

Libya

2019 Multi-Sector Needs Assessment

April 2020

LIBYA INTER-SECTOR COORDINATION GROUP



REACH Informing
more effective
humanitarian action

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About REACH and ACTED

REACH is a programme of ACTED. It strengthens evidence-based decision-making by humanitarian actors through efficient data collection, management and analysis in contexts of crisis.

ACTED is an international NGO. Independent, private and non-profit, ACTED respects a strict political and religious impartiality, and operates following principles of non-discrimination and transparency. Since 2011, ACTED has been providing humanitarian aid and has supported civil society and local governance throughout Libya, from its offices in Tripoli, Sebha and Benghazi.

SUMMARY

“The situation is intolerable, our fate is unknown, and there is almost complete dependence on personal relationships for everything. It is bad that you have to be displaced in a sudden circumstance, and there is not even time for reflection or the possibility to try to adapt to new situations.”

–Murzuq focus group participant

Context

Since 2011, Libya has faced waves of conflict, coupled with political and economic instability. This protracted conflict escalated again in early April 2019, leading to large-scale displacement in Tripoli and the surrounding areas. However, the effects of the conflict have extended far beyond the parts of the country where fighting is concentrated. Nine years of civil conflict have resulted in serious governance challenges, which have limited public institutions' ability to deliver basic services, and which have contributed to insecurity and outbreaks of violence far from the front lines, such as in Murzuq in August 2019. Another effect of the prolonged conflict has been a number of interlinked economic challenges, such as a liquidity shortage, though some of these challenges were mitigated in 2019 by the implementation of the 2018 economic reforms.¹ Finally, in addition to the conflict and its effects, the months of May and June 2019 saw severe flooding in Ghat, which led to temporary displacement in that area.²

Rationale for the Assessment

Within this evolving political, social and economic landscape, there remain crucial information gaps on the humanitarian conditions of crisis-affected communities in Libya. In order to fill these information gaps, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with the support of REACH, coordinated Round 3 of the Libya Multi-Sector Needs Assessments (MSNAs). It was conducted in parallel with Round 1 of the Libya Migrant and Refugee MSNA.³ The general objective of this MSNA was to provide up-to-date information to humanitarian actors on the humanitarian conditions of crisis-affected Libyan populations in selected Libyan mantikas, with the aim of contributing to a more targeted and evidence-based humanitarian response, and to support the 2020 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).

This MSNA was conducted in close cooperation with the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management and Assessment Working Group (IMAWG). The International Organisation for Migration's Displacement Tracking Matrix (IOM-DTM) contributed to quantitative data collection in the mantikas of Ejdabia and Derna.

Scope and Methodology of the Assessment

The scope and methodology of this MSNA were determined jointly with the HCT. Based on this determination, the MSNA was a multi-sectoral, mixed-methods assessment, which included a **household survey covering 5,058 households in 17 mantikas, 68 key informant interviews (KIIs) with service providers and subject matter experts in 16 mantikas and 25 focus group discussions (FGDs) with female and male Libyans from all assessed population groups in 13 mantikas**. Quantitative results are statistically representative at the population group and mantika levels, with a confidence interval of 95% and a margin of error of 10% (unless otherwise noted); qualitative findings are indicative only.

¹ REACH, “Market Trends in Libya: Unravelling economic reforms and conflict, June 2018-October 2019,” 9 January 2020, pp. 1.

² OCHA, “Libya: Floods - May 2019,” 5 June 2019. Available at: <https://reliefweb.int/disaster/fl-2019-000051-lby>

³ Due to differences in the methodologies used for the two 2019 Libya MSNAs (i.e. the Libyan household MSNA and the Migrant and Refugee MSNA), findings reported in both MSNAs are not directly comparable.

The scope of the assessment is as follows:

- **Geographic scope (i.e., targeted mantikas):** Al Jabal Al Gharbi, Al Jfara, Al Jufra, Al Kufra, Azzawya, Benghazi, Derna, Ejdabia, Ghat, Misrata, Murzuq, Sebha, Sirt, Tripoli, Ubari, Wadi Ashshati and Zwara.
- **Population groups:** internally displaced persons (IDPs), returnees and the non-displaced.
- **Sectors:** Food Security; Water, Sanitation and Hygiene (WASH); Health; Shelter & Non-Food Items (S/NFI); Education; Protection (including the Gender-based Violence, Child Protection and Mine Action sub-sectors); and the Cash & Markets Working Group (CMWG).

Data collection for the household survey ran from 7 July-10 September 2019, while qualitative data collection took place from December 2019-January 2020.

Analysis

The methodology behind the 2019 MSNA analysis rests on an analytical framework proposed by REACH and based on the draft Joint Inter-Sectoral Analysis Framework (JIAF).⁴ The analysis for this MSNA sought to determine the proportion of Libyans who are unable to meet their basic needs in one or more sectors and/or who are relying on negative, unsustainable coping mechanisms to meet these needs. In order to determine this figure, the following composite indicators were calculated using quantitative data from the household survey:

- **Living standard gap (LSG) scores:** One overall LSG score was calculated for each of the sectors covered by this assessment. The purpose of each living standard gap score is to identify the proportion of households that cannot meet their basic needs in that sector, as well as the severity of these needs.⁵ The living standard gap composite indicators provide a measure of the accessibility, availability, quality, use and awareness of essential goods and services.⁶
- **Capacity gap (CG) score:** The CG score provides a cross-sectoral measure of a household's reliance on negative and unsustainable coping mechanisms to meet their basic needs. The purpose of the capacity gap score is to identify households that may not currently have one or more living standard gaps, but which are maintaining their living standards by relying on negative coping mechanisms, and which may eventually develop living standard gaps once their available coping mechanisms have been exhausted.
- **Pre-existing vulnerability score:** The pre-existing vulnerability score identifies households that may be disproportionately affected by the crisis, and which may be of particular interest to the humanitarian community due to their special needs (e.g., female-headed household). This score incorporates aspects of both social and economic vulnerability.

Challenges and Limitations

This MSNA was subject to a number of limitations and challenges, which should be considered when reading the findings presented in this report. First, certain mahallas in Tripoli, Al Jfara, Murzuq and Wadi Ashshati mantikas were inaccessible during the data collection periods due to active or imminent fighting, meaning that humanitarian needs for those mantikas may be understated. Second, the methodological choice to define population groups according to displacement status may have obscured localised needs in parts of Libya where vulnerability may be determined less by displacement status than by other factors, such as tribal affiliation. Third, limitations around collecting protection data may mean that protection needs are understated in the results of this assessment. Fourth and finally, the small minority of female respondents to the household survey may mean that women's needs are understated in the household survey results.

⁴ The JIAF is currently under development by the global Joint Inter-Sectoral Analysis Group (JIAG). The analytical framework used in the 2019 MSNAs serves as an interim solution until the JIAF is completed.

⁵ However, it should be noted that the number of sectors in which a household has LSGs does not necessarily indicate the overall severity of their needs. In other words, a household with LSGs in three sectors does not necessarily have greater needs than a household with a LSG in only one sector.

⁶ Adapted from IMPACT Initiatives, "Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MSNA, Version 4," July 2019, pp. 7.

Key Findings

Current Needs

Overview of Current Needs

Overall, **61% of all households in the mantikas covered by this assessment were found to have a living standard and/or a capacity gap.** In other words, 61% of all households are unable to meet their basic needs in one or more sectors and/or are relying on negative, unsustainable coping mechanisms to meet these needs. This comes to an estimated 490,000 households, or 2.5 million individuals, across the 17 mantikas covered by this assessment.

By far, the greatest factor driving this figure was the capacity gap score. **More than half (53%) of all Libyan households in the targeted mantikas have a capacity gap.** The next most common gap was in the health sector: **21% of all Libyan households in the targeted mantikas had a health living standard gap.**

Breakdown of Current Needs by Geographic Area

The proportion of the population with a living standard and/or capacity gap varied widely by mantika, ranging from only 34% in Misrata to 100% in Al Jufra and Murzuq. **Among the five mantikas with the highest proportion of their overall population who have living standard and/or capacity gaps, three are in located the South (i.e., Al Jufra, Murzuq and Ghat), and the other two are in the West (i.e., Al Jabal Al Gharbi and Azzawya).** This geographic concentration may reflect the combination of instability and challenges around infrastructure and service provision in the South, and the effects of the ongoing fighting in the West. The greatest factor driving the proportion of households with a living standard and/or capacity gap also varied by mantika. However, in four of the five mantikas with the highest proportion of their population having a living standard and/or capacity gap, capacity gaps were either the main driver or one of the main drivers.

Breakdown of Current Needs by Population Group

While the proportion of the population with a living standard and/or capacity gap varied widely by mantika, it was relatively consistent across population groups. **Among all IDP households, 71% had a living standard and/or capacity gap; 60% of returnee households had a living standard and/or capacity gap, and 61% of non-displaced households had a living standard and/or capacity gap.** Similarly, the factors driving the proportion of households with a living standard and/or capacity gap were fairly consistent across population groups. Among IDP, returnee and non-displaced households, the single greatest factor driving the proportion of households with a living standard and/or capacity gap was the capacity gap score. Among IDP households, 63% had a capacity gap; 52% of returnee households had a capacity gap; and 53% of non-displaced households had a capacity gap. For all three population groups, the next most common gap was in the health sector: 23% of IDP households, 14% of returnee households and 21% of non-displaced households had a health living standard gap.

Breakdown of Pre-existing Vulnerability by Current Needs

The proportion of households with pre-existing vulnerability was fairly consistent across population groups: **7% of households overall, 9% of IDP households, 9% of returnee households and 7% of non-displaced households in the mantikas targeted by this assessment had a severe or extreme pre-existing vulnerability score.** Across mantikas, however, the proportion of households with pre-existing vulnerability varied more, from 0% of all households in Sebha and Azzawya to 72% of households in Al Jufra.

Within the 7% of households overall with pre-existing vulnerability, 86% had a living standard and/or capacity gap. In contrast, within the 93% of households overall who did not have pre-existing vulnerability, only 56% had a living standard and/or capacity gap.

Accountability to Affected Populations

As part of the MSNA household survey, respondents were asked about their experience (if any) receiving humanitarian assistance in the six months prior to data collection, and about their preferences around humanitarian assistance. Only 8% of households overall received humanitarian assistance in the six months prior to data collection. Among those households who received humanitarian assistance, 78% stated that they were satisfied with the assistance received.

Conclusion

Overall, **MSNA findings suggest that while Libyan households in the targeted mantikas are generally meeting their basic needs, they are doing so through the use of erosive, negative coping mechanisms that may lead to the depletion of resources and turn into living standard gaps when households have exhausted their available coping mechanisms.** These quantitative results are supported by the qualitative data. According to the MSNA's FGDs and KIs, Libyans are generally coping with the crisis. However, the protracted nature of the crisis; the constant feelings of uncertainty and instability; the strain on household resources; and the fact that there is no end in sight, have likely taken their toll on Libyans. Key informants in many mantikas targeted by this assessment described the effects of this strain on Libyans: reports of anxiety and depression; self-medication with sedatives; and worries about the future. These stresses are offset by Libyans' strong, supportive social networks, which Libyans depend upon to navigate the instability of their current situation.

As humanitarian actors plan their interventions for 2020 and beyond, they should acknowledge the relative fragility of Libyan households, as well as the risk that further shocks or additional years of conflict may erode Libyans' ability to adapt to the crisis and cause a dramatic increase in humanitarian needs.

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List of Acronyms

CG	Capacity gap
CMWG	Cash & Markets Working Group
CRM	Complaints Response Mechanism
DTM	Displacement Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations
FCS	Food Consumption Score
FGD	Focus group discussion
FSL	Food Security & Livelihoods
GBV	Gender-based violence
GNA	Government of National Accord
HCT	Humanitarian Country Team
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
IMAWG	Information Management and Assessment Working Group
(I)NGO	(International) non-governmental organisation
IOM	International Organisation for Migration
ISCG	Inter-Sector Coordination Group
JIAF	Joint Inter-Sectoral Analysis Framework
KI	Key informant
KII	Key informant interview
LCSI	Livelihood Coping Strategy Index
LSG	Living standard gap
LYD	Libyan dinar
MEB	Minimum expenditure basket
MSNA	Multi-sector needs assessment
NFI	Non-food item
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
rCSI	Reduced coping strategy index
S/NFI	Shelter & Non-Food Items
ToT	Training of trainers
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees, i.e., the UN Refugee Agency
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WFP	World Food Programme

Geographical Classifications

Region	The highest administrative subdivision of Libya below the national level. There are three regions in Libya: the West (“Tripolitania”), the East (“Cyrenaica”) and the South (“Fezzan”).
Mantika	The second administrative subdivision of Libya, or the equivalent of a district. Libya currently has 22 mantikas, which are regionally divided as follows, according to the UN COD ⁷ : <ol style="list-style-type: none"> 1. West: Al Jabal Al Gharbi, Al Jfara, Al Margeb, Azzawya, Misrata, Nalut, Sirt, Tripoli and Zwara 2. East: Al Jabal Al Akhdar, Al Kufra, Almarj, Benghazi, Derna, Ejdabia and Tobruk 3. South: Al Jufra, Ghat, Murzuq, Sebha, Ubari and Wadi Ashshati
Baladiya	The third administrative subdivision of Libya, or the equivalent of a municipality. Libya currently has 100 baladiyas. ⁸
Mahalla	The fourth administrative subdivision of Libya, roughly equivalent to a neighbourhood. Libya currently has 667 mahallas. ⁹

Map 1: All 22 mantikas in Libya



⁷ OCHA, “Libya Common Operational Dataset,” 2017.

⁸ Ibid.

⁹ Ibid.

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INTRODUCTION

Overview of the Libyan Context

Since 2011, Libya has faced waves of conflict, coupled with political and economic instability. This protracted conflict escalated again in early April 2019, leading to large-scale displacement in Tripoli and the surrounding areas. However, the effects of the conflict have extended far beyond the parts of the country where fighting is concentrated. Nine years of civil conflict have resulted in serious governance challenges, which have limited public institutions' ability to deliver basic services, and which have contributed to insecurity and outbreaks of violence far from the front lines, such as in Murzuq in August 2019. Another effect of the prolonged conflict has been a number of interlinked economic challenges, such as a liquidity shortage, though some of these challenges were mitigated in 2019 by the implementation of the 2018 economic reforms.¹⁰ Finally, in addition to the conflict and its effects, the months of May and June 2019 saw severe flooding in Ghat, which led to temporary displacement in that area.¹¹

The following paragraphs describe this context in more detail.

Internal Displacement

Largely due to the year's escalation of conflict in Tripoli and the surrounding areas, 2019 saw the reversal of the declining displacement trend that Libya had seen in 2017 and 2018.¹² According to the International Organisation for Migration's Displacement Tracking Matrix (IOM-DTM), there were 355,672 internally displaced persons (IDPs) and 447,707 returnees in Libya as of December 2019.¹³ This IDP total represents more than double the number of IDPs reported by IOM-DTM for the same period in 2018.¹⁴

Governance Challenges and Insecurity

However, as previously noted, the conflict's effects have extended far beyond the geographic areas that have originated and received displaced persons. The past nine years' instability have also left in their wake a trail of governance challenges that have been felt across the entire country, including through ineffective public administration and poor service provision, as public institutions struggle to provide basic services. For example, 24% of Libyans reported in 2019 that they faced challenges accessing health care when they needed it, and the most common problems cited were a lack of medicines and medical supplies, lack of medical staff and a lack of resources to pay for care.¹⁵ ¹⁶ Additionally, the conflict and resulting governance challenges have contributed to widespread insecurity and instability across Libya, in some cases leading to an escalation of pre-existing tensions between local groups.

Economic Challenges

In addition to challenges with governance, the protracted instability in Libya has also had a profound and negative effect on the country's economy, and in turn on the Libyan population's ability to meet its basic needs. The Libyan economy is highly dependent on oil production and international oil prices, and oil price fluctuations combined with

¹⁰ REACH, "Market Trends in Libya: Unravelling economic reforms and conflict, June 2018–October 2019," 9 January 2020, p. 1.

¹¹ OCHA, "Libya: Floods - May 2019," 5 June 2019. Available at: <https://reliefweb.int/disaster/fl-2019-000051-lby>

¹² OCHA, "Libya Executive Summary on Humanitarian Overview 2020," November 2019, p. 4.

¹³ IOM DTM, "Libya — IDP & Returnee Report, Round 28 (Nov-Dec 2019)," 24 January 2020, p. 4. Available at: https://displacement.iom.int/system/tdf/reports/DTM_R28_IDPReturneeReport_FINAL_0.pdf?file=1&type=node&id=7662

¹⁴ IOM DTM, "Libya — IDP & Returnee Report, Round 23 (Nov-Dec 2018)," 4 February 2019, p. 3. Available at: https://displacement.iom.int/system/tdf/reports/DTM%20Libya%20R23%20-%20IDP%20Report_0.pdf?file=1&type=node&id=5120

¹⁵ OCHA, "Humanitarian Needs Overview Libya," January 2020, p. 9-10. Available at:

<https://www.humanitarianresponse.info/en/operations/libya/document/2020-libya-humanitarian-needs-overview-hrp>

¹⁶ 2019 Libya MSNA household survey findings

erratic production due to insecurity have led to inconsistent government revenues.¹⁷ This is a particular point of concern since, as of February 2019, at least 30% of the Libyan population have been covered by the Libyan public payroll, which functions as a “stabilizing instrument across society.”¹⁸

These pressures on Libyan government revenues and outlays have created liquidity problems, negatively impacting the ability of Libyan employees to withdraw their public wages, which are often direct-deposited into their bank accounts.¹⁹ Libyans’ limited ability to access cash has in turn led to a general distrust of the banking system, which has occurred simultaneously with pressures on fuel and food subsidies, disruptions to supply chains and the inflation of the Libyan dinar.^{20 21} As a result of these concurring factors, it is estimated that Libyan households lost about 80% of their purchasing power between 2015 and 2019.²²

In the context of these challenges, and based on agreements between the Government of National Accord (GNA), the Central Bank of Libya (CBL) and the High State Council, economic reforms were implemented in Libya in September 2018.²³ These reforms targeted the gap between the official and unofficial (black market) currency exchange rates. As a result of these reforms, the cost of the food portion of the Minimum Expenditure Basket (MEB) had dropped notably by September 2019, though it remained relatively high in the South of Libya.²⁴ (See Annex 1 for an explanation of the MEB and other key terms.)

Natural Hazards

Finally, in addition to governance challenges and economic instability, Libya also experienced natural disaster in 2019. Flooding in Ghat began on 28 May and increased on 2 June, with the water reaching depths of two meters in some locations. An estimated 20,000 people were affected by the flooding, over 4,000 were temporarily displaced, 30 were injured and 4 were killed.^{25 26}

Humanitarian Needs

Against this backdrop, the 2020 Humanitarian Needs Overview (HNO) estimates that out of a population of 6.7 million people, 1.8 million (26%) people have been affected by the conflict, including 0.9 million (13%) people who

¹⁷ International Bank for Reconstruction and Development and International Finance Corporation and Multilateral Investment Guarantee Agency, “Country Engagement Note for the State of Libya for the Period 2019-2021,” 19 February 2019, p. 4.

¹⁸ Ibid, p. 36.

¹⁹ Floor El Kamouni-Janssen, Nancy Ezzeddine and Jalel Harchaoui, “From abuse to cohabitation: A way forward for positive migration governance in Libya,” Clingendael and the Global Initiative Against Organized Crime, October 2019, p. 38. Available at: https://www.clingendael.org/sites/default/files/2019-11/Migration_Governance_Report_October_2019.pdf

²⁰ REACH, “Market Trends in Libya: Unravelling economic reforms and conflict, June 2018–October 2019,” 9 January 2020, p. 4.

²¹ Ibid.

²² World Bank, “Libya Country Overview,” 2019.

²³ REACH, “Market Trends in Libya: Unravelling economic reforms and conflict, June 2018–October 2019,” 9 January 2020, p. 4.

²⁴ Ibid, p. 1 & 7.

²⁵ OCHA, “Libya: Floods - May 2019,” 5 June 2019. Available at: <https://reliefweb.int/disaster/fl-2019-000051-lby>

²⁶ OCHA, “Humanitarian partners visit flood-affected Ghat in south-western Libya to boost response operations,” 14 June 2019. Available at: <https://reliefweb.int/report/libya/humanitarian-partners-visit-flood-affected-ghat-south-western-libya-boost-response>

are in need of humanitarian assistance.^{27 28 29} This constitutes a slight increase from the 2019 HNO, which found 0.82 million people to be in need of humanitarian assistance in Libya.³⁰

About the Assessment

The Libyan social, economic and political landscapes are constantly evolving, and humanitarian access to and visibility of certain areas in the country continue to be limited. For these reasons, there remain crucial information gaps on the humanitarian conditions of crisis-affected communities in Libya.

In order to fill these information gaps, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with the support of REACH, coordinated Round 3 of the Libya Multi-Sector Needs Assessments (MSNAs). It was conducted in parallel with Round 1 of the Libya Migrant and Refugee MSNA.³¹ The general objective of this MSNA was to provide up-to-date information to humanitarian actors on the humanitarian conditions of crisis-affected Libyan populations in selected Libyan mantikas, with the aim of contributing to a more targeted and evidence-based humanitarian response, and to support the 2020 HNO and Humanitarian Response Plan (HRP).

This 2019 MSNA was conducted in close cooperation with the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management and Assessment Working Group (IMAWG). The IOM-DTM contributed to quantitative data collection in the mantikas of Ejdabia and Derna.

However, notwithstanding this coordination structure, please note that the analysis presented in this MSNA report was conducted independently by REACH, and the findings are its own.

²⁷ OCHA, “Libya Executive Summary on Humanitarian Overview 2020,” November 2019, p. 4. Available at: <https://www.humanitarianresponse.info/en/operations/libya/document/ocha-libya-2020-humanitarian-overview-executive-summary>

²⁸ These figures include both Libyans and migrants/refugees.

²⁹ See Annex 1 for a definition of people affected.

³⁰ OCHA, “2019 Humanitarian Needs Overview,” October 2018, p. 3. Available at:

<https://www.humanitarianresponse.info/en/operations/libya/document/2019-libya-humanitarian-needs-overview-hno>

³¹ Due to differences in the methodologies used for the two 2019 Libya MSNAs (i.e. the Libyan household MSNA and the Migrant and Refugee MSNA), findings reported in the MSNAs are not directly comparable.

METHODOLOGY

The 2019 Libya MSNA was a multi-sectoral, mixed-methods assessment, which included a **household survey covering 5,058 households in 17 mantikas, 68 key informant interviews (KIIs) in 16 mantikas and 25 focus group discussions (FGDs) in 13 mantikas**. Quantitative results are statistically representative at the population group and mantika levels, with a confidence interval of 95% and a margin of error of 10% (unless otherwise noted). Qualitative findings are indicative only.

The following section of the report provides a detailed description of the assessment's methodology. It explains the analysis framework underlying the assessment; the steps that were taken to determine the assessment's scope and indicators; and how data was collected, processed and analysed.

Joint Inter-Sectoral Analysis Framework

The 2019 MSNA methodology rests on an analytical framework proposed by REACH and based on the draft Joint Inter-Sectoral Analysis Framework (JIAF).³² In summary, the analytical framework rests on four inter-sectoral pillars,³³ which represent the types of information needed to understand humanitarian needs and their severity. These pillars are:

1. **Context:** Context consists of the relevant characteristics of the environment in which humanitarian actors plan and operate. These characteristics include, but are not limited to, characteristics and changes in the humanitarian, socio-cultural, economic, legal/policy, demographic, infrastructure and environmental profile.
2. **Event or Shock:** The event or shock is essentially a sudden or on-going event that severely disrupts the functioning of a community or society and causes human, material and economic or environmental losses.³⁴
3. **Impact:** Impact consists of the effects of the event/shock on the population and humanitarian access in the affected area.
4. **Humanitarian Conditions:** Similarly, for the purpose of this assessment, humanitarian conditions consist of the outcomes of the crisis on the affected population, in terms of:
 - **Living standards:** As a result of the impact, the ability of households to meet their basic needs, such as water, shelter, food, healthcare, education, protection, etc. Basic needs may vary from one context to the other and are contextually defined with relevant partners/sectors. Living standards are measured by assessing accessibility, availability, quality, use and awareness of essential goods and services.
 - **Coping mechanisms:** Degree to which households are coping or facing challenges with impact recovery. In general, coping mechanisms can be positive or negative (e.g., displacement), sustainable or unsustainable (e.g., reliance on humanitarian aid). This assessment focuses only on negative coping mechanisms, as they can be erosive over time and may forecast future needs.³⁵

Objectives

In line with the preceding framework, the general objective of this MSNA was to deliver up-to-date information for humanitarian actors on the humanitarian conditions of crisis-affected Libyan populations in selected Libyan

³² The JIAF is currently under development by the global Joint Inter-Sectoral Analysis Group (JIAG). The analytical framework used in the 2019 MSNAs serves as an interim solution until the JIAF is completed.

³³ Descriptions of pillars are adapted from IMPACT Initiatives' "Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MSNA, Version 4," July 2019.

³⁴ Examples of underlying factors include poverty and inequality, climate change, unplanned and rapid urbanization, lack of disaster preparedness, environmental and natural resource management, etc.

³⁵ IMPACT Initiatives, "Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MSNA, Version 4," July 2019, pp. 26.

mantikas, with the aim of contributing to a more targeted and evidence-based humanitarian response, and to support the 2020 HNO and HRP.

The specific objectives of this MSNA were to:

1. Via a quantitative data collection exercise (i.e., household survey), identify the:
 - impact on people (i.e., households) and humanitarian access of the crisis;
 - humanitarian conditions (i.e., living standard gaps and use of coping mechanisms); and
 - current and forecasted priority needs/concerns.

and how this differs by:

 - geographic area (i.e., mantika);
 - population group (i.e., IDP, returnee and non-displaced)

in targeted mantikas in Libya.
2. Via qualitative data collection exercises (i.e., Key Informant Interviews and Focus Group Discussions):
 - triangulate findings from quantitative data collection; and
 - provide in-depth context to specific follow-up questions.
3. Identify the proportion of households unable to meet their basic needs in one or more sectors and/or who are relying on negative, unsustainable coping mechanisms to meet these needs, in order to provide robust evidence to support and inform Libyan humanitarian response planning in 2020.

Research Questions

To meet these objectives, this assessment sought to answer the following research questions:

Pre-existing vulnerabilities³⁶:

1. What proportion of households have pre-existing vulnerabilities? And how does this differ by:
 - mantika; and
 - population group (i.e., IDP, returnee and non-displaced)?

Impact³⁷:

2. What are the level and severity of the impact on people (i.e., households) and humanitarian access of the crisis? And how does this differ by:
 - mantika; and
 - population group (i.e., IDP, returnee and non-displaced)?

Humanitarian conditions:

3. What are the level and severity of living standard gaps for households across the following sectors:
 - Food Security & Livelihoods (FSL)³⁸; Health; Water, Sanitation and Hygiene (WASH); Shelter & Non-Food Items (NFIs); Education; and Protection³⁹?

And how does this differ by:

- mantika; and
- population group (i.e., IDP, returnee and non-displaced)?

³⁶ The results of this analysis are detailed in Annex 8.

³⁷ The results of this analysis are detailed in Annex 8.

³⁸ This portion of the assessment incorporated inputs from both the Food Security sector and the Cash & Markets Working Group.

³⁹ This portion of the assessment incorporated inputs from all three Protection sub-sectors: Gender-based Violence, Child Protection and Mine Action.

4. What are the level and severity of capacity gaps (i.e., use of negative coping mechanisms) for households? And how does this differ by:
 - mantika; and
 - population group (i.e., IDP, returnee and non-displaced)?

Proportion of population unable to meet their basic needs in one or more sectors and/or who are relying on negative, unsustainable coping mechanisms to meet these needs:

5. What proportion of the Libyan population is unable to meet their basic needs in one or more sectors and/or is relying on negative, unsustainable coping mechanisms to meet these basic needs? And how does this differ by:
 - mantika;
 - population group (i.e., IDP, returnee and non-displaced);
 - pre-existing vulnerability profile; and
 - access to humanitarian aid?

Households' self-identified priority needs/concerns:

6. What are households' self-identified needs and preferences around the provision of humanitarian aid?

Cross-cutting themes

A cross-cutting theme is an issue that may be expected to affect all areas of the assessment. The following were cross-cutting themes in this assessment:

Protection: All data collection tools were reviewed to ensure that – as far as possible – participation in this data collection exercise did not create any protection risks for the respondents. Data collection focal points and enumerators were also trained to ensure that protection standards were upheld for respondents, in accordance with the “do no harm” principle.

Gender: In addition, data collection tools were designed to be gender-sensitive, and to collect gender-disaggregated data wherever possible.

Child Protection: Finally, the Child Protection sub-sector reviewed the household survey tool to ensure that child protection concerns were adequately incorporated, and that age- and gender-disaggregated data was collected wherever possible.

Scope

Once the objectives and research questions of this MSNA had been determined, the assessment's geographic scope and assessed populations were set.

Geographic Scope

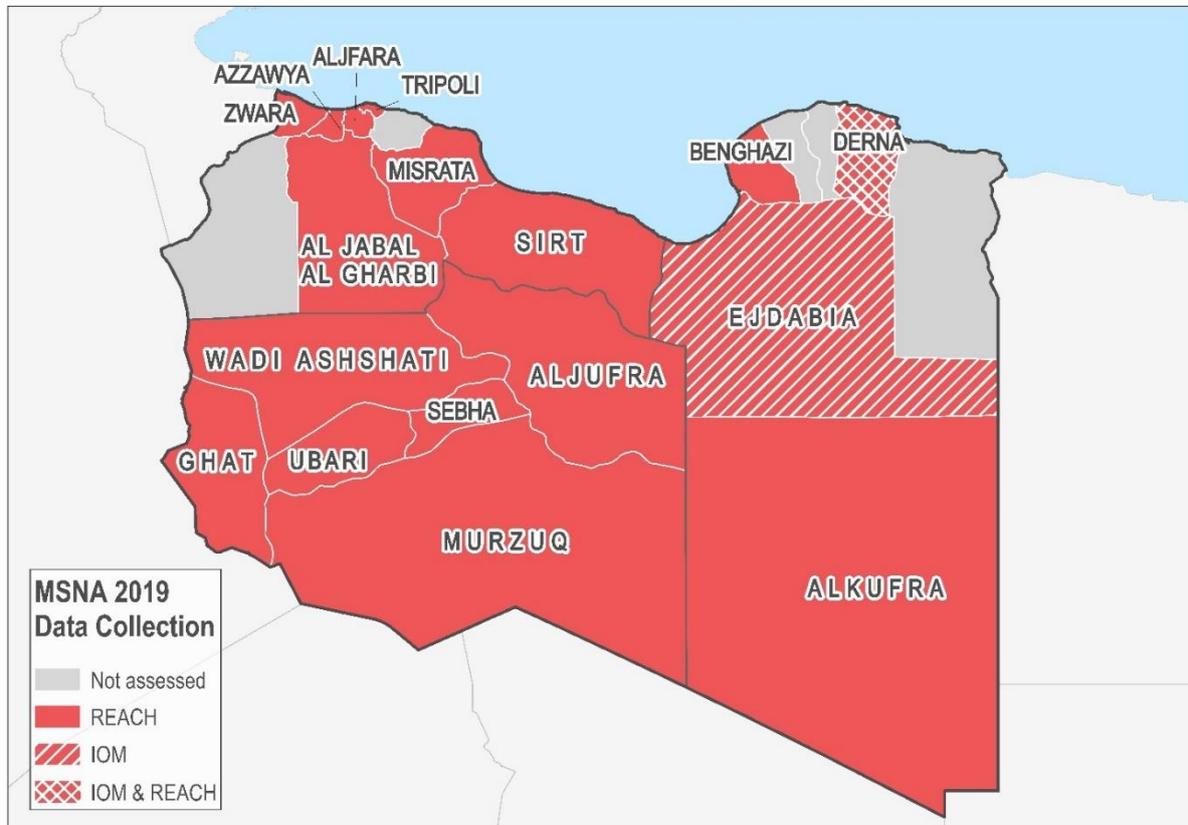
The 2019 MSNA covered 17 out of 22 Libyan mantikas. This was a slightly smaller scope than the 2018 MSNA, which had covered 19 mantikas, plus the city of Derna. In contrast to the 2018 MSNA, the 2019 MSNA was meant to bring the focus back to conflict-affected areas, as well as areas of special interest to the humanitarian community. The 17 targeted mantikas were selected jointly with the Humanitarian Country Team (HCT), and their selection was based on five main criteria:

- continuity with mantikas assessed in the 2018 MSNA (to enable trend analysis);
- interest to humanitarian actors based on findings from 2018 MSNA;
- interest to humanitarian actors based on developments in 2019;
- displacement levels among the Libyan population (i.e., IDPs and returnees); and
- accessibility to humanitarian actors.

The geographic coverage of this MSNA is displayed on Map 2. However, it should be noted that due to the ongoing conflict, portions of Tripoli, Al Jfara, Murzuq and Wadi Ashshati mantikas were not accessible to enumerators during

the data collection period. The inaccessible portions of these mantikas were identified and removed from the sampling frame. Therefore, findings from these specific mantikas are only representative of humanitarian conditions in accessible locations and cannot be generalised to the mantika level.

Map 2: Mantikas targeted by the 2019 MSNA



Population Assessed

The three population groups assessed by this MSNA are differentiated by displacement status, in alignment with the Inter-Agency Standing Committee (IASC) Humanitarian Profile Framework.⁴⁰ They are:

- Internally displaced persons (IDP);
- Returnees; and
- Non-displaced.

For the quantitative survey, the household was the unit of measurement for all three population groups. The definitions of both “household” and the three population groups are included in Annex 1.

Sampling Strategy

For the quantitative component of this MSNA, households were selected via random sampling across all accessible portions of the 17 targeted mantikas. The sampling targets were calculated to ensure that the results of the household survey would be **statistically representative at both the population group and the mantika levels**,⁴¹

⁴⁰ IASC Information Management Working Group, “Humanitarian Population Figures,” April 2016, p. 3. Available at: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarianprofilesupportguidance_final_may2016.pdf

⁴¹ For Tripoli, Al Jfara, Murzuq and Wadi Ashshati mantikas, results are generalisable only for the portions of the mantikas which were accessible to enumerators. However, it should be noted that areas not accessible to enumerators (due to ongoing fighting) were largely emptied of residents.

with a **95% confidence interval** and a **10% margin of error** (unless otherwise noted). A total of 5,058 households participated in this survey. A detailed description of the sampling process for this MSNA is located in Annex 3, and the final sampling frame is located in Annex 5.

