

# Sidi Khalifa Multi-Sectoral Needs Assessment Report November 2021

NRC Libya



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**Cover photo:** Waseem Allafi/NRC

*Photo of a neighbourhood in Sidi Khalifa on the outskirts of Benghazi City.*

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*The content of this document should not be regarded as reflecting the position of USAID.*

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# 1 Executive Summary

Sidi Khalifa is a semi-rural coastal town located 20 km northeast of Benghazi's city centre in Libya. Locally, Sidi Khalifa is considered the eastern entry point of the city of Benghazi. Though Sidi Khalifa itself has not witnessed armed conflict in recent years, the town hosts a diverse array of communities displaced from Libya's decade long conflict, including internally displaced persons (IDPs) from Murzuq, Tawergha, Benghazi city centre, Al-Sabri, Al-Lethyi, and Tarhouna. Sidi Khalifa's long distance from basic services, including limited connection to the main water network, is known to contribute to vulnerabilities amongst the town's residents. The influx of IDPs has also added pressure to the town's already overstretched services. Yet likely due to the Sidi Khalifa's remote geographical location, little to no assistance has been provided by international organizations or local Civil Society Organizations (CSOs) to residents in the area.

The Norwegian Refugee Council (NRC) has had a presence in Benghazi city and the surrounding areas affected by displacement since 2018. Sidi Khalifa was selected for a multi-sectoral needs assessment as part of wider efforts to highlight needs in Hard-to-Reach and underserved areas across Libya.

## 1.1 Key Findings

The NRC Libya's Rapid Needs Assessment (RNA) team undertook household and community-level assessments covering Sidi Khalifa, an underserved town northeast of Benghazi with a high number of IDPs, between March and June 2021. The data collection included three Key Informant Interviews (KIIs) with local officials and household surveys with 348 residents of the town, nearly a third of whom were IDPs. Below are key findings identified from the assessment:

- Most IDPs residing in Sidi Khalifa were displaced from other towns and cities in eastern Libya, the largest portion of which are from Al-Sabri district in Benghazi
- The majority of the IDPs surveyed had been displaced for more than five years, largely displaced during the conflict in 2014 or the beginning of the uprising in 2011
- While most residents surveyed in Sidi Khalifa appeared to own their homes, most IDPs rent accommodations. More than 60% of IDPs surveyed were unable to return to their areas of origin because their homes were still destroyed

- While most respondents reported having a stable source of water, the majority were purchasing water bottles for drinking water needs, which aligns with the norm of the wider Libyan population
- More than a quarter of IDP respondents said that members of their household were missing some form of civil documentation
- Most school-aged children – IDP and host community – were enrolled in school. Those households who had children out of school were mostly due to inability to afford transportation fees, or because their children were supporting the family or at home caring for other children in the household
- Nearly half of households reported having at least one member of the household with a serious medical condition, and 11% of households had a family member with a disability. Affordability was reported as a major challenge in accessing health services, including medication
- Overall, 90% of respondents said that they faced difficulties meeting their basic needs
- Most residents surveyed said they intend to remain in their current location for the time being. Despite limited availability of services in Sidi Khalifa, the low cost of living – particularly regarding housing – appears to remain an incentive for IDPs and other vulnerable households to remain in the area

# 2 Methodology

## 2.1 Selection of Sidi Khalifa

In December 2020, NRC's RNA team conducted an assessment to identify urban areas in Benghazi where a high density of conflict affected, and vulnerable people were living. The assessment included KIIs with local CSOs as well as representatives from the Ministry of Social Affairs (MoSA). The findings of this assessment identified Sidi Khalifa as a neighbourhood that housed the highest number of displaced families from Murzuq and the Benghazi city centre (Sabri in particular). Through these KIIs, Sidi Khalifa was repeatedly described as an underserved area with minimal presence by CSOs and non-governmental organizations (NGOs). The low cost of housing in the area was believed to be a possible pull factor for IDPs. It was also believed that the influx of IDPs placed a heavy burden on already overstretched public services and resources in the area. As such, NRC decided to move ahead with an in-depth assessment of Sidi Khalifa to triangulate existing data and gather primary evidence to inform programming and enhance humanitarian coordination efforts

Towards this objective, NRC's RNA team first conducted desk research aimed at reviewing existing data from resources publicly available. However, public information available on Sidi Khalifa or vulnerable groups residing in this community was limited. Available data mostly focused on surrounding geographical areas such as Alethyi and Garyounis in Benghazi city and was outdated. Overall, little available information exists about communities in Sidi Khalifa affected by long distances to basic services, Libya's liquidity crisis, or displacement in the surrounding areas.

Given the limited data, the RNA team arranged a series of meetings with relevant stakeholders to identify potential areas to assess. The aim was to conduct a vulnerability-based assessment inclusive of all population statuses (IDP, host, or returnee). The team met with three Benghazi-based department heads of the MoSA to understand their perspective regarding Sidi Khalifa, including priority needs that had not previously been identified, communicated, or addressed by authorities or by other humanitarian actors, to guide the development of the household-level tool and sampling methodology

## 2.2 Household Level Assessments Methodology

Accurate population figures were not immediately available when NRC initiated the assessment. While the population growth due to the influx of IDPs was often cited, corresponding population figures have not been well recorded by authorities. As such, NRC's RNA team conducted three KIIs with members of the Sidi Khalifa Local Council to

obtain a general sense of the needs and gaps. The team also met with local CSOs who helped to triangulate information to generate an estimate of the town's population size. Estimates shared ranged from 30,000 to 35,000 individuals (around 6,000 to 7,000 HHs). Based on this information, the RNA team conducted an observation visit to identify the potential neighbourhoods and level of population density. In this exercise, NRC created a [map](#) to identify which areas the team planned to target and which areas would be excluded due to the fact that they were industrial or sparsely populated. The RNA team geographically divided Sidi Khalifa into three neighbourhoods, namely N1, N2, and N3, based on population numbers to conduct the sampling for this assessment.

With the support of NRC's Monitoring & Evaluation (M&E) Department, the RNA team estimated approximately how many people reside in each neighbourhood. The sample size for each neighbourhood was then proportionally calculated based on a confidence interval of 95% and margin of error of 5% according to the estimated overall population size of 35,000 individuals.

