Multi-Sector Needs Assessment (MSNA)

Food Security
November 2018

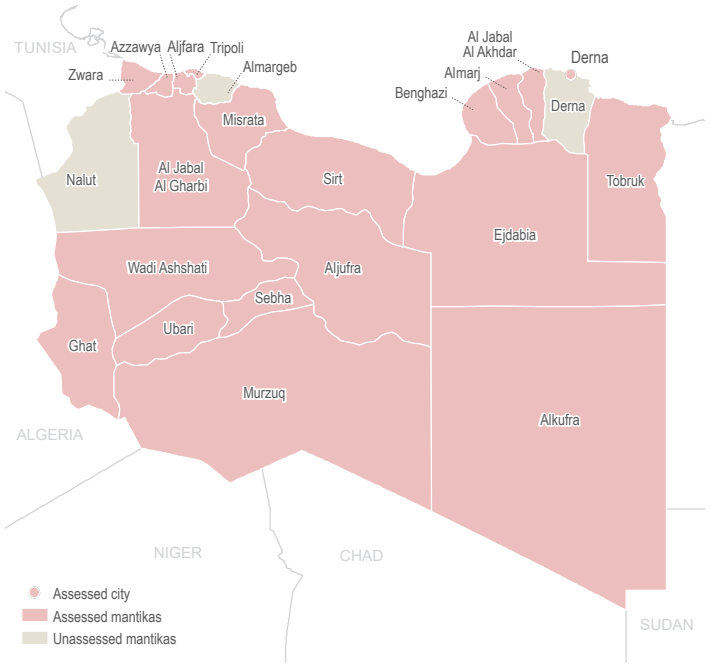
LIBYA

CONTEXT AND METHODOLOGY

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

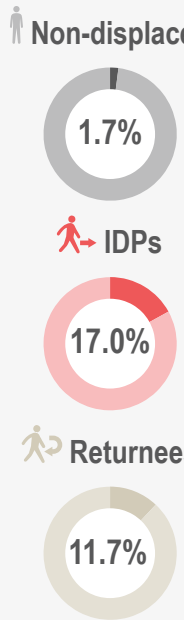
In light of these continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group (ISCG) conducted a multi-sector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs and vulnerabilities of affected populations in Libya. 5,352 households (HH) were interviewed, including non-displaced (2,449), IDP (1,691) and returnee (1,212) HHs, across 20 Libyan mantikas[5]. Findings are generalisable at mantika level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise).

ASSESSMENT COVERAGE



Households with an unmet need in the food security sector:

2.7%



SECTORAL AND MULTISECTORAL NEEDS

To understand sectoral needs, multiple indicators were assessed to gauge whether a household (HH) had an unmet need, as further explained in the annex. Overall, **IDPs were the most food insecure population group in Libya**, with 17% of IDP HHs being food insecure. **Displaced groups in the south faced the greatest risk of food insecurity**; in Alkufra, nearly 70% of IDP and returnee HHs were food insecure. Over 50% of IDPs in Tripoli, 40% of IDPs and returnees in Zwara were found to be food insecure.

To strengthen coordination of humanitarian planning and to aid integrated responses, it is important to understand the overlapping needs households face across multiple sectors. Just 1-2% of HHs had needs in food security and another sector, suggesting that there were few generalisable multisectoral processes exacerbating food insecurity. However, **acute pockets of multiple needs existed**. 42% of food insecure IDPs in Alkufra faced additional unmet needs in health, and displaced groups in Zwara were prone to both shelter issues and food insecurity.

	HHs with an unmet need in the food and shelter sectors	HHs with an unmet need in the food and protection sectors	HHs with an unmet need in the food and health sectors
Non-displaced	1.1%	0.6%	0.9%
IDPs	7.0%	6.7%	7.4%
Returnees	3.9%	2.3%	2.6%

REACH Informing more effective humanitarian action

FOOD SOURCES AND EXPENDITURES

Top 3 reported ways of accessing food[6]:

28.4% of HHs reported allocating 65% or more of their total expenditure to food in the 30 days prior to data collection.

Top 4 mantikas with the highest % of HHs allocating 65% or more of their total expenditure to food in the 30 days prior to data collection:

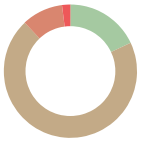
COPING MECHANISMS

Top 3 reported coping mechanisms for lack of income/resources/ cash in the 30 days prior to data collection:

Non-displaced		IDPs		Returnees	
42.7%	Spent savings	42.6%	Spent savings	38.8%	Purchased food on credit or borrowed food
31.9%	Purchased food on credit or borrowed food	41.9%	Took an additional job	37.1%	Spent savings
26.3%	Took additional job	36.1%	Borrowed money	33.7%	Took an additional job

FOOD SECURITY

% of HHs having the following levels of food security in the 7 days prior to data collection[7]:



- 18.2% Food secure
- 70.0% Marginally food secure
- 10.2% Moderately food insecure
- 1.6% Severely food insecure

% of HHs having the following levels of food security per mantika[7]:

	Food secure	Marginally food insecure	Moderately food insecure	Severely food insecure
Al Jabal Al Akhdar	20.9%	78.4%	0.8%	0.0%
Al Jabal Al Gharbi	20.7%	76.8%	2.5%	0.0%
Aljfara	6.8%	75.8%	16.7%	0.8%
Aljufra	7.3%	63.1%	19.8%	9.8%
Alkufra	1.5%	30.9%	66.0%	1.6%
Almarj	32.0%	68.0%	0.0%	0.0%
Azzawya	21.2%	73.5%	4.5%	0.7%
Benghazi	16.6%	76.3%	6.3%	0.8%
Derna	48.5%	51.5%	0.0%	0.0%
Ejdabia	63.6%	24.3%	12.1%	0.0%
Ghat	45.9%	52.8%	1.4%	0.0%
Misrata	30.7%	67.4%	1.8%	0.0%
Murzuq	28.1%	38.5%	33.5%	0.0%
Sebha	5.5%	82.6%	7.3%	4.6%
Sirt	0.0%	88.7%	11.3%	0.0%
Tobruk	22.2%	71.9%	5.9%	0.0%
Tripoli	8.7%	71.2%	14.0%	6.1%
Ubari	9.0%	71.3%	19.6%	0.1%
Wadi Ashshati	40.2%	56.5%	3.3%	0.0%
Zwara	0.2%	69.5%	30.3%	0.0%

Average number of times per week HHs consumed each of the following food groups in the 7 days prior to data collection:

5.6	Cereals, grains and tubers	4.2	Eggs, meat, fish	4.9	Oil and fat
3.7	Legumes and nuts	5.4	Vegetables and leaves	4.1	Sugar and sweets
4.7	Milk and dairy products	2.6	Fruits	5.6	Condiments

REDUCED COPING STRATEGY INDEX

Average reduced Coping Strategy Index (rCSI) in the 7 days prior to data collection[8]:

- 40.2% Low use of coping strategies (0-3)
- 34.5% Medium use of coping strategies (4-9)
- 25.3% High use of coping strategies (10+)

Average reduced Coping Strategy Index (rCSI), per mantika[8]:

	Average rCSI	High use of coping strategies (10+)	Medium use of coping strategies (4-9)	Low use of coping strategies (0-3)
Al Jabal Al Akhdar	1.7	11.0%	26.6%	62.4%
Al Jabal Al Gharbi	5.9	22.1%	30.5%	47.4%
Aljfara	5.4	14.1%	68.1%	17.8%
Aljufra	8.8	38.5%	46.8%	14.6%
Alkufra	13.6	51.7%	32.1%	16.2%
Almarj	1.7	2.4%	15.4%	82.2%
Azzawya	3.1	10.9%	31.4%	57.7%
Benghazi	7.1	25.1%	57.8%	17.1%
Derna	8.2	32.0%	29.9%	38.1%
Ejdabia	4.7	14.7%	23.4%	61.9%
Ghat	3.1	11.3%	39.2%	49.6%
Misrata	2.6	25.6%	7.9%	66.5%
Murzuq	12.4	31.1%	16.4%	52.5%
Sebha	8.2	15.0%	27.2%	57.8%
Sirt	8.8	35.4%	11.5%	53.1%
Tobruk	2.1	4.7%	16.9%	78.5%
Tripoli	14.6	60.3%	21.3%	18.4%
Ubari	9.2	26.2%	35.2%	38.6%
Wadi Ashshati	6.1	28.0%	28.4%	43.6%
Zwara	5.4	13.5%	58.6%	27.9%

Average number of times per week HHs engaged in each of the following food-related coping strategies in the 7 days prior to data collection:

3.0	Rely on less preferred, less expensive food	1.4	Reduce the size of portions or meals
0.4	Borrow food or rely on help from relatives	0.7	Reduce the quantity consumed by adults so children could eat
1.1	Reduce the number of meals eaten per day		

AGRICULTURAL ACTIVITIES

22.2% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock, fishing,..), at the time of data collection.

