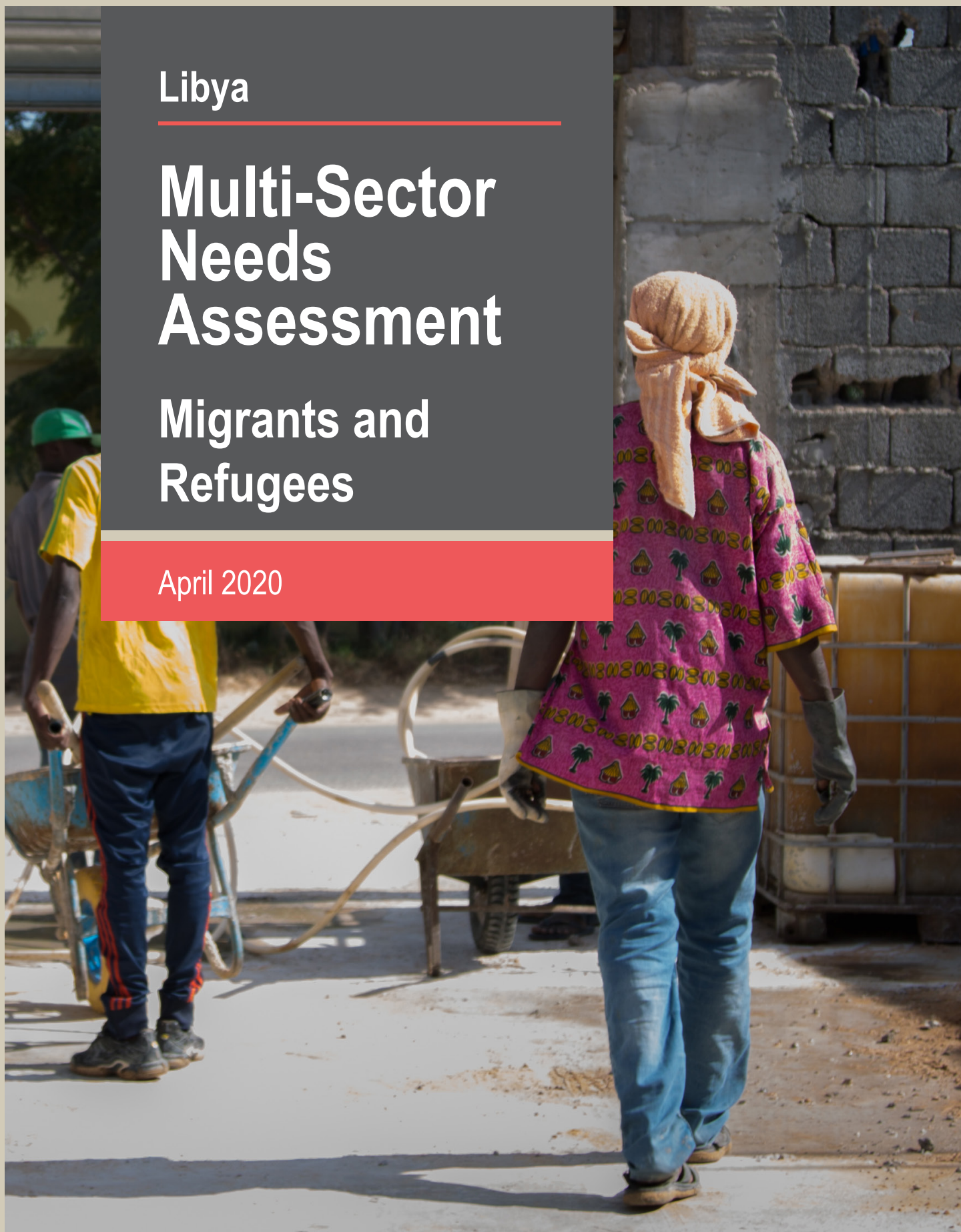


Libya

Multi-Sector Needs Assessment

Migrants and Refugees

April 2020



LIBYA INTER-SECTOR COORDINATION GROUP



REACH Informing
more effective
humanitarian action



ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:



OCHA

LIBYA INTER-SECTOR COORDINATION GROUP



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About REACH and ACTED

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.

SUMMARY

Context

Political instability has affected Libya since the toppling of Muammar Gaddafi in 2011. The situation intensified in March 2014, when political fragmentation led to widespread conflict and the breakdown of central governance. Since then, the country has experienced multiple waves of violent clashes and is forced to face the consequences of the collapse of government institutions, rule of law, national security systems, and the economy. The interlinkage of crises constitutes a vicious cycle that has led Libya into a protracted state of emergency, affecting all layers of the population. While Libya has seen intermittent periods of relative peace, events in 2019 drove various parts of the country back into conflict. In April 2019, the city of Tripoli was besieged, resulting in months of fighting on the front lines in the city's outskirts. Between April 2019 and January 2020, this re-escalation of violence had led to the displacement of approximately 150,000 people in and around Tripoli.¹ Conflict also erupted in Murzuq, Southern Libya, leading to the displacement of over 26,000 people in August-September 2019². In 2019, at least 664 civilian casualties were caused by the armed conflict.³ Despite the volatile situation in the North-African country, Libya remains a preferred destination for many migrants and refugees from West and Central Africa, East Africa, the Middle East and North Africa, and South Asia.

Libya has a long history as a destination and transit hub for migrants and refugees.⁴ The country started to actively encourage the arrival of migrant workers after the discovery of oil fields, to address employment gaps and aid economic and social reform.⁵ As well as being a country of destination, Libya functioned as a major hub for those intending to travel to Europe in recent years. However, following increased efforts of the European Union to bring back migrant arrivals by cooperating with countries of transit and origin, Libya's role as a transit country has greatly diminished and arrivals by sea recorded in Italy dropped from 181,436 in 2016 to 11,471 in 2019.^{6,7} According to IOM DTM round 28, there were approximately 650,000 migrants and refugees in Libya by the end of 2019.⁸ The safety, security and living standards of migrants and refugees intending to travel on to Europe have been affected by multiple migration policies implemented throughout the 2000s.⁹ According to the 2020 Libyan Humanitarian Needs Overview (HNO), there are approximately 900,000 people in Libya who are in need of humanitarian assistance. Of this group, around 299,000 are migrants, and 48,000 are refugees from Somalia, Sudan, South Sudan, Iraq, Syria, Yemen, Palestine, Eritrea and Ethiopia, that have been registered with UNHCR, as mandated by the Libyan government.¹⁰

¹ IOM – DTM Libya, [Tripoli Update, 09 January 2020](#)

² IOM – DTM Libya, Murzuq Flash Update #6, 21 September 2019

³ Ibid.

⁴ The MSNA targeted migrants and refugees in Libya involved in mixed migration. Mixed migration encompasses “highly diverse types of people on the move” presenting diverse legal statuses, vulnerabilities and motivations for being on the move. People involved in mixed migration flows can therefore be refugees, asylum seekers, trafficking victims, settlers or migrants in transit, travelling on the same routes or living in the same communities, most of whom enter Libya in an irregular manner. To operationalise this concept, it was decided that the MSNA's definition of migrants and refugees would encompass individuals of foreign origin (born abroad or whose parents were born abroad) who were present in Libya and did not possess Libyan nationality.

⁵ ICMPD, [Libya Case Study: An Unending Crisis – Responses of Migrants, States and Organisations to the 2011 Libya Crisis](#), September 2017

⁶ IOM, [Migration Data Portal: Arrivals Europe](#), accessed 04 April 2020

⁷ REACH, [Mixed migration routes and dynamics in Libya – The impact of EU migration measures on mixed migration in Libya](#), April 2018

⁸ IOM - DTM Libya, [Libya's Migrant Report round 28](#), October-December 2019

⁹ Amnesty International, [Human rights risks of external migration policies](#), June 2017

¹⁰ HNO 2020, executive summary

Despite their historic presence, there has been limited information available about the multi-sectoral humanitarian needs of migrants and refugees living in urban areas across Libya. Violent conflict in urban areas and closed traveling networks have restricted access to large proportions of the migrant and refugee populations living outside detention centres. As the operational focus of humanitarian responders has largely shifted from detention centres to urban settlements, a comprehensive understanding of the situation as well as the humanitarian needs in these locations is required. Seeking to expand the scope of previous sectoral needs assessments, the 2019 migrant and refugee Multi-Sectoral Needs Assessment (MSNA) was designed in close collaboration with the sectors active in the Libya response to increase the information on the (multi-) sectoral needs of migrants and refugees in Libya to support humanitarian decision-making.

Coordination framework

The MSNA was coordinated by the United Nations Office of the Coordination of Humanitarian Affairs (OCHA), with support of REACH, and in collaboration with the Information Management Working Group (IMAWG) and the Inter-Sector Coordination Group (ISCG) in order to fill the information gap. The MSNA aims to inform strategic humanitarian planning and decision-making, by providing information about the current most pressing humanitarian needs gaps. The MSNA was designed with the intention to inform the 2020 HNO and the Humanitarian Response Plan (HRP).

The analysis indicators were chosen in consultation with the sectors active in Libya, to best serve their information needs. The Inter-Sectoral Coordination Group (ISCG) validated the indicators and oversaw the process. The Humanitarian Country Team (HCT) also validated the indicators, as well as the methodology and the assessment locations. The International Organization for Migration's Displacement Tracking Matrix (DTM) programme in Libya provided inputs during the development of the methodology and the selection of the assessment locations. Data collection was carried out between July and September 2019 by Cesvi, IOM, International Medical Corps (IMC), International Rescue Committee (IRC), the United Nations Children's Fund (UNICEF) and REACH, and was facilitated by REACH. Afterward, joint-consultations on collected data and findings were carried out by IOM, UNHCR, and REACH.

Scope and methodology

The MSNA applied a primarily quantitative approach, with a small additional qualitative component. The quantitative component included 1,716 individual interviews conducted in 3 mantikas¹¹ (m) and 6 baladiyas¹²: Tripoli (m), Ejdabia (m), Murzuq (m), Aljufra, Alkufra, Azzawya, Benghazi, Misrata, and Sebha. The population sample was selected based on a purposive sampling strategy, with an imposed target per country and region of origin of respondents based on the population data from IOM's DTM (Round 24, January-February 2019). The 9 assessment locations were likewise selected based on IOM DTM population numbers, from among the 20 locations with the largest populations of migrants and refugees. The qualitative component of the MSNA consisted of 6 Focus Group Discussions (FGDs) that were conducted with migrant and refugee male and female caregivers, young adults, and youth, and were used to fill in gaps about the education and protection needs of children in Libya, as minors were excluded from the quantitative component. Additional information gaps arising from the quantitative data analysis were addressed through specific follow-ups with enumerators and partner organisations.

Limitations

The reader is advised to take into account a number of limitations of the MSNA when referring to this document. Due to the nature of a purposive sampling strategy, the findings presented in the report are **indicative only** and

¹¹ Second administrative level corresponding to a 'district' – Libya currently has 22 mantikas

¹² Third administrative level corresponding to the 'municipality' – Libya currently has 22 baladiya

may not be representative of the living standards and needs of the general migrant and refugee population in Libya. Additionally, as the migrant and refugee MSNA and the parallel Libya MSNA (focused on Libyan population groups) used different sampling strategies, the findings from the two are not directly comparable

Women were not specifically targeted for the MSNA, nor was there a quota imposed based on gender. According to IOM DTM data, the migrant and refugee population in Libya consists of around 90% males and 10% females.¹³ Women constituted almost 8% of the total number of respondents of the MSNA, and were primarily located in Tripoli and Misrata. Hence, the experiences and needs of women may be underrepresented in the MSNA. Other small and often hard-to-reach subgroups within the migrant and refugee population included East Africans, Asians and elderly people. Interview quotas were put in place for East Africans and Asians but they remained a small portion of the overall sample, limiting the disaggregation of the data on these subgroups. Children were not included in the quantitative component of the MSNA based on ethical and protection reasons. Therefore, data on the needs of children is limited. These information gaps were partly compensated for through FGDs on protection and education needs.

Certain locations that were originally intended for assessment due to their large migrant and refugee populations (particularly Ain Zara and other southern areas of Tripoli) had to be disregarded and avoided by enumerators as they were too insecure for data collection activities. Lastly, particular topics that could have been of interest to humanitarian actors were deemed too sensitive to ask about in a direct manner way in the MSNA survey. These included respondents' immigration status, detailed information about previous protection incidents, and mental health issues.

Key findings

Humanitarian profile

The Libyan crisis is an interlinkage of political, security, and economic crises. The interaction between these constitutes a vicious cycle that has resulted in a protracted emergency, which has affected millions of people in Libya. The current political crisis has carried on since 2014 and is primarily characterised by severe fragmentation of the political landscape. This has led to several waves of violence and armed conflict between rival powers. The frontline has been entrenched on the outskirts of Tripoli since April, but the conflict has affected populations nationwide. The breakdown of central governance has created power vacuums, enabling non-state armed groups to establish their influence and authority in hard to access areas. The South of Libya, specifically, has been coping with violent clashes between contending armed groups.

Underlying factors

An analysis of primary and secondary data suggests that there are several underlying factors that influence migrant and refugee vulnerability, exposure and capacity to cope with the crises in Libya. Firstly, the criminalisation of all forms of irregular entry conveys that the vast majority of migrants and refugees have no legal status in the country.¹⁴ This entails that irregular migrants have little to no possibility to get government or police support or redress.¹⁵ The lack of legal status also implies that migrants and refugees face more difficulties accessing services, such as healthcare and education.

¹³ IOM - DTM Libya, [Libya's Migrant Report Round 27](#), August-September 2019

¹⁴ OHCHR and UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), December 2018

¹⁵ Ibidem.

Pre-existing vulnerabilities

Pre-existing vulnerabilities refer to individual or household level qualities and characteristics that are likely to negatively affect the exposure to shock, living standards and coping capacity of affected populations. This assessment considers underlying factors as contextual, structural factors and considers pre-existing vulnerabilities as playing out on an individual or household level. Pre-existing vulnerabilities were identified based on secondary data analysis and triangulated with MSNA results.

In line with previous REACH assessments¹⁶ and additional secondary data, the 2019 Migrant and Refugee MSNA report focuses on five main pre-existing vulnerabilities:

- 1) Region of Origin
- 2) Gender
- 3) Language
- 4) Age
- 5) Type of employment

Region of origin: the review of secondary data found that respondents from Sub-Saharan African countries were significantly more vulnerable than respondents from MENA countries. East Africans specifically are likely to have lower living standards, higher coping capacity gaps, and generally perceive to face more security and safety risks. There are several explanatory factors on why region of origin affects general well-being. Secondary data suggests that xenophobia, racism and discrimination lead to exclusion and marginalisation of Sub-Saharan African migrants and refugees in Libya.¹⁷ These are compounded by religious and cultural differences.¹⁸

Gender: various assessments and reports found that women generally have higher needs and less access to services than men. Despite demonstrated high exposure of male migrants and refugees to protection risks, women were found to be more likely to face specific types of safety and security risks.¹⁹

Language: secondary literature indicates that migrants and refugees without Arabic skills face more difficulties integrating and have a harder time accessing services compared to those who speak the language. Additionally, migrants and refugees without Arabic skills are likely to face challenges accessing information on where to receive services and assistance, or about the general security situation in their location.²⁰

Age: various reports have highlighted the elevated risks that younger migrants and refugees face in Libya.²¹ Among younger migrants and refugees, children under 18 – especially UASC – are considered to be particularly

¹⁶ REACH, [Mixed migration routes and dynamics in Libya in 2018](#), June 2019

¹⁷ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

¹⁸ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁹ <https://www.aljazeera.com/indepth/features/rape-abuse-violence-female-migrant-journey-libya-200119111813822.html> (January 2020); <https://www.un.org/sexualviolenceinconflict/countries/libya/> (March 2019); Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018; MMC, [What makes refugees and migrants vulnerable to detention in Libya? A micro level study of the determinants of detention](#), December 2019; Women's Refugee Commission, ["More Than One Million Pains": Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy](#), March 2019; MMC, [4Mi snapshot: Protection risks within and along routes to Libya – a focus on sexual abuse](#), September 2019

²⁰ IMPACT/UNICEF, [Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms](#), Forthcoming; 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017;

²¹ IMPACT/UNICEF, [Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms](#), Forthcoming; Eliza Galos, Harry Cook and Laura Bartolini. [Migrants' vulnerability to human trafficking](#)

vulnerable.²² Being separated from their parents or caregivers and generally not being provided with protection or care means that UASC are already experiencing a violation of their rights. On top of this, compared to adult migrants and refugees, UASC are more likely to be exposed to a particular set of challenges and protection risks, such as an inability to access services, labour exploitation by employers, and discrimination.

Employment type: previous REACH assessment showed that migrants and refugees in Libya are often confined to temporary or daily jobs, characterised by unstable income, precarious working conditions and a lack of social protection.²³ Those who work in temporary or daily labour do not have stable incomes and are frequently forced to take on multiple jobs in order to sustain their financial security.²⁴ Unemployed migrants and refugees in Libya have been shown to have particularly elevated vulnerabilities and humanitarian needs across a range of indicators and sectors.

Respondents may also have multiple, intersecting pre-existing vulnerabilities, for instance female respondents from Sub-Saharan African countries.

Populations in need

The MSNA categorised respondents to be in need if the quantitative analysis demonstrated individuals to have a Living Standard Gap (LSG) severity score of 3 (“severe”) or 4 (“extreme”), a Capacity Gap (CG) severity score of 4 (“extreme”), or a combination of both. The LSG severity score was based on the analysis of composite indicators with a severity scale of 1 to 4 related to living standards, and the CG severity score was based on the livelihood coping strategy index (LCSI). Based on this threshold, the MSNA found that 41% of the respondents had an LSG

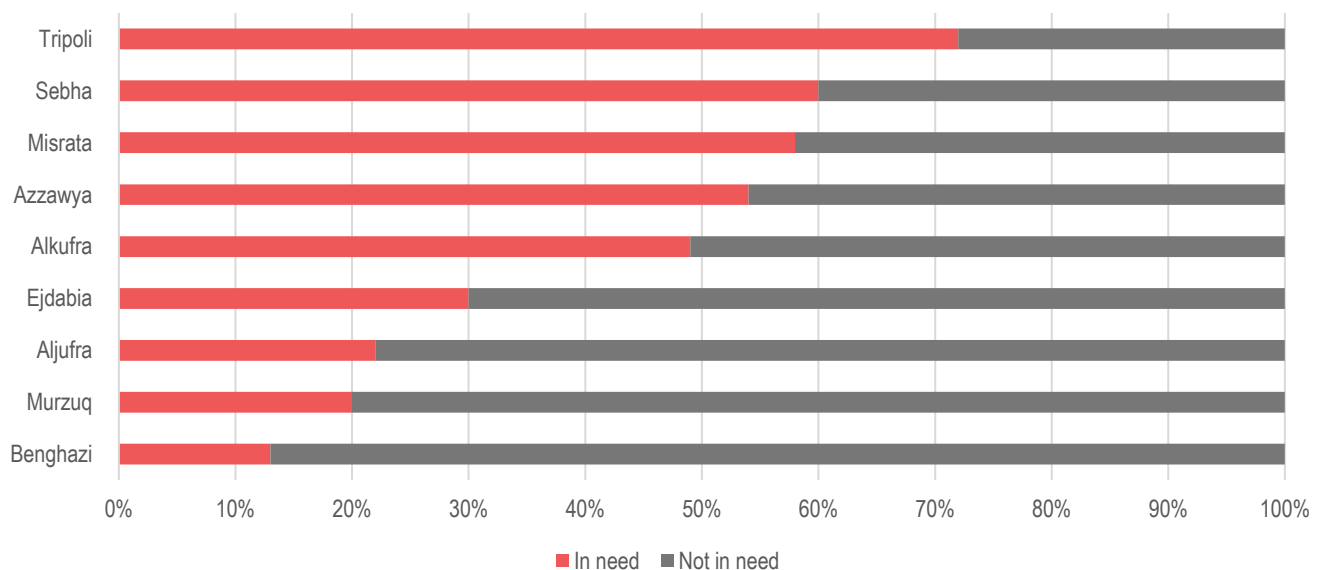


Figure 1: Percentage of population in need, per assessed location

severity score of 3 (“severe”) or 4 (“extreme”) and/or a CG severity score of 4 (“extreme”). This means that almost half of the migrant and refugee population included in the assessment sample was considered to be experiencing severe or extreme (multi-sectoral) humanitarian needs at the time of data collection.

and exploitation in the irregular migration context of the Mediterranean routes. In: [Migration Policy Practice, Vol. VII, Number 2, April–September 2017](#); IOM-DTM, [Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey Analysis on Adult and Children on the Mediterranean Routes Compared](#), September 2017; OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

²² OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

²³ REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

²⁴ IOM-WFP, [Hunger, displacement and migration](#), November 2019

Three out of four locations with the highest proportion of respondents in need were situated in West Libya. For the Libyan and non-Libyan population alike, protracted armed conflict and insecurity in Tripoli and surrounding mantikas has held direct and indirect consequences for safety and security and livelihood in the region.²⁵ Sebha, in South Libya, has since long been identified as the most unstable place in the south, with fragmented social cohesion, ongoing armed clashes and weak central governance.²⁶ It is important to note that data collection in Murzuq and surrounding locations took place before the clashes in August 2019. Relatively few violent incidents were registered in Murzuq in the period prior to data collection, between March and July 2019.²⁷

Population groups of particular concern

The MSNA found three migrant and refugee subgroups with markedly higher needs than others, which related to underlying factors and pre-existing vulnerabilities. The group with the highest proportion classified as “in need” were women. The MSNA found that, of the female migrants and refugees interviewed in Misrata and Tripoli, 82% were found to be in need, compared to 57% of male migrants and refugees in these locations.²⁸

A relationship was identified between the employment status and type of the respondent and the severity of their needs. Respondents who reported having been unemployed over the 30 days preceding data collection were the group with the second highest proportion in need (79%). In contrast, 44% of respondents who reported working temporary job positions in the 30 days prior to data collection, 43% of those reportedly employed in daily labour and “only” 25% of those who reported having held permanent jobs in the 30 days prior to data collection were classified to be experiencing severe or extreme (multi-sectoral) humanitarian needs.²⁹

The MSNA findings suggest that East Africans may have generally higher needs and are more vulnerable than refugees and migrants from other regions. Of the various population sub-groups assessed by the MSNA (region of origin, gender, language and employment status groups), East African respondents were found to be the sub-group with the third highest proportion in need (60%).³⁰ UNHCR and IMPACT found that East Africans are more vulnerable than other population groups as they have an overreliance on closed smuggling rings, putting them at risk of abuse and exploitation.³¹ Similarly, MMC found that East Africans are more likely to be detained in Libya.³² Among region of origin groups, they were followed by respondents from West and Central Africa (46%), respondents from the MENA region (31%), and lastly by those from other regions (predominantly South Asia) (26%).

Needs profiles

As part of the MSNA data analysis process, the most common needs profiles of the population “in need” were identified. These needs profiles represent the most common combinations of sectoral living standard gaps and capacity gaps amongst the respondents in need. The strength of this type of analysis is that it is intersectoral and

²⁵ IOM-WFP, [Hunger, displacement and migration: a joint innovative approach to assessing needs of migrants in Libya](#), November 2019

²⁶ Al-Arabi, *Local Specificities of Migration in Libya: Challenges and Solutions*, 2018

²⁷ ACLED, *Dataset Northern Africa: Libya*.

²⁸ As women were not specifically targeted for this assessment, the vast majority of female respondents included in the population sample resided in Tripoli or Misrata at the time of data collection. This is partially due to the data collection INGOs in these locations having female enumerators and established connections with migrant and refugee communities. However, it should be noted that the majority of female migrants and refugees identified by IOM-DTM were also based in the western region of Libya (64%), suggesting a particular concentration in this region. In order to allow accurate comparison with men, only respondents in Tripoli and Misrata were included when disaggregating MSNA data by gender.

²⁹ Throughout, this will be referred to as being ‘in-need’.

³⁰ 16% of East African respondents in need were found to also not have worked outside the home in the previous 30 days.

³¹ IMPACT/UNHCR, [From hand to hand: the migratory experience of East African refugees and migrants in Libya](#), April 2019

³² MMC, [What makes refugees and migrants vulnerable to detention in Libya?](#) December 2019

illustrates whether respondents generally have needs in single or multiple sectors, hence it allows identification of concurring sectoral needs.

The most common needs profiles across the spectrum were:

- 1) Protection needs only (with needs in no other sector)
- 2) Health needs only (with needs in no other sector)
- 3) A combination of protection and health needs

Protection is the most common sector in which MSNA respondents were found to be in need. Forty-eight (48%) percent of respondents in need had severe or extreme protection needs (including those concurring with severe or extreme needs in other sectors), and 24% had severe or extreme protection needs alone (with no needs in other sectors). Per definition, protection risks in humanitarian crises “may include threats to life, safety and security, discrimination and loss of access to basic services.”³³ The primary driving factor of protection needs of the respondents with protection needs alone was their severe self-reported reasons for feeling in danger. Among the most cited reasons were fears of being robbed, being afraid of or affected by conflict in the area, and having experienced verbal harassment. For migrants and refugees in Libya, the severity of these general protection risks is amplified by their irregular status, as migrants and refugees have little to no opportunity to access security or justice mechanisms in Libya. This has been found to make them specific targets for robberies and vulnerable to conflict,³⁴ easily exploitable by employers, armed groups, smugglers, and human traffickers as they cannot find support or help from state institutions such as formal authorities and police.³⁵

In addition to protection needs, severe or extreme needs in health were also found to widely affect MSNA respondents, with 43% of respondents in need having severe or extreme needs in this sector (including those combined with needs in other sectors) and 17% having severe or extreme health needs alone. A large proportion of all respondents in the MSNA reported facing barriers to accessing healthcare, which was found to be the main factor driving severe and extreme health LSG severity scores, with 85% of respondents with severe or extreme health needs reported facing barriers to accessing healthcare. The MSNA findings revealed that the healthcare infrastructure and systems in Libya often prevent migrants and refugees from getting the care they need. This was largely the result of price barriers and of migrants and refugees being excluded from public services in some instances; while availability of health services also poses a critical problem for the Libyan population, access issues were more pronounced for migrants and refugees. For those who have no access to public health institutions, private health facilities could be an option, but elevated prices and limited means to pay constitute another often reported barrier to healthcare in Libya.

These needs profiles featured prominently across all the identified populations of particular concern, being women, East Africans, and unemployed respondents, as well as in locations with the largest percentages of respondents in need: Tripoli, Sebha and Misrata. This highlights the fact that migrants and refugees in Libya are in particular need of support in the protection and health sectors.

