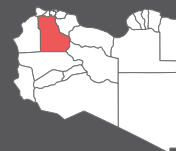# Multi-Sector Needs Assessment: Al Jabal al Gharbi Profile
Libya, September 2017

Context & Methodology

Libya has experienced several waves of conflict since 2011, renewed nationwide in 2014 and periodically in several regions, that affected millions of people, both displaced and non-displaced. In response to a lack of recent data on the humanitarian situation in Libya, REACH conducted two rounds of multi-sector data collection in June and August to provide timely information on the needs and vulnerabilities of affected populations. A total of 2,978 household (HH) surveys were completed across 8 Libyan mantikas[1], chosen to cover major population centres and areas of displacement.

Data in the mantika of Al Jabal al Gharbi was collected in June-July: 433 HH surveys were conducted following a sampling allowing for statistically generalisable results for all assessed displacement categories with a confidence level of 95% and a margin of error of 10% (unless stated otherwise in the findings). Findings have been disaggregated by displacement status where the differences in responses among these groups were significant.

Assessed Locations

● Assessed locations
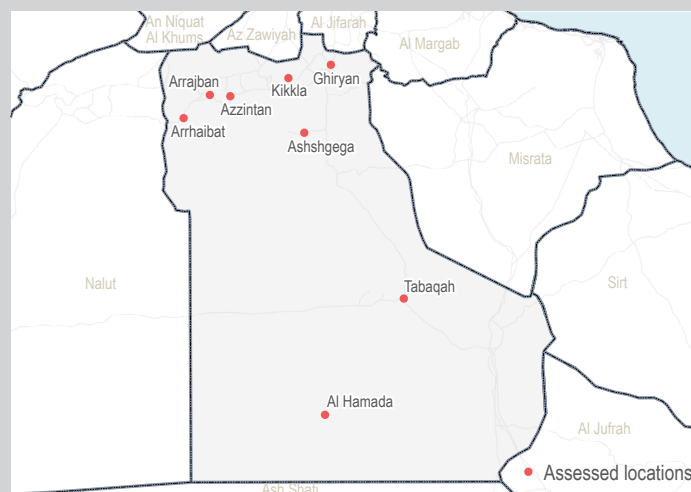
Demographics

Primary HH residence by baladiya[1]:

33.4% Gharyan
28.1% Azzintan
19.4% Kikkla
19.1% Other

Estimated population in baladiya[2]: **325,400**

5.4 Average household size

4.4% of interviewed HoHs (heads of household) were female.

Distribution of HHs sampled per population group:

92.1% Non-displaced
5.8% IDPs
2.1% Returnee

Age distribution of HH members per population:

Age	Non-displaced	IDPs	Returnees
0-3	5.8%	6.0%	9.0%
4-14	24.8%	22.1%	28.9%
15-17	11.0%	13.2%	9.2%
18-64	56.3%	56.0%	47.4%
65+	2.2%	2.8%	5.4%

% of HHs reporting the following vulnerable members:

5.2% Pregnant woman
18.2% Chronically ill person(s)
0.8% Hosting displaced person(s)

[1] Libya is divided into four types of administrative areas: 3 *regions* (admin level 1), 22 *mantikas* or districts (admin level 2), 100 *baladiyas* or municipalities (admin level 3), and *muhallas,* which are similar to neighbourhoods or villages (admin level 4).

Priority Needs

Top 3 reported needs in HHs per population group:[3]

Non-displaced		IDPs		Returnees	
80.4%	Food	60.3%	Shelter	85.9%	Healthcare
52.5%	Shelter	58.7%	Income/cash	60.0%	Shelter
45.6%	Income/cash	55.0%	Food	55.3%	Food

Preferred modality for future assistance, per population group:

Non-displaced		IDPs		Returnees	
52.5%	Cash/Voucher	62.3%	Cash/Voucher	78.8%	In-kind
27.8%	Mixed (cash & in-kind)	24.1%	Mixed (cash & in-kind)	20.0%	Mixed (cash & in-kind)
13.9%	In-kind	5.2%	Refuse to answer	1.2%	No assistance

Displacement

% of HHs by number of times displaced per population group:

IDPs

Returnees

62.1%	displaced **once**	48.2%
36.3%	displaced **twice**	51.8%
1.6%	displaced **three times or more**	0.0%

Top 3 push and pull factors for IDPs and returnees:[4]

Push factors		Pull factors
Insecurity and conflict in previous location	①	Presence of HH's community
Shelter damaged or squatted	②	Presence of family and friends
Evicted from shelter	③	Greater security

[2] Estimated total population figures in assessed area from satellite imagery, IDPs and returnees figures in baladiya from IOM DTM Libya round 12 (June-July 2017)

[3] Respondents could choose up to 3 answers.

