



Refugees and Migrants' Access to Resources, Housing and Healthcare in Libya: Key Challenges and Coping Mechanisms

Key Findings

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Rationale

Rationale

- While the living conditions of refugees and migrants in detention centres in Libya have been increasingly investigated, **very limited information is available on the protection needs of refugees and migrants outside detention facilities.**
- **General objective:**
 - promote evidence-based humanitarian response in support of refugees & migrants living outside detention facilities in Libya.
- **Specific objective:**
 - provide an overview of refugees & migrants ' **needs** in terms of **access to economic resources and services** in three key urban areas of **Tripoli, Misrata and Sebha**

Geographic coverage

- Data collection locations were identified on the basis of the **density of the refugee and migrant population**.¹
- **Misrata** represents a major destination for refugees and migrants in search of long-term economic opportunities.
- **Tripoli** is a main destination for people in search of economic opportunities but also a common stopover for people on the move to Europe.
- **Sebha**, is the most important migrant hub in the South of Libya, characterised by seasonal and often circular migration patterns.



1. International Organisation for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 11, June – July 2017.

Methodology

Methodology Overview

- This assessment used **qualitative** research methods.
- Data collection methodology included:
 - **Secondary data review (SDR)** informing the research design, the design of the indicators and the creation of the data collection tools.
 - **Primary data collection.**
- A sample stratification strategy was adopted to ensure representation of all populations of interest, and focused on:
 - **Region of origin** (*West Africa, East Africa and MENA*);
 - **Time of arrival in Libya** (*<12 months vs. 12 months or more*).
- Respondents were sampled purposively to investigate differences across locations, regions of origin and time spent in Libya.²

² Only the key findings related to comparisons across locations, regions of origin and time spent in Libya are displayed in this presentation. For further information please refer to the full report.

Primary data collection

- Conducted between 6 and 26 November 2017 in Misrata, Sebha and Tripoli (*baladiya* level).
- Primary data collected through:
 - **120 semi-structured individual interviews** with refugees & migrants (40 interviews per location);
 - **60 semi-structured interviews with key informants (KIs)** identified among migration experts and practitioners in inter-governmental organisations, national and international NGOs, and service providers.

Number and type of individual interviews conducted with refugees & migrants per stratification level

Region of origin / Length of Stay in Libya	Less than 12 months	12 months or more	Tot.
MENA	17	24	41
West Africa	22	21	43
East Africa	19	17	36
Tot.	58	62	120

Number of key informant interviews conducted by location and profile

KI profile / Location	Misrata	Sebha	Tripoli	Tot.
International NGO Staff	3	3	10	16
Local NGO Staff	5	7	4	16
Job and service providers	6	4	1	11
Local authority	1	2	5	8
Other	5	4	0	9
Tot.	20	20	20	60

Challenges and limitations

- This assessment used qualitative research methods, **results are indicative only** and cannot be generalised for the entire population of refugees & migrants in Libya.
- Interviews were mainly conducted in Arabic or in the native language of the participant whenever the support of an interpreter was available. As such, there is a risk of **bias deriving from the simultaneous interpretation**.
- The **study does not address gender-specific** factors affecting the experience of female refugees & migrants.
- As data collection was conducted by Libyan nationals who might have faced barriers in building trust with respondents, **figures on discrimination and protection issues** are likely to be deflated.

Key Findings

Access to Economic Resources

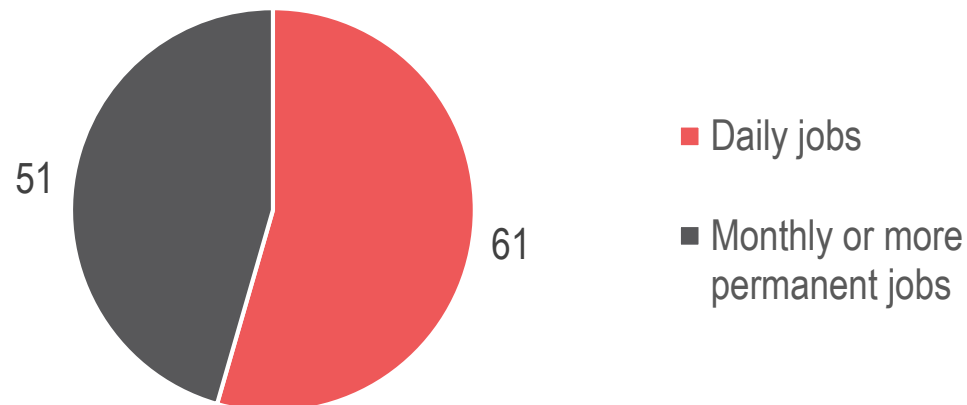
Most reported sources of income

- Almost all refugees & migrants interviewed for this assessment reported drawing their main source of income from **employment**.
- The large majority of interviewed refugees & migrants **were employed in low-skilled occupations**, regardless of their region of origin or length of stay in the country.
- Only a small portion of respondents from any region of origin reported having **access to savings**.
- In the majority of cases, savings had been accumulated before coming to Libya, and were mostly used as a **coping strategy** to address both emergencies and basic needs.