7.4% of HHs reported having been engaged in agricultural activities prior to 2014 but had to give them up.[9]

14.1% of HHs reported being engaged in crop farming or gardening. **44.0%**[9] of these HHs reported cultivating a plot of less than 1 hectare.

Main impacts of the current crisis on crop production reported by HHs engaged in crop farming or gardening[6 9]:

Power cuts	35.4%
Inability to access or afford seeds	20.1%
Inability to access or afford fuels/tools/machinery	19.1%
Inability to access or afford labour	16.1%
Inability to access or afford water resources	14.7%

Top 3 most commonly cultivated crops[6 9]:

56.3% Tomatoes **53.8%** Leafy greens **53.6%** Onions

0.9% of HHs reported being engaged in fishing or fisheries.

87.9%[9] of these HHs reported the sea as their main source of fish. The remaining **12.1%**[9] reported involvement in fisheries or aquaculture.

Main impacts of the current crisis on fishing activities reported by HHs engaged in fishing or fisheries[6 9]:

Catches have decreased	50.4%
Insecurity has increased	30.9%
Inability to access or afford equipment	19.5%
Equipment has been damaged or stolen	13.4%
Inability to access or afford labour	11.1%

12.2% of HHs reported raising livestock.

Main impacts of the current crisis on livestock activities reported by HHs raising livestock[6 9]:

Lack of access to fodder, animal feed, or land	41.4%
Lack of veterinary services, vaccines and medicine	34.1%
Animals sold or slaughtered for own consumption	33.1%
Lack of labour to care for animals	27.6%
Insecurity has increased	19.8%

1 Libya Humanitarian Needs Overview, OCHA, 2018
2 UNSMIL, Human Rights Report on Civilian Casualties, 2018
3 https://www.unocha.org/middle-east-and-north-africa-romena/libya
4 Libya Humanitarian Needs Overview, OCHA, 2018
5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Multiple response options could be selected.
7 Calculated using WFP CARI methodology, detailed here.
8 Calculated using WFP rCSI methodology, detailed here.
9 Due to limited sample size for this indicator, results are indicative and not representative

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

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

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

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

Multisectoral needs:

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

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

SECTORAL INDICATORS

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

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

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

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

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

Food security:
CARI Analysis; Food Consumption Score, food expenditure share, coping strategies

Multi-Sector Needs Assessment (MSNA)

Health
November 2018

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CONTEXT AND METHODOLOGY

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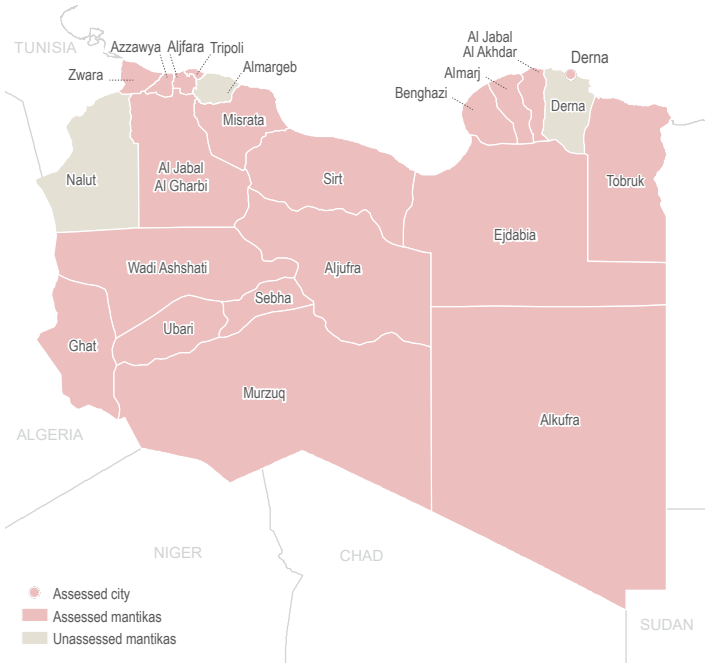
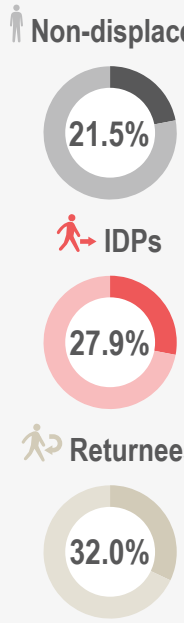
ASSESSMENT COVERAGE



Households with an unmet need in the health sector: 22.8%



SECTORAL AND MULTISECTORAL NEEDS

To understand sectoral needs, multiple indicators were assessed to gauge whether a household (HH) had an unmet need, as further explained in the annex. Overall, the greatest reported unmet needs were in the health sector with just under **one-quarter of all households in Libya with an unmet need in health**. A higher proportion of returnee households had unmet needs with one-third in need. **Health issues were overwhelmingly concentrated in southern Libya**, where nearly one half of all HHs required health assistance in Wadi Ashshati, Murzuq, Sebha, and Alkufra.

To strengthen coordination of humanitarian planning and to aid integrated responses, it is important to understand the overlapping needs households face across multiple sectors. Across Libya, t**he most commonly reported intersection of unmet needs was between the health and WASH sectors**, affecting at least one-fifth of HHs in Alkufra, Derna, Murzuq and Sirt. Issues with shelter and WASH most commonly compounded health problems for returnees, while issues with shelter and protection most commonly compounded health problems for IDPs. Of particular concern were returnees in Azzawya; 47% of HHs had simultaneous unmet needs in health and protection.

	HHs with an unmet need in the health and protection sectors	HHs with an unmet need in the health and shelter sectors	HHs with an unmet need in the health and WASH sectors
Non-displaced	2.3%	2.5%	7.1%
IDPs	10.9%	10.0%	7.6%
Returnees	8.7%	17.2%	14.1%

ACCESS TO HEALTHCARE

10.4% of HHs having a member ill in the 15 days prior to data collection reported not having been to a health facility[6].

Top 3 health facilities visited by HHs with an ill member, per population group[6 7]:

Non-displaced		IDPs		Returnees	
51.1%	Private clinic	30.7%	Public hospital	33.1%	Public hospital
26.5%	Public hospital	26.2%	Private clinic	23.0%	Private clinic
13.3%	Public polyclinic	20.1%	Public primary health care facility	13.5%	Public polyclinic

19.5% of HHs reported facing challenges in accessing health facilities when needed.

Top 3 barriers reported by HHs facing challenges in accessing health facilities, per population group[6 7]:

Non-displaced		IDPs		Returnees	
44.5%	Lack of medical staff	46.0%	No or lack of money to pay for care	41.5%	Health facilities damaged or destroyed
36.3%	No or lack of money to pay for care	43.9%	Lack of medical staff	39.1%	No or lack of money to pay for care
31.2%	Lack of medical supplies	35.6%	Lack of medical supplies	37.6%	Lack of medical staff

Of HHs visiting a health facility in the 15 days prior to data collection, top 3 criteria for choosing a facility[6 7]:

1. Proximity of the facility
2. Availability of skilled health staff in the facility
3. Availability of medical equipment in the facility

Reported time needed to access the nearest facility (% of HHs), per mantika:

	< 15 min	15 - 29 min	30 - 59 min	1 - 2 hours	< 2 hours
Al Jabal Al Akhdar	83.9%	13.8%	2.3%	0.0%	0.0%
Al Jabal Al Gharbi	49.3%	32.7%	14.4%	2.4%	1.2%
Aljfara	74.5%	21.9%	1.9%	1.8%	0.0%
Aljufra	49.2%	46.1%	4.7%	0.0%	0.0%
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Almarj	83.6%	15.9%	0.5%	0.0%	0.0%
Azzawya	9.3%	55.0%	27.6%	5.7%	0.4%
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Derna	10.5%	75.8%	10.0%	3.1%	0.0%
Ejdabia	28.2%	50.9%	15.7%	4.8%	0.4%
Ghat	71.7%	20.4%	5.4%	0.8%	0.6%
Misrata	84.8%	14.4%	0.7%	0.2%	0.0%
Murzuq	41.7%	44.9%	6.4%	0.0%	5.1%
Sebha	49.4%	44.9%	5.4%	0.0%	0.0%
Sirt	39.2%	39.5%	20.9%	0.4%	0.0%
Tobruk	32.3%	60.6%	7.1%	0.0%	0.0%
Tripoli	45.7%	41.7%	11.6%	1.0%	0.0%
Ubari	57.6%	20.6%	8.6%	13.1%	0.0%
Wadi Ashshati	30.4%	41.3%	28.3%	0.1%	0.0%
Zwara	93.3%	6.4%	0.2%	0.0%	0.0%

PREGNANCY AND BIRTH

Top 3 types of delivery assistance reported by HHs having at least one woman giving live birth in the 2 years prior to data collection[6 7]:

79.4% of HHs with at least one child under 2 years old reported that women fed their children using bottled milk or baby formula until 6 months of age[6].

