

Refugees and Migrants' Access to Resources, Housing and Healthcare Key Challenges and Coping Mechanisms - Sebha, Libya

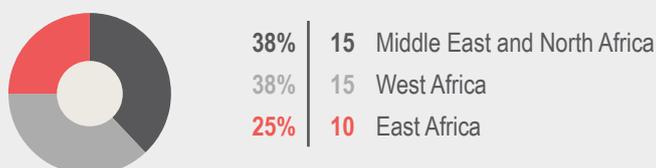


December 2017

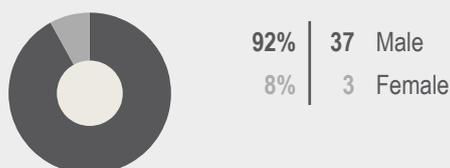
CONTEXT

Refugees and migrants in Libya are estimated to be around 700,000 to one million,¹ and are among the most vulnerable groups in the context of the ongoing humanitarian crisis.² Many are held in detention centres with a number of studies pointing to their inadequate living conditions.³ On the other hand, very limited information is available on the protection needs and coping strategies of refugees and migrants living outside detention facilities in Libya. In response to this information gap, REACH, in partnership with the Start Network and International Medical Corps,⁴ has conducted an assessment in three locations in Libya: Tripoli, Misrata and Sebha to shed light on refugees and migrants' (i) access to economic resources, (ii) housing and healthcare, and (iii) future migratory intentions. This assessment was funded by the Migration Emergency Response Fund – managed by the Start Network – through its mechanism for collective information collection and analysis grants.

Refugee and migrant respondents by region of origin:

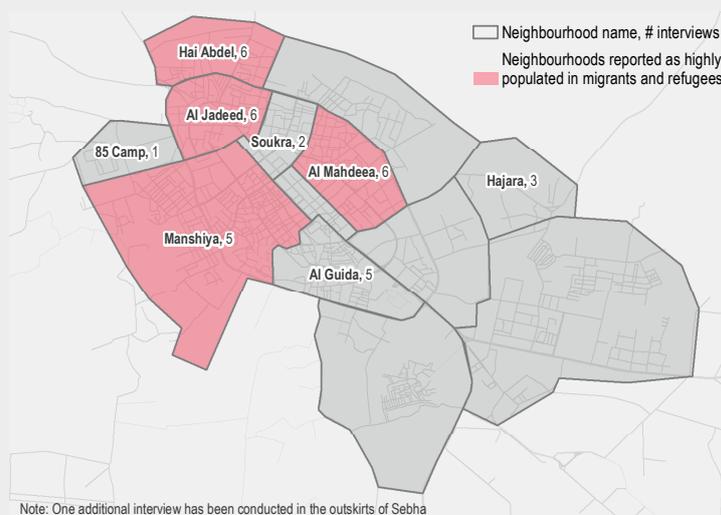


Refugee and migrant respondents by gender:



METHODOLOGY

This factsheet presents findings based on primary data collected in Sebha (baladiya) between 30 October and 26 November 2017 through: (i) 20 semi-structured key informant interviews with local experts on migration and service provision, and (ii) 40 semi-structured individual interviews with refugees and migrants. Respondents were sampled purposively on the basis of (i) their region of origin and (ii) time of arrival in Libya. As the research methods used are qualitative, findings are indicative only and cannot be generalised to the whole population of refugees and migrants living in Sebha.

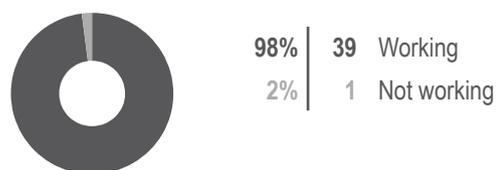


ACCESS TO ECONOMIC RESOURCES

Most reported driver of the decision to come to Sebha:

Greater availability of employment opportunities compared to their cities in the South of Libya, especially in agriculture.

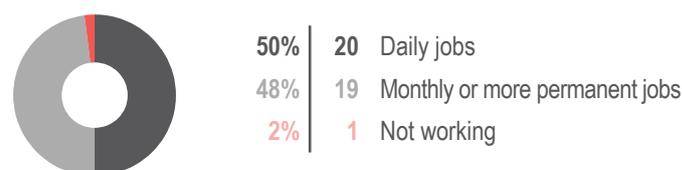
Number and proportion of interviewed refugees and migrants accessing employment opportunities:



11/40 respondents reported having savings.

