AZZAWYA
Area-Based Assessment

April 2019

REACH Informing more effective humanitarian action

Area-based Assessment in Azzawya

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Introduction

During the first civil war in 2011-2012, Libya witnessed massive fighting between Gaddafi's forces and the opposition. By 2019, the country had entered its ninth year of conflict. War damage due to heavy bombardments, security threats, and economic and political crisis undermined the future prospects of Libyan and non-Libyan residents by affecting their livelihoods and access to services.

This area-based assessment (ABA) aims to provide an in-depth and comprehensive analysis of an urban area and of its local population's ability to meet basic needs using existing services, namely in the areas of education, healthcare, markets, bakeries and humanitarian assistance. This assessment thus aims to inform evidence-based humanitarian programming and planning of local government actors in Azzawya city.

Azzawya was chosen for an in-depth analysis for several reasons: the diversity of its population, notably the size of its migrant community; the lack of consensus on the definition of its boundaries; the strong barriers to accessing basic services (MSNA, 2018); and the overall information gaps on access to services for Libyans and migrants.

What is the micro-level impact of the Libyan crisis on Libyans and migrants' access to services in the city of Azzawya?

To address the above-mentioned main research question, this ABA particularly focuses on education, healthcare, markets, bakeries and humanitarian assistance in Azzawya. It will inform humanitarian, development and governmental actors on priorities at the urban area-level. This approach will thus allow them to better understand local dynamics and challenges to operate more efficiently at a micro-level by filling response gaps to the most vulnerable populations.

Map 1: Azzawya city in Libya

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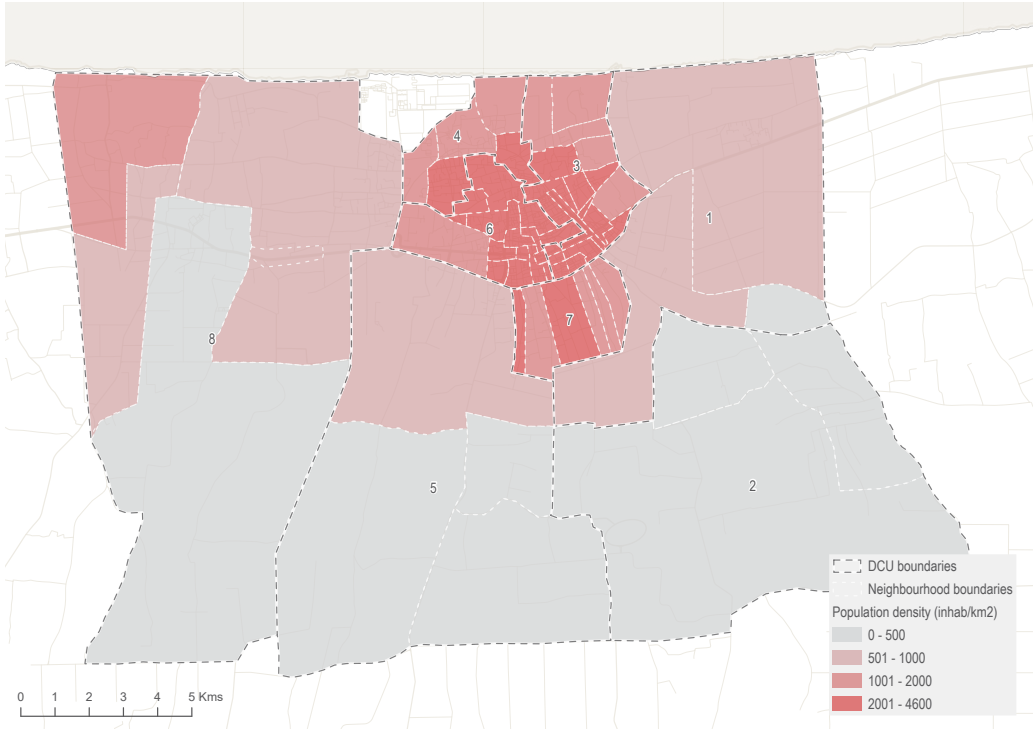
Methodology

Methods	Mixed: qualitative (participatory mapping, focus group discussions, key informant interviews) & quantitative (secondary data analysis: MSNA & JMMI)
Areas of focus	Health, education, markets, bakeries, humanitarian assistance
Population of interest	IDPs, non-displaced, returnees, migrants, refugees
Data collection tools	Structured (qualitative data)
Participatory mapping & FGDs	32 mapping focus group discussions (MFGDs) with Libyans
Key informants (service providers)	56 KIs
Key informants (migrants)	46 KIs
Level of analysis	City-level, DCU-level (8 DCUs)
Sampling method	Purposive & snowballing

Map 2: Population density in Azzawya per DCUs and neighborhoods



• REACH conducted this assessment through a mixed-methods approach using both qualitative and quantitative methods, including analysis from data collection and secondary data (Multi-Sector Needs Assessment: MSNA; Joint Market Monitoring Initiative: JMMI).

• To provide in-depth analysis of Azzawya and its neighborhoods, the empirical approach was primarily qualitative. Data collection took place between 27 December 2018 and 20 January 2019 in Azzawya city. Following a participatory mapping exercise conducted in mid-December 2018, eight data collection units (DCUs) grouping neighborhoods in larger entities were delineated to cover data collection.

• Four structured tools were used, totalling

1. 32 mapping focus group discussions (MFGDs) with Libyans to map operational infrastructure at DCU level;

2. 56 key informant interviews (KIIs) with Libyan service providers;

3. 31 KIIs with migrants at city level to explore Libyans and non-Libyans' access and barriers to services related to education, healthcare, markets and humanitarian assistance, as well as the strategies used to cope with a lack of access to those;

4. 15 KIIs with migrants at DCU level to map out migrants and refugees' access to services in the DCUs where they are more concentrated.

• To strengthen the understanding of local dynamics and challenges, quantitative data from the 2018 MSNA and the JMMI (March 2018 to January 2019) were integrated into the ABA.

• The findings of this assessment should be considered as indicative only.

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Education

SUMMARY

- Most of the primary and secondary schools in Azzawya were considered functional. Nevertheless, they were strongly affected by a lack of operational equipment and supplies (e.g. latrines, electricity, classrooms, stationery, desks, boards, seats), as well as learning materials (books, computers, laboratories/libraries).
- Education providers KIs believed that, despite the good quality of education, the lack of qualified teachers was a significant issue. High-quality education also requires appropriate classrooms, which were lacking in most of the schools, given that classes were overcrowded.
- Overall, migrant KIs reported having limited knowledge about the conditions and barriers faced by migrants in accessing education. This may be explained by the reportedly limited proportion of migrant children living and pursuing an education in Azzawya, especially if originating from East and West Africa.

Impact of the conflict on education

- Despite the sporadic closure of some schools due to clashes, nearly all primary and secondary schools in Azzawya were open and functional at the time of data collection (i.e. January 2019) (Map 3).

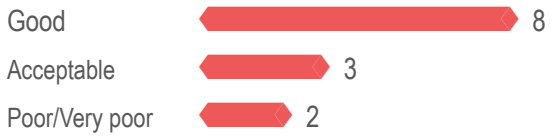
- A large part of respondents (5/11)[1] believed that the school environment was insecure due to the proximity of some schools to armed groups, the Azzawya Oil Refinery, which implies all the militia activity around the refinery and Aljazeera prison, also known as Al-Sereya Al-Oula located in DCU 6. The closer the school was to the city center, which has a high concentration of militias, the more unsafe the environment was perceived to be and the more likely the schools were to be disrupted due to recurring closures.

Quality of education

- Quality of education did not emerge as a major issue from the perspective of service providers. Most of the KIs positively evaluated education quality, while a minority (2/13) described education as poor.

- The majority (10/13) reported no particular changes in the quality of education since the beginning of 2018.

Figure 1: Perception of the quality education by service providers



- Opinions of FGD participants were split in regards to the quality of education. While some Libyan residents reported that overall quality of the provided education was average to good, mainly because educational facilities are still functional and children are enrolled in schools, other reported that quality of education is poor or very poor, for reasons such as the lack of teachers, school supplies and teaching material.

- While 19/31 migrant respondents reported not knowing about the quality of education in Azzawya, this sector was overall reported as being good by the remaining one third of migrant KIs (10/31). Only one migrant KI defined it as acceptable. Six out of the 10 migrant KIs reporting that education was good originated from MENA, mainly because migrant children from the MENA region were reportedly accepted and well treated by teachers in educational facilities.

Enrolment and attendance

- As confirmed by both Libyan and 14/16 migrant KIs who answered this question, the latter of whom were mainly from MENA (9/14), Libyan and non-Libyan children attend the same type of educational facilities, both private and public. While a plurality of Libyan KIs (6/13) reported that non-Libyans were free to benefit from educational facilities, 4 out of 13 KIs acknowledged that access is restricted by the cost of education, given that most foreign students do not benefit from any public subsidies.

- This finding was contrasted with data collected through KIIs with migrants. All migrant KIs who reported having knowledge of children's access to education (17/31) reported that migrant children were not freely admitted to educational facilities. Most of those who said otherwise originated from the MENA region; in general, migrants from MENA tend to be able to integrate more readily into Libya's society and institutions.

• The majority of migrant KIs (11 out of the 17 who reported knowing about restrictions to access education) reported that restrictions to access education facilities are non-administrative and include: (1) the inability of migrants to afford education, (2) the fear of being arrested (particularly reported by KIs originating from West Africa) and (3) the perception that roads leading to education facilities are unsafe. Among KIs from West Africa, the risk for non-Libyans of being kidnapped or arrested at the entrance of schools was particularly reported. Some sub-Saharan African KIs also reported that access to education is possible only if migrant children are sponsored by a Libyan national.

• Overall, migrant KIs reported that migrant children, especially if coming from East and West Africa, are unlikely to seek enrolment in schools, as they have primarily come to Azzawya for work-related purposes or to transit to Europe.

Barriers to accessing and providing high-quality education

• From the perspective of service providers, while the quality of education did not emerge as a major issue, the lack of infrastructure and materials, combined with overcrowded classrooms and untrained teachers were the most commonly reported barriers to both accessing and providing high-quality education.

• Overall, MFGD participants and KIs reported that teachers were either not sufficient in number[2], especially for subjects such as English and mathematics, or were not qualified enough. This phenomenon was exacerbated by the transfer to administrative positions of some of those who failed a recent proficiency test requested and imposed in September 2018 by the Ministry of Education following protests against the lack of quality education, as highlighted by MFGD participants. Despite this lack of quality education, some school directors were forced to keep their "informal teachers" as no replacement occurred.

• Unstable security conditions were also a key concern for the majority of MFGD participants. Occasional clashes were reported to cause tempory suspension of classes or make it dangerous for children to reach schools.

• Additionally, while nearly all interviewed educational professionals (12/13)[3] declared that schools were suffering from material shortages, this was likely to affect children more than teachers. The majority (6/9) of interviewed teachers reported having access to all pedagogical and educational materials they needed to teach effectively.

• Similarly, the following greatest barriers to accessing high-quality education were reported by migrant KIs: (1) the inability to afford education (both school fees and school supplies), (2) linguistic barriers (particularly reported by KIs originating from West Africa) and (3) a lack of educational facilities. Besides the emphasis on the cost of school materials, migrant children from the MENA region reportedly face the most similar barriers to those experienced by Libyan children, ranging from a lack of education facilities to the poor educational curricula and the overcrowding of classrooms.

• Other KIs reported that depending on their background, migrant children might not have accessed education prior to reaching Libya, or might have accessed curricula that are not aligned to the Libyan educational offer, thus making it difficult to integrate effectively in the Libyan educational system.

