LIBYA

SEBHA

Area-Based Assessment (ABA)

March 2021

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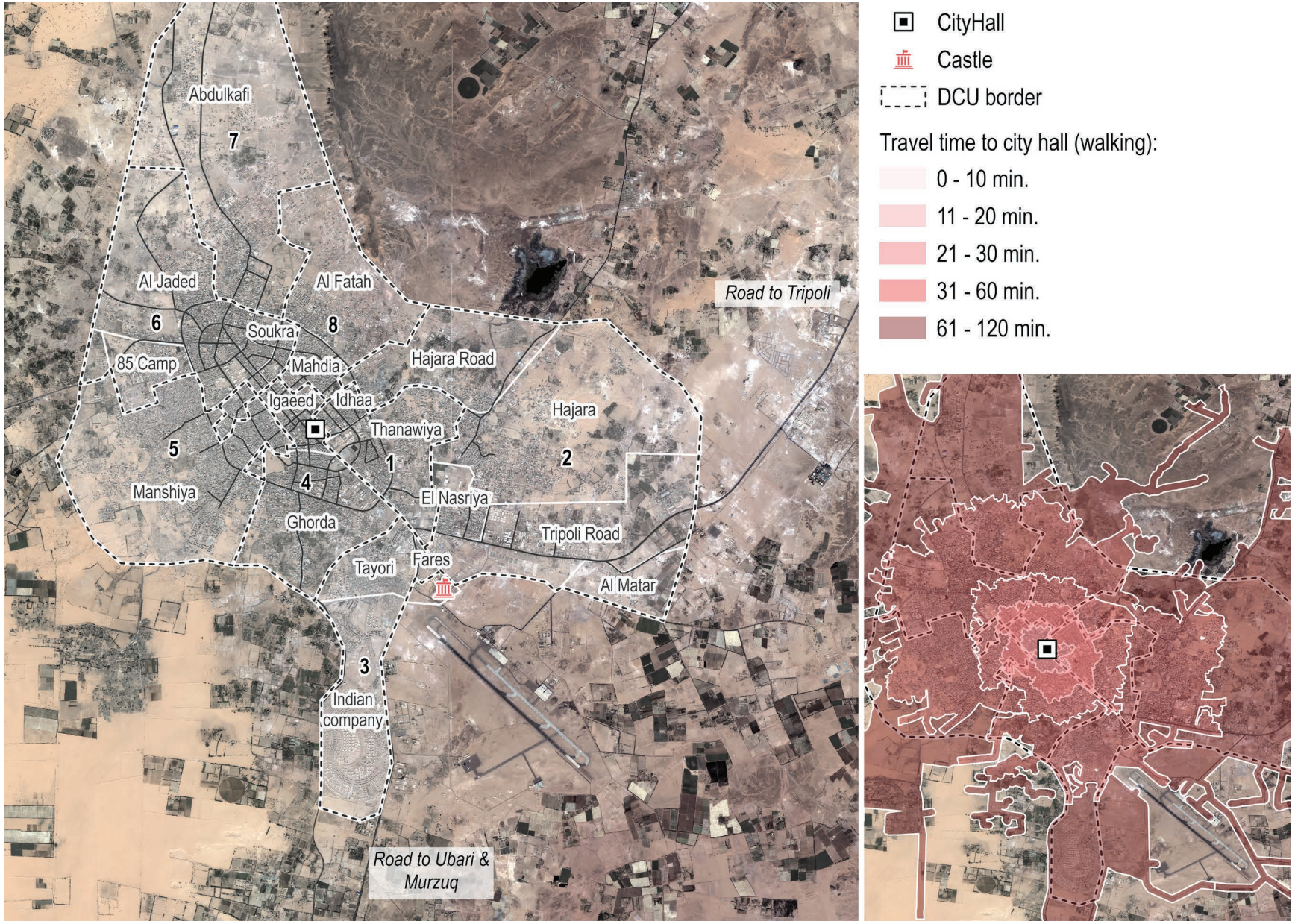
Map of Sebha

ABA Sebha

Map 1: Sebha's nieghbourhoods determined through participatory mapping exercises



Key findings

- Provision of **electricity, health and water services is noticeably weak** across Sebha, with distinct disparities in access and quality between urban and peri-urban areas, and between population groups.
- In response to a lack of formal infrastructure, **residents have constructed 'informal' infrastructures** such as compartmentalized private water networks or private connections to the electrical grid. While the development of informal service networks shows the resilience of residents, the networks have complicated maintenance and development of formal infrastructure.
- Findings indicate that respondents perceive the municipal council to be primarily responsible for determining who has access to services. However, water and electricity **public entity service providers reportedly do not involve municipal governance actors in planning or development** of their services beyond the level of coordination of activities.
- **Residents reportedly reach out to both formal and informal governance actors for complaints regarding service delivery.** These latter actors are not directly involved in service delivery, but they are likely considered to be the most accessible representatives of residents' interests.
- While tribal connections were important for how residents defined their community, geographic proximity regardless of tribal affiliation also played a significant role in the majority of Data Collection Units (DCUs).
- Some population groups face restrictions of movement in parts of Sebha due to community affiliation and various security concerns.

Introduction

Since 2011, Libya has faced a protracted and complex interlinkage of economic, political, and security crises. The competition for nationwide authority has fractured the upper middle-income country[1] and led to several waves of conflict and intermittent localised violence. To better understand local needs international actors must focus on urban spaces as systems, rather than analysing needs on a sector-by-sector basis[2]. This is particularly true in Libya, where cities have historically played a prominent governance role in lieu of a strong central capital.[3]

Urban spaces generally both reinforce and reflect socioeconomic disparities. For actors seeking to address needs in urban areas, it is essential to understand how social cohesion, access to infrastructure, and governance structures are interlinked. Communities in protracted crises like Libya's are often driving their own development or crisis coping processes[4], through formal and/or informal actors. The term 'informal' implies a lack of legal status in relation to actors, networks, and arrangements. Often the boundaries and relationships between the 'formal' and 'informal' are complementary or interconnected.[5] A lack of information on 'informal' systems frequently prevents effective engagement in urban areas.[6] Through its 'city as a system' lens, area-based approaches present pathways for supporting local initiatives and for international organizations to achieve their goals. The main objective of an Area-based Assessment (ABA) is to **better understand local dynamics, vulnerabilities, and community capacities to facilitate long-term recovery.**

The location for this ABA was chosen by REACH in coordination with the UN Programme Management Team (PMT) and the Nexus Working Group (NWG). Sebha (also spelled Sabha) was selected as the pilot location for the NWG strategy due to a presence of clear needs, risks and vulnerabilities related to basic services, as well as its strategic position as the capital of the southern Fezzan region, and international organization's need for social-cohesion information to support conflict-sensitive interventions.[7]

The Sebha ABA is designed around two pillars of investigation: i) service provision and access, and ii) social cohesion mechanisms related to decision-making and protection. It seeks to simultaneously highlight the situation of women, youth, migrants, and marginalized population groups throughout. This approach aims to help international actors understand local social dynamics and challenges, as well as help familiarise international actors with governance structures and relevant stakeholders. The analysis seeks to assist international and national actors to operate efficiently at a micro-level by providing insights on existing systems for service provision, decision making, and protection, in a conflict sensitive manner.

Scope

As significant information about Sebha is available to international organizations, the scope of the ABA was constructed to fill specific information gaps and to inform existing and future interventions. The scoping period began with a secondary data review to identify initial data gaps. This was followed by meetings with the NWG and PMT to understand international organisations' operational priorities in Sebha. To triangulate these two components, 14 interviews were conducted in November and December 2019 with key informants selected based on their knowledge about Sebha or their experience implementing projects in the city such as NWG members, local non-governmental organization (NGO) workers, investigative reporters, and conflict analysts.

Through this process, the ABA's scope related to service provision was honed to focus primarily on electricity, water, and healthcare in Sebha. The scoping process also highlighted that Sebha is facing a liquidity and fuel shortage, which are key issues in the city[8]; however, it was determined during the scoping period that the causes of these issues were primarily exogenous and that an area-based analysis in the city would not be instrumental in developing long-term solutions (see the Context section, page 5, for a discussion of these factors).

Data collection

In order to respond to the aforementioned research objectives, REACH first conducted this area-based assessment using a mixed methods approach incorporating both qualitative and quantitative analysis of primary and secondary data. Secondary data included data on access to essential services at a household level from REACH's forthcoming Multi-Sector Needs Assessment 2020 (MSNA)[9], as well as open-source geographical information, satellite imagery, and a review of secondary literature. These sources were then supplemented and contextualised with primary data.

To provide an in-depth analysis of Sebha and its neighbourhoods, the empirical approach was primarily qualitative, consisting of a total of 211 interviews. Data collection took place between March 3 and September 5, 2020. The length of the data collection period reflects the arrival of the COVID-19 pandemic in March, and the delays associated with adapting the methodology and tools to those circumstances. It also reflects the two rounds of data collection that took place. After the first round of data collection between March 4 and May 30, a second round of interviews was conducted between July 15 and September 4 to triangulate the findings.

Table 1: Methodology of ABA

Methods	Mixed: qualitative (participatory mapping, key informant interviews, social cohesion survey) and quantitative (secondary data: MSNA 2020)
Areas of focus	Service provision and access; social cohesion mechanisms related to decision making and protection
Population groups of interest	City residents, including women, youth, migrants, and 8 largest tribes
Data collection tools	Semi-structured
Participatory mapping key informant interviews	35 total
Other key informant interviews	50 total
Individual interviews	126 total
Level of analysis	City-level, DCU-level
Sampling method	Purposive, quota, and snowballing

Data collection began with a city-level participatory mapping exercise with a partner civil society organization's (CSO) enumerators and REACH field officers – all residents of Sebha – who roughly divided the city into neighbourhoods and then grouped those into eight data collection units (DCUs) based on shared social and geographic characteristics. These DCUs are shown in Map 1. Following that exercise, 26 key informants (KIs) were purposively selected based on their DCU of residence, their knowledge of the area, and with the intention to include different viewpoints (i.e. people from different tribes, ages, and professions). Interviews with them fine-tuned neighbourhood boundaries, identified key service infrastructure and the characteristics

of services in each area, and highlighted restrictions of movement for different population groups within and outside the DCU.

A **social cohesion survey (SCS)** was conducted using a purposive quota sampling method, targeting 5 men, 5 women, and 5 youth (men or women, aged 18-24) in each DCU. Using ArcGIS, random geographic points were distributed across each DCU. Each point was assigned as a 'male', 'female', or 'youth' point with enumerators going to those locations and interviewing the closest individual fitting that description. This method ensured that each DCU was sampled across its entire area to avoids drawing a concentrated sample from a specific location. These individual interviews identified decision-making and protection mechanisms accessible to different areas and population groups, as well as restrictions on movement for certain groups.

At the city-level, **key informant interviews (KIIs) were conducted with electricity, water, and healthcare service providers** to map key infrastructure, delineate areas with frequent provision or access issues, and contribute information on governance processes. KIIs with healthcare service providers were conducted with experts and senior-level administrators from the tertiary, secondary, and primary care facilities, selected through a snowballing method and upon their knowledge and experience. The KIIs with water and electricity service providers were similarly conducted with senior-level administrators of the public water and electricity companies.

KIIs were conducted with representatives of the 9 largest tribes in Sebha[10] to inform analysis related to access to services, decision-making and protection mechanisms available to different population groups. These KIs were selected through a purposive and snowballing method to include community leaders (elders) from each tribe.

KIIs were also held with local experts on issues specific to women, youth and migrants, to contextualise the findings from the other interviews and highlight issues that may be underreported. Purposive sampling was used to select these experts, drawing from local CSO employees and community leaders based on their experience and areas of knowledge.

After the initial analysis of data was completed, a second round of KIIs were conducted to triangulate findings and develop granular and contextual information. Triangulation KIIs were conducted with previously interviewed water and electricity service provider administrators, members of the Sebha COVID-19 Response Committee, and with international actors supporting service provision for waste collection, water, sewage, and healthcare. Conflict analysts were interviewed to enhance the social-cohesion findings, selected based on their experience working on Sebha.

Table 2: Sampling methodology

Area level	Target Sampling	Data colletion tool	
City	Service Providers	Mapping KII	3 water service administrators
			3 electricity service administrators
			3 health service administrators
		Triangulation KII	2 water service administrators
			1 electricity service administrator
			3 health service administrators
			2 conflict analysts
	Population Group Experts	KII	7 youth issues experts
			6 women issues experts
			6 migrant issues experts
			23 tribe representatives
DCU	Residents	Mapping KII	26 residents
		Social Cohesion Survey	126 residents: 15 per DCU (5 men, 5 women, 5 youth) + 6 additional
Total			**211 total interviews**

Tools and analysis

Geospatial data was collected during the DCU and service provider KIIs through a mobile app called ArcGIS Collector. Some mapping information was collected on paper forms, which was then digitised. The SCS was conducted through a semi-structured KoBo form, an online tool for mobile phone data collection. KIIs were initially collected using paper forms (either printed or on a laptop). After COVID-19 restrictions began, interviews were conducted using the CATI (Computer Assisted Telephone Interview) method where enumerators contact KIs by phone and use a computer form to guide the interview. Data analysis of qualitative data was done in NVivo software, supplemented by quantitative analysis done in Excel.

The satellite imagery used was accessed through WorldView-2 on October 11, 2019. These images are copyright ©2019 DigitalGlobe, and sourced from United States Department of State, Humanitarian Information Unit, by a NextView License.

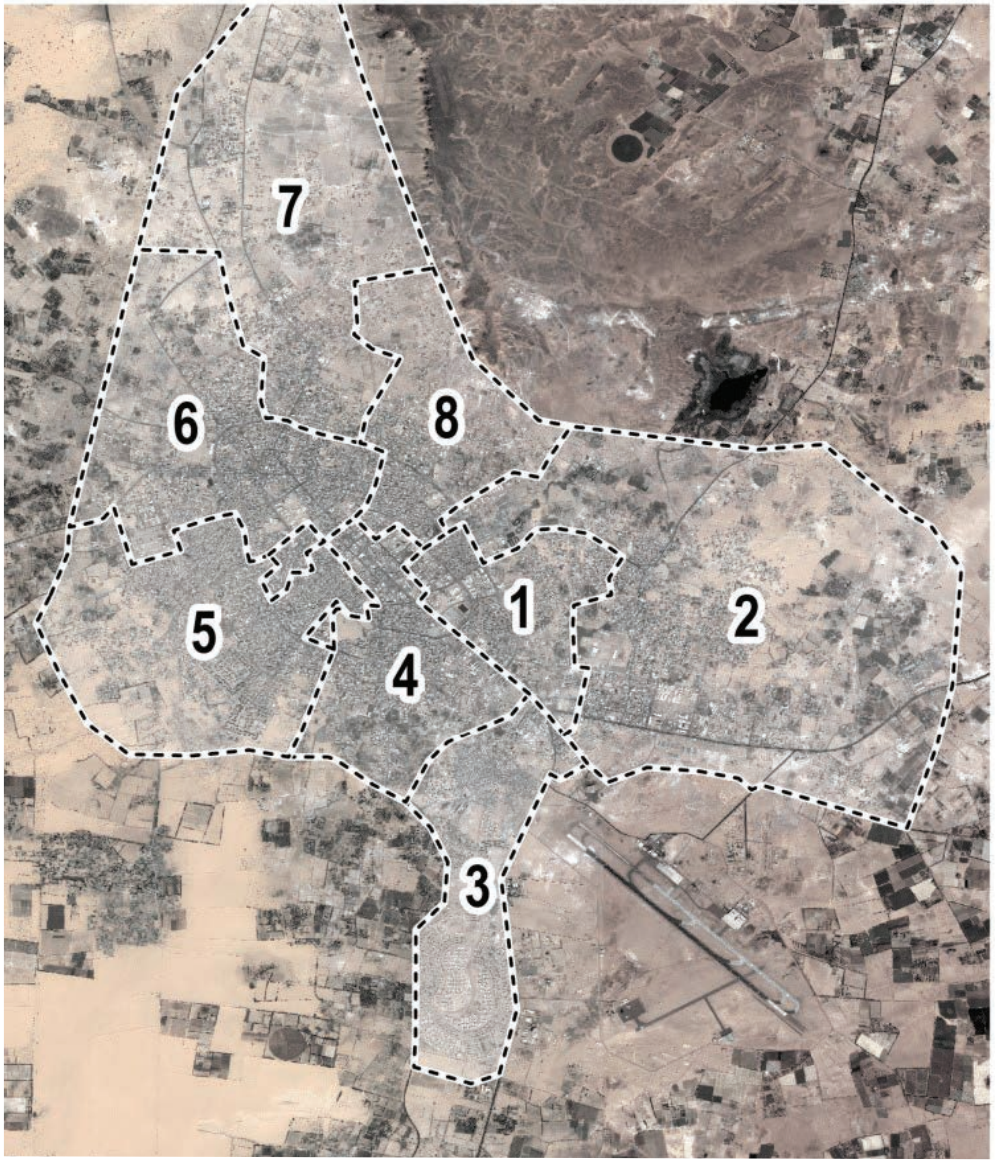
Limitations

The findings of this assessment are indicative and should not be considered as generalisable with a determined level of precision to the entire population of Sebha. Due to the purposive and snowballing methodologies used, there is a risk that the respondents may not represent the viewpoints of all members of their groups.

