

RAPID NEEDS ASSESSEMENT OF IDP CAMPS IN TRIPOLI AND BENGHAZI

January - February 2016

Cesvi Libya



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Introduction: General overview of the context

An estimated 435,000 people have fled their homes in search of safety and security due to armed conflict and escalating violence since mid-2014. Among the identified IDPs, 79% were displaced in the past 18 months as a result of the recent Libyan civil war, whilst 13% have been displaced since 2011, and 9% between 2012 and mid-2014. Around 33,600 IDPs left their area of former residence during 2011; most of them came from Tawergha, a town some 40 kilometers to the South-East of Misratah and settled mostly in Tripoli and Benghazi. Despite having IDPs originating from the area, Benghazi also receives IDPs originating from elsewhere, and particularly Tawerghans. It is estimated that Benghazi hosts more than a quarter of the total IDP population in Libya. In the absence of reliable, updated and disaggregated data, it is estimated that in Tripoli and Benghazi alone, **approximately 270,000 children are in need of psychosocial support**. An in-depth assessment supported by UNICEF found that 65% of the 1,600 children assessed in Tawergha IDPs camps in Tripoli show moderate or severe post-stress symptoms. Underage recruitment into armed groups and fighting forces is also a key concern, with over 25% of key informants in Western Libya, 43% in the East and 90% in the South reporting that children are frequently being recruited.

Alarmingly the out-of-school rate in conflict-affected areas is on the rise. A particular concern are the children in the age group of **15-17 years old**. These children are vulnerable to the recruitment by militias and armed groups as well as traffickers and drug dealers.

In Libya, **Persons with Disabilities** (PwDs) represent between 1,7% (official public figures - 1995) and 15% (WHO global estimate - 2010) of the population. Notably, it is estimated that children under the age of 18 represent 19.2% of the total number of people registered with disabilities¹.

Reports from different international organizations and Ministry of Education suggest that schools and child friendly spaces (CSF) are damaged, malfunctioning or are used for other purposes, including as a shelter for the IDPs.

The following assessment intended to capture the priority needs of the IDP communities surveyed - a majority of which were Tawerghans - in 9 Libyan sites located in the cities of Tripoli and Benghazi, in order to ascertain the presence of specific vulnerabilities and Protection needs, along with an assessment of the services already in place. With the objective of ensuring adequate mainstreaming of Protection principles in all the sectors covered (respectively: Education, Child Protection, Health, Livelihoods), the assessment examined the access to services for Persons of Concerns and with specific needs. The findings will be used to inform effective planning and action, particularly with regard to Protection assistance and Psycho-social support of IDP children and youth.

¹ Source: Stakeholder Report to the United Nations Human Rights Council Universal Periodic Review- Libya, available at <http://www.libyanjustice.org/downloads/the-national-libyan-org-for-the-development-of-people-with-diabilities--libya-upr.pdf>

Summary of key findings

This report contributes to the general information framework already available, providing a deeper focus and a more detailed description of the dire conditions faced by this particularly vulnerable communities of IDPs.

The main findings on which the report further elaborates are:

Vulnerable households: greater numbers of **female-headed households** were found especially in the Tripoli camps of Asseraj and Sidi Assayeh (with 20% and 21% of women HoHs), whereas this rate reached almost 30% in the Benghazi camp of Abu Baker. Though it was not possible to further determine the specific family status of this women HoHs (whether they were widowed, single mothers,...). these data might suggest that a higher profile of vulnerability exists in these camps.

Cases of **multiple-time displacement** were found throughout all camps assessed, with peaks of up to 7 or more-time displaced in the Benghazi camps of Shahida Kholoud and Thaorat el Majd, where 37% and 48% of HoHs reported they had been displaced 7 times or more. Some cases of first-time displaced could also be found in the Tripoli camp of Sidi Assayeh (4% HoHs), as well as in the Benghazi camps of El Shahida and Abu Baker (5% and 6% of HoHs). However, it appears that the better relations with host communities observed in Benghazi camps contribute to temper the impact of vulnerabilities.

The highest rates of **HoHs with no income** in Tripoli were found in al Fallah and Janzour camps (13% of HoHs with no reported source of income). In Benghazi, high numbers of HoHs with no income at all could be found throughout all camps, particularly in Abu Baker (35%) and Shahida Kholoud (26%).

Education: in Tripoli the data show that **the percentage of HoHs unable to send their children to school** increased slightly throughout camps compared to the past, though the situation appeared somewhat more critical in Janzour, where despite the presence of school on camp a 10% decrease was recorded. In Benghazi, the rate of parents who could send children to school remained overall constant, but worse than in Tripoli, with a slight increase in the camps of Thaorat el Majd and SAGR Gorish.

Most cited **reasons for non attendance** across camps in Tripoli were “Others” and “Distance”. Meanwhile, “School fees” and “Distance” were respectively the most cited reasons for non-attending across camps in Benghazi. The fact that IDP families in Benghazi are accommodated in former schools might explain why school fees constitute a greater constraint for education, since parents have to look for educational facilities outside camps. Conversely, in Tripoli IDP camps, primary level education is available on at least three camps.

High rates of Interruptions in attendance in the last 6 months were recorded in the Tripoli camp of Asseraj (37% of the respondents), where no school service is available on camp, and the Benghazi camps of Abu Baker (46% of respondents) and Thaorat (29%). In Tripoli, the **unsuitability of the learning environment and the suspension of classes** were cited by some respondents as reasons for interruption, whereas **displacement and security concerns** were main reasons for interruption in Benghazi.

Child protection: The quasi totality of respondents in both Tripoli and Benghazi reported they did not know of **places where abused or runaway children could seek help**, with the exception of the Airport Road camp in Tripoli and SAGR Gorish in Benghazi. Differences exist in terms of **course of action followed in case of child**

abuse, with a majority of respondents in Tripoli volunteering that they did not know what they would do, with the notable exception of the Airport Road and Asseraj camps, where 11% and 63% of the respondents declared that they would confront the perpetrator first. In Benghazi, an average of 66% of respondents declared that, should they come across a case of child abuse, they would offer care. This could attest to a greater proclivity in some camps to recognize the issue and do something about it. However, It should be noted that none of the respondents considered reporting the case as a practicable option, even in those camps where school service/specialized support is found, **which might signal that even these structures lack adequate child protection mechanisms and teachers trained on addressing the issue.**

In terms of the most common **causes for not reporting**, “Fear of retaliation” emerged especially prominent in the Benghazi camps of Shahida and Abu Baker (respectively 83% and 40% of HoHs). The fact that “No action would be taken” was among the main reasons for not reporting after “Don’t know” in the case of the Tripoli camp of Asseraj and Airport Road (with 29% and 8% of HoHs citing this as a reason).

Health: high rates of family units with **one or more members with a health issue** were recorded in the Tripoli camps of Asseraj, with three quarters of HoHs assessed reporting family members with an health condition, immediately followed by Sidi Assayeh camp (with 68% HoHs). “Non communicable/Chronic diseases” were found to be most commonly mentioned by HoHs in Asseraj (40% of HoHs) and al Fallah (25% of HoHs) camps in Tripoli, as well as in the Benghazi camp of Shahida (31%). Physical disease and injuries were the second most common issue cited.

Whereas no particular problem in **accessing medical facilities** emerged in Benghazi camps, the situation appears as particularly critical in Tripoli, with up to 78% Heads of Household in Janzour and 68% in Sidi Assayeh declaring that they were facing difficulties accessing medical facilities.

The highest ratio of **persons with disabilities** over total family members per camp could be found in the Tripoli camps in Airport Road (6%) and Al Fallah (5%), whereas in Benghazi the camp of Abu Baker particularly stands out, with up to 9% persons with disabilities over total members. Within the disabled population, high rates of **children with disabilities** could be observed among boys in Airport Road (40% of camp disabled population) and Al Fallah (41%), and among girls in Sidi Assayeh (43%). In Benghazi, the highest incidence of disabilities could be found particularly among girls in Sagr Gorish (about 51% of the disabled population in the camp).

Livelihoods and household expenditure: public administration salaries constituted the **main source of income** for more than 50% HoHs in camps in Tripoli, with the exception of the Asseraj camp. In Tripoli, a large proportion of HoHs fell in the fourth income quintile, which includes those who earn between 400<x<700 LYD, a data that could be explained by a prevalence of public sector employees among HoHs in most of these camps, with the exception of Asseraj, where indeed a large proportion of HoHs (40%) fell in the third income quintile (250<x<400 LYD).

