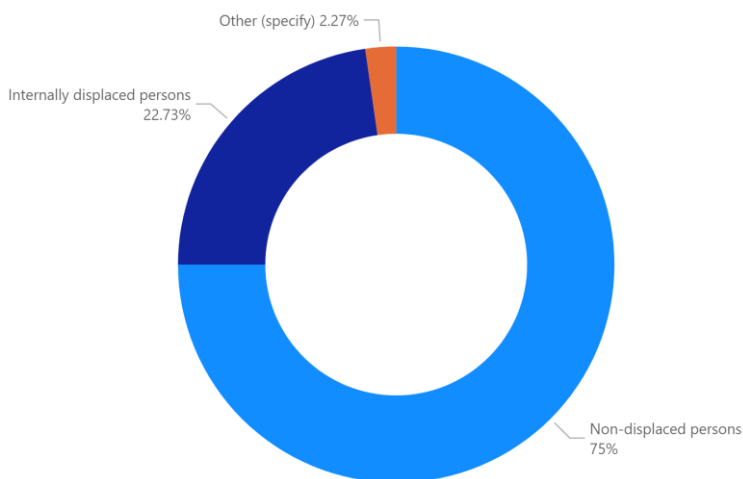


Figure 1: Right-holders' displacement status
 Multi-sectorial Questionnaire 2022

Source:

1157 participants¹³, **83 women (53%)** and **74 men (47%)**, were mobilised by WW-GVC and MIGRACE Focal Points. Of them, **16%** were youth (18-24 years), **72%** were adults aged 25-59 years and **4%** were elders aged 60 years or more. In addition, **36%** were caregivers of a child/children under the age of 18 and **3%** were caregivers of a person with a disability or persons with disabilities. **23%** were IDPs¹⁴, **75%** from host communities, **2%** with an imprecise displacement status or "**Other/Not Specified**" (about 2%), including an imprecise number of **international migrants** from other countries who consider Libya a transit country to other countries.

⁷ The Community Protection Approach (CPA) is an action-oriented approach and methodology that examines the geographical areas where it is implemented, assessing the protection risk mainstreamed across multiple sectors of action - health, education, wash, displacement, among others. Through the CPA, the community is enacted to self-analyze its needs and vulnerabilities, in support of an ongoing process of review and identification of actions to increase its protection to the coercive environment.

A more detailed overview of the CPA methodology can be found in <https://cpainitiative.org/>

⁸ All the data collected through the MQ feeds into the IPSI that synthesizes information into a set of indicators to capture the protection risk situation of each community. Meaning that while the more synthetic information provides an overview of where Protection Risks are concentrated: which geographical area, which sectors, etc. Moreover, raw indicators and information allows to explain the composition and the specific issues that forms the Protection Risk.

⁹ Muhallah, محلة, also Mahallah, Muhallya, is an Arabic word variously translated as community, quarter, ward, or "neighborhood" in many parts of the Arab world; while Baladiya بلدية, is city and Mantika منطقة, is subregion, district.

¹³ Data sources: Primary CPA/MQ data 2021-2022; CPA Qualitative data reporting

¹⁴ Secondary data of the Humanitarian Data Exchange suggest a high presence of IDPs in the Fezzan region: around 20,000 IDPs, and over 37,000 migrants in the South of Libya "Libya: Total Population by Mantika" as of 20 September 2020 <https://data.humdata.org/dataset/libya-total-population-by-mantika>; <https://data.humdata.org/group/lby>.

Tableau 1: Overview of Interviewed Communities (Men and Women)

GEOGRAPHIC AREAS			# OF PERSONS INTERVIEWED	
Mantika	Baladiya	Muhalla, Community	Men	Women
Ubari	Bint Bayya	Akhlif	15	9
Ubari	Bint Bayya	Al Rugaiba	14	7
Al Shati	Brak	Qira	10	10
Al Shati	Brak	Ashkeda	10	24
Al Shati	Gourdah	Laayoune	10	24
Sebha	Sabha	Ghadwa	15	9

Source: CPA/MQ 2022 and notes by field team note-takers

The selection criteria for these communities, selected by each municipality, followed the process based on existing donor-funded AICS programmes, with each target municipality selected based on the various activities currently being carried out by WW-GVC as part of its health programmes in southern Libya (rehabilitation of health facilities, individual protection assessment and direct assistance). In addition, a comprehensive analysis report was prepared that includes a socio-cultural profile of the communities, starting with the interpretation of the indicators through 66 individual protection assessments¹⁷ (with 86% women and 14% men) and 6 community profiles¹⁸ prepared with the focal points (see annexes) to collect qualitative information.

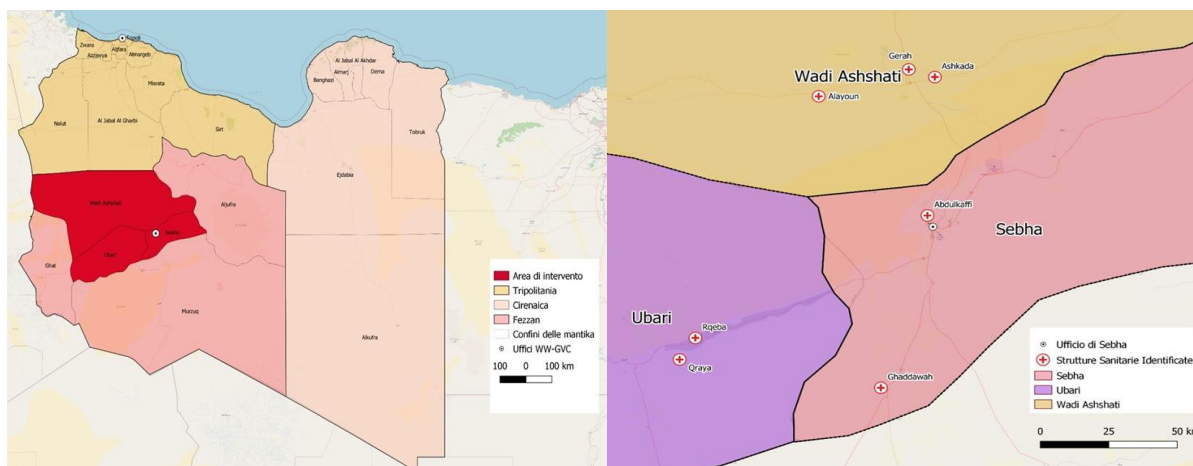


Figure 2: Maps of the WW-GVC areas of intervention and communities localization
Source: CPA platform (Multi-sectorial questionnaire 2022)

The Protection Analytical Framework (PAF)

¹⁷ In adjunction to the MQ groundwork, the Individual Protection Approach provides methodology and tools to identify and assess people whose immediate physiological, safety or specific needs are not met for four key steps of individual protection: **Identification, Assessment, Linking and Analysis**. It contributes to strengthening resilient capacities of rights holders to claim their right to assistance and identify gaps in service provision and challenges or obstacles for accessing services, in the framework of the overall CPA process. Within the IPA methodology, assessment of a family/household is the central evaluation. Each IPA cases refers to a household unit of 5 individuals per family.

