Libya

Multi-Sector Needs Assessment

Refugee and Migrant Population

May 2022

ACKNOWLEDGEMENTS

REACH Informing more effective humanitarian action

SUMMARY

Assessment background

A complex socio-economic situation, political division, instability, and re-emerging conflicts in Libya since 2011 have driven the country into a protracted humanitarian and protection crisis,[1] which is further exacerbated by the COVID-19 pandemic.[2] Consequently, thousands of people in Libya are found in need of humanitarian assistance every year, with refugees and migrants being among the most vulnerable ones.[3] As of December 2021, the International Organisation for Migration (IOM) estimated that 635,051 migrants were residing in the country,[4] while 42,528 individuals were registered as refugees or asylum seekers with the United Nations High Commissioner of Refugees (UNHCR).[5]

In light of the information needs on the multi-sectoral humanitarian needs of migrants and refugees living in urban areas across Libya, the UNHCR and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with support from REACH and extensive input from all active sectors and working groups in Libya, conducted the third multi-sectoral needs assessment (MSNA) among refugees and migrants in 11 mantikas (admin level 2) in Libya.[6] The assessment encompassed quantitative data collection, conducted between 14 June and 31 July 2021, with 1,554 individual interviews based on respondents' regions of origin[7] and disaggregated by gender, and a qualitative component conducted with 143 key informants (KIs) and 8 focus group discussions.

Overview of multisectoral needs

Across 11 assessed mantikas in Libya, the majority (74%) of the interviewed refugees and migrants were found to have severe or extreme needs in at least one sector. The sector mainly driving needs appeared to be **protection** (59% of respondents had protection needs), followed by health (27%) and WASH (25%). However, **the majority of respondents (84% of the respondents with severe or extreme needs) reported not having received any type of humanitarian assistance in the six months prior to data collection**.

A variation was observed across population groups; 85% of South and East Asian, 85% of West and Central African, and 53% of the Middle East and North African (MENA) respondents were found to have severe and extreme needs, yet **needs were most commonly found among East African respondents**, with 95% of respondents from this region found to have severe or extreme needs. This group was also found to have the most complex needs profile, with 22% of total respondents from East Africa presenting a combination of health, shelter, and non-food item (SNFI), and protection-related needs. South and East Asian respondents' most common needs profile consisted of water, sanitation, and hygiene (WASH) and protection-related unmet needs (20% of all South and East Asian respondents), while, among respondents from the MENA and West and Central African regions, the most common profile encompassed protection needs only, with a proportion of 17% and 19% of the overall sample respectively.

---

[1] OCHA, "About OCHA Libya", accessible here.
[2] OCHA, "2022 Libya Humanitarian Needs Overview (HNO)", December 2021. Accessible here.
[3] Ibid.
[4] IOM-DTM, "Libya's migrant report. December 2021-January 2022 (Round 40)", December 2021. Accessible here.
[5] UNHCR is currently registering individuals of the following nationalities in Libya: Iraqi, Syrian, Palestinian, Eritrean, Ethiopian, Somali, Sudanese, South Sudanese, Yemeni, UNHCR Operational portal, accessible here (consulted on 21 March 2022).
[6] 11 mantikas were selected as these mantikas covered at least 80% of total refugee and migrant population in Libya: Benghazi, Ejdabia, Al Kufra, Sebha, Murzuq, Al Jabal Al Gharbi, Misrata, Tripoli, Aljfara, Azzawya, and Zwara.
[7] Based on their nationality, the respondents were divided into 4 population groups: 1. MENA; 2. West and Central Africa; 3. East Africa; 4. South and East Asia.

Looking at the geographical distribution of humanitarian needs, refugees and migrants in the Southern region of the country appeared to present more acute needs than their counterparts in other regions. Indeed, The Southern mantikas assessed (Sebha and Murzuq) presented the highest proportion of respondents with severe or extreme needs (90% and 98% respectively), while 81% and 69% of respondents were found to be in need in the East and the West respectively. Findings suggest that needs in the Southern region were largely driven by food insecurity, while protection and health needs were found to play a bigger role in the East and the West of the country, thus **highlighting regional variations as to the key drivers of needs.**

Protection

Lack of documentation[8] was found to be one of the key drivers of protection needs among refugees and migrants. Most of the respondents reported difficulties accessing legal documentation. Respondent also reported that lack of documentation stands as an obstacle to accessing different life necessities such as movement or travel, getting a sim card or accessing a salary. This was also reported to considerably increase refugees' and migrants' exposure to arrest and detention, especially in the Southern region of the country. The main reported reason for the inability to obtain needed documentation was being unfamiliar with the procedures which could indicate a lack of information and/or linguistic barriers to accessing information. Compared to other population groups, East African respondents most often reported feeling unsafe approaching Libyan authorities to obtain legal documentation.

Regarding refugee and migrant safety and security, overall, 23% of respondents reported being aware of incidents affecting refugees and migrants. Most reported incidents were robberies, reported by 60% of the aware respondents, followed by armed conflict or the presence of armed actors (25%) and arrests and detention (23%). Concerns about the armed conflict or presence of armed actors were particularly reported by respondents in the mantikas of Sebha and Murquz, and the capital region of Tripoli.

Compared to the other region of origin groups, East African respondents most commonly reported feelings of insecurity. Indeed, 80% reported having safety and security concerns, with robberies, arrest and detention and harassment (verbal and psychological) being the most reported concerns with a percentage of 54%, 45% and 38% respectively. The same population group also most commonly reported being generally aware of refugees and migrants being arrested and detained in the six months prior to data collection.

Health

Findings suggest that health needs are mainly driven by obstacles to accessing health services. The prevalence of health needs was similarly distributed across the three regions of the country: West (29%), South (24%), and East (24%), while East African respondents were found to have the highest rate of unmet health needs (48%).

Libya's public healthcare network can generally be described as disrupted, lacking supplies (medication, equipment, etc.) and specialists.[9] In addition to this, the precarious legal and economic situation of many

---

[8] For sensitivity reasons, the questionnaire did not include any questions directly asking about the specific type of documentation lacked by respondents, whether personal identification (from the country of origin) or proof of legal status in Libya. However, based on qualitative information from the 2020 MSNA, it seems that non-Libyans, irrespective of their status, often lack not only proof of legal entry and stay in the country, but also personal documentation, which is exacerbated by the difficulties in approaching the diplomatic representation of their country of origin. In the case of refugees and asylum seekers specifically, the lack of any national legislation on asylum compounds the problem of lacking documentation from the country of origin, further exacerbating the challenges and risk for this population group.

[9] Health Cluster Libya, "Health sector Libya annual report: 2021", January 2022, accessible here.

refugees and migrants in the country exposes them to a higher risk of exclusion from healthcare services. Refugees and migrants reported having faced or expecting to face challenges when accessing healthcare services due to problems inherent to the health system (lack of medicines and overcrowding) and challenges intrinsic to their legal and economic situation in the country (inability to afford services and lack of documentation).

Among the refugee and migrant population groups, East African respondents most commonly reported facing obstacles in accessing healthcare, with findings suggesting these obstacles were mainly due to insufficient economic resources or lack of documentation, as well as because of safety and security risks when trying to access healthcare facilities. The findings also indicate that reducing expenditure on health is a common strategy adopted to cope with insufficient economic resources –32% of respondents reported having employed this strategy in the month prior to data collection when struggling to cover basic needs. Meanwhile, awareness and access to COVID-19 testing facilities among refugees and migrants were found to be relatively low, as two-thirds (66%) of respondents reported being unaware of, or not able to access, these facilities.

WASH

WASH needs were mainly driven by reliance upon unimproved sanitation facilities, especially among South and East Asian respondents (reported by 42% of respondents in this group). Reliance on unimproved sanitation facilities seemed to be related to the accommodation type in which the respondents were residing, with respondents reportedly living in better quality shelter types less commonly reporting reliance on unimproved sanitation facilities. For instance, almost one-third (27%) of respondents living in shared rooms reported relying on unimproved sanitation facilities, whereas it was reported only by 12% of respondents living in apartments.

Overall, as it is the case for other sectors, needs appeared to be particularly severe in the South, where 53% of respondents were found to have WASH-specific needs, compared to 23% of respondents in the East and West. In terms of access to water, almost a third of respondents (32%) reported not having had sufficient access to water needed to cover basic drinking, cooking, hygiene, or domestic needs in the 30 days prior to data collection. In addition, only 32% of respondents reported relying on the public water network as their main source of drinking water, indicating that overall access to the public water network in Libya remains low. Respondents in the Eastern region appeared to have the best access to the public water network, as 78% of respondents from the region reported relying on it. In contrast, the majority (68%) of respondents in the Western region reported relying on bottled water as their main source of drinking water, which can be interpreted in the light of Western Libya's higher difficulty accessing the public network, due to repetitive electricity cuts that disrupt water supplies.[10] The respondents from the Southern region more commonly reported relying on taps accessible to the public (62%).

SNFI

A total of 23% of respondents were found to have severe and extreme SNFI needs, these being mainly driven by unhealthy or inadequate housing conditions. Overall, the majority of respondents seemed to live in sub-standard accommodation, and 68% of respondents reported that their accommodation had problems – a figure that rose to 85% in the case of respondents in the South, where, in particular, 74% of respondents in Sebha and 59% of respondents in Murzuq reported living in an accommodation lacking a functional sewage system.

The most commonly reported living arrangement among refugees and migrants was living in shared rooms, as reported by half of the respondents (50%), which was particularly prevalent among East African respondents (68%).

---

[10] WASH Sector Libya, "Water and Sanitation in Libya: WASH Sector Report 2021", January 2022, accessible here.

REACH Informing more effective humanitarian action

Interviews with KIs further demonstrated that refugees and migrants were often exposed to predatory treatment by landlords exploiting refugees' and migrants' limited knowledge about the housing market, as well as their generally vulnerable legal status and common lack of social connections with Libyans. Price discrimination or arbitrary increase in rent were commonly reported by KIs as such predatory practices.

Factors affecting adequate living standards and coping mechanisms

Job or livelihoods opportunities are one of the economic factors affecting refugee and migrant livelihoods and access to basic services. Although the majority of the respondents (88%) reported being working, **most respondents reported mainly relying on daily or temporary jobs** (55%)[11], indicating a certain income instability.

Perhaps reflecting this, **the majority of respondents (72%) reported not being able to meet their basic needs,** mainly in relation to shelter, remittances, and food, because of a lack of economic resources. To respond to their basic needs, in the absence of sufficient economic resources, 23% and 25% of respondents reported having crisis- and emergency-level coping strategies, respectively, in the 30 days prior to data collection. The most commonly reported livelihoods coping strategies adopted by the respondents were spending savings (40% of respondents), taking an additional job (36%), or reducing expenses on health (32%).

A disparity emerged between male and female respondents, with **female respondents seemingly using emergency or crisis-level coping strategies more frequently than male respondents** (58% and 47% respectively). Female respondents also commonly reported higher expenditures and lower wages than male respondents.

Social cohesion with Libyans and the **ability to speak Arabic comfortably for daily communication** were found to be social factors playing a considerable role in affecting refugees' and migrants' livelihoods, especially, when it comes to **finding and accessing employment opportunities.**

Access to humanitarian assistance

Only 8% of all respondents reported having received some type of humanitarian assistance in the 6 months prior to data collection. The top self-reported needs among all interviewed refugees and migrants **were cash assistance** (71%), **livelihoods and employment opportunities** (38%), **food** (36%), **shelter support** (35%) and **medical care** (19%). During the qualitative data collection phase, livelihoods and employment opportunities were also highlighted as priority needs and, in turn, a potential solution to many unmet needs faced by refugees and migrants.

Overall, 70% of respondents reported having faced barriers to accessing humanitarian assistance during the six months prior to data collection. Among these barriers, lack of information on the assistance or how to access the assistance was reported by 38% and 29% of respondents respectively. Only 22% of respondents reported having all information needed. While the respondents to the phone survey overall favoured receiving information via phone calls and SMS (58%), KIs commonly stressed the importance of in-person communication, such as information from an NGO staff or a community leader. As a consequence, **refugees and migrants who do not have established community framework and/or live in a more isolated manner may be particularly at risk of not having access to information about humanitarian assistance**, according to KIs.

---

[11] Calculated out of those who reported working as their main source of income (88% of the overall sample).

<div style="background:#ef4a4a;color:white;padding:8px 16px;display:inline-block;font-weight:bold;">CONTENTS</div>

REACH Informing
more effective
humanitarian action

List of Acronyms

CSO: Civil Society Organisation
DTM: Displacement Tracking Matrix
FCS: Food Consumption Score
FGD: Focus group discussion
GBV: Gender-based violence
HNO: Humanitarian Needs Overview
HRP: Humanitarian Response Plan
(I)NGO: (International) non-governmental organisation
ICMPD: International Center for Migration Policy Development
IOM: International Organisation for Migration
JMMI: Joint Market Monitoring Initiative
KI: Key informant
KII: Key informant interview
LCSI: Livelihood Coping Strategy Index
LSG: Living Standard Gap
LYD: Libyan dinar
MENA: Middle East and North Africa
MSNA: Multi-Sector Needs Assessment
MSNI: Multi-Sector Needs Index
OCHA: United Nations Office for the Coordination of Humanitarian Affairs
rCSI: Reduced coping strategy index
SNFI: Shelter & Non-Food Items
ToR: Terms of reference
UNHCR: United Nations High Commissioner for Refugees
UXO: Unexploded ordnance
WASH: Water, sanitation, and hygiene
WFP: World Food Programme
WHO: World Health Organisation

Geographical Classifications

Region: The highest administrative subdivision of Libya below the national level. There are three regions in Libya: The West ("Tripolitania"), the East ("Cyrenaica") and the South ("Fezzan").

Mantika: The second administrative subdivision of Libya, or the equivalent of a district. Libya currently has 22 mantikas, which are regionally divided as follows, according to the UN COD:[12]
1. West: Al Jabal Al Gharbi, Aljfara, Al Margeb, Azzawya, Misrata, Nalut, Sirt, Tripoli and Zwara
2. East: Al Jabal Al Akhdar, Al Kufra, Almarj, Benghazi, Derna, Ejdabia and Tobruk
3. South: Al Jufra, Ghat, Murzuq, Sebha, Ubari and Wadi Ashshati.

Baladiya: The third administrative subdivision of Libya, or the equivalent of a municipality. Libya currently has 100 baladiyas.

Muhalla: The fourth administrative subdivision of Libya, roughly equivalent to a neighbourhood. Libya currently has 667 muhallas.

---

[12] Based on OCHA, "Libya common operational dataset", 2017. Accessible here.