The qualitative component of this assessment relied on purposive sampling. KII and FGD participants are community members of the targeted mantikas, and they were selected in consultation between REACH and its data collection partners on the basis of their local knowledge and subject-area expertise. Key informants were local community leaders and subject experts, such as: traditional and religious leaders, women’s group leaders, school headmasters and hospital administrators. FGDs had four to six participants each. Some FGDs were women-only, some were men-only, and the remainder were mixed-gender. All three population groups were included in the qualitative data collection. In total, 68 KIIs and 25 FGDs were conducted.⁴² Annex 6 contains a breakdown of the qualitative data collection.

Data Collection Methods

Data collection methods for this MSNA varied according to the type of data being collected: secondary data, household survey, or KII/FGD.

Secondary Data Review

The secondary data review (SDR) for this MSNA was begun in the first half of 2019 and was updated as needed throughout the data collection period. It was built on the SDR that was conducted for the 2018 MSNA. Additions for 2019 included:

- **Updated reports on the humanitarian context:** These reports included: the 2019 and 2020 HNOs and HRPs for Libya; reports published by REACH on Libya, including the 2018 MSNA report; and publications by other humanitarian actors. This data was used to aid in the design of the primary data collection tools, as well as to verify/triangulate primary data and findings.
- **Updated reports on the political/economic/social context:** The 2019 SDR also drew on recent reports on Libya’s political, economic and social context. These reports were sourced from the general news media, think-tanks and other institutions with expertise on Libya.⁴³ This data was used to aid understanding of the overall Libyan context.

As a counterpoint, it should be noted that certain types of secondary data related to the humanitarian situation in Libya were scarce. These include:

- **Mortality, morbidity and malnutrition data:** No up-to-date, nationwide, mantika-level figures on mortality, morbidity or malnutrition rates were available at the time of the 2019 SDR. The 2019 MSNA household survey did not gather data on these rates, so this represents an information gap. However, some national-level figures on these topics were available and were drawn on for the SDR.
- **Reports by government or other humanitarian actors on community or location-level vulnerabilities, impact on systems and services, living standards and coping mechanisms:** Few government or other humanitarian actors have the resources and/or the access to conduct large-scale assessments on the impact of the protracted crisis or current humanitarian conditions. This meant that there were relatively few secondary sources that REACH could use to triangulate its results on these topics.

Quantitative Component: Household Survey

The quantitative component of this assessment consisted of a household survey, for which the tool was developed in consultation with the humanitarian sectors and working group covered by this assessment. The household survey

⁴² Ejdabia was excluded from the 2019 MSNA’s qualitative data collection exercise due to a lack of available local partners.

⁴³ SDR data was drawn from credible sources and triangulated against primary and other secondary sources.

tool was based on the tool used for the 2018 MSNA, and then adapted using lessons learned and feedback from the sectors and working group.

Prior to the start of data collection, REACH trained at least one data collection focal point for each targeted mantika, via two Trainings of Trainers (ToTs) which took place in Tunis from 25-28 June and 2-5 July 2019. (For the ToT agenda, see Annex 13.) The focal points who attended the ToTs were responsible for managing all aspects of data collection in their allocated geographic area(s), including: selecting and training all enumerators; making all logistical arrangements for data collection; training and supervising the enumerators; and following up on queries from REACH staff.

Data collection using this survey tool began with a pilot phase from 7-9 July 2019. This pilot phase was used to field-test the survey tool and perform any final tweaks.⁴⁴ The main data collection period ran from 10 July-10 September 2019 and included occasional, localised pauses in data collection due to outbreaks of fighting.

Data collection responsibilities were shared among REACH and its local partners, plus IOM. REACH and its local partners conducted data collection in 15 mantikas, plus Derna city. IOM's DTM team conducted data collection in Ejdabia mantika and Derna mantika (excluding Derna city).

Qualitative Component: Key Informant Interviews and Focus Group Discussions

The qualitative component of this assessment consisted of a series of KIIs and FGDs, which were conducted to further contextualise and triangulate the household survey's findings. This component's results are indicative, rather than representative, and their purpose was to further contextualise and triangulate the household survey's findings. The tools for the KIIs and FGDs were developed based on preliminary analysis of the household survey data; feedback received from humanitarian actors on their areas of interest and follow-up questions from household survey analysis; and anticipated gaps in data from the household survey. As an example of the last, women-only FGDs were used as a way of gathering potentially sensitive information on gender issues which the assessment was not able to collect via household survey due to protection concerns.

Qualitative data collection took place in December 2019 and January 2020, after quantitative data collection, preliminary data analysis and the initial presentation of results and gathering of feedback had taken place.⁴⁵ A general target was set for four KIIs and two FGDs per mantika. However, the exact numbers of KIIs and FGDs to be conducted per mantika were kept flexible, and the final numbers were determined based on field qualitative data collection capacity, as well as safety and security concerns for enumerators and participants.

As with the household survey, the KIIs and FGDs were conducted by REACH field staff and its local partners.

Translation of Tools

All data collection tools were developed in English and translated into Arabic by a combination of REACH staff and external, professional translators. Whenever external translators were involved, REACH staff reviewed the Arabic versions for quality control.

Ethics

Ethical considerations were integrated into every stage of the MSNA. The fact that this assessment was managed remotely by the REACH team in Tunis brought special risks, which were mitigated by this assessment's emphasis on ethics and the "do no harm" principle.

First, REACH undertook a "do no harm" analysis during the assessment's design phase. This meant that before any of the data collection tools were piloted, REACH assessed all questions against IMPACT Initiatives' Standard

⁴⁴ The start date was chosen because the Food Security sector requested that data collection begin at least one month after the end of Ramadan, to avoid collecting atypical data on food consumption and expenditures.

⁴⁵ Additionally, the start of qualitative data collection suffered from a delay due to authorisation issues with the local authorities.

Operating Procedures on Personally Identifiable Information. Any sensitive questions, or questions which carried potential risk for the respondents, were weighed against the potential benefit of collecting such data. Included in these calculations was the fact that data collection was managed remotely from Tunis. In nearly all cases, questions which carried potential risk for respondents were removed out of an abundance of caution. For example, the final household survey tool did not include any questions on gender-based violence, due to the possibility that such information might put respondent households at risk.⁴⁶

Second, a module on survey ethics and the importance of informed consent was included in the enumerator ToTs held in June and July 2019. This module was repeated by the trainers for their field enumerator teams prior to the start of data collection.

Third, an informed consent script was read to respondents at the start of all data collection exercises, both quantitative and qualitative. This script described the purpose of the data collection exercise and assured respondents that their participation was entirely voluntary and that their responses would be kept anonymous. If the participant did not give informed consent after hearing the script, data collection with them was immediately terminated.

Fourth, in order to address the potential for sexual harassment, exploitation and abuse during the assessment process, REACH integrated into its data collection the use of ACTED Complaints Response Mechanism (CRM) cards. These cards included Arabic-language contact information for the ACTED phone-based CRM. Enough cards were prepared and distributed to REACH field staff and data collection partners to ensure that every participant in every data collection exercise would receive a card and have the opportunity to report any concerning behaviour by enumerators.

Finally, REACH took all appropriate measures to ensure that MSNA data was appropriately protected after collection. For the household surveys, once submitted, the raw data was stored on KoBo Toolbox servers. This platform is password-protected and uses secure sockets layer (SSL), which encrypts any request both from and to the server. Once REACH received the raw survey data, it was stored in a password-protected file. All potentially sensitive data, or data that could potentially allow respondents to be identified, was removed from the dataset before its publication. For the KIIs and FGDs, as previously described, the paper data collection forms were destroyed by REACH field staff and partners once the receipt of scanned copies was confirmed by the REACH Tunis office. As with the household survey data, the scanned copies of these forms were stored in password-protected files.

Analysis

In order to determine the percentage of Libyans in targeted mantikas with humanitarian needs, and the severity of these needs, REACH created a number of composite indicators, each of which falls under one of the four pillars of the JIAF. These composite indicators were adapted from the list of MSNA indicators chosen by the sectors for inclusion in the 2020 HNO PiN calculations.⁴⁷ Following is a summary of each of these composite indicators. A detailed description of how each composite indicator was calculated may be found in Annex 7. Please note that in conducting this analysis, all data was weighted to ensure that final results would be representative for all strata. In addition, the results of this quantitative analysis were triangulated with the findings of the KIIs and FGDs, as well as contextualised with secondary data.

Household Vulnerability Classification

The household vulnerability classification falls under the Event or Shock pillar of the JIAF. It is a composite indicator which incorporates aspects of both social and economic vulnerability. The purpose of the household vulnerability

⁴⁶ In the case of gender-based violence, REACH was able to collect relevant data through its FGDs, during the qualitative data collection phase of the assessment. This was judged to be safer for respondents because while the household survey asked respondents about their household's own experience, the FGDs asked for participants' thoughts about the general situation in their area.

⁴⁷ Unlike the HNO PiN calculations, these composite indicators rely solely on MSNA household survey data.

classification is to identify households that may be disproportionately affected by the event or shock, and which may be of particular interest to the humanitarian community due to their special needs. The MSNA indicators chosen for inclusion in this composite indicator are cross-sectoral, meaning that they represent household-level conditions that may influence the household's ability to access services and fulfil basic needs across all sectors.

Household-level Impact Classification

The household-level impact classification falls under the Impact pillar of the JIAF and measures the effects of the crisis on both people⁴⁸ and their access to humanitarian assistance. The purpose of this composite indicator is to identify which population groups and targeted mantikas may have experienced the greatest effects of the crisis, as well as which may live in areas where assistance is not available.

Humanitarian Conditions

As previously stated, humanitarian conditions consist of the outcomes of the crisis on the affected population. The following composite indicators are meant to describe the type and severity of these outcomes, and they fall under the Humanitarian Conditions pillar of the JIAF. The ultimate purpose of these indicators is to determine, out of all the people affected by the crisis, which are in need of humanitarian assistance and/or may develop such need if conditions do not improve.

Living Standards Gaps

One overall living standard gap (LSG) score was calculated for each of the following sectors: Food Security & Livelihoods; WASH; Health; Shelter & Non-food Items (S/NFI); Education; and Protection. The purpose of the living standard gap scores is to identify the proportion of households that cannot meet their basic needs in one or more sectors, and the severity of these needs.⁴⁹ The living standard gap composite indicators provide a measure of the accessibility, availability, quality, use and awareness of essential goods and services.⁵⁰

Capacity Gap

The capacity gap (CG) score is a composite indicator which provides a cross-sectoral measure of a household's reliance on negative and unsustainable coping mechanisms to meet their basic needs. The purpose of the capacity gap score is to identify households which may not currently have one or more living standard gaps, but which are maintaining their living standards by relying negative coping mechanisms, and which may eventually develop severe living standard gaps once their available coping mechanisms have been exhausted.

Households with a Living Standard and/or Capacity Gap

This assessment looked at the proportion of Libyan households that are unable to meet their basic needs and/or are relying on negative, unsustainable coping mechanisms to meet these needs. Households met this profile if they had:

A Living Standard Gap (LSG) severity score of "severe" (score of 3) or "extreme" (4) on the JIAF severity scale in one or more sectors

and/or

A Capacity Gap (CG) severity score of "severe" (3) or "extreme" (4) on the JIAF severity scale.

The specific gaps driving this classification are further broken down in the Findings section of this report.

⁴⁸ In alignment with the JIAF, impact on people is defined as: losses/damages to assets/capital; loss of livelihood; access to certain services (i.e., markets, cash and electricity); displacement; and freedom of movement.

⁴⁹ However, it should be noted that the number of sectors in which a household has LSGs does not necessarily indicate the overall severity of their needs. In other words, a household with LSGs in three sectors does not necessarily have greater needs than a household with a LSG in only one sector.

⁵⁰ Adapted from IMPACT Initiatives, "Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MSNA, Version 4," July 2019, pp. 7.

MSNA Stakeholders and Partners

This MSNA was implemented to support and inform OCHA's 2020 HNO and HRP processes. OCHA, with the support of REACH, coordinated the assessment through the Information Management and Assessment Working Group (IMAWG). The ISCG oversaw and validated the selection of MSNA indicators, via consultation with all active sectors and in partnership with the IMAWG. The HCT also validated the indicators and methodology, including geographic scope.

Dissemination

After the completion of household survey data collection in September 2019, REACH disseminated preliminary findings and trends analysis to various stakeholders along the following timeline:

- **17-27 September:** Presentations of preliminary sectoral results to the sectors and CMWG
- **17-18 October:** Presentations of 2018/2019 trends analysis to the ISCG and HCT
- **6-7 November:** Presentations of preliminary regional results to the Area Coordination Groups for the West, South and East

Challenges and Limitations

The 2019 MSNA was subject to a number of challenges and limitations. These challenges, plus their implications for the findings of this assessment, are summarised as follows:

- **Inaccessibility of certain mahallas with active fighting may mean that humanitarian needs for those mantikas are understated:** As previously mentioned, some of the mahallas in Tripoli, Al Jfara, Murzuq and Wadi Ashshati mantikas were inaccessible during the household survey data collection period due to active fighting. These mahallas were subsequently removed from the sampling frame, and conditions for them did not feed into the overall results for these mantikas. This may mean that the results presented in this report for these three mantikas understate the levels of humanitarian need present at the time of data collection.
- **Defining population group according to displacement status may obscure localised needs:** As previously noted, and in accordance with global standards, population groups for this MSNA were defined according to their displacement status. Defining the population groups in this way also allowed for continuity in the results of this MSNA with the results of previous MSNAs for Libya. However, it is worth noting that this choice of population group may “hide” localised needs in parts of Libya where vulnerability and humanitarian needs may be determined less by displacement status than by other factors, such as tribal affiliation or legal status.⁵¹
- **The limited scope of protection-related data collection may mean that protection needs are understated:** As previously mentioned, REACH carried out a “do no harm” analysis during the assessment design phase. As a result of this analysis, questions on especially sensitive topics such as gender-based violence (GBV) were either limited to the qualitative data collection exercises or excluded altogether. This was due to concerns that the combination of a remote data collection modality and enumerator profiles was insufficient to fully ensure that data could be collected on sensitive topics without creating a risk of harm to respondents. Nevertheless, the Protection composite indicator presented in this analysis relies on data from the household survey. It is therefore likely that the Protection composite indicator results in this report understate the extent and severity of protection needs among Libyans.
- **Small minority of women respondents to the household survey may mean that women’s needs are understated in the household survey results:** In the overwhelming majority of cases, respondents to the household survey were male heads of household. This was due to a combination of social norms and the prevalence of men among the enumerators. As a result, the data collected via the household survey

⁵¹ Adapted from IMPACT Initiatives, “Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MSNA, Version 4,” July 2019, pp. 15.

may understate the presence and severity of women's needs across all sectors. To offset this gap, the Findings section also includes results from women-only focus groups.

FINDINGS

This section contains the report's analysis and detailed conclusions. It describes the event or shock that triggered the crisis, the underlying factors, the proportion of the population with a living standard and/or capacity gap and a final section focused on accountability to affected populations.

Geographic and Demographic Context

Covering an area of more than 1,700,000 square kilometres and a Mediterranean coastline of 1,770 kilometres, Libya is the fourth largest country in Africa by land mass.⁵² As of 2018, Libya had an estimated total population of 6.6 million, indicating a density of about 4 people per square kilometre.⁵³ However, this belies the fact that most Libyans live in a concentrated area along the Mediterranean coastline. In fact, out of Libya's total population, about 80% live in urban areas.⁵⁵

The Libyan population is around 90% Arab or mixed Arab-Amazigh (Berber). The largest minority are the Amazigh, who comprise between 4% and 10% of the population. Remaining minorities total about 3% of the population and include the Tawergha, Tuareg, Tebu and Mashashiya.⁵⁶ Religious identity in Libya is also relatively uniform, as over 95% of the population are Muslim (virtually all Sunni).⁵⁸

Both Libya's social structure and its politics are heavily influenced by tribal affiliations. There are over 100 tribes in Libya, and over 90% of the population claim tribal links.⁵⁹ The official language of Libya is Arabic.⁶⁰

Event or Shock

Drivers of the Crisis and Its Effects

Since 2011, Libya has faced waves of conflict, coupled with political and economic instability. This protracted conflict escalated again in early April 2019, leading to large-scale displacement in Tripoli and the surrounding areas. However, the effects of the conflict have extended far beyond the areas where fighting is concentrated. Nine years of civil conflict have contributed to insecurity and outbreaks of violence far from the front lines, such as in Murzuq in August 2019. Another effect of the prolonged conflict has been a number of interlinked economic challenges, such as a liquidity shortage, though some of these challenges were mitigated in 2019 by the implementation of the 2018 economic reforms.⁶¹ Finally, in addition to the conflict and its effects, the months of May and June 2019 saw severe flooding in Ghat, which led to temporary displacement in that area.⁶²

The following sections describe the drivers of the crisis in more detail.

⁵² World Population Review, "Libya Population 2020." Available at: <http://worldpopulationreview.com/countries/libya-population/>

⁵³ World Bank, "Population, total - Libya." Available at: <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=LY>

⁵⁴ World Bank, "Population density (people per sq. km of land area) Libya." Available at: <https://data.worldbank.org/indicator/EN.POP.DNST?locations=LY>

⁵⁵ World Bank, "Urban population (% of total population) - Libya." Available at: <https://data.worldbank.org/indicator/sp.urb.totl.in.zs?locations=ly>

⁵⁶ CIA, "The World Factbook: Libya," 2015.

⁵⁷ U.K. Home Office, "Country Policy and Information Note, Libya: Ethnic minority groups," version 3, February 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/777959/Libya_-_Ethnic_Groups_-_CPIN_-_v3.0_February_2019_.pdf

⁵⁸ CIA, "The World Factbook: Libya," 2015.

⁵⁹ Al-Hamzeh Al-Shadeedi & Nancy Ezzeddine, "Libyan tribes in the shadows of war and peace," Clingendael, February 2019, pp. 1-2. Available at: https://www.clingendael.org/sites/default/files/2019-02/PB_Tribalism.pdf

⁶⁰ CIA, "The World Factbook: Libya," 2015.

⁶¹ REACH, "Market Trends in Libya: Unravelling economic reforms and conflict, June 2018-October 2019," 9 January 2020, p. 1.

⁶² OCHA, "Libya: Floods - May 2019," 5 June 2019. Available at: <https://reliefweb.int/disaster/fl-2019-000051-lby>

Civil Conflict and Internal Displacement

Since the 2011 fall of Muammar Gaddafi, Libya has been affected by several waves of conflict and civil war, with episodic escalation across different parts of the country. As of the end of 2019, neither side had achieved victory, and international efforts to broker a political solution to the conflict continued to end in stalemate.

An escalation of the conflict in April 2019 triggered a wave of new displacements. As a result, between April 2019 and January 2020, approximately 149,000 people were displaced from Tripoli and the surrounding areas.⁶³ With this wave of displacements, 2019 witnessed the reversal of the declining overall trend of displacement that Libya had experienced in 2017 and 2018.⁶⁴ According to IOM-DTM, there were 355,672 IDPs and 447,707 returnees in Libya as of December 2019.⁶⁵ This IDP total represents more than double the number of IDPs reported by IOM-DTM for the same period in 2018.⁶⁶ The majority of the IDPs were concentrated in Tripoli, Misrata and Almargeb, while returnees were concentrated in Benghazi, Sirt and Tripoli.

Governance Challenges and Insecurity

The past nine years of instability have also left in their wake a trail of governance challenges, such wide-spread insecurity and instability across Libya, in some cases leading to a rapid escalation of pre-existing tensions between local groups.

General Insecurity

In addition to the erosion of public service provision, general insecurity sparked by the civil conflict extends far beyond the conflict's front lines in Tripoli, into areas such as the South of Libya. For example, the group known as the Islamic State in Libya maintains a presence in the country. Even though it no longer holds notable territorial control in Libya, and the frequency of its attacks has diminished over the last two years,⁶⁷ it still poses a potential threat to Libyans who live or travel near its operational bases.

Additionally, due in part to general insecurity and weakened governance, the black-market economy has flourished in Libya. Smuggling of human beings, goods and fuel has been facilitated by porous borders and weak border management, and armed groups have been able to generate revenue from the taxation of movements of goods and people through territories under their control.⁶⁸

This general insecurity is reflected in qualitative data from FGDs and KIIs conducted for this MSNA, which indicate that many Libyans might have adapted to the widespread insecurity by changing their behaviour, further helped by a commonly reported reliance on strong social support networks. Some of the behavioural adaptations that key informants reported were altering movement patterns, avoiding displaying any signs of wealth that might make them targets and purchasing necessities on the black market. Additionally, some FGD participants cited the need to self-censor and limit their speech to avoid attracting trouble. In addition to adapting their behaviours, qualitative data suggests that Libyans might have adapted to the chronic insecurity and uncertainty by relying on support from strong social networks, e.g., family, other personal relationships, tribal group affiliation and often also feelings of solidarity between IDPs and their host communities. According to one Murzuq FGD participant, "Without personal relations, things would have been more complicated, a real problem, and would not be able to be overcome." That

⁶³ OCHA, "Humanitarian Needs Overview Libya," January 2020, p. 9. Available at:

<https://www.humanitarianresponse.info/en/operations/libya/document/2020-libya-humanitarian-needs-overview-hrp>

⁶⁴ OCHA, "Libya Executive Summary on Humanitarian Overview 2020," November 2019, p. 4.

⁶⁵ IOM DTM, "Libya — IDP & Returnee Report, Round 28 (Nov-Dec 2019)," 24 January 2020, p. 4. Available at:

https://displacement.iom.int/system/tdf/reports/DTM_R28_IDPReturneeReport_FINAL_0.pdf?file=1&type=node&id=7662

⁶⁶ IOM DTM, "Libya — IDP & Returnee Report, Round 28 (Nov-Dec 2019)," 24 January 2020, p. 4. Available at:

https://displacement.iom.int/system/tdf/reports/DTM_R28_IDPReturneeReport_FINAL_0.pdf?file=1&type=node&id=7662

⁶⁷ Aaron Y. Zelin, "The Islamic State in Libya Has Yet to Recover," *Policywatch* 3222, 6 December 2019. Available at:

<https://www.washingtoninstitute.org/policy-analysis/view/the-islamic-state-in-libya-has-yet-to-recover>

⁶⁸ Tim Eaton, "Libya's War Economy: Predation, Profiteering and State Weakness," Chatham House, 12 April 2018, pp. 6 & 23. Available at: <https://www.chathamhouse.org/sites/default/files/publications/research/2018-04-12-libyas-war-economy-eaton-final.pdf>

said, a number of FGD participants also revealed that it has been difficult for some Libyans to adapt to the volatile situation without knowing what will happen, or if or when they might be displaced.

South of Libya

In the South of Libya, problems related to inadequate public service provision and general insecurity continue to converge. The South is a historically neglected and unstable area characterised by inter-communal conflict and tribal tensions.⁶⁹ In Murzuq, for example, local community tensions escalated into an outburst of violence in August 2019, leading to the displacement of 28,000 individuals between August and October 2019.^{70 71 72 73 74} According to MSNA key informants, many shops were damaged, looted and burnt during this outburst. At the time of data collection, key informants reported that IDPs who might otherwise want to return home had received threats of violence.

These challenges have been compounded by the ongoing civil conflict in Libya, and the consequences have included a deterioration in the South in safety and security, transportation risks, supply chain disruption, price increases, power and water shortages and an increased economic reliance on the black-market economy.^{75 76}

Economic Challenges

In addition to causing governance challenges and general insecurity, the protracted instability in Libya has also had a profound and negative effect on the country's economy, and in turn on the Libyan population's ability to meet their basic needs.

Dependence on Oil Production

The Libyan economy has suffered significantly since the start of the conflict in 2011. The economy is highly dependent on oil production and international oil prices, resulting in a fragile and non-diverse economic environment, as well as struggles among competing territorial, political and tribal factions for control over sites of oil production. International oil prices have also undergone significant fluctuations. These price fluctuations combined with erratic oil production due to insecurity have led to inconsistent government revenues.⁷⁷ According to qualitative data from this MSNA, they have also led to persistent problems for Libyans in accessing fuel for their own use, forcing Libyans to turn to the black market.

Public Payroll

In addition to its dependence on oil revenues, another key aspect of the Libyan economy is the heavy reliance of the Libyan population on government-issued salaries. As of February 2019, at least 30% of the Libyan population have been covered by the Libyan public payroll, which functions as a “stabilizing instrument across society.”⁷⁸ Additionally, the average Libyan public salary has quadrupled since 2011 to compensate for inflation and economic

⁶⁹ United States Institute of Peace, “Understanding Libya’s South Eight Years After Qaddafi,” 23 October 2019. Available at: <https://www.usip.org/publications/2019/10/understanding-libyas-south-eight-years-after-qaddafi>

⁷⁰ REACH, “Murzuq Rapid Situation Overview,” 30 August 2019. Available at:

https://reliefweb.int/sites/reliefweb.int/files/resources/reach_lby_situationoverview_ra_murzuq_aug2019_0.pdf

⁷¹ UN News, “Deadly airstrikes and drone hits displace thousands of civilians in Libya oasis town,” 20 August 2019. Available at: <https://news.un.org/en/story/2019/08/1044531>

⁷² OCHA, “Libya: Communal violence in Murzuq – Flash Update,” 30 August 2019. Available at:

https://reliefweb.int/sites/reliefweb.int/files/resources/20190830_Murzuq%20Flash%20Update%20FINAL.pdf

⁷³ IOM DTM Round 27, “Libya IDP and Returnee Report,” 27 December 2019, p. 7. Available at:

<https://displacement.iom.int/reports/libya—idp-returnee-report-round-27-aug-oct-2019>

⁷⁴ OCHA, “Humanitarian Needs Overview Libya,” January 2020, p. 10.

⁷⁵ Ibid.

⁷⁶ Floor El Kamouni-Janssen, Hamzeh Shadeddi & Nancy Ezzeddine, “Local security governance in Libya,” October 2018, p. 10. Available at: https://www.clingendael.org/pub/2018/diversity_security_Libya/

⁷⁷ International Bank for Reconstruction and Development and International Finance Corporation and Multilateral Investment Guarantee Agency, “Country Engagement Note for the State of Libya for the Period 2019-2021,” 19 February 2019, p. 4.

⁷⁸ Ibid, p. 36.

instability, which has placed additional strain on government resources.⁷⁹ Qualitative data from this MSNA illustrates the strain on the government payroll system, as key informants in Sebha, Wadi Ashshati, Ubari, Ghat and Derna all reported that the payment of government salaries is regularly delayed.

The combination of these two factors – dependence on oil production and a huge public payroll – places enormous fiscal pressure on the Libyan government. The Libyan population’s incomes, and by extension, their ability to meet their basic needs, depend heavily on Libyan government revenues from oil production.

Liquidity Problems

These pressures on Libyan government revenues and outlays have also created liquidity problems, negatively impacting the ability of Libyans to withdraw their government wages in cash from the bank accounts where they have been deposited.⁸⁰ It is common for Libyans to pass weeks or months without being able to withdraw cash from their accounts, and when withdrawals are possible, there is often a limit.

According to FGD participants, non-cash forms of payment, such as cheques, have become accepted payment modalities. However, merchants reportedly commonly add on a surcharge for such forms of payment, which increases the cost of the good or service, potentially exacerbating their debts. Additionally, according to some FGD participants in Al Jfara, some Libyans manage liquidity shortages by buying and selling foreign currency on the black market.

Loss of Household Purchasing Power and Increased Rents

Libyans’ limited ability to access cash has in turn led to a general distrust of the banking system, and this has occurred simultaneously with pressures on fuel and food subsidies, disruptions to supply chains, and the inflation of the Libyan dinar.^{81 82} As a result of these concurring factors, it is estimated that Libyan households lost about 80% of their purchasing power between 2015 and 2019.⁸³

This loss of purchasing power has been coupled by higher rents, especially in parts of the country that have experienced displacement or received displaced persons. Both FGDs and KIIs consistently cited exploitation by landlords, many of whom have increased rents in response to increased demand (e.g., in Al Jfara, Sebha, Wadi Ashshati, Ubari and Al Kufra). To cope with these increased rents, FGD participants and key informants reported that households resort to renting one-bedroom apartments, sharing apartments among multiple families and living with family (e.g., in Sirt, Murzuq, Ubari, Sebha and Ghat).

Against a backdrop of a decreased purchasing power and an increased cost of daily life,^{84 85} some FGD participants and key informants reported using a variety of additional coping mechanisms, ranging from spending savings, to taking on additional jobs, to reducing expenditures in categories such as health and education. Qualitative MSNA data further indicates that households have also dealt with increased food prices by purchasing expired products, which are cheaper. Household coping mechanisms are further explored in the quantitative analysis, as well as in Annex 8.

⁷⁹ Ibid.

⁸⁰ Floor El Kamouni-Janssen, Nancy Ezzeddine and Jalel Harchaoui, “From abuse to cohabitation: A way forward for positive migration governance in Libya,” Clingendael and the Global Initiative Against Organized Crime, October 2019, p. 38. Available at: https://www.clingendael.org/sites/default/files/2019-11/Migration_Governance_Report_October_2019.pdf

⁸¹ REACH, “Market Trends in Libya: Unravelling economic reforms and conflict, June 2018–October 2019,” 9 January 2020, p. 4.

⁸² Ibid.

⁸³ World Bank, “Libya Country Overview,” 2019.

⁸⁴ Ibid.

⁸⁵ REACH, “Market Trends in Libya: Unravelling economic reforms and conflict, June 2018–October 2019,” 9 January 2020.

September 2018 Economic Reforms

Within the context of these economic challenges, plus the general public distrust of leading economic institutions, in September 2018, the Government of National Accord (GNA), the Central Bank of Libya (CBL) and the High State Council agreed on economic reforms.⁸⁶ These reforms were intended to reduce the gap between the official exchange rate of the LYD and the parallel black-market rate. As a result of these reforms, the cost of the food portion of the MEB dropped by 13% between October 2018 and March 2019.⁸⁷ After a subsequent, temporary spike in food prices in April and May 2019 due to the escalation of the conflict, food prices again dropped 11.5% overall between July and September 2019.⁸⁸

However, it should be noted that these economic reforms did not address all the issues that had led to increased prices of basic consumer goods across Libya. For example, as of December 2019, the cost of the food portion of the MEB was still 22% higher in the South than in Libya overall, in part due to political and security issues, and in part due to the higher transport costs required to move goods from the main ports along the Libyan coast to the interior.⁸⁹

Natural Hazards

In addition to the conflict and economic instability, Libya also experienced the effects of natural hazards in 2019. Flooding in Ghat began on 28 May and increased on 2 June, with the water reaching depths of two meters in some locations. An estimated 20,000 people were affected by the flooding, over 4,000 were temporarily displaced, 30 were injured and 4 were killed.^{90 91}

Underlying Factors and Vulnerabilities

The effects of the crisis have taken their toll on Libyans' day-to-day life beyond the economic strains just described. They have limited public institutions' ability to deliver basic services, for example in the areas of public health, public education and the provision of legal documentation. They have also created difficulties for individuals and households with pre-existing vulnerabilities, such as women and girls. These underlying factors and vulnerabilities increase the likelihood that households will have humanitarian needs due to the crisis.

Public Service Provision

Regarding public service provision, over time, the protracted conflict and instability in Libya have led to an erosion of the country's governance structures, leaving them "weak and divided," as well as leading to public institutions with "unclear and/or overlapping mandates."⁹² One result has been that local municipalities often lack the resources and support that they need to provide adequate public services to local populations, including in the crucial sectors of health and education, as well as in the issuing of legal documents.⁹³ Key informants and FGD participants for this MSNA consistently confirmed that government services, social benefits and safety nets are unreliable.⁹⁴

⁸⁶ REACH, "Market Trends in Libya: Unravelling economic reforms and conflict, June 2018-October 2019," 9 January 2020, p. 4.

⁸⁷ Ibid, p. 7.

⁸⁸ Ibid.

⁸⁹ Ibid. p. 1.

⁹⁰ OCHA, "Libya: Floods - May 2019," 5 June 2019. Available at: <https://reliefweb.int/disaster/fl-2019-000051-lby>

⁹¹ OCHA, "Humanitarian partners visit flood-affected Ghat in south-western Libya to boost response operations," 14 June 2019. Available at: <https://reliefweb.int/report/libya/humanitarian-partners-visit-flood-affected-ghat-south-western-libya-boost-response>

⁹² Ibid.

⁹³ Ibid, p. 9-10.

⁹⁴ 2019 Libya MSNA KIIs and FGDs

Health

The health sector offers perhaps the best example of a Libyan public system that has suffered from the prolonged conflict. According to the 2020 HNO, since 2011 “at least 22 per cent of primary health care facilities are closed.”⁹⁵ This statistic is supported by the results of the MSNA household survey, in which 24% of households said that they faced challenges in accessing health care when needed. The most common reasons cited for these challenges were: lack of medicines and medical supplies, lack of medical staff and lack of means to pay for care. These household survey findings were elaborated further by the MSNA’s qualitative data. In Tripoli, Benghazi, and Al Jabal Al Gharbi, key informants reported that a combination of scarcity, demand and limited effective price control has driven up the cost of medicines. Key informants in Tripoli and Benghazi also reported that public health facilities regularly suffer from shortages of medicines and medical supplies, and key informants in Azzawya and Al Jabal Al Gharbi mentioned cases of people stealing and selling health supplies intended for these public facilities. Similarly, key informants in Sebha, Wadi Ashshati, Zwara and Ghat reported that the equipment in public health facilities has been damaged due to a lack of public maintenance. Key informants in Azzawya, Sirt and Sebha reported that a lack of capacity at public health facilities has pushed residents to use private hospitals, which charge relatively high prices.

One of the results of this low capacity is that the Libyan public health sector is not well prepared to respond to the public health threat of COVID-19, according to the Health sector’s coronavirus preparedness and response plan for Libya.⁹⁶ This analysis from the Health sector, combined with the previously-cited data collected through the MSNA, suggest that it might be challenging for Libya to respond to a large-scale, rapidly-evolving outbreak of any kind.

