Multi-Sector Needs Assessment: Derna City Profile Libya, September 2017



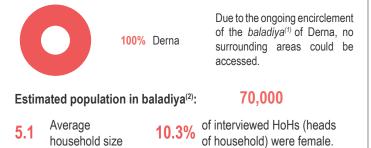
Context & Methodology

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 city of Derna was collected in July: 349 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 HH residence by baladiya⁽¹⁾:



Population displacement status in baladiya⁽²⁾:



93.2% Non-displaced3.4% IDPs3.4% Returnee

Age distribution of HH members per population group:



% of HHs reporting the following vulnerable members:

- 10.0% Pregnant woman
- 47.1% Chronically ill person(s)
- 1.1% Hosting displaced person(s)

⁽¹⁾ Data was collected in the city of Derna only due to access constraints in neighbouring areas ⁽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).

Assessed Locations



Priority Needs

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

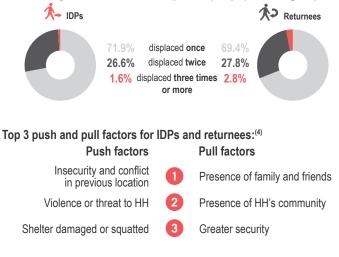
n No	on-displaced	× -	► IDPs	次つ	Returnees
65%	Food	82.8%	Healthcare	74.1%	Food
54.2%	Shelter	71.9%	Shelter	59.3%	Energy (electricity & fuel)
50.8%	Healthcare	59.4%	Income/cash	55.6%	Shelter

Preferred modality for future assistance per population group:

Non-displaced		K→ IDPs		Returnees	
29.4%	Cash/Voucher Mixed (cash & in-kind) No assistance	28.1%	Mixed _(cash & in-kind) Cash/Voucher No assistance	29.5%	Cash/Voucher Mixed (cash & in-kind) No assistance

☆→ Displacement

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



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

- ⁽³⁾ Respondents could choose up to 3 answers.
- (4) Respondents could choose several 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

63.6%
47.7%
21.5%

Food Security

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

	Average FCS	Poor	Borderline	Acceptable
Overall	85.7	1.7%	1.7%	96.6%
Non-displaced	85.7	1.7%	1.7%	96.6%
IDPs	87.5	0.0%	1.6%	98.4%
Returnees	83	0.9%	3.7%	95.4%

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

	Non-displaced	İDPs	Returnees
Purchased with cash Purchased on credit	94.4% 42.4%	95.2% 61.9%	92.6% 36.1%
Own production	19.2%	19.1%	4.6%

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

	Increase	No change	Decrease
Pasta	57.1%	32.2%	10.7%
Flour	51.8%	42.3%	5.9%
Chickpeas	64.0%	11.7%	24.3%
Chicken	93.6%	1.8%	4.7%
Tomato paste	42.0%	53.9%	4.1%
Eggs	34.4%	19.4%	46.2%
Oil	51.8%	44.2%	3.9%
Sugar	71.8%	26.5%	1.7%
Rice	80.6%	17.7%	1.7%

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

Non-displaced	idPs	☆ Returnees
62.7%	61.9%	54.6%

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	1.	Dairy	1.	Flour
2.	Sugar	2.	Pasta	2.	Cooking oil
3.	Pasta	3.	Flour	3.	Sugar

⁽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.

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	6.5	51.3%	26.4%	22.3%
Non-displaced	6.4	51.4%	26.6%	22.0%
IDPs	9.6	32.8%	29.7%	37.5%
Returnees	10.8	55.6%	13.0%	31.5%

🕹 Cash & Livelihoods

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

Government salary		70.8%
Public benefits	•	11.2%
Salaried work	•	6.8%

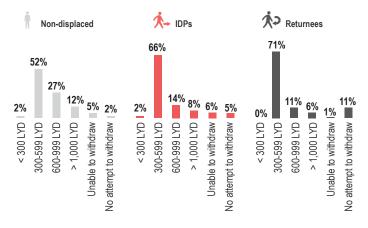
Top 3 reported challenges to accessing income in the last 30 days, per population group: $^{\left(7\right) }$

Î N	on-displaced	Ŕ	→ IDPs	ふ	Returnees
48.6%	Irregular salary Dysfunctional banks Low salary	59.4%	Irregular salary Low salary No work opportunity	29.0%	Irregular salary Dysfunctional banks Low salary

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

Î М	on-displaced	× -	IDPs	رک	Returnees
55.6%	Food	46.5%	Food	53.2%	Food
9.6%	Healthcare	13.7%	Housing	8.6%	Healthcare
8.4%	Energy (electricity & fuel)	9.8%	Healthcare	8.3%	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.

