## CONTENTS

Executive Summary .................................................................................................................. 2  
   Key findings .......................................................................................................................... 2  
List of figures .......................................................................................................................... 6  
List of maps ............................................................................................................................ 6  
Introduction ............................................................................................................................. 7  
Methodology ........................................................................................................................... 8  
Key Findings by Sector .......................................................................................................... 12  
Protection ................................................................................................................................ 12  
   Summary ............................................................................................................................... 12  
   Key Findings ........................................................................................................................ 13  
Shelter ..................................................................................................................................... 20  
   Summary ............................................................................................................................... 20  
   Key Findings ........................................................................................................................ 20  
Education ................................................................................................................................. 23  
   Summary ............................................................................................................................... 23  
   Key Findings ........................................................................................................................ 23  
Health ..................................................................................................................................... 27  
   Summary ............................................................................................................................... 27  
   Key Findings ........................................................................................................................ 27  
Water, Sanitation and Hygiene (WASH) .................................................................................. 31  
   Summary ............................................................................................................................... 31  
   Key findings ......................................................................................................................... 31  
Food Security and Livelihoods (FSL) ...................................................................................... 36  
   Summary ............................................................................................................................... 36  
   Key Findings ........................................................................................................................ 36  
Early Recovery ......................................................................................................................... 42  
   Summary ............................................................................................................................... 42  
   Key Findings ........................................................................................................................ 42  
Migrants, Refugees and Asylum Seekers .................................................................................. 45  
   Summary ............................................................................................................................... 45  
   Key Findings ........................................................................................................................ 45  

Cover image: civilians in Misrata ©UNHCR/Helen Caux.
This study was prepared on behalf of participating agencies by REACH and JMW Consulting.
EXECUTIVE SUMMARY

Following years of political instability and a progressive deterioration of the security situation, UN agencies estimate that conflict in Libya has caused significant internal displacement. Continued insecurity and fighting across the country has caused damage to homes, schools, healthcare facilities and other critical infrastructure in the South, East and West regions, leaving many individuals in need of assistance. Particularly vulnerable groups include an estimated 400,000 internally displaced persons (IDPs), refugees and asylum seekers, and migrant workers, of which around 4,000 are estimated by IOM to be in need of evacuation assistance. At the same time, access constraints and the limited humanitarian funding have affected the delivery of assistance and the ability to assess humanitarian needs, with many remaining information gaps about the situation of vulnerable population groups.

In order to address these information gaps and inform the 2015 Libya Humanitarian Appeal, the Humanitarian Country Team requested that the World Food Programme lead a multi-sector needs assessment in coordination with UNOCHA, UNHCR, IOM, UNICEF, UNDP and UNFPA. The assessment was conducted by REACH and JMW Consulting, together with local partner Diwan Market Research. All partner agencies contributing to the development of the questionnaires and the review and validation of findings through joint analysis.

This Multi-Sector Needs Assessment provides an overview of the humanitarian needs of conflict-affected populations across Libya. The findings and analysis are based on data collected from 20 targeted locations, through household interviews, key informant interviews and focus group discussions. Assessment locations were purposively selected by partners to the assessment to provide nationwide coverage, and to allow for comparisons with an earlier inter-agency needs assessment, conducted in November/December 2014, which focused on displacement trends and food security.

The assessment targeted a purposive sample of the conflict-affected population, both non-displaced and displaced. Non-displaced population groups include households and communities living in conflict affected areas and households and communities hosting displaced persons. Displaced population groups include IDPs, Libyan returnees, migrants, and refugees/asylum seekers. Findings for each targeted population group are based on community-level key informant interviews, household interviews, and focus group discussions, triangulated with available secondary data.

Findings for IDPs, returnees, and the host community are discussed within seven thematic sections: Protection, Shelter, Education, Health, Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods, and Early Recovery, while findings for migrants, refugees and asylum seekers are discussed in a separate section.

Key findings

Protection

The assessment points to widespread protection concerns for all population groups. Over half of key informants reported the presence of unexploded ordnance (UXOs) in their communities, particularly in the South where this was reported by 78% of key informants. Key informants also commonly reported knowing that children or adolescents under 18 in their community had been recruited to join armed forces, also more commonly in the South (reported by 87% of key informants) than in the other regions.

For many displaced households, exposure to threats, physical violence, intimidation and harassment were not reported to be uncommon, with IDPs found to be more likely to report theft or destruction of property (21%) than either refugees or migrants. Focus group discussion participants frequently reported the sound of random gunshots, and the presence of fire arms. While the majority of IDPs reported feeling safe in their daily life, safety concerns were reported at community centres or distribution points. Generally speaking, almost all population groups reported increasing concerns in terms of personal safety and security, specifically physical aggression, extortion, abductions and

---

1 Libya Interagency Rapid Assessment, December 2014.
illegal detention with very limited enforcement of rule of law by local authorities. In addition, increasing limitations to freedom of movement beyond community boundaries were also widely reported. Social cohesion between IDPs and host communities was generally reported as good, although findings suggest that over time host communities are likely to become less tolerant, especially when social and community ties are not present between the displaced and host population.

The assessment identified significant displacement throughout the country and an increase in the proportion of longer-term displaced households since 2014. Displacement flows have been observed in multiple directions in response to multiple conflict events, with displacement patterns therefore specific to each IDP’s area of origin. Displacement patterns highlight both cross-regional displacement, with population movement across the country, as well as intra-regional displacement, with localized displacement, particularly in the North West. Households reported that their displacement was due to many, often overlapping reasons, most commonly due to the presence of armed groups and a perceived lack of safety. While most households had some time to prepare for their displacement, around a third of IDP households fled quickly without cash, clothing or food, representing a particularly vulnerable group with few resources. Others reported the loss of identity papers as a result of the conflict, a pre-requisite to the receipt of assistance from government and local authorities as well as to access basic services such as education, health or banking services.

**Shelter**

Displaced households were found to be living in a variety of shelter situations at the time of assessment, with the largest proportion of IDPs (56%) living in rented accommodation with their own family. A third of key informants reported that IDPs in their community were living in the most precarious accommodation types, including unfinished buildings and spaces not normally used for shelter, such as garages, collective shelters or public spaces. According to household interviews, households living in these accommodation types were particularly vulnerable, facing a higher risk of eviction and less likely to have access to adequate privacy, protection and sanitation facilities. Two thirds of key informants reported that displaced households in their community were at risk of eviction. The cost of rent accounted for a significant proportion of monthly expenditure for IDPs, migrants and returnees, who were more likely to be living in rented accommodation. Despite spending differing proportions of their monthly expenditure on rent, all population groups reported that the inability to afford rental payments was the primary reason for being at risk from eviction.

Damage to housing was commonly reported by key informants, particularly in the South, where 73% of key informants reported some level of conflict-related damage to shelters in their community. Despite this, findings suggest that few neighborhoods have sustained widespread damage, with only 7% of key informants reporting damage to a large proportion of buildings in their community.

**Education**

The vast majority of key informants reported that primary schools in their community were functioning and providing lessons at the time of assessment. Significant regional variation was also found, with school access and functionality considerably worse in crisis hotspots, such as Benghazi.

One fifth of key informants reported that conflict-related damage was reported to affect access to education facilities in their community. The use of school facilities for other purposes was reported as an issue by over 40% of key informants in the East, but less commonly in other regions. While school attendance for children in host community, returnee and migrant households was reported by over 90% of household survey respondents in these population groups, lower attendance rates were reported for IDPs and refugees.

Of those children who were not attending school, almost half had not attended school for over more than three months. According to focus group discussions, many of these children had been out of school since becoming displaced over six months ago. These children risk falling significantly behind in their studies and struggling to restart their education in the future. For these children, both key informants and households reported that the inability to afford school fees and unsafe access to school were the two most commonly reported barriers.
Health
The assessment points to a deteriorating health situation across crisis-affected areas. Less than a third of key informants reported that public hospitals in their community or city were fully functioning. While fully functional public and primary healthcare facilities were not commonly reported across all regions, some private facilities appear to be faring better, with 88% of key informants in the West reporting that private clinics and hospitals were fully functioning in their community.

Despite the problems with the functionality of healthcare services, over 80% of host community and IDP households reported they were able to access such services. Other population groups were less likely to report access, with 45% of refugees reporting they were unable to access health care.

According to both key informants and households, the most commonly reported challenges included a lack of medical staff, a lack of medical supplies, and a lack of access to medicines. The vast majority of key informants reported that people in their community paid for medical treatment and medicine. In accordance with reported levels of access, host community, IDP and returnee households spent larger proportions of their monthly household expenditure on health, accounting for 17%, 16% and 13% of monthly expenditure, respectively.

Conflict-related health concerns were commonly reported by key informants, with 64% of key informants in the South reported psychological trauma as among the most serious health concerns in their community. Injuries were also reported as a serious issue by around a third of key informants in the South and East regions, and by 18% of key informants in the West. Other commonly reported health concerns according to key informants include chronic disease (reported by 79%) and diarrhea (36%), maternal health (24%) and skin disease (23%).

Water, Sanitation and Hygiene
Problems with water quantity and quality were commonly reported, with over half of key informants reporting that the main water network was either not functioning at all, or subject to frequent disruptions. Since the local public network was also the primary water source of the vast majority of assessed households, this finding is of particular concern. Key informants reported that problems were primarily due to physical damage to public water network infrastructure, particularly in the South. Key informants also commonly reported that water in their community smelled or tasted bad, and that water quality monitoring was not taking place.

Diarrhea, already among the most commonly cited health concerns by key informants and households, was more often reported by key informants in areas where the quality of drinking water was reported to be problematic.

Access to sanitation was generally found to be adequate for IDPs, however, households living in the most vulnerable shelter types, such as unfinished buildings or collective shelters were less likely to report good access to facilities. Levels of hygiene and sanitation for IDPs in camps were found to be of particular concern. The majority households reported access to hygiene products such as soap, washing powder, sanitary napkins and diapers, although the availability of hygiene products was found to be more limited in the South than in the other regions.

Food Security and Livelihoods
Despite severe challenges, including damage to critical market infrastructure due to ongoing fighting, the majority of key informants reported that while food was generally available, the limited availability of cash and rising prices have affected access to food. Significant price inflation was reported for several staple food items, with reports that the prices of flour, rice and sugar have more than tripled since the upsurge of fighting erupted in May 2014. Increasing prices pose particular challenges for vulnerable households, especially IDPs that already spend a large share—46% on average—of their expenditure on food.

In order to cope with these challenges 57% of IDP households reported spending their savings and 39% reduced their expenditure on other things, such as education and health. In addition 19% of households reported having also sold household assets. In the eastern part of the country, where food expenditure was found to be higher, households were more likely to have resorted to more extreme coping strategies, with 10% of key informants in this region reporting that people in their community resorted to begging, 9% that property or land had been sold in order to cope with a lack of food or money to buy food.
These developments are related to the fact that households report increased challenges to obtaining resources and income. 79% of interviewed households reported issues with salaries not being paid or being delayed, an issue reported by only 54% in the Interagency Rapid Assessment in November 2014. Other key challenges include a lack of income opportunities and the lack of a functioning banking system. This is especially problematic in the southern part of the country where 85% of key informants reported that the banking system did not work regularly, resulting in households being unable to withdraw pensions, the primary reported source of household income among IDPs.

