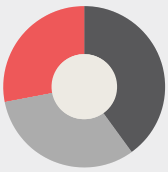
# Refugees and Migrants' Access to Resources, Housing and Healthcare
# Key Challenges and Coping Mechanisms - Tripoli, Libya
## December 2017


## Context

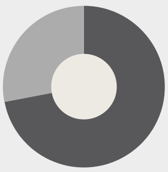
Refugees and migrants in Libya are estimated to be around 700,000 to one million,[1] and are among the most vulnerable groups in the context of the ongoing humanitarian crisis.[2] Many are held in detention centres with a number of studies pointing to their inadequate living conditions.[3] On the other 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 population by region of origin:**



| | | |
|---|---|---|
| 40% | 16 | East Africa |
| 32% | 13 | West Africa |
| 28% | 11 | Middle East and North Africa |

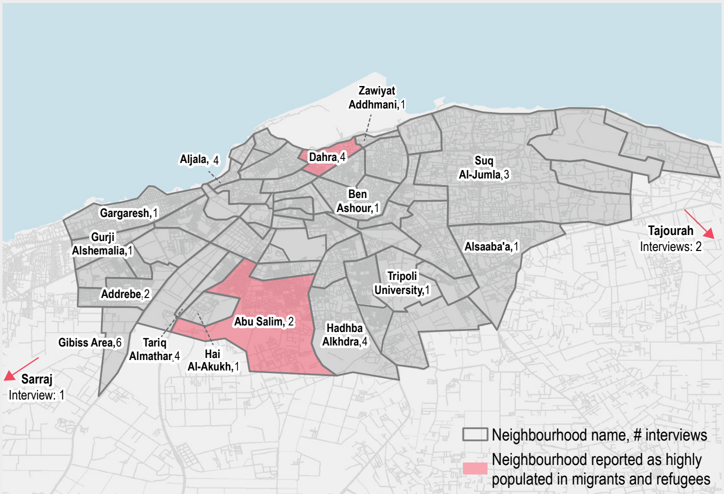
**Refugee and migrant population gender breakdown:**



| | | |
|---|---|---|
| 72% | 29 | Male |
| 28% | 11 | Female |

## Methodology

This factsheet presents findings based on primary data collected in Tripoli (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 Tripoli.




## Access to economic resources

**Main reported drivers of the decision to come to Tripoli:**

1. Greater availability of employment opportunities
2. Presence of a support network of family or friends
3. Safer than other Libyan cities

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

| | | |
|---|---|---|
| 82% | 34 | Working |
| 18% | 7 | Not working |

**7/40** respondents reported having savings.

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

**Interviewed refugees and migrants' types of employment:**

| | | |
|---|---|---|
| 57% | 23 | Daily jobs |
| 25% | 10 | Monthly or more permanent jobs |
| 18% | 7 | Do not work |

**Most reported refugees and migrants' jobs:**[5]

1. Cleaners 10
2. Construction workers 7
3. Porters 5
4. Restaurant workers 2
5. Farmers / Mechanics 2

**Most reported sources of information to access employment:**

1. Networks of families and friends
2. Roundabouts to seek daily employment

**Most reported challenges in accessing economic resources:** [5]

1. Not receiving their salary regularly — 14
2. Poor salary — 12
3. Scarcity of employment opportunities — 11
4. Elevated prices to access services and commodities — 11
5. Dysfunctional banking system — 8

**Main reported types of expenditures:**[5]

1. Food — 24
2. Housing — 7
3. Healthcare — 3

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

1. Consuming less favourable food — 14
2. Reducing the number of meals per day — 12
3. Borrowing money or food from friends — 11
4. Asking economic support to their families — 4

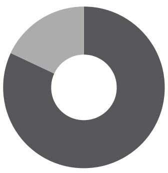
## Priority needs

**Most reported priority needs:**[5]

1. Access to healthcare — 22
2. Access to food — 19
3. Access to cash — 19
4. Access to decent housing — 9
5. Access to NFIs / Access to psychosocial support — 5

## Access to housing

**Main reported types of housing:**



| | | |
|---|---|---|
| 82% | 33 | Rented house |
| 18% | 7 | Accommodation provided by the employer |

**Main reported challenges affecting quality of housing:**

1. Overcrowding
2. Lack of sanitation systems
3. Electricity shortages

**Most reported barriers to accessing housing:**

1. Elevated rent prices — 18
2. Distance to the workplace — 3

**Most reported coping strategies to challenges in accessing decent housing:**

1. Changing neighbourhood to find cheaper accommodation
2. Living in shared rooms
3. Looking for an employment providing accommodation

## Access to healthcare

**11/40** respondents reported having medical needs.

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

1. Private clinics — 11
2. Public hospitals — 5

**Most reported barriers to accessing healthcare:**[5]

1. Lack of medical supplies & medical staff — 14
2. Elevated healthcare costs — 13
3. Refugees and migrants not being accepted — 12
4. Damaged facilities — 7
5. Medical facilities too distant — 4

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

1. Resorting to self-treatment & pharmacies — 24
2. Resorting to medical facilities only in case of emergency — 6
3. Resorting to untrained staff — 3

## Migratory intentions

**Main migratory intentions of interviewed refugees and migrants:**

1. Stay in Libya indefinitely — 17
2. Stay in Libya to return home in the future — 8
3. Go to Europe — 7

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

1. Greater education opportunities
2. More welcoming policies towards refugees and migrants

**Endnotes**

[1] IOM DTM Libya Round 14 Migrant Report (September — October 2017).
[2] OCHA, 2018 Libya Humanitarian Overview (forthcoming).
[3] See for example IMPACT/ALTAI/UNHCR (2017), Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges.
[4] International Medical Corps facilitated fieldwork activities.
[5] Multiple options could be chosen.