REACH Informing more effective humanitarian action

List of Figures, Tables and Maps

INTRODUCTION

Since 2011, Libya's complex socio-political context has been marked by an increasingly protracted conflict. The political and military division of the country between West and East in 2014 marked the beginning of a renewed state of instability, characterised by more localised forms of violence around key strategic and economic resources. In 2019, conflict reignited in the Western region and tensions continued into 2020. While the creation of the country's first unified government in seven years in March 2021 represented a key milestone in the peace process, presidential and parliamentary elections planned for December 2021, which were expected to be a crucial step towards the unification of the country, have been postponed indefinitely by the National Elections Commission. These recent events might bring new political fragmentation to the country resulting in an unclear strategy for moving forward. [13]

In March 2020, the first COVID-19 cases were confirmed in Libya. By February 2022, 490,000 confirmed cases and 6,222 deaths have been recorded. [14] All the while, access to healthcare services in Libya remains limited as facilities have been negatively affected by the protracted conflict, which hindered the country's capacity to respond to the COVID-19 outbreak. Indeed, the Libyan healthcare system continues to struggle with shortages of medical equipment and staff. [15] The COVID-19 pandemic and the consequent public health measures adopted have further disrupted livelihoods already affected by the protracted conflict and the economic crisis, resulting in a generalised erosion of living standards and threatening the ability of Libyan and non-Libyan populations to meet their basic needs. According to the 2022 Humanitarian Needs Overview, while the number of persons in need inside Libya in 2021 showed a marked decrease compared to the previous year (-38% or 1.3 million), it still amounted to 0.8 million. Refugees and migrants together represented 34% of the total estimated people in need, with estimated 43,000 and 232,000 refugees and migrants in need respectively. [16] These needs differ in magnitude and in severity across different sectors and different population groups, regions of origin and geographical regions within Libya.

Against this backdrop of protracted conflict, economic crisis, and restrictive migration policies, Libya remains a destination and transit country for migrants, primarily from neighbouring countries such as Niger (25% of the total estimated migrant population in Libya), Egypt (18%), Sudan (18%) and Chad (13%), mainly due to its job opportunities and geographical proximity to these countries and Europe. [17] As of December 2021, the International Organisation for Migration (IOM) estimated that 635,051 migrants, most of whom are men, [18] were residing in the country, while 42,528 individuals were registered as refugees or asylum seekers with the United Nations High Commissioner of Refugees (UNHCR). [19] Reduced livelihoods opportunities, lack of documentation, and discrimination prevent many refugees and migrants from accessing basic services and assistance and covering their essential needs. [20] In addition, due to endemic insecurity and limited legal protection, refugees and migrants are particularly vulnerable to exploitation, trafficking, harassment and abuse, while the criminalisation of irregular entry, stay, or departure since 2010 exposes them to the risk of arbitrary arrest and indefinite detention. [21]

In light of the information needs on the multi-sectoral humanitarian needs of migrants and refugees living in urban areas across Libya, [22] UNHCR with support from REACH, in coordination with the United

---

[13] Crisis Group Middle East and North Africa Briefing N°85, accessible here.
[14] OCHA, "Libya Situation Report", available here (Accessed 21 March 2022).
[15] Health Sector Libya, "Coronavirus disease 2019 (COVID-19) preparedness and response plan for Libya", March 2021, available here.
[16] Humanitarian Needs Overview, 2022, issued December 2021, accessible here.
[17] IOM-DTM, "Libya's migrant report. December 2021-January 2022 (Round 40)", December 2021, available here.
[18] According to IOM, an estimated 75% of the migrants are men, 11% are women and 14% are children.
IOM-DTM, "Libya's migrant report. December 2021-January 2022 (Round 40)", December 2021, available here.
[19] UNHCR is currently registering individuals of the following nationalities in Libya: Iraqi, Syrian, Palestinian, Eritrean, Ethiopian, Somali, Sudanese, South Sudanese, Yemeni, UNHCR Operational portal, accessible here (consulted on 21 March 2022).
[20] REACH, "Libya Multi-Sector Needs Assessment, Refugee and Migrant Population 2020", May 2021, accessible here.
[21] ICMPD, "What are the protection concerns for migrants and refugees in Libya?", November 2017, available here.
[22] OCHA, "2021 Libya Humanitarian Needs Overview (HNO)", December 2020, accessible here.

Nations Office for the Coordination of Humanitarian Affairs (OCHA) and with extensive input from all active sectors and working groups in Libya, conducted the third multi-sector needs assessment (MSNA) among refugees and migrants in 11 mantikas (admin level 2) in Libya.[23] In addition, REACH, with extensive input from UNHCR, the Education Sector, the Child Protection Working Group (WG) and the Mental Health and Psychosocial Support Working Group (MHPSS WG), also conducted a dedicated quantitative data collection exercise following the Area of Knowledge-Neighbourhoods (AoK-N) methodology that was particularly focused on education and child protection in 9 mantikas in Libya to complement the MSNA.[24] The 2021 Refugee and Migrant MSNA was funded by the UNHCR and aims to inform the 2022 humanitarian response planning process and support a targeted and evidence-based humanitarian response.

This report will outline, first, the methodology of the assessment. The second section will focus broadly on multisectoral needs and key sectoral findings, with an emphasis on the most common sectoral needs, notably, protection, health and WASH.[25] This will be followed by a special thematic focus on accommodation, socio-economic factors underlying needs with a focus on livelihoods and coping strategies, and the last section will focus on access to assistance.[26] The sections of the report focusing on key findings and thematic zooms-in will encompass an extensive qualitative analysis to triangulate the quantitative results.[27] Finally, the conclusion will highlight the key findings of the assessment, as well as the remaining information gaps.

---

[23] Tripoli, Misrata, Azzawya, Al Jabal Al Gharbi, Aljfara, Zwara in the West region; Benghazi, Ejdabia, Alkufra in the East region; and Sebha and Murzuq in the South of Libya.
[24] The education and child protection component of the MSNA is a separate but complementary assessment that employs the Area of knowledge methodology, different from the main MSNA. While some key findings are reported here, most of the analysis did not feed into this report but were presented in the factsheets and the presentation. Details about the methodology and the scope of the assessment can also be found in here.
[25] For an overview of all sectoral needs see the sectoral factsheets.
[26] For an overview on the findings see the education and child protection factsheet.
[27] For more in-depth and complete qualitative analysis based on KI interview, see the data saturation grid and the summaries of findings for accommodation, livelihoods and access to assistance.

METHODOLOGY

Objectives and research questions

The primary aims of Libya refugee and migrant MSNA were to deliver up-to-date information for humanitarian actors to enhance their understanding of the current needs of the refugee and migrant populations in Libya. The specific objective was to assess the overall severity and magnitude of humanitarian needs across different population groups and mantikas and identify current and forecasted priority needs/concerns, by taking into account the assessed population's living standards and well-being; their pre-existing vulnerabilities; and their use of negative coping strategies. In particular, the MSNA aspired to inform the 2022 Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) and, overall, to contribute to a more targeted and evidence-based humanitarian response. While the main methodological components are described below, the separately published methodology overview gives a more detailed overview of the full methodology.

Geographical scope

Map 1: Map of the assessment scope and geographic coverage
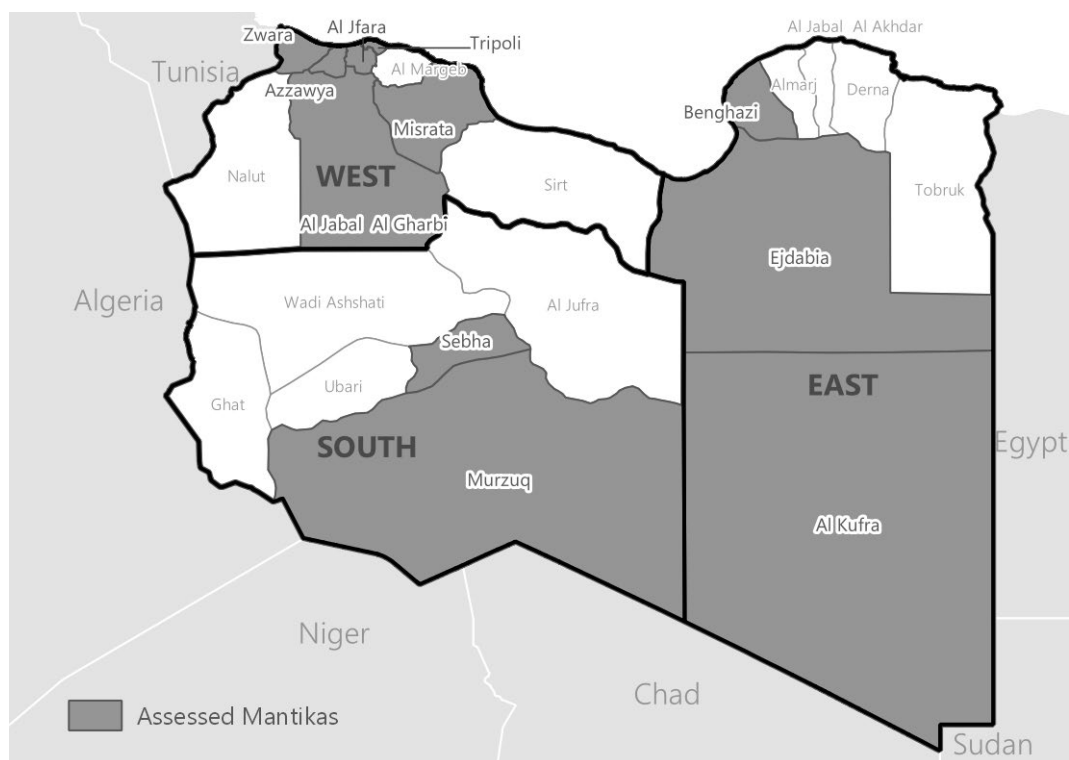
The Refugee and Migrant MSNA presents indicative needs of refugees and migrants at the mantika level for 11 mantikas, since refugees and migrants are not dispersed evenly throughout Libyan territory but rather known to be clustered in certain (usually urban) areas.[28] The mantikas covered in 2021 were: Tripoli, Misrata, Azzawya, Al Jabal Al Gharbi, Aljfara, Zwara in the West region; Benghazi, Ejdabia, Alkufra in the East region; and Sebha and Murzuq in the South region of Libya.

The mantikas were selected based on the following criteria: the mantika hosts at least 5% of the overall migrant population, according to International Organisation for Migration Displacement Tracking Matrix

---

[28] These statements do not take into consideration those migrants and refugees who are currently being housed in detention centres.

(IOM-DTM) estimates,[29] the mantika was listed among the top 5 mantikas per number of refugees and asylum seekers registered with the United Nations High Commissioner for Refugees (UNHCR),[30] the mantika listed among the top 5 mantikas per population of refugees and migrants in need, according to the 2021 HNO report.[31]

Sampling and data collection

Quantitative data collection

The quantitative data was collected through purposive and non-probability sampling methods, applying minimum quotas for sub-groups to ensure that the most accurate and robust cross-section of the migrant and refugee population could be assessed. Due to this strategy, findings remain *indicative* of the location (quota layer 1), region of origin groups (quota layer 2), and gender of the respondents (quota layer 3), with at least 10% of respondents from each region of origin being female. The sampling frame was designed based on the most recent migrant population figures published in the IOM Displacement Tracking Matrix (DTM) Libya's Migrant Report (Round 35, January to February 2021).[32]The list of registered refugees and asylum seekers was provided by UNHCR to help identify a part of the respondents.[33]

The quantitative data collection took place between 14 June and 31 July 2021, with 1,554 individual interviews conducted. The interviews were held remotely over the phone at the individual level. The assessment relied on quota sampling of the overall migrant and refugee sample by 4 regions of origin: West and Central Africa (780 respondents); the Middle East and North Africa (MENA) (577); East Africa (101); and Southern and Eastern Asia (96). The questionnaires employed to collect the data were translated into English, Arabic, and French. The data was collected using Kobo Toolbox. All data collection was completed by REACH through its local partners.

In addition, for the complementary Education and Child Protection components,[34] the distinctive Area of Knowledge-Neighbourhood (AoK-N) methodology was employed. This methodology is key informant (KI) based and was designed to collect data on population segments that are hard to reach and therefore difficult to capture in regular household surveys.[35] Data collection based on this methodology enquires not only about the informant's personal experience, but also requires them to reflect on their friends' and acquaintances' experiences. In total, 231 KIs were interviewed through the AoK-N approach, who in turn provided information on a total of 522 households. Informants were also asked to provide information at the area level about the geographical area of which they have the knowledge, in this case, their baladiyas (admin level 3) of residence in Libya. [36]

Qualitative data collection

Sampling for the KI interviews in the qualitative phase was *purposive*. Experts and participants were found through REACH Libya's local partner network of civil society organisations (CSOs) and (I)NGOs with experience working in Libya. The location and profile of respondents were determined through a

---

[29] IOM-DTM, "Libya's Migrant Report: Round 35 (January – February 2021)", April 2021, available here.
[30] UNHCR, "Statistical dashboard – Libya", available here (consulted 9 April 2021).
[31] OCHA, "2021 Humanitarian Needs overview (HNO)", December 2020. Accessible here.
[32] IOM-DTM, "Libya's Migrant Report: Round 35 (January – February 2021)", April 2021, accessible here.
[33] Details on sampling strategies and calculations of the sampling quotas for each stratum can be found in the methodology overview, accessible here.
[34] Findings from this component can be found in the dedicated factsheet and presentation.
[35] Migrants and refugees in Libya rarely travel in families, as a consequence reaching households with school aged children is a major challenge resulting in a considerable gap on information and data about this segment of the population.
[36] For a detailed description of the methodology and the scope of the assessment, please refer to the terms of references, accessible here.

trigger system. The topics covered were decided in conjunction with the sectors and working groups active in the Libya response.

Qualitative data collection took place between November and December 2021. Together with clusters and specialised partners, three topics were selected on the basis of the quantitative analysis for the qualitative follow-up component: livelihoods, accommodation, and access to humanitarian assistance. KIs were selected based on their expertise and were typically refugee and migrant community leaders, healthcare or authorities' representatives, CSO and NGO staff in Libya, as well as refugee, migrant, and Libyan representatives of different job market sectors covered in the livelihoods sector.

In total, the qualitative phase included 143 targeted semi-structured KI interviews. In addition to key informant interviews, 8 focus group discussions (FGDs) were conducted with migrant and refugee men and women by Terre des Hommes (TdH) and Cesvi in Tripoli and Misrata.

Analysis

The REACH MSNA analysis method was developed internally by REACH. The analysis is intended to provide an overall, cross-sectoral understanding of vulnerabilities among refugees and migrants in Libya, their most pressing needs and the severity of needs. In particular, the analysis aimed to determine the proportion of respondents per stratum (location or region of origin) that have **sectoral needs and/or thematic needs**, the corresponding severity of needs both within each sector and from a cross-sector perspective and identify socio-demographic factors that influence **access to resources** and **vulnerability**. The analysis framework was inspired by the Joint Intersectoral Analysis Framework ([JIAF](#)) – a global analytical framework to which also REACH contributed and which was lastly edited in 2021, to enhance the understanding of needs of affected populations.[37] In line with the JIAF, the MSNA measures progressive deterioration of a household's situation towards the worst possible humanitarian outcome.

