

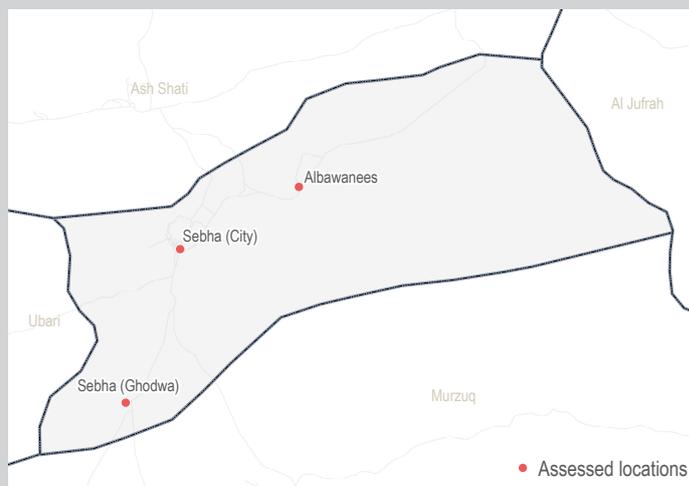


Context & Methodology

Libya has experienced several waves of conflict since 2011, renewed nationwide in 2014 and periodically in several regions, that affected millions of people, both displaced and non-displaced. In response to a lack of recent data on the humanitarian situation in Libya, REACH conducted two rounds of multi-sector data collection in June and August to provide timely information on the needs and vulnerabilities of affected populations. A total of 2,978 household (HH) surveys were completed across 8 Libyan mantikas⁽¹⁾, chosen to cover major population centres and areas of displacement.

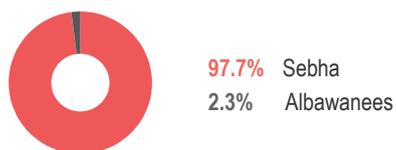
Data in the mantika of Sebha was collected in June-July: 263 HH surveys were conducted following a sampling allowing for statistically generalisable results for all assessed displacement categories with a confidence level of 95% and a margin of error of 10% (unless stated otherwise in the findings). Due to no presence of returnees in the mantika, only non-displaced and IDP populations were assessed⁽²⁾. Findings have been disaggregated by displacement status where the differences in responses among these groups were significant.

Assessed Locations



Demographics

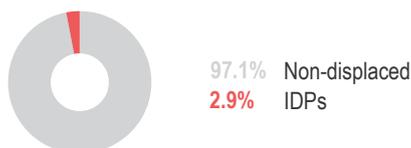
Primary assessed HH residence by baladiya⁽¹⁾:



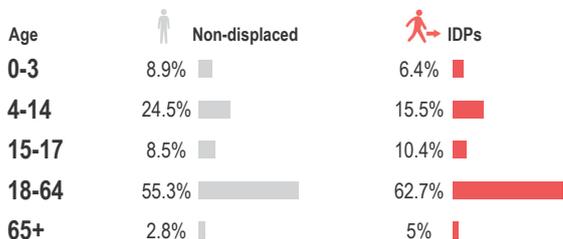
Estimated population in baladiya⁽²⁾: **150,000**

5.9 Average household size **14.8%** of interviewed HoHs (heads of household) were female.

Population displacement status in baladiya⁽²⁾:



Age distribution of HH members per population group:



% of HHs reporting the following vulnerable members:

16.3% Pregnant woman
41.5% Chronically ill person(s)
4.9% Hosting displaced person(s)

Priority Needs

Top 3 reported needs in HHs per population group:⁽³⁾

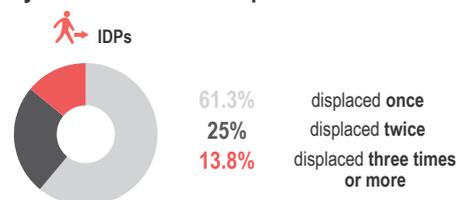


Preferred modality for future assistance per population group:



Displacement

% of IDP HHs by number of times displaced:



Top 3 push and pull factors for IDPs:⁽⁴⁾



⁽¹⁾ 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).

⁽²⁾ Estimated total population figures in assessed area from satellite imagery, IDPs and returnees figures in baladiya from IOM DTM Libya round 12 (June-July 2017).

⁽³⁾ Respondents could choose up to 3 answers.

⁽⁴⁾ Respondents could choose several answers.



