Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
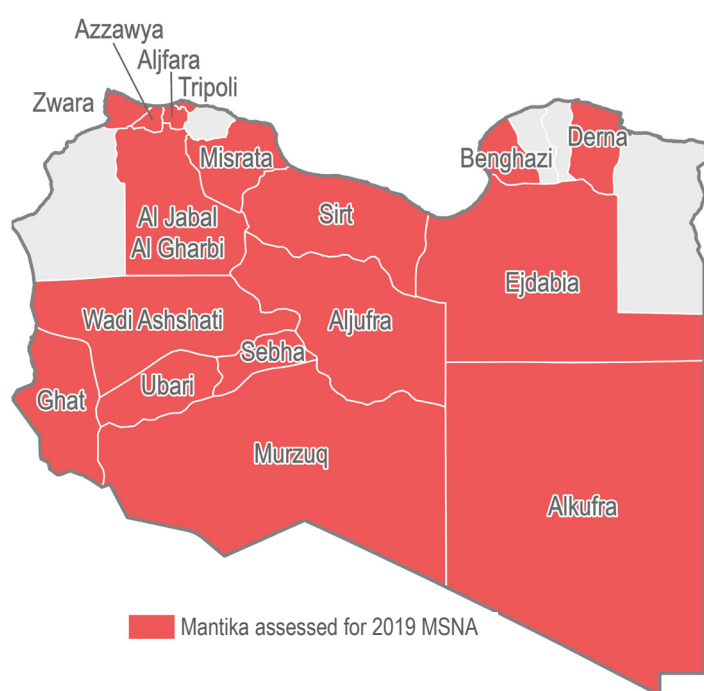
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- Non-displaced:	**114**
- IDP:	**109**
- Returnee:	**112**
- Total:	**335**

Average household size: 5

Proportion of female-headed households: 9%

Demographics

Female		Age	Male	
	47%	Overall	53%	
	2%	65+	2%	
	26%	18-64	30%	
	5%	0-17	21%	

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
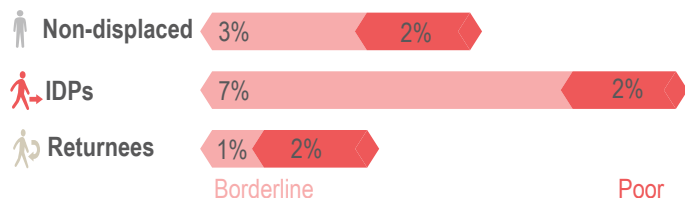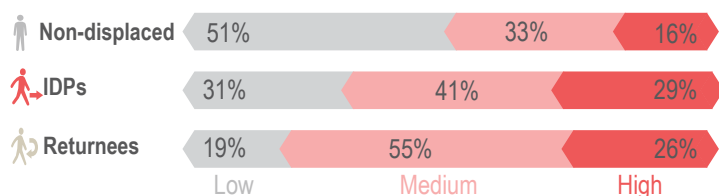
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FOOD SECURITY

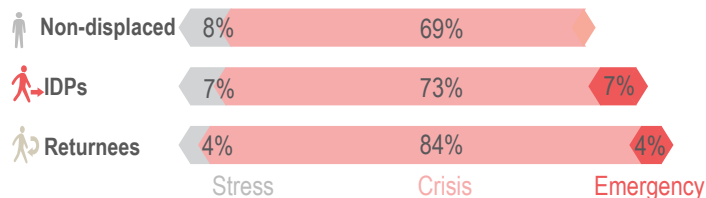**% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:**

	Borderline	Poor
Non-displaced	3%	2%
IDPs	7%	2%
Returnees	1%	2%

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

	Low	Medium	High
Non-displaced	51%	33%	16%
IDPs	31%	41%	29%
Returnees	19%	55%	26%

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

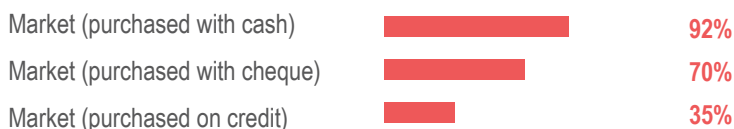|	Stress	Crisis	Emergency
Non-displaced	8%	69%	
IDPs	7%	73%	7%
Returnees	4%	84%	4%

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (79%) most commonly reported doing so to be able to*:

Pay for other basic needs	69%
Accessing food	65%
Paying for healthcare	50%
Paying for education	11%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	92%
Market (purchased with cheque)	70%
Market (purchased on credit)	35%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	11%
Livestock rearing	33%
Fishing	4%

29 Of HHs that were engaged in crop production during the assessment (11%), **29%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Had to leave land due to displacement	95%
Crops stolen/seized/destroyed	10%
Unable to access or afford land	5%
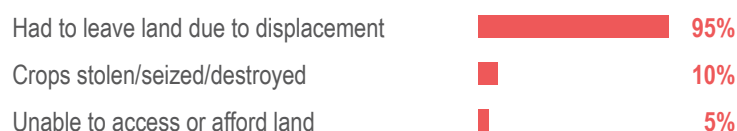
53 Of HHs that were engaged in livestock rearing during the assessment (33%), **53%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Access to fodder/pasture	59%
Other	38%
Sell/slaughter for own consumption	21%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Al Jabal Al Gharbi

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

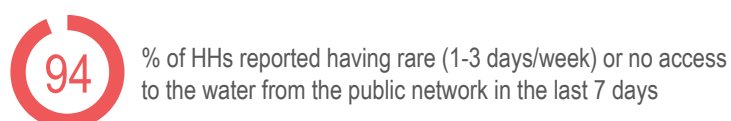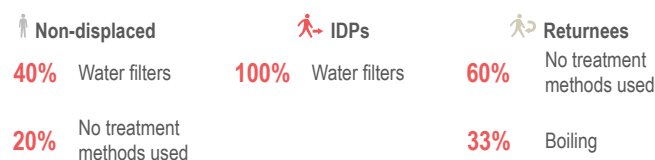| Source	%
Public network	3%
Bottled water	52%
Water trucking	31%
Other	14%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
30%	20%	32%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	96%	96%	86%
Taste is not good	4%	3%	14%
Water is discoloured	0%	0%	0%

Most commonly-reported water treatment method per population group:

Non-displaced	IDPs	Returnees
40% Water filters	100% Water filters	60% No treatment methods used
20% No treatment methods used		33% Boiling

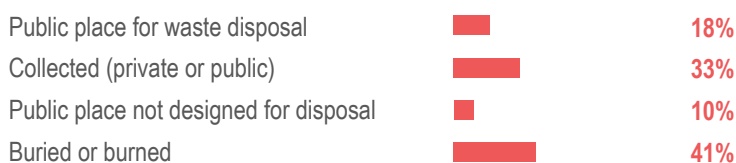**94** % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

🚾 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Type	%
Flush toilet	83%
Pour toilet	17%

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Method	%
Public place for waste disposal	18%
Collected (private or public)	33%
Public place not designed for disposal	10%
Buried or burned	41%

Among the HHs not having their waste collected (67%), reported distance to the trash disposal point:

Distance	%
0 - 200 m	26%
201 - 400 m	12%
401 m or more	62%

Among the HHs having their waste collected (33%), frequency of trash collection:

Frequency	%
More than once per week	15%
Once per week	44%
Once every two weeks	24%
Once per month	17%

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
11%	18%	11%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Soap (liquid and bar)
2. Toothpaste
3. Shampoo
4. Disinfectant
5. Dishwashing liquid
6. Clean toothbrushes

Among HHs unable to purchase required hygiene items (12%), most commonly reported reason*:

Reason	%
Too expensive	77%
Quality not good	2%
Not available in the market	2%
Can't reach the market	0%

* HHs could select multiple answers

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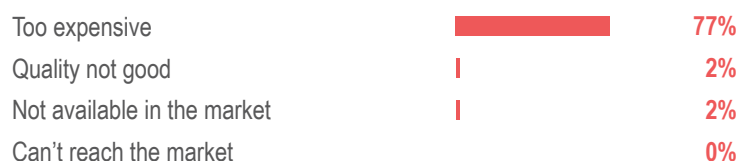
ACCESS TO HEALTHCARE

49 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
52%	Lack of medical staff in general	54%	Lack of medical staff in general	60%	Distance to health facilities is too far
35%	No available health facilities that can accept new patients	32%	No available health facilities that can accept new patients	51%	Health facilities have been damaged or destroyed
27%	Distance to health facilities is too far	30%	Lack of medical supplies	13%	No available health facilities that can accept new patients

Reported travel time by car to the nearest health service provider:

< 15 minutes	58%
15 - 29 minutes	41%
30- 59 minutes	0%
1 hour or more	0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (81%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
42%	40%	36%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	70%
Blood pressure	55%

91 Among HHs with at least 1 member reported to be suffering from a chronic disease (41%), **91%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
4%	1%	3%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (91%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	100%
Psychiatric medicines	92%
In-patient psychiatric care	62%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
4%	2%	4%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (4%) and no or limited access to the health care they need to treat or manage their condition (100%), most commonly-reported services not available*:

Physical therapy and/or rehabilitation	100%
Psychosocial support	3%
Other assistive devices	3%

CHILD DISTRESS

12 Among HHs with minors (81%), **12%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (12%), most commonly-reported changes*:

	For children aged 0-12 years		For children aged 13-17
51%	Clinging, unwilling to let you out of sight	58%	No children in the household aged 13-17
26%	Startled easily	25%	Nightmares or sleep disturbances
26%	Angry or aggressive outbursts	15%	Withdrawn from family and friends

* HHs could select multiple answers

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SHELTER

99 % of HHs reported that they are living in a house or an apartment.

% of HHs reporting living in each shelter occupancy arrangement, per population group:
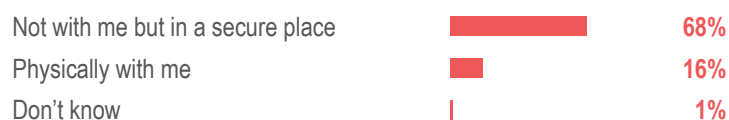
	Non-displaced	IDPs	Returnees
Owned	97%	9%	94%
Rented	2%	41%	2%
Hosted for free	2%	41%	4%
Other	0%	9%	1%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

🧍 Non-displaced	🏃 IDPs	🏃 Returnees
500	500	275

🏠 HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Not with me but in a secure place	68%
Physically with me	16%
Don't know	1%

1% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

NFI NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Radio	70%
Computer	74%
Mobile phone	59%

📱 UTILITIES

Among HHs that reported the public network was their most common source of electricity (98%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

🧍 Non-displaced	🏃 IDPs	🏃 Returnees
11	9	11

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	94%	96%
IDPs	95%	100%
Returnees	78%	93%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

6%	2%
Boys	Girls

Among HHs with children enrolled in school (59%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
35%	Poor quality of teachers	33%	Lack of clean water	15%	Lack of functioning latrines
23%	Lack of functioning latrines	23%	Poor quality of teachers	15%	Lack of clean water
20%	Lack of clean water	17%	Overcrowding	9%	Overcrowding

CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (9%), length of time they have reportedly not been enrolled in school:

Less than 1 month	34%
1 - 3 months	20%
4 - 6 months	2%
More than 6 months	22%
Entire 2018-2019 school year	22%

Among school-aged children who are neither enrolled in nor attending school, top 3 reported reasons, by %*:

Problems with school infrastructure	46%
Problems with safety and security	21%
Other	20%

NON-FORMAL EDUCATION

17 % of HHs with school-aged children (9%) reported that their children were attending **non-formal educational programmes**.

* HHs could select multiple answers

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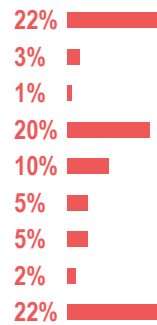
PROTECTION
Al Jabal Al Gharbi

DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by % | **Year that IDP/returnee HHs were initially displaced, by %**

Returnee	Year	IDP
0%	2011	22%
15%	2012	3%
2%	2013	1%
0%	2014	20%
14%	2015	10%
17%	2016	5%
27%	2017	5%
8%	2018	2%
1%	2019	22%
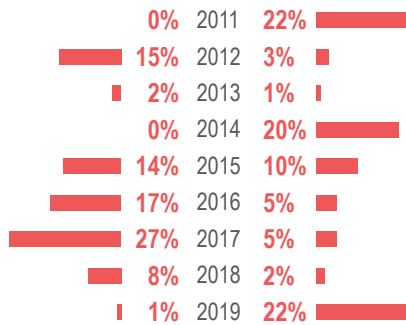
% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
72%	1 time	59%
28%	2 times	34%
0%	3 times	5%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Got evicted from dwelling

Pull factors
1. More secure environment
2. Friends or family living here
3. My tribe is here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Got evicted from dwelling
3. Dwelling destroyed

Pull factors
1. Friends or family living here
2. Conflict is over in my baladiya
3. My tribe is here

FREEDOM OF MOVEMENT

31 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (31%) most commonly reported the following causes of such restrictions:

Activities of armed groups	83%
General violence	11%
Prefer not to answer	6%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
54%	Passport	68%	Passport	74%	Passport
29%	Family books	30%	Family books	35%	National ID card
17%	Property docs	16%	National ID card	33%	Family books

MISSING PEOPLE

4 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

13 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

3 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
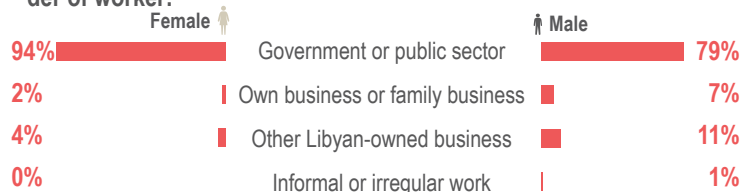
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	46%	15%
Temporary job	3%	6%	2%
Daily labour	4%	4%	22%
Permanent job (gov. payroll) without regular attendance	10%	14%	33%
Children (17 or less)			
Any type of labour	5%	4%	7%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
94%	Government or public sector	79%
2%	Own business or family business	7%
4%	Other Libyan-owned business	11%
0%	Informal or irregular work	1%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	76%	850
Own business income	10%	1000
Salaried work	76%	500
Casual labour	0%	0
Others[1]	1%	250

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:
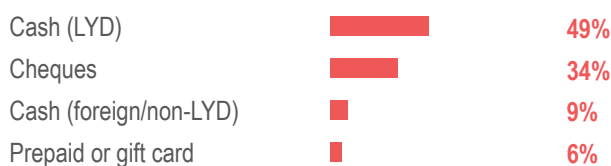
Non-displaced	IDPs	Returnees
51%	71%	55%

Among HHs that reported facing challenges obtaining enough money to meet their needs (53%), main issues reported*:

Unable to withdraw enough money	68%
Salary or wages not regularly paid	54%
Salary or wages too low	39%
Lack of work opportunities	10%
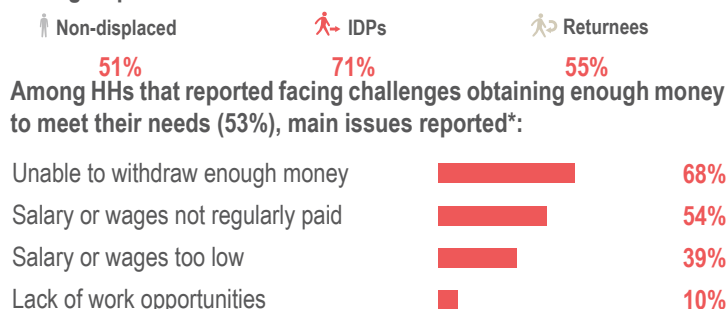
Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	400	200	400
Rent	500	500	275
Shelter maintenance	100	0	0
Water	50	180	0
Non-food HH items	0	50	50
Utilities	0	0	50
Fuel	100	80	60
Health-related expenditures	70	0	0
Education-related expenditures	200	0	0
Transportation	0	0	0
Mobile phone credit	100	40	40
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	0	50

Main reported modality for HH expenditure*:

Cash (LYD)	49%
Cheques	34%
Cash (foreign/non-LYD)	9%
Prepaid or gift card	6%

Reported travel time to nearest market, per population group:

Less than 15 min	58%
15 - 29 min	41%
More than 30 min	0%

89% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

51
1. Fresh fish/meat/eggs
2. Other
3. Fuel

Not available:

32
1. Other
2. Fresh vegetables/fruits
3. Fresh fish/meat/eggs

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

* HHs could select multiple answers

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PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
60%	Access to cash	86%	Access to cash	40%	Electricity or fuel
55%	Food	74%	Food	35%	Access to cash
40%	Medical care	36%	Medical care	31%	Food

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
4%	38%	44%

Among HHs that received humanitarian assistance (9%), most-commonly reported modalities of assistance received*:

Mixed (in-kind and cash/voucher)	56%
In-kind	29%
Cash	17%

59 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **59%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
34%	45%	32%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

TV	36%
Do not receive information	19%
Social media	16%
Community leaders	10%

Top 3 most commonly reported preferred kinds of assistance*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
30%	Cash in hand	33%	Cash in hand	69%	In-kind
27%	In-kind	28%	In-kind	12%	Do not want to receive assistance
17%	Do not want to receive assistance	17%	Mixed (cash and in-kind)	11%	Mixed (cash and in-kind)

FEEDBACK ON ASSISTANCE

9 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
Humanitarian Aid

USAID
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WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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About REACH:
REACH is a program of ACTED. It strenghtens evidence based decision-making by humanitarian actors through efficient data collection, management and analysis in contexts of crisis.
ACTED is an international NGO. Independent, private and non-profit, ACTED respects a strict political and religious impartiality, and operates following principles of non-discrimination, and transparency. Since 2011, ACTED has been providing humanitarian aid and has supported civil society and local governance throughout Libya, from its offices in Tripoli, Sebha and Benghazi.

Multi-Sector Needs Assessment (MSNA) Factsheets

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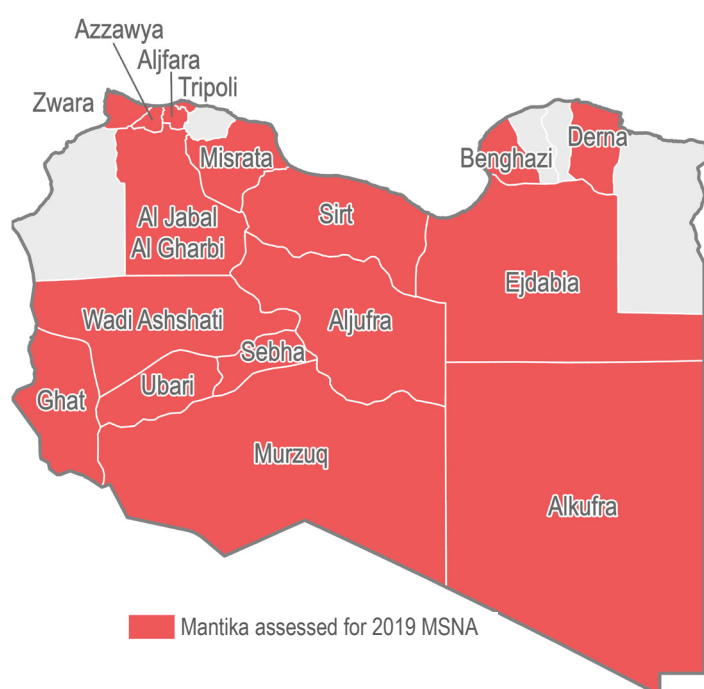
METHODOLOGY

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These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- *Non-displaced:*   **114**
- *IDP:*   **113**
- *Returnee:*   **106**
- *Total:*   **333**

Average household size: 5

Proportion of female-headed households: 2%

Demographics

Female	Age	Male
47%	Overall	53%
2%	65+	1%
29%	18-64	30%
5%	0-17	21%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
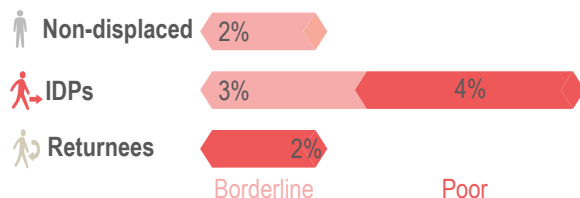[2] IOM DTM Flash Update #14, May 2019
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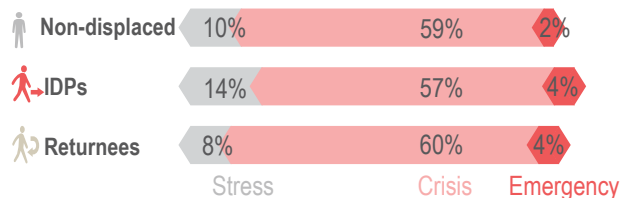
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FOOD SECURITY
Aljfara

💰 FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per populatihon group in the 7 days prior to data collection:

🧍 Non-displaced	2%
🚶 IDPs	3% — 4%
🚶 Returnees	2%

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

🧍 Non-displaced	58%	35%	6%
🚶 IDPs	45%	48%	7%
🚶 Returnees	78%	22%	

Low   Medium   High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

🧍 Non-displaced	10%	59%	2%
🚶 IDPs	14%	57%	4%
🚶 Returnees	8%	60%	4%

Stress   Crisis   Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (72%) most commonly reported doing so to be able to*:

Pay for other basic needs	96%
Accessing food	44%
Paying for healthcare	24%
Paying for shelter	6%

🥣 SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	97%
Market (purchased with cheque)	48%
Own production	14%

🌾 AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	19%
Livestock rearing	17%
Fishing	0%

69 Of HHs that were engaged in crop production during the assessment (19%), **69%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Crops stolen/seized/destroyed	64%
Power cuts	34%
Had to leave land due to displacement	34%

65 Of HHs that were engaged in livestock rearing during the assessment (17%), **65%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Sell/slaughter for own consumption	74%
Animals have been stolen	62%
Animals have died	24%

* HHs could select multiple answers

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💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network		**30%**
Bottled water		**45%**
Water trucking		**10%**
Other		**15%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
5%	**16%**	**5%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	**79%**	**88%**	**96%**
Taste is not good	**21%**	**12%**	**4%**
Water is discoloured	**0%**	**0%**	**0%**

Most commonly-reported water treatment method per population group:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
95%	Water filters	**85%**	Water filters	**50%**	No treatment methods used
5%	No treatment methods used	**15%**	No treatment methods used	**50%**	Water filters

47 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet		**96%**
Pour toilet		**4%**

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal		**49%**
Collected (private or public)		**28%**
Public place not designed for disposal		**16%**
Buried or burned		**10%**

Among the HHs not having their waste collected (72%), reported distance to the trash disposal point:

0 - 200 m		**92%**
201 - 400 m		**6%**
401 m or more		**3%**

Among the HHs having their waste collected (28%), frequency of trash collection:

More than once per week		**27%**
Once per week		**39%**
Once every two weeks		**27%**
Once per month		**7%**

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
6%	**9%**	**0%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Shampoo
3. Dishwashing liquid
4. Baby diapers
5. Sanitary pads
6. Soap (liquid and bar)

Among HHs unable to purchase required hygiene items (6%), most commonly reported reason*:

Too expensive		**100%**
Quality not good		**33%**

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

43 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees
43%	No available health facilities that can accept new patients	46%	No/lack of money to pay for care	57% Health facilities have been damaged or destroyed
41%	Lack of medical staff in general	39%	Lack of medical staff in general	40% No available health facilities that can accept new patients
26%	No/lack of money to pay for care	36%	Lack of medical supplies	37% No/lack of money to pay for care

Reported travel time by car to the nearest health service provider:

< 15 minutes	83%
15 - 29 minutes	17%

1 Average number of minors per HH with vaccination cards (among HHs with minors (77%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
74%	62%	75%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	66%
Blood pressure	52%

50 Among HHs with at least 1 member reported to be suffering from a chronic disease (73%), **50%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
0%	1%	3%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (50%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	100%
Skilled nurses	50%
Psychiatric medicines	50%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
2%	1%	2%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (2%) and no or limited access to the health care they need to treat or manage their condition (100%), most commonly-reported services not available*:

Physical therapy and/or rehabilitation	100%
Psychosocial support	52%
Wheelchair	48%

CHILD DISTRESS

13 Among HHs with minors (77%), **13%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (13%), most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
43%	Changes in appetite or eating habits	43%	Nightmares or sleep disturbances
32%	Nightmares or sleep disturbances	33%	Changes in appetite or eating habits

* HHs could select multiple answers

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SHELTER

100 % of HHs reported that they are living in a house or an apartment.

0% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

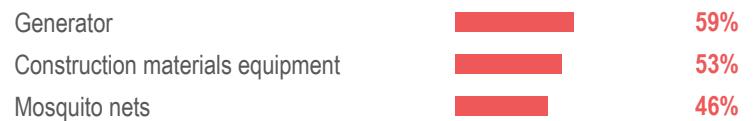**% of HHs reporting living in each shelter occupancy arrangement, per population group:**

	Non-displaced	IDPs	Returnees
Owned	99%	11%	99%
Rented	1%	58%	1%
Hosted for free	0%	29%	0%
Other	0%	2%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
1000	800	250

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Generator	59%
Construction materials equipment	53%
Mosquito nets	46%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (100%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
7	7	5

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	65%
Not with me but in a secure place	32%
We never obtained ownership documents	2%

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	99%	94%
IDPs	97%	99%
Returnees	97%	97%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	0%
Boys	Girls

Among HHs with children enrolled in school (62%), top 3 issues that their children reportedly faced when attending school, by population group*:

	Non-displaced		IDPs		Returnees
34%	Lack of functioning latrines	50%	Lack of functioning latrines	28%	Lack of functioning latrines
27%	Lack of clean water	19%	Bullying/violence from other students (excluding sexual violence or	27%	Lack of clean water
15%	Lack of separate and safe toilets for boys and girls	17%	Overcrowding	15%	Overcrowding

CHILDREN OUT OF SCHOOL

100 % of school-aged children who are neither enrolled in nor attending school (3%), reported not having been enrolled in school for 4 to 6 months.

Among school-aged children who are neither enrolled in nor attending school (3%), top 3 reported reasons, by %*:

Prefer not to answer	67%
Problems with school infrastructure	31%
Don't know	2%

NON-FORMAL EDUCATION

19 % of HHs with school-aged children (3%) reported that their children were attending **non-formal educational programmes**.

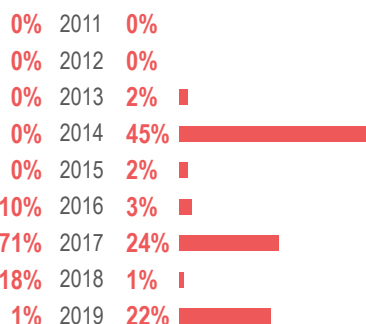* HHs could select multiple answers

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DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee	Year	IDP
0%	2011	0%
0%	2012	0%
0%	2013	2%
0%	2014	45%
0%	2015	2%
10%	2016	3%
71%	2017	24%
18%	2018	1%
1%	2019	22%
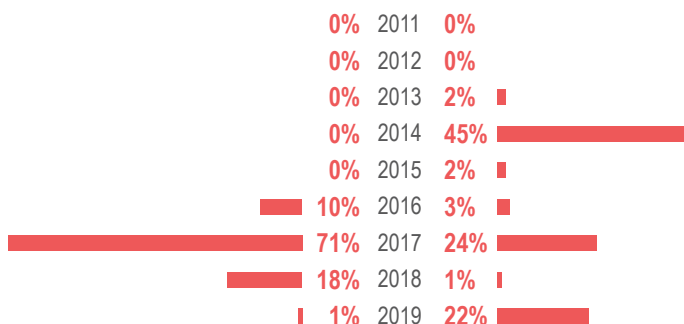
% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
95%	1 time	63%
5%	2 times	36%
0%	3 times	1%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Threat of violence on the household

Pull factors
1. Friends or family living here
2. More secure environment
3. My tribe is here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Got evicted from dwelling

Pull factors
1. Conflict is over in my baladiya
2. Friends or family living here
3. My tribe is here

FREEDOM OF MOVEMENT

32 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (32%) most commonly reported the following causes of such restrictions:

Activities of armed groups	76%
Checkpoints	63%
General violence	42%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
64%	Passport	71%	Certificate nationality	70%	Family books
40%	Family books	58%	Property docs	63%	Property docs
32%	Certificate nationality	58%	Family books	63%	Certificate nationality

MISSING PEOPLE

2 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

13 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

2 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
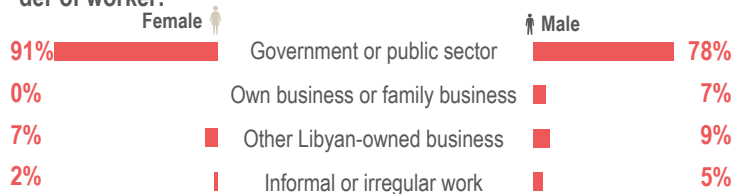
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	48%	60%
Temporary job	3%	4%	4%
Daily labour	4%	6%	7%
Permanent job (gov. payroll) without regular attendance	10%	18%	10%
Children (17 or less)			
Any type of labour	5%	2%	2%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
91%	Government or public sector	78%
0%	Own business or family business	7%
7%	Other Libyan-owned business	9%
2%	Informal or irregular work	5%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	78%	2800
Own business income	14%	1000
Salaried work	78%	2000
Casual labour	2%	400
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
67%	71%	61%

Among HHs that reported facing challenges obtaining enough money to meet their needs (67%), main issues reported*:

Unable to withdraw enough money	95%
Salary or wages not regularly paid	18%
Salary or wages too low	8%
Lack of work opportunities	3%

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	800	400	800
Rent	1000	800	250
Shelter maintenance	0	0	0
Water	15	20	15
Non-food HH items	50	50	55
Utilities	25	0	15
Fuel	65	70	50
Health-related expenditures	180	80	100
Education-related expenditures	0	50	0
Transportation	0	0	0
Mobile phone credit	25	50	35
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	100	0

Main reported modality for HH expenditure*:

Cash (LYD)	79%
Cheques	16%
Prepaid or gift card	2%
Credit or debit card	2%

Reported travel time to nearest market, per population group:

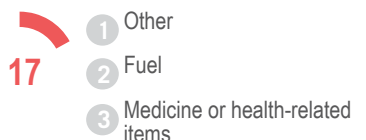| Less than 15 min	83%
15 - 29 min	17%
More than 30 min	0%

99% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

39
1. Fresh fish/meat/eggs
2. Fresh vegetables/fruits
3. Other

Not available:

17
1. Other
2. Fuel
3. Medicine or health-related items

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

* HHs could select multiple answers

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PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced	IDPs	Returnees
94% Access to cash	**97%** Access to cash	**99%** Access to cash
44% Medical care	**63%** Medical care	**54%** Medical care
37% Food	**47%** Food	**54%** Electricity or fuel

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
7%	**32%**	**3%**

Among HHs that received humanitarian assistance (8%), most-commonly reported modalities of assistance received*:

In-kind	**50%**
Mixed (in-kind and cash/voucher)	**29%**
Cash	**18%**

72 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **72%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
47%	**36%**	**42%**

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Social media	**34%**
Don't know	**16%**
Do not receive information	**12%**
TV	**10%**

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced	IDPs	Returnees
35% Cash in hand	**32%** In-kind	**29%** Cash in hand
24% Don't know	**29%** Cash in hand	**22%** Don't know
23% Do not want to receive assistance	**21%** Mixed (cash and in-kind)	**20%** In-kind

FEEDBACK ON ASSISTANCE

4 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
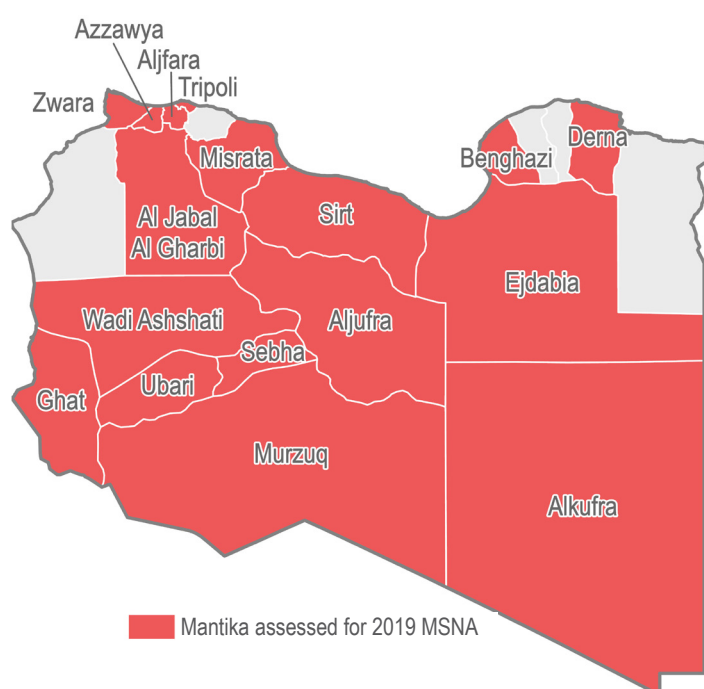
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These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- *Non-displaced:*	**114**
- *IDP:*	**77**
- *Returnee:*	**0**
- *Total:*	**191**

Average household size: 6

Proportion of female-headed households: 4%

Demographics

Female	Age	Male
47%	Overall	57%
5%	65+	5%
20%	18-64	19%
5%	0-17	34%

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[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
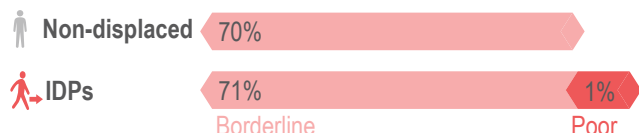[2] IOM DTM Flash Update #14, May 2019
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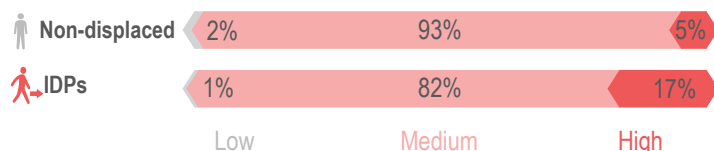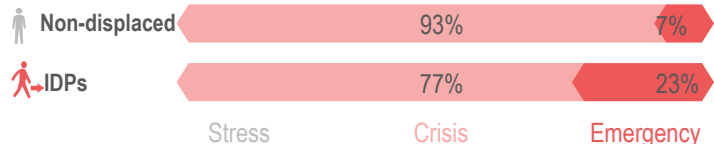
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FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

Non-displaced | 70%
IDPs | 71% | 1%
Borderline | Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced | 2% | 93% | 5%
IDPs | 1% | 82% | 17%
Low | Medium | High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

Non-displaced | 93% | 7%
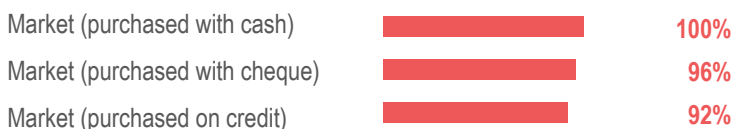IDPs | 77% | 23%
Stress | Crisis | Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (100%) most commonly reported doing so to be able to*:

Accessing food | 100%
Pay for other basic needs | 70%
Paying for healthcare | 21%
Paying for shelter | 8%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash) | 100%
Market (purchased with cheque) | 96%
Market (purchased on credit) | 92%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production | 17%
Livestock rearing | 3%

47 Of HHs that were engaged in crop production during the assessment (17%), **47%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Crops stolen/seized/destroyed | 100%

100 Of HHs that were engaged in livestock rearing during the assessment (3%), **100%** reported that the conflict has negatively affected their rearing practices.