¹⁸ Community profiles have been elaborated for each community, describing relevant demographic data, main protection risks, information on power dynamics and relations with local authorities and other stakeholders.

The data and information collected were analysed according to the guidelines of the **Protection Analytical Framework (PAF)** of the Global Protection Cluster. The protection risk analysis presented delves into the identified protection risks through the MQ and the dynamic interaction between the environment represented by the context and threats and the impact of threats on the population, including the identification of relevant characteristics and existing capacities of the identified population. The PAF guides the protection-specific situation analysis and organisation of data in line with the protection risk equation (as described in Figure 3). The PAF guides the protection-specific situation analysis and the organisation of data in line with the protection risk equation. Therefore, protection risks should be analysed according to the equation, where risk is understood as a representation of the reduction in severity of impact, with the four main pillars of interpretation: context, threats, vulnerabilities and capacities.



Figure 3: Protection Risk Equation
 Source: Protection Analysis Framework

In summary, this Protection Analysis Report allows:

1. a quantitative analysis based on CPA methodology and tools (MQ, IPA, Community Profiles);
2. the identification of the main protection risks affecting communities in the Fezzan region, based on cross-sectoral information from the CPA and a general understanding of the protection environment in southern Libya;
3. disentangle and interpret the relationship between the context, threats, vulnerabilities and capacities that define protection risks, through cross-sectoral data and an integrated system of protection indicators that operationalise and characterise the key elements of a protection risk;
4. Provide an interpretation of how the different types of interventions and referral mechanisms developed to address the issues identified from a cross-sectoral perspective enable protection risk to be reduced in its different dimensions.

03. LIMITATIONS

This analytical report follows a logic of quantitative analysis and subsequent interpretation by the WW-GVC coordination team. The main information problems and limitations are mainly related to the four gap pillars:

- **The data collected in the CPA only refers to the assessed municipalities**, so the results presented cannot be generalised to other municipalities that have not been assessed. As CPA is a community-based methodology, the results are not meant to be extrapolated to other unassessed communities, but to be localised and specific to the assessed communities.
- **Lack of knowledge of accurate numbers among community members**, leaders and focal points. During the assessments, an additional challenge was pointed out to WW-GVC as community members and sometimes

their community leaders stated that they do not have accurate population data or maps of their services and in some cases do not know where one area ends and another begins.

- **Lack of diversity in the representation of relevant profiles in the groups due to pre-selection** by community designated points of contact and the difficulty in mobilising certain groups due to their professional commitments and/or remoteness (e.g. farmers) or other barriers to access (geographical distance, access to the most vulnerable such as people with disabilities).

- **Recourse to secondary data:** Due to limited access to primary data from the MQ questionnaires, particularly on protection issues, the information in this report sometimes relates to an estimate of the analysis and is supported by secondary data at the regional level from other organisations working in the region, which is exacerbated by the fact that very few humanitarian actors, partners as well as few stakeholders are present in southern Libya at the community level. See also the quality assessments of the MQ data based on the monitoring indicators developed (in particular "representativeness" and "completeness") in the annexes section. In order to fill the gaps in primary sources, all secondary sources were integrated into the analysis and properly referenced.

- **Sensitivity of questions and protection issues:** limited technical skills of field staff in data collection in this MQ phase in Libya (2021-2022), lack of knowledge on protection issues, their appropriation and capacities, and a perceived level of "sensitivity" in data collection and therefore the difficulties in identifying protection issues through focus groups in Southern Libya, especially in a multi-sectoral assessment that is not focused on protection issues.

04. CONTEXT AND AREA OF INTERVENTION

Since the revolution in 2011, political insecurity and instability in Libya have made the country's political and socio-economic context an uncertain environment for its citizens, as well as a complex humanitarian environment²². The history of conflicts and the dangers they have faced have influenced the current scenario, such as forced displacement due to violence, threats and killings of civilians, threats to life and physical integrity related to armed conflict.

The southern region of Libya and the target area of this analysis, the Fezzan region, has repeatedly faced periodic violence between communities and armed groups associated with them, such as the severe clashes between the Tebu and Awlad Suleiman tribes in 2018.

To some extent, the fighting has been triggered by inter-community tensions, economic competition and historical grievances, but polarisation has also been fuelled by national-level actors seeking to leverage their links to local armed groups in the region²³.

In this scenario of ongoing conflict and instability, local governance and public aid services and providers are lacking, challenging private and humanitarian partners and reducing aid as part of a problematic decentralisation process. Unfortunately, security and political conditions do not allow humanitarian partners and actors easy access to Libyan territory. Security problems (armed groups, improvised explosive devices and mines, massive proliferation of weapons, tribal conflicts, etc.) have also led to restrictions on population movements. In addition, the presence of national security actors in southern Libya has also affected the volatility of southern Libya as a whole. For example, the Misratan 3rd Force exercised considerable authority in Sabha in 2015 and 2016 and suppressed the conflict, but left a power vacuum when they were redeployed to Sirte in 2016. In early 2019, Libyan National Army (LNA) troops moved into Fezzan, leading to clashes with some local armed groups and alliances with others to take control of much of the region²⁴. A brief period of stability

²² HumanitarianResponse.info, UNDP Libya, Instability and Insecurity in Libya:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/instability_and_insecurity_in_libya_fin_al.pdf

²³ UNSMIL (United Nations Support Mission in Libya), Statement on the unfolding security situation in Libya, 2020.

²⁴ Libya Security Monitor: LNA-GNA conflict escalates in the south; and REACH, Effects of the Tripoli conflict on South Libya:

followed, albeit without addressing the root causes of insecurity. The redeployment of LNA troops to the north left a new power vacuum within a few months.

According to the Key Informant Interview (KII), the 6 communities covered by this study currently follow the national unity government with the Dbeiga political party. There are also various armed groups in the region, but their relations have pacified for some of them since the 2021 Geneva Accord. Since 2011, there has also been a Katiba '160' in Al Layoune, a military group that also acts as a political decision-maker. This Katiba group has several legal prisons in the region to which prisoners from Sebha and Brak are brought.