The onset of the COVID-19 pandemic at the start of the initial data collection period may have affected the accuracy of the assessments findings, particularly regarding the mapping activities. Access to residents was restricted due to public health measures and REACH's duty of care principles, hence it was not possible to conduct the previously planned methodology, particularly focus group discussions. Access to migrants was significantly restricted. As such, the assessment's findings may lack geographical information or information specific to migrants, and analysis based on the primary data should be understood as indicative only. COVID-19 lengthened the data collection period, which may have resulted in the collection of information that has since become outdated.

Finally, the ABA relies on data from MSNA 2020's quantitative component for secondary data. Due to restrictions related to COVID-19, the results from the MSNA 2020 should be considered indicative only. [11]

Map 2: Data Collection Units (DCUs) used for analysis



Context

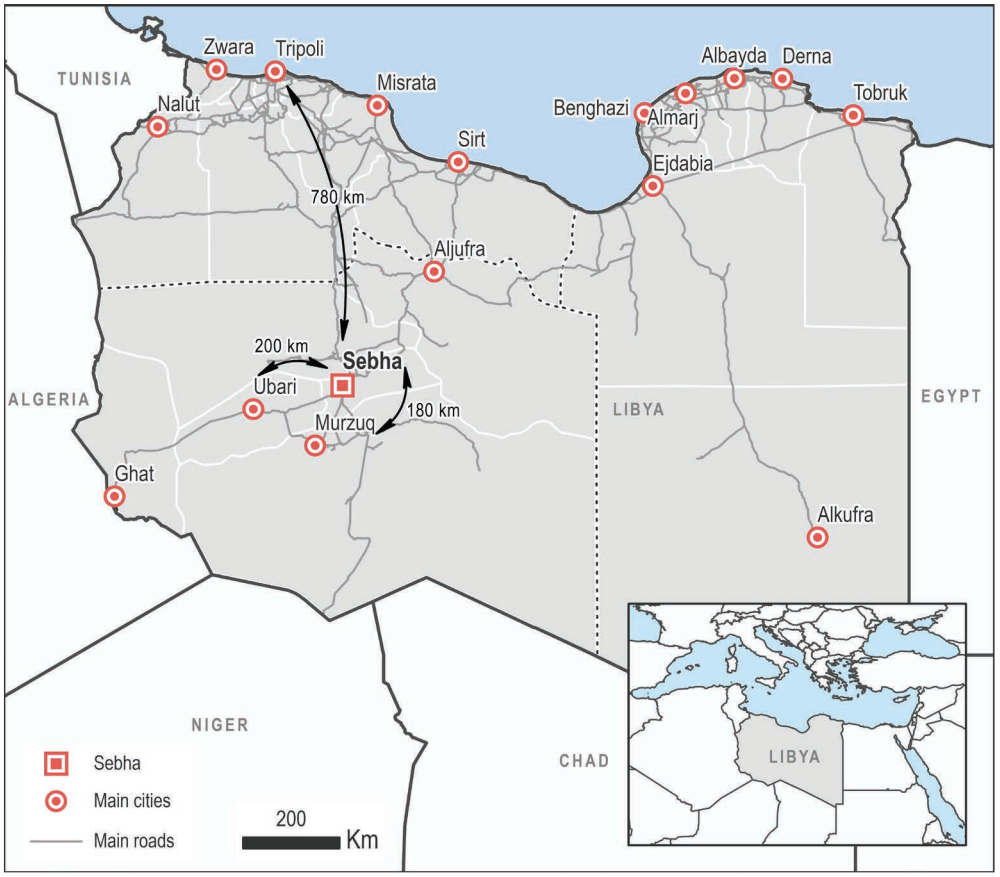
The capital of Fezzan, Sebha is an oasis city located deep in the Sahara Desert in south-western Libya, approximately 750 kilometres from Tripoli and 1,160 kilometres to Benghazi. The city is served by Sebha Airport, but operations are frequently suspended due to regional insecurity.[12] At a nearly 8-hour drive from Tripoli and 12.5 hours from Benghazi, the desert city is quite a distance from populous coastal cities.[13]

Sebha has a hot desert climate with temperatures that can reach beyond 40 degrees Celsius in summer and drop to 6 degrees in winter.[14] The air is arid, and rainfall in the wettest period of November to February is estimated to be between just 0.8 and 1.1 mm.[15] Importantly, the high temperatures negatively impact the operationality of weak electricity infrastructure and thus the availability of other essential services (see the Electricity section, page 13).[16]

Southern Libya has experienced long periods of state underinvestment, including in service infrastructure.[17] Recent public protests in the city illustrate the economic difficulties faced by the population as well as their poor electricity access and limited water provision.[18] Sebha has a highly diverse demographic profile, with a multitude of ethnicities, tribes, and nationalities residing in proximity and relying on the same service infrastructure.

Aggravated by grievances over historical political and economic preferential treatment of one group over another, contemporary differences in political alignment and disputes over resources and territory have led to intermittent intercommunity conflict since the 2011 revolution.[19] **While conflict can be triggered by a lack of availability and access to services, it has simultaneously complicated access to services for some groups at risk of being targeted**[20], as well as caused damage to infrastructure.[21] Social and peace agreements have had limited effect[22], and conflict has likely increased urban inequalities and socioeconomic disparities by limiting some groups' access to services and restricting some groups' movement in the city. The security situation is further exacerbated by the presence of armed groups (politically and/or tribally affiliated) controlling neighbourhoods as well as key resources and assets such as city entrance points.[23]

Map 3: National map of Libya



Economy

The Libyan economy witnessed growth in the decade before the outbreak of the civil war in 2011.[24] The war interrupted that growth heavily, and the short economic revival in 2012 did not last. The economy crashed again in 2014 and has not recovered since.[25] The economic crises has had a damaging effect on the Southern region.[26] Fezzan is rich in natural resources, with large underground aquifers, and crude oil and natural gas reserves.[27] But while most of Libya's Gross Domestic Product (GDP) comes from crude oil and gas extraction, local populations in the South have profited very little from this natural wealth.[28] **Since 2011, development of state infrastructure in Sebha has largely come to a standstill, and the consequences of protracted underinvestment are tangible in the daily lives of its residents.**[29]

On top of country-wide price increases due to inflation, prices of key commodities further rise due to supply chain costs. Product prices in the South of Libya are significantly higher than in Libya's northern regions, with the median price of the Minimum Expenditure Basket (MEB) of October 2020 standing at 919 LYD[30] per month in the South, compared to 657 LYD in the West and 712 LYD in the East according to the Joint Market Monitoring Initiative (JMMI).[31] **During the MSNA 2020, 93% of households in Sebha reported that they had faced challenges meeting specific material needs over the 30 days prior to data collection as they were unable to afford them.** Reported essential needs fell in the categories of communication, transport, health care and shelter.[32]

The economic situation has created a welcoming environment for illicit trade.[33] Its remote location far from centres of state authority and the harsh conditions posed by the desert sands make the vast Libya border region that touches Niger, Algeria and Chad difficult to control and monitor. Historical cross-border trade between Libya and bordering countries has now largely shifted from the licit to the illicit sphere, with a multitude of actors involved in the smuggling of both goods and people.[34] Due to a lack of a reliable security apparatus and a stable economy, smuggling has become an integral part of the southern economy.[35] As a result, many people have become involved in or financially reliant on the smuggling business (directly or indirectly).[36]

Unemployment is a significant problem in Sebha, which has further exacerbated since the outbreak of COVID-19. The MSNA 2020 found that 28% of households relied on government subsidies as their main source of income and 5% of households had no income source at all.[37]

COVID-19 has had a widespread effect on people's livelihoods in Sebha, with 80% reporting that the total number of people working in their household had decreased since the outbreak.[38] Comparatively, this average for Libya overall stood at 20%.[39]

Additionally, the development of the private sector in Sebha is limited. **Of households that currently had working household members, 77% were employed in the public sector and 23% were employed in the private sector.**[40] Lack of employment opportunities primarily affect younger generations. As a result, young men reportedly increasingly join armed groups or find other illicit means to make a living.[41]

Fuel

For a country that receives approximately 69% of its export revenue from oil, fuel is surprisingly hard to get in Libya. [42] As there is only a limited number of refineries, there is not enough fuel supply to meet demand nationally, and Libya is thus largely reliant on fuel imports.[43] Fuel is officially subsidized by the government, at approximately 0.15 LYD per litre.[44] However, fuel supply is generally hindered by armed group activity vying for territory or resources, and the blockade of oil ports and facilities since 2020.[45] Trends illustrate that fuel prices increase significantly depending on how far removed a place is from the main fuel refinery in Zawiya.[46] This has particularly negative consequences on southern Libya due to its remote location, with Sebha at approximately 750 kilometres from Zawiya.

In order to purchase subsidized fuel when it is available, people are often required to wait at petrol stations for several hours.[47] But as subsidized fuel becomes rare in Sebha, residents are often purchasing their fuel from the parallel market. Up to one third of the subsidized fuel supply goes missing each year, according to secondary data.[48] This oil is subsequently sold on the black/parallel market, often for much higher prices. The JMMI found that the median price of a 12 litre cylinder of parallel market petrol of Libya overall stood at 41 LYD, compared to 80 LYD in the South.[49] The lack of available fuel has great impact on the daily lives of residents, as it is needed to run generators during electricity outages and for transport, among other things.

Security

Since the revolution in 2011, several intercommunity clashes have broken out in Sebha. In 2012 and 2014, clashes broke out over smuggling routes.[50] In 2014, clashes transpired in the

neighbouring town of Ubari, which in 2015 spilled over to Sebha.[51] In 2016, conflict occurred killing at least 16 people.[52] In 2018, clashes flared up again.[53] Some peace reconciliation efforts have appeared successful, but in other cases conflicts have led to protracted tensions and increased inequality.[54]

A main street in Sebha, August 2020

A market stall in Sebha, August 2020

Demographics

The *baladiya* of Sebha has an estimated population of 150,000[55] to 200,000 people[56], who are spread out over administrative areas called *muhallas*. The city is home to populations of many different ethnicities, tribes, and nationalities, making Sebha a small microcosm of Libya as a whole. The main population groups are Arab, split over a multitude of different tribes, Tuareg, Tebu and the Arab, non-tribe affiliated Ahali groups (or Fezzazna).[57]

Many populations living in Sebha have historical transnational ties transcending the Libyan borders with Chad, Niger and Algeria. **Sebha's proximity to the border also means it is a popular first destination for migrants and refugees coming to Libya, making it the biggest migrant hub in the region.**[58] Round 30 by the International Organization for Migration Displacement Tracking Matrix (IOM DTM) indicates that by the end of April 2020 there were approximately 40,950 migrants and refugees staying or transitioning through in Sebha.[59] Additionally, there are sizeable groups of Internally Displaced Persons (IDPs) in Sebha, as well as returnees.[60] IDPs in Sebha have generally been displaced during inter-communal conflicts within the city boundaries, or have moved to Sebha after conflict took place in their city of origin. The MSNA shows that the majority of external IDPs in Sebha are from Murzuq.[61] Many of these IDPs are likely Ahali who were displaced during the conflict in 2019.[62]

Social Cohesion

Social cohesion refers to the solidarity within and among groups and the willingness of members of a society (such as a city's population) to live and work together on a social, political and economic level.[63] Social cohesion can be negatively impacted by socio-economic inequality as population groups are forced to compete for access to services and resources.[64] Poor or underdeveloped infrastructure or uneven distribution of economic resources can thus contribute to the thinning of a city's social fabric.

Since the revolution in 2011 Sebha has faced multiple periods of conflict, as well as waves of violence and crime.[65] During the Qaddafi era, inequalities between groups were exacerbated, with certain groups being given more participatory power in decision-making processes as well as better access to resources.[66] After the revolution, a power vacuum in the South led to clashes between groups. The national political division that came to a fore in 2014 further thinned the social fabric, as groups became differently aligned on a national level. Additionally, the economic situation became significantly worse, with increasingly limited government investment in South Libya.[67] With the slow deterioration of the economic situation and social cohesion, groups jostled for resources as well as territory and legitimacy. Armed groups, which are often aligned with a specific tribe or political affiliation, frequently have control over key resources.[68]

Social politics weave into all other elements of urban planning in Sebha, and access to services, governance and security cannot be considered separately from social cohesion. Hence, it is important to understand how current infrastructure as well as social networks are laid out and in order to design conflict-sensitive and contextualized interventions that increase access to services and ease disparities between groups.

Community forming

Tribalism, known as 'qabaliya' in Libya, is the social organisation based on lineage or common ancestry.[69] Tribes are considered to be one of the oldest societal institutions of Libya and are generally believed to play an important role in community forming as well as the establishment of political alliance.[70] Sebha is home to between 30 to 40 different tribal groups. T**he most significantly present groups in Sebha are the Awlad Suleiman, Qadhadhfa, Ahali, Warfalla, Hassawna, Tuareg, Tebu, Maghara, and Awlad Busif.**[71] Sebha, and Libya as a whole, is often characterized as a tribally segregated society. Primary data from tribe and DCU KIs, as well as secondary data[72] indicate that while this perception holds true to an extent – particularly at the political level – these dynamics in Sebha may be more nuanced at the community level.

Map 4 gives an indicative impression of the ethnic and tribal diversity of neighbourhoods in Sebha. It shows the tribes most frequently mentioned by DCU KIs[73] as residing in each DCU, with the colours representing which neighbourhoods are more or less diverse in terms of tribal composition. As illustrated in Map 4, neighbourhoods in Sebha are generally tribally heterogeneous in terms of demographic make-up. As one tribal KI indicated: "[w]e are Libyan before being tribe members." During the SCS, which was developed to measure perceptions of community, and understanding and trust in governance and justice mechanisms, respondents defined who they considered to be part of their community as primarily their family (93/119)

and neighbours (59/119).[74] Furthermore, 75 out of 119 indicated that they considered members from their tribe living in the same neighbourhood to be part of their community, 60/119 indicated that they considered members of a different tribe living in the same neighbourhood to be part of their community, 33/119 indicated that they considered members of the same tribe living in another neighbourhood to be part of their community, and 22/119 indicated that they considered members of a different tribe living in another neighbourhood to be part of their community.[75]

