Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Al Jabal Al Akhdar
Non-displaced HHs	2,449	133
IDP HHs	1,691	89
Returnees HHs	1,212	-
Total HHs	5,352	222

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**33.7%**
2 sectors		**6.1%**
3 sectors		**0.1%**
4 sectors		**0.0%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.1%**
Health	**13.9%**
Shelter and NFIs	**7.8%**
Protection	**3.0%**
WASH	**1.8%**
Education	**19.8%**

% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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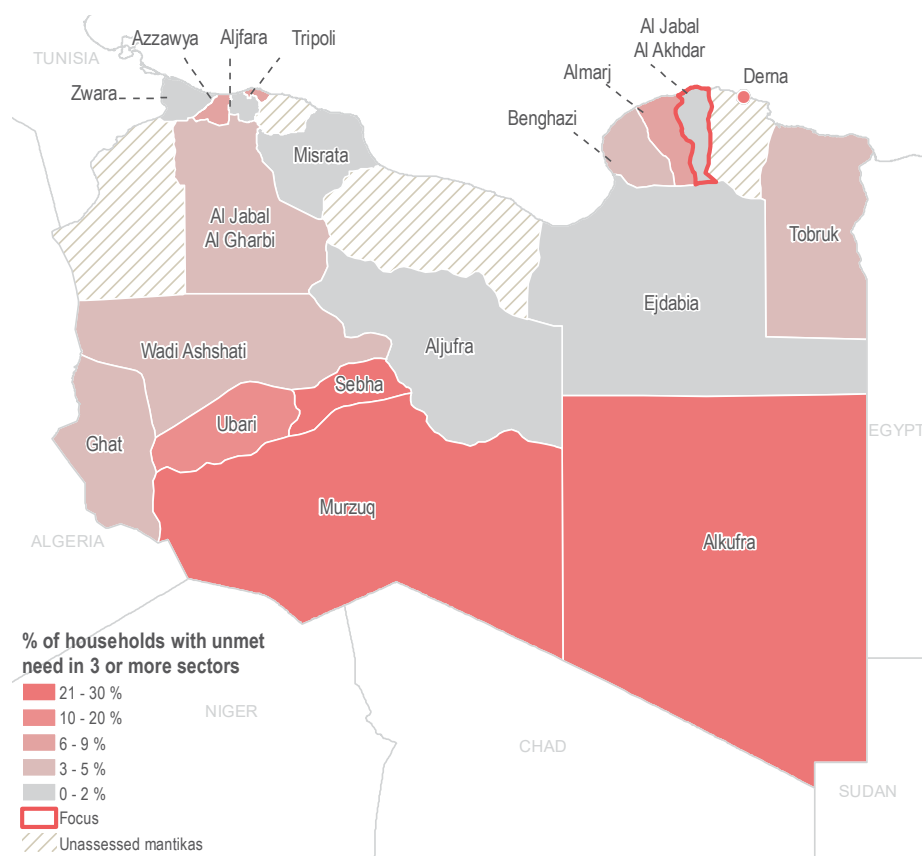
👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

79.7%	Albayda
20.3%	Shahhat

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
2.1%	7.9%	-

2.1% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **1.3** persons[6].

5.2% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	9.5%	6.2%	-
6-14	10.4%	12.1%	-
15-17	8.8%	11.1%	-
18-64	70.2%	62.5%	-
65+	1.1%	8.1%	-

% of HHs reporting the following vulnerable members:

18.9%	Chronically ill persons
0.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

75.7%	Displaced once
20.0%	Displaced twice
4.3%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

51.4%	Benghazi
37.1%	Derna
7.1%	Sirt
4.4%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 IDPs

Insecurity or conflict in the area of origin	53.9%
Dwelling being destroyed	33.7%
Presence of explosive hazards	22.5%

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Dwelling being destroyed
3. Presence of explosive hazards

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 IDPs

End of conflict	36.0%
Safer environment	25.8%
Presence of HH's community	24.7%

🍲 FOOD SECURITY

Households with an unmet need in the food security sector:
0.1%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	21.0%	12.6%	-
Marginally food insecure	78.3%	83.9%	-
Moderately food insecure	0.7%	3.4%	-
Severely food insecure	0.0%	0.0%	-

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	96.3%	79.8%	-
Market (cheque)	85.2%	69.7%	-
Market (debt)	42.7%	39.3%	-
Own production	28.9%	14.6%	-
Borrowing from relatives	0.0%	0.0%	-
Aid assistance	0.0%	19.1%	-
Gifts from relatives	0.7%	22.5%	-
Zakat[9]	0.0%	4.5%	-
Work or barter for food	1.5%	2.2%	-

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	1.6	6.9	-
Low use of coping strategies (0-3)	84.2%	29.9%	-
Medium use of coping strategies (4-9)	13.5%	46.0%	-
High use of coping strategies (10+)	2.3%	24.1%	-

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

1.2	Rely on less preferred, less expensive food
0.3	Reduce the size of portions or meals
0.0	Borrow food or rely on help from relatives
0.0	Reduce the quantity consumed by adults so children could eat
0.2	Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

30.4%	None
8.8%	Stress strategies
58.3%	Crisis strategies
2.5%	Emergency strategies
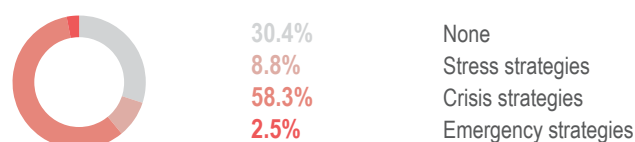
46.3% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:
13.9%

24.0% of HHs reported needing healthcare in the 15 days prior to data collection.

99.9% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
82.0%	No available health facilities accepting new patiens	55.6%	No or lack of money to pay for care	-	-
58.7%	Lack of medical supplies	44.4%	Distance too long to health center	-	-
55.8%	Lack of medical staff	22.2%	Health facilities being damaged or destroyed	-	-

0.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

40.3% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	18.9%	25.8%	-
Mental disorder	0.0%	8.7%	-
Physical disability	0.2%	7.9%	-

Main chronic diseases reported by HHs[6][11]:

Blood pressure		38.5%
Chronic back pain (spinal cord)		27.3%
Heart disease		14.9%

100.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
800 LYD	1000 LYD	-

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	9.9%
Salaried work	2.6%
Government salary	80.4%
Remittances	0.5%
Casual labour	6.3%
Government social benefits	0.1%
Support from family and friends	0.2%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.0%

78.6% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
72.9%	Unable to withdraw enough money from bank account	65.8%	Unable to withdraw enough money from bank account	-	-
46.6%	Salary or wages not paid regularly	44.7%	Salary or wages not paid regularly	-	-
2.2%	Salary or wages too low	28.9%	Salary or wages too low	-	-

Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
58.6%	Hard cash (LYD)	48.3%	Hard cash (LYD)	-	-
38.9%	Cheques	37.1%	Bank transfers	-	-
2.4%	Bank transfers	9.0%	Bank transfers	-	-

45.2% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	6.1%	8.9%	-
300 - 599 LYD	53.8%	53.3%	-
600 - 999 LYD	40.1%	31.1%	-
> 1000 LYD	0.1%	6.7%	-

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Marketplace too far from residency/no means of transport
3. Transportation too expensive

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

7.8%

% of HHs reported living in each shelter type:

- 52.7% House
- **47.3%** Apartment

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	94.3%	31.5%	-
Rental (with written contract)	3.8%	28.1%	-
Rental (with verbal agreement)	1.7%	19.1%	-
Being hosted for free	0.0%	20.2%	-
Squatting (without consent of owner)	0.0%	0.0%	-
Housing provided by public authority	0.2%	1.1%	-

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	87.0%	76.4%	-
Light damage	5.6%	15.7%	-
Medium damage	0.0%	4.5%	-
Heavy damage	1.7%	2.2%	-
Destroyed	5.8%	1.1%	-

HHs threatened with eviction in the 6 months prior to data collection, per population group:

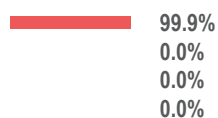| Non-displaced	IDPs	Returnees
0.0%	2.2%	-

5.6% of HHs reported having been evicted in the 6 months prior to data collection.

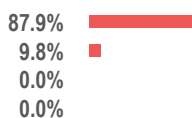**Reported average number of hours of power cuts in the 7 days prior to data collection:**

0-2h	29.3%
3-5h	68.6%
6-8h	2.1%
9-11h	0.0%
12-14h	0.0%
> 14h	0.0%

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% of HHs reporting having access to vehicle fuel:

% of HHs reporting having access to cooking fuel:

99.9%	Regular access	87.9%
0.0%	Irregular access	9.8%
0.0%	No access	0.0%
0.0%	No use or no need	0.0%

11.9% of HHs reported irregular or no access to heating fuel when required.

🫶 PROTECTION

Households with an unmet need in the protection sector:

3.0%

1.2% of HHs reported presence of explosive hazards in their currrent area of residence.

0.2% of HHs reported having family member harmed as a result of UXO.

28.2% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

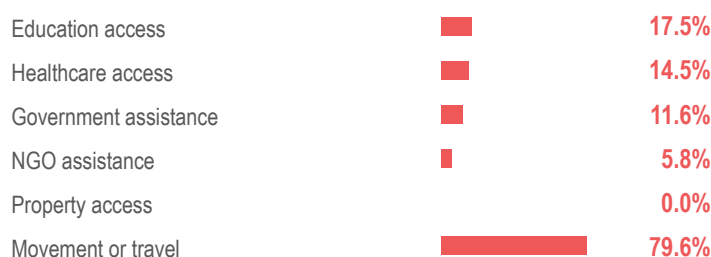**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

1. Social media
2. Conventional media
3. School

% of HHs having lost ID or other documentation during the conflict, per population group:

🧍 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
0.3%	13.5%	-

97.1% of HHs having lost ID or other documentation had reapplied for new documentation[6].

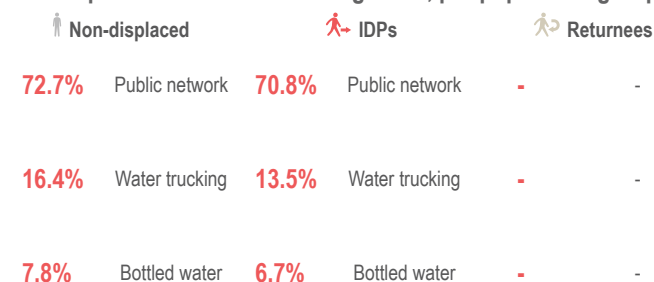**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	17.5%
Healthcare access	14.5%
Government assistance	11.6%
NGO assistance	5.8%
Property access	0.0%
Movement or travel	79.6%

1.5% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

1.8%

Main reported sources of drinking water, per population group:

🧍 Non-displaced		🚶 IDPs		🚶‍♂️ Returnees	
72.7%	Public network	70.8%	Public network	-	-
16.4%	Water trucking	13.5%	Water trucking	-	-
7.8%	Bottled water	6.7%	Bottled water	-	-

Top 3 reported types of water treatment[7]:

No treatment methods used	73.6%
Water filters	9.6%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced	IDPs	Returnees
1.5%	21.3%	-

47.1% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

9.5% of HHs reported that hygiene items were too expensive to afford.

0.0% of HHs reported that hygiene items were unavailable in the markets.

📖 EDUCATION

Households with an unmet need in the education sector:

19.8%

75.7% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
5.4%	12.1%	-

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Poor performance or dismissed	Displaced from area, where the initial school was	-
2	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers	-
3	Can't afford school fees	Health reasons (disability, chronic disease, etc)	-

% of HHs with school-aged children attending non-formal educational programmes:

22.1%	Remedial classes
5.4%	Catch-up classes

17.5% of HHs having lost documentation reported it affected their access to education.[6]

💥 ASSISTANCE

0.4% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

In-kind	48.5%
Mixed (in-kind and cash/voucher)	29.0%
Cash or voucher	25.8%

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	42.8%
Do not wish to receive assistance	37.7%
Mixed (in-kind and cash/voucher)	8.6%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	58.5%
How to get more money/financial support	34.6%
How to find work	30.5%

1	Libya Humanitarian Needs Overview, OCHA, 2018
2	UNSMIL, Human Rights Report on Civilian Casualties, 2018
3	https://www.unocha.org/middle-east-and-north-africa-romena/libya
4	Libya Humanitarian Needs Overview, OCHA, 2018
5	Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6	Due to limited sample size for this indicator, results are indicative and not representative
7	Multiple responses could be selected
8	Calculated using WFP CARI methodology, detailed here.
9	Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10	Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
	Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
	Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11	Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12	Calculated based on HHs who receive an income
13	Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)

Al Jabal Al Gharbi
November 2018
LIBYA

CONTEXT AND METHODOLOGY

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Returnees HHs	1,212	100
Total HHs	5,352	321

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**23.3%**
2 sectors		**11.3%**
3 sectors		**3.0%**
4 sectors		**0.5%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.4%**
Health	**16.1%**
Shelter and NFIs	**4.0%**
Protection	**17.1%**
WASH	**7.6%**
Education	**11.2%**
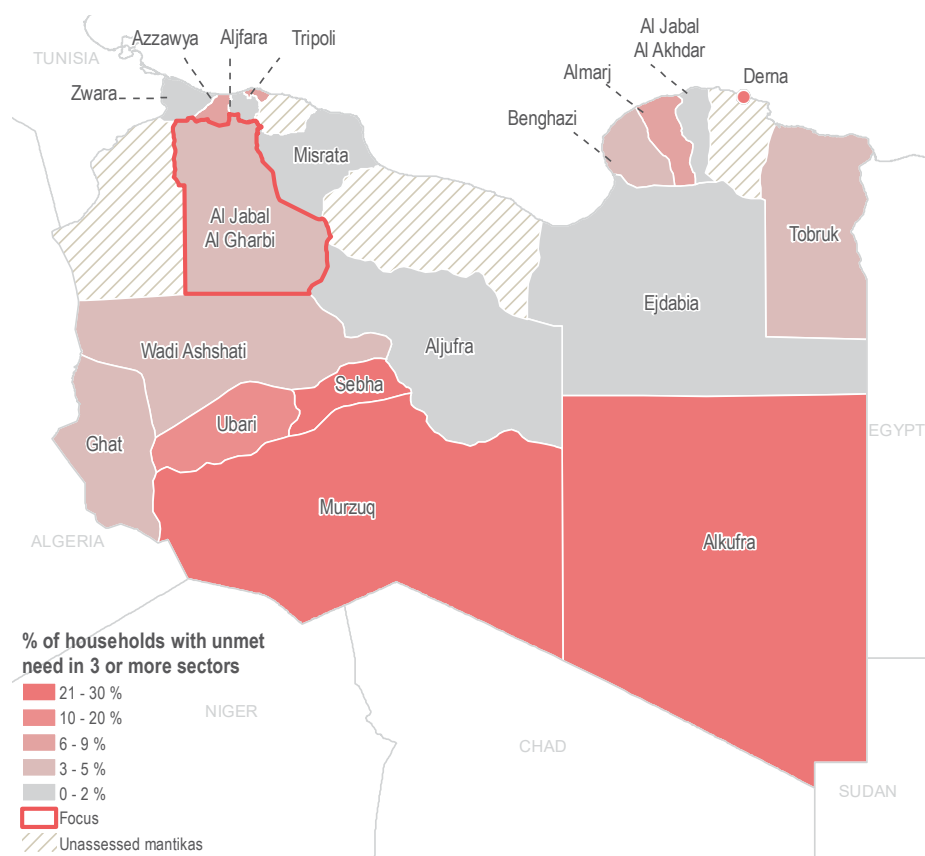
% of households with unmet need in 3 or more sectors

- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

39.5%	Ghiryan
23.6%	Jadu
13.4%	Kikkla
23.6%	Other

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶↩ Returnees
0.2%	**2.3%**	**1.0%**
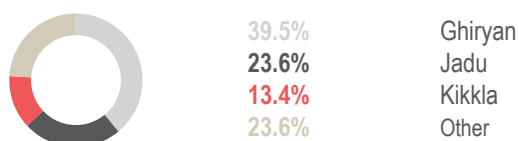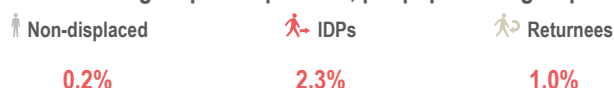
0.4% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **2.7** persons[6].

7.1% of head of households (HoHs) were above 65 years old.

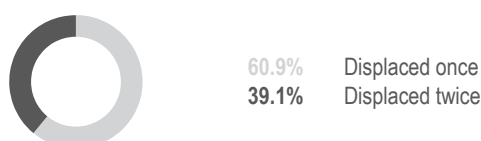**Age distribution of HH members per population group:**

	🧍 Non-displaced	🚶 IDPs	🚶↩ Returnees
0-5	**14.2%**	**10.8%**	**13.7%**
6-14	**18.4%**	**18.4%**	**21.4%**
15-17	**8.7%**	**12.0%**	**6.3%**
18-64	**55.0%**	**56.0%**	**54.2%**
65+	**3.7%**	**2.7%**	**4.4%**

% of HHs reporting the following vulnerable members:

11.3%	Chronically ill persons
0.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

60.9%	Displaced once
39.1%	Displaced twice

Top 3 mantikas of origin of IDPs:

76.7%	Al Jabal Al Gharbi
21.5%	Tripoli
0.8%	Azzawya
1.0%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**55.2%**
Threats of violence against HH	**34.5%**
Dwelling being destroyed	**17.2%**

🚶↩ **Returnees**

Insecurity or conflict in the area of origin	**97.0%**
Dwelling being destroyed	**9.0%**
Evicted from dwelling	**2.0%**

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Threats of violence against HH
3. Dwelling being destroyed

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Presence of HH's community	**72.4%**
Own property in chosen area	**42.5%**
Safer environment	**39.1%**

🚶↩ **Returnees**

End of conflict	**71.0%**
Presence of friends or family	**41.0%**
Presence of HH's community	**31.0%**

Top 3 reported problems faced upon return to area of origin:

1. Basic services at household level no longer working (electricity, water,…)
2. Basic services at community level no longer working (health facilities, schools,…)
3. Lack of security in area

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

0.4%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	20.1%	39.5%	24.0%
Marginally food insecure	77.6%	60.5%	69.0%
Moderately food insecure	2.3%	0.0%	7.0%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	98.5%	97.7%	89.0%
Market (cheque)	79.3%	65.5%	90.0%
Market (debt)	53.5%	31.0%	35.0%
Own production	6.7%	8.0%	1.0%
Borrowing from relatives	0.9%	0.0%	1.0%
Aid assistance	3.1%	1.1%	3.0%
Gifts from relatives	1.5%	1.1%	3.0%
Zakat[9]	0.0%	0.0%	1.0%
Work or barter for food	0.0%	0.0%	1.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	5.7	5.6	9.2
Low use of coping strategies (0-3)	47.5%	63.2%	33.0%
Medium use of coping strategies (4-9)	34.5%	17.2%	37.1%
High use of coping strategies (10+)	18.0%	19.5%	29.9%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

2.1 Rely on less preferred, less expensive food

0.6 Reduce the size of portions or meals

0.6 Borrow food or rely on help from relatives

0.4 Reduce the quantity consumed by adults so children could eat

0.7 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

18.1%	None
21.9%	Stress strategies
57.6%	Crisis strategies
2.5%	Emergency strategies

17.2% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

16.1%

27.5% of HHs reported needing healthcare in the 15 days prior to data collection.

95.3% of these HHs reported having been to a health facility to access the needed healthcare[6].

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Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees
65.9%	Distance too long to health center	55.6%	Distance too long to health center	78.9%	Distance too long to health center
41.5%	Lack of medical staff	33.3%	Lack of medical staff	52.6%	Health facilities being damaged or destroyed
23.6%	Lack of medical supplies	11.1%	Health facilities being damaged or destroyed	12.3%	Lack of medical staff

3.6% of HHs reported travelling for more than one hour to access the nearest health service provider.

38.7% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	7.5%	33.3%	25.0%
Mental disorder	0.0%	0.0%	0.0%
Physical disability	4.5%	5.7%	0.0%

Main chronic diseases reported by HHs[6][11]:

Diabetes	57.9%
Blood pressure	35.6%
Heart disease	13.9%

100.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
750 LYD	300 LYD	850 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	12.8%
Salaried work	1.3%
Government salary	69.6%
Remittances	0.0%
Casual labour	0.7%
Government social benefits	1.8%
Support from family and friends	13.5%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.2%

91.8% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees
93.9%	Unable to withdraw enough money from bank account	87.2%	Unable to withdraw enough money from bank account	97.7%	Unable to withdraw enough money from bank account
16.0%	Salary or wages not paid regularly	21.3%	Salary or wages not paid regularly	10.2%	Salary or wages not paid regularly
4.9%	Lack of work opportunity	14.9%	Lack of work opportunity	6.8%	Salary or wages too low

Main reported modalities for HH expenditure, per population group[7]:

👤 Non-displaced		🏃 IDPs		🏃‍ Returnees	
51.6%	Hard cash (LYD)	**75.9%**	Hard cash (LYD)	**66.0%**	Hard cash (LYD)
42.0%	Cheques	**23.0%**	Cheques	**32.0%**	Cheques
6.0%	Credit or debit card	**1.1%**	Credit or debit card	**2.0%**	Credit or debit card

83.4% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	👤 Non-displaced	🏃 IDPs	🏃‍ Returnees
< 300 LYD	**45.1%**	**0.0%**	**20.6%**
300 - 599 LYD	**51.9%**	**45.5%**	**55.9%**
600 - 999 LYD	**3.1%**	**54.5%**	**17.6%**
> 1000 LYD	**0.0%**	**0.0%**	**5.9%**

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Marketplace too far from residency/no means of transport
3. Insecurity travelling to and from marketplace

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:
4.0%

% of HHs reported living in each shelter type:

- **84.2%** House
- **15.6%** Apartment
- **0.2%** Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	👤 Non-displaced	🏃 IDPs	🏃‍ Returnees
Ownership	**95.0%**	**63.2%**	**99.0%**
Rental (with written contract)	**1.9%**	**6.9%**	**1.0%**
Rental (with verbal agreement)	**1.3%**	**20.7%**	**0.0%**
Being hosted for free	**1.5%**	**8.0%**	**0.0%**
Squatting (without consent of owner)	**0.0%**	**0.0%**	**0.0%**
Housing provided by public authority	**0.0%**	**0.0%**	**0.0%**

% of housing with reported damage[13], per population group:

	👤 Non-displaced	🏃 IDPs	🏃‍ Returnees
No damage	**92.2%**	**86.2%**	**52.0%**
Light damage	**3.5%**	**10.3%**	**30.0%**
Medium damage	**4.3%**	**3.4%**	**5.0%**
Heavy damage	**0.0%**	**0.0%**	**12.0%**
Destroyed	**0.0%**	**0.0%**	**1.0%**

HHs threatened with eviction in the 6 months prior to data collection, per population group:

👤 Non-displaced	🏃 IDPs	🏃‍ Returnees
0.0%	**2.3%**	**0.0%**

0.0% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h		**13.7%**
3-5h		**30.0%**
6-8h		**49.4%**
9-11h		**6.1%**
12-14h		**0.8%**
> 14h		**0.0%**

% of HHs reporting having access to vehicle fuel:

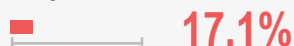|		
13.0%	Regular access	30.4%
80.6%	Irregular access	67.2%
4.5%	No access	2.4%
1.4%	No use or no need	0.0%
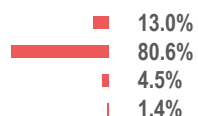
% of HHs reporting having access to cooking fuel:
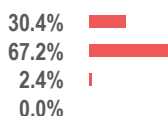
69.3% of HHs reported irregular or no access to heating fuel when required.

PROTECTION

Households with an unmet need in the protection sector:
17.1%

8.7% of HHs reported presence of explosive hazards in their currrent area of residence.

2.2% of HHs reported having family member harmed as a result of UXO.

6.9% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Conventional media
2. Posters, flyers or other printed material
3. Social media

% of HHs having lost ID or other documentation during the conflict, per population group:

Non-displaced	IDPs	Returnees
0.3%	5.7%	6.0%

85.2% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:

Education access	10.1%
Healthcare access	10.1%
Government assistance	9.4%
NGO assistance	0.0%
Property access	0.0%
Movement or travel	34.3%

0.1% of HHs reported having a missing family member.

WASH

Households with an unmet need in the WASH sector:
7.6%

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
66.7%	Bottled water	64.4%	Bottled water	69.0%	Water trucking
16.3%	Public network	13.8%	Public network	31.0%	Bottled water
13.2%	Water trucking	12.6%	Water trucking	0.0%	Protected well

Top 3 reported types of water treatment[7]:

No treatment methods used	64.3%
Water filters	28.4%
Disinfection (tablets, iodine,…)	3.2%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced	IDPs	Returnees
6.8%	23.0%	6.0%

26.2% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

31.7% of HHs reported that hygiene items were too expensive to afford.

2.4% of HHs reported that hygiene items were unavailable in the markets.

📖✏ EDUCATION

Households with an unmet need in the education sector:

11.2%

89.3% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
0.7%	0.0%	2.6%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Health reasons (disability, chronic disease, etc)	Health reasons (disability, chronic disease, etc)	No quality education or lack of qualified teachers
2	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers	Displaced from area, where the initial school was
3	Can't afford to pay for education materials	Household work or employment	Health reasons (disability, chronic disease, etc)

% of HHs with school-aged children attending non-formal educational programmes:
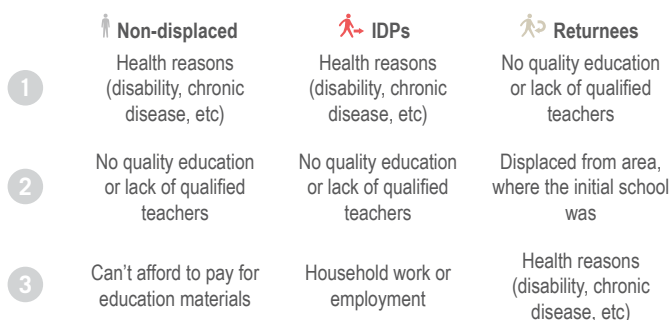
32.1%	Remedial classes
16.8%	Catch-up classes
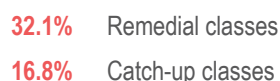
10.1% of HHs having lost documentation reported it affected their access to education.[6]

✳ ASSISTANCE

2.1% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

In-kind	70.7%
Cash or voucher	19.8%
Mixed (in-kind and cash/voucher)	9.4%

Preferred in the future:

Mixed (in-kind and cash/voucher)	43.9%
Cash (bank transfers, e-transfers) or voucher	30.2%
Food or NFI distributions	11.5%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	56.7%
Food prices	47.9%
How to find missing people	45.5%

1. Libya Humanitarian Needs Overview, OCHA, 2018
2. UNSMIL, Human Rights Report on Civilian Casualties, 2018
3. https://www.unocha.org/middle-east-and-north-africa-romena/libya
4. Libya Humanitarian Needs Overview, OCHA, 2018
5. Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6. Due to limited sample size for this indicator, results are indicative and not representative
7. Multiple responses could be selected
8. Calculated using WFP CARI methodology, detailed here.
9. Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10. Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11. Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12. Calculated based on HHs who receive an income
13. Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Aljfara
Non-displaced HHs	2,449	134
IDP HHs	1,691	92
Returnees HHs	1,212	100
Total HHs	5,352	326

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		28.5%
2 sectors		2.5%
3 sectors		0.5%
4 sectors		0.0%
5 sectors		0.0%
6 sectors		0.0%

HHs with an unmet need, per sector:

Food security	1.2%
Health	2.9%
Shelter and NFIs	26.3%
Protection	1.0%
WASH	1.7%
Education	0.7%
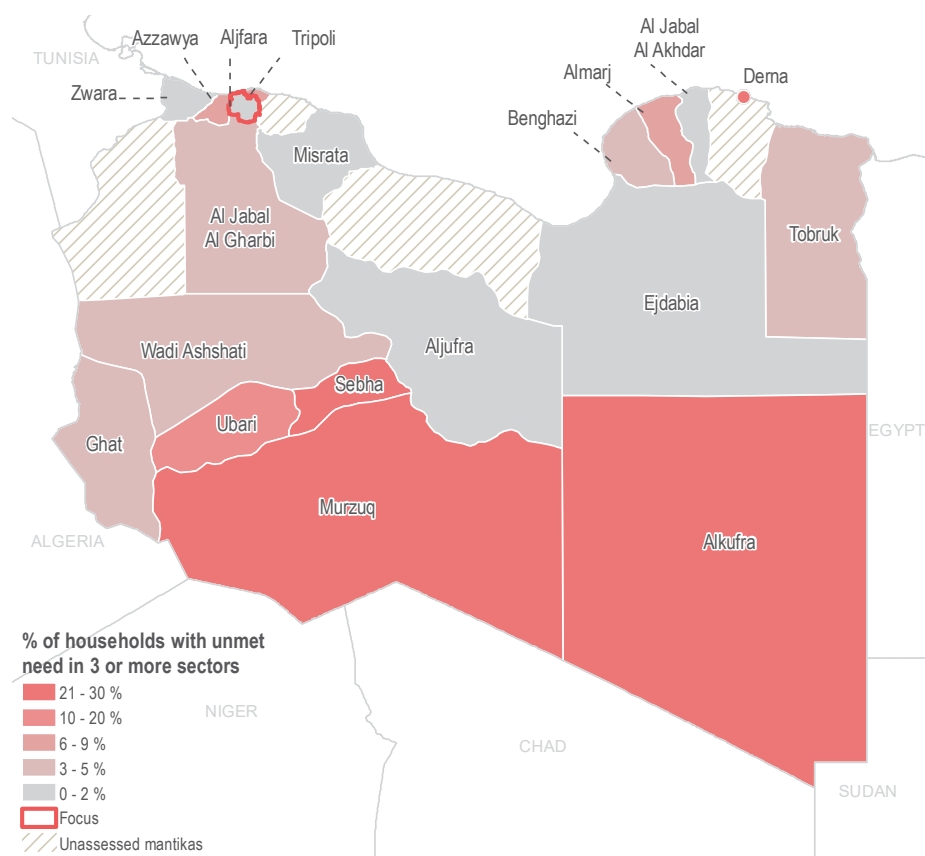
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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🏃 DEMOGRAPHICS

Proportion of assessed households by baladiya:

48.9%	Janzour
12.4%	Swani Bin Adam
11.1%	Al Aziziya
27.6%	Other

% of HHs hosting displaced persons, per population group:

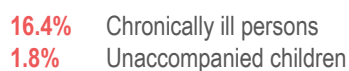| 🧍 Non-displaced	🏃 IDPs	🏃 Returnees
3.0%	2.2%	3.0%
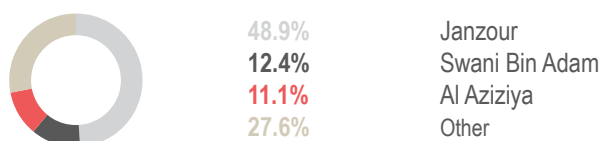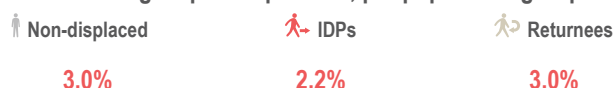
3.0% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **2.9** persons[6].

26.5% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
0-5	7.1%	6.1%	6.0%
6-14	21.0%	17.3%	18.5%
15-17	17.4%	18.8%	19.4%
18-64	48.5%	50.6%	53.3%
65+	6.0%	7.3%	2.7%

% of HHs reporting the following vulnerable members:

16.4%	Chronically ill persons
1.8%	Unaccompanied children

🏃 DISPLACEMENT

% of HHs by number of times displaced:

66.0%	Displaced once
33.3%	Displaced twice
0.7%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

64.6%	Aljfara
13.4%	Sirt
10.1%	Derna
11.9%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🏃 **IDPs**

Insecurity or conflict in the area of origin	98.9%
Threats of violence against HH	83.7%
Presence of explosive hazards	9.8%

🏃 **Returnees**

Insecurity or conflict in the area of origin	99.0%
Problems accessing education	4.0%
No opportunity for work	3.0%

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Threats of violence against HH
3. Presence of explosive hazards

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🏃 **IDPs**

Safer environment	72.8%
More economic opportunities	27.2%
Presence of friends or family	27.2%

🏃 **Returnees**

End of conflict	51.0%
Own property in chosen area	33.0%
Presence of friends or family	25.0%

Top 3 reported problems faced upon return to area of origin:

1. Lack of security in area
2. Valuables in house or property missing
3. Parts of house or property destroyed

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

1.2%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Food secure	6.9%	4.3%	0.0%
Marginally food insecure	75.9%	70.7%	71.1%
Moderately food insecure	16.5%	22.8%	27.8%
Severely food insecure	0.7%	2.2%	1.0%

Ways of accessing food, per population group:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Market (cash)	89.4%	63.0%	76.0%
Market (cheque)	91.1%	95.7%	98.0%
Market (debt)	17.8%	42.4%	30.0%
Own production	7.4%	0.0%	2.0%
Borrowing from relatives	0.7%	2.2%	1.0%
Aid assistance	0.7%	0.0%	2.0%
Gifts from relatives	0.7%	1.1%	1.0%
Zakat[9]	2.2%	1.1%	0.0%
Work or barter for food	75.6%	84.8%	75.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Average rCSI	5.4	5.7	5.6
Low use of coping strategies (0-3)	16.5%	21.7%	16.0%
Medium use of coping strategies (4-9)	72.4%	62.0%	68.0%
High use of coping strategies (10+)	11.1%	16.3%	16.0%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

2.9 Rely on less preferred, less expensive food

0.8 Reduce the size of portions or meals

0.3 Borrow food or rely on help from relatives

0.4 Reduce the quantity consumed by adults so children could eat

0.1 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

7.6%	None
3.7%	Stress strategies
85.8%	Crisis strategies
3.0%	Emergency strategies
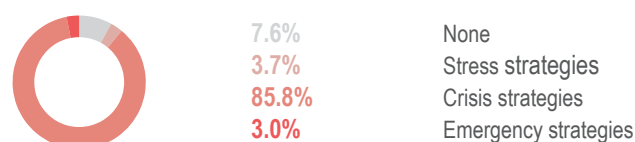
10.2% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

2.9%

25.7% of HHs reported needing healthcare in the 15 days prior to data collection.

96.8% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

👤 Non-displaced   🏃 IDPs   🏃 Returnees

- - - - - -

- - - - - -

- - - - - -

1.8% of HHs reported travelling for more than one hour to access the nearest health service provider.

8.7% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Chronic disease	16.4%	18.5%	17.0%
Mental disorder	0.0%	0.0%	0.0%
Physical disability	0.3%	0.0%	0.0%

Main chronic diseases reported by HHs[6][11]:

Blood pressure	50.3%
Diabetes	40.6%
Heart disease	15.5%

100.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
900 LYD	**850 LYD**	**800 LYD**

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	**0.0%**
Salaried work	**0.0%**
Government salary	**98.3%**
Remittances	**0.0%**
Casual labour	**0.0%**
Government social benefits	**1.6%**
Support from family and friends	**0.0%**
Humanitarian assistance	**0.0%**
Zakat[9] or charitable donations	**0.0%**

100.0% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

👤 Non-displaced		🏃 IDPs		🏃 Returnees	
91.0%	Unable to withdraw enough money from bank account	92.6%	Unable to withdraw enough money from bank account	94.0%	Unable to withdraw enough money from bank account
55.1%	Salary or wages not paid regularly	51.9%	Salary or wages not paid regularly	45.8%	Salary or wages not paid regularly
26.7%	No currently functioning banks/financial institutions in area	27.2%	No currently functioning banks/financial institutions in area	31.3%	No currently functioning banks/financial institutions in area

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Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
54.2%	Hard cash (LYD)	60.9%	Hard cash (LYD)	63.0%	Hard cash (LYD)
28.5%	Credit or debit card	27.2%	Credit or debit card	24.0%	Credit or debit card
17.3%	Cheques	12.0%	Cheques	13.0%	Cheques

25.1% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	10.3%	4.1%	2.5%
300 - 599 LYD	32.8%	53.4%	46.8%
600 - 999 LYD	43.4%	37.0%	46.8%
> 1000 LYD	11.1%	5.5%	3.8%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. -
3. -

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

26.3%

% of HHs reported living in each shelter type:

55.8%	House
43.1%	Apartment
1.1%	Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	70.3%	40.2%	61.0%
Rental (with written contract)	16.8%	26.1%	19.0%
Rental (with verbal agreement)	11.1%	30.4%	13.0%
Being hosted for free	0.0%	1.1%	2.0%
Squatting (without consent of owner)	0.0%	0.0%	3.0%
Housing provided by public authority	1.8%	2.2%	2.0%

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	36.9%	43.5%	38.0%
Light damage	43.2%	34.8%	45.0%
Medium damage	19.7%	20.7%	12.0%
Heavy damage	0.2%	0.0%	3.0%
Destroyed	0.0%	1.1%	2.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:

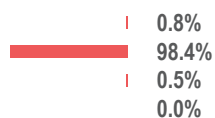| Non-displaced	IDPs	Returnees
0.3%	0.0%	2.0%

40.9% of HHs reported having been evicted in the 6 months prior to data collection.

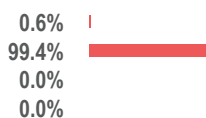**Reported average number of hours of power cuts in the 7 days prior to data collection:**

0-2h	1.8%
3-5h	0.8%
6-8h	61.1%
9-11h	34.3%
12-14h	2.1%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

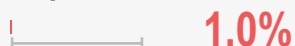|		
0.8%	Regular access	0.6%
98.4%	Irregular access	99.4%
0.5%	No access	0.0%
0.0%	No use or no need	0.0%

% of HHs reporting having access to cooking fuel:

3.5% of HHs reported irregular or no access to heating fuel when required.

🤲 PROTECTION

Households with an unmet need in the protection sector:
1.0%

0.4% of HHs reported presence of explosive hazards in their currrent area of residence.

0.1% of HHs reported having family member harmed as a result of UXO.

53.5% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Conventional media
2. Social media
3. School

% of HHs having lost ID or other documentation during the conflict, per population group:

🧍 Non-displaced	🚶 IDPs	👥 Returnees
0.7%	2.2%	1.0%

100.0% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:

Education access	2.5%
Healthcare access	0.0%
Government assistance	1.3%
NGO assistance	0.0%
Property access	1.3%
Movement or travel	0.0%

0.0% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:
1.7%

Main reported sources of drinking water, per population group:

🧍 Non-displaced		🚶 IDPs		👥 Returnees	
98.2%	Bottled water	95.7%	Bottled water	96.0%	Bottled water
0.9%	Tap accessible to the public	2.2%	Water trucking	2.0%	Public network
0.9%	Water trucking	1.1%	Public network	1.0%	Protected well

Top reported types of water treatment[7]:

No treatment methods used	98.6%
Water filters	0.4%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced	IDPs	Returnees
1.7%	4.3%	1.0%

52.5% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

0.0% of HHs reported that hygiene items were too expensive to afford.

0.0% of HHs reported that hygiene items were unavailable in the markets.

