# MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

<div style="text-align:right">January 2022</div>

# KEY FINDINGS - MIGRANTS AND REFUGEES IN LIBYA

<div style="text-align:right">Libya</div>

## CONTEXT

Libya is a destination and transit country for migrants engaged in mixed movement due to its expected job opportunities and geographical location.[1] As of June 2021, 597,611 migrants were estimated to be residing in the country,[2] while 43,3480 individuals were registered as refugees or asylum seekers with the United Nations High Commissioner for Refugees (UNHCR).[3] Limited livelihoods opportunities, lack of documentation, and discrimination prevent many refugees and migrants from accessing basic services and assistance.[4] In addition, refugees and migrants are particularly vulnerable to exploitation, trafficking, harassment and abuse, arbitrary arrest and indefinite detention.[5] Crucial humanitarian information gaps remain regarding refugees and migrants in Libya, as the political, economic and social landscapes are constantly evolving, and humanitarian access to affected populations is limited. In this context, REACH conducted a Refugee and Migrant Multi-Sector Needs Assessment (MSNA) in 11 mantikas in Libya, with the support of the UNHCR and the UN Office for the Coordination of Humanitarian Affairs (OCHA), in order to inform and update humanitarian actors' understanding of the needs that exist among refugees and migrants in the country, to inform the 2022 humanitarian response planning and, overall, to support a targeted and evidence-based humanitarian response. The following factsheet outlines multisectoral and sectoral findings from the assessment.

## METHODOLOGY

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

### 📍 Assessment sample

| | |
|---|---|
| Number of respondents: | **1554** |
| • West and Central Africa | **780** |
| • MENA | **577** |
| • East Africa | **101** |
| • South and East Asia | **96** |

Number of mantikas:

**11 (out of 22)**

Female respondents:

**160**

## Assessment scope and coverage:
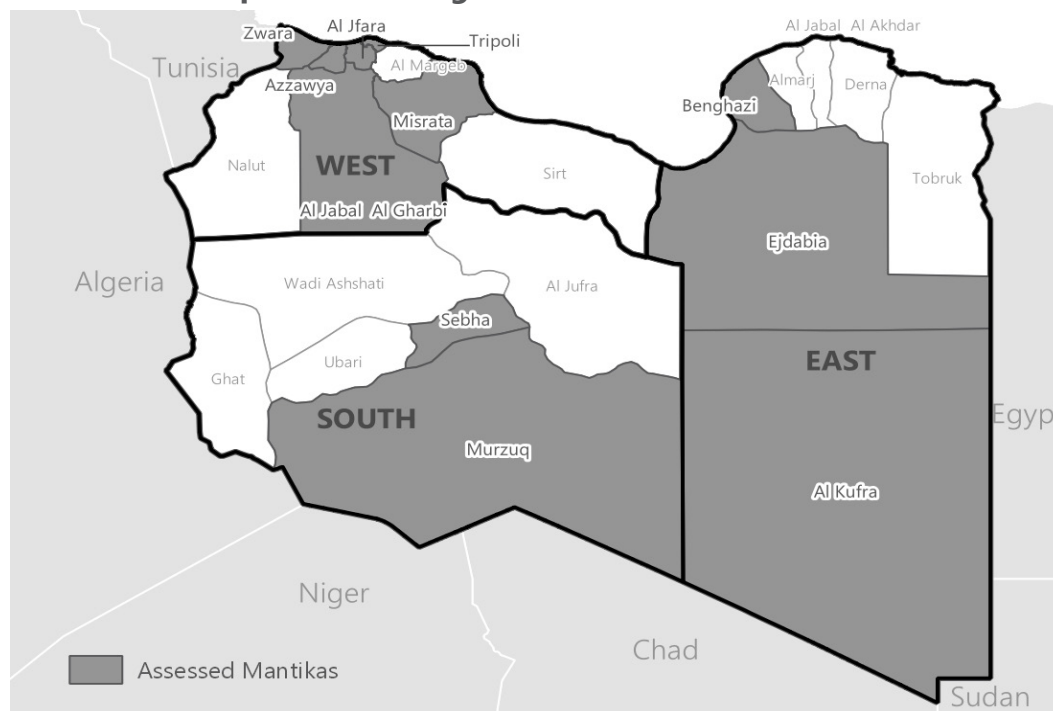
**These factsheets** present the intersectoral and sectoral findings from the quantitative data. A bulletin presenting the headline findings is also available here. In addition, a separate data collection exercise on education and child protection took place alongside the MSNA. Findings from this component will be published in a separate, upcoming factsheet. Qualitative data collection was conducted to follow up on quantitative findings. More in-depth analysis of all quantitative and qualitative data will be shared in a report that will be published in early 2022. All publications relating to this project can be found here.

1. IOM, "Migration in West and North Africa and across the Mediterranean: Trends, risks, development and governance", September 2020, available here.
2. IOM-DTM, "Libya's migrant report. May - June 2021 (Round 37)", August 2021, available here.
3. UNHCR Operational portal (consulted on 26 April 2021). The number of refugees and asylum seekers registered with UNHCR slightly decreased compared to late 2020.
4. REACH, "2020 Refugee and Migrant MSNA", available here.
5. In 2010, Libya implemented Law No. 19/2010 on Combating Irregular Migration, criminalising irregular entry, stay or departure, without any distinction between migrants, refugees and victims of trafficking. The law also states that those who do enter the country irregularly may be
detained for an indefinite period of time prior to deportation. See International Centre for Migration Policy Development (ICMPD), "What are the protection concerns for migrants and refugees in Libya?", available here.

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## % of respondents with humanitarian needs (MSNI severity score of 3 or 4):[6]

# 74%

**% of respondents per severity of humanitarian needs (MSNI):[7]**

| | | Humanitarian needs |
|---|---|---|
| 28% | Extreme | (severity score 4) |
| 45% | Severe | (severity score 3) |
| 1% | Stress | (severity score 2) |
| 25% | No or minimal | (severity score 1) |

The findings on this page aim to give **a general overview of humanitarian needs** for migrants and refugees in Libya across assessed population groups and regions. MSNA data is summarised here using the MSNI, which is a composite indicator estimating the overall severity and magnitude of humanitarian needs across sectors. Overall, **74% of respondents were found to have humanitarian needs**. As per the MSNI methodology, any respondent with at least one sectoral need was classified as being in need. Breaking this down, 45% of respondents were found to have severe humanitarian needs, and 28% were found to have extreme humanitarian needs.

The high proportion of assessed refugees and migrants in need is largely driven by **protection-related issues** (80% of respondents with humanitarian needs had protection needs). This was rooted in the large share of respondents reporting facing obstacles to obtaining legal documentation and that a lack of documentation prevented them from accessing essential services. The highest proportion of respondents were found to have needs in one sector only. Among respondents

found to be in need, just under a quarter had only protection-related needs.[8]

The bar charts and tables below show the percentage of respondents with humanitarian needs disaggregated by population group and region. The maps on the next page show the data at mantika-level. **The highest percentage of respondents in need was found in the South (95%)**. Among the assessed population groups, **East Africans were most commonly found to have humanitarian needs (95% of respondents from this group were found to be in need).**

The composite sectoral needs indicators that feed into the MSNI are referred to as Living Standard Gaps (LSGs). The below factsheets will focus on the drivers of those sectoral needs (LSGs), specifically those related to protection, health, water, sanitation and hygiene (WASH), shelter and non-food items (SNFI) and food security, to further unpack the MSNI. Additional pages will highlight findings related to displacement, as well as the use of coping strategies in Libya and key vulnerability indicators.

## Humanitarian needs by population group

**% of respondents with humanitarian needs (MSNI), per population group:**

| | | |
|---|---|---|
| East Africa | **95%** | |
| West and Central Africa | **85%** | |
| South and East Asia | **85%** | |
| MENA | **53%** | |

**% of respondents per severity of humanitarian needs (MSNI), per population group:**

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

## Humanitarian needs by region

**% of respondents with humanitarian needs (MSNI), per region:**

| | | |
|---|---|---|
| South | **95%** | |
| East | **81%** | |
| West | **69%** | |

**% of respondents per severity of humanitarian needs (MSNI), per region:**

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| South | 0% | 5% | 37% | 57% |
| East | 18% | 1% | 49% | 31% |
| West | 30% | 1% | 45% | 25% |