However, the risk of an immediate outbreak of COVID-19 or other infectious disease is not the only health risk facing Libya. Although reliable data about the mental health of Libyans is thin, this MSNA’s qualitative data indicates that the accumulation of years of war has had a negative effect on Libyans’ mental health, and that Libyans are coping with these effects through risky practices that may have serious, long-term effects. According to the KIs and FGDs conducted for this MSNA, many Libyans likely suffer from anxiety, insomnia, being quick to anger, depression and in some cases even suicide. As one Benghazi FGD participant remarked, “I expect that every Libyan family has at least one person who is depressed.” At the same time, these same sources regularly noted that mental health care is both limited and stigmatised in Libya. For example, one Derna FGD participant spoke about how their friend had been bullied when people found out that they had sought out a psychiatrist. Due to a combination of lack of awareness, limited availability of mental health support and social stigma, sources reported that Libyans have resorted to alternatives for dealing with mental health challenges. Several mentioned relying on friends for emotional support, drawing on their religious faith and visiting sheikhs for spiritual healing. More troublingly, key informants in Sebha and Ghat, as well as FGD participants in Murzuq, Benghazi and Ghat, indicated that some people use sedatives to self-medicate for anxiety or insomnia, without any supervision from a medical health professional. Key informants in Al Jabal Al Gharbi and Sebha also reported increased recreational drug use as a coping mechanism among young people. These reports are worth investigating further, and if a lack of mental health care and the presence of substance abuse are indeed as common as the key informants and FGD participants believed them to be, these conditions may have serious long-term implications for Libyans’ mental and physical health.

Education

Like the public health sector, the public education sector in Libya has also been affected by the extended conflict. Although the findings from this MSNA do not indicate a breakdown in public education, they do suggest that the crisis has placed a considerable strain on the sector. The 2019 MSNA household survey found that nearly 100% of school-aged children are enrolled in school. However, the relatively high enrolment and attendance rates bely

⁹⁵ Ibid, p. 10.

⁹⁶ Health Sector Libya, “Coronavirus disease 2019 (COVID-19) preparedness and response plan for Libya,” 26 March 2020, p. 2. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/health_sector_libya_covid-19_response_plan.pdf

the challenges facing this sector, especially in areas that have received displaced persons. One stark example of the effects of the crisis on education is cited in the 2020 HNO, which notes that since 2011 “at least 219 schools have been destroyed or damaged.”⁹⁷

First, on the positive side, MSNA FGD participants consistently reported that IDP children have not faced issues accessing education in their areas of displacement. Libyan educational institutions have made efforts to ensure that IDP children are included, for example by showing flexibility towards families who may have lost their identity documents and allowing their children to enrol regardless.

However, key informants in Al Jfara, Tripoli, Misrata, Sirt, Murzuq, Ubari, Derna, Al Jufra and Sebha all reported overcrowding in their schools. Key informants in Al Jabal Al Gharbi, Al Jfara and Sebha mentioned that, as a result of this overcrowding, households that can afford it have turned to more expensive private schools.

Additionally, MSNA qualitative data indicated that many public schools are in need of maintenance to their infrastructure. Key informants in Azzawya, Al Jabal Al Gharbi, Al Jfara, Sebha, Zwara, Ghat, Ubari, Wadi Ashshati and Al Kufra all reported that there has been little or no funding budgeted for education in general, or for facilities maintenance in particular, and that this lack is reportedly due to the conflict.

Finally, some educational facilities have been re-purposed or destroyed by armed actors. A key informant in Al Jfara noted that some schools have been converted into military barracks and field hospitals and are therefore no longer functional. Similarly, according to a Derna key informant, some schools have served as military barracks, while other schools have been damaged or destroyed by military operations.

As with the public health sector, the public education sector has suffered from a lack of investment during the years of the conflict. As with the public health sector, there is a risk that – if such conditions continue – Libyan education outcomes may suffer serious long-term, negative effects.

Legal Documentation

A third type of public service that has suffered due to the conflict has been the provision of legal documentation to Libyans. MSNA key informants and FGD participants consistently cited challenges in acquiring passports. One Sebha key informant said that it could take a year to get a passport, while one Derna FGD participant said that he had had to wait three years to get his passport. FGD participants in Al Kufra mentioned that they could only obtain passports by going to Tripoli, which reportedly posed a logistical problem, given the distance involved. Additionally, FGD participants in some mantikas reported trouble obtaining marriage documentation, birth certificates, driver’s licenses, family books, national IDs and national number documents – although participants in other mantikas said that only passports were a problem for them.

This difficulty in obtaining passports and other legal documentation is likely to have implications for many aspects of Libyans’ lives. Personal identification documents are required to facilitate movement in some parts of Libya. Also, a number of FGD participants and key informants mentioned the importance of obtaining identity documents to access their bank accounts. In addition, participants in a Derna FGD reported that passports were required for Libyans who needed to seek medical treatment abroad, and that delays in receiving passports could have health implications for those who are sick.

In summary, findings suggest that nine years of civil conflict have eroded Libyan public institutions’ ability to deliver basic services, and that this in turn might have an additional, erosive effect on Libyans’ short- and long-term living conditions.

Gender

Finally, MSNA findings suggest that Libyan women and girls may experience effects of the crisis differently than men and boys. This is in spite of the fact that Libya ranks ahead of some of its neighbours in gender equality. According to the United Nations Development Programme’s (UNDP’s) Gender Inequality Index (GII), Libya scored

⁹⁷ Ibid, p. 10.

a 0.172 in 2018, ranking ahead of neighbours such as Egypt (0.450) and Algeria (0.443).⁹⁸ In addition, a number of women who participated in FGDs for this MSNA expressed that they felt that women in Libya had full access to education and the job market.

That said, other qualitative MSNA data suggest that Libyan women and girls face challenges that Libyan men do not. Some of the FGD participants, for instance, noted that women face harassment when moving around their communities and attending universities. For example, female FGD participants in Al Jabal Al Gharbi reported that women in their area commonly suffer from verbal and physical harassment, which reportedly limits their movement outside the house, especially after dark. Even during the day, many women in this area prefer not to move around within their city unless they can be accompanied by a man. They attributed part of the reason for this harassment to drug use among young men, which according to them, had increased since 2011. According to a Benghazi female focus group participant, “Harassment is something common here...We are subjected to a lot of verbal harassment constantly, especially during shopping and while walking on university campus. Even when we drive cars, we have to constantly close the windows and not pay attention to these sick minds.”

Additionally, female FGD participants in Al Jabal Al Gharbi, Sebha and Murzuq noted that some Libyan women suffer from domestic violence from spouses and other male family members. In Murzuq, they said that there was a sense in the community that stories of such violence against women must be kept quiet because, if they were generally known, they would cause “division and scandal to the family.” They further remarked that men hold the power in Libyan families and are considered “always right in everything.” According to FGD participants, when such conflicts do occur within families, people try to solve them private and discreetly, rather than seeking support from authorities or other outside actors. According to one FGD participant, “If the female tries to escape this suffering, her fate will be different, and much will be said about her. So the social authority here is stronger than the state’s authority.” Other FGD participants mentioned that women in domestic violence situations were reluctant to divorce due to the fear of losing their children. For these reasons, women and girls who find themselves in situations of domestic violence may be particularly vulnerable and invisible, due to the social stigma against seeking outside help.

Apart from issues of domestic violence, many Libyan women participate in the workforce, though their participation is subject to social pressures and limitations. In Al Jabal Al Gharbi, Sebha and Derna, female FGD participants reported that women could actively participate in most sectors, especially in roles seen as “female-dominated.” Accordingly, socially acceptable jobs for Libyan women include roles in education, health care, government, travel and tourism, banking, embassies and universities. However, participation by women in male-dominated fields is received less well. An all-female Benghazi FGD highlighted that there was a strong stigma against women taking public-facing jobs such as in journalism and entertainment. In a Sebha FGD, one participant said, “In civil engineering and construction, some women are subjected to harassment, marginalisation and conflict in these male-dominated professions.” Furthermore, a Murzuq FGD participant noted that even when women are employed, they are often unempowered and passed over for managerial positions. A Ghat FGD stated that even when working, women are often seen as incapable or incompetent.

To counterbalance the above limitations, a few FGDs with women noted that due to the pressure that the ongoing conflict in Libya has placed on households, women have taken up a more important role in bringing in income. A Derna FGD participant remarked, “After these difficult circumstances, many men abandoned the idea that women should not work in order to help them earn money and provide for the needs of the home.”

Finally, several FGD participants noted that, although girls in Libya have access to education, this access has been negatively affected by the ongoing conflict. For example, a group of FGD participants in Al Jabal Al Gharbi highlighted that because some schools have closed due to the conflict, girls must travel farther to get to school. This presents both a logistical challenge, and an increased risk of harassment. In Murzuq, a women-only FGD indicated that discrimination against girls in educational settings exists but is often linked to tribal discrimination.

⁹⁸ The GII is a measure of inequality in achievement between women and men which is measured along three dimensions: reproductive health, empowerment and the labour market. For more information, see <http://hdr.undp.org/en/indicators/68606>.

For the above reasons, it is likely that women, girls and female-headed households in Libya might face additional challenges in meeting their daily needs as compared to men and male-headed households.

Current Needs

Following the previous description of the drivers of the crisis, as well as underlying factors, this sub-section provides an overview of the proportion of Libyans that were found through the 2019 MSNA to be unable to meet their basic needs and/or who are relying on negative, unsustainable coping mechanisms to meet these needs, in the mantikas targeted by this assessment. This sub-section also breaks down this population by mantika, as well as by population group, and it describes the factors that are driving this classification.⁹⁹ It details the proportion of Libyans who fall under this classification and who also had pre-existing vulnerability, as well as the proportion who fall under this classification who faced barriers in accessing humanitarian assistance in the 12 months prior to data collection.

For a full breakdown of the pre-existing vulnerability, impact, living standard gap and capacity gap composite indicator calculations that are summarised in this section, please refer to Annex 8.

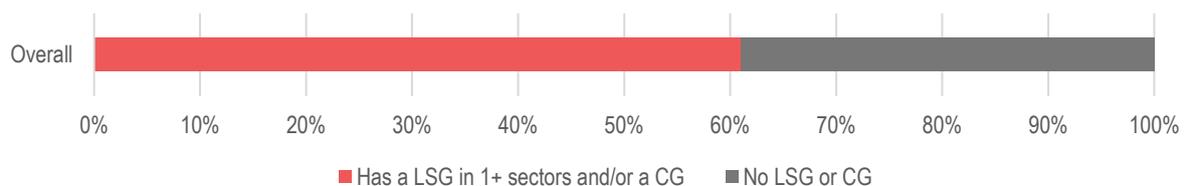
Overview of Current Needs

The following text and figures describe the overall proportion of Libyans in mantikas targeted by this assessment that were found to be unable to meet their basic needs and/or who are relying on negative, unsustainable coping mechanisms to meet these needs, as well as the main drivers behind this classification.

Proportion of Population with a Living Standard and/or Capacity Gap

Overall, **61% of all households in the mantikas covered by this assessment were found to be unable to meet their basic needs and/or to be relying on negative, unsustainable coping mechanisms to meet these needs.** In other words, 61% of all households had extreme or severe living standard gaps (LSGs) in one or more sectors and/or a severe or extreme capacity gap (CG), as illustrated in Figure 1. Calculated using the population figures from the sampling frame, this comes to an estimated **490,000 households**, or **2.5 million individuals**, across the 17 mantikas covered by this assessment.

Figure 1: Proportion of the Libyan population with living standard and/or capacity gaps, in the mantikas targeted by this assessment



Main Drivers of the Proportion with a Living Standard and/or Capacity Gap

By far, the greatest factor driving this high proportion of households with a living standard and/or capacity gap was the capacity gap score. Figure 2 breaks down the proportion of households overall, in all of the mantikas targeted by this assessment, who had a living standard or capacity gap. Overall, **53% of all Libyan households in the 17 targeted mantikas had a capacity gap**, i.e., a capacity gap severity score of 'severe' (3) or 'extreme' (4). The next most common gap was in the health sector: **21% of all Libyan households in the targeted mantikas were found to have a health living standard gap**, i.e., a health living standard gap severity score of 'severe' (3) or 'extreme' (4).

As Figure 2 illustrates, significantly more Libyan households have capacity gaps than have living standard gaps. In other words, a significant proportion of Libyan households in the targeted mantikas have few or no living standard

⁹⁹ For an explanation of the analytical process used to determine who is in need, please see the Methodology section and Annex 5.

gaps, meaning that they were meeting their basic needs at the time of data collection. However, **a significant proportion of Libyan households are meeting these basic needs by relying on negative coping mechanisms that carry the risk of long-term harm**, and which may later evolve into living standard gaps, once the household has exhausted its available coping mechanisms.

Figure 2: Proportion of the Libyan population with living standard and/or capacity gaps

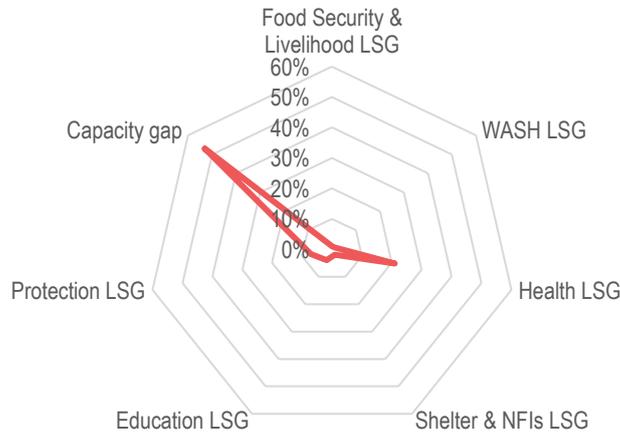
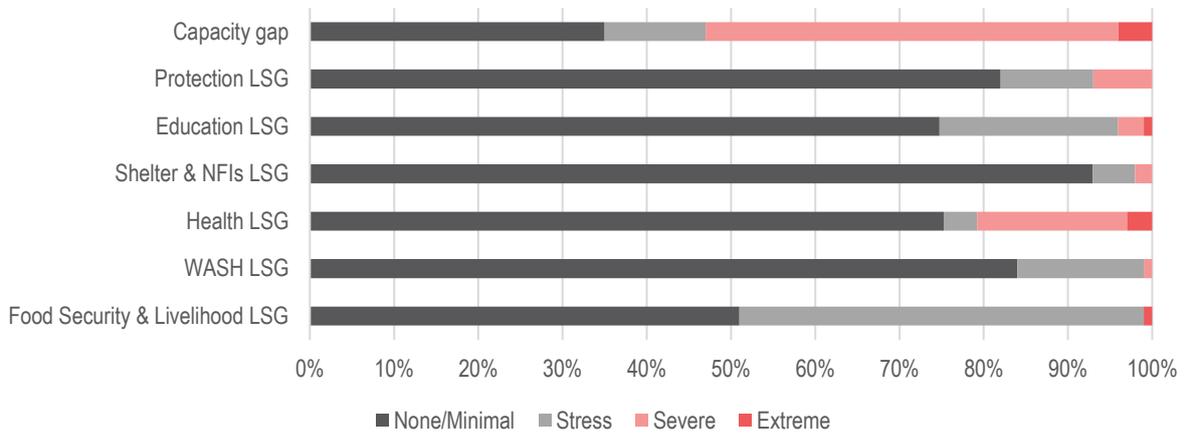


Figure 3 provides an alternative visualisation of the proportions of households overall with a living standard or capacity gap in the targeted mantikas, showing the breakdown by score.

Figure 3: Detailed breakdown of the living standard and capacity gap scores of the Libyan population



Comparison of Composite Indicator Analysis to Self-reported Needs

The results of the preceding composite indicator analysis may be triangulated against households' self-reported needs. The composite indicator analysis suggests that overall, the main drivers of Libyan households' humanitarian needs are a difficulty in obtaining enough resources to meet their basic needs, which is represented by the reliance on negative coping mechanisms; and a difficulty in accessing health care when they need it, which is represented by the health living standard gap.

As part of the MSNA household survey, respondents were asked what their top three priority needs were. Across all mantikas targeted by this assessment, households' most commonly-reported household needs were the following:

Table 1: Most commonly-reported household needs at the time of data collection, overall

Self-reported need	% of overall households
Access to cash	73%
Medical care	52%
Food	48%

Based on the preceding figures, the composite indicator analysis seems mostly in alignment with households' self-reported needs. In both cases, the top need relates to obtaining the cash or resources needed to meet households' needs, while the second greatest need relates to obtaining medical care.

One important difference is that 48% of households overall cited "food" among their top three priority needs, while the composite indicator analysis found that only 1% of households had a severe or extreme Food Security & Livelihoods living standard gap severity score. One possible explanation for this discrepancy is that – when they cited "food" as a priority need – households may have been referring to other aspects of food, such as their preferences for food quality and variety, that were not covered by the Food Security & Livelihoods composite indicator.

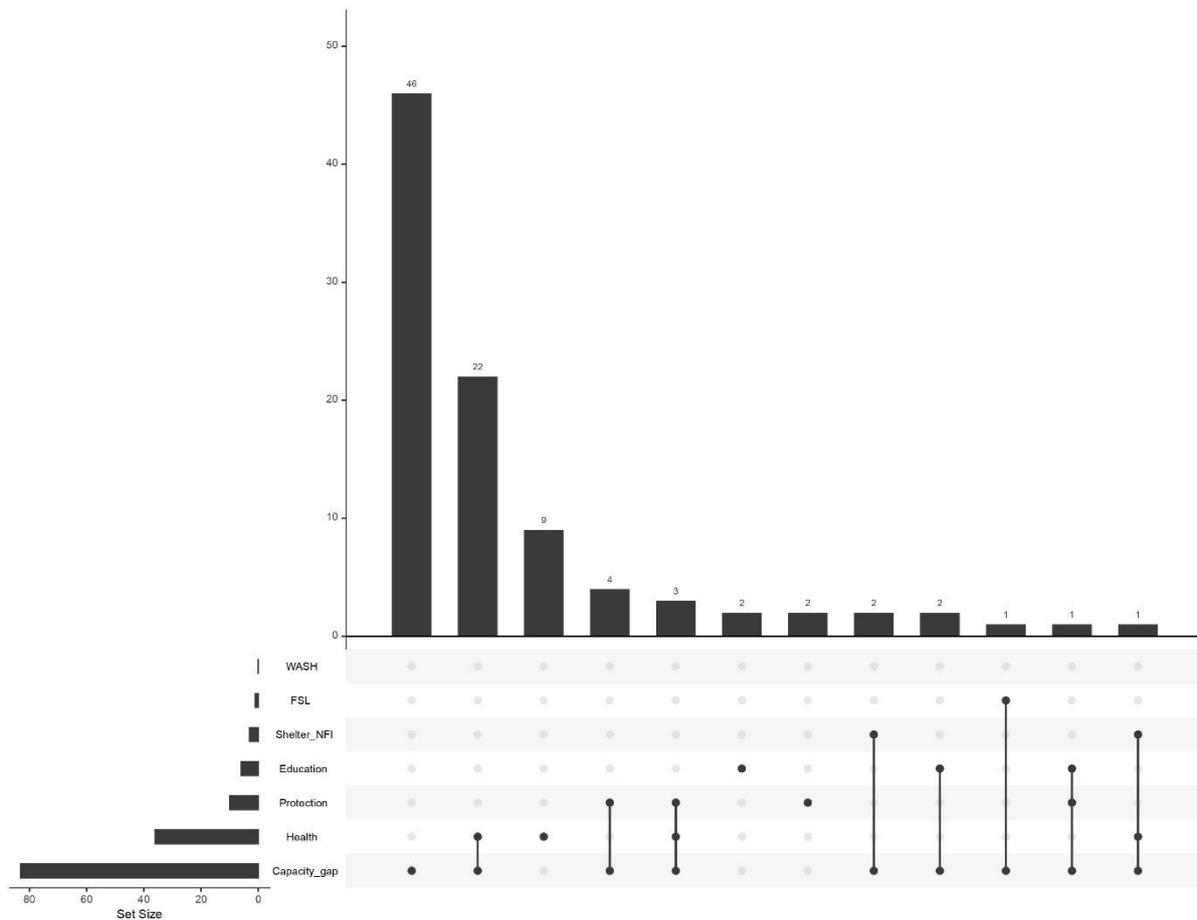
Most Common Needs Profiles Among Population with a Living Standard and/or Capacity Gap

The previous figures show the proportion of the overall population with a living standard and/or capacity gap. What they do not show is how these needs intersect. For example, some households may have a living standard gap in only one sector, while others may have more complex needs profiles, with concurring living standard gaps in multiple sectors and/or a capacity gap. Understanding the way in which different types of needs intersect might be particularly relevant for joint response planning and programme design. With this in mind, Figure 4 shows the most common needs profiles among households in the mantikas targeted by this assessment. (See Annex 9 for guidance on how to read a multi-sector bar graph.)

What Figure 4 demonstrates is that the most common needs profile is simple: **among all households with a living standard and/or capacity gap, 46% of them have only a capacity gap.** As indicated previously, this suggests that a significant proportion of Libyan households in the targeted mantikas are meeting their basic needs. However, they are doing so through the use of negative coping mechanisms that carry the risk of long-term harm, and which may later evolve into living standard gaps, once the household has exhausted its available coping mechanisms.

Also in Figure 4, the second most common needs profile is the co-occurrence of a capacity gap with a health living standard gap; 22% of all households with a living standard and/or capacity gap fit this needs profile. The third most common profile is a health living standard gap alone; 9% of all households with a living standard and/or capacity gap fit this profile.

Figure 4: Most common needs profiles, among households with living standard and/or capacity gaps



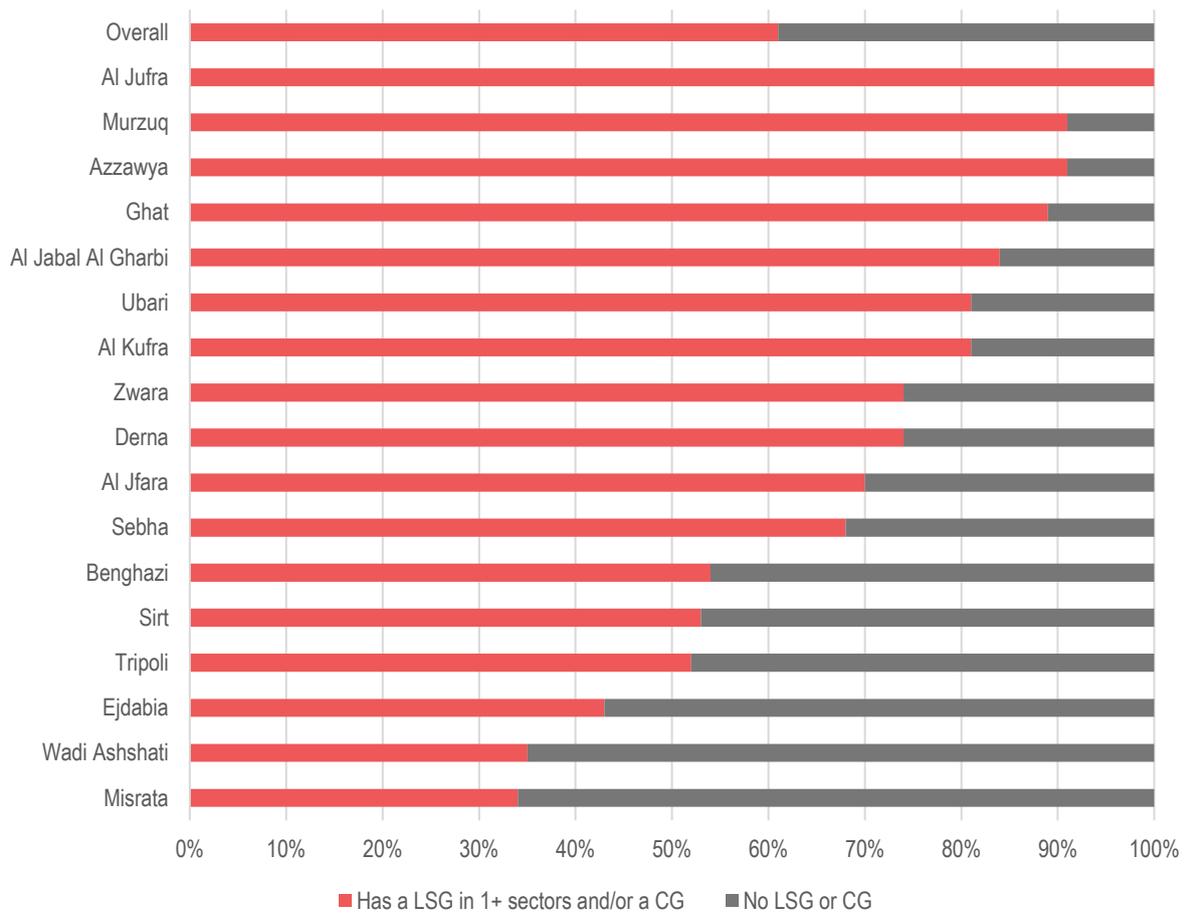
Breakdown of Current Needs by Geographic Area

The previous sub-section described the proportion of the overall population with a living standard and/or capacity gap, in all targeted mantikas. This sub-section breaks down this calculation by mantika, with a special focus on the five mantikas that contain the highest proportion of the population with a living standard and/or capacity gap.

Proportion of Population with a Living Standard and/or Capacity Gap

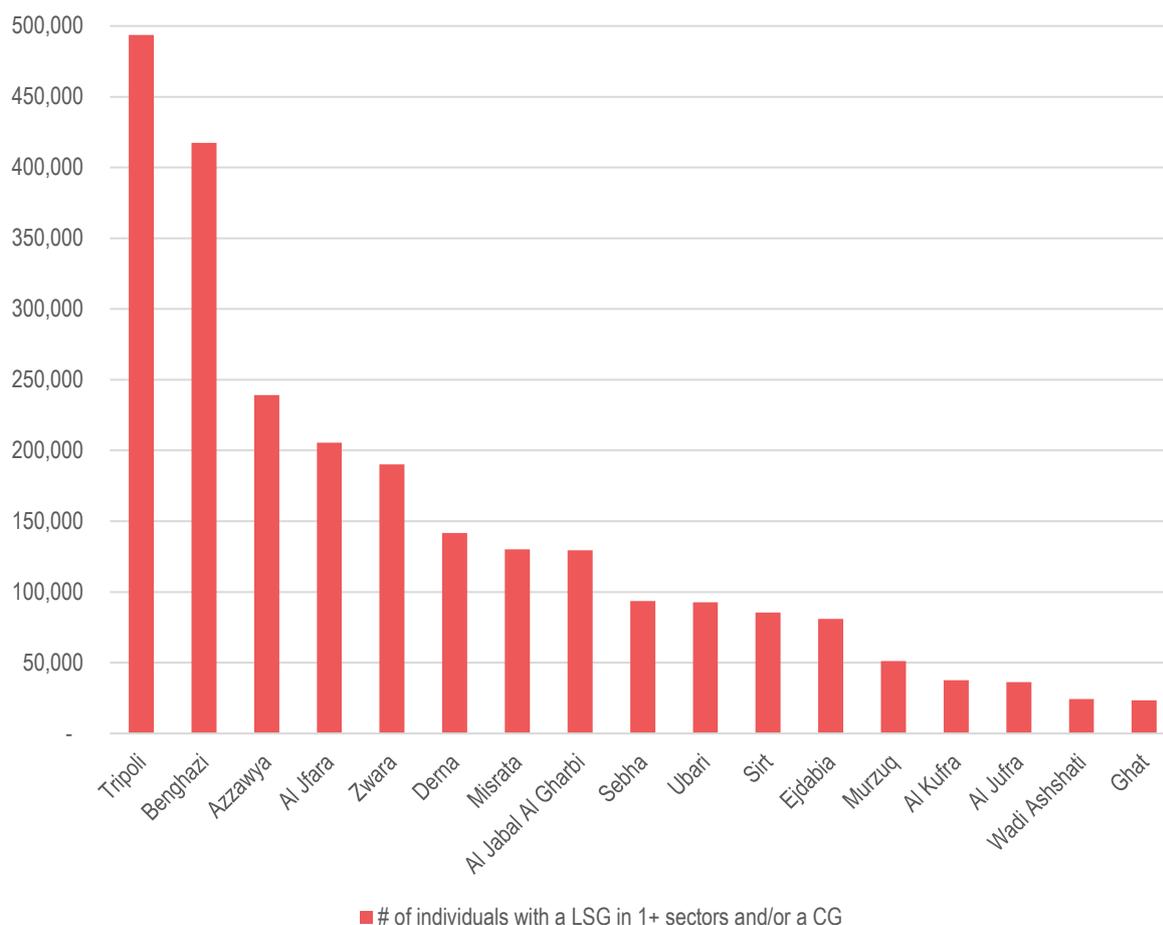
As shown in Figure 5, the proportion of the population with a living standard and/or capacity gap varies widely by mantika, from “only” 34% in Misrata to 100% in Al Jufra and Murzuq. Among the five mantikas with the highest proportion of their overall population with a living standard and/or capacity gap, three are located in the South (i.e., Al Jufra, Murzuq and Ghat), and the other two are in the West (i.e., Al Jabal Al Gharbi and Azzawya).

Figure 5: Proportion of the population with living standard and/or capacity gaps, by mantika



Using these proportions, plus the population figures from the sampling frame, an estimated total number of individuals with living standard and/or capacity gaps may be calculated for each targeted mantika.

Figure 6: Estimated number of individuals with living standard and/or capacity gaps, by mantika

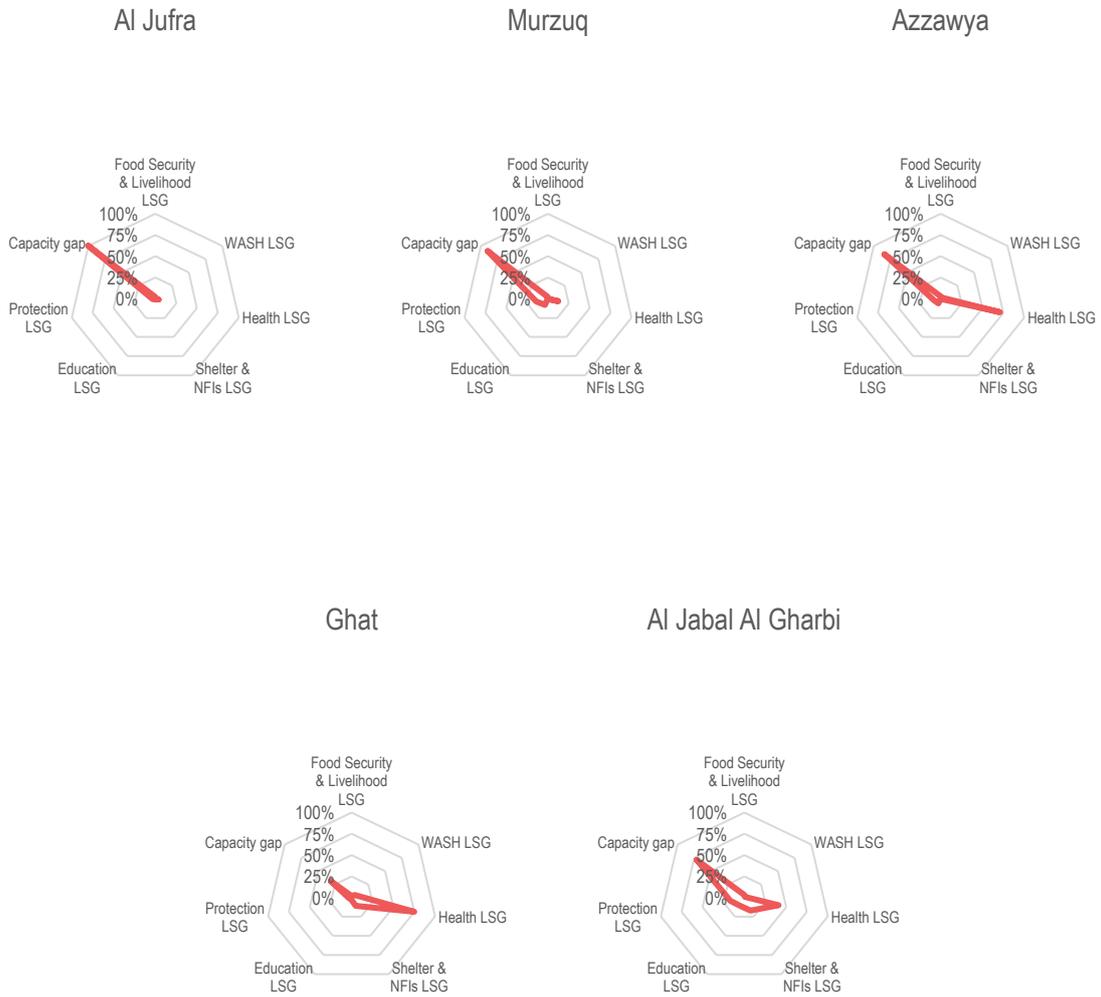


Main Drivers of the Proportion with a Living Standard and/or Capacity Gap

The greatest factor driving the proportion of households with a living standard and/or capacity gap also varied by mantika. The following figures illustrate the percentage of households overall who had a living standard and/or a capacity gap for the five mantikas with the highest proportion of their population that fit this description: Al Jufra, Azzawya, Murzuq, Ghat and Al Jabal Al Gharbi

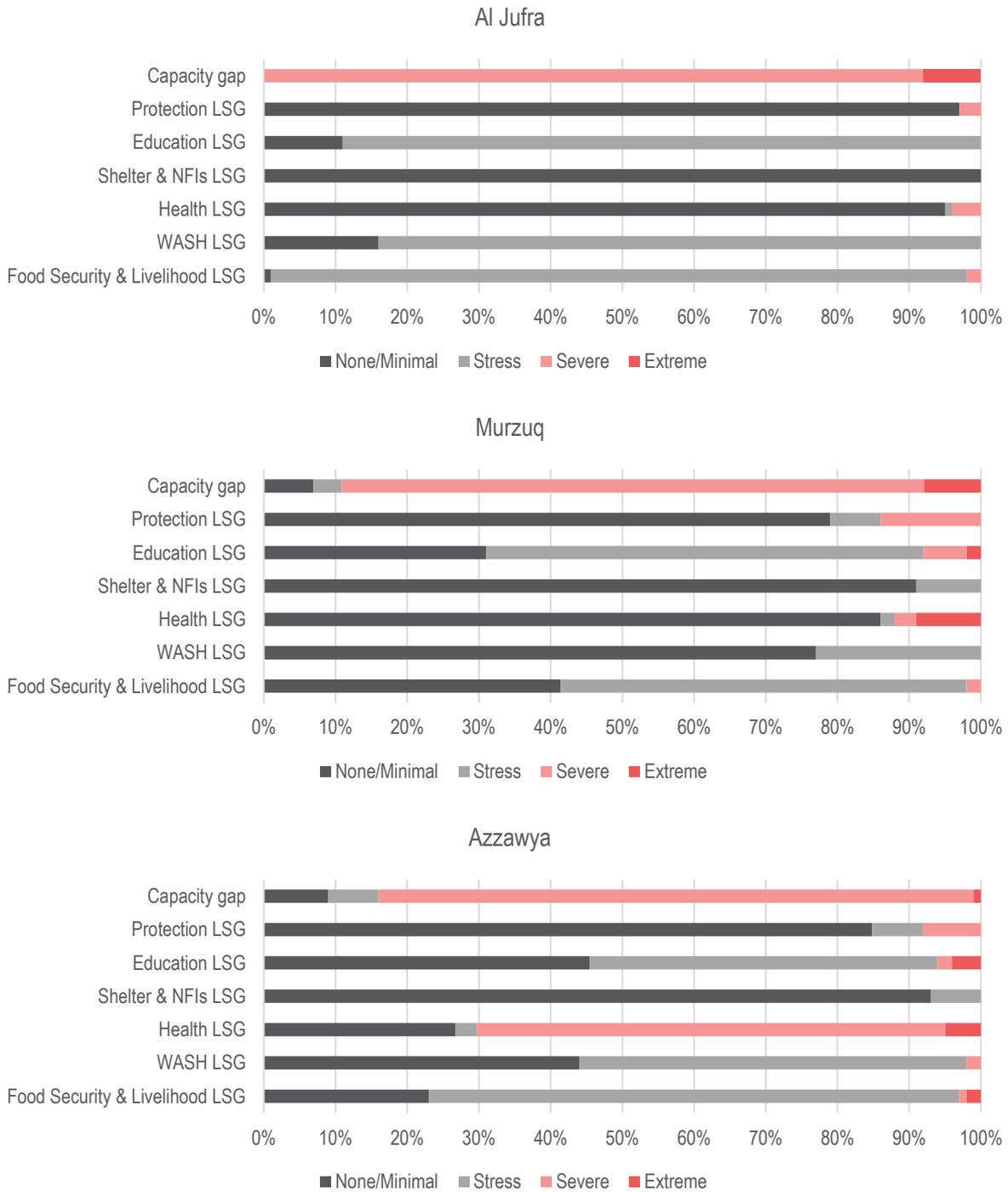
In four of these five mantikas, capacity gaps were either the main driver or one of the main drivers. In Al Jufra, 100% of households had a capacity gap; in Murzuq, this figure was 90%; in Azzawya, 84%; in Ghat, 31%; and in Al Jabal Al Gharbi, 71%. In Azzawya, Ghat and Al Jabal Al Gharbi, health living standard gaps were also a main driver of need: 71%, 75% and 41% of the households in these mantikas had a health living standard gap, respectively.

