

# MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

## KEY FINDINGS - MIGRANTS IN LIBYA

January  
2023

### CONTEXT

Since 2011, a protracted conflict has been a feature of Libya's complex socio-political environment. The country's political and military divide in 2014 signalled the start of a new period of instability characterised by more regionalised types of conflict centred around important strategic and economic resources.<sup>1</sup> The 2022 Humanitarian Needs Overview (HNO) estimated that 0.8 million individuals, among whom 34% migrants and refugees, were in need of humanitarian assistance in Libya in 2022.<sup>2</sup> Within Libya, the needs of refugees and migrants, who vary in number and severity across various sectors, population groups, regions of origin, and geographic areas.

Libya remains a destination and transit country for refugees and migrants despite its ongoing conflict, economic crises, and harsh immigration laws and mostly because of its employment possibilities and proximity to Europe. Significant information gaps related to migrants' and refugees' living conditions and access to basic services in Libya remain. In light of these information needs, REACH, on behalf of UNHCR, with the support from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and input from all active sectors and working groups in Libya, conducted the fourth Multi-Sector Needs Assessment (MSNA) among UNHCR-registered refugees and migrants in Libya. The MSNA has informed the 2023 Humanitarian Overview and, more generally, aims to support a more evidence-based humanitarian response.

These factsheets present the sectoral and inter-sectoral findings of the **migrant sub-component** of the Refugee and Migrant MSNA. All other publications related to this MSNA can be found [here](#).

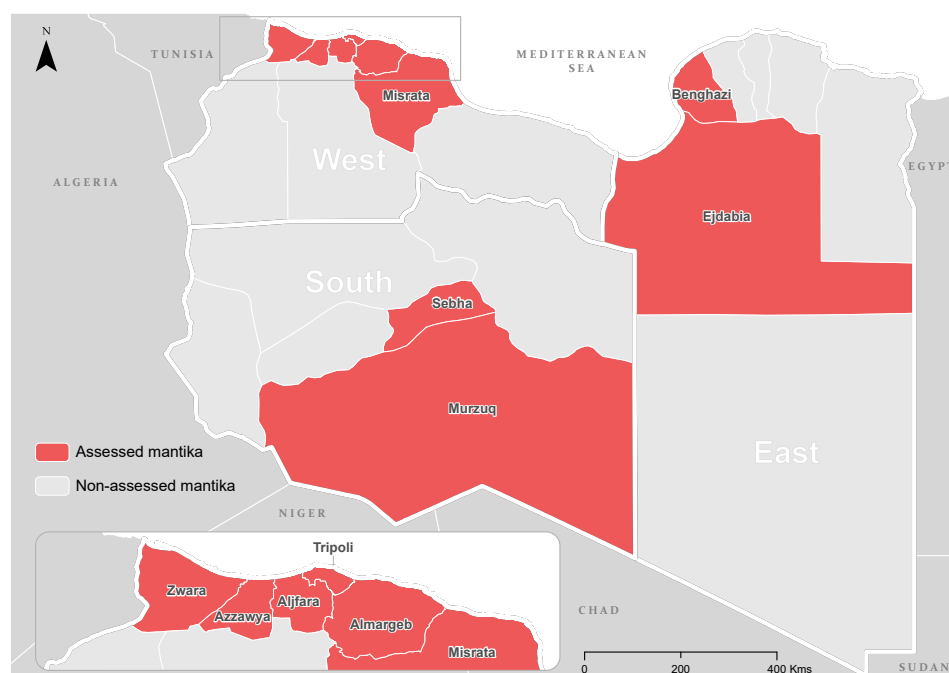
### METHODOLOGY

This MSNA was conducted between June 20 and August 31, 2022 using a forty-minute individual-level structured survey conducted either in-person or over the phone. The assessment took place in ten mantikas and covered 4 different regions of origin, surveying 1110 migrants. This MSNA used the International Organisation for Migration's definition of a migrant and thus defined it as "a person who moves away from their place of usual residence [...], temporarily or permanently, and for a variety of reasons."<sup>3</sup> The regions of origin of the respondents were West and Central Africa, East Africa, Middle East and North Africa (MENA), and Southern and Eastern Asia. Quota-based sampling was employed to ensure a robust cross-section of the assessed population, with quotas based on assessed mantikas and regions of origin of respondents. Samples were drawn from population figures in the IOM's Displacement Tracking Matrix (DTM) Migrant Report Round 40 (December-January 2022). Due to the purposive, non-representative sampling strategy, results were indicative for the assessed locations and the respondents regions of origin. Please see the [Methodology Overview](#) and the [Terms of Reference](#) for more details.

### LIMITATIONS

Due to the hard-to-reach characteristics of the respondents, non-statistically representative sampling methods were applied, and thus the results of the MSNA are indicative only. In addition, and although the quota for female respondents was achieved, due to the small sample interviewed, further research is needed to achieve representative gender analysis.

### Assessment scope and coverage



### Assessment sample

Total # of respondents	1110
West and Central Africa	519
MENA	390
South and East Asia	101
East Africa	100

# MULTI-SECTOR NEEDS INDEX (MSNI)



% of respondents found to have multi-sectoral needs (MSNI severity score of 3 or 4):

**70%**

% of respondents per MSNI severity score



31%	Extreme	(severity score 4)
39%	Severe	(severity score 3)
28%	Stress	(severity score 2)
3%	No or minimal	(severity score 1)

% of respondents found to be in need, by region of origin

East Africa	85%	
West and Central Africa	74%	
MENA	65%	
South and East Asia	51%*	

% of respondents found to be in need, by region

South	91%	
West	69%	
East	66%	

% of respondents per MSNI severity score, by region of origin

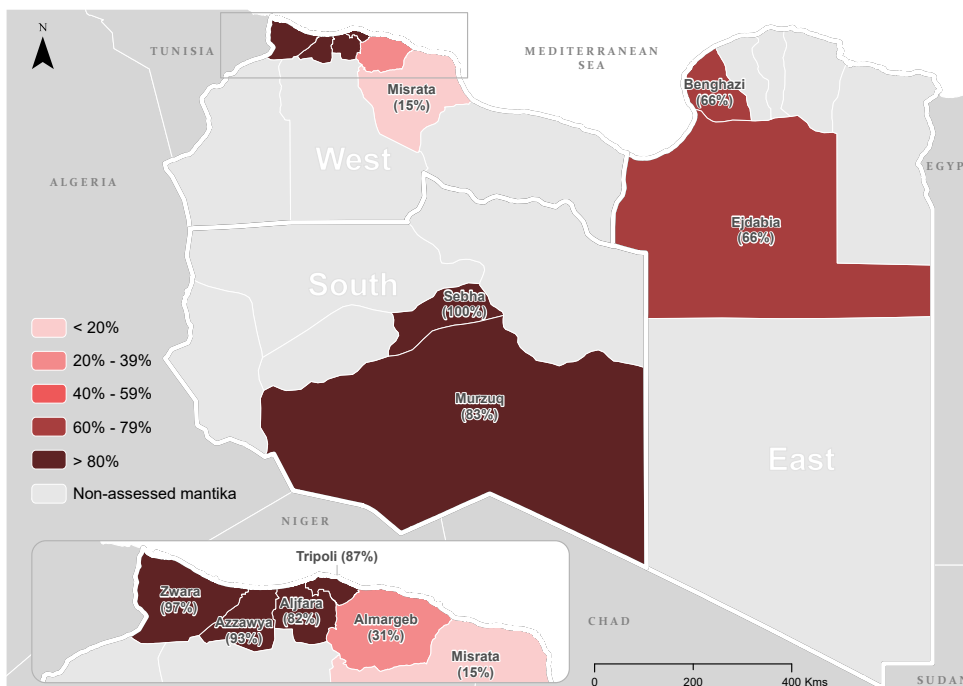
	1	2	3	4
East Africa	0%	15%	30%	55%
West and Central Africa	2%	24%	44%	30%
MENA	4%	31%	38%	27%
South and East Asia	5%	44%	22%	30%

% of respondents per MSNI severity score, by region in Libya

	1	2	3	4
South	1%	8%	58%	33%
West	1%	29%	34%	36%
East	6%	29%	46%	19%

\* In some cases the percentages do not align due to the rounding.

% of respondents found to be in need, per mantika



The MSNI is a composite indicator designed to measure humanitarian needs across sectors, based on the highest sectoral severity identified per individual on a scale from 1 (no need) to 4 (extreme need). Sectoral severity is determined through the calculation of sector specific composite indicators. The composite indicators that feed into the MSNI are referred to as Living Standards Gaps (LSGs), with LSG scores of 3 or 4 signifying a need in a given sector. Refer to the [LSG overview](#) for the complete overview of the indicators feeding into the calculations of the LSGs. The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH MSNA Analytical Framework Guidance, can be found [here](#).

# NEEDS PROFILES



## % of respondents with needs in three or more sectors

30%

This page sheds light on the number of LSGs respondents were found to have. The number of LSGs reflects the number of sectors in which a respondent was found to be in need i.e. have been assigned an LSG score of 3 (severe) or 4 (extreme). Whereas the MSNI score is based on the highest sectoral severity identified, the frequency of sectoral LSGs might help understand the potential complexities of the respondents' needs profiles.

