

2021 MSNA BULLETIN

KEY FINDINGS

JANUARY 2022

MIGRANTS AND REFUGEES IN LIBYA

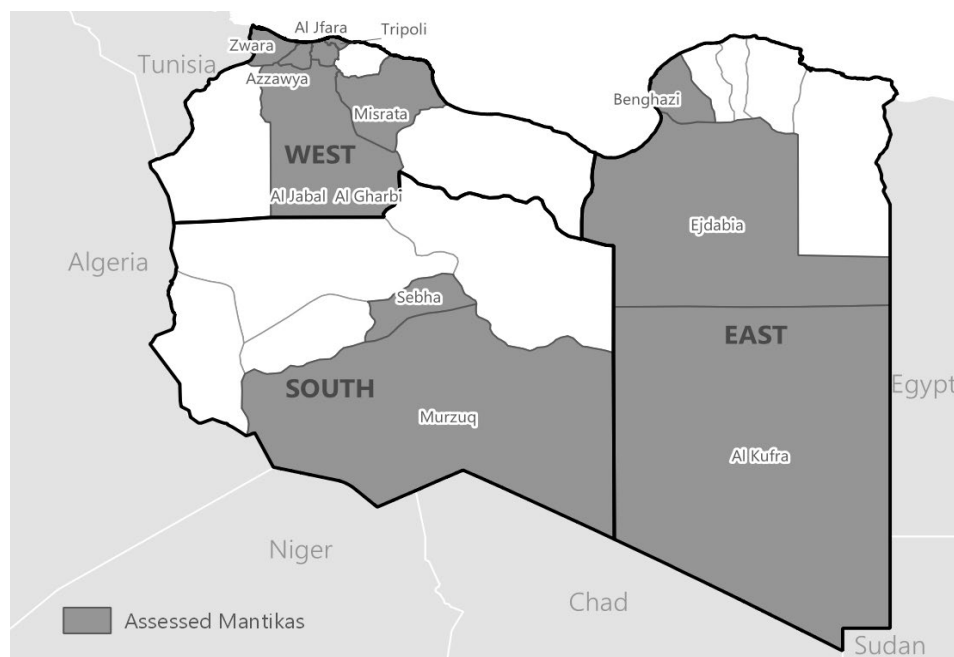
MULTI-SECTOR NEEDS ASSESSMENT (MSNA) OVERVIEW

Libya is a destination and transit country for migrants due to its expected job opportunities and geographical location.¹ As of June 2021, 597,611 migrants were estimated to be residing in the country,² while the United Nations High Commissioner for Refugees (UNHCR) recorded 41,404 individuals as registered refugees or asylum seekers in November 2021.³ Limited livelihoods opportunities, lack of documentation, and discrimination prevent many refugees and migrants from accessing basic services and assistance.⁴ In addition, refugees and migrants are particularly vulnerable to exploitation, trafficking, harassment and abuse, arbitrary arrest and indefinite detention.⁵ Crucial humanitarian information gaps remain regarding refugees and migrants in Libya, as the political, economic and social landscapes are constantly evolving, and humanitarian access to affected populations is limited.

In this context, REACH conducted a Refugee and Migrant Multi-Sector Needs Assessment (MSNA)⁶ in 11 mantikas in Libya, on behalf of UNHCR and the UN Office for the Coordination of Humanitarian Affairs (OCHA), in order to inform and update humanitarian actors' understanding of the needs that exist among refugees and migrants in the country, to inform the 2022 humanitarian response planning and, overall, to support a targeted and evidence-based humanitarian response. This bulletin presents key inter-sectoral findings from the refugee and migrant population MSNA, with further in-depth analysis to follow in the upcoming report.

