

2022 MSNA BULLETIN

KEY FINDINGS

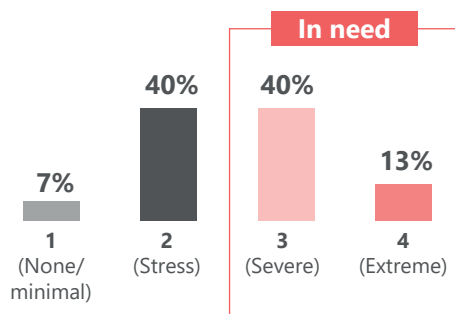
MARCH 2023

LIBYA

CONTEXT. Libya has a complex socio-political landscape marked by protracted conflict. While the country is entering a stabilisation phase, information gaps on the long-lasting impact of the conflict on access to basic needs and services remain.

To address these gaps and support the transition from a humanitarian to a triple nexus response, REACH conducted the 2022 Multi-Sector Needs Assessment (MSNA) among non-displaced, internally displaced, and returnee households in selected locations throughout Libya.

PERCENTAGE OF HOUSEHOLDS PER SEVERITY PHASE:



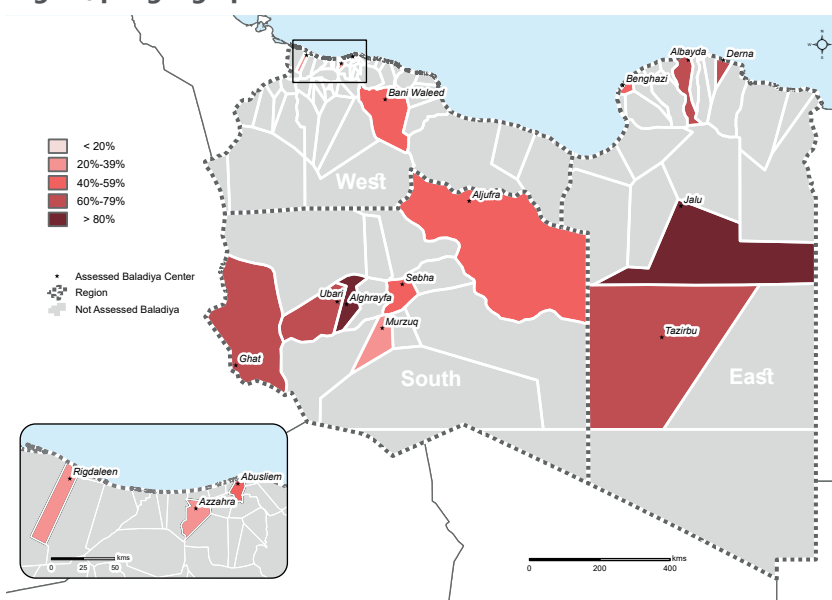
33%
of households in the assessed baladiyas were found to have **health needs**.

25%
of households in the assessed baladiyas were found to have **WASH needs**.

10%
of households in the assessed baladiyas were found to have **food security needs**.

HOUSEHOLDS IN NEED BY ASSESSED BALADIYA:

Percentage of households with a severity score of 3 or higher, per geographical area:



- The 2022 MSNA findings indicate that humanitarian needs remain relatively widespread in Libya. Needs were most often found to be related to health, WASH, and food security.
- Analysis highlights persisting economic vulnerabilities, with households generally relying on unsustainable sources of income, emphasising the population's limited economic resilience. Findings suggest such vulnerabilities pose barriers to accessing essential services, underlying needs across sectors, for instances through limiting options to access nutritious food and quality healthcare in areas where medical professionals, equipment, and medication are in low supply,
- Overall, MSNA findings suggest the need for nationwide plans to address health and WASH needs in a comprehensive, integrated manner, and accentuate the importance of region and/or sector-specific assessment to better understand the context and drivers of persisting humanitarian needs in Libya.

For more detailed findings, please refer to the following pages.

MULTI-SECTOR NEEDS ASSESSMENT (MSNA) OVERVIEW

CONTEXT & RATIONALE

The complex sociopolitical landscape marked by protracted conflict since 2011 has been at the core of the dire humanitarian situation in Libya. The political and military division of the nation in 2014 foreshadowed a new phase of instability that has been exacerbated by armed clashes concentrated around strategic and economic resources.