6. Respondents are classified as having multi-sectoral needs if they have one or more sectoral needs. Sectoral needs are called Living Standards Gaps (LSGs) and are calculated based on a set of sectoral indicators. For more information about the calculation of sectoral LSGs and the MSNI, see the Methodology Annex.
7. The MSNI score indicates the severity of humanitarian needs across sectors. If respondents have an MSNI score of 3 or higher, they are classified as being in need. If a respondent has an MSNI score of 4, they are considered to be in extreme needs. For more information about the MSNI, see the Methodology Annex.
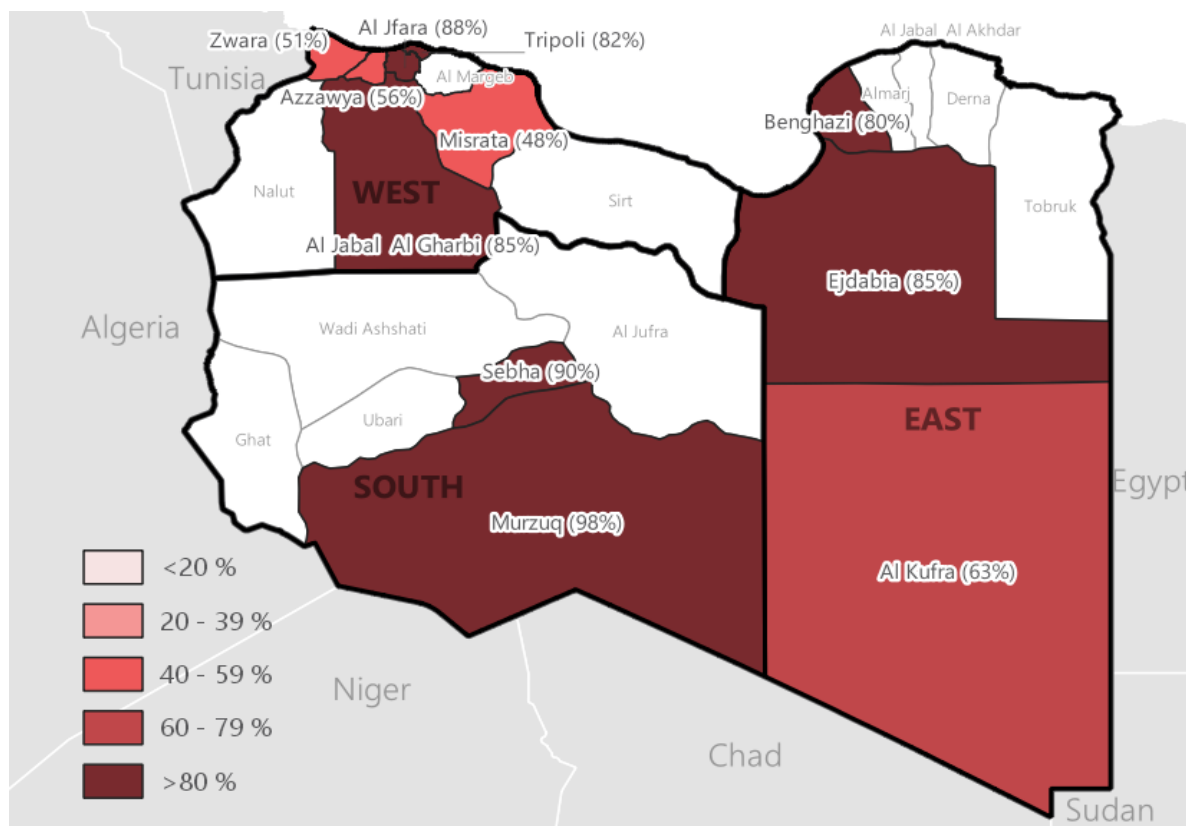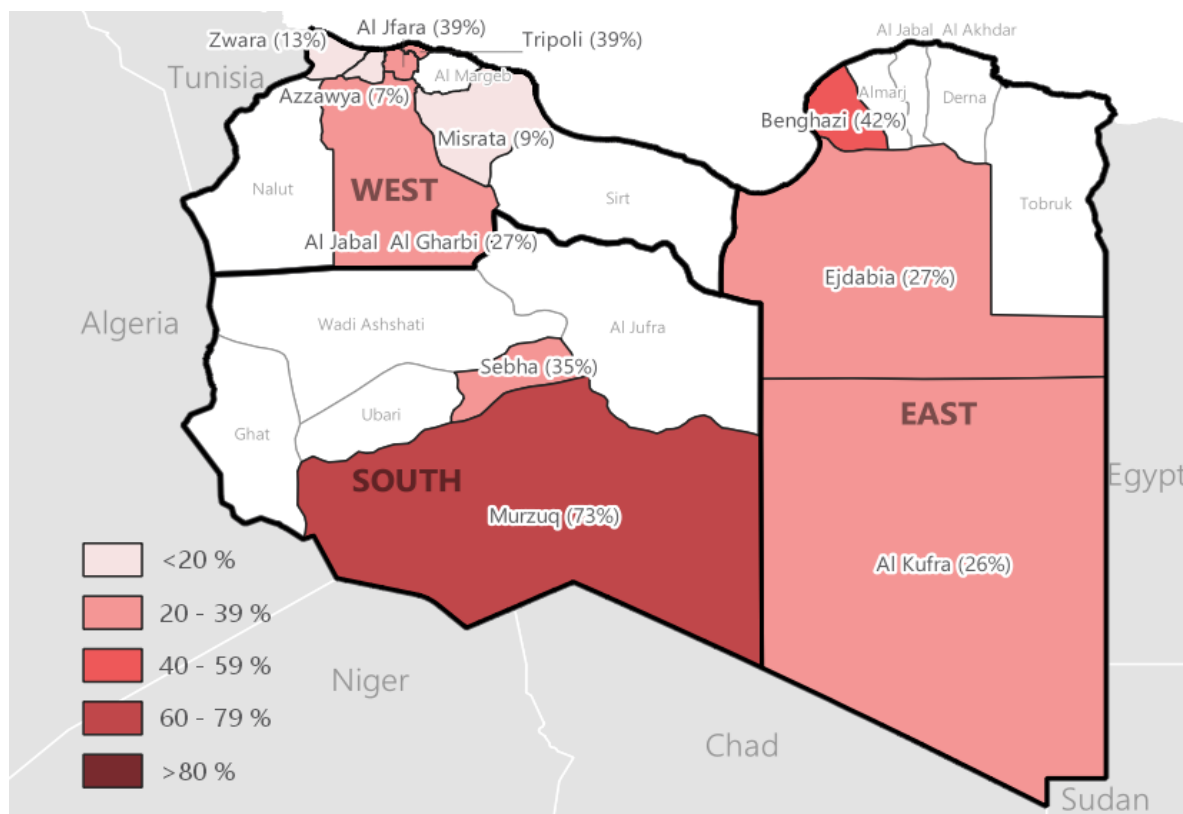8. For information regarding most common needs profiles and co-occurence of need, see the Bulletin.

**% of respondents with severe or extreme humanitarian needs (MSNI severity score of at least 3), per mantika:**



Zwara (51%) · Al Jfara (88%) · Tripoli (82%)
Tunisia · Al Jabal · Al Akhdar
Al Margeb · Almarj · Derna
Azzawya (56%) · Benghazi (80%)
Misrata (48%)
Nalut · Sirt · Tobruk
WEST
Al Jabal Al Gharbi (85%)
Ejdabia (85%)
Algeria · Wadi Ashshati · Al Jufra
Sebha (90%)
EAST
Egypt
Ghat · Ubari
SOUTH
Murzuq (98%)
Al Kufra (63%)
Niger
Chad
Sudan

<20 %
20 - 39 %
40 - 59 %
60 - 79 %
>80 %

**% of respondents with extreme needs (MSNI severity score of 4), per mantika:**



Zwara (13%) · Al Jfara (39%) · Tripoli (39%)
Tunisia · Al Jabal · Al Akhdar
Al Margeb · Almarj · Derna
Azzawya (7%) · Benghazi (42%)
Misrata (9%)
Nalut · Sirt · Tobruk
WEST
Al Jabal Al Gharbi (27%)
Ejdabia (27%)
Algeria · Wadi Ashshati · Al Jufra
Sebha (35%)
EAST
Egypt
Ghat · Ubari
SOUTH
Murzuq (73%)
Al Kufra (26%)
Niger
Chad
Sudan

<20 %
20 - 39 %
40 - 59 %
60 - 79 %
>80 %

Displacement-related findings highlighted a diverse range of backgrounds among respondents. As shown in the graph on the right, the most represented nationalities among the sample were from neighbouring countries in North Africa and the Sahel region. Just under half of all respondents (45%) reported having been living in Libya for more than two years, while 29% of respondents reported having been living in Libya less than one year (36% and 35% among West and Central Africans and East Africans respectively). Evidence suggests that newly arrived migrants have distinct humanitarian needs and vulnerabilities in terms of employment, food security and shelter compared with those who have been residing in Libya on a long-term basis.[9]

The reasons for travelling to Libya were found to be predominantly economic, with 64% of respondents reporting lack of income or job opportunities in their home country and 49% reporting job/economic opportunities in Libya. Overall, 15% of respondents reported to have travelled to Libya due to conflict/insecurity or discrimination in their home country; these reasons were most commonly reported by respondents from East Africa (26%).
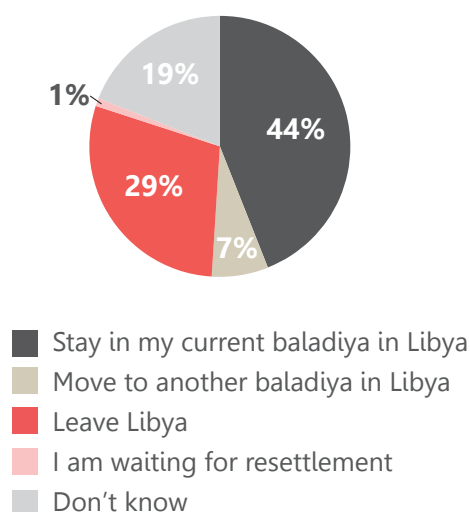
In terms of migration intentions, just over half of respondents (51%) reported intending to stay in Libya, rising to 64% in the case of female respondents. Of those planning to stay in Libya, the most commonly reported reason was a lack of income or job opportunities in their home country (66%). Just under a third (32%) of those respondents intending to stay in Libya reported planning to stay for more than one year, and 12% reported planning to stay permanently.

**Top five represented nationalities, by % of respondents**

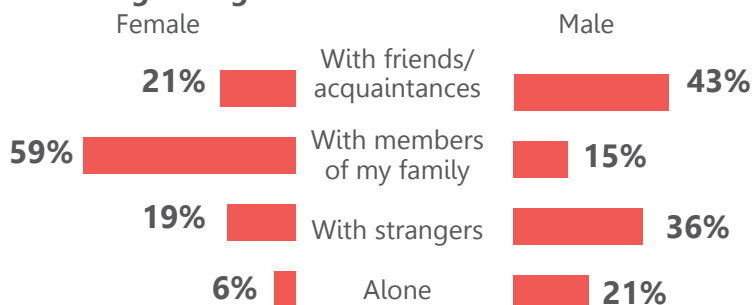| | |
|---|---|
| Egypt | 17% |
| Chad | 14% |
| Ghana | 8% |
| Niger | 7% |
| Nigeria | 7% |
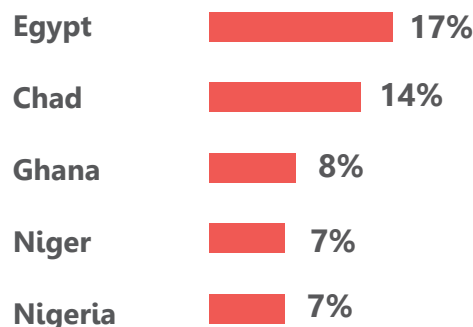
**19%** of respondents were found to be individuals from one of the nine nationalities that the UNHCR registers as refugees and asylum-seekers in Libya.[10]

**Respondents' migration intentions for the next 6 months, by % of respondents**

- 44%
- 7%
- 29%
- 1%
- 19%

- ■ Stay in my current baladiya in Libya
- ■ Move to another baladiya in Libya
- ■ Leave Libya
- ■ I am waiting for resettlement
- ■ Don't know

## % of respondents reporting travelling to Libya, by travelling arrangement

| Female | | Male |
|---|---|---|
| 21% | With friends/ acquaintances | 43% |
| 59% | With members of my family | 15% |
| 19% | With strangers | 36% |
| 6% | Alone | 21% |

## Most reported reasons for travelling to Libya, by population group[11]

| | West and Central Africa | MENA | East Africa | South and East Asia |
|---|---|---|---|---|
| Lack of income or job opportunities in my home country | 64% | 66% | 59% | 57% |
| Job/economic opportunities in Libya | 39% | 64% | 37% | 49% |
| Limited access to services in my home country | 18% | 9% | 38% | 18% |
| Conflict/insecurity in my home country | 13% | 11% | 23% | 8% |
| I came to Libya with the plan to travel to another country | 14% | 8% | 52% | 6% |
| Better services in Libya | 10% | 7% | 15% | 11% |

9. IOM-DTM Libya, "Libya Migrant Vulnerability and Humanitarian Needs Assessment", December 2019, available here.
10. The UNHCR registers individuals from Iraq, Syria, Palestine, Eritrea, Ethiopia, Somalia, Sudan, South Sudan and Yemen. For more information, see here.
11. Please note that respondents could select multiple answer options for this question.