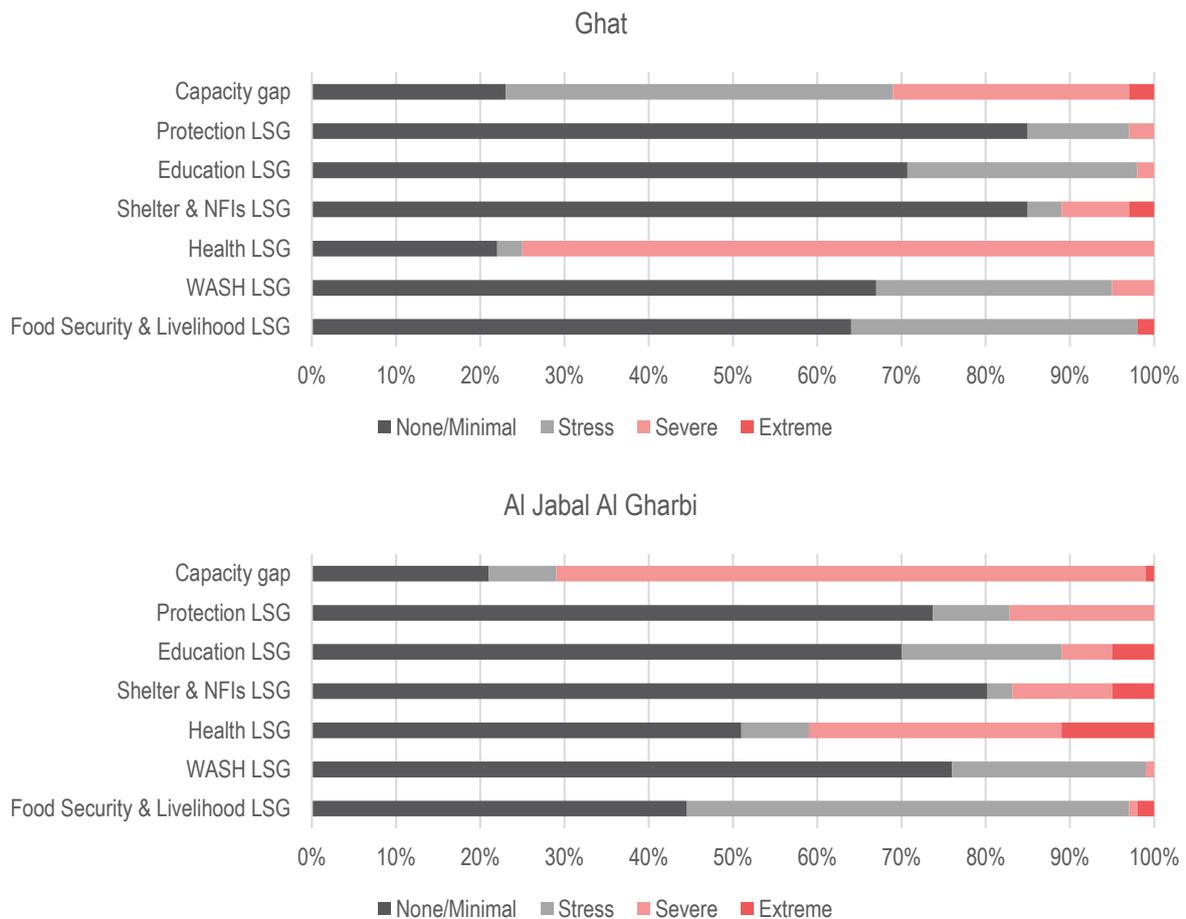
Figure 7: Proportion of the population with living standard and/or capacity gaps, in the five mantikas with the highest proportion of the population that has at least one such gap



As in the previous sub-section, Figure 8 provides an alternative visualisation of the five mantikas that contain the highest proportion of households overall with a living standard and/or capacity gap.

Figure 8: Detailed breakdown of the living standard and capacity gap scores, in the five mantikas with the highest proportion of the population that has at least one such gap





Comparison of Composite Indicator Analysis to Self-reported Needs

As previously described, the results of this composite indicator analysis may be triangulated against households' self-reported needs, as illustrated in Table 2.

Table 2: Most commonly-reported household needs at the time of data collection, by mantika

Self-reported need	% of households in Al Jufra	% of households in Murzuq	% of households in Azzawya	% of households in Ghat	% of households in Al Jabal Al Gharbi
Access to cash	13%	81%	98%	85%	60%
Medical care	80%	68%	80%	64%	39%
Food	96%	64%	87%	36%	54%
Electricity or fuel	93%	52%	7%	37%	27%

In contrast to the previous sub-section, the composite indicator analysis for these mantikas does not appear to be much in alignment with households’ self-reported needs. For example, in Murzuq, “medical care” was the second most common self-reported household need. However, in the composite indicator analysis, health barely appears as a need, while WASH needs – which hardly appear among households’ self-reported needs – are emphasized. One possible explanation for this difference is offered by the MSNA qualitative data, in which informants for Murzuq noted that rebuilding health services was one of the main needs for areas that had been affected by August 2019 fighting.

Unfortunately, data from the household survey on households’ self-reported needs is in general not detailed enough to pinpoint exactly why the self-reported needs in these five mantikas differ in some ways from the composite indicator analysis. The explanation may lie in the difference between anticipated need (e.g., “It worries me that I might not be able to access health care when needed.”) and experienced need (e.g., “I needed to access health care but could not.”). The former might be better captured by self-reported needs, while the latter is represented by the composite indicator analysis. However, this issue would be worth pursuing further in other assessments, to ensure that the MSNA indicators adequately reflect the localised challenges that Libyans are facing in meeting their basic needs.

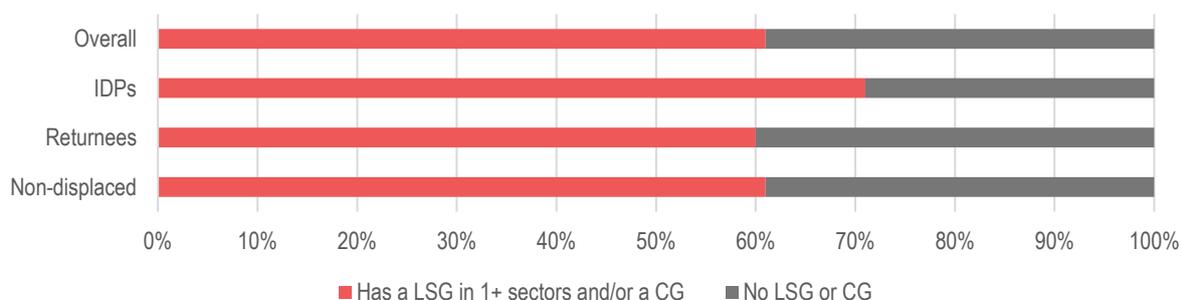
Breakdown of Current Needs by Population Group

This sub-section breaks down the proportion of the population with a living standard and/or capacity gap by population group.

Proportion of Population with a Living Standard and/or Capacity Gap

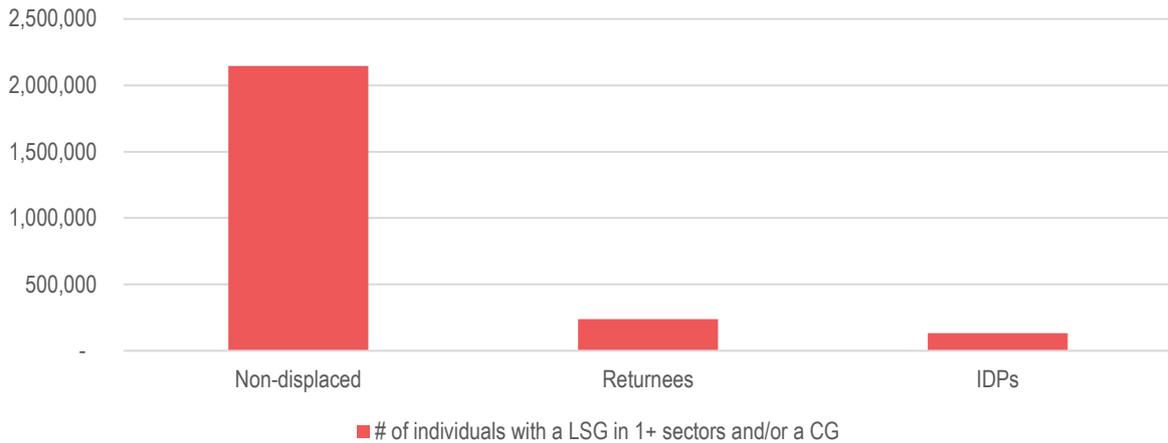
While the proportion of the population with a living standard and/or capacity gap varied widely by mantika, it was relatively consistent across population groups. Among all IDP households, 71% were found to have a living standard and/or capacity gap; 60% of returnee households had a living standard and/or capacity gap; and 61% of non-displaced households had a living standard and/or capacity gap.

Figure 9: Proportion of the population with living standard and/or capacity gaps, by population group



Using the population figures from the sampling frame, an estimated total number of individuals with living standard and/or capacity gaps may be calculated for each population group, as seen in Figure 10.

Figure 10: Estimated number of individuals with living standard and/or capacity gaps, by population group



Main Drivers of the Proportion with a Living Standard and/or Capacity Gap

Similarly, while the factors driving the proportion of households with a living standard and/or capacity gap varied by mantika, they were relatively consistent across population groups. Among IDP, returnee and non-displaced households, the single greatest factor driving the proportion of households with a living standard and/or capacity gap was the capacity gap score. Among IDP households, 63% had a capacity gap; 52% of returnee households had a capacity gap; and 53% of non-displaced households had a capacity gap. For all three population groups, the next most common gap was in the health sector: 23% of IDP households, 14% of returnee households and 21% of non-displaced households were found to have a health living standard gap.

Figure 11: Proportion of the population with living standard and/or capacity gaps, by population group

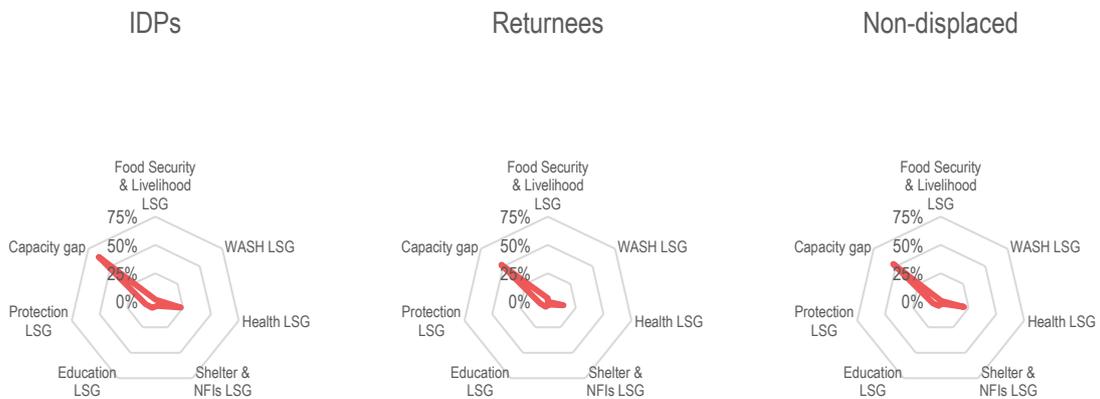
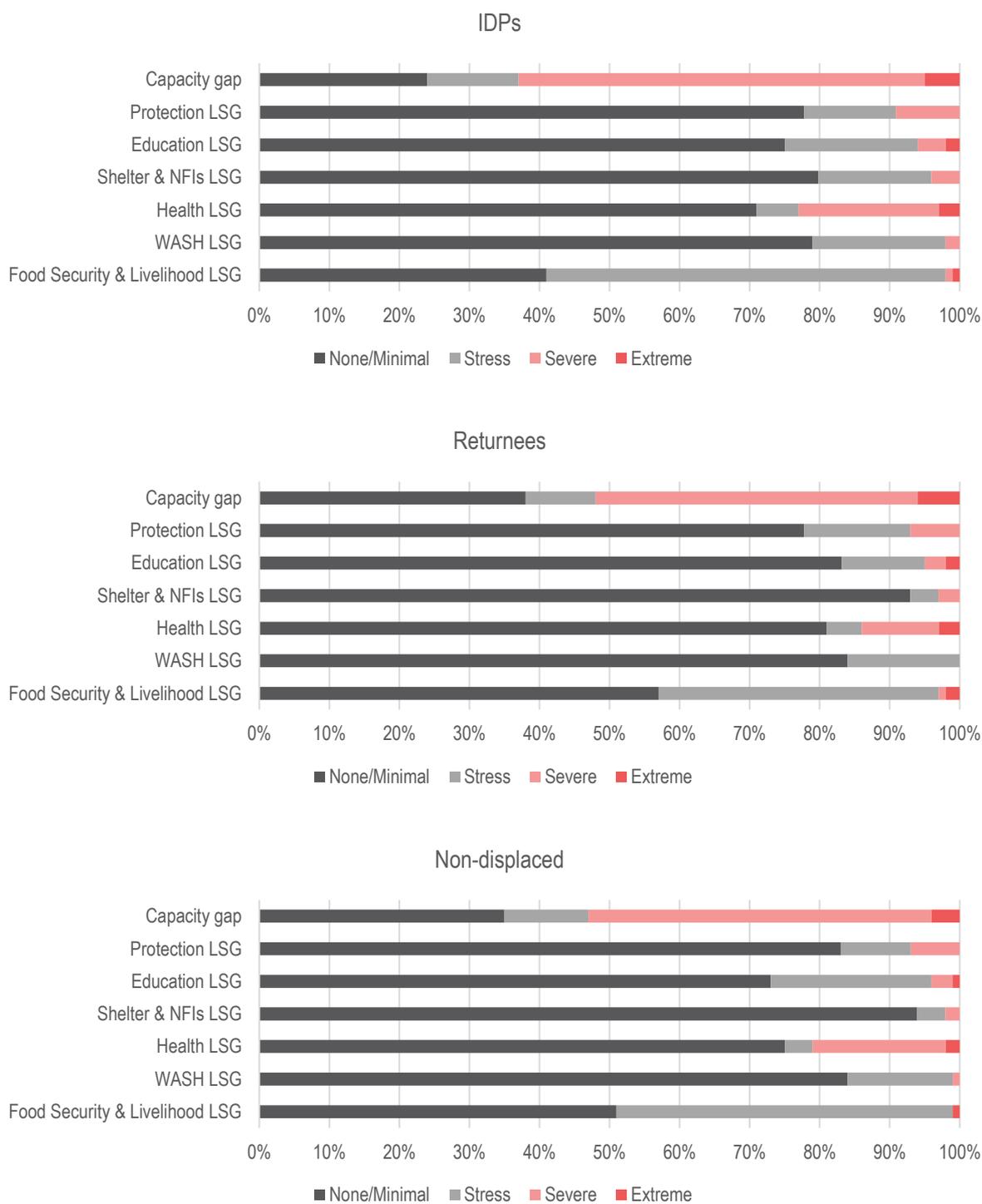


Figure 12: Detailed breakdown of the living standard and capacity gap scores, by population group



Comparison of Composite Indicator Analysis to Self-reported Needs

Again, the results of this composite indicator analysis may be triangulated against households' self-reported needs, as seen in Table 3.

Table 3: Most commonly-reported household needs at the time of data collection, by population group

Self-reported need	% of IDP households	% of returnee households	% of non-displaced households
Access to cash	83%	78%	71%
Medical care	50%	45%	53%
Food	50%	51%	48%

Based on the preceding figures, the composite indicator analysis seems once again to be mostly in alignment with households' self-reported needs. The main difference remains that the third most common self-reported need was "food," while the composite indicator analysis found that only 2% of IDP households, 3% of returnee households and 1% of non-displaced households had a Food Security & Livelihoods living standard gap. As noted previously, when households list food as a priority need, they may be referring to an aspect of food such as quality or variety that is not entirely captured by the Food Security & Livelihoods living standard gap composite indicator.

Breakdown of Pre-existing Vulnerability by Current Needs

This sub-section breaks down the proportion of the population with pre-existing vulnerability by those who have a living standard and/or capacity gap, versus those who do not. As described previously and in Annex 7, the pre-existing vulnerability composite score is calculating using a set of cross-sectoral indicators which were selected to reveal which households have conditions that may influence their members' ability to access services and fulfil their basic needs across all sectors. Pre-existing vulnerability may be social, economic or a combination of the two. For example, in the Libyan context, female-headed households may be presumed to face challenges in accessing services and fulfilling their basic needs that male-headed households do not face.

In other words, pre-existing vulnerabilities may aggravate living standard gaps and capacity gaps, and a household with pre-existing vulnerability may find it more difficult to manage and recover from a crisis. Households who have pre-existing vulnerabilities in addition to living standard and/or capacity gaps may therefore need to be identified by humanitarian actors and prioritised for humanitarian interventions.

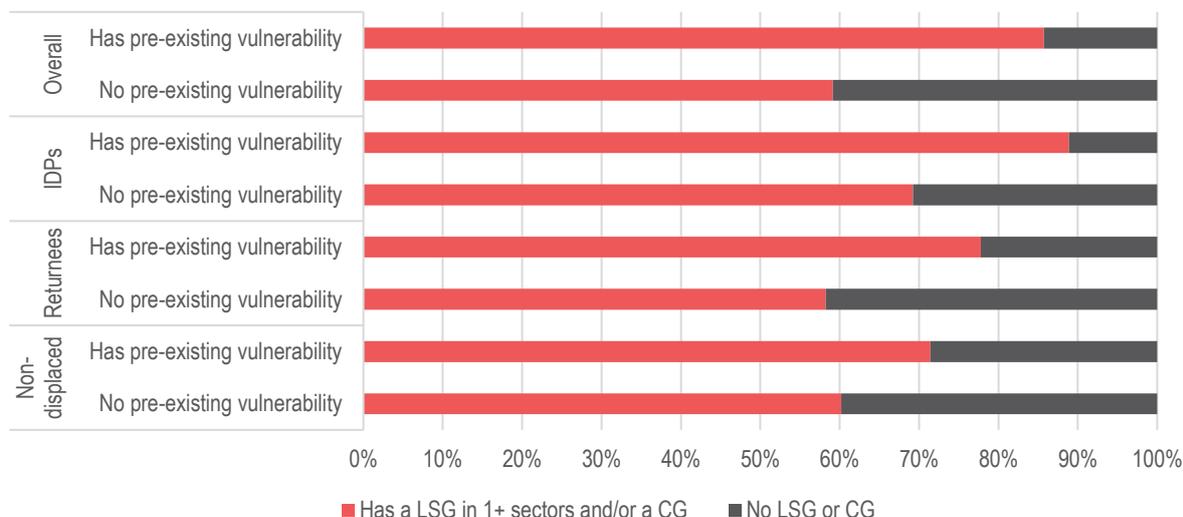
Proportion of Population with Pre-existing Vulnerability

As can be seen in Annex 8, the proportion of households with pre-existing vulnerability is fairly consistent across population groups: 7% of households overall, 9% of IDP households, 9% of returnee households and 7% of non-displaced households in the mantikas targeted by this assessment have a severe or extreme pre-existing vulnerability. Across mantikas, however, the proportion of households with pre-existing vulnerability varied more, from 0% of all households in Sebha and Azzawya to 72% of all households in Al Jufra.

Proportion of Population with Pre-existing Vulnerability Who Also Have a Living Standard and/or Capacity Gap

The following figure shows the proportion of households with pre-existing vulnerabilities who also have a living standard and/or capacity gap, compared to the proportion of households found to have a living standard and/or capacity gap but who were found to *not* have pre-existing vulnerabilities. For example, as previously noted, only 7% of households overall had pre-existing vulnerabilities. The remaining 93% did *not* have pre-existing vulnerability. Within the 7% of households overall with pre-existing vulnerabilities, 86% have a living standard and/or capacity gap. In contrast, within the 93% of households overall who do *not* have pre-existing vulnerability, a much smaller proportion (56%) have a living standard and/or capacity gap. This suggests that the cross-sectoral indicators used to calculate the pre-existing vulnerability score do indeed make it more difficult for households to manage and recover from a crisis.

Figure 13: Breakdown of the population with living standard and/or capacity gaps by presence of pre-existing vulnerability, overall and by population group



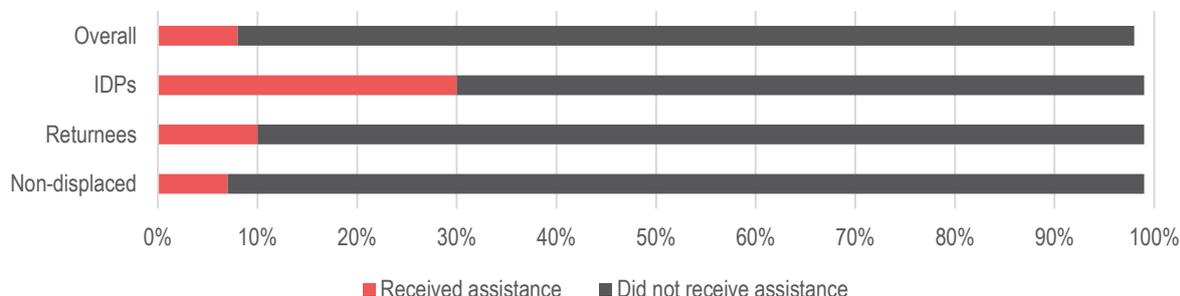
Breakdown of Current Needs by Ability to Access Humanitarian Assistance

This sub-section breaks down the proportion of the population with a living standard and/or capacity gap by those who either faced barriers in accessing humanitarian assistance, or were unaware of humanitarian assistance, in the 12 months prior to data collection. The purpose of this data is to indicate whether Libyans with a living standard and/or capacity gap can access humanitarian assistance.

Proportion of Population Who Received Assistance

The MSNA household survey asked respondents whether they had received humanitarian assistance during the six months prior to data collection. Figure 14 represents the proportion of all Libyan households in the mantikas targeted for assessment that received assistance, regardless of whether they have a living standard and/or capacity gap. As shown in Figure 14, the overwhelming majority of households overall (90%) stated that they had not received any humanitarian assistance in the six months prior to data collection, while a minority (8%) stated that they had. However, a much higher percentage of IDP households (30%) stated that they had indeed received assistance, compared to the equivalent figures for the returnee and non-displaced population groups.

Figure 14: Proportion of population that received humanitarian assistance in the 6 months prior to data collection, by population group



Proportion of Population Who Faced Barriers in Accessing Humanitarian Assistance

The survey also asked respondents whether they had faced any barriers to receiving humanitarian assistance in the 12 months prior to data collection. Respondents could choose multiple answer options. Overall, **58% of households reported that they either had not faced any barriers in receiving humanitarian assistance, or that they did not want to receive assistance; 39% said they were not aware of any assistance; and 0% of households overall said that they were not able to receive assistance** due to specific barriers such as the presence of explosive hazards or checkpoints and roadblocks. (These figures represent all households, regardless of whether or not they had living standard and/or capacity gaps.)

Proportion of Population with a Living Standard and/or Capacity Gap Who Faced Barriers in Accessing Humanitarian Assistance

Figures 15 and 16 show the proportion of the population with a living standard and/or capacity gap that reported facing barriers to receiving humanitarian assistance in the 12 months prior to data collection. Only 2% of households with a living standard and/or capacity gap reported facing such barriers, which is not significantly different from the proportion of all households – without or without living standard and/or capacity gaps – that faced barriers (rounded to 0%). In the mantikas targeted by this assessment, the proportion of the population who have a living standard and/or capacity gap and who also faced barriers ranged between 0% and 7%. However, **the low rate of households reporting barriers does not necessarily indicate that aid is reaching the majority of in-need populations**. It could instead partly stem from a lack of availability or awareness of aid. Qualitative data from the MSNA was not able to clarify this issue, though the FGDs and KIs did offer many examples of communities providing support to one another through both informal and formal channels.

Figure 15: Proportion of the population with living standard and/or capacity gaps that faced barriers to receiving humanitarian assistance in the 12 months prior to data collection, by population group

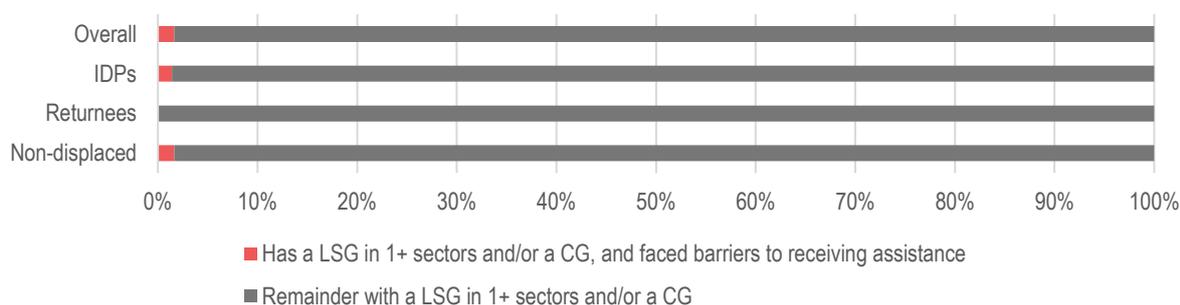
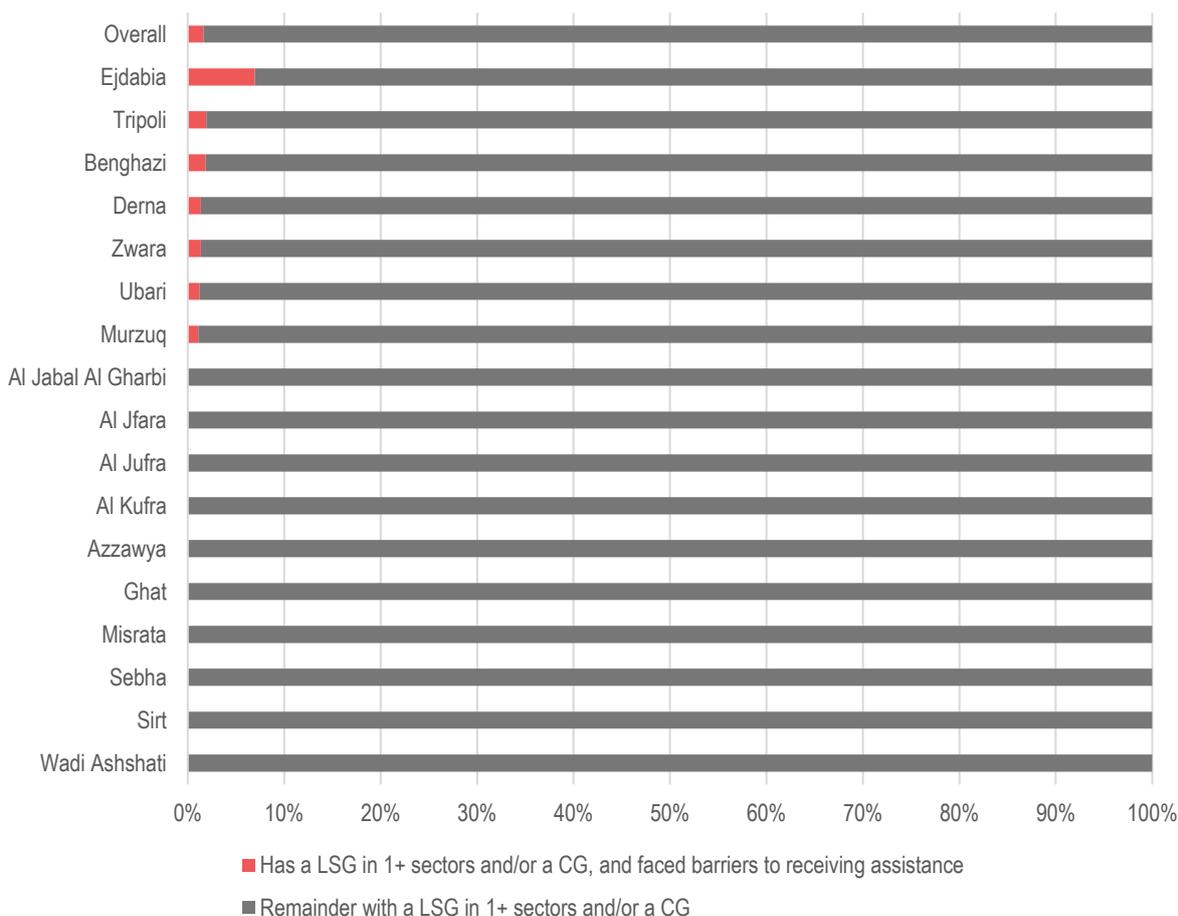


Figure 16: Proportion of the population with living standard and/or capacity gaps that faced barriers to receiving humanitarian assistance in the 12 months prior to data collection, by mantika



Proportion of Population with a Living Standard and/or Capacity Gap Who Were Unaware of Any Humanitarian Assistance

The previous figures suggest that only a small proportion of the population with a living standard and/or capacity gap faced barriers to receiving assistance. However, it should be noted that a significant proportion of the population with a living standard and/or capacity gap stated that they were unaware of any humanitarian assistance in the 12 months prior to data collection. As seen in Figure 17, 48% of households overall who have a living standard and/or capacity gap were unaware of any humanitarian assistance available to them. This figure was similar across the three population groups. Among the mantikas targeted by this assessment, the proportion of households with a living standard and/or capacity gap who were unaware of any humanitarian assistance ranged from a relative low of 21% in Sirt to a relative high of 89% in Al Jufra and Murzuq.

Among the households with a living standard and/or capacity gap that were unaware of any humanitarian assistance, the reason that they were unaware may have varied. In some cases, they may have been unaware of assistance because there was no assistance being offered. In other cases, assistance may have been available, but the households may not have known about it. In still other cases, households may have received assistance through indirect means, and they may have been unaware that the assistance that they had received originated from humanitarian sources.