To achieve this, the analysis relies on two core components: the living standard gap (LSG) and the multi-sectoral needs index (MSNI). Through these composite indicators, respondents are divided into different severity ratings, which classify their overall severity of humanitarian needs, from 1 ("None/Minimal") to 2 ("Stress"), 3 ("Severe") and 4 ("Extreme").

The core analytical elements can be defined as follows:

Living standard gap (LSG)

LSGs are composite indicators capturing respondents' unmet needs per sector assessed. For each sector, specific indicators were identified that measure needs ('gaps'), for which categorisations were made on a binary scale: does not ("0") or does ("1") have a gap. The threshold used to determine whether a respondent was considered to have a sectoral gap was agreed on for each indicator together with the relevant sectors.

In addition to these 'non-critical' indicators, a set of 'critical' indicators were selected which, on their own, indicate a gap in the sector overall, based on a discontinued scale of 1 to 4 (1, 3, 4). The LSG severity score was then determined for each household by taking the higher of the two scores (i.e., the aggregated non-critical indicator score or critical indicator score). A household with a severity score of 3 ("severe") or 4 ("extreme") in a sector was considered as having an LSG in that sector and is referred to

---

[37] The JIAF has been developed by the Joint Inter-Sectoral Analysis Group (JIAG). Led by OCHA and the Global Cluster Coordinators Group (GCCG), the JIAF aims to assist with identification of inter-linkages between various drivers, underlying and contributing factors, sectors, and humanitarian conditions. The JIAF seeks to enable humanitarian actors to arrive at a common understanding of who, and how many people face humanitarian needs, and which needs are most critical.

as having a sectoral need. A complete overview of the critical and non-critical indicators that compose these sectoral composite indicators (or LSGs), is given in annex 13 of the Methodology Overview.

Multi-sector needs index (MSNI)

The MSNI is a composite measure of each respondent's overall severity of humanitarian needs across the different sectors. It is expressed on a scale from 1 ("None/Minimal") to 4 ("Extreme"), by taking the highest severity of sectoral living standard gaps (LSGs). For example, if a respondent has protection and health need (so two LSGs), with a severity score of 3 and 4, respectively, its overall MSNI score will be 4. Hence, regardless of whether someone has an extreme LSG in just one sector or across multiple sectors, their MSNI score will be the same. Following this principle, the MSNI considers multi-sectoral needs from a big-picture perspective, by including all respondents with at least one sectoral need. This approach provides information on the proportions of respondents having humanitarian needs overall, allowing for comparison across locations and population groups.

Additional analysis

Furthermore, additional analysis was conducted to identify the overall proportion of respondents by the severity of needs, types of needs (i.e., sectoral needs), and a total number of living standard gaps (LSGs), as well as the most commonly occurring needs profiles (specific combinations of LSGs). More details on the aggregation methodology can be found in the Methodology Overview.

Challenges and limitations

Due to COVID-19 contingency measures, data collection for the 2021 MSNA was conducted over the phone. This created some challenges and limitations. The length of the questionnaire was limited to prevent losing the respondent's attention and sensitive topics were not included in the assessment to avoid creating risks for respondents. In addition, certain indicators may be under- or over-reported due to the subjectivity and perceptions of respondents.

Considering the hard-to-reach nature of refugee and migrant populations in Libya, it is possible that some groups were underrepresented in specific locations. Given a lack of available population data on gender disaggregation within sub-groups of refugees and migrants based on a region of origin, gender was considered through a proportional distribution of female respondents in the total sample, thus, findings are presented for the total sample and not for any of the assessed subsets.

Moreover, the Refugee and Migrant MSNA survey was conducted at the individual level, rather than at the household level. Therefore, no information is available about household-related vulnerabilities. To partly mitigate this limitation, a separate data collection exercise was conducted to specifically gain information on child protection and education.

Overall, it is important to note that the 2021 MSNA results are not representative per mantika or population group and therefore not generalisable with a known level of precision. Hence, all findings presented in this report should be considered indicative only.

Multi-sectoral Needs Index and the most common sectoral needs[38]

The multi-sector needs index (MSNI) is a composite indicator designed to measure the overall magnitude and severity of humanitarian needs in a population.[39] The index is based on the highest severity of needs identified for each respondent in any of the sectors assessed; respondents are classified as having multi-sectoral needs if they have one or more sectoral needs, or living standard gaps (LSGs).

Overall, 73% of respondents were found to have multi-sectoral needs.[40] Findings suggest that these needs were largely driven by protection-related issues; indeed, 80% of respondents with humanitarian needs were found to have unmet protection needs (i.e., a protection LSG). Protection needs seemed to be mostly driven by obstacles to accessing legal documentation (66%) and a lack of documentation preventing access to essential services in the three months prior to data collection (reported by 54% of respondents). A second driver of needs was safety and security concerns, which was reported by 42% of the respondents.

The distribution of humanitarian needs was found to vary notably across the different population groups and the different mantikas assessed. Multi-sectoral needs were most commonly found among East African respondents (95% had an MSNI of 3 or higher), followed by West and Central Africans (85%) and South and East Asians (85%), while respondents from the MENA region were comparatively less commonly found to have humanitarian needs (53%).

The most common needs profile,[41] i.e., the most common combination of sectoral needs, among East African respondents appeared to be quite a complex one, encompassing needs related to health, shelter, and non-food items (SNFI), and protection (22% of respondents had this combination of needs). South and East Asian respondents, on the other hand, presented a needs profile consisting of WASH and protection-related unmet needs, while, among respondents from the MENA and West and Central African regions, the most common profile encompassed protection needs only, with a proportion of 17% and 29% respectively.

---

[38] Please note that, throughout the report, and due to the process of data cleaning and analysis, some surveys have been excluded from the calculations of the MSNI because at it was not possible to calculate at least one of their corresponding LSGs (For example, due to not wanting to answer to one of the questions used as critical or non-critical indicators). Therefore, the sample was slightly affected. The sample sizes on which apply the MSNI calculations are as follows: West and Central Africa (n=657), MENA (464), South and East Asia (n=74) and East Africa (n=65).

[39] Sectoral severity for each respondent is determined through the calculation of sector-specific composite indicators. The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH MSNA Analytical Framework Guidance, can be found in the Methodology overview.

[40] 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.

[41] Overall, the most common needs profile (i.e., the combination of one or more needs) was a protection need only (17% of respondents).

Table 1: Most common needs profiles and overall severity of needs, by population group

Population group	WASH	Food Security	Health	SNFI	Protection	Severity of needs**	
						Severe	Extreme
Overall (17%) *							
East Africa (22%)						62%	34%
MENA (17%)						38%	14%
Southern and Eastern Asia (20%)						34%	51%
West and Central Africa (19%)						50%	35%
*The figures noted in brackets in this table reflect the percentage of respondents with the most prevalent needs profiles, calculated out of the overall sample. The needs profile is the total number of needs per respondent. ** The severity of needs in this table reflect the overall severity of needs calculated out of the total sample of the corresponding population group.							

From a geographical point of view, Murzuq and Sebha, both located in the Southern region of Libya, were found to be the mantikas with the highest proportion of respondents in need (98% and 90% respectively). In particular, and in contrast with the overall trend observed, the severity of needs in the South appeared to be driven by the comparatively high proportion of individuals in these mantikas who were found to have unmet food security needs; while, overall, 20% of migrants and refugees were found to have unmet food security needs, 76% of those residing in Murzuq and 67% of those residing in Sebha were found to have needs in this sector. This regional food insecurity might be related to the relatively inflated prices in the South compared to the rest of the country; the minimum expenditure basket (MEB) in the South costs 830 LYD compared to 691 LYD and 671 LYD in the West and East respectively, as of July 2021.[42] In addition, respondents from Sebha and Murzuq were found to commonly fall within the lowest income percentile, with 29% and 28% respectively earning less than 750 LYD on average during the month prior to data collection. In addition to food needs, Sebha also leads the list of mantikas with the highest SNFI needs (44%), with 43% of respondents in the South reportedly living in shelters that present either medium or heavy damage. Murzuq, on the other hand, presents the mantika with the highest proportion of respondents with WASH-related needs (63%), which seems to be primarily due to a heavy reliance on unimproved sanitation facilities, further explored in the WASH section (page 25).

Muti-sectoral needs were also found in the East and West of Libya, where 81% and 69% of respondents, respectively, were classified to be in need. Needs in the East appeared to be mainly driven by protection needs (68% of respondents), while health needs were more commonly found amongst respondents in the West than in other regions (29% of respondents, as opposed to 24% in the East and 24% in the South). This is in continuity with findings from the 2020 MSNA, when health emerged as one of the main needs in the West.[43]

Top three sectoral needs: Protection, Health, and WASH

This section further examines the sectors found to be the main drivers of refugee and migrant needs: protection, health, and WASH. Overall, protection was found to be present in all most prevalent needs

---

[42] REACH, "Libya Joint Market Monitoring Initiative (JMMI) 1-11 July 2021", July 2021, accessible here.
[43] REACH, "Libya Multi-Sector Needs Assessment, Refugee and Migrant Population 2020", May 2021, accessible here.

profiles, and also emerged as the most common sectoral need across all population groups, irrespective of the region of origin, as shown in table 1.

Overall, over half of respondents (59%) were found to have severe protection needs, i.e., *LSG score 3*, and none of them had extreme needs (0%), i.e., *LSG score 4*. This share of respondents with protection needs is as twice as much as the share of respondents with the second most prevalent type of sectoral needs, i.e., needs in the health sector (27% of respondents reported severe needs, and no respondents (0%) extreme needs). Lastly, the third most common overall LSG was found to be in WASH, with a quarter (25%) of respondents found to have either severe or extreme WASH needs. Moreover, WASH was also the sector with the highest proportion of respondents with extreme needs (23%).

Protection

The protracted instability in Libya and the lack of protective laws for refugees and migrants in the country contribute to creating an unsafe environment, where refugees and migrants face many personal safety and security concerns, such as arbitrary arrests and detention, robberies, or human trafficking, and in general, tend to present high protection-related needs.[44] MSNA findings suggest that a lack of documentation and safety and security incidents and concerns are the main drivers of protection needs among refugees and migrants in Libya. with some population groups, such as East Africans, more commonly experiencing feelings of unsafety and/or various safety and security concerns.

Importance of documentation

Most respondents reported difficulties accessing legal documentation:[45] less than a third of the respondents (27%) reported having all documents they needed or not facing any obstacles to accessing legal documentation, which was mainly reported in the Western region of the country. Respondents reported several factors[46] that hinder refugees' and migrants' access to legal documentation. The main barrier, reported by almost one-third of respondents (32%), was not being familiar with procedures, which was particularly commonly reported in Ejdabia (54% of Ejdabia respondents), Zwara (44%), and Tripoli (42%) and was mostly reported by West and Central African (39%) and South and East Asian (33%) respondents. These findings suggest that there may be a lack of available information about the procedures for accessing and obtaining legal documentation for refugees and migrants in Libya, either due to insufficient information or to language barriers that make such information inaccessible.[47]

The second biggest barrier to accessing legal documentation reported by respondents was their physical inability to reach Libyan authorities (13%) and relevant embassies or consulates of their country of origin (12%). This obstacle was mostly reported in the southern mantikas of Sebha and Murzuq, where around one-third of respondents reported not being able to access their embassy or consulate (Murzuq) or both these and the Libyan authorities (Sebha). The southern region is characterised by the presence of armed actors and ongoing conflicts and, in general, making it difficult and limiting access to services and public institutions to certain population groups based on ethnic origin, tribal affiliation, etc. in controlled neighbourhoods by armed groups.[48] Interestingly, similar figures were found in Al Jabal Al Gharbi, where 34% of respondents reported not being able to access Libyan authorities.

Overall, 6% of respondents reported not being able to access legal documentation because they felt unsafe or uncomfortable accessing Libyan authorities. This figure, however, increases to a notable extent in the case of Zwara, where this obstacle was reported by 20% of respondents, and among East African

---

[44] Protection Sector, "Libya Protection Sector Strategy 2020-2021", February 2020. Accessible here.
[45] The respondents were not asked to provide specific answers for different type of documentation. *Documentation* referred to all types of legal documentation such as national ID, travel documents, work permits, etc.
[46] Obstacles to accessing legal documentation were self-reported during the survey process.
[47] OCHA, "2022 Humanitarian Needs overview (HNO)", December 2021. Accessible here.
[48] REACH, "Libya: Sebha Area-based Assessment (ABA)", March 2021. Accessible here.

respondents; 21% reported being unable to access documentation as they felt unsafe approaching authorities.

Lack of documentation, as findings suggest, creates barriers for refugees and migrants when trying to access essential services or opportunities. In terms of the impact of such a lack of legal documents, respondents who had experienced any obstacles to accessing legal documentation in the 3 months prior to data collection (73%) most commonly contributed these barriers to restricted freedom of movement (45% of those respondents[49]). While respondents from all groups reported having experienced restrictions on their freedom of movement due to a lack of legal documents, this obstacle was considerably more often reported by East African respondents (72%) compared to respondents from the other region of origin groups.[50]

Lack of documentation was also reported to impact the ability to obtain a SIM card (by 20% of respondents) and to have implications on refugees' and migrants' livelihoods, by preventing access to salaries (16%) and complicating access to employment (12%). Overall, findings suggest that a lack of documentation particularly affects refugees and migrants in the Southern region of Libya, with respondents in Murzuq and Sehba commonly reporting obstructed access to multiple services, which might be linked to the region's political fragmentation and limited availability of public services.[51] From the gender perspective, while a similar proportion of men (32%) and women (33%) reported facing obstacles in accessing documentation, male respondents more commonly reported experiencing movement or travel restrictions in the 3 months prior to data collection (47% of male respondents reporting obstacles accessing legal documentation)[52] due to the lack of documentation, while female respondents more often reported perceiving that this had an impact on their ability to receive a salary (26% of female respondents reporting obstacles accessing legal documentation)[53]. Only 15% of the respondents who do not possess all legal documentation reported facing no challenges to accessing services because of a lack of it.

Reflecting the survey findings, findings from KI interviews also highlighted that documentation plays a considerable role in refugees' and migrants' ability to find and retain employment. Both interviewed workers and employers commonly mentioned that, without certain documentation, refugee and migrant workers, as well as their employers, face legal consequences. For refugees and migrants, in particular, not having the right papers can reportedly be a ground for arrest, detention, and deportation/expulsion. The types of documentation mentioned by the KIs as being particularly important for employment were passports or other IDs, followed by residence or entrance permits. On the other hand, educational degrees or other proof of the employee's qualifications was not reported as being of critical importance to the employer's decision-making process.

