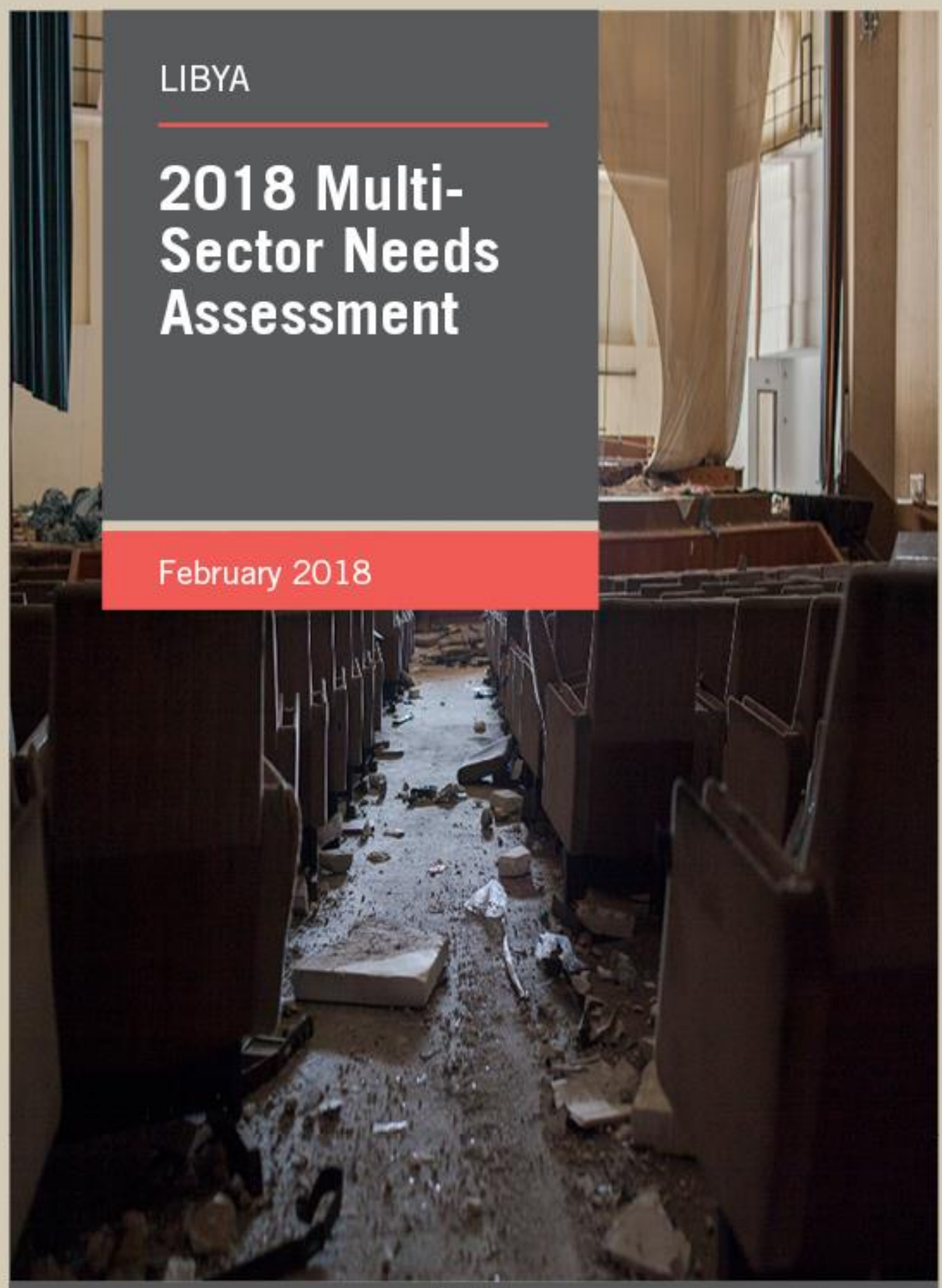
LIBYA

2018 Multi-Sector Needs Assessment

February 2018



LIBYA INTER-SECTOR COORDINATION GROUP

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About REACH

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EXECUTIVE SUMMARY

Armed conflict and political instability since 2011 has affected millions of people across Libya. The highly volatile security situation and protracted conflict, intensified in March 2014 causing large waves of internal displacement and migration toward other countries. The complex socio-political landscape has given way to an increasingly protracted conflict, where in 2018, intermittent upsurges throughout the year led to sporadic displacement, with renewed clashes in Derna and Tripoli in June and September. According to the 2019 Humanitarian Needs Overview, 823,000 people, including around 248,000 children, are in-need of humanitarian assistance in Libya as a result of persisting instability.

A noticeable shift in the nature of crisis has evolved, where overall de-escalation of conflict at the national level has given way to more localised forms of communal-based fighting over governance and control of key strategic and economic resources. With this, internal displacement has reduced significantly with increasing numbers of people returning to their areas of origin. The number of identified returnees in Libya increased to 403,978 (+21,756) during September and October 2018,[1] largely due to a return movement in Derna following improvement of the security situation. This new dynamic brings with it multifaceted challenges for populations returning to conflict-affected areas and returnee households continue to face acute needs in three sectors: protection, shelter & NFIs and health. Notably, returnees are at particular risk of difficulties in accessing education services and government services after losing documentation after fleeing a crisis and low access to basic services at the household and community level. Notwithstanding the shift in displacement patterns, internally displaced groups face significant shelter challenges due to rising rental prices and insecure tenure conditions.

Assessment Background

The 2018 Multi-Sector Needs Assessment (MSNA), implemented by the Libya Intersector Coordination Group (ISCG) with the support of REACH, is the most detailed and comprehensive study into the sectoral needs of Libya to inform humanitarian and strategic planning and has been strategic in informing the 2019 Humanitarian Needs Overview (HNO). The information generated from the MSNA was used to inform individual agency interventions in Libya across six sectors: food security, health, WASH, shelter & NFI, education, protection, as well as the cash and markets working group (CMWG) providing information on displacement and humanitarian assistance. All indicators used in the assessment were agreed upon and validated in partnership with each sector.

The assessment includes household level surveys conducted between 23 July and 5 September. In total, 5,352 household surveys were collected across 19 mantikas and the municipality of Derna. At the mantika and municipality level in Derna, survey respondents were profiled by displacement status, (non-displaced, internally displaced and returnee). Displacement profiling ensured that unmet needs could be understood by different population groups. In total, 2,449 non-displaced surveys 1,641 IDP surveys and 1,212 returnee surveys were conducted, in addition to 2 Focus Group Discussions (FGDs) and 3 Key Informant interviews (KIs) in each assessed area. The MSNA findings are representative per population group and per assessed area with a confidence level of 95% and a margin of error of 10%.

Multi-Sector Unmet Needs Overview

Multisectoral analysis presents an opportunity to identify and understand to what extent unmet sector needs are interrelated and how they contribute to overall household needs. By identifying population groups and locations in which households have unmet needs across multiple sectors simultaneously, this integrated approach can help assess the impact of current and future humanitarian interventions. This provided greater insight into how changes in circumstance were likely to exacerbate humanitarian conditions.

Analysing the percentage of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

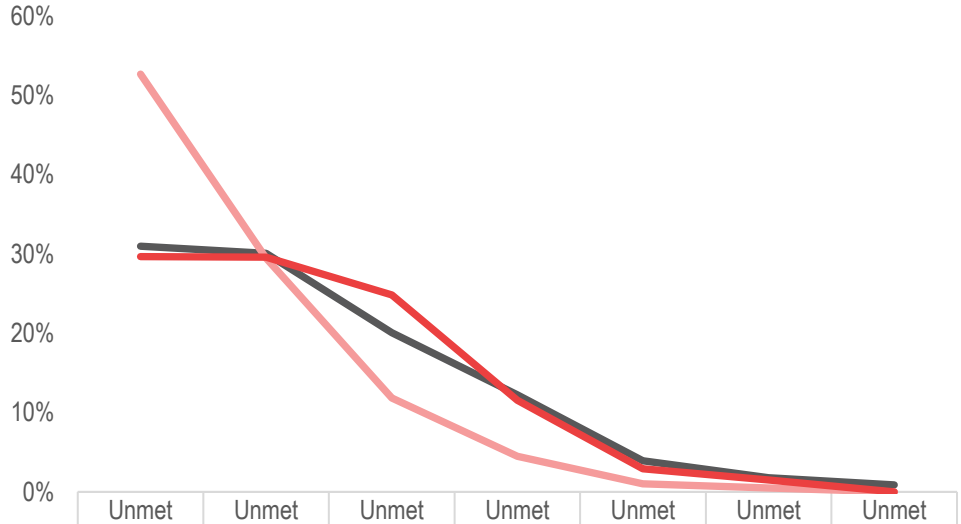
[1] IOM-DTM Libya – IDPs and Returnees Baseline Assessment Round 22

Across Libya, 7% of households presented unmet needs in 3 or more sectors nationwide. While humanitarian programming should be cognisant of all factors compounding a deterioration in livelihoods, these findings suggest that unmet needs are driven by sector-specificities.

Households living in the south of Libya or in areas recently affected by conflict exhibited higher levels of multi-sectoral needs. **Mantikas with the highest proportion of households with unmet needs in 3 or more sectors were concentrated in Sirt (37%)[2], Al Kufra (26%), Sebha (25%), Murzuq (24%) and Derna (21%).** Of the 1% of households nationwide that had unmet humanitarian needs in 5 sectors, 36% were located in Tripoli, 29% in Sebha and 21% in Derna. While returnee households were found to be more likely to have unmet humanitarian needs in at least one sector, **a higher proportion of IDP households were found to have unmet needs in 3 or more sectors (19%)** compared to returnee (16%) and non-displaced households (6%).

IDP households therefore present the highest proportion of households with compound, multiple unmet humanitarian needs. IDP households in Al Kufra, Derna, Murzuq and Zwara were particularly affected, as well as non-displaced households in Sirt. The average number of sectors households in these areas (excluding Zwara) had an unmet need in was 2 sectors.

Figure 1: Proportion of households with an unmet need, by number of sectors and population group (national level)



	Unmet Need in 0	Unmet Need in 1	Unmet Need in 2	Unmet Need in 3	Unmet Need in 4	Unmet Need in 5	Unmet Need in 6
IDP HHs	31%	30%	20%	12%	4%	2%	1%
Non-displaced HHs	53%	29%	12%	4%	1%	0%	0%
Returnee HHs	30%	30%	25%	12%	3%	1%	0%

[2] Findings for Sirt are indicative only.

Map 1: Percentage of households with an unmet need in 3 or more sectors

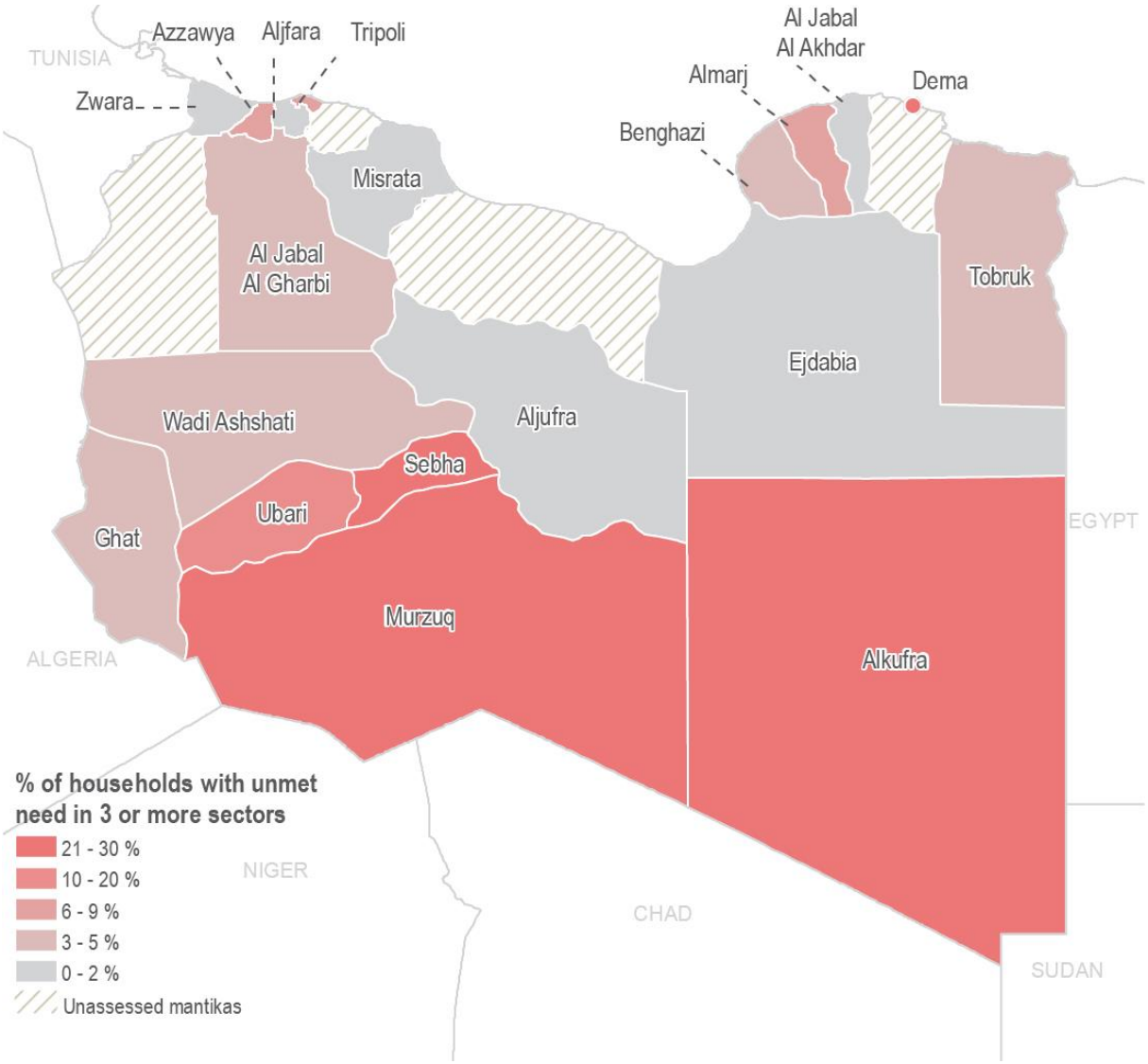


Figure 2 highlights common sector pairings in which households have unmet needs simultaneously. In general, multi-sectoral issues were found to be low, indicating that the humanitarian situation was not chronic. **The main mantikas found to be of concern across sector pairings were Al Kufra, Derna, Murzuq, Sebha, Sirt and Wadi Ashshati.** The most common sector pairing was Health and WASH, where 7% of households nationwide had unmet needs. A much higher proportion of returnee households were found to have cross-sector unmet needs in health and shelter & NFI (17%), shelter & NFI & protection (14%), health & WASH (14%) and shelter & WASH (16%).

Figure 2: Percentage of households with cross-sector unmet needs, by sector combination

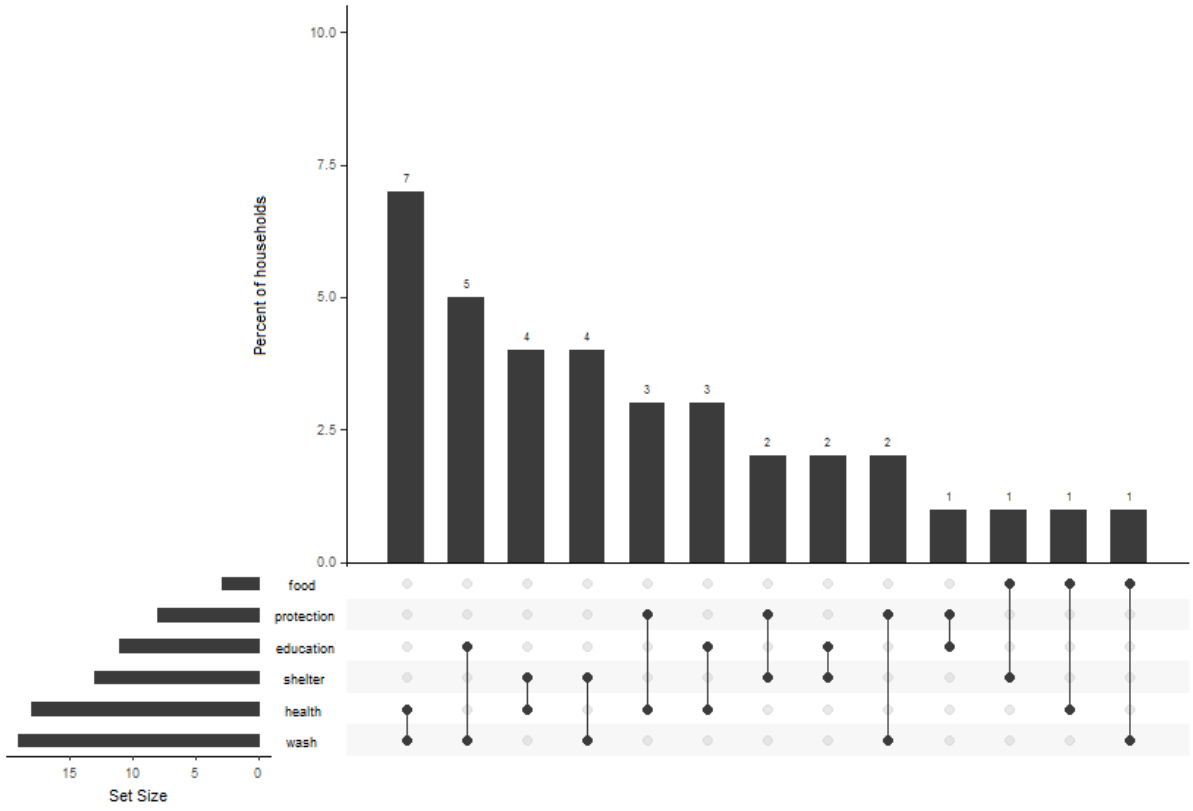


Table 1: Percentage of households with an unmet need by sector pairings, by IDP, non-displaced (ND) and returnee (Ret) population group at the national level

	Health			Protection			Shelter & NFI			Education			Food Security			WASH		
	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret
Health				11%	2%	9%	10%	2%	17%	6%	4%	3%	7%	1%	3%	8%	7%	14%
Protection	11%	2%	9%				14%	1%	6%	6%	1%	2%	7%	1%	2%	8%	2%	6%
Shelter & NFI	10%	2%	17%	14%	1%	6%				4%	2%	3%	7%	1%	4%	7%	3%	16%
Education	6%	4%	3%	6%	1%	2%	4%	2%	3%				5%	1%	1%	5%	5%	4%
Food Security	7%	1%	3%	7%	1%	2%	7%	1%	4%	5%	1%	1%				6%	2%	3%
WASH	8%	7%	14%	8%	2%	6%	7%	3%	16%	5%	5%	4%	6%	2%	3%			

Sector Unmet Needs Overview

Across 20 of the 22 mantikas in Libya, **51% of households were found to have an unmet need in at least one humanitarian sector.**[3] A breakdown by displacement status reveals that 70% of returnee households, 69% of IDP households and 47% of non-displaced households had unmet humanitarian needs in at least one sector. The indicators used to calculate unmet needs were decided upon in partnership with each sector and validated by the IMAWG to best inform humanitarian planning for 2019.

The highest proportion of households with unmet humanitarian needs were found in the health sector, affecting 23% of all households. One-fifth (19%) of households were found to have an unmet need in WASH and 14% in shelter & NFIs.

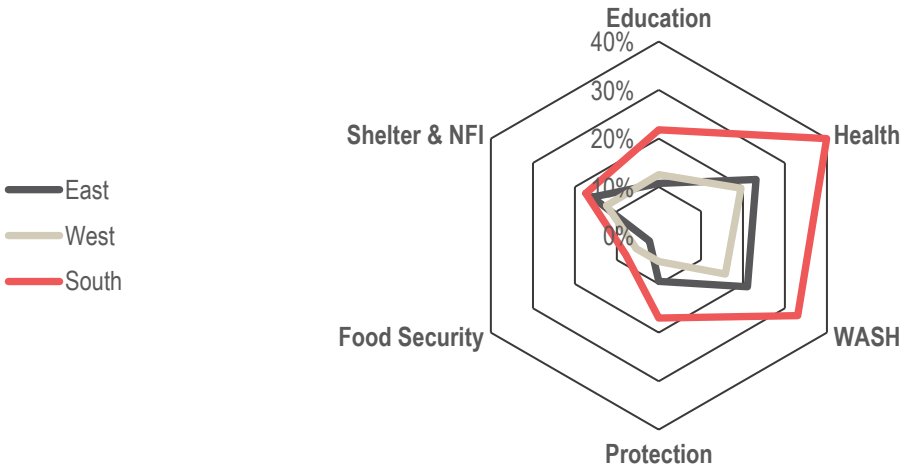
Table 2: Proportion of households facing unmet humanitarian needs in each sector, by population group

Sector	IDP	Non-Displaced	Returnee
Education	17%	14%	8%
Protection	31%	6%	14%
Health	28%	22%	32%
Food Security	17%	2%	12%
Shelter & NFIs	23%	10%	42%
WASH	22%	18%	29%

The highest variance between population groups with an unmet need were found in protection and shelter & NFIs. In protection, twice the proportion of IDPs were found to have an unmet need (31%), compared to returnee households (14%), and five times the proportion of non-displaced households (6%). Unmet shelter & NFI needs were a particular concern for returnee households, largely driven by high eviction rates or threat of eviction from their dwelling.

At the national level, a higher proportion of IDP households had unmet needs in education, protection and food security. A higher proportion of returnee households had unmet needs in WASH, shelter & NFIs and health. IDP household unmet needs were highest in the protection sector (31%) followed by health (28%) and shelter (23%). Non-displaced households had the highest unmet needs in the health (22%) and WASH (18%). Returnee households were most exposed to shelter & NFI unmet needs (42%). This is followed by health in which 32% of returnee households had an unmet need. **The average number of sectors displaced (IDP and returnee) households had unmet needs in was twice as high as non-displaced households.** Only in the education sector did non-displaced households display similar or high levels of unmet needs compared to displaced households, impacting 14% of households.

Figure 3: Percentage of households with unmet humanitarian needs in east, west and southern Libya, by sector



[3] Sector-specific indicators and findings are presented in the Location and Sector Factsheets in Annex 4-5.

Geographically, unmet humanitarian needs are overwhelmingly concentrated in conflict-affected mantikas and in the southern Fezzan region, where very high proportions of households demonstrating unmet needs in health and WASH. Five mantikas consistently displayed higher levels of unmet needs across all sectors; Al Kufra, Derna, Murzuq, Sebha and Sirt.

Health: Healthcare continues to present the most substantial obstacles to Libyan households with the highest proportion of households facing unmet needs (23%). Access to healthcare has been declining since 2014, with the ongoing conflict exacerbating already-stretched resources. Structural damage to hospitals and the looting of medical supplies and equipment, coupled with the privatization of healthcare with little government policy and increasing lack of liquidity has impacted the affordability of available medicine and access to treatment. Targeting of professional medical staff and closure of hospitals has also negatively affected the functionality of available medical resources. **The top three barriers to accessing healthcare were: lack of medical staff (43%), lack of money to pay for care (37%) and lack of medical supplies (32%).**

The most affected areas were found in southern Libya including Wadi Ashshati, Murzuq, Al Kufra, Sebha. A large proportion of households in Sirt, Derna and Ubari also displayed unmet health needs. Returnee households at the national level were found to have the highest proportion of unmet needs (32%). Alarmingly, 95% of returnee households in Azzawya had an unmet health need and 37% of IDP households residing in Tripoli. Across the southern mantikas, the main drivers of unmet needs were a lack of medical staff in general and a lack of medical supplies. In Derna, a half (50%) and in Ubari, nearly one-quarter (23%) of households that reported difficulties accessing healthcare cited damaged or destroyed health facilities. Health facilities in Derna were also found to be unable to accept new patients (24%). In Tripoli, a lack of money to pay for care was reported by nearly three-quarters of households facing challenges in accessing healthcare, possibly exacerbated by the fact that median household income was reported to be lowest in Tripoli at 600 LYD per month (compared to 860 LYD per month across all mantikas).

WASH: WASH had the second highest proportion of households with an unmet need (19%) defined by households reporting insufficient access to drinking water in the 30 days prior to assessment. The highest levels of unmet WASH needs were found in Al Jufra, Al Kufra, Murzuq and Sirt.

Sources of water vary across Libya with more variable sources available to households in the north compared to the south where households predominantly reported relying on one source of drinking water. Drinking water from the public network has largely been more widely available in the north since pre-2011, due to connection to the public water network established by the GMMR water network. However, since 2014, ongoing conflict has impacted maintenance of the public water network, with several waves of complications affecting access to water in Tripoli and Azzawya. In areas where unmet WASH needs were highest, there were also high levels of use of one water source, suggesting that unavailability of alternative water sources are impacting overall access to sufficient quantities of drinking water.

Returnee households at the national level were found to have the highest proportion of unmet needs (29%). IDP households in Derna, Al Kufra and Ghat were most likely to experience insufficient quantities of drinking water, as well as returnee households in Sirt.

Heavy reliance on the public network for drinking water and low rates of access to that public network presented substantial challenges to households in Al Kufra and Ghat; 29% of households in Al Kufra and 20% in Ghat reported rarely or not at all accessing the public water network in the 30 days prior to assessment. Magnifying unmet WASH needs in the south was poor drinking water quality, particularly reported in Ghat where 10% of households reported discoloration or health issues due to drinking water. In Al Jufra, a very small proportion of households (4%) reported the public network as their main drinking water source with the majority (86%) opting to use bottled water. Despite this, 41% of households still reported insufficient quantities of drinking water and 8% reported water too expensive to purchase.

Shelter & NFIs: Conflict-affected mantikas were the worst affected areas for shelter issues. Households in Derna and Sirt displayed the highest unmet needs where over a half (56% respectively) of all households faced shelter & NFI issues from threat of eviction and damaged shelter (in Sirt).. However, one-quarter (26%) of Al Jifara households had an unmet shelter & NFI need. Returnee households were significantly more at risk of unmet shelter & NFI needs (42%) at the national level, a particular problem identified for returnees in Al Jifara, Derna, Sirt, Zwara and Tripoli.

Just 2% of households nationwide lived in heavily damaged or destroyed shelters, though r**eturnee households were found to be living in heavily damaged or destroyed shelter at a higher rate than other displacement groups.** Where present, heavy shelter damage was reported in Sirt (23% of households), Al Kufra (16%) and Al Murzuq (15%).

In contrast, shelters in Derna were largely inflicted with medium damage. Diverging from these areas recently affected by conflict, heavily damaged or destroyed shelter was very low in Benghazi, indicating that conditions have improved as a greater number of households return to their cities of origin due as the conflict abated. This shifting dynamic has bought with it new concerns over resettlement, characterised by a significant threat of eviction for previously displaced households. **3% of households had been threatened with eviction and 7% had been recently evicted nationwide.** Though IDPs were slightly less affected by evictions, their tenure security was far more precarious owing to unstable rental conditions and high rental costs – a significant concern for households displaced multiple times. The assessment found the highest proportion of households threatened with or recently evicted in Derna (56%), Al Jifara and Sirt (26%), mainly for displaced households. One-fifth (21%) of IDP households in Murzuq were occupying a public space not normally used for shelter purposes while 9% reported squatting (the highest proportion of households squatting was found in Ghat, reported by 16% of IDPs). This may in part be driven by challenges in obtaining legal documentation. Owing to the larger proportion of households living in dwellings with unfinished rooms, households in Wadi Ashshati were most likely to be living in unsatisfactory shelters.

Following the new displacement dynamics, **95% of returnee households faced at least one problem upon return to their area of origin,** ranging from difficulties proving legal ownership of property, valuables missing from house and basic services no longer functioning**.** The most common reported issue faced was valuables in the house or property missing (43%), parts of house destroyed (38%) and basic services at the household level no longer functioning (33%). Damaged housing upon return was a particular issue in conflict-ridden mantikas including Sebha, Benghazi, Azzawya, Sirt and Derna which often went hand-in-hand with household services such as electricity and water no longer functioning. One-quarter (25%) of households in Ubari and 20% in Wadi Ashshati reported their house had been occupied upon return and a lack of security upon return was reported by the majority of returnee households in Misrata, Zwara and Al Jifara.

Education: Overall, education needs were low across Libya, defined by a household having at least one-school child not enrolled or regularly attending school. The ongoing conflict has seen the closure of schools and conversion in to accommodation for displaced people as well as increased use as army barracks. These closures have resulted in overcrowding and a severe lack of qualified staff.

Yet, 87% of school-aged children were enrolled in school, leaving 13% unenrolled. The rate of attendance was high; 98% of school-aged children enrolled in school were regularly attending. The lowest enrolment rates were found in Azzawya (38% un-enrolled), Murzuq and Wadi Ashshati (24% respectively), Jabal Al Akhdar (22%) and Ubari (21%).

IDP households at the national level were found to have the highest proportion of unmet needs (17%) and geographically, education was more of a concern in the south in Wadi Ashshati, Murzuq and Al Kufra and in Azzawya in the north-west. Returnee households in Wadi Ashshati (66%), Ubari (34%) and Al Kufra (53%) had far higher rates of school children unenrolled or not attending, as well as IDPs in Wadi Ashshati (62%) and Murzuq (33%).

Health-related reasons are the most cited reasons for dropping out or not attending school (reported by 24% of all households with a child not attending/enrolled, (n=869). This is followed by no quality of education or lack of teachers (16%) and limited access to transport or fuel (14%). Health reasons particularly affected more developed mantikas in the west and east, including Tripoli, Al Jabal al Gharbi, Misrata, Al Marj and Tobruk, though further research is required to determine whether this is due to ill-health of the child or a health-issue within the household that prevents the child from attending.

Financial barriers to accessing education such as the inability to pay for education materials/uniforms or school fees disproportionately impacted IDP households. Strikingly, violence against children at school was reported to be a mantika-wide issue in Wadi Ashshati with 70% of households reporting a child not enrolled or attending citing this reason.

Protection: Protection was found to be a high concern in Al Kufra, Sirt, Sebha and Ejdabia, with the highest proportion of households with unmet protection needs, impacting between 20-29% of all households. **IDP households were substantially more likely to experience unmet protection needs, largely driven by multiple displacements.** For returnee households, those living in Azzawya, Al Jabal al Gharbi and Benghazi face higher rates of unmet protection needs in part due to household and community services no longer functioning upon return to areas of origin and low rates of reapplying for lost documentation after displacement. In Jabal al Gharbi and Azzawya, fears over lack of security were also reported by one-third of returnee households.

Loss of documentation presented a number of issues particularly in southern Libya. One-half of households who lost documentation during displacement or conflict in Sebha, Murzuq and Derna had not reapplied. In general, loss of documentation affected household access to services. Movement or travel (48%), property access (23%), and government assistance (18%) were the most cited services impacted by losing documentation. By contrast just under one quarter (23%) of households losing documentation reported no access issues.

UXO presence continues to be a big risk factor in the mantikas of Sebha (reported by 18% of households), Al Kufra (17%), Sirt (14%) and Ejdabia (8%). In each of these locations except Sirt, the highest rates of family members injured by UXOs were also reported indicating a concrete need for awareness training of explosive hazards.

Food Security: Food price rises, particularly of wheat and flour and the inability to retrieve cash from banks have periodically increased levels of unrest with regards to purchasing available food. Declining letters of credit issued from banks and stagnant credit for import from abroad, of which the majority of Libya's food is sourced has contributed to growing concern for food distribution. However, food security had the lowest rates of unmet needs across Libya, with 3% of households with unmet needs.[4]

IDP households were substantially more at risk of food insecurity (17% of households with unmet food security need but only a very small proportion of households suffered from unmet food security needs except for Al Kufra (38%), Al Jufra (12%) and Tripoli (7%). The displaced households in each of these mantikas drove the high rates.

12% of households were found to be food insecure (defined by moderately or severely food insecure). 70% of households remain vulnerable to food insecurity (i.e. households were found to be marginally food insecure) and 18% were food secure. 10% of households in Al Jufra were 'severely' food insecure. This is followed by Tripoli (6%). In Al Kufra, two-thirds (66%) of households were moderately food insecure. **Mantikas in the south or those that have been directly affected by conflict and displacement are likely to show larger proportions of food insecure households, except for Derna.** 87% of households had an **Acceptable** Food Consumption Score (FCS). 9% of households had **borderline** FCS and 3% had **Poor** FCS.

Cash & Markets:

A combination of limited withdrawal rates, delayed salary payments and ongoing decrease in issuances of letters of credit have fueled the ongoing liquidity crisis in Libya, interfering significantly in household access to available services such as medicine and healthcare, food, paying for education supplies, fuel and rent payments. Therefore, the limited availability of cash intersects with unmet needs in other sectors.

The highest proportion of households reporting challenges obtaining enough money to meet their needs were in the south in Sebha, Wadi Ashshati and Jufra, affecting over 80% of households. All mantikas in the south had substantial problems withdrawing cash except in Sebha, though households adapted by using other payment modalities, such as cheques and bank transfers.

While 65% of adults and 4% of minors reported some form of employment, over one half of all households reported challenges in obtaining enough money to meet their needs (58%), with a further half not regularly being paid their salaries (47% n=3,563).**The public sector in Libya was by far the largest income-generating sector, with 77% of household income deriving from government salaries.** Displaced households derived their income from a wider variety of sources that were less stable than non-displaced households and **40% of households across Libya were unable to withdraw *any* money in the 30 days prior to data collection.** Compared to the 2017 MSNA, this is a two-fold increase in the proportion of households completely unable to withdraw any cash. The most common amount of cash households reported being able to withdraw per month was between 300-599 Libyan dinars (LYD).

Three-quarters (76%) of all households resorted to using **at least one negative coping strategy** to meet their basic needs. 58% of households used crisis or emergency crisis coping mechanisms such as selling productive assets, asking for food or money from strangers and accepting degrading or illegal work. The most commonly cited coping strategies are stress-related, including **spending savings** (42%), **purchasing on credit** (32%) and taking an **additional job** (27%). IDPs were more likely to use crisis or emergency coping mechanisms. **Negative coping is most prevalent among IDP households: 68% of IDP households used crisis or emergency coping mechanism**s, a slightly higher rate than returnee (55%) and non-displaced (58%) of households.

[4] Figures for unmet needs relate to the composite indicator as agreed upon by sectors during the HNO process, full details in the Annex.

CONTENTS

List of Acronyms

CARI	Consolidated Approach to Reporting Indicators of Food Security
DTM	Displacement Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations
FCS	Food Consumption Score
FGD	Focus Group Discussion
GMMR	Great Man-Made River
HCT	Humanitarian Country Team
HH	Household
HNO	Humanitarian Needs Overview
IDP	Internally Displaced Person
IMAWG	Information Management and Assessment Working Group
(I)NGO	(International) Non-Governmental Organisation
ISWG	Inter-Sector Working Group
IOM	International Organization for Migration
KI	Key Informant
LYD	Libyan Dinar
MIRA	Multi-Sector Rapid Assessment
MSNA	Multi-Sector Needs Assessment
NFI	Non-Food Item
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PHC	Primary Healthcare Unit
rCSI	reduced Coping Strategy Index
SARA	Service Availability and Readiness Assessment
UASC	Unaccompanied and Separated Child
UNICEF	United Nations Children and Education Fund
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFP	World Food Programme

Geographical Classifications

Region	Highest administrative division below the national level, 3 in Libya – Tripolitania (west), Cyrenaica (east), Fezzan (south).
Mantika	Second administrative level corresponding to a 'district' – there are currently 22 mantikas in Libya.
Baladiya	Third administrative level corresponding to the 'municipality' – there are currently 100 baladiya in Libya
Muhalla	An area or neighbourhood smaller than, and most often included in, the municipality.

List of Figures, Tables and Maps

INTRODUCTION

Since the 2011 civil unrest, Libya has suffered from a breakdown of central governance provoking several waves of armed conflict between a multitude of armed actors. In May 2014, clashes conflagrated between rival groups providing *de facto* support to two competing governments, the General National Congress (GNC) based in the west and the House of Representatives (HoR) in the east. The national level political crisis encouraged the proliferation of non-state armed groups extending across many regions of Libya resulting in highly dynamic territorial control and a fragmented security landscape. As state institutions at the national-level remain fragmented, a political, security and economic crisis has perpetuated leading to competition at the subnational level between rival political factions and coalitions. The resultant "war economy"[5] has led to a deterioration in the humanitarian situation, in particular, impacting access to basic goods and services including healthcare, protection needs, and shelter conditions.

Periodic clashes have punctuated the Libyan security context in 2018; notably a year-long military siege around Derna city and on 26 August 2018 clashes re-escalated in the Libyan capital, Tripoli, leaving 117 dead and 581 injured.[6] The protracted crisis has led to large-scale internal displacement and destruction of property where, according to the 2019 Humanitarian Needs Overview, an estimated 1.6 million people have been affected. Of the 1.6 million people affected by the crisis, 820,000 people are in need of protection assistance and some form of humanitarian assistance, of which 97,000 were internally displaced persons (IDPs),165,000 returnees, 148,000 non-displaced, 125,000 refugees and 288,000 migrants,.[7]

The southern (Fezzan) region of Libya is at acute risk of sub-standard living conditions due to a history of neglect by the central government, its susceptibility to high rates of interpersonal and communal violence, low levels of basic service access and a major transit route for migration and illicit trade of narcotics, fuel and people.[8] Historical claims to citizenship by Tuareg, Tebu and Amazigh groups in the south have been further hampered following the implementation of the National Number in 2013, where people of undetermined legal status lost the right to receive government salaries. Coupled with years of poor infrastructural investment,[9] the 2018 MSNA found that the Fezzan region of Libya demonstrated more pressing humanitarian concerns than the rest of the country.

Prior to the re-eruption of fighting in Tripoli in August 2018, the security situation had stabilised and groups that had been displaced by the violence had begun to return to their areas of origin. From December 2017-August 2018, over 47,500 Libyan's returned to their area of origin.[10] The lack of a durable political solution has prevented many IDPs from returning to their area of origin as they are unable or unwilling to return due to fear of being subjected to human rights violations and property destruction by groups present in their areas.[11]

The highly volatile security situation and protracted conflict, which has been affecting Libya since March 2014, has been coupled with a growing monetary and fiscal crisis, resulting in large fluctuations in basic commodity prices. On-going political divisions , speculation in the expanding black markets, and the strong devaluation of the Libyan dinar (LYD) in the official and parallel markets have contributed to difficulties in households meeting their basic needs. Consequently, access to basic goods and services has become a primary challenge as many people face decreasing purchasing power due to liquidity and inflation challenges and disruptions in the distribution of essential goods due to subsidy reform.

[5] Chatham House, 2017: Mapping Libya's War Economy
[6] UNICEF, 2018 Humanitarian Situation Update
[7] Libya 2019 Humanitarian Needs Overview (HNO).
[8] Wehrey (2017) Insecurity and Governance Challenges in Southern Libya. *Carnegie Endowment for International Peace.* 30 March 2017.
[9] Small Arms Survey Briefing Paper. Southern Libya Destablized. The Case of Ubari. April 2017
[10] In December 2017, IOM-DTM Round 16 recorded 334,662 returnees across Libya. This increased to 382,222 returnees in IOM-DTM's Round 21 report August 2018.
[11] OHCHR (2018) End of Mission Statement by the United Nations Special Rapporteur on the human rights of internally displaced persons

The continual evolution of the Libyan crisis presents multiple challenges to the humanitarian community in providing evidence-based and informed assistance to population groups in need. As these information gaps persist, REACH, in collaboration with the Humanitarian Country Team, the Inter-Sector Coordination Group (ISCG), and the Information Management and Assessment Working Group (IMAWG) conducted the Multi-Sector Needs Assessment (MSNA) in Libya during August-September 2018 to inform and update humanitarian actors' understanding of the needs that exist in the country, ensuring strong linkages and coordination with the HCT and the Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) process, as well as providing trends analysis and updates on key sector priorities. It provides a quantitative evidence base for humanitarian decision-makers with the purpose of informing planning, sector prioritisation and target group identification. When replicated over time and complemented with further REACH assessments such as the Tripoli Rapid Assessment in September 2018, the MSNA can provide a platform for in-depth longitudinal analyses.

Following a detailed description of the methodological choices taken in the research design, the report outlines key assessment findings in the sectors covered:

1. Demographics
2. Health
3. WASH
4. Shelter & NFI
5. Education
6. Protection
7. Cash & Markets
8. Food Security

Each section outlines the key findings for each assessed sector, the priority unmet needs in each sector, by mantika and displacement group, the MSNA indicators used to calculate unmet needs and other indicators on the humanitarian situation in each sector.

METHODOLOGY

Methodology overview

The MSNA was conducted through a mixed-methods approach using both quantitative and qualitative methods. The assessment combines household level surveys, focus group discussions (FGDs) and key informant interviews (KIs) to investigate the unmet needs of displaced and non-displaced groups across Libya. For the displaced groups, IDPs and returnee households were surveyed. Surveys were also conducted with non-displaced (host) communities. The household surveys are generalisable for each of the three targeted population groups at the mantika (ADM2) level with a 95% level of confidence and a 10% margin of error.[12] For indicator analysis based upon a subset population, the findings are indicative only.

For the household surveys, data collection took place from 23 July to 5 September with a pilot study conducted before data collection began. **In total, 5,352 household surveys were collected across 19 mantikas and at the municipality level of Derna** (2,449 non-displaced surveys, 1,641 IDP surveys and 1,212 returnee surveys). This was to ensure maximum geographical coverage while accounting for security and accessibility constraints. At both Mantika and municipality level in Derna, survey respondents were profiled by displacement status in order to understand the unmet needs of different population groups across Libya.

Following the household surveys, 35 Focus Group Discussions (FGDs) and 60 Key Informant interviews (KIs) were conducted in total to provide in-depth understanding and case studies on the unmet needs of particular population groups, as well as help further contextualise and triangulate the household level survey findings.[13] For KI interviews, a purposive sampling strategy was adopted to identify a range of people with expert knowledge in each location including elder council members, hospital representatives, community and local leaders, teachers, education employees and government officials. For the FGDs, mixed gender and displacement status groups were identified by data collection partners with up to 6 participants per group. The KI Questionnaire can be found here: [EN] and here: [AR]. The FGD Questionnaire can be found here: [EN] and here: [AR].

Geographic coverage

The geographic areas of assessment were jointly selected by the Information Management and & Assessment Working Group (IMAWG) and chosen based on **five main criteria**:

- Displacement levels among the Libyan population (IDPs and returnees)
- Continuity with mantikas assessed in the 2017 MSNA (to enable longitudinal analysis of trends)
- Accessibility to humanitarian actors
- Interest to humanitarian actors
- Lack of information from other 2018 assessments or monitoring programs

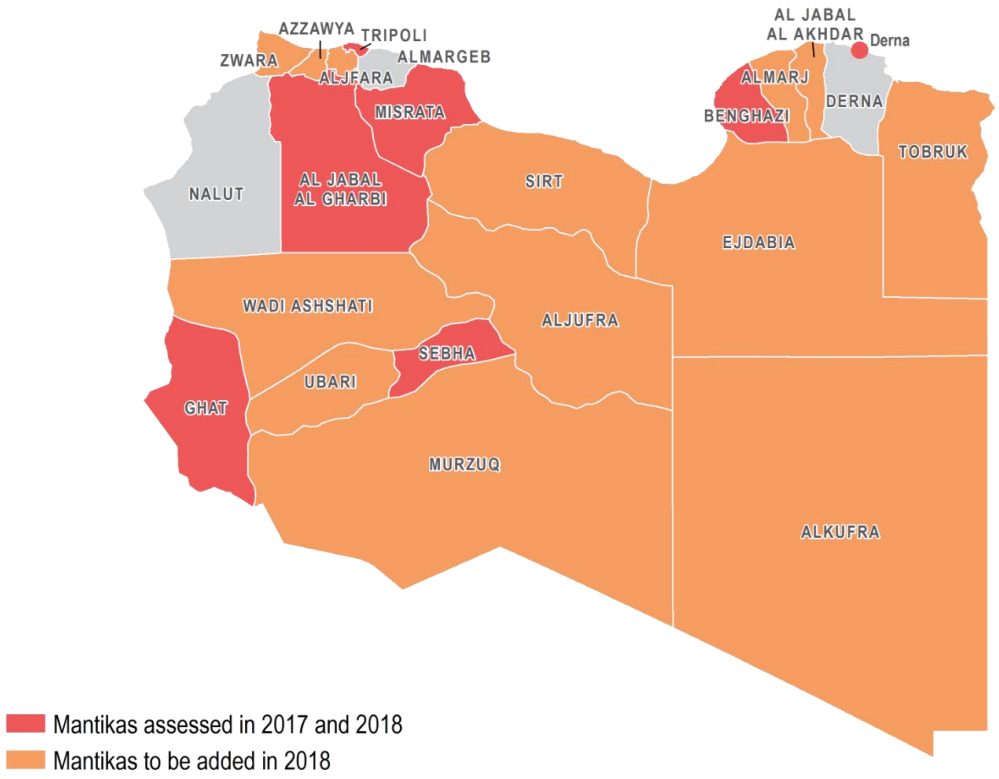
The assessment was conducted in 19 out of 22 mantikas and the municipality of Derna in Derna mantika.

- **Western Libya**: Mantikas of Al Jabal al Gharbi, Al Jifara, Misrata, Sirt, Tripoli, Zawiyah and Zwara in the west
- **Eastern Libya:** Al Jabal al Akhdar, Al Marj, Benghazi, Ejdabiya, Tobruk and Municipality of Derna in the east.
- **Southern Libya**: Al Kufra, Ghat, Jufrah, Murzuq, Sebha, Ubari, and Wadi Ashshati in the south.

[12] Unless otherwise stated.

[13] 3 KIs were conducted in each assessment location to total 60 KIs overall. 2 FGDs were conducted in each assessed location with a number of exceptions with a total of 35 FGDs completed. In Tripoli and Jabal al Gharbi, FGDs were not possible to conduct, One FGD was conducted in Benghazi, Ejdabia, Al Kufrah, Al Marj and Al Jufrah. Four (4) FGDs were conducted in Derna. The variation in number was due to access restrictions and implementation partner availability.

Map 2: Mantikas of assessment for Multi-Sector Needs Assessment (MSNA) 2018



Population of interest

Population group and unit of measurement*:*

The unit of measurement is the household. The precise definitions adopted for the populations of interest are documented below. For IDPs and returnees, definitions were adopted from the IOM-DTM Libya methodology in accordance with the Guiding Principles on Internal Displacement:

- **IDPs**: internally displaced persons (IDPs) are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border." (United Nations, 1998). DTM considers IDPs all those who have fled from their original home and are living outside their settlement of origin.
- **Returnees**: A returnee is any person who was displaced internally or across an international border, but has since returned to his/her place of habitual residence. In the Libyan context, it is mostly observed that in a large majority of cases, returnees are back to their original dwelling without major damage– except in specific cases of violent and sudden onset of crises mainly in urban contexts such as Sirt or Benghazi. For the purpose of the MSNA, returnees were considered to have integrated back into the non-displaced community after 2 years of return.
- **Non-displaced:** Households that have never been displaced as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters.

Figure 4: Conflict-affected population diagram

Indicator and tool design

The indicators and household-level survey questionnaire were developed by the Inter-Sector Coordination Group (ISCG) with facilitation by REACH and were based on the Core Sectors Indicator Library. A draft indicator matrix was designed by REACH and validated by the Assessment Working Group (AWG) incorporating the core sectors (protection, WASH, health, education, food security, shelter & NFI) and the Cash & Markets Working Group (CMWG) through extensive bi-lateral consultations and feedback sessions. The final tool incorporated feedback from all sectors and was shared with Libyan partners for further amendments specific to the evolving context on-the-ground during a training session in Tunis in July before pilot surveys began.

Sampling

A stratified random sampling approach was used to conduct household surveys. This approach enabled comparison between IDP, returnees and non-displaced populations. A representative sample was drawn for each strata in each mantika, providing findings generalizable for each strata in each mantika with a 95% level of confidence and a 10% margin of error. The sampling frame for displaced populations (IDPs and returnees) was based on displacement population figures drawn from Round 18 of IOM's Displacement Tracking Matrix for Libya (February-March 2018).[14] Sampling for non-displaced populations was derived from the January 2018 WorldPop dataset, a GIS-based dataset that divides Libya into 1km^2 grid cells and estimates population counts and density within each grid cell.[15] The method of sampling was determined by the geographical characteristics of the surveyed population groups in each location:

Cluster sampling

In general, non-displaced populations are large and widespread, and thus a cluster sampling method was used. In the first stage, a cluster sample of the grid squares was drawn for each mantika according to population size (meaning that areas with a higher population were more likely to be selected). In each cluster, between 5-15 surveys were required. In the second stage of sampling, random GIS sampling techniques selected specific households to be surveyed. By distributing a set of randomly generated global positioning system (GPS) points within each 1km^2 grid cell equal to the number of surveys required in each cluster (grid), enumerators were guided to the specific survey locations in each cluster. Once enumerators arrived at the GPS point, they interviewed the nearest household from the target population group (non-displaced). For the cluster sampling of non-displaced households, the number of surveys was adjusted for design effect with a cluster size of 5.

[14] IOM-DTM Libya – IDPs and Returnees Baseline Assessment Round 18
[15] WorldPop. 2018. Libya 100m Population, Version 2, University of Southampton. DOI: 10.5258/SOTON/WP00537

Stratified sampling

For the displaced population groups (IDPs and returnees), the geographical location and data available was precise and concentrated enough so a two-stage random sampling technique was used. Muhallas in each mantika were selected with probability based on the size of the IDP and returnee populations in each muhalla. Within each selected muhalla, interview locations were selected using randomly generated GPS points within a $2km^2$ buffer and interviewees were selected based on the status of the displaced household. Enumerators interviewed the nearest household from the target population group to that point within a $2km^2$ radius.

For each location and population group, the total number of surveys was designed with a 10% buffer. The sampling techniques enable the assessment to present an understanding in each mantika of the current situation and unmet needs amongst IDPs, non-displaced and where relevant (i.e. where present) of returnees. The final dataset was given two sets of weights: one for analysis across population groups (i.e. comparing IDP households to non-displaced households etc.) and one for overall figures (i.e. combining all population groups into a "nationwide" Libya figure).

The final cleaned and weighted dataset with a full explanation of the weights used is available here.

Primary data collection

REACH national field staff conducted primary data collection in four locations. In each location, the teams were appointed an assessment focal point who oversaw teams of six to eight enumerators. In the remaining 16 locations, REACH partnered with local Libyan civil society organisations and data collectors, each appointment a focal point to coordinate and plan the data collection strategy. In total, 160 enumerators collected primary data. Local partners were chosen based on previous experience and results in other REACH Libya assessments. In locations that REACH had not conducted assessments before, potential data collection organisations were interviewed by a project officer and vetted for suitability. Recruitment of these staff was completed by 2 x two-day training in Tunis covering: i) an overview of the assessment and methodology, ii) data collection tools (mapping and KoBo questionnaire form), iii) questionnaire and iv) communication and reporting requirements. Additionally, all team members were trained by a food security sector representative from WFP's regional team on how to ethically and accurately collect data on food security and agriculture.

Enumerators collected data using an Open Data Kit (ODK) form through the ODK Collect application on Android smartphones. The forms were uploaded daily and stored on the UNHCR Kobo server to ensure data protection.

Data processing and analysis

REACH staff downloaded and reviewed the data on a daily basis, cleaning the completed questionnaires for consistency and maintaining a data cleaning log. Any inconsistencies or missing data found were communicated to the focal point in the area of assessment for clarification and corrections. The GIS officer reviewed and approved collected questionnaires based on time taken to complete, location of the GPS tracking and quality of surveys received. In instances where questionnaires were collected outside of the area specified in the research design or data was missing, feedback was provided to enumerators to ensure repeat surveys were accurate. Once all surveys were received, REACH staff completed a final data clean, producing a clean dataset, link here.

Data analysis was conducted in R, with output tables produced by population group and mantika for final report analysis.