EDUCATION

Households with an unmet need in the education sector:
0.7%

99.6% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
0.0%	0.0%	0.0%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Route to school or school area is unsafe	No quality education or lack of qualified teachers	Can't afford school fees
2	Can't afford school fees	Can't afford school fees	-
3	-	-	-

% of HHs with school-aged children attending non-formal educational programmes:

8.4% Remedial classes
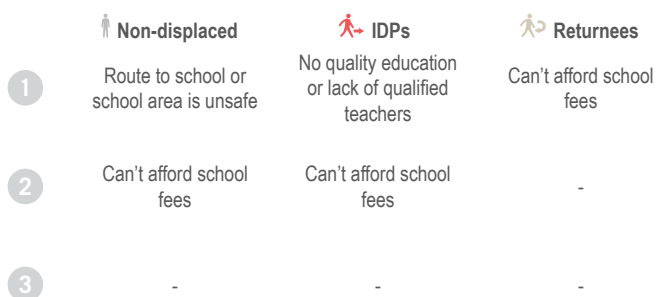
0.0% Catch-up classes

2.5% of HHs having lost documentation reported it affected their access to education.[6]

ASSISTANCE

0.0% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

Preferred in the future:

Mixed (in-kind and cash/voucher)	53.5%
Do not wish to receive assistance	1.0%
Cash (bank transfers, e-transfers) or voucher	0.3%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	98.4%
How to get healthcare/medical attention	13.1%
How to find missing people	7.5%

1	Libya Humanitarian Needs Overview, OCHA, 2018
2	UNSMIL, Human Rights Report on Civilian Casualties, 2018
3	https://www.unocha.org/middle-east-and-north-africa-romena/libya
4	Libya Humanitarian Needs Overview, OCHA, 2018
5	Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6	Due to limited sample size for this indicator, results are indicative and not representative
7	Multiple responses could be selected
8	Calculated using WFP CARI methodology, detailed here.
9	Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10	Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11	Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12	Calculated based on HHs who receive an income
13	Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Aljufra
Non-displaced HHs	2,449	132
IDP HHs	1,691	74
Returnees HHs	1,212	-
Total HHs	5,352	206

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector	▆	**46.2%**
2 sectors	▃	**16.0%**
3 sectors	│	**1.1%**
4 sectors		**0.0%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**11.5%**
Health	**18.7%**
Shelter and NFIs	0.1%
Protection	4.5%
WASH	**41.4%**
Education	5.1%
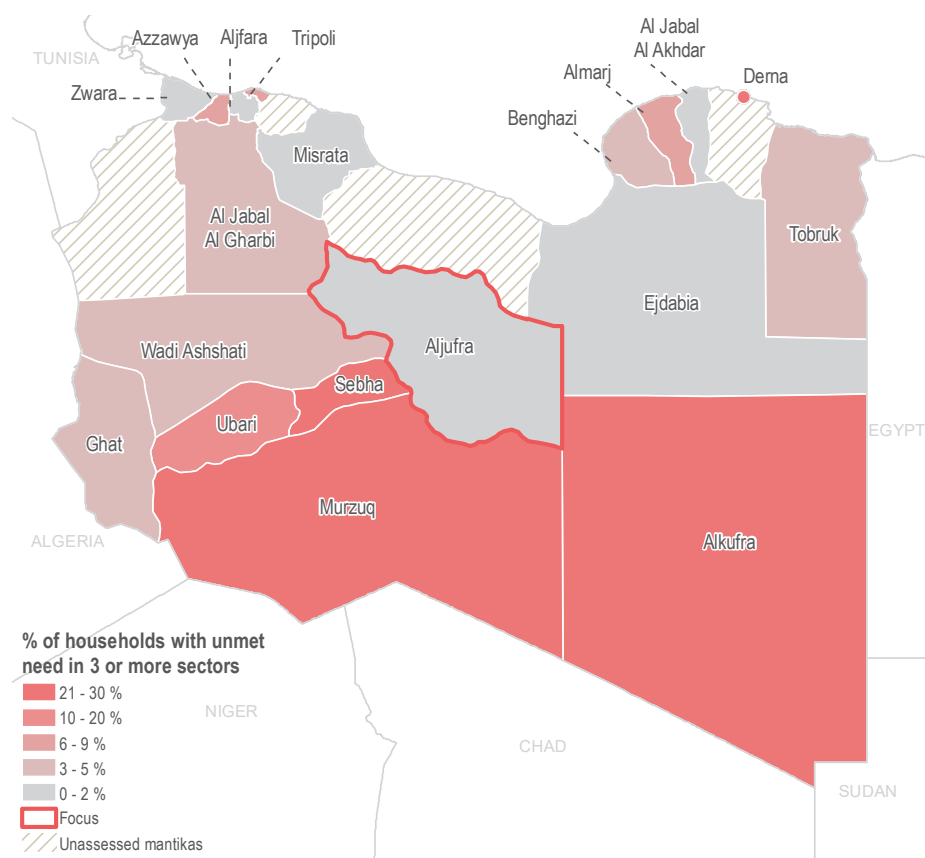
% of households with unmet need in 3 or more sectors

- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

100.0%   Aljufra

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🏃 IDPs	🏃 Returnees
1.7%	**0.0%**	**-**
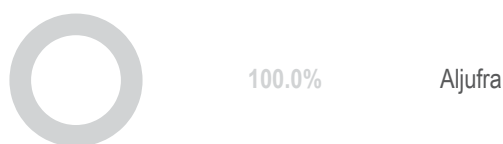
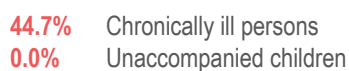**1.7%** of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3.3** persons[6].

5.0% of head of households (HoHs) were above 65 years old.
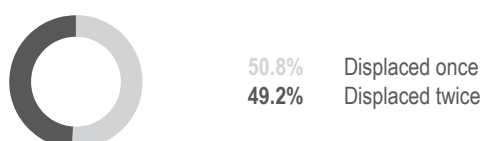
Age distribution of HH members per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
0-5	**11.2%**	**14.5%**	**-**
6-14	**21.1%**	**20.9%**	**-**
15-17	**12.4%**	**11.0%**	**-**
18-64	**51.6%**	**50.6%**	**-**
65+	**3.7%**	**3.1%**	**-**

% of HHs reporting the following vulnerable members:

44.7% Chronically ill persons
0.0% Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

50.8% Displaced once
49.2% Displaced twice

Top 3 mantikas of origin of IDPs:

50.8%	Sirt
27.9%	Benghazi
11.5%	Ubari
9.8%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🏃 IDPs

Insecurity or conflict in the area of origin	**86.5%**
Dwelling being destroyed	**48.6%**
Threats of violence against HH	**17.6%**

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Dwelling being destroyed
3. No opportunity for work

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🏃 IDPs

Safer environment	**74.3%**
More opportunity for better health services	**32.4%**
Better opportunity to move to another place within Libya	**29.7%**

🍲 FOOD SECURITY
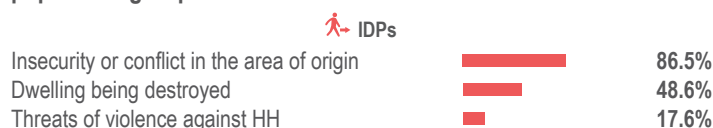
Households with an unmet need in the food security sector:

11.5%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Food secure	7.6%	2.7%	-
Marginally food insecure	62.7%	68.9%	-
Moderately food insecure	19.2%	28.4%	-
Severely food insecure	10.4%	0.0%	-

Ways of accessing food, per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Market (cash)	97.0%	97.3%	-
Market (cheque)	94.4%	52.7%	-
Market (debt)	53.1%	59.5%	-
Own production	15.9%	4.1%	-
Borrowing from relatives	0.0%	1.4%	-
Aid assistance	2.2%	10.8%	-
Gifts from relatives	3.0%	5.4%	-
Zakat[9]	0.7%	5.4%	-
Work or barter for food	0.7%	0.0%	-

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Average rCSI	8.7	9.6	-
Low use of coping strategies (0-3)	15.9%	12.2%	-
Medium use of coping strategies (4-9)	46.1%	48.6%	-
High use of coping strategies (10+)	38.1%	39.2%	-

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

2.1 Rely on less preferred, less expensive food

2.7 Reduce the size of portions or meals

0.3 Borrow food or rely on help from relatives

0.4 Reduce the quantity consumed by adults so children could eat

1.9 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

3.9%	None
11.7%	Stress strategies
81.4%	Crisis strategies
3.0%	Emergency strategies
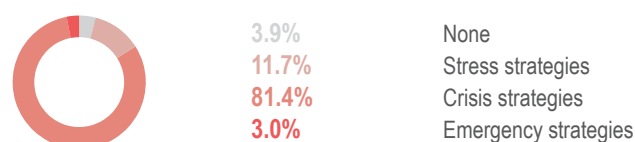
34.2% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

18.7%

43.2% of HHs reported needing healthcare in the 15 days prior to data collection.

99.7% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
54.3%	No or lack of money to pay for care	100.0%	No or lack of money to pay for care	-	-
26.7%	Lack of means of transport to get to the healthcare facilities	33.3%	Lack of means of transport to get to the healthcare facilities	-	-
19.5%	Lack of medical supplies	16.7%	Lack of medical supplies	-	-

0.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

31.7% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	44.8%	31.1%	-
Mental disorder	0.5%	0.0%	-
Physical disability	8.7%	2.7%	-

Main chronic diseases reported by HHs[6][11]:

Blood pressure		65.5%
Diabetes		57.6%
Joint pain (arthritis)		15.5%

96.6% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
1350 LYD	1200 LYD	-

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	0.8%
Salaried work	2.1%
Government salary	94.9%
Remittances	0.0%
Casual labour	0.1%
Government social benefits	0.5%
Support from family and friends	0.0%
Humanitarian assistance	0.1%
Zakat[9] or charitable donations	1.4%

92.0% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
93.4%	Unable to withdraw enough money from bank account	90.5%	Unable to withdraw enough money from bank account	-	-
78.3%	Salary or wages not paid regularly	77.8%	Salary or wages not paid regularly	-	-
73.0%	Salary or wages too low	69.8%	Salary or wages too low	-	-

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Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
75.9%	Cheques	97.3%	Hard cash (LYD)	-	-
15.2%	Hard cash (LYD)	1.4%	Cheques	-	-
9.0%	Bank transfers	1.4%	Cheques	-	-

27.6% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	47.0%	66.0%	-
300 - 599 LYD	43.6%	29.8%	-
600 - 999 LYD	9.0%	4.3%	-
> 1000 LYD	0.4%	0.0%	-

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Marketplace too far from residency/no means of transport
3. Transportation too expensive

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

0.1%

% of HHs reported living in each shelter type:

- 78.2% House
- **21.8%** Apartment

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	92.5%	0.0%	-
Rental (with written contract)	2.6%	9.5%	-
Rental (with verbal agreement)	3.0%	78.4%	-
Being hosted for free	1.3%	12.2%	-
Squatting (without consent of owner)	0.0%	0.0%	-
Housing provided by public authority	0.0%	0.0%	-

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	95.7%	83.8%	-
Light damage	4.1%	12.2%	-
Medium damage	0.2%	4.1%	-
Heavy damage	0.0%	0.0%	-
Destroyed	0.0%	0.0%	-

HHs threatened with eviction in the 6 months prior to data collection, per population group:

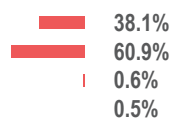| Non-displaced	IDPs	Returnees
0.0%	1.4%	NA

0.6% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:
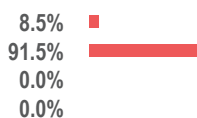
0-2h	0.0%
3-5h	98.0%
6-8h	2.0%
9-11h	0.0%
12-14h	0.0%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

38.1%	Regular access	
60.9%	Irregular access	
0.6%	No access	
0.5%	No use or no need	

% of HHs reporting having access to cooking fuel:

8.5%		
91.5%		
0.0%		
0.0%		

29.9% of HHs reported irregular or no access to heating fuel when required.

🤲 PROTECTION
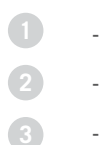
Households with an unmet need in the protection sector:

4.5%
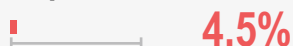
4.1% of HHs reported presence of explosive hazards in their currrent area of residence.
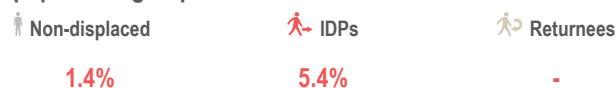
0.3% of HHs reported having family member harmed as a result of UXO.

1.3% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

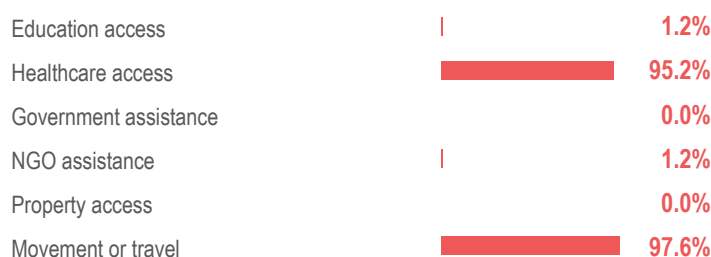**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

1. -
2. -
3. -

% of HHs having lost ID or other documentation during the conflict, per population group:

👤 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
1.4%	5.4%	-

96.4% of HHs having lost ID or other documentation had reapplied for new documentation[6].

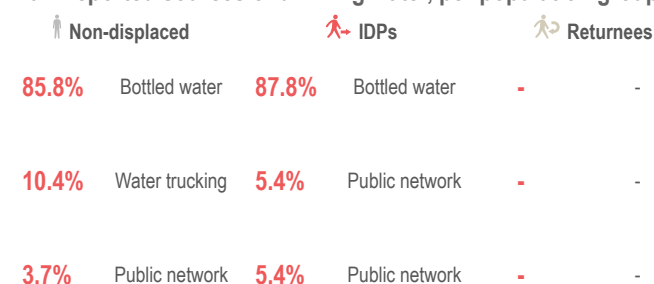**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	1.2%
Healthcare access	95.2%
Government assistance	0.0%
NGO assistance	1.2%
Property access	0.0%
Movement or travel	97.6%

0.0% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

41.4%

Main reported sources of drinking water, per population group:

👤 Non-displaced		🚶 IDPs		🚶‍♂️ Returnees	
85.8%	Bottled water	87.8%	Bottled water	-	-
10.4%	Water trucking	5.4%	Public network	-	-
3.7%	Public network	5.4%	Public network	-	-

Top 3 reported types of water treatment[7]:

No treatment methods used	95.6%
Water filters	1.7%
Boiling water	0.6%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

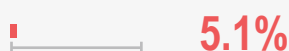| Non-displaced	IDPs	Returnees
41.5%	33.8%	-

6.8% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

39.0% of HHs reported that hygiene items were too expensive to afford.

26.9% of HHs reported that hygiene items were unavailable in the markets.

📖✎ EDUCATION

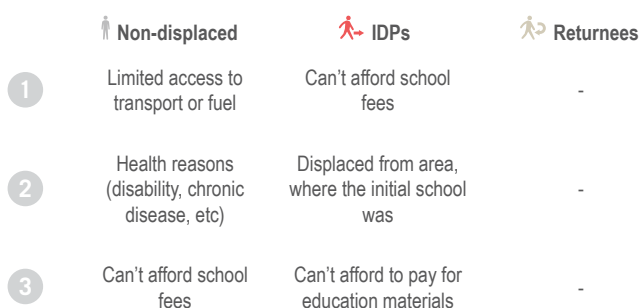### Households with an unmet need in the education sector:
5.1%

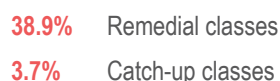**98.2%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
1.3%	0.7%	-

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Limited access to transport or fuel	Can't afford school fees	-
2	Health reasons (disability, chronic disease, etc)	Displaced from area, where the initial school was	-
3	Can't afford school fees	Can't afford to pay for education materials	-

% of HHs with school-aged children attending non-formal educational programmes:

38.9%	Remedial classes
3.7%	Catch-up classes

1.2% of HHs having lost documentation reported it affected their access to education.[6]
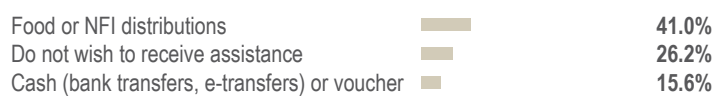
✳ ASSISTANCE

1.6% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:
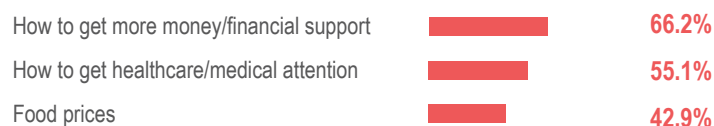
Received in the 6 months prior to data collection[6][7]:

In-kind	96.7%
Mixed (in-kind and cash/voucher)	3.3%
Other	1.1%

Preferred in the future:

Food or NFI distributions	41.0%
Do not wish to receive assistance	26.2%
Cash (bank transfers, e-transfers) or voucher	15.6%

Top 3 types of information HHs would like to receive from aid providers[7]:

How to get more money/financial support	66.2%
How to get healthcare/medical attention	55.1%
Food prices	42.9%

1. Libya Humanitarian Needs Overview, OCHA, 2018
2. UNSMIL, Human Rights Report on Civilian Casualties, 2018
3. https://www.unocha.org/middle-east-and-north-africa-romena/libya
4. Libya Humanitarian Needs Overview, OCHA, 2018
5. Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6. Due to limited sample size for this indicator, results are indicative and not representative
7. Multiple responses could be selected
8. Calculated using WFP CARI methodology, detailed here.
9. Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10. Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
    Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
    Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11. Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12. Calculated based on HHs who receive an income
13. Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Alkufra
Non-displaced HHs	2,449	133
IDP HHs	1,691	98
Returnees HHs	1,212	80
Total HHs	5,352	311

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**35.8%**
2 sectors		**31.0%**
3 sectors		**14.8%**
4 sectors		**5.9%**
5 sectors		**3.9%**
6 sectors		**1.3%**

HHs with an unmet need, per sector:

Food security	**37.7%**
Health	**46.4%**
Shelter and NFIs	**24.4%**
Protection	**28.6%**
WASH	**47.2%**
Education	**32.6%**
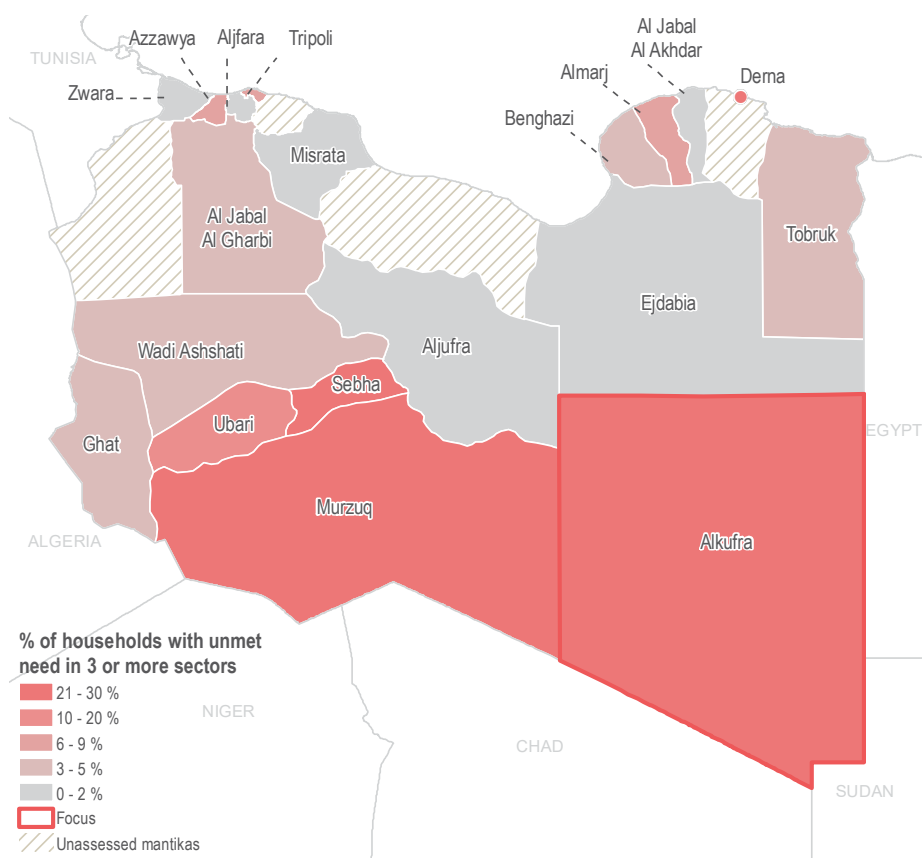
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👫 DEMOGRAPHICS

Proportion of assessed households by baladiya:

73.0%	Alkufra
27.0%	Tazirbu

% of HHs hosting displaced persons, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
6.5%	13.3%	16.3%
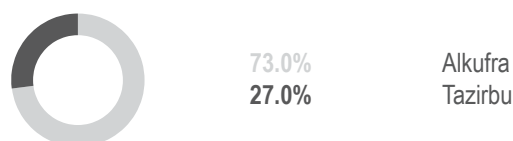
7.7% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **1.8** persons[6].

11.3% of head of households (HoHs) were above 65 years old.

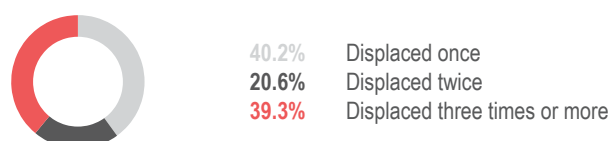**Age distribution of HH members per population group:**

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	16.8%	14.4%	8.4%
6-14	18.6%	17.5%	14.8%
15-17	13.7%	9.3%	19.0%
18-64	46.3%	49.9%	50.1%
65+	4.5%	9.0%	7.7%

% of HHs reporting the following vulnerable members:

27.7%	Chronically ill persons
0.5%	Unaccompanied children

👫 DISPLACEMENT

% of HHs by number of times displaced:

40.2%	Displaced once
20.6%	Displaced twice
39.3%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

93.1%	Alkufra
4.5%	Benghazi
1.5%	Ejdabia
0.9%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 IDPs

Insecurity or conflict in the area of origin	57.1%
Problems accessing healthcare	28.6%
Dwelling being destroyed	26.5%

🚶 Returnees

Insecurity or conflict in the area of origin	76.3%
Problems accessing healthcare	38.8%
No opportunity for work	22.5%
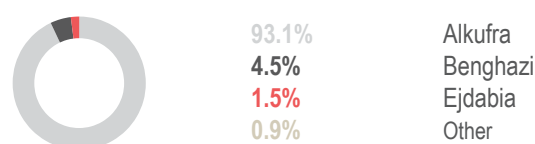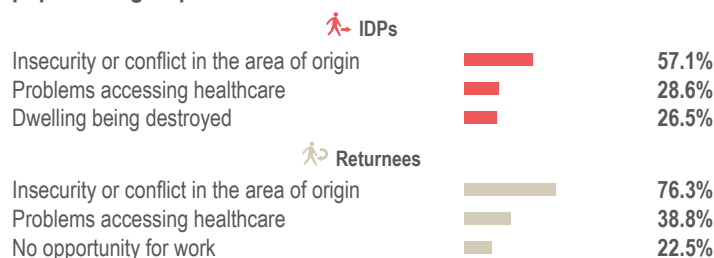
Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Dwelling being destroyed
3. Problems accessing healthcare

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 IDPs

Presence of HH's community	64.3%
End of conflict	41.8%
Presence of friends or family	40.8%

🚶 Returnees

Presence of HH's community	68.8%
End of conflict	60.0%
Presence of friends or family	57.5%
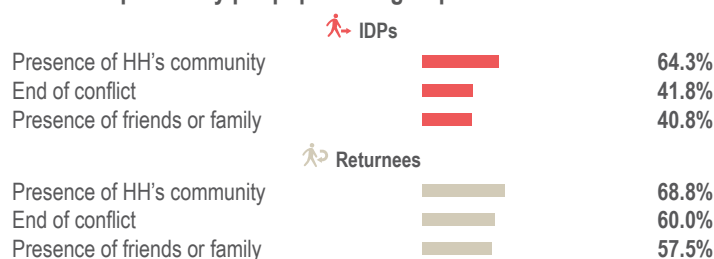
Top 3 reported problems faced upon return to area of origin:

1. Lack of security in area
2. Basic services at household level no longer working (electricity, water,…)
3. Parts of house or property destroyed

🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

37.7%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	👤 Non-displaced	🏃 IDPs	🏃↩ Returnees
Food secure	1.5%	1.0%	3.8%
Marginally food insecure	32.6%	29.6%	29.1%
Moderately food insecure	64.7%	67.3%	65.8%
Severely food insecure	1.2%	2.0%	1.3%

Ways of accessing food, per population group:

	👤 Non-displaced	🏃 IDPs	🏃↩ Returnees
Market (cash)	59.0%	42.9%	22.5%
Market (cheque)	89.9%	86.7%	77.5%
Market (debt)	47.4%	44.9%	36.3%
Own production	12.6%	14.3%	10.0%
Borrowing from relatives	0.7%	10.2%	10.0%
Aid assistance	6.2%	5.1%	12.5%
Gifts from relatives	17.3%	20.4%	47.5%
Zakat[9]	3.0%	19.4%	13.8%
Work or barter for food	7.9%	5.1%	1.3%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	👤 Non-displaced	🏃 IDPs	🏃↩ Returnees
Average rCSI	12.7	14.7	12.3
Low use of coping strategies (0-3)	16.2%	21.1%	9.6%
Medium use of coping strategies (4-9)	35.1%	23.2%	39.7%
High use of coping strategies (10+)	48.7%	55.8%	50.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

2.9 Rely on less preferred, less expensive food

2.2 Reduce the size of portions or meals

1.3 Borrow food or rely on help from relatives

1.3 Reduce the quantity consumed by adults so children could eat

1.8 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

4.6% None
6.5% Stress strategies
51.1% Crisis strategies
37.7% Emergency strategies
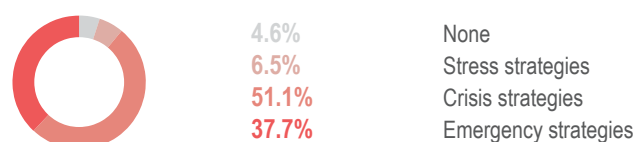
31.3% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

46.4%

32.2% of HHs reported needing healthcare in the 15 days prior to data collection.

92.1% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
51.5%	Lack of medical staff	54.0%	Distance too long to health center	55.6%	Distance too long to health center
41.0%	Lack of medical supplies	54.0%	Lack of medical staff	48.1%	Lack of medical staff
25.2%	Lack of means of transport to get to the healthcare facilities	44.4%	Lack of medical supplies	44.4%	Lack of medical supplies

4.6% of HHs reported travelling for more than one hour to access the nearest health service provider.

33.0% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	27.9%	28.6%	16.3%
Mental disorder	7.3%	18.5%	7.7%
Physical disability	5.9%	11.2%	5.0%

Main chronic diseases reported by HHs[6][11]:

Diabetes		59.0%
Blood pressure		26.4%
Cataract		14.1%

95.4% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
1100 LYD	900 LYD	700 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	4.9%
Salaried work	1.8%
Government salary	80.1%
Remittances	1.2%
Casual labour	1.1%
Government social benefits	3.5%
Support from family and friends	3.2%
Humanitarian assistance	1.0%
Zakat[9] or charitable donations	3.1%

79.2% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
90.0%	Unable to withdraw enough money from bank account	91.3%	Unable to withdraw enough money from bank account	94.7%	Unable to withdraw enough money from bank account
56.1%	Salary or wages too low	49.3%	Salary or wages not paid regularly	68.4%	Salary or wages not paid regularly
49.3%	Salary or wages not paid regularly	44.9%	Salary or wages too low	55.3%	Salary or wages too low

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Main reported modalities for HH expenditure, per population group[7]:

🧍 Non-displaced		🏃 IDPs		🏃 Returnees	
70.2%	Cheques	**66.3%**	Cheques	**67.5%**	Cheques
20.7%	Hard cash (LYD)	**24.5%**	Hard cash (LYD)	**20.0%**	Hard cash (LYD)
8.5%	Bank transfers	**9.2%**	Bank transfers	**12.5%**	Bank transfers

87.1% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
< 300 LYD	**0.0%**	**0.0%**	**0.0%**
300 - 599 LYD	**38.1%**	**28.6%**	**50.0%**
600 - 999 LYD	**47.5%**	**71.4%**	**50.0%**
> 1000 LYD	**14.4%**	**0.0%**	**0.0%**

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Transportation too expensive
3. Marketplace too far from residency/no means of transport

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

24.4%

% of HHs reported living in each shelter type:

- 71.3% House
- **28.1%** Apartment
- 0.3% Tent or caravan

% of HHs reported living in each shelter occupancy arrangement, per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Ownership	**72.0%**	**48.0%**	**65.0%**
Rental (with written contract)	**7.7%**	**21.4%**	**21.3%**
Rental (with verbal agreement)	**16.6%**	**20.4%**	**12.5%**
Being hosted for free	**3.1%**	**10.2%**	**0.0%**
Squatting (without consent of owner)	**0.6%**	**0.0%**	**0.0%**
Housing provided by public authority	**0.0%**	**0.0%**	**1.3%**

% of housing with reported damage[13], per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
No damage	**37.6%**	**36.7%**	**31.3%**
Light damage	**23.8%**	**25.5%**	**33.8%**
Medium damage	**22.1%**	**23.5%**	**18.8%**
Heavy damage	**2.2%**	**8.2%**	**10.0%**
Destroyed	**14.3%**	**6.1%**	**6.3%**

HHs threatened with eviction in the 6 months prior to data collection, per population group:

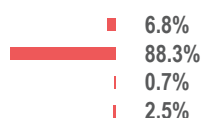| 🧍 Non-displaced	🏃 IDPs	🏃 Returnees
4.8%	**16.3%**	**3.8%**

10.5% of HHs reported having been evicted in the 6 months prior to data collection.

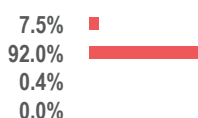**Reported average number of hours of power cuts in the 7 days prior to data collection:**

0-2h	**18.6%**
3-5h	**63.3%**
6-8h	**13.2%**
9-11h	**1.9%**
12-14h	**2.0%**
> 14h	**1.5%**

% of HHs reporting having access to vehicle fuel:

6.8%	Regular access
88.3%	Irregular access
0.7%	No access
2.5%	No use or no need

% of HHs reporting having access to cooking fuel:

7.5%	
92.0%	
0.4%	
0.0%	

52.8% of HHs reported irregular or no access to heating fuel when required.

🤲 PROTECTION

Households with an unmet need in the protection sector:

28.6%
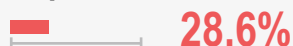
16.9% of HHs reported presence of explosive hazards in their currrent area of residence.

13.3% of HHs reported having family member harmed as a result of UXO.

21.5% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

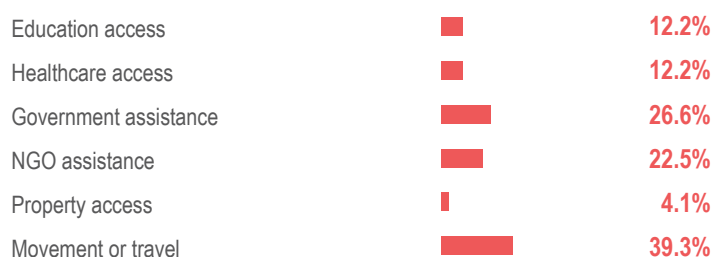**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

1. Conventional media
2. Posters, flyers or other printed material
3. Community representative

% of HHs having lost ID or other documentation during the conflict, per population group:

👤 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
2.2%	9.2%	10.0%

85.3% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:
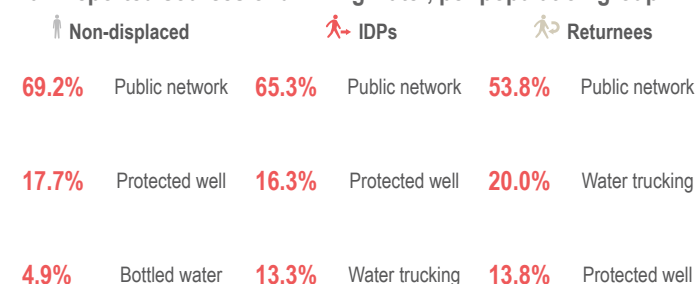
Education access	12.2%
Healthcare access	12.2%
Government assistance	26.6%
NGO assistance	22.5%
Property access	4.1%
Movement or travel	39.3%

1.9% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

47.2%

Main reported sources of drinking water, per population group:

👤 Non-displaced		🚶 IDPs		🚶‍♂️ Returnees	
69.2%	Public network	65.3%	Public network	53.8%	Public network
17.7%	Protected well	16.3%	Protected well	20.0%	Water trucking
4.9%	Bottled water	13.3%	Water trucking	13.8%	Protected well

Top 3 reported types of water treatment[7]:

No treatment methods used	60.7%
Water filters	27.6%
Boiling water	15.0%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

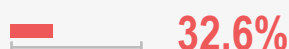| Non-displaced	IDPs	Returnees
47.5%	49.0%	30.0%

18.6% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

9.5% of HHs reported that hygiene items were too expensive to afford.

10.6% of HHs reported that hygiene items were unavailable in the markets.

📖✏ EDUCATION

Households with an unmet need in the education sector:

32.6%

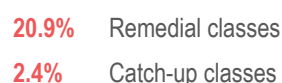**79.0%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
14.7%	11.7%	17.4%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Can't afford to pay for education materials	Displaced from area, where the initial school was	No quality education or lack of qualified teachers
2	Limited access to transport or fuel	Can't afford school fees	Displaced from area, where the initial school was
3	Can't afford school fees	Can't afford to pay for education materials	Can't afford school fees

% of HHs with school-aged children attending non-formal educational programmes:

20.9% Remedial classes

2.4% Catch-up classes

12.2% of HHs having lost documentation reported it affected their access to education.[6]
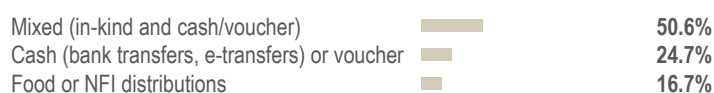
✳ ASSISTANCE

26.0% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
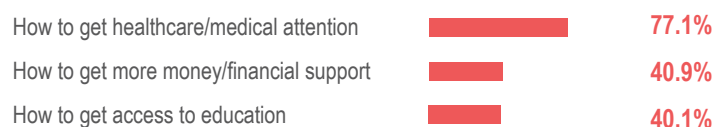
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

Mixed (in-kind and cash/voucher)	56.3%
In-kind	34.8%
Cash or voucher	10.0%

Preferred in the future:

Mixed (in-kind and cash/voucher)	50.6%
Cash (bank transfers, e-transfers) or voucher	24.7%
Food or NFI distributions	16.7%

Top 3 types of information HHs would like to receive from aid providers[7]:

How to get healthcare/medical attention	77.1%
How to get more money/financial support	40.9%
How to get access to education	40.1%

1	Libya Humanitarian Needs Overview, OCHA, 2018
2	UNSMIL, Human Rights Report on Civilian Casualties, 2018
3	https://www.unocha.org/middle-east-and-north-africa-romena/libya
4	Libya Humanitarian Needs Overview, OCHA, 2018
5	Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6	Due to limited sample size for this indicator, results are indicative and not representative
7	Multiple responses could be selected
8	Calculated using WFP CARI methodology, detailed here.
9	Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10	Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings. Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset. Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11	Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12	Calculated based on HHs who receive an income
13	Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.
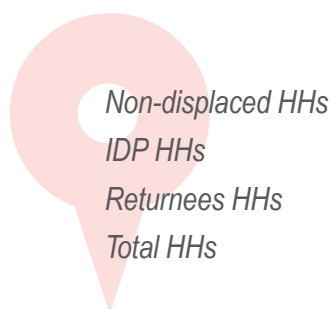
Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Almarj
Non-displaced HHs	2,449	134
IDP HHs	1,691	76
Returnees HHs	1,212	-
Total HHs	5,352	210

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector	▬	**22.7%**
2 sectors	▪	**10.5%**
3 sectors	▪	**6.5%**
4 sectors	▏	**1.3%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.0%**
Health	**19.1%**
Shelter and NFIs	**2.7%**
Protection	**10.9%**
WASH	**28.4%**
Education	**7.4%**
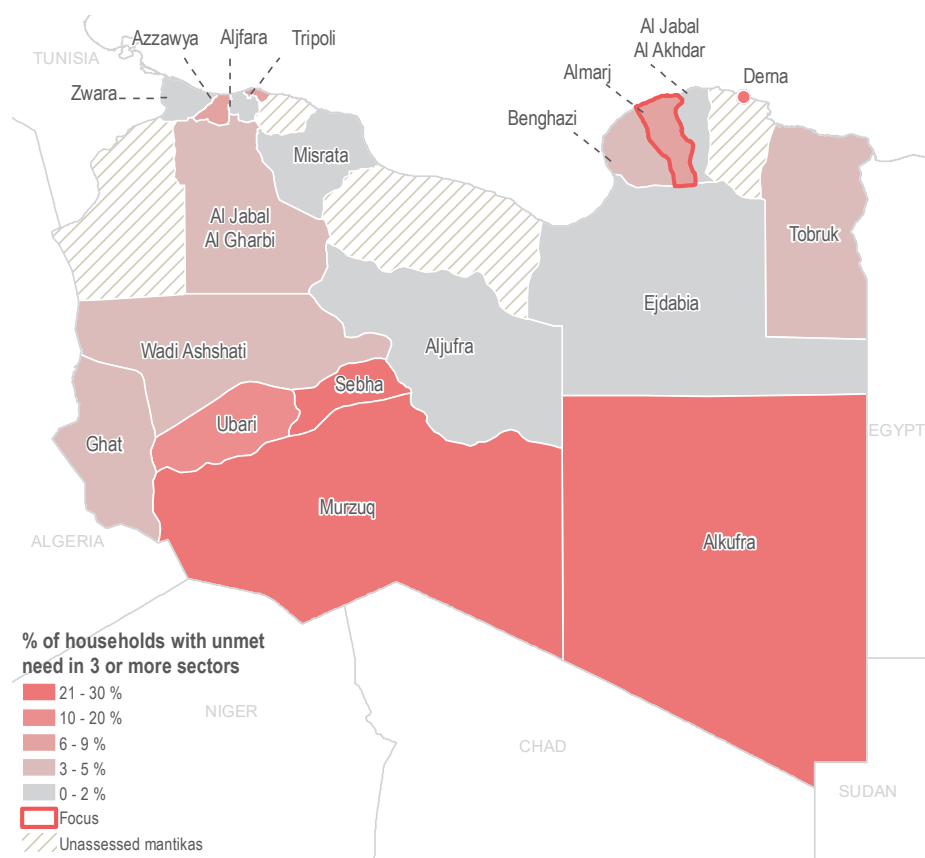
% of households with unmet need in 3 or more sectors

- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

92.9%	Almarj
3.6%	Assahel
3.5%	Jardas Alabeed

% of HHs hosting displaced persons, per population group:

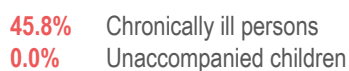| 🧍 Non-displaced	🏃 IDPs	🏃 Returnees
8.2%	2.6%	-
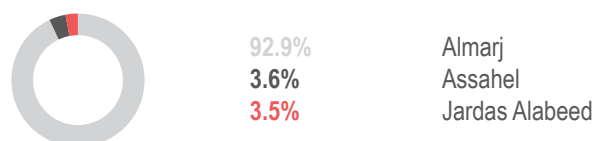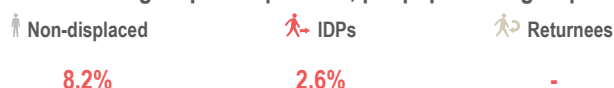
8.1% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3.4** persons[6].

