



LIBYA

# Refugees and Migrants' Access to Resources, Housing and Healthcare in Libya

Key Challenges and Coping  
Mechanisms

December 2017

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### **About REACH**

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: [www.reach-initiative.org](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter @REACH\_info.

## SUMMARY

Refugees and migrants in Libya are estimated to be around 700,000 to one million,<sup>1</sup> and are among the most vulnerable groups in the context of the ongoing humanitarian crisis.<sup>2</sup> While the living conditions of refugees and migrants living in detention centres have been increasingly investigated, very limited information is available on the protection needs of the larger and hard-to-reach population of refugees and migrants living in host communities. In order to promote evidence-based humanitarian response in support of refugee and migrant populations living outside detention facilities in Libya, REACH, in collaboration with the Start Network, conducted an assessment of refugees and migrants' access to economic resources and services in three urban areas of Libya - Tripoli, Misrata and Sebha, considered the most densely populated areas in the country.<sup>3</sup>

The findings of this assessment are based on primary data collected between 30 October and 26 November 2017 through: (i) 60 semi-structured key informant interviews with migration experts and practitioners in inter-governmental organisations, national and international non-governmental organisations, and community-based organisations in Libya, and (ii) 120 semi-structured individual interviews with refugees and migrants. Respondents were sampled purposively on the basis of (i) their region of origin and (ii) time of arrival in Libya. As the research methods used are qualitative, findings are indicative only and cannot be generalised to the whole population of refugees and migrants living in the three locations. Operational constraints especially affected the quality of data related to migratory intentions across the different strata, so analysis of these indicators has been limited.

### Access to resources and services and main reported barriers

- **The large majority of interviewed refugees and migrants drew their main source of income from low-skilled occupations**, regardless of respondents' region of origin or time of arrival in the country.
- **Insecurity was reported as the first barrier to refugees and migrants' access to economic resources.** Almost half of respondents reported knowing or having been a direct victim of robbery.
- **Respondents' migratory status in the country exposed them to accrued vulnerability to the liquidity crisis.** One fourth of respondents reported not being regularly paid by their employers, in part due to employers' difficulties in accessing cash to pay their employees, and possibly due to refugees and migrants' inability to enforce their rights deriving from their undocumented status.
- Interviewed refugees and migrants **faced restricted access to services** because of their irregular status, limited access to economic resources, and widespread discriminatory practices.
- The large majority of refugees and migrants interviewed for this study lived in **self-paid rented apartments or in accommodations provided by the employer** at the workplace or in surrounding areas.
- **Refugee and migrant men without family** living in shared apartments in neighbourhoods with a high density of refugees and migrants reportedly felt especially exposed to the risk of theft and kidnapping. **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 instead of commuting to the workplace.
- **Severe barriers to access to healthcare** were reported by refugees and migrants from all assessed regions of origin, regardless of their time of arrival in Libya. Discrimination in access to treatment was one of the most reported pressing issues, followed by a lack of means of transportation and distance to medical facilities (especially reportedly affecting access to healthcare in Sebha).
- The majority of interviewed refugees and migrants who had reportedly been in need of medical care since their arrival in Libya, indicated as main barrier to access to healthcare **the practice of not accepting refugees and**

<sup>1</sup> International Organisation for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 15, October – November 2017.

<sup>2</sup> UNOCHA, Humanitarian Needs Overview 2018 (forthcoming).

<sup>3</sup> International Organisation for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 15, October – November 2017.

migrants in public medical facilities. What is more, **private clinics were perceived as better equipped and more accessible** to refugees and migrants compared to public medical facilities.

### Most reported coping strategies to a lack of access to resources and services

- **The most reported coping strategies used by refugees and migrants include reducing the quality and the number of meals.** Respondents having access to networks of family members and friends reported borrowing money or food when in need.
- **Only a small portion of respondents 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.
- **Living in accommodations provided by the employer was reported as one of the most common coping strategies,** entailing less economic burden and a relatively higher degree of physical security for respondents than living in shared apartments.
- Refugee and migrant respondents perceived themselves as particularly **vulnerable to robbery and kidnapping**, and therefore preferred areas close to their workplace, in order to reduce daily commuting.
- Interviewed refugees and migrants' most reported coping strategies to limited access to healthcare included: circumventing the healthcare system and **undergoing self-treatment by accessing pharmacies**, or resorting to **alternative medicine methods**.
- In the case of respondents originating from neighbouring countries in East Africa or MENA, the possibility to **return home and receive medical treatment in the country of origin** was mentioned as a coping mechanism to a lack of access to healthcare by two respondents, from Tunisia and Sudan respectively.
- No significant differences were found in terms of access to resources and services between interviewed refugees and migrants who were long-term residents and those who had recently arrived (less than 12 months) in Libya.

### Migratory intentions

- The **majority of respondents reported intending to stay in Libya to gather the necessary resources to return home in the future**, especially in the Southern city of Sebha. Interviewed refugees and migrants' reported the economic and security conditions as the main factors shaping their migratory intentions.
- As the availability of employment opportunities and the relatively higher salaries in Libya in comparison to respondents' countries of origin were key drivers of their migration to the country, **their reduced purchasing power, struggle to meet basic needs and inability to save money or to send remittances back home is likely to affect their intentions to stay in Libya or move onward.**



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## List of Acronyms

<b>DTM</b>	Displacement Tracking Matrix
<b>HNO</b>	Humanitarian Needs Overview
<b>IDP</b>	Internally Displaced Person
<b>IMC</b>	International Medical Corps
<b>IOM</b>	International Organisation for Migration
<b>KI</b>	Key Informant
<b>MSNA</b>	Multi-Sector Needs Assessment
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WHO</b>	World Health Organisation

## Geographical Classifications

Below is a division of the administrative levels currently identified in Libya:

<b>Region</b>	Highest administrative division below the national level, 3 in Libya – Tripolitania (West), Cyrenaica (East), Fezzan (South)
<b>Mantika</b>	Second administrative level corresponding to a 'district' – there are currently 22 in Libya
<b>Baladiya</b>	Third administrative level corresponding to the 'municipality' – there are currently 100 in Libya
<b>Muhalla</b>	An area or neighbourhood smaller than and most often included in the municipality

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## INTRODUCTION

In recent history, Libya has been both a country of transit and destination for refugees and migrants coming from North and Sub-Saharan Africa. The highly labour-intensive Libyan economy has attracted people in search of both short and long-term job opportunities for decades. At the same time, the Libyan legislative framework has failed to ensure protection of these populations, criminalising the entry and stay of irregular migrants. In addition, Libya is not a signatory to the 1951 Convention relating to the Status of Refugees and only recognises a few nationalities and groups as “*coming from refugee-producing countries*”<sup>4</sup>. In the absence of a national asylum system, registration, documentation activities and refugee status determination procedures are carried out by the United Nations High Commissioner for Refugees (UNHCR), and asylum seekers originating from the identified “*refugee-producing countries*” would be granted access to basic services once registered by UNHCR.

Refugees and migrants in Libya have been severely affected by the political instability that followed the fall of the Gaddafi regime in 2011, and the renewed hostilities in 2014. While undocumented stays in the country are subject to penalties and detention, no regular pathways facilitating access to documents have been put in place since the beginning of the conflict. What is more, the progressive erosion of the rule of law has contributed to the proliferation of criminal networks in Libya, including international smuggling and trafficking operations. Libya has hence become the main country of transit for refugees and migrants originating from West and East Africa and from the Middle East who plan to reach Europe.

The International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) identified 432,574 migrants in Libya,<sup>5</sup> in addition to over 44,360 refugees and asylum seekers registered by UNHCR as of early December 2017.<sup>6</sup> Refugee and migrant flows are extremely intertwined in the Libyan context, as the movement across borders as part of irregular flows makes them vulnerable to the same protection risks. Nevertheless, little is known about the conditions of refugees and migrants in the country in terms of access to resources, services and support network. Recent studies have highlighted the key role that access to economic resources plays in shaping refugees and migrants' journey.<sup>7</sup> In the absence of functioning social protection mechanisms and safety nets, lack of economic resources often translates in higher exposure to long periods of detention and exploitation risks and undermines undocumented refugees and migrants' capacity to access basic services.

In response to the current situation, increased humanitarian support to refugees and migrants is expected in 2018 by humanitarian actors and policy-makers.<sup>8</sup> Reportedly, the most pressing humanitarian needs focus on three sectors: health, protection and access to cash and livelihoods.<sup>9</sup> This assessment aims to inform direct humanitarian response in accessible areas in the country, and support the mobilisation of local actors in inaccessible parts of Libya, by shedding light on refugees and migrants' **access to resources and services, main barriers and coping strategies adopted**. It covers three main migration hubs in Libya: Tripoli, the capital; Misrata, the main industrial city on the coast; and Sebha, the main commercial hub in the south of the country. In 2017, Tripoli and Misrata were the regions (*Mantika*) hosting the higher number of migrants identified by the IOM DTM.<sup>10</sup>

This report consists of three chapters. The first outlines the methodological approach and the data collection procedures followed; the second provides an overview of refugees and migrants' access to economic resources and related coping mechanisms; finally, the third chapter examines refugees and migrants' access to housing and healthcare, the barriers they face and the coping strategies adopted.

<sup>4</sup> Oromo Ethiopians, Eritreans, Iraqis, Somalis, Syrians, Palestinians, and Sudanese from Darfur. UNHCR Expanded Response in Libya Supplementary Appeal, May 2017.

<sup>5</sup> International Organisation for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 15, October – November 2017.

