Multi-Sector Needs Assessment (MSNA)

Misrata
November 2018

LIBYA

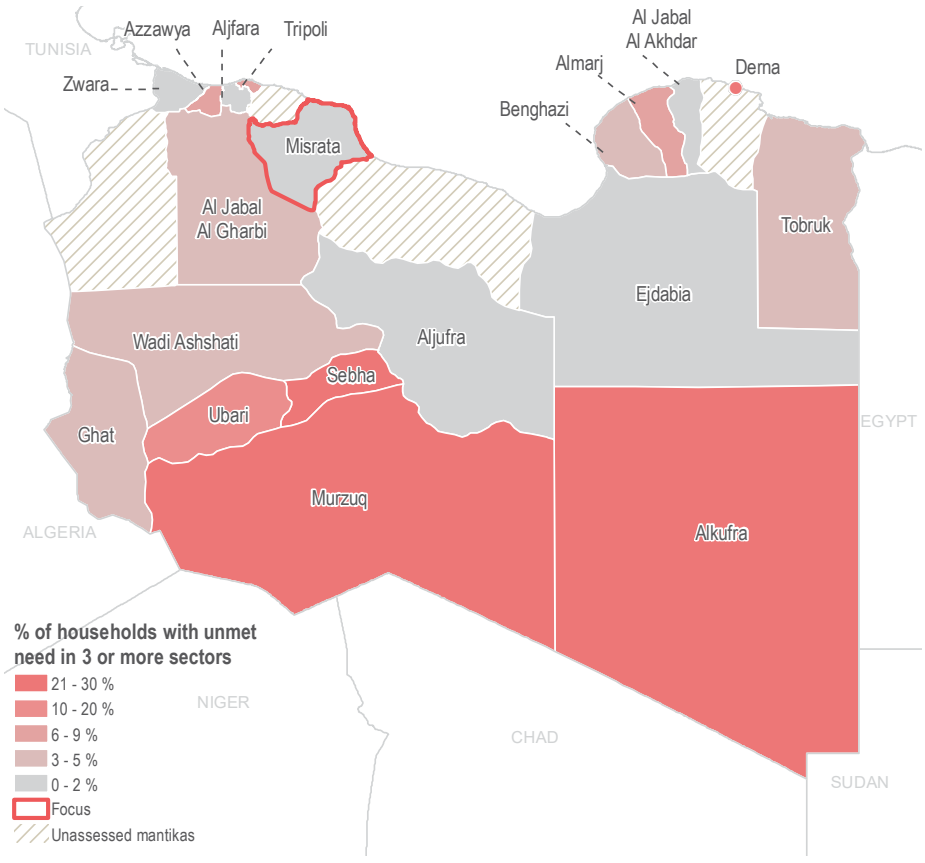
CONTEXT AND METHODOLOGY

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 in the 2018 Humanitarian Needs Overview (HNO) 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 continued knowledge gaps, with facilitation from REACH, the Inter-Sector Coordination Group conducted a multisector data collection exercise between 23 July and 6 September 2018 to provide updated information on the needs of affected populations in Libya and to inform the 2019 HNO process. Findings are generalisable at mantika[5] level for each assessed population group with a **confidence level of 95% and a margin of error of 10%** (unless stated otherwise). Please see annex for more details.

ASSESSMENT COVERAGE

	All Mantikas	*Misrata*
Non-displaced HHs	2,449	134
IDP HHs	1,691	102
Returnees HHs	1,212	98
Total HHs	5,352	334



SECTORAL AND MULTISECTORAL NEEDS

HHs with an unmet need in:

1 sector	29.0%
2 sectors	3.0%
3 sectors	1.4%
4 sectors	0.1%
5 sectors	0.0%
6 sectors	0.0%

HHs with an unmet need, per sector:

Food security	0.1%
Health	7.7%
Shelter and NFIs	4.8%
Protection	7.5%
WASH	8.0%
Education	11.0%

DEMOGRAPHICS

Proportion of assessed households by baladiya:

57.5%	Misrata
21.6%	Zliten
18.6%	Bani Waleed
2.2%	Other

% of HHs hosting displaced persons, per population group:

Non-displaced	IDPs	Returnees
3.0%	2.9%	2.0%

2.9% of HHs were hosting displaced persons. Out of those, the average number of hosted persons per HH was **3.7** persons[6].

16.4% of head of households (HoHs) were above 65 years old.

