MULTI-SECTOR NEEDS ASSESSMENT (MSNA) KEY FINDINGS

LIBYAN POPULATION

FACTSHEET

MARCH 2023
LIBYA

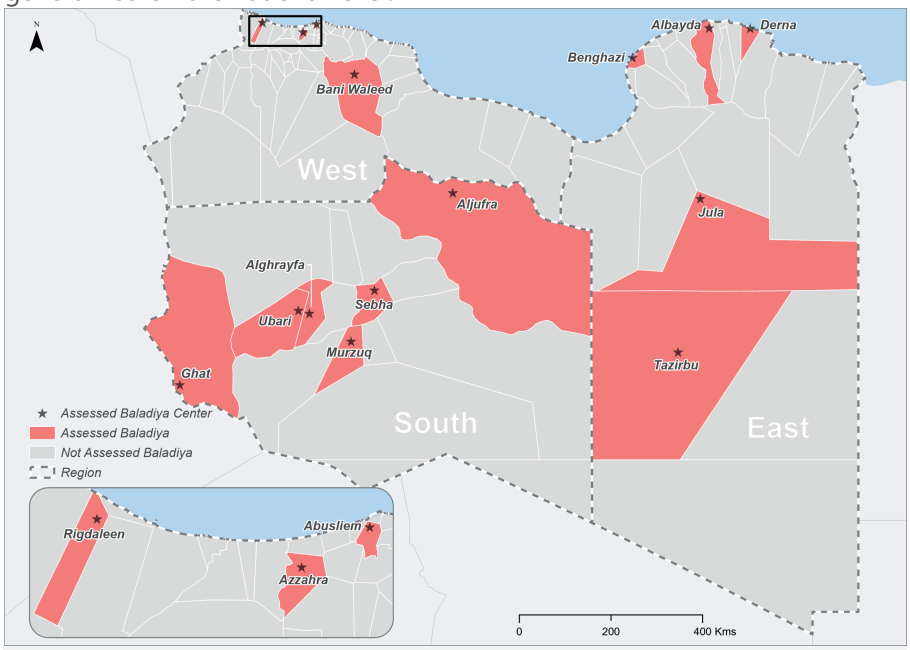
CONTEXT & RATIONALE

One year after failing to hold elections scheduled to be held in December 2021, Libya continues to face challenges to revive the electoral track and achieve democratic transition.[1] The security situation in Libya remains relatively stable but fragile,[2] with persistent safety and security threats especially in the South where security incidents and presence of armed groups are frequently reported,[3] and access to opportunities are reduced due to movement restrictions. This has additionally resulted in significant losses in national income, productivity, and consumption.

As of April 2022, 159,996 families were found to be displaced, and 680,772 families were found to have returned to their area of origin.[4] Despite reaching a stabalisation phase, with humanitarian needs overall seeming to decrease,[5] crucial information gaps for displaced and non-displaced populations in Libya remain, as the political, economic, and social landscapes are constantly evolving. REACH, on behalf of the Humanitarian Country Team (HCT), the Intersectoral Coordination Group (ISCG) and the Assessment Working Group (AWG) conducted the 5th MSNA to update humanitarian actors' understanding of the needs that exist in the country.

ASSESSMENT COVERAGE

The 15 assessed baladiyas were selected based on the mantikas with the highest number of internally displaced households according to the IOM DTM round 42, and the baladiyas with the highest needs severity according to 2022 OCHA's severity scale triangulated with the baladiyas with highest percentage of households with two or more sectoral needs according to the 2021 Libyan population MSNA. It is important to note that the 2022 MSNA results are representative of the assessed baladiyas and population groups and cannot be generalized on the national level.



These factsheets contain **the key intersectoral and sectoral findings** from the quantitative data. Top-level intersectoral findings can additionally be found in the bulletin. All publications related to this project can be found on the REACH Resource Center.

ASSESSMENT OVERVIEW

Assessment objectives:

1. Understand the humanitarian needs and contribute to a better understanding of the durable solutions, and how these differ per geographic location and population group, as well as to inform key milestones (e.g., the Libya Humanitarian Overview (HO)) and the humanitarian actors in Libya.

2. Contribute to a more targeted and evidence-based humanitarian response, including the approach to durable solutions.

Data collection:*

Data collection took place between July 4th and October 4th, 2022 and covered a total of 3,758 households across 15 selected baladiyas. Findings are generalisable per population group and per baladiya with a 95 confidence interval and a 5% margin of error.** Findings relating to subsets of the sample are indicative only.

** Please refer to the methodology overview for more details.*
*** Except for Azzahra, Aljfara; where operational constraints led to under-sampling, findings are indicative only for this baladiya.*

Number of assessed households per assessed baladiya and per displacement status:

	Baladiya	Non-displaced	Internally displaced	Returnee
East	Albayda	123	86	0
	Benghazi	119	100	100
	Derna	124	79	103
	Jalu	128	55	0
	Tazirbu	136	0	0
West	Abusliem	124	94	101
	Azzahra	124	80	90
	Bani Waleed	120	90	0
	Rigdaleen	124	0	80
South	Alghrayfa	128	84	0
	Aljufra	124	92	59
	Ghat	128	86	0
	Murzuq	132	87	57
	Sebha	120	92	93
	Ubari	120	75	100

Co-funded by European Union Humanitarian Aid
USAID FROM THE AMERICAN PEOPLE
REACH Informing more effective humanitarian action

HEALTH LIVING STANDARDS GAP (LSG)

MSNA 2022 LIBYA

% of interviewed households found to have health needs (severity score of 3 or 4): 33%

% of interviewed households per severity of health needs (LSG score):

NA	Extreme*	Severity score 4
33%	Severe	Severity score 3
15%	Stress	Severity score 2
0%	No or minimal	Severity score 1
52%	No score[6]	Severity score 0

* Note on the health methodology: It is not possible to be classified as having extreme health needs due to lack of viable indicators in the MSNA.

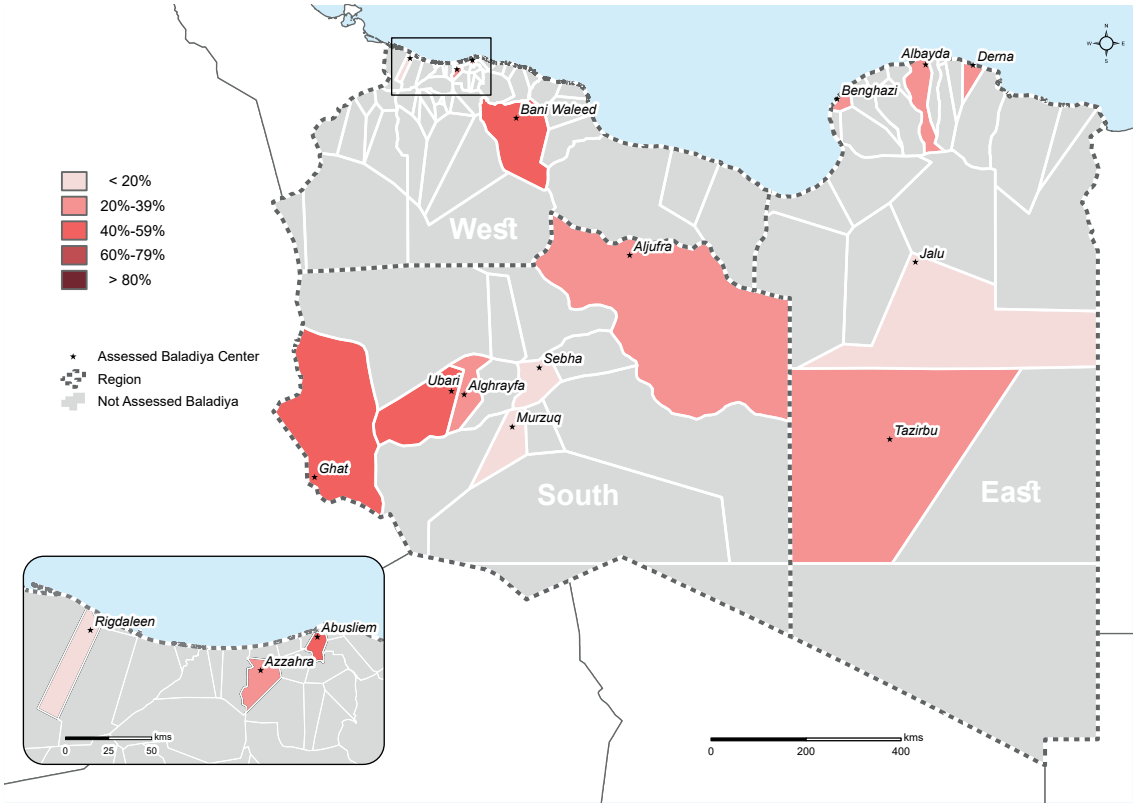
In 2021, reports indicated that up to 90% of basic/primary health care institutions remained shut down while 73% of those in the South and 47% in the East were only partially operational due to both insufficient medical supplies and staff.[7]