<sup>6</sup> UNHCR Dashboard on Libya Response, 5 December 2017.

<sup>7</sup> REACH/MMP/Mhub, [Youth on the Move](#), September 2017.

<sup>8</sup> UNOCHA, Humanitarian Needs Overview 2018 (forthcoming).

<sup>9</sup> Ibid.

<sup>10</sup> 82,220 migrants were identified in Tripoli, 69,040 in Misrata and 25,090 in Sebha by the International Organisation for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 15, October – November 2017.



## METHODOLOGY

### Methodology Overview

#### Overview

*The current security and humanitarian crisis in Libya has significantly affected the capacity of humanitarian actors to access accurate and country-wide information on the situation of refugees and migrants in Libya. REACH, in collaboration with the Start Network, has conducted this assessment in order to address this gap and to contribute to the identification of refugees and migrants' needs, barriers and coping strategies in accessing housing and healthcare in Libya.*<sup>11</sup>

#### Populations of interest

This assessment targeted refugees and migrants residing in the three locations: Sebha, Tripoli and Misrata, regardless of their legal status. Data collection locations were identified on the basis of the density of the refugee and migrant population, as indicated in the last IOM DTM available at the beginning of data collection.<sup>12</sup> Located on the Northern coast, Misrata has historically been a major commercial hub and represents still a major destination for refugees and migrants in search of long-term economic opportunities. Tripoli is the country's largest city and is geographically located on the route to the main departure points from the coast of Libya. As such, Tripoli represents a main destination for people in search of economic opportunities but also a common stopover for people on the move to Europe. Sebha, finally, is the most important migrant hub in the South of Libya in terms of number of people in transit, as it is characterised by seasonal and often circular migration patterns.

For the purpose of the assessment, the following definitions were adopted:

- The Libyan authorities only recognise the following nationalities and groups as “coming from refugee-producing countries”: Oromo Ethiopians, Eritreans, Iraqis, Somalis, Syrians, Palestinians, and Sudanese from Darfur.<sup>13</sup> For the purpose of the assessment, all participants originating from Ethiopia, Eritrea, Syria and Sudan were considered as refugees.
- The International Organization for Migration (IOM) defines a migrant as any person who is moving or has moved across an international border or within a state away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes of the movement are; or (4) what the length of the stay is.<sup>14</sup> For the purposes of this assessment, any non-Libyan national living in Libya, coming from any country but the seven recognised as refugee-producing countries by the Libyan state, was considered a migrant.

#### Secondary data review

The secondary data review informed the research design, the definition of the indicators and the development of the data collection tools. The latest Humanitarian Needs Overview (HNO) produced by the Office for the Coordination of Humanitarian Affairs (OCHA) and other documents and reports produced by humanitarian actors served as references to identify key areas of concern and ensured contextualisation of findings in the report. The IOM DTM and data provided by the International Medical Corps (IMC) contributed to the identification of the main data collection sites and sample refugee and migrant population in the assessed locations.

#### Primary data collection

Qualitative data collection activities were conducted in the *baladiyas* of Misrata, Sebha and Tripoli. They were managed remotely by the REACH assessment team in Tunis, and supervised in Libya by two REACH field managers. Data collection activities on the ground were coordinated by REACH Field Managers, who supervised

<sup>11</sup> The Start Network is a global network of 42 leading aid agencies working together to improve humanitarian assistance by enhancing financial preparedness and developing aid programmes and new forms of aid finance.

<sup>12</sup> International Organization for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 11, June – July 2017.

<sup>13</sup> UNHCR Expanded Response in Libya Supplementary Appeal, May 2017.

<sup>14</sup> International Organization for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 15, October – November 2017.

partners' data collection teams. Enumerators were trained on best practices in conducting qualitative data collection activities with refugees and migrants, delivering the assessment tools, and adhering to ethical protocols. Training and piloting activities took place during the first week of data collection in Tunis and in selected locations in Libya. Interviews were conducted through written questionnaires, transcribed in Arabic and translated in English by the data collection teams.

Primary data collection included:

- 120 semi-structured individual interviews with refugees and migrants (40 interviews in each of the following locations: Tripoli, Misrata and Sebha);
- 60 semi-structured interviews with Key Informants (KIs) identified among migration experts and practitioners in inter-governmental organisations, national and international non-governmental organisations (NGOs), and community-based organisations in Libya.

### Individual interviews with refugees and migrants

This assessment draws on 120 in-depth qualitative interviews conducted with migrants and refugees residing or transiting through Libya. Respondents were sampled purposively to allow for comparison across locations, regions of origin and time spent in Libya. A sample stratification strategy was adopted to ensure representation of all populations of interests, and focused on:

- **Region of origin:** to ensure coverage of the main nationalities of interest and investigate further how it may affect access to basic services, related barriers, and coping mechanisms adopted. Key regions of origin were identified on the basis of the last DTM available prior to the beginning of data collection activities.<sup>15</sup> While aiming to obtain stratification at regional level, REACH prioritised the most represented countries of origin in all three regions identified by the IOM DTM – the Middle East and North Africa (MENA), East Africa and West Africa.
- **Time of arrival in Libya:** to capture potential differences and vulnerability traits between refugees and migrants who are long-term residents and those who have arrived recently, a second stratification level included the participants' length of stay in Libya. Refugees and migrants arrived in Libya within the 12 months prior to the assessment were considered as recently arrived. Long-term residents included all respondents who had resided in Libya for 12 months or more.<sup>16</sup>

Both male and female individuals responding to stratification criteria were included in the sample. A total of 19 refugee and migrant women were interviewed for this assessment (out of 120 individual respondents). Data collection activities were conducted between 30 October and 26 November 2017. Data saturation was monitored during all data collection activities and reached in the fourth week of data collection.

Figure 1: Number of individual interviews conducted with refugees and migrants, by region of origin and time of arrival in Libya

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

### Key informants interviews

Furthermore, **60 semi-structured interviews with key experts** on migration and service delivery were conducted across the three locations. KIs were identified purposively, on the basis of their specific knowledge of the type of service assessed or their contextual knowledge. An initial round of KIs was identified using REACH's and partners' existing networks, followed by a snowball approach to allow for larger coverage. The KI interviews were used to

<sup>15</sup> Ibid.

<sup>16</sup> The twelve months threshold builds on the IOM DTM Round which only identifies migrant populations arrived within this time framework.

triangulate information collected on access to services and to frame contextual data on refugees and migrants' protection concerns.

Figure 2: Number of KI interviews, by location and respondent's 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

## Ethics procedures

The data collection activity adopted a 'Do No Harm' approach to avoid causing any harm or injury to assessment participants. The assessment adhered to the following guiding principles to ensure that data collection was ethically sound:

- **Informed consent** – This assessment was conducted with participants aged 18 years or above only. Respondents gave their consent to take part in the assessment and participated in interviews on a voluntary basis.
- **Confidentiality** – This assessment ensures that the confidentiality of the information provided by respondents is respected. All personal information was made anonymous in datasets and excluded from the final report.
- **Ethical data collection** – The research design and development of data collection tools took into account the complex cultural and socio-political context in Libya. Only questions appropriate for this setting were included in the questionnaire. Data collection tools were discussed and reviewed with field managers and enumerators. All questions that were deemed too sensitive by Libyan enumerators were removed from the questionnaire in advance and as data collection unfolded.

## Data analysis

A two level stratification was applied, and respondents were divided into two sub-groups per region of origin and length of stay in Libya. The questionnaire was noted in written format, and data were coded through the Atlas.ti software. The data analysis process included a 2-day iterative cycle, with interviews being conducted one day, and the analysis taking place the second day, in order to allow for continuous monitoring of the quality of data.

## Challenges and limitations

- As this assessment employed qualitative research methods and sampling was purposive, results are indicative only and cannot be generalised for the entire population of refugees and migrants in Libya.
- Considering the scope of the assessment and the variety of backgrounds of the target group, interviews were conducted in Arabic, and whenever possible, in the native language of the participant when the support of an interpreter was available. As such, there is a risk of bias deriving from the simultaneous interpretation.
- Refugee and migrant women are an extremely hard to reach population in Libya. The sample included 19 women out of 120 individual respondents (16% of the sample size).<sup>17</sup> Operational constraints limited the quality of the data collected from female respondents. As such, the perspectives of refugee and migrant women in Libya may be underrepresented.

<sup>17</sup> IOM DTM Round 15 identified 11% of women among their respondents while 4Mi data and observations of local monitors put the overall percentage of refugee and migrant women currently residing in Libya closer to 30-40%.

- As data collection activities were conducted by Libyan nationals who faced high barriers in building trust with respondents, figures on discrimination and protection issues are likely to be deflated.
- Operational constraints limited the quality of data collected on migratory intentions. As such, this report only provides an analysis of reported migratory intentions across locations and regions of origin, and reported impact of limited access to resources on decision-making dynamics over future movements.