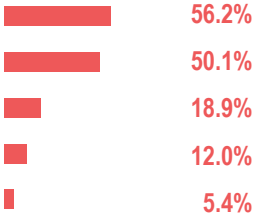
VACCINATION

34.2% of children were reported to have a vaccination card.

CHRONIC DISEASES

27.1% of HHs reported one or more member(s) suffering from chronic diseases[8].

Main reported chronic diseases[7]:



70.1% of HHs in which one or more member(s) are suffering from chronic diseases reported having limited or no access to medicine[6].

Of HHs reporting at least one member suffering from chronic diseases, % of HHs reporting limited or no access to medicines, per mantika[6]:

	Limited access	No access
Al Jabal Al Akhdar	40.7%	0.0%
Al Jabal Al Gharbi	74.9%	9.3%
Aljfara	96.6%	0.0%
Aljufra	82.2%	11.5%
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Ubari	88.4%	7.8%
Wadi Ashshati	90.0%	3.4%
Zwara	100.0%	0.0%

MENTAL ILLNESS

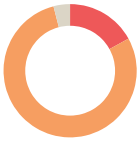
4.3% of HHs reported one or more member(s) having been diagnosed with a mental disorder.

66.2% of HHs in which one or member(s) have been diagnosed with a mental disorder reported having limited access to the needed healthcare. **47.4%** reported no access at all[6].

Of IDP HHs having at least one member diagnosed with a mental disorder, % of HHs with access to mental health care services:

27.1% No access
37.2% Limited access
33.7% Adequate access
2.1% Preferred not to answer

Of returnee HHs having at least one member diagnosed with a clinical mental disorder, % of HHs with access to mental health care services:



17.1% No access
79.4% Limited access
0.0% Adequate access
3.6% Preferred not to answer

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5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Due to limited sample size for this indicator, results are indicative and not representative
7 Multiple response options could be selected.
8 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

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SECTORAL INDICATORS

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

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

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

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

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

Food security:
CARI Analysis; Food Consumption Score, food expenditure share, coping strategies

Multi-Sector Needs Assessment (MSNA)

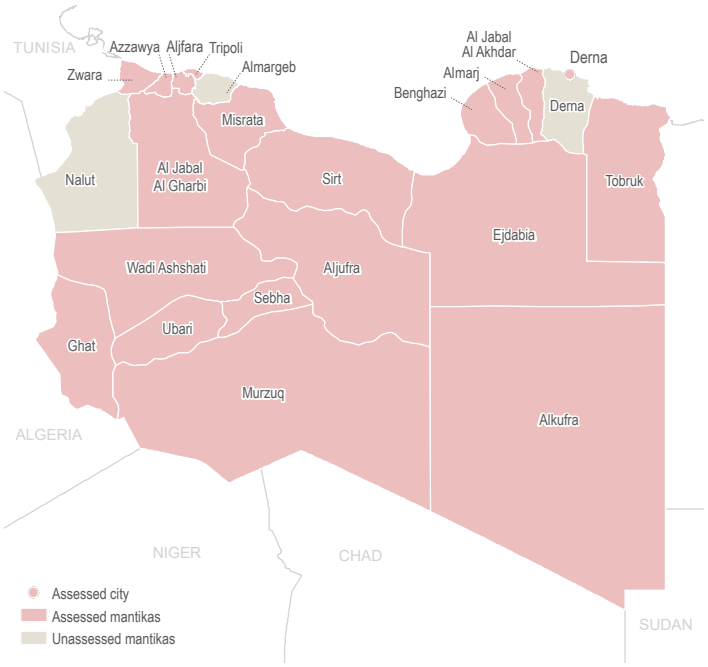
WASH
November 2018
LIBYA

CONTEXT AND METHODOLOGY

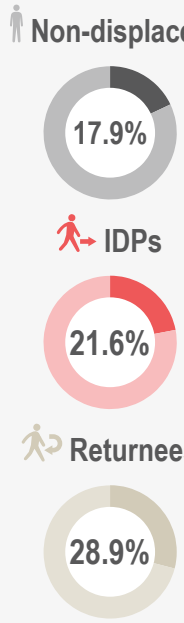
As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths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

In light of these continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group (ISCG) conducted a multi-sector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs and vulnerabilities of affected populations in Libya. 5,352 households (HH) were interviewed, including non-displaced (2,449), IDP (1,691) and returnee (1,212) HHs, across 20 Libyan mantikas[5]. Findings are generalisable at mantika level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise).

ASSESSMENT COVERAGE



Households with an unmet need in the WASH sector: 19.3%



SECTORAL AND MULTISECTORAL NEEDS

To understand sectoral needs, one indicator was assessed to gauge whether a household (HH) had an unmet need, as further explained in the annex. **Nearly 20% of all households across Libya had an unmet need in WASH**, with the highest proportions of these households in **Murzuq** and **Alkufra** (nearly 50%). Nearly one-third of **returnee households** were found to have an unmet need in WASH. **One-fifth of HHs in Tripoli faced challenges in accessing sufficient drinking water**, as the conflict periodically disrupts the city's water supply from the Great Man-Made River.

To strengthen coordination of humanitarian planning and to aid integrated responses, it is important to understand the overlapping needs households face across multiple sectors. Across Libya, t**he most commonly reported intersection of unmet needs was between the health and WASH sectors**, affecting at least one-fifth of HHs in Alkufra, Derna, Murzuq and Sirt. Roughly 15% of **returnee households** were found to have **simultaneous needs in WASH, shelter & NFI, and health**.

	HHs with an unmet need in the WASH and protection sectors	HHs with an unmet need in the WASH and shelter sectors	HHs with an unmet need in the WASH and health sectors
Non-displaced	2.3%	3.4%	7.1%
IDPs	8.5%	6.6%	7.6%
Returnees	5.9%	16.1%	14.1%

REACH Informing more effective humanitarian action

WATER SOURCES

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
55.5%	Bottled water	47.0%	Public network	61.7%	Public network
27.0%	Public network	40.8%	Bottled water	33.8%	Bottled water
9.9%	Protected well	4.5%	Protected well	2.5%	Protected well

Location of main drinking water source, per population group:

	Non-displaced	IDPs	Returnees
Inside own dwelling	30.8%	39.7%	56.8%
Inside own building	4.75%	5.9%	3.2%
In own plot of land	3.38%	4.6%	1.8%
Less than 500m away	29.38%	29.9%	17.7%
More than 500m away	21.71%	15.6%	19.8%

4.5% of HHs reported that their main drinking water source was water trucking.

% of HHs relying on water trucking as their main source of drinking water, per population group and per mantika:

	Non-displaced	IDPs	Returnees
Al Jabal Al Akhdar	16.4%	13.5%	NA
Al Jabal Al Gharbi	13.2%	12.6%	69.0%
Aljfara	0.9%	2.2%	1.0%
Aljufra	10.4%	5.4%	NA
Alkufra	3.4%	13.3%	20.0%
Almarj	20.1%	30.3%	NA
Azzawya	17.8%	5.2%	10.5%
Benghazi	0.9%	3.2%	0.9%
Derna	0.0%	9.5%	0.0%
Ejdabia	2.7%	0.0%	3.6%
Ghat	0.0%	3.0%	0.0%
Misrata	5.7%	2.9%	2.0%
Murzuq	1.1%	6.3%	NA
Sebha	12.3%	0.0%	NA
Sirt	0.5%	1.1%	1.7%
Tobruk	1.6%	0.0%	NA
Tripoli	0.0%	0.0%	1.0%
Ubari	4.5%	12.9%	0.0%
Wadi Ashshati	0.0%	13.5%	NA
Zwara	0.0%	0.0%	1.0%

81.8% of HHs reported that their main source of drinking water was fine to drink.

15.1% of HHs reported that their main source of drinking water had a bad taste.

Top 3 reported types of water treatment used by HHs[6]:

Mantikas in which the highest % of HHs reported using water boiling as water treatment:

43.7%	Sirt	28.5%	Azzawya	15.0%	Alkufra

19.3% of HHs reported having been unable to obtain enough drinking water during the month prior to data collection.