Figure 17: Proportion of the population with living standard and/or capacity gaps that was unaware of any humanitarian assistance in the 12 months prior to data collection, by population group

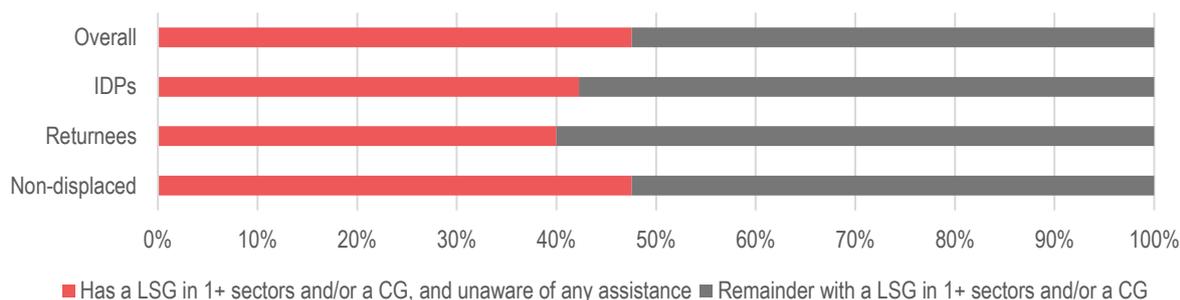
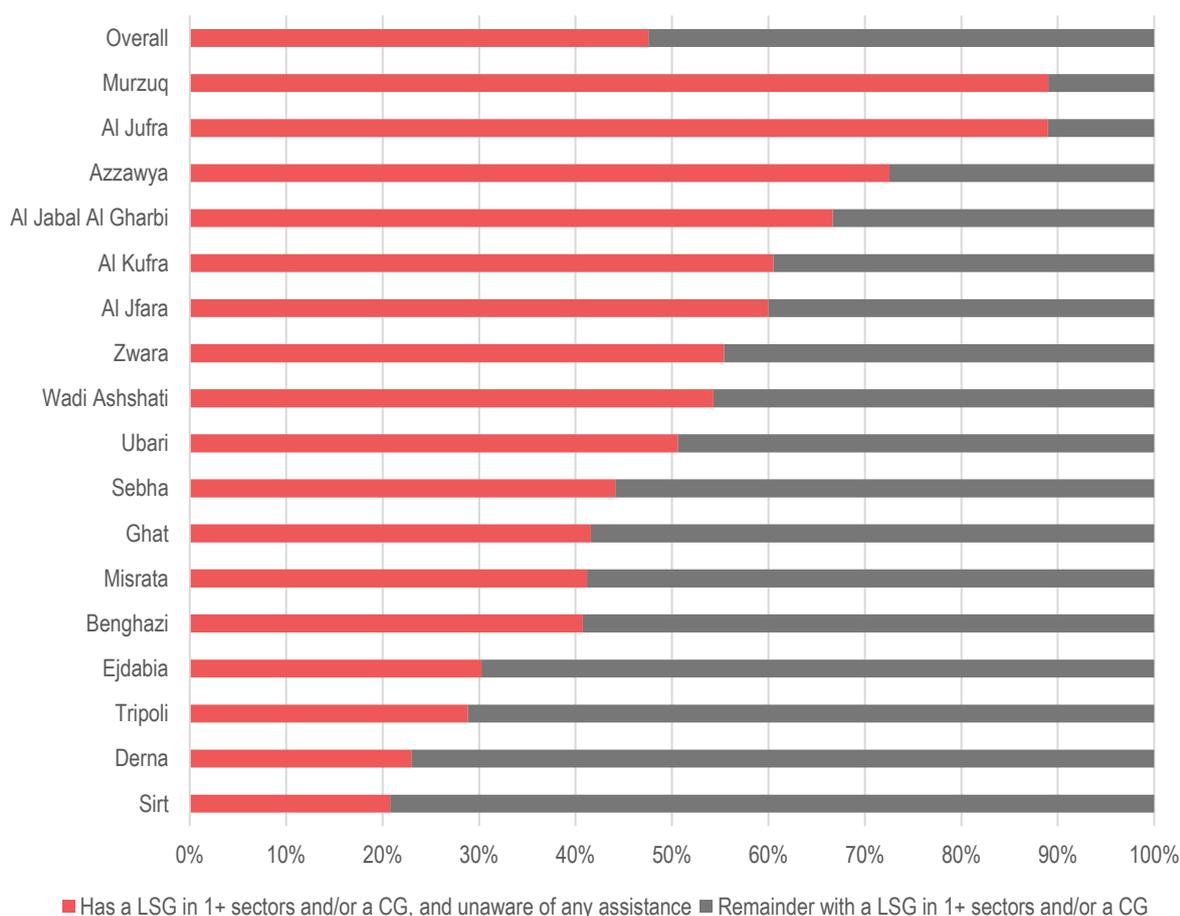


Figure 18: Proportion of the population with living standard and/or capacity gaps that was unaware of any humanitarian assistance in the 12 months prior to data collection, by mantika



Accountability to Affected Populations (AAP)

This final sub-section of the report is dedicated to MSNA data collected as part of the assessment’s accountability to affected populations. The term “accountability to affected populations” is used to describe the commitments made by the humanitarian community to ensure that affected populations are included in humanitarian decision-making in a meaningful way. It also describes the systems that the humanitarian community have put in place to meet these commitments.¹⁰⁰ To this end, this section of the report presents the experience, communication

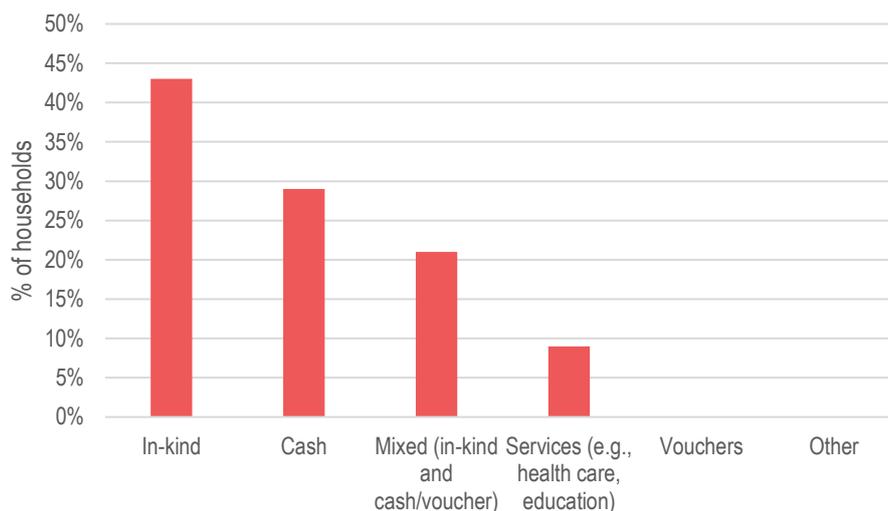
¹⁰⁰ Adapted from UNHCR’s “Accountability to Affected People (AAP),” available at <https://emergency.unhcr.org/entry/42554/accountability-to-affected-populations-aap>.

practices and preferences of Libyan households around humanitarian assistance. It is based on primary data collected through the MSNA household survey, as well as some of the qualitative data collected through MSNA FGDs and KIIs.

Humanitarian Assistance Received

As reported previously, only 8% of households overall reported having received humanitarian assistance in the six months prior to data collection. For this 8% of households, Figure 19 describes the modalities of aid received.

Figure 19: Among households that received humanitarian assistance in the 6 months prior to data collection, modality of the assistance received



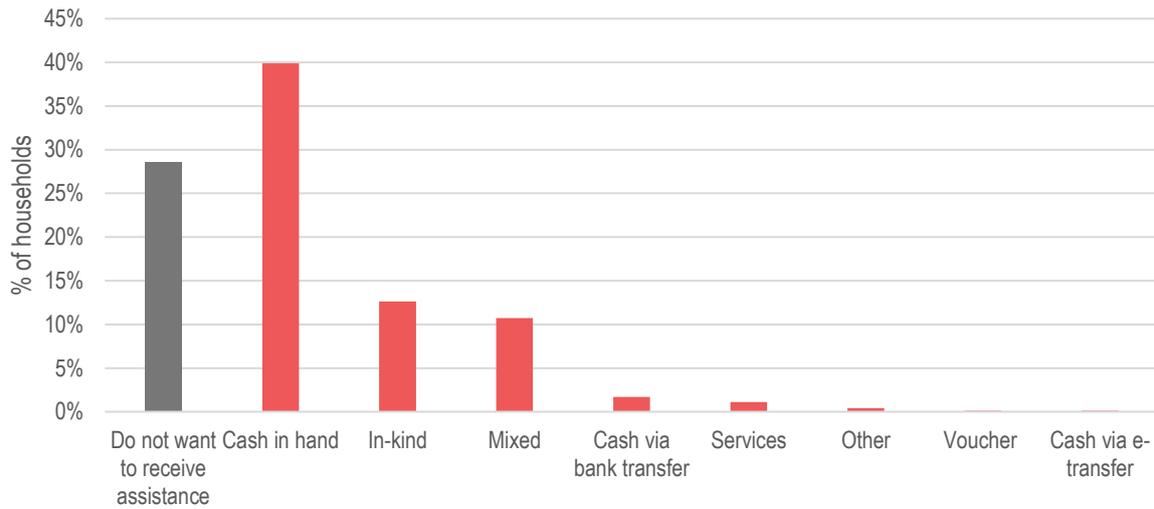
Also, among those households who had reportedly received humanitarian assistance, 78% stated that they were satisfied with the assistance received. Among the 19% who were not satisfied, the main complaints were insufficient quantity (73%) and insufficient quality (26%). Some complaints about aid were also registered during the FGDs and KIIs. For example, some of the key informants for Murzuq reported that while donations were received from both local and international organisations after the outbreak of fighting in August 2019, these donations were irregular and insufficient. These key informants also commonly expressed that the people of Murzuq felt disappointed by the lack of government and international non-governmental organisation (INGO) aid for rebuilding the city and supporting returnees.

Humanitarian Assistance Preferences

Households were also asked what their preferred modality of humanitarian assistance was.¹⁰¹ As shown in Figure 20, 29% of all households replied that they did not wish to receive any humanitarian assistance at all. The most preferred modality of assistance was cash in hand, which was reported by 40% of households.

¹⁰¹ Each household could choose only one response option.

Figure 20: Households' preferred modality of humanitarian assistance



Communication Preferences Around Humanitarian Assistance

Figures 21 and 22 show households' preferences for both types of information on humanitarian assistance, as well as modalities for communicating this information. The most frequently requested types of information were information on health care and access to medical assistance (34%), updates on the security situation (27%), financial support (21%) and information on how to register for aid (20%). Among households that reported wishing to receive information on humanitarian assistance, the preferred sources reported for receiving this information were television, Facebook and phone calls.

Figure 21: Households' preferred types of information on humanitarian assistance

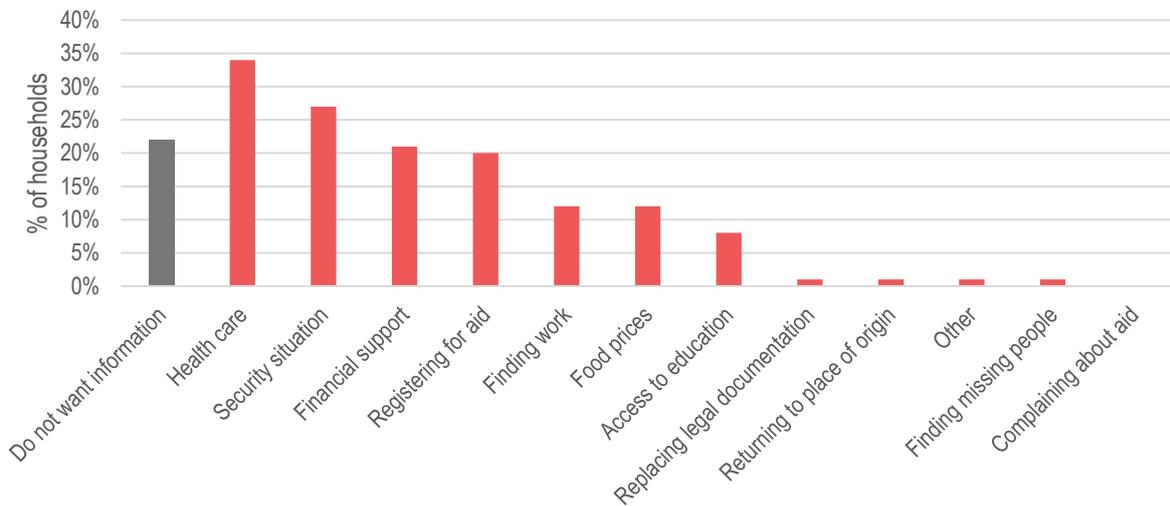
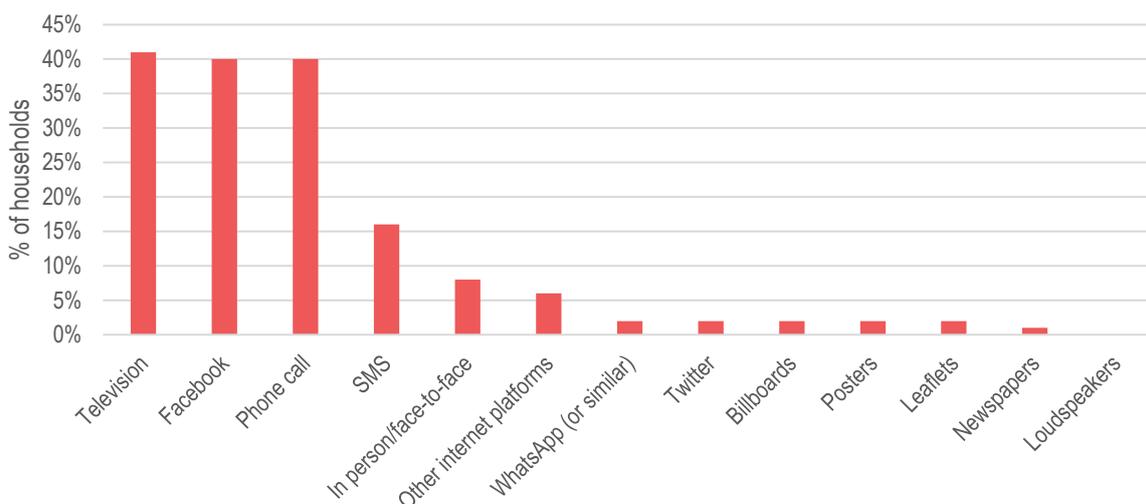


Figure 22: Among households that want to receive information on humanitarian assistance, preferred modalities of receiving this information



Feedback Systems

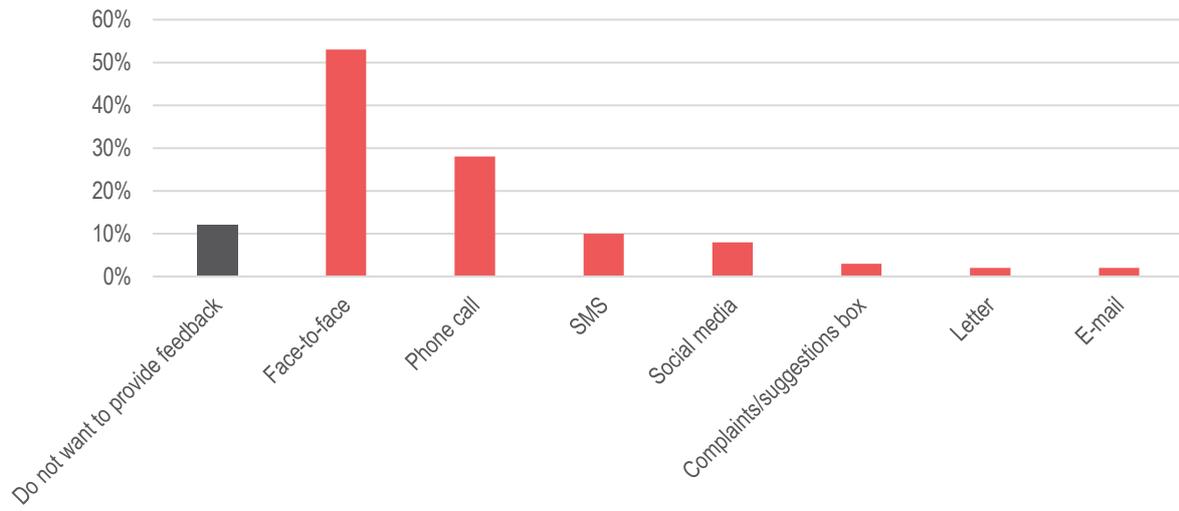
Finally, MSNA household survey respondents were asked whether they had been asked what aid they would like to receive in the six months prior to data collection. Most households (89%) had not been asked.

Figure 23: Proportion of households that were asked what aid they would like to receive in the 6 months prior to data collection



Also, all households that had said they wished to receive humanitarian assistance were asked about their preferred modalities for providing feedback on humanitarian assistance. The most preferred modality was face-to-face with a community member (53%), followed by phone call (28%).

Figure 24: Among households that wish to receive assistance, preferred modality for providing feedback on this assistance



CONCLUSION

Since 2011, Libya has experienced waves of conflict, coupled with political and economic instability. This ongoing crisis has brought governance challenges, including challenges in the delivery of basic services; and economic challenges, as Libyans have seen their purchasing power decrease, some basic expenses rise and widespread liquidity problems.

In response to a strong need for up-to-date information on the humanitarian conditions of crisis-affected communities, OCHA, with the support of REACH, coordinated Round 3 of the Libya MSNAs. A total of 5,058 households were surveyed across 17 mantikas, and this household survey was complemented by 68 KIIs and 25 FGDs.

The general objective of this MSNA was to provide humanitarian actors with up-to-date information on the humanitarian conditions of crisis-affected Libyan populations in selected Libyan mantikas, with the aims of contributing to a more targeted and evidence-based humanitarian response and supporting the 2020 HNO and HRP. In accordance with the aforementioned objective, the clean dataset from this MSNA, plus results summary tables, were shared with the humanitarian community, OCHA, the humanitarian sectors and the CMWG, which in turn used this dataset to calculate the people in need (PiN) figures for each sector covered in the 2020 HNO.

The dataset from this MSNA was also used by REACH to answer a number of research questions, including: what proportion of the population is unable to meet their basic needs in one or more sectors and/or who is relying on negative, unsustainable coping mechanisms to meet these needs; where they are located; and to which population group(s) they belong.

In summary, across the 17 mantikas targeted by this assessment, **61% of all households were found to have a living standard and/or capacity gap**. By far, the greatest factor driving this figure is the capacity gap score. Overall, 53% of all Libyan households in the targeted mantikas have a capacity gap, and among all households with a living standard and/or capacity gap, 46% received this classification solely due to having a capacity gap. This indicates that a significant proportion of the Libyan population is meeting their basic needs through an erosive reliance on negative coping mechanisms. The next most common driver of needs was a living standard gap: 21% of all Libyan households in the targeted mantikas have a health living standard gap. This indicates that around one-fifth of Libyan households are unable to meet their health-related basic needs, even prior to the introduction of COVID-19.

The above needs profiles remained relatively consistent across population groups. However, they varied widely by mantika. The five mantikas with the highest proportion of the population with a living standard and/or capacity gap were Al Jufra (100%), Murzuq (91%) and Ghat (89%) in the South, plus Al Jabal Al Gharbi (84%) and Azzawya (91%) in the West. This geographic concentration may reflect the combination of instability and challenges around infrastructure and service provision in the South, and the effects of the ongoing fighting in the West.

In addition to the capacity gaps and health living standard gaps illustrated by the composite indicator analysis, the MSNA's qualitative data highlighted a number of Protection needs. According to FGD participants and key informants, women and girls in Libya may experience harassment when they leave their homes. Additionally, reported social pressures to keep issues related to domestic violence within the family may limit the ability of women and girls to seek help, further compounding the invisibility of gender-sensitive protection issues.

Overall, **MSNA composite indicator analysis suggests that while Libyan households in the targeted mantikas are generally meeting their basic needs, they are doing so through the use of erosive, negative coping mechanisms that may lead to the depletion of resources and turn into living standard gaps when households have exhausted their available coping mechanisms**. These quantitative results are supported by the qualitative data. According to the MSNA's FGD participants and key informants, Libyans are generally coping with the crisis. However, the protracted nature of the crisis; the constant feelings of uncertainty and instability; the strain on household resources; and the fact that there is no clear end in sight, have likely taken their toll on Libyans. Key informants in many mantikas targeted by this assessment described the negative effects of this strain: anxiety

and depression; self-medication with sedatives; and widespread worries about the future. The same qualitative findings suggest that these stresses are offset by Libyans' strong and supportive social networks, which Libyans depend upon to navigate the instability of their current situation.

As humanitarian actors plan their interventions for 2020 and beyond, they should acknowledge the relative fragility of Libyan households, as well as the risk that further shocks or additional years of conflict may erode Libyans' ability to adapt to the crisis and cause a significant increase in humanitarian needs in the years to follow.

ANNEXES

Annex 1: Key Definitions

1. **Capacity gap (CG):** A household with a capacity gap is one that is relying on negative, unsustainable coping mechanisms to meet its basic needs at the time of data collection. A household may have a capacity gap but no living standard gaps, meaning that it is meeting its basic needs, but only through reliance on these coping mechanisms. Alternatively, a household may have both a capacity gap and living standard gaps in one or more sectors, indicating that the household is unable to meet its basic needs despite its use of coping mechanisms.
2. **Context:** Context, the first pillar of the analytical framework underlying this MSNA, consists of the relevant characteristics of the environment in which humanitarian actors plan and operate. These characteristics include, but are not limited to, characteristics and changes in the humanitarian, socio-cultural, economic, legal/policy, demographic, infrastructure and environmental profile.
3. **Coping mechanisms:** Coping mechanisms indicate the degree to which households are coping or facing challenges with impact recovery. In general, coping mechanisms can be positive or negative (e.g., displacement), sustainable or unsustainable (e.g., reliance on humanitarian aid). This assessment focuses only on negative coping mechanisms, as they can be erosive over time and may forecast future needs. Whereas in the context of an acute crisis, an analysis of coping mechanisms might focus on food consumption behaviour, in the case of Libya (a protracted crisis), this analysis focused on coping mechanisms addressing the lack of resources in general.¹⁰²
4. **Event or shock:** The event or shock, the second pillar of the analytical framework underlying this MSNA, is essentially a sudden or on-going event that severely disrupts the functioning of a community or society and causes human, material and economic or environmental losses. The JIAF seeks to identify key driver(s) or the immediate causes of the crisis, including type, location, intensity, inter alia, as well as underlying factors, defined here as the processes or conditions, often development-related, that influence the degree of the shock and influence exposure, vulnerability or capacity of the affected population.¹⁰³
5. **Household (HH):** For the purpose of this MSNA, a household was defined as a group of people who live in the same dwelling and share food and other key resources. In the event of any ambiguity, survey respondents had the final say on who belongs to their household.
6. **Humanitarian conditions:** This is the fourth pillar of the analytical framework underlying this MSNA. Humanitarian conditions consist of the outcomes of the crisis on the affected population, in terms of living standards and coping mechanisms.
7. **Impact:** Impact is the third pillar of the analytical framework underlying this MSNA. It consists of the effects of the event/shock on the population and humanitarian access in the affected area.¹⁰⁴
8. **Internally-displaced person (IDP):** “An IDP is any ‘persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or

¹⁰² IMPACT Initiatives, “Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MSNA, Version 4,” July 2019, pp. 26.

¹⁰³ Examples of underlying factors include poverty and inequality, climate change, unplanned and rapid urbanization, lack of disaster preparedness, environmental and natural resource management, etc.

¹⁰⁴ The Impact pillar of the JIAF also includes impact on systems and services. However, that sub-pillar was beyond the scope of this assessment.

human-made disasters, and who have not crossed an internationally recognized state border.”¹⁰⁵ For both IDPs and returnees, this MSNA looked specifically at displacement from baladiya of origin since 2011.

9. **Living standards:** As a result of the impact, the ability of households to meet their basic needs, such as water, shelter, food, healthcare, education, protection, etc. Basic needs may vary from one context to the other and are contextually defined with relevant partners/sectors. Living standards are measured by assessing accessibility, availability, quality, use and awareness of essential goods and services.
10. **Non-displaced:** For the purpose of this MSNA, a non-displaced person is a citizen or long-term resident of Libya, for whom Libya is their primary residence, and who does not fit the definitions of IDPs or returnees.
11. **People affected:** “People Affected includes all those whose lives have been impacted as a direct result of the crisis. This figure is often the first available after a sudden onset emergency and often defines the scope or boundary of a needs assessment. It does not, however, necessarily equate to the number of people in need of humanitarian aid; it should not be confused or used interchangeably with the category People in Need. Characteristics of the category People Affected must include:
 - being in close geographical proximity to a crisis;
 - physically or emotionally impacted, including exposed to a human rights violation/protection incident;
 - experiencing personal loss or loss of capital and assets as a direct result of the crisis (family member, house/roof, livestock or any other asset);
 - being faced with an immediate threat from a crisis.

When a crisis becomes protracted and its effects deepen and spread, the definition of Population Affected may need modification, to include population geographically distant from the centre of the initial shock and not having been physically/emotionally impacted but experiencing secondary effects of a disaster/crisis. These could manifest as economic implications, such as price increases and commodity shortages, or the consequences of damaged infrastructure, such as water supply or electricity.

Estimates of the Population Affected are among the very first information requirements at the onset of a crisis. Numbers of population affected are derived from the total population of the affected area, as they are a subset of that category. Identifying affected populations is always linked to identifying affected geographical areas, whether an area population has been displaced from or to, or an area that has been specifically hit by a flood or cut off from all access to food.

Example: Country A has a Total Population of 8 million people. 6 million people living in three provinces were exposed to damages and destruction following an earthquake. The population suffered injuries, damage to dwellings and lives in areas that are at high risk of aftershocks – they are the Population Affected. 2 Million out of the country A’s 8 Million were not affected.”¹⁰⁶

12. **Pre-existing vulnerabilities:** Pre-existing vulnerabilities are household-level conditions that may influence the household’s ability to access services and fulfil basic needs across all sectors. Pre-existing vulnerabilities are of interest because they may further aggravate humanitarian needs, and already-vulnerable households might find it more difficult to recover from shocks.
13. **Total population:** “Total Population includes all people living within the administrative boundaries of a nation state. Note there can be a crisis-specific strategic decision to calculate the total population looking only at a sub-national level, i.e. total population living in Nigeria’s northern states affected by conflict.

Example: 8 million people live in country Alpha hit by a crisis. This includes 500,000 refugees who came to the country one year ago.”¹⁰⁷

¹⁰⁵ IOM, “DTM Libya – Mobility Tracking: Methodology,” Version 11, 2017.

¹⁰⁶ Ibid, pp. 4-5.

¹⁰⁷ IASC, “Human Population Figures,” April 2016, p. 4.

14. **Returnee:** “A returnee is any person who was displaced internally or across an international border but has since returned to his/her place of habitual residence.”¹⁰⁸ For both IDPs and returnees, this MSNA looked specifically at displacement from baladiya of origin since 2011. In order to be considered returnee, a household must also have returned to its baladiya of origin within the last two years.¹⁰⁹

¹⁰⁸ Ibid.

¹⁰⁹ This restriction comes from IOM’s DTM for Libya.

Annex 2: Joint Inter-Sectoral Analysis Framework (JIAF) Severity Scale¹¹⁰

Severity class	Name	Description	Response objectives
1	None / Minimal	<ul style="list-style-type: none"> Living standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet essentially all basic needs without adopting unsustainable coping mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on well-being. 	Building resilience & Supporting disaster risk reduction
2	Stress	<ul style="list-style-type: none"> Living standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Reduced quality or stressed social/basic services. Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible coping mechanisms. Minimal impact on well-being (stressed physical/mental well-being) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations). 	Supporting disaster risk reduction & Protecting livelihoods
3	Severe	<ul style="list-style-type: none"> Degrading living standards (from usual/typical), leading to adoption of negative coping mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - coping mechanisms. Degrading well-being. Physical and mental harm resulting in a loss of dignity. 	Protecting livelihoods & Preventing & mitigating risk of extreme deterioration of humanitarian conditions
4	Extreme	<ul style="list-style-type: none"> Collapse of living standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Partial collapse of social/basic goods and services. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread physical and mental harm (but still reversible). Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality. 	Saving lives & livelihoods

¹¹⁰ JIAG, "Joint Inter Sectoral Analysis Draft Guidance," March 2019.

5	Catastrophic	<ul style="list-style-type: none"> • Total collapse of living standards. • Total collapse of social/basic services. • Near/full exhaustion of coping options. • Last resort coping mechanisms exhausted. • Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. • Widespread grave violations of human rights. 	Reverting/preventing widespread death and/or total collapse of livelihoods
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Annex 3: Detailed Household Survey Sampling Strategy and Process

Data Sources

Two datasets were used to create the assessment's sampling frame:

- **UNFPA/Libyan Bureau of Statistics 2017 population projections for Libya:** Total population figures for all mahallas covered by this assessment were drawn from Libyan population projections published as a joint effort between UNFPA and the Libyan Bureau of Statistics. The use of this newly-available dataset was a shift in methodology from the 2018 Libya MSNA, which had relied on WorldPop population grid data to establish total population figures.
- **IOM-DTM Round 25 (April-May 2019) dataset:** IDP and returnee population figures were drawn from IOM's Displacement Tracking Matrix (DTM) Round 25 data on Libya, which covered the period from April-May 2019. This was the most recent IOM-DTM dataset available at the start of data collection for the household survey.

These population data sources were combined to calculate the number of non-displaced households in all mahallas of the mantikas targeted by this assessment. The number of non-displaced households each in mahalla was calculated by subtracting the number of IDP and returnee households (from the IOM-DTM figures) from the total number of households (from the UNFPA population projections). For most mahallas, this process was straightforward.

However, for a minority of mahallas, the number of IDP and returnee households cited in the IOM-DTM dataset was greater than the total number of households cited in the UNFPA population projections, meaning that subtracting IDP and returnee totals from the overall household total would have resulted in a negative number. In such cases, the number of non-displaced households was kept as the total number of households cited in the UNFPA population projections.

Calculation of Representative Samples for Each Stratum

Once the population totals were determined for each targeted mantika, samples were calculated using two-stage random sampling. These samples were calculated to produce generalisable results for each stratum, i.e., for each targeted population group within each targeted mantika.¹¹¹ These results are accurate within a 95% confidence interval and with a 10% margin of error (unless otherwise noted). The sample sizes also included a 20% buffer of extra surveys.

Annex 5 contains the final sampling frame and survey totals.

Distribution of Data Collection Points

Once the sampling frame was created, the household survey data collection points were randomly distributed among the mantikas' mahallas with probability proportionate to size (PPS), meaning that the more densely populated mahallas had proportionally more surveys allocated to them.

This process of distributing survey points within each mahalla was complicated by the fact that the mahallas do not have precise boundaries: a single GPS point representing each mahalla is all that is available. Therefore, mahalla boundaries were estimated by drawing a circle with a one-kilometre radius around each mahalla's GPS point. In cases where two or more mahallas' GPS points were located less than one kilometre from each other, the difference was split within ArcGIS using adjacent polygons to prevent overlap.

Survey locations within each of these mahallas were then selected using randomly generated GPS points. For example, if 10 IDP interviews were required in a certain mahalla, then 10 random points were generated and labelled "IDP." The enumerators were then required to go to each of these GPS points and find an IDP household located as close as possible to the point. If there were no IDP households near this point, then the enumerator

¹¹¹ The primary sampling unit was the mahalla.

could expand their search for an IDP household outward, as long as they were still within the mahalla's boundaries. If there were no IDP households within the mahalla's boundaries, then this information was fed back to REACH. In such cases, REACH reallocated the GPS point(s) to a different mahalla within the same mantika.

Annex 4: Data Processing and Quality Control

The following processing and quality control measures were followed during the data collection period of this MSNA:

Household Survey

Data from the household surveys was collected via the KoBo Toolbox platform, using the ODK Android application. The coded survey tool included integrated logical controls and checks which were designed to reject inconsistent data, or data of the wrong type.

During the household survey data collection period, enumerators submitted their completed surveys ideally on a daily basis.¹¹² Each incoming survey was put through a series of quality control analyses within one business day of its submission, using the following procedure.

First, the REACH GIS Officer reviewed submitted surveys daily and verified that they meet the following criteria:

- GPS point of the survey was correct;
- Population group was correct; and
- Length of survey met minimum standard (i.e., surveys that were completed in too little time were rejected).

If a survey did not meet all of these criteria, it was rejected and was not counted as progress toward data collection targets. Field data collection focal points could monitor their teams' progress towards targets via a Tableau dashboard, which was updated every business day. Rejected surveys, along with the reason for rejection, were noted on a data validation spreadsheet, which was also updated every business day. If a survey was flagged for follow-up questions, it was marked as "pending." If a survey passed the described controls, it was marked as "validated."

All validated surveys were passed to the REACH Database Officer for cleaning. The Database Officer ran additional analyses to pinpoint any inconsistent or nonsensical responses. Relatively few surveys were flagged at this point in the process, but for those that were, the unusable data points were removed from the final dataset.

Key Informant Interviews and Focus Group Discussions

All KII and FGD data was collected on paper forms. Completed forms were scanned and emailed to REACH staff in Tunis. Once receipt was confirmed, the paper forms were destroyed by the field focal points. The REACH Junior Assessment Officer then worked with the REACH Project Officer and Project Assistant to ensure that all qualitative data submitted in Arabic was translated into English. When questions arose upon analysis of the qualitative data, she reached out to the field teams for clarification.

¹¹² Due to Internet connectivity issues in certain areas, enumerators were sometimes forced to submit their surveys on a less-than-daily basis, e.g., once every two or three days.

Annex 5: Sampling Frame

#	Mantika	# Individuals			# Households			Target # household surveys				Actual # household surveys			
		Non-displaced	IDP	Returnee	Non-displaced	IDP	Returnee	Non-displaced	IDP	Returnee	Total	Non-displaced	IDP	Returnee	Total
1	Al Jabal Al Gharbi	134,475	8,520	11,197	25,922	1,704	2,170	114	109	112	335	113	108	108	329
2	Al Jfara	272,828	15,600	5,030	62,351	3,120	1,006	114	113	106	333	96	108	99	303
3	Al Jufra	35,462	935	0	5,750	187	0	114	77	0	191	114	77	0	191
4	Al Kufra	40,395	5,125	1,035	7,045	1,025	207	114	106	80	300	114	103	80	297
5	Azzawya	251,190	11,003	502	57,590	2,173	89	118	112	57	287	118	112	57	287
6	Benghazi	567,543	25,540	180,050	104,864	5,068	36,010	117	112	115	344	115	114	119	348
7	Derna	153,028	1,130	37,270	33,941	226	7,454	115	82	114	311	104	82	107	293
8	Ejdabia	174,485	13,360	500	31,145	2,672	100	114	112	60	286	115	111	60	286
9	Ghat	17,118	8,135	980	3,576	1,627	196	113	110	78	301	112	111	78	301
10	Misrata	352,205	23,980	6,835	62,214	4,793	1,357	116	116	110	342	116	116	109	341
11	Murzuq	51,420	4,460	385	7,821	892	77	95	87	43	225	103	87	39	229
12	Sebha	123,046	12,710	1,920	20,521	2,542	384	115	112	93	320	111	112	92	315
13	Sirt	92,515	8,200	60,450	15,005	1,640	12,090	115	111	116	342	109	106	116	331
14	Tripoli	862,189	37,970	49,375	162,867	7,248	9,914	112	109	116	337	112	97	116	325
15	Ubari	83,263	3,295	27,935	15,420	659	5,587	115	102	114	331	115	102	114	331
16	Wadi Ashshati	67,991	1,195	210	9,369	239	42	108	81	36	225	113	85	36	234
17	Zwara	237,635	6,355	12,925	57,672	1,271	2,585	116	107	112	335	109	102	106	317
Total		3,516,788	187,513	396,599	683,073	37,086	79,268	1,925	1,758	1,462	5,145	1,889	1,733	1,436	5,058

Annex 6: Summary of Qualitative Data Collection

Breakdown of Key Informant Interviews														
#	Mantika	Breakdown by Topic					Breakdown by Population Group of Informant				Breakdown by Gender of Informant			Total
		Displacement, Shelter & NFIs, Protection & Assistance	Education	Health & WASH	Cash, Food Security, Income & Livelihoods	Conflict (Murzuq only)	Non-displaced	IDP	Returnee	Unknown	Male	Female	Unknown	
1	Al Jabal Al Gharbi	1	1	1	1	0	3	1	0	0	3	1	0	4
2	Al Jfara	1	1	1	1	0	4	0	0	0	2	2	0	4
3	Al Jufrah	1	1	1	1	0	4	0	0	0	4	0	0	4
4	Al Kufrah	1	1	1	1	0	4	0	0	0	4	0	0	4
5	Azzawya	1	1	1	1	0	4	0	0	0	4	0	0	4
6	Benghazi	1	1	1	1	0	3	1	0	0	3	1	0	4
7	Derna	1	1	1	1	0	3	0	1	0	4	0	0	4
8	Ejdabia*	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Ghat	1	1	1	1	0	4	0	0	0	3	1	0	4
10	Misrata	1	1	1	1	0	4	0	0	0	0	0	4	4
11	Murzuq	1	1	1	1	4	5	1	1	1	7	0	1	8
12	Sebha	1	1	1	1	0	4	0	0	0	4	0	0	4
13	Sirt	1	1	1	1	0	2	2	0	0	2	2	0	4
14	Tripoli	1	1	1	1	0	2	2	0	0	4	0	0	4
15	Ubari	1	1	1	1	0	4	0	0	0	4	0	0	4
16	Wadi Ashshati	1	1	1	1	0	4	0	0	0	4	0	0	4
17	Zwara	1	1	1	1	0	4	0	0	0	4	0	0	4
Total		16	16	16	16	4	58	7	2	1	56	7	5	68

*Key Informant Interviews were unable to be held in Ejdabia due to a lack of local capacity.