With the largest proportion of both IDPs and host community households reporting stable household incomes and increased expenditure since May 2014, over half of assessed households are now worse off than a year ago. The effects have been felt particularly by some vulnerable population groups, including IDPs and refugees, who were most likely to report decreased household income.

**Early Recovery**

Key informants reported that only limited repairs are being done to critical infrastructure in their communities, despite the fact that schools, hospitals and the water and electricity networks have been severely affected by fighting. A lack of repairs was most commonly reported in the South, where damage to the local public water network has already caused a reduction in the available volume of safe drinking water.

The majority of key informants reported that there was either limited or no cash available in their communities at the time of assessment. Access to cash is heavily affected by widespread disruption to banking services, as well as by the delayed payment of government salaries and social benefits, which was found to affect both displaced and non-displaced populations. Key informants reported a lack of cash in local banks, while limitations to freedom of movement and fear for personal safety was preventing members of their communities from accessing banks elsewhere. As identity papers are a pre-requisite for the withdrawal of cash, IDPs who have lost official documentation face particular challenges in receiving pensions or withdrawing cash.

**Migrants, Refugees and Asylum Seekers**

Migrants and refugees / asylum seekers represent two particularly vulnerable population groups. They were generally found to have less access to protection and basic services than IDPs, returnees or the host community. Of these two population groups, refugees were found to be particularly vulnerable, with refugees more likely to have experienced multiple displacements, to live in more vulnerable shelter types and to have been exposed to threats or intimidation, including harassment towards women and children. Key informants reported that host communities were less likely to be tolerant of refugees and migrants for a long period, with a small proportion explaining that tensions already existed, particularly between migrants and host communities.

Lacking access to a government salary or pension—the most commonly cited income source for IDPs—many refugees and migrants lacked access to a stable source of income, particularly refugees who were less likely than migrants to be in skilled employment. With comparatively fewer resources than other groups, refugees were found on average to spend over half of their monthly expenditure on food, leaving less money to pay for rent and facing a higher risk of eviction. Many refugees and migrant households have resorted to sharing accommodation with other families to reduce costs, or were found to be living in more vulnerable shelter types. Refugee households’ lack of financial resources has also negatively affected access to education and healthcare, with around half of refugee children reportedly not attending school, and almost half of refugee households with limited or no access to healthcare. A lack of financial resources can also be seen to disproportionally affect refugees, and to a lesser extent migrants, with both groups less likely to report access to hygiene and other non-food items.
LIST OF FIGURES

Figure 1: Targeted population groups ................................................................. 8
Figure 2: Reported length of displacement of IDPs in November 2014 and June 2015 ......................... 14
Figure 3: Number of times IDPs have been displaced, by region .................................................. 14
Figure 4: Primary reasons for displacement from area of origin reported by IDPs .............................. 16
Figure 5: Percentage of IDPs reporting to feel safe or very safe, by location .................................. 17
Figure 6: Exposure to different types of violence reported by IDPs .............................................. 18
Figure 7: Reported recruitment of children and adolescents to join armed forces, by region .............. 19
Figure 8: Residential arrangement of IDPs ............................................................................... 20
Figure 9: Percentage of households in each shelter type that reported a risk of eviction ................. 21
Figure 10: Reported reasons for lack of regular school attendance .............................................. 25
Figure 11: Reported length of time spent out of school .............................................................. 26
Figure 12: Reported health concerns, by region ......................................................................... 27
Figure 13: Reported functionality of healthcare services .............................................................. 28
Figure 14: Top reasons reported by key informants why health facilities are not fully functioning .... 29
Figure 15: Top reasons reported by households for lack of access to health facilities .................... 30
Figure 16: Common reasons for reduction in volume of safe drinking water available in the community .... 32
Figure 17: Most common source of drinking water in the community access reported by key informants .... 32
Figure 18: Perceived water quality accessed by people in the community (KIs) ............................. 33
Figure 19: Methods used by households to improve drinking water quality .................................. 33
Figure 20: Functionality of sewerage system and sanitation facilities compared to pre-conflict (KIs) .... 34
Figure 21: Availability of hygiene products reported by key informants ....................................... 35
Figure 22: Most common method of disposing garbage during the previous month according to key informants and households ............................................................................. 35
Figure 23: Reported ways of obtaining food according to key informants ....................................... 37
Figure 24: Households use of different coping mechanisms in the past 30 days – regional comparison ...... 38
Figure 25: Major income-related challenges faced by IDP and returnee households in November 2014 and May 2015 .................................................................................................. 39
Figure 26: Reported changes to household income since May 2014 .............................................. 40
Figure 27: Reported household expenditure compared to before May 2014 ..................................... 41
Figure 28: Reported occurrence of major repairs to basic infrastructures in the last six months according to key informants ...................................................................................................... 42
Figure 29: Reported availability of cash in the community according to key informants .................. 43
Figure 30: Occurrence of significant delays in salaries payment from the government in the last six months according to key informants ................................................................................ 44
Figure 31: Shelter arrangements reported by IDP, migrants and refugee households ...................... 46
Figure 32: Number of times IDPs, refugees and migrants reported to have moved since May 2015 .... 47
Figure 33: Reported school attendance of children from IDP, migrant and refugee households .......... 47
Figure 34: Reported changes to household income since May 2014 by refugees and migrants ......... 49
Figure 35: Reported sources of household income by IDP, refugee and migrant households .......... 49

LIST OF MAPS

Map 1: Estimated number and location of IDPs ............................................................................. 7
Map 2: Assessment geographical coverage..................................................................................... 11
Map 3: Reported displacement of IDPs from their area of origin .................................................... 13
Map 4: Reported areas of origin of IDPs in Adjabiya, Tobruk, Benghazi, Zawiyah, Sabha and Ghat .... 15
Map 5: Reported location of UXOs by Key Informants .................................................................. 18
Map 6: Functionality of education facilities reported by key informants ..................................... 24
INTRODUCTION

The highly volatile security situation and political instability in Libya has caused large waves of internal displacement and migration toward other countries over the past year. According to estimations by UN agencies, over 400,000 people have been internally displaced and additional 150,000 Libyans have sought refuge abroad. In addition, 36,000 refugees are registered with UNHCR in Libya, including refugees from Somalia, Eritrea, Syria, and other countries. IOM estimates that there are more than 1.5 million migrant workers in Libya of which around 4,000 are vulnerable and in need of evacuation assistance, health services and psychosocial support.

With the 2014 Libya Humanitarian Appeal significantly underfunded, and limited resources available to respond, humanitarian actors anticipate that the needs of affected population will continue to increase over the course of 2015. In order to fill information gaps on such needs and to inform a coordinated and efficient humanitarian response in Libya, the United Nations Country Team (UNCT), with the lead of the World Food Program (WFP), decided to conduct an inter-agency multi-sector assessment in Libya during the months of April and May 2015. This assessment, supported by the REACH Initiative in partnership with JMW, aimed to inform the 2015 Libya Humanitarian Appeal as well as programmatic and operational humanitarian interventions from the broader aid community.

Map 1: Estimated number and location of IDPs

The source of estimated IDP population is shown in brackets.
**METHODOLOGY**

**Population groups**
The assessment focusses on the conflict-affected population, both non-displaced and displaced. Non-displaced population groups included households and communities living in conflict affected areas and households and communities hosting displaced families. Displaced population groups include IDPs, Libyan returnees, migrants, and refugees/asylum seekers.

Figure 1: Targeted population groups

**Geographical Coverage**
The assessment covers 20 locations that have been affected by the conflict, either through direct data collection (in accessible areas) or through remote data collection (in areas not accessible by the project partners). Assessment locations were purposively selected by the project partners in order a) to have a fairly balanced nationwide coverage and b) to ensure as much as possible a certain extent of comparability with the previous assessment conducted within the UNCT framework in November/December 2014, and c) taking into account accessibility constraints. These 20 locations have been grouped in a regional breakdown: West (7 locations), East (7 locations) and South 6 locations) as shown in Table 1.

Table 1: Assessment Locations

<table>
<thead>
<tr>
<th>Region</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>Ajdabiya</td>
</tr>
<tr>
<td></td>
<td>Al Rajaban</td>
</tr>
<tr>
<td></td>
<td>Ben Waleed</td>
</tr>
<tr>
<td></td>
<td>Misrata</td>
</tr>
<tr>
<td></td>
<td>Sirte</td>
</tr>
<tr>
<td></td>
<td>Tripoli</td>
</tr>
<tr>
<td></td>
<td>Zawiyah</td>
</tr>
<tr>
<td>West</td>
<td>Ajaylat</td>
</tr>
<tr>
<td></td>
<td>Al Rajaban</td>
</tr>
<tr>
<td></td>
<td>Ben Waleed</td>
</tr>
<tr>
<td></td>
<td>Misrata</td>
</tr>
<tr>
<td></td>
<td>Sirte</td>
</tr>
<tr>
<td></td>
<td>Tripoli</td>
</tr>
<tr>
<td></td>
<td>Zawiyah</td>
</tr>
<tr>
<td>South</td>
<td>Awabari</td>
</tr>
<tr>
<td></td>
<td>Ghat</td>
</tr>
<tr>
<td></td>
<td>Matan as Sarah</td>
</tr>
<tr>
<td></td>
<td>Qatrun</td>
</tr>
<tr>
<td></td>
<td>Sabha</td>
</tr>
<tr>
<td></td>
<td>Tumo</td>
</tr>
</tbody>
</table>

**Sectoral scope**
The assessment focused on all relevant humanitarian sectors represented by the participating UN partners, as requested by the UNCT. These included Shelter & NFI, Health, Food Security & Livelihoods, WASH, Education, Protection and Early Recovery, as well as other multi-sectoral thematic questions.
Data Sources

Field data collection was carried out by REACH and JMW and assessment findings are a combination of information collected from several data sources:

- **Secondary Data:** The secondary data review focused on the period from 1 January 2015 to May 2015 and therefore focused on developments since the previous interagency humanitarian situation assessment was implemented in late 2014. The data has been used to inform tool design as well as used to triangulate and qualify the primary data collected. The secondary data review used the following available sources to identify up-to-date information on the humanitarian situation on the ground in Libya:
  - UN reports (e.g. IOM and UNICEF situation reports, UNHRC factsheet)
  - NGO reports and articles (e.g. Internal Displacement Monitoring Center, Human Rights Watch, Acted)
  - Newspaper articles (e.g. Libya Herald, Al Jazeera, AFP)

- **Key informant (KI) interviews:** Through KI interviews, the assessment intended to access multi-sector information at community level with the widest and broadest coverage possible. Selected KIs included municipality offices; staff of operational agencies in country; government officials; individuals in IDP, refugee, migrant and host communities, including besieged communities. Face-to-face interviews were conducted in secure areas and when logistically feasible and in other areas via phone. The key informants for the study were identified with assistance from the UN agencies as well as using pre-existing networks and contacts of REACH and JMW in Libya. Where necessary, field teams identified KIs through snowball sampling. A total of 177 KI interviews were conducted across the 20 targeted locations.