These figures might be underlying the MSNA findings, which suggested **health being among the top needs among Libyan households in the assessed baladiyas. One-third (33%) of households were found to have a health LSG**. In the analysis, severe health needs (LSG score of 3) were mostly driven by **households reporting having needed but having been unable to access healthcare in the 3 months prior to data collection.**

% of interviewed households per severity of health needs (LSG score), per population group and region:

	No score	1	2	3	4	In need
East	47%	0%	20%	33%	NA	**33%**
West	62%	0%	0%	38%	NA	**38%**
South	56%	0%	17%	27%	NA	**27%**
Non-displaced	51%	0%	17%	32%	NA	**32%**
Internally displaced	51%	0%	9%	39%	NA	**39%**
Returnee	57%	0%	6%	37%	NA	**37%**

% of households with health needs (LSG), per assessed baladiya:



HEALTH LIVING STANDARDS GAP (LSG)

The following indicators fed into the overall health needs score (LSG):*

% of households reporting having member(s) who had needed, but had been unable, to access health-care in the 30 days prior to data collection	**33%**
% of households reporting having faced at least one challenge to access healthcare in the 3 months prior to data collection	**10%**
% of households without access to public or private health facilities	**0%**
% of households needing to travel over one hour to reach the nearest health facility using their normal mode of transportation	**0%**
% of households with at least one child under-5 years of age without a vaccination card**	**29%**

*Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners. For health, households with at least one member having an unmet healthcare need are immediately classified as being in need.
**Calculation of percentage out of households with children under 5 years old

Top 4 most commonly reported healthcare barriers:*

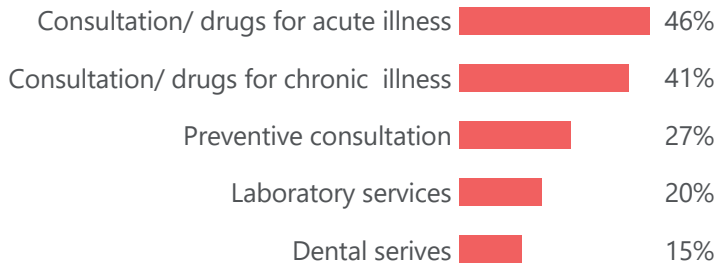
*This includes both households that had not been able to access needed healthcare, and households that had been able to access healthcare or did not need it

Top 3 most reported types of healthcare facilities reportedly accessible, by % of households:

82% General hospital / primary care
66% Private clinic / primary care
41% Pharmacies

50% of the surveyed households reported having needed healthcare in the 3 months prior to data collection

Top 5 healthcare needs in the 3 months prior to data collection:



Findings suggest severe health needs (severity score 3) were particularly high in some baladiyas, with the highest proportions of households with health needs being found in Ghat (58%), Ubari (49%) in the South and Bani Waleed (43%) in the West. For Bani Waleed, the most reported barrier causing unmet healthcare needs was **the inability to afford health services.** In Ghat and Ubari, the most reported barriers were **poor quality of health services, lack of medicines and overcrowding** which might be triangulated by a 2021 dataset by OCHA, according to which the number of operating health facilities in these two baladiyas was particularly low.[8]

The highest proportion of households with a health LSG was found **in Aljufra; 65% of IDP households in this baladiya (n=92) were categorised with a health LSG.**

Findings suggest that of those households with healthcare needs (33%), **58% were found to have no other sectoral needs, while 34% were found to also have WASH needs.**

The average reported **duration to reach the nearest health facility** using normal mode of transportation was **17.89 minutes**.

All surveyed households reported needing less than one hour to reach the nearest health facility using their normal mode of transportation.

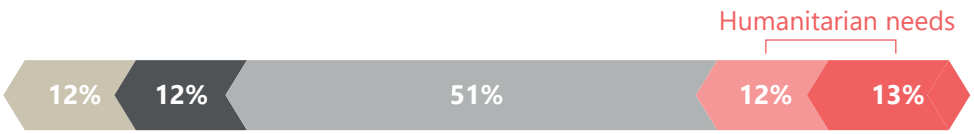
Co-funded by European Union Humanitarian Aid
USAID FROM THE AMERICAN PEOPLE
REACH Informing more effective humanitarian action

WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)

MSNA 2022 LIBYA

% of interviewed households found to have WASH needs (severity score of 3 or 4): 25%

% of interviewed households per severity of WASH needs (LSG score):



13%	**Extreme**	Severity score **4**
12%	**Severe**	Severity score **3**
51%	**Stress**	Severity score **2**
12%	**No or minimal**	Severity score **1**
12%	**No Score**	Severity score **0**

Among the 6 assessed sectors WASH LSGs were the second most common sectoral LSG; **25% of interviewed households were found to have a WASH need**. Furthermore, **needs in this sector were found to mostly be driven by a reported lack of sufficient water to meet needs. Extreme needs were found to be driven by households reporting not having enough water for drinking (12%).**

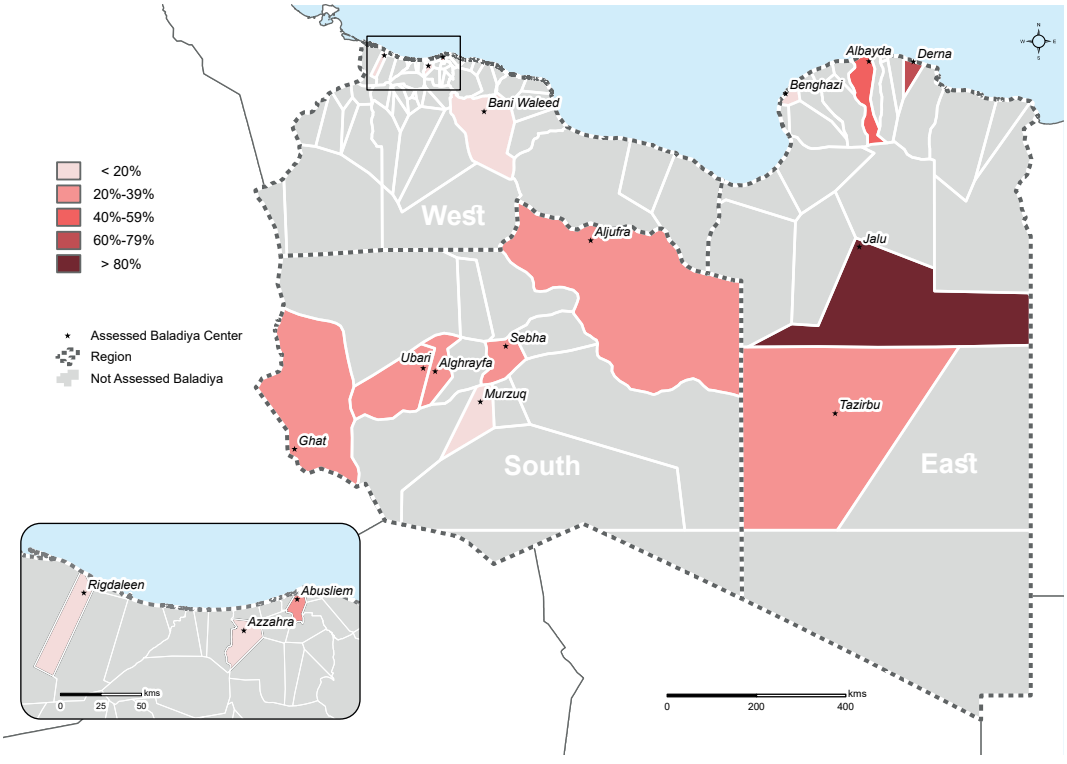
Findings suggest no considerable differences related to WASH needs between population groups, with IDPs being only slightly more commonly categorised with WASH LSGs (31%) than returnee (27%) and non-displaced households (24%).