Breakdown of Focus Group Discussions									
#	Mantika	Breakdown by Population Group of Participants				Breakdown by Gender of Participants			Total
		Non-displaced	IDP	Returnee	Mixed	Male	Female	Mixed	
1	Al Jabal Al Gharbi	2	0	0	0	1	1	0	2
2	Al Jfara	1	0	0	1	1	1	0	2
3	Al Jufrah	1	0	0	1	0	1	1	2
4	Al Kufrah	2	0	0	0	1	1	0	2
5	Azzawya*	0	0	0	0	0	0	0	0
6	Benghazi	0	0	0	2	0	1	1	2
7	Derna	0	0	0	2	1	1	0	2
8	Ejdabia*	0	0	0	0	0	0	0	0
9	Ghat	0	0	0	2	1	1	0	2
10	Misrata*	0	0	0	0	0	0	0	0
11	Murzuq	0	0	0	2	1	1	0	2
12	Sebha	0	0	0	2	0	1	1	2
13	Sirt	0	0	0	2	1	1	0	2
14	Tripoli*	0	0	0	0	0	0	0	0
15	Ubari	1	1	0	0	1	0	1	2
16	Wadi Ashshati	0	0	0	1	1	0	0	1
17	Zwara	0	0	0	2	1	1	0	2
Total		7	1	0	17	10	11	4	25

*No focus groups were held in Azzawya, Ejdabia, Misrata or Tripoli.

Annex 7: Composite Indicator Methodology

Pre-existing Vulnerability Score

The Pre-existing Vulnerability score methodology followed a hybrid scoring and criteria check approach, calculated using household survey responses to the following indicators. These indicators are cross-sectoral, meaning that they represent household-level conditions that may influence the household's ability to access services and fulfil basic needs across all sectors.¹¹³ The severity ratings for each indicator were determined by cross-referencing the available household survey response options for each indicator against the JIAF Severity Scale (see Annex 2).

In calculating the Pre-existing Vulnerability score, every household first received a preliminary score, which was calculated as the mean value of their responses to all the following indicators, rounded to the nearest whole number. However, certain key indicators were deemed to be critical enough to justify an overall Pre-existing Vulnerability score of 3 or above, *even if* the household's preliminary Pre-existing Vulnerability score was a 1 or a 2. These key indicators, including the response options that could trigger a rating of 3 or 4, are coloured red. For example, if the mean value of a household's responses to all the following indicators was 1.3, but they scored a 3 for the sixth indicator (i.e., adult employment in the 30 days prior to data collection), then their overall Pre-existing Vulnerability score was a 3. A household was classified as having pre-existing vulnerability if they had an overall score of 3 or 4.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Event/ Shock	Pre-existing vulnerability	n/a	Pre-existing vulnerability score	HoH	1.2.3, 1.2.4	HoH	All HHs	Female- or child-headed HH	HoH is male & >=18 years old	HoH is female & >=18 years old	HoH is 14-17 years old	HoH is <=13 years old
									% of HHs with this rating: Overall: 94% IDPs: 93% Returnees: 91% Non-displaced: 95%	% of HHs with this rating: Overall: 6% IDPs: 7% Returnees: 9% Non-displaced: 5%	% of HHs with this rating: Overall: 0% IDPs: 0% Returnees: 0% Non-displaced: 0%	% of HHs with this rating: Overall: 0% IDPs: 0% Returnees: 0% Non-displaced: 0%
				Vulnerable HH member(s)	7.8.1	HH	All HHs	Chronic disease	No HH member suffers from a medically-diagnosed chronic disease	≥1 HH member suffers from a medically-diagnosed chronic disease		
									% of HHs with this rating: Overall: 64% IDPs: 67% Returnees: 71% Non-displaced: 64%	% of HHs with this rating: Overall: 36% IDPs: 33% Returnees: 29% Non-displaced: 36%		

¹¹³ Adapted from Impact Initiatives' "Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MNSA, Version 4," July 2019, pp. 11-12.

					4.5.1	HH	All HHs	HH income in the 30 days prior to data collection	Total HH income is >= median MEB % of HHs with this rating: Overall: 96% IDPs: 95% Returnees: 92% Non-displaced: 96%	Total HH income < median MEB % of HHs with this rating: Overall: 4% IDPs: 5% Returnees: 8% Non-displaced: 4%
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Age-Dependency Ratio Methodology

Age dependency ratio = (# HH members aged <15 and >=65) / (# HH members aged 15-64)

The threshold of 0.49 is Libya's national age dependency ratio, as of 2018.¹¹⁴

Minimum Expenditure Basket Methodology

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 facing households in different locations. The MEB's contents were defined by the Cash & Markets Working Group in consultation with relevant sector leads.

¹¹⁴ World Bank, "Age dependency ratio (% of working-age population) - Libya." Available at <https://data.worldbank.org/indicator/SP.POP.DPND?locations=LY>

Impact Score

As with the previous score, the Impact score methodology followed a hybrid scoring and criteria check approach, calculated using household survey responses to the following indicators. These indicators are based on JIAF draft guidance criteria for defining impact on people (i.e., households) and impact on humanitarian access.¹¹⁵ The severity ratings for each indicator were determined by cross-referencing the available household survey response options for each indicator against the JIAF Severity Scale (see Annex 2).

In calculating the Impact score, every household first received a preliminary score, which was calculated as the mean value of their responses to all the following indicators, rounded to the nearest whole number. However, certain key indicators were deemed to be critical enough to justify an overall Impact score of 3 or above, *even if* the household's preliminary Impact score was a 1 or a 2. These key indicators, including the response options that could trigger a rating of 3 or 4, are coloured red. For example, if the mean value of a household's responses to all the following, applicable indicators was 1.4, but they scored a 3 for the fifth indicator (i.e., access to cash in the 30 days prior to data collection), then their overall Impact score was a 3.

It should also be noted that some of the following indicators applied only to certain displacement population groups. For households that did not fall into the relevant displacement category, non-applicable indicators were excluded when calculating their Impact score.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Impact	Impact on people	n/a	Impact score	Losses/ damages to assets/ capital	2.8.1	HH	IDP HHs only	For IDPs, reasons for not returning to baladiya of origin	All other answer options	No opportunity for work	Dwelling damaged or destroyed	
									% of HHs with this rating: Overall: 50% IDPs: 50% Returnees: not calculated Non-displaced: not calculated	% of HHs with this rating: Overall: 7% IDPs: 7% Returnees: not calculated Non-displaced: not calculated	% of HHs with this rating: Overall: 43% IDPs: 43% Returnees: not calculated Non-displaced: not calculated	
Impact	Impact on people	n/a	Impact score	Losses/ damages to assets/ capital	2.11.1	HH	Returnee HHs only	For Returnees, experience in returning to baladiya of origin	All other answer options	Valuables in house or property missing OR Parts of house or property destroyed	House, property or land occupied by other persons OR Inability to prove legal ownership of the house/property	
									% of HHs with this rating: Overall: 34% IDPs: not calculated Returnees: 34% Non-displaced: not calculated	% of HHs with this rating: Overall: 59% IDPs: not calculated Returnees: 59% Non-displaced: not calculated	% of HHs with this rating: Overall: 7% IDPs: not calculated Returnees: 7% Non-displaced: not calculated	

¹¹⁵ Adapted from Impact Initiatives' "Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MNSA, Version 4," July 2019, pp. 14-17.

					Did not abandon OR Abandoned between 2011 and 2013	Abandoned between 2014 and 2016	Abandoned between 2017 and 2019	
Loss of livelihood	3.5.1, 3.7.1	HH	All HHs	Abandoned agricultural production since 2011	% of HHs with this rating: Overall: 98% IDPs: 93% Returnees: 97% Non-displaced: 98%	% of HHs with this rating: Overall: 2% IDPs: 4% Returnees: 3% Non-displaced: 2%	% of HHs with this rating: Overall: 0% IDPs: 2% Returnees: 0% Non-displaced: 0%	
Access to services	4.12.3	HH	All HHs	Access to markets in the 30 days prior to data collection	No barriers faced when accessing marketplace OR Live too far from marketplace / no means of transport OR Marketplace never open at a time when we can visit	Transportation too expensive	Insecurity travelling to and from marketplace OR Presence of explosive hazards OR Damage to roads leading to marketplace OR Curfew prevented access to market OR Damage to marketplace	
					% of HHs with this rating: Overall: 97% IDPs: 97% Returnees: 97% Non-displaced: 97%	% of HHs with this rating: Overall: 1% IDPs: 1% Returnees: 2% Non-displaced: 0%	% of HHs with this rating: Overall: 2% IDPs: 2% Returnees: 1% Non-displaced: 2%	
	4.8.1, 4.8.4	HH	All HHs	Access to cash in the 30 days prior to data collection	Yes withdrew money in the 30 days prior to data collection OR Did not attempt to withdraw any money in the 30 days prior to data collection	Was last able to withdraw cash 1-6 months ago	Was last able to withdraw cash >6 months ago	
					% of HHs with this rating: Overall: 65% IDPs: 59% Returnees: 51% Non-displaced: 67%	% of HHs with this rating: Overall: 34% IDPs: 39% Returnees: 48% Non-displaced: 32%	% of HHs with this rating: Overall: 1% IDPs: 2% Returnees: 2% Non-displaced: 1%	

Food Security & Livelihoods Living Standard Gap Score

As with the previous scores, the Food Security & Livelihoods (FSL) living standard gap (LSG) score methodology followed a hybrid scoring and criteria check approach, calculated using household survey responses to the following indicators. These indicators are among those that were chosen by the Food Security sector and the Cash & Markets Working Group for the 2019 Libya MSNA household survey.¹¹⁶ The severity ratings for each indicator were determined by cross-referencing the available household survey response options for each indicator against the JIAF Severity Scale (see Annex 2).

In calculating the FSL LSG score, every household first received a preliminary score, which was calculated as the mean value of their responses to all the following indicators, rounded to the nearest whole number. However, one key indicator was deemed to be critical enough to justify an overall FSL LSG score of 3 or above, *even if* the household's preliminary FSL LSG score was a 1 or a 2. This key indicator, including the response option that could trigger a rating of 4, is coloured red. For example, if the mean value of a household's responses to all the following indicators was 1.8, but they scored a 4 for the first indicator (i.e., food consumption score), then their overall FSL LSG score was a 4. A household was classified as having a FSL LSG if they had an overall score of 3 or 4.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Humanitarian conditions	Living standard	Food Security & Livelihood	FSL LSG score	Food	3.1.1	HH	All HHs	Food Consumption Score (FCS) based on the 7 days prior to data collection	Acceptable % of HHs with this rating: Overall: 96% IDPs: 95% Returnees: 93% Non-displaced: 96%		Borderline % of HHs with this rating: Overall: 3% IDPs: 4% Returnees: 5% Non-displaced: 3%	Poor % of HHs with this rating: Overall: 1% IDPs: 1% Returnees: 2% Non-displaced: 1%
					3.2.1	HH	All HHs	Top 3 sources from which HH typically acquires food (reliable or unreliable)	Market (purchased with cash) OR Market (purchased with cheque) OR Work or barter for food OR Own production OR Gathering, hunting, or fishing	Market (purchased on credit) OR Received as food aid through government, UN, NGOs, civil society, etc. OR Received as gift from friends or relatives OR Zakat OR Borrowing food from relatives, hosts, or external parties		

¹¹⁶ For the 2020 HNO PiN calculations, the Food Security sector chose the Food Security Index and the percentage of households that had abandoned agricultural activity since 2011. The former is based on a composite of some of the indicators represented here, as well as on household expenditure data. The latter indicator is represented within the Impact score.

Step 2: Classification of FCS severity			
	Acceptable	Borderline	Poor
Total HH score	> 42	> 28 and <= 42	<= 28

Reduced Coping Strategy Index Methodology

The calculation of the Reduced Coping Strategy Index (rCSI) was also conducted in line with global standards.¹¹⁹ The rCSI captures the quantity or sufficiency of a household's food by asking about a selection of common, less-severe, food-related coping mechanisms.

Step 1: Calculation of numeric rCSI score			
Question in the MSNA household survey: In the past 7 days, if there have been times when your household did not have enough food or money to buy food, on how many days has your household had to:	rCSI answer option weights		
	Weight	Frequency	Weighted score = Weight * Frequency
Rely on less preferred, less expensive food	1	[HH answer]	1 * [HH answer]
Borrow food or rely on help from friends or relatives	2	[HH answer]	2 * [HH answer]
Reduce the number of meals eaten per day	1	[HH answer]	1 * [HH answer]
Reduce the size of portions or meals	1	[HH answer]	1 * [HH answer]
Reduce the quantity consumed by adults so children could eat	3	[HH answer]	3 * [HH answer]
		Total HH score	[total of weighted scores]

Step 2: Classification of rCSI severity			
	Low	Medium	High
Total HH score	<= 3	> 3 and <= 9	> 9

¹¹⁹ WFP, "The Coping Strategies Index: Field Methods Manual," 2nd edition, January 2008, p. 17. Available at: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

Water, Sanitation and Hygiene Living Standard Gap Score

As with the previous scores, the Water, Sanitation and Hygiene (WASH) LSG score methodology followed a hybrid scoring and criteria check approach, calculated using household survey responses to the following indicators. These indicators are an adapted and expanded version of the list of indicators selected by the WASH sector for the 2020 HNO PiN calculations. The severity ratings for each indicator were determined by cross-referencing the available household survey response options for each indicator against the JIAF Severity Scale (see Annex 2).

In calculating the WASH LSG score, every household first received a preliminary score, which was calculated as the mean value of their responses to all the following indicators, rounded to the nearest whole number. However, certain key indicators were deemed to be critical enough to justify an overall WASH LSG score of 3 or above, *even if* the household's preliminary WASH LSG score was a 1 or a 2. These key indicators, including the response options that could trigger a rating of 3 or 4, are coloured red. For example, if the mean value of a household's responses to all the following indicators was 1.4, but they scored a 3 for the first indicator (i.e., primary source of drinking water in the 30 days prior to data collection), then their overall WASH LSG score was a 3. A household was classified as having a Water, Sanitation and Hygiene LSG if they had an overall score of 3 or 4.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal	Stress	Severe	Extreme
									1	2	3	4
Humanitarian conditions	Living standard	WASH	WASH LSG score	Water	6.1.1	HH	All HHs	Primary source of drinking water in the 30 days prior to data collection	Public network (connected to the shelter) OR Bottled water OR Protected well OR Tap accessible to the public	Water trucking OR Rainwater	Unprotected well	Surface water (lakes, ponds, rivers, etc.)
									% of HHs with this rating: Overall: 92% IDPs: 91% Returnees: 95% Non-displaced: 92%	% of HHs with this rating: Overall: 7% IDPs: 8% Returnees: 5% Non-displaced: 7%	% of HHs with this rating: Overall: 1% IDPs: 1% Returnees: 0% Non-displaced: 1%	% of HHs with this rating: Overall: 0% IDPs: 0% Returnees: 0% Non-displaced: 0%
									No		Yes	
									% of HHs with this rating: Overall: 71% IDPs: 66% Returnees: 73% Non-displaced: 72%		% of HHs with this rating: Overall: 29% IDPs: 34% Returnees: 27% Non-displaced: 28%	
									Flush toilet (Arabic or Western) OR Pour toilet (Arabic or Western)	Dry pit latrine (without water)	No toilet inside shelter or within easy reach	
									% of HHs with this rating: Overall: 99% IDPs: 99%	% of HHs with this rating: Overall: 0% IDPs: 1%	% of HHs with this rating: Overall: 0% IDPs: 0%	
				Sanitation	6.6.1	HH	All HHs	Access to functional and accessible sanitation facility				

								Returnees: 99% Non-displaced: 100%	Returnees: 1% Non-displaced: 0%	Returnees: 0% Non-displaced: 0%	
			6.7.1	HH	All HHs	Disposal of HH waste	Put in a public place designated for waste disposal, to be collected later OR Collected by the municipality, waste management service (private or public), or other authority	Buried or burned	Left in the road or in a public place not designated for waste disposal		
							% of HHs with this rating: Overall: 76% IDPs: 74% Returnees: 76% Non-displaced: 76%	% of HHs with this rating: Overall: 8% IDPs: 6% Returnees: 7% Non-displaced: 8%	% of HHs with this rating: Overall: 16% IDPs: 20% Returnees: 17% Non-displaced: 15%		
		Hygiene	6.9.1	HH	All HHs	Hygiene products that the HH needs but is unable to purchase	There are no hygiene products that we require but are unable to purchase	Disinfectant - surface cleaner (powder, liquid detergent) OR Baby diapers OR Shampoo OR Toothpaste OR Dishwashing liquid	Soap (liquid and bar) OR Sanitary pads OR Water container (or Jerry can) OR Clean toothbrushes		
							% of HHs with this rating: Overall: 86% IDPs: 84% Returnees: 88% Non-displaced: 86%	% of HHs with this rating: Overall: 5% IDPs: 4% Returnees: 3% Non-displaced: 5%	% of HHs with this rating: Overall: 9% IDPs: 12% Returnees: 9% Non-displaced: 9%		

Health Living Standard Gap Score

Unlike the previous scores, the Health LSG score methodology follows a simple scoring approach, calculated using household survey responses to the following indicator. The Health sector's selection of indicators for the 2020 HNO PiN calculations did not include any that were drawn from the MSNA household survey. The following broadly-inclusive indicator was therefore chosen to ensure that the Health sector was represented in this analysis. The severity ratings for this indicator were determined by cross-referencing the available household survey response options against the JIAF Severity Scale (see Annex 2). A household was classified as having a Health LSG if they had a score of 3 or 4.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Humanitarian conditions	Living standard	Health	Health LSG score	Access to healthcare	7.2.1, 7.2.2	HH	All HHs	Whether HH faces challenges accessing healthcare when they need it	No challenges	No/lack of money to pay for care OR Distance to health facilities is too far OR Lack of private room(s) for receiving confidential care OR Lack of means of transport to get to the healthcare facilities OR Lack of female medical staff in particular	Lack of medicines OR Lack of medical supplies OR Lack of medical staff in general OR No available health facilities that can accept new patients OR Discrimination OR Lack of documentation OR For females, denial of permission from family members to visit health facility OR For females, absence of male companion to accompany during visit to health facility	Health facilities have been damaged or destroyed OR Route to health facilities is unsafe OR Presence of explosive hazards
									% of HHs with this rating: Overall: 76% IDPs: 71% Returnees: 81% Non-displaced: 75%	% of HHs with this rating: Overall: 4% IDPs: 6% Returnees: 5% Non-displaced: 4%	% of HHs with this rating: Overall: 18% IDPs: 20% Returnees: 11% Non-displaced: 19%	% of HHs with this rating: Overall: 3% IDPs: 3% Returnees: 3% Non-displaced: 2%

Shelter & Non-Food Items Living Standard Gap Score

As with most of the previous scores, the Shelter & Non-Food Items (S/NFI) LSG score methodology followed a hybrid scoring and criteria check approach, calculated using household survey responses to the following indicators. These indicators are a slightly expanded version of the list of indicators selected by the S/NFI sector for the 2020 HNO PiN calculations. The severity ratings for each indicator were determined by cross-referencing the available household survey response options for each indicator against the JIAF Severity Scale (see Annex 2).

In calculating the S/NFI LSG score, every household first received a preliminary score, which was calculated as the mean value of their responses to all the following indicators, rounded to the nearest whole number. However, certain key indicators were deemed to be critical enough to justify an overall S/NFI LSG score of 3 or above, *even if* the household's preliminary S/NFI LSG score was a 1 or a 2. These key indicators, including the response options that could trigger a rating of 3 or 4, are coloured red. For example, if the mean value of a household's responses to all the following indicators was 1.5, but they scored a 3 for the first indicator (i.e., shelter type), then their overall S/NFI LSG score was a 3. A household was classified as having a S/NFI LSG if they had an overall score of 3 or 4.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Humanitarian conditions	Living standard	Shelter & NFIs	S/NFI LSG score	Dignified shelter	5.1.1	HH	All HHs	Shelter type	House OR Apartment OR Hotel OR Connection house		Unfinished room(s) OR Private building not usually used for shelter OR Public building not usually used for shelter OR Tent or caravan OR Temporary shelter provided by INGO or local NGO OR Camp or informal settlement for displaced persons	
									% of HHs with this rating: Overall: 99% IDPs: 96% Returnees: 98% Non-displaced: 99%		% of HHs with this rating: Overall: 1% IDPs: 4% Returnees: 2% Non-displaced: 1%	
					5.6.1	HH	All HHs	Shelter condition	No damage / negligible damage OR Light damage	Medium damage	Heavy damage	Destroyed

Education Living Standard Gap Score

As with most of the previous scores, the Education LSG score methodology followed a hybrid scoring and criteria check approach, calculated using household survey responses to the following indicators. These indicators are based on the education-related indicators selected by the humanitarian sectors for the 2020 HNO PiN calculations. The severity ratings for each indicator were determined by cross-referencing the available household survey response options for each indicator against the JIAF Severity Scale (see Annex 2).

In calculating the Education LSG score, every household first received a preliminary score, which was calculated as the mean value of their responses to both the following indicators, rounded to the nearest whole number. However, certain key responses to the two following indicators were deemed to be critical enough to justify an overall Education LSG score of 3 or above, *even if* the household's preliminary Education LSG score was a 1 or a 2. These key response options that could trigger a rating of 3 or 4 are coloured red. For example, if the mean value of a household's responses to both the following indicators was 2, but they scored a 3 for the first indicator (i.e., school enrolment & attendance during the 2018-2019 academic year), then their overall Education LSG score was a 3. A household was classified as having an Education LSG if they had an overall score of 3 or 4.

It should also be noted that the following indicators applied only to households with school-aged members. For households that did not have any members in this age range, the Education LSG score was calculated as None/Minimal.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Humanitarian conditions	Living standard	Education	Education LSG score	Enrolment & attendance	1.5.1-1.5.6, 8.1.1, 8.2.1	HH members aged 6-17 years	HHs with members aged 6-17 years	School enrolment & attendance during the 2018-2019 academic year	All school-aged children are enrolled in school and attended during the 2018-2019 academic year	>=1 school-aged children are enrolled in school but did not attend during the 2018-2019 academic year	>=1 school-aged children are not enrolled in school	
									% of HHs with this rating: Overall: 96% IDPs: 94% Returnees: 94% Non-displaced: 96%	% of HHs with this rating: Overall: 1% IDPs: 2% Returnees: 2% Non-displaced: 1%	% of HHs with this rating: Overall: 3% IDPs: 4% Returnees: 3% Non-displaced: 3%	
				School conditions	8.3.1	HH members aged 6-17 years who are enrolled in school	HHs with members aged 6-17 years who are enrolled in school	Issues faced by children when attending school	No issues faced by children in the household when attending school	Lack of functioning latrines OR Lack of clean water OR Poor quality of teachers OR Overcrowding OR Lack of separate and safe toilets for boys and girls OR Lack of accessibility for	Violence from teachers (excluding sexual violence or harassment) OR Bullying/violence from other students (excluding sexual violence or harassment)	Discrimination OR School building conversion into other purposes (displaced accommodation, military barracks, etc.) OR Sexual violence or harassment OR Attempted recruitment by armed actors

Protection Living Standard Gap Score

As with the previous scores, the Protection LSG score methodology followed a hybrid scoring and criteria check approach, calculated using household survey responses to the following indicators. These indicators are based on the indicators selected by the Protection sector and its GBV, Child Protection and Mine Action sub-sectors for the 2020 HNO PiN calculations. (Indicators selected for the HNO PiN calculations but already included in the calculation of another score were excluded to avoid double-counting.) The severity ratings for each indicator were determined by cross-referencing the available household survey response options for each indicator against the JIAF Severity Scale (see Annex 2).

In calculating the Protection LSG score, every household first received a preliminary score, which was calculated as the mean value of their responses to all the following indicators, rounded to the nearest whole number. However, certain key indicators were deemed to be critical enough to justify an overall Protection LSG score of 3 or above, *even if* the household's preliminary Protection LSG score was a 1 or a 2. These key indicators, including the response options that could trigger a rating of 3 or 4, are coloured red. For example, if the mean value of a household's responses to all the following indicators was 1.7, but they scored a 3 for the fifth indicator (i.e., minor HH members with any type of job), then their overall Protection LSG score was a 3. A household was classified as having a Protection LSG if they had an overall score of 3 or 4.

It should also be noted that some of the following indicators applied only to households with minor members. For households that did not have any members in the appropriate age range, the non-applicable indicators were excluded when calculating their Protection LSG score.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Humanitarian conditions	Living standard	Protection	Protection LSG score	Legal documentation	9.1.1, 9.1.2	HH	All HHs	Access to needed legal documentation	HH has all the legal documents they need OR HH does not have all the legal documents they need but they are in the process of obtaining/renewing the documents		HH does not have all the legal documents they need because their mahalla is currently unable to issue such documents, because they cannot obtain them in their mahalla or anywhere else, or because they lost them in the conflict	
								% of HHs with this rating: Overall: 63% IDPs: 60% Returnees: 44% Non-displaced: 66%		% of HHs with this rating: Overall: 37% IDPs: 40% Returnees: 56% Non-displaced: 34%		
				Explosive hazards	9.3.1, 9.4.1	HH	All HHs	Explosive hazards risk awareness for HHs that have been aware of the	No presence of explosive hazards	Yes presence of explosive hazards but HH has received risk awareness	Yes presence of explosive hazards and HH has not received any risk awareness	

				presence of explosive hazards in the 6 months prior to data collection	% of HHs with this rating: Overall: 94% IDPs: 91% Returnees: 91% Non-displaced: 94%	% of HHs with this rating: Overall: 3% IDPs: 3% Returnees: 5% Non-displaced: 3%	% of HHs with this rating: Overall: 3% IDPs: 5% Returnees: 4% Non-displaced: 3%	
	9.5.1	HH	All HHs	HH members injured or killed by explosive hazards	No one injured or killed % of HHs with this rating: Overall: 97% IDPs: 97% Returnees: 95% Non-displaced: 97%		Adult or child injured % of HHs with this rating: Overall: 2% IDPs: 3% Returnees: 2% Non-displaced: 2%	Adult or child killed % of HHs with this rating: Overall: 1% IDPs: 1% Returnees: 3% Non-displaced: 1%
	Missing people	9.6.1, 9.6.2	HH	All HHs	Missing HH members % of HHs with this rating: Overall: 98% IDPs: 97% Returnees: 98% Non-displaced: 99%			>=1 missing HH members % of HHs with this rating: Overall: 2% IDPs: 3% Returnees: 2% Non-displaced: 1%
	Child labor	4.2.1	HH members aged 6-17 years	HHs with members aged 6-17 years	Minor HH members with any type of job % of HHs with this rating: Overall: 94% IDPs: 93% Returnees: 95% Non-displaced: 94%		>=1 HH members aged 6-17 with any type of job % of HHs with this rating: Overall: 6% IDPs: 7% Returnees: 5% Non-displaced: 6%	
	Child distress	7.14.1	HH members aged <18 years	HHs with members aged <18 years	Negative emotional and behavioural changes in HH members <18 years % of HHs with this rating: Overall: 97% IDPs: 99% Returnees: 99% Non-displaced: 97%	Negative behavioural and emotional changes % of HHs with this rating: Overall: 3% IDPs: 1% Returnees: 1% Non-displaced: 3%		

Capacity Gap Score

The Capacity Gap score methodology was designed to align with the pre-existing Libya Livelihood Coping Strategy Index (LCSI). The existing LCSI severity categories were connected to the equivalent JIAF severity categories, e.g., a “crisis” LCSI designation is the equivalent of a “severe” JIAF designation. A household was classified as having a Capacity Gap if they had a score of 3 or 4.