In Benghazi, income sources consisted of a mix of alternative sources of income such as local community, one’s own business or other sources. This mixed nature is reflected in a lower rate of income on average compared to Tripoli, and higher numbers of HoHs with no income at all throughout all camps, which is particularly the case for Abu Baker (35%) and Shahida Kholoud (26%).

Methodology

The data collection phase took place between 10 - 28 January 2016 for camps in Benghazi and 11 Jan - 8 March 2016 for camps in Tripoli and it covered a total of 9 sites, 4 in Benghazi and 5 in Tripoli. CESVI partners from the two local NGOs of Al Taraqui and Essafa Center for Mental Health were entrusted with the data collection process. Table 1 below shows population size and the size of the sample of FU that were assessed in each camp.

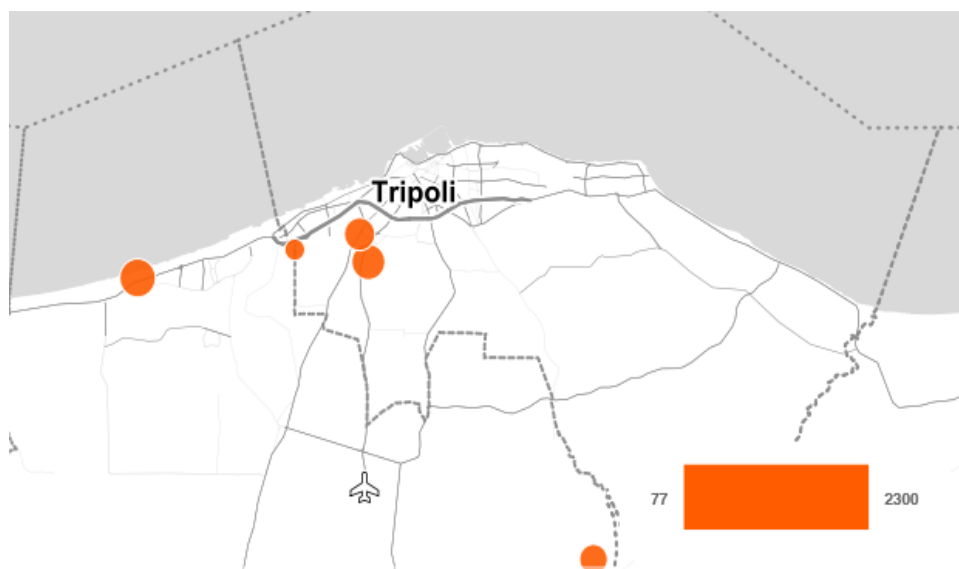
Table 1

City	Location	Place of origin	Individuals	Camp population size (HH)	#HH assessed	%HH assessed
Tripoli	Airport Road	Tawergha	1950	359	38	11%
	Al Fallah	Tawergha	1350	240	40	17%
	Asseraj	Tawergha	120	24	10	42%
	Janzour	Tawergha	2300	490	32	7%
	Sidi Assayeh	Tawergha	370	81	28	34%
Benghazi	Shahida Kholoud	Tawergha Host	150	32	19	59%
	Abu Baker al Razi	community	88	17	17	100%
	Thaorat el Majd	Tawergha Host	160	30	29	97%
	Sagr Gorish	community	77	15	11	73%

Map 1 - Benghazi camps geographical location and camp size



Map 2 - Tripoli camps geographical location and camp size²



In term of data collection instruments, a questionnaire with close-ended responses and some open-ended questions was distributed. Camp-leaders were also asked to fill a camp-leader sheet that could assist in triangulating information in the event of gaps in the data.

Given the rapid nature of the assessment and the fluctuating character of the population, first convenience sampling was the sampling method of choice in the case of Tripoli. The fact that more than 50% of FU were assessed in Benghazi provides a greater degree of accuracy for the findings coming from these camps.

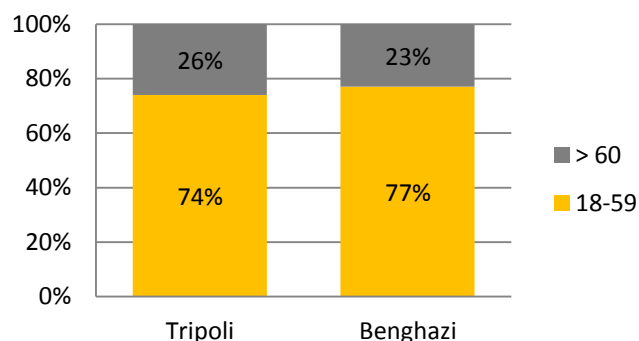
FINDINGS

Assessed population profile

For the camps in Tripoli, an average of 85% were male respondents and 15% were female respondents. In Benghazi camps, an average of 86% were male and 14% were female respondents. In Tripoli, 74% of the Head of Households interviewed were aged between 18-59, whereas 26% were 60 years old or older. In Benghazi, 77% of the respondents were aged 18-59 and 23% were 60 years and over.

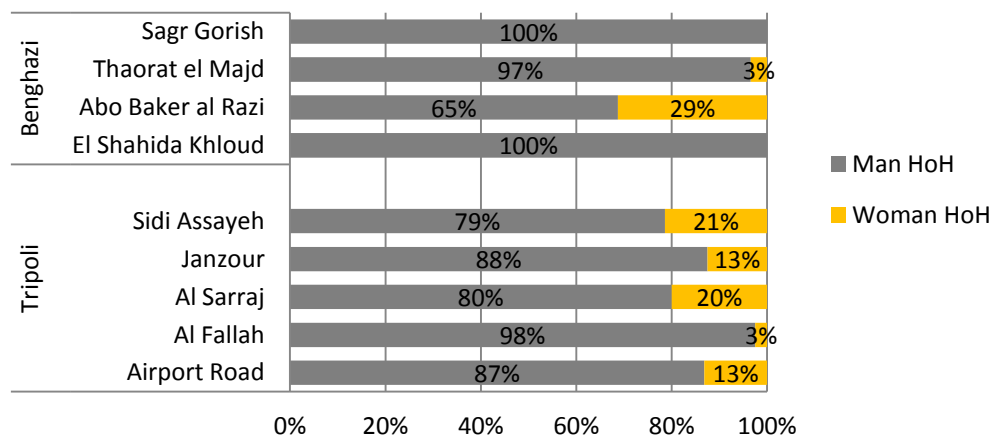
In terms of female-headed households, greater numbers of women HoHs were found especially in the Tripoli camps of Asseraj and Sidi Assayeh (with 20% and 21% of women HoHs), whereas this rate reached almost 30% in the Benghazi camp of Abu Baker. These data suggest that a higher profile of vulnerability might exist in these camps.