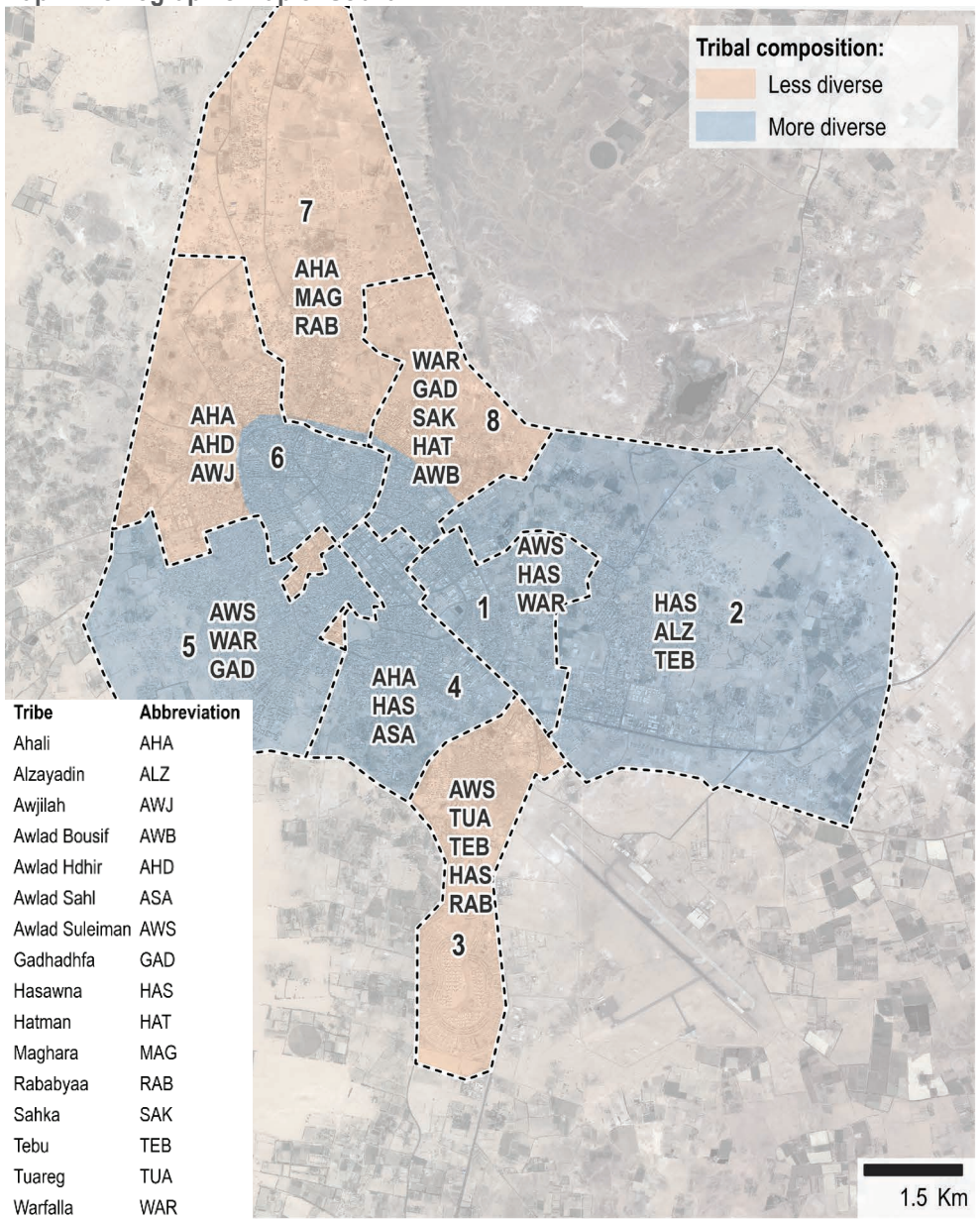
These findings imply that **geographical proximity can be an important aspect of community forming in Sebha, and proximity often encompasses people of different tribes**. It also sheds light on the complexity of intratribal relations. Tribes consist of many different families with their own Sheikhs and elders. KIs indicated that this is also the case at a local level in Sebha, with approximately four to five families per tribe across the board. The abovementioned findings show that the primary relation is familial and not tribal, despite shared lineage. When considering the implications of this for programming, it is important to take into account that data was collected in times of relative peace as social dynamics and community structures may change during times of intercommunal conflict, as well as differ depending on levels of exclusion. Moreover, reported levels of cohesion between groups did differ per neighbourhood, with some areas indicating that tribal affiliation was significantly more important than geographical proximity in community forming

Hence, tribal affiliation is not binary, and in peaceful periods, tribal affiliation does not imply strict geographical or social segregation between groups. While certain tribes were reported by tribe KIs to be more socially isolated or exclusionary, analysis of neighbourhood dynamics indicates that tribal affiliation is not the sole parameter for community forming, with primary data illustrating that geographical proximity may transcend the weight of tribal affiliation. The perception of a Sebha being a tribally segregated society thus requires some nuance.

Migrant communities

According to KIs, migrants and refugees in Sebha form communities amongst themselves, with peers from the same country of origin or from the same region, often depending on language. These KIs also reported that migrants and refugees generally live with members from these social communities, and generally do not live with migrants or refugees from other

Map 4: Demographic map of Sebha



Tribe	Abbreviation
Ahali	AHA
Alzayadin	ALZ
Awjilah	AWJ
Awlad Bousif	AWB
Awlad Hdhir	AHD
Awlad Sahl	ASA
Awlad Suleiman	AWS
Gadhadhfa	GAD
Hasawna	HAS
Hatman	HAT
Maghara	MAG
Rababyaa	RAB
Sahka	SAK
Tebu	TEB
Tuareg	TUA
Warfalla	WAR

communities. This corresponds with findings from a REACH assessment from 2019, which concluded that country of origin was the main indicator of defining community for migrant and refugee respondents in South Libya.[76] The 2020 Migrant and Refugee MSNA found that the majority of interviewed migrants had arrived in Sebha by themselves or with friends from their country of origin,[77] which thus highlights the foundation of community forming among migrants in Sebha. Nonetheless, integration with both host communities as well as other migrant communities of different sociocultural backgrounds was reportedly likely among migrants that had been in Libya for longer and established wider and stronger networks outside their immediate communities.[78]

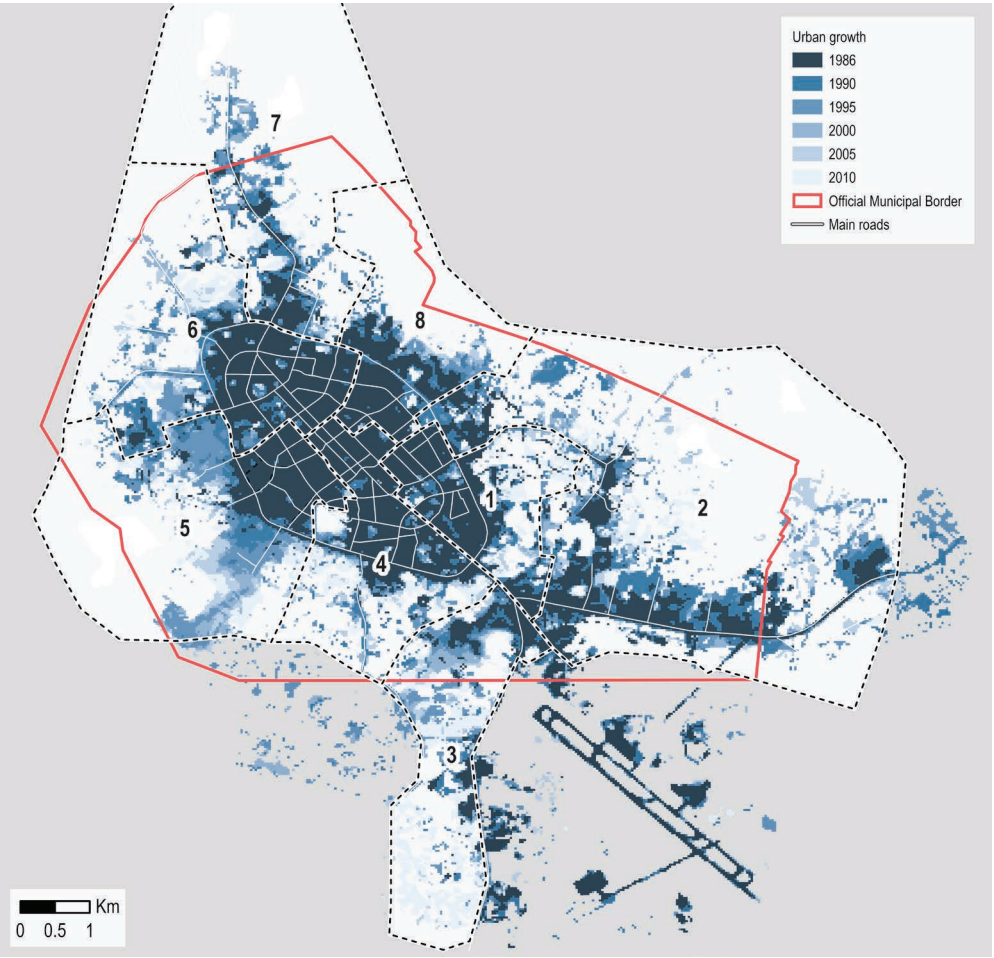
KIs reported that while migrants and Libyan nationals engage with each other for work, there is limited to no integration on a social or political level between these groups. Several KIs referred to occasions where migrants and refugees in Sebha had faced perceived racism or discrimination. However, one KI indicated that occasionally social relations are established between Libyan nationals and migrants who have lived in Libya for long period of time. During the same REACH assessment on migrant communities in South Libya, findings also showed that all respondents (20) in Sebha had received support from Libyan nationals during the 6 months prior to data collection.[79] Hence, the inherently unequal power dynamics between Libyan nationals and migrants may obscure the possibility of forming social relations, but this does not thwart professional and charitable relations.[80]

Urban Growth

Understanding how a city has grown assists in assessing how a city functions as a system.[81] Sebha's urban area has enlarged significantly over the past 35 years. Indeed, **nearly all DCU KIs considered Sebha's boundaries to be larger than the official municipal boundaries.** The Indian Company area in DCU 3, for instance, has been developed almost entirely in 2010 or later, and falls mostly outside the official boundary. These peri-urban[82] areas are a key feature of the city's composition, with urban sprawl mixing with rural and agricultural land. Satellite imagery reveals a combination of consolidated and dispersed settlements in these areas.

Map 5: Sebha's urban growth over time

This map shows the expansion of buildings in Sebha from 1986 to 2010. Yearly satellite images of Sebha were run through an automatic classification to identify new structures built each year and delineate the extent of the city's development. The resulting images were then layered over each other to produce a representation of urban expansion.



Before elaborating sector-specific issues in the following sections on Essential Services (page 13), it is valuable to broadly consider the role that urban growth plays in the distribution of services in Sebha. Urban growth analysis helps delineate the different mechanisms and barriers present for residents when accessing essential services. Peri-urban areas are reportedly beyond service provision catchments for water, electricity, and waste collection. **Notably, some peri-urban residents have reportedly developed their own informal systems for accessing water and electricity.**[83] These systems speak to the resilience of residents in the face of insufficient formal infrastructure. On the other hand, many electricity and water KIs reported that these informal networks reportedly frustrate improvement of the formal systems as informal connections can increase the strain on formal infrastructure, and because reliable maps of informal networks do not exist. Regarding health care, peri-urban areas reportedly have fewer and poorer quality facilities, potentially increasing transportation costs for patients as they travel to the city centre to seek care. Transportation expenses can be linked with social cohesion concerns as well; some population groups in peri-urban areas reportedly face movement restrictions in the city based on their community affiliation and hire cars to mitigate their risk traveling there.[84]

Access to informal electricity and water networks may both reflect and fuel socio-economic disparities in the city. According to KIIs with water and electricity service providers, residents of peri-urban areas may more commonly face higher costs connecting to electricity and water networks; they reportedly either pay for labour and materials to construct informal connections to formal networks, or in the case of water particularly, construct their own private wells and networks. This is different in the city centre, where most costs are reportedly undertaken by water and electricity service providers. Similarly, transportation costs of traveling to health facilities were reported to predominantly affect residents in peri-urban areas or those facing movement restrictions in the city centre.[85] Such additional expenses to access essential services may thus fuel disparities between urban and peri-urban areas as well as between population groups.

The populations of Sebha's peri-urban areas were reported by all DCU KIs to be mixed. Some IDP, returnee, migrant and refugee settlements were reported in these areas. A variety of tribes were also reported to live in peri-urban areas, including members of tribes which were involved in recent conflicts. While these latter groups do occasionally cohabitate in DCUs and peri-urban areas, rough geographical separation reportedly still exists.

These geographic and socio-demographic characteristics are relevant when implementing interventions to improve service delivery in peri-urban areas of Sebha. Interventions to support service delivery might enhance their conflict sensitivity by taking a balanced geographical approach, hence affecting a wider array of population groups, and potentially decreasing the possibility of fuelling disparity in access. **In areas where there may be less cohesion across population groups, interventions might benefit from ensuring that access is evenly distributed amongst groups within an area.**

Infrastructure and access

All DCU and electricity KIs reported that residents generally have access to the electricity grid, either through formal or informal connections. Formal connections to the grid are common in the city centre, while informal connections are present in peri-urban areas. To connect a home informally or to perform maintenance, electricity KIs reported that residents often buy the materials themselves, and then contract the General Electricity Company of Libya (GECOL) or private companies to perform the labour. KIs also reported that authorization is not always required or obtained by GECOL for informal connections. Due to the abundance of informal connections, it was reported that the network is difficult to maintain and that GECOL does not possess accurate maps of the (low voltage) network in Sebha. As such, improved mapping of the electricity network would likely support the development of the formal network.

Provision issues

Power outages were reported by all DCU KIs to affect all areas of the city and to be longest in summer months, sometimes averaging 10.5 hours a day.[86] All electricity KIs noted that the main cause of electricity outages and low voltage was a shortage in the external supply, which originates from power stations in Misrata, Al-Khoms, and Ubari. On a regional level, the South's demand for electricity in 2016 was 40% greater than the available capacity[87], leading to frequent outages in Sebha. The disparity between supply and demand leads to rolling blackouts which affect the entire city. Most electricity KIs reported that aging regional and national infrastructure is also a problem, particularly when strained by summer temperatures. On the municipal level, electricity KIs reported that triggers for outages are primarily high temperatures in summer affecting old equipment, overloaded infrastructure in specific neighbourhoods, and to a lesser extent, bad weather in winter and transmissions lines being stolen or vandalized.

Impacts

Electricity is a key systemic problem in Sebha, with outages and low voltage issues impeding the provision of other essential services. During outages, many well pumps shut down, halting residents' access to water. Outages affect health facilities as some do not have generators, or do not have access to sufficient fuel to keep generators running. They also affect schools, banks, and government offices. Livelihoods are hindered as well; for example, the top challenge for the region's crop producers – like those present in the peri-urban areas of Sebha – is irregular access to electricity.[88] Moreover, electricity voltages can drop to levels that cause damage to large appliances like water pumps and medical equipment. The city's unmet demand for electricity is reflected in the fact that 87% of households in Sebha reportedly did not have a generator but needed one urgently[89], which was 40 percentage points higher than the second most mentioned item.

Geographical and population group analysis

All electricity KIs reported that provision must be improved and expanded in all areas in Sebha, and particularly in areas where there has been significant urban expansion in recent years. For areas with existing networks, overloaded infrastructure reportedly causes localized blackouts particularly in DCU 1, 2, 4, and 5. Areas with reported excessive electricity loads therefore cover both peri-urban and urban areas, and areas with higher population diversity where Awlad Suleiman, Tebu, Tuareg, and Qadadhfa are all prominently located. **One avenue for conflict-sensitive interventions supporting service provision may therefore lie in seeking to support the electricity network in multiple DCUs, as well as in a mixture of urban and peri-urban areas.**