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# PROTECTION LIVING STANDARDS GAP (LSG)

## % of respondents with protection needs (LSG):

# 59%

*see Methodology Annex for more details*

| | | |
|---|---|---|
| **0%** | Extreme | (severity score 4)[12] |
| 59% | Severe | (severity score 3) |
| 6% | Stress | (severity score 2) |
| **34%** | No or minimal | (severity score 1) |

### % of respondents per severity of protection needs (LSG):

### % of respondents with protection needs (LSG), by population group and region:

| | | |
|---|---|---|
| East Africa | **81%** | |
| West and Central Africa | **66%** | |
| South and East Asia | **61%** | |
| MENA | **45%** | |
| East | **68%** | |
| West | **57%** | |
| South | **53%** | |

### % of respondents per severity of protection needs (LSG), by population group and region:

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| East Africa | 15% | 4% | 81% | 0% |
| West and Central Africa | 26% | 8% | 66% | 0% |
| South and East Asia | 36% | 2% | 61% | 0% |
| MENA | 52% | 3% | 45% | 0% |
| East | 28% | 4% | 68% | 0% |
| West | 42% | 1% | 57% | 0% |
| South | 6% | 42% | 53% | 0% |

## % of respondents with protection needs (LSG), per mantika:

Zwara (47%)  Al Jfara (80%)  Tripoli (77%)  Al Jabal  Al Akhdar
Tunisia  Al Margeb  Almarj  Derna
Azzawya (38%)  Misrata (30%)  Benghazi (69%)
WEST  Nalut  Sirt  Tobruk
Al Jabal Al Gharbi (54%)  Ejdabia (75%)
Algeria  Wadi Ashshati  Al Jufra
Sebha (59%)  EAST
Ghat  Ubari  Egypt
SOUTH  Al Kufra (37%)
Murzuq (47%)
Niger
Chad  Sudan

Legend:
- <20 %
- 20 - 39 %
- 40 - 59 %
- 60 - 79 %
- >80 %
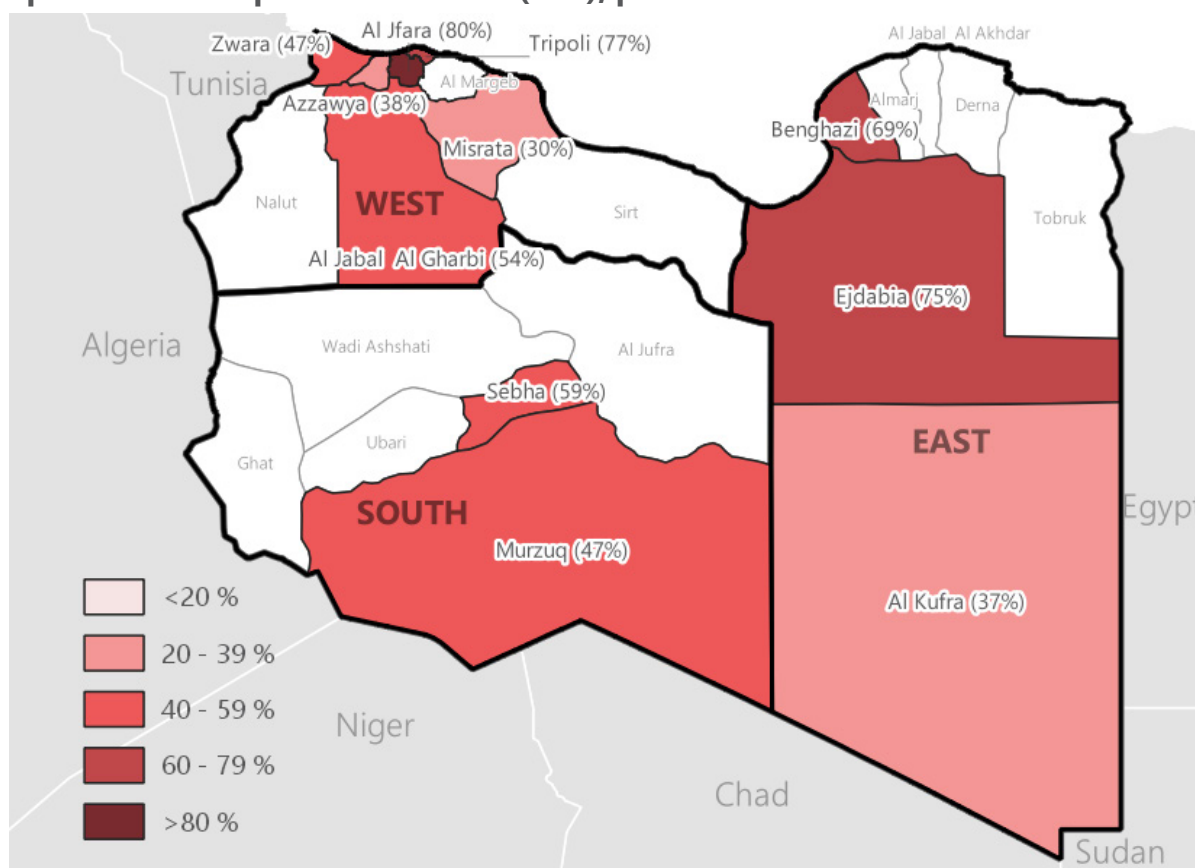
12. It was not possible to have an extreme score for protection, as the most severe indicator for protection was related to security incidents at area-level, rather than individual-level, due to sensitivity.

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## The following indicators fed into the overall health need score (LSG):*

| | |
|---|---|
| *% of respondents reporting any obstacles to accessing legal documentation, and reporting that lack of documentation prevented them from accessing essential services in the three months prior to data collection[13]* | **54%** |
| % of respondents reporting safety and security concerns | **45%** |
| % of respondents reporting feeling unsafe | **26%** |
| % of respondents reporting having experienced movement restrictions in the 30 days prior to data collection | **24%** |
| % of respondents reporting presence of explosive hazards at neighbourhood level | **3%** |

*Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators (in italics) have been selected through consultations with sector partners. For protection, respondents reporting any obstacles to accessing legal documentation, and reporting that lack of documentation prevented them from accessing essential services, were immediately classified as having protection needs.

## Top five essential services reported as being inaccessible due to a lack of documentation in the three months prior to data collection:

| | |
|---|---|
| Movement or travel | **45%** |
| SIM card | **20%** |
| Access to salary | **16%** |
| Government assistance | **13%** |
| Ability to access employment | **12%** |

## Top reported safety and security concerns, by gender of the respondent:

| | Male | Female |
|---|---|---|
| Robberies | 26% | 14% |
| Armed conflict or presence of armed actors | 19% | 25% |
| Arrest or detention | 13% | 9% |
| Verbal or psychlogical harassment | 10% | 19% |
| Communal violence | 17% | 5% |
| Discrimination | 1% | 14% |
| Sexual harassment or violence | 0% | 14% |

13. The essential services included in the answer options were: Education, health, assistance from government, access to salary, food subsidies/assistance, assistance from humanitarian organisation, access to land or house, access to property (e.g., household items, personal items), movement or travel, ability to get SIM card, ability to access jobs/employment, ability to seek remedy or redress for an abuse/violation, ability to access protection services (e.g. GBV services) and psycho-social services

## % of respondents reporting any obstacles to accessing legal documentation, by population group:



**West and Central Africa**: 80% / 11% / 9%
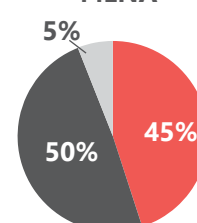**South and East Asia**: 76% / 23% / 1%
**East Africa**: 73% / 22% / 5%
**MENA**: 45% / 50% / 5%
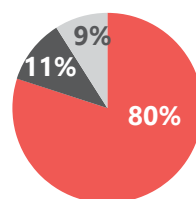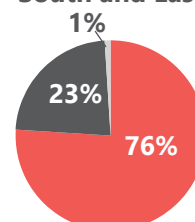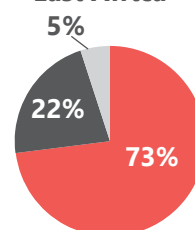
■ Obstacles reported   ■ No obstacles reported   ■ Don't know/Don't want to answer

Overall, the most commonly reported obstacles to accessing legal documentation were not being familiar with the procedures (32% of respondents), not being able to access the relevant Libyan authorities (13%), and not being able to access the relevant embassy/consulate (12%).

Protection needs were the most commonly found sectoral needs among respondents (59%). Needs seemed to be driven by the proportion of respondents reporting obstacles to accessing legal documentation and reporting that lack of documentation prevented them from accessing essential services in the three months prior to data collection (54% of respondents). Movement or travel was the service most commonly reported as inaccessible (45% of respondents), with the proportion of East African respondents reporting this being particularly high (72%). This reflects on findings on movement restrictions: of those reporting movement restrictions in the 30 days prior to data collection (24% of respondents), the most commonly reported reason was lack of documentation (52%).