Analysis framework

The IASC Multi-sector Initial Rapid Assessment (MIRA) Analytical Framework was used to guide data collection and analysis to provide a standardised analysis in line with other REACH facilitated MSNAs conducted globally. The MIRA framework was adopted to provide a common understanding of **where humanitarian needs are most severe, and which population groups are most in need of humanitarian assistance** as well as to provide findings required for the Libya Humanitarian Needs Overview (HNO). A secondary desk review established the humanitarian profile based on the scope and scale of the crisis, which takes into account drivers of the crisis, primary and secondary effects, and underlying factors as discussed in the introduction and throughout the report. The severity of needs was identified through indicators that assessed the conditions of the affected population and taking into account unmet humanitarian needs and physical disruption of key infrastructure and losses. Gaps in response were primarily assessed via coping mechanisms adopted by households to address their basic needs. Finally, operational constraints were briefly assessed by the barriers faced to receiving humanitarian assistance.

To assess unmet humanitarian needs in each sector, an index of unmet needs was calculated using one or multiple individual needs indicators[16] selected by each sector (sector co-leads and technical experts) in Libya. During consecutive joint analysis workshops for the HNO process, the most important indicators from the Libya MSNA were chosen to illustrate whether a household had an unmet need in that sector (see Annex 2 for final indicators). If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

Where appropriate, the findings from the 2018 MSNA were compared in a longitudinal analysis to the findings from the 2017 MSNA findings to provide an indication of developments in humanitarian conditions. A longitudinal comparison was applied i) where identical indicators were included in both the 2017 and 2018 MSNA and ii) for the 7 mantikas included in both assessments. This was to ensure a valid analytical comparison. For the negative coping strategies, findings from the 7 mantikas assessed in 2017 and 2018 demonstrated similar overall findings as all 20 mantikas in 2018, allowing for a direct comparison.

Multi-Sectoral Needs

The multi-sectoral index of unmet needs for each household was subsequently calculated as a total of the number of sectors that the household had an unmet need in (maximum of six). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the percentage of households by the sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multi-sectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented in the report investigates the percentage of households that have needs across two or more sectors, for example in WASH & health.

Challenges and limitations

[16] Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Due to challenges during data collection, results for the mantika of Sirt are **indicative only** and should not be interpreted as statistically representative of the population of Sirt.

The assessment focused on three population groups (IDPs, non-displaced and returnee households) and therefore excludes migrant population groups who are one of the most vulnerable population groups in Libya. This is due to different sampling approaches needed to collect data on migrant and refugee populations. To address this gap, REACH conducted a complementary multi-sector needs assessment on migrant and refugee populations in parallel with the REACH 2018 MSNA; the findings can be found here.

The assessment collects data that is representative at mantika level (Admin level 2). While mantika level data is useful for a big picture understanding of unmet needs in Libya, it's not as useful to operational actors whose aim is to implement programmatic activities. Similarly, the survey data collected is at household level and therefore the findings are unable to provide insights into gender-based or age-based indicators of need such as GBV or elderly groups.

Reaching consensus on population figures is difficult in the current Libyan crisis context. In order to address this gap, REACH integrated population statistics from two sources: IOM-DTM data on displaced populations (returnees and IDPs) and WorldPop. data for non-displaced communities. During the research design phase, on-going deterioration of the security situation led to large-scale displacement across a number of mantikas, most notably in Derna where a year-long military siege escalated substantially. In order to improve the confidence of using updated population figures that reflected current population movements, REACH in consultation with key informants reconciled these figures to more accurately present figures on returnee populations.

To ensure reliability of collected survey data and to avoid potential bias due to Ramadan, the data collection deadline was delayed by one month at the request of food security sector. The data collection timeframe initially proposed was during the end of Ramadan. After several consultations, it was decided that this had the potential to bias the findings due to expenditures, food consumption and other household activities. During the assessment period for the MSNA, data collection was not possible in the entire mantika of Derna due to access issues in the areas on the outskirts of the city. In Al Jifara, a smaller sub-section of the mantika was assessed due to security concerns.

During data collection, airstrikes took place in Ubari in late July 2018 which delayed data collection. The events had no knock-on effect on the final analysis or proposed timeframe. Clashes in Tripoli on 26 August 2018 did not affect the MSNA data collection activities as household surveys had already been completed. However, FGDs were not possible and the scale of the clashes led to significant displacement. IOM reports specified that at least 1,950 households were displaced within the city of Tripoli itself. Damage to the water network, electricity disruptions and reduced access to basic services such as healthcare and medicines was widely reported as well as increase risks to personal safety in conflict-affected mahalas. As a result of the updated humanitarian context, members of the Libya Inter-Sector Coordination Group (ISCG), facilitated by REACH, conducted a Rapid Assessment in Tripoli between 11 and 16 September 2018. Further information and findings are available here.

FINDINGS

This section of the report highlights the main findings from the 2018 Libya MSNA. It includes findings on all relevant sectors including protection, shelter & NFI, WASH, food security, cash and markets, health, and education as well as findings related to the assessed population profile.

DEMOGRAPHICS

Household demographics

The demographic characteristics between non-displaced, IDP and returnee households in the assessed areas were broadly similar. The overall average number of people per household in the assessed locations was 5.2. Non-displaced households consisted on average of 5.2 individuals, while this figure was 5.5 for IDP households and 5.1 for returnee households. Small variations were also noticed across mantikas ranging from 4.2 individuals per household on average in Zwara, up to 7.2 in Wadi Ashshati.

Sex of head of household

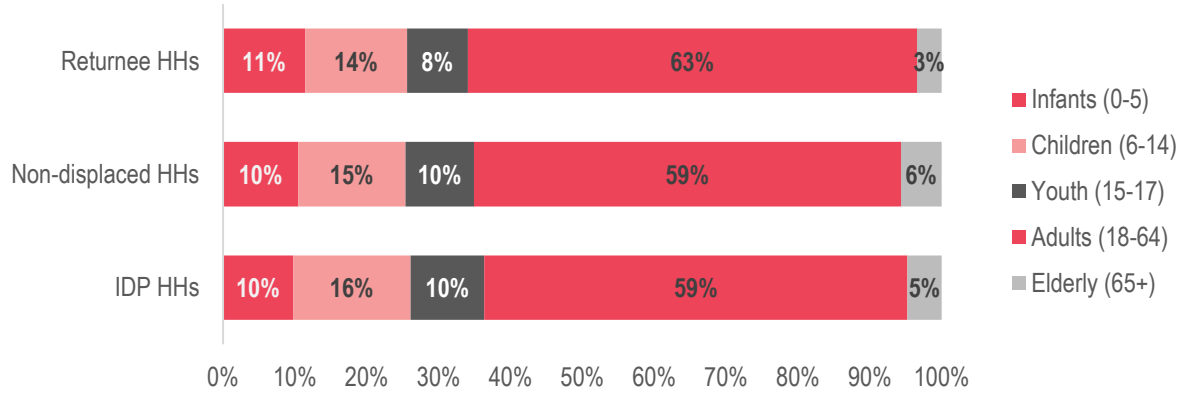
Across all surveyed areas, 10% of households were female-headed. The proportion of female-headed households was found to be 10% for non-displaced, 9% for IDP and 6% for returnee households. Female-headed households were far more common in displaced households in the south of Libya, in particular in Murzuq, Wadi Ashshati, and Sebha, where one-fifth (20-22%) of households were female-headed.

Female-headed households were found to have a smaller average household size (4.3 individuals) compared to male-headed households (5.2 individuals).

Age distribution of household

Overall, minors accounted for slightly more than one third of the population (35%) while adults represented 60%, and 5% for elderly members. Very little variation was observed across population groups, as demonstrated in Figure 5.

Figure 5: Age distribution of household's members in %, by population group



Hosting displaced people

Six per cent (6%) of assessed households reported hosting family members or others that had been displaced from another place in the mantika or the country. The mantikas with households most frequently hosting displaced groups were Sebha (14%), Tripoli (12%), Sirt and Ubari (11%) and Al Marj (8%).

Non-displaced households were more likely to be hosting other displaced families (7%) compared to 5% of IDP and 3% of returnee households. Returnee families that were found to be hosting other displaced groups however were on

average hosting a higher number of individuals (3.5 individuals hosted compared to an average of 2.7 across all households hosting displaced members), contributing to increased pressure on household resources and potentially increasing household needs.

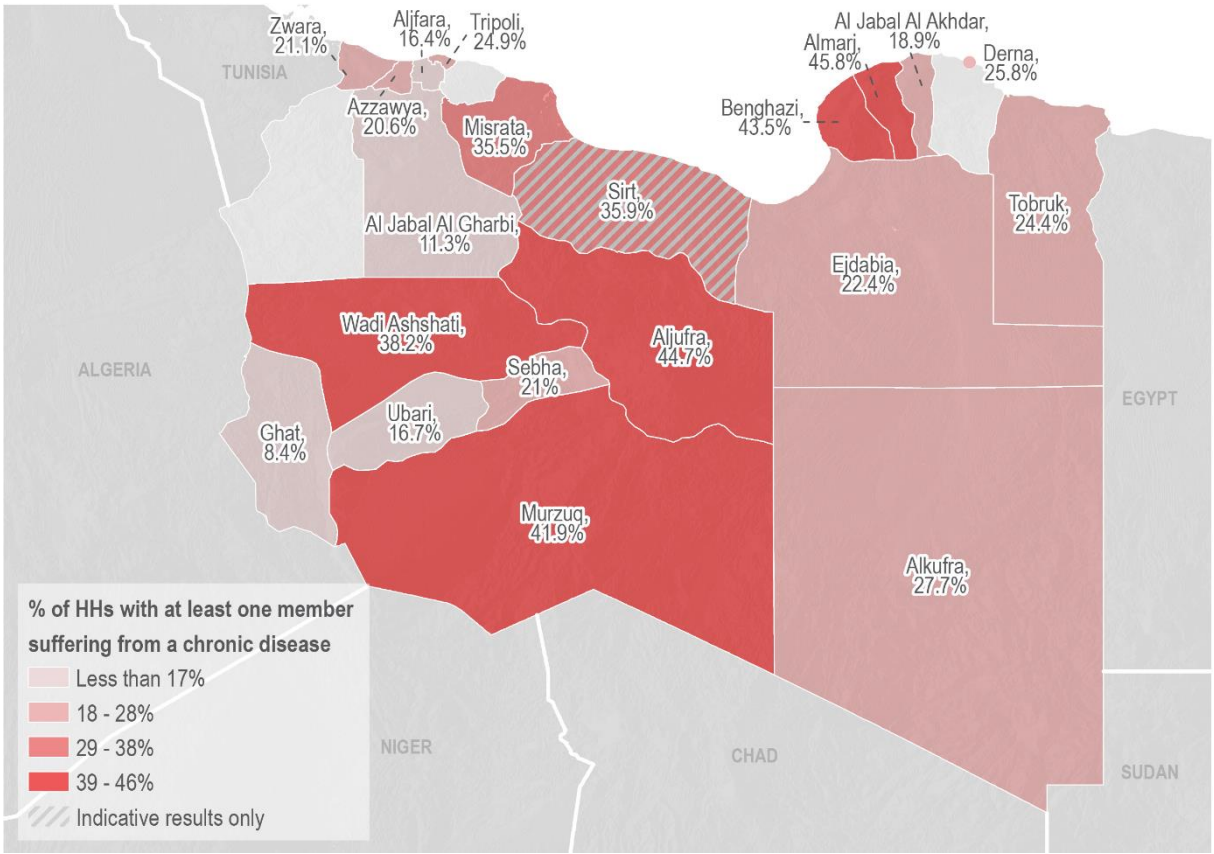
Geographically, households in the south were more likely to be hosting a greater number of displaced individuals, averaging at 3.4 hosted people. In the east of Libya, female-headed households were more likely to host a greater number of displaced individuals, with an average of 3.8 individuals hosted per household. This is compared to an average of 2.5 individuals hosted in male-headed households. In the west, female headed households on average hosted half the number of individuals as male headed households (1.2 compared to 2.8 individuals hosted). In the south, male- and female-headed households on average hosted a similar number of individuals (roughly 3.3 individuals hosted).

Household members with a chronic disease

Nationally, 27% of households reported at least one household member suffering from a chronic disease. This is an 11% reduction from the 2017 MSNA. The variation observed in 2017 - whereby displaced households were more likely to have chronically ill household members – was not observed in the 2018 assessment with similar rates of households reporting a member suffering from a chronic disease (27% non-displaced, 30% IDP and 28% returnee households). The highest instances of chronic disease were reported in the east in Al Marj and Benghazi where nearly a half of households had a member suffering from a chronic disease (46% and 44% respectively). Forty-five percent (45%) of households in Al Jufra reported the same.

The average number of household members with a chronic disease was the same across population groups, averaging at 1.4 individuals overall. Zwara was found to have the highest average number of household members suffering with a chronic disease, with 2 individuals on average.

Map 3: Percentage of households reporting at least one family member suffering from a chronic disease, by mantika



MULTI-SECTOR ANALYSIS

Multisectoral analysis presents an opportunity to identify and understand to what extent unmet sector needs are interrelated and how they contribute to overall household needs. By identifying population groups and locations in which households have unmet needs across multiple sectors simultaneously, this integrated approach can help assess the impact of current and future humanitarian interventions. This provided greater insight into how changes in circumstance were likely to exacerbate humanitarian conditions.

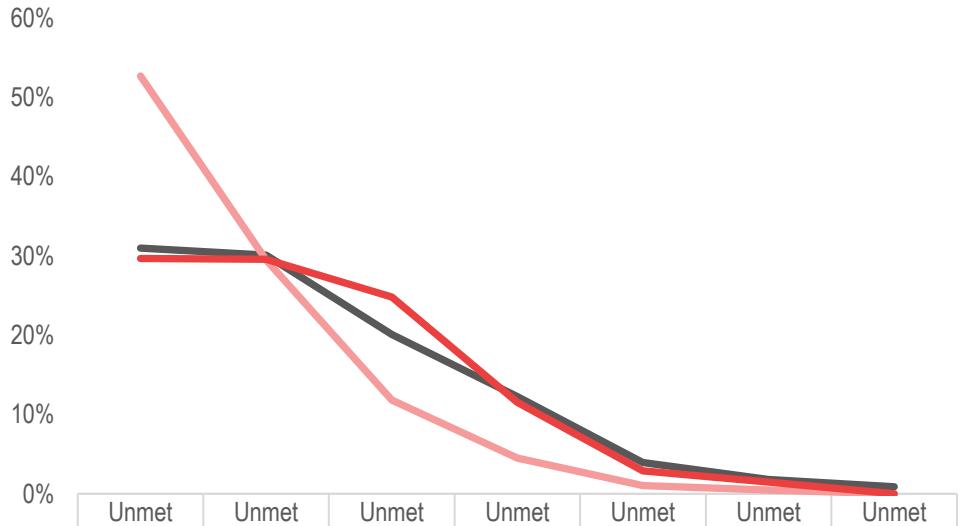
Analysing the percentage of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Across Libya, 7% of households presented unmet needs in 3 or more sectors nationwide. While humanitarian programming should be cognisant of all factors compounding a deterioration in livelihoods, these findings suggest that unmet needs are driven by sector-specificities.

Households living in the south of Libya or in areas recently affected by conflict exhibited higher levels of multi-sectoral needs. **Mantikas with the highest proportion of households with unmet needs in 3 or more sectors were concentrated in Sirt (37%)[17], Al Kufra (26%), Sebha (25%), Murzuq (24%) and Derna (21%).** Of the 1% of households nationwide that had unmet humanitarian needs in 5 sectors, 36% were located in Tripoli, 29% in Sebha and 21% in Derna. While returnee households were found to be more likely to have unmet humanitarian needs in at least one sector, **a higher proportion of IDP households were found to have unmet needs in 3 or more sectors (19%)** compared to returnee (16%) and non-displaced households (6%).

IDP households therefore present the highest proportion of households with compound, multiple unmet humanitarian needs. IDP households in Al Kufra, Derna, Murzuq and Zwara were particularly affected, as well as non-displaced households in Sirt. The average number of sectors households in these areas (excluding Zwara) had an unmet need in was 2 sectors.

Figure 6: Proportion of households with an unmet need, by number of sectors and population group (national level)



	Unmet Need in 0	Unmet Need in 1	Unmet Need in 2	Unmet Need in 3	Unmet Need in 4	Unmet Need in 5	Unmet Need in 6
IDP HHs	31%	30%	20%	12%	4%	2%	1%
Non-displaced HHs	53%	29%	12%	4%	1%	0%	0%
Returnee HHs	30%	30%	25%	12%	3%	1%	0%

[17] Findings for Sirt are indicative only.

Map 4: Percentage of households with an unmet need in 3 or more sectors

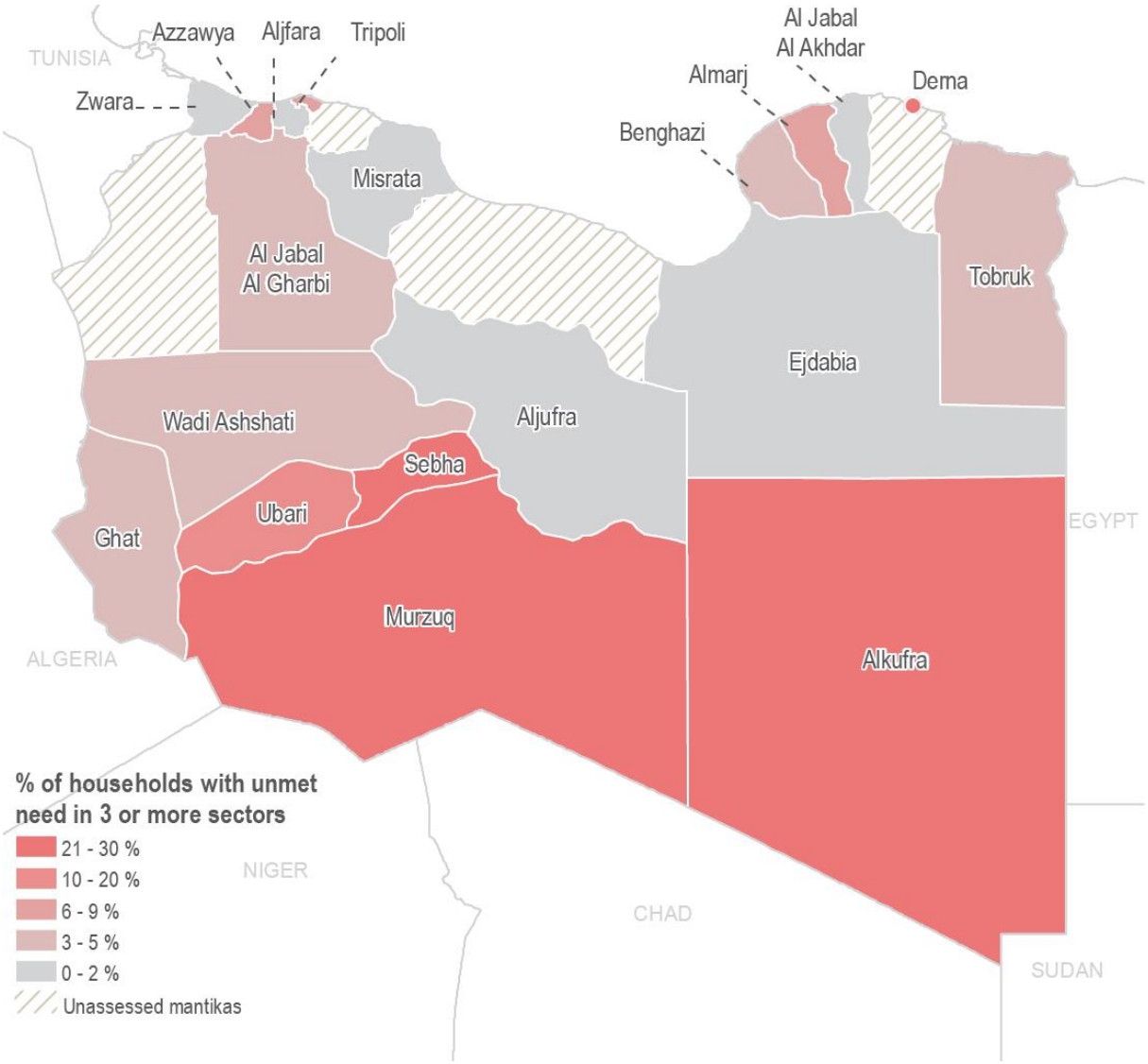
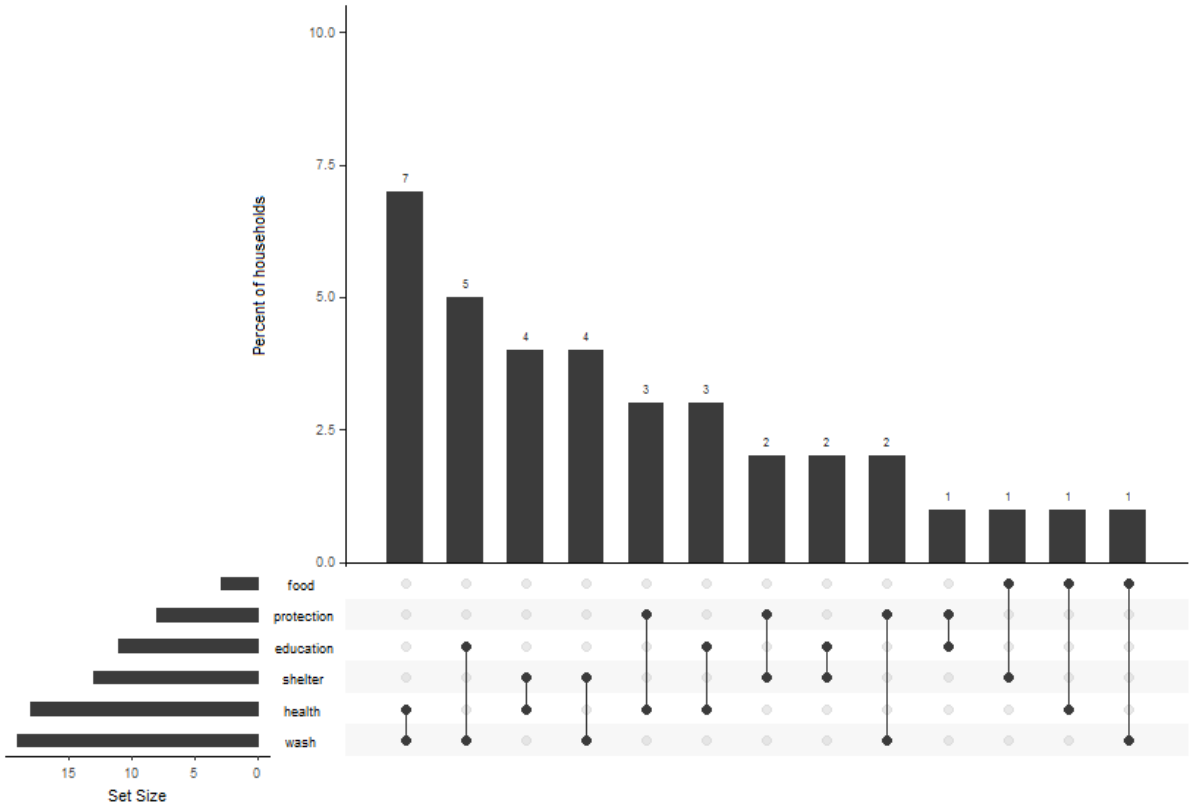


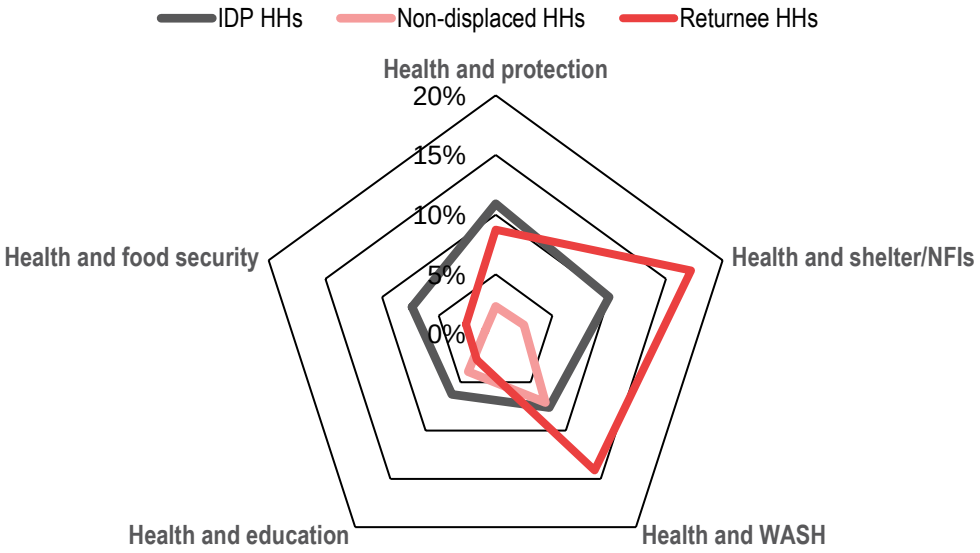
Figure 7 highlights common sector pairings in which households have unmet needs simultaneously. In general, multi-sectoral issues were found to be low, indicating that the humanitarian situation was not chronic. **The main mantikas found to be of concern across sector pairings were Al Kufra, Derna, Murzuq, Sebha, Sirt and Wadi Ashshati.** The most common sector pairing was Health and WASH, where 7% of households nationwide had unmet needs. A much higher proportion of returnee households were found to have cross-sector unmet needs in health and shelter & NFI (17%), shelter & NFI & protection (14%), health & WASH (14%) and shelter & WASH (16%).

Figure 7: Percentage of households with cross-sector unmet needs, by sector combination



HEALTH

Figure 8: Percentage of households with unmet needs in health and another sector, by sector combination and population group



Returnee households were found to have higher unmet needs simultaneously in health and shelter & NFI (17%) and Health and WASH (14%). IDP households were more prone to cross-cutting problems in health and protection, health and food security and health and education. The scale of multi-sector needs involving the health sector are relatively low at the national level (*see* Table 3). The highest proportion of households found with unmet needs in multiple sectors were found in health & WASH (8% of all households). Unmet needs in health and WASH were found to be highest in Murzuq, Sirt, Derna and Al Kufra, where between 19-29% of households had simultaneous unmet needs. One-quarter (26%) of households in Derna were found to have an unmet need in health and shelter & NFI. Cross-sectoral health issues were far lower in eastern Libya – only in Al Marj was there cause for concern with 12% of households found to have unmet needs in health and WASH.

Figure 9: Percentage of households with unmet needs in health and another sector, by sector combination in mantikas with high multi-sectoral unmet needs

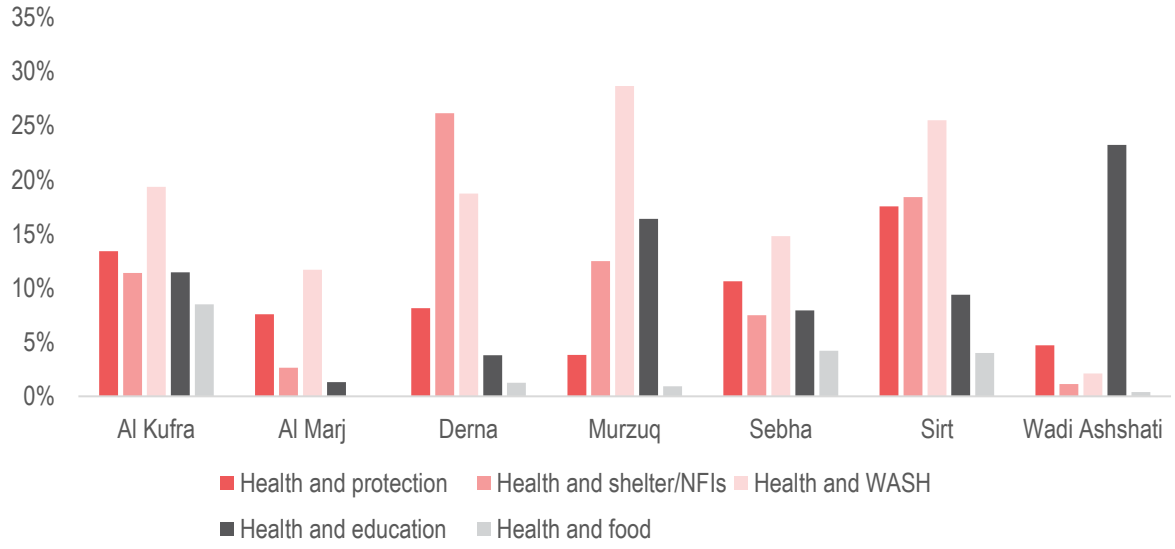
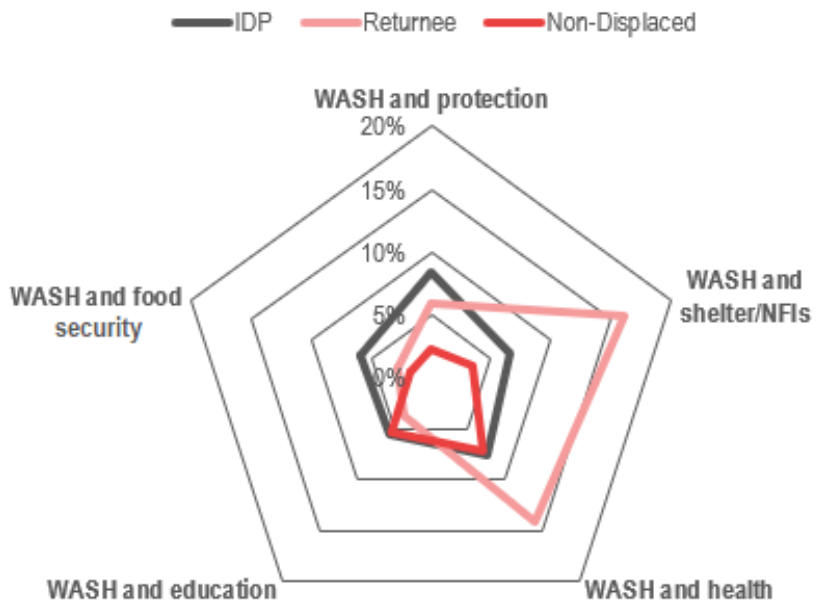


Table 3: Percentage of households with an unmet need in health and another sector, by sector and mantika

	Health and protection	Health and shelter & NFIs	Health and WASH	Health and education	Health and food security
National level	3%	4%	8%	4%	1%
Al Jabal al Akhdar	0%	0%	0%	5%	0%
Al Jabal al Gharbi	5%	2%	2%	3%	0%
Al Jifara	0%	0%	0%	0%	0%
Al Jufra	1%	0%	10%	0%	0%
Al Kufra	13%	11%	19%	11%	8%
Al Marj	8%	3%	12%	1%	0%
Azzawya	6%	1%	3%	8%	0%
Benghazi	5%	2%	5%	1%	1%
Derna	8%	26%	19%	4%	1%
Ejdabia	6%	0%	2%	1%	0%
Ghat	1%	1%	5%	1%	1%
Misrata	0%	1%	1%	0%	0%
Murzuq	4%	12%	29%	16%	1%
Sebha	11%	7%	15%	8%	4%
Sirt	18%	18%	25%	9%	4%
Tobruk	1%	0%	1%	1%	0%
Tripoli	0%	4%	11%	4%	2%
Ubari	4%	4%	13%	6%	1%
Wadi Ashshati	5%	1%	2%	23%	0%
Zwara	0%	0%	0%	0%	0%

WASH

Figure 10: Percentage of households with unmet needs in WASH and another sector, by sector combination and population group



Returnee households were found to have higher cross-sector unmet needs in WASH than other population groups. In particular, 16% of returnee households had an unmet need in WASH and shelter & NFI and 14% in WASH and health. The highest proportion of households found with unmet needs in multiple sectors were found in health & WASH (8% of all households). Unmet needs in health and WASH were found to be highest in Murzuq, Sirt, Derna and Al Kufra, where between 19-29% of households had simultaneous unmet needs. Nearly one-fifth of all households in Al Kufra had unmet needs in WASH as well as protection, shelter & NFIs, health and education. One-quarter (25%) of households in Derna were found to have an unmet need in WASH and shelter & NFI. Cross-sectoral WASH issues were far lower in western and eastern Libya. In the east, only in Al Marj was there cause for concern with 12% of households found to have unmet needs in WASH and health. To the west, 11% of households in Tripoli were found to have simultaneous unmet needs in WASH and health.

Figure 11: Percentage of households with unmet needs in WASH and another sector, by sector combination in mantikas with high multi-sectoral unmet needs

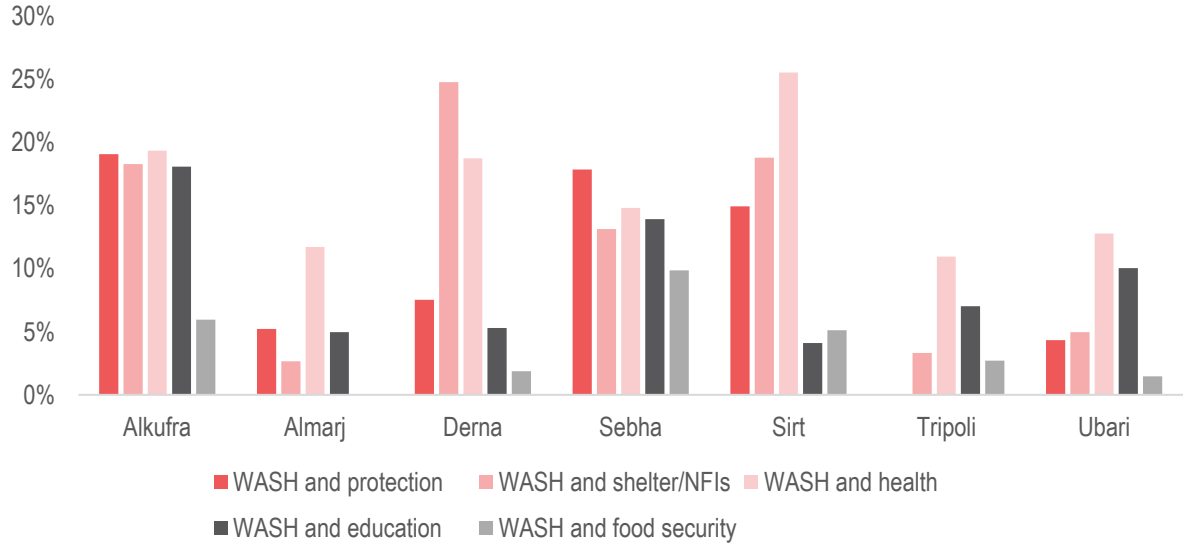
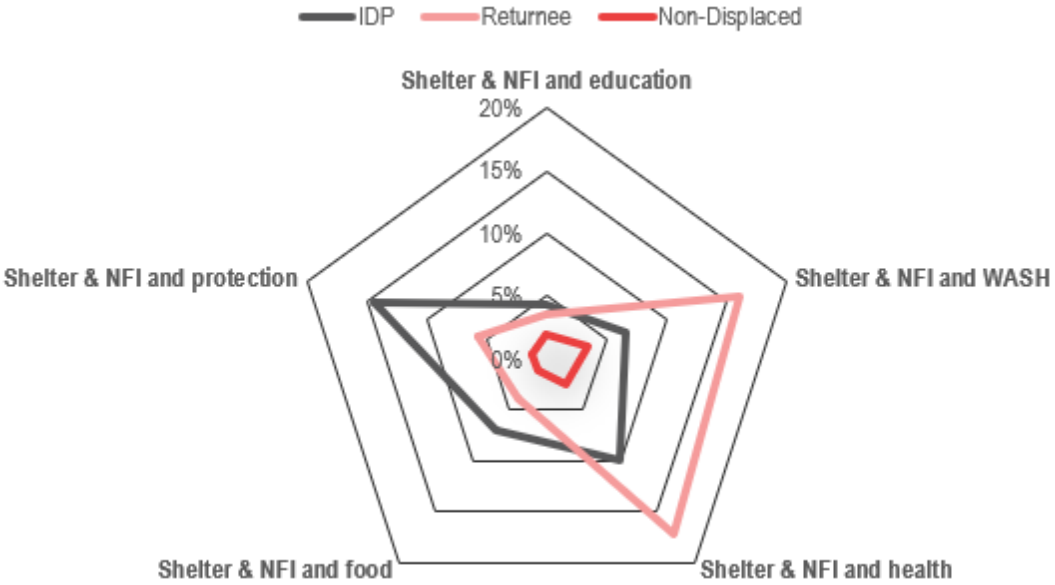


Table 4: Percentage of households with an unmet need in WASH and another sector, by sector and mantika

	WASH and protection	WASH and shelter & NFIs	WASH and health	WASH and education	WASH and food security
National level	3%	5%	8%	5%	2%
Al Jabal al Akhdar	0%	0%	0%	0%	0%
Al Jabal al Gharbi	2%	0%	2%	2%	0%
Al Jifara	0%	0%	0%	0%	0%
Al Jufra	1%	0%	10%	4%	2%
Al Kufra	19%	18%	19%	18%	6%
Al Marj	5%	3%	12%	5%	0%
Azzawya	0%	4%	3%	8%	0%
Benghazi	4%	2%	5%	3%	2%
Derna	8%	25%	19%	5%	2%
Ejdabia	0%	0%	2%	3%	0%
Ghat	6%	3%	5%	3%	1%
Misrata	1%	1%	1%	1%	0%
Murzuq	5%	18%	29%	17%	1%
Sebha	18%	13%	15%	14%	10%
Sirt	15%	19%	25%	4%	5%
Tobruk	3%	0%	1%	4%	0%
Tripoli	0%	3%	11%	7%	3%
Ubari	4%	5%	13%	10%	1%
Wadi Ashshati	1%	0%	2%	2%	0%
Zwara	0%	0%	0%	0%	0%

SHELTER & NFI

Figure 12: Percentage of households with unmet needs in Shelter & NFI and another sector, by sector combination and population group



Returnee households were found to have higher unmet needs simultaneously in shelter & WASH (16%) and shelter & health (17%), whereas IDP households faced far greater issues cross-sectoral issues in shelter & protection (affecting 14% of IDP households). The scale of multi-sector needs involving the shelter & NFI sector are relatively low at the national level (*see* Table 5). The highest proportion of households found with unmet needs in multiple sectors were found in shelter & WASH (5% of all households). Findings at the national level however obscure variation at the mantika-level and population group level. Multi-sectoral unmet needs in shelter are most prevalent in the south - Al Kufra, Murzuq and Sebha as well as in Derna and Sirt where a far higher percentage of households exhibit a more complex set of needs between two sectors. In Derna, **one-quarter** of households with unmet needs in shelter also had an unmet need in the WASH or health sector. In short, this demonstrates that households facing challenges in securing adequate shelter conditions are at the same time facing water access issues.

Figure 13: Percentage of households with unmet needs in Shelter & NFI and another sector, by sector in mantikas with high multi-sectoral unmet needs

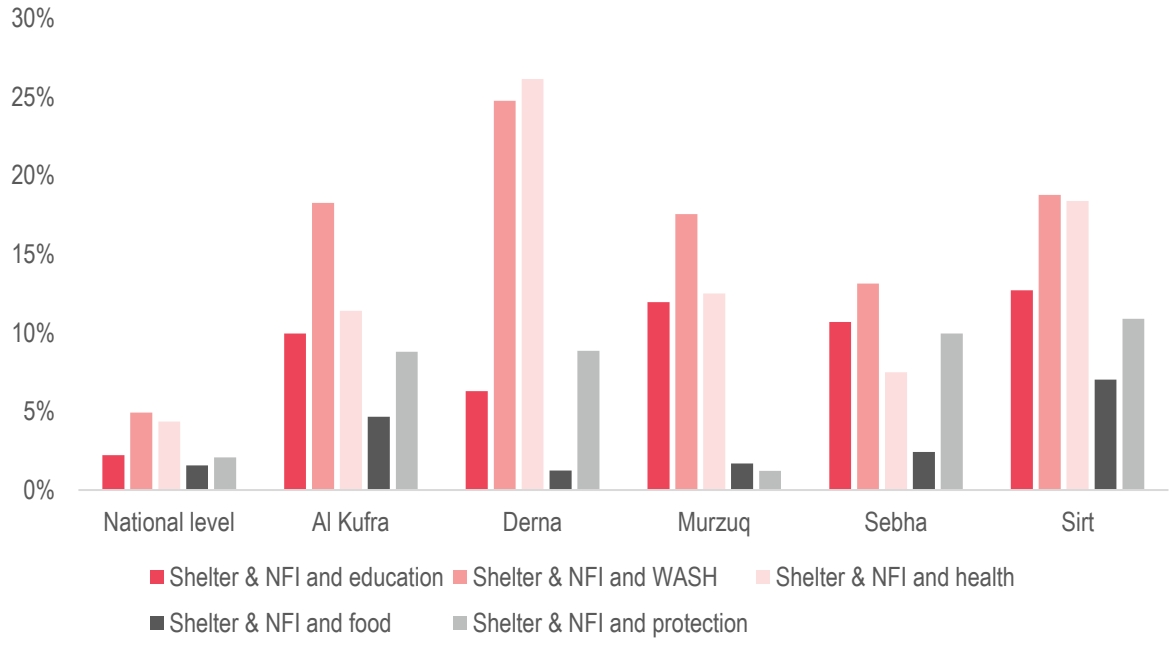
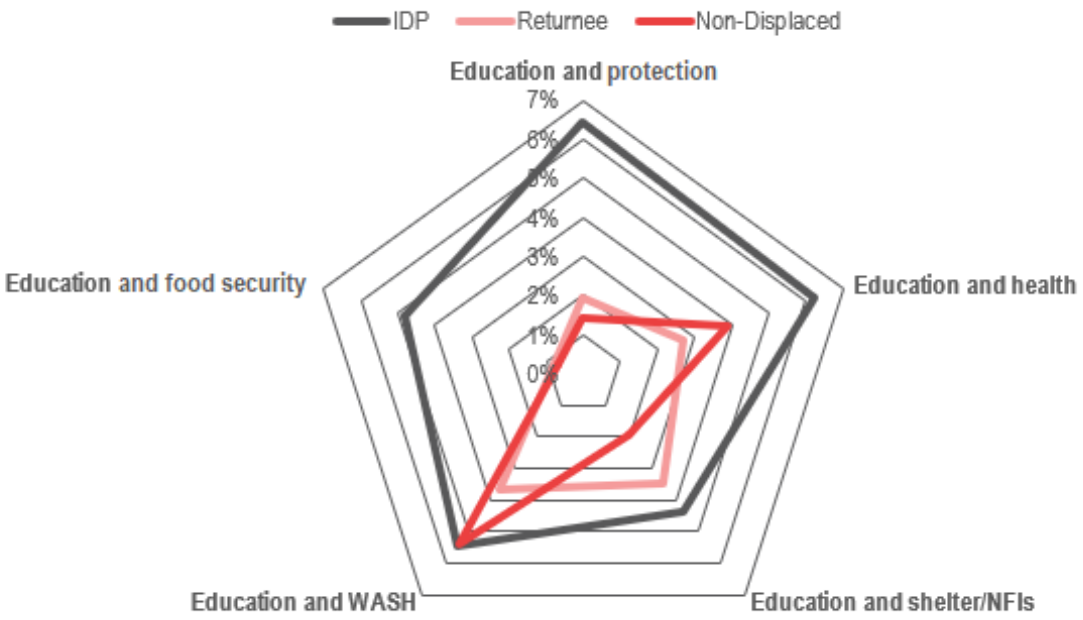


Table 5: Percentage of households with an unmet needs in Shelter & NFI and another sector, by sector and mantika

	Shelter & NFI and education	Shelter & NFI and WASH	Shelter & NFI and health	Shelter & NFI and food security	Shelter & NFI and protection
National level	2%	5%	4%	2%	2%
Al Jabal al Akhdar	0%	0%	0%	0%	0%
Al Jabal al Gharbi	1%	0%	2%	1%	1%
Al Jifara	0%	0%	0%	2%	0%
Al Jufra	0%	0%	0%	0%	0%
Al Kufra	10%	18%	11%	5%	9%
Al Marj	1%	3%	3%	0%	0%
Azzawya	3%	4%	1%	2%	3%
Benghazi	0%	2%	2%	0%	1%
Derna	6%	25%	26%	1%	9%
Ejdabia	0%	0%	0%	0%	0%
Ghat	1%	3%	1%	1%	2%
Misrata	1%	1%	1%	0%	1%
Murzuq	12%	18%	12%	2%	1%
Sebha	11%	13%	7%	2%	10%
Sirt	13%	19%	18%	7%	11%
Tobruk	0%	0%	0%	0%	0%
Tripoli	1%	3%	4%	2%	0%
Ubari	3%	5%	4%	0%	1%
Wadi Ashshati	0%	0%	1%	0%	0%
Zwara	0%	0%	0%	3%	1%

EDUCATION

Figure 14: Percentage of households with unmet needs in education and another sector, by sector combination and population group



Overall, cross-sectoral unmet needs in education and other sectors were not very prevalent in Libya. Five per cent (5%) of all households had an unmet need in education and WASH. At the national level, IDP households were found to face more complex issues in the education sector compared to returnee or non-displaced households, where 6% of IDPs had unmet education and protection needs and education and health needs. It is important to note that education and health present significant challenges in Wadi Ashshati; 47% of IDP and 56% of returnee households had unmet needs in both sectors. Similarly, 33% of returnee households and 22% of IDP households in Al Kufra faced food security issues and unmet educational needs. **One-fifth** (21%) of IDP households in Derna faced simultaneous unmet needs in education and protection.

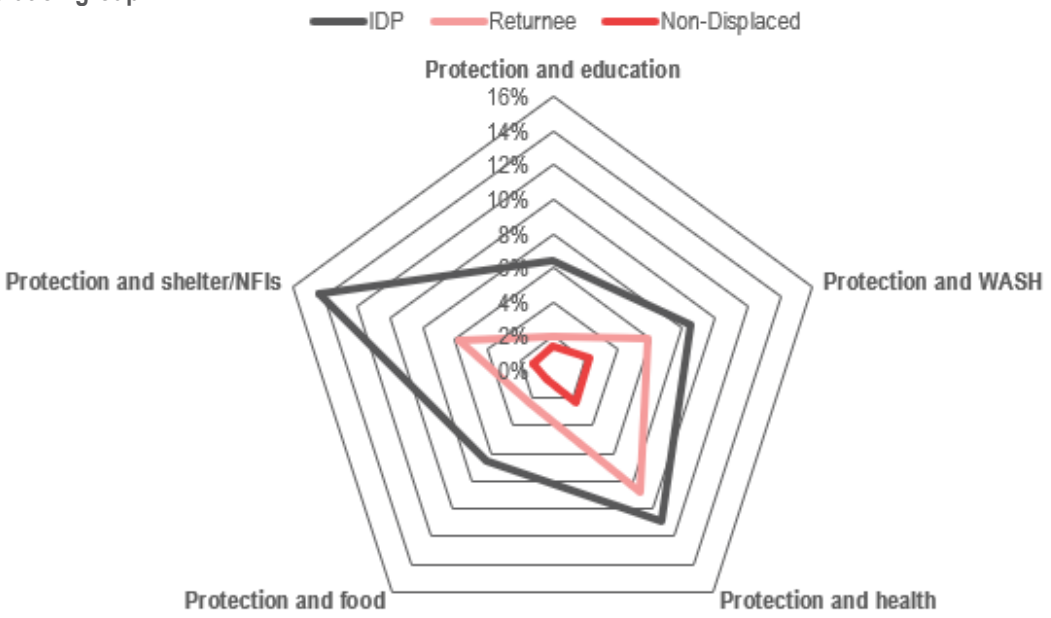
Figure 15: Percentage of households with unmet needs in shelter & NFI and another sector, by sector in mantikas with high multi-sectoral unmet needs

Table 6: Percentage of households with an unmet need in education and another sector, by sector and mantika

	Education and protection	Education and health	Education and shelter/NFIs	Education and WASH	Education and food security
National level	2%	4%	2%	5%	1%
Al Jabal al Akhdar	0%	5%	0%	0%	0%
Al Jabal al Gharbi	3%	3%	1%	%	0%
Al Jifara	0%	0%	0%	0%	0%
Al Jufra	0%	0%	0%	4%	1%
Al Kufra	10%	11%	10%	18%	4%
Al Marj	1%	1%	1%	5%	0%
Azzawya	3%	8%	3%	8%	0%
Benghazi	1%	1%	0%	3%	0%
Derna	2%	4%	6%	5%	0%
Ejdabia	2%	1%	0%	3%	2%
Ghat	4%	1%	1%	3%	1%
Misrata	1%	0%	1%	1%	0%
Murzuq	4%	16%	12%	17%	1%
Sebha	10%	8%	11%	14%	3%
Sirt	9%	9%	13%	4%	3%
Tobruk	2%	1%	0%	4%	0%
Tripoli	0%	4%	1%	7%	2%
Ubari	2%	6%	3%	10%	1%
Wadi Ashshati	2%	23%	0%	2%	0%
Zwara	0%	0%	0%	0%	0%

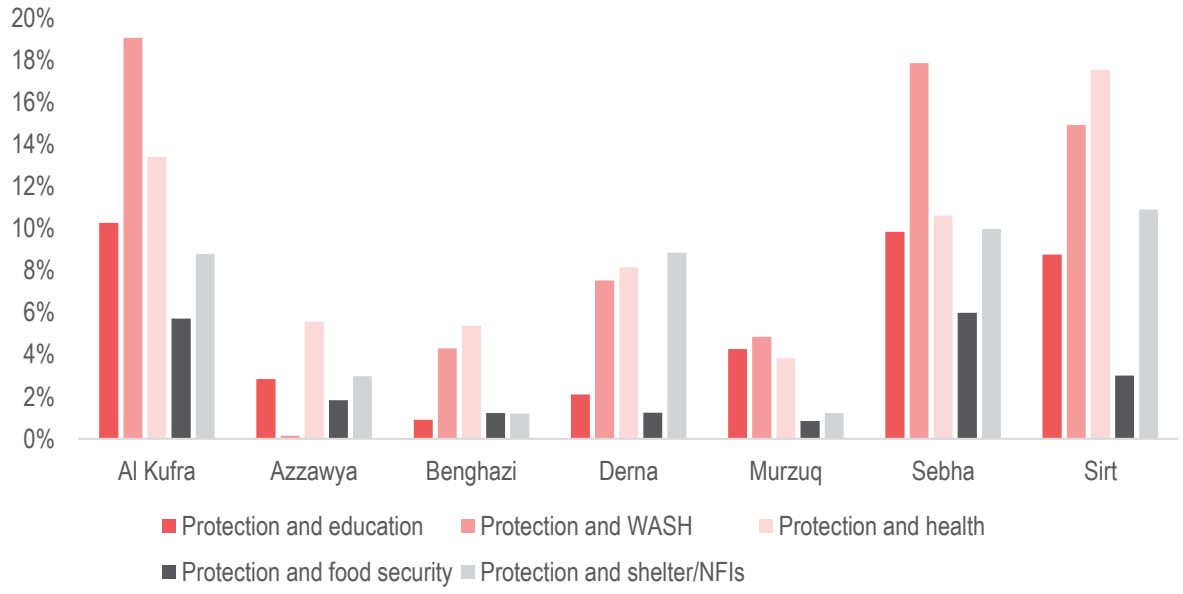
PROTECTION

Figure 16: Percentage of households with unmet needs in protection and another sector, by sector combination and population group



Overall, cross-sectoral unmet needs in protection and other sectors were low in Libya, though this is largely owing to the low reported unmet protection needs for non-displaced groups nationwide. **IDP households were found to be far more likely to have unmet needs in two or more sectors including protection** compared to other population groups. Fourteen per cent (14%) of IDP households had an unmet need in protection and shelter & NFIs and 11% in protection and health. Al Kufra, Sebha, Sirt and Derna were the mantikas most likely to have households with unmet needs across multiple sectors. Protection & health and protection & WASH were the two most common combinations of unmet needs. Three per cent (3%) of households overall were found to have unmet needs in protection and WASH, and protection and health. Mantikas most affected were Al Kufra, where 19% of households were found to have unmet needs in protection and WASH. Sirt was most affected by protection and health (18%) of households.