Food Security

Average Food Consumption Score (FCS)⁽⁵⁾ per population group:

	Average FCS	Poor	Borderline	Acceptable
Overall	86.5	1.1%	1.1%	97.8%
Non-displaced	86.6	1.1%	1.1%	97.8%
IDPs	65.1	3.8%	17.5%	78.8%

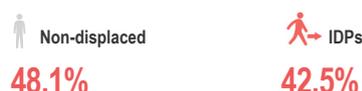
Top 3 reported ways of accessing food per population group:⁽⁶⁾



% of HHs reporting food item price changes over the last 30 days:

	Increase	No change	Decrease
Pasta	41.0%	51.7%	7.3%
Flour	38.1%	52.8%	9.1%
Chickpeas	48.8%	38.9%	12.3%
Chicken	72.1%	19.5%	8.4%
Tomato paste	35.2%	57.4%	7.4%
Eggs	57.1%	20.9%	22.1%
Oil	35.3%	60.2%	4.5%
Sugar	33.8%	63.9%	2.3%
Rice	34.8%	63.5%	1.7%

% of HHs reporting having access to subsidised food items over the last 30 days, per population group:



For the HHs reporting having access to subsidised food items over the last 30 days, top 3 food items per population group:⁽⁷⁾

- | | |
|-----------------|-----------------------|
| 1. Dairy | 1. Dairy |
| 2. Eggs | 2. Eggs |
| 3. Tuna | 3. Cooking oil |

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

	Average rCSI	Low use of coping strategies (0-3)	Medium use of coping strategies (4-9)	High use of coping strategies (10+)
Overall	2.9	68.8%	25.2%	6.0%
Non-displaced	2.9	68.9%	25.1%	6.0%
IDPs	5.4	43.8%	45.0%	11.3%

⁽⁵⁾ The FCS is a composite indicator score based on dietary frequency, food frequency and relative nutrition importance of different food groups and their consumption by assessed population groups. Ranging from 0 to 112, the FCS will be 'poor' for a score of 28 and less, 'borderline' for a score of 42 or less, and 'acceptable' above a score of 42.

⁽⁶⁾ Respondents could choose up to 3 answers.

⁽⁷⁾ Respondents could choose several answers.

Cash & Livelihoods

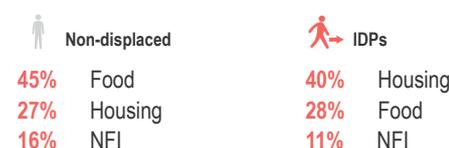
% of HH income from the following sources in the last 30 days:



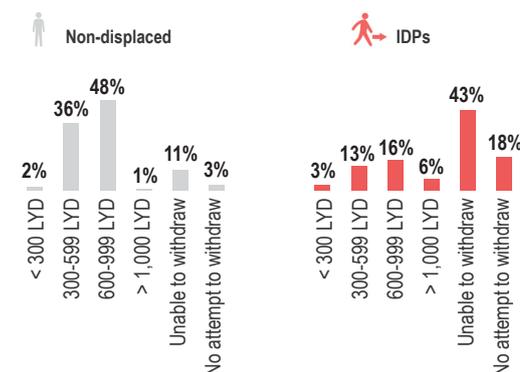
Top 3 reported challenges to accessing income in the last 30 days per population group:⁽⁷⁾



% of HH income spent on the following items in the last 30 days:



Reported withdrawal limits in the last 30 days per population group:



Top 3 reported barriers to accessing market items:⁽⁷⁾

- | | | |
|--------------------------|----------|----------------------------|
| Some items too expensive | 1 | Waiting times too long |
| Items not available | 2 | Limits on withdrawals |
| No means of payment | 3 | Insecurity waiting in line |

Top 3 reported barriers to accessing financial services:⁽⁷⁾

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



⁽⁸⁾ The reduced Coping Strategy Index (rCSI) is often used as a proxy indicator for household food insecurity. rCSI combines: (i) the frequency of each strategy; and (ii) their (severity). Higher rCSI indicates a worse food security situation and vice versa, with a score from 0 to 56.



Shelter & NFI

% of HHs reporting living in each shelter type:

97.2% House or apartment
2.2% Unfinished building
0.5% Prefabricated dwelling



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

	Non-displaced	IDPs
Owned	86.3%	1.3%
Rented	10.4%	86.3%
Hosted for free	0.5%	12.5%
Provided by public authorities	2.7%	0%

79.0% of HHs who reported renting their housing indicated that rental prices had remained unchanged over the last 6 months.