Most reported types of employment

- Slightly more than half of respondents reported being employed in **daily jobs**, while the remaining part reported being employed in **monthly or more permanent jobs**.
- Respondents residing in Libya for more than 12 months were found to have **higher chances** to be employed in monthly or more permanent jobs.

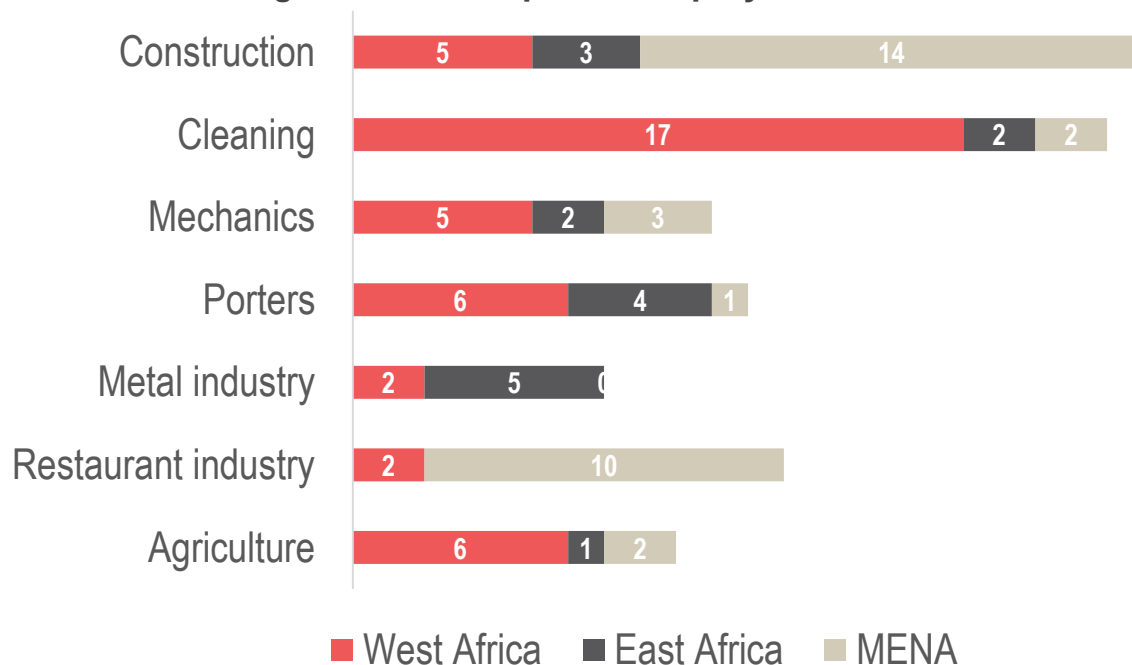
Figure 1: Interviewed refugees and migrants' types of employment



Main sectors of employment

- The majority of respondents reported working mostly in **low-skilled sectors** as construction workers, cleaners, porters, mechanics, restaurant workers and other similar positions.
- Some employment sectors were found to be associated with respondents' region of origin, **i.e.: West African respondents reported being mostly employed in cleaning**, while respondents from the **MENA region mostly in construction and restaurant industry**.

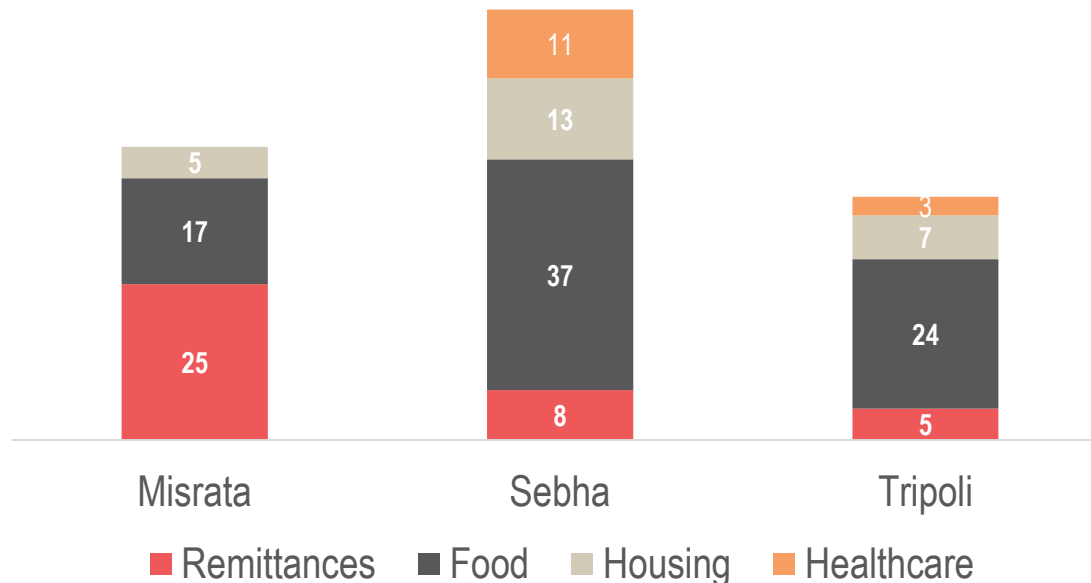
Figure 2: Most reported employment sectors