### % of respondents per number of sectoral needs, by region of origin

	0	1-2	3-4	5-6	3 or more sectoral needs
East Africa	15%	31%	47%	7%	54%
West and Central Africa	26%	42%	26%	6%	32%
MENA	35%	42%	21%	2%	23%
Southern Asia	49%	31%	21%	0%	21%

Respondents from East Africa (54%) followed by respondents from West and Central Africa (32%) were most commonly found to have three or more sectoral needs. Many factors could be contributing to this complexity of needs profiles ranging from language barriers to the possibility that Sub-Saharan African migrants are more likely to be arrested, detained, and exploited by the Libyan authorities.<sup>4</sup> Such conditions could contribute to poor standards of living.

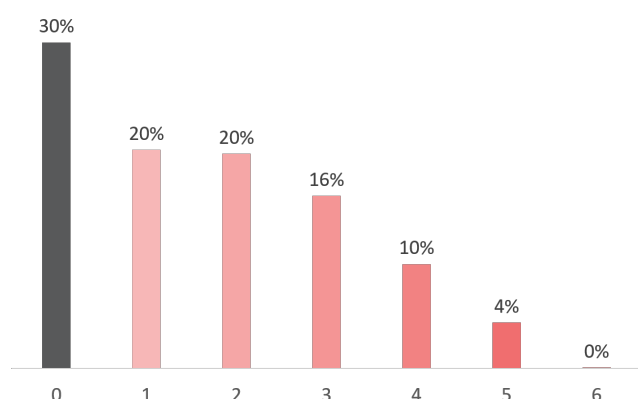
### % of respondents per number of sectoral needs, by region in Libya

	0	1-2	3-4	5-6	3 or more sectoral needs
West	31%	34%	29%	5%	35%
South	9%	61%	27%	2%	29%
East	34%	49%	15%	2%	17%

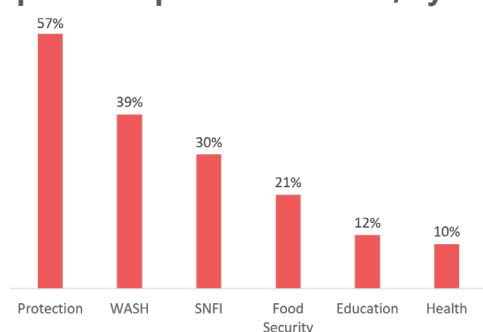
Whereas the highest MSNI scores were found among respondents in the South, the lowest percentage of respondents with three or more sectoral needs (17%) was also found in the South, indicating severe needs that are concentrated in certain key sectors. A higher number of sectoral needs was found among respondents in the mantikas in the West. On average, 35% of respondents in the West was found to have three or more sectoral needs, with this proportion being highest in Azzawya (74%), Zwara (61%), and Aljara (61%). In addition, in Aljara, 27% of respondents was found to have five or six sectoral needs.

The table on the left shows the most common sectoral needs profiles. Overall, 30% of respondents was found to have no sectoral needs. When looking at the respondents' most common profile per region of origin, no LSG as the most common profile was also found among respondents from Southern Asia (49%), the MENA region (35%), and West and Central Africa (26%).

### % of respondents per number of sectoral needs



### % of respondents per sectoral need, by sector



### Most common needs profiles (i.e., combinations of concurring sectoral needs), by % of respondents per region of origin

Sectors	Food Security	Protection	SNFI	WASH
Overall (12%)		✓		
East Africa (22%)		✓	✓	✓
West and Central Africa (16%)		✓		
MENA (13%)		✓		
Southern Asia (5%)	✓	✓		



# DISPLACEMENT FINDINGS

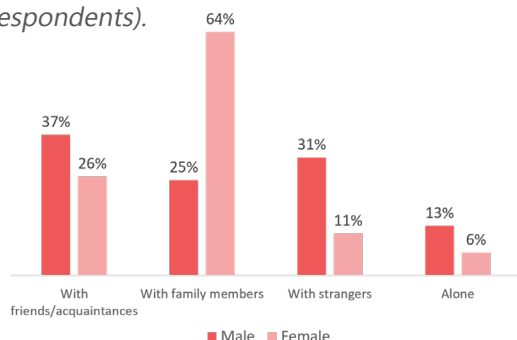


Most respondents (70%) reported having been in Libya for more than one year at the time of data collection. Only 9% reported having been in Libya for less than six months. The findings suggest that **respondents who indicated having been in Libya for less than 6 months prior to data collection were particularly vulnerable**; 91% of these respondents was found to be in need (MSNI score of 3 or 4). MSNI scores of 3 or 4 among these respondent appeared to be mainly driven by protection needs, with 81% of respondents reporting having been unable to access certain basic services in the three months prior to data collection due to not having the required legal documentation.

Findings furthermore suggest that **respondents who arrived to Libya in the six months prior to data collection have had more complex needs profiles** compared to migrants who had been in Libya for a longer time; 50% of respondents who had been in Libya for less than six months was categorised with three or more sectoral needs, compared to 37% of respondents who had been in Libya for six months to one year, and 25% who had been in Libya for more than one year. While these findings seem to indicate a potential relationship between the duration of stay in Libya and migrants' humanitarian conditions, additional research and analysis is required to further triangulate and test these indications.

## % of respondents travelling to Libya by travel arrangement, by sex of respondents

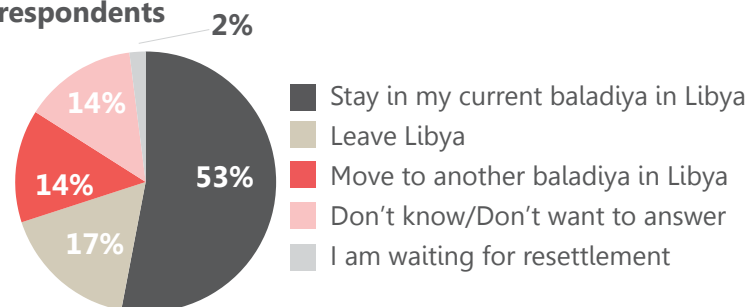
Findings relate to a subset of respondents reporting not having been born in Libya (n=1087: 159 female and 928 male respondents).



## Top five represented nationalities, by % of respondents

Egypt	14%
Chad	11%
Niger	9%
Bangladesh	7%
Nigeria	6%

## Respondents' movement intentions for the six months following data collection, by % of respondents



**The majority of the migrant respondents do not seem to treat Libya as a transit country** as 67% reported wanting to stay in Libya for at least the next six months following data collection. When asked for how long the decision to stay holds, the majority reported that they do not know, seconded by more than one year. Economic opportunities in Libya and the lack thereof in the respondents' countries of origin were the most reported migration decision-making factors. Overall, **reported movement intentions did not seem to vary considerably between respondents from different regions**. However, findings indicate that resettlement might have been a more popular option among East African respondents, 13% of whom reported waiting for resettlement (compared to 2% overall). This difference might be partly driven by the fact that East Africans more often reported being registered with UNHCR, which provides specific resettlement services, than respondents from other regions of origin.

## Most reported reasons for travelling to Libya, by region of origin

Findings relate to a subset of respondents reporting not having been born in Libya (n=1087).

Multiple choice question.

	Overall	West and Central Africa	MENA	East Africa	South and East Asia
Lack of income or job opportunities in my home country	63%	70%	63%	53%	62%
Job/economic opportunities in Libya	46%	31%	46%	41%	54%
Limited access to services in my home country	18%	12%	18%	17%	14%
I came to Libya with the plan to travel to another country	14%	15%	14%	13%	6%
Conflict/insecurity in my home country	11%	10%	11%	21%	2%
Better services in Libya	9%	8%	9%	13%	11%

# PROTECTION LIVING STANDARDS GAP



% of respondents found to have a protection LSG: **57%**

## % of respondents per severity of protection LSG score



0%	Extreme*	(severity score 4)
57%	Severe	(severity score 3)
5%	Stress	(severity score 2)
32%	No or minimal	(severity score 1)
6%	No score	