With this sampling approach, 380 households needed to be surveyed for an accurate representation of the targeted population. While conducting desk research, it first appeared that N-1 had the highest population in the areas based on the cluster of houses observed. However, when the team went to the field, it was observed that N—2 had a higher population density than N-1 and N-3. As a result, the team increased the number of interviews conducted in N-2 to account for the greater population size and density.

The actual figures of surveys conducted at the end of data collection were as follows:

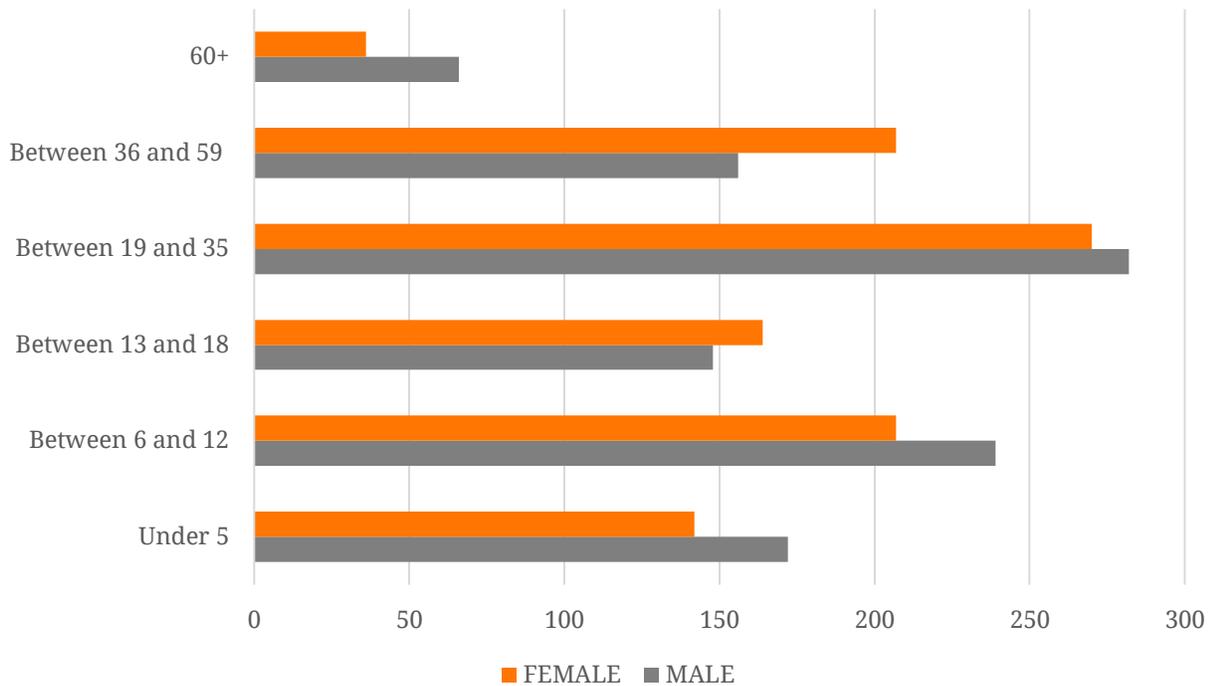
- N-1: 123 consented to the interview, 20 did not consent
- N-2: 147 consented to the interview, 25 did not consent
- N-3: 78 consented to the interview, 14 did not consent

There was no purposive sampling as part of the methodology. Instead, households were approached through random selection. The team reached 407 households in person, in addition to another 12 households over the phone. In total, 348 heads of household consented to participating in the survey. The data was collected over the course of 14 working days between March and June 2021. The reasons the data collection was spaced out between various intervals are due to field activities slowing down during Ramadan, stopping during public holidays, or being temporarily suspended due to Covid-19.

# 3 Demographics

Of the 348 respondents who participated in the assessment, 305 (87.64%) were male and 43 (12.36%) were female. The average age of household was 49, with the youngest being 30, and the oldest being 100. As shown in Graph 1, adults made up 26% of the population assessed while children and youth under the age of 17 represent over half of the population.

The average family size was 5.91 individuals. The respondents represent 2,058 individuals, with 51% (N=1040) males, 49% (N=1018) females. Of the 43 female respondents, the majority represented female-headed households. Of the 348 respondents, 11% (N=40) have disabilities of some sort. Insight shared during KIIs indicated that this segment of the town’s population faces significant challenges accessing health facilities.

