Libya

Multi-Sector Needs Assessment

Refugee and Migrant Population

May 2021
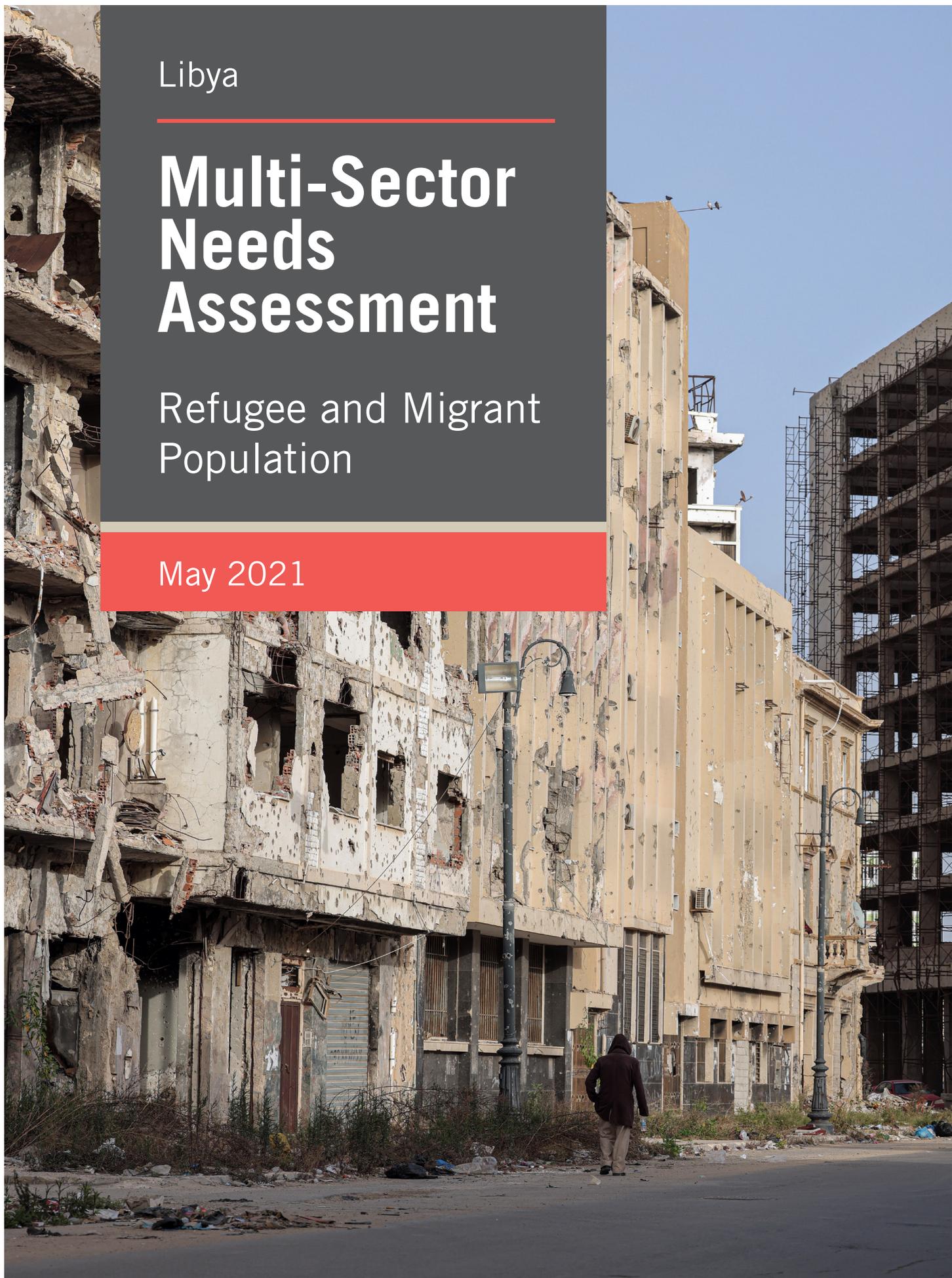
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About REACH and ACTED

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.

Since 2011, Libya's complex socio-political context has been marked by an increasingly protracted conflict. The political and military division of the country between West and East in 2014 marked the beginning of a renewed state of instability, characterised by more localised forms of violence around key strategic and economic resources. In 2019, conflict reignited in the Western region and tensions continued into 2020, with hostilities impacting some of the region's most populated areas.[1] The protracted conflict, together with the closure of the main oil terminals in the Eastern region from January to September 2020, has taken a severe toll on Libya's economy, primarily dependent on oil and gas exports and already affected by a severe liquidity crisis.[2] In this context, the COVID-19 outbreak in March 2020 and the consequent public health measures adopted have had the effect of further eroding livelihoods, resulting in a generalised deterioration of living standards and threatening the ability of Libyan and non-Libyan populations to meet their basic needs.[3]

Despite ongoing conflict and economic crisis, Libya remains a destination and transit country for migrants, primarily from neighbourhing countries such as Niger (20% of the total estimated migrant population in Libya), Egypt (17%), Chad (15%) and Sudan (14%).[4] While some departures have been noted since the outbreak of COVID-19 of foreign nationals in Libya, Libya remains a viable destination and transit hub for migration, due to its job opportunities and position;[5] as of October 2020, 574,146 migrants were estimated residing in the country, while approximately 44,000 individuals were registered as refugees or asylum seekers with the United Nations High Commisioner of Refugees (UNHCR). However, reduced livelihoods opportunities, lack of documentation, and discrimination prevent many refugees and migrants from accessing basic services and assistance and cover their essential needs. Against the backdrop of endemic insecurity and weakness of the rule of law, refugees and migrants are particularly vulnerable to exploitation, trafficking, harassment and abuse, while the criminalisation of irregular entry, stay or departure since 2010 exposes them to the risk of arbitrary arrest and indefinite detention.

In this context, the UN High Commissioner for Refugees (UNHCR) and the UN Office for the Coordination of Humanitarian Affairs (OCHA), with support from REACH and extensive input from all active sectors and working groups in Libya, conducted a multi-sectoral needs assessment (MSNA) in 9 mantikas (admin level 2) in Libya.[6] The primary purpose of the assessment was to inform the 2021 humanitarian response planning and support a targeted and evidence-based humanitarian response. Data from the 2020 Refugee and Migrant MSNA has been used to feed into the 2021 Humanitarian Needs Overview (HNO).

The assessment consisted of a quantitative and a qualitative component. Quantitative data collection took place between 24 June and 6 August 2020 and consisted of 1,551 individual surveys. Minimum quotas for sub-groups were established in order to ensure that an accurate cross-section of the migrant and refugee population was assessed to be indicative of the region of origin (quota 1), with proportional distribution across location (quota layer 2) and gender (quota layer 3).[7] Due to the operating environment in light of COVID-19, all surveys were conducted over the phone. Contacts were sourced through a mixture of referrals from respondents and phone numbers

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[1] Wolfgang Pusztai, "Libya's conflict. A very short introduction", EU Institute for Security Studies, November 2019, https://www.iss.europa.eu/sites/default/files/EUISSFiles/Brief%2012%20Libya_0.pdf.

[2] The oil blockade resulted in a dramatic drop in oil production, which reached 100,000 barrels per day in the first half of 2020 (compared to an average of 1,14 million b/d in December 2019) and created fuel shortages countrywide. In combination with the global plummeting of oil prices in early 2020, due to the COVID-19 outbreak in China, the blockade strained Libya's revenue flows, with cumulative losses between January and September 2020, when the blockade was conditionally lifted, have been estimated at around 10 billion dollars by the National Oil Corporation (NOC). See National Oil Corporation (NOC), "NOC reports revenues for July and August 2020", September 2020, https://noc.ly/index.php/en/new-4/6133-noc-reports-revenues-for-july-and-august-2020; The Economist, "Oil blockade strains Libyan economy", February 2020, http://country.eiu.com/article.aspx?articleid=1399062123.

[3] OCHA, "2021 Libya Humanitarian Needs Overview (HNO)", January 2021.

[4] IOM-DTM, "Libya's migrant report. September-October 2020 (Round 33)", December 2020, https://www.bing.com/search?q=iom+dtm+migrants+libya+round+33&cvid=a6a0ad1f62764f8fbcf52eb411e8c151&pglt=43&FORM=ANNTA1&PC=U531.

[5] However, in 2020, a decrease in income-generating opportunities for refugees and migrants caused by the economic recession, together with tighter controls and movement restrictions due to the COVID-19 pandemic, led to a decline in the number of foreign nationals in Libya, with an estimated 80,000 individuals having left the country since the outbreak in March. See IOM DTM, "Libya's migrant report. September October 2020 (Round 33)", December 2020, file:///C:/Users/acted2809-3/Downloads/DTM_R33_Migrant_Report%20(1).pdf.

[6] Tripoli, Misrata, Azzawya, Al Jabal Al Gharbi, Benghazi, Ejdabia, Alkufra, Sebha and Mrurzuq.

[7] Given a lack of available population data on gender disaggregation within sub-groups of migrants and refugees based on region of origin, gender was taken into account through a proportional distribution of male to female respondents reflective of the overall distribution of male to female populations within the migrant and refugee group (determined based on IOM-DTM data).

provided by local civil society organisations' (CSO) and international non-governmental organisations' (INGOs) partner networks.[8] The sampling was purposive and the findings cannot be taken as statistically representative; as far as possible, biases in the data were identified and mitigated through triangulation with local actors and qualitative data collection, while any outlying data was removed. Qualitative data collection consisted of 131 key informant interviews (KIIs), targeting locations and population groups identified as having outstanding needs by the qualitative findings. In addition, 14 KIs were carried out in Tripoli, Benghazi, and Sebha by the International Medical Corps (IMC) covering topics related to gender-based violence (GBV), while 11 focus group discussions (FGDs) were conducted in Tripoli and Misrata by Cesvi focusing on GBV and child protection. All findings were contextualized and triangulated with secondary sources.

Key findings

Overall, **the majority of respondents interviewed for the 2020 MSNA were found to have humanitarian needs in at least two sectors (77%).[9]** The main sectors driving these needs were cash and markets and health. Needs drivers differed by region, with cash & markets, food security and protection driving needs in the South and the East, while needs in the West were driven by cash & markets, health and shelter.

Across all regions and population groups, almost half (46%) of respondents with multi-sectoral needs (i.e. with needs in at least two sectors/areas) presented needs in at least four sectors/areas. These findings reflect the precarious experience of refugees and migrants within the protracted Libyan crisis, suggesting a multi-dimensional erosion of living conditions. The most common combination of needs was a complex one, consisting of needs in the five sectors or areas of cash & markets, health, shelter and non-food items (NFIs), protection, food security, and water, sanitation, and hygiene (WASH). Furthermore, needs in the area of cash & markets appeared in all most common needs profiles, highlighting the noteworthy overlap between the current deterioration of refugees' and migrants' income and livelihoods and all other humanitarian needs.

The proportion of respondents with multi-sectoral needs varied considerably across population groups, with East African individuals presenting the highest prevalence of humanitarian needs (94%). Indeed, throughout all the analysis, individuals from East Africa were found to be a particularly vulnerable sub-set, mainly due to their transitory profile and its implications in terms of access to livelihoods and exposure to abuses and precarious living conditions. Variations in the proportion of respondents in need were also observed at regional level, with the South presenting the highest proportion of respondents with humanitarian needs across different region-of-origin groups. These findings reflect the overall deterioration of living conditions in the region, where a severe increase in the price of basic goods, combined with weak infrustructures, has taken place in a context affected by systemic weakness of the state authority. Against this backdrop, the COVID-19 outbreak in March 2020, which severely hit the region, further disrupted refugees' and migrants' livelihoods.

Across all regions and population groups, needs in cash & markets were one of the key drivers of humanitarian needs (85% of respondents with multi-sectoral needs). Needs in this area were driven by respondents' over-reliance on precarious forms of employment, such as daily or temporary jobs, as well as an inability to cover essential needs due to lack of financial resources. Language barriers and lack of specialised skills were reported as the main obstacles preventing refugees and migrants from accessing more secure forms of employment, while the deterioration of the Libyan economy and the liquidity crisis were found to be key barriers to finding any type of jobs, especially in the Southern region. Against this backdrop, the COVID-19 outbreak was reported to have taken a severe toll on refugees' and migrants' livelihoods, with 44% of respondents reporting that their work situation had worsened following the pandemic, primarily due to the closure of their workplace or the inability by their employer to pay their salary.

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[8] In order to mitigate potential bias from contacts sourced through referrals, a 'Respondent Driven Sampling' (RDS) trial was launched in the initial phase of data collection. Sampling for these initial respondents followed RDS network-based methodology, which seeks to account for potential bias of close networks through a series of questions asked to the respondent to help estimate the resulting bias of each successful referral, and diversity in initial contact selection. A separate output is due to be published in January 2021, with the full details of the RDS pilot in Libya, and its implications for use in the humanitarian assessment field.

[9] All figures presented throughout this Executive Summary are calculated for respondents with Living Standards Gaps in at least 2 sectors or areas, who will be referred to as individuals with multi-sectoral humanitarian needs (n=1192).

Findings suggested that refugees and migrants in the East and South of Libya might be particularly experiencing food insecurity; in these regions, more than half (56%) of respondents with multi-sectoral needs presented food needs. Food insecurity was primarily driven by borderline or poor scores for food consumption, seemingly affecting three in every four respondents with multi-sectoral needs in the South. KIs in the region commonly linked the inability to access sufficient food with the lack of a steady monthly income, especially in relations to the liquidity crisis and refugees' and migrants' high reliance on cash, as well as the high prices of basic food items, consistently above the national average throughout 2020[10].

Health needs were found to be a key driver of humanitarian needs in the West of Libya. A significant proportion of respondents across population groups[11] presented extreme needs in this sector, which were driven by the reported inability to access healthcare facilities within a three hours' walk from the person's accommodation. Overall, the main factor driving health needs was represented by reported difficulties in accessing healthcare. While respondents across all population groups were likely to report facing challenges,[12] the nature of such barriers varied across region-of-origin groups. While individuals from the MENA and Other nationalities were most likely to report structural issues (including lack of medicines and shortage of medical staff, overcrowded facilities, etc.) as the main obstacle, lack of documentation and inability to afford care were the most commonly reported barriers by East Africans and West and Central Africans – reflecting the higher likelihood of sub-Saharan individuals to have an undocumented status.

Shelter & NFI needs were also found to be severe in the West and were presented by at least half of respondents with multi-sectoral needs across all population groups. Extreme needs were highly prevalent and were driven by reliance on sub-standard accommodation solutions, mainly unfinished rooms, reported by about half of respondents from West and Central Africa and from East Africa, and to a lesser extent by respondents from Other nationalities and the MENA region. The inability to access habitable accommodations emerged as a driver of severe shelter needs: the majority of respondents across population groups, with the exception of respondents from the MENA region, reported living in medium to heavily damaged or destroyed accommodations, while more almost three fourths of respondents from sub-Saharan countries and Other nationalities stated that they lived in shelters affected by enclosure issues such as limited ventilation, poor insulation or leaks. In addition, almost all respondents across all population groups reported lacking security of tenure and relying on precarious forms of occupancy such as rental without a contract or living at the workplace. These findings primarily reflect the impact on the economic slowdown and the high prices of basic items and rent on refugees' and migrants' livelihoods.

In addition to sectoral needs, the MSNA assessed the respondents' reliance on negative and unsustainable coping strategies as a response to a livelihoods deterioration, otherwise referred to as 'Capacity Gaps'. The adoption of these strategies signals a progressive erosion of the person's assets and capacities, thus indicating their reduced resilience to future shocks or protracted crisis. Across the assessed mantikas, 33% of respondents with multi-sectoral needs were found to have resorted to crisis or emergency-level coping strategies in the 30 days prior to data collection, the most commonly reported being taking on an additional job (23%) and asking money from strangers (15%).[13] The use of crisis or emergency coping strategies was particularly widespread amongst respondents in the East, where at least three out of four respondents across all population groups reported having resorted to such mechanisms.[14]

Specific socio-demographic factors were found to influence refugees' and migrants' access to resources and essential services, as well as their exposure to protection violations. Drawing upon IOM's and MMC's determinants of vulnerability models, six factors were identified as particularly relevant to the experience of refugees and migrants in Libya: reasons for migrating and migration intentions; legal status; time of arrival; gender; and age.

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[10] REACH, "Libya Joint Market Monitoring Initiative. 6-18 November 2020", January 2021,
https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_LBY_Situation-overview_JMMI_November-2020.pdf.
[11] 19% of East Africans, 18% of West and Central Africans, 25% of MENA respondents, 8% of respondents from Other nationalities.
[12] 47% of MENA respondents, 48% of respondents from Other nationalities, 66% of West and Central Africans and 71% of East Africans.
[13] For an overview of which coping strategies are classified as crisis or emergency, see Annex 9.
[14] 73% of West and Central Africans, 76% of respondents from the MENA region, 79% of respondents from Other nationalities, and 100% f East Africans reported having resorted to crisis or emergency coping strategies to sustain their livelihoods during the month prior to data collection.

Based on the analysis of these factors, two sub-groups of concerns were identified: East Africans and migrants who had recently arrived in Libya. These two groups were then focused on as case studies.

Individuals migrating from Somalia, Eritrea, Ethiopia, and South Sudan were found to be at the intersection of several of the factors listed above. In particular, the majority of respondents with multi-sectoral needs belonging to this group reported having travelled to Libya due to conflict or persecution in their country of origin (77%) and with the intention to leave the country within the following 6 months (91%). This transitory profile was reflected in the limited length of time spent in Libya (81% of respondents reported having been in the country for less than 2 years at the time of data collection) and a higher likelihood, compared to other population groups, to lack legal documentation.[15] **Findings suggested that these factors are associated with limited integration into the country's labour market (19% of respondents reported being unemployed and 55% being employed in daily labour), as well as reduced ability to access the public space, with negative consequences on their freedom of movement and access to resources and essential services.** Moreover, individuals from East Africa were found to be particularly vulnerable to protection concerns (reported by 74% of respondents), with undocumented status and reliance on smuggling networks being consistently mentioned as important risk factors.

The humanitarian needs of recently-arrived migrants **appeared to be mostly affected by lack of support networks**, due to the short time spent in the country; this was found to negatively affect the living conditions of individuals who had arrived to Libya for the first time during the two years prior to the interview. Findings suggested that ties to migrant networks in the country, as well as to the local community, are instrumental in securing less precarious forms of employment – indeed, recently-arrived migrants with multi-sectoral needs typically presented higher rates of unemployment and daily labour compared to individuals who reported having spent longer periods of time in the country. **Refugees and migrants who could not count on social relations within migrant or local communities were also reportedly particularly vulnerable to protection violations, due to the lack of a support network to help them prevent and respond to safety and security incidents.**

The report highlights the precarious and vulnerable situation of refugees and migrants in Libya. Affected, as the Libyan population, by macro-level factors including systematic insecurity, economic recession, and the impact of the COVID-19 pandemic, they also face issues that are specific to this group and range from undocumented status to lack of support networks. Findings indicated that a considerable proportion of refugees and migrants assessed face a deterioration of living conditions, including precarious livelihoods, food and housing insecurity, and limited access to essential services and resources. The hard-to-reach nature of the refugee and migrant population and of its most vulnerable sub-groups, including children, as well as the complex interplay between deteriorating livelihoods and other humanitarian needs, call for further, more targeted studies, that shall constitute the foundation of an effective, inclusive humanitarian response.

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[15] Only 12% of East African respondents reported that they had all the documentation they needed or they would not face any problems when trying to obtaining it, compared to compared to 21% of West and Central Africans and almost half of respondents from the MENA region and Other nationalities.

CONTENTS

List of Acronyms

CG	Capacity gap
CFM	Complaints and Feedback Mechanism
CMWG	Cash & Markets Working Group
CSO	Civil Society Organisation
DTM	Displacement Tracking Matrix
ETS	Electronic Telecommunication Sector
FCS	Food Consumption Score
FGD	Focus group discussion
GBV	Gender-based violence
GCCG	Global Cluster Coordinators Group
GNA	Government of National Accord
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
IMC	International Medical Corps
(I)NGO	(International) non-governmental organisation
IOM	International Organisation for Migration
JIAF	Joint Inter-Sectoral Analysis Framework
JIAG	Joint Inter-Sectoral Analysis Group
JMMI	Joint Market Monitoring Initiative
KI	Key informant
KII	Key informant interview
LCSI	Livelihood Coping Strategy Index
LNA	Libyan National Army
LSG	Living standard gap
LYD	Libyan dinar
M&E	Monitoring and evaluation
MEB	Minimum expenditure basket
MPI	Multi-dimensional Poverty Index
MSNA	Multi-Sector Needs Assessment
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
rCSI	Reduced coping strategy index
SARA	Service Availability and Readiness Assessment
SNFI	Shelter & Non-Food Items
SSL	Secure Sockets Layer
ToR	Terms of reference
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization

Geographical Classifications

Region   The highest administrative subdivision of Libya below the national level. There are three regions in Libya: The West ("Tripolitania"), the East ("Cyrenaica") and the South ("Fezzan").

Mantika   The second administrative subdivision of Libya, or the equivalent of a district. Libya currently has 22 mantikas, which are regionally divided as follows, according to the UN COD[16]:
1.   West: Al Jabal Al Gharbi, Al Jfara, Al Margeb, Azzawya, Misrata, Nalut, Sirt, Tripoli and Zwara
2.   East: Al Jabal Al Akhdar, Al Kufra, Almarj, Benghazi, Derna, Ejdabia and Tobruk
3.   South: Al Jufra, Ghat, Murzuq, Sebha, Ubari and Wadi Ashshati

Baladiya   The third administrative subdivision of Libya, or the equivalent of a municipality. Libya currently has 100 baladiyas.[17]

Mahalla   The fourth administrative subdivision of Libya, roughly equivalent to a neighbourhood. Libya currently has 667 mahallas.[18]

Map 1: All 22 mantikas in Libya

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[16] OCHA, "Libya Common Operational Dataset," 2017.
[17] Ibid.
[18] Ibid.