Overall, the top five most commonly self-reported priority needs of respondents in need were cash (66%), food (51%), health care (41%), livelihoods opportunities (34%), and shelter support (27%) (general protection assistance was not included among the options). Among respondents in need, cash needs were reported most in Benghazi

³³ UNHCR, [Placing Protection at the Centre of Humanitarian Action: A contribution to the World Humanitarian Summit](#), May 2015

³⁴ OHCHR and UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), December 2018

³⁵ Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; 4Mi, [Invisible Labour: Women's labour migration to Libya](#), December 2017

(88%), Aljufra (80%) and Murzuq (76%). Need for food was most commonly reported in Aljufra (100%), followed by Misrata (66%), Ejdabia (65%) and Tripoli (65%). Need for healthcare was most reported in Sebha (64%) and Misrata (49%), and Alkufra (47%).

CONTENTS

SUMMARY	2
Context	2
Coordination framework.....	3
Scope and methodology	3
Limitations	3
Key findings	4
Humanitarian profile	4
Underlying factors	4
Pre-existing vulnerabilities.....	5
Populations in need.....	6
List of Acronyms	13
Geographical Classifications.....	14
List of Tables, Figures and Maps	14
INTRODUCTION	16
Context	16
METHODOLOGY	19
Specific objectives and research questions	19
Scope.....	19
Geographic scope	19
Population of interest.....	21
Sectors, sub-sectors and thematic issues covered	22
Sampling strategy	22
Data collection methods.....	23
Secondary data review	23
Quantitative component	23
Qualitative component.....	24

Ethics	24
Data analysis	25
MSNA stakeholders and partners	28
Dissemination	28
Challenges and limitations	28
HUMANITARIAN COUNTRY PROFILE.....	30
Drivers of the crisis in Libya	30
Armed conflict and insecurity	30
Economic instability	30
Underlying factors	31
Lack of legal pathways and irregular migration status	31
Lack of governance and law enforcement	33
Marginalisation and exclusion	33
Lack of support networks	34
Pre-existing vulnerabilities	34
Region of Origin	34
Language	37
Gender	37
Age	38
Employment status and job type	39
CURRENT NEEDS	40
Coping Gap (CG) Severity Scores	40
Geographic breakdown of needs	40
Country-wide needs	40
Breakdown of needs by assessment location	42
Sebha	47
Breakdown of needs by population group	51
Gender: Women	51

Employment status and job type: Unemployed	56
Region of origin: East Africans	59
Language: Non-Arabic speakers	62
Vulnerability	64
Women	64
Unemployed	65
Tripoli	65
Inability to access assistance	65
Misrata	66
Temporary job	66
Azzawya	66
ACCOUNTABILITY TO AFFECTED POPULATIONS	67
Humanitarian assistance	67
Information needs and communication preferences	68
CONCLUSION	70
ANNEXES	72
ANNEX 1: Questionnaire and data analysis plan (DAP)	72
ANNEX 2: Composite indicators and scoring approach	73
ANNEX 3: Livelihoods Coping Strategy Index (LCSI) classification approach	82
Options	82
Respondent classification	82
ANNEX 4: Sampling quotas	83

List of Acronyms

4Mi	Mixed Migration Monitoring Mechanism Initiative
CMR	Central Mediterranean route
DTM	Displacement Tracking Matrix
Cesvi	Cooperazione e Sviluppo
CG	Capacity Gap
CSO	Civil Society Organisation
ECHO	European Civil Protection and Humanitarian Aid Operations
EU	European Union
FCS	Food Consumption Score
FGD	Focus Group Discussion
GMMR	Great Man-Made River
HCT	Humanitarian Country Team
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HPC	Humanitarian Planning Cycle
ICMPD	International Centre for Migration Policy Development
IDP	Internally Displaced Person
IMAWG	Information Management and Assessment Working Group
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
IRC	International Rescue Committee
ISCG	Inter-Sector Coordination Group
IOM	International Organization for Migration
JIAF	Joint Inter-Sectoral Analysis Framework
JIAG	Joint Inter-Sectoral Analysis Group
KI	Key Informant
LCSI	Livelihood Coping Strategy Index
LSG	Living Standard Gap
LYD	Libyan Dinar
MENA	Middle East and North Africa
MMC	Mixed Migration Centre
MSNA	Multi-Sector Needs Assessment
NFI	Non-Food Item
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	United Nations Office of the High Commissioner for Human Rights
PHC	Primary Health Unit
rCSI	reduced Coping Strategy Index
SARA	Service Availability and Readiness Assessment
UASC	Unaccompanied and Separated Child(ren)
UNHCR	United Nations High Commissioner of Refugees
UNICEF	United Nations Children's Fund
UNSMIL	United Nations Support Mission in Libya
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFP	World Food Programme

Geographical Classifications

Region	Highest form of governance below the national level, 3 in Libya – Tripolitania (West), Cyrenaica (East), Fezzan (South)
Mantika	Second administrative level corresponding to a ‘district’ – Libya currently has 22 mantikas
Baladiya	Third administrative level corresponding to the ‘municipality’ – Libya currently has 100 baladiyas
Muhalla	An area or neighbourhood smaller than, and most often included in, the municipality

List of Tables, Figures and Maps

Figure 1: Percentage of population in need, per assessed location	6
Figure 2: Overview of needs of in-need population, based on an LSG of 3+ and/or a CG of 3+ threshold.	40
Figure 3: Overview of needs of respondents with severe or extreme LSG and/or severe or extreme CG	41
Figure 4: Country-wide needs profiles, by percentage of total respondents in need	42
Figure 5: Overview of needs of respondents in Tripoli with severe or extreme LSG and/or extreme CG	43
Figure 6: Overview of needs of respondents in Misrata with severe or extreme LSG and/or extreme CG	43
Figure 7: Most common needs profiles in Tripoli, by proportion of respondents in need	45
Figure 8: Most common needs profiles in Misrata, by proportion of respondents in need	46
Figure 9: Overview of needs of respondents in Sebha with severe or extreme LSG and/or extreme CG	47
Figure 10: Most common needs profiles in Sebha, by proportion of respondents in need	49
Figure 11: Proportion of respondents in need, by gender of respondent (Misrata and Tripoli only)	51
Figure 12: Overview of needs of female respondents with severe or extreme LSGs and/or extreme CGs	52
Figure 13: Proportion of respondents with a poor or borderline FCS, by gender of respondent	52
Figure 14: Proportion of respondents by employment status in month preceding data collection and gender of respondent	53
Figure 15: Proportion of respondents using negative livelihood coping strategies, by gender of respondent	54
Figure 16: Most common needs profiles of female respondents, by proportion of female respondents in need ..	55
Figure 17: Proportion of respondents in need, by employment status/job type	57
Figure 18: Overview of needs of unemployed respondents with severe or extreme LSGs and/or extreme CGs ..	57
Figure 19: Most common needs profiles of unemployed respondents, by proportion of unemployed respondents in need	58
Figure 20: Proportion of respondents in need, by region of origin	59
Figure 21: Proportion of East African respondents in need, with severe or extreme LSGs and/or extreme CGs, per sector	60
Figure 22: Most common needs profiles of East African respondents, by proportion of East African respondents in need	61
Figure 23: Proportion of respondents in need, by Arabic language ability	63
Figure 24: Proportion of respondents in need and vulnerable, by population subgroup	64
Figure 25: Proportion of respondents in need and vulnerable, by assessment location	64
Figure 26: Proportion of respondents in need that were unable to access assistance, by assessment location ..	65
Figure 27: Proportion of respondents in need that were unable to access assistance, by population subgroup ..	66
Figure 28: Proportion of respondents reporting having received humanitarian assistance in the 6 months prior to data collection	67
Figure 29: Reported barriers to accessing humanitarian assistance faced, by % of respondents who had reportedly faced barriers	68
Figure 30: Reported modality of assistance received, by proportion of respondents who had reportedly received assistance in the year prior to data collection	68

Table 1: MSNA assessment locations with number of migrants present and interviews conducted	20
Table 2: Number of respondents, by region of origin and assessment location	23
Table 3: Number of respondents, by gender and assessment location	23
Table 4: JIAF Severity Scale (Joint Inter Sectoral Analysis Draft Guidance, March 2019).....	27
Map 1: MSNA assessment locations	21
Map 2: Proportion of respondents in need, by assessment location	42

INTRODUCTION

Context

Since 2011, Libya has been in a nearly constant state of political instability, facing waves of intense violence and a declining economy. The conflict following political fragmentation has affected Libya since 2014. In April 2019, the ongoing rivalry between the Eastern and Western-based governments materialised in a violent and ongoing battle for Tripoli. While the frontline may be entrenched on the outskirts of the capital, the consequences of the clashes are felt nationwide, with widespread disruptions of supply chains and an acceleration of economic insecurity.³⁶ Political and economic instability also feed into the chronic security crisis, as civil, security and social services have collapsed in many parts of the country³⁷: power vacuums have more than once given way to non-state armed groups and an increase in armed group activities and lawlessness. These developments affect both Libyan as well as non-Libyan population groups.

Libya has a long history as a transit and destination country for millions of migrants and refugees, by virtue of its geographical location and the high demand for labour due to significant oil reserves. Between the 1970s to the 1990s, the Libyan government increasingly encouraged immigration, initially from Arab countries only and later from the whole continent in a bid for pan-Africanism.³⁸ These liberal migration policies were largely motivated by the discovery of oil in the 1960s and the lack of necessary manpower (particularly in the agricultural and construction sectors) to realise economic and social programmes and reforms. The country's wealth, open-door policy and granting of visa-free entry to African nationals attracted large numbers of migrant workers. But the liberal approach that had attracted so many much-needed migrants came to an end in the 2000s, when Libya imposed visa restrictions on foreign nationals and adopted normative changes regarding residence and labour.³⁹ Of the estimated population of 1.5 million migrants present in Libya at the time⁴⁰, a large proportion became illegal overnight.⁴¹ Libya started carrying out mass expulsions, with 4,000 people being removed in 2000; 43,000 in 2003; 54,000 in 2004; 84,000 in 2005; and 64,330 in 2006.⁴² The vast majority came from Sub-Saharan Africa.⁴³

Libya is not a signatory to the 1951 Refugee Convention and does not have any asylum legislation or procedures in place.⁴⁴ In 2010, the government implemented Law No. 19/2010 on Combating Irregular Migration, criminalising irregular entry, stay or departure, without any distinction between migrants, refugees and victims of trafficking.⁴⁵ The law also states that those who do enter the country irregularly may be detained for an indefinite period of time prior to deportation.

Despite the anti-migration policies, political instability and armed conflict, migration into Libya has persisted. As well as being a country of destination, in recent years, Libya has functioned as a major hub for those intending to travel to Europe irregularly. However, its role as a transit country on the route to Europe has greatly diminished over the past years as arrivals by sea recorded in Italy dropped from 181,436 in 2016 to 11,471 in 2019, reflecting increased

³⁶ REACH, [Effects of the Tripoli conflict on South Libya](#), June 2019

³⁷ Mercy Corps/Humanitarian Access Team, [Libya's shadow economy](#), June 2017

³⁸ MPC, [Libya Migration Profile](#), June 2013

³⁹ REACH, [Mixed migration routes and dynamics in Libya in 2018](#), June 2019; UNHCR, [Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges](#), June 2017; ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

⁴⁰ European Commission, [Technical mission to Libya on illegal immigration](#), 2004

⁴¹ 4Mi, [Invisible Labour: Women's labour migration to Libya](#), December 2017

⁴² Migration Policy Centre, [MPC Migration Profile: Libya](#), June 2013

⁴³ Migration Policy Centre, [MPC Migration Profile: Libya](#), June 2013

⁴⁴ <https://www.unhcr.org/protect/PROTECTION/3b73b0d63.pdf>

⁴⁵ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

efforts of the European Union to bring back migrant arrivals by cooperating with countries of transit and origin.⁴⁶ By the end of 2019 Libya currently hosted approximately 650,000 migrants and refugees, the majority of whom come from West and Central African countries, followed by the Middle East and North Africa (MENA), East Africa, and South Asia.⁴⁷ The UNHCR has been mandated by the government to register refugees in Libya. Individuals from Iraq, Syria, Palestine, Ethiopia, Eritrea, Somalia, Sudan, South Sudan and Yemen are eligible for registration. As of April 2020, there are 48,732 refugees registered with the UNCHR in Libya.⁴⁸

In the 2020 Humanitarian Needs Overview (HNO), 897,000 people were identified as being in need of humanitarian assistance; 34,700 of those people were migrants and refugees (the HNO separated these into 299,000 migrants and 48,000 registered refugees).⁴⁹ Migrants and refugees share many of the same safety and security risks as the Libyan population. However, as previous reports have shown, the vulnerability of many migrants and refugees is amplified in a number of sectors as they are often forced to navigate the situation without recourse to the human rights protections granted by various Libyan and international legal frameworks. Therefore, migrants face increased risks of exclusion and marginalisation, being exposed to exploitative smuggling and trafficking networks, and having limited access to communities or family members that can support them.⁵⁰

Due to instability and access restrictions, there has been limited data available on the multi-sectoral needs of migrants and refugees living in urban areas in Libya. Aiming to fill the information gap, the 2019 migrant and refugee Multi-Sector Needs Assessment (MSNA) sought to expand the scope of previous assessments⁵¹. The MSNA was coordinated by the United Nations Office of the Coordination of Humanitarian Affairs (OCHA), with support of REACH, and in collaboration with the Information Management Working Group (IMAWG) and the Inter-Sector Coordination Group (ISCG). The research design and assessment scope were determined in collaboration with IOM, and the joint analysis was done in partnership with the IOM and the United Nations High Commissioner for Refugees (UNHCR). Data collection was carried out by Cesvi, IOM, International Medical Corps (IMC), International Rescue Committee (IRC), the United Nations Children's Fund (UNICEF) and REACH.

Across nine different locations, a total of 1,716 refugee and migrant respondents from various countries of origin were interviewed for the assessment. Following the individual interviews, and at locations where REACH was able to get access to safe locations for focus group discussions (FGDs), qualitative data was collected in order to support and contextualize the quantitative findings. Six FGDs were held in NGO social centres for migrants and refugees in Tripoli, which provided safe spaces to talk to minors and caregivers from various countries of origin. Responding to a knowledge gap on the humanitarian needs of refugees and migrants living in urban settings, this MSNA only included migrants and refugees living in urban areas and no surveys were conducted in detention centres.⁵² The resulting information on migrants and refugees in urban areas aims to inform humanitarian efforts to assist migrants and refugees outside detention, by understanding their needs and coping mechanisms.

⁴⁶ IOM, [Migration Data Portal: Arrivals Europe](#), accessed 04 April 2020

⁴⁷ IOM - DTM Libya, [Libya's Migrant Report round 28](#), October-December 2019

⁴⁸ UNHCR, [Operational portal: refugees situations Libya](#), updated 30 April 2020

⁴⁹ OCHA, [Executive Summary on Humanitarian Overview Libya 2020](#), December 2019

⁵⁰ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

⁵¹ IOM-WFP, [Hunger, displacement and migration](#), November 2019; WFP, [The Migration Pulse: Understanding the needs and food security situation of migrants in Libya](#), July 2019; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; REACH, [Refugees and migrants' access to food, shelter & NFIs, WASH and assistance in Libya](#), November 2018

⁵² Since the crisis began in 2011, humanitarian assistance and monitoring has predominantly targeted migrants and refugees living in detention centres, although humanitarian stakeholders have increased their efforts to reach the much larger population in urban settings. Less has been known about the migrants and refugees living outside of detention centres.

This report will first provide a detailed description of the methodology and its underlying rationale, followed by an outline and discussion of the key findings regarding the humanitarian context and needs, organised into the following sections:

- **Humanitarian country profile:** *this section seeks to understand the crisis, and identify its immediate causes as well as the underlying factors and pre-existing vulnerabilities that influence the exposure, vulnerability and capacity of the affected population. It is based on a secondary data review. The section covers:*
 - Drivers of the crisis
 - Underlying factors affecting migrants and refugees
 - Pre-existing vulnerabilities
- **Current needs:** *this section determines the severity of humanitarian needs and the proportion of respondents falling into the “in need” category. It also identifies the severity of needs and the most common needs profiles across assessment locations and population sub-groups. The section is mainly based on the analysis of primary data collected for the MSNA. The section covers:*
 - Geographic breakdown of needs
 - Country-wide needs
 - Breakdown of needs by assessment location
 - Breakdown of needs by population group
 - Vulnerability
 - Inability to access assistance
- **Accountability to affected populations:** *this section presents the perceptions and priorities of the affected population in order to inform humanitarian response planning. It is mainly based on the analysis of primary data collected for the MSNA. The section covers:*
 - Access and barriers to humanitarian assistance
 - Information needs and communication preferences

METHODOLOGY

Specific objectives and research questions

The primary objective of the migrant and refugee MSNA was to fill the information gap on the multi-sectoral humanitarian needs of migrants and refugees in Libya in order to inform humanitarian planning and decision-making. It was particularly intended to inform key milestones along the humanitarian programme cycle (HPC), such as the HNO and the HRP. By providing data on needs disaggregated by location and population group, the MSNA aims to contribute to a more targeted humanitarian response.

The specific objectives of this MSNA were:

- Understand humanitarian needs in terms of:
 - how the crisis (conflict, insecurity and economy instability) and underlying factors affect migrants and refugees living in Libya,
 - humanitarian conditions (indicated by living standard gaps⁵³, use of negative coping mechanisms and severity of humanitarian needs) and
 - current priority needs/concerns as determined by REACH following consultative sessions on joint analysis with UNHCR and IOM
- And how this differs by:
 - geographic location (across nine different baladiyas and mantikas with relatively large populations of migrants and refugees)
 - population group (e.g. from different regions of origin) and
 - pre-existing vulnerability⁵⁴ profile

To meet the above objectives and provide an overview of the humanitarian needs facing migrants and refugees in Libya, the MSNA sought to answer the following guiding research questions:

- Which and how many migrants and refugees face humanitarian needs and what is the severity of these needs?
- In which baladiyas and mantikas are these people located?
- What do their survival and livelihood problems consist of, and how do these problems differ per population group?

Scope

Geographic scope

Six Libyan baladiyas (municipalities) and three mantikas (districts) were assessed for the 2019 Migrant and Refugee MSNA. Each of the Libyan regions (East, West and South) contained three data collection locations. The baladiyas and mantikas covered by the MSNA together hosted an estimated 68% of the migrants and refugees in Libya at the time of data collection.⁵⁵ As migrants and refugees in Libya are concentrated in specific urban hubs, a list of potential assessment locations was put together from among these urban centres. Using Round 24 baladiya-

⁵³ The MSNA will calculate the % of people with living standard gaps, i.e. the proportion of households/respondents unable to meet their basic needs in one or more sectors

⁵⁴ Processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which could subsequently exacerbate the scale and scope of the driver/ crisis and its impact on specific groups

⁵⁵ IOM - DTM Libya, [Libya's Migrant Report Round 24](#), January-February 2019

level IOM DTM data (covering January-February 2019), the 20 baladiyas that contained the largest number of migrants and refugees were identified. Following close consultation with partners, nine specific locations were selected from this list, according to the following criteria:

- The size of the local migrant and refugee population in absolute numbers
- Accessibility for humanitarian actors
- Interest to humanitarian actors⁵⁶

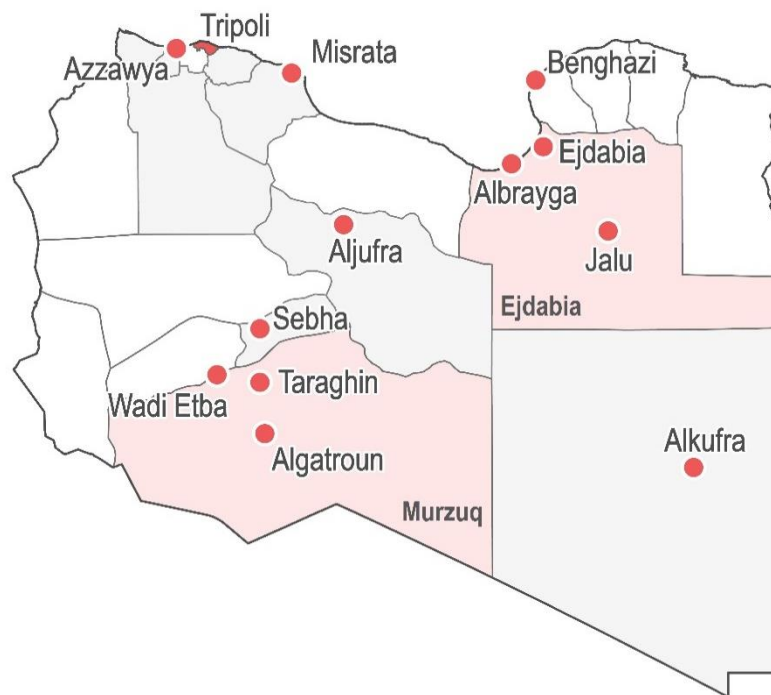
This number of assessment locations was chosen in order to ensure representation of different areas within each of Libya's three regions. In three cases, data collection was carried out in several sites across a mantika rather than focusing on a specific baladiya. For two of these (Ejdabia and Murzuq), enumerators could not reach the required types and number of respondents in the originally designated baladiyas and it was deemed necessary to expand the geographical scope for outreach purposes. In the case of Tripoli, the city is spread across six baladiyas, making the mantika level a more appropriate unit of analysis for assessing the needs of migrants and refugees across the city as a whole. For this reason, it was decided to assess the full mantika of Tripoli, which encompasses the extended urban area.

The following nine locations were included in the migrant and refugee MSNA:

Assessment Location	# of migrants present (IOM DTM data)	# of interviews conducted
Tripoli (mantika)	143,838	186
Ejdabia (mantika)	69,724	168
Murzuq (mantika)	55,334	188
Misrata (baladiya)	50,150	172
Sebha (baladiya)	43,490	169
Azzawya (baladiya)	28,090	167
Benghazi (baladiya)	26,107	197
Alkufra (baladiya)	24,859	218
Aljufra (baladiya)	13,464	251

Table 1: MSNA assessment locations with number of migrants present and number of interviews conducted

⁵⁶ The locations of interest to humanitarian stakeholders were identified through REACH meetings and correspondence with relevant organisations (IOM, UNHCR and INGOs). These were generally locations where organisations planned to provide assistance based on their strategies and pre-existing knowledge of the distribution of needs.



Map 1: MSNA assessment locations

Population of interest

The 2019 migrant and refugee MSNA targeted migrants and refugees living in or travelling through urban areas in Libya (outside of detention centres). In recognition of the diversity of the migration dynamics characterising the Libyan context, the migrant and refugee MSNA included all migrants and refugees falling within the concept of mixed migration. Mixed migration encompasses “highly diverse types of people on the move” presenting diverse legal statuses, vulnerabilities and motivations for being on the move. People involved in mixed migration flows can therefore be refugees, asylum seekers, victims of trafficking, potential immigrants or migrants in transit, travelling on the same routes or living in the same communities, most but not all of whom enter Libya in an irregular manner. Individuals may have mixed motivations for moving or fit into more than one of these categories, making it difficult to assess them on the basis of their supposed sub-group. While acknowledging that mixed migration flows are not homogenous, this does provide further motive for assessing all people on the move together.⁵⁷ To operationalise this concept, it was decided by REACH that the MSNA’s definition of migrants and refugees would encompass individuals of foreign origin (born abroad or whose parents were born abroad) who were present in Libya and did not possess Libyan nationality.

In previous REACH assessments it was found that certain criteria were particularly determinant of migrants and refugees’ experience in Libya. Migrants and refugees’ region of origin was found to be linked to different experiences in accessing services, use of negative coping strategies, and exposure to protection risks.⁵⁸ The sample for this assessment was therefore stratified according to country of origin and region of origin (West and Central Africa, MENA, East Africa and Other, mostly encompassing South Asia), in order to enable comparison

⁵⁷ For the purposes of the 2019 MSNA, REACH bases its understanding of mixed migration on the concept as explained by the Migration Observatory of the University of Oxford, and more particularly by migration scholar Nicholas Van Hear: <https://migrationobservatory.ox.ac.uk/resources/primers/mixed-migration-policy-challenges/>

⁵⁸ See for example: REACH, [Refugees and migrants’ access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017 and REACH / UNICEF, *Solitary Journeys of Unaccompanied and Separated Children*

between subgroups. During analysis, the sample was disaggregated according to other sub-groupings (gender, employment status, language, and time of arrival) but these were not included as strata in the sampling strategy. This is reflected in the irregular size of the sub-groupings in the sample.

Sectors, sub-sectors and thematic issues covered

The MSNA gathered information on humanitarian needs across all of the sectors and thematic issues active in the Libya response:

- Food Security and Livelihoods (FSL)
- Shelter & Non-food Items (NFIs)
- Water, Sanitation and Hygiene (WASH)
- Education
- Health
- Protection (including gender-based violence (GBV), Child Protection, and Mine Action)
- Cash and markets

To effectively gather relevant information for these specific sectors, REACH developed questions and indicators in consultation with each sectoral working group.

Sampling strategy

For all assessed locations, the quantitative component of the migrant and refugee MSNA employed a non-probability quota sampling strategy. The sample is therefore not statically representative and the results drawn from it are indicative only. For humanitarian actors, this means that the data from this MSNA can be used to inform decision-making and targeting at a strategic level but should be triangulated with data from other needs assessments for increased reliability. Statistically representative sampling methods could not be used for this MSNA as demographic data is difficult to triangulate, and certain migrant population groups, such as women and individuals travelling in smuggling networks, are generally 'hidden' and hard to reach out to. IOM DTM data (round 24)⁵⁹ was used for the most updated population estimates and formed the baseline to determine the assessment quotas and select the assessment locations.

The sample of respondents was stratified by location (stratification layer 1), region of origin (stratification layer 2) and country of origin (stratification layer 3). At the baladiya and mantika level, adult migrants and refugees (for operational purposes, people of foreign origin who did not possess Libyan nationality) were sought in a purposive manner in order to meet required interview quotas for specific countries and regions of origin in each location. Strategies to locate respondents were discussed in the enumerator focal point training and enumerator teams then relied on their local knowledge to identify potential locations in which to search. Enumerators generally approached potential respondents on the street, at their places of work or at sites where migrants and refugees gather. Interviews were also conducted with attendees of NGO centres for migrants and refugees, and with beneficiaries and ex-beneficiaries of the NGOs participating in data collection.

The region of origin interview quota for each location was set relative to the proportion of local migrant and refugee population originating from each specific region (according to IOM DTM data). The purpose of this approach was to ensure that the sample was a semi-representative cross-section of the migrant and refugee population in each location, in terms of region of origin.