14.7% of head of households (HoHs) were above 65 years old.

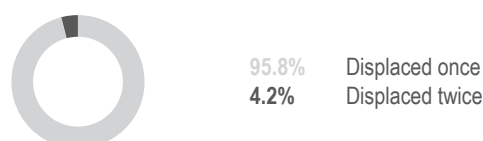**Age distribution of HH members per population group:**

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
0-5	9.5%	14.2%	-
6-14	14.2%	16.5%	-
15-17	6.3%	9.5%	-
18-64	64.9%	58.3%	-
65+	5.1%	1.5%	-

% of HHs reporting the following vulnerable members:

45.8%	Chronically ill persons
0.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

95.8%	Displaced once
4.2%	Displaced twice

Top 3 mantikas of origin of IDPs:

77.1%	Benghazi
8.3%	Ejdabia
6.3%	Sirt
8.3%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🏃 IDPs

Dwelling being destroyed	55.3%
Threats of violence against HH	48.7%
Presence of explosive hazards	30.3%

Main reasons for IDP HHs not to return to their area of origin:

1. Dwelling being destroyed
2. Threats of violence against HH
3. Presence of explosive hazards

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🏃 IDPs

Safer environment	44.7%
Presence of HH's community	38.2%
More economic opportunities	26.3%

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:
0.0%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	🚶 Non-displaced	🏃 IDPs	🏃 Returnees
Food secure	32.1%	27.6%	-
Marginally food insecure	67.9%	72.4%	-
Moderately food insecure	0.0%	0.0%	-
Severely food insecure	0.0%	0.0%	-

Ways of accessing food, per population group:

	🚶 Non-displaced	🏃 IDPs	🏃 Returnees
Market (cash)	96.3%	100.0%	-
Market (cheque)	53.3%	55.3%	-
Market (debt)	6.7%	21.1%	-
Own production	19.1%	3.9%	-
Borrowing from relatives	0.7%	0.0%	-
Aid assistance	0.0%	3.9%	-
Gifts from relatives	0.0%	1.3%	-
Zakat[9]	0.0%	0.0%	-
Work or barter for food	3.0%	28.9%	-

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	🚶 Non-displaced	🏃 IDPs	🏃 Returnees
Average rCSI	1.7	1.7	-
Low use of coping strategies (0-3)	82.0%	82.9%	-
Medium use of coping strategies (4-9)	15.8%	14.5%	-
High use of coping strategies (10+)	2.3%	2.6%	-

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

1.0 Rely on less preferred, less expensive food	0.1 Reduce the size of portions or meals
0.0 Borrow food or rely on help from relatives	0.1 Reduce the quantity consumed by adults so children could eat
0.1 Reduce the number of meals eaten per day	

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

- 56.7% None
- 19.5% Stress strategies
- 21.6% Crisis strategies
- 2.3% Emergency strategies
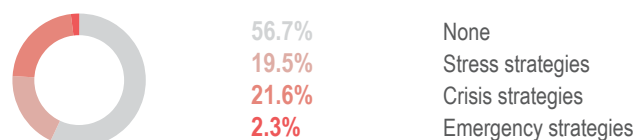
37.5% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:
19.1%

29.0% of HHs reported needing healthcare in the 15 days prior to data collection.

94.6% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
18.3%	Lack of means of transport to get to the healthcare facilities	66.7%	Lack of medical staff	-	-
17.8%	No available health facilities accepting new patiens	66.7%	Lack of medical supplies	-	-
11.9%	Health facilities being damaged or destroyed	33.3%	Distance too long to health center	-	-

0.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

65.5% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	46.2%	13.2%	-
Mental disorder	8.5%	0.0%	-
Physical disability	18.3%	1.3%	-

Main chronic diseases reported by HHs[6][11]:

Diabetes		43.2%
Heart disease		25.6%
Blood pressure		25.6%

77.7% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
2500 LYD	1500 LYD	-

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	15.8%
Salaried work	4.3%
Government salary	77.3%
Remittances	0.0%
Casual labour	2.6%
Government social benefits	0.0%
Support from family and friends	0.0%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.0%

83.3% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
55.4%	Unable to withdraw enough money from bank account	93.9%	Unable to withdraw enough money from bank account	-	-
21.9%	Salary or wages not paid regularly	81.6%	Salary or wages not paid regularly	-	-
13.3%	No currently functioning banks/financial institutions in area	16.3%	Salary or wages too low	-	-

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Main reported modalities for HH expenditure, per population group[7]:

👤 **Non-displaced**   🚶 **IDPs**   🚶 **Returnees**

87.9%	Hard cash (LYD)	**88.2%**	Hard cash (LYD)	-	-
9.7%	Cheques	**5.3%**	Cheques	-	-
1.0%	Bank transfers	**5.3%**	Bank transfers	-	-

45.2% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
< 300 LYD	**0.0%**	**5.2%**	-
300 - 599 LYD	**27.8%**	**51.7%**	-
600 - 999 LYD	**50.5%**	**25.9%**	-
> 1000 LYD	**21.7%**	**17.2%**	-

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Insecurity travelling to and from marketplace
3. Marketplace too far from residency/no means of transport

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

2.7%

% of HHs reported living in each shelter type:

93.7%	House
5.0%	Apartment
1.3%	Private space not usually used for shelter (basement, garage, store, ware house, work site, etc.)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Ownership	**92.1%**	**14.5%**	-
Rental (with written contract)	**0.0%**	**10.5%**	-
Rental (with verbal agreement)	**3.6%**	**50.0%**	-
Being hosted for free	**4.3%**	**25.0%**	-
Squatting (without consent of owner)	**0.0%**	**0.0%**	-
Housing provided by public authority	**0.0%**	**0.0%**	-

% of housing with reported damage[13], per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
No damage	**91.1%**	**93.4%**	-
Light damage	**7.3%**	**6.6%**	-
Medium damage	**1.6%**	**0.0%**	-
Heavy damage	**0.0%**	**0.0%**	-
Destroyed	**0.0%**	**0.0%**	-

HHs threatened with eviction in the 6 months prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
1.3%	**1.3%**	-

0.0% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h		**3.0%**
3-5h		**78.1%**
6-8h		**13.5%**
9-11h		**0.4%**
12-14h		**1.7%**
> 14h		**3.3%**

% of HHs reporting having access to vehicle fuel:

% of HHs reporting having access to cooking fuel:

97.7%	Regular access	84.5%	
1.7%	Irregular access	12.8%	
0.0%	No access	1.3%	
0.6%	No use or no need	1.3%	
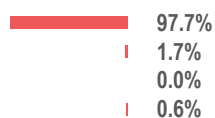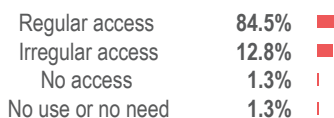
5.8% of HHs reported irregular or no access to heating fuel when required.

🤲 PROTECTION

Households with an unmet need in the protection sector:

10.9%

5.6% of HHs reported presence of explosive hazards in their currrent area of residence.

8.6% of HHs reported having family member harmed as a result of UXO.

0.9% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Community representative
2. Social media
3. Conventional media

% of HHs having lost ID or other documentation during the conflict, per population group:

🧍 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
2.9%	3.9%	-

100.0% of HHs having lost ID or other documentation had reapplied for new documentation[6].

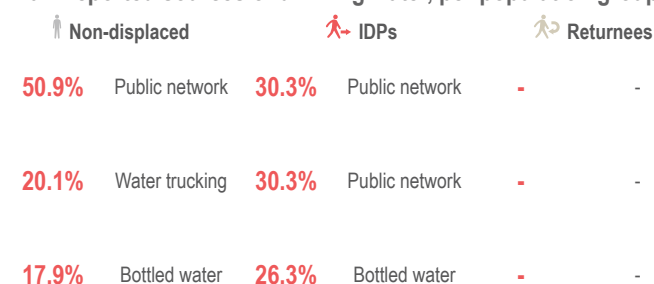**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	0.0%
Healthcare access	0.0%
Government assistance	0.0%
NGO assistance	0.0%
Property access	44.8%
Movement or travel	1.1%

1.6% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

28.4%

Main reported sources of drinking water, per population group:

🧍 Non-displaced		🚶 IDPs		🚶‍♂️ Returnees	
50.9%	Public network	30.3%	Public network	-	-
20.1%	Water trucking	30.3%	Public network	-	-
17.9%	Bottled water	26.3%	Bottled water	-	-

Top 3 reported types of water treatment[7]:

No treatment methods used	90.0%
Water filters	10.0%
Disinfection (tablets, iodine,…)	0.1%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced	IDPs	Returnees
28.6%	9.2%	-

16.8% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

0.8% of HHs reported that hygiene items were too expensive to afford.

0.0% of HHs reported that hygiene items were unavailable in the markets.

EDUCATION

Households with an unmet need in the education sector:

7.4%

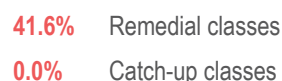**94.4%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
0.0%	0.9%	-

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Health reasons (disability, chronic disease, etc)	Can't afford school fees	-
2	Can't afford school fees	-	-
3	-	-	-

% of HHs with school-aged children attending non-formal educational programmes:

41.6%	Remedial classes
0.0%	Catch-up classes
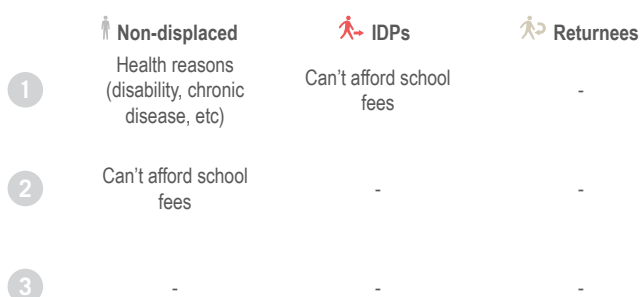
0.0% of HHs having lost documentation reported it affected their access to education.[6]
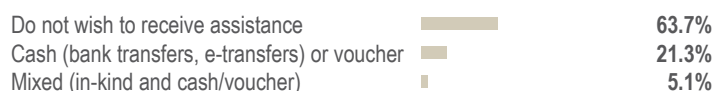
ASSISTANCE

6.9% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
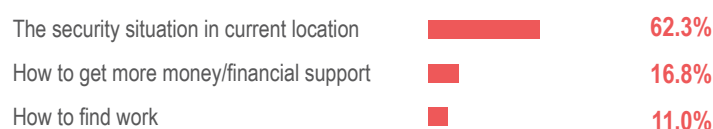
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

Cash or voucher	57.3%
In-kind	42.7%
Mixed (in-kind and cash/voucher)	0.0%

Preferred in the future:

Do not wish to receive assistance	63.7%
Cash (bank transfers, e-transfers) or voucher	21.3%
Mixed (in-kind and cash/voucher)	5.1%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	62.3%
How to get more money/financial support	16.8%
How to find work	11.0%

1 Libya Humanitarian Needs Overview, OCHA, 2018
2 UNSMIL, Human Rights Report on Civilian Casualties, 2018
3 https://www.unocha.org/middle-east-and-north-africa-romena/libya
4 Libya Humanitarian Needs Overview, OCHA, 2018
5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Due to limited sample size for this indicator, results are indicative and not representative
7 Multiple responses could be selected
8 Calculated using WFP CARI methodology, detailed here.
9 Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10 Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12 Calculated based on HHs who receive an income
13 Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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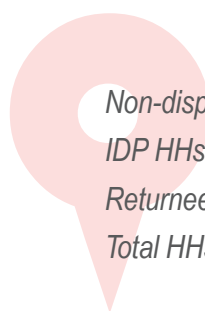
Multi-Sector Needs Assessment (MSNA)

Azzawya
November 2018
LIBYA

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Azzawya
Non-displaced HHs	2,449	134
IDP HHs	1,691	97
Returnees HHs	1,212	19
Total HHs	5,352	250

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**39.7%**
2 sectors		**21.4%**
3 sectors		**6.6%**
4 sectors		**0.2%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.8%**
Health	**30.4%**
Shelter and NFIs	**9.6%**
Protection	**13.5%**
WASH	**14.9%**
Education	**33.0%**
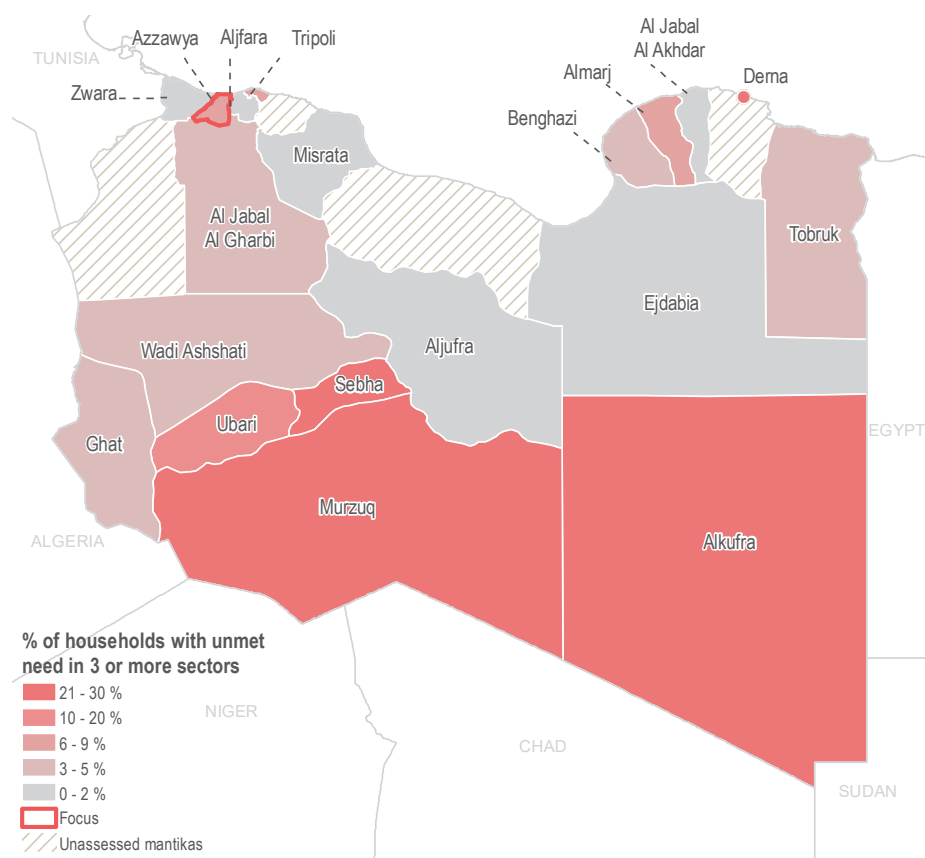
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

66.1%	Azzawya
22.4%	Surman
10.2%	Gharb Azzawya
1.3%	Other

% of HHs hosting displaced persons, per population group:

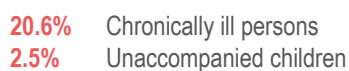| 👤 Non-displaced	🏃 IDPs	🏃 Returnees
3.4%	2.1%	0.0%
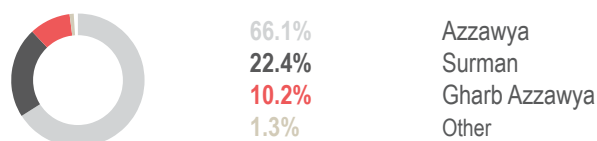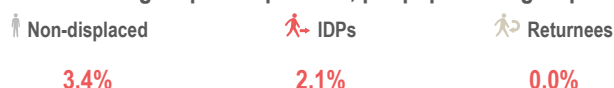
3.4% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **1.7** persons[6].

11.5% of head of households (HoHs) were above 65 years old.
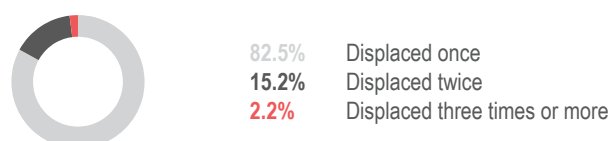
Age distribution of HH members per population group:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
0-5	3.2%	6.0%	2.4%
6-14	13.1%	15.3%	11.1%
15-17	16.5%	16.8%	26.4%
18-64	61.6%	58.0%	58.0%
65+	5.6%	3.9%	2.2%

% of HHs reporting the following vulnerable members:

20.6%	Chronically ill persons
2.5%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

82.5%	Displaced once
15.2%	Displaced twice
2.2%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

44.7%	Azzawya
13.0%	Aljfara
13.0%	Aljfara
29.3%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🏃 IDPs

Threats of violence against HH	44.3%
Evicted from dwelling	38.1%
Insecurity or conflict in the area of origin	32.0%

🏃 Returnees

Insecurity or conflict in the area of origin	73.7%
Evicted from dwelling	21.1%
Dwelling being destroyed	10.5%

Main reasons for IDP HHs not to return to their area of origin:

1. Threats of violence against HH
2. Insecurity or conflict in the area of origin
3. Dwelling being destroyed

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🏃 IDPs

Safer environment	33.0%
End of conflict	30.9%
Presence of friends or family	16.5%

🏃 Returnees

End of conflict	94.7%
Presence of HH's community	84.2%
Presence of friends or family	63.2%

Top 3 reported problems faced upon return to area of origin:

1. Basic services at household level no longer working (electricity, water,…)
2. Valuables in house or property missing
3. Parts of house or property destroyed

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

0.8%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	21.1%	30.5%	22.2%
Marginally food insecure	73.7%	63.2%	77.8%
Moderately food insecure	4.5%	6.3%	0.0%
Severely food insecure	0.8%	0.0%	0.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	85.9%	78.4%	100.0%
Market (cheque)	71.9%	74.2%	57.9%
Market (debt)	18.9%	32.0%	5.3%
Own production	24.4%	17.5%	10.5%
Borrowing from relatives	0.0%	0.0%	0.0%
Aid assistance	3.0%	8.2%	0.0%
Gifts from relatives	1.5%	4.1%	0.0%
Zakat[9]	1.5%	7.2%	0.0%
Work or barter for food	3.0%	0.0%	10.5%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	3	5.1	3.6
Low use of coping strategies (0-3)	66.7%	47.2%	53.8%
Medium use of coping strategies (4-9)	24.4%	38.9%	38.5%
High use of coping strategies (10+)	8.9%	13.9%	7.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

1.8	Rely on less preferred, less expensive food	0.2	Reduce the size of portions or meals
0.2	Borrow food or rely on help from relatives	0.0	Reduce the quantity consumed by adults so children could eat
0.6	Reduce the number of meals eaten per day		

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

16.7%	None
11.2%	Stress strategies
50.6%	Crisis strategies
21.6%	Emergency strategies
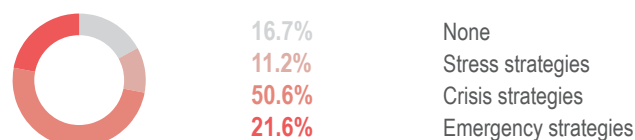
28.0% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

30.4%

21.7% of HHs reported needing healthcare in the 15 days prior to data collection.

79.1% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
76.9%	Lack of medical staff	50.0%	Lack of medical staff	75.0%	Distance too long to health center
29.9%	Distance too long to health center	37.5%	Distance too long to health center	75.0%	Lack of medical staff
21.0%	Route to health facilities is unsafe	37.5%	Lack of medical supplies	58.3%	Route to health facilities is unsafe

6.1% of HHs reported travelling for more than one hour to access the nearest health service provider.

13.6% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	20.5%	25.0%	47.4%
Mental disorder	1.9%	0.0%	0.0%
Physical disability	5.1%	3.1%	5.3%

Main chronic diseases reported by HHs[6][11]:

Diabetes		61.2%
Blood pressure		31.3%
Heart disease		12.4%

100.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
800 LYD	800 LYD	2250 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	9.3%
Salaried work	4.5%
Government salary	82.0%
Remittances	0.0%
Casual labour	0.0%
Government social benefits	0.6%
Support from family and friends	1.2%
Humanitarian assistance	0.4%
Zakat[9] or charitable donations	2.0%

76.5% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
80.0%	Unable to withdraw enough money from bank account	92.5%	Unable to withdraw enough money from bank account	100.0%	Unable to withdraw enough money from bank account
35.8%	Salary or wages too low	55.0%	Salary or wages not paid regularly	33.3%	Salary or wages too low
23.1%	Salary or wages not paid regularly	20.0%	No currently functioning banks/financial institutions in area	26.7%	Salary or wages not paid regularly

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Main reported modalities for HH expenditure, per population group[7]:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
48.4%	Hard cash (LYD)	57.7%	Hard cash (LYD)	42.1%	Cheques
43.1%	Cheques	27.8%	Cheques	31.6%	Hard cash (LYD)
7.4%	Credit or debit card	11.3%	Credit or debit card	26.3%	Credit or debit card

29.7% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
< 300 LYD	22.1%	11.6%	10.0%
300 - 599 LYD	33.3%	43.5%	40.0%
600 - 999 LYD	34.4%	40.6%	50.0%
> 1000 LYD	10.2%	4.3%	0.0%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Marketplace too far from residency/no means of transport
3. Transportation too expensive

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

9.6%

% of HHs reported living in each shelter type:

74.5% House
25.5% Apartment

% of HHs reported living in each shelter occupancy arrangement, per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Ownership	98.9%	38.1%	94.7%
Rental (with written contract)	0.6%	15.5%	0.0%
Rental (with verbal agreement)	0.5%	19.6%	0.0%
Being hosted for free	0.0%	24.7%	0.0%
Squatting (without consent of owner)	0.0%	0.0%	0.0%
Housing provided by public authority	0.0%	1.0%	0.0%

% of housing with reported damage[13], per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
No damage	63.5%	60.8%	57.9%
Light damage	28.5%	29.9%	36.8%
Medium damage	6.9%	7.2%	5.3%
Heavy damage	1.2%	2.1%	0.0%
Destroyed	0.0%	0.0%	0.0%

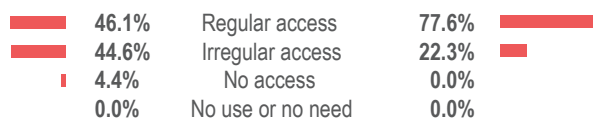**HHs threatened with eviction in the 6 months prior to data collection, per population group:**

👤 Non-displaced	🚶 IDPs	🚶 Returnees
5.3%	5.2%	5.3%

5.0% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	0.5%
3-5h	40.2%
6-8h	53.1%
9-11h	5.5%
12-14h	0.7%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

▬	46.1%	Regular access
▬	44.6%	Irregular access
▪	4.4%	No access
	0.0%	No use or no need

% of HHs reporting having access to cooking fuel:

77.6%	▬
22.3%	▪
0.0%	
0.0%	
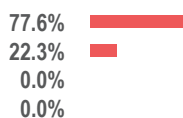
13.9% of HHs reported irregular or no access to heating fuel when required.

❤ PROTECTION

Households with an unmet need in the protection sector:

▪———— **13.5%**
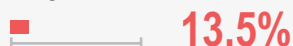
5.5% of HHs reported presence of explosive hazards in their currrent area of residence.

1.9% of HHs reported having family member harmed as a result of UXO.

10.5% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

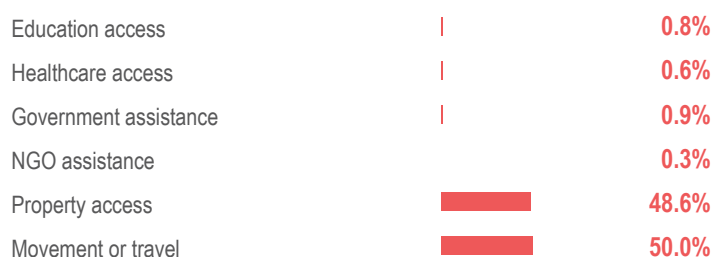**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

①	School
②	Posters, flyers or other printed material
③	Conventional media

% of HHs having lost ID or other documentation during the conflict, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
4.0%	12.4%	42.1%

50.9% of HHs having lost ID or other documentation had reapplied for new documentation[6].

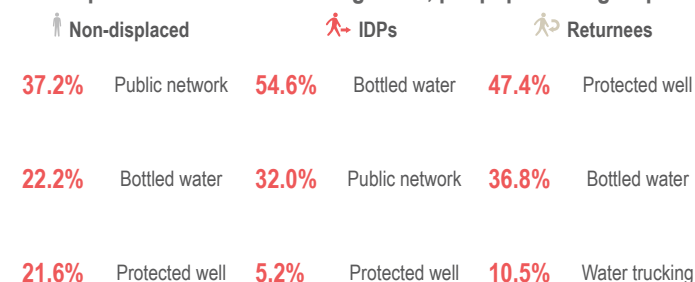**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	▏	0.8%
Healthcare access	▏	0.6%
Government assistance	▏	0.9%
NGO assistance		0.3%
Property access	▬	48.6%
Movement or travel	▬	50.0%

2.8% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

▪———— **14.9%**

Main reported sources of drinking water, per population group:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
37.2%	Public network	54.6%	Bottled water	47.4%	Protected well
22.2%	Bottled water	32.0%	Public network	36.8%	Bottled water
21.6%	Protected well	5.2%	Protected well	10.5%	Water trucking

Top 3 reported types of water treatment[7]:

No treatment methods used	▬	56.9%
Water filters	▬	28.9%
Boiling water	▬	28.5%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced	IDPs	Returnees
14.7%	33.0%	0.0%

43.8% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

32.0% of HHs reported that hygiene items were too expensive to afford.

6.7% of HHs reported that hygiene items were unavailable in the markets.

📖 EDUCATION

Households with an unmet need in the education sector:

33.0%

60.0% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
0.0%	2.9%	0.0%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Health reasons (disability, chronic disease, etc)	Health reasons (disability, chronic disease, etc)	Health reasons (disability, chronic disease, etc)
2	School facilities damaged or used for other purposes	Displaced from area, where the initial school was	Can't afford school fees
3	Household work or employment	Can't afford to pay for education materials	-

% of HHs with school-aged children attending non-formal educational programmes:

18.2% Remedial classes

6.6% Catch-up classes

0.8% of HHs having lost documentation reported it affected their access to education.[6]

✳ ASSISTANCE

4.8% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

Mixed (in-kind and cash/voucher)	54.5%
In-kind	45.3%
Other	40.7%

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	46.2%
Do not wish to receive assistance	23.9%
Food or NFI distributions	18.9%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	54.5%
How to get more money/financial support	32.0%
Food prices	28.8%

1   Libya Humanitarian Needs Overview, OCHA, 2018
2   UNSMIL, Human Rights Report on Civilian Casualties, 2018
3   https://www.unocha.org/middle-east-and-north-africa-romena/libya
4   Libya Humanitarian Needs Overview, OCHA, 2018
5   Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6   Due to limited sample size for this indicator, results are indicative and not representative
7   Multiple responses could be selected
8   Calculated using WFP CARI methodology, detailed here.
9   Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10   Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11   Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12   Calculated based on HHs who receive an income
13   Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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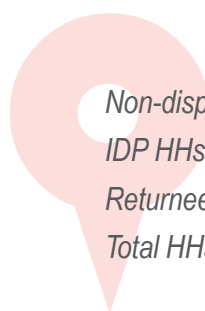
Multi-Sector Needs Assessment (MSNA)

Benghazi
November 2018

LIBYA

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Benghazi
Non-displaced HHs	2,449	126
IDP HHs	1,691	95
Returnees HHs	1,212	106
Total HHs	5,352	327

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**33.9%**
2 sectors		**9.6%**
3 sectors		**4.3%**
4 sectors		**1.1%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**2.1%**
Health	**26.4%**
Shelter and NFIs	**2.4%**
Protection	**9.7%**
WASH	**21.5%**
Education	**7.8%**
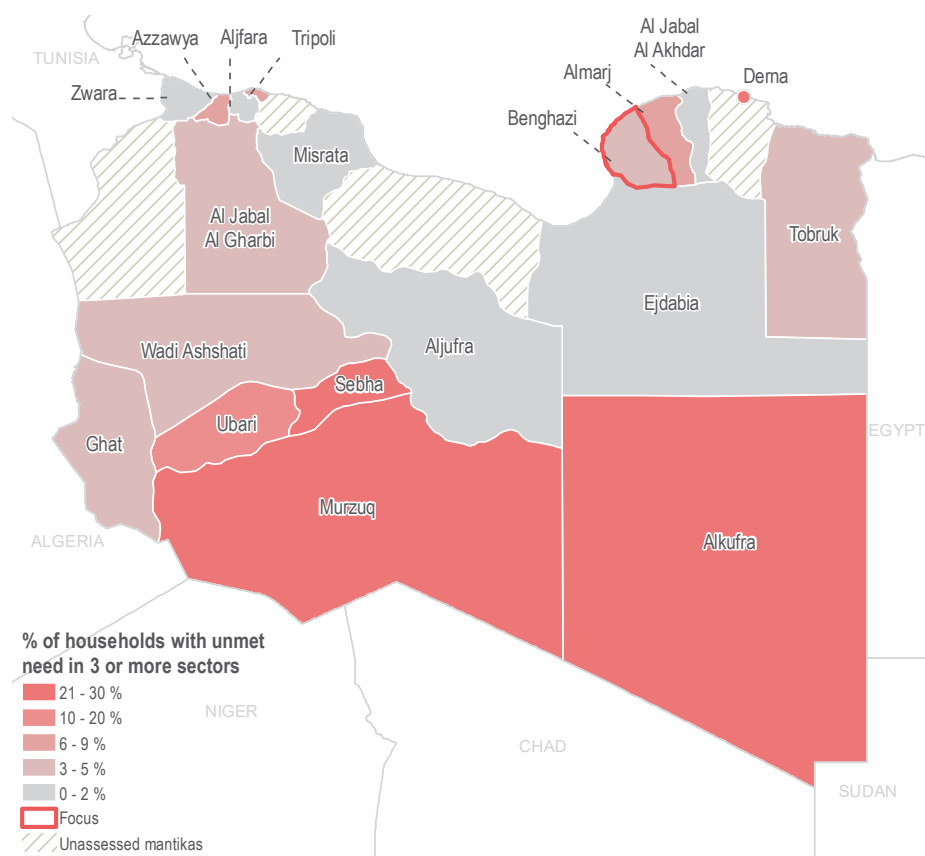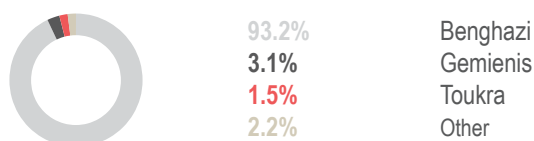
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

93.2%	Benghazi
3.1%	Gemienis
1.5%	Toukra
2.2%	Other

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0.8%	**2.1%**	**0.0%**
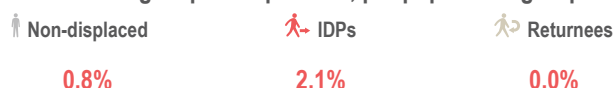
0.6% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3.8** persons[6].

28.8% of head of households (HoHs) were above 65 years old.

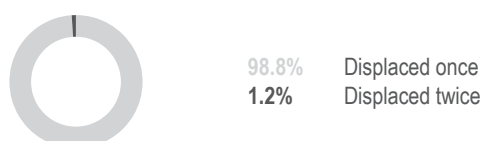**Age distribution of HH members per population group:**

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	**7.8%**	**8.2%**	**7.4%**
6-14	**6.6%**	**12.6%**	**11.7%**
15-17	**7.0%**	**12.2%**	**7.7%**
18-64	**70.0%**	**61.8%**	**67.5%**
65+	**8.6%**	**5.2%**	**5.8%**

% of HHs reporting the following vulnerable members:

43.5%	Chronically ill persons
0.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

98.8%	Displaced once
1.2%	Displaced twice

Top mantikas of origin of IDPs:

99.8%	Benghazi
0.2%	Misrata

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**65.3%**
Dwelling being destroyed	**33.7%**
Threats of violence against HH	**6.3%**

🚶 **Returnees**

Insecurity or conflict in the area of origin	**97.2%**
Problems accessing housing	**2.8%**
Dwelling being destroyed	**1.9%**
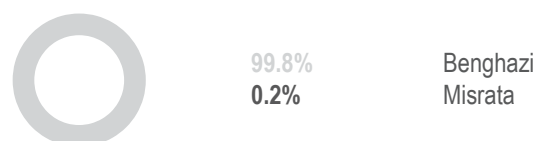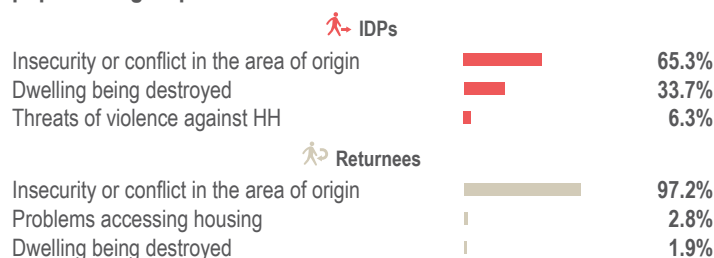
Main reasons for IDP HHs not to return to their area of origin:

1. Dwelling being destroyed
2. Insecurity or conflict in the area of origin
3. Presence of explosive hazards

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Presence of friends or family	**37.9%**
Safer environment	**27.4%**
Cheaper rent prices in chosen area	**14.7%**

🚶 **Returnees**

End of conflict	**92.5%**
Presence of friends or family	**44.3%**
Own property in chosen area	**28.3%**
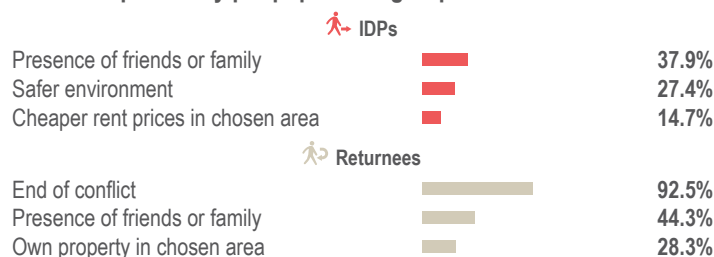
Top 3 reported problems faced upon return to area of origin:

1. Basic services at household level no longer working (electricity, water,…)
2. Basic services at household level no longer working (electricity, water,…)
3. Valuables in house or property missing

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

2.1%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	16.5%	13.8%	17.6%
Marginally food insecure	76.0%	74.5%	77.5%
Moderately food insecure	6.7%	10.6%	3.9%
Severely food insecure	0.8%	1.1%	1.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	91.3%	74.7%	88.7%
Market (cheque)	59.3%	67.4%	66.0%
Market (debt)	8.5%	21.1%	8.5%
Own production	12.4%	2.1%	1.9%
Borrowing from relatives	0.0%	1.1%	0.9%
Aid assistance	0.0%	4.2%	1.9%
Gifts from relatives	0.0%	1.1%	0.9%
Zakat[9]	0.0%	2.1%	0.0%
Work or barter for food	0.0%	0.0%	0.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	6.5	10.1	8.5
Low use of coping strategies (0-3)	24.0%	14.4%	12.3%
Medium use of coping strategies (4-9)	62.3%	42.2%	65.1%
High use of coping strategies (10+)	13.7%	43.3%	22.6%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

5.1 Rely on less preferred, less expensive food

0.6 Reduce the size of portions or meals

0.1 Borrow food or rely on help from relatives

0.2 Reduce the quantity consumed by adults so children could eat

0.6 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

- 17.1% None
- 31.4% Stress strategies
- 49.0% Crisis strategies
- 2.6% Emergency strategies

20.2% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

26.4%

25.6% of HHs reported needing healthcare in the 15 days prior to data collection.

85.5% of these HHs reported having been to a health facility to access the needed healthcare[6].

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Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
58.5%	Lack of medical staff	53.3%	Lack of medical supplies	61.5%	Lack of medical staff
46.9%	Distance too long to health center	53.3%	No or lack of money to pay for healthcare	51.3%	No or lack of money to pay for healthcare
45.7%	Lack of medical supplies	50.0%	Lack of medical staff	51.3%	Lack of medical supplies

4.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

44.4% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	46.8%	37.9%	35.8%
Mental disorder	4.6%	13.9%	5.3%
Physical disability	7.4%	2.1%	3.8%

Main chronic diseases reported by HHs[6][11]:

Diabetes	▅▅▅▅▅	73.3%
Blood pressure	▅▅▅▅	60.4%
Heart disease	▅	15.0%

99.7% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
1000 LYD	1000 LYD	1200 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	6.2%
Salaried work	1.0%
Government salary	87.4%
Remittances	0.0%
Casual labour	2.9%
Government social benefits	1.6%
Support from family and friends	0.8%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.0%

80.0% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
63.3%	Unable to withdraw enough money from bank account	62.5%	Unable to withdraw enough money from bank account	93.1%	Unable to withdraw enough money from bank account
41.3%	Salary or wages not paid regularly	41.3%	Salary or wages not paid regularly	55.2%	Salary or wages not paid regularly
39.5%	Salary or wages too low	35.0%	Salary or wages too low	31.0%	Salary or wages too low

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Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
64.4%	Hard cash (LYD)	70.5%	Hard cash (LYD)	56.6%	Hard cash (LYD)
27.2%	Cheques	17.9%	Cheques	23.6%	Cheques
2.7%	Bank transfers	4.2%	Mobile money	10.4%	Mobile money

76.4% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	0.0%	16.7%	7.1%
300 - 599 LYD	64.7%	33.3%	71.4%
600 - 999 LYD	35.3%	41.7%	21.4%
> 1000 LYD	0.0%	0.0%	0.0%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Marketplace too far from residency/no means of transport
3. Transportation too expensive

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

2.4%

% of HHs reported living in each shelter type:

- 79.1% House
- **19.2%** Apartment
- 1.6% Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	88.9%	20.0%	95.3%
Rental (with written contract)	4.0%	25.3%	0.0%
Rental (with verbal agreement)	3.8%	30.5%	0.0%
Being hosted for free	2.9%	18.9%	1.9%
Squatting (without consent of owner)	0.1%	0.0%	0.0%
Housing provided by public authority	0.0%	4.2%	0.0%

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	92.3%	83.2%	41.5%
Light damage	7.7%	13.7%	48.1%
Medium damage	0.0%	1.1%	10.4%
Heavy damage	0.0%	0.0%	0.0%
Destroyed	0.0%	2.1%	0.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:
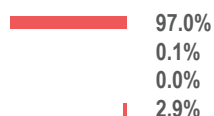
Non-displaced	IDPs	Returnees
0.8%	7.4%	0.0%

0.2% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	13.1%
3-5h	73.9%
6-8h	9.8%
9-11h	1.6%
12-14h	0.3%
> 14h	1.2%

% of HHs reporting having access to vehicle fuel:

% of HHs reporting having access to cooking fuel:

97.0%	Regular access	93.6%	
0.1%	Irregular access	4.5%	
0.0%	No access	1.1%	
2.9%	No use or no need	0.2%	
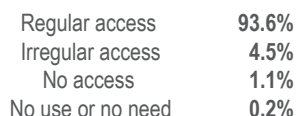
3.0% of HHs reported irregular or no access to heating fuel when required.