## % of respondents with protection needs, by region of origin and region in Libya

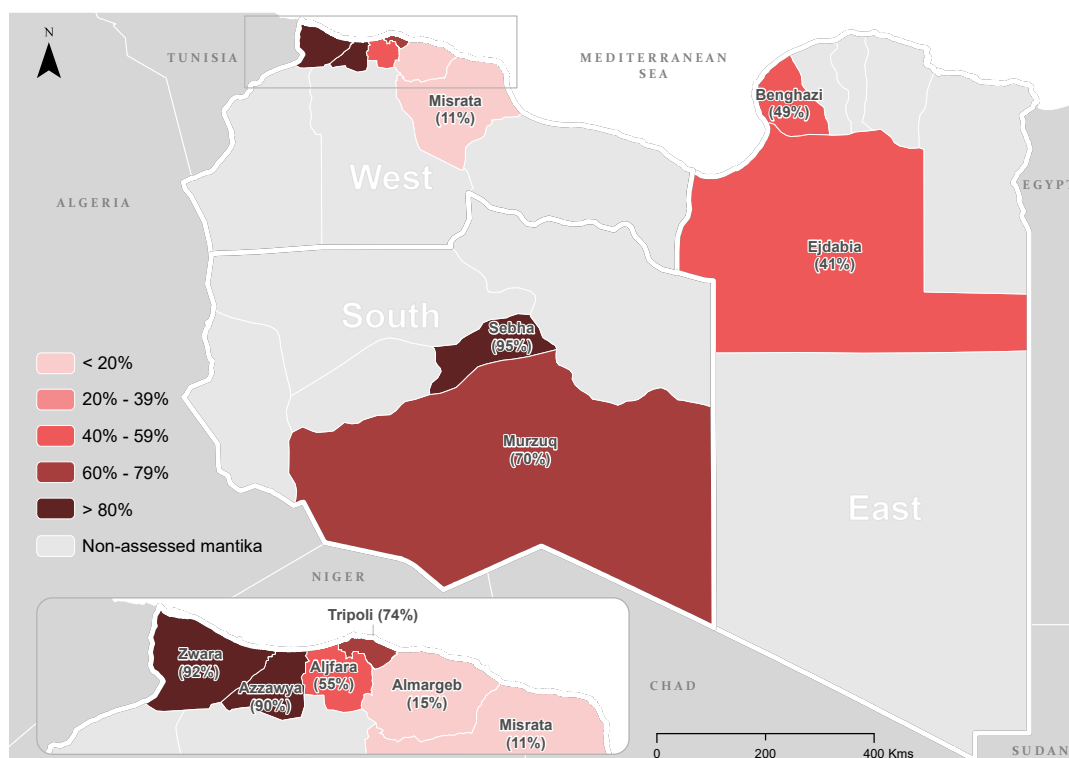
West and Central Africa	66%	
East Africa	63%	
MENA	50%	
Southern Asia	30%	
South	81%	
West	58%	
East	45%	

\* Note on the protection methodology: It is not possible to be classified as having extreme protection needs due to a lack of personal safety indicators in the MSNA.

## % of respondents per severity of protection needs, by region of origin and region in Libya

	1	2	3	No score
West and Central Africa	23%	4%	66%	8%
East Africa	27%	7%	63%	3%
MENA	41%	3%	50%	6%
Southern Asia	54%	16%	30%	0%
South	9%	0%	81%	9%
West	31%	5%	58%	6%
East	44%	7%	45%	5%

## % of respondents found to have a protection need, per mantika



- Protection needs were the most common sectoral LSG; 57% of respondents was found to have a protection need. Needs in this sector were found to be mostly driven by the inaccessibility of basic services in the 3 months prior to data collection due to a reported lack of legal documentation.
- 12% of respondents was found to have an needs profile consisting of a protection need only. 45% was found to have an needs profile consisting of multiple sectoral needs, including protection.





# PROTECTION LIVING STANDARDS GAP

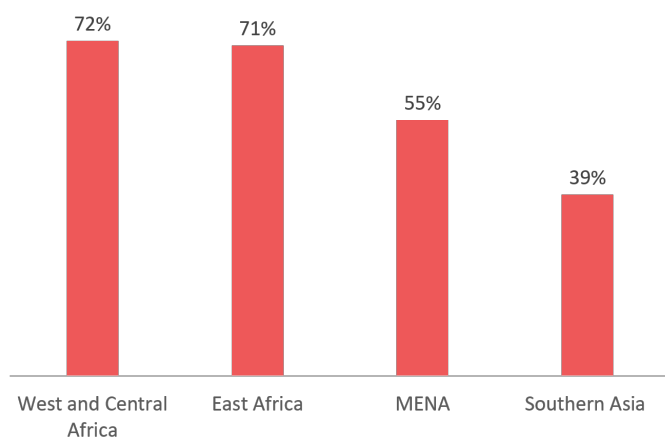


The following indicators fed into the overall protection LSG:\*

% of respondents reporting obstacles to access legal documentation and this lack of documentation having prevented access to basic services in the 3 months prior to data collection	57%
% of respondents reporting safety and security concerns	50%
% of respondents reporting having experienced movement restrictions in the 30 days prior to data collection	35%
% of respondents reporting not having access to any support network in Libya (meaning: If a serious problem was experienced, there would be no one available to resort to for help)	8%

\*The calculation of the protection LSG relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners. For protection, respondents reporting obstacles to access legal documentation and this lack of documentation having prevented access to basic services in the 3 months prior to data collection, were immediately classified as having protection needs.

**% of respondents reporting obstacles to accessing legal documentation in the three months prior to data collection, by region of origin of respondents**  
Multiple choice question.



Overall, the most commonly reported obstacles to accessing legal documentation were not being familiar with the procedures (36% of all respondents), the process being too expensive (9%), and the process being too complicated and time consuming (8%). The percentage of respondents reporting having all the documentation they need or are not facing any obstacles was found to be the lowest in Zwara (3%), Tripoli (4%), and Sebha (5%) and highest in Almargeb (85%) and Misrata (89%).

**Top five essential services and commodities reported as being inaccessible due to a lack of documentation in the three months prior to data collection**

Findings relate to a subset of respondents reporting having experienced obstacles accessing legal documentation (n=733). Multiple choice question.

Movement or travel	39%
SIM card	24%
Government assistance	21%
Access salary	21%
Healthcare	12%

**Top reported safety and security concerns, by sex of respondents**

Multiple choice question.

	Male	Female
Robberies and theft	24%	12%
Arrest or detention	24%	19%
Armed clashes or presence of armed actors	21%	8%
Kidnappings	9%	14%
Verbal and psychological harassment	8%	12%
Communal violence	5%	5%
No safety and security concerns	43%	62%

Protection needs were particularly often found among respondents in Sebha (95% of respondents was found to have a protection need), Zwara (92%), and Azzawya (90%). These mantikas were simultaneously characterised by a relatively high percentage of migrant respondents who reported arriving in Libya less than 6 months prior to data collection. As the findings suggest, obtaining legal documentation can be a lengthy process and migrants might not be familiar with the process. Newly arrived migrants might therefore be more at risk of facing challenges accessing legal documentation.

While protection needs seemed particularly common in Azzawya, Zwara, and Sebha, findings suggest that respondents' trust in formal authorities to address protection concerns was low in these mantikas. Only 14% of respondents in Azzawya, 6% in Zwara, and 0% in Sebha reported considering the Libyan authorities as a support system when experiencing a serious problem.



# WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP



% of respondents found to have a WASH LSG:

**39%**

% of respondents per severity of WASH LSG score



<b>18%</b>	Extreme	(severity score 4)
<b>21%</b>	Severe	(severity score 3)
<b>43%</b>	Stress	(severity score 2)
<b>14%</b>	No or minimal	(severity score 1)
<b>5%</b>	No score	

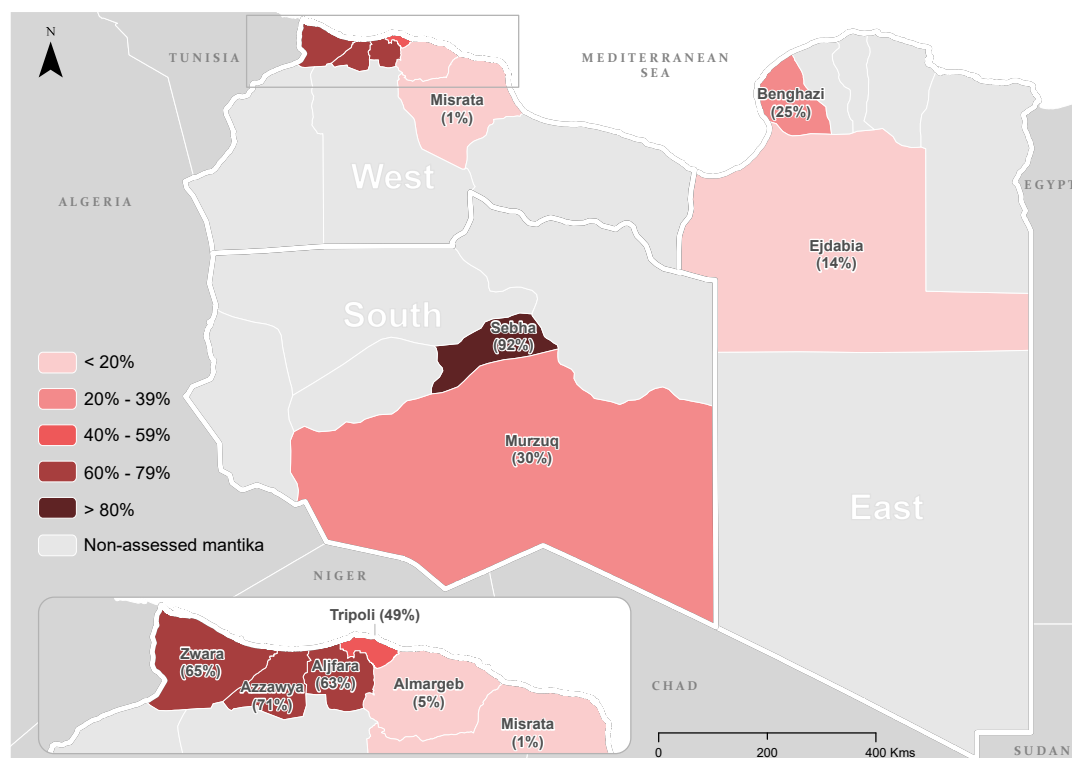
% of respondents with WASH needs, by region of origin and region in Libya

East Africa	<b>62%</b>	
West and Central Africa	<b>41%</b>	
Southern Asia	<b>32%</b>	
MENA	<b>32%</b>	
South	<b>59%</b>	
West	<b>43%</b>	
East	<b>20%</b>	

% of respondents per severity of WASH needs, by region of origin and region in Libya

	1	2	3	4	No score
East Africa	9%	28%	24%	38%	1%
West and Central Africa	10%	43%	25%	16%	6%
Southern Asia	15%	51%	18%	14%	2%
MENA	19%	46%	15%	17%	4%
South	22%	18%	28%	31%	1%
West	7%	44%	23%	21%	5%
East	28%	49%	13%	7%	3%

% of respondents found to have a WASH need, by mantika



• WASH needs were the second most common sectoral LSG; 39% of respondents was found to have a WASH need. Needs in this sector were found to be mostly driven by a reliance on unimproved sanitation facilities and/or a reported lack of sufficient water to meet needs.