> *"The absence of documents proving legal entry in the country or that of a passport negatively affects migrant and refugee women in terms of* **access to employment, due to the fear of legal accountability or arrest of the person benefiting from the work [employee]."**

> Female KI, from the refugees' and migrants' communities, cleaner, Tripoli

---

[49] From all respondents who did not answer "I have all the documentation I need/I don't face any obstacles" to question: "What are the obstacles, if any, to obtain legal documentation?"
[50] Of respondents who reported facing any obstacles to accessing documentation (74% of the overall sample for East Africa).
[51] WeWorld-GVC, "Nexus Profile: the South and West Libya", 2022. Accessible here.
[52] 73% of male respondents reported obstacles accessing legal documentation, i.e., did not answer "I have all the documentation I need/I don't face any obstacles" to question: "What are the obstacles, if any, to obtain legal documentation?"
[53] 74% of female respondents reported obstacles accessing legal documentation, i.e., did not answer "I have all the documentation I need/I don't face any obstacles" to question: "What are the obstacles, if any, to obtain legal documentation?"

Safety and security

Overall, 23% of respondents reported being aware of safety or security incidents involving refugees and migrants in their mantika during the three months prior to data collection. However, a notable deviation was observed when zooming in on specific population groups or locations, with incidents being particularly commonly reported among East African respondents (50% of East African respondents), as well as respondents interviewed in Sebha (50%), Aljfara (48%), and Tripoli (48%).

Among those 23% respondents reporting awareness of any safety and security incidents, the most commonly reported types of incidents were robberies (60%), armed conflicts or the presence of armed actors (25%), followed by arrest or detention (23%). In Aljfara, in particular, 52% of respondents who reported being aware of incidents also reported that these were related to the arrest or detention of migrants. Refugees and migrants interviewed in Sebha, Murzuq and Tripoli, in particular, commonly reported their safety and security concerns being related to armed conflict or the presence of armed actors (reported by 69%, 57% and 38% of respondents respectively). These findings seem to reflect local dynamics; political tensions and the presence of armed groups in the region of Tripoli, as well as the protracted insecurity and political fragmentation in the South, might drive more common feelings of insecurity and concern among the communities in those specific regions. [54, 55]

The presence of armed actors and the generalised insecurity in the Southern region might also explain partly why respondents in Sebha and Murzuq – the mantikas assessed in the region – more commonly reported feeling unsafe in their baladiyas; these mantikas had the highest proportion of respondents who reported fear of kidnapping (26% of respondents in Sebha) and robberies (76% of respondents in Sebha and 78% in Murzuq), while concerns related to the risk of arrest or detention, association with armed groups, and forced eviction were most commonly reported in Sebha (reported by 34%, 14%, and 10% respectively). Furthermore, among all respondents who reported being aware of safety and security incidents in their baladiyas in the month prior to data collection, 6% mentioned an explosion of hazard (UXO) had taken place. [56] In line with the other protection findings, this was mostly reported in Murzuq and Sebha.

Both men and women reported a considerable number of safety and security concerns. The top three safety and security concerns most commonly reported by men were robberies (26% of male respondents), armed conflicts or the presence of armed actors (19%), and arrest or detention (13%); further, armed conflicts or the presence of armed actors (25%) and robberies (14%) were also most commonly reported by female respondents among the top three safety and security concerns, and 9% of female respondents also reported arrest and detention as their safety and security concern. However, women seemed to feel less safe and more exposed to the risk of harassment than men. Verbal and physical harassment was reported as their second top safety and security concern (19%), while sexual harassment and violence and discrimination concerns were as commonly reported as concerns for robberies (14%). Compared to male respondents, 10% reported concerns of verbal or psychological harassment and 0.4% sexual harassment or sexual violence, and only 0.1% reported discrimination. This latter issue was also relatively more frequently reported by female respondents when it came to actual incidents – indeed, among the sub-group of female respondents who reported being aware of any incidents involving migrants and refugees in their baladiyas in the 3 months prior to data collection (26% of the overall sample), 17% reported that these incidents were related to sexual harassment or violence. According to the Protection sector strategy report 2020-2021, gender-based violence remains among major protection concerns in Libya both for host and refugee and migrant populations; while both

[54] Peaceful change initiative, "Unpacking the impact of conflict economy dynamics on six Libyan municipalities", 2022. Accessible here.
[55] WeWorld-GVC, "Nexus Profile: the South and West Libya", 2022. Accessible here.
[56] Out of the subgroup of respondents who reported being aware of safety and security incidents in their baladiyas involving refugees and migrants during the last three months prior to data collection (23% of total sample of respondents).

genders are exposed to it, women are more severely subjected to discrimination and violence based on their sex.[57]

Findings suggest that East African refugees and migrants feel comparatively less safe than those from the other assessed population groups, with 42% of East African respondents reporting feeling either "somewhat unsafe" or "very unsafe" (compared with 25% of the total respondents). Also, compared to other groups, respondents from this region of origin more often reported having security concerns related to robberies (54% of East African respondents compared to 25% on average), arrest or detention (45% of East African respondents compared to 13% on average), kidnapping (19% of East African respondents compared to 6% on average), as well as human trafficking (9% of East African respondents compared to 2% of the total respondents). Furthermore, when asked about safety and security incidents affecting refugees and migrants more generally, while most respondents (63%) reported not being aware of any incidents in the 3 months before the data collection, 50% of East African respondents reported being aware of such occurrences, especially concerning arrest or detention, which was the most commonly reported incident type among this group (34% of East African respondents). Findings from other sources echo these concerns; according to a 2019 publication from Mixed Migration Centre (MMC), East African refugees in Libya, men, in particular, are more likely to be detained than refugees and migrants from MENA or West and Central Africa.[58]

During the qualitative phase, inquiring about refugee and migrant access to employment opportunities and working conditions, the aspect and the role of personal safety and security in working environment and conditions were investigated, for both men and women. Arrests and robberies, which were reported as the most prominent safety and security concerns by refugees and migrants during the multi-sectoral survey, were also reported by KIs as being among the most frequently occurring types of safety and security incidents at the workplace, together with verbal and physical harassment. Most of the workers interviewed reported that refugee and migrant workers face particular risks while travelling to and from work. Women, in particular, were reported to be exposed to the risk of harassment when travelling to work alone. According to informants, several factors combined contribute to this risk, including social and cultural norms and perceptions about women commuting alone, especially during later hours, and the specific conditions of work, such as the necessity to work in remote locations to and from which women would travel alone.

> *"There are situations that subject women to harassment [such as] if their workplace requires them to move and travel daily. This makes them vulnerable to harassment."*
>
> Female KI, from the refugees' and migrants' communities, free trader, Murzuq

Safety and security concerns for children

According to female respondents, in particular, harassment, whether verbal, psychological, or sexual, is the most important safety and security risk to which refugee and migrant children (boys and girls) are exposed. In the case of safety and security risks to girls, respondents reported verbal or psychological harassment (13% of all respondents) and sexual harassment or violence (10% of all respondents) as the main risks. However, this latter was considerably more reported by female respondents, according to whom this would represent the single most prominent risk for refugee and migrant girls (reported by 26% of women interviewed). Similarly, while on average robberies (19%), arrest or detention (13%) and armed conflict or presence of armed actors (13%) were the most reported risks for refugee and migrant

---

[57] Protection Sector, "Libya Protection Sector Strategy 2020-2021", February 2020. Accessible here.
[58] Mixed Migration Center (MMC), "What makes refugees and migrants vulnerable to detention in Libya?", 2019. The report can be accessed here.

boys, female respondents more often emphasised risks related to verbal and psychological harassment, which was the second most reported concern (17%) among this group after robberies.

In general, and in coherence with the pattern described earlier in this section, respondents from the East African region particularly commonly reported perceiving that children in their baladiyas face safety and security risks. This group also most commonly reported that boys and girls are at risk of kidnapping (reported by 22% and 17% of East African respondents for boys and girls respectively) and/or human trafficking (reported by 17% and 13% of East African respondents respectively), compared to other population groups.

Overall, safety and security concerns for refugee and migrant children (both boys and girls) were particularly reported in the Southern mantikas assessed (Murzuq and Sebha), as well as in the capital mantikas in the Western and Eastern regions (Tripoli and Benghazi). Sebha and Benghazi were also found to be the mantikas with the highest proportion of respondents reporting risks for sexual violence and harassment to refugee or migrant girls (reported by 31% and 36% of respondents respectively).

Reasons for migration to Libya

For the majority of respondents, the main reason for migrating to Libya was related to economic opportunities in the country of destination (49%) or lack thereof in the country of origin (64%). However, conflict or security risks in the home country were also found to be a push factor behind migration towards Libya. Indeed, 13% of the respondents reported coming to Libya as a consequence of conflict or insecurity in their home countries, or due to the need to flee hostility or discrimination against them or their families. This was found to be most prevailing among East African respondents (25%), followed by respondents from West and Central Africa (14%) and the MENA region (12%), while conflict and persecution were rarely mentioned by South and East Asian respondents (9%). 80% of those who came to Libya for the aforementioned reasons were found to have protection needs, against 56% of those who migrated for other reasons. In addition, this group of people more commonly reported to face movement restrictions (44%) compared to migrants and refugees who are in Libya for reasons other than conflict or persecution (21%). This group also appeared to be more economically vulnerable, as 74% of them were found to use crisis or emergency-level coping strategies to deal with lack of economic resources against 45% of those displaced for other reasons.

*As the sampling was not done on the basis of the reasons for migration, the information presented in this box is only indicative of potential additional vulnerabilities when migration is a result of conflict not of economic reasons. Additional research is needed to draw solid conclusions.

Health

The healthcare sector in Libya has been heavily disrupted by the protracted conflict, which has hindered its ability to meet the population's needs.[59] Since 2020, the situation has been further worsened by the COVID-19 outbreak.[60] According to the 2021 Health Sector annual report, structural systematic challenges remain, linked to "the disrupted network of public health facilities, lack of supplies (medicines, consumables and equipment), lack of specialists".[61] This is reflected in more than 803,000 people being identified as in need in the 2022 HNO, including 232,000 migrants and 43,000[62] refugees. In the 2021 MSNA, health was found to be the sector with the second-highest percentage of respondents found to

---

[59] IOM, "Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya", March 2021, Accessible here.
[60] Ibid.
[61] Health Cluster Libya, "Health sector Libya annual report: 2021", January 2022, accessible here.
[62] OCHA, "2022 Humanitarian Needs Overview (HNO)", December 2021, accessible here.

be in need (27%), after protection. Needs appeared to be mainly driven by barriers to accessing healthcare services. [63]

The proportion of respondents with health needs (i.e., having a health LSG score of 3 or 4) was found to be similar across the country's main regions: West (29%), East (24%) and South (24%). However, when zooming in on specific mantikas, Al Jabal Al Gharbi and Aljfara, both located in the West of Libya, were found to present the most critical health situation, with 47% and 45% of the interviewed migrants and refugees in these mantikas were respectively found to be in need. The most prominent relative differences were found across different regions of origin; overall, East African respondents were most commonly found to have health needs (48%), followed by West and Central African respondents (30%) and South and East Asian migrants (27%). By contrast, needs appeared less prevailing among MENA respondents (18%). These disparities between the population groups may be attributed to underlying differences in living situations, which will be explored later in this section.

Challenges accessing healthcare

Overall, only a small percentage (5%) of respondents reported not having access to any type of private or public healthcare [64] and only 3% of the overall sample reported that they had needed healthcare in the 3 months prior to data collection but had not been able to access it. [65] Overall, only a small proportion of respondents (18%) reported having needed healthcare in the 3 months prior to data collection. Therefore, to provide a more robust picture of the health needs, the analysis focused on overall barriers to accessing healthcare, [66] as access to healthcare is a crucial component of the right to health.

The main barriers that reportedly prevented respondents from accessing needed healthcare appeared to be mainly financial, legal, or related to safety and security. [67] Indeed, 55% of respondents who reported needing healthcare (18%) [68] were found to also have protection needs, and this appeared particularly recurrent among East African respondents. Even among respondents who reported having been able to access healthcare when needed (15%), [69] or did report needing it during the 3 months prior to data collection (82% of the total sample), a notable proportion reported either having faced or expecting to face challenges when accessing care (reported by 38% and 29% of these two subgroups respectively), due to both problems inherent to the health system (e.g., a lack of medicines and overcrowding) and challenges intrinsic to their legal and economic situation in the country (e.g., an inability to afford services and lack of documentation).

While these challenges were reported across all population groups, East African respondents seemingly more commonly referred to obstacles related to their situation in the country – among respondents from this region who did not report having needed to access healthcare in the previous 3 months (64%), 26% and 20% reported thinking that they would not be able to access it if needed due to insufficient economic resources and a lack of legal documentation, respectively. Furthermore, this group also more commonly reported security concerns as a key obstacle to accessing healthcare, with security concerns at the health facility or on the way being reported by 12% and 11% of respondents from this region as

---

[63] Respondents reporting not having needed healthcare in the 3 months prior to data collection but reporting severe possible barriers to healthcare or having needed healthcare in the 3 months prior to data collection and not having been able to access it.
[64] Access to public hospital, private clinic, NGO clinic, mental healthcare or private practitioner
[65] This finding needs to be interpreted with the consideration that questions were asked at the individual, rather than the household level.
[66] The survey included three different questions about barriers to healthcare: one question about actually faced barriers to healthcare (asked to those who needed healthcare and could not access it in the 3 months prior to data collection, 3% of the overall sample), one questions about barriers faced when accessing healthcare (asked to those who needed healthcare and indeed could access it in the 3 months prior to data collection, 15% of the overall sample), and one question about potential barriers respondents think they might face when accessing healthcare (asked to those who haven't needed healthcare in the 3 months prior to data collection, 82% of the overall sample).
[67] 50% of those who reported needing healthcare but were not able to access reported no barriers.
[68] 18% of the overall sample reported having needed healthcare in the 3 months prior to data collection, 55% of them also have protection needs.
[69] Calculated out of the overall sample.

an expected barrier to accessing healthcare.[70] In fact, KIs mentioned that access to health is one of the biggest concerns affecting refugees' and migrants' wellbeing and consistently referred to medical assistance among the most needed types of assistance. It is also important to note that, according to KIs, physical fitness is among the key enabling factors to find a job, which indicates that health consequences can severely affect a person's access to livelihoods, resulting in further financial burden, which in turn is likely to have consequences on both their physical and mental health.