Mantikas in which the highest % of HHs were unable to obtain enough drinking water during the month prior to data collection:

47.2%	Alkufra	46.2%	Murzuq	41.4%	Aljufra

61.7% of HHs reported using different water sources for drinking and for other purposes (cooking, hygiene, etc.).

Main reported sources of water, if different from main drinking water source, per population group[7]:

Non-displaced		IDPs		Returnees	
51.6%	Public network	61.7%	Public network	71.8%	Public network
23.9%	Protected well	16.1%	Protected well	12.3%	Water trucking
7.3%	Water trucking	12.2%	Water trucking	9.1%	Protected well

Reported access to water from the public network in the 7 days prior to data collection, per mantika:

	Every day (7 days)	Most days (4-6 days)	Rarely (1-3 days)	Not at all (0 days)
Al Jabal Al Akhdar	58.0%	29.6%	2.8%	4.7%
Al Jabal Al Gharbi	7.3%	5.3%	20.3%	65.8%
Aljfara	62.6%	35.9%	1.2%	0.0%
Aljufra	0.3%	30.2%	57.4%	12.1%
Alkufra	29.1%	41.4%	28.2%	1.2%
Almarj	55.2%	0.1%	3.4%	39.7%
Azzawya	36.1%	12.9%	9.4%	40.4%
Benghazi	75.7%	10.9%	3.9%	9.1%
Derna	18.3%	36.0%	26.5%	19.2%
Ejdabia	59.2%	13.1%	22.9%	4.9%
Ghat	7.2%	72.8%	19.4%	0.5%
Misrata	41.8%	20.5%	17.8%	14.1%
Murzuq	36.3%	60.2%	3.2%	0.4%
Sebha	53.4%	23.0%	18.7%	1.0%
Sirt	18.6%	45.3%	35.5%	0.1%
Tobruk	2.6%	3.3%	36.3%	52.0%
Tripoli	45.8%	15.9%	8.4%	28.8%
Ubari	35.4%	47.5%	16.0%	0.5%
Wadi Ashshati	93.1%	6.9%	0.0%	0.0%
Zwara	63.2%	35.9%	0.8%	0.0%

SANITATION AND HYGIENE

Mantikas in which hygiene items were most frequently reported to be unavailable in markets:

47.2% Ubari | 23.1% Benghazi | 15.0% Aljufra

Mantikas in which hygiene items were most frequently reported to be too expensive to afford:

45.5% Derna | 40.8% Aljufra | 40.2% Ubari

Main types of sanitation facilities to which HHs reported having access, per population group[6]:

	Non-displaced	IDPs	Returnees
Flush toilet	88.8%	75.9%	84.4%
Pour toilet	16.8%	26.5%	14.6%
Dry pit latrine	1.9%	2.4%	0.0%

Main solid waste management practices of HHs[6]:

Put in a public place designated for waste disposal, to be collected later	47.4%
Collected by the municipality, waste management service (private or public), or other authority	25.5%
Left in the road or in a place not designated for waste disposal	23.3%
Buried or burned	16.7%

Reported solid waste management practices of HHs, per mantika[6]:

	Collected by the municipality	Put in a designated public place	Left in the road	Buried or burned
Al Jabal Al Akhdar	16.7%	57.8%	39.8%	25.0%
Al Jabal Al Gharbi	64.0%	18.2%	18.3%	10.9%
Aljfara	8.6%	47.4%	21.4%	31.0%
Aljufra	59.6%	82.8%	5.0%	1.8%
Alkufra	30.5%	64.7%	7.6%	11.8%
Almarj	21.9%	70.9%	8.2%	9.0%
Azzawya	37.9%	29.4%	1.6%	42.8%
Benghazi	15.8%	38.7%	44.4%	5.5%
Derna	0.0%	1.1%	64.6%	71.9%
Ejdabia	57.7%	34.5%	3.6%	3.6%
Ghat	85.0%	15.7%	0.0%	0.0%
Misrata	72.9%	22.6%	0.6%	3.2%
Murzuq	7.8%	31.4%	28.6%	39.7%
Sebha	0.7%	49.3%	42.5%	14.7%
Sirt	19.8%	33.9%	24.0%	30.4%
Tobruk	30.2%	39.2%	25.6%	9.3%
Tripoli	20.1%	73.5%	14.3%	2.0%
Ubari	12.7%	58.8%	30.2%	13.6%
Wadi Ashshati	4.3%	32.5%	56.0%	9.3%
Zwara	39.0%	45.5%	35.2%	15.5%

1 Libya Humanitarian Needs Overview, OCHA, 2018
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5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Multiple response options could be selected.
7 Due to limited sample size for this indicator, results are indicative and not representative.

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

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

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

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

Multisectoral needs:

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

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

SECTORAL INDICATORS

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

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

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

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

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

Food security:
CARI Analysis; Food Consumption Score, food expenditure share, coping strategies

Multi-Sector Needs Assessment (MSNA)

Education
November 2018

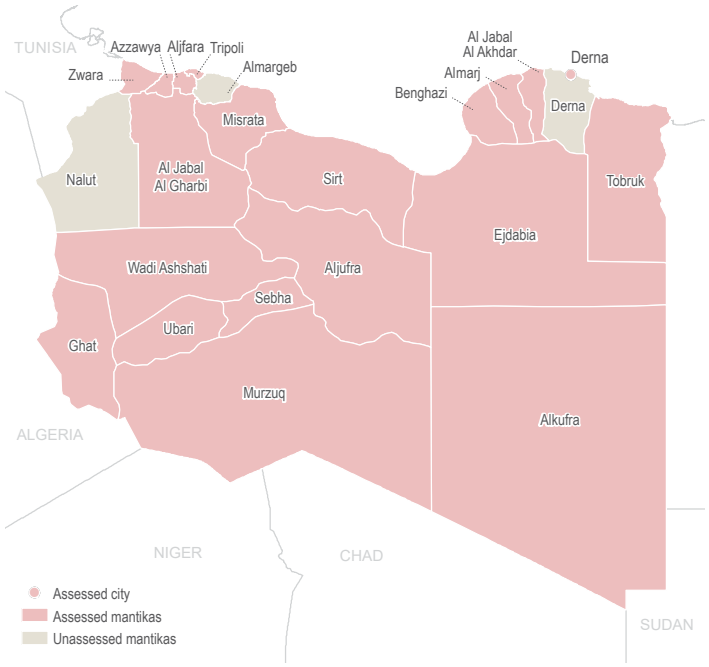
LIBYA

CONTEXT AND METHODOLOGY

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

In light of these continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group (ISCG) conducted a multi-sector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs and vulnerabilities of affected populations in Libya. 5,352 households (HH) were interviewed, including non-displaced (2,449), IDP (1,691) and returnee (1,212) HHs, across 20 Libyan mantikas[5]. Findings are generalisable at mantika level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise).

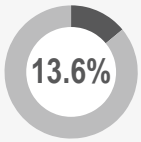
ASSESSMENT COVERAGE



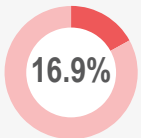
Households with an unmet need in the education sector:

13.1%

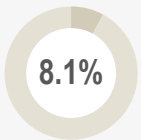
Non-displaced



IDPs



Returnees



SECTORAL AND MULTISECTORAL NEEDS

To understand sectoral needs, two indicators were assessed to gauge whether a household (HH) had an unmet need, as further explained in the annex. Overall, **13% of all households** across Libya were found to have an **unmet education need**, with IDP households the most likely to have an unmet education need (17%). Education needs were highest in **Wadi Ashshati**, where almost half (46%) of all households had challenges accessing educational services. One-third of households in **Alkufra** and **Azzawya** had an unmet education need.

To strengthen coordination of humanitarian planning and to aid integrated responses, it is important to understand the overlapping needs households face across multiple sectors. **One-quarter** of households in Wadi Ashshati faced needs in both education and health. In comparison with other population groups, IDPs were more likely to have simultaneous needs in education and protection (**6%**) as well as in education and health (**6%**). Education needs were compounded by health issues such as chronic disease or disability and the inability to pay school fees or for educational materials.

	HHs with an unmet need in the education and protection sectors	HHs with an unmet need in the education and health sectors	HHs with an unmet need in the education and shelter sectors
Non-displaced	1.4%	3.9%	2.0%
IDPs	6.4%	6.2%	4.4%
Returnees	2.0%	2.7%	3.4%

REACH Informing more effective humanitarian action

ACCESS TO EDUCATION

86.8% of school-aged children were enrolled in school.