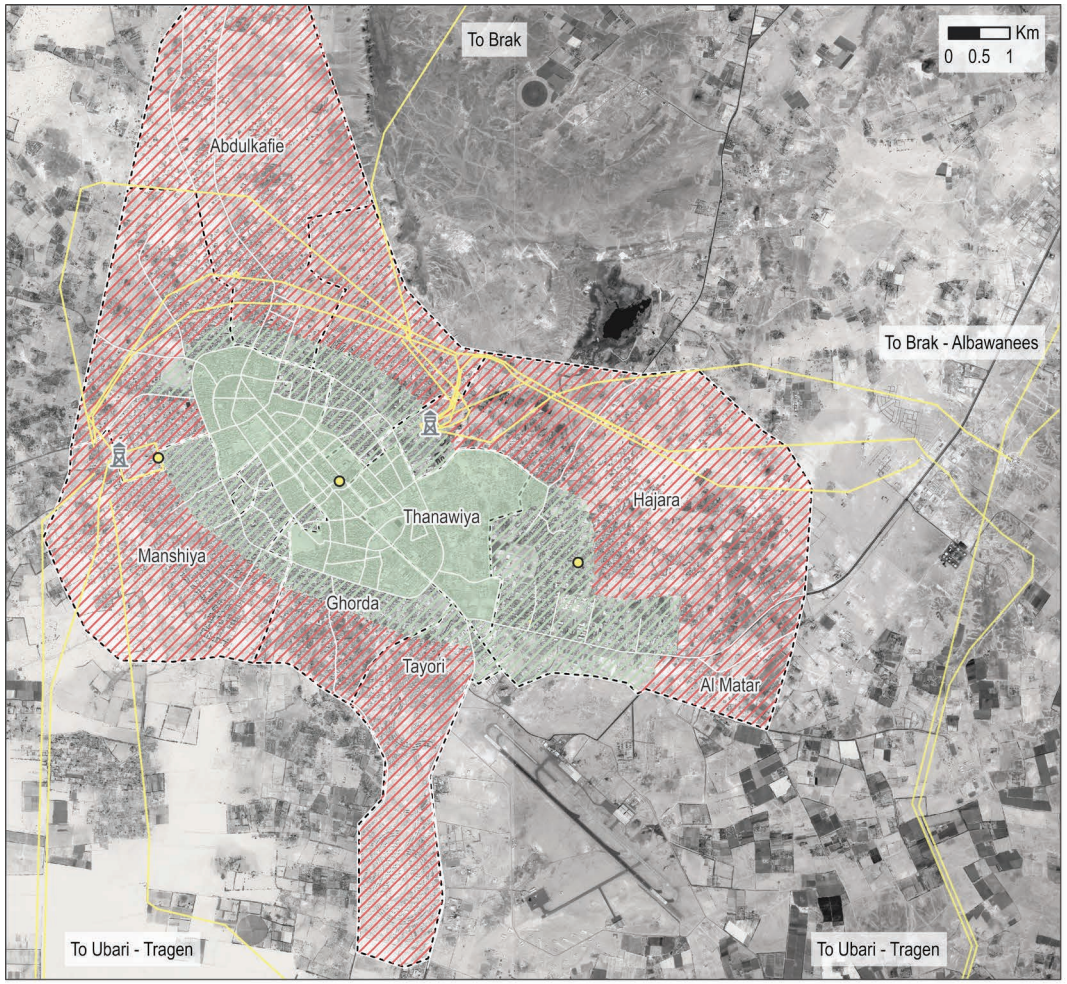
Governance

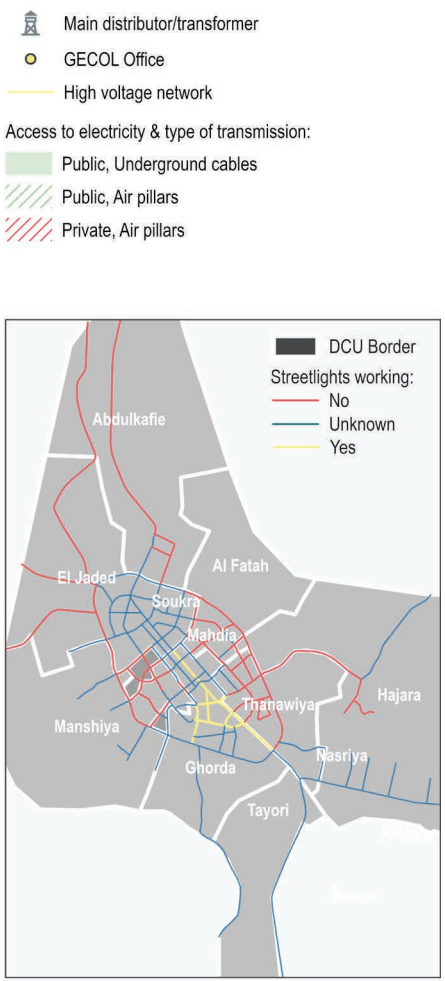
GECOL, a public entity, was confirmed by electricity KIs to be the authority responsible for electricity in Sebha. Across Libya, the company is responsible for electricity generation, distribution, operation, maintenance, planning and development.[90] Electricity KIs reported that no local formal or informal governance actors in Sebha are significantly involved in operations or planning beyond that of coordination of the activities. **When asked who they would contact if they had a complaint regarding electricity or water, residents most frequently reported muhalla councils** (58/126). Respondents also often reported that they would make use of tribal mechanisms to address the compliant (42/126 said either family elder, tribal council, or tribal elder). See the Governance section (page 23) for further discussion.

Essential Services: Electricity

ABA Sebha

Map 6: Electricity infrastrucutre in Sebha





External Supply

- Electricity supply originates from Misrata, Al-Khoms, and Ubari power stations.
- Underground supply lines of 220kv connect Sebha to surrounding cities.
- According to electricity KIs, GECOL developed plans to connect Sebha to the 400kv network. The status of these projects is unclear.

Local grid

- The main GECOL office is in the city centre, and the offices in the east and west responsible for those areas.
- The city has 3 high-pressure stations of 200kv, each with 2 or more transformers; 20 transmission stations; and over 300 distribution stations each with 1-2 transformers.
- 13 different transformer types were mentioned which reportedly complicates maintenance.
- 2/3 electricity KIs reported shortage of transformers with 500mw and 1000mw capacity

Area-specific issues

- Electricity KIs reported that areas with excessive loads – which can trigger outages – were Thanawiya (DCU 1), Hijara (DCU 2), Ghorda (DCU 4) and Manshiya (DCU 5)
- Electricity KIs noted that formal supply must be increased especially in peri-urban areas: Hijara and Al Matar (DCU 2), Tayori (DCU 3), and Albdulkafi (DCU 7)
- Hajara, Tayori, Abdulkafi were reported by 1 electricity KI to have unfinished distribution stations

Water

Infrastructure and access

DCU and water KIs reported that there are two types of water networks in Sebha: formal and informal. The formal network is the public network, consisting of 270 km of pipes prevalent in areas near the city centre.[91] The public network is fed by wells which pump water directly into the pipes; these wells are not open access points but are enclosed water sources for the public network. All water KIs and several DCU KIs reported that **residents in some areas outside the reach of the public network have worked to solve water access issues by constructing their own private wells and piped networks**. These informal networks are compartmentalized and not connected to the public network. Some informal connections reportedly stem from the formal network, extending access to nearby areas. Like informal connections to the electricity network, these informal wells, networks, and connections speak to the resilience of Sebha residents in developing alternatives to formal service provision. However, all water KIs reported that the presence of informal networks complicates development and maintenance of the formal network.

"The water network in Sebha is complicated and damaged, and no [official] maps are currently available. The network contains old and new water lines, and due to the [informal network] expansion, it is difficult to determine the status of the network."
– Water KI

In the 2020 MSNA, 26% of households in Sebha said their main source of drinking water was the public network while 15% said it was protected wells.[92] However, the distinction in this finding between network and protected wells may not be clear cut given the link between them in the city's water system. Notably, 48% of households reported relying on bottled water as their main source of drinking water[93], likely reflecting the poor coverage and water quality of the formal and informal networks.

Provision Issues

DCU and water KIs frequently mentioned issues with accessing water. The limited reach of the formal public network excludes large portions of the city, particularly peri-urban areas. For those connected to a formal or informal network, **electricity issues are inimical to residents' water access**, with power outages shutting down well pumps, or low voltage electricity damaging those pumps. The electricity supply was cited by all water and DCU KIs to be highly consequential in limiting water access. DCU KIs reported that some well pumps are connected to auxiliary generators; however, they noted that fuel shortages mean that generators often cannot continue operating during prolonged power outages.

A water well in Sebha, August 2020

All water KIs and several DCU KIs reported that the poor infrastructure of water networks can cause water pipes burst or leak. This reportedly happens particularly during winter when the water demand of households drops but electricity supply to water pumps is improved. This combination increases the water pressure inside the pipes, triggering leaks or breaks which interrupt water flow and cause flooding.

Water quality issues were reported in most DCUs, illustrated in Map 8. Water KIs reported that Sebha has 3 water treatment facilities connected to the public network but that they are not operational. Therefore, water quality varies across the city, with each public or private well extracting water of different quality, likely limiting access to drinking water for households

connected to wells extracting poorer quality water. One water KI reported that it is common for residents to connect to their homes to multiple networks in case one stops working or has worse quality.

Impacts

Access to water is a major issue in the city. **Fifty-one percent (51%) of households in Sebha reported that there was a time in the 30 days prior to data collection when they did not have sufficient drinking water.**[94] This likely results from a lack of access to the informal and formal networks, as well as the poor water quality of those networks. For households without sufficient drinking water, dehydration may be a health concern, particularly given the hot and arid climate of Sebha.

The cost of purchasing water bottles may furthermore be an economic burden for lower-income households. The JMMI shows that 1 litre of bottled water in Sebha cost 0.29 LYD in August 2020.[95] With 48% of households reportedly relying on bottled water as their primary source of drinking water, these purchases represent on a city-level a significant consumption of private wealth to mitigate a service provision gap. After use, plastic bottles become waste. In peri-urban areas not serviced by waste collection providers, this trash likely lands in informal waste dumps where it is commonly burned, causing environmental degradation and negative health impacts on residents[96] (see the Waste section, page 22).

Geographical and population group analysis

Geographical analysis reveals a scarcity of mapped wells in peri-urban areas. Residents in these areas may face difficulties accessing water if there are no private networks in the area. Areas without access to the formal network are generally consistent with those lacking formal electricity network access. Thus, for residents hoping to fund construction of an informal well or network, there may be an additional cost of constructing informal connections to the electricity network, further limiting the ability of lower-income peri-urban residents to explore this solution. These expenses may play a role in exacerbating disparity in water access between areas of relative wealth or poverty.

Street flooding in Sebha, August 2020

The experience of migrants provides a foil for this linkage between economic means and access to water networks. KIs indicated that migrants face difficulties accessing the formal network as they commonly live in informal housing – prevalent in peri-urban areas of the city[97] – that is not connected. The 2020 MSNA shows that migrant and refugee households from West and Central Africa reported higher rates of relying on bottled water as their main source of drinking water (56%) in the month prior to the assessment.[98]

Areas with pockets of higher building density – used as a proxy for population density – may be acutely affected by a lack of wells, such as south DCU 3 and southwest DCU 5 (see Map 8).[99] Awlad Suleiman, Tuareg and Tebu are prominent residents of DCU 3, as are migrants. Awlad Suleiman are also significantly present in DCU 5, along with IDPs and migrants in peri-urban areas. **Interventions that seek to support water service provision in areas with high population density and at-risk populations might look to supporting peri-urban areas of DCU 3 and 5 in order to include a balanced conflict-sensitive approach.**

Sewage

Infrastructure and access

According to one water KI and secondary sources, the public sewage network in Sebha is present in similar areas as the formal water network in Sebha.[100] As such, peri-urban areas are likely not connected to the public sewage network. One water KI reported that there are three functioning sewage sub-lifting stations, one main sewage lifting station that is partially functioning, and a treatment plant which is non-operational. Two water KIs reported that the untreated sewage is unloaded into a lake in the north of Sebha, as shown in Map 7. In the 2020 MSNA, 81% of respondent households in Sebha reported using a pour or flush toilet; however, it is unlikely all reporting households are connected to the formal network due to the network's limited geographical reach, and may be using septic tanks[101] or other means of disposal.

Impacts

Sewage flooding was reported by DCU KIs to cause healthcare concerns for residents, as well as the contamination of water networks. Sewage flooding and leakages are due to aging equipment, and to an increase in water pressure in the winter, according to water KIs. **When asked which services were in most need of improvement or expansion in their area, half of all DCU KIs (12/24) mentioned the sewage network**; only in DCU 4 did all KIs not reference problems related to sewage. Sewage flooding was declared an environmental emergency by the municipality in 2018.[102] The topic has been raised during social movements in the city.[103]

Geographical and population group analysis

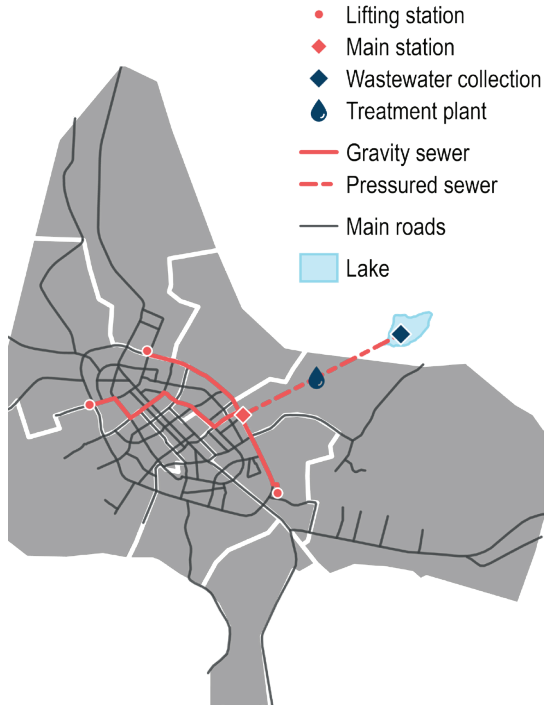
Sewage flooding occurs notably along the outer ring road areas of DCU 5, DCU 6, and DCU 8, as reported by water and DCU KIs (visible in the areas of reported network issues, Map 8). Sewage contamination of water sources was reported in similar areas. Significantly, this flooding occurs within the city centre, impacting residents who generally have more favourable access to city services than peri-urban areas. Preventing sewage flooding in the city centre while supporting peri-urban areas with increased access to sewage services may be a conflict-sensitive avenue that decreases disparity in access and remedies a key concern for city centre residents.

In the MSNA 2020, while 81% of households reported using a flush toilet, 9% of households said they use pit latrines without slabs or platforms[104]. **Migrants and refugees** from west and central Africa reported using pit latrines with a slab platform (28%) and without slabs or platforms (32%) at much higher rates.[105] The use of pit latrines may indicate the lack of access to the network in informal housing and in peri-urban areas.

Governance Water and Sewage

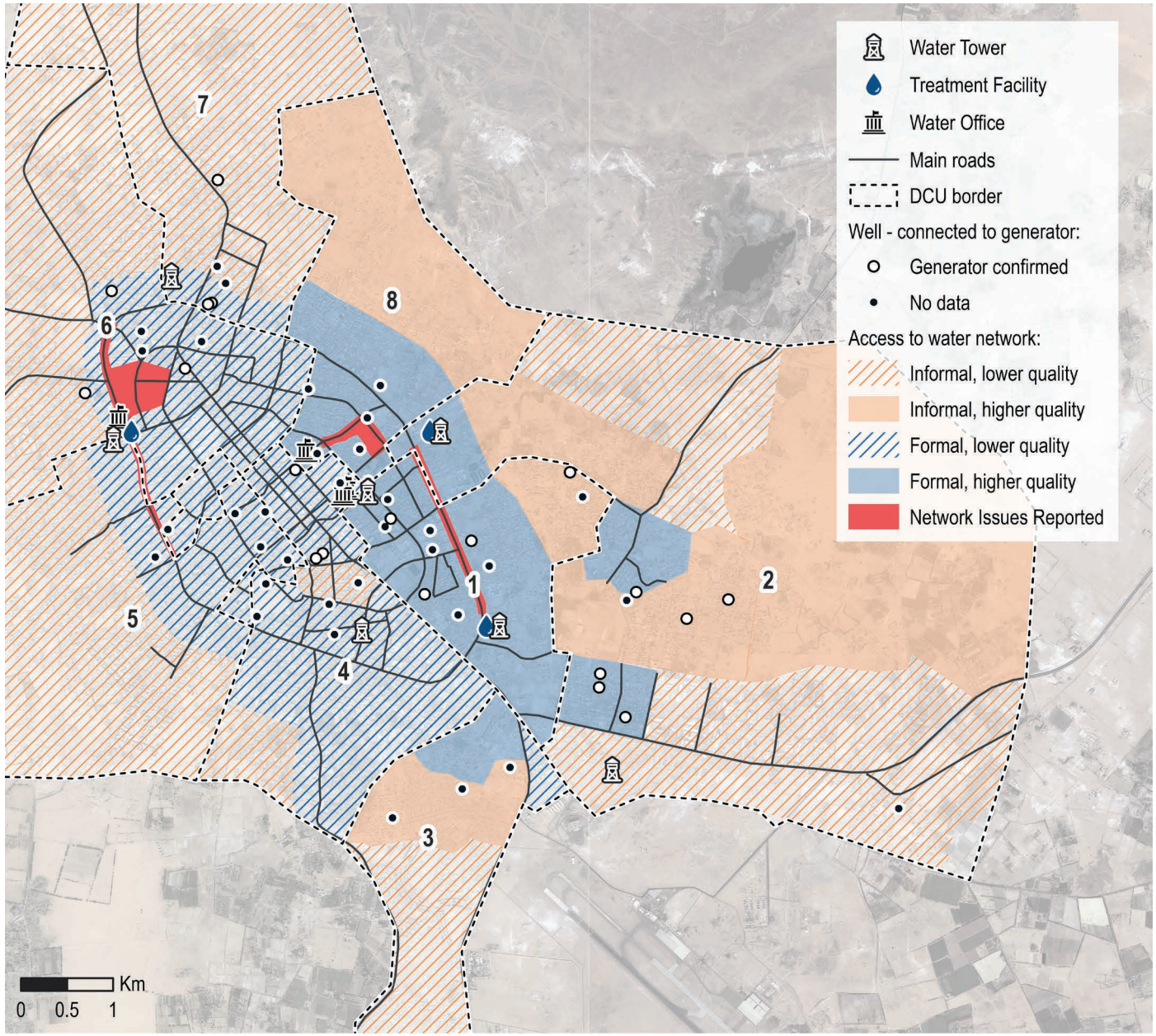
All water KIs confirmed that the General Company for Water and Wastewater (GCWW) is the key authority in charge of water and sewage provision in Sebha. GCWW, a public entity, is responsible across Libya for water supply (ground, surface, and desalination) and its distribution, as well as wastewater treatment and sanitation[106]. All water KIs noted that the company is not affiliated with local governance actors; however, they reported that some coordination of projects takes place with the municipal council and GECOL, and to a lesser extent with muhalla and tribal councils. **When asked who they would contact if they had a complaint regarding electricity or water, residents most frequently reported muhalla councils** (58/126). Respondents also often reported that they would make use of tribal mechanisms to address the compliant (42/126 said either family elder, tribal council, or tribal elder). See the Governance section (page 23) for further discussion.