Most reported expenses

- More than half of interviewed refugees and migrants reported having **difficulties in meeting their most basic needs**.
- **Food was the most reported main expense, followed by housing and healthcare. Sebha** presented the highest number of respondents sending remittances back home. The majority of them were from **West Africa**.

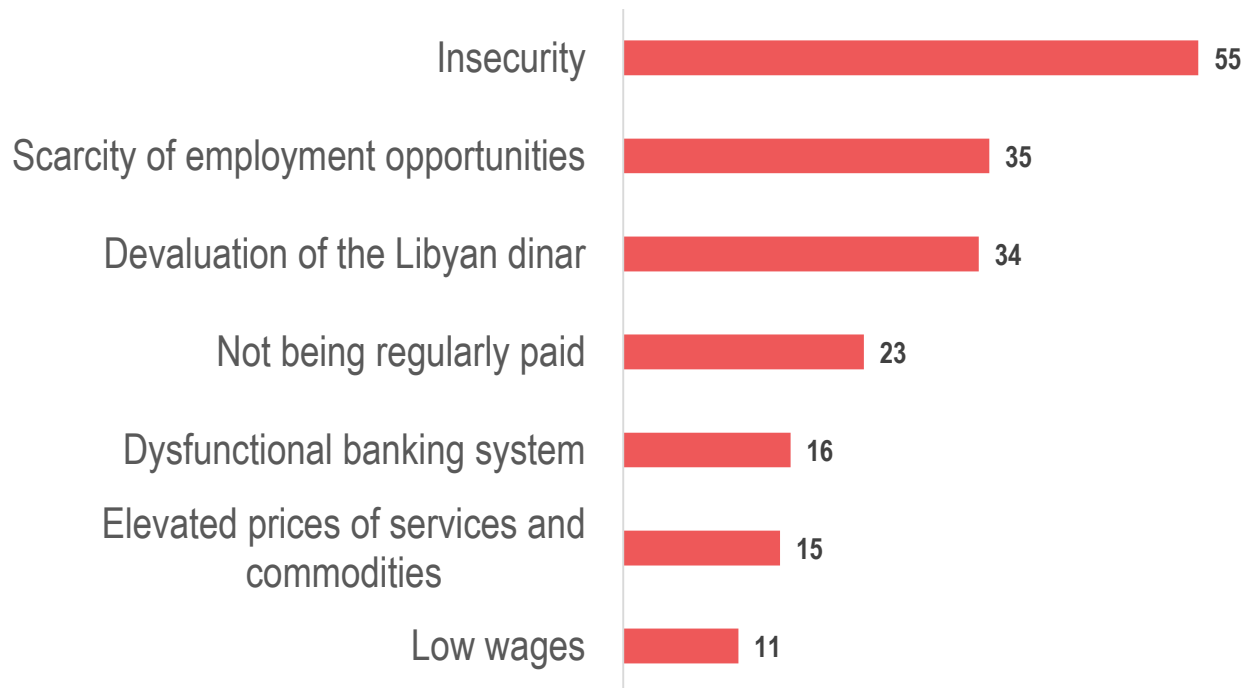
Figure 3: Most reported expenses, by location



Barriers to accessing economic resources

- **Insecurity was reported as the most reported barrier to refugees and migrants' access to economic resources.**
- Almost half of respondents reported knowing or having been a direct victim of robbery.

Figure 4: Most reported barriers to refugees and migrants' access to economic resources