The assessed baladiyas with the highest proportion of households found to have WASH need were **Jalu (88%), Derna (69%), and Albayda (47%).** The high WASH needs in these baladiyas (all located In the East) were driven by a high % of households reporting not having enough drinking water (60% in Jalu, 34% in Derna and 19% in Albayda).

% of interviewed households per severity of WASH needs (LSG score), per population group and region:

	No score	1	2	3	4	In need
East	17%	14%	40%	13%	16%	**29%**
West	0%	0%	84%	16%	0%	**16%**
South	13%	22%	41%	5%	20%	**25%**
Non-displaced	12%	13%	51%	12%	12%	**24%**
Internally displaced	13%	12%	43%	8%	23%	**31%**
Returnee	13%	8%	52%	14%	14%	**27%**

% of households with WASH needs (LSG score), per assessed baladiya:



WASH LIVING STANDARDS GAP (LSG)

The following indicators fed into the overall WASH needs score (LSG):

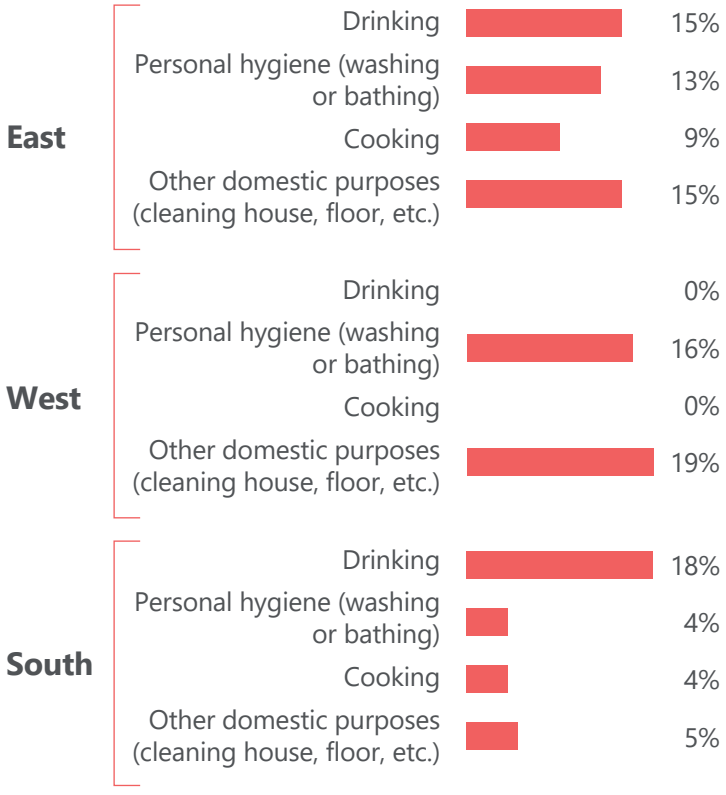
% of households relying on unimproved sanitation facilities or not having access to a functional sanitation facility at all**	**4%**
% of households relying on unimproved* drinking water sources**	**3%**
% of households reporting not having enough water for drinking, cooking, bathing, and washing	**21%**
% of households reporting having access to functioning handwashing facilities with water and soap available	**3%**
% of households reporting having problems accessing sanitation facilities	**13%**

*Note on calculation: The calculation of the WASH LSG relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners. For WASH, respondents who reported relying on unimproved sanitation facilities or drinking sources or reporting not having had enough water to meet drinking needs in the 30 days prior to data collection were immediately classified as having WASH needs.

** Unimproved sanitation facilities were defined as pit latrines without slabs, hanging toilets, and bucket toilets.

*** Unimproved drinking water sources were defined as water obtained from unprotected wells, boreholes or tube wells, unprotected springs, rainwater, or

% of households reporting not having sufficient amounts of water to meet the following needs:



88% of households reported using **Flush or pour/flush toilet as their main sanitation facility.**

Overall, most households reported using an improved sanitation facility (flush or pour/flush toilet). On a regional level, **100% of households in the West** reported using an improved facility, compared to slightly lower proportions found in the South (77%) and East (80%)

While overall most interviewed households in the East reported using an improved facility, a noticeably high proportion of households in Tazibaru baladiya (74 out of 136 households) reported using pit latrines (54%), which is an unimproved facility type.

Most reported sources of drinking water, by % of households:

58% Bottled water

31% Public network (connected to shelter)

96% of households reported **being able to access handwashing facilities**

84% of households reported **not having any problems with sanitation facilities**

The high percentage of WASH needs in Libya was mainly driven by households reporting not having enough water for drinking 12%, and not enough water for cooking, bathing, and washing 9%.

These needs prevailed mainly **in the East and the South**, more specifically, not having enough drinking water was commonly reported by **37% of households in Aljufra in the South (n=311), 60% of households in Jalu (n=183) and 34% in Derna (n=306) both are baladiyas in the East.**

FOOD SECURITY LIVING STANDARDS GAP (LSG)

MSNA 2022 LIBYA

% of interviewed households found to have food security needs (severity score of 3 or 4): 10%

% of interviewed households per severity of food security needs (LSG):

0%	Extreme	Severity score 4
10%	Severe	Severity score 3
45%	Stress	Severity score 2
17%	No or minimal	Severity score 1
28%	No Score	Severity score 0

Food security needs were most commonly found among households in the assessed baladiyas in the South (19%). In the analysis, food security LSGs were mostly driven by households having poor or borderline Food Consumption Scores (FCS) and/or relying on severe or extreme coping strategies, as measured through the reduced Coping Strategies Index (rCSI). These findings are likely related to food prices being significantly higher in the South than in the other two regions.[9] **IDP households were more often categorised with a food security LSG** than returnee and non-displaced households.

The food consumption findings suggest that internally displaced households rely less on legumes and nuts, milk products and proteins compared to non-displaced and returnees in the week prior to data collection.

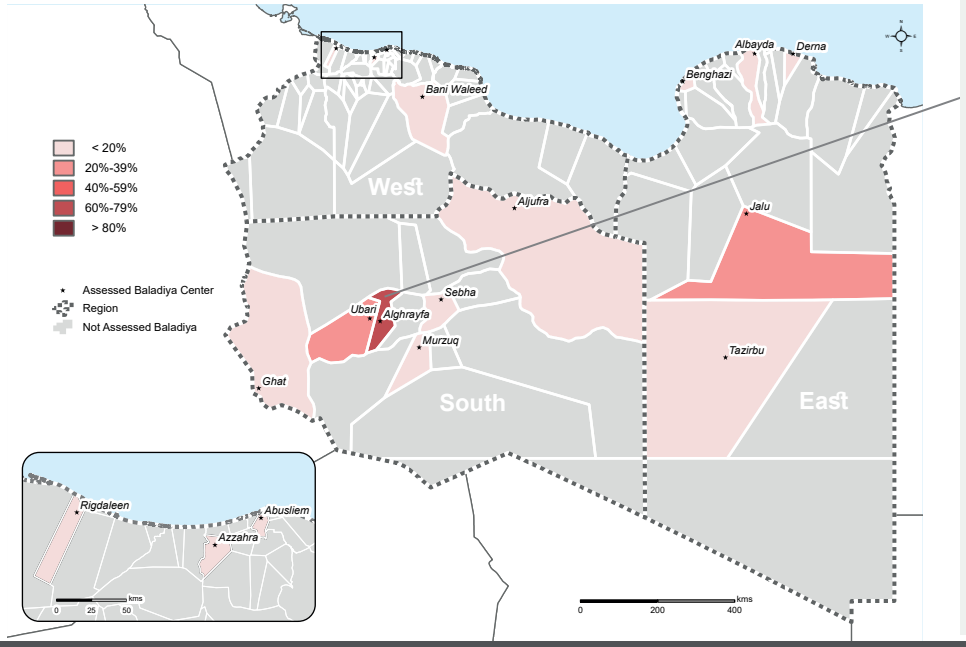
Food security was the sector with the third highest proportion of households with LSGs, following Health and WASH. Findings suggest these needs also relatively commonly co-occurred; **among households with a Food Security LSG (10%), 44% was also found to have a WASH LSG, and 30% had a concurring Health LSG.**

% of interviewed households per severity of food security needs (LSG), per population group and region:

	No score	1	2	3	4	In need
East	44%	15%	30%	10%	0%	**11%**
West	1%	18%	78%	2%	0%	**2%**
South	18%	19%	44%	18%	1%	**19%**
Non-displaced	25%	19%	46%	9%	0%	**10%**
Internally displaced	39%	11%	32%	15%	2%	**17%**
Returnee	40%	8%	42%	10%	0%	**10%**

*Note on calculation: the discrepancy in the calculation of food needs in the East comes from summing 10.25% (severe) and 0.45% (extreme) which amounts to 10.7%, rounded it becomes 11%

% of households with food security needs (LSG), per assessed baladiya:



The highest proportion of households with food security LSG was found in Alghrayfa (66%). Most households were found to have a borderline (57%) or poor (4%) FCS, and 50% had an rCSI score categorised as medium.