A second driver of needs was safety and security concerns, which was particularly commonly reported in the South (90% of respondents). The most commonly reported concerns in the South were related to robberies (77% of respondents) and armed conflict (62%). Notably, 80% of East African respondents reported safety and security concerns. East African respondents also more commonly reported feeling somewhat or very unsafe (42%, compared to the average of 25%).

Out of respondents with protection needs (LSG) (59%), 25% were found to only have protection needs, and no other sectoral needs. See the following sectoral pages for more information regarding overlap of other needs.

# HEALTH LIVING STANDARDS GAP (LSG)

## % of respondents with health needs (LSG):

# 27%

### % of respondents per severity of health needs (LSG):

*see Methodology Annex for more details*

| | | |
|---|---|---|
| 0% | Extreme | (severity score 4) |
| 27% | Severe | (severity score 3) |
| 0% | Stress | (severity score 2) |
| 73% | No or minimal | (severity score 1) |

Humanitarian needs

### % of respondents with health needs (LSG), by population group and region:

| | | |
|---|---|---|
| East Africa | **48%** | |
| West and Central Africa | **30%** | |
| South and East Asia | **27%** | |
| MENA | **18%** | |
| West | **29%** | |
| South | **24%** | |
| East | **24%** | |

### % of respondents per severity of health needs (LSG), by population group and region:

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| East Africa | 52% | 0% | 48% | 0% |
| West and Central Africa | 70% | 0% | 30% | 0% |
| South and East Asia | 73% | 0% | 27% | 0% |
| MENA | 82% | 0% | 18% | 0% |
| West | 71% | 0% | 29% | 0% |
| South | 76% | 0% | 24% | 0% |
| East | 76% | 0% | 24% | 0% |

### % of respondents with health needs (LSG), per mantika:

Tunisia

Zwara (20%)   Al Jfara (45%)   Tripoli (28%)
Al Margeb
Azzawya (29%)
Misrata (13%)
Nalut
WEST
Sirt
Al Jabal Al Gharbi (47%)

Al Jabal Al Akhdar
Almarj   Derna
Benghazi (31%)
Tobruk

Algeria
Wadi Ashshati   Al Jufra

Ejdabia (21%)

Ghat   Ubari
Sebha (20%)

EAST

SOUTH
Egypt

Murzuq (27%)

Al Kufra (15%)

Niger

Chad

Sudan

| | |
|---|---|
| | <20 % |
| | 20 - 39 % |
| | 40 - 59 % |
| | 60 - 79 % |
| | >80 % |

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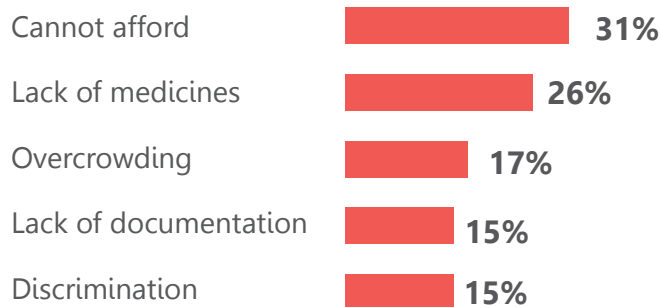REACH Informing more effective humanitarian action

## The following indicators fed into the overall health need score (LSG):*

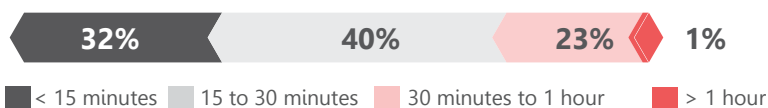| | |
|---|---|
| *% of respondents reporting not having needed healthcare in the 3 months prior to data collection but reporting severe possible barriers to healthcare,[14] or having needed healthcare in the 3 months prior to data collection and not having been able to access it* | **24%** |
| % of respondents reportedly unaware about, or unable to access, COVID-19 testing in their baladiya | **66%** |
| % of respondents reportedly without access to public and private health care | **5%** |
| % of respondents reporting needing to travel over one hour to reach the nearest health facility | **1%** |

*Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators (in italics) have been selected through consultations with sector partners. For health, respondents reporting not having needed healthcare in the 3 months prior to data collection but reporting severe possible barriers to healthcare,[14] or having needed healthcare in the 3 months prior to data collection and not having been able to access it, were immediately classified as having health needs.

## Top 5 most commonly reported barriers to healthcare, among respondents that reported barriers (31% of the sample):

| | |
|---|---|
| Cannot afford | **31%** |
| Lack of medicines | **26%** |
| Overcrowding | **17%** |
| Lack of documentation | **15%** |
| Discrimination | **15%** |

Total number of respondents reporting barriers to healthcare includes the respondents that had not needed healthcare in the 3 months prior to data collection.

## Time it reportedly takes to reach nearest functional healthcare facility, using normal mode of transport, by % of respondents:

| 32% | 40% | 23% | 1% |
|---|---|---|---|
| < 15 minutes | 15 to 30 minutes | 30 minutes to 1 hour | > 1 hour |

## Access to healthcare:

Overall, **78%** of respondents reported not having needed healthcare in the 3 months prior to data collection. Among those, **22%** reported perceiving severe barriers to healthcare.

Additionally, of those that did not need healthcare, **5%** reported not having access to public or private healthcare.[15]

**18%** of respondents reported having needed healthcare in the 3 months prior to data collection.
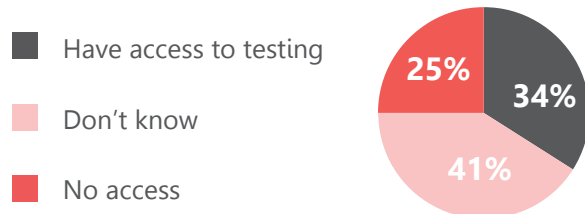
Among those 18% of respondents, **14%** reported that they could not access the needed healthcare. This amounts to **2%** of the total assessed population.

Health needs were most commonly found among East African respondents (48% of respondents), and in the West (29%). Al Jabal Al Gharbi was the mantika with the highest percentage of respondents with health needs (47%). In Al Jabal Al Gharbi, 47% of respondents reported barriers to healthcare, the most common barrier being a lack of medicines (19% of respondents).

Among all respondents, 31% reported barriers to healthcare.[16] This proportion was 50% among East African respondents, followed by 34% among West and Central African respondents and South and East Asian respondents respectively, and 23% among respondents from MENA. Among East African respondents that reported barriers to healthcare (50%), the most commonly reported barriers were not being able to afford healthcare (26%), followed by lack of documentation (20%). Notably, among those respondents who reported barriers, female respondents more commonly reported not being able to afford healthcare as a barrier than male respondents (17%, compared to 9% of male respondents). This could be related to reports that migrant women avoid public hospitals for fear of arrest, and are often charged more for treatment at private clinics.[17]

Findings suggest health needs commonly co-occur with needs in other sectors; only 10% of respondents with health needs (27%) were found to have no other sectoral needs, while one-quarter of respondents with health needs also had protection needs (25%).

## % of respondents reporting their ability to access COVID-19 testing in their baladiya:

- Have access to testing — 34%
- Don't know — 41%
- No access — 25%

14. Severe possible barriers to healthcare include: Not being able to afford healthcare, healthcare not available, health facilities cosed due to COVID-19, health facilities are too far, security concerns during travel to health facilities, security concerns at the facility, gender restrictions, discrimination, lack of medicines, lack of documentation, language barriers, transport to health facilities is too expensive.

15. Respondents reported either "I don't have access to any healthcare facilities", or "traditional healer or practitioner" or "pharmacy" only, when asked what kind of health facilities they would have access to in their baladiya if they needed it.

16. Includes respondents that reported having had access to healthcare in the three months prior to data collection and those who reported not having had access.

17. See Mixed Migration Monitoring Mechanism Initiative, "Living on the Edge: The everyday life of migrant women in Libya", December 2017

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## % of respondents with WASH needs (LSG):

# 25%

see *Methodology Annex* for more details

### % of respondents per severity of WASH needs (LSG):

Humanitarian needs

| | | |
|---|---|---|
| **23%** | Extreme | (severity score 4) |
| 2% | Severe | (severity score 3) |
| 11% | Stress | (severity score 2) |
| **64%** | No or minimal | (severity score 1) |

### % of respondents with WASH needs (LSG), by population group and region:

| | |
|---|---|
| South and East Asia | **48%** |
| West and Central Africa | **33%** |
| East Africa | **26%** |
| MENA | **12%** |
| South | **53%** |
| East | **23%** |
| West | **23%** |

### % of respondents severity of WASH needs (LSG), by population group and region:

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| South and East Asia | 45% | 7% | 2% | 45% |
| West and Central Africa | 54% | 14% | 3% | 30% |
| East Africa | 53% | 21% | 5% | 21% |
| MENA | 82% | 7% | 1% | 11% |
| South | 24% | 24% | 4% | 48% |
| East | 70% | 7% | 0% | 23% |
| West | 66% | 11% | 3% | 20% |