List of Figures, Tables and Maps

INTRODUCTION

Since 2011, Libya's complex socio-political context has been marked by an increasingly protracted conflict. The political and military division of the country of the country between West and East in 2014 marked the beginning of a renewed state of instability, characterised by more localised forms of violence around key strategic and economic resources. In 2019, conflict reignited in the Western region and tensions continued into 2020, with hostilities impacting some of the region's most populated areas. Following the January 2020 Berlin conference, a Joint Military Commission was created with the objective to broker a lasting ceasefire, which was agreed in October 2020, building upon an unofficial ceasefire agreed in August.[19] The protracted conflict and the closure of the main oil terminals in the Eastern region in January 2020 have taken a severe toll on Libya's economy, primarily dependent on oil and gas exports.[20] In combination with the global plummeting of oil prices in early 2020, due to the COVID-19 outbreak, the blockade strained Libya's revenue flows; cumulative losses between January and September 2020, when the blockade was conditionally lifted, have been estimated at around 10 billion dollars by the National Oil Corporation (NOC).[21] The blockade dealt yet another blow to an already struggling Libyan economy, which has been plagued since 2016 by a severe liquidity crisis fueled by protracted insecurity, fragmented economic institutions, and lack of confidence in the financial system[22].

In March 2020, the first COVID-19 cases were confirmed in Libya. By the end of December, more than 100,000 confirmed cases and 1,478 deaths had been recorded.[23] While cases have been reported across all regions in Libya, the country's testing capacity remains limited and concentrated in Tripoli and Benghazi.[24] The overall capacity of the Libyan healthcare system to respond to the COVID-19 outbreak is low, as the protracted conflict has resulted in the reduction of the number of functioning public healthcare facilities in Libya, as well as in shortages of medical equipment and staff.[25] To curb the spread of COVID-19, Libyan authorities enforced travel and mobility restrictions, as well as nighttime and weekend curfews; localised lockdowns were also imposed. The COVID-19 pandemic and the consequent public health measures adopted have had the effect of further disrupting livelihoods already affected by the protracted conflict and the economic crisis, resulting in a generalised erosion of living standards and threatening the ability of Libyan and non-Libyan populations to meet their basic needs. According to the 2021 Humanitarian Needs Overview, the number of persons in need inside Libya reached 1,3 million in 2020, with a 44% increase compared to the previous year (0,9 million). Refugees and migrants together represented 28% of the total estimated people in need, with 44,000 and 304,000 people in need respectively[26] – over half of the 574,146 refugees and migrants estimated living in the country[27], and all the asylum seekers and refugees registered by UNHCR.[28]

While not being a signatory to the 1951 Refugee Convention and its 1967 Protocol relating to the status of refugees, Libya has ratified the 1981 African Charter on Human and Peoples' Rights and the 1969 Organisation of African Unity (OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa. However, no national law implementing the Conventions' provisions has been ratified and the country does not have any asylum legislation

[19] UN News, "UN salutes new Libya ceasefire agreement that points to 'a better, safer, and more peaceful future'", October 2020, https://news.un.org/en/story/2020/10/1076012.
[20] The oil blockade resulted in a dramatic drop in oil production, which reached 100,000 barrels per day in the first half of 2020 (compared to an average of 1,14 million b/d in December 2019) and created fuel shortages countrywide. See The Economist, "Oil blockade strains Libyan economy", February 2020, http://country.eiu.com/article.aspx?articleid=1399062123.
[21] National Oil Corporation (NOC), "NOC reports revenues for July and August 2020", September 2020, https://noc.ly/index.php/en/new-4/6133-noc-reports-revenues-for-july-and-august-2020.
[22] Libya Business News, "Liquidity Crisis: 26bn Dinars "Hidden Under Mattress", July 2016, https://www.libya-businessnews.com/2016/07/21/liquidity-crisis-26bn-dinars-hidden-under-mattress/.
[23] OCHA, "Libya Situation Report", January 2021, https://reports.unocha.org/en/country/libya.
[24] OCHA, "2021 Libya Humanitarian Needs Overview (HNO)", January 2021, https://www.humanitarianresponse.info/fr/operations/libya/document/2021-libya-humanitarian-needs-overview-hno.
[25] Health Sector Libya, "Coronavirus disease 2019 (COVID-19) preparedness and response plan for Libya", March 2020, https://www.who.int/health-cluster/countries/libya/Libya-health-sector-covid-19-response-plan-26-march-2020.pdf?ua=1.
[26] OCHA, "2021 Libya Humanitarian Needs Overview (HNO)", January 2021.
[27] IOM-DTM, "Libya's Migrant Report. September – October 2020 (Round 33)", December 2020, https://displacement.iom.int/node/10327.
[28] In February 2021, 43,870 asylum seekers and refugees were registered with UNHCR. UNHCR Operational portal (consulted on 15 February 2021), https://data2.unhcr.org/en/country/lby.

or procedures in place.[29] In 2010, Libya 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.[30] The law also states that those who do enter the country irregularly may be detained for an indefinite period of time prior to deportation. The adoption and implementation of Law No. 19/2010 represented the final step in a process that, during the previous decade, had brought the Libyan government to end the liberal approach to migration it had adopted since the 1970s. This process reflected Libya's increasing involvement in the international debate on control of irregular migration in the early 2000s and its cooperation with European countries on the subject. Following the entry into force of the Schengen Convention (1995) and the Treaty of Amsterdam (1999), management of external borders became a central issue in EU policies and was reflected in the systematic adoption of measures on asylum, irregular migration, trafficking and smuggling. In 1999, the Tampere conclusions called for a common migration and asylum policy that would encompass "*a comprehensive approach to migration addressing political, human rights and development issues in countries and regions of origin and transit*".[31] In 2017, following almost two decades of cooperation on the topic of irregular migration between the two countries, Italy and Libya signed a EU-backed Memorandum of Understanding to "*combat illegal immigration, human trafficking and contraband and on reinforcing the border security*".[32] As highlighted in a recent study published by the International Organization for Migration (IOM), tightening border controls and the criminalization of irregular migration within the Mediterranean region are potentially associated with an exacerbation of the exploitative nature of smuggling networks, as the increasing difficulty of travelling to Europe risks driving smugglers to human trafficking as an alternative source of income.[33]

Despite the restrictive migration policies in both Libya and the EU, as well as protracted instability, Libya remains a viable destination for migration, due to its job opportunities, as well as its position as a transit hub.[34] This was confirmed in 2019 by a report by the Mixed Migration Centre (MMC), which highlighted that economic concerns are the most reported driver of mixed migration through and throughout Libya.[35] However, reduced livelihoods opportunities, lack of documentation, and discrimination prevent many refugees and migrants from accessing basic services and assistance to cover their essential needs. Against the backdrop of widespread insecurity, refugees and migrants, especially if undocumented, are vulnerable to detention, trafficking, exploitation, harassment and abuse, including gender-based violence (GBV), while lack of documentation further hinders their ability to access any judicial remedies.

In light of the information needs on the multi-sectoral humanitarian needs of migrants and refugees living in urban areas across Libya and the repercussions of the protracted conflict, as well as in account of information gaps regarding the impact of the COVID-19 outbreak on living standards of non-Libyan populations, the UN High Commissioner for Refugees (UNHCR) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with support from REACH and extensive input from all active sectors and working groups in Libya, conducted the second multi-sectoral needs assessment (MSNA) in 9 mantikas (admin level 2) in Libya.[36] The primary purpose of the assessment was to inform the 2021 humanitarian response planning and support a targeted

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[29] UNHCR, "States Parties to the 1951 Convention relating to the Status of Refugees and the 1967 Protocol", April 2015, Microsoft Word - Status of treaties 1951 and 1967 for UNHCR website - April 2015.
[30] ICMPD, "What are the protection concerns for migrants and refugees in Libya?", November 2017, https://www.euneighbours.eu/en/south/stay-informed/publications/icmpd-policy-brief-what-are-protection-concerns-migrants-and.
[31] UNHCR, "From Tampere 20 to Tampere 2.0: Towards a new programme for EU migration and asylum policies. Statement by Filippo Grandi, Helsinki, 24 October 2019", October 2019, https://www.unhcr.org/admin/hcspeeches/5db1af5e4/tampere-20-tampere-20-towards-new-programme-eu-migration-asylum-policies.html.
[32] ASGI, "Italy-Libya agreement: the Memorandum text", February 2017, http://asgi.it/wp-content/uploads/2017/02/ITALY-LIBYA-MEMORANDUM-02.02.2017.pdf.
[33] IOM, "Migration in West and North Africa and across the Mediterranean: Trends, risks, development and governance", September 2020, https://publications.iom.int/books/migration-west-and-north-africa-and-across-mediterranean.
[34] However, in 2020, a decrease in income-generating opportunities for refugees and migrants caused by the economic recession, together with tighter controls and movement restrictions due to the COVID-19 pandemic, led to a decline in the number of foreign nationals in Libya, with an estimated 80,000 individuals having left the country since the outbreak in March. See IOM DTM, "Libya's migrant report. September October 2020 (Round 33)", December 2020, file:///C:/Users/acted2809-3/Downloads/DTM_R33_Migrant_Report%20(1).pdf.
[35] MMC, "MMC North Africa 4Mi snapshot. What drives migrants and refugees to and through Libya?", July 2019, https://reliefweb.int/report/libya/mmc-north-africa-4mi-snapshot-what-drives-migrants-and-refugees-and-through-libya-15.
[36] Tripoli, Misrata, Azzawya, Al Jabal Al Gharbi, Benghazi, Ejdabia, Alkufra, Sebha and Mrurzuq.

and evidence-based humanitarian response. Data from the 2020 Refugee and Migrant MSNA has been used to feed into the 2021 Humanitarian Needs Overview (HNO).

This report will outline, first, the methodology of the assessment. This will be followed by a findings section, focusing broadly on sectoral needs with an emphasis on the most common sectoral needs. For an overview of all sectoral needs see the sectoral factsheets, and for a more in-depth look at sectoral indicators see the interactive dashboard. The findings section of the report also encompasses an analysis of needs of sub-groups of particular concern, namely East African individuals and recently arrived refugees and migrants from all regions. Finally, the conclusion will highlight the key findings of the assessment, as well as remaining information gaps.

In addition to Refugee and Migrant MSNA presented in this report, a parallel MSNA was conducted for the Libyan population. You can find the report and additional outputs for that assessment here. For information about the limitations of statistical comparison between the two MSNAs, see Box 1.

Objectives and research questions

The aim of the 2020 Refugee and Migrant MSNA was to deliver up-to-date information for humanitarian actors on the severity of humanitarian conditions of refugee and migrant populations across the assessed mantikas, and contribute to a more targeted and evidence-based humanitarian response. In particular, the 2020 Refugee and Migrant MSNA was intended to inform HNO and the Humanitarian Response Plan (HRP) for 2021.

Primary data collection took place in Libya between June and November 2020. In total, 1551 individual surveys were conducted across 9 mantikas (Tripoli, Misrata, Azzawya, Al Jabal Al Gharbi, Benghazi, Ejdabia, Alkufra, Sebha and Murzuq), between June and August. In addition, 131 key informant interviews (KIIs) were carried out, targeting locations and population groups identified as having outstanding needs during the quantitative data analysis. In addition,14 KIIs were also carried out in Tripoli, Benghazi, and Sebha by the International Medical Corps (IMC) covering topics related to GBV, while 11 focus group discussions (FGDs) were conducted in Tripoli and Misrata by Cesvi on GBV and child protection. All findings were contextualized and triangulated with secondary sources to the extent possible.

The findings from the MSNA have been presented in several different outputs: summary results tables, sectoral factsheets and an interactive dashboard presenting all results.[37] The research questions outlined below were used to guide the tool design and the design of different outputs such as the sectoral factsheets and the dashboard. This report will answer these research questions by focusing in on some key examples, and situating the MSNA findings within the broader dynamics of the Libyan context. In particular, this report will look at the drivers of need, and at population groups where needs are the most severe. The report will additionally draw out some case studies to highlight population groups of particular relevance and concern to the humanitarian community.

For more information on the full research design, please refer to the Terms of Reference (ToR) on the REACH resource centre.[38] The research questions guiding the 2020 MSNA were as follows:

1. **Risk and protective factors[39]**

1.1 *What are the main risks and protective factors contributing to refugees' and migrants' vulnerability? How do they differ based on population groups?*

2. **Impact on people:**

2.1 *What is the level of impact that the protracted conflict in Libya has had on refugees and migrants? How does the level of impact differ based on mantika and population group? How do risk and protective factors contribute to influencing the level of impact of the crisis on refugees and migrants?*

3. **Humanitarian conditions (living standards and well-being):**

3.1 *What are refugees and migrants' needs across each humanitarian sector: Food Security, Cash & markets, Shelter & NFIs (SNFI), Water, sanitation, and hygiene (WASH), Education, Health and Protection (including GBV, Child Protection, and Mine Action); otherwise referred to as living standard gaps? And how do living standard gaps differ by mantika and population group? How do risk and protective factors contribute to influencing refugees and migrants' humanitarian conditions?*

3.2 *To what extent do refugees and migrants with sectoral needs report using different coping mechanisms? And how do those coping mechanisms employed differ by mantika and population group?*

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[37] While the findings in the result tables are presented for the overall sample, this report focuses on the subset of respondents with multi-sectoral needs (i.e. who have living standard gaps in at least two sectors) and all findings are presented for this subset. For this reason, minor deviations can be observed between the findings presented in this report and the findings presented in the result tables.

[38] REACH, "Research Methodology Note Multi-Sector Needs Assessment 2020 LBY2001b Libya," June 2020, https://www.reachresourcecentre.info/country/libya/theme/multi-sector-assessments/cycle/28661/?toip-group=terms-of-reference&toip=terms-of-reference#cycle-28661.

[39] The underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.

4. The severity of humanitarian needs:

4.1 What is the overall severity of humanitarian needs within Libya?

5. Current and forecasted priority needs/concerns:

5.1 What key factors may affect refugees' and migrants' needs in the future? And how do priority needs/concerns differ by mantika and population group?

Scope

Geographic Scope

The 2020 Refugee and Migrant MSNA covered 9 mantikas in Libya:

West: Tripoli, Misrata, Azzawya, Al Jabal Al Gharbi

East: Benghazi, Ejdabia, Alkufra

South: Sebha, Murzuq

Map 2: Assessed mantikas
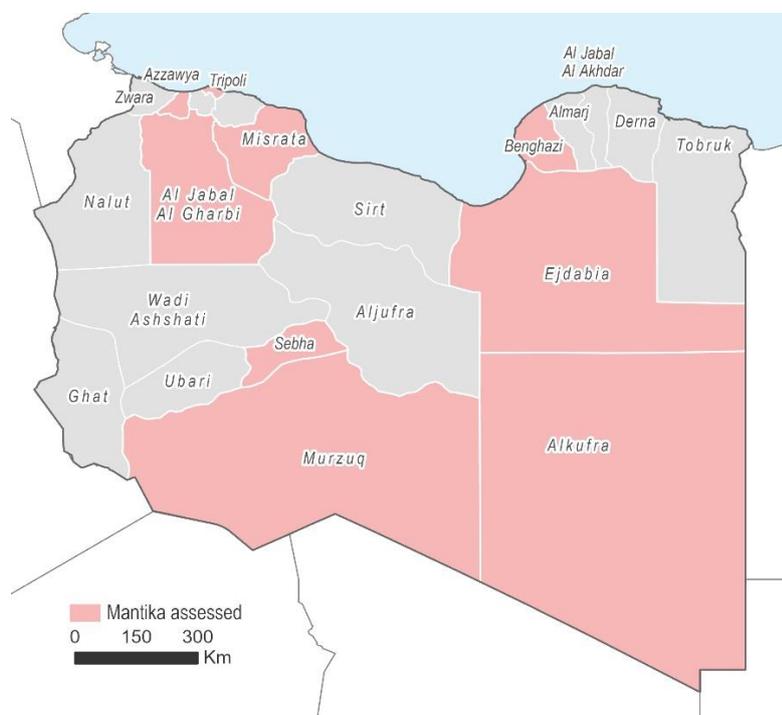
Population groups

The assessment relied on quota sampling of the overall sample by region of origin: West and Central Africa, MENA region, East Africa, and Other nationalities.[40]

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[40] The classification draws upon the UN Statistics Division standard composition of geographical regions, with a few noteworthy deviations: i) Western Africa and Middle Africa are considered jointly as "West and Central Africa"; ii) Northern Africa and specific countries from Western Asia are classified as "Middle East and North Africa (MENA)"; iii) All countries that fall outside of the categories of "West and Central Africa", "East Africa", and "MENA" are classified as "Other nationalities". The rationale for these deviations is based on characters specific to the refugee and migrant population in Libya, identified through literature review, including the relevance of the Arabic language and ethnicity as a factor conducive to integration and easier access to services; the similarity of needs and profiles between Western and Central Africa individuals; as well as the relatively small numbers of migrants from any other regions identified by the UN Statistical Division. The classification of countries per region of origin can be found in Annex 3.

Sampling Strategy

Due to the spread of COVID-19 in Libya and the associated health risks and movement restrictions, data was collected remotely via phone interviews to refugee and migrant individuals in the assessed locations.

For the quantitative survey, non-probability sampling methods were employed. Minimum quotas for sub-groups were established in order to ensure that an accurate cross-section of the migrant and refugee population has been assessed to be indicative of the region of origin (quota 1), with proportional distribution across location (quota layer 2) and gender (quota layer 3).[41] Contacts were sourced through a mixture of referrals from respondents, and contacts provided by REACH local Civil Society Organisations (CSOs) and international non-governmental organisations (INGOs) partner networks, as well as UNHCR lists of registered refugees and asylum seekers.[42]

Sampling for the KIIs in the qualitative phase was purposive. Experts and participants were found through REACH Libya's local partner network of CSOs and INGOs with experience working in Libya. The location and profile of respondents, as well as the topics covered in the interview, were determined through two strategies. First, key variables from the quantitative data were selected in conjuction with humanitarian sector coordinators for Libya. For each variable, a threshold was set to capture all outlying results at mantika and population group level. If a threshold was passed in a certain location, this would trigger a qualitative assessment. Respondents were sampled in line with this triggered approach after quantitative data collection had been completed. Key informants were selected based on expertise and were typically refugee and migrant 'community leaders', or healthcare or protection professionals.[43] Second, two topics (GBV and child protection) were identified as being particularly relevant to the context and the population assessed, based on on inputs from clusters and specialized partners, as well as literature review, and less likely to be properly captured by means of a quantitative survey. Targeted KIIs and FGDs on these topics were conducted by IMC and Cesvi, including 8 FGDs with adolescents (15 to 18 years old) in Tripoli and Misrata.[44]

Data Collection Methods

Individual Survey

The individual survey constituted the quantitative part of the MSNA. Surveys took place between the 24th of June and the 6th of August. The tool was developed through consultation with sector and working group leads, REACH field staff and local partners and networks. The tool was validated by assessment specialists at IMPACT Initiative HQ as well as all active sectors and working groups in Libya. The starting point for the tool was the global draft Joint Inter-Sector Analysis Framework (JIAF) indicator list.[45] The tool can be found here.

Prior to data collection, enumerators were trained on the assessment objectives, data collection modalities and tools. Trainings took place using an online learning platform, with short quizzes on the contents of the presentations

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[41] Given a lack of available population data on gender disaggregation within sub-groups of migrants and refugees based on region of origin, gender was taken into account through a proportional distribution of male to female respondents reflective of the overall distribution of male to female populations within the migrant and refugee group (determined based on IOM-DTM data).

[42] In order to mitigate potential bias from contacts sourced through referrals, a 'Respondent Driven Sampling' (RDS) trial was launched in the initial phase of data collection. Sampling for these initial respondents followed RDS network-based methodology, which seeks to account for potential bias of close networks through a series of questions asked to the respondent to help estimate the resulting bias of each successful referral, and diversity in initial contact selection. A separate output is due to be published in 2021, with the full details of the RDS pilot in Libya, and its implications for use in the humanitarian assessment field.

[43] For the purpose of the MSNA, community is intended in the broad sense of a group of people sharing some identity traits (most commonly, nationality) and a location. Community leaders were identified by local CSOs partnering with REACH for the MSNA and were selected based on their ability of speaking on behalf of the migrant or refugee community they represented, their willingness to participate in the assessment, and their ability to speak either Arabic, English or French.

[44] FGDs with children were conducted by Cesvi's child protection staff in their community centres in Tripoli and Misrata. Ahead of data collection, these enumerators were provided additional training on the tool and do-no-harm principles, as REACH enumerators. For the agenda of the trainings, see Annex 13.

[45] The JIAF have been developed by the Joint-Intersectoral Analysis Group (JIAG). Led by OCHA and the Global Cluster Coordinators Group (GCCG), the JIAF aims to assist with identification of inter-linkages between various drivers, underlying and contributing factors, sectors and humanitarian conditions. The JIAF seeks to enable humanitarian actors to arrive at a common understanding of who, and how many people face humanitarian needs, and which needs are most critical.

and close monitoring of enumerator participation. Field staff or data collection focal points quizzed enumerators over the phone to make sure all training materials were understood.The complete training agenda can be found in Annex 13. Before data collection began, a pilot was conducted to test the tool and make any final adjustment to the tool and the operational plan. All data collection was completed by REACH through its local partners.

