**KEY MESSAGES**

- Whilst severe to very severe building damage was reported in 28% of the assessed muhallas, *the highest levels of damage were reported in the baladiyat of Derna, Albayda, Shahat-Sousa, Um Arrezam, and Labrik.*

- Displaced people were reported by KIs in 92% of the assessed muhallas and were reported to stay mostly with their relatives or in collective shelters. The lack of sufficient shelters as well as the lack of privacy and space in shelters were the most frequently cited challenges faced by the people displaced.

- Shelter and health were the most frequently highlighted priority needs. Specifically, the lack of medicine, the lack of medical equipment and physical barriers to accessing health facilities were reported in the majority of assessed baladiyat.

- Although KIs reported that people have access to enough drinking water in the majority of assessed muhallas, water seller kiosks was the main source of drinking water. **Accessibility to water selling points and affordability of water since the flood were the main issues reported by KIs.**

**CONTEXT & RATIONALE**

Between 10th and 12th September 2023, flooding caused large scale destruction in northeastern Libya, particularly in the city of Derna after two dams broke upstream. Up-to-date post-disaster information on the scope and severity of needs in affected muhallas is scarce.

The MTRA is a joint assessment between REACH, UN agencies and the Libyan INGO Forum, coordinated by UNDAC, with data collected by 11 partners. It aims to provide an initial snapshot of multisectoral needs of affected muhallas to inform the international response to the UN Flash Appeal.

The MTRA is based on interviews conducted between 19 and 26 September with key informants (KIs) reporting on the situation in their muhalla (admin 4). In total, 122 muhallas were assessed. For the purpose of the analysis, findings have been aggregated to the baladiya (admin 3) level for some indicators.

This factsheet presents results for the whole affected area. Responses from multiple KIs in each muhalla were aggregated to obtain a single triangulated response per muhalla. Results are presented as a number of muhallas where KIs reported on an indicator. Findings are not generalisable and should be considered indicative only.

**28%** of assessed muhallas where key informants reported *severe or very severe building damage*

**46%** of assessed muhallas where key informants reported at least 10% of *houses were still flooded*

**Reported level of building damage**

Percentage of building damage in the muhalla as a result of the flood, estimated by key informants

- Mild (0-10%)
- Moderate (10-25%)
- Severe (26-50%)
- Very severe (>50%)*
- No damage
- No Data

---

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

* Percentage of assessed muhallas reporting very severe building damage shown in brackets after balidiya name
In 92% of assessed muhallas, KIs reported that persons had either arrived in the muhalla after being displaced from another area, or had been displaced within the same muhalla. While the number of unaccompanied and separated children remains unknown at the time of writing, KIs in 60% of assessed muhallas indicated that unaccompanied and separated children were in particular need of assistance as a result of the crisis.

Main challenges faced by people in displacement sites

<table>
<thead>
<tr>
<th>% of assessed muhallas</th>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>92%</td>
<td>Presence of displaced people</td>
</tr>
</tbody>
</table>

In those muhallas, the main reported challenges in displacement sites were (multiple options allowed):

- **55%**: The number of shelters is insufficient
- **50%**: Lack of privacy inside shelter (no partitions, no doors)
- **43%**: Shelters are too small - not enough space for entire households

Displacement locations inside muhallas

In those muhallas where the presence of displaced persons was reported, the main reported locations of displaced populations inside the muhalla were (multiple options allowed)

- **88%**: Hosted by friends and/or relatives
- **70%**: Collective shelter in a public building (e.g. school, mosque, etc.)
- **32%**: Hotel

Main reported information needs in the muhallas (multiple options allowed)

- **77%**: How to get healthcare/medical attention
- **73%**: How to get food or information about nutrition
- **69%**: How to get water

The most reported channels through which people would prefer to receive information were through a phone call, face-to-face with a representative of an organisation, and via social media.
### Top 5 most urgent shelter and non-food item needs in the muhalla

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash for rent</td>
<td>76%</td>
</tr>
<tr>
<td>Basic electrical items</td>
<td>38%</td>
</tr>
<tr>
<td>Doors, doorframes</td>
<td>32%</td>
</tr>
<tr>
<td>Items for safety / Windows</td>
<td>29%</td>
</tr>
<tr>
<td>Roofing materials</td>
<td>28%</td>
</tr>
</tbody>
</table>

In 37% of assessed muhallas, KIs reported there were no urgent needs for shelter items. In Derna and Shahat, water containers were another particularly commonly reported urgently needed NFI.