Informing

more effective humanitarian action



Multi-Sector Needs Assessment: Derna Profile



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

Waiting times too long

Limits on withdrawals

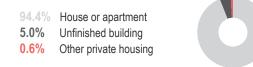
Insecurity waiting in line

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

Non-disp	laced 1	→ IDPs	ķ >	Returnees
46.0% Use s 19.7% Take a 19.0% Sell g	additional job 22.2%	Use savings Purchase on credit Take additional job	25.0%	,

💼 Shelter & NFI

% of HHs reported living in each shelter type:



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

	Non-displaced	∕ → IDPs	Returnees
Owned	82.5%	37.5%	88.0%
Rented	6.8%	46.9%	9.3%
Hosted for free	6.2%	14.1%	0.9%
Squatting	4.5%	1.6%	1.9%

91.5% of HHs who reported renting their housing indicated that rental prices had remained unchanged over the last 6 months.

% of HHs reporting damage to housing per population group:

ń	Non-displaced	K→ IDPs	Returnees
No damage	66.7%	54.7%	29.6%
Light damage	26.6%	34.4%	33.3%
Medium damage	4.0%	10.9%	28.7%
Medium-heavy damage	1.1%	0.0%	5.6%
Heavy damage/destroyed	1.7%	0.0%	2.8%

- **7.7%** of HHs reported having been threatened with eviction (3.3%) or having been recently evicted from their housing (4.4%).
- **93.9%** of HHs reported having irregular access to electricity.
- **92.2%** of HHs reported that the municipal network was their main source of electricity.

Reported average number of hours of power cuts:

 8.4%
 0-3 hour(s) per day

 82.1%
 4-7 hours per day

 9.5%
 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	90%	90.5%	97.2%
Mosquito nets	64.6%	85.7%	67.6%
Heater	40.3%	58.1%	60.8%

🐂 WASH

Main reported sources of drinking water per population group:

Non-displaced		Ż	∕ iDPs		Returnees	
74%	Public network	70.3%	Public network	62%	Public network	
9.6%	Bottled water	12.5%	Bottled water	27.8%	Water trucking	
7.3%	Communal tap	9.4%	Protected well	5.6%	Bottled water	

Top 3 reported types of water treatment:⁽⁹⁾

No treatment		67.4%
Water filter		29.1%
Chlorine tablets	I	2.3%

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

	Non-displaced	K→ IDPs	Returnees
Flush toilet	85.9%	79.7%	62%
Pour toilet	14.1%	20.3%	36.1%
No toilet	0.0%	0.0%	1.9%

Main solid waste management practices of HHs:

Collected by waste management service	55.7%
Left on the road or in an inappropriate public space	19.3%
Put in specific place for waste disposal at later stage	14.4%
Buried or burned	10.5%

REA

more effective humanitarian action

⁽⁹⁾Respondents could choose several answers.



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

ń	Non-displaced	∱ -	IDPs	か	Returnees
1.	Disinfectant	1.	Disinfectant	1.	Disinfectant
2.	Shampoo	2.	Sanitary pads	2.	Dishwashing liquid
3.	Soap	3.	Baby diapers	3.	Shampoo

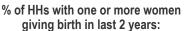
Health

- **75.5%** of HHs reported needing healthcare in the last 15 days.
- of these HHs reported not having received the healthcare 62.0% they needed.

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

Non-displaced	∱→ IDPs	Returnees
 Lack of supplies Lack of medical staff Lack of money 	 Lack of medical staff Lack of supplies Lack of money 	 Lack of supplies Lack of medical staff Facilities damaged

% of HHs with one or more pregnant women:





of HHs with women who gave birth in the last 2 years reported 62.2% 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:



of HHs reported one or more members who have been 4.5% diagnosed with mental health illness.

Education

- of children out of the total number of school-aged children in 62.9% HHs assessed are enrolled in school.
- of HHs reported that their children faced no barriers to 91.0% accessing education. The remaining 9.0% of HHs reported:(10)
 - 1. No available space for new pupils
 - 2. Education facilities are used for other purposes
 - Cannot afford education services

⁽¹⁰⁾Respondents could choose several answers

- of HHs include one or more children in the household had 0.4% dropped out of formal education services.
- of HHs include out-of-school children who are attending non-18.1% formal⁽¹¹⁾ educational programmes, per population group:⁽¹⁰⁾
- Non-displaced IDPs Returnees 18.2% Remedial education 7.7% Remedial education 5.6% Remedial education 2.7% Catch-up classes 2.8% Recreational activities 2.7% Recreational activities 2.8% Child-friendly spaces

Protection

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

Non-displaced	∕ → IDPs	Returnees
12.4%	0.0%	38.0%

of HHs reported having been made aware of the risk of 17.6% explosive hazards through awareness campaigns in their area.

of HHs reported at least one member with signs of 89.1% 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⁾

л N	on-displaced	×-	IDPs	次	Returnees
65.0%	Feeling down, depressed or hopeless	70.3%	Little pleasure in things they usually like	80.0%	Feeling down, depressed or hopeless
54.8%	Little pleasure in things they usually like	59.4%	Feeling down, depressed or hopeless	42.2%	Little pleasure in things they usually like
38.9%	Unusual lack of energy	54.7%	Unusual lack of energy	25.6%	Unusual lack of energy

of HHs reported having lost ID or other documentation 4.6% during the conflict. Out of those, 62.7% have not reapplied for new documentation.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our global office: geneva@reachinitiative.org.

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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.