Key Informant Interviews and FGDs

KIIs were used to triangulate and contextualize the quantitative findings, and to better understand the specific humanitarian needs of vulnerable population groups that could not be accounted for in the sampling frame, such as adolescents, who were not interviewed by REACH staff during quantitative data collection due to child protection concerns. As outlined above, the themes for the KIIs were set in cooperation with the sectors based on a triggered approach in response to the quantitative results, designed in coordation with sector and working group leads, as well as based on identified information gaps. The tools for the qualitative assessment were devised with input from local partner networks of CSOs and INGOs with experience working in Libya, and were also validated by assessment specialists at IMPACT HQ.

Training consisted of two components – one component took place through the same platform as the quantitative training, while the second part took place in smaller groups over Skype with REACH staff based in Tunis and throughout Libya, to ensure that enumerators understood when and how to engage with follow-up questions. The complete training agenda can be found in Annex 14.

KIIs were conducted by REACH through its local partners. In addition, 14 KIIs were conducted by IMC, while 11 in-person FGDs were conducted by Cesvi, both partnering with REACH for this assessment

Translation of Tools and Transcripts

All tools were originally developed in English and subsequently translated to Arabic. All translation was carried out by REACH staff in Tunis. Translation was checked by Libyan field staff in multiple regions across Libya to check and amend any terminology and dialect differences between regions.

Analysis

Quantitative analysis

The quantitative analysis consist of two core elements, living standard gaps (LSGs), and capacity gap (CG), which facilitate the MSNA analysis by highlighting the respondents that face unmet needs within a given sector, and/or use negative and unsustainable coping strategies. The analytical framework and severity scale of needs were inspired by the JIAF, a global analytical framework being developed to enhance understanding of needs of affected populations. The framework measures a progressive deterioration of a household's situation towards the worst possible humanitarian outcome. The JIAF has shaped the analysis through both the selection of indicators in the quantitative questionaire as well as in the categorisation of responses in the questionnaire, which can be grouped into relevant sectoral 'living standards gaps'.

Living Standards Gap

One overall living standards gap score was calculated for each of the following sectors: cash & markets, food security & livelihoods, WASH, health, shelter & NFI, and protection.[46] The purpose of the living standards gapscores is to identify the proportion of respondents that cannot meet their basic needs in the relevant sector, and the severity of these needs. The living standards gap composite indicators provide a measure of the accessibility, availability, quality, use and awareness of essential goods and services. Each household is classified according to their severity of needs (none/minimal, stress, severe, extreme), based on their answers to the households survey.

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[46] No LSG was calculated for Education due to the limited number of respondents who reported living with school-age children as members of the same household (n=130).

Every household with an living standards gap severity score of "severe" or "extreme" is considered to have an unmet need (a living standards gap) in that specific sector. For more explanation see Annex 7.

Capacity Gap

The capacity gap score is based on the Livelihoods Coping Strategies Index (LCSI), which is an indicator that measures the use of negative coping strategies in the 30 days prior to data collection. These coping strategies range from borrowing money from friends and family (e.g.) to household members above 18 years old engaging in degrading or illegal income activities. All such coping strategies diminish the capacity of individuals to deal with shocks. Therefore, while the capacity gap may not indicate immediate need, it does signal eroded resilience. This is particularly relevant to understand in Libya, given the protracted and complex nature of the humanitarian context. For more information on the identification of capacity gaps, please refer to Annexes 7 and 8.

Risk and protective factors

In addition to and to further nuance the analytical pillars described above, the analysis will address risk and protective factors influencing refugees' and migrants' ability to meet their basic needs, inspired by the determinants of vulnerability models developed by IOM and the MMC[47]. The factors analysed include gender, time of arrival, reasons for migrating and migration intentions, and legal status. This analysis critically assesses how these factors interact and differ between migrants and refugees from different regions of origin, in order to explore how these determinants impact on affected populations' living standards and coping capacities.

Qualitative analysis

The qualitative data analysis software NVivo was chosen as the tool for the qualitative analysis. NVivo allowed for an iterative yet structured approach to qualitative data analysis. Firstly, a preliminary codebook with coding hierarchy and descriptions to each code were created. In the first stages of the analysis, multiple team members coded the same KII transcripts to compare the coding hierarchy, where diverting from the codebook. Coding of different topics and discussion points followed codebook structures but remained flexible for new insights and diverting discussion points across regions. Lastly, codes and summaries were exported from NVivo into a data saturation grid and main points summarized. The qualitative analysis followed IMPACT Initiatives' Data Saturation and Analysis Guidelines.

> **Box 1: The Libyan MSNA and limitations with statistical comparison**
>
> The 2020 Libyan MSNA draws on similar analytical concepts, with the tools and indicators designed in alignment. However, given that both data sets are not statistically representative (i.e. with a known margin of error), statistical comparison between the two assessments is discouraged. This being said, broad trends can be identified when reading the two assessments alongside each other, particularly with regard to how humanitarian needs manifest differently between the population groups. For the purpose of this report, no such trends have been identified in order maintain focus on the particular humanitarian needs and key drivers for the migrant and refugee populations, and in recognition of the statistical limitations in doing so.

Ethical considerations

As in all assessments it conducts, REACH considered and investigated the ethical implications of data collection and information dissemination. A "do no harm" analysis was conducted during the design stage. Extensive steps were taken to ensure all data collection was securely protected, and that assessment staff and enumerators were fully trained in ethical data collection; for an overview of the training agenda, see Annexes 12 and 13. Additionally,

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[47] IOM, "Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse", 2019, https://publications.iom.int/books/iom-handbook-migrants-vulnerable-violence-exploitation-and-abuse; Mixed Migration Centre, "A Sharper Lens on Vulnerability (North Africa)", November 2020, https://reliefweb.int/report/world/sharper-lens-vulnerability-north-africa-statistical-analysis-determinants-vulnerability#:~:text=A%20Sharper%20Lens%20on%20Vulnerability%20(North%20Africa)%20-,in%20North%20Africa,%20MMC%20Research%20Report,%20November%202020.

all data collection exercises required informed consent. All data collection participants were also provided with the Complaint and Feedback Mechanism (CFM) phone number. Finally, a short monitoring and evaluation (M&E) survey was conducted after quantitative data collection. For more details on the ethical considerations and steps taken, see Annex 6.

Challenges and limitations

Underrepresentation of certain population groups in specific locations

Considering the hard-to-reach nature of refugee and migrant populations in Libya, it is likely that particularly hidden populations were underrepresented in the survey. This was particularly the case in the Southern mantikas assessed (Sebha and Murzuq), as well as in Ejdabia and Alkufra. Two factors contributed to this. First, the remote nature of data collection, which is dependent on having entry points into a community that can provide contact numbers for potential interviewees, made it particularly challenging to reach certain groups (mainly sub-Saharan migrants), as opposed to directly approaching individuals at roundabouts, squares, or other known gathering points, as was the practice for the 2019 MSNA. Second, the reliance of a specific region-of-origin group, namely East Africans, on smuggling networks, as well as the purely transitory role of certain mantikas, such as Alkufra, in their journey across Libya, made it harder to reach respondents from this population group, which is therefore likely to be underrepresented in such mantikas. This limitation was mitigated to some extent by dedicated outreach to expert KIs during the qualitative phase, who were able to speak to the needs of otherwise underrepresented groups.

Presentation of findings at mantika and regional level

Due to the reliance on region of origin as the primary layer of stratification, as well as the indicative nature of population data for refugees and migrants at mantika level, the sample data was not weighted at the analysis stage to match current patterns of distribution of different region-of-origin groups across the selected locations. As a consequence, aggregation of data across region-of-origin groups at mantika level is discouraged, with aggregation recommended at national level only. Throughout the report, whenever referring to specific regions (West, East, South) or mantikas in Libya, findings will be presented disaggregated by region of origin. Despite this limitation, it is possible to make inferences on humanitarian needs within specific mantikas or regions, as well as to compare such needs between mantikas or regions, as long as the region-of-origin disaggregation is maintained and the analysis relies upon observed trends across region-of-origin groups. As an example, the key findings pertaining to refugees' and migrants' living standard gaps will be presented at regional level, as these findings are consistent across all region-of-origin groups – i.e. all groups assessed in the Western region of Libya presented needs primarily in the area of cash & markets, followed by health and shelter, while in the South cash & markets needs and food security needs were the main drivers of humanitarian needs across all region-of-origin groups.

Limitations related to the individual character of the survey

The MSNA survey was conducted at individual level, to account for refugees' and migrants' propensity to travelling and living in Libya as individuals, rather than with their families.[48] As a consequence, no information is available about household-related vulnerabilities, including disability of family/household members. To enable the survey to capture limited information about refugee and migrant children, who were not directly interviewed due to considerations related to ethical data collection, questions relating to a respondent's household were introduced in the survey, specifically in its biodata and education sections. Within this set of questions, a broad and flexible understanding of "household" was applied that relies on the notion of financial interdependence: *a group of persons who live together and share expenditures (including the joint provision of the essentials of living)*. However, while 25% of respondents reported being part of a household and therefore living with other members, only 8% of respondents reported living with school-aged children within their household. In addition, the distribution of respondents across locations and regions of origin was unbalanced, with MENA respondents in Benghazi and Ejdabia representing 50% of this subset. For this reason, quantitative findings about education needs are not

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[48] See for example REACH, "Refugees and migrants' access to resources, housing and healthcare in Libya", December 2017, https://reliefweb.int/report/libya/libya-refugees-and-migrants-access-resources-housing-and-healthcare-libya-key.

presented in this report. Part of the qualitative data collection was therefore dedicated to cover information gaps related to child protection and education. To reflect the relevance of such data, which address important information needs concerning a particularly vulnerable sub-group, key findings related to these topics will be presented in a separate output (forthcoming).

Underrepresentation of protection concerns, including GBV

While the multi-sectoral questionnaire included a section dedicated to protection, including access to documentation; safety and security concerns; and child protection concerns, a quantitative survey administered via phone is not equipped to fully capture protection concerns, which are therefore likely to be under-reported in this report. In particular, issues related to GBV are seldom reported in this type of setting. As UN Women points out, "a lack of concrete data regarding GBV, and particularly sexual violence, is to be expected in an initial multi-sectoral assessment. Regardless of the culture, religion, or geographic region, sexual violence is significantly underreported and is rarely discussed openly".[49] This was confirmed, for example, by the low proportion of respondents reporting concerns related to sexual violence and harassment in the survey (1%), compared to the number of KIs reporting the same concerns (almost half of KIs interviewed on the topic of protection). To account for this limitation and as in the case of child protection and education, a dedicated qualitative exercise (KIIs and FGDs) was conducted by REACH, Cesvi and IMC.

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[49] UN Women, "Multi-sectoral needs assessments", July 2013.

This section provides an overview of the humanitarian conditions and needs of refugees and migrants in Libya. Humanitarian needs are grouped and analysed thematically, based on the key sectors of humanitarian action that are relevant to the Libyan crisis[50]. For the purposes of the present report, humanitarian needs in one sector or area will be referred to as a "living standard gap" in that sector or area.[51] Across the report, a multi-sectoral lens will be adopted, reflecting the complex needs profiles of migrants and refugees in Libya. This section starts by providing an overview of the magnitude and distribution of humanitarian needs across the different population groups and locations assessed, by looking at respondents who presented living standard gaps in at least two sectors or areas. Secondly, it looks at how sectoral/area needs tend to intersect to create complex needs profiles and explores the key sectors and areas driving these humanitarian needs, against the backdrop of the Libyan crisis and the COVID-19 pandemic. Finally, the last part of this section zooms in on sub-groups of particular concern, identified as presenting specific humanitarian needs, with the aim to unpack the underlying factors contributing to their accrued humanitarian needs.[52]

Overview of multi-sectoral needs

Overall, the majority of refugees and migrants interviewed for the 2020 MSNA were found to have living standard gaps in at least two sectors (77%). This subset will be referred to throughout this section as those with multi-sectoral needs.[53]

As outlined in the methodology section, the primary stratification adopted for the Refugee and Migrant MSNA is based on the respondents' region of origin, with four main regions identified for this purpose: East Africa; West and Central Africa; MENA; and Other nationalities, mainly encompassing migrants from Pakistan and Bangladesh.[54] When looking at the distribution of humanitarian needs across these population groups, a higher proportion of respondents with multi-sectoral needs were found among East Africans (94%) and West and Central Africans (87%) compared to respondents from Other nationalities (66%) and the MENA region (61%).

Understanding the history and context behind the different experiences of migrants and refugees from each region of origin, is essential in understanding the different need profiles of each group. As documented by several sources, migrants of Sub-Saharan origin are particularly vulnerable to racism, abuses, and rights violations[55]. The increasingly strict requirements for legal migration in Libya imposed since the late 1990s have made it particularly difficult for sub-Saharan migrants to work legally in Libya, increasing risks of labour exploitation and trafficking, and limiting access to judicial support and basic rights. Those who do not meet the strict requirements for legal migration are at risk of arrest and detention.[56]

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[50] The following sectors and working groups have been activated to respond to the Libya crisis: Coordination and common services, Education, Food security, Health, Logistics, Protection, Shelter and NFI, Water Sanitation Hygiene (WASH); Mixed Migration, Cash, Assessments, Child Protection, Gender-Based Violence (Working Groups). The present report covers five sectors (Food Security, Health, Shelter and NFI, Protection, and WASH) and one thematic area (Cash & markets). For the purposes of the MSNA analysis, this latter is treated as a sector in LSG calculations.

[51] For an overview of how LSGs are calculated and which indicators feed into each LSG, see Annex 9.

[52] These findings should be read as complementary to the individual sectoral factsheets and the online interactive dashboard, which summarise the full data sets.

[53] In the following sections, findings will be presented for this specific subset (n=1192).

[54] The classification draws upon the UN Statistics Division standard composition of geographical regions, with a few noteworthy deviations: i) Western Africa and Middle Africa are considered jointly as "West and Central Africa"; ii) Northern Africa and specific countries from Western Asia are classified as "Middle East and North Africa (MENA)"; iii) All countries that fall outside of the categories of "West and Central Africa", "East Africa", and "MENA" are classified as "Other nationalities". The rationale for these deviations is based on characters specific to the refugee and migrant population in Libya, identified through literature review, including the relevance of the Arabic language and ethnicity as a factor conducive to integration and easier access to services; the similarity of needs and profiles between Western and Central Africa individuals; as well as the relatively small numbers of migrants from any other regions identified by the UN Statistical Division. The classification of countries per region of origin can be found in Annex 3.

[55] IOM DTM, "Flow Monitoring Surveys: The human trafficking and other exploitative practices indication survey", January 2018, https://migration.iom.int/docs/FMS_CT_Analysis_male%20female_Central_Eastern_2017.pdf. Danish Refugee Council (DRC), "We risk our lives for our daily bread. Findings of the Danish Refugee Council study of mixed migration in Libya", December 2013, https://reliefweb.int/sites/reliefweb.int/files/resources/Danish%20Refugee%20Council%20Report%20_%20Risking%20our%20Lives_Mixed%20Migrants%20in%20Libya_Dec%202013.pdf.

[56] IMPACT, "Mixed migration routes and dynamics in Libya in 2018", June 2019, https://reliefweb.int/sites/reliefweb.int/files/resources/impact_lby_report_mixed_migration_routes_and_dynamics_in_2018_june_2019.pdf.

Within this broader group, East Africans represent a particularly vulnerable sub-set. Coming from refugee-producing countries[57] and therefore commonly unable to return due to persistent safety and security concerns and fear of persecution in the region of origin, and pushed to flee due to combination of different factors, including of socio-economic and political nature, East Africans tend to travel through closed smuggling networks, transiting through Libya with the intention to reach Europe. This transitory profile[58] makes East African migrants and refugees a hard-to-reach population: while they are less likely, on the one hand, to pursue stable occupations, they are more exposed, on the other, to abuses and precarious living conditions. People from West and Central Africa share with East Africans the often-irregular status and the language barriers, as well as the exposure to racism, abuse, exploitation, and detention. Differently from East Africans, however, individuals coming from West and Central Africa more commonly see Libya as their final destination, a country whose labour market, despite the conflict and the economic crisis, offers several opportunities for low-skilled workers.[59] Indeed, 45% of respondents from West and Central Africa reported their intention to remain in Libya during the six months following data collection, as opposed to 5% of East African respondents. While, among East African respondents, conflict, violence, and persecution were among the most commonly reported main reasons for migrating; economic drivers, including lack of income and job opportunities in the home country, emerged as the most commonly reported factors influencing West and Central African individuals' decision to migrate to Libya and to remain there. Spending longer periods of time in Libya and intending to build up their savings before returning to their home country, individuals from West and Central Africa are relatively more likely to integrate in the local labour market, as it is shown by the lower percentage of respondents reporting being unemployed (1%) or relying on daily labour (27%) compared to East African individuals (18% and 53% respectively).

Since the 1980s, Libya has also been a country of destination for individuals from South and Southeast Asia, mainly Bangladeshi and Pakistani, who tend to be employed in the service sector.[60] Insecurity stemming from the protracted civil war in Libya has caused this group to be increasingly represented among individuals attempting to reach Europe; in May 2020, Bangladeshis were reported as the primary nationality arriving in Europe from Libya[61]. Therefore, while respondents classified as "Other nationalities" tended to present lower level of needs compared to sub-Saharan migrants, sub-sets within this broader group are likely to face specific vulnerabilities related to their involvement with smugglers, as well as the risk of being targeted by human traffickers.[62] Finally, individuals from the MENA region are reportedly better integrated into the Libyan host society and less exposed to discrimination. The absence of language barriers, as well as the cultural closeness, ensure that individuals from the Middle East and North Africa tend to enjoy relatively easier access to stable employment and decent living conditions.[63]

In terms of geographical distribution of needs, the South presented the highest proportion of respondents with multi-sectoral needs, accounting for 91% of respondents from the MENA region, 93% of respondents from West and Central Africa and 72% respondents from Other nationalities.[64]

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[57] UNHCR registers individuals of the following nationalities in Libya: Iraqi, Syrian, Palestinian, Eritrean, Ethiopian, Somali, Sudanese, South Sudanese, Yemeni.
[58] IMPACT, "Mixed migration routes and dynamics in Libya in 2018", June 2019.
[59] Ibid.
[60] International Centre for Migration Policy Development (ICMPD), "What are the protection concerns for migrants and refugees in Libya?", November 2017, https://www.euneighbours.eu/en/south/stay-informed/publications/icmpd-policy-brief-what-are-protection-concerns-migrants-and. IMPACT, "Mixed migration routes and dynamics in Libya in 2018", June 2019, https://reliefweb.int/sites/reliefweb.int/files/resources/impact_lby_report_mixed_migration_routes_and_dynamics_in_2018_june_2019.pdf.
[61] UNHCR, "Arrivals to Europe from Libya", May 2020, https://data2.unhcr.org/fr/documents/details/77525.
[62] REUTERS, "Bangladeshis killed in Libya were abducted and tortured, Foreign Ministry says", May 2020, https://www.reuters.com/article/us-libya-migrants-idUSKBN2352O1.
[63] IMPACT, "Mixed migration routes and dynamics in Libya in 2018", June 2019.
[64] Refugees and migrants from East Africa were not interviewed in the South, based on the low presence of this population group in the region according to IOM-DTM population data.

Map 3: Respondents with multi-sectoral needs (i.e. living standards gaps in at least 2 sectors), per region of origin and region in Libya

East Africa

West and Central Africa

MENA

Other nationalities

48% [gradient] 100%   Population group not assessed in this mantika
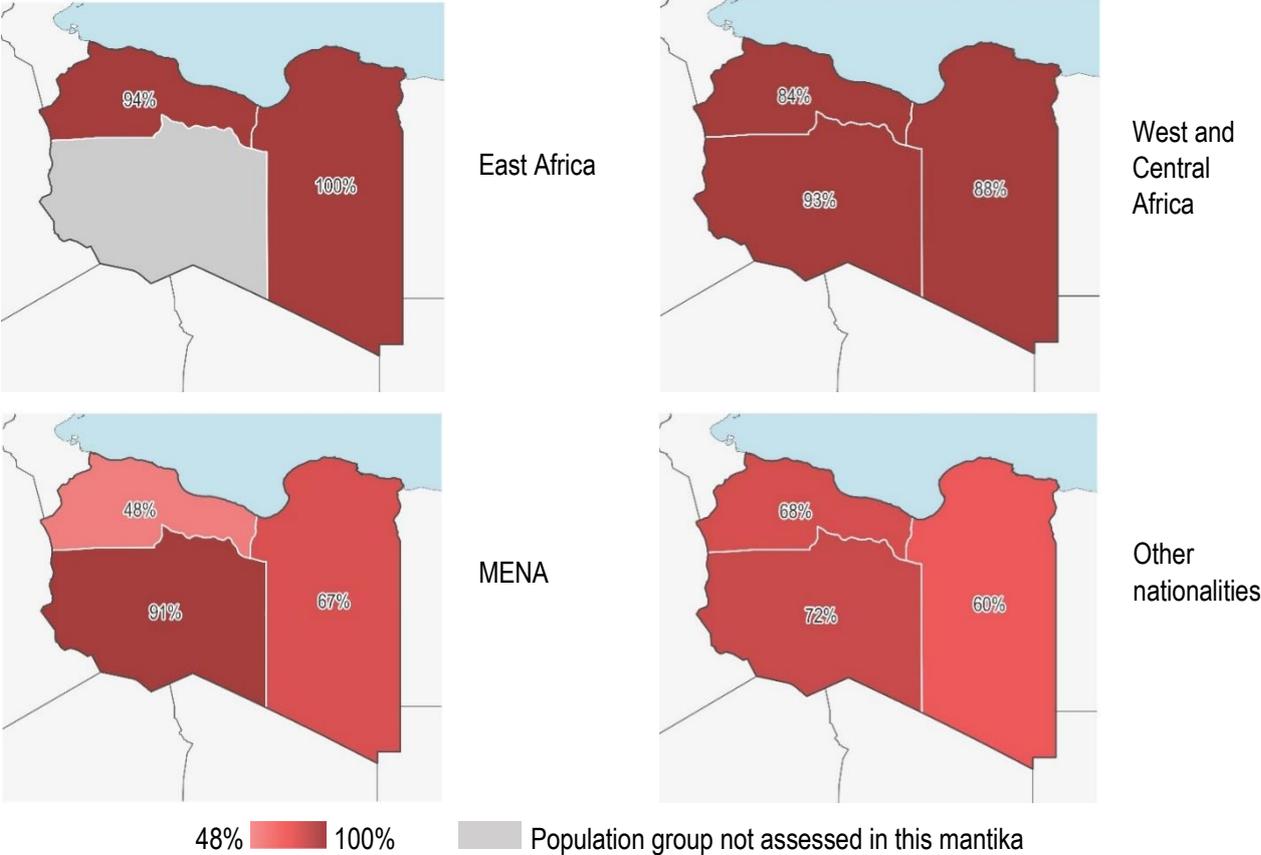
These findings reflect poor living conditions in the Southern region, where weak infrastructures, power cuts, fuel shortages and a steep increase in the price of basic goods have taken place against the backdrop of systemic insecurity and institutional weakness.[65] In 2020, the COVID-19 outbreak severely hit the Southern region, with Sebha in particular being one of the initial epicentres of the pandemic. In October, testing facilities in the South were closed due to difficulties in operating given the frequent blackouts and fuel shortages, as well as the increased challenges in accessing testing supplies. Although testing has resumed since, the capacity for testing and the number of tests carried out remain low, thus likely underrepresenting the severity of the outbreak.[66] As OCHA's Humanitarian Bulletin for Libya (September 2020) reports, "*the situation predicts a humanitarian catastrophe in Sebha and the southern region in future if these issues are not resolved*"[67].