Age distribution of HH members per population group:

	Non-displaced	IDPs	Returnees
0-5	9.3%	9.8%	3.3%
6-14	14.8%	12.9%	5.8%
15-17	6.6%	7.0%	5.8%
18-64	64.2%	66.4%	81.7%
65+	5.1%	3.9%	3.4%

% of HHs reporting the following vulnerable members:

35.5%	Chronically ill persons
1.1%	Unaccompanied children

DISPLACEMENT

% of HHs by number of times displaced:

45.9%	Displaced once
45.8%	Displaced twice
8.3%	Displaced three times or more

Top 3 mantikas of origin of IDPs:

60.7%	Misrata
29.2%	Benghazi
5.3%	Tripoli
4.8%	Other

Push factors: Top 3 reasons why household left area of origin, per population group[7]:

IDPs	
Insecurity or conflict in the area of origin	71.6%
Threats of violence against HH	38.2%
Evicted from dwelling	29.4%
Returnees	
Insecurity or conflict in the area of origin	93.9%
Dwelling being destroyed	3.1%
Evicted from dwelling	1.0%

Main reasons for IDP HHs not to return to their area of origin:

1. Threats of violence against HH
2. Insecurity or conflict in the area of origin
3. Dwelling being destroyed

Pull Factors: Top reason why HHs chose to move to/come back to this area specifically per population group[7]:

IDPs	
Safer environment	58.8%
Presence of HH's community	34.3%
Presence of friends or family	26.5%
Returnees	
End of conflict	62.2%
Presence of HH's community	17.3%
Presence of friends or family	10.2%

Top reported problems faced upon return to area of origin:

1. Lack of security in area
2. House or property occupied by other persons

FOOD SECURITY

Households with an unmet need in the food security sector:

0.1%

% of HHs having the following food security (using WFP CARI methodology), per population group[8]:

	Non-displaced	IDPs	Returnees
Food secure	29.5%	33.3%	84.6%
Marginally food insecure	68.7%	64.6%	15.4%
Moderately food insecure	1.8%	2.0%	0.0%
Severely food insecure	0.0%	0.0%	0.0%

Ways of accessing food, per population group:

	Non-displaced	IDPs	Returnees
Market (cash)	97.8%	95.1%	92.9%
Market (cheque)	13.3%	18.6%	87.8%
Market (debt)	11.9%	27.5%	3.1%
Own production	18.9%	2.9%	4.1%
Borrowing from relatives	0.0%	1.0%	0.0%
Aid assistance	0.0%	18.6%	0.0%
Gifts from relatives	1.5%	2.0%	0.0%
Zakat[9]	0.0%	0.0%	0.0%
Work or barter for food	0.9%	0.0%	1.0%

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

	Non-displaced	IDPs	Returnees
Average rCSI	2.2	2.6	27.5
Low use of coping strategies (0-3)	88.8%	76.3%	20.9%
Medium use of coping strategies (4-9)	4.5%	17.5%	2.3%
High use of coping strategies (10+)	6.7%	6.2%	76.7%

Average number of times per week HHs were engaged in each of the following food-related coping strategies:

0.7	Rely on less preferred, less expensive food	0.4	Reduce the size of portions or meals
0.1	Borrow food or rely on help from relatives	0.3	Reduce the quantity consumed by adults so children could eat
0.4	Reduce the number of meals eaten per day		

% of HHs engaged in the following types of coping strategies in the 7 days prior to data collection[10]:

56.3%	None
14.0%	Stress strategies
28.1%	Crisis strategies
1.5%	Emergency strategies

33.7% of HHs reported being engaged in any form of agricultural production (crop farming, gardening, raising livestock or fishing) at the time of data collection.

HEALTH

Households with an unmet need in the health sector:

7.7%

28.9% of HHs reported needing healthcare in the 15 days prior to data collection.

90.2% of these HHs reported having been to a health facility to access the needed healthcare[6].

Top 3 barriers to accessing healthcare, per population group[6 7]:

Non-displaced		IDPs		Returnees	
58.7%	Distance too long to health center	80.0%	Distance too long to health center	75.0%	Distance too long to health center
45.9%	No available health facilities accepting new patiens	10.0%	Health facilities being damaged or destroyed	37.5%	Health facilities being damaged or destroyed
15.7%	No or lack of money to pay for care	10.0%	No/lack of money to pay for care	-	-

0.2% of HHs reported travelling for more than one hour to access the nearest health service provider.

33.2% of children were reported as having a vaccination card.