Signing the UN-brokered Ceasefire Agreement in October 2020 and the founding of the Government of National Unity in March 2021 established the groundwork for further improving security conditions in the country.¹

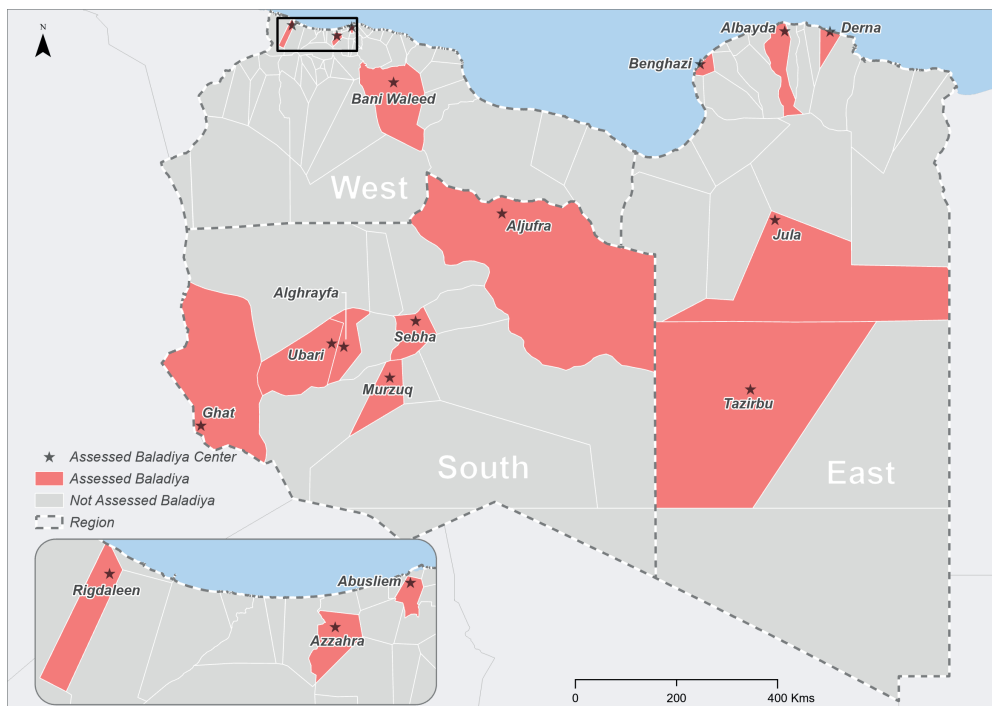
This stabilisation has led to a significant decline of humanitarian needs² and a decrease of the internal displacement rate.³ Nevertheless, the impact of the conflict on the lives of ordinary citizens in Libya continue to be prevalent. According to the 2023 Humanitarian Overview, an estimated 0.3 million individuals are in need of humanitarian aid, with 37% of them being internally displaced and returnees.⁴

The economy has also been greatly impacted by the conflict, with widespread unemployment and poverty being major concerns.⁵ The poverty and economic hardship caused by the prolonged conflict have also left large numbers of people vulnerable to exploitation and human trafficking.⁶

In addition to the physical impact of the conflict, the continually changing political, economic, and social environments in Libya have left gaps in the understanding of the populations' needs.

To address these gaps, and to support the transition from a purely humanitarian response to a triple nexus approach, REACH conducted the 2022 Multi-Sector Needs Assessment (MSNA) on behalf of the Humanitarian Country Team, the Inter-Sector Coordination Group, and the Assessment Working Group. The MSNA covered 15 baladiyas and aimed to assess the needs of non-displaced, internally displaced (IDP) and returnee households.

ASSESSMENT GEOGRAPHIC 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 [OCHA's severity scale 2022](#) 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.

* The administrative category of baladiya has no official borders. Therefore artificial boundaries were created in Quantum Geographic Information System (QGIS). Then borders were manually corrected so that baladiyas would fit in the right mantikas.

ASSESSMENT METHODOLOGY OVERVIEW

Assessment objectives:

1. Understand the needs of the affected population, and how they differ per geographic location and population group.
2. Contribute to inform key milestones (e.g., the Libya Humanitarian Overview (HO)) and the strategy and priorities of actors active in the Libya response.
3. Develop a better understanding of the progress on durable solutions and inform the Libya national durable solutions strategy.*
4. Overall, contribute to a more targeted and evidence-based response, including with regards to the attainment of durable solutions.

* The MSNA was developed in collaboration with the durable solutions advisor and a dedicated output on durable solutions analysis is forthcoming.

Sampling:

A combination of two probability sampling methods was applied: a cluster sampling methodology for non-displaced households (which are widespread and omnipresent across the country), and random sampling methodology for returnee and IDP households (which are more sparsely distributed).

LIMITATIONS

Representativeness of the findings

One baladiya stratum (Azzahra, Aljara) was under-sampled due to operational constraints. The results for this stratum are not generalisable with a known level of precision and should be considered indicative only.

Gender-sensitivity

Given the small number of female respondents (17%) and due to the difficulty to reach this population group, gender-based analysis and comparison between male and female respondents cannot be conducted with a known level of precision.

Comparability

Comparisons between the 2021 and 2022 MSNAs are not advised, due to the differences in sampling and geographic coverage. Comparisons with the Refugee and Migrant MSNA are also discouraged for the same reason.

Under-reporting and representation

The sensitivity of some questions might have led to under reporting (e.g., questions on protection issues).