Finally, while the relevance of gender in shaping refugees' and migrants' experience in Libya will be addressed more in detail when looking at the sectors and areas driving these needs, it is noteworthy that data suggest that refugee and migrant men might be more likely to present humanitarian needs than women, as 81% of male respondents were found to have living standard gaps in at least two sectors, compared to 57% of female respondents.

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[65] Paolo Zucconi, "The strategic role of the Fezzan region for European security", The Foreign Policy Centre, 2019, The Strategic Role of the Fezzan Region for European Security - The Foreign Policy Centre (fpc.org.uk).
[66] OCHA Libya, "Situation report", December 2020, https://reports.unocha.org/en/country/libya.
[67] OCHA Libya, "Humanitarian bulletin", September 2020, https://reliefweb.int/report/libya/ocha-libya-l-humanitarian-bulletin-september-2020-enar.

This difference may reflect the higher likelihood of men to live in extremely poor housing conditions (see sub-section on Shelter & NFIs below) and their increased exposure to arrest and detention due to lack of documentation and illegal status. However, it should be noted that specific concerns that are likely to affect women disproportionately, including but not limited to GBV, are not well captured via a multi-sectoral survey.

Presentation of findings

In the following sections, unless otherwise indicated, findings will be presented for the subset of respondents who presented living standards gaps in at least two sectors/areas, who will be referred to as "respondents with multi-sectoral needs" (n=1192). For an overview of the prevalence of sector/area needs across the whole sample (n=1551), please refer to Annex 10 or consult the sectoral factsheets.

Co-occurrence of needs [68]

The 2020 Refugee and Migrant MSNA found almost half (46%) of respondents with multi-sectoral needs to present living standards gaps in at least 4 sectors, which hints to a generalized, multi-dimensional erosion of living conditions. These findings speak to the complex and protracted nature of the Libyan crisis and, more specifically, the precarious situation of refugees and migrants in the country. This in turn highlights the numerous deprivations migrants and refugees in Libya experience across different areas of their lives, encompassing job insecurity, inadequate housing, poor health and nutrition, and low personal security.[69] Across population groups, respondents from East Africa and West and Central Africa were more likely to have 4 or more sectoral living standards gaps (65% and 51% of respondents respectively), compared to respondents from the MENA region and Other nationalities (30% and 26% of respondents respectively). Among sub-Saharan migrants, East African respondents presented a more critical profile, with almost half (45%) having living standard gaps in 5 or 6 sectors (as opposed to 19% of respondents from West and Central Africa).

Figure 1: % of respondents with multi-sectoral needs, by number of living standards gaps and region of origin
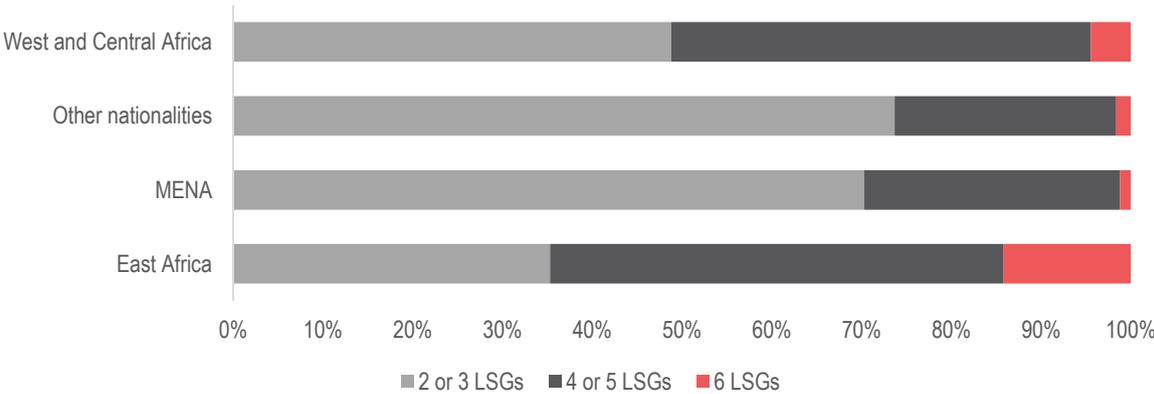
Looking at the co-occurrence of needs, i.e. the frequency of occurrence of two or more sectoral/area needs together for each respondent, provides insight into the varied needs profiles of migrants and refugees. The figure below shows these needs profiles. Each individual has a needs profile composed of the living standard gaps they present; as a consequence, each respondent can appear only once in the graph. The vertical bars display the proportion of respondents who share that need profile – for example, 3% of respondents present a combination of shelter & NFIs and cash & markets living standards gaps only, as shown in the last bar on the right. Below the vertical bars, the dots show which sectors or areas combine in that specific profile. The graph only shows the ten most common

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[68] Findings are presented for the subset of respondents with multi-sectoral needs (i.e. LSGs in at least 2 sectors) (n=1192).
[69] Oxford Poverty and Human Development Initiative, "Multidimensional poverty. Measurement and analysis", June 2015, https://multidimensionalpoverty.org/.

combinations of needs, while less common profiles, shared by less than 3% of respondents (e.g. a combination of living standards gaps only in protection and food security) are not shown here.

Figure 2: Most common combinations of two or more living standard gaps among respondents with multi-sectoral needs
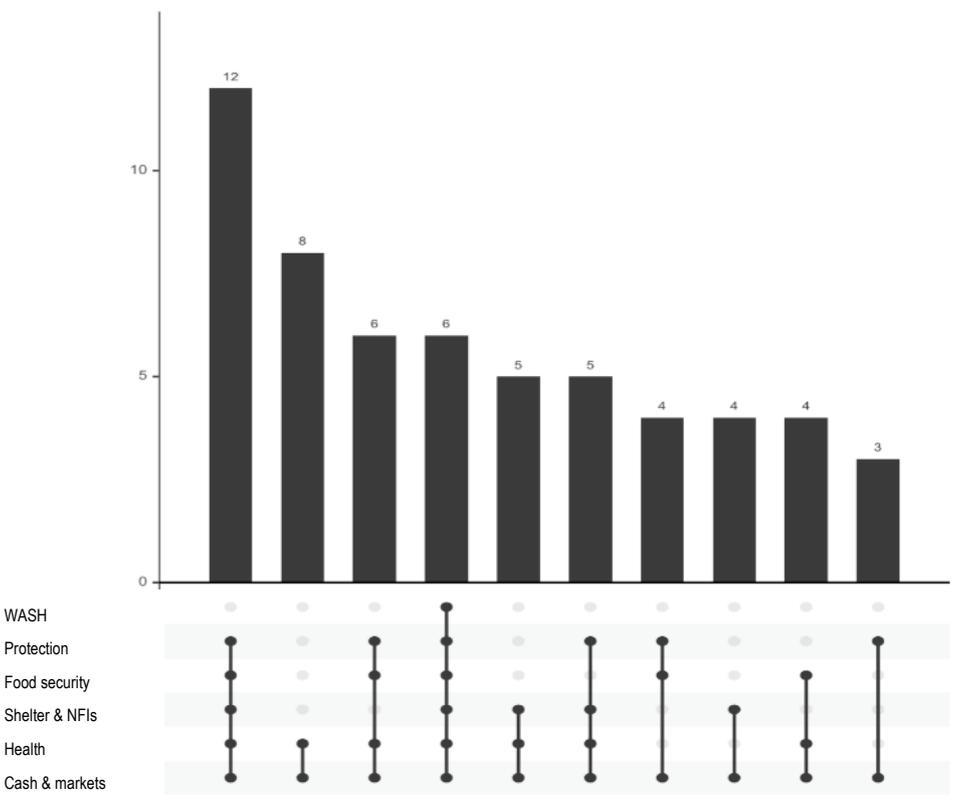
As the graph shows, the most common needs profile is a complex one: 12% of respondents with multi-sectoral needs presented living standard gaps in 5 sectors or areas (cash & markets, health, shelter & NFIs, protection, food security, and WASH). Indeed, among the six more common profiles, four present a combination of at least four sectors or areas, which reflects the fact, highlighted in the previous paragraphs, that refugees and migrants in Libya tend to have humanitarian needs in several sectors at once. Furthermore, when looking at the extent to which different sectoral or area needs are represented among the most common combinations, it is noteworthy that needs in cash & markets appear in all profiles. This suggests that the crisis that is currently affecting income generation and livelihoods of refugees and migrants in Libya tends to overlap with all other areas of need. Better understanding the extent of the overlap and the interplay between precarious livelihoods and co-occurring humanitarian needs, as well as appreciating the complex and inter-sectoral character of refugees' and migrants' needs in Libya is therefore important for developing effective strategies and targeted, coordinated interventions.

Key drivers of multi-sectoral needs

As shown in Figure 1 below, among all respondents found to have multi-sectoral needs, needs in the areas of cash & markets (85%) and health (67%) appear to be the main drivers (either by themselves or in combination with other sectoral living standards gaps) of humanitarian needs.[70] The Libya Cash & Markets Working Group (CMWG) was established in 2016 to support the humanitarian response to the Libya crisis, in particular focusing on cash assistance as an effective response modality to meet the multiple needs of all affected populations in Libya. As a community of practice, the Working Group addresses cross-cutting topics such as income, access to cash, markets accessibility, prices of basic goods, with the objective of contributing to the "*overall response analysis and*

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[70] Each household can have needs in several sectors so the percentages can add up to more than 100% in the graph below.

prioritization".[71] Presenting the key findings from cash & markets indicators as a thematic area is a choice that acknowledges the significant economic dimensions to the Libyan conflict and COVID-19 context, especially the extent to which issues such as access to liquidity, employment and livelihoods disruptions are driving the conditions and humanitarian needs of refugees and migrants in Libya.[72] Respecting the cross-cutting nature of the cash & markets themes, however, considerations related to income, expenditures, and ability to satisfy basic needs are also mainstreamed across the other sectors, to allow for a better understanding of the implications of cash & markets needs on the other dimensions of the humanitarian context in Libya.

Figure 3: Prevalence of sectoral and area living standards gaps among respondents with multi-sectoral needs
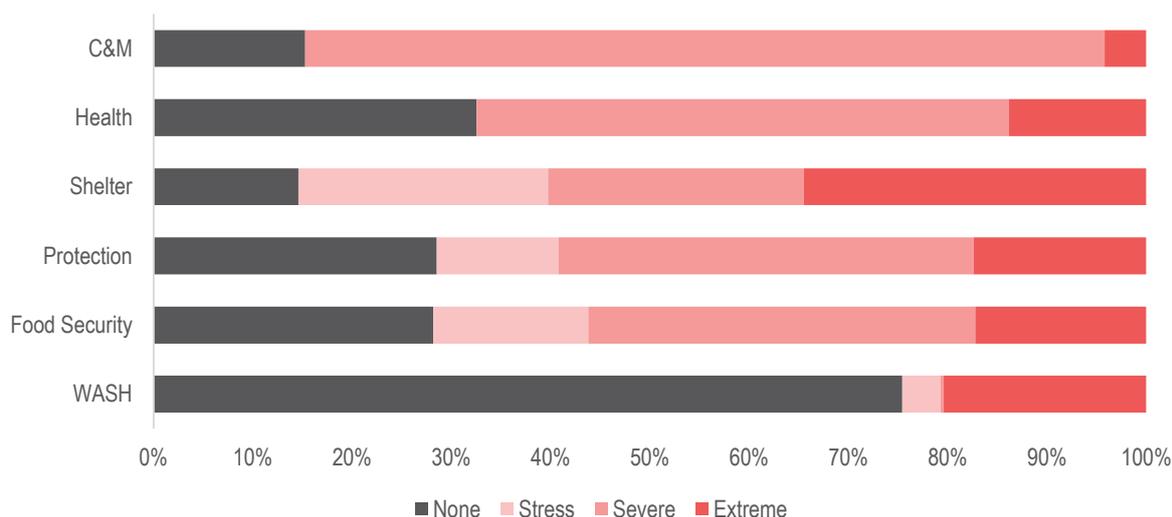
No considerable variation was observed between region-of-origin groups regarding the relative prevalence of the sectors or areas driving humanitarian needs in terms of general trends.[73] This coherence across groups with otherwise different profiles seems to indicate that the environmental and contextual factors, for example Libya's economic landscape and the consequences of the COVID-19 outbreak, have played a key role in determining the main areas of need for the refugee and migrant population as a whole. However, the extent to which each group has been impacted by these factors seemingly varied considerably – reflecting the importance of community/group level factors that are specific to the different population groups assessed, such as access to legal documentation, language barriers, and the capacity to obtain more stable job opportunities. This determines the differences in the proportion of respondents presenting a living standards gap in one sector or area across different region-of-origin groups. For example, across all region-of-origin groups, respondents were found to be most likely to have needs in cash & markets and health compared to any other sector; however, the percentage of each population group with needs in these specific sectors ranged by approximately 30% between groups.[74] Similarly, the severity of needs within each sector or area varied considerably across population groups. This is apparent in the case of shelter & NFIs needs, which emerged as one of the main drivers of humanitarian needs across all assessed population groups, where the variation between respondent groups with extreme needs reached 22%.[75]

On the other hand, variations in the relative prevalence of drivers of humanitarian needs were observed at regional level and held true when controlled for region of origin, reflecting the likely impact of political and economic fragmentation on living conditions and standards of individuals inhabiting the Western, Eastern, and Southern

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[71] Libya Cash & markets Working Group, "Strategic framework", February 2017, https://www.humanitarianresponse.info/en/operations/libya/document/libya-cash-markets-wg-strategic-framework-2017-workplan.

[72] The section of the quantitative and qualitative questionnaires dedicated to Cash & markets was reviewed and further developed based on comprehensive feedback provided by the Livelihoods Working Group (LWG).

[73] The only meaningful exception is the higher relative importance of Food Security needs for MENA respondents, reflecting the fact that this group, that presents comparatively lower needs in all sectors/areas compared to sub-Saharan respondents, is equally affected by food needs in the South (see section on food security below).

[74] 96% East Africans and 70% respondents from Other nationalities presented an LSG in the area of Cash & markets, while 88% and 55% respectively for these population groups presented a Health LSG.

[75] 66% of West and Central Africans and 45% of MENA respondents presented an LSG in the Shelter and NFI sector. A full breakdown of prevalence and severity of LSGs by population group can be found in Annex 10.

regions of Libya. The figure below shows the top 3 most common drivers of humanitarian needs per region in Libya, by region of origin.[76]

Figure 4: % of respondents with multi-sectoral needs per top-3 most common sectoral or thematic needs, by region of origin and region in Libya
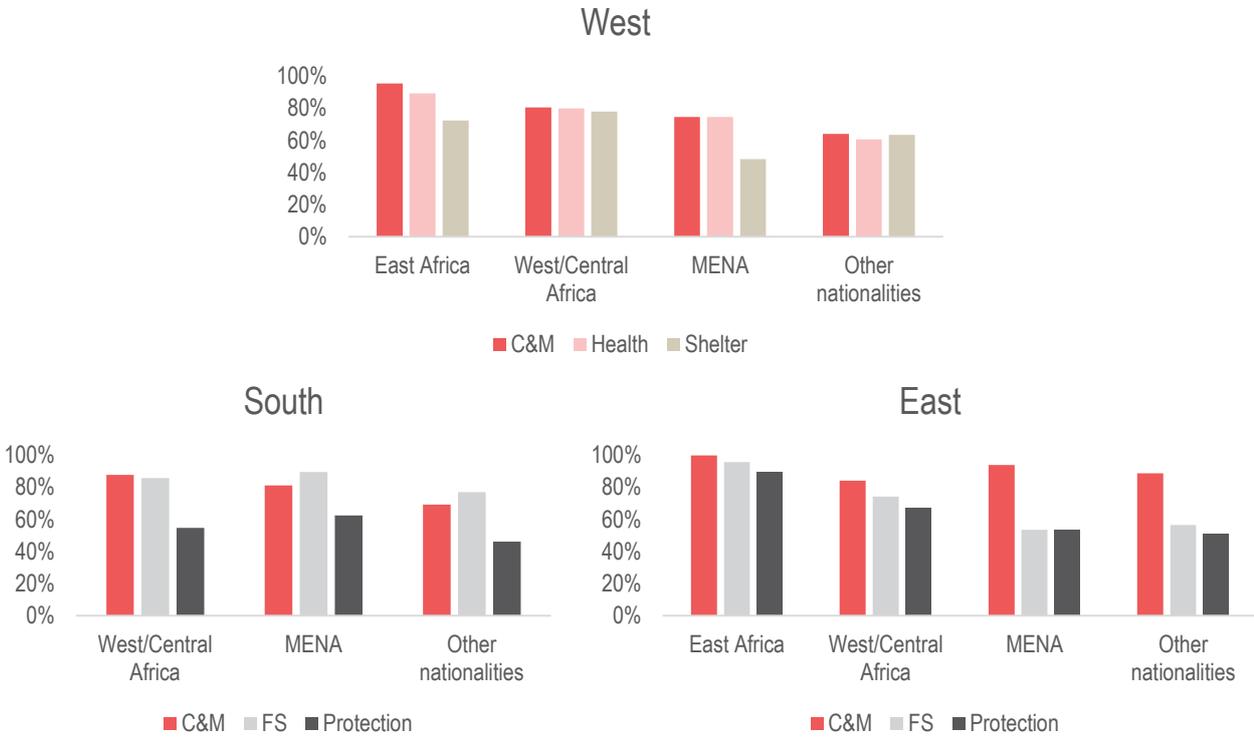
To account for these variations, the following sub-sections will adopt a regional lens to unpack the most common drivers of humanitarian needs. First, findings related to cash & markets needs will be presented at national level, as these were found to be amongst the most common needs across all regions in Libya for all population groups.[77] The second sub-section will focus on food needs in the South and the East, as living standards gaps in the food security sector were found to be the second main driver of multi-sectoral needs in these regions. Finally, health and shelter & NFIs needs will be outlined for the Western region, where they represented respectively the second and third main driver of multi-sectoral needs, after cash & markets needs. Within each section, variations across region-of-origin and gender groups will be highlighted and analysed when relevant.

Box 2: The Capacity Gap Score

To provide additional insights into the precariousness of the current situation and to allow for consideration of longer term resilience of populations, the sectoral and inter-sectoral analysis of needs is complemented by information about the capacity of respondents to deal with current and future shocks. For this purpose, a

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[76] In the Southern region, while on average (not weighed) protection represents the third most prevalent driver of needs, a higher proportion of West and Central African respondents and respondents from Other nationality presented LSGs in Shelter & NFIs and Health respectively. However, as the deviation was limited (8% in both cases) and the subset of Other respondents was particularly small (n=13), as well as due to the fact that individuals from the MENA region represent the largest share of refugees and migrants in the South, it was preferred to stick to the un-weighed average to determine the top 3 most prevalent drivers in the region.
[77] In the South only, respondents from the MENA region and other nationalities were slightly more likely to present food security needs (90% and 77% respectively) than C&M needs (81% and 69% respectively).