Map 7: Sewage infrastructure in Sebha



Essential Services: Water and Sewage

Map 8: Water infrastructure in Sebha



This data comes from 24 DCU KIs and 4 water KIs. Areas of informal access may or may not have access to private wells and/or networks.

Wells

- There is a notable lack of wells reported in areas farther from the city centre, potentially limiting households' access to piped water networks
- DCU and water KIs mapped 55 public and private wells in Sebha. Of those, 17 were confirmed to have a generator connected to the well pump.
- Wells with generators can function during power outages; however, fuel shortages also impact their operation.

Other water infrastructure

- 7 water towers with tanks are present but all are non-operational, each is 400 or 500 cubic metres
- 3 treatment plants, all non-operational
- Water KIs reported that there are two non-operational public water points in DCU 2 and DCU 6 (not present on the map).

Area-specific issues

- Water KIs reported that some areas suffer from chronic network problems in urban areas of DCU 1, 2, 4, and 5

Infrastructure and access

All DCU KIs and health KIs reported that residents access health care in Sebha through public and private facilities. All KIs reported the presence of health facilities in each DCU, and that services at public facilities are generally accessible to all population groups. In the 2020 MSNA, 54% of households reported that they had no problems accessing health care in the 90 days prior to data collection.[107]

Provision issues

Insufficient infrastructure was reported by many DCU KIs and all health KIs as a barrier to accessing health care. Infrastructure issues include the absence of public health facilities in the peri-urban areas of the city and electricity supply issues. Regarding the latter, low voltage electricity can damage medical equipment while electricity outages often close health facilities. Even facilities with generators reportedly do not have sufficient fuel to run them for long. Sebha Medical Centre – the central hospital and a key part of the city's and region's health system – was reported by 2 health KIs to rely on generators as well as a solar panel energy system.

Lack of **medical and human resources** was commonly reported by DCU and health KIs to be a barrier to accessing health care for residents. Medicines were reported by these KIs to be in short supply at public clinics and expensive at pharmacies. Staff shortages and a lack of medical equipment were most often reported for public facilities. Connecting these latter two issues, one health KI noted that "most doctors went to work in private clinics due to the better capabilities and equipment than in hospitals and public health facilities." Furthermore, the liquidity crisis was reported by health KIs to be a compounding factor which has resulted in medical staff at public facilities not being paid for several months at a time.[108] In the 2020 MSNA, households reported that a shortage of healthcare workers (14%) and lack of medicines (13%) at health facilities were issues they had faced in accessing health care in the three months prior to the assessment.[109]

Geographical and population group analysis

DCU KIs frequently reported that residents prefer to access private clinics due to their proximity or to the lack of staff, resources, or quality care at public facilities. **Consultation expenses** at these facilities may pose a barrier for some residents. In the 2020 MSNA, 15% of households reported not being able to afford health services in the three months prior to the assessment. A general consultation at a private health facility was reported by 2 health KIs to cost approximately 25 LYD.

Transportation costs were also reported by health KIs to be a limiting factor for access to health care. Since most public facilities are clustered around the city centre, should a facility in a peri-urban area lack staff, services, resources, or electricity, residents of those areas hire cars to transport them to the city centre. For residents seeking to access the hospital by foot, satellite imagery analysis shows that patients outside the city centre would need to walk more than 30 minutes, and up to two hours from some peri-urban areas. Indeed, 47% of households in Sebha reported that it takes more than 30 minutes walking to reach the nearest healthcare facility.[110] With the shortage of fuel in the city, transportation costs may be a significant barrier for low-income households. In the 2020 MSNA, 10% of households said that the high cost of transportation to facilities was a problem their household had faced when accessing health services in the 3 months prior to the assessment.[111]

Transportation costs can also stem from **security concerns**. Tribe KIs reported that hiring a car was a common safety precaution for some groups who reportedly encounter movement restrictions in the city centre - where specialized health care services are located – due to their community affiliation. In past periods, insecurity and conflict have significantly limited access to health facilities for some groups based on community affiliation, particularly to facilities in the city centre, including the hospital.[112]

Migrants

All KIs noted that migrants prefer private facilities due to additional concerns. A majority of KIs noted that public facilities require foreigners to provide identification documents like a passport, a barrier for migrants without these documents. Health KIs said that public facilities work with consulates in Sebha to obtain proper documentation; however, this option may not be available for refugees and irregular migrants who do not have access to a consulate or are wary of their government.[113] Moreover, some health KIs reported that public health facilities can require foreigners to take a blood test before they can access care, a requirement which may discourage migrants from seeking care there. Most KIs also noted that public health facilities charge migrants fees for opening an admission file and for accessing services. These barriers

reportedly lead migrants to rely on private facilities for their healthcare, with consultation expenses at those facilities presenting a barrier to some migrants. Transportation expenses are also a factor for migrants and may pose an additional hurdle for low-income households in peri-urban areas. KIs reported that hiring a car was also a common safety precaution for migrants who needed to access health services but feared kidnapping or robbery.

Women

During the 2019 MSNA, of the 23% of households in Sebha reported challenges accessing health care when they need it, 49% reported that the lack of female staff at a facility was a reason the household had limited or no access to health care – more than twice as high as the national average.[114][115] Conversely, **female KIs uniformly reported that women do have equal access to health care as men**.[116] All female KIs reported that a lack of female staff at facilities was not an issue that greatly restricted women's access, and several reported that this issue may affect only those from conservative families and tribes. Female KIs reported that while seeing a female doctor was often preferred, women do see male doctors as well. However, one health KI reported that non-urgent health service provision for pregnant women without a marriage certificate and/or recent viral blood test may be delayed or denied.

Governance

All health KIs confirmed that the key governance actors are the municipal government and the Ministry of Health[117], particularly regarding authorization of projects implemented by international organizations. Other important actors include the National Centre for Disease Control (NCDC) and Sebha Medical Centre (hospital). Informal governance actors like tribal councils were reportedly not involved in health system governance. When asked who they would contact if they had a complaint regarding health service provision, residents most frequently reported muhallah councils (58/126). Respondents also often reported that they would make use of tribal mechanisms to address the compliant (42/126 said either family elder, tribal council, or tribal elder). See the Governance section (page 23) for further discussion.

COVID-19

COVID-19 has significantly impacted the health system in Sebha. REACH's COVID-19 At-Risk Population Assessment from May 2020 showed that the population in the mantika of Sebha faced one of the highest intersectoral vulnerability rates to increased mortality from COVID-19 and a risk of higher infection rates.[118] Later that month, Sebha city became the first location where community spread of COVID-19 was detected in Libya.[119] Due to COVID-19, health KIs reported that health facilities in the city are operating at reduced capacity. Specialized health services were reported by one health KI to be operating at 10% capacity. The provision of primary health care, maternal and child health services, and services at the Sebha hospital have all been disrupted.[120]

Currently all isolation centres in the south, including in Sebha, are closed due to shortages of medical staff and logistic support. Berkouli Centre in Soukra (DCU 6) was previously the last operating isolation centre in the South, with a capacity of 10 intensive care unit (ICU) beds and 100 patient beds.[121] COVID-19 patients from across the south are being treated in the respiratory clinic in Al Thanawiya Health Care Centre.[122] All samples from PCR tests are sent to the NCDC Dern Centre lab for analysis. Sebha Medical Centre has been designated to monitor probable cases and is a 'back-up' facility in case other COVID-19 designated facilities are overwhelmed. As the Centre is a key facility for Sebha and surrounding cities[123], its conversion into a fully dedicated COVID-19 facility would be a challenge for the health system.

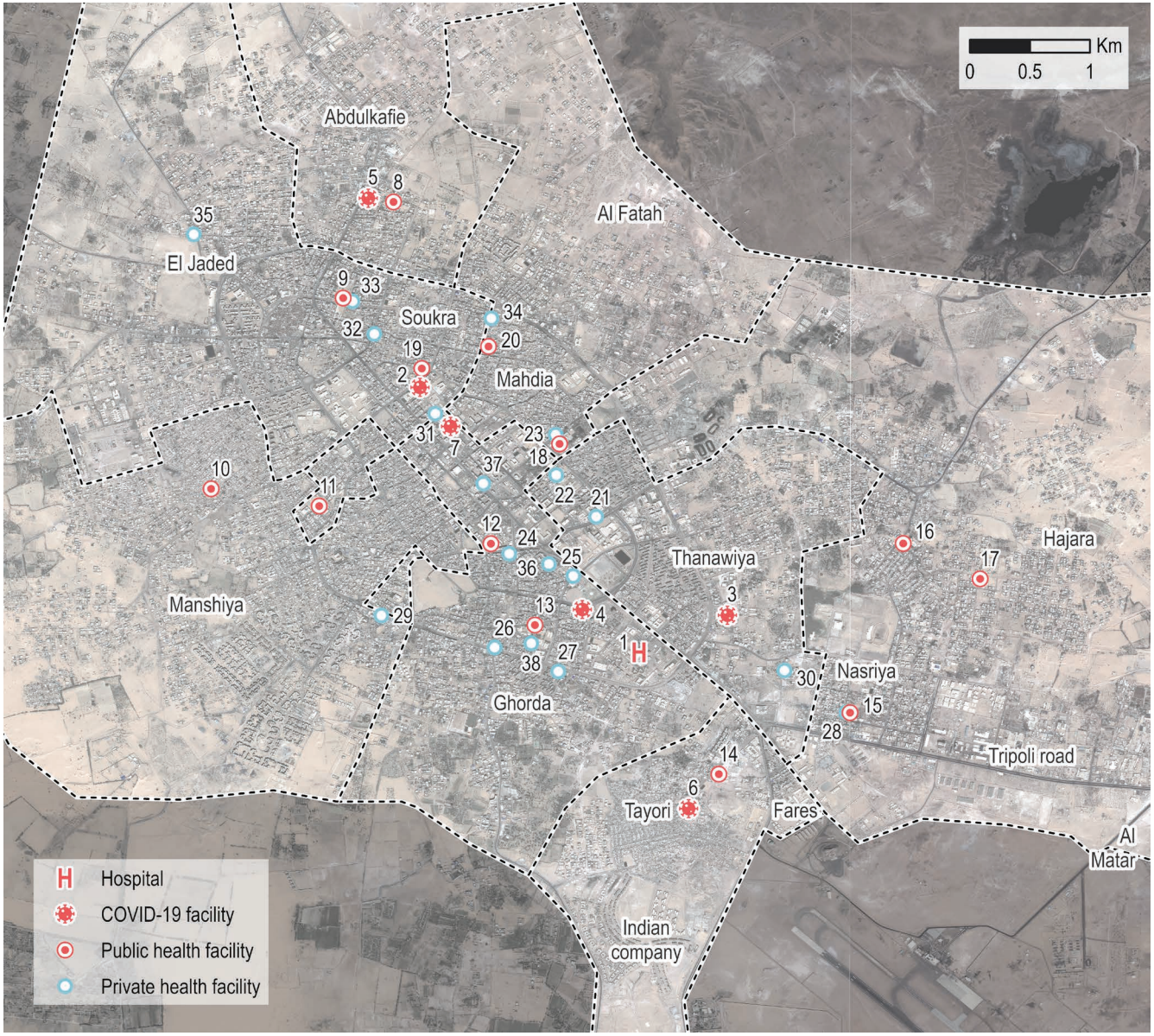
The fuel and staffing shortage have complicated the COVID-19 response in Sebha. Staffing shortages have forced planned isolation centres to close[124] while traveling to collect samples from suspected cases or transporting those samples to testing laboratories is hampered by a lack of fuel for vehicles. This has resulted in a backlog of samples to be collected or tested.[125] During electricity outages, a lack of fuel for generators at health facilities may further impact the functioning of key devices like respirators, resulting in the NCDC lab suspending work for 12 days in October[126].

Health KIs reported that governance and coordination of the COVID-19 response in Sebha is undertaken by the municipal government and its Health Service Administration Office, the Crisis Committee Against COVID-19[127], and the NCDC. These actors were also reported by health KIs to be the ones with which international organisations should liaise. The response is coordinated with the health sector and the World Health Organization. Importantly, conflict sensitivity considerations exist for organizations seeking to support the COVID-19 response, as politicization of the response and a subsequent misallocation of resources has been reported.[128] See REACH's Sebha COVID-19 Brief for further details.[129]

Essential Services: Healthcare

ABA Sebha

Map 9: Health facilities in Sebha

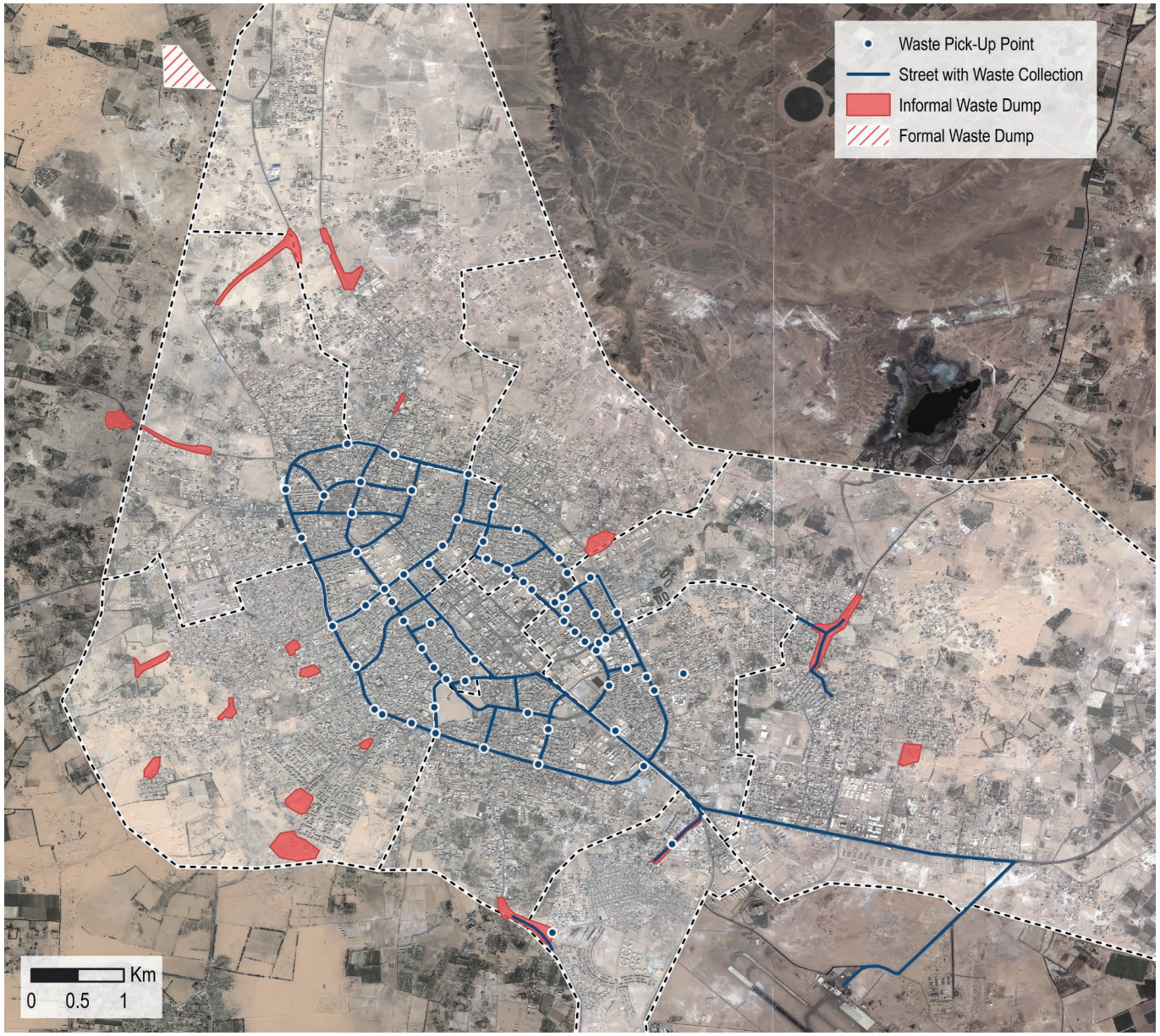


The geolocation data of these health facilities was collected through participatory mapping with DCU KIs - primarily mapping public facilities - and through direct observation of private faciilities.