% of HHs reporting damage to housing per population group:

	Non-displaced	IDPs
No damage	68.9%	38.8%
Light damage	24.6%	35.0%
Medium damage	5.5%	18.8%
Medium-heavy damage	0.5%	3.8%
Heavy damage/destroyed	0.5%	3.8%

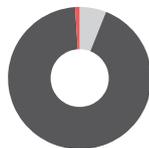
0.6% of HHs reported having been threatened with eviction (0.6%).

79.8% of HHs reported having irregular access to electricity.

100% of HHs reported that the municipal network was their main source of electricity.

Reported average number of hours of power cuts:

6.2% 0-3 hour(s) per day
93.2% 4-7 hours per day
0.7% 8-12 hours per day



% of HHs reporting having access to cooking fuel:



20.7% regular access
75.4% irregular access
3.8% no access

% of HHs reporting having access to heating fuel:



17.7% regular access
82.3% irregular access
0% no access

Top 3 reported NFI not possessed by HHs per population group⁽⁹⁾:

	Non-displaced	IDPs
Water tank	95.6%	97.5%
Mosquito nets	85.8%	96.3%
Heater	56.4%	83.8%

WASH

Main reported sources of drinking water per population group:

	Non-displaced	IDPs
Public network	50.8%	38.8%
Bottled water	39.9%	35.0%
Communal tap	6.6%	22.5%

Top 3 reported types of water treatment:⁽⁹⁾

No treatment	92.9%
Water filter	6.5%
Chlorine tablets	0.0%

Main types of sanitation facilities in HHs, per population group:

	Non-displaced	IDPs
Flush toilet	95.6%	75.0%
Pour toilet	4.4%	25.0%

Main solid waste management practices of HHs:

Collected by waste management service	69.4%
Put in specific place for waste disposal at later stage	19.2%
Left on the road or in an inappropriate public space	10.9%
Buried or burned	0.5%

Top 3 reported essential hygiene items needed by HHs, per population group⁽⁹⁾:

	Non-displaced	IDPs
1. Water container		1. Water container
2. Disinfectant		2. Disinfectant
3. Baby diapers		3. Soap

Health

38.8% of HHs reported needing healthcare in the last 15 days.

63.4% of these HHs reported having received the healthcare they needed.

⁽⁹⁾ Respondents could choose several answers.

Top 3 barriers to access to healthcare, per population group:⁽¹⁰⁾



Non-displaced

1. Lack of medical staff
2. Lack of supplies
3. Facilities damaged



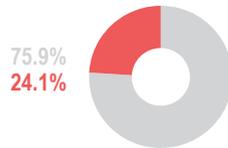
IDPs

1. Lack of supplies
2. Lack medical staff
3. Lack of money

% of HHs with one or more pregnant women:



% of HHs with one or more women giving birth in last 2 years:



64.2% of HHs with women who gave birth in the last 2 years reported having breastfed their newborn(s) for the first 6 months.

Most reported chronic diseases among those HHs reporting one or more members affected by a chronic disease:

Diabetes		35.5%
High blood pressure		33.9%
Heart disease		12.9%

5.5% of HHs reported one or more members who have been diagnosed with mental health illness.

Education

67.6% of children out of the total number of school-aged children in HHs assessed are enrolled in school.

93.1% of HHs reported that their children faced no barriers to accessing education. The remaining 6.9% of HHs reported:⁽¹⁰⁾

1. Distance to education facilities is too far
2. Route to education facilities is unsafe
3. Work instead

1.8% of HHs reported that one or more children in the household had dropped out of formal education services.

26.7% of HHs reported that their out-of-school children were attending non-formal educational programmes⁽¹¹⁾, per population group:⁽¹⁰⁾



Non-displaced

- 14% Recreational activities
- 12% Remedial education
- 5% Child-friendly spaces



IDPs

- 5% Recreational activities
- 3% Remedial education

Protection

% of HHs reporting presence of explosive hazards in their current area of residence:



Non-displaced

1.1%



IDPs

2.5%

26.8% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

93.4% of HHs had at least one member with signs of psychological distress.

Most reported signs of psychological distress:⁽¹⁰⁾



Non-displaced

56% Unusual lack of energy

36% Little pleasure in things they usually like

34% Feeling down, depressed or hopeless



IDPs

64% Feeling down, depressed or hopeless

46% Little pleasure in things they usually like

46% Unusual lack of energy

3.9% of HHs have lost ID or other documentation during the conflict. Out of those, 85.5% have reapplied for new documentation.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reach-initiative.org.

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⁽¹⁰⁾ Respondents could choose several answers.

⁽¹¹⁾ During consultation with sectors, 'non-formal education' was defined as any kind of education provided by uncertified staff and which does not give access to any official education certification.