The ten countries of origin for which a minimum number of interviews was required were chosen based on their numerical importance and interest to the humanitarian community. Where a sufficiently high proportion of the local

⁵⁹ IOM - DTM Libya, [Libya's Migrant Report Round 24](#), January-February 2019

migrant and refugee population in a location was from one of these countries, a minimum number of interviews to be conducted with respondents from this country was established in order to ensure their representation. Countries of origin considered were: Niger, Chad, Nigeria, Ghana, Mali, Egypt, Sudan, Somalia, Eritrea and Bangladesh.

Region of origin	Tripoli	Benghazi	Aljufra	Misrata	Sebha	Alkufra	Murzuq	Azzawya	Ejdabia	Total
West & Central Africa	86	31	168	99	130	114	125	117	54	924
MENA	61	127	77	71	32	70	36	38	113	625
East Africa	34	27	5	1	6	34	3	5	10	125
Other	5	12	1	1	1	0	4	7	11	42
Total	186	197	251	172	169	218	168	167	188	1716

Table 2: Number of respondents, by region of origin and assessment location

Gender	Tripoli	Benghazi	Aljufra	Misrata	Sebha	Alkufra	Murzuq	Azzawya	Ejdabia	Total
Female respondents	64	5	0	47	0	5	0	10	2	133
Male respondents	122	192	251	125	169	213	168	157	186	1583
Total	186	197	251	172	169	218	168	167	188	1716

Table 3: Number of respondents, by gender and assessment location

Data collection methods

The migrant and refugee MSNA adopted a mixed-methods approach to gathering data, with a secondary data review and quantitative and qualitative assessment components.

Secondary data review

For the MSNA, understanding of the context, drivers of the crisis, underlying factors affecting migrants and refugees, and pre-existing vulnerabilities was established based on a desk review of available secondary data. The review identified what was known about the scope and scale of the crisis and other contextual characteristics. The MSNA team consolidated and synthesised the available secondary data and used it to inform the humanitarian country profile and the interpretation of the MSNA findings. The desk review was completed at an early stage of the MSNA process and regularly updated throughout.

Quantitative component

The quantitative component consisted of an individual-level survey using a questionnaire adapted from the 2019 Libya MSNA household survey for the Libyan population. The questionnaire was made more relevant to the demographics and experiences of migrants and refugees in Libya. The included indicators were drafted in consultation with all sectors active in the Libyan response, as well as with the Libya Cash Working Group (CWG).

Contrary to the Libya MSNA, REACH decided to make the questionnaire for the migrant and refugee MSNA a primarily individual-level survey as secondary data showed that a high proportion of migrants and refugees in Libya did not live with family or in traditional households.⁶⁰ However, in order to obtain information about school-aged children, a limited number of household-level questions were reserved for individuals who reported living in households with minors over the age of four.

The questionnaire was translated from English into both Arabic and French in order to facilitate interviews in the most accessible language for the respondent and enumerator. Where possible, enumerators that spoke these three

⁶⁰ REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; IOM-WFP, [Hunger, displacement and migration](#), November 2019

languages were contracted, although they were unavailable in many locations. The questionnaire was subsequently converted into a digital data collection tool to be used by enumerators on their phones or tablets.

REACH went through the process of identifying and partnering with five international organisations (IOM, Cesvi, IMC, IRC and UNICEF) that agreed to take part in data collection for the migrant and refugee MSNA. The INGOs participating in Tripoli and Misrata had female enumerators available, which enabled their teams to better capture information on women's specific needs. Approximately two thirds of the women interviewed by the INGO staff were interviewed by female enumerators.

In early July, REACH carried out a Training of Trainers (ToT) for data collection focal points. The four-day training covered the following topics: the context of the MSNA, assessed locations and populations, the data collection process, safety, security, ethics, and communication and reporting. The focal points then returned to the assessment locations in Libya and passed on the information from the training to their teams of enumerators.

A pilot period of data collection began on the 11th of July and continued until the 19th, when the final version of the tool was uploaded. Data collection continued until early September, when the interview targets in all locations were met. The various organisations involved in data collection collectively carried out 1,716 individual interviews for the quantitative component of the MSNA during this period (excluding rejected interviews).

Throughout the data collection period, a team in REACH's Tunis office monitored the submitted interviews to determine whether they were of sufficient quality and conducted with the correct target population in the assigned locations. The team remained in regular contact with all data collection partners to alert them to issues with their submitted surveys and to follow-up with questions related to the information collected. The quantitative data was cleaned on an ongoing basis during data collection and all data cleaning was completed by early September.

Qualitative component

Additionally, the migrant and refugee MSNA also contained a qualitative component, which consisted of six focus group discussions (FGDs) (held where REACH was able to get access to safe spaces) and follow-ups with partners and colleagues in-field, in order to increase understanding of the protection and education needs of youth and young adults. The qualitative component thus facilitated the possibility to contextualise and triangulate sector specific findings of the migrant and refugee survey, as well as fill information gaps and compensate for the fact that no minors were interviewed during the survey due to ethical reasons.

The FGDs took place in NGO social centres for migrants and refugees in Tripoli in late August and early September and were carried out with six separate profiles of respondents: male adolescents (15-17 y/o), female adolescents (15-17 y/o), male young adults (18-25 y/o), female young adults (18-25 y/o), mothers/ female caregivers and fathers/male caregivers.

Ethics

The training for focal points included sessions on the ethics of data collection, ensuring that enumerators abided by international protection standards. The guiding principles of 'do no harm', confidentiality, and respect and were presented during the training. Cultural and gender considerations and how to deal with these during interviews were also discussed. Focal points were trained to obtain the informed consent of all respondents prior to conducting the interview. The following conditions of participation were emphasized to all enumerators: the voluntariness and gratuitousness of participation, and the respondent's anonymity. Focal points were also instructed to emphasize to MSNA respondents that they were not obliged to provide information in the event that the questions were deemed too sensitive or they felt their participation may cause a threat to their personal safety.

Only adult migrants and refugees were interviewed for the quantitative component of data collection. No child below the age of 18 was interviewed due to a lack of comprehensive referral mechanisms in many locations in Libya. The FGDs (as described in the previous section) were carried out in safe spaces within NGO social centres for migrants and refugees, and participants had access to the humanitarian/protection assistance of the NGO.

Collected data that could potentially be used to identify individuals was not publicly disseminated in order to eliminate protection risks for the assessed population. All data was aggregated to the baladiya or mantika level, and therefore no respondent identifiers are publicly visible in the reports or dataset. Only anonymised, cleaned, and consolidated data has been shared publicly.

During and after data collection, MSNA data was stored on a restricted-access account on the Kobo Server as well as on the in-country REACH cloud storage server. The assessment officer was accountable for the raw dataset and two staff members from the MSNA team were authorised to access data on the MSNA Kobo account. Collected data were temporarily stored on enumerators' devices until the completed forms were submitted to the online server and deleted from the smartphones/tablets. Enumerators' devices had password protection to prevent unauthorised access to the collected data.

Data analysis

Since 2017, the Joint Inter-Sectoral Analysis Group (JIAG) has been working on a Joint Inter-Sectoral Analysis Framework (JIAF) to guide the analysis of the humanitarian consequences of crises and their main underlying factors. The JIAF is designed to provide findings required by HNOs and HRP, the humanitarian milestones that MSNAs aim to inform. JIAG published the Joint Inter Sectoral Analysis Draft Guidance in 2019 and REACH incorporated elements of this to create an analysis approach for the 2019 MSNAs. The analytical framework of the migrant and refugee MSNA was based on this approach proposed by REACH.

The JIAF-proposed draft framework that was used for this MSNA contains four inter-sectional pillars that represent the different types of information needed to understand humanitarian needs and their severity. The four main pillars are:

- **Context:** Characteristics of the environment in which the crisis occurs (including demographic, socio-cultural, economic, legal & policy, infrastructure, environmental characteristics)
- **Event or shock:** This involves examining the key drivers of the events that are disrupting the functioning of society and cause losses. The underlying factors that influence the exposure, vulnerability or capacity of the affected population are also identified.
- **Impact:** The effects of the event/shock on the population, systems and services, and humanitarian access in the affected area.
- **Humanitarian conditions:** The outcomes of the crisis on the affected population, in terms of
 - Living standards: the ability of the affected population to meet their basic needs
 - Coping mechanisms: the degree to which the affected population are relying on negative strategies to cope with the impact of the crisis

The total of respondents in need and the severity of their needs are calculated based on this analysis framework. The combined information from the different pillars then allowed REACH to establish **the current priority needs and concerns**. Next, these findings were disaggregated to compare and contrast results between different population groups and geographical areas within Libya.

In order to operationalise the framework and determine the proportion of the affected population with living standard gaps, coping capacity gaps and vulnerabilities, REACH created composite indicators and scoring methods for respondent classification. Classification methods for the following factors and needs were developed:

- **Vulnerability classification:** a composite indicator covering gender, chronic disease, disability, and unemployment, was created. The respondents' vulnerability scores were determined using a scoring approach based on this composite indicator (see Annex 2).
- **Impact classification:** a composite indicator covering access to markets and freedom of movement was used to measure the impact of the crisis on respondents. Another indicator, covering barriers to receiving humanitarian assistance and information on assistance, was used to measure the impact of the crisis on humanitarian access. A scoring approach was used to determine the impact for both indicators (see Annex 2).
- **Humanitarian conditions**
 - Living standards gap (LSG) classifications: Respondents were considered to have a sectoral LSG if they could not meet their basic needs in the respective sector. A composite indicator was developed for each of the six sectors/thematic areas covered by the MSNA (Protection, Shelter & NFI, FSL, Health, WASH and Education). Three to four individual indicators were included in each of these and a scoring approach was used to determine the severity of the LSG.
 - Coping capacity gap (CG) classification: Respondents were considered to have a CG if they were resorting to negative, unsustainable coping strategies to meet their basic needs. The Livelihood Coping Strategy Index (LCSI) indicator was used, through a scoring approach, for this classification (See Annex 2). The LCSI is a tool that measures the severity of livelihood-based behaviours in which people may engage to cope with a lack of resources to meet their basic needs.
 - "In need" classification approach: Respondents were classified as "in need" if they had an LSG severity score of at least 3 in one or more sectors and/or a CG severity score of 4. The JIAF severity scale, as proposed in the Joint Inter Sectoral Analysis Draft Guidance (table 4) was used to determine severity for all classifications. The most common needs profiles of the population "in need" were then identified. The particular indicators and factors driving the severe and extreme sectoral severity scores of population groups and locations of concern are discussed in the needs breakdown of this report. Results are generally reported as percentages throughout this report but numerical values are used for particularly small subsets (below 30) in the needs breakdown section.⁶¹

⁶¹ However, for consistency, all results were presented as percentages in the graphs.

Severity Class	Name	Description
1	None / Minimal	<ul style="list-style-type: none"> Living standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the Legal framework. Ability to afford/meet essential all basic needs without adopting unsustainable coping mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on well-being.
2	Stress	<ul style="list-style-type: none"> Living standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Reduced quality or stressed social/basic services. Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible coping mechanisms. Minimal impact on well-being (stressed physical/mental well-being) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).
3	Severe	<ul style="list-style-type: none"> Degrading living standards (from usual/typical), leading to adoption of negative coping mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - coping mechanisms. Degrading well-being. Physical and mental harm resulting in a loss of dignity.
4	Extreme	<ul style="list-style-type: none"> Collapse of living standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Partial collapse of social/basic goods and services. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread physical and mental harm (but still reversible). Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality

Table 4: JIAF Severity Scale (Joint Inter Sectoral Analysis Draft Guidance, March 2019)

MSNA stakeholders and partners

The MSNA was carried out to support and inform OCHA's HNO and HRP processes. OCHA, with the support of REACH, coordinated the assessment through the IMAWG. The ISCG oversaw and validated the MSNA indicators, via consultation with all active sectors and in partnership with IMAWG. The Humanitarian Country Team (HCT) also validated the indicators, methodology and assessment locations. IOM's Displacement Tracking Matrix (DTM) program provided inputs during the development of the methodology and the selection of assessment locations.

Five international organisations participated in data collection for the MSNA: IOM, Cesvi, IMC, IRC and UNICEF. These organisations had data collection or monitoring and evaluation staff active in Libya and agreed to participate in the MSNA free of cost. Two Libyan partners (Bassmet Amal and Lifemakers) were hired for data collection in three locations.

Dissemination

After the completion of data collection, a joint consultation was carried out by REACH, UNHCR and IOM. Discussions between the three organisations led to the consolidation of key messages, and ideas for the direction of further analysis. IOM and REACH subsequently gave a joint presentation to the ISCG based on the output and conclusions of this joint analysis.

Presentations of preliminary findings were delivered to all of the sectors as well as the ISCG and Libyan Area Coordination Groups (ACGs). The presentations allowed actors to provide feedback on findings, which fed into further analysis and directed reporting.

Finally, REACH developed a series of factsheets with the key MSNA findings for each sector that was assessed, as well as for every assessment location.

Challenges and limitations

Several challenges were encountered during the design and conduction of the migrant and refugee MSNA, and there are resultant limitations to be taken into account regarding the collected data.

Certain vulnerable sub-groups within the migrant and refugee population were particularly difficult for enumerators to interview and so remained under-represented in the final sample. One such group was female migrants and refugees. Although they only represented an estimated 12% of migrants and refugees in Libya at the time of data collection⁶², their proportion within the sample was even lower than this as data collection teams found them hard to reach in many locations. The difficulty of reaching female respondents was further compounded by the MSNA's lack of female enumerators, who were only available in two assessment locations and were responsible for the majority of interviews with women there. Another sub-group that was difficult to interview for the assessment were migrants and refugees travelling through smuggling networks, who often have limited freedom of movement and are made to stay in inaccessible connection houses. Other small and often hard-to-reach sub-groups within the migrant and refugee population included East Africans, Asians and elderly people. Interview quotas were put in place for East Africans and Asians but they remained a small portion of the overall sample, limiting the possibilities to accurately disaggregate the data on these subgroups.

Due to ethical considerations and informed consent policies, no one under the age of 18 was targeted for individual interviews. This meant that migrant and refugee children were a sub-group that was not directly covered by the quantitative MSNA data collection. REACH addressed this limitation by asking respondents education and

⁶² IOM-DTM, [Libya's Migrant Report – round 24](#), January – February 2019

protection-related questions about children in their household and by carrying out FGDs with migrant and refugee children and caregivers. FGDs were held in safe spaces within NGO social centres, where, unlike during individual interviews in assessment locations, humanitarian protection/assistance was available if needed.

Another challenge that REACH encountered during data collection was related to respondent interpretations of the questionnaire wording across core questions. The most problematic wording was found around the term 'household', which amongst migrant and refugee communities did not correspond to the concept of household that structured many previous assessments on Libyan population groups (which was essentially family-based).⁶³ Instead, migrant and refugee respondents often lived in shared accommodation with many acquaintances or unknown people and counted them as household members, whether there was economic or familial relationship between them or not. This led to difficulties in estimating the adequacy of their income given that it was often unclear which household members represented dependants, providers, or cost sharers for them. REACH dealt with these inconsistencies through data cleaning and follow-up conversations with data collection teams. For example, if the respondent answered (in a later section of the questionnaire) that they lived with people they did not previously know and that they did not share expenses with them, the number of individuals in their household was changed to '1'.

The involvement of various organisations with different capacities and networks of potential respondents may have led to minor inconsistencies between the data collected by the different teams. The clearest example of this was the data collection carried out by INGOs in Tripoli and Misrata. These organisations had many contacts within the migrant and refugee community – including women – and they also had female enumerators available for data collection. Approximately two thirds of the women interviewed by the INGO staff were interviewed by female enumerators. The result of these factors – as well the greater concentration of female migrants and refugees in West Libya⁶⁴ – was that the final sample in these locations contained a much higher percentage of women than elsewhere.

Certain locations that were originally intended for assessment due to their large migrant and refugee populations had to be disregarded and avoided by enumerators as they were deemed too insecure for data collection activities. This was the case for Ain Zara and other southern areas of Tripoli (where large numbers of migrants and refugees were reportedly living), which were affected by ongoing conflict on the outskirts of the city.

Particular topics that could have been of interest to humanitarian actors were deemed too sensitive to ask about in a direct manner in the MSNA survey. These included respondents' immigration status, detailed information about previous protection incidents, and mental health issues. To circumvent this challenge, proxies were created in order to gather information on these topics. They included asking about issues resulting from a lack of valid documents, reasons for feeling in danger and symptoms of psychological distress.

⁶³ Before 2019, the Libya MSNA did not provide a definition of household but their concept was primarily based on the assumption of a family unit. For example, the options given for a respondent to define their relationship to the head of the household were: Wife, Husband, Daughter, Son, Mother, Father, Mother in law, Father in law, Other family (nephew/niece, uncle/aunt, cousin etc), and Other non-family.

⁶⁴ IOM - DTM Libya, [Libya's Migrant Report Round 27](#), August-September 2019

HUMANITARIAN COUNTRY PROFILE

Drivers of the crisis in Libya

The constantly shifting dynamics of the crisis in Libya are convoluted, but the main drivers can be summarised as “persisting political instability, conflict and insecurity, the breakdown of the rule of law, [...] and a dysfunctional economy.”⁶⁵ While the frontline of the armed conflict has been entrenched around the capital since April 2019, the consequences of the conflict are felt nationwide as it has fed into security hazards and increased economic instability throughout the country. Civil, security and social services have collapsed in many parts of the country,⁶⁶ and power vacuums have given way to lawlessness and the rise of non-state armed groups.⁶⁷

Armed conflict and insecurity

The toppling of Colonel Muammar Gaddafi in 2011 left a power vacuum that set the stage for the oil-rich country to descend into chaos. By 2013, oil production had largely stopped due to armed group activity, and the government had lost control over large areas of the country to non-state armed groups.⁶⁸ Nationwide instability escalated in May 2014, as clashes broke out between rival groups supporting two opposing governments based in the West and the East. While armed clashes may not have been continuous, the political conflict between the Western and Eastern-based governments has led to several waves of violence and fighting. Most recently, in April 2019, Tripoli was besieged, leading to a re-escalation of the conflict in Libya. Since then, fighting and clashes on the periphery of Tripoli have displaced approximately 150,000 people.⁶⁹ The political instability and armed conflict have inadvertently enabled the continued presence of armed groups and the establishment of a war economy.

Economic instability

Additionally, once one of the most prosperous countries of Africa, the oil-rich nation has been suffering from a protracted economic and liquidity crisis that is felt across the entire social spectrum. Libya holds the largest oil reserves in Africa, and oil production has long been the backbone of the Libyan economy. As such, quarrels between the parallel governments over oil reserves, as well as oil production disruptions caused by armed group activity and conflict and the drop in oil prices, has frequently undercut the full potential for the country's Gross Domestic Product (GDP).^{70,71} All factors combined led the GDP to drop from \$81.874 billion in 2012, to \$48.32 billion in 2018.⁷² In addition, lack of trust in banks and the consequential stockpiling of cash by Libyan households, continuous inflation, and growing parallel markets, have aggravated a shortage of LYD bank notes, constituting a liquidity crisis.⁷³ To deal with a lack of cash, shops often allow payments by cheques, with an additional 30% surcharge on purchases.⁷⁴

The parallel market became stronger during the 2011 revolution, as individuals funneled capital of the country through informal channels. However, it was the political division from 2014 that finally rendered the parallel market uncontrollable for the state for an extensive period of time, allowing parallel market exchange rates to rise. The exchange rates went up from 2.000 LYD/USD in 2014 to 9.550 LYD/USD in 2017, while the official rate remained

OCHA, Humanitarian Needs Overview (HNO), 2019.

⁶⁶ Mercy Corps/Humanitarian Access Team, Libya's war economy, 2017

⁶⁷ <https://www.ispionline.it/en/publicazione/kingdom-militias-libyas-second-war-post-qadhafi-succession-23121>

⁶⁸ [The Independent \(2013\). Special report: We all thought Libya had moved on – it has, but into lawlessness and ruin.](https://www.independent.co.uk/news/world/africa/libya-conflict-dg-echo-unicef-un-ocha-echo-daily-flash-09-january-2020)

⁶⁹ <https://reliefweb.int/report/libya/libya-conflict-dg-echo-unicef-un-ocha-echo-daily-flash-09-january-2020>

⁷⁰ Mercy Corps/Humanitarian Access Team, Libya's war economy, 2017

⁷¹ <https://www.macrotrends.net/1369/crude-oil-price-history-chart>

⁷² <https://data.worldbank.org/country/libya?view=chart>

⁷³ REACH, Market Trends in Libya: Unraveling economic reforms and conflict, December 2019.

⁷⁴ Jalel Harachaoui, [Libya's Monetary Crisis](#), January 2018.

between 1.201 and 1.435 LYD/USD.⁷⁵ Thanks to political reform, the parallel market rate dropped to 4.300 LYD/USD in February 2019.⁷⁶ While the situation is now improving, the proportion of cash in Libya that circulated outside the banking system stood at approximately 28% in 2018, compared to 16.4% in 2010.⁷⁷ For migrant workers, the parallel market rate implies that it is more difficult to send remittances home than before. Official money transfers of LYD abroad have reportedly been impossible since 2014. As such, migrants and refugees looking to send money abroad are forced to rely on the informal exchange rate, which exchanges fewer dollars for LYD than the official exchange rate. Migrants and refugees thus need to earn more than before, in order to be able to send the same amount abroad.

Actors and smugglers on the parallel market, profiteering from and contributing to the demand and growth of illicit trade and the parallel market, have conveniently exploited the general distrust.⁷⁸ While smuggling is no new phenomenon in Libya, after 2011, the smuggling of goods has become incessant thanks to the absence of law enforcement. This aggravated the security situation, as competition over smuggling routes has frequently led to outbreaks of conflict across the country, with separate factions vying for a dominant position in the parallel market.⁷⁹

However, it is crucial to add that since economic reforms began to be implemented in September 2018, the parallel market has shrunk, the liquidity crisis improved, and prices of commodities have gone down.⁸⁰ While the parallel foreign exchange market continues to exist, its role is decreasing. Additionally, despite the economic crisis, Libya has always remained a preferred destination for migrant workers.

Underlying factors

Migrants and refugees currently residing or transiting through Libya face many of the same risks as the Libyan population due to conflict, insecurity and economic instability. However, underlying factors⁸¹ such as strict migration policies, lack of legal pathways, lack of migrant and refugee protection mechanisms, and social marginalisation put migrants and refugees in a more precarious situation in certain sectors. This section outlines the underlying factors that affect migrant and refugee safety, security, and living standards in Libya.

Lack of legal pathways and irregular migration status

In 2010, Libya criminalised all forms of irregular entry without making a distinction between migrants, refugees, asylum seekers, or victims of human trafficking. According to this law, everyone residing in Libya illegally may be indefinitely detained and deported.⁸² In addition, Libya is not a signatory to the 1951 Convention Relating to the Status of Refugees and does not grant protection to asylum seekers fleeing war, persecution or conflict. Despite the fact that Libya has ratified the 1960 Convention Governing Specific Aspects of Refugee Problems in Africa and the UNHCR has the mandate to register asylum seekers and refugees, Libya does not have any asylum legislation or procedures in place.⁸³

⁷⁵ REACH, Market Trends in Libya: Unraveling economic reforms and conflict, December 2019.

⁷⁶ Ibidem.

⁷⁷ <https://data.worldbank.org/country/libya?view=chart>

⁷⁸ Tim Eaton, [Libya's war economy: predation, profiteering and state weakness](#), April 2018

⁷⁹ Ibidem.

⁸⁰ REACH, Market Trends in Libya: Unraveling economic reforms and conflict, December 2019.

⁸¹ Following the Joint Inter-Sectoral Analysis Framework (JIAF), 'underlying factors' are defined as structural and communal factors that affect migrants and refugees in Libya.

⁸² ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

⁸³ OHCHR and UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), December 2018

Lack of legal pathways into Libya leaves many migrants and refugees entering Libya at the mercy of smugglers and traffickers. While fundamentally different, there are few places where the line between smuggling and trafficking is as blurred as in Libya.⁸⁴ Many migrants and refugees entering Libya through smuggling networks tend to end up in exploitative trafficking rings at some point of their journey. The United Nations Support Mission in Libya (UNSMIL) found that a majority of migrants and refugees who had travelled in smuggling or trafficking networks had experienced severe forms of violence and extortion. These migrants and refugees had reportedly experienced extreme forms of abuse such as torture and sexual violence, or witnessed abuse of others and even death.⁸⁵ Kidnapping for ransom, extortion, and forced labour specifically, has reportedly surged to compensate for increasing costs and reduced revenue due to a crackdown on smuggling and dwindling numbers traveling along smuggling routes.⁸⁶

Given that Libyan law criminalises irregular entry, stay, and exit, irregular migrants in the country live in danger of indefinite detention, fines and deportation.⁸⁷ Irregular migrants living outside of detention centres therefore run the risk of being outed to the authorities by members of the host community and subsequently arrested and detained.⁸⁸ This means that non-detained irregular migrants without strong networks or coping strategies often live in fear and lead a secluded life.⁸⁹ There are also reports of individuals wishing to travel back to their countries of origin being prevented from doing so due to their irregular status.⁹⁰

Having an irregular status also puts migrants at risk because it prevents them from denouncing abuses to the authorities as doing so may lead to their own arrest.⁹¹ Previous REACH assessments gathered reports of migrants and refugees being robbed and having no legal recourse due to their status.⁹² There have also been numerous reports of employers taking advantage of migrants and refugees' lack of legal protection in order to make them engage in exploitative, irregularly paid or unpaid labour. As a means of gaining control over them, employers can threaten irregular migrants with outing to the authorities and subsequent detention.⁹³

MSNA data shows that a lack of appropriate civil documents can constitute a major barrier to accessing certain services. Respondents were not asked directly about their immigration status or possession of civil documents, but 28% of all respondents made reference to being affected by a lack of documents at some point in the interview. Of respondents in households with school-aged children (6-17 years) that are not attending education, over a third cited a lack of documents among the main reasons for non-attendance (34%). Over a fifth of respondents that needed banking services reported that a lack of documents prevented them from accessing these (22%). Respondents that mentioned lack of documents as a problem affecting them also had generally higher needs across various indicators and sectors. Compared to those that did not mention lack of documents as an issue, respondents reporting lacking documents tend to have poorer food consumption (30% had poor or borderline consumption vs 18% of other respondents), make more use of severe livelihood and food-based coping

⁸⁴ UNHCR/IMPACT, [From hand to hand: the migratory experience of refugees and migrants from East Africa across Libya](#), February 2019

⁸⁵ OHCHR and UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), December 2018

⁸⁶ Global Initiative Against Transnational Organized Crime, [The Human Conveyor Belt: Assessing the collapse of the human-smuggling industry in Libya and the central Sahel](#), March 2019

⁸⁷ Amnesty International, [Libya's Dark Web of Collusion: abuses against Europe-bound refugees and migrants](#), December 2017

⁸⁸ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

⁸⁹ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

⁹⁰ 4Mi, [Invisible Labour: Women's labour migration to Libya](#), December 2017

⁹¹ Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018

⁹² REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; REACH, [Mixed migration routes and dynamics in Libya in 2018](#), June 2019; REACH, [Access to cash and the impact of the liquidity crisis on refugees and migrants in Libya](#), June 2018

⁹³ 4Mi, [Invisible Labour: Women's labour migration to Libya](#), December 2017

mechanisms (75% had used crisis or emergency strategies vs 49% of other respondents), work less in permanent jobs (22% vs 35% of other respondents), face more barriers to purchasing items (82% vs 59% of other respondents) and experience more restrictions to their freedom of movement (38% vs 23% of other respondents). The lack of a legal status feeds into all other underlying factors that increase migrant and refugee precariousness in Libya.