The COVID-19 facilities shown here were previously designated as part of the response plan in Sebha. Due to the fluid nature of the response and resource constraints that have limited or prevented many facilities' operations, these facilities may not be currently operational or actively supporting the COVID-19 response.

#	Name	#	Name
1	Sebha Central Hospital	20	Mahdia Health Center
2	Berkouli Isolation Centre	21	Al Rahma Clinic
3	Al Thanawiya Centre	22	Fezzan Medical Center
4	Cairo Health Complex	23	Al Mahdia Clinic
5	Abdulkafi Health Centre	24	Al Aafia Wellness Clinic
6	Al Karama Health Centre	25	Al Saraya Clinic
7	NCDC Sebha (Dern Center)	26	Al Manar Clinic
8	Abdulkafi Health Care Unit	27	Oya Specialist Clinic
9	Al Jaded Health Care Unit	28	Al Amal Specialist Clinic
10	Unknown	29	Aseel Al-Ghad Clinic
11	Manshiya Health Care Unit	30	Al Ferdous Specialist Clinic
12	Sebha Blood Bank	31	Red Crescent Clinic
13	Al Ghorda Health Centre	32	Al Farouk Clinic
14	Cairo Primary Health Centre	33	Al Jadid Clinic
15	Nasriyah Health Care Unit	34	Al Majd Clinic
16	Hijara Health Care Unit	35	Balqees Clinic
17	Unknown	36	Family Doctor Clinic
18	Peace Health Care Unit	37	Al Quds Igaeed Clinic
19	Soukra Health Center	38	Al Hakeem Clinic

Map 10: Waste collection and dumps in Sebha



Waste

Map 10 illustrates the waste collection points in Sebha city, as mapped by DCU KIs. Waste service provision starkly reflects the divide in service provision between urban and peri-urban areas. For the few waste collection points that do exist in peri-urban areas, DCU KIs reported that waste is collected less frequently than in the city centre. Informal dumps are prevalent in peri-urban areas, where DCU KIs reported that burning of trash is the common means of disposal. Waste burning causes negative and environmental impacts, and can cause serious health conditions including respiratory diseases, disruption of hormonal systems, suppression of the immune system, and cancer; small children, the elderly, or people with pre-existing respiratory issues can be especially vulnerable.[130] **The lack of waste disposal service provision was reported by 20 out of 24 DCU KIs to be a significant problem in their neighbourhood.** DCU KIs reported that the General Cleaning Company is the public entity responsible for waste collection, which is supported by secondary data.[131]

Governance

This section looks at the different governance structures in Sebha and how they interrelate, the specific roles of formal and informal governing bodies, and the opportunities to influence or participate in decision-making processes for different populations. D**ecision-making processes in Sebha take place on a municipal, neighbourhood, and tribal level, depending on the scope and matter.** By lack of a stable central government and due to the social proximity municipalities maintain with their population, municipalities are often regarded as the best institutional partner for implementing infrastructure improvement and stabilisation projects in Libya.[132]

The process of the decentralisation of highly centralised state governance started shortly after the revolution in 2011. Law 59 Concerning the Local Administration System, passed in 2012, and the Executive Regulation passed a year later, formally established a new decentralised governance structure composed of provinces, municipalities (*baladiyas*), localities (*mantikas*), central government deconcentrated Executive Offices (EOs) and shura councils.[133]

Municipalities are tasked with the delivery and managing of services such as urban planning, health and social affairs, utilities, street lighting, sanitation and sewage, and public transport (among other things).[134] In practice, however, local governance tends to be weak, due to the limited establishment and development of decentralisation structures such as the provincial council (which remains non-existent) and marginally defined local administrative structures. Intergovernmental coordination between administration levels remains poor, and municipalities have limited opportunities to access funds or financial resources that can be invested in local infrastructure.[135]

Municipal council

The municipality (also known as *baladiya*) is the second-level administration subdivision in Libya, after the *mantika* and above the *muhallah.* The law states that the municipal council is elected and consists of 5 members if the population is under 250,000, with at least one female member.[136]

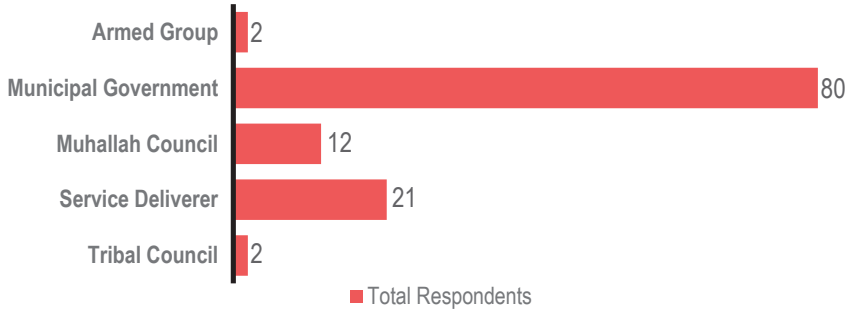
A public opinion survey done by the International Republican Institute (2019) found that most Sebha residents had little understanding of how the municipal council is appointed. According to the study, just 42% of 308 respondents in Sebha believed that their municipal council was elected.[137] Additionally, the vast majority of respondents reporting not knowing much about the municipal council, and that they did not conduct their operations in a transparent manner.[138]

A traffic circle in Sebha, August 2020

Law 59 states that municipal councils are responsible over affairs related to the provision of services within their municipality.[139] Services are delivered by deconcentrated offices of national ministries and state-owned companies, overseen by the head of the corresponding branch in the municipal council.

As shown in Figure 1, 80 out of 126 respondents to the SCS stated that they considered the municipal council to be the most influential in regard to service delivery. **Municipalities were hence perceived to be more powerful than any other institution, including muhalla councils, tribal councils, armed groups, or service providers. However, interviews with all electricity and water service KIs indicate that while service providers coordinate plans with the municipal council, they implement projects independently or in liaison with the main offices in Tripoli.**

Figure 1: Who do you think has the most influence in deciding who in this area has access to services like healthcare, electricity, and water?



Although respondents to the SCS considered the municipal council to be powerful, grassroots engagement by the municipal council appears to be limited. Most respondents (83/126) indicated that that there are no systems in place within the municipality to actively include citizens in local governance on city services, and 43 out of 126 respondents reported that they were not aware of any such systems. Furthermore, 105 out of 126 respondents answered that decisions made about city services were not communicated to them clearly.

These dynamics were reflected in the levels of trust respondents reported for the municipal council to deliver services such as health care, electricity and water: on a scale from 1 to 5[140], 94 out of 126 respondents scored their trust with a 3 or lower.

Muhalla council

Sebha has third-level administration councils, also known as muhalla councils, which reportedly are formal institutions involved in the administrative affairs of their respective neighbourhood. Muhalla councils in Sebha are reportedly elected by the residents in the neighbourhood and presided by a *mukhtar*.

Primary data shows that muhalla councils are generally regarded as the first point of reference for residents with complaints on service provision: 57 out of 126 respondents stated that they would go to the muhalla council if they had a complaint about electricity or water services in their neighbourhood and 58 out of 126 stated that they would go to the muhalla council if they had a complaint about health services in their neighbourhood, compared to 15 out of 126 stating that they would go to the municipal council.[141] The muhalla councils are reportedly in direct consultation with the municipal council and represent the interests of the neighbourhood's population on a municipal level. However, in terms of power, only 32 out of 126 respondents believed that the muhalla council had power over decisions that affected them. **Given their close connection to their residents, coordination with muhalla councils is likely valuable for project scoping and implementation.**

Tribal councils

Tribal councils oversee the local affairs of all members of a tribe living within a given place. Tribal KIs reported that locally their tribes consist of several large families. Commonly, each family has a sheikh or an elder council. These family representatives also participate in a larger tribal council, which oversees the tribe's affairs in Sebha. Tribal councils are primarily involved in social affairs that concern tribal members, including peace and reconciliation efforts and conflict mediation, as well as provision of security and protection; however, the involvement and participation of tribal councils in decision-making is reportedly not limited to social issues.

In 2016, a survey by the International Republican Institute reported that 35% of respondents in Sebha found that elders or tribal leaders were the most legitimate actors representing them, compared to 21% who believed that the municipal was the most legitimate actor for representing its constituents.[142] However, during the ABA's SCS, the majority of respondents (95/127) reported that they believed that the municipality has significant power on the decisions made that affect their daily lives, followed by armed groups (58/126) and lastly tribal councils (45/119).[143] This trend can potentially be explained by the fact that tribal tensions were higher around 2016[144] and that public perception of tribal councils' influence was therefore stronger.

KIs with service providers indicated that public companies implemented projects without consultation of tribal councils. However, while not directly involved with the coordination and implementation of projects, **tribe KIs reported that tribal leaders occasionally present the concerns of their members to relevant stakeholders in service delivery**. Tribe KIs most often reported that this communication occurs with muhalla councils. Similarly, **a significant number of SCS respondents reported that they would approach tribal elders or sheikhs if they had a complaint regarding city services**. While tribal councils were not considered specifically powerful in terms of access to services and service delivery, 43 out of 126 respondents indicated that they would go to either the tribal council, or tribal or family elders

with a complaint on electricity and water services, and 42 out of 126 stated they would go to either one of these actors with a complaint about health services. **After years of political instability, both regionally as well as nationally, tribal councils may have become one of the most accessible governance actors for citizens to reach out to**. Hence, it is likely that in certain occasions, citizens decide to engage with tribal actors out of practicality, rather than from cultural or ideological motivation.[145]

While tribal councils are generally defined as 'informal' governing bodies, it is essential to recognise their standing in Libyan and Sebha society and their decision-making mechanisms and influence, in order to improve access and effective programming strategies.

Geographical analysis

In DCU 3 and 8, all survey respondents reported that the municipal council had a lot of influence on decisions that affected their daily lives. However, respondents generally reported that they perceived the municipal council to have less influence over who has access to services in their neighbourhood than in the other DCUs. This discrepancy between influence over access to service and general decisions affecting daily lives might be explained by the finding that in DCU 3 and DCU 8, access to formal service infrastructure is limited and that existing infrastructure is largely constructed by residents themselves. Levels of trust in the municipality to provide services were equally low, with more than half of the respondents reporting trust levels between 1 and 2, with 1 being 'not at all' and 2 being 'very low'.

In DCU 3, respondents were relatively less likely to reach out to muhalla councils if they had a complaint about water and electricity services or health services than respondents in other DCUs. DCU 3 was the only location where both SCS respondents as well as DCU KIs indicated local relevance of CSOs or activists in terms of decision-making. SCS respondents indicated they could go to activists for complaints regarding services, and DCU KIs reported that CSOs and activists work together with local councils and tribal councils to improve conditions for residents.

By comparison, in DCU 5, 16 out of 16 respondents indicated that the municipality had most influence over who has access to services in their neighbourhood, and 15 out of 16 reported that the municipal council had a lot of power over decisions that affected their daily lives in general. In similar vein, the vast majority of respondents reported reaching out to neighbourhood councils if they had a complaint on water and electricity services or health services, and 10 out of 16 respondents rated their trust in the municipality with a 4 or a 5, meaning 'high' or 'very high'. Only 1 respondent rated their trust level below 3.

In DCU 1 and DCU 2, another pattern was visible, with respondents generally having low trust in the municipality to provide services, and the majority reportedly reaching out to muhalla councils if they had complaints about services. Hence, while trust levels in the municipality were low, complaint mechanisms were likely established through formal governance structures.

The geographical analysis illustrates that across Sebha, respondents were generally aware that responsibility over service delivery lays with formal stakeholders, be it the municipal council or with the Executive Offices (EO). **Accountability mechanisms, on the other hand, were not necessarily informed by formal governance structures, but seemingly based on access to actors regardless of their formal responsibility**. For example, respondents with service complaints reportedly reached out to actors that have a relatively close level of contact with the community, such as the muhalla council, tribal actors (such as a family elder or tribal council), or CSOs and activists. Additionally, cross-analysis of tribe KIs indicated that access to formal governance stakeholders was also affected by tribal affiliation and intercommunal relations. Lastly, quality of service delivery and trust levels in the capacity of the municipal council to deliver services did not consistently align.

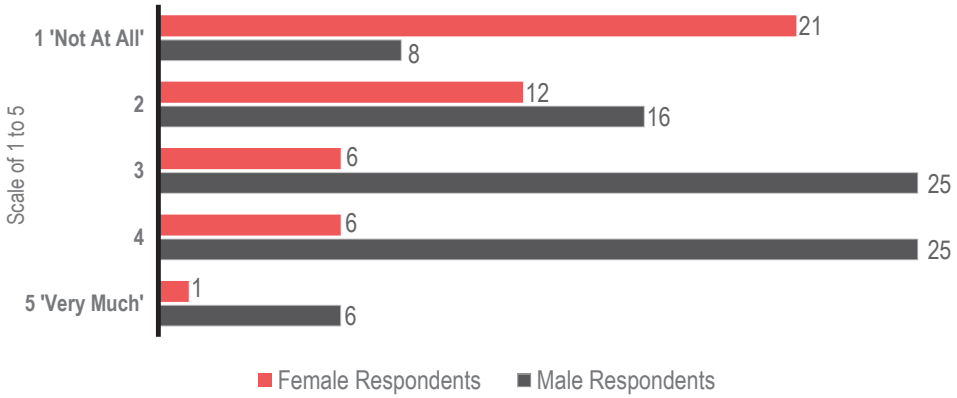
Participation of women, youth, and migrants

Women

All female KIs reported that women in Sebha can vote and be elected to take part in the municipal council. There is currently one seat out of five in the municipal council permanently reserved for a female representative.[146] Several female KIs reported that women also take part in muhalla councils, with female representatives in at least the muhalla councils of Al Jadid and Soukra. While the political participation of women is generally perceived as positive according to most female KIs, they have also indicated that more trust from the population was needed to enhance the successful participation of women in political life. Reflecting on opportunities within the political sphere in Sebha, some KIs reported that female political representatives usually work on a social affairs portfolio, including care for vulnerable populations such as single female-headed households, migrants and refugees, children, and IDPs.

Most female KIs stated that the political participation of women as well as their general position in Sebha has steadily improved since 2011. At least four KIs reported that, in the last 10 years, women in Sebha increasingly gained freedom and authority.

Figure 2: **On a scale of 1 to 5**, with 1 being 'not at all' and 5 being 'very much', how much opportunity do you have to engage with decision makers in your neighbourhood, in your community, or on a city-level?



Nonetheless, as shown in Figure 2, 33 out of 46 of female respondents to the SCS rated their opportunity to influence decision-making processes in Sebha with a 2 or lower[147]. Furthermore, 13 out of 126 respondents indicated that women from their community group "do not make decisions" at all.[148] Correspondingly, **39 out of 126 respondents indicated that women as a group were among the most excluded from decision-making in Sebha.**[149] According to the SCS, respondents perceived that the most common ways for women to influence decision-making on city services in Sebha was through CSOs (29/126) or social media (26/126).[150]

Several female KIs reported that the opportunity for political participation and general personal freedom differ per tribe, with certain tribes being more conservative regarding the emancipation of women than others. However, female KIs uniformly reported that women cannot take part in tribal councils. Consequently, as tribal councils are generally involved in peace and reconciliation efforts in Sebha between tribes, women are almost entirely excluded from these processes. However, two female KIs reported that women can be involved in peace and reconciliation efforts through associations and women's initiatives.