## FINDINGS

### Refugees and migrants' access to economic resources

*Access to economic resources affects refugees and migrants' ability to meet their basic needs in Libya, as well as their future migratory intentions in the context of the ongoing crisis.*

#### Refugees and migrants' access to employment

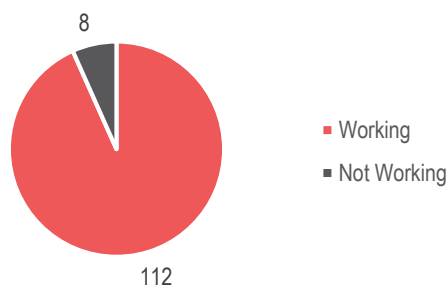
As of 2015, the Libyan economy hosted 430,000 foreign workers employed in the formal sector, and another 800,000 workers who are employed informally.<sup>18</sup> While the large majority of the Libyan workforce is absorbed by the public service sector, foreign nationals are highly needed to fill the labour market shortages in low-skilled and low-productivity fields such as agriculture, construction and retail trade, but also in dynamic, growth-oriented industries in urban areas.<sup>19</sup>

Labour migration is however not new to Libya. Before 2011, around 2,5 million people residing in Libya were foreign nationals.<sup>20</sup> Since the 1970s, labour immigration had been one of the instruments used by Gaddafi to implement his Pan-Arab and then Pan-African foreign policy. Initially, bilateral and multilateral agreements with Arab countries facilitated the entry and stay of migrant workers mostly employed in middle-skilled sectors. Later, starting from the 1990s, a large inflow of unskilled or low-skilled sub-Saharan workers was facilitated by the removal of the visa and residence permit requirement.<sup>21</sup> As such, upon submission of a medical certificate, many sub-Saharan African workers were employed in the fields of agriculture, construction and cleaning and settled permanently in the country. Migrants coming from neighbouring countries (Niger, Tunisia, Chad, etc.) also engaged in circular migration.<sup>22</sup>

The fight against irregular migration became the core of migration management efforts with Libya's realignment to the European Union and Italy in the late 2000s. This translated into the reintroduction of visa and travel documents for almost all nationalities and the criminalisation of the irregular entry and stay of foreign nationals. Priority access was granted to foreign nationals from countries having signed bilateral agreements with Libya. As such, a large number of undocumented migrants, unable to regularise their status, remained excluded from access to public services.<sup>23</sup>

**Almost all refugees and migrants interviewed for this assessment reported drawing their main source of income from employment.** The majority of refugees and migrants interviewed for this study reported going to Libya to work, and often found employment thanks to the support of networks of family and friends already living in the country. Among respondents who reported being unemployed, the majority had recently arrived in the country and considered Libya a transit point to reach Europe. All unemployed respondents came from West and East Africa, with the exception of one respondent.

Figure 3: Number of respondents reporting having access to employment opportunities:



<sup>18</sup> Hebatalla Elgazzar et al. (2015), [Labor Market Dynamics: Reintegration for Recovery](#), A World Bank Study.

<sup>19</sup> Abuhadra Dia Sadek and Tawfik Taher Ajaali (2014), [Labour Market and Employment Policy in Libya](#), European Training Foundation.

<sup>20</sup> Migration Policy Centre (2013), [Libya MPC Migration Profile](#).

<sup>21</sup> Libya promoted the creation of the Community of Sahel-Saharan States (CEN-SAD), with the intention to create a free trade and movement area among the signatory countries.

<sup>22</sup> Zampagni F. et al. (2017), [Libya Case Study: An Unending Crisis – Responses of Migrants, States and Organisations to the 2011 Libya Crisis](#), ICMPD.

<sup>23</sup> Zampagni F. et al. (2017), [Libya Case Study: An Unending Crisis – Responses of Migrants, States and Organisations to the 2011 Libya Crisis](#), ICMPD.



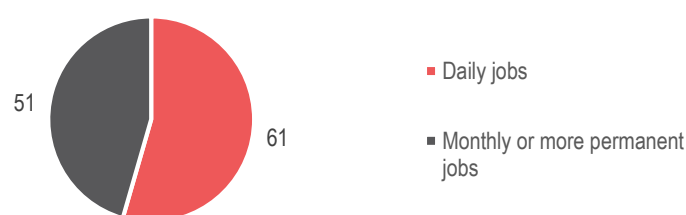
As found for previous studies, families and friends were reported as the first source of information about the availability of employment in Libya.<sup>24</sup> In a smaller amount of cases, respondents reported going on a daily basis to roundabouts serving as **recruitment points** for employers looking mainly for workers in low-skilled occupations.

### 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 be more likely to be employed in monthly or more permanent jobs.** For recently arrived respondents, going to roundabouts where employers search for daily workers was the easiest way to access a source of income while searching for more stable jobs. The deterioration of access to employment conditions concerned respondents from all regions of origin, with respondents from the three regions being equally employed in daily and unstable forms of employment.

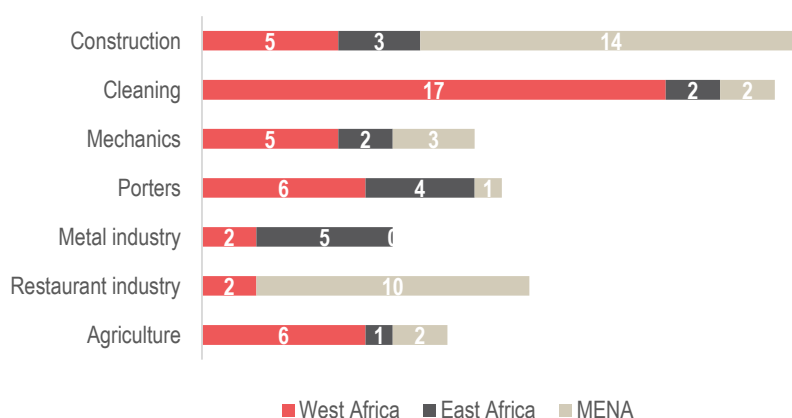
Figure 4: Types of employment accessed by interviewed refugees and migrants:<sup>25</sup>



The majority of respondents who were employed 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 specific regions of origin. Almost all respondents employed in high-skilled occupations, including the fields of healthcare and education, originated from the MENA region and from East Africa, while almost all refugee and migrant workers from West Africa reported working in lower-skilled positions such as cleaners and farmers. Refugees and migrants from East Africa also reported being employed in a more diverse range of medium-skilled employment sectors, while a large majority of respondents from the MENA region reported being employed in the construction sector and in the restaurant industry.

Figure 5: Main employment sectors for interviewed refugees and migrants, by region of origin:<sup>26</sup>



Female refugee and migrant workers reported being employed mostly in the cleaning sector and in the restaurant industry. Two female respondents also reported working as a tailor and a teacher.

<sup>24</sup> REACH/MMP/Mhub, [Youth on the Move](#), September 2017.

<sup>25</sup> Respondents could select multiple answers.

<sup>26</sup> Respondents could select multiple answers.

Refugees and migrants reported being confined to fill labour shortages often providing an unstable income and no social protection. The majority of respondents reported having no other choice due to their undocumented status and the scarcity of alternative employment opportunities. One respondent from West Africa reported that some educated refugees and migrants are overqualified for the positions they occupy due to difficulties in having their qualifications recognised in Libya. KIs and individual respondents also reported that refugees and migrants from certain nationalities tend to be concentrated in specific employment sectors. This can be attributed to the role of social networks in facilitating access to employment for people from the same nationality, but also to perceptions on the part of the local population and migrants themselves about the skillset and attributes available to certain nationalities, i.e.: Syrians being good cooks, West Africans being better suited for physical work, etc.

*"When you are a refugee or an undocumented migrant, you would do any kind of job to survive. [...] Some nationalities are linked to specific jobs. For us, the Sudanese, if you are not educated, you can work as a tailor, salesman or in restaurants. My husband could only find a job as a tailor. People cannot believe that Sudanese people can work in higher-skilled jobs. They think that the best option for us is to work as tailors."*  
Sudan, F. 27 years old

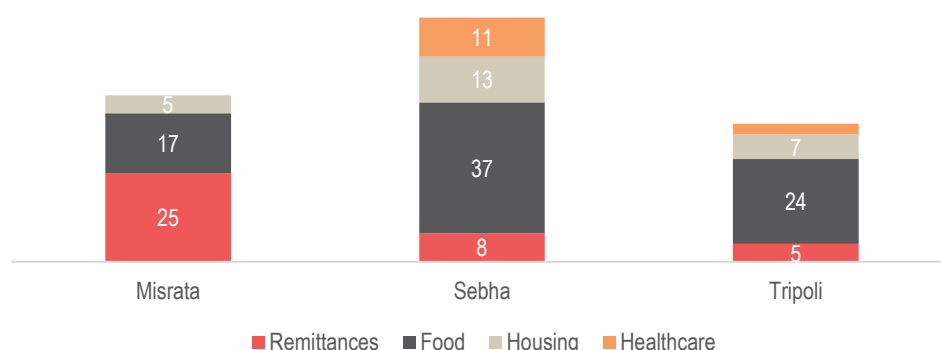
### Barriers to access to economic resources

Recent macroeconomic developments have put a strain on the capacity of many households in Libya to meet their basic needs. Before the outbreak of the unrest in Libya, access to subsidised commodities and fully functioning public services, as well as the control of unemployment through the public service sector were supported by the abundance of Libyan oil industry revenues. The collapse in the oil export and revenues triggered a fiscal and balance of payment crisis. As the Central Bank of Libya responded with cash withdrawal limitations to contain the devaluation of the Libyan Dinar (LYD), a loss of confidence pervaded the banking system and induced a liquidity crisis which weakened the formal money transfer system. For all Libyans, and in particular for the more vulnerable households, this resulted in a dramatic loss of purchasing power and liquidity, further exacerbated by the inflationary pressures on basic food prices.<sup>27</sup>

### Main reported expenditures and challenges to accessing economic resources

**Due to the economic crisis, more than half of interviewed refugees and migrants reported having difficulties in meeting their most basic needs. Food remains the most reported main expense overall, followed by housing and healthcare costs.**

Figure 6: Top four types of refugees and migrants' reported expenses, by location<sup>28</sup>

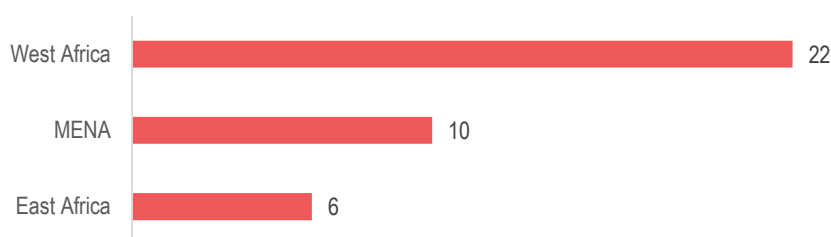


**A higher number of respondents from West Africa reported sending remittances to support their family back home, compared to respondents from East Africa and the MENA region.**

<sup>27</sup> Whitworth et al. (2017), Economic Factors of Importance for Humanitarian Cash Based Interventions in Libya, Libya Cash Working Group – Briefing Note.