Lack of governance and law enforcement

As discussed in the previous section, irregular migration status leaves migrants and refugees disproportionately vulnerable to lawlessness, with people having few pathways to seek and find protection from police or authorities if necessary. When participants were asked during the FGDs if they would attempt to seek help from authorities or police, they mentioned that this would come to no avail, or that this would further complicate their situation (the latter was only suggested by male participants). Perpetrators are generally aware of this vulnerability. As a consequence, migrants and refugees have become easy targets for robberies and for armed groups aiming to profit from ransom, extortion, or forced labour.

These security risks have further exacerbated since the re-escalation of the conflict. Reports suggest that migrants and refugees are occasionally kidnapped by militia and armed groups for the purpose of fighting or arms production.⁹⁴ During the FGDs on the protection of migrant and refugee children, a female caregiver from Somalia reported that her underage son had been kidnapped by armed groups on his way to school with the intent of forced recruitment. He was found three weeks later, alive but in a severely weakened state.⁹⁵

Migrants and refugees that travel through Libya individually are even more vulnerable to these security risks, as they generally do not have friends or family that can look for them or support them.⁹⁶

Marginalisation and exclusion

The active exclusion of migrants and refugees can increase the protection risks that they face in their host country. Despite Libya's history as a place of destination and transit, migrants and refugees face challenges regarding their inclusion in the Libyan society. In 2018, UNSMIL reported that Sub-Saharan African migrants and refugees in Libya are frequently confronted with xenophobia, racism and racial discrimination.⁹⁷ The report states that migrants and refugees from these regions are sometimes accused of increasing criminality and spreading contagious diseases, and that they are generally treated worse than migrants and refugees from MENA countries.⁹⁸ This also entails that migrants and refugees often have limited access to public healthcare and adequate shelter with secure tenure; migrants and refugees may be refused from health facilities in favour of host community members when there are limited medicines, medical supplies or staff, or when doctors feel forced to deny assistance due to pressure by Libyan patients based on racial discrimination.⁹⁹ The staff at these institutions may also report the migrants and refugees to the authorities, leading to their arrest¹⁰⁰.

Moreover, migrants and refugees are likely to face challenges finding secure and safe jobs; they generally cannot apply for government payroll jobs and are often reliant on less stable types of employment, such as daily labour.¹⁰¹ In a previous REACH assessment, as well as the MSNA, respondents frequently reported not being able to obtain

⁹⁴ [The Guardian \(2019\). Fear and despair engulf refugees in Libya's 'market of human beings'. April 2019.](#)

⁹⁵ FGD female caregivers, Tripoli, October 2019.

⁹⁶ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

⁹⁷ UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), 2018.

⁹⁸ OHCHR and UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), December 2018

⁹⁹ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁰⁰ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁰¹ WFP, [The Migration Pulse: Understanding the needs and food security situation of migrants in Libya](#), July 2019

enough money to meet their needs as they were poorly or irregularly paid.¹⁰² Several reports show that it is not unusual that employers withhold salaries of migrants and refugees engaged in daily labour, or pay them less than initially agreed.¹⁰³ By virtue of their status, irregular migrants have limited to no power to enforce contractual obligations.

Lack of support networks

Lack of family and communal support networks further exacerbates migrant and refugee vulnerability.¹⁰⁴ An analysis of DTM data on migrants and refugees transiting through Libya found that having no close family in the country of destination increased vulnerability to exploitation and human trafficking¹⁰⁵.

The utility of networks and contacts was illustrated in a REACH-UNICEF assessment on unaccompanied and separated children (UASC).¹⁰⁶ UASC interviewees in Italy identified family and friends in their country of origin as their main support mechanism while in Libya. These networks of family and friends were able to provide cash to meet the UASC's basic needs as well as pay ransoms in order to obtain their freedom. During the FGDs, one participant expressed his concern about UASC in Libya that had no family in-country or in their country of origin. According to the participant, these children would face higher risks in case of kidnapping as no one would register their absence or be able to pay their ransom.¹⁰⁷ During the surveys, 36% of respondents who stated they felt in danger reported that they would feel safer if they had family or friends in Libya. Many UASC also relied on other refugees and migrants for support and reported that these contacts were their main source of information on employment and housing and their main providers of food, money and cash for medical support when in need.

Despite the various underlying factors negatively affecting migrants and refugees, it must be noted that Libya continues to be a country of destination or transit for many.

Pre-existing vulnerabilities

Certain individuals within the migrant and refugee population are likely to be more vulnerable to the impacts of the crisis and its associated factors than the rest of the population. This is due to specific aspects of their individual profiles that drive their vulnerability. Factors that were identified during the MSNA to be likely to affect one's vulnerability included region of origin, language, age, and employment status. These factors tend to impact respondents' needs and living standards across multiple sectors. Both existing secondary data and the results from the 2019 refugee and migrant MSNA highlight the impact of these vulnerability factors and the sub-groups that are particularly affected by them.

Region of Origin

The region of origin of migrants and refugees in Libya was found to strongly relate with different levels of vulnerability and humanitarian need. Firstly, factors such as geographical proximity, degree of interconnectedness of transnational smuggling rings, as well as migrants' and refugees' ability to access social and economic resources affect their trajectories, modalities, and the length of the journey. Secondly, linguistic issues are likely to affect

¹⁰² REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

¹⁰³ OHCHR and UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), December 2018; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017.

¹⁰⁴ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

¹⁰⁵ Eliza Galos, Harry Cook and Laura Bartolini. Migrants' vulnerability to human trafficking and exploitation in the irregular migration context of the Mediterranean routes. In: [Migration Policy Practice, Vol. VII, Number 2, April–September 2017](#)

¹⁰⁶ IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming

¹⁰⁷ IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming

migrants' and refugees' potential for interaction and acceptance. This, combined with cultural differences between host and migrant community might further impact migrants' and refugees position in society, with secondary data showing that people originating from West and Central Africa are particularly exposed to discriminatory practices, harassment and strained relations with the Libyan host communities.¹⁰⁸

On the basis of these pre-existing vulnerabilities, and following the secondary data review, respondents were divided into four regional groupings for this MSNA, each with a distinct profile and level of vulnerability:

- **People from West and Central Africa** (particularly Niger, Chad, Nigeria, Guinea, Côte d'Ivoire, The Gambia, Senegal, Ghana, Mali, Mauritania, Burkina Faso and Cameroon)
- **People from East Africa** (Eritrea, Ethiopia, Somalia, South Sudan and Sudan)
- **People from the Middle East and North Africa** (especially Egypt, Tunisia, Morocco, Algeria, Sudan, Syria, Palestine, and Iraq)
- **People from other regions** (especially Bangladesh and Pakistan)

Secondary data highlight particular region of origin groups as having elevated vulnerability and humanitarian needs. Nationals of East African countries tend to be exposed to the most severe risks among the various region of origin groups. Originating from countries affected by conflict and often fleeing persecution, they cannot return to their country of origin.¹⁰⁹ East Africans also tend to travel in a distinct way, transiting through Libya in the hands of a few highly organised smuggling rings.¹¹⁰ This makes them a hard to reach group and particularly vulnerable to captivity, trafficking, kidnapping and other captivity-related risks.¹¹¹ Individuals from this region reported exploitation and discrimination among their main challenges more frequently.¹¹²

Additionally, various assessments have highlighted their elevated needs across a range of other areas, particularly in food security and livelihoods. IOM and WFP data shows East Africans as having poorer food consumption and higher use of severe food coping strategies than people from the MENA and West and Central African regions.¹¹³ Analysis of employment status by region of origin indicated that East Africans had a higher level of unemployment than other region of origin groups.¹¹⁴

An UNHCR/IMPACT assessment from 2019 found that the total time East Africans spent in Libya had substantially increased between early 2017 and late 2018, from an average of a few weeks in 2017 to up to 1 or 2 years in 2018. The most commonly reported reasons for this were repeated kidnappings, selling of migrants and refugees to other smuggling networks, and increased difficulties crossing the Mediterranean.¹¹⁵ In December 2019 the Mixed Migration Centre (MMC) published analysis wherein they found that East Africans were more likely to be detained than migrants and refugees from other regions of origin.¹¹⁶ East Africans from Eritrea, Ethiopia and Somalia travel

¹⁰⁸ OCHR and UNSMIL, [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#), December 2018

¹⁰⁹ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

¹¹⁰ UNHCR/IMPACT, [From hand to hand: the migratory experience of refugees and migrants from East Africa across Libya](#), February 2019

¹¹¹ Ibid.

¹¹² IOM-WFP, [Hunger, displacement and migration](#), November 2019; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

¹¹³ IOM-WFP, [Hunger, displacement and migration](#), November 2019

¹¹⁴ IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019

¹¹⁵ UNHCR/IMPACT, [From hand to hand: the migratory experience of refugees and migrants from East Africa across Libya](#), February 2019

¹¹⁶ MMC, [What makes refugees and migrants vulnerable to detention in Libya? A microlevel study of the determinants of detention](#), December 2019

longer distances and are often part of large transnational diasporas, (often wrongfully) implying to smugglers, traffickers and armed groups that they are relatively affluent. This makes them prime targets for extortion.¹¹⁷

High protection risks can increase personal safety concerns and fears, further restricting freedom of movement. Restricted freedom of movement also implies that East Africans have less access to employment and services, such as health facilities, markets, and education. As such, protection concerns feed into higher needs in other sectors as well.

Their migration patterns – often through smuggling rings and with restricted freedom of movement – further imply that East African migrants and refugees as a population group are generally hard to reach for humanitarian aid workers or researchers.

Like East Africans, nationals of West and Central Africa mostly have an irregular status, limiting their access to services and exposing them to the risk of arrest.¹¹⁸ As they are often young and travelling alone or without family, they are particularly vulnerable to discrimination, ill-treatment, extortion, and trafficking.¹¹⁹ Previous REACH assessments identified other factors increasing their vulnerability including the fact that – compared to other region of origin groups – they usually have lower education levels and work in lower-skilled occupations, such as cleaning, construction and agriculture.¹²⁰

Previous REACH assessments have found that, as sub-Saharan Africans, both East and West and Central Africans are particularly exposed to human rights violations and abuses and report significantly more threats and violence than migrants and refugees from other regions.¹²¹ Testimonies collected by UNICEF have shown that youth from sub-Saharan Africa are specifically targeted for exploitation because of the colour of their skin.¹²²

Another challenge faced by migrants and refugees from both of these regions is discrimination limiting their access to essential goods and services.¹²³ One assessment found that sub-Saharan nationals more often report facing discrimination as a barrier to accessing healthcare than other migrants and refugees.¹²⁴ They are often turned away from public medical facilities and can be refused treatment or given little attention in private ones. Education is another service which this group has difficulty accessing and sub-Saharan children were found to face the most difficulty in accessing education, not only due to linguistic barriers but also due to discriminatory practices.¹²⁵

Regarding migrants and refugees from the MENA region, secondary data shows them to be generally less vulnerable and have lower levels of unmet humanitarian needs than migrants and refugees from other regions. Many nationals from neighbouring North African countries – especially Egypt – live in Libya; these individuals tend to have regular immigration status and generally integrate more easily.¹²⁶ People from the Middle East are predominantly asylum seekers or refugees fleeing conflict and insecurity.¹²⁷ “This sub-group is generally higher

¹¹⁷ Ibid.

¹¹⁸ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

¹¹⁹ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹²⁰ REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; REACH, [Refugees and migrants' access to food, shelter & NFIs, WASH and assistance in Libya](#), November 2018

¹²¹ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

¹²² OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹²³ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹²⁴ REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

¹²⁵ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹²⁶ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

¹²⁷ ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

educated than refugees and migrants from other regions of origin, and their Arabic language and cultural background facilitate their integration, reducing protection risks.¹²⁸

Language

The linguistic attributes of migrants and refugees in Libya can influence the way they are perceived and treated as well as their ability to understand and navigate the risks of the country. Not being able to speak Arabic can put foreign nationals at a large disadvantage compared to those who are able to.¹²⁹ UASC interviewed by REACH cited Arabic-speaking ability as one of the top capabilities that would have reduced their exposure to risk and helped them to cope with adversity in Libya. Speaking no Arabic was also reported as one of the main obstacles to accessing healthcare and housing for UASC, especially those coming from Francophone countries¹³⁰. A 4Mi survey found that female migrants and refugees who speak Arabic integrate more easily into Libyan society whereas those who cannot speak it face increased risk of discrimination, harassment and kidnapping when in public. Non-Arabic-speaking women are often obliged to rely on male contacts who can navigate the linguistic and cultural challenges.¹³¹ In a report from 2017, REACH found that (among other factors) lack of Arabic language skills could complicate individuals' access to employment.¹³²

Gender

Gender is an important factor affecting the vulnerability of migrants and refugees in Libya, with women being a particularly vulnerable group facing a variety of risks in different sectors.¹³³

IOM and WFP data showed that women had greater needs than men across a range of sectors. This was particularly apparent in the areas of food security, livelihoods and health. In the sector of food security, they tended to have a poorer food consumption scores than men. Recent assessments found that humanitarian assistance and financial support from friends and family tended to make up a larger part of women's incomes than of men's and, on average, women also experienced higher levels of unemployment.¹³⁴

Secondary data also highlights the particular set of protection risks that migrant and refugee women are exposed to in Libya. In comparison to men, they face elevated risks of sexual violence, sexual exploitation and control by smugglers. They are also exposed to specific dangers when accessing the public sphere and tend to experience more restricted mobility as they feel unable to move about freely and safely in cities. Limited mobility often reduces women's access to services and forces them to depend on potentially exploitative male intermediaries.¹³⁵

Previous research suggests that female migrants and refugees in Libya generally find themselves in a more precarious situation than men. Xenophobia and racism affect both men and women, but have specific consequences for women. 4Mi found that women from all regions of origin reportedly try to maintain a low profile to mitigate risks in their daily lives. However, women from Sub-Saharan African countries and those who did not speak Arabic or wear a hijab reportedly faced additional risks. The assessment found that Sub-Saharan female

¹²⁸ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹²⁹ IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming; 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹³⁰ IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming

¹³¹ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹³² REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

¹³³ IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019; IOM-WFP, [Hunger, displacement and migration](#), November 2019; Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018

¹³⁴ IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019; IOM-WFP, [Hunger, displacement and migration](#), November 2019;

¹³⁵ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

migrants and refugees, and West Africans in particular, faced stigmatization based on suspected involvement in prostitution.¹³⁶ The perception reportedly exacerbates the risk of harassment from local men, and complicates women's chances of obtaining employment and adequate accommodation. Additionally, 4Mi found that single women face even more risks and tend to live more secluded than married women, further debilitating their access to markets and services.¹³⁷

Nonetheless, it is crucial to acknowledge that men do face particular security and protection risks as well. MMC found that men were significantly more likely to have been detained in the past than women.¹³⁸ As detainees are frequently deployed for forced manual labour, men are specifically targeted by armed groups and militia. Additionally, daily labourers commonly dwell on street corners while waiting for employment, increasing their exposure to abuse and related risks. During MSNA FGDs and follow-ups, male participants frequently mentioned that the Libyan society holds more respect for women than for men, increasing their vulnerability.

Age

The age of the migrant or refugee is another key factor that might drive their vulnerability. Various reports have highlighted the elevated risks that younger migrants and refugees face when living or travelling in Libya.¹³⁹ Among younger migrants and refugees, children under 18 – especially UASC – are considered to be particularly vulnerable.¹⁴⁰ According to the IOM's DTM data for the first half of 2017, 88% of migrant and refugee children that had passed through the central Mediterranean route – which includes Libya – had suffered physical violence during their journey, compared to 73% of adults.¹⁴¹ Another study found that more than half of the children that had travelled this route reported being held against their will.¹⁴²

Being separated from their parents or caregivers and generally not being provided with protection or care means that UASC are already experiencing a violation of their rights. On top of this, compared to adult migrants and refugees, UASC are more likely to be exposed to a particular set of challenges and protection risks, such as an inability to access services, labour exploitation by employers, and discrimination. Various recent assessments indicate that the working conditions of UASC are comparable to or worse than those of adult migrants and refugees and often in breach of international standards on child labour. A REACH assessment found that almost all UASC interviewees had been held in captivity at least once during their time in Libya, most of whom had witnessed violence and a significant proportion had encountered kidnapping, robbery, labour exploitation and torture.¹⁴³ UNICEF and IRC also found that they risk abduction, extortion, exploitation, detention and abuse and that they generally do not have access to sufficient food or the healthcare, education and psychosocial support services they

¹³⁶ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹³⁷ Ibidem.

¹³⁸ MMC, [What makes refugees and migrants vulnerable to detention in Libya? A microlevel study of the determinants of detention](#), December 2019.

¹³⁹ IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming; Eliza Galos, Harry Cook and Laura Bartolini. Migrants' vulnerability to human trafficking and exploitation in the irregular migration context of the Mediterranean routes. In: [Migration Policy Practice, Vol. VII, Number 2, April–September 2017](#); IOM-DTM, [Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey Analysis on Adult and Children on the Mediterranean Routes Compared](#), September 2017; OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹⁴⁰ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹⁴¹ IOM-DTM, [Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey Analysis on Adult and Children on the Mediterranean Routes Compared](#), September 2017

¹⁴² Eliza Galos, Harry Cook and Laura Bartolini. Migrants' vulnerability to human trafficking and exploitation in the irregular migration context of the Mediterranean routes. In: [Migration Policy Practice, Vol. VII, Number 2, April–September 2017](#)

¹⁴³ IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming

need. Among migrant and refugee children, girls are likely to be exposed to heightened risk of forced prostitution, rape and other sexual violence.¹⁴⁴

Migrant and refugee children were not directly interviewed for the quantitative component of the MSNA but questions were asked about children in respondents' households and migrant and refugee children in their part of Libya in general. The findings from these questions support reports of serious challenges being faced by migrant and refugee children in Libya. Most respondents thought that migrant and refugee children faced safety and security issues in their area (the most common of these being robbery) whereas only a minority felt that they themselves did. The majority had also encountered migrant and refugee children working in their area in the past year. Over a quarter of respondents reported having encountered unaccompanied or separated migrant and refugee children in their area.

The distinct educational needs of children can often not be met in Libya due to access barriers faced by those of foreign origin. Migrant and refugee children are not officially entitled to access free public schools and the children of irregular immigrants are prohibited from attending many private schools as well.¹⁴⁵ The majority of children in MSNA respondents' households were reported to not be attending formal education and the most cited challenges to accessing it were a lack of documents, language barriers and social discrimination.

Employment status and job type

Whether migrants and refugees are employed or not and the type of work they have if employed can greatly determine their ability to obtain enough money to meet their basic needs. A previous REACH assessment showed that migrants and refugees in Libya are often confined to temporary or daily jobs, characterised by unstable income, precarious working conditions and a lack of social protection. Most respondents interviewed for the assessment reported having no access to other forms of employment due to their undocumented status and the scarcity of alternative employment opportunities.¹⁴⁶

Finding regular or permanent employment is generally difficult for migrants and refugees in Libya and a 2019 assessment by IOM and WFP found that approximately one third of all migrant workers is involved in daily labour.¹⁴⁷ Those who work in temporary or daily labour do not have stable incomes and are frequently forced to take on multiple jobs in order to sustain their financial security.

Unemployed migrants and refugees in Libya have been shown to have particularly elevated vulnerabilities and humanitarian needs across a range of indicators and sectors. A 2019 assessment by IOM found that – most likely due to their limited purchasing power – they had relatively poorer food consumption scores, less access to diversified sources of water and that they faced greater price barriers to accessing health facilities. These findings showed that being employed and earning money was a protective factor that could reduce the impact of structural factors on the individual and household.¹⁴⁸

¹⁴⁴ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

¹⁴⁵ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁴⁶ REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017

¹⁴⁷ IOM-WFP, [Hunger, displacement and migration](#), November 2019

¹⁴⁸ IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019

CURRENT NEEDS

This chapter provides an overview of the proportion of respondents with severe or extreme multi-sectoral humanitarian needs (LSG severity score of 3+) or using extreme coping strategies (CG severity score of 4); respondents with this profile are classified and referred to as “in need”. The proportion of respondents in need is presented for the full sample, per assessment location and per population sub-group.

The analysis in this chapter highlights the sectors in which respondents were found to be in need. These sectors, in which respondents had severe or extreme LSGs and/or extreme CGs, are visualised in the radar graphs (figures 3, 6, 7, 8, 13, 19 and 22).

In addition to the sectoral needs, the most common needs profiles of the respondents in need are also presented and discussed. These needs profiles represent the most common combinations of sectoral LSGs and CGs of respondents in need. The strength of this type of analysis is that it is inter-sectoral; it illustrates whether respondents generally have needs in single or multiple concurring sectors and highlights the sectors for which needs tend to concur.

Respondents' needs profiles are presented in prison bar graphs (figures 4, 8, 9, 11, 17, 18 and 23), which show the most common single and concurrent areas of need and the proportion of respondents in need that have each specific combination of needs. Each bar represents the proportion of respondents with the related needs profile. A needs profile consists of needs in only the specified sector(s) (and no needs in other sectors). This proportion should not be confused with all in-need respondents with needs in this sector, including those with concurring needs in other sectors (the total proportion of needs per sector, visualized in the radar graph).

GEOGRAPHIC BREAKDOWN OF NEEDS

Country-wide needs

Across all locations and population groups assessed during the MSNA, **41% of all respondents** were found to have a **severe or extreme LSG** severity score¹⁴⁹ (at least 3) **and/or** an **extreme CG** severity score¹⁵⁰ (4). This

¹⁴⁹ Respondents were considered to have an LSG if they could not meet their basic needs in one or more sectors. A composite indicator was developed for each of the six sectors/thematic areas covered by the MSNA (Protection, Shelter & NFI, Food Security & Livelihoods, Health, WASH and Education). Three to four individual indicators were included in each of these and a scoring approach was used to determine the severity of the LSG.

¹⁵⁰ Respondents were considered to have a CG if they were resorting to negative, unsustainable coping strategies to meet their basic needs. The Livelihood Coping Strategy Index (LCSI) indicator was used for this classification with a scoring

Coping Gap (CG) Severity Scores

For the migrant and refugee MSNA 2019, the total population in need was calculated based on a CG severity score of 4. However, this does not imply that a CG of 3+ is acceptable. A CG of 3+ indicates the use of **severe negative coping mechanisms** whereas a CG of 4+ refers to the use of **extreme coping mechanisms**.

If respondents are found to have no LSG but do report a CG severity score of either 3 or 4, it is possible that a higher LSG score will surface over time, as the respondent has been using severe to extreme (and thus unsustainable) coping mechanisms.



Figure 2: Overview of needs of in-need population, based on an LSG of 3+ and/or a CG of 3+ threshold.

Based on a CG 3+ threshold, 68% of the assessed population would be considered in need of assistance. The radar graph illustrates that, in this scenario, **84% of the in need population had a CG 3+** and thus used severe or extreme negative coping strategies, **29% was found to have protection needs**, and **26% was found to have health needs**.

means that almost half of the migrant and refugee population included in the assessment sample was considered to be in severe or extreme need at the time of data collection (referred to as “in need” from now on). Breaking this down into sectors, the most common sectors in which respondents in need were found to have severe or extreme sectoral needs were **protection** (48% of respondents) and **health** (43%).

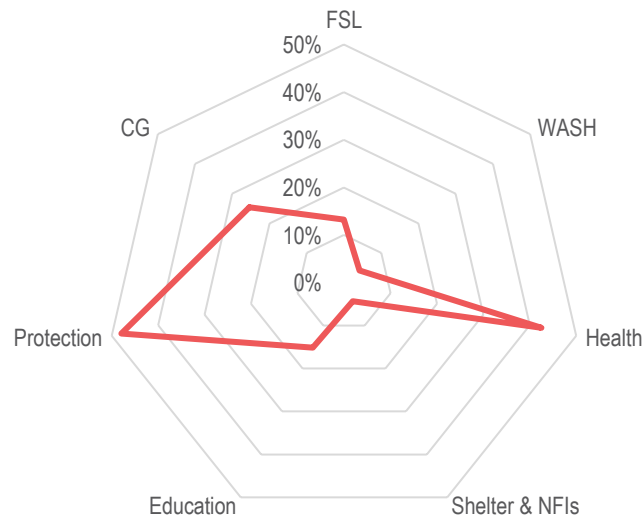


Figure 3: Overview of needs of respondents with severe or extreme LSG and/or severe or extreme CG

These sectors are reflected in the most common needs profiles of in-need respondents; of all respondents in need, **24% had protection needs alone** (i.e. no gaps in other sectors), **17% had health needs alone**, and **9% had co-occurring needs in health & protection**. Additionally, 7% of the respondents were found to have needs in education alone, and the needs of 7% of in-need respondents were driven by a CG severity score of 4 alone.

Figure 2 highlights common areas and common pairings in which respondents were found to have unmet needs. Results are generally reported as percentages throughout this report but numerical values were used for particularly small subsets (below 30).

approach to determine the severity of the CG. The LCSi is a tool that measures the severity of livelihood-based behaviours in which people may engage to cope with a lack of resources to meet their basic needs.