### % of respondents with WASH needs (LSG), per mantika:
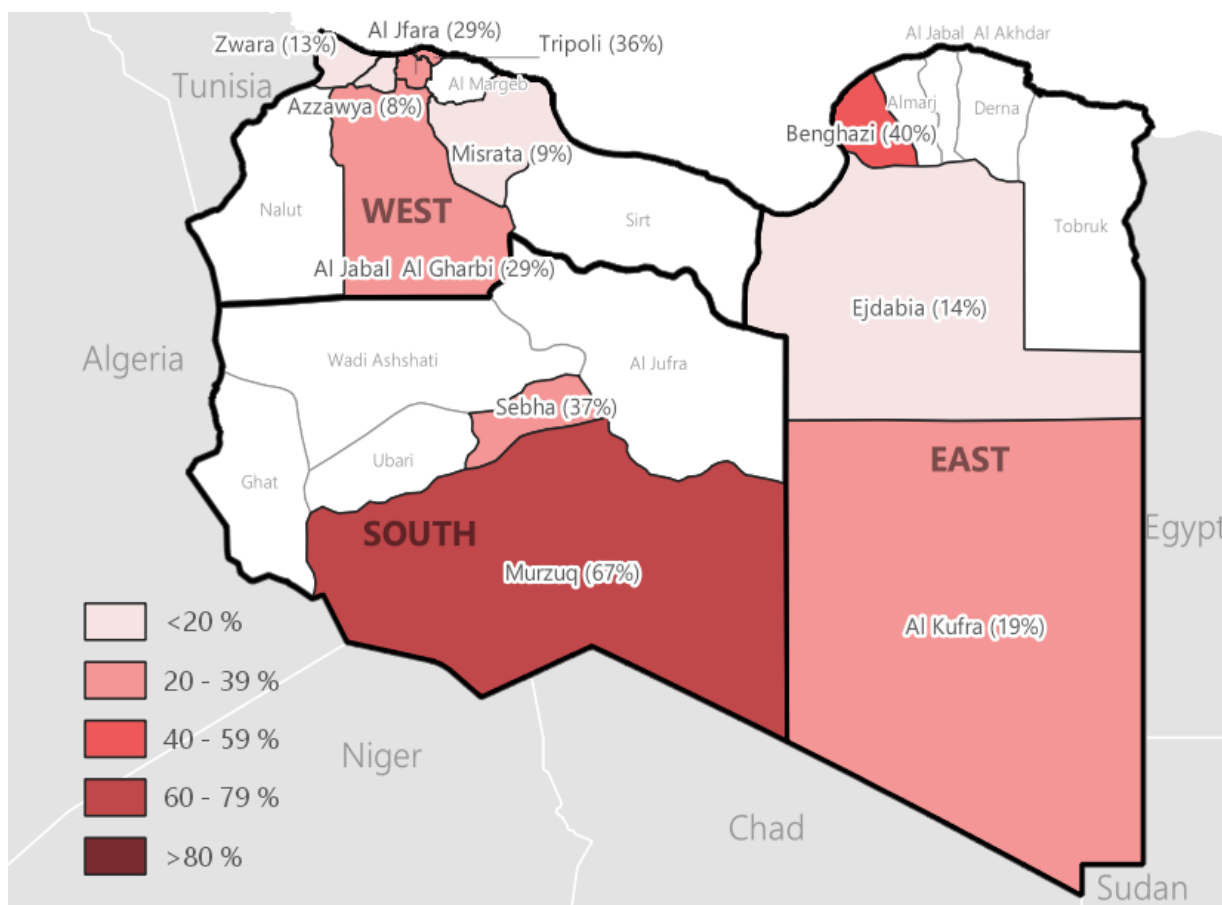


Legend:
- <20 %
- 20 - 39 %
- 40 - 59 %
- 60 - 79 %
- >80 %

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## The following indicators fed into the overall WASH need score (LSG):*

| | |
|---|---|
| *% of respondents relying on unimproved sanitation facilities[18]* | **22%** |
| % of respondents reporting any problems with sanitation facilities | **54%** |
| % of respondents reporting insufficient water to meet certain needs in the 30 days prior to data collection[19] | **28%** |
| % of respondents relying on unimproved drinking water sources[20] or with access to the public water network less than four days per week | **7%** |
| % of respondents without soap in their accommodation at the time of data collection | **3%** |

*Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators (in italics) have been selected through consultations with sector partners. For WASH, respondents relying on unimproved sanitation facilities are immediately classified as having extreme WASH needs.

## Reported problems with sanitation facilities, by gender of respondent:

| | Male | Female |
|---|---|---|
| Sanitation facilities are in bad condition or not working | 32% | 25% |
| Sanitation facilities are shared with more than five people | 15% | 10% |
| Sanitation facilities have a door that cannot be locked from the inside | 8% | 5% |
| There is no light inside/around sanitation facilities | 4% | 4% |
| Sanitation facilities do not have a door or screen | 3% | 2% |
| I feel unsafe using sanitation facilities | 3% | 10% |
| Sanitation facilities are not gender segregated and are shared with others (non-family members) | 1% | 3% |

## % of respondents reporting having been able to access water from the public network less than 4 days per week, in the 30 days prior to data collection, by population group:

| | |
|---|---|
| **East Africa** | **41%** |
| **West and Central Africa** | **29%** |
| **MENA** | **19%** |
| **South and East Asia** | **13%** |

## Top 5 mantikas where respondents reported relying on unimproved sanitation facilities:

| | |
|---|---|
| **Murzuq** | **48%** |
| **Benghazi** | **34%** |
| **Tripoli** | **32%** |
| **Aljfara** | **16%** |
| **Sebha** | **14%** |

WASH needs were the third most commonly found sectoral need (LSG) among respondents, after protection and health. However, it was the sector in which extreme needs were most commonly found (23% of respondents), mainly due to the reported reliance on unimproved sanitation facilities (22% of respondents). This problem was reported by 42% of respondents from South and East Asia, the majority of whom were found to be living in shared rooms. Qualitiative findings from the 2020 MSNA suggest that this form of accommodation may be overcrowded, thereby hindering access to improved sanitation facilities.[20]

WASH indicators score highly in the South, with 68% of respondents in Sebha reporting insufficient water to cover drinking, cooking, hygiene and/or domestic needs and 48% of respondents in Murzuq reporting relying on unimproved sanitation facilities. In Sebha, reported insufficient access to water is likely linked to weak infrastructure of water and electricity networks[21] and limited access to the public water network (48% of respondents reported rarely having access to the public water network). In Murzuq, the majority of those respondents who reported using unimproved sanitation facilities reported living at their place of work.

Among respondents with WASH needs (25%), 23% were found to have a WASH need and a protection need.

## Most reported needs not covered due to lack of water in the 30 days prior to data collection, per % of respondents and region:

| | East | West | South |
|---|---|---|---|
| Drinking | 11% | 9% | 23% |
| Cooking | 8% | 16% | 26% |
| Personal hygiene | 6% | 10% | 47% |
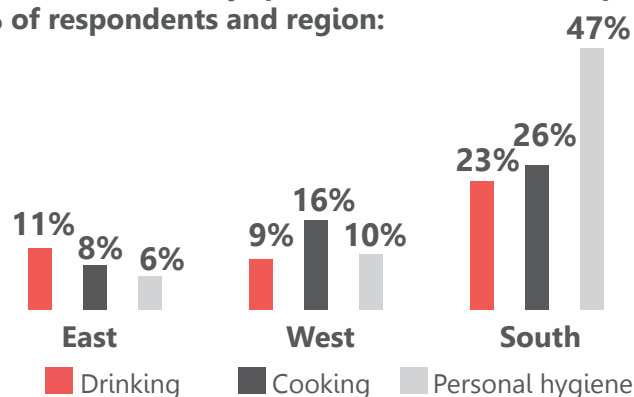
18. Unimproved sanitation facilitation include pit latrines without a slab or platform, hanging latrines, bucket toilets, plastic bags and open holes.
19. The indicator refers to respondents being unable to meet their water needs for cooking, drinking, or personal hygiene. Water for domestic purposes was also included in the question, but is not taken into consideratioin for this indicator, as per global standards.
20. Unimproved drinking water sources include bottled water, unprotected wells, water trucking and surface water (lakes, ponds, rivers etc.)
21. REACH, "Sebha Area Based Assessment (ABA)", March 2021, available here.

# SHELTER & NON-FOOD ITEMS (SNFI) LIVING STANDARDS GAP

## % of respondents with SNFI needs (LSG):

# 23%

see *Methodology Annex* for more details

| | | | Humanitarian needs |
|---|---|---|---|
| **7%** | Extreme | (severity score 4) | |
| 17% | Severe | (severity score 3) | |
| 1% | Stress | (severity score 2) | |
| **75%** | No or minimal | (severity score 1) | |

### % of respondents per severity of SNFI needs (LSG):

### % of respondents with SNFI needs (LSG), by population group and region:

| | |
|---|---|
| East Africa | **47%** |
| West and Central Africa | **28%** |
| South and East Asia | **27%** |
| MENA | **13%** |
| South | **36%** |
| East | **23%** |
| West | **22%** |

### % of respondents per severity of SNFI needs (LSG), by population group and region:

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| East Africa | 48% | 4% | 33% | 14% |
| West and Central Africa | 71% | 1% | 19% | 8% |
| South and East Asia | 73% | 0% | 21% | 6% |
| MENA | 86% | 1% | 10% | 3% |
| South | 61% | 3% | 28% | 8% |
| East | 76% | 1% | 15% | 8% |
| West | 77% | 1% | 16% | 6% |

### % of respondents with SNFI needs (LSG), per mantika:

Legend:
- <20 %
- 20 - 39 %
- 40 - 59 %
- 60 - 79 %
- >80 %

Map labels: Zwara (9%), Al Jfara (43%), Tripoli (18%), Al Margeb, Azzawya (1%), Misrata (27%), WEST, Nalut, Sirt, Al Jabal Al Gharbi (38%), Benghazi (38%), Almarj, Derna, Al Jabal Al Akhdar, Tobruk, Ejdabia (15%), Wadi Ashshati, Al Jufra, Sebha (46%), EAST, Ghat, Ubari, SOUTH, Murzuq (28%), Al Kufra (13%), Tunisia, Algeria, Niger, Chad, Sudan, Egypt