ASSESSMENT SCOPE

The 2022 MSNA surveyed 3,758 households across 15 baladiyas (see table). The locations were prioritised based on several criteria, namely the [2022 Humanitarian Needs Overview \(HNO\)](#) severity calculations, the percentage of households with two or more sectoral needs according to the 2021 MSNA,⁷ and the size of IDP and returnee populations.⁸

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
TOTAL		1874	1100	783

DEFINITIONS

The 2022 MSNA targeted three population groups: non-displaced, internally displaced, and returnee communities. For the purpose of the analysis, these groups were defined as follows:

• Internally displaced households :

Households who have been forced to leave their homes once/multiple times after 2011, due to the conflict and violence, and were still living in displacement at the time of data collection. Displacement can have occurred within a baladiya, or to another baladiya.

• Returnee households:

Households who have been forced to leave their homes once/multiple times after 2011, due to the conflict and violence, but have since returned to their place of origin after this/these time(s) of displacement. Displacement can have occurred within a baladiya, or to another baladiya.

• Non-displaced households:

Households who have not been forced to leave their homes at any time after 2011, due to the conflict and violence, and so have not lived/are not living in displacement.

For more details on research design, data collection, and analysis, please refer to the [Methodology Overview](#).

MULTI-SECTOR NEEDS INDEX (MSNI)

53% of households in assessed baladiyas were found to have multi-sectoral needs (MSNI severity score of 3 or 4):⁹

In need	4 (Extreme)	13%
	3 (Severe)	40%
	2 (Stress)	40%
	1 (None/minimal)	7%

This page presents an overview of the humanitarian needs (indicated by the MSNI) in the 15 baladiyas that were assessed across the East, West, and South during the 2022 MSNA.

The MSNI is an indicator designed to measure the overall severity of the humanitarian needs of a household. It is based on the highest sectoral severity identified for each household and expressed through a scale of 1 ("no or minimal needs") to 4 ("extreme"). For example, if a surveyed household has been identified as having extreme protection needs (score 4) while not found in need in any other sector, it receives an MSNI score of 4 (extreme).

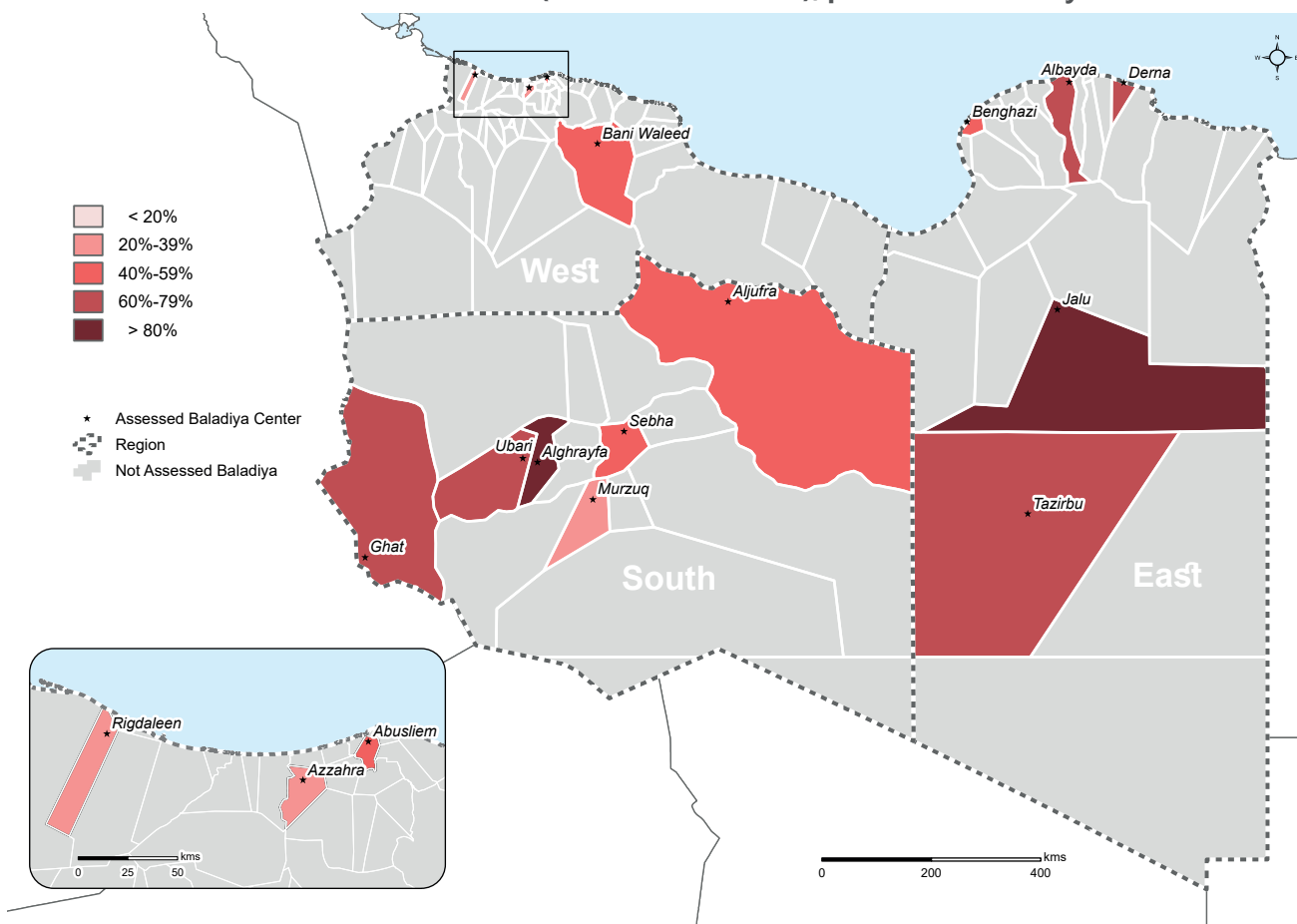
Sectoral severity is determined through the calculation of sector specific composite indicators. The composite indicators that feed into the MSNI are referred to as Living Standard Gaps (LSGs).