Barriers to accessing and providing high-quality education

Ranking	Barriers to provide (service providers)	Barriers to access (Libyan residents)	Barriers to access (non-Libyans residents)
1	Overcrowded classrooms	Lack of teachers	Cost of school fees
2	Untrained teachers	Insecurity	Linguistic barriers
3	Lack of infrastructure	Lack of materials	Lack of infrastructure
4	Lack of materials	Lack of infrastructure	Cost of school materials

Humanitarian assistance

• Aside from the Ministry of Education, most of the educational service providers interviewed (10/13) were not aware of any governmental or non-governmental organisations that had been working to improve access to schooling or the quality of education in the city. One KI reported the assistance of two local NGOs which provided supplies to teachers and students.

• No migrant KIs reported knowing about any education-related humanitarian aid provided to migrants in the city of Azzawya.

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Future prospects on quality education from educational service providers

- According to educational professionals, improvements were needed, to enable teachers to work more effectively and enable children to acces to higher quality education. The biggest improvement that could help teachers to work more effectively was expanding the capacity of the teaching staff. This includes developing more training, increasing their salaries, hiring more staff to solve the issue of overcrowded classrooms, and highlighting guidelines and clarification on pedagogy. Several KIs mentioned the need for "modern curricula", in opposition to outdated programs.

- Additionally, KIs reported the need for better-equipped learning environments including furniture, infrastructure such as latrines, constant electricity, and school supplies (books, stationery).

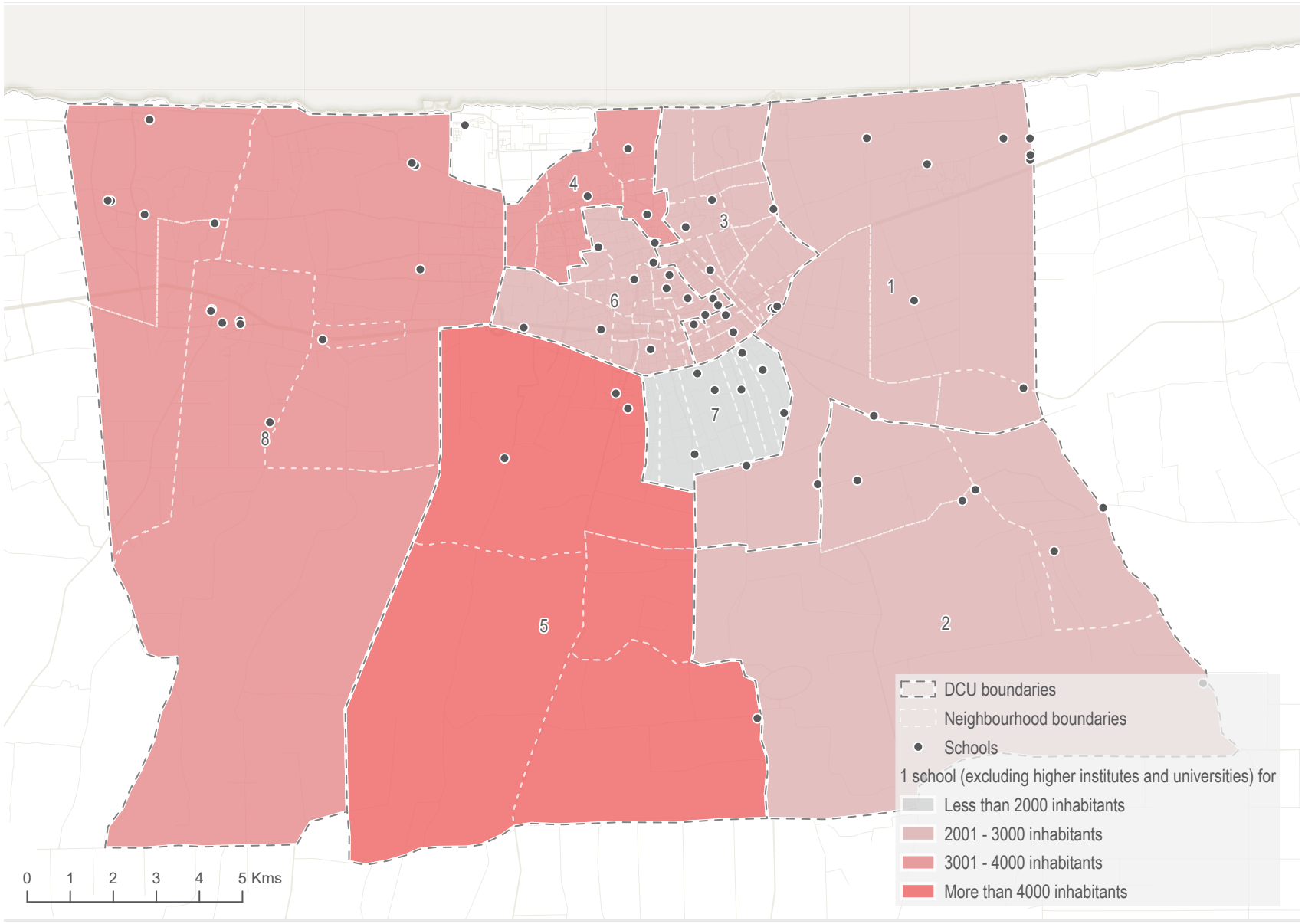
- Thirdly, the need for security inside and outside school was insisted upon, notably as a means to diminish course interruptions due to clashes.

Coping mechanisms

- Even though the vast majority of children could access education via formal schools, the minority who could not be enrolled in public schools receive private education, implying sufficient income for families. When the education provided did not meet the children's needs, parents mostly coped with three different strategies: (1) they transferred their children to a public school in another area, (2) they enrolled them in private schools, or (3) they compensated deficiencies with additional private lessons.

- The majority of migrant KIs reported not knowing about any mechanisms used by migrant children to cope with a lack of access to education. The remaining ones reported that migrant children access informal educational activities provided by other migrants (7/31), by Libyan nationals (6/31) or by religious institutions (3/31). 6 KIs reported that no informal education was used by migrant children.

Map 3: Reported primary and secondary schools in Azzawya and population density per DCU



Through participatory mapping and focus group discussions (MFGDs), participants were able to map out 76 primary and secondary schools, 16 higher education facilities and 14 religious schools.

DCU 5 was reported to hold the lowest concentration of schools per inhabitants with 1 school for approximately 6628 inhabitants. In contrast, DCU 7 has the highest concentration of primary to secondary educational facilities, with 1 school serving around 1508 inhabitants.[5]

Breakdown of reported primary to secondary level educational facilities per DCU:

DCU 1	11
DCU 2	7
DCU 3	10
DCU 4	3
DCU 5	4
DCU 6	14
DCU 7	8
DCU 8	15

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Health

SUMMARY

- Unmet needs of households in healthcare were found to be higher in Azzawya (30%) than across Libya as a whole (23%).[1] This includes **the perception of poor healthcare quality** and several major issues, which contributed to the reduction or interruption of health services in the city.
- **Shortages in medicines and equipment, followed by insecurity and unqualified medical staff,** were the most cited barriers by KIs and MFGD participants.
- With the lack of governmental support, results also highlight **a major need for internationalisation of the health sector** including human and new medical supplies from outside of Libya.
- Except that IDPs were more affected by transport related barriers as they reported living further distances from health facilities, **no substantive difference was found among population groups in terms of health issues** related to the lack of medical supplies, medical staff, or money to pay for care.

Functionality of health facilities

• In Azzawya, an estimated 50-74% of patients were reportedly able to receive the healthcare they needed within the two weeks prior to data collection.

• According to the MFGD participants, 5 out of the 60 public and private health facilities mapped in Azzawya were not operational (Map 4). Medical professionals explained the non-functionality of these health facilities by a lack of qualified medical staff which leads to mistrust by the residents. In addition, insecurity, the lack of governmental support and shortages in medicines and medical equipment contributed to the collapse of these facilities. While MFGD participants stated that the public health sector was underfunded, residents from DCU 1 reported that their health facilities were mainly running on financial contributions from the community.

• Though most health facilities were technically operational, KIs also raised corruption and preferential treatment for some patients as barriers to providing quality health services.

Barriers to accessing healthcare

• According to the 2018 MSNA, for most Libyan households (43%) living across Libya, the lack of medical staff was the primary barrier to healthcare access. Findings in Azzawya follow a similar trend, though reduced in scope (23%). The perception of KIs working in the health sector differed as they instead mentioned the lack of medicines and medical items as the foremost unmet need to access and to provide healthcare. This issue seems to be strengthening over time and spreading to the private sector, forcing patients to bring their own medical supplies including surgical instruments to the facilities, while prices were unaffordable in pharmacies for many households.

> **"There is no medication for patients as before and now the patient himself buys medication from the pharmacy at high prices."**
> (Female doctor, private sector, DCU 8)

• According to KIs, the combined lack of governmental support and looting during periods of clashes were the causes for these shortages. To work more effectively, KIs stated that they needed to receive more medicines and modern foreign supplies, directly referring to foreign companies.

> **"[They notably] ask for help from advanced countries in the field of health to develop and rehabilitate medical departments."**
> (Female doctor, public sector, DCU 2)

• Insecurity was reported as the second major concern for healthcare access, notably in DCU 1 and DCU 2 according to MFGD participants. This notably includes unsafe roads to travel to medical facilities, which is even more problematic in Azzawya as results show that 78% of the households reported travelling between 15 to 60 minutes and 6% more than one hour to seek medical attention, compared to 2% at a national level (Map 4). While the presence of explosive hazards was not reported as a barrier to accessing facilities, the proximity to security checkpoints as well as frequent attacks on medical staff and patients inside the facility, was raised by most of the KIs, especially in Azzawya Public Educational Hospital.

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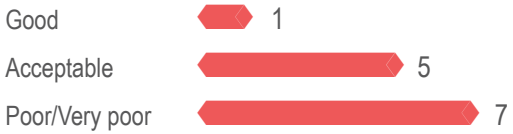
• Besides the above-mentioned considerations on the lack of facilities and medicines, according to KIs, migrants' access to quality healthcare was first and foremost reportedly hindered by the inability to afford good quality healthcare, followed by a lack of information and non-administrative access restrictions such as linguistic barriers, heightened economic vulnerability, and discrimination, to which non-Libyans are more exposed.

• Overall, medical professionals did not mention a higher need for female medical staff than for male medical staff.[2] However, due to insecurity, female doctors tend to avoid working at night, which represents an issue in specific fields such as obstetrics. Still, issues with medical staff appear to be more related to the lack of qualification than understaffing.

Quality of healthcare

• The majority of medical professionals interviewed, along with MFGD participants in 5/8 DCUs, perceived the quality of healthcare as poor or very poor, with no improvement since the beginning of 2018.

Figure 2: Perception of the quality of healthcare by service providers



• To expand high-quality healthcare, KIs emphasised the need for international or governmental support. It includes training abroad, the provision medical equipments, especially for specialities; security for medical staff, including secure transportation during home visits; as well as involvement to tackle corruption and mismanagement through control procedures.

Top 3 medical needs

Top 3 healthcare needs reported by service providers

For Libyans		For migrants and refugees
Emergency care (injuries / accidents)	1	Emergency care (injuries / accidents)
Treatment of chronic diseases	2	Surgery / specialised care
Skilled care during childbirth/mental healthcare	3	Treatment of chronic diseases

Patients in a waiting room, private clinic in Azzawya January 2019

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Access restrictions for non-Libyans

• As a result of clashes and security checkpoints, migrants, in particular, reportedly faced restrictions on their access to healthcare due to the fear of being arrested or abused.[3]

> **"Most migrants do not receive treatment in public facilities because they fear being arrested, exploited and robbed of their money by armed groups guarding these facilities."**
> (Female doctor, private sector, DCU 5).

• In terms of admission to health facilities, while most official administrators reported free access for non-Libyans, most of the medical staff highlighted that restrictions in fact existed. Three different types of constraints that migrants were facing emerge: (1) the lack of identity documentation; (2) the cost of healthcare, which was mostly not provided for free to non-Libyans in public hospitals and sometimes required the presence of a Libyan sponsor; (3) and being refused treatment or being discriminated against for fear of bearing contagious diseases because of their migratory status.