Figure 1 - Age breakdown of HoH



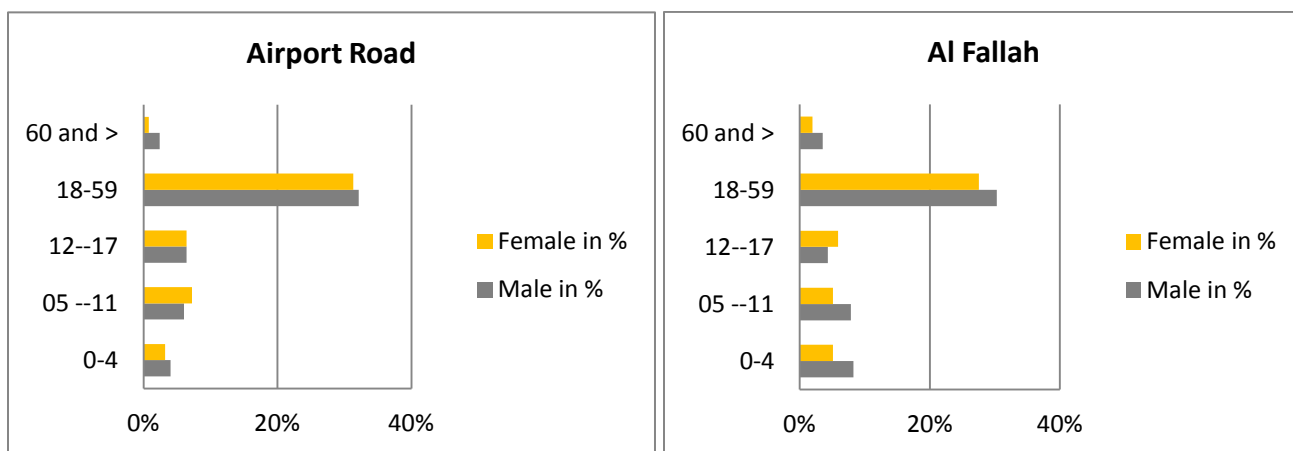
² Attribution for maps: CARTO DB

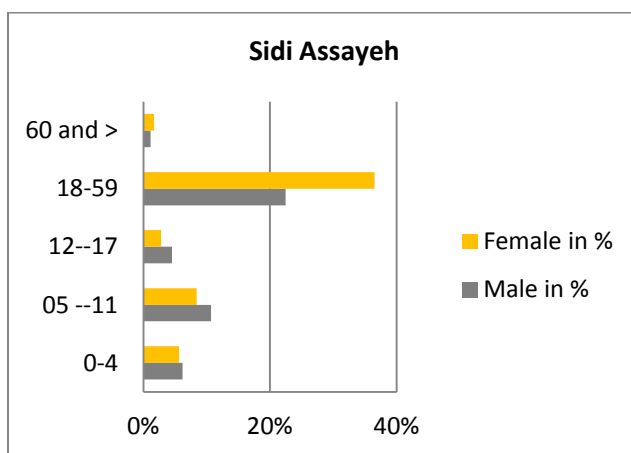
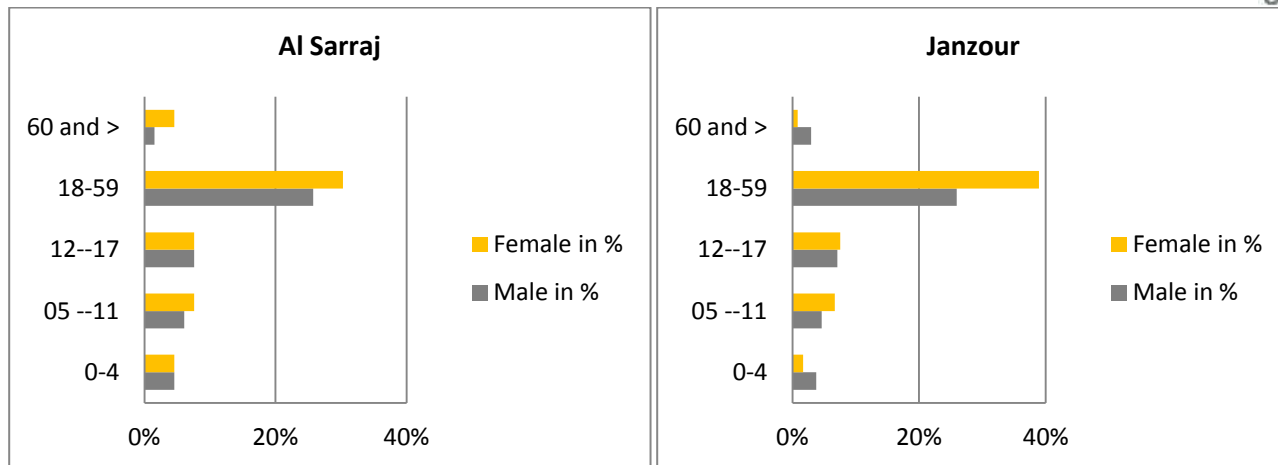
Figure 2 - % of male vs female HoH respondents



Breakdown of family members by gender and age: TRIPOLI

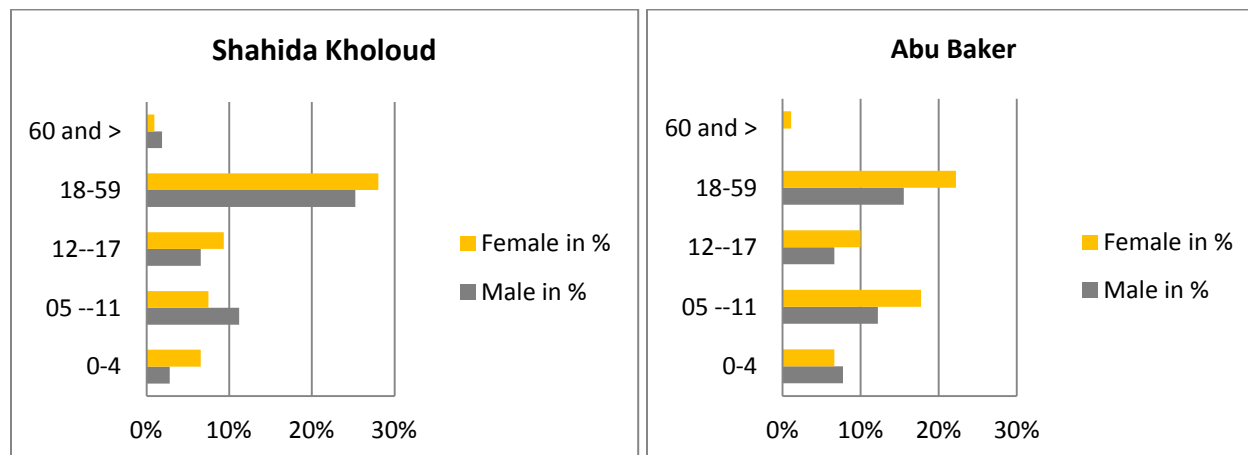
In terms of the demographic profile of the families of the respondents, the charts below show that the proportion of women and men is more or less evenly split across camps, with the partial exceptions of the Asseraj, Janzour and Sidi Assayeh camps, where the number of women was found to be about 10% higher compared to the number of men. In terms of age, **higher ratios of minors over total family members** were found especially in al Fallah, Asseraj and Sidi Assayeh camps, with a rate of under 18 oscillating between 36% and 38%.

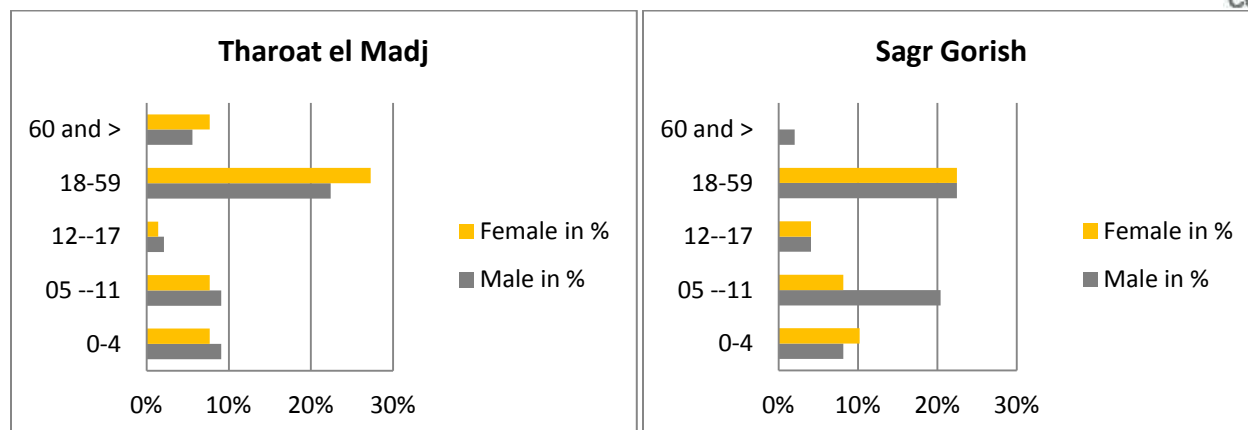




Breakdown of family members by gender and age: BENGHAZI

The demographic profile of Benghazi camps showed an overall younger demographic profile, with **very high ratios of children and youth under 18 over total family members** and peaks of up to 61% in Abu Baker el Razi and 55% in Sagr Gorish.





Rates of displacement

Cases of **multiple-time displacement** were found throughout all camps assessed, with peaks of up to 7 or more time displaced in the Benghazi camps of Shahida Kholoud and Tharoat el Majd, where 37% and 48% of HoHs reported they had been displaced 7 times or more. These data should be read in conjunction with the fact that the percentages of Tawerghans living in Shahida and Tharoat (about 90% of HoHs and 96% of HoHs) were found to be way higher compared to those living in the other two Benghazi camps of Abu Baker el Razi and Sagr Gorish, that host instead mostly displaced families from Benghazi, plus a small percentage of Tawerghans that moved there as a consequence of the bombardments to which the city has been subjected, particularly since mid-October 2014. A high rate of displacement could signal a greater profile of vulnerability for IDPs in Benghazi camps. On the other hand, the fact that two of these camps (Abu Baker and Sagr Gorish) host also IDPs originating from Benghazi might also suggest that some degree of reliance on local community in these camps might be found. Indeed, a large proportion of respondents in Benghazi - with the only exception of al Shahida camp - reported that they did not feel marginalized by host community/Libyan government. Conversely, some respondents in Tripoli reported feeling discriminated and unsafe - besides a general government lack of interest in their issue - as a reason for poor relations with the host community³, particularly in Airport Road and Asseraj camps (respectively 18% and 57% of respondents).

