Multi-Sector Needs Assessment (MSNA)

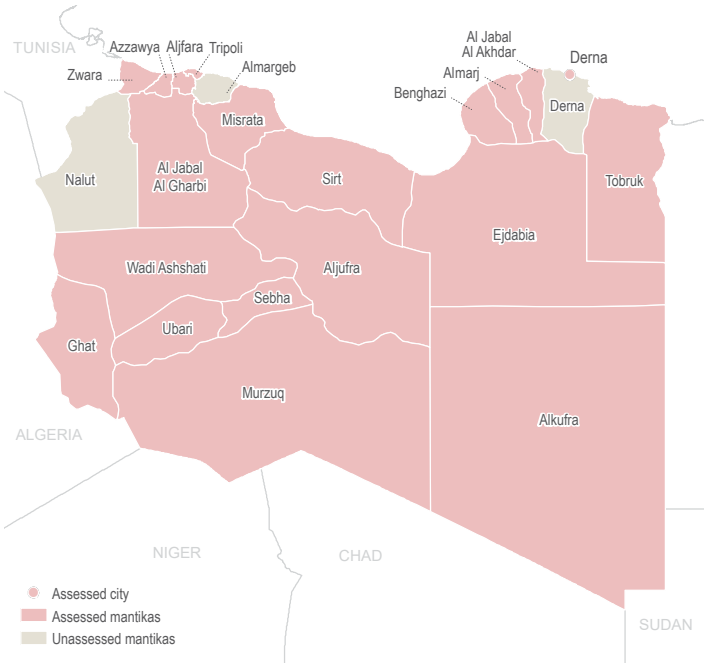
WASH
November 2018
LIBYA

CONTEXT AND METHODOLOGY

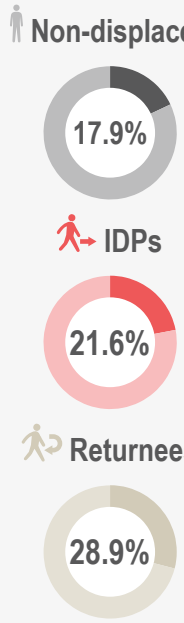
As the Libyan crisis enters its eighth year, episodic clashes between a multiplicity of armed actors continue to affect several regions, with an estimated 1.62 million displaced and non-displaced people affected in 2017[1]. From 1 January - 31 October 2018, UNSMIL documented at least 175 civilian deaths and 335 injuries[2]. The crisis in Libya is the result of conflict, political instability and a vacuum of effective governance, resulting in a further breakdown of functioning systems with considerable security, rule of law, social and economic consequences[3]. The most pressing humanitarian needs identified are protection, health and cash & livelihoods[4], though as the humanitarian situation evolves, the strategies adopted by households to meet their needs remain underexplored.

In light of these continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group (ISCG) conducted a multi-sector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs and vulnerabilities of affected populations in Libya. 5,352 households (HH) were interviewed, including non-displaced (2,449), IDP (1,691) and returnee (1,212) HHs, across 20 Libyan mantikas[5]. Findings are generalisable at mantika level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise).

ASSESSMENT COVERAGE



Households with an unmet need in the WASH sector: 19.3%



SECTORAL AND MULTISECTORAL NEEDS

To understand sectoral needs, one indicator was assessed to gauge whether a household (HH) had an unmet need, as further explained in the annex. **Nearly 20% of all households across Libya had an unmet need in WASH**, with the highest proportions of these households in **Murzuq** and **Alkufra** (nearly 50%). Nearly one-third of **returnee households** were found to have an unmet need in WASH. **One-fifth of HHs in Tripoli faced challenges in accessing sufficient drinking water**, as the conflict periodically disrupts the city's water supply from the Great Man-Made River.

To strengthen coordination of humanitarian planning and to aid integrated responses, it is important to understand the overlapping needs households face across multiple sectors. Across Libya, t**he most commonly reported intersection of unmet needs was between the health and WASH sectors**, affecting at least one-fifth of HHs in Alkufra, Derna, Murzuq and Sirt. Roughly 15% of **returnee households** were found to have **simultaneous needs in WASH, shelter & NFI, and health**.

	HHs with an unmet need in the WASH and protection sectors	HHs with an unmet need in the WASH and shelter sectors	HHs with an unmet need in the WASH and health sectors
Non-displaced	2.3%	3.4%	7.1%
IDPs	8.5%	6.6%	7.6%
Returnees	5.9%	16.1%	14.1%

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WATER SOURCES

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
55.5%	Bottled water	47.0%	Public network	61.7%	Public network
27.0%	Public network	40.8%	Bottled water	33.8%	Bottled water
9.9%	Protected well	4.5%	Protected well	2.5%	Protected well

Location of main drinking water source, per population group:

	Non-displaced	IDPs	Returnees
Inside own dwelling	30.8%	39.7%	56.8%
Inside own building	4.75%	5.9%	3.2%
In own plot of land	3.38%	4.6%	1.8%
Less than 500m away	29.38%	29.9%	17.7%
More than 500m away	21.71%	15.6%	19.8%

4.5% of HHs reported that their main drinking water source was water trucking.

