

LIBYA MULTI-SECTOR NEEDS ASSESSMENT BRIEF

Migrants and refugees
June 2020

CONTEXT AND METHODOLOGY

This document highlights **key findings** from the **migrant and refugee Multi-Sector Needs Assessment (MSNA)** carried out in Libya in 2019. The 2019 migrant and refugee MSNA was conducted under the oversight of the **Inter-Sector Coordination Group (ISCG)** and in partnership with the **Information Management and Assessment Working Group (IMAWG)**. The purpose of this MSNA was to provide an impartial and evidence-based overview and understanding of the needs of the **refugee and migrant population in Libya**, to further strategic planning within the **2020 Humanitarian Planning Cycle (HPC)**.

Findings presented in this brief are based on an analytical approach proposed by REACH for the 2019 migrant and refugee MSNA for Libya, which adapts elements of the draft Joint Inter-Analysis Framework (JIAF), including several composite indicators developed to classify respondents' severity of needs in each sector. The composite scores are based on the respondents' inability to meet immediate sectoral needs (Living Standards Gaps), the use of negative coping strategies (Capacity Gap), the individual-level impact of the crisis, and any pre-existing vulnerabilities, thus giving a **crisis-specific indication of the severity of needs**.

Within the framework of the IMAWG and ISCG, MSNA tools and indicators were developed following consultations with the relevant **10 sectors, sub-sectors, and**

working groups active in Libya, and in line, to the extent possible, with the draft JIAF. In parallel, the scope of this MSNA was decided following discussions with the **United Nations Office for the Coordination of Humanitarian Affairs (OCHA)** and the **Humanitarian Country Team (HCT)**. Preliminary findings were then shared bilaterally with each sector, and a second round of analysis of MSNA data was conducted. This data was used to provide composite indicator calculations to approach living standards, impact of the crisis, and coping capacities as presented in this brief.

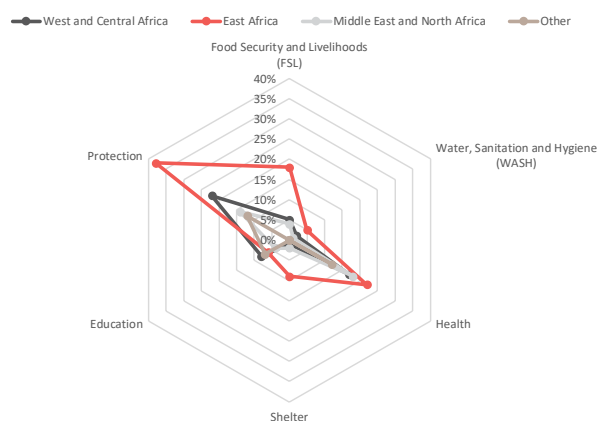
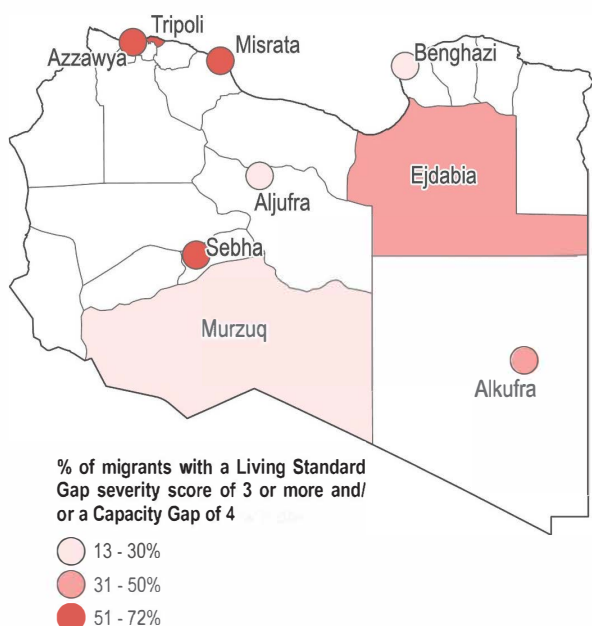
In Libya, this MSNA was implemented through an **individual-level survey** covering **six Libyan baladiyas** (municipalities - admin level 2) and **three mantikas** (districts - admin level 3), for which data was collected between July and September 2019. A total of **1,716 respondents from various countries of origin** were surveyed. The assessment focused solely on adult migrants and refugees living in or travelling through urban areas. REACH, together with data collection partners (IOM-DTM, Cesvi, IRC, IMC and UNICEF), provided support to the IMAWG by contributing to the data collection process, which covered the targeted districts with a set target per region of origin. A non-probability quota sampling strategy was used, meaning the sample is not statically representative and the results drawn from it are **indicative only**.¹