PROTECTION

Households with an unmet need in the protection sector:

9.7%
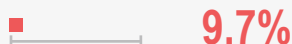
9.4% of HHs reported presence of explosive hazards in their currrent area of residence.

0.5% of HHs reported having family member harmed as a result of UXO.

26.7% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

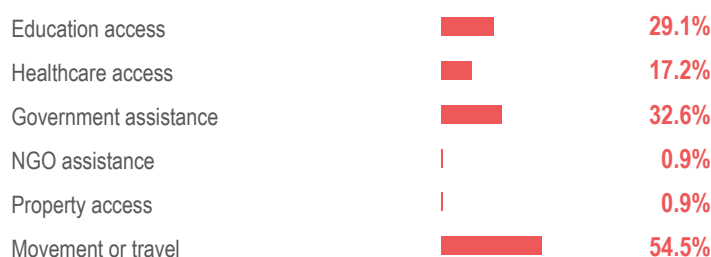**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

1. Conventional media
2. Social media
3. Community representative

% of HHs having lost ID or other documentation during the conflict, per population group:

Non-displaced	IDPs	Returnees
1.6%	25.3%	13.2%

88.9% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:
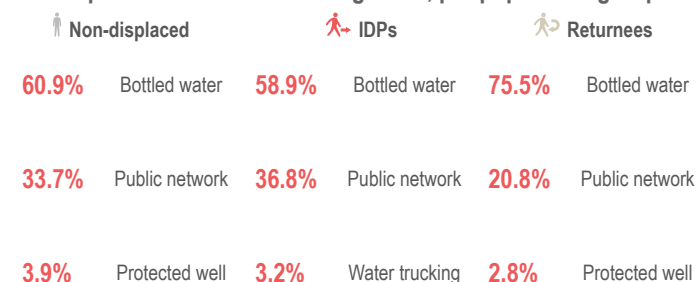
Education access	29.1%
Healthcare access	17.2%
Government assistance	32.6%
NGO assistance	0.9%
Property access	0.9%
Movement or travel	54.5%

6.2% of HHs reported having a missing family member.

WASH

Households with an unmet need in the WASH sector:

21.5%

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
60.9%	Bottled water	58.9%	Bottled water	75.5%	Bottled water
33.7%	Public network	36.8%	Public network	20.8%	Public network
3.9%	Protected well	3.2%	Water trucking	2.8%	Protected well

Top 3 reported types of water treatment[7]:

No treatment methods used	53.0%
Water filters	26.1%
Disinfection (tablets, iodine,…)	11.5%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

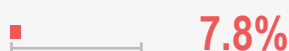| Non-displaced	IDPs	Returnees
23.4%	28.4%	15.1%

49.6% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

12.2% of HHs reported that hygiene items were too expensive to afford.

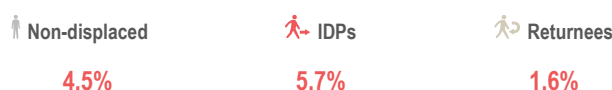**1.3%** of HHs reported that hygiene items were unavailable in the markets.

📖 EDUCATION

Households with an unmet need in the education sector:

7.8%

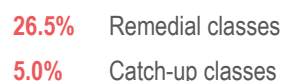**92.4%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
4.5%	5.7%	1.6%

Main reasons for not regularly attending school or having dropped out of school[6 7]:

	Non-displaced	IDPs	Returnees
1	Limited access to transport or fuel	Can't afford school fees	Health reasons (disability, chronic disease, etc)
2	Health reasons (disability, chronic disease, etc)	Can't afford to pay for education materials	Can't afford to pay for education materials
3	Household work or employment	School facilities damaged or used for other purposes	Household work or employment

% of HHs with school-aged children attending non-formal educational programmes:

26.5%	Remedial classes
5.0%	Catch-up classes

29.1% of HHs having lost documentation reported it affected their access to education.[6]
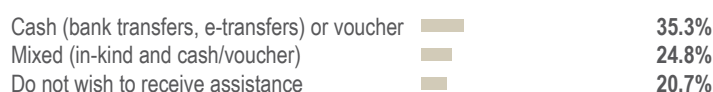
✳ ASSISTANCE

1.6% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
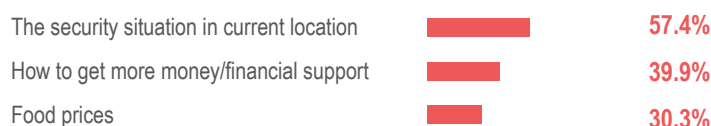
Modality of assistance:

Received in the 6 months prior to data collection[6 7]:

In-kind	60.6%
Mixed (in-kind and cash/voucher)	33.2%
Cash or voucher	3.1%

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	35.3%
Mixed (in-kind and cash/voucher)	24.8%
Do not wish to receive assistance	20.7%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	57.4%
How to get more money/financial support	39.9%
Food prices	30.3%

1. Libya Humanitarian Needs Overview, OCHA, 2018
2. UNSMIL, Human Rights Report on Civilian Casualties, 2018
3. https://www.unocha.org/middle-east-and-north-africa-romena/libya
4. Libya Humanitarian Needs Overview, OCHA, 2018
5. Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6. Due to limited sample size for this indicator, results are indicative and not representative
7. Multiple responses could be selected
8. Calculated using WFP CARI methodology, detailed here.
9. Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10. Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
    Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
    Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11. Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12. Calculated based on HHs who receive an income
13. Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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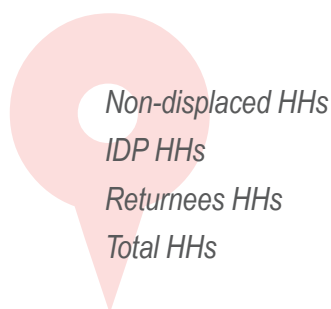
Multi-Sector Needs Assessment (MSNA)

Derna
November 2018
LIBYA

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Derna
Non-displaced HHs	2,449	77
IDP HHs	1,691	42
Returnees HHs	1,212	137
Total HHs	5,352	256

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**23.5%**
2 sectors		**28.9%**
3 sectors		**14.4%**
4 sectors		**4.0%**
5 sectors		**2.1%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.1%**
Health	**32.7%**
Shelter and NFIs	**56.3%**
Protection	**12.4%**
WASH	**37.6%**
Education	**8.4%**
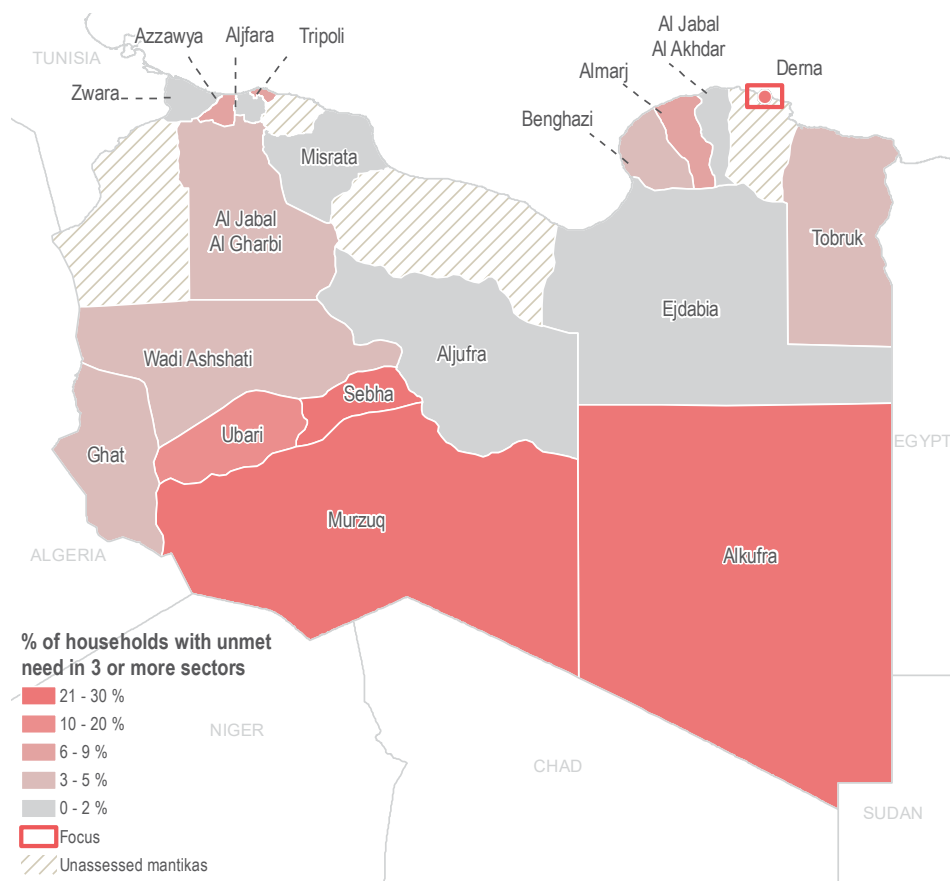
% of households with unmet need in 3 or more sectors

- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

99.4%	Derna
0.6%	Umm arrazam

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
5.0%	**2.4%**	**2.2%**
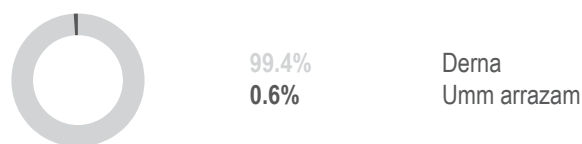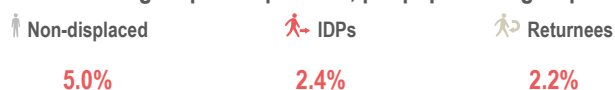
2.6% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **2** persons[6].

8.2% of head of households (HoHs) were above 65 years old.

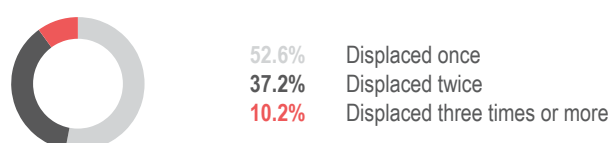**Age distribution of HH members per population group:**

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	**12.6%**	**12.7%**	**13.3%**
6-14	**15.0%**	**13.2%**	**13.5%**
15-17	**5.1%**	**3.5%**	**8.0%**
18-64	**64.2%**	**65.7%**	**63.6%**
65+	**3.1%**	**4.8%**	**1.7%**

% of HHs reporting the following vulnerable members:

25.8%	Chronically ill persons
0.2%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

52.6%	Displaced once
37.2%	Displaced twice
10.2%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

98.5%	Derna
0.7%	Benghazi
0.7%	Al Jabal Al Akhdar
0.1%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**100.0%**
Threats of violence against HH	**40.5%**
Dwelling being destroyed	**14.3%**

🚶 **Returnees**

Insecurity or conflict in the area of origin	**86.9%**
Presence of explosive hazards	**10.9%**
Problems accessing water	**5.8%**

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Dwelling being destroyed
3. Threats of violence against HH

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Presence of friends or family	**47.6%**
End of conflict	**31.0%**
Safer environment	**28.6%**

🚶 **Returnees**

End of conflict	**60.6%**
Presence of friends or family	**42.3%**
Presence of HH's community	**37.2%**
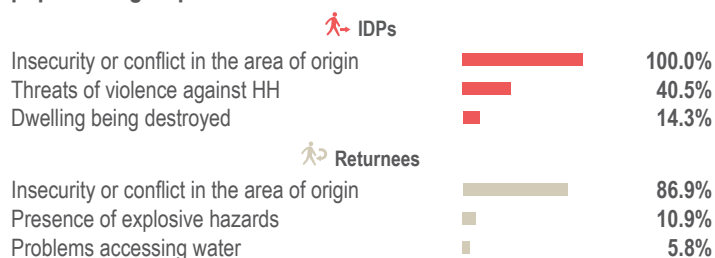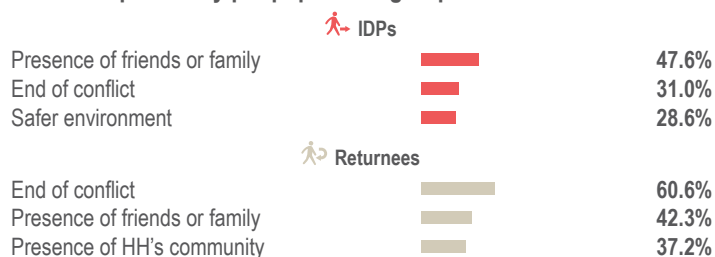
Top 3 reported problems faced upon return to area of origin:

1. Valuables in house or property missing
2. Parts of house or property destroyed
3. Basic services at household level no longer working (electricity, water,…)

🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

0.1%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	48.7%	9.1%	31.1%
Marginally food insecure	51.3%	78.8%	64.4%
Moderately food insecure	0.0%	12.1%	4.4%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	97.4%	90.5%	98.5%
Market (cheque)	84.4%	78.6%	78.1%
Market (debt)	48.1%	64.3%	65.0%
Own production	1.3%	0.0%	2.9%
Borrowing from relatives	0.0%	0.0%	0.7%
Aid assistance	0.0%	11.9%	0.7%
Gifts from relatives	2.6%	4.8%	0.7%
Zakat[9]	0.0%	0.0%	0.0%
Work or barter for food	5.2%	0.0%	5.8%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	8.2	7.3	6.4
Low use of coping strategies (0-3)	27.6%	30.3%	45.9%
Medium use of coping strategies (4-9)	26.3%	48.5%	27.4%
High use of coping strategies (10+)	46.1%	21.2%	26.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

3.8 Rely on less preferred, less expensive food

2.8 Reduce the size of portions or meals

0.5 Borrow food or rely on help from relatives

0.1 Reduce the quantity consumed by adults so children could eat

0.4 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

45.4%	None
10.4%	Stress strategies
40.3%	Crisis strategies
3.9%	Emergency strategies
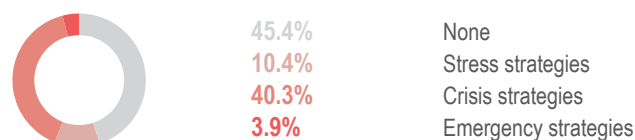
10.3% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

✚ HEALTH

Households with an unmet need in the health sector:

32.7%

25.1% of HHs reported needing healthcare in the 15 days prior to data collection.

66.7% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
74.4%	Health facilities being damaged or destroyed	**74.2%**	Health facilities being damaged or destroyed	**45.8%**	Health facilities being damaged or destroyed
38.4%	Distance too long to health center	**35.5%**	Lack of medical staff	**33.3%**	No or lack of money to pay for care
32.0%	No available health facilities accepting new patiens	**32.3%**	Distance too long to health center	**31.3%**	Distance too long to health center

3.1% of HHs reported travelling for more than one hour to access the nearest health service provider.

44.8% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	**27.3%**	**38.1%**	**25.5%**
Mental disorder	**0.0%**	**0.0%**	**2.9%**
Physical disability	**3.8%**	**7.1%**	**3.6%**

Main chronic diseases reported by HHs[6][11]:

Blood pressure	**50.5%**
Diabetes	**48.7%**
Joint pain (arthritis)	**13.5%**

100.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
800 LYD	**600 LYD**	**700 LYD**

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	**2.6%**
Salaried work	**1.4%**
Government salary	**79.5%**
Remittances	**7.1%**
Casual labour	**1.5%**
Government social benefits	**6.7%**
Support from family and friends	**0.3%**
Humanitarian assistance	**0.5%**
Zakat[9] or charitable donations	**0.4%**

94.0% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
97.4%	Salary or wages not paid regularly	**89.2%**	Salary or wages not paid regularly	**78.6%**	Salary or wages not paid regularly
48.7%	Unable to withdraw enough money from bank account	**59.5%**	Unable to withdraw enough money from bank account	**61.2%**	Unable to withdraw enough money from bank account
46.1%	Salary or wages too low	**56.8%**	Salary or wages too low	**50.0%**	Salary or wages too low

Main reported modalities for HH expenditure, per population group[7]:

👤 Non-displaced		🚶 IDPs		🚶↩ Returnees	
80.1%	Hard cash (LYD)	**50.0%**	Hard cash (LYD)	**57.7%**	Hard cash (LYD)
14.0%	Bank transfers	**45.2%**	Cheques	**27.0%**	Cheques
5.8%	Cheques	**2.4%**	Bank transfers	**15.3%**	Bank transfers

19.9% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	👤 Non-displaced	🚶 IDPs	🚶↩ Returnees
< 300 LYD	**7.7%**	**5.9%**	**2.9%**
300 - 599 LYD	**31.8%**	**55.9%**	**57.3%**
600 - 999 LYD	**54.0%**	**32.4%**	**36.9%**
> 1000 LYD	**6.4%**	**5.9%**	**1.9%**

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Damage to marketplace
3. Transportation too expensive

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

56.3%

% of HHs reported living in each shelter type:

- 51.2% House
- **47.3%** Apartment
- **0.6%** Private space not usually used for shelter (basement, garage, store, warehouse, work site, etc.)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	👤 Non-displaced	🚶 IDPs	🚶↩ Returnees
Ownership	**86.8%**	**40.5%**	**83.9%**
Rental (with written contract)	**5.6%**	**0.0%**	**5.8%**
Rental (with verbal agreement)	**2.3%**	**31.0%**	**3.6%**
Being hosted for free	**1.5%**	**28.6%**	**4.4%**
Squatting (without consent of owner)	**1.2%**	**0.0%**	**0.7%**
Housing provided by public authority	**1.5%**	**0.0%**	**0.0%**

% of housing with reported damage[13], per population group:

	👤 Non-displaced	🚶 IDPs	🚶↩ Returnees
No damage	**64.9%**	**31.0%**	**38.0%**
Light damage	**30.7%**	**35.7%**	**35.8%**
Medium damage	**4.4%**	**31.0%**	**25.5%**
Heavy damage	**0.0%**	**2.4%**	**0.7%**
Destroyed	**0.0%**	**0.0%**	**0.0%**

HHs threatened with eviction in the 6 months prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶↩ Returnees
14.9%	**33.3%**	**19.0%**

42.9% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	0.4%
3-5h	88.6%
6-8h	10.1%
9-11h	0.0%
12-14h	0.2%
> 14h	0.6%

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% of HHs reporting having access to vehicle fuel:

74.9%	Regular access
22.3%	Irregular access
0.0%	No access
2.8%	No use or no need

% of HHs reporting having access to cooking fuel:

58.8%	
41.2%	
0.0%	
0.0%	
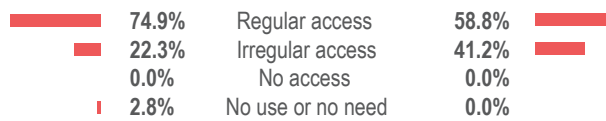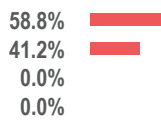
12.7% of HHs reported irregular or no access to heating fuel when required.

PROTECTION

Households with an unmet need in the protection sector:

12.4%

6.5% of HHs reported presence of explosive hazards in their currrent area of residence.

8.2% of HHs reported having family member harmed as a result of UXO.

14.9% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Conventional media
2. Posters, flyers or other printed material
3. Social media

% of HHs having lost ID or other documentation during the conflict, per population group:

Non-displaced	IDPs	Returnees
8.8%	14.3%	7.3%

21.8% of HHs having lost ID or other documentation had reapplied for new documentation[6].

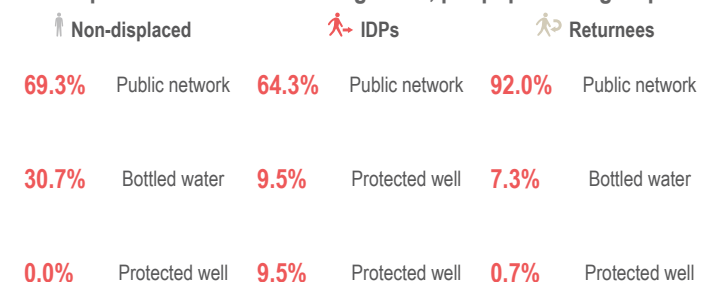**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	0.0%
Healthcare access	3.0%
Government assistance	21.2%
NGO assistance	18.9%
Property access	40.6%
Movement or travel	51.2%
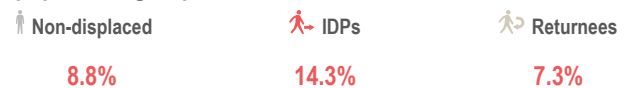
0.0% of HHs reported having a missing family member.

WASH

Households with an unmet need in the WASH sector:

37.6%

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
69.3%	Public network	64.3%	Public network	92.0%	Public network
30.7%	Bottled water	9.5%	Protected well	7.3%	Bottled water
0.0%	Protected well	9.5%	Protected well	0.7%	Protected well

Top 3 reported types of water treatment[7]:

No treatment methods used	76.9%
Water filters	20.2%
Boiling water	1.9%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

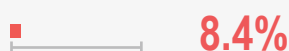| Non-displaced	IDPs	Returnees
39.2%	66.7%	37.2%
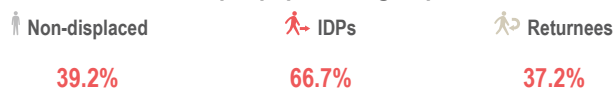
98.9% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

26.9% of HHs reported that hygiene items were too expensive to afford.

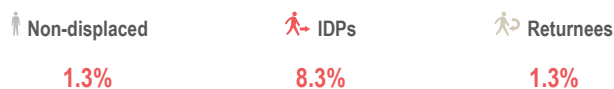**11.4%** of HHs reported that hygiene items were unavailable in the markets.

📖✏️ EDUCATION

Households with an unmet need in the education sector:

8.4%

91.9% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
1.3%	8.3%	1.3%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Displaced from area, where the initial school was	Displaced from area, where the initial school was	School facilities damaged or used for other purposes
2	School facilities damaged or used for other purposes	School facilities damaged or used for other purposes	Displaced from area, where the initial school was
3	No quality education or lack of qualified teachers	Can't afford school fees	Route to school or school area is unsafe

% of HHs with school-aged children attending non-formal educational programmes:

2.8% Remedial classes

0.0% Catch-up classes
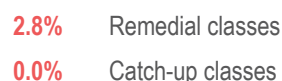
0.0% of HHs having lost documentation reported it affected their access to education.[6]
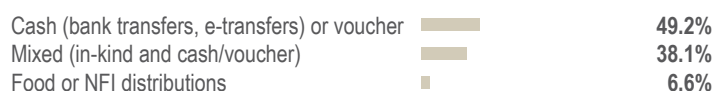
🎯 ASSISTANCE

34.5% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
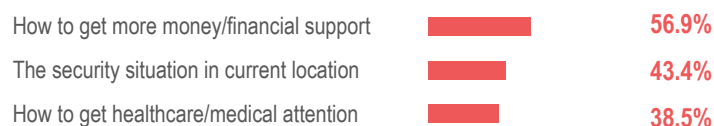
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

In-kind	86.8%
Mixed (in-kind and cash/voucher)	10.8%
Cash or voucher	4.2%

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	49.2%
Mixed (in-kind and cash/voucher)	38.1%
Food or NFI distributions	6.6%

Top 3 types of information HHs would like to receive from aid providers[7]:

How to get more money/financial support	56.9%
The security situation in current location	43.4%
How to get healthcare/medical attention	38.5%

1	Libya Humanitarian Needs Overview, OCHA, 2018
2	UNSMIL, Human Rights Report on Civilian Casualties, 2018
3	https://www.unocha.org/middle-east-and-north-africa-romena/libya
4	Libya Humanitarian Needs Overview, OCHA, 2018
5	Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6	Due to limited sample size for this indicator, results are indicative and not representative
7	Multiple responses could be selected
8	Calculated using WFP CARI methodology, detailed here.
9	Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10	Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings. Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset. Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11	Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12	Calculated based on HHs who receive an income
13	Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Ejdabia
Non-displaced HHs	2,449	122
IDP HHs	1,691	97
Returnees HHs	1,212	56
Total HHs	5,352	275

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector	▬	**30.6%**
2 sectors	▪	**12.1%**
3 sectors	▏	**1.9%**
4 sectors		**0.2%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.7%**
Health	**15.7%**
Shelter and NFIs	**1.7%**
Protection	**19.6%**
WASH	**14.7%**
Education	**7.6%**
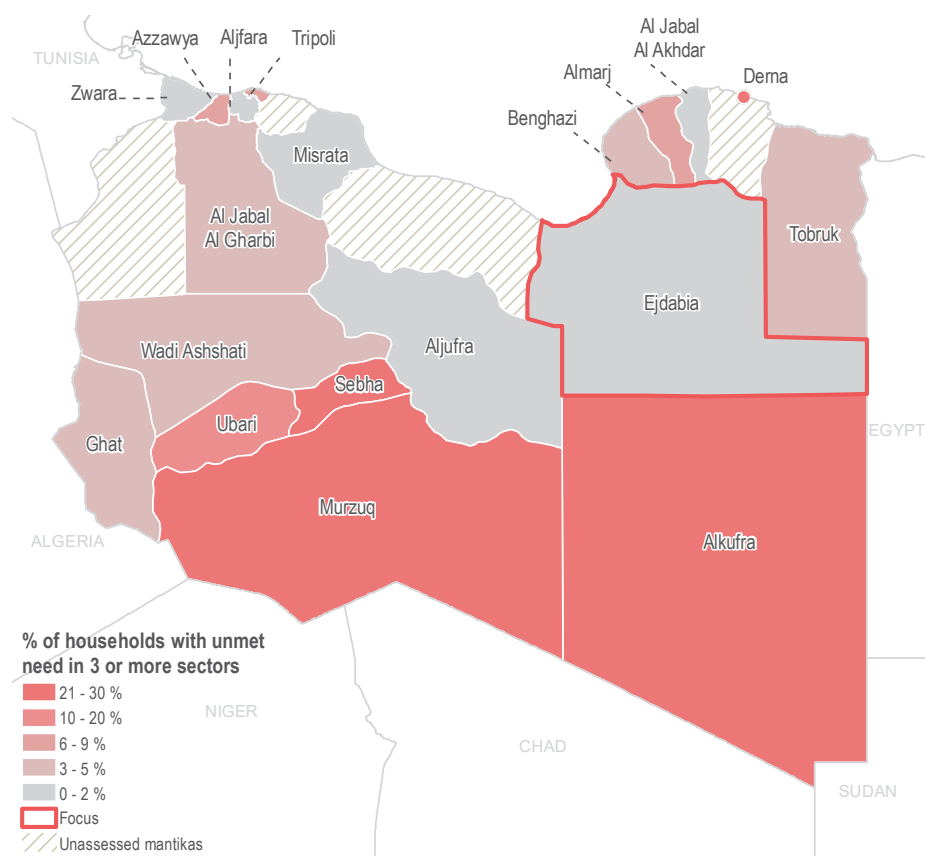
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

74.8%	Ejdabia
11.6%	Albrayga
6.9%	Jalu
6.8%	Other

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🏃 IDPs	🏃 Returnees
0.0%	3.1%	0.0%
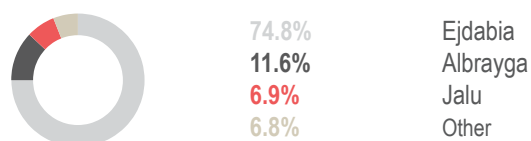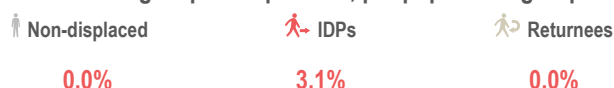
0.5% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **1.7** persons[6].

4.9% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
0-5	15.1%	10.6%	13.6%
6-14	22.6%	18.1%	29.7%
15-17	8.5%	8.4%	11.8%
18-64	48.4%	53.6%	44.9%
65+	5.4%	9.3%	0.0%

% of HHs reporting the following vulnerable members:

22.4%	Chronically ill persons
0.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

71.1%	Displaced once
25.0%	Displaced twice
3.9%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

31.2%	Ejdabia
27.3%	Benghazi
16.9%	Sirt
24.6%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🏃 IDPs

Dwelling being destroyed	43.3%
Insecurity or conflict in the area of origin	28.9%
Threats of violence against HH	19.6%

🏃 Returnees

Evicted from dwelling	57.1%
Insecurity or conflict in the area of origin	37.5%
Dwelling being destroyed	1.8%

Main reasons for IDP HHs not to return to their area of origin:

1. Dwelling being destroyed
2. Threats of violence against HH
3. Insecurity or conflict in the area of origin

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🏃 IDPs

Presence of friends or family	48.5%
Presence of HH's community	42.3%
Safer environment	36.1%

🏃 Returnees

Presence of HH's community	75.0%
Presence of friends or family	60.7%
End of conflict	41.1%

Top 3 reported problems faced upon return to area of origin:
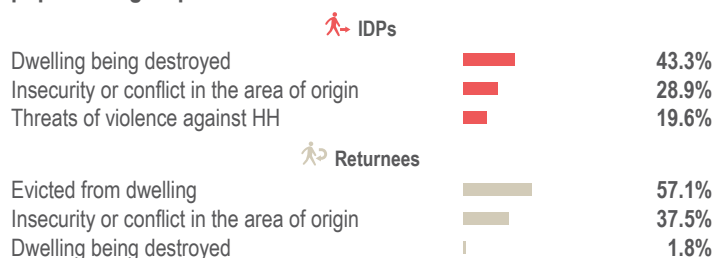
1. Hostility from the local community
2. Parts of house or property destroyed
3. Lack of security in area

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

0.7%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	65.1%	43.8%	62.0%
Marginally food insecure	22.3%	51.6%	34.0%
Moderately food insecure	12.7%	4.7%	4.0%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	96.1%	88.7%	100.0%
Market (cheque)	90.2%	88.7%	98.2%
Market (debt)	63.3%	59.8%	89.3%
Own production	26.1%	4.1%	3.6%
Borrowing from relatives	0.3%	3.1%	0.0%
Aid assistance	0.0%	0.0%	0.0%
Gifts from relatives	1.0%	8.2%	0.0%
Zakat[9]	0.0%	10.3%	0.0%
Work or barter for food	0.6%	7.2%	0.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	4.9	2.7	6.9
Low use of coping strategies (0-3)	61.9%	67.9%	51.8%
Medium use of coping strategies (4-9)	17.2%	25.6%	17.9%
High use of coping strategies (10+)	20.8%	6.4%	30.4%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

2.0 Rely on less preferred, less expensive food

0.6 Reduce the size of portions or meals

0.4 Borrow food or rely on help from relatives

0.2 Reduce the quantity consumed by adults so children could eat

0.7 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

55.9%	None
10.5%	Stress strategies
32.5%	Crisis strategies
1.0%	Emergency strategies

35.1% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

15.7%

19.6% of HHs reported needing healthcare in the 15 days prior to data collection.

91.9% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
58.3%	Lack of medical supplies	45.5%	Lack of medical supplies	66.7%	Distance too long to health center
52.9%	No or lack of money to pay for care	45.5%	No or lack of money to pay for care	66.7%	Lack of medical supplies
28.6%	Distance too long to health center	27.3%	Distance too long to health center	-	-

5.2% of HHs reported travelling for more than one hour to access the nearest health service provider.

57.4% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	21.5%	27.8%	8.9%
Mental disorder	0.0%	0.0%	0.0%
Physical disability	7.7%	4.1%	0.0%

Main chronic diseases reported by HHs[6][11]:

Diabetes		78.9%
Blood pressure		76.9%
Joint pain (arthritis)		16.7%

95.6% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
800 LYD	850 LYD	700 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	4.7%
Salaried work	1.0%
Government salary	80.8%
Remittances	0.0%
Casual labour	0.4%
Government social benefits	13.0%
Support from family and friends	0.0%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.0%

90.2% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
92.5%	Unable to withdraw enough money from bank account	86.7%	Unable to withdraw enough money from bank account	92.3%	Salary or wages not paid regularly
44.8%	Salary or wages not paid regularly	61.7%	Salary or wages not paid regularly	76.9%	Unable to withdraw enough money from bank account
43.1%	Salary or wages too low	36.7%	Salary or wages too low	61.5%	Salary or wages too low

Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
76.4%	Cheques	64.9%	Cheques	75.0%	Cheques
14.3%	Hard cash (LYD)	30.9%	Hard cash (LYD)	21.4%	Hard cash (LYD)
7.4%	Bank transfers	2.1%	Bank transfers	3.6%	Bank transfers

68.2% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	0.0%	7.1%	0.0%
300 - 599 LYD	78.4%	60.7%	89.5%
600 - 999 LYD	19.0%	25.0%	10.5%
> 1000 LYD	2.6%	7.1%	0.0%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Marketplace never open at a time when visit is possible
3. Marketplace too far from residency/no means of transport

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

1.7%

% of HHs reported living in each shelter type:

- 93.1% House
- **3.2%** Apartment
- **2.4%** Camp

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	89.4%	33.0%	100.0%
Rental (with written contract)	1.2%	9.3%	0.0%
Rental (with verbal agreement)	1.6%	49.5%	0.0%
Being hosted for free	5.5%	7.2%	0.0%
Squatting (without consent of owner)	0.0%	0.0%	0.0%
Housing provided by public authority	0.4%	0.0%	0.0%

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	89.9%	96.9%	98.2%
Light damage	10.1%	3.1%	1.8%
Medium damage	0.0%	0.0%	0.0%
Heavy damage	0.0%	0.0%	0.0%
Destroyed	0.0%	0.0%	0.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:

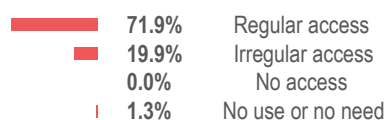| Non-displaced	IDPs	Returnees
0.2%	2.1%	0.0%

1.0% of HHs reported having been evicted in the 6 months prior to data collection.

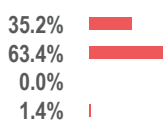**Reported average number of hours of power cuts in the 7 days prior to data collection:**

0-2h	9.7%
3-5h	86.5%
6-8h	3.9%
9-11h	0.0%
12-14h	0.0%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

		% of HHs reporting having access to cooking fuel:	
71.9%	Regular access	35.2%	
19.9%	Irregular access	63.4%	
0.0%	No access	0.0%	
1.3%	No use or no need	1.4%	

4.7% of HHs reported irregular or no access to heating fuel when required.

🤲 PROTECTION

Households with an unmet need in the protection sector:

19.6%

8.1% of HHs reported presence of explosive hazards in their currrent area of residence.

9.9% of HHs reported having family member harmed as a result of UXO.

4.6% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Presentation or briefing
2. Posters, flyers or other printed material
3. School

% of HHs having lost ID or other documentation during the conflict, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0.3%	4.1%	8.9%

100.0% of HHs having lost ID or other documentation had reapplied for new documentation[6].

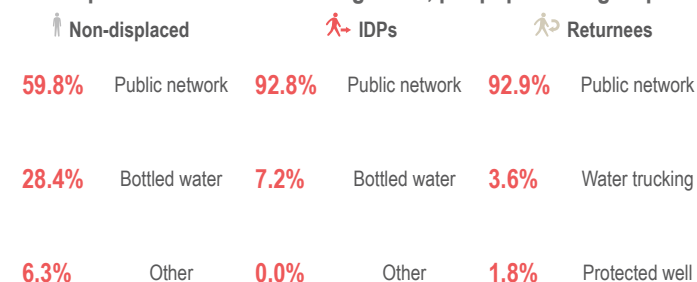**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	34.8%
Healthcare access	33.8%
Government assistance	36.6%
NGO assistance	18.8%
Property access	0.9%
Movement or travel	44.6%
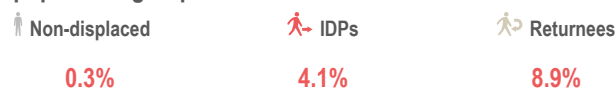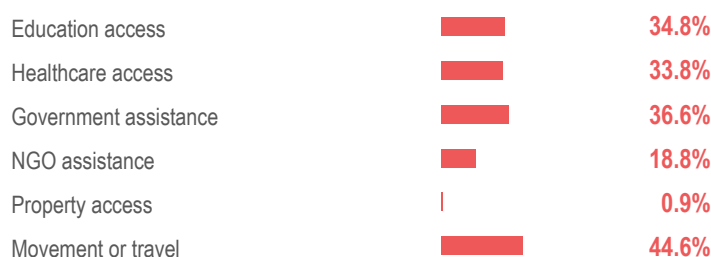
0.5% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

14.7%

Main reported sources of drinking water, per population group:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
59.8%	Public network	92.8%	Public network	92.9%	Public network
28.4%	Bottled water	7.2%	Bottled water	3.6%	Water trucking
6.3%	Other	0.0%	Other	1.8%	Protected well

Top 3 reported types of water treatment[7]:

Water filters	71.2%
No treatment methods used	15.0%
Disinfection (tablets, iodine,…)	9.1%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

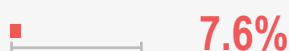| Non-displaced	IDPs	Returnees
14.8%	13.4%	32.1%

7.2% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

2.2% of HHs reported that hygiene items were too expensive to afford.

0.0% of HHs reported that hygiene items were unavailable in the markets.

