Rapid Assessment Report

World Vision Albania Earthquake Response

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World Vision Albania

Flovia Selmani - *DME officer*

Irma Semini - *DME officer*

Brasena Koka – *Deputy DME Manager*

Diana Kanaj – *Tirana Area Programme Team Leader*

Migena Muhaj – *Durres Area Programme Team Leader*

Blerina Gjidia – *Kurbin Area Programme Team Leader*

Malvina Martini – *Lezha Area Programme Team Leader*

Ilva Vjero – Grant Officer

Edmond Qokaj – Grant Officer

Students from Faculty of Social Sciences

Amarilda Mamaj	Endri Arreza	Klevisa Nezha
Armanda Memia	Eni Gjika	Klodia Gjika
Anisa Rrumbullaku	Erisa Aliaj	Klodiana Stafa
Ardita Ndoj	Fitnete Arifaj	Lala Paja
Artela Basha	Fjorela Petriti	Najada Xhelili
Artiola Pillati	Inva Shimi	Olta Gjika
Blerina Turici	Juna Negro	Sara Koreta
Blerta Goga	Klara Cera	Sibora Prendi
Donalda Mamullari	Klaudia Fusha	Uendi Hiso
Egi Velica	Klautilda Beqiri	Vjosana Domi
Elisabeta Ceka	Klea Mullaj	Xhesila Kurti
	Kleida Coniku	Xhesjana Caka

Affirmation

"Except as acknowledged by the references in this paper to other authors and publications, the evaluation process described herein consists of our own work, undertaken to describe and advance learning, as part of the requirements of World Vision's Design, Monitoring and Evaluation Learning System."

Primary quantitative and qualitative data collected throughout the evaluation process remain the property of the communities and families described in this document. Information and data must be used only with their consent.

Ariola Kallçiu – ariola_kalciu@wvi.org   Eljona Boçe Elmazi

Evidence and Learning Director   National Director

Glossary

BRAT	Basic Rapid Assessment Tool
DME	Design, Monitoring and Evaluation
DRR	Disaster Risk Reduction
CL	Community Leader
ODK	Open Data Kit
HH	Household
MoESY	Ministry of Education, Sport and Youth
NFI	Non Food Item
WASH	Water, Sanitation and Hygiene
WVA	World Vision Albania

Executive summary

This report provides a snapshot of the situation in the areas affected by the earthquake where World Vision Albania (WVA) is present with its long-term programmes Durres, Kamez, Kurbin and Lezha municipalities.

The survey instruments used in this rapid assessment are validated for use for assessing natural disaster situations. The instruments include: (i) the Basic Rapid Assessment Tool (BRAT) containing eight sections exploring the damages and needs of affected population from the disaster; and (ii) the Community Leader/ Key Stakeholders Rapid Assessment Interview. The BRAT survey was translated and adapted in the Albanian language. The survey was administered through android tablets using ODK-based KoBo collect platform. Ethical considerations and informed consent were applied with all respondents.

Simple random sampling was applied for this assessment. When available, lists of affected populations from WVA programme areas or identified by the emergency teams were consulted to determine the sites for data collection. Overall, 511 HHs comprised of a total of 2,460 members and 7 CL interviews were conducted.

Key findings

Shelter: the most prioritized issue from the affected population in all sites is shelter (85% of all HHs), with Kurbin Municipality (94%) having the highest reports. Findings suggest that Kurbin households experience multiple vulnerability factors such as: damaged houses, prevalence of disability and poverty. Shelter and winterization issues were often described in tandem, with surveyed families exposed to the cold and rain without proper protection. 75% of affected population living in tents do not meet basic heating needs.

Health: second most important issue identified by the rapid assessment is that affected population reported high levels of symptoms (among children and adults) such as: fear, anxiety, sleep deprivation and loss of appetite.

Distress and trauma symptoms are more prevalent in population living in their houses (85.2%) and tents (88.4%) compared those living and hotels (61.1%)

Physical illness symptoms are more prevalent in tents (59%) and damaged houses (fever, cough, flu, headache, infections, etc.) compared to those accommodated in hotels.

Income: even though the earthquake did not significantly damage livelihoods in rural contexts, affected families report living in poverty.

Education: HHs parents are concerned regarding the physical safety of schools buildings in affected areas.

Protection: children (51%) are identified as the most vulnerable group within the affected population, 74% of them are scared traumatized as reported by parents.

Accountability: affected population from rural remote areas have not received sufficient information or support on earthquake response.

Key recommendations

The following recommendations are presented as a summarized synthesis. These are not intended to be exhaustive, but simply to highlight elements that have emerged from this assessment. The audiences of this report are free to consider and explore recommendations for action beyond the ones listed below.

General:

- o Children should be of primary consideration in every measure taken by all stakeholders in every sector: protection, education, health, shelter, wash, food and NFI's.
- o All interventions should be gender and disability sensitive.

Sectorial:

- Ensure support is expanded in all types of sites where affected population are sheltered i.e: tents, damaged houses, hotels etc. Urgent action needs to be taken for winterization items and hygiene kits for affected families.
- Consider prioritizing timely support is provided to Kurbin municipality alongside with other affected areas.
- Ensure psychosocial support is provided to children, parents, community leaders and their teachers to foster resilient environment around children. Support should be provided in all sites where affected population are sheltered including: tents and damaged houses.
- Consider increasing access health services (information on prevention, transportation, referral, specialist and medications) for the individuals experiencing health issues.
- Enforce the bylaw 568/18 date 03 December 2019 of the MoESY on school preparedness plans and make this plan available to the parents.
- Consider making available/publish the physical safety of schools buildings certification in all affected areas.
- Include DRR plans in schools and in community led by local government.
- Consider long-term CASH and livelihood programmes with special focus on DRR in the areas.

Introduction

WVA declared a Category I, National Office emergency response following the multiple earthquakes that struck Albania on November 26, 2019.