JIAF pillar	JIAF sub-pillar	Sector	Relevant score	Sub-sector/ Theme	HH survey question #(s)	Unit of measurement	Population group	Indicator/ Question	Severity rating			
									None/Minimal 1	Stress 2	Severe 3	Extreme 4
Humanitarian conditions	Negative coping strategies	n/a	Capacity gap score	Livelihoods coping strategies	4.14.1	HH	All HHs	Livelihoods Coping Strategy Index (LCSI) score, based on negative coping mechanisms used in the 30 days prior to data collection	None	Stress	Crisis	Emergency
									% of HHs with this rating: Overall: 35% IDPs: 24% Returnees: 38% Non-displaced: 35%	% of HHs with this rating: Overall: 12% IDPs: 13% Returnees: 10% Non-displaced: 12%	% of HHs with this rating: Overall: 49% IDPs: 58% Returnees: 46% Non-displaced: 49%	% of HHs with this rating: Overall: 4% IDPs: 5% Returnees: 6% Non-displaced: 4%

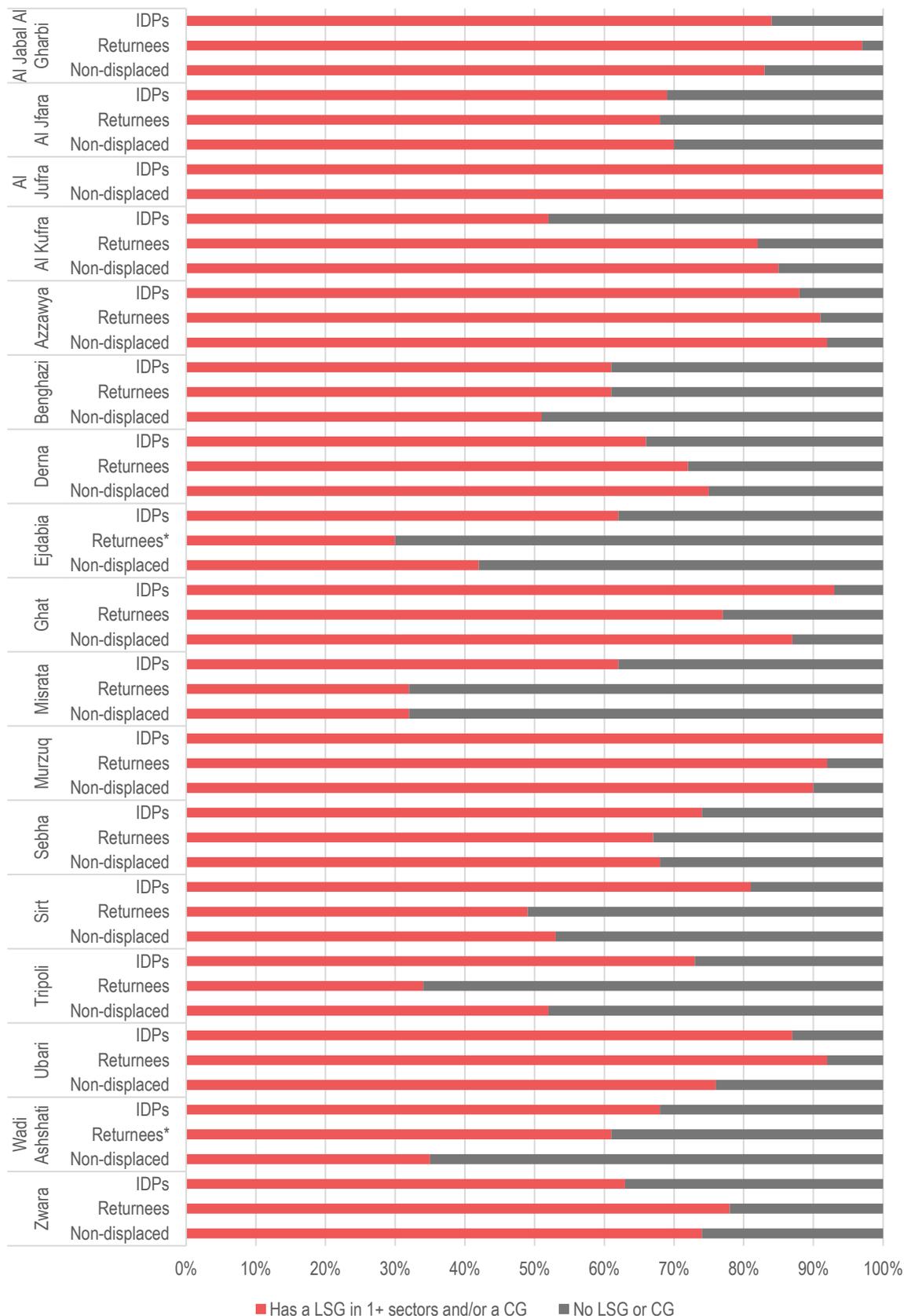
Livelihood Coping Strategy Index Methodology

The LCSI methodology was formulated in 2018 by the World Food Programme in Libya. All LCSI scores are determined as follows:

Guidelines for determining LCSI score	LCSI severity rating			
	None	Stress	Crisis	Emergency
<p>1. The respondent is questioned about a series of coping strategies, and whether they have used any of these coping strategies in the 30 days prior to data collection. For each coping strategy, the respondent may choose from the following options: (A) Yes; (B) No, have already exhausted this coping strategy and cannot use it again; (C) No, had no need to use this coping strategy; and (D) Not applicable/This coping strategy is not available to me.</p> <p>2. If the respondent chooses either "Yes" or "No, have already exhausted this coping strategy and cannot use it again" for at least one coping strategy in a severity category, then the respondent is considered to have used coping strategies from that severity category.</p> <p>3. The respondent is classified according to the most severe category from which they used coping strategies.</p>	n/a	<p>Sold non-productive household assets or goods (TV, household appliance, furniture, gold, etc.)</p> <p>Spent savings</p> <p>Purchased food on credit or borrowed food</p> <p>Reduced expenditures on essential non-food items (water, hygiene items, etc.)</p>	<p>Sold productive household assets or means of transport (sewing machine, wheelbarrow, car, etc.)</p> <p>Borrowed money</p> <p>Reduced expenses on health or medicine</p> <p>Took an additional job</p>	<p>Asked strangers for money or food</p> <p>HH adult member accepted socially degrading, exploitative, high-risk, or illegal work</p> <p>HH minor member accepted socially degrading, exploitative, high-risk, or illegal work</p> <p>Child marriage (i.e., marriage of a household member aged 17 or younger)</p>

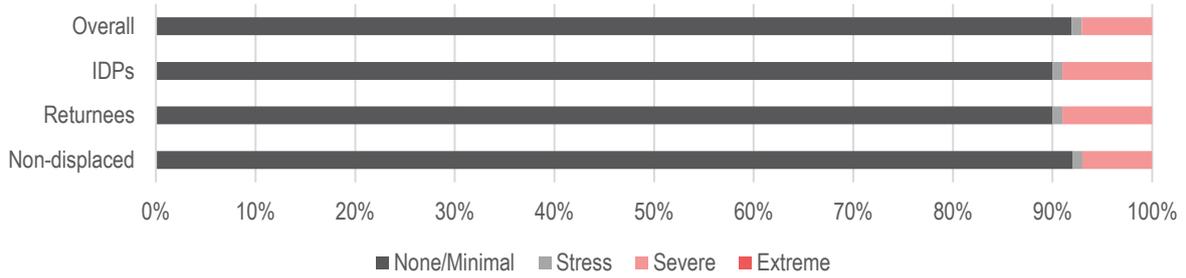
Annex 8: Composite Indicator Results*

Proportion with a LSG in 1+ sectors and/or a CG, by mantika and population group

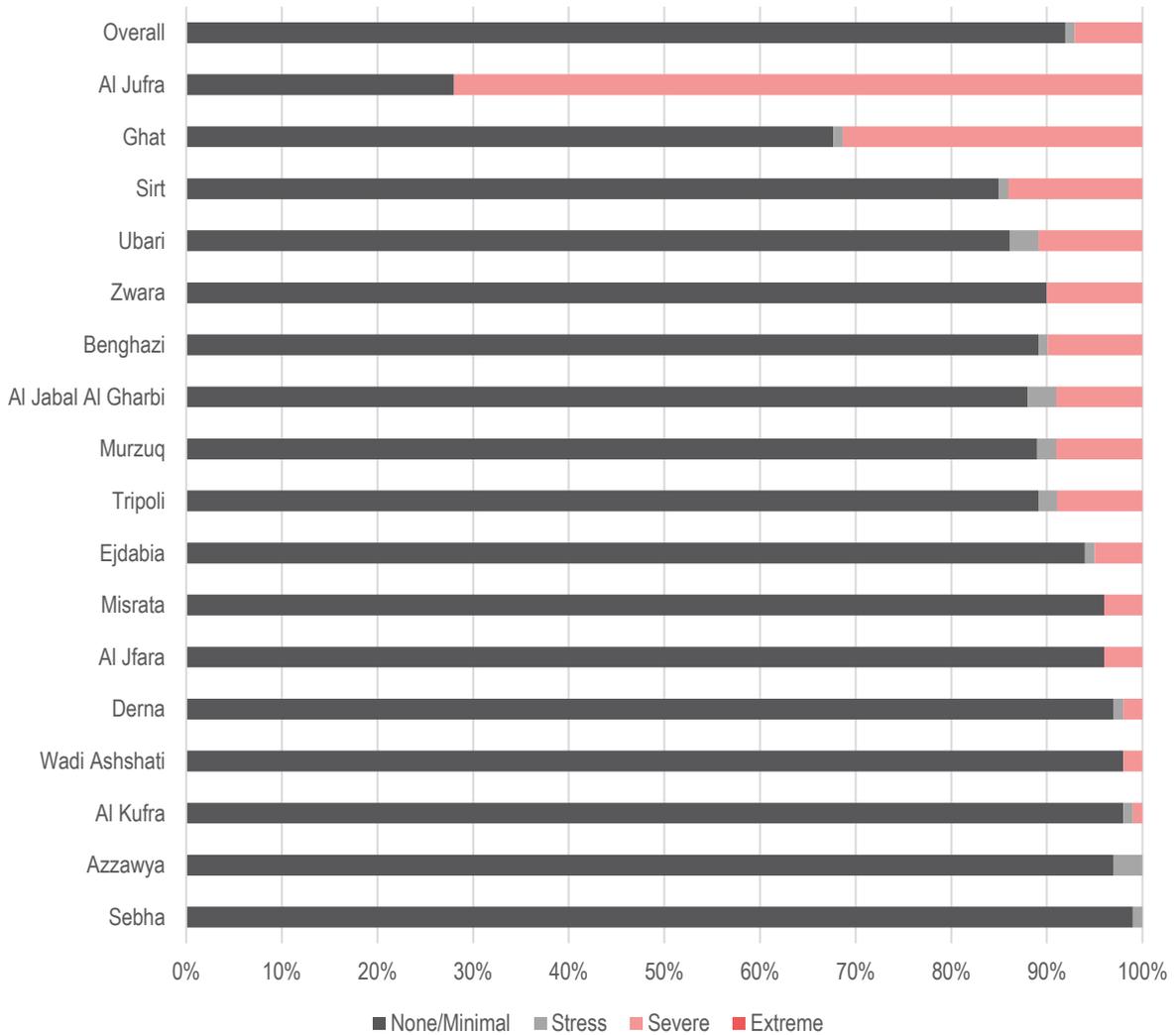


Pre-existing Vulnerability Score

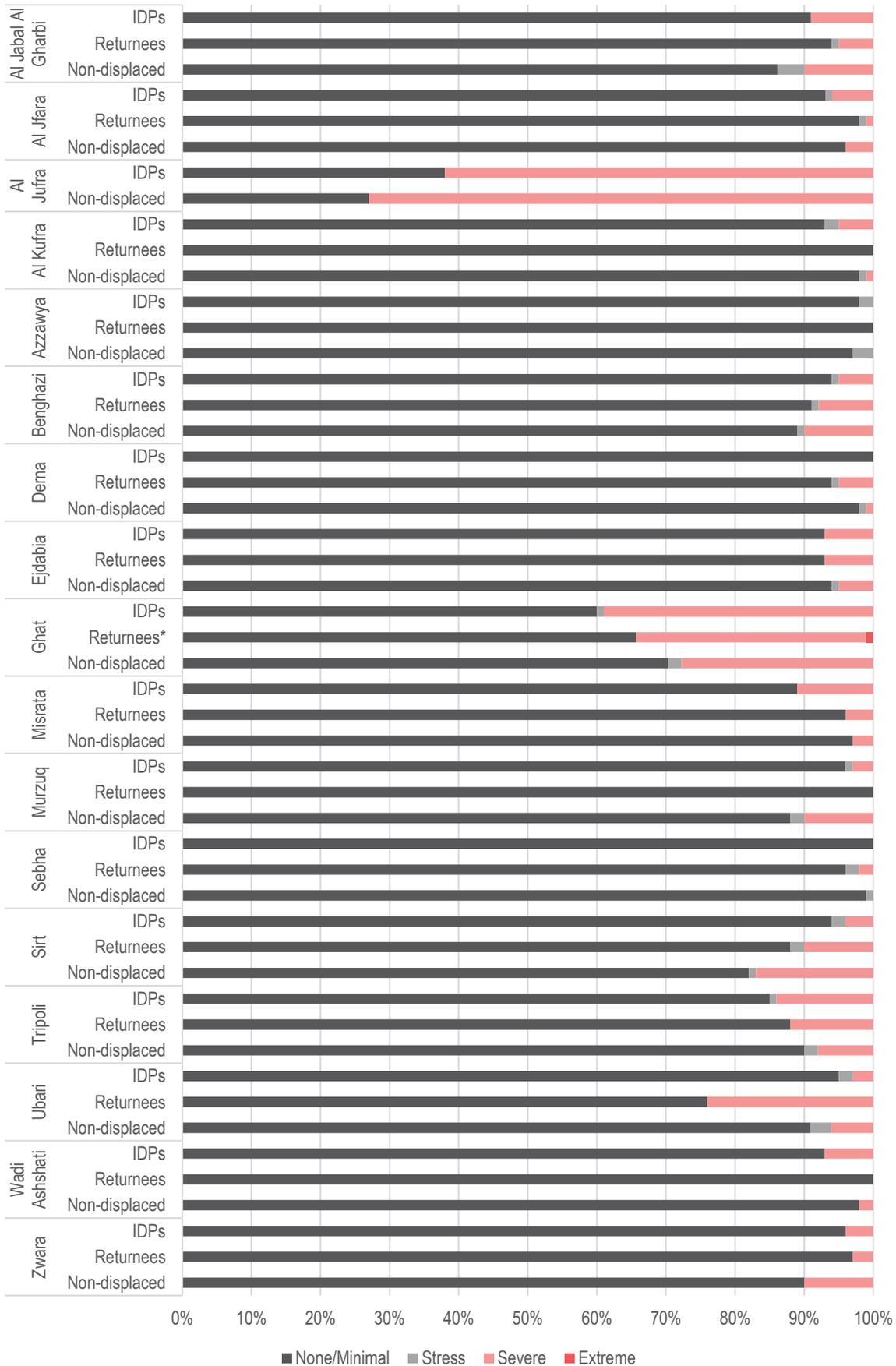
Pre-existing vulnerability score, by population group



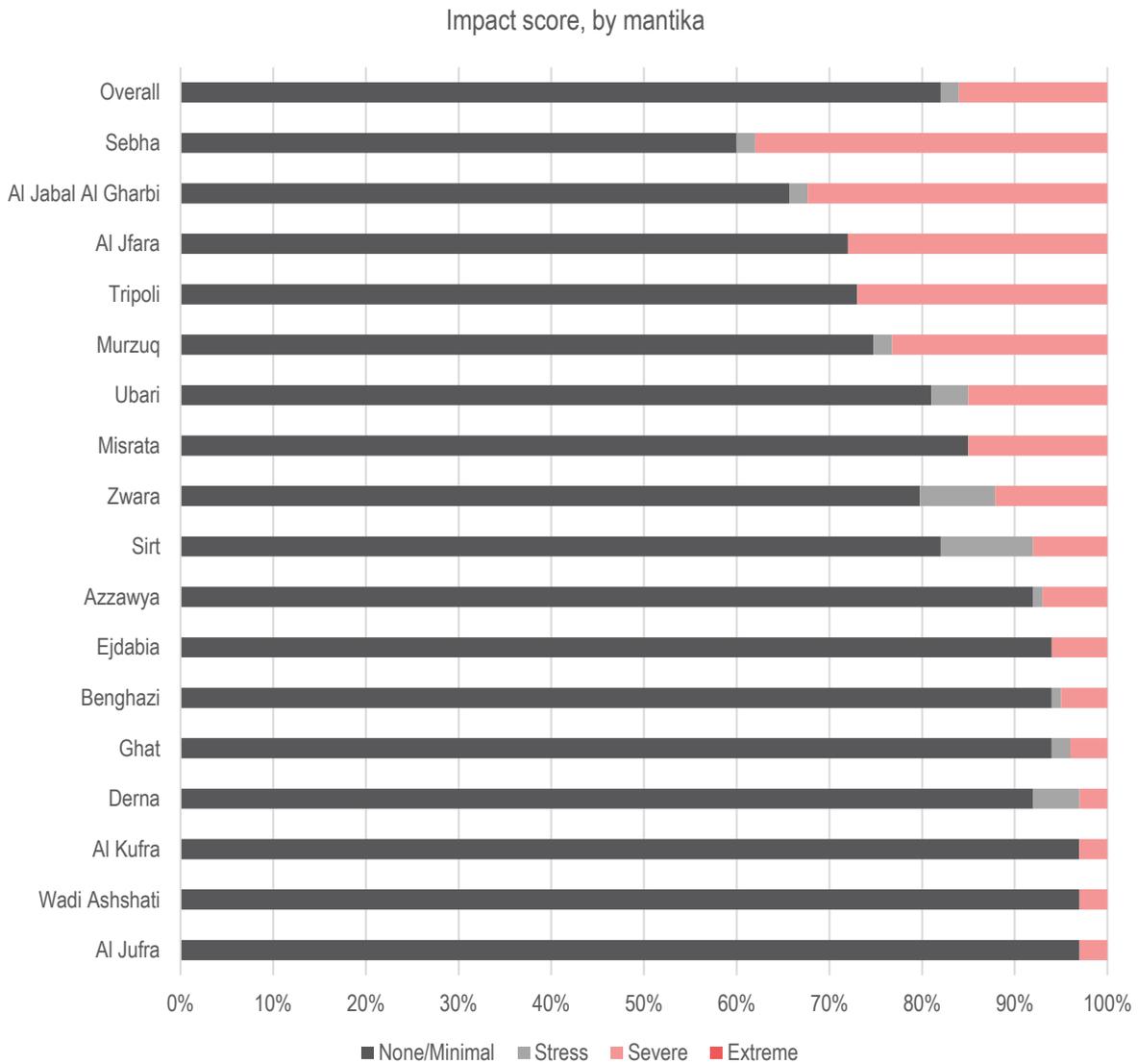
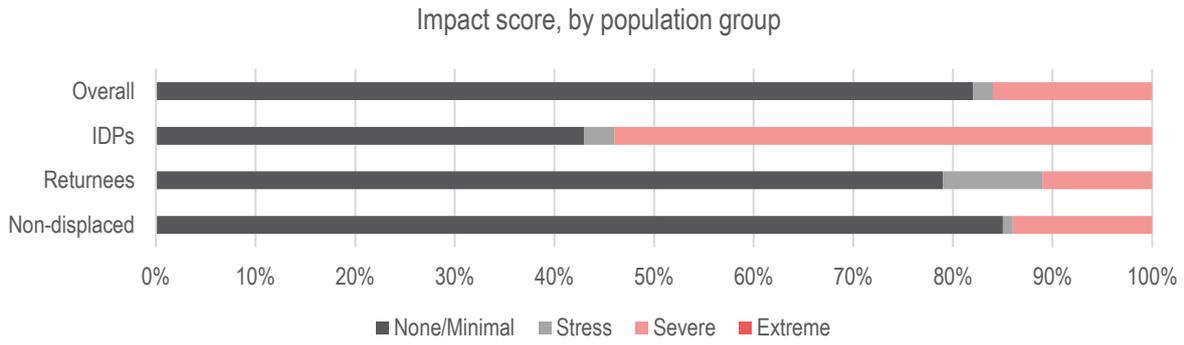
Pre-existing vulnerability score, by mantika



Pre-existing vulnerability score, by mantika and population group



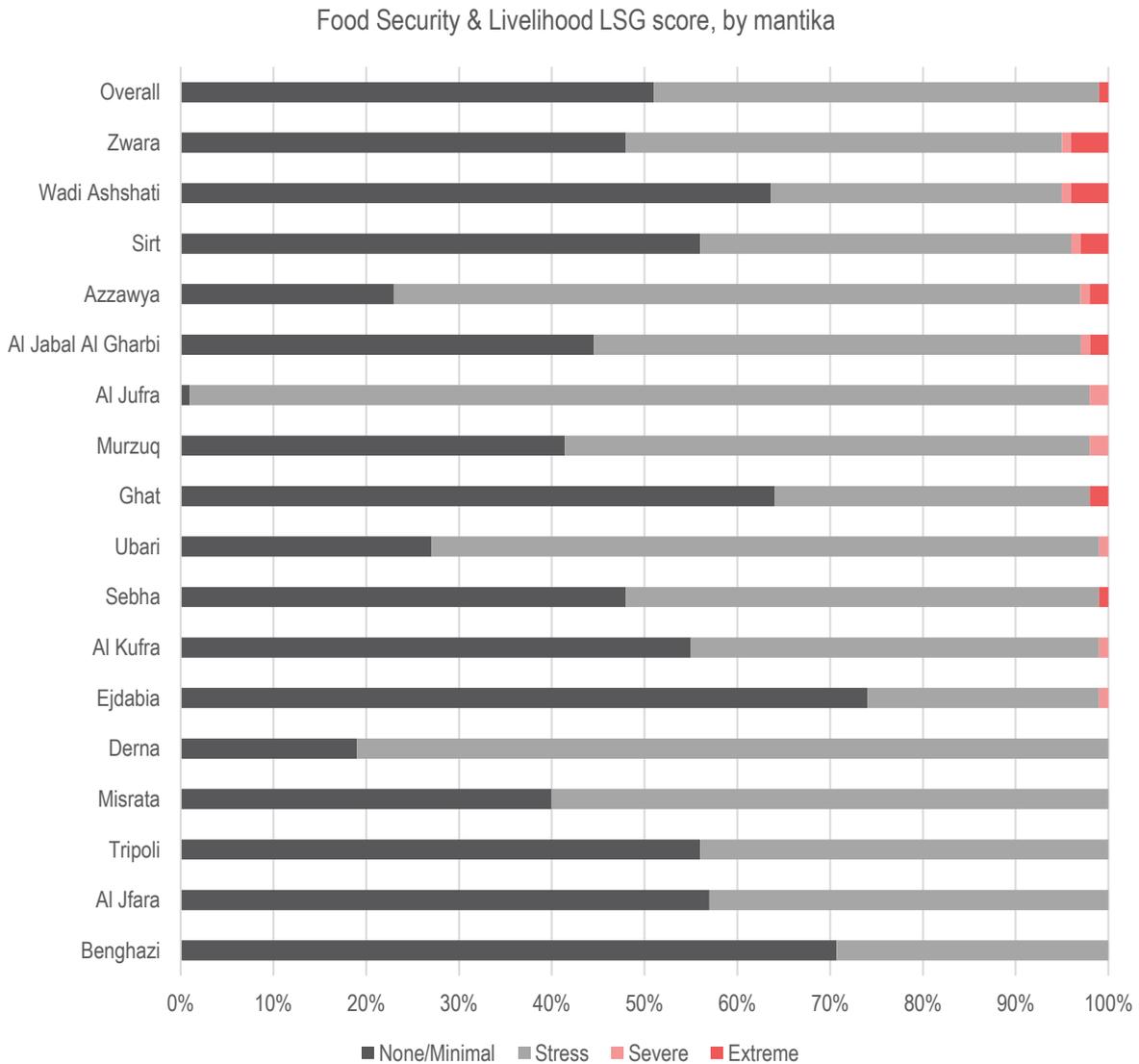
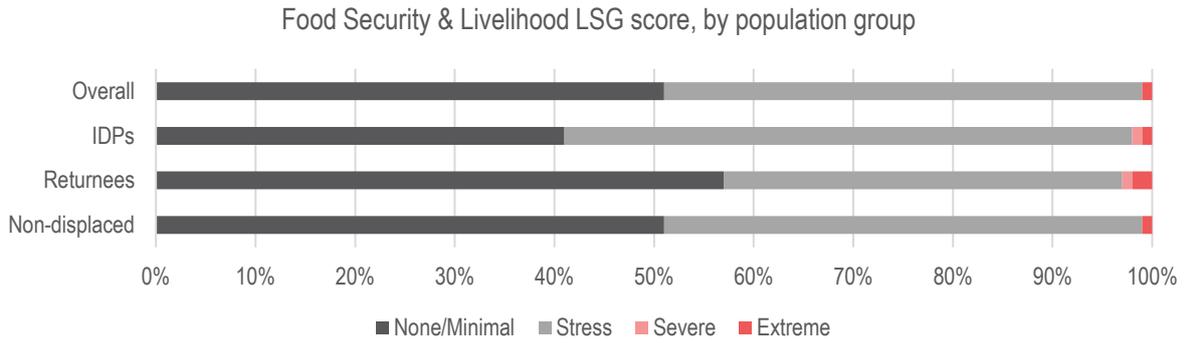
Impact Score



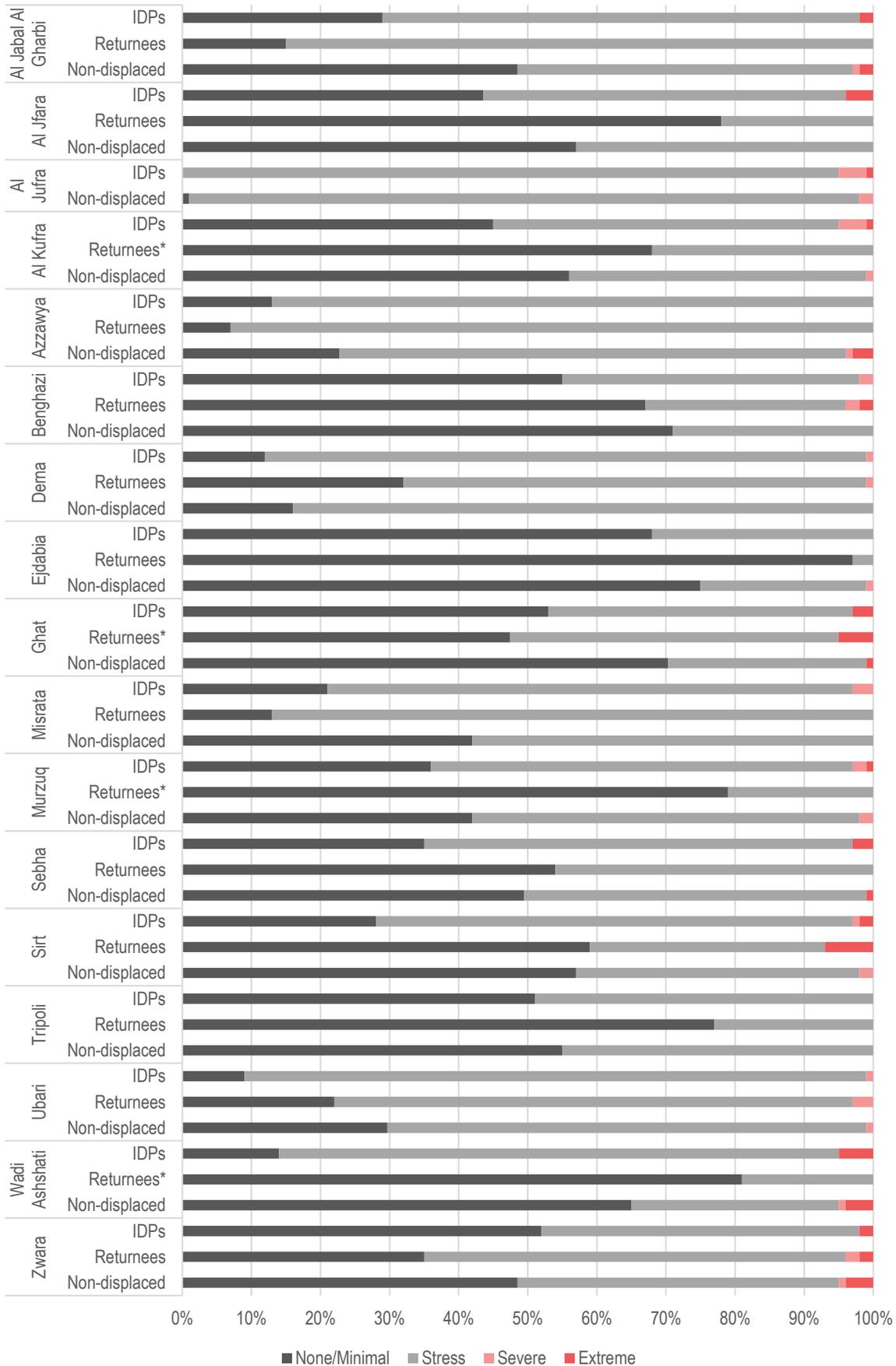
Impact score, by mantika and population group



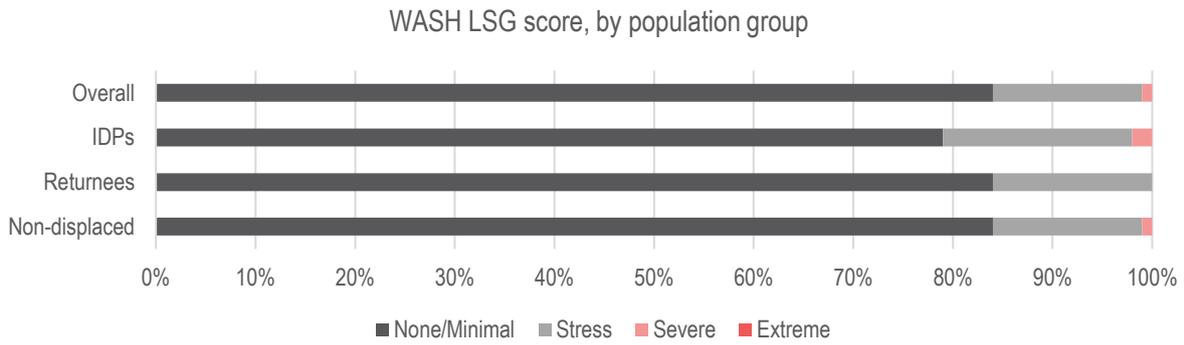
Food Security & Livelihoods Living Standard Gap Score



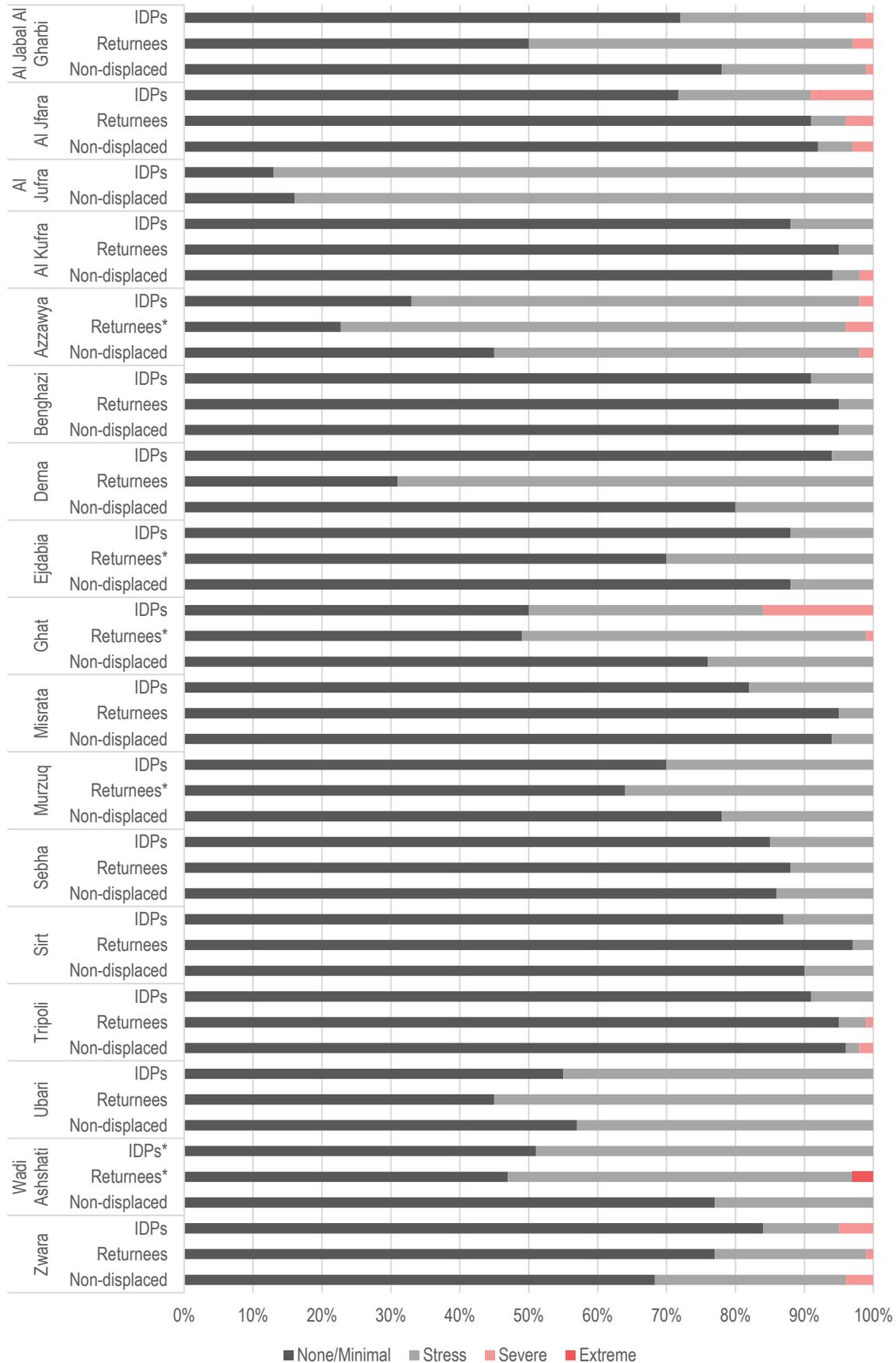
Food Security & Livelihood LSG score, by mantika and population group



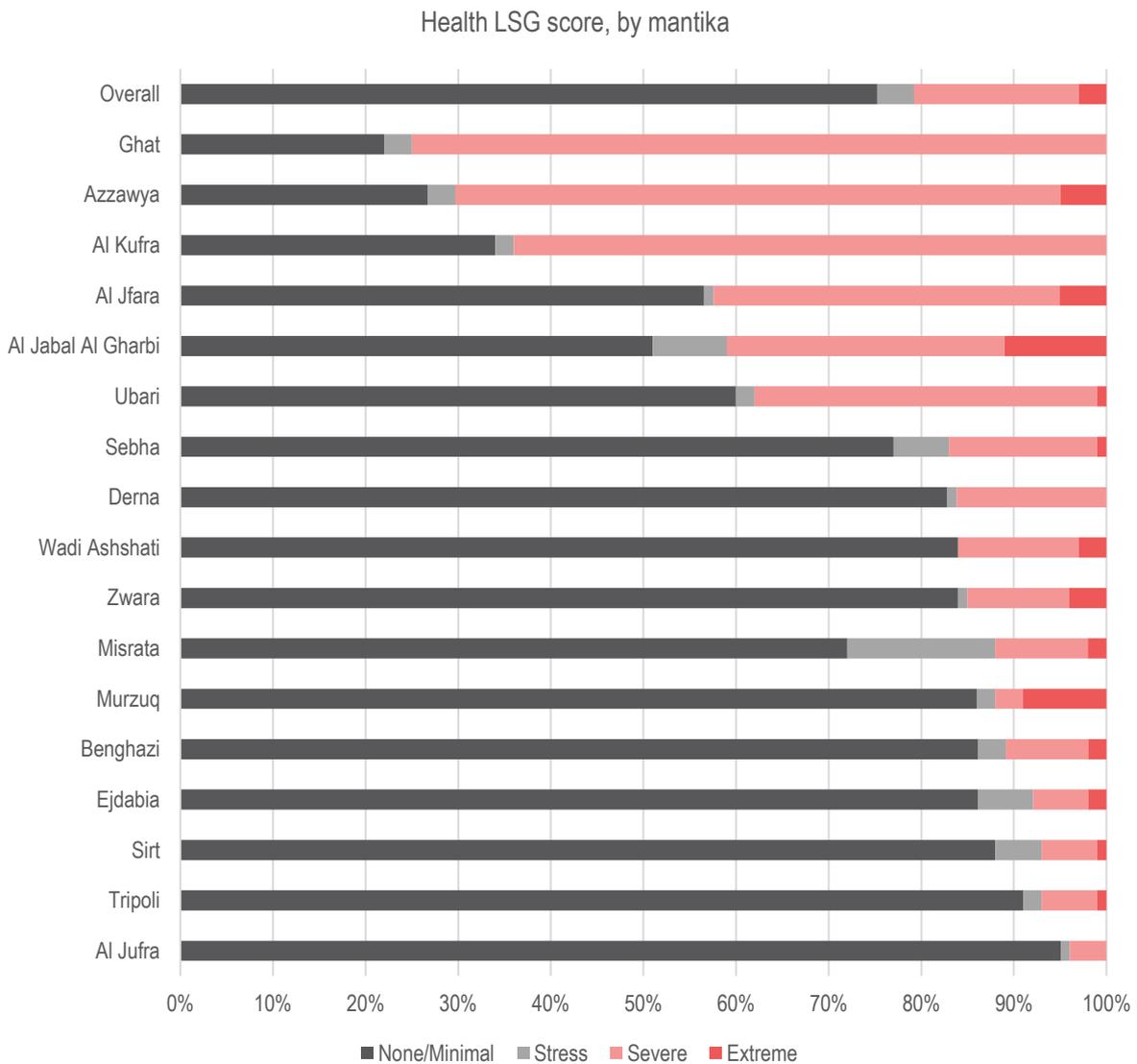
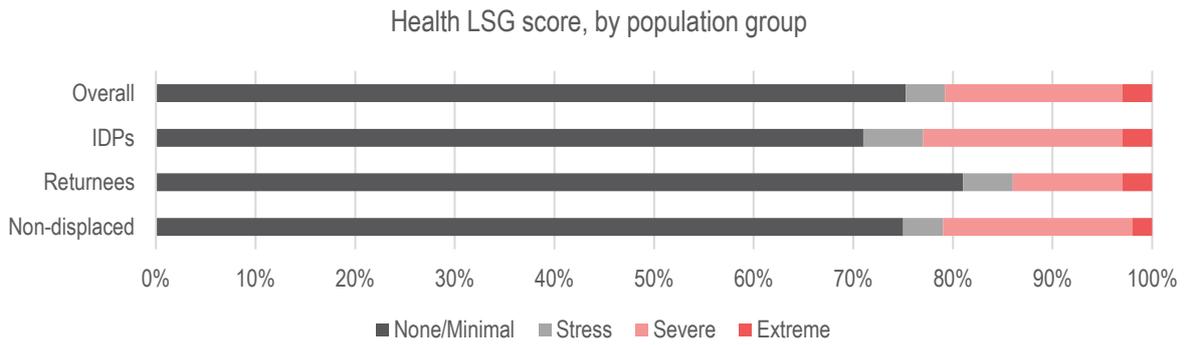
Water, Sanitation and Hygiene Living Standard Gap Score



