

Multi-Sector Needs Assessment (MSNA)

Food Security
November 2018



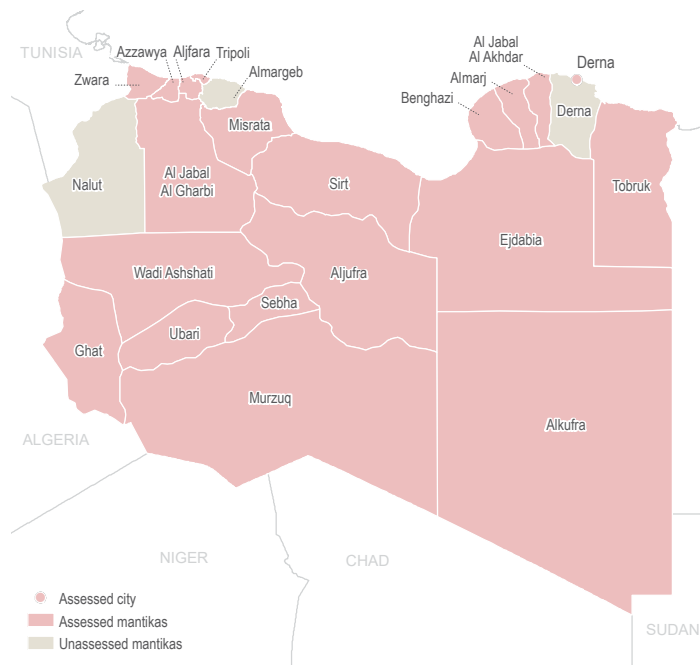
LIBYA

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 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).

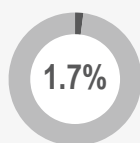
ASSESSMENT COVERAGE



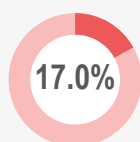
Households with an unmet need in the food security sector:

2.7%

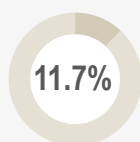
Non-displaced



IDPs



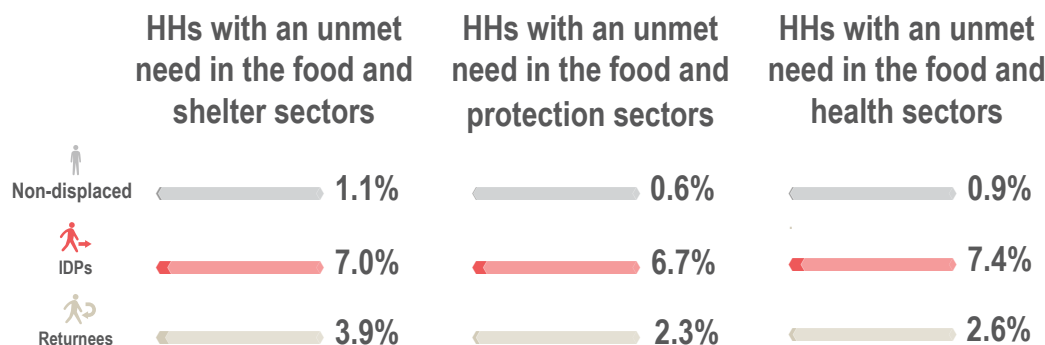
Returnees



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, **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.



FOOD SOURCES AND EXPENDITURES

Top 3 reported ways of accessing food⁶:



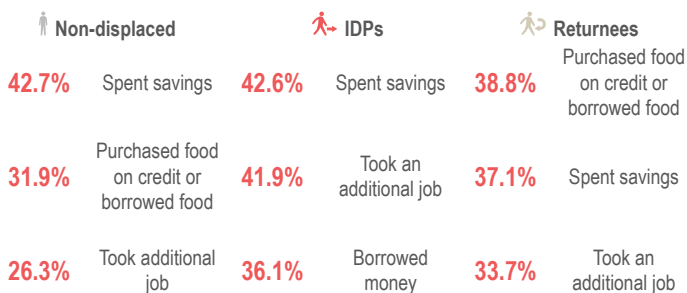
28.4% of HHs reported allocating 65% or more of their total expenditure to food in the 30 days prior to data collection.

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:



FOOD SECURITY

% of HHs having the following levels of food security in the 7 days prior to data collection⁷:



% of HHs having the following levels of food security per mantika⁷:

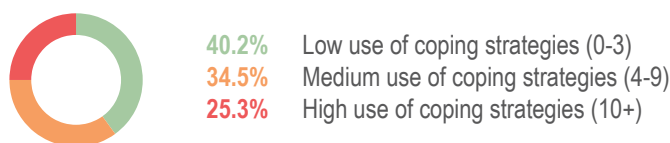
	Food secure	Marginally food insecure	Moderately food insecure	Severely food insecure
Al Jabal Al Akhdar	20.9%	78.4%	0.8%	0.0%
Al Jabal Al Gharbi	20.7%	76.8%	2.5%	0.0%
Aljifara	6.8%	75.8%	16.7%	0.8%
Aljufra	7.3%	63.1%	19.8%	9.8%
Alkufra	1.5%	30.9%	66.0%	1.6%
Almarj	32.0%	68.0%	0.0%	0.0%
Azzawya	21.2%	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:



REDUCED COPING STRATEGY INDEX

Average reduced Coping Strategy Index (rCSI) in the 7 days prior to data collection⁸:



Average reduced Coping Strategy Index (rCSI), per mantika⁸:

	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%
Aljgara	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
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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