A series of earthquakes hit Albania with 6.4-magnitude with a death toll of 51 people and 900 injured. The epicentre was around 20 miles west of the heavily populated capital city of Tirana, between the coastal town of Durres and the city of Thumane, both of which suffered severe damage. Durrës, Thumanë, Tirana, Lezha and Kurbin are the most affected areas in the country, with severe damage to houses, schools and other buildings.

There have been a number of aftershocks, including one of 5.3 magnitude according to the European-Mediterranean Seismological Centre. Schools were closed for more than six days.

The Albanian Government declared a state of emergency for the regions of Tirana and Durres on November 27. The population of the three most affected regions (Durres, Lezha and Tirana) is 1,293,050, among which 309,319 are children. Though official number of affected population is not assessed yet, it is estimated that about 30,000 people (2.5 % of total population of these regions) have been impacted by the earthquake.

WVA have been operational in Albania since 1999 and targets 50,000 children in 220 communities across the country, including the most earthquake affected cities (Durrës, Tirana, Kurbin and Lezha). The main focus areas are a)Just structures and systems through local partnerships for the most vulnerable children, b) Integrated services at the community level for the most vulnerable children c) Economic empowerment of youth and families.

Within hours from the earthquake, World Vision Albania mobilized its resources and started responding to the needs of the affected population in Durres, Thumane, Kurbin, Lezhe and Kamza in coordination with the Ministry of Infrastructure of Albania and Municipalities. WVA interventions were focused on distribution of food and NFIs, sanitation of two initial camps for displaced people and establishment of 3 child friendly spaces.

Rapid Assessments Purpose

Rapid Assessments aims to provide WV programme and operations team with information so that they can plan and implement relevant and effective programs aligned with community-identified needs on the ground.

A Rapid Assessment is a quick, focused snapshot of the situation in the areas affected by the earthquake. It includes information on population needs and community assets.

Methodology

Overall Process

Data Collection Tools

Quantitative data has been collected through the application of Basic Rapid Assessment Tool (BRAT). The BRAT tool was contextualized and adapted to Albanian context. The final versions of the questionnaires were translated into Albanian.

The BRAT has two key components a household survey (25 minutes to administer) and a community leaders survey (15-30 minutes to administer). Despite its quick nature, the BRAT can provide the following information:

- ✓ number and size of households,
- ✓ population movement,
- ✓ impact on livelihoods,

- ✓ mapping, including community assets (i.e., schools, clinics, roads),
- ✓ accountability (access to information, participation, risks associated with aid),
- ✓ priorities of the disaster-affected (incl. NFIs, sectors, advocacy, protection, etc.),
- ✓ protection issues and vulnerability trends,
- ✓ children's needs (including separated children),
- ✓ further pending disaster threats and mitigation,
- ✓ post-disaster aid in communities.

Data collection and analysis

Thirty volunteer enumerators (students of the Faculty of Social Sciences) were selected and went through a training on data collection. The training session focused on understanding the objective of the assessment, specifics of the tool and familiarization with tablets for conducting interviews.

The assessment data was collected through android tablets using the ODK-based KoBo collect platform. Nine pairs of enumerators conducted the HH interviews from 04 to 07 December 2019 supervised by DME team in WV Albania. The data was uploaded to the KoBo server and Excel datasets were generated and cleaned.

Gender and disability data disaggregation was run and only significant differences are presented in the report.

Ethical considerations

Consent forms were signed by all interviewees and a clear explanation of the purpose and process of the assessment was provided to each of them.

Sampling

Simple random sampling was applied for this assessment. When available, lists of affected populations from WVA programme areas or identified by the emergency teams were consulted to determine the sites for data collection. To identify HHs within each site a random walk methodology was used.

For Community leader's survey, at least one survey was conducted for each site. These include positions such as member of Emergency units, deputy mayors, heads of Education directory etc.

The assessment was carried out in four municipalities Kamza, Durres, Kurbin and Lezha and ten administrative units within these areas. The coverage included both current operational areas and additional potential programming sites for the response. The four municipalities vary in size and concentration of affected population – Kurbin with highest number of earthquake affected and Lezha with the least.

Overall, 511 HHs and 7 CL interviews were conducted. The survey participation and coverage is presented in the below table.

Table 1: Number of households per municipality

Municipality	Frequency	Percent
Durrës	133	26.0
Kamëz	121	23.7
Kurbin	185	36.2
Lezhë	72	14.1
Total	511	100.0

Limitations to the Rapid Assessment

The rapid assessment processes as outlined will provide useful insights into the planning and implementation of response programming. However, there are some limitations to the rapid assessment process to be highlighted:

Coverage: The initial sample size was 600 HHs evenly divided between the four municipalities and representing typologies of accommodation of the affected families (hotels, tents and damaged houses).

1. The refusal rate from affected population accommodated in the hotels was high due to survey fatigue (they were approached by many different entities).
2. Reaching the affected population proved to be challenging due to their frequent movement during the day even though the enumerators tried multiple times during the day.

Perceptions: Questions under category 5 of the survey, on household perception related to the NFIs and income were not understood well regardless of the explanation done by the enumerators. It was observed that participants, especially from poor communities, provided answers that do not necessarily apply to the emergency situation. Thus, the perception of the participants in this rapid assessment may not directly reflect the challenges or the problems caused by the earthquake.

Rapid assessment findings

The findings present a snapshot of the situation in the affected areas, divided by sectors and needs prioritised by the community.

Demographics

The final sample consisted of 511 households, with 2460 members. The average household size is five members and it is relatively the same for urban and rural areas, as shown in Table 2. The family size varied from 19-member families (one of them), and the smallest is one-person family, each comprising about 1% of the total sample.