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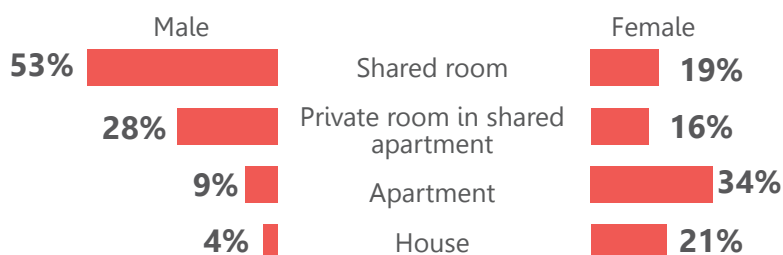REACH Informing more effective humanitarian action
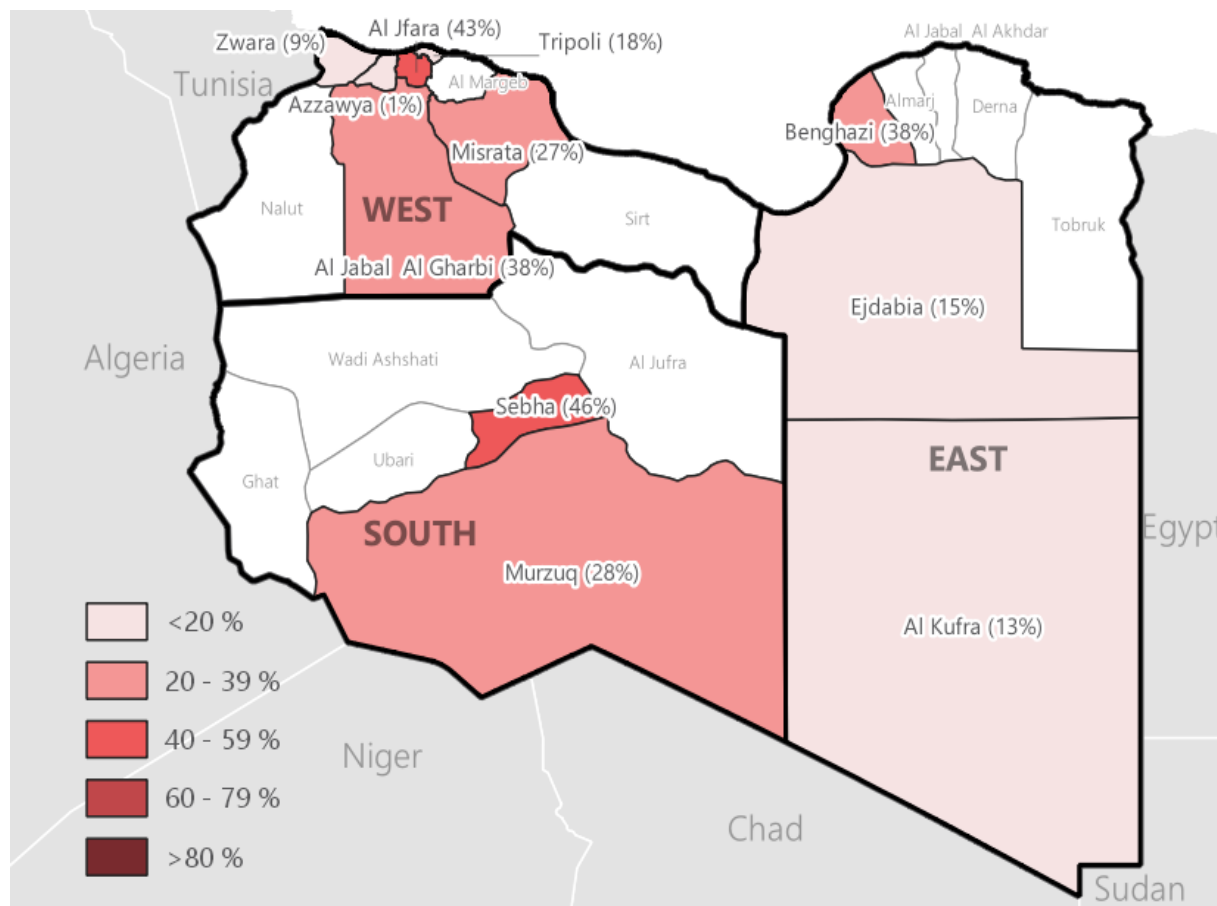
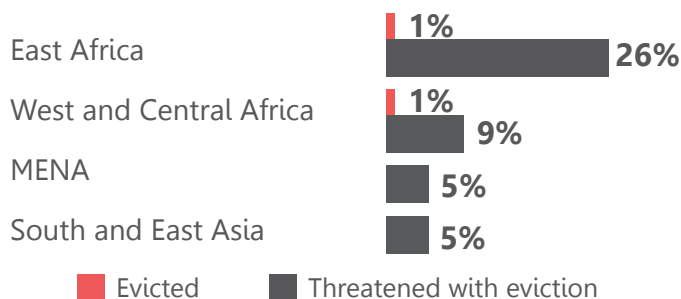## The following indicators fed into the overall SNFI need score (LSG):*

*% of respondents living in damaged accommodation*    **19%**

*% of respondents living in a substandard shelter type[22]*    **5%**

% of respondents in need of certain sets of non-food items[23]    **20%**

% of respondents reporting having been evicted or threatened with eviction in the six months prior to data collection    **9%**

% of respondents with insecure occupancy of their accommodation[24]    **2%**

% of respondents reporting seven or more shelter issues[25]    **0%**

*Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators (in italics) have been selected through consultations with sector partners. For SNFI, respondents living outdoors with no shelter, in an emergency shelter not provided by NGOs/INGOs, in an unfinished building, connection house, private building or public building, or living in heavily damaged or destroyed accommodation are immediately classified as having extreme SNFI needs.
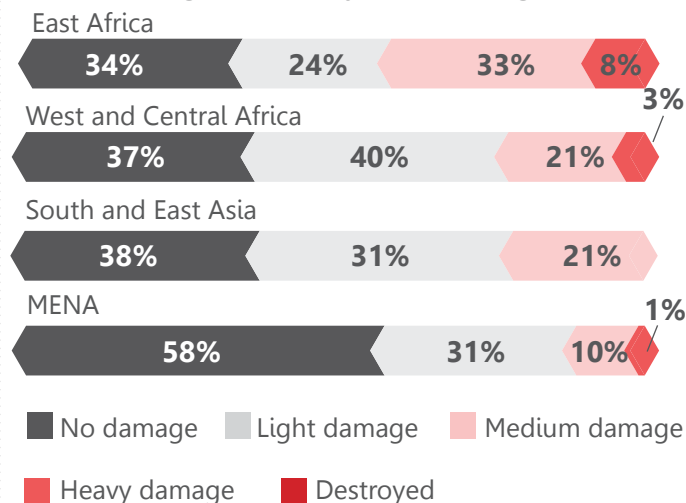
## Top reported shelter types, by gender of the respondent:

| Male | | Female |
|---|---|---|
| **53%** | Shared room | **19%** |
| **28%** | Private room in shared apartment | **16%** |
| **9%** | Apartment | **34%** |
| **4%** | House | **21%** |

## % of respondents reporting having been evicted or threatened with eviction in the six months prior to data collection, by population group:

East Africa — Evicted **1%**, Threatened with eviction **26%**

West and Central Africa — Evicted **1%**, Threatened with eviction **9%**

MENA — Threatened with eviction **5%**

South and East Asia — Threatened with eviction **5%**

■ Evicted    ■ Threatened with eviction

## % of respondents reporting damage to shelter, by population group and type of damage:

**East Africa**: No damage **34%**, Light damage **24%**, Medium damage **33%**, Heavy damage **8%**

**West and Central Africa**: No damage **37%**, Light damage **40%**, Medium damage **21%**, **3%**

**South and East Asia**: No damage **38%**, Light damage **31%**, Medium damage **21%**

**MENA**: No damage **58%**, Light damage **31%**, Medium damage **10%**, **1%**

■ No damage    ■ Light damage    ■ Medium damage    ■ Heavy damage    ■ Destroyed

The proportion of respondents reporting living in damaged accommodation was particularly high in the South, with 34% of respondents reporting that their accommodation presented medium or heavy damage. When looking at reported shelter issues, the South also stands out, with 85% of respondents reporting shelter issues. In Sebha, 74% of respondents reported a lack of or bad conditions of the sewage system as a shelter issue. The prevalence of shelter issues in the South is possibly linked to conflict-related damage to infrastructure.[26]

The most commonly reported type of occupancy status was rental with a verbal contract (58% of respondents), followed by rental with a written contract (19%). No significant difference was observed amongst those with a verbal or written contract in terms of reporting on eviction. Of those reporting eviction or threat of eviction (9%), the most commonly reported reason was inability to pay rent (45%), followed by discrimination or xenophobia (35%).

Among respondents with SNFI needs (23%), 16% had SNFI needs only and no other sectoral needs, and 14% had SNFI and protection needs.

## Top six NFIs reported as urgently needed by respondents at the time of data collection:

1. Mattresses    **39%**
2. Blankets    **30%**
3. Clothing for mild/warm weather    **25%**
4. Gas/electric stove    **24%**
5. Clothing for cold weather    **20%**
6. Kitchen items    **20%**

22. Substandard shelter types include private buildings not usually used for shelter (basement, garage, store, warehouse, work site, etc.), unfinished building, emergency shelters not provided by iNGOs or local NGOs (including tent or caravan, prefabricated sheds), in a camp or informal settlement, connection house (a house arranged by smugglers), public building not usually used for shelter (school, mosque, etc.), outdoors (no shelter at all), temporary shelter provided by INGOs or local NGOs

23. Included non-food items are: blankets; mattresses; clothing for cold weather; heating systems; cooking fuel; stove; water storage; cleaning materials; kitchen items; personal hygiene items; and clothing for warm weather. For this indicator, the items are grouped in line with cluster guidance.

24. Insecure occupancy status types include living in accommodation provided by smuggler, being hosted for free, and squatting.

25. The threshold of seven or more enclosure issues was set by the SNFI sector. Enclosure/shelter issues include: lack of insulation from cold or heat, leaks during rain, limited ventilation (no air circulation unless main entrance is open, presence of dirt or debris, presence of mold or moisture issues, defective doors and windows, lack/ bad conditions of toilets, lack/bad conditions of kitchen, lack/bad conditions of sewage system, the building is made of iron, wood, or other unsuitable materials, doors/windows cannot be locked.