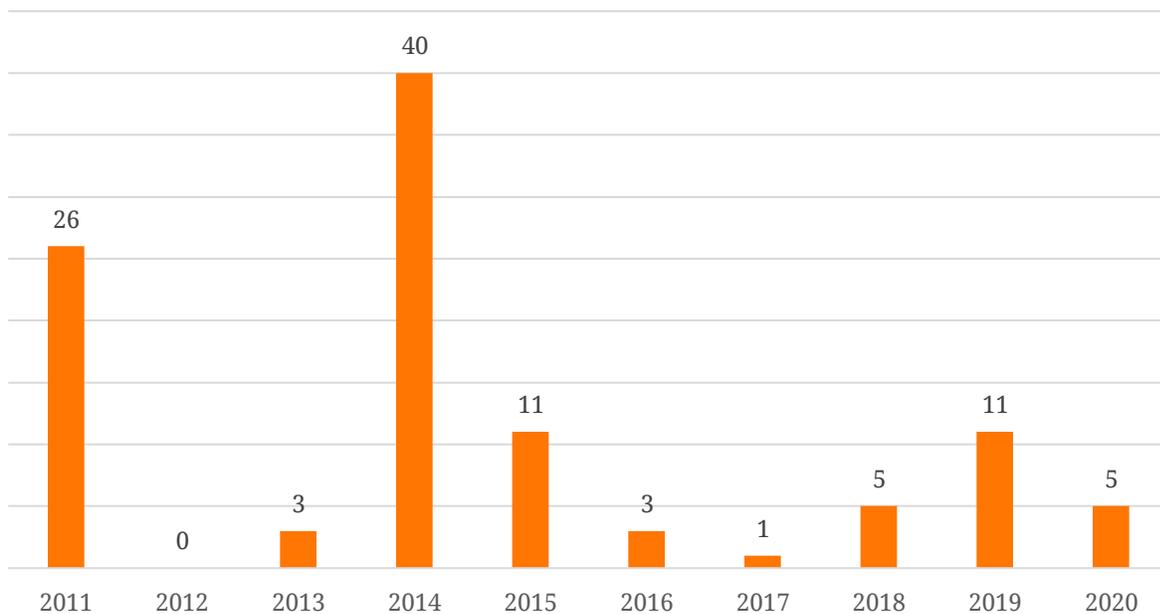


Graph 1. Number of Family Members by Age Group and Gender

### 3.1 Displacement Profile

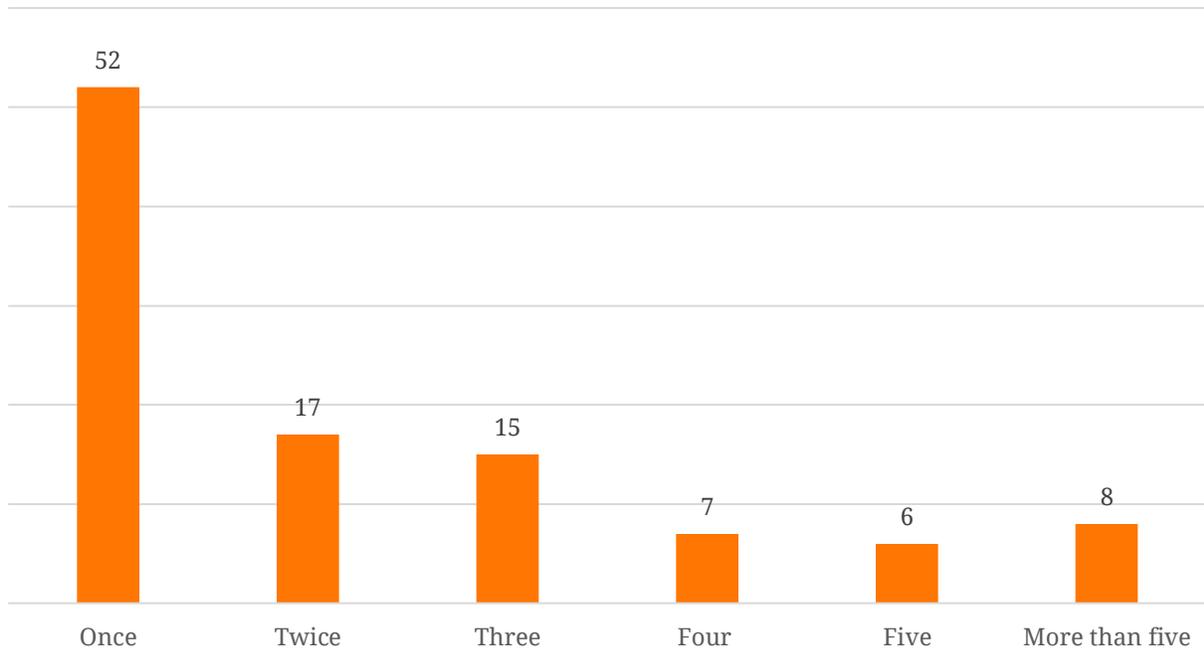
Of the total respondents, 30% (N=105 HHs) had been displaced at least once in the last decade. The remaining respondents identified as part of the host communities, except for one Syrian refugee respondent. Of 105 respondents considered IDPs, conflict was cited as the main reason for displacement. The IDPs were mostly displaced from cities and towns in Eastern Libya, with the most from areas surrounding Benghazi. The highest number of IDP respondents originated from the Al-Sabri district in Benghazi representing 22% (24 HHs) of the total, 15% (17 HHs) from Benghazi city centre, and 11% (12 HHs) of households coming from Murzuq. 7% (8 HHs) of the IDP households reported originating from Tawergha.

As shown in Graph 2, most of the IDPs had been displaced during the conflict in 2014, followed by 2011. The majority of IDP respondents had been displaced for more than a year, with more than a quarter of households having been displaced for more than five years.



Graph 2. Number of Respondents Displaced Per Year (N=105)

As the conflict continued over the last decade, some households experienced multiple displacements. Of the 105 households who reported being internally displaced, about half had experienced displacement only once, whereas the rest had been displaced multiple times. Graph 3 shows the number of households displaced multiple times through the last decade.

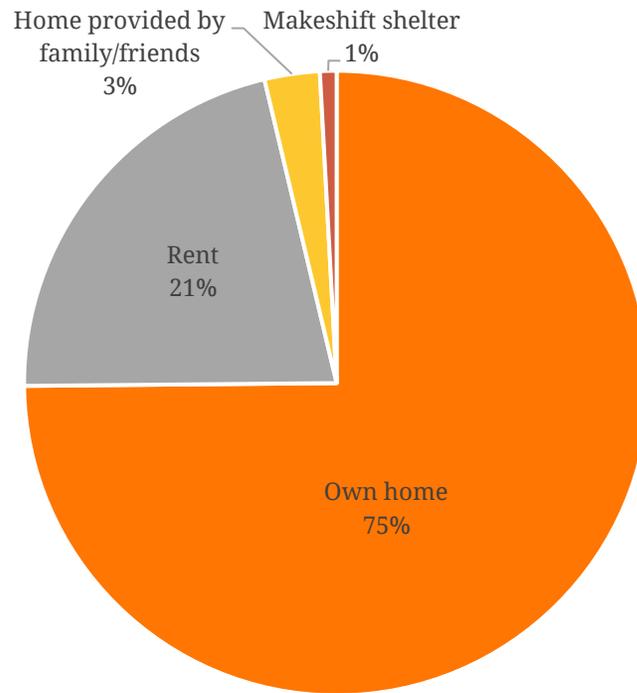


Graph 3. Number of Times Households were Displaced

# 4 Findings

## 4.1 Shelter

Overall, 75% (N=262 HHs) of respondents stated they live in accommodations that they own, whereas 22% (N=75 HHs) live in rented accommodations. The average rent per month for those who were living in rented accommodations was 500 LYD, with the minimum being 120 LYD, whereas the maximum was 2500 LYD per month.