Migrant and refugee school aged children and access to health

Findings suggest that inadequate access to healthcare also affects migrant and refugee children. As previously mentioned, as part of the 2021 Refugee and Migrant MSNA, REACH conducted dedicated data collection to investigate the education and child protection needs of the non-Libyan population. Within this component, **health was reported as the second most inaccessible service (48%) to migrant and refugee school-aged children, with the main reported barrier being unaffordability.** In addition, while 36% of respondents to this exercise reported being aware of refugee and migrant children in their baladiyas expressing psychological distress, mental health and psychosocial support were reported to be inaccessible by 38% of respondents, with the most reported barrier being the non-availability of such services. *

*The information presented in this box is drawn from the Education and Child protection assessment, a sample of 231 respondents, see footnote for more information.[71]

Standards of living as a contributing factor to health needs

Aside from the risk of any individual being exposed to health issues, and the natural risk of transmission of viruses including COVID-19, it appears that migrants and refugees might face a higher probability of having their health affected as a result of their experience, including arbitrary detention, living conditions, accommodation, work arrangements, and, sometimes, their coping mechanisms. For example, migrants and refugees were often found to live in inadequate housing, with 68% of respondents reporting that their accommodation had flaws, including leaks (25%) and bad conditions (or total lack of) of the sewage system (15%); 50% reported living in shared rooms; and 19% reported living in a shelter presenting medium or heavy damage. Almost all interviewed migrant and refugee KIs mentioned that substandard accommodation has adverse effects on physical health and the transmission of diseases, while some extended their answer to include mental health and an increased chance of spread of COVID-19 specifically. At the same time, 66% of respondents reported not being aware of or not having access to a COVID-19 testing facility in their baladiyas, a figure that increase to almost all respondents in Murzuq (94%) and Ejdabia (93%). According to IOM, only 10,188 (≈2%) migrants had received at least one dose of a COVID-19 vaccine as of March 2022.[72]

In addition to housing conditions' implications on health, certain work conditions may also contribute to increased health risks, such as a general lack of safety measures, exposure to chemicals, and heavy lifting at work. This was reported by around a third of KIs,[73] who even mentioned that migrants and refugees are often exposed to the risk of injuries and fractures – a finding that shall be further interpreted

---

[70] Out of the subgroup of respondents who did not report having needed healthcare during the three months prior to the interview (64% of the sample for East Africa).
[71] The education and child protection component of the MSNA is a separate but complementary assessment that employs the Area of knowledge methodology, a KI based methodology, different from the main MSNA methodology. The education assessment allowed interviewing 231 informants, who provided information on a total of 522 migrant and refugee households with school-aged children in their household. While some key findings are reported here, most of the analysis did not feed into this report but were presented in the factsheets and the presentation. Details about the methodology and the scope of the assessment can also be found in here.
[72] IOM-DTM, "Libya – Weekly Migrant COVID-19 Vaccination Update - Phase 2 (20 - 26 Mar 2022)", March 2022, accessible here.
[73] KIs are from the migrants' and refugees' communities and labour force.

in the light of refugees' and migrants' limited access to any form of social protection, such as health insurance.

> *"And most of these accidents happen in the fieldwork, like construction work and industrial workshops, and sometimes there are accidents that cause disabilities and even death due to the lack of safety measures."*

> Male KI, from the refugees' and migrants' communities, nurse, Tripoli

When looking at the coping strategies respondents reported having adopted to cope with lack of resources or food, it is apparent that some of these can have negative implications on their physical and mental health as well – with strategies ranging from taking on an additional job (reported by 36% of respondents) to reducing expenditure on essential NFIs, including water and hygiene items (26%), to reducing the number of meals consumed in a day (29%). Furthermore, directly reducing the expenses on health was the fourth most commonly reported coping strategy (32%), indicating that, in some instances, health is de-prioritised to be able to cover other basic needs like food and shelter.

WASH

In 2021, 110,379 migrants and 17,971 refugees in Libya were estimated to be in need of access to safe water, hygiene and sanitation services.[74] According to the 2022 HNO, migrants and refugees would be particularly in need in this area because of their relatively low standards of living and poor housing conditions.[75] This is reflected in the 2021 MSNA; WASH was found to be the third most common sectoral need among respondents (25% of respondents had WASH needs). WASH was also the sector with the highest proportion of respondents presenting extreme needs (23%, i.e., a WASH LSG severity score of 4).

The severity of WASH needs was found to differ across Eastern, Western and Southern Libya and across different regions of origin; South and East Asian respondents were particularly commonly found to have WASH needs (48%), followed by West and Central African respondents (33%). From a geographic perspective, the South appeared to be the region with the highest proportion of respondents with unmet WASH needs (53%), compared to the East (23%) and West (23%).

Socioeconomic vulnerabilities and access to WASH

Findings suggest that WASH needs among the interviewed refugees and migrants are mainly driven by a reliance on unimproved sanitation facilities.[76] As shown in Figure 1 below, reliance on unimproved sanitation facilities seems to be highest among South and East Asian respondents (42%), while it appeared to be lowest among respondents from the MENA region (10%). The type of accommodation is likely to play a role in these differences. In general, respondents residing in relatively enhanced shelter types less commonly reported relying on unimproved sanitation facilities. For example, 27% of those residing in shared rooms were found to rely on unimproved sanitation facilities, while that was only the case for 16% of those living in private rooms (in shared accommodation), and 12% for those occupying an apartment.[77] The majority (65%) of South and East Asian respondents were found to be living in rooms shared with other individuals who were not part of their families. A minority (5%) of South and East Asian respondents reported using open holes as a sanitation facility, while 67%[78] reported problems with the sanitation facility in use, including facilities in bad conditions or not working (43%),

---

[74] OCHA, "2022 Humanitarian Needs Overview (HNO)", December 2021, accessible here.
[75] Ibidem.
[76] Sanitation facilities considered improved are flush toilet, pit latrine with slab and ventilated improved pit (VIP) toilet. Sanitation facilities considered unimproved are open hole, plastic bag, pit latrine without slab, hang toilet, bucket toilet and open defecation.
[77] The three most commonly reported shelter types are shared rooms (50% of the total sample), private room in a shared accommodation (27% of the total sample) and apartment (12% of the total sample).
[78] Calculated for all respondents who did not answer 'Open hole', or 'Plastic bag', or 'None' to the question about sanitation facility type (95% of the overall sample).

shared with more than 5 people that are not members of the household (18%) or having unlockable doors (7%). South and East Asian respondents also were the least likely to report being living in an apartment or a house compared to all the other regions of origin.

Lack of access to functioning sanitation facilities, regardless of the cause, is likely to have a negative impact on the health situation of migrants and refugees and is particularly alarming in the light of the perduring COVID-19 emergency. Overall, of those who reported not having access to improved sanitation facilities (22% of the overall sample), 42% also reported not having access to testing for COVID-19.

Figure 1: % of respondents per sanitation facility type, by region of origin
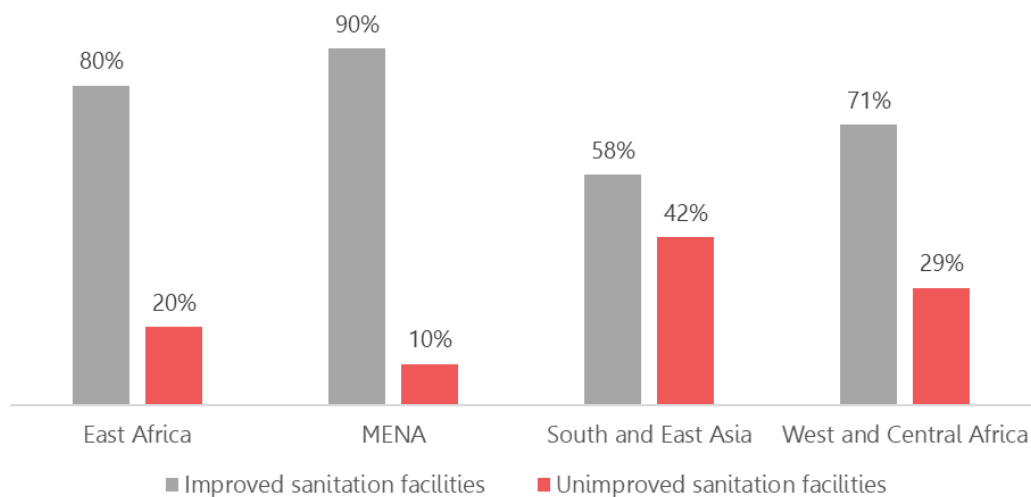
Infrastructure and access to water

According to the 2021 Global WASH Cluster (GWC) annual report, water infrastructure in Libya is deteriorating rapidly and has been heavily damaged by the country's situation of protracted instability and conflict.[79] While this situation is experienced by all vulnerable groups in Libya, in the case of refugees and migrants, the inadequacy of the country's water infrastructure represents an additional challenge that overlaps with the more specific accommodation-related issues mentioned above. Indeed, access to the public water network seems to remain limited for migrants and refugees, as overall only 32% of the respondents reported relying on the public water network as their main source of drinking water, and 7% of them reported only having access to the public network less than 3 days per week. In the South and West of Libya, in particular, the proportion of respondents reporting relying on the public network as their main source of drinking water was particularly low, at 21% and 13% respectively. In both regions, respondents more commonly reported relying on other sources. In Southern Libya, taps accessible to the public were the most reported main source of drinking water (reported by 62% of respondents in this region). While public taps are generally considered an improved source of water, 28% of those who use them do not have their drinking needs covered.[80] As for the West, the most commonly reported source of water was bottled water (reported by 68% of respondents), in line with the GWC report that suggested that the West is the area most affected by problems with accessing the public network, notably due to repetitive electricity cuts that disrupt water supplies.[81] By contrast, Eastern Libya

---

[79] Libya Global WASH Cluster, "Libya: Situation Analysis. Annual report 2021", January 2022, accessible here.
[80] United Nations Children's Fund (UNICEF) and World Health Organization, "Core questions on drinking water, sanitation, and hygiene for household surveys: 2018 update", 2018, accessible here.
[81] Libya Global WASH Cluster, "Libya: Situation Analysis. Annual report 2021", January 2022, accessible here.

appeared to enjoy the fairest access to the public water network, with 78% of respondents reporting relying on the public water network.

Figure 2: Top 3 most reported main sources of drinking water, by region in Libya
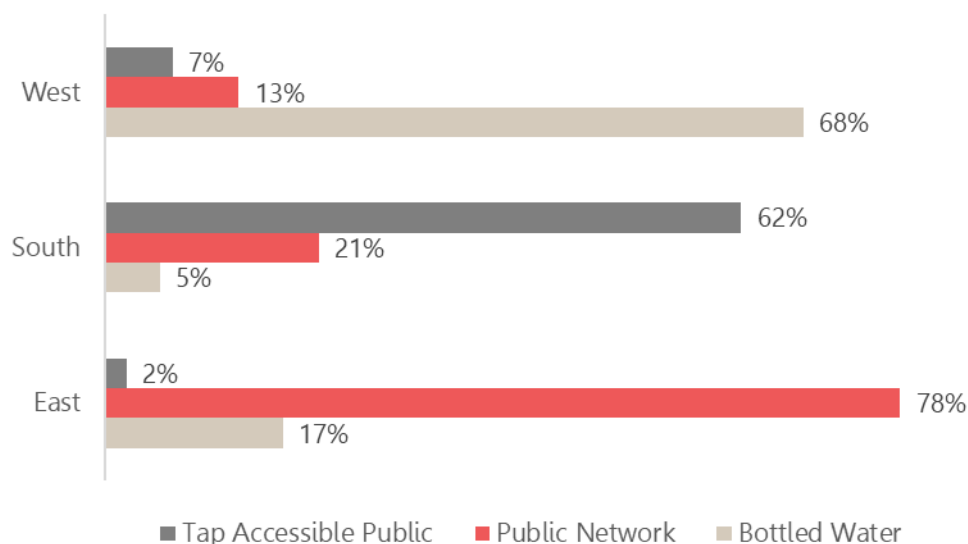
Close to one-third (32%) of respondents reported not having had sufficient water to cover drinking, cooking, hygiene or domestic needs during the 30 days prior to data collection. This appeared to be more common among East African respondents (43%) followed by West and Central Africans (39%) and South and East Asians (37%), and less prevailing among MENA respondents (20%). Disparities across Libya's major regions can also be observed. Figure 3 below shows the prominence of this problem especially in the South, compared to the other regions. Indeed, 70% of respondents in Sebha (in the Southern region) reported not having sufficient water to cover these basic needs, with 25% not having enough water to cover drinking, followed by Alkufra in the East and Tripoli in the West with 65% and 59% respectively. In particular, 49% of respondents in the South reported not having enough water to cover basic personal hygiene needs. This resonates with the findings concerning the type of sanitation facility used, as in the South, 45% of respondents reported not having access to an improved sanitation facility, and it points, therefore, to a specific situation of heightened hygiene needs among refugees and migrants in this region.

Figure 3: % of respondents reporting not being able to cover their basic water needs, by type of need
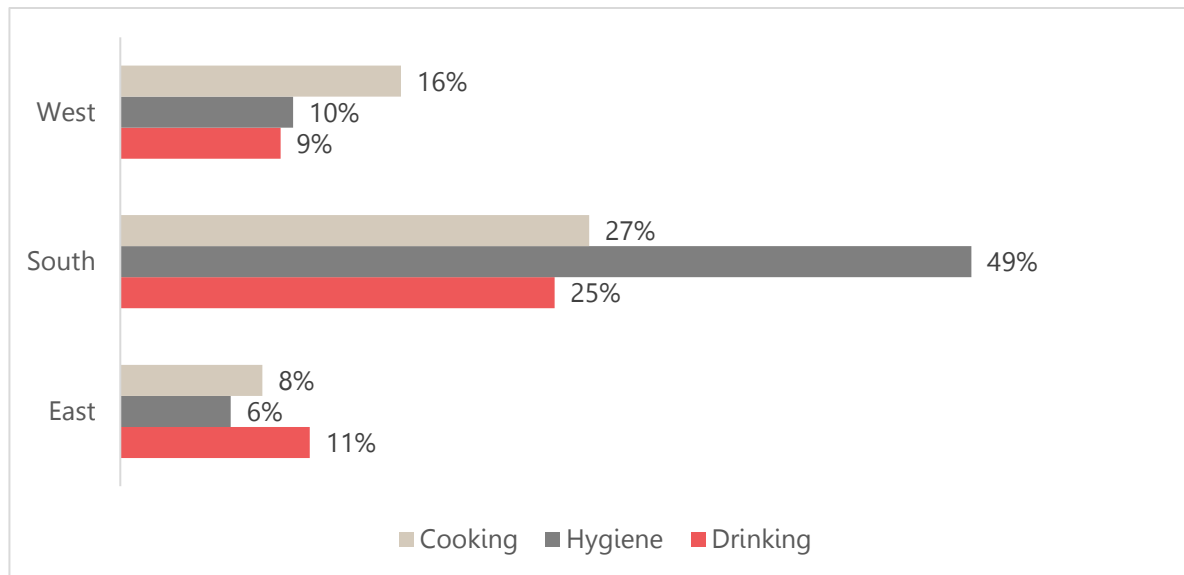
Thematic focus: accommodation

Sixteen percent (16%) of respondents to the 2021 Refugee and Migrant MSNA were found to have severe SNFI needs (i.e., a living standard gap severity score of 3), and 7% were found to have extreme needs (i.e., a living standard gap severity score of 4), – for a total of 23% of respondents with SNFI needs, which raises to a maximum of 46% and 43% in Sebha and Aljfara respectively. In general, and in line with other sectoral findings, the severity of SNFI needs varies to a notable extent across different region of origin groups, ranging from 47% of East African respondents to 13% of respondents from the MENA region being found to have SNFI needs. Needs were found to be mainly driven by the general conditions of the housing solutions; while the majority of refugees and migrants interviewed were reportedly living in some type of shelter, [82] the type of accommodation reported by this population group does not seem to always be healthy, in good conditions, or safe.