> **Capacity Gap Score** is calculated based on the Livelihoods Coping Strategies Index (LCSI),[78] and measures the respondents' reliance on negative and unsustainable coping strategies as a response to a livelihoods crisis. The coping strategies included in the Index range from crisis damage containment (e.g. searching for addition sources of income, such another job) to strategies involving the "disengagement of all normal systems of survival", including selling house or land and engaging in worst forms of labour.[79] The adoption of negative coping strategies signals a progressive erosion of the person's assets and capacities, thus indicating their reduced resilience to future shocks or protracted crisis. In the most extreme cases, engaging in desperate strategies has irreversible effects on the person's livelihoods, with severe implications on their safety and well-being in the case external assistance is not provided.
>
> In 2020, 33% of respondents with living standard gaps in 2 or more sectors presented a capacity gap, i.e. were found to have resorted to crisis or emergency coping strategies to meet basic needs in the 30 days prior to data collection. Of these, 48% were found to have resorted to emergency strategies. In addition, 18% of respondents who were classified as not in need (i.e. presented living standards gaps in less than 2 sectors) had capacity gap – which indicates that, although this group does not present immediate humanitarian needs, they are likely to develop them if the current situation is to endure.
>
> The coping strategies most commonly reported by respondents were taking on an additional job (23%)[80] (crisis coping strategy) and asking for money from strangers (15%) (emergency coping strategy). In the following sections, the analysis of negative coping strategies will be integrated in the presentation of the key drivers of humanitarian needs, to allow for a more nuanced understanding of the broader implications of the crisis on refugees' and migrants' living conditions.

Cash & Market needs – a priority throughout Libya

Cash & market needs were the main driver of needs across all regions in Libya, with 85% of respondents with multi-sectoral needs having a living standard gap in this area.[81] This held true as a general trend across all population groups, although with considerable variations – ranging from 70% for respondents of Other nationalities to 96% for respondents from East Africa. The figure below shows prevalence of cash & markets needs across different region-of-origin groups, by region in Libya.

Figure 5: % of respondents with multi-sectoral needs presenting a cash & markets living standards gap, per region of origin and by region in Libya

East Africa   West and Central Africa   MENA   Other nationalities

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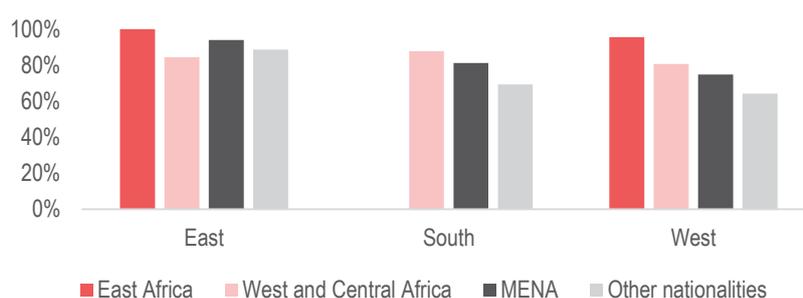
[78] It is worth noting that some of the strategies included in the Index would not be accessible to a large part of the refugee and migrant population in Libya, due to their specific demographic profile and living arrangements. This is the case, for example, of all strategies involving children living in the same household of the respondent (e.g. "reducing expenses on education"): only 25% of respondents reported living with other members of the same household, and only 12% reported living with children. This should be taken into consideration when doing any cross-comparisons between refugees/migrants and any other population groups (e.g. Libyans). For the methodology used to calculate the LCSI, as well as the classification of the coping strategies feeding into it, see Annex 9. The Livelihoods Coping Strategies Index (LCSI) is an indicator to measure the extent of livelihood coping households need to utilise as a response to lack of food or money to purchase food. For more information about the LCSI, see the Food Security Cluster Indicator Handbook.

[79] Patrick Webb, Joachim von Braun, Yisehac Yohannes, "Famine in Ethiopia: Policy implications of coping failure at national and household levels", International Food Policy Research Institute, 1992.

[80] The figures provided include the proportion of respondents reporting either having used that coping strategy in the 30 days prior to data collection or not having been able to use it as they had already exhausted this option (e.g. were already working more than one job).

[81] Findings are presented for the subset of respondents with LSGs in at least 2 sectors (n=1192).

These findings reflect refugees' and migrants' situation of precariousness and insecurity of employment, in the broader context of an economy impacted by several overlapping shocks – the intensification of conflict in 2019 and the disruption of oil production, the liquidity crisis, and the COVID-19 outbreak, which severely affected the internal labour market and well as the supply of basic goods.[82]

Lack of income and unemployment

The graph below shows prevalence and severity of needs by region of origin.

Figure 6: % of respondents with multi-sectoral needs presenting a Cash & markets living standards gap, by region of origin and severity of needs
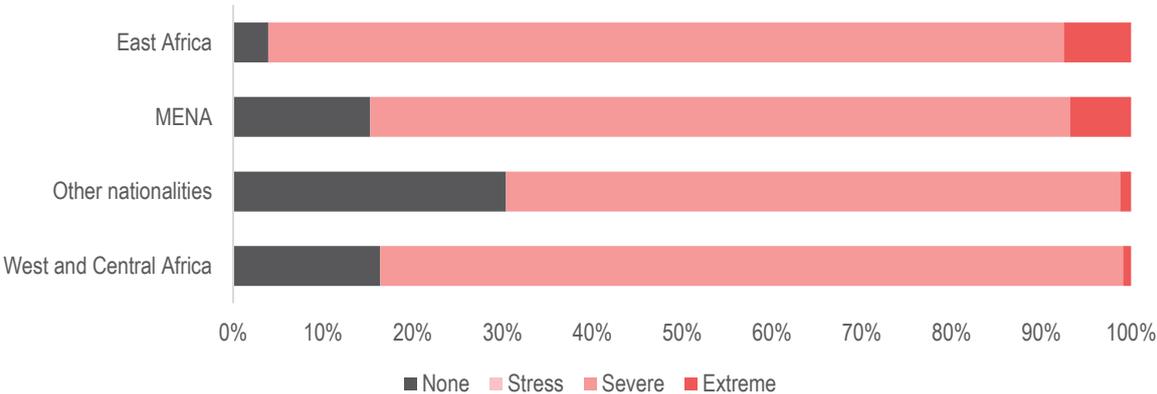
Extreme living standards gap scores were based on not having any source of income at all: as the graph shows, only a minority of respondents with multi-sectoral needs (4% on average) fell within this category. In addition to this group, 4% of respondents reported being unemployed and relying on a combination of unsustainable income sources, including savings (4%), money sent from family and friends in their home country (3%), and humanitarian assistance (0.5%). The low proportion of respondents reporting being unemployed, compared to the high prevalence of cash & markets needs, seems to indicate that inability to enter the Libyan labour market and, consequently, unemployment are not the main obstacles to sustainable livelihoods for refugees and migrants in Libya – as the following section will show, precariousness of employment is likely to play a more significant role in this sense. Indeed, despite the difficult conditions experienced by refugees and migrants, Libya remains an attractive work destination due to its steady demand for foreign, low-skilled labour.[83] Income and employment opportunities (and lack thereof in their home country) were reported by 77% of interviewed migrants and refugees as one motivation to travel to Libya, either as the sole reason or in combination with other factors.[84] As a notable exception, East Africans were the only population group where conflict and insecurity in the home country was the single most reported factor (reported by 75% of respondents), as opposed to economic reasons, mentioned only by 28% of respondents. This is coherent with the different groups' reported migration intentions, with the overwhelming majority (91%) of East African respondents with multi-sectoral needs declaring that they intended to leave Libya within the 6 months following data collection and travel to Europe, as opposed to almost half of respondents across all the remaining population groups reportedly intending to remain in Libya[85] – this latter information pointing in the direction of Libya remaining an important destination country for labour migration in the region.

Type of employment and workplace environment

Over-reliance on unstable forms of employment, rather than the inability to access the labour market, emerged as the main factor driving cash & markets needs. Indeed, while 92% of respondents with multi-sectoral needs reported

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[82] The World Bank, "Libya's economic update", October 2020, https://www.worldbank.org/en/country/libya/publication/economic-update-october-2020.
[83] IOM, "Living and working in the midst of conflict", April 2020, https://publications.iom.int/system/files/pdf/living-and-working-in-the-midst-of-conflict.pdf.
[84] "Lack of income in my home country" (40%), "Lack of job opportunities in my own country" (48%), "Job/economic opportunities in Libya" (44%). The question allowed for multiple answers, therefore the sum is above 100%.
[85] 40% of Other nationalities, 45% of West and Central Africans, 52% of MENA respondents.

having worked in the 7 days prior to data collection, the majority of these respondents reported being employed in either daily labour (35%) or temporary jobs (45%). For the purposes of the present study, daily labour and temporary employment are considered as *precarious forms of labour*, i.e. types of work that are poorly paid, unprotected, and insecure[86] and which put workers' livelihoods at risk, as they do not provide "sufficient resources for a decent life or adequate social protection"[87].

These findings are coherent with previous studies that found that a significant proportion of migrants and refugees in Libya rely on casual or daily labour as their main source of income[88]. Different regions of origin appeared to be associated with different employment profiles: while migrants from sub-Saharan countries mainly relied on more unstable forms of labour, with 68% of East Africans and 31% of West and Central Africans who reported being employed in daily jobs, migrants from Other nationalities were more likely to report engaging in permanent forms of employment (37%).[89] These differences should be considered against the background of patterns of migration and integration that vary significantly among population groups, with sub-Saharan individuals being less likely to enjoy a regular status and generally being more affected by language barriers and discrimination. In the case of East Africans, specifically, migration intentions and dynamics play a significant role, as the widespread objective to leave Libya for Europe and the documented reliance on smuggling networks makes them less likely to engage in more stable forms of employment (East African KI, Misrata). On the other hand, KIs belonging to Pakistani and Bangladeshi communities in the West reported that migrants from these countries tend to rely heavily on networks of fellow countrymen already in Libya, often obtaining work contracts ahead of travelling to the country.

Figure 7: Most common employment types by % of working respondents with multi-sectoral needs per region of origin group
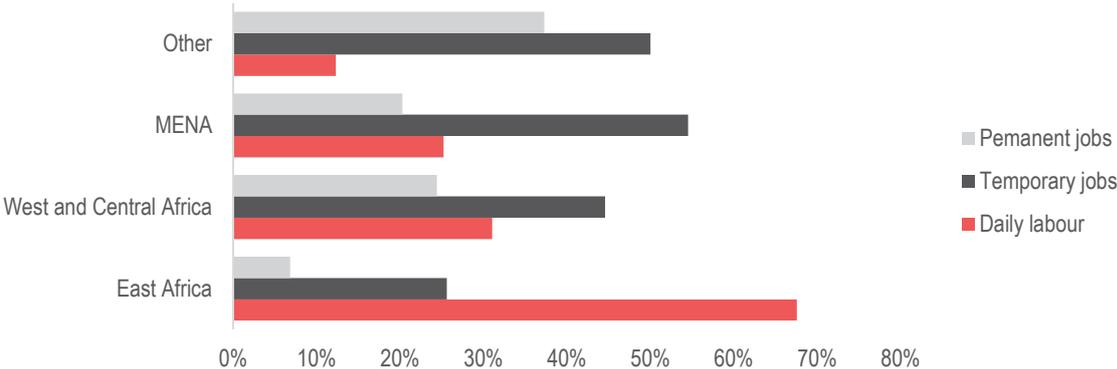
As highlighted by representatives of migrant communities interviewed for the MSNA, migrants and refugees in Libya tend to be employed as low-skilled workers in the informal sector, as construction or factory workers, farmers, cleaners, plumbers, or employees in restaurants or shops.[90] KIs stressed that these fields of work are generally associated with unstable income: "*Every day, we live in a different day. There is a day where you earn 140 dinars, and there is a day where you get 40 dinars, [...] and a day without any work to do*" (East Africa KI, Benghazi). Furthermore, they entail potential health and safety risks, as it is the case of construction work, where non-compliance to essential safety measures exposes workers to the risk of serious accidents. Health risks for refugees and migrants employed in the informal sector have significantly increased with the COVID-19 outbreak, as reported by KIs in the East and the South, who pointed at a widespread failure to adopt and observe basic health precautions at the workplace.

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[86] Work Rights Centre, "What is precarious work?", https://www.workrightscentre.org/what-is-precarious-work.
[87] European Observatory of Working Life, "Precarious work", June 2018, https://www.eurofound.europa.eu/observatories/eurwork/industrial-relations-dictionary/precarious-work.
[88] IOM DTM, World Food Programme, "Hunger displacement and migration in Libya. A joint innovative approach to assessing needs of migrants in Libya", November 2019, https://dtm.iom.int/reports/dtm-wfp-hunger-displacement-and-migration-libya. REACH, "Refugees and migrants' access to resources, housing and healthcare in Libya", December 2017, https://reliefweb.int/sites/reliefweb.int/files/resources/reach_lby_report_merf_december_2017_0.pdf.
[89] Percentages are calculated for the subset of respondents in need who reported "work" as their main source of income (n=1091).
[90] This is also confirmed in secondary literature, and covered in more detail in: REACH, "Refugees and migrants' access to resources, housing and healthcare in Libya", December 2017.

Migrants and refugees employed in the informal sector have no access to any form of social protection, including healthcare, and are exposed to the risk of unfair treatment, exploitation and abuse. Indeed, KIs across all regions in Libya reported that wage withdrawal and unfair or partial compensation are commonly encountered by refugees and migrants. The precarious employment situation of migrants and refugees is further compounded by the overreliance on cash payments despite the liquidity crisis, given that a lack of necessary documentation prevents migrants and refugees from opening bank accounts.[91] Despite the fact that migrants and refugees were found to be more vulnerable to work place rights abuses, the irregular status of many daily workers inhibits their ability to seek redress, as undocumented individuals "*have no means to assert their rights and can only remain silent*" in face of the abuse (MENA KI, Alkufra).

Access to employment

While precarious forms of employment, in particular daily labour, seem to remain relatively accessible for refugees and migrants, major obstacles seem to prevent them from accessing more stable and secure job opportunities. Language barriers were consistently mentioned by KIs across all regions as one of the main barriers to accessing more stable opportunities. As one West and Central African KI in Benghazi pointed out, individuals who do not speak Arabic find themselves confined to heavy labour; a situation that is reportedly particularly likely to affect recently-arrived African migrants. In the Western region, lack of necessary skills and experience was the single most reported obstacle by KIs across different region-of-origin groups, who stressed that refugees and migrants who do not master any craft or have enough working experience cannot access more stable working opportunities.

In addition to these obstacles, the majority of KIs reported that the deterioration of the Libyan economy, the ongoing liquidity crisis and the consequent reduction in the purchasing power of the Libyan population had reduced to some extent the overall demand for (migrant) labour and therefore the capacity of refugees and migrants to access any type of employment - a trend likely worsened by the COVID-19 outbreak, which severely impacted migrants' and refugees' livelihoods[92] (See Box 3). In the South, in particular, the lack of job opportunities caused by the economic stagnation and the price increases were consistently reported as an obstacle to finding any type of job, including daily jobs: "*for a year, I have been working at a rate of seven days a week, and I had no time to rest because of the pressure of work. Now, I am working at a rate of 2-3 days a week, trying to cover household expenses*" (Sebha, MENA KI). By contrast, the fact that the deterioration of the Libyan economy and the consequent reduced demand for workers, albeit mentioned, do not find a place among the top three most reported barriers to employment in the West seems to hint at an overall continued availability of job opportunities for refugees and migrants in the Western region. On the other hand, while lack of documentation was less widely reported nationwide as a major obstacle to finding a job, KIs in the West (mainly representing East African and Pakistani/Bangladeshi communities) were more likely to report that access to job opportunities was negatively impacted by the person's irregular status and by movement restrictions related to the presence of frequent checkpoints.

Access to employment: gender considerations

While facing the same obstacles as men, migrant and refugee women also need to overcome the structural scarcity of job opportunities available to women. As KIs across all regions reported, many job types, especially in the informal sector, are not considered suitable for women. For example, informants in Sebha stressed that women – both Libyans and not – have more difficulty accessing jobs in factories and agriculture (a major field of employment for refugees and migrants in the South), as this is considered inappropriate. In addition, the risk of harassment also plays a role in limiting women's participation in the workforce. KIs, especially in the East, mentioned verbal and sexual harassment as a significant issue faced by refugee and migrant women at the workplace, also affecting their ability to find a job: "*Women are not desirable at work […] Most employers do not employ them out of fear of harassment and problems*" (Ejdabia, Other KI). Women's lower access to the Libyan labour market, compared to men's, is reflected in the MSNA quantitative findings – 30% of female respondents with multi-sectoral needs reported being unemployed, as opposed to 6% of men. If, however, women tend to be underrepresented in the workforce, KIs reported that refugee and migrant women who have access to the labour market tend to work in

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[91] REACH, "Access to cash and the impact of the liquidity crisis on refugees and migrants in Libya", June 2018, https://www.impact-repository.org/document/reach/3e2da751/reach_lby_brief_refugees_and_migrants_access_to_cash_june2018.pdf.
[92] IOM DTM, "Migrant Report 32 (July-August 2020)", September 2020, https://dtm.iom.int/reports/libya-%E2%80%94-migrant-report-32-july-august-2020.

more stable forms of employment. In line with gender norms prevalent in Libya[93], female respondents employed in temporary and permanent jobs in the private sector were considerably less likely to be running their own business compared to men (7% and 32% respectively). Overall, the range of opportunities and sectors open to refugee and migrant women in Libya appears to be less diverse compared to men. Temporary jobs as housemaids, cleaners for private companies, or employees in perfume or clothes shops were widely reported by KIs, as well as daily labour in the forms of cleaning and sewing. Some differences could be observed between regions of origin: sub-Saharan KIs more commonly reported that women from their community work as housemaids and cleaners, while respondents from Other communities often mentioned that women worked in the healthcare sector, as doctors or nurses. In the East and the West, MENA KIs particularly reported that women have access to similar professions as Libyan women and are often employed in the education sector or private companies.

> **Box 3: COVID-19 - Impact on employment**
>
> At national level, 44% of respondents with multi-sectoral needs who reported being employed stated that their work situation had worsened as a consequence of the COVID-19 outbreak, due to the closure of their place of work (20% of respondents in this subset) or the inability by their employer to pay their salary (22%). The proportion of respondents negatively affected by the pandemic did not present noteworthy variations based on the type of employment, as respondents engaged in permanent jobs appeared to be impacted similarly to refugees and migrants reporting more unstable work arrangements. However, significant differences could be observed in the regional distribution, with respondents in the West (with the exception of Tripoli) being less likely to report loss of employment or salary due to the pandemic compared to their counterparts in the South and especially in the East, where the proportion of respondents negatively affected by the pandemic ranged between 77% (West and Central Africans) and 100% (East Africans). During debriefing, the REACH field team associated these findings with the fragmented response to the pandemic across Libya, with the approach in the West ranging from severe restrictions in the capital to almost none in the industrial hub of Misrata, where the majority of factories remained opened throughout 2020. Interviews with KIs confirmed these regional differences. In the West, although the majority of respondents reported that the pandemic and the related movement restrictions had indeed reduced job opportunities and caused loss of salaries, it appeared that these negative effects varied significantly according to the type of work and tended to decrease following the first months of the outbreak. By contrast, KIs in the East and the South reported that all individuals, including Libyan citizens, had been severely affected by the pandemic and the imposed restrictions, which resulted in the closure of workplaces (reported by 62% of respondents in the East) for prolonged periods of time and a significant loss of income. KIs mentioned that, in some cases, this had pushed some refugees and migrants to contract debt or return to their home country.
>
> "*The pandemic destroyed many workers and immigrants economically, the closure of all commercial activities for two or three months had a very negative impact on working conditions […] many lost their jobs because of the pandemic and their businesses were disrupted*" (Benghazi, MENA KI)

Ability to meet essential needs

The reliance on forms of employment providing unstable and low income; migrants' accrued vulnerability to the liquidity crisis, due to their over-reliance on cash, and to the loss of value of the Libyan dinar, which decreased the value of migrants' and refugees' work, "with individuals de facto earning much less than they did in the past"[94]; and the impact of the COVID pandemic appear to have had severe implications for the ability to meet basic needs, including food, clothing, housing and medical care.[95] Indeed, more than half (64%) of respondents with multi-

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[93] As an example, according to the Libyan Labour legislation, women are restricted from being employed in some occupations, i.e. in in types of work that are unfamiliar to their nature as women (Article 24 of the Labour Relations Law). Source: UNFPA, "Gender justice and the law. Libya country summary", December 2018, https://arabstates.unfpa.org/sites/default/files/pub-pdf/Libya%20Country%20Summary%20-%20English_0.pdf.
[94] IMPACT, "Mixed migration routes and dynamics in Libya in 2018", June 2019.
[95] Basic needs as defined in the UN, "Universal declaration of human rights", 1948, https://www.un.org/en/universal-declaration-human-rights/index.html.

sectoral needs declared that in the previous month they had been unable to meet at least one essential need[96] because they could not afford it, a figure raising to 74% in the case of respondents employed in daily labour and 96% for respondents who reported being unemployed. The two single most reported unsatisfied needs were food (reported by 43% of respondents) and shelter & NFIs (30% of respondents). Respondents with a living standard gap in cash & markets presented a complex needs profile, with more than half of respondents (51%) having needs in at least 4 sectors or areas, with commonly co-occurring needs in the sectors of health (68%), shelter & NFIs (59%), and food security (56%).