• WASH needs were found to often co-occur with other sectoral needs; only 2% of respondents was found to have an needs profile consisting of a WASH need only. The most common needs profiles that include WASH were found to be WASH and protection (8%) and WASH, protection, and SNFI (8%).



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# WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP



The following indicators fed into the overall WASH LSG:\*

% of respondents reporting relying on unimproved** sanitation facilities, sharing improved facilities with 20 or more people, or not having access to a sanitation facility at all	23%
% of respondents reporting relying on unimproved*** drinking water sources	1%
% of respondents reporting not having had enough water to meet cooking, personal hygiene, and drinking needs in the 30 days prior to data collection	27%
% of respondents reporting not having a hand washing facility equipped with water and soap	19%
% of respondents reporting problems with their sanitation facilities	42%

\* The calculation of the WASH LSG relies on critical and non-critical indicators. The critical indicators in **bold** have been selected through consultations with sector partners. For WASH, respondents reported relying on unimproved sanitation facilities or drinking sources or reporting not having had enough water to meet cooking, personal hygiene, and drinking needs in the 30 days prior to data collection were immediately classified as having WASH needs.

\*\* Unimproved sanitation facilities were pit latrines without slabs, hanging toilets, and bucket toilets.

\*\*\* Unimproved drinking water sources were water obtained from unprotected wells, boreholes or tube wells, unprotected springs, rainwater, or surface water.

**Top five mantikas where respondents reported relying on unimproved sanitation facilities**

**Azzawya** 55%

**Zwara** 40%

**Aljfara** 38%

**Tripoli** 30%

**Sebha** 28%

**% of respondents reporting not having had enough water to cover their drinking, cooking, and personal hygiene needs in the thirty days prior to data collection, by region**

	Drinking	Cooking	Personal Hygiene
East	6%	5%	4%
West	11%	13%	15%
South	31%	4%	26%

WASH needs were found to be particularly high in Sebha where 92% of respondents was found to have WASH needs. 87% of respondents reported not having enough water to cover their drinking, cooking, and/or personal hygiene needs in the thirty days prior to data collection.

**Top four mantikas where respondents reported having been able to access water from the public network less than four days per week in the thirty days prior to data collection**

**Sebha** 77%

**Azzawya** 65%

**Zwara** 62%

**Tripoli** 24%

While overall 4% of respondents reported not having had access to water from the public network at any time in the seven days prior to data collection, this percentage rises to 69% among respondents in Sebha. Inadequate access to water from the public network in Sebha could be attributed to damaged water pumps due power outages or low voltage of power.<sup>5</sup> Not having regular access to water from the public network might render respondents vulnerable to being unable to cover their water needs.

**Reported problems with sanitation facilities, by sex of respondent**

*Findings relate to a subset of respondents with access to a sanitation facility (n=1007: 843 male and 164 female respondents).*

*Multiple choice question.*

	Male	Female
Facilities are in a bad condition or not working	19%	21%
Facilities are shared with more than five people	17%	9%
Facilities have a door that cannot be locked from the inside	13%	2%
No light in or around facilities	8%	3%
Not feeling safe using the facilities	7%	4%
None	51%	56%

WASH needs were further found to be driven by 19% of respondents reporting the absence of hand-washing facilities equipped with soap *in combination with* the reliance on sanitation facilities with issues. The most commonly reported issues are outlined in the table above. This combination was particularly commonly found among respondents in Sebha (59%), Aljfara (54%) and Azzawya (44%).





# SHELTER AND NON-FOOD ITEMS (SNFI) LIVING STANDARDS GAP



% of respondents found to have an SNFI LSG:

**30%**

% of respondents per severity of SNFI LSG score



12%	Extreme	(severity score 4)
17%	Severe	(severity score 3)
28%	Stress	(severity score 2)
41%	No or minimal	(severity score 1)
2%	No score	

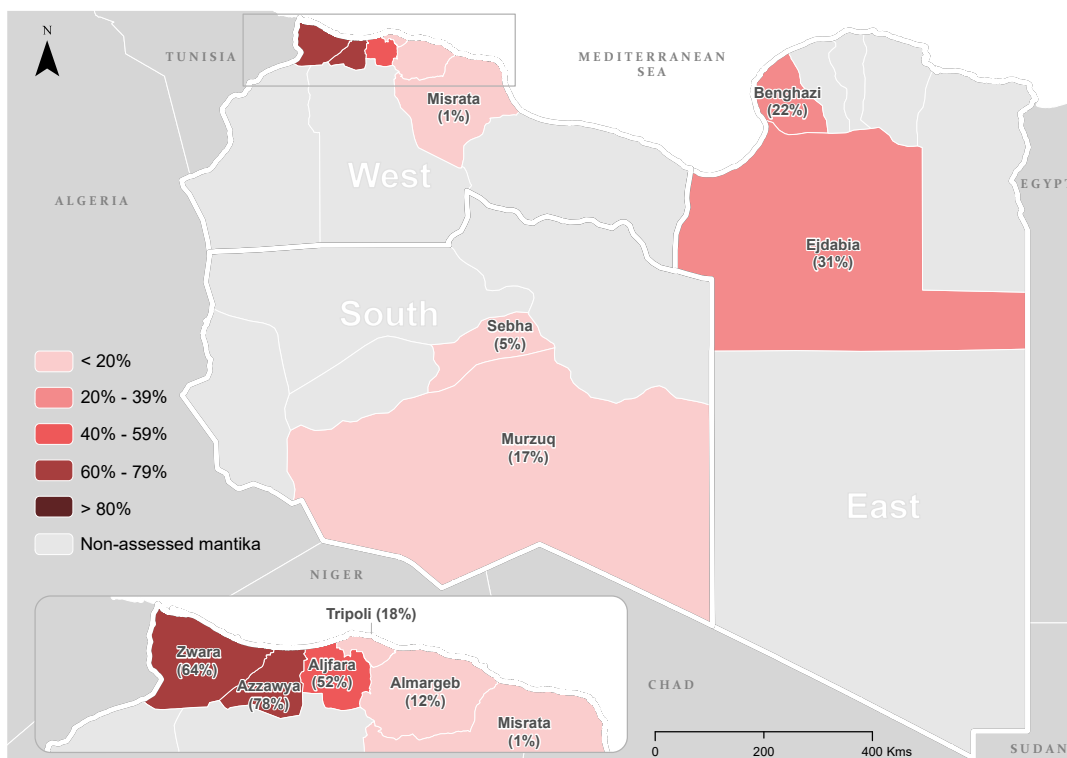
% of respondents found to have SNFI needs, by region of origin and region in Libya

East Africa	58%	
West and Central Africa	29%	
South and East Asia	25%	
MENA	25%	
West	33%	
East	26%	
South	12%	

% of respondents per severity of SNFI needs, by region of origin and region in Libya

	1	2	3	4	No score
East Africa	16%	26%	26%	32%	0%
West and Central Africa	40%	29%	17%	11%	3%
South and East Asia	47%	29%	16%	9%	0%
MENA	47%	26%	16%	9%	3%
West	42%	22%	17%	16%	3%
East	42%	30%	22%	4%	1%
South	24%	65%	9%	2%	0%

% of respondents found to have SNFI needs, per mantika



- SNFI needs were the third most common sectoral LSG; 30% of respondents was found to have an SNFI need. Needs in this sector were found to be mostly driven by respondents reporting living in a shelter with medium or heavy damage or in a completely destroyed shelter.
- SNFI needs were found to often co-occur with other sectoral needs, only 3% of respondents was found to have a needs profile consisting of an SNFI need only. The most common needs profiles that include SNFI were found to be WASH, protection, and SNFI (8%).

# SHELTER AND NON-FOOD ITEMS (SNFI) LIVING STANDARDS GAP



The following indicators fed into the overall SNFI LSG:\*

% of respondents reporting living in a substandard shelter type\*\* 15%

% of respondents reporting living in a shelter with medium or heavy damage or in a shelter that is completely destroyed\*\*\* 25%

% of respondents reported being in need of core non-food items\*\*\* 25%

% of respondents living in a shelter considered non-functional 56%

% of respondents with insecure occupancy of their accommodation\*\*\*\* 7%

% of respondents reporting having been evicted or threatened with eviction in the six months prior to data collection 23%

\* The calculation of the SNFI LSG relies on critical and non-critical indicators. The critical indicators **in bold** have been selected through consultations with sector partners. For SNFI, respondents who reported living in a substandard shelter type or in a shelter with medium to heavy damage were immediately classified as having SNFI needs.