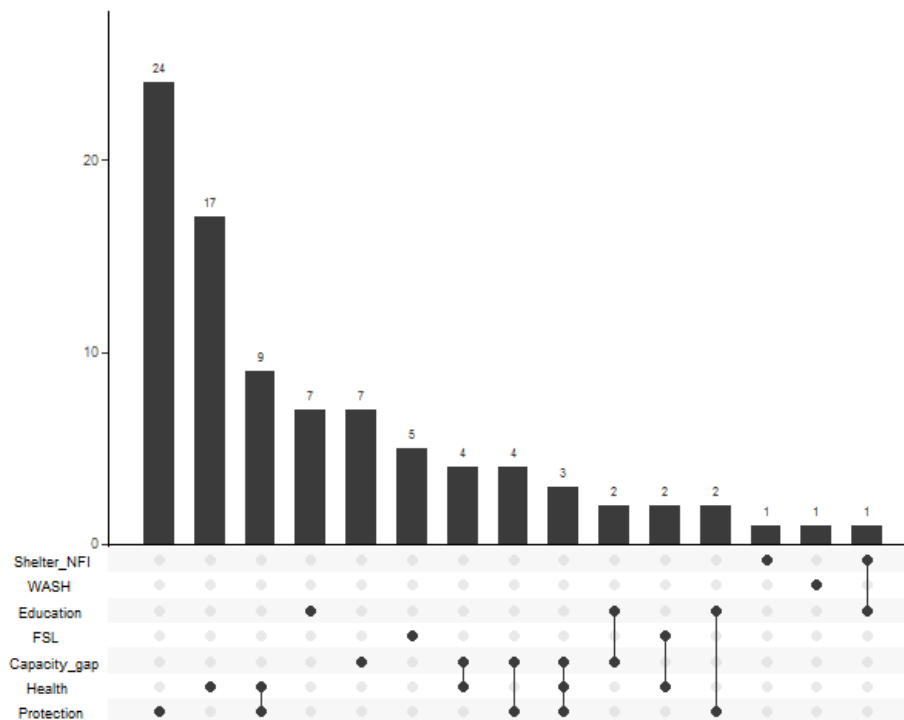
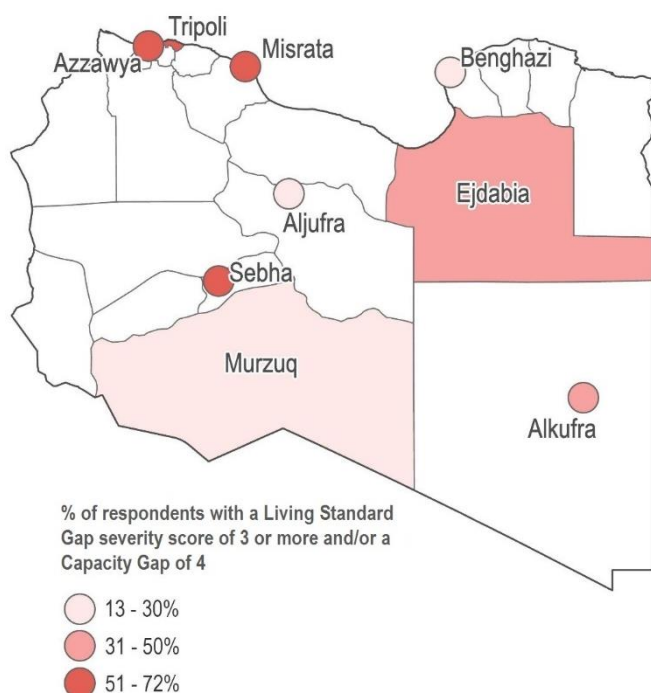


Figure 4: Country-wide needs profiles, by percentage of total respondents in need

Breakdown of needs by assessment location

Three of the four locations with the highest proportion of respondents in need were located in Western Libya. Of all respondents in Tripoli, 72% were classified as in need; 60% in Sebha; 58% in Misrata; 54% in Azzawya; and 49% in Alkufra.



Map 2: Proportion of respondents in need, by assessment location

Among the MSNA assessment locations, Tripoli had the highest proportion of respondents classified as “in need” (72% or 132 respondents) and Misrata had the third highest (58% or 99 respondents). Both are located in West Libya, which MSNA findings indicated to be a region with elevated needs across multiple sectors.

The most common sectors in which respondents in need in Tripoli were found to have severe or extreme sectoral needs were protection (57% of respondents) and health (57%).

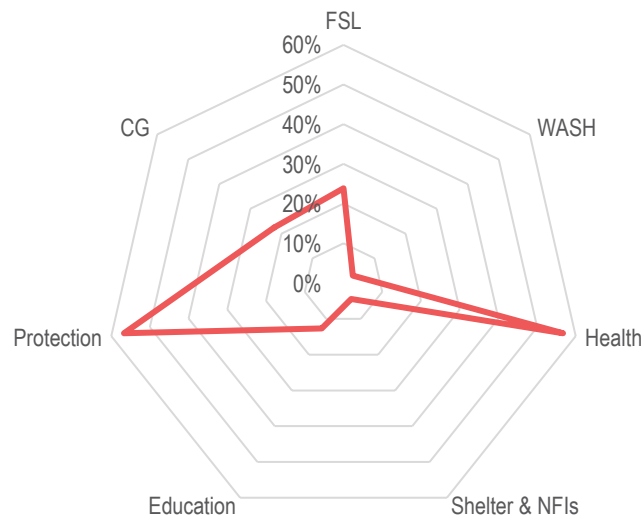


Figure 5: Overview of needs of respondents in Tripoli with severe or extreme LSG and/or extreme CG

The most common sectors in which respondents in need in Misrata were found to have severe or extreme sectoral needs were health (54% of respondents) and protection (30%).

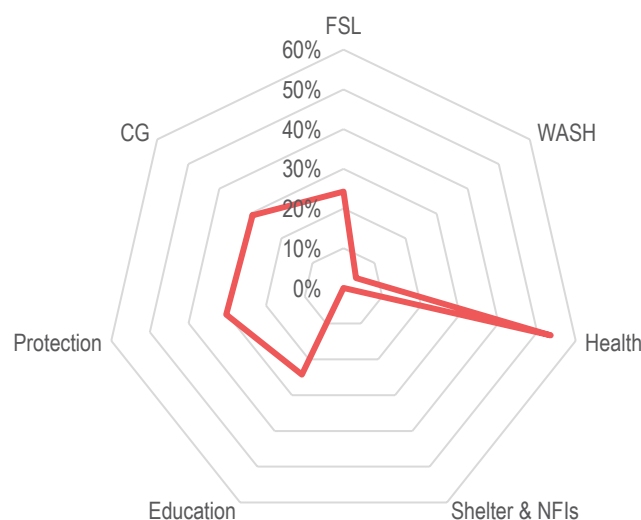


Figure 6: Overview of needs of respondents in Misrata with severe or extreme LSG and/or extreme CG

Since April 2019, western Libya has been affected by large-scale and protracted armed conflict, with renewed clashes on the outskirts of Tripoli and its surroundings. The current situation is volatile, affecting safety and security as well as the accessibility of assistance and services to both the Libyan and the non-Libyan population.¹⁵¹

Services and supplies are heavily impacted by the conflict. Educational institutions, medical health facilities and general civilian infrastructures have been purposely targeted, which has not merely paralyzed services, but also

¹⁵¹ <https://reliefweb.int/report/libya/libya-tripoli-clashes-situation-report-no-25-24-may-2019-covering-17-24-may> ; <https://www.unhcr.org/news/press/2020/1/5e32c2c04/unhcr-suspend-operations-gdf-tripoli-amid-safety-concerns.html> ; <https://www.aljazeera.com/news/2020/02/envoy-impact-long-libya-war-civilians-incalculable-200218055230674.html> ; <https://www.unocha.org/story/libya-over-47000-people-reached-critical-aid-start-tripoli-clashes> ; <https://reliefweb.int/report/libya/libya-humanitarian-access-snapshot-september-2019> ; <https://www.unicef.org/press-releases/fighting-and-around-tripoli-shuts-210-schools-depriving-over-115000-children-their>

jeopardises the safety and security of those attending or in need of attending the services.¹⁵² The conflict has furthermore caused temporary price surges, specifically for food items such as tomatoes, onions, potatoes and peppers.¹⁵³

Previous research has revealed the coastal region of Western Libya to be particularly dangerous for migrants and refugees.¹⁵⁴ Those intending to use the CMR are often held captive by smugglers and are vulnerable to abuse. The IOM DTM survey on trafficking and exploitation conducted among migrants and refugees that arrived in Europe in 2017 placed Tripoli among the locations where most violations against migrants and refugees occur.¹⁵⁵ A 2018 REACH assessment found that Tripoli was perceived as being among the most dangerous stopover sites that migrants and refugees had transited through.¹⁵⁶

The MSNA findings reflect the effect that these circumstances have had on migrants and refugees in the coastal cities of West Libya. The protection concerns of respondents in this region were particularly elevated, with 41% of respondents in these cities reporting that they felt in danger compared to 26% overall. Almost a third of respondents in West Libya were found have severe or extreme sectoral needs in protection versus 20% of the overall sample across all locations. Compared to other regions, an unusually high proportion of the respondents feeling danger reported having previously experienced protection incidents in their location, with relatively higher proportions reporting to have experienced robbery (39% vs. 26% overall), verbal harassment (20% vs. 16% overall), having been arrested for lack of documents (17% vs. 11% overall), and kidnapping (10% vs. 5% overall). Facing challenges accessing healthcare was also more commonly reported in West Libya than elsewhere (28% vs 18% overall). Respondents in this region cited lack of money/price barriers and a lack of facilities for migrants/refugees as the main barriers particularly frequently. In relation to their reported lack of money, unemployment (13% vs 6% overall) was a relatively commonly reported issue here, potentially explaining the particularly elevated needs of subsections of the migrant and refugee population in West Libya.

¹⁵² <https://apnews.com/28a02e636b0146b0b6548c4a87275346> ; <https://www.bbc.com/news/world-africa-51226094> ; <https://www.reuters.com/article/us-libya-security-water-insight/in-battle-for-libyas-oil-water-becomes-a-casualty-idUSKCN1TX0KQ>

¹⁵³ JMMI, Market Trends in Libya: Unravelling economic reforms and conflict, December 2019

¹⁵⁴ ICMPTD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017

¹⁵⁵ IOM, [Flow Monitoring Surveys: The human trafficking and other exploitative practices indication survey](#), October 2017

¹⁵⁶ IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming

Tripoli needs profiles

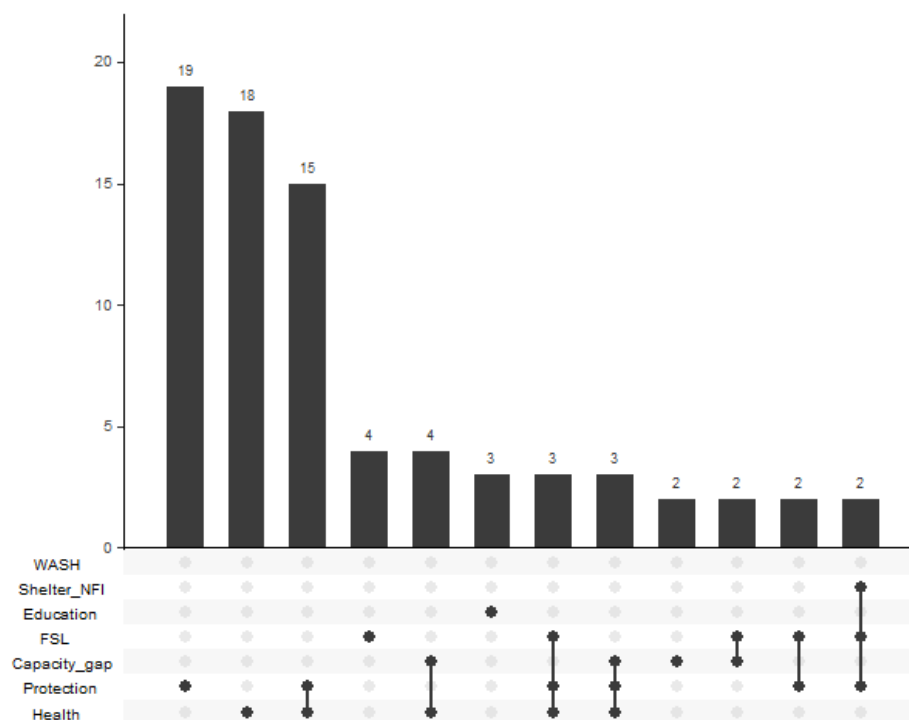


Figure 7: Most common needs profiles in Tripoli, by proportion of respondents in need

Protection needs alone (not combined with any other need) affected 19% (26/134) of people in Tripoli and constituted the most common needs profile. The factor driving these needs were the severe reasons respondents reported for feeling in danger in their locality. The most cited among these were having previously been robbed (14/26), being afraid of or affected by conflict in their location (10/26), having previously suffered verbal harassment (7/26) and having previously been kidnapped (6/26). These findings highlight the effect that ongoing armed conflict and general insecurity has had on migrants and refugees in Tripoli. The particular risks that they are exposed to due to being non-Libyan – such as verbal harassment – are also evident. Among migrant and refugee MSNA respondents in Tripoli in general, experiences of robbery, kidnapping and conflict were all reported more frequently than in other locations in Libya.

Health needs alone was the second most common needs profile of migrants and refugees in need based in Tripoli (18% or 24/134). The severe barriers to accessing healthcare that respondents reportedly faced were the primary cause of these health needs. Of these, the most commonly reported barriers were price barriers/a lack money to pay (13/24) and a lack of health facilities that accepted migrants/refugees (6/24). The relatively high level of health needs was also reflected in in-need Tripoli respondents' self-reported priority needs (in regards to potential assistance), with 44% citing medical care as an important need. Almost a third (7/24) of respondents in Tripoli with health needs alone reported suffering from a chronic disease. The reported barriers reflect the unaffordability of healthcare for migrants and refugees due to the limited access they have to public facilities and the fact that private healthcare facilities are often the only ones available to them. In Tripoli, a higher proportion of respondents reported facing barriers to healthcare due to facilities not migrants or refugees compared to other locations.

The third most common needs profile was **a combination of protection and health needs** (15% or 20/134). Again, these needs were largely driven by severe barriers blocking respondents' access to healthcare (19/20) and severe insecurity factors making respondents feel in danger (20/20).

Misrata needs profiles

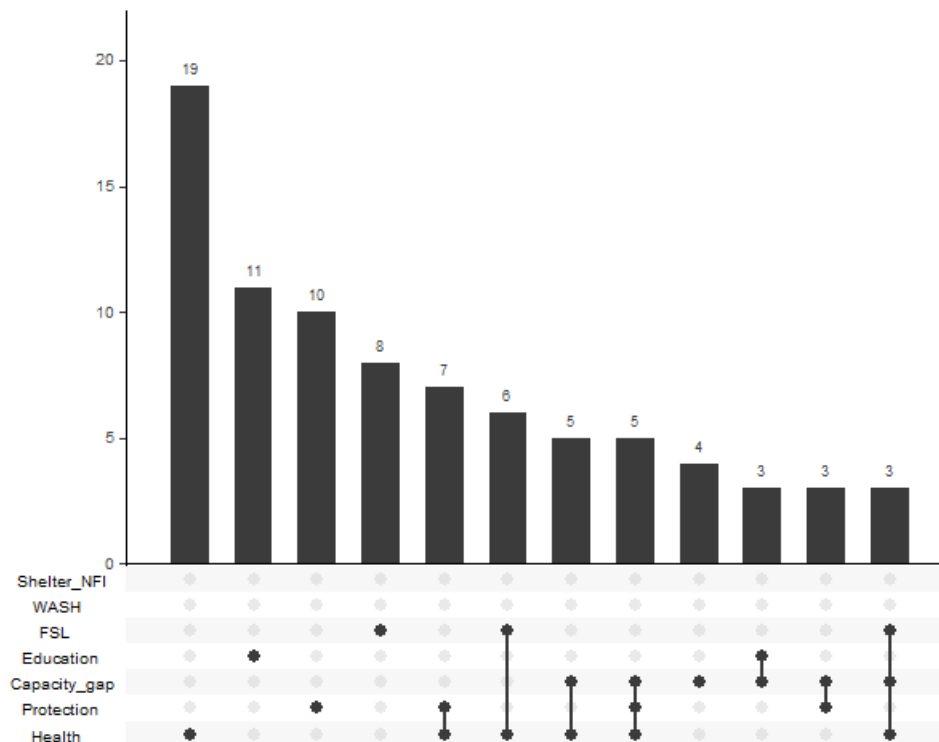


Figure 8: Most common needs profiles in Misrata, by proportion of respondents in need

Health needs alone was the most common needs profile among respondents in need based in Misrata (19% or 19/99). The severe barriers to accessing healthcare that respondents reported facing were the main factor driving these health needs (18/19). Price barriers/a lack money to pay (13/18), lack of documents (6/18) and a lack of health facilities that accepted migrants/refugees (5/18) were the most cited barriers. Almost half of those with health needs alone also had a chronic disease and reported limited or no access to the needed health care services to treat this condition (9/19). Almost half of respondents (9/19) in Misrata with health needs alone reported suffering from a chronic disease.

When looking at the self-reported priority needs of respondents in need in Misrata, almost half cited medical care, the third most commonly reported priority need. As is the case in other assessment locations, the reported barriers to healthcare reflect the limited acceptance of non-Libyans (especially those with an irregular status) at public facilities and the fact that private facilities, which generally are more expensive, are often the only alternative.

Education needs¹⁵⁷ alone affected 12% of the respondents in need (11/99). Not having access to formal education (9/11) or not attending a formal school (11/11) were the primary reported causes of these elevated education needs. However, education for themselves or their children was not among the top reported needs of respondents in need in Misrata, with 15% citing education as a priority need.

Approximately a third of respondents in Misrata reported having school-aged children in their household (34%), meaning that the majority of respondents interviewed in Misrata were unaffected by child education needs. The

¹⁵⁷ The MSNA only measured the education needs of the children in respondents' households rather than the education needs of the respondents themselves.

sample proportion with school-age children was higher for respondents from the MENA region (41% vs 29% of West & Central Africans¹⁵⁸) and for those who had been in Libya for over two years (42% vs 12% of those there for less than 2 years). One of the most commonly cited barriers to attending school in Misrata were school fees or costs. This suggests that the elevated cost of private education limits access for migrant and refugee children, while access to formal education is often restricted for non-Libyans.¹⁵⁹

The third most common of the needs profiles was **protection needs** alone (10% or 10/99). The severe insecurity factors reportedly making respondents feel in danger were the main driver behind these needs. The most commonly reported protection concerns were the fear of being robbed (9/10), the fear of being arrested for lack of documents (5/10), being afraid of or affected by conflict in the current location (3/10) and having previously been robbed (3/10). Additionally, the freedom of movement or access to services of half of the respondents with protection needs alone was reportedly affected by a lack of civil documents (5/10). These responses reflect the context of insecurity and conflict, albeit to a lesser extent than in Tripoli, which is located closer to a line of active conflict.

Sebha

Among the MSNA assessment locations, Sebha was shown to have the second highest proportion of respondents in need (60% or 101 respondents). The most common sectors in which respondents in need in Sebha were found to have severe or extreme sectoral needs were protection (64% of respondents) and health (44%).

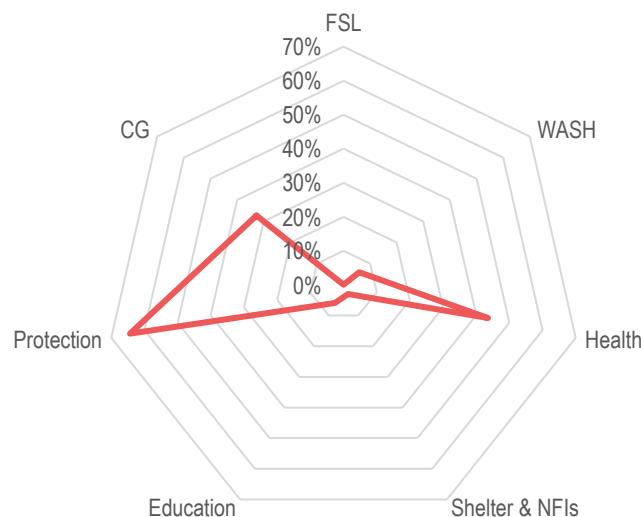


Figure 9: Overview of needs of respondents in Sebha with severe or extreme LSG and/or extreme CG

Both secondary and primary (MSNA) data has shown migrants and refugees based in this location to have severe needs in many sectors. This is partially due to the fact that the Fezzan region in Libya has historically received less investment, and has been characterised by a lack of infrastructure.¹⁶⁰ A subsequent increase of armed group presence and activities, as well as communal clashes, have further destabilised the region and created serious protection risks for both Libyans and non-Libyans alike. Additionally, supply chain disruptions due to insecurity and lack of good governance have significantly driven up prices of key commodities such as food and basic NFIs, making it increasingly difficult for migrants and refugees already dealing with a lack of resources to access

¹⁵⁸ There were almost no East African respondents in Misrata

¹⁵⁹ HNO, [Humanitarian Needs Overview Libya](#), 2020.

¹⁶⁰ J. Tossel, [The Status Quo Defied: the legitimacy of traditional authorities in areas of limited statehood in Mali, Niger and Libya](#), September 2019.

affordable goods.¹⁶¹ Besides conflict and lack of central governance, the geographic location in the middle of the desert and the unforgiving climate have led to frequent power outages and subsequent drinking water shortages in South Libya, adding more challenges for people living there to meet their basic needs.¹⁶²

Sebha is reported to be the most dangerous city in the region for both Libyans and non-Libyans, as a variety of armed groups compete over resources and dominance over smuggling routes.¹⁶³ Internal disputes in the municipality have largely debilitated the capacity to establish good governance and to address security issues.¹⁶⁴ Previous assessments have highlighted the city as a place of great danger for migrants and refugees, and it was the location where physical and sexual abuse, robbery, and kidnapping were most frequently reported protection concerns during assessments conducted by the MMC in 2018.¹⁶⁵ Additionally, Sebha is a hub for people smuggling and was considered particularly volatile, lawless, and a hotspot for tribal violence until recent years.¹⁶⁶ Although the situation has stabilised somewhat since the Libyan National Army took over in 2019, Sebha is still a place of high risk for migrants and refugees living in or passing through.¹⁶⁷ All migrants and refugees interviewed for a 2018 REACH assessment in Sebha were found to have been victims of theft and/or robbery, while interviewed UASC categorized it as one of the most dangerous stop-over sites on their route.¹⁶⁸ In an IOM survey conducted among migrants and refugees in Europe, Sebha was among the locations where most violations against migrants and refugees were reported to have taken place.¹⁶⁹

MSNA findings reflect some of these conditions and are in line with many of the results of previous assessments. Among all of the assessed locations, Sebha had the highest proportion of respondents reporting to feel in danger (56% vs 26% overall). Apart from certain locations in West Libya, it was the place where the following types of protection incidents were most commonly reported (among those that reported feeling in danger [56%]): having been previously robbed (24%), threatened (9%), tortured (9%) and having been held captive or having been detained (6%). It was also the location with the second highest proportion of respondents reporting to have experienced restricted freedom of movement during the preceding year (49% vs 26% overall). Conflict or insecurity was by far the most cited reason for this and it was reported more frequently than the overall average across all the locations (77% vs 65% overall). MSNA data also shows that barriers to accessing key services was a major issue affecting migrants in Sebha, as it was the location where respondents were most likely to report facing barriers accessing marketplaces (51% vs 24% overall) and (apart from West Libya) to accessing healthcare (29% vs 18% overall). Similar to West Libya, findings highlight how the insecure environment for refugees and migrants hinders access to services, with insecurity traveling to and from services being reported among the top barriers to accessing services by respondents in Sebha.

¹⁶¹ JMMI, Market trends in Libya, December 2019

¹⁶² REACH, [Effects of the conflict in Tripoli on South Libya](#), June 2019.

¹⁶³ Abdulrahman Al-Arabi, [Local Specificities of Migration in Libya: Challenges and Solutions](#), March 2018

¹⁶⁴ Ibidem.

¹⁶⁵ Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018

¹⁶⁶ <https://www.thenewhumanitarian.org/special-report/2018/09/06/libya-s-unchecked-southern-borders-key-easing-migration-crisis>

¹⁶⁷ Ibid.

¹⁶⁸ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018; IMPACT/UNICEF, Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms, Forthcoming

¹⁶⁹ OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018

Sebha needs profiles

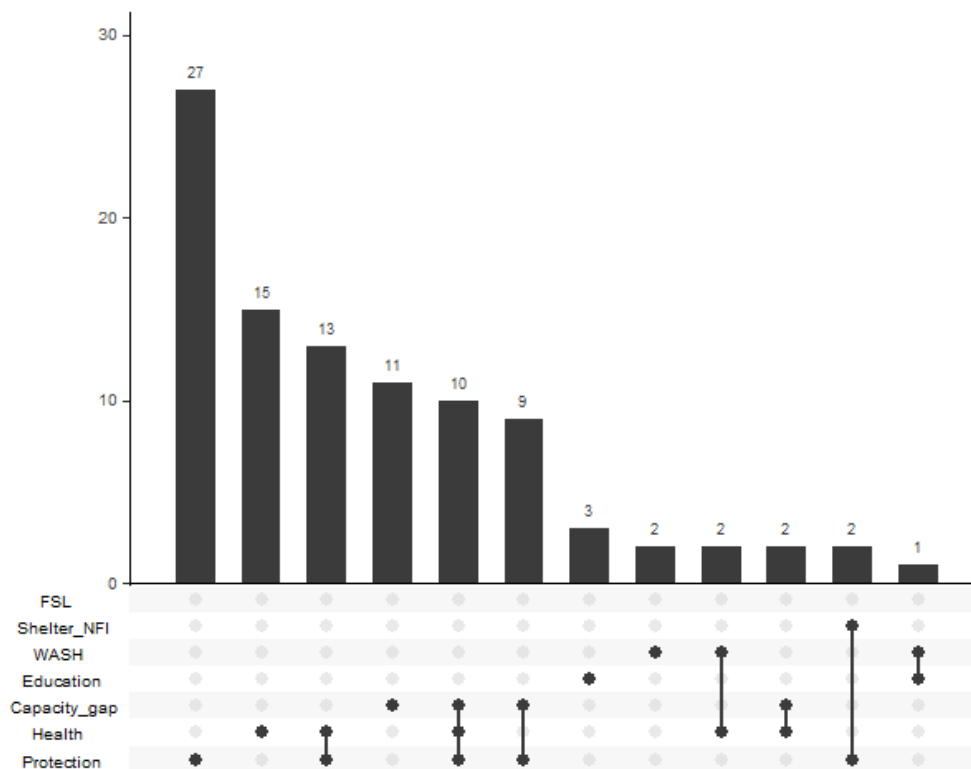


Figure 10: Most common needs profiles in Sebha, by proportion of respondents in need

Protection needs alone affected 27% (27/101) of respondents in need in Sebha and represented the most common needs profile. The severe factors making respondents feel unsafe was found to be the main driver of these protection needs. Having previously been robbed (10/27), fearing or being affected by conflict (9/27), fearing being held captive or detained (6/27) and fearing being robbed (5/27) were the most commonly reported security concerns. A lack of civil documents also restricted the freedom of movement and/or access to services of over a third of this subset (10/27). These findings are in line with those from previous assessments and demonstrate that insecurity, lawlessness and conflict continue to negatively affect migrants and refugees in Sebha.¹⁷⁰ The proportion of respondents in need with protection needs alone was higher than the MSNA sample's average across all assessed areas, indicating that Sebha remains a hotspot for protection risks.