• This is confirmed by migrant KIs themselves. While more than one third reported that non-Libyans were free to use health facilities (13/31), another third reported that access would only be granted upon presentation of an identification document (10/31), or that access was prevented by other non-administrative restrictions (8/31). More specifically, the latter included: (1) fear of being arrested (predominantly reported by KIs from West Africa); (2) the unaffordability of healthcare; (3) the need to be accompanied by a Libyan sponsor to be granted access. The aforementioned reasons, besides considerations linked to quality of healthcare, were cited among the factors contributing to migrants' preference for private facilities, where such incidents were reportedly less frequent.

Humanitarian aid

• While the majority of medical professionals interviewed had not encountered any humanitarian actors providing healthcare or support to health facilities, 4/13 were able to name several of them, both national and international organisations (The Libyan Red Crescent, IOM, and WHO).

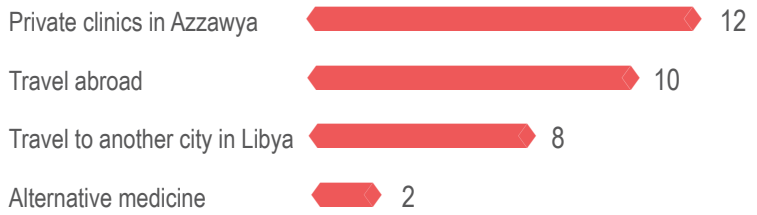
• Only 3 KIs from East Africa reported that migrants receive health-related humanitarian assistance. All of them reported that this is provided only in migrant detention centres (3/31).

Coping mechanisms

• According to medical profesionals KIs and MFGD participants, when Libyan residents of Azzawya were unable to access healthcare, or when healthcare was insufficient to meet patients' needs, they mainly resorted to private clinics, or to a lesser extent to hospitals abroad (Tunisia, Egypt, Jordan, Turkey or Germany) depending on the emergency. While private health facilities were reported unaffordable by the majority of Libyans participants to MFGDs, this was exarcerbated by a shortage of liquidity and an inflexibility in regards to payment methods, as in most cases, only cash is accepted..

• They could also travel inside Libya, especially in Tripoli (but also in Sabratha, Misrata, and Azzintan). More rarely they relied on alternative or traditional medicine.

Figure 3: Coping strategies when residents do not have access to public health facilities



• Faced with a lack of access to formal healthcare, migrants reportedly resort to pharmacies or alternative medicine. KIs from MENA reported that migrants from their region of origin also move to other parts of the city, by taxi or through the support of their employer, if in need of healthcare, or resort to self-medication.

• When access to healthcare is impeded by a lack of money, KIs reported that migrants tend to rely on the support provided by (1) their employer, (2) other migrants in Libya, or (3) Libyan host communities. The latter was mostly reported by KIs from the MENA region, as most migrants from the MENA region tend to have a better integration into Libyan host communities, mainly because of the cultural and language similarities.

Map 4: Distance that Azzawya residents must travel by road to reach the nearest health facilities

60 public and private healthcare facilities and 46 pharmacies were mapped out by MFG participants across the assessed DCUs in the city of Azzawya. The 3 health facilities that were most reportedly used by MFGD participants across all DCUs were Azzawya Public Education Hospital, Al-Basatin Clinic and the Libyan Foreign Medical Centre.

5 health facilities and 1 pharmacy were reportedly non-functional, while 3 facilities were said to be partially operational.

DCU 3 recorded the highest number of medical facilities (17), against 3 facilities identified in both DCU 7 and DCU 2.

Breakdown of reportedly operational and partially operational healthcare facilities per DCU:

DCU 1	6
DCU 2	4
DCU 3	17
DCU 4	4
DCU 5	5
DCU 6	12
DCU 7	3
DCU 8	7

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Markets

SUMMARY

- Since the beginning of 2018, despite the disruption of supply chains caused by armed conflict and the ensuing closure of roads, most of the merchant KIs interviewed had not been forced to close their shops, though they faced difficulties maintaining their stock.
- **Merchants were instead more impacted by the devaluation of the Libyan dinar,** which led to a lack of liquidity, an increase in price of goods, and a lower quality of products, which harmed the market sector..

Barriers to accessing market items

In Azzawya, according to findings from the 2018 MSNA, while 90% of Libyan households reported being able to access marketplaces, a majority (53%) also reported not facing any barriers to access market items overall.[1] Libyan households, merchant KIs and MFGD participants reported the high cost of items, their unavailability and the lack of liquidity or means of payment as the three major barriers to purchasing market items in Azzawya.[2] Additionally, both merchant KIs and Libyan MFGD participants also highlighted athe presence of low-quality items as an market issue.

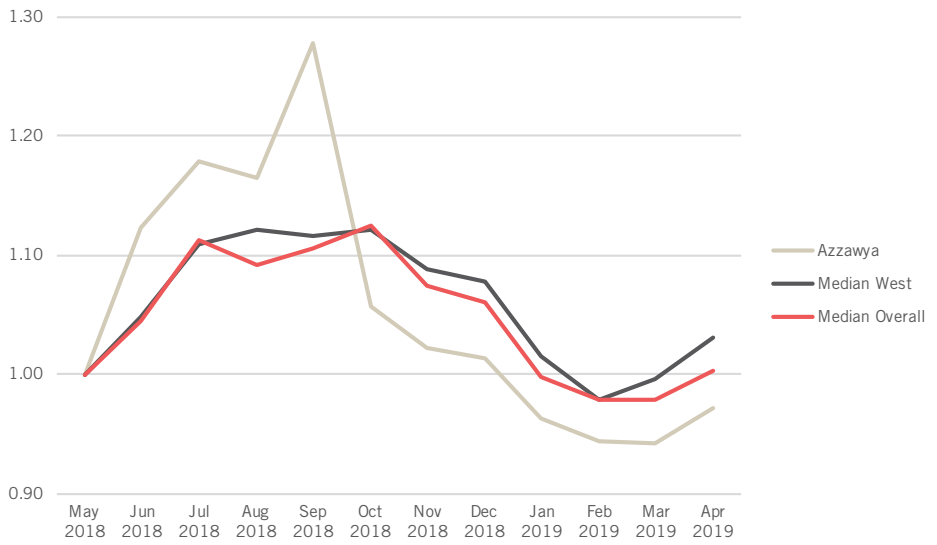
Figure 3: Main barriers to buy food and non-food items

Similarly, almost all migrant KIs reported no major challenges in accessing NFIs or basic food items. KIs reported that migrants from the MENA region mostly face economic barriers, which are comparable to the barriers faced by Libyan nationals and which relate to a deterioration of their economic means and to the reportedly unaffordable prices of items available in the markets. Among migrants from West Africa and East Africa, general security considerations and risks linked to their migratory status (i.e. the presence of checkpoints, smuggling actors and the risk of kidnapping among non-Libyans), as well as linguistic barriers, reportedly coexisted with similar economic considerations.

Prices of market items

- In 2018, changes in the median cost of the Minimum Expenditure Basket (MEB)[3] over time were divided into two distinct phases, which were directly impacted by the imposition of economic reforms in mid-September 2018 including a 183% tax on foreign currency transactions.[4]

Graph 1: MEB Price Index since May 2018 (normalised, May 2018 = 1.00)



How to read a price index?[5]

A price index is a representation of relative price changes over a given period of time. This price indice was created by setting the initial price (that recorded in March 2018) equal to one and reporting all subsequent prices as a fraction of the initial price. In any given month, a value of 1.00 represents no change from the initial price level, a value of 1.10 represents a 10% increase, and so on.

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• In Azzawya, between May and September 2018, the median cost of the MEB increased by 27.8% This was due the devaluation of the Libyan dinar (LYD) against the US dollar and the euro on the parallel market. This devaluation directly affected the price of goods, notably the imported ones smuggled on the parallel market. The increase of the median cost of the MEB was particularly strong when compared to the national level (+10.5%) and the regional level (+11.6%) due to the massive spike in fuel prices in Azzawya in August and September 2018 resulting from the Tripoli clashes.

• Between September 2018 and January 2019, prices began to sharply decrease, notably in Azzawya, as a direct consequence of economic reforms, which enabled the Central Bank of Libya to significantly narrow the gap between USD/LYD official and parallel market exchange rates.

• Between May 2018 and January 2019, the median price of food items in Azzawya decreased by 3.7%. Yet, the high cost of goods remained the first barrier for consumers to access food items.[6] The perception of expensive products may be explained by the increase in the prices of hygiene items (+3.4%) in Azzawya since May 2018[7], compared to an overall decrease across Libya (-5.5%).

• Overall, migrant KIs reported that their ability to meet basic needs had not changed over the previous 12 months. Some, however, reported having increased their purchasing power, thanks to a decrease in the prices of items and an appreciation of the exchange rate. A few KIs from West Africa also explained that more employment opportunities had emerged as compared to before.

• Over the previous 12 months, the ability for migrants to send money home reportedly remained unchanged (19/31), as well as the ability to save money (28/31). A smaller number of migrant KIs from all regions reported, however, that the ability of migrants to send money home had improved (8/31) due to better security and economic conditions. In general, according to a REACH assessment conducted in June 2018, the liquidity crisis in Libya and the depreciation of the Libyan dinar made the process of saving money much more difficult and lengthy for migrants[8].

• Cash was reported as the main means of payment by all migrant KIs. In-kind payment (2/31) and the usage of mobile money (2/31) were also reported as alternative payment methods.

• Due to a lack of trust in the banking system, migrants reported that money is transferred through the support of acquaintances travelling to their countries of origin. Reportedly, this was considered a more convenient and safer option than making transfers through the black market due to the elevated risk of robbery.

Unavailability of commodities

• The majority of merchant KIs (6/10) reported facing issues with meeting customer demand since the beginning of 2018. These issues were related to the difficulty to transfer money abroad and to get items from suppliers outside Azzawya due to clashes and road closures, which led to a lack of stock in shops.[9]

• In addition, some items were more difficult to find due to the short supply of subsidised items such as flour and cooking fuel[10], both of which recorded median prices higher than the national level, an increase by respectively +158.3% and +42.9% between May 2018 to January 2019.[11]

Lack of liquidity and low-quality commodities

• According to findings from the 2018 MSNA, when households did not have enough hard cash to purchase food, the most common coping mechanism was paying with credit or debit cards (52%), followed by spending savings (46%) and borrowing money (33%).[12] While hard currency was the primary method of payment used by consumers, other payment modalities (i.e. certified cheques, credit/debit cards, and mobile money) could be accepted by the shopkeeper under certain conditions[13]. Either a markup of 10% to 35%[14] was added to the price of the commodity, or a minimum amount was applied.

• Half of the merchant KIs reported changing the provenance of some of their products from Europe to Africa since the beginning of 2018. The Libyan liquidity crisis resulted in a decrease in the ability of consumers to purchase European items. Additionally, merchants were unable to pay their European suppliers due to the rise of the US dollar and euro exchange rates on the parallel market.[15] However, KIs reported that Tunisian and Egyptian items did not meet the quality standards, which coupled with the recent appreciation of the LYD, had prompted to increasing imports from Europe, notably from Italy and Spain at the end of 2018.

Future prospects of merchants and traders

- Despite issues with supplying customers, future prospects within the six months following data collection seemed to be positive. Most of the merchant and trader KIs predicted that their business would increase, as products were getting cheaper, cash was becoming more available and new payment methods were emerging.

- This perception was based on the decrease in food and hygiene item prices since the introduction of economic reforms in mid-September 2018. This led to the appreciation of the Libyan dinar (against the US dollar) on the parallel market, and a greater availability of liquidity in banks.

- In addition, none of the key informants foresaw any issues with meeting customers' demand within the next six months following data collection.