Table 2: Number of family members in the households

	N of households	Sum	Mean
Number of family members	511	**2460**	4.81
Number of adults in the family	511	1509	2.95
Number of females in the family	511	972	1.90
Number of children in the family	511	**951**	1.86
Number of girls in the family	511	517	1.01

Sixty percent (N = 291) of surveyed households were living in homes/apartments owned by HH, about 22% were living in hotels (disaster shelter with services) and the remaining households were living in tents /informal settings at the time of the survey.

Figure 1: Type of shelter of households affected by the earthquake
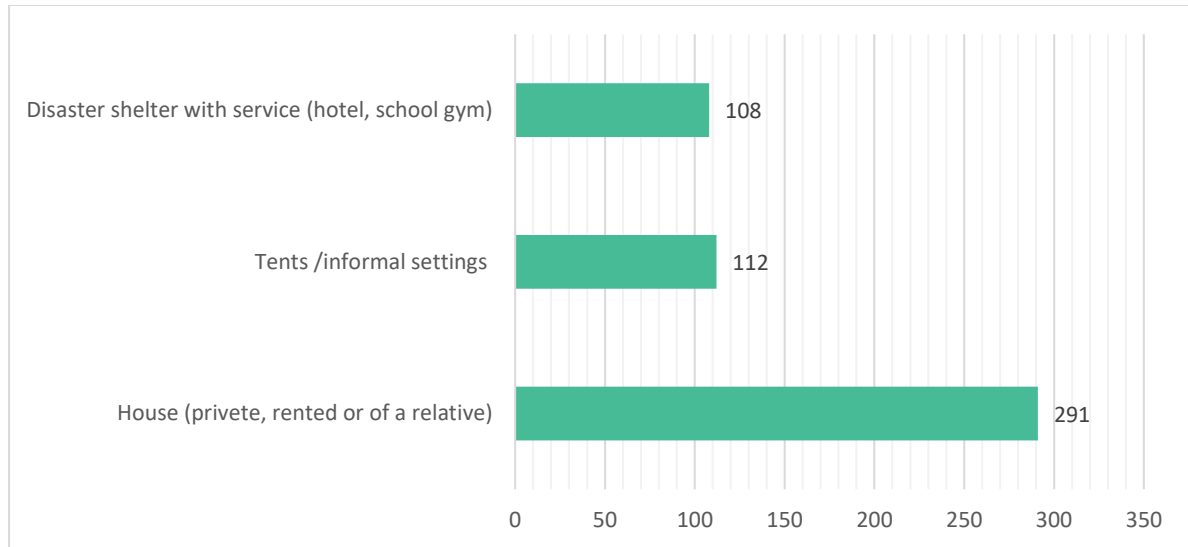
Around twenty five percent (25.6%) of surveyed households have at least one person with disability in the family. As showed in Figure 2, there are 131 households with adults with disabilities and 29 HH with children with disabilities. The municipality with the higher prevalence of people with disability is Kurbin (disaggregated data is presented in the Appendix B).
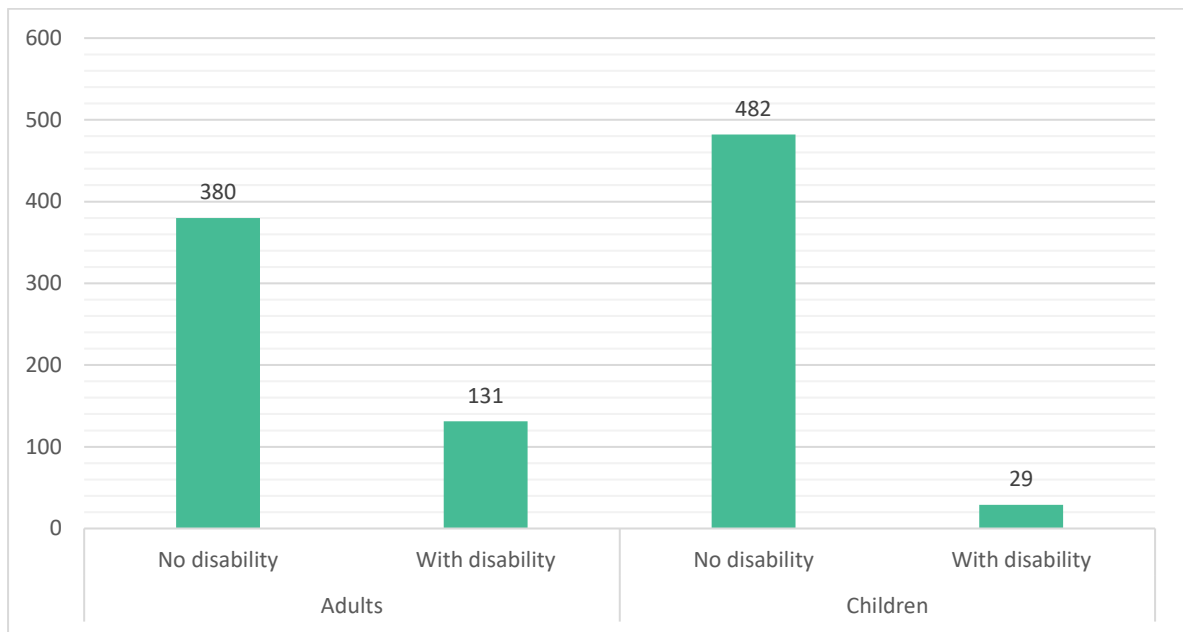
Figure 2: Number of households that have adults and children with disability in the family

The number of persons with disabilities (adults and children) varies from one to four members per family, with 180 persons in total.

Table 3: Number of family members with disabilities in the households

	N of households	Minimum	Maximum	Sum	Mean
Adults	131	1	4	148	1.13
Children	29	1	2	32	1.10

The majority of HHs report as the primary income formal salary (32.1% of HHs), followed by pension (31.9% of the HHs). Casual (daily) labour is the third way to provide income for the family and is present in all areas.