* HHs could select multiple answers

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WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Bottled water **100%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs
84%	**87%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs
Water is fine to drink	**100%**	**100%**

76 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

SANITATION

Among HHs with a toilet in their shelter or within easy reach (**100%**) top 2 most commonly-reported types of toilets:

Flush toilet **30%**
Pour toilet **70%**

WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal **69%**
Collected (private or public) **84%**

Among the HHs not having their waste collected (16%), reported distance to the trash disposal point:

0 - 200 m **0%**
201 - 400 m **3%**
401 m or more **97%**

Among the HHs having their waste collected (84%), frequency of trash collection:

Once per week **100%**

HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs
100%	**100%**

* HHs could select multiple answers

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✚ ACCESS TO HEALTHCARE

4 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed (4%), most commonly-reported reason*:

Non-displaced		IDPs	
80%	Lack of medicines	100%	Lack of medicines
80%	Lack of medical supplies	67%	Lack of medical supplies
60%	No/lack of money to pay for care	33%	Lack of medical staff in general

Reported travel time by car to the nearest health service provider:

< 15 minutes	96%
15 - 29 minutes	2%
30- 59 minutes	2%
1 hour or more	0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (99%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

100 Among HHs with at least 1 member reported to be suffering from a chronic disease (44%), 100% of HHs reported to have no or limited access to health care services to treat this condition.

⚕ CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs
44%	43%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	80%
Blood pressure	46%

CHILD DISTRESS

0 Among HHs with minors (99%), **0%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

* HHs could select multiple answers

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SHELTER & NON-FOOD ITEMS (NFIs) Aljufra

SHELTER

95 % of HHs reported that they are living in a house or an apartment.

0% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

% of HHs reporting living in each shelter occupancy arrangement, per population group:
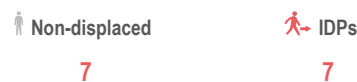
	Non-displaced	IDPs
Owned	97%	0%
Rented	3%	100%
Hosted for free	0%	0%
Other	0%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs
400	500

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Bedding items	98%
Water storage containers	98%
Coocking set	97%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (100%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs
7	7

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	78%
Not with me but in a secure place	22%
Lost	0%

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

		Boys	Girls
	Non-displaced	100%	100%
	IDPs	100%	100%
	Returnees	%	%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

1%
Boys

0%
Girls

Among HHs with children enrolled in school (100%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs	
97%	Poor quality of teachers	100%	Poor quality of teachers
90%	Lack of separate and safe toilets for boys and girls	85%	Lack of separate and safe toilets for boys and girls
11%	Lack of functioning latrines	15%	Lack of clean water

* HHs could select multiple answers

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DISPLACEMENT

Year that IDP HHs were initially displaced, by %

Year	%
2011	**57%**
2012	**0%**
2013	**0%**
2014	**1%**
2015	**3%**
2016	**0%**
2017	**0%**
2018	**0%**
2019	**39%**

% of IDP HHs by number of times displaced:

1 time	**94%**
2 times	**7%**
3 times	**0%**

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. Dwelling destroyed
2. No security/conflict in the area
3. Threat of violence on the household

Pull factors
1. More secure environment
2. My tribe is here
3. Cheaper rent prices in chosen area

FREEDOM OF MOVEMENT

0 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

MISSING PEOPLE

0 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

0 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

0 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
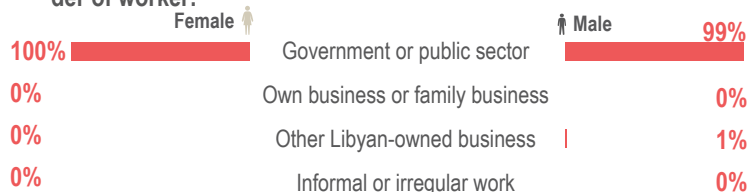
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs
Adults (18 or older)		
Permanent job	48%	41%
Temporary job	3%	1%
Daily labour	4%	0%
Permanent job (gov. payroll) without regular attendance	10%	7%
Children (17 or less)		
Any type of labour	1%	2%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
100%	Government or public sector	99%
0%	Own business or family business	0%
0%	Other Libyan-owned business	1%
0%	Informal or irregular work	0%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	99%	720
Own business income	0%	0
Salaried work	99%	0
Casual labour	0%	0
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs
76%	55%

Among HHs that reported facing challenges obtaining enough money to meet their needs (76%), main issues reported*:

Salary or wages not regularly paid	99%
Salary or wages too low	98%
Unable to withdraw enough money	14%
Lack of work opportunities	1%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP
Food items	970	900
Rent	400	500
Shelter maintenance	0	0
Water	45	40
Non-food HH items	35	30
Utilities	40	40
Fuel	40	40
Health-related expenditures	100	50
Education-related expenditures	50	100
Transportation	0	0
Mobile phone credit	35	35
Productive assets	0	0
Debt repayment	0	0
Other expenditures	0	0

Main reported modality for HH expenditure*:

Cheques	96%
Cash (LYD)	3%
Bank transfers	1%
Cash (foreign/non-LYD)	0%

Reported travel time to nearest market, per population group:

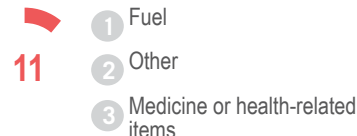|	
Less than 15 min	96%
15 - 29 min	2%
More than 30 min	2%

100% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

73
1. Fresh fish/meat/eggs
2. Other
3. Fuel

Not available:

11
1. Fuel
2. Other
3. Medicine or health-related items

* HHs could select multiple answers

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PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced		IDPs	
96%	Food	97%	Food
94%	Electricity or fuel	82%	Medical care
80%	Medical care	82%	Electricity or fuel

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs
0%	1%

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs
11%	13%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Social media	94%
TV	3%
Government	1%
Family members and friends	1%

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced		IDPs	
89%	Cash in hand	86%	Cash in hand
11%	Mixed (cash and in-kind)	12%	Mixed (cash and in-kind)
1%	In-kind	1%	In-kind

FEEDBACK ON ASSISTANCE

0 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
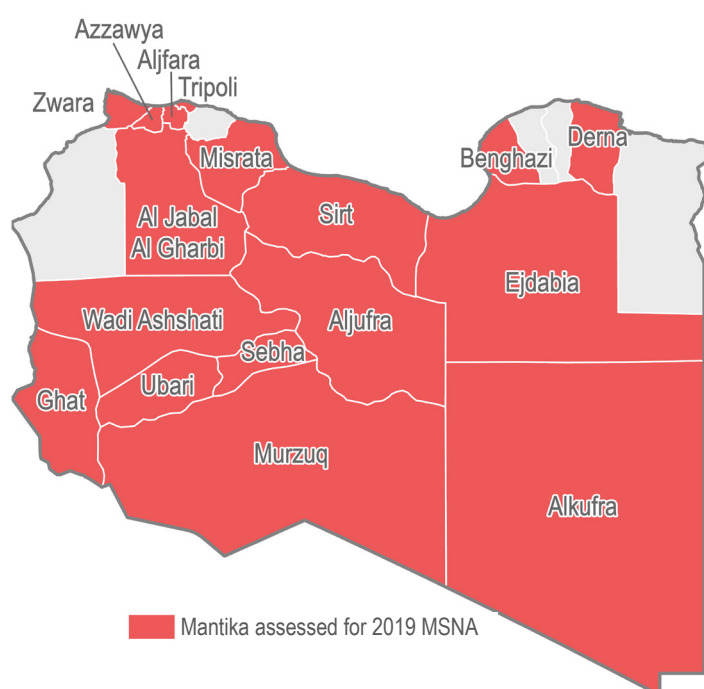
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report..

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- Non-displaced: **114**
- IDP: **106**
- Returnee: **80**
- Total: **300**

Average household size: 6

Proportion of female-headed households: 10%

Demographics

Female	Age	Male
47%	Overall	50%
2%	65+	3%
29%	18-64	31%
5%	0-17	16%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
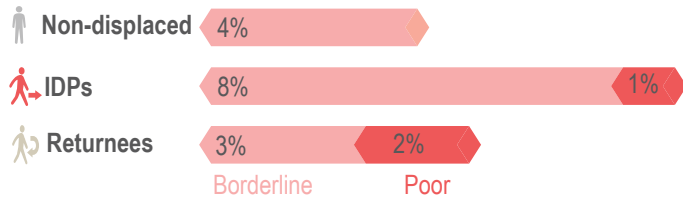[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.

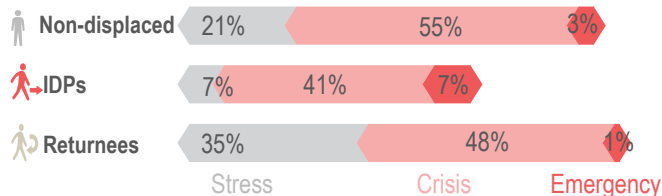Funded by European Humanita

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💰 FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

	Borderline	Poor
👤 Non-displaced	4%	
🏃 IDPs	8%	1%
🚶 Returnees	3%	2%

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

	Low	Medium	High
👤 Non-displaced	64%	25%	11%
🏃 IDPs	50%	25%	25%
🚶 Returnees	76%	14%	10%

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

	Stress	Crisis	Emergency
👤 Non-displaced	21%	55%	3%
🏃 IDPs	7%	41%	7%
🚶 Returnees	35%	48%	1%

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (76%) most commonly reported doing so to be able to*:

Pay for other basic needs	91%
Accessing food	44%
Paying for healthcare	39%
Paying for education	10%

🍲 SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cheque)	97%
Market (purchased with cash)	87%
Market (purchased on credit)	30%

🌾 AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	26%
Livestock rearing	21%
Fishing	2%

85 Of HHs that were engaged in crop production during the assessment (26%), **85%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Had to leave land due to displacement	100%
Unable to access or afford land	0%
Crops stolen/seized/destroyed	0%
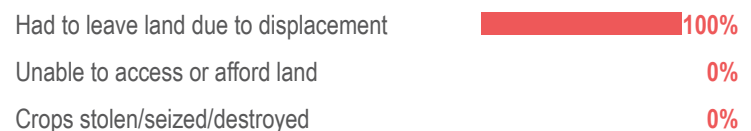
93 Of HHs that were engaged in livestock rearing during the assessment (21%), **93%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Sell/slaughter for own consumption	72%
Access to fodder/pasture	65%
Lack of veterinary services, vaccines	61%

* HHs could select multiple answers

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WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network **74%**
Other **27%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
9%	**18%**	**9%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	**98%**	**93%**	**99%**
Taste is not good	**1%**	**7%**	**1%**

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs		Returnees	
100%	No treatment methods used	**71%**	No treatment methods used	**100%**	No treatment methods used
		29%	Water filters		

4 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

SANITATION

Among HHs with a toilet in their shelter or within easy reach (99%)top 2 most commonly-reported types of toilets:

Flush toilet **70%**
Pour toilet **30%**

WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal **68%**
Collected (private or public) **28%**
Public place not designed for disposal **6%**
Buried or burned **2%**

Among the HHs not having their waste collected (72%), reported distance to the trash disposal point:

0 - 200 m **95%**
201 - 400 m **5%**

Among the HHs having their waste collected (28%), frequency of trash collection:

More than once per week **70%**
Once per week **27%**
Once every two weeks **4%**
Once per month **0%**

HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
14%	**14%**	**20%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Baby diapers
2. Disinfectant
3. Shampoo
4. Soap (liquid and bar)
5. Water container
6. Sanitary pads

Among HHs unable to purchase required hygiene items (86%), most commonly reported reason*:

Too expensive **94%**
Quality not good **51%**

* HHs could select multiple answers

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HEALTH
Alkufra

✚ ACCESS TO HEALTHCARE

66 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

🧍 **Non-displaced**		🚶 **IDPs**		🚶‍➡️ **Returnees**	
78%	Lack of medicines	**62%**	Lack of medical staff in general	**67%**	Lack of medicines
63%	Lack of medical staff in general	**57%**	Lack of medicines	**64%**	Lack of medical staff in general
36%	Lack of female medical staff in particular	**19%**	Lack of female medical staff in particular	**36%**	Lack of female medical staff in particular

Reported travel time by car to the nearest health service provider:

< 15 minutes	**32%**
15 - 29 minutes	**63%**
30- 59 minutes	**5%**

1 Average number of minors per HH with vaccination cards (among HHs with minors (82%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

⚕ CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

🧍 **Non-displaced**	🚶 **IDPs**	🚶‍➡️ **Returnees**
54%	**16%**	**56%**

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Blood pressure	**79%**
Diabetes	**66%**

62 Among HHs with at least 1 member reported to be suffering from a chronic disease (49%), **62%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

🧍 **Non-displaced**	🚶 **IDPs**	🚶‍➡️ **Returnees**
2%	**0%**	**3%**

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (62%), most commonly-reported services not available*:

Psychiatrists, psychologists and psychotherapists	**100%**
Community-based services	**50%**
Psychiatric medicines	**3%**

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

🧍 **Non-displaced**	🚶 **IDPs**	🚶‍➡️ **Returnees**
3%	**0%**	**1%**

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (2%) and no or limited access to the health care they need to treat or manage their condition (100%), most commonly-reported services not available*:

Psychosocial support	**68%**
Physical therapy and/or rehabilitation	**65%**
Other assistive devices	**35%**

🤲 CHILD DISTRESS

0 Among HHs with minors (82%), **0%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

* HHs could select multiple answers

REACH Informing more effective humanitarian action

SHELTER

100 % of HHs reported that they are living in a house or an apartment.

0% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

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

	Non-displaced	IDPs	Returnees
Owned	84%	7%	80%
Rented	11%	56%	15%
Hosted for free	4%	35%	5%
Other	0%	2%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
200	260	250

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Mosquito nets	82%
Computer	74%
Generator	60%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (100%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
3	3	3

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	84%
Not with me but in a secure place	12%

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	98%	99%
IDPs	100%	97%
Returnees	100%	100%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	2%
Boys	**Girls**

Among HHs with children enrolled in school (69%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
49%	Poor quality of teachers	12%	Poor quality of teachers	52%	Poor quality of teachers
17%	Lack of functioning latrines	8%	Overcrowding	28%	Lack of functioning latrines
16%	Lack of clean water	6%	Lack of functioning latrines	8%	Lack of clean water

CHILDREN OUT OF SCHOOL

100 % of school-aged children who are neither enrolled in nor attending school (3%), reported not having been enrolled in school for the entire 2018 - 2019 school year.

Among school-aged children who are neither enrolled in nor attending school (3%), top 3 reported reasons, by %*:

Don't know	39%
Problems with quality, curriculum, or capacity	29%
Prefer not to answer	29%

NON-FORMAL EDUCATION

67 % of HHs with school-aged children (3%) reported that their children were attending **non-formal educational programmes**.

* HHs could select multiple answers

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PROTECTION
Alkufra

DISPLACEMENT

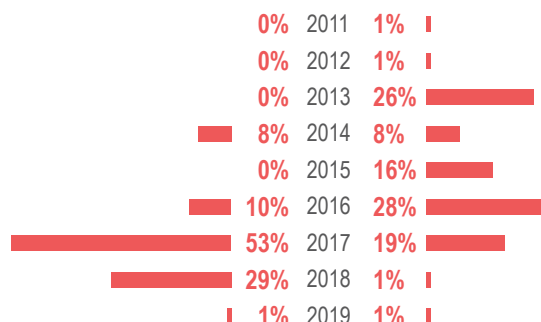**Year that returnee HHs returned to their baladiya of origin, by %**

		Year that IDP/returnee HHs were initially displaced, by %
0%	2011	1%
0%	2012	1%
0%	2013	26%
8%	2014	8%
0%	2015	16%
10%	2016	28%
53%	2017	19%
29%	2018	1%
1%	2019	1%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
70%	1 time	88%
26%	2 times	11%
4%	3 times	1%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Problems accessing healthcare

Pull factors
1. Friends or family living here
2. My tribe is here
3. Cheaper rent prices in chosen area

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Problems accessing healthcare
3. Problems accessing electricity or energy

Pull factors
1. Conflict is over in my baladiya
2. Friends or family living here
3. My tribe is here

FREEDOM OF MOVEMENT

1 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
96%	Passport	86%	Passport	97%	Passport
21%	National ID card	18%	Property docs	16%	Family books
19%	Family books	16%	National ID card	8%	Other

MISSING PEOPLE

2 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

8 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

2 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO

* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	41%	39%
Temporary job	3%	2%	8%
Daily labour	4%	2%	6%
Permanent job (gov. payroll) without regular attendance	10%	12%	5%
Children (17 or less)			
Any type of labour	2%	4%	3%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
69%	Government or public sector	67%
4%	Own business or family business	13%
11%	Other Libyan-owned business	6%
14%	Informal or irregular work	12%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	65%	700
Own business income	10%	700
Salaried work	65%	1000
Casual labour	5%	600
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
85%	37%	78%

Among HHs that reported facing challenges obtaining enough money to meet their needs (79%), main issues reported*:

Unable to withdraw enough money from bank account	97%
Salary or wages not regularly paid	68%
Salary or wages too low	27%
Lack of work opportunities	13%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	700	100	100
Rent	200	260	250
Shelter maintenance	500	50	0
Water	0	0	0
Non-food HH items	100	100	0
Utilities	0	0	0
Fuel	100	80	30
Health-related expenditures	400	100	0
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	150	50	30
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cheques	72%
Cash (LYD)	25%
Bank transfers	3%
Vouchers	0%

Reported travel time to nearest market, per population group:

Less than 15 min	32%
15 - 29 min	63%
More than 30 min	5%

97% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:
58
1. Fresh fish/meat/eggs
2. Fuel
3. Other

Not available:
48
1. Fuel
2. Medicine or health-related items
3. Fresh fish/meat/eggs

* HHs could select multiple answers

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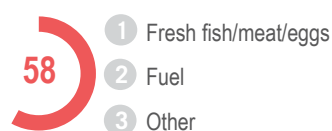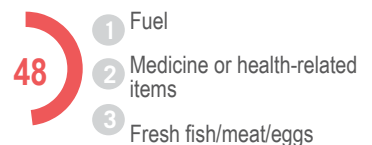
ACCOUNTABILITY TO AFFECTED POPULATION - Alkufra

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced	IDPs	Returnees
95% Access to cash	89% Access to cash	85% Access to cash
67% Medical care	68% Food	69% Medical care
56% Electricity or fuel	59% Water	59% Electricity or fuel

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
5%	14%	6%

Among HHs that received humanitarian assistance (6%), most-commonly reported modalities of assistance received*:

In-kind	57%
Mixed (in-kind and cash/voucher)	36%
Cash	7%

53 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **53%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
46%	69%	28%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Do not receive information	23%
Community leaders	22%
Charity organization	19%
Don't know	16%

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced	IDPs	Returnees
55% Cash in hand	60% Mixed (cash and in-kind)	70% Cash in hand
28% Mixed (cash and in-kind)	33% Cash in hand	23% Mixed (cash and in-kind)
16% Do not want to receive assistance	5% In-kind	5% Do not want to receive assistance

FEEDBACK ON ASSISTANCE

4 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
Humanitarian Aid

USAID
FROM THE AMERICAN PEOPLE

WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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humanitarian action

Multi-Sector Needs Assessment (MSNA) Factsheets

Azzawya | 2019
Libya

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
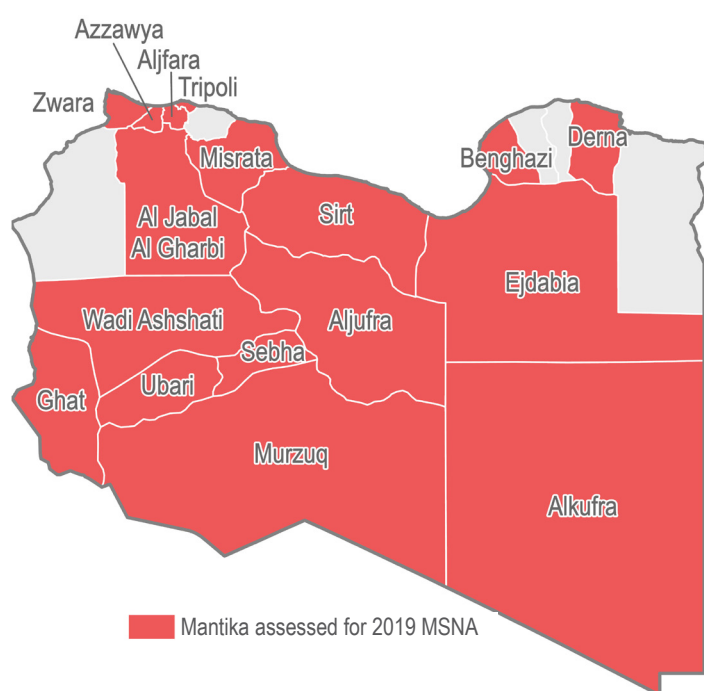
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- *Non-displaced:*   **118**
- *IDP:*   **112**
- *Returnee:*   **57**
- *Total:*   **287**

Average household size: 5

Proportion of female-headed households: 8%

Demographics

Female	Age	Male
47%	Overall	53%
1%	65+	1%
27%	18-64	26%
5%	0-17	26%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
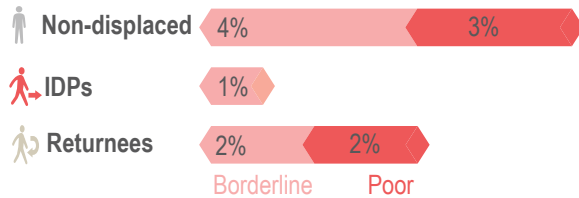[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
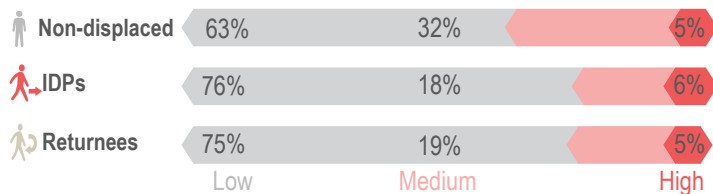
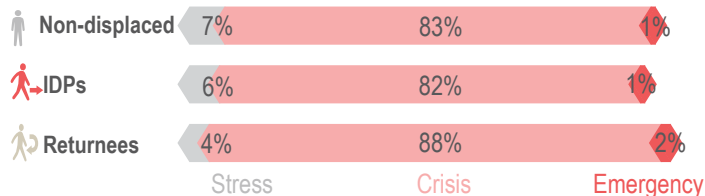**REACH** Informing more effective humanitarian action

FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

Non-displaced: 4% | 3%
IDPs: 1%
Returnees: 2% | 2%

Borderline | Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced: 63% | 32% | 5%
IDPs: 76% | 18% | 6%
Returnees: 75% | 19% | 5%

Low | Medium | High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

Non-displaced: 7% | 83% | 1%
IDPs: 6% | 82% | 1%
Returnees: 4% | 88% | 2%

Stress | Crisis | Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (91%) most commonly reported doing so to be able to*:

Accessing food	91%
Paying for healthcare	87%
Pay for other basic needs	40%
Paying for education	37%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	97%
Market (purchased with cheque)	77%
Market (purchased on credit)	40%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:
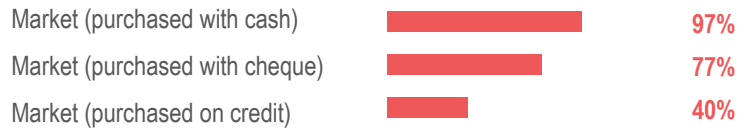
Crop production	18%
Livestock rearing	20%
Fishing	2%

59 Of HHs that were engaged in crop production during the assessment (18%), **59%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Had to leave land due to displacement	67%
Unable to access or afford land	33%
Insecurity	33%
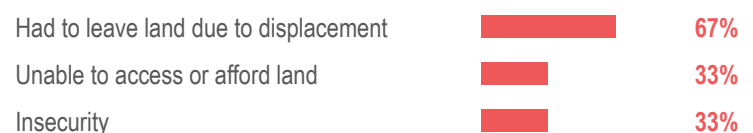
60 Of HHs that were engaged in livestock rearing during the assessment (20%), **60%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Other	97%
Animals have been stolen	3%
Animals have died	1%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Azzawya

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network	54%
Bottled water	18%
Water trucking	12%
Other	16%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
54%	64%	75%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	47%	31%	23%
Taste is not good	35%	46%	58%
Water is discoloured	24%	37%	37%

Most commonly-reported water treatment method per population group:

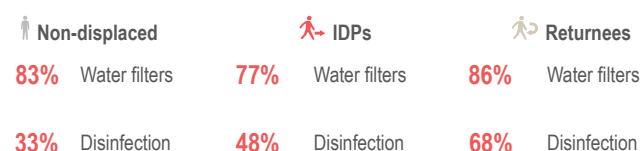| Non-displaced		IDPs		Returnees	
83%	Water filters	77%	Water filters	86%	Water filters
33%	Disinfection	48%	Disinfection	68%	Disinfection

🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet	95%
Pour toilet	5%

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	24%
Collected (private or public)	22%
Public place not designed for disposal	45%
Buried or burned	15%
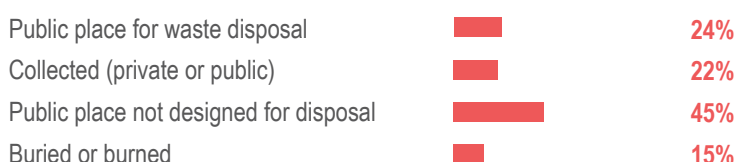
Among the HHs not having their waste collected (78%), reported distance to the trash disposal point:

0 - 200 m	80%
201 - 400 m	15%
401 m or more	5%

Among the HHs having their waste collected (22%), frequency of trash collection:

More than once per week	43%
Once per week	57%

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
53%	69%	74%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Sanitary pads
2. Baby diapers
3. Disinfectant
4. Soap (liquid and bar)
5. Toothpaste
6. Shampoo

Among HHs unable to purchase required hygiene items (54%), most commonly reported reason*:

Too expensive	97%
Quality not good	3%

* HHs could select multiple answers

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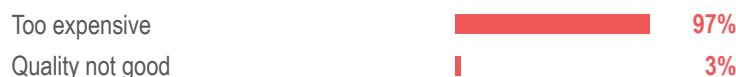
ACCESS TO HEALTHCARE

73 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
71%	No/lack of money to pay for care	82%	No/lack of money to pay for care	90%	No/lack of money to pay for care
71%	Lack of medicines	80%	Lack of medicines	88%	Lack of medicines
49%	Lack of medical supplies	60%	Lack of medical supplies	48%	Lack of medical supplies

Reported travel time by car to the nearest health service provider:

< 15 minutes	86%
15 - 29 minutes	13%
30- 59 minutes	1%

0 Average number of minors per HH with vaccination cards (among HHs with minors (91%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
59%	64%	75%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	60%
Blood pressure	54%

81 Among HHs with at least 1 member reported to be suffering from a chronic disease (59%), **81%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
1%	0%	0%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (81%), most commonly-reported services not available*:

No access to the health facility	100%
Psychiatrists, psychologists, and psychotherapists	0%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
1%	2%	2%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (1%) and no or limited access to the health care they need to treat or manage their condition (100%), most commonly-reported services not available*:

Physical therapy and/or rehabilitation	98%
Wheelchair	2%

CHILD DISTRESS

4 Among HHs with minors (91%), **4%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (4%), most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
73%	New or recurring fears (e.g., fear of the dark, fear of being alone, fear of strangers)	74%	Startled easily
25%	Startled easily	49%	Withdrawn from family and friends

* HHs could select multiple answers

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SHELTER & NON-FOOD ITEMS (NFIs) Azzawya

SHELTER

100 % of HHs reported that they are living in a house or an apartment.