Humanitarian assistance

- Even though humanitarian assistance was mainly focused on the supply of food and non-food items, most of the merchant KIs were unaware of any humanitarian food and NFI assistance being provided in the city of Azzawya.

- While no migrant KI reported being aware of the provision of cash assistance to non-Libyans, a minority of KIs reported being aware of the provision of assistance in the form of food and non-food items, mostly in migrant detention centres.

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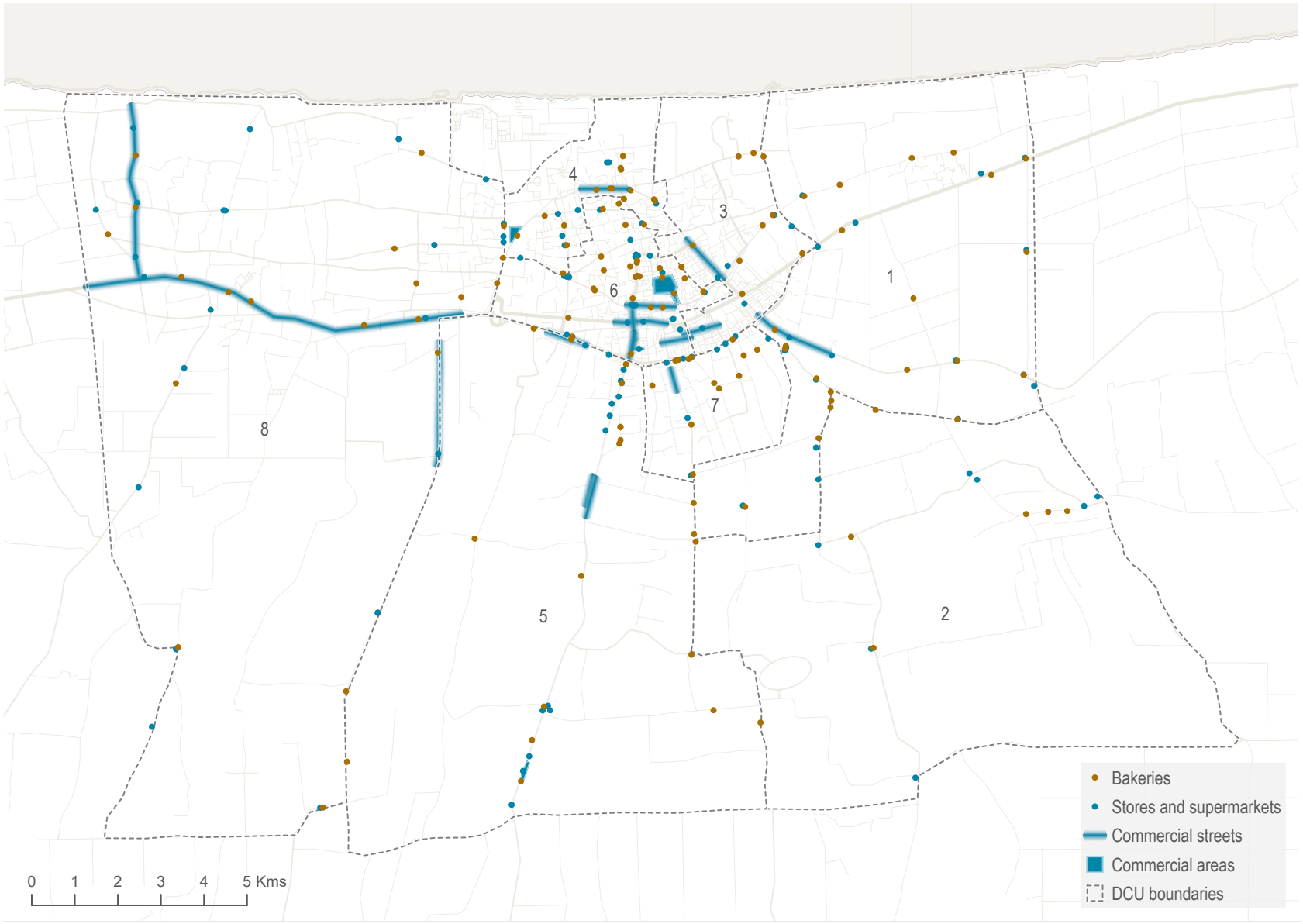
Map 5: Reported markets and bakeries per DCU in Azzawya



Markets:

Even though Azzawya residents reported facing barriers (lack of liquidity, poor quality of products) to accessing food and non-food items, most marketplaces across the assessed DCUs were reported to be functional.

Bakeries:

A total of 135 bakeries across all DCUs were identified through the MFGDs, out of which 4 were reported as non-operational and 32 as open part-time.

Breakdown of ropen bakeries per DCU:

DCU 1	20
DCU 2	10
DCU 3	10
DCU 4	14
DCU 5	20
DCU 6	23
DCU 7	15
DCU 8	19

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Bakeries

SUMMARY

- Since the beginning of 2018, following the **lack of supply of subsidised flour and fuel, and the departure of much of Libya's migrant workforce due to the devaluation of the LYD**, products sold in bakeries became less diversified and more expensive.
- **In mid-2018, severe shortages of subsidised flour and fuel caused bakers to temporarily close their businesses** and, in some cases, go on strike. **However, the situation has improved greatly, and there were prospects of a promising future**, as recent reforms that followed these events were correlated both with improvements in the supply of subsidised flour by the government and with the appreciation of the Libyan currency on the parallel market.

Impact of the crisis on bakeries

- In 2018, bakeries in Azzawya reported being more affected by the crisis than grocery shops and supermarkets. Most of the baker KIs (8/10) had to close their bakeries due to disruptions in the provision of subsidised flour, which caused a significant decrease in bread production. The tempory closure of bakeries was also explained both by power outages (3/8) and the lack of workforce (2/8). According to baker KIs, migrants working in bakeries tended to leave Libya due to the devaluation of the LYD, which led to a rise in salaries as Libyans work on contracts that follow national wage laws.

- Those who kept their bakeries open perceived the situation as an opportunity allowing them to make more profit as the demand was higher for a couple of months.

- In early January 2019, at the time of the ABA data collection, the median price of 1 piece of bread sold in bakeries was 0.50 LYD (2.5 LYD for a bag of 5 pieces of bread)[1]. Between May and October 2018, the median price of bread increased by 48.4%, then decreased by 25.0% between October 2018 and January 2019, totalling an overall increase by 11.1% between May and January in Azzawya.[2]

- Between April and October 2018, the phase of bread inflation resulted from the lack of flour supply by the government and the depreciation of the LYD. Inversely, between October 2018 and January 2019, the price decrease phase was due to the supply of subsidised flour and fuel combined with the appreciation of the LYD.

- Overall, while all KIs reported their business being affected by the events of mid-2018[3], most of them also considered that other bakeries across Libya had been more affected. Azzawya city is located near factories and fertile lands with water provision, which facilitates wheat production.[4]

Graph 2: Bread prices over time (normalised, March 2018 = 1.00)

How to read a price index?[5]

A price index is a representation of relative price changes over a given period of time. This price indice was created by setting the initial price (that recorded in March 2018) equal to one and reporting all subsequent prices as a fraction of the initial price. In any given month, a value of 1.00 represents no change from the initial price level, a value of 1.10 represents a 10% increase, and so on.

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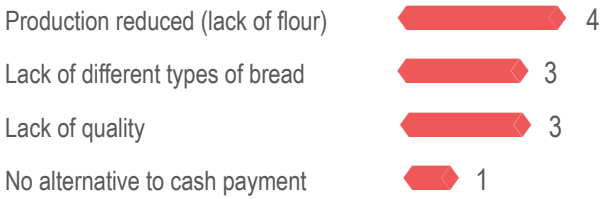
• The majority (7/10) of KIs were free to set their own prices for all products they sell. However, while some KIs reported that prices depended on whether or not the bakeries were supplied with subsidised flour, those who declared being supplied with subsidised flour (2/10) also said they were free to set prices. This shows: (1) that subsidised flour is rarely supplied, and (2) that other factors affected the price of products, notably the increasing cost of manufacturing products such as yeast and fuel as well as operational materials and wages.

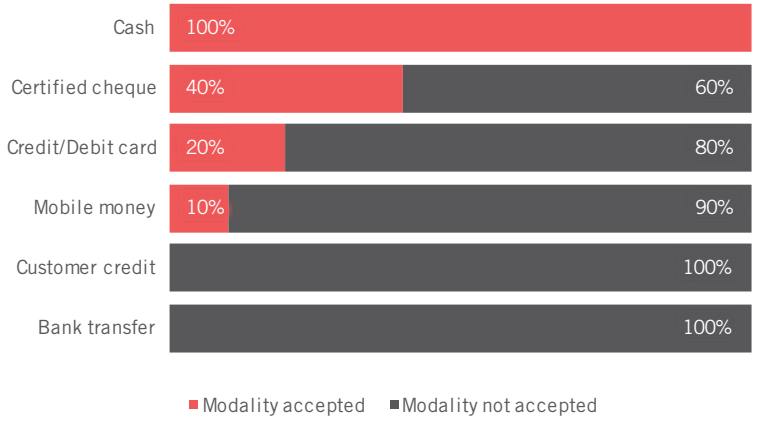
Figure 4: Issues with supplying customers since the beginning of 2018



Payment modalities

• Hard currency (10/10) was the primary method of payment accepted by bakers. Certified cheques (4/10), credit/debit cards (2/10) and mobile money (1/10) were rarely accepted by bakers. Alternative payment modalities led to a mark-up up of 40%, which tented to be waived or reduced to 10% as more liquidity and goods are available.

Graph 3: Payment modalities accepted in bakeries in Azzawya



• The interviews show three main coping strategies when clients do not have cash. The main one was taking on debt, with a payment in instalments or made by the end of the month. The second alternative was cheques, followed by barter (with animals, telephones, vegetables, meat, accessories or gold) more rarely accepted by merchants.

Humanitarian assistance

• No KI reported being aware of any governmental agency or NGO that has been distributing bread or flour to customers or helping them to afford products.

Future prospects of bakers: nuanced perceptions

• A majority of KIs reported that their business will probably remain stable within the next six months. While 3/10 were more optimistic and expected a more constant supply of subsidised flour, a minority stated that the departure of migrants would lead to a decrease in their staff turnover.

• In terms of customers' demand for bread, most of the KIs (7/10) believed they would be able to respond to the residents' needs.

Humanitarian Assistance

SUMMARY

- **In-kind aid, including food provisionn, was the most frequently reported modality of assistance.** Most often targeting IDPs, the humanitarian programs consisted in one-time interventions, rather than recurring ones.
- In terms of access to services, Azzawya residents were affected more in the health and education sectors than in the food sector. This highlights a **potential gap between demand and offer, which requires for humanitarian organisations the need to build capacity**, in order to better assess vulnerabilities through a higher cooperation between humanitarian actors, but also by including sectoral experts in project developement..

Type of humanitarian assistance provided in Azzawya

- According to the the 2018 MSNA[1], households across Libya (9%) received more humanitarian aid, when compared to Azzawya (5%).

Among the 10 KIs interviewed, 7 worked in Libyan NGOs including 3 female, 2 worked in a religous organisation (1 male and 1 female), and 1 male was an INGO worker.

- While international organisations (INGOs and United Nations agencies) were reported as the most active organisations in Azzawya, they were also fewer in the city, compared to local NGOs.

- IDPs followed by refugees and migrants were reported by humanitarian worker KIs as the main targeted groups of populations to receive aid. Nevertheless, only very few migrant KIs reported being aware of any organisations providing humanitarian aid to migrants in Azzawya (4/31), notably the International Organisation for Migration (IOM) and the Libyan Red Crescent.