### Table 2: Key Informant profiles

<table>
<thead>
<tr>
<th>Profile</th>
<th># KIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aid Worker</td>
<td>15</td>
</tr>
<tr>
<td>Religious Leader</td>
<td>8</td>
</tr>
<tr>
<td>Local Authorities</td>
<td>34</td>
</tr>
<tr>
<td>Community leaders</td>
<td>15</td>
</tr>
<tr>
<td>Mayor(s)</td>
<td>5</td>
</tr>
<tr>
<td>Local crisis committee member</td>
<td>18</td>
</tr>
<tr>
<td>School participants</td>
<td>17</td>
</tr>
<tr>
<td>Health workers</td>
<td>25</td>
</tr>
<tr>
<td>Water companies staff</td>
<td>8</td>
</tr>
<tr>
<td>Refugees/Migrants</td>
<td>2</td>
</tr>
<tr>
<td>IDP representatives</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
</tr>
</tbody>
</table>

- **Household interviews:** Household interviews have been implemented with the aim of a) triangulating and verifying information from KIs and b) identifying and analyzing specific household level indicators. Household interviews were conducted with individuals in each of the target population groups: IDPs, migrants, refugees/asylum seekers, returnees, and host communities. Face-to-face interviews were conducted by field researchers, with a total of 509 households interviews conducted across nine targeted locations. Respondents from each target population group were purposively selected from areas identified by researchers. Within these areas, interviewers selected households following a pre-determined skip pattern, starting from a specific starting point. When target populations were found not to be living in easily identifiable areas, snowball sampling was used to identify households. Within each selected household, a respondent was randomly selected using Kish grid\(^4\), and calculated using the unique form number and the number of eligible respondents within the household. As respondents were only interviewed by researchers of the same gender, female interviewers listed only female members of the household, and vice-versa with male researchers.

---

\(^3\) *Libya Interagency Rapid Assessment*, December 2014

\(^4\) A Kish grid is a widely-used method in survey research, which uses a pre-assigned table of random numbers to select members within a household for interview.
Table 3: Household interviews conducted, by target population group

<table>
<thead>
<tr>
<th>Population group</th>
<th># Household interviews conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non displaced (host) population</td>
<td>112</td>
</tr>
<tr>
<td>IDPs</td>
<td>228</td>
</tr>
<tr>
<td>Returnees</td>
<td>30</td>
</tr>
<tr>
<td>Migrants</td>
<td>87</td>
</tr>
<tr>
<td>Refugees / asylum seekers</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>509</td>
</tr>
</tbody>
</table>

- **Focus group discussions (FGDs):** FGDs with host communities, IDPs, migrants, and refugees/asylum seekers (divided into male and female) were conducted with the aim to gather additional data to fill gaps and triangulate findings from KIs and household interviews. Participants were screened with the assistance of the UN agencies and INGOs, as well as by networks of JMW’s local researchers. The targeted locations for focus groups were selected on the basis of the feasibility of recruiting participants, while also ensuring some geographical spread within regions. A total of 23 FGDs were conducted in 6 locations.

**Joint Analysis**

Preliminary data was analyzed by REACH and JMW and shared with partner agencies. The focus of data analysis has been on triangulating the different data sources, identifying discrepancies and developing an accurate understanding of the humanitarian situation on the ground. Throughout the analysis process, specific attention has been paid to the following:

- Regional differences between the West, South and East
- Differences between target groups (IDPs, migrant workers, refugees/asylum seekers, returnees, host communities)
- In-group differences (women, children, elderly, disabled, etc.)

After sharing preliminary findings, two days of joint analysis, divided into sector-specific sessions, were held in Tunis on the 12th and 13th of June.

**Assessment Timeline**

<table>
<thead>
<tr>
<th>Date</th>
<th>Assessment Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 May 2015</td>
<td>Finalization of Secondary Data Review</td>
</tr>
<tr>
<td>15 May 2015</td>
<td>Finalization of methodology and tools</td>
</tr>
<tr>
<td>21 May 2015</td>
<td>Joint Analysis Plan workshop</td>
</tr>
<tr>
<td>16 May 2015</td>
<td>Data collection kick off</td>
</tr>
<tr>
<td>12 &amp; 13 June 2015</td>
<td>Preliminary results &amp; Joint analysis</td>
</tr>
<tr>
<td>29 June</td>
<td>End of data collection</td>
</tr>
<tr>
<td>7 July</td>
<td>End of data entry and cleaning</td>
</tr>
<tr>
<td>16 July 2015</td>
<td>Sharing of draft report</td>
</tr>
</tbody>
</table>

**Geographic scope**

Map 2, on the following page, shows the locations targeted by this assessment, along with the type of interviews conducted (KI, household interviews or FGD) in each location.
Assessment Limitations

There are several key limitations to the study methodology. Sample selection within each location was based on referral and/or snowballing techniques and therefore FGD and household survey participants were not selected on a truly random basis. In addition, the household level sample was stratified to include specific numbers of targeted population groups based on status, or belonging to a specific vulnerable group (e.g. refugees/asylum seekers). While data collection teams were carefully briefed on the difference between refugees and migrants, in a small number of cases, distinctions made by interviewers did not match self-reported status by individual refugees and migrants. Both groups were found to report similar needs and vulnerabilities, therefore any possible misunderstandings are unlikely to have had a significant impact on findings.

The scope of data collection was limited to 20 main locations in Libya which were considered accessible at time of the assessment. For several key informants in the Nafusa Mountains and border areas, telephone interviews were conducted rather than face-to-face interviews, due to a deterioration in security. It must be noted that due to access difficulties (based on concerns around sensitivity, security issues, and the presence of non-state actors), detention centers were not assessed by the field teams. In sum, the results of this study are not representative of conditions across all populated areas in Libya; however, as a large number of surveys were completed across the country, results can be considered as giving a good indication of the needs and vulnerabilities of conflict-affected communities in humanitarian hotspots in Libya.
KEY FINDINGS BY SECTOR

PROTECTION

Summary

The assessment identified significant internal displacement throughout the country. The majority of assessed IDP households reported having come from the West and East regions and had been displaced for over six months at the time of assessment. These findings represent a significant increase in the proportion of longer-term displaced households compared to the last interagency assessment in November 2014.\(^5\) Displacement flows have been observed in multiple directions in response to multiple conflict events; displacement patterns are therefore specific to each IDP’s area of origin. Displacement patterns highlight both cross-regional displacement, with population movement across the country, as well as intra-regional displacement, with localized displacement, particularly in the North West. Households reported that their displacement was due to many, often overlapping reasons, most commonly due to the presence of armed groups and a perceived lack of safety. While most households had some time to prepare for their displacement, around a third of IDPs households fled quickly without cash, clothing or food, representing a particularly vulnerable group with few resources. Others reported to have lost identity papers as a result of the conflict, a pre-requisite to the receipt of assistance from government and local authorities as well as in order to access basic services such as education, health or banking services.

Table 4: Internal displacement push and pull factors

<table>
<thead>
<tr>
<th>Internal displacement push factors</th>
<th>Internal displacement pull factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Area controlled by armed groups</td>
<td>1. Safer environment</td>
</tr>
<tr>
<td>2. General lack of safety</td>
<td>2. Better access to basic services</td>
</tr>
<tr>
<td>3. Poor access to basic services</td>
<td>3. Friends or family live in this area</td>
</tr>
</tbody>
</table>

Social cohesion between IDPs and host communities was generally reported as good. However, findings suggest that over time host community is likely to become less tolerant, especially when social and community ties are not present. While many IDPs chose their location of displacement because of its relative safety, around a fifth of households reported feeling unsafe in their daily life, particularly at community centres or distribution points. 21% of IDPs reported exposure to theft or destruction of property, more commonly in the West and South regions. The significant proportion of IDPs households (27%) reporting not to feel safe within their own home is of particular concern, most likely linked to the prevalence of precarious shelter types which offer inadequate privacy and protection. Cases of violence against women were also reported by 40% of key informants at community level. Generally speaking, almost all population groups reported concerns in terms of personal safety and security; specifically they referred to physical aggression, extortion, abduction and illegal detention with very limited enforcement of rule of law by local authorities. In addition, increasing limitations to freedom of movement beyond community boundaries were also widely reported.

The presence of unexploded ordinance and landmines was reported by over half of key informants, particularly in the East and South, most likely due to the fact that fighting has been ongoing in these regions since 2011, and recent conflict events may have aggravated the situation. The commonly reported cases of recruitment of children and adolescents to armed groups is also of concern, particularly in the South where this was reported by 87% of key informants. However, in West and East, secondary data may suggest that key informants may have underreported such issues.

---

\(^5\) [Libya Interagency Rapid Assessment](#), December 2014
Key Findings

Displacement

- Significant internal displacement is reported to have taken place across the country, with large scale population movement due to multiple outbursts of violence. Map 3, shows some of the key displacement trends identified through this assessment, triangulated with secondary data. Displacement took place in many directions, including within, to and from major urban centres. In some locations, such as Tripoli, Zawiyah, Benghazi, Ajdabiyah and Misrata, the same location has seen both the arrival and departure of households as a result of the conflict.

- Despite the significant population movement shown in Map 3, the majority of internally displaced households (77%) reported being displaced for more than six months, and only 1% in the past 2 months, implying that IDP movement had somewhat stabilized by the time of assessment.

Map 3: Reported displacement of IDPs from their area of origin

- Displacement trends to different locations are shown in greater detail in Map 4: Reported areas of origin of IDPs in Adjabiya, Tobruk, Benghazi, Zawiyah, Sabha and Ghat. In some cases, IDPs travelled long distances from their area of origin to their location of displacement, such as from Benghazi on the Mediterranean coast to Ghat on the Algerian border, a distance of over 1,700km by road. In contrast, displacement in the West was observed to be much more localized, with the majority of IDPs arriving in Tripoli and Zawiyah coming from within the West region and travelling a distance of less than 250km.

- Significant regional variation was found between the extents of reported displacement. The highest rates of displacement were reported from the West region, with the majority of key
informants in this region reporting that less than 25% of their community’s population remained in their area of origin at the time of assessment.

- The proportion of longer-term displaced households has significantly increased since the previous interagency rapid assessment conducted in November 2014, in which only 12% of IDPs reported being displaced for at least six months. Meanwhile, the proportion of IDPs reporting having become displaced in the past 2 months has fallen dramatically, from 57% of assessed IDPs in 2014 to 1% in 2015.

Figure 2: Reported length of displacement of IDPs in November 2014 and June 2015

- Many IDPs have faced multiple displacements, with 35% reporting having moved at least twice. Households undergoing multiple displacement are likely to be particularly vulnerable, with more chance to have lost property and documentation during each displacement, and faced with the need to repeatedly identify shelter and livelihood opportunities and to establish social networks on arrival in each new location.

- A larger proportion of IDPs in the East region were found to have been displaced for six months or more (reported by 83% of displaced households) compared to the South (78%) and West (71%). Around one fifth of IDPs in this region reported the previous conflict in 2011 as the reason for their displacement. IDPs in the East were also more likely to have been displaced multiple times, with 46% of displaced households in this region reporting having been displaced at least twice, compared to 35% in the West and 33% in the South.