Living arrangements

The most commonly reported type of accommodation was rooms shared with other persons (not part of the respondent's family), reported by 50% of respondents, followed by private rooms in shared accommodation (27%) and then by apartments (12%). As shown in Figure 4, while sharing a room was the most commonly reported situation across all region of origin groups, it was found to be particularly prevalent among East African respondents (68%). By contrast, respondents from the MENA region appeared to be more evenly distributed across the three mentioned accommodation options and were the group with the highest percentage of respondents reporting living in an apartment (20%) or a house (7%) only shared with members of their family.

Income seems to be a contributing factor only to a certain extent, as around half of respondents from all income categories were found to live in shared rooms. By contrast, findings indicate a probable association between the type of accommodation and the job type (daily, temporary, or permanent) as shown in Figure 5. Figure 5 indicates that respondents dependent on unsustainable livelihoods, such as daily work, more commonly reported living in suboptimal shelter types, suggesting a relation between the type of work and the type of shelter. This might be explained by an inclination to prefer saving over consumption, including being able to send remittances back home, most likely as a safety strategy to

---

[82] Only 0.3% of respondents reported being homeless.

cope with the insecurity of labour, related to the type of job and exacerbated by the uncertainty caused by the continuing effects of the COVID-19 outbreak on the labour market. [83]

Figure 4: Top 3 most reported types of accommodation, per % of respondents, by region of origin
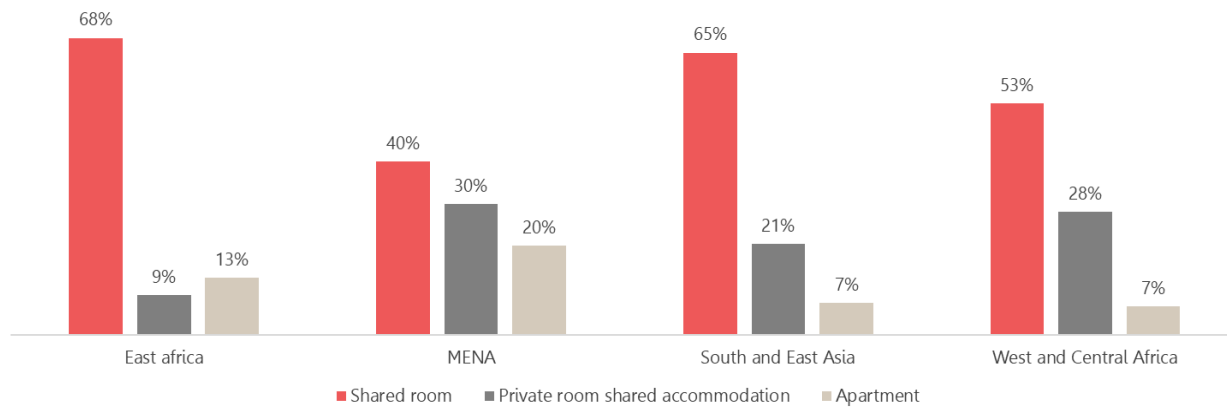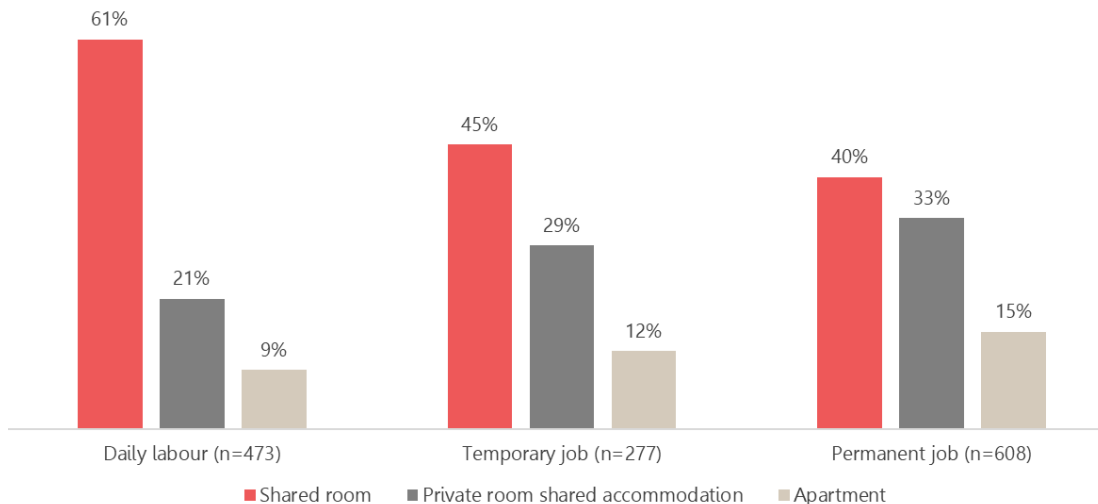

Figure 5: Type of accommodation by % of respondents, per type of job occupied

Implications of living in shared rooms on mental and physical health

Sharing rooms was reported by the overwhelming majority of KIs to be mainly due to financial reasons and was also reported to have several other positive aspects in addition to its financial convenience. Indeed, KIs pointed out that sharing rooms can provide a sense of belonging and cohesion, as well as a feeling of comfort explained by some as the result of being surrounded by friends and relatives. Migrants and refugees reportedly feel less alien and more supported when living together and forming a community.

However, and especially in light of the COVID-19 outbreaks, a few KIs mentioned that sharing rooms constitutes a significant risk to the health of the migrants and refugees who are living together, this risk is exasperated by the overcrowding usually found in migrant accommodations. According to these KIs, sharing a room with other persons would also deprive migrants and refugees from enjoying certain privacy and thus decrease overall comfort. In addition, some KIs reported the possibility of theft and the

---

[83] These observations are indicative only and no correlation or regression analysis was carried to draw the association between the type of shelter and the type of job, thus it is subject to further research and analysis.

occurrence of safety and security incidents as a consequence of sharing a room with other persons who are not members of one's own family. These factors together might result in deteriorating the physical and mental health of the tenants, as reported by a few informants:

> "[...] living in shared rooms has an impact on their physical and mental health, [due to the] transmission of contagious diseases [...] in addition to poor sanitation [...] lack of safe doors or windows".

> Male KI from the refugees' and migrants' communities, Murzuq

Implications of accommodation on personal safety

While sharing a room with other migrants was not widely reported as a security risk factor, when looking at the neighbourhood level, migrants and refugees reportedly remain exposed to safety and security risks more commonly than Libyan nationals, mainly due to a lack of support systems and a common lack of documentation, which prevent them from seeking remedy in case of incidents. According to KIs, the choice of accommodation is also likely to influence migrants' and refugees' exposure to safety and security incidents, as in general, the most affordable housing solutions tend to be relatively unsafe. Indeed, a few KIs reported perceiving that crimes are more likely to happen in certain areas, mainly in the outskirts of the city. According to KIs, refugees and migrants are at risk of robberies, as well as verbal and physical harassment, in their area of residence. In addition, some KIs mentioned that refugees and migrants staying in more remote areas are more vulnerable to extortion and exploitation.

> "The remoteness of most migrant and refugee housing compounds from the city and residential areas increases their vulnerability to theft and verbal and physical harassment by lawless gangs."

> Male KI from the refugees' and migrants' communities, mini-market salesman, Misrata

General housing conditions and barriers to accessing adequate housing

Overall, findings from both the KI interviews and the respondent survey seem to indicate that conditions of refugee and migrant housing often remain sub-standard. Indeed, 19% of respondents reported living in a shelter that was destroyed or presented medium to heavy damage.[84] In addition, an overall 68% of respondents reported that their shelter presented at least one serious issue, such as leaks during rain (25%), lack of insulation from cold or heat (24%) or limited ventilation (22%).[85]

Findings suggest that the South appears to be the region with relatively more severe shelter issues. Shelter damage as previously described was highest in Sebha (43%). In addition, reported shelter issues were found to be highest in the South (85%) mainly due to the large percentage of respondents reporting lack or bad conditions of their accommodation's sewage system in Sebha (74%) and Murzuq (59%). Sebha and Murzuq are also among the Mantikas with the highest percentage of respondents reporting facing trouble meeting essential shelter needs such as rent and utilities, during the 30 days prior to data collection, with 69% and 48% respectively. One possible explanation could be the lack of affordable housing solutions in the South because of the overall weaker and less accessible livelihoods

---

[84] As interviews were conducted remotely, these shelter technical and performance standards are self-reported, and no field visits were made to conduct formal shelter condition assessment.
[85] Serious issues refer to 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 mould 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 and doors/windows that cannot be locked.

and incomes weakened by the overall relatively higher inflation in the region.[86] This picture seems to align with findings from the migrant and refugee KIs in the South, all of whom reported that migrants and refugees usually earn less than 100 LYD (the lowest range reported) if skilled and less than 40 LYD (the lowest range reported) if unskilled. KIs also often mentioned renting in old houses in groups and being unable to access adequate housing because of prices.

In general, around half of KIs reported that migrants often live in homes that are unhealthy, unsanitary, or in bad conditions. Across most KIIs, housing prices were the most reported barrier to accessing adequate accommodation. In addition, most KIs reported that wages for low-skilled jobs are not sufficient to allow refugees and migrants to afford all their basic needs, with around one-third of KIs reporting that they are not enough to pay for shelter specifically, and a few KIs stressing that refugees' and migrants' income, in general, is not enough to afford shelter unless this latter is shared.

As a consequence, refugees and migrants with low income were reported by the majority of KIs as the group least likely to find accommodation or to live in adequate housing, followed by unemployed individuals. A few KIs pointed out that women, and single women, in particular, shall be considered as a particularly vulnerable group, most likely to end up in inadequate housing, as the quote below illustrates:

> *"Single women are the group most affected by this aspect because it is difficult for the landlord to agree to the presence of single women in an apartment or house, due to the customs and traditions of this country."*

> Female KI, Nigerian diaspora representative, Benghazi

Fairness of the housing market and security of tenure

According to the 2022 HNO, it is perceived that the limited ability of refugees and migrants to legally enter the rental market might translate into renting without written contracts, increased risk of eviction, and arbitrary rent increases.[87] This echoes with KI findings; KIs commonly reported that migrants and refugees remain exposed to unfair practices in the housing market. One of such reported practices was price discrimination. KIs reported that housing prices are usually higher when the tenant is a migrant or refugee compared to when the tenant is Libyan. A few KIs contributed this price discrimination to a lack of documentation,[88] limited knowledge of the renting market, and a lack of connections that would inform them about the housing market. Sudden or unexpected raise of rent by the property owner also emerged as a common experience across the FGDs and a factor contributing to the participants' perceived risk of eviction.

In light of this, 9% of respondents overall reported having been evicted or threatened with eviction in the 6 months prior to quantitative data collection. Among this group, the most commonly reported reason for eviction and the threat thereof was the inability to pay rent (45%),[89] which was further echoed in the KI interviews. The second most reported reason was discrimination or xenophobia (35%)[90]. In fact, discrimination and racism were reoccurring themes reported by KIs across all the studied themes (accommodation, livelihoods and access to humanitarian assistance).

---

[86] Ibidem.
[87] OCHA, "2022 Humanitarian Needs Overview (HNO)", December 2021, accessible here.
[88] In general, KIs reported that the main type of documentation requested by property owners is proof of identity, including passports, birth certificates, and identification cards. A requirement to have residency permits or work contracts was rarely mentioned by the KIs.
[89] This percentage are calculated only for respondents who reported either being evicted or threatened with eviction in the 6 months prior to data collection (9% of the total sample).
[90] This percentage are calculated only for respondents who reported either being evicted or threatened with eviction in the 6 months prior to data collection (9% of the total sample).

Factors affecting adequate living standards

In addition to sectoral needs analysis, exploring pre-existing vulnerabilities is important to identify groups that might experience greater barriers to access basic needs. Particularly vulnerable groups are more prone to have a lower ability to adapt to shocks and thus might have their lives disrupted at a greater level in case of crisis. In general, findings suggest that access to basic services and opportunities among migrants and refugees in Libya is dependent on a range of economic, legal, and social factors. While factors related to legal documentation have been explored in the section on protection, the following paragraphs will focus on social and economic factors. First, social characteristics will be taken into consideration, looking for example at indicators related to nationality, language, and access to social support networks. These factors may affect relations with the host community and access to the job market, thus influencing the economic and financial situation of the person and having an impact on their overall wellbeing, including their physical and mental health. Then, the following sections will explore the extent to which social and economic factors are interrelated and influence general wellbeing.

Social factors

The importance of social support networks

Social networks, whether connecting individuals to other migrants or Libyan nationals, can facilitate access to services and opportunities, especially having ties to Libyan host community members. The majority of KIs, equally among men and women, stressed that the main channel to find livelihoods opportunities is through relatives and migrant connections and, to a lesser extent, through Libyan connections. In fact, some KIs mentioned that having a Libyan support system might protect refugees and migrants from exploitation by the employer. It was reported that some refugees or migrants rely on a Libyan witness or a Libyan friend to conclude contracts with employers, inform authorities in case of fraud, and generally guarantee their financial rights.

> *"Migrant women were not paid as agreed because there was no written contract. Migrant women and refugee women have to [conclude work agreements] with written contracts, or* **to bring a Libyan witness or friend who concludes such contracts to protect their rights and inform the authorities if they were subjected to fraud or blackmail***."*
>
> Female KI, from the migrants' and refugees' communities, photographer, Al Jabal Al Gharbi

Likewise, KIs reported that migrant connections are the main channel through which migrants and refugees seek and find accommodation, but ties to Libyan nationals play a considerable role in securing accommodation and in increasing personal safety and security in the neighbourhood. Connections are also important to convince property owners to rent their property; while written contracts were reported as not being a common practice, refugees and migrants would rather rely on informal alternatives such as verbal agreements in the presence of witnesses and/or guarantors, represented by community leaders, employers, or Libyan friends who according to few KIs would either play the role of the mediator[91] or guarantor.

> *"It is common knowledge that if written contracts are not agreed upon, the agreement shall be in the presence of a sponsor or the employer of the migrant, if they are working, community leaders of the migrants, or one of their friends who have lived in the city for years, or one of their friends or acquaintances who are Libyan citizens."*
>
> Female KI, from the migrants' and refugees' communities, pharmacy worker, Al Jabal Al Gharbi

---

[91] According to one KI, the refugee or migrant would pay the Libyan friend/ connection, so they complete the transaction on their behalf.