On the other hand, a small percentage of **first-time displaced** was found in the Tripoli camp of Sidi Assayeh (4% HoHs), as well as in the Benghazi camps of El Shahida and Abu Baker (5% and 6% of HoHs). In terms of vulnerability, multiple-time and first-time displaced might be particularly risk exposed, because of limited coping capacities, disrupt of support networks and a loss of assets and documents due to displacement, which could limit severely their access to services⁴.

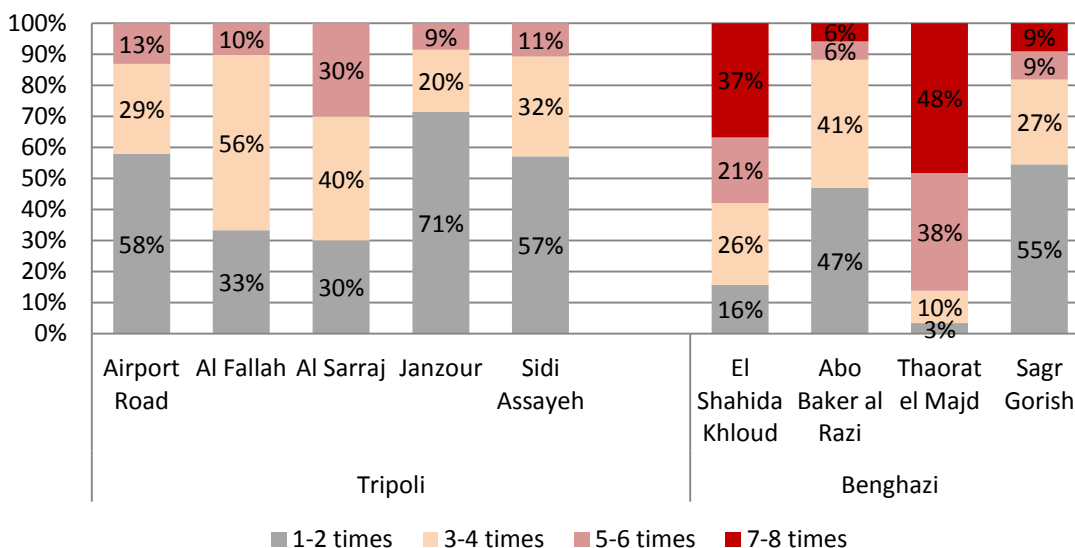
³ The fact that Tawerghans in the Western region have been typically more exposed to threats than those currently residing in the Eastern region is supported also by past reports on the issue, see for instance:

<https://www.hrw.org/news/2012/03/05/libya-bolster-security-tawergha-camps>

⁴ Source: HCT, 2015 Lybia Humanitarian Needs Overview, Sept. 2015, available at

http://reliefweb.int/sites/reliefweb.int/files/resources/Libya_HNO_Final_English.pdf

Figure 5 - Rates of displacement of respondents

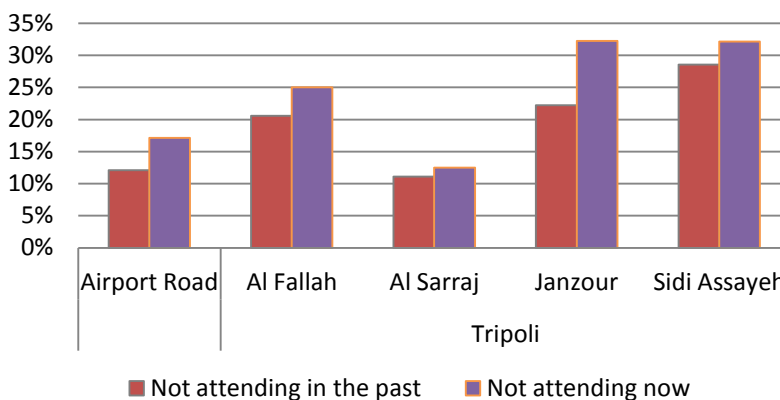


ASSESSMENT BY SECTOR

EDUCATION

Heads of Households reporting that they were able to send their children to school in the past versus now. The data show a slight decrease in this ability throughout camps in Tripoli compared to the past. However, more than a 10% drop between the past and now was recorded only in Janzour.

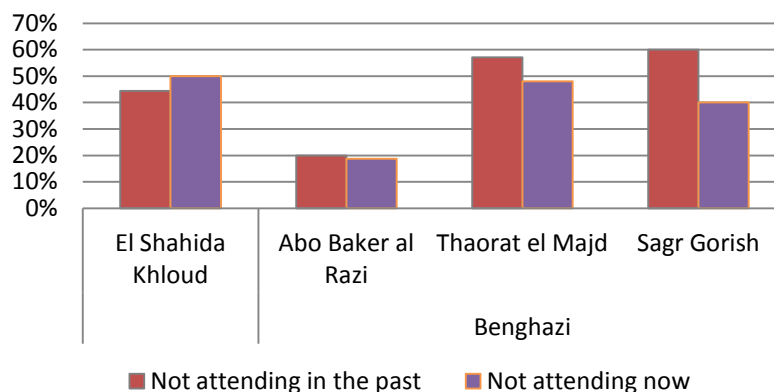
Figure 6 - HoH sending children to school: in the past vs now



In Benghazi, the rate of respondents able to send their children to school now compared to the past was overall lower but constant. Respondents in the mainly Tawerghans camps of Shahida and Thaorat showed the greatest obstacles in sending children to school, while a slight increase between the past and now was found in the camps of Thaorat el Majd and Sagr Gorish. It should be noted that these figures might also include those HoHs whose children were not yet in their school age, and that only recently started to go to school - which is

nonetheless still a positive finding, for it denotes that families value education and are still trying to send their children to school, in spite of displacement.

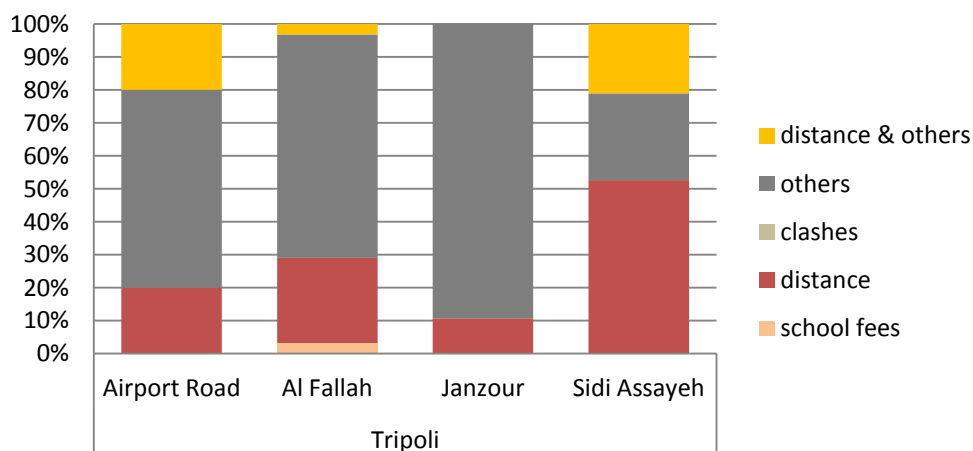
Figure 7 - HoHs sending children to school: in the past vs now



Constraints to education

Most cited reasons for non attendance across camp⁵s in Tripoli were “Others” and “Distance”, where Others might stand for “Transportation fee”, as some of the open-ended responses contributed to clarify. It should be noted that only the camps of Airport Road, Janzour and al Fallah have school on camp, which could explain why “School fees” are less of an issue. Nevertheless, the fact that only primary school service is offered on these camps, could explain why transportation and distance are still an hindrance, given the fact that parents who have children in secondary schools and university will have to send them outside. The situation appears worse for the Asseraj and Sidi Assayeh camps, given the **absence of schools on both camps** and the obstacles posed by geographic location outside of Tripoli in the case of Sidi Assayeh.

