

LIBYA

AZZAWYA

Area-Based Assessment

June 2019



Area-Based Assessment in Azzawya

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Introduction

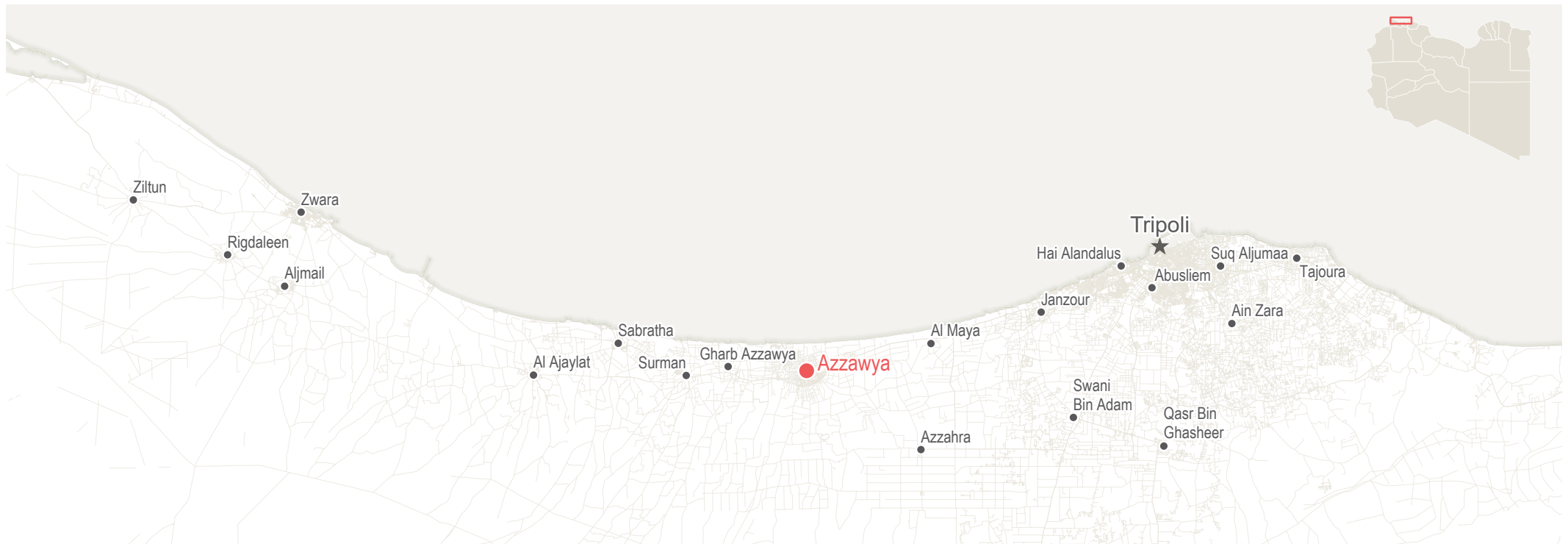
In 2019, Libya entered its sixth year of continuous conflict, a period marked by frequent clashes between rival armed groups exacerbated by intertwined political and economic crises. Widespread damage to infrastructure, security threats associated with armed group activity, and severe shortages of liquidity have undermined the future prospects of the country's Libyan and non-Libyan residents by affecting their livelihoods and their access to basic services.

This area-based assessment (ABA), funded by USAID-OFDA, aims to provide an in-depth and comprehensive analysis of an urban area and of its local population's ability to meet basic needs using existing services, namely in the areas of education, healthcare, markets, bakeries and humanitarian assistance. It aims to inform evidence-based humanitarian programming and planning of local government actors in Azzawya city in order to facilitate long-term recovery.

Azzawya was chosen for an in-depth analysis for several reasons: the diversity of its population, notably the size of its migrant community; the lack of consensus on the definition of its boundaries; the strong barriers to accessing basic services; and the overall information gaps on access to services for Libyans and migrants.

The ABA will inform humanitarian, development and governmental actors on priorities at the level of the urban area. This approach will thus allow them to better understand local dynamics and challenges to operate more efficiently at a micro level by filling gaps in the response to the most vulnerable populations.

Map 1: Location of Azzawya in west Libya



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Methodology

What is the micro-level impact of the Libyan crisis on Libyans and migrants’ access to services in the city of Azzawya?

To address the aforementioned main research question, REACH conducted this area-based assessment using a mixed-methods approach incorporating both qualitative and quantitative analysis techniques, including analysis of previously collected primary and secondary data (Multi-Sector Needs Assessment, 2018; Joint Market Monitoring Initiative, 2018)¹. This complementary approach enabled REACH to expand and strengthen its findings, incorporating quantitative data on access to basic services at a household level (from the MSNA) and on price fluctuations for basic commodities in the city of Azzawya (from the JMMI) and supplementing it with a more contextual understanding derived from mapping focus group discussions (MFGDs) and key informant interviews (KIs).

To provide in-depth analysis of Azzawya and its neighborhoods, the empirical approach was primarily qualitative. Data collection took place between 27 December 2018 and 20 January 2019 in Azzawya city. Following a participatory mapping exercise conducted in mid-December 2018 with five residents of Azzawya, the city was divided into 60 neighbourhoods based on participants’ perceptions of the geographic divisions and social communities that existed within the city, as well as into eight data collection units (DCUs) that grouped these neighbourhoods into larger entities based on shared geographic and social characteristics. MFGDs were then conducted on the DCU level, and KIs on both the DCU and city levels, to provide a comprehensive view of both Libyans’ and non-Libyans’ access to services in Azzawya, with a focus on the availability and accessibility of key services.

Four structured tools were used, totalling 134 meetings as presented in Table 2. MFGDs were each comprised of 4 to 6 participants selected on the basis of the DCU they resided in and were divided into groups by gender. Migrant KIs were selected based on their knowledge of multi-sectoral needs of the migrants from their own region of origin on a DCU or city level. Libyan service provider KIs were chosen based on their specific knowledge of the state of education, healthcare, markets, bakeries, or humanitarian assistance across the city of Azzawya, as well as the strategies used by residents to cope with a lack of access to these services.

Table 1: Methodology of the ABA

Methods	Mixed: qualitative (participatory mapping, focus group discussions, key informant interviews) & quantitative (secondary data analysis: MSNA & JMMI)
Areas of focus	Health, education, markets, bakeries, humanitarian assistance
Primary data collection period	27 December 2018 - 20 January 2019
Period covered by secondary data	January 2018 - April 2019
Population groups of interest	Non-displaced, IDPs, returnees, refugees & migrants
Data collection tools	Structured (qualitative data)
Participatory mapping & FGDs	32 MFGDs conducted with Libyan participants
Key informants (service providers)	56 KIs conducted with Libyans across 5 areas of knowledge
Key informants (migrants)	46 KIs conducted with refugees and migrants in Azzawya
Level of analysis	City-level, DCU-level (8 DCUs)
Sampling method	Purposive & snowballing

How to read the findings from key informant interviews (KIs)

When applicable, findings from KIs will be reported using the following format:

“14/16 KIs reported...”

where the first figure represents the number of KI respondents who provided the specified response, and the second represents the total number of KI respondents who answered the question or reported having knowledge of the topic being discussed. The second figure may differ from the total number of KIs interviewed.

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Table 2: Breakdown of sample for qualitative data collection

Area level	Objective	Data collection tool	Actors interviewed
City	To understand challenges in accessing basic services	KII	<ul style="list-style-type: none"> - 31 migrants (11 from MENA, 10 from West Africa, and 10 from East Africa) - 13 education service providers (4 city-wide administrators and 9 teachers) - 13 health service providers (4 city-wide administrators and 9 medical staff) - 10 bakers - 10 merchants or traders - 10 humanitarian workers
DCU	To map operational infrastructure	MFGD	- 32 groups of 4-6 Libyan residents (147 participants) ²
		KII	- 15 migrants (5 from MENA, 5 from West Africa, and 5 from East Africa) ³

Challenges and limitations

The findings of the qualitative portions of this assessment should be considered indicative only and are not generalisable to the entire population. Due to the purposive and snowballing sampling methodologies used, there is a risk that the participants interviewed may not precisely represent the views and experiences of all members of their groups.

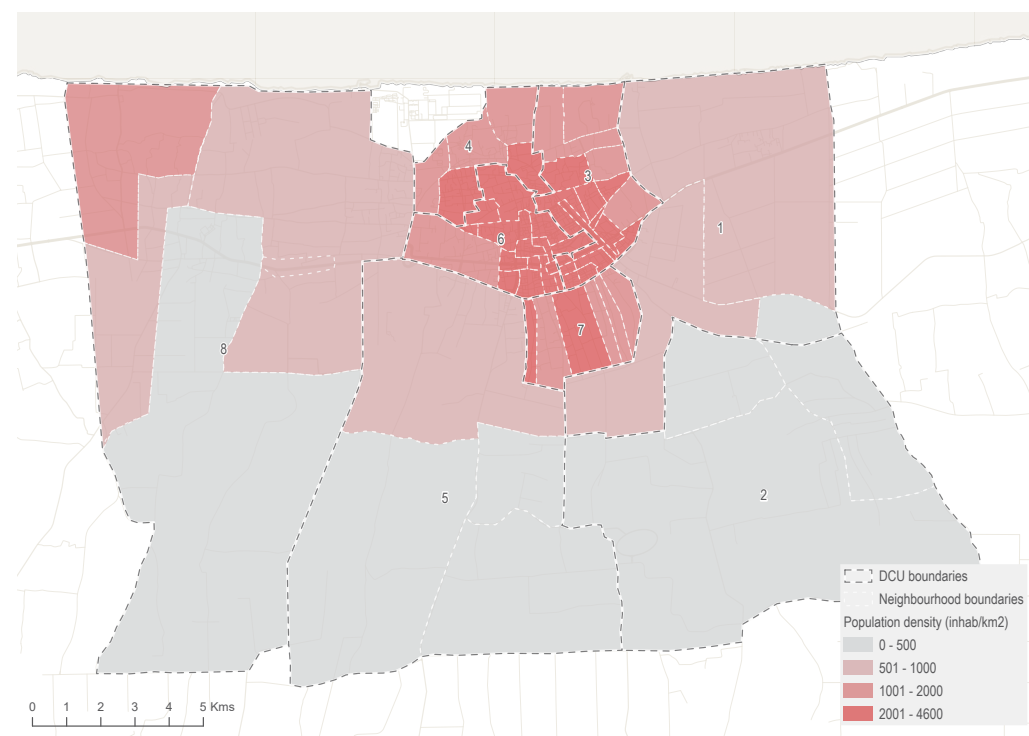
This assessment relied in part on semi-structured KII tools. Thus, closed-ended questions might have prevented participants from engaging in the discussion and providing in-depth answers.

Only migrants and refugees in areas in urban areas were interviewed due to the difficulty of accessing other groups. Hence, no information on the situation in detention centres was collected.

Migrant KIIs were asked to provide general perspectives on the issues affecting migrants and refugees from their own region of origin (MENA, East Africa or West Africa). However, in practice, migrants and refugees from some countries might have slightly different experiences than those from other countries in the same region.

During the MFGDs, some MFGD participants were reluctant to participate in certain discussions due to the sensitivity of some questions. Their preferences were respected, which may in some cases have resulted in less nuanced information being collected.

Map 2: Population density in Azzawya per neighborhood



About REACH

REACH, a joint initiative of ACTED, IMPACT Initiatives, and UNOSAT, facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. In Libya, REACH operates fully under the oversight of ACTED, and its activities are conducted in cooperation with inter-agency aid coordination mechanisms. For further information on this document, contact libya@reach-initiative.org.

Education

SUMMARY

- Most of the primary and secondary schools in Azzawya were considered functional. Nevertheless, they were strongly affected by a **lack of operational equipment and supplies** (e.g. latrines, electricity, classrooms, stationery, desks, boards, seats), as well as **learning materials** (books, computers, laboratories/libraries).
- KIs working in the educational field believed that, **despite the good quality of education, the lack of qualified teachers was a significant issue**. High-quality education also requires classrooms with more school materials and infrastructure, which were lacking in most of the schools, given that classes were overcrowded.
- Overall, migrant KIs reported having limited knowledge about the conditions and barriers faced by migrants in accessing education. This may be explained by the reportedly **limited proportion of migrant children living and pursuing an education in Azzawya**, especially those from East and West Africa.

Table 3: Breakdown of sample for qualitative data collection on education

Area	Tool	Status of participant	Gender		Total
			Female	Male	
DCU	MFGD	Libyan residents	8	8	16
			(38 participants)	(36 participants)	(74 participants)
City	KII	Migrants	2	29	31
City	KII	Providers of educational services	5	8	13
		Teachers	5	4	9
		Administrators	0	4	4

Impact of the conflict on education

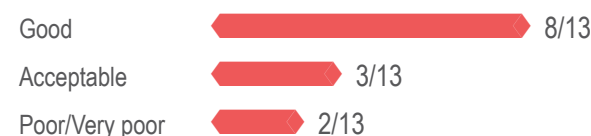
- Despite the sporadic closure of some schools due to clashes, all 76 primary and secondary schools mapped by MFGD participants in Azzawya were open and functional at the time of data collection (Map 3).

- A large proportion of education KIs (5/11)¹ reported that some schools were not able to provide a secure educational environment due to their proximity to the Azzawya Oil Refinery or to Aljazeera prison, also known as Al-Sereya Al-Oula and located in DCU 6, where occasional clashes occurred. In general, the closer a school was to the city center, with its high concentration of armed groups, the more unsafe the environment was perceived to be and the more likely classes were to be disrupted due to recurring closures.