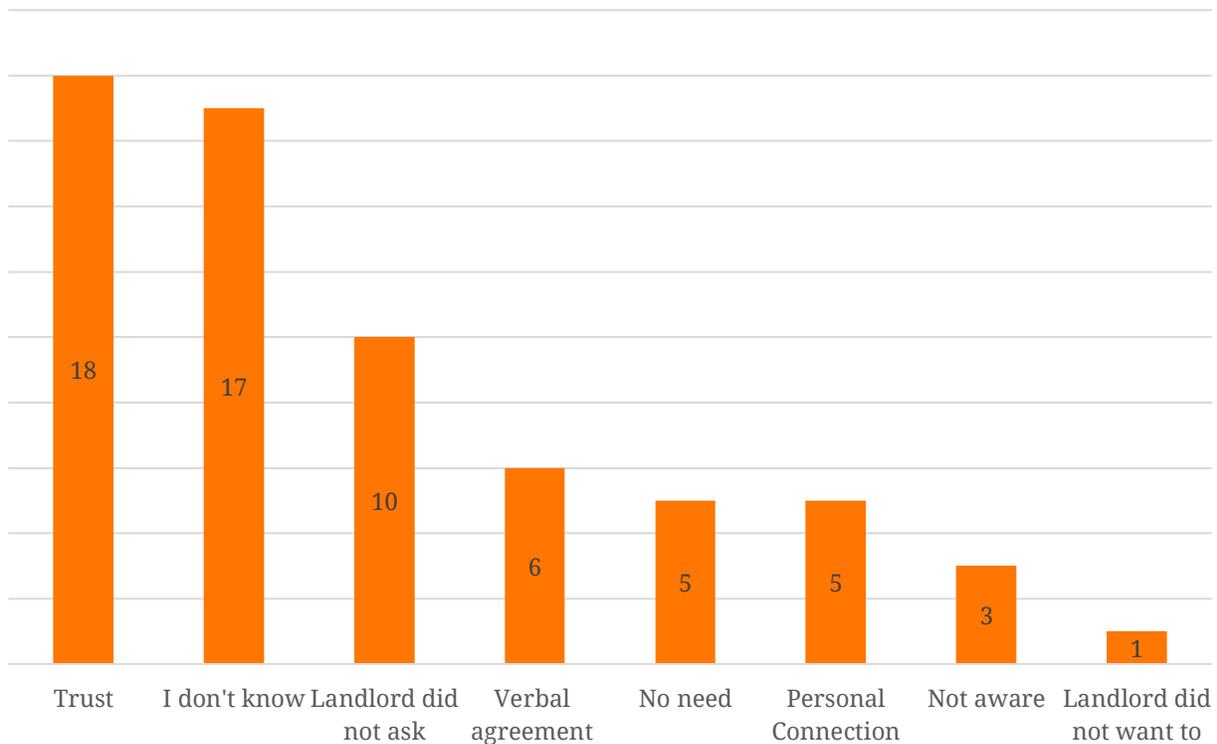
Graph 4. Types of Shelter

IDPs were more likely than host communities to be renting. Of the 105 displaced HHs, 71% (75 HHs) were living in rented accommodation and 63% (N=66 HHs) were unable return to their area of origin because their homes are destroyed. Most respondents – IDPs and host communities alike – reported poor shelter conditions, including the presence of mold, leaking of rain in the winter, lack of insulation, and exposed electricity wiring within the

reach of children. To a lesser extent, respondents reported issues such as lack of doors and windows, limited ventilation, as well as overcrowding.

Of the 348 respondents, 75 households were living in rented accommodation with only 13% (N=10 HHs) of them reporting having written rental contracts, while the rest was renting homes based on verbal agreements. The reason for not having a rental contract varies from one household to another. As shown in Graph 5, the most common reason for not having a written rental contract was because the respondents believed there was a sense of trust between the landlord and the tenant. The second most common response to this question was that they did not know why a written rental contract did not exist, followed by the fact that a written agreement was not requested by the landlord. Based on NRC's programmatic experience, lacking a written agreement decreases the tenants' security of tenure and increases their vulnerability to eviction.

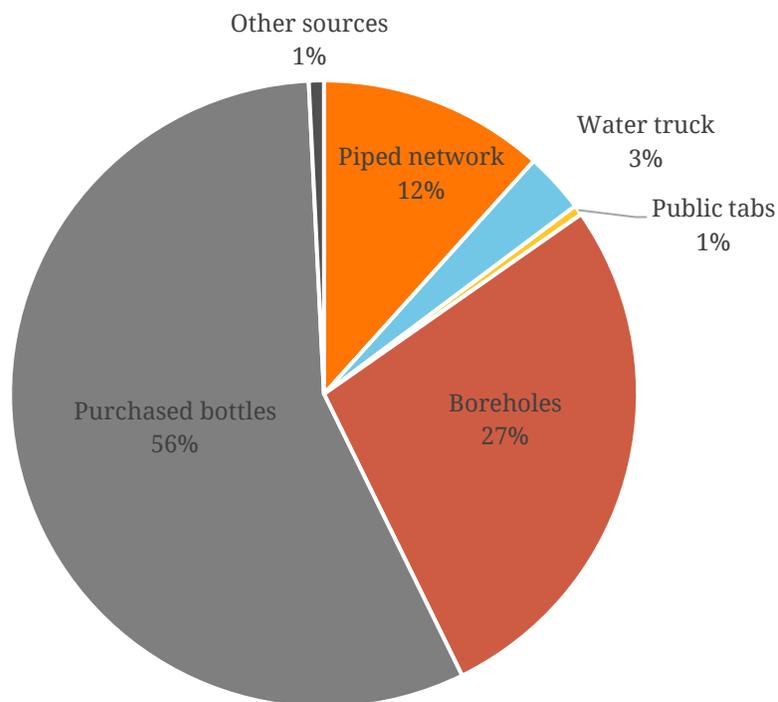
16% (N=12 HHs) of these households reported that they have been evicted from the houses they are renting at some point, while 7% (N=5 HHs) reported that they have been threatened to evict the house due to the inability to pay the rent by the tenant or a new tenant is offering a higher price.



Graph 5. Reasons for Lack of Rental Contract (n=65)

## 4.2 WASH

The majority, 86% (N=299 HHs), said they have a stable source of water. Displacement status did not appear to impact a household's access to water, and neither did gender of the respondents. About half of all respondents said they were using the same source for drinking water as well as other hygiene needs. Households reported relying on a range of sources for drinking water, dependent on accessibility and availability. 62% (N=218 HHs) of respondents said they relied on purchasing water bottles for drinking water, while the rest depended on other sources as shown in Graph 6.



Graph 6. Sources of Drinking Water

A total of 21% (N=75 HHs) reported not having access to usable latrines which presents a range of associated issues including health problems, including 2% (N=9) who reported acute diarrhoea.