Figure 8 - Education: most cited constraints



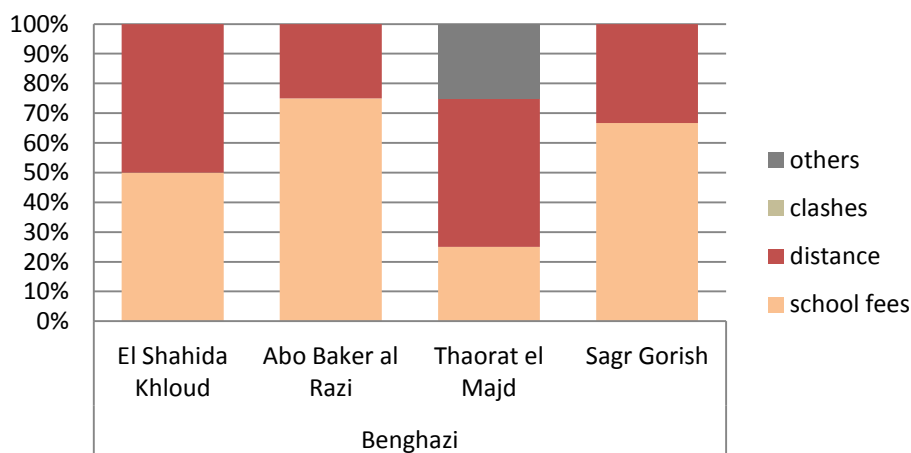
⁵ Note: data on education constraints were missing for Asseraj, but camp leader sheet specified that no school exists on camp

Box 1 – Conditions of school premises in Tripoli camps

Camp leaders from al Fallah, Janzour and Airport Road were asked to report about the conditions of educational premises on camps. In al Fallah, no major renovation work to the school would be needed, but issues of drainage blockage of toilets appeared as the most urgent. In Airport Road, the school is located in a pre-fabricated building that present some issues such as roof leakages, forcing the school to operate in alternate time-shifts. In Janzour, camp leader reported the absence of electricity and the need to fix doors and windows as priority, as well as the lack of equipment, such as school desks.

“School fees” and “Distance” were respectively the most cited reasons for non attending across camps in Benghazi. The fact that IDPs families are **accommodated in former schools** might explain why school fees constitute a greater constraint for education when compared to Tripoli IDPs camps, where school service is available on some camps.

Education: most cited constraints

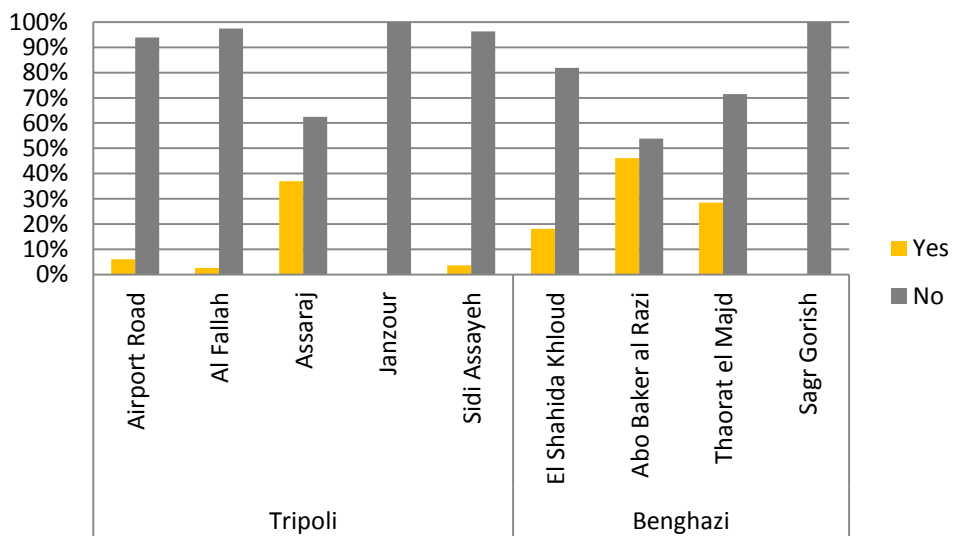


Interruption to attendance in the last six months

The **highest rates of school interruption** in Tripoli over the last six months were reported by respondents in Asseraj camp in Tripoli (37% of the respondents), whereas in Benghazi particularly high rates could be found in Abu Baker and Thaorat (with respectively 46% and 29% of respondents declaring that their children had to interrupt school in the last semester). As some respondents volunteered, in Asseraj – where no school premises are found on camp - the suspension of classes and the unsuitability of the learning environment were cited as the reasons for this interruption.

In Benghazi, displacement and security issues were cited as the main reason for this interruption.

Figure 9 - HoHs whose children interrupted school in the last 6 months



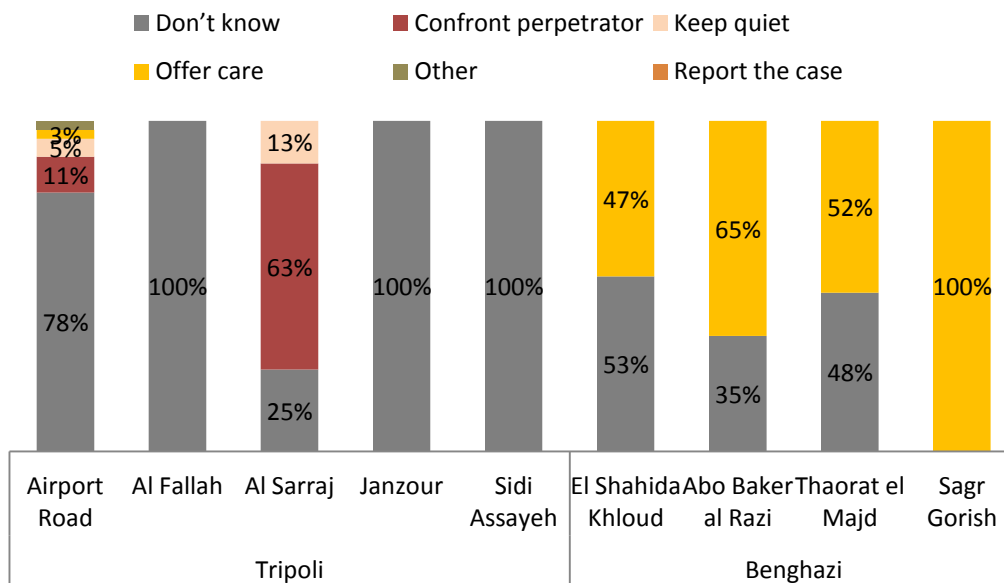
CHILD PROTECTION

Presence of places to report runaway or abused child

Approximately all the respondents reported **they did not know of places where abused or runaway children could seek assistance**, with the partial exception of the Airport Road camp in Tripoli and the Benghazi camp of Sagr Gorish (where 3 out of 7 HoH declared they knew of such a place).

When asked about **what actions they would adopt if they came to know about a case of child abuse**, a large majority of respondents in Tripoli volunteered that they did not know, with the notable exception of the al Asseraj camp where 63% of the respondents declared that they would confront the perpetrator first. The findings partially differ in Benghazi camps, where an average of 66% of respondents declared that, should they come across a case of child abuse, they would offer care. This could attest to a greater proclivity in some camps to recognize the issue and do something about it. It is nevertheless notable that **none of the respondents considered reporting the case as a practicable option**.

Figure 10 - In case of child abuse, what action would you take?

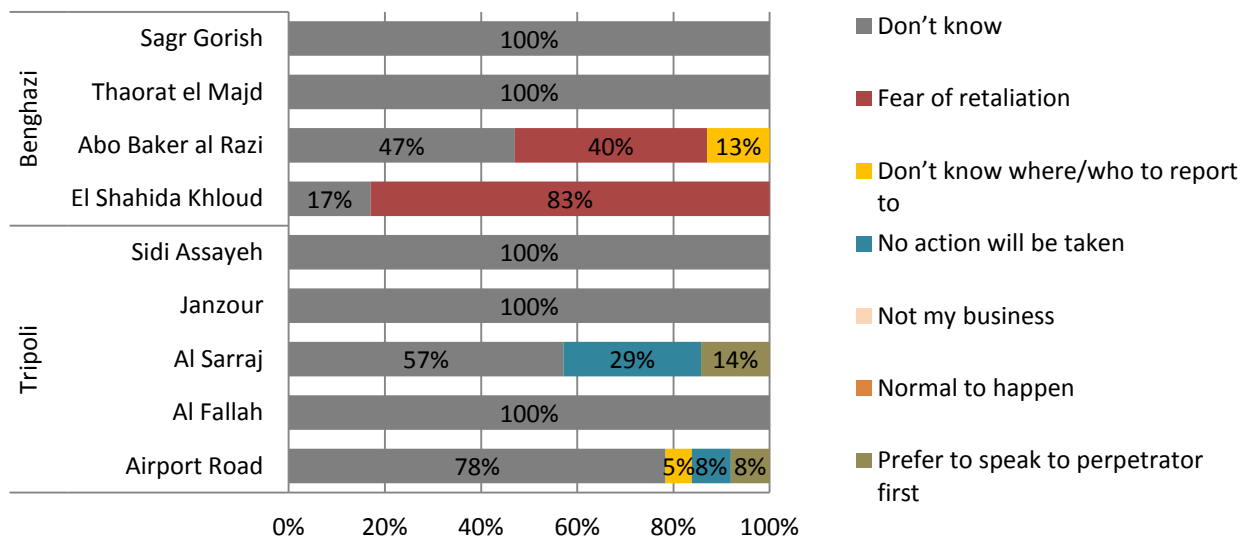


Reasons for not reporting

When inquired about **the most cited reasons for not reporting**, the high rate of HoHs that responded they did not know may confirm the sensitive nature of the topic and a reluctance to deal with the issue publicly. Indeed, this reluctance could confirm why, despite the existence of NGOs that provide specialized PSS services for GBV survivors in the Tawerghan camps in Tripoli, the stigma towards GBV makes the number of children approaching them quite low.