📖✍ EDUCATION

Households with an unmet need in the education sector:

7.6%

95.7% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
0.0%	0.0%	0.0%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers	School facilities damaged or used for other purposes
2	Can't afford school fees	-	No quality education or lack of qualified teachers
3	Can't afford to pay for education materials or uniforms	-	Poor performance or dismissed

% of HHs with school-aged children attending non-formal educational programmes:
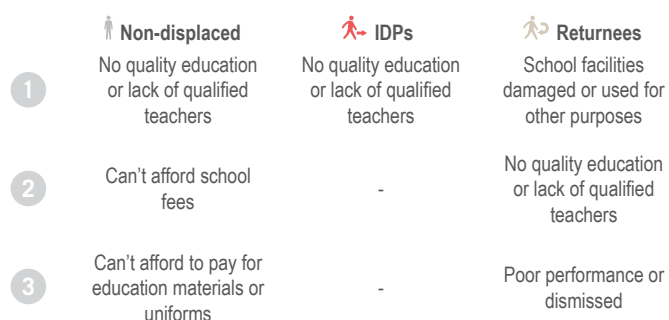
13.2%	Remedial classes
3.0%	Catch-up classes
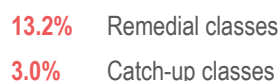
34.8% of HHs having lost documentation reported it affected their access to education.[6]
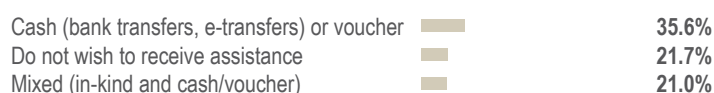
✳ ASSISTANCE

5.8% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
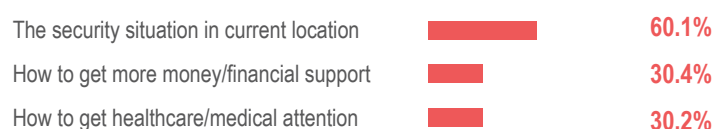
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

In-kind	50.6%
Mixed (in-kind and cash/voucher)	49.4%

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	35.6%
Do not wish to receive assistance	21.7%
Mixed (in-kind and cash/voucher)	21.0%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	60.1%
How to get more money/financial support	30.4%
How to get healthcare/medical attention	30.2%

1. Libya Humanitarian Needs Overview, OCHA, 2018
2. UNSMIL, Human Rights Report on Civilian Casualties, 2018
3. https://www.unocha.org/middle-east-and-north-africa-romena/libya
4. Libya Humanitarian Needs Overview, OCHA, 2018
5. Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6. Due to limited sample size for this indicator, results are indicative and not representative
7. Multiple responses could be selected
8. Calculated using WFP CARI methodology, detailed here.
9. Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10. Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11. Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12. Calculated based on HHs who receive an income
13. Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)
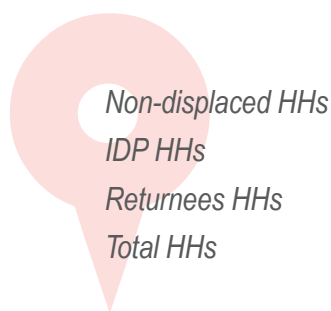
CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Ghat
Non-displaced HHs	2,449	115
IDP HHs	1,691	101
Returnees HHs	1,212	71
Total HHs	5,352	287

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**30.4%**
2 sectors		**12.2%**
3 sectors		**2.8%**
4 sectors		**1.5%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**1.6%**
Health	**12.1%**
Shelter and NFIs	**5.2%**
Protection	**9.2%**
WASH	**32.8%**
Education	**8.2%**
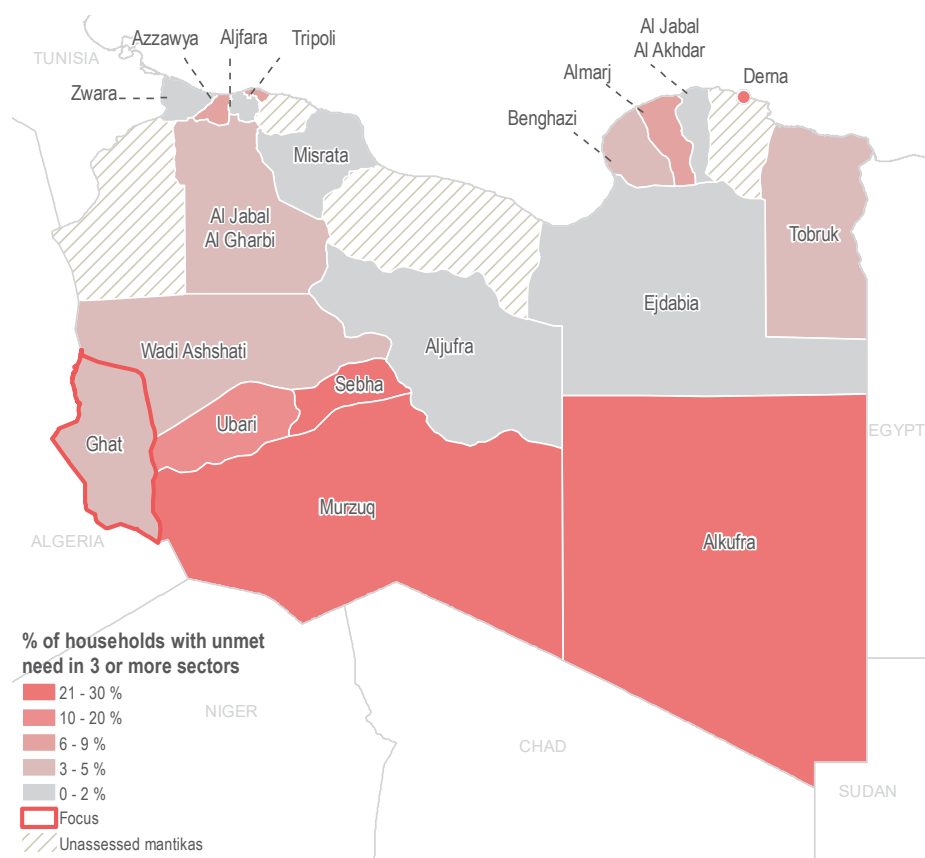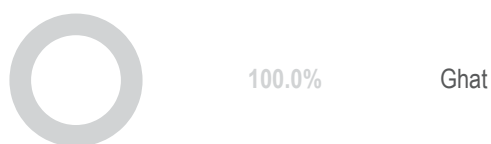
TUNISIA

Azzawya Aljfara Tripoli

Zwara

Misrata

Al Jabal Al Gharbi

Wadi Ashshati

Aljufra

Sebha

Ubari

Ghat

Murzuq

Alkufra

ALGERIA

Al Jabal Al Akhdar

Almarj

Benghazi

Derna

Tobruk

Ejdabia

EGYPT

NIGER

CHAD

SUDAN

% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

100.0% Ghat

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0.0%	**3.0%**	**0.0%**

0.6% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **2.3** persons[6].

5.3% of head of households (HoHs) were above 65 years old.
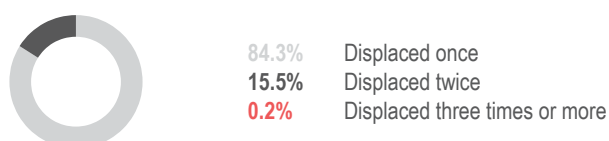
Age distribution of HH members per population group:

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	**12.4%**	**10.8%**	**11.1%**
6-14	**16.9%**	**20.7%**	**26.1%**
15-17	**6.5%**	**10.1%**	**9.4%**
18-64	**63.2%**	**55.6%**	**51.7%**
65+	**1.0%**	**2.7%**	**1.7%**

% of HHs reporting the following vulnerable members:

8.4% Chronically ill persons
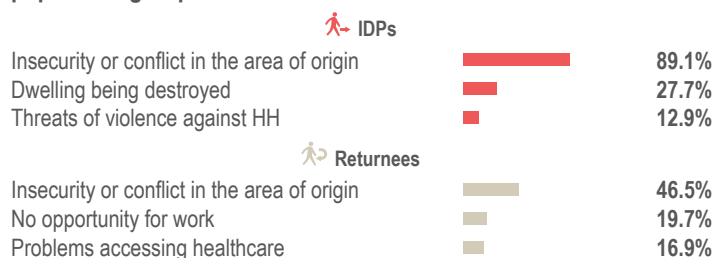**0.0%** Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

84.3% Displaced once
15.5% Displaced twice
0.2% Displaced three times or more

Top 3 mantikas of origin of IDPs:

49.3% Ubari
23.2% Sebha
21.0% Sirt
6.5% Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**89.1%**
Dwelling being destroyed	**27.7%**
Threats of violence against HH	**12.9%**

🚶 **Returnees**

Insecurity or conflict in the area of origin	**46.5%**
No opportunity for work	**19.7%**
Problems accessing healthcare	**16.9%**

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Dwelling being destroyed
3. Threats of violence against HH

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Safer environment	**40.6%**
Presence of HH's community	**35.6%**
End of conflict	**21.8%**

🚶 **Returnees**

Presence of HH's community	**57.7%**
Safer environment	**23.9%**
Presence of friends or family	**22.5%**

Top 3 reported problems faced upon return to area of origin:

1. Basic services at household level no longer working (electricity, water,…)
2. Lack of security in area
3. Parts of house or property destroyed

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🍜 FOOD SECURITY

Households with an unmet need in the food security sector:

1.6%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	49.2%	31.5%	29.8%
Marginally food insecure	49.9%	65.8%	57.4%
Moderately food insecure	0.8%	2.7%	12.8%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	95.0%	92.1%	88.7%
Market (cheque)	81.2%	27.7%	66.2%
Market (debt)	9.2%	12.9%	39.4%
Own production	23.3%	27.7%	28.2%
Borrowing from relatives	0.0%	0.0%	0.0%
Aid assistance	1.4%	19.8%	22.5%
Gifts from relatives	0.8%	2.0%	1.4%
Zakat[9]	0.8%	3.0%	0.0%
Work or barter for food	5.8%	5.0%	8.5%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	2.1	6.7	6.1
Low use of coping strategies (0-3)	75.0%	21.3%	35.3%
Medium use of coping strategies (4-9)	21.3%	60.0%	47.1%
High use of coping strategies (10+)	3.7%	18.8%	17.6%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

1.6 Rely on less preferred, less expensive food

0.5 Reduce the size of portions or meals

0.1 Borrow food or rely on help from relatives

0.1 Reduce the quantity consumed by adults so children could eat

0.4 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

54.5%	None
9.8%	Stress strategies
34.0%	Crisis strategies
1.8%	Emergency strategies
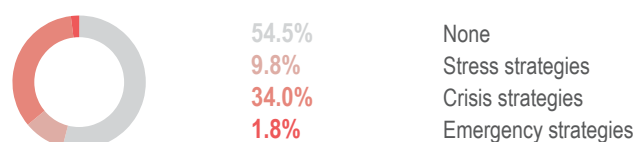
33.0% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

✚ HEALTH

Households with an unmet need in the health sector:

12.1%

15.5% of HHs reported needing healthcare in the 15 days prior to data collection.

82.0% of these HHs reported having been to a health facility to access the needed healthcare[6].

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Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
68.2%	Lack of medical staff	90.0%	Lack of medical staff	40.0%	Lack of medical staff
59.2%	Lack of medical supplies	80.0%	Lack of medical supplies	20.0%	Distance too long to health center
31.8%	Other	0.0%	Distance too long to health center	20.0%	Lack of medical supplies

1.4% of HHs reported travelling for more than one hour to access the nearest health service provider.

49.3% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	8.2%	9.9%	1.4%
Mental disorder	0.0%	0.0%	0.0%
Physical disability	0.0%	0.0%	1.4%

Main chronic diseases reported by HHs[6][11]:

Blood pressure		62.4%
Diabetes		17.8%
Joint pain (arthritis)		15.7%

96.7% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
1200 LYD	600 LYD	800 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	**4.4%**
Salaried work	**10.5%**
Government salary	**74.9%**
Remittances	**3.0%**
Casual labour	**0.0%**
Government social benefits	**2.4%**
Support from family and friends	**1.4%**
Humanitarian assistance	**1.8%**
Zakat[9] or charitable donations	**1.8%**

78.4% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
93.7%	Unable to withdraw enough money from bank account	59.1%	Salary or wages not paid regularly	73.1%	Salary or wages not paid regularly
55.5%	Salary or wages not paid regularly	52.3%	Unable to withdraw enough money from bank account	57.7%	Unable to withdraw enough money from bank account
6.3%	Salary or wages too low	36.4%	Salary or wages too low	34.6%	Salary or wages too low

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Main reported modalities for HH expenditure, per population group[7]:

👤 Non-displaced		🚶 IDPs		👫 Returnees	
43.4%	Hard cash (LYD)	82.2%	Hard cash (LYD)	49.3%	Bank transfers
29.0%	Bank transfers	15.8%	Bank transfers	45.1%	Hard cash (LYD)
27.6%	Cheques	2.0%	Cheques	5.6%	Cheques

85.9% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	👤 Non-displaced	🚶 IDPs	👫 Returnees
< 300 LYD	0.0%	0.0%	0.0%
300 - 599 LYD	54.9%	100.0%	68.8%
600 - 999 LYD	35.3%	0.0%	31.3%
> 1000 LYD	9.8%	0.0%	0.0%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Transportation too expensive
3. Marketplace too far from residency/no means of transport

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

5.2%

% of HHs reported living in each shelter type:

93.4%	House
5.5%	Apartment
1.1%	Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	👤 Non-displaced	🚶 IDPs	👫 Returnees
Ownership	96.9%	37.6%	77.5%
Rental (with written contract)	2.1%	25.7%	9.9%
Rental (with verbal agreement)	0.9%	8.9%	1.4%
Being hosted for free	0.0%	10.9%	8.5%
Squatting (without consent of owner)	0.0%	15.8%	1.4%
Housing provided by public authority	0.0%	1.0%	0.0%

% of housing with reported damage[13], per population group:

	👤 Non-displaced	🚶 IDPs	👫 Returnees
No damage	87.6%	42.6%	62.0%
Light damage	12.4%	51.5%	36.6%
Medium damage	0.0%	5.9%	1.4%
Heavy damage	0.0%	0.0%	0.0%
Destroyed	0.0%	0.0%	0.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:

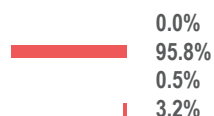| 👤 Non-displaced	🚶 IDPs	👫 Returnees
0.0%	2.0%	0.0%

0.0% of HHs reported having been evicted in the 6 months prior to data collection.

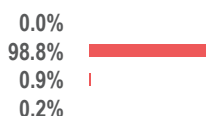**Reported average number of hours of power cuts in the 7 days prior to data collection:**

0-2h	0.5%
3-5h	99.3%
6-8h	0.2%
9-11h	0.0%
12-14h	0.0%
> 14h	0.0%

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% of HHs reporting having access to vehicle fuel:

	0.0%	Regular access
	95.8%	Irregular access
	0.5%	No access
	3.2%	No use or no need

% of HHs reporting having access to cooking fuel:

0.0%	Regular access
98.8%	Irregular access
0.9%	No access
0.2%	No use or no need

71.4% of HHs reported irregular or no access to heating fuel when required.

💛 PROTECTION

Households with an unmet need in the protection sector:

9.2%
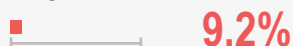
1.7% of HHs reported presence of explosive hazards in their currrent area of residence.

2.2% of HHs reported having family member harmed as a result of UXO.

25.8% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Conventional media
2. Social media
3. Community representative

% of HHs having lost ID or other documentation during the conflict, per population group:

👤 Non-displaced	🚶 IDPs	👫 Returnees
4.5%	12.9%	4.2%

79.2% of HHs having lost ID or other documentation had reapplied for new documentation[6].

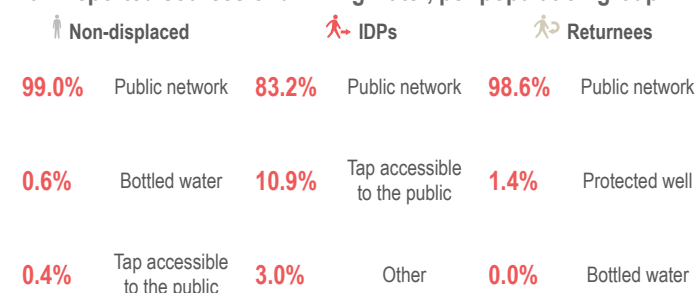**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	3.4%
Healthcare access	0.0%
Government assistance	3.4%
NGO assistance	0.0%
Property access	33.2%
Movement or travel	30.4%

0.4% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

32.8%

Main reported sources of drinking water, per population group:

👤 Non-displaced		🚶 IDPs		👫 Returnees	
99.0%	Public network	83.2%	Public network	98.6%	Public network
0.6%	Bottled water	10.9%	Tap accessible to the public	1.4%	Protected well
0.4%	Tap accessible to the public	3.0%	Other	0.0%	Bottled water

Top 3 reported types of water treatment[7]:

No treatment methods used	86.3%
Water filters	13.1%
Disinfection (tablets, iodine,…)	6.5%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

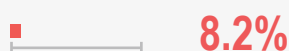| Non-displaced	IDPs	Returnees
29.4%	47.5%	9.9%

0.0% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

3.2% of HHs reported that hygiene items were too expensive to afford.

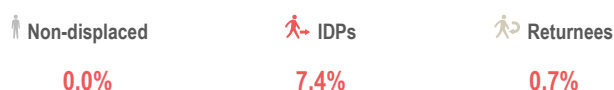**0.0%** of HHs reported that hygiene items were unavailable in the markets.

📖 EDUCATION

Households with an unmet need in the education sector:
8.2%

91.2% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
0.0%	7.4%	0.7%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	No quality education or lack of qualified teachers	Can't afford to pay for education materials	Can't afford to pay for education materials
2	-	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers
3	-	Displaced from area, where the initial school was	Poor performance or dismissed

% of HHs with school-aged children attending non-formal educational programmes:

17.1% Remedial classes
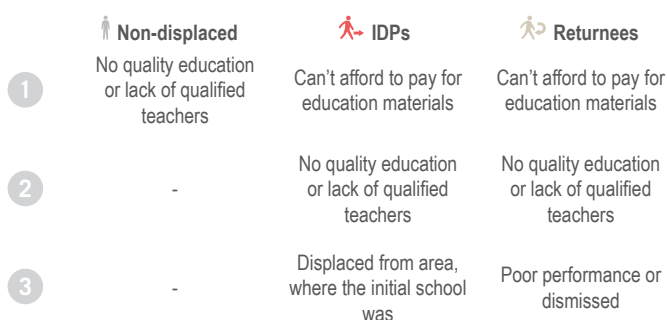
16.5% Catch-up classes
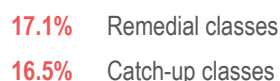
3.4% of HHs having lost documentation reported it affected their access to education.[6]

✳ ASSISTANCE

29.6% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
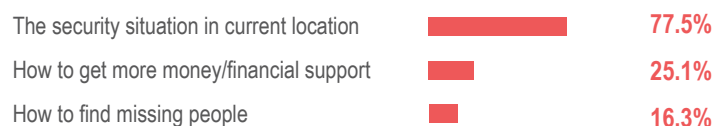
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

Mixed (in-kind and cash/voucher)	47.7%
In-kind	41.6%
Cash or voucher	11.4%

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	35.5%
Mixed (in-kind and cash/voucher)	26.5%
Food or NFI distributions	25.0%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	77.5%
How to get more money/financial support	25.1%
How to find missing people	16.3%

1   Libya Humanitarian Needs Overview, OCHA, 2018
2   UNSMIL, Human Rights Report on Civilian Casualties, 2018
3   https://www.unocha.org/middle-east-and-north-africa-romena/libya
4   Libya Humanitarian Needs Overview, OCHA, 2018
5   Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6   Due to limited sample size for this indicator, results are indicative and not representative
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10 Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
    Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
    Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12 Calculated based on HHs who receive an income
13 Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)

Misrata
November 2018

LIBYA

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Misrata
Non-displaced HHs	2,449	134
IDP HHs	1,691	102
Returnees HHs	1,212	98
Total HHs	5,352	334

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector	▬	**29.0%**
2 sectors	▎	**3.0%**
3 sectors	▏	**1.4%**
4 sectors		**0.1%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.1%**
Health	**7.7%**
Shelter and NFIs	**4.8%**
Protection	**7.5%**
WASH	**8.0%**
Education	**11.0%**
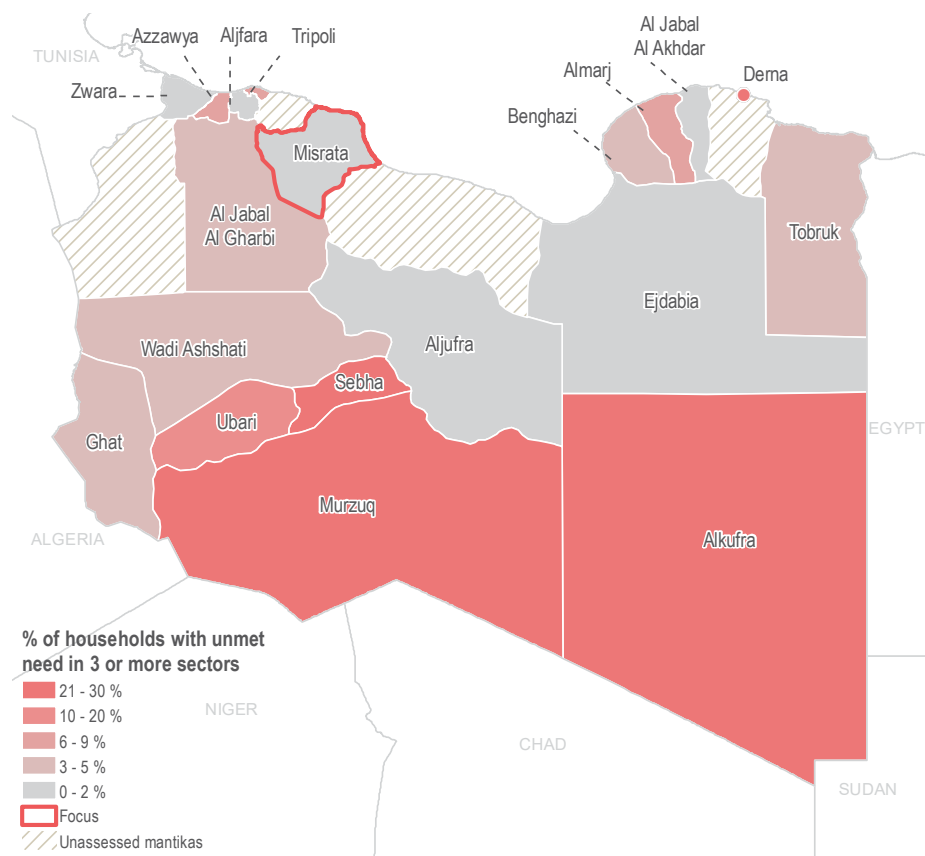
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

57.5%   Misrata
21.6%   Zliten
18.6%   Bani Waleed
2.2%   Other

% of HHs hosting displaced persons, per population group:

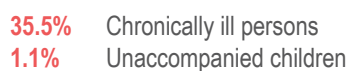| 🧍 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
3.0%	**2.9%**	**2.0%**
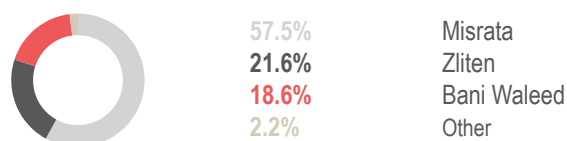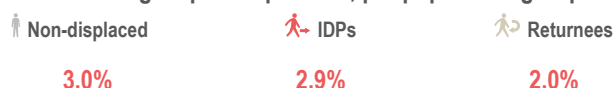
2.9% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3.7** persons[6].

16.4% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

	🧍 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
0-5	**9.3%**	**9.8%**	**3.3%**
6-14	**14.8%**	**12.9%**	**5.8%**
15-17	**6.6%**	**7.0%**	**5.8%**
18-64	**64.2%**	**66.4%**	**81.7%**
65+	**5.1%**	**3.9%**	**3.4%**

% of HHs reporting the following vulnerable members:

35.5%   Chronically ill persons
1.1%   Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

45.9%   Displaced once
45.8%   Displaced twice
8.3%   Displaced three times or more

Top 3 mantikas of origin of IDPs:

60.7%   Misrata
29.2%   Benghazi
5.3%   Tripoli
4.8%   Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**71.6%**
Threats of violence against HH	**38.2%**
Evicted from dwelling	**29.4%**

🚶‍♂️ **Returnees**

Insecurity or conflict in the area of origin	**93.9%**
Dwelling being destroyed	**3.1%**
Evicted from dwelling	**1.0%**

Main reasons for IDP HHs not to return to their area of origin:

1. Threats of violence against HH
2. Insecurity or conflict in the area of origin
3. Dwelling being destroyed

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Safer environment	**58.8%**
Presence of HH's community	**34.3%**
Presence of friends or family	**26.5%**

🚶‍♂️ **Returnees**

End of conflict	**62.2%**
Presence of HH's community	**17.3%**
Presence of friends or family	**10.2%**
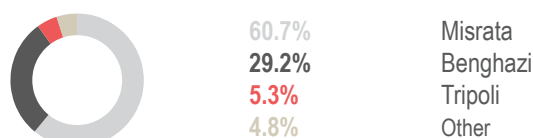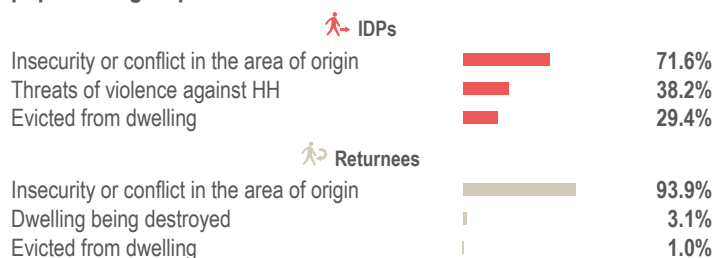
Top reported problems faced upon return to area of origin:

1. Lack of security in area
2. House or property occupied by other persons

🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

0.1%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Food secure	29.5%	33.3%	84.6%
Marginally food insecure	68.7%	64.6%	15.4%
Moderately food insecure	1.8%	2.0%	0.0%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Market (cash)	97.8%	95.1%	92.9%
Market (cheque)	13.3%	18.6%	87.8%
Market (debt)	11.9%	27.5%	3.1%
Own production	18.9%	2.9%	4.1%
Borrowing from relatives	0.0%	1.0%	0.0%
Aid assistance	0.0%	18.6%	0.0%
Gifts from relatives	1.5%	2.0%	0.0%
Zakat[9]	0.0%	0.0%	0.0%
Work or barter for food	0.9%	0.0%	1.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Average rCSI	2.2	2.6	27.5
Low use of coping strategies (0-3)	88.8%	76.3%	20.9%
Medium use of coping strategies (4-9)	4.5%	17.5%	2.3%
High use of coping strategies (10+)	6.7%	6.2%	76.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

0.7 Rely on less preferred, less expensive food

0.4 Reduce the size of portions or meals

0.1 Borrow food or rely on help from relatives

0.3 Reduce the quantity consumed by adults so children could eat

0.4 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

56.3%	None
14.0%	Stress strategies
28.1%	Crisis strategies
1.5%	Emergency strategies

33.7% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

7.7%

28.9% of HHs reported needing healthcare in the 15 days prior to data collection.

90.2% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

⚇ Non-displaced		🚶 IDPs		🚶 Returnees	
58.7%	Distance too long to health center	80.0%	Distance too long to health center	75.0%	Distance too long to health center
45.9%	No available health facilities accepting new patiens	10.0%	Health facilities being damaged or destroyed	37.5%	Health facilities being damaged or destroyed
15.7%	No or lack of money to pay for care	10.0%	No/lack of money to pay for care	-	-

0.2% of HHs reported travelling for more than one hour to access the nearest health service provider.

33.2% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	⚇ Non-displaced	🚶 IDPs	🚶 Returnees
Chronic disease	36.3%	35.3%	2.0%
Mental disorder	0.0%	2.8%	0.0%
Physical disability	4.7%	3.9%	1.0%

Main chronic diseases reported by HHs[6][11]:

Diabetes		67.8%
Blood pressure		57.3%
Heart disease		11.4%

79.2% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

⚇ Non-displaced	🚶 IDPs	🚶 Returnees
1900 LYD	1200 LYD	650 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	13.2%
Salaried work	19.5%
Government salary	60.0%
Remittances	1.7%
Casual labour	1.7%
Government social benefits	3.3%
Support from family and friends	0.5%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.1%

61.1% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

⚇ Non-displaced		🚶 IDPs		🚶 Returnees	
85.5%	Unable to withdraw enough money from bank account	62.5%	Salary or wages too low	94.4%	Unable to withdraw enough money from bank account
26.4%	Salary or wages not paid regularly	47.9%	Unable to withdraw enough money from bank account	5.6%	Lack of work opportunity
22.1%	No currently functioning banks/financial institutions in area	31.3%	Salary or wages not paid regularly	4.5%	No currently functioning banks/financial institutions in area

Main reported modalities for HH expenditure, per population group[7]:

👤 Non-displaced		🏃 IDPs		🚶 Returnees	
96.3%	Hard cash (LYD)	98.0%	Hard cash (LYD)	56.1%	Cheques
3.2%	Cheques	2.0%	Cheques	26.5%	Bank transfers
0.2%	Mobile money	0.0%	Bank transfers	14.3%	Hard cash (LYD)

23.2% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	👤 Non-displaced	🏃 IDPs	🚶 Returnees
< 300 LYD	3.7%	10.0%	0.0%
300 - 599 LYD	35.9%	70.0%	75.0%
600 - 999 LYD	43.2%	16.7%	25.0%
> 1000 LYD	15.0%	3.3%	0.0%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Transportation too expensive
3. Marketplace too far from residency/no means of transport

🏠 SHELTER AND NFIs

> ### Households with an unmet need in the shelter sector:
> ### 4.8%

% of HHs reported living in each shelter type:

78.5%	House
19.6%	Apartment
1.4%	Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	👤 Non-displaced	🏃 IDPs	🚶 Returnees
Ownership	92.5%	13.7%	93.9%
Rental (with written contract)	3.0%	26.5%	3.1%
Rental (with verbal agreement)	2.9%	32.4%	2.0%
Being hosted for free	0.7%	25.5%	1.0%
Squatting (without consent of owner)	0.9%	0.0%	0.0%
Housing provided by public authority	0.0%	2.0%	0.0%

% of housing with reported damage[13], per population group:

	👤 Non-displaced	🏃 IDPs	🚶 Returnees
No damage	87.9%	78.4%	90.8%
Light damage	8.2%	20.6%	7.1%
Medium damage	0.9%	1.0%	1.0%
Heavy damage	0.7%	0.0%	1.0%
Destroyed	2.2%	0.0%	0.0%

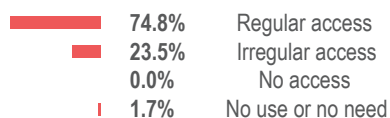**HHs threatened with eviction in the 6 months prior to data collection, per population group:**

👤 Non-displaced	🏃 IDPs	🚶 Returnees
0.0%	3.9%	0.0%

3.9% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	0.0%
3-5h	73.1%
6-8h	25.8%
9-11h	0.8%
12-14h	0.1%
> 14h	0.1%

% of HHs reporting having access to vehicle fuel:

74.8%	Regular access
23.5%	Irregular access
0.0%	No access
1.7%	No use or no need

% of HHs reporting having access to cooking fuel:

29.2%	
70.5%	
0.2%	
0.1%	
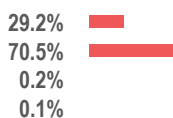
8.2% of HHs reported irregular or no access to heating fuel when required.

PROTECTION

Households with an unmet need in the protection sector:

7.5%
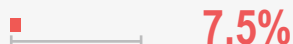
2.5% of HHs reported presence of explosive hazards in their currrent area of residence.

5.6% of HHs reported having family member harmed as a result of UXO.

33.2% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Social media
2. Community representative
3. Posters, flyers or other printed material

% of HHs having lost ID or other documentation during the conflict, per population group:

Non-displaced	IDPs	Returnees
10.6%	**30.4%**	**3.1%**

97.8% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:
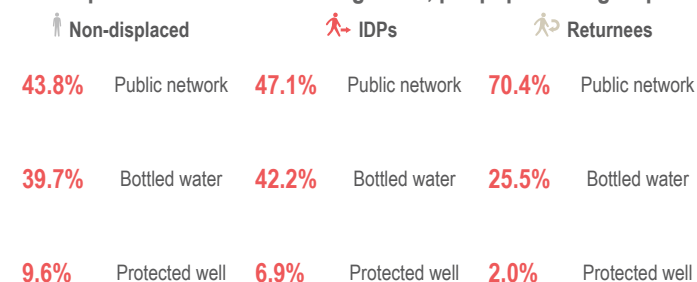
Education access	2.2%
Healthcare access	9.9%
Government assistance	26.7%
NGO assistance	8.4%
Property access	20.1%
Movement or travel	37.0%

1.1% of HHs reported having a missing family member.

WASH

Households with an unmet need in the WASH sector:

8.0%

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
43.8%	Public network	47.1%	Public network	70.4%	Public network
39.7%	Bottled water	42.2%	Bottled water	25.5%	Bottled water
9.6%	Protected well	6.9%	Protected well	2.0%	Protected well

Top 3 reported types of water treatment[7]:

No treatment methods used	52.6%
Water filters	43.4%
Boiling water	0.1%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

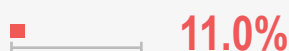| Non-displaced	IDPs	Returnees
7.5%	14.7%	13.3%
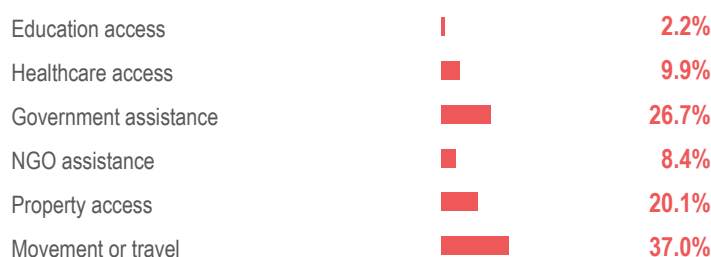
3.7% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

15.5% of HHs reported that hygiene items were too expensive to afford.

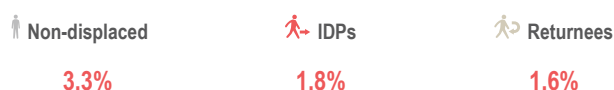**0.0%** of HHs reported that hygiene items were unavailable in the markets.

📖 EDUCATION

Households with an unmet need in the education sector:

11.0%

91.8% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
3.3%	1.8%	1.6%

Main reasons for not regularly attending school or having dropped out of school[6 7]:

	Non-displaced	IDPs	Returnees
1	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers
2	Health reasons (disability, chronic disease, etc)	Poor performance or dismissed	Route to school or school area is unsafe
3	Poor performance or dismissed	Can't afford school fees	Displaced from area, where the initial school was

% of HHs with school-aged children attending non-formal educational programmes:

18.1%	Remedial classes
4.9%	Catch-up classes
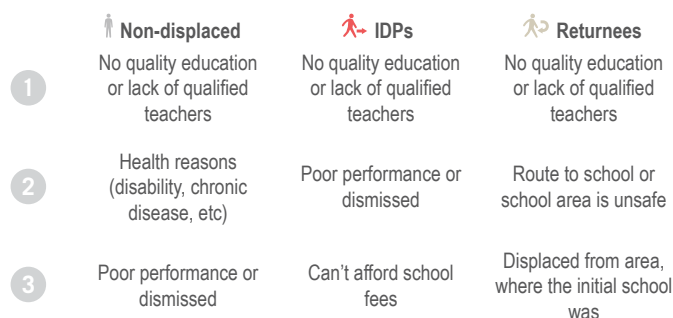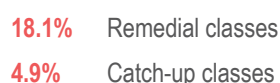
2.2% of HHs having lost documentation reported it affected their access to education.[6]

✳ ASSISTANCE

2.4% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
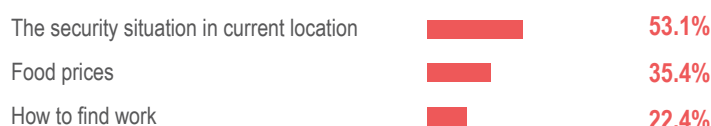
Modality of assistance:

Received in the 6 months prior to data collection[6 7]:

In-kind	75.1%
Mixed (in-kind and cash/voucher)	11.8%
Cash or voucher	2.2%

Preferred in the future:

Do not wish to receive assistance	55.5%
Cash (bank transfers, e-transfers) or voucher	28.3%
Mixed (in-kind and cash/voucher)	4.5%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	53.1%
Food prices	35.4%
How to find work	22.4%

1. [Libya Humanitarian Needs Overview, OCHA, 2018](#)
2. [UNSMIL, Human Rights Report on Civilian Casualties, 2018](#)
3. https://www.unocha.org/middle-east-and-north-africa-romena/libya
4. [Libya Humanitarian Needs Overview, OCHA, 2018](#)
5. Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6. Due to limited sample size for this indicator, results are indicative and not representative
7. Multiple responses could be selected
8. Calculated using WFP CARI methodology, detailed [here](#).
9. Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10. Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
   Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
   Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11. Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
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The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Murzuq
Non-displaced HHs	2,449	131
IDP HHs	1,691	91
Returnees HHs	1,212	47
Total HHs	5,352	269

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**30.4%**
2 sectors		**26.8%**
3 sectors		**16.6%**
4 sectors		**6.8%**
5 sectors		**0.1%**
6 sectors		**0.4%**

HHs with an unmet need, per sector:

Food security	**1.7%**
Health	**46.9%**
Shelter and NFIs	**25.3%**
Protection	**8.9%**
WASH	**46.2%**
Education	**34.0%**
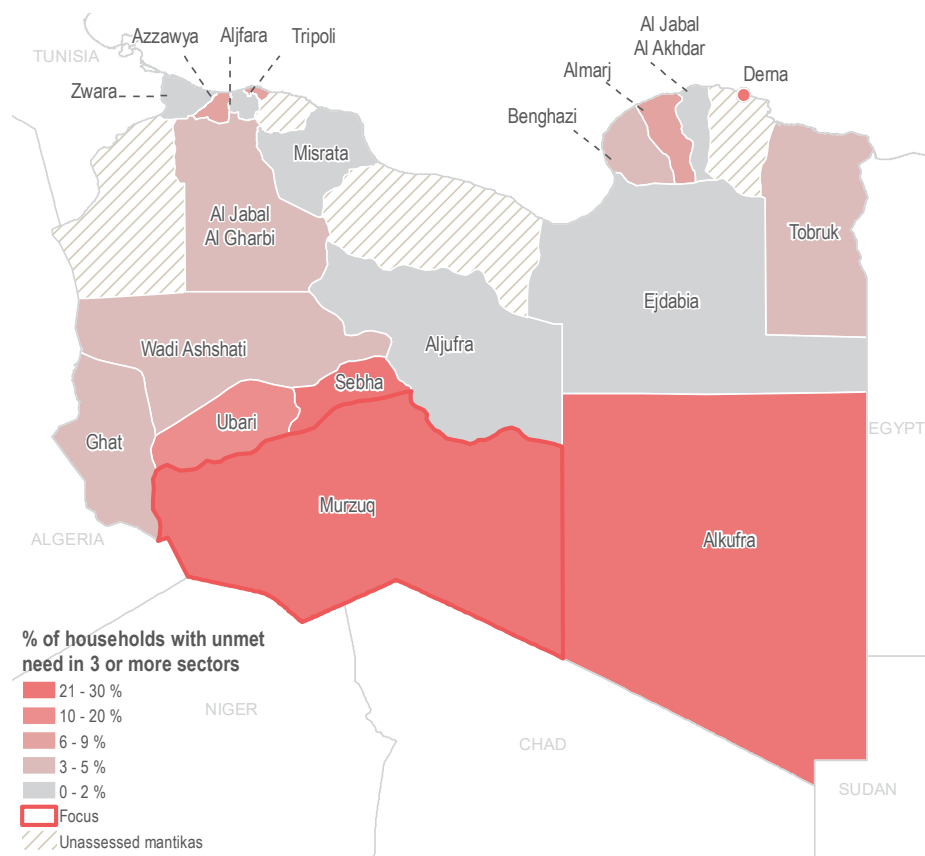
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👫 DEMOGRAPHICS

Proportion of assessed households by baladiya:

75.2%	Murzuq
17.5%	Alsharguiya
4.1%	Taraghin
3.2%	Other

% of HHs hosting displaced persons, per population group:

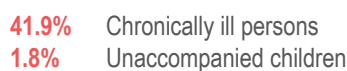| 🧍 Non-displaced	🏃 IDPs	🏃 Returnees
4.0%	9.9%	6.4%
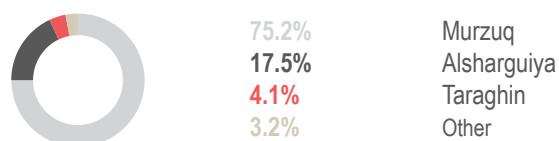
4.5% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **2.4** persons[6].