Quality of education

- Quality of education did not emerge as a major issue from the perspective of service providers. Most of the KIs positively evaluated education quality, while a minority (2/13) described education as poor.
- The majority (10/13) reported no particular changes in the quality of education since the beginning of 2018.

Figure 1: Perception of the quality of education as reported by education KIs



Education KIs could provide one answer to this question.

- Opinions of MFGD participants were split in regards to the quality of education. While some Libyan residents reported that the overall quality of the provided education was average to good, often because they appreciated that educational facilities remained functional and children were still enrolled in schools despite the conflict, others reported that quality of education was poor or very poor, for reasons such as the lack of teachers, school supplies and teaching material.

- While 19/31 migrant KIs reported not knowing about the quality of education in Azzawya, nearly all migrant KIs who were more informed about the educational system (10/31) reported that it is of good quality. Only one migrant KI instead defined it as 'acceptable.' Six out of the 10 migrant KIs reporting positive views on the educational system originated from the Middle East and North Africa (MENA) region; this is likely connected to the fact that migrant children from MENA were reportedly better accepted and treated by teachers in educational facilities.

Enrolment and attendance

- Libyan and non-Libyan children generally attend the same types of educational facilities, both private and public, as confirmed by both MFGD participants and 14/16 migrant KIs who answered this question; the latter KIs were mainly from MENA (9/14). While a plurality of Libyan KIs (6/13) reported that non-Libyans were free to benefit from educational facilities, 4/13 KIs acknowledged that access is restricted by the cost of education, given that unlike Libyan pupils, most foreign pupils do not benefit from any public subsidies.
- This finding contrasted with data collected through KIs with migrants. All migrant KIs who reported having knowledge of children’s access to education (17/31) reported that migrant children were not freely admitted to educational facilities. Most of those who said otherwise originated from the MENA region; in general, migrants from MENA tend to be able to integrate more readily into Libya’s society and institutions.²
- The majority of migrant KIs (11 out of the 17 who reported knowing about restrictions to access education) reported that while migrant children face restrictions in accessing education facilities, these tend to be non-administrative and include: (1) the inability of migrants to afford education, (2) the fear of being kidnapped or arrested near a school entrance (particularly prevalent among KIs originating from West Africa) and (3) the perception that roads leading to education facilities are unsafe. Some sub-Saharan African KIs also reported that access to education is possible only if migrant children are sponsored by a Libyan national.
- Overall, migrant KIs reported that migrant children, especially those coming from East and West Africa, are unlikely to seek enrolment in schools, as many have primarily come to Azzawya for work-related purposes or to transit to Europe.

Barriers to accessing and providing high-quality education

- From the perspective of service providers, while the quality of education did not emerge as a major issue, the lack of infrastructure and materials, combined with overcrowded classrooms and untrained teachers, were the most commonly reported barriers to both accessing and providing high-quality education.
- Overall, MFGD participants and KIs reported that teachers were either too few³, especially for subjects such as English and mathematics, or were insufficiently qualified. This was exacerbated by the transfer to administrative positions of some teachers who failed a recent proficiency test,

- which had been requested and imposed in September 2018 by the Ministry of Education following protests against the lack of quality education, as highlighted by MFGD participants. Despite this lack of quality education, some school directors were forced to keep teachers who had failed the proficiency test, as no replacements had been appointed.
- Unstable security conditions were also a key concern for the majority of MFGD participants. Clashes occasionally caused temporary suspensions of classes or made it too dangerous for children to reach their schools.
 - Additionally, while nearly all interviewed educational KIs (12/13)⁴ declared that schools were suffering from shortages of materials, this seemed to affect children more than teachers. The majority of teacher KIs (6/9) reported having access to all pedagogical and educational materials they needed to teach effectively.
 - Similarly, migrant KIs reported the following to be their greatest barriers to accessing high-quality education: (1) an inability to afford education (both school fees and school supplies), (2) linguistic barriers (particularly reported by KIs originating from West Africa) and (3) a lack of infrastructure in school buildings (electricity, latrines, furniture). Besides the emphasis on the cost of school materials, migrant children from the MENA region reportedly face the most similar barriers to those experienced by Libyan children, ranging from a lack of education facilities to the poor educational curricula and the overcrowding of classrooms.
 - Other KIs reported that depending on their backgrounds, migrant children might not have accessed education prior to reaching Libya, or might have studied curricula that are not aligned to the Libyan educational curriculum, thus making it difficult to integrate effectively into the Libyan educational system.

Table 4: Top barriers to accessing and providing high-quality education, as reported by KIs and by MFGD participants (education KIs could provide multiple answers to this question)

Ranking	Barriers to provide (service providers)	Barriers to access (Libyan residents)	Barriers to access (non-Libyan residents)
1	Overcrowded classrooms	Lack of teachers	Cost of school fees
2	Untrained teachers	Insecurity	Linguistic barriers
3	Lack of infrastructure	Lack of materials	Lack of infrastructure
4	Lack of materials	Lack of infrastructure	Cost of school materials

Coping mechanisms

- As reported by education KIs, even though the vast majority of children could access education via public schools, the minority who were not enrolled in public schools usually received private education, implying that at least some affected families had sufficient income for this expense. When the education provided did not meet the children's needs, parents mostly coped using three different strategies: (1) transferring their children to public schools in another area, (2) enrolling them in private schools, or (3) compensating for deficiencies with additional private lessons.

- The majority of migrant KIs (16/31) reported not knowing about any mechanisms used by migrant children to cope with a lack of access to education. The remaining ones reported that migrant children generally access non-formal educational activities provided by other migrants (7/31), by Libyan nationals (6/31) or by religious institutions (3/31).

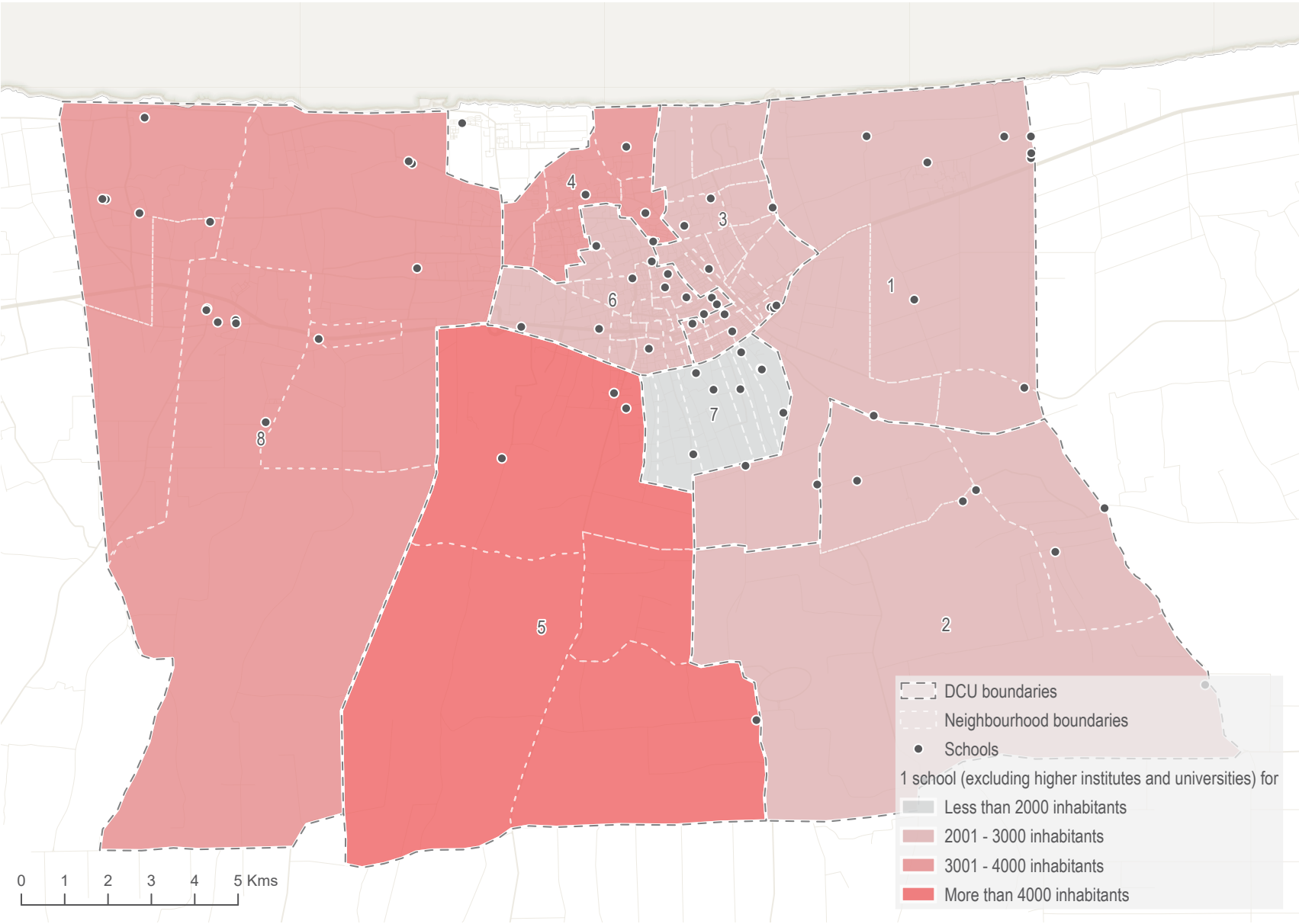
Future prospects for quality education from educational service providers

- All education KIs suggested that improvements to Azzawya's educational system were needed to enable teachers to work more effectively and children to access higher-quality education. The improvement most commonly requested by these KIs was funding to expand the capacity of the teaching staff: specifically, to develop more training programs, increase educators' salaries, hire more staff to solve the issue of overcrowded classrooms, and develop guidelines and clarifications on pedagogy.⁵ Several KIs mentioned the need for 'modern curricula', as opposed to the outdated programmes that they were currently receiving.

- Additionally, KIs reported the need for better-equipped learning environments, including furniture, infrastructure such as latrines, constant electricity, and school supplies (mainly books and stationery).

- Thirdly, the need for security inside and outside school was insisted upon by education KIs, notably as a means to diminish course interruptions due to clashes.

Map 3: Reported primary and secondary schools in Azzawya and number of inhabitants per school by DCU



Through MFGDs, participants were able to map out 76 primary and secondary schools, 16 higher education facilities and 14 religious schools.

DCU 5 was reported to hold the lowest concentration of schools per inhabitants with 1 school for approximately 6,628 inhabitants. In contrast, DCU 7 has the highest concentration of educational facilities (primary and secondary levels), with 1 school serving around 1,508 inhabitants.⁶

Table 5: Breakdown of reported primary and secondary level educational facilities per DCU

DCU 1	11
DCU 2	7
DCU 3	10
DCU 4	3
DCU 5	4
DCU 6	14
DCU 7	8
DCU 8	15

Health

SUMMARY

- Households in Azzawya were found to be more likely to report unmet needs in healthcare (30%) than households across Libya as a whole (23%).¹ Reporting a **generally poor perception of the quality of the city's healthcare**, residents highlighted specific issues such as **shortages of medicines and equipment, insecurity and unqualified medical staff**, which contributed to the reduction or interruption of health services.
- Aside from the fact that IDPs were often more affected by a lack of transport due to living further from health facilities, **different Libyan population groups did not report substantive differences in their ability to access healthcare**, including a lack of medical supplies, medical staff, or money to pay for care.¹
- Refugees and migrants**, on the other hand, faced **significant linguistic, financial, and social barriers to accessing healthcare**, the last of which included discrimination and a fear of being arrested at healthcare facilities.
- KIs highlighted a **major need for internationalisation within Azzawya's health sector**, including building human capacity and importing medical supplies from outside of Libya.

Table 6: Breakdown of sample for qualitative data collection on health

Area	Tool	Status of participant	Gender		Total
			Female	Male	
DCU	MFGD	Libyan resident	8	8	16
			(38 participants)	(36 participants)	(74 participants)
City	KII	Migrant	2	29	31
City	KII	Health KIs	5	8	13
		Medical professional	4	5	9
		Health administrator	1	3	4

Functionality of health facilities

- As reported by health KIs, an estimated 50-74% of patients in Azzawya were able to access the healthcare they needed within the two weeks prior to data collection.
- According to MFGD participants, 5 of the 60 public and private health facilities mapped in Azzawya were non-operational (Map 4). Medical professional KIs explained that these facilities had shut down due in part to a lack of qualified medical staff, which had led to mistrust from the residents. In addition, insecurity, the lack of governmental support and shortages in medicines and medical equipment contributed to the closure of these facilities. While MFGD participants stated that the public health sector was underfunded, residents from DCU 1, where the public health sector was reported to particularly lack financial support, mentioned that their health facilities were mainly running on financial contributions from the community.
- Health KIs also raised concerns about corruption and preferential treatment for some patients as obstacles to proper functioning of health services.

Barriers to accessing healthcare

- According to the 2018 MSNA, for most Libyan households across the country (43%), a lack of qualified medical staff was the primary barrier to accessing healthcare. While this was also true in Azzawya, the percentage of households reporting this as a primary barrier was lower (23%).
- KIs working in the health sector disagreed, instead reporting a lack of medicines and medical items as the foremost unmet need to access and to provide healthcare. The situation seems to be deteriorating over time and spreading to the private sector, forcing patients to bring their own medical supplies, including surgical instruments, to health facilities. Prices in pharmacies were unaffordable for many households.

"There is no medication for patients as before, and now the patient himself buys medication from the pharmacy at high prices."

