

Multi-Sector Needs Assessment (MSNA)

Education
November 2018



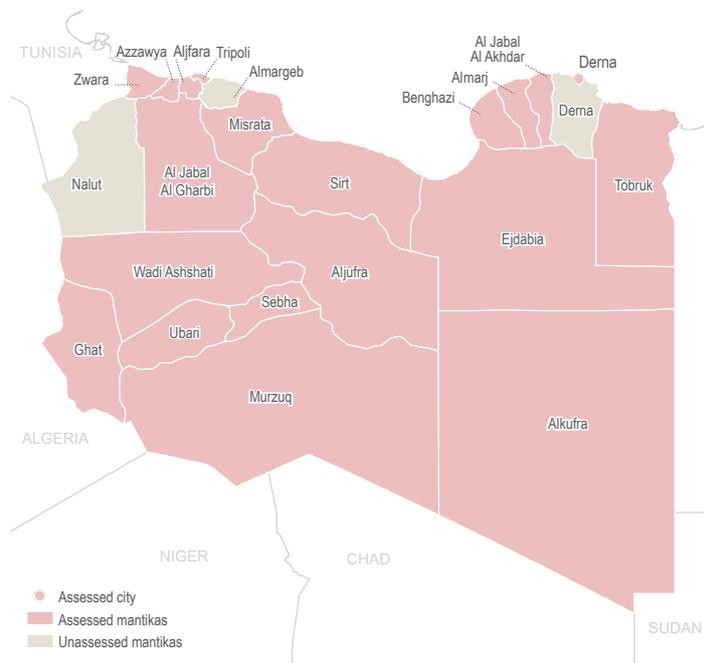
LIBYA

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 2017¹. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries². 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 consequences³. The most pressing humanitarian needs identified are protection, health and cash & livelihoods⁴, 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 mantikas⁵. 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).

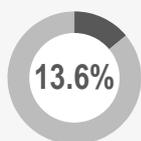
ASSESSMENT COVERAGE



Households with an unmet need in the education sector:

13.1%

Non-displaced



IDPs



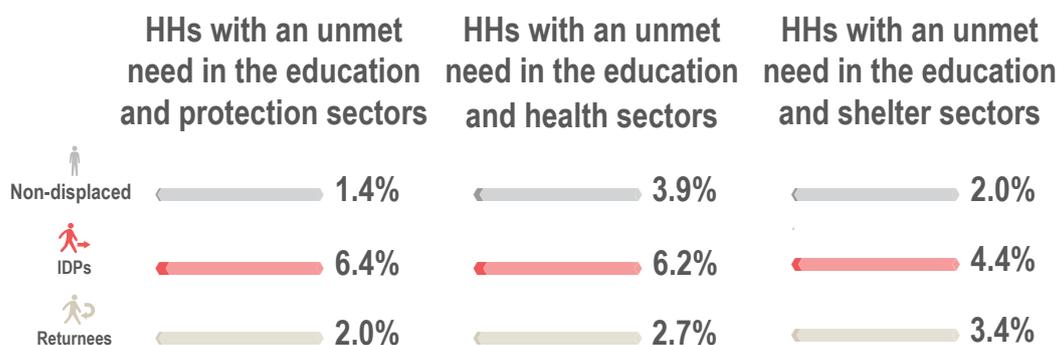
Returnees



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.



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 group⁶:

| 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 group⁶:

| 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 HHs⁶:

| | | | | | |
|-------|---------|-------|--------------------|-------|--------|
| 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% |

1 [Libya Humanitarian Needs Overview, OCHA, 2018](#)
 2 [UNSMIL, Human Rights Report on Civilian Casualties, 2018](#)
 3 <https://www.unocha.org/middle-east-and-north-africa-romena/libya>
 4 [Libya Humanitarian Needs Overview, OCHA, 2018](#)

5 Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4).

6 Due to limited sample size for this indicator, results are indicative and not representative.



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

