

Multi-Sector Needs Assessment (MSNA)

Zwara
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 in the 2018 Humanitarian Needs Overview (HNO) 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 continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika⁵ level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	Zwara
Non-displaced HHs	2,449	135
IDP HHs	1,691	94
Returnees HHs	1,212	104
Total HHs	5,352	333

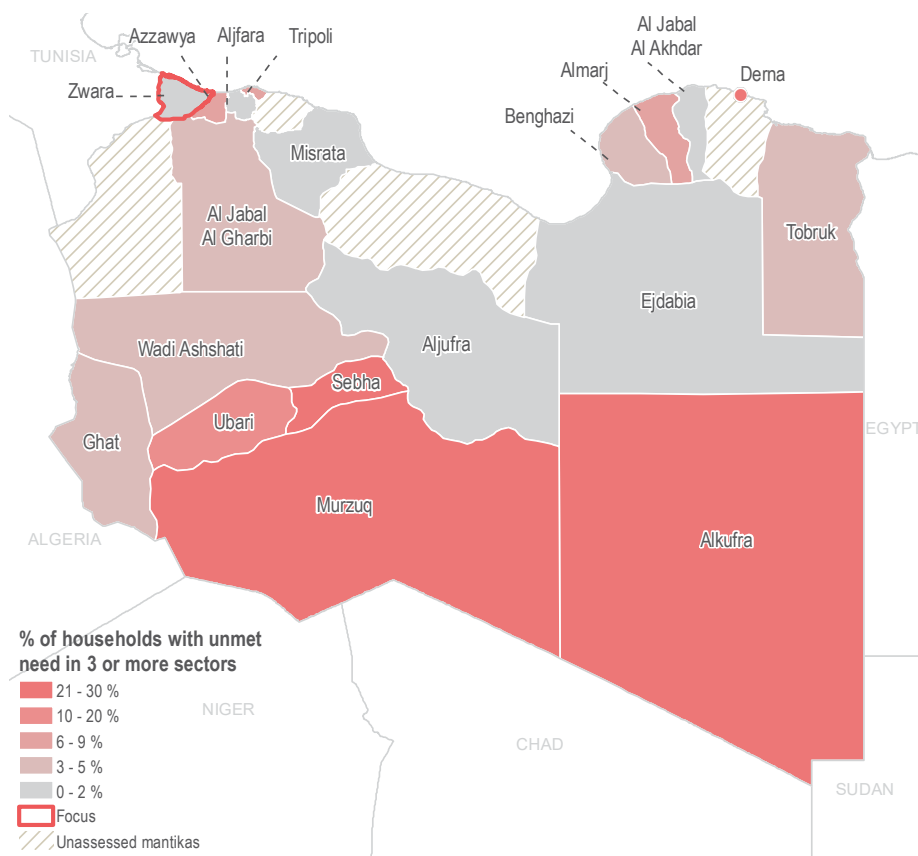
SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector	9.8%
2 sectors	3.3%
3 sectors	0.5%
4 sectors	0.0%
5 sectors	0.0%
6 sectors	0.0%

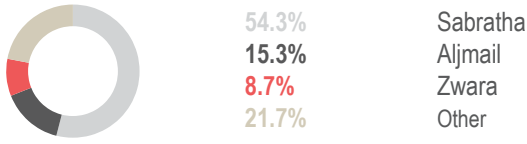
HHs with an unmet need, per sector:

Food security	2.3%
Health	2.0%
Shelter and NFIs	9.9%
Protection	2.9%
WASH	0.2%
Education	0.0%

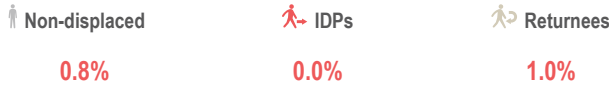


DEMOGRAPHICS

Proportion of assessed households by baladiya:



% of HHs hosting displaced persons, per population group:



0.8% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **1.9** persons⁶.