Methodology. Quantitative data was collected by phone through individual-level surveys. Data collection took place between 14 June and 31 July 2021, with 1,554 interviews conducted across 11 mantikas. Quota-based sampling was employed to ensure a robust cross-section of the assessed population, with quotas based on assessed mantikas and region of origin of respondents, namely West and Central Africa, East Africa, Middle East and North Africa (MENA), and Southern and Eastern Asia. Overall, the assessment sampled 780 West and Central African respondents, 577 respondents from MENA, 101 East African respondents and 96 Southern and Eastern Asian respondents. Samples were drawn from population figures in the International Organisation for Migration Displacement Tracking Matrix (IOM-DTM) Migrant Report Round 35 (January-February 2021).² Due to the purposive, non-representative sampling strategy, results are indicative for the assessed locations and population sub-groups. Please see the [Methodology Annex](#) for more details.

ASSESSMENT SCOPE AND GEOGRAPHIC COVERAGE



This bulletin presents the headline findings from the quantitative data. Sectoral findings will be presented in more detail in factsheets that will be published around December 2021. Qualitative data collection is being conducted to follow up on quantitative findings. In addition, a separate data collection exercise on education and child protection took place alongside the MSNA. More in-depth analysis of all quantitative and qualitative data will be shared in a report that will be published in early 2022. All publications relating to this project can be found [here](#).

1. IOM, "Migration in West and North Africa and across the Mediterranean: Trends, risks, development and governance", September 2020, available [here](#).

2. IOM-DTM, "Libya's migrant report. May - June 2021 (Round 37)", August 2021, available [here](#).

3. UNHCR, "UNHCR Update: Libya", November 2021, available [here](#).

4. REACH, "2020 Refugee and Migrant MSNA", available [here](#).

5. In 2010, Libya implemented Law No. 19/2010 on Combating Irregular Migration, criminalising irregular entry, stay or departure, without any distinction between migrants, refugees and victims of trafficking. The law also states that those who do enter the country irregularly may be detained for an indefinite period of time prior to deportation. See International Centre for Migration Policy Development (ICMPD), "What are the protection concerns for migrants and refugees in Libya?", November 2017, available [here](#).

6. Please note that a separate MSNA was conducted for the Libyan population; more information regarding this assessment is available [here](#).

MULTI-SECTOR NEEDS INDEX (MSNI): CRISIS-LEVEL SEVERITY

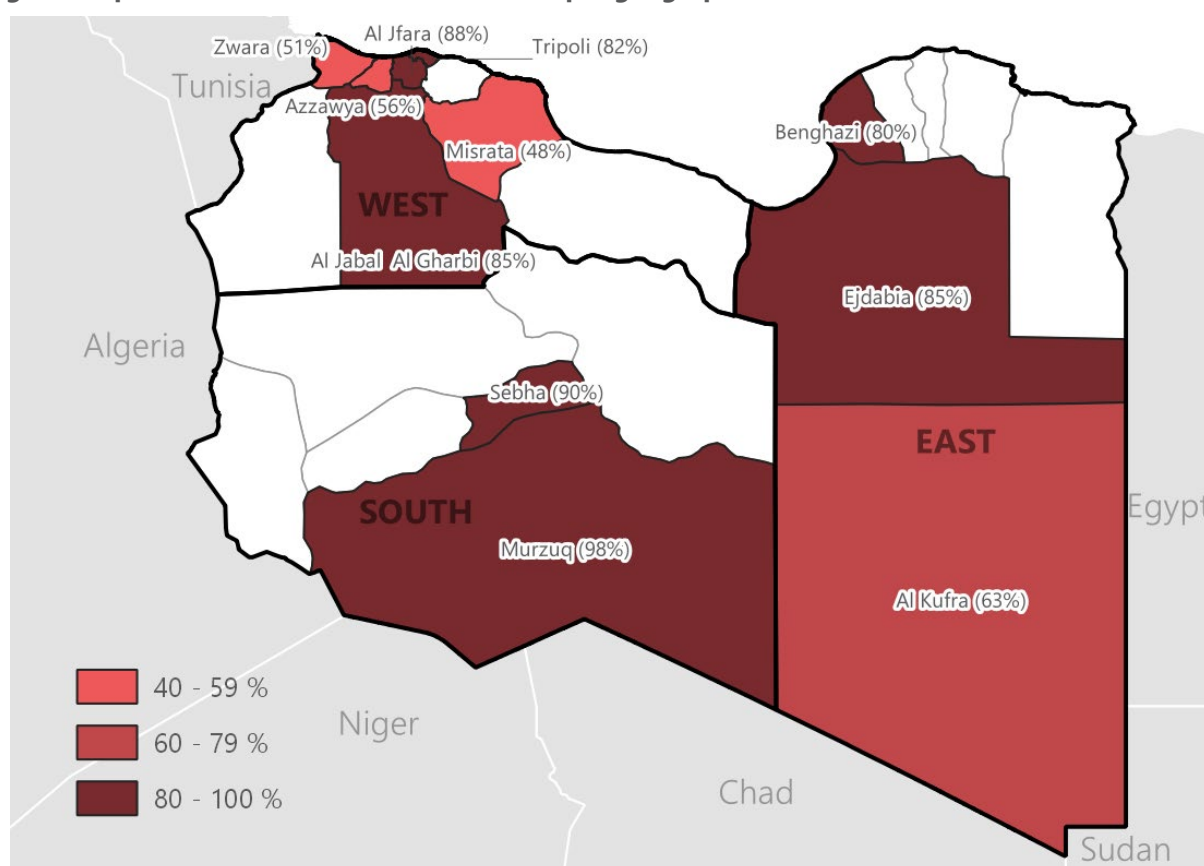
Percentage of respondents per severity phase:

In need	4 (Extreme)	28%
	3 (Severe)	45%
	2 (Stress)	1%
	1 (None/minimal)	25%

The MSNI is a composite indicator, designed to measure the overall severity of humanitarian needs of a respondent. It is based on the highest sectoral severity identified for each respondent and expressed through a scale of 1 to 4. Sectoral severity for each respondent is determined through the calculation of sector-specific composite indicators. The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH MSNA Analytical Framework Guidance, can be found in the [Methodology Annex](#).

RESPONDENTS IN NEED BY GEOGRAPHICAL AREA

Percentage of respondents with multisectoral needs, per geographical area:



MSNI SEVERITY PHASE BY POPULATION GROUP

Percentage of respondents per group and severity phase:

	4	3	2	1
East Africa	34%	62%	0%	5%
MENA	14%	38%	3%	45%
Southern and Eastern Asia	51%	34%	0%	15%
West and Central Africa	35%	50%	0%	14%

Overall, 73% of respondents were found to have multisectoral needs (MSNI score 3+). East Africans were found to be the group with the highest proportion of respondents with multisectoral needs (95% of respondents). Southern and Eastern Asian respondents were the group found to have the highest proportion of respondents with extreme multisectoral needs. (MSNI score 4) (51% of respondents).

UNPACKING THE MSNI: AREAS AND GROUPS WITH THE HIGHEST NEEDS

- Overall, the mantikas in the South (Murzuq and Sebha) had the highest proportions of respondents with multisectoral needs, with Murzuq also being the mantika with the highest proportion of respondents in extreme need. Needs in the South appeared to be primarily related to food security (72% of respondents in the southern mantikas had food security needs) and water, sanitation and hygiene (WASH) needs (53% of respondents).⁷ See section "Understanding key drivers" below.
- In the West and East, pockets of extreme need also appear to exist (such as Aljifara and Benghazi, with 42% and 39% of respondents with extreme needs, respectively), indicating that acute needs among refugee and migrant populations exist in diverse regions across the country. Contrary to the South, needs in the East appeared to be more commonly driven by protection needs (68% of respondents), while health needs were more commonly found amongst respondents in the West than in other regions (29% of respondents).⁸
- While East Africans were found to be the population group with the highest proportion of respondents with multisectoral needs (95%), the majority of respondents from other population groups were also found to be in need.
- Southern and Eastern Asian respondents were found to be the group with the highest proportion of respondents with extreme multisectoral needs. Within this group, needs appeared to be driven by critical WASH needs.

