

Multi-Sector Needs Assessment Update: Derna City Profile

Libya, December 2017

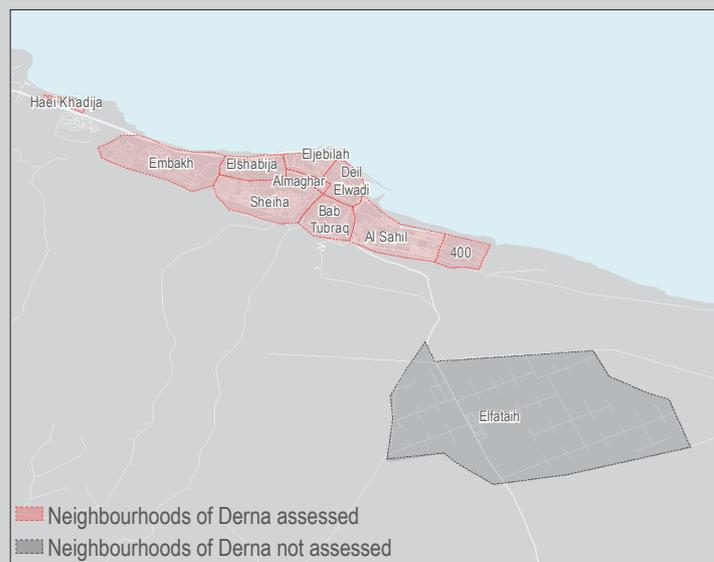


Since 30 July 2017, the eastern Libyan city of Derna has been subject to tight military encirclement. The closure of access points has made it difficult to supply markets, banks and health facilities, leading to a deterioration of the humanitarian situation for those remaining in the city. On 30 October, the ongoing conflict briefly escalated as airstrikes hit the muhalla¹ (neighbourhood) of El-Fataih².

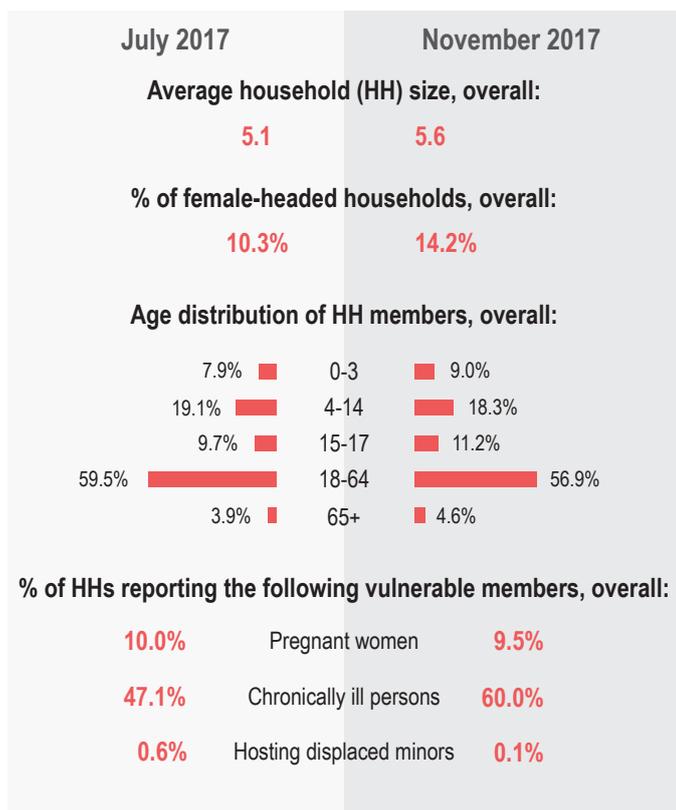
To fill information gaps on affected populations' needs and vulnerabilities, as well as inform the humanitarian response, REACH had undertaken in July a Multi-Sector Needs Assessment in the city of Derna, where a total of 349 surveys with non-displaced (177), IDP (64) and returnee (108) households were conducted. Due to the evolving situation after the tightening of the encirclement, REACH conducted two qualitative assessments in the city of Derna in August and November. Subsequently, REACH undertook this updated household-level quantitative survey in 10 out of 11 neighbourhoods of the city of Derna. Data was collected between 20 and 30 November through a total of 401 surveys with non-displaced (189), IDP (99) and returnee (113) households. Households were selected through two-stage random sampling with findings representative at city level and for each population group with a 95% confidence level and 10% margin of error.