(Female doctor, private sector, DCU 8)

- According to health KIs, the depletion of state subsidies for Azzawya's healthcare system, combined with looting during periods of unrest, were the main reasons for these shortages. To work more effectively, KIs stated that they needed to receive more medicines and modern foreign supplies, directly referring to foreign companies.

- Insecurity was reported as the second greatest concern for healthcare access, notably in DCU 1 and DCU 2, according to MFGD participants. This category of concerns encompasses a lack of security on the roads used to travel to medical facilities; this is particularly problematic in Azzawya, as results from the 2018 MSNA show that 34% of the city's households reported having to drive for more than 30 minutes to seek medical attention, as compared to 13% at a national level (Map 4).

- While the presence of explosive hazards was not reported as a barrier to accessing health facilities, their occasional proximity to security checkpoints, as well as frequent attacks on medical staff and patients inside the facilities, were raised as concerns by most of the KIs. Azzawya Public Educational Hospital was viewed as particularly insecure due to its location in DCU 3 near the core of the city.

- According to KIs, migrants' access to quality healthcare was first and foremost reportedly hindered by the inability to afford good-quality healthcare, followed by a lack of information and non-administrative access restrictions such as linguistic barriers, heightened economic vulnerability, and discrimination, to which non-Libyans are more exposed.

- Overall, health KIs did not mention significant shortages of female medical staff as compared to male medical staff.² However, due to insecurity, female doctors reportedly tended to avoid working at night, which presented a major potential issue in specific fields such as obstetrics.

Access restrictions for non-Libyans

- As a result of clashes and security checkpoints, migrants, in particular, reportedly faced restrictions on their access to healthcare due to the fear of being arrested or abused.³

"Most migrants do not receive treatment in public facilities because they fear being arrested, exploited and robbed of their money by armed groups guarding these facilities."

(Female doctor, private sector, DCU 5).

- In terms of admission to health facilities, while most healthcare administrator KIs (3/4) reported that non-Libyans theoretically had free access, most medical professional KIs (6/9) highlighted that restrictions in fact existed. The three major types of constraints reportedly faced by migrants were: (1) a lack of identity documentation; (2) the cost of healthcare, which was mostly not provided for free to non-Libyans in public hospitals and sometimes required the presence of a Libyan sponsor; and (3) being refused treatment or being discriminated against due to their migrant status, often out of a false belief that migrants frequently carry contagious diseases.

- Each of these restrictions was confirmed by migrant KIs themselves. While more than one-third (13/31) reported that non-Libyans were free to use health facilities, another two-thirds reported that access was only granted upon presentation of a valid Libyan identity document (10/31) or that access was prevented by other non-administrative restrictions (8/31). More specifically, the latter included: (1) a fear of being arrested at the facility (predominantly reported by KIs from West Africa); (2) the unaffordability of healthcare; and (3) the need to be accompanied by a Libyan sponsor to be granted access.

- Combined with the perceived poor quality of public healthcare, these access restrictions contributed to migrants' stated preference for private health facilities, where such incidents were reportedly less frequent.

Quality of healthcare

Figure 2: Perception of the quality of healthcare by health KIs



Health KIs could provide one answer to this question.

The majority of health KIs, along with MFGD participants in 5/8 DCUs, perceived the quality of healthcare in Azzawya's medical facilities as poor or very poor, reporting no improvement since the beginning of 2018.

To improve the quality of the healthcare they provided, KIs emphasised the need for international or governmental support. Specific needs included access to training programmes abroad; the provision of medical equipment, especially for specialised care; security for medical staff, including secure transportation during home visits; and involvement from the authorities to tackle corruption and mismanagement throughout the sector.

"[Medical professionals in Azzawya] ask for help from advanced countries in the field of health to develop and rehabilitate medical departments."

(Female doctor, public sector, DCU 2)

Most prevalent needs

Table 7: Top 3 healthcare needs reported by health KIs

For Libyans		For migrants and refugees
Emergency care (injuries / accidents)	1	Emergency care (injuries / accidents)
Treatment of chronic diseases	2	Surgery / specialised care
Skilled care during childbirth/mental healthcare	3	Treatment of chronic diseases

Health KIs could provide multiple answers to this question.

Coping mechanisms

According to both health KIs and MFGD participants, when Libyan residents of Azzawya were unable to access public healthcare, or when that healthcare was insufficient to meet patients' needs, they mainly resorted to private clinics, or to a lesser extent travelled abroad for medical care, most often to Tunisia, Egypt, Jordan, Turkey, or Germany.

Private health facilities were reported to be unaffordable by the majority of Libyan MFGD participant. This was exacerbated by a shortage of liquidity and inflexibility in regards to payment methods, as many private facilities reportedly only accepted cash.

As reported by health KIs, some Azzawya residents travelled within Libya to access alternate healthcare facilities, particularly those in Tripoli (but also in Sabratha, Misrata, and Azzintan). More rarely, they relied on alternative or traditional medicine.

Figure 3: Coping strategies most commonly used by residents without access to public health facilities, as reported by health KIs



Health KIs could provide multiple answers to this question.

Faced with a lack of access to formal healthcare, migrants reportedly resort to pharmacies or alternative medicine. KIs from MENA reported that migrants from their region of origin also move to other parts of the city, by taxi or through the support of their employer, if in need of healthcare, or resort to self-medication.

When access to healthcare is impeded by a lack of money, KIs reported that migrants tend to rely on the support provided by (1) their employer, (2) other migrants in Libya, or (3) members of the Libyan host community. The latter was mostly reported by KIs from the MENA region, who tended in general to be more integrated into Libyan host communities, mainly because of their cultural and linguistic similarities.⁴

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Map 4: Distance that Azzawya residents must travel by road to reach the nearest health facilities



60 public and private healthcare facilities and 46 pharmacies were mapped out by MFGD participants across assessed DCUs. The 3 health facilities that were most reportedly used by MFGD participants across all DCUs were Azzawya Public Education Hospital, Al-Basatin Clinic and the Libyan Foreign Medical Centre.

One pharmacy and five health facilities were reportedly non-functional (two in DCU 2 and one each in DCU 4, DCU 5 and DCU 6). Three facilities were reported to be partly operational (two in DCU 8 and one in DCU 3).

DCU 3 reportedly had the most medical facilities, excluding pharmacies (17).

Table 8: Breakdown of reported operational and partly operational medical facilities per DCU

DCU 1	6
DCU 2	4
DCU 3	17
DCU 4	4
DCU 5	5
DCU 6	12
DCU 7	3
DCU 8	7

Markets

SUMMARY

- Since the beginning of 2018, despite the periodic disruption of supply chains by armed conflict and the ensuing road closures, most of the merchant KIIs (9/10) interviewed had been able to keep their businesses **consistently operational**, though they faced **difficulties maintaining their stock**.
- **Merchants were instead more impacted by the devaluation of the Libyan dinar**, which led to a lack of liquidity, an increase in the price of goods, and a lower quality of imported products, impeding Libyan residents' ability to purchase market items. Following economic reforms in September 2018, however, this situation reportedly reversed.
- Throughout this section, data from the ABA's KIIs and MFGDs has been supplemented by the substantial secondary data available from the JMMI and MSNA.

Table 9: Breakdown of sample for qualitative data collection on markets

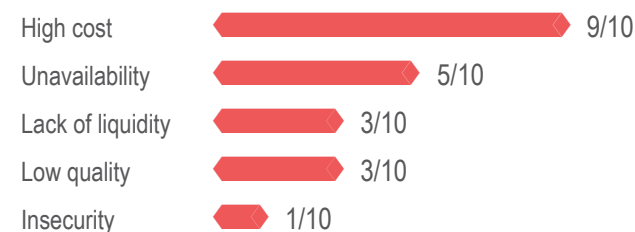
Area	Tool	Status of participant	Gender		Total
			Female	Male	
DCU	MFGD	Libyan resident	8 (36 participants)	8 (37 participants)	16 (73 participants)
City	KII	Migrant	2	29	31
City	KII	Merchant	0	10	10

Barriers to accessing market items

- In Azzawya, according to findings from the 2018 MSNA, 90% of Libyan households reported being able to access marketplaces, and a majority (53%) also reported not facing any barriers to access market items, whether physical or financial.¹
- Among those who did face problems, the three most commonly reported barriers were the high costs of market items, their unavailability, and households' lack of liquidity or other means of payment; these barriers were confirmed via Libyan household interviews, KIIs with merchants

and MFGDs with Libyan residents of Azzawya.² Both merchant KIIs and Libyan MFGD participants also highlighted the presence of low-quality items as a market issue.

Figure 4: Barriers to buying food and non-food items, as reported by merchant KIIs



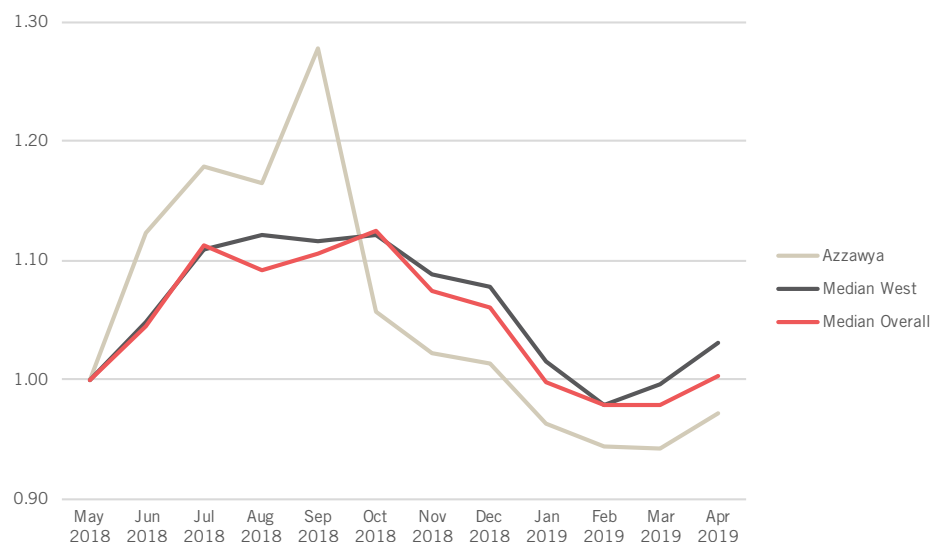
Merchant KIIs could provide multiple answers to this question.

- Similarly, nearly all migrant KIIs reported that, on the whole, migrants did not face significant challenges in accessing NFIs or basic food items. Among migrants who did face challenges, those from the MENA region reportedly faced economic barriers comparable to those faced by Libyan nationals. Among migrants from West Africa and East Africa, though general security considerations and risks linked to their migratory status (i.e. the presence of checkpoints, smuggling actors and the risk of kidnapping among non-Libyans), as well as linguistic barriers, were reported as additional concerns.

Prices of market items

- In 2018, changes in the median cost of the Minimum Expenditure Basket (MEB)³ over time were divided into two distinct phases by the imposition of economic reforms in mid-September 2018, which included a 183% tax on foreign currency transactions designed to narrow the gap between the official and parallel-market exchange rates for the Libyan dinar (LYD).⁴
- In Azzawya, between May and September 2018, the median cost of the MEB increased by 27.8% due to the devaluation of the Libyan dinar on the parallel market. This devaluation directly affected the price of goods, especially those imported by market actors without access to the official exchange rate. Similar increases in the median cost of the MEB were found on the national level (+10.5%) and across the west Libya region (+11.6%) over the same time period, but the rise in Azzawya was particularly acute due to a +337.5% spike in cooking fuel prices in the city, the result of clashes in Tripoli in August and September 2018 which blocked fuel supply chains.⁵

Figure 5: MEB Price Index for Azzawya since May 2018 (normalised, May 2018 = 1.00)⁶



How to read a price index

A price index is a representation of relative price changes over a given period of time. This price index was created by setting the initial cost of the MEB (recorded in May 2018) equal to one and reporting all subsequent prices as a fraction of the initial price. In any given month, a value of 1.00 represents no change from the initial price level, a value of 1.10 represents a 10% increase, and so on.

- Between September 2018 and January 2019, on the other hand, prices began to sharply decrease in Azzawya as a direct consequence of large-scale economic reforms, which enabled the Central Bank of Libya to significantly narrow the gap between the official and parallel-market exchange rates for the Libyan dinar.

- Overall, between May 2018 and January 2019, the median price of food items in Azzawya decreased by 3.7%. Yet the high cost of goods remained the most common barrier for consumers to access food items, as reported by merchant KIs.⁷ This perception may be explained by the fact that, between 2014 and 2017, prices of core commodities across Libya increased substantially due to the liquidity crisis and the nearly sevenfold depreciation of the Libyan dinar on the parallel

market.⁸ Though the dinar strengthened greatly throughout 2018 and the liquidity crisis began to ease, prices have remained stubbornly high compared to their 2014 levels, which may affect Libyans' perceptions of more recent economic improvements.

Unavailability of commodities

- The majority of merchant KIs (6/10) reported facing issues with meeting customer demand since the beginning of 2018. These issues were related to the difficulty to transfer money abroad and to get items from suppliers outside Azzawya due to clashes and road closures, which led to a lack of stock in shops.⁹

- In addition, some items were more difficult to find due to the short supply of subsidised items such as flour and cooking fuel¹⁰, both of which recorded median prices higher than the national level, an increase by respectively +158.3% and +42.9% between May 2018 to January 2019.¹¹

Lack of liquidity and low-quality commodities

- According to findings from the 2018 MSNA, when households did not have enough hard cash to purchase food, the most common coping mechanism they used was paying with credit or debit cards (52%), followed by spending their savings (46%) and borrowing money from others (33%).¹² While hard currency was the primary method of payment used by consumers, other payment modalities (i.e. certified cheques, credit/debit cards, and mobile money) could be accepted by the shopkeeper under certain conditions.¹³ Either a markup of 10% to 35%¹⁴ was added to the price of the commodity, or a minimum purchase amount was applied.