% of HHs relying on water trucking as their main source of drinking water, per population group and per mantika:

	Non-displaced	IDPs	Returnees
Al Jabal Al Akhdar	16.4%	13.5%	NA
Al Jabal Al Gharbi	13.2%	12.6%	69.0%
Aljfara	0.9%	2.2%	1.0%
Aljufra	10.4%	5.4%	NA
Alkufra	3.4%	13.3%	20.0%
Almarj	20.1%	30.3%	NA
Azzawya	17.8%	5.2%	10.5%
Benghazi	0.9%	3.2%	0.9%
Derna	0.0%	9.5%	0.0%
Ejdabia	2.7%	0.0%	3.6%
Ghat	0.0%	3.0%	0.0%
Misrata	5.7%	2.9%	2.0%
Murzuq	1.1%	6.3%	NA
Sebha	12.3%	0.0%	NA
Sirt	0.5%	1.1%	1.7%
Tobruk	1.6%	0.0%	NA
Tripoli	0.0%	0.0%	1.0%
Ubari	4.5%	12.9%	0.0%
Wadi Ashshati	0.0%	13.5%	NA
Zwara	0.0%	0.0%	1.0%

81.8% of HHs reported that their main source of drinking water was fine to drink.

15.1% of HHs reported that their main source of drinking water had a bad taste.

Top 3 reported types of water treatment used by HHs[6]:

Mantikas in which the highest % of HHs reported using water boiling as water treatment:

43.7%	Sirt	28.5%	Azzawya	15.0%	Alkufra

19.3% of HHs reported having been unable to obtain enough drinking water during the month prior to data collection.

Mantikas in which the highest % of HHs were unable to obtain enough drinking water during the month prior to data collection:

47.2%	Alkufra	46.2%	Murzuq	41.4%	Aljufra

61.7% of HHs reported using different water sources for drinking and for other purposes (cooking, hygiene, etc.).

Main reported sources of water, if different from main drinking water source, per population group[7]:

Non-displaced		IDPs		Returnees	
51.6%	Public network	61.7%	Public network	71.8%	Public network
23.9%	Protected well	16.1%	Protected well	12.3%	Water trucking
7.3%	Water trucking	12.2%	Water trucking	9.1%	Protected well

Reported access to water from the public network in the 7 days prior to data collection, per mantika:

	Every day (7 days)	Most days (4-6 days)	Rarely (1-3 days)	Not at all (0 days)
Al Jabal Al Akhdar	58.0%	29.6%	2.8%	4.7%
Al Jabal Al Gharbi	7.3%	5.3%	20.3%	65.8%
Aljfara	62.6%	35.9%	1.2%	0.0%
Aljufra	0.3%	30.2%	57.4%	12.1%
Alkufra	29.1%	41.4%	28.2%	1.2%
Almarj	55.2%	0.1%	3.4%	39.7%
Azzawya	36.1%	12.9%	9.4%	40.4%
Benghazi	75.7%	10.9%	3.9%	9.1%
Derna	18.3%	36.0%	26.5%	19.2%
Ejdabia	59.2%	13.1%	22.9%	4.9%
Ghat	7.2%	72.8%	19.4%	0.5%
Misrata	41.8%	20.5%	17.8%	14.1%
Murzuq	36.3%	60.2%	3.2%	0.4%
Sebha	53.4%	23.0%	18.7%	1.0%
Sirt	18.6%	45.3%	35.5%	0.1%
Tobruk	2.6%	3.3%	36.3%	52.0%
Tripoli	45.8%	15.9%	8.4%	28.8%
Ubari	35.4%	47.5%	16.0%	0.5%
Wadi Ashshati	93.1%	6.9%	0.0%	0.0%
Zwara	63.2%	35.9%	0.8%	0.0%

SANITATION AND HYGIENE

Mantikas in which hygiene items were most frequently reported to be unavailable in markets:

47.2% Ubari | 23.1% Benghazi | 15.0% Aljufra

Mantikas in which hygiene items were most frequently reported to be too expensive to afford:

45.5% Derna | 40.8% Aljufra | 40.2% Ubari

Main types of sanitation facilities to which HHs reported having access, per population group[6]:

	Non-displaced	IDPs	Returnees
Flush toilet	88.8%	75.9%	84.4%
Pour toilet	16.8%	26.5%	14.6%
Dry pit latrine	1.9%	2.4%	0.0%

Main solid waste management practices of HHs[6]:

Put in a public place designated for waste disposal, to be collected later	47.4%
Collected by the municipality, waste management service (private or public), or other authority	25.5%
Left in the road or in a place not designated for waste disposal	23.3%
Buried or burned	16.7%

Reported solid waste management practices of HHs, per mantika[6]:

	Collected by the municipality	Put in a designated public place	Left in the road	Buried or burned
Al Jabal Al Akhdar	16.7%	57.8%	39.8%	25.0%
Al Jabal Al Gharbi	64.0%	18.2%	18.3%	10.9%
Aljfara	8.6%	47.4%	21.4%	31.0%
Aljufra	59.6%	82.8%	5.0%	1.8%
Alkufra	30.5%	64.7%	7.6%	11.8%
Almarj	21.9%	70.9%	8.2%	9.0%
Azzawya	37.9%	29.4%	1.6%	42.8%
Benghazi	15.8%	38.7%	44.4%	5.5%
Derna	0.0%	1.1%	64.6%	71.9%
Ejdabia	57.7%	34.5%	3.6%	3.6%
Ghat	85.0%	15.7%	0.0%	0.0%
Misrata	72.9%	22.6%	0.6%	3.2%
Murzuq	7.8%	31.4%	28.6%	39.7%
Sebha	0.7%	49.3%	42.5%	14.7%
Sirt	19.8%	33.9%	24.0%	30.4%
Tobruk	30.2%	39.2%	25.6%	9.3%
Tripoli	20.1%	73.5%	14.3%	2.0%
Ubari	12.7%	58.8%	30.2%	13.6%
Wadi Ashshati	4.3%	32.5%	56.0%	9.3%
Zwara	39.0%	45.5%	35.2%	15.5%

1 Libya Humanitarian Needs Overview, OCHA, 2018
2 UNSMIL, Human Rights Report on Civilian Casualties, 2018
3 https://www.unocha.org/middle-east-and-north-africa-romena/libya
4 Libya Humanitarian Needs Overview, OCHA, 2018
5 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).
6 Multiple response options could be selected.
7 Due to limited sample size for this indicator, results are indicative and not representative.

CALCULATING UNMET NEEDS AND MULTISECTORAL NEEDS

For each sector, an index of unmet needs was calculated using one or multiple individual needs indicators* selected by each active sector in Libya. If a household reported having an unmet need for one of the sectoral indicators, then they were considered to have unmet needs in that sector. The percentage of households with unmet needs per mantika and population group was then calculated.

The only exception is the Protection sector where, due to the large number of individual sectoral indicators, a threshold weighting was applied to displaced households (IDPs and returnees). In this instance, households were required to report having an unmet need for two or more indicators in order to be considered as having unmet needs in the sector.

* Each of these indicators was also used by OCHA to calculate the People In Need (PIN) figure for the Humanitarian Needs Overview.

Multisectoral needs:

The multidimensional index of needs for each household was subsequently calculated as a total of the number of sectoral needs that the household faced (maximum of 6). This aggregated number can then be extrapolated to the mantika and national levels for each population group. Analysing the % of households by the number of sectors they have unmet needs in provides an understanding of the geographic variation in which humanitarian needs converge. Population groups and areas with a higher proportion of households with unmet needs in multiple sectors, such as in three or more at the same time, are likely to face acute problems in meeting their basic needs.

Multisectoral analysis presents an opportunity to identify and understand the interrelationships between sector-specific indicators that contribute to overall household needs. Adopting an integrated sector approach can help assess the impact of current and future interventions aimed at mitigating humanitarian needs. The multisectoral analysis presented above investigates the % of households that have needs in two sectors, for example in Protection & Health, presenting findings by each sector.

SECTORAL INDICATORS

Protection:
% HHs losing civil documentation because of conflict and not reapplying
% HHs facing protection-related barriers to receiving humanitarian assistance
% HHs reporting presence of explosive hazards
% HHs with with members injured or killed by an explosive hazard
% of returnee HHs facing protection-related problems upon return
% IDP HHs hosting displaced family members or other displaced persons
% IDP HHs hosting displaced under 18 or unaccompanied children
% IDP HHs evicted or threatened with eviction in the past 6 months
% IDP HHs with members diagnosed with a clinical mental disorder or physical disability
% IDP HHs with children under 18 who have worked in the past month
% IDP HHs displaced more than once since 2011

WASH:
% HHs reporting insufficient quantity of drinking water in the past month

Shelter & NFI:
% IDP and returnee HHs living in unfinished buildings, collective centres, informal settlements or open areas
% HHs living in heavily damaged or destroyed shelters
% HHs needing assistance to cover energy needs
% HHs recently evicted or threatened with eviction
% HHs reporting squatting as occupancy type

Education:
% HHs with at least one school-aged child not enrolled in school
% HHs with at least one school-aged child not regularly attending school

Health:
% HHs with an ill family member who did not go to a health facility
% HHs facing challenges accessing health facilities due to damaged/ destroyed health facilities; no available health facilities that can accept new patients; lack of money to pay for care; lack of medical staff in general; lack of medical supplies
% HHs reporting more than 1 hour by car to nearest health service provider
% HHs with a women who gave birth in last 2 years, consulted by an uncertified midwife; nurse; relatives/friends; or no one
% HHs with a family member diagnosed with a chronic disease, clinical mental disorder or physical disability with no access to medicines/ healthcare

Food security:
CARI Analysis; Food Consumption Score, food expenditure share, coping strategies