- According to humanitarian worker KIs, the most frequently reported modality of assistance provided was in-kind aid. On the one hand, KIs from the aid sector reported food, NFIs, and healthcare as being the most common types of aid provided in Azzawya, while no aid in the field of protection and shelter was reported. On the other hand, Libyan residents reported healthcare, safety and security, and education, as their three main needs.

Figure 5: Top 3 most commonly reported priority needs by Libyans

- The few migrant KIs reporting that humanitarian aid was being provided to migrants and refugees, explained that this was limited to the provision of non-food (8/31) and food items (6/31) in detention centres, the latter in the form of dry rations or hot meals. One migrant KI also referred to the assistance provided by IOM in the framework of voluntary humanitarian returns (VHR).

Food assistance

- Within the past three months, while IDPs represented the population group most often targeted for food assistance, other groups were also considered such as low-income families, people with special needs, the disabled, and families living in conflict areas.

- According to humanitarian worker KIs, some organisations refused to assist non-Libyans with no identity documents, as assistance for migrants was managed by the Immigration Office. Migrant KIs also reported that most food assistance provided by humanitarian actors was recurring and concentrated in detention centres, which consisted mainly in distributing dry rations and hot meals.

- Humanitarian worker KIs reported that most of the provided food programs included food baskets (7/15), dry rations (4/15), and more rarely hot meals on site (2/15) or vouchers to purchase food (2/15).

- According to humanitarian workers, residents in Azzawya faced more barriers to accessing healthcare and education than markets. Nevertheless, high prices of food and NFIs, as well as poor quality of products and market shortages were respectively the three main barriers preventing residents from accessing markets.

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Health assistance

- No specific groups of populations received health assistance from humanitarian actors. Overcrowded health facilities and low-income families were cited as a criterion of selection to provide heatlh assistance.

- Within the past three months, health assistance provided by humanitarian actors was very diversified. It mainly comprises medicines (antibiotics and vaccination), then assistive devices, surgery, skilled care during childbirth, treatment for chronic diseases, and medical equipment were provided.

- Humanitarian worker KIs reported that the two main obstacles to healthcare access were shortages of medicines or medical items and the lack of medical equipment.[2] Non-functional facilities and unqualified medical staff were also mentioned as barriers.

Education assistance

- Education-wise, humanitarian worker KIs reported that selection criteria to provide assistance focused on IDPs and non-displaced, overcrowded classrooms and the most damaged schools.

- Fewer education assistance programs were implemented within the past three months when compared to food and health assistance. The rehabilitation of school buildings, the provision of school supplies to children and the creation of child-friendly spaces were the three main areas of intervention in the education sector.

- In terms of barriers to accessing education, KIs reported major needs in school materials, infrastructures (latrines, furniture, electricity), and teachers, the lack of which led to overcrowded classrooms.

Impact of the conflict on humanitarian work

- While the majority (7/10) of the humanitarian worker KIs declared feeling safe in Azzawya as humanitarian workers, some areas of the city felt particularly unsafe for them, notably because militias could prevent them from providing aid. KIs also reported a higher risk of kidnapping or looting (car and aid materials).

- Most of the KIs (8/10) reported that the liquidity crisis negatively affected their organisation' ability to provide humanitarian aid.

- To compensate for a lack of liquididy, aid organisations reported using different strategies. While KIs working in religious organisations reported using personal relationships with banks' staff and businessmen to withdraw cash, other KIs reported using other payment methods (cheques, e-cards). They also sought other sources of funding from local authorities and international organisations, as well as through grassroots fundraising (businessmen, private donations). Other organisations sought to collect funds by implementing new types of activities, such as providing training and workshops, selling hand-made products (e.g. cooking or sewing items), or by leasing storage and cars that belong to the organisation.

Perspectives in humanitarian assistance

- According to humanitarian workers, they were not considered by Azzawya residents as providing good quality aid and were sometimes perceived as agents of foreign intelligence. Mistrust from residents including armed groups (militias) sometimes led to "insults, verbal abuse, beating and imprisonment".

- According to half of the KIs (5/10), the need for humanitarian aid in Azzawya remained unchanged since the beginning of 2018. However, refugees and migrants, followed by IDPs, were reported as the groups of populations with increasing needs.

- The lack of funding was the major barrier to deliver effective humanitarian assistance in Azzawya, followed by the liquidity crisis. Difficulty to get access to people with the most needs and staff with no sectoral expertise appeared as additional obstacles.

- According to interviewed aid worker KIs, who mainly work for local NGOs, aid would also be more effective with better cooperation among aid actors to communicate about needs across all areas of the city and to ensure a more equitable distribution. To better understand and respond to the local population's needs, aid workers should be better trained, qualified and specialised, including via participation into "international workshops and forums dealing with humanitarian action"[3]. Lastly, implementing sporadic short-term interventions rather than long-term aid was perceived as an obstacle to effective humanitarian work.

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Humanitarian assistance provided in each DCU, as reported by FGD participants (Libyans)

DCU	Aid provider	Aid recipient	Aid provided
DCU 1	Local council and/or local and religious authorities	• Female-headed households and orphans	→ Cash aid
		• Low-income households	→ In-kind and cash aid
		• Displaced households	→ Not specified
DCU 2	Local council and/or local and religious authorities	• The DCU's health centre and households whose houses were damaged	→ Cash aid
		• Students of the Koranic school	→ In-kind aid (food distribution & medical assistance)
		• Al-Aruba school and Al-Salam mosque	→ In-kind aid (maintenance and development)
DCU 3	Local council and/or local and religious authorities	• Low-income households	→ In-kind (food distribution)
	National and/or international organisations	• Households most affected by war and IDPs	→ In-kind (food & NFI distribution)
DCU 4	Local council and/or local and religious authorities	• Low-income households during the month of Ramadan and Eid al-Adha	→ Not specified
	Libyan and international NGOs	• Low-income households	→ In-kind (food & NFI distribution)
		• Migrants in detention centres	→ Not specified
DCU 5	Local council and/or local and religious authorities	• Low-income households, disabled people and migrants	→ In-kind (dry rations, medicine & NFI distribution)
	Libyan and international NGOs	• Low-income households, disabled people and migrants	→ In-kind (food & NFI distribution)
DCU 6	Libyan and international NGOs	• Not specified	→ In-kind (food distribution)
	Local council and/or government bodies		→ In-kind (food & NFI distribution)
DCU 7	Religious and local organizations	• Low-income households	→ In-kind (food distribution during Ramadan)
	National and/or international organisations	• Conflict-affected families	→ In-kind aid (food distribution & medical assistance)
		• Health facilities in Azzawya	→ Not specified
DCU 8	Local council and/or local and religious authorities	• Displaced families and orphaned children	→ Not specified
	National and/or international organizations	• Low-income households	→ Not specified

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Endnotes

Education

[1] KIs who reported "do not want to answer" (3/13) were not considered in the analysis.

[2] While half of KIs responded that there were shortages of male staff, most of them (7/11) also considered shortages of female staff to be an issue. Results show a correlation with gender, but highlight that males had the same perception as female KIs. Yet, most of the teachers in Azzawya are women (ratio of 1 male for 7 every females), due notably to the reluctance of males to teach for a low salary.

[3] The other education KI (1/13) reported not to know.

[4] From March 2019, salaries in the education sector are set to rise. For further details, see: https://www.libyaakhbar.com/libya-news/783509.html (consulted on 26 February 2019).

[5] Retrieved from Worlpop 2018.

Health

[1] MSNA, 2018, p. 43.

[2] There was particular gender distinction in the reported perception of female shortages as 1/5 female and 3/8 male medical professional KIs mentioned female shortages.

[3] 7/13 medical professionals interviewed reported access restrictions, 3/13 reported no access restrictions and 3/13 did not want to answer.

Markets

[1] MSNA, 2018

[2] ABA 2019, MSNA, 2018.

[3] The Minimum Expenditure Basket (MEB) represents the minimum culturally adjusted group of items required to support a six-person Libyan household for one month. The cost of the MEB can be used as a proxy for the financial burdens that households in different locations face. The MEB's contents were defined by the CWG in consultation with relevant sector leads.

[4] For further details, see the Joint Market Monitoring Initiative (JMMI) factsheets of September, October, November, and December 2018.

[5] Retrieved from the January-June 2018 Trends Analysis report (p. 16):

[6] Data collected in September 2018 (MSNA, 2018) and January 2019 (ABA) showed the same trend.

[7] The increase in the price of hygiene items had been narrowed since the introduction of economic reforms in mid-September 2018, leading to a decrease in the median price of NFIs by 13.1% in Azzawya between October 2018 and January 2019.

[8] For further details, see the REACH brief (June 2018): Access to Cash and the Impact of the Liquidity Crisis on Refugees and Migrants in Libya.

[9] ABA 2019, MSNA, 2018

[10] Of households that reported market items were unavailable (17% or n=20), fuel was the most unavailable item. (MSNA, 2018)

[11] At national level, the increases in price of flour and cooking fuel were 13.6% and 5.8% respectively between May 2018 and January 2019. Data are available in the JMMI datasets from May 2018 to January 2019. May 2018 JMMI Dataset; June 2018 JMMI Dataset, July 2018 JMMI Dataset, August 2018 JMMI Dataset, September 2018 JMMI Dataset, October 2018 JMMI Dataset, November 2018 JMMI Dataset, December 2018 JMMI Dataset, January 2019 JMMI Dataset.

[12] MSNA, 2018.

[13] There are identical trends between payment modalities of households identified in the MSNA and the payment modalities of shop keepers with suppliers in the ABA, with most of the respondents in both assessments reporting paying with hard cash. However, there was a greater proportion of respondents reporting the use of mobile money in the MSNA than in the ABA, while a greater proportion of respondents in the ABA reported using certified cheques and credit/debit cards as payment modalities.

[14] JMMI, ABA.

[15] A similar trend was also identified in the MSNA, with the prices of basic goods generally increasing due to several factors, including inflation driven by political divisions, acute shortages in the supply chains of basic commodities, and the strong devaluation of the Libyan dinar on the parallel market. For further details, see: MSNA, 2018

Bakeries

[1] In the JMMI, the median price of bread monitored across Libya, and in Azzawya specifically, in January 2019 was roughly half of that reported by bakery KIs in the ABA. This may be explained by the difference the type of shop where prices were monitored, from bakeries in the ABA and from larger grocery stores in the JMMI. Based on this comparison, we assume that bakeries sell bread at a higher price than grocery shops', as grocery shops vendors buy their bread from the largest bakeries that produce in bulk in order to keep costs down. This situation shows that bakeries were more vulnerable to sudden economic changes due to higher fixed costs. This vulnerability could also be explained by the size of bread pieces sold. According to KIs, smaller pieces of bread are sold early in the morning (at a lower price) at the time when supermarkets buy bread, whereas larger pieces of bread are sold (at a higher price) at noon and in the evening, which explains this difference in price.

[2] Here, we assume that the price of bread evolves in the same way in bakeries and grocery shops. From May 2018 to January 2019, this increase was consistent across Libya (i.e. +11.1%).

[3] The main reasons behind bakers' strikes were: the decrease of the bakers' profit due to the smuggling of flour and the mismanagement of public authorities of flour distribution, which led to increasing flour prices due to the struggle of government institutions to continue subsidising flour.

[4] The city of Azzawya owns a desalination company to provide farms with irrigation.

[5] Retrieved from the January-June 2018 Trends Analysis report (p. 16).

[6] Migrants, especially Egyptians, represent both a specialised and low-cost workforce.

Humanitarian assistance

[1] MSNA, 2018. Findings do not include migrants and refugees.

[2] Findings with health key informants are similar.

[3] Male, local NGO worker, DCU 5.