- Half of merchant KIs (5/10) reported changing the provenance of some of their products from Europe to Africa since the beginning of 2018. The Libyan liquidity crisis led to consumers being less able to purchase European items. Additionally, merchants were unable to pay their European suppliers due to the rise of the US dollar and euro exchange rates on the parallel market.¹⁵ However, KIs reported that Tunisian and Egyptian items did not meet expected quality standards, which coupled with the recent appreciation of the LYD, had prompted increasing imports from Europe toward the end of 2018, notably from Italy and Spain.

Payments, remittances, and savings for migrants and refugees

- Overall, migrant KIs reported that their ability to meet basic needs had not changed over the previous 12 months. Some, however, reported having increased their purchasing power, thanks to a decrease in the prices of core items and the appreciation of the Libyan dinar throughout 2018. Some migrant KIs from West Africa also explained that more employment opportunities had emerged as compared to before.

Over the 12 months prior to the assessment, migrant KIs reported no change in their ability to send money to their home countries (19/31) or to save money (28/31). A smaller number of migrant KIs from all regions, however, reported that migrants were more able than before to send money home (8/31) due to better security and economic conditions. In general, according to a REACH assessment conducted in June 2018, the liquidity crisis in Libya, coupled with the long period of depreciation of the Libyan dinar from 2014 to 2017, made the process of saving money much more difficult and lengthy for migrants.¹⁶

- Cash was reported as the main payment modality used by all migrant KIs for everyday expenditures. In-kind payments (2/31) and mobile money (2/31) were also reported as alternative payment methods.

- Due to a lack of trust in the banking system, migrants reported that they most often transfer money to their countries of origin informally through the support of acquaintances who plan to return there. Reportedly, this was considered a more convenient and safer option than making transfers through the black market due to the lower risk of robbery.¹⁷

Future prospects for merchants and traders

- Despite occasional issues with supplying customers, merchants and traders' predictions for the six months following data collection (February to July 2019) were largely positive. Most of the merchant and trader KIs predicted that their business would increase, as products were getting cheaper, cash was becoming more available, and new payment methods were emerging.

- This perception was based on the decrease in food and hygiene item prices since the aforementioned introduction of economic reforms in mid-September 2018, which led to the appreciation of the Libyan dinar (against the US dollar) on the parallel market, as well as to the greater availability of liquidity in banks.¹⁸

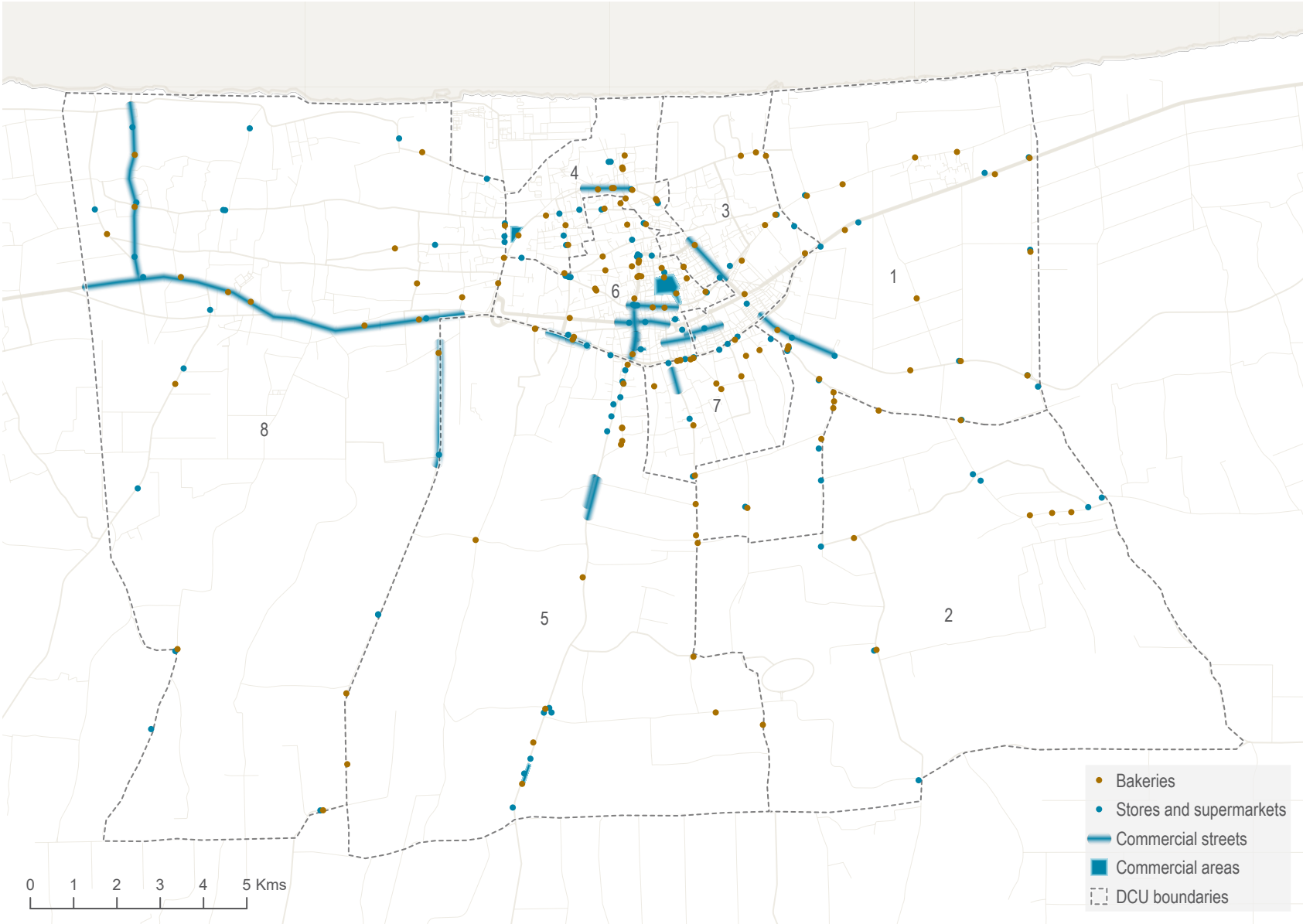
- None of the interviewed merchants or traders foresaw any exceptional issues with meeting customers' demand within the six months following data collection.

- It is worth noting, however, that KIs made these predictions during the ABA data collection period in December 2018-January 2019, well before the outbreak of clashes in Tripoli in April 2019, which negatively affected supply chains throughout west Libya.¹⁹



Food shops in Azzawya, January 2019

Map 5: Markets and bakeries reported per DCU in Azzawya



Markets:

Even though Azzawya residents reported facing barriers (lack of liquidity, poor quality of products) to accessing food and non-food items, most marketplaces across the assessed DCUs were reported to be functional.

Bakeries:

A total of 135 bakeries across all DCUs were identified through the MFGDs, out of which 4 were reported as non-operational and 32 as open part-time.

Table 10: Breakdown of operational bakeries reported per DCU

DCU 1	20
DCU 2	10
DCU 3	10
DCU 4	14
DCU 5	20
DCU 6	23
DCU 7	15
DCU 8	19

Bakeries

SUMMARY

- Since the beginning of 2018, following the **lack of supply of subsidised flour and fuel, and the departure of much of Libya's migrant workforce due to the devaluation of the LYD**, products sold in bakeries became less diversified and more expensive, as reported by baker KIs.
- **Baker KIs reported that in mid-2018, severe shortages of flour and fuel caused some bakers to temporarily close their businesses** and, in some cases, go on strike. **However, the situation has improved greatly, and KIs were optimistic about future prospects**, as the September 2018 economic reforms that followed these events were correlated both with improvements in the supply of subsidised flour by the government and with the appreciation of the Libyan currency on the parallel market.

Table 11: Breakdown of sample for qualitative data collection on bakeries

Area	Tool	Status of participant	Gender		Total
			Female	Male	
DCU	MFGD	Libyan resident	8 (36 participants)	8 (37 participants)	16 (73 participants)
City	KII	Migrant	29	2	31
City	KII	Baker	1	9	10

Impact of the 'bread and flour crisis' on bakeries

• In early 2018, the systems keeping Libyan bakeries and retailers supplied with subsidised flour began to face major difficulties, causing havoc among consumers and small-scale producers. This 'bread and flour crisis' was largely the result of efforts by the Tripoli-based Central Bank of Libya (CBL) to combat the phenomenon of 'ghost bakeries', fraudulent entities that register as bakeries to gain preferential access to letters of credit. As part of these efforts, the CBL imposed restrictions on the issuance of letters of credit, which made it more expensive to import wheat or flour from abroad, forcing many bakery owners to either suspend operations or pass the added cost of production on to consumers.¹ Some bakery owners responded by going on strike.²

• Bakery owners in Azzawya perceived themselves to have been more strongly affected by the crisis than the owners of grocery shops or supermarkets. Most baker KIs (8/10) reported that they had had to close their businesses at some point in 2018 due to disruptions in the provision of flour, which caused a significant decrease in bread production.

• The temporary closures of bakeries were also explained by power outages (3/8) and a diminished migrant workforce (2/8). According to baker KIs, migrants working in bakeries had been gradually leaving Libya between 2014 and 2017 due to the depreciation of the Libyan dinar, which led to a rise in salaries, as Libyans work on contracts that follow national wage laws.

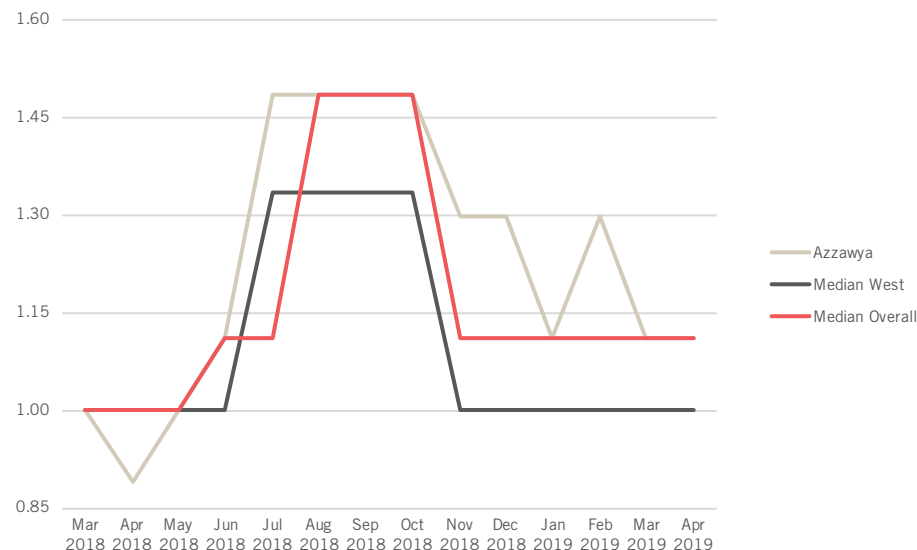
• Those baker KIs who kept their bakeries open throughout the crisis perceived the situation as an opportunity allowing them to make more profit, as demand for bread was particularly high between July and October 2018.

• Overall, while all baker KIs reported that their businesses had been affected by the events of mid-2018, most of them also believed that bakeries in other areas of Libya had been more strongly affected. Azzawya city is located near factories and fertile agricultural land with ready access to water, which makes it one of the few areas in Libya able to both produce and mill its own wheat.³

Bread prices

• In early January 2019, at the time of the ABA data collection, the median price of 1 piece of bread sold by baker KIs was 0.50 LYD (2.50 LYD for a standard bag of 5 pieces of bread).⁴ Between March and October 2018 in Azzawya, the median price of bread had increased by 48.4% as a result of flour shortages; it then decreased by 25.0% between October 2018 and January 2019 due to the renewed expansion of the letter-of-credit system following the September 2018 economic reforms.⁵

Figure 6: Bread prices over time (normalised, March 2018 = 1.00)⁶



- The majority (7/10) of baker KIs reported being free to set their own prices for all products they sell, as opposed to being required by the authorities to sell bread or other staple products at a fixed price. However, while some KIs reported that prices depended on whether or not the bakeries were supplied with subsidised flour, those who declared being supplied with subsidised flour (2/10) also said they were free to set prices. This shows: (1) that subsidised flour is rarely supplied, and (2) that other factors affected the price of products, notably the increasing cost of manufacturing products such as yeast and fuel as well as operational materials and wages.

Figure 7: Main supply issues faced since the beginning of 2018 as reported by baker KIs

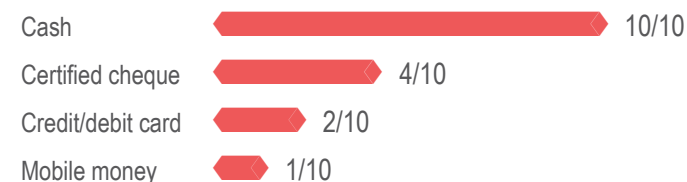


Baker KIs could provide multiple answers to this question.

Payment modalities

- Cash (10/10) was the primary method of payment accepted by baker KIs. Certified cheques (4/10), credit/debit cards (2/10) and mobile money (1/10) were less commonly accepted. Prior to October 2018, bakers generally added a 40% mark-up to any transactions using alternative payment modalities. Following the September 2018 economic reforms, these mark-ups commonly fell to around 10% as a result of improvements in the supply of liquidity.