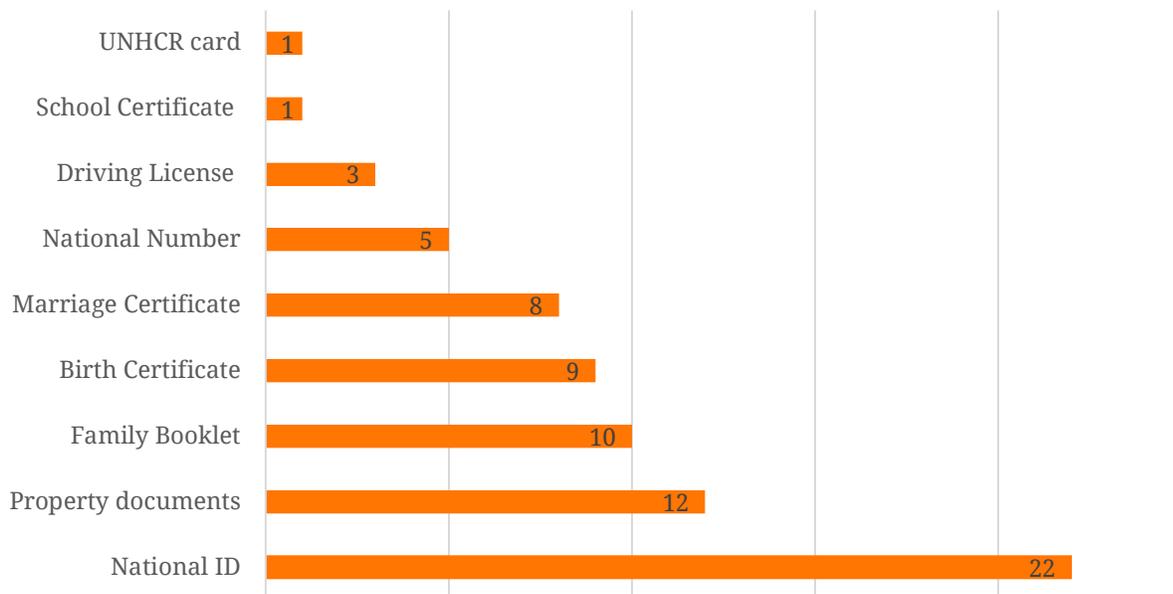
## 4.3 Protection

Both displaced and host community respondents were assessed for a range of protection issues. Overall, there seemed to be a consensus that Sidi Khalifa was a safe place to live,

with 98% reporting feeling safe where they are. While 2% (N=7 HHs) reported that they encountered harassment, robbery, or having no neighbours, which makes them feel unsafe. Almost all, 98% (N=343 HHs) reported that there no sources of tension in the community and that the host community are welcoming. Of the 105 displaced households, 76% (N=80 HHs) said they have a good relationship with the host community.

## Civil Documentation

Access to civil and legal documents in Libya is known to impact the ability of citizens to access basic services and exercise rights as Libyan nationals. Based on this survey, IDP households were more likely to have family members missing civil documents, in comparison to those from the host community; this includes children who were missing birth certificates. Overall, almost 12% (N=41) were missing at least one document. When broken down by displacement status, 26% of IDPs (N=27 HHs) and only 6% of host community respondents (N=14 HHs) reported missing civil documents. The largest portion of those IDPs missing civil documentation were displaced from Al-Sabri district in Benghazi, followed by Benghazi city and then Murzuq. A smaller number were from Tawergha and Tarhouna. Graph 7 shows the types of documents reported missing among household members.

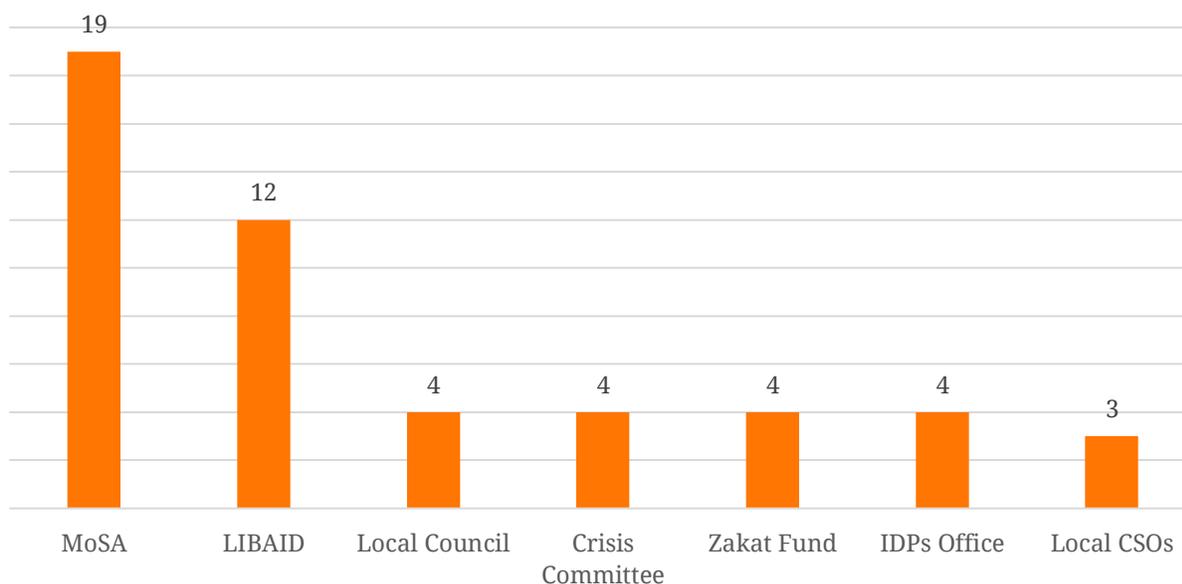


Graph 7. Types of Missing Documents (n=71)

The most common impact of missing civil documentation reported by 36% (N=15 HHs) was restricted mobility and freedom of movement between and within cities. 24% (N=10 HHs) of them reported encountering issues in enrolling/registration for schools, the same number encountered issues in accessing health services while 21% (N=9 HHs) reported said they could not receive assistance from the government due to lack of documents.

