Multi-Sector Needs Assessment: Benghazi Profile Libya, September 2017



Context & Methodology

Libya has experienced several waves of conflict since 2011, renewed nationwide in 2014 and periodically in several regions, that affected millions of people, both displaced and non-displaced. In response to a lack of recent data on the humanitarian situation in Libya, REACH conducted two rounds of multi-sector data collection in June and August to provide timely information on the needs and vulnerabilities of affected populations. A total of 2,978 household (HH) surveys were completed across 8 Libyan mantikas⁽¹⁾, chosen to cover major population centres and areas of displacement.

Data in the mantika of Benghazi was collected in August: 453 HH surveys were conducted following a sampling allowing for statistically generalisable results for all assessed displacement categories with a confidence level of 95% and a margin of error of 10% (unless stated otherwise). Findings have been disaggregated by displacement status where the differences in responses among these groups were significant.

M Demographics

Primary assessed HH residence by baladiya(1):



97.6% Benghazi Alabyar 0.9% Suloug Gemienis

Estimated population in baladiya(2):

661,400

Average household size 13.2% of interviewed HoHs (heads of household) were female.

Population displacement status in baladiya⁽²⁾:



Non-displaced **IDPs** 20.0% Returnee

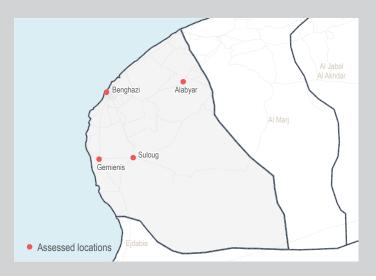
Age distribution of HH members per population group:

Age	Non-displaced	∱→ IDPs	Returnees
0-3	5.0%	8.0%	6.6% ■
4-14	16.0%	20.4%	14.6%
15-17	7.8%	10.6%	8.8%
18-64	67.3%	57.4%	65.4%
65+	3 9%	3.6%	4.5% ■

% of HHs reporting the following vulnerable members:

9.9% Pregnant woman 55.6% Chronically ill person(s) 8.0% Hosting displaced person(s)

Assessed Locations



Priority Needs

Top 3 reported needs of HHs per population group:(3)

Non-displaced	∱→ IDPs	Returnees
51.7% Healthcare	80.6% Shelter	77.7% Food
48.3% Food	70.1% Food	60.4% Healthcare
48.3% Cash/Income	50.0% Healthcare	52.5% Shelter

Preferred modality for future assistance per population group:

Non-displaced	↑ → IDPs	Returnees	
34.4% Cash/Voucher	60.4% Cash/Voucher	48.2% Cash/Voucher	
27.8% Mixed (cash & in-kind)	19.4% Mixed (cash & in-kind)	29.5% Mixed (cash & in-kind)	
25.6% No assistance	12.7% In-kind	10.8% In-kind	

⅓→ Displacement

% of HHs by number of times displaced per population group:



To

op 3 push and pull factors for IDPs and returnees:(4)				
	Pull factors			
1	Presence of family and friends			
2	Greater security			
3	Presence of HH's community			
	1 2			

⁽²⁾ Estimated total population figures in assessed area from satellite imagery, IDPs and returnees figures in baladiya from IOM DTM Libya round 12 (June-July 2017)

⁽⁴⁾ Respondents could choose several answers





⁽¹⁾ Libya is divided into four types of administrative areas: 3 regions (admin level 1), 22 mantikas or districts (admin level 2), 100 baladiyas or municipalities (admin level 3), and muhallas, which are similar to neighbourhoods or villages (admin level 4)

⁽³⁾ Respondents could choose up to 3 answers.

Top 3 reported problems faced by returnees upon return to areas of origin:⁽⁵⁾

Parts of house/property destroyed

Valuables in house/property missing

Basic services not available

65.0%

54.3%

34.1%



Average Food Consumption Score (FCS)⁽⁶⁾ per population group:

	Average FCS	Poor	Borderline	Acceptable
Overall	83.5	1.0%	3.1%	95.9%
Non-displaced	85.1	0.6%	2.8%	96.7%
IDPs	69.2	6.7%	10.4%	82.8%
Returnees	79.7	1.4%	2.2%	96.4%

Top 3 reported ways of accessing food per population group:(7)

Ť	Non-displaced	X -	→ IDPs	Ż.	Returnees
95.6%	Purchased with cash	79.9%	Purchased with cash	92.1%	Purchased with cash
8.9%	Own production	35.1%	Rely on food assistance	14.4%	Purchased on credit
3.3%	Purchased on credit	24.7%	Purchased on credit	5.8%	Rely on food assistance

% of HHs reporting food item price changes over the last 30 days:

	Increase	No change	Decrease
Pasta	80.7%	18.6%	0.7%
Flour	73.1%	25.5%	1.5%
Chickpeas	70.8%	17.0%	12.2%
Chicken	96.4%	2.6%	1.1%
Tomato paste	68.9%	26.9%	4.2%
Eggs	90.4%	5.5%	4.0%
Oil	77.8%	20.1%	2.1%
Sugar	79.8%	18.8%	1.5%
Rice	84.3%	14.8%	0.9%

% of HHs reporting having access to subsidised food items over the last 30 days, per population group:



For the HHs reporting having access to subsidised food items over the last 30 days, top 3 food items per population group:⁽⁷⁾

- 1. Cooking oil
 - Sugar
- 3. Flour
- 1. Tomato paste
- Cooking oil
- 3. Flour
- 1. Tomato paste
- 1. Sugar
- Cooking oil

Average Reduced Coping Strategy Index (rCSI)⁽⁸⁾ per population group:

	Average rCSI	Low use of coping strategies (0-3)	Medium use of coping strategies (4-9)	High use of coping strategies (10+)
Overall	6.4	46.5%	30.8%	22.7%
Non-displaced	6.1	47.2%	32.2%	20.6%
IDPs	8.4	44.8%	24.6%	30.6%
Returnees	7.6	43.2%	25.9%	30.9%

Cash & Livelihoods

% of HH income from the following sources in the last 30 days:

Government salary	61.2%
Public benefits	17.8%
Business and trade	9.3%

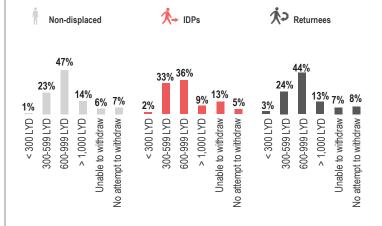
Top 3 reported challenges to accessing income in the last 30 days, per population group:⁽⁷⁾

Non-displaced	∱→ IDPs	Returnees
50.0% Dysfunctional bank	38.1% Irregular salary	54.7% Dysfunctional bank
28.9% Irregular salary	35.1% Dysfunctional bank	36.7% Irregular salary
4.4% Low salary	15.7% Low salary	18.7% Low salary

% of HH income spent on the following items in the last 30 days, per population group:

Non-displaced	∱→ IDPs	Returnees
53.4% Food	36.7% Food	51.3 % Food
11.8% Healthcare	19.8% Housing	11.8% Healthcare
9.7% Water	10.6% Healthcare	9.5% Water

Reported withdrawal limits in the last 30 days, per population group:



⁽⁸⁾ The reduced Coping Strategy Index (rCSI) is often used as a proxy indicator fior household food insecurity. rCSI combines: (i) the frequency of each strategy; and (ii) their (severity). Higher rCSI indicates a worse food security situation and vice versa, with a score from 0 to 56.





⁽⁵⁾ Respondents could choose several answers.

⁽⁶⁾ The FCS is a composite indicator score based on dietary frequency, food frequency and relative nutrition importance of different food groups and their consumption by assessed population groups. Ranging from 0 to 112, the FCS will be 'poor' for a score of 28 and less, 'borderline' for a score of 42 or less, and 'acceptable' above a score of 42.

⁽⁷⁾ Respondents could choose up to 3 answers.

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Top 3 reported barriers to accessing market items:⁽⁹⁾

Top 3 reported barriers to accessing financial services:⁽⁹⁾

Some items too expensive

1

Waiting times too long

No means of payment

2

Limits on withdrawals

Some items not available

3

Insecurity waiting in line

Top 3 reported coping mechanisms for lack of income/resources/ cash in the last 30 days, per population group:

Non-displaced		∱→ IDPs		∱ >	Returnees
37.8%	Use savings	47.0%	Sell gold	47.1%	Use savings
18.3%	Take additional job	45.5%	Use savings	29.2%	Reduce expenses
16.7%	Sell gold	32.1%	Reduce expenses	27.5%	Sell gold

≅ Shelter & NFI

% of HHs reported living in each shelter type:

96.1%	House or apartment
3.0%	Unfinished building
0.6%	Other private housing



% of HHs reported living in each shelter occupancy arrangement, per population group:

	Non-displaced	∱ → IDPs	Returnees
Owned	95.6%	13.4%	93.5%
Rented	4.4%	56.7%	4.3%
Hosted for free	0.0%	24.6%	1.4%
Provided by public authorities	0.0%	3.7%	0.7%

of HHs who reported renting their housing indicated that **51.1% rental prices had increased** over the last 6 months.

% of HHs reporting damage to housing per population group:

1	Non-displaced	↑ → IDPs	Returnees
No damage	83.3%	38.1%	23.0%
Light damage	11.1%	16.4%	36.0%
Medium damage	3.9%	8.2%	23.0%
Medium-heavy damage	1.7%	15.7%	12.2%
Heavy damage/destroyed	0.0%	21.6%	5.8%

of HHs reported having been threatened with eviction (0.9%) or having been recently evicted (0.7%).