Figure 17: Percentage of households with unmet needs in protection and another sector, by sector in mantikas with high multi-sectoral unmet needs



Subnational variation was very prevalent across population groups, with high reported cross-sectoral unmet needs in several locations across all regions (south, west and east) of Libya. Of particular concern are IDP households in Zwara where 74% of households were found to have unmet needs in protection and shelter & NFIs. Over a half (52% and 51% respectively) of households in Derna and Al Jifara were also found to have unmet needs in protection and shelter & NFIs. Note that while IDPs were by far more at risk of having unmet needs across all of Libya, nearly half (47%) of returnee households in Azzawya had unmet needs in protection and health.

Figure 18: Percentage of IDP households with unmet needs in protection and another sector, by sector in mantikas with high multi-sectoral unmet needs

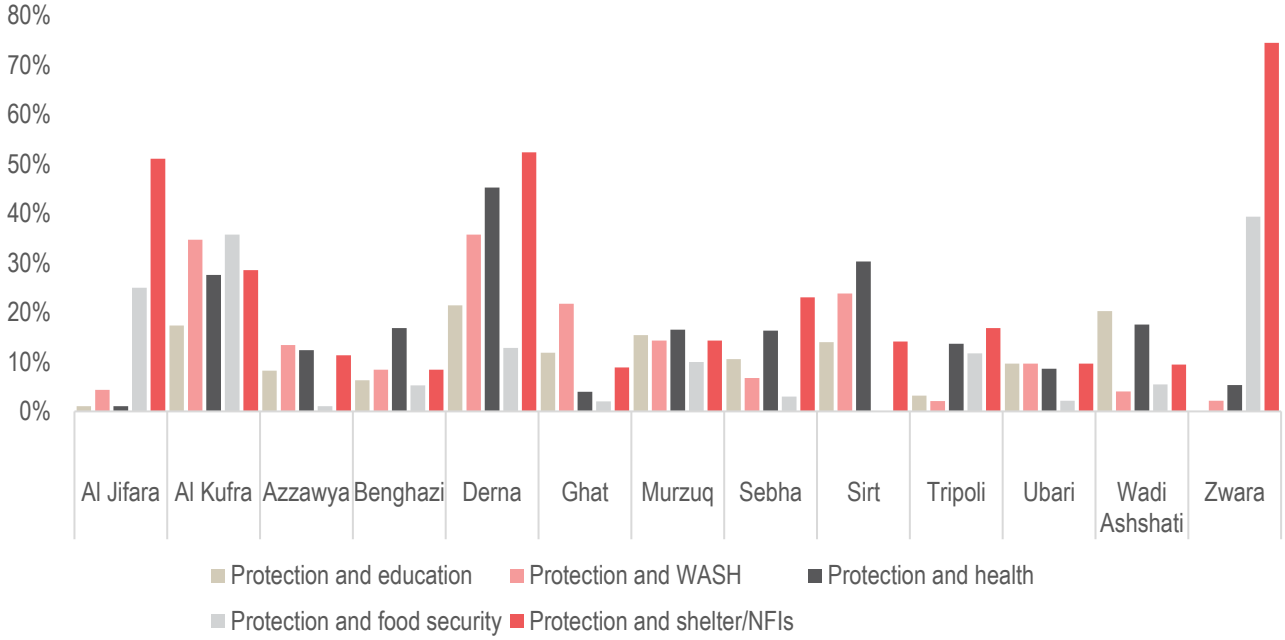
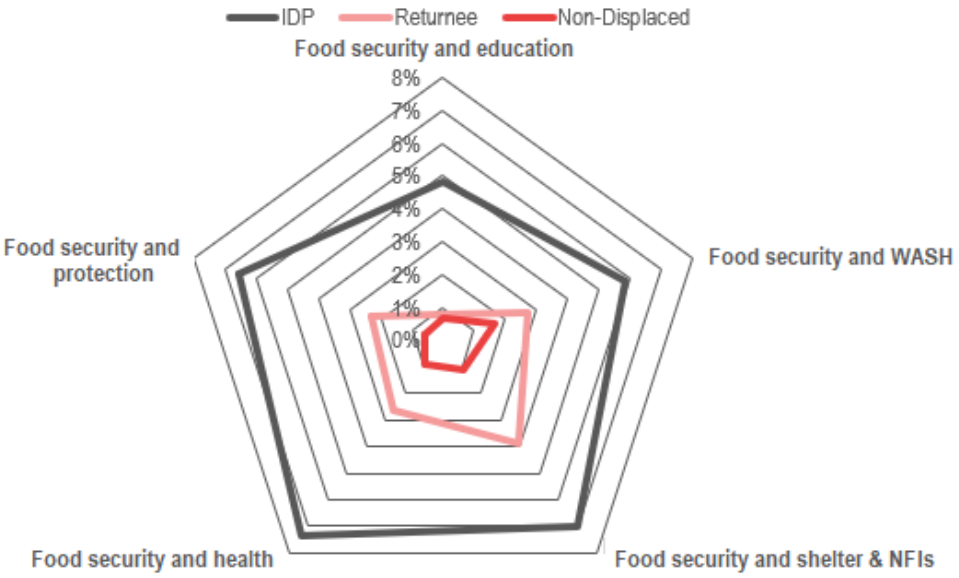


Table 7: Percentage of households with an unmet need in protection and another sector, by sector and mantika

	Protection and education	Protection and WASH	Protection and health	Protection and food security	Protection and shelter/NFIs
National level	2%	3%	3%	1%	2%
Al Jabal al Akhdar	0%	0%	0%	0%	0%
Al Jabal al Gharbi	3%	2%	5%	0%	1%
Al Jifara	0%	0%	0%	0%	0%
Al Jufra	0%	1%	1%	0%	0%
Al Kufra	10%	19%	13%	6%	9%
Al Marj	1%	5%	8%	0%	0%
Azzawya	3%	0%	6%	2%	3%
Benghazi	1%	4%	5%	1%	1%
Derna	2%	8%	8%	1%	9%
Ejdabia	2%	0%	6%	2%	0%
Ghat	4%	6%	1%	0%	2%
Misrata	1%	1%	0%	0%	1%
Murzuq	4%	5%	4%	1%	1%
Sebha	10%	18%	11%	6%	10%
Sirt	9%	15%	18%	3%	11%
Tobruk	2%	3%	1%	0%	0%
Tripoli	0%	0%	0%	0%	0%
Ubari	2%	4%	4%	0%	1%
Wadi Ashshati	2%	1%	5%	0%	0%
Zwara	0%	0%	0%	0%	1%

FOOD SECURITY

Figure 19: Percentage of households with unmet needs in food security and another sector, by sector combination and population group



Owing to the low proportion of households with unmet needs in the food security sector, overall cross-sectoral unmet needs were very low. **IDP households were found to be more at risk of cross-sector unmet** needs, with 7% of IDP households with unmet needs in a combination of food security and shelter & NFIs or health or protection. Al Kufra, and Sebha in the south and Sirt in the centre-north were found to have the highest proportion of households with multiple unmet needs. One in ten households in Sebha had an unmet need in food security and WASH and 8% of households in Al Kufra had an unmet need in food security and health. Displaced (IDP and returnee) households overwhelmingly drove the unmet cross-sector needs in Al Kufra, where 42% of IDPs had an unmet need in food security and health.

Table 8: Percentage of households with an unmet need in food security and another sector, by displacement status in mantikas with the most unmet needs

	Al Jifara			Al Kufra			Derna			Murzuq			Tripoli			Wadi Ashshati			Zwara		
	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret	IDP	ND	Ret
Food security and education	1%	0%	1%	22%	0%	33%	5%	0%	0%	14%	0%	0%	8%	1%	1%	15%	0%	9%	0%	0%	0%
Food security and WASH	2%	0%	1%	35%	1%	26%	21%	0%	2%	14%	0%	0%	9%	3%	2%	0%	0%	0%	1%	0%	0%
Food security & shelter/ NFI	23%	2%	28%	27%	1%	20%	8%	0%	1%	20%	0%	0%	16%	2%	11%	11%	0%	9%	39%	0%	42 %
Food security and health	0%	0%	0%	42%	3%	18%	14%	0%	1%	11%	0%	0%	22%	2%	7%	16%	0%	16%	2%	0%	0%
Food security and protection	25%	0%	1%	36%	1%	14%	13%	0%	1%	10%	0%	0%	12%	0%	0%	5%	0%	0%	39%	0%	0%

SECTORAL ANALYSIS

HEALTH

Key Findings

Following the 2011 revolution, the already neglected and underfunded healthcare system in Libya collapsed under increased pressure imposed during the conflict. Following the 2014 crisis, the Libyan healthcare system fragmented with signs of increasing privatization but lack of policy on healthcare governance.[18] Access to medical assistance has been hampered by hospital closures, over-stretching of existing facility capacity, the direct targeting of medical professionals and looting of medical supplies, making medical care and supplies either difficult to obtain or unaffordable for the average household.

1. **Healthcare is the top priority need** for Libyan households where just under one-quarter (**23%**) of households were found to have an unmet need in the health sector.

2. The highest proportion of households with an unmet need were overwhelmingly concentrated in southern Libya, in Wadi Ashshati (52%), Murzuq (47%), Al Kufra (46%) and Sebha (45%).

3. Nationally, **returnee households face the greatest challenges in accessing health facilities with one-third (32%) of households having unmet needs** compared to 28% of IDP and 22% of non-displaced households.

4. The highest proportion of returnee households with an unmet need in the health sector were in Azzawya (95%) and Wadi Ashshati (75%). For IDPs, 67% of households in Derna were in need, 66% in Wadi Ashshati and 58% in Al Kufra.

5. Of respondents that were in need of healthcare in the 15 days prior to data collection, displaced households were more likely to visit public hospitals compared to non-displaced households, who primarily visited private clinics or hospitals (n=1,339). Returnee households were more than twice as likely to not visit health facilities as IDP households and nearly four times as likely as non-displaced households, with 29% of returnee households not going to a primary healthcare (PHC) provider.

6. **Lack of medical staff** is the foremost unmet need in the health sector. This is a direct consequence of continued clashes around medical centres and the specific targeting of healthcare professionals in Benghazi, Azzawya, Sebha etc. since 2014 that has led to foreign medical staff leaving Libya.

7. **Al Kufra** is of priority concern, with the highest proportion of households (62%) reporting barriers to accessing healthcare services when needed**.** Twenty-nine (29%) of households employ **emergency coping strategies** in order **to pay for healthcare.**

8. Although access to some form of healthcare was available to each displacement group, the quality of service on offer was reported to be in a chronic state. The top barriers to accessing healthcare related to a lack of capacity in service delivery, which included a lack of medical staff (43%), lack of medical supplies (32%), damaged or destroyed health facilities (12%) and no available health facilities that can accept new patients (10%). Overall, 20% of households reported access issues to healthcare, with 37% reporting a lack of money to pay for care (n=1,243).

9. Unmet healthcare needs in Libya are geographically interconnected; needs are reinforced in areas where hospital closures occur (e.g. Azzawya and Brak) and where the capacity of poorly resourced facilities are stretched (e.g. in Jabal al Akhdar from Derna clashes).

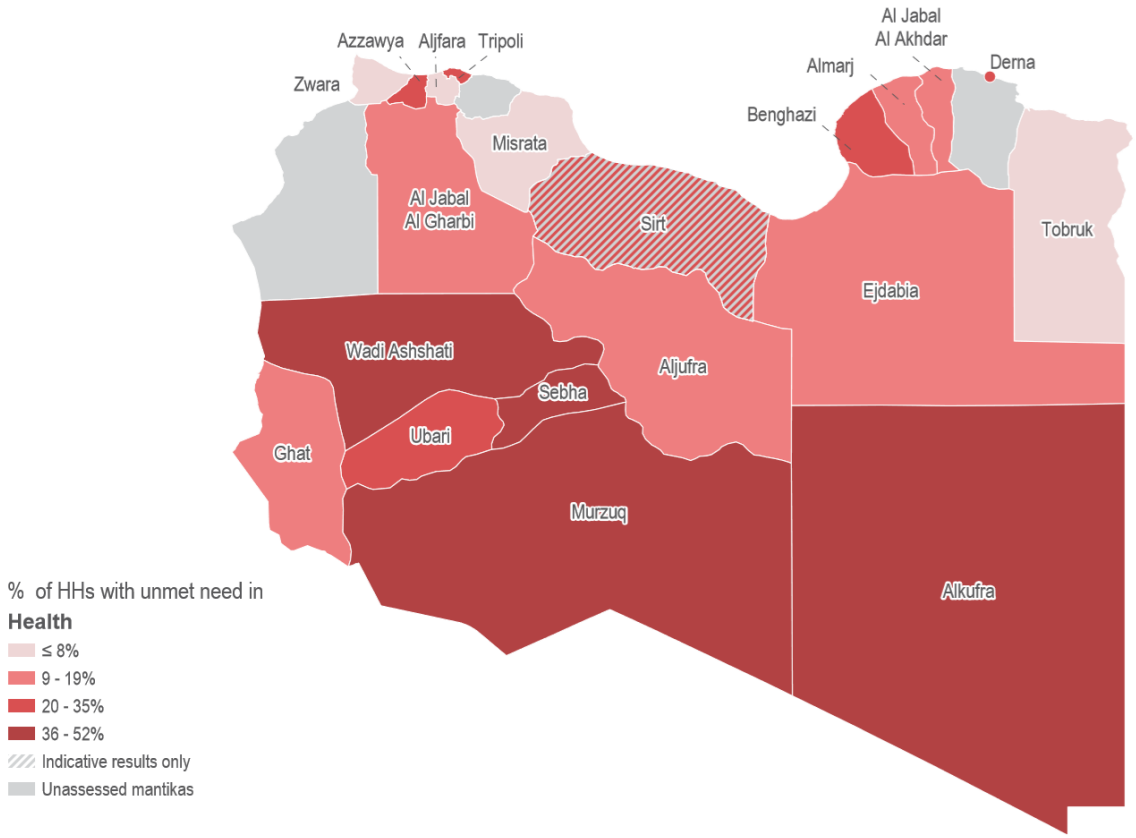
[18] SARA 2017

Unmet Needs

To determine the percentage of households categorized as having an unmet need in the health sector, seven MSNA indicators were considered, see Annex 6 for further details:

1. HHs with an ill family member who did not go to a health facility to access the needed healthcare
2. HHs facing challenges accessing health facilities when needed
3. Distance to nearest health service provider
4. HHs with a woman who gave birth in last 2 years, not consulted by a medical professional
5. HHs with a family member diagnosed with a chronic disease with no access to medicines
6. HHs with a family member diagnosed with a clinical mental disorder with no access to healthcare
7. HHs with a family member diagnosed with a physical disability with no access to healthcare services

Map 5: Percentage of households with an unmet need in health, by mantika



Priority Unmet Needs

The health sector was found to the have the highest levels of unmet needs, with just under one-quarter (23%) of households reporting unmet needs in healthcare. All population groups (IDPs, returnees and non-displaced) reported challenges in accessing healthcare facilities, with the highest proportion of households with an unmet need overwhelmingly concentrated in the south of Libya in Wadi Ashshati (52%), Murzuq (47%), Al Kufra (46%) and Sebha (45%).

In the south, barriers to accessing healthcare were largely the same, characterized by structural issues and poor resource distribution. Poor healthcare in Al Kufra, Murzuq, Ubari, Wadi Ashshati and Sebha were defined by a lack of medical staff in general, lack of medical supplies and far-away distances to healthcare facilities.

At the national level, a higher proportion of displaced households had unmet needs in the health sector compared to non-displaced communities. Returnee households were most likely to have unmet needs (32%), which was a similar

proportion to IDP households (28%), while 22% of non-displaced households had unmet healthcare needs. The highest proportion of returnee households with unmet health needs was found in Azzawya (95%) and Wadi Ashshati (75%). For IDPs, 67% of households in Derna had unmet health needs, with 66% of households in Wadi Ashshati and 58% of households in Al Kufra.

Indicators driving unmet needs

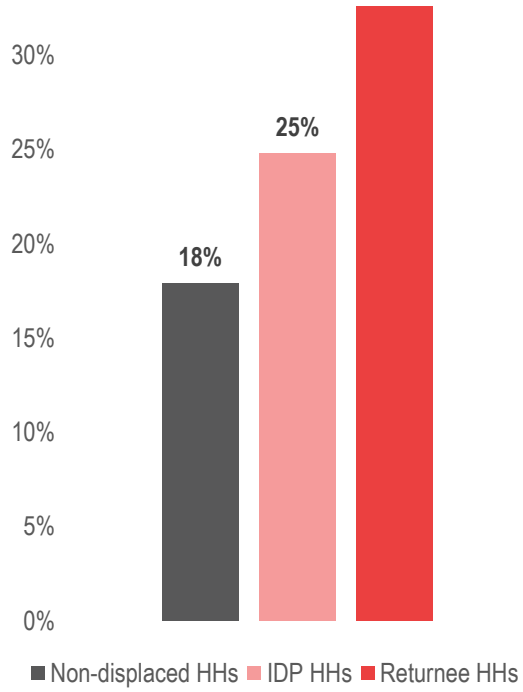
Challenges accessing healthcare facilities:

In general, households that had a family member suffering from an illness were able to access a healthcare provider. Nationally, 90% of households with a family member who was ill in the 15 days prior to the assessment visited a health facility to access the needed health care (n=1,339). Returnee households were less likely to visit a healthcare provider if they had an ill family member (71%) compared to IDP (88%) and non-displaced (92%) households.[19] **This may in part be related to the fact that health facilities in returnee areas were reported to be damaged at a far higher rate than other population groups (42% vs. 6% for non-displaced and IDP households respectively).**

Overall, 20% of households across Libya reported facing challenges in accessing health facilities when they needed them. Returnee households were most likely to face challenges in accessing healthcare facilities, reported by 32% of households compared to 24% of IDP and 18% of non-displaced households. Households in the south faced the greatest challenges in accessing healthcare services, reported by 62% of households in Al Kufra, 54% of households in Wadi Ashshati, 38% of households in Sebha and 37% of households in Murzuq. Given that the hospital and PHC density in the south is far higher than the WHO international target (e.g. in Sebha, 2.79 facilities per 10,000 inhabitants or 4.28 in Al Kufra)[20], barriers to accessing healthcare appeared to be related to quality of service and the ability of households without official documentation to accessing healthcare services rather than a distinct lack of facilities. The south also has a lower population which is more sparsely populated and so distances to facilities must also be taken into consideration.

The indicators driving unmet needs in healthcare in southern Libya showed remarkable continuity, characterised by a lack of medical staff and lack of medical supplies. Damaged or destroyed health facilities presented access issues mainly in Ubari (reported by 23% of households).

Figure 20: Percentage of households reporting challenges accessing health facilities when needed, per population group



A small difference in access to healthcare was observed among male- and female-headed households, though not significant. Twenty-three per cent (23%) of female-headed households reported challenges (n=397), compared to 20% of male-headed households (n=4,955).

Roughly one-third of households in Tripoli, Benghazi and Azzawya had unmet needs in healthcare and one-third of households in Derna. **While the trends underpinning unmet healthcare needs in the south related to supply issues and the absence of medical staff and equipment, the dynamics driving needs in the above four mantikas were unique to each area**. In Derna, damaged and destroyed primary healthcare (PHC) units presented the greatest barrier to accessing healthcare, reported by 50% of households. 73% of Tripoli residents reported lack of money to pay for care, which reflected the lower overall household income in Tripoli compared to the national median (600LYD per month in Tripoli vs. 860 LYD nationwide). Benghazi and Azzawya were primarily affected by a lack of medical staff, while damaged hospitals

[19] Returnee n=259; IDP n=456; non-displaced n=624
[20] SARA 2017

were reported by 20% of Benghazi residents as a barrier to accessing healthcare.

Lack of medical staff

Lack of medical staff in general was the foremost unmet need in the health sector in Libya, reported by 8% of all households (43% of households who reported challenges accessing healthcare). The crisis directly contributed to the depletion of available health services through the exodus of experienced foreign medical staff due to the fighting. This created a skills-deficit and staff shortage, which was found to impact the quality of care that patients received. More than 30% of households in 12 out of 19 mantikas and one city that faced challenges accessing healthcare, reported that a lack of medical staff was the main barrier to accessing healthcare.[21] Mantikas in the south made up a large share of these. For the most part, displacement groups were equally impacted by medical staff shortages, as reported by 44% of non-displaced and IDP households respectively, and 38% of returnee households facing challenges to accessing healthcare.

The majority of medical staff shortages were reported in Wadi Ashshati (47% of all households), Al Kufra (32%), Azzawya (20%), Murzuq and Sebha (17% respectively) and Benghazi (15%). Although a lack of medical staff was less of a priority in Sebha, Sebha was of particular concern, as it currently offers medical care to residents from other mantikas, further increasing the stress on services provided. Higher demand on the Sebha Medical Centre (SMC) thus contributed to a deterioration in healthcare provision, most likely during periods of violence. This exposed patients who were seeking critical healthcare services, as well as medical staff that provided healthcare, to further obstacles. Thirty-eight per cent (38%) of households reported facing challenges in accessing healthcare facilities in Sebha, the third highest proportion behind Al Kufra (62%) and Wadi Ashshati (54%). Sebha stood out from other mantikas in the south where the primary indicator driving healthcare access issues is a lack of medical supplies. By contrast, shortages in medical supplies was only reported by 3% of households in Sebha.

Despite clashes and shelling of the SMC and increased exposure to cross-fire in the surrounding area, a lower than expected proportion (7%) of households reported damaged health facilities as a barrier to accessing healthcare. While efforts by the European Union (EU) and the United Nations Development Programme (UNDP) to renovate the Golden Polyclinic in Sebha in October 2018[22] to address the damage inflicted during 2014, the health situation in Sebha was found to extend beyond infrastructural damage. Instead, it was the direct targeting of civilians by armed groups operating nearby and inside hospital facilities that contributed to the shortage and outright evacuation of staff in Sebha.[23]

This was found to present a particular issue at night, as medial staff left to avoid deteriorating security and thefts.[24] In early March 2018, Osama Ali-Wafi, the spokesperson for SMC confirmed the gradual return of medical staff following days of fighting.[25] However, episodic attacks continued both during and after data collection where as recently as November 2018 specialist staff were kidnapped, abducted and involved in shooting incidents. In the absence of security arrangements to protect medical staff, they were instead prone to suspending work in protest due to continued disruptions and personal safety, thus adding to the continued degradation of healthcare access.[26]

A similar dynamic was present in Ghat, where 73% of households that faced barriers to healthcare also reported medical staff shortages (n=25). In 2016, foreign staff and international doctors (specifically from Korea) left the country as their salaries were not being paid, resulting in a 57% reduction in the workforce (equivalent to 8 out of 14 doctors).[27]

While overall access to medical facilities was found to be far higher in Tobruk (only 5% of households reported challenges), every single household that reported challenges cited lack of medical staff, and 75% reported lack of medical supplies (n=12). These shortages were primarily reported to be surgical and imagery equipment including x-ray machines, operation tools, and first aid kits.[28] As a result, patients travelled further distances and across country borders to access medical care. In Ghat, where 73% of households that faced challenges also reported lack of medical staff,

[21] The 12 mantikas include: Al Jabal al Akhdar, Al Kufra, Azzawya, Benghazi, Ghat, Murzuq, Sebha, Sirt, Tobruk, Tripoli, Ubari and Wadi Ashshati.
[22] http://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/EU-and-UNDP-rehabilitate-Golden-Clinic-in-Sebha.html
[23] UNOCHA, 22 May 2018. Libya: Health-Care under Attack
[24] Participant 1, FGD Sebha
[25] https://www.libyaobserver.ly/inbrief/sabha-medical-centre-calls-absent-staff-resume-work
[26] https://www.reuters.com/article/us-libya-security-health/health-staff-in-southern-libya-strike-after-doctors-kidnapping-idUSKBN1DK1T4
[27] https://interagencystandingcommittee.org/system/files/libya_presentation_for_iasc_briefing_health_needs_22_june_2016_am_0.pdf
[28] Non-displaced FGD response in Tobruk

patients travelled to Tripoli, Sebha and Algeria for treatment. In Tobruk, respondents reported travelling to hospitals in Egypt for x-rays.

Table 9: Percentage of households in southern Libya with an unmet need in the health sector and reporting challenges in accessing healthcare by reason reported

		Households with an unmet need in health	Damaged/destroyed health facilities	No available health facilities that can accept new patients	Lack of money to pay for care	Lack of medical staff in general	Lack of medical supplies
OVERALL		23%	2%	2%	7%	8%	6%
South	Al Kufra	46%	0%	1%	12%	32%	26%
	Ghat	12%	0%	0%	0	7%	6%
	Murzuq	47%	3%	5%	15%	17%	17%
	Sebha	45%	3%	4%	6%	17%	1%
	Ubari	34%	7%	3%	9%	16%	14%
	Wadi Ashshati	52%	9%	1%	18%	48%	40%

Lack of medical supplies

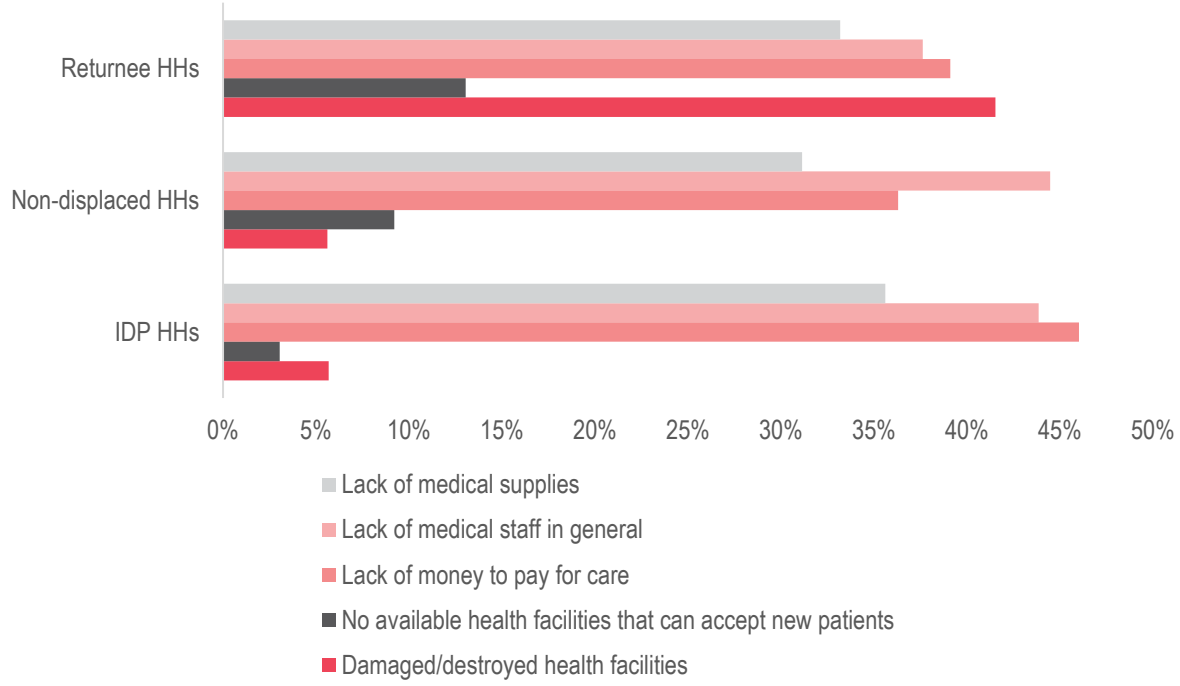
Nationwide, 6% of all households reported that lack of medical supplies was the root problem to accessing healthcare, which was the third most cited reason amongst assessed groups.[29] Three-quarters (75%) of households that faced barriers to accessing healthcare in Tobruk and Wadi Ashshati reported a lack of medical supplies as the primary barrier. While on the surface this indicated a similar scale of problem in both Tobruk and Wadi Ashshati, 5% of households in Tobruk reported facing challenges in healthcare access compared to 54% of households in Wadi Ashshati, which underscored the acute unmet needs in the south of Libya.

No significant difference was found between population groups at the national level; roughly one-third of IDP, returnee and non-displaced households facing barriers to healthcare reported a lack of medical supplies. Given the higher proportion of returnee households reporting challenges in accessing healthcare facilities, this displacement group was more at risk of being impacted by lack of medical supplies.

In Wadi Ashshati, 62% of households faced challenges to accessing healthcare when needed. Multiple reasons were cited, most critically a lack of access to medical supplies and medicines. 74% of households that faced challenges to healthcare reported lack of medical supplies (n=154). Small medical centers and hospitals were reported to not provide medicines to patients, while prices of medicines in pharmacies were unaffordable. In some instances, it was reported that insulin was available to community elders on a monthly basis to treat diabetes. In the absence of other alternatives, the zakat office provided medicines[30] or households treated illness with alternative medicines at a cheaper cost or free of charge. Of particular note was the interconnected nature of healthcare across Libya; residents in Wadi Ashshati reported a significant deterioration in healthcare provision following the closure of the health center in Azzawya where many reported had travelling in order to access needed healthcare.[31]

[29] 32% of households facing barriers accessing healthcare reported a lack of medical supplies
[30] Key Informant interview_03, Wadi Ashshati
[31] Mixed displacement Focus Group Discussion, Wadi Ashshati, 18 September 2018

Figure 21: Barriers to healthcare access reported by households facing challenges in accessing health facilities, per population group (n=1,243)



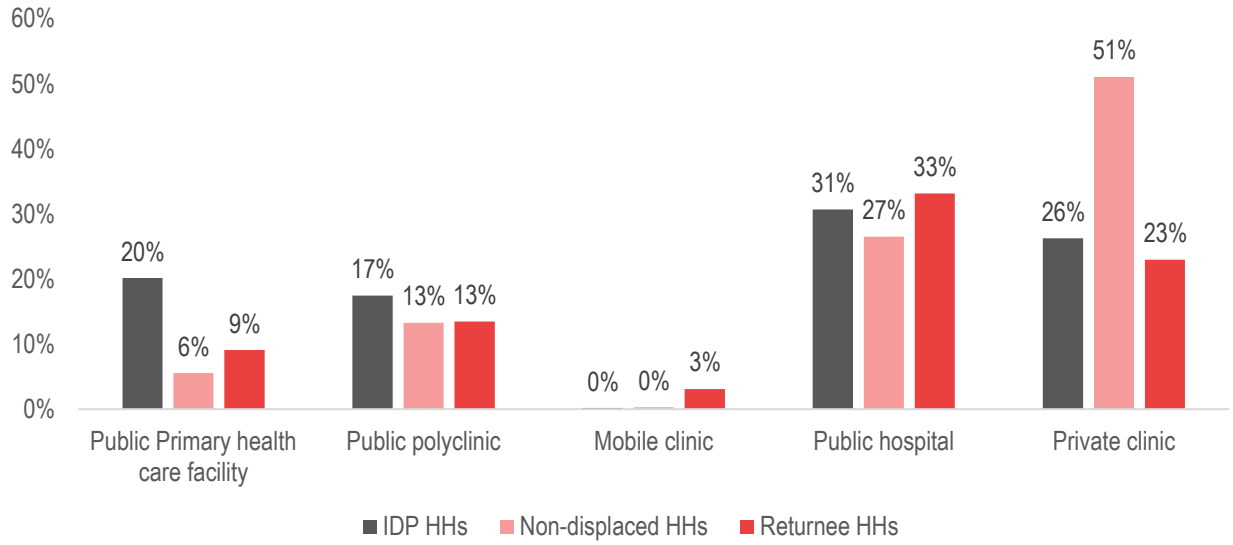
Lack of money to pay for care

Inability to pay for medical treatment affected 7% of all households nationwide (37% of households faced barriers to accessing healthcare). Interviews across Libya suggested that one of the principal reasons for this was the reliance on private health facilities due to poor provision of quality healthcare in public hospitals that was exacerbated by equipment shortages, lack of medical supplies and specialised staff. Limited regulation of the private health sector, which populations were found to increasingly turn to, contributed to this fragmented health system. Overall, returnee households were found to face greater challenges paying for healthcare (13%) compared to IDP (11%) and non-displaced (6%) households.

Households that had an ill family member in the 15 days prior to the interview were asked what type of health facility they chose to visit, with noticeable variation between displacement groups. **51% of non-displaced groups reported visiting private clinics, more than double the proportion of IDPs and returnees, who primarily visited public hospitals** (n=1,339). As a follow-up to the type of health facility visited, households were asked their top three reasons for choosing the healthcare facility they visited. A slightly higher percentage of displaced households reported "nearest facility" as the main reason. Based on these findings, geographic proximity coupled with affordability of healthcare pushed more displaced groups (IDPs and returnees) into seeking poorer quality healthcare in under-resourced public facilities where only basic procedures were available. Therefore, where public health facilities were open, they lack the capacity to be considered functional in meeting health requirements of the population, forcing communities who could afford it into seeking expensive private health care as a substitute.

Though a higher percentage of returnee households reported a lack of money to pay for healthcare, they did not appear to be meeting this challenge with the use of negative coping mechanisms in a significantly different way to non-displaced and IDP households. The proportion of households using coping mechanisms to pay for healthcare were found to be very similar between displacement groups, reported by slightly more than one-third of each. However, a higher proportion of IDPs employed coping strategies to pay for shelter and access to food which indicated their prioritization of other basic needs above accessing healthcare.

Figure 22: Types of health facility visited by households with an ill family member in the 15 days prior to data collection, by population group (n=1,339)



The three mantikas that had the highest proportion of respondents reporting a lack of money to pay for care, were Murzuq (15%), Tripoli (14%) and Al Kufra (12%). In both Murzuq and Al Kufra, a large proportion of households reported employing negative coping mechanisms in the 30 days prior to the assessment to pay for healthcare (45% and 59% respectively). By contrast, only 18% of Tripoli households reported using negative coping mechanisms to pay for healthcare.

Most concerning, in Al Kufra, 29% of households were found to use **emergency** coping mechanisms – defined as "asking strangers for money or food" or "accepting degrading or exploitative work" in order to pay for healthcare. This is nearly four times as many households as the next highest mantika, Azzawya, where 8% of households used emergency coping mechanisms to pay for healthcare.[32]

Findings from other indicators suggested that these coping strategies were adopted not only at the point of service to pay for treatment, but also to access medicines in marketplaces and pharmacies. One quarter (26%) of households reporting market items too expensive also specified medicine or health-related items as too expensive. The deterioration of public hospitals to provide health services, such as vaccinations for children and medicines for chronic diseases, was found to enable the growth of private sector healthcare, which contributed to the weakness of existing neglected services.[33]

In general, households that had a member suffering from an illness in the 15 days prior to data collection visited a health facility to seek medical advice/attention (reported by 90% of affected households, n=1,339). In some instances, households that were unable to afford medical treatment sought alternative solutions including deciding not to seek treatment or choosing alternative medicines. Given the high proportion of households that visited health facilities, coupled with an inability to afford healthcare, the findings could suggest that households accrued debt when seeking medical care. In some mantikas, residents reported buying medicines through certified cheques and bank cards in pharmacies where this payment method was available.[34]

Damaged/destroyed health facilities

On a national scale, damaged health facilities were not widely reported. Two per cent (2%) of all households reported damaged or destroyed health facilities as a barrier to accessing healthcare (12% of households that faced barriers to

[32] In Sirt, 28% of households reported using emergency coping strategies in order to pay for healthcare, but due to the smaller sample size the findings are not representative and provide indicative results only.
[33] REACH 2017 Market Systems in Libya found that the state importer - the Medical Supply Organisation – has struggled to import insulin enabling private companies to fill the void and gain a larger market share since 2014.
[34] Key Informant interview, Al Jufra – September 2018

accessing healthcare, n=1,243). Households in Derna (18%), Wadi Ashshati (9%), Sirt (8%) and Ubari (7%) had the highest frequency of reported damage to health facilities.

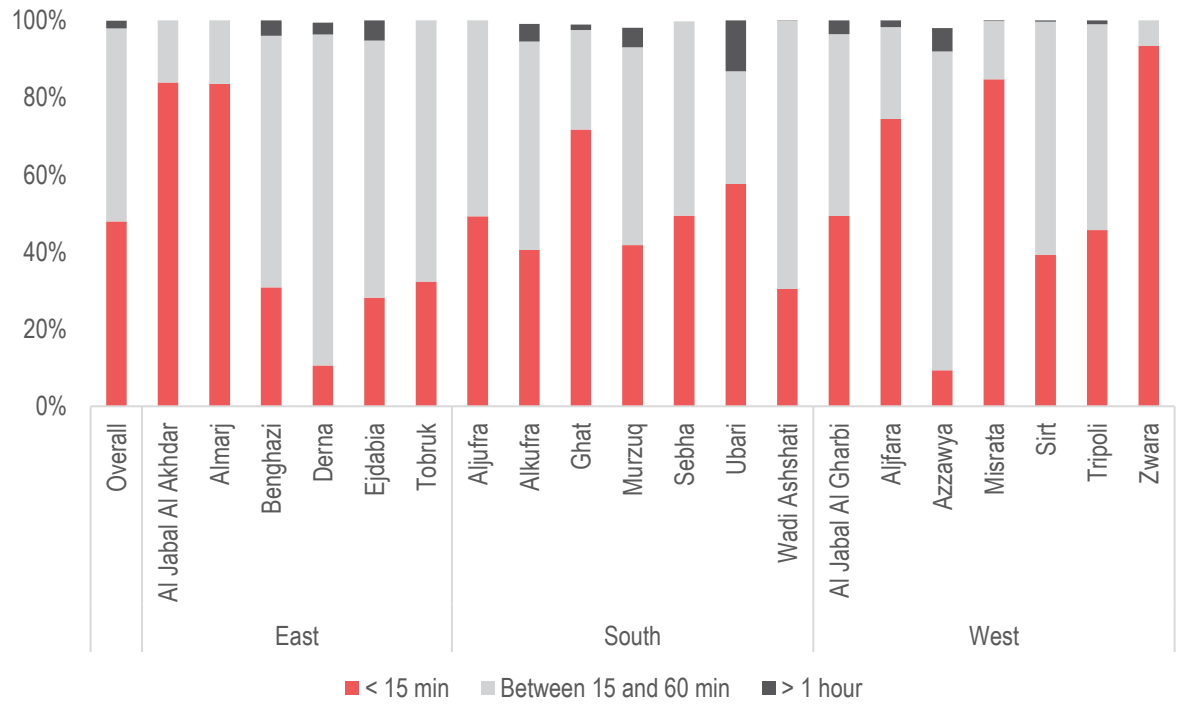
No available health facilities that accepted new patients

A much smaller issue to accessing healthcare was the availability of health facilities in accepting new patients as number of patients increased and services shrank. This was a prominent issue reported in Al Jabal al Akhdar (Derna-related)[35], Derna and Misrata. In Al Jabal al Akhdar, hospitals reported to be overcrowded due to an influx of war-wounded patients from the city of Derna and the oil fields which had created mounting pressure on doctors to meet increased demand. The only functioning hospital in Derna itself – the Al Wahda hospital in Bab Tubraq – struggled to meet demand. Since 20 May 2018, the hospital has been admitting only urgent cases due to severe shortages of generator fuel and medical supplies, particularly oxygen tanks. Starting on 29 May 2018, Al-Wahda began to receive its first shipment of medical supplies since March, though to date, it has not yet received enough aid to be able to take on new patients.[36] This highlights the interconnected nature of healthcare across Libya – system collapse in one region leads to damaging consequences in neighbouring mantikas.

Distance to nearest health service provider

In general, physical distance to the nearest healthcare provider presents a small obstacle to the Libyan population. 2% of households were required to travel more than one hour by car from their place of residence to the nearest healthcare service provider. Distances to health services were found to be more pronounced in the south, driven by Ubari where 13% of households travelled more than one hour. Elsewhere, 6% of households in Azzawya reported travelling more than one hour to the nearest health facility. Overall, a higher proportion of displaced populations reported travelling more than one hour to seek medical attention (4% of households respectively), compared to 2% of non-displaced groups.

Figure 23: Percentage of households by time taken by car to access the nearest health facility, per mantika



There were two inter-related reasons for distances to healthcare being too far and each required longer-term solutions. First, was that the closest healthcare facility had been damaged, destroyed, or closed by fighting and so households were required to travel further to other health facilities or outside their mantika of residence. Second, the density of existing health facilities was sparse in the south.

[35] JA_01 Key Informant interview
[36] Derna Rapid Situation Overview. REACH Initiative 1 June 2018

In Ubari, the health situation had been directly exacerbated by the conflict. A returnee male in Ubari confirmed that

"…the situation is bad and now it's worse. The hospital is very much destroyed and there is a lack of medical and paramedical personnel [and] also shortages of drugs and medical supplies. This has led us to travel long distances to Sebha[37] to get treatment and the government is not paying any attention to this problem."

Similarly, over half (55%) of households reporting barriers to healthcare access in Sebha reported that this was due to unsafe routes to the healthcare provider, making those that travelled from Ubari to Sebha Medical Centre prone to violence en-route and inside the medical centre, where frequent attacks have taken place. As these issues are left unaddressed, Libyans seeking medical advice within Libya were faced with mounting personal insecurity, or were pushed into exploring alternative treatment methods, including visiting private clinics which were expensive and unaffordable for small village inhabitants who required quick treatment for snake and scorpion bites.[38] In some cases, medical centers in the south had re-opened to address the gap in service provision from damaged or closed hospitals, but they were unable to perform surgical operations or fertility treatments.[39] As perceptions of the quality of service in the public health sector continue to decline[40], Libyans were found opting to seek healthcare abroad, which likely accounted for some of the findings reporting 1-2 hours of travel.

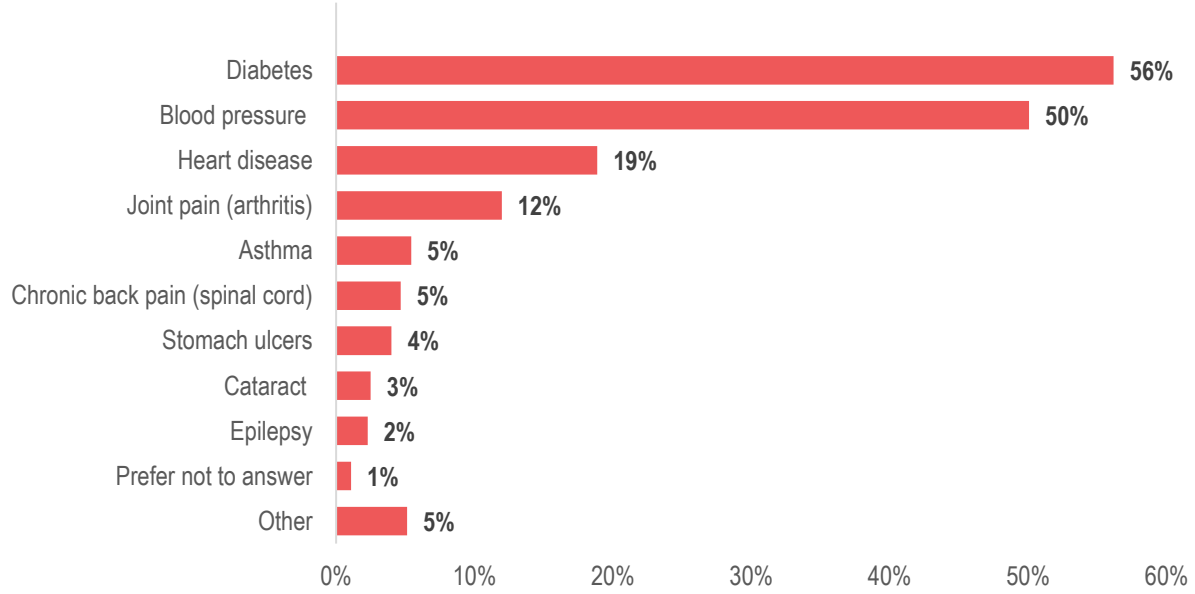
Chronic illness, mental health, physical disability

Overall, 27% of households reported at least one member suffering from a chronic illness. Chronic illness was most prevalent in Al Jufra, Al Marj, Benghazi and Murzuq, where between 40-46% of households reported a member with chronic illness. No substantive difference was found between population status and chronic illness, mental health or physical disability, though 80% of returnee households in Sebha had a member with a chronic illness.

The most common chronic diseases reported were diabetes and blood pressure, affecting over 50% of households that had a member with a chronic disease (n=1,332). **Compounding unmet household needs was the fact that households with a member suffering from a chronic disease simultaneously struggled with limited or no access to medicines.** 94% of households in Al Jufra that had a member with a chronic disease suffered from limited or no access to medicines, 45% in Al Marj, 67% in Benghazi, 64% in Murzuq, 86% in Sirt, and 93% in Wadi Ashshati. Limited or no access to medicines in Al Jufra was predominantly driven by severe shortages of medication in the public sector.[41] Sixty-three per cent of households in Al Jufra reported using negative coping strategies in order to pay for healthcare, driven by a lack of access to medicines through the public sector which was found to force households into purchasing medicines in private clinics which inflated prices.

[37] Respondents in Wadi Ashshati similarly reported travelling to Sebha Medical Centre (SMC) or to Tripoli to treat sickness, increasing the pressure on resources at SMC to provide regional healthcare.
[38] IDP and Returnee FGD response in Ubari.
[39] Key Informant interview, Wadi Ashshati
[40] A study of healthcare in 2014 found that 43% of respondents in Benghazi travelled for treatment abroad for treatment < https://e-space.mmu.ac.uk/326243/1/M%20El-Fallah%20-%20Corrected%20PhD%20Thesis%2005%2006%20%202014.pdf>
[41] KI response in Al Jufra, Sept. 2018

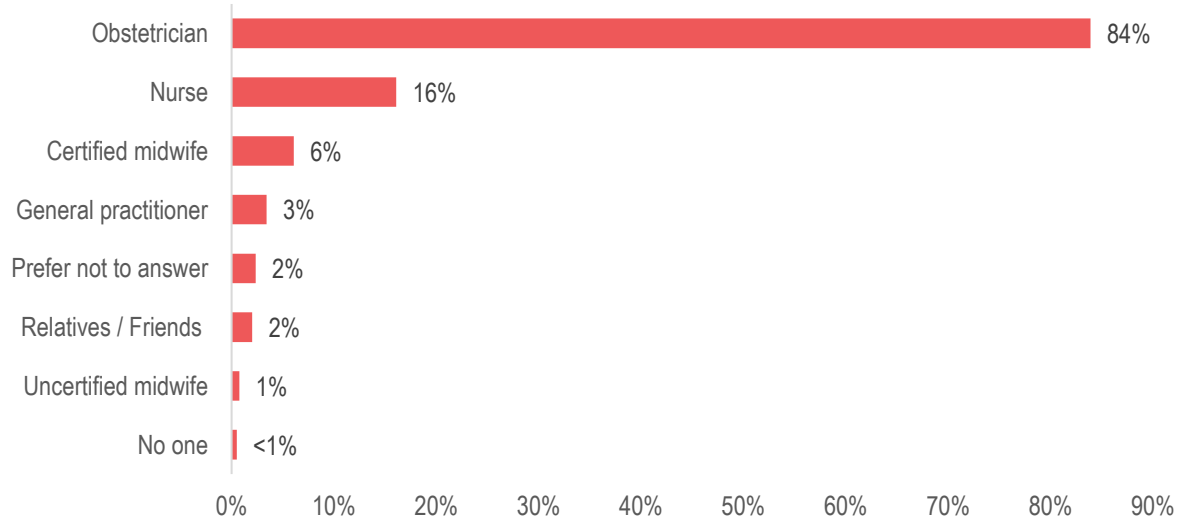
Figure 24: Out of households reporting at least one member suffering from a chronic disease, % of HHs reporting type of chronic disease (1,332)[42]



Pregnant and Lactating Women

Across the 19 mantikas and the city of Derna, of women who gave live birth in the 2 years prior to assessment, an obstetrician was the primary medical practitioner who assisted in the delivery (n=1,111). In Murzuq and Sebha, around one-fifth of households who had a member give live birth reported that the delivery was assisted by relatives or friends.

Figure 25: Out of households with a woman giving live birth in the 2 years prior to assessment, % of HHs reporting who assisted in the delivery



[42] Chronic illnesses reported in the 'Other' category include Alzheimer's, cancer/tumor, down syndrome, kidney failure, meningitis, rheumatism and deep vein thrombosis.

WASH

Since the 2011 revolution, the already-prevalent disparity of water was exacerbated, following incurred damage to mains water networks and latent development in extending the GMMR river to the south. The resultant rise in need of alternative water sources across Libya was, however, only addressed in certain areas, leading to increased regional disparity where the public network does not function. Increasing this disparity further, northern mantikas have more diversified water sources (water trucking/bottled water) than the south, where increased insecurity and insufficient liquidity have made diversification comparatively more challenging, particularly surrounding the delivery of alternative water sources. Furthermore, insufficient treatment of water in the south has increased the reports of water-borne diseases by southern hospitals, which continue to rise, making unmet needs in WASH overall worse in the south.

Key Findings:

1. **WASH is the second top priority need** for Libyan households where just under one-quarter (19%) of households were found to have an unmet need in the WASH sector.

2. **WASH is a top priority in the south.** Almost half of households in **Al Kufra** (47%) and **Murzuq** (46%) reported facing challenges accessing sufficient drinking water. Mantikas also affected were Sirt and Al Jufra (41%) and Derna (38%). These mantikas remain disconnected from the incomplete Great Man-Made River (GMMR) of which three out of its five installation phases have been, so far been completed.

3. Al Marj, Tobruk, Benghazi, Jabal Al Gharbi, Azzawya and Misrata in the north had multiple and more diversified sources of drinking water than the south, reducing their exposure to unmet WASH needs.

4. Returnee households demonstrate the highest level of unmet need, with almost a third with unmet WASH needs (29%) compared to one fifth of IDP and non-displaced households (22% and 18% respectively). That was primarily driven by higher proportions of returnee households receiving insufficient quantities of drinking water (29%), which affected almost half of returnee households in Sirt (45%), 37% in Derna, and just under a third of returnee households in Ejdabia (32%), Al Kufra and Ubari (30%).

5. Magnifying unmet WASH needs in the south was poor drinking water quality, particularly reported in Ghat where 10% of households reported discoloration or health issues due to drinking water. Besides Ghat, households in Sirt (26%), Al Marj (15%) and Al Kufra (7%) were also susceptible to poor quality of drinking water.

6. Lack of access to the GMMR impacted reported affordability and availability of water in marketplaces, which affected 2% and 4% of households respectively. Unaffordable water was largely reported by households in the south (12% in Murzuq and 8% in Al Jufrah) with the exception of Azzawya (8%) in the north-west. Water was reported to be unavailable most frequently in the north-east (23% of households in Derna and 19% in Al Marj). High rates of unavailability of water in this region is partly due to phase four of the GMMR's five-phase installation, never having been completed.

7. **Unavailability of water in marketplaces overwhelmingly affected returnee** households (16%) compared to IDP (6%) and non-displaced (2%) households. Comparatively, there was less disparity between population groups for affordability of water, with 2% of non-displaced, 1% IDP and 0% returnee reporting this barrier.