Youth

In Sebha, youth[151] can vote and reportedly be elected for the municipal council, muhalla councils, and tribal councils. The minimum age to run for election for municipal councils in Libya is 25[152], but findings from the youth KIs indicate that awareness of participation opportunities is limited, with only two youth KIs being aware of the legal minimum age of 25. The majority of youth KIs indicated that the position of youth improved over the last decade, with three KIs stating that especially since the revolution in 2011 youth have increasingly emerged as active members of society. The KIs indicated that youth should be considered as important players in decision-making processes as they make up a large part of the Libyan population.[153] However, all youth KIs also agreed that youth in Sebha are marginalised and often excluded from decision making. KIs indicated that this is due to a large generational gap between the younger and older generation, who generally fill most of council seats in municipal, muhalla and tribal councils. During the SCS, 20 out of 45 of youth respondents rated their opportunity to take part in decision-making processes in Sebha with a 2 or lower, and 13 out of 45 rating their engagement opportunities with a 3.

Most youth KIs reported that the opportunity for youth to participate on a political level, for instance by running for election, can differ per tribe as well as neighbourhood. These youth KIs indicated that politically strong tribes and neighbourhoods are generally more inclined and have more space to support their youth to acquire a council position.

In the SCS, youth respondents reportedly also took so-called 'mobilisation routes' to influence decision-making on a city or neighbourhood level. Youth KIs reported that this included working with CSOs, or organising youth movements and committees. Several youth KIs stated that it is commonly through CSOs that youth can address issues with the municipal council in dialogue sessions. In August 2020 multiple protests took place in Sebha organised by youth who were dissatisfied with poor water and electricity services in the area.[154]

Migrants

Migrants and refugees generally enter Libya in an irregular manner and accordingly receive no legal status.[155] Due to their lack of legal status, they cannot participate in formal political processes in Sebha. Migrants and refugees were the second most mentioned group in the SCS regarding exclusion from service decision-making: 55 out of 126 respondents indicated

that migrants and refugees as a group are the most excluded from decision-making process regarding service delivery, access and allocation in Sebha. KIs reported that it is very difficult for migrants and refugees to access governing bodies. Two KIs indicated that migrants and refugees tend to avoid speaking about politics. Migrants and refugees' interests are reportedly represented by embassies and consulates as well as INGOs and the UN, who liaise between migrant communities and the municipal council and muhalla councils. Notably, a study in 2017 showed that migrants and refugees were often reluctant to seek support from diplomatic missions for a variety of reasons, such as conditions in their country of origin, or irregular entry or presence in Libya.[156] Lastly, without tribal affiliation in Sebha, migrants and refugees reportedly cannot take part in tribal councils in Sebha.

Household decision-making

The vast majority of respondents in the SCS reported that they perceived that decisions affecting their household were primarily made within the household, including all respondents from female-headed households (25/25). Female KIs reported that when there is a female head of household, the woman is the only one that makes decisions that affect the family.[157] However, female KIs also indicated that some tribes and communities are more conservative than others when it comes to female decision-making within the household. One female KI mentioned that in the most conservative tribes, elders may intervene in case of a female-headed household.

While taking the possible different levels of conservatism into account, **all female KIs reported that women are often closely involved with the managing of the household's financial affairs, together with their husband or other household members**. Female KIs reported that most women in Sebha have a salaried job, which is generally shared with the household. These statements corresponded with findings from SCS, where 34 out of 44 of female respondents reported that they earned an income that was shared with their household. Of female respondents who reportedly shared their income with their household, 3 out of 34 stated that they did not participate in household decision-making on finances and purchases. In total, there were 9 out of 46 women who made no financial decisions, who all indicated thattheir father made decisions (8/9), or an older brother (1/9).

In comparison, 64 out of the 80 male respondents to the SCS earned an income that was shared with their household, and 3 out of 64 reported that they made no financial decisions in their household. In total, 10 out of 80 male respondents reportedly made no financial decisions. All of the male respondents who indicated not making decisions were under the age of 25 (except for one), and generally indicated that their older brother or father was in charge of household decision-making.

Hence, participation in financial decision-making within the household appears to depend on one of two factors, namely whether or not the individual contributes to the household income, as well as position within the family and marital status.

Trends were also apparent in how men and women engage in decision-making on expenditures within the household. Findings of the SCS suggest that women are relatively more involved in decision-making over expenditures related to children, such as education and healthcare, although men do engage on this as well. Men appeared to be more involved in financial decisions relating to food and fuel purchases.

Conclusion

This Area-Based assessment was developed to improve understanding of the urban context in Sebha and promote the development of evidence-based conflict-sensitive interventions. In this pursuit, the assessment focused on social cohesion dynamics; and characteristics of service provision and service access, governance, and security and justice mechanisms, on a city-wide and DCU-level.

Social cohesion

How a city functions depends on the interlinkage between infrastructure, its governance, and how people make use of available systems. Thus, social cohesion is a co-determinator of how people can live their lives. Sebha is a socially diverse environment, with a plethora of ethnicities, tribes, and nationalities co-existing in a relatively small area. Historical conflict between tribes has led to a thinning social fabric, with certain tribes reportedly being relatively insulated comparatively. However, findings indicate that tribal affiliation is not the sole parameter for community formation, and in times of peace, tribes do not live segregated per se.

Essential services

Generally, the findings of the assessment indicate that service infrastructure and provision is weak on a city-wide level, but with noticeable discrepancies between urban and peri-urban areas. These discrepancies were observed in both the level of development as well as the quality of service infrastructure and provision, which ultimately fed into the level of access to services citizens reportedly had. More specifically, the ABA found that urban areas were generally connected to formal infrastructure networks, both for water and electricity, while peri-urban areas were relatively more reliant on so-called informal networks that are independently constructed by citizens. The difference between urban and peri-urban is likely to be the outcome of the gap between urban planning and urban growth, as infrastructure development largely came to a standstill since the revolution in 2011. Access discrepancies also reflect on social disparities that were identified in Sebha, with certain tribes and population groups such as migrants being relatively excluded from services due to socioeconomic inequality as well as restrictions of movement.

The analysis indicated that poor electricity infrastructure was one of the root causes of service provision issues in Sebha, illustrated in its effect on healthcare facilities and water networks (both in formal as well as informal settings). Electricity services are weak, with frequent outages and low voltage, shutting down health facilities and water networks, as well as damaging essential equipment. Electricity generators only provide limited relief to these issues, given the cost and limited supply of fuel in the region.

The ad-hoc development of informal mechanisms and systems that fill formal water and electricity service gaps for underserved areas suggests a notable level of urban resilience. It is exemplary that the reported quality of informal or private services was not consistently inferior to services provided through formal mechanisms. However, these informal infrastructures do appear to complicate the development of formal infrastructures, which would need to be addressed to ensure sustainable urban expansion.

Governance

The reliance on 'informal' mechanisms in underserved areas can also be identified in governance. Informal actors, such as tribal councils, play an important role in governance and security mechanisms in Sebha. Their position is strengthened due to their proximity to local populations, as well as the absence of robust formal governance. The term 'informal' is misleading in this, seen that they are culturally anchored actors that are engaged by formal actors as well as citizens. Formal and informal actors are thus complementary and intertwined, and exact jurisdictions are often opaque.

For governance and decision-making regarding service infrastructure and access, residents perceived that responsibility belongs primarily to formal actors such as the municipal council. However, service providers in water and electricity do not reportedly involve municipality in planning beyond the coordination-level. To bring complaints about services to these institutions, citizens reportedly primarily engage with both formal and informal actors, such as muhalla and tribal councils. Hence, the actors residents rely on for accountability mechanisms may be connected to their perceived access to those actors, versus their perception of those actors' influence over decision-making on service provision.

Conclusion

These findings illustrate the complex operational environment Sebha presents for international organisations. Both short- and long-term needs exist, such as immediately improving access to sufficient drinking water on one hand and expanding service infrastructure in peri-urban areas

on the other. The city's governance is characterized by national efforts at decentralization, an apparent disconnect between public entity service provision companies and local government, and the influence of informal governance actors. Social inequalities and disparate power dynamics between groups highlight potential avenues for intervention as well as risks related to an intervention. Balanced approaches that considers geographic disparities in access to essential services and disparities between population groups may be one potential strategy, while another may be ensuring that access is evenly distributed amongst groups in areas where there may be less cohesion across population groups. International organizations seeking to operate in Sebha might closely consider these factors when determining how to effectively intervene in the city. For organizations wishing to discuss information in this report further, please contact REACH Libya at: libya@reach-initiative.org.

DCU 1

ABA Sebha

Map 11: DCU 1 key infrastructure

- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

Education

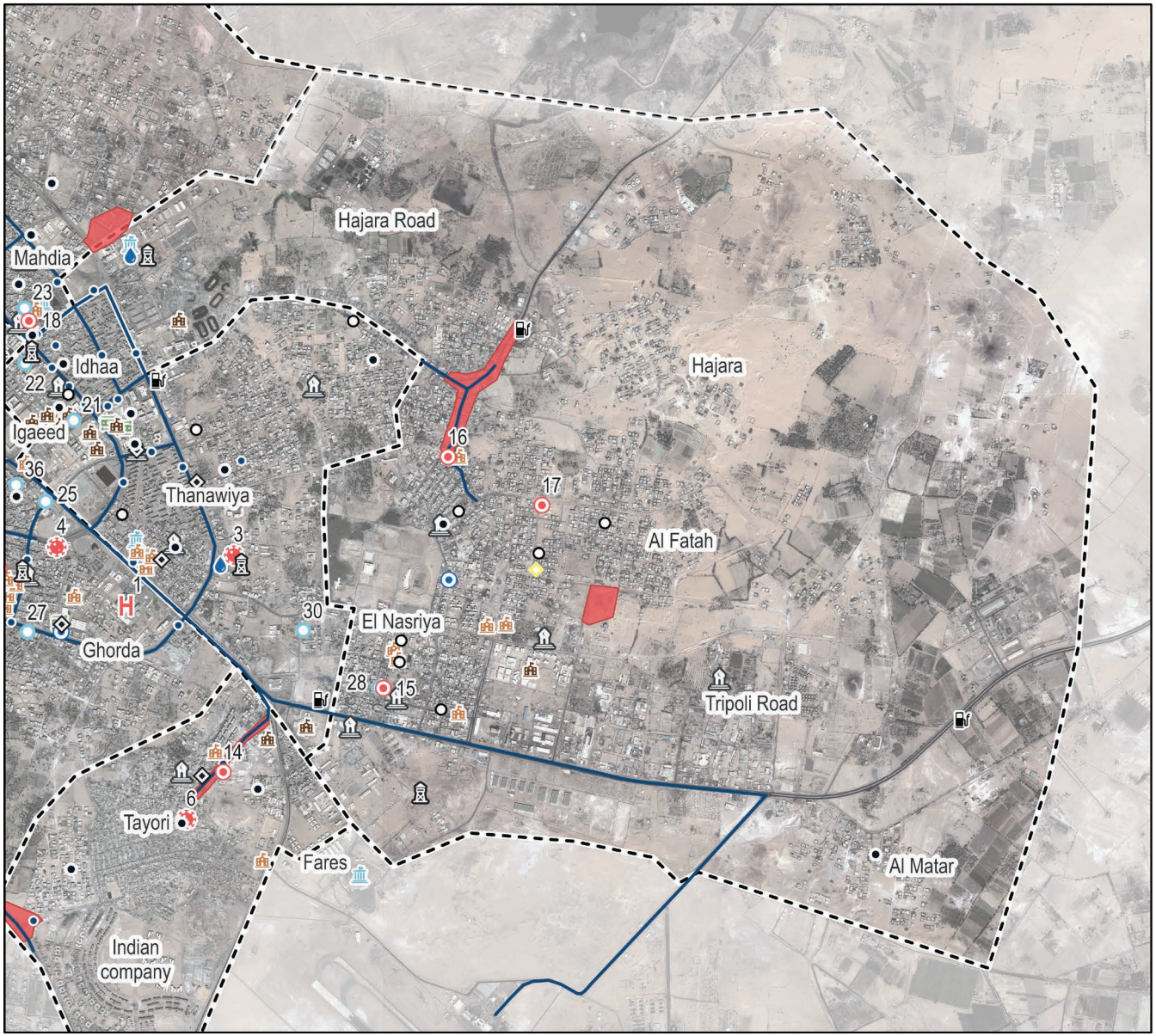
- School
- University & college

Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

DCU 2

Map 12: DCU 2 key infrastructure



- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

Education

- School
- University & college

Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

Map 13: DCU 3 key infrastructure

- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

Education

- School
- University & college

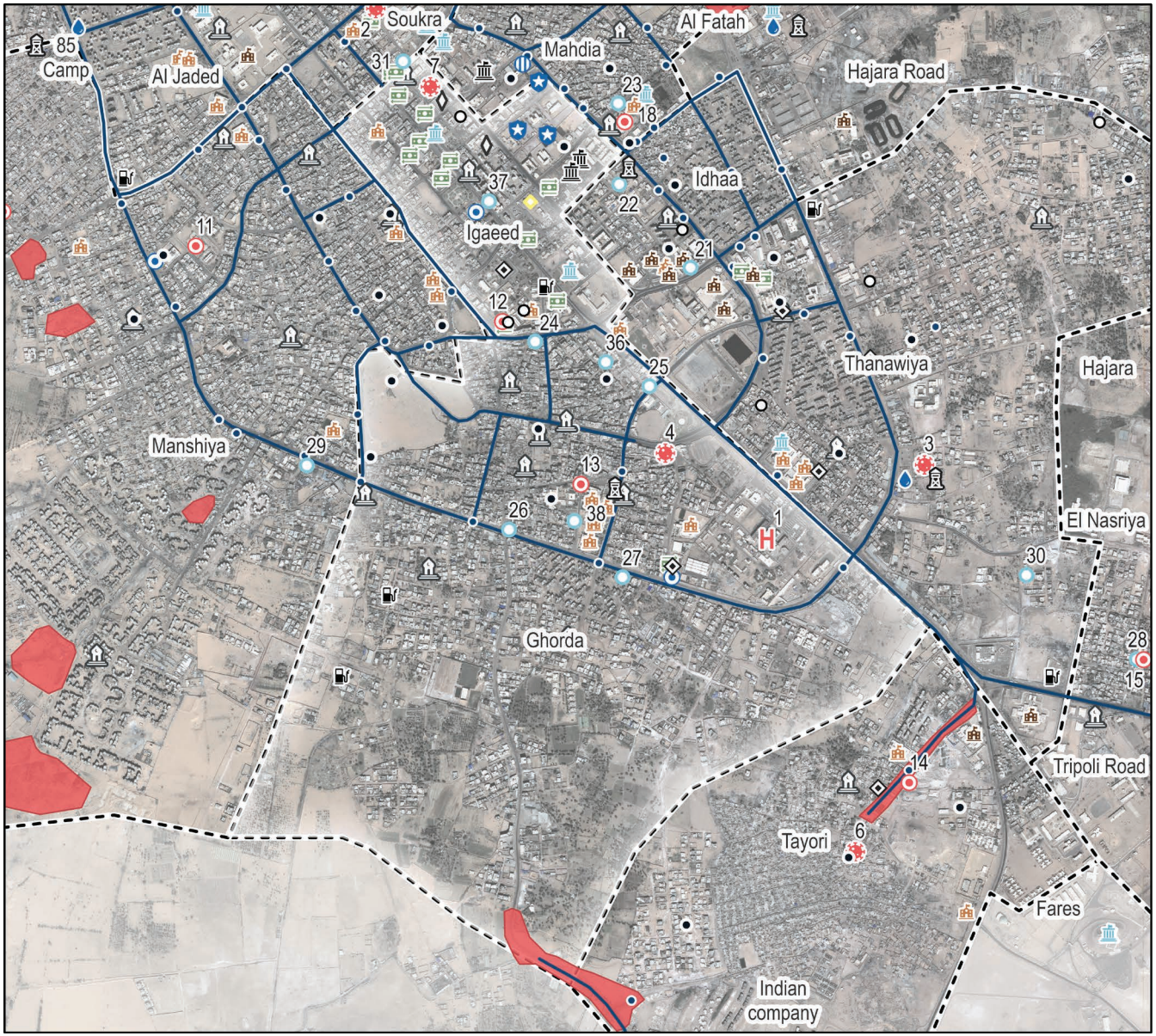
Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