11.1% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
0-5	7.8%	7.2%	5.9%
6-14	17.0%	15.7%	17.1%
15-17	15.7%	14.9%	11.1%
18-64	57.0%	58.7%	59.3%
65+	2.5%	3.5%	6.6%

% of HHs reporting the following vulnerable members:

41.9%	Chronically ill persons
1.8%	Unaccompanied children

👫 DISPLACEMENT

% of HHs by number of times displaced:

83.1%	Displaced once
10.0%	Displaced twice
6.9%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

27.2%	Murzuq
26.5%	Sebha
17.2%	Alkufra
29.1%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🏃 **IDPs**

Insecurity or conflict in the area of origin	54.9%
Threats of violence against HH	33.0%
Dwelling being destroyed	12.1%

🏃 **Returnees**

Insecurity or conflict in the area of origin	80.9%
No opportunity for work	12.8%
Evicted from dwelling	10.6%

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Threats of violence against HH
3. Dwelling being destroyed

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🏃 **IDPs**

Presence of HH's community	49.5%
Presence of friends or family	29.7%
Safer environment	24.2%

🏃 **Returnees**
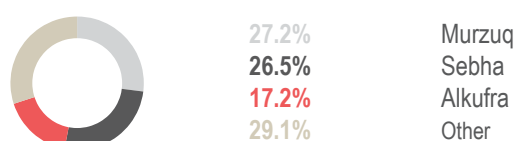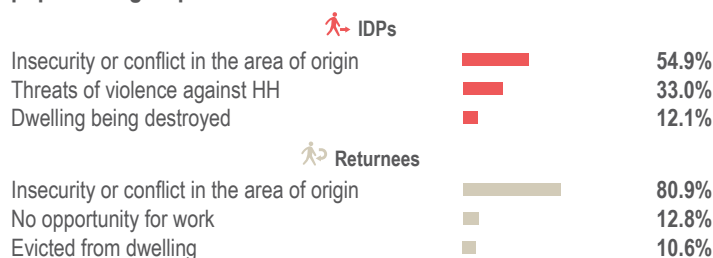
End of conflict	51.1%
Presence of HH's community	48.9%
Presence of friends or family	27.7%

Top 3 reported problems faced upon return to area of origin:

1. Hostility from the local community
2. Lack of security in area
3. Parts of house or property destroyed

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

1.7%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Food secure	28.4%	21.1%	23.9%
Marginally food insecure	37.5%	54.9%	76.1%
Moderately food insecure	34.1%	23.9%	0.0%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Market (cash)	73.5%	75.8%	68.1%
Market (cheque)	92.6%	93.4%	80.9%
Market (debt)	40.3%	38.5%	17.0%
Own production	21.5%	17.6%	27.7%
Borrowing from relatives	0.7%	1.1%	0.0%
Aid assistance	14.3%	14.3%	0.0%
Gifts from relatives	4.4%	3.3%	0.0%
Zakat[9]	0.7%	2.2%	4.3%
Work or barter for food	2.2%	4.4%	4.3%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Average rCSI	12.6	10.8	3
Low use of coping strategies (0-3)	47.6%	43.2%	76.6%
Medium use of coping strategies (4-9)	14.1%	17.3%	19.1%
High use of coping strategies (10+)	38.4%	39.5%	4.3%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

2.7	Rely on less preferred, less expensive food	1.4	Reduce the size of portions or meals
1.1	Borrow food or rely on help from relatives	1.7	Reduce the quantity consumed by adults so children could eat
1.2	Reduce the number of meals eaten per day		

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

37.3%	None
8.1%	Stress strategies
46.0%	Crisis strategies
8.7%	Emergency strategies
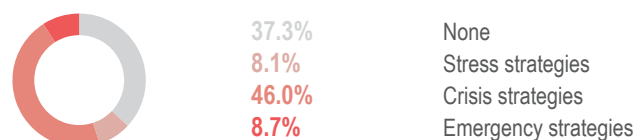
35.3% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

✚ HEALTH

Households with an unmet need in the health sector:

46.9%

40.6% of HHs reported needing healthcare in the 15 days prior to data collection.

87.7% of these HHs reported having been to a health facility to access the needed healthcare[6].

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Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
46.7%	Lack of medical supplies	48.5%	Lack of medical staff	80.0%	Distance too long to health center
45.6%	Lack of medical staff	42.4%	Distance too long to health center	66.7%	Lack of medical staff
43.0%	No or lack of money to pay for care	33.3%	Lack of medical supplies	46.7%	Lack of medical supplies

5.1% of HHs reported travelling for more than one hour to access the nearest health service provider.

44.1% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	42.9%	31.9%	23.4%
Mental disorder	0.0%	3.4%	0.0%
Physical disability	6.6%	2.2%	2.1%

Main chronic diseases reported by HHs[6][11]:

Blood pressure	48.6%
Diabetes	47.5%
Joint pain (arthritis)	21.1%

75.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
850 LYD	1000 LYD	1500 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	5.8%
Salaried work	4.4%
Government salary	76.4%
Remittances	0.3%
Casual labour	0.6%
Government social benefits	4.9%
Support from family and friends	3.0%
Humanitarian assistance	1.8%
Zakat[9] or charitable donations	2.8%

64.7% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
91.0%	Unable to withdraw enough money from bank account	89.7%	Unable to withdraw enough money from bank account	91.4%	Unable to withdraw enough money from bank account
38.1%	Salary or wages not paid regularly	50.0%	Salary or wages not paid regularly	42.9%	No currently functioning banks/financial institutions in area
22.2%	Lack of work opportunity	17.2%	Lack of work opportunity	40.0%	Salary or wages not paid regularly

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Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
48.2%	Hard cash (LYD)	47.3%	Hard cash (LYD)	61.7%	Cheques
28.1%	Bank transfers	44.0%	Cheques	36.2%	Hard cash (LYD)
23.8%	Cheques	7.7%	Bank transfers	2.1%	Bank transfers

74.6% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	9.6%	11.1%	0.0%
300 - 599 LYD	61.4%	72.2%	23.1%
600 - 999 LYD	26.1%	16.7%	46.2%
> 1000 LYD	2.9%	0.0%	30.8%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Transportation too expensive
3. Marketplace too far from residency/no means of transport

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

25.3%

% of HHs reported living in each shelter type:

- 78.8% House
- **12.3%** Apartment
- 4.3% Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	86.1%	16.5%	87.2%
Rental (with written contract)	2.5%	20.9%	2.1%
Rental (with verbal agreement)	3.5%	22.0%	8.5%
Being hosted for free	1.9%	24.2%	2.1%
Squatting (without consent of owner)	0.0%	8.8%	0.0%
Housing provided by public authority	0.0%	0.0%	0.0%

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	43.3%	49.5%	68.1%
Light damage	25.5%	35.2%	29.8%
Medium damage	15.4%	12.1%	2.1%
Heavy damage	12.6%	3.3%	0.0%
Destroyed	3.2%	0.0%	0.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:
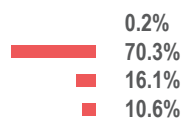
Non-displaced	IDPs	Returnees
1.3%	4.4%	2.1%

3.6% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	0.0%
3-5h	11.1%
6-8h	74.4%
9-11h	14.0%
12-14h	0.1%
> 14h	0.4%

% of HHs reporting having access to vehicle fuel:

0.2%	Regular access	
70.3%	Irregular access	
16.1%	No access	
10.6%	No use or no need	

% of HHs reporting having access to cooking fuel:

0.2%	
92.9%	
6.9%	
0.0%	
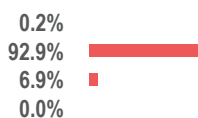
18.5% of HHs reported irregular or no access to heating fuel when required.

♥ PROTECTION

Households with an unmet need in the protection sector:

8.9%
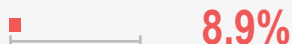
1.0% of HHs reported presence of explosive hazards in their currrent area of residence.

0.9% of HHs reported having family member harmed as a result of UXO.

10.4% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Conventional media
2. Presentation or briefing
3. Social media

% of HHs having lost ID or other documentation during the conflict, per population group:

⚊ Non-displaced	🏃 IDPs	👥 Returnees
0.0%	5.5%	4.3%

38.3% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:

Education access	0.0%
Healthcare access	0.0%
Government assistance	0.0%
NGO assistance	0.0%
Property access	40.4%
Movement or travel	40.4%

4.1% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

46.2%

Main reported sources of drinking water, per population group:

⚊ Non-displaced		🏃 IDPs		👥 Returnees	
97.4%	Public network	95.6%	Public network	89.4%	Public network
1.4%	Bottled water	2.2%	Bottled water	8.5%	Protected well
1.2%	Protected well	2.2%	Bottled water	2.1%	Bottled water

Top 3 reported types of water treatment[7]:

No treatment methods used	78.4%
Water filters	10.1%
Boiling water	2.5%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

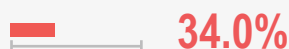| Non-displaced	IDPs	Returnees
48.1%	26.4%	21.3%
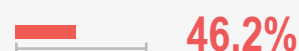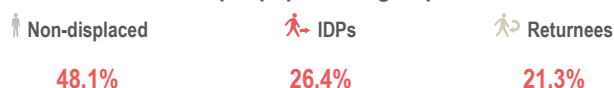
66.1% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

32.1% of HHs reported that hygiene items were too expensive to afford.

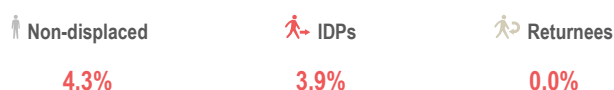**10.9%** of HHs reported that hygiene items were unavailable in the markets.

EDUCATION

Households with an unmet need in the education sector:

34.0%

75.9% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
4.3%	3.9%	0.0%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Can't afford school fees	Displaced from area, where the initial school was	Poor performance or dismissed
2	Can't afford to pay for education materials or uniforms	Can't afford school fees	Displaced from area, where the initial school was
3	Limited access to transport or fuel	Health reasons (disability, chronic disease, etc)	

% of HHs with school-aged children attending non-formal educational programmes:

5.8%	Remedial classes
3.5%	Catch-up classes
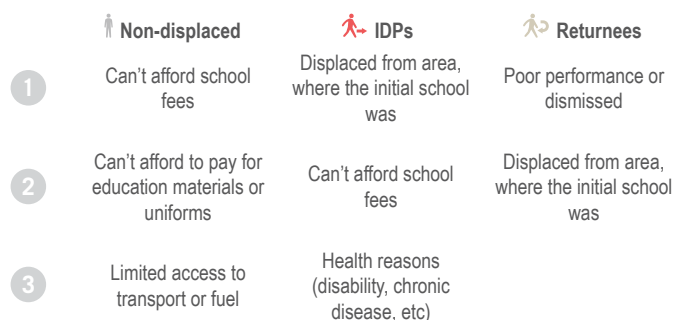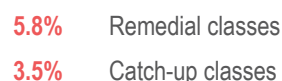
0.0% of HHs having lost documentation reported it affected their access to education.[6]
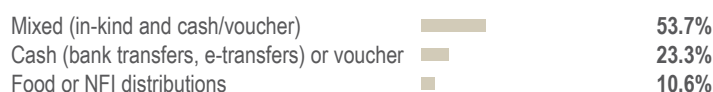
ASSISTANCE

14.3% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
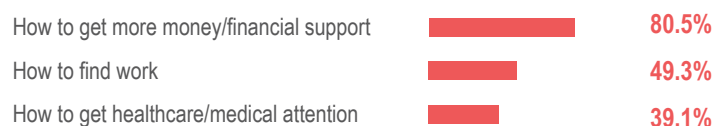
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

In-kind	48.6%
Mixed (in-kind and cash/voucher)	43.4%
Cash or voucher	3.9%

Preferred in the future:

Mixed (in-kind and cash/voucher)	53.7%
Cash (bank transfers, e-transfers) or voucher	23.3%
Food or NFI distributions	10.6%

Top 3 types of information HHs would like to receive from aid providers[7]:

How to get more money/financial support	80.5%
How to find work	49.3%
How to get healthcare/medical attention	39.1%

1	Libya Humanitarian Needs Overview, OCHA, 2018
2	UNSMIL, Human Rights Report on Civilian Casualties, 2018
3	https://www.unocha.org/middle-east-and-north-africa-romena/libya
4	Libya Humanitarian Needs Overview, OCHA, 2018
5	Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6	Due to limited sample size for this indicator, results are indicative and not representative
7	Multiple responses could be selected
8	Calculated using WFP CARI methodology, detailed here.
9	Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10	Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings. Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset. Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11	Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12	Calculated based on HHs who receive an income
13	Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

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Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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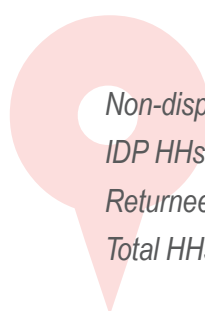# Multi-Sector Needs Assessment (MSNA)

Sebha
November 2018

LIBYA

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Sebha
Non-displaced HHs	2,449	122
IDP HHs	1,691	104
Returnees HHs	1,212	5
Total HHs	5,352	231

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**37.7%**
2 sectors		**10.7%**
3 sectors		**11.3%**
4 sectors		**10.3%**
5 sectors		**3.4%**
6 sectors		**0.1%**

HHs with an unmet need, per sector:

Food security	**5.7%**
Health	**44.5%**
Shelter and NFIs	**23.7%**
Protection	**22.8%**
WASH	**31.7%**
Education	**18.8%**
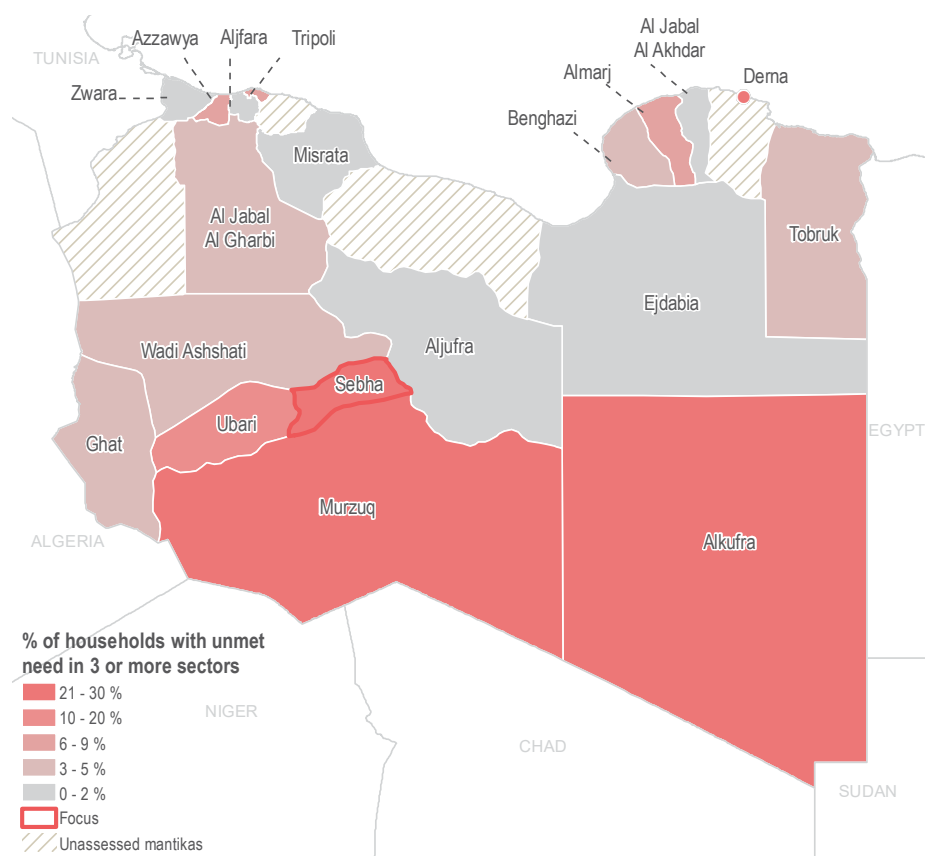
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

98.5% Sebha
1.5% Albawanees

% of HHs hosting displaced persons, per population group:

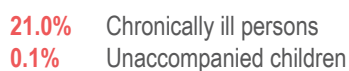| 🧍 Non-displaced	🚶 IDPs	🚶 Returnees
14.2%	**17.3%**	**0.0%**
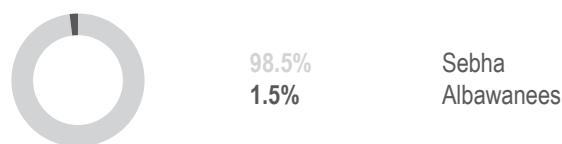
14.4% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3.6** persons[6].

17.3% of head of households (HoHs) were above 65 years old.

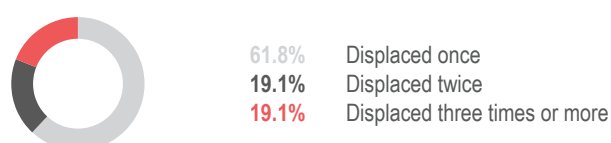**Age distribution of HH members per population group:**

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	**11.4%**	**10.2%**	**2.9%**
6-14	**15.9%**	**18.6%**	**11.9%**
15-17	**11.2%**	**9.7%**	**16.4%**
18-64	**57.2%**	**58.7%**	**68.9%**
65+	**4.3%**	**2.8%**	**0.0%**

% of HHs reporting the following vulnerable members:

21.0% Chronically ill persons
0.1% Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

61.8% Displaced once
19.1% Displaced twice
19.1% Displaced three times or more

Top 3 mantikas of origin of IDPs:

27.8% Sebha
21.2% Sirt
20.2% Misrata
30.8% Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**85.6%**
Evicted from dwelling	**38.5%**
Threats of violence against HH	**26.9%**

🚶 **Returnees**

Evicted from dwelling	**60.0%**
Evicted from dwelling	**60.0%**
Other	**40.0%**
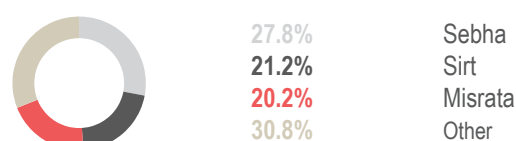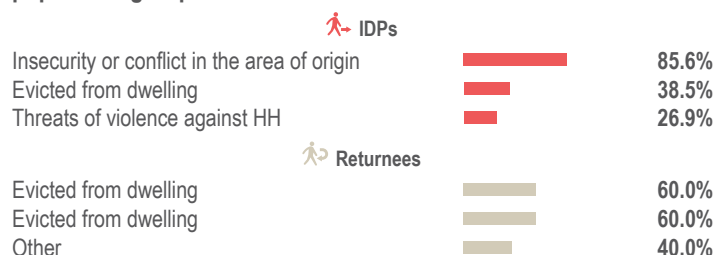
Main reasons for IDP HHs not to return to their area of origin:

1. Threats of violence against HH
2. Dwelling being destroyed
3. Insecurity or conflict in the area of origin

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Safer environment	**78.8%**
Presence of friends or family	**51.9%**
More economic opportunities	**33.7%**

🚶 **Returnees**

Safer environment	**100.0%**
Presence of friends or family	**40.0%**
End of conflict	**20.0%**
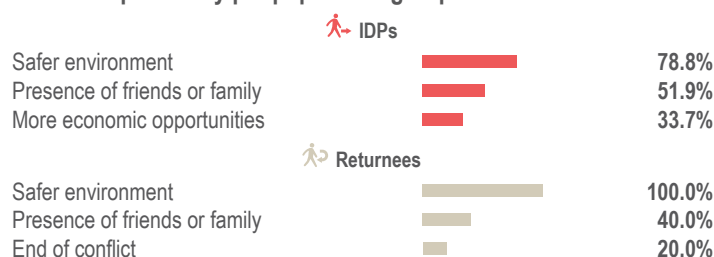
Top 3 reported problems faced upon return to area of origin:

1. Basic services at household level no longer working (electricity, water,…)
2. Basic services at household level no longer working (electricity, water,…)
3. Hostility from the local community

🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

5.7%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Food secure	6.0%	1.0%	0.0%
Marginally food insecure	81.1%	94.9%	100.0%
Moderately food insecure	7.8%	3.0%	0.0%
Severely food insecure	5.1%	1.0%	0.0%

Ways of accessing food, per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Market (cash)	74.7%	91.3%	100.0%
Market (cheque)	77.6%	91.3%	100.0%
Market (debt)	64.1%	86.5%	60.0%
Own production	15.7%	3.8%	0.0%
Borrowing from relatives	5.3%	1.9%	0.0%
Aid assistance	6.6%	7.7%	0.0%
Gifts from relatives	19.3%	4.8%	0.0%
Zakat[9]	6.3%	1.9%	0.0%
Work or barter for food	2.0%	0.0%	0.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Average rCSI	8.6	5.2	1.8
Low use of coping strategies (0-3)	56.0%	55.8%	100.0%
Medium use of coping strategies (4-9)	22.7%	32.7%	0.0%
High use of coping strategies (10+)	21.2%	11.5%	0.0%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

3.1 — Rely on less preferred, less expensive food

0.9 — Reduce the size of portions or meals

0.7 — Borrow food or rely on help from relatives

0.7 — Reduce the quantity consumed by adults so children could eat

0.5 — Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

4.4% None
1.6% Stress strategies
61.1% Crisis strategies
32.9% Emergency strategies
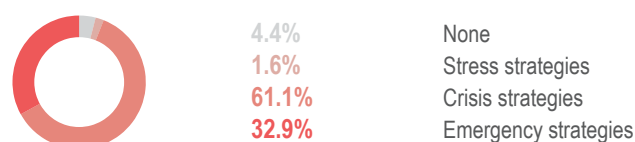
57.3% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

44.5%

46.2% of HHs reported needing healthcare in the 15 days prior to data collection.

90.2% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
56.2%	Route to health facilities is unsafe	73.5%	Lack of medical staff	100.0%	Lack of medical staff
42.5%	Lack of medical staff	38.2%	Route to health facilities is unsafe	-	-
32.9%	Distance too long to health center	29.4%	No or lack of money to pay for care	-	-

0.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

16.8% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	20.6%	28.2%	80.0%
Mental disorder	36.5%	3.3%	25.0%
Physical disability	2.0%	1.9%	20.0%

Main chronic diseases reported by HHs[6][11]:

Diabetes	56.4%
Blood pressure	43.1%
Joint pain (arthritis)	32.7%

59.4% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
1000 LYD	1200 LYD	1000 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	5.7%
Salaried work	1.4%
Government salary	70.1%
Remittances	0.8%
Casual labour	4.9%
Government social benefits	1.3%
Support from family and friends	12.1%
Humanitarian assistance	1.2%
Zakat[9] or charitable donations	2.6%

82.8% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
77.5%	Unable to withdraw enough money from bank account	88.1%	Unable to withdraw enough money from bank account	100.0%	Unable to withdraw enough money from bank account
46.8%	Salary or wages not paid regularly	71.3%	Salary or wages not paid regularly	80.0%	Salary or wages not paid regularly
26.8%	No currently functioning banks/financial institutions in area	35.6%	No currently functioning banks/financial institutions in area	40.0%	No currently functioning banks/financial institutions in area

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Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
55.6%	Hard cash (LYD)	40.4%	Cheques	60.0%	Hard cash (LYD)
27.8%	Cheques	36.5%	Hard cash (LYD)	20.0%	Bank transfers
7.4%	Don't want to answer	22.1%	Bank transfers	20.0%	Bank transfers

15.9% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	0.0%	0.0%	0.0%
300 - 599 LYD	6.3%	14.7%	33.3%
600 - 999 LYD	78.0%	82.4%	66.7%
> 1000 LYD	13.7%	2.9%	0.0%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Insecurity travelling to and from marketplace
3. Transportation too expensive

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector: 23.7%

% of HHs reported living in each shelter type:

- 66.0% House
- 31.1% Apartment
- 2.5% Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	67.7%	9.6%	80.0%
Rental (with written contract)	1.5%	9.6%	0.0%
Rental (with verbal agreement)	18.6%	66.3%	0.0%
Being hosted for free	6.7%	14.4%	20.0%
Squatting (without consent of owner)	1.3%	0.0%	0.0%
Housing provided by public authority	0.0%	0.0%	0.0%

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	43.4%	46.2%	40.0%
Light damage	42.6%	43.3%	60.0%
Medium damage	9.8%	8.7%	0.0%
Heavy damage	1.9%	1.0%	0.0%
Destroyed	2.3%	1.0%	0.0%

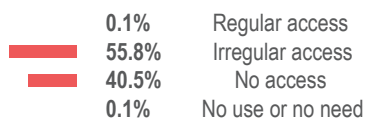**HHs threatened with eviction in the 6 months prior to data collection, per population group:**

Non-displaced	IDPs	Returnees
2.0%	6.7%	0.0%

12.9% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	0.0%
3-5h	0.0%
6-8h	11.4%
9-11h	86.5%
12-14h	2.2%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

0.1%	Regular access
55.8%	Irregular access
40.5%	No access
0.1%	No use or no need

% of HHs reporting having access to cooking fuel:

0.0%	
89.4%	
8.6%	
0.0%	
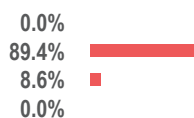
44.3% of HHs reported irregular or no access to heating fuel when required.

PROTECTION

Households with an unmet need in the protection sector:

22.8%
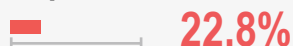
18.2% of HHs reported presence of explosive hazards in their currrent area of residence.

1.3% of HHs reported having family member harmed as a result of UXO.

13.4% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. Community representative
2. Conventional media
3. Don't want to answer

% of HHs having lost ID or other documentation during the conflict, per population group:
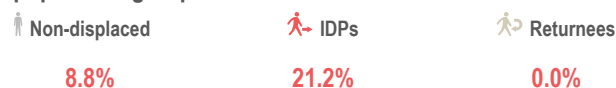
Non-displaced	IDPs	Returnees
8.8%	21.2%	0.0%

45.1% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:
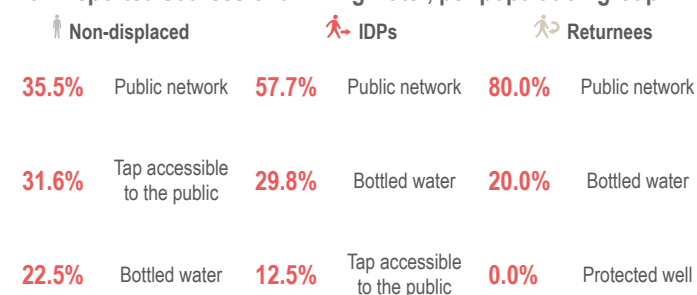
Education access	2.2%
Healthcare access	24.6%
Government assistance	43.8%
NGO assistance	35.3%
Property access	48.8%
Movement or travel	58.0%

10.0% of HHs reported having a missing family member.

WASH

Households with an unmet need in the WASH sector:

31.7%

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
35.5%	Public network	57.7%	Public network	80.0%	Public network
31.6%	Tap accessible to the public	29.8%	Bottled water	20.0%	Bottled water
22.5%	Bottled water	12.5%	Tap accessible to the public	0.0%	Protected well

Top 3 reported types of water treatment[7]:

No treatment methods used	52.0%
Water filters	21.1%
Boiling water	3.3%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

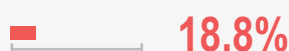| Non-displaced	IDPs	Returnees
32.5%	18.3%	20.0%
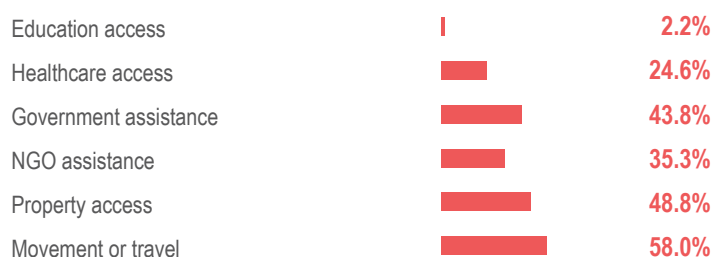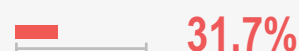
51.3% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

19.4% of HHs reported that hygiene items were too expensive to afford.

0.0% of HHs reported that hygiene items were unavailable in the markets.

EDUCATION

Households with an unmet need in the education sector:
18.8%

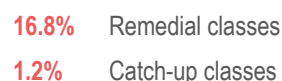**78.3%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
1.7%	0.0%	0.0%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Route to school or school area is unsafe	Poor performance or dismissed	-
2	Limited access to transport or fuel	Can't afford to pay for education materials	-
3	Poor performance or dismissed	Displaced from area, where the initial school was	-

% of HHs with school-aged children attending non-formal educational programmes:

16.8%	Remedial classes
1.2%	Catch-up classes
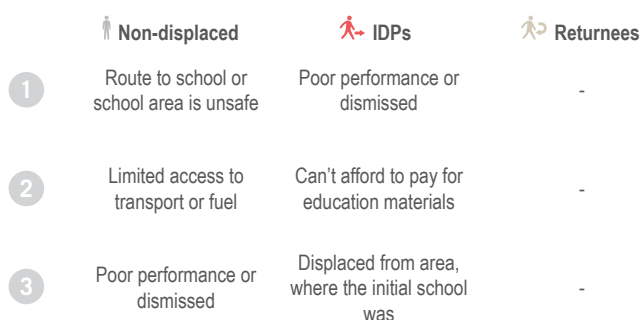
2.2% of HHs having lost documentation reported it affected their access to education.[6]
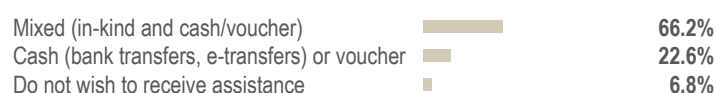
ASSISTANCE

28.4% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

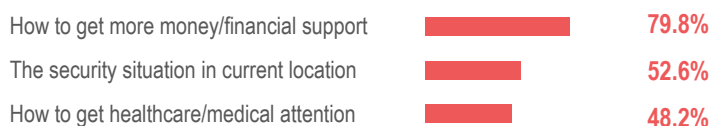Received in the 6 months prior to data collection[6][7]:

In-kind	87.4%
Mixed (in-kind and cash/voucher)	12.0%
Cash or voucher	1.0%

Preferred in the future:

Mixed (in-kind and cash/voucher)	66.2%
Cash (bank transfers, e-transfers) or voucher	22.6%
Do not wish to receive assistance	6.8%

Top 3 types of information HHs would like to receive from aid providers[7]:

How to get more money/financial support	79.8%
The security situation in current location	52.6%
How to get healthcare/medical attention	48.2%

1. Libya Humanitarian Needs Overview, OCHA, 2018
2. UNSMIL, Human Rights Report on Civilian Casualties, 2018
3. https://www.unocha.org/middle-east-and-north-africa-romena/libya
4. Libya Humanitarian Needs Overview, OCHA, 2018
5. Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6. Due to limited sample size for this indicator, results are indicative and not representative
7. Multiple responses could be selected
8. Calculated using WFP CARI methodology, detailed here.
9. Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10. Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
    Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
    Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11. Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12. Calculated based on HHs who receive an income
13. Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)

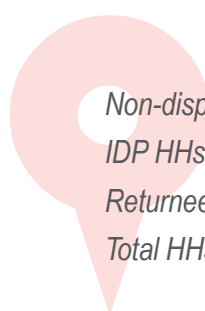## CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Tobruk
Non-displaced HHs	2,449	122
IDP HHs	1,691	74
Returnees HHs	1,212	-
Total HHs	5,352	196

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**28.5%**
2 sectors		**3.6%**
3 sectors		**2.9%**
4 sectors		**0.0%**
5 sectors		**0.0%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.0%**
Health	**8.3%**
Shelter and NFIs	**1.8%**
Protection	**4.5%**
WASH	**12.2%**
Education	**17.8%**
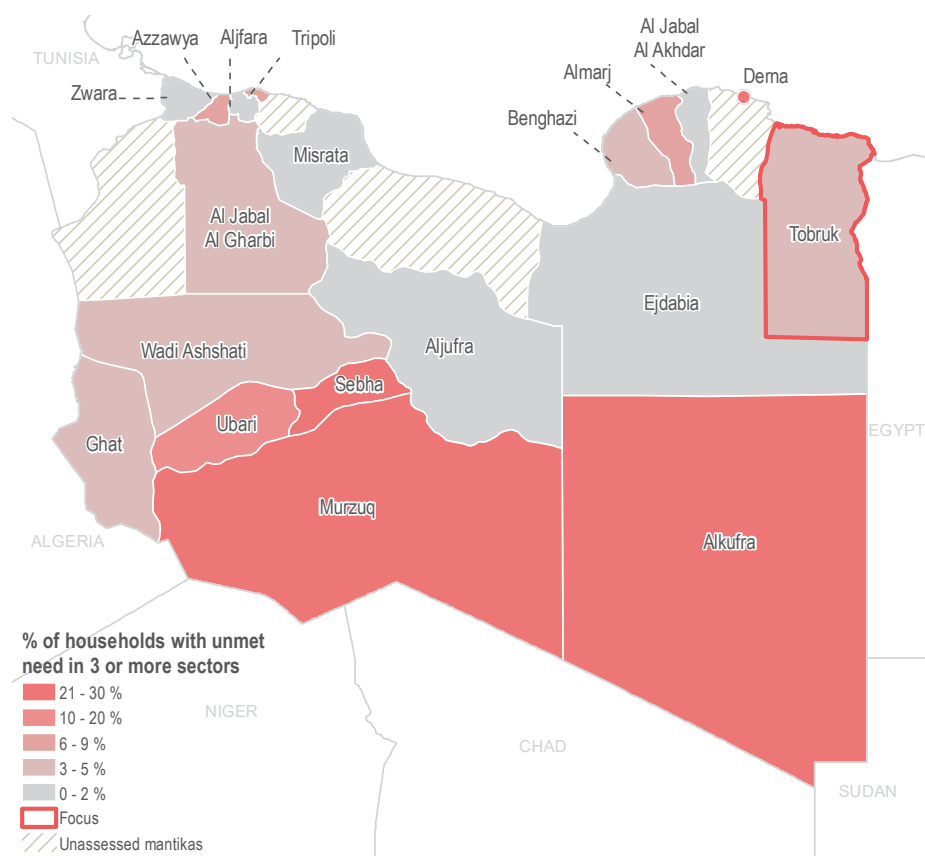
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

95.8%	Tobruk
4.2%	Emsaed

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
5.2%	**18.9%**	**-**
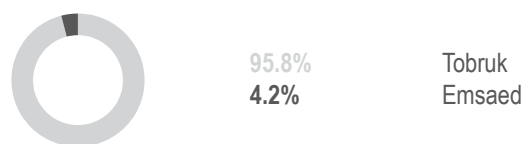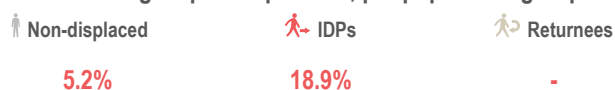
5.3% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **2.7** persons[6].

11.1% of head of households (HoHs) were above 65 years old.

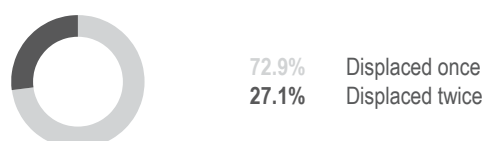**Age distribution of HH members per population group:**

	🧍 Non-displaced	🚶 IDPs	🚶‍♂️ Returnees
0-5	**13.3%**	**14.7%**	**-**
6-14	**17.7%**	**15.5%**	**-**
15-17	**6.6%**	**10.2%**	**-**
18-64	**56.6%**	**55.6%**	**-**
65+	**5.7%**	**4.1%**	**-**

% of HHs reporting the following vulnerable members:

24.4%	Chronically ill persons
2.2%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

72.9%	Displaced once
27.1%	Displaced twice

Top 3 mantikas of origin of IDPs:

64.3%	Derna
14.3%	Benghazi
11.4%	Tobruk
10.0%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 IDPs
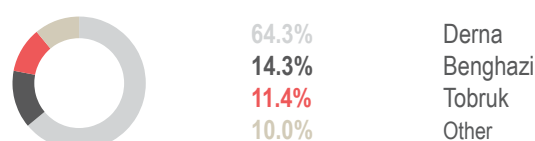
Insecurity or conflict in the area of origin	**82.4%**
Threats of violence against HH	**63.5%**
Presence of explosive hazards	**29.7%**
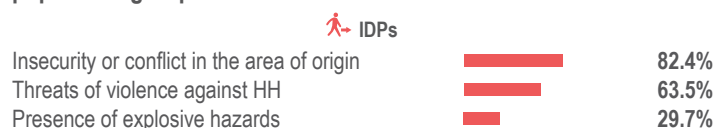
Main reasons for IDP HHs not to return to their area of origin:

1. Presence of explosive hazards
2. Threats of violence against HH
3. Insecurity or conflict in the area of origin

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 IDPs

Safer environment	**74.3%**
Presence of HH's community	**56.8%**
Presence of friends or family	**36.5%**

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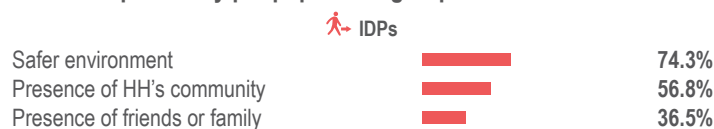
🍲 FOOD SECURITY

Households with an unmet need in the food security sector:
0.0%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	22.2%	27.3%	-
Marginally food insecure	72.0%	66.7%	-
Moderately food insecure	5.9%	6.1%	-
Severely food insecure	0.0%	0.0%	-

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	97.0%	93.2%	-
Market (cheque)	65.5%	78.4%	-
Market (debt)	65.4%	16.2%	-
Own production	10.5%	5.4%	-
Borrowing from relatives	0.9%	0.0%	-
Aid assistance	0.4%	5.4%	-
Gifts from relatives	3.1%	2.7%	-
Zakat[9]	0.0%	4.1%	-
Work or barter for food	7.2%	6.8%	-

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	2.1	2.3	
Low use of coping strategies (0-3)	76.9%	84.3%	
Medium use of coping strategies (4-9)	21.1%	10.0%	
High use of coping strategies (10+)	2.1%	5.7%	

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

0.9 Rely on less preferred, less expensive food	0.4 Reduce the size of portions or meals
0.0 Borrow food or rely on help from relatives	0.1 Reduce the quantity consumed by adults so children could eat
0.6 Reduce the number of meals eaten per day	

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

11.6%	None
23.0%	Stress strategies
57.8%	Crisis strategies
7.6%	Emergency strategies

20.7% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:
8.3%

32.2% of HHs reported needing healthcare in the 15 days prior to data collection.