Table 4: Household livelihood and income

	Yes	
	N	%
Formal salary/wages	164	32.1
Pension	163	31.9
Casual (daily) labor	93	18.2
Economic aid	90	17.6
Loans, debts.	48	9.4
Disability aid	39	7.6
Subsistence farming	37	7.2
Small business	34	6.7
Remittances	29	5.7
Trade (contractor/builder, tailor, beekeeper, artisan, shoemaker, etc.)	20	3.9
Begging	11	2.2
Livestock production/sales	10	2
Income from child labour	9	1.8
Crop production/sales	8	1.6
Sale of fish	3	0.6
Savings	3	0.6

Priority problems

HH survey respondents identified and described the priority problems they are currently facing.

Overall, shelter/damaged house is the most commonly named problem – 85%, followed by health issues (traumatized adults) – 81%, traumatized children – 74%, livelihood and income – 66%, children's education – 41%, water – 38%, food – 37%.

Shelter

Shelter is the top problem, identified by 85% of the surveyed HHs. Respondents reported their homes are damaged or destroyed describing a range of dangerous and stressful living conditions with regard to their current shelters. Kurbin is the municipality with the highest incidences of this issue (94%). Shelter and winterization issues were often described in tandem, with surveyed families exposed to the elements without proper protection. Many do not have blankets, clothing or heating supplies needed to stay warm in the most severe months of winter.

The chart below provides the key issues surveyed HHs are facing around shelter.
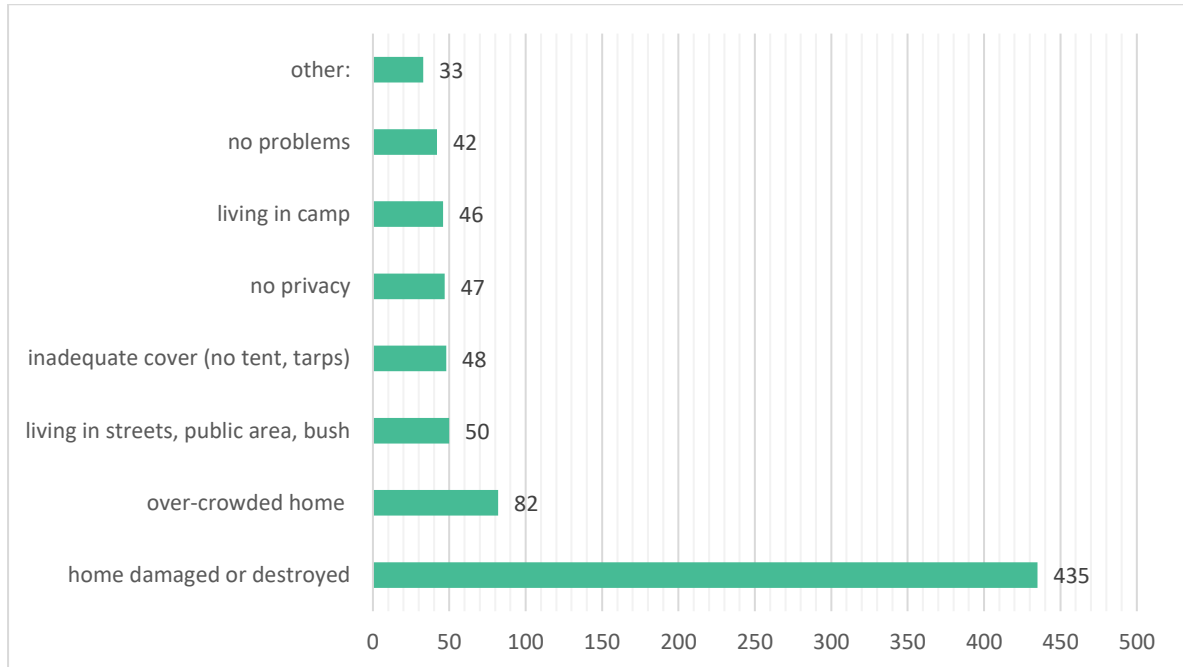
Figure 3: The key issues surveyed HHs are facing around shelter

HHs currently <u>Not At All</u> able to meet basic needs for the following items:

- o 25. 4% heating equipment (mainly in tents)
- o 23.1% soap, toothbrushes, feminine hygiene products, other personal care items
- o 20. 9 % clothing and footwear
- o 20. 4% sleeping mats or mattresses
- o 19.2 % blankets
- o 17.8% buckets, jerry cans or other water storage containers (mainly in hotel to be used for washing purposes)

Shelter solutions

The most common solutions offered by HH respondents to manage their current shelter needs are: 1) cash transfers; 2) provision of NFIs; 3) safe shelter; 4) advocacy to authorities for shelter rights and protection.

Table 5: Shelter solution by the HHs

Shelter	Yes	
	N	%
cash transfers (cash transfer, etc.)	147	28.8
blankets, mattresses	123	24.1
shelter with more protection, privacy	109	21.3
advocacy with authorities to support shelter rights, needs	106	20.7
tarp, plastic sheeting, rope, other shelter supplies	85	16.6
other:	85	16.6
tent	72	14.1
do not know	61	11.9
n/a	42	8.2

Health

Traumatized adults is the second problem prioritized by 81% of surveyed HHs who described/reported symptoms of fear, anxiety, sleep deprivation, low level of humour and loss of appetite. Highest rates of these symptoms (85.4%) are reported in Kurbin municipality.

Traumatized children is third (73.8 %) in the list of major problems faced by the surveyed HHs with the highest rates reported in Kamza municipality (79.3%).