The below report will focus on the 2022 MSNA key findings and the drivers of needs to further unpack the MSNI.

The full methodology behind the calculation of the MSNI along with individual sectoral composites align with the REACH MSNA Analytical Framework Guidance that can be found in the [2022 libyan population MSNA methodology overview](#).

Overall, **multi-sector needs (MSNI of 3 or 4) were found to be mostly driven by households having LSGs related to health (33% of households), water, sanitation, and hygiene (WASH) (25%) and food security (10%).**

% of households with humanitarian needs (MSNI score of 3 or 4), per assessed baladiya:



MULTI-SECTORAL NEEDS PER REGION

In terms of the proportion of households found in need, **no notable difference was found between regions**, with roughly half of households in the **East (55%), the West (53%) and the South (50%)**. Such observation could indicate that the humanitarian needs are widespread across Libya and are not particular to a specific location or bound to a regional context.

Overall, **the regions follow the same trend of having high proportions of households in need in the Health and WASH sectors**. This consistency across regions suggests a need to prioritise nationwide plans to address the health and WASH needs and further assess the underlying drivers.

East of Libya

Generally, **in the assessed baladiyas in the East, health (33%), WASH (29%) and food security (11%) are the sectors with the highest proportion of households found in need**.

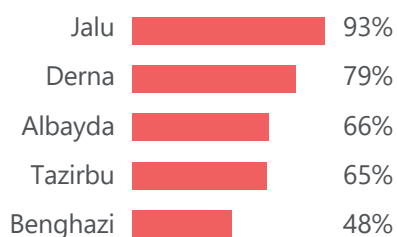
Health is the sector with the highest proportion of households in need across all assessed baladiyas of the East except for Jalu. These needs were driven by the high percentage of households reporting having member(s) who had needed healthcare in the 3 months prior to data collection, but that this need had not been met. The prevalence of such needs could be linked to the lack of medical supplies and damaged infrastructure with almost half of the healthcare facilities in the East being partially functional.¹⁰

In Albayda, Jalu, Derna and Tazirbu, WASH was the sector with the highest proportion of households in need. More specifically, in Jalu, high WASH needs (88%) could be linked to the reduction of water supply due to the continuous maintenance of the man-made river¹¹ and the fact that water from the nearest natural source (Jalu oasis) is not drinkable due to its saltiness and alkalinity.¹²

Food security was found to be the third sector with the highest proportion of households in need in the East. A factor contributing to the food security needs could be the increase of the food component of the Minimum Expenditure Basket (MEB) in the East between the months of June (one month before data collection)¹³ and July (when data collection started).¹⁴

Among the assessed baladiyas, **Jalu has notably a higher percentage of households with food security needs (38%)** compared to an average of 11% in the East. Jalu was the baladiya with the highest proportion of households reported having used or exhausted crisis or emergency level coping strategies in the 30 days prior to data collection. It is noteworthy that needs were generally found to be the highest in Jalu across sectors.

Proportion of households found to have multi-sector needs in the East, per assessed baladiya:



West of Libya

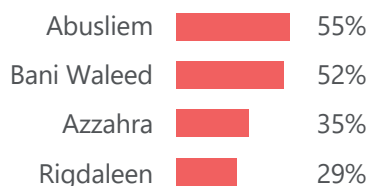
Households in the assessed baladiyas in the West were found to have needs in health (38%), WASH (16%) and food security (2%) which follows the overall trend of needs in Libya.

The health needs in the West were driven by the high percentage of households reporting having member(s) who had needed healthcare in the 3 months prior to data collection, but that this need had not been met. Households in the West relatively commonly reported barriers to access healthcare, including an inability to afford services (24%), poor quality of services (14%), and overcrowding or long waiting times at health facilities (10%), which could explain the high health needs among households in the West.