94.8% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
100.0%	Lack of medical staff	87.5%	Lack of medical staff	-	-
75.4%	Lack of medical supplies	62.5%	Lack of medical supplies	-	-
49.3%	Health facilities being damaged or destroyed	12.5%	No or lack of money to pay for care	-	-

0.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

30.8% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	24.5%	18.9%	-
Mental disorder	9.3%	7.1%	-
Physical disability	6.8%	2.7%	-

Main chronic diseases reported by HHs[6][11]:

Diabetes		31.6%
Heart disease		18.8%
Blood pressure		14.8%

99.9% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
1700 LYD	1000 LYD	-

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	1.9%
Salaried work	0.3%
Government salary	88.1%
Remittances	0.8%
Casual labour	0.0%
Government social benefits	3.4%
Support from family and friends	5.1%
Humanitarian assistance	0.3%
Zakat[9] or charitable donations	0.1%

90.9% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
93.7%	Unable to withdraw enough money from bank account	94.9%	Salary or wages not paid regularly	-	-
84.7%	Salary or wages not paid regularly	89.8%	Unable to withdraw enough money from bank account	-	-
24.9%	Salary or wages too low	22.0%	Salary or wages too low	-	-

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Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees
79.0%	Hard cash (LYD)	90.5%	Hard cash (LYD)	-	-
12.1%	Cheques	6.8%	Cheques	-	-
8.8%	Bank transfers	1.4%	Bank transfers	-	-

65.0% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	26.4%	0.0%	-
300 - 599 LYD	45.5%	11.1%	-
600 - 999 LYD	26.3%	72.2%	-
> 1000 LYD	1.8%	16.7%	-

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Marketplace too far from residency/no means of transport
3. Curfew prevented access to market

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

1.8%

% of HHs reported living in each shelter type:

	78.3%	House
	21.7%	Apartment

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	84.8%	2.7%	-
Rental (with written contract)	3.7%	5.4%	-
Rental (with verbal agreement)	7.7%	71.6%	-
Being hosted for free	0.0%	20.3%	-
Squatting (without consent of owner)	0.0%	0.0%	-
Housing provided by public authority	0.0%	0.0%	-

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	93.7%	87.8%	-
Light damage	6.3%	10.8%	-
Medium damage	0.0%	1.4%	-
Heavy damage	0.0%	0.0%	-
Destroyed	0.0%	0.0%	-

HHs threatened with eviction in the 6 months prior to data collection, per population group:

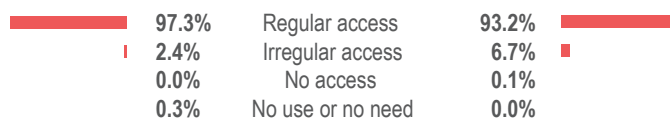| Non-displaced	IDPs	Returnees
0.0%	1.4%	-

2.0% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	5.9%
3-5h	52.5%
6-8h	41.6%
9-11h	0.0%
12-14h	0.0%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

97.3%	Regular access	
2.4%	Irregular access	
0.0%	No access	
0.3%	No use or no need	

% of HHs reporting having access to cooking fuel:

93.2%		
6.7%		
0.1%		
0.0%		

3.7% of HHs reported irregular or no access to heating fuel when required.

💕 PROTECTION

Households with an unmet need in the protection sector:

4.5%
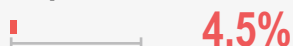
0.0% of HHs reported presence of explosive hazards in their currrent area of residence.

1.2% of HHs reported having family member harmed as a result of UXO.

27.2% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

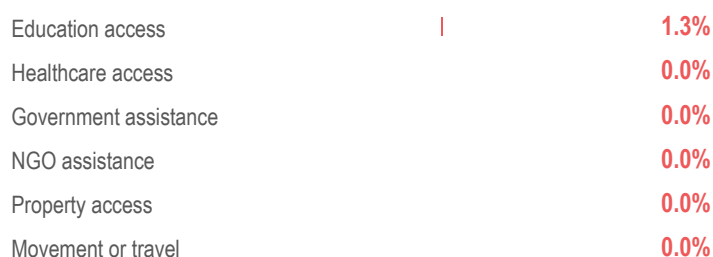**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

①	School
②	Social media
③	Conventional media

% of HHs having lost ID or other documentation during the conflict, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
1.8%	5.4%	-

6.5% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:
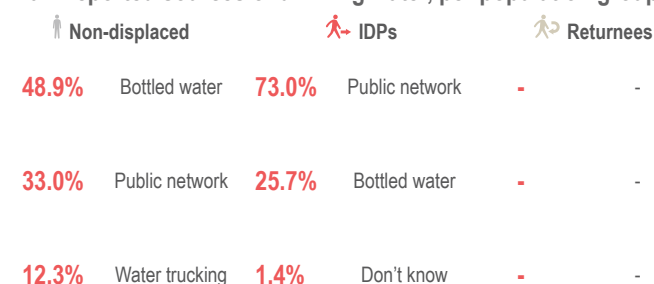
Education access	1.3%
Healthcare access	0.0%
Government assistance	0.0%
NGO assistance	0.0%
Property access	0.0%
Movement or travel	0.0%

3.2% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

12.2%

Main reported sources of drinking water, per population group:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
48.9%	Bottled water	73.0%	Public network	-	-
33.0%	Public network	25.7%	Bottled water	-	-
12.3%	Water trucking	1.4%	Don't know	-	-

Top 3 reported types of water treatment[7]:

No treatment methods used	66.0%
Water filters	31.1%
Boiling water	1.2%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

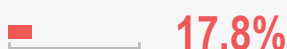| 👤 Non-displaced	🏃 IDPs	🏃 Returnees
12.2%	**13.5%**	**-**

34.0% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

24.8% of HHs reported that hygiene items were too expensive to afford.

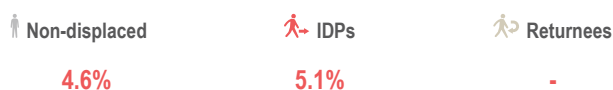**0.0%** of HHs reported that hygiene items were unavailable in the markets.

📖 EDUCATION

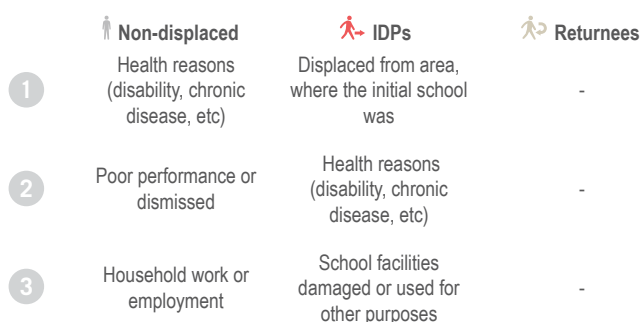### Households with an unmet need in the education sector:
17.8%

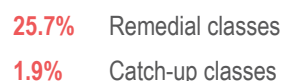**89.3%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
4.6%	**5.1%**	**-**

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
1	Health reasons (disability, chronic disease, etc)	Displaced from area, where the initial school was	-
2	Poor performance or dismissed	Health reasons (disability, chronic disease, etc)	-
3	Household work or employment	School facilities damaged or used for other purposes	-

% of HHs with school-aged children attending non-formal educational programmes:

25.7%	Remedial classes
1.9%	Catch-up classes

1.3% of HHs having lost documentation reported it affected their access to education.[6]
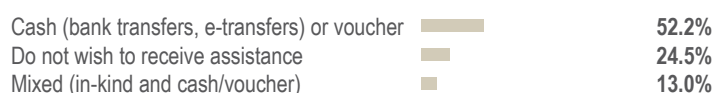
✖ ASSISTANCE

4.5% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
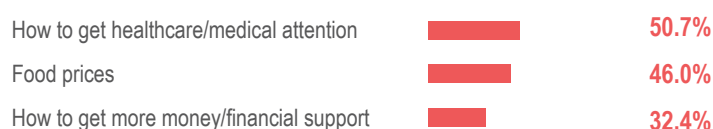
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

Cash or voucher	**98.2%**
In-kind	**1.0%**
Mixed (in-kind and cash/voucher)	**0.8%**

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	**52.2%**
Do not wish to receive assistance	**24.5%**
Mixed (in-kind and cash/voucher)	**13.0%**

Top 3 types of information HHs would like to receive from aid providers[7]:

How to get healthcare/medical attention	**50.7%**
Food prices	**46.0%**
How to get more money/financial support	**32.4%**

1. Libya Humanitarian Needs Overview, OCHA, 2018
2. UNSMIL, Human Rights Report on Civilian Casualties, 2018
3. https://www.unocha.org/middle-east-and-north-africa-romena/libya
4. Libya Humanitarian Needs Overview, OCHA, 2018
5. Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6. Due to limited sample size for this indicator, results are indicative and not representative
7. Multiple responses could be selected
8. Calculated using WFP CARI methodology, detailed here.
9. Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10. Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
    Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
    Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11. Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12. Calculated based on HHs who receive an income
13. Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

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SECTORAL INDICATORS

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% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Tripoli
Non-displaced HHs	2,449	133
IDP HHs	1,691	95
Returnees HHs	1,212	99
Total HHs	5,352	327

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**26.1%**
2 sectors		**16.5%**
3 sectors		**4.7%**
4 sectors		**0.1%**
5 sectors		**0.8%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**7.1%**
Health	**24.7%**
Shelter and NFIs	**10.5%**
Protection	**1.4%**
WASH	**22.4%**
Education	**10.5%**
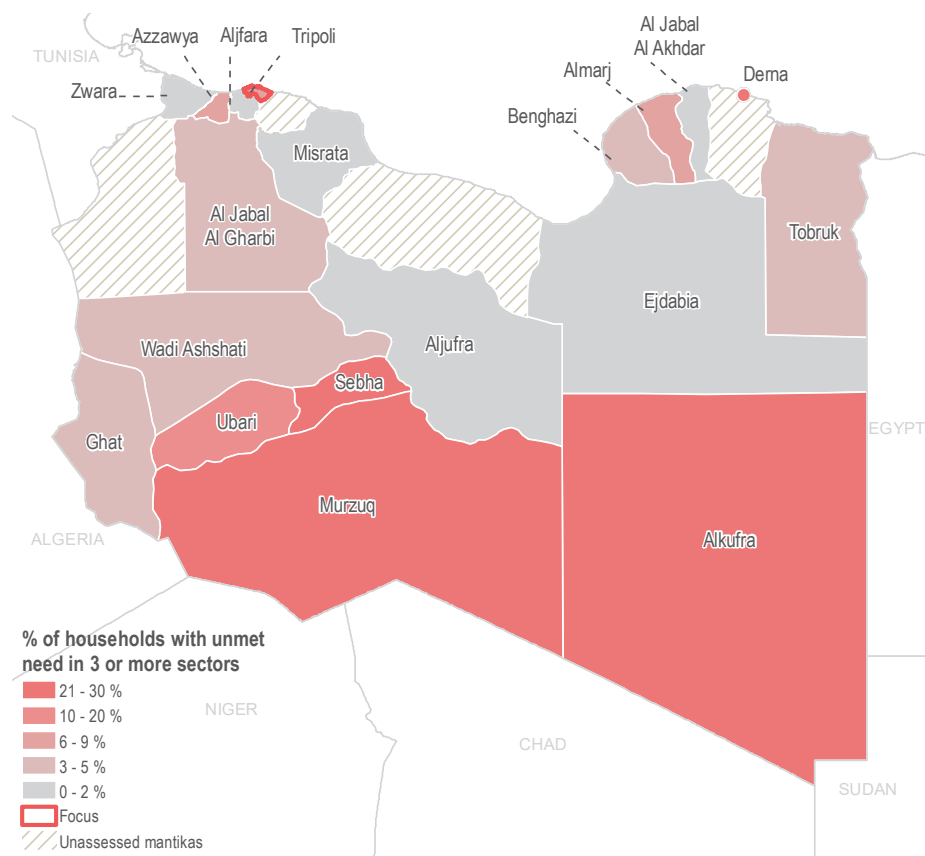
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

35.4%	Abusliem
24.6%	Tripoli
15.6%	Ain Zara
24.4%	Other

% of HHs hosting displaced persons, per population group:

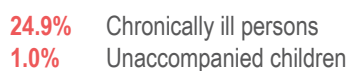| 👤 Non-displaced	🚶 IDPs	🚶 Returnees
12.7%	**3.2%**	**4.0%**
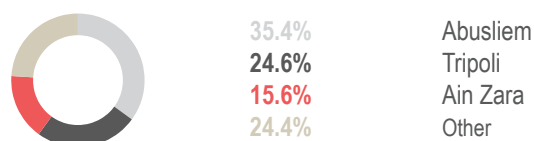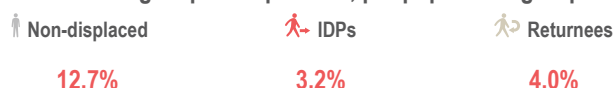
12.4% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **2.4** persons[6].

17.5% of head of households (HoHs) were above 65 years old.
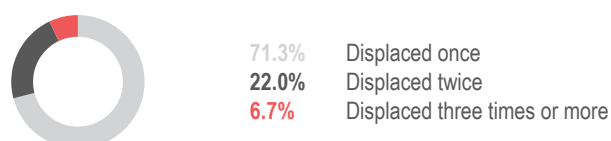
Age distribution of HH members per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	**14.7%**	**10.7%**	**14.6%**
6-14	**15.1%**	**20.1%**	**17.1%**
15-17	**5.7%**	**8.3%**	**5.8%**
18-64	**57.2%**	**56.5%**	**55.5%**
65+	**7.3%**	**4.3%**	**6.9%**

% of HHs reporting the following vulnerable members:

24.9%	Chronically ill persons
1.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

71.3%	Displaced once
22.0%	Displaced twice
6.7%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

62.8%	Tripoli
12.1%	Misrata
7.3%	Aljfara
17.8%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**64.2%**
Dwelling being destroyed	**35.8%**
Evicted from dwelling	**20.0%**

🚶 **Returnees**

Insecurity or conflict in the area of origin	**73.7%**
Evicted from dwelling	**16.2%**
No opportunity for work	**13.1%**

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Dwelling being destroyed
3. No opportunity for work

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Safer environment	**51.6%**
Presence of friends or family	**43.2%**
More economic opportunities	**37.9%**

🚶 **Returnees**

End of conflict	**80.8%**
Own property in chosen area	**28.3%**
Safer environment	**17.2%**
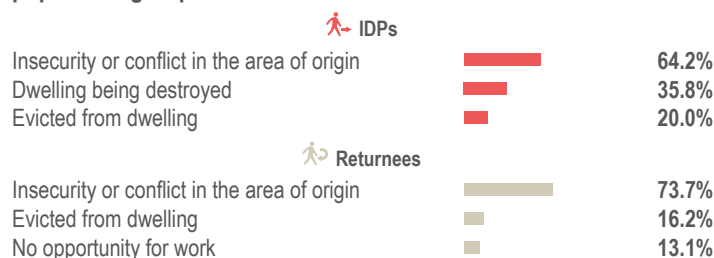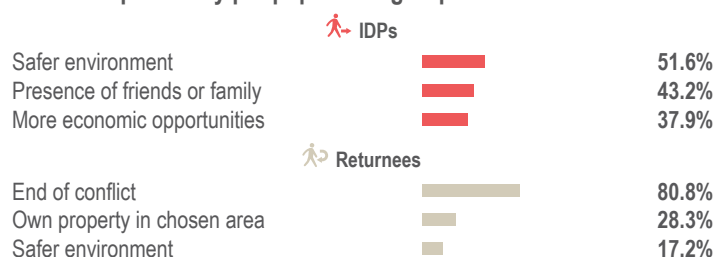
Top 3 reported problems faced upon return to area of origin:

1. Parts of house or property destroyed
2. Valuables in house or property missing
3. Basic services at community level no longer working (health facilities, schools,…)

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🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

7.1%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
Food secure	8.6%	4.1%	15.1%
Marginally food insecure	71.7%	43.2%	69.8%
Moderately food insecure	13.5%	47.3%	15.1%
Severely food insecure	6.2%	5.4%	0.0%

Ways of accessing food, per population group:

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
Market (cash)	94.8%	89.5%	93.9%
Market (cheque)	39.4%	42.1%	48.5%
Market (debt)	26.9%	38.9%	43.4%
Own production	6.7%	2.1%	4.0%
Borrowing from relatives	0.7%	4.2%	3.0%
Aid assistance	0.0%	7.4%	1.0%
Gifts from relatives	7.0%	21.1%	25.3%
Zakat[9]	0.7%	0.0%	2.0%
Work or barter for food	0.7%	2.1%	3.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
Average rCSI	14.4	21.2	17.1
Low use of coping strategies (0-3)	13.9%	17.1%	27.2%
Medium use of coping strategies (4-9)	25.5%	17.1%	18.5%
High use of coping strategies (10+)	60.6%	65.8%	54.3%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

3.6 Rely on less preferred, less expensive food

2.8 Reduce the size of portions or meals

0.6 Borrow food or rely on help from relatives

1.5 Reduce the quantity consumed by adults so children could eat

2.5 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

11.5%	None
37.9%	Stress strategies
46.6%	Crisis strategies
3.9%	Emergency strategies
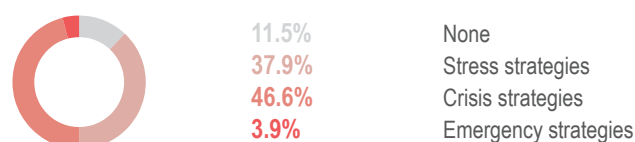
10.8% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

24.7%

25.3% of HHs reported needing healthcare in the 15 days prior to data collection.

93.2% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

👤 Non-displaced		🚶 IDPs		🚶‍➡️ Returnees	
72.6%	No or lack of money to pay for care	96.7%	No or lack of money to pay for care	94.1%	No or lack of money to pay for care
39.3%	Lack of medical supplies	33.3%	Lack of medical supplies	5.9%	Lack of means of transport to get to the healthcare facilities
30.5%	Lack of medical staff	16.7%	Lack of medical staff	5.9%	Lack of medical supplies

1.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

45.4% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	👤 Non-displaced	🚶 IDPs	🚶‍➡️ Returnees
Chronic disease	24.7%	33.7%	28.3%
Mental disorder	2.9%	6.3%	14.3%
Physical disability	7.2%	2.1%	10.1%

Main chronic diseases reported by HHs[6][11]:

Blood pressure		51.4%
Diabetes		50.0%
Heart disease		34.7%

87.4% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

👤 Non-displaced	🚶 IDPs	🚶‍➡️ Returnees
600 LYD	650 LYD	1500 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	6.0%
Salaried work	3.3%
Government salary	65.5%
Remittances	3.0%
Casual labour	1.3%
Government social benefits	2.3%
Support from family and friends	10.7%
Humanitarian assistance	6.9%
Zakat[9] or charitable donations	0.9%

66.4% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

👤 Non-displaced		🚶 IDPs		🚶‍➡️ Returnees	
54.9%	Unable to withdraw enough money from bank account	60.0%	Unable to withdraw enough money from bank account	78.2%	Unable to withdraw enough money from bank account
37.2%	Salary or wages not paid regularly	54.5%	Salary or wages too low	47.3%	Salary or wages not paid regularly
36.8%	Salary or wages too low	52.7%	Salary or wages not paid regularly	32.7%	Salary or wages too low

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Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
68.0%	Hard cash (LYD)	66.3%	Hard cash (LYD)	66.7%	Hard cash (LYD)
23.6%	Credit or debit card	12.6%	Credit or debit card	17.2%	Credit or debit card
3.5%	Cheques	8.4%	Cheques	12.1%	Cheques

27.8% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	0.0%	2.3%	3.6%
300 - 599 LYD	70.3%	46.5%	33.9%
600 - 999 LYD	12.8%	37.2%	41.1%
> 1000 LYD	14.9%	11.6%	19.6%

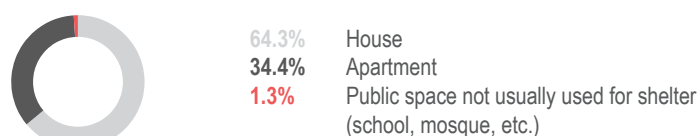**Top 3 reported barriers to accessing marketplaces:**

1. No barriers faced when accessing marketplace
2. Transportation too expensive
3. Damage to road leading to marketplace

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

10.5%

% of HHs reported living in each shelter type:

- 64.3% House
- **34.4%** Apartment
- 1.3% Public space not usually used for shelter (school, mosque, etc.)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	80.5%	21.1%	67.7%
Rental (with written contract)	2.3%	13.7%	9.1%
Rental (with verbal agreement)	12.1%	43.2%	14.1%
Being hosted for free	4.0%	20.0%	8.1%
Squatting (without consent of owner)	0.0%	0.0%	1.0%
Housing provided by public authority	0.0%	0.0%	0.0%

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	67.6%	64.2%	57.6%
Light damage	29.7%	27.4%	39.4%
Medium damage	1.4%	5.3%	2.0%
Heavy damage	1.3%	3.2%	1.0%
Destroyed	0.0%	0.0%	0.0%

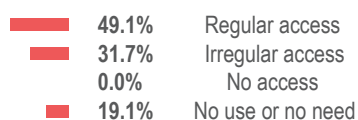**HHs threatened with eviction in the 6 months prior to data collection, per population group:**

Non-displaced	IDPs	Returnees
3.1%	20.0%	0.0%

10.4% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	0.0%
3-5h	10.7%
6-8h	30.7%
9-11h	28.3%
12-14h	28.2%
> 14h	3.6%

% of HHs reporting having access to vehicle fuel:

▬	49.1%	Regular access
▬	31.7%	Irregular access
	0.0%	No access
▬	19.1%	No use or no need

% of HHs reporting having access to cooking fuel:

59.0%	▬
38.0%	▬
3.1%	▮
0.0%	
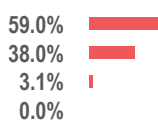
11.3% of HHs reported irregular or no access to heating fuel when required.

🤲 PROTECTION

Households with an unmet need in the protection sector:

1.4%
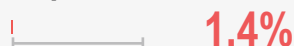
0.0% of HHs reported presence of explosive hazards in their currrent area of residence.

0.5% of HHs reported having family member harmed as a result of UXO.

0.0% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:

1. -
2. -
3. -

% of HHs having lost ID or other documentation during the conflict, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
4.8%	**9.5%**	**7.1%**

86.9% of HHs having lost ID or other documentation had reapplied for new documentation[6].

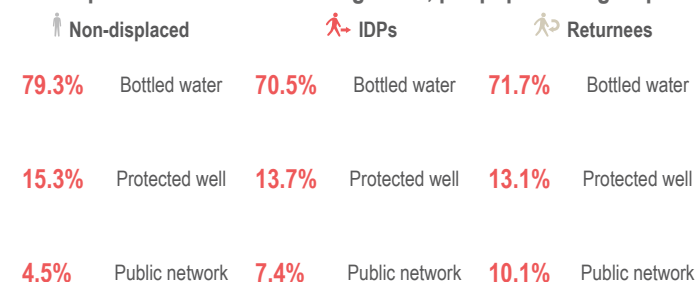**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	▮	1.8%
Healthcare access		0.4%
Government assistance		0.4%
NGO assistance		0.0%
Property access	▬	16.0%
Movement or travel	▬▬	54.9%

1.2% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

22.4%

Main reported sources of drinking water, per population group:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
79.3%	Bottled water	**70.5%**	Bottled water	**71.7%**	Bottled water
15.3%	Protected well	**13.7%**	Protected well	**13.1%**	Protected well
4.5%	Public network	**7.4%**	Public network	**10.1%**	Public network

Top 3 reported types of water treatment[7]:

No treatment methods used	▬▬▬	60.9%
Water filters	▬▬	32.0%
Boiling water	▮	3.7%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced | IDPs | Returnees
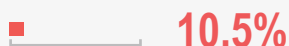**22.7%** | **11.6%** | **14.1%**

16.3% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

38.7% of HHs reported that hygiene items were too expensive to afford.

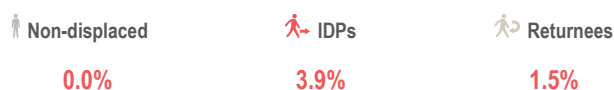**0.0%** of HHs reported that hygiene items were unavailable in the markets.

EDUCATION

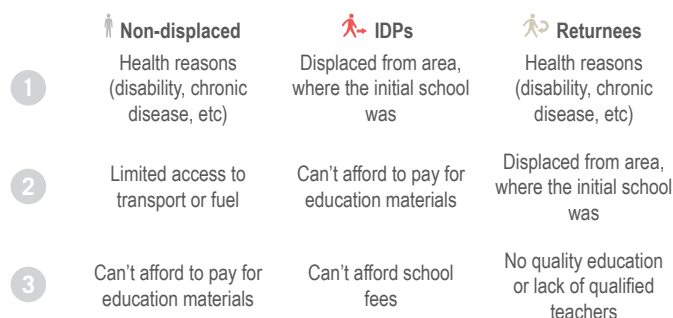**Households with an unmet need in the education sector:**

10.5%

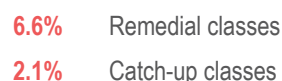**89.1%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced | IDPs | Returnees
0.0% | **3.9%** | **1.5%**

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Health reasons (disability, chronic disease, etc)	Displaced from area, where the initial school was	Health reasons (disability, chronic disease, etc)
2	Limited access to transport or fuel	Can't afford to pay for education materials	Displaced from area, where the initial school was
3	Can't afford to pay for education materials	Can't afford school fees	No quality education or lack of qualified teachers

% of HHs with school-aged children attending non-formal educational programmes:

6.6% Remedial classes
2.1% Catch-up classes

1.8% of HHs having lost documentation reported it affected their access to education.[6]
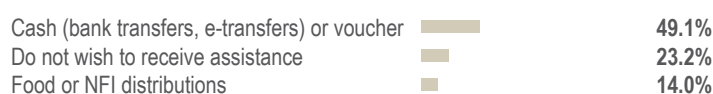
ASSISTANCE

4.8% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
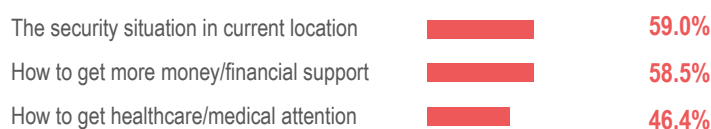
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

Mixed (in-kind and cash/voucher)	**51.6%**
Cash or voucher	**45.5%**
In-kind	**26.3%**

Preferred in the future:

Cash (bank transfers, e-transfers) or voucher	**49.1%**
Do not wish to receive assistance	**23.2%**
Food or NFI distributions	**14.0%**

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	**59.0%**
How to get more money/financial support	**58.5%**
How to get healthcare/medical attention	**46.4%**

1   Libya Humanitarian Needs Overview, OCHA, 2018
2   UNSMIL, Human Rights Report on Civilian Casualties, 2018
3   https://www.unocha.org/middle-east-and-north-africa-romena/libya
4   Libya Humanitarian Needs Overview, OCHA, 2018
5   Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6   Due to limited sample size for this indicator, results are indicative and not representative
7   Multiple responses could be selected
8   Calculated using WFP CARI methodology, detailed here.
9   Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10 Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
     Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
     Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12 Calculated based on HHs who receive an income
13 Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.
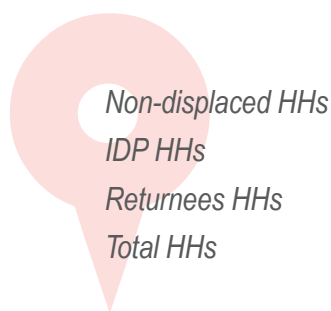
Multi-Sector Needs Assessment (MSNA)

Ubari
November 2018

LIBYA

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Ubari
Non-displaced HHs	2,449	134
IDP HHs	1,691	93
Returnees HHs	1,212	100
Total HHs	5,352	327

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**34.5%**
2 sectors		**20.2%**
3 sectors		**8.4%**
4 sectors		**1.3%**
5 sectors		**0.2%**
6 sectors		**0.1%**

HHs with an unmet need, per sector:

Food security	**1.8%**
Health	**34.0%**
Shelter and NFIs	**11.0%**
Protection	**9.0%**
WASH	**26.8%**
Education	**22.4%**
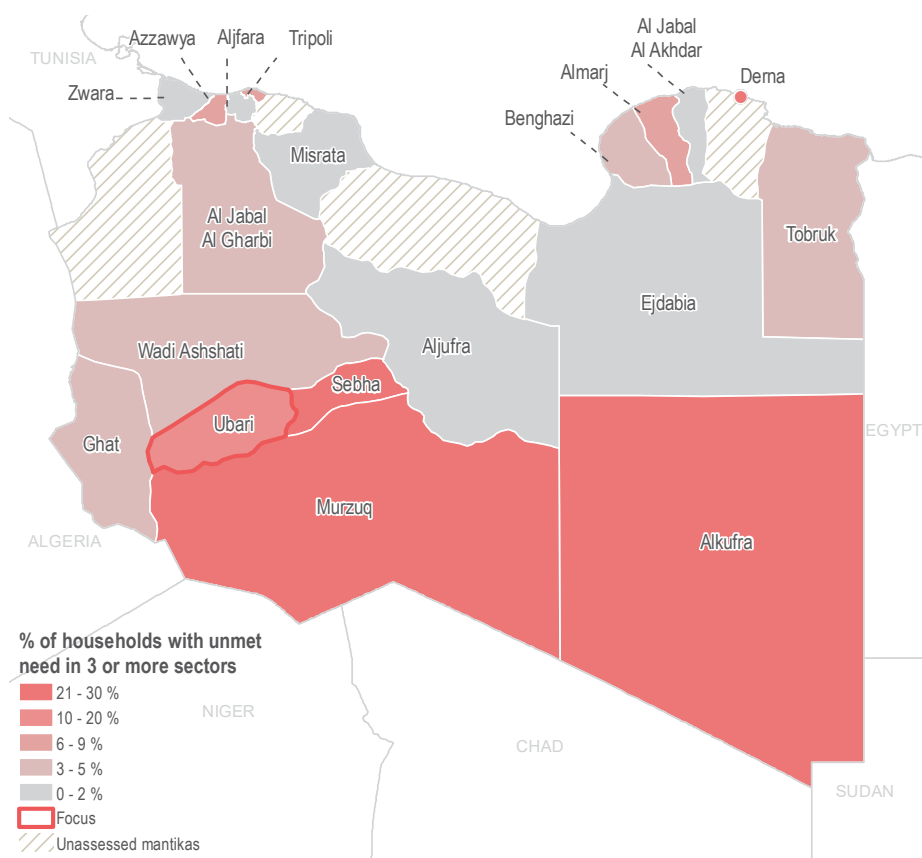
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

79.0%	Ubari
12.0%	Bint Bayya
8.9%	Alghrayfa

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
17.9%	**4.3%**	**3.0%**
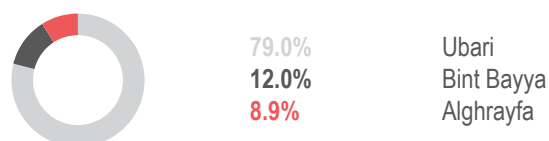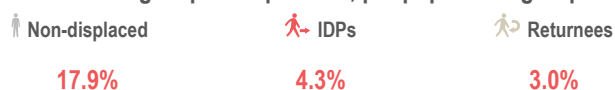
11.3% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3** persons[6].

7.9% of head of households (HoHs) were above 65 years old.
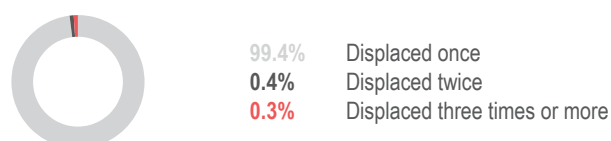
Age distribution of HH members per population group:

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	**13.2%**	**13.7%**	**19.7%**
6-14	**14.4%**	**17.8%**	**20.2%**
15-17	**11.9%**	**9.9%**	**10.7%**
18-64	**57.3%**	**57.6%**	**48.7%**
65+	**3.2%**	**1.0%**	**0.8%**

% of HHs reporting the following vulnerable members:

16.7%	Chronically ill persons
2.3%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

99.4%	Displaced once
0.4%	Displaced twice
0.3%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

95.1%	Ubari
1.3%	Sebha
1.0%	Tobruk
2.6%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 IDPs

Insecurity or conflict in the area of origin	**88.2%**
Dwelling being destroyed	**51.6%**
No opportunity for work	**8.6%**

🚶 Returnees

Insecurity or conflict in the area of origin	**77.0%**
Dwelling being destroyed	**50.0%**
Problems accessing education	**3.0%**

Main reasons for IDP HHs not to return to their area of origin:

1. Insecurity or conflict in the area of origin
2. Dwelling being destroyed
3. No opportunity for work

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 IDPs

End of conflict	**46.2%**
Safer environment	**40.9%**
Presence of friends or family	**18.3%**

🚶 Returnees

End of conflict	**95.0%**
Presence of HH's community	**10.0%**
Own property in chosen area	**6.0%**
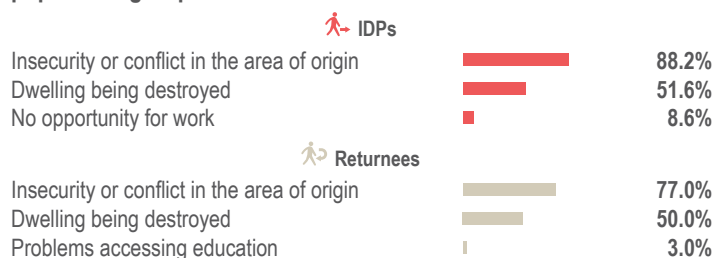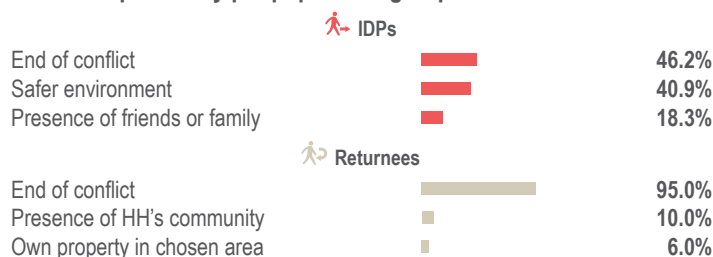
Top 3 reported problems faced upon return to area of origin:

1. House or property occupied by other persons
2. Basic services at community level no longer working (health facilities, schools,…)
3. Basic services at household level no longer working (electricity, water,…)

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🥣 FOOD SECURITY

Households with an unmet need in the food security sector:

1.8%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Food secure	4.5%	16.7%	24.4%
Marginally food insecure	71.8%	75.6%	68.9%
Moderately food insecure	23.7%	5.6%	6.7%
Severely food insecure	0.0%	2.2%	0.0%

Ways of accessing food, per population group:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Market (cash)	85.8%	63.4%	66.0%
Market (cheque)	79.0%	81.7%	76.0%
Market (debt)	39.6%	26.9%	21.0%
Own production	13.5%	7.5%	6.0%
Borrowing from relatives	0.7%	0.0%	0.0%
Aid assistance	15.7%	44.1%	20.0%
Gifts from relatives	5.3%	3.2%	1.0%
Zakat[9]	1.5%	14.0%	0.0%
Work or barter for food	3.7%	1.1%	2.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	🧍 Non-displaced	🏃 IDPs	🏃 Returnees
Average rCSI	9.8	8.2	6.4
Low use of coping strategies (0-3)	34.4%	44.4%	39.5%
Medium use of coping strategies (4-9)	38.5%	28.4%	36.8%
High use of coping strategies (10+)	27.1%	27.2%	23.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

4.1 Rely on less preferred, less expensive food

1.0 Reduce the size of portions or meals

0.4 Borrow food or rely on help from relatives

0.6 Reduce the quantity consumed by adults so children could eat

1.3 Reduce the number of meals eaten per day

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

43.8%	None
5.7%	Stress strategies
40.6%	Crisis strategies
10.0%	Emergency strategies
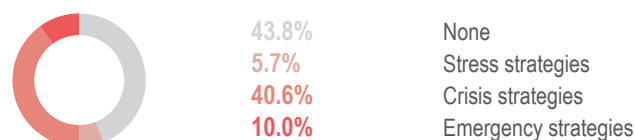
21.1% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

34.0%

18.5% of HHs reported needing healthcare in the 15 days prior to data collection.

85.6% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
56.9%	Lack of medical staff	42.9%	Distance too long to health center	58.8%	Lack of medical staff
51.8%	Lack of medical supplies	39.3%	No or lack of money to pay for care	52.9%	Health facilities being damaged or destroyed
48.4%	Distance too long to health center	28.6%	Lack of medical staff	35.3%	Lack of medical supplies

13.1% of HHs reported travelling for more than one hour to access the nearest health service provider.

36.9% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	28.1%	18.3%	1.0%
Mental disorder	0.0%	0.0%	0.0%
Physical disability	1.8%	2.2%	0.0%

Main chronic diseases reported by HHs[6][11]:

Diabetes		67.8%
Joint pain (arthritis)		39.3%
Blood pressure		39.1%

83.3% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
800 LYD	750 LYD	600 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	9.6%
Salaried work	2.4%
Government salary	78.6%
Remittances	0.2%
Casual labour	0.7%
Government social benefits	2.0%
Support from family and friends	3.5%
Humanitarian assistance	2.6%
Zakat[9] or charitable donations	0.4%

83.7% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
76.1%	Unable to withdraw enough money from bank account	64.7%	Unable to withdraw enough money from bank account	62.5%	Unable to withdraw enough money from bank account
44.7%	Salary or wages not paid regularly	45.1%	Salary or wages not paid regularly	46.9%	Salary or wages not paid regularly
32.9%	Salary or wages too low	33.3%	Salary or wages too low	21.9%	Lack of work opportunity

Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
46.8%	Hard cash (LYD)	46.2%	Cheques	56.0%	Hard cash (LYD)
38.2%	Cheques	39.8%	Hard cash (LYD)	34.0%	Cheques
15.1%	Bank transfers	10.8%	Bank transfers	9.0%	Bank transfers

87.6% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	2.3%	0.0%	0.0%
300 - 599 LYD	73.1%	36.4%	100.0%
600 - 999 LYD	14.8%	63.6%	0.0%
> 1000 LYD	9.8%	0.0%	0.0%

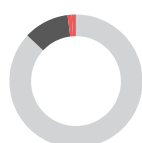**Top 3 reported barriers to accessing marketplaces:**

1. No barriers faced when accessing marketplace
2. Marketplace too far from residency/no means of transport
3. Transportation too expensive

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

11.0%

% of HHs reported living in each shelter type:

- 86.6% House
- 10.8% Apartment
- 1.2% Tent or caravan

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	93.6%	45.2%	89.0%
Rental (with written contract)	0.0%	10.8%	4.0%
Rental (with verbal agreement)	2.9%	39.8%	3.0%
Being hosted for free	1.9%	4.3%	1.0%
Squatting (without consent of owner)	0.0%	0.0%	0.0%
Housing provided by public authority	0.0%	0.0%	0.0%

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	70.1%	45.2%	31.0%
Light damage	27.8%	44.1%	41.0%
Medium damage	1.7%	10.8%	22.0%
Heavy damage	0.0%	0.0%	6.0%
Destroyed	0.4%	0.0%	0.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:

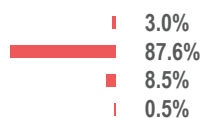| Non-displaced	IDPs	Returnees
2.2%	4.3%	0.0%

0.2% of HHs reported having been evicted in the 6 months prior to data collection.