Refugees and migrants' specific vulnerabilities to the economic crisis

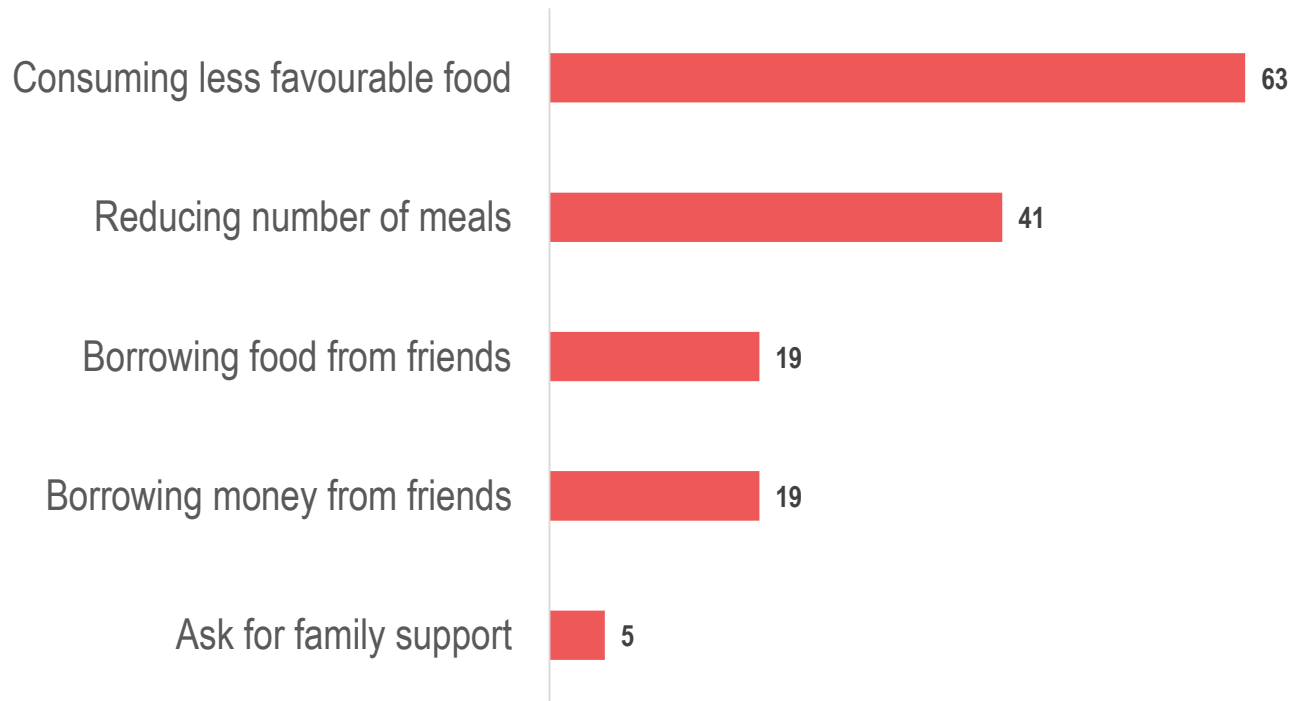
- Reported impact of the **loss in purchasing power**:
 - Decrease in savings and remittances;
 - Reduced employment opportunities.
- Reported impact of the **liquidity crisis**:
 - 1/4 of respondents reported **not being regularly paid by their employers** due to:
 - employers' difficulties in accessing cash; ³
 - limited ability of undocumented refugees and migrants to enforce their rights.

3. Almost all respondents realise their transactions in cash.

Most reported coping strategies to limited economic resources

- **Reducing the quality and quantity of food intake** was the most reported coping strategy.

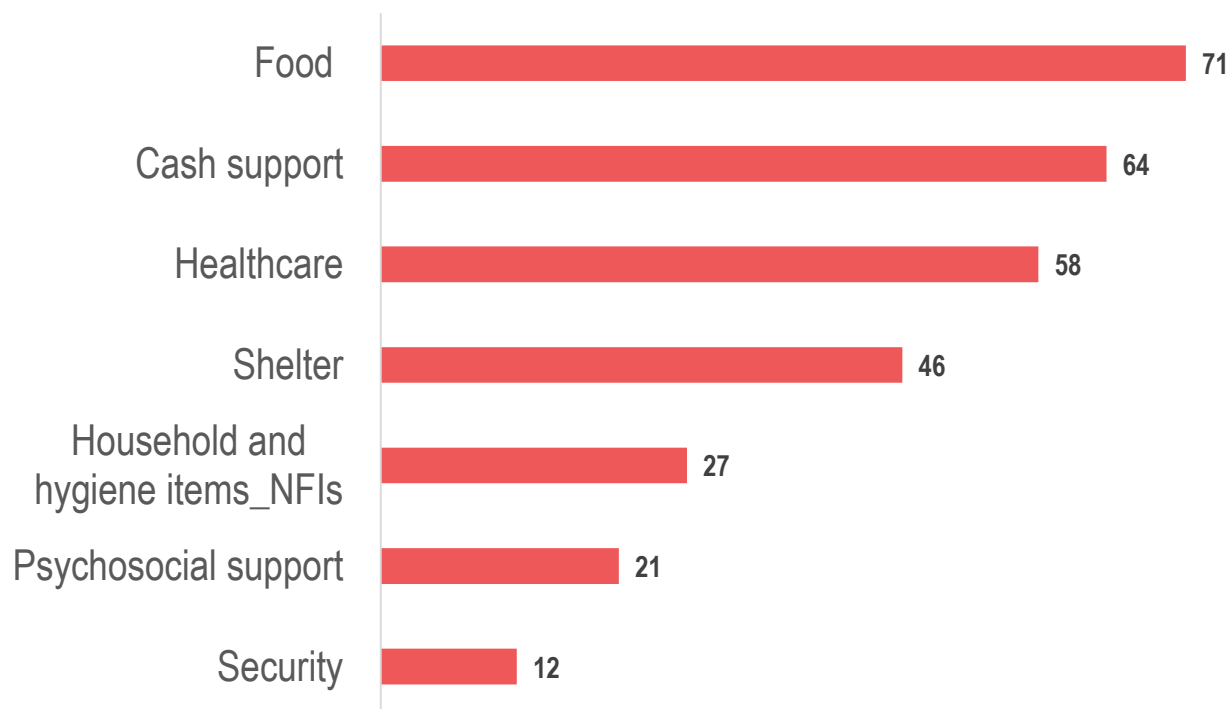
Figure 5: Most reported coping strategies to a lack of economic resources