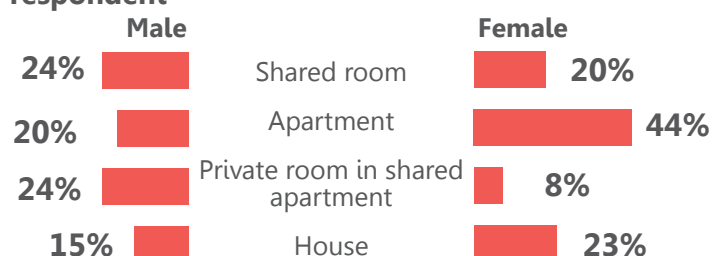
\*\* Substandard shelter types were considered private buildings not usually used for shelter, temporary shelter provided by (international) organisations, shelter provided by smugglers, tents, caravans, camps, informal settlements, or unfinished/unenclosed buildings. Living outdoors, having no shelter, or sharing a room with 7 or more issues were also considered substandard shelter types.

\*\*\* Core non-food items referred to, in line with Libya SNFI sector 2021 HNO People in Need categories: mattresses, blankets, clothing for mild/warm weather, clothing for cold weather, heating devices, gas/electric stove, water storage containers, kitchen items, cooking fuel, personal hygiene items, and house cleaning materials.

\*\*\*\* Medium damage was considered: Minor/major repairs needed, shelter was liveable partially and/or with some concerns for health and/or security. Heavy damage was considered: Shelter was not liveable without repairs, serious risk of physical injuries and/or security). A destroyed shelter was a shelter in need of reconstruction.

\*\*\*\*\* Insecure occupancy referred to either living at one's workplace, a house provided by a smuggler, being hosted for free (not including by employer), or squatting without the consent of the owner.

## Most reported shelter types, by gender of the respondent



Overall, the majority of respondents reported living in improved shelter types. The most commonly reported shelter type was a room shared with individuals not belonging to their family (24%). Sebha stood out with 82% of respondents reporting living in a shared room with an average of nearly six people. These living conditions might expose respondents to potential health problems.

## % of respondents reporting damage to shelter, by region of origin and type of damage

	None	Light	Medium	Heavy	Destroyed
East Africa	25%	27%	28%	20%	0%
MENA	58%	20%	14%	7%	0%
West and Central Africa	51%	25%	16%	8%	0%
Southern Asia	49%	26%	14%	8%	0%

Overall, 25% of respondents reported living in a shelter with medium to heavy damage at the time of data collection. The reported shelter damage differed per mantika. Half of respondents in Azzawya (68%), Zwara (52%), and Aljara (50%) reported heavy or medium damage to their shelters. Heavy damage was reported by a third of respondents in both Azzawya (32%) and Zwara (30%). Heavy shelter damage indicates housing is not suitable for living, potentially forming a serious threat to one's safety, security, and personal well-being.

## Top six NFIs reported as urgently needed by respondents at the time of data collection

Blankets	47%
Mattresses	45%
Stove	33%
Kitchen items	30%
Clothing for cold weather	29%
Heating devices	26%

## % of respondents reporting having been evicted or threatened (verbally or written) with eviction in the six months prior to data collection, by region of origin

	Evicted	Threatened
East Africa	28%	25%
MENA	9%	12%
West and Central Africa	8%	14%
Southern Asia	4%	8%

Among those respondents who reported having been evicted or threatened with eviction (23%), an inability to pay rent and lack of contract were the most reported reasons. In light of this, further highlighting insecure tenure and the associated risk of eviction among migrants, most respondents (71%) reported renting only with a verbal agreement.



# FOOD SECURITY LIVING STANDARD GAP



% of respondents found to have a food security LSG:

**21%**

% of respondents per severity of food security LSG score



7%	Extreme	(severity score 4)
14%	Severe	(severity score 3)
16%	Stress	(severity score 2)
44%	No or minimal	(severity score 1)
19%*	No score	

% of respondents found to have food security needs, by region of origin and region in Libya

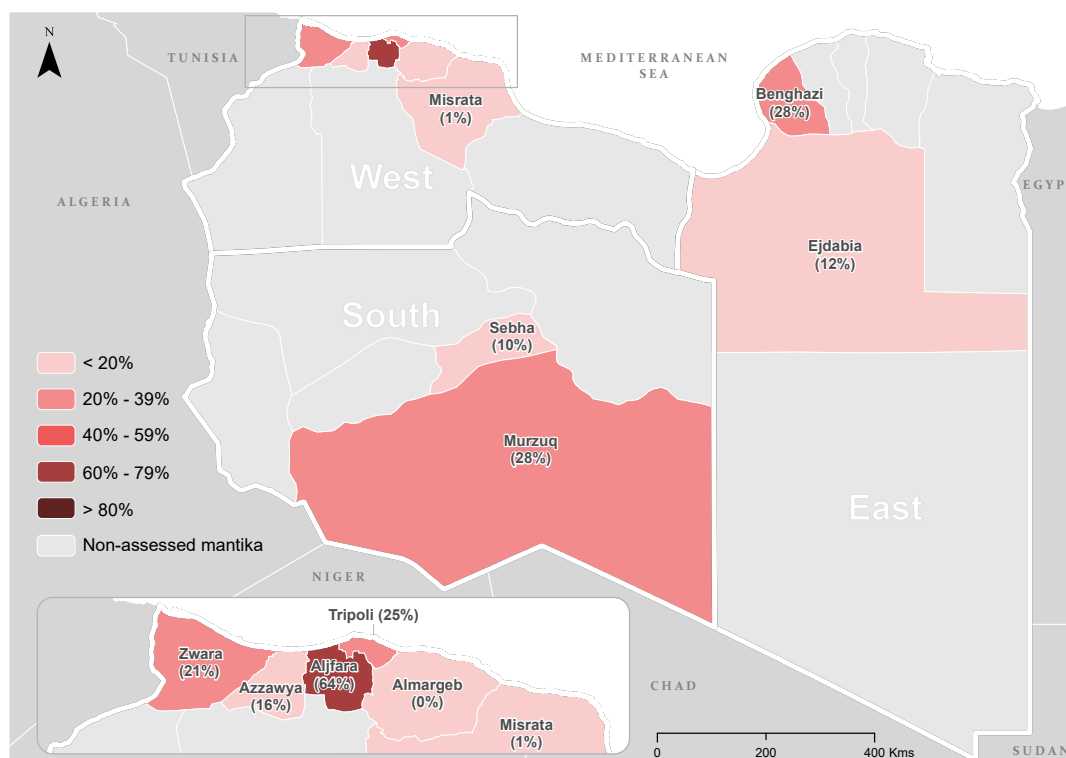
East Africa	34%	
Southern Asia	26%	
West and Central Africa	23%	
MENA	14%	
West	21%	
East	21%	
South	20%	

% of respondents per severity of food security needs, by region of origin and region in Libya

	1	2	3	4	No score
East Africa	21%	13%	26%	8%	32%
Southern Asia	50%	8%	10%	16%	16%
West and Central Africa	40%	18%	14%	9%	18%
MENA	54%	16%	11%	3%	17%
West	40%	12%	13%	8%	27%
East	60%	17%	14%	7%	2%
South	27%	49%	20%	0%	4%

\* Overall, 10% of respondents did not receive an food security score. Questions on (a lack of) food consumption and related coping mechanisms might be sensitive and considered private, thus reducing the response rate.

% of respondents found to have food security needs, per mantika



- Food security needs were the fourth most common sectoral LSG; 21% of respondents was found to have a food security need. Needs in this sector were found to be mostly driven by respondents classified as having a poor or borderline Food Consumption Score (FCS)
- Food security needs were found to often co-occur with other sectoral needs, only 2% of respondents were found to have a needs profile consisting of food security needs only. The most common needs profiles that include food security needs were found to be protection and food security (4%).



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# FOOD SECURITY LIVING STANDARDS GAP



## The following indicators fed into the overall FS LSG:\*

% of respondents classified with a poor or borderline Food Consumption Score (FCS)	17%
% of respondents classified with a severe or extreme Household Hunger Scale (HHS)	1%
% of respondents classified with a medium or high consumption-based reduced Coping Strategies (rCS) score	60%
% of respondents with classified with emergency or crisis Livelihood Coping Strategy (LCS) score (discussed in detail on page 18)	45%
% of respondents reporting having spent over 65% of their total expenditure on food in the 30 days prior to data	4%
% of respondents reporting not having access to a marketplace or grocery store within 30 minutes travel time in their mahalla	11%

\*The calculation of the FS LSG relies on critical and non-critical indicators. The critical indicators **in bold** have been selected through consultations with sector partners. For FS, a respondent with a poor or borderline FCS or severe or extreme HHS was immediately classified as being in need.

## % of respondents by FCS, by region of origin

The FCS is calculated based on the quantity of consumption of key food groups in the 7 days prior to data collection. During this MSNA, the FCS data was collected at an individual and not at a household level.