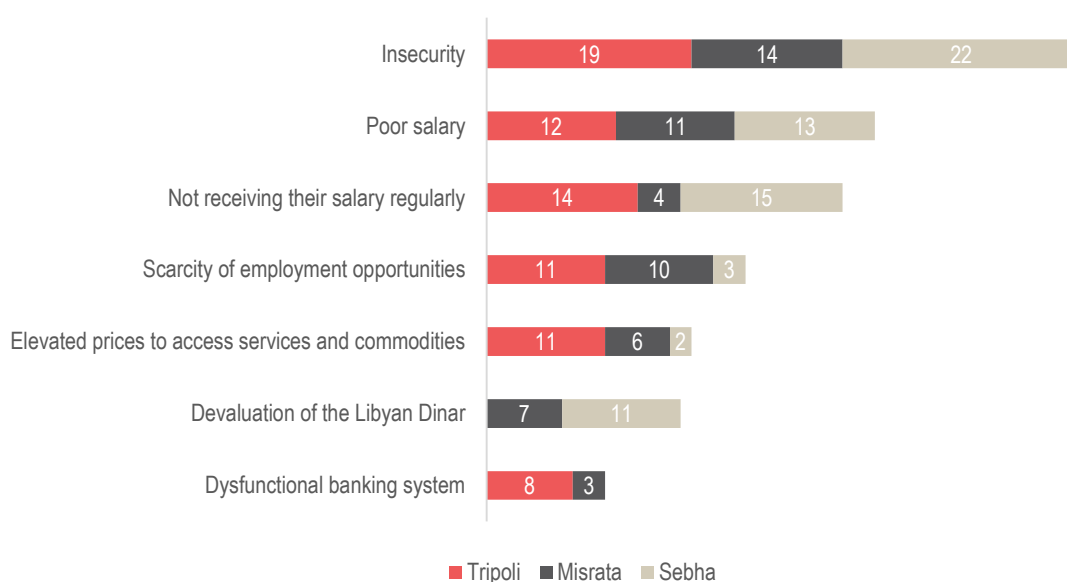
<sup>28</sup> Respondents could select multiple answers.

Figure 7: Interviewed refugees and migrants sending remittances home, by region of origin:



**Insecurity was reported as the first barrier to refugees and migrants' access to economic resources, especially in Sebha.** Respondents from West Africa reported being slightly more exposed to the risk of violence and theft than respondents from East Africa and the MENA region. Almost half of respondents reported knowing or having been a direct victim of robbery. This could be explained by the fact that refugees and migrants live in marginalised neighbourhoods and their vulnerability makes them easy targets. What is more, they have limited ability for legal recourse or other support mechanisms due to the undocumented status of many of them. What is more, some KIs reported that refugees and migrants are perceived as having many economic resources to be used to continue their journey to Europe.

Figure 8: Most reported challenges to accessing economic resources, by location:<sup>29</sup>



**Refugees and migrants reported that the overall loss in purchasing power affected their livelihoods.** One-fourth of respondents reported receiving inadequate wages to address the inflationary pressure on services and commodities. The latter, combined with the ongoing liquidity crisis, affected refugees and migrants' ability to save money and send remittances back home. On the other hand, almost one third of respondents reported having difficulties in finding employment opportunities, due in part to a decrease of the domestic demand for services and commodities produced by an erosion of local purchasing power.

**Respondents' migratory status in the country exposed them to accrued vulnerability to the liquidity crisis.** Almost all respondents reported receiving their salaries and realising all their economic transactions in cash, due to the difficulties entailed in opening a bank account as foreign nationals, especially if undocumented. In addition, one fourth of respondents reported not being regularly paid by their employers, and another one fourth reported that the highly dysfunctional banking system represented a key barrier to accessing their economic resources. As the formal transfer system is weakened, employers might indeed face difficulties in accessing cash to pay their

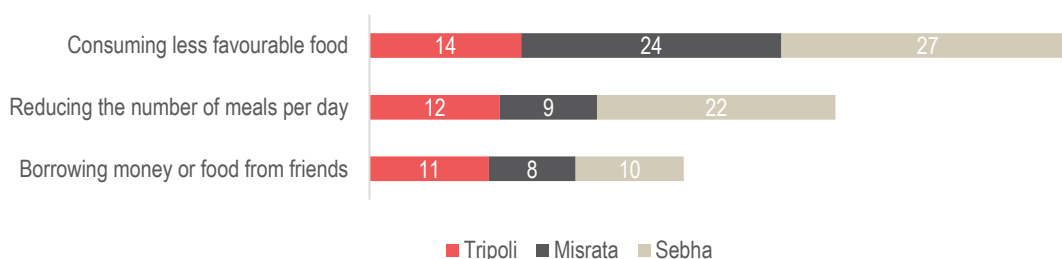
<sup>29</sup> Respondents could select multiple answers.

employees. On the other hand, refugees and migrants could be unable to enforce their right to receive their salary due to their undocumented status.<sup>30</sup>

### Coping strategies to a lack of economic resources

**Interviewed refugees and migrants reported resorting to negative coping strategies such as reducing the quality and quantity of food intake.** Respondents having access to networks of family members and friends reported borrowing money or food when in need.

**Figure 9: Interviewed refugees and migrants' most reported coping strategies to limited access to economic resources:<sup>31</sup>**



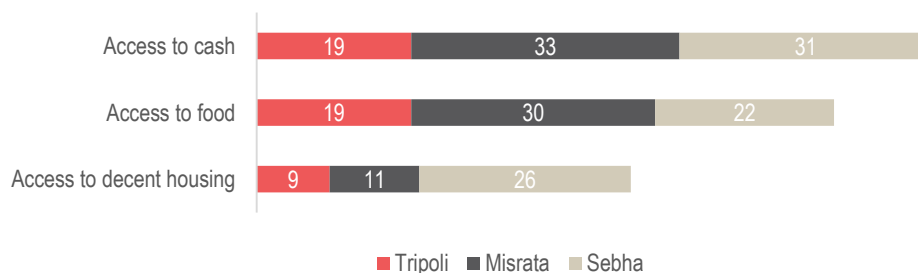
*"In the past I had some savings but I decided to send them to my father [back home] for fear of being robbed here. Now as life here has become so expensive, including food and medicines, I only buy basic things for my family here and sometimes I send a little money to my father. Sometimes, when I have no money, or I cannot pay the rent, I call him and he sends me money from my savings"*  
Sudan, M. 24 years old

**Only a few number of respondents reported having savings.** In the majority of cases, respondents reported having entered Libya with a little money to support themselves while searching for employment in the country in the first few weeks of their stay. A small number reported being able to save some money from their work in Libya, generally using savings (i) to send remittances back home; (ii) as a coping strategy to offset the increase in basic needs prices in Libya; (iii) as a mitigation plan in case of medical or other urgent needs. Around one fourth of respondents reported being able to send money to their countries of origin. One respondent also reported that security conditions compelled him to send his savings back home for fear of being robbed.

### Priority needs and vulnerabilities

**Access to cash and food remain key priority needs for interviewed refugees and migrants,** thus confirming the impact of the liquidity crisis on refugees and migrants. Libyan nationals consider access to healthcare the most pressing need instead.<sup>32</sup>

**Figure 10: Most reported refugees and migrants' priority needs:<sup>33</sup>**



<sup>30</sup> REACH, Libya Multi-Sector Needs Assessment 2017 (forthcoming).

<sup>31</sup> Respondents could select multiple answers.

<sup>32</sup> REACH, Libya Multi-Sector Needs Assessment 2017 (forthcoming).

<sup>33</sup> Respondents could select multiple answers.

**Access to food and cash were reported as a key concern mostly for respondents from West Africa, who are employed in lower-skilled occupations and are thus generally in greater need of basic assistance.**

Respondents' vulnerability was found to be mostly linked to four factors: (i) time of arrival in Libya, (ii) region of origin, (iii) location, (iv) personal medical needs and (v) availability of social support networks.

Firstly, as mentioned, recently-arrived refugees and migrants have less developed networks of social support and are more likely to access exploitative forms of employment while looking for better work opportunities. In order to meet their basic needs, many respondents reported working in more than one occupation at the same time.

Secondly, refugees and migrants from the MENA region reportedly have easier access to employment and face less discrimination than their Western and Eastern African counterparts, due to common language skills, cultural affinity, and especially for Syrian nationals, empathy with their humanitarian condition. However, a deterioration of employment conditions could be reported across all regions of origin.