DCU 4

ABA Sebha

Map 14: DCU 4 key infrastructure



- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

Education

- School
- University & college

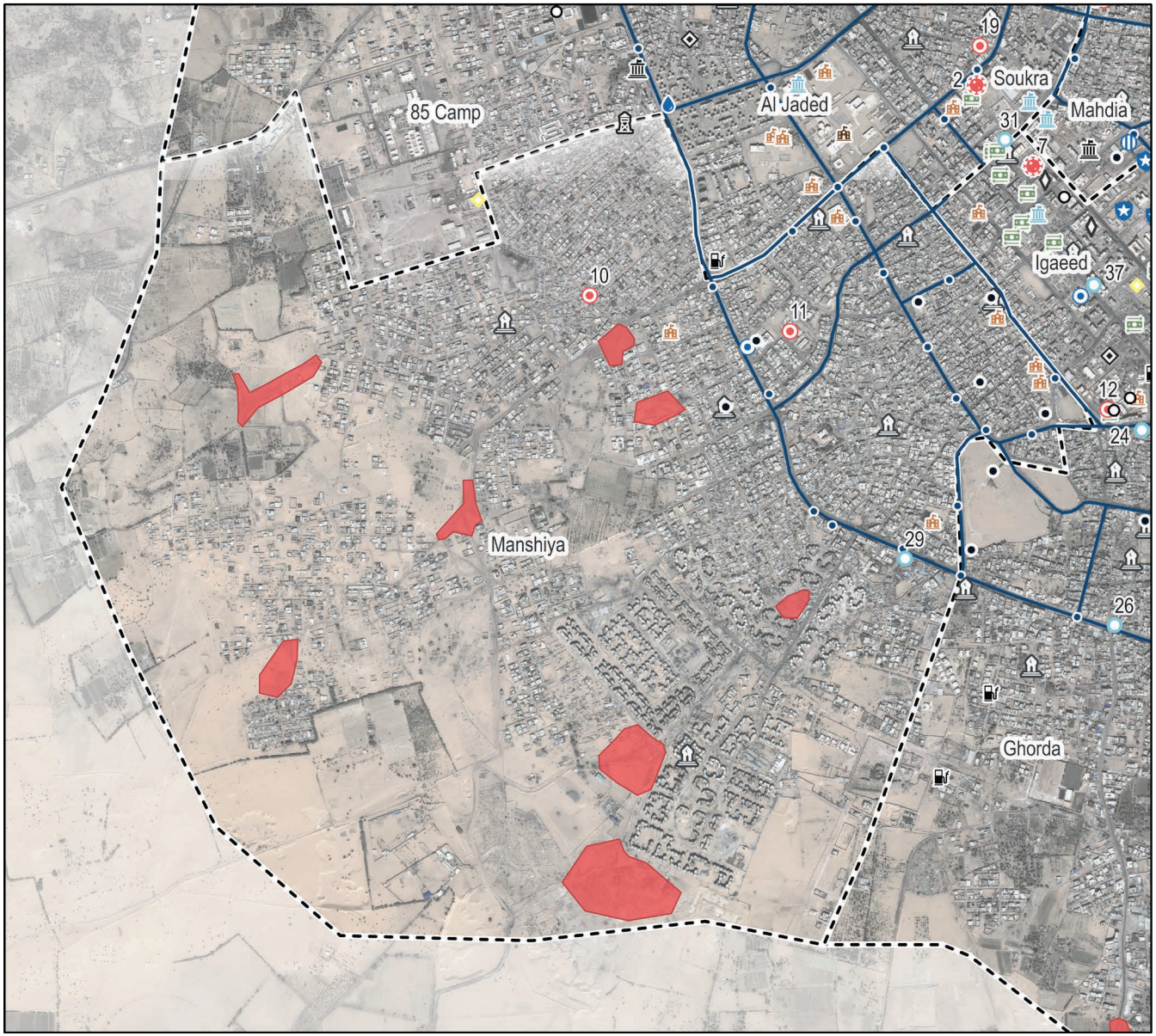
Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

DCU 5

ABA Sebha

Map 15: DCU 5 key infrastructure



- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

Education

- School
- University & college

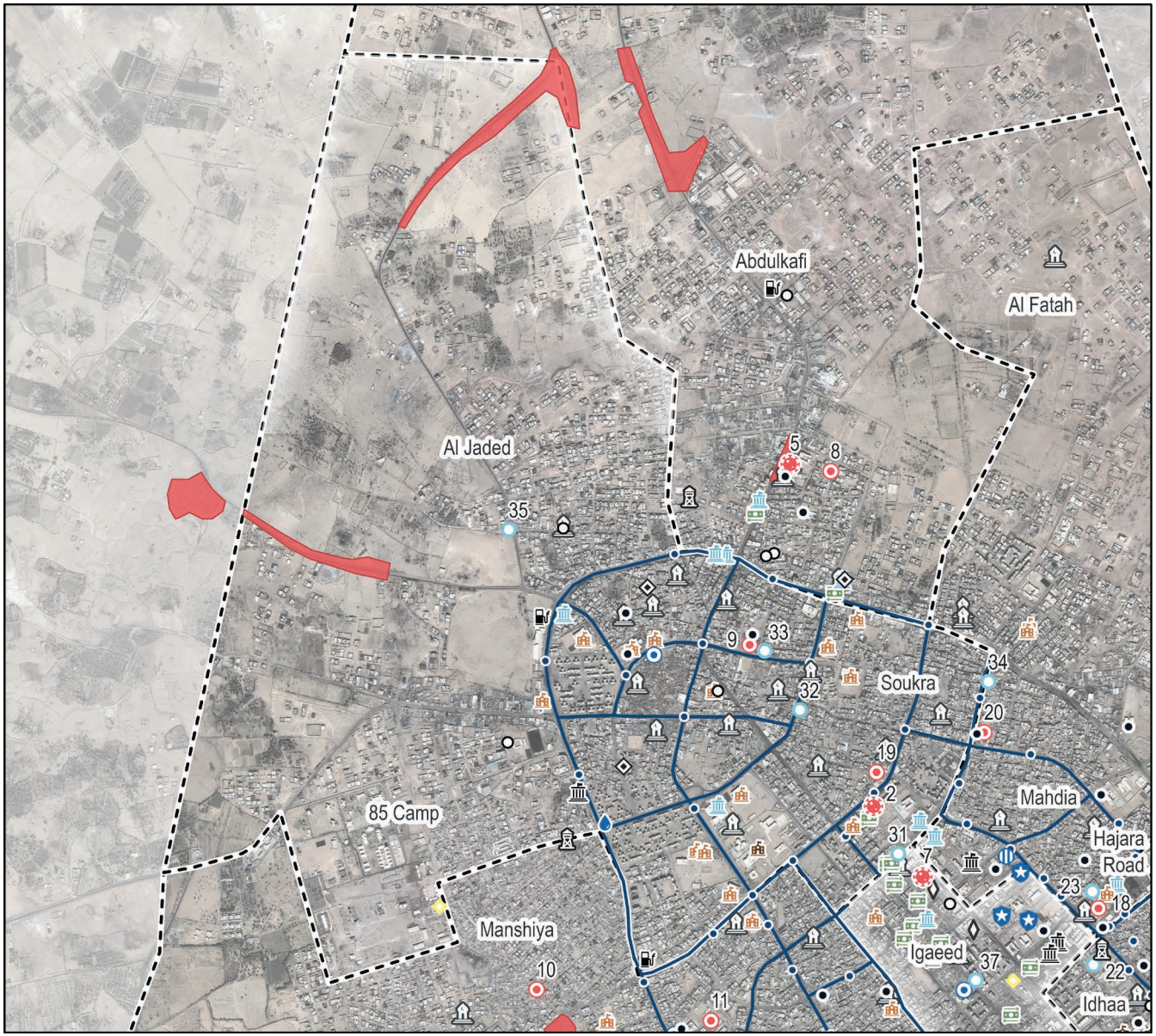
Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

DCU 6

ABA Sebha

Map 16: DCU 6 key infrastructure



- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

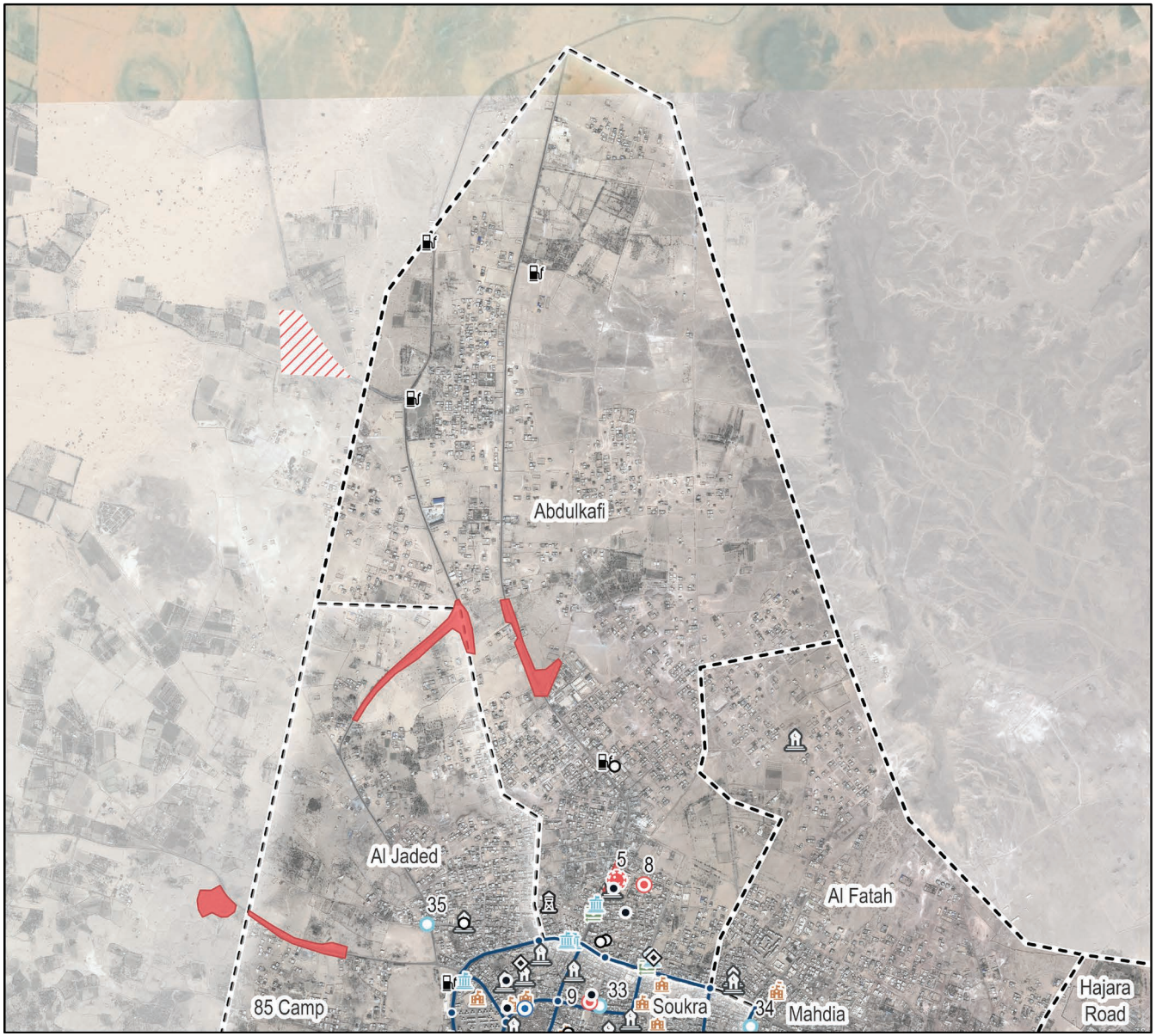
Education

- School
- University & college

Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

Map 17: DCU 7 key infrastructure



- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

Education

- School
- University & college

Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

DCU 8

ABA Sebha

Map 18: DCU 8 key infrastructure

- DCU Border
- Administration
- Bank/ATM
- Gas Station
- Mosque
- Court
- GECOL Office
- Neutral places
- Water Tower
- Water Office
- Treatment Facility

Well - connected to generator:

- Generator confirmed
- No data

Health

- Hospital
- COVID-19 facility
- Public health facility
- Private health facility

Police

- Prison
- Local Police Stations
- Other Police Services

Education

- School
- University & college

Waste

- Waste Pick-Up Point
- Street with Waste Collection
- Informal Waste Dump
- Formal Waste Dump

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73 This primary data was triangulated by interviews with 2 conflict analysts and secondary data from Safa O., N. Wilson, Sebha Conflict Mapping, United States Institute for Peace, 2018

74 This question was answered by 119 out of 126 respondents. Respondents were able to select multiple answers.

75 This question was answered by 119 out of 126 respondents. Respondents were able to select multiple answers.

76 UNHCR, Refugee and Migrant Community Establishment and Interaction in Southern Libya, March 2020 [unpublished]

77 REACH **Libya Multi-Sector Needs Assessment**, Dataset, 2020

78 Ibidem.

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80 Inquiring about the main indicators for the integration of migrants within the Libyan community in Sebha, KIs responded that religion and area of origin are important factors. Muslim migrants and refugees are reportedly more accepted than those following other religions. For area of origin, multiple KIs agreed that Nigerien migrants and refugees are generally most accepted in Sebha and Nigerian migrants and refugees the least. Chadian migrants reportedly also face more difficulties integrating, as there is common presumption that they are involved in illicit activities. It is important to take note of the limitation that none of the KIs originated from the Middle East or North Africa.

81 Stronger Cities Initiative, **Urban Context Analysis Toolkit**, International Institute for Environment and Development (IIED), June 2017

82 Peri-urban areas are "zones of transition from rural to urban land uses located between the outer limits of urban and regional centres and the rural environment. The boundaries of peri-urban

areas are porous and transitory as urban development extends into rural and industrial land." Source: UNESCO, **Peri-Urban Landscapes**, Accessed 3 September 2020

83 Please refer to the Electricity (page 13) and Water and Sewage (page 15) sections for further information.

84 Please refer to the Health section (page 19) for further information.

85 Refer to the Health section (page 19) for further information.

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87 This figure is known as a 'reserve margin', or the regional available capacity minus regional demand. Source: World Bank and Price Waterhouse Cooper, **Rapid Assessment of Sector Performance (GECOL)**, 2017

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108 WHO, **Health Response to COVID-19 in Libya Update 11**, 22 July 2020

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112 UNSMIL, OHCHR, **Libya: Health-Care under Attack**, 2018; Libya Observer, "**Sebha Medical Centre working disinterestedly despite city's fragile security**", November 2016

113 Altai Consulting, IMPACT Initiatives, **Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges**, July 2017

114 The option to answer "a lack of female staff at facilities" as a reason the household had limited or no access to health services was not included in the 2020 MSNA.

115 REACH, **2019 Libya Multi-Sector Needs Analysis**, Dataset, 2019

116 This discrepancy may relate to the fact that 63% of respondents in Sebha for the MSNA 2019 were male.

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123 Sebha mantika hospitals are likely to serve populations from neighbouring districts. For further information see: WHO, **Service Availability and Readiness Assessment**, 2017, 33

124 WHO, **Health Sector Response to COVID-19 in Libya Update 11**, July 22, 2020

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140 With 1 being 'no trust' and 5 being 'complete trust'.

141 Respondents were able to select multiple answers.

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147 On a scale from 1 to 5, with 1 being 'no opportunity' and 5 'lots of opportunity'.

148 These respondents were members of different community groups and neighbourhoods, as well as both male and female.

149 Respondents were able to select multiple answers.

150 Respondents were able to select multiple answers.

151 People aged 18-24 years old were considered as youth in the SCS. This was based upon a combination of the United Nation's **definition** of youth (15-24 years old), and to ensure that survey respondents were old enough to provide informed consent for their participation in the survey (minimum age of 18 years old). However, Libyan perceptions of the age range that denotes 'youth' were reportedly different; several youth and tribe KIs reported that this group should include people aged 18-35 years old.

152 Interim National Transitional Council Libya, **Law No. 59**, 2012

153 Several youth and tribe KIs reported that 'youth' should include people aged 18-35 years old.

154 Libya Observer, "**Sabha's youth demand security and better living conditions**", 23 August 2020

155 The laws Law No. 2/2004 and Law No. 19/2010 criminalised all irregular entries, notwithstanding the individual's status as refugee or asylum seeker; previous regular entries were irregularised, subjecting individuals to penalties of fines and prison sentences; individuals who were in the country in 2017 with regular papers reported difficulties in renewing these. For more information see Altai Consulting, IMPACT Initiatives, **Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges**, July 2017; Bredeloup, S., Pliez O., 'The Libyan migration corridor'. Robert Schuman Centre for Advanced Studies, San Domenico di Fiesole, European University Institute, 2011

156 Altai Consulting, IMPACT Initiatives, **Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges**, July 2017

157 Reasons that women become the head of a household include in case of the passing of a husband, or when the husband is frequently away from home, according to several female KIs.