Findings suggest limited food consumption might be related to a lack of income; while only 63% of households in Alghrayfa reported engagement in waged labour as a source of income, they particularly commonly reported relying on government subsidies (35%) or not having a (secondary) source of income at all (34%) among their main income sources. Moreover, 40% of households reported their salary had not been enough to cover basic needs in the 30 days prior to data collection.

FOOD SECURITY LIVING STANDARDS GAP (LSG)

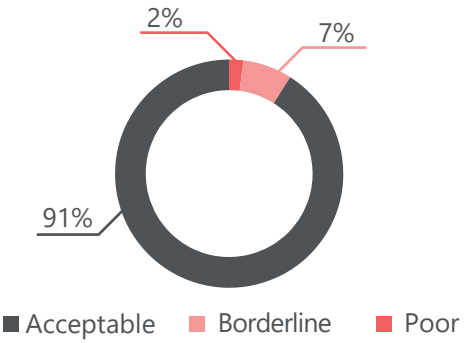
The following indicators fed into the overall food security needs score (LSG):*

% of households with poor or borderline consumption and who are relying on negative coping strategies to cope with a lack of food**	**10%**
% of households with severe or extreme Household Hunger Scale (HHS).	**0%**
% of households having spent over 65% of their total monthly expenditure on food in the 30 days prior to data collection.	**54%**
% of households without access to a marketplace within 30 minutes of travel from their accommodation.	**3%**

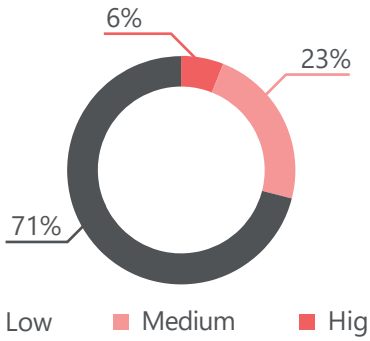
* Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners, and they are marked above with an asterisk. For food security, the FCS-rCSI combination and HHS were identified as the critical indicators. For the indicator HHS, a household with a severe HHS score (4) was immediately classified as having severe food needs. Households with extreme HHS scores (5 and 6) were classified with an extreme LSG (4).

** The indicator combines data from the FCS and rCSI. Households were classified with a severe LSG (3) if they had an acceptable or borderline FCS and a high rCSI score or if they had a poor FCS and a medium rCSI score. Households were classified with an extreme LSG (4) if they had a poor FCS and a high rCSI.

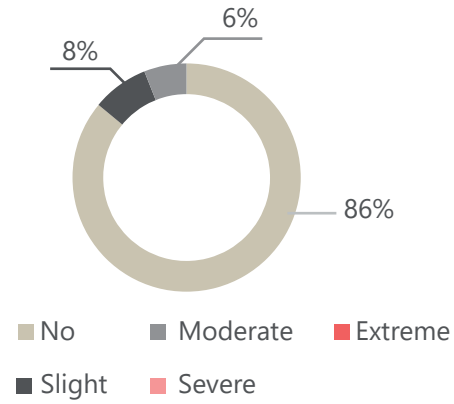
% of households by Food Consumption Score (FCS) category:



% of households by reduced Coping Strategies (rCSI) category:



% of households by Household Hunger Scale (HHS) category:

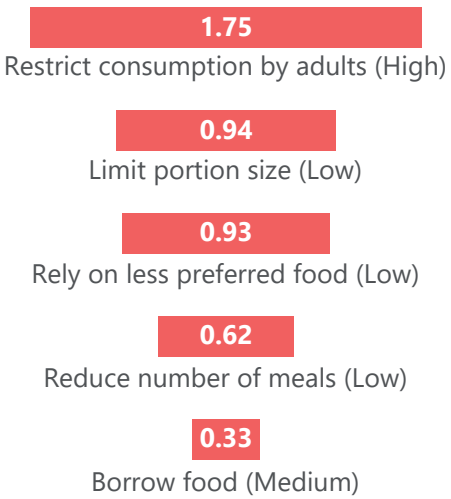


No households were found to experience severe or extreme hunger on the basis of the HHS.

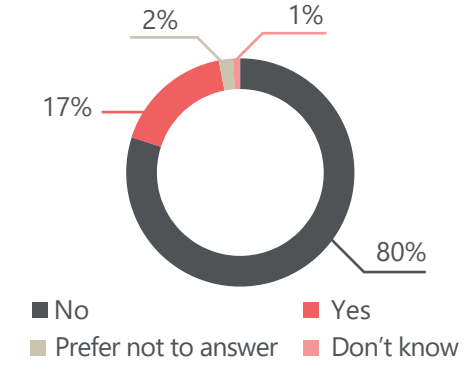
This finding was largely consistent across assessed baladiyas and population groups, with the exception of 1% of returnees who reported severe hunger.

*Note on calculation: the 0% severe to extreme hunger is actually rounded from 0.3%; all of which were reported in the South and East

Average number of days on which households reportedly relied on the following strategies to cope with a lack of access to food in the 7 days prior to data collection:



% of households engaged in agricultural activities (n=587) reporting having had to reduce their agricultural activities in the 12 months prior to data collection:



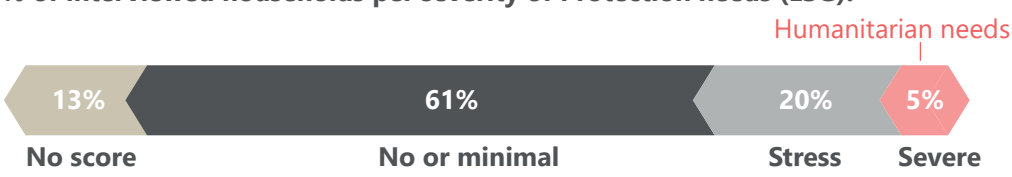
Among those households who reported having had to reduce their agricultural activities in the 12 months prior to data collection, the most reported reasons were that **agriculture was "not profitable anymore" and that the harvest had been bad**. Some households also reported having lost employees or that employees had become too expensive.

PROTECTION LIVING STANDARDS GAP (LSG)

MSNA 2022 LIBYA

% of interviewed households found to have protection needs (severity score of 3 or 4): 5%

% of interviewed households per severity of Protection needs (LSG):



0%	Extreme	Severity score 4
5%	Severe	Severity score 3
20%	Stress	Severity score 2
61%	No or minimal	Severity score 1
13%	No Score	Severity score 0