5.2% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

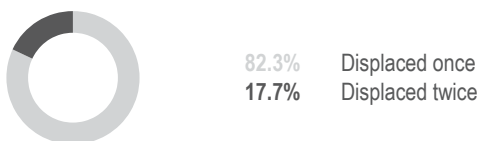
	Non-displaced	IDPs	Returnees
0-5	4.7%	5.5%	4.3%
6-14	18.8%	13.0%	16.2%
15-17	18.4%	15.7%	25.4%
18-64	56.5%	63.0%	51.6%
65+	1.6%	2.8%	2.5%

% of HHs reporting the following vulnerable members:

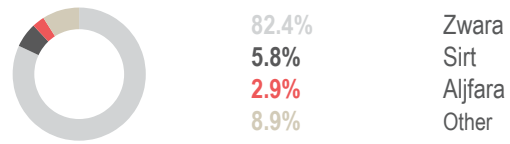
21.1% Chronically ill persons
0.0% Unaccompanied children

DISPLACEMENT

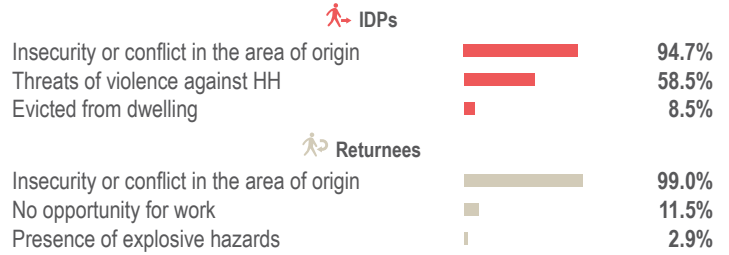
% of HHs by number of times displaced:



Top 3 mantikas of origin of IDPs:



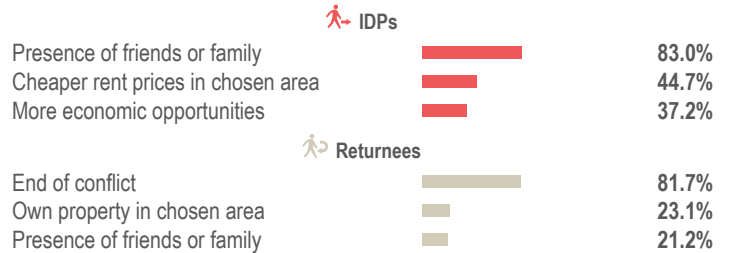
Push factors: Top 3 reasons why household left area of origin, per population group⁷:



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

- 1 Insecurity or conflict in the area of origin
- 2 Threats of violence against HH
- 3 No opportunity for work

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group⁷:



Top 3 reported problems faced upon return to area of origin:

- 1 Lack of security in area
- 2 Valuables in house or property missing
- 3 Parts of house or property destroyed



FOOD SECURITY

Households with an unmet need in the food security sector:

2.3%

% of HHs having the following food security (using WFP CARI methodology), per population group⁸:

	Non-displaced	IDPs	Returnees
Food secure	0.0%	2.1%	3.8%
Marginally food insecure	70.4%	56.4%	53.8%
Moderately food insecure	29.6%	41.5%	42.3%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	81.5%	93.6%	91.3%
Market (cheque)	100.0%	100.0%	100.0%
Market (debt)	48.9%	27.7%	7.7%
Own production	4.4%	0.0%	3.8%
Borrowing from relatives	0.0%	0.0%	0.0%
Aid assistance	0.0%	0.0%	0.0%
Gifts from relatives	1.5%	1.1%	0.0%
Zakat ⁹	0.0%	0.0%	0.0%
Work or barter for food	63.0%	73.4%	95.2%

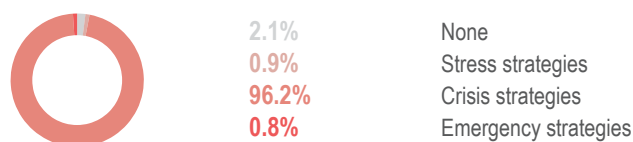
Average Reduced Coping Strategy Index (rCSI) per population group⁸:

	Non-displaced	IDPs	Returnees
Average rCSI	5.4	4.7	7.2
Low use of coping strategies (0-3)	18.5%	40.4%	28.8%
Medium use of coping strategies (4-9)	75.6%	56.4%	38.5%
High use of coping strategies (10+)	5.9%	3.2%	32.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

3.1	Rely on less preferred, less expensive food	0.7	Reduce the size of portions or meals
0.4	Borrow food or rely on help from relatives	0.3	Reduce the quantity consumed by adults so children could eat
0.1	Reduce the number of meals eaten per day		

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection¹⁰:



5.1% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

HEALTH

Households with an unmet need in the health sector:

2.0%

31.1% of HHs reported needing healthcare in the 15 days prior to data collection.