[4] Respondents could choose several answers.

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Top 3 reported problems faced by returnees upon return to areas of origin:[5]

Valuables in house/property missing	**94.0%**
Parts of house/property destroyed	**90.5%**
Basic services not available	**90.5%**

🍜 Food Security

Average Food Consumption Score (FCS)[6] per population group:

	Average FCS	Poor	Borderline	Acceptable
Overall	94.8	0.6%	0.1%	99.3%
Non-displaced	95.6	0.6%	0.0%	99.4%
IDPs	88.0	0.5%	2.1%	97.4%
Returnees	79.2	0.0%	0.0%	100.0%

Top 3 reported ways of accessing food per population group:[7]

🧍 Non-displaced	🏃 IDPs	🏃↻ Returnees
95.4% Purchased with cash	**92.6%** Purchased with cash	**85.9%** Purchased with cash
40.5% Own production	**38.4%** Purchased on credit	**10.6%** Purchased on credit
34.8% Purchased on credit	**24.7%** Own production	**3.5%** Rely on assistance

% of HHs reporting food item price changes over the last 30 days:

	Increase	No change	Decrease
Pasta	81.4%	17.8%	0.8%
Flour	66.2%	28.5%	5.3%
Chickpeas	94.7%	4.6%	0.8%
Chicken	91.4%	7.3%	1.3%
Tomato paste	67.7%	30.7%	1.6%
Eggs	67.3%	7.5%	25.2%
Oil	72.8%	23.9%	3.3%
Sugar	78.9%	19.2%	1.9%
Rice	87.2%	12.7%	0.1%

% of HHs reporting having access to subsidised food items over the last 30 days:

🧍 Non-displaced	🏃 IDPs	🏃↻ Returnees
52.5%	**36.8%**	**52.9%**

For the HHs reporting having access to subsidised food items over the last 30 days, top 3 food items per population group:[7]

1. Dairy	1. Dairy	1. Dairy
2. Eggs	2. Tuna	2. Tomato paste
3. Tuna	3. Eggs	3. Pasta/Sugar

[5] Respondents could choose several answers.
[6] The FCS is a composite indicator score based on dietary frequency, food frequency and relative nutrition importance of different food groups and their consumption by assessed population groups. Ranging from 0 to 112, the FCS will be 'poor' for a score of 28 and less, 'borderline' for a score of 42 or less, and 'acceptable' above a score of 42.
[7] Respondents could choose up to 3 answers.

Average Reduced Coping Strategy Index (rCSI)[8] per population group:

	Average rCSI	Low use of coping strategies (0-3)	Medium use of coping strategies (4-9)	High use of coping strategies (10+)
Overall	1.9	91.1%	5.5%	3.4%
Non-displaced	1.6	92.4%	5.1%	2.5%
IDPs	6.8	72.1%	10.0%	17.9%
Returnees	1.9	82.4%	15.3%	2.4%

💰 Cash & Livelihoods

% of HH income from the following sources in the last 30 days:

Government salary	**94.4%**
Salaried work	**2.5%**
Business and trade	**1.5%**

Top 3 reported challenges to accessing income in the last 30 days per population group:[7]

🧍 Non-displaced	🏃 IDPs	🏃↻ Returnees
67.7% Irregular salary	**56.5%** Irregular salary	**56.0%** Irregular salary
25.9% Low salary	**38.7%** Low salary	**29.9%** Dysfunctional banks
20.9% Dysfunctional banks	**32.7%** No work opportunity	**11.9%** Low salary

% of HH income spent on the following items in the last 30 days, per population group:

🧍 Non-displaced	🏃 IDPs	🏃↻ Returnees
41.5% Food	**31.6%** Food	**44.6%** Food
7.6% Healthcare	**14.6%** Housing	**17.1%** Healthcare
7.3% Water	**9.6%** Healthcare	**15.2%** Water