## Social Protection

Vulnerable families in Libya may be eligible for a range of social protection programs (assistance aimed to alleviate poverty) provided by the government, local authorities or CSOs. Nearly half of the displaced households in Sidi Khalifa were registered with a social protection service provider. As demonstrated in Graph 8, the largest portion (18%) were registered with the Ministry of Social Affairs while 11% (N=12 HHs) were registered with LIBAID, a Libyan humanitarian relief agency. Of the displaced households, 49% (N=45 HHs) were not registered with any service provider. The reasons for not registering varied from them not seeing any benefit from registration, to being unaware of registrations procedures, or registration not being possible where they are.



Graph 8. Displaced Households Registered with Service Provider (n=50)

## 4.4 Education

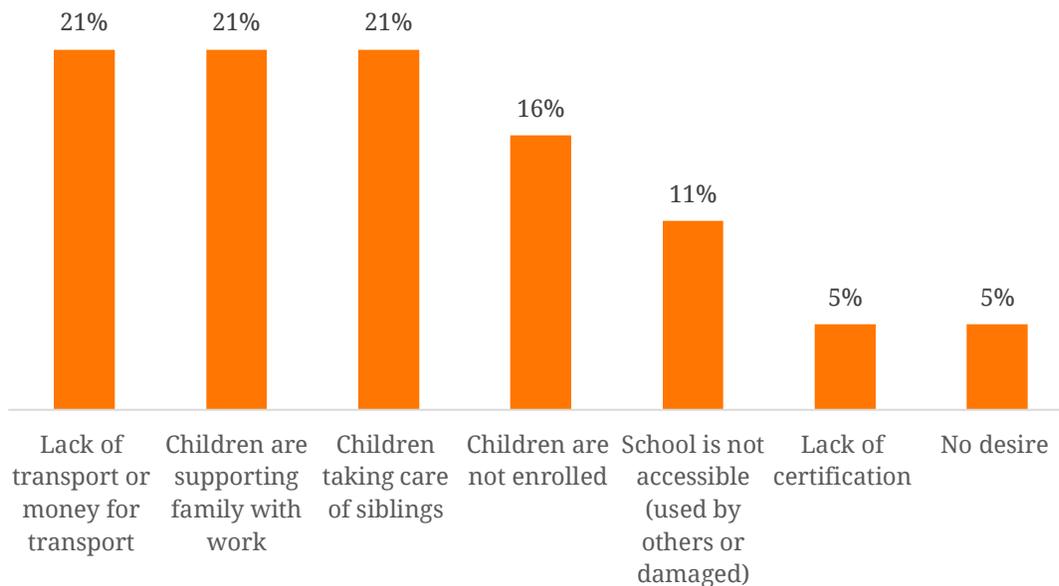
Of the 757 school-aged children of the households surveyed, 94% (710 boys and girls) reported enrolment in formal education. Despite reports of missing civil documentation,

enrolment in school was noticeably high and lack of documentation was not cited as a reason for non-enrolment.

Gender	Enrolled	Not Enrolled
Boys	356	27
Girls	354	20

Table 1. School Enrolment

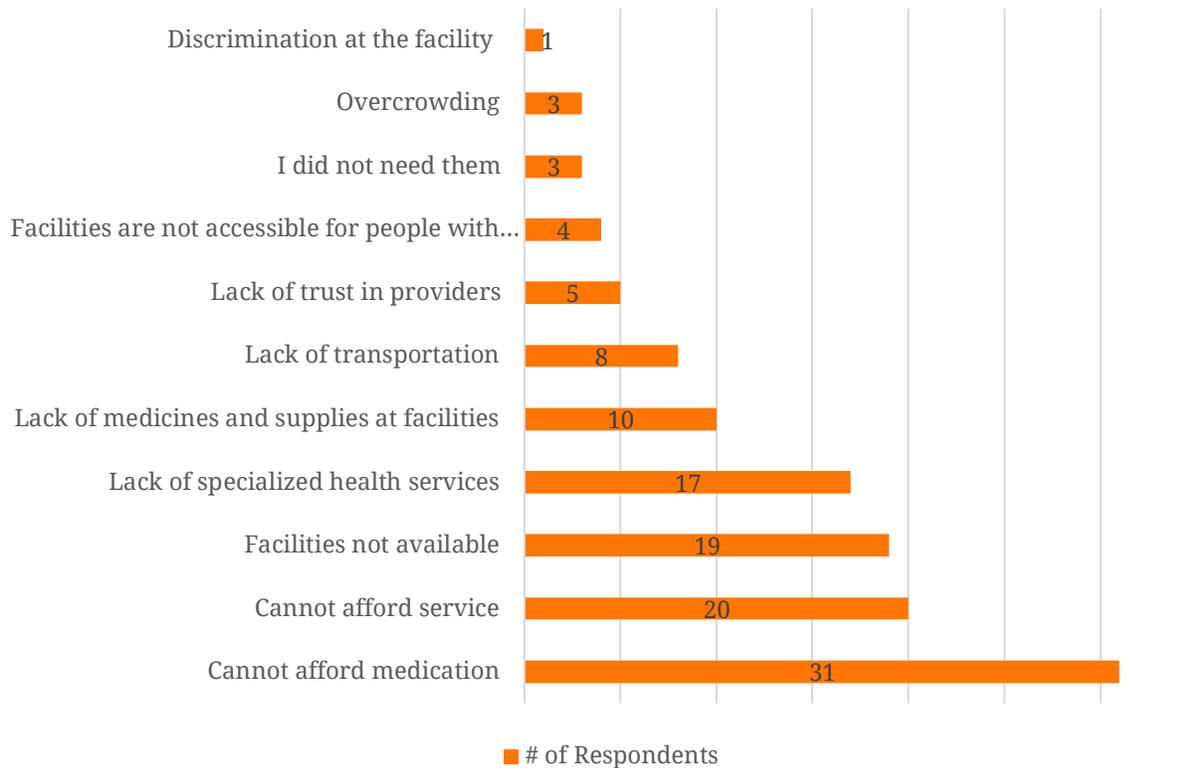
As illustrated in the below graph, there was a wide range of reasons reported for students not enrolled in formal education, chief among them including lack of transportation (school not in a walking distance), children supporting family by dropping school to work, and some children are reportedly taking care of their siblings and cannot enrol in schools. Two households could not have children enrol due to lack of certifications from previous schools.