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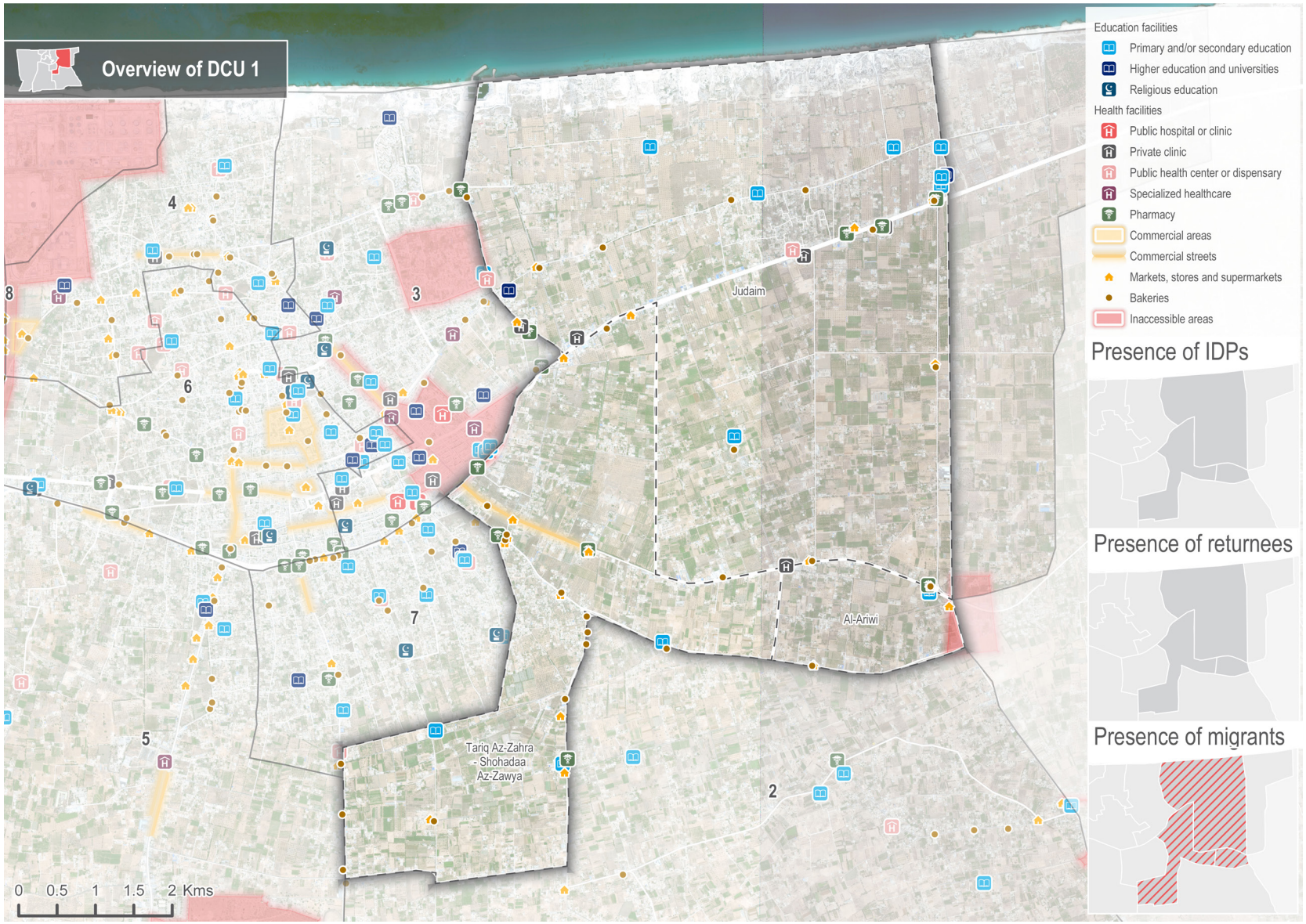


Please note that while no areas indicating a concentration of returnees and IDPs were mapped by MFGD participants, returnees and IDPs were reported to be spread out over different locations within DCU 1.

KEY CHARACTERISTICS

EDUCATION

- Lack of male and female teachers
- Unstable security conditions prevent access to facilities
- Lack of school supplies

HEALTH

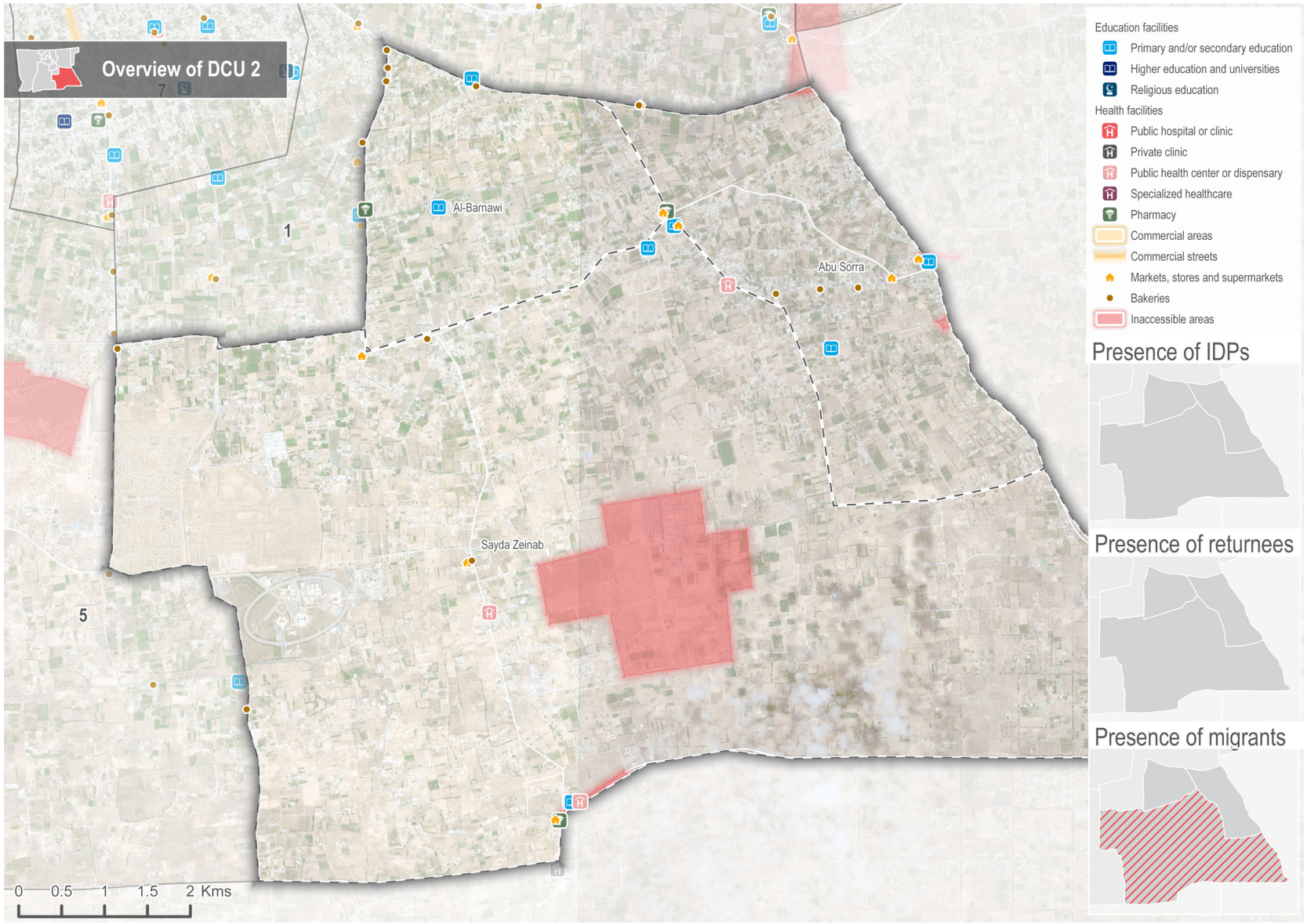
- Very poor quality of public health facilities
- Public facilities mainly running on donations from residents
- Unstable security conditions prevent access to facilities
- Shortage of medical staff and specialists
- Shortage of medicine
- Shortage of medical treatment and specialised healthcare
- Unaffordable private facilities
- Most vulnerable groups of population: migrants, pregnant women, and people with chronic diseases

MARKETS

- Increase in the prices of food items (e.g. meat, fish and fruits)
- Unavailability of payment methods other than cash

BAKERIES

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power cuts)
- Shortage of bread
- Low-quality bread and small pieces of bread



Please note that while no areas indicating a concentration of returnees and IDPs were mapped by MFGD participants, returnees and IDPs were reported to be spread out over different locations within DCU 2.

KEY CHARACTERISTICS

EDUCATION

- Lack of male and female teachers

HEALTH

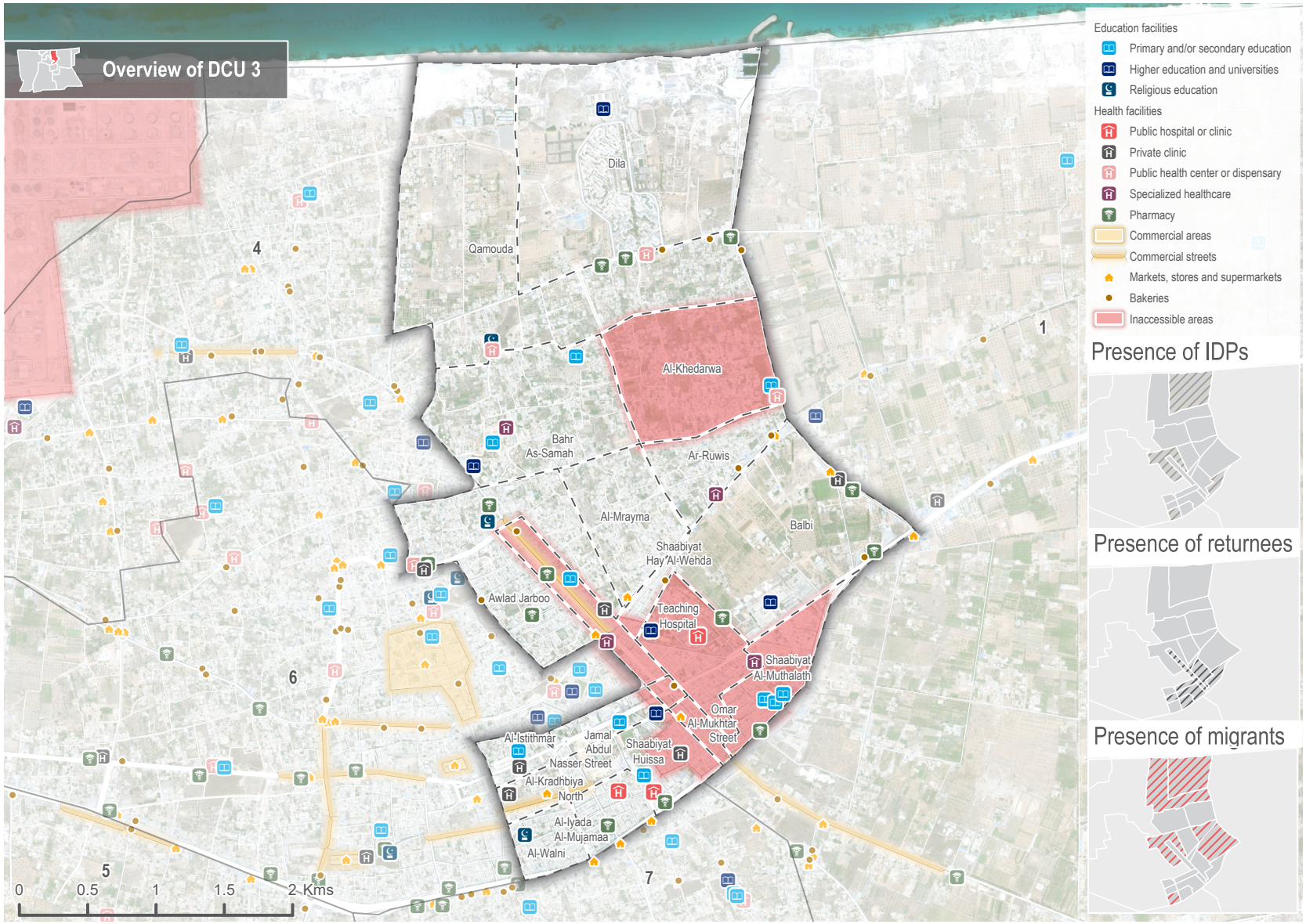
- Unstable security conditions prevent access to facilities
- Most vulnerable groups of population: pregnant women, and people with chronic diseases