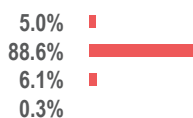**Reported average number of hours of power cuts in the 7 days prior to data collection:**

0-2h	1.6%
3-5h	3.0%
6-8h	95.0%
9-11h	0.1%
12-14h	0.4%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

3.0%	Regular access
87.6%	Irregular access
8.5%	No access
0.5%	No use or no need

% of HHs reporting having access to cooking fuel:

5.0%	Regular access
88.6%	Irregular access
6.1%	No access
0.3%	No use or no need

65.3% of HHs reported irregular or no access to heating fuel when required.

�} PROTECTION

Households with an unmet need in the protection sector:
9.0%
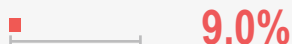
6.1% of HHs reported presence of explosive hazards in their currrent area of residence.

0.8% of HHs reported having family member harmed as a result of UXO.

5.4% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

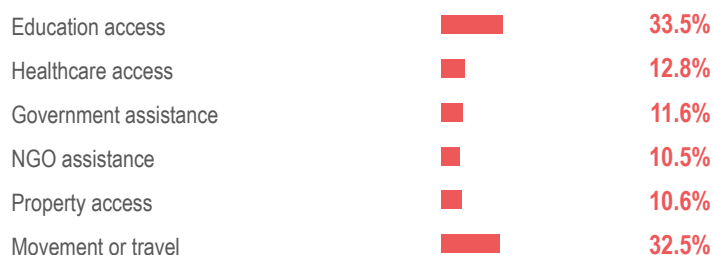**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

1. Training session
2. Conventional media
3. Community representative

% of HHs having lost ID or other documentation during the conflict, per population group:

⋏ Non-displaced	⋏ IDPs	⋏ Returnees
4.5%	12.9%	3.0%

53.5% of HHs having lost ID or other documentation had reapplied for new documentation[6].

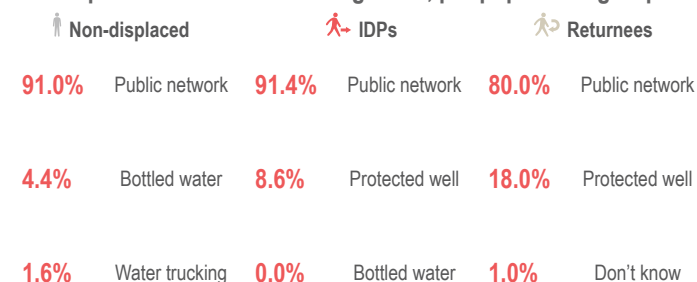**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	33.5%
Healthcare access	12.8%
Government assistance	11.6%
NGO assistance	10.5%
Property access	10.6%
Movement or travel	32.5%

0.1% of HHs reported having a missing family member.

⌁ WASH

Households with an unmet need in the WASH sector:
26.8%

Main reported sources of drinking water, per population group:

⋏ Non-displaced		⋏ IDPs		⋏ Returnees	
91.0%	Public network	91.4%	Public network	80.0%	Public network
4.4%	Bottled water	8.6%	Protected well	18.0%	Protected well
1.6%	Water trucking	0.0%	Bottled water	1.0%	Don't know

Top 3 reported types of water treatment[7]:

No treatment methods used	82.4%
Water filters	13.4%
Boiling water	4.0%

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

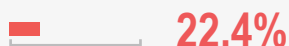| Non-displaced	IDPs	Returnees
24.4%	26.9%	30.0%

41.2% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

37.6% of HHs reported that hygiene items were too expensive to afford.

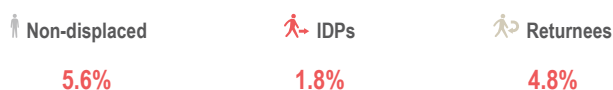**52.8%** of HHs reported that hygiene items were unavailable in the markets.

EDUCATION

Households with an unmet need in the education sector:

22.4%

**73.4%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
5.6%	1.8%	4.8%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Limited access to transport or fuel	Displaced from area, where the initial school was	Displaced from area, where the initial school was
2	Poor performance or dismissed	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers
3	No quality education or lack of qualified teachers	Can't afford school fees	Health reasons (disability, chronic disease, etc)

% of HHs with school-aged children attending non-formal educational programmes:

20.4%	Remedial classes
4.7%	Catch-up classes
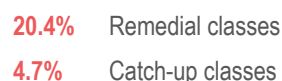
33.5% of HHs having lost documentation reported it affected their access to education.[6]
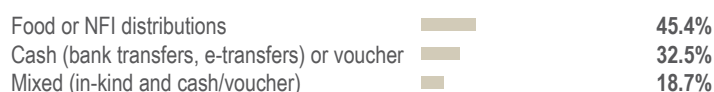
ASSISTANCE

22.0% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
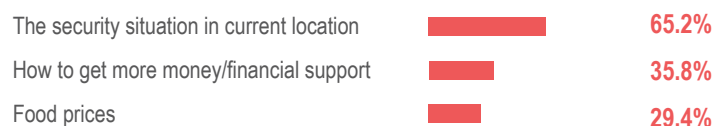
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

In-kind	80.1%
Mixed (in-kind and cash/voucher)	13.8%
Cash or voucher	12.1%

Preferred in the future:

Food or NFI distributions	45.4%
Cash (bank transfers, e-transfers) or voucher	32.5%
Mixed (in-kind and cash/voucher)	18.7%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	65.2%
How to get more money/financial support	35.8%
Food prices	29.4%

1 Libya Humanitarian Needs Overview, OCHA, 2018
2 UNSMIL, Human Rights Report on Civilian Casualties, 2018
3 https://www.unocha.org/middle-east-and-north-africa-romena/libya
4 Libya Humanitarian Needs Overview, OCHA, 2018
5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Due to limited sample size for this indicator, results are indicative and not representative
7 Multiple responses could be selected
8 Calculated using WFP CARI methodology, detailed here.
9 Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10 Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12 Calculated based on HHs who receive an income
13 Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.
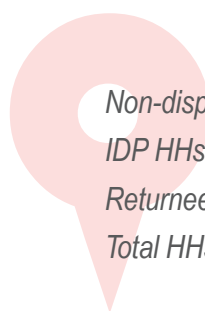
Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Wadi Ashshati
Non-displaced HHs	2,449	130
IDP HHs	1,691	74
Returnees HHs	1,212	32
Total HHs	5,352	236

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector		**55.8%**
2 sectors		**25.3%**
3 sectors		**3.1%**
4 sectors		**0.3%**
5 sectors		**0.1%**
6 sectors		**0.0%**

HHs with an unmet need, per sector:

Food security	**0.3%**
Health	**52.3%**
Shelter and NFIs	**1.2%**
Protection	**12.5%**
WASH	**4.9%**
Education	**45.6%**
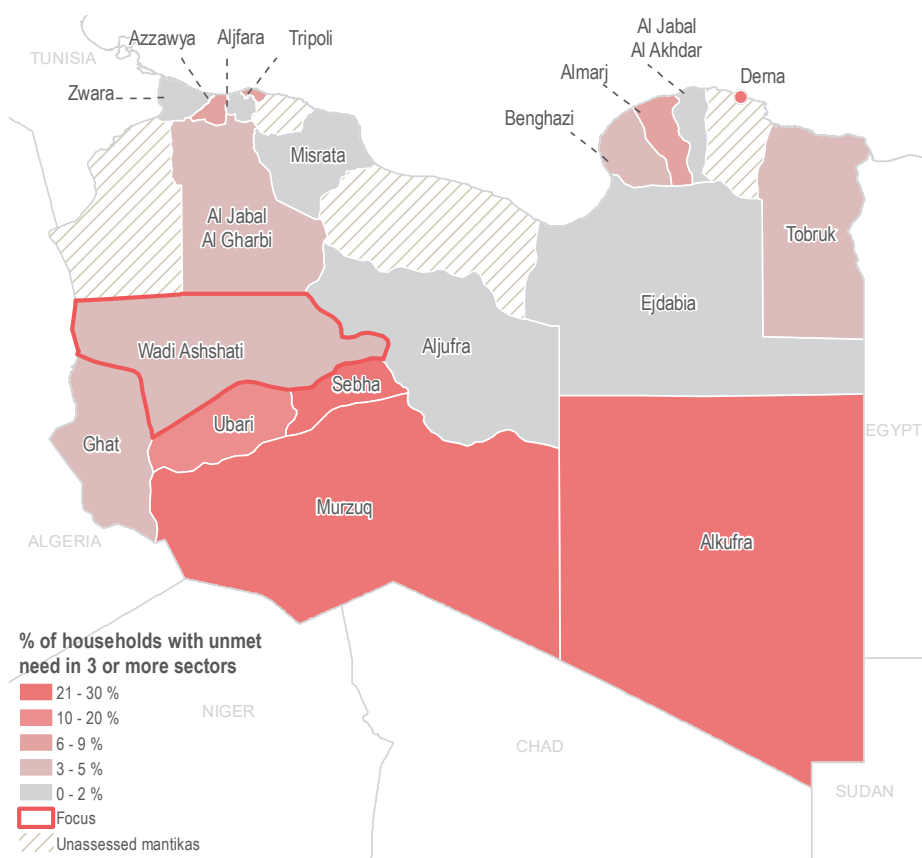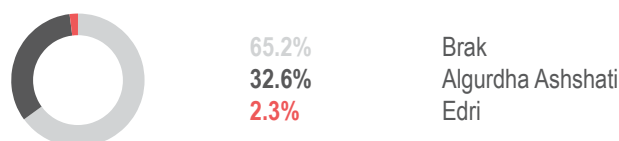
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

65.2%	Brak
32.6%	Algurdha Ashshati
2.3%	Edri

% of HHs hosting displaced persons, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0.7%	**5.4%**	**3.1%**
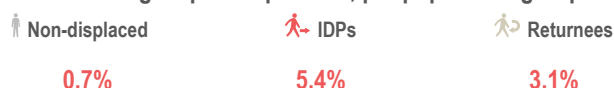
0.8% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3.9** persons[6].

27.7% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

	🧍 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	**7.6%**	**7.1%**	**6.9%**
6-14	**18.8%**	**22.6%**	**20.8%**
15-17	**18.3%**	**19.0%**	**19.5%**
18-64	**49.4%**	**47.5%**	**48.7%**
65+	**5.8%**	**3.8%**	**4.1%**

% of HHs reporting the following vulnerable members:
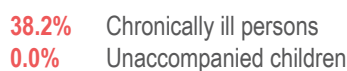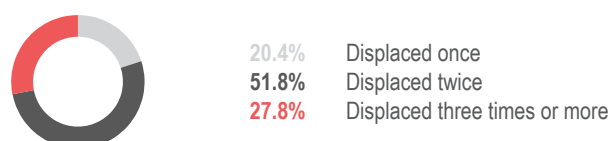
38.2%	Chronically ill persons
0.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

20.4%	Displaced once
51.8%	Displaced twice
27.8%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

25.9%	Ubari
22.4%	Misrata
14.8%	Al Jabal Al Gharbi
36.9%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 **IDPs**

Insecurity or conflict in the area of origin	**83.8%**
Threats of violence against HH	**56.8%**
Dwelling being destroyed	**12.2%**

🚶 **Returnees**

Insecurity or conflict in the area of origin	**46.9%**
Dwelling being destroyed	**25.0%**
Problems accessing healthcare	**21.9%**

Main reasons for IDP HHs not to return to their area of origin:

1. Threats of violence against HH
2. Insecurity or conflict in the area of origin
3. Dwelling being destroyed

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 **IDPs**

Safer environment	**86.5%**
More economic opportunities	**37.8%**
More economic opportunities	**37.8%**

🚶 **Returnees**

Safer environment	**71.9%**
Presence of HH's community	**59.4%**
Presence of friends or family	**34.4%**

Top 3 reported problems faced upon return to area of origin:

1. Basic services at community level no longer working (health facilities, schools,…)
2. Lack of security in area
3. House or property occupied by other persons

🍲 FOOD SECURITY

Households with an unmet need in the food security sector:
0.3%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	40.5%	21.2%	0.0%
Marginally food insecure	56.3%	60.6%	81.3%
Moderately food insecure	3.2%	16.7%	15.6%
Severely food insecure	0.0%	1.5%	3.1%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	89.2%	75.7%	78.1%
Market (cheque)	77.7%	36.5%	59.4%
Market (debt)	40.0%	43.2%	71.9%
Own production	48.5%	21.6%	9.4%
Borrowing from relatives	0.0%	1.4%	6.3%
Aid assistance	0.0%	2.7%	6.3%
Gifts from relatives	7.7%	32.4%	25.0%
Zakat[9]	3.1%	27.0%	12.5%
Work or barter for food	2.3%	5.4%	0.0%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	Non-displaced	IDPs	Returnees
Average rCSI	6	8.6	12
Low use of coping strategies (0-3)	49.2%	35.1%	40.6%
Medium use of coping strategies (4-9)	26.2%	37.8%	15.6%
High use of coping strategies (10+)	24.6%	27.0%	43.8%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

2.2	Rely on less preferred, less expensive food	2.0	Reduce the size of portions or meals
0.3	Borrow food or rely on help from relatives	0.2	Reduce the quantity consumed by adults so children could eat
0.6	Reduce the number of meals eaten per day		

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

63.3%	None
6.1%	Stress strategies
24.2%	Crisis strategies
6.4%	Emergency strategies
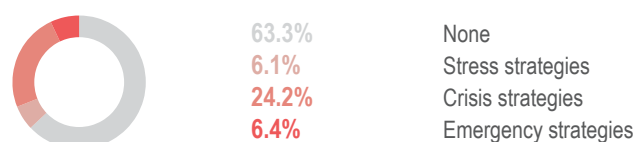
61.1% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:
52.3%

25.2% of HHs reported needing healthcare in the 15 days prior to data collection.

90.4% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6] [7]:

Non-displaced		IDPs		Returnees	
88.1%	Lack of medical staff	66.1%	Lack of medical staff	79.3%	Lack of medical staff
75.5%	Lack of medical supplies	55.4%	Distance too long to health center	51.7%	Distance too long to health center
33.8%	No or lack of money to pay for care	41.1%	Lack of medical supplies	51.7%	Lack of medical supplies

0.1% of HHs reported travelling for more than one hour to access the nearest health service provider.

10.2% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	38.3%	33.8%	46.9%
Mental disorder	3.2%	0.0%	0.0%
Physical disability	0.0%	0.0%	3.1%

Main chronic diseases reported by HHs[6] [11]:

Diabetes		84.0%
Blood pressure		52.2%
Joint pain (arthritis)		36.6%

100.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
900 LYD	900 LYD	1000 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	6.4%
Salaried work	0.0%
Government salary	85.2%
Remittances	6.3%
Casual labour	0.0%
Government social benefits	1.0%
Support from family and friends	0.3%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.8%

89.6% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
98.5%	Unable to withdraw enough money from bank account	90.8%	Unable to withdraw enough money from bank account	84.4%	Unable to withdraw enough money from bank account
67.6%	Salary or wages not paid regularly	69.2%	Salary or wages not paid regularly	68.8%	Salary or wages not paid regularly
65.2%	No currently functioning banks/financial institutions in area	61.5%	No currently functioning banks/financial institutions in area	40.6%	No currently functioning banks/financial institutions in area

Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
44.9%	Hard cash (LYD)	**36.5%**	Bank transfers	**40.6%**	Bank transfers
31.6%	Bank transfers	**36.5%**	Bank transfers	**37.5%**	Hard cash (LYD)
23.5%	Cheques	**27.0%**	Cheques	**18.8%**	Cheques

75.7% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	**0.0%**	**0.0%**	**0.0%**
300 - 599 LYD	**23.3%**	**62.5%**	**50.0%**
600 - 999 LYD	**51.9%**	**25.0%**	**41.7%**
> 1000 LYD	**24.8%**	**12.5%**	**8.3%**

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Transportation too expensive
3. Damage to marketplace

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

1.2%

% of HHs reported living in each shelter type:

- **93.1%** House
- **4.7%** Apartment
- **1.2%** Don't want to answer

% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	IDPs	Returnees
Ownership	**90.9%**	**14.9%**	**43.8%**
Rental (with written contract)	**0.6%**	**2.7%**	**0.0%**
Rental (with verbal agreement)	**8.5%**	**70.3%**	**40.6%**
Being hosted for free	**0.0%**	**6.8%**	**15.6%**
Squatting (without consent of owner)	**0.0%**	**5.4%**	**0.0%**
Housing provided by public authority	**0.0%**	**0.0%**	**0.0%**

% of housing with reported damage[13], per population group:

	Non-displaced	IDPs	Returnees
No damage	**79.0%**	**48.6%**	**50.0%**
Light damage	**18.7%**	**28.4%**	**15.6%**
Medium damage	**1.6%**	**16.2%**	**25.0%**
Heavy damage	**0.0%**	**5.4%**	**9.4%**
Destroyed	**0.8%**	**1.4%**	**0.0%**

HHs threatened with eviction in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
0.0%	**6.8%**	**3.1%**

1.6% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	**0.0%**
3-5h	**60.2%**
6-8h	**39.7%**
9-11h	**0.0%**
12-14h	**0.0%**
> 14h	**0.0%**

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% of HHs reporting having access to vehicle fuel:

0.5%	Regular access	
94.6%	Irregular access	
0.0%	No access	
4.9%	No use or no need	

% of HHs reporting having access to cooking fuel:

0.5%	Regular access
99.5%	Irregular access
0.0%	No access
0.0%	No use or no need
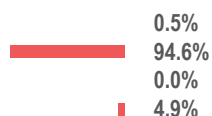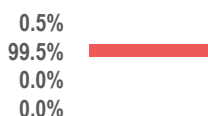
2.6% of HHs reported irregular or no access to heating fuel when required.

🤲 PROTECTION

Households with an unmet need in the protection sector:

12.5%

12.1% of HHs reported presence of explosive hazards in their currrent area of residence.

0.8% of HHs reported having family member harmed as a result of UXO.

5.6% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

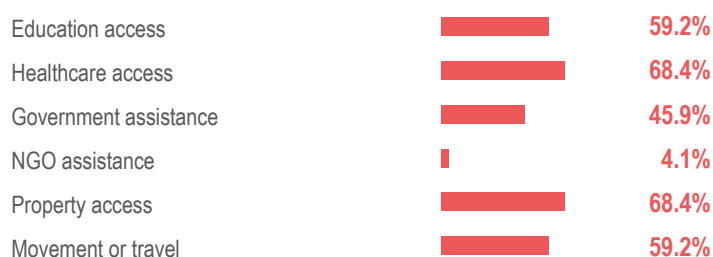**Of HHs having received information on hazards from UXO, reported sources of information[6][7]:**

1. Posters, flyers or other printed material
2. Community representative
3. School

% of HHs having lost ID or other documentation during the conflict, per population group:

🧍 Non-displaced	🚶 IDPs	🏃 Returnees
0.0%	13.5%	6.3%

81.6% of HHs having lost ID or other documentation had reapplied for new documentation[6].

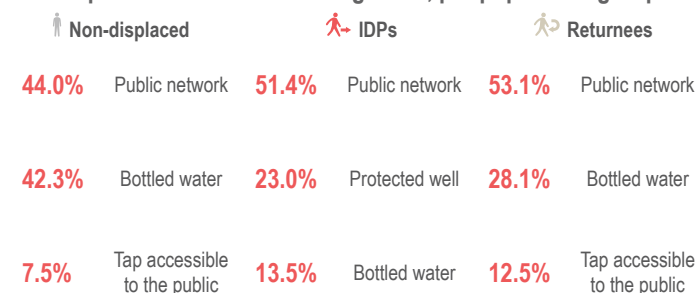**Of HHs having lost documentation, reported challenges due to lack of documentation[6][7]:**

Education access	59.2%
Healthcare access	68.4%
Government assistance	45.9%
NGO assistance	4.1%
Property access	68.4%
Movement or travel	59.2%

2.7% of HHs reported having a missing family member.

🚰 WASH

Households with an unmet need in the WASH sector:

4.9%

Main reported sources of drinking water, per population group:

🧍 Non-displaced		🚶 IDPs		🏃 Returnees	
44.0%	Public network	51.4%	Public network	53.1%	Public network
42.3%	Bottled water	23.0%	Protected well	28.1%	Bottled water
7.5%	Tap accessible to the public	13.5%	Bottled water	12.5%	Tap accessible to the public

Top 3 reported types of water treatment[7]:

No treatment methods used	73.9%
Water filters	24.8%
Boiling water	0.5%

REACH Informing more effective humanitarian action

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

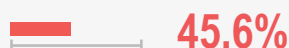| Non-displaced	IDPs	Returnees
4.9%	6.8%	3.1%
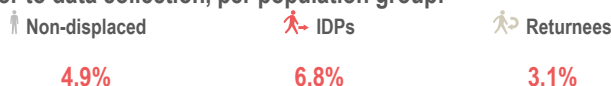
64.5% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

35.4% of HHs reported that hygiene items were too expensive to afford.

📖 EDUCATION

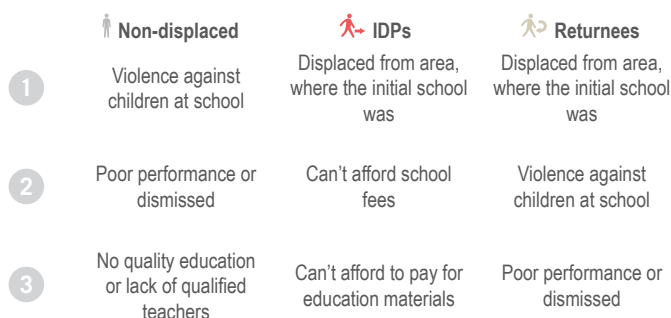**Households with an unmet need in the education sector:**

45.6%

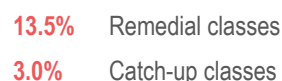**75.8%** of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
1.9%	3.5%	18.2%

Main reasons for not regularly attending school or having dropped out of school[6][7]:

	Non-displaced	IDPs	Returnees
1	Violence against children at school	Displaced from area, where the initial school was	Displaced from area, where the initial school was
2	Poor performance or dismissed	Can't afford school fees	Violence against children at school
3	No quality education or lack of qualified teachers	Can't afford to pay for education materials	Poor performance or dismissed

% of HHs with school-aged children attending non-formal educational programmes:

13.5%	Remedial classes
3.0%	Catch-up classes

59.2% of HHs having lost documentation reported it affected their access to education.[6]

✳ ASSISTANCE

2.6% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.
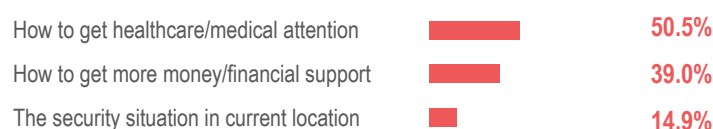
Modality of assistance:

Received in the 6 months prior to data collection[6][7]:

In-kind	57.6%
Mixed (in-kind and cash/voucher)	40.3%
Cash or voucher	2.1%

Preferred in the future:

Do not wish to receive assistance	41.1%
Mixed (in-kind and cash/voucher)	23.5%
Food or NFI distributions	20.4%

Top 3 types of information HHs would like to receive from aid providers[7]:

How to get healthcare/medical attention	50.5%
How to get more money/financial support	39.0%
The security situation in current location	14.9%

1	Libya Humanitarian Needs Overview, OCHA, 2018
2	UNSMIL, Human Rights Report on Civilian Casualties, 2018
3	https://www.unocha.org/middle-east-and-north-africa-romena/libya
4	Libya Humanitarian Needs Overview, OCHA, 2018
5	Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6	Due to limited sample size for this indicator, results are indicative and not representative
7	Multiple responses could be selected
8	Calculated using WFP CARI methodology, detailed here.
9	Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10	Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings. Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset. Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11	Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12	Calculated based on HHs who receive an income
13	Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

Multi-Sector Needs Assessment (MSNA)

CONTEXT AND METHODOLOGY

As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified in the 2018 Humanitarian Needs Overview (HNO) are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Zwara
Non-displaced HHs	2,449	135
IDP HHs	1,691	94
Returnees HHs	1,212	104
Total HHs	5,352	333

SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector	**9.8%**
2 sectors	**3.3%**
3 sectors	**0.5%**
4 sectors	**0.0%**
5 sectors	**0.0%**
6 sectors	**0.0%**

HHs with an unmet need, per sector:

Food security	**2.3%**
Health	**2.0%**
Shelter and NFIs	**9.9%**
Protection	**2.9%**
WASH	**0.2%**
Education	**0.0%**
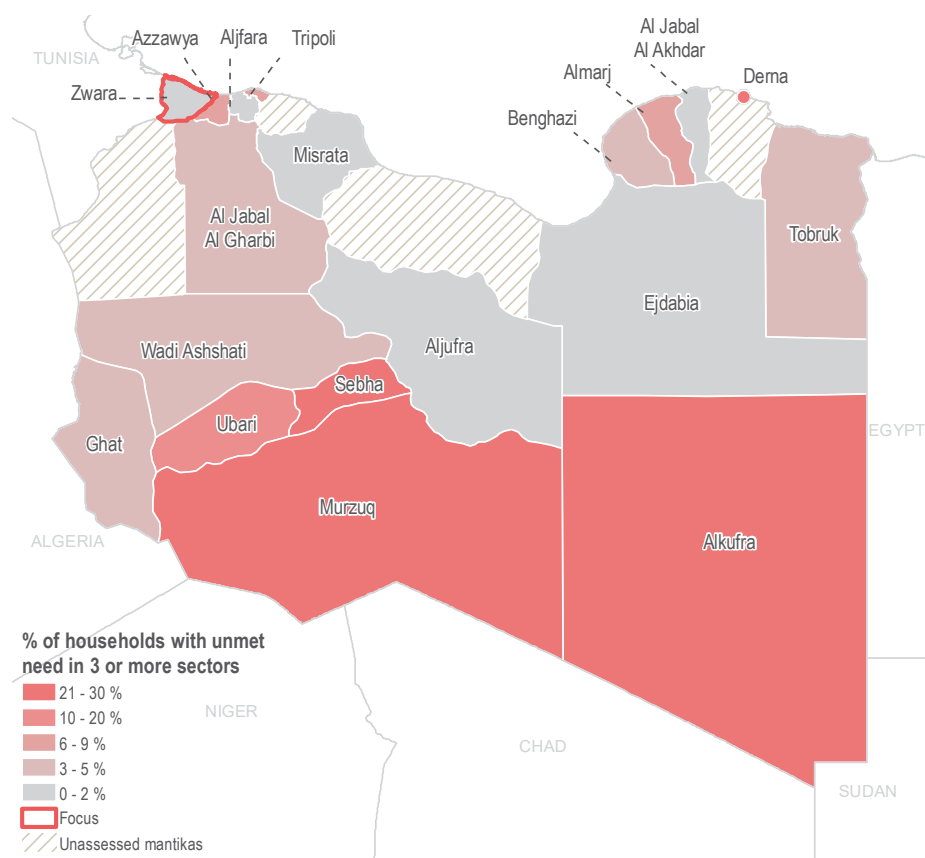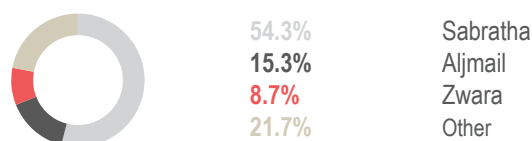
% of households with unmet need in 3 or more sectors
- 21 - 30 %
- 10 - 20 %
- 6 - 9 %
- 3 - 5 %
- 0 - 2 %
- Focus
- Unassessed mantikas

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👪 DEMOGRAPHICS

Proportion of assessed households by baladiya:

54.3%	Sabratha
15.3%	Aljmail
8.7%	Zwara
21.7%	Other

% of HHs hosting displaced persons, per population group:

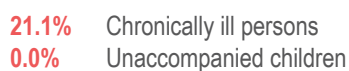| 👤 Non-displaced	🚶 IDPs	🚶 Returnees
0.8%	0.0%	1.0%

0.8% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **1.9** persons[6].

5.2% of head of households (HoHs) were above 65 years old.
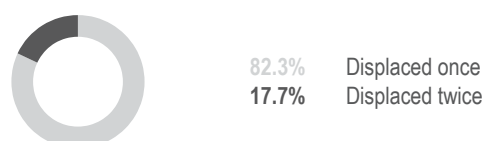
Age distribution of HH members per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
0-5	4.7%	5.5%	4.3%
6-14	18.8%	13.0%	16.2%
15-17	18.4%	15.7%	25.4%
18-64	56.5%	63.0%	51.6%
65+	1.6%	2.8%	2.5%

% of HHs reporting the following vulnerable members:

21.1%	Chronically ill persons
0.0%	Unaccompanied children

👪 DISPLACEMENT

% of HHs by number of times displaced:

82.3%	Displaced once
17.7%	Displaced twice

Top 3 mantikas of origin of IDPs:

82.4%	Zwara
5.8%	Sirt
2.9%	Aljfara
8.9%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

🚶 IDPs

Insecurity or conflict in the area of origin	94.7%
Threats of violence against HH	58.5%
Evicted from dwelling	8.5%

🚶 Returnees

Insecurity or conflict in the area of origin	99.0%
No opportunity for work	11.5%
Presence of explosive hazards	2.9%

Main reasons for IDP HHs not to return to their area of origin:
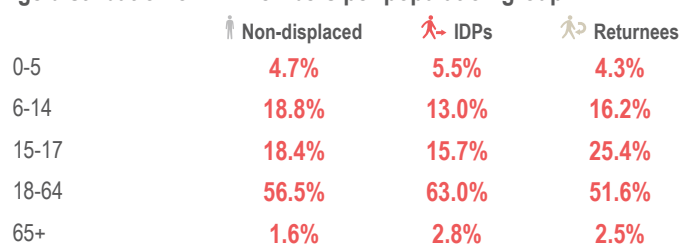
1. Insecurity or conflict in the area of origin
2. Threats of violence against HH
3. No opportunity for work

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

🚶 IDPs

Presence of friends or family	83.0%
Cheaper rent prices in chosen area	44.7%
More economic opportunities	37.2%

🚶 Returnees

End of conflict	81.7%
Own property in chosen area	23.1%
Presence of friends or family	21.2%

Top 3 reported problems faced upon return to area of origin:

1. Lack of security in area
2. Valuables in house or property missing
3. Parts of house or property destroyed

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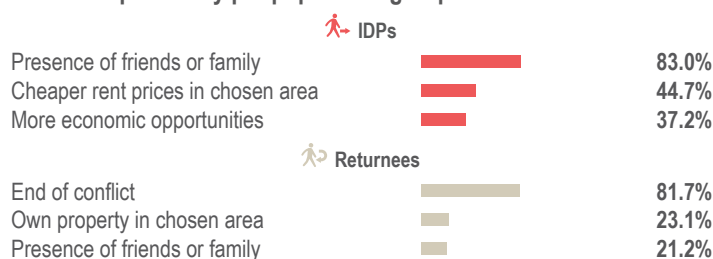
🍲 FOOD SECURITY

Households with an unmet need in the food security sector:

2.3%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Food secure	0.0%	2.1%	3.8%
Marginally food insecure	70.4%	56.4%	53.8%
Moderately food insecure	29.6%	41.5%	42.3%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Market (cash)	81.5%	93.6%	91.3%
Market (cheque)	100.0%	100.0%	100.0%
Market (debt)	48.9%	27.7%	7.7%
Own production	4.4%	0.0%	3.8%
Borrowing from relatives	0.0%	0.0%	0.0%
Aid assistance	0.0%	0.0%	0.0%
Gifts from relatives	1.5%	1.1%	0.0%
Zakat[9]	0.0%	0.0%	0.0%
Work or barter for food	63.0%	73.4%	95.2%

Average Reduced Coping Strategy Index (rCSI) per population group[8]:

	👤 Non-displaced	🚶 IDPs	🚶 Returnees
Average rCSI	5.4	4.7	7.2
Low use of coping strategies (0-3)	18.5%	40.4%	28.8%
Medium use of coping strategies (4-9)	75.6%	56.4%	38.5%
High use of coping strategies (10+)	5.9%	3.2%	32.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

3.1	Rely on less preferred, less expensive food	0.7	Reduce the size of portions or meals
0.4	Borrow food or rely on help from relatives	0.3	Reduce the quantity consumed by adults so children could eat
0.1	Reduce the number of meals eaten per day		

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

2.1%	None
0.9%	Stress strategies
96.2%	Crisis strategies
0.8%	Emergency strategies
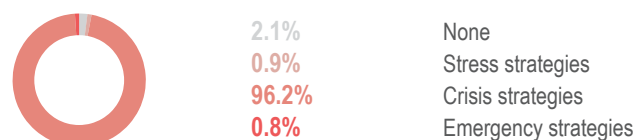
5.1% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

⚕ HEALTH

Households with an unmet need in the health sector:

2.0%

31.1% of HHs reported needing healthcare in the 15 days prior to data collection.

93.6% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6][7]:

Non-displaced		IDPs		Returnees	
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

0.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

1.6% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	21.2%	16.0%	20.2%
Mental disorder	0.0%	0.0%	0.0%
Physical disability	0.0%	0.0%	0.0%

Main chronic diseases reported by HHs[6][11]:

Blood pressure	75.0%
Diabetes	39.3%
Heart disease	8.1%

100.0% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

💰 CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
900 LYD	850 LYD	750 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	0.0%
Salaried work	0.0%
Government salary	100.0%
Remittances	0.0%
Casual labour	0.0%
Government social benefits	0.0%
Support from family and friends	0.0%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.0%

100.0% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
88.2%	Unable to withdraw enough money from bank account	94.0%	Unable to withdraw enough money from bank account	99.0%	Unable to withdraw enough money from bank account
50.8%	Salary or wages not paid regularly	21.7%	Salary or wages not paid regularly	12.5%	Salary or wages not paid regularly
30.1%	No currently functioning banks/financial institutions in area	3.6%	No currently functioning banks/financial institutions in area	1.0%	Lack of work opportunity

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Main reported modalities for HH expenditure, per population group[7]:

👤 Non-displaced		🏃 IDPs		🏃 Returnees	
70.1%	Hard cash (LYD)	**80.9%**	Hard cash (LYD)	**83.7%**	Hard cash (LYD)
17.6%	Credit or debit card	**12.8%**	Cheques	**7.7%**	Credit or debit card
12.3%	Cheques	**6.4%**	Credit or debit card	**6.7%**	Cheques

18.6% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
< 300 LYD	**0.0%**	**2.4%**	**0.0%**
300 - 599 LYD	**48.6%**	**80.5%**	**57.6%**
600 - 999 LYD	**47.2%**	**13.4%**	**42.4%**
> 1000 LYD	**4.2%**	**3.7%**	**0.0%**

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. -
3. -

🏠 SHELTER AND NFIs

Households with an unmet need in the shelter sector:

9.9%

% of HHs reported living in each shelter type:

63.5%	House
36.4%	Apartment
0.1%	Unfinished room(s)

% of HHs reported living in each shelter occupancy arrangement, per population group:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
Ownership	**54.5%**	**58.5%**	**71.2%**
Rental (with written contract)	**21.2%**	**26.6%**	**23.1%**
Rental (with verbal agreement)	**24.2%**	**14.9%**	**5.8%**
Being hosted for free	**0.0%**	**0.0%**	**0.0%**
Squatting (without consent of owner)	**0.0%**	**0.0%**	**0.0%**
Housing provided by public authority	**0.0%**	**0.0%**	**0.0%**

% of housing with reported damage[13], per population group:

	👤 Non-displaced	🏃 IDPs	🏃 Returnees
No damage	**39.9%**	**24.5%**	**16.3%**
Light damage	**48.5%**	**59.6%**	**41.3%**
Medium damage	**11.4%**	**14.9%**	**41.3%**
Heavy damage	**0.1%**	**1.1%**	**1.0%**
Destroyed	**0.0%**	**0.0%**	**0.0%**

HHs threatened with eviction in the 6 months prior to data collection, per population group:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
0.7%	**0.0%**	**1.0%**

67.7% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	**0.0%**
3-5h	**0.1%**
6-8h	**70.5%**
9-11h	**29.3%**
12-14h	**0.0%**
> 14h	**0.0%**

% of HHs reporting having access to vehicle fuel:
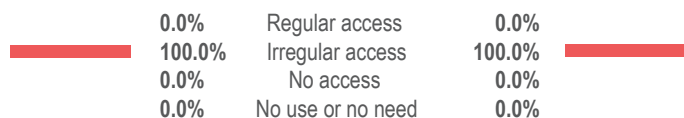
0.0%	Regular access
100.0%	Irregular access
0.0%	No access
0.0%	No use or no need

% of HHs reporting having access to cooking fuel:

0.0%	Regular access
100.0%	Irregular access
0.0%	No access
0.0%	No use or no need

0.0% of HHs reported irregular or no access to heating fuel when required.

% of HHs having lost ID or other documentation during the conflict, per population group:

Non-displaced	IDPs	Returnees
0.0%	0.0%	0.0%

1.4% of HHs reported having a missing family member.

PROTECTION

Households with an unmet need in the protection sector:

2.9%
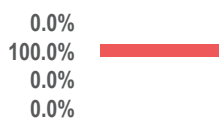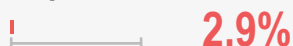
0.0% of HHs reported presence of explosive hazards in their currrent area of residence.

2.0% of HHs reported having family member harmed as a result of UXO.

37.1% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6][7]:
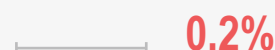
1. Conventional media
2. Social media
3. School

WASH

Households with an unmet need in the WASH sector:

0.2%

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
100.0%	Bottled water	100.0%	Bottled water	99.0%	Bottled water
-	-	-	-	1.0%	Water trucking
-	-	-	-	-	-

Top 3 reported types of water treatment[7]:

No treatment methods used   **100.0%**

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% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced	IDPs	Returnees
0.1%	2.1%	0.0%

50.7% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

0.0% of HHs reported that hygiene items were too expensive to afford.

EDUCATION
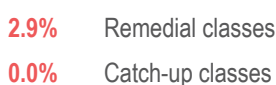
Households with an unmet need in the education sector:
0.0%

100.0% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
0.0%	0.0%	0.0%

% of HHs with school-aged children attending non-formal educational programmes:

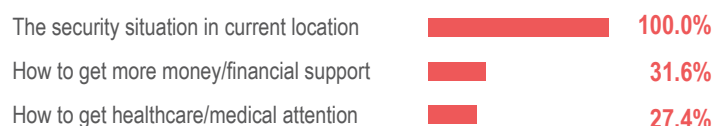| 2.9%	Remedial classes
0.0%	Catch-up classes

ASSISTANCE

0.0% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

Preferred in the future:

Mixed (in-kind and cash/voucher)	51.0%
Food or NFI distributions	0.1%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	100.0%
How to get more money/financial support	31.6%
How to get healthcare/medical attention	27.4%

1 Libya Humanitarian Needs Overview, OCHA, 2018
2 UNSMIL, Human Rights Report on Civilian Casualties, 2018
3 https://www.unocha.org/middle-east-and-north-africa-romena/libya
4 Libya Humanitarian Needs Overview, OCHA, 2018
5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Due to limited sample size for this indicator, results are indicative and not representative
7 Multiple responses could be selected
8 Calculated using WFP CARI methodology, detailed here.
9 Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10 Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12 Calculated based on HHs who receive an income
13 Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; Lack of medical staff; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

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