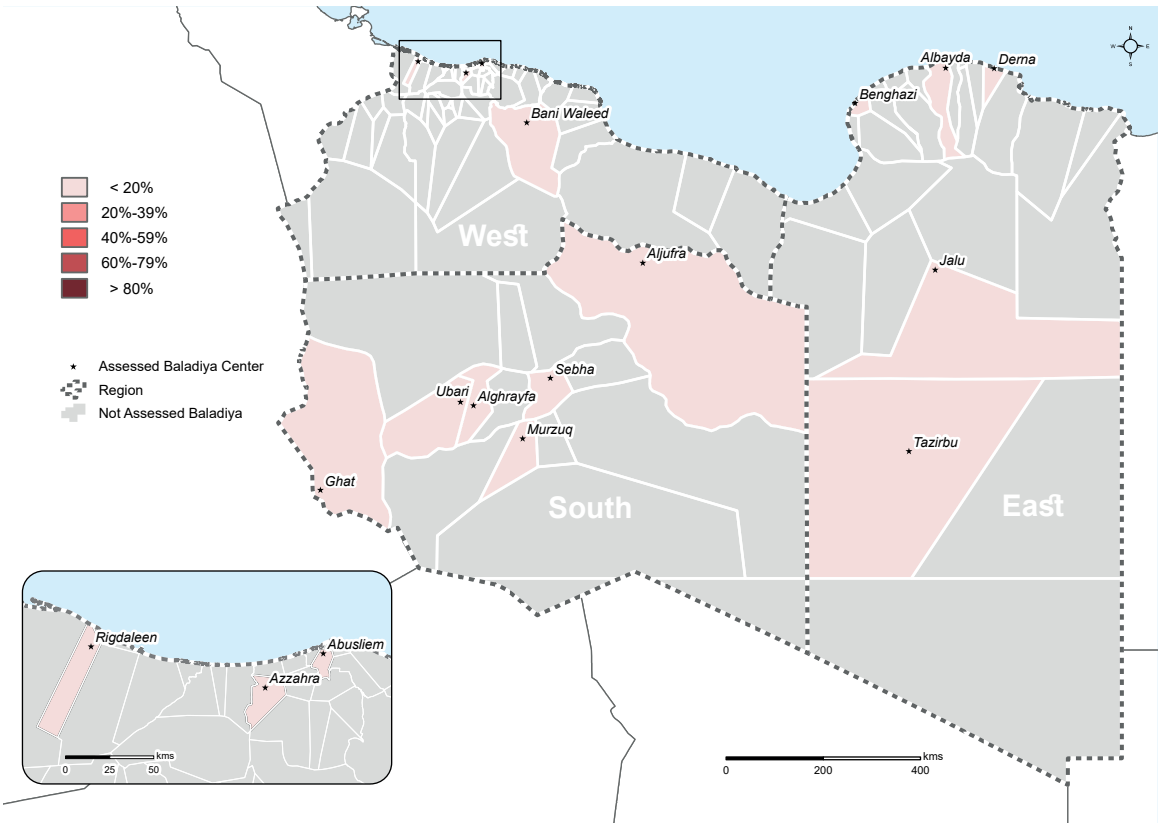
Overall, **5% of surveyed households were classified as having protection needs.** Protection LSGs were primarily driven by households reporting having at least one member without a valid ID/passport (3%) and households reporting at least one child had left the household to get married or seek employment (1%).

Protection needs were found to be relatively high among interviewed internally displaced and returnee households, with 11% and 8%, respectively, categorised with a protection LSG.

% of interviewed households per severity of protection needs (LSG), per population group and region:

	NA	1	2	3	4	In need
East	15%	54%	24%	7%	0%	**8%**
West	1%	97%	1%	0%	0%	**0%**
South	24%	37%	33%	5%	0%	**5%**
Non-displaced	13%	62%	21%	4%	0%	**4%**
Internally displaced	14%	52%	23%	11%	0%	**11%**
Returnee	15%	60%	18%	8%	0%	**8%**

% of households with Protection needs (LSG), per assessed baladiya:



PROTECTION LIVING STANDARD GAP (LSG)

The following indicators fed into the overall protection needs score (LSG):*

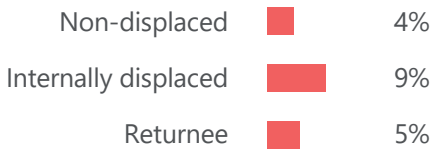
% of households with at least one household member without an ID document.	**3%**
% of households with at least one child not residing in the household who reportedly left the household to get married, seek employment or engage with armed groups**	**1%**
% of households reporting presence of explosive hazards in their neighbourhood in the 6 months prior to data collection.	**4%**
% of household reporting safety and security concerns.	**32%**
% of households reporting having experienced movement restrictions in the 3 months prior to data collection.	**4%**
% of households reporting women and girls in the community avoid areas because they feel unsafe.	**21%**

* Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners. For protection, households with at least one member without valid ID/ passport were automatically classified as having severe needs.
** Households with a child who left the house to get married or seek employment were classified as having severe needs and households with a child who had left the house due to engagement with armed groups; having been kidnapped; being missing; or having been arbitrarily detained were classified with extreme LSG scores (4).

Baladiyas with highest proportion of households reporting safety and security concerns:

Alghrayfa	**94%**
Ubari	**78%**
Sebha	**54%**

% of households reporting having faced movement restrictions in the 3 months prior to data collection:

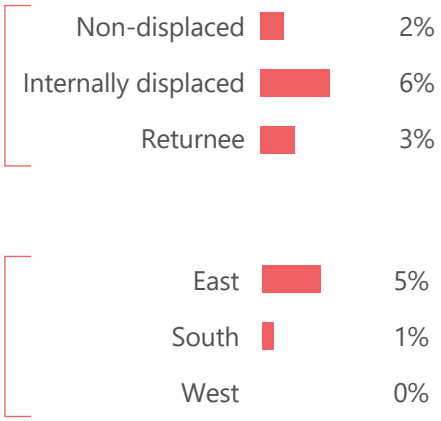


The main movement barriers reported by those households were:

- Fear of conflict related violence,
- Fear of arrest/detention,
- Fear of explosive hazards,
- Lack of means of transportation / expensive transportation,
- Restrictions based on gender.

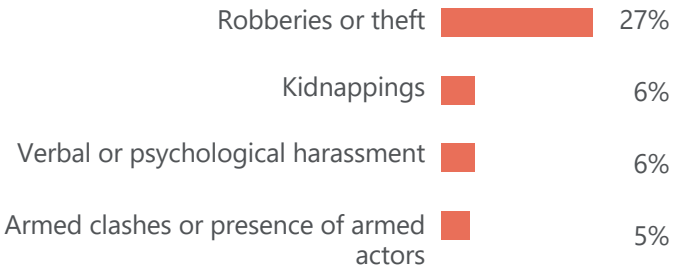
These barriers could hinder households' access to basic needs, including healthcare, education, and livelihoods.

% of interviewed households with at least one household member without an ID document:



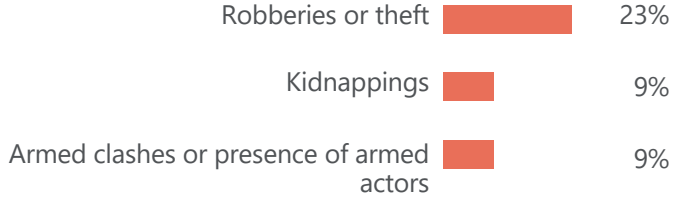
Across assessed regions and population groups, **the process being too expensive, lack of a national identity number, and lack of time to complete the process** were the main reported reasons for missing valid documentation.

Most reported types of safety and security incidents that households reported having taken place in their Baladiya in the 3 months prior to data collection:



Despite armed presence reportedly being concentrated more in the West than in the other regions,[10] **the proportion of households reporting being aware of safety and security incidents was highest in the South.** In the South, robberies or theft (53%), kidnappings (22%) and armed clashes/presence of armed actors (18%) were the most reported incidents.

Most reported safety and security concerns in the 3 months prior to data collection, by % of households:



Overall, households reported **women tend to avoid going to markets (12%), open spaces such as streets and squares (11%), and hospitals (6%) because they feel insecure** in these places.

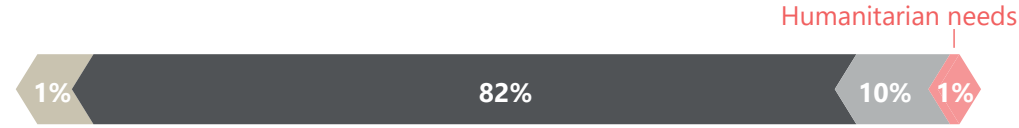
Co-funded by European Union Humanitarian Aid
USAID FROM THE AMERICAN PEOPLE
REACH Informing more effective humanitarian action

SHELTER & NON-FOOD ITEMS (SNFI) LIVING STANDARDS GAP (LSG)

MSNA 2022 LIBYA

% of interviewed households with SNFI needs (severity score of 3 or 4): 1%

% of interviewed households per severity of SNFI needs (LSG score):



0%	Extreme	Severity score 4
1%	Severe	Severity score 3
10%	Stress	Severity score 2
82%	No or minimal	Severity score 1
6%	No Score	Severity score 0