93.6% of these HHs reported having been to a health facility to access the needed healthcare⁶.



Top 3 barriers to accessing healthcare, per population group^{6 7}:

	Non-displaced	IDPs	Returnees
1	-	-	-
2	-	-	-
3	-	-	-

0.0% of HHs reported travelling for more than one hour to access the nearest health service provider.

1.6% of children were reported as having a vaccination card.

% of HHs reporting chronic disease¹¹, mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	21.2%	16.0%	20.2%
Mental disorder	0.0%	0.0%	0.0%
Physical disability	0.0%	0.0%	0.0%

Main chronic diseases reported by HHs^{6 11}:

Blood pressure	<div style="width: 75.0%;"></div>	75.0%
Diabetes	<div style="width: 39.3%;"></div>	39.3%
Heart disease	<div style="width: 8.1%;"></div>	8.1%

100.0% of HHs with at least one child under 2 years old reported having access to professional healthcare during delivery.⁶

CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection¹²:

Non-displaced	IDPs	Returnees
900 LYD	850 LYD	750 LYD

Average share of total income received from the following sources in the 30 days prior to data collection¹²:

Own business income	0.0%
Salaried work	0.0%
Government salary	100.0%
Remittances	0.0%
Casual labour	0.0%
Government social benefits	0.0%
Support from family and friends	0.0%
Humanitarian assistance	0.0%
Zakat ⁹ or charitable donations	0.0%

100.0% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group⁷:

Non-displaced	IDPs	Returnees
88.2% Unable to withdraw enough money from bank account	94.0% Unable to withdraw enough money from bank account	99.0% Unable to withdraw enough money from bank account
50.8% Salary or wages not paid regularly	21.7% Salary or wages not paid regularly	12.5% Salary or wages not paid regularly
30.1% No currently functioning banks/financial institutions in area	3.6% No currently functioning banks/financial institutions in area	1.0% Lack of work opportunity



Main reported modalities for HH expenditure, per population group⁷:

Non-displaced		IDPs		Returnees	
70.1%	Hard cash (LYD)	80.9%	Hard cash (LYD)	83.7%	Hard cash (LYD)
17.6%	Credit or debit card	12.8%	Cheques	7.7%	Credit or debit card
12.3%	Cheques	6.4%	Credit or debit card	6.7%	Cheques

18.6% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	0.0%	2.4%	0.0%
300 - 599 LYD	48.6%	80.5%	57.6%
600 - 999 LYD	47.2%	13.4%	42.4%
> 1000 LYD	4.2%	3.7%	0.0%

Top 3 reported barriers to accessing marketplaces:

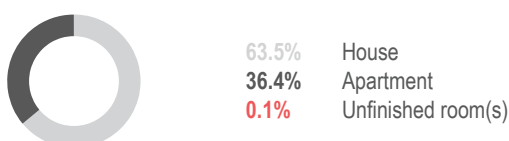
- 1 No barriers faced when accessing marketplace
- 2 -
- 3 -

SHELTER AND NFIs

Households with an unmet need in the shelter sector:

9.9%

% of HHs reported living in each shelter type:



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

	Non-displaced	IDPs	Returnees
Ownership	54.5%	58.5%	71.2%
Rental (with written contract)	21.2%	26.6%	23.1%
Rental (with verbal agreement)	24.2%	14.9%	5.8%
Being hosted for free	0.0%	0.0%	0.0%
Squatting (without consent of owner)	0.0%	0.0%	0.0%
Housing provided by public authority	0.0%	0.0%	0.0%

% of housing with reported damage¹³, per population group:

	Non-displaced	IDPs	Returnees
No damage	39.9%	24.5%	16.3%
Light damage	48.5%	59.6%	41.3%
Medium damage	11.4%	14.9%	41.3%
Heavy damage	0.1%	1.1%	1.0%
Destroyed	0.0%	0.0%	0.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:

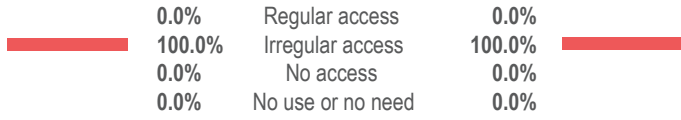
	Non-displaced	IDPs	Returnees
	0.7%	0.0%	1.0%

67.7% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:

0-2h	0.0%
3-5h	0.1%
6-8h	70.5%
9-11h	29.3%
12-14h	0.0%
> 14h	0.0%

% of HHs reporting having access to vehicle fuel:

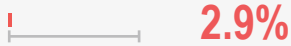


% of HHs reporting having access to cooking fuel:

0.0% of HHs reported irregular or no access to heating fuel when required.

PROTECTION

Households with an unmet need in the protection sector:



0.0% of HHs reported presence of explosive hazards in their current area of residence.

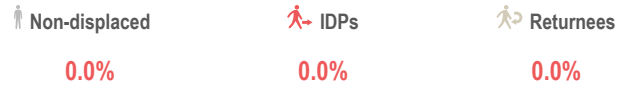
2.0% of HHs reported having family member harmed as a result of UXO.

37.1% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information^{6,7}:

- 1 Conventional media
- 2 Social media
- 3 School

% of HHs having lost ID or other documentation during the conflict, per population group:



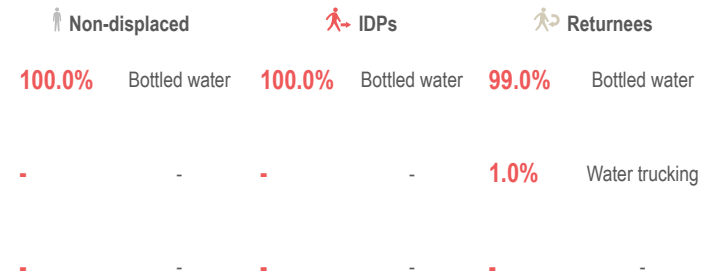
1.4% of HHs reported having a missing family member.

WASH

Households with an unmet need in the WASH sector:



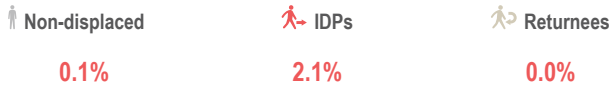
Main reported sources of drinking water, per population group:



Top 3 reported types of water treatment⁷:



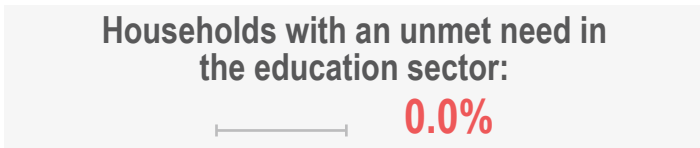
% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:



50.7% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

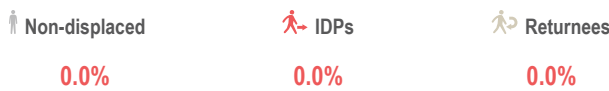
0.0% of HHs reported that hygiene items were too expensive to afford.

EDUCATION

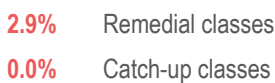


100.0% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:



% of HHs with school-aged children attending non-formal educational programmes:



ASSISTANCE

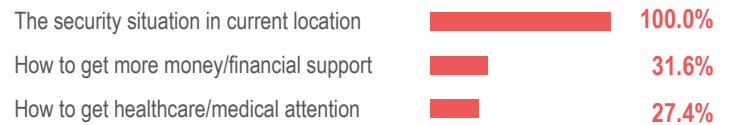
0.0% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

Preferred in the future:



Top 3 types of information HHs would like to receive from aid providers⁷:



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
 7 Multiple responses could be selected
 8 Calculated using WFP CARI methodology, detailed [here](#).
 9 Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
 10 Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
 Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
 Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
 11 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
 12 Calculated based on HHs who receive an income
 13 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; 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:

- % IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
- % non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.