Figure 8: Main payment modalities accepted in bakeries in Azzawya as reported by baker KIs



Baker KIs could provide multiple answers to this question.

- Baker KIs reported that their clients used three main coping strategies when they did not have enough cash to cover their household's needs. The main strategy was purchasing items on credit, to be repaid either in instalments or as a lump sum by the end of the month. The second most common alternative was the use of certified cheques, followed by bartering (generally with animals, telephones, vegetables, meat, or gold).

Future prospects for bakers

- A majority of baker KIs reported that they expected their businesses to remain stable within the six months following data collection (February to July 2019). While 3/10 expected the supply of subsidised flour to continue to improve, 1/10 stated that shortages of migrant workers would lead to a decrease in their business, as migrants represent a less expensive labour force.⁷
- In terms of customers' demand for bread, most of the KIs (7/10) did not foresee any issues responding effectively to residents' needs. Again, however, these predictions were made during the ABA data collection period in December 2018-January 2019, well before the outbreak of clashes in Tripoli in April 2019, which negatively affected supply chains throughout west Libya.

Humanitarian Assistance

SUMMARY

- **In-kind aid, including food provision, was the modality of assistance most frequently reported by humanitarian KIs working in Azzawya.** Humanitarian programs most often targeted IDPs and consisted mostly of one-time interventions, rather than recurring ones.
- In terms of access to services, humanitarian worker KIs also reported greater needs in the health and education sectors than in the food sector. This highlights a **potential gap between supply and demand.**

Table 12: Breakdown of sample for qualitative data collection on humanitarian assistance

Area	Tool	Status of participant	Gender		Total
			Female	Male	
DCU	MFGD	Libyan resident	8 (36 participants)	8 (37 participants)	16 (73 participants)
City	KII	Migrant	29	2	31
City	KII	Education KIs	5	8	13
		Teacher	5	4	9
		Education administrator	0	4	4
City	KII	Health KIs	5	8	13
		Medical professional	4	5	9
		Health administrator	1	3	4
City	KII	Merchant	0	10	10
City	KII	Baker	1	9	10
City	KII	Humanitarian worker	4	6	10
		Religious org. worker	1	1	2
		Libyan NGO worker	3	4	7
		INGO worker	0	1	1

Types of humanitarian assistance provided in Azzawya

- According to the 2018 MSNA, an average household in Azzawya was about half as likely to receive humanitarian aid as an average household across all assessed mantikas of Libya (5% and 9% of households, respectively).¹
- While international organisations (INGOs and United Nations agencies) were reported by humanitarian KIs to be the most prominent and active humanitarian actors in Azzawya, they were also fewer in number compared to local NGOs.
- IDPs were reported by humanitarian KIs to be the main population group targeted by aid programmes, followed by refugees and migrants. Nevertheless, very few migrant KIs reported being aware of any organisations providing humanitarian aid to migrants in Azzawya (4/31); those who were reported being aware of the work of the International Organisation for Migration (IOM) and the Libyan Red Crescent.

- According to humanitarian KIs, the modality of assistance most frequently provided in Azzawya was in-kind aid, in particular food (9/10), NFIs (8/10), and healthcare services (7/10).

- On the other hand, healthcare was the humanitarian need most commonly reported by Libyan residents across all of Azzawya's DCUs, as the quality of existing healthcare was mainly described as poor or very poor. This was followed by safety and security, reported as a priority need in all DCUs except DCU 3. Education was the third most commonly reported need, cited by MFGD participants in all DCUs except DCU 4 and DCU 5.

Figure 9: Top 3 priority needs most commonly reported by MFGD participants across the 8 DCUs



Figures represent the number of Azzawya's DCUs in which MFGD participants identified each of the above sectors as a priority need.

Table 13: Humanitarian assistance provided in each DCU, as reported by Libyan MFGD participants

DCU	Assistance provider	Assistance recipient	Assistance provided ²
DCU 1	Local council and/or local and religious authorities	• Female-headed households and orphans	→ Cash
		• Low-income households	→ In-kind and cash
		• Displaced households	→ Not specified
DCU 2	Local council and/or local and religious authorities	• DCU's main health centre and households whose shelters were damaged	→ Cash
		• Students of the Koranic school	→ In-kind (food distribution & medical assistance)
		• Al-Aruba school and Al-Salam mosque	→ In-kind (maintenance and development)
DCU 3	Local council and/or local and religious authorities	• Low-income households	→ In-kind (food distribution)
	National and/or international organisations	• Households most affected by war and IDPs	→ In-kind (food & NFI distribution)
DCU 4	Local council and/or local and religious authorities Libyan and international NGOs	• Low-income households during the month of Ramadan and Eid al-Adha	→ Not specified
		• Low-income households	→ In-kind (food & NFI distribution)
		• Migrants in detention centres	→ Not specified
DCU 5	Local council and/or local and religious authorities	• Low-income households, disabled people and migrants	→ In-kind (dry rations, medicine & NFI distribution)
	Libyan and international NGOs	• Low-income households, disabled people and migrants	→ In-kind (food & NFI distribution)
DCU 6	Libyan and international NGOs	• Not specified	→ In-kind (food distribution)
	Local council and/or government bodies		→ In-kind (food & NFI distribution)
DCU 7	Religious and local organisations	• Low-income households	→ In-kind (food distribution during Ramadan)
	National and/or international organisations	• Conflict-affected families	→ In-kind (food distribution & medical assistance)
		• Health facilities in Azzawya	→ Not specified
DCU 8	Local council and/or local and religious authorities	• Displaced families and orphaned children	→ Not specified
	National and/or international organisations	• Low-income households	→ Not specified

- The few migrant KIs who reported that humanitarian aid was being provided to migrants and refugees explained that this was limited to the provision of NFIs (8/31), food in the form of dry rations or hot meals (6/31), and occasional health services in detention centres (3/31). One migrant KI also referenced the assistance provided by IOM within the framework of voluntary humanitarian returns (VHR).

Health assistance

- From the perspective of humanitarian worker KIs, no specific segments of the Libyan population received preferential health assistance from humanitarian actors. Overcrowded health facilities and low-income families were cited as some of the main beneficiaries targeted by humanitarian assistance programmes.

- Within the three months prior to data collection, the health assistance provided by humanitarian actors was diverse, consisting primarily of medicine shipments (antibiotics and vaccines), followed by assistive devices, surgery, skilled care during childbirth, treatment for chronic diseases, and assorted medical supplies.

- Only 3 KIs from East Africa reported that migrants in Azzawya received health-related humanitarian assistance. All reported that this was provided only in detention centres (3/31).

- Humanitarian KIs reported that the two main obstacles to ensuring healthcare access were shortages of medicines or medical supplies and the lack of appropriate medical devices.³ Non-functional facilities and unqualified medical staff were also mentioned as barriers.

Food and cash assistance

- Within the three months prior to data collection, humanitarian KIs reported that while Libyan IDPs represented the population group most often targeted for food assistance, other selection criteria were also used, including as low-income families, people with special needs, the disabled, and families living in conflict areas. According to humanitarian KIs, some organisations refused to assist non-Libyans with no identity documents, as assistance for migrants was meant to be managed by the Immigration Office.

- Humanitarian KIs reported that the food assistance programmes active in Azzawya included food baskets (7/15), dry rations (4/15), and more rarely hot meals on site (2/15) or vouchers to purchase food (2/15).

- Migrant KIs reported that most food assistance provided by humanitarian actors was recurring and concentrated in detention centres, which consisted mainly of dry rations and hot meals. One merchant KI, however, reported that food, hygiene items, and bedding had been distributed to urban migrants in the Uza and Abu Ghelasha neighbourhoods of DCU 4.

- No merchant KIs were aware of cash-based humanitarian assistance being provided in the city of Azzawya to help households afford basic commodities, including the aforementioned food vouchers reported by humanitarian KIs. In addition, no baker KI reported being aware of any Libyan or international body that has been distributing bread or flour to Libyan households or helping them to afford core food items.

- While no migrant KI reported being aware of the provision of cash assistance to non-Libyans, a minority reported being aware of the provision of assistance in the form of food and NFIs, mostly in migrant detention centres.

Education assistance

- Most of the educational service providers interviewed (10/13) were not aware of any governmental or non-governmental organisations (NGOs), aside from the Ministry of Education itself, that had been working to improve access to schooling or the quality of education in the city. One education KI reported the assistance of two local NGOs which provided supplies to teachers and students. Humanitarian KIs, meanwhile, reported that assistance programmes had been launched to rehabilitate school buildings, provide school supplies to children, and create child-friendly spaces.

- Humanitarian worker KIs reported that selection criteria for education assistance programmes conducted in the past had most often focused on IDPs, as well as on school facilities with damage or overcrowded classrooms.

- No migrant KIs reported knowing about any education-related humanitarian aid provided to migrants in the city of Azzawya.

- According to humanitarian KIs, the main barriers to accessing education in Azzawya were a lack of school materials, a lack of infrastructure (latrines, furniture, electricity), and a shortage of teachers, which in turn led to overcrowded classrooms. These barriers were nearly the same as those cited by both education KIs and Libyan MFGD participants.

Impact of the conflict on humanitarian work

- While the majority (7/10) of humanitarian KIs reported generally feeling safe in Azzawya as humanitarian workers, some areas of the city felt particularly unsafe for them, notably because militias could prevent them from providing aid. KIs also reported that humanitarian workers faced a higher risk of kidnapping and looting (including the confiscation of aid or vehicles) than did ordinary residents.
- Most humanitarian KIs believed that Azzawya residents perceived them to be providing poor-quality aid. They also reported a high degree of suspicion from residents, who sometimes perceived them to be agents of foreign intelligence. Mistrust from residents, including those belonging to armed groups (militias), occasionally led to 'insults, verbal abuse, beatings, and imprisonment' for humanitarian workers.⁴
- Most humanitarian KIs (8/10) reported that the liquidity crisis negatively affected their organisations' ability to provide humanitarian aid.
- To compensate for a lack of liquidity, humanitarian KIs reported using different strategies. While those working in religious organisations reported using personal relationships with banks' staff and businessmen to withdraw cash, KIs from other types of organisations were more likely to rely on other payment methods (particularly certified cheques and prepaid cards). They also sought other sources of funding from local authorities and international organisations, as well as through grassroots fundraising from businessmen and private donors. Other organisations sought to collect funds by implementing new types of activities, such as providing training and workshops, selling hand-made products (e.g. cooking or sewing items), or leasing vehicles or storage space that belonged to the organisation.

Perspectives on humanitarian assistance

- According to half of the KIs (5/10), the need for humanitarian aid in Azzawya remained unchanged since the beginning of 2018. However, refugees and migrants, followed by IDPs, were reported as two segments of the population whose needs had increased during that period.
- A lack of funding was reported to be the major barrier to delivering effective humanitarian assistance in Azzawya, followed by the challenges posed by the liquidity crisis. Humanitarian KIs also reported that they faced difficulty obtaining access to the people in greatest need, and that they were hampered in their work due to a lack of no sectoral expertise among their staff.
- According to aid worker KIs, who mainly work for local NGOs and CSOs, efforts to deliver aid in the city of Azzawya would be more effective with better cooperation among aid actors to communicate about needs across all areas of the city and to ensure a more equitable distribution of aid. To better understand and respond to the local population's needs, aid workers should be better trained, qualified and specialised, including via participation in 'international workshops and forums dealing with humanitarian action'.⁵ Lastly, the pattern of implementing sporadic short-term interventions rather than longer-term programming was perceived as an obstacle to effective humanitarian work.

Endnotes

Methodology

¹ MSNA, 2018; the January-June 2018 Trends Analysis report, Joint Market Monitoring Initiative (JMMI) factsheets of January 2018, February 2018, March 2018, April 2018, May 2018, June 2018, July 2018, August 2018, September 2018, October 2018, November 2018, December 2018, January 2019, February 2019, March 2019, April 2019.

² To reduce the length of time needed for each MFGD, the data collection tool was split into two parts. Four MFGDs were completed in each DCU, including 2 (1 with male and 1 with female participants) that asked questions about education and health, and 2 that asked questions about markets, bakeries and humanitarian assistance.

³ DCU-level migrant KIIs were conducted in 5 out of the 8 DCUs: specifically, DCUs 1, 4, 5, 6, and 8. These DCUs were selected purposively due to enumerators' greater access in these areas to migrants from MENA, East Africa, and West Africa. Three DCU-level key informant interviews were conducted with migrants in each selected DCU.

Education

¹ KIs who reported "do not want to answer" (3/13) were not considered in the analysis.

² For further details, see Altai, 2017, "Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges".

³ While half of KIs responded that there were shortages of male staff, most of them (7/11) also considered shortages of female staff to be an issue. Results show a correlation with gender, but highlight that males had the same perception as female KIs. Yet, most of the teachers in Azzawya are women (ratio of 7 female teachers for every 1 male teacher), due notably to the reluctance of men to teach for a low salary as reported by education KIs.

³ The remaining education KI (1/13) reported no knowledge on the topic.

⁴ From March 2019, salaries in the education sector are set to rise. For further details, see: <https://www.libyaakhbar.com/libya-news/783509.html> (consulted on 26 February 2019).

⁵ Retrieved from Worldpop 2018.

Health

¹ MSNA, 2018.

² KIs of different genders seemed to have similar views on the topic of shortages of female staff; 1/5 female and 3/8 male medical professional KIs mentioned that these shortages were a problem.