Consequently, lacking a support network is likely to increase the individual's vulnerability, including by reducing their capacity to absorb shocks – for example, relying on friends and family was among the most reported coping strategies to deal with insufficient means to meet their basic needs, whether through borrowing money, getting food, or sharing resources. In addition, quantitative findings show that most of the respondents (61%) would firstly approach their Libyan friends and acquaintances if they were facing a severe problem such as abuse, robbery, eviction and so forth. This finding holds true when looking at different region of origin and gender groups. By contrast, UN agencies, (I)NGOs, and CSOs overall did not appear to be largely relied upon by refugees and migrants; only 2% of respondents reported that they would approach these actors for help if they were facing a serious problem. The only exception was found to be the mantika of Benghazi, where 13% of respondents reported that they would approach these organisations for help.

Overall, 9% of respondents reported having no one or trusting no one to help them – this figure was however notably higher in Murzuq and Sebha, where 42% and 29% of respondents reported lacking any support systems, while findings were fairly equal between female and male respondents, differences were found particularly between regions of origin groups. East African refugees and migrants appeared to be more vulnerable than other groups: in addition to having commonly reported feeling unsafe in their baladiyas, they were reportedly lacking any support networks – the share of East Africans reporting having no one or trusting no one to help them if needed was found to be twice as big as the average (18%, compared to 9% overall). West and Central Africans, similarly, commonly reported lacking any support networks (reported by 15% of West and Central African respondents).

Economic factors: livelihoods and coping strategies

Meeting essential needs and coping strategies

Although 88% of the respondents reported to be working, the majority of respondents (55%) reported relying on daily or temporary work – while this category encompasses a wide range of situations, from low-skilled to skilled and highly demanded jobs, it nevertheless exposes refugees and migrants to potential instability and unpredictability of income. Instability of income was also stressed by KIs, the majority of whom reported being aware of unpaid work occurrences, while others mentioned that payment is sometimes delayed or lower than agreed upon. Two KIs reported that these incidents would be more common in daily work.

Overall, 72% of respondents reported being unable to meet essential needs due to a lack of economic resources, with shelter needs, remittances and food being the most reported uncovered needs. As a consequence, the majority of respondents reported having had to adopt negative coping strategies, i.e., strategies that lead to depletion of assets (for example selling productive assets, land or house) or expose the person to safety, security and health risks (for example engaging in illegal work or begging). Overall, 23% and 25% of respondents were found to have used crisis- and emergency-level coping strategies in the 30 days prior to data collection, respectively.[92]

Figure 7 shows the 6 most commonly reported livelihoods coping strategies adopted by respondents.[93] Spending savings, taking an additional job or reducing expenses on health were the most commonly reported strategies.[94] Asking for money from strangers was reported by 23% of respondents while

---

[92]Crisis coping strategies include selling a productive household asset or means of transport, reducing expenses on health, or taking an additional job. Emergency coping strategies include having a household member engaging in degrading or illegal income activities, selling a house or land, and asking money from strangers.
[93]The LCSI methodology is in line with global standards. The severity classification of included strategies was determined based on 2020 data and discussions with key actors in Libya. The detailed calculations can be found in the Methodology overview.
[94]A respondent is considered to have used a certain coping strategy if they either used it during the 30 days prior to data collection or if they already have exhausted it during the last 12 months prior to data collection.

engaging in illegal activities was not notably reported (5%). However, across KIIs, these two strategies were consistently reported, potentially hinting at under-reporting in the individual survey, possibly due to the relatively sensitive nature of those options.[95] In the case of lack of food specifically, according to KIs, the most common coping strategies among refugees and migrants were relying on friends and family or borrowing. In general, reliance on coping strategies might have an adverse effect on the well-being of the person. For instance, KIs pointed out that having to rely on some coping strategies such as meals reduction or taking on additional work hours, may have an adverse effect on refugees' and migrants' mental and physical health.

Figure 6: Most commonly reported coping strategies used in the 30 days prior to data collection to cope with lack of resources, by % of respondents and severity category
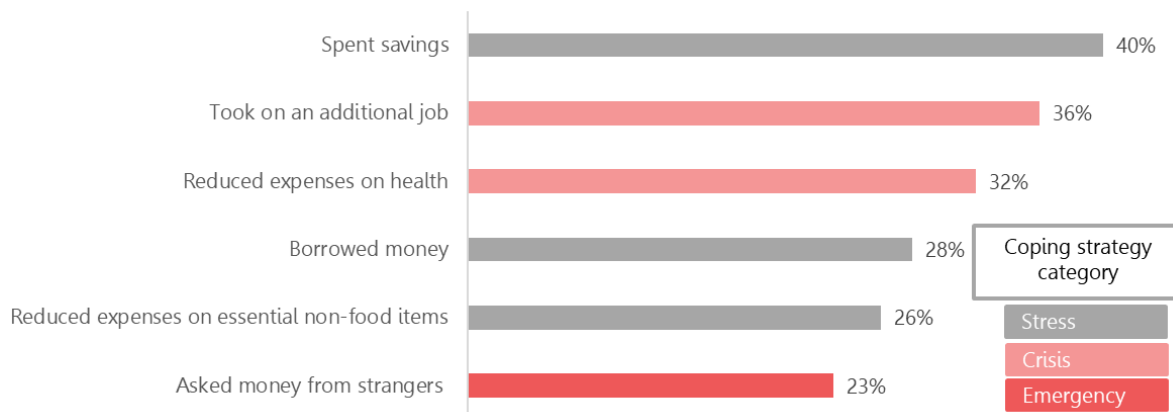
Findings suggest that borrowing money is relatively common (reported by 28%), and is used mainly to pay for rent (50%*), food (46%*) or other basic needs (26%*).[96] However, migrants and refugees still seem to have limited to no access to formal lenders: indeed, only 1% of respondents who accumulated debt in the 6 months prior to data collection reported having done so through formal lenders. Some KIs echoed this, reporting that formal sources to borrow money are not available to refugees and migrants. By contrast, migrant communities were reported to be the most common source of money to borrow, according to both the individual survey and the KI interviews. Although reliance on informal channels for borrowing in Libya is common among Libyan and non-Libyan populations, it appears that migrants and refugees, face more obstacles.[97] Migrants and refugees are excluded from the formal financial sector as a whole and not just borrowing, putting them at a higher risk of robberies as they do not have access to a safe place to store money or a safe channel to transfer it.[98]

Figure 7 below shows the proportion of respondents reporting having used crisis or emergency level coping strategies during the 30 days prior to data collection, disaggregated by region of origin and gender. Overall, respondents from South and East Asia reported having used crisis or emergency level coping strategies (74% overall), while respondents from the MENA region reported this less commonly (43% overall). This might be due to the role that having a similar nationality and language plays in facilitating integration within the Libyan community and notably in accessing livelihoods opportunities, on which the ability to cover basic needs and to access different services depends. Indeed, 73% of respondents who do not speak Arabic (22% of the overall sample) reported having used either emergency or crisis coping strategies, as opposed to 42% of those who listed Arabic as one of the languages spoken.[99] According to the qualitative findings, the ability to speak Arabic would be equally as important as the level of skills and experience during recruitment, and it was the third most reported

---

[95] The KIs, in their response, were asked about the experience of migrants' and refugees' communities in general.
[96] * Calculated only for respondents who reported having accumulated debt in the 6 months prior to data collection (28%).
[97] World Bank Group, "Libya Financial Sector review", February 2020, accessible here.
[98] Ibidem.
[99] Speaking Arabic here refers to the ability to use the language comfortably for daily communication.

factor that employers consider when hiring migrants and refugees. In turn, the inability to speak Arabic was consistently reported as the main barrier to access livelihoods and one of the main reasons for discrimination in the labour market.

Around half of the respondents reported reliance on coping strategies, with limited differences between male and female respondents. Overall, 58% of women and 47% of men were found to have an emergency or crisis coping strategies score during the previous month. For women, the figure seems to be higher for those living alone (with no other household members) compared to those who are part of a household (80% and 50% respectively). This negligible gender difference is also reflected in access to jobs and income. The percentage of male respondents who reported to be working (89%) is only slightly higher than that of female respondents (78%), and 8% of women against 2% of men reported not having any source of income. However, when asked about the average daily wage for women and men respectively, female migrant KIs reported lower estimated average wage ranges than male KIs, for both skilled and unskilled labour.[100] In addition, female respondents tended to report higher average monthly expenditures compared to men (801 LYD and 665 LYD respectively), with higher spending, particularly on shelter, food, and education. Yet these differences in income and expenditure were not highly reflected in reliance on coping mechanisms.

Figure 7: % of respondents with emergency or crisis livelihoods coping strategy index (LCSI), per region of origin and by gender[101]
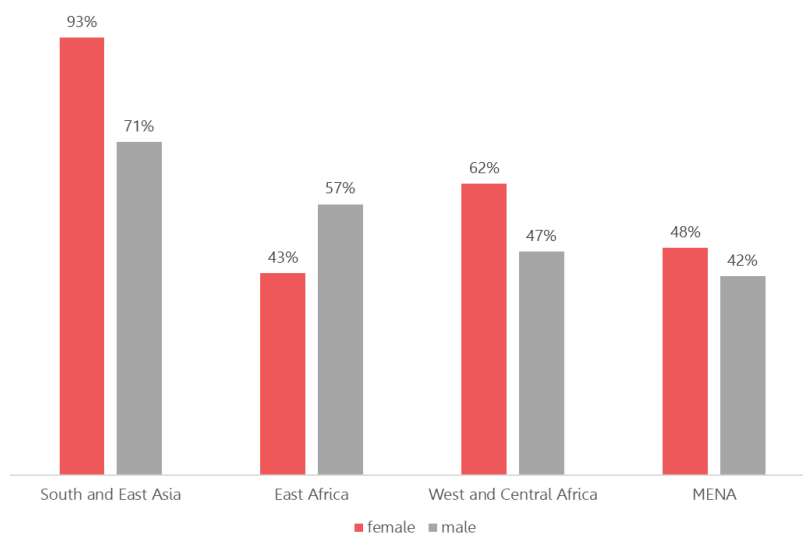
Livelihoods

Across qualitative and quantitative findings, livelihoods were found to be a key factor influencing both migration decisions and living standards in general. Indeed, the lack of jobs and economic opportunities in the home country and the availability thereof in Libya were reported as the main reasons for migrating to Libya. In addition, among the 51% of respondents who reported planning to stay in Libya for the next six months, the majority reported similar reasons behind their decision to remain in the country.[102]

However, access to the Libyan job market remains a challenge for migrants and refugees and work conditions often are below minimum standards. This could have an impact on the ability to meet basic

---

[100] Female migrants and refugees KIs were asked about the average salary for skilled and unskilled wages earned by only female migrants and refugees while male KIs were asked about skilled and unskilled average wages for male KIs only.
[101] Detailed information on the rationale behind LCSI and the method of calculation can be found in the methodology overview.
[102] Among those who are planning to stay in Libya for the next six months (54%), 66% reported planning to stay because of a lack of income or job opportunities in the home country and 54% reported staying because of the economic opportunities in Libya, marking these two options as the top 2 reasons to stay in Libya. Please note that this is a multiple choice question.

needs. For example, unaffordability was reported as the main barrier to accessing healthcare. Moreover, not having a stable source of income does not just affect migrants and refugees in Libya, but can also negatively impact their families back home. In the most recent IOM-DTM migrant report, 40% of migrants interviewed reported that remittances represented the primary source of income on which their household in their country of origin relied. [103]

Channels and barriers to accessing employment

According to KIs, the main channels for refugees and migrants in Libya to find a job would be gathering in streets or squares waiting for employers to hire them for daily or temporary jobs; relying on referrals and support from their social networks; and using social media to access information about opportunities.

> *"Work is often found through acquaintances who have already migrated, on social media, or daily labour is sought by sitting on sidewalks and waiting for hours. And these workers hope that someone who needs to hire a worker will see them, and cars stop by the roadside to hire workers."*

> Male KI, NGO staff, Murzuq

Language barriers, followed by lack of documentation, were reported by most KIs as the key barriers preventing access to job opportunities. Lack of documentation [104] is reported to have consequences on the employers as well as the employees. Some KIs mentioned that such documents are required by the employer out of fear of legal accountability, one KI emphasised that this is especially true in clinics, restaurants and cafes, while another mentioned that some jobs (without specifying) require proof of legal entrance.

On the other hand, skills and qualifications reportedly are a major factor facilitating access to employment. In fact, almost all KIs reported believing that training and capacity building of migrants is essential and needed, and should be treated as a priority as it will support access to job opportunities and secure a higher, more stable income, which in turn would limit reliance on negative coping strategies. However, the majority of KIs reported that there are no opportunities for capacity building that are accessible to migrants and refugees, which was mainly ascribed to the absence of organisations providing such opportunities. A limited number of KIs reported that, even if there are opportunities, these are not easy to access, mainly due to financial barriers. In general, it was reported that the only way migrants and refugees can gain new professional skills is through informal workshops organised by NGOs or by assisting someone who is already more experienced.

Particularly vulnerable groups

Factors that affect access to livelihoods contribute to determining a relatively higher risk of exclusion for certain groups compared to others. Reportedly, groups that do not speak Arabic in general or the Libyan dialect, in particular, would be the group most at risk of exclusion from the labour market. Discrimination based on nationality or racism was also reported by around a fifth of the KIs, in addition to discrimination based on gender and age, physical weakness, or disability.

Zooming in on gender, in particular, around half of the female informants interviewed reported being aware of incidents of women being discriminated against because of their gender. In particular, KIs mentioned that women are likely to be excluded from jobs that require physical strength or working late

---

[103] IOM-DTM, "Libya's Migrant Report December 2021-January 2022 (Round 40)", March 2022, accessible here.
[104] Informants reported that identity documents, residency and entrance permits, and health clearance certificates are a requirement in certain jobs. For more in depth analysis of the importance of documentation, please refer to section protection page (18).

hours. One KI mentioned that women are excluded from businesses that require dealing with customers, such as restaurants and cafés. KIs commonly reported the existence of factors or situations that increase women's exposure to harassment or negatively impact their ability to move freely, and the majority mentioned that these gender-based constraints affect women's feeling of safety and constitute an additional barrier to access the job market. More than half of the informants mentioned that women are at risk of harassment, mainly sexual and verbal harassment, which was reported to increase when they are working in places where there are few or no other female colleagues or when working during non-official working hours (late evening or at night). In addition, KIs reported that travelling alone, especially during late hours, is another factor that increases the chances of being harassed, indirectly resulting in movement restrictions on women, better illustrated by the following quote:

> "There are many restrictions, laws, or conditions that limit the freedom of movement to search for work in some areas. This affects them [women] physically and psychologically. If she is harassed at the workplace or while going to the workplace, if it is remote or at an inappropriate time, she is forced to stay out of work for fear of harassment."