100% of households in the assessed baladiyas in the West of Libya rely on bottled water for drinking water, however, 16% of western households reported not having enough water for cooking and for personal hygiene (bathing and washing). The scarcity of water may be due to the disruption in water supply caused by power cuts and the security incidents that affected infrastructure in the West.¹⁵

Notably households in the assessed western baladiyas of Libya did not have needs in protection, SNFI and education.

Proportion of households found to have multi-sector needs in the West, per assessed baladiya:



South of Libya

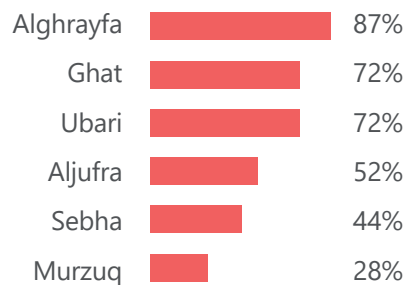
Similar to the other regions, multi-sectoral needs in the assessed baladiyas in the South were mostly found to be driven by unmet needs in health (27%), WASH (25%), and food security (19%).

Although **no respondents in the South were found to have needs in all five sectors at once**, the South is the region with the highest proportion of households found to have concurring needs in multiple sectors, with 17% of households found to have needs in two sectors and 3% in three sectors.

Most of the assessed southern baladiyas follow the same regional trend of having food security as the sector with the third highest proportion of households found in need.

Needs were most commonly found in Alghrayfa, where a particularly high proportion of households was found to have food security needs (66%). This exception put in motion that future assessments could be relevant to understanding factors contributing to this unique needs profile found in Alghrayfa.

Proportion of households found to have multi-sector needs in the South, per assessed baladiya



MULTI-SECTORAL NEEDS PER POPULATION GROUP

When looking at the assessed population groups, **there was no major difference in the proportion of households found in need between internally displaced (61%), returnee (57%) and non-displaced households (52%).** These findings suggest that humanitarian needs in Libya in 2022 were prevalent among all population groups and not limited to the specific displacement status of households.

For all three population groups, Health, WASH and Food Security were found to be the sectors where needs were the highest.

Internally displaced population

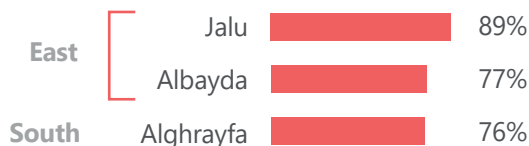
Internally displaced households were most often found to have multi-sectoral needs (61%) which were primarily driven by Health (39%) and WASH (31%). Overall, 29% of IDPs were found to have concurrent needs in at least two sectors.

Despite the continuous return of internally displaced households to their location of origin and the significant decrease of the displacement rate since October 2020,¹⁶ it is worth noting that **overall 46% of households reported intending to stay in their current location of residence in spite of their prevalent needs.** These households commonly reported intending to stay because they felt integrated in their current location and/or because their location of origin to remained too insecure to return.

In Jalu, the top two sectors with the highest proportion of internally displaced households in need were found to be WASH (84%) and Food Security (51%). The WASH needs for the aforementioned population were found to be mainly driven by a high proportion of internally displaced households (84%) reporting not having access to sufficient amounts of water to meet their needs (including drinking, cooking, bathing, and washing).

Needs in the food security sector were found to be primarily resulting from 49% of internally displaced households in Jalu relying on negative coping strategies to cope with limited access to food in the 7 days prior to data collection, mainly limiting portion sizes and restricting consumption among adults in order for small children to eat.¹⁷

Assessed baladiyas with the highest proportion of internally displaced households in need:



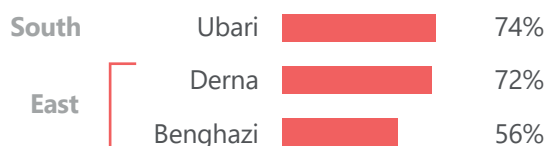
The highest proportion of internally displaced households having multi-sectoral needs was found in the East (38%), compared to 15% in the South and only 8% in the West. Jalu represents again an outlier with the highest overall needs, and the highest proportion of IDPs found to be in need (89%).

Returnee population

Similar to internally displaced households but with relatively lower proportions, **returnees were most commonly found to have Health (37%) and WASH (27%) needs.** Only 16% of returnees were found to have concurrent needs in at least 2 sectors.