³ 7/13 medical professionals interviewed reported access restrictions, 3/13 reported no access restrictions and 3/13 did not want to answer.

⁴ For further details, see Altai report, 2017, "Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges".

Markets

¹ MSNA, 2018.

² MSNA, 2018, corroborated by results from this ABA.

³ The Minimum Expenditure Basket (MEB) represents the minimum culturally adjusted group of items required to support a six-person Libyan household for one month. The cost of the MEB can be used as a proxy for the financial burdens that households in different locations face. The MEB's contents were defined by the CWG in consultation with relevant sector leads.

⁴ For further details, see the JMMI factsheets of September, October, November, and December 2018.

⁵ Ibid.

⁶ Graph derived from JMMI data collected between May 2018 and April 2019.

⁷ Data collected in September 2018 (MSNA, 2018) and January 2019 (ABA) showed the same trend.

⁸ For further details, see CMWG and REACH (November 2017): *Market Systems in Libya: Assessment of the Wheat Flour, Insulin, Tomato and Soap Supply Chains*.

⁹ MSNA, 2018, corroborated by results from this ABA.

¹⁰ Of households that reported market items were unavailable (17% or n=20), fuel was the least available item. (MSNA, 2018)

¹¹ At national level, the increases in price of flour and cooking fuel were 13.6% and 5.8% respectively between May 2018 and January 2019. Data are available in the JMMI datasets from May 2018 to January 2019. May 2018 JMMI Dataset; June 2018 JMMI Dataset, July 2018 JMMI Dataset, August 2018 JMMI Dataset, September 2018 JMMI Dataset, October 2018 JMMI Dataset, November 2018 JMMI Dataset, December 2018 JMMI Dataset, January 2019 JMMI Dataset.

¹² MSNA, 2018.

¹³ There are identical trends between payment modalities of households identified in the MSNA and the payment modalities of shop keepers with suppliers in the ABA, with most of the respondents in both assessments reporting paying with hard cash. However, there was a greater proportion of respondents reporting the use of mobile money in the MSNA than in the ABA, while a greater proportion of respondents in the ABA reported using certified cheques and credit/debit cards as payment modalities.

¹⁴ JMMI, corroborated by results from this ABA.

¹⁵ A similar trend was also identified in the MSNA, with the prices of basic goods generally increasing due to several factors, including inflation driven by political divisions, acute shortages in the supply chains of basic commodities, and the strong devaluation of the Libyan dinar on the parallel market. For further details, see: MSNA, 2018.

¹⁶ For further details, see the REACH brief (June 2018): *Access to Cash and the Impact of the Liquidity Crisis on Refugees and Migrants in Libya*.

¹⁷ Ibid.

¹⁸ For further details, see the JMMI factsheets of September, October, November, and December 2018.

¹⁹ For further details, see the JMMI factsheet of May 2019, as well as the REACH brief (June 2019): *Effects of the Tripoli Conflict on South Libya*.

Endnotes

Bakeries

¹ For further details, see CMWG and REACH (September 2018): [Joint Market Monitoring Initiative, January–June 2018 Trends Analysis](#).

² According to baker KIs, the main reasons behind bakers' strikes were: the decrease of the bakers' profit due to the smuggling of flour and the mismanagement of public authorities of flour distribution, which led to increasing flour prices due to the struggle of government institutions to continue subsidising flour.

³ The city of Azzawya operates a desalination plant to provide farms with water for irrigation.

⁴ In the JMMI, the median price of bread monitored in Azzawya in January 2019 was roughly half of that reported by bakery KIs in the ABA. This may be explained by differences in the types of shops where prices were monitored: in the JMMI, enumerators visited larger grocery stores and directly recorded the cheapest price available, whereas in the ABA, bakery owners self-reported the prices they themselves charged. Based on this comparison, we assume that bakeries tended to sell bread at a higher price than large grocery stores, as these stores tend to buy their bread from larger bakeries that produce in bulk. The data could also be explained by the size of bread pieces sold. According to KIs, smaller pieces of bread are generally sold early in the morning (at a lower price) at the time when supermarkets buy bread in bulk, whereas larger pieces of bread are sold (at a higher price) at noon and in the evening, which explains this difference in price.

⁵ Analysis derived from JMMI data collected between March 2018 and April 2019. Here, we assume that the price of bread evolved in the same way in bakeries and grocery stores. From May 2018 to January 2019, this increase was consistent across all regions of Libya (i.e. +11.1%).

⁶ Graph derived from JMMI data collected between March 2018 and April 2019.

⁷ According to baker KIs, large numbers of Egyptian labour migrants have traditionally worked in Azzawya's bakeries and have established a reputation as a specialised and low-cost workforce.

Humanitarian assistance

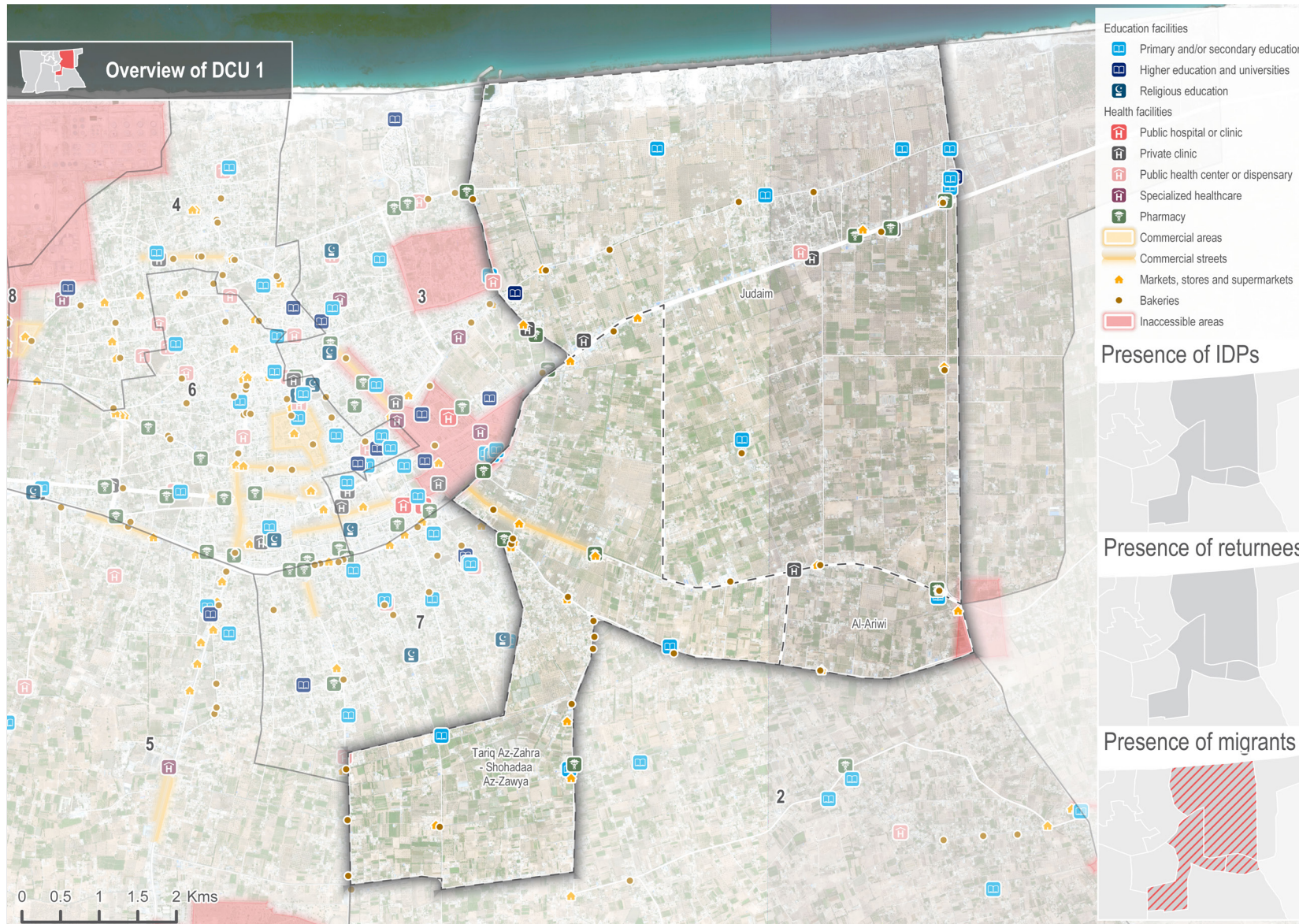
¹ MSNA, 2018. Findings cover only Libyan households (non-displaced, IDPs, and returnees), and do not cover refugees and migrants.

² A response of "Not specified" in this column indicates that MFGD participants were not able or willing to give further details on the specific aid provided.

³ The health KIs provided similar responses.

⁴ Female, CSO director, DCU 1.

⁵ Male, local NGO worker, DCU 5.



Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019. Please note that while no specific areas indicating a concentration of returnees and IDPs were mapped by MFGD participants, returnees and IDPs were reported to be spread out over different locations within DCU 1.

Key characteristics

Education

- Lack of male and female teachers
- Unstable security conditions prevent access to facilities
- Lack of school supplies

Health

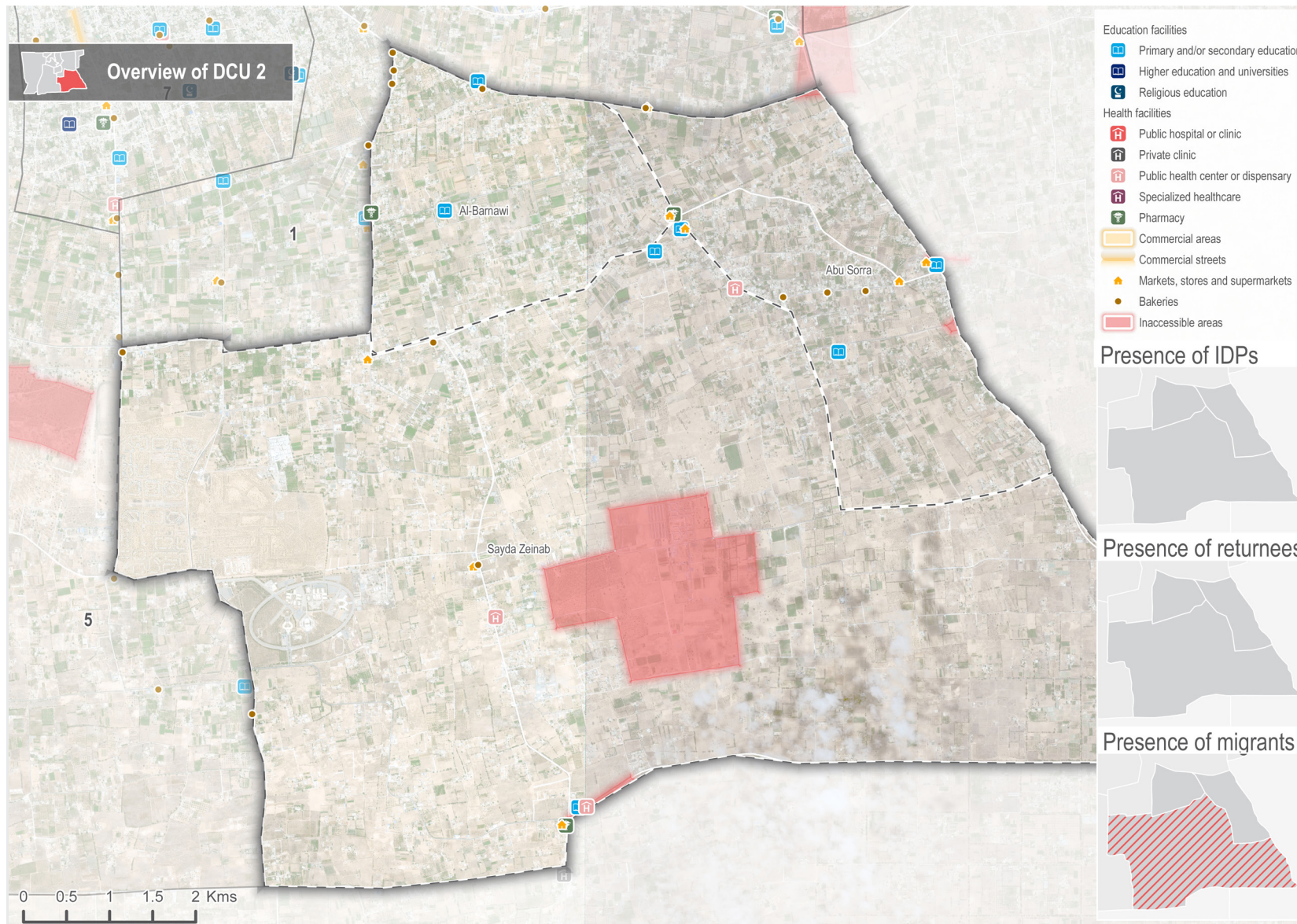
- Very poor quality of public health facilities
- Public facilities mainly running on donations from residents
- Unstable security conditions prevent access to facilities
- Shortage of medical staff and specialists
- Shortage of medicine
- Shortage of medical treatment and specialised healthcare
- Unaffordable private facilities
- Most vulnerable groups of population: migrants, pregnant women, and people with chronic diseases

Markets

- Unaffordable prices of food items (e.g. meat, fish and fruits)
- Unavailability of payment methods other than cash

Bakeries

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power cuts)
- Shortage of bread
- Low-quality bread and small pieces of bread available



Key characteristics

Education

- Lack of male and female teachers

Health

- Unstable security conditions prevent access to facilities
- Most vulnerable groups of population: pregnant women, and people with chronic diseases