Figure 3: Number of times IDPs have been displaced, by region of current residence

<table>
<thead>
<tr>
<th></th>
<th>South</th>
<th>West</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 time</td>
<td>67%</td>
<td>65%</td>
<td>54%</td>
</tr>
<tr>
<td>2 times</td>
<td>20%</td>
<td>27%</td>
<td>22%</td>
</tr>
<tr>
<td>3 times</td>
<td>13%</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>4 times or more</td>
<td>0%</td>
<td>3%</td>
<td>12%</td>
</tr>
</tbody>
</table>

6. Libya Interagency Rapid Assessment, December 2014
Map 4: Reported areas of origin of IDPs in Ajdabiya, Tobruk, Benghazi, Zawiyah, Sabha and Ghat

- **a)** Displacement from the West region to Ajdabiya
- **b)** Displacement to Tobruk, Libya East
- **c)** Displacement from Tawerghan to Benghazi, Libya East
- **d)** Localised displacement within Libya West to Zawiyah
- **e)** Displacement Sabha, Libya South
- **f)** Displacement to Ghat, Libya South
• The most commonly reported reasons given by IDPs for leaving their area of origin were the presence of armed groups and a general lack of safety in the area (see Figure 4). Poor access to basic facilities and services, a lack of employment opportunities, and poor access to food were the next most commonly cited reasons.

Figure 4: Primary reasons for displacement from area of origin reported by IDPs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area controlled by armed groups</td>
<td>96%</td>
</tr>
<tr>
<td>General lack of safety in the area</td>
<td>93%</td>
</tr>
<tr>
<td>Poor access to basic services and facilities (school, hospitals etc.)</td>
<td>71%</td>
</tr>
<tr>
<td>Poor access to food</td>
<td>56%</td>
</tr>
<tr>
<td>Housing destroyed</td>
<td>54%</td>
</tr>
<tr>
<td>Lack of opportunities to work</td>
<td>49%</td>
</tr>
<tr>
<td>Previous conflict (2011)</td>
<td>36%</td>
</tr>
<tr>
<td>Specific threat or violence against our family</td>
<td>35%</td>
</tr>
</tbody>
</table>

• When asked about their reasons for choosing their current location, displaced households most commonly cited the safer environment (78%) followed by better access to services and facilities (61%) and the presence of friends and family in the area (57%).

• 36% of IDPs reported that friends or family remained in their area of origin, a significantly higher figure than that reported in the November 2014 inter-agency assessment. This suggests that communication has been re-established with friends or family whose whereabouts was unknown or that some individuals that were previously displaced may have been able to return already.

• The vast majority of IDPs (93%) reported having brought identity documents with them when they left their area of origin, followed by cash, and a vehicle (both reported by 71% IDPs).

• Around one third of displaced households (32%) did not report bringing any clothing with them, indicating that in some cases displacement was rushed, with little time available to prepare. Similar proportions of IDPs reported not to have brought cash (29%), or valuables (31%). Given the limited availability of cash and rising cost of food and other basic items, IDPs with limited financial or other resources are likely to be particularly vulnerable. These findings are supported by focus group discussions, in which several IDPs gave similar accounts: “I left Awbari with nothing except the clothes I am wearing. The situation has become unacceptable to live in and my house is destroyed because of the tribal conflict happening there” (Male IDP, Tripoli)

• When asked about how long they intended to stay in their current location, the majority of displaced households (79%) reported that they intended to stay for less than one month. A further 14% reported intending to stay for between 1 and 6 months, and 7% intended to stay for 7 months or more. The large proportion of households intending to move within the 30 days following the assessment implies that currently reported locations and assistance needs may change if this intended movement takes place.

---

7 Respondents could give multiple responses to this question.
8 Respondents could give multiple responses to this question.
Social Stability

- Considerable differences were reported regarding the relationship between the host community, IDPs and migrants. 68% of key informants reported that the host community was receptive to IDPs and that such relations were likely to continue. In contrast, only 29% reported that the host community was receptive to migrants for a long period, and 43% for a short period, while 27% reported that tensions or hostility already existed between these two groups. Faced with increasing pressure on resources, livelihoods and food, these findings suggest that migrants, many of whom have been present in communities for some time are seen less positively by the host community compared to more recent arrivals from elsewhere in Libya. Supporting findings from the household assessment, many IDPs reported that relations with the host community were very good and have continued to stay positive: “The hosting community are like our families and the way they welcomed us cannot be described— they gave us assistance and they still are” (Female IDP, Awbari). Participants in other focus group discussions also reported that relations with the host community had started positively, but that relations had become weaker over time: “The local council’s welcome was amazing but now they have stopped visiting us or even asking about us” (Male IDP, Tobruk).

- Despite the presence of some community tensions, the majority of IDPs (78%) reported to feel safe in their daily life. When examined in more detail, displaced households reported that they felt safest in their home (reported by 73%), and least safe at a community centre or distribution point, where only 41% of IDPs reported feeling safe or very safe.

Figure 5: Percentage of IDPs reporting to feel safe or very safe, by location

- IDPs displaced outside their region of origin reported feeling less safe in most situations than households displaced within the same region. The only exception to this trend was reported feeling of safety when going to and from religious services, when 71% IDPs outside their region of origin reported feeling safe or very safe, compared to 63% of IDPs from the same region.

Physical safety

- When compared by region, crime was more commonly reported in the West than the other regions, with 24% of surveyed households in this region reporting theft or destruction of property, 13% reporting threats, intimidation or harassment, and 7% reporting physical assault or violence. In contrast, the highest reported rates or injury or death due to armed conflict or unexploded ordnance were reported in the South (reported by 8% and 5% respectively).
• For many IDPs, exposure to threats, physical violence, intimidation and harassment were not reported to be uncommon, with IDPs found to be more likely to report theft or destruction of property (21%) than either refugees or migrants. Exposure to threats, intimidation or harassment were reported by 10% of assessed IDPs (see Figure 6). Focus group discussion participants frequently reported the sound of random gunshots, and the presence of fire arms.

Figure 6: Exposure to different types of violence reported by IDPs

- The presence of landmines and unexploded ordnance (UXOs) was widely reported. Significant regional variation was found between the East and South, where landmines and UXOs were reported by the majority of key informants (79% and 66% respectively). 12% of key informants reported the presence of landmines and UXOs in the West (see Map 5).

- While only a small proportion of all assessed households reported injury or death as a result of landmines and UXOs—more commonly in the East (5%) and South (1%)—these reported figures, together with reports from key informants about presence of UXOs and landmines, suggests that a large number of individuals may be exposed to this risk.

Map 5: Reported location of UXOs by Key Informants

[Map showing reported locations of UXOs by key informants]
Vulnerabilities

- A small proportion of key informants reported the presence of child-headed households and unaccompanied minors in their community, reported by 12% and 13% of key informants respectively, and more commonly in the South than in either the East or West.

- Key informants reported that all population groups faced difficulties registering new-born babies, and that IDPs, returnees, migrants and refugees were more likely to face difficulties registering than the host community.

- Despite being the most commonly reported item to bring when leaving their area of origin, 28% of IDPs reported that at least one person in their household had lost legal documentation, such as a birth certificate or marriage certificate, because of the conflict. Without valid identity documents, and with limited reported access to services to issue new documents—74% of key informants reported it was either difficult or very difficult to access such services—households may struggle to access salary and pensions payments as well as municipal services, including assistance from the police when reporting an incident.

- 61% of IDPs reported being registered with the local crisis committee, which offers support to families affected by the conflict.

- Health services were the only type of protection-related service that all population groups reported it was easy to access. However, over 60% of IDP households reporting difficulties accessing psychosocial support, police, safe shelters, community centres, and women- or child-friendly spaces.

- Cases of violence against women were reported by 40% of key informants. When asked about where these women have been able to seek and receive assistance, key informants most commonly cited tribes and local elites. International NGOs or UN agencies were reported as sources of assistance in such cases by 16% and 7% of key informants, respectively.

- Only a small proportion of key informants reported that marriage of children or adolescents under 18 was taking place in their community.

- Half of key informants reported that are aware of cases of children and adolescents in their community being recruited to join armed groups. Recruitment of minors under the age of 18 was far more commonly reported by key informants in the South than in the East or West (see Figure 7). Secondary data seems to suggest that this issue may actually be underreported by key informants in the East and West.

Figure 7: Reported recruitment of children and adolescents to join armed forces, by region

<table>
<thead>
<tr>
<th>Region</th>
<th>% Key Informants Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Region</td>
<td>24%</td>
</tr>
<tr>
<td>West Region</td>
<td>43%</td>
</tr>
<tr>
<td>South Region</td>
<td>87%</td>
</tr>
</tbody>
</table>

% key informants reporting the recruitment of children and adolescents
SHELTER

Summary

Displaced households were found to be living in a variety of shelter situations at the time of assessment, with the largest proportion of IDPs (56%) found to be living in rented accommodation with their own family at the time of assessment. A third of key informants reported that IDPs in their community were living in the most precarious accommodation types, including unfinished buildings and spaces not normally used for shelter, such as garages, collective shelters or public spaces. According to household interviews, households living in these accommodation types were particularly vulnerable, facing a higher risk of eviction and less likely to have access to adequate privacy, protection and sanitation facilities. Two thirds of key informants reported that displaced households in their community were at risk of eviction. The cost of rent accounted for a significant proportion of monthly expenditure for IDPs, migrants and returnees, who were more likely to be living in rented accommodation. Despite spending differing proportions of their monthly expenditure on rent, all population groups reported that the inability to afford rental payments was the primary reason for being at risk from eviction.

Damage to housing was commonly reported by key informants, particularly in the South, where 73% of key informants reported some level of conflict-related damage to shelters in their community. Despite this, findings suggest that few neighborhoods have sustained widespread damage, with only 7% of key informants reporting damage to a large proportion of buildings in their community.

Key Findings

Accommodation type

- Over half (56%) of IDP households reported to be living in rented apartments with their own family at the time of assessment, with the remainder spread fairly evenly between a variety of shelter types (see Figure 8: Residential arrangement of assessed IDPs).
- IDPs were found to be more likely than other population groups to be hosted (reported by 16% of IDPs) and less likely to be sharing rented accommodation with other families (4%).
- 21% of IDP households reported living in spaces not usually used for shelter, such as private garages, unfinished non-residential buildings or collective public spaces not normally used for shelter. These most precarious shelter types were more commonly reported by refugees (23%) and migrants (27%), than by IDPs, and may explain why many of these households reported feeling unsafe or very unsafe, even at home. Improvised shelter solutions were also more likely to lack adequate sanitation facilities, privacy and to be overcrowded, particularly for those households living in collective spaces not normally used for shelter.

Figure 8: Residential arrangement of assessed IDPs

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>% IDP households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rented apartment or house only living with family</td>
<td>56%</td>
</tr>
<tr>
<td>Rented apartment or house shared with other families</td>
<td>4%</td>
</tr>
<tr>
<td>Private space not usually used for shelter</td>
<td>5%</td>
</tr>
<tr>
<td>Unfinished apartment or house</td>
<td>9%</td>
</tr>
<tr>
<td>Hosted by families or volunteers</td>
<td>16%</td>
</tr>
<tr>
<td>Collective public space not usually used for shelter</td>
<td>10%</td>
</tr>
</tbody>
</table>

% IDP households
With many households renting accommodation, the cost of rent accounted for an important proportion of monthly expenditure for many households, particularly for IDPs, returnees, refugees and migrants. While host community households reported spending 3% of their expenditure on rent, IDPs reported spending 17%, and returnees 10%. Rising rental prices and high monthly payments were cited as a key concern by several focus group participants, particularly IDPs: “Rent is too expensive, I can’t afford it even with the small help we receive every day. I am living under stress and fear of getting thrown out because I can’t pay the rent this month.” (Male IDP, Tripoli)

27% of IDP households reported feeling at risk of eviction from their current accommodation, most commonly because of inability to afford rental prices, reported by 59% of IDP households, and also cited in focus group discussions. Insecurity within the community and disagreements with landlords were also reported by 52% and 43% of IDP households.  