08/40 respondents reported sending remittances to their country of origin.

Interviewed refugees and migrants' types of employment:



Most reported refugees and migrants' jobs:⁵

- Mechanics 6
- Cleaners 5
- Restaurant workers 4
- Porters 2

Most reported sources of information to access employment:

- Networks of families and friends
- Roundabouts to seek daily employment

Most reported challenges in accessing economic resources:⁵

- | | | |
|---|----|--|
| 1. Not receiving their salary regularly | 15 | |
| 2. Poor salary | 13 | |
| 3. Devaluation of the Libyan dinar | 11 | |
| 4. Difficulties in accessing cash | 8 | |
| 5. Scarcity of employment opportunities | 3 | |

Most reported types of expenditures:⁵

- | | | |
|---------------|----|--|
| 1. Food | 37 | |
| 2. Housing | 13 | |
| 3. Healthcare | 11 | |

8/40 respondents reported sending money to their country of origin.

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

- | | | |
|---|----|--|
| 1. Consuming less favourable food | 27 | |
| 2. Reducing the number of meals / day | 22 | |
| 3. Borrowing money or food from friends | 10 | |

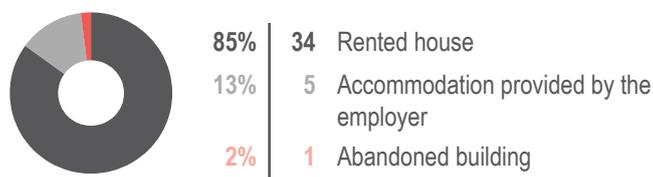
→ PRIORITY NEEDS

Most reported priority needs:⁵

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|-----------------------------|----|--|
| 1. Access to cash | 31 | |
| 2. Access to decent housing | 26 | |
| 3. Access to healthcare | 22 | |
| 4. Access to food | 22 | |
| 5. Security | 10 | |

🏠 ACCESS TO HOUSING

Main reported types of housing:



17/40 respondents reported living with their family.

33/40 respondents reported having found their accommodation through networks of family and friends.

10/40 respondents reported that insecurity is the main barrier to accessing decent housing.

Most reported coping strategies to challenges in accessing decent housing:

1. Changing neighbourhood to find cheaper accommodation
2. Living in shared rooms

🏥 ACCESS TO HEALTHCARE

27/40 respondents reported having medical needs.

Number of respondents who accessed medical facilities since their arrival in Libya, by type of facility:

- | | | |
|---------------------|---|--|
| 1. Public hospitals | 6 | |
| 2. Private clinics | 6 | |

Most reported barriers to accessing healthcare:⁵

- | | | |
|---|----|--|
| 1. Lack of medical supplies & medical staff | 24 | |
| 2. Damaged facilities | 20 | |
| 3. Unsafe route to reach medical facilities | 16 | |
| 4. Refugees & migrants not being accepted | 10 | |
| 5. Medical facilities too distant | 10 | |

Most reported coping strategies to a lack of access to healthcare:⁵

- | | | |
|--|----|--|
| 1. Accessing alternative medicine | 28 | |
| 2. Resorting to self-treatment & pharmacies | 22 | |
| 3. Resorting to medical facilities only in case of emergency | 4 | |

🚶→ MIGRATORY INTENTIONS

Main migratory intentions of interviewed refugees and migrants:

- | | | |
|---|----|--|
| 1. Stay in Libya to return home in the future | 17 | |
| 2. Stay in Libya indefinitely | 11 | |
| 3. Go to Europe | 10 | |

Main drivers for moving to Europe, of those reportedly intending to go:

1. Greater availability of employment opportunities
2. More welcoming policies towards refugees and migrants

Endnotes

¹IOM DTM Libya Round 14 Migrant Report (September — October 2017).

²OCHA, 2018 Libya Humanitarian Overview (forthcoming).

³See for example IMPACT/ALTAI/UNHCR (2017), Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges.

⁴International Medical Corps facilitated fieldwork activities.

⁵Multiple options could be chosen.