Thirdly, the security and economic conditions of the location where respondents were interviewed affected their ability to secure economic resources. For example, respondents in Sebha, characterised by a higher level of insecurity compared to other locations, reported having been more frequently affected by episodes of thefts and threats.

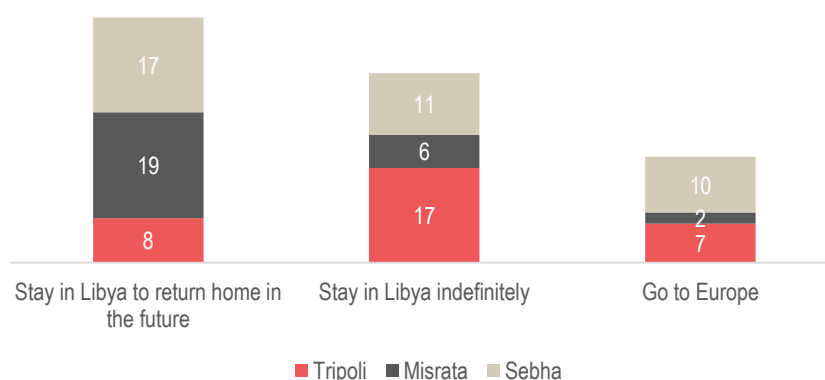
Fourthly, respondents with medical needs, including pregnant women, frequently reported not being able to work. Some were reportedly receiving support from their family, while others were spending their savings to support themselves.

Finally, respondents able to rely on social networks in Libya or at home reported being more capable to face economic challenges. More than half of respondents, regardless of their region of origin, could count on the support of their networks of family and friends, and mentioned in some cases the support received by their employers in accessing food and services. Respondents from the MENA region reported minimal sources of tension with the host community, which in many cases helped respondents access services and employment. In West African and East African respondents' accounts, episodes of discrimination in access to services, threats and violence in their neighbourhoods were more frequent.

## Migratory intentions

As the availability of employment opportunities and the better salaries in Libya were key drivers of respondents' migration to the country, their reduced purchasing power, struggle to meet basic needs and inability to save money or to send remittances back home could affect respondents' intentions to stay in Libya or move onward.

**Figure 11: Most reported migratory intentions, by location:**





## Accessing services: challenges and coping strategies

Refugees and migrants in Libya face restricted access to services because of their irregular status, limited access to economic resources, and widespread discriminatory practices. Access to decent housing and healthcare, considered priority areas of humanitarian intervention,<sup>34</sup> is still a challenge for many refugees and migrants residing in Libya.

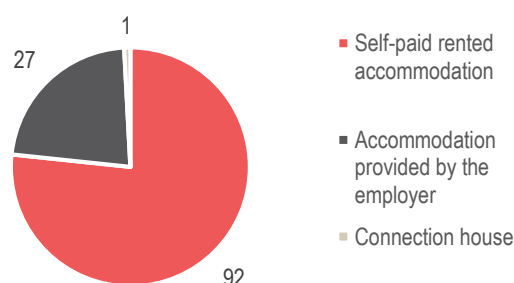
### Refugees and migrants' access to housing

According to the 2018 HNO, there are currently an estimated 581,000 people in need of Shelter and NFI in Libya.<sup>35</sup> Among them, an estimated 200,000 are refugees and migrants. Refugees and migrants interviewed for this assessment mostly resided in self-paid rented houses, and faced economic and security challenges in accessing shelter, which eventually led them to accept sub-optimal housing solutions.

### Most reported types of housing for refugees and migrants

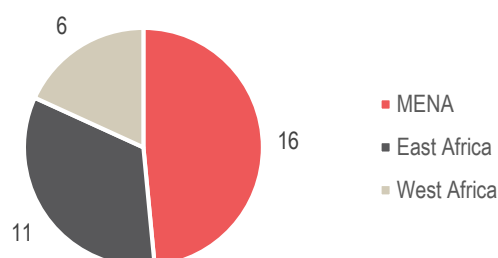
The large majority of refugees and migrants interviewed for this assessment lived in **self-paid rented apartments** (92 out of 120 cases), **or in accommodation provided by the employer** at the workplace or in the surrounding areas (27 out of 120 cases). These results are in line with the latest IOM DTM data,<sup>36</sup> showing an overall capacity of refugees and migrants interviewed for this study to afford a shelter while in Libya.

Figure 12: Interviewed refugees and migrants' most common types of housing in Libya:



All interviewed refugees and migrants who were living with their families reportedly resided in self-paid rented accommodation. Families enjoyed relatively higher living standards, compared to single men interviewed for this assessment. A lower proportion of respondents from West Africa had moved to Libya with their families, compared to refugees and migrants from other regions of origin, especially MENA (Syrians).

Figure 13: Number of interviewed refugees and migrants living with their families, by region of origin:



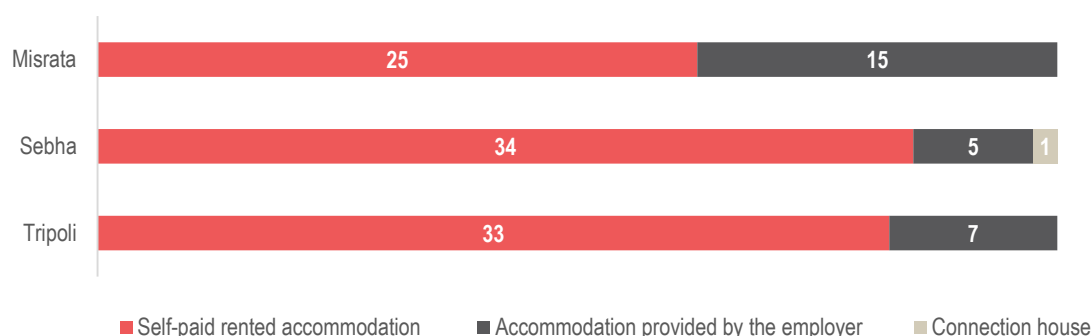
Across the three cities, a large majority of refugees and migrants residing in Sebha resorted to self-paid accommodation, while in Misrata a higher share lived in an accommodation provided by the employer.

<sup>34</sup> UNOCHA, Humanitarian Needs Overview 2018 (forthcoming).

<sup>35</sup> Ibid.

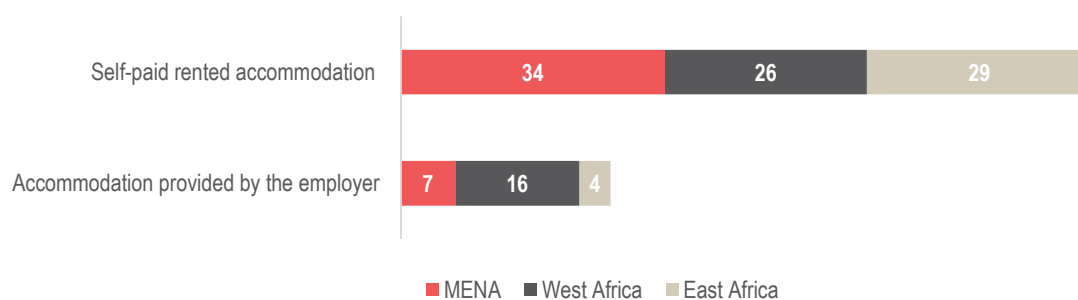
<sup>36</sup> International Organisation for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 15, October – November 2017.

Figure 14: Refugees and migrants' types of housing, by location:



The majority of respondents living in **accommodation provided by the employer** came to Libya **without family members** and **originated from West African countries (60%)**. Security concerns and high rent costs were reportedly the main factors influencing refugees and migrants' decision to opt for types of housing provided by the employer.

Figure 15: Refugees and migrants' types of housing, by region of origin:



Besides these two main housing solutions, according to recent studies refugees and migrants in Libya also reside in **connection houses**.<sup>37</sup> KIs described connection houses as warehouses or big yards managed by smugglers or by their partners and used mostly by refugees and migrants on the move to Europe. Connection houses costs may be included in the price of the trip, or paid on a daily basis. In Sebha, KIs estimated the average cost of a night in a connection house around 20 Libyan Dinars.<sup>38</sup> Conditions in connection houses vary widely according to KIs, depending on the freedom of movement allowed. The only respondent who reported living in a connection house was living in an unfinished building with around 100 migrants, provided by the smuggler. No significant difference related to participants' length of stay in Libya was found in their level of access to housing.

*"I live in a garage. It is owned by the smugglers; I am staying there until my next trip, it is a cold place and there is no water. I don't have another choice. There are around a hundred African migrants in the shelter"*  
Ethiopia, M. 22 years old.

### Most reported challenges to accessing housing

Besides the context specific challenges related to the deterioration of the economic and security conditions in Libya, refugees and migrants face specific challenges related to their irregular status in the country and higher vulnerability to protection risks. No significant differences related to participants' length of stay in Libya could be found on the types of reported barriers to accessing housing.

<sup>37</sup> See REACH/MMP/MHub (2017), Youth on the Move, and ICMPD (2017), Migrants in Countries in Crisis: Libya Case Study, An Unending Crisis – Responses of Migrants, States and Organizations to the 2011 Libya Crisis.