The perceived risk of eviction was also found to vary by shelter type, with over half of households reporting to live in shared rental accommodation, unfinished residential buildings, and private spaces not normally not used for shelter, reporting that they feared being forced to move (see Figure 9).

Figure 9: Percentage of assessed households in each shelter type that reported a risk of eviction

<table>
<thead>
<tr>
<th>Shelter Type</th>
<th>Risk of Eviction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rented apartment or house shared with other families</td>
<td>65%</td>
</tr>
<tr>
<td>Private space not usually used for shelter</td>
<td>50%</td>
</tr>
<tr>
<td>Unfinished apartment or house</td>
<td>50%</td>
</tr>
<tr>
<td>Rented apartment or house only living with family</td>
<td>36%</td>
</tr>
<tr>
<td>Collective public space not usually used for shelter</td>
<td>22%</td>
</tr>
<tr>
<td>Hosted by families or volunteers</td>
<td>16%</td>
</tr>
</tbody>
</table>

While similar proportions of interviewed households reported a fear of eviction in each region, marked differences can be observed between the reported reasons for this. Unaffordable rental prices were reported by all households in the South as a reason for feeling under threat of eviction, compared to 60% of these households in the West, and 56% in the East.

Damage to shelters

Damage to homes was more commonly reported in the South than in the East and West regions, with 73% of key informants reporting some level of damage to houses in their community in the South region, 60% in the West, and 52% in the East. Despite this, the largest proportion of key informants in all areas reported that few or very few houses were damaged, suggesting that significant levels of shelter damage were limited to specific neighborhoods, most of these in the South region, where 13% of key informants reported that a large proportion of houses in their community had sustained damage.

Participants in several focus group discussions reported either fleeing as a result of the destruction of their home, or subsequently learning that their house had been destroyed or looted: “So many houses are destroyed because of the random fights and bombing in Benghazi…I heard that my house was completely destroyed” (Female IDP, Tobruk).

Municipal services such as mains electricity appear to be continuing to function, with the vast majority of all interviewed households (99%) reporting to have used the mains electricity network as their primary power source in the past month. Despite widespread use of the

---

Households could provide multiple answers to this question.
mains electricity network, frequent power cuts, particularly in major cities, mean that mains electricity is not always available, and in recent months has been further affected due to conflict-related damage to power stations and fuel tankers. A small proportion of key informants reported the use of generators as a primary power source in the East region, but this difference does not appear to be reflected in household level findings.

10 Reuters (15 June 2015) Power cut off in much of eastern Libya after Benghazi plant got shelled; Reuters (25 May 2015) Libyan power station shuts down for lack of fuel after tanker attack
**EDUCATION**

**Summary**

The vast majority of key informants reported that schools in their community were functioning and providing lessons at the time of assessment. Conflict-related damage was reported to affect only a small proportion of all education facilities, with only a few communities were the majority of schools were reported to be damaged or destroyed. Primary education facilities were reportedly the least affected by the crisis, with many displaced families reporting that their children were able to register to join at the start of each semester. However, some specific crisis “hotspots” such as Benghazi for instance, were found to experience more problems related to the functioning of education services and attendance.

Accordingly, interviewed households reported relatively high levels of enrollment in education across all regions, with 85% of IDP households and 97% of host community households reporting that their school-age children were regularly attending school. Access to education was found to vary between the different population groups assessed with lower rates of attendance than enrollment reported by IDPs (77%) and refugees (57%). Regional variation was also observed in reported school attendance rates, with children in the South more likely to regularly attend school than their counterparts in the West and East. Of those children who were not attending school, almost half had not attended school for over more than three months. Focus group discussions suggest that some of these are likely to have been out of school since becoming displaced over six months ago, and risk falling significantly behind in their studies and struggling to restart their education in the future.

For those children not regularly attending school, the inability to afford school fees and unsafe access to school were the two most commonly reported barriers. Reasons for a lack of access to education varied by population group, with host communities much more likely to cite unsafe access routes or the use of schools for other purposes as reasons for children not attending. The use of schools as shelter for displaced households is likely to account for some of these, with a reported 70 schools in Benghazi currently being used as temporary shelter for IDPs. This is supported by focus group discussions, in which some IDPs reported that they had used schools as temporary shelter. In other focus group discussions, it was reported that education facilities had been closed for several weeks in reaction to sudden escalations in the conflict, but had since reopened.

**Key Findings**

**Damage to education facilities**

- The vast majority of key informants reported that education facilities, including primary schools, secondary schools and universities, are functioning and providing lessons in their communities (see Map 6).
- While key informants commonly reported that schools had sustained conflict-related damage, this was reported to affect only a small proportion of all schools, with only 13% of key informants stating that many or all schools in their community had been damaged or destroyed by the conflict.

---

School attendance

- The enrolment of school-age children in formal education was reported by 97% of host community households and 85% of IDP households, with respectively 84% and 77% of school-age children reported to be regularly attending formal education. This finding is supported by reported figures about the extent to which education facilities are continuing to function. Little difference was noted between the reported regular school attendance of girls (83%) and boys (79%) across all interviewed households.

- School attendance was found to vary by region, with 96% of children in the South attending school, compared 76% in the West and 75% in the East. These figures are somewhat surprising when compared with findings from key informant interviews, which suggest that schools in the South region are more likely to have sustained some level of conflict-related damage, and more likely to be running at reduced capacity due to a shortage of teachers than those in other regions.

- For the 19% of children not reported to be regularly attending school, the most commonly reported reasons included a lack of funds to pay for education and an unsafe route to school, both reported by 26% of these households.
Children from internally displaced families generally reported similar reasons for a lack of regular school attendance compared to the figures for all assessed children, although distance to school (21%) and the destruction of school facilities (17%) were found to be above average. In contrast, children from the host community were much more likely to be affected by unsafe routes to school (41%) or the use of school facilities for other purposes (31%).

When analysed by region, the destruction of education facilities was reported as a reason for children not attending school by around one fifth of key informants in all three regions. The use of school facilities for other purposes was more commonly reported in the East, where the use of schools as shelter for IDPs was reported in Benghazi\(^\text{12}\). Lack of funds to pay for education and unsafe routes to school were also commonly cited as reasons for a lack of school attendance in all regions.

For children who were not in education at the time of assessment, the length of time since last attending school followed a similar trend to the reported length of displacement, with the largest proportion of out-of-school children having not attended school for over 3 months (see Figure 11). This suggests that some IDP children may not have been able to attend school since displacement, a finding supported by focus group discussions, in which several IDP participants reported difficulties in ensuring that their children continued to go to school because of a lack of papers, which prevented them from registering. In some cases, children who arrived in the middle of a school semester were not allowed to join until the following semester, and needed to catch up with missed work.

\(^{12}\) UNICEF http://reliefweb.int/sites/reliefweb.int/files/resources/538484ab9.pdf
A small proportion of focus group discussion participants reported that attendance of higher education had been particularly disrupted, with a lack of university-level facilities in the location of their displacement and difficulty enrolling due to lost papers: “There is no higher education such as universities or high institutes that cooperate with us as IDPs because of the lack of the needed documents to sign up and finish our studies” (Male IDP, Awbari).

In focus group discussions, participants mentioned that harassment in schools was a problem for some IDP children: “we face harassment in school from teachers as they stigmatize us from the rest of the students by calling us “refugees” and we get bullied by other students” (Female IDP, Misrata).
HEALTH

Summary

The assessment points to a deteriorating health situation across crisis-affected areas. Less than a third of key informants reported that public hospitals in their community or city were fully functioning. While fully functional public and primary healthcare facilities were not commonly reported across all regions, some private facilities appear to be faring better, with 88% of key informants in the West reporting that private clinics and hospitals were fully functioning in their community.

Despite the problems with the functionality of healthcare services, over 80% of host community and IDP households reported they were able to access such services. Other population groups were less likely to report access, with 45% of refugees reporting they were unable to access healthcare. According to both key informants and households, the most commonly reported challenges included a lack of medical staff, a lack of medical supplies, and a lack of access to medicines. The vast majority of key informants reported that people in their community paid for medical treatment and medicine. In accordance with reported levels of access, host community, IDP and returnee households spent larger proportions of their monthly household expenditure on health, accounting for 17%, 16% and 13% of monthly expenditure, respectively.

Conflict-related health concerns were commonly reported by key informants, with 64% of key informants in the South reported psychological trauma as among the most serious health concerns in their community. Injuries were also reported as a serious issue by around a third of key informants in the South and East regions, and by 18% of key informants in the West. Other commonly reported health concerns according to key informants include chronic disease (reported by 79%) and diarrhea (36%), maternal health (24%) and skin disease (23%).

Key Findings

Reported Health Problems

- A significant number of serious, common health problems were reported by key informants. 79% reported chronic disease among the top three health concerns in their community, followed by diarrhea and injuries, reported by 36% and 35% respectively. However, significant regional variation is apparent. Figure 12, below, provides a detailed breakdown of reported health problems by region.

Figure 12: Reported health concerns, by region
• In the South, reports of psychological trauma, fever, malnutrition and maternal health issues are all alarmingly high, in addition to the three most commonly reported problems overall.

• Maternal health issues would appear to be the worst in the West, with 34% of key informants reporting this, second only to chronic disease (63%) in the region.

• Significant variation in the reported prevalence of maternal mortality can be seen by region. Maternal mortality was reported as “very common” or “somewhat common” by 47% of key informants in the West, compared to the 13% in the East, and 2% in the South.

• Reports of infant mortality were also found to vary significantly by region. In the South, only 2% of key informants reported infant mortality to be very or somewhat common, compared to 36% in the West and 38% in the East.

• Two thirds of key informants in the South reported that diarrhea was a serious health concern in their communities, significantly higher than in the West (11%) and East (24%). Higher reported concerns regarding diarrhea in the South correlate with high levels reported damage to the local public water network in this region, and common reports from key informants that water in this region smelled or tasted bad.

**Availability of Health Services**

• The availability of health services appears to be significantly affected across the country. However, key informants reported that private facilities in the west were faring better than public facilities across all regions.

• Figure 13 highlights the percentage of key informants reporting health care facilities as fully functioning by region.

• In the South, the availability of health services appears to be quite poor with a low percentage of key informants reporting public and private facilities as fully functioning. Pre-crisis
infrastructural deficits have very likely been accentuated by the recent and current crisis. For instance, SCI’s SCELTA assessment report that health services in the town of Ghat are barely functional. The hospital had not been maintained for the last 25 years and has currently no medical supplies.\textsuperscript{13}

- In the West, private facilities appear to be faring much better than public facilities, with 88% of key informants reporting private facilities as fully functioning. Despite a better overall availability of health services in the West than in the other regions, less than 45% of key informants report public hospitals, primary healthcare centres or mobile clinics to be fully functioning.