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

Non-displaced	IDPs	Returnees
86.0%	84.9%	93.0%

Mantikas in which the highest % of children were not enrolled in school:

Azzawya	38.0%
Murzuq	24.3%
Wadi Ashshati	24.3%
Al Jabal Al Akhdar	22.2%
Ubari	20.9%

85.3% of school-aged children regularly attended school.

% of children regularly attending school, per population group:

Non-displaced	IDPs	Returnees
84.7%	83.4%	91.3%

CHILDREN OUT OF SCHOOL

Of school-aged children enrolled in school, % of children not attending school, per population group[6]:

Non-displaced	IDPs	Returnees
1.5%	2.5%	2.0%

Of those, top 3 reported reasons for not attending and/or dropping out of formal education services, per population group[6]:

Non-displaced		IDPs		Returnees	
25.3%	Health reasons (disability, chronic disease, etc.)	20.2%	Displaced from area where initial school was	26.5%	Displaced from area where initial school was
16.0%	Poor education or lack of qualified teachers	16.3%	Can't afford to pay for materials/ uniforms	17.5%	Health reasons (disability, chronic disease, etc.)
14.8%	Limited access to transport or fuel	12.8%	Can't afford school fees	14.1%	Poor education or lack of qualified teachers

Of HHs in which at least one child was not attending school or had dropped out of school, top 3 mantikas reporting health issues as a reason not to attend school, by % of HHs[6]:

61.9%	Tripoli	37.8%	Al Jabal Al Gharbi	14.1%	Tobruk

19.7% of HHs with school-aged children reported that their children were attending non-formal educational programmes.

% of HHs with school-aged children attending non-formal educational programmes, per population group:

	Non-displaced	IDPs	Returnees
Remedial classes	14.9%	12.4%	13.9%
Catch-up classes	3.1%	4.2%	3.0%

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Food security:
CARI Analysis; Food Consumption Score, food expenditure share, coping strategies

Multi-Sector Needs Assessment (MSNA)

Cash and Markets
November 2018

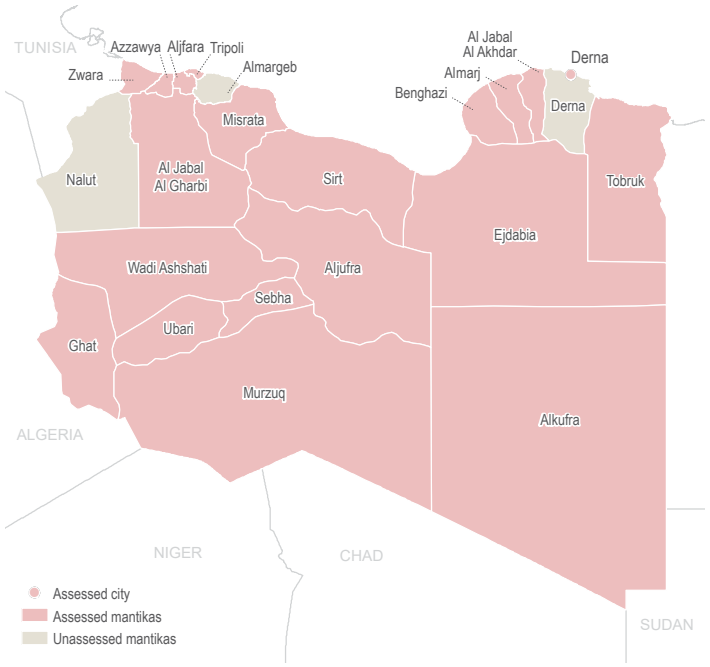
LIBYA

CONTEXT AND METHODOLOGY

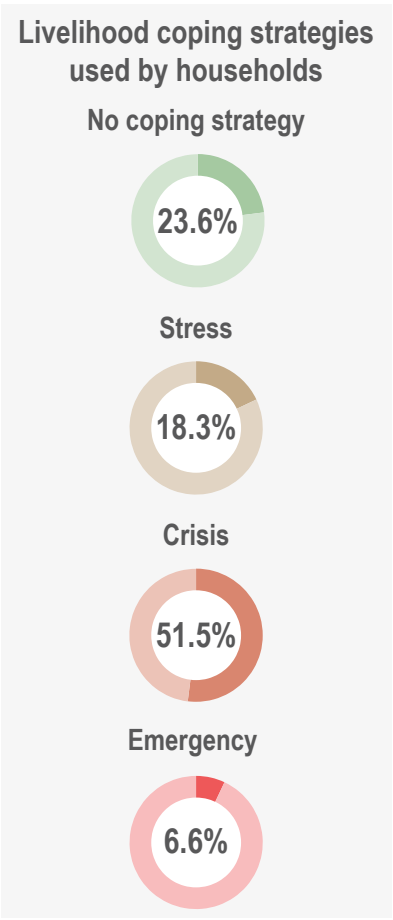
As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths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

In light of these continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group (ISCG) conducted a multi-sector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs and vulnerabilities of affected populations in Libya. 5,352 households (HH) were interviewed, including non-displaced (2,449), IDP (1,691) and returnee (1,212) HHs, across 20 Libyan mantikas[5]. Findings are generalisable at mantika level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise).

ASSESSMENT COVERAGE



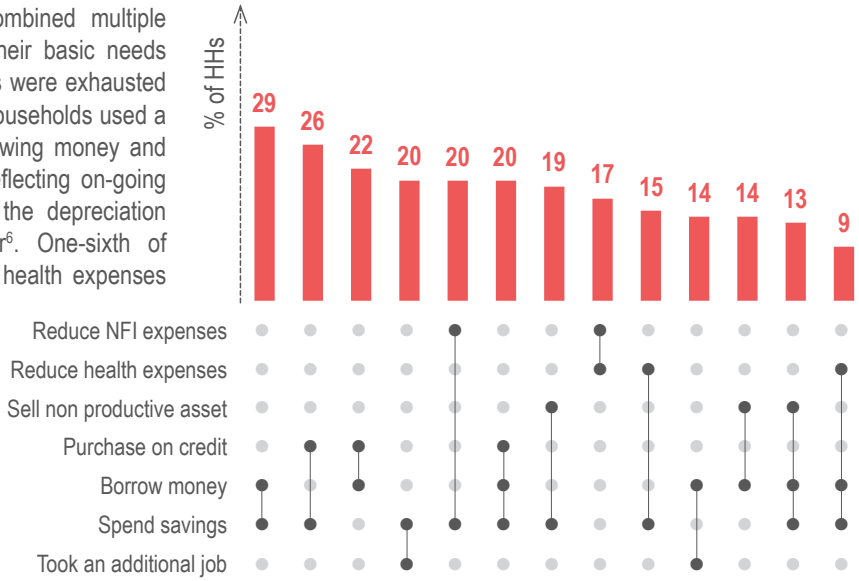
Livelihood coping strategies used by households



NEGATIVE COPING MECHANISMS

Three-quarters (75%) of households employed livelihood coping strategies in order to meet their basic needs during the 30 days prior to data collection. These coping strategies are classified according to severity and include **stress:** purchasing on credit, reducing expenses of NFIs, selling non-productive assets and spending savings; **crisis:** taking an additional job, borrowing money, reducing health expenses and selling productive assets; and **emergency:** engaging in degrading or illegal work or accepting food or money from strangers. Nearly **60%** of households resorted to **crisis or emergency coping strategies** in the 30 days prior to data collection.

Most households combined multiple strategies to meet their basic needs as alternative options were exhausted (see right). 29% of households used a combination of borrowing money and spending savings, reflecting on-going liquidity issues and the depreciation of the Libyan dinar[6]. One-sixth of households reduced health expenses and spent savings.



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$ INCOME AND EXPENDITURES

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

Own business income	6.2%
Salaried work	3.8%
Government salary	76.7%
Remittances	1.7%
Casual labour	1.6%
Government social benefits	2.2%
Support from family and friends	4.5%
Humanitarian assistance	2.4%
Zakat or charitable donations	0.9%

% of HHs reporting having faced challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
56.6%	68.3%	75.4%

Main issues reported by HHs having faced challenges in obtaining enough money to meet their needs, per population group:

Non-displaced		IDPs		Returnees	
77.1%	Unable to withdraw enough money from bank account	73.0%	Unable to withdraw enough money from bank account	90.0%	Unable to withdraw enough money from bank account
47.4%	Salary or wages not regularly paid	50.9%	Salary or wages not regularly paid	46.4%	Salary or wages not regularly paid
24.6%	Salary or wages too low	32.5%	Salary or wages too low	25.8%	Salary or wages too low

Average reported % of HH income received in cash during the 30 days prior to data collection, per population group:

Non-displaced	IDPs	Returnees
44.8%	41.6%	32.9%

39.9% of HHs reported not having been able to withdraw any money from banks or ATMs in the 30 days prior to data collection.

Reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	5.7%	6.1%	7.9%
300 - 599 LYD	45.5%	45.0%	54.1%
600 - 999 LYD	37.0%	42.4%	31.3%
> 1,000 LYD	10.6%	5.4%	5.8%

Main reported modality for HH expenditure, per population group:

Non-displaced		IDPs		Returnees	
63.1%	Hard cash (LYD)	62.8%	Hard cash (LYD)	52.1%	Hard cash (LYD)
22.1%	Cheques	24.8%	Cheques	31.3%	Cheques
9.4%	Credit or debit card	5.5%	Bank transfers	5.4%	Mobile money

Reported median amount spent on the following items in the 30 days prior to data collection[7]:

Food items	300 LYD
Rent	400 LYD
Water	20 LYD
Non-food household items	30 LYD
Utilities	15 LYD
Fuel	25 LYD
Health-related expenditures	30 LYD
Education-related expenditures	100 LYD
Transportation	50 LYD
Productive assets	100 LYD
Debt repayment	150 LYD
All other expenditures	500 LYD

MARKETPLACES

9.5% of HHs reported not having access to a marketplace or a grocery store in their muhalla in the 30 days prior to data collection.

Reported travel time to nearest market, per population group:

	Non-displaced	IDPs	Returnees
Less than 15 min	72.1%	70.3%	69.5%
15 - 29 min	20.4%	22.6%	23.3%
30 - 59 min	6.6%	6.0%	6.8%
1 - 2 hr	0.8%	0.8%	0.0%
More than 2 hr	0.1%	0.1%	0.3%

92.0% of HHs reported no barriers to consistently accessing marketplaces.

Top 3 reported barriers to accessing marketplaces:

1. Marketplace too far away or no means of transport
2. Transportation too expensive
3. Damage to marketplace

62.1% of HHs reported no barriers to regularly purchasing specific items on the market.

32.8% of HHs reported that some market items were too expensive to afford.

Types of market items most frequently reported to be too expensive to afford:

Food items	31.4%
Medicine or health-related items	8.3%
Hygiene	8.2%

6.2% of HHs reported that some market items were unavailable.

Types of market items most frequently reported to be unavailable in markets:

Food items	3.7%
Medicine or health-related items	2.7%
Fuel	1.1%

FINANCIAL SERVICES

% of HHs with access to financial service providers in their muhallas[5], per population group:

	Non-displaced	IDPs	Returnees
Banks	71.8%	72.2%	56.4%
Hawala[8]	4.7%	6.8%	11.2%
Financial services (local business)	7.8%	4.9%	2.1%
Financial services (community member)	9.8%	10.7%	5.4%

COPING MECHANISMS

Top 3 reported coping mechanisms for lack of income/resources/cash reported in the 30 days prior to data collection, per population group:

Non-displaced		IDPs		Returnees	
42.7%	Spent savings	42.6%	Spent savings	38.8%	Purchased food on credit or borrowed food
31.9%	Purchased food on credit or borrowed food	41.9%	Took an additional job	37.1%	Spent savings
26.3%	Took an additional job	36.1%	Borrowed money	33.7%	Took an additional job

LIVELIHOODS

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

	Non-displaced	IDPs	Returnees
Adults (18 or older)			
Permanent job	48.0%	39.4%	39.6%
Temporary job	3.0%	3.3%	2.2%
Daily labour	4.3%	8.1%	5.5%
Permanent job without regular attendance	10.0%	10.2%	6.1%
Children (17 or less)			
Permanent job	1.7%	0.9%	1.1%
Temporary job	1.1%	2.2%	0.3%
Daily labour	1.1%	2.2%	1.1%

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

Female		Male
38.3%	Government or public sector	67.6%
2.2%	Own business or family business	7.9%
1.1%	Other Libyan-owned business	4.6%
0.8%	Informal or irregular work	2.5%

1 Libya Humanitarian Needs Overview, OCHA, 2018
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5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Since 2014, Libya's dwindling foreign currency reserves have eroded trust in the dinar, which has created a significant gap between exchange rates in the official and parallel markets and led to a shortage of hard cash.
7 Calculated based on HHs who reported a value greater than 0.
8 System of transferring money whereby the money is paid to an agent who then instructs an associate in the destination country or area to pay the final recipient.

Multi-Sector Needs Assessment (MSNA)

Shelter and NFIs
November 2018

LIBYA

CONTEXT AND METHODOLOGY

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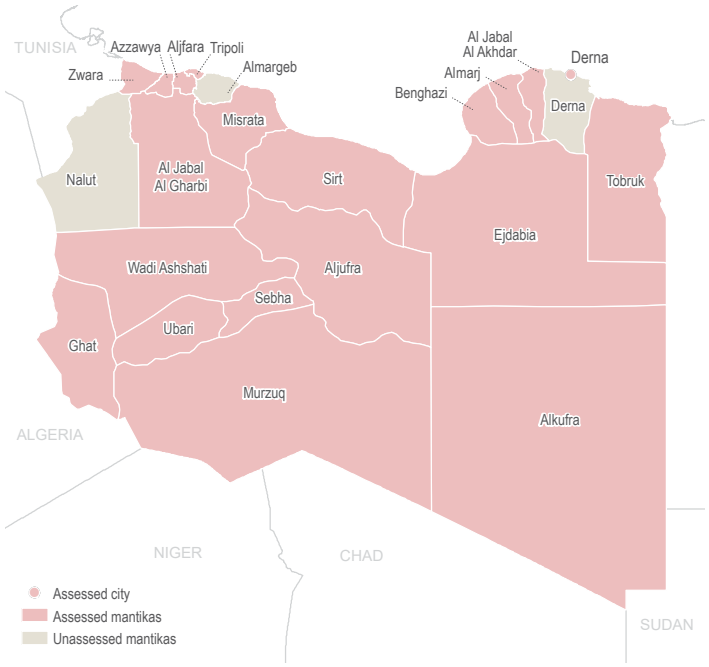
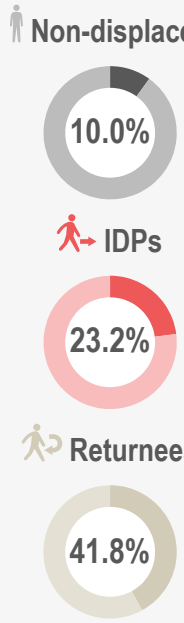


Households with an unmet need in the shelter sector: 14.0%



SECTORAL AND MULTISECTORAL NEEDS

To understand sectoral needs, multiple indicators were assessed to gauge whether a household (HH) had an unmet need, as further explained in the annex. Overall, **14% of all households across Libya had an unmet shelter need**, with returnee HHs the most likely to have an unmet shelter need. 42% of returnee households were found to have an unmet need due to evictions, damage to housing, and precarious occupancy/shelter conditions. The mantikas in which shelter needs were highest were **Derna and Sirt**, where 56% of HHs respectively had unmet shelter needs.

To strengthen coordination of humanitarian planning and to aid integrated responses, it is important to understand the overlapping needs households face across multiple sectors. 14% of IDP households had simultaneous needs in **shelter and protection**, while more than 16% of returnee households demonstrated needs in **shelter, WASH and health**. This trend was largely **driven by shelter needs in Derna**, where armed group activity in May and June 2018 reinforced complex interrelated needs for one-quarter of households.

	HHs with an unmet need in the shelter and WASH sectors	HHs with an unmet need in the shelter and health sectors	HHs with an unmet need in the shelter and protection sectors
Non-displaced	3.4%	2.5%	1.2%
IDPs	6.6%	10.0%	14.3%
Returnees	16.1%	17.2%	5.7%

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SHELTER TYPE & TENANCY

Average number of people per shelter:

Non-displaced	IDPs	Returnees
5.2	5.5	5.1

98.6% of HHs reported that they are living in a house or in an apartment. The remaining HHs reported living in unfinished room(s) (**0.7%**), public spaces not usually used for shelter[6] (**0.4%**), private spaces not usually used for shelter[7] (**0.2%**), or camps (**0.1%**).

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

Non-displaced		IDPs		Returnees	
83.6%	Owned	36.3%	Rented (with verbal agreement)	83.2%	Owned
8.4%	Rented (with verbal agreement)	25.0%	Owned	6.8%	Rented (with written contract)
4.3%	Rented (with written contract)	18.7%	Rented (with written contract)	4.2%	Hosted for free

Mantikas in which the highest % of IDP HHs reported living in rented accommodation:

87.8%	Aljufra	77.0%	Tobruk	76.0%	Sebha

7.2% of HHs reported having been evicted from their housing in the 6 months prior to data collection.

3.3% of HHs reported having been threatened with eviction in the 6 months prior to data collection.