Where greater openness could be found, reasons cited for not reporting a case of child abuse were **“Fear of Retaliation”** - which appears especially prominent in the Benghazi camps of Shahida and Abu Baker (respectively 83% and 40% of HoHs). The presence of high numbers of Tawerghans in the Benghazi camp of Shahida could explain why fear of retaliation is felt so strongly among this group, but it is interesting to note that the same fear was not reported by IDPs in Thaorat el Majd, also a Tawerghan camp. In Tripoli, main reason for not reporting was the fact the **“no action will be taken”**, as it emerged in the case of the Tripoli camp of Asseraj and Airport Road (with 29% and 8% of HoHs citing this as a reason). This data could signal that even in those camps that have schools - like in Airport Road - child protection mechanisms might not be in place and that teachers might not be able to recognize and address adequately such issues.

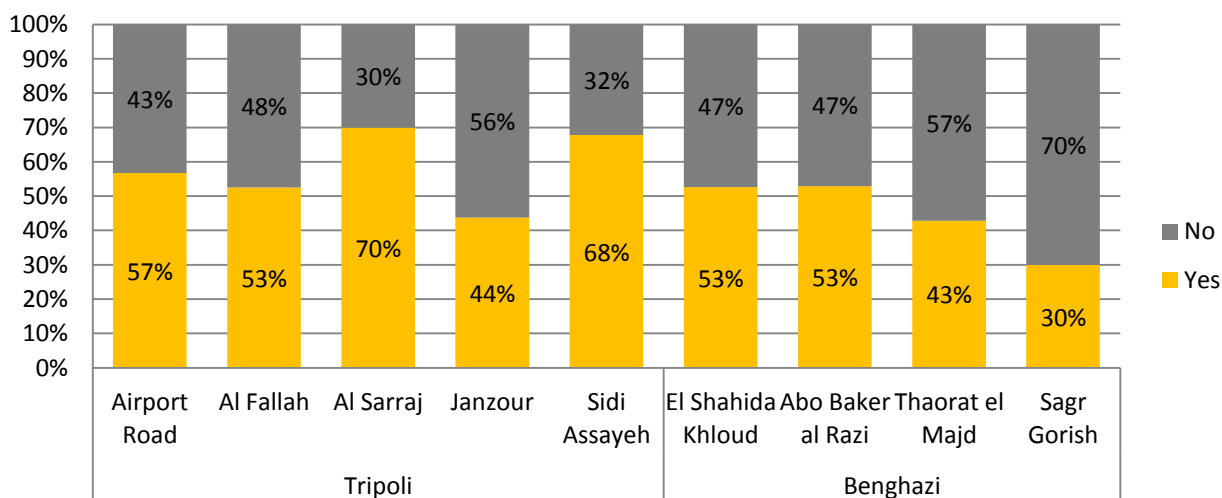
Figure 11 - Most cited reasons for not reporting a child abuse



HEALTH

With regard to health, a **high rates of family units with one or more members with a health issue** were found in the Tripoli camps of Asseraj, with 3 quarters of HoHs assessed reporting family members with an health condition, immediately followed by Sidi Assayeh camp (with 68% HoHs). In Benghazi, more than half of the HoHs interviewed from Shahida and Abu Baker (53%) reported having at least one family member with a health issue.

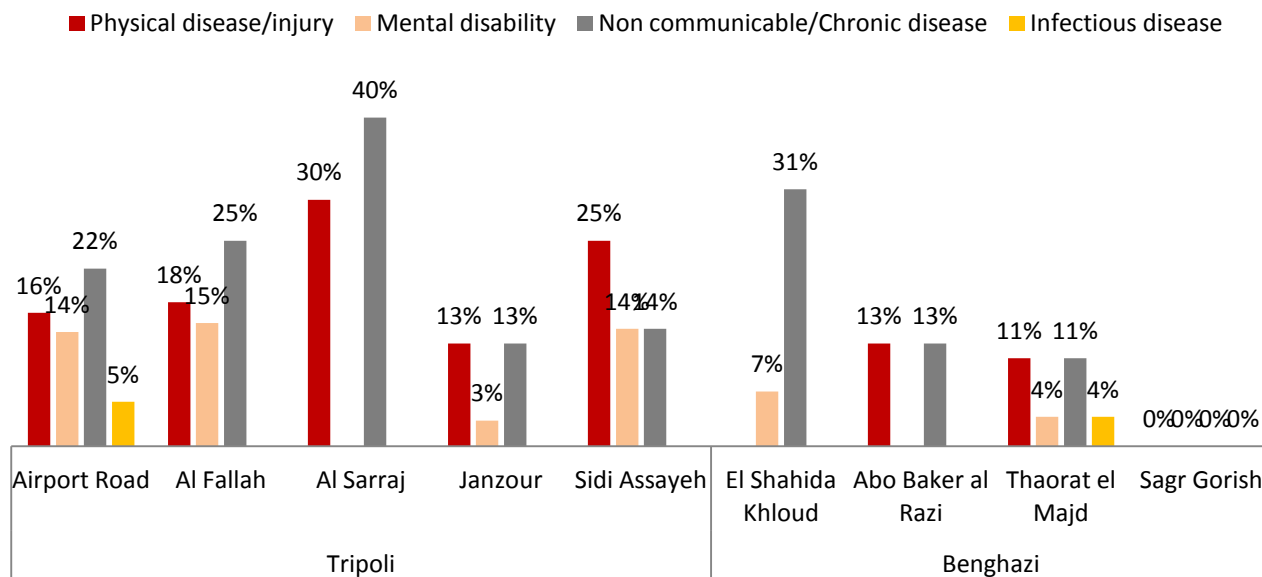
Figure 12 - % of HoH reporting family members with health issues



As for the **nature of the ailments reported**, “Non communicable/Chronic diseases” were found to be most commonly mentioned by respondents in Asseraj (40% of HoHs) and al Fallah (25% of HoHs) camps in Tripoli, as

well as in the Benghazi camp of Shahida (31%). Physical disease and injuries were the second most common issue cited, and this was particularly the case for Asseraj (30% of HoHs) and Sidi Assayeh (25%) camps in Tripoli and Abu Baker al Razi camp in Benghazi⁶.

Figure 13 - Health issues: most reported types



Most commonly mentioned health issues

From some of the open ended questions gathered in Tripoli (with the exception of the Asseraj camp), it was possible to highlight the most common ailments that members of the family of the HoHs are suffering from. Indeed, the recurrence of **Hypertension and Diabetes** is in line with the finding about chronic/non communicable diseases being the most reported types of issues. It should be also highlighted that **Psychological issues** were also recurring across camps, with HoHs in Airport Road, Sidi Assayeh and Janzour most likely to report it as an issue.