Figure 8: Most common combinations of needs among respondents with multi-sectoral needs of which one is in cash & markets[97]
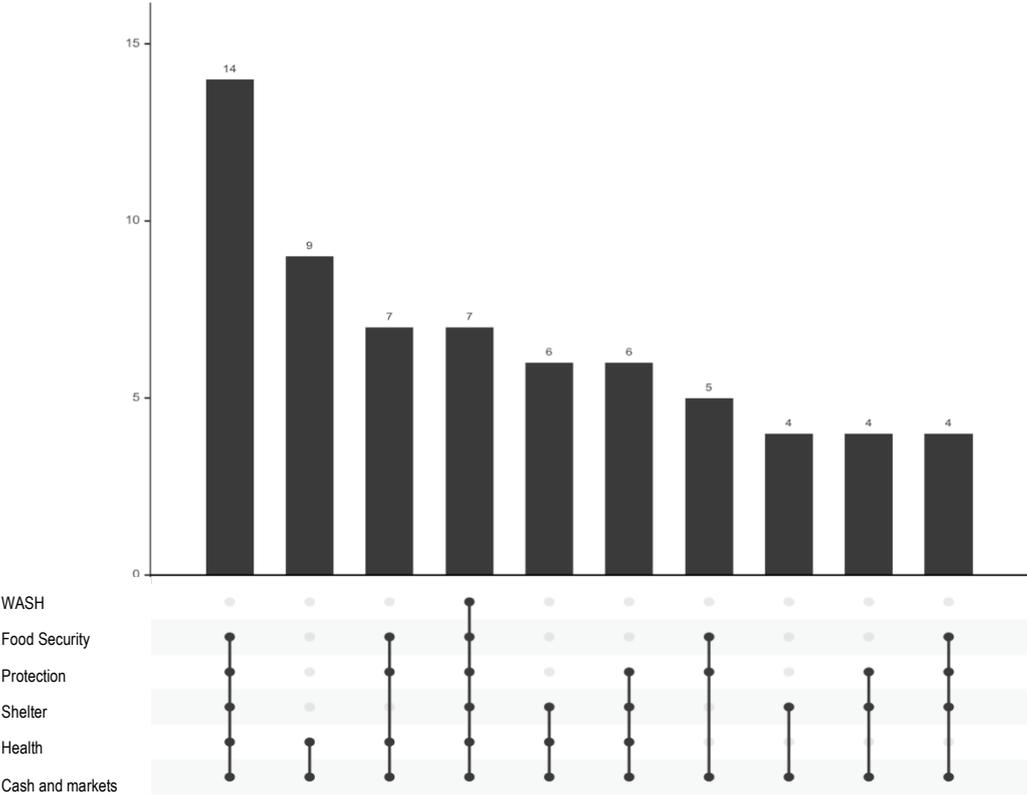
The KIs interviewed across the assessed mantikas confirmed that insufficient and/or unstable income has a severe impact on the capacity of refugees and migrants in Libya to satisfy basic needs, establishing a trade-off between equally essential necessities of daily life: *"(Due to the COVID-19 outbreak) a lot of their work is lost or their income is low or their workplaces are closed, so this will affect them and may prevent them from paying rent, especially since eating is a priority before paying rent"* (MENA KI, Sebha).

Furthermore, the deterioration of livelihoods is likely to have long-term implications for the capacity of refugees and migrants to withstand emergencies and future shocks: *"People have enough money for food, but you can't save from it or send money to your parents ...nor can you face any emergency, health, or job-loss situation unless you borrow from your friends of the same nationality and those living nearby"* (MENA KI, Kufra).

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[96] For the purposes of the survey, the following were classified as "essential needs": food; essential shelter needs; essential health needs; essential education needs; essential communication needs; essential transport services; other, including legal support, documentation fees, etc.; this list was constructed together with the CMWG and the LWG.
[97] Calculated for respondents with C&M needs and at least 2 LSGs (n=1192).

Indeed, 36% of respondents with cash & markets needs reported having used crisis or emergency-level coping strategies in the 30 days prior to data collection to sustain their livelihoods, including taking on an additional job (22%) and asking for money from strangers (13%), while 32% reported having contracted debt, primarily to pay for food and rent. As outlined above, a high reliance on unsustainable coping strategies to support their current livelihoods jeopardizes a persons' ability to meet future needs, including food and health needs, and severely weakens their resilience to further crises, including from a mental health point of view. Indeed, KIs widely reported that the situation of persisting economic insecurity is not only depleting refugees and migrants' material resources but is also taking its toll on their psychological well-being: "*unstable working conditions have had a negative effect on us psychologically, because we've become unable to keep up with the demands of life*" (MENA KI, Ejdabia).

While only a very limited number of respondents to the MSNA reported that they or other members of their household had had to resort to worst forms of labour as a coping strategy, all KIs in Murzuq declared being aware of refugees and migrants engaging in illegal, dangerous or humiliating activities in their community:

"*There are immigrants who are exploited for illegal purposes such as selling drugs, stealing, begging, and sometimes they are forced to work for a few wages or not to receive any salaries at all. Often, they cannot leave work freely out of fear of reprisals by their employer in any way*" (Murzuq, Other nationalities KI)

Key drivers of multi-sectoral needs in the South and East

As show in Figure 2 above, in the Southern and Eastern regions of Libya, needs in food security, together with cash & markets needs, emerged as the main driver of multi-sectoral needs across all population groups. By contrast, humanitarian needs in food security were found to be relatively less severe in the West, compared to other drivers, namely health and shelter & NFIs needs.

The figure below shows prevalence of food security needs across different region-of-origin groups, by region in Libya.

Figure 9: % of respondents with multi-sectoral needs presenting a food security living standards gap, per region of origin and by region in Libya

■ East Africa   ■ West and Central Africa   ■ MENA   ■ Other nationalities
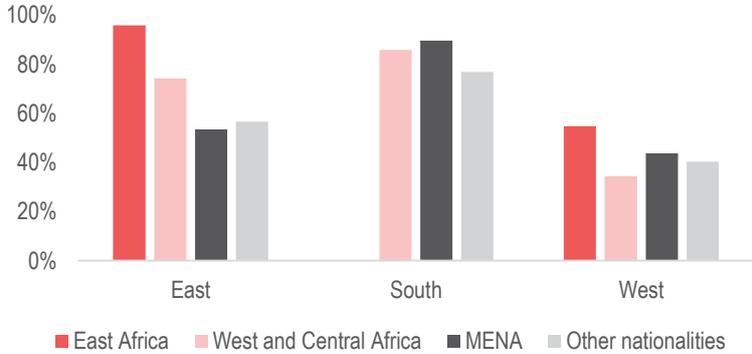
In light of this, this section will focus on key trends related to food security in the East and the South, contextualised against the backdrop of the cash & markets findings outlined above, while the subsequent section will be dedicated to investigating the underlying factors and implications of health and shelter & NFIs needs in the West.

Food security needs[98]

As the 2021 HNO for Libya points out, the protracted instability across the country, combined with the COVID-19 restrictions, has led to a disruption of livelihoods, especially for individuals and households relying on more precarious income sources; this has had a direct negative impact on food security, affecting the availability and the price of basic food items.[99] More than half (56%) of respondents with multi-sectoral needs in the South and in the

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[98] Findings are presented for the subset of respondents with LSGs in at least 2 sectors (n=1192).
[99] OCHA, "2021 Libya Humanitarian Needs Overview", January 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2021-final.pdf.

East presented food needs, out of whom 37% had extreme living standards gaps in food security. This is echoed in findings by IOM, which at the end of 2019 reported that 52% of migrants interviewed "voiced their worries as to where the next meal will come from".[100] These figures reflect a situation of accrued vulnerability to food insecurity affecting refugees and migrants countrywide, albeit particularly severe in the East and the South of Libya. In the East, more than half of respondents with multi-sectoral needs across all population groups presented a living standards gap in food security, with the most affected being West and Central Africans (74% of those with multi-sectoral needs) and East Africans (96%). In the South, food needs appear even more widespread, with more than three out of four respondents in need across all population groups having food security needs.

The graph below shows prevalence and severity of needs by region of origin.

Figure 10: % of respondents with multi-sectoral needs presenting a food security living standard gap in the East and the South, by region of origin and severity of needs
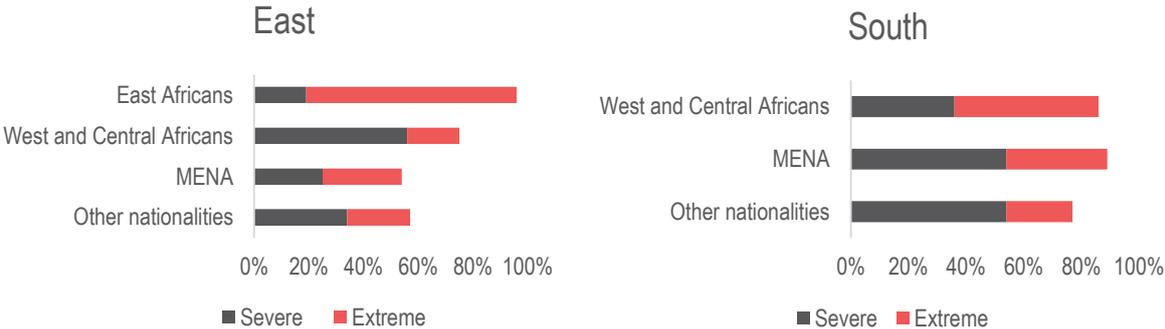
Extreme and severe food needs in the South and the East were mainly driven by low values for the Food Consumption Score (FCS), which reflects respondents' dietary diversity and intake in the seven days prior to data collection.[101] More specifically, respondents with a poor FCS were considered in 'extreme' need, while respondents with a borderline FCS were classified as having 'severe' needs. In the East, a difference can be observed between sub-Saharan individuals and respondents from other regions: the proportion of respondents presenting a borderline or poor food consumption score was significantly higher for the first group (74% of West and Central African respondents with multi-sectoral needs and 96% of East Africans) than for the second (54% of MENA respondents and 57% of respondents coming from Other countries). By contrast, in the South all population groups presented low food consumption scores: 77% of respondents from Other countries, 86% of West and Central Africans and 90% of respondents from the MENA region presented borderline or poor scores for food consumption. This cross-cutting finding across population strata indicates the regional dimension to food insecurity, with the South being most significantly affected. While the FCS represents one of the most common food security indicators, it only provides information about one dimension of food insecurity over a short timeframe. Acknowledging these limitations, the following sections will triangulate and contextualise these findings with reference to food expenditure and negative strategies adopted to cope with lack of resources.

Food insecurity: underlying factors

The majority of KIs across all population groups interviewed in the South (Sebha and Murzuq) reported that refugees and migrants encounter significant challenges in accessing sufficient food. In particular, KIs mentioned lack of a steady monthly income, as outlined in more detail in the cash & markets section above, as the main reason, especially given the reliance on cash during the liquidity crisis: "*I think Libyan nationals are better off than us […] they can buy some goods on credit, or pay by checks, while migrants do not buy any goods except through cash*" (MENA KI, Sebha). The relationship between limited access to regular means of livelihoods and food insecurity is reflected in the quantitative MSNA data, which show that respondents with food needs are highly likely

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[100] IOM DTM, World Food Programme, "Hunger displacement and migration in Libya. A joint innovative approach to assessing needs of migrants in Libya", November 2019.
[101] The food security LSG was calculated based on the Food Consumption Score, the Food Expenditure Share and the reduced Coping Strategies Index. The methodology used to calculate the severity score for Living Standard Gaps, as well as an overview of the different indicators feeding into each LSG can be found in Annex 9.

to present a living standard gap in relation to cash & markets: at national level, 85% of respondents with multi-sectoral needs with a food security living standard gap presented cash & markets needs.[102]

In addition to unstable income sources, KIs in the East and, to a greater extent, in the South reported that the high prices of housing and food items, which have increased over 2020, also make it difficult for refugees and migrants to cover their food needs. Indeed, the November 2020 World Food Programme (WFP) Vulnerability Analysis Mapping (VAM), covering the impact of COVID-19 in the Middle East, North Africa, Central Asia and Eastern Europe included Libya among the countries with the highest increase in the cost of basic food items between January and October 2020.[103] According to the November Libya Joint Market Monitoring Initiative (JMMI), prices of basic goods remain 16% higher than they were before the COVID-19 outbreak in March and are above the national median in the South and in the assessed locations in the East (Benghazi, Alkufra and Ejdabia).[104] In particular, the South consistently recorded the highest food basket costs throughout 2020, a situation that can be partly explained by the relative distance of the region from the main supply routes, which pushes up transportation costs and increases supply disruption risks.[105] This was consistent with the MSNA data, where respondents in the South reported spending a higher share of their total expenditure on food compared to other regions, with a significant proportion of respondents in need across all region-of-origin groups (reaching 42% of respondents in the case of West and Central Africans)[106] spending at least 65% of their income on food. As one West and Central African KI in Murzuq pointed out, "*food is just not affordable. Most migrants can't afford food compared to their modest daily income*".

Box 4: COVID-19 - Impact on food security

KIs in the East and the South unanimously reported that refugees' and migrants' food security has been negatively impacted by the pandemic and the related restrictions, which caused widespread loss of livelihoods. "*Because of the measures imposed by the authorities, the situation has become bad, our work has stopped, our daily income has stopped, and we have become unable to provide for the basics of life*" (Ejdabia, Other KI). In addition, reduced opening hours of shops due to the curfew made it difficult for those who were working to access them.

Food insecurity and coping strategies

The use of emergency or crisis-level livelihoods coping strategies appeared widespread amongst both respondents with multi-sectoral needs presenting a food security living standard gap (accounting for 64% of this subset), as well as respondents in need but without a living standard gap in this sector in the East and South (66%)[107]. This suggests that those who are likely already experiencing food insecurity might have been in more severe food insecurity were it not for their engagement in negative coping strategies, while many of those who are not yet experiencing food needs are at risk of falling in more severe needs categories if their capacity to engage in coping strategies diminishes over time. In particular, of those not presenting needs in food security in the East and South, 29% reported having asked for money from strangers (begged) during the previous month, while 40% reported having had to take on an additional job. This was echoed by KIs interviewed in the South: "*[Food] is not affordable. Food prices are on the rise, and income is often limited and not enough to cover all needs. [Migrants and refugees] have to find additional work if possible*" (MENA KI, Murzuq). In addition, 61% of this subset reported having contracted debts to support their livelihoods, the majority of them resorting to family or friends rather than official lenders. Data also point at women's higher reliance on unsustainable, negative coping strategies to sustain their livelihoods, with

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[102] Similar findings are also outlined in: IOM, "Migrant emergency food security report", May 2020, https://dtm.iom.int/reports/libya-%E2%80%94-migrant-emergency-food-security-report-may-2020.
[103] WFP, "Impact of COVID-19 in the Middle East, North Africa, Central Asia, and Eastern Europe", December 2020, https://docs.wfp.org/api/documents/WFP-0000122017/download/.
[104] REACH, "Libya Joint Market Monitoring Initiative. 6-18 November 2020", January 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_LBY_Situation-overview_JMMI_November-2020.pdf.
[105] Ibid.
[106] 27% of MENA respondents, 31% of respondents from Other nationalities.
[107] According to the Livelihoods Coping Strategies Index (LCSI). Wording and strategies included in the LCSI were designed and updated in 2020 in coordination with the CMWG and the LWG. For an overview of the strategies that fed into the Index, as well as how the Index was calculated, see Annex 9.

57% of female respondents in need across Libya reporting having used crisis or emergency-level coping strategies in the previous month, compared to 30% of men.

In addition, changes in food-related behaviours to cope with the lack of resources were reported, including reducing the number and variety of meals, consuming savings, and reducing portions for women in the household (reported by one West and Central African KI in Kufra). "*Of course, the pandemic affected everyone economically. Those who had breakfast, lunch and dinner full of different dishes began eating in one dish, and we took away expensive items such as eggs, meat, cereals and fruits*" (Benghazi, MENA KI). This was confirmed by findings from the quantitative survey, showing that respondents in the East specifically and consistently across populations groups tended to rely extensively on negative food-related coping strategies: 68% of respondents reported having borrowed food at least once in the seven days prior to data collection, while 53% reported having had to reduce the number of meals per day during the same time span (94% of East African respondents).[108] KIs in the East and the South also stressed that women living alone or with dependents (female-headed households) are particularly vulnerable to food insecurity, due to the limited job opportunities available to them. Indeed, as pointed out by a 2019 joint IOM-WFP study on hunger, displacement and migration in Libya, demographic characteristics play a role in increasing vulnerability to food insecurity, with children, elderly, single persons living alone with children and women being particularly at risk of compromising their food consumption and resorting to negative coping strategies.[109]

In conclusion, the widespread recourse to negative coping strategies speaks of a substantial erosion of livelihoods assets and capacities that is likely to result in limited or no resilience to future shocks and heightened vulnerability to food insecurity, particularly for sub-groups who have limited access to livelihoods opportunities. The political and economic crisis in Libya, exacerbated by the COVID-19 pandemic, reportedly has severely affected the food security of refugees and migrants, particularly in the Southern region; as results of the LCSI suggest, this situation is likely to deteriorate as more individuals exhaust their coping options and further deplete their assets.

Key drivers of multi-sectoral needs in the West

As show in Figure 2, in the Western region, needs in the sectors of health and shelter & NFIs represented the main drivers of multi-sectoral needs across all population groups after cash & markets. By contrast, humanitarian needs in these sectors were found to be relatively less severe in the East and the South, compared to other main drivers, primarily food security needs. Figure 9 below shows the prevalence of health and shelter & NFIs needs across different regions in Libya, disaggregated by region of origin.

Figure 11: % of respondents with multi-sectoral needs presenting a health living standards gap and a shelter & NFIs living standards gap, per region of origin and by region in Libya

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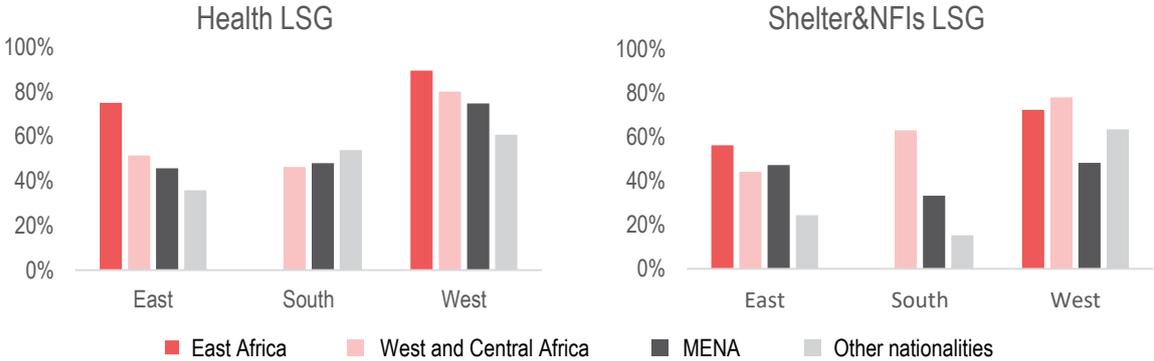
[108] Reliance on food-based coping strategies to cope with a lack of food is captured by the reduced Coping Strategies Index (rCSI), an experience-based indicator measuring the behaviour of households over the past seven days when they did not have enough food or money to purchase food. For an overview of the methodology used to calculate the rCSI, as well as the coping strategies encompassed, and to understand how the rCSI score feed into the calculation of the Food Security LSG, see Annex 9.
[109] IOM DTM, World Food Programme, "Hunger displacement and migration in Libya. A joint innovative approach to assessing needs of migrants in Libya", November 2019.

Taking this into account, this section will focus on key trends related to Health and Shelter & NFIs needs in the West, focusing on the underlying factors and implications of humanitarian needs in these sectors.

Health needs

Living standards gaps in health were a main driver of multi-sectoral needs in the West, where health needs were found to be the second most common needs across all population groups after cash & markets.[110] Indeed, between 60% and 90% of respondents with multi-sectoral needs across all population groups presented a living standards gap in this sector, with the highest proportion of respondents in need being found among East Africans. These findings are coherent with previous studies that show that access to health services remains difficult for the majority of refugees and migrants in the country: according to IOM-DTM Round 32, more than two thirds (69%) of migrants interviewed reported only having limited or no access to healthcare services, with the most alarming levels being recorded in the West (78%)[111].

The graph below shows prevalence and severity of needs by region of origin

Figure 12: % of respondents with multi-sectoral needs presenting a health living standard gap in the West, by region of origin and severity of needs[112]
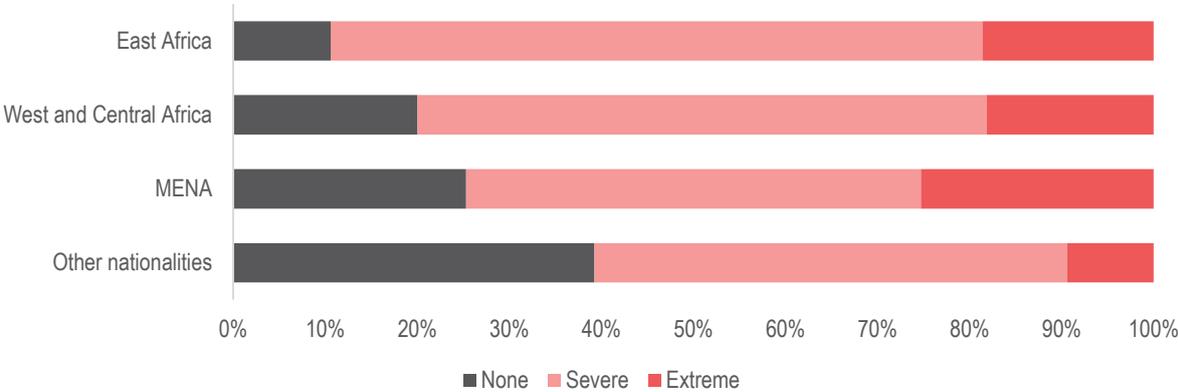
Distance from health facilities

Extreme health needs were driven by the reported inability to access healthcare facilities within three hours' walk from the respondents' accommodation. When comparing findings across mantikas in the West, Al Jabal Al Gharbi stands out as the location with the highest prevalence of extreme health needs, with almost half of respondents on average[113] reporting that they need to walk more than three hours to reach the nearest healthcare facility. According to REACH field staff, these findings are likely to reflect the specific urbanisation profile of the Al Jabal Al Gharbi mantika, which, compared to others, is characterized by smaller cities where most neighbourhoods do not have any healthcare facilities. At least one out of four respondents with multi-sectoral needs across population groups in the West reported not being able to access healthcare facilities within one hour walk. These findings also point to broader considerations in terms of adequate standards of living for refugees and migrants in Libya. Indeed, as outlined in the dedicated Shelter & NFIs section, refugees and migrants in Libya, and specifically in the West, face a situation of widespread inadequacy of housing solutions, which also include being located in areas that do not

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[110] Findings are presented for the subset of respondents with LSGs in at least 2 sectors (n=1192).
[111] IOM DTM, "Migrant Report 32 (July-August 2020)", September 2020.
[112] The health living standard gap only included 3 categories of needs: none, severe, and extreme (no stress category was therefore encompassed). For an overview of how the health living standards gap was calculated, see Annex 9.
[113] 46% of respondents in Al Jabal Al Gharbi reported having to walk at least three hours to reach the nearest healthcare facility, without dramatic variations between region-of-origin groups (39% of East Africans, 50% of respondents from both MENA and Other nationalities, 64% of West and Central African respondents).

allow easy access "to employment options, health and education facilities, and other social services", an essential feature of adequate housing according to the Committee on Economic, Social and Cultural Rights (CESCR).[114]

Access to healthcare

In line with the 2019 Refugee and Migrant MSNA findings, which also identified health needs among the main drivers of multi-sectoral needs[115], difficulties accessing healthcare[116] represented the main factor driving 'severe' health needs, with a significant proportion of respondents in need across all population groups reporting having faced challenges in the previous three months when trying to access healthcare. This ranged between region of origin strata from 47% of respondents with multi-sectoral needs from MENA to 71% of East Africans.

