BACKGROUND
On 10 August 2018, 370 Tawerghan families previously residing at Triq Al Matar Camp in Tripoli were displaced, following a forced eviction from the IDP camp by a local militia. The majority of households were displaced to other areas in Tripoli, most dispersed in urban areas in private accommodation while 65 households gathered in informal settlements at Al Jibs / Al Dawa al Islameya.

RAPID ASSESSMENT
In coordination with other humanitarian actors DTM Libya conducted a rapid assessment on 16 August 2018. The DTM rapid assessment aims to complement efforts undertaken by other organizations and did for this reason not include any protection-related data collection.

During the rapid assessment, interviews were conducted with 38 randomly selected households displaced from Triq Al Matar Camp to urban areas in Al Hadba, Janzour, Ain Zara, Ghasr Ben Gasheer and Hai Al Andalus, as well as information collected from key informants in both informal settlements and urban areas. Findings were verified through observations by DTM enumerators where applicable.

IDENTIFIED PRIORITY NEEDS
The most frequently mentioned priority need was shelter, cited by 72% of families surveyed in urban areas. Furthermore, more than two thirds of surveyed households are in need of food assistance, followed by WASH, Cash and NFI needs.

More details on the next page
SHELTER

72% of surveyed households in urban areas identified shelter as one of their priority needs; all of them as the most crucial priority need. While the majority (58%) lives with a host family or relatives, more than one third (38%) rented accommodation following their displacement. In informal settlements both the lack of sufficient space for IDP families and lack of basic services, such as water and electricity, posed significant shelter challenges. Half of the surveyed households (44%) were unsure how to resolve their shelter challenges while 25% were considering to look for shelter elsewhere.

FOOD

In urban areas, 69% of surveyed households identified food as one their Top 3 priority needs, typically as second priority need after shelter.

In informal settlements, the four main staples consumed by displaced IDPs were reported as bread, pasta, oil and sugar. Less than half the families at the site purchase food on credit and/or reduce their number of meals normally consumed. No households were reported to skip entire days without food intake.

WASH

WASH was the third most frequently mentioned Top 3 priority need, affecting one third of the surveyed population in urban areas. Reported WASH priorities were equally split between needs related to water supply and sanitation.

In informal settlements access to running water is not readily available for all families, reportedly requiring on average 15 minutes commute/waiting for access. No sicknesses due to unsafe drinking water were reported. However, the aforementioned constraints negatively impact households’ ability to wash their clothing, ability to cook their own food, shower and use toilets.
CASH

Cash was reported as fourth most frequently mentioned Top 3 priority need, reported by 22% of the surveyed population. Notably, many households citing cash needs stressed this as a liquidity problem as displaced households often have funds available in their bank account but are not able to withdraw sufficient amounts to cover their needs following the displacement from Trig Al Matar Camp.

NON-FOOD ITEMS

In urban areas, non-food items were the fifth most cited Top 3 priority need, mentioned by 19% of surveyed families. Some families managed to take (some of) their belongings with them during the eviction from Trig Al Mater camp while others failed to do so. Reported NFI needs by those affected were primarily blankets & mattresses (43%) and clothing (48%). Similarly, NFI needs were also reported in informal settlements, particularly clothing, mattresses, cooking utensils and stoves.

HEALTH

Among households in urban areas, health care and medical supplies were not among priority needs for most households, however 3 cases in need of medical care were identified and one case in need of psycho-social support. In informal settlements, cost to access to health services was reported as constraint as well as lack of suitable food for infants.