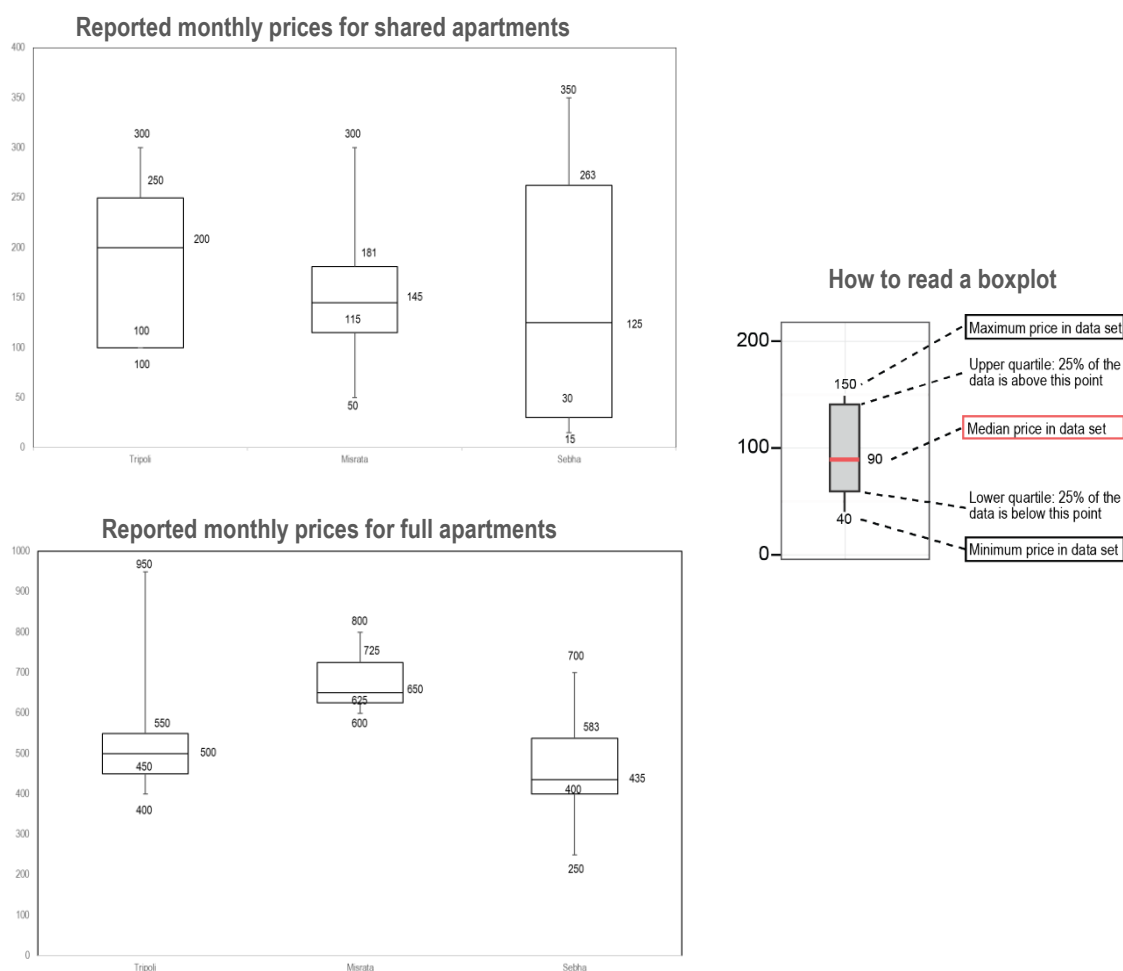
<sup>38</sup> In November, the official exchange rate was 1.375 USD/LYD while the parallel market exchange rate – the only one accessible to refugees and migrants was 8.700 USD/LYD according to the REACH Libya Joint Market Monitoring Initiative (JMMI), November 2017.

## 1. Price barriers

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 per month across the three locations, with Tripoli being reported as the most expensive location.<sup>39</sup> Prices varied depending on the number of people sharing the apartment and the neighbourhood. Price ranges in Sebha were wider compared to those registered in Tripoli and Misrata, as refugees and migrants reported spending between 15 and 350 Libyan Dinars per month for living in a shared apartment. Housing solutions accessible for 75 Libyan dinars or less were described as extremely overcrowded connection houses and/or unfinished buildings shared by up to 80 people. Refugees and migrants paying between 200 and 350 Libyan Dinars per month mostly reported living in single rooms. Respondents reported a substantial increase in prices in the last year.

Refugees and migrants living with family members were accommodated in full apartments. Apartments' prices in Tripoli and Misrata were reported to be higher than in Sebha. Average monthly prices varied widely across the three locations, with Misrata reaching 650 Libyan Dinars, while it was 480 in Tripoli and 430 in Sebha.<sup>40</sup> In Tripoli, reported prices varied widely by neighbourhood.

**Figure 16: Reported refugees and migrants' individual monthly prices for a shared apartment and households monthly prices for a full apartment (in LDY):**



<sup>39</sup> In November, the official exchange rate was 1.375 USD/LYD while the parallel market exchange rate – the only one accessible to refugees and migrants was 8.700 USD/LYD according to the REACH Libya Joint Market Monitoring Initiative (JMIMI), November 2017.

<sup>40</sup> See REACH/MMP/MHub (2017), Youth on the Move, and ICMPD (2017), Migrants in Countries in Crisis: Libya Case Study, An Unending Crisis – Responses of Migrants, States and Organizations to the 2011 Libya Crisis.

## 2. Security

Security was indicated as one of the key challenges faced by refugees and migrants in accessing housing. Security concerns were mainly related to: (1) the neighbourhood, (2) the number of people living in shared housing, (3) the housing structure.

Both KIs and individual respondents stressed that security levels varied across different neighbourhoods in the cities. In Sebha, militias and armed groups may grant protection to refugees and migrants in some areas in exchange of the payment of a protection fee. In Tripoli and Misrata, neighbourhoods which are densely populated by refugees and migrants were perceived to be less safe than residential areas mostly inhabited by Libyan families. Refugee and migrant respondents perceived themselves as especially vulnerable to robbery and kidnapping and hence preferred living in less easily identifiable areas (25 out of 120 cases or 21% of respondents said that they feared becoming victims of physical violence or kidnapping). Recent assessments also confirmed that both refugees and migrants as well as members of the displaced population in Libya feel they face increased threat of violence and abduction as compared to the local community (11.2% and 6.6% respectively).<sup>41</sup> Respectively 37 and 15 respondents out of 120 reported having experienced or witnessed episodes of robbery in the streets or in their apartments at night. As such, refugees and migrants prioritised secured shelter with locked entrance and a reduced number of tenants. In Tripoli, interviewed refugees and migrants favoured neighbourhoods with a lower presence of militia and armed groups.

## 3. Distance to the workplace

Distance to the workplace was indicated as one of the main variables affecting the accommodation choice. Change of housing was especially prompted by changes of employment, and related workplace. Distance to the workplace was perceived as a major barrier, due to lack of public transportation services (especially mentioned in Misrata) and security concerns. The need to reduce daily commuting and avoid walking home at night was strictly linked to security concerns. Almost one third of respondents (35 out of 120) did not go out at night and needed to commute during daylight. As such, interviewed refugees and migrants prioritised housing solutions presenting limited living conditions over any better alternative that would be more distant to their workplace.

*"It is difficult to find a good area when it comes to security, so finding a place to live is very hard for us".  
Syrian, M. 32 years old.*

## 4. Overcrowded shelters

The majority of interviewed refugees and migrants lived in a shared apartment/house (76 out of 120) and often indicated overcrowding as a major concern. In Misrata, both individual respondents and KIs described the presence of buildings hosting between 50 and 80 refugees and migrants. Exposure to the risk of theft at home was linked to the number of tenants and the level of trust established with them.

## 5. Limited housing conditions: precarious materials, sanitation, water and electricity shortages

According to the recent Multi-Sector Needs Assessment (MSNA), irregular access to electricity affects the large majority of the population living in Misrata, Sebha and Tripoli.<sup>42</sup> Frequent electricity cuts and lack of maintenance heavily affected water and sanitation facilities in several locations in Libya.<sup>43</sup> Across the three locations, refugees and migrants reported living in poor housing conditions, characterised by absent or limited sanitation systems, lack of hot water, and electricity shortages. Many respondents reported having accepted poor housing conditions in order to minimise the walking distance to the workplace.

## 6. Spatial segregation: lack of documents, social norms and discrimination

Interviewed refugees and migrants also reported being prevented access to some neighbourhoods due to their legal status, social norms and/or discrimination. The need to avoid police checks and live in more hidden areas

<sup>41</sup> Libyan Household Multi-sectoral Survey Need Assessment - UNFPA May 2017.

<sup>42</sup> According to REACH, Libya Multi-Sector Needs Assessment 2017 (forthcoming), irregular access to electricity was reported by 95% in Misrata, 80% in Sebha and 84% in Tripoli.

<sup>43</sup> UNOCHA, Humanitarian Needs Overview 2018 (forthcoming).

informed the choice of accommodation of two respondents in Tripoli.<sup>44</sup> KIs reported that refugee and migrant men who come without family members have a limited choice of housing, as they cannot access residential neighbourhoods where Libyan families live. According to reported Libyan cultural practices, men alone, regardless of their nationality, would not be accepted in residential neighbourhoods. In 27 cases, respondents reported having experienced discrimination.<sup>45</sup> Few refugee and migrant respondents reported having changed neighbourhood because of issues with the host community related to their marital status or because of discrimination.