	Acceptable	Borderline	Poor	NA
South and East Asia	72%	11%	16%	1%
East Africa	76%	16%	7%	1%
West and Central Africa	79%	11%	9%	2%
MENA	90%	7%	3%	0%

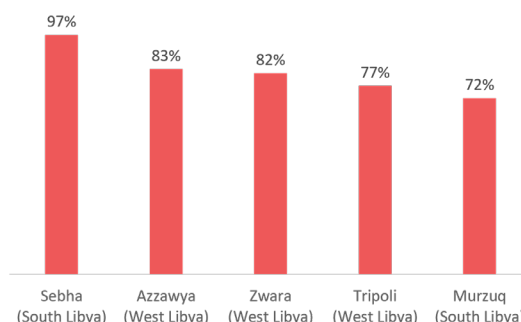
Overall, only 7% of respondents were found to have a poor FCS, indicating that most respondents had access to a relatively diverse diet. However, findings suggest regional variation; in Aljara in particular, 34% of respondents had a poor FCS. Additional research is needed to understand the local drivers of poor consumption scores among migrants in Libya.

The HHS is a common, cross-cultural food security indicator to measure hunger experienced in households. During this MSNA, the HHS data was collected at an individual and not at a household level. Whereas only 1% of respondents was classified as having a severe or extreme HHS score, 16% of respondents did not receive a HHS score due to not answering the HHS questions. Questions on (a lack of) food consumption might be sensitive and considered private.

The rCS Index measures the severity of coping strategies used in case of food shortages in the 7 days prior to data collection. The coping strategies are:

1. Relying on less preferred foods
2. Borrowing food from a relative or a friend
3. Reducing of the number of meals eaten in a day
4. Limiting portion size of all individuals in the household
5. Limiting portion size for adults in order for children to eat

## Top five mantikas where respondents were found to have medium and high rCSI



While the majority of respondents was found to have an acceptable FCS, indicative of a relatively diverse food intake, findings suggest that many respondents might only be sustaining their food intake through engagement in erosive coping strategies. For example, when looking at the respondents classified as having an acceptable FCS (n=909), 54% was classified as having a medium or high rCS score and 46% was classified as having an crisis or emergency LCS score.

Overall, only 11% of respondents reported not having access to a marketplace within 30 minutes travel time. In addition, the percentage of respondent experiencing barriers to consistently access markets was found to be 36%. The most reported barriers reported by respondents experiencing barriers (n=405) were prices being too high (74%), no liquidity (44%), and insecurity at the market places (16%)



# EDUCATION LIVING STANDARDS GAP



% of respondents found to have an education LSG: **12%**

% of respondents per severity of education LSG



1%	Extreme	(severity score 4)
11%	Severe	(severity score 3)
0%	Stress*	(severity score 2)
25%	None	(severity score 1)
63%	No school-aged children	

% of respondents found to have education needs, by region of origin and region in Libya

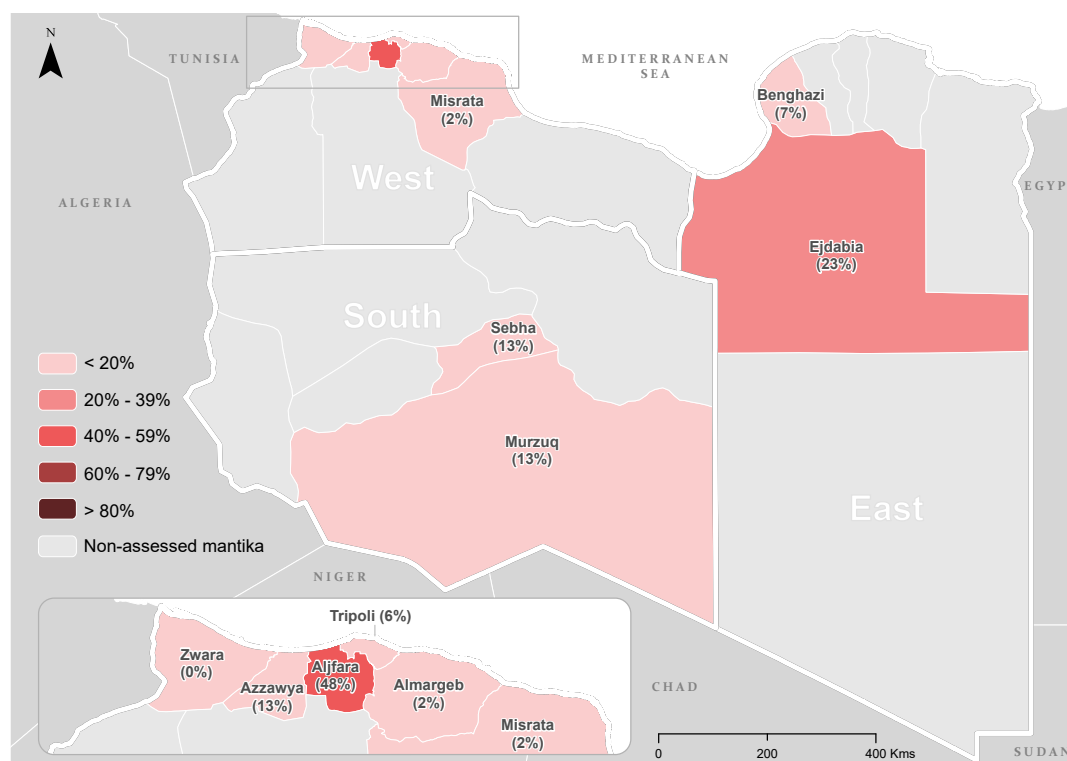
West and Central Africa	13%	
MENA	13%	
East Africa	7%	
South and East Asia	5%	
East	15%	
South	13%	
West	11%	

\* Note on the education methodology: Respondents could not be classified with an LSG score of 2 ("stress"). Whenever a respondent reported having a school-aged child not enrolled in formal school, the respondent was classified as having an education LSG.

% of respondents per education need severity, by region of origin and region in Libya

	1	3	4	No children
West and Central Africa	18%	12%	1%	69%
MENA	29%	10%	3%	58%
East Africa	47%	7%	0%	46%
South and East Asia	25%	5%	0%	70%
South	2%	13%	0%	85%
East	11%	11%	4%	75%
West	33%	10%	1%	56%

% of respondents found to have education needs, per mantika



• Education was the fifth most common sectoral LSG; 12% of respondents was found to have education needs. However, when only looking at respondents with school-aged children in their household in Libya, 32% was found to have education needs. Needs in this sector were found to be driven by respondents reporting having at least one school-aged child in their household not enrolled in formal school.

• Again, when only looking at respondents with school-aged children in their household, 4% was found to have a needs profile consisting of an education need only and 28% was found to have a needs profile consisting of different sectoral needs, including education.





# EDUCATION LIVING STANDARDS GAP



The following indicators fed into the overall education LSG:\*

% of respondents with children in their household reportedly not enrolled in formal school (2021-2022 school year) **12%**

% of respondents with children in their households reportedly having dropped\*\* out of school in the previous year (2020-2021 school year) **2%**

\*The calculation of the needs indicator relies on critical and non-critical indicators. The critical indicators **in bold** have been selected through consultations with sector partners. A respondent reporting having at least 1 child in their household in Libya not enrolled in formal school, was automatically classified as having an education LSG.

\*\* A child is considered to have dropped out from formal school if they were enrolled in the 2020/2021 school year and were not enrolled in the 2021/2022 school year.

The percentage of respondents found to have education needs is presented as a percentage of the total sample. 63% of respondents reported not having any school-aged children in their household in Libya and therefore they were classified as not having education needs. The table below presents the percentage of respondents with school-aged children in their household in Libya (n=411) found to have education needs.

	No education need (n=280)	Education needs (n=131)
West and Central Africa (n=162)	59%	41%
MENA (n=165)	68%	32%
Southern Asia (n=30)	83%	17%
East Africa (n=54)	87%	13%
South (n=13)	15%	85%
East (n=70)	43%	57%
West (n=328)	76%	24%

Child labour and a lack of interest in education were the main reported reasons for drop-outs in the 2020-2021 school year among respondents with school-aged children who had dropped out (n=21). Among those with school-aged children who had not been enrolled for more than two years (n=110), on the other hand, documentation issues and economic hardship were the most reported reasons. The limited sample size for this sub-section of the MSNA made it impossible to make any meaningful conclusions on the underlying drivers of education needs among migrant children in Libya. As of August 2022, REACH is implementing a Joint Education Needs Assessment together with the United Nations Children's Fund (UNICEF) to assess educational needs of (migrants') children in Libya. Outputs related to this assessment will be made available [here](#).

% of school-aged children (n=849) in respondents' households in Libya enrolled in formal school for the year 2021-2022

Girls (6-14) (n=161) **83%**

Girls (15-17) (n=142) **89%**

Boys (6-14) (n=236) **79%**

Boys (15-17) (n=310) **53%**

When looking at the percentage of school-aged children not enrolled in formal school (as opposed to percentage of *respondents* with children in their household in Libya not attending formal school), 32% of the children were reportedly not attending formal school. Findings suggest enrolment might be lowest amongst boys between the ages of 15 and 17. When looking at the total number of children reportedly not enrolled in formal school, it was found to be highest in Aljfara (103 out of 146 school-aged children) and Ejdabia (50 out of 82). In Aljfara only 10% of boys between 15 and 17 years old (n=102) were reportedly enrolled in formal school. In Aljfara, nearly half of the respondents preferred not to provide information on the reasons for non-enrolment. The most reported reason for non-enrolment was children having to work.