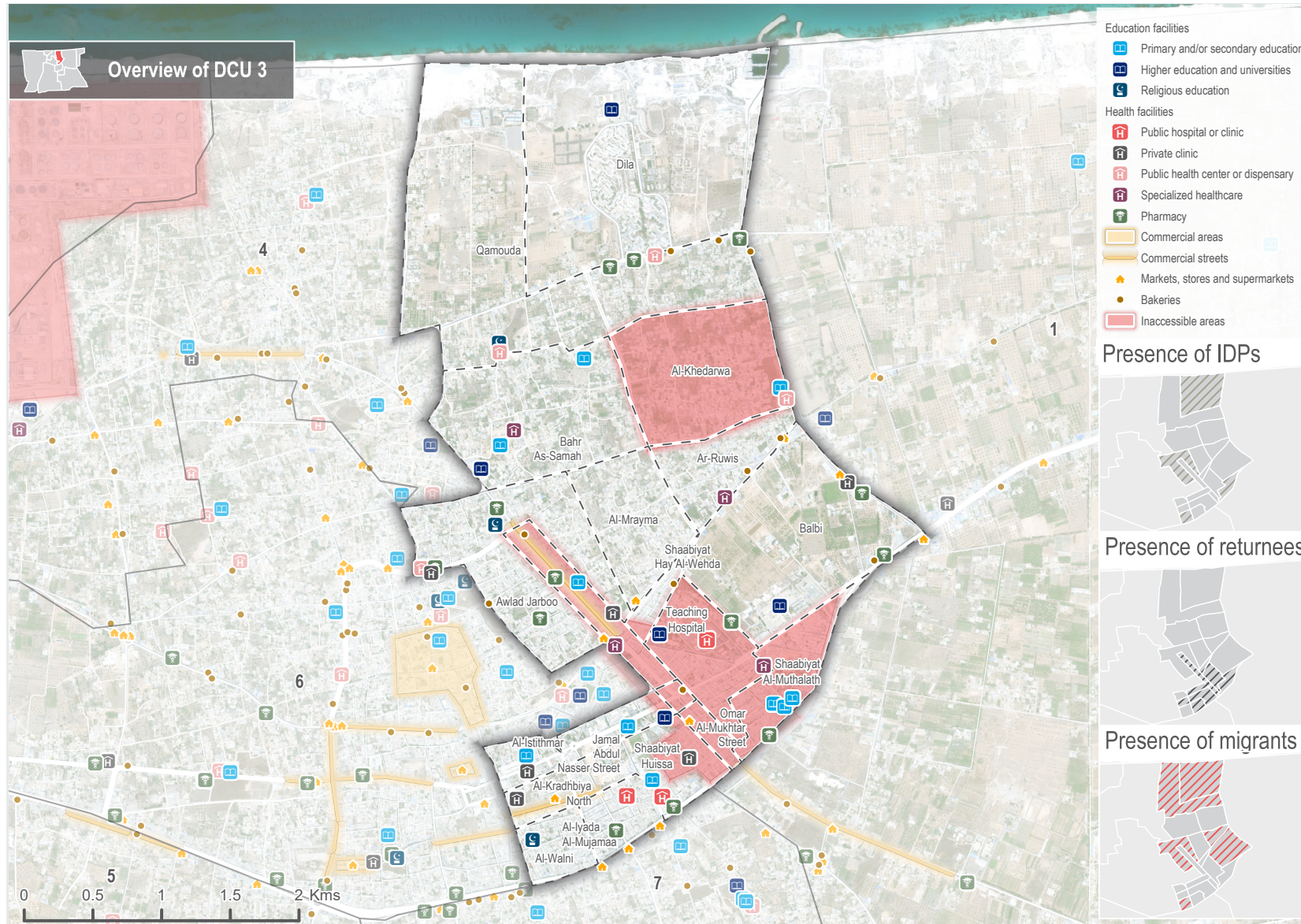
Markets

- Unaffordable prices of food items (e.g. meat, fish and fruits)
- Occasional closure of some marketplaces (deteriorating economic conditions & proliferation of armed groups)

Bakeries

- Closure of several bakeries as a result of clashes, shortage of flour, lack of workers, and/or frequent power cuts
- Low-quality bread and small pieces of bread available

Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019. Please note that while no specific areas indicating a concentration of returnees and IDPs were mapped by MFGD participants, returnees and IDPs were reported to be spread out over different locations within DCU 2.



Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019.

Key characteristics

Education

- Lack of male and female teachers
- Unstable security conditions prevent access to facilities
- Poor infrastructure and basic amenities such as water and electricity

Health

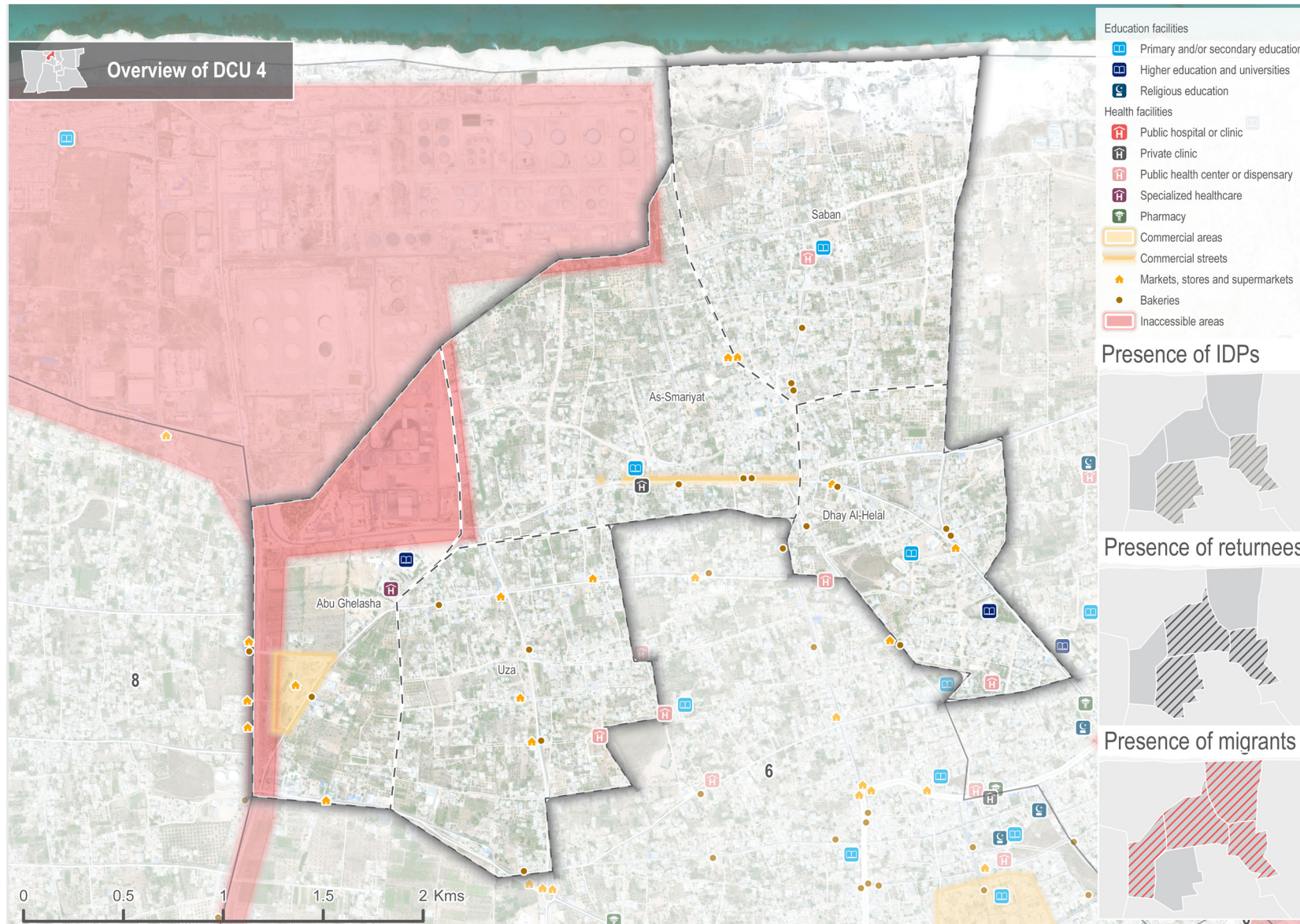
- Very poor quality of public health facilities
- Shortage of medical treatment and specialised healthcare
- Unaffordable private facilities
- Most vulnerable groups of population: people with chronic diseases, and low-income households

Markets

- Low-quality commodities

Bakeries

- Unpredictable opening hours
- Overcrowded bakeries



Key characteristics

Education

- Lowest total number of schools of any DCU
- Lack of male and female teachers
- Poor infrastructure and basic amenities such as water and electricity

Health

- Very poor quality of public health facilities
- Shortage of medical staff and specialists
- Shortage of medical treatment and specialised healthcare
- Unaffordable private facilities
- Most vulnerable groups of population: migrants, pregnant women, and people with chronic diseases

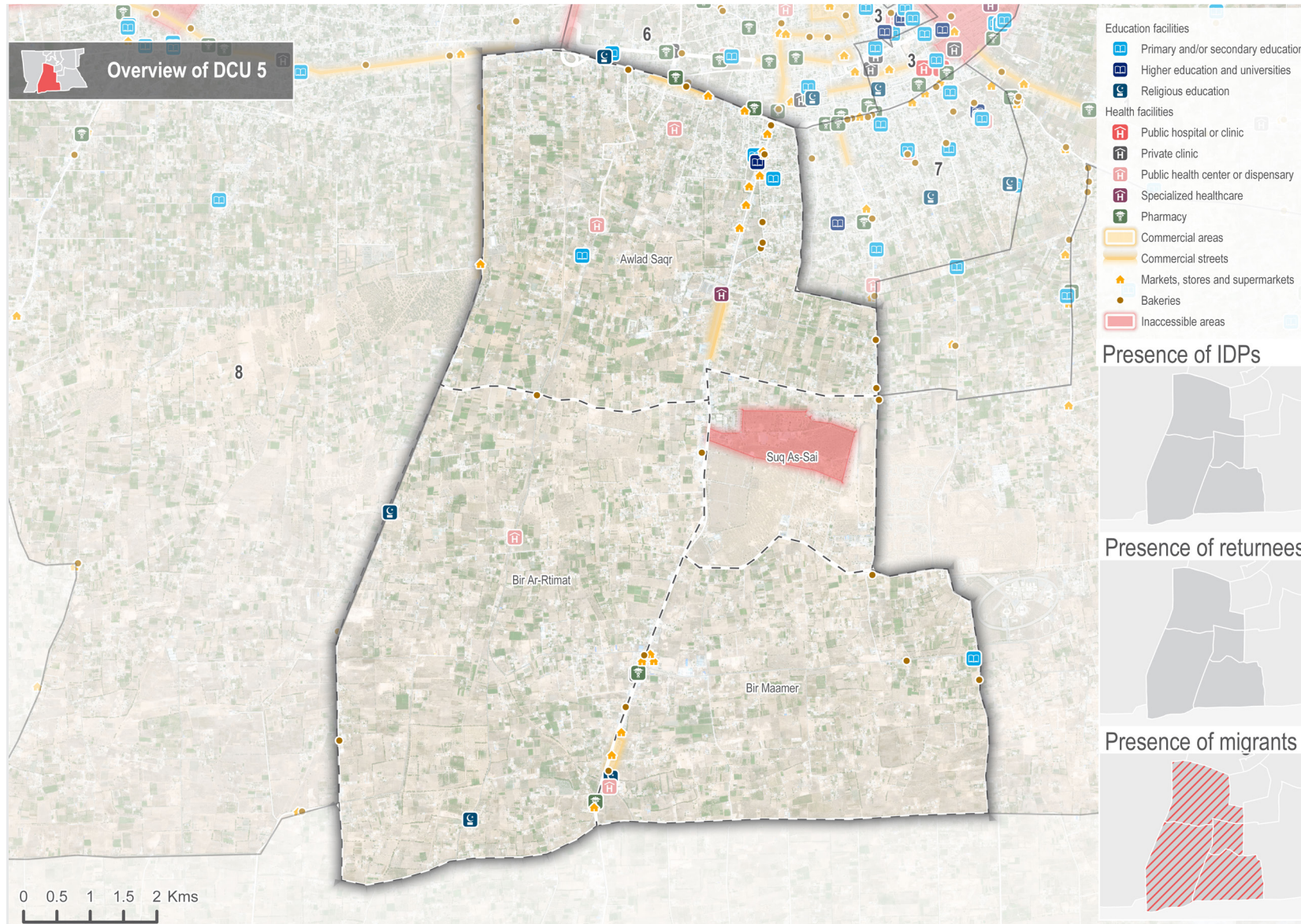
Markets

- Unaffordable prices of food items (e.g. meat, fish and fruits)
- High mark-ups on alternative payment methods

Bakeries

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power-cuts)
- Shortage of bread

Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019.



Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019. Please note that while no specific areas indicating a concentration of returnees and IDPs were mapped by MFGD participants, returnees and IDPs were reported to be spread out over different locations within DCU 5.