Furthermore, surveyed HHs (48%) reported increasing illness (fever, cough, flue and headache) due to cold and unsanitary living conditions.
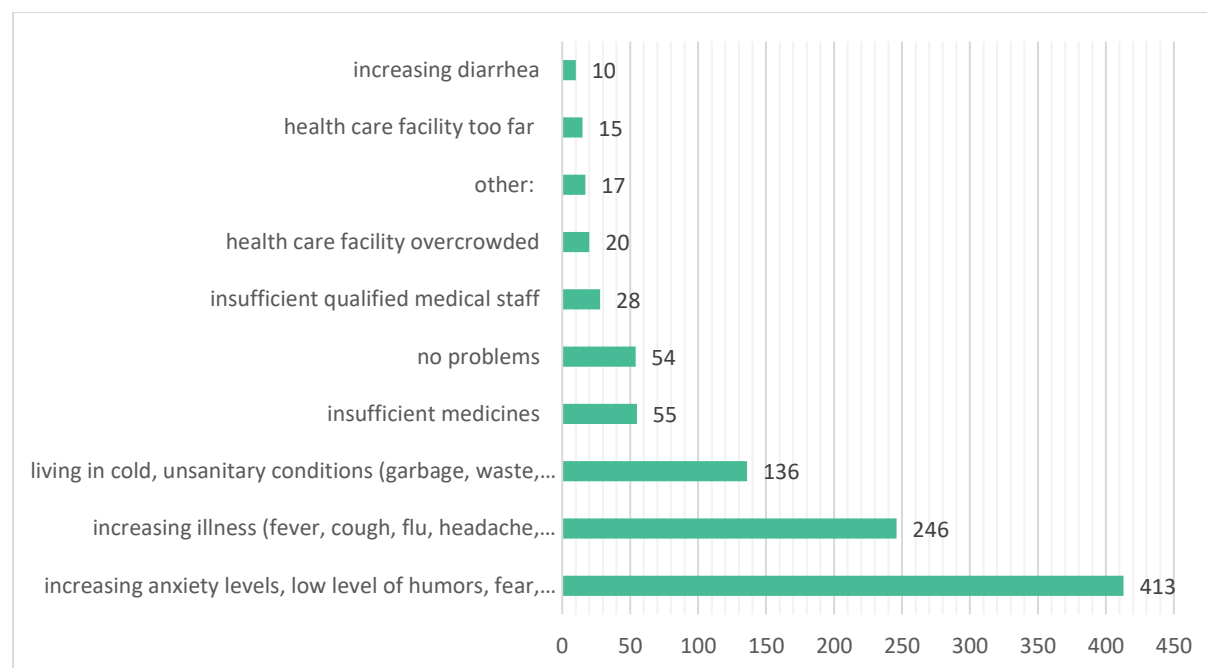
Figure 4: The key issues surveyed HHs are facing on health

Health solutions

HH respondents who identified health as a major problem described solutions reflective of the causes and impacts of health issues they are facing. Increasing access to qualified health care is the most common solution through mobile health clinics; others included cash transfers.

67% of surveyed HHs suggested psychosocial support for children as one of the emerging needs for their community.

Table 6: Health solutions by the HHs

Health (physical and mental)	Yes	
	N	%
provide mobile clinic or other regular health facility	150	29.4
cash transfers	115	22.5
other:	103	20.2
do not know	97	19.0
n/a	78	15.3
provide safe transportation to and from health facilities	63	12.3
clean public areas	50	9.8

Income

Income (66%) alongside with poverty (63%) was reported by surveyed HHs as one of the most important problems they are facing. The earthquake did not significantly damage livelihoods in rural contexts. Even though the earthquake did not significantly damage livelihoods in rural context, affected families report living in poverty.

Currently 18% of HHs rely on economic aid, and 9% take loans/debts to meet basic needs. Only a third of them have access to income through work (32%), Casual labour (18%) and pensions (32%).

Income Solutions

HH respondents described cash transfers (49%) as the key to resolving HH income problems. Another solution (46%) was identified as inputs, support to rebuild lost livelihood.

Education

Almost half of surveyed HHs (41%) described unsafe and damaged school buildings as the main obstacle for children to access schools. Insecurity, transportation/distance and loss of school kits and books are among the other issues experienced by respondents. Community leaders reported that a number of schools in Durres, Kamez and Lezhe were not safe for children to attend classes.

The chart below details obstacles to education as described by household respondents whose children are not attending school.
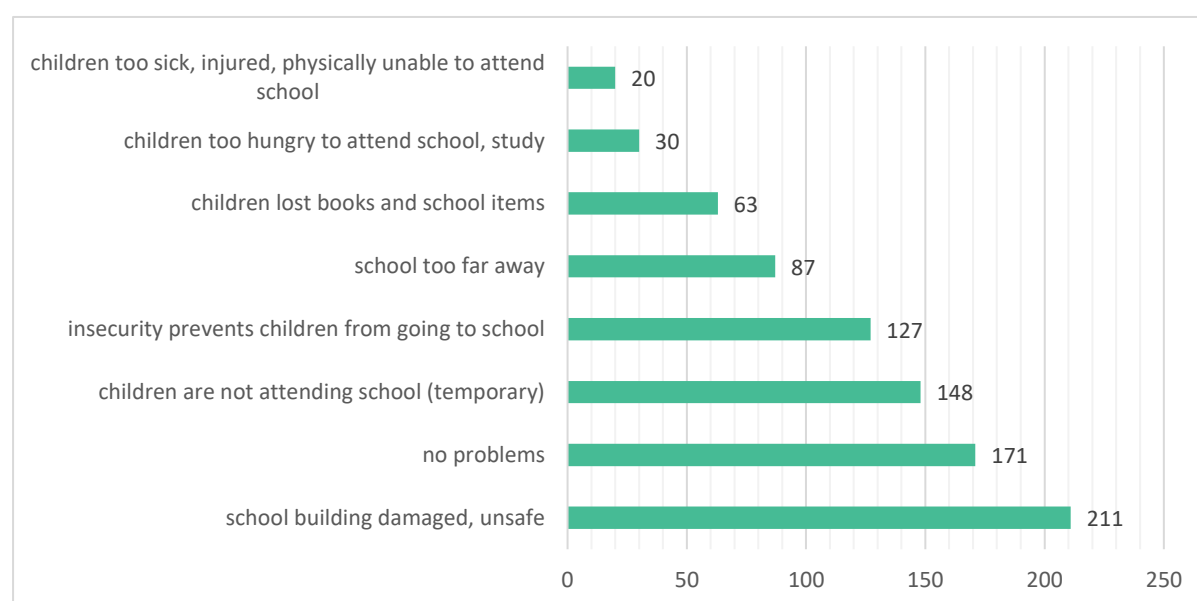