Health needs alone was the next most common profile and affected 15% of respondents in need in Sebha (15/101). Severe barriers to accessing healthcare, reported by 14 of the 15 respondents in this subset, was the main factor driving these elevated health needs. The most commonly reported barriers were price barriers/a lack of money to pay (4/15) and a lack of health facilities that accepted migrants/refugees (3/15). In addition to these findings, medical care was the most commonly reported priority need of respondents in need in Sebha (64% reported this). The most commonly reported barriers to healthcare are similar to those in other locations, suggesting the same widespread issue of migrants and refugees having limited access to public facilities and finding it difficult to afford private alternatives.

¹⁷⁰ Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018; OCHA, [2019 Libya Humanitarian Needs Overview](#), October 2018; IMPACT/UNICEF, *Solitary journeys of unaccompanied and separated children in Libya - Mobility, protection risks and support mechanisms*, Forthcoming

The third most common needs profile was **combined protection and health needs**. These affected 13% of respondents in need in Sebha (13/101). Again, the main drivers of these needs were reported security concerns (12/13) and barriers to accessing healthcare (11/13). Among this subset, the top insecurity factors were fearing or being affected by conflict (6/12) and having been robbed (4/12) and the most commonly reported barriers to accessing healthcare were price barriers/a lack money to pay (3/11), lack of health facilities that accepted migrants/refugees (3/11), and the route to health facilities being unsafe (3/11).

Breakdown of needs by population group

There are typically specific groups within any crisis-affected population that are impacted differently by the crisis and face appreciably different levels of needs. It is important that these localised needs are identified by MSNAs in order to support accurate prioritisation and intervention designs that are contextually relevant. During the secondary data review, a range of population subgroups were identified to have pre-existing vulnerabilities that were likely affecting their LSG or CG severity scores. This chapter offers a breakdown of the needs per vulnerable population group, clarifying where the highest needs are and contextualising why certain characteristics might amplify inter-sectoral needs. It should be taken into account that an individual may belong to one or more population groups or have one or more intersecting pre-existing vulnerabilities, which is likely to exacerbate their LSG or CG severity score even more.

Gender: Women

The group with the highest proportion of respondents classified as “in need” were women (82% or 91/111 female respondents vs 57% or 142/247 male respondents). The most common sectors in which female respondents were found to have severe or extreme needs were health (57% of female respondents) and protection (34%). In addition, 36% of in-need female respondents were found to have extreme CGs.

Women comprised only 8% (or 133) of the MSNA sample, with 74% reportedly living with together with their families and 65% with adult males. As women were not specifically targeted in all locations for this assessment (see Challenges and Limitations, p. 27), the vast majority of female respondents included in the population sample resided in Tripoli or Misrata at the time of data collection. This is partially due to the data collection INGOs in these locations having female enumerators and established connections with migrant and refugee communities. However, it should be noted that the majority of female migrants and refugees identified by IOM-DTM were also based in the western region of Libya (64%), suggesting a particular, unassessed concentration in this region. In order to allow accurate comparison with men, only respondents in Tripoli and Misrata were included when disaggregating MSNA data by gender.

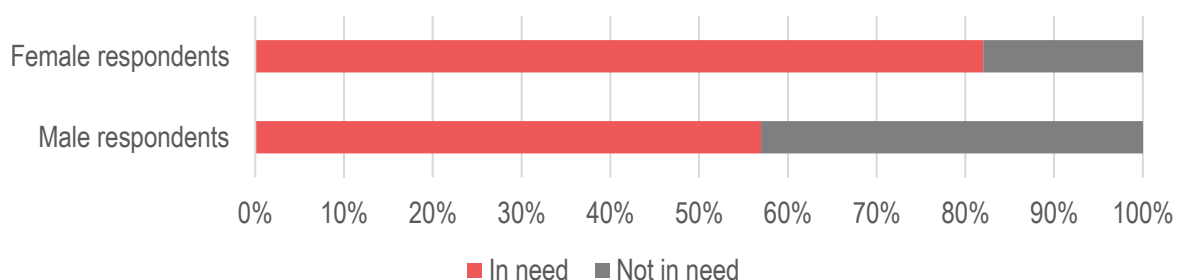


Figure 11: Proportion of respondents in need, by gender of respondent (Misrata and Tripoli only)

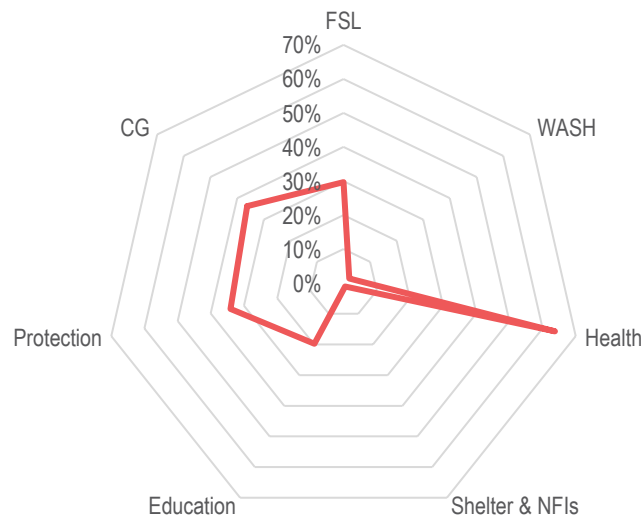


Figure 12: Overview of needs of female respondents with severe or extreme LSGs and/or extreme CGs

The MSNA findings were generally in line with the previously discussed secondary data and showed that women were more likely to be in need than men across a range of sectors and indicators. Food security and livelihoods (FSL), shelter, and health were highlighted as sectors where women were found to have particularly elevated needs compared to men. Female respondents tended to rely more on unsustainable food sources (39% vs 27% of men) – especially buying food on credit – and generally had a poorer food consumption score (35% had poor or borderline consumption vs 25% of men), as was also shown by IOM and WFP data. One potential contributor to women's food insecurity was the fact that a much higher proportion of them live with children in their household (64% vs 20% of men), indicating that a higher proportion of them had to share their food with dependants.

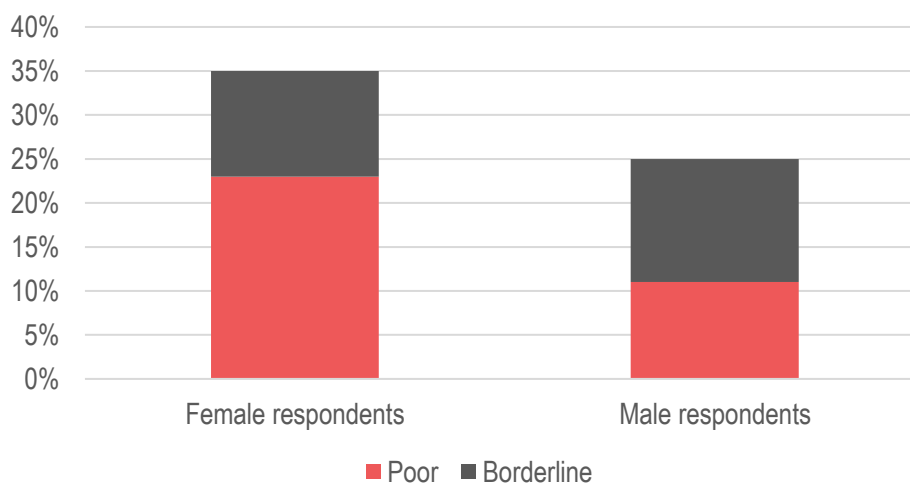


Figure 13: Proportion of respondents with a poor or borderline FCS, by gender of respondent

This MSNA found that, compared to male respondents, female respondents generally earned less (an average of 562 LYD/month from salaried work vs 843 for men), saved less (an average of 6% of their income vs 13% for men), were more indebted (an average of 3469 LYD for women with debt vs 2193 LYD for men with debt), and a higher proportion of respondents was reportedly unemployed (37% vs 11% of men). Particular barriers to accessing the labour market potentially explain women's higher level of unemployment, including the fact that a large proportion of the employment opportunities for migrants and refugees consist of physically intensive casual labour for which

women may find it difficult to compete with men on the labour market.¹⁷¹ Additionally, women may be more exposed to protection risks than men if they wait at the public job recruitment points (such as urban roundabouts) where many migrants and refugees find work.¹⁷² Corresponding to previous findings, financial support from friends and family and humanitarian assistance tended to constitute a proportionally greater part of female respondents' incomes. On average, female respondents received 11 LYD/month from family and friends in their home country vs 3 LYD for male respondents, 31 LYD/month from humanitarian assistance vs 22 LYD for male respondents, and 17 LYD/month from zakat vs 8 LYD for male respondents. These income sources are typically less reliable and sustainable than salaried employment and women's elevated dependence on them leaves them at risk of experiencing periods with significantly reduced income.



Figure 14: Proportion of respondents by employment status in month preceding data collection and gender of respondent

The MSNA found that, to cope with a lack of resources to meet their basic needs, a higher proportion of female respondents had to resort to using severe or extreme livelihood coping strategies (75% of female respondents vs 50% of male respondents). Additionally, a lack of money consequently affected female respondents' access to a range of services, with a larger proportion reporting barriers to accessing markets, market items, shelter, and healthcare due to the costs involved.

As was similarly reported by IOM-DTM, the MSNA found that female respondents had notably higher health needs than male respondents.¹⁷³ Female respondents taking part in the MSNA were more likely to have been ill in the 15 days preceding data collection (65% vs 33% of male respondents), not to have visited a health facility if ill (49% vs 27% of male respondents), suffer from a chronic disease (31% vs 14% of male respondents) and face challenges accessing healthcare (52% vs 28% of male respondents).

¹⁷¹ IOM-WFP, [Hunger, displacement and migration](#), November 2019

¹⁷² 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁷³ IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019

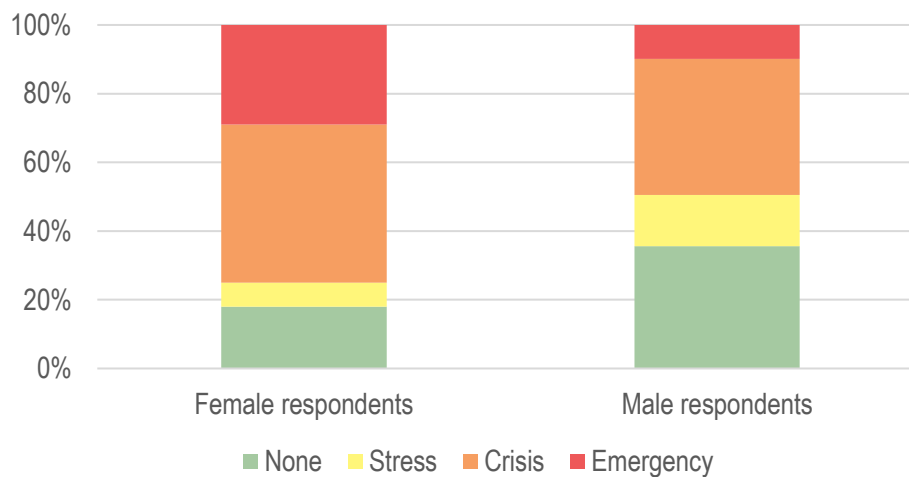


Figure 15: Proportion of respondents using negative livelihood coping strategies, by gender of respondent

Secondary data findings regarding the protection concerns of female migrants and refugees (as discussed under Pre-existing vulnerabilities, p. 34) were partially reflected in the MSNA data. Female respondents more frequently reported feeling in danger compared to male respondents (47% vs 40%, respectively) and more frequently reported fear of sexual harassment (4% vs 0% of male respondents) and being held captive or detained (7% vs 4% of male respondents) (although relatively rarely compared to other types of risks). A higher proportion of interviewed women also reported restricted freedom of movement during the preceding year (36% vs 28% of male respondents), reflecting the difficulty they face moving around freely and safely in current locations.¹⁷⁴

¹⁷⁴ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

Female respondents' needs profiles

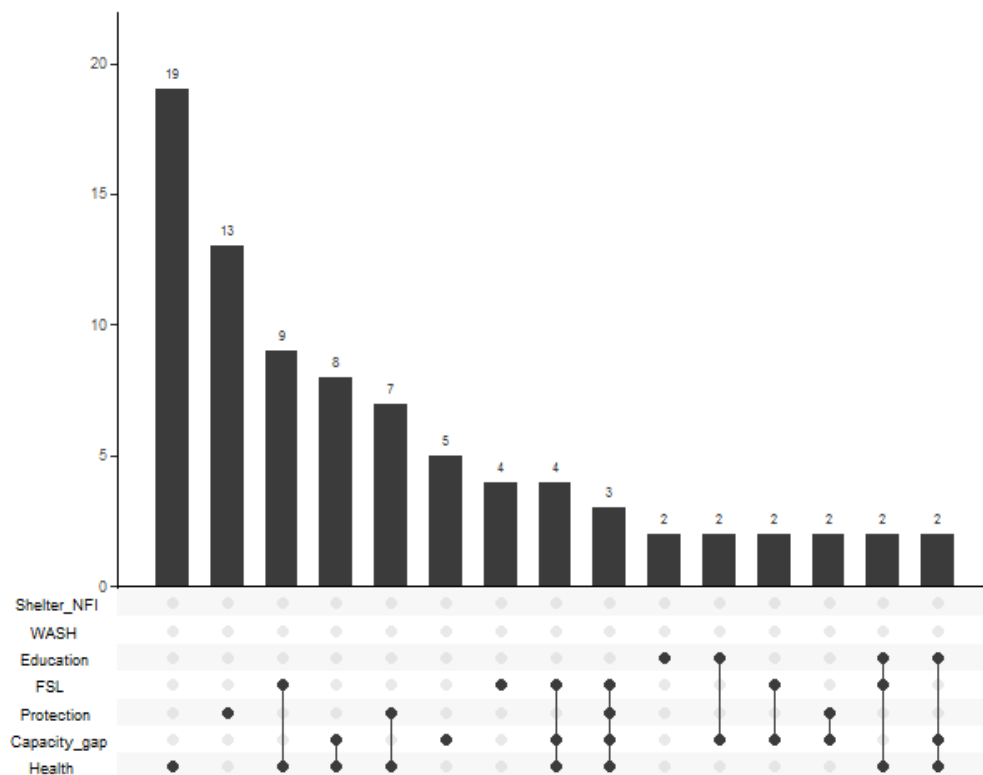


Figure 16: Most common needs profiles of female respondents, by proportion of female respondents in need

Health needs alone was the most common needs profile among female respondents in need in these locations (19% or 17/91). Severe barriers to accessing healthcare, reported by 15 of the 17 in this subset, was found to be the main factor driving these elevated health needs. By far the most frequently reported challenge to accessing healthcare was price barriers/a lack money to pay (12/15). Some female respondents also mentioned that there were no available health facilities that accepted migrants/refugees (4/15). Over half of the subset (9/17) reported having a chronic disease and limited or no access to the healthcare services needed to treat it. Corroborating these findings, medical care was frequently mentioned among the top self-reported priority needs of all female respondents in need (51%).

These findings are reflected by previous assessments that highlighted the elevated medical needs of female migrants and refugees, with IOM-DTM finding that a higher proportion of female respondents reported being diagnosed with a chronic illness or suffering from an acute illness in the preceding three months compared to male respondents.¹⁷⁵ 4Mi also found that medical assistance was among women's most needed types of assistance.¹⁷⁶

Female migrants and refugees in need seem to face the same healthcare-related challenges that affect many of the migrants and refugees in Libya in general. Public hospitals generally turn them away if they are irregular (and potentially even if they are regular), and private clinics tend to charge unaffordable fees.¹⁷⁷ However, indicating the increased vulnerability of female migrants and refugees, MSNA and IOM-WFP data has indicated that female

¹⁷⁵ IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019

¹⁷⁶ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁷⁷ 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

migrants and refugees might earn less and experience higher levels of unemployment than male migrants and refugees, thereby making the price barriers to accessing healthcare relatively more difficult for them to overcome.¹⁷⁸

The second most common needs profile of female respondents was **protection needs** alone, reported by 13% (12/91). This was almost solely driven by the severe insecurity factors that in-need female respondents reported were making them feel in danger (12/12). The most frequently reported of these factors were being afraid of or affected by conflict in their location (5/12), having been previously robbed (5/12) and having previously suffered verbal harassment (4/12). These insecurity factors were similar to those reported by the overall sample, suggesting that women tended to encounter the same types of protection incidents as men. However, sensitive issues such as sexual harassment are likely to have been underreported and were found by other assessments to be more commonly experienced than was represented by MSNA data.¹⁷⁹ Female MSNA respondents in general reported feeling in danger and experiencing restricted freedom of movement more than male respondents, possibly reflecting the particular risks they face when entering the public sphere.¹⁸⁰

Combined food security & livelihoods and health needs was found to be the third most common needs profile, affecting 9% of female respondents in need (8/91). The specific issues driving the needs in this profile were barriers to accessing healthcare when needed (7/8) and respondents having a poor food consumption score (8/8). This finding is reflected by the fact that food was the second most commonly reported priority need for in-need female respondents (reported by 66% of female respondents in need). IOM and WFP also found that female migrants and refugees tended to have a lower food consumption score and generally made more use of food-based coping strategies than male migrants and refugees.¹⁸¹ The higher food insecurity of women may be related to their generally lower incomes and the fact that a much higher proportion of them live with children in their household, likely obliging them to share their food with dependants.

Employment status and job type: Unemployed

Respondents that had reportedly not worked outside of their home in the 30 days prior to data collection were the sub-group with the second highest proportion in need (79%, or 77 respondents). The most common sectors in which unemployed respondents in need were found to have severe or extreme sectoral needs were health (52% of respondents), protection (37%) and FSL (35%).

Findings indicate that a majority of migrants and refugees in Libya participate in the labour market, with 94% of MSNA respondents reporting to have worked outside the home in the 30 days preceding data collection (indicating some form of employment). Various assessments have shown that most migrants came to Libya for economic purposes and are primarily in the country for access to employment or better income.¹⁸² The employment status of migrants and refugees and the type of work they are engaged in is likely to affect their ability to meet their needs or cope with living standard gaps. The analysis was based on a disaggregation between migrants and refugees

¹⁷⁸ IOM-WFP, [Hunger, displacement and migration](#), November 2019

¹⁷⁹ IOM-DTM, [Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey, Male and Female Respondents Interviewed Along the Central And the Eastern Mediterranean Routes in 2017](#), January 2018; UNICEF, [A Deadly Journey for Children – The Central Mediterranean Migration Route](#), February 2017; Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018

¹⁸⁰ Mixed Migration Centre, [Fraught with Risk: Protection concerns of people on the move across West Africa and Libya](#), May 2018; 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁸¹ IOM-WFP, [Hunger, displacement and migration](#), November 2019

¹⁸² IOM-WFP, [Hunger, displacement and migration](#), November 2019; IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019

who were involved in daily labour¹⁸³, temporary employment¹⁸⁴, permanent employment¹⁸⁵, and those who had reportedly not worked outside the home in the 30 days prior to data collection. The analysis found that 79% of respondents who had reportedly not worked outside the home in the 30 days prior to data collection were considered to be in need. The proportion of respondents working in temporary jobs or daily labour and who were found to be in need was almost equal, at 44% and 43% respectively. Permanent job holders had the lowest proportion in need, with only 25% of the sample population being classified in need.

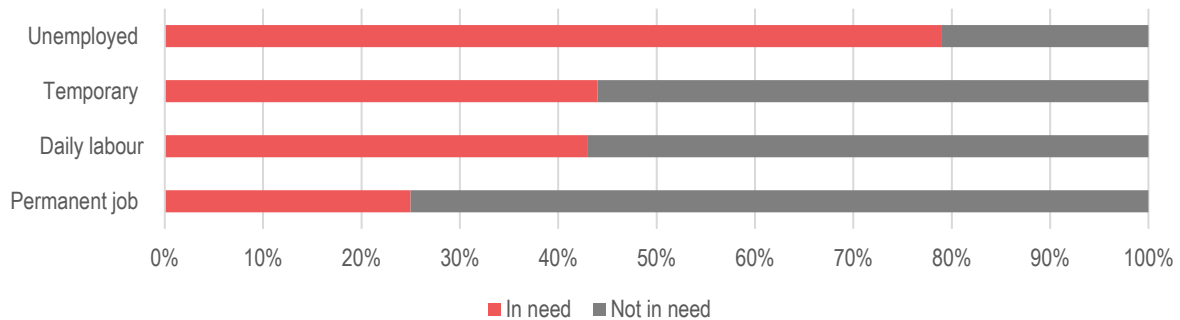


Figure 17: Proportion of respondents in need, by employment status/job type

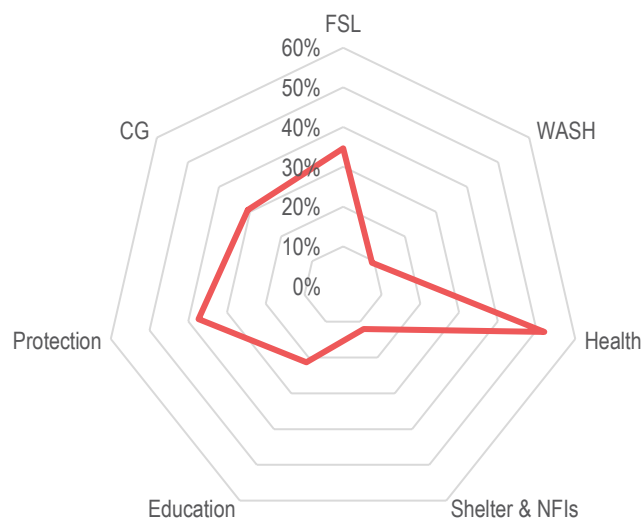


Figure 18: Overview of needs of unemployed respondents with severe or extreme LSGs and/or extreme CGs

The MSNA results show how the living standards and needs of respondents differ according to their employment status and job type. Among the various employment categories, the group that was found to be most in need across a range of indicators and sectors was those who had not worked outside the house in the 30 days prior to data collection (unemployed). A higher proportion of respondents in this group had poor food consumption score, typically acquired food from unsustainable sources, made use of negative food-based and livelihood coping strategies, and reported facing challenges obtaining enough money to meet basic needs. The next most vulnerable employment group was respondents with temporary jobs. They also tended to have relatively poor food consumption scores, high use of food and livelihood-related coping strategies, and faced greater challenges

¹⁸³ Employment for which the worker is hired on an as-needed basis to work for the day and is paid one day at a time

¹⁸⁴ Employment "whereby workers are engaged only for a specific period of time, include[ing] fixed-term, project- or task-based contracts, as well as seasonal or casual work", https://www.ilo.org/global/topics/non-standard-employment/WCMS_534826/lang-en/index.htm

¹⁸⁵ Regular employment of indefinite/unlimited duration

generating enough money to meet their needs. Their most commonly reported reason for lacking money was that their salary or wages were not regularly paid.

The living standards of respondents with a permanent job stood in stark contrast to those working in temporary jobs or daily labour. They generally had a much higher degree of food security, less use of negative coping strategies, better access to adequate shelter and less difficulty obtaining enough money to meet their needs. Compared to those in other types of employment, a larger proportion of respondents with permanent jobs came from the MENA region (48% vs 32%), and employed respondents were less likely to mention a lack of civil documents as a problem affecting them (13% vs 25%). This suggests that permanent workers obtained access to such employment due in part to their cultural and linguistic attributes and their documented regular immigration status.¹⁸⁶

Unemployed respondents' needs profiles

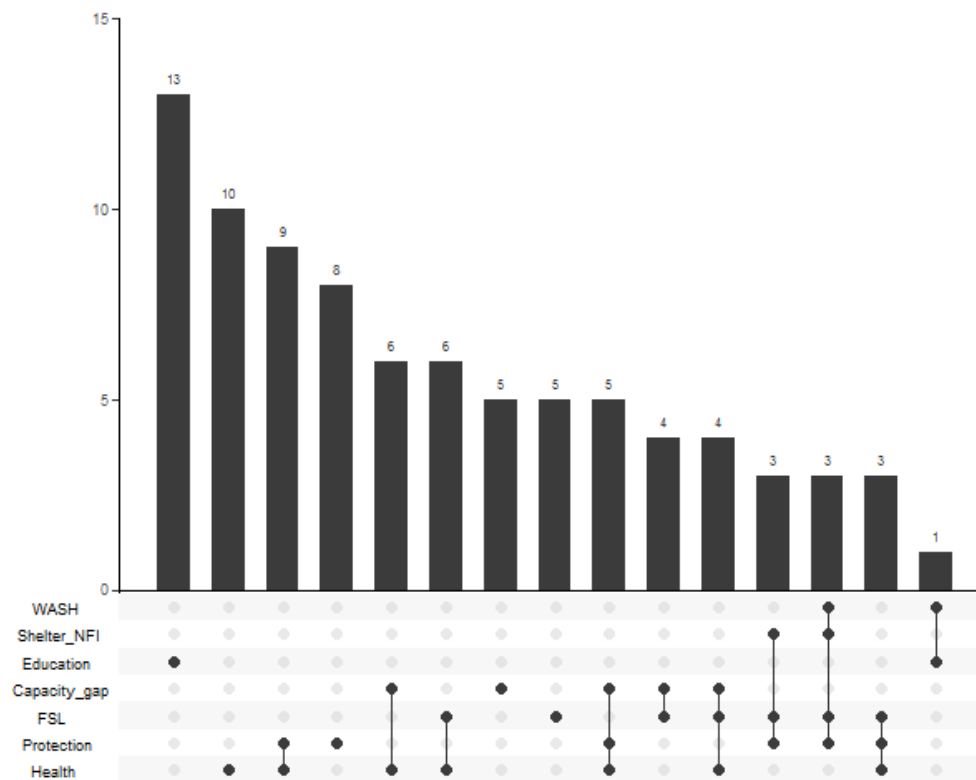


Figure 19: Most common needs profiles of unemployed respondents, by proportion of unemployed respondents in need

When looking at the most common need profiles among unemployed respondents in need (77/98), having **education needs** alone was the most common needs profile (10/77). An important reason for the fact that this subset of respondents in need without work had elevated education needs might be that a much higher proportion of them lived with children in their household (51% of the unemployed vs 29% of those that worked), hence rendering them more likely to experience any education-related needs. The high severity of these respondents' educational needs were largely driven by the fact that all reported that at least one child in their household had no access to formal education and that at least one child in their household was not attending a formal school. The main reasons cited for the children not attending formal schools were a lack of basic amenities¹⁸⁷ at schools (5/10),

¹⁸⁶ Respondents were not directly asked about their immigration status or possession of civil document. However, various follow-up questions asked to find out whether respondents were affected by a lack of documents; this data was used a proxy to determine the respondent's immigration status.