Figure 14 – Most commonly cited ailments

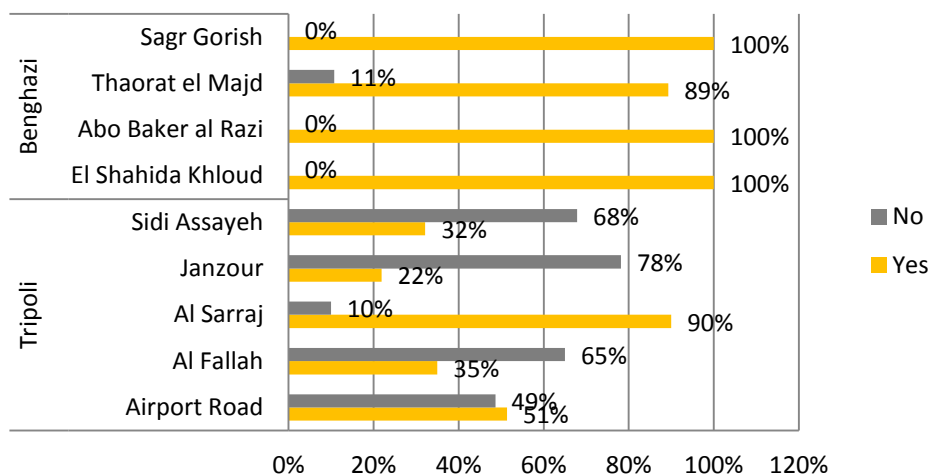


⁶ On this point, figures for Sagr Gorish were missing.

Access to medical facilities per camp

From the findings, **access to medical care** was reported as less problematic for IDPs in Benghazi camps, with only 11% of the respondents in Thaorat el Majd finding access to medical infrastructure difficult to them.

Figure 15 - Do you have access to medical care?

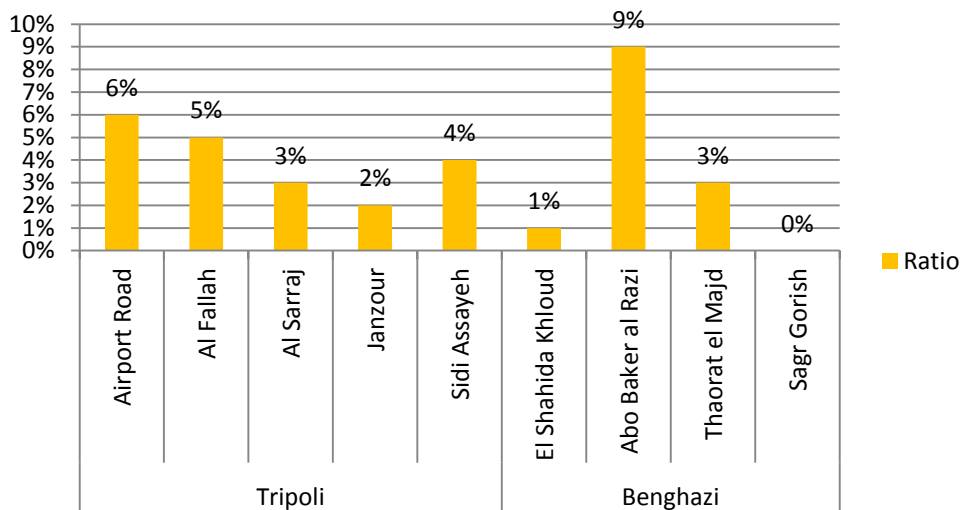


On the other hand, the situation appears as particularly troublesome in Tripoli, with up to 78% Head of Household in Janzour and 68% in Sidi Assayeh declaring that they were facing difficulties accessing medical assistance. In order to temporarily fill this gap, it has been reported that camps in al Fallah, Janzour and Sidi Assayeh have some community-based health support in place provided by doctors and nurses from the Tawarghan community. The only exception was constituted by Asserraj camp, where only 10% of the HoHs reported access to hospital as difficult if not impossible.

Persons with Disabilities

The **highest ratio of persons with disabilities over total family members** per camp could be found in the Tripoli camps in Airport Road (6%) and Al Fallah (5%), whereas in Benghazi the camp of Abu Baker particularly stands out with up to 9% persons with disabilities found among the family members of the respondents. Within the disabled population in each camp, particularly **high rates of children with disabilities** could be observed among boys in Airport Road (40% of camp disabled population) and al Fallah (41%), and among girls in Sidi Assayeh (43%). In Benghazi, the highest incidence of disabilities could be found among girls in Sagr Gorish (about 51% of disabled population in the camp).

Figure 16 - Ratio of persons with disabilities to total members



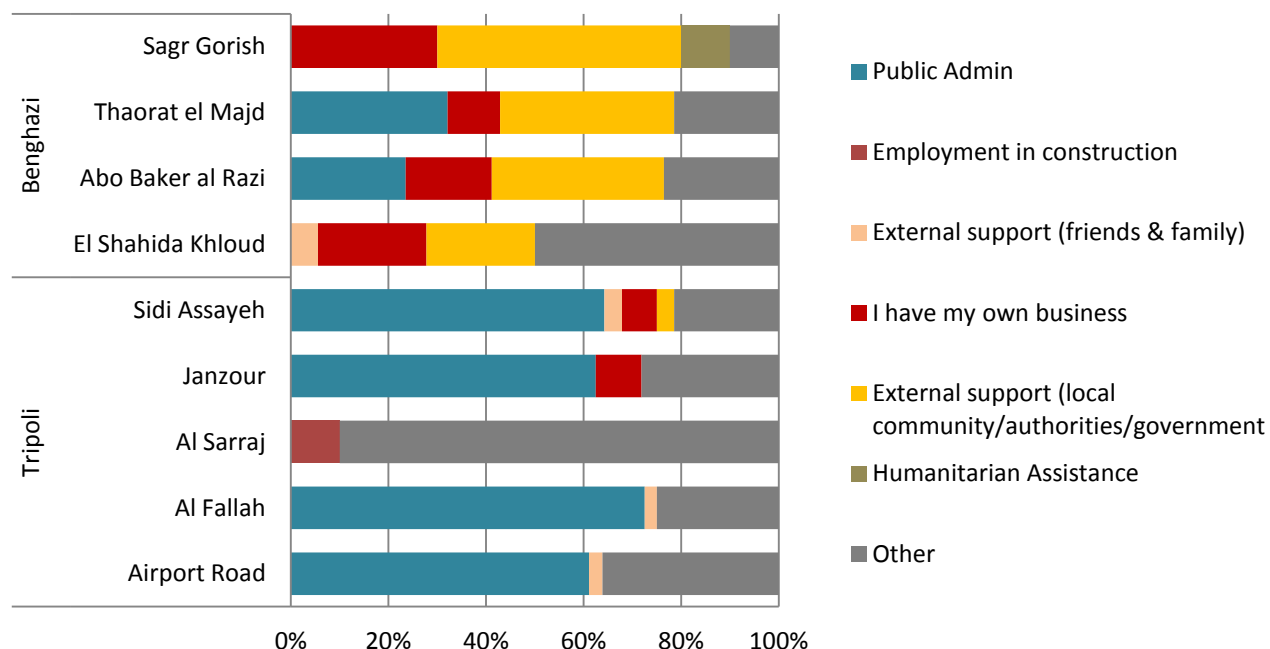
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Household main sources of income

In terms of household main sources of income, **public administration salaries** constituted the main source of income for more than 50% HoHs in camps in Tripoli (with the exception of the Asseraj camp, where “Other” was indicated by 90% as main source of household income). “Other” was reported as the second main source in all camps in Tripoli - this category including mostly sources such as pensions, but also those who were entitled to some sort of payment or benefit that had somehow been suspended.

The data from camps in Benghazi show instead a greater reliance on **a mix of alternative sources of income** such as local community, one’s own business or other sources, while only in Thaorat el Majd and Abu Baker camps, respectively 32% and 24% of HoHs reported they were still receiving a public sector salary. It is worth recalling that Benghazi camps were also those which showed the highest rates of displacement, so greater reliance on local community or self-employment might also signal that this community of IDPs has shown greater resilience and greater coping mechanisms.