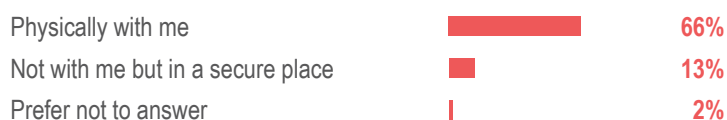**% of HHs reporting living in each shelter occupancy arrangement, per population group:**

	Non-displaced	IDPs	Returnees
Owned	86%	1%	95%
Rented	13%	58%	5%
Hosted for free	2%	40%	0%
Other	0%	1%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
300	350	400

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	66%
Not with me but in a secure place	13%
Prefer not to answer	2%

4% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection (4%), top 3 most commonly-reported reasons*:

Authorities requested our household to leave	58%
Discrimination based on ethnicity/tribe	19%
Other	19%

NFI NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Radio	73%
Mobile phone	68%
Water storage container	66%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (99%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
6	4	5

* HHs could select multiple answers

USAID FROM THE AMERICAN PEOPLE

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🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	97%	100%
IDPs	100%	100%
Returnees	100%	100%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

2%	0%
Boys	Girls

Among HHs with children enrolled in school (77%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
54%	Lack of clean water	42%	Lack of separate and safe toilets for boys and girls	71%	Lack of separate and safe toilets for boys and girls
50%	Lack of functioning latrines	41%	Lack of functioning latrines	62%	Lack of functioning latrines
41%	Lack of separate and safe toilets for boys and girls	41%	Lack of clean water	49%	Lack of clean water

🏫 CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (4%), length of time they have reportedly not been enrolled in school:

Less than 1 month	24%
1 - 3 months	1%
4 - 6 months	1%
More than 6 months	24%
Entire 2018-2019 school year	50%

Among school-aged children who are neither enrolled in nor attending school (4%), top 3 reported reasons, by %*:

Problems with child's health or behavior**	39%
Other	21%
Prefer not to answer	21%

📖 NON-FORMAL EDUCATION

61 % of HHs with school-aged children (4%) reported that their children were attending **non-formal educational programmes**.
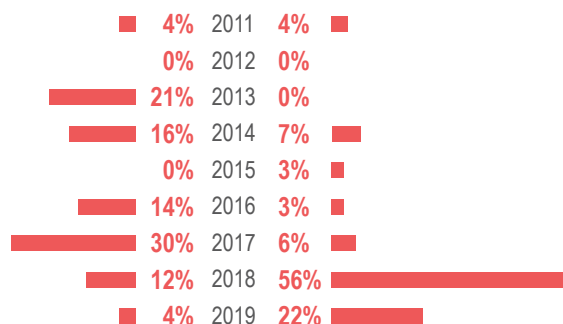
* HHs could select multiple answers
** Or lack of documentation, child marriage or pregnancy, discrimination, or the need for the child to work at home or for a salary
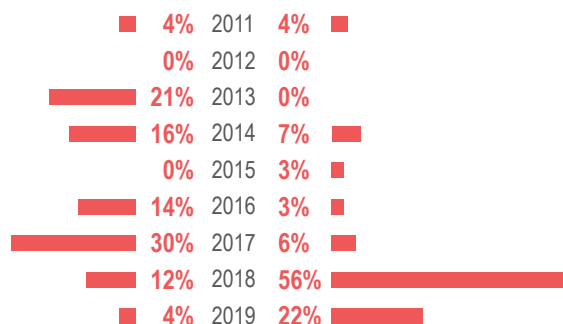
DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee	Year	IDP
4%	2011	4%
0%	2012	0%
21%	2013	0%
16%	2014	7%
0%	2015	3%
14%	2016	3%
30%	2017	6%
12%	2018	56%
4%	2019	22%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
84%	1 time	83%
7%	2 times	15%
0%	3 times	0%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Dwelling destroyed

Pull factors
1. Friends or family living here
2. Cheaper rent prices in chosen area
3. More secure environment

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Got evicted from dwelling

Pull factors
1. Friends or family living here
2. Own property in chosen area
3. Conflict is over in my baladiya

FREEDOM OF MOVEMENT

16 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla 16%) most commonly reported the following causes of such restrictions:

Checkpoints	62%
Activities of armed groups	44%
Rules imposed by concerned authorities	35%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
64%	Passport	85%	Passport	67%	Passport
52%	Family books	23%	Family books	33%	Family books
42%	Property docs	15%	Property docs	11%	Property docs

MISSING PEOPLE

0 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

3 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

2 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
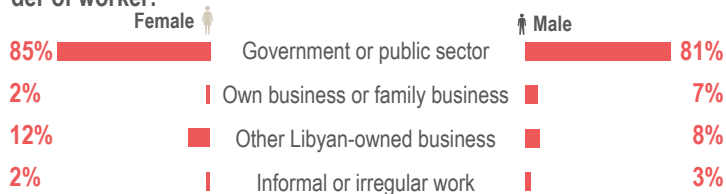
* HHs could select multiple answers

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🏃 WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	63%	53%
Temporary job	3%	7%	10%
Daily labour	4%	0%	2%
Permanent job (gov. payroll) without regular attendance	10%	3%	4%
Children (17 or less)			
Any type of labour	4%	4%	1%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
85%	Government or public sector	81%
2%	Own business or family business	7%
12%	Other Libyan-owned business	8%
2%	Informal or irregular work	3%

💵 INCOME & EXPENDITURES

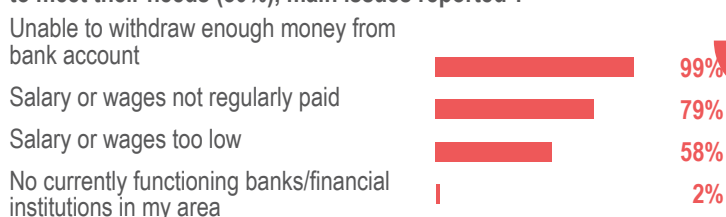**Reported income received from the following sources in the 30 days prior to data collection*:**

Type of work	% of adults	Median in LYD[2]
Government salary	68%	1300
Own business income	10%	1500
Salaried work	68%	1500
Casual labour	1%	300
Others[1]	1%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
80%	84%	83%

Among HHs that reported facing challenges obtaining enough money to meet their needs (80%), main issues reported*:

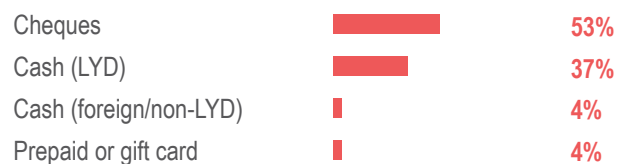|	
Unable to withdraw enough money from bank account	99%
Salary or wages not regularly paid	79%
Salary or wages too low	58%
No currently functioning banks/financial institutions in my area	2%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	400	200	200
Rent	300	350	400
Shelter maintenance	0	50	50
Water	80	100	100
Non-food HH items	50	100	100
Utilities	15	0	0
Fuel	20	100	100
Health-related expenditures	80	200	150
Education-related expenditures	0	150	100
Transportation	0	0	0
Mobile phone credit	15	30	30
Productive assets	0	0	0
Debt repayment	300	200	200
Other expenditures	0	150	50

Main reported modality for HH expenditure*:

Cheques	53%
Cash (LYD)	37%
Cash (foreign/non-LYD)	4%
Prepaid or gift card	4%

Reported travel time to nearest market, per population group:

Less than 15 min	86%
15 - 29 min	13%
More than 30 min	1%

97% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive: 75
1. Fresh fish/meat/eggs
2. Medicine or health-related items
3. Hygiene items for women

Not available: 15
1. Fuel
2. Other
3. Medicine or health-related items

* HHs could select multiple answers

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PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced		IDPs		Returnees	
98%	Access to cash	98%	Access to cash	91%	Access to cash
86%	Food	92%	Food	84%	Medical care
80%	Medical care	79%	Medical care	83%	Food

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
22%	78%	11%

Among HHs that received humanitarian assistance (24%), most-commonly reported modalities of assistance received*:

In-kind		92%
Cash		23%
Mixed (in-kind and cash/voucher)		13%

76 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **76%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
31%	30%	21%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

TV		44%
Social media		25%
Government		12%
Community leaders		7%

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced		IDPs		Returnees	
55%	Cash in hand	77%	Cash in hand	77%	Cash in hand
27%	Do not want to receive assistance	7%	Don't know	9%	Do not want to receive assistance
11%	Mixed (cash and in-kind)	6%	Mixed (cash and in-kind)	5%	In-kind

FEEDBACK ON ASSISTANCE

4 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humanitiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
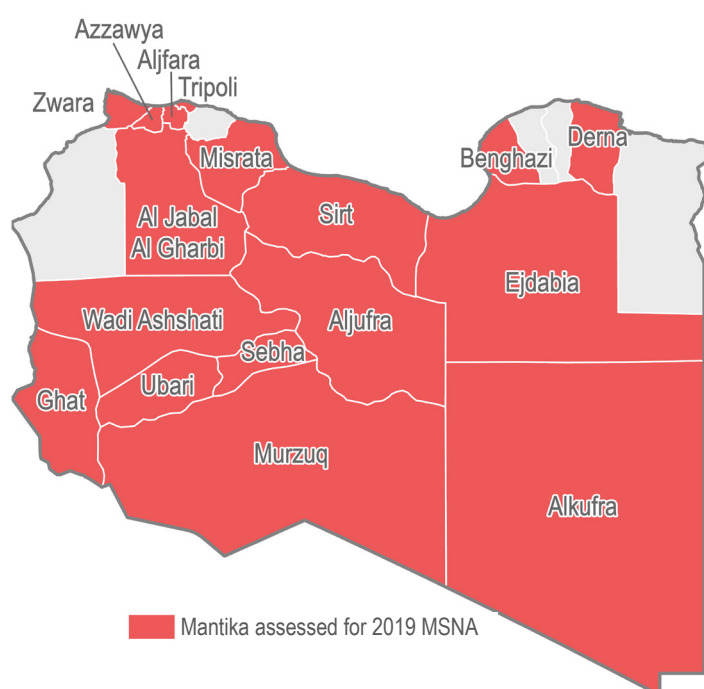
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

📍 Assessment sample

Households:

- Non-displaced: **117**
- IDP: **112**
- Returnee: **115**
- Total: **344**

Average household size: 5

Proportion of female-headed households: 6%

Demographics

Female	Age	Male
47%	Overall	56%
1%	65+	4%
31%	18-64	33%
5%	0-17	20%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
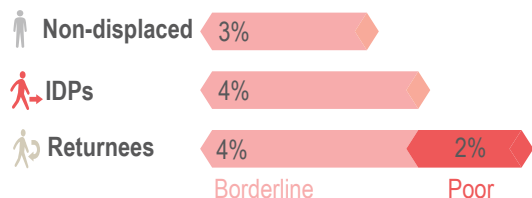
Funded by European Humanita

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FOOD SECURITY

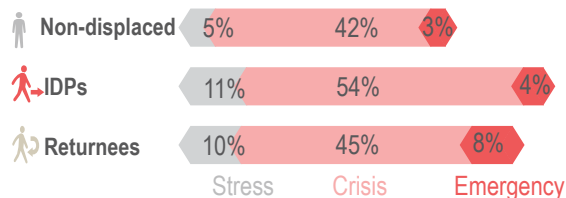**% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:**

Non-displaced: 3%
IDPs: 4%
Returnees: 4% | 2%

Borderline | Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced: 77% | 11% | 12%
IDPs: 61% | 23% | 17%
Returnees: 71% | 13% | 17%

Low | Medium | High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

Non-displaced: 5% | 42% | 3%
IDPs: 11% | 54% | 4%
Returnees: 10% | 45% | 8%
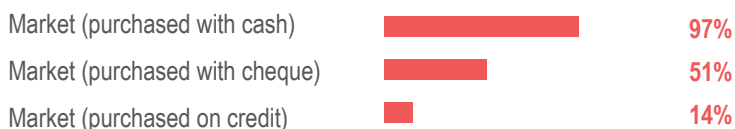
Stress | Crisis | Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (53%) most commonly reported doing so to be able to*:

Accessing food	72%
Paying for healthcare	51%
Pay for other basic needs	37%
Paying for education	31%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	97%
Market (purchased with cheque)	51%
Market (purchased on credit)	14%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	1%
Livestock rearing	2%
Fishing	3%

73 Of HHs that were engaged in crop production during the assessment (1%), **73%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Crops stolen/seized/destroyed	87%
Unable to access or afford land	13%
Insecurity	13%
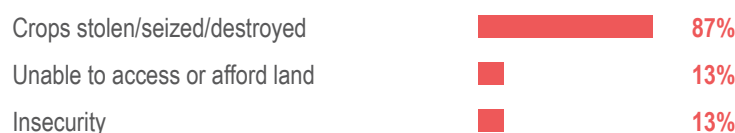
33 Of HHs that were engaged in livestock rearing during the assessment (2%), **33%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Other	50%
Access to fodder/pasture	44%
Sell/slaughter for own consumption	6%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Benghazi

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network	**57%**
Bottled water	**41%**
Water trucking	**2%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:
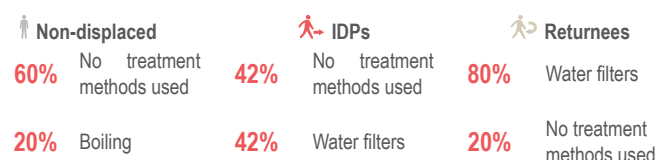
Non-displaced	IDPs	Returnees
13%	**13%**	**3%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	**96%**	**90%**	**92%**
Taste is not good	**4%**	**11%**	**8%**

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs		Returnees	
60%	No treatment methods used	**42%**	No treatment methods used	**80%**	Water filters
20%	Boiling	**42%**	Water filters	**20%**	No treatment methods used

2 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

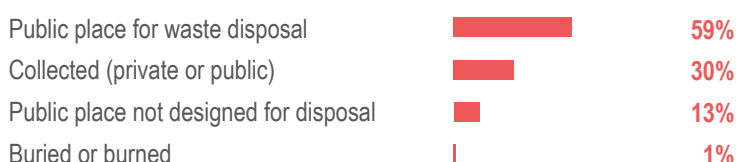## 🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:
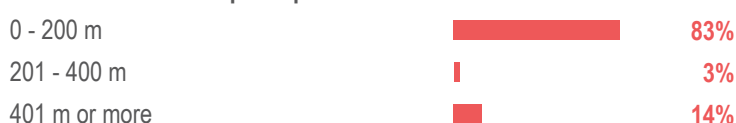
Flush toilet	**95%**
Pour toilet	**6%**

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	**59%**
Collected (private or public)	**30%**
Public place not designed for disposal	**13%**
Buried or burned	**1%**

Among the HHs not having their waste collected (70%), reported distance to the trash disposal point:

0 - 200 m	**83%**
201 - 400 m	**3%**
401 m or more	**14%**

Among the HHs having their waste collected (30%), frequency of trash collection:

More than once per week	**81%**
Once per week	**17%**
Once every two weeks	**0%**
Once per month	**2%**

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
8%	**15%**	**10%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Baby diapers
3. Sanitary pads
4. Soap (liquid and bar)
5. Shampoo
6. Toothpaste

Among HHs unable to purchase required hygiene items (8%), most commonly reported reason*:

Too expensive	**88%**
Quality not good	**8%**
Not available in the market	**2%**

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

14 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

	Non-displaced		IDPs		Returnees
44%	Lack of medical staff in general	64%	Lack of medical staff in general	43%	Distance to health facilities is too far
44%	Lack of medicines	46%	Lack of medical supplies	43%	Lack of medical staff in general
31%	No/lack of money to pay for care	32%	Lack of medicines	29%	Lack of means of transport to get to the healthcare facilities

Reported travel time by car to the nearest health service provider:

< 15 minutes	62%
15 - 29 minutes	34%
30- 59 minutes	3%
1 hour or more	0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (66%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
34%	40%	35%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	70%
Blood pressure	46%

26 Among HHs with at least 1 member reported to be suffering from a chronic disease (34%), **26%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
4%	4%	1%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (26%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	64%
Psychiatric medicines	61%
In-patient psychiatric care	36%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
2%	4%	1%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (2%) and no or limited access to the health care they need to treat or manage their condition (63%), most commonly-reported services not available*:

Other	72%
Physical therapy and/or rehabilitation	26%
Other assistive devices	1%

CHILD DISTRESS

5 Among HHs with minors (66%), **5%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (5%), most commonly-reported changes*:

	For children aged 0-12 years		For children aged 13-17
45%	No children in the household aged 0-12	40%	Startled easily
40%	New or recurrent bedwetting	36%	New or recurrent bedwetting
40%	Nightmares or sleep disturbances	7%	Clinging, unwilling to let you out of sight

* HHs could select multiple answers

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SHELTER & NON-FOOD ITEMS (NFIs)
Benghazi

SHELTER

97 % of HHs reported that they are living in a house or an apartment.

1% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

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

	Non-displaced	IDPs	Returnees
Owned	96%	30%	94%
Rented	2%	50%	3%
Hosted for free	1%	17%	1%
Other	2%	4%	2%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
900	700	800

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Mobile phone	65%
Computer	45%
Mosquito nets	44%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (100%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
4	5	4

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	81%
Not with me but in a secure place	11%
Don't know	1%

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	93%	94%
IDPs	96%	93%
Returnees	98%	100%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

1%	1%
Boys	Girls

Among HHs with children enrolled in school (60%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
5%	Lack of separate and safe toilets for boys and girls	7%	Poor quality of teachers	8%	Overcrowding
5%	Poor quality of teachers	5%	Lack of clean water	5%	Poor quality of teachers
3%	Overcrowding	5%	Overcrowding	4%	Lack of clean water

CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (7%), length of time they have reportedly not been enrolled in school:

Less than 1 month	14%
1 - 3 months	71%
4 - 6 months	0%
More than 6 months	0%
Entire 2018-2019 school year	16%

Among school-aged children who are neither enrolled in nor attending school, top 3 reported reasons, by %*:

Problems with means, transport, materials, or food	49%
Don't know	30%
Problems with safety and security	12%

NON-FORMAL EDUCATION

29 % of HHs with school-aged children (7%) reported that their children were attending **non-formal educational programmes**.

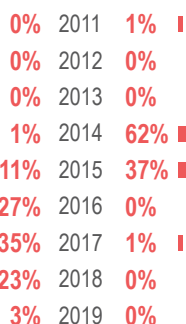* HHs could select multiple answers

PROTECTION
Benghazi

🚶➜ DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee	Year	IDP
0%	2011	1%
0%	2012	0%
0%	2013	0%
1%	2014	62%
11%	2015	37%
27%	2016	0%
35%	2017	1%
23%	2018	0%
3%	2019	0%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
90%	1 time	80%
7%	2 times	15%
2%	3 times	2%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Got evicted from dwelling

Pull factors
1. Friends or family living here
2. More secure environment
3. Cheaper rent prices in chosen area

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Problems accessing healthcare

Pull factors
1. Conflict is over in my baladiya
2. Own property in chosen area
3. Friends or family living here

🚶➜ FREEDOM OF MOVEMENT

1 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

👥 DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

👤 Non-displaced		🚶➜ IDPs		🚶➜ Returnees	
55%	Passport	72%	Passport	49%	Property docs
31%	Other	28%	Property docs	47%	Passport
30%	Property docs	14%	Family books	34%	Other

❓👤 MISSING PEOPLE

2 % of HHs reported having a family member missing.

💥 HAZARDS FROM UNEXPLODED ORDNANCE

11 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

9 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO

* HHs could select multiple answers

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🏃 WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	37%	35%
Temporary job	3%	7%	6%
Daily labour	4%	9%	10%
Permanent job (gov. payroll) without regular attendance	10%	2%	8%
Children (17 or less)			
Any type of labour	1%	3%	3%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female 👩		Male 👨
77%	Government or public sector	57%
3%	Own business or family business	4%
19%	Other Libyan-owned business	31%
2%	Informal or irregular work	8%

💵 INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	56%	2000
Own business income	3%	4000
Salaried work	56%	2500
Casual labour	6%	0
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
28%	43%	34%

Among HHs that reported facing challenges obtaining enough money to meet their needs (30%), main issues reported*:

Unable to withdraw enough money from bank account	56%
Salary or wages not regularly paid	40%
Salary or wages too low	26%
Lack of work opportunities	20%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	400	650	600
Rent	900	700	800
Shelter maintenance	0	100	0
Water	30	30	75
Non-food HH items	200	100	65
Utilities	30	25	15
Fuel	100	30	120
Health-related expenditures	0	0	0
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	0	50	90
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	85%
Cheques	7%
Mobile money	5%
Credit or debit card	2%

Reported travel time to nearest market, per population group:

Less than 15 min	62%
15 - 29 min	34%
More than 30 min	3%

96% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

30
1. Fresh fish/meat/eggs
2. Fresh vegetables/fruits
3. Other

Not available:

9
1. Fresh vegetables/fruits
2. Fresh fish/meat/eggs
3. Medicine or health-related items

* HHs could select multiple answers

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PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
71%	Access to cash	75%	Access to cash	79%	Access to cash
57%	Food	60%	Food	51%	Food
42%	Medical care	41%	Shelter support	45%	Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
4%	24%	8%

Among HHs that received humanitarian assistance (6%), most-commonly reported modalities of assistance received*:

In-kind	70%
Mixed (in-kind and cash/voucher)	15%
Cash	7%

72 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **72%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
58%	61%	53%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

TV	35%
Social media	34%
Charity organization	14%
Do not receive information	5%

Top 3 most commonly reported preferred kinds of assistance*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
48%	Cash in hand	40%	Cash in hand	63%	Cash in hand
26%	Do not want to receive assistance	26%	In-kind	14%	Do not want to receive assistance
10%	In-kind	19%	Do not want to receive assistance	11%	In-kind

FEEDBACK ON ASSISTANCE

6 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
Humanitarian Aid

USAID
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WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
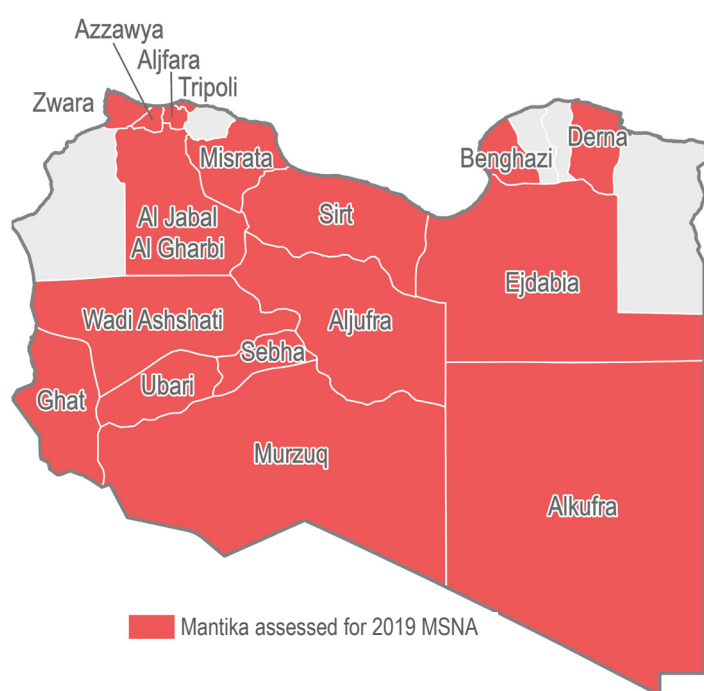
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

📍 Assessment sample

Households:

- Non-displaced:	**115**
- IDP:	**82**
- Returnee:	**114**
- Total:	**311**

Average household size: 5

Proportion of female-headed households: 4%

Demographics

Female	Age	Male
47%	Overall	58%
0%	65+	1%
25%	18-64	26%
5%	0-17	31%

Mantika assessed for 2019 MSNA

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
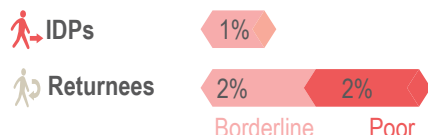[2] IOM DTM Flash Update #14, May 2019
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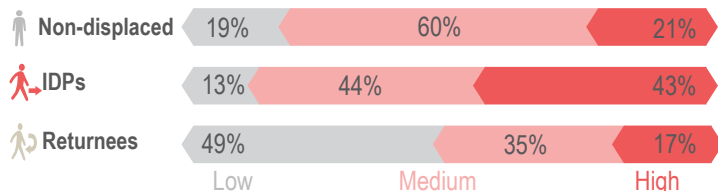
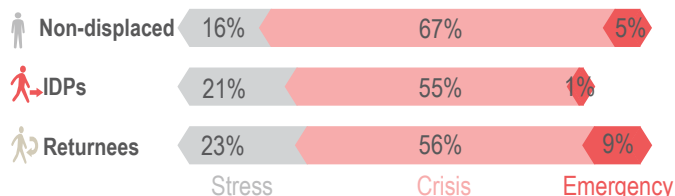**REACH** Informing more effective humanitarian action

FOOD SECURITY
Derna

💰 FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

🚶 IDPs — 1%

🚶 Returnees — 2% | 2%

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced — 19% | 60% | 21%

🚶 IDPs — 13% | 44% | 43%

🚶 Returnees — 49% | 35% | 17%

Low   Medium   High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

Non-displaced — 16% | 67% | 5%

🚶 IDPs — 21% | 55% | 1%

🚶 Returnees — 23% | 56% | 9%
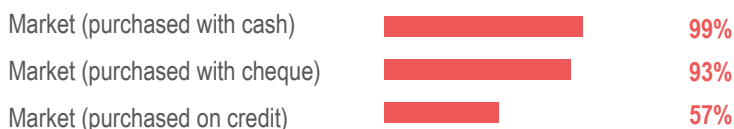
Stress   Crisis   Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (89%) most commonly reported doing so to be able to*:

Pay for other basic needs	82%
Accessing food	45%
Paying for healthcare	28%
Paying for shelter	14%

🍲 SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	99%
Market (purchased with cheque)	93%
Market (purchased on credit)	57%

🌾 AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	2%
Livestock rearing	14%
Fishing	3%

100 Of HHs that were engaged in crop production during the assessment (2%), **100%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Other	97%
Unable to access or afford land	3%
Had to leave land due to displacement	3%
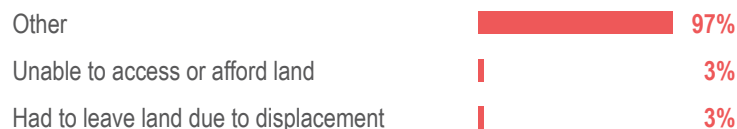
62 Of HHs that were engaged in livestock rearing during the assessment (14%), **62%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Lack of labor to care for animals	97%
Animals have been stolen	3%
Animals have died	2%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Derna

MSNA ǀ 2019
LIBYA

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network		**91%**
Bottled water		**6%**
Water trucking		**0%**
Other		**3%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
18%	**5%**	**62%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	83%	99%	62%
Taste is not good	14%	1%	33%
Water is discoloured	4%	0%	14%

Most commonly-reported water treatment method per population group:

Non-displaced	IDPs	Returnees
50% No treatment methods used	**100%** No treatment methods used	**76%** No treatment methods used
28% Water filters		**17%** Water filters

23 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

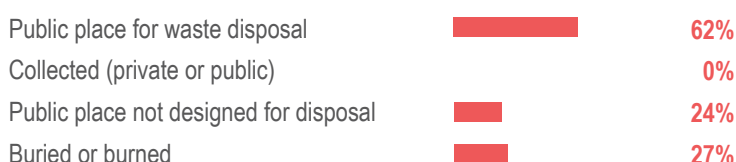## 🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet		**48%**
Pour toilet		**52%**

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal		**62%**
Collected (private or public)		**0%**
Public place not designed for disposal		**24%**
Buried or burned		**27%**

Among the HHs not having their waste collected (100%), reported distance to the trash disposal point:

0 - 200 m		**85%**
201 - 400 m		**14%**
401 m or more		**2%**

🧴 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
50%	**54%**	**28%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Soap (liquid and bar)
3. Shampoo
4. Dishwashing liquid
5. Water container
6. Sanitary pads

Among HHs unable to purchase required hygiene items (54%), most commonly reported reason*:

Too expensive		**25%**
Quality not good		**74%**
Not available in the market		**4%**

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

18 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
80%	Lack of medical supplies	82%	Lack of medicines	77%	Lack of medical staff in general
67%	Lack of medical staff in general	64%	Lack of medical staff in general	53%	Lack of medicines
60%	Lack of female medical staff in particular	64%	Lack of medical supplies	47%	Lack of medical supplies

Reported travel time by car to the nearest health service provider:

< 15 minutes	91%
15 - 29 minutes	9%

1 Average number of minors per HH with vaccination cards (among HHs with minors (84%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
12%	9%	36%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	70%
Joint pain (arthritis)	24%

53 Among HHs with at least 1 member reported to be suffering from a chronic disease (16%), **53%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
0%	1%	2%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (53%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	100%
No access to the health facility	50%
Skilled nurses	50%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
0%	0%	2%

CHILD DISTRESS

1 Among HHs with minors (84%), **1%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

* HHs could select multiple answers

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SHELTER

100 % of HHs reported that they are living in a house or an apartment.

1% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

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

	Non-displaced	IDPs	Returnees
Owned	89%	18%	75%
Rented	9%	79%	12%
Hosted for free	1%	0%	6%
Other	0%	1%	8%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
350	300	450

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Generator	68%
Construction materials equipment	57%
Computer	44%

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	75%
We never obtained ownership documents	3%
Lost	0%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (100%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
4	3	4

* HHs could select multiple answers

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🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

		Boys	Girls
🧍	Non-displaced	**100%**	**100%**
🏃	IDPs	**100%**	**100%**
🏃	Returnees	**100%**	**100%**

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	**0%**
Boys	**Girls**

Among HHs with children enrolled in school (69%), top 3 issues that their children reportedly faced when attending school, by population group*:

🧍 Non-displaced		🏃 IDPs		🏃 Returnees	
32%	Poor quality of teachers	**37%**	Poor quality of teachers	**41%**	Poor quality of teachers
27%	Overcrowding	**33%**	Overcrowding	**36%**	Overcrowding
18%	Lack of clean water	**23%**	Violence from teachers (excluding sexual violence or harassment)	**23%**	Lack of clean water

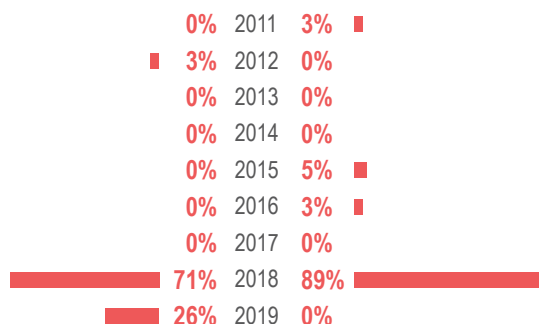## 🏫 CHILDREN OUT OF SCHOOL

51 % of HHs with school-aged children (100%) reported that their children were attending **non-formal educational programmes**.
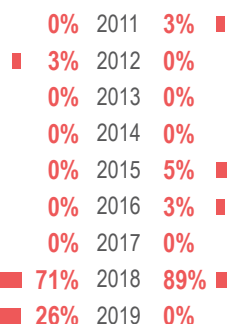
* HHs could select multiple answers

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DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee	Year	IDP
0%	2011	3%
3%	2012	0%
0%	2013	0%
0%	2014	0%
0%	2015	5%
0%	2016	3%
0%	2017	0%
71%	2018	89%
26%	2019	0%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
83%	1 time	95%
17%	2 times	5%
0%	3 times	0%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. Dwelling destroyed
2. Got evicted from dwelling
3. No security/conflict in the area

Pull factors
1. My tribe is here
2. Cheaper rent prices in chosen area
3. Friends or family living here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Presence of explosive hazards

Pull factors
1. Conflict is over in my baladiya
2. Friends or family living here
3. Own property in chosen area

FREEDOM OF MOVEMENT

8 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla 8%) most commonly reported the following causes of such restrictions:

Rules imposed by concerned authorities	94%
Checkpoints	57%
General violence	3%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
88%	Passport	79%	Passport	94%	Passport
25%	National ID card	36%	Property docs	22%	National ID card
8%	Property docs	21%	National ID card	14%	Property docs

MISSING PEOPLE

0 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

0 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

0 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
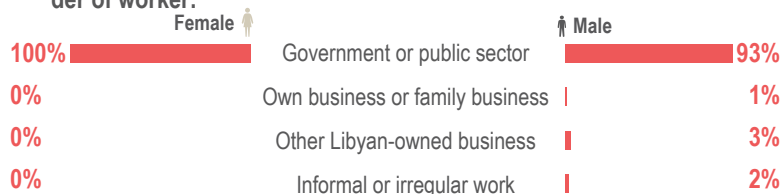
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	71%	78%
Temporary job	3%	1%	5%
Daily labour	4%	2%	3%
Permanent job (gov. payroll) without regular attendance	10%	17%	5%
Children (17 or less)			
Any type of labour	0%	1%	7%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
100%	Government or public sector	93%
0%	Own business or family business	1%
0%	Other Libyan-owned business	3%
0%	Informal or irregular work	2%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	92%	2000
Own business income	0%	300
Salaried work	92%	600
Casual labour	0%	350
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
29%	13%	65%

Among HHs that reported facing challenges obtaining enough money to meet their needs (35%), main issues reported*:

Unable to withdraw enough money from bank account	85%
Salary or wages not regularly paid	82%
Salary or wages too low	35%
Lack of work opportunities	12%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	400	300	600
Rent	350	300	450
Shelter maintenance	0	0	0
Water	80	40	0
Non-food HH items	60	60	150
Utilities	50	50	50
Fuel	40	40	50
Health-related expenditures	140	140	150
Education-related expenditures	100	100	0
Transportation	0	0	50
Mobile phone credit	40	40	50
Productive assets	0	0	0
Debt repayment	0	0	300
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	68%
Bank transfers	16%
Cheques	16%
Credit or debit card	0%

Reported travel time to nearest market, per population group:

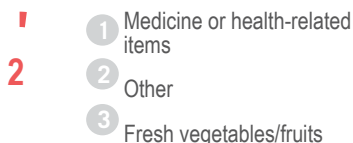|	
Less than 15 min	91%
15 - 29 min	9%
More than 30 min	0%

100% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

17
1. Fresh fish/meat/eggs
2. Other
3. Fresh vegetables/fruits

Not available:

2
1. Medicine or health-related items
2. Other
3. Fresh vegetables/fruits

* HHs could select multiple answers

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ACCOUNTABILITY TO AFFECTED POPULATION - Derna

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced		IDPs		Returnees	
89%	Medical care	89%	Medical care	94%	Access to cash
81%	Access to cash	84%	Access to cash	68%	Food
74%	Food	81%	Food	67%	Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
10%	16%	36%

Among HHs that received humanitarian assistance (14%), most-commonly reported modalities of assistance received*:

In-kind	100%
Cash	0%
vouchers	0%

73 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **73%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
77%	85%	73%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Community leaders	57%
Social media	24%
TV	10%
Humanitarian organization	2%

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced		IDPs		Returnees	
68%	In-kind	93%	In-kind	58%	Cash in hand
23%	Cash in hand	7%	Cash in hand	17%	In-kind
5%	Mixed (cash and in-kind)	0%	Cash via bank transfer	16%	Mixed (cash and in-kind)

FEEDBACK ON ASSISTANCE

4 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
Humanitarian Aid

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WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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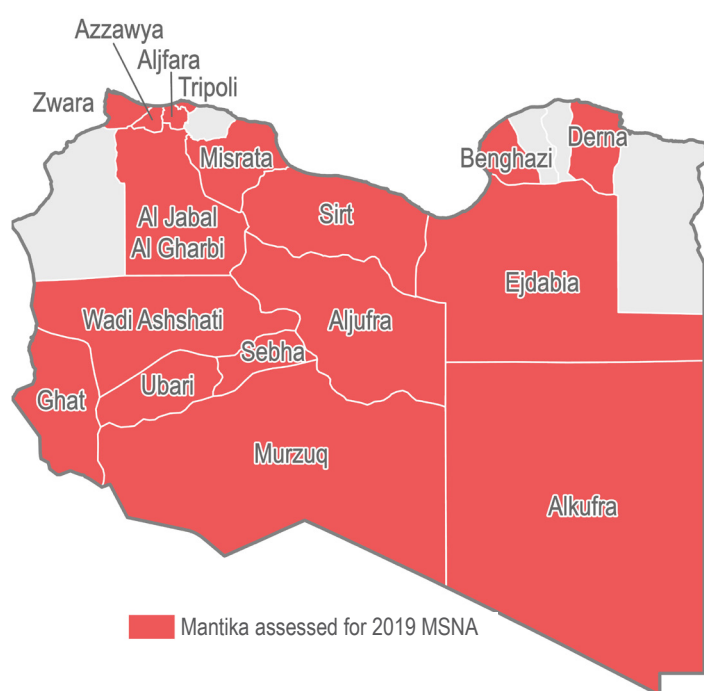
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Mantika assessed for 2019 MSNA

◉ Assessment sample

Households:

- Non-displaced:	**114**
- IDP:	**112**
- Returnee:	**60**
- Total:	**286**

Average household size: 6

Proportion of female-headed households: 5%

❚❚ Demographics

Female	Age	Male
47%	Overall	49%
2%	65+	2%
28%	18-64	25%
5%	0-17	22%

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[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
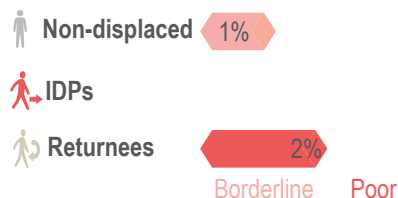[2] IOM DTM Flash Update #14, May 2019
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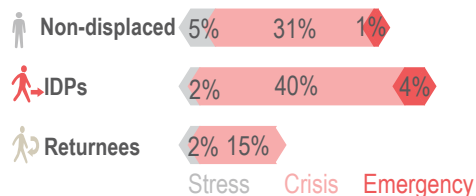
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FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:
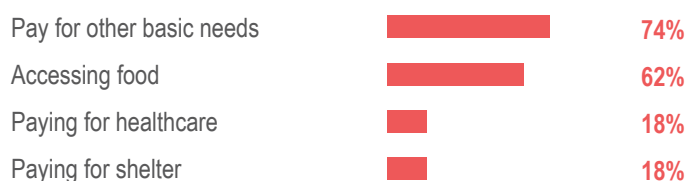
Non-displaced — 1%

IDPs

Returnees — 2%

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced — 85%   10%   4%

IDPs — 90%   8%   2%

Returnees — 100%

Low   Medium   High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

Non-displaced — 5%   31%   1%

IDPs — 2%   40%   4%

Returnees — 2%   15%

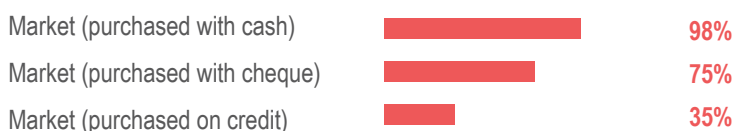Stress   Crisis   Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (38%) most commonly reported doing so to be able to*:

Pay for other basic needs	**74%**
Accessing food	**62%**
Paying for healthcare	**18%**
Paying for shelter	**18%**

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	**98%**
Market (purchased with cheque)	**75%**
Market (purchased on credit)	**35%**

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	**7%**
Livestock rearing	**7%**
Fishing	**1%**

49 Of HHs that were engaged in crop production during the assessment (7%), **49%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Had to leave land due to displacement	**96%**
Not economically viable	**4%**
Unable to access or afford land	**0%**
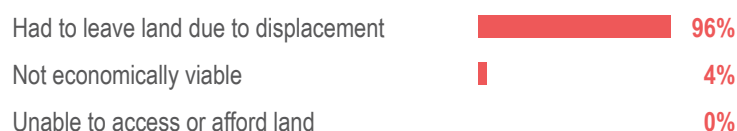
72 Of HHs that were engaged in livestock rearing during the assessment (7%), **72%** reported that t

he conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:
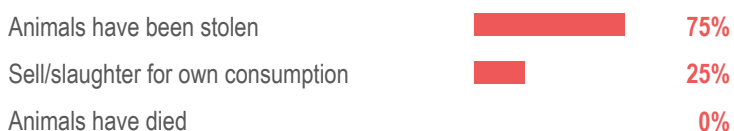
Animals have been stolen	**75%**
Sell/slaughter for own consumption	**25%**
Animals have died	**0%**

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH) Ejdabia

WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

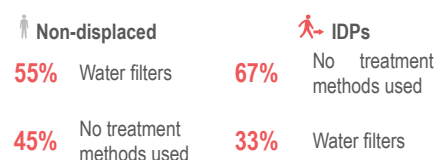|		
Public network		97%
Bottled water		0%
Water trucking		1%
Other		2%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
32%	37%	37%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	83%	97%	100%
Taste is not good	16%	2%	0%

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs	
55%	Water filters	67%	No treatment methods used
45%	No treatment methods used	33%	Water filters

2 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

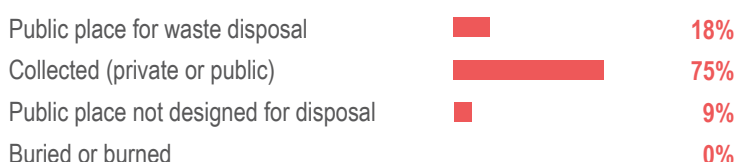## SANITATION

Among HHs with a toilet in their shelter or within easy reach (99%) top 2 most commonly-reported types of toilets:

Flush toilet		64%
Pour toilet		35%

WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal		18%
Collected (private or public)		75%
Public place not designed for disposal		9%
Buried or burned		0%

Among the HHs not having their waste collected (25%), reported distance to the trash disposal point:

0 - 200 m		67%
201 - 400 m		0%
401 m or more		33%

Among the HHs having their waste collected (75%), frequency of trash collection:

More than once per week		92%
Once per week		8%

HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
10%	3%	0%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Soap (liquid and bar)
3. Sanitary pads
4. Water container
5. Baby diapers
6. Toothpaste

Among HHs unable to purchase required hygiene items (90%), most commonly reported reason*:

Too expensive		100%
Not available in the market		8%

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

13 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
33%	Distance to health facilities is too far	44%	Lack of medical staff in general	87%	Distance to health facilities is too far
27%	Lack of female medical staff in particular	39%	Lack of female medical staff in particular	7%	Health facilities have been damaged or destroyed
20%	No available health facilities that can accept new patients	33%	No/lack of money to pay for care	7%	No available health facilities that can accept new patients

Reported travel time by car to the nearest health service provider:

< 15 minutes	63%
15 - 29 minutes	34%
30- 59 minutes	2%
1 hour or more	0%

2 Average number of minors per HH with vaccination cards (among HHs with minors (83%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
13%	11%	7%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Blood pressure	35%
Diabetes	29%

67 Among HHs with at least 1 member reported to be suffering from a chronic disease (13%), **67%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
1%	2%	2%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (67%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	100%
Skilled nurses	100%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
2%	0%	0%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (2%) and no or limited access to the health care they need to treat or manage their condition (100%), most commonly-reported services not available*:

Psychosocial support	50%
Other	50%

CHILD DISTRESS

0 Among HHs with minors (83%), **0%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

* HHs could select multiple answers

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SHELTER

98 % of HHs reported that they are living in a house or an apartment.

% of HHs reporting living in each shelter occupancy arrangement, per population group:
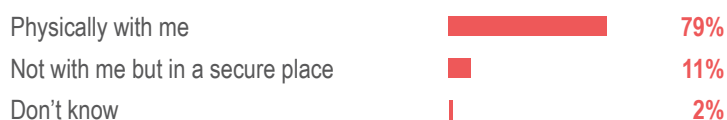
	Non-displaced	IDPs	Returnees
Owned	83%	10%	98%
Rented	8%	59%	2%
Hosted for free	0%	31%	0%
Other	10%	1%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
300	500	300

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

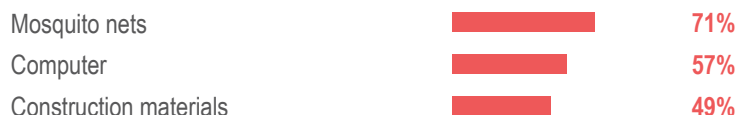|	
Physically with me	79%
Not with me but in a secure place	11%
Don't know	2%

2% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection (2%), top 3 most commonly-reported reasons*:

Cannot afford rent	100%

NFI NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Mosquito nets	71%
Computer	57%
Construction materials	49%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (100%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
3	2	0

* HHs could select multiple answers

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EDUCATION
Ejdabia

🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

		Boys	Girls
👤	Non-displaced	91%	94%
🏃	IDPs	93%	99%
🏃	Returnees	96%	98%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

3%	1%
Boys	Girls

Among HHs with children enrolled in school (66%), top 3 issues that their children reportedly faced when attending school, by population group*:

👤 Non-displaced		🏃 IDPs		🏃 Returnees	
5%	Overcrowding	1%	Lack of separate and safe toilets for boys and girls	8%	Poor quality of teachers
4%	Poor quality of teachers	1%	Lack of clean water	0%	Lack of functioning latrines
1%	Lack of functioning latrines	1%	Overcrowding	0%	Lack of separate and safe toilets for boys and girls

🏫 CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (7%), length of time they have reportedly not been enrolled in school:

Less than 1 month	0%
1 - 3 months	96%
4 - 6 months	0%
More than 6 months	0%
Entire 2018-2019 school year	4%

Among school-aged children who are neither enrolled in nor attending school (7%), top 3 reported reasons, by %*:

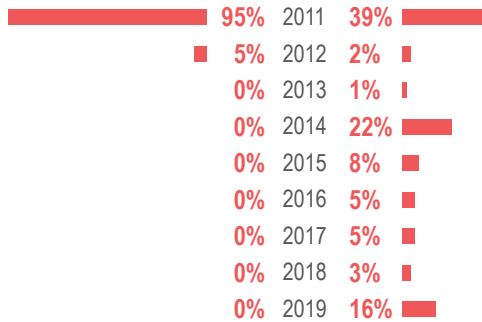| Don't know	50%
Prefer not to answer	24%
Problems with means, transport or materials	13%

📖 NON-FORMAL EDUCATION

28 % of HHs with school-aged children (7%) reported that their children were attending **non-formal educational programmes**.
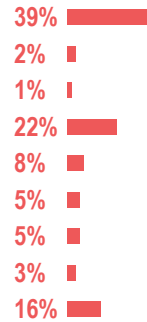
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* HHs could select multiple answers

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🚶 DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

95%	2011
5%	2012
0%	2013
0%	2014
0%	2015
0%	2016
0%	2017
0%	2018
0%	2019

Year that IDP/returnee HHs were initially displaced,

39%	2011
2%	2012
1%	2013
22%	2014
8%	2015
5%	2016
5%	2017
3%	2018
16%	2019

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
98%	1 time	**74%**
0%	2 times	**17%**
0%	3 times	**5%**

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Got evicted from dwelling

Pull factors
1. My tribe is here
2. More secure environment
3. Friends or family living here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. No opportunity for work

Pull factors
1. Own property in chosen area
2. My tribe is here
3. Friends or family living here

🚶 FREEDOM OF MOVEMENT

0 — % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

👫 DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
83%	Passport	61%	Passport	89%	Passport
14%	National ID card	51%	Property docs	11%	National identifier
11%	Property docs	7%	National identifier	11%	Other

❓🧍 MISSING PEOPLE

0 — % of HHs reported having a family member missing.

💥 HAZARDS FROM UNEXPLODED ORDNANCE

3 — % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

0 — % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
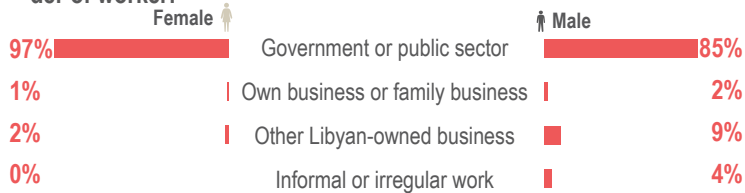
* HHs could select multiple answers

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CASH & MARKETS
Ejdabia

🏃 WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	36%	52%
Temporary job	3%	5%	1%
Daily labour	4%	2%	1%
Permanent job (gov. payroll) without regular attendance	10%	14%	0%
Children (17 or less)			
Any type of labour	2%	2%	5%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female 👩		Male 👨
97%	Government or public sector	85%
1%	Own business or family business	2%
2%	Other Libyan-owned business	9%
0%	Informal or irregular work	4%

💵 INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	82%	1600
Own business income	8%	800

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
35%	41%	13%

Among HHs that reported facing challenges obtaining enough money to meet their needs (35%), main issues reported*:

Unable to withdraw enough money from bank account	48%
Salary or wages too low	40%
Salary or wages not regularly paid	33%
Lack of work opportunities	20%

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	150	600	150
Rent	300	500	300
Shelter maintenance	1000	0	0
Water	0	0	0
Non-food HH items	0	40	0
Utilities	0	0	100
Fuel	60	10	0
Health-related expenditures	0	100	200
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	15	50	10
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	700	0

Main reported modality for HH expenditure*:

Cheques	58%
Cash (LYD)	41%
Prepaid or gift card	1%
Mobile money	0%

Reported travel time to nearest market, per population group:

Less than 15 min	63%
15 - 29 min	34%
More than 30 min	2%

98% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

25

1. Fresh fish/meat/eggs
2. Other
3. Fresh vegetables/fruits

Not available:

0

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[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

* HHs could select multiple answers

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ACCOUNTABILITY TO AFFECTED POPULATION - Ejdabia

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced		IDPs		Returnees	
83%	Access to cash	95%	Access to cash	87%	Access to cash
48%	Medical care	53%	Food	72%	Medical care
43%	Food	52%	Shelter support	58%	Food

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
6%	11%	0%

Among HHs that received humanitarian assistance (6%), most-commonly reported modalities of assistance received*:

In-kind	50%
Cash	42%
Mixed (in-kind and cash/voucher)	25%

99 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **99%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
62%	68%	75%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

TV	25%
Social media	19%
Do not receive information	14%
Community leaders	7%

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced		IDPs		Returnees	
57%	Cash in hand	62%	Cash in hand	45%	Cash in hand
23%	Do not want to receive assistance	17%	Mixed (cash and in-kind)	25%	Do not want to receive assistance
11%	Mixed (cash and in-kind)	13%	Do not want to receive assistance	23%	Mixed (cash and in-kind)

FEEDBACK ON ASSISTANCE

9 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
Humanitarian Aid

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WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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humanitarian action

Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
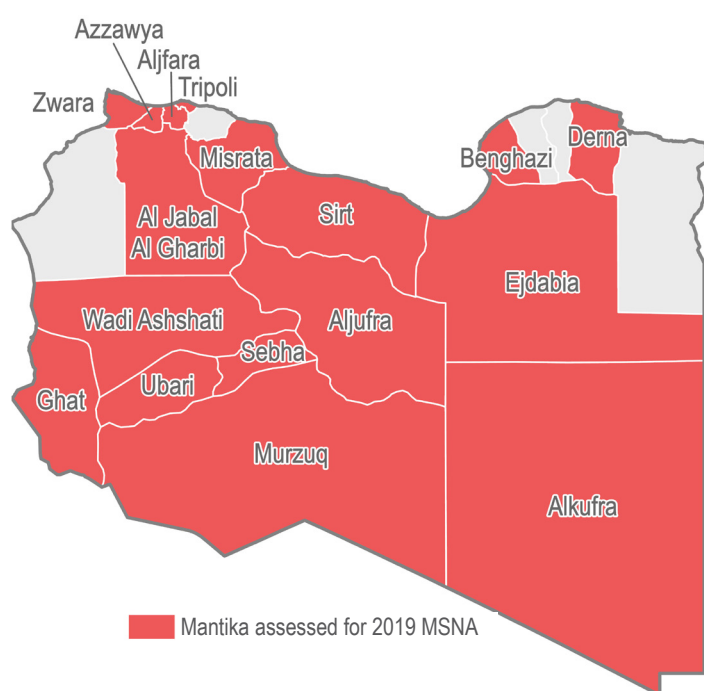
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

📍 Assessment sample

Households:

- Non-displaced:	**113**
- IDP:	**110**
- Returnee:	**78**
- Total:	**301**

Average household size: 5

Proportion of female-headed households: 13%

Demographics

Female	Age	Male
47%	Overall	53%
1%	65+	2%
30%	18-64	34%
5%	0-17	18%

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[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
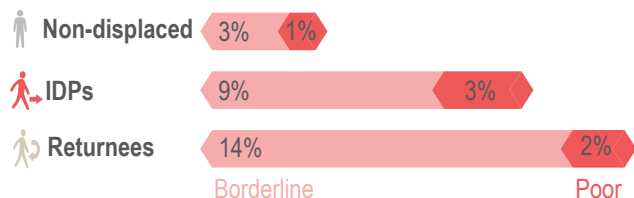[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
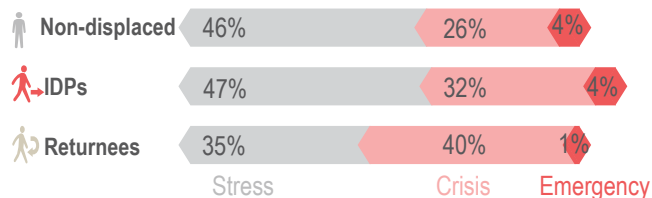
REACH Informing more effective humanitarian action

FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:
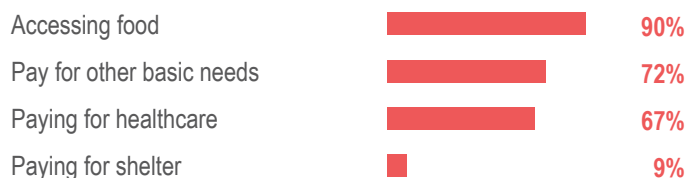
Non-displaced   3%   1%
IDPs   9%   3%
Returnees   14%   2%

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced   77%   22%   1%
IDPs   60%   22%   19%
Returnees   68%   15%   17%

Low   Medium   High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

Non-displaced   46%   26%   4%
IDPs   47%   32%   4%
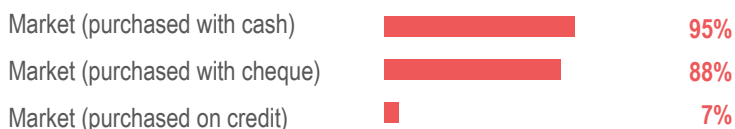Returnees   35%   40%   1%

Stress   Crisis   Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (77%) most commonly reported doing so to be able to*:

Accessing food   **90%**
Pay for other basic needs   **72%**
Paying for healthcare   **67%**
Paying for shelter   **9%**

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)   **95%**
Market (purchased with cheque)   **88%**
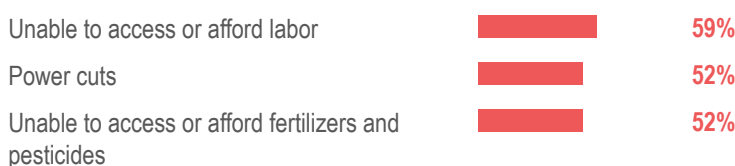Market (purchased on credit)   **7%**

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production   **5%**
Livestock rearing   **7%**
Fishing   **2%**

92 Of HHs that were engaged in crop production during the assessment (5%), **92%** reported that the conflict has negatively affected their production.
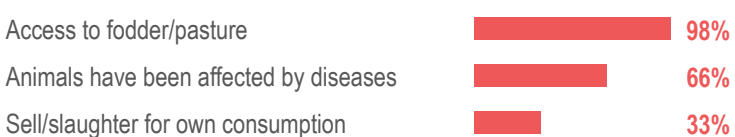
Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Unable to access or afford labor   **59%**
Power cuts   **52%**
Unable to access or afford fertilizers and pesticides   **52%**

38 Of HHs that were engaged in livestock rearing during the assessment (7%), **38%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Access to fodder/pasture   **98%**
Animals have been affected by diseases   **66%**
Sell/slaughter for own consumption   **33%**

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Ghat

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

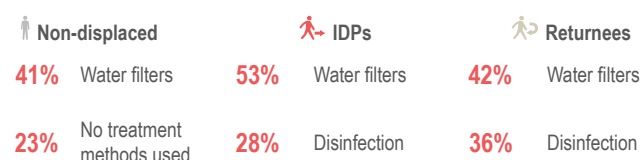|	
Public network	84%
Bottled water	0%
Water trucking	13%
Other	3%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
64%	83%	89%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	80%	71%	42%
Taste is not good	7%	5%	4%
Water is discoloured	18%	25%	58%

Most commonly-reported water treatment method per population group:

Non-displaced	IDPs	Returnees
41% Water filters	53% Water filters	42% Water filters
23% No treatment methods used	28% Disinfection	36% Disinfection

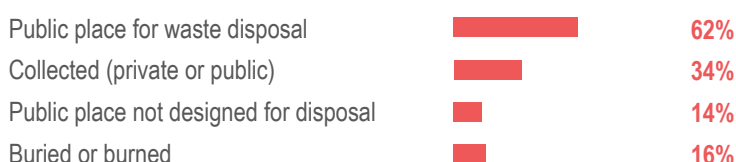**55** % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

👫 SANITATION

Among HHs with a toilet in their shelter or within easy reach (99%) top 2 most commonly-reported types of toilets:

|	
Flush toilet	29%
Pour toilet	66%

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	62%
Collected (private or public)	34%
Public place not designed for disposal	14%
Buried or burned	16%

Among the HHs not having their waste collected (66%), reported distance to the trash disposal point:

0 - 200 m	33%
201 - 400 m	67%
401 m or more	0%

Among the HHs having their waste collected (34%), frequency of trash collection:
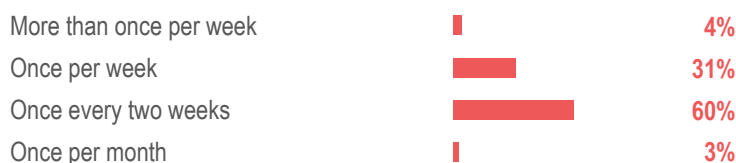
More than once per week	4%
Once per week	31%
Once every two weeks	60%
Once per month	3%

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
13%	43%	51%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Soap (liquid and bar)
3. Water container
4. Dishwashing liquid
5. Baby diapers
6. Sanitary pads

Among HHs unable to purchase required hygiene items (24%), most commonly reported reason*:

Too expensive	50%
Quality not good	49%
Not available in the market	10%

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

78 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
74%	Lack of medical staff in general	74%	Lack of medical staff in general	46%	Lack of medical staff in general
59%	Lack of medicines	59%	Lack of medicines	43%	Lack of medical supplies
43%	Lack of medical supplies	55%	Lack of female medical staff in particular	37%	Lack of female medical staff in particular

Reported travel time by car to the nearest health service provider:

< 15 minutes	49%
15 - 29 minutes	39%
30- 59 minutes	12%
1 hour or more	1%

1 Average number of minors per HH with vaccination cards (among HHs with minors (65%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
30%	34%	23%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

| Blood pressure | 41% |
| Diabetes | 33% |

* HHs could select multiple answers

90 Among HHs with at least 1 member reported to be suffering from a chronic disease (31%), **90%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
5%	5%	1%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (90%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	87%
Psychiatric medicines	87%
Skilled nurses	45%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
2%	0%	1%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (1%) and no or limited access to the health care they need to treat or manage their condition (100%), most commonly-reported services not available*:

Psychosocial support	53%
Physical therapy and/or rehabilitation	53%
Prefer not to answer	47%

CHILD DISTRESS

0 Among HHs with minors (65%), **0%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

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SHELTER & NON-FOOD ITEMS (NFIs) Ghat

SHELTER

88 % of HHs reported that they are living in a house or an apartment.

0% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

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

	Non-displaced	IDPs	Returnees
Owned	96%	65%	82%
Rented	4%	8%	13%
Hosted for free	1%	23%	5%
Other	0%	4%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
200	150	230

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Gas/electric stove	76%
Computer	73%
Mobile phone	68%

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	74%
Not with me but in a secure place	20%
Prefer not to answer	1%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (99%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
11	11	11

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	97%	97%
IDPs	99%	99%
Returnees	93%	97%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	0%
Boys	**Girls**

Among HHs with children enrolled in school (48%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
34%	Lack of functioning latrines	46%	Lack of functioning latrines	46%	Lack of functioning latrines
32%	Lack of clean water	44%	Lack of clean water	9%	Poor quality of teachers
24%	Overcrowding	2%	Lack of separate and safe toilets for boys and girls	6%	Lack of separate and safe toilets for boys and girls

CHILDREN OUT OF SCHOOL

100 % of school-aged children who are neither enrolled in nor attending school (3%), reported not having been enrolled in school the last month.

Among school-aged children who are neither enrolled in nor attending school, top 3 reported reasons, by %*:

Problems with school infrastructure	69%
Prefer not to answer	30%
Problems with quality, curriculum, or capacity	1%

NON-FORMAL EDUCATION

29 % of HHs with school-aged children (2%) reported that their children were attending **non-formal educational programmes**.
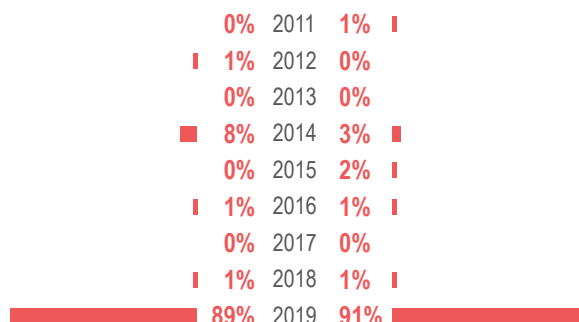
* HHs could select multiple answers

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PROTECTION
Ghat

🚶 DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced,

	Year	
0%	2011	1%
1%	2012	0%
0%	2013	0%
8%	2014	3%
0%	2015	2%
1%	2016	1%
0%	2017	0%
1%	2018	1%
89%	2019	91%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
100%	1 time	98%
0%	2 times	2%
0%	3 times	0%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. Flooding or other natural disaster
2. Dwelling destroyed
3. No security/conflict in the area

Pull factors
1. Friends or family living here
2. Own property in chosen area
3. My tribe is here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. Flooding or other natural disaster
2. No security/conflict in the area
3. Problems accessing healthcare

Pull factors
1. My tribe is here
2. Own property in chosen area
3. Friends or family living here

🚶 FREEDOM OF MOVEMENT

0 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

👫 DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
87%	Passport	96%	Passport	83%	Passport
13%	National ID card	64%	National identifier	48%	National identifier
10%	Property docs	48%	Certificate nationality	44%	Certificate nationality

❓🧍 MISSING PEOPLE

0 % of HHs reported having a family member missing.