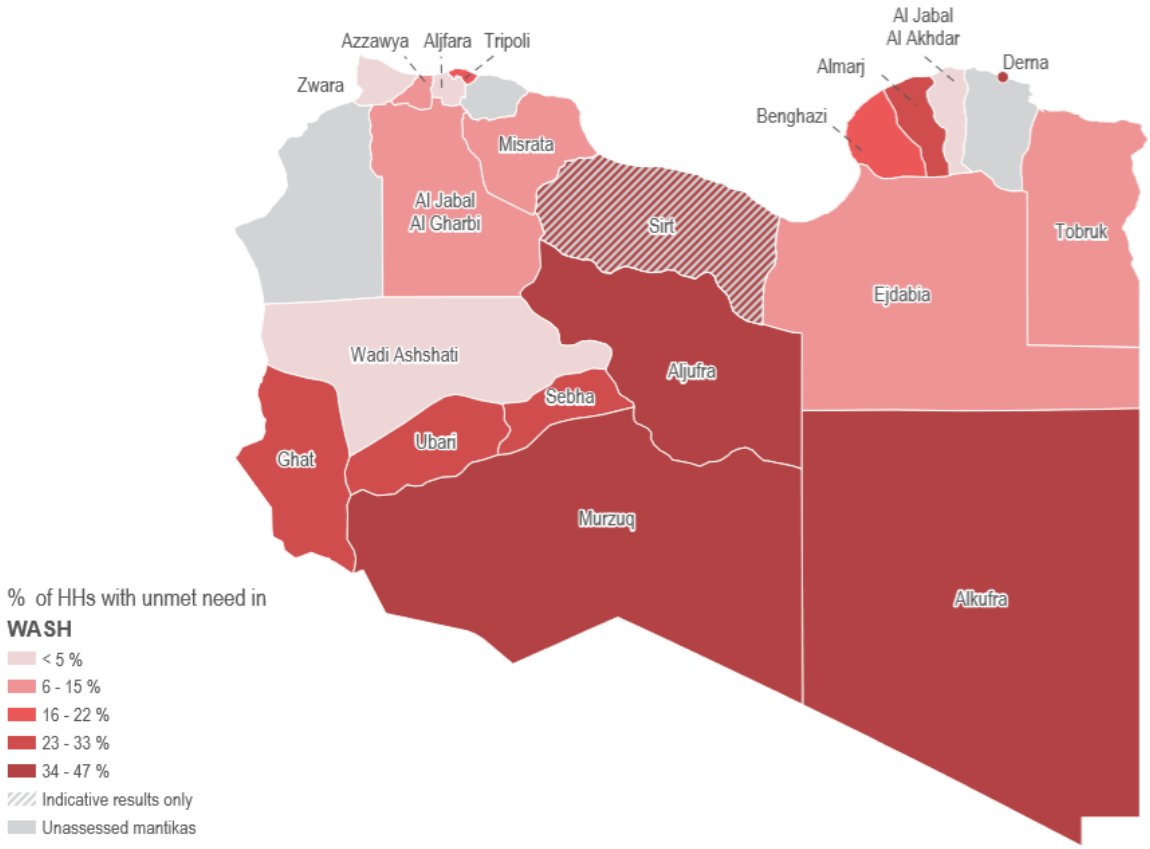
8. **Cross-sector findings:** 8% of households had unmet needs in WASH and health. Households in Murzuq (29%), Sirt (25%) and Al Kufra (19%) were particularly affected.

Unmet Needs

To determine the percentage of households with unmet needs in the WASH sector, one MSNA indicator was considered:

1. HHs reporting insufficient quantity of drinking water in the last 30 days[43]

Map 6: Percentage of households with an unmet need in WASH, by mantika



Priority Unmet Needs

Households accessing sufficient quantity of drinking water

At the national level, and across all population groups, 19% of households had an unmet need in WASH, indicated by populations who did not have access to sufficient quantities of drinking water. By mantika, the highest reported unmet needs were concentrated in the south with almost half of households in Al Kufra and Murzuq having an unmet WASH need (47% and 46% respectively). However, access to enough drinking water was a more widespread phenomenon that affected the central and northern regions of Libya, particularly Al Jufra and Sirt (both 41%); the north-east, in Derna (38%) and south-west in Ghat, Sebha and Ubari (33%, 32% and 27% respectively).

Overall, there was little variation between population groups' unmet needs in WASH. However, **returnee households were more likely to have an unmet WASH need (affecting 29% of households)**, followed by IDP households (22%) and non-displaced households (18%). Returnee households with unmet WASH needs were predominantly concentrated in Sirt (45%), Derna (37%) and Ejdabia (32%).

Three times as many IDP households in Derna (67%) were found to have an unmet WASH need compared to 22% nationally. More than twice as many IDP households in Ghat (48%) had an unmet need compared to the IDP national average. In Al Kufra, all population groups were similarly impacted by WASH needs, indicating that problems in WASH

[43] Insufficient quantity of drinking water based on household perception.

were pervasive across the whole mantika and not specific to displacement status. In Al Kufra, over twice as many IDP households were found to have unmet needs in WASH (49%) than the IDP national average, and nearly three times as many non-displaced households had unmet needs (47%) than the non-displaced national average.

Among non-displaced households, 18% had an unmet need in WASH, nationally. Murzuq, Sebha, and Tripoli reported higher than average unmet needs for non-displaced households than the national average. In each mantika, non-displaced households were also more likely to have difficulties accessing sufficient drinking water compared to IDP or returnee households. In Murzuq, non-displaced households were twice as likely as displaced households to have unmet WASH needs whilst in Sebha, non-displaced households were nearly twice as likely as the non-displaced national average to have unmet WASH needs.

Figure 26: Percentage of households with an unmet WASH need, by mantika and population group

Other indicators of the humanitarian situation

Drinking water sources

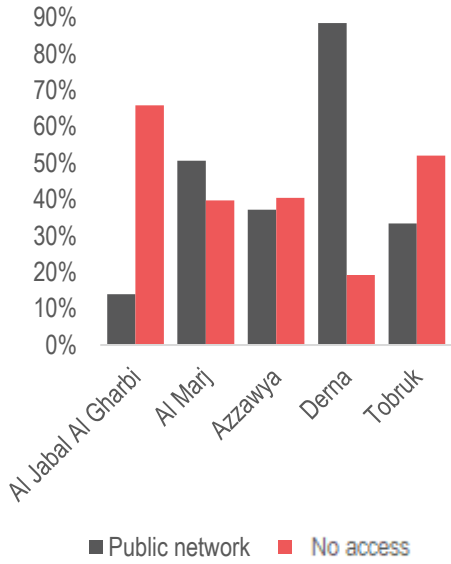
Public water network

Across Libya, 31% of households reported the public network as their main source of drinking water. 31% of households also reported rare (1-3 days) or no access at all (0 days) to the public water network in the 7 days prior to data collection.[44]

When analysing households with no access (0 days) to the public network in the 7 days prior to data collection, the most acute issues were found in the west and east of Libya. Al Jabal al Gharbi, Azzawya, Al Marj, Derna and Tobruk had a high proportion of households with no access to the public network.

In Al Marj, 51% of households reported the public network as their main water source but 40% had 0 days access in the 7 days prior to data collection.

Figure 27: Percentage of households reliant on the public network for drinking water and no access (0 days)



[44] 19% of HHs reported no access at all to the public network. For full breakdown of percentages per reported number of days with access to the public water network please see REACH dataset.

Mantikas that reported high reliance on the public network but no or rare access (0-3 days access) in the 7 days prior to data collection, were most frequent in the north-east of Libya.

In Derna, 88% of households used the public network as main drinking water source but 46% reported 0-3 days access. A similar trend was observed in Benghazi, Al Marj and Tobruk (see Figure 18). In the South, Al Kufra and Ghat had the highest levels of unmet WASH needs. Two-thirds (68%) of households in Al Kufra relied on the public network for drinking water but one-third (29%) had rare or no access in the 7 days prior to the assessment.

Issues with the public water network were common in Al Jabal Al Gharbi in the north-west, with water trucking being reported as the primary drinking water source of households.

Figure 28: Main reported drinking water source for household

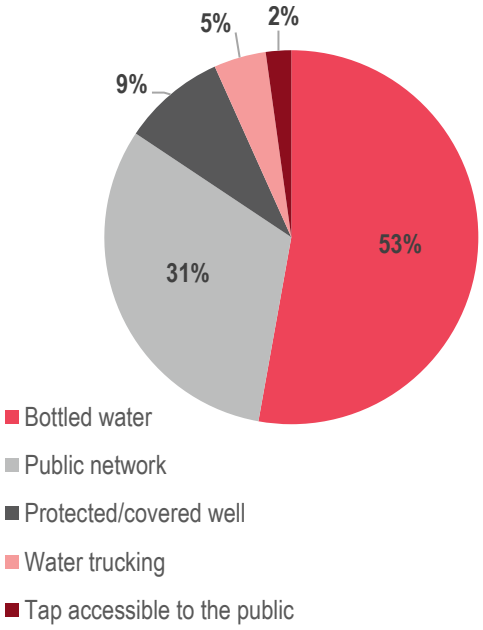
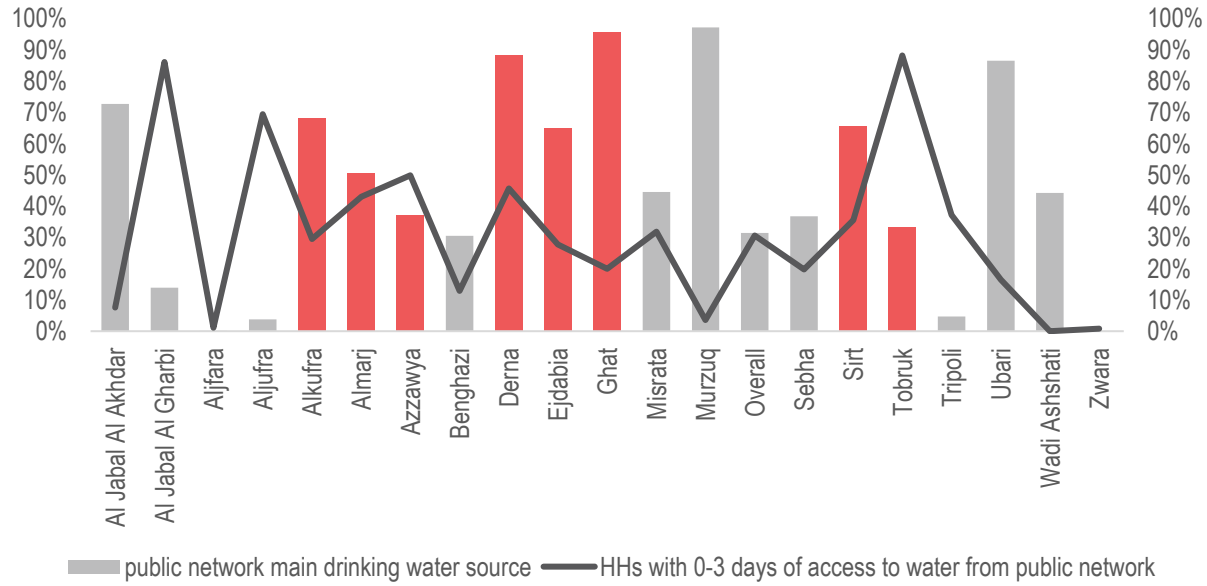


Figure 29: Percentage of households reporting public network as main drinking source and households with 0-3 days access to water, by mantika



Non-displaced households were the most affected group by infrequent or no access to the public network – reported by 31% of households nationally. In Al Jabal Al Gharbi, just 14% of households reported the public network as the main drinking water source with a high percentage of problems faced by returnees accessing water because it was expensive or unavailable. Returnees that reported no access at all to the public network were also significantly high in Azzawya and Derna (63% and 21% respectively) comparing to IDP and non-displaced households.[45]

[45] In Derna, IDP and non-displaced households reported no access at all to the public network at a rate of 2% and 9% respectively. In Azzawya the rates were 35% and 40% respectively.

Bottled water

Bottled water was the most frequently used source of drinking water overall, reported by 53% of households. This was followed by 31% of households reporting public network, 9% reporting protected/covered well, 5% relying on water trucking and 2% using a tap accessible to the public.

Bottled water consumption was primarily driven by Zwara, Al Jifara, Al Jufra and Tripoli, areas historically with underdeveloped and unreliable water networks. These mantikas were the least likely to be connected to the public network (Tripoli 5%; Al Jufra 4%; Al Jifara (0%); Zwara 0%) and the most heavily dependent on solely bottled water, (Zwara 100%; Al Jifara 98%; Al Jufra 86%l Tripoli 79%) due to the more severe water shortages in the region.

The use of bottled water was found not to present an issue to accessing drinking water. Areas that reported high bottled water use did not report barriers to purchasing bottled water such as water being too expensive or unavailable in marketplaces (see Table 10).

Table 10: Percentage of households reporting bottled water as main drinking source and water too expensive or unavailable in marketplaces, by mantika

	% HHs reporting bottled water as main drinking source	Water "too expensive"	Water "unavailable"
Overall	53%	2%	4%
Al Jabal al Akhdar	8%	0%	0%
Al Jabal al Gharbi	62%	2%	0%
Al Jifara	98%	0%	0%
Al Jufra	86%	8%	0%
Al Kufra	4%	1%	6%
Al Marj	18%	0%	19%
Azzawya	23%	8%	3%
Benghazi	65%	1%	2%
Derna	11%	0%	23%
Ejdabia	25%	0%	0%
Ghat	0%	1%	0%
Misrata	40%	0%	0%
Murzuq	1%	12%	9%
Sebha	23%	0%	0%
Sirt	33%	0%	0%
Tobruk	49%	1%	0%
Tripoli	79%	1%	0%
Ubari	2%	7%	0%
Wadi Ashshati	42%	0%	0%
Zwara	100%	0%	0%

Water trucking

Overall, 5% of households reported water trucking as the main source of drinking water which was most frequently reported by non-displaced households (5%). Water trucking was more frequent in the coastal mantikas in the 30 days prior to data collection.[46]

Twenty-one per cent (21%) of households in Al Jabal al Gharbi reported water trucking as their primary source of drinking water which was far higher than the national average. Returnee households were far more likely to report water trucking (69%) in comparison to non-displaced and IDPs (13% respectively). On average, households in Al Jabal Al Gharbi spent a reasonably high amount (46 LYD) on water in the 30 days prior to data collection.[47] This figure increased to 67 LYD for returnees in Al Jabal Al Gharbi, significantly higher than IDP (36 LYD) and non-displaced households (43 LYD). At the same time, returnee households reported water being too expensive at a higher rate (12%) than non-displaced (1%) and IDPs (4%).

Mantikas with higher rates of water trucking were overall the most likely to have various drinking water sources[48] and report barriers to accessing water because it was either too expensive (8% in Al Jufra and Azzawya; 2% in Jabal al Gharbi) or because it was unavailable (Al Marj 19%).[49] [50]

[46] Al Jabal al Gharbi (21%); Al Marj (20%); Azzawya (18%); Al Jabal Al Akhdar (16%); Tobruk (12%)
[47] The national average expenditure on water was found to be 28 LYD.
[48] Please refer to REACH MSNA data set
[49] The most frequently reported water source in Al Marj was the public network (51%), followed by water trucking (20%), bottled water (18%), protected covered well (11%).
[50] Households that also reported barriers to water because it was unavailable was Derna (23%) however predominantly reported one drinking water source (88% public network).

High reported expenditure on water by returnee households requires looking at their alternative water sources. Zero per cent (0%) of returnee households in Al Jabal Al Gharbi reported access to the public network in comparison to a higher percentage (although still low nationally) among IDP and non-displaced households (14% and 16% respectively). Bottled water was used significantly more frequently among IDP and non-displaced households (64% and 67% respectively) in comparison to just 31% of returnee households. The lower use of bottled water and higher instances of water trucking, coupled with water being reported as expensive by returnees suggested that either water trucking was expensive or bottled water was too expensive for returnees to buy, who subsequently acquired drinking water through water trucking. Although the specific driver is not fully understood, returnees were consistently the most affected in terms of access to water.

The KIs reported 'severe' drinking water shortages due to Jabal al Gharbi remaining disconnected from the Great Man-Made River network.[51] While the household surveys indicated just 1% of households in Jabal al Gharbi use protected wells, KI interviews suggested that ground wells were a popular method to access water though they were not accessible without electricity. Electricity shortages were reported to be more severe in the summer impacting access to water as electricity was required for ground wells to function. Buying water tanks remained difficult due to the lack of liquidity and can only be purchased in cash which was identified as a particular obstacle.[52]

The findings point to a number of dynamics at play. First, a higher proportion of households in the south reported insufficient access to drinking water compared to the national average except in Wadi Ashshati (see Table 11). These households were disproportionately reliant on the public network to access water (see for example Ghat (96%), Al Kufra (68%) and Murzuq (97%)).

Table 11: Percentage of households by main source of drinking water, quantity, quality and access to drinking water in southern Libya and overall

	Main source of drinking water						Insufficient quantity of drinking water	Quality of drinking water	Access to public network water (days)	
	Public network	Bottled water	Water trucking	Public tap	Protected well	Unprotected well	Yes	Water discoloured or causes health issues	Every/most days	rarely/not at all
Ghat	96%	0%	1%	3%	0%	0%	33%	10%	80%	20%
Al Kufra	68%	4%	5%	2%	17%	3%	47%	7%	70%	29%
Wadi Ashshati	44%	42%	0%	8%	7%	0%	5%	3%	100%	0%
Murzuq	97%	1%	0%	0%	1%	0%	46%	2%	96%	4%
Ubari	87%	2%	1%	0%	9%	0%	27%	3%	83%	17%
Al Jufra	4%	86%	10%	0%	0%	0%	41%	0%	31%	69%
Sebha	37%	23%	0%	31%	10%	0%	32%	3%	76%	20%
Overall	31%	53%	5%	2%	9%	0%	19%	2%	68%	31%

Ghat and Al Kufra faced the greatest challenges as 20% and 29% of households respectively reported rarely (1-3 days) or not at all (0 days) in access to water from the public network. By contrast, water access in Al Jufra presented less of a concern to household needs; over two-thirds (69%) of households reported rarely/not at all accessing water from the public network though only 4% of households reported it as the main drinking water source, opting instead to buy bottled water.

Augmenting unmet household needs in Ghat, 10% of households reported poor quality of drinking water[53] – over five times the national average. In Al-Awinat, unfiltered drinking water was reportedly a reddish colour and contaminated with iron oxides and impurities.[54] A low percentage of households reported using filtration methods to treat the quality of drinking water (86% of households reported no treatment method used), few households used alternative, safer water sources such as bottled water, and local projects to strengthen the purification infrastructure were interrupted by economic and political instability. Taken together, residents in Ghat were more exposed to heightened risks of drinking

[51] Reach KI Al Jabal al Gharbi 2
[52] 84% of households in Al Jabal al Gharbi reported being unable to withdraw any money in the 30 days prior to the assessment.
[53] Poor quality of drinking water categorised as drinking water that is discoloured or that causes health issues.
[54] SpecialeLibia.it, 27 November 2018. "The polluted water of Al-Awinat"

water that was unfit for human consumption. The consequence of continued poor-quality drinking water was found likely to contribute to a rise in waterborne diseases.[55]

Another dynamic concerns the adaptive capacity of households to use other water sources. Higher instances of water trucking in the northern coastal mantikas of Libya suggests that these households faced significant issues to accessing water from the public network. Households in Al Jabal al Gharbi, Al Marj, Azzawya, Al Jabal al Akhdar and Tobruk reported wider variation in primary sources of water compared to southern Libya, which suggested a greater ability to utilise alternatives to offset problems from the public network.

Households in Murzuq and Ubari more frequently reported the price of water as a barrier (12% and 7% respectively), however in contrast to mantikas in the north, households heavily relied upon the public network as the main and only source of drinking water (87% Ubari and Murzuq 97%). This indicates that diversifying sources of drinking water was less of an available coping mechanism in the south than in mantikas in the north where high percentages of barriers were reported.

In summary, in the northern region of Libya, households were in general diversifying their water sources as a coping mechanism due to lack of access to the public network and to high prices. The same does not apply in the south where there is less water source diversity, though higher instances of barriers to water due to price.

Push/pull factors

In Tobruk a substantial proportion of displaced households decided to leave their area of origin in order to access water. Overall, 18% of households in Tobruk said that they had left their area of origin because of problems accessing water, while 9% of households reported the reason for not-returning was also the prospect of problems accessing water. According to KIs, the reported origin of displaced persons in Tobruk were from the Tripoli suburbs (Rashfana), Benghazi, Derna, Sirt and Tawergha. Tobruk has a varied main water source supply – with just under half of households reporting bottled water as their main water source (49%), followed by public network (33%) and water trucking (12%).

The variable sources of drinking water in Tobruk coupled with the low reported barriers to accessing water (unavailable 0% and expensive 1%) suggest that more varied types of water sources are available. Furthermore, 64% of households in Tobruk reported that they use a different water source for other purposes from their main source[56], which was divided between public network (47%)[57] and water trucking (41%). This would indicate that the large variety of water sources make accessibility more frequent, especially when considering the high percentages of households reporting their reasons for leaving their areas of origin and non-return surrounded issues with accessing water.

Faced barriers accessing hygiene items

Overall, 27% of all households assessed reported facing barriers accessing hygiene items such as soap, shampoo, deodorant, detergent, diapers and toothpaste because they were too expensive, while 4% of households reported that they were unavailable. Mantikas reporting above the national average were concentrated in the West of Libya, with Al Jufra, Tripoli, Ubari, Wadi Ashshati, Murzuq, Azzawya and Al Jabal Al Gharbi all above 32%. Al Jufra and Tripoli were the worst affected mantikas, both with 39% of households in each mantika reporting the price of hygiene items as a barrier to accessibility.

Non-displaced households were the worst affected overall, with 29% reporting they had faced barriers accessing hygiene items because they were too expensive[58], while IDP and returnee households reported these items as inaccessible because they were unavailable (10% and 11% respectively).[59] Non-displaced households reporting hygiene items too expensive was spread across Libya, with 44% of non-displaced households reporting this in Derna, 42% in Ubari, and

[55] From 1st – 26th November 2018, 460 cases of diarrhoea were reported by Ghat General Hospital, 110 of the cases were children <https://twitter.com/VanessaTomass/status/1067720377005195264>

[56] Households in Tobruk reporting using a different source to their main water source for other purposes was similar to the national average which was 62%.

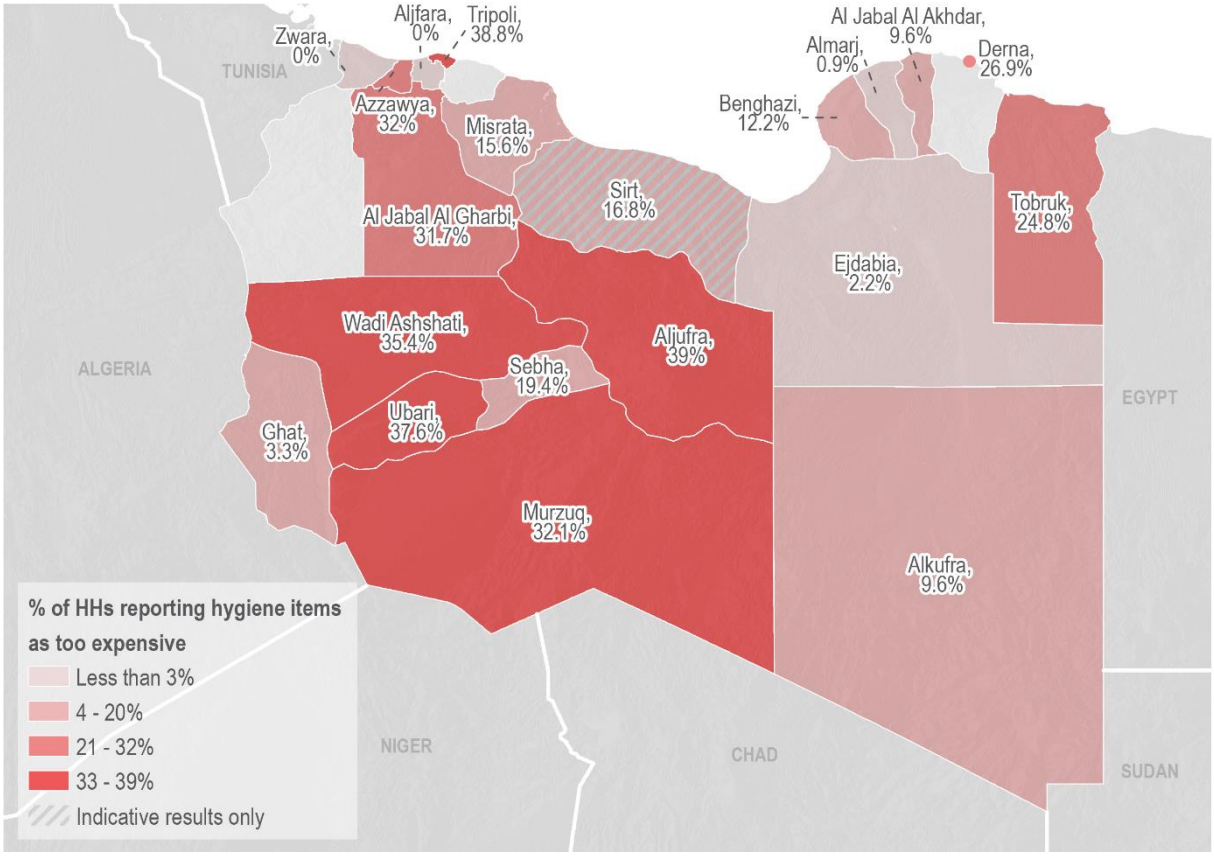
[57] Tobruk reported high percentages of in access to the public network. A third of households reported the public network as their main drinking water supply (33%), but 88% of these households reported being connected to the public network 'rarely' (1-3 days) or 'not at all' (0 days) in the 7 days prior to data collection. Nationally, 31% of households reported being connected to the public network from 0-3 days, indicating in access to public network in Tobruk is far above the national average.

[58] 21% of IDP households and 17% of Returnee households reported this, in comparison.

[59] In comparison to IDPs and Returnees, just 3% of non-displaced reported this, nationally speaking.

39% in Tripoli and Al Jufra. Security aspects as well as the prices of fuel may have contributed to driving up these prices making them harder to deliver. FGDs conducted in Ubari would suggest this, identifying that the 'difficulty of access' was due to 'security conditions and lack of fuel' which 'helps traders to increase prices significantly'. Furthermore, traders themselves were reportedly 'reluctant to import some goods due to [the] deteriorating market situation and insecurity'.[60]

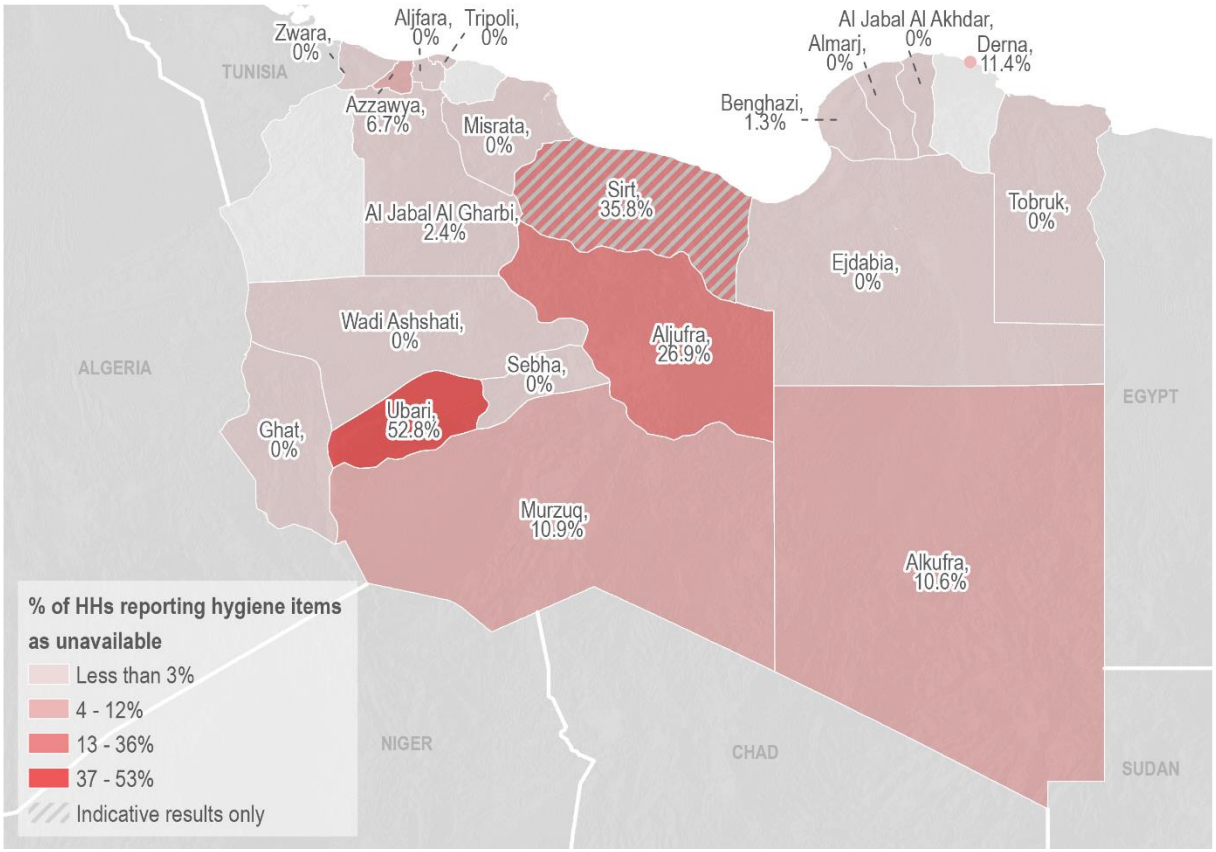
Map 7: Percentage of households reporting hygiene items too expensive



Of households that reported that certain items were unavailable because they were too expensive to buy, over half (54%) of households in Tripoli were IDPs, while 50% reported the same in Ubari. Almost half of IDPs in Al Jufra (47%), also reported this as a barrier which was more than twice the national average of 21%. An overwhelming 67% of households who reported the same barrier were Returnees in Wadi Ashshati, which was almost 4 times the national average (17%). Other mantikas with reports of Returnees facing unaffordable access to hygiene items were also in the West, in Al Jabal al Gharbi, that has seen many reported problems affecting returnees (57%) and Misrata (50%).[61] Returnees reporting that in access to hygiene items due to unavailability were also high in Al Jabal al Gharbi (25%) with mantikas further south slightly higher: in Ubari (33%) and Al Kufra (29%).

[60] FGD Ubari 02
[61] For full data on all population groups see REACH MSNA data set.

Map 8: Percentage of households reporting hygiene items unavailable



The reasons why more returnees in the south of Libya reported unavailability altogether require further investigation, however returnees in Ubari describe that items (including hygiene items) were unavailable because of the risk of insecurity and lack of liquidity: 'sellers are refusing to come and bring items to the area because of the bad security situation and because people are not paying cash for what they buy.'[62] Furthermore, there was 'no alternative way for us to pay, especially after we suffered displacement and homelessness'.[63] This would indicate that the increased difficulties for displaced and returnee populations to purchase items in markets that already lack readily-available goods. Additionally, half of respondents reported they had suffered discrimination when at the market, as well as the 'long distances' to get there,[64] also making access for returnees particularly more difficult than that of non-displaced.

Waste management

Thirty-six (36%) of households reported not accessing designated services for waste disposal. Designated services for waste management included rubbish collected by the municipality, waste management service (private or public), or other authority or waste put in a public place designated for waste disposal, to be collected later. Practices that didn't utilise designated services included rubbish left in the road or in a public place not designated for waste disposal or buried or burned trash.

Sanitation problems in Derna were punctuated at the time of the assessment by a shutdown of waste management facilities leading 99% of households to practice unsafe disposal techniques such as burying or burning rubbish. Households in the southern mantikas of Murzuq (66%), Wadi Ashshati (64%) and Sebha (51%) also reported high rates of waste disposal in undesignated places.

[62] FGD Ubari Returnee REACH
[63] FGD Ubari Returnee REACH
[64] Reports of long distances to market in Ubari FGDs and KIs however 0% reported it took more than 1 hour in quantitative data.

SHELTER & NFI

Shelter needs are highest in conflict-affected areas. As displacement from conflict continues to drive up rental prices, eviction, as well as threats of eviction, are propelled by the inability of tenants to meet rent, further eroding the guarantees on how long households can remain inside dwellings. This continues to drive unmet shelter needs for IDP households in Libya. Thirty-eight **(38%)** of IDP households reporting using coping mechanisms in the 30 days prior to assessment used them to pay for shelter (n=1,310), demonstrating the scale of tenure insecurity faced during continued population displacements.

Key Findings

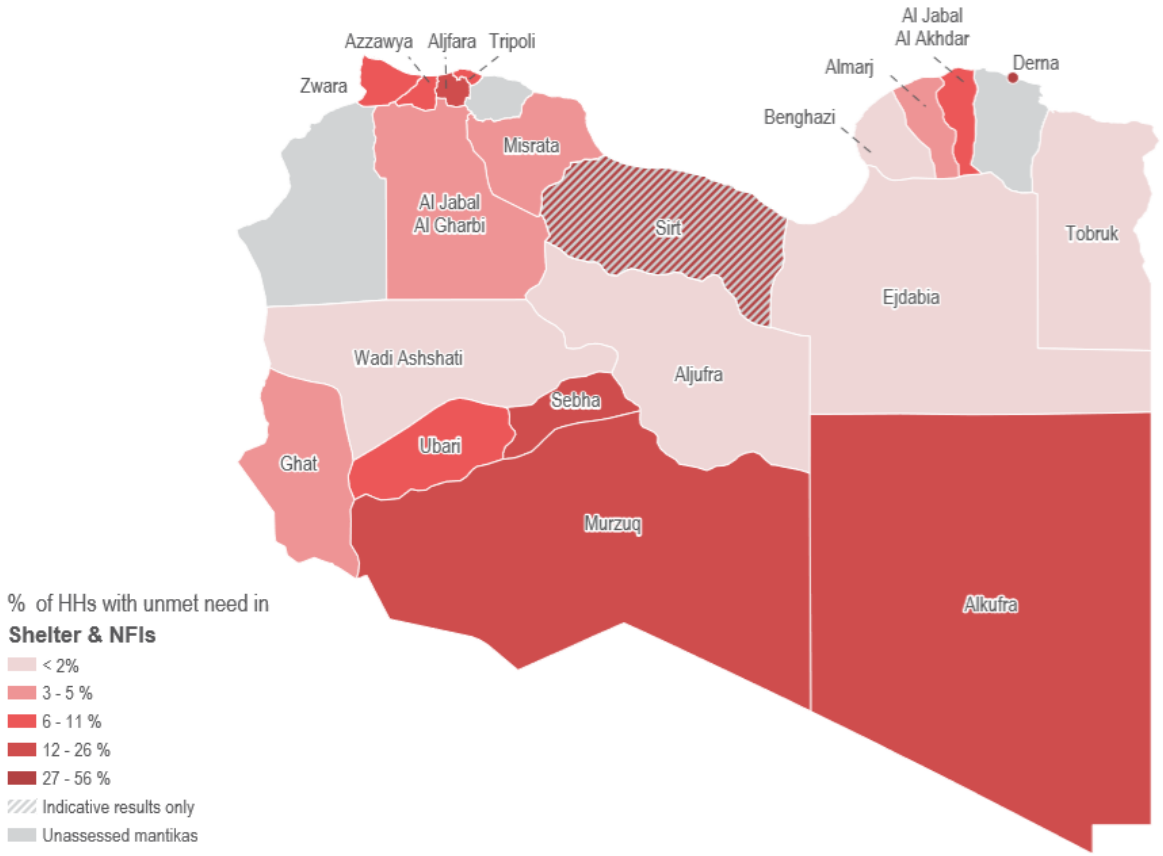
1. **One-sixth (14%) of households were found to have an unmet need in shelter & NFIs.**
2. Where shelter needs were most severe, they were concentrated in areas affected by flashpoint conflicts and shelling. Shelter & NFI was a top priority in Derna and in Sirt, where over half (56%) of households respectively were in need of shelter assistance.
3. **Returnee** households were far more likely to have unmet shelter & NFI needs (42%) than other displaced groups (23% of IDP and 10% of non-displaced households). This is primarily due to a greater exposure to evictions or threats of eviction, parts of house destroyed upon return and basic services no longer functioning.
4. 38% of IDP households employing coping strategies used them in order to pay for rent. A far lower proportion of returnee (8%) and non-displaced (6%) households reported the same.
5. A low proportion of households lived in **severely damaged** shelters across Libya (2%). Households with some form of damage (34%) increased since 2017, generally driven by damaged shelter in southern Libya, Derna, Al Jifara and Zwara.
6. Displaced population groups were at a heightened risk of eviction or threat of eviction, increasing their tenure insecurity. While decisions to return were largely based on an amelioration in the security situation, economic factors such as increasing rental prices also played a large role. Needs are therefore driven by a combination of conflict dynamics in the area and by the secondary effects of the liquidity crisis.
7. **Cross-sector findings:** 5% of households had unmet needs in shelter & NFI as well as WASH. Households in the south of Libya (Al Kufra, Murzuq, Sebha) as well as Derna and Sirt were particularly affected.

Unmet Needs

To determine the percentage of households with unmet needs in the Shelter & NFI sector, five MSNA indicators were considered:

1. IDP and returnee HHs living in unfinished or unsatisfactory shelter types
2. HHs living in heavily damaged or destroyed shelter
3. HHs needing assistance to cover their energy needs
4. HHs threatened with eviction from current shelter
5. HHs reporting occupancy type as squatting

Map 9: Percentage of households with an unmet need in Shelter & NFI, by mantika



Priority Unmet Needs

Shelter needs exist unevenly across Libya, impacting a low proportion of households across the majority of the country. **Just under one-sixth (14%) of households were found to have unmet needs in the shelter & NFI sector**. Shelter needs were found to be most severe in areas experiencing flashpoint conflicts and shelling. Shelter needs were found to be most severe in Derna and in Sirt, where over half (56%) of households respectively were in need of shelter assistance. These findings are consistent with the conflict landscape in each area. The tight military encirclement of Derna since July 2017 and high levels of shelling following the escalating conflict in May 2018 has caused widespread displacement from outlying muhallas into the centre of Derna.[65] The offensive on Sirt to recapture the city from Islamic State (ISIS) control in 2016 led to extensive housing damage, though the level of damage, up until June 2018, remained unknown[66] as reconstruction of war-damaged houses continued to perpetuate displacement as residents were unable to return to their homes.[67]

[65] Derna Rapid Situation Overview. REACH Initiative 1 June 2018
[66] As of June 2018, the extent of damaged homes was unclear as official numbered counts had not been conducted under the Presidential Council Resolution No. 661.
[67] Libya Protection Situation Overview, January-February 2018

Due to their greater exposure to the risk of eviction or threat of eviction, returnee households were found to be substantially more at risk of facing shelter needs, impacting 42% of households at the national level. By comparison, 23% of IDP and 10% of non-displaced households were found to have unmet shelter & NFI needs.

Key locations of concern:[68]

Murzuq

Public spaces not usually used for shelter: 21% of IDP households in Murzuq reported living in a public space not usually designated for shelter use. In all other assessed mantikas, respondents did not report living in public spaces except for 1% of IDPs in Sebha 1% of non-displaced households in Tripoli. The main areas of origin of displaced families in Murzuq are reported to be Tawergha, Al Kufra, Ajdabiya and Sebha with most reported to be living in governmental facilities such as schools. The reasons behind the high proportion of IDPs being housed in public spaces include the lack of adequate rental accommodation to house families and instability in the rental market, where rental prices have dramatically increased owing to the devaluation of the Libyan dinar in the unofficial market.[69]

Wadi Ashshati, Ghat & Al Jufra

Unfinished rooms: 11% of IDPs and 13% of returnees in Wadi Ashshati; 5% IDPs and 3% returnees in Ghat, and 3% of IDPs in Al Jufra reported living in unfinished rooms.

House or property occupied: Twenty five per cent (25%) of returnees in Wadi Ashshati, 20% in Ubari and 13% in Derna and 11% in Al Kufra reported their house or property was occupied upon return. Particular attention is required in in cases where the household has also lost documentation making legal ownership more difficult to prove.

Indicators driving unmet needs

IDP and returnee HHs living in unfinished or unsatisfactory shelter types:

Overall, most households were found to be living in adequate shelter types; 96% of IDPs and 99% of non-displaced and returnee households reported living in a house or apartment. At the national level, **2% of displaced (IDP and returnee) households across Libya were found to be living in unfinished or unsatisfactory shelter types.** Unsatisfactory shelter types are defined as one of the following: unfinished room(s), public space not usually used for shelter (school, mosque, etc.), private space not usually used for shelter (basement, garage, store, warehouse, work site, etc.), tent or caravan, or camp. IDP households reported a marginally higher rate of unsatisfactory occupancy type (3%) compared to returnee households (1%). However, the majority of households reported living in satisfactory shelter types including a house or an apartment (96% IDP, 99% returnee).

A very low proportion of households reported living in camps overall. However, 6% of IDP households in Misrata were found to be living in camp, most likely driven by displaced Tawerghan households). Households living tents or caravans were only reported Al Kufra (2%), Ubari (2%) and Wadi Ashshati (1%). In Ubari, households living in tents or caravans were non-displaced, while in Al Kufra, they were IDP households.

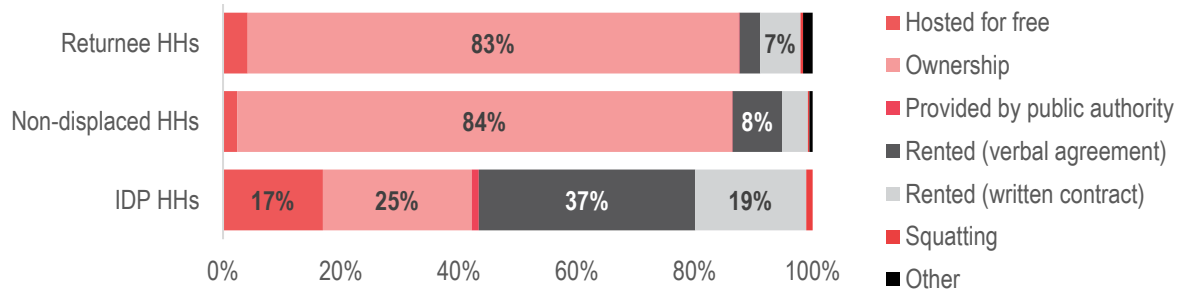
Although at the national level, displaced groups largely inhabited satisfactory shelter types, analysis at the mantika level reveals that certain displaced population groups face greater needs in securing adequate shelter. Wadi Ashshati (11%), Misrata (6%), Ghat (5%), and Sirt (5%) reported the highest proportion of displaced households occupying unsatisfactory shelter conditions, though only in Wadi Ashshati and Sirt were IDPs and returnees equally affected by unsatisfactory shelter types. Eleven per cent (11%) of IDP and 13% returnee households in Wadi Ashshati reported living in unfinished rooms.

Twenty-five per cent (25%) of IDP households owned the property they were residing in, while 55% rented and 17% reported being hosted for free. By contrast, 83% of returnee households owned their own home and 10% reported

[68] Although 50% of returnee households in Benghazi reported parts of their house were damaged or destroyed upon return and 50% reported basic services at the household level no longer working, REACH enumerator assessments between July-September 2018 found no returnee household living in heavily damaged or destroyed shelter and 21% living in some form of damage. This suggests an improvement in shelter quality through reconstruction since households initially returned.
[69] Key Informant interview Mur_01, September 2018

renting. 84% of non-displaced households own the shelter they live in and 12% rent. Placing IDPs at a greater risk of shelter insecurity particularly evictions, is the fact that 36% of IDP households are currently renting with a verbal agreement compared to just 3% of returnee and 8% of non-displaced households. In the absence of formalised agreements to guarantee rights to stay, this precarious occupancy status exposes families to short-notice evictions and reduced protection/power against landlord decisions. While this suggests a greater degree of security for returnee households, analysing the eviction rates between IDP and returnee populations indicates a different story. Seven (7%) of IDP households were threatened with eviction and a further 7% were recently evicted from their dwelling within the 6 months prior to data collection. Returnee households on the other hand reported a much higher rate of threat and actual eviction (11% threatened with eviction and 26% evicted in past 6 months). In summary, although IDP households are more likely to enter into fluid tenure arrangements through verbal renting contracts, the incidence of evictions presents a far higher threat to returnee households.

Figure 30: Percentage of households by occupancy type, per displacement group



HHs living in heavily damaged or destroyed shelter

For every interviewed household, trained enumerators assessed the overall condition of the household's shelter to understand the percentage of households living in damaged shelter. The criteria used to assess shelter needs was based upon shelters that were heavily damaged or destroyed, indicating shelters that were in need of substantial repairs or uninhabitable. In general, the assessment found that a very low proportion (2%) of households interviewed were assessed to be living in heavily damaged or destroyed properties. Little variation was found between displacement groups: 2% of IDP and non-displaced, and 5% of returnee houses were assessed to have heavy damage or be destroyed. This is a substantially reduced proportion of households occupying medium-to-heavy or heavily destroyed housing compared to 2017, with a 30% reduction in returnee households.

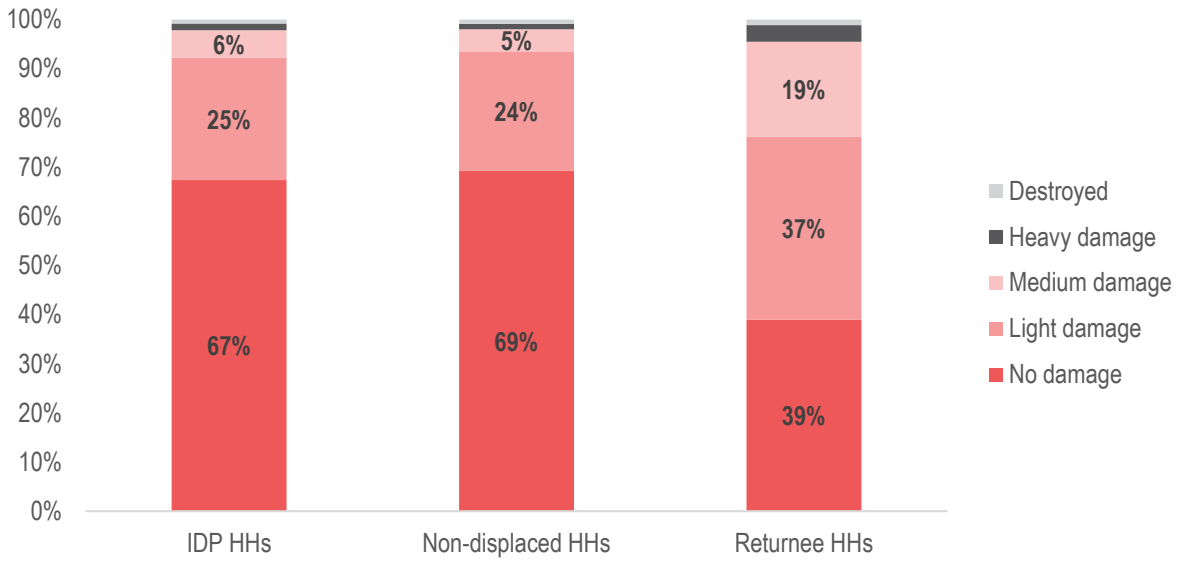
The assessment found that three mantikas had substantially higher proportions of households living in damaged or destroyed shelter – Murzuq (15%), Al Kufra (16%) and Sirt (23%). Within these mantikas, the extent of the damage as well as the population affected shows variation.

In Sirt, returnee shelters suffer from greater damage than other displacement groups. Displaced households in Sirt were more likely to suffer from heavy damage (13% of IDP and 24% of returnee), with 10% of returnee shelters in need of reconstruction due to being destroyed. This is consistent with slow pace of reconstruction of war-damaged houses in Sirt, where official counts on the number of damaged shelters is yet to be completed and plans to rebuild certain districts such as the Markaz district have not been formally agreed.[70] In June 2018 however, the Mayor of Sirt, Mukhtar Al-Madani, stressed the need to begin work as soon as possible to enable the Ministry of Housing and Utilities to take action which once complete should improve the quality of shelter available to the Sirt population.[71] Interconnected shelter and displacement dynamics present a set of challenges to tenure security in Sirt, whereby the outcome of unrepaired shelters destroyed or damaged by war is decreased availability of housing stock for returning populations. This in turn drives up demand for accommodation and increases rental market prices. In Murzuq, nearly one-sixth (13%) of non-displaced shelters were assessed to be heavily damaged and therefore unlivable without repairs. In Al Kufra, all population groups suffered from a reasonable level of damage, with 14% of non-displaced shelters reported as destroyed.

[70] UN-Habitat RCPMS Sirt, April 2018
[71] https://www.libyaobserver.ly/inbrief/Sirt-officials-start-counting-damaged-homes

Shelter damage was also assessed for light and medium damage. Analysis of shelters with some damage show that one-third (34%) of households are living in a shelter with some form of damage. This is nearly a two-fold increase in the number of households living in some form of damage compared to the mantikas assessed in the 2017 MSNA. Consistent with the findings in 2017, returnee households are more likely to inhabit shelters with some form of damage, reported by 61% of returnee households. This is almost twice the proportion of non-displaced and IDP households (see Figure 1). Shelter conditions have improved for IDP households, where a greater proportion were found to be inhabiting shelters with no damage (67% in 2018 compared to 46% in 2017).

Figure 31: Percentage of households by damage type and population group



Medium damaged shelters vary between population groups and geographic location. One-fifth of shelters in Al Jifara, Al Kufra, Derna and Sirt suffer from medium damage. An earlier rapid assessment in June 2018 found that damage to housing was registered in nearly all assessed muhallas in Derna.[72] The MSNA findings indicate an important qualifying point – while Derna records the highest levels of medium damage (22% of households), the majority of the damage inflicted by the conflict is light damage in which the shelter is livable but repairs are needed (35% of households). When all scales of damage are considered together (light, medium, heavy and destroyed), shelters in Al Kufra, Sirt, Al Jifara and Zwara are the worst affected, where 63% of shelters respectively have been damaged in some form.

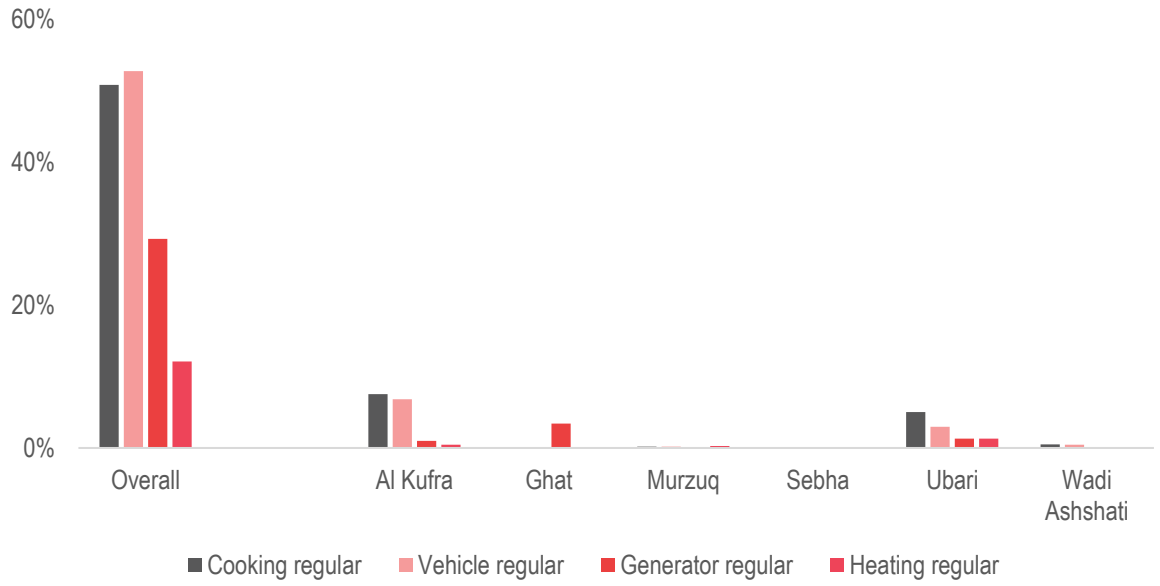
HHs needing assistance to cover their energy needs

In general, access to cooking fuel remained stable from last year, with a small proportion of households reporting no access to cooking fuel (2%), 47% irregular access and 51% reporting regular access. At the national level, marginal variation was found between displacement groups. Overall, IDP households had overall less access with 5% reporting no access and 57% reporting irregular access to cooking fuel. The main development from 2017 is a 10% increase in households reporting irregular access where last year they had reported regular access.