- In the East, private facilities are also faring noticeably better than public facilities, which are reported to be functioning at levels similar to those in the South. The situation in the East is likely to be directly related to the current conflict and related to uncertainty regarding the potential for national authorities and ministries to provide support. Libya is highly dependent on foreign medical personnel with up to 80 per cent of medical personnel in Libya were expatriates before the uprisings and many foreign health workers having left due to the crisis.\textsuperscript{14} Hospitals in Ghariyan have looked to Sudan to recruit needed health staff.\textsuperscript{15}

- According to key informants, the most commonly reported challenges overall included a lack of medical staff, limited availability of medicines, and a lack of funds. In the South, 72% of key informants reported a lack of electricity to be of particular concern. A lack of medical equipment was more commonly reported by key informants in the East (39%) than in other regions.

Figure 14: Top reasons reported by key informants why health facilities are not fully functioning

Access to Health Services

- The top reasons reported by interviewed households for a lack of access to health facilities are shown in Figure 15 below. A lack of medical staff was the most commonly reported reason in both the South and East while the absence of facilities able to accept new patients was the primary reason reported in the West. Distance to health facilities is the second most commonly reported reason in the South and East, whereas a lack of female medical staff was the second most commonly reported reason in the West.

\textsuperscript{13} Save the Children International (June 2015) Save the Children’s Egypt-Libya-Tunisia Assessment
\textsuperscript{14} IDMC (30 March 2015) Uprising and post-Qadhafi tribal clashes, displacement in a fragmenting Libya
\textsuperscript{15} Libya Herald (25 March 2015) Ghariyan hospital turns to Sudan for urgently needed medical workers
Health care expenditure

- A significant majority, 83%, of key informants reported that people in their community paid for consultations, treatment procedures and drugs during the previous month.
- IDP households reported spending an average of 13% of their monthly expenditure on health care. Host community households spent a slightly higher proportion (17%), possibly in line with higher reported levels of access to healthcare facilities.

Maternal and child health

Vaccinations:
- 39% of key informants report that children are no longer being vaccinated in their community.
- In the South, 63% of key informants report children no longer being vaccinated compared to lower percentages in the West and East, 23% and 31% respectively.

Breastfeeding:
- 87% of key informants report that women in their communities breastfeed for at least 3 months.

Treatment of childhood illness:
- 43% of key informants reported that members of their community have the ability to identify and treat childhood illness, including pneumonia and diarrhea.
- 45% of key informants reported that members of their community have the ability to identify and treat childhood malnutrition.

HIV Prevention:
- 64% of key informants reported that people their community do not know where to get HIV prevention and care services.
**WATER, SANITATION AND HYGIENE (WASH)**

**Summary**

According to UNICEF, due to the relatively strong service provision in health and WASH, these sectors have so far not required humanitarian support in the post 2014 period.\(^{16}\) Despite this, the assessment found a critical need for improved hygiene and sanitation in camps. IDPs living outside camps reported good access to sanitation facilities, with limited reports of households lacking access to hygiene products such as soap, washing powder, sanitary napkins and diapers. The availability of hygiene products was found to be more limited in the South than in the other regions. In the East, waste management was a commonly reported issue, with 42% of households stating that garbage was left in the street or public areas—much higher than both the South and West.

The situation related to water appears more problematic. Half of key informants reported that the main local network was either not functioning, or functioning with frequent disruptions. The main issue causing this reduction was reported to be damage to the main network infrastructure, such as pipes and cleaning facilities. With few ongoing repairs to critical infrastructure, this is likely to remain an increasingly prevalent issue if the conflict continues. The vast majority of assessed households reported that they continued to rely on the main network as their main source of drinking water.

If the volume of safe drinking water continues to decrease and the quality declines, there is a high risk of increased incidence of water-related disease, such as diarrhea. This was already mentioned by key informants as among the most common diseases in the community. Diarrhea was more commonly reported by key informants in the South, where the highest proportion of key informants had reported damage to the local network and poor quality water in their communities.

**Key findings**

**Water infrastructure**

- 50% of key informants report that the main water network (Great Man Made River) is either not functioning or functioning with frequent disruptions in their community. Since 2011, network maintenance has been problematic and different waves of armed clashes may also have damaged the infrastructure.
- Problems seems to be particularly prevalent in the South where 77% of key informants report that the main network is working, but with frequent disruptions. According to these key informants, damage to the local public network has contributed to the reduced availability of safe drinking water.
- Access to water in the South was already challenging before 2011, while recent events have aggravated the situation further. In the East 16% of key informants report that the main network is not functioning at all. Some communities in the West, such as some locations in the Nafusa mountains region and surrounding areas, were found not to be connected at all to any network.
- The main reported reason for the water network not functioning was conflict-related damage, both from 2011, and the current conflict. Leaking pipes were also reported by 50% of key informants. In addition, a lack of electricity to support the water infrastructure plants and damage to treatment stations were also reported as common causes.

---

\(^{16}\) UNICEF (March, 2015), Libya Humanitarian Situation Report
Figure 16: Common reasons for reduction in volume of safe drinking water available in the community reported by key informants

<table>
<thead>
<tr>
<th>Reason</th>
<th>East</th>
<th>West</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public water network damage or leaks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damaged treatment stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of electricity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of fuel for generator at pumping station</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortage of chlorine at treatment plant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No reduction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water Sources

- Damage to the water network represents an increasing concern for the water sector because it is still reported as being the main source of water in Libya at household level. According to both key informants and households, the main alternative drinking water sources are bottled water, water trucking, and open wells.
- IDPs that are hosted by volunteers or live in collective spaces not usually used for shelter were found to have less access to the main network and to be more likely to rely on bottled water and closed wells as their main source of drinking water.
- Demographic pressure related to displacement appears to have stretched host community capacity in terms of water provision. In FGDs with host communities in Awbari, participants reported that the influx of IDPs has caused a lack of available drinking water in their communities. In the long term, access to drinking water could be identified as a potential source for tensions and dispute amongst communities and impact displaced as well as non-displaced population groups vulnerabilities.

Figure 17: Most common source of drinking water in the community access reported by key informants

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main public network</td>
<td>68%</td>
</tr>
<tr>
<td>Bottled water</td>
<td>16%</td>
</tr>
<tr>
<td>Water trucking</td>
<td>8%</td>
</tr>
<tr>
<td>Closed well</td>
<td>7%</td>
</tr>
<tr>
<td>Open well</td>
<td>1%</td>
</tr>
</tbody>
</table>

Water Quality

- Almost half of key informants (49%) reported that drinking water in their community tastes or smells bad or is coloured. This was significantly more commonly reported in the South, by 84% of key informants.
- Despite reported issues related to perceived water quality, only limited monitoring of water quality was reported. 85% of key informants reported that no water quality monitoring was
taking place in their community. This was particularly true in the South where 95% of key informants reported that water quality monitoring was not taking place.

- 62% of interviewed households reported that they did not use any treatment method to improve the quality of their drinking water. This matches the findings above about the main drinking water source, with the majority of the households connected to the public water network, it is not considered necessary to further treat this water at household level.
- For those households who reported treating water, the most common method for improving the quality of the drinking water was by using household filters, mentioned by 22% of all interviewed households.

Figure 18: Perceived water quality accessed by people in the community (KIs)

![Bar chart showing perceived water quality](chart1)

**Figure 19: Methods used by households to improve drinking water quality**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Treatment</td>
<td>62%</td>
</tr>
<tr>
<td>HH filter</td>
<td>22%</td>
</tr>
<tr>
<td>Other treatment</td>
<td>14%</td>
</tr>
<tr>
<td>Chlorine tablets</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Sanitation**

- According to key informants, the sewage system was not functioning to the same extent as before the crisis. Three out of four key informants reported that the sewerage system and sanitation facilities were functioning below pre-conflict standards.
Despite the limited functionality of sanitation facilities, nine out of ten assessed households reported access to sanitation facilities. As might be expected, access to sanitation was found to be lower for households that live in unfinished apartments and private spaces not usually used for shelter.

For IDPs living in camps the sanitation situation has been reported to be more problematic. In June 2015 UNICEF launched an intervention in nine Tawergha camps to address the issues with sanitation and hygiene. Issues with access to sanitation were also reported in focus groups by both male and female IDPs from Awbari living in camps outside Tripoli. Female IDPs in Tobruk also reported limited access to sanitation, with many families having to share one bathroom.

In general, hygiene products were reported to remain available in the assessed communities, with only limited difficulties reported in terms of obtaining soap, washing powder, sanitary napkins, diapers, etc. Access to hygiene products was only mentioned by 43% of female key informants as among the top needs in the community, less commonly reported than other key issues such as protection, and access to shelter and income, reported by 79% and 64% of IDPs respectively.

Female key informants tended to report difficulties obtaining these different products more often than male key informants. According to female key informants, the most difficult to obtain products were large water tanks, sanitary napkins and washing powder, reported by roughly one in five female key informants. According to the male key informants the main products that are difficult to obtain were jerry cans and chlorine for disinfecting drinking water, reported by roughly one in four male key informants (see Figure 21: Availability of hygiene products reported by key informants).

The availability of the different hygiene products was found to be significantly lower in the South compared to the East and West, with key informants from this region more commonly reporting difficulties with obtaining all these products, compared to key informants from the East and West.

---

17 UNICEF (June 1, 2015) UNICEF Launch a Water, Sanitation and Hygiene life-saving Intervention in Libya
Waste management

- Solid waste management services seemed to still be functioning to some extent. The majority of key informants mentioned this as one of the methods by which people in the community dispose of garbage. It is also the most commonly mentioned method by households, with 33% reporting that their garbage was collected by solid waste management services.
- Another common method, reported by 29% of key informants and 30% of households, was to dispose of garbage at designated waste management sites.
- In the East, waste management services did not seem to be functioning to the same extent as in the rest of the country. 42% of households in the East reported that garbage was left in the street or public areas, reported by only 9% of households in the South and 3% of households in the West. A similar trend was found in reports from key informants.
Summary

Despite severe challenges, including damage to critical market infrastructure due to ongoing fighting, the majority of key informants reported that while food was generally available, the limited availability of cash and rising prices have affected access to food. Significant price inflation was reported for several staple food items, with reports that the prices of flour, rice and sugar have more than tripled since the upsurge of fighting erupted in May 2014. Increasing prices pose particular challenges for vulnerable households, especially IDPs that already spend a large share—46% on average—of their expenditure on food.

In order to cope with these challenges 57% of IDP households reported spending their savings and 39% reduced their expenditure on other things, such as education and health. In addition 19% of households reported having also sold household assets. In the eastern part of the country, where food expenditure was found to be higher, households were more likely to have resorted to more extreme coping strategies, with 10% of key informants in this region reporting that people in their community resorted to begging, 9% that property or land had been sold in order to cope with a lack of food or money to buy food.

These developments are related to the fact that households report increased challenges to obtaining resources and income. 79% of interviewed households reported issues with salaries not being paid or being delayed, an issue reported by only 54% in the Interagency Rapid Assessment in November 2014. Other key challenges include a lack of income opportunities and the lack of a functioning banking system. This is especially problematic in the southern part of the country where 85% of key informants reported that the banking system did not work regularly, resulting in households being unable to withdraw pensions, the primary reported source of household income among IDPs.