### Most reported coping strategies to challenges to accessing decent housing

In response to these challenges to accessing housing, interviewed refugees and migrants reported adopting the three following coping strategies:

1. **Changing neighbourhood:** 26 out of 120 respondents reported having changed neighbourhood, of whom 22 had changed it more than three times since their arrival. Refugees and migrants reported having changed neighbourhood because of high rent prices, overcrowded housing, poor living conditions and distance to the workplace.
2. **Living in shared rooms:** resorting to shared rooms or to apartments shared with more than 5 people was also reported as coping strategy to lack of necessary economic resources.
3. **Looking for employment providing accommodation:** interviewed refugees and migrants actively looked for employment opportunities providing safe accommodation. Respondents who reported living in accommodation provided by the employer mostly engaged in construction, cleaning, farming and car washing. Refugees and migrants working in these sectors were the most vulnerable to poor housing conditions and homelessness when in search of new economic opportunities.

No significant difference in terms of coping strategies to lack of access to housing could be found across locations, nor in terms of respondents' length of stay in the country or region of origin.

### Refugees and migrants' access to healthcare

Healthcare provision in Libya has been severely affected by the crisis and renewed hostilities.<sup>46</sup> Inadequate emergency services, and shortages of medical supplies and equipment are the main challenges faced by the resident population.<sup>47</sup> According to the 2017 MSNA, 44% of households with at least one member that was in need of healthcare in the previous two weeks did not get access to adequate healthcare.<sup>48</sup> Lack of supplies, equipment and medical staff, and high prices of the treatment in private clinics were the main reported barriers to accessing health services for non-displaced, IDP and returnees.<sup>49</sup> Refugees and migrants interviewed for this study were equally affected by the conditions of the healthcare provision in the country, but face additional challenges related to their lack of a legal status and discrimination. No significant difference on access to healthcare could be found across locations, nor in terms of participant's length of stay in the country or by region of origin.

### Most reported types of healthcare accessed

When asked about their health needs, 51 out of 120 interviewed refugees and migrants reported having been in need of medical care since their arrival in Libya, either for themselves or for a household member. Medical needs were mostly related to general sickness, work injuries, or pregnancy. Most reported types of **work injuries** were allergies and respiratory problems related to prolonged exposure to toxic substances used in construction works, or due to accidents incurred when carrying heavy weights.

<sup>44</sup> Libya is not a signatory to the 1951 Convention relating to the Status of Refugees and the 2010 Law on Combating Irregular Migration allows for the indefinite detention and deportation, of those considered to be irregular migrants. According to key informants, since 2011, procedures for obtaining the permits of stay have been halted. As such, Libyan law criminalises irregular stay in Libya without distinguishing between migrants, refugees, or victims of trafficking.

<sup>45</sup> This figure is likely to be underestimated due to data collection limitations.

<sup>46</sup> WHO (2017), Service Availability and Readiness Assessment – Libya.

<sup>47</sup> General Service Readiness based on amenities, equipment, standard precaution, diagnostic, medicine are only 69 in hospitals and the readiness of health emergency services is less than 50% of the standard according to the WHO (2017), Service Availability and Readiness Assessment – Libya.

<sup>48</sup> REACH, Libya Multi-Sector Needs Assessment 2017 (forthcoming).

<sup>49</sup> REACH, Libya Multi-Sector Needs Assessment 2017 (forthcoming).



**When in need, the majority of interviewed refugees and migrants reportedly had access to medical services (36 up to 51 cases).** In the remaining cases, refugees and migrants preferred resorting to self-treatment and pharmacies, or to alternative medicine. In Libya, in order to access public hospitals, all patients are requested to undertake a blood test for HIV and other sexually transmitted diseases. KIs reported that refugees and migrants would need legal documents to get tested, or may run the risk 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.

**Refugees and migrants who reportedly accessed medical services mostly resorted to private clinics (22 cases), and to a smaller extent to public hospitals (14).**<sup>50</sup> KIs also reported that refugees and migrants receive health support by local and international NGO in the three locations covered by this assessment. Four refugee and migrant respondents had received medical treatment through the International Medical Corps mobile clinics.

Figure 17: Most reported types of medical facilities accessed by interviewed refugees and migrants, by location:<sup>51</sup>

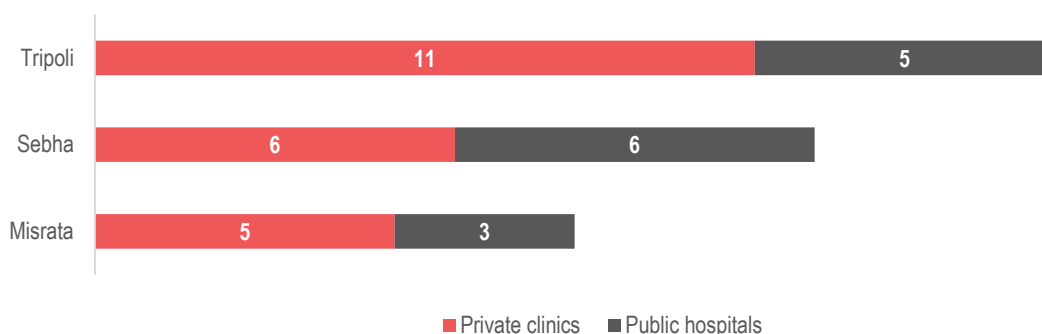
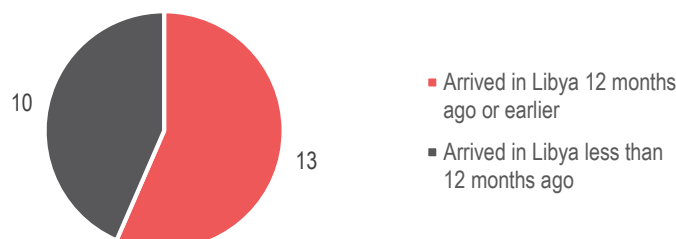


Figure 18: Number of interviewed refugees and migrants who accessed private clinics, by time of arrival in Libya:



### Most reported barriers to accessing healthcare

Refugees and migrants share with non-displaced and IDP population the main challenge to accessing healthcare: **lack of medical supplies and medical staff** (reported by 42 out of 51 respondents reporting having been in need of medical care since their arrival in Libya). Shortages in medical supplies and staff were reported as main barrier in **Sebha**. Furthermore, the presence of damaged facilities and unsafe routes to reach those facilities especially affected access to healthcare in Sebha.

In the case of refugees and migrants, however, equipment, supplies and staff shortages act as contributing factors to two other types of barriers: (1) **discriminatory treatment** and (2) **high healthcare costs**.

When trying to access public hospitals, refugees and migrants reportedly faced discrimination, which discouraged them from seeking care at this type of medical facilities. Interviewed refugees and migrants who had been residing in Libya for 12 months or more especially mentioned discrimination as main barrier (19 out of 29 respondents reporting this barrier). In case of limited supplies or equipment, refugees and migrants may not be accepted in

<sup>50</sup> Public hospitals includes medical centres and primary emergency centres.

<sup>51</sup> Respondents could select multiple answers.

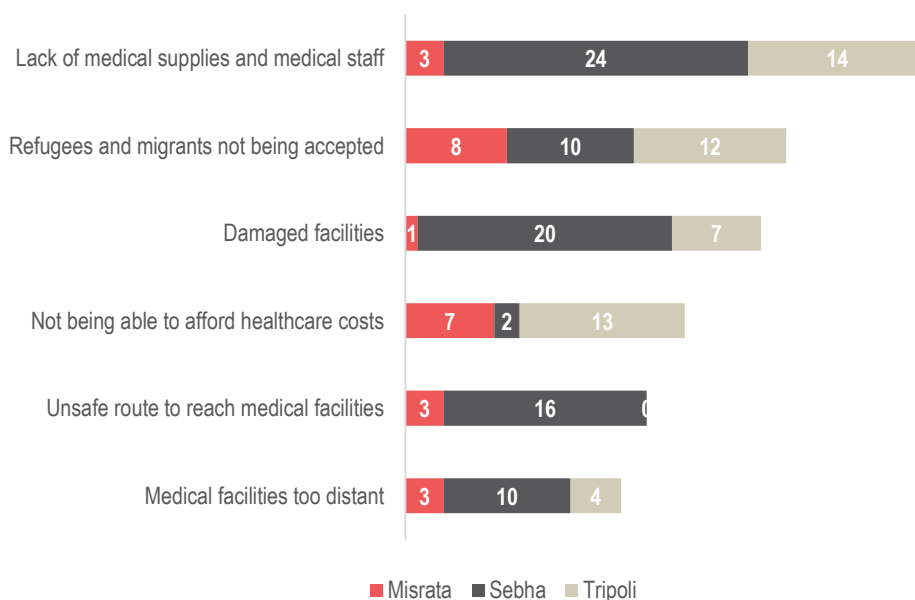
public hospitals, as preference would be given to Libyan nationals. Furthermore, KIs reported that local population and refugees and migrants would not mix in the same hospital room due to the preconceived notions of specific diseases associated with migrants and refugees.

KIs added that medical staff accepting to treat refugees and migrants would often face the opposition of Libyan patients, then refusing to receive treatment in the same facility. **As such, 30 respondents out of the 51 reporting having been in need of medical care since their arrival in Libya indicated as main barrier to access to healthcare the practice of not accepting refugees and migrants in public medical facilities.** Interviewed refugees and migrants from the MENA region reported facing a lower degree of discrimination, compared to people originating from East and West Africa.

**Private clinics were perceived as better equipped and more accessible to refugees and migrants compared to public facilities**, but the high costs of the healthcare provided in this type of clinics represented a strong barrier for 22 out of 51 respondents reporting having been in need of medical care since their arrival in Libya. Few refugees and migrants also reported saving money in order to be able to afford private medical care in case of need.