There is limited variation across mantikas, though southern Libya has the highest proportion of households reporting no access to cooking fuel, with 9% of households in Sebha, 7% in Murzuq and 6% in Ubari. Within these mantikas, displaced groups report lower access, with 25% of IDP households in Sebha, 14% of IDP households in Ubari and 11% of returnee households in Murzuq. **Most significantly, mantikas in the south have drastically lower regularised access to all types of fuel** (*see* Figure 23).

[72] Derna Rapid Situation Overview. REACH Initiative 1 June 2018

Figure 32: Percentage of households in southern Libya with regular access to fuel, by fuel type



Notably, these same mantikas also have a high proportion of households reporting no access to other types of fuel, indicating greater problems in satisfying energy demands. In Sebha and Murzuq, less than one per cent (<1%) of households reported regular access to any type of fuel. In Sebha, nearly half of all households reported no access to generator fuel (43%) and heating fuel (43%) and 40% reported no access to vehicle fuel. Ubari households also simultaneously report no access to generator and heating fuel, reported by roughly one-fifth of all households.

HHs threatened with eviction

Evictions are one of the leading drivers of unmet shelter needs in Libya. **Nationally, 7% of households reported being evicted from their shelter in the 6 months prior to data collection and a further 3% were threatened with eviction**.

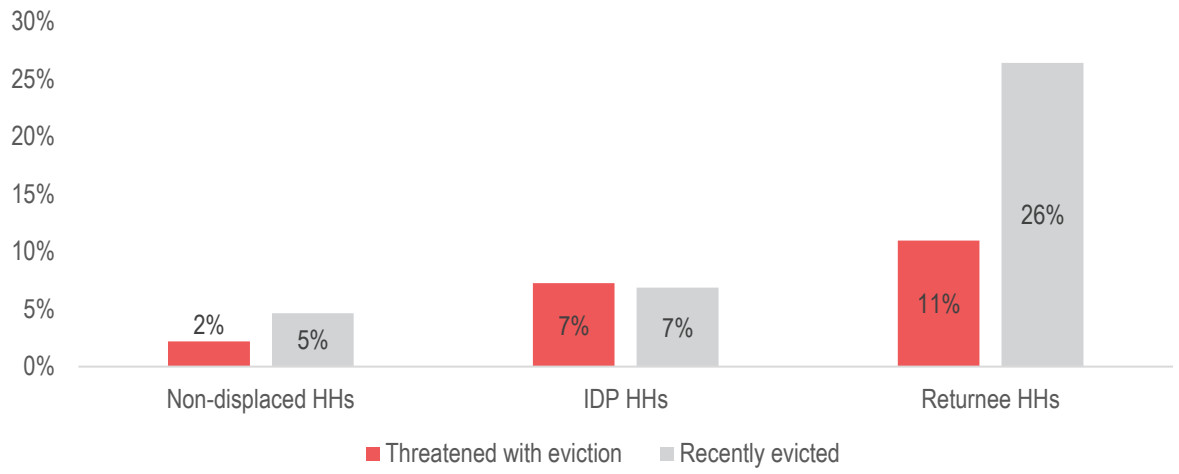
Returnee households faced a far greater risk of eviction as more than one-quarter (26%) reported recent eviction compared to 7% of IDP households and 5% of non-displaced households.

For the most part, the nature of these evictions is a by-product of the conflict and the perpetuation of a cash and liquidity crisis rather than strict definitions of "forced eviction" by different armed groups for political affiliation. Rather, the depletion of household financial resources and the resultant high use of negative coping mechanisms where access to cash is restricted, reduces the ability to pay rent.

Given this, more frequent reports of eviction due to increased rental prices can be expected among IDP households as a significantly higher percentage rent accommodation than other population groups. For example, 19% of IDPs rent accommodation through written contract and 36% rent through a verbal agreement in comparison to returnees (7% and 3% respectively) and non-displaced (4% and 8% respectively). Furthermore, 38% of IDP households who reported using a coping mechanism in the 30 days prior to assessment reported using them to pay for shelter (n=1310). This is far higher than other population groups (8% returnee and 6% non-displaced households) and further demonstrates the pressures IDP households face through precarious rental situations. Returnee households by contrast were far more likely to own their own home, providing a degree of protection from being evicted by landlords or due to high rents.

Returnee households are also more exposed to threats of eviction (11%). While nearly half of all returnee households threatened with eviction or recently evicted specified reasons related to landlords or inability to pay rent, 28% reported 'other' reasons and 41% declined to specify why. Further analysis is required to unpack the sensitive nature of evictions in Libya.

Figure 33: Percentage of households threatened with eviction or evicted in the 6 months prior to data collection, by population group

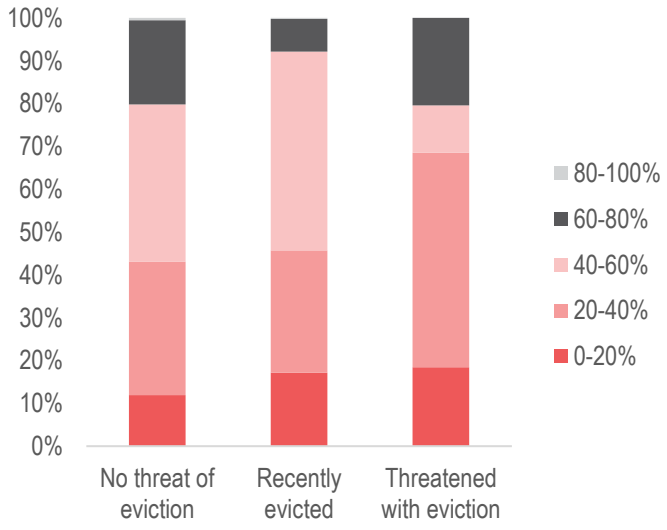


Al Jifara, Derna, Sirt and Sebha were the four mantikas with the highest proportion of households subject to the threat of eviction or having been evicted. Derna had the highest proportion, where 56% of households were evicted or threatened with eviction. By comparison, this proportion dropped to 26% of households in Al Jifara and Sirt and 14% of households in Sebha. In total, more than one-third of the households interviewed in Derna reported being evicted in the previous 6 months as the military encirclement in Derna pushed residents from muhallas outside the city centre such as Hay as-Sayyida Kadija, 400, As-Sahil and El-Fataih to relocate.[73]

Zwara exhibits a high rate of IDP and returnee households reporting evictions, with 74% and 85% respectively. The main reason reported is that families are unable to pay rent on time, which varies from an estimated range of 400LYD per month to 1,500LYD per month.[74] Similarly, in Al Jifara, 51% of IDP and 52% of returnee families reported being recently evicted. Here, displaced communities appear locked in a vicious cycle in which they cannot afford to be displaced. Due to the economic crises, liquidity shortage, and the increase in rental prices most people were forced to return. As in other mantikas across Libya, the security situation has very little to do with the decision to return.[75]

Substantiating these trends, recently evicted households were found to be spending a greater share of their expenditure on rental costs. Forty-six per cent (46%) of households recently evicted spend between 40-60% of their expenditures on renting in contrast to 11% of households threatened with eviction and 37% of households not facing any threat of eviction. Twenty per cent (20%) of households threatened with eviction reported spending between 60-80% of their expenditures on rent. These findings could indicate that evicted families are forced into further insecurity as a higher proportion of their money is spent on providing housing in a piecemeal fashion, taking away from other basic needs such as food, water, education or health. Similarly, the fact that households who were threatened with eviction spent a disproportionate amount on rent suggests that many faced eviction as they were unable to pay rent.

Figure 34: Percentage share of expenditure on rent by eviction status



[73] Derna Rapid Situation Overview, REACH Initiative Libya, 1 June 2018
[74] Key Informant interview, ZW_01, September 2018
[75] Key Informant interview, JF_01, September 2018

EDUCATION

Following the 2011 revolution, heightened conflict has given way to the damage and closure of schools, with some schools in the south of Libya temporarily converted into occupied shelter for internally displaced persons[76] [77] as well as barracks for militia groups. An estimated 212 schools in Libya are reported to be partially damaged, mostly as a result of fighting.[78] Closure and damage of schools has exacerbated capacities of functioning schools as classrooms become increasingly overcrowded. Due to a lack of funding and gross underpay of teachers, coupled with understaffed but overcrowded schools, school capacity continues to retract, as teachers are forced to seek work alongside teaching to prop up their income, further deteriorating the education situation.

Key Findings

1. 67% of households reported having at least one school-aged child (ages 6-17).
2. **13% of households were found to have an unmet need in education, defined by having a child not enrolled or regularly attending.**
3. **Education is a top priority in Wadi Ashshati**, with almost half (46%) of households with a school-aged child found to be in need of education assistance, as well as one-third of households in Murzuq (34%), Al Kufra (33%) and Azzawya (33%).
4. In **Wadi Ashshati**, the main reason given for dropping out and non-attendance was violence against children and poor performance in schools, with over two thirds of households reporting these reasons (70% and 69% respectively), while almost half of households (49%) also reported no quality education or lack of qualified teachers. These drivers of unmet education needs in Wadi Ashshati are **not related** to overall reported reasons for non-attendance and are specific only to this mantika.
5. Eighty-seven per cent (87%) of school-aged children were enrolled in school, leaving 13% unenrolled. The rate of attendance was high; 98% of school-aged children enrolled in school were regularly attending. The lowest enrolment rates were found in Azzawya (38% un-enrolled), Murzuq and Wadi Ashshati (24% respectively), Jabal Al Akhdar (22%) and Ubari (21%).
6. Health-related reasons were the most cited reasons for dropping out or not attending school (reported by 24% of all households with a child not attending/enrolled). This was followed by a lack of quality of education or lack of teachers (16%) and limited access to transport or fuel (14%).
7. **IDP** households were at a heightened risk of dropping out/not attending school because of unaffordable education materials/uniforms (16%) and school fees (13%) than other population groups. Coping mechanisms exercised to pay for education were the highest among returnee households (13%) compared to IDP households (10%) and non-displaced (9%).
8. **IDP** households were found to be the priority population group, with just under one-fifth of households with unmet education needs (17%) compared to returnee (8%) and non-displaced households (14%). This is primarily due to higher proportions of IDP households not enrolled or attending school, which affected over half (62%) of IDPs in Wadi Ashshati, one-third of IDPs in Murzuq and Al Kufra (33% and 30% respectively) and one-quarter of IDPs in Ubari (26%), Jabal Al Akhdar (24%), Azzawya (24%) and Ghat (24%).
9. **Cross-sector findings:** 5% of households had unmet needs in education and WASH. Households in the south of Libya (Al Kufra, Murzuq, Sebha) as well as Ubari and Azzawya were particularly affected.

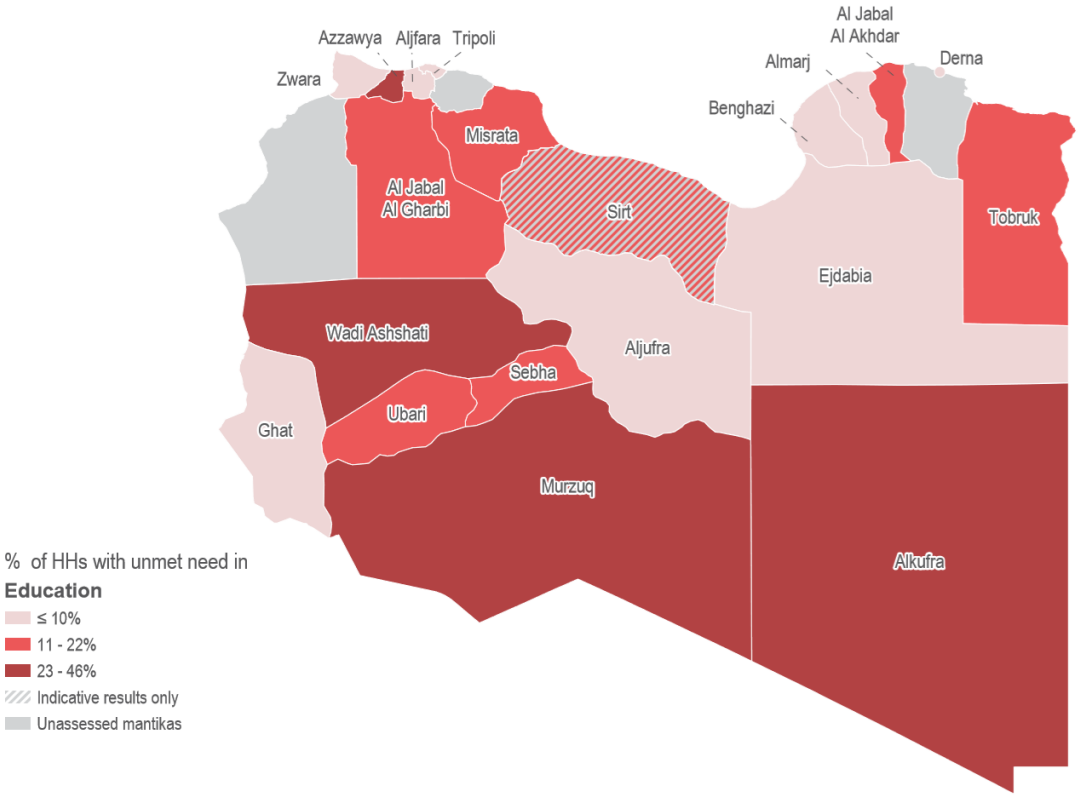
[76] Libya 2019 Humanitarian Needs Overview
[77] REACH Libya Sebha Rapid Situation Overview. 27 March 2018
[78] DTM round 21

Unmet Needs

To determine the percentage of households categorised as having an unmet need in the education sector, two MSNA indicators were considered:

1. HHs with at least one school-aged child not enrolled in school
2. HHs with at least one school-aged child not regularly attending school

Map 10: Percentage of households with an unmet need in education, by mantika



Priority Unmet Needs

At the national level, just under one-sixth (13%) of households had an unmet education need, making education the fifth most required sector of assistance. The mantikas found to have the most unmet education needs overall were concentrated in the south, with the exception of Azzawya in the north-west. Half of households in Wadi Ashshati (46%), followed by a third of households in Murzuq (34%), Al Kufra (33%) and Azzawya (33%) were found to have unmet education needs, defined by a household having at least one-school aged child not enrolled or regularly attending school.

21% of households with school-aged children had at least one school-aged child not enrolled or regularly attending school (n=2,960). Rates of non-enrolment and attendance were lowest in the south, Azzawya and Al Jabal al Akhdar. In Wadi Ashshati, over half (52%) of households with a school-aged child (and therefore with more direct educational needs) had a child not enrolled or regularly attending.

The population group with the highest unmet needs for education were IDPs (17%), followed by non-displaced (14%) and returnees (8%). Mantikas reporting the highest IDP unmet needs for education assistance were primarily concentrated in the south and west of Libya, including Wadi Ashshati (62%), Murzuq (33%), Ghat (24%), Sebha (22%) Al Jabal al Gharbi (22%) with isolated pockets of high IDP unmet needs in the north-east in Jabal Akhdar (24%) and Derna (21%).

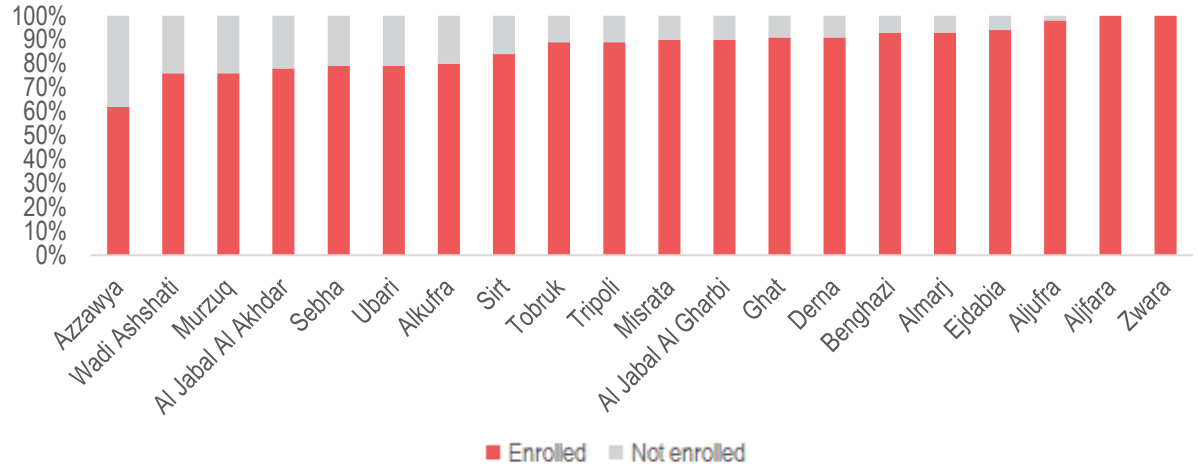
Indicators driving unmet needs

School-aged children not enrolled or regularly attending school

Overall, 87% of school-aged children (defined as children aged between 6-17) were enrolled in school, leaving 13% unenrolled. The rate of attendance was high; 98% of school-aged children enrolled in school were regularly attending.[79] Returnee households had a slightly higher enrolment rate at 93%, compared to 86% of non-displaced and 87% of IDP households. The attendance rate was the same for all population groups.

The mantikas reporting the highest levels on non-enrolment were Azzawya in the north-west (38%), Murzuq and Wadi Ashshati (24% respectively), Jabal Al Akhdar (22%) and Ubari (21%).

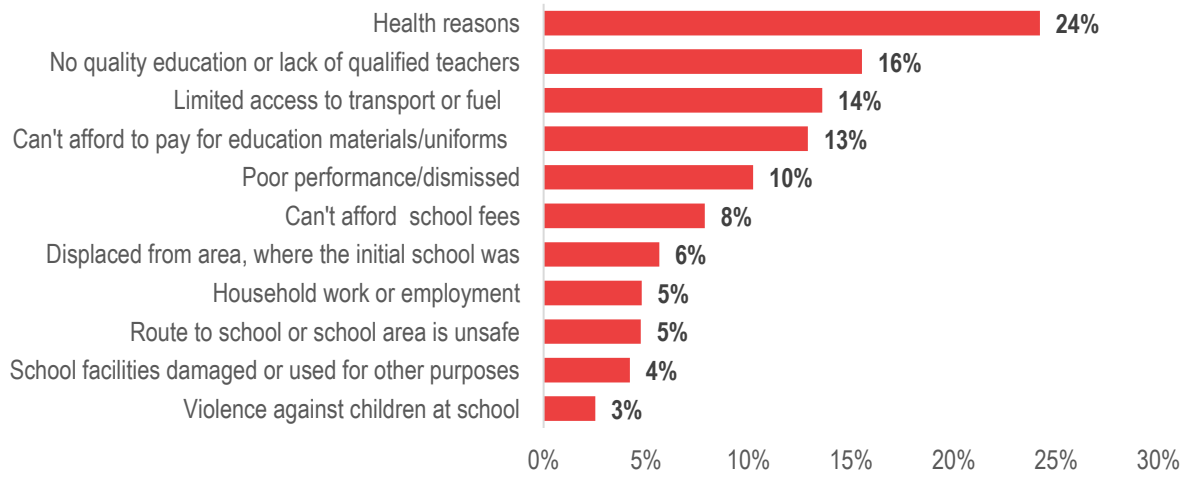
Figure 35: Percentage of school-aged children (6-17) enrolled in school, by mantika



Reasons for not enrolling or regularly attending school

Nationally, the most frequently cited reasons for dropping out/non-attendance were health reasons, defined by disability or chronic disease (24%), followed by no quality/lack of qualified teachers (16%) and limited access to transportation or fuel (14%). Returnee and IDP households more frequently cited that they had been displaced from the area the initial school was (27% and 20% of households with a school-aged child not regularly attending or enrolled respectively).

Figure 36: Of households reporting a school-aged child (n=3,602) not enrolled or regularly attending (n=869), percentage of households reporting reason for non-attendance



[79] Regular attendance was defined following UNICEF guidelines. School-aged children who did not miss more than 25% of school-days per academic year were defined as regularly attending.

Substantial variation in the reasons children dropped out or did not regularly attend school was found across mantikas (*see* Table 12). Health-related school drop-outs were most frequently reported in Tripoli (62% of households with a school-aged child not enrolled or regularly attending school), Al Jabal al Akhdar (38%), Al Marj and Misrata (27% of households respectively). The assessment found that mantikas reporting health reasons for children not attending were not the same mantikas with a low percentage of children with vaccination cards. Therefore, health-related reasons for dropping out/non-attendance are not necessarily indicative of the health of the individual child per se, but may also be driven by the overall health situation of the household, for example if the head of household was ill or whether households prioritised spending income on healthcare rather than education.[80]

Poor quality of education and lack of qualified teachers were especially prevalent in Wadi Ashshati 49%, Misrata 32%, Sirt 32%, Al Jabal al Akhdar (31%) but was, however a widespread phenomenon across Libya with no particular saturation in certain areas. KIs and FGD interviews noted that quality of education as a whole suffers from low wages with higher pay reported as one of the greatest needs for education as teachers are forced to look for other jobs.[81]

Lack of transport and fuel affected a small percentage of households' access to schools in certain mantikas, particularly in Tripoli (where 39% of households with a school-aged child not enrolled or regularly attending reported it being due to limited transport); Al Jufra (34%) and Al Kufra (29%). The findings for Tripoli are unclear, as KI interviews explained that fuel prices had remained stable and availability is good with no black market for fuel. Intermittent shortages have occurred, with congestion at fuel depots ahead of the Eid holiday[82] (the month before data collection) being one possible explanation of the high rates reported in this assessment.

Table 12: Three main mantikas reporting reasons for children not enrolling or attending school

Reason for not attending or enrolled in school	Mantika most commonly reporting reason for non-attendance/non-enrolment		2nd Mantika most commonly reporting reason for non-attendance/non-enrolment		3rd Mantika most commonly reporting reason for non-attendance/non-enrolment	
Health reasons	Tripoli	62%	Al Jabal al Gharbi	38%	Tobruk	31%
Can't afford school fees	Murzuq	32%	Al Kufra	27%	Wadi Ashshati	22%
Can't afford to pay for education materials/uniforms	Al Kufra	36%	Murzuq	32%	Tripoli	31%
No quality education or lack of qualified teachers	Wadi Ashshati	49%	Misrata	32%	Sirt	32%
School facilities damaged or used for other purposes	Derna	17%	Sirt	6%	Tripoli	6%
Displaced from area, where the initial school was	Derna	33%	Sirt	29%	Ubari	28%
Limited access to transport or fuel	Tripoli	39%	Al Jufra	34%	Al Kufra	29%
Route to school or school area is unsafe	Al Jifara	96%	Sebha	25%	Derna	15%
Violence against children at school	Wadi Ashshati	70%	Murzuq	6%	Ubari	6%
Poor performance/dismissed	Wadi Ashshati	69%	Al Jabal al Akhdar	43%	Tobruk	23%
Household work or employment	Tobruk	12%	Al Kufra	9%	Wadi Ashshati	8%

Overall, for both IDP and returnees the most cited reason given for dropping out and not attending was 'displaced from area where initial school was', with returnees reporting this slightly more frequently than IDPs (27% versus 20% respectively). The most cited reason reported by non-displaced was health reasons (25%).

In Derna, 17% of households reported the reason for dropping out or non-attendance to school was 'school facilities damaged or used for other purposes', including military barracks. Home school teaching was reportedly used as a coping mechanism for school closures. Where there is no plan to transfer the students of the affected schools to other schools, they were home schooled.'[83] Similarly in Sirt, damage to schools led to their closure, though KI interviews revealed that

[80] Coping mechanisms used for health were nationally speaking higher than education, with 36% of households using coping mechanisms for healthcare rather than 10% for education.
[81] Ki (check which one)
[82] https://www.libyaobserver.ly/inbrief/motorists-crowd-fuel-station-ahead-eid
[83] Derna KI 1

the state of education was 'slightly better' with the aid of humanitarian assistance for reconstruction. The impact of destroyed buildings and school closures in these mantikas has led to an overcrowding issue as children travel further distances to open schools.[84]

Lower school enrollment and non-attendance in Azzawya was driven by a high rate of displaced households reporting health-reasons (43% of IDP and 33% of returnee households) and difficulties paying for education (30% of IDP households). This is unsurprising given that 30% of households were found to have an unmet need in the health sector. Additionally, low enrolment may also be driven by the high number of minors reported to be in work in Azzawya (4% in permanent, 5% in temporary and 5% in daily work) relative to other mantikas. In both KI interviews it was mentioned that, *'there are many [children] outside the school [that go] to work and save money'*.[85]

The significantly high levels of unmet education needs in Wadi Ashshati (46% of households) were underscored by violence against children, the most frequent reason cited for non-attendance/dropping out of school – reported by 70% of households. This is far higher than the national average of 3%. Specific details on who was responsible for this violence was not specified in the assessment.

Households with school-aged children enrolled in school but not attending

Overall, 2% of enrolled school-aged children were not regularly attending school. The mantikas reporting the highest levels of non-attendance were Al Kufra (11%), Sirt (9%), Al Jabal al Akhdar (8%) and Ubari (4%).

The main reasons for non-enrolment and non-attendance were varied across these mantikas, with the top reasons being health reasons (11% in Azzawya), displacement from the area where the school was (Ubari 28%), poor performance/dismissal (43% in Al Jabal al Akhdar), violence against children at school (70% in Wadi Ashshati), inability to afford education materials/uniforms (36% in Al Kufra) and route to school or school area unsafe (25% in Sebha). These reasons for dropping out/non-attendance indicate the varied challenges of accessing education services across Libya.

Other indicators of the humanitarian situation

Push/pull factors

In terms of push factors, there was little variation overall between population groups for leaving areas of origin due to 'no access to education' (3% IDP and 1% returnee). Al Kufra however, showed significantly high levels of both push and pull factors for education in comparison to other mantikas. The push factor figures for Al Kufra follow the trend overall with little variation between IDPs and returnees, with 18% both IDP and returnee households identifying 'problems accessing education' as the main reason they decided to leave their area of origin. 'Problems accessing education' as a reason for non-return (pull factors) were also high in Al Kufra in comparison to other mantikas, with 23% of IDPs deciding not to return to area of origin (in comparison to 7% Al Jufra, 6% Tripoli, 4% Ejdabiya).[86]

Loss of documentation

Losing documentation whilst fleeing crisis has impacted Libyans' access to education services, reported by 18% of IDP and 16% of returnee households who lost documentation (n=341). Wadi Ashshati was the most significantly affected mantika, where 59% of households experiencing loss of documentation reported obstacles accessing education, with IDP households slightly higher (60%) compared to returnee households (50%).

Other affected mantikas were Al Jabal al Akhdar and Ejdabia in the nort-0east (both 48%), followed by Al Jifara and Benghazi (36%) and Tobruk and Tripoli (29% and 26% respectively). The mantikas with the highest reported unmet needs for education also reported the lowest levels of loss of documentation impacting education services despite Wadi Ashshati, indicating that in Al Kufra and Murzuq, the likelihood of dropping out/non-attendance was not impacted by loss of documents,[87] while Azzawya also reported a relatively low 16%.

[84] Sirt KI 3 REACH
[85] Azzawya KI 3 REACH
[86] Further analysis on access to education in Al Kufra can be read above in 'mantika' section.
[87] Both Al Kufra and Murzuq reported 0% education services impacted by loss of documentation.

Azzawya reported that a quarter of IDP households suffered from loss of documentation as a barrier to access to education (25%) in comparison to 13% of returnee households. Benghazi however, reported that almost half of returnee households losing documentation had issues accessing education (43%), a significantly higher number than IDP households (17%).

Coping Mechanisms

There was also little variation among population groups in terms of coping mechanisms used to pay for education, with returnee households slightly more likely to use coping mechanisms (13%) than IDP (10%) and non-displaced households (9%).

PROTECTION

Key Findings:

Recurrent clashes have resulted in waves of irregular internal displacement in Libya. Coupled with the deteriorating socio-economic situation and heavy artillery presence, the protection situation in Libya was significantly worse for displaced groups and lack of legal documentation was found to hinder basic access to services such as education and shelter particularly in the south. Decreased access to basic services due to loss of documentation along with widespread reports of household services not functioning upon return, have exacerbated the protection situation particularly of displaced population groups in Libya.

1. **Eight per cent (8%)** of Libyan households were found to have an unmet **protection** need. The highest proportion of households with an unmet protection need were Al Kufra (29%), Sirt (26%), Sebha (23%) and Ejdabia (20%).

2. Nationally, nearly **one-third (31%) of IDP households were found to have an unmet need** compared to 14% of returnee and 6% of non-displaced households.

3. The highest proportion of IDP households with an unmet need in the protection sector were in Zwara (76%) and Derna (67%). For returnee households, 47% of households in Azzawya had an unmet need, 37% in Al Jabal al Gharbi and 29% in Tripoli.

4. Returnee households were twice as likely as IDP households to be displaced more than once. IDP and returnees were displaced due to lack of security and violence against the family though 27% of IDP households reported dwelling destroyed as reason for leaving. Half of IDP households reported a 'more secure environment' as the main reason for choosing to move to a new area and three-quarters of returnees moved back when conflict subsided. Both IDP and returnee households prioritise the presence of friends and family and tribal affiliation as main pull factors.

5. Five per cent (5%) of households lost documentation. 24% of these did not reapply. Overall, family book (48%) passport (35%), national ID card (26%) were the most commonly cited documents lost through conflict. Displaced groups were more likely to have lost the family book reported by 45-50% of IDP and returnee households. In general, loss of documentation affected household access to services. Movement or travel (48%), property access (23%), government assistance (18%) were the most cited services impacted by losing documentation. By contrast just under one quarter (23%) of households losing documentation reported no access issues.

6. **Ninety-five per cent (95%) of returnee households reported problems upon return. Household services not functioning upon return** was widely reported, affecting one-third of returnee households (33%).

7. **Al Jabal al Gharbi** showed the highest level of unmet need with 74% of households reporting household services not functioning, 52% reporting community services not functioning and 32% reporting lack of security. In **Derna,** high rates of households lost documentation (8%) with low percentage reapplying (75% of this percentage did not reapply). At the same time, access to services have been curtailed, with 41% unable to access own property and over half of households experiencing eviction or threats of eviction (55%).

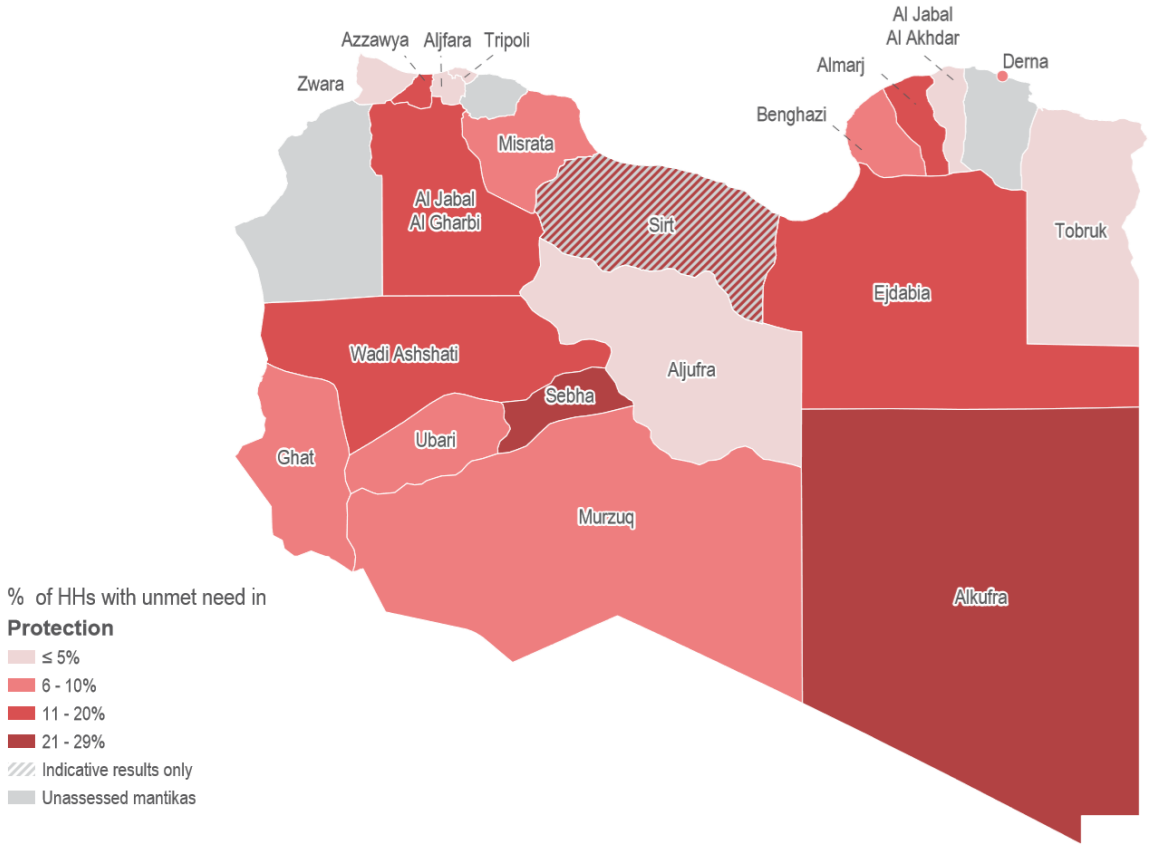
8. Four per cent (4%) of households reported awareness of presence of UXOs in their neighbourhoods, while **58% of households reporting the presence of UXOs at neighbourhood level had not received any form of risk awareness.** Households in the south were more likely to report presence of UXOs at the same time as having low awareness training. This includes Sebha, Al Kufra, and Wadi Ashshati. In Benghazi, 9%

Unmet Needs

To determine the percentage of households with unmet needs in the protection sector, ten MSNA indicators were considered:

1. HHs having lost documentation in the conflict not reapplying
2. HHs reporting barriers to receiving humanitarian assistance in the 6 months prior to data collection
3. HHs reporting the presence of UXO in their neighbourhood
4. HHs reporting a family member injured or harmed by a UXO
5. Returnee HHs facing problems upon return to their area of origin
6. IDP HHs hosting displaced families
7. IDP HHs hosting a displaced minor
8. IDP HHs hosting an unaccompanied or separated minor
9. IDP HHs threatened with eviction or evicted in the 6 months prior to data collection
10. IDP HHs displaced more than once

Map 11: Percentage of households with an unmet need in Protection, by mantika



Priority Unmet Needs

8% of HHs were found to have an unmet protection need across Libya. Overall, the mantikas with the highest unmet protection needs were Al Kufra (29%), Sirt (26%) and Sebha (23%) and Ejdabia (20%).

There was large variation of unmet protection needs between population groups. Displaced households were overall twice as likely to have unmet protection needs than non-displaced households. IDP households had the highest frequency of unmet protection needs, reported by 31% of households. This is more than twice the proportion of returnee households (14%) who in turn had more than twice as many unmet protection needs as non-displaced households (6%).

Households not reapplying for documentation was the most frequently reported reason driving unmet protection needs overall, affecting a quarter (24%) of all households who reported losing documentation due to the crisis. Returnee households were more frequently affected by this indicator (37%) in comparison to 20% of IDPs and non-displaced. Mantikas most frequently reporting not reapplying for documentation were Derna (75%), Murzuq (62%) and Sebha (55%), with the majority in each reporting the process as too complicated.[88]

One-third (33%) of returnee households reported that household services (e.g. electricity, water) that were functioning before the crisis were no longer working upon return to area of origin. This was most problematic for returnees in Azzawya (79% of households); Al Jabal al Gharbi (74% of households) and Sebha (60% of households).

In Al Kufra, IDP households were twice as likely to have an unmet protection need (47%) than non-displaced households (26%). Returnee households had the fewest unmet protection needs (14%). The main indicators driving protection needs in Al Kufra were problems faced upon return with 40% of households reporting household services (water, electricity) no longer working and 44% reporting no security. Twenty-two per cent (22%) of households reported barriers accessing humanitarian assistance and 38% of IDP households had been displaced more than once. Other driving indicators for unmet protection needs in Al Kufra included households threatened with or actually evicted in the 6 months prior to data collection, reported by 29% of IDP households.

In Sirt, returnee households were far less likely to have an unmet protection need. By contrast, 44% of IDP and 39% of non-displaced households had an unmet protection need. Protection needs in Sirt were driven by frequent displacement (44% of IDPs had been displaced more than once), no security upon return (reported by 43% of returnees), mental disorders and physical disability among IDP households (33% and 25% respectively), as well as barriers to humanitarian assistance (26% overall). Across all population groups, 14% of households reported the presence of UXOs at neighbourhood level and 15% of households reported a family member injured by UXOs.

IDPs had the highest reported unmet protection needs in Sebha, reported by 38% of IDP households. Non-reapplication for lost documentation was a driving indicator of unmet protection needs as it is indicative of households facing challenges in accessing government services and was reported by 55% of all households who had lost documentation. Over one-third (35%) of IDP households reported to have been displaced more than once (35%). Other driving indicators for unmet protection needs in Sebha were barriers to humanitarian assistance (25%) and presence of UXOs (18%).

Indicators driving unmet needs

Households reporting losing legal documentation and not having reapplied

A key driver of needs across Libya concerns Libyan citizens access to documentation. Documentation ranges from identification cards and numbers to administrative documents such as the family book and birth certificate. Civil registry records and documentation are in many instances a prerequisite to accessing education, healthcare, legal representation, voting rights and food subsidies[89] and have historically unequally impacted Libyan's in the south of the country such as Tebu and Amazigh populations who struggled to gain citizenship. During heightened periods of conflict, the resultant displacement has led to household members losing their documentation, further impacting their ability to access government services.

Five per cent (5%) of households reported that at least one member had lost legal documentation because of the conflict. Of households losing legal documentation, 24% had **not applied** for new documentation (n=341). Overall, the most frequent reason given for not reapplying was 'process too complicated', reported by 64% of households losing documentation. This was followed by safety risks travelling to the civil registry office (27% of households) and no functioning civil registry office nearby (19% of households).

IDP households were at a far greater risk of losing documentation due to conflict, reported by 16% of all IDP households (compared to 9% of returnee and 4% of non-displaced households). Overall, family book (48%), passport (35%), and national ID card (26%) were the most commonly cited documents lost through conflict. Displaced groups were more likely to have lost the family book reported by 45% of IDP and 50% of returnee households losing documentation.

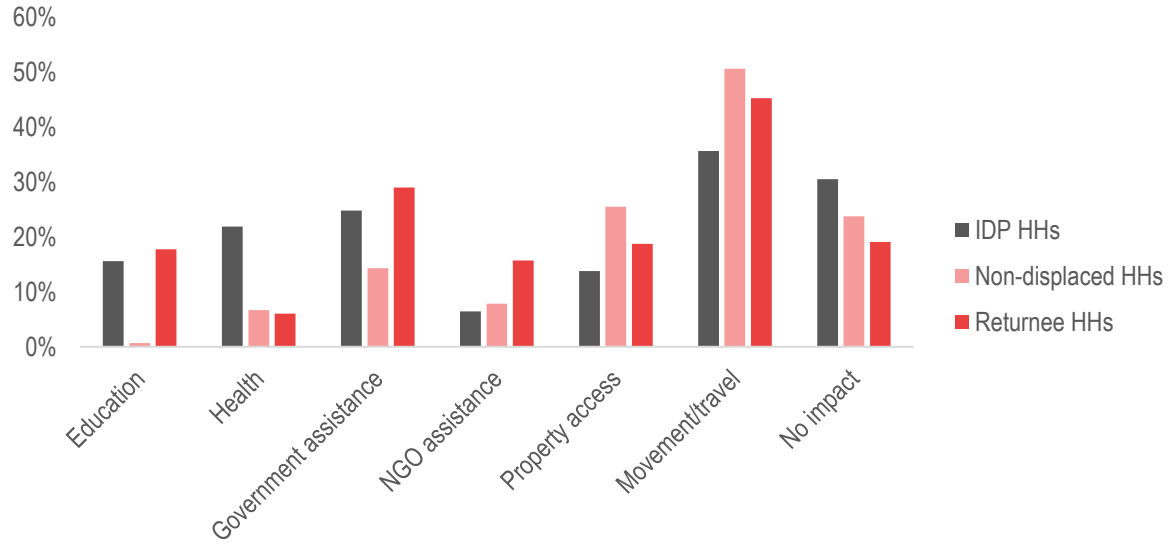
[88] 94% of HHs losing documentation in Tobruk did not reapply (n=6).
[89] Office of the Commissioner General for Refugees and Stateless Persons. Libya: Nationality, Registration and Documents. December 2014.

37% of returnees that had lost legal documentation during the conflict had not reapplied for new documentation (n=81). This is a significantly higher percentage than that of other population groups (both non-displaced and IDPs were 20%). However, the most frequently reported reason given by returnees for non-reapplication was 'process is too complicated and takes time' (91%). IDPs reported more physical barriers to reapplication, with the most frequent reason being 'safety risks to travel to civil registry' (37%).

Movement or travel (48%), property access (23%), and government assistance (18%) were the most cited services impacted by losing documentation. By contrast just under one quarter (23%) of households losing documentation reported no access issues.

Returnee households that lost documentation faced greater issues accessing education services and government and NGO assistance. In terms of education, this is likely influenced by difficulties parents face in re-registering children in schools without enrollment certificates. IDPs face greater challenges in accessing health services, largely driven by IDPs in Wadi Ashshati (70%), Ejdabia (50%), Benghazi and Al Jabal al Akhdar (42% of households losing documentation respectively). Restrictions to movement and travel were found to be a particular concern in Al Jabal al Akhdar, Al Jufra, Wadi Ashshati, Sebha and Benghazi.

Figure 37: Percentage of households losing documentation reporting challenges accessing basic services, by service type and displacement status



Derna and Sebha are areas of priority concern, owing to the large proportion of households losing documentation and not reapplying. In Sebha, double the national average reported losing documentation (10%) and over half (55%) had not reapplied. Households in Misrata (12%) and Sirt (10%) were more likely to report a family member losing documentation due to the conflict, however in both cases, the majority of households had reapplied for documentation.

One of the main trends identified in the north-east was that although high loss of documentation was reported, though most households had reapplied. The exception is in Derna, where 8% of households lost documentation and three-quarters (75%) of these did not reapply. The top reported reasons for not reapplying in Derna were inability to access authorities (36%) and no functioning registry office (33%). This trend does not hold for other mantikas in the east, which reported some of the lowest figures for non-reapplication.[90] This suggests that barriers to re-applying are specific to Derna, rather than a trend across the north-east in general. It further indicates that households in the north-east affected by conflict are susceptible to losing documentation but few barriers exist in re-obtaining necessary documents.

In the north-west, rates of reapplying for documentation were far higher apart from in Azzawya. In Azzawya, households reported far lower reapplication rates (51% of households losing documentation had reapplied),[91] further indicating that

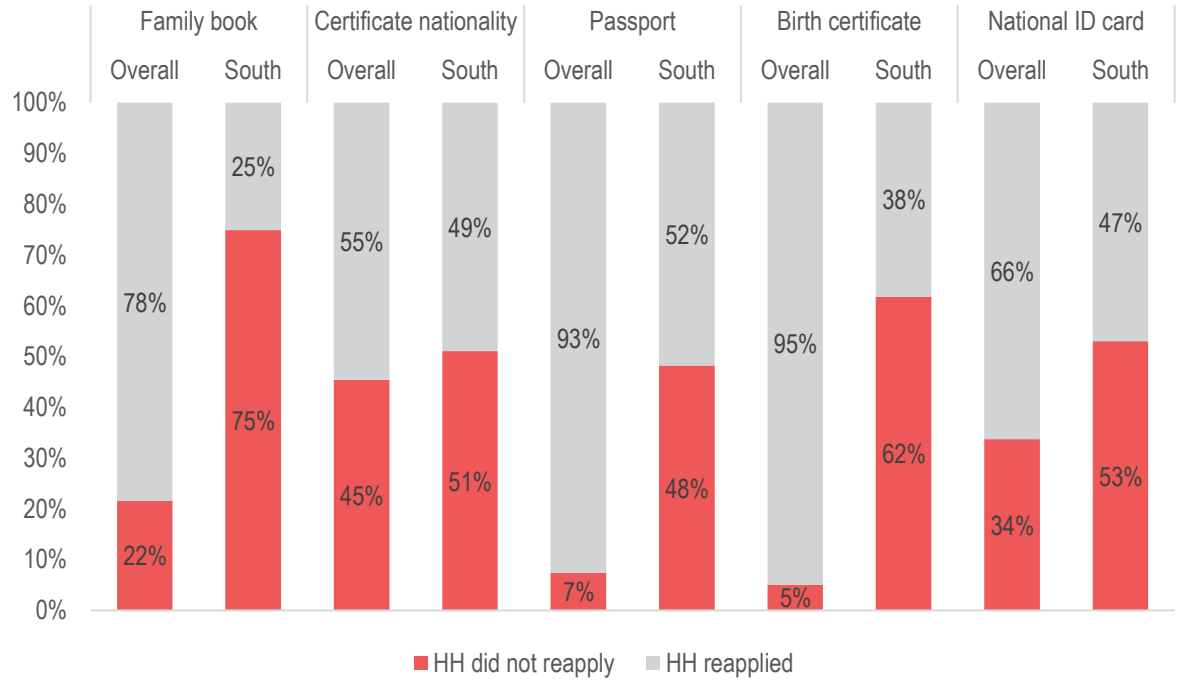
[90] Jabal Al Akhdar (3%); Benghazi (11%); Al Marj and Ejdabia (both 0%) reported non-reapplication
[91] Mantikas surrounding Azzawya: 87% (Tripoli), 86%% (Al Jabal al Gharbi), 98% (Misrata), 100% (Al Jifara), reported reapplying for documentation.

the barriers for application were less of a regional problem and more mantika-specific. To the east, Misrata had the highest reports of loss of documentation but very few reports of non-reapplication (2%).

Whilst reapplication rates were low in the south, loss of documentation was largely confined to Sebha, making unmet needs for protection in this mantika more immediate. In the south, the main reason for not reapplying for documentation were due to the process being complicated (62% of households). This is similar to the rest of Libya. However, safety risks travelling to civil registry offices (36% of households) and no functioning civil registry offices nearby (31% of households) were reported at a far higher rate than the rest of Libya. In particular, 40% of households in Sebha reported being unable to reapply for documentation due to safety risks travelling to registry offices. This is largely driven by IDP households, reported by two-thirds (67%).

Elsewhere, safety risks were frequently reported in Benghazi (38%), particularly by returnee households, largely owing to the heightened risk of attacks and kidnappings on civil registry offices and personnel. Similarly, 98% of households in Tripoli reported safety risks as a reason for not reapplying for documentation, again driven by IDP households.

Figure 38: Percentage of households reporting reapplying or not reapplying for documentation by document type in Libya (left) and southern Libya (right)[92] (n=341)



Barriers to humanitarian assistance

Of households who received humanitarian assistance in the 6 months prior to data collection, 18% reported facing barriers to receiving humanitarian assistance from (I)NGOs, CSOs or government or local authorities (n=808). The most reported reason was lack of consent from actor controlling territory (5%), followed by legal recognition of humanitarian organisations (3%) and both checkpoints and insecurity travelling to area of assistance (1%). Overall, of households who received humanitarian assistance in the 6 months prior to data collection, the mantikas with the highest reported barriers to humanitarian assistance were Sirt (17%), Sebha (7%) and Al Kufra (6%).

Multiple barriers to receiving humanitarian assistance were reported in Sirt, Sebha and Al Kufra while Al Jufrah overwhelmingly reported one barrier which was insecurity when travelling to area of assistance (26% of households facing barriers to humanitarian assistance), indicating the prevalence of insecurity in the mantika. By comparison, in Sirt, barriers were varied between lack of consent from the actor controlling territory (22%) and legal recognition (15%). Non-displaced groups were the group with highest unmet needs with regard to accessing humanitarian assistance, with 8% of non-displaced households facing barriers reporting 'lack of consent from actor controlling territory' in comparison to

[92] Findings are indicative.

3% of returnee and 1% of IDP households. However, targeted assistance towards displaced groups may have impacted this high figure reported by non-displaced, as the eligibility of non-displaced groups could have represented a barrier in itself. Non-displaced and returnee households equally reported 'legal recognition of humanitarian organisations' as a barrier (3%), while all three population groups equally reported 'insecurity travelling to area of assistance' (1%) as a barrier to humanitarian assistance.

Non-displaced households reporting barriers to humanitarian assistance were most frequently reported in Sirt, with 39% of households who received humanitarian assistance in the 6 months prior to data collection reporting lack of consent from actors controlling territory and a further 19% reporting legal recognition of humanitarian organisations. Non-displaced households in Al Marj also frequently reported this barrier (19%). Insecurity whilst travelling to area of assistance was more of barrier among non-displaced households in Al Jufra (26%) and Ubari (5%). There were significant barriers faced by IDP households in Wadi Ashshati, with 67% reporting insecurity travelling to area of assistance, and 29% in Al Jufrah, indicating the prevalence of insecurity in this area. Other barriers were also frequently reported by IDP households, with legal recognition of humanitarian organisations and checkpoints typically high (both 17%). Other mantikas in which IDP households faced barriers to humanitarian assistance were in Tobruk, where a tenth of IDP households each reported insecurity travelling to area of assistance, checkpoints, and presence of UXOs.

Overall, returnee and IDP households faced very similar barriers to humanitarian assistance. Al Kufra had the highest reports of returnee barriers to humanitarian assistance, with lack of consent and insecurity travelling the most frequently reported barriers (both 8%). Wadi Ashshati had an overwhelmingly high proportion of returnee households reporting humanitarian assistance barriers due to the humanitarian organisation lacking legal recognition (20%) and also a relatively high figure was reported for this barrier in Sirt (12%).

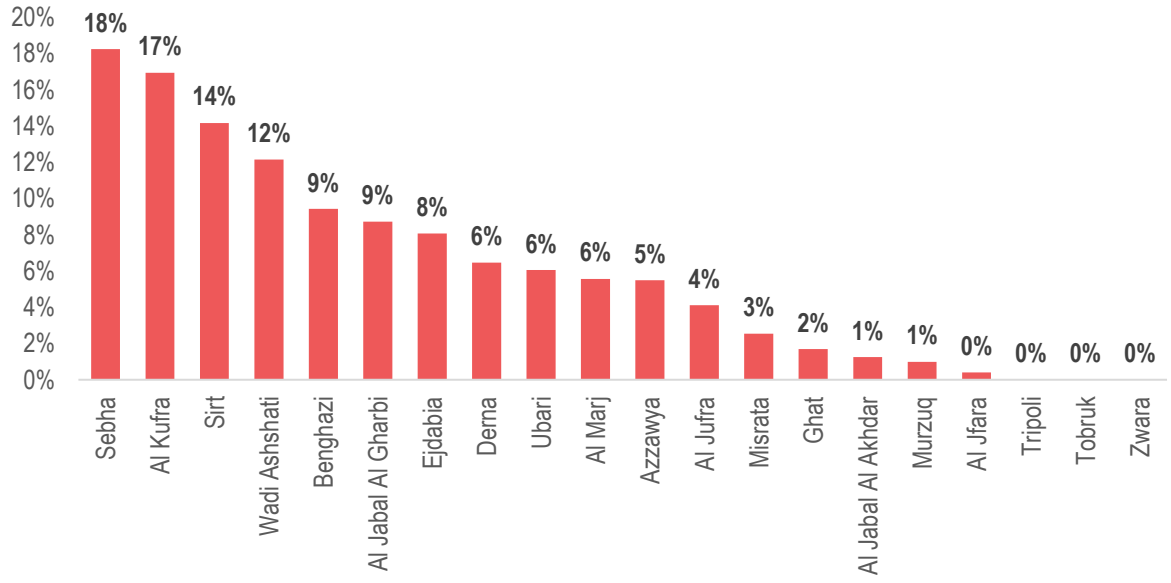
Presence of UXOs

Overall, 4% of households reported awareness of presence of UXOs in their neighbourhoods, while 77% of all households did not receive any form of explosive hazards risk awareness. **More than one-half (58%) of households that reported the presence of UXOs at neighbourhood level had not received any risk awareness training.**

Of households reporting the presence of UXOs, risk awareness training was lowest in the south where 71% of households had not received any form of risk awareness. Comparable figures were found for households proximate to UXOs in the east and west (53% respectively).