💥 HAZARDS FROM UNEXPLODED ORDNANCE

0 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

0 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
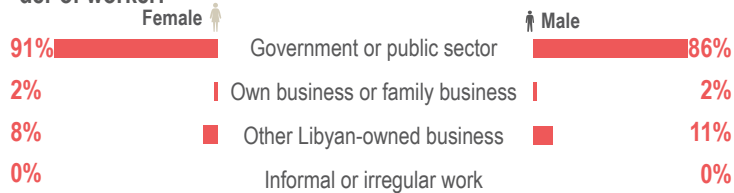
* HHs could select multiple answers

🏃 WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	45%	40%
Temporary job	3%	7%	9%
Daily labour	4%	1%	0%
Permanent job (gov. payroll) without regular attendance	10%	3%	2%
Children (17 or less)			
Any type of labour	4%	5%	0%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female 👩		Male 👨
91%	Government or public sector	86%
2%	Own business or family business	2%
8%	Other Libyan-owned business	11%
0%	Informal or irregular work	0%

💵 INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	83%	1200
Own business income	1%	300
Salaried work	83%	0
Casual labour	0%	0
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
82%	90%	74%

Among HHs that reported facing challenges obtaining enough money to meet their needs (84%), main issues reported*:

Unable to withdraw enough money from bank account	87%
Salary or wages too low	50%
Salary or wages not regularly paid	41%
Lack of work opportunities	25%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	600	700	60
Rent	200	150	230
Shelter maintenance	120	50	0
Water	0	40	0
Non-food HH items	180	150	0
Utilities	0	65	0
Fuel	250	140	35
Health-related expenditures	0	40	25
Education-related expenditures	0	900	0
Transportation	0	0	0
Mobile phone credit	50	30	60
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	39%
Bank transfers	30%
Cheques	17%
Prepaid or gift card	14%

Reported travel time to nearest market, per population group:

Less than 15 min	49%
15 - 29 min	39%
More than 30 min	12%

97% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:
56
1. Fresh vegetables/fruits
2. Fresh fish/meat/eggs
3. Fuel

Not available:
20
1. Fuel
2. Water
3. Other

* HHs could select multiple answers

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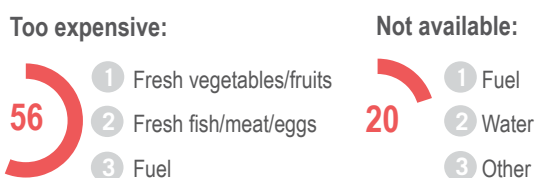
ACCOUNTABILITY TO AFFECTED POPULATION - Ghat

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced		IDPs		Returnees	
88%	Access to cash	82%	Access to cash	63%	Medical care
65%	Medical care	60%	Medical care	54%	Access to cash
45%	Electricity or fuel	47%	Food	33%	Shelter support

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
37%	64%	55%

Among HHs that received humanitarian assistance (46%), most-commonly reported modalities of assistance received*:

In-kind	79%
Mixed (in-kind and cash/voucher)	17%
vouchers	3%

59 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **59%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
44%	36%	74%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

TV	44%
Social media	28%
Family members and friends	9%
Community leaders	9%

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced		IDPs		Returnees	
56%	Cash in hand	49%	Cash in hand	40%	Cash in hand
25%	Mixed (cash and in-kind)	30%	Mixed (cash and in-kind)	31%	Mixed (cash and in-kind)
8%	In-kind	10%	In-kind	12%	In-kind

FEEDBACK ON ASSISTANCE

7 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
Humanitarian Aid

USAID
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WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
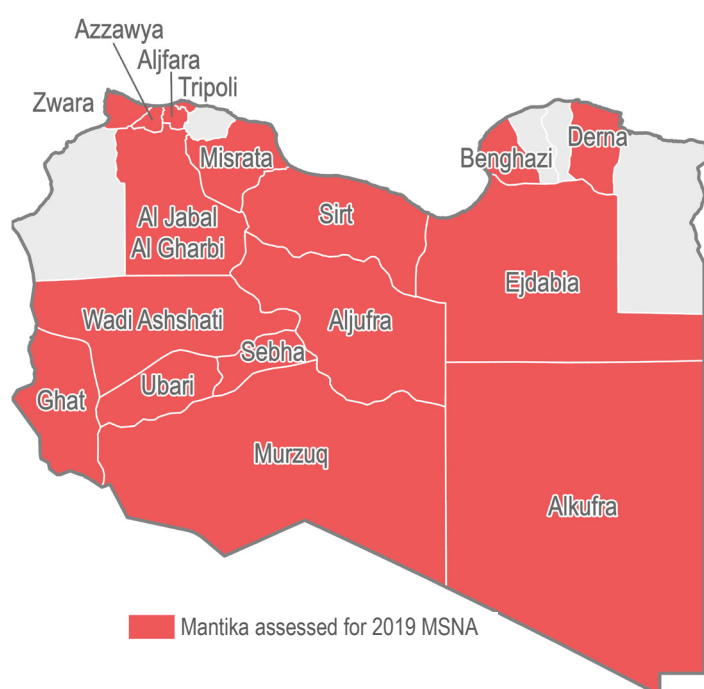
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Assessment sample

Households:

- Non-displaced: **116**
- IDP: **116**
- Returnee: **110**
- Total: **342**

Average household size: 5

Proportion of female-headed households: 9%

Demographics

Female	Age	Male
47%	Overall	55%
1%	65+	2%
30%	18-64	31%
5%	0-17	23%

Map legend: Mantika assessed for 2019 MSNA

Mantikas shown on map: Azzawya, Aljfara, Tripoli, Zwara, Misrata, Al Jabal Al Gharbi, Sirt, Benghazi, Derna, Wadi Ashshati, Sebha, Ejdabia, Ghat, Ubari, Aljufra, Murzuq, Alkufra

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
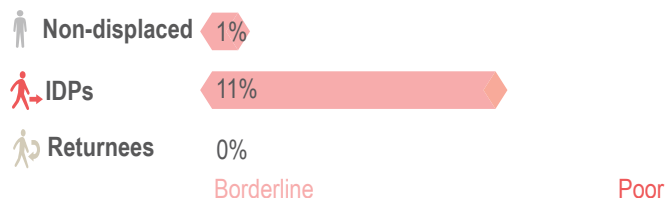[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
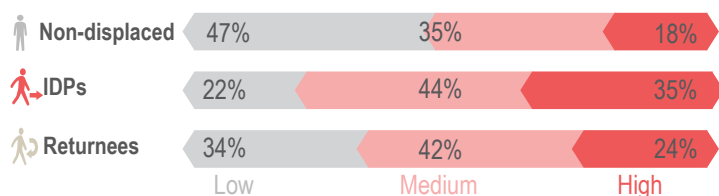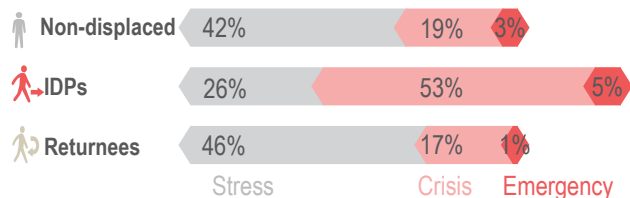
Funded by European Humanitarian

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FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

Non-displaced 1%
IDPs 11%
Returnees 0%

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

	Low	Medium	High
Non-displaced	47%	35%	18%
IDPs	22%	44%	35%
Returnees	34%	42%	24%

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

	Stress	Crisis	Emergency
Non-displaced	42%	19%	3%
IDPs	26%	53%	5%
Returnees	46%	17%	1%

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (65%) most commonly reported doing so to be able to*:

Pay for other basic needs	76%
Accessing food	60%
Paying for healthcare	36%
Paying for education	4%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	98%
Market (purchased on credit)	47%
Market (purchased with cheque)	41%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	34%
Livestock rearing	4%
Fishing	3%

12 Of HHs that were engaged in crop production during the assessment (34%), **12%** reported that the conflict has negatively affected their production.
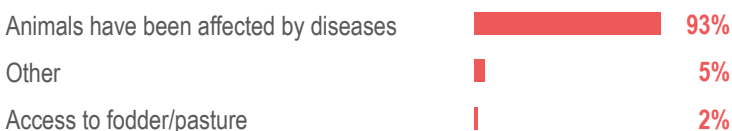
Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Unable to access or afford land	50%
Had to leave land due to displacement	17%
Unable to access or afford fertilizers and pesticides	17%
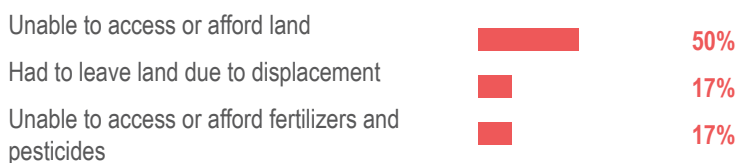
27 Of HHs that were engaged in livestock rearing during the assessment (4%), **27%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Animals have been affected by diseases	93%
Other	5%
Access to fodder/pasture	2%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Misrata

🔴 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network	12%
Bottled water	86%
Water trucking	0%
Other	3%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
10%	16%	4%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	96%	93%	85%
Taste is not good	3%	6%	15%
Water is discoloured	0%	2%	0%

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs		Returnees	
60%	No treatment methods used	88%	No treatment methods used	94%	No treatment methods used
20%	Disinfection	13%	Disinfection	6%	Water filters

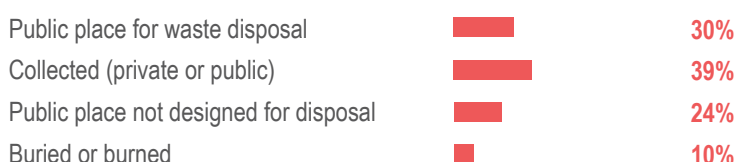**20** % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

🚹🚺 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet	100%
Pour toilet	0%

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	30%
Collected (private or public)	39%
Public place not designed for disposal	24%
Buried or burned	10%

Among the HHs not having their waste collected (61%), reported distance to the trash disposal point:

0 - 200 m	7%
201 - 400 m	18%
401 m or more	75%

Among the HHs having their waste collected (39%), frequency of trash collection:

More than once per week	60%
Once per week	21%
Once every two weeks	17%
Once per month	0%

🔴 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
4%	13%	3%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Toothpaste
2. Clean toothbrushes
3. Disinfectant
4. Sanitary pads
5. Soap (liquid and bar)
6. Baby diapers

Among HHs unable to purchase required hygiene items (5%), most commonly reported reason*:

Too expensive	80%
Quality not good	0%
Not available in the market	1%
Can't reach the market	19%

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

28 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
42%	No/lack of money to pay for care	65%	No/lack of money to pay for care	67%	Distance to health facilities is too far
32%	Distance to health facilities is too far	43%	Lack of medicines	33%	Lack of female medical staff in particular
29%	Lack of medical supplies	35%	Lack of medical supplies	15%	No/lack of money to pay for care

Reported travel time by car to the nearest health service provider:

< 15 minutes	75%
15 - 29 minutes	21%
30- 59 minutes	3%
1 hour or more	0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (76%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
28%	16%	13%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	62%
Blood pressure	33%

68 Among HHs with at least 1 member reported to be suffering from a chronic disease (27%), **68%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
1%	2%	0%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (68%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	50%
Skilled nurses	50%
Psychiatric medicines	50%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
3%	6%	1%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (4%) and no or limited access to the health care they need to treat or manage their condition (99%), most commonly-reported services not available*:

Physical therapy and/or rehabilitation	98%
Psychosocial support	26%
Wheelchair	25%

CHILD DISTRESS

11 Among HHs with minors (76%), **11%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (11%), most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
65%	Nightmares or sleep disturbances	77%	No negative behavior changes in children aged 13-17
46%	New or recurring fears (e.g., fear of the dark, fear of being alone, fear of strangers)	21%	Nightmares or sleep disturbances

* HHs could select multiple answers

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SHELTER

100 % of HHs reported that they are living in a house or an apartment.

% of HHs reporting living in each shelter occupancy arrangement, per population group:
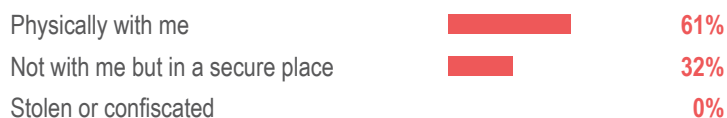
	Non-displaced	IDPs	Returnees
Owned	95%	7%	94%
Rented	5%	55%	3%
Hosted for free	0%	29%	4%
Other	0%	7%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
650	300	250

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	61%
Not with me but in a secure place	32%
Stolen or confiscated	0%

0% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Mosquito nets	65%
Gnerator	51%
Computer	35%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (99%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
5	5	5

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	100%	100%
IDPs	99%	98%
Returnees	83%	86%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%
Boys

1%
Girls

Among HHs with children enrolled in school (59%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
41%	Lack of clean water	28%	Lack of functioning latrines	37%	Lack of clean water
38%	Lack of functioning latrines	26%	Lack of clean water	35%	Lack of functioning latrines
23%	Lack of separate and safe toilets for boys and girls	20%	Overcrowding	16%	Lack of separate and safe toilets for boys and girls

* HHs could select multiple answers
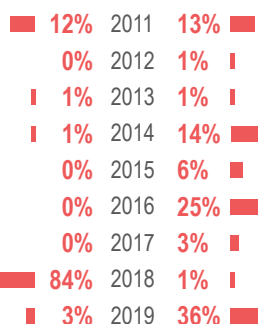
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DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

12%	2011	13%
0%	2012	1%
1%	2013	1%
1%	2014	14%
0%	2015	6%
0%	2016	25%
0%	2017	3%
84%	2018	1%
3%	2019	36%
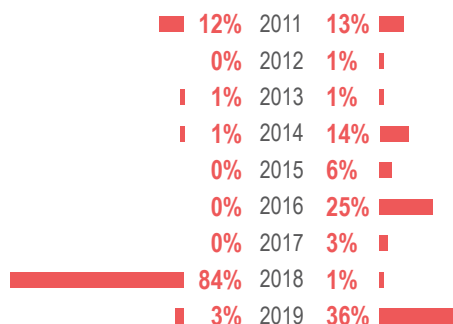
% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
84%	1 time	72%
15%	2 times	27%
1%	3 times	2%

Top 3 push and pull factors reported by IDP HHs:

Push factors	Pull factors
1 No security/conflict in the area	1 Friends or family living here
2 Got evicted from dwelling	2 More secure environment
3 Threat of violence on the household	3 More economic opportunities here

Top 3 push and pull factors reported by returnee HHs:

Push factors	Pull factors
1 No security/conflict in the area	1 Conflict is over in my baladiya
2 Problems accessing healthcare	2 My tribe is here
3 Problems accessing education	3 Friends or family living here

FREEDOM OF MOVEMENT

14 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (14%) most commonly reported the following causes of such restrictions:

Activities of armed groups	88%
Checkpoints	43%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
67%	Passport	47%	Property docs	72%	Passport
52%	Family books	46%	Family books	54%	Family books
5%	Property docs	46%	Passport	15%	Property docs

MISSING PEOPLE

5 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

5 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

2 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO

* HHs could select multiple answers

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CASH & MARKETS
Misrata

🏃 WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	41%	54%
Temporary job	3%	8%	1%
Daily labour	4%	3%	1%
Permanent job (gov. payroll) without regular attendance	10%	16%	3%
Children (17 or less)			
Any type of labour	5%	4%	0%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
69%	Government or public sector	53%
2%	Own business or family business	12%
27%	Other Libyan-owned business	33%
1%	Informal or irregular work	1%

💵 INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	42%	1800
Own business income	12%	0
Salaried work	42%	1350
Casual labour	2%	0
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
45%	67%	71%

Among HHs that reported facing challenges obtaining enough money to meet their needs (47%), main issues reported*:

Unable to withdraw enough money from bank account	93%
Salary or wages too low	52%
Salary or wages not regularly paid	40%
Lack of work opportunities	12%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	100	800	650
Rent	650	300	250
Shelter maintenance	50	0	0
Water	75	60	25
Non-food HH items	25	20	10
Utilities	0	0	0
Fuel	50	45	25
Health-related expenditures	50	0	0
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	90	75	35
Productive assets	150	0	0
Debt repayment	0	0	0
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	92%
Cheques	6%
Bank transfers	1%
Other	1%

Reported travel time to nearest market, per population group:

Less than 15 min	75%
15 - 29 min	21%
More than 30 min	3%

91% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

27
1. Fresh vegetables/fruits
2. Fresh fish/meat/eggs
3. Other

Not available:

1
1. Fresh vegetables/fruits
2. Fresh fish/meat/eggs
3. Other

* HHs could select multiple answers

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PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
62%	Access to cash	78%	Access to cash	91%	Access to cash
62%	Medical care	53%	Medical care	61%	Electricity or fuel
59%	Electricity or fuel	43%	Electricity or fuel	48%	Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
2%	42%	1%

Among HHs that received humanitarian assistance (5%), most-commonly reported modalities of assistance received*:

In-kind	61%
Mixed (in-kind and cash/voucher)	20%
Cash	12%

53 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **53%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
57%	34%	33%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Do not receive information	34%
Family members and friends	25%
Community leaders	21%
Social media	8%

Top 3 most commonly reported preferred kinds of assistance*:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
71%	Do not want to receive assistance	78%	Cash in hand	84%	Cash in hand
22%	Cash in hand	9%	Mixed (cash and in-kind)	12%	Do not want to receive assistance
3%	Services	9%	Do not want to receive assistance	4%	In-kind

FEEDBACK ON ASSISTANCE

3 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
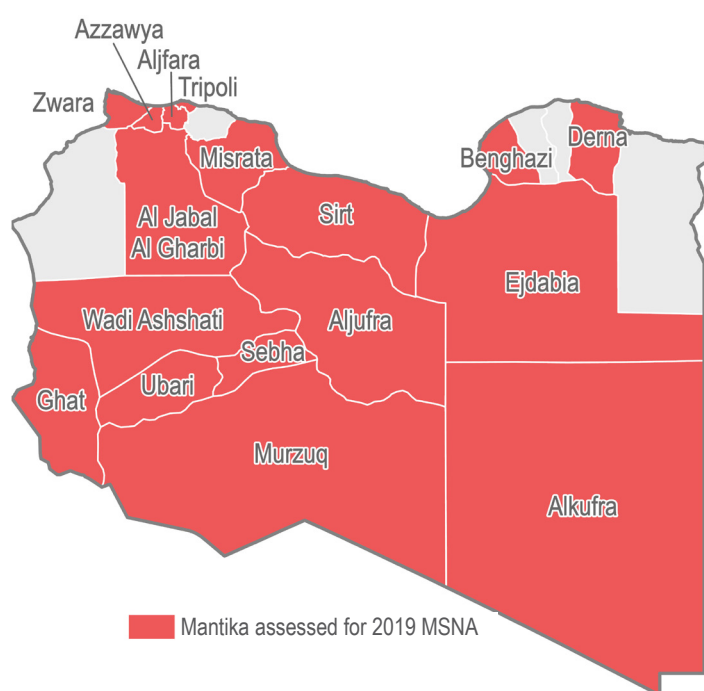
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Assessment sample

Households:

- *Non-displaced:* **95**
- *IDP:* **87**
- *Returnee:* **43**
- *Total:* **225**

Average household size: 6

Proportion of female-headed households: 13%

Demographics

Female	Age	Male
47%	Overall	52%
3%	65+	2%
22%	18-64	24%
5%	0-17	26%

Mantika assessed for 2019 MSNA

(Map regions: Azzawya, Aljfara, Tripoli, Zwara, Misrata, Derna, Benghazi, Al Jabal Al Gharbi, Sirt, Wadi Ashshati, Aljufra, Ejdabia, Sebha, Ghat, Ubari, Murzuq, Alkufra)

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FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

👤 Non-displaced	2%	
🚶 IDPs	3%	1%
🚶 Returnees	2%	

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

	Low	Medium	High
👤 Non-displaced	60%	28%	12%
🚶 IDPs	67%	22%	12%
🚶 Returnees	80%	15%	5%

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

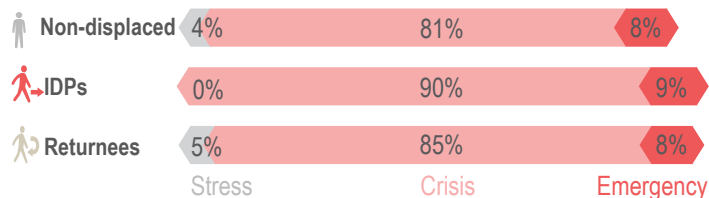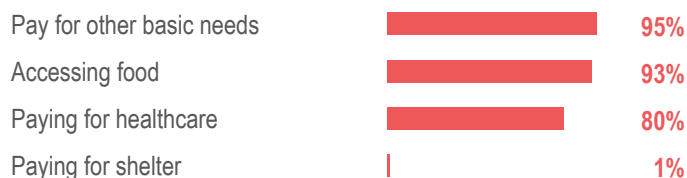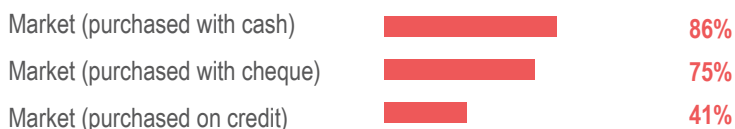|	Stress	Crisis	Emergency
👤 Non-displaced	4%	81%	8%
🚶 IDPs	0%	90%	9%
🚶 Returnees	5%	85%	8%

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (93%) most commonly reported doing so to be able to*:

Pay for other basic needs	95%
Accessing food	93%
Paying for healthcare	80%
Paying for shelter	1%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	86%
Market (purchased with cheque)	75%
Market (purchased on credit)	41%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	39%
Livestock rearing	30%
Fishing	4%

100 Of HHs that were engaged in crop production during the assessment (39%), **100%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Power cuts	99%
Insecurity	99%
Unable to access or afford fuel/tools/machinery	61%

97 Of HHs that were engaged in livestock rearing during the assessment (30%), **97%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Sell/slaughter for own consumption	95%
Access to fodder/pasture	90%
Animals have been affected by diseases	6%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Murzuq

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network	92%
Bottled water	2%
Water trucking	6%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
49%	60%	39%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	86%	78%	90%
Taste is not good	13%	20%	3%
Water is discoloured	12%	21%	8%

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs		Returnees	
86%	Water filters	63%	Water filters	100%	Water filters
14%	No treatment methods used	37%	No treatment methods used		

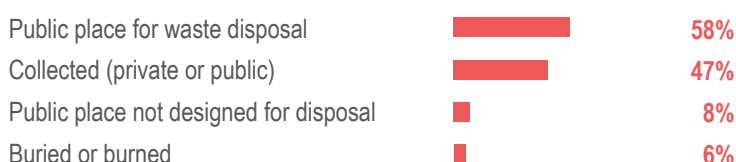**2** % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet	14%
Pour toilet	85%

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	58%
Collected (private or public)	47%
Public place not designed for disposal	8%
Buried or burned	6%

Among the HHs not having their waste collected (53%), reported distance to the trash disposal point:

0 - 200 m	45%
201 - 400 m	55%

Among the HHs having their waste collected (47%), frequency of trash collection:

More than once per week	100%

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
49%	41%	67%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Dishwashing liquid
3. Soap (liquid and bar)
4. Shampoo
5. Baby diapers
6. Water container

Among HHs unable to purchase required hygiene items (51%), most commonly reported reason*:

Too expensive	79%
Quality not good	73%
Not available in the market	4%
Can't reach the market	11%

* HHs could select multiple answers

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⊕ ACCESS TO HEALTHCARE

14 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
64%	No/lack of money to pay for care	64%	Lack of medical staff in general	100%	Lack of medical staff in general
43%	Health facilities have been damaged or destroyed	50%	Lack of female medical staff in particular	50%	Health facilities have been damaged or destroyed
43%	Distance to health facilities is too far	36%	Health facilities have been damaged or destroyed	50%	Lack of female medical staff in particular

Reported travel time by car to the nearest health service provider:

< 15 minutes	84%
15 - 29 minutes	16%
30- 59 minutes	0%
1 hour or more	0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (85%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

⚕ CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
33%	39%	46%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Blood pressure	77%
Diabetes	73%

81 Among HHs with at least 1 member reported to be suffering from a chronic disease (34%), **81%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
5%	0%	0%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (81%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	50%
Psychiatric medicines	50%
Community-based services	50%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
4%	2%	0%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (4%) and no or limited access to the health care they need to treat or manage their condition (90%), most commonly-reported services not available*:

Physical therapy and/or rehabilitation	75%
Other assistive devices	50%
Wheelchair	25%

✋ CHILD DISTRESS

3 Among HHs with minors (85%), **3%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (3%) most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
93%	New or recurring fears (e.g., fear of the dark, fear of being alone, fear of strangers)	96%	No children in the household aged 13-17
90%	Nightmares or sleep disturbances	2%	Angry or aggressive outbursts

* HHs could select multiple answers

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SHELTER & NON-FOOD ITEMS (NFIs) Murzuq

SHELTER

98 % of HHs reported that they are living in a house or an apartment.

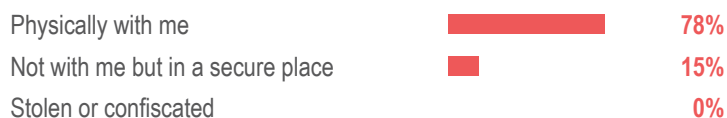**% of HHs reporting living in each shelter occupancy arrangement, per population group:**

	Non-displaced	IDPs	Returnees
Owned	93%	13%	77%
Rented	4%	54%	15%
Hosted for free	2%	31%	8%
Other	1%	2%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:
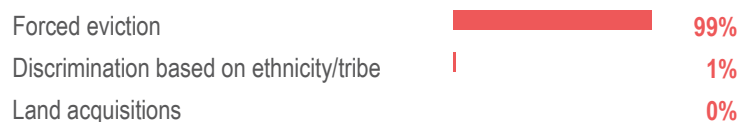
Non-displaced	IDPs	Returnees
400	250	150

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	78%
Not with me but in a secure place	15%
Stolen or confiscated	0%

4% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection (4%), top 3 most commonly-reported reasons*:

Forced eviction	99%
Discrimination based on ethnicity/tribe	1%
Land acquisitions	0%

NFI NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Computer	96%
Radio	94%
Heating system	83%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (97%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
15	14	15

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	93%	99%
IDPs	97%	92%
Returnees	98%	98%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

3%	4%
Boys	Girls

Among HHs with children enrolled in school (69%), top 3 issues that their children reportedly faced when attending school, by population group*:

	Non-displaced		IDPs		Returnees
96%	Lack of separate and safe toilets for boys and girls	89%	Lack of functioning latrines	94%	Lack of separate and safe toilets for boys and girls
94%	Lack of functioning latrines	83%	Lack of separate and safe toilets for boys and girls	94%	Overcrowding
79%	Overcrowding	65%	Overcrowding	88%	Lack of functioning latrines

CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (9%), length of time they have reportedly not been enrolled in school:

Less than 1 month	0%
1 - 3 months	1%
4 - 6 months	29%
More than 6 months	16%
Entire 2018-2019 school year	53%

Among school-aged children who are neither enrolled in nor attending school, top 3 reported reasons, by %*:

Problems with child's health or behavior**	42%
Problems with quality, curriculum, or capacity	20%
Other	16%

NON-FORMAL EDUCATION

38 % of HHs with school-aged children (9%) reported that their children were attending **non-formal educational programmes**.
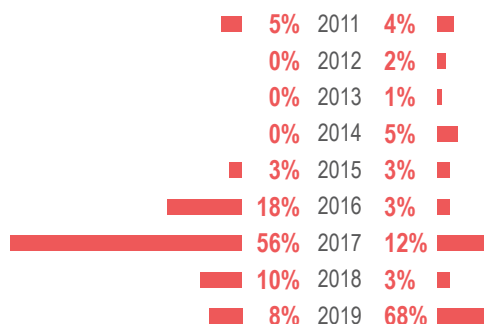
* HHs could select multiple answers

** Problems with child's health or behavior, lack of documentation, child marriage or pregnancy, discrimination, or the need for the child to work at home or for a salary.
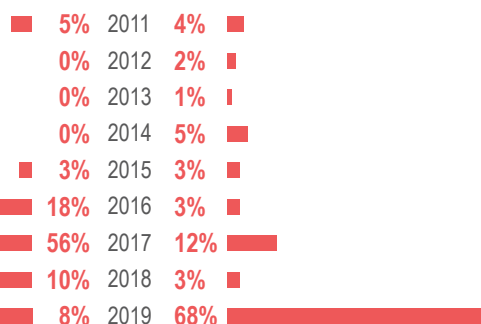
DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

%	Year	%
5%	2011	4%
0%	2012	2%
0%	2013	1%
0%	2014	5%
3%	2015	3%
18%	2016	3%
56%	2017	12%
10%	2018	3%
8%	2019	68%

Year that IDP/returnee HHs were initially displaced, by %

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
100%	1 time	94%
0%	2 times	6%
0%	3 times	0%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Problems accessing healthcare

Pull factors
1. Friends or family living here
2. More secure environment
3. My tribe is here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. Threat of violence on the household
2. No security/conflict in the area
3. Problems accessing healthcare

Pull factors
1. Friends or family living here
2. My tribe is here
3. More secure environment

FREEDOM OF MOVEMENT

9 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (9%) most commonly reported the following causes of such restrictions:

Activities of armed groups	80%
General violence	56%
Presence of explosive hazards	18%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
100%	Passport	96%	Passport	100%	Passport
49%	National ID card	64%	Certificate nationality	92%	Certificate nationality
34%	Other	56%	National ID card	50%	National ID card

MISSING PEOPLE

0 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

1 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

0 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
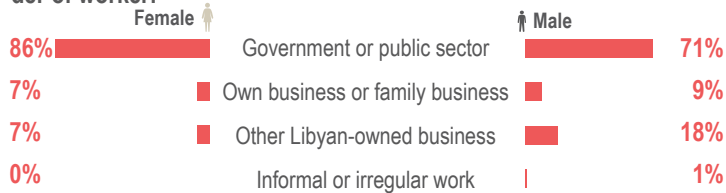
* HHs could select multiple answers

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🏃 WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	10%	17%
Temporary job	3%	10%	12%
Daily labour	4%	11%	7%
Permanent job (gov. payroll) without regular attendance	10%	43%	43%
Children (17 or less)			
Any type of labour	8%	7%	16%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female			Male
86%	Government or public sector		71%
7%	Own business or family business		9%
7%	Other Libyan-owned business		18%
0%	Informal or irregular work		1%

💵 INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	64%	1000
Own business income	16%	1000
Salaried work	64%	1500
Casual labour	1%	250
Others[1]	0%	1050

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
90%	81%	77%

Among HHs that reported facing challenges obtaining enough money to meet their needs (89%), main issues reported*:

Unable to withdraw enough money from bank account	91%
Salary or wages not regularly paid	81%
Salary or wages too low	62%
No currently functioning banks/financial institutions in my area	9%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	600	400	350
Rent	400	250	150
Shelter maintenance	80	0	0
Water	70	60	0
Non-food HH items	250	50	100
Utilities	0	0	0
Fuel	240	200	150
Health-related expenditures	1400	150	100
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	100	80	50
Productive assets	640	0	50
Debt repayment	0	300	100
Other expenditures	0	0	0

Main reported modality for HH expenditure:

Cheques	61%
Cash (LYD)	39%

Reported travel time to nearest market, per population group:

Less than 15 min	84%
15 - 29 min	16%
More than 30 min	0%

91% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive: 74
1. Fuel
2. Other
3. Fresh fish/meat/eggs

Not available: 63
1. Fuel
2. Other
3. Household items

* HHs could select multiple answers

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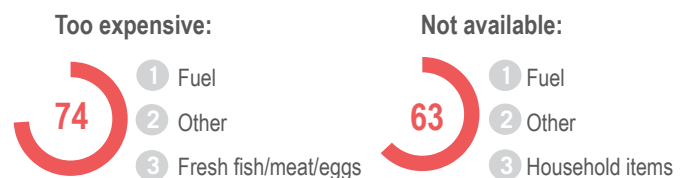
PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced		IDPs		Returnees	
81%	Access to cash	83%	Access to cash	77%	Access to cash
68%	Medical care	74%	Medical care	77%	Food
66%	Food	59%	Electricity or fuel	62%	Electricity or fuel

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
2%	18%	3%

Among HHs that received humanitarian assistance (4%), most-commonly reported modalities of assistance received*:

Mixed (in-kind and cash/voucher)	56%
In-kind	44%
Cash	6%

8 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **8%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
9%	17%	8%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Community leaders	41%
Charity organization	36%
Family members and friends	12%
Humanitarian organization	6%

Top 3 most commonly reported preferred kinds of assistance:

Non-displaced		IDPs		Returnees	
52%	Cash in hand	62%	Mixed (cash and in-kind)	59%	Mixed (cash and in-kind)
48%	Mixed (cash and in-kind)	33%	Cash in hand	31%	Cash in hand
0%	In-kind	3%	Do not want to receive assistance	8%	Do not want to receive assistance

FEEDBACK ON ASSISTANCE

2 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
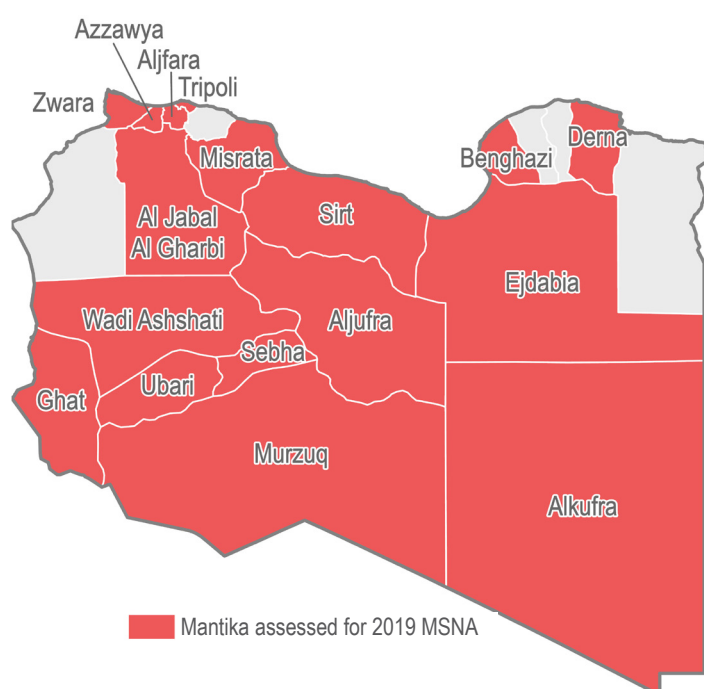
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- *Non-displaced:* **115**
- *IDP:* **112**
- *Returnee:* **93**
- *Total:* **320**

Average household size: 7

Proportion of female-headed households: 8%

Demographics

Female	Age	Male
47%	Overall	54%
1%	65+	2%
29%	18-64	32%
5%	0-17	20%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
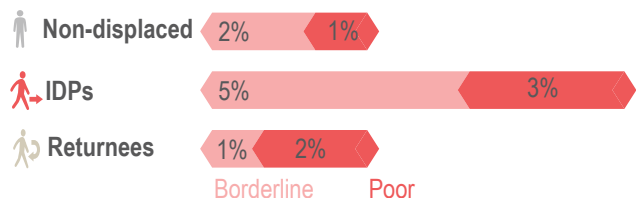[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.