SECTORAL NEEDS AND USE OF NEGATIVE COPING STRATEGIES

41% of interviewed respondents (701 out of 1,716) were found to have severe or extreme sectoral needs and/or relied on extreme negative coping strategies to cover basic needs.²

Country-wide overview of proportion of the population with severe or extreme sectoral needs and/or extreme use of negative coping strategies, by assessed location:³

% of interviewed respondents with severe or extreme sectoral needs and/or extreme use of negative coping strategies, per region of origin and sector:



High proportions of interviewed respondents, regardless of their areas of origin were found to have severe or extreme needs in **protection** and **health**. **East Africa respondents** were found to be the population group with the highest proportions of interviewed respondents with **severe or extreme needs across sectors**.

¹ The 2019 Refugee and Migrant MSNA was aligned as much as possible to the 2019 Libya MSNA. However, due to differences in sampling methods and minor variance in analytical approaches due to contextual differences, findings from both MSNAs cannot be compared. ² LSG severity score of 3 or 4 and capacity gap of 4.

³ Locations were targetted to ensure representation of different areas. Due to various considerations, the final sample included admin level 2 (Tripoli, Ejdabia, Murzuq) and 3 locations.

POPULATION GROUPS

% of interviewed respondents with severe or extreme sectoral needs and/or extreme use of negative coping strategies, per region of origin:

East Africa	60%	<div></div>
West and Central Africa	46%	<div></div>
Middle East and North Africa	31%	<div></div>
Other	26%	<div></div>

IMPACT OF THE CRISIS

25% of interviewed respondents were found to be severely or extremely impacted by the crisis⁴

% of interviewed respondents severely or extremely impacted by the crisis, per region of origin:

East Africa	49%	<div></div>
West and Central Africa	27%	<div></div>
Middle East and North Africa	20%	<div></div>
Other	12%	<div></div>

⁴ Impact severity score of at least 3.

MOST COMMON NEEDS PROFILES

24% of interviewed respondents with severe or extreme sectoral needs and/or extreme use of negative coping strategies to cover basic needs, were found to have severe or extreme sectoral needs in **protection alone**.

17% of interviewed respondents with severe or extreme sectoral needs and/or extreme use of negative coping strategies to cover basic needs, were found to have severe or extreme sectoral needs in **health alone**.

9% of interviewed respondents with severe or extreme sectoral needs and/or extreme use of negative coping strategies to cover basic needs, were found to have co-occurring severe or extreme sectoral needs in **protection and health**.

7% of interviewed respondents with severe or extreme sectoral needs and/or extreme use of negative coping strategies to cover basic needs, were found to have severe or extreme sectoral needs in **education alone**.

For **7%** of interviewed respondents with severe or extreme sectoral needs and/or extreme use of negative coping strategies to cover basic needs, their needs were primarily driven by the use of **negative coping strategies to cover basic needs**.

MSNA TIMELINE

Research design⁵
April-June

Data collection
July-September

Data analysis
September-October

Reporting/
release of data⁶
September-
January 2020

Linking MSNA
findings with
humanitarian
planning processes
(HNO/HRP)

⁵ Additional information on the research design and methodology can be found in the [Terms of Reference](#). ⁶ For a more in-depth exploration of the [MSNA 2019 data and findings](#), please refer to the 2019 Migrants and Refugees MSNA report, the sectoral factsheets, and the published dataset.

IMPACT OF MSNA FINDINGS

2 partners involved in the joint analysis

5 partners involved in data collection



REACH is a programme of ACTED. It strengthens evidence-based decision-making by humanitarian actors through efficient data collection, management and analysis in contexts of crisis. ACTED is an international NGO. Independent, private and non-profit, ACTED respects a strict political and religious impartiality, and operates following principles of non-discrimination and transparency. Since 2011, ACTED has been providing humanitarian aid and has supported civil society and local governance throughout Libya, from its offices in Tripoli, Sebha and Benghazi.



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