With the largest proportion of both IDPs and host community households reporting stable household incomes and increased expenditure since May 2014, over half of assessed households are now worse off than a year ago. The effects have been felt particularly by some vulnerable population groups, including IDPs and refugees, who were most likely to report decreased household income.

Key Findings

Access to food and markets

- The primary barrier to food access in conflict-affected communities across Libya was found to be a lack of financial resources, with key informants reporting that rising food prices and a lack of resources to buy food are the main problems faced by their communities.

- The conflict has had a significant impact on markets, with fighting in Tripoli and Benghazi the two main ports in Libya. Attacks on the commercial port in Benghazi are reported to have disrupted some of the main import routes for food. This disruption of supply has led to significant inflationary pressure on food prices, with 96% of the key informants reporting that prices are not controlled in the markets. According to the recently released consumer price index, prices on grain, legumes and fruit have risen by 30%, 28% and 23% respectively from March 2014 to March 2015.

- According to key informants from Dernah, Tripoli and Sabha, prices on goods such as sugar, rice and wheat/flour have more than tripled since the crisis erupted in May 2014. In the South, a lack of resources to buy food was more commonly mentioned by key informants, related to the fact that the South has witnessed particularly severe cash shortages and disruptions to the banking system.

- On-going sieges of Tripoli and Benghazi have furthermore prevented the delivery of food supplies, particularly affecting the trapped IDPs in these areas.18

---

18 FAO Global Watch (2 June 2015) Food Security Snapshot
The poor general security environment is also posing challenges to market access, with 44% of IDPs, 66% of returnees and 46% of host community households reporting feeling either unsafe or very unsafe going to the market or shop to buy groceries.

Despite rising food prices, the main means of obtaining food was reportedly through purchase. Bartering was not commonly reported by key informants overall, although more commonly in the East, where this was mentioned by 19% of key informants. Own production was more commonly reported in the South, with more than two out three key informants reporting that this was a common means of obtaining food in their community.

**Figure 23: Reported ways of obtaining food according to key informants**

- Purchased: 98%
- Received from other (relatives/friends): 54%
- Received through food distributions: 48%
- Own production: 42%
- Bartering: 8%

The vast majority of households assessed through the household survey reported purchasing food from markets using cash. Other reported ways of obtaining food include gifts from friends and relatives and food aid, while begging was also mentioned by a small proportion of respondents.

Households were found to spend a considerable proportion of their income on food. A baseline study from 2008 showed that households spent on average 41% of their expenditure on food, which corresponds with the current expenditure levels for host communities and returnees. In contrast, IDPs reported spending 46% on average of their available income on food, with the small proportion of IDP households having experienced multiple displacement reportedly spending even more. Assessed households in the eastern part of the country reported spending a higher proportion of their monthly expenditure (55%) on food than in other regions.

**Food availability**

- Most food items were reportedly available in markets. However according to key informants in Sabha (South) and Dernah (East), bread, wheat, pasta and rice are in short supply, while in Tripoli supplies are reported to be rapidly depleting. In Dernah and Sabha the quality of many food items, including tomatoes, milk, and fortified blended foods for children, was reported to be below pre-crisis standards.
- While almost half of key informants reported that subsidized food continues to be available in the communities, only a small proportion of assessed households reported to have accessed subsidized food in the week prior to assessment: only 10% of IDPs and 7% of returnees reported to have accessed subsidized food in the past seven days.

**Coping strategies to address lack of food**

- Households’ current level of food consumption is mostly acceptable, though the consumption is met at the expense of households’ future productivity or capacity to cope.
- Due to the rising price of food items, households in Libya have had to employ a number of different coping strategies in order to obtain food. The most commonly used strategies by IDP households were reportedly to spend savings and reduce expenditure in other areas,

---

19 Libyan Bureau of Statistics and Census & WFP (June 2015), *Food Security and Food Subsidy Reform in Libya*
such as education and health, reported by 57% and 39% of IDP households respectively. 19% of IDP households also reported to have sold household assets.

- Host communities reported to have used coping strategies to a lesser extent than IDPs, with 46% having spent savings and 21% having reduced expenditure on non-food items. Returnees were found to employ coping strategies to a greater extent than host communities, with 55% having spent savings, and 23% reduced expenditure on non-food items.
- In the eastern part of Libya households more frequently reported the use of more extreme coping strategies, with 10% of key informants reporting people in their community had resorted to begging and 9% that land or property had been sold to cope with a lack money to buy food.

Figure 24: Households use of different coping mechanisms in the past 30 days – regional comparison

<table>
<thead>
<tr>
<th></th>
<th>West</th>
<th>East</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent savings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced non-food expenses on health/education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrew children from school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sold household assets/goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sold productive assets or means of transport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchased food on credit or borrowed food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowed money or food from a formal lender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sold house or land</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Support from external actors

- One in five key informants reported that none of the IDP families in their communities had received support in the form of food aid (food items and in-kind contributions) and that almost half of key informants reported that none of the IDPs received food assistance in the form of cash or vouchers in the previous month, indicating that significant gaps remain in the delivery of assistance, despite efforts made to date.
- Looking ahead, 30% of key informants did not expect their community to receive any food assistance in the next three to six months, while only one in six believed they would receive it on a regular basis.

Income

- According to key informants, the main source of income continues to be stable, salaried employment for the majority of people in the assessed communities. Two thirds of IDPs, host communities and returnee households were found to rely on government salaries or pensions as their main source of income. For these households, government salaries or pension contribute to more than 80% of the total income. In contrast, households citing casual labour as their main source of income reported that this only contributed to 44% of the average total income, indicating that these households have a more diversified income portfolio.
- The high reliance on government salaries or pensions by IDP, host community and returnee households makes them vulnerable to any interruption or delay to these payments. Loss or theft of identity documents—a prerequisite for receiving government pensions or salaries—
would leave households unable to access these sources of income, with little else to fall back on.

- Both IDP and returnee households reported more challenges in obtaining their source of income compared to the Interagency Assessment in November 2014 (see Figure 25). In May 2015, 79% reported that salaries were not being paid or were delayed, while a lack of opportunities and issues with the functionality of the banking system were also more commonly being cited as challenges. As mentioned by a female IDP from Awbari “I am facing a very bad financial situation as we didn’t receive our salary of both of me and my husband’s since 18 months now”.

Figure 25: Major income-related challenges faced by IDP and returnee households in November 2014 and May 2015

- The limited functionality of the banking system was also highlighted as a major challenge by key informants, with almost half reporting that the banking system had not been working regularly in the past three months. The banking system was reported to be especially problematic in the South, where 85% of key informants reported that it had not been working regularly. As mentioned by a male IDP from Awbari “One of the most important challenges that I am personally facing is I can’t withdraw my salary because the lack of money in the bank”.

- Despite these challenges 22% of IDP households and 24% of returnee households report that their incomes have increased compared to a year before. In the Interagency Rapid Assessment in November, only 5% of households reported an income increase. While the largest proportion of all population groups reported that their income had remained approximately the same, 28% of IDPs, 21% of returnees and 22% of host community households reported a decrease in income compared to the previous year (see Figure 26).
8 out of 10 key informants reported that households in their community had taken out loans or borrowed money from friends and family in order to cope with limited income. This was less commonly mentioned by key informants in the western part of the country, where households were more likely to report reducing size of meals compared to other regions. In the East, four out of 10 key informants reported that some households have resorted to begging in order to cope with the lack of income.

**Expenditure**

- IDPs reported to spend on average 46% of their expenditure on food, 17% on rent, 13% on health, 8% on education and the remaining on transportation and other expenses.
- With increasing food prices and reports of doubling of rental costs in urban areas, the expenditure for 75% of IDP and returnee households was reported to have increased compared to May 2014. This includes 48% of IDP and returnee households reporting that their expenditure has increased by more than 50%. In focus groups, host community members have highlighted that the added burden of providing support to IDPs in their areas poses a challenge for their financial situation.
- Compared to the results from the previous Interagency Rapid Assessment, almost half of IDPs and Returnees (58%) reported a significant increase in expenditure since November 2014 (see Figure 27).
The increase in rent prices compared to stable or decreasing household income for the majority of households has led to reports that IDPs in Benghazi can no longer afford to pay the rent. Rent increases were also mentioned by a female IDP living in Tobruk “We have adapted to the current situation except for the rent which is too expensive. It has reached 1000 & 3000 Libyan dinar and salaries have been stopped a very long time ago”.

When comparing changes to income and expenditure, most households are now worse off compared to the situation before the current crisis. For 54% of households the increase in expenditure has been higher than the changes to the income. For 35% of households the change in income and expenditure has been roughly the same, while only 11% of households have seen a more positive income change than expenditure change.

---

20 UNHCR (January 16, 2015) *Upsurge in Libya fighting triggers new displacement*
EARLY RECOVERY

Summary

Key informants reported that only limited repairs are being done to critical infrastructure in their communities, despite the fact that schools, hospitals and the water and electricity networks have been severely affected by fighting. A lack of repairs was most commonly reported in the South, where damage to the local public water network has already caused a reduction in the available volume of safe drinking water.

The majority of key informants reported that there was either limited or no cash available in their communities at the time of assessment. Access to cash is heavily affected by widespread disruption to banking services, as well as by the delayed payment of government salaries and social benefits, which was found to affect both displaced and non-displaced populations. Key informants reported a lack of cash in local banks, while limitations to freedom of movement and fear for personal safety was preventing members of their communities from accessing banks elsewhere. As identity papers are a pre-requisite for the withdrawal of cash, IDPs who have lost official documentation face particular challenges in receiving pensions or withdrawing cash.

Key Findings

Basic repairs

- There have been several reports of damage to school buildings and hospitals during the current conflict. Furthermore key informants have reported that damage to the public water network, including leaking pipes and damage to treatment facilities, has led to a reduction in the volume of safe drinking water in many communities.
- The main electricity network has also seen severe disruptions and cuts, due to damage to cabling and transformers. Despite this, limited repairs are being done to critical infrastructure, with 90% of key informants reporting that no repairs had been done to basic infrastructure in their community in the past 6 months.

Figure 28: Reported occurrence of major repairs to basic infrastructures in the last six months according to key informants

<table>
<thead>
<tr>
<th></th>
<th>Repairs have not been done</th>
<th>Repairs have been done</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>West</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>East</td>
<td>89%</td>
<td>11%</td>
</tr>
</tbody>
</table>


22 Libya Herald (25 April, 2015), Fighting brings major power cuts to Tripoli, Libya Herald http://www.libyaherald.com/2015/04/25/fighting-brings-major-power-cuts-to-tripoli/#axzz3JG6yE8
Repairs were slightly more commonly reported in the West than in the other regions. In the South only one key informant reported that repairs had taken place. This is particularly concerning in light of the high reported damage to the public water network, which was reported by key informants to have reduced the available volume of safe drinking water.

In the few instances where repairs were being reported to take place, these were reportedly being done by both the public and private sectors. As such there are no mentions by key informants of NGOs, community organization, religious organizations or tribes being involved in repairing basic infrastructure in their communities.