50.5% of HHs reported having irregular access to electricity.

99.7% of HHs reported that the municipal network was their main source of electricity.

Reported average number of hours of power cuts:

46.5%	0-3 hour(s) per day
53.0%	4-7 hours per day
0.5%	8-12 hours per day



% of HHs reporting having access to cooking fuel:

% of HHs reporting having access to heating fuel:



Top 3 reported NFI not possessed by HHs per population group⁽⁹⁾:

	Non-displaced	↑ → IDPs	Returnees
Water tank	94.9%	88.5%	92.8%
Mosquito nets	94.4%	78.2%	92.8%
Heater	30.2%	64.9%	56.8%

📆 WASH

Main reported sources of drinking water per population group:

Ů No	on-displaced	1	→ IDPs	次つ	Returnees
66.7%	Public network	56.0%	Public network	54.7%	Public network
29.4%	Bottled water	24.6%	Bottled water	30.9%	Bottled water
3.3%	Protected well	9.0%	Unprotected well	10.8%	Protected well

Top 3 reported types of water treatment:(9)

No treatment		60.6%
Water filter		35.6%
Chlorine tablets	1	0.6%

Main types of sanitation facilities in HHs, per population group:

	Non-displaced	↑ → IDPs	Returnees
Flush toilet	99.4%	90.3%	97.1%
Pour toilet	0.6%	9.7%	2.9%
No toilet	0.0%	0.0%	0.0%

Main solid waste management practices of HHs:

Collected by waste management service	50.5%
Put in specific place for waste disposal at later stage	40.3%
Left on the road or in an inappropriate public space	8.0%
Buried or burned	0.7%





⁽⁹⁾ Respondents could choose several answers.

Multi-Sector Needs Assessment: Benghazi Profile

Top 3 reported essential hygiene items needed by HHs, per population group⁽¹⁰⁾:

Non-displaced

Soap

Shampoo Disinfectant

- Returnees
- Disinfectant
- Soap
- Soap Shampoo
- Dishwashing liquid
- Dishwashing liquid

Health

36.0% of HHs reported needing healthcare in the last 15 days.

of these HHs reported having received the healthcare they

Top 3 barriers to access to healthcare, per population group:(10)

Non-displaced

3. Lack of money

∏→ IDPs

Returnees

- 1. Lack of supplies
- 2. Lack of medical staff
- 1. Lack of supplies 2. Lack of medical staff
- Lack of supplies
- Lack of medical staff
- 3. Lack of money
- 3. Lack of money

% of HHs with one or more pregnant women:

% of HHs with one or more women giving birth in last 2 years:



of HHs with women who gave birth in the last 2 years reported 43.1% having breastfed their newborn(s) for the first 6 months.

Top 3 reported chronic diseases among those HHs reporting one or more members affected by a chronic disease:

Diabetes	54.9%
High blood pressure	45.6%
Heart disease	14.6%

of HHs reported one or more members who have been 3.0% diagnosed with mental health illness.

Education

of children out of the total number of school-aged children in 76.6% HHs assessed are enrolled in school.

of HHs reported that their children faced no barriers 80.1% to accessing education. The remaining 19.9% of HHs reported:(10)

- 1. Distance to education facilities too far
- 2. Cannot afford education services
- Facilities are being used for other purposes

of HHs included one or more children in the household had 1.2% dropped out of formal education services.

of HHs included school-aged children who are attending non-28.9% formal⁽¹¹⁾ educational programmes, per population group:⁽¹⁰⁾

Ň N	lon-displaced	1	↓ IDPs	X >	Returnees
14.4%	Remedial education Recreational activities Child-friendly spaces			9.7%	

Protection

% of HHs reported presence of explosive hazards in their current area of residence, per population group:

Non-displaced	↑ → IDPs	Returnees
5.0%	16.4%	23.7%

of HHs reported having been made aware of the risk of 20.7% explosive hazards through awareness campaigns in their area.

of HHs reported at least one member with signs of 100% psychological distress.

% of HHs reporting at least one member showing the following signs of psychological distress in the last 30 days, per population group:(10)

Non-displaced		∱→ IDPs		Returnees	
40.6%	Little pleasure in things they usually like	54.5%	Feeling down, depressed or hopeless	50.4%	Unusual lack of energy
34.4%	Unusual lack of energy	34.3%	Little pleasure in things they usually like	44.6%	Little pleasure in things they usually like
26.1%	Feeling down, depressed or hopeless	34.3%	Unusual lack of energy	30.9%	Feeling down, depressed or hopeless

of HHs reported having lost ID or other documentation 6.2% during the conflict. Out of those, 56.4% have reapplied for new documentation.

About REACH

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⁽¹¹⁾ During consultation with sectors, 'non-formal education' was defined as any kind of education provided by uncertified staff and which does not give access to any official education certification.





⁽¹⁰⁾ Respondents could choose several answers