% of housing with reported damage[8], per population group:

	Non-displaced	IDPs	Returnees
No damage	69.3%	67.4%	39.0%
Light damage	24.3%	24.9%	37.2%
Medium damage	4.5%	5.6%	19.3%
Heavy damage	1.1%	1.3%	3.4%
Destroyed	0.9%	0.8%	1.1%

% of housing with reported damage[8], per mantika:

	No damage	Light damage	Medium damage	Heavy damage	Destroyed
Al Jabal Al Akhdar	86.9%	5.7%	0.1%	1.7%	5.7%
Al Jabal Al Gharbi	86.4%	7.5%	4.3%	1.6%	0.1%
Aljfara	37.0%	43.1%	19.6%	0.3%	0.0%
Aljufra	95.5%	4.2%	0.3%	0.0%	0.0%
Alkufra	37.3%	24.4%	22.2%	3.2%	12.9%
Almarj	91.1%	7.3%	1.6%	0.0%	0.0%
Azzawya	63.5%	28.5%	6.9%	1.2%	0.0%
Benghazi	78.8%	18.4%	2.7%	0.0%	0.1%
Derna	42.1%	35.0%	22.3%	0.6%	0.0%
Ejdabia	91.0%	9.0%	0.0%	0.0%	0.0%
Ghat	77.4%	21.3%	1.3%	0.0%	0.0%
Misrata	87.5%	8.8%	0.9%	0.7%	2.1%
Murzuq	43.9%	26.3%	15.1%	11.7%	2.9%
Sebha	43.5%	42.6%	9.8%	1.8%	2.2%
Sirt	37.1%	19.1%	20.5%	16.0%	7.3%
Tobruk	93.7%	6.3%	0.0%	0.0%	0.0%
Tripoli	67.4%	29.8%	1.5%	1.3%	0.0%
Ubari	53.2%	33.9%	10.3%	2.4%	0.2%
Wadi Ashshati	78.2%	18.8%	2.0%	0.1%	0.8%
Zwara	38.3%	48.2%	13.3%	0.2%	0.0%

ACCESS TO ENERGY

Mantikas in which the highest % of HHs reported not having any electricity source in their shelter at the time of data collection:

3.6%	Ubari	1.7%	Tobruk	1.1%	Ghat

Reported average number of hours of power cuts, per population group:

	Non-displaced	IDPs	Returnees
0-2h	3.9%	8.5%	2.9%
3-5h	34.9%	44.4%	70.1%
6-8h	31.2%	27.8%	19.8%
9-11h	19.1%	15.0%	5.7%
12-14h	9.9%	3.8%	0.9%
> 14h	1.5%	0.4%	0.7%

Reported average number of hours of power cuts, per mantika:

	0-2h	3-5h	6-8h	9-11h	12-14h	> 14h
Al Jabal Al Akhdar	29.3%	68.6%	2.1%	0.0%	0.0%	0.0%
Al Jabal Al Gharbi	13.7%	30.0%	49.4%	6.1%	0.8%	0.0%
Aljfara	1.8%	0.8%	61.1%	34.3%	2.1%	0.0%
Aljufra	0.0%	98.0%	2.0%	0.0%	0.0%	0.0%
Alkufra	18.6%	63.3%	13.2%	1.9%	2.0%	1.5%
Almarj	3.0%	78.1%	13.5%	0.4%	1.7%	3.3%
Azzawya	0.5%	40.2%	53.1%	5.5%	0.7%	0.0%
Benghazi	13.1%	73.9%	9.8%	1.6%	0.3%	1.2%
Derna	0.4%	88.6%	10.1%	0.0%	0.2%	0.6%
Ejdabia	9.7%	86.5%	3.9%	0.0%	0.0%	0.0%
Ghat	0.5%	99.3%	0.2%	0.0%	0.0%	0.0%
Misrata	0.0%	73.1%	25.8%	0.8%	0.1%	0.1%
Murzuq	0.0%	11.1%	74.4%	14.0%	0.1%	0.4%
Sebha	0.0%	0.0%	11.4%	86.5%	2.2%	0.0%
Sirt	4.4%	63.9%	14.8%	9.1%	4.4%	3.4%
Tobruk	5.9%	52.5%	41.6%	0.0%	0.0%	0.0%
Tripoli	0.0%	10.7%	30.7%	28.3%	28.2%	3.6%
Ubari	1.6%	3.0%	95.0%	0.1%	0.4%	0.0%
Wadi Ashshati	0.0%	60.2%	39.7%	0.0%	0.0%	0.0%
Zwara	0.0%	0.1%	70.5%	29.3%	0.0%	0.0%

% of HHs reporting having access to cooking fuel, per population group:

	Non-displaced	IDPs	Returnees
Regular access	50.1%	37.2%	59.6%
Irregular access	47.6%	57.2%	39.6%
No access	1.9%	5.2%	0.1%
No need	0.1%	0.4%	0.2%

% of HHs reporting having access to vehicle fuel, per population group:

	Non-displaced	IDPs	Returnees
Regular access	50.6%	44.5%	71.2%
Irregular access	38.4%	36.5%	25.4%
No access	3.2%	9.3%	0.4%
No need	6.9%	9.0%	3.0%

% of HHs reporting having access to generator fuel, per population group:

	Non-displaced	IDPs	Returnees
Regular access	27.3%	14.1%	47.9%
Irregular access	18.7%	14.4%	20.2%
No access	4.1%	11.5%	1.4%
No need	46.2%	56.1%	25.6%

% of HHs reporting having access to heating fuel, per population group:

	Non-displaced	IDPs	Returnees
Regular access	11.9%	10.9%	14.0%
Irregular access	7.4%	8.0%	6.2%
No access	6.1%	11.5%	5.8%
No need	69.1%	64.8%	61.6%

% of HHs reporting having regular access to fuel, per mantika and per type of fuel:

	Cooking fuel	Vehicle fuel	Generator fuel	Heating fuel
Al Jabal Al Akhdar	87.9%	99.9%	87.8%	74.0%
Al Jabal Al Gharbi	30.4%	13.0%	6.6%	5.1%
Aljfara	0.6%	0.8%	0.3%	1.1%
Aljufra	8.5%	38.1%	15.7%	0.0%
Alkufra	7.5%	6.8%	1.0%	0.4%
Almarj	84.5%	97.7%	67.6%	20.9%
Azzawya	77.6%	46.1%	23.8%	9.4%
Benghazi	93.6%	97.0%	53.3%	26.6%
Derna	58.8%	74.9%	66.7%	18.7%
Ejdabia	35.2%	71.9%	32.4%	21.1%
Ghat	0.0%	0.0%	3.4%	0.0%
Misrata	29.2%	74.8%	21.9%	3.6%
Murzuq	0.2%	0.2%	0.1%	0.3%
Sebha	0.0%	0.1%	0.0%	0.0%
Sirt	33.9%	71.3%	15.9%	1.1%
Tobruk	93.2%	97.3%	81.9%	48.9%
Tripoli	59.0%	49.1%	21.9%	3.8%
Ubari	5.0%	3.0%	1.3%	1.3%
Wadi Ashshati	0.5%	0.5%	0.0%	0.0%
Zwara	0.0%	0.0%	0.0%	0.0%

1 Libya Humanitarian Needs Overview, OCHA, 2018
2 UNSMIL, Human Rights Report on Civilian Casualties, 2018
3 https://www.unocha.org/middle-east-and-north-africa-romena/libya
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5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 School, mosque, etc.
7 Basement, garage, store, warehouse, worksite, etc.
8 Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

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

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

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

Multisectoral needs:

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

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

SECTORAL INDICATORS

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

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

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

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

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

Food security:
CARI Analysis; Food Consumption Score, food expenditure share, coping strategies

Multi-Sector Needs Assessment (MSNA)

Protection
November 2018

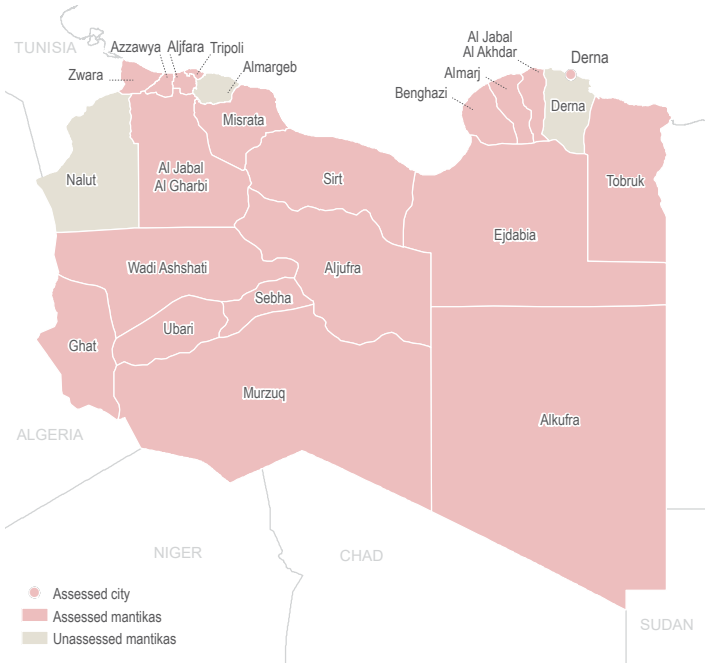
LIBYA

CONTEXT AND METHODOLOGY

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

In light of these continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group (ISCG) conducted a multi-sector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs and vulnerabilities of affected populations in Libya. 5,352 households (HH) were interviewed, including non-displaced (2,449), IDP (1,691) and returnee (1,212) HHs, across 20 Libyan mantikas[5]. Findings are generalisable at mantika level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise).