Key characteristics

Education

- Attempts from armed groups to recruit secondary school children
- Lack of male and female teachers
- Unstable security conditions
- Lack of school supplies
- Poor infrastructure and basic amenities such as water and electricity
- Disinterest by children in high school education

Health

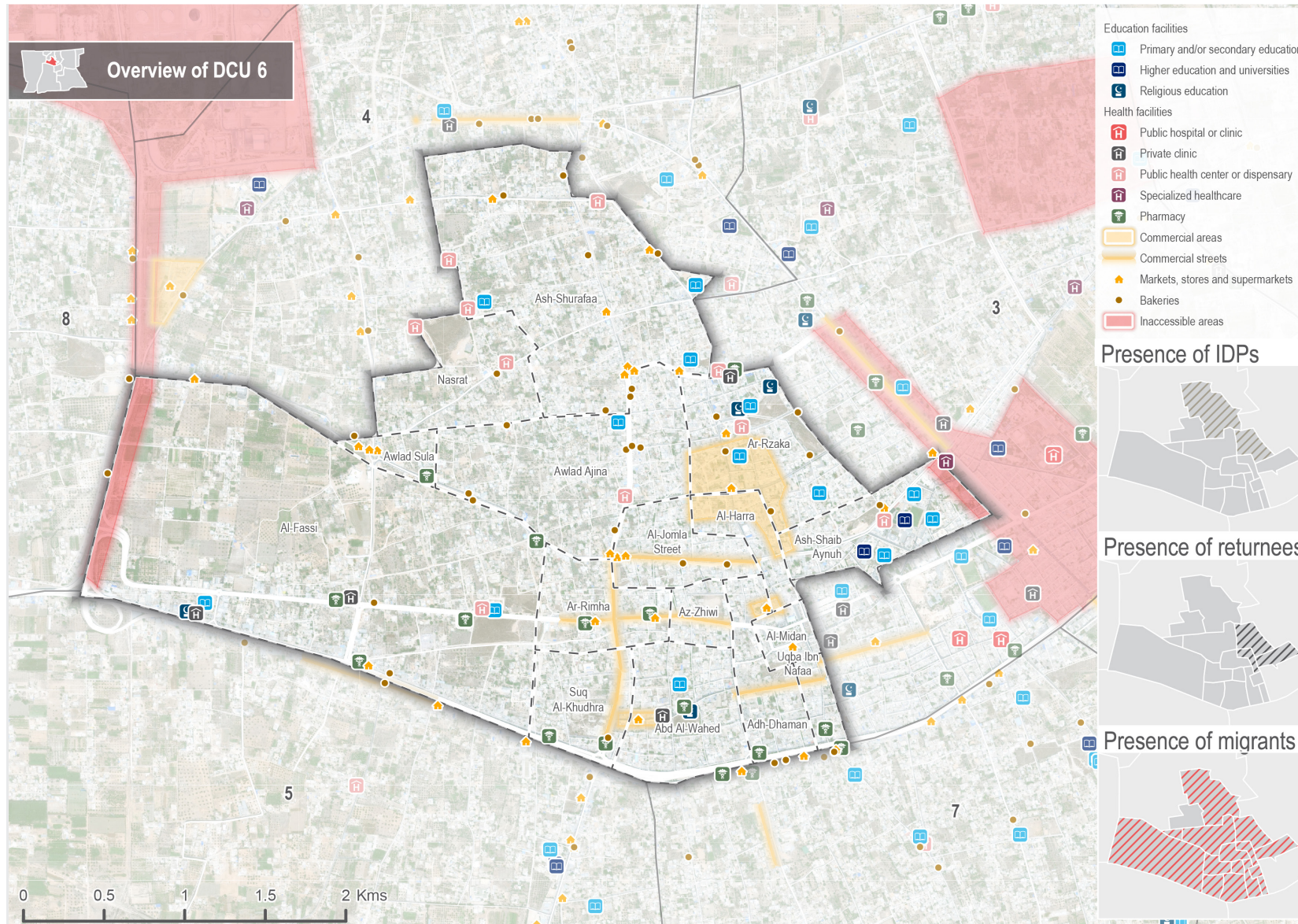
- Shortage of medical staff and specialists
- Shortage of medicine
- Most vulnerable groups of population: people with chronic diseases, and low-income households

Markets

- Unaffordable prices of food items (e.g. meat, fish and fruits)
- Unavailability of payment methods other than cash
- Occasional closure of some marketplaces (deteriorating economic conditions & proliferation of armed groups)
- Low-quality commodities

Bakeries

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power cuts)
- Overcrowded bakeries.
- Low-quality bread and small pieces of bread available



Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019.

Key characteristics

Education

- The highest concentration of schools in Azzawya
- Lack of male and female teachers
- Unstable security conditions prevent access to facilities
- Lack of school supplies

Health

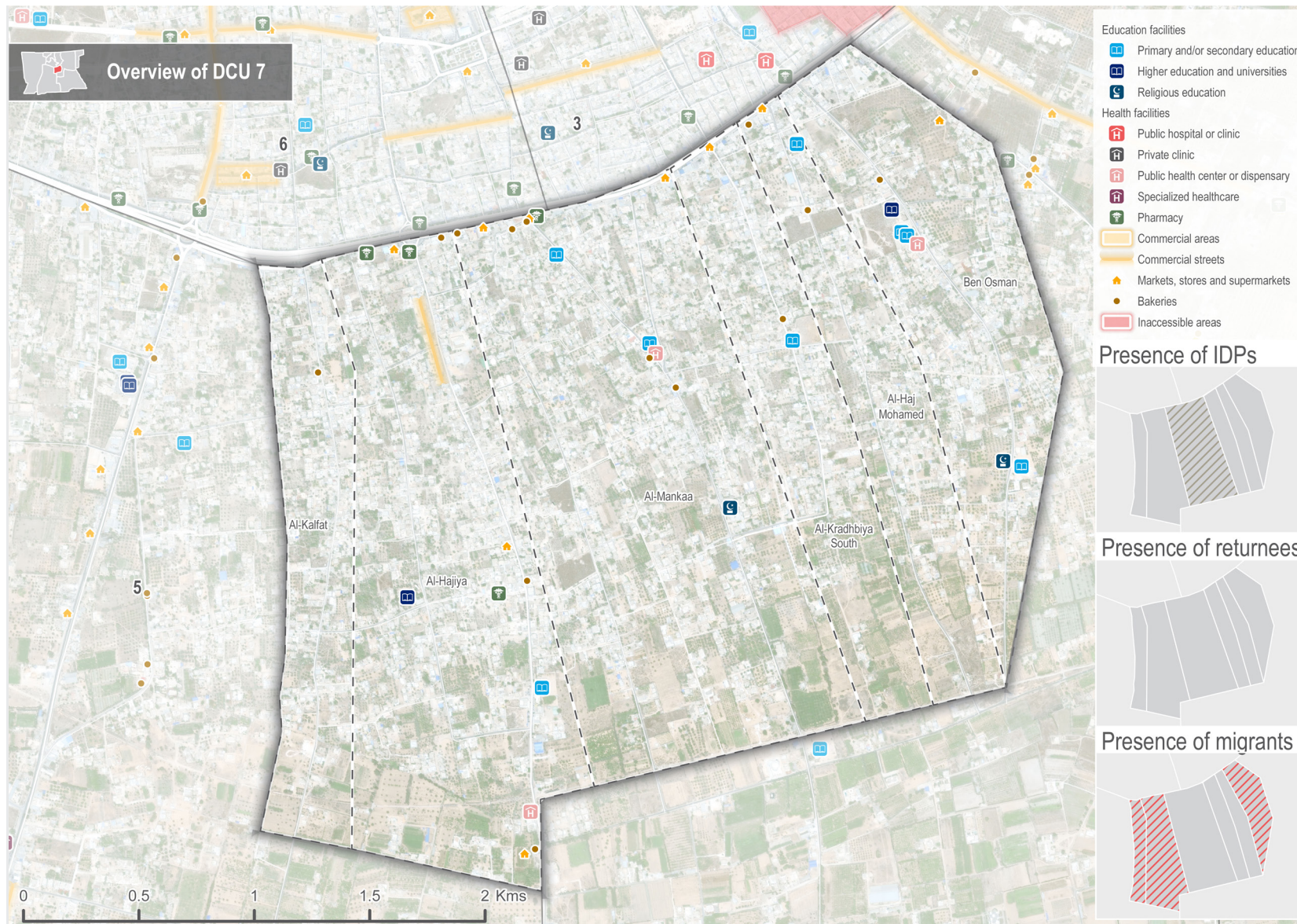
- Very poor quality of public health facilities
- Shortage of medical staff and specialists
- Unaffordable private facilities
- Most vulnerable groups of population: people with chronic diseases, and low-income households

Markets

- Unaffordable prices of food items (e.g. meat, fish and fruits)
- Unavailability of payment methods other than cash

Bakeries

- Shortage of bread
- Unpredictable opening hours
- Overcrowded classrooms
- Low-quality bread and small pieces of bread available



Key characteristics

Education

- Unstable security conditions prevent access to facilities
- Lack of school supplies
- Disinterest by children in high school education

Health

- Unstable security conditions prevent access to facilities
- Unaffordable private facilities
- Most vulnerable groups of population: low-income households

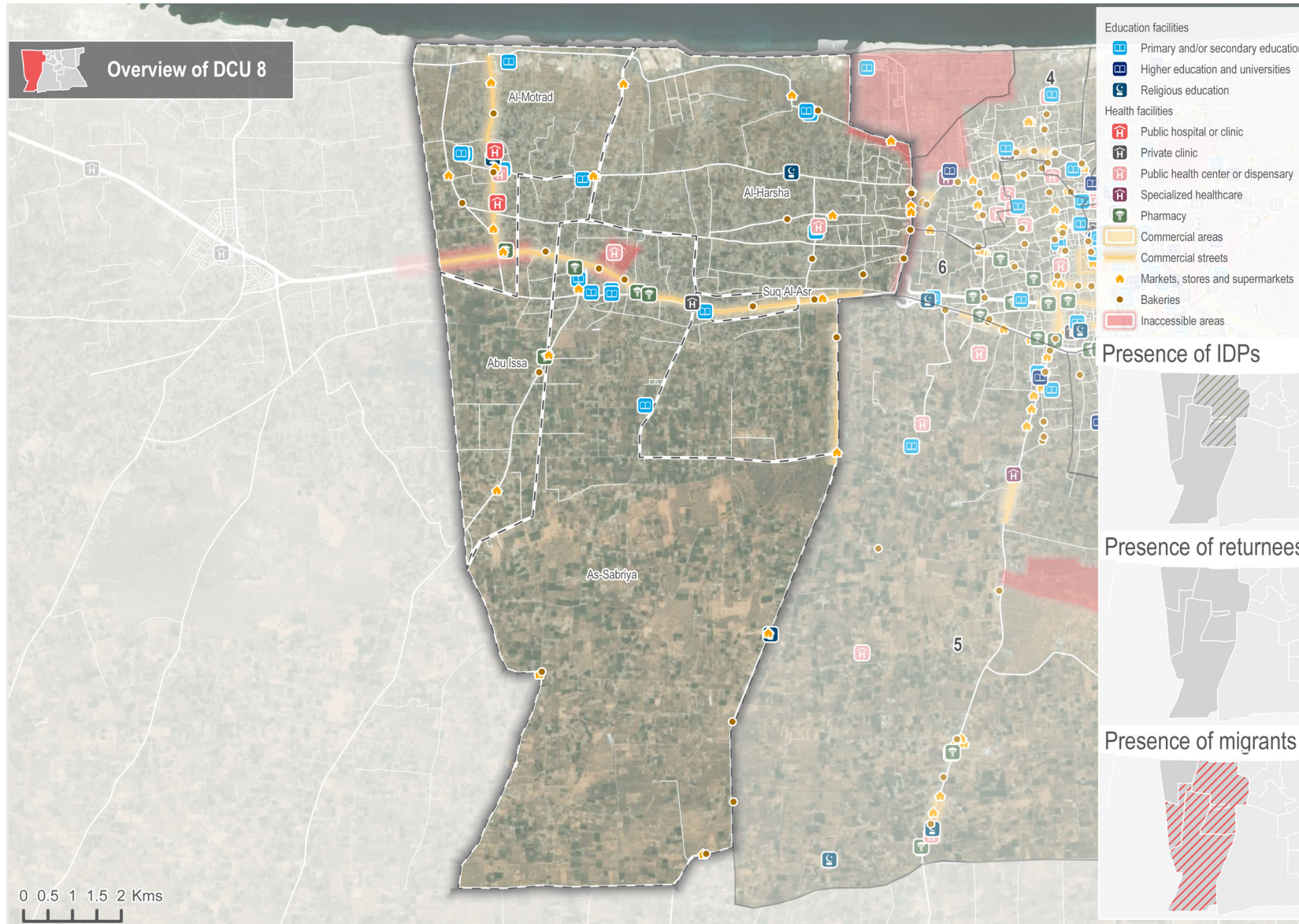
Markets

- High mark-ups on alternative payment methods
- Low-quality commodities

Bakeries

- Closure of several bakeries (shortage of flour, lack of workers, and/or frequent power-cuts).

Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019. Please note that while no specific areas indicating a concentration of returnees were mapped by MFGD participants, returnees were reported to be spread out over different locations within DCU 7.



Key characteristics

Education

- Poor infrastructure and basic amenities such as water and electricity
- Disinterest by children in high school education

Health

- Very poor quality of public health facilities
- Unstable security conditions prevent access to facilities
- Most vulnerable groups of population: migrants

Markets

- Unaffordable prices of food items (e.g. meat, fish and fruits)
- High mark-ups on alternative payment methods

Bakeries

- Shortage of bread

Infrastructure maps derived from MFGDs with Libyans residing in each DCU conducted in December 2018 and January 2019. Please note that while no specific areas indicating a concentration of returnees were mapped by MFGD participants, returnees were reported to be spread out over different locations within DCU 8.