MARKETS

- Increase in the prices of food items (e.g. meat, fish and fruits)
- Occasional closure of some marketplaces (deteriorating economic conditions & proliferation of armed groups)

BAKERIES

- Closure of several bakeries as a result of clashes, shortage of flour, lack of workers, and/or frequent power cuts
- Low-quality bread and small pieces of bread



KEY CHARACTERISTICS

EDUCATION

- Lack of male and female teachers
- Unstable security conditions prevent access to facilities
- Poor infrastructure and basic amenities such as water and electricity

HEALTH

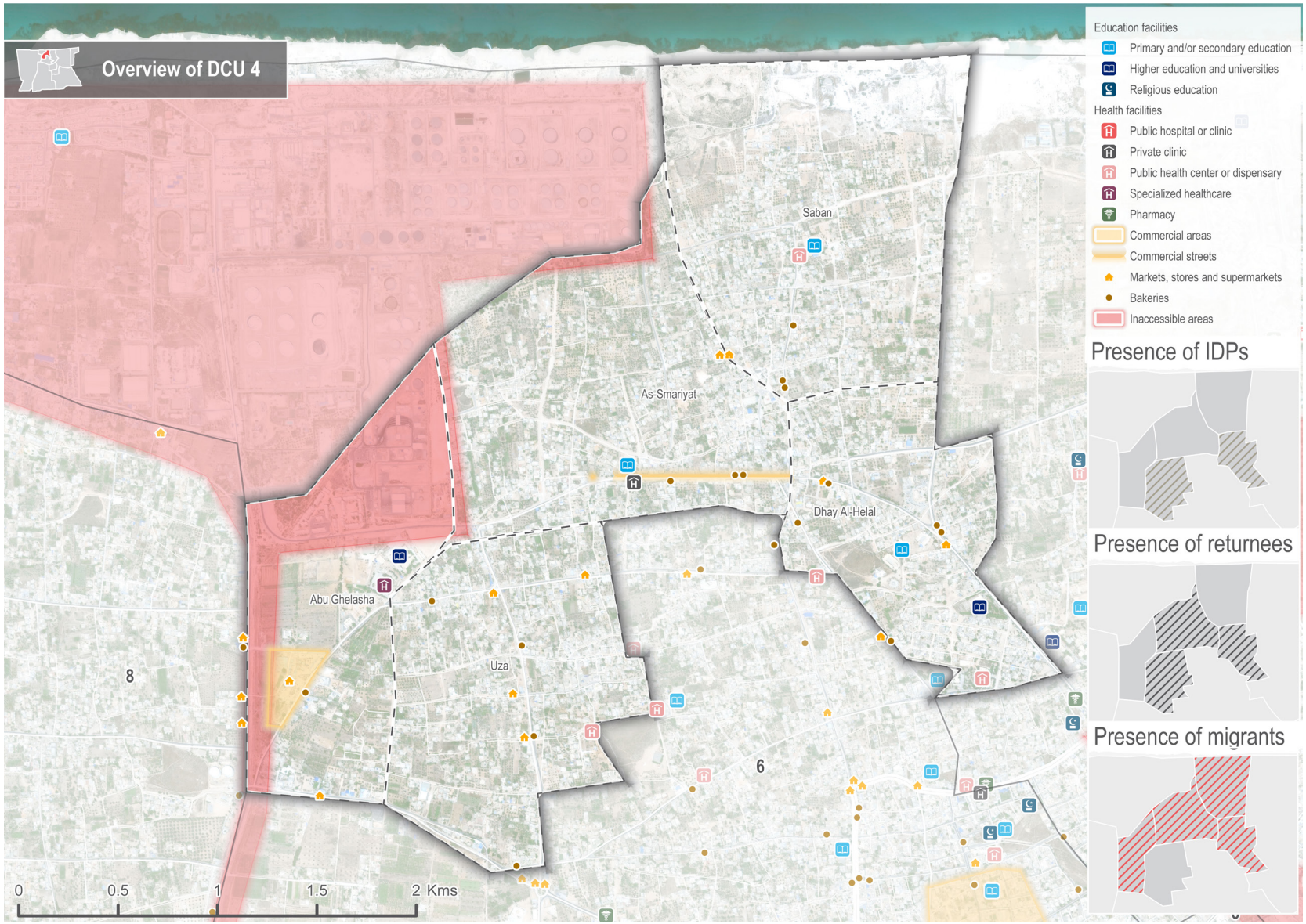
- Very poor quality of public health facilities
- Shortage of medical treatment and specialised healthcare
- Unaffordable private facilities
- Most vulnerable groups of population: people with chronic diseases, and low-income households

MARKETS

- Low-quality commodities

BAKERIES

- Unpredictable opening hours
- Overcrowded bakeries



KEY CHARACTERISTICS

EDUCATION

- Lowest number of schools of any DCU
- Lack of male and female teachers
- Poor infrastructure and basic amenities such as water and electricity

HEALTH

- Very poor quality of public health facilities
- Shortage of medical staff and specialists
- Shortage of medical treatment and specialised healthcare
- Unaffordable private facilities
- Most vulnerable groups of population: migrants, pregnant women, and people with chronic diseases

MARKETS

- Increase in the prices of food items (e.g. meat, fish and fruits)
- High mark-ups on alternative payment methods

BAKERIES

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power-cuts)
- Shortage of bread

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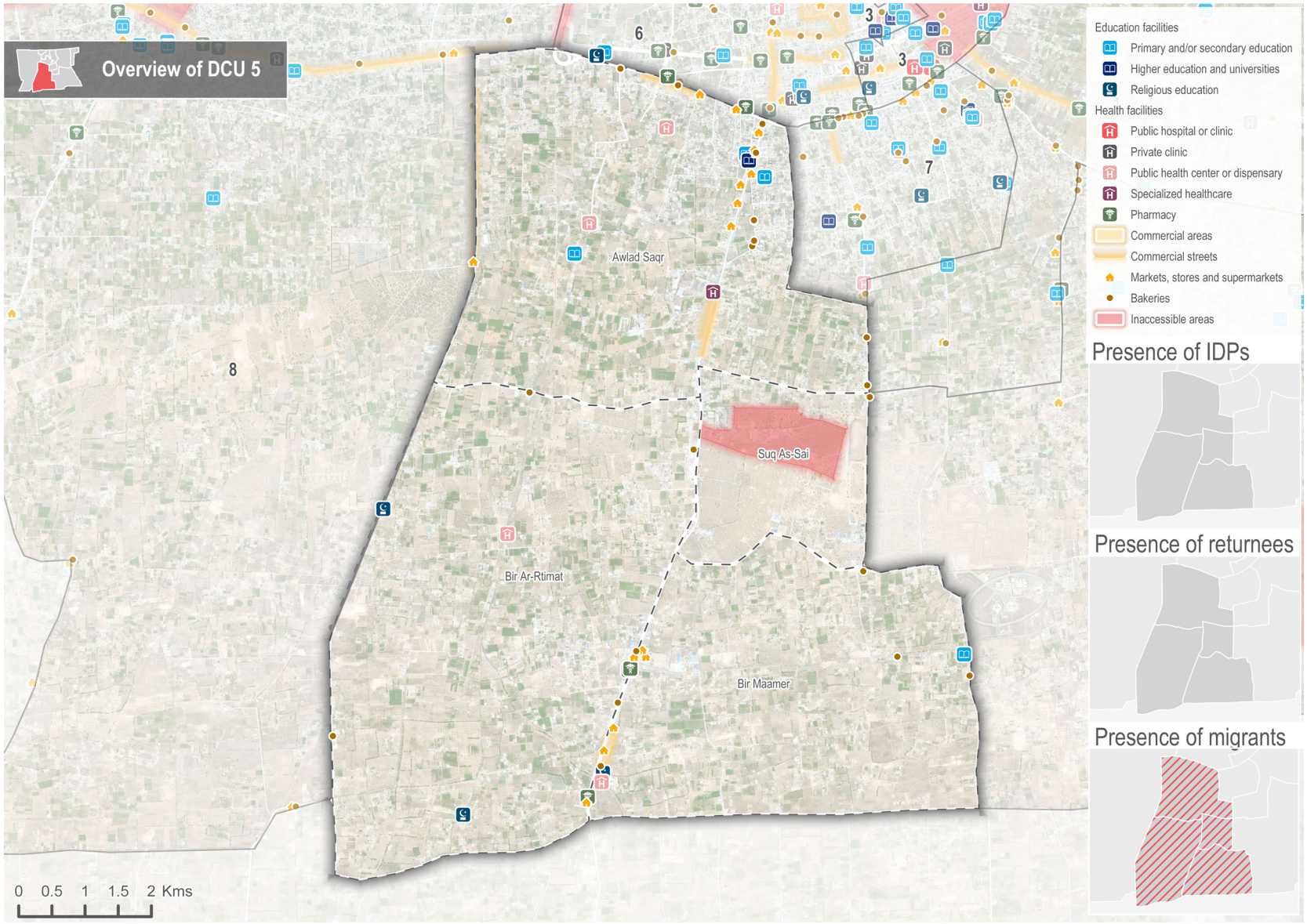


Please note that while no areas indicating a concentration of returnees and IDPs were mapped by MFGD participants, returnees and IDPs were reported to be spread out over different locations within DCU 5.

KEY CHARACTERISTICS

EDUCATION

- Attempts from armed groups to recruit secondary school children
- Lack of male and female teachers
- Unstable security conditions
- Lack of school supplies
- Poor infrastructure and basic amenities such as water and electricity
- Disinterest in high school education

HEALTH

- Shortage of medical staff and specialists
- Shortage of medicine
- Most vulnerable groups of population: people with chronic diseases, and low-income households