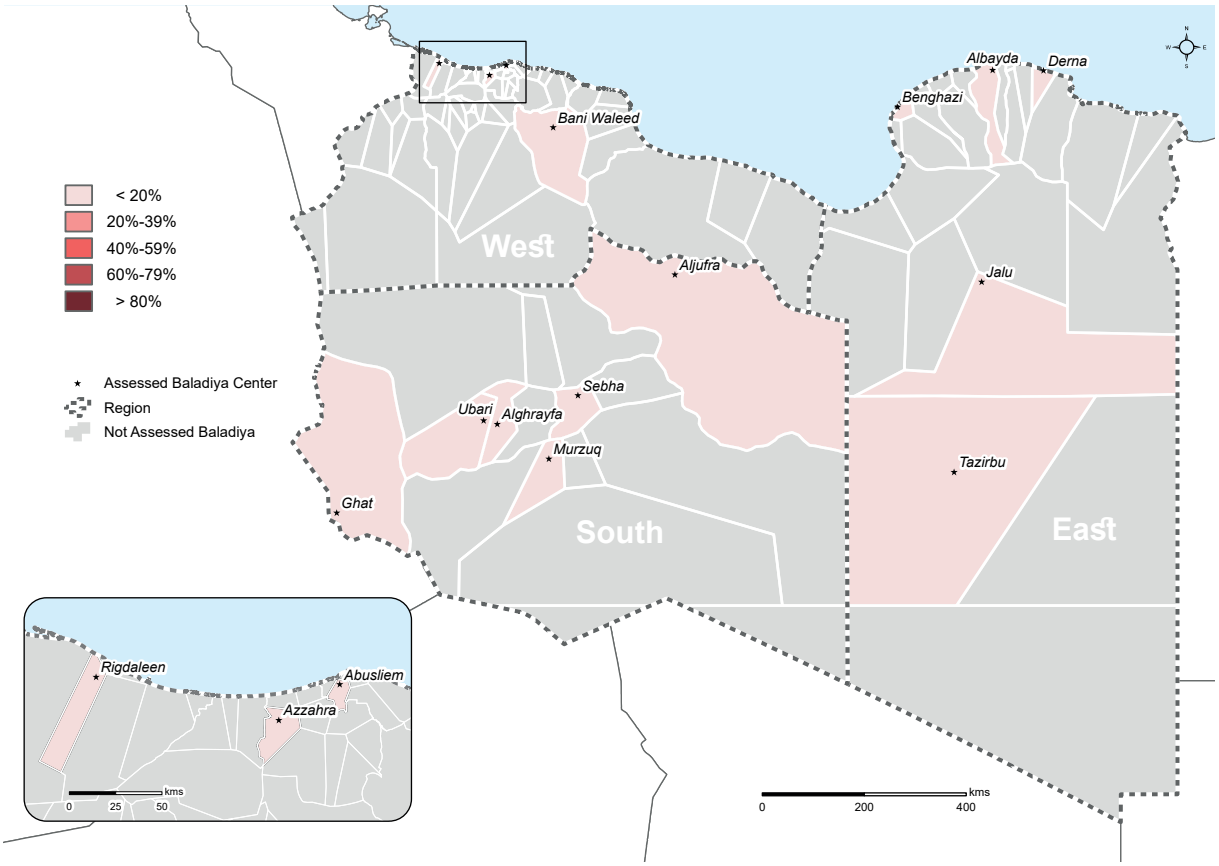
Findings suggest **SNFI needs were relatively uncommon among households in Libya**, with only 1% of interviewed households being classified with an SNFI LSG (the second lowest proportion).

In the analysis, severe and extreme LSG scores were driven by households reporting living in medium to heavily damaged public or private buildings not usually used for shelter (e.g., schools, mosques, stores), unfinished/unenclosed buildings, or informal settlements.

% of interviewed households per severity of SNFI needs (LSG score), per population group and region:

	No score	1	2	3	4	In need
East	8%	77%	13%	2%	0%	**2%**
West	0%	95%	5%	0%	0%	**0%**
South	9%	80%	11%	0%	0%	**0%**
Non-displaced	5%	85%	8%	1%	0%	**1%**
Internally displaced	11%	67%	15%	5%	1%	**7%**
Returnee	8%	72%	18%	2%	0%	**2%**

% of households with SNFI needs (LSG score), per assessed baladiya:



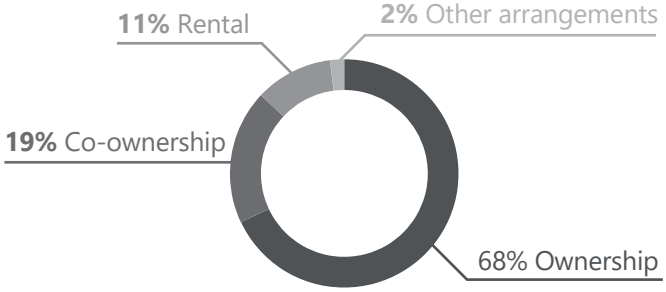
SNFI LIVING STANDARDS GAP (LSG)

The following indicators fed into the overall SNFI needs score (LSG score):*

% of households without any shelter or living in sub-standard shelter (type of shelter, enclosure issues, damage, defects)**	**1%**
% of households reporting being in need of core NFIs***	**13%**
% of households living in a non-functional domestic space****	**21%**
% of households by shelter occupancy status (e.g. ownership, rental...)	**1%**
% of households reporting having been evicted or threatened with eviction in the 6 months prior to data collection	**2%**

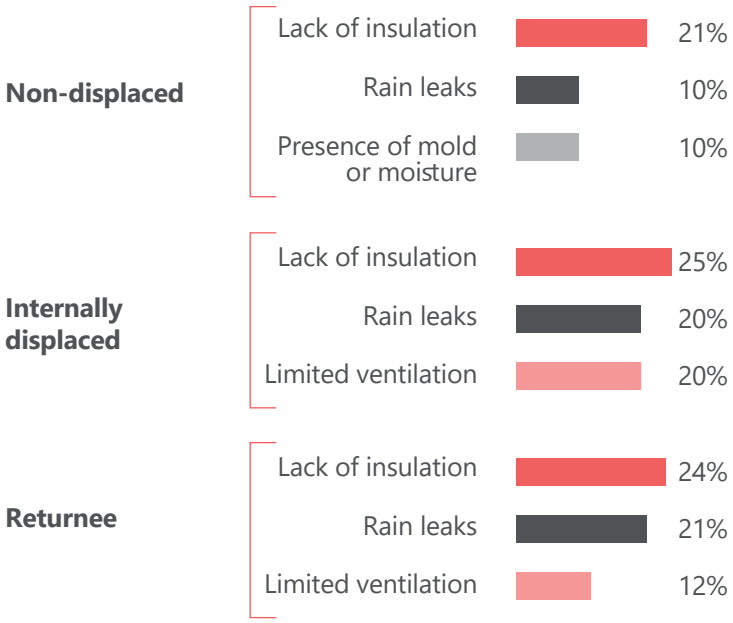
* Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners, and they are marked above with an asterisk. For SNFI, households who reported not owning the shelter they live in or their shelter presenting medium or heavy damage are immediately classified as having SNFI needs.
** Substandard shelter types were defined as: private buildings not usually used for shelter, temporary shelter provided by (international) organisations, shelter provided by smugglers, tents, caravans, camps, informal settlements, or unfinished/unenclosed buildings. Living outdoors, having no shelter, or sharing a room with 7 or more issues were also considered substandard shelter types.
*** Core NFIs included: mattresses, blankets, clothing for mild/warm weather, clothing for cold weather, heating devices, gas/electric stove, water storage containers (water tank, jerry cans, etc.), kitchen items (pots, plates, cups, etc.), cooking fuel, personal hygiene items (e.g. sanitary pads, toothbrushes, etc.), house cleaning materials (e.g. detergents, towels, etc.)
**** A household was classified as living in a non-functional domestic space if the household reported 1) sleeping outside 2) sleeping on the floor, 3) not being able to cook/store water and food properly, 4) not feeling protected in their shelter, 5) lacking privacy, 6) being unable to adequately perform personal hygiene, and/or 7) not being able to stay warm or cool.

Types of occupancy status, by % of interviewed households:



84% of IDP households reported rental as their occupancy status, with a higher percentage of IDP households reporting **renting with a verbal agreement (55%)** compared to a **written contract (29%)**. Only **11% of IDPs reported owning or co-owning their shelter.** Overall, IDPs reported having spent a considerably higher proportion of their total expenditure on rent (36%).