<div align="right">Female KI, from the migrants' and refugees' community, secretary, Sebha</div>

Work conditions

KIs reported that work contracts remain uncommon for migrants and most agreements are concluded verbally only. However, it was mentioned that, in the absence of a contract, migrant workers have no protection against exploitation nor any guarantee of payment. Indeed, KIs commonly reported being aware of incidents of employers refusing to pay the agreed salary, entirely or partially, or delaying the payment beyond reason. Almost half of the KIs argued that these incidents occur because of a tendency to exploit the vulnerability of migrants and refugees by employers, which reportedly can go to the point of criminal exploitation. One informant mentioned that, in some cases, migrants and refugees are exploited by militia and forced to work without pay and under threats in order to carry out, for example, robberies. The absence of laws that guarantee the rights of migrants and refugees and institutions to enforce them was also reported as a major contributing factor.

> "They may be subjected to exploitation or forced labour under threat or by force without financial compensation because they are an illegal group that does not have the means to guarantee their rights if they are subjected to such situations."

<div align="right">Male KI, from the migrants' and refugees' communities, shop owner, Murzuq</div>

Some KIs mentioned that these violations are particularly common in the case of domestic work, cleaning, or when hired to help at social gatherings, while they were reported to a lesser extent in relation to the construction and retail sectors. Given the type of jobs where these practices were recorded, it is likely that these problems may disproportionally affect women as 50% of the female respondents in the individual surveys reported either working for cleaning companies or in the domestic work sector, while only 11% of male respondents reported working in these sectors. In addition to exploitation, KIs also noted other risks associated with cleaning and domestic work that affect migrant and refugee workers, including physical safety, which was reportedly compromised in cleaning jobs due to a lack of any protective equipment or measures, or physical and mental violence, such as beating and threats.

> "For example, domestic workers are threatened, beaten and made to work. In this case, some of them leave work on their own, and some get fired without being paid their wages."

<div align="right">Male KI, from the refugees' and migrants' communities, farmer, Sebha</div>

Access to humanitarian assistance

Overall, only a minority of respondents (8%) reported having received any humanitarian assistance in the 6 months prior to data collection. Furthermore, 84% of the refugees and migrants that were found to have multisectoral needs[105] reported not having received any humanitarian assistance from non-governmental organisations in the 6 months prior to data collection. In general, a higher proportion of respondents in the mantikas of Tripoli, Al Kufra, Sebha and Murzuq reported having received humanitarian assistance, compared to the rest of the surveyed mantikas. which seems to overlap largely with the mantikas where the highest proportions of the respondents were found to be in need. Geographical distribution of humanitarian assistance to a large extended also corresponded distribution of humanitarian needs reported by HNO for the humanitarian cycle 2021, according to HNO 2021.[106]

When looking at the type of assistance that respondents reported having received, cash assistance and in-kind assistance were the most commonly reported types of assistance received (reported by 44% and 46% of the sub-group of respondents who had received assistance during the 6 months prior to data collection, respectively). These were followed by mixed modality assistance (both in-kind and cash or voucher) (7%), assistance in services (7%), and vouchers (7%).

Priority needs

Cash support was reported as the top need by most respondents (71%), followed by livelihood and employment opportunities (38%), food (36%), shelter support (35%) and medical care (19%). In general, male respondents seemed to more commonly report a need for livelihoods and employment opportunities than female respondents (40% of male respondents vs. 19% of female respondents); while both gender groups reported cash as their first top priority need, for men, livelihoods and employment opportunities was the second top reported priority need, while for women it was the fourth one. On the other hand, shelter needs were reported as the third priority by the female respondents and by a slightly higher proportion compared to male respondents, who reported it as their fourth main priority need (40% of female vs. 34% of male respondents). In addition to the priority needs that emerged from the individual survey, KIs also commonly reported perceiving a common need for support with voluntary returns among migrants and refugees.

From a geographical point of view, respondents from the Southern Region – Sebha and Murzuq – particularly common reported needing in-kind support, namely food (Murzuq 77%; Sebha 61%) and water (Murzuq 44%; Sebha 26%) assistance. The latter type of support was also reported as needed by 27% of respondents in Alkufra. This corresponds to the MSNA findings demonstrating that the southern region was found to be the region with the highest proportion of respondents with unmet WASH needs (53%), while the majority of respondents from Sebha mantika (70%) reported not having sufficient amount of water to cover their basic needs.[107] Food security needs were also found to be the highest in the southern region, with 76% of respondents in Murzuq and 67% of respondents in Sebha found to have living standard gaps related to food security.[108]

Barriers to accessing humanitarian assistance

Overall, 70% of respondents reported having faced barriers to accessing humanitarian assistance in the 6 months prior to data collection. In particular, non-availability of assistance, or lack of information about

---

[105] 73% of the interviewed respondents have been identified as having multisectoral needs.
[106] OCHA, "2021 Humanitarian Needs Overview (HNO)", December 2020. Accessible here. According to HNO 2021, people living in the mantikas of Benghazi, Tripoli, al Kufra, and Ejdabia were found to have the most severe needs, meanwhile, the mantikas in the southern region of the country were classified as *the next most severe.*
[107] Similarly, in Alkufra, 65% of the respondents reported not having enough water to cover their drinking needs. For more detailed account on the findings in WASH sector, please, refer to the WASH section, pp. 23-25.
[108] For more detailed account on the findings in Food Security sector, please refer to the section *Multi-sectoral Needs Index and the most common sectoral needs*, pp. 17-18 and *Meeting essential needs and coping strategies* pp. 31-33.

it, were found to be the major obstacles hindering refugees' and migrants' access to assistance, reported by 38% and 29% of respondents, respectively. Indeed, only 22% of respondents reported being able to access all relevant information about humanitarian assistance, a figure that dropped to 4% in Ejdabia and 8% in Azzawiya. Similarly, less than half of the refugee and migrant KIs interviewed for this segment[109] reported being aware of humanitarian assistance providers in their baladiyas or any available help in their areas. For instance, a male KI from Ejdabia[110] recounted:

> *"[...] I can't imagine that there is any real help from organisations or even the country where we live in. As immigrants in the city of Ejdabia, we do not receive the aid that migrants receive, for example, in Benghazi or Tripoli."*

Male KI, from the refugees' and migrants' communities, daily worker, Ejdabia

The most known humanitarian assistance providers mentioned by the refugee and migrant KIs were the IOM, the Libyan Government, UN agencies, and the Red Crescent.

Fear of arrest

Throughout KIIs, fear of arrest emerged as one of the main barriers across various areas of refugee and migrant lives and a key factor preventing refugees from accessing various services. For instance, alongside language, it was reported as the biggest obstacle for refugees and migrants to accessing humanitarian assistance, food markets, but also the labour market. Indeed, arrest and detention were the third biggest safety and security concern reported by refugees and migrants, reported by 13% of respondents to the multi-sectoral survey.

Communication channels

Respondents highlighted phone calls and SMS (59%), communication via WhatsApp groups of their communities (21%), and directly from the staff of humanitarian agencies (19%) as the preferred channels to receive information about humanitarian assistance. East African respondents, overall, favoured communication via social media channels the most. By contrast, KIs did not mention phone calls and SMS as the most preferred method by refugees and migrants – on the contrary, it was one of the least favoured methods, with face-to-face channels being mentioned the most by KIs as the preferred way to receive information among refugees and migrants. When interpreting these results, it should be noted that the quantitative data were collected remotely via the phone, which might have contributed to an under-representation of migrants and refugees who do not have access to phones and might therefore also favour other communication channels. Furthermore, since a lot of information about available assistance is transmitted face-to-face, including receiving it from community leaders, from NGO staff in their offices or by word of mouth, it was also highlighted that refugees and migrants without a community leader or living in a more isolated manner were more deprived of access to the information.

---

[109] The qualitative data collection on accessing humanitarian assistance had two groups of KIs: refugee and migrant KIs and humanitarian actor KIs. Both groups comprised 15 people.
[110] The KIIs on access to humanitarian assistance were conducted in 5 selected mantikas: Benghazi, Ejdabia, Murzuq, Tripoli, and Misrata.

Overall, although humanitarian actors interviewed considered that their communication of available assistance was generally effective, linguistic barriers were reported by both these actors and refugees and migrants as playing a major role in hindering access to assistance.

Reaching the most vulnerable groups

Most of the humanitarian actor KIs believed that their humanitarian assistance was not targeting or even prioritising the most vulnerable refugee and migrant sub-groups and reckoned that using assessments more effectively could help to achieve this. The need for use of assessments for better allocation of assistance was also highlighted by refugee and migrant KIs. The KIs named children as the most vulnerable refugee and migrant sub-group, followed by women (pregnant women, widows, single mothers) and persons with disability. Non-Arabic speaking migrants, large families, persons with chronic diseases, and older persons were perceived to be highly in need as well.

*"The groups most in need of assistance are women, **especially women with children, and perhaps also older persons because for them it is most difficult to find a job**."*

Male KI, from the refugees' and migrants' communities, Benghazi

Feedback on humanitarian assistance

Findings suggest that humanitarian actors try to improve their provision of services and take into consideration refugees' and migrants' opinions when they consider it feasible. When asked about to what extent refugees' and migrants' feedback is taken into account, two-thirds of the humanitarian actor KIs reported involving them in the decision-making process, while most of them reported that feedback is taken into consideration and that they try to incorporate it depending on the type of feedback and the length of the administrative process needed to incorporate the feedback, if applicable.

Some refugee and migrant KIs believed that refugees and migrants do not provide any feedback or complaints about the distribution of assistance, while others stated that feedback is often provided directly during the distribution, either by reaching out directly to the organisation or through another supporting organisation. The preferred way to provide feedback on aid delivery or misbehaviour by aid workers, according to the quantitative data, would be via phone calls (43%), followed by face-to-face communication with aid workers at home (20%). However, approximately one-fifth of respondents (22%) reported that they are not willing to provide any feedback, which was mainly reported in the South, by 49% of respondents in Sebha and 63% in Murzuq. As in the case of the preferred channels to receive information about assistance, East African respondents more commonly reported preferring social media channels (65%), including Facebook and particularly WhatsApp (41% of respondents from this population group), compared to respondents from other regions of origin groups.

CONCLUSION

The 2021 refugee and migrant MSNA focused on the needs, vulnerabilities, and coping capacities of refugees and migrants in the complex context of Libya to inform the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP). In addition, by adopting an inter-sectoral lens and zooming in on specific sectors where the largest needs were found, it aimed to inform all actors implementing their programming activities in Libya, as well as draw the attention of policymakers to the needs of the most vulnerable and the least protected refugee and migrant groups and sub-groups.

Overall, most surveyed refugees and migrants in Libya (73%) were found to have severe (45%) or extreme (28%) multi-sectoral needs,[111] which were found to be mostly driven by unmet protection needs such as obstacles accessing legal documentation and inability to access services due to a lack of it. However, only 8% of respondents reported receiving humanitarian assistance in the 6 months prior to data collection, while 84% of refugees and migrants with humanitarian needs reported not having received any humanitarian assistance in the 6 months prior to collection.

Findings suggest that the magnitude and severity of needs vary across different refugee and migrant population groups, based on their region of origin,[112] and across the three Libyan regions: West, East, and South. The Southern region of the country was found to have the highest proportion of respondents with humanitarian needs (95%), with both assessed mantikas in this region – Sebha and Murzuq – having the highest share of respondents with unmet needs (90% and 98% respectively) across all assessed mantikas.

In the South, findings suggest that needs related to food security and WASH are the main drivers of multi-sectoral needs. There are many structural factors in the southern region likely contributing to the severity of needs among refugees and migrants in this region, such as the region's comparatively high food prices and damaged public infrastructure, including limited electricity provision. All the while, the main drivers of needs in the East region appeared to be mostly protection-related, while health needs were more commonly found amongst respondents in the West than in other regions. Although the West had the lowest proportion of respondents with humanitarian needs (69%) compared to the East and the South, some of the assessed mantikas of the region had a comparatively high proportion of refugees and migrants found to be in need (Al Jabal Al Gharbi (85%) and Aljfara (88%)), demonstrating that humanitarian response is needed in all regions across the country and its targeting should avoid creating or maintaining geographical humanitarian needs pockets.

Zooming into population groups, findings suggest that East Africans are a particularly vulnerable region of origin group, with 95% of respondents from this region found to be in need. Nevertheless, over half of respondents from all four population groups were found to have humanitarian needs; notably, South and East Asian refugees and migrants had the biggest proportion of respondents with extreme multi-sectoral needs (i.e., an MSNI score of 4) (51%). While East African respondents' humanitarian needs appeared to be primarily rooted in unmet health and SNFI needs, the core of South and East Asian respondents' needs was mostly related to WASH, particularly driven by lack of access to functional and improved sanitation facilities.

Protection-related needs were the most commonly found needs among respondents across all assessed population groups and regions; 59% of total respondents were found to have severe protection needs, which were mostly driven by lack of documentation and safety and security concerns. A lack of

---

[111] Multisector needs are calculated using multisector needs index (MSNI) using a scale from 1 to 4 where 1 indicates no or minimal needs, 2 – stress, 3 – severe, and 4 – extreme needs. Please, refer to the *Methodology overview* to understand the calculation of the index. It can be accessed here.
[112] For this MSNA survey, refugee and migrant respondents are stratified to four population groups according to 4 regions of their origin: 1. MENA; 2. East Africa; 3. West and Central Africa; 4. South and East Asia. Please, refer to the *Methodology overview* for the attribution of refugees and migrants to the regions of origin.

documentation was identified to negatively impact mobility, but also limit access to key services such as healthcare, livelihoods, and accommodation. Perhaps in light of this, needs in protection were found often to co-occur with other sectoral needs, underlining the importance of strengthening protection mainstreaming in sectoral and multi-sectoral responses as well as implementing a targeted approach to the most vulnerable refugee and migrant groups.

Financial insecurity was found to be one of the main factors incapacitating refugees and migrants to meet their basic needs across sectors. Consequently, access to cash and livelihoods and employment opportunities emerged as the most commonly reported priority needs. Language barriers, as well as safety and security risks associated with employment, particularly for women, and a lack of documentation, emerged as major factors constraining access to the job market, in turn affecting financial capacity among refugees and migrants.

Lastly, findings suggest that refugees' and migrants' social connections with Libyans can contribute to creating a more protective environment, facilitating access to basic needs, and bridging living standard gaps. Refugees and migrants were found to rely to a notable extent on their Libyan friends and acquaintances as gatekeepers and support actors to find jobs and accommodation, as well as to act as guarantors with employers in the absence of written work agreements; while those without connections to Libyans were reported to often be more vulnerable and projected to be less likely to find access. The importance of this aspect cannot be overlooked when planning responses to refugee and migrant needs in Libya, and further, more in-depth information on social structures in this regard could support programmes aiming to strengthen social cohesion.