## Child Protection

Top five reported safety and security for boys and girls

Multiple-choice question.

	Boys	Girls
Arrest or detention	21%	18%
Sexual harassment and violence	1%	18%
Robberies, theft	20%	11%
Verbal or psychological harassment	10%	14%
Kidnappings	12%	13%
Physical violence	12%	4%
None	42%	43%

Top four mantikas where respondents reported being aware of migrant or refugee girls or boys without parents or primary caregiver

Sebha **87%**

Azzawya **56%**

Tripolo **43%**

Zwara **40%**

# HEALTH LIVING STANDARDS GAP



% of respondents found to have a health LSG:

**10%**

% of respondents per severity of health LSG



0%	Extreme*	(severity score 4)
10%	Severe	(severity score 3)
34%	Stress	(severity score 2)
49%	No or minimal	(severity score 1)
7%	No score	

% of respondents found to have health needs, by region of origin and region in Libya

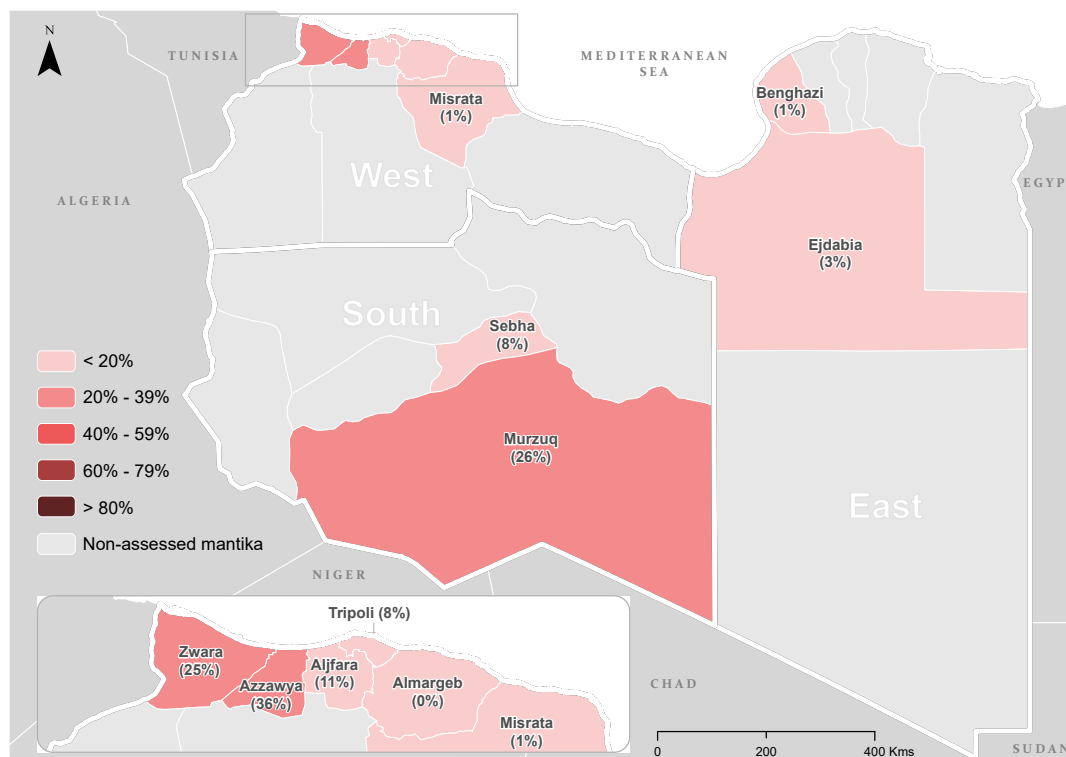
East Africa	19%	
West and Central Africa	12%	
MENA	8%	
Southern Asia	5%	
South	18%	
West	13%	
East	2%	

% of respondents per severity of health needs, by region of origin and region in Libya

	1	2	3	No score
East Africa	26%	48%	19%	0%
West and Central Africa	49%	32%	12%	8%
MENA	51%	35%	8%	6%
Southern Asia	67%	24%	5%	4%
South	48%	32%	18%	2%
West	41%	39%	13%	8%
East	71%	21%	2%	5%

\* Note on the health methodology: It is not possible to be classified as having extreme health needs due to the MSNA not capturing health prevalence indicators on the individual level.

% of respondents found with health needs, per mantika



• Health needs were the sixth most common sectoral LSG; 10% of respondents were found to have a health need. Needs in this sector were found to be mostly driven by respondents who reported having needed but having been unable to access health care in the six months prior to data collection.

• Health needs were found to commonly co-occur with other sectoral needs, only 1% of respondents was found to have a needs profile consisting of a health need only. The most common needs profile that include health was found to be protection, SNFI, WASH, and health (4%).



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# HEALTH LIVING STANDARDS GAP

## The following indicators fed into the overall health LSG:\*

**% of respondents reporting having needed but having been unable to access health care in the 6 months prior to data collection** **10%**

% of respondents reporting not having access to health care services or only having access to traditional healers. **1%**

% of respondents reporting needing to travel one hour or more to reach the nearest health facility **5%**

\*The calculation of the health LSG relies on critical and non-critical indicators. The critical indicators **in bold** have been selected through consultations with sector partners. For health, respondents reporting having needed health care, but having been unable to access health care in the 6 months prior to data collection were immediately classified as having health needs.

### Access to health care

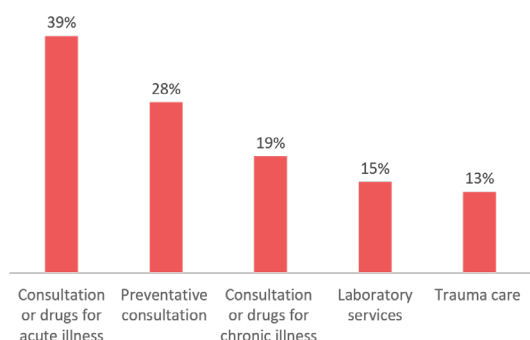
Almost half (45%) of respondents reported having needed health care in the six months prior to data collection. Of those who reported having needed health care (n=495), 72% reported having been able to access it. Among respondents who reported having been able to access the care they needed (n=335), the majority (68%) reported not having experienced any barriers or problems when accessing it. The two most reported challenges were the lack of medication present at the health facilities (17%) and inability to afford the care-related costs (16%).

### No access to health care

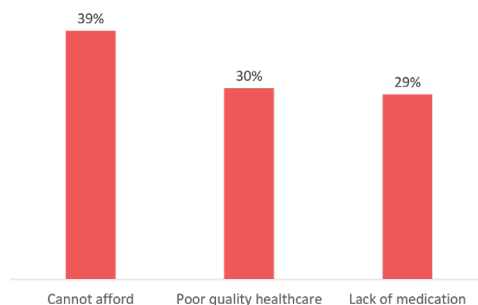
Libya has long been known for poor its mental and physical health services for migrants and refugees.<sup>6</sup> Among the 45% of respondents reporting having needed health care in the six months prior to data collection, 23% reported not having been able to obtain it. The percentage of respondents who reported not having been being able to access health care was particularly high in Zwara (50%), Azzawya (46%), and Murzuq (41%).

## Top five most commonly reported health care needs

*Findings relate to a subset of respondents who reported having needed health care in the 6 months prior to data collection (N=495). Multiple choice question.*



**Top three most commonly reported barriers to health care** *Findings relate to a subset of respondents who reported having needed but having been unable to access health care in the six months prior to data collection (N=115). Multiple choice question.*



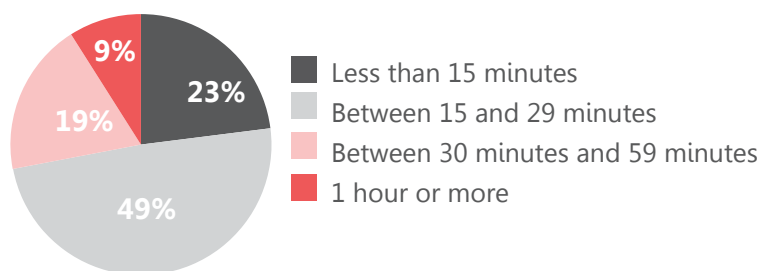
## % of respondents reporting having access to the following health facilities in their baladiya

*Multiple choice question.*

General Hospital/primary Care	66%
Pharmacies	53%
Private clinic/primary care	31%
Private practitioner	6%
Traditional healers	3%

Across all locations, except Sebha, nearly half of all respondents reported having access to a general, public hospital. In Sebha, no respondent indicated having access to a hospital. Instead, 92% of respondents reported relying on pharmacies, 18% on private clinics, and 8% on private practitioners.

## Time it takes to reach nearest functional healthcare facility, using your normal mode of transport, by % of respondents



The highest proportions of respondents reporting traveling times of over one hour were found in Zwara (45%) and Azzawya (36%).



# SOCIOECONOMIC VULNERABILITIES



There are many factors that might affect migrants' living conditions in Libya. This section includes information on source of income, debt, spoken languages, and support networks.