### Main challenges to access non-food items (NFIs) in the muhalla since the flood

- **66%** NFIs have become more expensive
- **58%** Quantity of NFIs available at markets has decreased
- **51%** Some markets that sold NFIs have stopped functioning

### Impact on infrastructure

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>Not functional</th>
<th>Irregular/Partially functional</th>
<th>NC, do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELL NETWORK*</td>
<td>2%</td>
<td>92%</td>
<td>5%</td>
</tr>
<tr>
<td>ELECTRICITY</td>
<td>3%</td>
<td>94%</td>
<td>3%</td>
</tr>
<tr>
<td>RADIO*</td>
<td>5%</td>
<td>86%</td>
<td>5%</td>
</tr>
<tr>
<td>INTERNET</td>
<td>2%</td>
<td>94%</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Health

#### Most reported challenges people face in accessing healthcare

- Lack of medicine available: **68%**
- Physical/logistical access barriers: **61%**
- Lack of equipment: **56%**

In addition to these challenges, in Derna, Shahat, AlBayda, and Al Jabal Al Akhdar, key informants commonly reported interruption of the entire system/fundamental health services as a key challenge to healthcare, which further highlights the disruption of the floods to the health system in flood-affected areas. According to Médecins sans Frontières, basic healthcare infrastructure has been particularly impacted, with damage to health centres and medical staff having died or mourning friends and relatives who died.

#### Most reported urgent healthcare needs in muhallas

- First aid/emergency care: **61%**
- Mental health support: **59%**
- Treatment for chronic disease: **58%**
- Routine vaccinations: **52%**
- General/specialist surgical services: **49%**

### Environmental Risks & Hazards

#### Reported environmental risks in affected muhallas as observed by key informants (multiple options allowed)

- Use of contaminated water sources: **72%**
- Livestock or animal faeces in public areas: **23%**
- Increase of stagnant bodies of water: **58%**
- Livestock or other animals occupying same living space as humans: **20%**
- Exposure to dead bodies of animals: **41%**
- Sharing water with livestock or other animals: **15%**

#### Reported most pressing concerns related to disaster-generated waste as observed by key informants (multiple options allowed)

- Contamination of water bodies from waste: **72%**
- Improper disposal leading to health risk: **63%**
- Affecting agricultural lands or crops: **43%**
- Soil contamination from waste: **58%**
- No waste concerns: **46%**
- Odor or aesthetic impact: **42%**

#### Reported changes in the quality of water, soil, or air since the flood as observed by key informants (multiple options allowed)

The most commonly reported changes since the events were the strong or foul odor in the air (reported in 53% of assessed muhallas), followed by the unusual taste or discoloration in water (43%) and the change in the colour or texture of soil (34%).
**FOOD SECURITY & MARKETS**

### Short-term access to sufficient food
Baladiyat where KIs in the majority of muhallas reported foreseeing that people will not have access to sufficient food for the next 2-4 weeks, estimated proportion of muhalla population

- 25% or less
- 25-49%
- 50-74%
- 75-89%
- 90-99%
- 100%
- Not sure
- No data

#### Most common sources of food after the floods

- Purchasing from markets/stores: 91%
- Humanitarian assistance (government, NGOs, UN): 71%
- Relying on food stocks: 49%

#### Impact of flood on marketplaces

- 28% of muhallas where KIs reported foreseeing that the majority of the people in the community did not have access to sufficient food for the next 1-4 weeks

#### The most frequently reported food needs

- Flour (reported in 88% of assessed muhallas)
- Bread (87%)
- Rice (84%)
- Cooking oil (80%)

The limited access to food combined with increased cases of diarrhea due to water-borne diseases might also contribute to worsening the nutrition situation in the region. In 41% of assessed muhallas, KIs reported malnutrition treatments as a health need not being met. The need for malnutrition treatment was reported in 11 of the 13 assessed muhallas in Derna baladiya.

### WATER, SANITATION, & HYGIENE

#### Most reported main sources of drinking water since the floods

- Water seller, kiosk: 59%
- Private borehole, tubewell: 46%
- Water trucking: 45%

#### Main reported challenges to accessing water since the floods

- Water selling points are difficult to reach: 49%
- Water is too expensive / Water source is damaged due to the floods but still functioning: 48%
- Insufficient number of water selling points: 46%
Access to drinking water

Baladiyat where KIs in the majority of the assessed muhallas reported that people will not have access to sufficient drinking water for the next 2-4 weeks, estimated proportion of muhalla population

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25%</td>
<td></td>
</tr>
<tr>
<td>25-49%</td>
<td></td>
</tr>
<tr>
<td>50-74%</td>
<td></td>
</tr>
<tr>
<td>75-89%</td>
<td></td>
</tr>
<tr>
<td>90-99%</td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td></td>
</tr>
<tr>
<td>No data</td>
<td></td>
</tr>
</tbody>
</table>

Al Jabal Al Akhdar, Almarj and Derna mantiquas recorded high reports of people not treating water before consumption (in 88%, 84% and 63% of assessed muhallas respectively) while KIs in these same mantiquas widely reported the use of contaminated water sources as an environmental risk (in 83% of assessed muhallas in Derna, 79% of assessed muhallas in Almarj, and 71% of assessed muhallas in Al Jabal Al Akhdar). This could highlight an increased risk of contracting water-borne diseases in these areas.