UNDERSTANDING KEY DRIVERS AND VULNERABILITIES

- Overall, protection was the sector found to have the highest proportion of respondents in need, with 59% of respondents found to have a protection-related need. This was largely driven by the 54% of respondents reporting that they faced obstacles to obtaining legal documentation and that a lack of documentation prevented them from accessing essential services.
- Following protection, respondents were found to have needs related to health (27% of respondents) and WASH (25%). The key driver for health-related needs was the proportion of respondents either reporting having needed healthcare but not having been able to access it in the three months prior to data collection, or perceiving severe barriers to healthcare⁹ (24%). WASH needs were driven by the proportion of respondents reporting using an unimproved sanitation facility (22%).¹⁰
- Overall, the most common needs profile (i.e. the combination of one or more needs) was a protection need only (17% of respondents). This means 17% of respondents were found to have protection needs but no other needs. As the table below shows, the typical needs profile varied across population groups, with East African and Southern and Eastern Asian respondents presenting a more complex profile, with needs in different sectors.
- Nearly half of respondents (49%) were found to have used one or more crisis or emergency coping strategies because of a lack of resources in the 30 days prior to data collection.¹¹ The most commonly reported strategies were taking on an additional job (36% of respondents) and reducing expenses on health (32%).
- Notably, 21% of respondents were found to be using coping strategies despite not having multisectoral needs. This may suggest that these respondents are potentially only meeting their basic needs through reliance on negative coping mechanisms.
- Just under a quarter of respondents (23%) were found to have accumulated debt in the three months prior to data collection, thereby making them more vulnerable to economic shocks. This was reported by 46% of East African respondents.

Most common needs profiles, overall and by population group:

Population group	WASH	Food Security	Health	SNFI	Protection
Overall (17%) ¹²					
East Africa (22%)					
MENA (17%)					
Southern and Eastern Asia (20%)					
West and Central Africa (19%)					

7. Comparatively, 27% of respondents had food security needs in the East and 11% in the West. In both the East and the South, 23% of respondents had WASH needs, respectively.

8. In contrast, 57% of respondents had protection needs in the West, followed by 53% of respondents in the South. In both the East and the South, 24% of respondents had health needs, respectively.

9. Severe barriers included: Not being able to afford healthcare, healthcare is not available, health facility is closed due to COVID-19, healthcare facility is too far, security concerns during travel, security concerns at the facility, gender restrictions, discrimination, lack of medicines, lack of documentation, language barriers or transport to facility is too expensive.

10. Unimproved sanitation facilities refer to pit latrines without a slab or platform, bucket toilets, hanging toilets/latrines, plastic bags, open holes or open defecation.

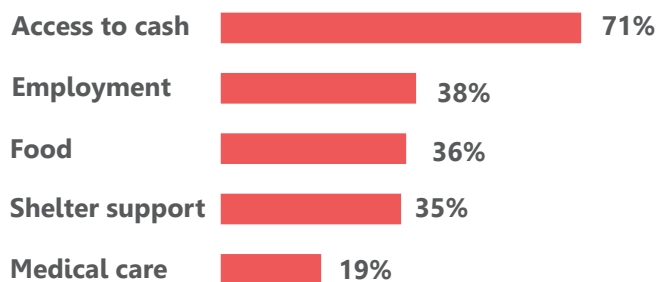
11. The information on coping strategies is taken from the Livelihoods Coping Strategies Index (LCSI). Strategies classified as crisis or emergency are: selling productive assets; reducing expenses on health; taking an additional job; engaging in illegal labour, child labour, and selling house or land.