The targeted areas in southern Libya with an estimated population of 150,000 to 200,000²⁵. Here is an overview of the **6 targeted communities** in the report and the composition of the population:

Tableau 2: Overview of Geographic and Demographic Data on Communities

GEOGRAPHIC AREAS			# DISAGGREGATED DATA					
Mantika District	Baladiya Municipality	Muhallah Community	Population size (estim.)	Men (age 18-59 estim.)	Women (age 18-59 estim.)	Children (age <5 estim.)	Youth (age 17-24 estim.)	Elderly (age >60 estim.)
Ubari	Bint Bayya	Akhlif	917	465	452	100	198	55
Ubari	Bint Bayya	Al Rugaiba	2349	1192	1158	255	508	142
Al Shati	Brak	Qira	4820	2445	2375	523	1043	291
Al Shati	Brak	Ashkeda	1606	815	791	174	347	97
Al Shati	Gourdah	Al Layoune	1790	908	882	194	387	108
Sebha	Sabha	Ghadwa	3482	1766	1716	378	753	210

Source : QGIS 2022

In the 3 mantikas covered by this analysis, the most developed economic activities are agriculture (growing vegetables, raising sheep and camels), but also transport and services. In most of the communities studied, the way of life remains traditional, with decision-making led by the upwardly mobile and the oldest men in the families, and with a clear division of roles and opportunities between men and women. The practise of polygamy is still widespread, although its acceptance varies from mantika to mantika. Children generally attend school, but often work on family farms from adolescence onwards, as there is no access to secondary schools. In terms of population movements, internally displaced people from Murzuq or Tawargha arrived years ago (between 8 and 3 depending on the area). International migrants have been around for decades. They come from several sub-Saharan African countries and work mainly on farms, usually doing the most physical work.

In the next chapters, based on this main contextual element, we analyse the threats as an element of conflict-related protection risks and the main findings.

05. PROTECTION RISK ANALYSIS

Based on the synthetic information provided by the MQ/IPSI indicators, a general overview of sectors with higher protection risks is given. After aggregating the indicators into composite sub-indices and indices that

https://reliefweb.int/sites/reliefweb.int/files/resources/reach_lby_brief_southlibyara_jun2019.pdf.

²⁵ Reach's Area-based assessment uses both these figures, citing the estimate of 150,000 from UN Habitat's 2018 Rapid City Profile and while the 200,000 is perhaps more recent, and is attributed to the organization WorldPop who specialize in generating demographic data, with a focus on low- and middle-income countries.

synthesise the collected information using normalised values, here we find the main results. **The sectors that have been identified as potentially "high risks" and on which we will focus** (especially the 4 larger dark blue components) are the following:

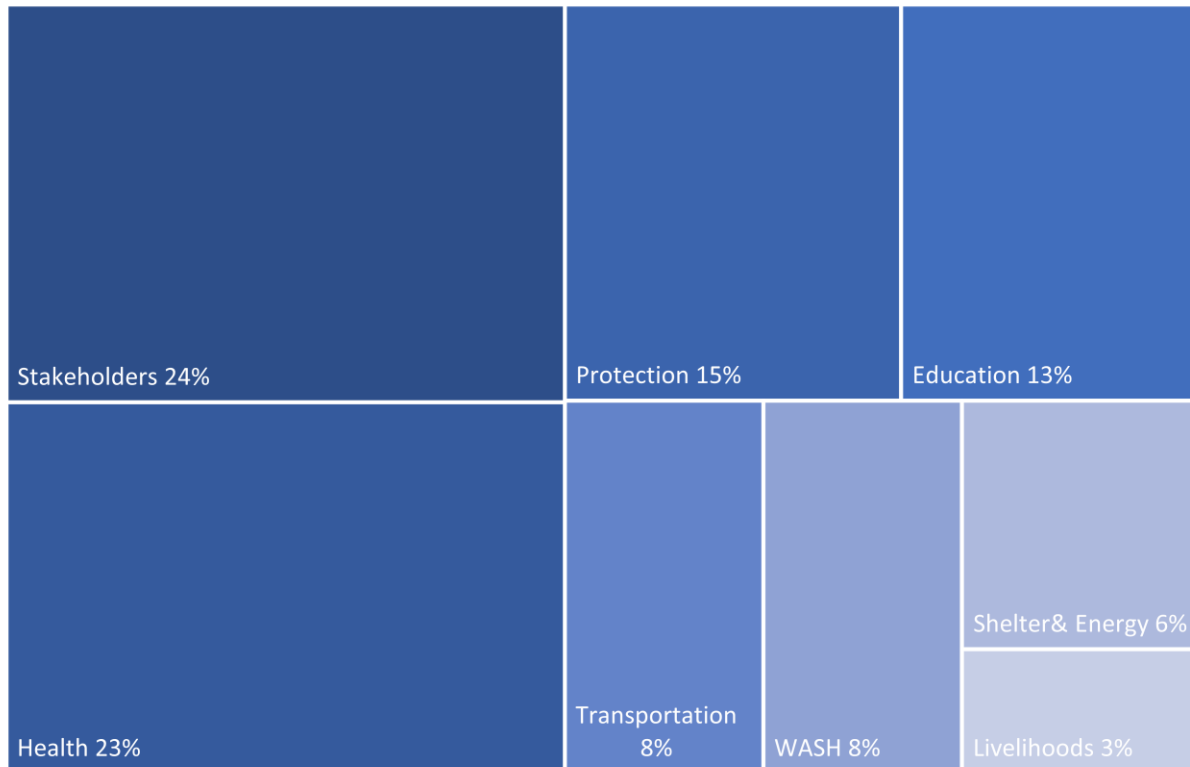


Figure 4: Sectors Identified as "High Protection Risk" in % (normalized index score)

Source: CPA platform (Multi-sectorial questionnaire 2022 / IPSI)

To identify the most important vulnerable sectors for this report, we focus on the highest score of 4 sectors (darkest blue colour). A list of the **"IPSI indicators" with the highest protection risk scores** is given below and their scores are presented in Annex 1. We will **focus on the following sectors selected to characterise the two identified protection risks:**

- Stakeholders (24%)

- o **Type of aid provider:** Indicates which aid provider operates in the community, whether alone or in combination with other actors.
- o **Number of sectors not covered by any stakeholder:** Refers to the number of sectors (out of the 13 envisaged in the IASC) that are not covered by any stakeholder.
- o **Number of populations covered by aid:** Refers to the number of population groups (out of a total of 12) covered by at least one assistance provider.
- o **Number of services provided to people with disabilities:** Measures the number of services provided to people with disabilities.

- Health (23%)

- o **Availability of primary health centres:** Assesses the availability of primary health centres based on opening hours and the presence of different types of medical staff.

- o **Availability of I-NGO/ UN clinics:** Assesses the level of availability of (I)NGO/UN clinics based on opening hours and presence of different types of medical staff.
- o **Availability of public hospitals:** Assesses the degree of availability of public hospitals based on opening hours and the presence of different types of medical staff.

- Protection (15%)

- o **Reasons for permanent relocation:** Identifies the presence of members who move away permanently (for more than 1 year) and the reasons for such movements (forced or voluntary).
- o **Presence of environmental safety elements:** Assesses the presence of a fire emergency plan and/or street lighting in the community.