Figure 5: The key issues surveyed HHs are facing on education

Education solutions

32% of the respondents point to the reopening of schools as a solution for the situation as well as ensuring transportation to the nearest schools and schools kits for those who lack one.

Table 7: Education solution by the HHs

Education	Yes	
	N	%
open local school	162	31.7
n/a	129	25.2
provide children with safe transportation to and from school	113	22.1
support children with school supplies	99	19.4
other:	73	14.3
do not know	65	12.7

Water

Insufficient water for all household needs was reported by 38% of HHs as one of the problems they face followed by contaminated water (20%) mostly in Kurbin municipality.
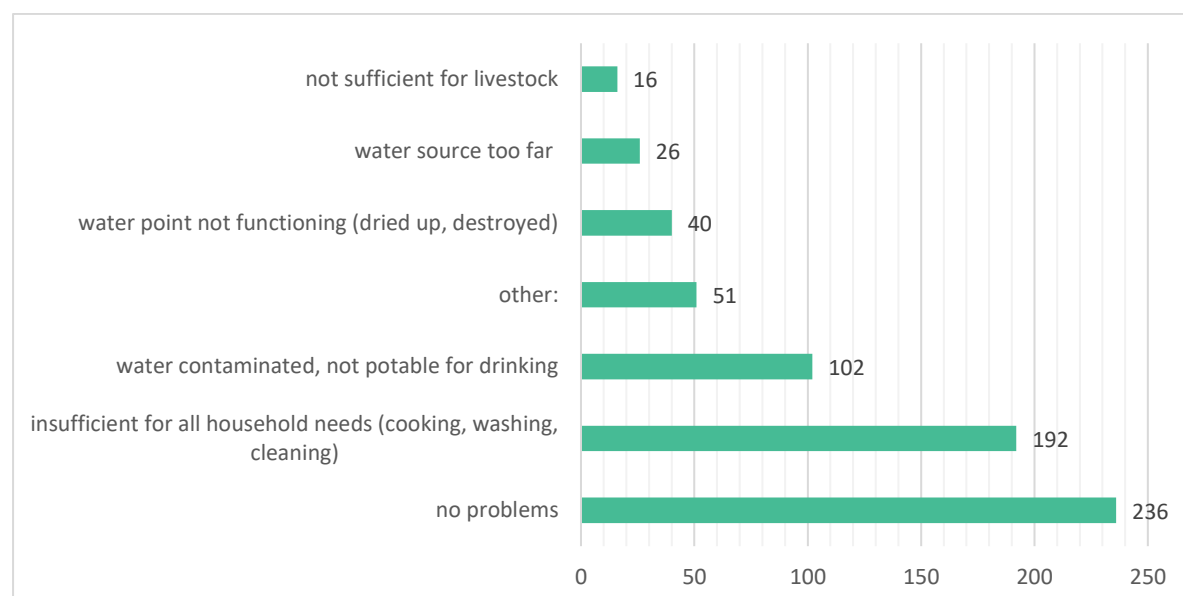
Figure 6: The key issues surveyed HHs are facing with water

Water solution

HHs identify the best ways to address water and sanitation problems is water distribution (19%).

Table 8: Water solution by the HHs

Hygiene - Sanitation	Yes	
	N	%
n/a	242	47.4
water aid	96	18.8
other:	77	15.1
installation of water points, wells, etc.	67	13.1
buckets, jerry can distribution	61	11.9
do not know	58	11.4

Food

Food is the seventh problem prioritized by HH respondents who primarily described three key problems: 1) not working, cannot pay for food (37%); 2) people are hungry (30%); and 3) insufficient food distributions (28%).
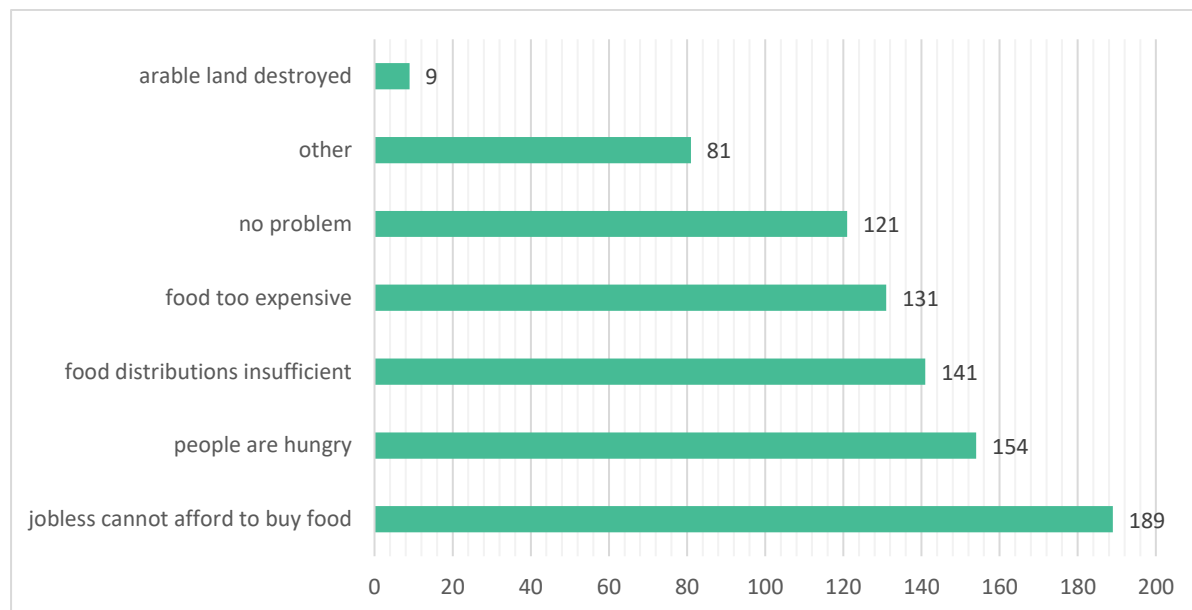
Figure 7: The key issues surveyed HHs are facing with food