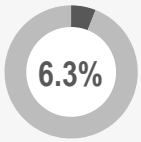
ASSESSMENT COVERAGE



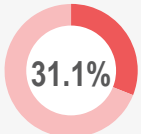
Households with an unmet need in the protection sector:

7.8%

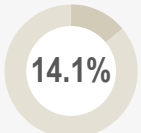
Non-displaced



IDPs



Returnees



SECTORAL AND MULTISECTORAL NEEDS

To understand sectoral needs, multiple indicators were assessed to gauge whether a household (HH) had an unmet need, as further explained in the annex. Overall, **8% of all households** across Libya were found to have an **unmet protection need**, with IDP households the most likely to have an unmet protection need (31%). **Protection needs were highest in Alkufra and Sirt**, where over one-quarter of all households had an unmet protection need.

To strengthen coordination of humanitarian planning and to aid integrated responses, it is important to understand the overlapping needs households face across multiple sectors. **Multisectoral needs involving the protection sector were identified primarily in the south**, and mainly in Alkufra and Sebha, where just under **20%** of households were found to have an unmet need in the **protection and WASH** sectors. **IDP households** most commonly displayed simultaneous needs in **protection and shelter** (14%) and **protection and health** (11%) while **19% of IDP households** had an unmet need in **3 or more sectors.**

	HHs with an unmet need in the protection and shelter sectors	HHs with an unmet need in the protection and health sectors	HHs with an unmet need in the protection and WASH sectors
Non-displaced	1.2%	2.3%	2.3%
IDPs	14.3%	10.9%	8.5%
Returnees	5.7%	8.7%	5.9%

REACH Informing more effective humanitarian action

DISPLACEMENT

% of IDP and returnee HHs by number of times displaced, per population group:

Top 3 push and pull factors reported by IDP HHs:

Push factors		Pull factors
Insecurity/conflict in the area	1	More secure environment
Shelter destroyed	2	Presence of friends and family
Threats of violence against HH	3	Presence of HH's community

Top 3 push and pull factors reported by returnee HHs:

Push factors		Pull factors
Insecurity/conflict in the area	1	End of conflict in area of origin
Threats of violence against HH	2	Presence of friends and family
Problems accessing healthcare	3	Presence of HH's community

2.5% of HHs reported having a family member missing.

Top reported problems faced by returnee HHs upon return to areas of origin[6]:

Valuables in house/property missing	42.9%
Parts of house or property destroyed	38.2%
Basic services at HH level (e.g. electricity, water) no longer working	33.1%
Lack of security in the area	13.8%

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

1. Shelter has been destroyed
2. Insecurity/conflict in the area
3. Threats of violence against HH

16.4% of HHs reported that at least one member of the HH intended to leave Libya.

Of HHs with at least one member intending to leave Libya, top 3 reasons that HH members intend to leave the country[6 7]:

Opportunity to study abroad	40.7%
No opportunity for work	33.1%
Insecurity/conflict in Libya	29.2%

HAZARDS FROM UNEXPLODED ORDNANCE

HH awareness of hazards from unexploded ordnance (UXO), per population group:

	Non-displaced	IDPs	Returnees
% of HHs reporting UXO presence in their neighbourhood	3.3%	8.2%	11.2%
% of HHs reporting having received information on hazards from UXO	16.4%	15.9%	19.6%

HH awareness of hazards from unexploded ordnance (UXO), per mantika:

	% of HHs reporting UXO presence in their neighbourhood	% of HHs having received information on hazards from UXO
Al Jabal Al Akhdar	1.2%	28.2%
Al Jabal Al Gharbi	8.7%	6.9%
Aljfara	0.4%	53.5%
Aljufra	16.9%	21.5%
Alkufra	4.1%	1.3%
Almarj	5.6%	0.9%
Azzawya	5.5%	10.5%
Benghazi	9.4%	26.7%
Derna	6.5%	14.9%
Ejdabia	8.1%	4.6%
Ghat	1.7%	25.8%
Misrata	2.5%	33.2%
Murzuq	1.0%	10.4%
Sebha	18.2%	13.4%
Sirt	14.2%	40.1%
Tobruk	0.0%	27.2%
Tripoli	0.0%	0.0%
Ubari	6.1%	5.4%
Wadi Ashshati	12.1%	5.6%
Zwara	0.0%	37.1%

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

2.4% of HHs reported that at least one member of the HH has been harmed as a result of exposure to UXO.

DOCUMENTATION

5.0% of HHs reported that at least one member of the HH has lost an identity document (ID) or other documentation during the conflict.

% of HHs reporting at least one member of the HH having lost ID or other documentation during the conflict, per population group and per mantika:

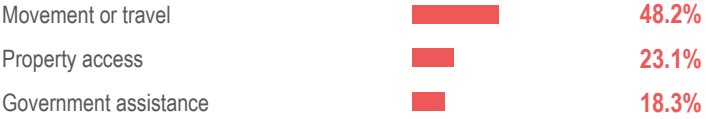
	Non-displaced	IDPs	Returnees
Al Jabal Al Akhdar	0.3%	13.5%	NA
Al Jabal Al Gharbi	0.3%	5.7%	6.0%
Aljfara	0.7%	2.2%	1.0%
Aljufra	1.4%	5.4%	NA
Alkufra	2.2%	9.2%	10.0%
Almarj	2.9%	3.9%	NA
Azzawya	4%	12.4%	42.1%
Benghazi	1.6%	25.3%	13.2%
Derna	8.8%	14.3%	4.2%
Ejdabia	0.3%	4.1%	8.9%
Ghat	4.5%	12.9%	NA
Misrata	10.6%	30.4%	3.1%
Murzuq	0%	5.5%	4.3%
Sebha	8.8%	21.2%	0.0%
Sirt	2.4%	6.3%	15.5%
Tobruk	1.8%	5.4%	NA
Tripoli	4.8%	9.5%	7.1%
Ubari	4.5%	12.9%	3.0%
Wadi Ashshati	0.0%	13.5%	6.3%
Zwara	0.0%	0.0%	NA

23.8% of HHs who lost documentation during the conflict had not reapplied for new documentation at the time of data collection.

Of these, top 3 reported reasons for not reapplying for documentation:

1. Process is too complicated and takes time
2. Safety risks to travel to civil registry[8]
3. No functioning civil registry nearby

Of HHs having lost documentation, top 3 reported challenges due to the loss of documentation[6 7]:



ASSISTANCE

% of HHs receiving humanitarian assistance in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
5.8%	25.9%	25.5%

Of those, % of HHs that faced barriers to accessing humanitarian assistance[7]:

Non-displaced	IDPs	Returnees
16.2%	3.0%	2.4%

Top 3 reported barriers to accessing humanitarian assistance:

1. Lack of consent from actor controlling territory
2. Legal recognition of humanitarian organisations
3. Damage to roads leading leading to area of assistance

Main sources of information on humanitarian assistance:

1. Community leaders
2. Television
3. Social media

1 Libya Humanitarian Needs Overview, OCHA, 2018
2 UNSMIL, Human Rights Report on Civilian Casualties, 2018
3 https://www.unocha.org/middle-east-and-north-africa-romena/libya
4 Libya Humanitarian Needs Overview, OCHA, 2018
5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).
6 Multiple response options could be selected.
7 Due to limited sample size for this indicator, results are indicative and not representative.
8 36.7% of IDP HHs reported safety risks as their main reason to not reapply for documentation.

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

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

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

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

Multisectoral needs:

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

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

SECTORAL INDICATORS

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

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

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

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

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

Food security:
CARI Analysis; Food Consumption Score, food expenditure share, coping strategies