Most reported priority needs

- **Food and cash support** were reported as priority needs followed by **access to healthcare**, which is the most reported preoccupation of Libyans in the context of the ongoing crisis.⁴

Figure 6: Most reported priority needs



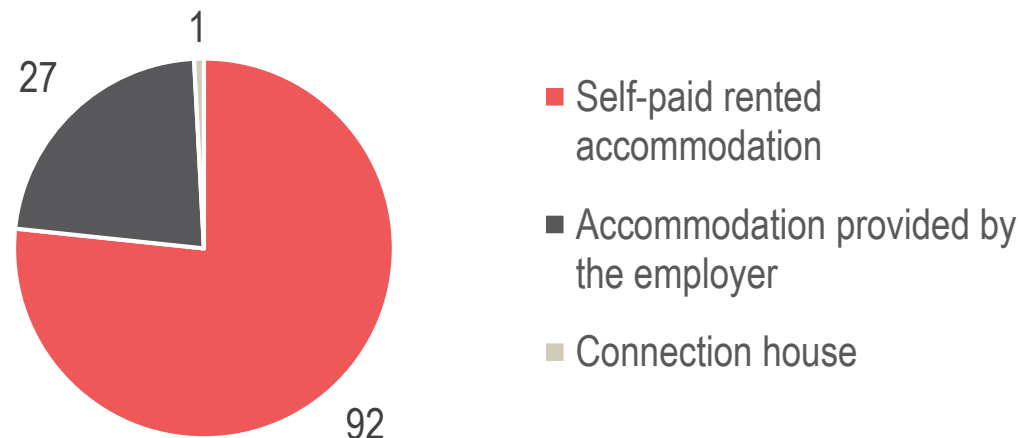
4. REACH, Libya Multi-Sector Needs Assessment 2017 (forthcoming).

Access to Housing & Healthcare

Main reported types of housing

- The large majority of migrants reported residing in self-paid shared apartments, **often overcrowded and offering poor living conditions**.
- The remaining lived in **accommodations provided by the employer** at the workplace or in the surrounding areas.
- The majority of respondents who lived in accommodation provided by the employer originated **from West African countries and/or came to Libya without their family**.