¹⁸⁷ These were defined as potable water, heat, and electricity

a lack of documentation (3/10) and insecurity on the way to school or in the area (3/10). However, overall, education was not among the top priorities when in-need unemployed respondents were asked about their own most important needs, with “only” 13% citing education to be among their top priority needs (either for themselves or the children in their household). This difference in ranking between the education LSGs and the respondents’ self-reported priority needs may suggest that the children are working and earning money for the household, that they are not the respondents’ responsibility, or that the respondents do not prioritise education in general.

The next most common needs profile of unemployed respondents in need was **health needs** alone (10% or 8/77). These needs were largely driven by respondents reporting severe challenges in accessing health care when needed (6/8) and respondents with a chronic illness reporting limited or no access to the needed health care services to treat this (6/8). The most commonly reported barrier to accessing health care was price barriers/a lack money to pay (6/8). This high level of health needs aligns to some extent with respondents’ self-reported priority needs, with medical care being the third most reported need (43%) of all unemployed respondents in need. It is probable that this subset of respondents faced the same restricted access to public hospitals and difficulty to pay for private facilities as other respondents, especially irregular migrants and refugees. However, unemployed respondents were more likely to face challenges obtaining enough money to meet their needs (72% vs 40% of respondents who reported to be working), likely making the costs of healthcare relatively more difficult to pay. An unusually large proportion of this subset – as well as of unemployed MSNA respondents in general – reportedly suffered from a chronic illness. It is possible that illnesses such as chronic back and joint pain were among the barriers preventing them from obtaining employment.

Combined protection and health needs were the third most common needs profile (9% or 7/77). These were caused by respondents reportedly feeling in danger in their location (7/7) and respondents reporting barriers to accessing health care when needed (7/7). Among the severe insecurity factors reported by respondents feeling in danger, the most commonly reported were fear of being held captive or detained (4/7), fear of being kidnapped (4/7), having previously been robbed (3/7) and having previously suffered verbal harassment (3/7). This subset was clustered in Tripoli, which was found to be a hotspot for protection concerns and reports of kidnapping and potentially explains these respondents’ elevated fears for such incidents.

Region of origin: East Africans

A breakdown of population groups by region of origin reveals that **East African** respondents had the largest proportion classified as in need (60%, or 75 respondents). West and Central African respondents constituted the region of origin group with the second highest proportion in need (46%). Respondents from the MENA region had a relatively smaller proportion in need (31%). Respondents from other regions (predominantly South Asia) had the smallest proportion categorised as in need (26%).

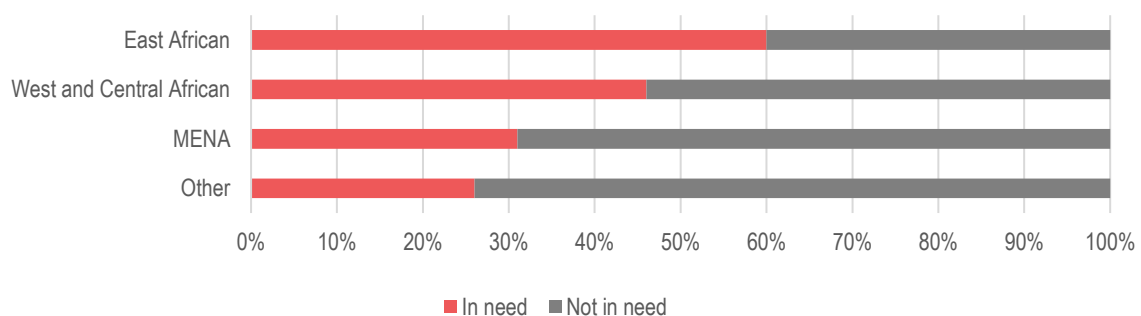


Figure 20: Proportion of respondents in need, by region of origin

The most common sectors in which East African respondents in need were found to have severe or extreme sectoral needs were protection (64% of respondents), health (57%) and FSL (29%).

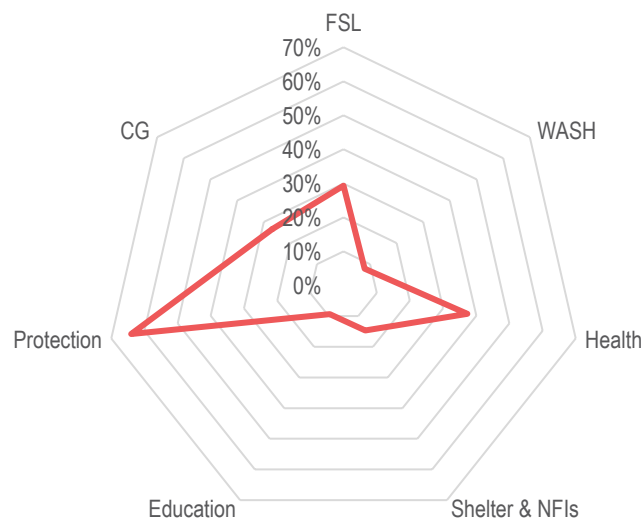


Figure 21: Proportion of East African respondents in need, with severe or extreme LSGs and/or extreme CGs, per sector

The MSNA survey-data findings correspond to findings from secondary data analysis and previous assessments. As was previously found, East African migrants and refugees are likely to have notably elevated protection needs compared to other region of origin groups.¹⁸⁸ According to the primary data, a much higher proportion of East African refugees and migrants reported feeling in danger and experiencing restricted freedom of movement. As reasons for these, East African MSNA respondents more commonly reported fear of arrest, detainment and torture. They were also more likely to resort to negative livelihoods coping strategies to pay smugglers compared to respondents from other region of origin groups. These findings align with existing literature highlighting that East Africans have a greater tendency to transit using closed smuggling rings and, as a result, are more exposed to captivity and captivity-related risks.¹⁸⁹

Similarly, the relatively high FSL needs of East Africans found by other assessments were echoed by MSNA primary data. The MSNA found East African respondents to generally have poorer food consumption scores, to rely more on unsustainable food sources and to make more use of severe livelihood and food-based coping strategies than respondents from other region of origin groups. A higher proportion of them were also unemployed during the month preceding data collection. Many of these factors might be interlinked; as was highlighted in the section of employment status and job types, the lack of resources resulting from unemployment can also be a factor causing or aggravating food insecurity.

Additionally to East African respondents, MSNA data also indicated that a lower share of West and Central African respondents had permanent jobs than those from the MENA region or South Asia, and that almost half of them were engaged in daily labour (as opposed to permanent or temporary employment). They were revealed as having comparatively elevated shelter needs, with higher proportions facing challenges accessing shelter and reportedly

¹⁸⁸ MMC, [What makes refugees and migrants vulnerable to detention in Libya? A microlevel study of the determinants of detention](#), December 2019; ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017; UNHCR/IMPACT, [From hand to hand: the migratory experience of refugees and migrants from East Africa across Libya](#), February 2019; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; IOM-WFP, [Hunger, displacement and migration](#), November 2019

¹⁸⁹ UNHCR/IMPACT, [From hand to hand: the migratory experience of refugees and migrants from East Africa across Libya](#), February 2019

living in substandard and damaged shelters. Lastly, barriers to accessing shelter that were more frequently cited by West and Central African respondents included not having sufficient money and lacking the appropriate documents, which again show the effects of their lower socioeconomic position and their irregular status.

East Africans needs profiles

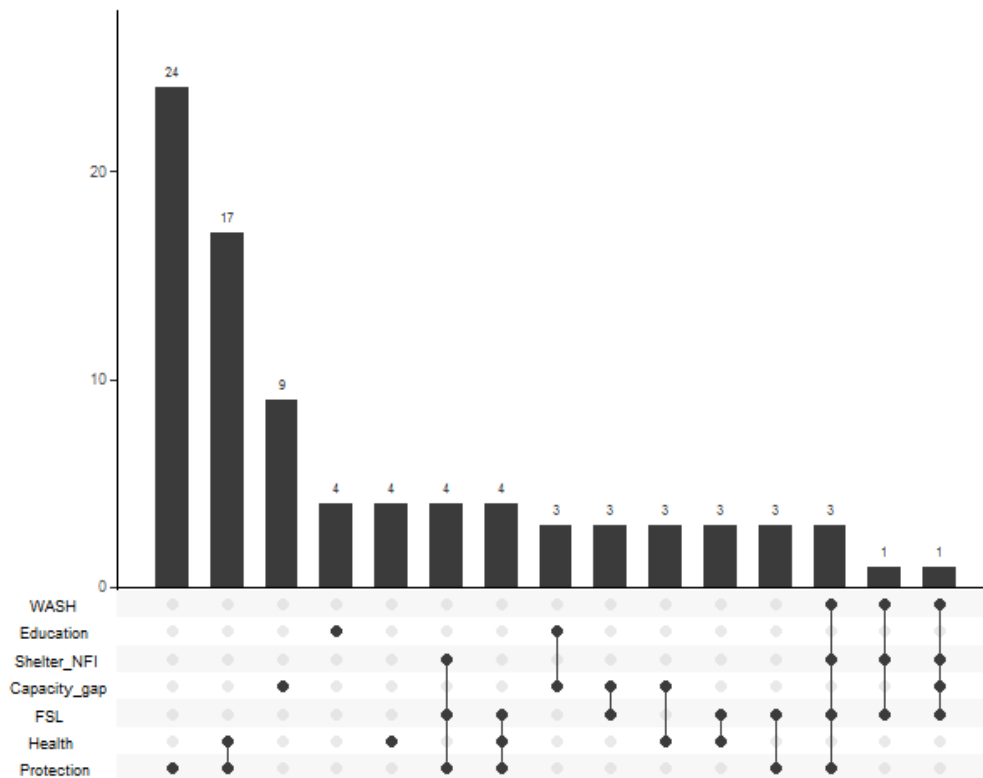


Figure 22: Most common needs profiles of East African respondents, by proportion of East African respondents in need

Of East African respondents in need (60% of all East African respondents), 24% had **protection needs** alone (18/75). The main cause of these elevated needs were the severe insecurity factors that were reportedly affecting respondents. The most cited of these were having previously suffered verbal harassment (8/18), being afraid of or affected by conflict in their location (7/18), fear of being held captive or detained (7/18), having previously been robbed (6/18) and fear of arrest for a lack of documents (6/18). Over half of the respondents (10/18) also reported that their freedom of movement or access to services had been restricted due to their lack of the appropriate civil documentation.

The particularly elevated protection needs of East African respondents in need are in line with the findings of previous assessments.¹⁹⁰ Their frequent reports of verbal harassment reflect East Africans' heightened exposure to discrimination, which has been highlighted by IOM DTM, WFP and REACH.¹⁹¹ Previous research has also shown

¹⁹⁰ IOM-DTM, [Libya Migrant Vulnerability and Humanitarian Needs](#), December 2019; REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; ICMPD, [What are the protection concerns for migrants and refugees in Libya?](#), November 2017; UNHCR/IMPACT, [From hand to hand: the migratory experience of refugees and migrants from East Africa across Libya](#), February 2019

¹⁹¹ REACH, [Refugees and migrants' access to resources, housing and healthcare in Libya - Key challenges and coping mechanisms](#), December 2017; IOM-WFP, [Hunger, displacement and migration](#), November 2019

that East African refugees and migrants in Libya are particularly vulnerable to captivity-related dangers – due to often travelling in closed smuggling rings or being perceived as affluent targets for extortion – and this corresponds to the frequent reporting of captivity and detainment risks by this subset.¹⁹²

Many of the protection concerns of this specific subgroup seem to be driven by a lack of civil documentation. This may be due to the fact that East African respondents had generally arrived in Libya more recently than respondents from other region of origin groups, indicating that East African respondents had less time to regularize or find strategies to reduce the impact of their lack of documents.

Combined health and protection needs affected 17% of the East African respondents in need (13/75). These needs were driven by the severe security concerns reported by respondents (12/13), the restricted mobility or access to services they experienced due to lack of documents (8/13) and the barriers to accessing healthcare that they faced (13/13). The most commonly reported barriers to healthcare of this subgroup included price barriers/a lack money to pay (8/13), language barriers (3/13) and a lack of health facilities that accepted migrants/refugees (3/13). Medical care also featured among the more commonly reported priority needs of all in-need East African respondents, with 31% reporting it to be a priority need. The main barriers to healthcare faced by this subset were similar to those experienced by other MSNA respondents in need, suggesting the same restrictions on access to public healthcare and price barriers to private facilities.

Having an **extreme CG severity score** (resorting to extreme coping strategies to meet their basic needs) alone was the third most common needs profile for East African respondents in need, affecting 9% of them (7/75). The emergency strategies that the respondents made use of were accepting socially degrading, exploitative, high-risk, or illegal work (4/7) and asking strangers for money or food (3/7). The most commonly reported reasons for using these strategies were to gain or maintain access to food (6/7), to be able to send money to family in their country of origin (6/7), to pay for shelter (4/7) and to pay for healthcare (4/7). Another marker of East African respondents' lack of resources was the fact that cash was their most commonly self-reported priority need, reported by 72% of East African respondents in need.

Language: Non-Arabic speakers

The breakdown of the population by language illustrated that lack of Arabic language skills were likely to negatively impact needs across sectors. Analysis showed that a larger proportion of non-Arabic speakers had unmet needs or faced high GC severity scores: **51% of non-Arabic speaking respondents were considered to be in need, compared to 35% of Arabic speakers**. By country of origin, the biggest groups of Arabic-speaking MSNA respondents were Egyptians (20% of Arabic speakers) and Sudanese (20% of Arabic speakers). The largest groups of non-Arabic speaking respondents were Nigeriens (24% of non-Arabic speakers), Ghanaians (19% of non-Arabic speakers) and Nigerians (17% of non-Arabic speakers).

¹⁹² MMC, [What makes refugees and migrants vulnerable to detention in Libya? A microlevel study of the determinants of detention](#), December 2019; UNHCR/IMPACT, [From hand to hand: the migratory experience of refugees and migrants from East Africa across Libya](#), February 2019

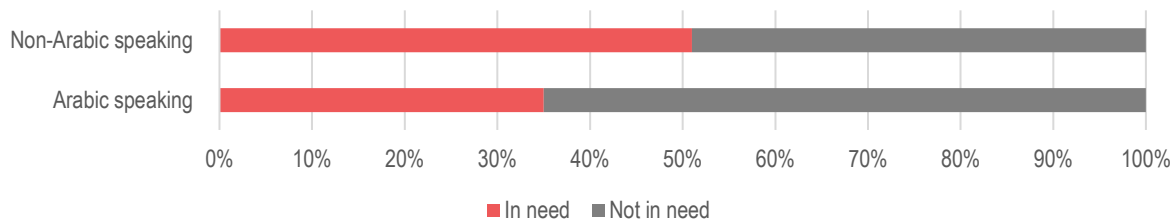


Figure 23: Proportion of respondents in need, by Arabic language ability

Migrants and refugees worldwide face challenges due to language barriers, and Libya is no exception. Generally, lack of language skills impedes chance of local integration. Migrants and refugees with language barriers also have more difficulties accessing services, finding education or receiving assistance, or even something as simple as getting directions from the local population.¹⁹³ This, in turn, is likely to jeopardise the safety and security of migrants and refugees, as they will likely face more challenges collecting information on the security situation and might not be able to access proper healthcare or other public services. A 2019 assessment by Skills and Integration of Migrants, Refugees and Asylum Applicants in European Labour Markets (SIRIUS), found that lack of language skills was also the biggest barrier for migrants and refugees trying to access the labour market.¹⁹⁴ As such, lack of language skills also imperils migrants and refugees' livelihoods and financial security.

The MSNA results for Arabic and non-Arabic speakers align with previous findings. Sub-Saharan African respondents that could not speak Arabic tended to have poorer food consumption scores, make more use of severe livelihood and food-based coping strategies, work less in permanent jobs, and face more barriers to accessing marketplaces, healthcare and purchasing items. When disaggregating the needs of the overall sample by linguistic ability, the Arabic-speaking group consists largely of MENA respondents and it can be difficult to separate the effect of language from other factors connected to their origin. However, the fact that large differences in needs were found between sub-Saharan Africans that spoke Arabic and those that did not suggests that linguistic ability in itself has a marked effect.

¹⁹³ SIRIUS, [Integration of Migrants, Refugees and Asylum Seekers: Policy Barriers and Enablers](#), April 2019; 4Mi, [Living On The Edge: The everyday life of migrant women in Libya](#), December 2017

¹⁹⁴ SIRIUS, [Integration of Migrants, Refugees and Asylum Seekers: Policy Barriers and Enablers](#), April 2019

Vulnerability

This sub-section of the report presents the groups and areas with a high proportion of respondents that were categorised as **in need** and **also** as **vulnerable**. In order to determine whether respondents could be considered to be “vulnerable” or not, a composite vulnerability indicator, covering gender, chronic disease, disability, and unemployment, was created, and a scoring approach (see Annex 2) was used to identify vulnerable respondents on the basis of this indicator. Vulnerabilities were defined as processes or conditions that influence the degree of the shock and influence exposure and capacity, which could subsequently exacerbate the scale and scope of the driver/crisis and its impact on specific groups. These, often intersecting, vulnerabilities are likely to further aggravate needs and living standards and they indicate an additional factor highlighting groups and locations of particular concern which merit focused targeting by humanitarian actors.

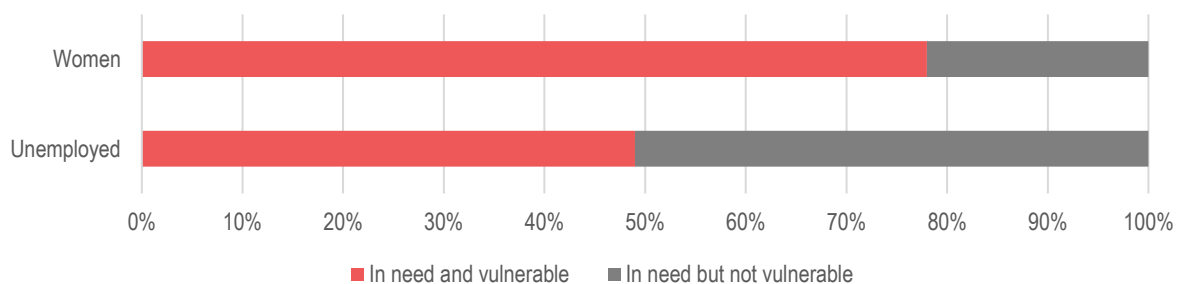


Figure 24: Proportion of respondents in need and vulnerable, by population subgroup

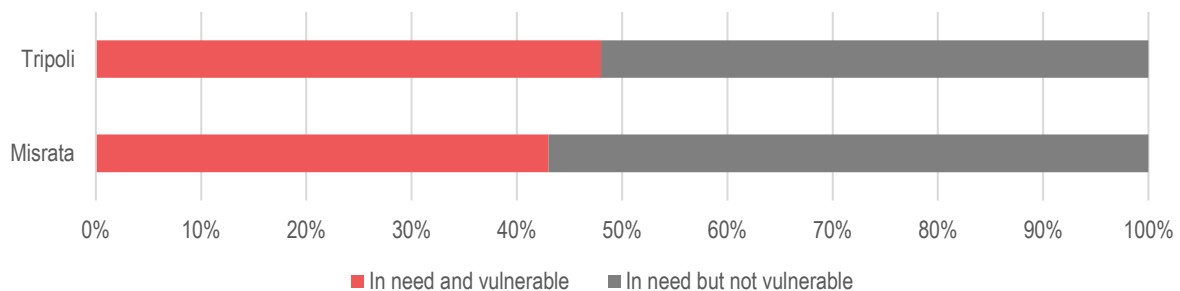


Figure 25: Proportion of respondents in need and vulnerable, by assessment location

Women

Among the various locations and population subgroups that were assessed, findings indicate that women were the most likely to be categorised as both in need and vulnerable; 78% of female respondents in need were also found to be vulnerable. Being female was one of the indicators used to determine vulnerability for the MSNA but this factor was not included in the calculation when looking at gender subgroups. This means that the relative vulnerability of men and women was assessed based on the following factors: chronic disease, disability, and unemployment.

The main driver of their vulnerability was their employment profile. Of all in-need, vulnerable female respondents, over half had reportedly not worked outside the home in the 30 days preceding data collection (51%). Thirty-nine percent (39%) of these respondents had worked in unstable types of employment such as a temporary job or daily labour, and only 8% had reportedly held a permanent job in the 30 days prior to data collection.

Suffering from a chronic disease was the next most important driver of vulnerability for this subgroup, with 42% of in-need, vulnerable female respondents reporting to suffer from a disease of this kind. The most commonly reported chronic diseases were problematic blood pressure, joint pain, and diabetes.

Unemployed

In-need respondents that had not worked outside the home in the 30 days preceding data collection were the next most likely to be vulnerable. Almost half of these respondents were categorised as being vulnerable (49%). Being unemployed was one of the indicators used to determine vulnerability for the MSNA but this factor was removed from the calculation when looking at employment status subgroups.

The top factors driving the vulnerability of this subset were suffering from chronic disease(s), gender, and language. Over half of the in-need unemployed respondents that were also vulnerable reported suffering from a chronic disease (53%), with problematic blood pressure, joint pain, and diabetes being the most commonly reported diseases. Almost two thirds of these respondents were women (66%) and over half did not speak Arabic (55%).

Tripoli

Respondents in need in Tripoli were the third most likely to be vulnerable, with 48% of the in-need population categorised as such. Respondents' employment profile was the main factor increasing their vulnerability. Forty-five percent (45%) of this group had reportedly been unemployed in the 30 days preceding data collection, 47% reported having unstable forms of employment such as daily labour or a temporary job, and only 8% worked in a permanent job. Other important drivers included gender (65% were women) and chronic disease (48% reportedly suffered from one).

Inability to access assistance

This sub-section of the report presents the groups and areas with a high proportion of respondents that were categorised as **in need** and were **also** reportedly **unable to access humanitarian assistance**. In order to determine whether respondents were able to access assistance or not, the MSNA survey asked them if they faced any barriers to receiving humanitarian assistance in the preceding year. Those that reported facing barriers or being unaware of any assistance available to them were classified as being unable to access assistance.

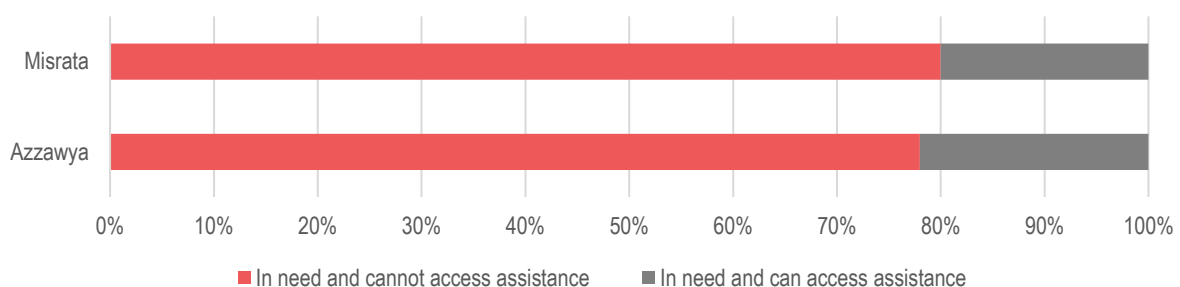


Figure 26: Proportion of respondents in need that were unable to access assistance, by assessment location

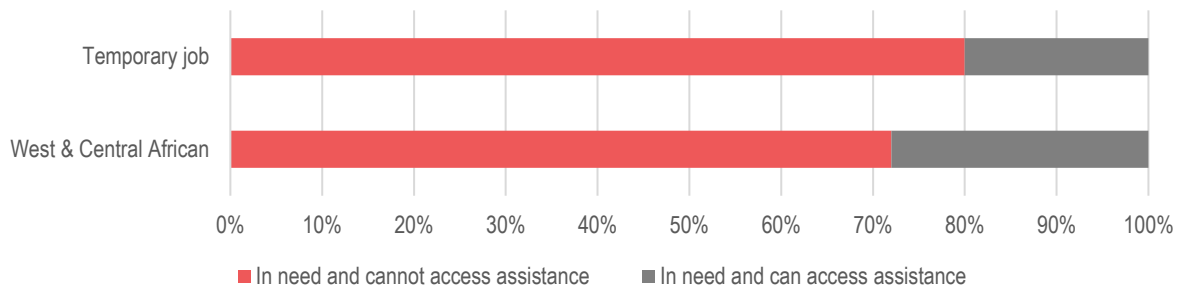


Figure 27: Proportion of respondents in need that were unable to access assistance, by population subgroup

Misrata

Of the assessed locations and population subgroups, Misrata had the highest proportion of in need respondents that reported facing barriers to receiving humanitarian assistance (80%). The sole barrier reported by respondents was not being aware of any humanitarian assistance available to them.

Temporary job

Respondents in need with temporary jobs were the second most likely to face barriers to receiving humanitarian assistance (80%). Respondents' lack of awareness of any humanitarian assistance being available to them was by far the most commonly reported barrier, mentioned by 84% of those facing barriers.

Azzawya

A relatively high proportion of respondents in need in Azzawya also reported facing barriers to receiving humanitarian assistance (78%). Respondents most commonly reported not being aware of any humanitarian assistance available to them (68%). Other reported reasons were checkpoints and roadblocks preventing access (25%), lack of consent from the actor controlling the territory (21%) and insecurity travelling to the area of assistance (20%).

ACCOUNTABILITY TO AFFECTED POPULATIONS

This section presents the perceptions and priorities of the interviewed migrants and refugees regarding information, communication, and humanitarian assistance in order to inform humanitarian response planning. It is based on the analysis of primary data collected for the MSNA.