As poor sanitation also fosters the spread of diseases, it is worth noting that in 24% of the assessed muhallas, less than half of the population was reportedly not accessing functioning sanitation facilities. In Almarj mantika, less than half of the population had access to operational latrines and toilets in 47% of the assessed muhallas.

Most reported types of sanitation used in the muhalla since the floods

- **76%** Flush or pour-flush toilet
- **31%** Pit latrine without slab-platform
- **27%** Pit latrine with slab-platform

Most reported challenges to accessing sanitation since the floods

- **60%** Sanitation facilities are unclean/unhygienic
- **58%** Facilities too crowded
- **41%** Sanitation facilities are not functioning or full

EDUCATION

Reported damage to education facilities

Proportion of primary and secondary schools by level of damage in assessed muhallas according to KIs observation.

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>13%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Reported impact on school-aged children

Most reported ways in which the floods have impacted school-aged children in the muhalla, according to key informants

- **69%** Children are out of school as the infrastructure is damaged or schools have been repurposed after the floods
- **56%** Children experience psychosocial distress related to the flood
- **56%** Some children do not go to school as their parents/caregivers are in a precarious situation
The joint Multi-Thematic Rapid Needs Assessment (MTRNA) is based on quantitative interviews with KIs reporting on the situation in their muhalla. Muhallas were purposefully sampled for data collection based on satellite-detected flood-affected areas and reports from teams on the disaster-affected area. Data collection targeted at least 3 KIs per muhalla, whose responses to each question were aggregated to obtain a single triangulated response per muhalla. When there was no consensus between a majority of KIs, responses were coded as “No consensus” (NC). For single-choice questions, responses of different KIs reporting on the same district were aggregated by mode (most frequent response). For example, if for a given question 1 KI responds “no” and 2 KIs respond “yes”, the aggregated response for the muhalla is “yes”). For select multiple, all KI responses are retained in the aggregated results.

Results are presented as number of muhallas where KIs reported X (X being the aggregated muhalla-level result as described above). Results reflect the views of KIs and are indicative only. Due to the KI approach, results cannot be disaggregated by gender, age, or disability status of the respondent, for more information, please see “Note on KI profiles”.

**ASSESSMENT COVERAGE**

Areas covered by assessment

![Map of Libya showing assessment coverage areas](image)

**METHODOLOGY OVERVIEW**

The joint Multi-Thematic Rapid Needs Assessment (MTRNA) is based on quantitative interviews with KIs reporting on the situation in their muhalla. Muhallas were purposefully sampled for data collection based on satellite-detected flood-affected areas and reports from teams on the disaster-affected area. Data collection targeted at least 3 KIs per muhalla, whose responses to each question were aggregated to obtain a single triangulated response per muhalla. When there was no consensus between a majority of KIs, responses were coded as “No consensus” (NC). For single-choice questions, responses of different KIs reporting on the same district were aggregated by mode (most frequent response). For example, if for a given question 1 KI responds “no” and 2 KIs respond “yes”, the aggregated response for the muhalla is “yes”). For select multiple, all KI responses are retained in the aggregated results.

Results are presented as number of muhallas where KIs reported X (X being the aggregated muhalla-level result as described above). Results reflect the views of KIs and are indicative only. Due to the KI approach, results cannot be disaggregated by gender, age, or disability status of the respondent, for more information, please see “Note on KI profiles”.

**KI PROFILES**

592 KI interviews conducted

<table>
<thead>
<tr>
<th>KI Profiles</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>90</td>
</tr>
<tr>
<td>Health professionals</td>
<td>82</td>
</tr>
<tr>
<td>NGO workers</td>
<td>79</td>
</tr>
<tr>
<td>Community leader</td>
<td>46</td>
</tr>
<tr>
<td>Engineer</td>
<td>35</td>
</tr>
<tr>
<td>Leaders of local organisations</td>
<td>34</td>
</tr>
<tr>
<td>Religious leader</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>160</td>
</tr>
</tbody>
</table>

**Note on KI profiles:**
The MTRNA provides a broad and indicative picture of needs in the first phase of an emergency. It is based on KI reports at muhalla-level, with limited control over sampling, and by nature does not aim to provide granular data disaggregated for specific groups. Variations in responses from different KI profiles are indicative only. For a more detailed understanding of the needs of specific groups (including women, persons with disabilities, etc.) to inform subsequent phases of the emergency, in-depth representative sectoral or thematic assessments are required.