% of HHs reporting chronic disease[11], mental disorder or physical disability, per population group:

	Non-displaced	IDPs	Returnees
Chronic disease	36.3%	35.3%	2.0%
Mental disorder	0.0%	2.8%	0.0%
Physical disability	4.7%	3.9%	1.0%

Main chronic diseases reported by HHs[6 11]:

79.2% of HHs with at least one child under 2 years old reported having access to professionnal healthcare during delivery.[6]

CASH AND MARKETS

Median reported total estimated HH income in the 30 days prior to data collection[12]:

Non-displaced	IDPs	Returnees
1900 LYD	1200 LYD	650 LYD

Average share of total income received from the following sources in the 30 days prior to data collection[12]:

Own business income	13.2%
Salaried work	19.5%
Government salary	60.0%
Remittances	1.7%
Casual labour	1.7%
Government social benefits	3.3%
Support from family and friends	0.5%
Humanitarian assistance	0.0%
Zakat[9] or charitable donations	0.1%

61.1% of adults being employed were reported as being employed in the government or the public sector.

Top 3 reported challenges to accessing money in the 30 days prior to data collection, per population group[7]:

Non-displaced		IDPs		Returnees	
85.5%	Unable to withdraw enough money from bank account	62.5%	Salary or wages too low	94.4%	Unable to withdraw enough money from bank account
26.4%	Salary or wages not paid regularly	47.9%	Unable to withdraw enough money from bank account	5.6%	Lack of work opportunity
22.1%	No currently functioning banks/financial institutions in area	31.3%	Salary or wages not paid regularly	4.5%	No currently functioning banks/financial institutions in area

Main reported modalities for HH expenditure, per population group[7]:

Non-displaced		IDPs		Returnees	
96.3%	Hard cash (LYD)	98.0%	Hard cash (LYD)	56.1%	Cheques
3.2%	Cheques	2.0%	Cheques	26.5%	Bank transfers
0.2%	Mobile money	0.0%	Bank transfers	14.3%	Hard cash (LYD)

23.2% of HHs were unable to withdraw money from banks or ATMs in the 30 days prior to data collection.

Of HHs having been able to withdraw money, reported withdrawals in the 30 days prior to data collection, per population group:

	Non-displaced	IDPs	Returnees
< 300 LYD	3.7%	10.0%	0.0%
300 - 599 LYD	35.9%	70.0%	75.0%
600 - 999 LYD	43.2%	16.7%	25.0%
> 1000 LYD	15.0%	3.3%	0.0%

Top 3 reported barriers to accessing marketplaces:

1. No barriers faced when accessing marketplace
2. Transportation too expensive
3. Marketplace too far from residency/no means of transport

SHELTER AND NFIs

Households with an unmet need in the shelter sector:

4.8%

% of HHs reported living in each shelter type:

78.5% House
19.6% Apartment
1.4% Unfinished room(s)

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

	Non-displaced	IDPs	Returnees
Ownership	92.5%	13.7%	93.9%
Rental (with written contract)	3.0%	26.5%	3.1%
Rental (with verbal agreement)	2.9%	32.4%	2.0%
Being hosted for free	0.7%	25.5%	1.0%
Squatting (without consent of owner)	0.9%	0.0%	0.0%
Housing provided by public authority	0.0%	2.0%	0.0%

% of housing with reported damage[13], per population group:

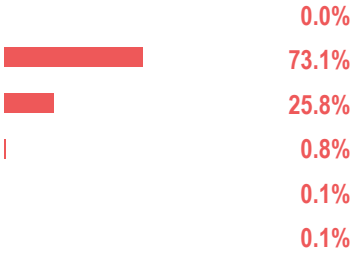
	Non-displaced	IDPs	Returnees
No damage	87.9%	78.4%	90.8%
Light damage	8.2%	20.6%	7.1%
Medium damage	0.9%	1.0%	1.0%
Heavy damage	0.7%	0.0%	1.0%
Destroyed	2.2%	0.0%	0.0%

HHs threatened with eviction in the 6 months prior to data collection, per population group:

Non-displaced	IDPs	Returnees
0.0%	3.9%	0.0%

3.9% of HHs reported having been evicted in the 6 months prior to data collection.

Reported average number of hours of power cuts in the 7 days prior to data collection:



0-2h	0.0%
3-5h	73.1%
6-8h	25.8%
9-11h	0.8%
12-14h	0.1%
> 14h	0.1%

% of HHs reporting having access to vehicle fuel:		% of HHs reporting having access to cooking fuel:
74.8%	Regular access	29.2%
23.5%	Irregular access	70.5%
0.0%	No access	0.2%
1.7%	No use or no need	0.1%

8.2% of HHs reported irregular or no access to heating fuel when required.

PROTECTION

Households with an unmet need in the protection sector: 7.5%

2.5% of HHs reported presence of explosive hazards in their currrent area of residence.