Top 3 shelter issues due to damage, by % of interviewed households per population group:



Top 3 most reported NFIs not in possession and urgently needed, by % of interviewed households:

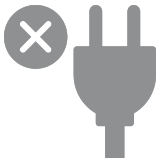
24% Heating devices

19% Blankets

18% Mattresses

Overall, **20% of returnee households, 17% of IDP households, and 9% of non-displaced households reported difficulty with maintaining a comfortable temperature** inside their shelters. These findings seems to align with the reported needs of heating devices and blankets.

Daily average reported hours of power cuts in the assessed baladiyas, by region:



East 5.21
South 6.19
West 8.61

Co-funded by European Union Humanitarian Aid
USAID FROM THE AMERICAN PEOPLE
REACH Informing more effective humanitarian action

EDUCATION LIVING STANDARDS GAP (LSG)

MSNA 2022 LIBYA

% of interviewed households with education needs (severity score of 3 or 4)

1%*

% of interviewed households per severity of education needs (LSG score)

0%	Extreme	Severity score 4
0%	Severe	Severity score 3
0%	Stress	Severity score 2
39%	No or minimal	Severity score 1
61%	No Score**	Severity score 0

* Note on calculation: the discrepancy in the calculation of education needs comes from summing 0.38% (severe rounded to 0%) and 0.14% (extreme rounded to 0%) which amounts to 0.52% in education need, rounded to 1%.
** Households who reported not having any school-aged children in their household in Libya did not receive an LSG score ("No score").

According to the 2022 Libya HNO, after a decade of conflict and macroeconomic challenges, the countries' educational infrastructure continues to suffer persistent gaps, with an estimated 160,000 children in need of emergency education support. Some schools have been damaged and closed, while others were used as temporary housing to host displaced families. A general lack of maintenance, delays in supplies, and frequent power outages reportedly further constrain the sector.[11]

The percentage of households with education needs is calculated over all assessed households, **including those without school-aged children**.

The following indicators fed into the overall education needs score (LSG score):*

% of households with school-aged children not enrolled in the 2021-2022 school year* **	**0%****
% of households with school-aged children having dropped out of school in the previous school year** **	**1%**

* Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners, and they are marked above with an asterisk. For education, the LSG is calculated based on the two critical indicators only.
** The percentage is the round of 0.45% of households with school-aged children not enrolled and/or not attending in the 2021-2022 school year
*** Households with at least one child not enrolled and/or not attending or households with at least one child having dropped out of school in the previous school year are classified as having severe needs.
**** Households with at least one child having dropped out of school in the previous school year (2021-2022) and the reasons for dropping out include school-related safety concerns for the child (violence, harassment or discrimination), parents/caregivers' inability to register or enroll children in the school due to lack of valid documentation, child marriage or pregnancy, parental refusal to send children to school, child has to work (contributes to household income) are classified as having extreme needs.

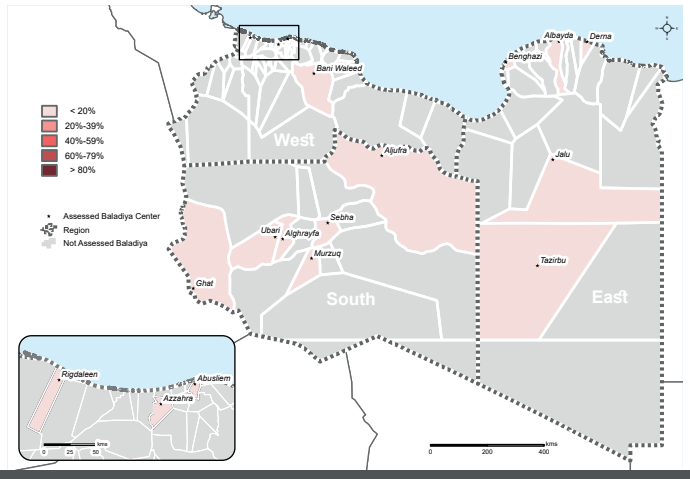
Among households reporting having school-aged children, 58% have humanitarian needs (MSNI severity score of 3 and 4). While COVID-19 no longer leads the general public concerns, it still appears to be a looming risk that tops the overall reported reasons for non-enrolment and dropout in the school year prior to data collection.

% of interviewed households per severity of education needs (LSG score), per population group and region:

	No score	1	2	3	4	In need
East	67%	33%	0%	1%	0%	**1%**
West	54%	46%	0%	0%	0%	**0%**
South	52%	48%	0%	0%	0%	**0%**
Non-displaced	59%	41%	0%	0%	0%	**0%**
Internally displaced	67%	32%	0%	1%	1%	**2%**
Returnee	67%	31%	0%	1%	1%	**2%**

Overall, 63% of households reported having school-aged children (with a total number of school-aged children of 5461). Among these children, 2% (141) were reportedly not enrolled in the 2021-2022 school year. The most reported reasons for non-enrolment were school closure due to COVID-19, economic hardship and schools being overcrowded. Roughly half (71) of the non-enrolled children (141) had reportedly dropped out in the previous school year (2020-2021), reportedly due to economic hardship, transportation issues, or health issues. Interestingly, most households with school-aged children who were not enrolled and/or who had dropped out preferred not to answer the reason(s) for non-enrollment or dropout. .

% of interviewed households with education needs (LSG score), per assessed baladiya:

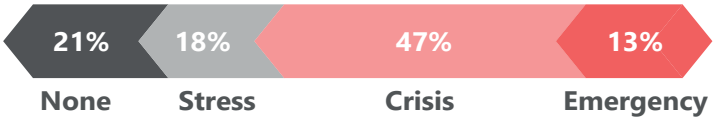


LIVELIHOOD COPING STRATEGIES INDEX (LCSI)

MSNA 2022 LIBYA

% of interviewed households that employed livelihood coping strategies in the 30 days prior to data collection:[12] 79%

% of interviewed households per LCSI category:



% of interviewed households per LCSI category per region and displacement status:

	None	Stress	Crisis	Emergency
East	11%	9%	60%	19%
West	43%	47%	9%	2%
South	24%	10%	56%	10%
Non-displaced	21%	18%	47%	13%
Internally displaced	11%	12%	60%	17%
Returnee	21%	20%	45%	14%

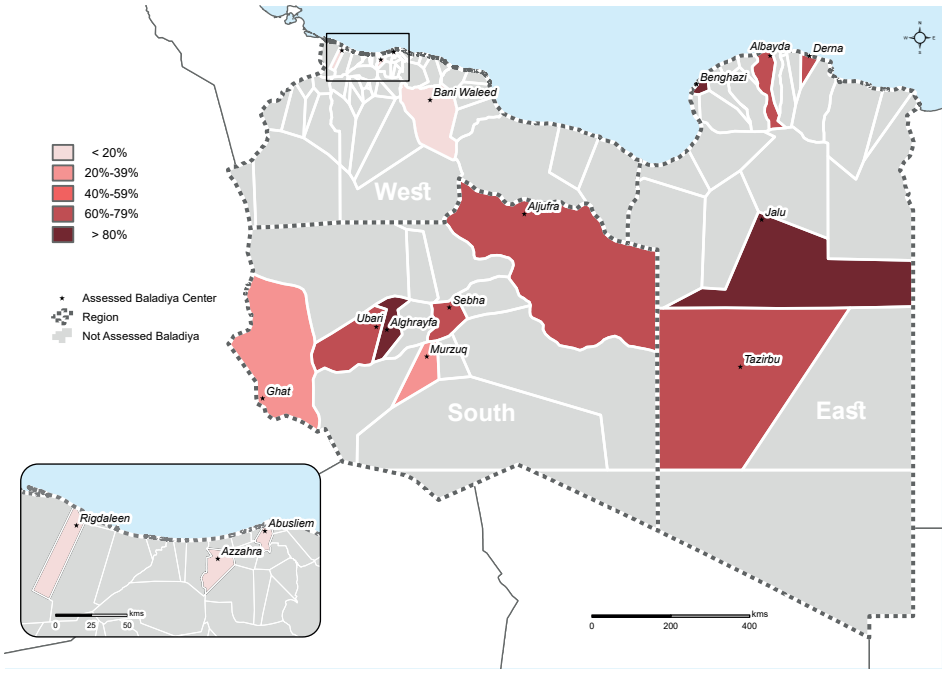
The use or exhaustion of coping strategies is an indication that a household is struggling to meet its needs. Overall, **79% of households reported having used or exhausted at least one of the livelihood coping strategies**, indicating that the use of coping strategies is widespread in Libya.