Just under one-fifth of households in Sebha and Al Kufra were at risk, reporting high awareness of presence of UXO's (18% and 17% respectively) and high lack of risk awareness (85% and 76% respectively). The most frequently reported source of information on explosive hazards nationally was conventional media, reported by 61% of households, followed by social media (57%) and community representative (18%).

Figure 39: Percentage of households reporting the presence of UXOs in their neighbourhood, per mantika



IDP and returnee households were more likely to report awareness of the presence of UXOs in their neighbourhood, nearly three (8%) and four times (11%) the rate of non-displaced households (3%). There was little variation between population groups receiving risk awareness training, though returnee households were slightly more likely (20%) as opposed to IDP and non-displaced (16%). Protection issues surrounding UXOs are therefore of greater significance for returnee populations who reported higher UXO presence and reports of not receiving risk awareness training were high.

Among the non-displaced, Sebha reported the highest levels of awareness of presence of UXOs (19%) while a high proportion of this percentage (84%) not having received risk awareness training. Al Kufra also followed this trend, with 16% of non-displaced households reporting awareness of presence of UXOs but 75% not having received awareness information.

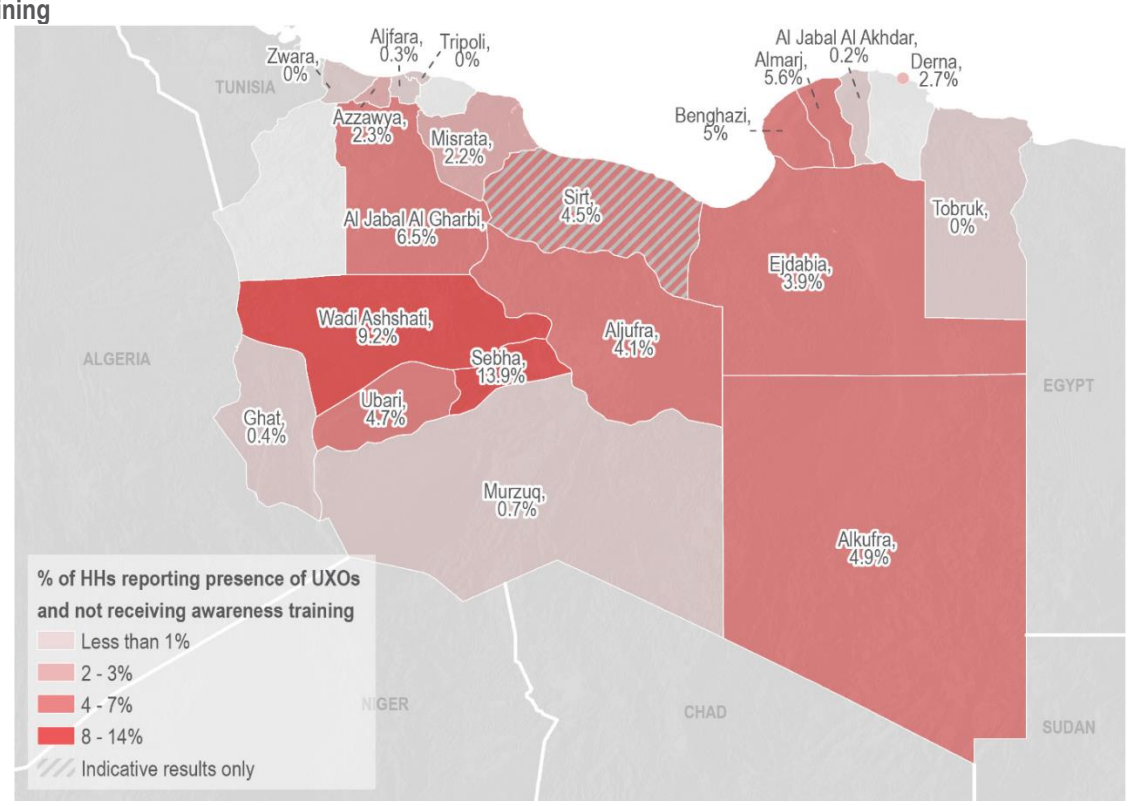
Source of hazard risk awareness

Overall, the most frequently cited source of hazards risk awareness was from conventional media (61%), followed by social media (57%), community representative (18%) and posters/flyers (17%).

Non-displaced groups were most likely to receive hazard awareness information from conventional media sources (reported by 64% of households receiving awareness) compared to 53% of IDP and 47% of returnee households. However, non-displaced households were least likely to be aware of risk hazards from training sessions (2%) than IDPs and returnees (both 9%).

In Al Jabal al Gharbi, where awareness of presence of UXOs is comparatively low among non-displaced (4%) than IDP (17%) and returnees (32%), non-displaced and IDP households most frequently got their information from conventional media (71% and 60% respectively). Returnee households in Al Jabal al Gharbi most frequently cited community representative (100%). Ubari had frequent reports of training sessions among all population groups (65% non-displaced, 60% IDP and 40% returnee) compared to other mantikas.[93] In Ejdabia, 60% of IDPs cited training session as their source of risk awareness in comparison with 20% of returnees and just 8% of non-displaced. At the national level however, there were overall higher reports of training sessions from IDP and Returnee households (both 9%) than non-displaced (2%), which would indicate that training sessions are targeted towards these specific population groups.

Map 12: Percentage of households reporting the presence of UXOs and not receiving hazard awareness training



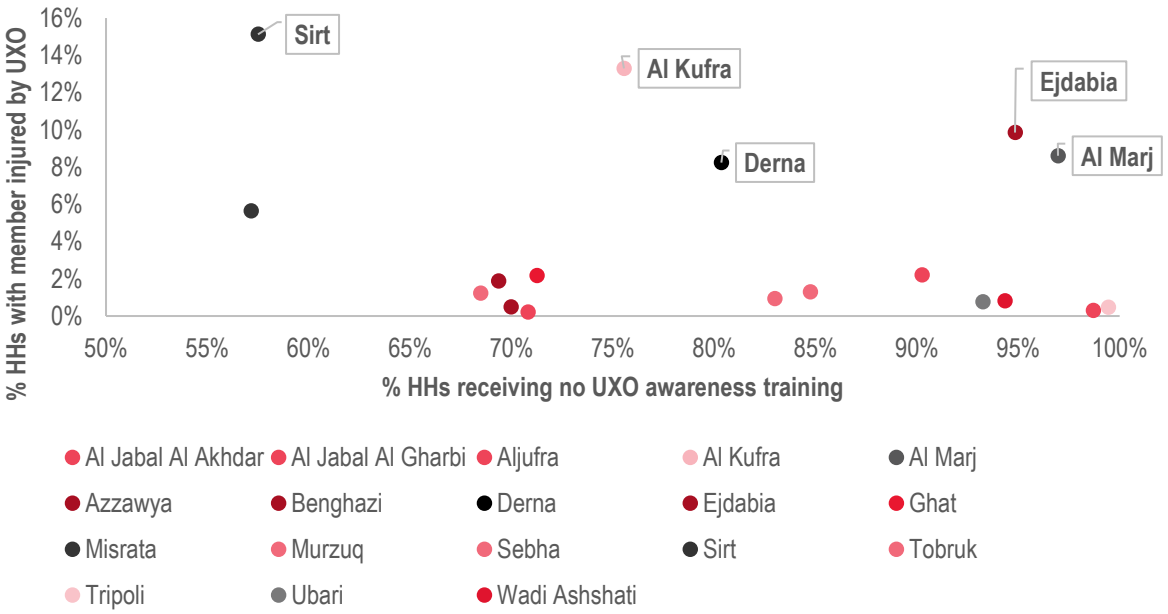
[93] For full data see dataset.

Member of households injured by UXO

Overall, 2% of households had a member who had been harmed as a result of being exposed to an explosive hazard. The mantikas in which this was most frequently reported were Sirt (15%), Al Kufra (13%), Ejdabia (10%), Al Marj (9%) and Derna (8%).

In general, there is no clear relationship between mantikas with high reported injuries from UXOs and low reported risk awareness training (*see* Figure 35). However, 13% of households in in Al Kufra, where had at least one member that had been injured, and 76% also not receiving risk awareness. Ejdabia also followed this trend, with 95% reporting not receiving risk awareness. Where injuries sustained by UXOs were most frequently reported, displacement among IDPs was also high. In Al Kufra, 46% of IDP households had been displaced more than two times, while in Sirt, 58% of IDP households had been displaced twice. Therefore, increased levels of displacement are compounded in these areas by household members injured from UXOs, increasing overall unmet protection needs. In mantikas where UXO injuries were most prevalent, overall unmet protection needs were high particularly in Sirt and Al Kufra, requiring a focus for assistance.

Figure 40: Percentage of households receiving no UXO awareness training and having a member injured by a UXO, per mantika



When analysing only those households that reported the presence of UXOs in their neighbourhood, the picture is slightly different. Misrata was found to be an area of concern, as 88% of households reporting UXOs in their area had not received awareness training at the same time as 6% of households had an injured family member from explosive hazards.

Overall, displaced groups reported a higher frequency of injuries in comparison to non-displaced. Nearly twice as many returnee households had members that were harmed as a result of explosive hazards (7%) than IDP households (4%) as opposed to non-displaced households that were least likely to report this (2%). Sirt reported the most frequent injuries sustained as a result of explosive hazards among all population groups (17% non-displaced, 14% returnee and 13% IDP).

In Al Kufra, IDPs were particularly affected, with over twice as many households (26%) likely to report this than non-displaced (12%) and returnee households (8%). IDPs in Al Kufra were the most likely population group to be aware of the presence of UXOs in their neighbourhood (22%) as opposed to 16% of non-displaced and 8% of returnee households. Indeed, in Al Kufra there was also little distinction of risk awareness training received between population groups,[94]

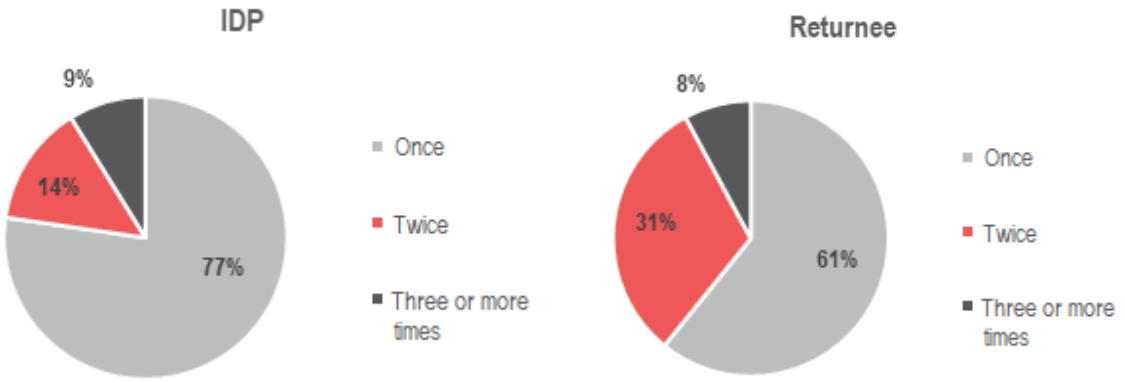
[94] In Al Kufra, 85% of Returnees reported they had not received any form of risk awareness. Non-displaced reported 75% and IDPs reported 78%.

indicating that the high levels of injuries in IDP households is not likely to have been sustained due to inadequate awareness. The findings do however, indicate a trend between number of times displaced and the likelihood of injuries sustained per household. In Al Kufra, almost half of IDP households (46%) had been displaced more than twice as opposed to 9% of returnees. In Sirt, a high percentage of returnees (14%) reported members sustaining injuries (14%), of which 23% had been displaced more than twice. Likewise, in Derna, 10% of returnee households reported having members sustaining injuries and 10% had been displaced more than twice. Per mantika, there is indication that where displaced groups report having frequent injuries from UXOs, they were also likely to have been displaced multiple times, increasing their unmet needs.

DISPLACEMENT

Returnee households were more likely to have been displaced more than once (39% of returnees had been displaced twice compared to 23% of IDP households). For IDPs, the mantikas in which this was most prevalent were Wadi Ashshati (72%), Sirt (44%), Al Jufra (41%), Al Kufra (38%), Sebha (35%).

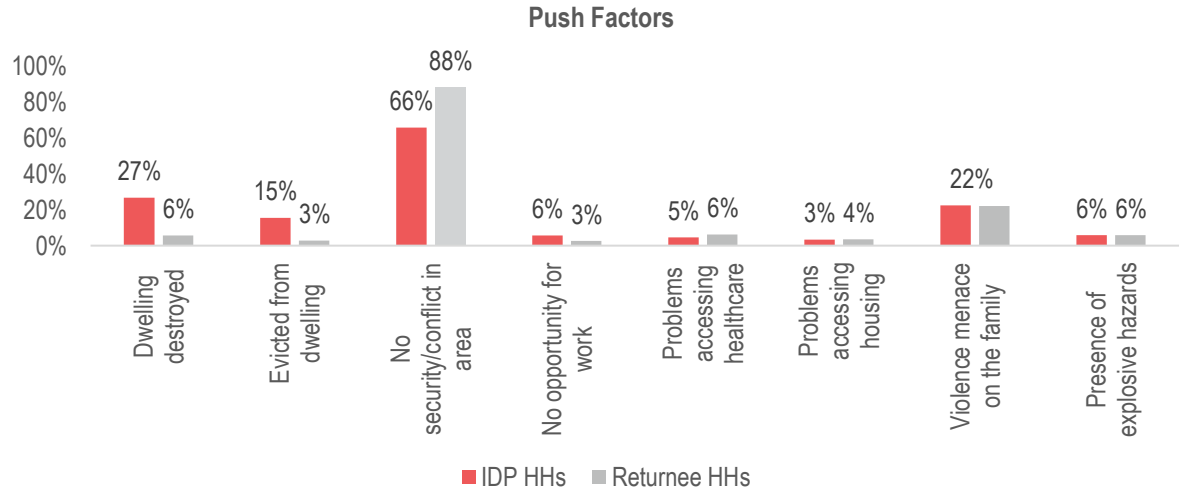
Figure 41: Percentage of IDP (left) and returnee households (right) by number of times displaced since 2011



Push and Pull Factors

Insecurity/conflict was the primary push factor for displacement reported by 66% of IDP and 88% of returnee households. This was followed by dwelling destroyed for IDP households (27%), violence menace on the family (22% for IDP and returnee households) and eviction from dwelling (15% of IDP households). This indicates that although conflict is the overriding motivation for leaving the area of settlement, economic and socio-political considerations are far more prevalent in the decisions of IDP households.

Figure 42: Households reporting reasons for displacement, by population group



Pull factors were also concerned with security for both displacement groups, with 45% of IDP households reporting a more secure environment keeping them from returning to area of origin, and end of conflict reported by 72% returnee households. Again however, incentives to return, and incentives to remain in the area of displacement were motivated by secondary factors as a consequence of the rising tenure insecurity. 8% of IDP households reported cheaper rent prices in chosen area as a reason for not returning

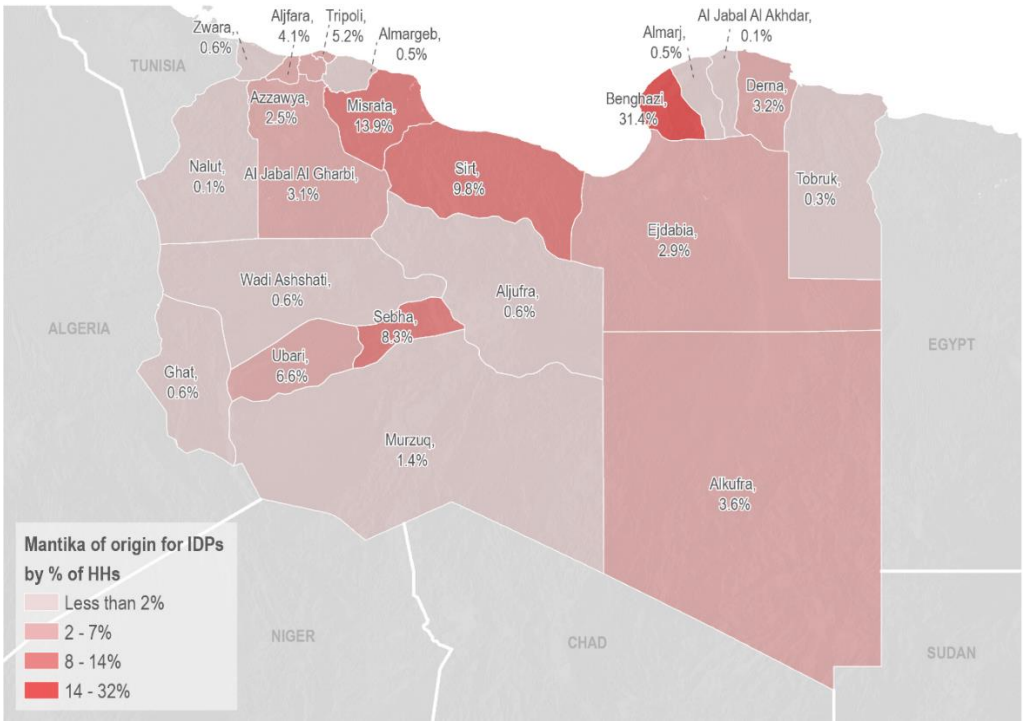
KIs in Wadi Ashshati[95] reported that IDPs have since settled in new areas where the economic situation is more stable than the original area. This provides an incentive to stay regardless of whether or not conflict has ended in areas of origin. 'Some IDPs had bought houses and made a trade and not thinking to leave after they established a new life here. Also, there are no plans to encourage them to go back.' On the other hand, IDPs can be expected to return by authorities, as reported by a Derna KI: 'The main areas are returned to after the announcement by the armed forces through the official Libyan channels or by means of loudspeakers of mosques allowing the people to return. Unfortunately, people return to their semi-destructively damaged and severely damaged homes'.[96]

Likewise, rising rental prices has meant households are more inclined to return to former dwelling, regardless of whether or not (as the next section shows) household/community services are functioning, the dwelling is partly destroyed, occupied by someone else, or if the surrounding area is safe. Conflict and security remain the primary cause of displacement. Security alone cannot, however be considered to be the only contributing factor for reasons why households decide to return or decide to remain.

Area of origin

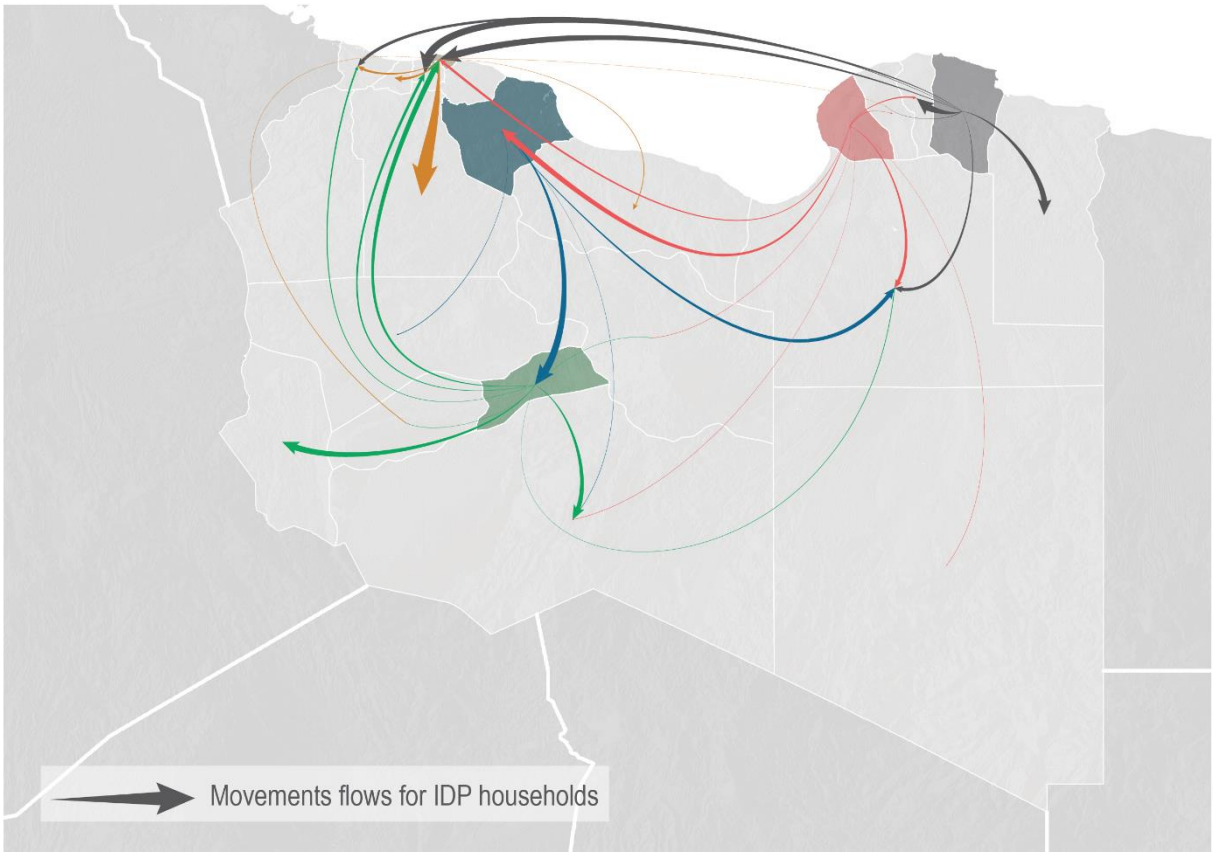
Overall, 31% of IDP households were displaced from Benghazi followed by 14% from Misrata and 10% from Sirt. The south hosts more households displaced from southern mantikas whereas in the east, displacement is largely internal displacement in the same mantika or from neighbouring mantikas.[97] For example, one quarter (26%) of displaced households in Murzuq are from Sebha, 17% from Al Kufra and 8% from Ubari. By comparison, 85% of IDP households in Derna were from Derna, 77% of IDP households in Al Marj originated from Benghazi and 99% of Benghazi IDP households were originally from Benghazi.

Map 13: Mantikas of origin by percentage of IDP households



[95] Wadi Ashshati KI 3
[96] Derna KI 2
[97] Data collection in Tripoli took place before the 26 August 2018 clashes. Therefore, 5% of Libya's displaced population were found to be from Tripoli. This figure has likely increased since the re-eruption of fighting.

Map 14: Routes of IDP displacement from Benghazi, Derna, Misrata, Sebha and Tripoli, by % of IDP households[98]



[98] Map based on centroid longitude and latitude of Mantika. Colour shows Mantika of Origin. Lines show path of displacement. Size of line corresponds to % of IDPs displaced.

Problems faced upon return

Table 13: Problem faced upon return by percentage of households

	Prove legal ownership	Parts of house destroyed	House occupied	Hostility	Lack of security	Valuables missing	Basic services (HH level) not working	Basic services (community level) not working	No problem
OVERALL	1%	38%	10%	4%	14%	43%	33%	21%	5%
Al Jabal al Akhdar	NA	NA	NA	NA	NA	NA	NA	NA	NA
Al Jabal al Gharbi	0%	18%	0%	13%	32%	26%	74%	52%	0%
Al Jifara	0%	5%	0%	1%	72%	36%	1%	2%	0%
Al Jufra	NA	NA	NA	NA	NA	NA	NA	NA	NA
Al Kufra	1%	35%	11%	4%	44%	15%	40%	16%	0%
Al Marj	NA	NA	NA	NA	NA	NA	NA	NA	NA
Azzawya	0%	42%	0%	0%	37%	53%	79%	32%	0%
Benghazi	0%	50%	6%	0%	2%	49%	50%	37%	11%
Derna	0%	40%	13%	1%	4%	43%	34%	19%	2%
Ejdabia	0%	38%	2%	54%	24%	14%	0%	2%	11%
Ghat	0%	23%	7%	7%	25%	16%	28%	2%	13%
Misrata	1%	0%	5%	2%	89%	2%	0%	1%	3%
Murzuq	4%	17%	4%	50%	35%	4%	4%	2%	2%
Sebha	0%	60%	0%	40%	20%	0%	60%	0%	0%
Sirt	5%	40%	9%	17%	43%	69%	17%	3%	0%
Tobruk	NA	NA	NA	NA	NA	NA	NA	NA	NA
Tripoli	0%	28%	11%	8%	11%	27%	4%	13%	10%
Ubari	3%	9%	25%	16%	17%	11%	20%	21%	2%
Wadi Ashshati	0%	13%	20%	7%	33%	13%	20%	40%	53%
Zwara	0%	2%	1%	0%	89%	12%	0%	0%	0%

The most frequently reported problem faced upon return that contributed to *unmet needs*[99] was basic services at the household level (e.g. electricity and water) which worked before displacement no longer functioning (33%). The second most frequently reported was basic services at the community level (e.g. hospitals, health facilities, education) which worked before displacement no longer functioning (21%), followed by lack of security in area (14%) and house or property occupied by other persons (10%). The mantikas in which problems faced upon return were most frequently reported were Al Jabal al Gharbi, Azzawya, Al Kufra, Sebha and Benghazi.[100]

Overall, 14% of returnee households cited lack of security upon return to their area of origin, though there was significant variation between mantikas. No security was a particular issue in Zwara and Misrata (89% respectively), and Al Jifara (72% of returnee households). The overall unmet protection needs in mantikas reporting high levels of no security, however, were significantly lower than mantikas reporting more varied problems faced upon return with the exception of Misrata, where unmet protection needs were just above the national average at 8% of households. In Zwara for example, 3% of households had an unmet protection need. The comparatively higher levels of overall unmet needs in Misrata coupled with significant levels of returnees facing problems of no security indicates the prevalence of (insecurity) for returnees in this mantika.

Household and community services reportedly not functioning were particularly prevalent in Azzawya and Al Jabal al Gharbi, with over three quarters of returnee households reporting household services not functioning (79% and 74%

[99] This only measures indicators included in the indicators used to measure "unmet needs" – *see* Appendix 6 for Indicators and MSNA questions used to calculate unmet household needs in the Protection sector. Valuables missing was the most reported by 43% of returnee households, though this was not included in the unmet needs methodology.
[100] For full data see dataset.

respectively) as well as community services, which affected a third of households in Azzawya (32%) and half of households in Al Jabal al Gharbi (52%). Similarly, in Benghazi, half (50%) of households reported that household services were not functioning and 37% of households also reported community services not functioning.

Households hosting displaced persons

Overall, 6% of households reported hosting family members or other persons displaced. Hosting displaced persons was varied across Libya with no strong regional trends. Sebha (14%), Tripoli (12%) Ubari and Sirt (11%) were the most affected mantikas.

Returnee households were found to be more likely to be hosting displaced persons, reported by 7% of returnee households. In comparison, 3% of non-displaced households reported hosting displaced persons. Overall, 5% of IDPs reported hosting displaced persons. The mantikas in which IDPs reported hosting displaced persons most frequently were Tobruk (19%), Sebha (17%), Al Kufra and Sirt (both 13%). IDP households in these mantikas were also more likely to be threatened with eviction/recently evicted. In Sebha for example, 20% of IDP households also reported having been threatened with eviction/evicted and Al Kufra reported 29%. IDP households in Sirt frequently reported being displaced more than once (44%), adding to the unmet protection needs of these groups.

Households hosting displaced minors (under 18)

Overall, 3% of households hosted displaced minors. At the mantika level, this indicator was more prevalent in Sebha (9%) Tripoli (6%), Sirt (5%) and Al Marj (4%).

Overall, 3% of IDP households reported hosting displaced minors. The mantikas where this was most prevalent were Sebha (14%), Sirt, Al Jabal Al Akhdar and Al Kufra (6%), and Murzuq and Tobruk (5%). Among IDP households frequently hosting displaced minors, a higher proportion reported minors employed in either daily/permanent/temporary work. Overall, IDP households reported 10% of minors that worked, and this was highest in mantikas with high levels of households reporting displaced minors. Al Jabal al Akhdar for example, had almost three times the national average with 29% of minors in work followed by Al Kufra (21%) and Murzuq (16%).

Overall, the population group reportedly hosting the most displaced minors were non-displaced households (4%), while 1% of returnees reported hosting displaced minors.

IDPs hosting unaccompanied minors

Less than one per cent (<1%) of IDP households reported hosting an unaccompanied minor. In general, households in the south of Libya were more likely to host an unaccompanied minor, including Al Kufra (2%), Wadi Ashshati, and Sebha (1% respectively). Around 1% of IDP households in Tripoli and Tobruk also reported hosting an unaccompanied minor. IDP households were more likely than returnee households to host an unaccompanied minor (reported by 0.06% of returnee households) but slightly less likely than non-displaced households (0.96%).

CASH & MARKETS

Key Findings

The highly volatile security situation and protracted conflict has been coupled with a growing monetary and fiscal crisis, resulting in large fluctuations in basic commodity prices and difficulties accessing cash from banks and ATMs. Economic assets including wheat mills and banks are often controlled and regulated by non-state armed groups impacting the distribution and flow of goods and cash.[101] Where alternative payment methods are unavailable, the crisis has deepened, pushing households to adopt negative coping strategies to meet their basic needs. The price of basic goods has increased with inflation, driven by ongoing political divisions, acute shortages in the supply chains of basic commodities, speculation in the expanding black markets, and the strong devaluation of the Libyan dinar (LYD) in the parallel markets. Inflation hit a record level of 28.4% in 2017 following the 25.9% high in 2016. As of November 2018, the official exchange rate was 1.397USD/LYD and 5.6USD/LYD in the parallel market.[102] Consequently, access to basic goods and services has become a primary challenge as many people face decreasing purchasing power due to liquidity and inflation challenges.

1. Sixty-five per cent (65%) of adults and 4% of minors reported being engaged in some form of employment. Adult employment rates were lowest in Sirt, Benghazi and Wadi Ashshati. A lower rate of returnee adults held some form of employment (53%) compared to IDPs (61%) and non-displaced adults (65%).

2. **The public sector in Libya was by far the largest income-generating sector, with 77% of household income deriving from government salaries.** Displaced households derived their income from a wider variety of sources that were less stable than non-displaced households

3. Over one half of all households reported challenges in obtaining enough money to meet their needs (58%), with a further half not regularly being paid their salaries (48%).

4. Seventy-five per cent (75%) of returnee households reported challenges in obtaining enough money to meet their basic needs, compared to 68% of IDP and 57% of non-displaced households. 45% of households were unable to withdraw *enough* money from their bank accounts, 28% reported salary or wages not regularly paid and 14% reported salaries or wages were too low.

5. **Forty per cent (40%) of households across Libya were unable to withdraw *any* money in the 30 days prior to data collection.** Compared to the 2017 MSNA, this is a two-fold increase in the proportion of households completely unable to withdraw any cash. The most common amount of cash households reported being able to withdraw per month was between 300-599 Libyan dinars (LYD).

6. Median household **income** per month was **860 LYD**. Tripoli households reported the lowest monthly income at 600 LYD (median), followed by Derna (750 LYD). Median total household **expenditure** per month was **710 LYD**. IDP households spent the most on rent (20% of total expenditures per month).

7. Three-quarters (76%) of all households resorted to using **at least one negative coping strategy** to meet their basic needs. 58% of households used crisis or emergency crisis coping mechanisms such as selling productive assets, asking for food or money from strangers and accepting degrading or illegal work.

8. The most commonly cited coping strategies are stress-related, including **spending savings** (42%), **purchasing on credit** (32%) and taking an **additional job** (27%). IDPs were more likely to use crisis or emergency coping mechanisms.

9. Thirty-three per cent (33%) of households reported items in marketplaces were 'too expensive', with food being the most unaffordable market item. Six per cent (6%) of households reported market items unavailable.

[101] http://www.smallarmssurvey.org/fileadmin/docs/T-Briefing-Papers/SAS-SANA-BP-Tripoli-armed-groups.pdf
[102] Official rate: Central Bank of Libya (1 November 2018), retrieved from www.cbl.gov.ly. Parallel market rates: Ewan Libya (1 November 2018), retrieved from www.ewanlibya.ly.

Indicators of the humanitarian situation

Employment/Workforce participation

Working-age adults:

Across all assessed mantikas, 65% of adults reported some form of employment. 47% of adults were employed in a permanent job with annual/monthly/weekly wage, 10% employed on the government payroll without regular attendance, 5% in daily labour and 3% in a temporary job.

A lower rate of returnee adults held some form of employment (53%) compared to IDPs (61%) and non-displaced adults (65%). IDP and returnee adults were less likely to hold permanent jobs (39-40%), roughly 7% lower than the national rate. This has not changed since 2017 where a similar trend was observed. IDP adults are at a higher risk of employment insecurity as a higher proportion of IDP adults were engaged in daily or casual labour (8%) compared to 5% nationally.

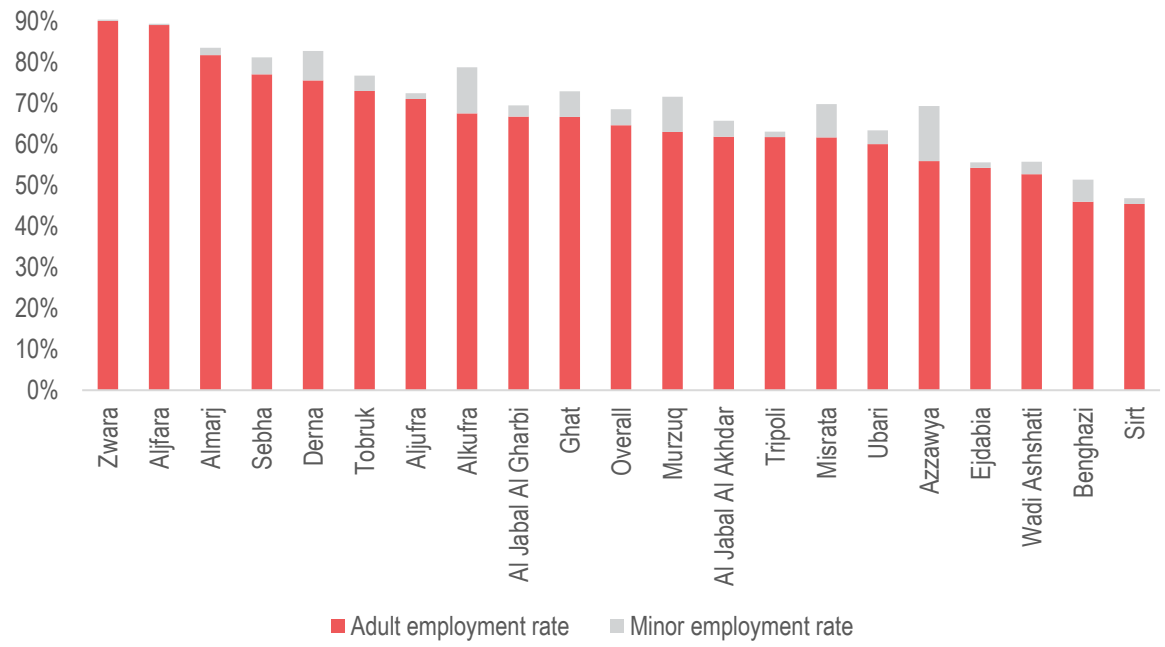
A slightly higher proportion of adults in the south held daily labour jobs (6-9% of adults) though Tripoli residents also reported higher than average rates of daily labour employment. Benghazi and Sirt have the lowest reported employment rates, with 46% and 45% of adults respectively reporting some form of employment.[103] Furthermore, a higher rate of households reported challenges obtaining cash due to a lack of work opportunity. The mantikas in which this is highest are Al Jufra, Tripoli, Benghazi, Sebha and Sirt.

Working minors:

Overall, 4% of minors reported some form of employment. This figure is composed of 2% of minors holding a permanent job, 1% in a temporary job and 1% in casual/daily labour.

There is little subnational variation between mantikas, except in Al Kufra and Azzawya where 11% and 13% of minors were employed respectively. In Al Kufra, most minors (10%) held a daily labour job while in Azzawya, 6% had a permanent job and 5% had a temporary job.

Figure 43: Adult and minor employment rate, by mantika



[103] Either permanent, salaried job, permanent job on state payroll with no regular attendance, temporary job or casual/daily labour

Type of employment and income

The majority of adults were employed by the government or public sector (68% of men and 38% of women), followed by own business or family business (8% of men and 2% of women). Displacement groups were employed at a similar rate with little variation between the types of institutions/employment reported.

The public sector in Libya was by far the largest income-generating sector, with 77% of household income derived from government salaries. The percentage of income from different sources reported by displacement groups was remarkably consistent, though, given that fewer IDP and returnee adults held permanent jobs, **displaced households derived their income from a wider variety of sources that were less stable than non-displaced households** (*see* Table 14)**.** IDP household incomes were found to be more reliant on family support (7%), government social benefits (4%) and casual labour (40%) while returnee households reported a higher contribution to their total income from humanitarian assistance (3%) and remittances (4%). These variations are however, marginal, with the overwhelming share of household income derived from government salaries (67% for IDPs; 82% for non-displaced and 73% for returnees).

Table 14: Percentage of total household income by source and population group

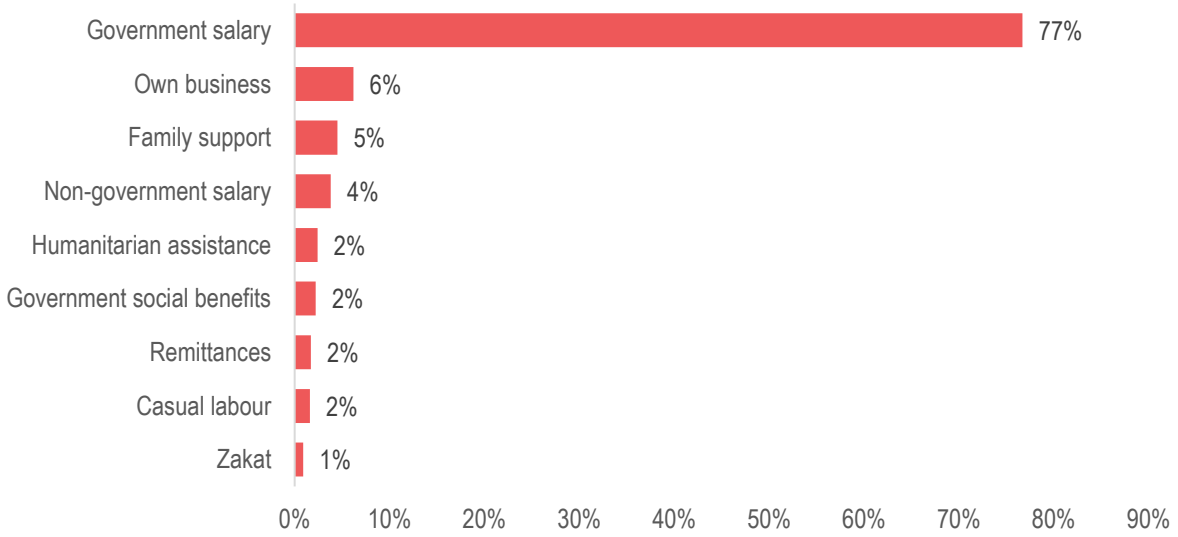
	IDP	Non-displaced	Returnee	Overall
Government salary	67%	82%	73%	77%
Own business	7%	7%	7%	6%
Family support	7%	3%	4%	5%
Non-government salary	8%	3%	2%	4%
Humanitarian assistance	2%	1%	3%	2%
Government social benefits	4%	2%	4%	2%
Remittances	2%	1%	4%	2%
Casual labour	4%	1%	3%	2%
Zakat	2%	1%	2%	1%

The effect of the liquidity crisis means that the high share of income from government salaries only tells a partial story of how households cover their basic needs. Over one half of all households reported challenges in obtaining enough money to meet their needs (58%), with a further half regularly not being paid their salaries (47%). The situation is particularly chronic in Derna where 97% of households facing challenges obtaining money reported irregular salary payments, followed by Tobruk (83%) and Al Jufra (77%). In these three mantikas, more than three-quarters of household income is derived from government salaries, reaching as high as 95% of households in Al Jufra. In this respect, the reliance on public sector wages at the expense of other incoming-generating activities, coupled with irregular salary payments, inability to withdraw cash and low wages has created a melting pot of economic dysfunction in Al Jufra.

Beyond income from the public sector, a far higher share of income being received from irregular sources[104] was reported in Tripoli (24%) and Sirt (29%), more than twice as much as the national average (12%). In Tripoli, a lower percentage of adults reported holding a permanent job (39% compared to the national average of 47%) or a government job (the second lowest in Libya after Misrata). One-quarter of households facing challenges to obtain enough cash to meet their needs reported the main reason as lack of work (27%). Households with employment reported low wages (40%) and salaries irregularly paid (47%) as main barrier to obtaining enough cash.

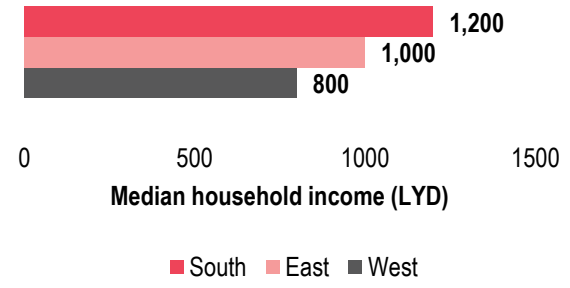
[104] Irregular sources of income include income received from zakat, family and friends, remittances and humanitarian support where the amount of frequency of receipt is deemed to be less stable than salaried work.

Figure 44: Percentage of household income by source



Furthermore, one-sixth (16%) of IDP households based their decision to move to a new area on better economic prospects and 8% of IDP households reported they did not return to area of origin due to lack of work opportunities. This suggests that inequities within the Libyan labour market creates a cycle of instability in which displaced households face greater risks of becoming trapped in insecure employment after displacement with little prospect of improved economic stability should they choose to return. IOM-DTM's report found that in 20% of the assessed baladiyas, residents reported that returnee populations contributed positively to the local labour market, aiding the recovery and revitalisation of the economy.[105] The findings are further supported by the motivations of Libyans to leave the country. Of those households reporting a family member intending to leave Libya, one-third of IDP (36%) and one-half of returnee households cited no opportunity for work.

Figure 45: Median household income per month, by region

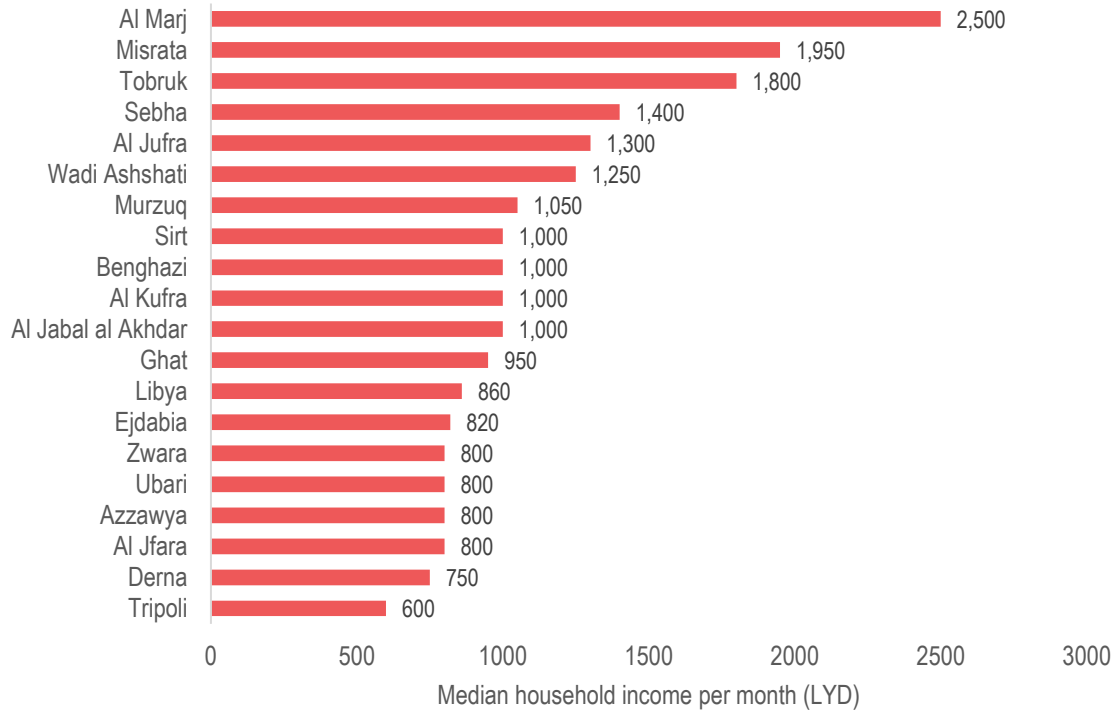


The median household income was found to be 860 LYD per month with substantial variation by mantika. The highest reported median income was in Al Marj (2,500 LYD), Misrata (1,950 LYD) and Tobruk (1,800 LYD). Adult employment rates are relatively high in these three mantikas, with established economic activity. In Misrata and Al Marj, the percentage of income derived from own business enterprises is far higher than other regions (16% of household income comes from own business ventures in Al Marj and 13% in Misrata, compared to 6% nationwide).

Income earned through family businesses or own businesses was higher than any other source of income, for example, the median household income for own business was 1,500 LYD per month compared to 900 LYD for government salaries. In Tobruk, a far higher proportion (38%) of adults received a government salary through the state payroll without regular attendance necessary. This reflects the economic development of the regions in which cities have become major commercial hubs.

[105] IOM-DTM, Libya IDP & Returnee Report, Round 14 September – October 2017

Figure 46: Median household income per month, by mantika

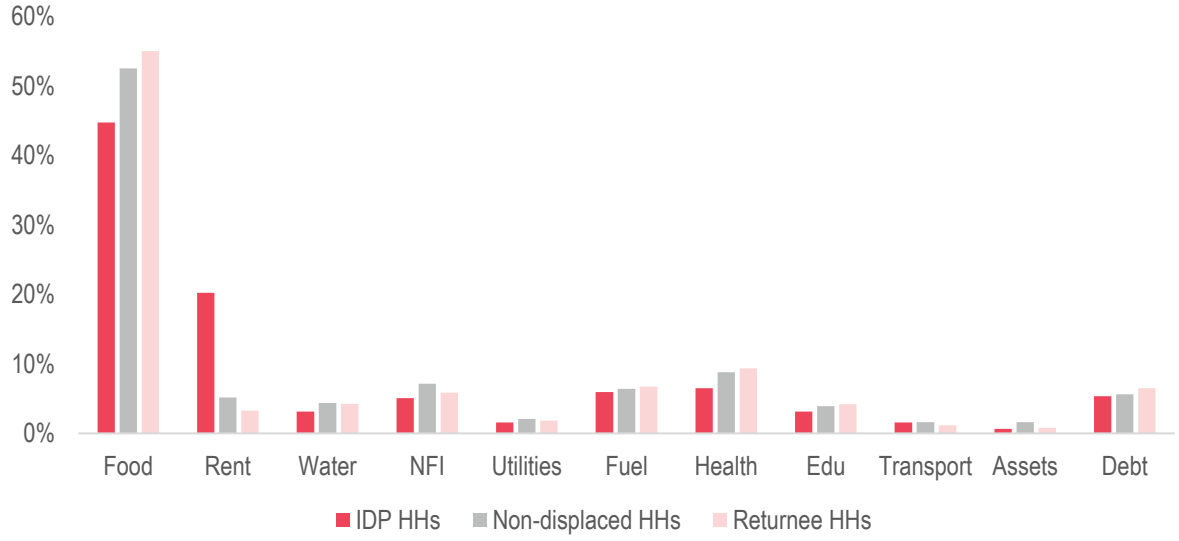


Expenditures

Median total household expenditure per month was 710 LYD. On average, 53% of household expenditure was spent on food. This was followed by health-related expenses (9% of household expenditure) and NFIs (7%).

A similar proportion of expenditure was spent on food by all population groups – ranging from 45% for IDP households to 55% for returnee households. The largest disparity between population groups was found in the share of expenditure spent on rent. IDP houses reported spending a far higher portion of their total expenditure on rent (20%) compared to non-displaced (5%) and returnee (3%) households. This reflects the dependence of IDP households on rental accommodation where insecure tenure and increasing monthly rental costs decrease their coping capacity to deal with short-term changes in circumstance. Allocating a higher portion of their monthly expenditures to rent, it is likely that IDP households are decreasing the proportion of money set aside to pay for food.

Figure 47: Share of total monthly expenditure by type of expenditure, by population group



Access to cash/financial services

Challenges obtaining enough money to meet needs

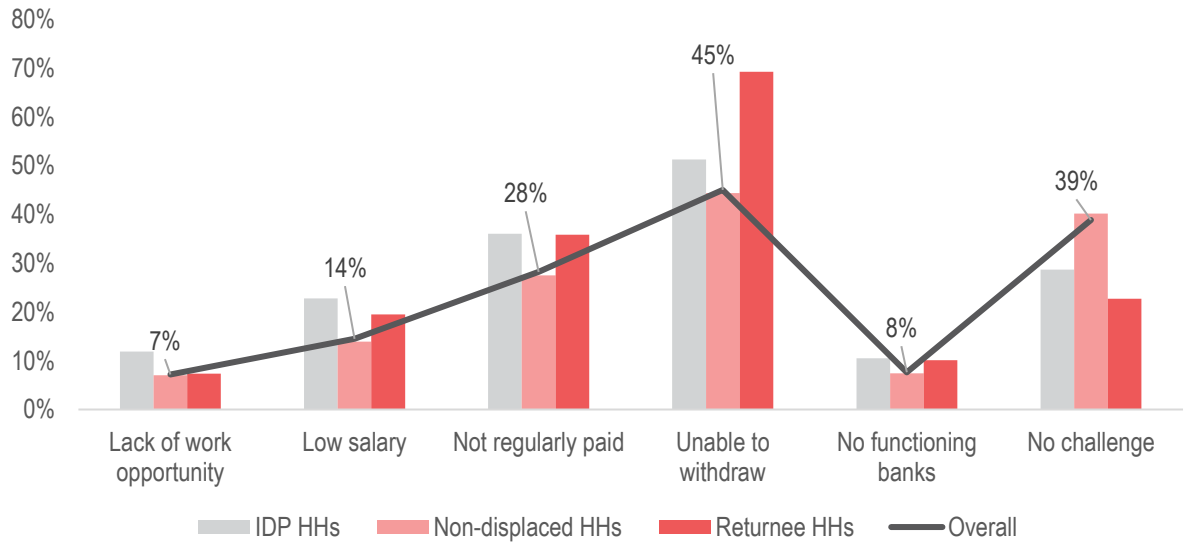
Overall, 58% of households across all assessed locations reported challenges obtaining enough money to their needs in the 30 days prior to data collection. The highest proportion of households reporting challenges accessing money were in the south, particularly in Sebha (93%), Wadi Ashshati (90%) and Al Jufra (80%). A high proportion (83%) of households in Al Jifara also reported challenges accessing money to meet their needs. Returnee households reported being more affected by challenges in obtaining enough money to meet their basic needs (75% of households facing challenges in accessing cash compared to 68% of IDP households and 57% of non-displaced households).

Households unable to withdraw enough money and withdrawal limits

The three most reported overall challenges to accessing money stemmed from the current liquidity crisis as well as structural issues around wages: one-half (45%) of all households reported that they were unable to withdraw *enough* money from their bank accounts. One-quarter (28%) of all households reported salary or wages not regularly paid and 14% reported salaries or wages were too low. At the mantika-level, households in the south were most likely to be unable to withdraw enough money, including Wadi Ashshati (89%), Al Jufra (74%), Al Kufra (67%) and interestingly, in the north-west in Al Jabal al Gharbi (69%).

These regions were also amongst the highest in which households reported being unable to withdraw *any* cash during the 30 days prior to data collection. In Wadi Ashshati, the inability to withdraw enough money was likely exacerbated by the lack of currently functioning banks or financial institutions in the areas, reported by two-thirds (63%) of households with issues accessing money. For the other three mantikas, banks were reported to be functional though withdrawal limits were low overall. In Al Jufra for example, 40% of households reported withdrawal limits of 1-299 LYD in the month before data collection compared to 6% of households nationwide. Returnee households were more likely to report being unable to withdraw enough money from banks (69% of households reporting challenges obtaining enough money, compared to 51% of IDP households).