Figure 17 - Household main source of income

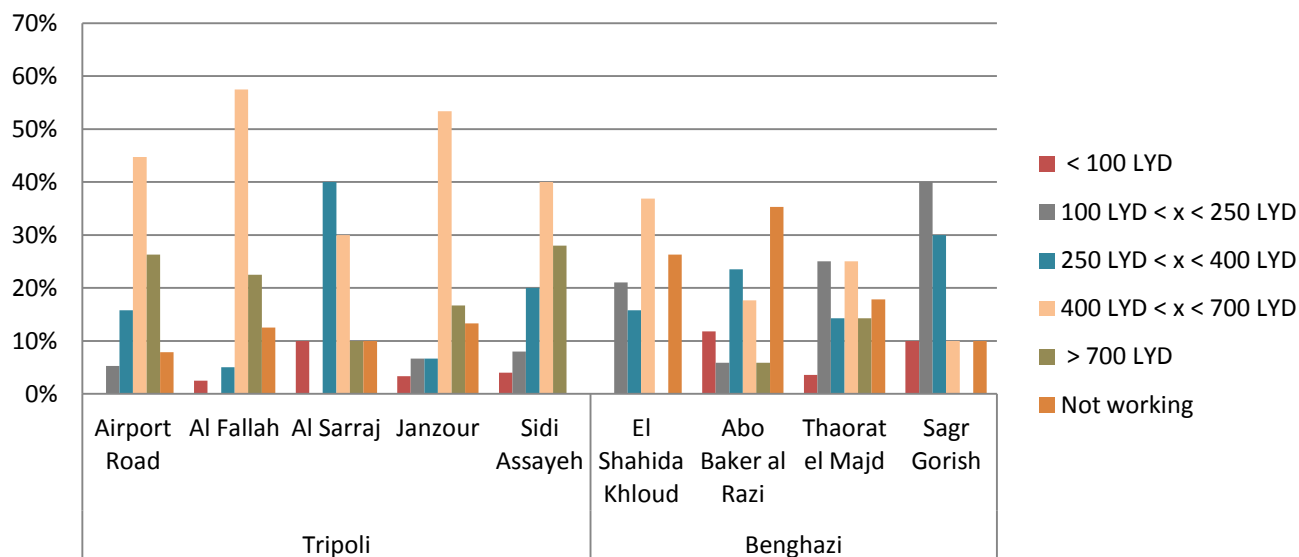


Income breakdown

In Tripoli, a large proportion of HoH fell in the **fourth income quintile**, which includes those who earn between 400<x <700 LYD, a data that could be explained by a prevalence of public sector employees among HoHs in most of these camps, with the exception of Asseraj, where indeed a prevalence of HoHs (40%) fell rather in the third quintile (250<x< 400 LYD). The highest rates of HoHs with no income were found in al Fallah and Janzour camps (13% of HoHs with no reported source of income).

In Benghazi, the mixed nature of income sources was reflected in a **lower rate of income on average** compared to Tripoli, and higher numbers of HoHs with no income at all throughout all camps, which is particularly the case for Abu Baker (35%) and Shahida Kholoud (26%).

Figure 18 - Income breakdown by camp



Household Expenditure

In terms of household expenditure, “Food” was reported as the **first main expenditure** by a majority of HoHs in Tripoli. Food constituted about 85% of the expenditure in the camps of Janzour and Sidi Assayeh. In the other camps food expenses were immediately followed by a mix of expenditures on Food and Health. In Benghazi, food expenditure was found to be higher, and “Food” alone was also reported by almost the totality of HoHs in Shahida, Thaorat and Sagr Gorish as main household expenditure, a finding that is in line with other reports on the situation of IDPs in the East of Libya⁷.

In terms of **non food expenditure**, “School expenses” were also mentioned by some HoHs, specifically in Thaorat el Majd (about 4% of respondents) and Sagr Gorish (10% of HoHs), to further confirm the fact that school fees are more of a burden for some camps in Benghazi, compared to Tripoli - where school premises are found on some camps. The fact that health did not emerge as significant portion of expenditure in Benghazi, with the partial exception of Thaorat el Madj camp, can be explained by the fact that access to public health facilities in Benghazi was less of an issue compared to Tripoli or it might be alternatively interpreted as families reducing their expenditure on health, on order to ensure there is money for food.

⁷ On this point, see for instance HCT, 2015 Libya Humanitarian Needs Overview, Sept. 2015, available at http://reliefweb.int/sites/reliefweb.int/files/resources/Libya_HNO_Final_English.pdf

Conclusions

From the Rapid Needs Assessment it has been possible to gather the types of challenges that camps in Tripoli and Benghazi are confronted with, which are similar for certain aspects, but with some notable differences.

From a demographic point of view, the camps assessed present a heterogeneous demographic profile with **higher ratios of youth** on overall population, especially in Benghazi and on some camps in Tripoli, namely al Fallah, Asseraj and Sidi Assayeh.

Some camps might be exposed to higher degree vulnerability, due to cases of **multiple displacement of up to 7/8 times**, particularly the case in Benghazi camps of Shahida and Thaorat. Nevertheless, it appears that despite the high rate of displacement, **IDPs in Benghazi camps can count on better relations with host community**, with the exception of el Shahida camp. In Tripoli elements of tension were particularly present especially with regard to Asseraj and Airport Road, where **issues of safety and discrimination** were more frequently reported.

In terms of **education**, school service was available at least at the primary level in the Tripoli camps of Airport Road, al Fallah and Janzour, whereas the Asseraj and Sidi Assayeh camps suffer from an **absence of school** on their premises. This data seems to be confirmed by the rate of parents unable to send their children to school between the past and now is among the highest in Sidi Assayeh. Surprisingly, however, the rate of parents unable to send their children to school between the past and now were the lowest in Asseraj, where no school on camp could be found. This difference might be explained by the different geographic location, with Sidi Assayeh farther from Tripoli, and hence most likely to experience **lower accessibility** to educational facilities. On the other hand, it appears that respondents in Janzour - where school service is instead available on camp - are **growing more unable to send children to school**, a finding for which further investigation would be recommended (e.g. into what hindrances⁸ impede accessibility of secondary school and higher education facilities).

In Benghazi, the mostly Tawerghan camps (Shahida and Thaorat el Majd) showed **higher rates of respondents who reported not sending their children to school**, compared to the other two camps, where lower rates and even some improvement - after a temporary disruption, was found. In Benghazi, the lack of educational facilities on camps and the fact that many schools and public offices are hosting IDPs⁹ as of now make school fees more of an issue compared to Tripoli.

With regard to child protection, a large majority of respondents declared they did not know of places where to report an abused or runaway child. The fact that some respondents declared that they would either confront the perpetrator first or that they doubt any action would ever be taken - even in those camps with school service - suggests that **no child protection mechanisms are in place, which could also signify that teachers lack training and experience in dealing with these issues**. Any intervention should therefore take into account provisions to raise awareness on child protection issues among parents, teachers and community leaders for

⁸ With regard to Janzour, it has been reported that the discrimination faced by IDPs in this camp extend also to IDP children attending area school. See on this point an April 2015 Brookings Doha Center Panel discussion available at:

<http://www.brookings.edu/events/2015/04/21-libya-displacement-crisis>

⁹ <http://reliefweb.int/sites/reliefweb.int/files/resources/538484ab9.pdf>

those camps where schools are already in place and the installation of Child Friendly Spaces in those camps who lack educational facilities. In Benghazi, **fear of retaliation** was instead a cause for not reporting child abuse in Shahida and Abo Baker camps. It should be recalled that respondents in Shahida also reported a somewhat more difficult relations with local community, which could explain the fear of retaliation and that is also likely to affect children in their daily life, going to school, and a risk of being exposed to discrimination.

From an **health point of view**, it appears **that respondents in Benghazi camps enjoy to some extent better access to medical assistance** compared to IDPs in Tripoli camps, with the exception of Thaorat camp. The situation appears more critical in Tripoli, particularly in Janzour, Sidi Assayeh and el Fallah camps. The finding should be read in conjunction with the fact that, compared to Benghazi, **head of households in Tripoli reported more frequently having one or more family members with a health issue**, which is particularly the case for Asseraj, Sidi Assayeh and Airport Road. Chronic illnesses and physical injury/disability appeared as the two most cited problems, with hypertension and diabetes (and related disturbs) mostly reported by respondents in Tripoli, followed by psychological issues as well (no data for Benghazi).

Also, these camps showed higher rates of children with disabilities, particularly among boys in Airport Road (40% of camp disabled population) and al Fallah (41%), and among girls in Sidi Assayeh (43%) - these last two being also the camps that display the youngest demographic profile. In Benghazi, the highest incidence of disabilities could be found among girls in Sagr Gorish (about 51% of disabled population in the camp). The aforementioned difficulty in accessing medical facilities, especially in Tripoli camps, might mean that children in these camps are not receiving adequate support for the special needs they require.

In terms of household income, Benghazi camps show **a lower rate of income on average** compared to Tripoli and higher proportions of **HoHs with no income at all**, particularly the case for Abu Baker (35%) and Shahida Kholoud (26%). In Tripoli camps a majority of HoHs continue to rely on public sector salaries, whereas in Benghazi sources of income were more heterogeneous. The highest rates of HoHs with no income in Tripoli were found in al Fallah and Janzour camps (13% of HoHs with no reported source of income). In this category were also found those who used to earn some type of pension or benefit that has been suspended, which might probably due to loss of documents during displacement which can guarantee access to services.