- Education (13%)

- o **Estimated percentage of children attending public primary school:** Estimates the percentage of children attending public primary school; with an accuracy of $\pm 10\%$.
- o **Estimated percentage of children attending public secondary school:** Estimates the percentage of children attending public secondary school; with a precision interval of $\pm 10\%$.
- o **Secure access to non-formal education programmes:** Assesses the level of access to non-formal education programmes based on barriers (transport, safety reasons), affordability, distance and location of provision.
- o **Safe access to kindergarten/daycare:** Assesses the level of access to public kindergarten/daycare based on barriers (transport, safety reasons), affordability, distance and location of service.

Starting from an initial quantitative analysis based on MQ/IPSI and IPA data, complemented by qualitative analysis of community profiles, this **protection analysis report focuses on denial of needs, access to services and providers for vulnerable communities, and forced displacement** of people in the context of conflict.

Although two separate concepts, these two protection risks are closely linked, not only in terms of affected populations and people on the move, but also in terms of the impact of the threats that the movements create.

Figure 5 shows a **conceptual diagram** of our protection risks and how the two identified risks are characterised by threats, the impact of the threat on the affected population, the capacities present (or lacking) and their **interlinked features and elements** according to the PAF categories.

Legenda:

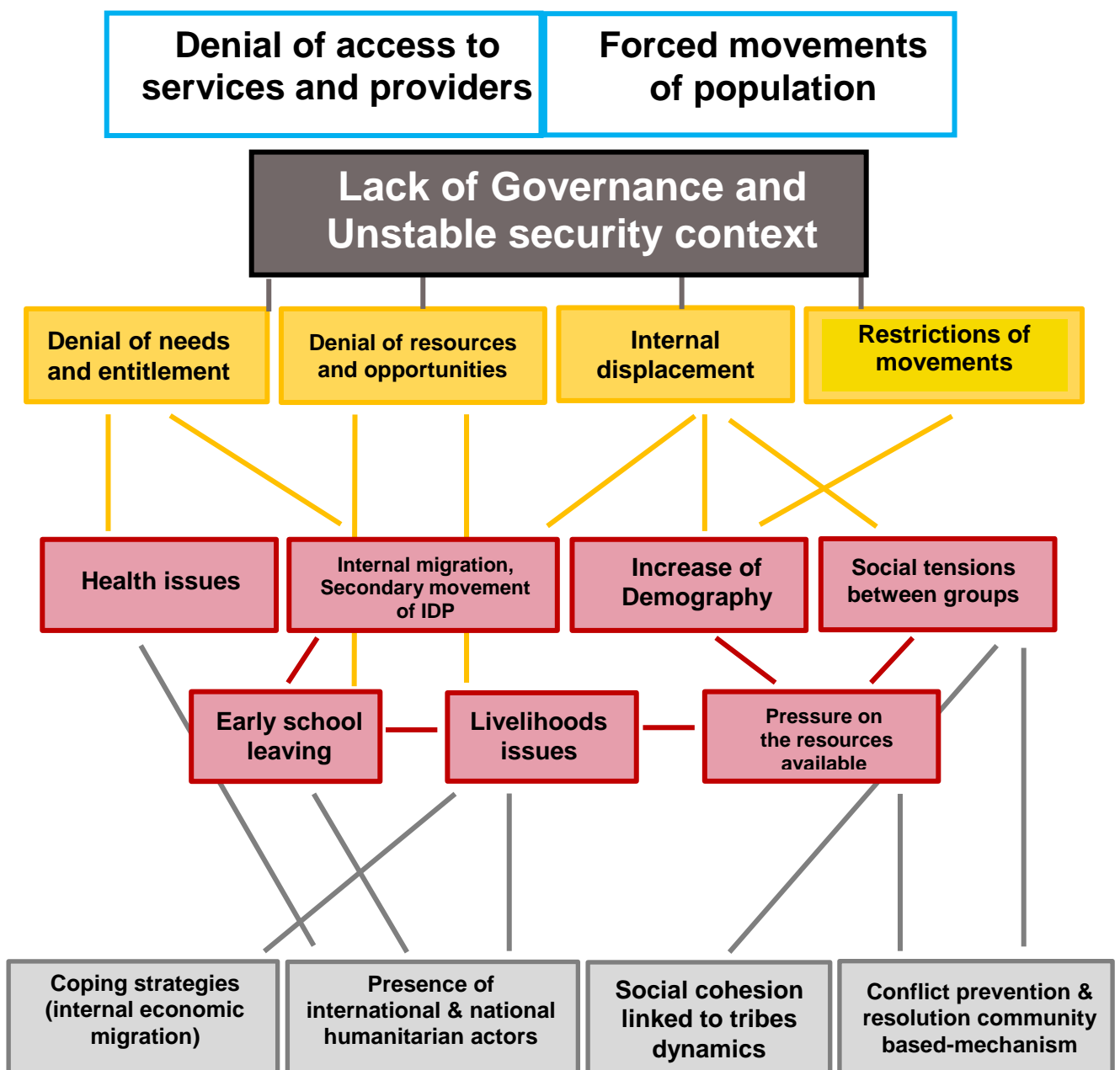


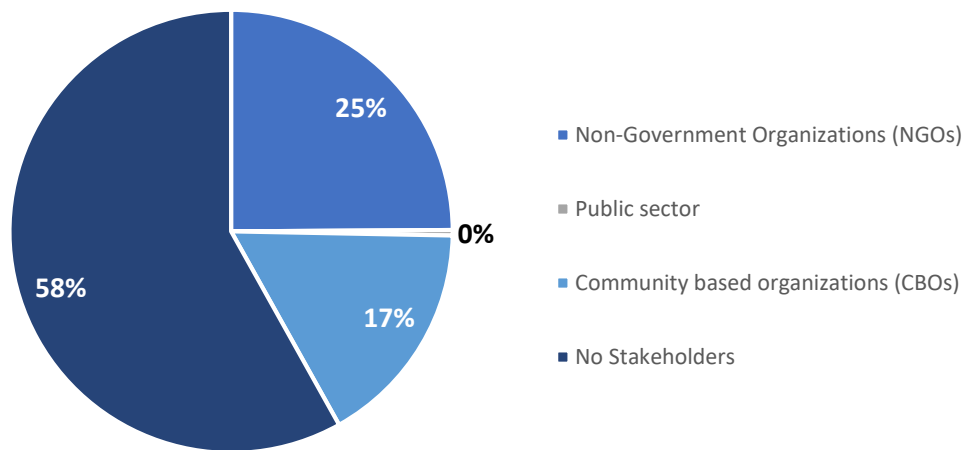
Figure 5: Conceptual Diagram for Protection Risks

Denial of needs and access to services and providers

Southern Libya, and in particular the Fezzan region, is a particularly poor area with limited access to services. This is because there are no service providers and stakeholders, they are far from where communities live, and access can be conditional on the presentation of certain documents or membership of a particular group.