Individuals from the MENA region and Other nationalities in the West more commonly reported structural issues (including lack of medicines and shortage of medical staff, overcrowded facilities, etc.) as the main obstacle hindering their access to healthcare (22% and 24% of respondents with multi-sectoral needs respectively, compared to 10% of West and Central African respondents and 3% of East African respondents). As KIs interviewed in the West reported, the COVID-19 outbreak has exacerbated the pre-existing structural obstacles hindering refugees' and migrants' access to health facilities, bringing additional pressure on a public health system whose capacities were already under significant stress. Overall, it is estimated that 80 to 90% of primary healthcare facilities have been negatively affected by the pandemic.[117] In particular, it reportedly has led to a severe decrease in the number of medical staff, with two KIs in Tripoli reporting that health centres currently only function with 10%-15% of their staff, which determines a significant increase in waiting times and overcrowding. Libyan hospitals have been suffering from a lack of trained staff for several years, as a consequence of the departure of foreign expert health personnel following the outbreak of the conflict, the repeated attacks on health facilities and staff, and the recurrent delays in salary payments. This situation has worsened since the COVID-19 outbreak, due to the lack of personal protective equipment available at health facilities across the country, combined with reported cases where health workers are refusing to engage in treatment of suspect COVID-19 cases.[118]

By contrast, Sub-Saharan African respondents with multi-sectoral needs were more likely to report a lack of documentation as the main barrier to healthcare (56% of East African respondents with multi-sectoral needs, 44% of West and Central Africans, compared to 9% of respondents from Other nationalities and 1% of MENA respondents). These findings reflect the fact that individuals from East Africa and West and Central Africa are generally likely to have an irregular status, more so than individuals from the MENA and those with Other nationalities[119]. This was echoed by KIs in Azzawya and Tripoli, who commonly identified a lack of documentation as the main obstacle to accessing healthcare; they stressed that this affected particularly sub-Saharan migrants, as they have more difficulties in accessing legal documentation compared to migrants from the MENA region. In the West of Libya, in particular, formal and informal checkpoints reportedly represent potentially dangerous obstacles for migrants to even try and reach healthcare facilities, exposing them to a heightened risk of robbery and, if undocumented, arrest – a situation that worsened following the COVID-19 outbreak, due to the increased restrictions and controls on movement. Furthermore, although personnel at the health facilities are not required to check the documentation of a patient in the case of routine procedures, in practice, undocumented refugees and migrants tend to avoid approaching hospitals, where the presence of security personnel make arrest and detention a very concrete risk.[120] As health staff interviewed in Tripoli and Azzawya pointed out, "*the risk is not within the health sector, but the potential presence of security is what migrants and refugees fear, as they might be arrested*

[114] ESCR-Net, "The right to housing", https://www.escr-net.org/rights/housing#:~:text=%2C%20the%20UN%20Committee%20on%20Economic%2C%20Social%20and,interrelated%20and%20essential%20features%3A%20Legal%20security%20of%20tenure.
[115] REACH, "2019 Refugee and migrant multi-sectoral needs assessment", May 2019.
[116] For the purpose of the survey, obstacles to accessing healthcare encompassed absence of health workers; high cost of transportation; discrimination; lack of trust; security concerns; lack of accessibility for persons with special needs; lack of medicines; overcrowding; long waiting times; lack of specialized services; inability to afford care; language barriers; and lack of documentation. Respondents were also able to mention obstacles beyond this list.
[117] OCHA, "2020 Libya Humanitarian Response Plan", April 2020, https://www.humanitarianresponse.info/en/operations/libya/document/libya-2020-humanitarian-response-plan.
[118] Health Sector Libya, "Coronavirus disease 2019 (COVID-19) preparedness and response plan for Libya", March 2020, https://www.who.int/health-cluster/countries/libya/Libya-health-sector-covid-19-response-plan-26-march-2020.pdf?ua=1.
[119] International Centre for Migration Policy Development (ICMPD), "What are the protection concerns for migrants and refugees in Libya?", November 2017.
[120] UNISMIL and OHCHR, "Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya", December 2018, https://www.ohchr.org/Documents/Countries/LY/LibyaMigrationReport.pdf.

or robbed" (Tripoli), especially in the case of sub-Saharan Africans, who "*are known to enter Libya illegally and are easily noticed as non-Libyans*" (Azzawya). In addition, as reported by REACH in 2017, in order to access public hospitals, all patients were requested to provide legal documentation to undertake screening for HIV and other transmittable diseases – running the risk of being arrested if unable to do so.[121] Indeed, this practice was confirmed by KIs who reported that refugees and migrants in both urban settings and detention centres are exposed to routine screenings for HIV, hepatitis, COVID-19, and other transmittable diseases, with the possibility of being deported to their country of origin if tested positive. Additional KIIs conducted with representatives of INGOS in Libya for triangulation purposes further confirmed these findings.

All KIs interviewed in the Western region reported that, if faced with lack of access to public or private healthcare, refugees and migrants **resort to local pharmacies**, either by means of self-treatment or relying on diagnoses performed by the pharmacist.

Private healthcare may provide a better equipped, safer alternative, exposing refugees and migrants to lower risks of arrest – as one East African KI interviewed in Benghazi put it, "*there's no one asking who you are. The important thing is paying*". Indeed, private facilities are expensive; inability to afford healthcare was the second most commonly reported barrier to accessing healthcare by East African (49%) and West and Central African (19%) respondents with multi-sectoral needs in the West, and was further reflected by KIs from these regions of origin interviewed in Tripoli and Azzawya. In particular, the analysis suggested that those with less stable forms of employment might be more likely to report difficulties accessing

While representing a worrisome trend in itself, the over-reliance of refugees and migrants on self-medication takes on a more alarming meaning in the context of the pandemic, as it is likely to prevent identification of COVID-19 cases and increase medical complications.

healthcare due to a lack of financial resources, accounting for 68% of respondents who were unemployed, and 46% of respondents who engaged in daily labour. This indicates that dwindling and insecure labour opportunities are likely to negatively impact refugees' and migrants' access to essential services, including essential healthcare.[122]

Access to healthcare: gender considerations

MSNA data at national level shows that drivers of health needs tend to differ between men and women, with women being more likely to report that the nearest health facility cannot be reached within one hour walk from their dwelling (60% of female respondents with multi-sectoral needs and a health living standards gap, against 47% of men), while men's needs appear to be mainly driven by obstacles to accessing health facilities (reported by 81% of male respondents with a health living standard gap, compared to 64% of women). When looking at the main obstacles

According to KIs in the West, vulnerable sub-groups (pregnant women, the elderly, refugees and migrants with disabilities) are particularly at risk of not being able to access essential specialized care, due to a combination of the negative impact on the pandemic on non-COVID service provision and the obstacles specific to the refugee and migrant population – including **denial of care to pregnant women who are undocumented** and/or lack a marriage certificate.

reported by the two groups, while inability to afford healthcare and lack of documentation were the most commonly reported barriers for both women and men, male respondents were relatively more likely to report the latter (37% against 31% of women), as well as lack of trust (4% of men as opposed to 0% of women), while women were relatively more likely to report high cost of transportation (14% against 8% of men). These findings speak to men's higher vulnerability to arrest and detention. Indeed, health professionals interviewed for the MSNA unanimously reported that refugee and migrant men, if undocumented, are more exposed to arrest by security personnel both at checkpoints and at health facilities, compared to women who, in turn, are reportedly disproportionally affected by GBV-related concerns (primarily sexual harassment) in the public space.

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[121] REACH, "Refugees and migrants' access to resources, housing and healthcare in Libya", December 2017.
[122] IOM, "Migrant emergency food security report", May 2020

Shelter & NFIs needs

After cash & markets and health needs, needs related to shelter & NFIs were found to be the third main driver of multi-sectoral needs in the West, with a considerable proportion of respondents across populations groups presenting a living standards gap in shelter & NFIs. As it was the case for the previous drivers, respondents from sub-Saharan countries presented the highest proportion of respondents with shelter & NFI needs (78% of West and Central African respondents with multi-sectoral needs and 72% of East Africans), followed by respondents from Other nationalities (64%) and individuals from the MENA region (48%).[123] As it has been consistently highlighted by the literature on the subject[124], a significant proportion of refugees and migrants' in urban settings live in overcrowded accommodations that do not satisfy essential standards,[125] including sanitation requirements, and face insecurity of tenure. In the West, specifically, the legacies of the conflict and the nature of economic hub of the region, among other factors, contribute to adversely affect the quality, availability and price of accommodations for refugees and migrants.

The graph below shows prevalence and severity of needs by region of origin.

Figure 13: % of respondents with multi-sectoral needs presenting a shelter & NFIs living standards gap in the West, by region of origin and severity of needs
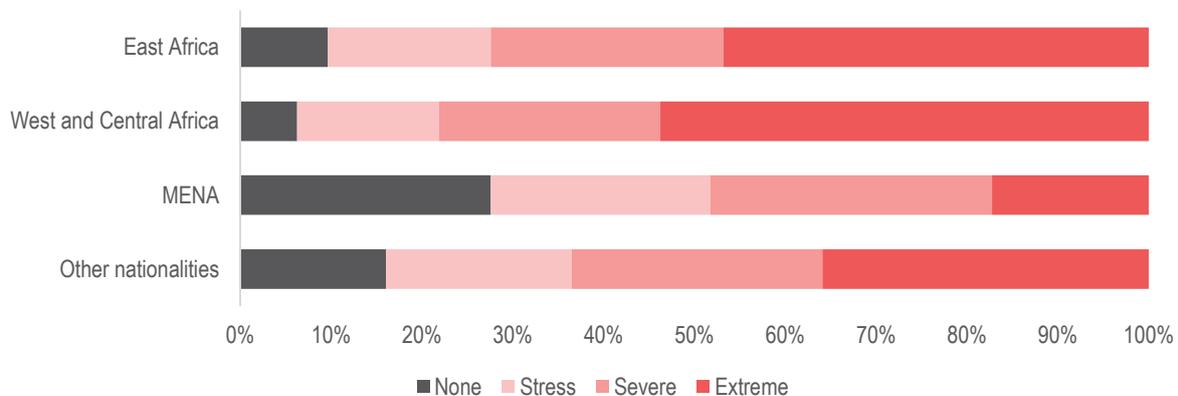
Type of accommodation

The analysis suggests that extreme shelter & NFIs needs in the West were primarily driven by reliance on sub-standard accommodation solutions.[126] About half of respondents with multi-sectoral needs from West and Central Africa and from East Africa (53% and 46% respectively) reported living in sub-standard shelters, mainly unfinished rooms, while the proportion of respondents from Other nationalities (35%) and MENA (16%), while lower than that of respondents from East Africa and West and Central Africa, was above the national average for these population groups (28% and 14% respectively).

As reported by KIs, refugees and migrants living by themselves tended to present lower living standards compared to respondents living with other household members[127] or family members. In contrast with the South and the East of Libya, in the West, among respondents with multi-sectoral needs, only individuals from the MENA region reported to be living with other members of the household (10% of respondents with multi-sectoral needs, as opposed to 0 to 1% for all other population groups). As noted by REACH local field team, the type of living arrangements in the West and its difference compared to other parts of Libya is likely to play a role in determining shelter needs and

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[123] Findings are presented for the subset of respondents with LSGs in at least 2 sectors (n=1192).
[124] See, for example, IMPACT, "Refugees and migrants' access to food, shelter & NFIs, WASH and assistance", November 2018, https://reliefweb.int/report/libya/mixed-migration-routes-and-dynamics-libya-refugees-and-migrants-access-food-shelter; IOM DTM, "A long way from home. Migrants' housing conditions in Libya", November 2020, https://migration.iom.int/reports/libya-%E2%80%94-long-way-home-%E2%80%93-migrants%E2%80%99-housing-conditions-libya-23-nov-2020.
[125] For an overview of key requirements for a safe and adequate living space, see the Sphere Handbook – Shelter and Settlement Standard 3: Living space. https://handbook.spherestandards.org/en/sphere/#ch001.
[126] Sub-standard shelter types include: unfinished room(s), public space not usually used for shelter, private space not usually used for shelter, tent or caravan, temporary shelter provided by INGO or local NGO and camps
[127] At national level, 53% of respondents living alone presented a Shelter & NFIs Living Standard Gap, as opposed to 35% of respondents reportedly living with other household members.

reportedly reflects the region's attraction for individual workers willing to put up with high rent prices and poor housing conditions in order to have access to greater economic opportunities.

Severe shelter & NFI needs were calculated based on the respondents' inability to access adequate housing and were mainly driven by reported shelter damage and/or severe enclosure issues[128]; insecurity of tenure; and lack of access to essential NFIs. To analyse the reported shelter & NFI needs, the present study draws upon the CESCR understanding of adequate housing, which includes the following interrelated features: legal security of tenure; availability of services, materials, facilities and infrastructures; affordability; habitability; accessibility; location; and cultural adequacy.[129]

Habitability of accommodation

The majority of respondents across most population groups, with the exception of individuals from the MENA region, reported living in medium to heavily damaged or destroyed accommodations[130]. This is likely reflective of the geography of the Libyan conflict and especially the 2019-2020 battle for Tripoli, which saw the West experiencing protracted, large-scale armed conflict, and facing, consequently, severe damage to housing and infrastructure. In addition to damage levels, respondents in the West also generally reported that housing conditions were very poor, with more than 70% of respondents with multi-sectoral needs from sub-Saharan countries and Other nationalities stating that they lived in shelters affected by enclosure issues.

Figure 14: % of respondents with multi-sectoral needs reporting living in medium damaged to destroyed accommodation and reporting enclosure issues in the West, by region of origin
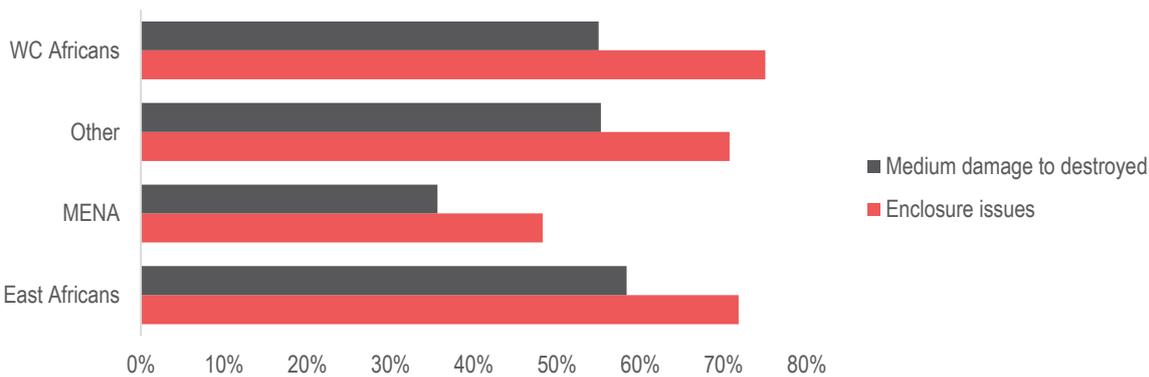
Outlining the main challenges related to shelter conditions, the majority of KIs across all population groups reported that limited or non-existent ventilation due to the shelter's lack of windows, poor insulation due to roofs made of iron sheets, as well as leaks and moisture are common conditions affecting migrants' dwellings. Furthermore, kitchens were reportedly often unavailable, forcing the inhabitants to cook in their rooms, thus increasing the risk of fire hazards, while toilets were reportedly in poor conditions and shared among many persons. Indeed, overcrowding of refugees and migrants' accommodations was a recurring theme mentioned by KIs and has been covered in the literature on the subject.[131] In addition, KIs pointed at the role played by inadequate housing in hindering refugees' and migrants' access to essential WASH facilities and infrastructures, including safe drinking water and safe and dignified sanitation facilities. In particular, lack of functioning sewage systems and limited capacity to access the public water network were mentioned by informants in the West, reflecting the findings from the quantitative survey, where between 25% and 30%

> Five East African respondents in Azzawya and one East African respondent in Al Jabal Al Gharbi reported **living in a connection house** or **having accommodation provided by a smuggler**

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[128] Severe enclosure issues included lack of insulation, leaks during light rain and limited ventilation.
[129] ESCR-Net, "The right to housing".
[130] In 2020, the classification of shelter damage was entirely self-reported, as the remote nature of data collection precluded the possibility for enumerators to assess the damage first-hand.
[131] IOM, "A Long Way From Home – Migrants' Housing Conditions In Libya", November 2020, https://migration.iom.int/reports/libya-%E2%80%94-long-way-home-%E2%80%93-migrants%E2%80%99-housing-conditions-libya-23-nov-2020; Amnesty International, "'Between life and death': refugees and migrants trapped in Libya's cycle of abuse", September 2020, https://www.amnesty.org/en/documents/mde19/3084/2020/en/; IMPACT, "Refugees and migrants' access to food, shelter & NFIs, WASH and assistance", November 2018.

of respondents with multi-sectoral needs in the West across different population groups reported having been able to access drinking water from the public network only rarely (less than 3 days) or not at all during the 7 days prior to data collection. For the majority of respondents, accommodation was therefore not fully habitable as per CESCR definition, as it did not provide sufficient space, safety, and protection from cold, heat, rain and other elements, as well as structural hazards.[132]

Often living in overcrowded accommodations with limited to no access to basic sanitation, refugees and migrants are potentially more vulnerable to contracting respiratory and other infectious diseases, as the majority of KIs in the West pointed out: "*Most [refugees and migrants] live in crowded places. It's considered unhealthy for housing, but it's cheap*" (Misrata, West and Central Africa KI). In the current context, this has serious implications in terms of refugees' and migrants' exposure to COVID-19: "*With the outbreak of COVID-19, I think overcrowded housing is contributing to the spread of this virus*" (Misrata, West and Central Africa KI). Indeed, as stressed by the International Rescue Committee (IRC) in the midst of the COVID-19 outbreak in March 2020, refugees and migrants "do not have the luxury of social distancing".[133] Living conditions, in particularly, potentially undermine refugees' and migrants' capacity to follow basic public health precautions, including adequate handwashing practices and self-isolation. In addition, housing conditions, and especially the number of individuals per room, was reported by KIs as posing a threat to refugees' and migrants' mental health. Sadness, depression, and feelings of insecurity were reported as natural consequences of poor housing conditions and overcrowding, which make it impossible for inhabitants to have access to any "*free and personal space*" (Tripoli, East Africa KI) or privacy.

Habitability of accommodation: gender considerations

The data collected through both the survey and the KI interviews hint at a higher vulnerability of single men compared to families and women, who tend to live in more adequate shelters. Indeed, findings suggest that refugee and migrant women across all Libya were less likely to report living in sub-standard accommodation than their male counterparts (10% of female respondents with multi-sectoral needs, compared to 34% of male respondents). Moreover, female respondents more commonly reported that their accommodation was undamaged/only lightly damaged (69%, compared to 50% of men) and having no significant enclosure issues (57%, compared to 43% of men). This holds true even when controlling for region of origin, although the gap between women and men is almost non-existent when it comes to respondents from the MENA region – as men from this population group were relatively less likely to present severe shelter needs compared to male respondents from other regions. This gender difference does not seem to reflect a potential greater propensity by women to live with a partner or other family members, which was reported by some KIs as a factor positively influencing accommodation standards. Indeed, the proportion of female respondents reporting having travelled to Libya alone and not sharing accommodation and expenditures with other household members is considerable (53% and 67% of female respondents with multi-sectoral needs respectively) and does not differ meaningfully from the proportion of male respondents. Rather, it seems possible to attribute this difference, on one hand, to women's higher propensity to live at the workplace/in an accommodation paid by the employer (48% of female respondents in the West, as opposed to 25% of male respondents), which might be reflected in the fact that women more commonly work as housemaids and as such, live in Libyan households. In addition, according to West and Central African KIs in Tripoli, female refugees and migrants are more likely to rent small flats and share them with a few other women, thus limiting overcrowding.