Graph 9. Reasons for Non-Enrolment

## 4.5 Health

Of the total respondents, 45% (N=156 HHs) reported having at least one family member with a serious medical condition. This is equal to 230 individuals, representing 11% of the entire assessed population (2058 individuals). Displacement status did not seem to significantly influence the likelihood of having a medical condition, with 48% of IDPs reporting family members with medical conditions, while 44% of host community respondents reported the same. In contrast, 76% of female headed household respondents reported having household members with serious medical issues.



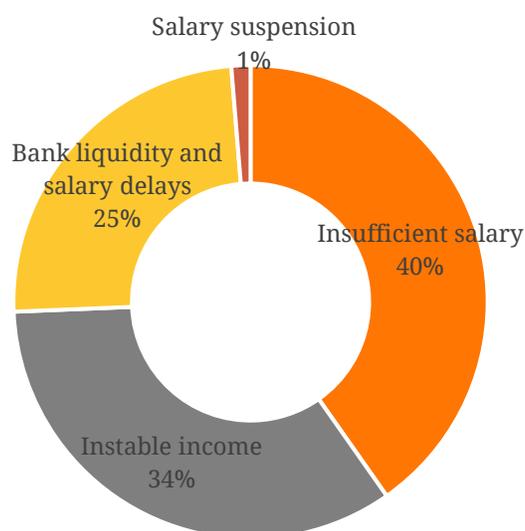
Graph 10. Health Access Constraints

On average, the closest health facility was almost 7 km away from respondents, with 33 km being the furthest distance. This corroborates information shared during KIIs by local council members who emphasized the lack of services for individuals with chronic diseases in the area.

## 4.6 Basic Needs and Access to Livelihoods

Ahead of the survey, KIIs mentioned the serious challenges faced by residents in being able to afford basic needs including rent. They also indicated that economic factors may have influenced IDPs decision to seek haven in Sidi Khalifa. Nonetheless, vulnerable communities assessed show significant challenges in accessing livelihoods. 90% (N=314 HHs) of respondents faced challenges meeting their basic needs 30 days prior to the assessment. The impact of the cash liquidity crisis as well as the effects of Covid-19 influenced their ability to meet their basic needs. Of these respondents, having essential health needs was the most cited by 51% (N=180 HHs), 49% (N=171 HHs) said they faced challenges meeting food and water needs, 45% (N=159 HHs) said they had difficulty meeting communication needs (phone credit, internet, etc.), and 44% (N=155 HHs) reported difficulty meeting education needs, among other basic goods and services. 9% reported challenges in affording basic household good, including mattresses, pillows, blankets, kitchen items, and electricity.

Affordability was the primary factor impacting access to these goods. This was mostly driven by the fact that salaries were perceived to be insufficient by 39% (N=124 HHs) of households who could not meet basic needs. 34% of respondents said that their source of income was unstable and 25% (N=75 HHs) said that either their bank does not have liquidity, or their salaries were delayed.

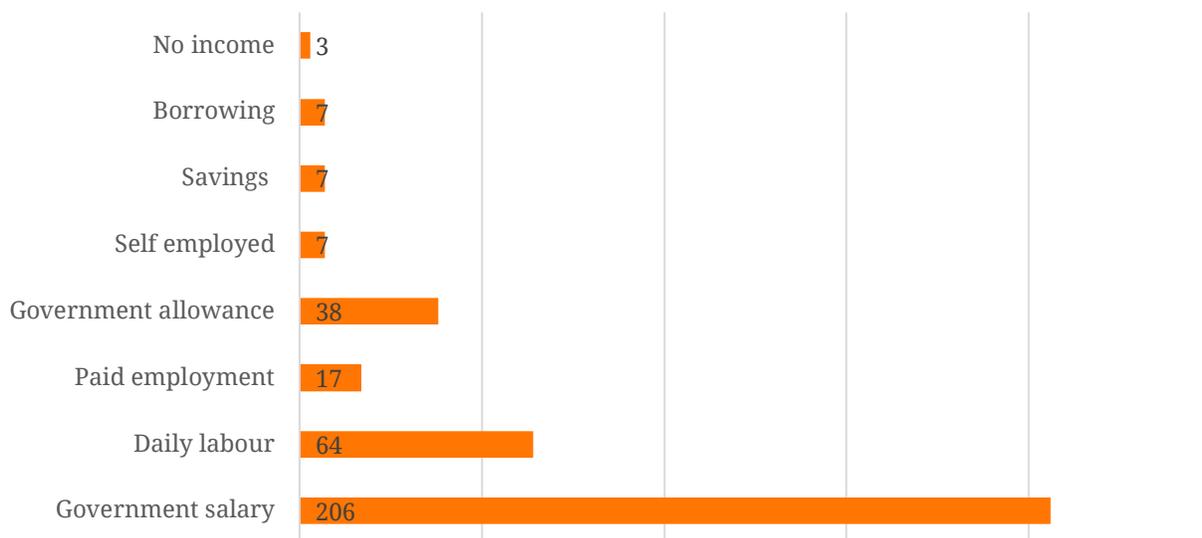


Graph 11. Challenges in Meeting Basic Needs

43% of respondents (150 HHs) reported facing barriers securing an income, this was consistent across displacement status and gender. 66% (N=100 HHs) said that no work

opportunities are available in their surrounding area, while a smaller portion cited other challenges, such as age restrictions, lack the qualifications, training, and skills, lack of networks to support them. Most respondents reported having government jobs. See Graph 12 for information on other sources of income.

Among the different daily jobs that 18% of the respondents said they do, using their own vehicles to run a taxi business is the most common coping mechanism for the head of households who either does not have a salary or their salaries are not sufficient to cover their basic needs. Other daily workers are either handyman, mechanic, salesperson, or cashier at a market. Four respondents reported that they do not have any source of income; two of these were female headed households.