5.6% of HHs reported having family member harmed as a result of UXO.

33.2% of HHs reported having been made aware of the risk of explosive hazards through awareness campaigns in their area.

Of HHs having received information on hazards from UXO, reported sources of information[6 7]:

1. Social media
2. Community representative
3. Posters, flyers or other printed material

% of HHs having lost ID or other documentation during the conflict, per population group:

Non-displaced	IDPs	Returnees
10.6%	30.4%	3.1%

97.8% of HHs having lost ID or other documentation had reapplied for new documentation[6].

Of HHs having lost documentation, reported challenges due to lack of documentation[6 7]:

Education access	2.2%
Healthcare access	9.9%
Government assistance	26.7%
NGO assistance	8.4%
Property access	20.1%
Movement or travel	37.0%

1.1% of HHs reported having a missing family member.

WASH

Households with an unmet need in the WASH sector: 8.0%

Main reported sources of drinking water, per population group:

Non-displaced		IDPs		Returnees	
43.8%	Public network	47.1%	Public network	70.4%	Public network
39.7%	Bottled water	42.2%	Bottled water	25.5%	Bottled water
9.6%	Protected well	6.9%	Protected well	2.0%	Protected well

Top 3 reported types of water treatment[7]:

No treatment methods used	52.6%
Water filters	43.4%
Boiling water	0.1%

% of HHs unable to obtain enough drinking water during the month prior to data collection, per population group:

Non-displaced	IDPs	Returnees
7.5%	14.7%	13.3%

3.7% of HHs reported not accessing designated services for waste disposal in the 30 days prior to data collection.

15.5% of HHs reported that hygiene items were too expensive to afford.

0.0% of HHs reported that hygiene items were unavailable in the markets.

EDUCATION

Households with an unmet need in the education sector:

11.0%

91.8% of children out of the total number of school-aged children were enrolled in school.

Percentage of children in HHs not regularly attending school, per population group:

Non-displaced	IDPs	Returnees
3.3%	1.8%	1.6%

Main reasons for not regularly attending school or having dropped out of school[6 7]:

	Non-displaced	IDPs	Returnees
1	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers	No quality education or lack of qualified teachers
2	Health reasons (disability, chronic disease, etc)	Poor performance or dismissed	Route to school or school area is unsafe
3	Poor performance or dismissed	Can't afford school fees	Displaced from area, where the initial school was

% of HHs with school-aged children attending non-formal educational programmes:

18.1% Remedial classes

4.9% Catch-up classes

2.2% of HHs having lost documentation reported it affected their access to education.[6]

ASSISTANCE

2.4% of HHs reported receiving humanitarian assistance during the 6 months prior to data collection.

Modality of assistance:

Received in the 6 months prior to data collection[6 7]:

In-kind	75.1%
Mixed (in-kind and cash/voucher)	11.8%
Cash or voucher	2.2%

Preferred in the future:

Do not wish to receive assistance	55.5%
Cash (bank transfers, e-transfers) or voucher	28.3%
Mixed (in-kind and cash/voucher)	4.5%

Top 3 types of information HHs would like to receive from aid providers[7]:

The security situation in current location	53.1%
Food prices	35.4%
How to find work	22.4%

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 Due to limited sample size for this indicator, results are indicative and not representative
7 Multiple responses could be selected
8 Calculated using WFP CARI methodology, detailed here.
9 Annual tax, mandated by the Libyan state, that Muslims are expected to pay as a religious duty and that is used for charitable and religious purposes
10 Stress coping strategies: purchase on credit, reduce NFI expenses, sell non productive asset, spend savings
Crisis coping strategies: take an additional job, borrow money, reduce health expenses, sell productive asset
Emergency coping strategies: begging (asking for food or money from strangers) and degrading or illegal work
11 Classify as chronic disease: blood pressure, heart disease, diabetes, asthma, joint pain (arthritis), chronic back pain (spinal cord), cataract, stomach ulcers, epilepsy.
12 Calculated based on HHs who receive an income
13 Damage has been assessed by enumerators according to the following scale (light damage = minor cracks in walls or roof, medium damage = many holes or large cracks in walls or roof but no structural damage, heavy damage = structural damage in the walls or roof, requires technical expertise to repair).

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; 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:
% IDP or returnee HHs reporting moderate or severe food insecurity according to CARI analysis*
% non-displaced HHs reporting severe food insecurity according to CARI analysis*

* The Consolidated Approach to Reporting Food Security Indicators (CARI) takes into account a household's Food Consumption Score (FCS), the livelihoods coping strategies it uses, and the percentage of overall household expenditures that are spent on food.