Ubari was found to be the baladiya with the highest proportion of returnees in need (74%). Ubari appears to be an outlier in the region primarily due to the high proportion of returnee households found to have unmet health needs (51%). Findings form an area-based assessment conducted by REACH in Ubari in April 2021 highlighted that the local healthcare system was under severe duress due to the few available healthcare facilities and the lack of medical staff or equipment.¹⁸

Assessed baladiyas with the highest proportion of returnee households in need:

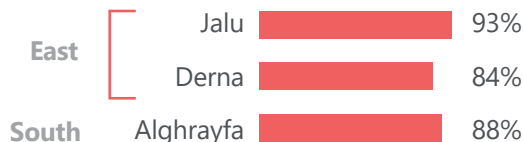


Non-displaced population

Roughly half (52%) of non-displaced households were found to be in need; similar to the other assessed population groups, these needs appeared to be mostly driven by unmet needs in **health (32%), WASH (24%), and food security (10%)**. At baladiya level, the proportion of non-displaced households found to have needs range from 28% in Murzuq to 93% in Jalu.

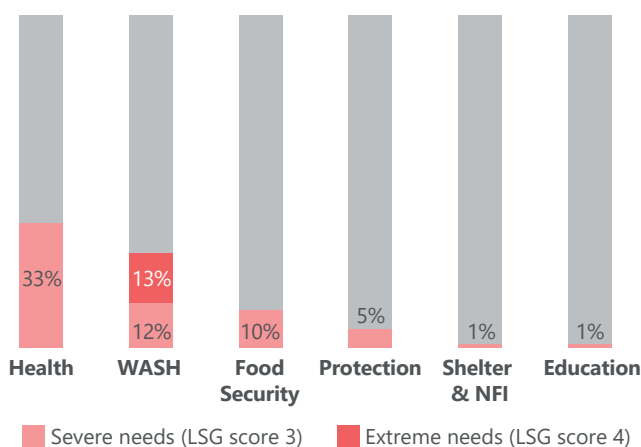
Needs are high for all population groups in Jalu, which indicates that displacement-related factors are likely less prominent in driving needs, and that the underlying causes might be more closely related to people's locations of residence. Additional assessment on Jalu would be pertinent to further understand the factors driving these needs.

Assessed baladiyas with the highest proportion of non-displaced households in need:



DRIVERS OF NEEDS:

% of households per sectoral living standards gap (LSG per sector):



One-third of interviewed households was found to have unmet healthcare needs; in the analysis, this figure was mostly driven by households commonly reporting having been unable to obtain healthcare when needed in the 3 months prior to data collection (68%). The most reported types of services households reported having needed but having been unable to access were consultations, drugs for chronic and acute illnesses, and/or laboratory services. **Findings suggest barriers to accessing healthcare were both financial (inability to afford services) as well as structural (lack of (quality) facilities, medicines).**



33% of households were found to have health needs.

Libya continues to struggle with its healthcare system due to **the fragmentation of the health sector institutions and the extreme shortages of medical supplies and health staff.**¹⁹

The limited provision of quality public services may intensify inequality since wealthier households may afford private care while those without sufficient financial resources cannot, **further reflecting the economic dimension of needs in Libya.**

The second most commonly found need was WASH.

These needs were mainly driven by households reporting not having enough water for drinking, cooking, bathing, and/or washing.



25% of households were found to have WASH needs.

According to the World Resources Institute, Libya is the 20th most water-stressed country in the world.²⁰ This water scarcity is steered by the over abstraction of water resources and the neglect of the infrastructure such as the man-made river and the desalination plants.

Besides that, security incidents affecting water infrastructure such as attacks on the man-made river have considerably impacted water supply in Libya.²¹ Attacks by armed groups have reportedly had long-lasting and sometimes irreversible consequences for water infrastructure.²²

Food security was the third highest sectoral need.

Households were considered to have unmet food security needs if they had a poor or borderline FCS which reflects the nutritional value of their food intake while also relying on negative consumption coping strategies as per the rCSI.

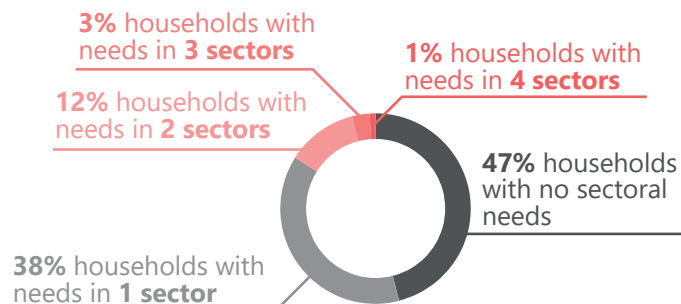


10% of households were found to have food security needs.