Figure 7: Most reported types of housing ⁴

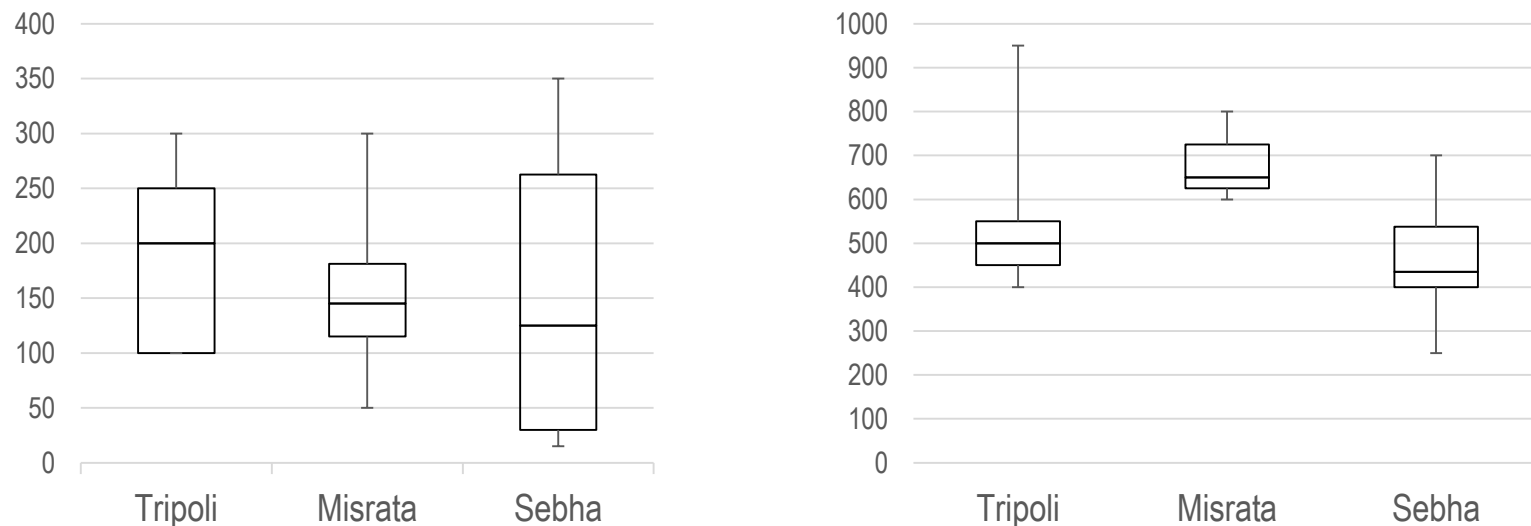


5. KIs described connection houses as warehouses managed by smugglers and hosting mostly refugees and migrants on the move to Europe.

Main reported barriers to accessing housing: high prices

- Housing represents one of the main expenses for refugees and migrants living in Libya.
- Individual expenses for a shared apartment averaged between 150 and 200 Libyan Dinars across the three locations,⁵ with **Tripoli being reported as the most expensive location**, compared to Misrata and Sebha.

Figure 8: Interviewed refugees and migrants' individual costs for a shared apartment and households cost for a whole apartment



5. In November, the parallel market exchange rate – the only one accessible to refugees and migrants was - 8.700 USD/LYD.

Main reported barriers to accessing housing: insecurity

- Interviewed refugees & migrants perceived themselves as particularly vulnerable to **robbery, theft and kidnapping**,
- Security concerns were mainly related to:
 - the neighbourhood;
 - the number of people living in shared housing;
 - the housing structure.

Figure 9: Most reported security challenges



Main barriers to accessing housing: other

- **Distance from the workplace** was indicated as one of the main variables affecting refugees and migrants' choice of the accommodation, due to lack of public transportation services (especially in Misrata) and security concerns.
- **Limited housing conditions:**
 - Overcrowded accommodation
 - Precarious material and bad sanitation
 - Water and electricity shortages

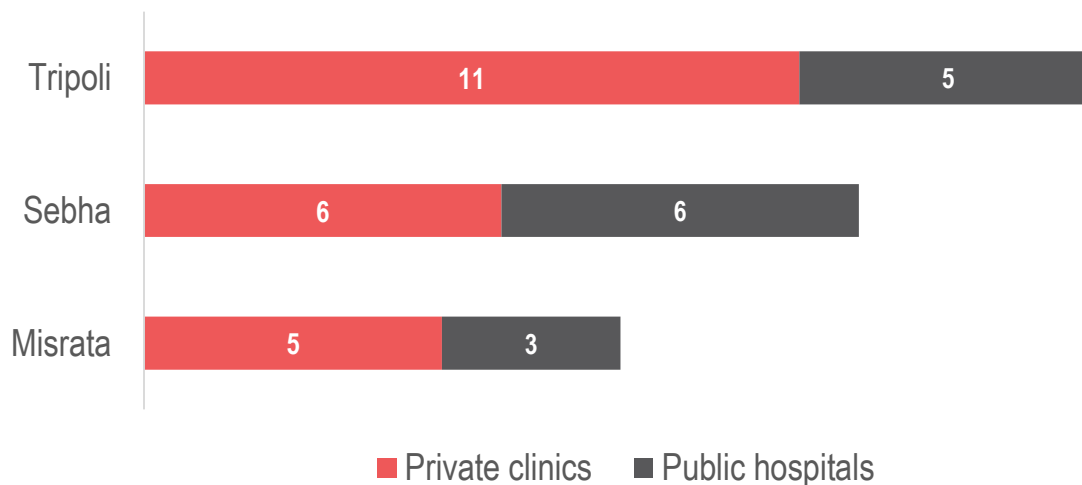
Main reported coping strategies to lack of access to decent housing

- **Changing neighbourhood** in response to high prices, overcrowded accommodation, poor living conditions and distance from the workplace.
- **Living in shared rooms** or in apartments shared with more than 5 people.
- **Living at the workplace or in accommodation provided by the employer.**

Access to medical facilities

- Refugees and migrants who reportedly had access to medical services, **mostly resorted to private clinics**, and to a smaller extent to public hospitals.