Humanitarian assistance

The volatile security situation, remote programming, and lack of resources have significantly complicated the establishment of an effective humanitarian response in Libya.¹⁹⁵ This, combined with a lack of asylum legislation or migrant protection mechanisms, entails that few migrants and refugees have access to assistance. Only 16% of respondents reported having received humanitarian assistance during the 6 months prior to assessment, compared to 83% who reported not having received any form of humanitarian assistance.¹⁹⁶ Looking at barriers to receiving humanitarian assistance, 59% of all respondents reported not being aware of any humanitarian assistance available to them and 8% reported that they faced a specific barrier to receiving aid. More specifically, 4% of respondents reported not being able to receive humanitarian assistance due to insecurity when traveling to or from an area of assistance, and 3% reported barriers specifically related to checkpoints and/or roadblocks. A total of 8% of all respondents reported not wanting to receive any humanitarian assistance at all. A notably lower proportion of respondents that did not want assistance were classified as in need (10%) compared to the overall sample (41%).

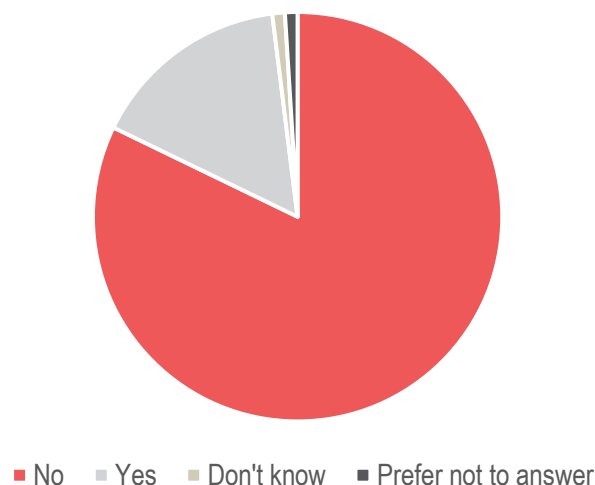


Figure 28: Proportion of respondents reporting having received humanitarian assistance in the 6 months prior to data collection

¹⁹⁵ OCHA, [Humanitarian Needs Overview Libya](#), 2020

¹⁹⁶ 1% of respondents did not know if they received humanitarian assistance and 1% preferred not to answer the question.

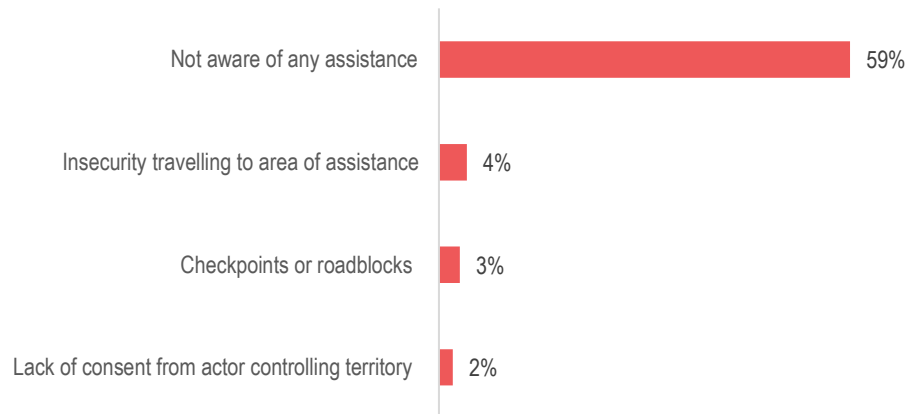


Figure 29: Reported barriers to accessing humanitarian assistance faced, by % of respondents who had reportedly faced barriers.

Among the 16% of respondents who had reportedly received assistance, the most commonly reported source of the assistance was private donations (47%). The second and third biggest sources of humanitarian assistance to migrants and refugees in Libya were found to be international organisations (29%) and local organisations (28%). Religious organisations were reportedly responsible for 19% of all assistance received, and government institutions for 10%. Across all forms of assistance, the most commonly reported modality of assistance received was in-kind (41%), followed by cash (35%) and mixed (in-kind and cash, 23%).

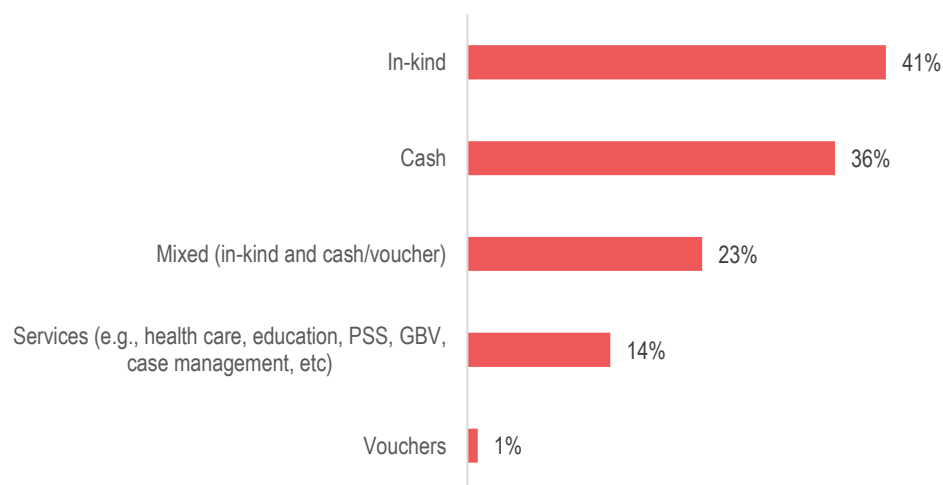


Figure 30: Reported modality of assistance received, by proportion of respondents who had reportedly received assistance in the year prior to data collection.

Information needs and communication preferences

When asked about information sources on the humanitarian assistance available in their current location, 32% of all respondents reported not having received any information at all. Seventeen percent (17%) of respondents indicated that community leaders were their primary source of information on humanitarian assistance. This was followed by 14% reporting having received information from family members, 9% from social media, 8% from charities and/or humanitarian organizations, and 5% from television. With regard to what type of information people would prefer, 37% of respondents stated they would like information on how to receive money and/or financial support; 36% would like information on how to register for humanitarian aid; 29% reported wanting information about the security

situation in their location; 27% on how to access healthcare and/or medical attention; 22% on how to find work; and 10% wanted information on how to replace personal documents.¹⁹⁷

If they were to receive information in the future, 49% of respondents would prefer to receive this through family or friends; 27% from aid workers from the UN; 26% from a community leader; 22% through places of worship; 20% from aid workers from INGOs; 18% from local NGOs; and 14% preferred to receive information from government institutions.¹⁹⁸ The majority (58%) of respondents stated that their preferred means of receiving information was through a phone call. Other options, reported by a maximum of 9% of respondents and a minimum of 2%, were through Facebook, in-person, through SMS, television, leaflets, Whatsapp, billboards, or posters (in that order).

Over the last 6 months, 8% (130) of all respondents reported having been asked about what sort of aid they preferred to receive, while 91% of respondents reported not having been asked. This low proportion reflects both the lack of contact that respondents had with humanitarian organisations and further indicates that aid provision may not have been adequately based on a people-centred monitoring of the affected population's self-assessed priorities. Among respondents that had received aid in the six months prior to data collection, a higher proportion reportedly had been asked what type of assistance they preferred, but it remained a minority (31%). Of the 8% of all respondents who reported having been asked about the type of aid they wanted to receive, 50% reported not having received the aid they had asked for.

Regarding accountability mechanisms, 57% of respondents that wished to receive humanitarian assistance stated they would prefer to give feedback to aid providers about the quality, quantity and appropriateness of received aid through face-to-face communication with a community member, followed by 31% who preferred giving feedback over the phone.

¹⁹⁷ This was a multi-select question.

¹⁹⁸ This was a multi-select question.

CONCLUSION

Since 2011, Libya has been in a nearly constant state of political instability, facing waves of intense violence and a declining economy, all of which present particular challenges for migrants and refugees.

To provide information on the humanitarian needs of migrants and refugees in Libya, OCHA, with the support of REACH, coordinated the first full-scale migrant and refugee MSNA, parallel to the 2019 Libya MSNA. Across nine different locations, a total of 1,716 respondents from various countries of origin were interviewed for the assessment by REACH, IOM, CESVI, IRC, IMC and UNICEF teams. The assessment focused solely on adult migrants and refugees living in or travelling through urban areas.

The main objective of the migrant and refugee MSNA was to provide reliable and up-to-date information on the multi-sectoral humanitarian needs of migrants and refugees in Libya. This information was intended to inform strategic humanitarian planning and decision-making, particularly key milestones along the humanitarian programme cycle (HPC), such as the HNO and the HRP. The data from the MSNA was shared with the humanitarian community to contribute to a more targeted and evidence-based humanitarian response. In order to determine the number of people in need (PiN) in each sector and the severity of their needs for the HNO, each sector selected several key indicators. MSNA data was the main source for many of these indicators and was central to the PiN calculations for the 2020 Libya HNO. The more specific objectives of this MSNA included providing a more detailed understanding of migrants' and refugees' humanitarian needs, especially in terms of their living standard gaps, use of coping mechanisms, and current priority needs. The MSNA also focused on how these humanitarian needs differed by geographic location and population group in order to facilitate better targeting of assistance by humanitarian actors.

Across all locations and population subgroups, 41% of respondents was classified to be "in need". Severity of needs as well as needs profiles varied across assessment locations. The locations with the highest proportion of respondents in need were Tripoli (72%), Sebha (60%), Misrata (58%), Azzawya (54%) and Alkufra (49%). The geographic breakdown of needs reflects the areas with elevated instability in the country. Three out of these five locations were situated in West Libya, a region experiencing large-scale and protracted armed conflict. The other two locations with relatively high proportions of respondents in need were in southern and south-eastern areas, negatively affected by armed group and communal clashes, supply chain disruptions and limited service provision and general lawlessness.

This MSNA further found that migrants and refugees in Libya are not a homogeneous population group; the various subgroups within the migrant and refugee population also had varying levels of needs. Those with the largest proportion in need were female respondents (82%), respondents that were unemployed during the month preceding data collection (79%) and East African respondents (60%). The findings indicate that these three subgroups were more exposed to various protection risks and needs compared to the overall migrant and refugee population. An important factor that might drive the elevated needs of female respondents was their reported lack of resources – connected to lower incomes and unemployment – which in turn limited their access to services. This situation likely contributed to their high health needs, as they commonly reported not being able to afford the healthcare they needed. An inability to obtain enough money to meet basic needs and access services also disproportionately affected unemployed respondents. Compared to migrants and refugees from other regions of origin, East African respondents were found to be generally more affected by protection concerns, and possible factors contributing to this include riskier travelling methods (often through closed smuggling rings)¹⁹⁹, an inability to return to their

¹⁹⁹ IMPACT/UNHCR, [From hand to hand: the migratory experience of East African refugees and migrants in Libya](#), April 2019

countries of origin due to conflict and insecurity, elevated exposure to discrimination due to their sub-Saharan origin, being perceived as prime targets for extortion, and a more recent arrival time in Libya.

Despite the varying levels of severity of needs found between locations and subgroups, health and protection needs featured prominently across the needs profiles of all respondents in need. Certain aspects of the Libyan context negatively affect the protection situation of migrants and refugees, including the lack of implemented protection mechanisms for migrants and refugees. Lack of legal status likely increases the vulnerability of irregular migrants and refugees. Migrant and refugees in Libya are easily exploitable by armed groups, smugglers, and human traffickers as they cannot find support or help from state institutions, such as local authorities and police. MSNA data also revealed that the healthcare infrastructure and systems in Libya often prevent migrants and refugees from getting the care that they need. With limited medical supplies, medicine, and professionals available, migrants and refugees are often excluded from the already scarce services. For those who have no access to public health institutions, private health facilities could be an option, however, elevated prices and limited means to pay constitute another often reported barrier to access healthcare in Libya.

This MSNA was the first full-scale, collaborative exercise to focus specifically on migrants and refugees in Libya. It played a unique role in providing data on the multi-sectoral needs of this population group in order to inform the HNO, HRP and the humanitarian response in Libya in general. The MSNA also included comprehensive representation of the different countries and regions of origin from which the migrants and refugees in Libya come. The JIAF-based approach was unique in assessing pre-existing vulnerabilities and use of coping strategies, which gave an additional perspective from which to assess needs. This MSNA also considered a range of specific subgroups within the migrant and refugee population into consideration, allowing comparative analysis and the highlighting of groups with particularly high needs.

Despite these strengths, several limitations of this assessment should be taken into account. As a purposive sampling strategy was used, the findings are indicative only and may not be representative of the living standards and needs of the general migrant and refugee population in Libya. Certain small or hard-to-reach sub-groups within the migrant and refugee population were insufficiently represented in the sample and their particular needs may not have been fully highlighted. Additionally, despite the sample size being larger than some previous assessments on migrants and refugees in Libya, when the data was disaggregated by location, population sub-group and need, the subsets often became small lost their representativeness. Lastly, certain topics that could have been important for humanitarian actors – including respondents' immigration status, the details of previous protection incidents, and mental health issues – were deemed too sensitive to ask about directly, leaving a gap in the MSNA data.

The findings have highlighted a range of locations, sectors and population subgroups that need particular attention and support. In addition, the MSNA has identified remaining information gaps that require future attention. These include the need for more comprehensive information on the needs of hidden or difficult to access groups, such as children, elderly people, women, East Africans and Asians. Future research could aid the understanding of dynamics, family structures, and relationships of dependency and cost sharing within migrant and refugee households. Finally, an adequate, evidence-based humanitarian response requires timely, frequently updated contextual information on the humanitarian needs of affected communities.

ANNEXES

ANNEX 1: Questionnaire and data analysis plan (DAP)

Please see the last section of the [Terms of Reference](#) for the Questionnaire and Data Analysis Plan.

ANNEX 2: Composite indicators and scoring approach

Pillar	Sub-pillar	Sector	Relevant score	Sub-sector/Theme	Indicator #	Unit of measurement	Indicator/Question	None/Minimal	Stress	Severe	Extreme
								1	2	3	4
Event/ Shock	Pre-existing vulnerability	n/a	n/a	Vulnerable respondents	1.7.1	Respondent	Gender of respondent	Male	Female		
					7.6.1	Respondent	Reported suffering from chronic disease	Respondent does not suffer from a medically-diagnosed chronic disease		Respondent suffers from a medically-diagnosed chronic disease	
					7.10.1 & 7.10.2	Respondent	Reported disability	Respondent does not have physical or cognitive difficulties OR No difficulty carrying out daily activities	Minor difficulties carrying out daily activities but does not need assistance or attention OR Some difficulties carrying out daily activities and needs some assistance and attention (e.g., for 1-2 hours/day)	A lot of difficulty carrying out daily activities and needs quite a bit of assistance and attention (e.g., for 3-6 hours/day)	Cannot carry out daily activities independently and needs permanent assistance and attention
					1.3.1	Respondent	Non-Arabic speaking	Arabic speaking	Non-Arabic speaking		
					4.1.1	Respondent	Reported employment type	Permanent job with annual/monthly/weekly wage AND/OR Other specified employment	Temporary job with weekly/daily/monthly wage AND/OR Daily labour	Did not work outside the home in the past 30 days	

Impact	Impact on people	n/a	Impact score							4. Damage to marketplace AND/OR 5. Damage to roads leading to marketplace AND/OR 6. Insecurity travelling to and from marketplace AND/OR 7. Curfew prevented access to market AND/OR 9. Presence of explosive hazards AND/OR 10. Discriminatory practices from market vendors AND/OR 11. Lack of documents to travel	
				Access to services	4.13.4	Respondent	Reported access to markets	1. No barriers faced when accessing marketplace OR 2. Live too far from marketplace / no means of transport AND/OR 8. Marketplace never open at a time when we can visit	12. Language barriers AND/OR 3. Transportation too expensive		
	Impact on humanitarian access	n/a		Freedom of movement	9.6.1 & 9.6.2	Respondent	Reported restrictions on respondents' freedom of movement in their current baladiya during the last year, by reason	No movement restrictions	2. Lack of money to travel AND/OR 3. Lack of means of transportation	1. Conflict or insecurity AND/OR 6. I was afraid of being arrested	4. I was kidnapped AND/OR 5. I was arrested or detained
				Access to humanitarian assistance	11.3.1	Respondent	Reported barriers to receiving humanitarian assistance	No barriers faced in receiving assistance / Did not want to receive assistance OR Not aware of any assistance	Damage to roads leading to area of assistance	Checkpoints or roadblocks AND/OR Lack of consent from actor controlling territory	Presence of explosive hazards AND/OR Insecurity traveling to area of assistance

Humanitarian conditions	Living standards	Protection	Protection LSG score								
				Insecurity factors	9.1.1 & 9.2.2	Respondent	Reported insecurity factors affecting respondents	Does not feel like they are in danger	1. I have no one who can help me AND/OR 3. I am afraid of being robbed AND/OR 7. I am afraid of being arrested for other reasons (not related to documents) AND/OR 10. I am afraid of being held captive or detained against my will AND/OR 12. I am afraid of being kidnapped. AND/OR 14. I am afraid of being tortured AND/OR 16. I am afraid of being physically harassed (not sexually) AND/OR 19. I am afraid of being sexually harassed AND/OR 21. I am afraid of or affected by environmental hazards	2. I am afraid of or affected by conflict in my area AND/OR 4. I was previously robbed AND/OR 8. I was previously arrested for other reasons (not related to documents) AND/OR 9. I was previously threatened AND/OR 18. I previously suffered from verbal harassment AND/OR 22. I am afraid of or affected by mine/ UXO risks AND/OR 5. I am afraid of being arrested because of lack of documents	11. I was previously held captive or detained against my will AND/OR 13. I was previously kidnapped AND/OR 15. I was previously tortured AND/OR 17. I previously suffered from physical harassment (not sexual) AND/OR 20. I previously suffered from sexual harassment AND/OR 6. I was previously arrested because lack of documents
				Documentation	n/a	Respondent	Reported restrictions on freedom of movement or access to services due to lack of necessary civil documentation	lack_of_docs=0		lack_of_docs=>1	
				Child labour	4.3.1	Children in respondents' HHs	Reported engagement of children in respondents' HHs in income generating activities	0 boys or girls		boys or girls>=1	

				Explosive hazards	9.7.1	Respondent	Reported presence of explosive hazards	No		Yes	
		Shelter & NFIs	S/NFI LSG score							Unfinished room(s) OR Public building not usually used for shelter (school, mosque, etc.) OR Private building not usually used for shelter (basement, garage, store, warehouse, work site, etc.) OR Tent or caravan OR Temporary shelter provided by INGO or local NGO OR Camp or informal settlement for displaced persons	
				Dignified shelter	5.1.1	Respondent	Reported shelter type lived in by respondents	Apartment (including one-room apartments) OR House			Outdoors (no shelter at all)
					5.8.2, 5.8.3 & 5.8.4	Area per person in respondents' HHs	Reported area of living space per person in respondents' shelters	4.5 square metres of living space per person and over (if cooking space is included) OR 3.5 square metres of living space per person and over (if cooking space is not included)		< 4.5 square metres of living space per person (if cooking space is included) OR < 3.5 square metres of living space per person (if cooking space is not included)	

					5.7.1	Respondent	Reported damage to respondents' shelters	No damage / negligible damage OR Light damage (repairs needed, but shelter is livable)	Medium damage	Heavy damage (shelter is not livable without repairs)	Destroyed (shelter needs to be reconstructed)
				Eviction	5.10.1	Respondent	Reported experience of eviction or the threat of eviction by respondents within the past 6 months	No		Yes, have been threatened with eviction OR Yes, have been recently evicted	
		Food Security & Livelihoods	FSL LSG score	Food security	3.3.1	Respondent	Reported use of food-based coping strategies by respondents (rCSI)	None/Low 0-3	Medium 4-9	High >= 10	
					3.2.1	Respondent	Reported reliance on unsustainable food sources (i.e., food aid, gifts from friends or relatives, market purchases on credit, borrowing, or zakat)	Do not typically use unsustainable food sources	Typically use unsustainable food sources		
					3.1.1, 4.16.1 & 4.8.2	Respondent	FCS	Acceptable		Borderline	Poor
							Reported food expenditure as a % of total expenditure	<50%	50-65%	65-75%	>75%

		Health	Health LSG score								
				Access to healthcare	7.2.2	Respondent	Reported challenges in accessing health care when they need it	No barriers faced to receiving health care	9. Lack of female medical staff in particular AND/OR 19. For females, absence of male companion to accompany during visit to health facility AND/OR 18. For females, denial of permission from family members to visit health facility AND/OR 2. Distance to health facilities is too far AND/OR 7. Lack of means of transport to get to the healthcare facilities AND/OR 10. Lack of private room(s) for receiving confidential care AND/OR 15. Linguistic barriers AND/OR 17. Did not know where to go	20. Afraid to become known as a migrant AND/OR 16. No available health facilities that accept refugees/migrant s AND/OR 13. Lack of documentation AND/OR 8. Lack of medical staff in general AND/OR 5. No available health facilities that can accept new patients AND/OR 6. No/lack of money to pay for care AND/OR 11. Lack of medicines AND/OR 12. Lack of medical supplies AND/OR 14. Price barriers to access medical aid	1. Health facilities have been damaged or destroyed AND/OR 3. Route to health facilities is unsafe AND/OR 4. Presence of explosive hazards
				Chronic disease	7.7.1	Respondent	Reported access to the needed health care services to treat respondent's chronic disease	Adequate access		Limited access	No access
				Psychological Distress	7.8.1	Respondent	Reported psychological distress	0-2 signs of psychological distress selected	3-5 signs of psychological distress selected	6-7 signs of psychological distress selected	

		WASH	WASH LSG score	Access to drinking water	6.1.1	Respondent	Reported access to an improved drinking water source	Public network (connected to the shelter) OR Tap accessible to the public OR Protected well (e.g. in your house or in the mosque) OR Rainwater OR Bottled water	Water trucking	Unprotected well	Surface water (lakes, ponds, rivers, etc.)
					6.2.1	Respondent	Reported insufficiency of drinking water to meet daily needs in preceding month	No		Yes	
				Access to sanitation facilities	6.5.1	Respondent	Reported latrine access	Flush toilet (Arabic or Western) AND/OR Pour toilet (Arabic or Western)		Dry pit latrine (without water)	No toilet inside shelter or within easy reach
		Education	Education LSG score	Access to education	8.4.1	Children in respondents' HHs	Reported access to formal education for children in respondents' HHs	All children in HH have access to formal education (Public school AND/OR Private school AND/OR Koranic school)		At least one child in HH does not have access to formal education	
				School attendance	8.2.1	Children in respondents' HHs	Reported attendance of formal education by children in respondents' HHs	All children in the HH attending a formal school		At least one child in HH not attending a formal school	

				Issues faced at school	8.7.1	Children in respondents' HHs	Reported issues faced by children in respondents' HHs while attending education in Libya	No issue faced by children in the hh when attending school	<p>2. Lack of functioning latrines AND/OR</p> <p>3. Lack of separate and safe toilets for boys and girls AND/OR</p> <p>4. Lack of clean water AND/OR</p> <p>5. Lack of accessibility for students living with disabilities AND/OR</p> <p>6. Overcrowding AND/OR</p> <p>7. Poor quality of teachers</p>	<p>8. Violence from teachers (excluding sexual violence or harassment) AND/OR</p> <p>9. Bullying/violence from other students (excluding sexual violence or harassment)</p>	<p>10. Sexual violence or harassment AND/OR</p> <p>11. Discrimination AND/OR</p> <p>12. Attempted recruitment by armed actors AND/OR</p> <p>13. School building conversion into other purposes (displaced accommodation, military barracks, etc.)</p>
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	Coping strategies	n/a	Capacity gap score								
				Livelihood coping strategies	4.16.1	Respondent	Reported use of coping strategies in the last 30 days due to a lack of resources (LCSI)	None	Stress	Crisis	Emergency

ANNEX 3: Livelihoods Coping Strategy Index (LCSI) classification approach

Options

Stress: 1. Sold non-productive household assets or goods (TV, household appliance, furniture, gold, etc.), 3. Spent savings, 5. Purchased food on credit or borrowed food, 6. Reduced expenditures on essential non-food items (water, hygiene items, etc.)

Crisis: 2. Sold productive household assets or means of transport (sewing machine, wheelbarrow, car, etc.), 4. Borrowed money, 7. Reduced expenses on health or medicine, 11. Took an additional job

Emergency: 10. Asked strangers for money or food, 12. HH adult member accepted socially degrading, exploitative, high-risk, or illegal work, 13. HH minor member accepted socially degrading, exploitative, high-risk, or illegal work, 14. Child marriage (i.e., marriage of a household member aged 17 or younger)

Respondent classification

If "Yes" or "No, have already exhausted this coping strategy and cannot use it again" is selected for at least one option in one of the categories above, the respondent is considered to have used coping strategies from that category.

The respondent is then classified according to the most severe category that they used coping strategies from.

ANNEX 4: Sampling quotas

	Tripoli	Misrata	Sebha	Ejdabia	Azzawya	Benghazi	Alkufra	Aljufra	Algatroun	Libya
Niger (interview minimum)	20	10	10	0	10	0	10	10	10	80
Chad (interview minimum)	20	10	10	10	10	10	10	10	10	100
Nigeria (interview minimum)	20	5	10	0	10	0	0	0	10	55
Ghana (interview minimum)	12	10	10	10	10	0	10	0	10	72
Mali (interview minimum)	10	10	10	0	10	0	0	5	5	50
Other W&C African countries (interview minimum)	9	0	10	0	10	0	0	0	0	29
Remaining interviews with any W&C African nationality	4	55	88	55	65	21	75	140	91	594
Total West and Central Africa	95	100	148	75	125	31	105	165	136	980
Egypt (interview minimum)	10	10	10	10	10	10	10	10	10	90
Other MENA countries (interview minimum)	12	10	0	10	10	5	0	5	0	52
Remaining interviews with any MENA nationality	18	23	5	27	0	75	12	1	9	170
Total MENA	40	43	15	47	20	90	22	16	19	312
Sudan (interview minimum)	16	10	5	10	10	10	10	5	0	76
Somalia (interview minimum)	10	0	0	0	0	10	10	0	10	40
Eritrea (interview minimum)	8	0	0	0	0	5	5	0	0	18
Ethiopia (interview minimum)	8	0	0	0	0	0	10	0	0	18
Remaining interviews with any East African nationality	8	11	2	40	7	32	25	1	5	131
Total East Africa	50	21	7	50	17	57	60	6	15	283
Bangladesh (interview minimum)	5	5	0	5	5	5	0	0	0	25
Remaining interviews with any nationality from the Other category	10	1	0	10	3	4	0	0	0	28
Total Other	15	6	0	15	8	9	0	0	0	53
Grand Total	200	170	170	187	170	187	187	187	170	1628