Key findings confirmed a deterioration of access to food due to movement limitations and increased prices. Limited amounts of cash available forced households to resort to credit and cheques, and a drastically deteriorated waste management environment raised potential health and environmental concerns.

Map 1: Neighbourhoods of Derna



Demographics

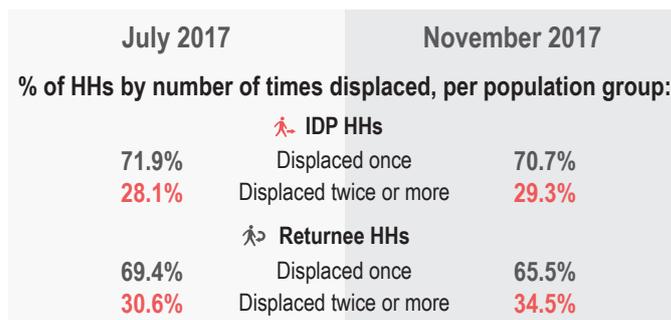


Priority Needs



Displacement

Since the end of July 2017, 48.5% of IDP HHs and 66.4% of returnee HHs have arrived in / have come back to Derna.



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 Libya office: libya@reach-initiative.org. Visit www.reach-initiative.org and follow us on Twitter: @REACH_info and Facebook: www.facebook.com/IMPACT.init

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 mahallas, which are similar to neighbourhoods or villages (admin level 4).

² OCHA, Derna Flash Update #3, as of 6 November 2017.

³ Respondents could choose up to 3 answers.

⁴ "Mixed" assistance corresponds to assistance given in-kind and in cash/vouchers

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Top 3 push and pull factors for IDPs and returnees⁵:

Push factors

Insecurity in previous location	①	Insecurity in previous location
Violence or threat to HH	②	Violence or threat to HH
Shelter damaged or squatted	③	Shelter damaged or squatted

Pull factors

Presence of family & friends	①	Presence of family & friends
Presence of HH's community	②	Greater security
Greater security	③	Presence of HH's community

Top 3 reported issues faced by HH upon return to area of origin:

Parts of housing destroyed	①	Parts of housing destroyed
Valuables missing	②	Valuables missing
Basic services not available	③	Basic services not available

Food Security

July 2017

November 2017

Food Consumption Score (FCS⁶), per population group:⁷

	July 2017			November 2017		
	Poor	Borderline	Acceptable	Poor	Borderline	Acceptable
Non-displaced HH	1.7%	1.7%	96.6%	0.0%	0.5%	99.5%
IDP HH	0.0%	1.6%	98.4%	0.0%	4.0%	96.0%
Returnee HH	0.9%	3.7%	95.4%	0.9%	0.9%	98.2%

Top 3 reported sources of food, overall:⁷

95.3%	Market with cash	①	Market with cash	97.9%
25.4%	Market on credit	②	Market on credit	60.8%
19.1%	Own production	③	Market with cheques	31.6%

The proportion of households that reported buying food on credit as a main source of food more than doubled between July and November. Meanwhile, the use of certified cheques, previously a rare modality, greatly increased due to severe liquidity constraints. Payments by cheque generally incurred an additional fee of 25-40%⁷.

% of HHs reporting food price changes in the 30 days prior to the assessment, overall:⁷

↑	Pasta	=
↑	Flour	↑
↑	Chickpeas	↑
↑	Chicken meat	↑
=	Tomato paste	=
↓	Eggs	↑
↑	Cooking oil	=
↑	Sugar	↑
↑	Rice	↑

⁵ Respondents could choose several options.

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 See REACH/CMWG December Joint Market Monitoring Initiative.

Reduced Coping Strategy Index (rCSI)⁸, per population group:⁷

	Low (0-3)			Medium (4-9)			High (10+)		
	Low (0-3)	Medium (4-9)	High (10+)	Low (0-3)	Medium (4-9)	High (10+)	Low (0-3)	Medium (4-9)	High (10+)
Non-displaced HH	51.4%	26.6%	22.3%	19.0%	36.5%	44.4%			
IDP HH	32.8%	29.7%	37.5%	0.0%	48.5%	51.5%			
Returnee HH	55.6%	13.0%	31.5%	73.5%	21.2%	5.3%			

Cash & Livelihoods

July 2017

November 2017

% of HH income from the following sources in the 30 days prior to the assessment, overall:⁷

70.8%	Government salary	74.7%
11.2%	Public benefits	7.6%
6.8%	Salaried work	7.2%

% of HHs reporting the following challenges to accessing income in the 30 days prior to the assessment, per population group:⁷