Food solutions

Among HHs identifying food as their major problem 34% pointed to direct food provision as a means to access food. Other solutions include cash transfers (30%).

Table 9: Food solution by the HHs

Food	Yes	
	N	%
general food distributions	174	34.1
cash transfers	155	30.3
n/a	117	22.9
ready to eat meals	106	20.7
Other	89	17.4
cooking equipment, fuel	59	11.5
pots, utensils, plates	48	9.4
don't know	31	6.1

Protection

Vulnerability: to get an understanding of the key issues faced by various vulnerable groups, HH respondents were asked who is facing more challenges in the current context and why. As detailed in the table below, all groups identified are described as facing a wide range of physical, financial, emotional and environmental burdens. As noted above, children are reported by more HHs (51%) as the most vulnerable group.

Table 10: Perceived vulnerable groups in the community after the earthquake

	Yes	
	N	%
Children	**260**	**50.9**
All are equally vulnerable	180	35.2
Elderly	**110**	**21.5**
Women	91	17.8
Disabled (physical or cognitive)	63	12.3
Pregnant women	49	9.6
Orphans	42	8.2
Other	15	2.9
Displaced	11	2.2
Ethnic minority	10	2

Protection and security: HH respondents feel safe and have not faced any protection issues recently (77.1% of households); 9% of HHs reported safety hazards (ruins of damaged buildings) and 4% related to health and epidemics.

Table 11: Problems or threats that families have faced regarding protection, safety or security

	Yes	
	N	%
No threats	394	77.1
Safety hazards (ruins of collapsed/damaged buildings etc.)	46	9
Do not know	33	6.5
Health risks (epidemics, flue, cold etc)	20	3.9
Other	17	3.3
Environmental risks (landslides etc.)	15	2.9
Theft	9	1.8
Discrimination	7	1.4
Community conflicts	4	0.8
Physical assault	3	0.6
Intimidation, abuse	2	0.4
Sexual assault	0	0

Disaster risk reduction (DRR): the most common disaster threats identified by community leaders were floodings in the Municipalities of Kurbin and Kamez while in Torovica (Lezha) and Malbardhe (Kurbin) land sliding was mentioned as well.

Threats related to population movement: community leaders did not report any risk related to population movement. They reported that families currently accommodated in hotels in the next weeks will be moved in rented houses.

Accountability

Information sharing

About half (44.2%) of surveyed HHs report they have not received enough information about aid and available services. Kamza is the municipality who reports lower (58%)

The most preferred way to receive information is through TV (43%), followed by local government authorities (35%) and organizations (23%).

Table 12: Information sharing and preferred channels

Information obtained	NO	
	N	%
Have you been receiving enough information about the disaster and available services?	226	44.2

Preferences on being informed: *How do you prefer to receive information?*	Yes	
	N	%
TV	221	43.2
Local government authority	177	34.6
NGO	118	23.1
Community volunteers, mobilizers	94	18.4
Community leaders	67	13.1
Social media	67	13.1
SMS (text message)	44	8.6
Other	33	6.5
Print materials (such as leaflets)	17	3.3
Church, mosque, temple	13	2.5
Banners, posters	7	1.4

Household contribution to recovery

Respondents were asked what skills, resources or other contributions their household members could offer toward the community good; (20%) named manual labour, 10% named care for children and 6% cooking for labourers; while 55% said they cannot support the community in any way or do not know 10%.

Table 13: Household contribution to recovery

	Yes	
	N	%
No contribution possible	281	55
Manual labour (cleaning, digging, tilling, etc.)	101	19.8
Care for children	54	10.4
Do not know	51	10
Cooking for labourers or others	33	6.5
Money	24	4.7
Other	22	4.3

Conclusions and recommendations

The following recommendations are presented as a summarized synthesis. These are not intended to be exhaustive, but simply to highlight elements that have emerged from this assessment. The audiences of this report are free to consider and explore recommendations for action beyond the ones listed below.

General:

- o   Children should be of primary consideration in every measure taken by all stakeholders in every sector: protection, education, health, shelter, wash, food and NFI's.
- o   All interventions should be gender and disability sensitive.

Conclusions	Recommendations
Affected population from rural remote areas have not received sufficient information or support on earthquake response.	Ensure support is expanded in all sites where affected population are sheltered i.e.: tents, damaged houses, hotels etc.
	Consider providing information on earthquake response services through preferred channels from the affected communities such as TV and Local Authorities.
	Include DRR plans in schools and in community led by local government.
The rapid assessment confirmed that the top concern of affected population in all sites in shelter with Kurbin municipality (94%) having the highest reports.	Consider prioritizing timely support to Kurbin municipality alongside with other affected areas. Assessments findings suggest that HHs in Kurbin experience multiple vulnerability factors such as: damaged houses, prevalence of disability and poverty.
	Consider other potential options that surveyed HHs have suggested like;1) cash transfers; 2) provision of NFIs; 3) safe shelter and 4) advocacy to authorities for shelter rights and protection.
	Urgent action needs to be taken for winterization items and hygiene kits for affected families.
Affected population living in tents do Not meet basic heating needs (75%).	Urgent action needs to be taken for winterization supplies (heating and blankets) for affected families living in tents.
Second most important problem is that affected population reported high levels of symptoms (among children and adults) such as fear, anxiety, sleep deprivation and loss of appetite.	Ensure mechanism are in place to provide psychosocial support for affected children and adults as one of the emerging needs for their community.
	Ensure psychosocial support is provided to children, parents, community leaders and their teachers to foster resilient environment around children.
Distress and trauma symptoms are more prevalent in population living in their houses (85.2%) and tents (88.4%) compared those living and hotels (61.1%)	Ensure psychosocial support is provided in all sites where affected population are sheltered i.e: tents and damaged houses.

