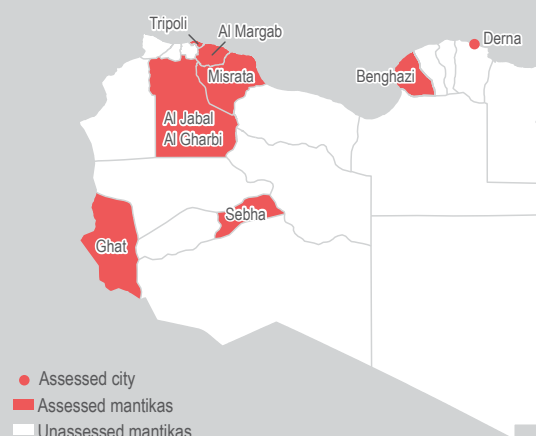




## Context & Methodology

Libya has experienced several waves of conflict since 2011, renewed nationwide in 2014 and periodically in several regions, that affected millions of people, both displaced and non-displaced. In response to a lack of recent data on the humanitarian situation in Libya, REACH conducted two rounds of multi-sector data collection in June and August to provide timely information on the needs and vulnerabilities of affected populations. A total of 2,978 household (HH) surveys were completed across 8 Libyan mantikas,<sup>(1)</sup> chosen to cover major population centres and areas of displacement. The sampling produced statistically generalisable results for all assessed displacement categories, as well as for 7 assessed mantikas and the city of Derna, with a confidence level of 95% and a margin of error of 10% (unless stated otherwise). Findings have been disaggregated by displacement status and/or by mantika where the differences in responses among groups were significant.

## Assessed Mantikas



## Access to Healthcare

**44.0%** of HHs who had needed healthcare did not get access to adequate healthcare in the last 15 days<sup>(2)</sup>.

### Top 3 barriers to accessing health services, per population group<sup>(3)</sup>:

	Non-displaced	IDPs	Returnees
Lack of supplies/equipment	57.6%	64.6%	65.5%
Lack of medical staff	55.1%	45.5%	46.7%
Lack of money	23.8%	31.1%	28.0%

### Time needed to access the nearest health facility (% of HHs):

	Less than 15 minutes	Between 15-60 minutes	More than 1 hour
Al Jabal Al Gharbi	33.0%	63.7%	3.3%
Al Margab	60.5%	39.5%	0.0%
Benghazi	38.7%	57.7%	3.6%
Derna	66.2%	33.8%	0.0%
Ghat	35.3%	47.9%	16.8%
Misrata	58.0%	40.8%	1.2%
Sebha	70.5%	26.3%	3.3%
Tripoli	23.7%	61.8%	14.4%

### % of HHs using coping mechanisms to deal with the lack of access to healthcare<sup>(2)</sup>:

Use alternative/traditional medicine	64.4%
Prioritise emergencies	57.7%
Prioritise children	21.3%

## Mental illness

### % of HHs reporting one or more member(s) medically diagnosed with a mental illness:

Non-displaced	IDPs	Returnees
3.5%	4.1%	2.2%

## Pregnancy & Birth

### % of HHs reporting at least one pregnant woman, or at least one woman who gave birth in the last 2 years, per mantika and group:

	Non-displaced	IDPs	Returnees
1 or more pregnant women	10.0%	10.6%	10.4%
1 or more women who gave birth in last 2 years	20.2%	24.4%	25.4%

**69.5%** of HHs reported that women who gave birth in the last 2 years exclusively breastfed their latest born infant during his/her first 6 months<sup>(2)</sup>.

## Vaccination

**51.7%** of HHs reporting not having any vaccination cards for their children.

## Chronic diseases

**39.0%** of HHs reporting one or more member(s) suffering from chronic diseases. The most common were:

Al Jabal Al Gharbi	High blood pressure 36.2%	Diabetes 36.2%	Asthma/Heart disease 7.9%
Al Margab	High blood pressure 45.2%	Diabetes 43.1%	Arthritis 20.2%
Benghazi	Diabetes 54.9%	High blood pressure 45.6%	Heart disease 14.6%
Derna	Diabetes 49.8%	High blood pressure 37.7%	Arthritis 10.0%
Ghat	High blood pressure 29.9%	Diabetes 27.6%	Arthritis 17.3%
Misrata	Diabetes 50.0%	High blood pressure 27.3%	Arthritis 16.5%
Sebha	Diabetes 35.5%	High blood pressure 33.9%	Heart disease 12.9%
Tripoli	Diabetes 68.3%	High blood pressure 46.0%	Arthritis 12.7%

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

<sup>(2)</sup> Due to limited sample size for this indicator, results are indicative and not statistically representative.

<sup>(3)</sup> Respondents could choose several answers.