Non-displaced HHs		
73.4%	Irregular salary	83.0%
48.6%	Dysfunctional bank	18.5%
27.7%	Low salary	33.9%
IDP HHs		
90.6%	Irregular salary	95.0%
59.4%	Low salary	61.6%
23.4%	No work opportunity	33.3%
Returnee HHs		
84.1%	Irregular salary	94.0%
29.0%	Dysfunctional bank	66.4%
7.5%	Low salary	0.0%

Top 3 reported HH expenditure in the 30 days prior to the assessment, per population group:⁷

	①	②	③	①	②	③
Non-displaced HH	Food	Health	Energy	Food	Health	Debt repayment
IDP HH	Food	Housing	Health	Food	Housing	Debt repayment
Returnee HH	Energy	Health	Water	Food	Health	Debt repayment

Reported withdrawal limits in the 30 days prior to the assessment:⁷

2.2%	< 300 LYD	1.1%
52.4%	300-599 LYD	75.1%
26.8%	600-999 LYD	13.1%
12.3%	> 1,000 LYD	2.9%
4.5%	Unable to withdraw	5.7%

⁸ The reduced Coping Strategy Index (rCSI) is often used as a proxy indicator for 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.



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Top 3 reported barriers to accessing market items⁹:

85.5%	Some items are too expensive	95.3%
63.1%	Some items are not available	85.0%
20.7%	No means of payment	17.4%

Top 3 reported barriers to accessing financial services⁹:

86.2%	Waiting times too long	91.1%
57.9%	Limits on withdrawal	77.7%
17.4%	Insecurity waiting in line	15.8%

Top 3 reported coping mechanisms for lack of income/cash in the 30 days prior to the assessment, per population group⁹:

Non-displaced HHs

- Use savings ① Use savings
- Take additional job ② Borrow money
- Sell gold ③ Reduce expenses on services

IDP HHs

- Use savings ① Use savings
- Purchase on credit ② Reduce expenses on services
- Take additional job ③ Sell gold

Returnee HHs

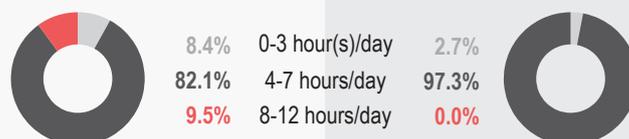
- Use savings ① Borrow money
- Borrow money ② Use savings
- Sell gold ③ Reduce expenses on services

84.1% % of HHs reported irregular access to electricity* **99.0%**

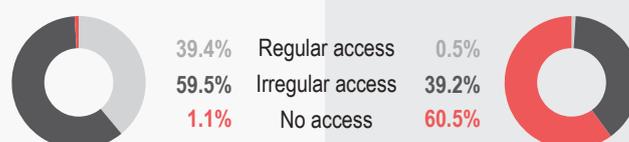
86.6% % of HHs reported that the municipal network was their main source of electricity.* **65.4%**

12.9% % of HHs reported relying on generators as primary source of electricity* **25.7%**

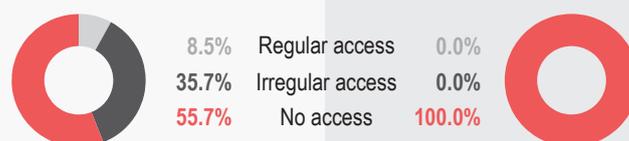
Reported average number of hours of power cuts, overall:



% of HHs reporting having access to cooking fuel, overall:



% of HHs reporting having access to heating fuel, overall:



Shelter & NFI

July 2017

November 2017

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

	Rented	Owned	Hosted for free	Rented	Hosted for free	Owned
IDP HH	46.9%	37.5%	14.1%	69.7%	21.2%	7.1%
Returnee HH	88.0%	9.3%	1.9%	88.5%	7.1%	3.5%

% of HHs renting their housing who indicated that their rental costs increased

In the 6 months prior to July: **8.1%** Since the end of July: **47.1%**

% of HHs reporting damage to housing, per population group:

	No/Light damage	Medium/Heavy damage	Destroyed	No/Light damage	Medium/Heavy damage	Destroyed
Non-displaced HH	93.3%	5.1%	1.7%	90.5%	8.5%	1.0%
IDP HH	89.1%	10.9%	0.0%	87.9%	12.1%	0.0%
Returnee HH	62.9%	34.3%	2.8%	89.4%	9.7%	0.9%

% of HHs reporting having been threatened with eviction or recently evicted from their housing:

In the 6 months prior to July: **7.7%** Since the end of July: **4.7%**

WASH

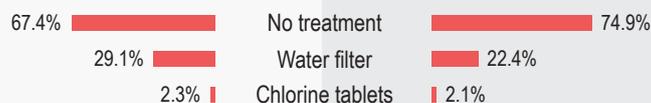
July 2017

November 2017

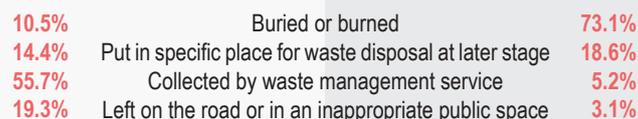
% of HHs reporting the following sources of drinking water, overall:^{*}



Top 3 reported types of water treatment, overall:^{*}



Main solid waste management practice of HHs, overall:^{*}



A major increase in negative solid waste management practices was noted, especially the practice of burying or burning waste, which skyrocketed since the last data collection in July (+596.6%). Collection through waste management services drastically decreased (-90.7%), underlining the reported breakdown of this service since the tightened encirclement¹⁰.

⁹ Respondents could choose several options.

¹⁰ REACH, Derna Rapid Situation Overview, 15 November 2017.

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Top 3 reported essential hygiene items needed by HHs, overall¹¹:

42.1%	Disinfectant	40.4%
31.8%	Soap	28.8%
27.2%	Water container	25.0%

Health

July 2017

November 2017

75.5% % of HHs reporting needing healthcare in the 15 days prior to the assessment* 42.3%

62.0% % of these HHs reporting not having received the healthcare they needed* 49.7%

Top 3 barriers to accessing healthcare, overall¹¹:

58.1%	Lack of supplies	88.4%
54.5%	Lack of medical staff	86.5%
24.2%	No means of payment	23.9%

The proportion of IDP households reporting no means to pay for healthcare as a top barrier to accessing healthcare was drastically higher, at 77.8% (+150.2% from July).

% of HHs with one or more women who gave birth in the 2 years prior to the assessment, overall:



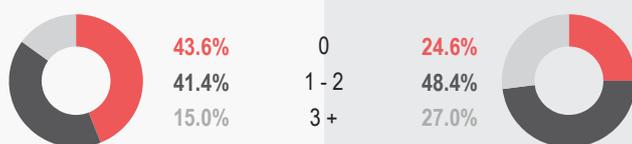
62.2% % of HHs with women who gave birth in the 2 years prior to the assessment reporting having breastfed their newborn(s) for the first 6 months 41.9%

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

49.8%	Diabetes	49.7%
37.7%	High blood pressure	50.9%
10.0%	Arthritis	17.8%

4.5% % of HHs reporting one or more members diagnosed with a mental health disorder: 10.0%

% of HHs reporting having vaccination cards for the children in their HH, overall^{*}:



¹¹ Respondents could choose several options.

¹² 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.

Education

July 2017

November 2017

62.9% % of school-aged children in HHs assessed that are enrolled in school: 82.0%

91.0% % of HHs reporting their children faced no barriers to accessing education. Most common barriers reported¹¹:* 82.2%

- No available space for new pupils ① Cannot afford education services
Facilities used for other purposes ② Distance is too far
Cannot afford education services ③ N/A

0.4% % of HHs with one or more children who dropped out of formal education services. 2.0%

18.1% % of HHs with children who are attending non-formal educational programmes¹², including¹¹: 22.2%

- Remedial education ① Remedial education
Recreational activities ② Recreational activities
Catch-up classes ③ Catch-up classes

Protection

July 2017

November 2017

% of HHs reporting presence of explosive hazards in their current area of residence, per population group^{*}:

12.4%	Non-displaced HHs	19.6%
0.0%	IDP HHs	0.0%
38.0%	Returnee HHs	34.5%

17.6% % of HHs reporting having been made aware of the risk of explosive hazards through awareness campaigns in their area* 27.7%

60.4% % of HHs reporting members displaying two or more signs of psychological distress in the 30 days prior to the assessment* 78.7%

4.6% % of HHs reporting having lost ID or other documentation during the conflict* 10.0%

62.7% % of HHs with lost documentation that had not yet applied for new documentation, for the following reasons¹¹: 42.2%

- Cumbersome process ① Using temporary replacements
No functioning civil registry ② Cumbersome process
Route to civil registry is unsafe ③ Not familiar with the procedure

* The difference between July and November results on these marked indicators has been tested as statistically significant.