26. See REACH, Murzuq Rapid Situation Overview, August 2019 and REACH, Sebha Area Based Assessment, March 2021

## % of respondents with food security needs (LSG):

## 20%

see *Methodology Annex* for more details

### % of respondents per severity of food security needs (LSG):

| | | | |
|---|---|---|---|
| **3%** | Extreme | (severity score 4) | Humanitarian needs |
| **17%** | Severe | (severity score 3) | |
| **0%** | Stress | (severity score 2) | |
| **80%** | No or minimal | (severity score 1) | |

### % of respondents with food security needs (LSG), by population group and region:

| | | |
|---|---|---|
| East Africa | **41%** | |
| West and Central Africa | **23%** | |
| MENA | **15%** | |
| South and East Asia | **10%** | |
| South | **72%** | |
| East | **27%** | |
| West | **11%** | |

### % of respondents per food security need severity (LSG), by population group and region:

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| East Africa | 59% | 0% | 37% | 3% |
| West and Central Africa | 77% | 0% | 20% | 3% |
| MENA | 85% | 0% | 12% | 3% |
| South and East Asia | 90% | 0% | 9% | 1% |
| South | 28% | 0% | 67% | 5% |
| East | 73% | 0% | 20% | 7% |
| West | 89% | 0% | 10% | 1% |

### % of respondents with food security needs (LSG), per mantika:
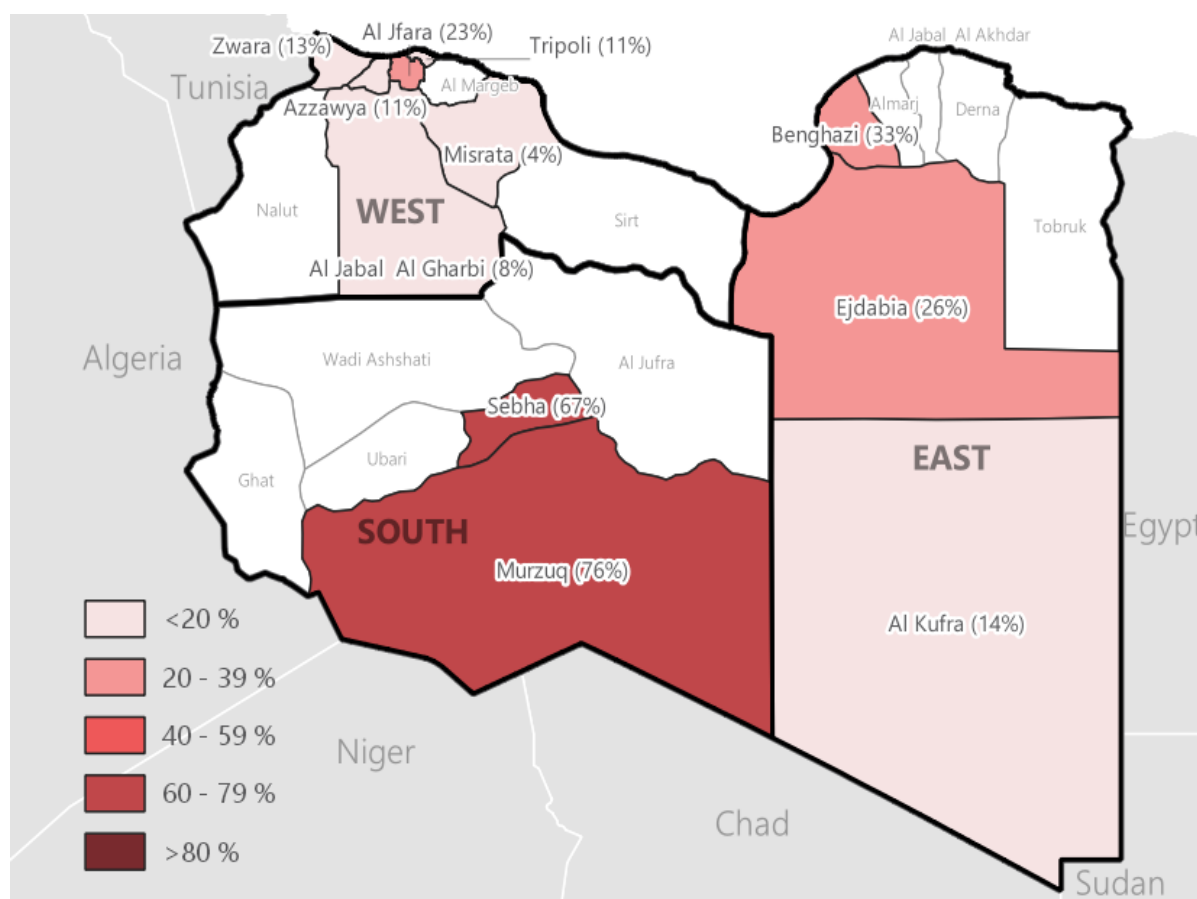


Map labels:
- Zwara (13%)
- Al Jfara (23%)
- Tripoli (11%)
- Azzawya (11%)
- Misrata (4%)
- Al Jabal Al Gharbi (8%)
- Benghazi (33%)
- Ejdabia (26%)
- Sebha (67%)
- Murzuq (76%)
- Al Kufra (14%)
- WEST
- SOUTH
- EAST

Legend:
- <20 %
- 20 - 39 %
- 40 - 59 %
- 60 - 79 %
- >80 %

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## The following indicators fed into the overall food security need score (LSG):*

*% of respondents with a poor or borderline Food Consumption Score (FCS)*[27]   **17%**

% of respondents reporting not having access to a marketplace within 30 minutes of travel from their accommodation   **8%**

% of respondents spending over 65% of their total expenditures on food in the 30 days prior to data collection   **8%**

% of respondents with a medium or high reduced Coping Strategies Index (rCSI) score[28]   **6%**

*Note on calculation: The calculation of the needs indicator (LSG) relies on critical and non-critical indicators. The critical indicators (in italics) have been selected through consultations with sector partners. For food security, the FCS was identified as the critical indicator. A respondent with a poor or borderline FCS is immediately classified as being in need.

## % of respondents by Food Consumption Score (FCS), by population group:



**East Africa**
3%
29%
68%

**West and Central Africa**
3%
16%
81%

**MENA**
2%
11%
86%

**South and East Asia**
1%
8%
91%

■ Acceptable   ■ Borderline   ■ Poor

## % of respondents reporting having resorted to consumption-based coping strategies 3 or more days during the week prior to data collection, by strategy

Rely on less preferred and less expensive foods   **42%**

Reduce the number of meals eaten in a day   **18%**

Limit portion size for all household members at mealtimes   **13%**

Borrow/receive food from friends or relatives   **7%**

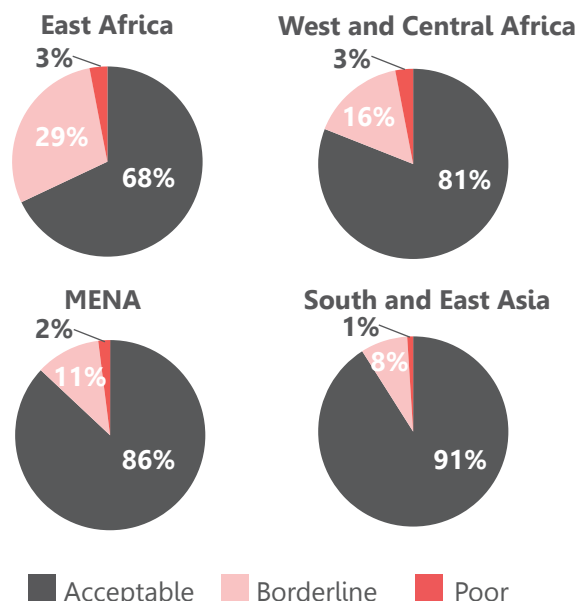Limit food intake for adults   **5%**

The use of coping strategies results in **6%** of respondents having a medium of high rCSI score. The rCSI score is a weighted score based on the above strategies.

Overall, **8%** of respondents reported having spent over 65% of their total expenditures on food in the 30 days prior to data collection. In the South,

# 42%

of respondents were found to have spent over 65% of their total expenditure share on food, in contrast with 6% in the East and 4% in the West. These findings are likely related to food prices being considerably higher in the South than in the other regions.[29]

Food security needs were most commonly found among respondents in the South (72%), compared with 27% in the East and 10% in the West. Findings suggest that food security needs in the South were primarily driven by borderline or poor FCS (56%); this proportion was particularly high in Murzuq (61%) and Sebha (51%). This could be linked to volatility of food prices in the South,[26] as well as the relatively high proportion of respondents in the South reporting barriers to markets in the 30 days prior to data collection (47% compared to 22% in the West and 13% in the East).

East African respondents seemed to be the population group with the highest proportion of respondents with food security needs (41%), which was largely driven by the 32% of East African respondents with a borderline or poor FCS. Additionally, female respondents were more commonly found to be using food-based coping strategies, thereby resulting in a medium or high rCSI score, compared to male respondents (15% of female respondents had a medium or high rCSI score vs 4% of male respondents).

Among respondents with food security needs (20%), the most common needs profile was a combination of food security needs and protection needs (20%).

## Top 5 mantikas with the highest % of respondents reporting not having access to a marketplace within 30 minutes of travel from their accommodation:

1. **Murzuq** (South)   **21%**

2. **Zwara** (West)   **16%**

3. **Al Jabal Al Gharbi** (West)   **14%**

4. **Benghazi** (East)   **9%**

5. **Azzawya** (West)   **9%**

27. The FCS is calculated based on the quantity of consumption of key food groups in the seven days prior to data collection.
28. The reduced coping strategies index (rCSI) is based on the use of short-term food-based coping strategies in the seven days prior to data collection. A full consumption-based coping strategies index was developed by REACH in 2020, the complete analysis will be included in the report.
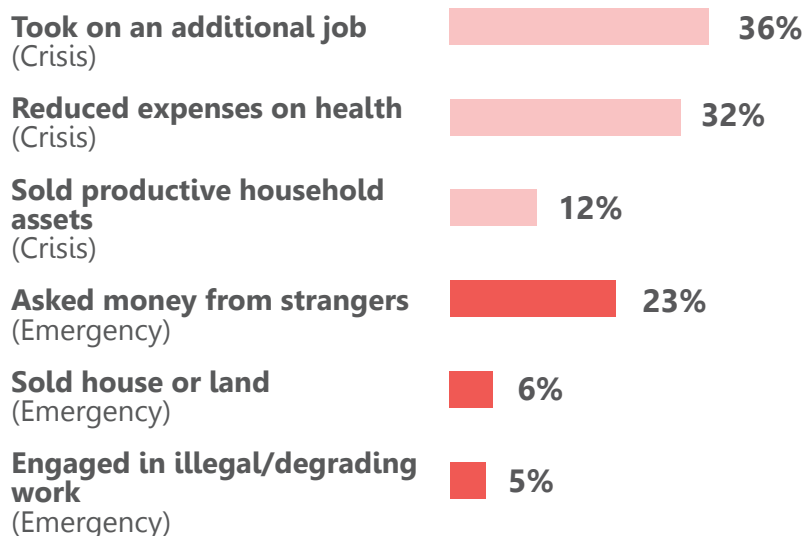29. See REACH Libya's Joint Market Monitoring Initiative (JMMI), outputs available here.