Evidence of this can be found in the MQ data, which refers to the origin of services associated with key services in the last 6 months. **Above all, the lack of the public sector is evident from the respondents' data on the origin of the services received, most of which come from the private sector (NGOs, CBOs,).**

58% of the communities surveyed reported that they do not receive support because there are no stakeholders, and therefore no service providers, in the communities (see Figure 7).



*Figure 7: Percentage by Sector of Services Received by the Community (Jul – Dec 2021)
 Source: CPA platform (Multi-sectorial questionnaire 2022)*

This lack of providers is confirmed not only at the community level, but also at the individual level when we look at the results of the IPA assessments to the specific question: "Did anyone provide you with help after the last shock?" and more than **98.5%** answered NO, while the low 1.5% said YES.

The services/assistance provided by NGOs and CBOs can be found under the stakeholder typologies: **Education and non-formal education** (including vocational training) -18%- and **Protection** (child protection and GBV) -18%. The remaining share is equally divided between: Nutrition, food security, legal advice or assistance, non-food items (NFIs), health/mental health and rehabilitation, WASH. The population to receive more assistance from NGOs and CBOs are adult women and generally households/whole families.

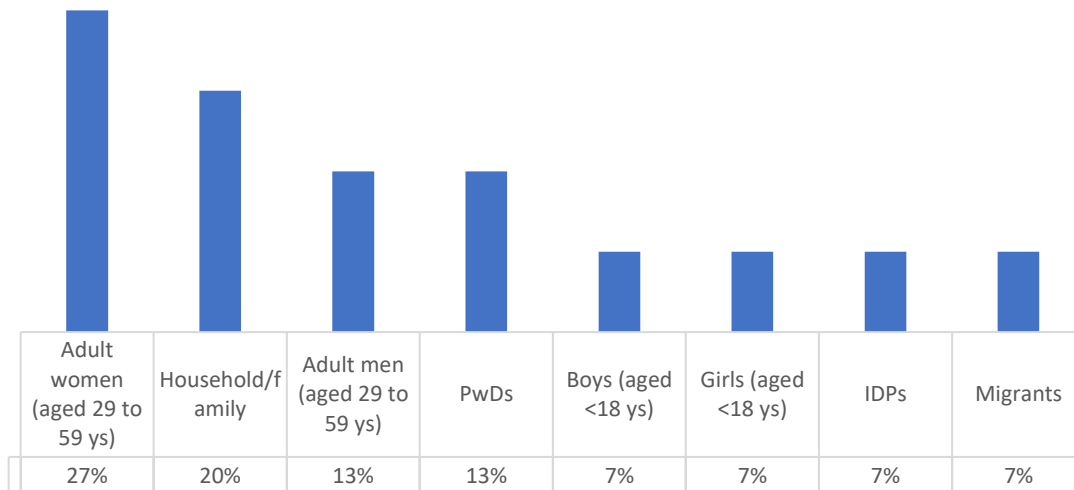


Figure 8: Population Groups Receiving Services/Assistance from NGOs and CBOS
Source: CPA platform (Multi-sectorial questionnaire 2022)

Denial of access to basic Primary healthcare services

One of the most important services that can affect a community's vulnerability is secure **access to basic services, or rather, lack of access to basic services such as health care, education, nutrition and electricity**³¹. The **availability and affordability of primary health centres, private clinics run by INGOs and public hospitals** is particularly sensitive.

Years of war and political instability have had a severe impact on Libya's ability to maintain adequate systems to ensure full access to health services. As reported in OCHA³² and IOM's DTM Round 37³³, southern Libya has suffered from a historic lack of investment in infrastructure, resulting in a very weak service infrastructure today, particularly in the area of health care, exacerbated by the conflict, poor governance and difficulties in the decentralisation process.

The lack of access to basic services is a serious problem in Fezzan and confirms the difficulties of vulnerable people identified in the IPA questionnaires³⁴ at the individual level. However, it is unclear to what extent all these facilities are fully functional and adequately staffed, especially as some do not have generators and fuel, and there are no reports of a protected electricity supply for essential services such as the health centres. All these factors have resulted in the health sector being one of the most vulnerable. This was confirmed in all the communities surveyed, with **54%** of the respondents suffering from chronic diseases and **18%** having a critical health condition.

In addition, the **pandemic COVID -19 has worsened the situation by further complicating access to facilities, the quality of treatment and the professional staff available.**

³¹ Data sources: Primary CPA/MQ data 2021-2022; CPA Qualitative data reporting.

³² OCHA Humanitarian Bulletin: https://reliefweb.int/sites/reliefweb.int/files/resources/libya_bulletin_august_2021_english.pdf

³³ IOM DTM : <https://dtm.iom.int/reports/libya-%E2%80%94migrant-report-37-may-june-2021>

³⁴ Question: "Are you facing any problems related to health?" with more than 70% of assessed rightsholders replied YES, as well as at the question: "Are you facing any problems related to hygiene and sanitation?" with more than 58% of assessed rightsholders replied YES. Data sources: Primary CPA/IPA section - February-March 2022.

This trend of poor and scarce medical and human resources being a barrier to accessing health care for residents in southern Libya is confirmed by the assessment of WW-GVC, which found that the main barriers to accessing the nearest health facilities and services include: **long distance (75% of respondents) to reach facilities**. While help is available locally, **access is also worsened by distance**: from 15 to 30 minutes to the first health facility and from 45 to 60 minutes to the nearest public hospital.

Health actors do not provide medical assistance as long as respondents report that there are no INGOs/ UN clinics: "Such a service is not available in the country" (100%), while public health facilities continue to fulfil their important role of protecting lives and ensuring the vaccination of children. **The percentage of boys and girls (under 15 years) vaccinated is high: between 50% and 99% (half or more) and 100% in some communities**. The main vaccines provided are: IPV (polio); PCV (pneumococcus); Hib (H. influenza B); bOPV (oral polio); BCG (TB); hepatitis B; DTaP (diphtheria, tetanus, pertussis); Rota virus; meningococcus.

The most vulnerable people most affected by the lack of primary health care are **people with disabilities (PwDs)**. At the individual level, 14% of respondents to the IPA question "Which of the following conditions?"³⁸ confirmed that disability is a threatening health problem that can negatively increase a community's vulnerability if medical care is not provided.

Many health centres reportedly need equipment and rehabilitation, including improving physical access for people with disabilities (see Figure 9 below), **as well as additional security measures to improve the management of people and traffic outside health facilities**. Residents reported that health and school buildings are not easily accessible to persons with reduced mobility, that there are no equipped school buses, that affordable transport is not available, and that schools do not accommodate children with disabilities.