Households with food security LSG were mostly relying on negative coping strategies to cope with limited access to food in the 7 days prior to data collection, mainly the reliance on less preferred and less expensive food followed by limiting portion size of meals at mealtimes. On average households reported relying on these coping strategies for two days in the week prior to data collection. Despite FCS being acceptable in some baladiyas like Benghazi and Tripoli, the use of harmful coping strategies indicates that households may only maintain their access to sufficient food through resorting to these negative strategies. Notably, overall, households reported spending 64% of their expenditure in the month prior to data collection on food. In addition, among households who have been taking debt, 40% reported needing the debt to cover food expenses, which again highlights **the economic vulnerability, and its impact on access to basic needs, among the Libyan population.**

NEEDS PROFILES:

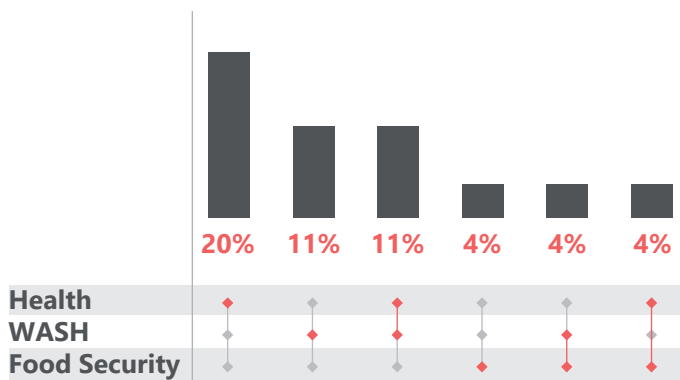
% of households per number of sectoral needs:



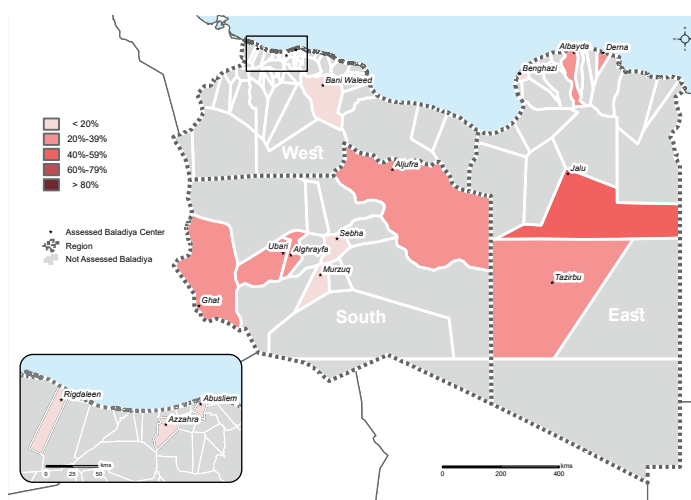
Overall, most households were found to either have no sectoral needs or just one. Among those 38% of households with just one sectoral need, **the majority (54%) was found to have needs just in health**, further indicating the importance of addressing health barriers to facilitate durable solutions in Libya, especially when knowing that **health needs are mainly driven by the economic vulnerability of households and the fragmentation of the healthcare system.**

Overall, **households interviewed in the assessed baladiyas in the South (20%) as well as IDP households (29%) were most often found to have needs in more than one sector.** To gain a deeper understanding of the complex needs in Libya and the local factors that shape these profiles, it is crucial to conduct additional assessments that complement the findings of the MSNA exercise. These assessments should focus on examining the interplay between needs, particularly on the underlying, structural factors and vulnerabilities preventing durable access to critical services and basic needs.

Most common needs profiles, by % of households:²³



% of households found to have needs in 2 sectors or more per assessed baladiya:



ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

The majority of households (81%) reported not having received humanitarian assistance in the 6 months prior to data collection, while 16% reported having received aid in the 6 months prior to data collection. Among the latter group, **only 17% reported that the assistance received matched their needs and was sufficient**, while 44% reported that it was not sufficient and 38% reported assistance did not match their needs.

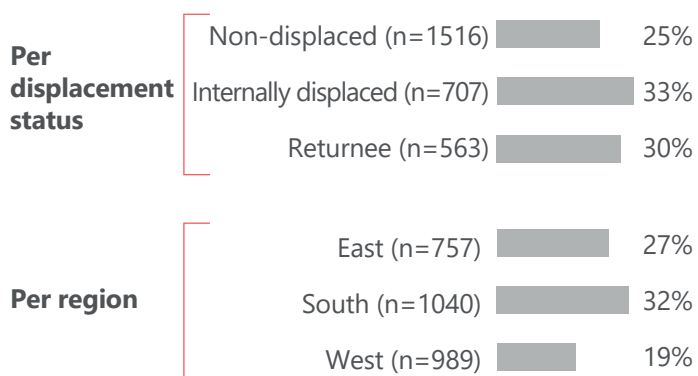
Among households who reported not having received any assistance in the 6 months prior to data collection (81%), **26% reported not being aware of any humanitarian assistance available, or how to access it.** Other reported barriers were humanitarian assistance not being available in their baladiya (7%) and the mode, timing or location of distribution making it difficult to access the assistance.

IDP households most commonly reported having accessed assistance (26%) and not having faced any barriers. However, among those IDP households who reported not having accessed assistance (n=707), **the proportion who reported not being aware of any assistance available or how to access it was also comparatively higher (33%).** This could accentuate that, although humanitarian aid is widely available for Libyans and more specifically internally displaced households,²⁴ communication about humanitarian assistance and how to obtain it should be more accessible.