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## % of respondents that employed crisis or emergency coping strategies (LCSI):

# 49%

*see Methodology Annex for more details*

**% of respondents per reported crisis and emergency coping strategy used or exhausted in the 30 days prior to data collection:**

**Took on an additional job**
(Crisis)
**36%**

**Reduced expenses on health**
(Crisis)
**32%**

**Sold productive household assets**
(Crisis)
**12%**

**Asked money from strangers**
(Emergency)
**23%**

**Sold house or land**
(Emergency)
**6%**

**Engaged in illegal/degrading work**
(Emergency)
**5%**

Overall, just under half of all respondents (49%) reported having used or exhausted at least one of these strategies. This indicates that the use of coping strategies among migrants and refugees in Libya is common, likely due to a common inability to meet all basic needs.

The LCSI comprises a set of questions that include the strategies on the left. For each strategy, the respondent was asked if they had used or exhausted these strategies in the 30 days prior to data collection, in order to meet their basic needs. The use of coping strategies is an indication that a person is struggling to meet their needs.
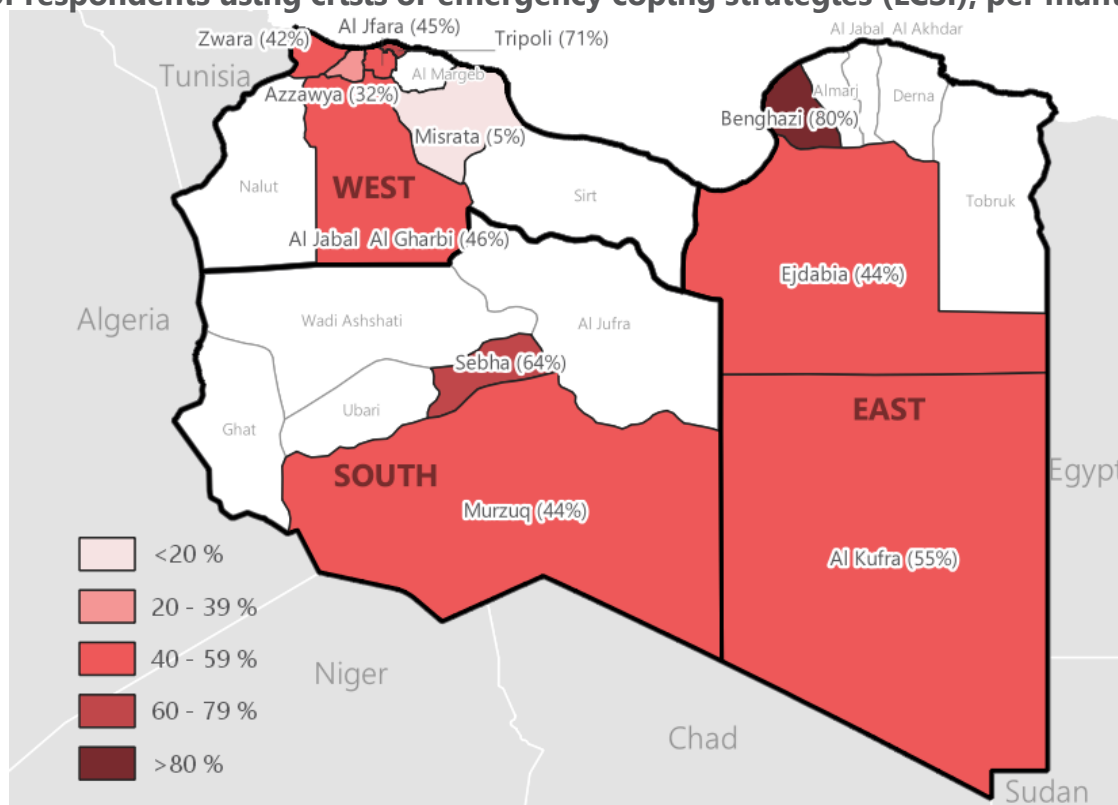
Among respondents who reported having used or exhausted coping strategies (49%), 90% were found to have humanitarian needs in at least one sector, indicating that they were unable to meet their basic needs despite the use of coping mechanisms.

The remaining 10% of respondents that reported having used or exhausting coping strategies were not found to have sectoral needs. However, these respondents may be vulnerable in the future as the use of coping strategies may deplete their resources.

The use of crisis and emergency coping strategies was more commonly found amongst female respondents (58% compared to 48% of male respondents), in particular reducing expenditure on health (39% vs 31%) and taking on an additional job (41% vs 36%).

## % of respondents using crisis or emergency coping strategies (LCSI), per mantika:

Map legend:
- <20 %
- 20 - 39 %
- 40 - 59 %
- 60 - 79 %
- >80 %

Map labels:
Zwara (42%), Al Jfara (45%), Tripoli (71%), Al Jabal Al Akhdar, Tunisia, Al Margeb, Almarj, Derna, Azzawya (32%), Benghazi (80%), Misrata (5%), WEST, Nalut, Sirt, Tobruk, Al Jabal Al Gharbi (46%), Ejdabia (44%), Algeria, Wadi Ashshati, Al Jufra, EAST, Sebha (64%), Egypt, Ghat, Ubari, SOUTH, Murzuq (44%), Al Kufra (55%), Niger, Chad, Sudan

30. The LCSI refers to the Livelihoods Coping Strategies Index. The LCSI is an indicator that is based on respondents reporting to have used, or exhausted, a stratified listed of coping strategies in the 30 days prior to the data collection. In the MSNA survey, the LCSI was asked for basic needs, meaning that it was asked if respondents used the strategies in order to meet basic needs. Alternatively, the tool can also be used for food needs only.

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Financial insecurity was found to play a significant role in determining respondents' ability to meet their essential needs. Among respondents in the lowest income tertile (income less than 950 USD per month), 88% were found to have humanitarian needs. Likewise, respondents reporting to have debt (61%), more commonly reported not being able to afford needs such as shelter (52%) and food (41%). When looking at the impact of gender on economic vulnerability, female respondents were less commonly found to have stable sources of income (78% of female respondents reported to be working, compared to 89% of male respondents), suggesting greater vulnerability to economic shocks. Among female respondents that reported to be working, 38% reporting being engaged in domestic work, potentially making them vulnerable to exploitation and abuse.[31]

With regard to social vulnerabilities, 22% of respondents reported not feeling comfortable using Arabic for daily communication. The impact on needs is evident; of those reporting not feeling comfortable using Arabic, 83% were found to have humanitarian needs. South and East Asian respondents most commonly reported not feeling comfortable using Arabic (48%), the majority of whom were also found to be using crisis or emergency coping strategies. Conversely, East African respondents and West and Central African respondents more commonly reported lacking a social support network (18% and 15% respectively, compared to 2% of South and East Asians and 1% of respondents from MENA.) Qualitative findings from the 2020 MSNA suggest that these respondents could face increased protection risks and be less able to cope with unexpected crises or shocks.[32]

Overall, **61%** of respondents reported having accumulated debt in the 3 months prior to data collection.

## Top 5 reported reasons for taking on debt, by % of respondents who reported having accumulated debt:
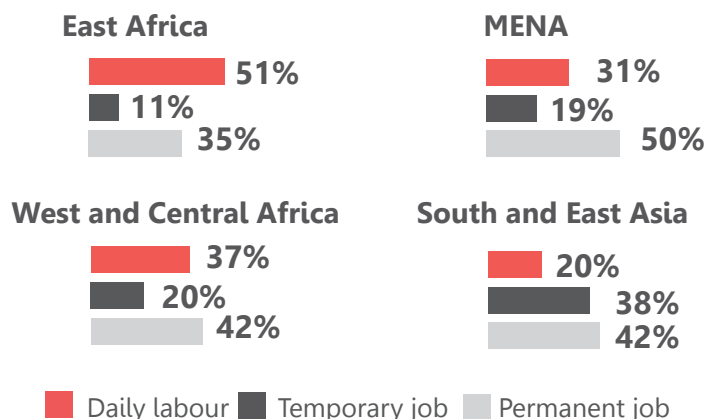
| | |
|---|---|
| Paying for rent | **50%** |
| Paying for food | **46%** |
| Paying for other basic needs | **26%** |
| Paying for healthcare | **22%** |
| Sending remittances | **15%** |

## % of respondents reporting feeling comfortable using Arabic for daily communication:

■ Comfortable using Arabic

■ Not comfortable using Arabic



22%

78%
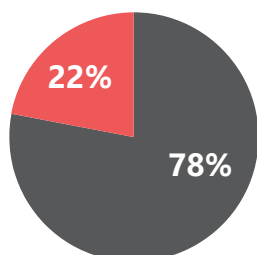
## Of those that reported to be working (88%), % of respondents per main job type, by population group:

### East Africa
51%
11%
35%

### MENA
31%
19%
50%

### West and Central Africa
37%
20%
42%

### South and East Asia
20%
38%
42%

■ Daily labour    ■ Temporary job    ■ Permanent job

## % of respondents reporting being unable to afford basic needs in the 30 days prior to data collection, per reported need:

| | |
|---|---|
| Shelter | **39%** |
| Remittances | **24%** |
| Food | **21%** |
| Communication | **19%** |
| Health | **19%** |

Female respondents more commonly reported having trouble meeting essential heath needs (30%) compared to male respondents (18%).

## When asked who they would resort to for support and help in the case of a serious problem...

**61%** of respondents reported they would rely on **Libyan friends or acquaintances**

**27%** reported they would rely on the **Libyan authorities or the police**

**22%** reported they would rely on **family members in Libya or refugee and migrant friends/acquaintances in Libya**, and

**9%** reported **there would be no one who could help them, or they would not report the problem.**

Of those that reported feeling somewhat unsafe or very unsafe (26%), 20% reported that there would be no one who could help them in case of a serious problem.

31. See Mixed Migration Monitoring Mechanism Initiative, "Invisible Labour: Women's labour migration to Libya", 2017, available here.
32. REACH, "Multi-Sector Needs Assessment, Refugee and Migrant Population", May 2021, available here.

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