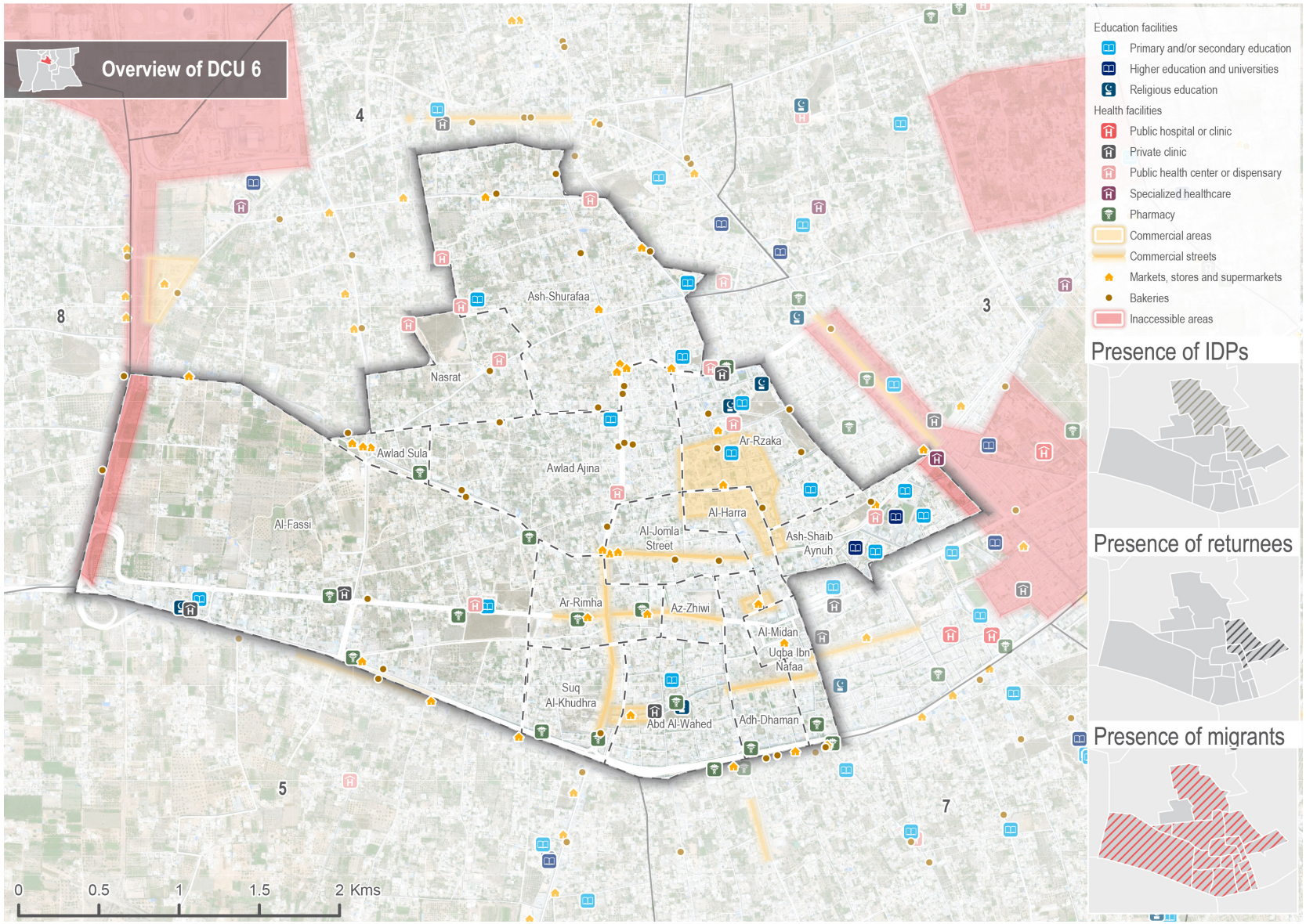
MARKETS

- Increase in the prices of food items (e.g. meat, fish and fruits)
- Unavailability of payment methods other than cash
- Occasional closure of some marketplaces (deteriorating economic conditions & proliferation of armed groups)
- Low-quality commodities

BAKERIES

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power cuts)
- Overcrowded bakeries.
- Low-quality bread and small pieces of bread

Access the ABA Web Map



KEY CHARACTERISTICS

EDUCATION

- The highest concentration of schools in Azzawya
- Lack of male and female teachers
- Unstable security conditions prevent access to facilities
- Lack of school supplies

HEALTH

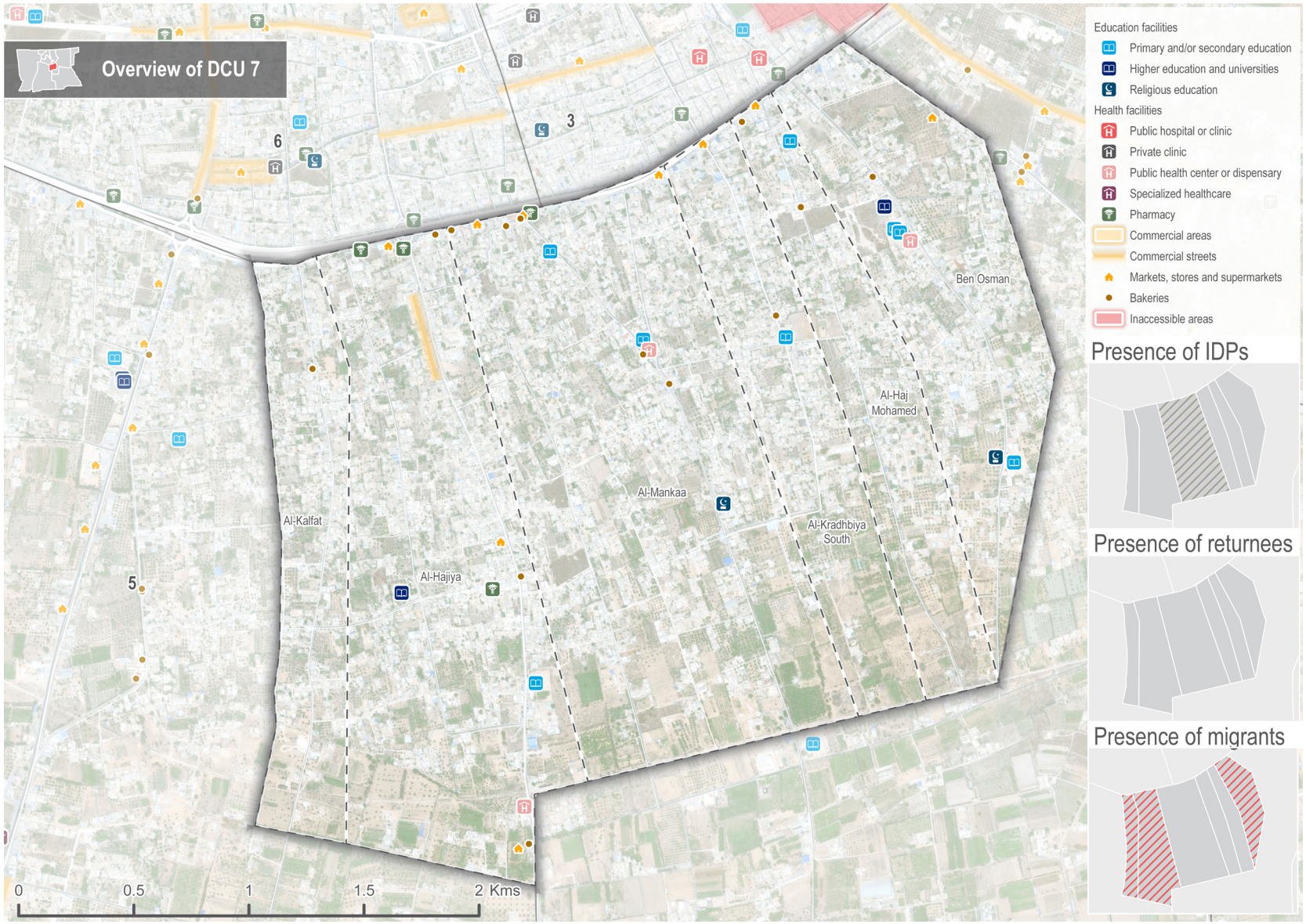
- Very poor quality of public health facilities
- Shortage of medical staff and specialists
- Unaffordable private facilities
- Most vulnerable groups of population: people with chronic diseases, and low-income households

MARKETS

- Increase in the prices of food items (e.g. meat, fish and fruits)
- Unavailability of payment methods other than cash

BAKERIES

- Shortage of bread
- Unpredictable opening hours
- Overcrowded classrooms
- Low-quality bread and small pieces of bread



KEY CHARACTERISTICS

EDUCATION

- Unstable security conditions prevent access to facilities
- Lack of school supplies
- Disinterest in high school education

HEALTH

- Unstable security conditions prevent access to facilities
- Unaffordable private facilities
- Most vulnerable groups of population: low-income households

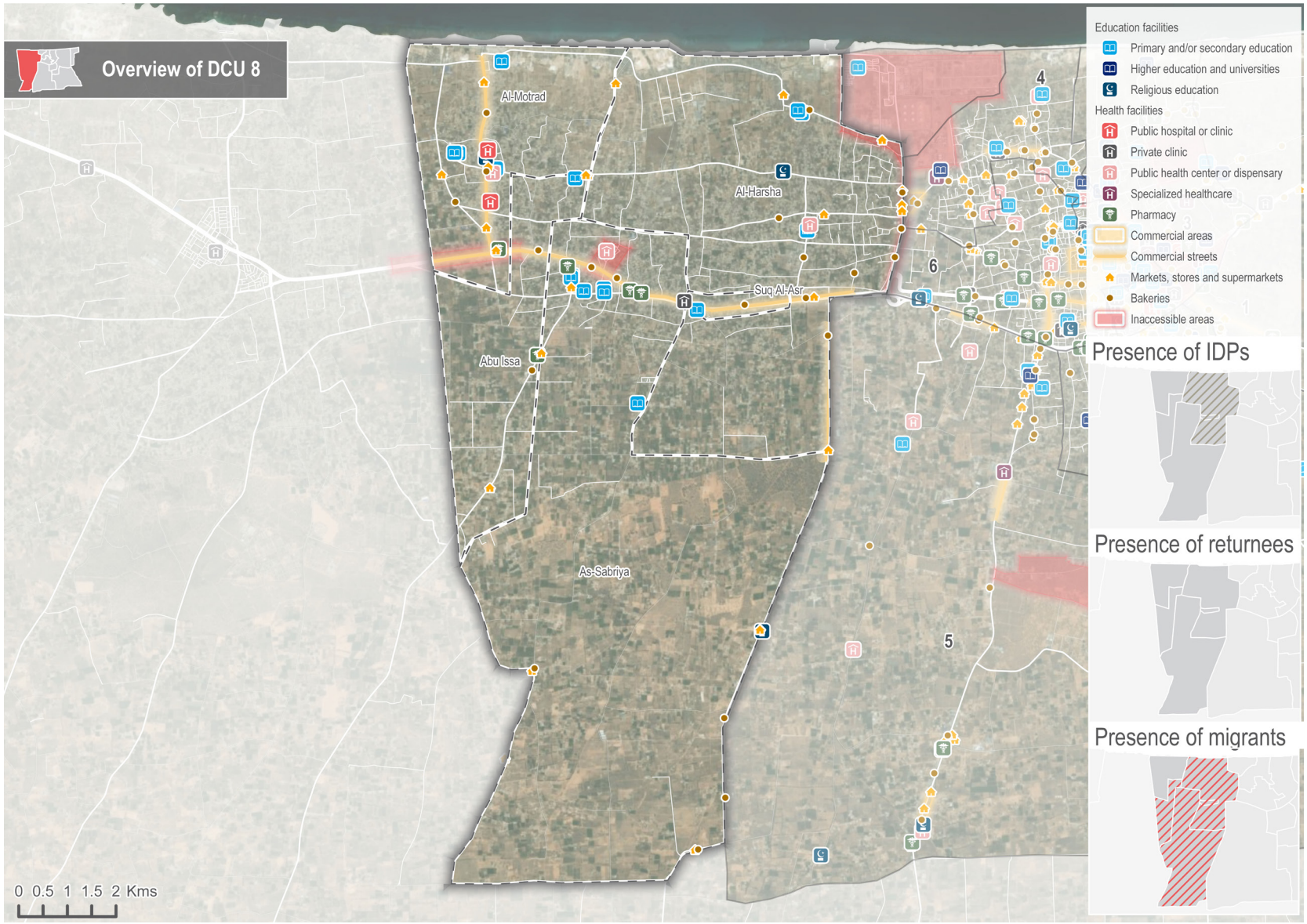
MARKETS

- High mark-ups on alternative payment methods
- Low-quality commodities

BAKERIES

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power-cuts).

Please note that while no areas indicating a concentration of returnees were mapped by MFGD participants, returnees were reported to be spread out over different locations within DCU 7.



Please note that while no areas indicating a concentration of returnees were mapped by MFGD participants, returnees were reported to be spread out over different locations within DCU 8.

KEY CHARACTERISTICS

EDUCATION

- Poor infrastructure and basic amenities such as water and electricity
- Disinterest in high school education

HEALTH

- Very poor quality of public health facilities
- Unstable security conditions prevent access to facilities
- Most vulnerable groups of population: migrants

MARKETS

- Increase in the prices of food items (e.g. meat, fish and fruits)
- High mark-ups on alternative payment methods

BAKERIES

- Shortage of bread