76% of households in need (i.e. households with an MSNI severity score of 3 or 4) reported **not having received humanitarian assistance** in the 6 months prior to data collection.



% of households reporting not being aware of any humanitarian assistance available in their baladiya or how to access it, per displacement status and region:*



*Among households who had not received assistance in the 6 months prior to data collection

Preferred means (channel) of receiving information about humanitarian assistance:

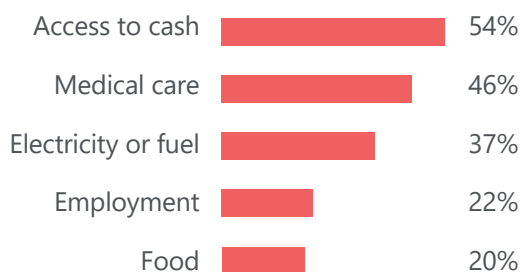
Overall, 41% of households reported that not wanting to receive information about humanitarian assistance, while **42% reported preferring to obtain details about the available humanitarian aid and how to access it via telephone (via call or SMS)**, and 14% reported social media as their preferred mean to acquire information.

Preferred means (channel) to give feedback to aid agencies:

Overall, **55% of households reported not wanting to provide feedback about humanitarian assistance**, while 19% reported preferring to give details about their experience with the aid they received and/or to file complaints through phone calls.

SELF-REPORTED PRIORITY NEEDS

Top 5 most reported priority needs, by % of households



Overall, **the three main priority needs across all regions and population groups were, in order, access to cash, medical care, and electricity or fuel**. However, at the regional level, the most reported priority needs were electricity or fuel in the South, medical care in the West and access to cash in the East.

Notably, **for IDPs, shelter support was the second most reported priority need (59%)**. This could be due to an amalgamation of factors related to the inability to finance rent and/or basic needs, or substandard shelters conditions.²⁵

Among those households who listed access to cash as one of their top priorities, **75% reported they needed cash to pay for food and drinking water, 56% said it was required to fund healthcare, and 27% said it was needed to pay off debt**. This contributes to the fact that financial concerns and economic vulnerability were recognized as a barrier in all sectors, highlighting the relevance of additional, in-depth livelihoods assessments in Libya.

ENDNOTES

- ¹ [Humanitarian Needs Overview \(HNO\) 2022](#), UNOCHA Libya (December 2021)
- ² [Humanitarian Overview \(HO\) 2023](#), UNOCHA Libya (December 2022)
- ³ [IDP and Returnee Report, Libya DTM Round 43](#), IOM (July - August 2022)
- ⁴ [Humanitarian Needs Overview \(HNO\) 2022](#), UNOCHA Libya (December 2021)
- ^{5 6} [The economic cost of the Libyan conflict](#), UNESCWA (September 2021)
- ⁷ [Libyan Population MSNA 2021](#), REACH (May 2022)
- ⁸ [IDP and Returnee Report, Libya DTM Round 42](#), IOM (May-June 2022)
- ⁹ Households are classified as having humanitarian needs if they have one or more sectoral needs. Sectoral needs are called Living Standard Gaps and are calculated based on a set of sectoral indicators. For more information about the calculation of LSGs and the MSNI, [see the 2022 MSNA Methodology overview](#).
- ¹⁰ [Annual report health sector Libya](#), Health cluster Libya (January 2022)
- ¹¹ [Man-Made River reduces water supply to east and centre of the country](#), The Libya Observer (February 2023)
- ¹² [The arid zones](#), Kenneth Walton (December 2009)
- ¹³ [Libya Joint Market Monitoring Initiative \(JMMI\)](#), REACH (June 2022)
- ¹⁴ [Libya Joint Market Monitoring Initiative \(JMMI\)](#), REACH (July 2022)
- ¹⁵ [Water Scarcity and Climate Change: an analysis on WASH enabling environment in Libya](#), UNICEF Libya (September 2022)
- ¹⁶ [IDP and Returnee Report, Libya DTM Round 43](#), IOM (July - August 2022)
- ¹⁷ Please refer to WFP guidelines for detailed explanation on the calculations of the food consumption score, the rCSI and the Household Hunger Scale (HHS), accessible [here](#).
- ¹⁸ [Ubari Area based Assessment](#), REACH (August 2021)
- ¹⁹ [Humanitarian Response Plan, Libya \(HRP\)](#), UNOCHA (June 2022)
- ^{20 21 22} [Water Politics in Libya: A Crisis of Management, not Scarcity](#), Arab Reform Initiative (June 2021)
- ²³ [Humanitarian Response Plan, Libya \(HRP\)](#), UNOCHA (June 2022)
- ²⁴ The graph shows the most common combinations of needs between health, WASH and food security. The red dots represent the combination.
- ²⁵ [Shelter reconstruction assessment](#), REACH (November 2022)