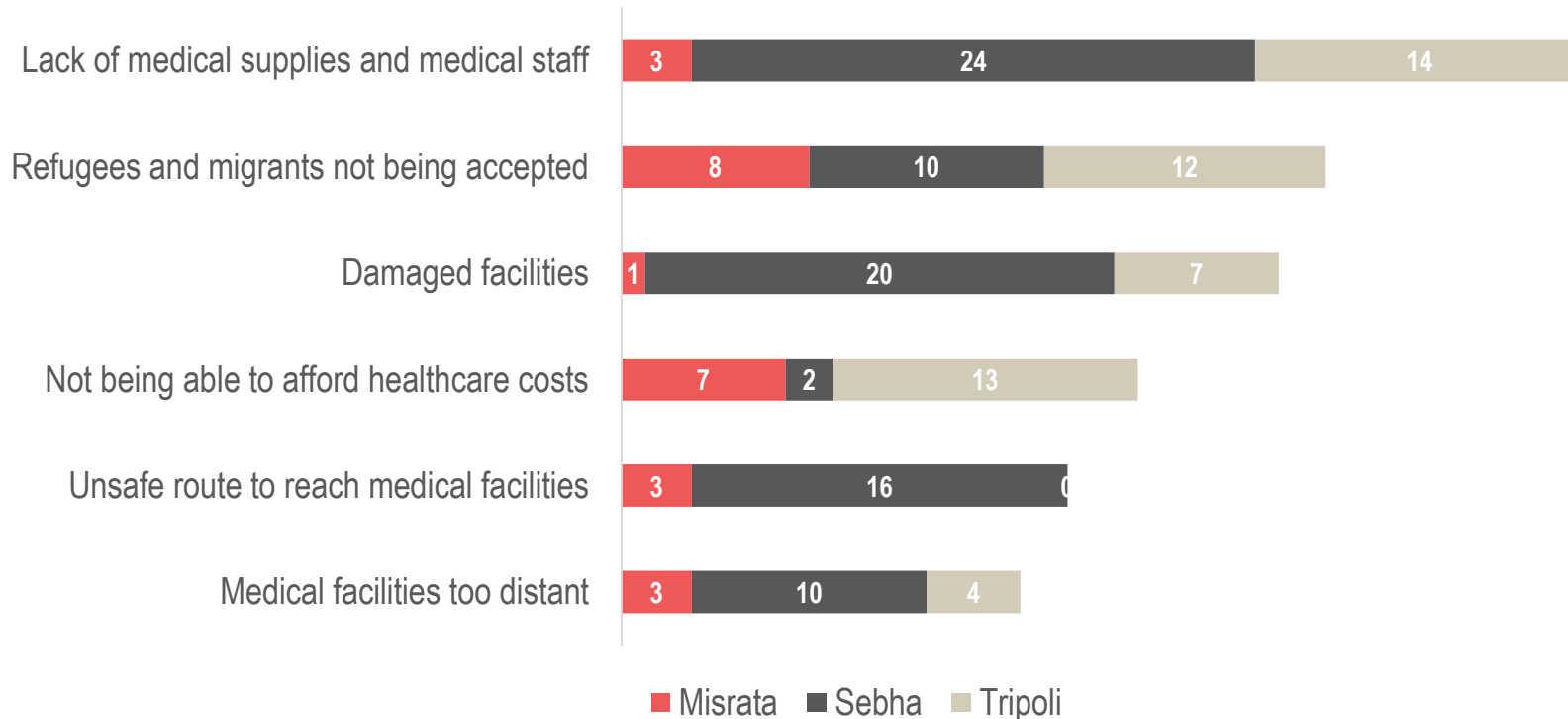
Figure 10: Most reported types of medical services accessed by refugees and migrants, by location



Most reported barriers to accessing healthcare

- Shortages in medical supplies and staff, damaged facilities and security concerns were reported as main barrier in **Sebha**.

Figure 11: Most reported barriers to accessing healthcare



Main reported barriers to accessing healthcare

- Interviewed refugees and migrants faced restricted access to health services because of:
 - **Their irregular status,**
 - **limited access to economic resources,**
 - **and widespread discriminatory practices.**
- Equipment, supplies and staff shortages act as contributing factor to the acceptance of discriminatory practices.
- Refugees and migrants are often reportedly **not accepted in public medical facilities.**
- **Private clinics** were perceived as **better equipped** and more welcoming towards refugees and migrants.
- The **elevated price** of the treatment in private clinics however represented a strong barrier.

Main reported barriers to accessing healthcare: irregular status

- In Libya, in order to access public hospitals, all patients are requested to undertake a **blood test** for HIV and other sexually transmitted diseases.
- Key informants reported that refugees and migrants would **need legal documents to get tested**, or may run the risks of being arrested.
- The blood test may hence represent a **strong barrier to** accessing healthcare for refugees and migrants at risk of detention and deportation

Main reported barriers to accessing healthcare: elevated healthcare costs

- **Private clinics** were perceived as **better equipped** and more welcoming towards refugees and migrants compared to public medical facilities.
- The **elevated price** of the treatment in private clinics however represented a strong barrier.
- Interviewed refugees and migrants had access to medical facilities also thanks to the **intermediation of the employer**.
- In some cases, all related to work injuries, the employer also **covered the cost of the treatment** in private clinics.