WASH LSG score, by mantika and population group



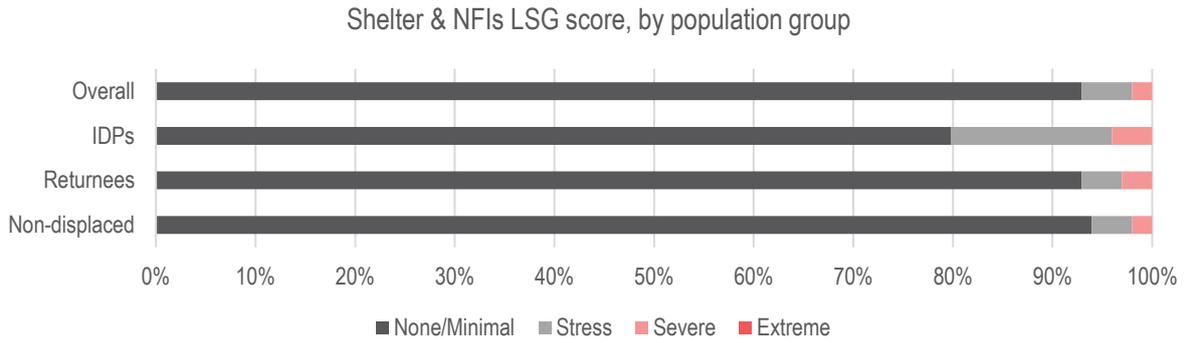
Health Living Standard Gap Score



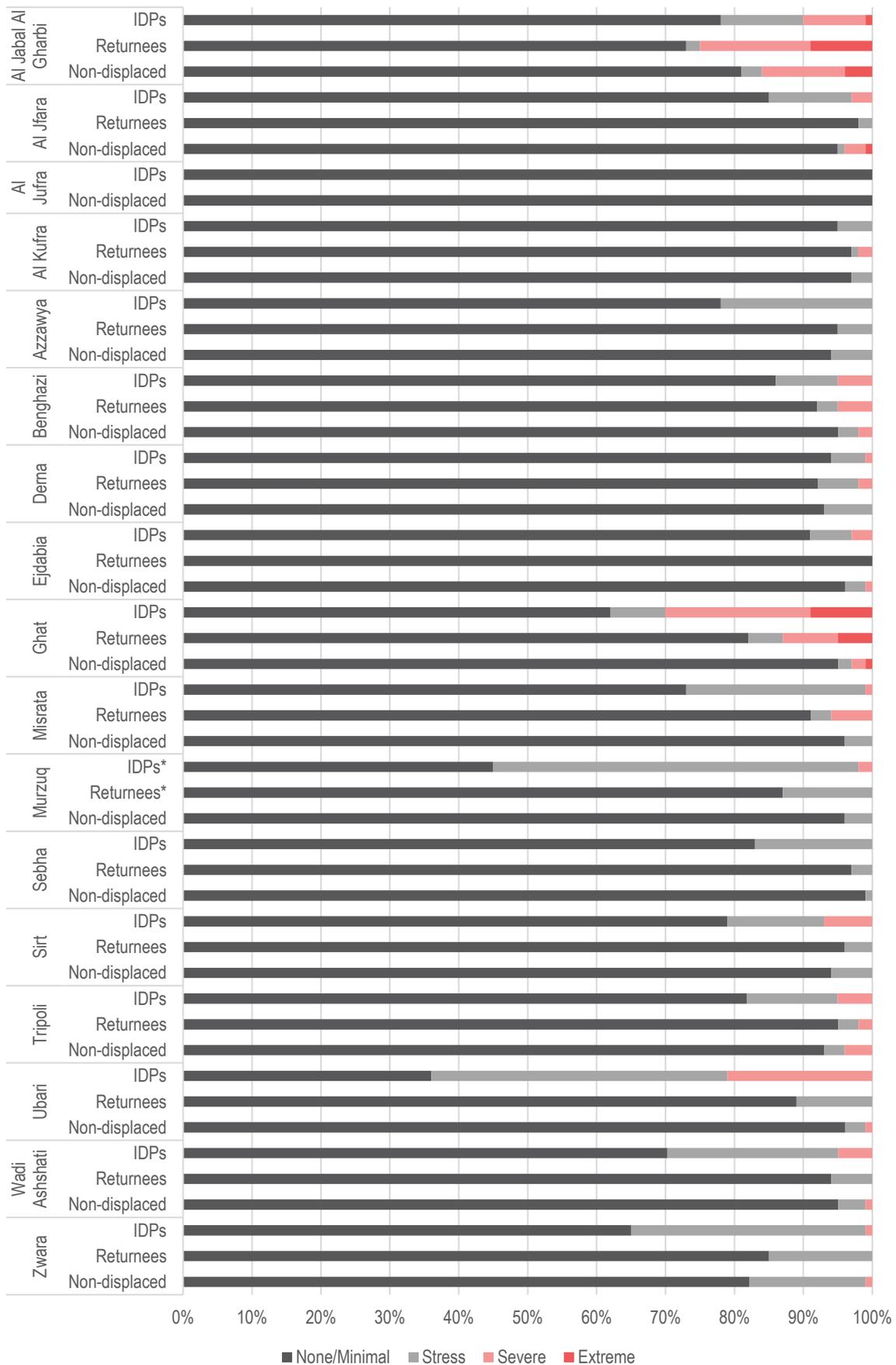
Health LSG score, by mantika and population group



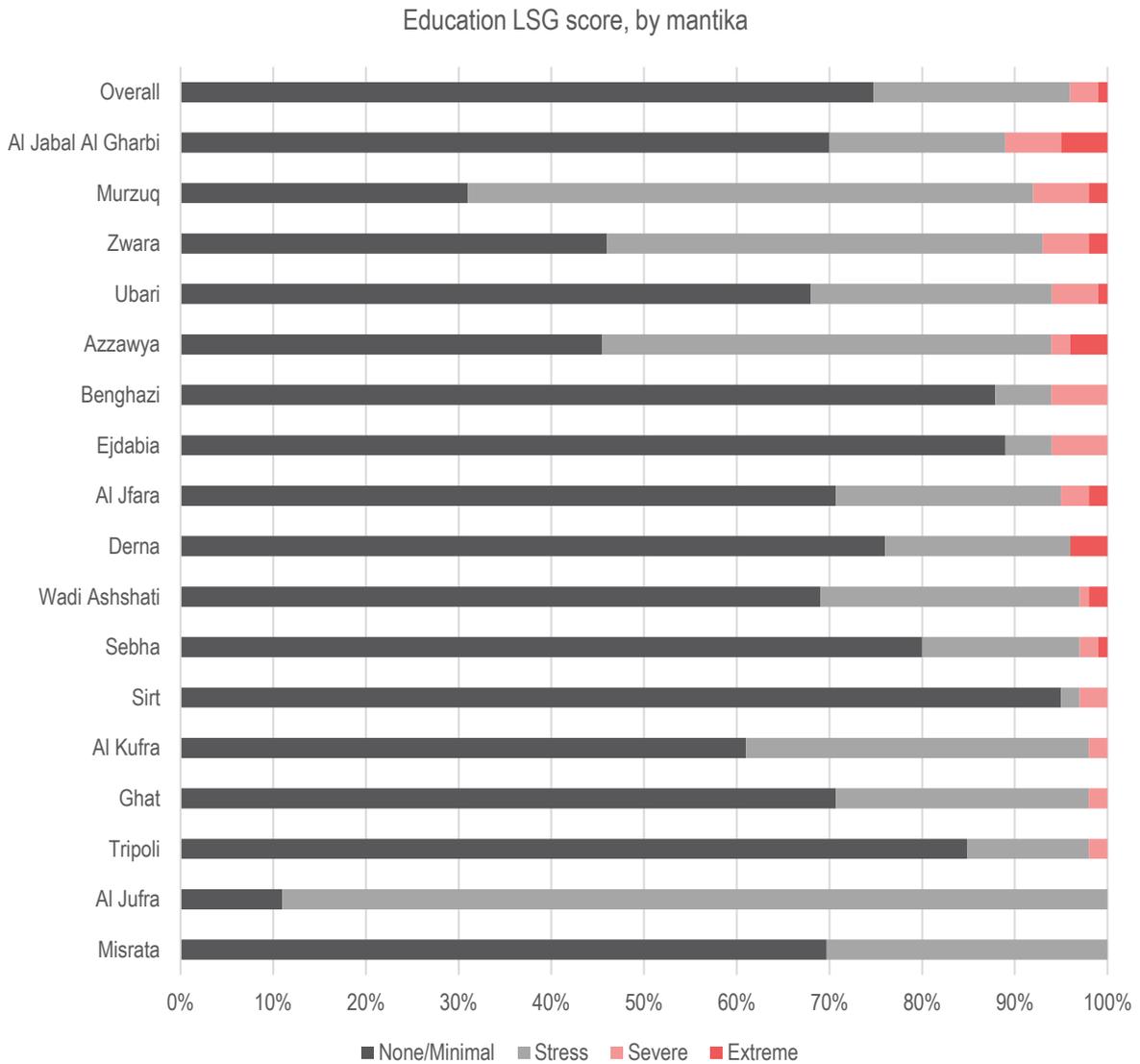
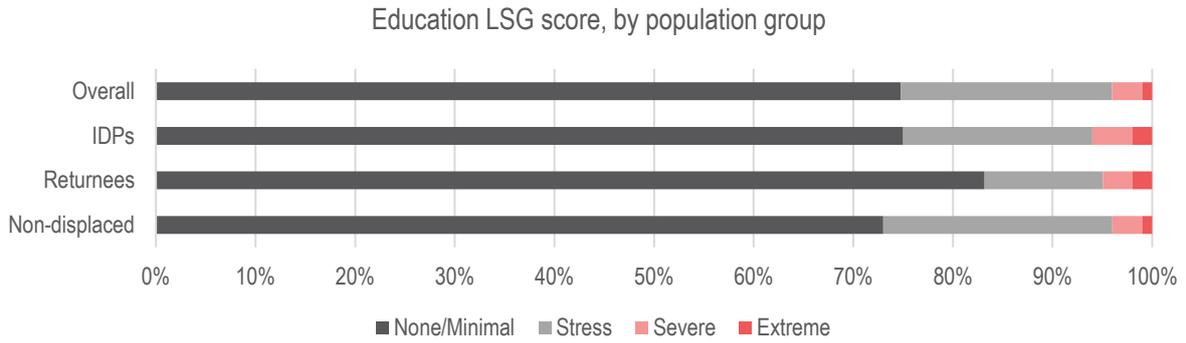
Shelter & Non-Food Items Living Standard Gap Score



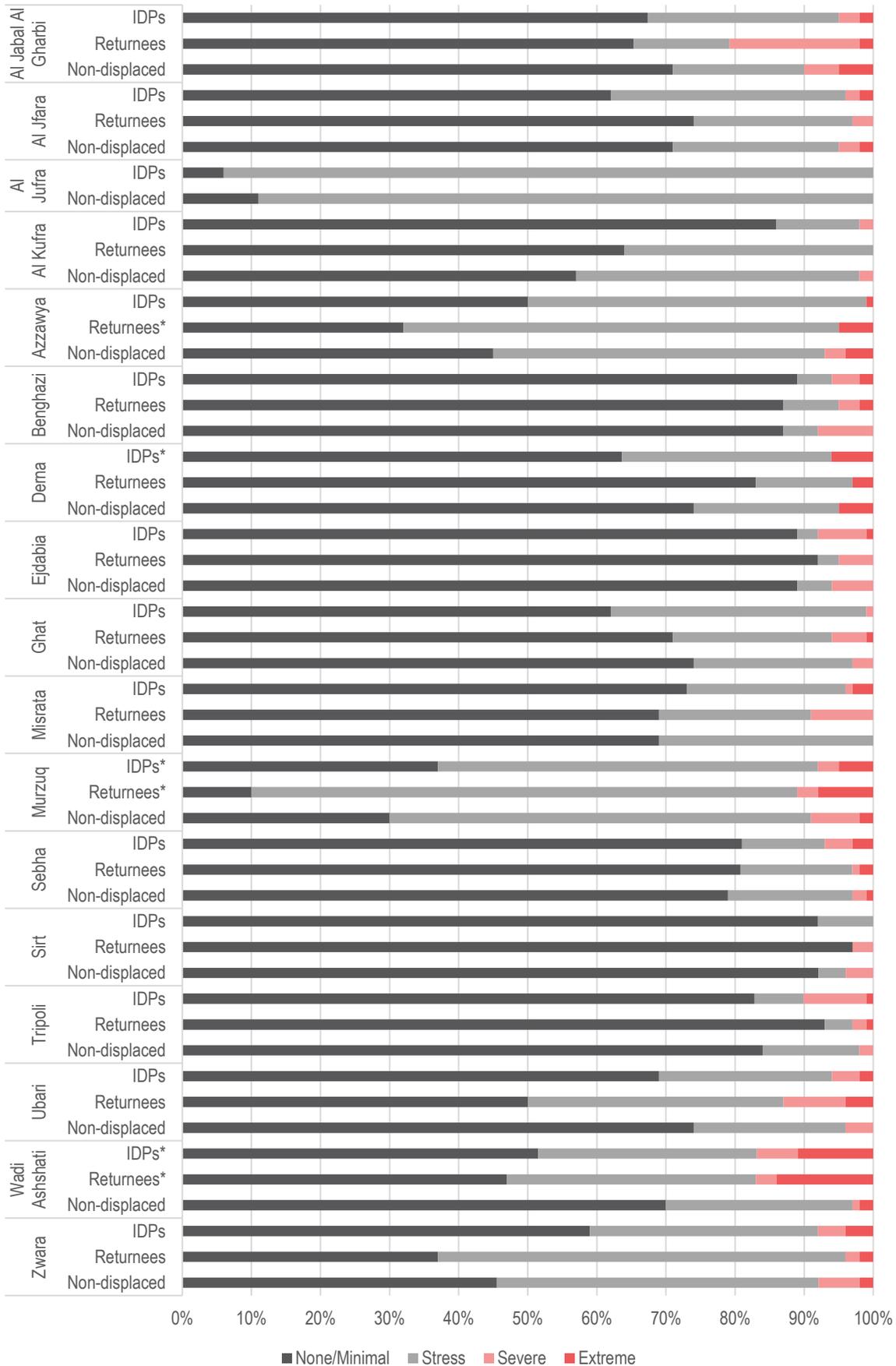
Shelter & NFIs LSG score, by mantika and population group



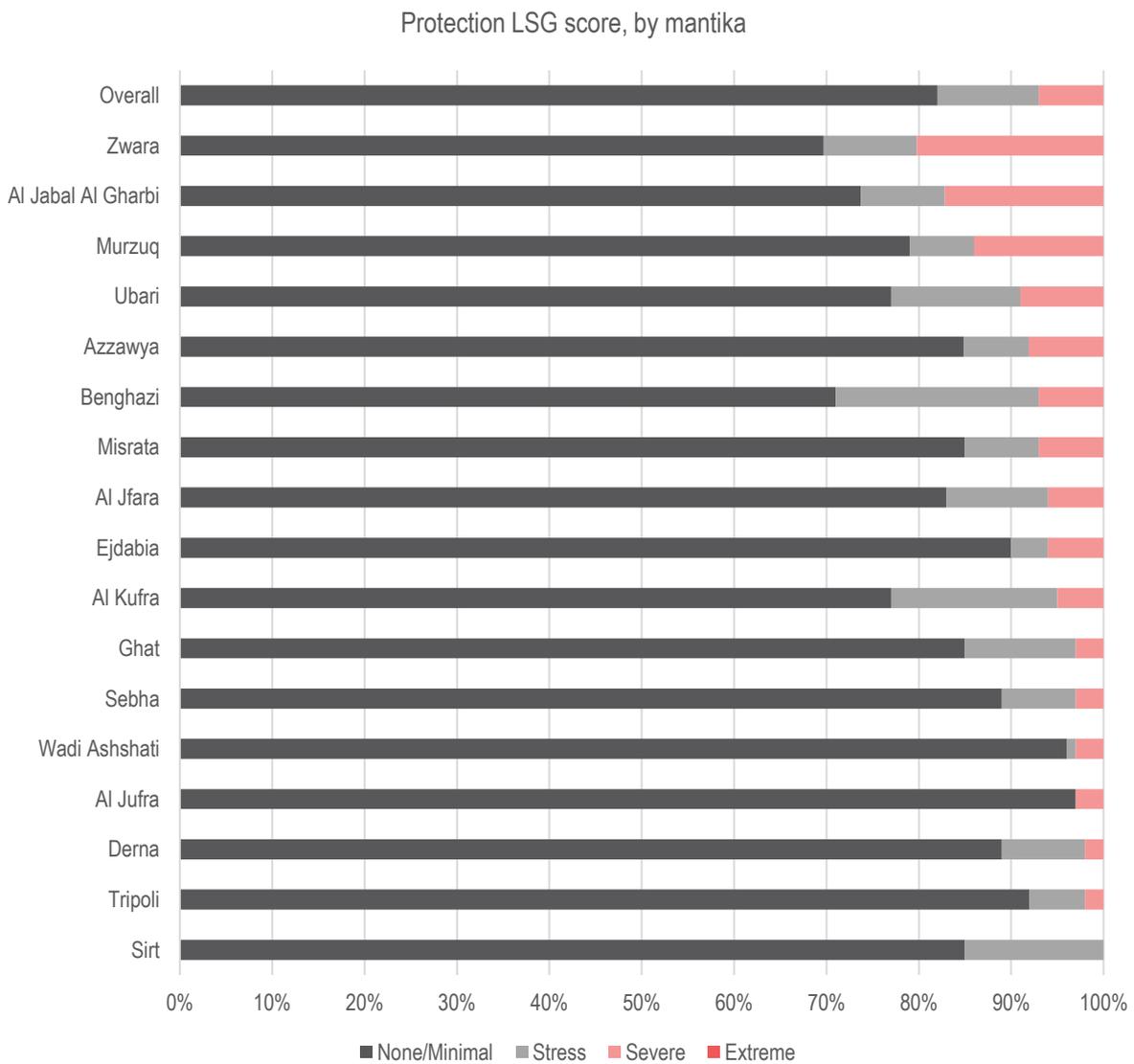
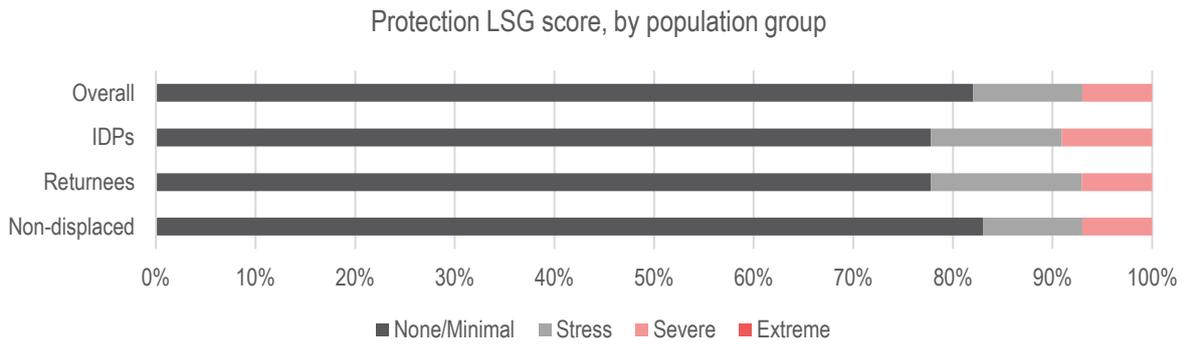
Education Living Standard Gap Score



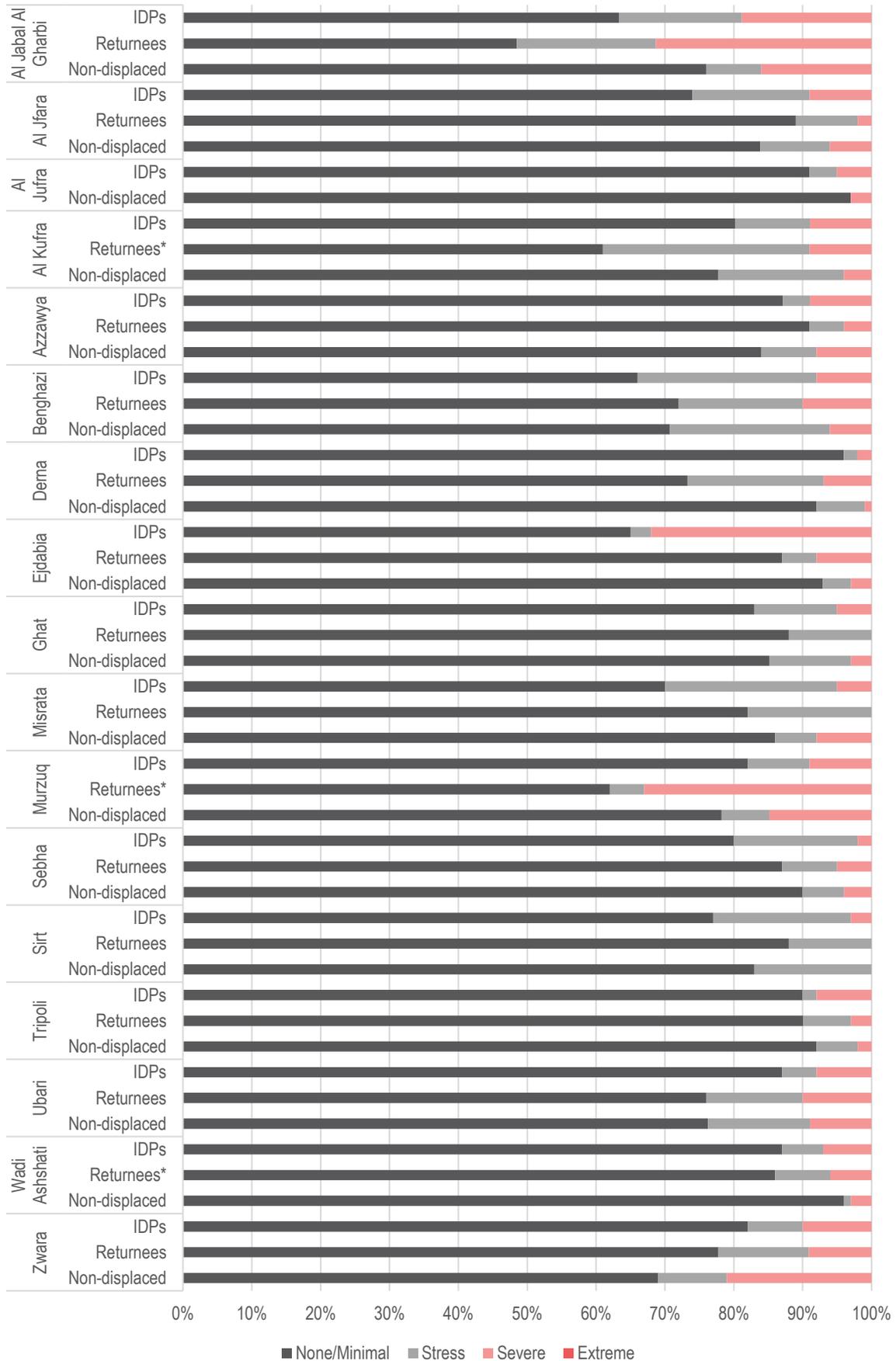
Education LSG score, by mantika and population group



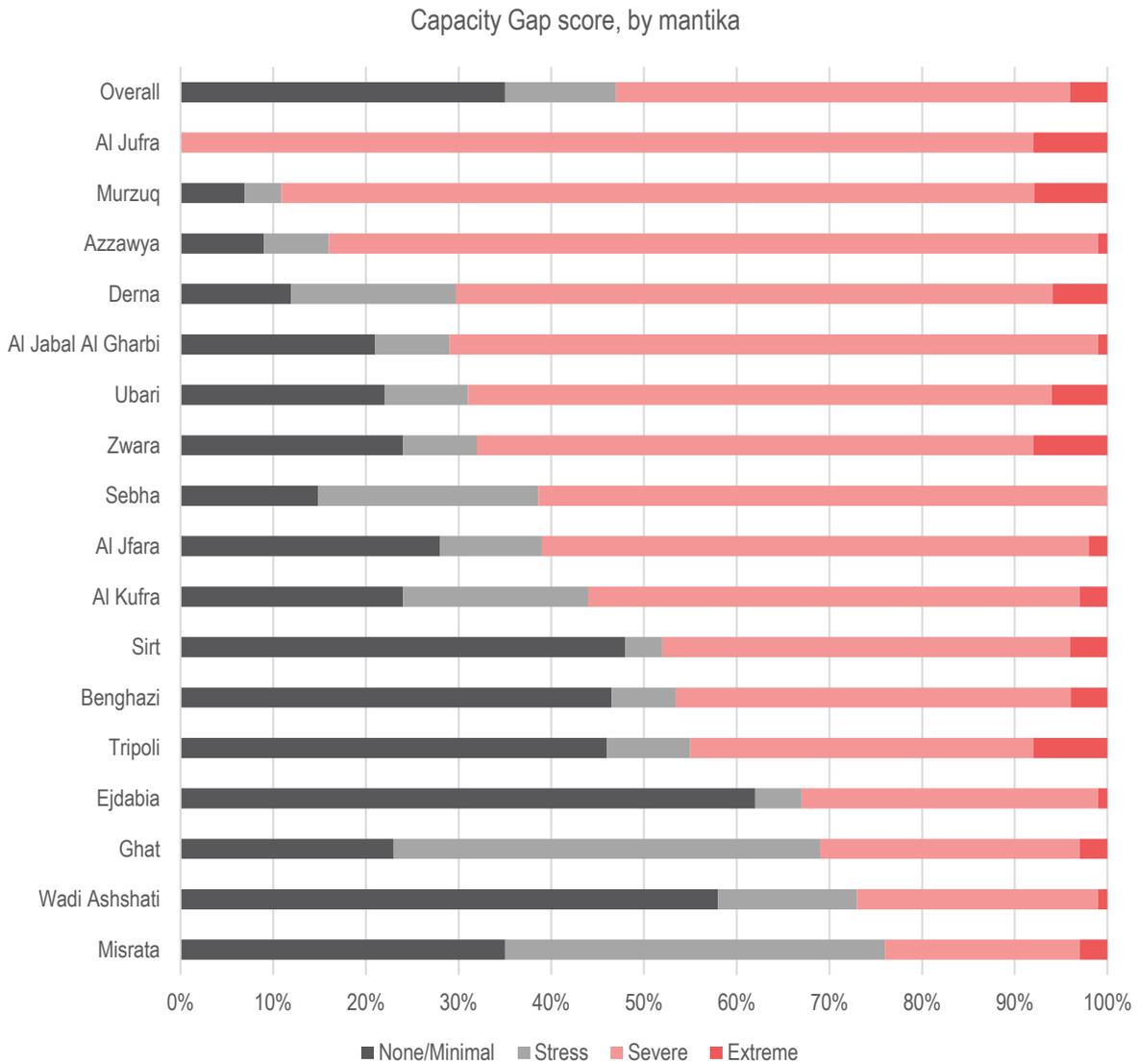
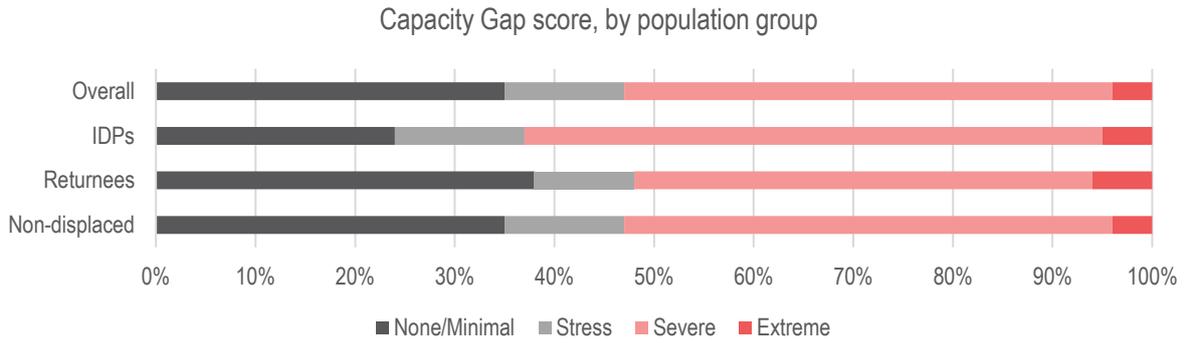
Protection Living Standard Gap Score



Protection LSG score, by mantika and population group



Capacity Gap Score



Capacity Gap score, by mantika and population group



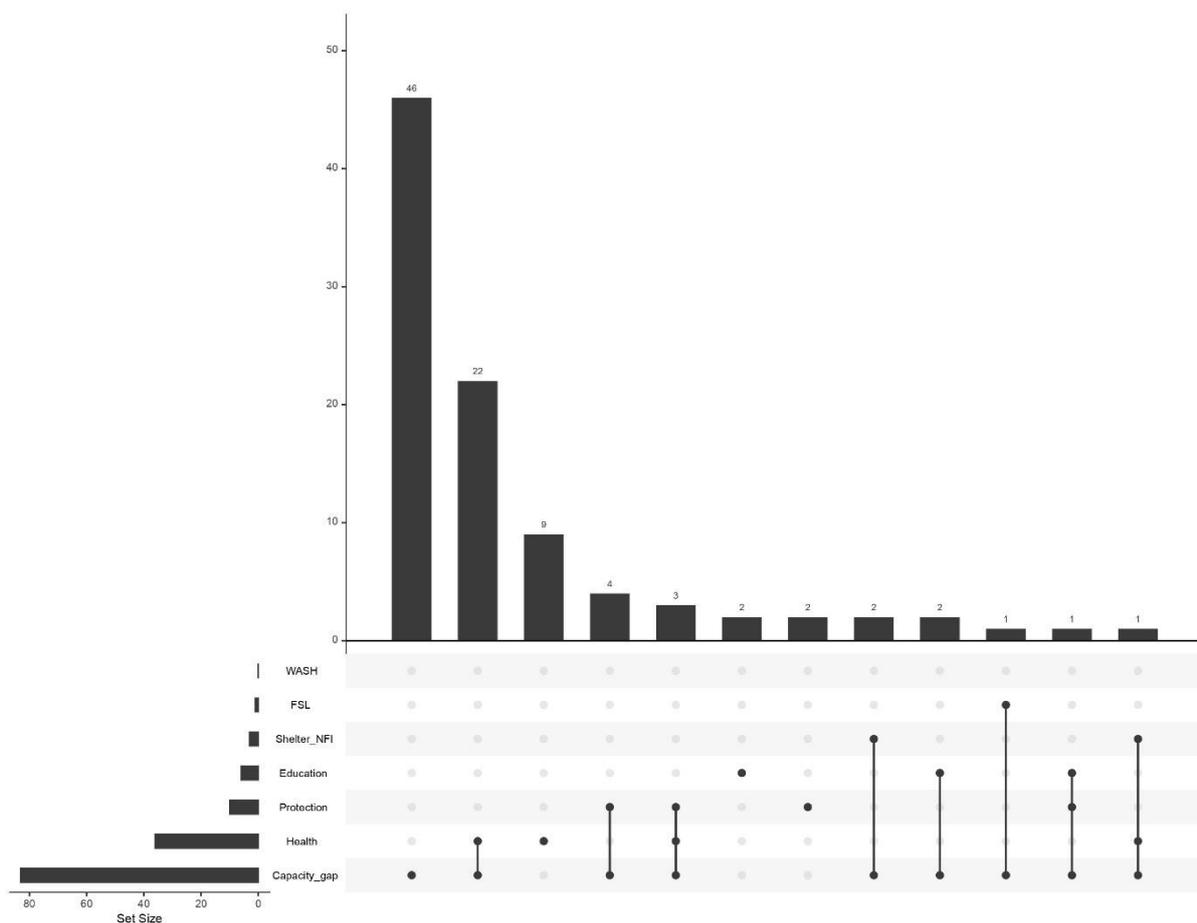
***Note:** Within the graphs in Annex 8, an asterisk (*) next to the name of a stratum indicates that the margin of error for this result exceeds 10%. For example, within the graph “Impact score, by mantika and population group,” the Impact score for the Sebha returnee stratum has a margin of error of 11%, while the Impact score for the Murzuq returnee stratum has a margin of error of 12%.

Annex 9: Guidance for Interpreting Multi-Sector Bar Graphs

The multi-sector bar graph is used for visualising the most common needs profiles of households with a LSG in one or more sectors and/or a CG. The graph enables the identification of sectors in which needs tend to co-occur or occur independently. Importantly, the graph does not visualise the severity of needs. Instead, it shows the prevalence of needs across sectors.

To illustrate, please see the following example:

- Vertical bars in the top:** Among all households with a LSG in one or more sectors and/or a CG, these bars indicate the proportion of households per needs profile. Only the 12 most common needs profiles are featured.
- Dots and lines in the bottom right quadrant:** The black dots and lines define the needs profiles. For example, out of all households with a LSG in one or more sectors and/or a CG, 46% had only a CG (i.e., no LSGs). An additional 22% had co-occurring CGs and Health LSGs.
- Horizontal bars in the bottom left quadrant:** This smaller set of bars indicates the prevalence of specific gaps among all households with a LSG in one or more sectors and/or a CG. For example, out of all households with a LSG in one or more sectors and/or a CG, 82% had a CG. The figure of 82% combines cases in which the household had only a CG, with cases in which the household had both a CG and one or more LSGs.



The following annexes are available for individual download from the REACH Resource Centre¹²⁰:

Annex 10: Terms of Reference

Annex 11: Dataset

Annex 12: Results Tables

The remaining annexes are available for download as a .zip file from the REACH Resource Centre:

Annex 13: Enumerator Training of Trainers (ToT) Agenda

Annex 14: Household Survey Data Collection Tool

Annex 15: Key Informant Interview (KII) Data Collection Tools

Annex 16: Focus Group Discussion (FGD) Data Collection Tools

¹²⁰ Available at: <https://www.reachresourcecentre.info/country/libya/>