Children (51%) are identified as the most vulnerable group within the affected population, 74% of them are scared traumatized as reported by parents.	Children should be of primary consideration in every measure taken by all stakeholders in every sector: protection, education, health, shelter, wash, food and NFI's.
	A more in depth survey should be done for exploring protection issues in hotels and other designated facilities for sheltering affected population. From field observations parents are either reluctant or unaware of child protection threats their children might be exposed to.
Physical illness symptoms are more prevalent in tents (59%) and damaged houses (fever, cough, flu, headache, infections, etc.) compared to those accommodated in hotels.	Consider increasing access health services (information on prevention, transportation, referral, specialist and medications) for these populations.
Even though the earthquake did not significantly damage livelihoods in rural contexts, affected families report living in poverty.	Consider long-term CASH and livelihood programmes with special focus on DRR in the areas.
Parents are concerned regarding the physical safety of schools buildings in affected areas.	Consider making available/publish the physical safety of schools buildings certification in all affected areas.
	Enforce the bylaw 568/18 date 03 December 2019 of the MoESY on school preparedness plans and make this plan available to the parents.

Appendixes

Appendix A – Demographic data for each municipality

Demographic data of the head of household that participated in the assessment for each municipality

Municipality		Frequency	Percent
Durrës	Gender		
	Female	90	67.7
	Male	43	32.3
	Total	*133*	*100.0*
	Group-age		
	>60	37	27.8
	18-25	7	5.3
	26-35	21	15.8
	36- 60	68	51.1
	Total	*133*	*100.0*
Kamëz	Gender		
	Female	76	62.8
	Male	45	37.2
	Total	*121*	*100.0*
	Group-age		
	>60	18	14.9
	18-25	8	6.6
	26-35	24	19.8
	36- 60	71	58.7
	Total	*121*	*100.0*
Kurbin	Gender		
	Female	91	49.2
	Male	94	50.8
	Total	*185*	*100.0*
	Group-age		
	>60	42	22.7
	18-25	3	1.6
	26-35	24	13.0
	36- 60	116	62.7
	Total	*185*	*100.0*
Lezhë	Gender		
	Female	50	69.4
	Male	22	30.6
	Total	*72*	*100.0*
	Group-age		
	>60	11	15.3
	18-25	5	6.9
	26-35	5	6.9
	36- 60	51	70.8
	Total	*72*	*100.0*

Number of family members in the households' for each municipality

Municipality	Demography of the household	N of households	Min	Max	Sum	Mean
Durrës	Number of family members	133	1	11	**600**	4.51
	Number of adults in the family	133	1	7	375	2.82
	Number of females in the family	133	1	5	236	1.77
	Number of children in the family	133	0	6	**225**	1.69
	Number of girls in the family	133	0	4	131	0.98
Kamëz	Number of family members	121	1	16	**675**	5.58
	Number of adults in the family	121	1	15	390	3.22
	Number of females in the family	121	0	6	260	2.15
	Number of children in the family	121	0	7	**285**	2.36
	Number of girls in the family	121	0	4	158	1.31
Kurbin	Number of family members	185	1	19	**863**	4.66
	Number of adults in the family	185	0	10	555	3.00
	Number of females in the family	185	0	7	344	1.86
	Number of children in the family	185	0	9	**308**	1.66
	Number of girls in the family	185	0	4	166	0.90
Lezhë	Number of family members	72	1	10	**322**	4.47
	Number of adults in the family	72	0	6	189	2.63
	Number of females in the family	72	1	4	132	1.83
	Number of children in the family	72	0	6	**133**	1.85
	Number of girls in the family	72	0	3	62	0.86

Number of households that have adults with disability in the family and type of disability

		Adults	Children
Durres	*Number of households with adults and children with disabilities*	23	3
	With physical disabilities	17	1
	With mental health problems	6	1
	No answer	0	1

			24	8
Kamëz	*Number of households with adults and children with disabilities*		24	8
	With physical disabilities		15	3
	With mental health problems		9	5
Kurbin	*Number of households with adults and children with disabilities*		61	14
	With physical disabilities		51	9
	With mental health problems		10	4
Lezhë	*Number of households with adults and children with disabilities*		23	4
	With physical disabilities		20	3
	With mental health problems		3	1

Number of family members with disabilities in the households' for each municipality

		N of households	Minimum	Maximum	Sum	Mean
Adults	Durrës	23	1	2	28	1.22
	Kamëz	24	1	1	24	1.00
	Kurbin	61	1	4	70	1.15
	Lezhë	23	1	2	26	1.13
Children	Durrës	3	0	1	2	0.67
	Kamëz	8	1	2	9	1.13
	Kurbin	14	0	2	17	1.21
	Lezhë	4	1	1	4	1.00

Appendix B – Data disaggregated per municipality

Annex B_Tables per
Municipalities.xlsx

Appendix C – Data disaggregated per type of shelter

Annex C_Tables per
Shelter.xlsx

Appendix D – Questionnaires

Annex
D_BRAT_Community

Annex
D_BRAT_Household

Annex D_Forme
Pelqimi.pdf