Very few of the interviewed refugees and migrants had access to medical facilities thanks to the intermediation of their employer. In some cases, all related to work injuries, the employer also covered the cost of the treatment in private clinics. KIs especially stressed the importance of employers as facilitators of refugees and migrants' access to healthcare. Other sources of information on access to healthcare were reportedly social networks such as family or friends. No significant differences on reported barriers to accessing healthcare could be found in terms of respondents' length of stay.

Figure 19: Refugees and migrants' most reported challenges to accessing healthcare, by location:<sup>52</sup>



*"The issue with the public hospital is that it is not equipped to host migrants".*  
Medical staff, F. Misrata.

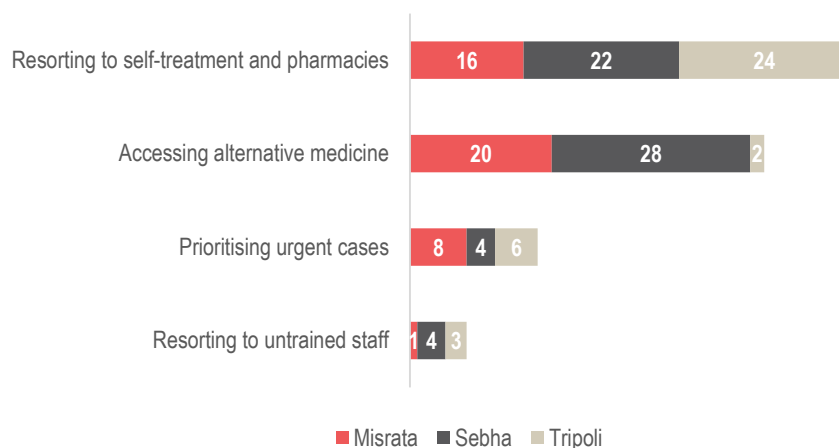
### Most reported coping strategies for lack of access to healthcare

In case of lack of access to medical services, most interviewed refugees and migrants mostly resorted to self-treatment and pharmacies (62 out of 120 cases) and alternative medicine (50 out of 120 cases). Refugees and

<sup>52</sup> Respondents could select multiple answers.

migrants affected by chronic diseases such as diabetes, for example, can only access insulin by purchasing it from pharmacies, since national health centres distribute insulin free of charge only to Libyan nationals.<sup>53</sup> According to the latest Service Availability and Readiness Assessment of the World Health Organisation, pharmacies are severely underequipped and their readiness index scores at 40%.<sup>54</sup> Refugees and migrants would also prioritise urgent cases in the household or revert to public/private facilities only for very severe sicknesses (18 out of 120 cases). Seeking medical treatment from individuals without professional training was also considered as coping strategy by 8 out of 120 respondents.

Figure 20: Most reported coping strategies to deal with a lack of access to healthcare, by location:<sup>55</sup>



In case of respondents coming from neighbouring countries, either MENA or East Africa, the possibility to return home and receive treatment in the country of origin was mentioned as coping strategy by two respondents, respectively from Tunisia and Sudan.

*"I didn't seek any medical care I only bought medicine from the nearby pharmacy, because migrants like us always get treated in a racist way when they try to access any medical care".*  
Somalia, M.36 years old.

<sup>53</sup> Libya Cash & Markets Working Group & REACH (2017). [Market Systems in Libya – Assessment of the Wheat Flour, Insulin, Tomato and Soap Supply Chains](#).

<sup>54</sup> WHO (2017), Service Availability and Readiness Assessment – Libya.

<sup>55</sup> Respondents could select multiple answers.

## CONCLUSION

This assessment aimed to fill the information gap on the protection needs of refugees and migrants in Libya, considered among the most vulnerable groups in the context of the ongoing humanitarian crisis. While increasing support has been mobilised in the latest months to improve refugees and migrants' conditions within detention centres, further research is needed to enable evidence-based humanitarian interventions in support of the wider population of refugees and migrants living outside detention facilities.<sup>56</sup> This study aimed to facilitate the identification of refugees and migrants' key challenges to accessing economic resources and services in three urban areas in Libya. The main conclusions can be summarised as follows:

### Access to resources and services and main reported barriers

- **For interviewed refugees and migrants, access to employment was the main source of income.** Only few respondents reported having savings, most of them from before entering Libya. The scarcity of employment opportunities available and the delays in receiving their salaries make **access to cash particularly relevant for refugees and migrants in Libya.**
- **The deterioration of socio-economic conditions in the country affected respondents from all region of origin,** including respondents from the MENA region, who are generally assumed to enjoy better living conditions than refugees and migrants from other regions. As much as refugees and migrants from East and West Africa, respondents from the MENA region reported being employed in daily jobs, characterised by unstable income and precarious working conditions.
- Besides relying on social support networks, **four main factors were found to affect respondents' vulnerability in terms of access to economic resources:**
  - **Time of arrival:** recently-arrived interviewed refugees and migrants were more likely to engage in exploitative forms of labour, while in search of more stable sources of income. In order to meet their basic needs, many respondents reported working in more than one occupation at the same time.
  - **Region of origin:** although cross-cutting deterioration of employment opportunities was reported across all regions of origin, refugees and migrants from the MENA region reportedly experienced less discrimination in accessing decent forms of employment, than their Western and Eastern African counterparts.
  - **Health conditions:** respondents presenting medical needs, including pregnant women and respondents with chronic diseases, were unable to work, and as such were at risk of extreme vulnerability, especially when not benefitting from any help from families and friends, nor savings.
  - **Location:** the security and economic conditions of the location where respondents were interviewed affected their ability to secure their economic resources. For example, respondents in Sebha, characterised by a higher level of insecurity compared to other locations, reported having been more frequently affected by episodes of thefts and threats.
- **Refugees and migrants reported residing mostly in self-paid shared apartments, often overcrowded and offering poor living conditions.** 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 instead of commuting to the workplace.
- Elevated rent prices, and social norms preventing men alone from living in residential areas were reported as the main factors contributing to the concentration of refugee and migrant men alone in overcrowded buildings in few neighbourhoods.
- Men alone living in shared apartments in neighbourhoods densely populated by refugees and migrants were especially **exposed to security concerns**, and struggled to meet their priority needs. Interviewed refugees and migrants felt especially at risk of robbing and kidnapping, and reported the need to limit daily commuting time to the workplace and to live in secured shelter as the most reported factors influencing their accommodation choice of accommodation.

<sup>56</sup> More than 432,574 migrants have been identified by IOM as living in Libya. See: International Organisation for Migration (IOM), Displacement Tracking Matrix, Libya's Migrant Report, Round 15, October – November 2017.

- **Severe barriers to accessing healthcare were reported by interviewed refugees and migrants** from all targeted regions of origin, and regardless of their time of arrival in Libya. Discrimination in access to treatment was one of the most reported pressing issues, followed by a lack of means of transportation and distance to medical facilities.

### Coping strategies to access to resources and services

- **Reducing the quality or quantity of food intake** were reported among respondents' most common coping strategies to limited access to economic resources. Due to the deteriorating economic environment in Libya, this confirms that access to nutritious food could be a major concern for refugees and migrants in need.
- Having access to networks of family members and friends allowed interviewed refugees and migrants to better cope with difficulties, including by borrowing money or food. Refugees and migrants who have recently arrived in Libya and could not access solid social network support mechanisms, nor had already one in the country or back home, could be particularly vulnerable.
- **Cultural affinity and common language skills explain MENA respondents' ability to rely on their Libyan host community, including through faith-based organisations, to meet basic needs and have access to services.**
- **The large majority of refugees and migrants interviewed for this study reported having entered Libya for employment** purposes and had a family and friends network to rely on. More efforts are needed to understand the protection needs of refugees and migrants in transit, especially those who cannot rely on the support of family and friends in the country or back home.
- **Living in accommodations provided by the employer was reported as one of the most common coping strategies to a lack of access to services**, entailing less economic burden and a higher degree of physical security for respondents, than living in shared apartments. Housing indeed represented one of the most reported expenses for interviewed refugees and migrants.
- Interviewed refugees and migrants' most reported coping strategies to limited access to healthcare included: circumventing the formal healthcare system and **undergoing self-treatment by accessing pharmacies, or alternative medicine methods**. The lack of equipment and supplies in pharmacies may therefore significantly increase refugees and migrants' vulnerability.

### Migratory intentions

- **The large majority of respondents reported intending to stay in Libya to return home in the future.** This is not surprising, considering that the majority of respondents also entered Libya with the intention to work in the country, and that a smaller group also reported being sending remittances back home. While no indication was provided by respondents at this regard, it can be assumed that the deterioration of the working conditions could accelerate the decision to move, either home or to a new destination.

### Limitations and areas for further research

Refugees and migrants outside of detention centres in Libya are an extremely vulnerable and hard-to-reach population. This assessment provides a general understanding of refugees and migrants' protection needs in the context of the humanitarian crisis. Further research is needed to identify:

- Primary needs of refugees and migrants in transit and with limited access to networks of family and friends;
- Refugees and migrants' coping mechanisms to a lack of access to resources and services:
  - Financial mechanisms allowing refugees and migrants to receive support from families back home, and fellow migrants' support in Libya;
  - Refugees and migrants' most pressing medical needs, including chronic diseases;
  - Alternative medicine methods used by refugees and migrants in need.
- Capabilities and factors shaping refugees and migrants' intentions to stay or move onward.
- Protection needs of refugee and migrant women working in Libya, including domestic workers.