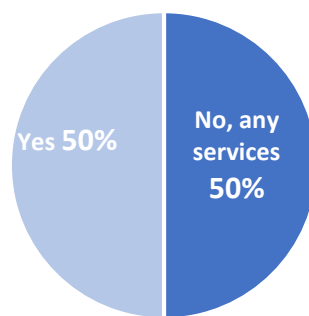


Figure 9: Percentage of Specific Services Provided for Persons with Disabilities (PwDs)
 Source: CPA platform (Multi-sectorial questionnaire 2022)

In half of the assistance reported by respondents (50%), it is mainly CBOs that help people with disabilities: personal assistance and equipment (29%), medicines and health care (29%), food (29%) and education programmes (14%). A further look at people with disabilities is given in the next chapter, especially children with disabilities in school.

Access to services: Schools and Food markets and insecure Environmental saf

³⁸ Data sources: Primary CPA/IPA section - February-March 2022.

The impact of threats⁴¹ on the population after years of conflict are those that are likely to have **increased urban inequalities and socio-economic disparities by limiting some groups' access to services**. Other factors that may affect the two protection risks and consequently be reasons for long-term migration from the area are not only related to health care, but also to **secure access to education and livelihoods**, which UNHCR and IOM⁴² also report, as well as to **uncertain environmental security conditions**.

The communities assessed reported barriers and challenges for their children in relation to schools, particularly in reaching primary and secondary schools due to the unaffordability of transport (as we will also see later in this section), including the availability of school buses and the general sub-structure of schools with poor and damaged structure or lack of student capacity. Another major challenge is of course the "long distances". Respondents report that the nearest primary and secondary schools are up to 30 minutes away from their neighbourhoods.

Early school drop-out (around 13-15 years) leads to children working on family farms. Many young people are attracted to the activities of smugglers, who are considered more profitable

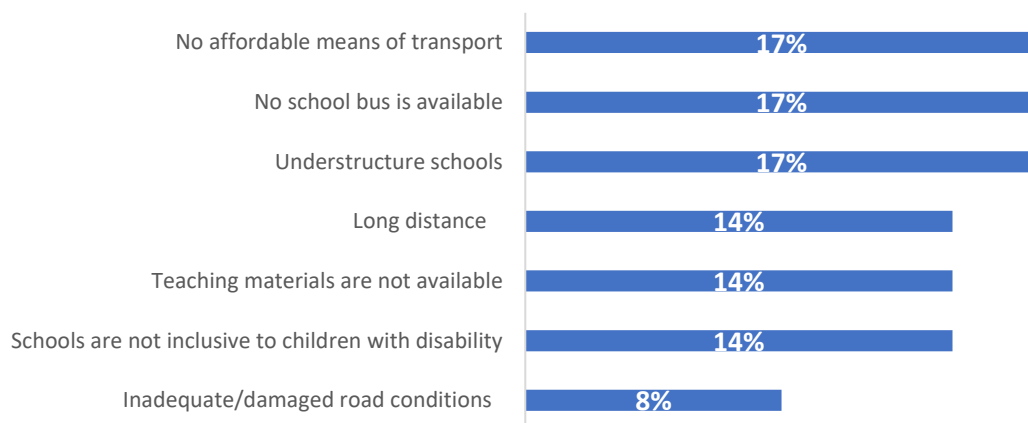


Figure 10: Challenges to Children's Access to Nearest Public Primary and Secondary Schools (%)
Source: CPA platform (Multi-sectorial questionnaire 2022)

The situation worsens when considering the lack of services for **school-age children with disabilities**. 50% of respondents (3 out of 6 municipalities) state that children with disabilities, who are consistently represented in the 6 municipalities (between 1% and 24%), face the problem of inadequate schools that are considered "non-inclusive" for all children as a barrier that particularly affects children with disabilities (50%). Other responses include the lack of availability of transport (25%) and teaching materials (25%).

The lack of educational opportunities, or the lack thereof, is already a problem in southern Libya. In addition to formal schooling, non-formal education programmes may prove crucial to serve children who do not have access to mainstream public school systems. Non-formal education programmes, which usually focus on literacy and basic education, do not exist in most communities in southern Libya. Nevertheless, in Ahklif municipality, where respondents indicated that there are **non-curriculum programmes for IDPs and migrants, there may already be a small range of non-formal education programmes**.

In terms of **livelihoods and means of living/working**, all 6 vulnerable populations studied are **predominantly rural communities with permanent (not seasonal) activities**. However, they struggle daily to manage

⁴¹ The population groups that are affected by the threat and how or why are they vulnerable to this threat and how the consequences may be different across different population groups and geographic areas" - Global Protection Cluster.
⁴² IOM DTM Libya Migrant report May-June 2021. UNHCR: <https://reporting.unhcr.org/node/5128>

adequate food consumption, which tends to be slightly higher in rural areas than in urban areas⁴⁵. **Low food consumption is mainly related to the deterioration of the economic situation and the increased prices of some basic needs**, especially oil (90%) for **staple foods and medicines** (90%) for **hygiene and medical needs**, as indicated by the migrant and IDP respondents (90%) as the population groups most affected by the crisis.⁴⁶ **Lack of money or other resources** is the biggest problem mentioned by respondents: Running out of food due to lack of money or other resources (67%); eating little food or less than they should (67%), or worse, skipping meals or lack of meat/fish in their diet (more than 80%).

Even when food markets are available in communities, barriers to accessing the nearest food markets depend on **economic and gender issues**. Half of the surveyed communities indicated that low food consumption was related to the **cost of supplies and lack of food**. In Qira municipality, respondents indicated that there is a gender gap related to **women not being allowed to shop in the area**. However, this is also a culturally accepted fact considering that **only boys and adult males (aged 18 to 49) are responsible for going to the grocery shop**.

In terms of access to work, the study reports **significant differences between men and women**. While women can work in five of the six communities studied, the **jobs accessible to them are limited to informal work on farms or as nurses or teachers**. Most have to drop out of school and their **access to employment depends on family acceptance**.

In terms of **transport**, the impact of threats is also seen in the **lack of access to infrastructure and unsafe environmental security conditions**⁴⁷. Respondents to the MQ assessment identified several areas as growing and pointed to the additional strain on infrastructure, such as the municipality of Laayoune, which reported that most neighbourhoods are no longer connected to the main road and thus to the region's main services. While the car is still the main means of transport for private use, the real problem reported by the totality (100%) of the population surveyed is the **lack of functioning street lighting in the communities**.

Indeed, **electricity supply** is a key problem in southern Libya, with power outages and low-voltage problems hampering the provision of other essential services. All communities are connected to the public grid, but two communities in particular, Qira and Akhlif, reported problems with electricity supply, indicating a system that is overloaded and in need of partial repair, and pointing to particular problems related to dangerous electricity infrastructure that could harm people. In Akhlif, on the other hand, communities reported a lack of electricity for pumping from protected wells in the community, making it difficult to access the most common sources of drinking water. 4 out of 6 communities also reported frequent power outages in the summer, which can affect agriculture as water pumps are switched off.