Reported withdrawal limits in the last 30 days, per population group:

Non-displaced: < 300 LYD 17%, 300-599 LYD 67%, 600-999 LYD 10%, > 1,000 LYD 1%, Unable to withdraw 6%, No attempt to withdraw 1%

IDPs: < 300 LYD 8%, 300-599 LYD 75%, 600-999 LYD 18%, > 1,000 LYD 1%, Unable to withdraw 3%, No attempt to withdraw 4%

Returnees: < 300 LYD 47%, 300-599 LYD 29%, 600-999 LYD 0%, > 1,000 LYD 0%, Unable to withdraw 15%, No attempt to withdraw 8%
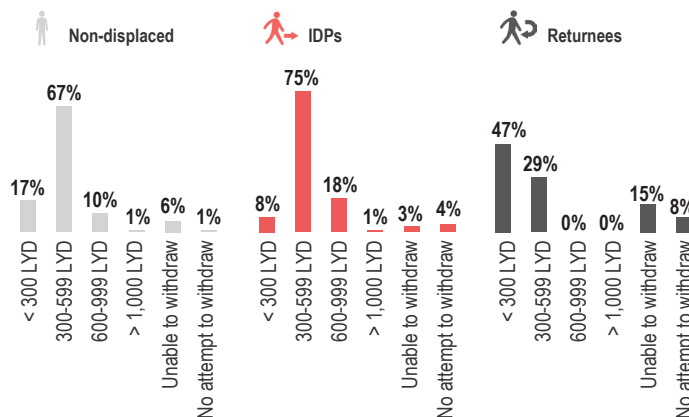
[8] The reduced Coping Strategy Index (rCSI) is often used as a proxy indicator fior household food insecurity. rCSI combines: (i) the frequency of each strategy; and (ii) their (severity). Higher rCSI indicates a worse food security situation and vice versa, with a score from 0 to 56.

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Top 3 reported barriers to accessing market items:[9]

Some items too expensive

Some items not available

No means of payment

Top 3 reported barriers to accessing financial services:[9]

1 Waiting times too long

2 Limits on withdrawals

3 Insecurity waiting in line

Top 3 reported coping mechanisms for lack of income/resources/ cash in the last 30 days per population group:

Non-displaced		IDPs		Returnees	
31.8%	Use savings	49.7%	Use savings	43.5%	Reduce expense on services
27.8%	Borrow money	38.3%	Borrow money	41.2%	Use savings
16.8%	Sell gold	33.2%	Take additional job	14.5%	Take additional job

🏠 Shelter & NFI

% of HHs reporting living in each shelter type:

98.1% House or apartment

1.6% Unfinished building

0.2% Collective space
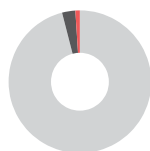
% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Owned	91.8%	44.7%	100.0%
Rented	7.6%	36.3%	0.0%
Hosted for free	0.0%	18.4%	0.0%
Squatting	0.6%	0.5%	0.0%

68.6% of HHs who reported renting their housing indicated that **rental prices had remained unchanged** over the last 6 months.

% of HHs reporting damage to housing per population group:

	Non-displaced	IDPs	Returnees
No damage	91.1%	57.9%	16.5%
Light damage	4.4%	21.6%	32.9%
Medium damage	2.5%	10.5%	22.4%
Medium-heavy damage	1.9%	9.5%	24.7%
Heavy damage/destroyed	0.0%	0.5%	3.5%

0.8% of HHs reported having been threatened with eviction.

69.2% of HHs reported having irregular access to electricity.

92.4% of HHs reported that the municipal network was their main source of electricity.

Reported average number of hours of power cuts:

53.4% 0-3 hour(s) per day

45.4% 4-7 hours per day

1.2% 8-12 hours per day

% of HHs reporting having access to cooking fuel:

% of HHs reporting having access to heating fuel:

cooking		heating	
22.7%	regular access	13.7%	
77.0%	irregular access	72.9%	
0.3%	no access	13.5%	

Top 3 reported NFI not possessed by HHs, per population group[9]:

	Non-displaced	IDPs	Returnees
Water tank	90.4%	83.0%	96.3%
Mosquito nets	61.1%	71.4%	88.1%
Heater	25.9%	31.9%	51.9%

🚰 WASH

Main reported sources of drinking water per population group:

Non-displaced		IDPs		Returnees	
82.9%	Bottled water	70.0%	Bottled water	69.4%	Bottled water
8.2%	Water trucking	15.3%	Water trucking	11.8%	Protected well
5.7%	Public network	5.3%	Rainwater	10.6%	Water trucking

Top 3 reported types of water treatment:[9]

No treatment	90.0%
Water filter	4.6%
Chlorine tablets	1.1%

Main types of sanitation facilities in HHs, per population group:

	Non-displaced	IDPs	Returnees
Flush toilet	100.0%	77.4%	98.8%
Pour toilet	0.0%	22.6%	1.2%
No toilet	0.0%	0.0%	0.0%

Main solid waste management practices of HHs:

Collected by waste management service	49.5%
Put in specific place for waste disposal at later stage	33.1%
Buried or burned	11.6%
Left on the road or in an inappropriate public space	5.8%

[9] Respondents could choose several answers.

Top 3 reported essential hygiene items needed by HHs, per population group[10]:

Non-displaced	IDPs	Returnees
1. Disinfectant	1. Disinfectant	1. Disinfectant
2. Water container	2. Soap	2. Water container
3. Soap	3. Sanitary pads	3. Soap

⚕ Health

**55.0%** of HHs reported needing healthcare in the last 15 days.

62.4% of these HHs reported having received the healthcare they needed.

Top 3 barriers to access to healthcare, per population group:[10]

Non-displaced	IDPs	Returnees
1. Lack of medical staff	1. Lack of medical staff	1. Lack of supplies
2. Lack of supplies	1. Lack of supplies	2. Lack of medical staff
3. Lack of money / Facilities damaged	3. Lack of money	3. Facilities damaged

% of HHs with one or more pregnant women:

94.8% No
5.2% Yes

% of HHs with one or more women giving birth in last 2 years:

80.3% No
19.7% Yes
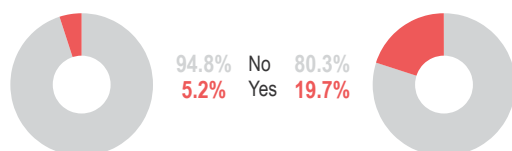
65.9% of HHs with women who gave birth in the last 2 years reported having breastfed their newborn(s) for the first 6 months.

Most reported chronic diseases among those HHs reporting one or more members affected by a chronic disease:

Diabetes	**36.2%**
High blood pressure	**36.2%**
Asthma/Heart disease	**7.9%**

6.0% of HHs reported one or more members who have been diagnosed with mental health illness.

📖 Education

71.1% of children out of the total number of school-aged children in HHs assessed are enrolled in school.

98.0% of HHs reported that their children faced no barriers to accessing education. The remaining 2.0% of HHs reported:[10]

1. Cannot afford education services

2. Distance to education facilities too far

3. Education facilities are used for other purposes

[10] Respondents could choose several answers.

0.8% of HHs reported that one or more children in the household had dropped out of formal education services.

42.2% of HHs reported that their school-aged children were attending non-formal educational programmes, per population group:[11]

Non-displaced	IDPs	Returnees
22.7% Remedial education	9.6% Remedial education	1.7% Remedial education
20.9% Catch-up classes	5.8% Recreational activities	1.7% Catch-up classes
1.8% Recreational activities	4.5% Child-friendly spaces	

🤲 Protection

% of HHs reporting presence of explosive hazards in their current area of residence:

Non-displaced	IDPs	Returnees
1.3%	23.7%	27.1%

12.7% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

86.8% of HHs reported at least one member with signs of psychological distress.

Most reported signs of psychological distress:[10]

Non-displaced		IDPs		Returnees	
40.8%	Little pleasure in things they usually like	59.4%	Little pleasure in things they usually like	38.8%	Trouble sleeping
35.7%	Trouble sleeping	26.7%	Feeling down, depressed or hopeless	35.3%	Little pleasure in things they usually like
28.7%	Unusual lack of energy	26.7%	Trouble sleeping	34.1%	Feeling down, depressed or hopeless

7.6% of HHs reported having lost ID or other documentation during the conflict. Out of those, 69.6% have reapplied for new documentation.

[11] During consultation with sectors, 'non-formal education' was defined as any kind of education provided by uncertified staff and which does not give access to any official education certification.

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