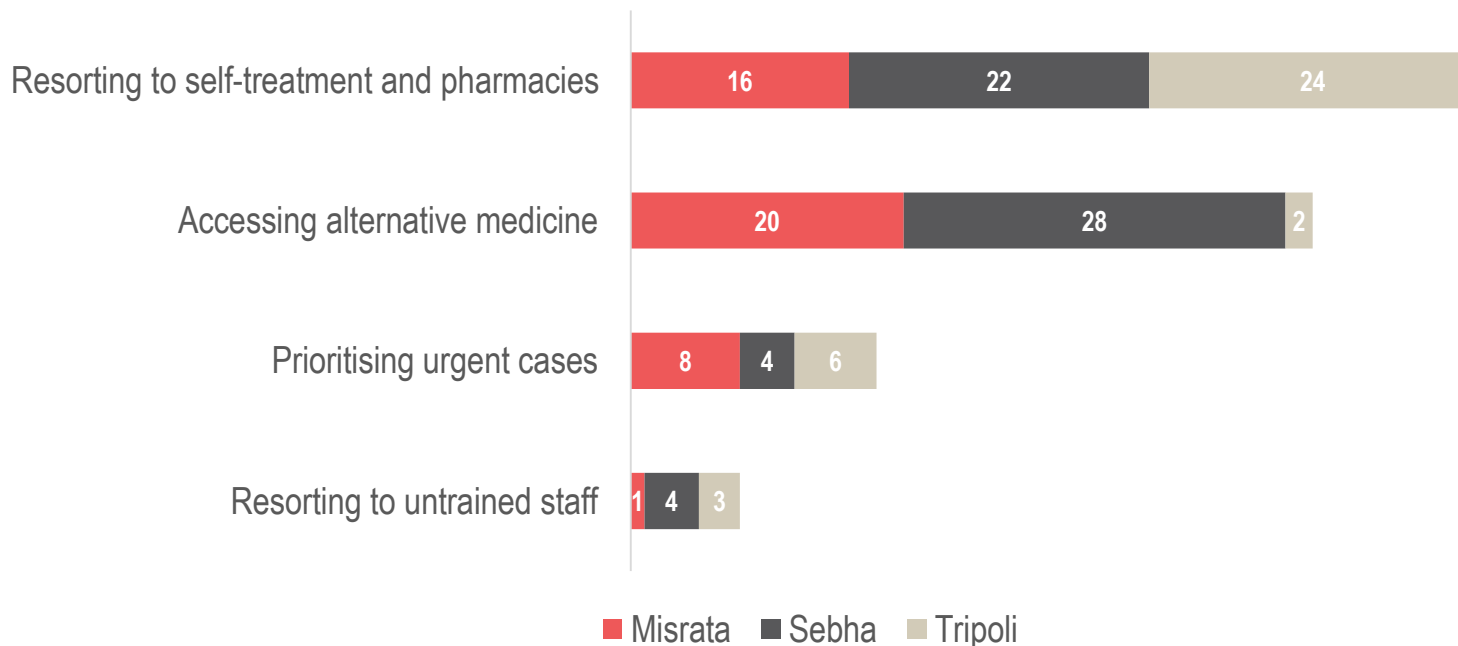
Main reported barriers to accessing healthcare: discriminatory practices

- Interviewed refugees and migrants, especially from West and East Africa, experienced **limited access to public medical facilities**.
- Especially when availability of supplies or equipment is limited, **preference is reportedly given to Libyan nationals**.
- Refugees and migrants are reportedly lodged in separate rooms than Libyan patients, due to the widespread stigma of refugees and migrants bearing contagious diseases.
- Key informants added that medical staff would be discouraged to treat refugees and migrants, for fear of losing their **Libyan patients who would refuse to be treated in the same facilities for fear of contagion, due to inadequate equipment and lacking supplies**.

Most reported coping strategies to limited access to healthcare

- In case of lack of access to medical services, refugees and migrants mostly underwent **self-treatment**, accessed **pharmacies** and **alternative medicine methods**.

Figure 12: Most reported coping strategies to a lack of access to healthcare



Conclusion

Main challenges

- **Access to food** and **access to cash** support remain a major concern for interviewed refugees and migrants.
- **Security concerns and a lack of means of transportation** were identified among the main factors driving interviewed refugees and migrants' decision to opt for **sub-optimal living standards**.
- **Discrimination in access to treatment** was one of the most reported pressing issues, followed by a **lack of means of transportation** and **distance from the medical facilities**.
- **Severe barriers to accessing healthcare** were reported by refugees and migrants from all targeted regions of origin, and regardless of their time of arrival in Libya.

Key vulnerability factors

- **Recently-arrived** interviewed refugees and migrants were more likely to engage in **exploitative forms of daily, low-skilled labour**;
- **Refugees and migrants from the MENA region reportedly experienced less discrimination** in accessing decent forms of employment, as well as healthcare and housing;
- **Respondents** having severe medical needs **were unable to work** and hence to access any source of income.
- Single men living in shared apartments in high refugees and migrants populated neighbourhoods were especially **exposed to security concerns**.
- As resorting to self-treatment and pharmacies was the main reported coping mechanism, **lack of equipment and supplies in pharmacies** may significantly increase refugees and migrants' vulnerability.