Restrictions of movements/Movements of vulnerable populations

According to the results of the MQ 2021-2022, the current absence of violent conflict in the cities and districts, and the general overview of the security situation, and noting the limitations already highlighted (see Limitations chapter) regarding perceived 'sensitivity' to security issues, respondents did not provide relevant data on fighting movement restrictions, curfews, and relevant data on checkpoints, with the exception of the military presence noted in the group of women respondents in Al Rughaiba municipality in Ubari district.⁵³

⁴⁵ The Community Protection Approach: Responding to Protection Needs of Vulnerable Groups in Libya. Sources: Primary CPA/MQ data 2021-2022. Secondary sources: FAO: the impact of the crisis in agriculture: <https://www.fao.org/3/ca3099en/ca3099en.pdf>

⁴⁶ IOM DTM Migrant Refugee Food Security report – Libya May 2020: https://displacement.iom.int/system/tdf/reports/DTMLibya_MigrantFS_May2020_0.pdf?file=1&type=node&id=8788

⁴⁷ IPSI indicator: “Presence of elements of environmental safety” explores if the community counts with fire contingency and/or street lightning.

⁵³ Data sources: Primary CPA/MQ data 2021-2022; CPA Qualitative data reporting.

However, it is important to note that perceptions of 'security' change depending on the displacement status of those affected. In particular, the perception of 'security' increases when we talk about IDPs. **The risks of having to leave their homes mentioned by respondents include political and tribal conflicts, injuries, theft/damage of personal property, destroyed or illegally occupied dwellings, and eviction from the home** (see Figure 11). The presence of IDPs has a very strong impact on the affected areas, as they live there in large numbers and pose a major problem due to the low resources and capacity of public facilities such as schools there. This situation can lead to conflicts between the different groups (IDPs and host communities), even if local authorities try to support them with shelter, food and fuel.

The perception of "insecurity" changes slightly when we talk to households in the communities studied. For them, **access to health and education and lack of income and job opportunities** are the main reasons for permanent departure (especially for men aged 24-49) - see Figure 12.

Despite the perceived sensitivity to security issues and according to the IPSI Sector Index, the data shows how communities experience population movements (economic internal migration and long-term internal population displacement) as one of the effects of the above-mentioned threats, **denial of needs and entitlements, resources and opportunities**. For example, in 4 out of 6 communities it was reported that the lack of opportunities is causing many women **to move to Tripoli** and many young men to move to Sabha to work in the transport sector.

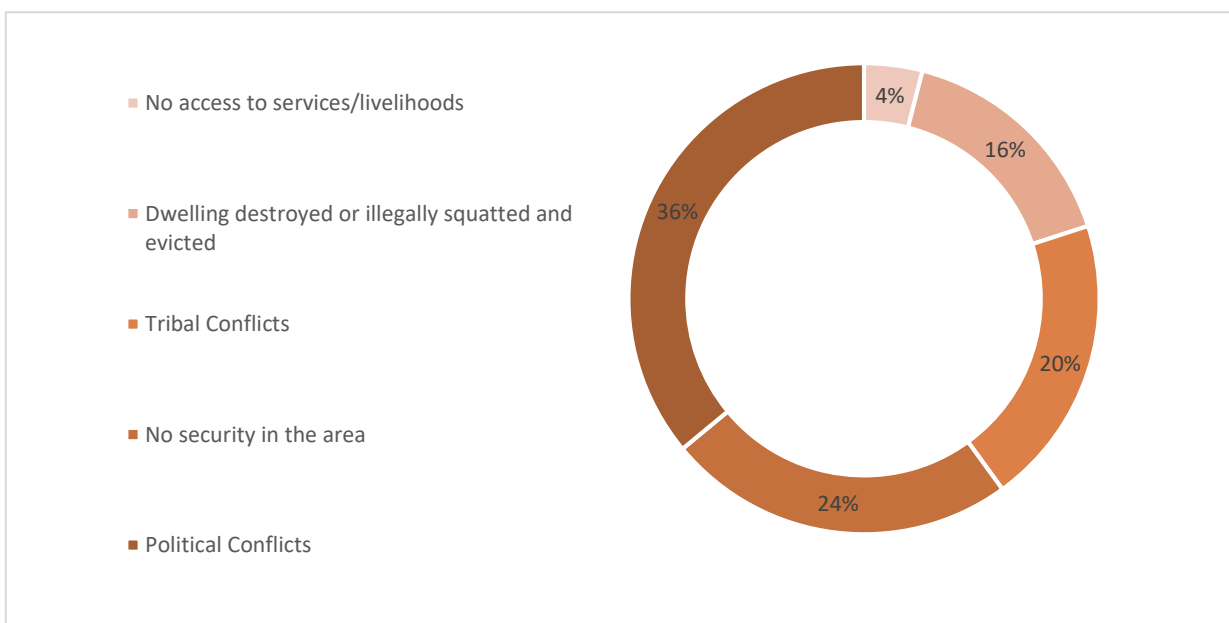


Figure 11: Most common reasons behind IDPs in a community leaving their previous residence (%)
Source: CPA platform (Multi-sectorial questionnaire 2022)