12. The figures noted in brackets in this table reflect the percentage of respondents with the most prevalent needs profiles. The needs profile is the total number of needs per respondent. In this case, 17% of respondents overall have only a protection need and no additional sectoral needs.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

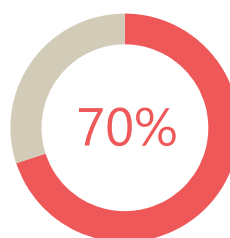
- Overall, 8% of respondents reported having received humanitarian assistance in the 6 months prior to data collection. Female respondents (14%) more commonly reported to have received assistance, compared to male respondents (7%). Of those that received assistance, 66% reported being satisfied with the aid received.
- Of those that reported receiving aid, the most commonly reported types of assistance received were in-kind and cash.¹² West and Central African and Southern and Eastern Asian respondents more commonly reported receiving cash assistance; East African respondents and respondents from MENA more commonly reported receiving in-kind assistance.¹³
- In all mantikas except Alkufra, more than half of respondents reported barriers to receiving humanitarian assistance.
- While the most commonly reported priority needs were similar among female and male respondents, female respondents more commonly reported shelter support as a priority need (40% compared with 34% of male respondents), whereas male respondents more commonly reported employment and livelihood opportunities as a priority need (40% compared with 19% of female respondents).

Top five self-reported priority needs, by % of respondents :



84% of respondents with multisectoral needs reported that they **did not receive humanitarian assistance** in the the six months preceding the assessment.

Barriers to receiving aid:



70% of respondents reported facing any barriers to receiving assistance in the 6 months prior to data collection. The top three reported barriers (out of all respondents) to receiving humanitarian assistance in the six months preceding the assessment were:¹⁴

- 1) Humanitarian assistance is not available in my baladiya (38%)
- 2) I did not know how to access humanitarian assistance that was delivered in my baladiya (29%)
- 3) The mode, timing or location of distribution made it difficult for me to access it (6%)

Communication and dissemination:

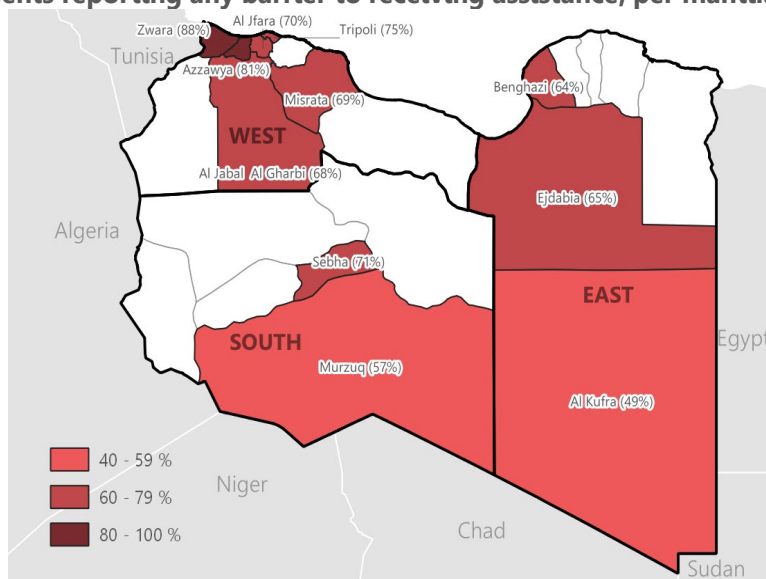
Preferred channels for giving feedback:¹⁵



Preferred channels for receiving information about assistance:



Percentage of respondents reporting any barrier to receiving assistance, per mantika



12. Other options for types of assistance included: vouchers, mixed (in-kind and cash/voucher), services (e.g. health care, education, or protection services)

13. Of those that received assistance, 100% of East African respondents and 85% of respondents from MENA reported receiving in-kind assistance, while 56% of respondents from West and Central Africa and 50% of Southern and Eastern Asian respondents reported receiving cash assistance.

14. 14% of respondents reported that they did not try to access humanitarian assistance as they did not need it, whilst 7% of respondents reported that they did not face any problems in accessing assistance

15. 21% of respondents reported not wanting to give feedback

ACKNOWLEDGEMENTS

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About REACH: REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).