61% of households reported having used or exhausted crisis or emergency level coping strategies in the 30 days prior to data collection

Reported crisis and emergency coping strategies used or exhausted in the 30 days prior to data collection, by % of interviewed households:

*Only households with members under the age of 18 years old were asked about this coping strategy (n=2808).
** Only households not having members under the age of 18 years old were asked about this coping strategy (n=949).

% of households that reported having used or exhausted crisis or emergency-level coping strategies due to a lack of access to basic needs in the 30 days prior to data collection, per assessed baladiya:



Roughly half (53%) of households who were not classified as being in need (MSNI of 1 or 2) reported having used or exhausted crisis or emergency livelihoods coping strategies in the 30 days prior to data collection, indicating that these households were only sustaining their access to basic needs through engaging in erosive behaviour.

The use of coping strategies did not differ between population groups. However, in terms of regions, in baladiyas assessed in the South and East, the proportion of households that reported having used or exhausted crisis and emergency coping mechanisms to meet their needs was higher than in assessed baladiyas in the West.

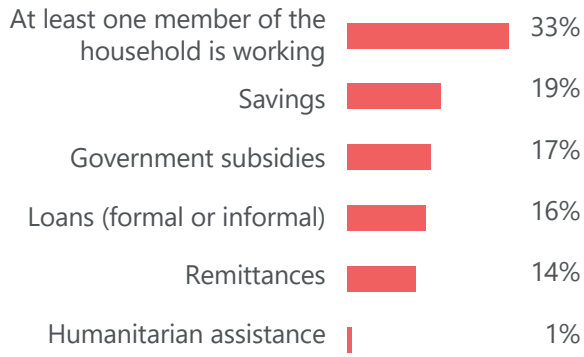
ECONOMIC VULNERABILITIES

MSNA 2022 LIBYA

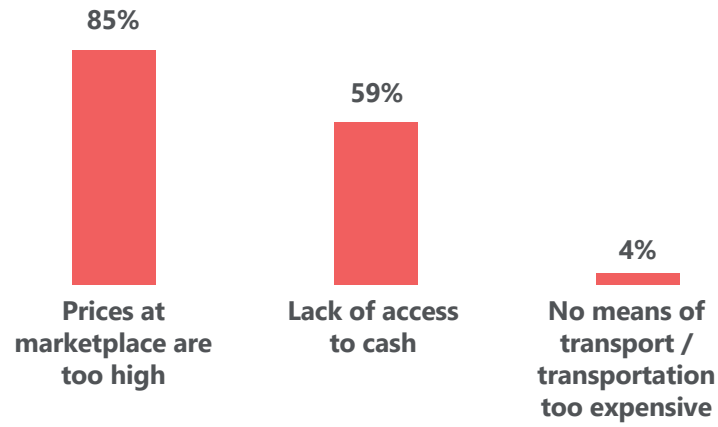
Findings suggest that persistent economic vulnerabilities among the Libyan population continue to indirectly drive needs across sectors. **Most (55%) interviewed households reported having experienced challenges meeting essential needs and services**, such as food, water, and healthcare expenses, in the 30 days prior to data collection, particularly health (22%) and education (15%) services and essential transportation (15%).

Furthermore, **households relied on unsustainable sources of income such as savings (19%) government subsidies (17%), loans (formal or informal) (16%) and remittances (14%)** which emphasize the reduced economic resilience of the Libyan population. Moreover, nearly one-third (29%) of interviewed households reported having had to take on debt in the 3 months prior to data collection to cover basic needs, such as food and healthcare.

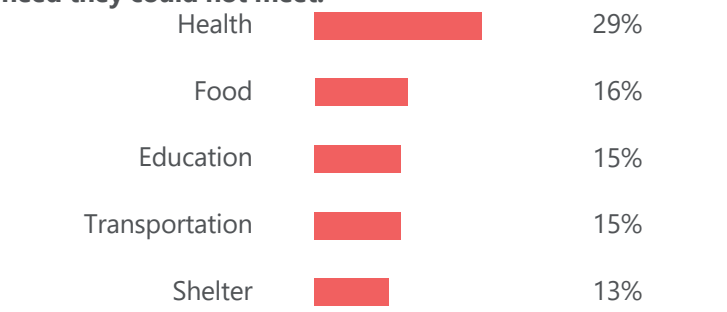
Average proportion of reported monthly income estimated by households per source:



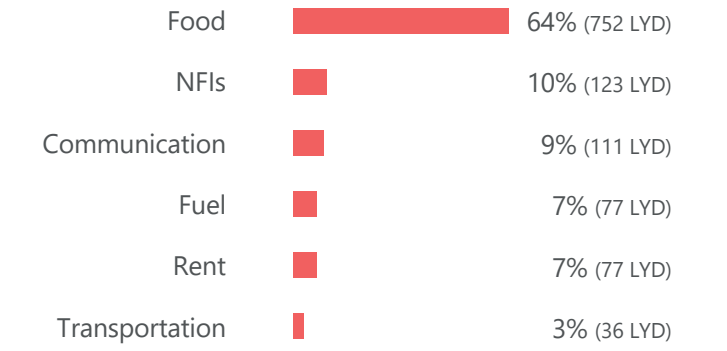
Top 3 most reported barriers to accessing markets by % of interviewed households:



% of interviewed households reporting having faced challenges in obtaining enough money to meet their needs in the 30 days prior to data collection, per type of need they could not meet:



Average proportion of reported monthly household expenditure, per expenditure category:

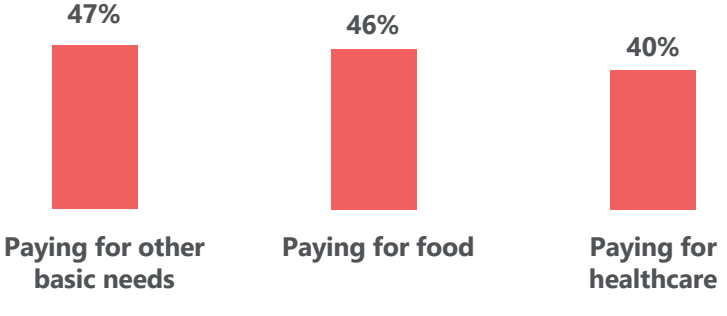


Overall, **IDPs reported having spent a considerably higher proportion of their total expenditure on rent (36%)** compared to returnees (3%) and non-displaced (5%) in the past 30 days.

Household Debts:

29% of households reported having accumulated debt from friends and/or family in the 3 months prior to data collection

Among those households, the most reported reasons for contracting debt:



Co-funded by European Union Humanitarian Aid
USAID FROM THE AMERICAN PEOPLE
REACH Informing more effective humanitarian action

ENDNOTES

[1] One Year after Failing to Hold Elections, Libya's Situation Deteriorating, Special Representative Warns Security Council, Calling for Action Towards Electoral Track, UN SC (December 2022)

[2] UNSMIL Special Envoy Kubis Meets HNEC Chief, Renews UN Commitments to Support, UNSMIL (December 2021)

[3] Libyan Population MSNA 2021, REACH (August 2021)

[4 5] IDP and Returnee Report, Libya DTM Round 41, IOM (February-April 2022)

[6] No severity score (no score) in one sector is assigned to a household if a critical indicator has no score due to unavailable data (household didn't respond to the related question(s))

[7] 2021 Annual report of the Health Sector, Health cluster Libya (January 2022)

[8] Libya health facilities, UNOCHA (December 2021)

[9] Libya Joint Market Monitoring Initiative (JMMI), REACH (June 2022)

[10] Libya's hybrid armed groups dilemma, Stephanie T. Williams, Brookings (January 2023)

[11] Humanitarian Needs Overview (HNO) 2022, UNOCHA Libya (December 2021)

[12] The LCSI is an indicator that is based on households reporting to have used, or exhausted, a stratified listed of coping strategies in the 30 days prior to the data collection. In the survey, households were asked if they had used or exhausted any of the listed strategies in the 30 days prior to data collection to maintain access to basic needs.

ACKNOWLEDGEMENTS

MSNA 2022
LIBYA

THE 2022 LIBYAN POPULATION MULTI-SECTOR NEEDS ASSESSMENT WAS:

CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

USAID
FROM THE AMERICAN PEOPLE

Co-funded by
European Union
Humanitarian Aid

IN PARTNERSHIP WITH:

OCHA
Office for the Coordination of Humanitarian Affairs

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).