Nearly all (90%) of respondents reported work as one of their main sources of income (up to three sources could be selected). When looking at respondents who did *not* report relying on work (n=106), 63% was found to have three or more sectoral needs, which is considerably higher than the 26% found among respondents reporting relying on work (n=1004). As is visible in the table below, migrant respondents reported relying heavily on daily and temporary labour. This might indicate that the most common sources of income among migrants are not stable or predictable, and that migrants' financial stability is thus limited.

## % of respondents reporting having been unable to afford basic needs in the thirty days prior to data collection, per reported need

Multiple choice question.



## Top five reported reasons for taking on debt, by % of respondents who reported having accumulated debt

Findings relate to a subset of respondents who reported having had to take up debt (n=416).

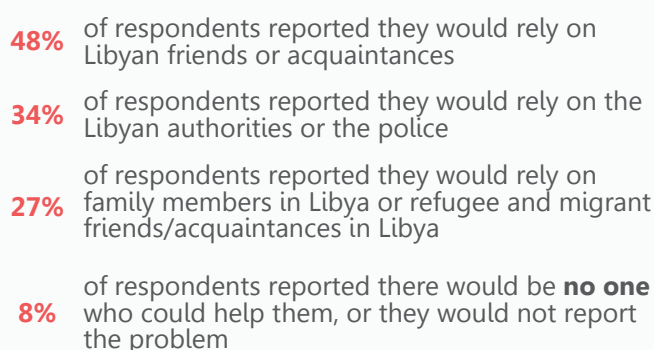
Multiple choice question.



Only 2% of respondents who reported having taken up debt, borrowed money from official lenders. This might be related to migrants not being able to access formal financial institutions due to, for example, not having the required legal documentation. However, additional research is required to confirm these indications. The main sources relied on for debt are either friends or acquaintances (19%), vendors (14%) or employers (9%).

## When asked who respondents would resort to for support in the case of a serious problem

Multiple choice question.



## % of respondents per main job type, by region of origin

Findings relate to a subset of respondents who reported work as a source of income (n=1004).

	Daily labour	Temporary job	Permanent job	Self employed
West and Central Africa	35%	23%	20%	22%
East Africa	32%	32%	24%	11%
MENA	27%	28%	30%	25%
South Asia	25%	16%	42%	18%

## % of respondents reported not speaking Arabic

# 36%

The Libyan labour market might not be accessible to all migrants; the 2021 MSNA qualitative findings indicated that speaking Arabic is a required skill for many jobs.<sup>7</sup> The percentage of respondents reporting not speaking Arabic was found to be the highest among respondents from East Africa (67%). Among East African respondents who were found to have three or more sectoral needs (n=54), this percentage was 80%, further suggesting the importance of Arabic literacy for migrants in Libya. However, future research is needed to confirm this indicative trend.



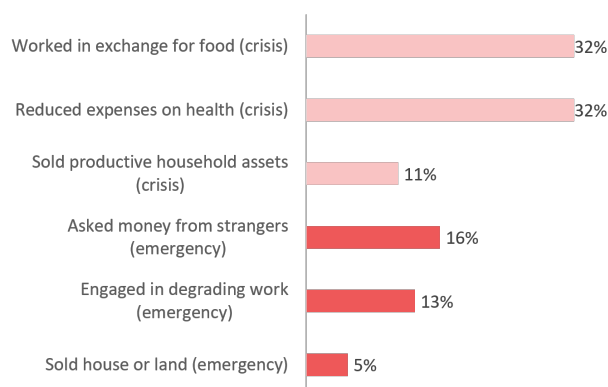
# LIVELIHOOD COPING STRATEGIES



## % of respondents that employed crisis or emergency livelihood coping strategies:

**45%**

### % of respondents having used or exhausted crisis and emergency coping strategies in the thirty days prior to data collection

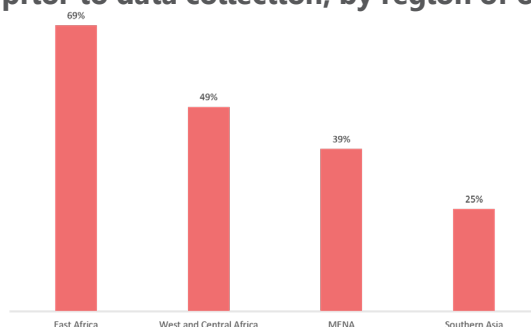


### % of respondents reporting having been unable to afford top three reported basic needs in the thirty days prior to data collection, per reported need *Multiple choice question.*

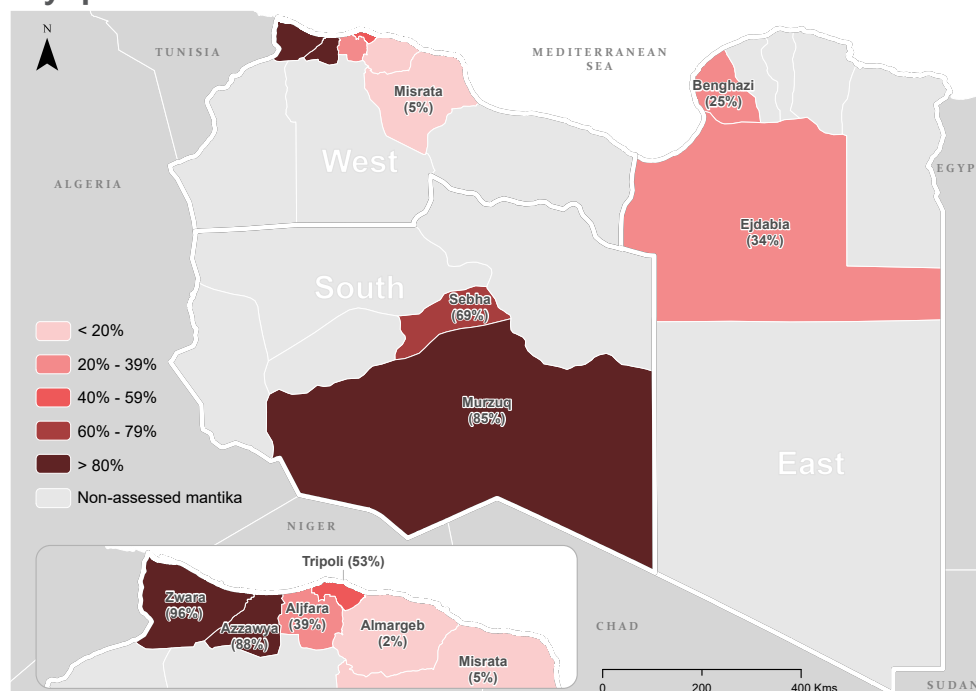
	All needs covered	Unable to cover: Food	Unable to cover: Shelter	Unable to cover: Remittances
East Africa	23%	23%	23%	16%
West and Central Africa	37%	24%	26%	26%
MENA	40%	26%	21%	17%
Southern Asia	57%	14%	12%	26%

The Livelihood Coping Strategies (LCS) score is a composite indicator to understand the medium and longer-term coping capacity of a respondent in response to not being able to meet basic needs. The strategies are divided into stress, crisis, and emergency and for each strategy the respondent is asked if they had used or exhausted a number of strategies in the 30 days prior to data collection. In short, the use of coping strategies is an indication that a person is struggling to meet their basic needs and engaging in behaviour that could erode their resilience to future shocks.

### % of respondents having used or exhausted crisis and emergency coping strategies in the thirty days prior to data collection, by region of origin



### % of respondents having used or exhausted crisis and emergency coping strategies in the thirty days prior to data collection



Among respondents without sectoral needs (n=334), 7% was still classified with a crisis or emergency LCS score. This indicates that they might have been maintaining access to basic needs mostly through a reliance on negative coping strategies, which, in turn, might render them vulnerable to potential future shocks and stressors. Among respondents with at least one sectoral need (n=776), 62% of respondents was classified with an crisis or emergency LCS score. Overall, respondents from East Africa least often reported to be able to cover their basic needs and they were found to have the highest percentage of respondents classified with crisis or emergency LCS scores.

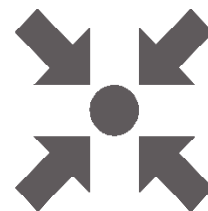




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IN COOPERATION WITH:



**About REACH:** REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

## Endnotes

- 1 Crisis Group Middle East and North Africa, "Steering Libya Past Another Perilous Crossroads." (March 2022). Accessed December 1, 2022, available, [here](#).
- 2 The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "2022 Libya Humanitarian Needs Overview (HNO)." (December, 2021). Accessed December 1, 2022. Available [here](#).
- 3 International Organization for Migration (IOM), "About Migration." Accessed January 3, 2023. Available [here](#).
- 4 United Nations Support Mission In Libya (UNSMIL), "Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya", (December, 2018). Accessed December 1, 2022. Available [here](#).
- 5 REACH, "Assessment on accessibility to Sufficient and quality water in water-stressed areas in Libya." (August, 2022). Available [here](#).
- 6 The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "Libya: Health-Care Under Attack." (May, 2018). Accessed December 1, 2022. Available [here](#).
- 7 REACH, "2021 Migrants and Refugees Multi-Sector Needs Assessment." (May, 2022). Accessed December 1, 2022. Available [here](#).