Graph 12. Sources of Income

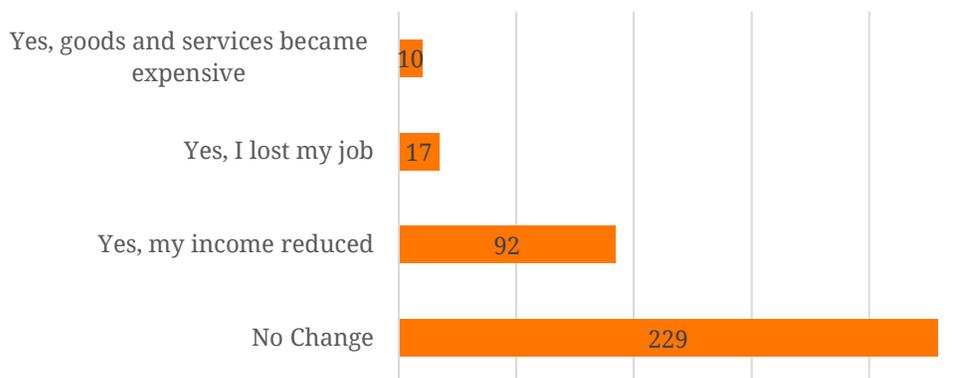
For those who do receive salaries, delays and suspension of government salaries was reported as causing serious financial challenges to households who pay rent, have school-aged children, or have a medical condition that require regular medication. Of the 259 HHs who received salaries, almost half (N=122 HHs) reported that they were almost always delayed. Additionally, 9% (N=23 HHs) said they had not received their salaries for the last six months prior to the assessment.

Overall, 55% of respondents reported that only the head of household provides for the family. 32% (N=110 HHs) reported that one extra person rather than the head of household receives a salary and 13% (N=46 HHs) have more than one person other than the head of household receiving salaries. 30% of female respondents reported not having a job at all.

The most common medical conditions included diabetes (68 individuals), hypertension (69 individuals), Asthma (25 individuals), heart issues (36 individuals), and various forms of cancer (15 individuals).

Overall, 54% (N=191 HHs) of respondents said they were able to access health services, including medications, during the three months prior to this survey. Meanwhile, 17% (N=61) of respondents said they were unable to access health services, including medication, due to some sort of constraint. Between 50-60% of respondents of all categories reported having access issues in relation to health services. The findings of the survey align with information shared during the KIIs in which it was mentioned that private hospitals that are nearby are too expensive for residents, while public hospitals are a far distance away.

Accruing debt appeared to be one of the most common coping mechanisms. Of the 348 respondents, more than half (N=175 HHs) said that they are in debt, with an average of about 9,000 LYD per household. When respondents were asked whether they received any humanitarian assistance from NGOs or CSOs, only 4% (N=13 HHs) said that they received assistance in the three months prior to the assessment. Both KIIs and answers from survey respondents indicated that the distribution of humanitarian assistance was marginal in Sidi Khalifa. Individuals in need primarily relied on relatives and friends when needing material assistance.



Graph 14. Impact of Covid-19 on Household Income (n=348)

Of the 348 respondents, 66% (N=229 HHs) said that Covid-19 did not have an impact on their access to income, while 26% (N=92 HHs) said they did experience a reduction in income, and 5% (N=17 HHs) lost their jobs due to the Covid-19 restrictions. This is likely because such a high number of the respondents surveyed said they had a government salary. However, some households did report a noticeable increase in the prices of services and goods, reportedly due to mobility restrictions imposed by the authorities.

The challenges around cash liquidity continue to impact those who receive salaries from banks. 57% (N=201 HHs) of households surveyed said that withdrawal of cash from the bank is limited and can only be done certain days of the week. However, it should be noted that 24% (N=82 HHs) of households reported not having a bank account at all.

The cash liquidity challenge that faced most employees led residents to identify alternative solutions to cover household expenses. Coping mechanisms developed include using cards or checks to either purchase what they need or to exchange cash with agents, friends, or relatives. Based on the results, almost 63% (N=169 HHs) of respondents are either using cards/checks to access money through alternative agents or using cards/checks to exchange cash and goods with family or friends. 32% (N=87 HHs) said that they are unable to overcome the liquidity issue.

Other coping mechanisms are being used by the respondents to overcome challenges caused by liquidity that affect most respondents. Of the 348 respondents, 62% (N=217 HHs) reported that they either reduce portions sizes or numbers of meals to limit food expenditure. It is the highest among other coping strategies. The second major strategy was getting support from relatives or friends which represents 37% (N=130 HHs). Other respondents reported other strategies, including buying on credit, get support from the community or mosque, use savings, rely on humanitarian assistance, reduce spending on medications and clothes, cut spending on educational cost, and cut spending on recreational activities. It is also worth mentioning that six households reported that children dropped school either to support family or cannot afford the associated costs.

## 4.7 Intentions for the Future

Nearly three quarters of all survey respondents said they intend to remain in the same neighbourhood for the near future, while 11% said they intend to remain in the same city (Benghazi) but change the neighbourhood, likely to be closer to services. 70% of IDP households said they want to remain where they are, while 8% (N=8 HHs) are unsure about the future, 6% (N=6 HHs) want to remain in the city but move to a different shelter, 6% (N=6 HHs) want to return to their area of origin, 5% (N=5 HHs) remain in the neighbourhood but move to a different shelter, and 5% (N=5 HHs) remain where they are but they are struggling to afford the rent.

The majority of IDPs said they are unable to return home because their homes are still destroyed. Respondents prioritized their sense of safety and security for the decisions of where to live. Some IDP households (5%) managed to secure ownership of

property in their area of displacement. Another 4% (N=4 HHs) said that the cost of living is lower than the area of origin. These households are less likely to seek to return to their areas of origin.

# 5 Conclusions

Though most residents in Sidi Khalifa appear to have access to some sort of income, the fact that more than 90% of households struggled to meet their basic needs means that this income is insufficient. In addition, other factors – displacement status, proximity to services, and medical conditions in the household – contribute to household vulnerability. Many of the needs reported in the survey can be addressed by interventions from humanitarian agencies. For example, light rehabilitation of private accommodations, including water/sanitation facilities, by shelter actors could contribute to making homes healthier and safer places to live. Amongst displaced households, support to retrieve civil documentation – particularly for children – can contribute to improved access to services in the future. Longer term, Sidi Khalifa could benefit from support from early recover/development actors, to improve access to sustainable livelihood opportunities. In addition, support to improve access to the main water network will not only improve access to drinking water, but it could also improve residents' ability to meet their basic needs if reduced their monthly expenditure on drinking water.

Due to the low cost of living in a fairly remote area, Sidi Khalifa will likely continue to host vulnerable households, including IDPs, for the near future. In addition, most residents – including IDPs – intend to remain in the town for the time being. NGO interventions have the potential to have high impact due to the nature of needs but also the intentions of most residents stay in Sidi Khalifa for the foreseeable future. In case of future displacement in the Benghazi area should there be renewed armed conflict, Sidi Khalifa will likely continue to be a destination for displaced households.