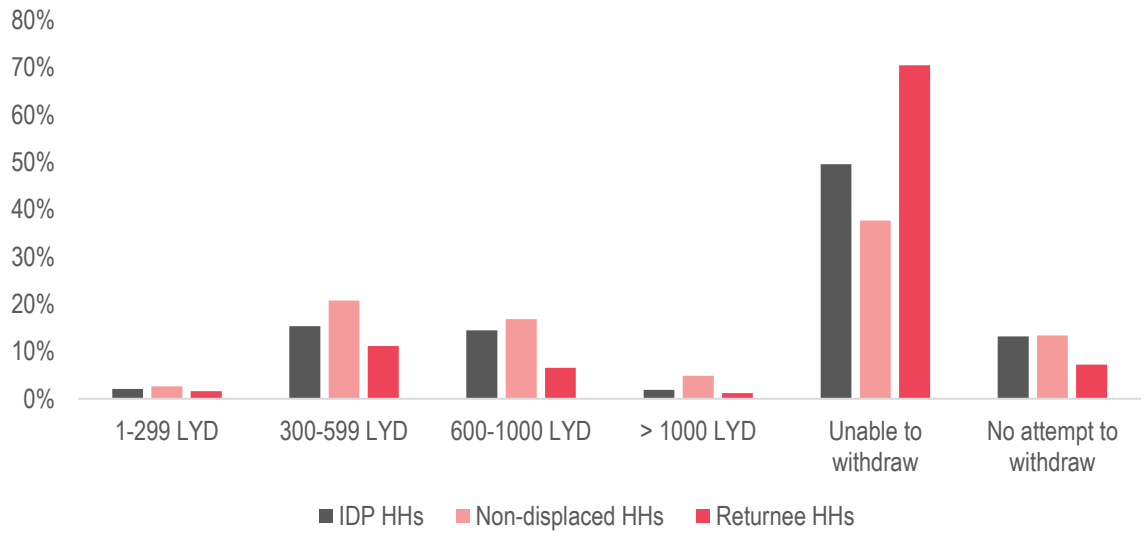
Figure 48: Percentage of households reporting challenges obtaining cash, by type and population group



The most common amount of cash households reported being able to withdraw per month was between 300-599 Libyan dinars (LYD), reported by one-fifth (20%) of households across Libya. This is followed by 600-999 LYD (16% of households). Three (3%) of households personally withdrew between 1-299 LYD in the month prior to data collection. The cash situation is particularly chronic in Ghat. 84% of households were unable to withdraw any cash whilst having the highest gap between income received in cash and the MEB cost (the gap is estimated to be 927 LYD per month). With just under a half of households using other payment modalities, this leaves a substantial portion of the population facing issues in paying for basic goods and services.

In general, there is no clear geographical pattern, though mantikas in the south were more likely to have higher rates of households unable to withdraw or withdrawing less than 300 LYD per month. The three mantikas with the lowest withdrawal barriers were spread across the east, west and south of Libya, where 13% of households in Derna, 17% of households in Zwara and 18% of households in Sebha reported being unable to withdraw or withdrawing less than 300 LYD per month. This is in stark contrast to households in Al Jabal al Gharbi (88%), Al Kufra (87%), Ubari and Ghat (84% respectively).

Figure 49: Percentage of households reporting each withdrawal limit in the 30 days prior to data collection, by population group



Households unable to withdraw any money from banks or ATMs

An indicative finding on unmet household needs is represented by households which were unable to withdraw *any* money in the 30 days prior to data collection. Overall, 40% of households across Libya were unable to withdraw *any* money in the 30 days prior to data collection. **Compared to the 2017 MSNA, this is a two-fold increase in the proportion of households completely unable to withdraw any cash, illustrating the scale of deterioration in liquidity in just one year.[106] Returnee households were far more likely to be unable to withdraw *any* money from banks or ATMs in the 30 days prior to data collection**: reported by 70% of all returnee households compared to 50% of IDP households and 38% of non-displaced households.

While inability to withdraw cash presents a significant issue to households, alternative payment methods, such as cheques, bank transfers and credit cards are accepted in certain areas and contribute towards mitigating the immediate difficulties in accessing basic goods or paying for services. It should be noted that alternative modalities often incur mark-up costs or surcharges – around 30-50% - placing a further financial burden on households unable to engage in cash transactions.[107]

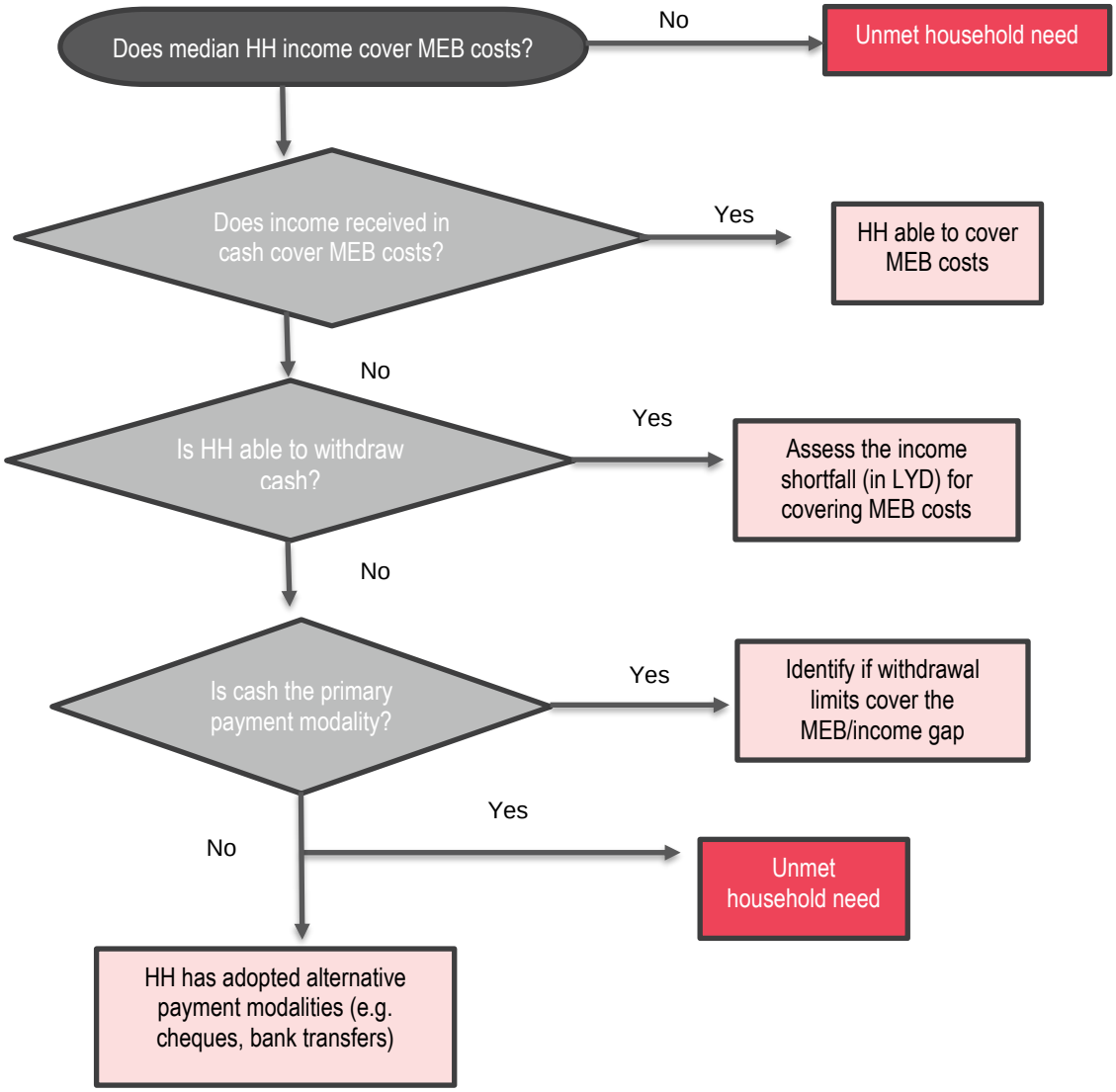
[106] NB: the 2017 MSNA assessed 8 out of 22 mantikas while the 2018 MSNA assessed 20 out of 22 mantikas.
[107] Libya Joint Market Monitoring Initiative (JMMI), 1-8 August 2018. REACH Initiative.

Minimum Expenditure Basket (MEB) analysis

Notwithstanding this, **areas with greater unmet cash needs were: Al Jabal al Gharbi, Benghazi, Ghat, Murzuq, Ubari and Wadi Ashshati**. In these areas, where at least 70% of households reported being unable to withdraw any money from banks or ATMs while at the same time relying on cash as their primary method of payment. Households in Al Kufra were also unable to withdraw cash (reported by 89% of households), though local residents have adapted to cash shortages by paying for goods with payment modalities other than cash such as cheques and bank transfers – the primary payment modality reported in Al Kufra (reported by 78% of respondents). By contrast, the aforementioned households were still predominantly dependent on cash as their primary payment modality: Benghazi (59%), Ghat (53%), Murzuq (43%) and Ubari (45%).

In summary, inability to withdraw is not a sufficient indicator of unmet household need if the household's primary payment modality is not cash. Similarly, a number of other livelihoods indicators provide a better insight into the challenges faced by households. To further illuminate the extent of the liquidity crisis in Libya, the following table presents an overview of a number of cash indicators including the Minimum Expenditure Basket (MEB) calculated in the REACH Joint Market Monitoring Initiative (JMMI).[108]

Figure 50: Understanding household challenges in accessing cash and meeting basic needs



[108] The Minimum Expenditure Basket (MEB) represents the minimum culturally adjusted group of items required to support a six-person Libyan household for one month. The cost of the MEB can be used as a proxy for the financial burdens facing households in different locations. The MEB's contents were defined by the CMWG in consultation with relevant sector leads. Findings in the table below are those reported for August 2018.

The table below presents the cost of the Minimum Expenditure Basket (MEB) in each assessed mantika. The cost of the MEB is then compared to the median household income per month to evaluate whether household income covers the full cost of the MEB and basic needs. Where median household income is lower than the MEB, households are likely to face significant challenges in meeting their household needs. Where median household income is higher than the MEB cost - therefore indicating that households can afford to cover their basic needs – the percentage of income received in cash is presented and converted into an integer value to estimate the real value of household income received in cash (in LYD). Median income received in cash is then subtracted from the cost of the full MEB to produce the "gap", i.e. the shortfall in amount received in cash and amount needed to cover basic needs. In short, the amount of cash households would need to cover their basic costs.

The final two columns identify the proportion of households who reported that they were unable to withdraw any money from banks or ATMs in the 30 days prior to data collection. This is then nuanced by presenting the percentage of households reporting a payment modality other than cash as their main purchasing modality. Comparing the final two columns with the MEB "gap" provides an indication of the mantikas in which the liquidity crisis has a more significant effect on the everyday lives of Libyans. Household unmet needs are expected to be worse in locations where a high proportion are unable to withdraw any cash but a high proportion rely on cash for purchases (a low percentage report a modality other than cash).

Mantika	Cost of full MEB (in LYD)	Median HH income (LYD)	MEB covered by income	% income received in cash	Income received in cash (LYD)	MEB gap from income received in cash	Unable to withdraw	Payment modality other than cash
Overall	854.14	860	yes	44	378.63	475.50	40%	38%
Al Jabal al Akhdar	822.06	1,000	yes	41	406.55	415.51	45%	54%
Al Jabal al Gharbi	782.84	not reported	NA	30	NA	NA	84%	59%
Al Jifara	934.70	800	no	48	384.01	550.68	22%	42%
Al Jufrah	1,022.20	1,300	yes	30	392.85	629.35	18%	80%
Al Kufra	999.13	1,000	yes	37	364.67	634.45	87%	78%
Al Marj	816.38	2,500	yes	51	1276.44	-460.07	24%	13%
Azzawya	916.01	800	no	41	327.27	588.74	30%	55%
Benghazi	814.48	1,000	yes	26	258.29	556.19	69%	41%
Derna	858.09	750	no	72	541.64	316.45	5%	21%
Ejdabiya	762.02	820	yes	28	229.54	532.48	60%	69%
Ghat	1,179.50	950	no	27	252.27	927.23	84%	47%
Misrata	779.29	1,950	yes	56	1,094.46	-315.18	25%	9%
Murzuq	1,018.52	1,050	yes	30	319.15	699.37	73%	57%
Sebha	870.07	1,400	yes	36	502.07	367.99	18%	39%
Sirt	809.96	1,000	yes	30	302.93	507.03	77%	75%
Tobruk	814.63	1,800	yes	29	513.99	300.64	55%	30%
Tripoli	822.59	600	no	52	310.62	511.97	27%	30%
Ubari	1,199.06	800	no	42	332.12	866.94	84%	55%
Wadi Ashshati	900.89	1,250	yes	50	618.13	282.76	73%	54%
Zwara	979.56	800	no	54	428.32	551.24	17%	31%

Access to market places

Market access is not a primary concern in Libya, with 90% of households overall reporting access to a marketplace or grocery store in their muhalla or close to their muhalla. The mantikas with lowest market access are Ubari (66% of households with access), Derna and Sirt (77% respectively).

Barriers to accessing markets were largely not reported. Ninety-two per cent (92%) of households reported no barriers to consistently accessing marketplaces. There were two main barriers reported: households living too far from the marketplace/no means of transport (5% of households) and transportation or fuel costs were too expensive (3% of households). Marketplaces being too far away/no means of transport was an issue particularly in Al Kufra, affecting one-quarter (25%) of households, where 8% of households also reported damaged roads leading to the marketplace. No means of transport/marketplace too far away was also a top barrier reported in Azzawya (16%) and Sirt (15%). Black market fuel rates appear to have a knock-on effect on household access to marketplaces, as expensive fuel or transport costs were most reported in the south – Al Kufra (32%), Sebha (13%), Ghat (11%) and Murzuq (11%). It was also an issue in Derna, reported by one-sixth (16%) of households. No difference was found between population group access to marketplaces, except for returnees in Misrata (55%) compared to 96% of non-displaced and 100% of IDP households.

Access to market items

Access to items in marketplaces was constrained mainly by products being too expensive, reported by one-third of all households (33%). In the west, half of respondents in Al Jabal al Gharbi (50%) and Azzawya (55%) stated that market items were too expensive. In the east, 59% of households in Benghazi reported market items were too expensive and, in the south, 65% of households in Al Kufra and 59% of households in Al Jufra reported the same. Overall, a slightly higher proportion of returnee households reported market items as too expensive (43% vs. 34% of IDP and 32% of non-displaced households).

Food items were considered to be the most unaffordable market items, with 31% of households reporting food items as "too expensive". Medicine was considered the second most expensive market item, reported by 8% of households across Libya. Unaffordable food is a particular problem in Al Kufra, reported by 63% of households - twice the national average. All key informant responses revealed that there was no food subsidisation in the city, with one interview specifying that food prices had doubled in the past 6 months. Findings from the REACH Joint Market Monitoring Initiative (JMMI) found that from February-August 2018, the food price index increased by 50%, from 102.5 to 153.7 LYD.[109] Substantial increases were observed in the price of canned tuna (200g), 1kg of chicken meat and a 340% in the price of bread (5 pieces). A significant proportion of households in Al Jufra (58%) and Benghazi (57%) also reported food items too expensive.

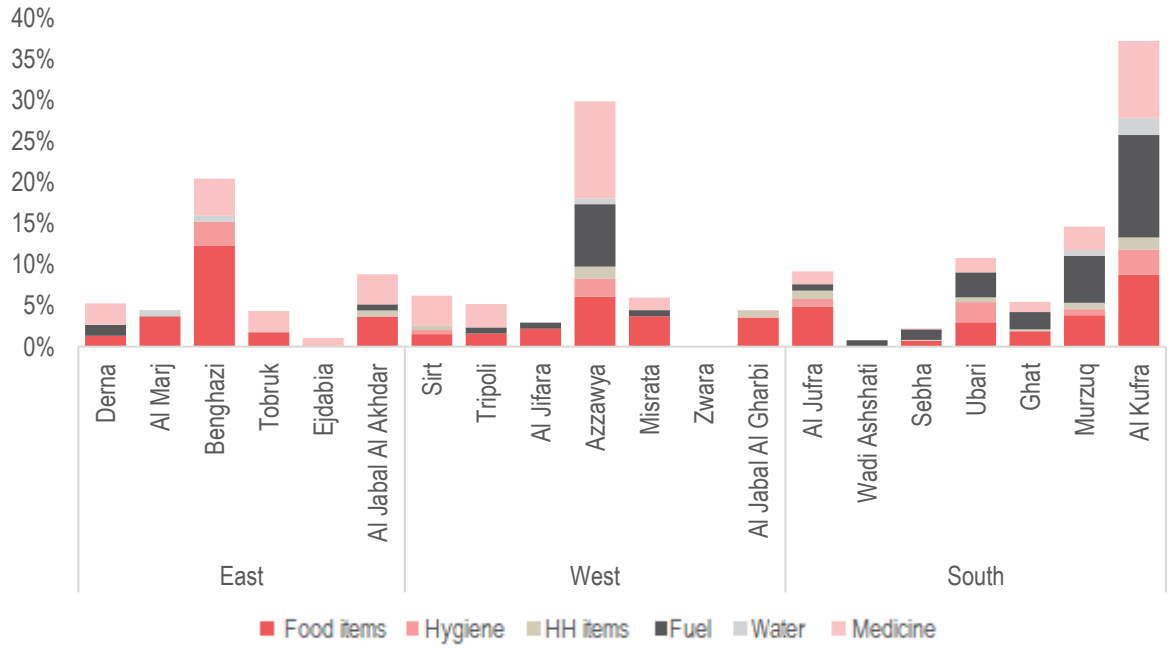
[109] The food price index is calculated by summing the median price of key elements of the Minimum Expenditure Basket (MEB). Key food elements include 22 food items (excluding baby milk and lamb meat). A full list of all food items included in the assessment can be found here.

Table 15: Percentage of all households reporting market items "too expensive", by market item and mantika

Mantika	Food items	Hygiene	HH items[110]	Fuel	Water	Medicine	Other
Al Jabal al Akhdar	32%	3%	2%	0%	0%	5%	0%
Al Jabal al Gharbi	48%	13%	5%	0%	1%	1%	0%
Al Jifara	6%	0%	0%	1%	0%	1%	1%
Al Jufra	58%	24%	8%	2%	5%	20%	0%
Al Kufra	62%	6%	7%	24%	0%	21%	1%
Al Marj	12%	1%	0%	0%	0%	5%	0%
Azzawya	52%	20%	19%	2%	3%	24%	2%
Benghazi	57%	8%	4%	0%	2%	21%	0%
Derna	42%	21%	4%	0%	0%	3%	3%
Ejdabia	11%	0%	0%	0%	0%	2%	0%
Ghat	25%	1%	0%	28%	0%	0%	0%
Misrata	17%	2%	2%	0%	0%	4%	1%
Murzuq	29%	11%	5%	16%	5%	5%	1%
Sebha	1%	1%	1%	10%	0%	0%	1%
Sirt	22%	4%	2%	0%	0%	9%	1%
Tobruk	10%	2%	1%	0%	1%	5%	0%
Tripoli	49%	16%	2%	6%	1%	10%	1%
Ubari	18%	8%	4%	14%	1%	10%	0%
Wadi Ashshati	11%	5%	1%	5%	0%	2%	0%
Zwara	1%	0%	0%	0%	0%	0%	0%
Overall	**31%**	**8%**	**3%**	**3%**	**1%**	**8%**	**1%**

Shortages in market items were far less common; 6% of households reported market items unavailable. Locations which reported market items unavailable were also the areas where items were reportedly too expensive - Al Kufra (22% of households), Azzawya (20%) and Benghazi (12% of households).

Figure 51: Percentage of households reporting market items "unavailable", by market item and mantika



[110] HH items include electrical appliances such as fridges, lamps, air conditioners, electric heaters, ovens, dishwaters, TVs, utensils, cooking materials or kitchenware and hand tools.

Nine per cent (9%) of households reported no means of payment, with conditions significantly worse in the southern mantikas of Ghat (30% of households), Al Kufra (27%) and Murzuq (22%). Conflict-affected cities were also found to have households reporting higher than average problems in accessing hard cash or vendors accessing alternative payment modalities such as debit cards.

Returnee households were more likely to report no means of payment as a barrier to accessing market items (27% of households vs. 12% of IDP and 8% of non-displaced). IDP households in Al Kufra (38%) and returnee households in Azzawya (42%) and Benghazi (39%) were most at risk.

Negative Coping Strategies

Coping mechanisms are strategies and behaviours adopted by households in order to overcome challenges in meeting their day-to-day needs. Households were asked which of the following negative coping strategies they employed in the 30 days prior to data collection. For each coping strategy, households specified whether they employed it or whether they had already exhausted the strategy and were unable to use it again:

- **Stress coping mechanisms:** spent savings; purchased food on credit or borrowed food; reduced expenditures on essential non-food items (water, hygiene items, etc.); sold non-productive household assets or goods (TV, household appliance, furniture, gold, etc.)
- **Crisis coping mechanism**: took an additional job; borrowed money; reduced expenses on health, medicine, or education; sold productive household assets or means of transport (sewing machine, wheelbarrow, car, etc.)
- **Emergency coping mechanisms:** asked strangers for money or food; HH member accepted socially degrading, exploitative, high-risk, or illegal work.

The use of negative coping strategies is common place throughout Libya – three-quarters (76%) of all households resorted to using **at least one negative coping strategy** in order to meet their basic needs. Rising prices from economic instability and continued frustrations around cash access are forcing households into employing a plethora of strategies in order to cope. Continued depletion of coping strategies erodes the future resilience of households and their capacity to adjust to economic or conflict-induce shocks.
Almost 60% of households resorted to using crisis or emergency crisis coping mechanisms such as selling productive assets, asking for food or money from strangers and accepting degrading or illegal work during the 30 days prior to the survey. Use of negative coping is most prevalent among IDP households: 68% of IDP households used crisis or emergency coping mechanisms, a slightly higher rate than returnee (55%) and non-displaced (58%) households. Returnee households were slightly more likely to use emergency coping mechanisms (14%). Of displaced households, those who had been displaced multiple times were far more likely to use emergency coping strategies (28%) than those who had been displaced once, who used emergency coping mechanisms at a similar rate to non-displaced households (8% vs 6%).

Figure 52: Livelihood coping strategy type adopted by households in the 30 days prior to assessment, by displacement status

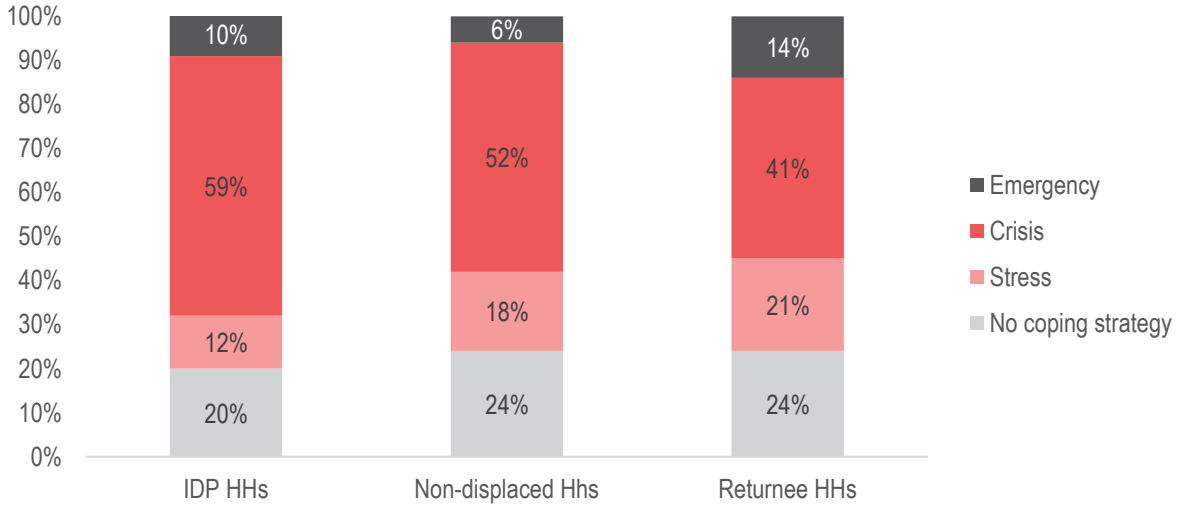
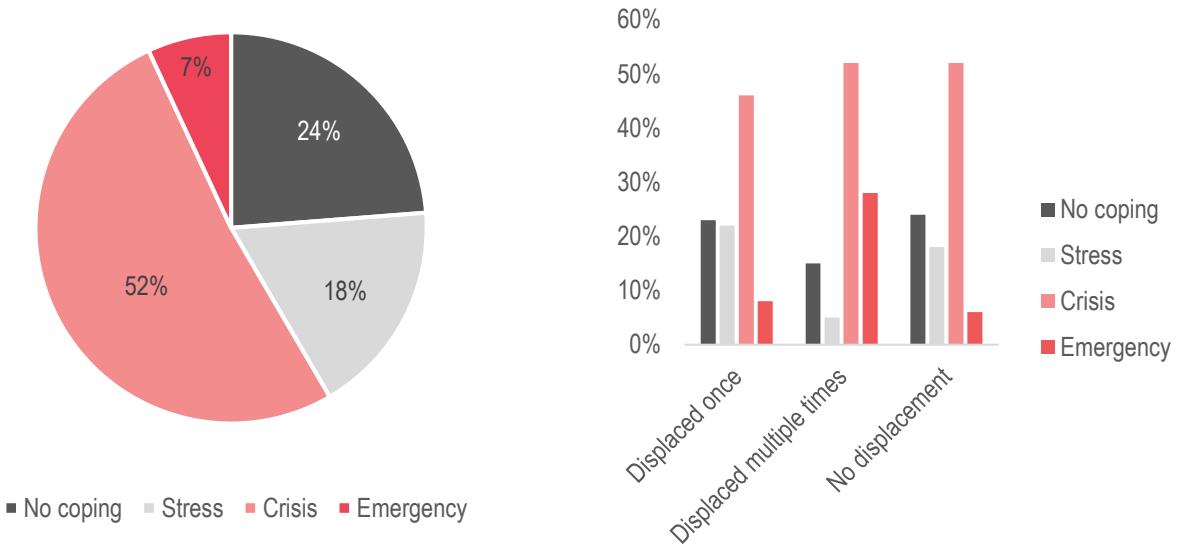


Figure 53: Percentage of households reported using stress, crisis, emergency or no coping mechanisms in the 30 days prior to assessment, overall (left) and by number of times displaced (right)



Across all population groups, the most commonly cited coping strategies were **spending savings** (42%), **purchasing on credit** (32%) and taking an **additional job** (27%). Households in the south of Libya, particularly Sebha (100%), Wadi Ashshati (94%) and Al Kufra (81%), reported a much higher incidence and rate of crisis and emergency coping strategies. However, households in Sirt (97%), Al Jifara (90%), Zwara (81%) and Azzawya (79%) also reported a very high usage of crisis and emergency coping strategies.

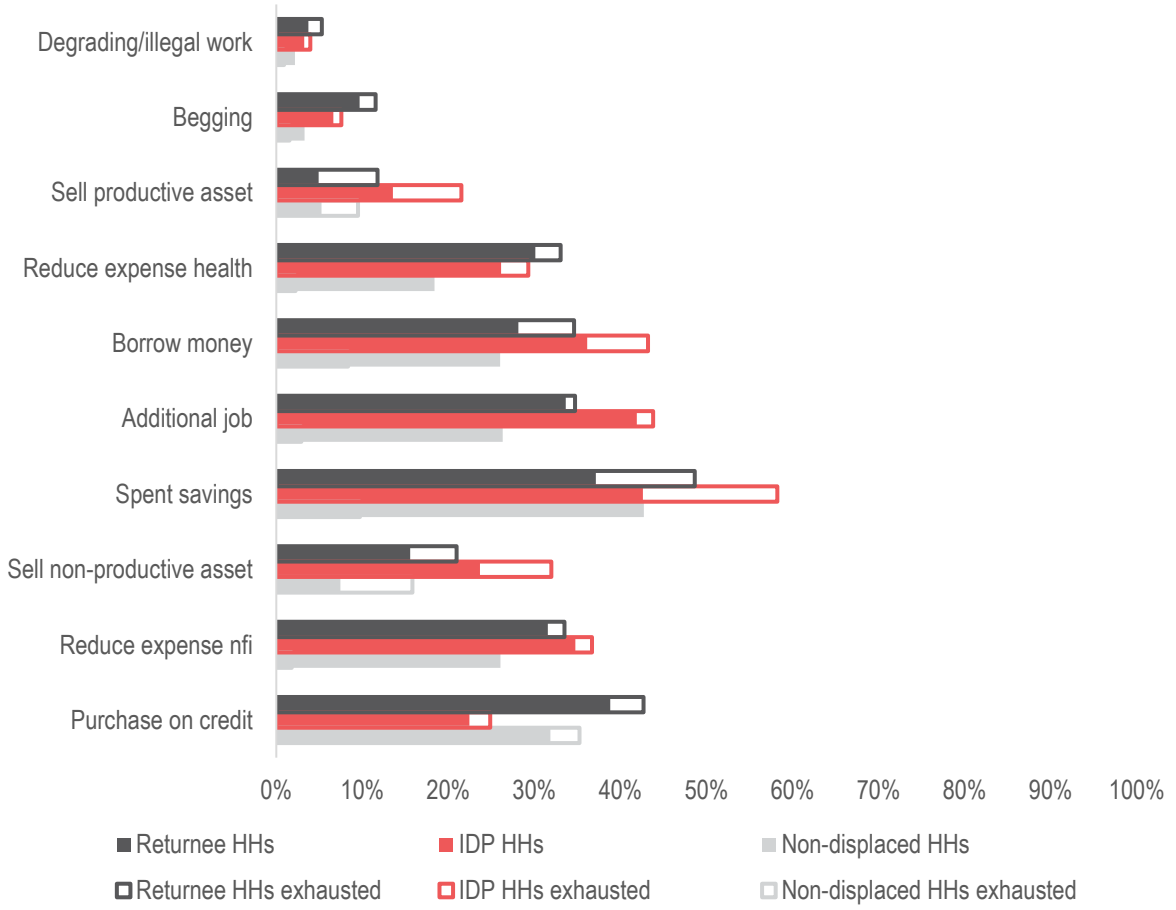
Table 16: Livelihood coping strategies adopted by households in the 30 days prior to assessment, by strategy type

	Stress				Crisis				Emergency	
	Purchase on credit	Reduce NFI expenses	Sell non-productive asset	spent savings	Took additional job	Borrow money	Reduce health expenses	Sell productive asset	Begging	Degrading/illegal work
Yes	32%	27%	8%	42%	27%	26%	19%	5%	4%	2%
Already exhausted	3%	2%	15%	10%	3%	8%	2%	9%	2%	1%
No	65%	72%	77%	48%	70%	65%	78%	85%	95%	97%

Besides illustrating the current or more immediate behaviour changes households adopt to overcome a shortfall in needs, coping mechanisms also provide a degree of predictability for future behaviours. In many instances, households do not only react to a downward trend in conditions but often take decisions about the future to avert a crisis (Christaensen and Boisvert 2000).[111]

[111] https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

Figure 54: Percentage of households reporting to have used and exhausted coping strategies related to a lack of cash or income in the 30 days prior to assessment, per population group



The number of households across the seven mantikas assessed in 2017 and 2018[112] that reported relying on spending savings has decreased from 62% in 2017 to 46% in 2018, while the most prominent trend in 2018 was an increase in households relying on purchasing food on credit or borrowing food, which nearly doubled from 15% in 2017 to 29% in 2018. This may be indicative of a broader shift towards a reliance on credit rather than savings, with savings either inaccessible due to liquidity challenges or savings being exhausted as has been reported by 11 per cent of households in 2018, up from 5% in 2017. This analysis is supported by data showing an increasing reliance on credit-based payment methods such as cheques, from 11% in 2017, up to 24% in 2018.

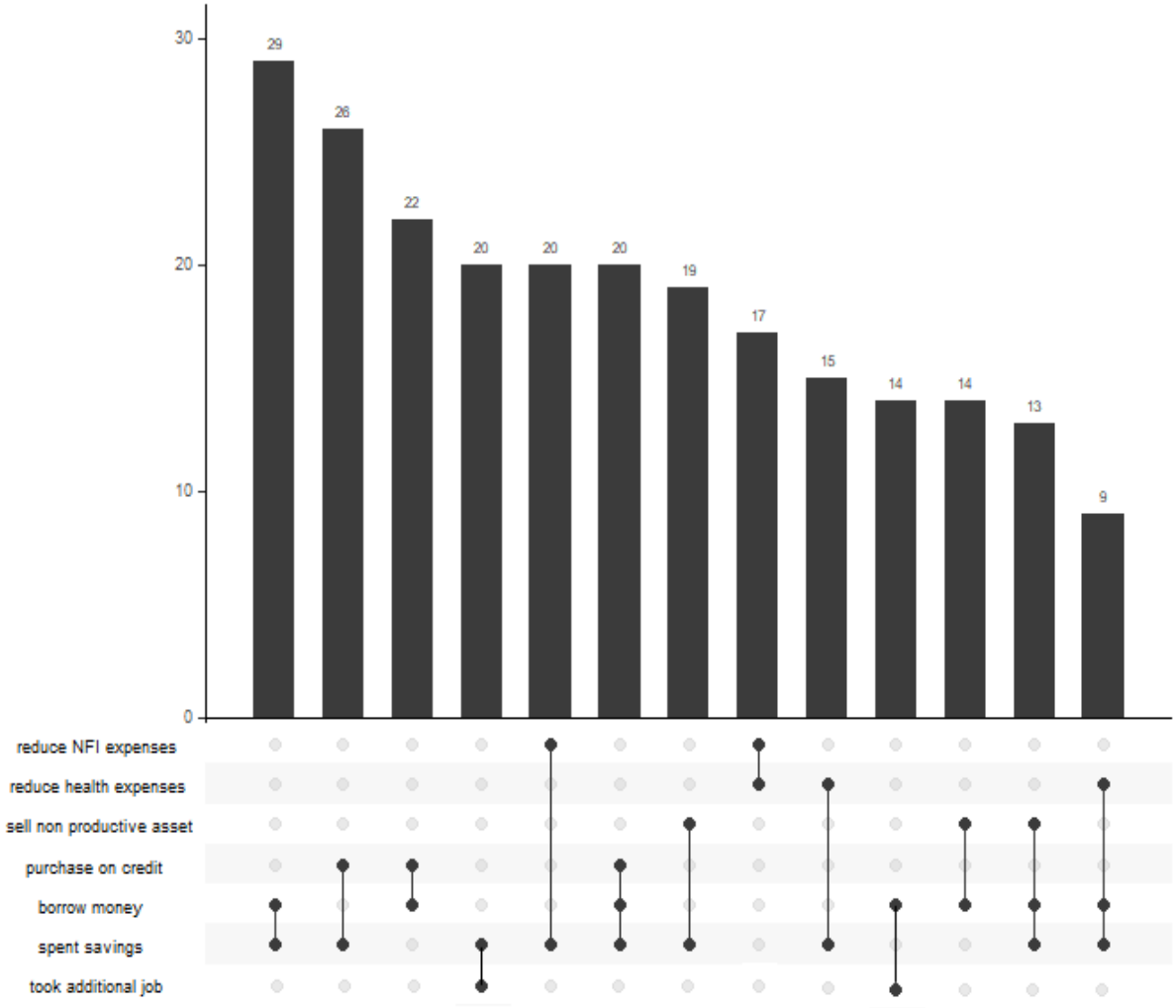
MSNA findings in 2018 also indicate 41% of households in Sebha, 27% in Benghazi, and 26% in Derna reported reducing expenses on health services, medicines, or education. Ninety-four per cent (94%) of households in Zwara, 85% in Al Jifara and 74% in Sebha reported relying on spending savings. Thirty per cent (30%) of households in Al Kufra and 32% of households in Sebha reported adopting begging as a coping strategy. Households with a family member taking an additional job almost doubled from 16% to 29% from 2017 to 2018.

[112] Mantikas assessed in 2017 and 2018 are Al Jabal al Gharbi, Benghazi, Derna, Ghat, Misrata, Sebha, and Tripoli. Findings from the seven assessed mantikas for coping strategies follow the same trend as the twenty mantikas assessed in 2018, therefore providing indicative results for the rest of the country.

Multiple Coping Strategies

Most households combined multiple strategies to meet their basic needs as alternative options were exhausted. Twenty-nine per cent (29%) of households used a combination of borrowing money and spending savings, reflecting on-going liquidity issues and the depreciation of the Libyan dinar.[113] The assessment found that one-fifth (20%) of households used a combination of purchasing on credit, borrowing money and spending savings, suggesting that households are eroding their resilience capacity for future economic shocks, price hikes or sudden onset violence. One-sixth of households reduced health expenses and spent savings.

Figure 55: Percentage of households reporting having have used coping strategies in the 30 days prior to assessment, by combination of coping strategy



[113] Since 2014, Libya's dwindling foreign currency reserves have eroded trust in the dinar, which has created a significant gap between exchange rates in the official and parallel markets and led to a shortage of hard cash.

FOOD SECURITY

According to WFP, food insecurity remains a challenge in Libya, due to protracted displacement, disruption to markets, and lower food commodity production.[114] Estimates from before the conflict in 2011 indicate that 80% of Libya's food requirements were imported, increasing exposure to food distribution issues and disrupted deliveries during periods of heightened conflict, particularly around the ports. While acute food shortages are not widespread, rises in food prices – particularly wheat and flour – have stoked unrest in all regions and the liquidity crisis has deepened mistrust of banks who have issued fewer letters of credit for imports. Overall, the food insecurity is far more entrenched in the south where food shortages have been more commonly reported and where access to subsidized food is more limited[115] due to minority populations being locked-out of citizenship registration.

Key Findings

1. Food security was not found to be a major concern for the majority of the assessed population, though a more heightened concern in the south. Three per cent **(3%)** of Libyan households were found to have an unmet **food security** need.

2. Food insecurity is worse in the south of Libya. The highest proportion of households with an unmet food security need were in Al Kufra (38%), Al Jufrah (12%) and Tripoli (7%). **IDP households were found to be more food insecure**. Nationally, **one-sixth (17%) of IDP households were found to have an unmet need** compared to 12% of returnee and 2% of non-displaced households).

3. Twelve per cent (12%) of households were found to be food insecure (defined by moderately or severely food insecure). 70% of households remain at risk of food insecurity (defined by being marginally food insecure) and 18% were food secure.

4. Ten per cent (10%) of households in Al Jufra were 'severely' food insecure. This is followed by Tripoli (6%). In Al Kufra, two-thirds (66%) of households were moderately food insecure.

5. **Mantikas in the south or those that have been directly affected by conflict and displacement show larger proportions of food insecure households, except for Derna.**

6. Eighty-seven per cent (87%) of households had an ''**Acceptable'** Food Consumption Score (FCS). Nine per cent (9%) of households had **borderline** FCS and 3% had **Poor** FCS.

7. Cereals, vegetables, oil and fats, and condiments and spices were consumed almost every day. Legumes, dairy and meat and sugar were consumed 4-5 days per week while fruits were consumed 2-3 times per week. Households with poor food consumption rarely consumed fruits, legumes, sugar or meat (less than 1 day per week) with cereals and vegetables forming the staple of the household diet.

8. On average, 53% of household expenditure was spent on food (median of 300 LYD per month).

9. Of those households that reported using coping mechanisms explicitly in order to pay for food, households in Al Kufra (53%), Sirt (44%), Azzawya (27%) and Sebha (24%) reported the highest use of emergency coping strategies.

10. **Cross-sector findings**: 10% of households in Sebha had an unmet need in food security and WASH; 8% of households in Al Kufra had an unmet need in food security and health and 7% of households in Sirt had an unmet need in food security and shelter & NFI.

[114] WFP Libya Country Brief, November 2018
[115] FAO GIEWS-Global Information and Early Warning System. October 2017

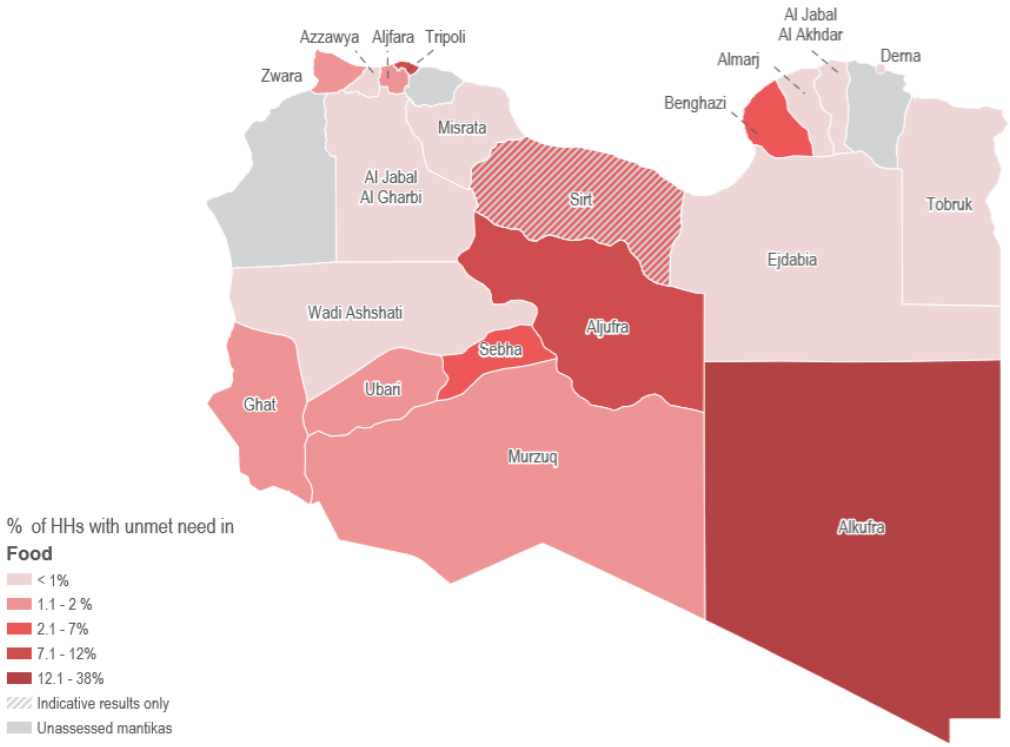
Unmet Needs

To determine the percentage of households with unmet needs in the food security sector, a composite indicator based on the Consolidated Approach to Reporting Indicators of Food Security (CARI) was considered. The MSNA includes three CARI indicators in order to classify households into one of four food security categories[116]: **Food Secure, Marginally Food Insecure, Moderately Food Insecure** and **Severely Food Insecure**

The 3 MSNA indicators used to determine these classifications are as follows:

1. Food Consumption Score (FCS)[117]
2. Food expenditure share[118]
3. Livelihood coping strategies[119]

Map 15: Percentage of households with an unmet need in food security, by mantika



[116] WFP. Consolidated Approach to Reporting Indicators of Food Security (CARI) Technical Guidance Note. November 2015.

[117] The FCS assigns weights to household food consumption frequency for each of eight food groups: cereals and tubers; pulses and nuts; vegetables; fruits; meat and fish; dairy products; sugar and honey; and oil, fat and butter. With a possible range from 0 to 112, the FCS is classified as 'poor' for a score of 28 and less, 'borderline' for a score between 42 and 29, and 'acceptable' above a score of 42 – source; WFP Guidance note: Calculation of household food security outcome indicators, retrieved from: https://www.humanitarianresponse.info/system/files/documents/files/guidance_note_-_calculation_of_fcs_rcsi_hhs_and_dd.docx

[118] The 'food expenditure share' indicator is constructed by dividing the total food expenditures by the total household expenditures. This indicator is based on the premise that the greater the importance of food within a household's overall budget (relative to other consumed items/services) the more economically vulnerable the household, retrieved from: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271449.pdf?_ga=2.209889559.340173824.1547023915-734042669.1533209444

[119] The Livelihood Coping Strategies indicator is derived from a series of questions regarding the household's experience with livelihood stress and asset depletion during the 30 days prior to survey. Responses are used to understand the stress and insecurity faced by households and describes their capacity to regarding future productivity. Coping strategies are classified into three groups: stress, crisis and emergency. Households were considered to employ 'stress' coping strategies if they purchased on credit, reduced expenses on NFOs, sold non-productive assets, or spent savings. Households were considered to employ 'crisis' coping strategies if they took an additional job, borrowed money, reduced expenses on healthcare or sold productive assets. Households were considered to employ 'emergency' coping strategies if they asked strangers for money or food or engaged in degrading or illegal work, further details here.

To calculate unmet needs, IDP and returnee households were considered to have an unmet need if they were severely or moderately food insecure. For non-displaced households, only the severely food insecure were considered in need, as non-displaced households are assumed to be less affected by the crisis.

Priority Unmet Needs

Food security is the lowest priority sector in Libya, where 3% of households nationwide were found to have unmet needs. Food insecurity is worse in the south in general and particularly concentrated in Al Kufra (38% of households were found to have unmet food security needs), Al Jufrah (12%) and Tripoli (7%). IDP households were more likely to have unmet food security needs, affecting 17% of IDP households nationwide (compared to 12% of returnee and 2% of non-displaced households).

In the most affected mantikas, unmet food security needs were driven by IDP households. In Kufra, displaced households were found to be most at risk – 69% of IDP and 67% of returnee households were food insecure, 28% of IDPs in Al Jufrah and 54% of IDPs in Tripoli were found to be food insecure. While a low proportion of non-displaced households were food insecure in Zwara, three quarters (74%) of IDP and 86% of returnee households were food insecure.

Food insecurity does not present an issue in the east of Libya, where less than 1% of households in all mantikas had unmet food security needs, excluding Benghazi. A small pocket of food insecurity was observed in the mantikas to the west of Tripoli and including Tripoli.

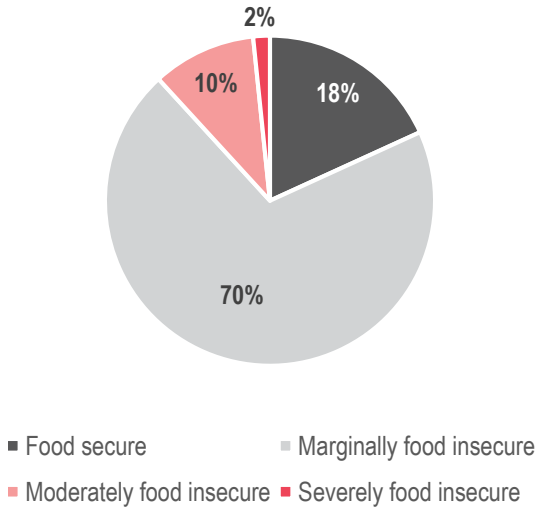
Indicators driving unmet needs

CARI

CARI provides a classification of households into four descriptive groups: food secure, marginally food secure, moderately food insecure, and severely food insecure. The classification provides a representative estimate of food insecurity within the target population.

Overall, **12% of households were found to be food insecure** (defined by moderately or severely food insecure).[120] The majority (70%) of households remain susceptible to food insecurity (marginally food insecure), while 18% of all households were food secure. Al Jufra had the highest proportion of 'severely' food insecure population, affecting 10% of households assessed. This was followed by Tripoli where 6% of households were 'severely' food insecure. In Al Kufra, two-thirds (66%) of households were moderately food insecure, over three times the proportion of Al Jufra, the next most affected mantika.

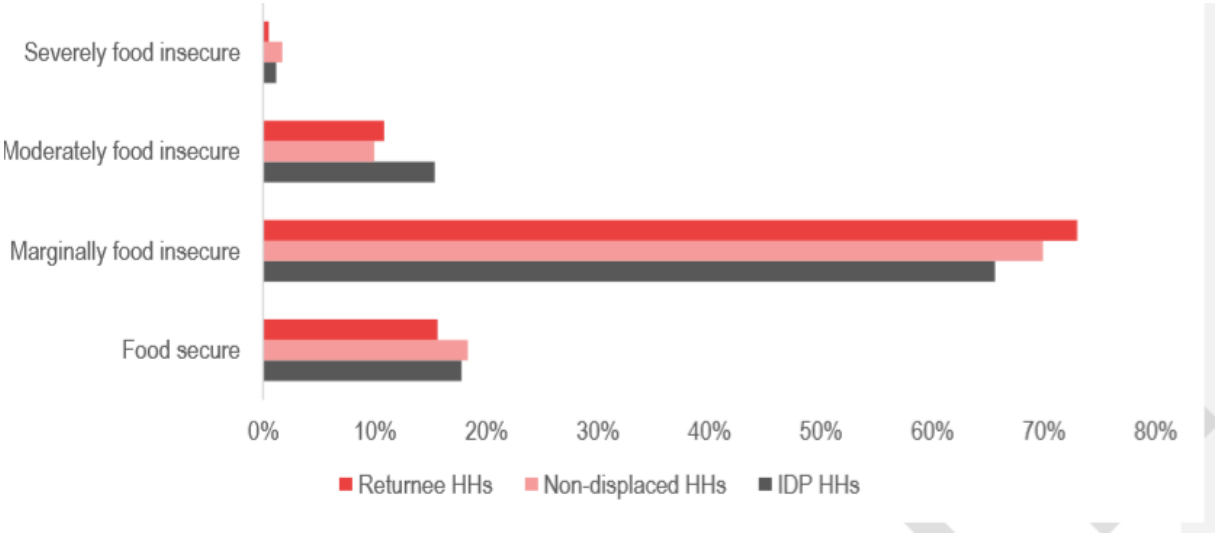
Figure 56: Percentage of households by food security classification



[120] Note that this figure is higher than the 3% of households nationwide found to have an unmet need. This is owing to non-displaced households being categorised as having an unmet need only if they were found to be severely food insecure. The CARI score also takes into account non-displaced households that were moderately food insecure.

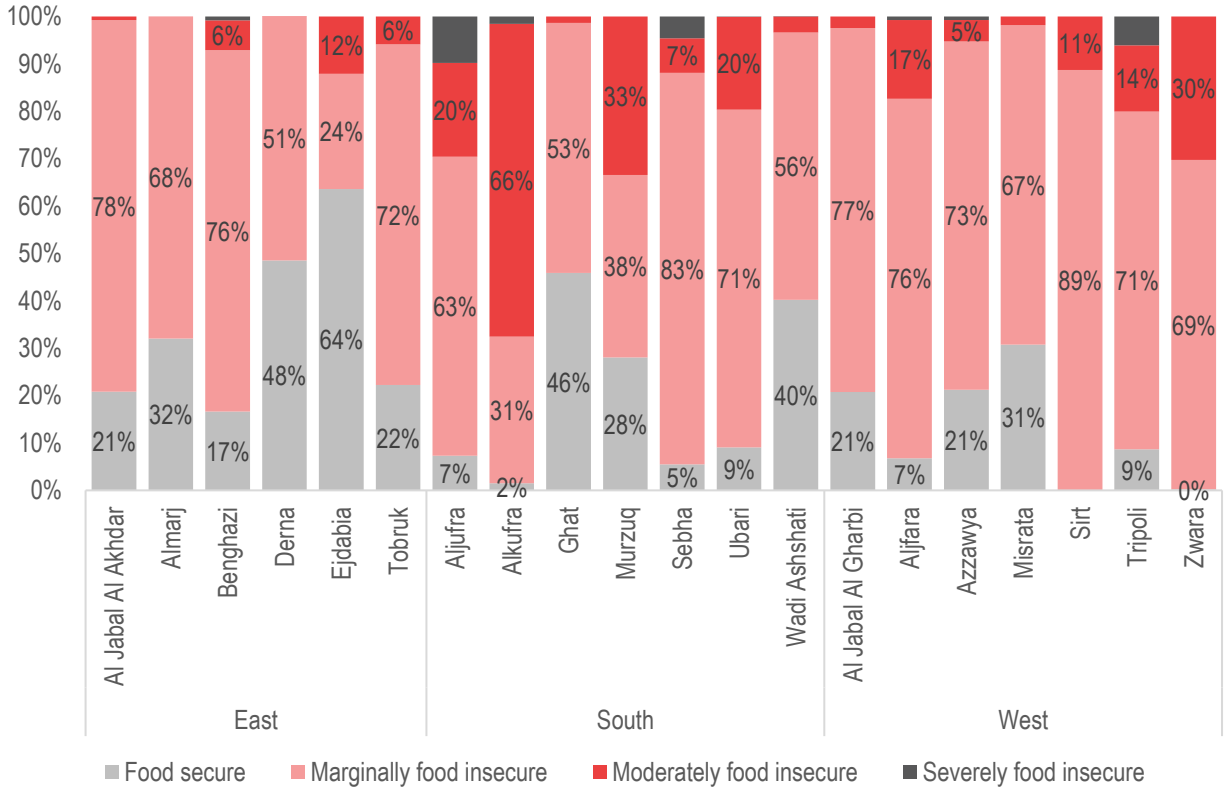
IDP households were more likely to have unmet food security needs, affecting 17% of IDP households nationwide (compared to 12% of returnee and 2% of non-displaced households).