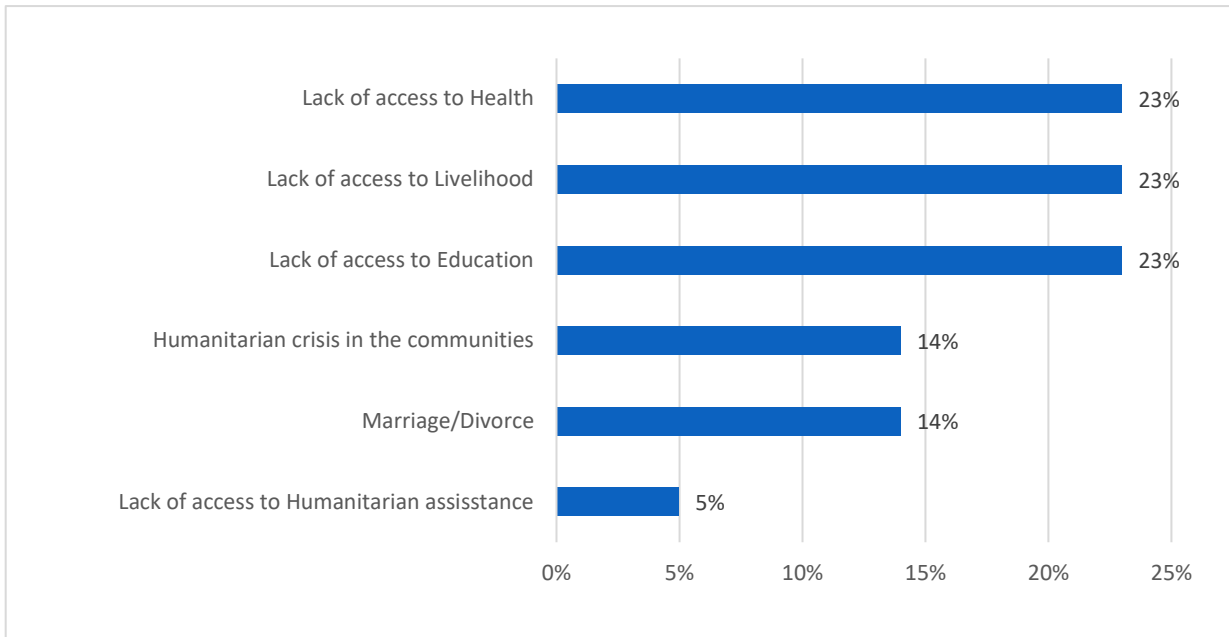


Figure 12: Most common reasons behind households leaving permanently (%)
 Source: CPA platform (Multi-sectorial questionnaire 2022)

Another threat to population movements faced by the households surveyed is forced **eviction**. **67% of the communities** surveyed (4 out of 6 communities) **had received an eviction notice in the last 6 months**, with the notification occurring within 2-4 weeks. Most often, households also reported that they had not been relocated and that no sites had been found for those who had been evicted.

Main capacities and coping strategies identified

The **tribal functioning** of society in southern Libya allows for a first level of strong mediation within the community to deal with delicate situations; in fact, some of them consist of only one tribe divided into several families, which makes it possible to strengthen the mediation channels in case of conflict. On the other hand, the tribal system can be a source of conflict, exacerbated by the strong presence of weapons in the area.

In all communities, the figure of the **Mokhtar** (مختار) was mentioned as a link between the population and the local authorities. The Mokhtar, who is appointed by mutual agreement based on his social skills, can mediate between the two levels by regularly visiting the community to communicate needs and participate in decision-making. He can therefore play an important mediating role in addressing the lack of access to basic services and its consequences (including the risk of secondary movement and/or internal migration) and the responsibility of the authorities to improve this access. However, the degree of its involvement must be assessed on a case-by-case basis and does not prevent certain communities from feeling rejected and disregarded by their authorities. The existence of a conflict prevention and resolution system should also be highlighted, as reported in one community through the existence of an **Aljan Committee**. Women generally do not have access to decision-making mechanisms and only one out of 6 communities reported the existence of women and youth organisations.

The study also showed that to compensate for the impact of the identified risk, communities reported population movements (secondary IDPs) or internal migration of the host population to other regions. For example, in 4 out of 6 communities, denial of opportunities was reported to lead many women **to move to Tripoli (it is important to note that this coping strategy may pose additional protection risks depending on the different factors)**, and many young men move to Sabha from other locations to work in the transport sector.

Finally, the presence of humanitarian actors to mitigate these different risks remains unfortunately limited.

Even though the mapping service of WW-GVC identified 5 international actors and 15 local actors in the region, they remain poorly known and accessible to communities, especially to older populations. It is encouraging that the acceptance of the organisations is high, even if some communities (2 of the 6 identified) remain rather conservative and difficult to access, especially in the mantika of Al Shati.

06. CONCLUSIONS

- (1) People in need of health, protection and other intersectoral assistance were identified in 3 mantika and come from a variety of muhallahs and social groups, including migrants, IDPs and vulnerable non-displaced Libyans. The **two main protection risks** identified in this report are: "**Denial of access to services and providers**" and "**Forced internal migration of vulnerable populations in the context of conflict, including IDPs and migrants**". These two phenomena are closely linked in Libya, because on the one hand we have the crisis of internal displacement, which is also due to the conflict, and on the other hand we have the denial of access to basic services for these vulnerable populations and host communities.
- (2) The two protection risks have been extracted from the data of different tools and indicators (MQ/IPSI, IPA assessments and community profiles) calculated in such a way as to lead our report to a community and individual level analysis under the CPA methodology and platform; while the official conceptual references and examples come from the PAF methodology.
- (3) **Share more information between organisations and leaders to complete the PAF as best as possible to ensure a comprehensive and evidence-based link between the different pillars and sub-pillars.** Improve internal assessment tools and data collection methodology accordingly.
- (4) As a result of the protracted state of emergency, exacerbated by increasing urban inequalities and socio-economic disparities, according to the MQ/IPSI/IPA/CP data, one of the most important reasons for people moving out of an area is '**access to basic services**' or **better, lack of access to basic services such as health care, livelihood and education** (23%). Other reasons cited for moving away are: Access to education and livelihoods. For IDPs, "access to humanitarian assistance" and the "humanitarian crisis in their communities" are the driving forces for permanent migration (14%).
- (5) Take better account of the social and cultural specificities of southern Libyan communities in the proposed interventions; strengthen their participation in decision-making by identifying and mobilising informal protection mechanisms that exist in communities.
- (6) **Open a discussion on how some 'capacity' or 'lack of capacity'** and how this may be considered both a 'cause' and 'consequence' of a protection risk, as this has led to vulnerable communities leaving their places because they cannot access services. At the same time, communities lose access to services as a result of their departure.
- (7) The need most frequently expressed by rights holders was for health support, which may be indicative of the impact of the COVID -19 pandemic, either increasing health needs at the individual level or hindering access to health services at the structural level, as some health facilities are repurposed and others are acutely understaffed and overburdened. **Approximately 60% of rights holders assessed report facing needs related to public access to health care.**
- (8) **Improve protection data collection at both the organizational and coordinating body levels.** The protection sector in Libya is also currently piloting Joint Protection Monitoring (JPM) based on a common methodology, analytical framework and harmonized tools, inspired by similar practices in Mali, Somalia or Iraq. The main objectives of this activity are to provide timely information on national trends and dynamics of protection risks in Libya in order to trigger the provision of the necessary assistance or the adaptation of the ongoing humanitarian response (beyond protection services).

07. ANNEXES

Annex 1: IPSI Indicators Values by Sector and Community

		Communities					
		Akhlif	Al Rugaiba	Ashkeda	Ghadwa	Laayoune	Qira
Sectors	Stakeholders	57,14	71,43	54,18	69,14	71,43	61,70
	Protection	25	35,17	29,38	35,71	15,63	35,71
	Education	50	41,29	27,14	30,92	37,59	29,83
	Health	39,39	53,83	42,42	51,23	47,6	41,75
	Transportation	58,33	50	36,11	41,67	66,67	36,11
	WASH	57,14	36,9	24,29	47,62	21,43	17,14
	Shelter & Energy	52,38	47,38	37,14	49,76	45	33,57
	Livelihood	40	61,33	55,32	53,32	60	67,99