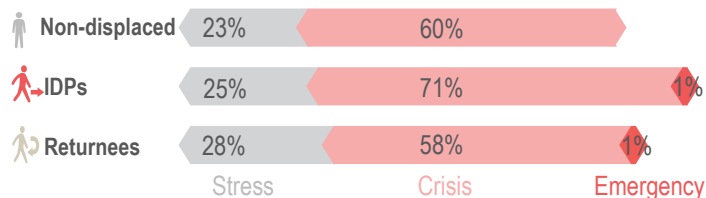Funded by European Humanita

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💰 FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

👤 **Non-displaced** 2% 1%

🚶 **IDPs** 5% 3%

🚶 **Returnees** 1% 2%

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

👤 **Non-displaced** 82% 12% 6%

🚶 **IDPs** 77% 21% 2%

🚶 **Returnees** 87% 10% 3%

Low   Medium High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

👤 **Non-displaced** 23% 60%

🚶 **IDPs** 25% 71% 1%

🚶 **Returnees** 28% 58% 1%
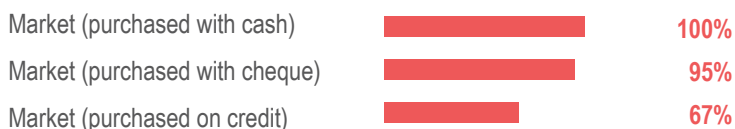
Stress   Crisis   Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (85%) most commonly reported doing so to be able to*:

Accessing food — **95%**

Pay for other basic needs — **78%**

Paying for healthcare — **56%**

Paying for shelter — **17%**

🍲 SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash) — **100%**

Market (purchased with cheque) — **95%**

Market (purchased on credit) — **67%**

🌾 AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production — **22%**

Livestock rearing — **36%**

Fishing — **2%**

97 Of HHs that were engaged in crop production during the assessment (22%), **97%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Insecurity — **93%**

Power cuts — **92%**

Unable to access or afford labor — **22%**
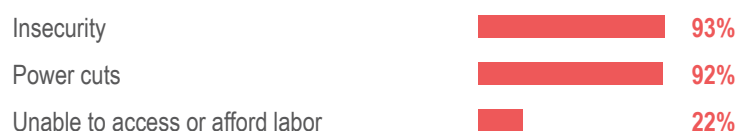
89 Of HHs that were engaged in livestock rearing during the assessment (36%), **89%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Animals have been stolen — **73%**

Access to fodder/pasture — **24%**

Animals have died — **23%**

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Sebha

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

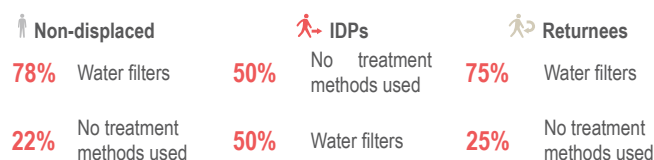|	
Public network	**36%**
Bottled water	**25%**
Water trucking	**0%**
Other	**39%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
51%	**59%**	**58%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	**79%**	**82%**	**83%**
Taste is not good	**21%**	**14%**	**17%**
Water is discoloured	**2%**	**3%**	**0%**

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs		Returnees	
78%	Water filters	**50%**	No treatment methods used	**75%**	Water filters
22%	No treatment methods used	**50%**	Water filters	**25%**	No treatment methods used

6 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet	**87%**
Pour toilet	**13%**

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	**52%**
Collected (private or public)	**25%**
Public place not designed for disposal	**25%**
Buried or burned	**0%**

Among the HHs not having their waste collected (75%), reported distance to the trash disposal point:

0 - 200 m	**48%**
201 - 400 m	**42%**
401 m or more	**11%**

Among the HHs having their waste collected (25%), frequency of trash collection:

More than once per week	**90%**
Once per week	**10%**

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
4%	**4%**	**5%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Water container
2. Sanitary pads
3. Soap (liquid and bar)
4. Disinfectant
5. Toothpaste
6. Clean toothbrushes

Among HHs unable to purchase required hygiene items (5%), most commonly reported reason*:

Too expensive	**99%**
Quality not good	**18%**

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

23 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

	Non-displaced		IDPs		Returnees
54%	Lack of medical staff in general	50%	Lack of medicines	55%	Lack of medical staff in general
50%	Lack of female medical staff in particular	46%	Lack of medical staff in general	55%	Lack of female medical staff in particular
42%	Lack of medicines	18%	Route to health facilities is unsafe	50%	Lack of medicines

Reported travel time by car to the nearest health service provider:

< 15 minutes		**89%**
15 - 29 minutes		**11%**

1 Average number of minors per HH with vaccination cards (among HHs with minors (94%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
27%	26%	36%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	**73%**
Blood pressure	**49%**

50 Among HHs with at least 1 member reported to be suffering from a chronic disease (27%), **50%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
4%	0%	0%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (50%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	**100%**
Skilled nurses	**33%**
Psychiatric medicines	**33%**

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
2%	0%	3%

CHILD DISTRESS

1 Among HHs with minors (94%), **1%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

* HHs could select multiple answers

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SHELTER & NON-FOOD ITEMS (NFIs)
Sebha

SHELTER

100 % of HHs reported that they are living in a house or an apartment.

% of HHs reporting living in each shelter occupancy arrangement, per population group:
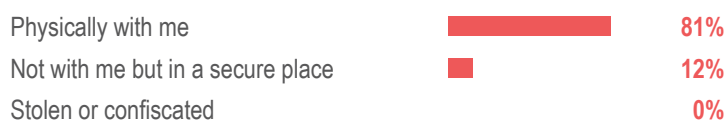
	Non-displaced	IDPs	Returnees
Owned	83%	21%	87%
Rented	11%	71%	7%
Hosted for free	6%	7%	4%
Other	0%	1%	2%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
500	350	250

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	81%
Not with me but in a secure place	12%
Stolen or confiscated	0%

2% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection (2%), top 3 most commonly-reported reasons*:

Discrimination based on ethnicity/tribe	91%
Forced eviction	9%
Punitive measures or retaliatory "law and order" actions	2%

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Generator	84%
Computer	68%
Construction material & equipment	54%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (98%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
11	9	11

* HHs could select multiple answers

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🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
👤 Non-displaced	99%	99%
🚶 IDPs	98%	98%
🚶 Returnees	98%	100%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	1%
Boys	Girls

Among HHs with children enrolled in school (79%), top 3 issues that their children reportedly faced when attending school, by population group*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
15%	Poor quality of teachers	14%	Overcrowding	19%	Overcrowding
12%	Overcrowding	8%	Poor quality of teachers	15%	Poor quality of teachers
8%	Lack of separate and safe toilets for boys and girls	3%	Lack of clean water	3%	Lack of functioning latrines

🏫 CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (3%), length of time they have reportedly not been enrolled in school:

Less than 1 month	5%
1 - 3 months	5%
4 - 6 months	0%
More than 6 months	0%
Entire 2018-2019 school year	91%

Among school-aged children who are neither enrolled in nor attending school, top 3 reported reasons*:

Don't know	31%
Problems with child**	31%
Other	30%

📖 NON-FORMAL EDUCATION

34 % of HHs with school-aged children (3%) reported that their children were attending **non-formal educational programmes**.
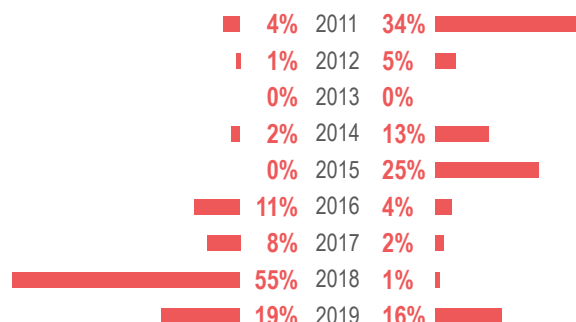
* HHs could select multiple answers

**Problems with child's health or behavior, lack of documentation, child marriage or pregnancy, discrimination, or the need for the child to work at home or for a salary
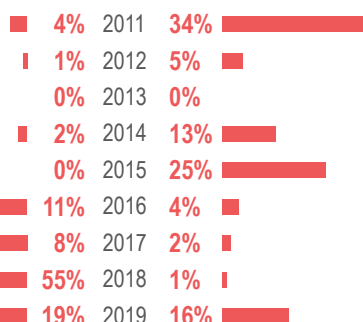
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DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee	Year	IDP
4%	2011	34%
1%	2012	5%
0%	2013	0%
2%	2014	13%
0%	2015	25%
11%	2016	4%
8%	2017	2%
55%	2018	1%
19%	2019	16%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
48%	1 time	90%
11%	2 times	9%
16%	3 times	1%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Dwelling destroyed

Pull factors
1. More secure environment
2. More economic opportunities here
3. Cheaper rent prices in chosen area

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Presence of explosive hazards

Pull factors
1. Conflict is over in my baladiya
2. Own property in chosen area
3. My tribe is here

FREEDOM OF MOVEMENT

34 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (34%) most commonly reported the following causes of such restrictions:

Activities of armed groups	97%
General violence	30%
Checkpoints	3%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
83%	Passport	90%	Passport	94%	Passport
27%	Family books	27%	National ID card	33%	Certificate nationality
6%	National ID card	25%	Residence certificate	30%	Family books

MISSING PEOPLE

3 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

2 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

1 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
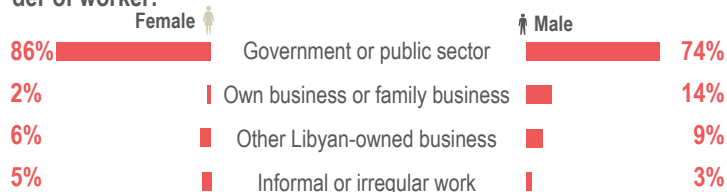
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	44%	50%
Temporary job	3%	9%	7%
Daily labour	4%	3%	2%
Permanent job (gov. payroll) without regular attendance	10%	16%	11%
Children (17 or less)			
Any type of labour	2%	1%	3%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
86%	Government or public sector	74%
2%	Own business or family business	14%
6%	Other Libyan-owned business	9%
5%	Informal or irregular work	3%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	32%	1300
Own business income	11%	1700
Salaried work	32%	400
Casual labour	1%	500
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
59%	63%	49%

Among HHs that reported facing challenges obtaining enough money to meet their needs (59%), main issues reported*:

Unable to withdraw enough money from bank account	78%
Salary or wages not regularly paid	59%
Lack of work opportunities	34%
Salary or wages too low	20%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	1400	650	350
Rent	500	350	250
Shelter maintenance	0	0	0
Water	100	80	0
Non-food HH items	170	80	100
Utilities	0	0	0
Fuel	110	150	70
Health-related expenditures	130	70	0
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	90	40	40
Productive assets	0	0	0
Debt repayment	0	180	0
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	71%
Bank transfers	18%
Cheques	10%
Prepaid or gift card	1%

Reported travel time to nearest market, per population group:

Less than 15 min	89%
15 - 29 min	11%

99% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

48
1. Fresh fish/meat/eggs
2. Fuel
3. Fresh vegetables/fruits

Not available:

2
1. Fuel
2. Fresh fish/meat/eggs
3. Medicine or health-related items

* HHs could select multiple answers

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ACCOUNTABILITY TO AFFECTED POPULATION - Sebha

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced	IDPs	Returnees
90% Access to cash	**96%** Access to cash	**80%** Access to cash
49% Electricity or fuel	**45%** Electricity or fuel	**74%** Electricity or fuel
47% Food	**43%** Food	**46%** Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
6%	**30%**	**14%**

Among HHs that received humanitarian assistance (9%), most-commonly reported modalities of assistance received*:

In-kind	**49%**
Cash	**42%**
Mixed (in-kind and cash/voucher)	**18%**

99 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **99%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
62%	**80%**	**72%**

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Community leaders	**22%**
Charity organization	**21%**
Family members and friends	**14%**
Social media	**13%**

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced	IDPs	Returnees
54% Cash in hand	**64%** Cash in hand	**66%** Cash in hand
31% Mixed (cash and in-kind)	**30%** Mixed (cash and in-kind)	**22%** Mixed (cash and in-kind)
9% Do not want to receive assistance	**3%** Do not want to receive assistance	**8%** Do not want to receive assistance

FEEDBACK ON ASSISTANCE

25 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humanitiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
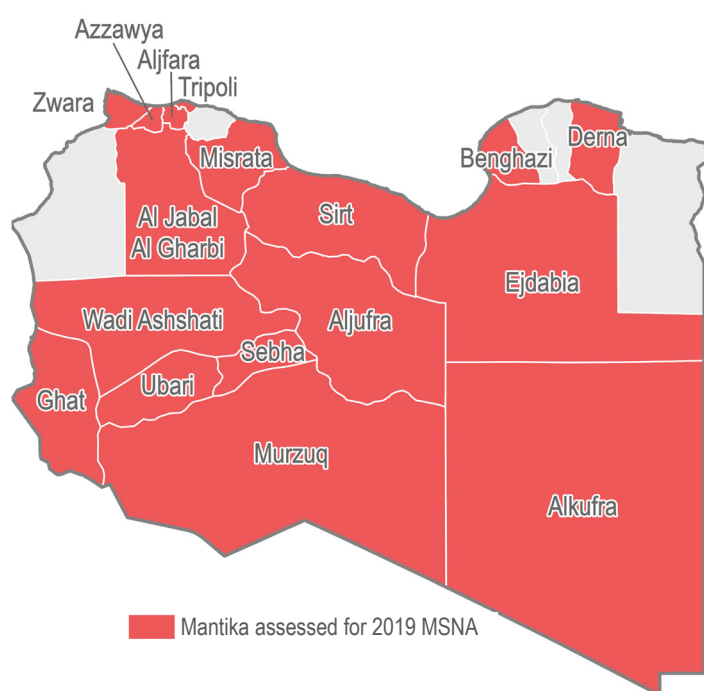
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- *Non-displaced:*	**115**
- *IDP:*	**111**
- *Returnee:*	**116**
- *Total:*	**342**

Average household size: 5

Proportion of female-headed households: 8%

Demographics

Female	Age	Male
47%	Overall	52%
1%	65+	1%
24%	18-64	22%
5%	0-17	30%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
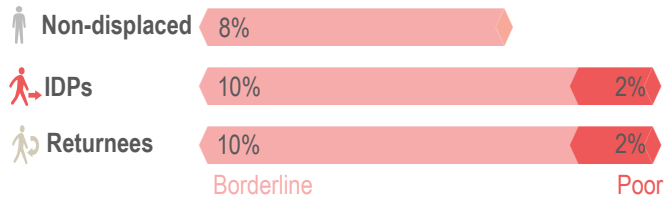[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
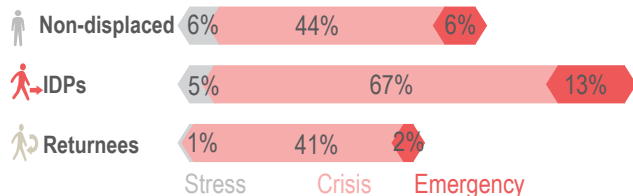
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FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

Non-displaced	8%	
IDPs	10%	2%
Returnees	10%	2%
	Borderline	Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced	71%	17%	13%
IDPs	54%	4%	43%
Returnees	81%	12%	7%
	Low	Medium	High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

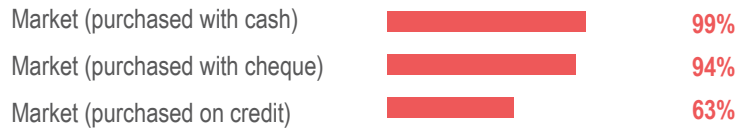|			
Non-displaced	6%	44%	6%
IDPs	5%	67%	13%
Returnees	1%	41%	2%
	Stress	Crisis	Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (52%) most commonly reported doing so to be able to*:

Paying for healthcare	92%
Accessing food	89%
Pay for other basic needs	36%
Paying for shelter	27%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	99%
Market (purchased with cheque)	94%
Market (purchased on credit)	63%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	4%
Livestock rearing	7%
Fishing	1%

100 Of HHs that were engaged in crop production during the assessment (4%), **100%** reported that the conflict has negatively affected their production.
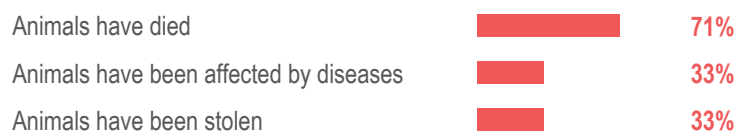
Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Had to leave land due to displacement	52%
Crops stolen/seized/destroyed	44%
Insecurity	4%
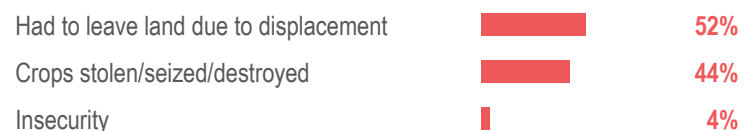
83 Of HHs that were engaged in livestock rearing during the assessment (7%), **83%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Animals have died	71%
Animals have been affected by diseases	33%
Animals have been stolen	33%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Sirt

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network	**86%**
Bottled water	**10%**
Water trucking	**4%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
44%	**43%**	**34%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	**73%**	**69%**	**82%**
Taste is not good	23%	29%	18%
Water is discoloured	3%	4%	2%

Most commonly-reported water treatment method per population group:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
93%	Water filters	**73%**	Water filters	**100%**	Water filters
7%	No treatment methods used	**24%**	No treatment methods used		

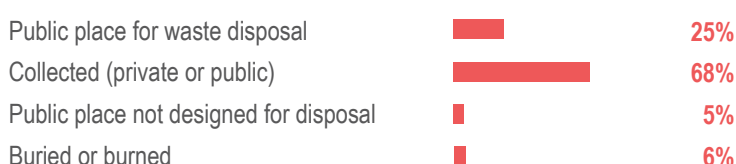**13** % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet	**96%**
Pour toilet	**4%**

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	**25%**
Collected (private or public)	**68%**
Public place not designed for disposal	**5%**
Buried or burned	**6%**

Among the HHs not having their waste collected (32%), reported distance to the trash disposal point:

0 - 200 m	**8%**
201 - 400 m	**63%**
401 m or more	**29%**

Among the HHs having their waste collected (68%), frequency of trash collection:

More than once per week	**88%**
Once per week	**11%**
Once every two weeks	**1%**
Once per month	**0%**

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
6%	**7%**	**3%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Shampoo
2. Toothpaste
3. Clean toothbrushes
4. Disinfectant
5. Sanitary pads
6. Soap (liquid and bar)

Among HHs unable to purchase required hygiene items (5%), most commonly reported reason*:

Too expensive	**100%**
Quality not good	**0%**
Not available in the market	**8%**
Can't reach the market	**0%**

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

12 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
33%	No/lack of money to pay for care	54%	No/lack of money to pay for care	50%	Distance to health facilities is too far
33%	Lack of medical staff in general	29%	Lack of female medical staff in particular	50%	Lack of medicines
33%	Lack of medicines	25%	Lack of medical staff in general	25%	Lack of medical staff in general

Reported travel time by car to the nearest health service provider:

| < 15 minutes | 97% |
| 15 - 29 minutes | 3% |

1 Average number of minors per HH with vaccination cards (among HHs with minors (87%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
34%	38%	14%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

| Diabetes | 61% |
| Blood pressure | 42% |

56 Among HHs with at least 1 member reported to be suffering from a chronic disease (26%), **56%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
3%	3%	3%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (56%), most commonly-reported services not available*:

Skilled nurses	54%
In-patient psychiatric care	42%
Psychiatrists, psychologists, and psychotherapists	4%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
1%	2%	1%

CHILD DISTRESS

1 Among HHs with minors (87%), **1%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

* HHs could select multiple answers

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SHELTER

99 % of HHs reported that they are living in a house or an apartment.

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

	Non-displaced	IDPs	Returnees
Owned	87%	1%	71%
Rented	11%	72%	25%
Hosted for free	2%	26%	3%
Other	0%	2%	1%

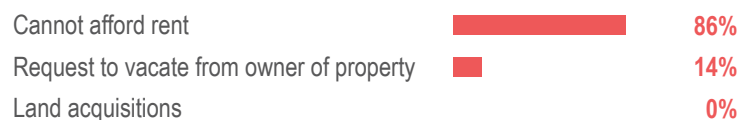**Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:**

Non-displaced	IDPs	Returnees
400	0	400

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	52%
Not with me but in a secure place	35%
Don't know	1%
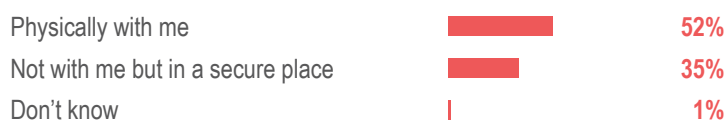
5% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection (5%), top 3 most commonly-reported reasons*:

Cannot afford rent	86%
Request to vacate from owner of property	14%
Land acquisitions	0%

NFI NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Generator	50%
Construction materials equipment	40%
Desktop laptop computer	39%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (100%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
6	6	6

* HHs could select multiple answers

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🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:
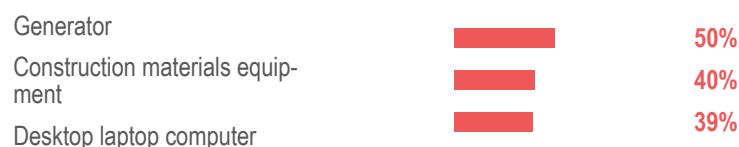
		Boys	Girls
🧍	Non-displaced	98%	98%
🏃	IDPs	100%	100%
🏃	Returnees	98%	96%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

1%	0%
Boys	Girls

Among HHs with children enrolled in school (67%), top 3 issues that their children reportedly faced when attending school, by population group*:

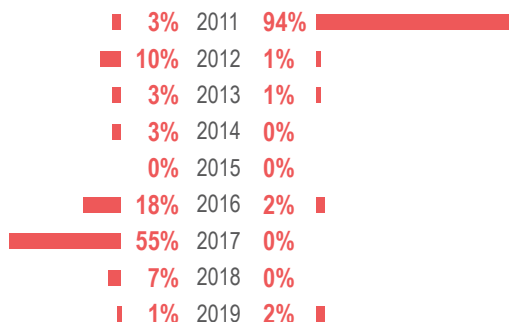| 🧍 Non-displaced		🏃 IDPs		🏃 Returnees	
6%	Lack of clean water	10%	Poor quality of teachers	0%	Lack of functioning latrines
4%	Overcrowding	8%	Lack of clean water	0%	Lack of separate and safe toilets for boys and girls
3%	Poor quality of teachers	6%	Overcrowding	0%	Lack of clean water

📖 NON-FORMAL EDUCATION

56 % of HHs with school-aged children (3%) reported that their children were attending **non-formal educational programmes**.
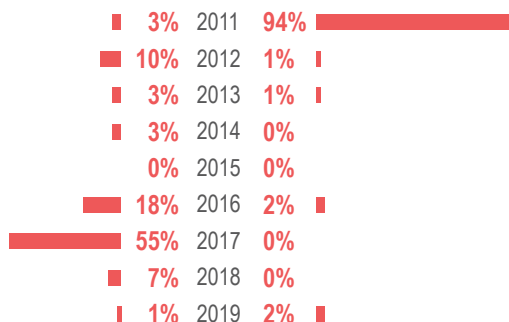
* HHs could select multiple answers

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DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

%	Year
3%	2011
10%	2012
3%	2013
3%	2014
0%	2015
18%	2016
55%	2017
7%	2018
1%	2019

Year that IDP/returnee HHs were initially displaced, by %

%	Year
94%	2011
1%	2012
1%	2013
0%	2014
0%	2015
2%	2016
0%	2017
0%	2018
2%	2019

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
5%	1 time	52%
95%	2 times	44%
0%	3 times	4%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. Got evicted from dwelling
2. No security/conflict in the area
3. Dwelling destroyed

Pull factors
1. Friends or family living here
2. More secure environment
3. My tribe is here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Got evicted from dwelling

Pull factors
1. Conflict is over in my baladiya
2. My tribe is here
3. Friends or family living here

FREEDOM OF MOVEMENT

1 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
74%	Passport	78%	Passport	79%	Passport
71%	Family books	63%	Family books	73%	Family books
39%	Property docs	34%	Property docs	58%	Property docs

MISSING PEOPLE

4 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

1 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

1 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
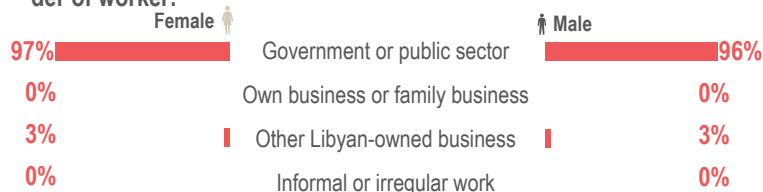
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	44%	53%
Temporary job	3%	5%	1%
Daily labour	4%	0%	0%
Permanent job (gov. payroll) without regular attendance	10%	5%	3%
Children (17 or less)			
Any type of labour	0%	2%	0%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
97%	Government or public sector	96%
0%	Own business or family business	0%
3%	Other Libyan-owned business	3%
0%	Informal or irregular work	0%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	80%	800
Own business income	1%	600
Salaried work	80%	400
Casual labour	0%	0
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
33%	59%	31%

Among HHs that reported facing challenges obtaining enough money to meet their needs (34%), main issues reported*:

Salary or wages not regularly paid	60%
Unable to withdraw enough money	55%
Salary or wages too low	41%
Lack of work opportunities	10%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	250	200	200
Rent	400	0	400
Shelter maintenance	0	0	0
Water	50	50	50
Non-food HH items	150	100	100
Utilities	50	40	50
Fuel	50	50	50
Health-related expenditures	200	150	150
Education-related expenditures	100	0	0
Transportation	0	0	0
Mobile phone credit	50	40	50
Productive assets	50	500	50
Debt repayment	0	0	0
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cheques	55%
Cash (LYD)	31%
Prepaid or gift card	13%
Credit or debit card	1%

Reported travel time to nearest market, per population group:

Less than 15 min	97%
15 - 29 min	3%
More than 30 min	0%

100% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

10
1. Fresh vegetables/fruits
2. Fresh fish/meat/eggs
3. Other

Not available:

4
1. Fresh vegetables/fruits
2. Medicine or health-related items
3. Other

* HHs could select multiple answers

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PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
79%	Food	89%	Food	91%	Food
78%	Medical care	83%	Access to cash	81%	Access to cash
76%	Access to cash	59%	Medical care	58%	Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
6%	34%	5%

Among HHs that received humanitarian assistance (7%), most-commonly reported modalities of assistance received*:

In-kind	61%
Mixed (in-kind and cash/voucher)	31%
Cash	8%

90 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **90%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
79%	89%	89%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Humanitarian organization	35%
Charity organization	30%
Social media	16%
Don't know	7%

Top 3 most commonly reported preferred kinds of assistance*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
55%	Cash in hand	53%	Cash in hand	57%	Cash in hand
28%	Mixed (cash and in-kind)	32%	Mixed (cash and in-kind)	22%	Mixed (cash and in-kind)
11%	Cash via bank transfer	9%	Cash via bank transfer	9%	Cash via bank transfer

FEEDBACK ON ASSISTANCE

6 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

REACH Informing more effective humanitarian action

Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

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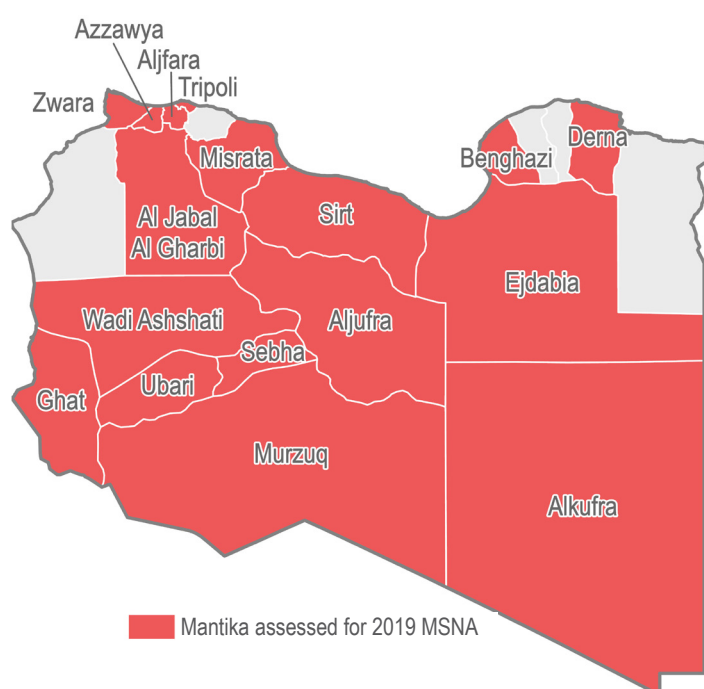
METHODOLOGY

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This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

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The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- Non-displaced:	*112*
- IDP:	*109*
- Returnee:	*116*
- Total:	*337*

Average household size: 5

Proportion of female-headed households: 4%

Demographics

Female	Age	Male
47%	Overall	51%
2%	65+	2%
26%	18-64	27%
5%	0-17	22%

---

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
[2] IOM DTM Flash Update #14, May 2019
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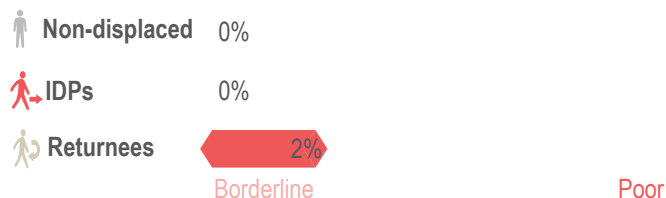
USAID FROM THE AMERICAN PEOPLE

REACH Informing more effective humanitarian action

🛍️ FOOD SECURITY

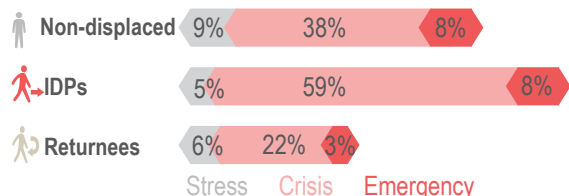**% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:**

🧍 Non-displaced	0%
🏃 IDPs	0%
🚶 Returnees	2%

Borderline — Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

🧍 Non-displaced	55%	30%	14%
🏃 IDPs	51%	28%	22%
🚶 Returnees	78%	16%	7%

Low — Medium — High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

🧍 Non-displaced	9%	38%	8%
🏃 IDPs	5%	59%	8%
🚶 Returnees	6%	22%	3%

Stress — Crisis — Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (54%) most commonly reported doing so to be able to*:

Paying for healthcare	78%
Paying for education	64%
Accessing food	36%
Paying for shelter	16%

🍲 SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	60%
Work or barter for food	44%
Market (purchased with cheque)	15%

🌾 AGRICULTURAL ACTIVITIES

**% of HHs engaged in a form of agricultural production for income generation or food consumption*:**

Crop production	2%
Livestock rearing	4%
Fishing	2%

97 Of HHs that were engaged in crop production during the assessment (2%), **97%** reported that the conflict has negatively affected their production.
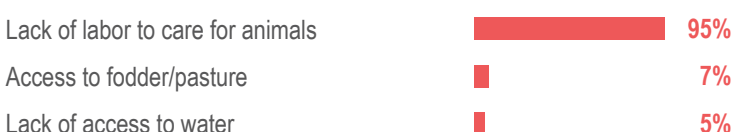
Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Unable to access or afford land	95%
Insecurity	48%
Unable to access or afford seeds	47%
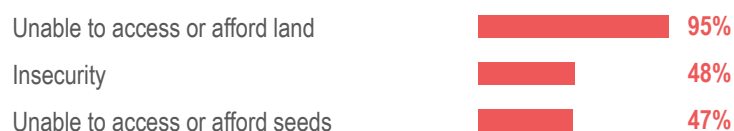
95 Of HHs that were engaged in livestock rearing during the assessment (4%), **95%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Lack of labor to care for animals	95%
Access to fodder/pasture	7%
Lack of access to water	5%

* HHs could select multiple answers

REACH Informing more effective humanitarian action

WATER, SANITATION & HYGIENE (WASH) Tripoli

💧 WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network	59%
Bottled water	8%
Water trucking	2%
Other	32%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
35%	36%	46%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	53%	40%	59%
Taste is not good	47%	58%	39%
Water is discoloured	0%	1%	0%

Most commonly-reported water treatment method per population group:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
60%	Water filters	64%	Water filters	65%	No treatment methods used
32%	No treatment methods used	36%	No treatment methods used	29%	Water filters

32 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

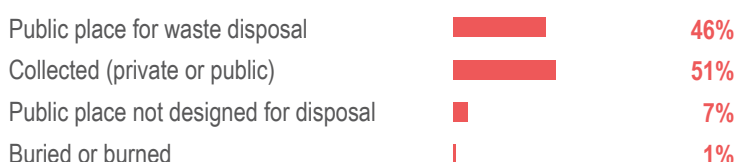## 🚻 SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet	60%
Pour toilet	39%

🗑 WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	46%
Collected (private or public)	51%
Public place not designed for disposal	7%
Buried or burned	1%

Among the HHs not having their waste collected (49%), reported distance to the trash disposal point:

0 - 200 m	75%
201 - 400 m	17%
401 m or more	8%

Among the HHs having their waste collected (51%), frequency of trash collection:

More than once per week	69%
Once per week	25%
Once every two weeks	6%
Once per month	0%

💧 HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
0%	2%	0%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Sanitary pads
3. Dishwashing liquid
4. Soap (liquid and bar)
5. Toothpaste
6. Clean toothbrushes

* HHs could select multiple answers

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⊕ ACCESS TO HEALTHCARE

9 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
50%	Lack of medicines	36%	Health facilities have been damaged or destroyed	55%	Health facilities have been damaged or destroyed
40%	No/lack of money to pay for care	36%	No/lack of money to pay for care	46%	No/lack of money to pay for care
30%	Lack of medical staff in general	36%	Lack of medicines	27%	Lack of medical staff in general

Reported travel time by car to the nearest health service provider:

< 15 minutes		85%
15 - 29 minutes		14%
30- 59 minutes		0%
1 hour or more		0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (78%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

⚕ CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
27%	23%	16%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Blood pressure	43%
Diabetes	37%

27 Among HHs with at least 1 member reported to be suffering from a chronic disease (26%), **27%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
4%	4%	2%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (27%), most commonly-reported services not available*:

In-patient psychiatric care	91%
Psychiatrists, psychologists, and psychotherapists	49%
Skilled nurses	49%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
6%	3%	0%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (6%) and no or limited access to the health care they need to treat or manage their condition (86%), most commonly-reported services not available*:

Physical therapy and/or rehabilitation	99%
Psychosocial support	16%
Wheelchair	16%

⚕ CHILD DISTRESS

2 Among HHs with minors (78%), **2%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (2%), most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
97%	No children in the household aged 0-12	97%	No children in the household aged 13-17
2%	Nightmares or sleep disturbances	1%	Withdrawn from family and friends
1%	Withdrawn from family and friends	1%	Angry or aggressive outbursts

* HHs could select multiple answers

REACH Informing more effective humanitarian action

SHELTER

96 % of HHs reported that they are living in a house or an apartment.

0% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

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

	Non-displaced	IDPs	Returnees
Owned	90%	23%	88%
Rented	6%	56%	10%
Hosted for free	2%	19%	1%
Other	2%	3%	1%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

⋔ Non-displaced	⋔ IDPs	⋔ Returnees
700	650	600

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Not with me but in a secure place	46%
Physically with me	38%
Lost	0%

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Generator	72%
Radio	72%
Computer	65%
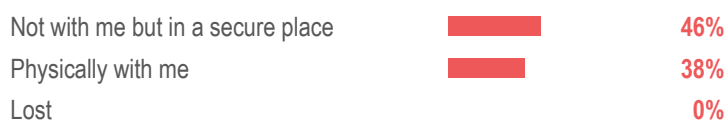
UTILITIES

Among HHs that reported the public network was their most common source of electricity (95%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

⋔ Non-displaced	⋔ IDPs	⋔ Returnees
9	9	11

* HHs could select multiple answers

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🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
🧍 Non-displaced	97%	99%
🚶 IDPs	90%	95%
🚶 Returnees	99%	99%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	0%
Boys	Girls

Among HHs with children enrolled in school (63%), top 3 issues that their children reportedly faced when attending school, by population group*:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
17%	Lack of functioning latrines	7%	Lack of clean water	7%	Lack of clean water
16%	Lack of clean water	5%	Lack of functioning latrines	4%	Lack of functioning latrines
16%	Overcrowding	5%	Poor quality of teachers	4%	Overcrowding

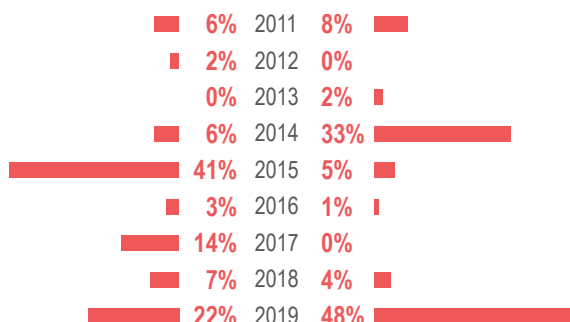## 📖 NON-FORMAL EDUCATION

39 % of HHs with school-aged children (2%) reported that their children were attending **non-formal educational programmes**.
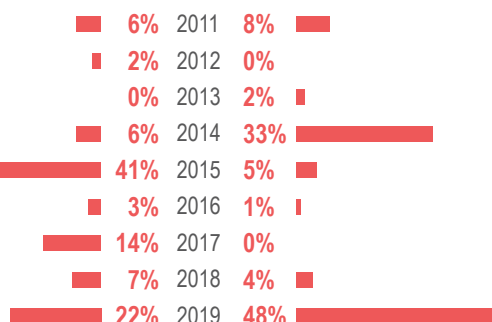
* HHs could select multiple answers

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DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee	Year	IDP
6%	2011	8%
2%	2012	0%
0%	2013	2%
6%	2014	33%
41%	2015	5%
3%	2016	1%
14%	2017	0%
7%	2018	4%
22%	2019	48%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
86%	1 time	66%
13%	2 times	26%
1%	3 times	7%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Dwelling destroyed
3. Problems accessing healthcare

Pull factors
1. Friends or family living here
2. Cheaper rent prices in chosen area
3. More economic opportunities here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Prefer not to answer
3. Problems accessing healthcare

Pull factors
1. Conflict is over in my baladiya
2. Own property in chosen area
3. Friends or family living here

FREEDOM OF MOVEMENT

29 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (29%) most commonly reported the following causes of such restrictions:

Activities of armed groups	91%
Checkpoints	22%
Presence of explosive hazards	0%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
71%	Passport	60%	Passport	80%	Passport
14%	Property docs	10%	Property docs	20%	Property docs
14%	Family books	10%	National identifier	20%	Family books

MISSING PEOPLE

0 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

2 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

3 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO

* HHs could select multiple answers

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🏃 WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	52%	64%
Temporary job	3%	4%	2%
Daily labour	4%	0%	1%
Permanent job (gov. payroll) without regular attendance	10%	10%	7%
Children (17 or less)			
Any type of labour	1%	5%	2%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female 👩		Male 👨
82%	Government or public sector	70%
2%	Own business or family business	7%
12%	Other Libyan-owned business	13%
1%	Informal or irregular work	3%

💵 INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	60%	3000
Own business income	11%	1200
Salaried work	60%	2498
Casual labour	0%	0
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

👤 Non-displaced	🏃 IDPs	🏃 Returnees
14%	12%	11%

Among HHs that reported facing challenges obtaining enough money to meet their needs (14%), main issues reported*:

Unable to withdraw enough money	67%
Salary or wages not regularly paid	39%
Salary or wages too low	39%
Lack of work opportunities	8%

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	600	800	600
Rent	700	650	600
Shelter maintenance	0	0	50
Water	0	60	30
Non-food HH items	0	50	0
Utilities	0	0	0
Fuel	100	180	30
Health-related expenditures	150	0	0
Education-related expenditures	150	300	0
Transportation	0	0	0
Mobile phone credit	50	100	0
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	78%
Prepaid or gift card	10%
Cheques	5%
Cash (foreign/non-LYD)	3%

Reported travel time to nearest market, per population group:

Less than 15 min	85%
15 - 29 min	14%
More than 30 min	0%

100% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive: **27**
1. Fresh fish/meat/eggs
2. Fresh vegetables/fruits
3. Other

Not available: **0**
1. Fuel
2. Water
3. Medicine or health-related items

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

* HHs could select multiple answers

REACH Informing more effective humanitarian action

ACCOUNTABILITY TO AFFECTED POPULATION - Tripoli

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced	IDPs	Returnees
54% Access to cash	**73%** Access to cash	**63%** Access to cash
48% Medical care	**54%** Medical care	**24%** Electricity or fuel
46% Electricity or fuel	**31%** Electricity or fuel	**19%** Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
3%	**10%**	**3%**

Among HHs that received humanitarian assistance (3%), most-commonly reported modalities of assistance received*:

Cash	**60%**
Mixed (in-kind and cash/voucher)	**20%**
In-kind	**10%**

96 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **96%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
76%	**76%**	**85%**

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Do not receive information	**31%**
Community leaders	**29%**
TV	**21%**
Social media	**7%**

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced	IDPs	Returnees
46% Do not want to receive assistance	**43%** Cash in hand	**51%** In-kind
35% Cash in hand	**27%** In-kind	**24%** Do not want to receive assistance
13% In-kind	**26%** Do not want to receive assistance	**18%** Cash in hand

FEEDBACK ON ASSISTANCE

4 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

REACH Informing more effective humanitarian action

Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

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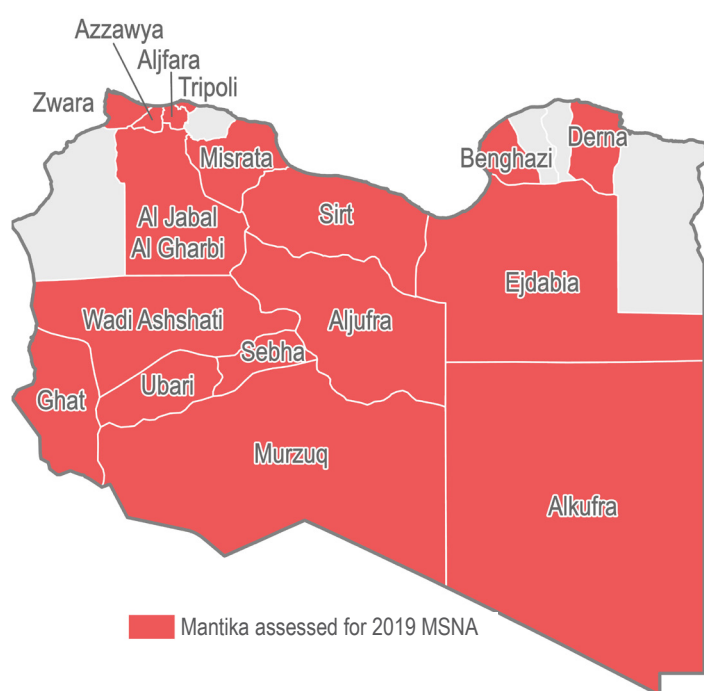
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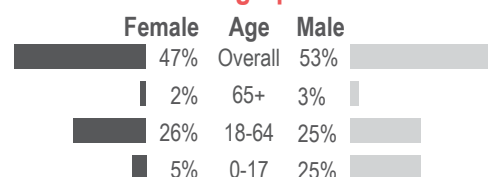

Mantika assessed for 2019 MSNA

📍 Assessment sample

Households:

- Non-displaced:	**115**
- IDP:	**102**
- Returnee:	**114**
- Total:	**331**

Average household size: 6

Proportion of female-headed households: 7%

Demographics

Female	Age	Male
47%	Overall	53%
2%	65+	3%
26%	18-64	25%
5%	0-17	25%

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[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
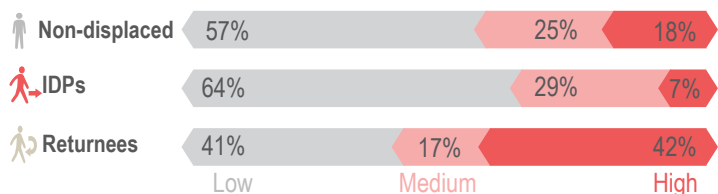
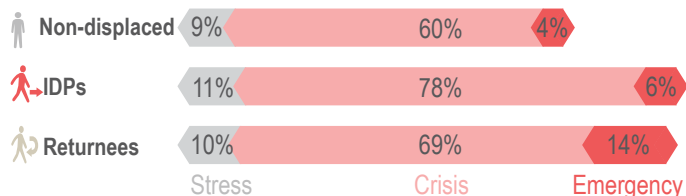**REACH** Informing more effective humanitarian action

FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:

Non-displaced   3%
IDPs   2%
Returnees   14%   2%
                 Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

Non-displaced   57%   25%   18%
IDPs   64%   29%   7%
Returnees   41%   17%   42%
                 Low   Medium   High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

Non-displaced   9%   60%   4%
IDPs   11%   78%   6%
Returnees   10%   69%   14%
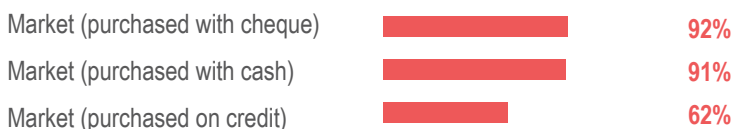   Stress   Crisis   Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (78%) most commonly reported doing so to be able to*:

Accessing food   89%
Pay for other basic needs 81%
Paying for healthcare   73%
Paying for education   19%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cheque)   92%
Market (purchased with cash)   91%
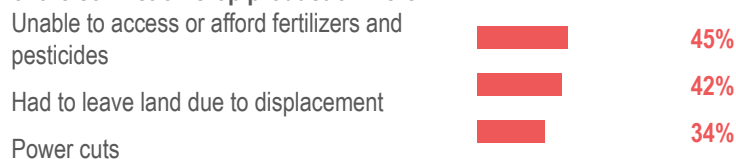Market (purchased on credit)   62%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production   33%
Livestock rearing   20%
Fishing   8%

92 Of HHs that were engaged in crop production during the assessment (33%), **92%** reported that the conflict has negatively affected their production.
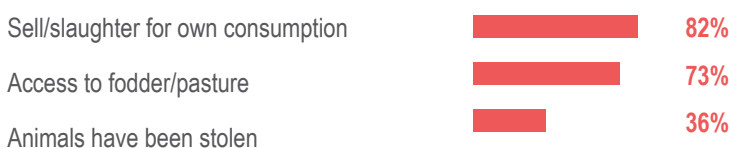
Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Unable to access or afford fertilizers and pesticides   45%
Had to leave land due to displacement   42%
Power cuts   34%

79 Of HHs that were engaged in livestock rearing during the assessment (20%), **79%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Sell/slaughter for own consumption   82%
Access to fodder/pasture   73%
Animals have been stolen   36%

* HHs could select multiple answers

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WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

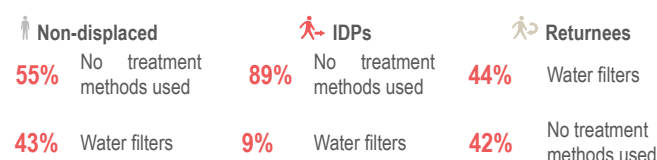|	
Public network	**95%**
Bottled water	**5%**
Water trucking	**0%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
80%	**91%**	**90%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	51%	47%	37%
Taste is not good	48%	53%	63%
Water is discoloured	1%	0%	0%

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs		Returnees	
55%	No treatment methods used	89%	No treatment methods used	44%	Water filters
43%	Water filters	9%	Water filters	42%	No treatment methods used

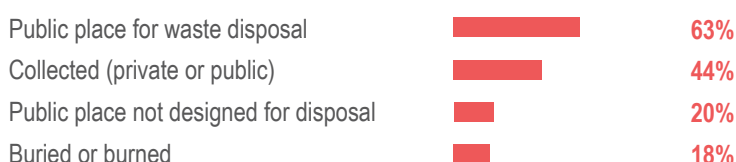**29** % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:
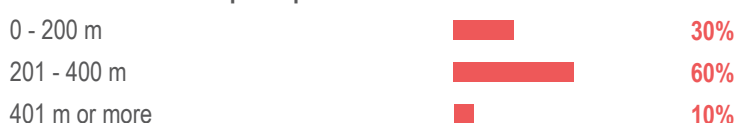
Flush toilet	**79%**
Pour toilet	**20%**

WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	**63%**
Collected (private or public)	**44%**
Public place not designed for disposal	**20%**
Buried or burned	**18%**

Among the HHs not having their waste collected (56%), reported distance to the trash disposal point:

0 - 200 m	**30%**
201 - 400 m	**60%**
401 m or more	**10%**

Among the HHs having their waste collected (44%), frequency of trash collection:

More than once per week	**75%**
Once per week	**21%**
Once every two weeks	**2%**
Once per month	**0%**

HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
24%	**36%**	**46%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Soap (liquid and bar)
3. Sanitary pads
4. Baby diapers
5. Water container
6. Shampoo

Among HHs unable to purchase required hygiene items (30%), most commonly reported reason*:

Too expensive	**98%**
Quality not good	**33%**
Not available in the market	**3%**

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

41 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

	Non-displaced		IDPs		Returnees
72%	Lack of medicines	50%	No/lack of money to pay for care	64%	Lack of medical staff in general
64%	Lack of medical staff in general	50%	Lack of medical supplies	60%	Lack of medical supplies
62%	Lack of medical supplies	38%	Lack of means of transport to get to the healthcare facilities	39%	Lack of medicines

Reported travel time by car to the nearest health service provider:

< 15 minutes		86%
15 - 29 minutes		10%
30- 59 minutes		4%
1 hour or more		1%

1 Average number of minors per HH with vaccination cards (among HHs with minors (85%))

1 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
30%	36%	13%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Blood pressure	60%
Diabetes	48%

58 Among HHs with at least 1 member reported to be suffering from a chronic disease (26%), **58**% of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
3%	0%	1%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (58%), most commonly-reported services not available*:

Community-based services	100%
Skilled nurses	73%
No access to the health facility	27%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
4%	5%	2%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (4%) and no or limited access to the health care they need to treat or manage their condition (86%), most commonly-reported services not available*:

Physical therapy and/or rehabilitation	100%
Other assistive devices	32%
Psychosocial support	31%

CHILD DISTRESS

11 Among HHs with minors (85%), **11%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (11%), most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
69%	Startled easily	44%	No children in the household aged 13-17
53%	Clinging, unwilling to let you out of sight	39%	Startled easily

* HHs could select multiple answers

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SHELTER & NON-FOOD ITEMS (NFIs)
Ubari

SHELTER

98 % of HHs reported that they are living in a house or an apartment.

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

	Non-displaced	IDPs	Returnees
Owned	91%	3%	67%
Rented	7%	54%	33%
Hosted for free	2%	21%	1%
Other	0%	23%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
350	250	290

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	69%
Not with me but in a secure place	26%
Lost	2%
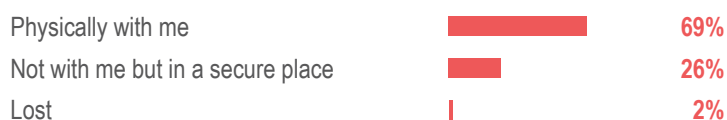
3% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection (3%), top 3 most commonly-reported reasons*:

Cannot afford rent	71%
Forced eviction	16%
Discrimination based on ethnicity/tribe	13%

NFI NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Mosquito nets	74%
Heating system	73%
Computer	72%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (99%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
14	13	12

* HHs could select multiple answers

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ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	95%	97%
IDPs	95%	98%
Returnees	94%	97%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	0%
Boys	Girls

Among HHs with children enrolled in school (67%), top 3 issues that their children reportedly faced when attending school, by population group*:

	Non-displaced		IDPs		Returnees
29%	Lack of functioning latrines	44%	Lack of functioning latrines	44%	Poor quality of teachers
22%	Poor quality of teachers	39%	Lack of separate and safe toilets for boys and girls	39%	Overcrowding
12%	Overcrowding	10%	Overcrowding	36%	Lack of functioning latrines

CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (6%), length of time they have reportedly not been enrolled in school:

Less than 1 month	0%
1 - 3 months	33%
4 - 6 months	0%
More than 6 months	0%
Entire 2018-2019 school year	67%

Among school-aged children who are neither enrolled in nor attending school, top 3 reported reasons, by %*:

Problems with safety and security	33%
Problems with child**	29%
Problems with school infrastructure	16%

NON-FORMAL EDUCATION

51 % of HHs with school-aged children (6%) reported that their children were attending **non-formal educational programmes**.
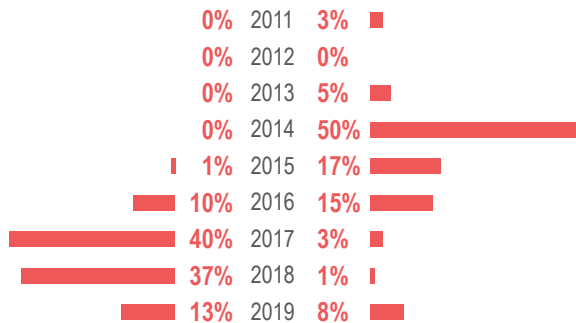
* HHs could select multiple answers

** Problems with child's health or behavior, lack of documentation, child marriage or pregnancy, discrimination, or the need for the child to work at home or for a salary
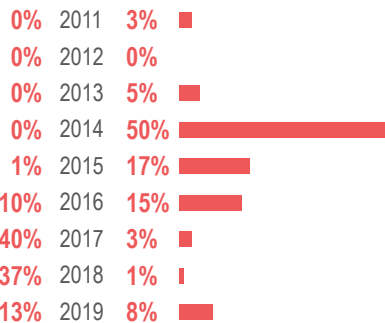
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PROTECTION
Ubari

DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee %	Year	IDP %
0%	2011	3%
0%	2012	0%
0%	2013	5%
0%	2014	50%
1%	2015	17%
10%	2016	15%
40%	2017	3%
37%	2018	1%
13%	2019	8%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
74%	1 time	96%
25%	2 times	4%
1%	3 times	0%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Dwelling destroyed

Pull factors
1. More secure environment
2. Friends or family living here
3. Cheaper rent prices in chosen area

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Problems accessing electricity or energy
3. Got evicted from dwelling

Pull factors
1. Conflict is over in my baladiya
2. Friends or family living here
3. Own property in chosen area

FREEDOM OF MOVEMENT

4 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (4%) most commonly reported the following causes of such restrictions:

Activities of armed groups	100%
General violence	53%
Rules imposed by concerned authorities	14%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
81%	Passport	89%	Passport	79%	Passport
66%	National ID card	55%	National ID card	41%	National ID card
13%	Other	19%	Residence certificate	14%	Residence certificate

MISSING PEOPLE

1 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

7 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

3 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
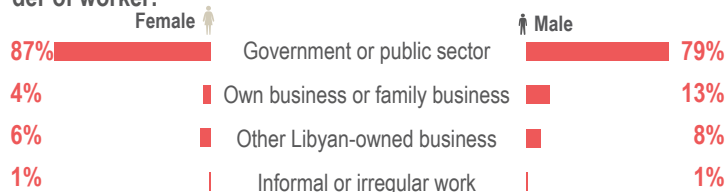
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	16%	45%
Temporary job	3%	3%	1%
Daily labour	4%	3%	0%
Permanent job (gov. payroll) without regular attendance	10%	41%	19%
Children (17 or less)			
Any type of labour	3%	4%	2%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
87%	Government or public sector	79%
4%	Own business or family business	13%
6%	Other Libyan-owned business	8%
1%	Informal or irregular work	1%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	68%	1800
Own business income	10%	600
Salaried work	68%	700
Casual labour	0%	150
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
81%	96%	75%

Among HHs that reported facing challenges obtaining enough money to meet their needs (80%), main issues reported*:

Unable to withdraw enough money from bank account	88%
Salary or wages not regularly paid	68%
Salary or wages too low	43%
Lack of work opportunities	8%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	1200	300	380
Rent	350	250	290
Shelter maintenance	0	300	20
Water	0	0	0
Non-food HH items	0	60	60
Utilities	0	0	0
Fuel	250	150	50
Health-related expenditures	150	100	100
Education-related expenditures	150	0	0
Transportation	40	0	60
Mobile phone credit	65	40	30
Productive assets	0	0	0
Debt repayment	0	0	35
Other expenditures	0	0	0

Main reported modality for HH expenditure:

Cheques	65%
Cash (LYD)	30%
Bank transfers	5%
Cash (foreign/non-LYD)	0%

Reported travel time to nearest market, per population group:

Less than 15 min	86%
15 - 29 min	10%
More than 30 min	4%

98% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:
71
1. Fresh fish/meat/eggs
2. Fuel
3. Fresh vegetables/fruits

Not available:
20
1. Fuel
2. Other
3. Medicine or health-related items

* HHs could select multiple answers

Funded by European Union Humanitarian Aid

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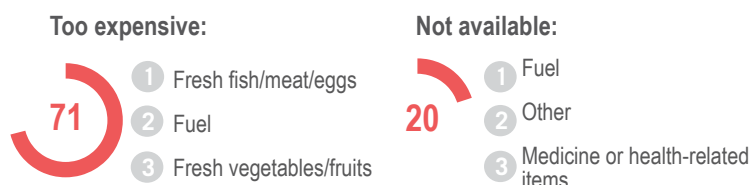
ACCOUNTABILITY TO AFFECTED POPULATION - Ubari

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

Non-displaced		IDPs		Returnees	
81%	Electricity or fuel	94%	Access to cash	75%	Access to cash
77%	Access to cash	80%	Electricity or fuel	61%	Electricity or fuel

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
7%	27%	3%

Among HHs that received humanitarian assistance (6%), most-commonly reported modalities of assistance received*:

In-kind	63%
Mixed (in-kind and cash/voucher)	33%
Cash	4%

64 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **64%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

Non-displaced	IDPs	Returnees
43%	23%	43%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Community leaders	29%
Do not receive information	17%
TV	15%
Social media	15%

Top 3 most commonly reported preferred kinds of assistance*:

Non-displaced		IDPs		Returnees	
56%	Mixed (cash and in-kind)	59%	Mixed (cash and in-kind)	54%	Mixed (cash and in-kind)
22%	Cash in hand	39%	Cash in hand	39%	Cash in hand
15%	Do not want to receive assistance	2%	In-kind	5%	In-kind

FEEDBACK ON ASSISTANCE

7 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
Humanitarian Aid

USAID
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WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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humanitarian action

Multi-Sector Needs Assessment (MSNA) Factsheets

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
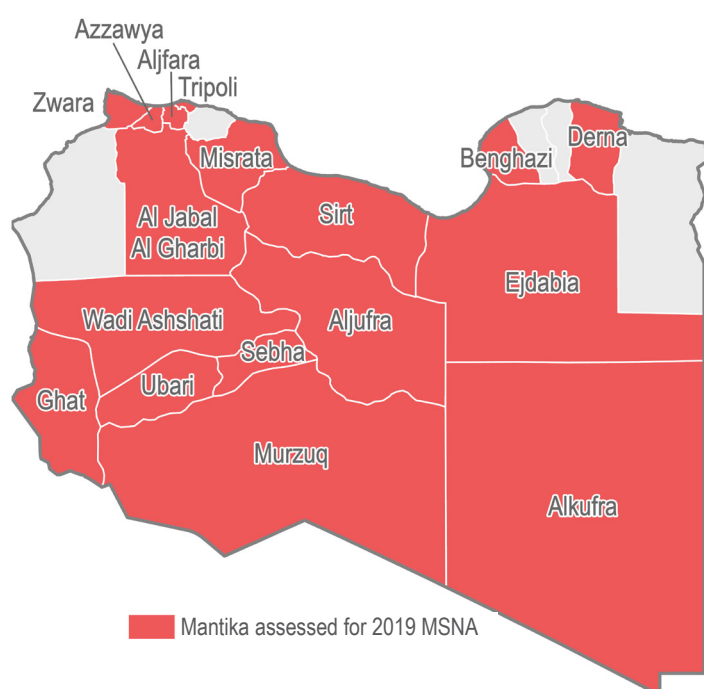
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- Non-displaced:	**108**
- IDP:	**81**
- Returnee:	**36**
- Total:	**225**

Average household size: 6

Proportion of female-headed households: 1%

Demographics

Female	Age	Male
47%	Overall	56%
1%	65+	3%
24%	18-64	32%
5%	0-17	22%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
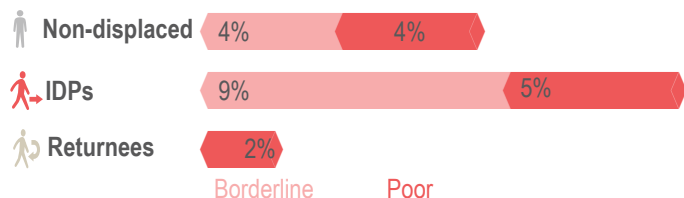
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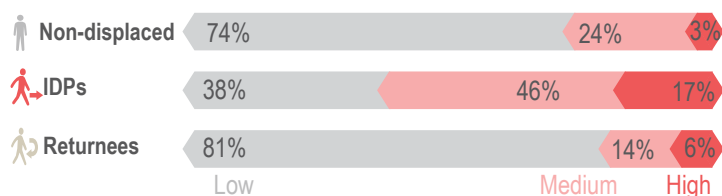REACH Informing more effective humanitarian action
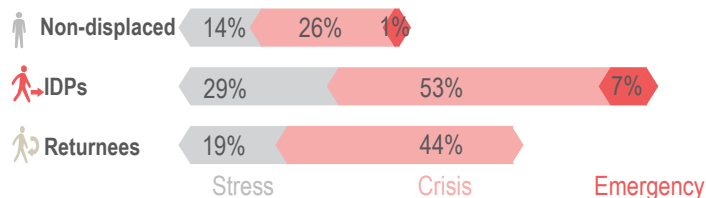
FOOD SECURITY
Wadi Ashshati

💰 FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:
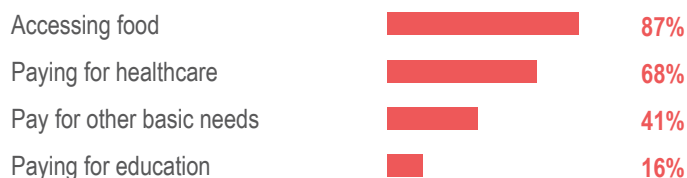
👤 Non-displaced   4%   4%
🚶 IDPs   9%   5%
🚶 Returnees   2%

Borderline   Poor

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

👤 Non-displaced   74%   24%   3%
🚶 IDPs   38%   46%   17%
🚶 Returnees   81%   14%   6%

Low   Medium   High

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

👤 Non-displaced   14%   26%   1%
🚶 IDPs   29%   53%   7%
🚶 Returnees   19%   44%

Stress   Crisis   Emergency

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (42%) most commonly reported doing so to be able to*:

Accessing food	87%
Paying for healthcare	68%
Pay for other basic needs	41%
Paying for education	16%

🍽 SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	94%
Market (purchased with cheque)	85%
Market (purchased on credit)	31%

🌾 AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	25%
Livestock rearing	28%
Fishing	0%

59 Of HHs that were engaged in crop production during the assessment (25%), **59%** reported that the conflict has negatively affected their production.
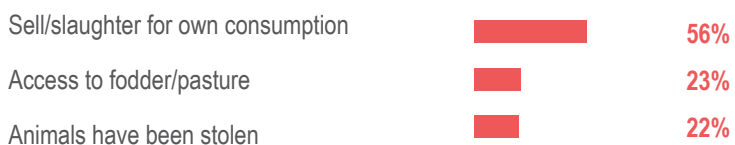
Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Power cuts	65%
Unable to access or afford seeds	49%
Not economically viable	33%
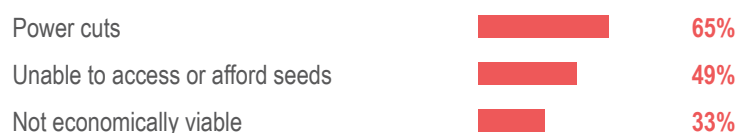
67 Of HHs that were engaged in livestock rearing during the assessment (28%), **67%** reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:

Sell/slaughter for own consumption	56%
Access to fodder/pasture	23%
Animals have been stolen	22%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Wadi Ashshati

WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

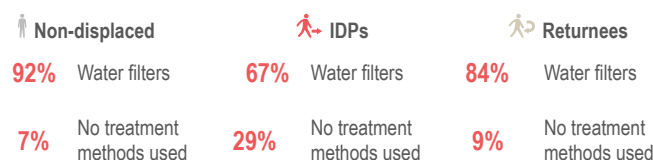|	
Public network	84%
Bottled water	4%
Water trucking	0%
Other	12%

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
35%	54%	56%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	8%	7%	11%
Taste is not good	83%	80%	67%
Water is discoloured	14%	18%	31%

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs		Returnees	
92%	Water filters	67%	Water filters	84%	Water filters
7%	No treatment methods used	29%	No treatment methods used	9%	No treatment methods used

2 % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

SANITATION

Among HHs with a toilet in their shelter or within easy reach (100%) top 2 most commonly-reported types of toilets:

Flush toilet	93%
Pour toilet	7%

WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	38%
Collected (private or public)	6%
Public place not designed for disposal	55%
Buried or burned	21%

Among the HHs not having their waste collected (94%), reported distance to the trash disposal point:

0 - 200 m	56%
201 - 400 m	23%
401 m or more	22%

Among the HHs having their waste collected (6%), frequency of trash collection:

More than once per week	28%
Once per week	14%
Once every two weeks	44%
Once per month	0%

HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
11%	40%	11%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Water container
2. Disinfectant
3. Sanitary pads
4. Baby diapers
5. Shampoo
6. Toothpaste

Among HHs unable to purchase required hygiene items (11%), most commonly reported reason*:

Too expensive	76%
Quality not good	17%
Not available in the market	8%
Can't reach the market	0%

* HHs could select multiple answers

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ACCESS TO HEALTHCARE

16 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
71%	Lack of medical staff in general	59%	Lack of medical staff in general	71%	Lack of medicines
65%	Lack of female medical staff in particular	33%	Lack of female medical staff in particular	50%	Lack of female medical staff in particular
29%	Lack of medicines	26%	Lack of means of transport to get to the healthcare facilities	50%	Lack of medical supplies

Reported travel time by car to the nearest health service provider:

< 15 minutes	44%
15 - 29 minutes	56%
30- 59 minutes	0%
1 hour or more	0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (91%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
20%	17%	11%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

Diabetes	56%
Blood pressure	31%

5 Among HHs with at least 1 member reported to be suffering from a chronic disease (20%), **5**% of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
2%	1%	0%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (5%), most commonly-reported services not available*:

No access to the health facility	100%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
1%	1%	3%

CHILD DISTRESS

2 Among HHs with minors (91%), **2%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (2%), most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
49%	New or recurring fears (e.g., fear of the dark, fear of being alone, fear of strangers)	49%	Angry or aggressive outbursts
49%	Angry or aggressive outbursts	49%	Clinging, unwilling to let you out of sight

* HHs could select multiple answers

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SHELTER

96 % of HHs reported that they are living in a house or an apartment.

0% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

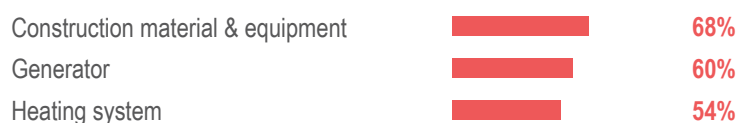**% of HHs reporting living in each shelter occupancy arrangement, per population group:**

	Non-displaced	IDPs	Returnees
Owned	95%	5%	81%
Rented	4%	59%	8%
Hosted for free	1%	28%	8%
Other	0%	8%	3%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

🧍 Non-displaced	🚶 IDPs	🚶‍➡ Returnees
350	400	300

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Construction material & equipment	68%
Generator	60%
Heating system	54%

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Not with me but in a secure place	43%
Physically with me	38%
We never obtained ownership documents	8%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (99%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

🧍 Non-displaced	🚶 IDPs	🚶‍➡ Returnees
7	6	8

* HHs could select multiple answers

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🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	100%	99%
IDPs	94%	98%
Returnees	93%	100%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

0%	0%
Boys	Girls

Among HHs with children enrolled in school (77%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
18%	Poor quality of teachers	28%	Overcrowding	36%	Overcrowding
17%	Overcrowding	26%	Poor quality of teachers	32%	Lack of separate and safe toilets for boys and girls
16%	Lack of clean water	19%	Lack of clean water	19%	Lack of functioning latrines

📖 NON-FORMAL EDUCATION

60 % of HHs with school-aged children (99%) reported that their children were attending **non-formal educational programmes**.
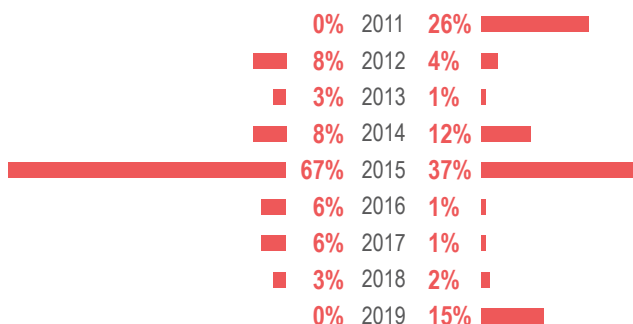
* HHs could select multiple answers

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DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

%	Year
0%	2011
8%	2012
3%	2013
8%	2014
67%	2015
6%	2016
6%	2017
3%	2018
0%	2019

Year that IDP/returnee HHs were initially displaced, by %

%	Year
26%	2011
4%	2012
1%	2013
12%	2014
37%	2015
1%	2016
1%	2017
2%	2018
15%	2019

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
97%	1 time	91%
3%	2 times	8%
0%	3 times	1%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. Dwelling destroyed
2. Got evicted from dwelling
3. No security/conflict in the area

Pull factors
1. More secure environment
2. Friends or family living here
3. Cheaper rent prices in chosen area

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Problems accessing healthcare
3. Dwelling destroyed

Pull factors
1. My tribe is here
2. Conflict is over in my baladiya
3. Friends or family living here

FREEDOM OF MOVEMENT

1 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
59%	Passport	69%	Passport	70%	Passport
57%	National ID card	35%	National ID card	61%	Property docs
20%	Other	33%	Property docs	61%	Other

MISSING PEOPLE

0 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

3 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

0 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO

* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	18%	31%
Temporary job	3%	16%	0%
Daily labour	4%	8%	4%
Permanent job (gov. payroll) without regular attendance	10%	16%	44%
Children (17 or less)			
Any type of labour	0%	3%	1%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
41%	Government or public sector	74%
2%	Own business or family business	2%
2%	Other Libyan-owned business	6%
55%	Informal or irregular work	18%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	48%	1890
Own business income	9%	1200
Salaried work	48%	850
Casual labour	20%	1040
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
28%	68%	22%

Among HHs that reported facing challenges obtaining enough money to meet their needs (29%), main issues reported*:

Unable to withdraw enough money from bank account	80%
Salary or wages too low	23%
Salary or wages not regularly paid	22%
Lack of work opportunities	16%

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	580	350	650
Rent	350	400	300
Shelter maintenance	0	0	0
Water	85	0	100
Non-food HH items	100	70	120
Utilities	0	0	0
Fuel	280	90	200
Health-related expenditures	150	0	100
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	100	25	150
Productive assets	0	0	0
Debt repayment	0	160	300
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	77%
Cheques	23%
Bank transfers	0%
Cash (foreign/non-LYD)	0%

Reported travel time to nearest market, per population group:

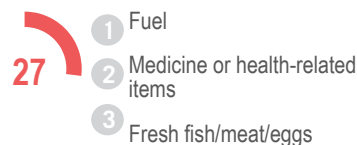|	
Less than 15 min	44%
15 - 29 min	56%
More than 30 min	0%

96% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

41
1. Fuel
2. Fresh fish/meat/eggs
3. Fresh vegetables/fruits

Not available:

27
1. Fuel
2. Medicine or health-related items
3. Fresh fish/meat/eggs

* HHs could select multiple answers

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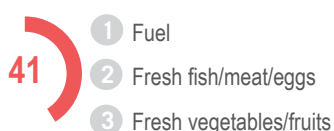
PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
61%	Electricity or fuel	**73%**	Access to cash	**75%**	Electricity or fuel
45%	Access to cash	**51%**	Food	**67%**	Access to cash
43%	Food	**47%**	Employment (livelihood opportunities)	**47%**	Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
7%	**49%**	**0%**

Among HHs that received humanitarian assistance (8%), most-commonly reported modalities of assistance received*:

Mixed (in-kind and cash/voucher)	**60%**
Cash	**29%**
In-kind	**19%**

87 Among HHs that received humanitarian assistance in the 6 months prior to data collection, of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

👤 Non-displaced	🚶 IDPs	🚶 Returnees
64%	**48%**	**61%**

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

Don't know	**35%**
Community leaders	**22%**
Do not receive information	**15%**
Social media	**9%**

Top 3 most commonly reported preferred kinds of assistance*:

👤 Non-displaced		🚶 IDPs		🚶 Returnees	
48%	Cash in hand	**85%**	Cash in hand	**72%**	Cash in hand
39%	Do not want to receive assistance	**5%**	In-kind	**14%**	Do not want to receive assistance
5%	Mixed (cash and in-kind)	**5%**	Mixed (cash and in-kind)	**8%**	In-kind

FEEDBACK ON ASSISTANCE

9 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

FUNDED BY:

Funded by
European Union
Civil Protection and
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WITH THE SUPPORT OF:

DTM
IOM DISPLACEMENT
TRACKING MATRIX

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humanitarian action

Multi-Sector Needs Assessment (MSNA) Factsheets

Zwara | 2019 Libya

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall de-escalation of the conflict at the national level gave way to more localised forms of community-based fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure[1].

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.
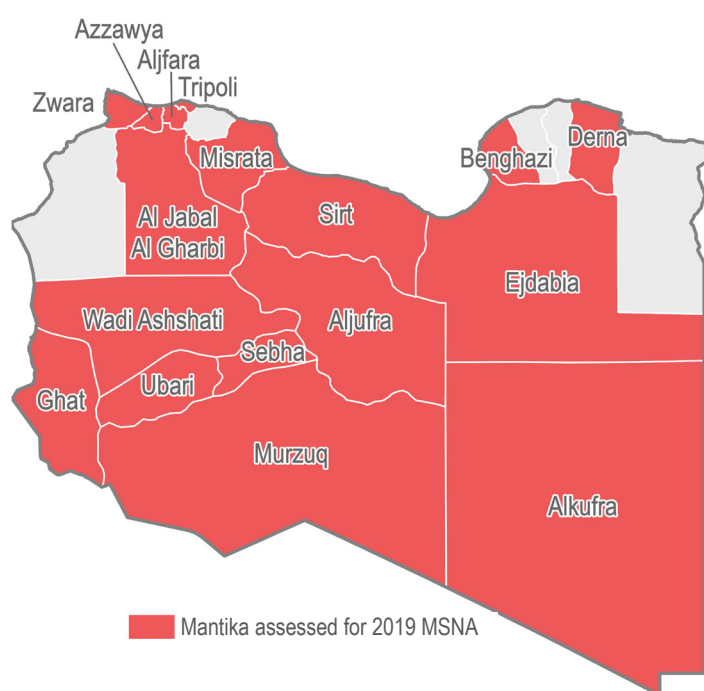
METHODOLOGY

The 2019 Libyan MSNA adopted a mixed-methods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)[3].

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. KIs (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subject-area expertise. At least 1 women-only FGD was conducted in each assessed mantika.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

These factsheets present quantitative findings per mantika. For a nationwide sectoral overview, please refer to the 2019 MSNA Sector Factsheets. For a more in-depth analysis of quantitative and qualitative findings, please refer to the 2019 MSNA Report.

Mantika assessed for 2019 MSNA

Assessment sample

Households:

- Non-displaced:	*116*
- IDP:	*107*
- Returnee:	*112*
- Total:	*335*

Average household size: 5

Proportion of female-headed households: 5%

Demographics

Female	Age	Male
47%	Overall	54%
1%	65+	0%
24%	18-64	26%
5%	0-17	28%

[1] International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.
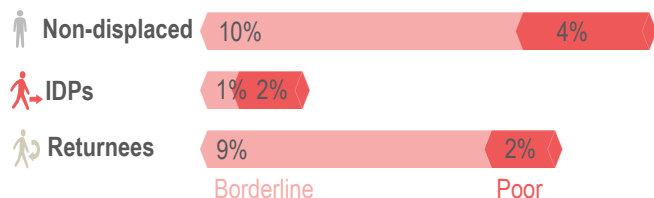[2] IOM DTM Flash Update #14, May 2019
[3] Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.
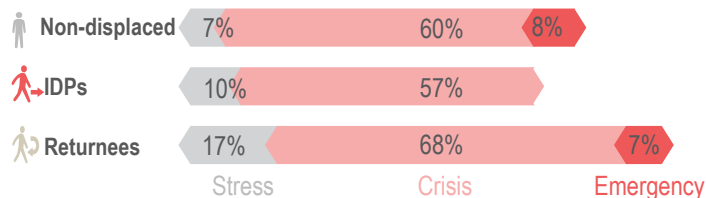
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FOOD SECURITY

% of HHs with a borderline or poor FCS (Food Consumption Score) per population group in the 7 days prior to data collection:
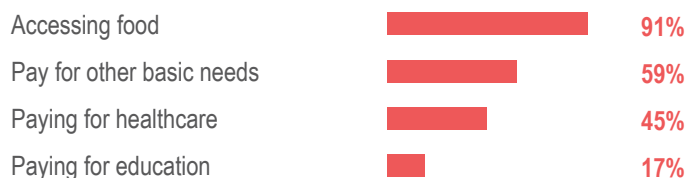
	Borderline	Poor
Non-displaced	10%	4%
IDPs	1%	2%
Returnees	9%	2%

% of HHs with a low, medium or high rCSI (reduced Coping Strategy Index) per population group in the 7 days prior to data collection:

	Low	Medium	High
Non-displaced	61%	16%	24%
IDPs	68%	22%	11%
Returnees	41%	42%	18%

% of HHs with a stress, crisis or emergency LCSI (Livelihood Coping Strategy Index) per population group in the 30 days prior to data collection:

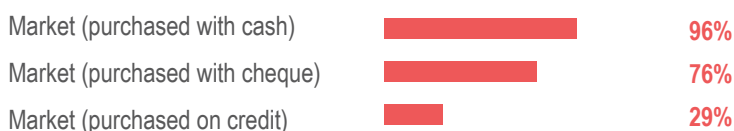|	Stress	Crisis	Emergency
Non-displaced	7%	60%	8%
IDPs	10%	57%	
Returnees	17%	68%	7%

HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection (76%) most commonly reported doing so to be able to*:

Accessing food	91%
Pay for other basic needs	59%
Paying for healthcare	45%
Paying for education	17%

SOURCES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	96%
Market (purchased with cheque)	76%
Market (purchased on credit)	29%

AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production	23%
Livestock rearing	37%
Fishing	7%

96 Of HHs that were engaged in crop production during the assessment (23%), **96%** reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were*:

Unable to access or afford fertilizers and pesticides	49%
Unable to access or afford land	48%
Unable to access or afford clean water resources	48%
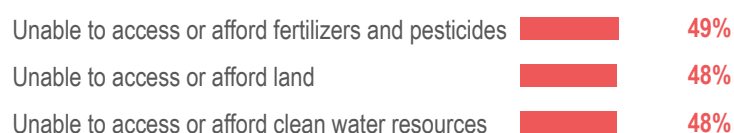
83 Of HHs that were engaged in livestock rearing during the assessment (37%), **83%** reported that the conflict has negatively affected their rearing practices.

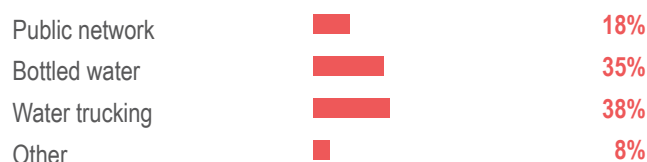**Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were*:**

Animals have been stolen	64%
Lack of veterinary services	63%
Sell/slaughter for own consumption	34%

* HHs could select multiple answers

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WATER, SANITATION & HYGIENE (WASH)
Zwara

WATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection:

Public network	**18%**
Bottled water	**35%**
Water trucking	**38%**
Other	**8%**

% of HHs that reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
24%	**8%**	**24%**

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
Water is fine to drink	**94%**	**98%**	**100%**
Taste is not good	**4%**	**2%**	**0%**
Water is discoloured	**0%**	**0%**	**0%**

Most commonly-reported water treatment method per population group:

Non-displaced		IDPs	
43%	No treatment methods used	**100%**	No treatment methods used
29%	Water filters	**0%**	Boiling

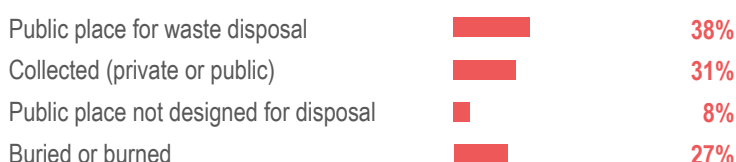**73** % of HHs reported having rare (1-3 days/week) or no access to the water from the public network in the last 7 days

SANITATION

Among HHs with a toilet in their shelter or within easy reach (97%), top 2 most commonly-reported types of toilets:

Flush toilet	**88%**
Pour toilet	**12%**

WASTE DISPOSAL

Most commonly reported waste disposal methods in the 30 days prior to data collection*:

Public place for waste disposal	**38%**
Collected (private or public)	**31%**
Public place not designed for disposal	**8%**
Buried or burned	**27%**

Among the HHs not having their waste collected (69%), reported distance to the trash disposal point:

0 - 200 m	**59%**
201 - 400 m	**22%**
401 m or more	**19%**

Among the HHs having their waste collected (31%), frequency of trash collection:

More than once per week	**43%**
Once per week	**54%**
Once every two weeks	**3%**
Once per month	**0%**

HYGIENE

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	IDPs	Returnees
82%	**89%**	**86%**

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1. Disinfectant
2. Baby diapers
3. Soap (liquid and bar)
4. Toothpaste
5. Sanitary pads
6. Water container

Among HHs unable to purchase required hygiene items (82%), most commonly reported reason*:

Too expensive	**100%**
Quality not good	**23%**
Not available in the market	**9%**
Can't reach the market	**0%**

* HHs could select multiple answers

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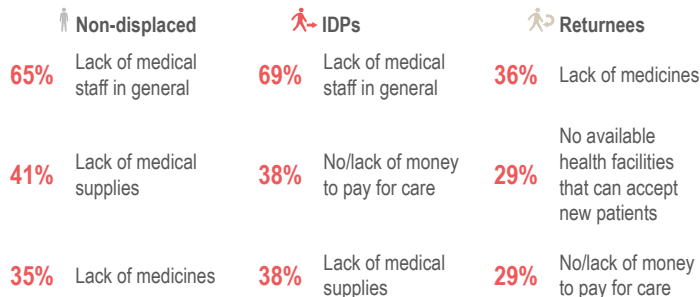**REACH** Informing more effective humanitarian action

ACCESS TO HEALTHCARE

16 % of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reason*:

Non-displaced		IDPs		Returnees	
65%	Lack of medical staff in general	69%	Lack of medical staff in general	36%	Lack of medicines
41%	Lack of medical supplies	38%	No/lack of money to pay for care	29%	No available health facilities that can accept new patients
35%	Lack of medicines	38%	Lack of medical supplies	29%	No/lack of money to pay for care

Reported travel time by car to the nearest health service provider:

< 15 minutes	61%
15 - 29 minutes	39%
30- 59 minutes	0%
1 hour or more	0%

1 Average number of minors per HH with vaccination cards (among HHs with minors (91%))

0 Average number of minors per HH unable to get a required or recommended vaccination (among HHs with minors)

CHRONIC/MENTAL ILLNESS & DISABILITY

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed chronic disease:

Non-displaced	IDPs	Returnees
43%	47%	50%

Among HHs with at least 1 member reported to be suffering from a chronic disease, top 2 most commonly-reported diseases*:

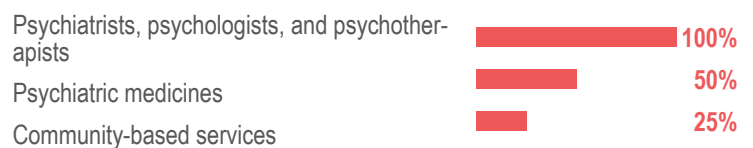|	
Diabetes	56%
Blood pressure	36%

32 Among HHs with at least 1 member reported to be suffering from a chronic disease (44%), **32%** of HHs reported to have no or limited access to health care services to treat this condition.

% of HHs with at least 1 member reported to be suffering from a clinically-diagnosed mental illness:

Non-displaced	IDPs	Returnees
0%	5%	1%

Among HHs with at least 1 member with a clinically-diagnosed mental disorder and no or limited access to the required mental health care services (32%), most commonly-reported services not available*:

Psychiatrists, psychologists, and psychotherapists	100%
Psychiatric medicines	50%
Community-based services	25%

% of HHs with at least 1 member reported to be suffering from a physical or cognitive difficulty which impacts daily activities:

Non-displaced	IDPs	Returnees
3%	2%	0%

Among HHs with at least 1 member with a physical or cognitive difficulty which impacts daily activities (3%) and no or limited access to the health care they need to treat or manage their condition (34%), most commonly-reported services not available*:

Don't know	98%
Other assistive devices	2%

CHILD DISTRESS

16 Among HHs with minors (91%), **16%** of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict (16%), most commonly-reported changes*:

For children aged 0-12 years		For children aged 13-17	
56%	New or recurring fears (e.g., fear of the dark, fear of being alone, fear of strangers)	79%	Startled easily

* HHs could select multiple answers

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SHELTER & NON-FOOD ITEMS (NFIs)
Zwara

SHELTER

99 % of HHs reported that they are living in a house or an apartment.

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

	Non-displaced	IDPs	Returnees
Owned	94%	9%	90%
Rented	6%	57%	9%
Hosted for free	0%	23%	1%
Other	0%	12%	0%

Reported median amount spent (LYD) on rent in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
350	500	300

HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Physically with me	62%
Not with me but in a secure place	20%
We never obtained ownership documents	5%
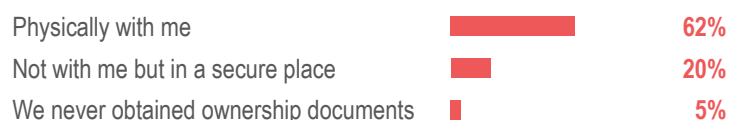
15% of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection (15%), top 3 most commonly-reported reasons*:

Authorities requested our household to leave	85%
Other	12%
Punitive measures or retaliatory "law and order" actions	6%

NON-FOOD ITEMS (NFI)

Most commonly reported NFI needs*:

Mobile phone (not smart)	47%
Generator	45%
Solar lamp	44%

UTILITIES

Among HHs that reported the public network was their most common source of electricity (98%), average daily length (in hours) of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
9	8	9

* HHs could select multiple answers

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🏫 ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	95%	94%
IDPs	98%	97%
Returnees	99%	99%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

3% Boys

3% Girls

Among HHs with children enrolled in school (80%), top 3 issues that their children reportedly faced when attending school, by population group*:

Non-displaced		IDPs		Returnees	
54%	Lack of functioning latrines	40%	Lack of functioning latrines	53%	Lack of functioning latrines
45%	Lack of clean water	29%	Lack of clean water	45%	Lack of clean water
17%	Lack of separate and safe toilets for boys and girls	26%	Overcrowding	38%	Overcrowding

🏫 CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (9%), length of time they have reportedly not been enrolled in school:

Less than 1 month	25%
1 - 3 months	13%
4 - 6 months	13%
More than 6 months	13%
Entire 2018-2019 school year	37%

Among school-aged children who are neither enrolled in nor attending school, top 3 reported reasons, by %*:

Problems with child's health or behavior**	31%
Don't know	29%
Problems with safety and security	29%

📖 NON-FORMAL EDUCATION

36 % of HHs with school-aged children (9%) reported that their children were attending **non-formal educational programmes**.

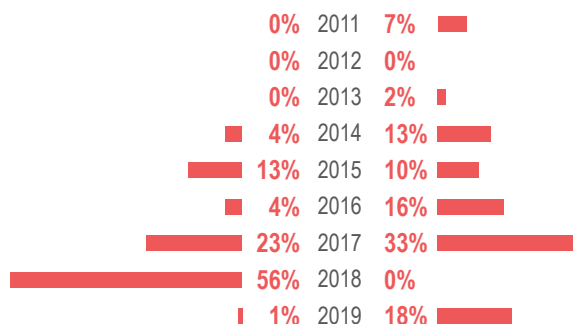* HHs could select multiple answers

** Problems with child's health or behavior, lack of documentation, child marriage or pregnancy, discrimination, or the need for the child to work at home or for a salary

DISPLACEMENT

Year that returnee HHs returned to their baladiya of origin, by %

Year that IDP/returnee HHs were initially displaced, by %

Returnee	Year	IDP
0%	2011	7%
0%	2012	0%
0%	2013	2%
4%	2014	13%
13%	2015	10%
4%	2016	16%
23%	2017	33%
56%	2018	0%
1%	2019	18%

% of IDP and returnee HHs by number of times displaced:

Returnee		IDP
88%	1 time	79%
11%	2 times	20%
1%	3 times	1%

Top 3 push and pull factors reported by IDP HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Got evicted from dwelling

Pull factors
1. More secure environment
2. Friends or family living here
3. My tribe is here

Top 3 push and pull factors reported by returnee HHs:

Push factors
1. No security/conflict in the area
2. Threat of violence on the household
3. Got evicted from dwelling

Pull factors
1. Conflict is over in my baladiya
2. More secure environment
3. Friends or family living here

FREEDOM OF MOVEMENT

26 % of HHs reported having observed or having been otherwise aware of movement restrictions in their mahalla in the 3 months prior to data collection

HHs reporting being aware of movement restrictions in their mahalla (26%) most commonly reported the following causes of such restrictions:

Rules imposed by concerned authorities	65%
Checkpoints	64%
Activities of armed groups	40%

DOCUMENTATION

Most commonly-reported types of legal documents that HHs need but do not have, per population group*:

Non-displaced		IDPs		Returnees	
69%	Family books	71%	Passport	91%	Family books
67%	Certificate nationality	34%	Property docs	89%	Property docs
58%	Property docs	29%	Family books	88%	Certificate nationality

MISSING PEOPLE

1 % of HHs reported having a family member missing.

HAZARDS FROM UNEXPLODED ORDNANCE

13 % of HHs reported being aware of hazards from unexploded ordnance (UXO) in their mahalla in the 6 months prior to data collection

4 % of HHs reported having at least 1 member who was harmed or killed as a result of exposure to UXO
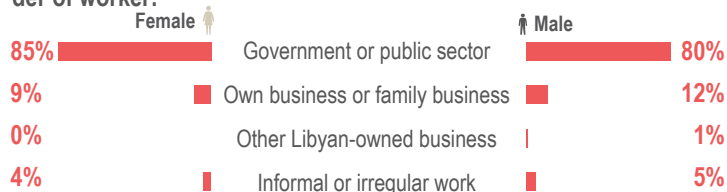
* HHs could select multiple answers

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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection*:

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48%	45%	23%
Temporary job	3%	2%	6%
Daily labour	4%	5%	10%
Permanent job (gov. payroll) without regular attendance	10%	10%	37%
Children (17 or less)			
Any type of labour	11%	3%	3%

Top 4 types of work institutions in which HHs are engaged, by gender of worker:

Female		Male
85%	Government or public sector	80%
9%	Own business or family business	12%
0%	Other Libyan-owned business	1%
4%	Informal or irregular work	5%

INCOME & EXPENDITURES

Reported income received from the following sources in the 30 days prior to data collection*:

Type of work	% of adults	Median in LYD[2]
Government salary	78%	2000
Own business income	10%	1500
Salaried work	78%	2000
Casual labour	2%	350
Others[1]	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
55%	70%	74%

Among HHs that reported facing challenges obtaining enough money to meet their needs (56%), main issues reported*:

Unable to withdraw enough money from bank account	84%
Salary or wages not regularly paid	62%
Salary or wages too low	27%
Lack of work opportunities	10%

Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	Non-displaced	IDP	Returnee
Food items	250	300	350
Rent	350	500	300
Shelter maintenance	0	120	0
Water	110	60	130
Non-food HH items	180	40	35
Utilities	80	0	10
Fuel	55	100	20
Health-related expenditures	0	200	50
Education-related expenditures	0	250	100
Transportation	0	0	0
Mobile phone credit	60	0	20
Productive assets	0	0	0
Debt repayment	0	0	250
Other expenditures	0	0	0

Main reported modality for HH expenditure*:

Cash (LYD)	72%
Cheques	24%
Credit or debit card	3%
Prepaid or gift card	1%

Reported travel time to nearest market, per population group:

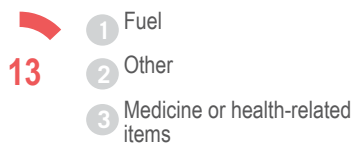| Less than 15 min	61%
15 - 29 min	39%
More than 30 min	0%

80% of HHs reported having experienced no barriers accessing a market or grocery store in the 30 days prior to data collection

% of HHs that reported that some market items were too expensive/not available, plus the top 3 most commonly-reported unavailable and/or unaffordable items*:

Too expensive:

38
1. Fresh fish/meat/eggs
2. Fresh vegetables/fruits
3. Fuel

Not available:

13
1. Fuel
2. Other
3. Medicine or health-related items

[1] Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.
[2] USD/LYD exchange rate during data collection: 1.4

* HHs could select multiple answers

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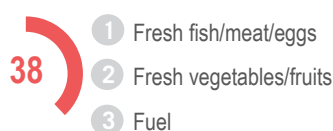
ACCOUNTABILITY TO AFFECTED POPULATION - Zwara

PRIORITY NEEDS

Most commonly-reported priority needs, per population group*:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
86%	Food	84%	Food	92%	Access to cash
71%	Access to cash	79%	Access to cash	67%	Food
44%	Water	56%	Water	61%	Medical care

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
13%	30%	9%

Among HHs that received humanitarian assistance (13%), most-commonly reported modalities of assistance received*:

Mixed (in-kind and cash/voucher)	58%
Cash	29%
In-kind	13%

79 Among HHs that received humanitarian assistance in the 6 months prior to data collection, **79%** of HHs reported being satisfied with the aid they received

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection, per population group:

🧍 Non-displaced	🚶 IDPs	🚶 Returnees
47%	50%	41%

SOURCE OF INFORMATION

Most commonly-reported primary sources of information on humanitarian assistance*:

TV	20%
Community leaders	19%
Do not receive information	17%
Charity organization	14%

Top 3 most commonly reported preferred kinds of assistance*:

🧍 Non-displaced		🚶 IDPs		🚶 Returnees	
32%	Do not want to receive assistance	31%	Mixed (cash and in-kind)	43%	Mixed (cash and in-kind)
23%	Mixed (cash and in-kind)	29%	In-kind	29%	Do not want to receive assistance
17%	Cash in hand	25%	Do not want to receive assistance	14%	In-kind

FEEDBACK ON ASSISTANCE

11 % of HHs reported having been asked about what aid they would like to receive within the last 6 months

*HHs could select multiple answers

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ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

LIBYA INTER-SECTOR COORDINATION GROUP

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