Figure 57: Percentage of households by food security classification and displacement status



Mantikas in the south or those that have been directly affected by conflict and displacement are likely to show larger proportions of food insecure households, except for Derna. The distribution of the food insecure households varies by location. Despite the fact that are less populated, southern mantikas, are showing larger proportions of food insecure households. Al Kufra stands out as the most food insecure, with more than two-thirds of the population being food insecure (68%). High rates of food insecure households were also observed in the neighboring mantikas of Murzuq (34 percent) and Al Jufra (30 percent). In Al Jufra, around ten per cent (10%) of the households are categorized as severely food insecure, the highest percentage recorded.

Figure 58: Percentage of households by food security classification and mantika



In the west, mantikas that were directly affected by the conflict or are hosting large number of IDPs were found to be more food insecure. In Zwara and Tripoli, 30% and 20% of households were found to be food insecure. In the east, the food security situation seems to be better compared to the other areas of the country. However, in Benghazi which host the highest number of IDPs and returnees, around 7% of the households were found to be food insecure.

Food Consumption Score (FCS)

The FCS is a composite indicator based on the dietary diversity and frequency of consumption of different food groups by assessed households. FCSs across all locations assessed were classified as 'acceptable' for a vast majority of households (87%), with 9% of households overall having an FCS classified as 'borderline' and 3% as 'poor'. Borderline and poor FCS increased from 2017-2018 by +5% and +2% of households respectively, while the percentage of households found to have an acceptable FCS decreased by -8% from 2017.

In 2018 overall, no substantial difference was found between displacement groups, though IDP households were slightly more likely to have a 'poor' FCS (7% of households compared to 3% of non-displaced and 1% of returnees). Similarly, **IDP average food consumption levels were marginally lower (69.9 compared to 71.5 for non-displaced and 73.6 for returnees)**, indicating that IDP households were consuming both a quantitatively smaller and less nutritionally valuable diet over the seven-day period prior to assessment. Al Kufra (40.1), Zwara (53.0) and Al Jifara (52.8) recorded the lowest average food consumption score, compared to a country-wide average score of 71.6.

Similar figures were collected in all assessed mantikas, except for notably higher rates of 'borderline' and 'poor' FCSs in the mantikas of Al Kufra (60%), Murzuq (38%), Zwara (32%), Al Jufrah (28%) and Tripoli (24%). In Tripoli, this trend was largely driven by lower IDP scores while in the remaining four mantikas, all population groups had lower FCS scores indicating that factors related to geography are decreasing the food security of households in those locations.

Figure 59: Percentage of households with acceptable, borderline and poor FCS in 2017 and 2018

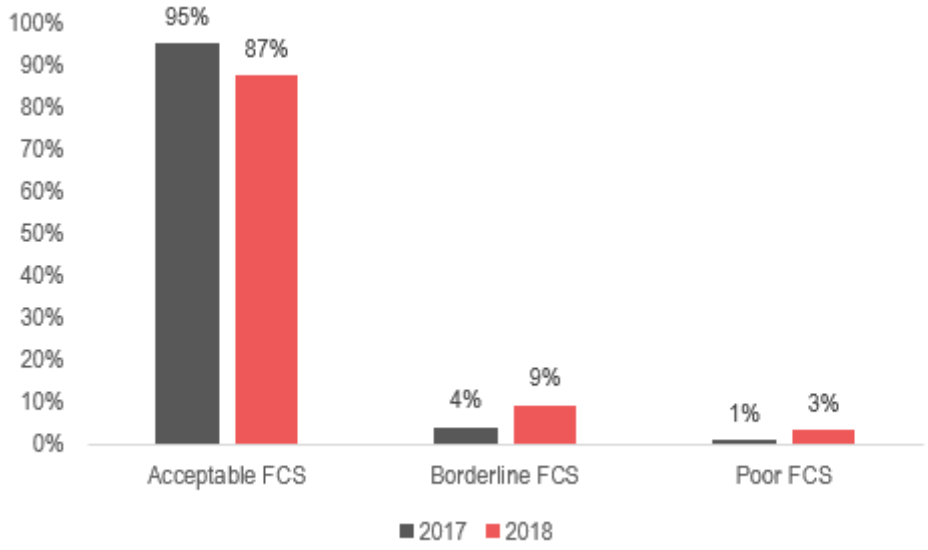
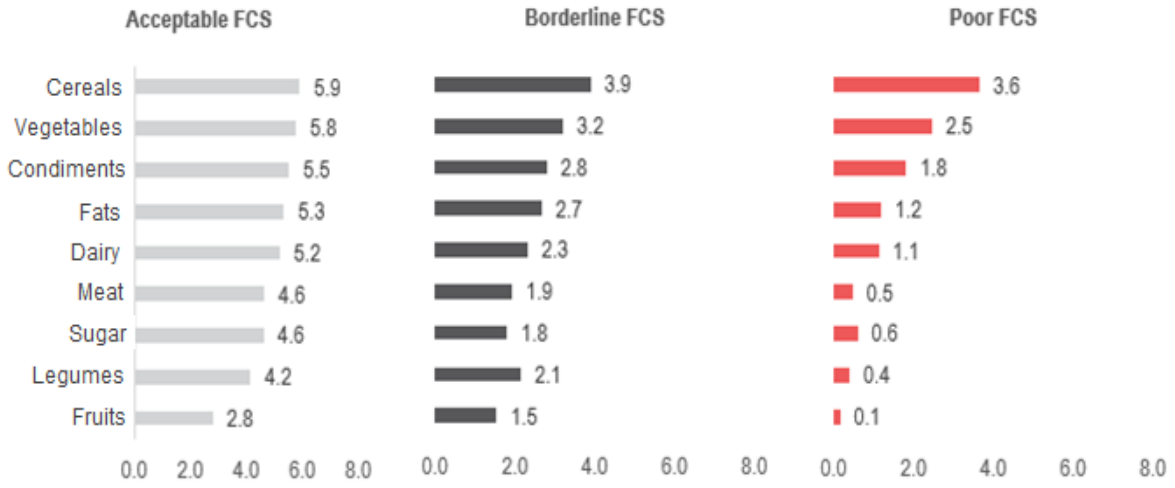
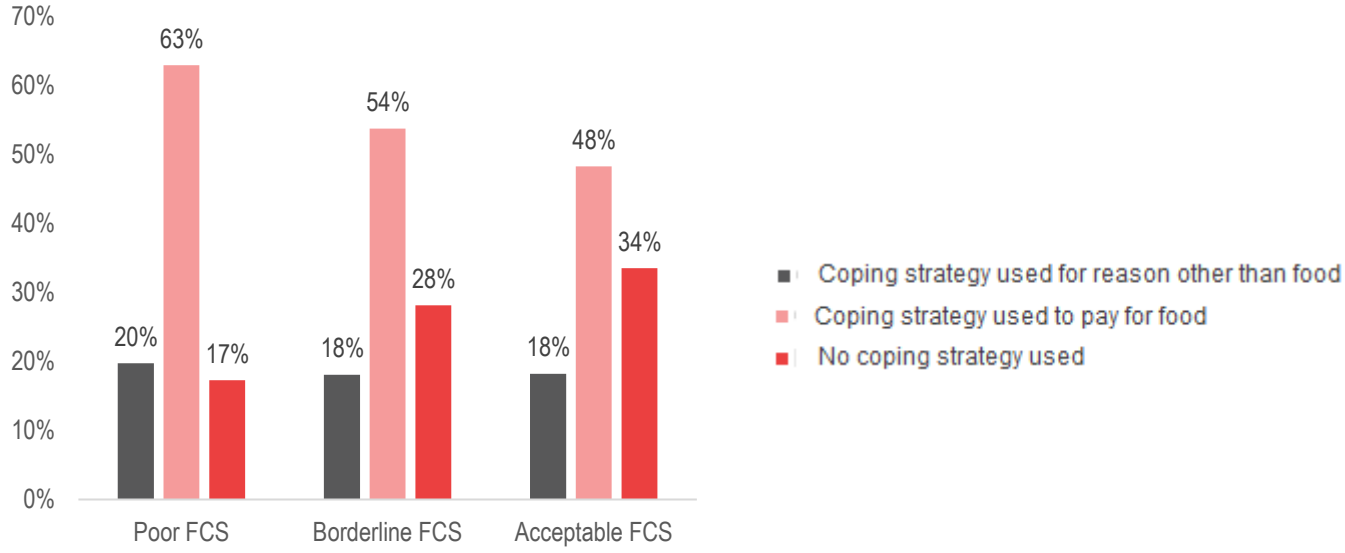


Figure 60: Food consumption patterns – number of days per week food groups were consumed by households, by overall food consumption score (FCS)



As expected, households with a poor FCS were found to be employing coping mechanisms in order to pay for food at a higher rate than households with borderline or acceptable food consumption (n=240), suggesting that the root cause of the issue stems from inability to pay for food items rather than a systemic shortage in accessing food stuffs.

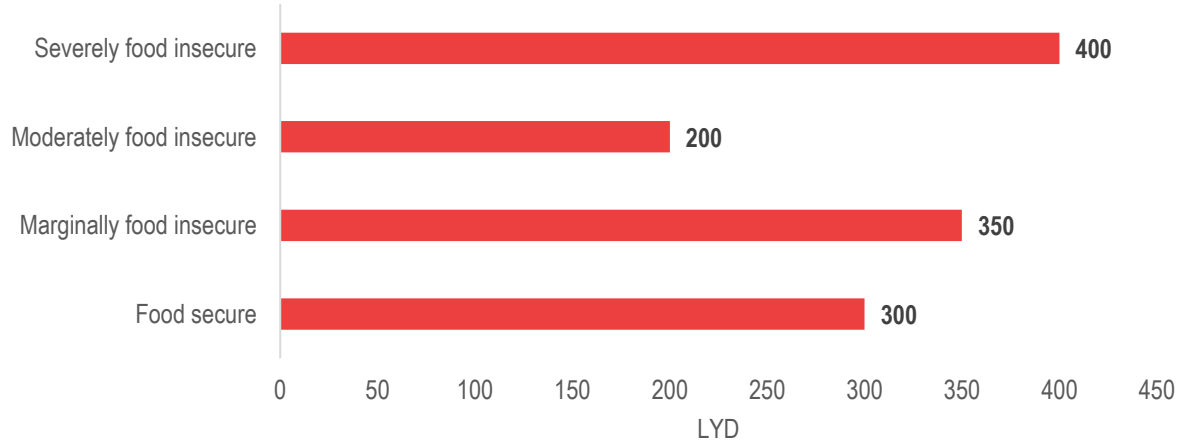
Figure 61: Percentage of households using coping strategies to pay for food, by food consumption group



Food Expenditure Share

On average, 53% of household expenditure was spent on food (median of 300 LYD per month). The households' expenditure is significantly lower among the severely food insecure households with a median of 500 LYD, followed by the moderately food insecure households with a median of 481 LYD, whereas the food secure spend a median of 800 LYD.

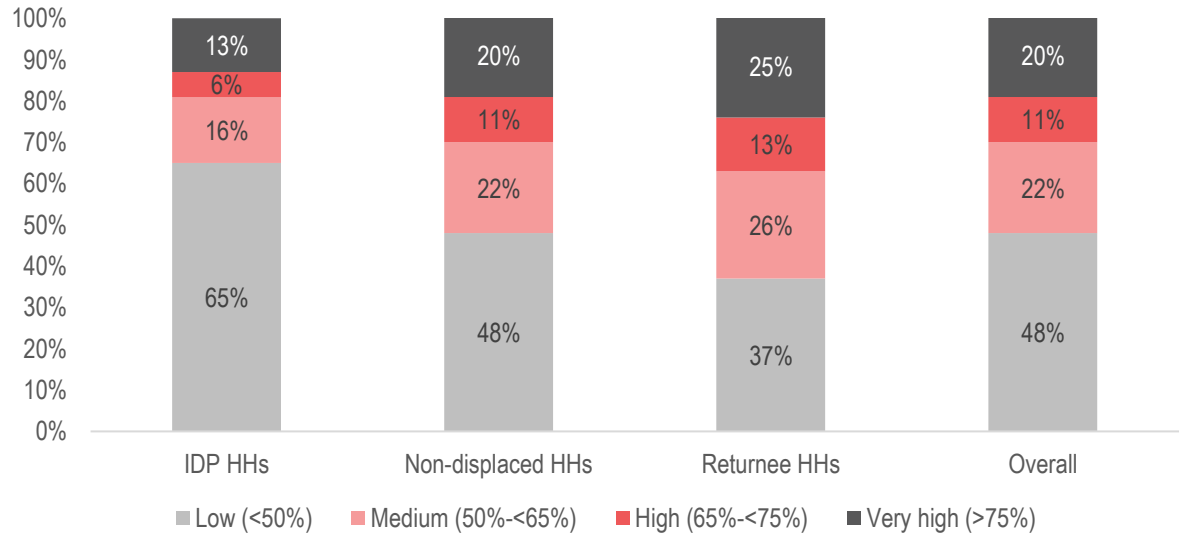
Figure 62: Monthly Food Expenditure (LYD) by food security classification



Returnee households spent a higher amount of their expenditure on food (median of 500 LYD per month) compared to IDP and non-displaced households (300 LYD per month). This is reflected in the higher food expenditure share for returnee households, where one-quarter (25%) of returnee households had very high (>75%) share of total expenditure on food. Overall, the proportion spent on food is higher among returnees at 56%, compared to non-displaced (53%) and IDP households (46%).

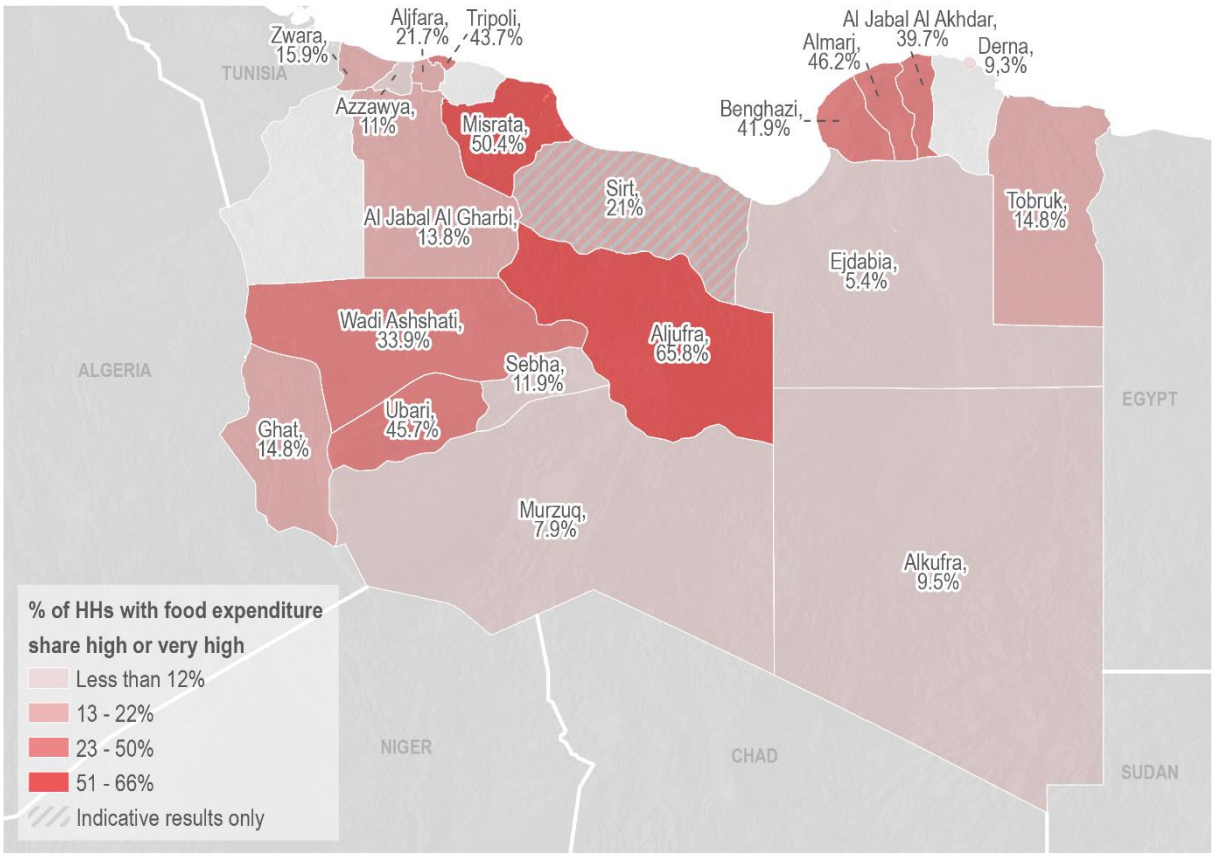
Severely food insecure households spend a considerably higher percentage on food (84%), compared to moderately food insecure households (48%) and food secure households (42%). In real-terms, this means that severely food insecure households spend a median of 400 LYD on food per month, moderately food insecure households spent a median of 200 LYD per month and food secure households spend a median of 350 LYD per month on food. This trend however is not driven by the size of the household; severely food insecure households on average are no larger than food secure households (food secure household size is on average 5.4, severely food insecure household size is on average 5.2).

Figure 63: Percentage of monthly expenditure spent on food, by displacement status



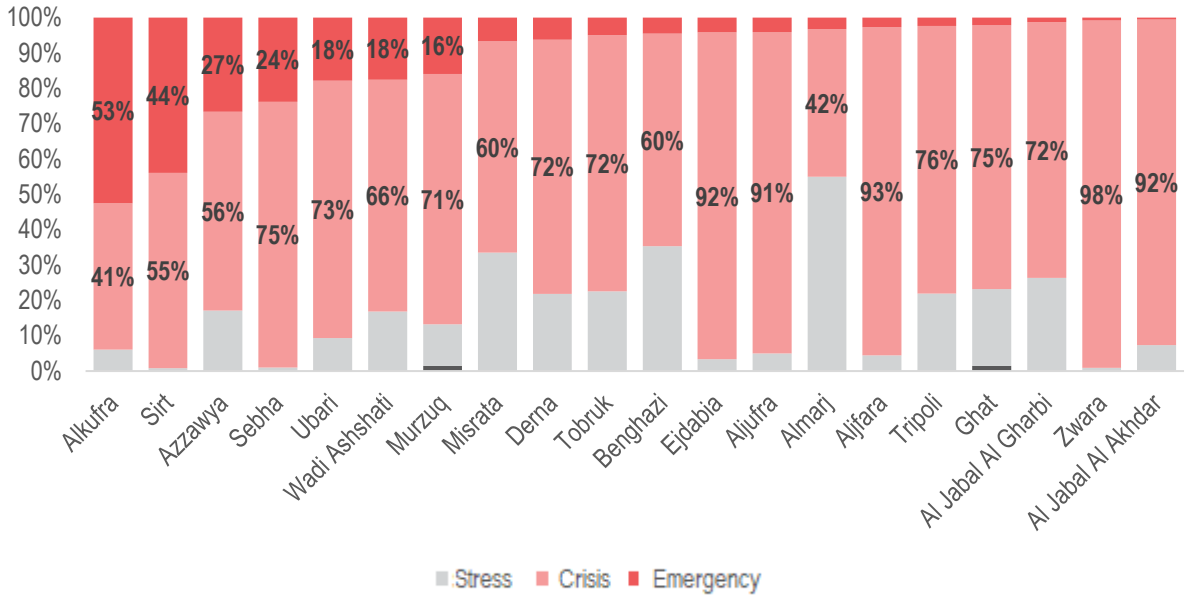
The expenditure trends vary considerably across Libya. Households in Al Jufra (66%), Misrata (50%) and Ubari and Al Marj (46%) reported spending higher proportion of their monthly expenditure on food than in other mantikas. In Misrata, Al Jufra, Ubari, Tripoli and Jabal Al Akhdar a third of the population spends more than 75% of expenditures on food. These households are likely to be more at risk from economic shocks as there is little additional budget available for any other expenses except the most basic requirements. The food expenditure situation is more positive in Murzuq (78%), Azzawya (81%) and Zwara (76%), where the vast majority is spending less than 50% of their total expenditures on food.

Map 16: Percentage of households with food expenditure share high (65-75% of total expenditure) or very high (>75% of total expenditure) by mantika



Of those households that reported using coping mechanisms explicitly in order to pay for food (n=2,761), households in Al Kufra (53%), Sirt (44%), Azzawya (27%) and Sebha (24%) reported the highest use of emergency coping strategies.

Figure 64: Percentage of households adopting coping strategies to pay for food in the 30 days prior to assessment, by mantika



Other indicators of the humanitarian situation

Reduced Coping Strategy Index (rCSI)[121]

The MSNA assessed two types of coping strategies used by Libyan households: those related to a lack of food, and those adopted to deal with a lack of cash or income (see 'Cash and Markets' section and 'Livelihood Coping Strategies' above). The assessed food-related coping strategies were based on WFP's rCSI. Households were asked how many days, if any, they had used any of the following strategies to cope with a lack of food or cash to purchase food in the seven days prior to the assessment, which enabled a better understanding of households' dependency on such strategies:

- Relying on less preferred and less expensive foods (weight: 1)
- Borrowing food or relying on help from friends or relatives (weight: 2)
- Limiting portion size at mealtime (weight: 1)
- Restricting consumption by adults in order for small children to eat (weight: 3)
- Reducing number of meals eaten in a day (weight: 1)

The most regularly adopted food coping strategy was to rely on less preferred or less expensive food, used on average three days out of the previous seven. This is an increase by one day from 2017. Reducing the size of portions or meals was the second most frequently adopted food-related coping strategy, used on average 1.4 days in the week prior to assessment. The more negative coping strategies (indicated by a higher weighting) were adopted less frequently (borrowing food or relying on help from relatives was used on average 0.4 days and reducing the quantity consumed by adults was used on average 0.7 days in the week prior to data collection). This is however an increase of 0.3 days for each strategy compared to 2017.

[121] The rCSI is often used as a proxy indicator for household food insecurity. rCSI represents the sum of the frequency of each strategy (in number of days per week adopted) weighted by each strategy's severity. Higher rCSI indicates a worse food security situation and vice versa. Possible household scores range from 0 to 56, but tend to skew low; a score of 0 to 3 indicates no or low use of coping strategies, a score from 4 to 9 indicates medium use of coping strategies, and a score of 10 or above indicates high use of coping strategies – source; WFP Guidance note: Calculation of household food security outcome indicators, retrieved from: https://www.humanitarianresponse.info/system/files/documents/files/guidance_note_-_calculation_of_fcs_rcsi_hhs_and_dd.docx

In total, 26% of households reported not using any food-related coping strategy at all (rCSI score of 0). This is a 16% decrease from 2017. While this suggests a decline in the availability or access to food in 2018, the mantikas with the lowest proportion of households not using coping strategies were not assessed in 2017 or were geographically concentrated in the south, where food consumption patterns were in general lower than the national average. 2% of households in Al Kufra, 5% in Al Jufra, 8% in Wadi Ashshati and Jifara and 10% in Tripoli did not resort to negative food-coping strategies in the 7 days prior to assessment.

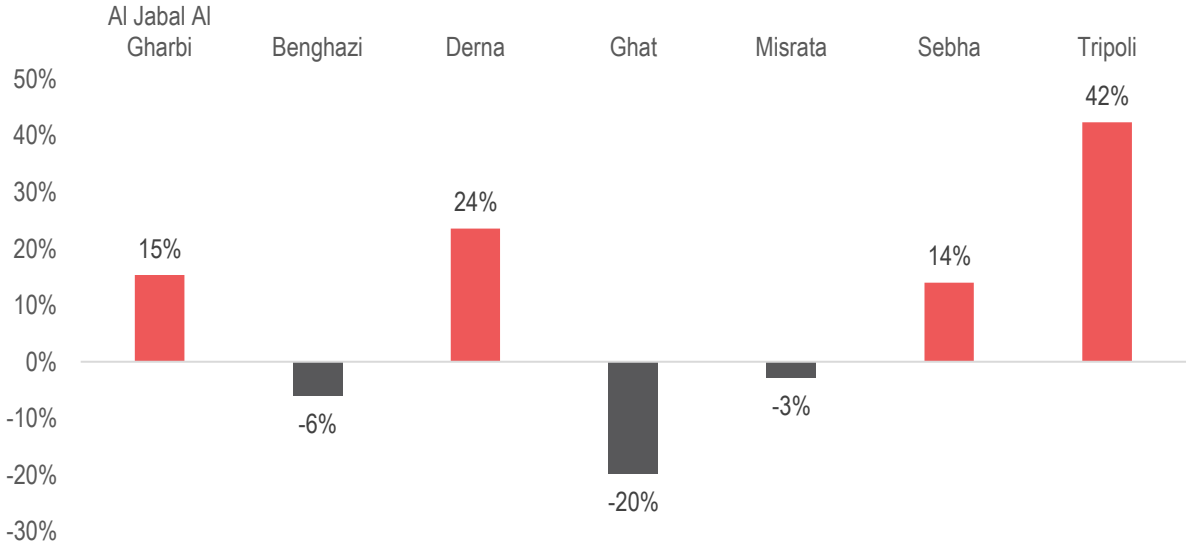
Similar to the 2017 findings, IDP and returnee households were more likely to resort to all of the above food-related coping strategies. On average, they relied more often on less preferred and less expensive foods (4.5 days per week for returnee households, 3.1 for returnee households) and limit portion sizes (1.5 and 1.3 days per week respectively). The higher use of coping strategies highlights these displaced populations' heightened issues in establishing food security.

Table 17: Livelihood coping strategies adopted by households in the 30 days prior to assessment, by strategy type

	less expensive quality	borrow/help from relatives	reduce number meals	limit portion size	reduce adult consumption
Returnee HHs	4.5	0.4	1	1.5	0.6
IDP HHs	3.1	0.4	1.2	1.3	0.6
Non-displaced HHs	2.8	0.4	0.8	1.2	0.5

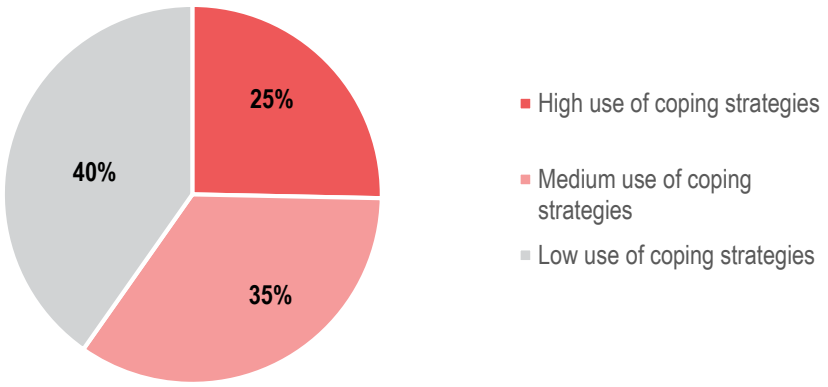
Overall, 'low' usage of food-related coping strategies decreased in 2018. In the seven mantikas assessed in 2017, a 28% reduction in households using low coping strategies was found and a 17% increase in households using high coping strategies. The increased proportion of households using high coping strategies is largely driven by Tripoli, where 61% of households in 2018 adopted high food-related coping strategies (+42% increase from 2017).

Figure 65: Percentage change in the use of high food-related coping strategies from 2017-2018, by mantikas assessed in both years



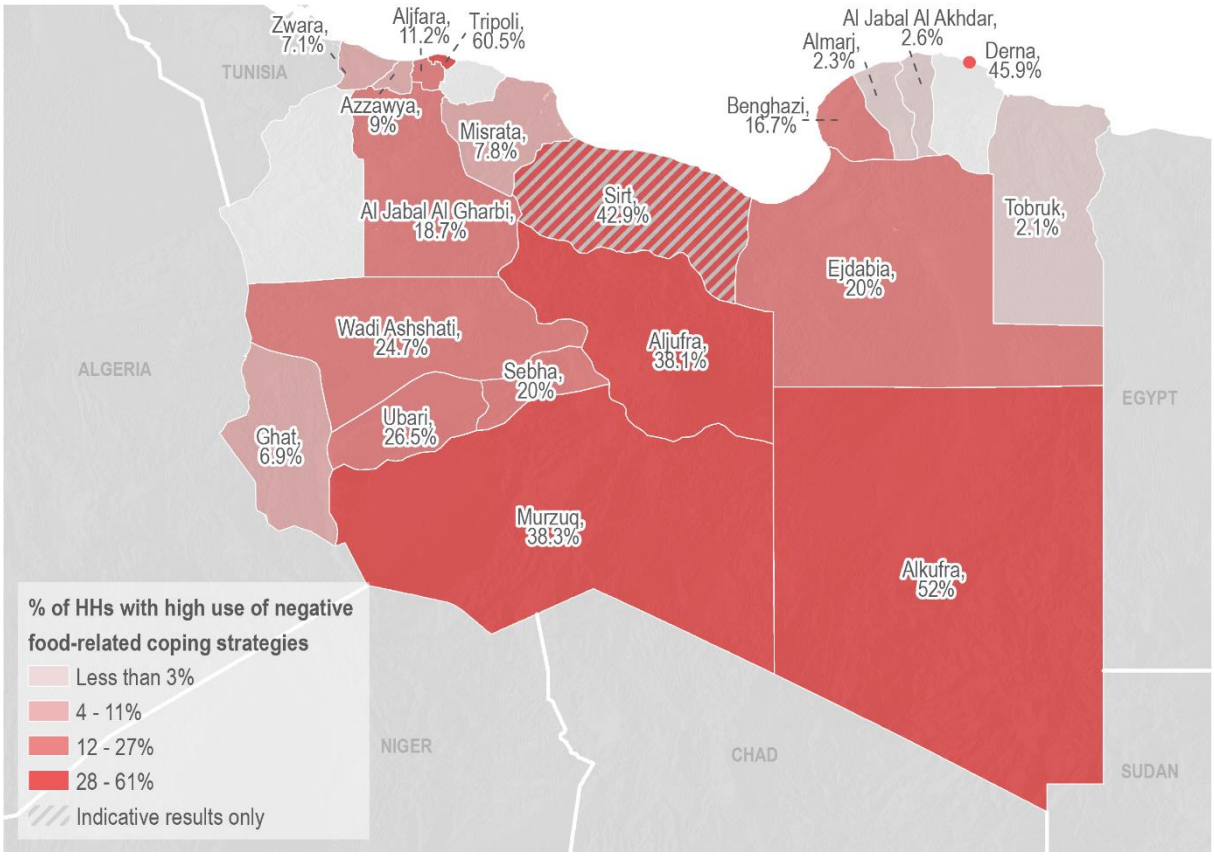
For all 19 mantikas and one city assessed in 2018, 35% of households reported 'medium' use of food-related coping strategies (rCSI score from 4 to 9). This is a 15% increase from 2017. Twenty-five per cent (25%) reported 'high' use of coping strategies (rCSI score ≥ 10, with 27 being the maximum household score recorded), a 9% increase from 2017. The average rCSI score for all displacement groups fell in the medium category, though returnee households were on the higher end of the category, closer to 'high use of coping strategies' at 9 (compared to 8.3 for IDP and 7.1 for non-displaced households).

Figure 66: Percentage of households using high, medium or low food-related coping strategies in the 7 days prior to assessment



Returnee households were found to be less likely to use low levels of negative coping strategies and more likely to use high levels of negative coping strategies (reported by 32% of households compared to 27% of IDP and 25% of non-displaced). While considerable variation was found across mantikas in the dependency on food coping strategies, in general, conflict-affected mantikas and those in the south were more likely to resort to using high levels of negative coping strategies. The highest proportion of households using high coping strategies were found in Tripoli (61%), Al Kufra (52%), Derna (46%) and Sirt (43%).

Map 17: Percentage of households with high use of negative food-related coping strategies in the 7 days prior to assessment

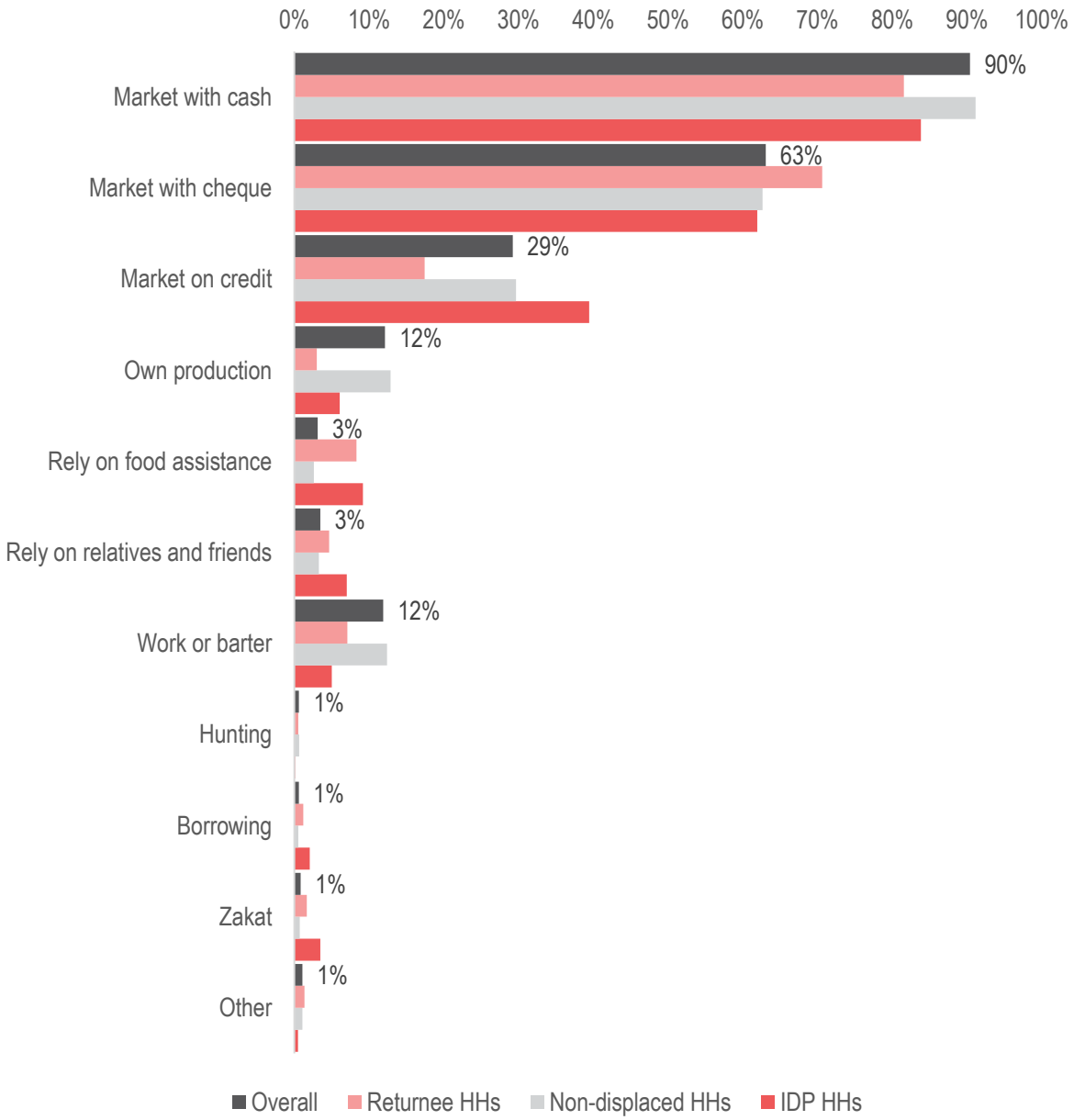


Main Food Source

Nearly all households reported purchasing food from markets with cash (90%), followed by 63% of households using cheques at markets and 29% purchasing on credit. The primary payment modality for overall expenditure was hard cash (reported by 62% of households). The most noticeable trend in 2018 was the decrease in the use of hard cash compared to 2017 (a decrease of nearly 18%), with the decline being supplemented by the use of cheques, reported by 21% of households as their primary payment modality. This reflects the adaptive capacity of households to the current and deepening liquidity crisis where shortages of cash in banks is pushing families to use alternative payment methods and change their spending habits.

IDP households were more likely to purchase food on credit (39%, compared to 30% of non-displaced and 17% of returnee households) and displaced households relied on food assistance from governments or NGOs and gifts from friends or families compared to non-displaced households.

Figure 67: Percentage of households reporting food source by type and displacement status



CONCLUSION

The 2018 Libya MSNA sought to bring updated information regarding the situation, gaps and needs in locations assessed across the country, in order to better inform the planning of a more effective humanitarian response. In 2018, the assessment included analysis on multi-sectoral needs to understand the interrelationships between sector needs in order to gauge the scale of the crisis.

The findings demonstrate that multi-sectoral needs exist across Libya with 7% of households presenting unmet needs in three or more sectors at the same time. Households were most likely to exhibit unmet needs in Health and WASH which concentrated in the southern region and the conflict-affected mantikas of Derna and Sirt – demonstrating the impact of the crisis on the health burden of the Libyan population. This largely corresponds to the shift in dynamics in the nature of the conflict, in which sporadic localised violence has clustered in geographically concentrated areas. On top of this, a number of key trends were identified:

In the short term, tackling the effects of intermittent conflict on displaced households is a key area for intervention. Specifically, attention towards protection issues, health and food security for IDPs were identified. Unique to the Libyan context and impacted by the economic crisis, IDP needs were heavily affected by the increasing financial burden to pay rent, in which 55% were renting (36% of whom held a verbal agreement, leaving 19% with a written contract) increasing instability. More than one-third of all IDP households (38%)reported using negative coping strategies in order to pay for rent. The secondary effects of this saw IDP households with far worse food insecurity compared to non-displaced and returnee populations, higher risk of IDP children from dropping out or not attending schools and inability to pay for needed healthcare resulting in healthcare being access less frequently.

However, as the conflict subsides and greater numbers of displaced households return to their area of origin, the 2018 MSNA identified shelter & NFIs, WASH and health as sectors with significant concerns for returnee households. Returnee households faced higher chances of lacking sufficient quantities of drinking water, likely related to the fact that returnees were assessed to be living in worse shelter conditions (heavy damage/destroyed) than other population groups damaged shelter upon return to area of origin. This has also had consequences for access to basic household and community services such as electricity, water, schools, hospitals which have sustained damage and coupled with the far greater risk of eviction, housing land and property (HLP) issues are of paramount importance for newly returned families.

Geographically, mantikas in the south and the conflict-affected mantikas of Derna and Sirt were identified as having the highest unmet needs as well as the most multi-sectoral unmet needs, emphasising the more acute issues faced in meeting basic needs. Owing to the large urban populations residing within them, a high number of households remain at risk of poor access to healthcare and WASH needs in Tripoli and Benghazi, with a distinct susceptibility to a deterioration in needs should conflict re-erupt.

In many instances, unmet sectoral needs were amplified by their interrelationship with insufficient access to cash for Libyan households. This is particularly the case for households in Tripoli (and in particular for IDP households in Tripoli), where chronic economic conditions act to exacerbate underlying needs. The current lack of access to jobs, low wages, reliance on irregular sources of income and a dire rental situation for IDP households intensifies the unaffordability of basic services such as health and education. Furthermore, the food security situation in Tripoli requires concerted attention to alleviate food insecurity found for over 50% of IDPs. Given the high urban IDP population in Tripoli (estimated to be 17,297 individuals in IOM-DTM Round 22), and unstable governance due to fluid non-state armed group control and operations, relapses of violence will have a particularly large effect on the ability of households to meet their basic needs.

With the highest numbers of IDPs and returnees, health and protection issues continue to shape the humanitarian situation in Benghazi, though the assessment findings suggest an overall improvement in humanitarian conditions.

Nevertheless, displaced households disproportionately remain at risk and face numerous challenges. Difficulties in accessing healthcare was a major factor in unmet needs due to damaged or destroyed health facilities and a lack of medical staff and supplies. Twenty-three (23%) of returnees reported the presence of UXOs in their neighbourhood, highlighting the continued need for de-mining activities and mine action awareness to mitigate against explosive remnants of the previous fighting. At present however, risk to life from UXOs has not presented a critical problem with 0% of households reporting a family member injured as a result. Shelter conditions in Benghazi appear to have similarly improved – nearly one half (50%) of returnees reported parts of their house destroyed or household services not functioning upon return, though at the time of the assessment, no household was living in a heavily damaged or destroyed dwelling.

In Derna and Sirt, the conflict contributed to serious unmet needs in shelter and protection needs. Damaged shelter was widespread having a knock-on effect on household level services no longer functioning in both mantikas. This increasingly endangered returnee households. Sanitation problems in Derna were punctuated at the time of the assessment by a shutdown of waste management facilities leading 99% of households to practice unsafe disposal techniques such as burying or burning rubbish.

The south demonstrated a higher proportion of households with unmet needs in every sector. A lack of medical supplies and qualified medical staff characterised healthcare issues, dysfunctional public water network had ramifications on household access to clean and safe drinking water particularly in Ghat and barriers to acquiring documentation exacerbated service delivery access across the south. Documentation issues were defined by a history of marginalisation whereby tribal/ethnic groups were excluded from national registration and never able to obtain documentation but also far higher rates of households who had lost documentation were locked out of reapplying compared to the east or west. In contrast to Tripoli, in which pre-existing structural economic issues compounded household needs during periods of conflict, the south was particularly prone to liquidity problems and access to cash. While in the long-term access to cash will continue to compound vast inequalities in living conditions in the south, at present a number of strategies have been adopted to cope with the systemic problem. Endemic cash shortages across the south (except Sebha) were tackled by diversifying payment methods through cheques and bank transfers.

Overall, the crisis was driven by conflict but sustained and exacerbated by economic factors. A two-fold increase in the proportion of households completely unable to withdraw was observed since 2017. Although this does not substantiate a longer term trend of economic decline in Libya, it points to the shifting financial landscape in 2018 where a decrease in the use of hard cash and increasing uptake of alternative payment modalities such as cheques and bank transfers – particularly in the south – has become more frequent. Future humanitarian interventions must acknowledge the realities of everyday life and modify their approaches to best serve the interests of those most in need. While households have so far managed to adapt to the liquidity crisis, the increased adoption of negative coping strategies at a high rate will act to undermine the future capacity of households to withstand sudden onset disruptions to their daily lives through political violence

ANNEXES

Annex 1: Terms of Reference (link)

Annex 2: Household Questionnaire and Indicators Matrix (link)

Annex 3: Qualitative Tools:

- Key Informant (KI) Tool: [EN] [AR]
- Focus Group Discussion (FGD) Tool: [EN] [AR]

Annex 4: MSNA Location Factsheets:

- All locations compiled: http://bit.ly/2Abonnf
- Al Jabal al Akhdar: http://bit.ly/2Bzl7St
- Al Jabal al Gharbi: http://bit.ly/2LwFx3d
- Al Jifara: http://bit.ly/2V2SyWw
- Al Jufra: http://bit.ly/2EDSxm5
- Al Kufra: http://bit.ly/2Sg3yOC
- Al Marj: http://bit.ly/2EHbk0L
- Azzawya: http://bit.ly/2AboKy9
- Benghazi: http://bit.ly/2T1N7FF
- Derna: http://bit.ly/2V2QpKz
- Ejdabia: http://bit.ly/2ElmoLe
- Ghat: http://bit.ly/2EGg1bf
- Misrata: http://bit.ly/2GCM2CL
- Murzuq: http://bit.ly/2BzofOi
- Sebha: http://bit.ly/2A86kyo
- Tobruk: http://bit.ly/2CrVepz
- Tripoli: http://bit.ly/2rQ1dys
- Ubari: http://bit.ly/2QGGATY
- Wadi Ashshati: http://bit.ly/2rNuObJ
- Zwara: http://bit.ly/2CsKSpk

Annex 5: MSNA Sector Factsheets:

- All sectors: http://bit.ly/2B4E8fu
- Health: http://bit.ly/2ruoAx9
- WASH: http://bit.ly/2G8f6lm
- Shelter & NFI: http://bit.ly/2rwJfR7
- Education: http://bit.ly/2G6gaq1
- Protection: http://bit.ly/2SDryed
- Cash & Markets: http://bit.ly/2zUJIBe
- Food Security: http://bit.ly/2BXZkW8

Annex 6: Indicators used to calculate Unmet Needs

Table 18: Indicators and MSNA questions used to calculate unmet household needs in health

Household Unmet Needs Calculation: Health		
Sector Indicators	**Questionnaire questions**	**Response if household had an unmet need**
HHs with an ill family member who did not go to a health facility the access the needed healthcare	Have you or anyone in your household been ill in the past 15 days? *If Yes, did you/they go to a health facility to access the needed health care?*	If "no"
HHs facing challenges accessing health facilities when needed	Do you face any challenges accessing health facilities when you need them?	If "Health facilities have been damaged or destroyed", "No available health facilities that can accept new patients", "No/lack of money to pay for care", "Lack of medical staff in general", or "Lack of medical supplies"
Distance to nearest health service provider	How much time does it take you by car to travel from your place of residence to the nearest health service provider?	If "1-2 hours", or "more than 2 hours"
HHs with a woman who gave birth in last 2 years, consulted by	If any women in the household gave live birth during the 2 last years, who assisted them in the delivery?	If "uncertified midwife", "nurse"," relatives/friends", or "no one"
HHs with a family member diagnosed with a chronic disease with no access to medicines	Has any member of your HH have been diagnosed with a chronic disease? If Yes, do they have access to medicines?	If "no access"
HHs with a family member diagnosed with a clinical mental disorder with no access to healthcare	Has any member of your HH have been diagnosed with a clinical mental disorder? If Yes, do they have access to healthcare?	If "no access"
HHs with a family member diagnosed with a physical disability with no access to healthcare services.	Has any member of your HH have been diagnosed with a physical disability? If Yes, do they have access to healthcare services?	If "no access"

Table 19: Indicators and MSNA questions used to calculate unmet household needs in WASH

Household Unmet Needs Calculation: WASH		
Sector Indicators	**Questionnaire questions**	**Response if household had an unmet need**
Percentage of households accessing adequate/sufficient quantity of water	In the last month, has there been any time when your household did not have a sufficient quantity of drinking water?	If "Yes"

Table 20: Indicators and MSNA questions used to calculate unmet household needs in shelter & NFI

Household Unmet Needs Calculation: Shelter		
Sector Indicators	**Questionnaire questions**	**Response if household had an unmet need**
IDP and returnee HHs living in unfinished or unsatisfactory shelter types	What type of shelter do you live in?	If "unfinished room(s)", "public space not usually used for shelter (school, mosque, etc.)", "private space not usually used for shelter (basement, garage, store, warehouse, work site, etc.)", "tent or caravan", or "camp"
HHs living in heavily damaged or destroyed shelter	How would you describe the overall condition of this household's shelter?[122]	If "Heavy damage (shelter is not livable without repairs) or "Destroyed (shelter needs to be reconstructed)"
HHs needing assistance to cover their energy needs	Is your household able to access sufficient cooking fuel to meet its energy needs?	If "No access to this type of fuel"
% of HHs threatened with eviction from current shelter	Has your household experienced eviction or the threat of eviction within the past 6 months?	If "Yes, have been threatened with eviction" or "Yes, have been recently evicted"
HHs reporting occupancy type as squatting	How would you describe your household's occupancy status?	If "squatting"

Table 21: Indicators and MSNA questions used to calculate unmet household needs in education

Household Unmet Needs Calculation: Education		
Sector Indicators	**Questionnaire questions**	**Response if household had an unmet need**
HHs with at least one school-aged child not enrolled in school	How many school aged children (6-17) in your HH are enrolled in school?	If nb of school-aged children in HH ≥1 and nb of school-aged children enrolled < nb in HH
HHs with at least one school-aged child not regularly attending school[123]	How many of them [school-aged children] have regularly attended school during the 2017-2018 academic year?	If nb of school-aged children in HH ≥1 and nb of school-aged children regularly attended < nb in HH

[122] This question was asked to enumerators conducting the surveys to assess the level of damage of the household. Enumerators were given guidelines to assess levels of damage with guidance images on walls, rooves, doors and windows provided by NRC's shelter assessment.

[123] Based on guidance provided by UNICEF, "not regularly attending" was defined as children who missed more than 25% of school days. A school-aged child is between 6-17 years of age.

Table 22: Indicators and MSNA questions used to calculate unmet household needs in protection

Household Unmet Needs Calculation: Protection		
Sector Indicators	**Questionnaire questions**	**Response if household had an unmet need**
HHs having lost documentation in the conflict not reapplying	Did you or some household member lose legal documentation because of the conflict (e.g. family book, birth certificate, marriage certificates…)? *If Yes, have you applied to get new documentation?*	If "No"
HHs reporting barriers to receiving humanitarian assistance in the 6 months prior to data collection	In the last year, did your household face any barriers to receiving humanitarian assistance?	If "legal recognition of humanitarian organizations"; "lack of consent from actor controlling territory"; "insecurity travelling to area of assistance"; "checkpoints or roadblocks"; or "presence of explosive hazards"
HHs reporting presence of explosive hazards at neighbourhood level	Are you aware of the presence of any explosive hazards in your neighborhood?	If "Yes"
HHs reporting members injured or killed by an explosive hazard	Has any member of your household been harmed as a result of being exposed to an explosive hazard in the past?	If "Yes"
Returnee HHs facing protection-related problems upon return to their area of origin	When you returned to your community did you experience any of the following?	If "House occupied"; "prove legal ownership"; "no security"; "household basic services nonfunctioning"; "community basic services nonfunctioning"
IDP HHs hosting displaced persons under 18	Are you currently hosting family members or others that have been displaced from another place in the mantika or Libya? *If Yes, how many hosted persons are under 18?*	>0
IDP HHs hosting unaccompanied children	How many children in your household do not have any family relationship to any adult member of the household?	>0
IDP HHs reporting recent eviction or threatened with eviction	Has your household experienced eviction or the threat of eviction within the past 6 months?	If "Yes, have been threatened with eviction"; "Yes, have been recently evicted"
IDP HHs diagnosed with clinical mental disorder	Have you or anyone in your household been diagnosed with a clinical mental disorder?	If "Yes"
IDP HHs diagnosed with physical disability	Have you or anyone in your household been diagnosed with a physical disability?	If "Yes"
HHs reporting children under 18 who have worked in the past 30 days prior to data collection	How many children (aged 17 and under) in your household have worked in the following types of jobs in the past 30 days?	If <0 for: "Permanent job with annual/monthly/weekly wage"; "Temporary job with weekly/daily/monthly wage"; "Daily labour"
HHs displaced more than once since 2011	*Since 2011, has your household ever been displaced as a result of conflict? If Yes, since 2011, how many times has your household?*	>1

Household Unmet Needs Calculation: Food security		
Sector Indicators	**CARI composed of the following MSNA questions:**	**Response if household had an unmet need**
CARI	Food consumption score (FCS) Food expenditure share Livelihood coping strategies	For IDP and returnee HHs, if "moderately" or "severely" food insecure; for non-displaced households, if "severely food insecure".
Source: WFP. Consolidated Approach to Reporting Indicators of Food Security (CARI) Technical Guidance Note. November 2015.		