**Cash availability**

- Cash availability is a serious issue in many communities in Libya and is a particular concern for IDPs. Only around one in five key informants reported that cash availability was not a problem in their community, while the remaining four fifths of key informants reported that there is either limited or no cash available in the community.
- 71% of IDP households reported having brought cash from their place of origin. However, as resources dwindle they have limited opportunities to obtain new hard currency with the banking services in many communities, especially in the South, reported to have only limited functionality. Accordingly, all key informants from the South also reported problems with the availability of cash in their communities.
- A lack of access to cash was also highlighted as the main challenge for host communities in the surrounding areas of Awabri. As one participant in Tawergha said “The main challenge is us being unable to withdraw our salaries because the banks are closed”. Similar challenges were reported by IDPs in the same area. Overall, 79% of households reported issues with salaries not being paid or being delayed, an increase on the previous interagency assessment in November 2014, where this was reported by only 54%.
- Where banking services were reported to function, a lack of money available in the banks, or a lack of legal documents can also make it difficult to access banking services. This observation reported by IDPs in several focus group discussions.

![Figure 29: Reported availability of cash in the community according to key informants](image)

**Government salaries and services**

- Another challenge for obtaining cash is the fact that government salaries are often delayed. Three out of four key informants reported regular delays in the payment of government salaries in the past six months. As with the banking service and cash availability, this is a more prominent issue in the South, where all key informants reported of either limited or regular delays.

---

23 Tom Westcott (27 January, 2015), *Inside Libya’s ghost town*, IRIN News
In addition to delays in salaries, 52% of key informants also reported that government services such as social benefits and safety nets did not work regularly in the past three months.

Focus group discussion participants also mentioned that police, law enforcement and registration services were either partially or not functioning in their respective communities. Functionality of such services appeared to be worst affected in the West compared to the South and East.

Social Stability

While the majority of key informants (68%) reported that the host community was receptive to IDPs and likely to remain so for a long period, considerable differences were reported regarding the relationship between the host community, IDPs and migrants. Only 29% of key informants reported that the host community was receptive to migrants for a long period, and 43% for a short period, while 27% reported that tensions or hostility already existed between these two groups.

Faced with increasing pressure on resources, livelihoods and food, findings suggest that migrants, many of whom have been present in communities for some time, are seen less positively by the host community compared to more recent arrivals from elsewhere in Libya. Supporting findings from the household assessment, many IDPs reported that relations with the host community were very good and have continued to stay positive: “The hosting community are like our families and the way they welcomed us cannot be described—they gave us assistances and they still are” (Female IDP, Awbari). Participants in other focus group discussions also reported that relations with the host community had started positively, but that relations had become weaker over time: “The local council’s welcome was amazing but now they have stopped visiting us or even asking about us” (Male IDP, Tobruk).

Despite the presence of some community tensions, the majority of IDPs (78%) reported to feel safe in their daily life. In contrast, refugees and migrants were less likely to report feeling safe, both overall and in specific places in the community. While 79% of returnees reported feeling safe in their homes, this group was the least likely to feel safe going to and from the market to buy groceries, or at a distribution or community centre, with respectively 34% and 33% of returnees reporting to feel safe in these areas.
Migrants, Refugees and Asylum Seekers

Summary

Migrants, refugees and asylum seekers (the latter grouped hereafter with refugees) represent two particularly vulnerable population groups, who were generally found to have less access to protection and basic services across most sectors than either IDPs, returnees or the host community.

Of these two population groups, refugees were found to be particularly vulnerable, with refugees more likely to have experienced multiple displacements, to live in more vulnerable shelter types and to have been exposed to threats, intimidation or harassment or physical assault or violence. In reported cases of violence, key informants reported a third of victims as women and a quarter as children, indicating further protection concerns for this group. Key informants reported that host communities were less likely to be tolerant of refugees and migrants for a long period, with a small proportion explaining that tensions already existed, particularly between migrants and host communities.

Lacking access to a government salary or pension—the most commonly cited income source for IDPs—many refugees and migrants lack a stable source of income, particularly refugees who were less likely than migrants to be in skilled employment. With comparatively fewer resources than other groups, refugees were found on average to spend over half of their monthly expenditure on food, leaving less money to pay for rent and facing a higher risk of eviction. Many refugee and migrant households have resorted to sharing accommodation with other families to reduce costs, or were found to be living more vulnerable shelter types. Refugee households’ lack of financial resources can also be seen to negatively affect access to education and healthcare, with around half of refugee children reportedly not attending school, and almost half of refugee households with reporting limited or no access to healthcare. While findings related to water and sanitation showed less of a marked difference between the different population groups, a lack of financial resources can also be seen to disproportionately affect refugees, and to a lesser extent migrants, with both groups less likely to report access to hygiene and other non-food items.

Key Findings

Protection

- The majority of assessed migrants, refugees and asylum seekers reported to have been in Libya for over one year (78%), with almost half of this group having arrived in the country over two years ago.
- As might be expected, reported reasons for having left their place of origin varied significantly between refugees and migrants, with 98% of migrants citing a lack of work opportunities as their reason for moving, while refugees were more likely to provide several reasons; the four most common, all reported by over 79% of refugees, include a general lack of safety, the presence of armed groups, a lack of employment opportunities and a lack of access to basic services.
- Of all displaced population groups, migrants were found to be the least likely to have moved more than once in the past year, while refugees were found to be more likely to have been displaced several times, with more than two thirds (67%) having moved twice or more since May 2014.
- Refugees and migrants were less likely than IDPs or host community households to report feeling safe in their daily life, reported by 65% migrants and 67% of refugees. Accordingly, both groups were less likely to report feeling safe in different places within their community, with 41% migrants and 36% refugees reporting they feel unsafe in their homes.
- Refugees were found to be more likely to report threats, intimidation or violence in their community than other population groups, such instances reported by 19% of refugees, compared to 10% of all assessed households. In contrast, 20% migrants reported theft or destruction of their property, similar to the proportions of IDPs reporting this (21%).
When asked about the victims of violence in their community, 33% of refugees and 18% of migrants reported that the victim was female, lower proportions than reported by host community and IDP households (both 33%). Refugees and migrants were also less likely to report that the victim was a child or adolescent, although this was nonetheless reported by 25% of refugee households.

**Shelter**

- Refugees and Migrants were found to be more likely live in the most vulnerable shelter types, such as private and public spaces not normally used for shelter, or unfinished residential buildings.
- Migrants were the population group most likely to be sharing privately rented accommodation with other families, reported by 28%, and like refugees, were much less likely than IDPs to be hosted by other families or volunteers; 2% of both migrants and refugees reported to be hosted compared to 16% of IDPs.

Figure 31: Shelter arrangements reported by IDP, migrants and refugee households

- Refugees and migrants were also found to be much less likely to have a secure tenure arrangement, with 62% of refugees and 57% of migrants reporting a risk of eviction, or being forced to move against their wishes. In contrast, a fear of eviction was reported by only 27% of internally displaced households.
- While all displaced population groups cited similar reasons for a fear of eviction, inability to afford rent was more commonly reported by migrants (70%) and refugees (67%), while three quarters of refugees also reported concerns about insecurity within the community.
While relations between host communities and displaced populations were reported to be generally good, respondents reported that positive relationships with migrants and refugees were less likely to continue for a long period, with a small proportion reporting that community tensions already existed.

When asked about their relationship to a range of actors within the community, migrants—most likely aware of the possibility of community tensions—were more likely to report positive relations with local government, religious charities and groups, and non-religious NGOs, than either IDPs or refugees. The highest proportion of all displaced population groups reported feeling positive about their relationship with local tribes and elites (50% of migrants, 50% of IDPs and 56% of refugees).

When compared to other groups, migrants reported feeling less safe in their homes and at the market than either IDPs or refugees.

Interestingly, 75% of migrants reported feeling safe or very safe when going to and from the mosque to attend religious service, compared to only 59% feeling safe or very safe within their homes, suggesting that religious affiliation may be a particularly important link with the host community in many cases.

### Education

A larger proportion of refugee children were found not to regularly attend school than any other population group, with only 57% school age refugee children reportedly attending.

While the children of migrants were generally found to be much more likely to regularly attend school (reported by 92%) than children from IDP or refugee households, those who did not were much more likely to report that this was due to financial barriers, with 57% of this group reporting that they could not afford to send their children to school. Despite this, the average share of household expenditure on education was reportedly lower for migrants and refugees (3-4%), compared to IDPs (8%).
Health

- Access to health facilities was reported by 55% of refugees and 66% of migrants, compared to 84% of IDPs and 82% of host community households. Only a small proportion of all households reported no access at all to health facilities, while 38% of refugees and 27% of migrants reported limited access.

- For those unable to access healthcare the primary reported reasons by refugees included distance reach health facilities; a lack of medical staff; and insufficient funds to pay for treatment. Migrants more commonly reported that facilities were unable to accept new patients; a lack of medical staff; and that facilities had been destroyed.

- While the high cost of medicine was frequently reported in focus group discussions, the proportion of household expenditure spent on health was slightly less for refugees and migrants (both 10%) than for IDPs (13%). This is also likely to reflect the differing levels of access to health facilities among these three groups.

Water, Sanitation and Hygiene (WASH)

- Assessed households from all population groups were found to have similar access to drinking water, with 78% of refugees, 65% of migrants and 68% of IDPs reporting that they accessed the main water network as their primary source. A larger proportion of migrants and refugees reported using bottled water as their primary source, with similar proportions of all three groups reporting that water was fine to drink (82%, 76% and 78% for refugees, migrants and IDPs respectively).

- As with access to water, roughly similar proportions of all three population groups reported treating their water, although refugees were less likely to do so than other groups, with 65% reporting no treatment of their drinking water compared to 57% of both migrants and refugees.

- While reported access to sanitation facilities was generally high, migrants and refugees were less likely to report access to such facilities compared to IDPs and the host community.

- While similar trends were observed regarding access to hygiene items between displaced population groups, refugees were more likely than migrants to report difficulties accessing all items, with the exception of soap, which was reported by over 90% of households in all population groups to be easy to access.

- The most difficult to access hygiene items were reported to be jerry cans or buckets, and chlorine tablets, reported to be difficult to access by around one fifth of migrants and almost one third of refugees.

Food Security and Livelihoods

- Refugees reported that food accounted for over half (51%) of their monthly expenditure, a higher proportion than for IDPs and host communities. Refugees were also found to be the least likely of all assessed population groups to have accessed subsidised food in the week prior to assessment (8%) compared to 23% of host community households.

- Almost half of refugees (46%) reported that household income had decreased in the past year, with 19% reporting a significant decrease in monthly income. To the contrary, 50% of migrant households reported an increase in household income during this period, with only 4% reporting a significant decrease. As migrants were more likely to report being in skilled employment than other population groups, this suggests that the internal displacement of some Libyans may have resulted in increased opportunities for skilled work for migrant households.
Sources of household income were found to vary significantly by population group, with IDPs much more likely to be reliant on a pension as their primary source of income compared to refugees or migrants, who more commonly earned income through employment, casual labour or small business (see Figure 35: Reported sources of household income by IDP, refugee and migrant households).

When asked about the major challenges faced by respondents in relation to their household income, 71% of refugees cited a lack of employment opportunities, compared to only 53% of migrants and 50% of IDPs. This suggests that refugees may be more likely either to lack access to networks through which opportunities for work are publicised, or to experience discrimination in the labour market. With few other income sources such a pension or social security, this is likely to negatively affect both the overall income of refugee households, and their ability to pay for their basic needs.