Insecurity of tenure

Insecurity of tenure was also a driver of shelter and NFIs needs in the West. The overwhelming majority of respondents with multi-sectoral needs in the West across all population groups (from 90% of respondents with multi-sectoral needs from the MENA region to 100% of West and Central African respondents) reported insecure tenure, with the most common forms of occupancy being rental without a written contract (reported by all KIs in Tripoli and Azzawya) and living at the workplace. The latter arrangement was reported especially by respondents from West and Central Africa and Other nationalities (40% and 28% of respondents with multi-sectoral needs respectively) and point to a situation of limited security and protection against arbitrary eviction, harassment or

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[132] ESCR-Net, "The right to housing".

[133] International Rescue Committee (IRC), "Refugees do not have the luxury of social distancing", March 2020, https://www.rescue.org/article/refugees-do-not-have-luxury-social-distancing.

other threats[134]. Indeed, as highlighted in a recent IOM study on migrants' accommodation, insecurity of tenure may expose individuals to arbitrary rent increase and eviction.[135] These findings are in line with secondary literature, which identifies (informally) rented accommodation and living at the workplace as the most frequent housing arrangements for refugees and migrants in Libya.[136]

Insecurity of tenure is likely to result from a number of factors, affecting migrant and refugee populations in particular. Firstly, as a study recently published by IOM points out, lack of legal or civic documentation, and the related inability to open bank accounts, limits refugees' and migrants' capacity to buy or lease properties.[137] Second, living at the workplace can represent a strategy to cope with the negative impact of the liquidity crisis, by receiving part of the salary in goods (accommodation) and reducing the person's risk of being victims of robberies on their way to work. Indeed, as pointed out by REACH in 2018, the liquidity crisis has increased refugees' and migrants' exposure to robberies at the hands of militias and criminal gangs, who are aware that individuals from this groups tend to be paid in cash and have limited access to safe ways of storing money, while at the same time it has made them more likely to be denied their pay by employers struggling with cash shortages[138] Thirdly, price barriers are likely to account to a large extent for the above described shelter & NFI needs. As highlighted in the section on cash & markets, a significant proportion of respondents reported not having been able to afford essential shelter needs, such as rent, furniture, or construction costs, in the 30 days prior to data collection due to insufficient economic resources (reaching up to 43% for East African respondents with multi-sectoral needs in the West). Indeed, housing constitutes one of the main expenditure categories for refugees and migrants in Libya[139]. In the current situation, with prices of basic items increasing and a contraction of the labour market due to the economic slowdown and the effects of the pandemic, refugees and migrants are likely to face additional difficulties to pay the rent, which can increase the risk of eviction for the majority who are renting their accommodation (particularly if without contract).[140]

Box 5: Access to essential NFIs

The increased incidence of shelter expenses on a shrinking income has the potential to compromise other basic needs, due to the reduction of the available income of refugees and migrants; even amongst those respondents with multi-sectoral needs who did not report any difficulties affording shelter-related expenses (71%), 23% **nevertheless reported being in urgent need of essential NFIs** (mattresses, blankets, clothing for cold weather or water storage items). Overall, respondents who reported being in urgent need of NFIs were also likely to report having reduced expenditures on such items as a strategy to cope with insufficient means of livelihoods. As one East African KI in Azzawya pointed out, "*there are many that are incapable of providing for their needs this winter due to the lack of jobs and the increase in the prices*" and who will have to prioritize among different basic needs: "*first food, then shelter, then comes clothing and the furniture of the place, as well as the heating for the place*".

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[134] ESCR-Net, "The right to housing".
[135] IOM, "A Long Way From Home – Migrants' Housing Conditions In Libya", November 2020.
[136] DTM - Round 3 IOM DTM, "Migrant Report 32 (July-August 2020)", September 2020; IMPACT, "Refugees and migrants' access to food, shelter & NFIs, WASH and assistance", November 2018; Amnesty International, "Between life and death. Refugees and migrants trapped in Libya's cycle of abuse", 2020, https://www.amnesty.org/en/documents/mde19/3084/2020/en/.
[137] IOM DTM, "A long way from home. Migrants' housing conditions in Libya", November 2020.
[138] See REACH, "Access to cash and the impact of the liquidity crisis on refugees and migrants in Libya", June 2018.
[139] REACH, "Refugees and migrants' access to resources, housing and healthcare in Libya", December 2017.
[140] IOM, "Migrant emergency food security report", May 2020.

Accountability to Affected Populations

The overwhelming majority of respondents with multi-sectoral needs (87%) reported not having received any form of humanitarian assistance during the six months prior to the interview. Limited deviations could be observed between region-of-origin groups and locations, with sub-Saharan respondents in the West and respondents from Other nationalities in the East being the sub-groups most likely to report having received assistance from non-governmental organisations, as shown in the graph below.

Figure 15: % of respondents with multi-sectoral needs reporting having received humanitarian assistance in the 6 months prior to data collection, per region of origin and by region in Libya (n=128)

Among respondents with multi-sectoral needs who reported having received humanitarian support during the previous six months, 92% reported having received in-kind assistance (n=118), while cash assistance was reported by 8% of respondents (n=10), the majority (n=9) of them in the East.

Respondents with multi-sectoral needs who had not received assistance were likely to report that the reasons for this were that assistance was not available in their mahalla (37%) and that they did not know how to access assistance (22%). These findings were reflected by data collected through interviews with KIs. When asked about the availability of legal, social or psychological services for refugee and migrant survivors of violence specifically, half of respondents reported that they were not aware of any such services. Among those who reported being aware of the existence of these services, the majority reported that refugees and migrants face several obstacles to accessing them, including lack of knowledge about services available, and how to access them and communicate with service providers; security fears related to the person's undocumented status, resulting in the reluctance to integrate in the local society that further hinders their access to information; and distance from service providers, exacerbated by lack of transportation.

In terms of channels of communication, respondents with multi-sectoral needs reported that their preferred modalities for receiving information about humanitarian assistance are by phone (calls or SMS) (78%), WhatsApp (24%), or social media (16%). By contrast, in-person modalities of communications, including outreach by organisations or community volunteers, and direct communication by community or religious leaders, were preferred by less than 10% of respondents.[141]

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[141] A new REACH report on refugees' and asylum seekers' communication within the urban contexts of Libya, investigating this population's access to information on opportunities such as accommodation, livelihoods and basic services, including humanitarian assistance, is forthcoming. This study explored refugees and asylum seekers' preferred information sharing/receiving mechanisms (not limited to humanitarian assistance) and overall found that direct physical communication channels (such as interactions with friends and family, and through community and religious leaders) and internet and social media sites (such as Facebook and WhatsApp) were among were the most commonly reported preferred means of obtaining information.

Subsets of particular concern[142]

Factors of vulnerability [143]

To complement the analysis above on current living standards gaps and coping capacities, this section looks into socio-demographic factors that could not be controlled for within the sampling frame but that may influence refugees and migrants' access to resources and essential services, as well as their vulnerability to protection violations. Inspired by the determinants of vulnerability models developed by IOM and the MMC,[144] the following sections will explore how different socio-demographic factors, by themselves or in combination with other drivers, contribute to determine refugees and migrants' living standards and humanitarian needs. The factors considered for the purpose of such analysis were selected based on a three-stepped process. First, potential factors were identified based on literature review, which was primarily focused on studies applying the models mentioned above. These hypotheses were then tested against the quantitative data collected, to identify patterns. Finally, the factors shortlisted based on this analysis were included as specific probes in the KI surveys, to allow to gather qualitative information to triangulate and contextualize the quantitative analysis. Through this process, the following key factors were identified:

‹ **Reasons for migrating**: The idea that people who are forced to leave their countries due to violence, insecurity of persecution are particularly vulnerable is intrinsic to the refugee protection system. In 2019, the MMC found that individuals reporting such reasons as factors influencing their decision to migrate were more exposed to the risk of detention compared to people reportedly moving for economic or personal reasons.[145] At national level, 29% of respondents with multi-sectoral needs reported having travelled to Libya due to conflict or targeted discrimination in their country of origin.

‹ **Migration intentions**: The decision to stay or leave Libya, as well as the preference for certain destinations (e.g. Europe) play a significant role in determining the person's level of integration, access to resources, as well as exposure to protection risks. Data and analysis published by the MMC suggest that refugees and migrants intending to transit to Europe are particularly exposed to the risk of detention and more vulnerable to protection abuses in Libya compared to persons with different intentions.[146] Among individuals interviewed, 50% of respondents with multi-sectoral needs declared they intended to leave Libya during the following six months; of these, 64% reported Europe as their preferred destination.

‹ **Legal status:** Literature on living conditions and protection risks of refugees and migrants in Libya points out that the lack of legal documentation (including both identity documents from their country of origin and proof of legal stay in Libya) is a factor increasing vulnerability to abuse and mistreatment, and reducing access to essential services and livelihoods opportunities.[147] This was confirmed by KIs. For example, the majority of respondents in the Eastern region reported that undocumented migrants are most likely to experience barriers accessing healthcare and to face safety and security threats at health facilities. While respondents to the quantitative survey were not asked directly about their status due to protection concerns, they were asked whether lack of documentation had prevented them to access any essential services or resources during the three months prior to data collection; this was answered affirmatively by 51% of respondents with multi-sectoral needs.

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[142] Unless specified otherwise, all findings are presented for the subset of respondents with LSGs in at least 2 sectors (n=1192).
[143] While acknowledging the complexity inherent in the concept and definition of vulnerability, the present study draws upon the conceptualization of vulnerability as inability to enjoy basic human rights, including the right to an adequate standard of living, and heightened risk of violation and abuse. OHCHR/Global Migration Group, "*Principles and Guidelines, supported by practical guidance, on the human rights protection of vulnerable migrants*", Geneva, 2017, www.ohchr.org/Documents/Issues/Migration/PrinciplesAndGuidelines.pdf.
[144] IOM, "Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse", 2019, https://publications.iom.int/books/iom-handbook-migrants-vulnerable-violence-exploitation-and-abuse.
[145] Mixed Migration Centre, "What makes refugees and migrants vulnerable to detention in Libya?", December 2019. See also Mixed Migration Centre, "A Sharper Lens on Vulnerability (North Africa)", November 2020, https://reliefweb.int/report/world/sharper-lens-vulnerability-north-africa-statistical-analysis-determinants-vulnerability#:~:text=A%20Sharper%20Lens%20on%20Vulnerability%20(North%20Africa)%20-,in%20North%20Africa,%20MMC%20Research%20Report,%20November%202020;
[146] Mixed Migration Centre, "What makes refugees and migrants vulnerable to detention in Libya?", December 2019; Mixed Migration Centre, "A Sharper Lens on Vulnerability (North Africa)", November 2020.
[147] IOM DTM, "Libya migrant vulnerability and humanitarian needs assessment", December 2019, https://displacement.iom.int/system/tdf/reports/DTM_LBY_MVHNA_Report_Dec2019.pdf?file=1&type=node&id=7406.

‹ **Time of arrival**: The length of stay in Libya is likely to play a significant role in determining a person's ability to tap into opportunities and mitigating their exposure to protection risks. As IOM points out, based on an analysis of DTM data, recently arrived migrants are more likely to present higher vulnerability levels, including higher prevalence of unemployment.[148] A longer-term permanence in the country is also associated with increased linguistic skills: indeed, all KIs interviewed in the West reported that individuals who had recently arrived to Libya and/or were not able to speak Arabic experienced the most severe barriers to accessing healthcare and heightened risks of protection violations. Across Libya, 46% of respondents with multi-sectoral needs reported having arrived to Libya for the first time at some point during the two years prior to the interview.

‹ **Gender**: Gender is a particularly complex social determinant of vulnerability. As the MSNA key findings highlight, gender does not associate univocally with higher or lower vulnerability. Indeed, while female respondents appeared to be more at risk of unemployment and more likely to resort to negative food-related coping strategies, they appeared to be less exposed to arrest and detention, as well as less likely to report severely inadequate housing conditions. On the other hand, gender does play a significant role in determining the experience of refugee and migrant men and women, as well as their respective exposure to specific risks and threats, and should therefore be considered in relation to specific dimensions of this experience. Men and women represented respectively 88% and 12% of the overall sample.

‹ **Age**: Among refugees and migrants in Libya, age seemingly plays a role in influencing the person's exposure to protection risks, with young adults being particularly vulnerable in this sense.[149] Among the individuals interviewed for the MSNA, 57% overall were between 18 and 30 years old. In addition, UNICEF reports that refugee and migrant children, and especially unaccompanied ones, are among the most vulnerable groups and in dire need of assistance.[150] While the MSNA did not target children, for child protection reasons, it did however involve an extensive qualitative exercise encompassing KIIs with community representatives and protection specialists, as well as Focus Group Discussions with adolescents (15 to 18 years old) conducted by Cesvi in its community centres in Tripoli and Misrata.

The present analysis draws upon the consideration that these factors do not exist in isolation, but rather combine to create distinct patterns of marginalization and needs. Due to the overlap between different factors, as well as the significance of such intersection, which "*highlights the need to account for multiple grounds of identity when considering how the social world is constructed*"[151], the variables analysed are not controlled for.[152] As an example, the table below shows the overlap between two variables that appear to be particularly interlinked, namely the reported reasons for migrating and the migration intentions for the following six months.

Table 1: % of respondents with multi-sectoral needs by reasons for migrating and migration intentions[153]

	Intention to leave Libya	Intention to stay in Libya
Moved to Libya because of conflict or persecution	82%	18%
Moved to Libya for other reasons	49%	51%

In the following sections, two case studies will be presented to analyse and highlight one or more of the factors listed above. The first case study presented below will reflect the intersectional approach described, by looking at how the combination of different dimensions factors into the experience of East African individuals and contribute to determine their humanitarian needs. The second case study will then zoom into one specific factor, namely length of stay in Libya, and unpack it with relation to its impact on the capacity to build social networks. In particular, the

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[148] IOM, "Migration in West and North Africa and across the Mediterranean: Trends, risks, development and governance", September 2020, https://reliefweb.int/report/world/migration-west-and-north-africa-and-across-mediterranean-trends-risks-development-and-0.
[149] Mixed Migration Centre, "A Sharper Lens on Vulnerability (North Africa)", November 2020.
[150] IOM and UNICEF, "36,000 Child Migrants in Libya in Need of Assistance" (Press release), December 2017, https://www.unicef.org/press-releases/child-migrants-libya-need-assistance-iom-and-unicef.
[151] For a theory of intersectionality, developed in relation to gender discrimination, see Kimberle Crenshaw, "Mapping the margins: intersectionality, politics, and violence against women of color", July 1991, Stanford Law Review.
[152] However, the analysis of individual variables controls for region of origin, to ensure that the findings are indicative for the different population groups assessed.
[153] Respondents who answered "Don't know" or "Don't want to answer" are excluded.

section will investigate the extent to which the lack of social capital, which is reportedly particularly severe in the case of individuals who are recently arrived in Libya, impact their ability to access essential resources and, as a consequence, the capacity to meet basic needs.

Region of origin: East Africans

Among the different region-of-origin groups[154] targeted by the MSNA, respondents from East African countries were found to be particularly likely to have severe needs across all sectors. This is coherent with findings from literature on living conditions of refugees and migrants in Libya, which highlights that individuals migrating from the Horn of Africa face severe obstacles accessing essential services and securing sustainable livelihoods, and as such are exposed to multiple human rights violations[155]. Indeed, 94% of respondents from this region presented multi-sectoral humanitarian needs (i.e. had living standards gaps in at least 2 sectors or areas), while more than half of respondents (61%) from this region showing complex needs profiles with needs in at least 4 sectors or thematic areas. As the previous discussion of key drivers of needs highlighted, this group presented the highest % of respondents in need in almost all sectors[156], with 96% of East African respondents with multi-sectoral needs having needs in relation to cash & markets and 88% in relation to health.

This section will present how the vulnerability factors outlined above contribute to shaping the experience of this population group in Libya. Indeed, East Africans find themselves at the intersection of many vulnerability factors that should be understood as mutually constitutive and interrelated, rather than isolated.[157]

Factors of vulnerability

Reasons for migrating

The majority of East African respondents with multi-sectoral needs interviewed for the MSNA (77%) reported conflict/insecurity in their home country or targeted hostility/discrimination as factors decisively influencing their decision to migrate. This compares to 22% of respondents from the MENA region and less than 5% of individuals from West and Central Africa and Other nationalities. Conflict and insecurity were particularly reported by respondents from Somalia (91%) and South Sudan (86%), ranking among the top 5 refugee producing countries due to their situation of protracted conflict and insecurity, as well as acute environmental pressure in the case of Somalia.[158] While lack of employment or income in the home country was also reported (24%), and overlapped to some extent with the previous category (9% of respondents reported both unemployment and conflict/insecurity), only a minority of respondents reported that economic opportunities in Libya were a factor attracting them to this country (8%, as opposed to at least 41% for all other population groups). This seems to reflect the fact that Libya specifically is not the preferred destination for the majority of this population group – indeed, 91% of East African respondents reported that they planned to leave Libya in the 6 months following data collection, 35% of whom reported that they intended to seek asylum in a safer country. The majority of East African respondents, including all individuals declaring their intention to seek asylum elsewhere, indicated Europe as their preferred destination.

Lack of documentation

Migration intentions and their underlying factors are interrelated with other vulnerability factors. Individuals coming from a country experiencing systematic insecurity are more likely than other migrants to find themselves without crucial documentation such as birth or marriage certificates, passports and identity cards, due to the collapse of

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[154] For the purpose of the MSNA, "East Africa" encompasses the following countries: Ethiopia, Eritrea, Somalia, South Sudan and Zambia (no interviews were conducted with nationals of Zambia). The full classification of countries per region of origin can be found in Annex 3.
[155] See, for example, Danish Refugee Council, "Weighing the risks. Protection risks and human rights violations faced by migrants in and from East Africa", October 2017, http://mixedmigration.org/wp-content/uploads/2018/05/018_weighing-the-risks.pdf; IMPACT, "From Hand to Hand. The migratory experience of East African refugees and migrants in Libya", April 2019, https://reliefweb.int/report/libya/hand-hand-migratory-experience-east-african-refugees-and-migrants-libya.
[156] The WASH sector was the only limited exception: 22% of East African respondents presented a WASH LSG, as opposed to 26% of West and Central African respondents.
[157] Kimberle Crenshaw, "Mapping the margins: intersectionality, politics, and violence against women of color", July 1991, Stanford Law Review.
[158] The World Bank, "Refugee population by country or territory of origin | Data" (Webpage), https://data.worldbank.org/indicator/SM.POP.REFG.OR?most_recent_value_desc=true.

state institutions, as well as the necessity to flee to escape conflict or persecution.[159] For example, in the case of Somalia, "*the country underwent a destructive and brutal civil war, in the course of which most records were destroyed […] the following documents are unavailable: birth certificates; death certificates, marriage certificates; divorce certificates; adoption certificates; identity card […]*".[160]

Besides the higher likeliness that essential documents or records are destructed or lost in the country of origin, individuals leaving their home country due to insecurity may be reluctant or unable to turn to their country's representation in Libya for help in obtaining documents. KIs across all regions pointed out that even those who are willing to seek assistance from embassies or consulates, are often unable to do so due to the high risk of arrest at formal or informal checkpoints entailed by travelling to the capital. While individuals from all region-of-origin groups face lack of documentation and its consequences, East Africans were found to be particularly exposed. Indeed, only 12% of East African respondents with multi-sectoral needs, compared to 21% of West and Central Africans and almost half of respondents from the MENA region and Other nationalities reported that they had all the documentation they needed or they would not face any problems when trying to obtaining it.[161] Furthermore, 81% of East African respondents reported not having been able to access basic services due to lack of documentation in the previous three months – this is particularly noteworthy if compared to respondents from West and Central Africa (49%) reporting the same problem. While individuals from East African countries can register with UNHCR as refugees or asylum seekers, in the absence of any asylum legislation or procedures in Libya,[162] no distinction is made between migrants, refugees and victims of trafficking when it comes to the criminalization of irregular entry or stay. Indeed, two KIs in Tripoli reported that Libyan security personnel (especially at checkpoints) do not recognize documentation issued by UNHCR; any individuals who are not able to provide passport and residency documents are therefore considered as undocumented and exposed to arrest and detention, irrespective of their status.

Length of time in the country

The length of time spent in the country also intersects with reasons for migration, as individuals aiming to reach a third country can be expected to spend as little time as possible in conflict-affected Libya. Indeed, KIs noted that individuals from East Africa tend to transit through Libya on their way to Europe; which is widely acknowledged in the literature[163]. In 2019, IMPACT reported that time spent by the majority of East Africans in Libya before transiting to Europe significantly increased since 2017, shifting from a few weeks in 2016 and early 2017 to between one and two years in late 2018. The increased time spent in the country was partly attributed to a rise in kidnappings and the trafficking of refugees and migrants by smuggling networks inside Libya, as well as the increasing number of obstacles faced when crossing the Mediterranean Sea to Europe as a result of the stricter measures to control irregular migration enforced by both European countries and Libya.[164]

This trend was reinforced as a consequence of the COVID-19 outbreak and tightening border restrictions in early 2020: as one East African KI in Misrata reported, "*smuggling into Europe has dropped significantly, causing many of my countrymen to spend more time in Libya*". Due to the pandemic, IOM and UNHCR also temporarily suspended refugee resettlement operations. While arrivals to Europe reached a record low in April 2020, due to COVID-related movement restrictions, they have been regularly rising since, and third countries' resettlement resumed later in the year.[165] Despite the overall increase of time spent in the country, East African individuals interviewed for the MSNA

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[159] UNHCR, "Identity documents for refugees", July 1984, https://www.unhcr.org/excom/scip/3ae68cce4/identity-documents-refugees.html#:~:text=For%20a%20refugee%2C%20the%20lack%20of%20identity%20documents,to%20detention%20and%20sometimes%20even%20to%20summary%20expulsion.

[160] Immigration and Refugee Board of Canada, "Somalia: Ability to obtain documentation, including medical, education, and employment records; effectiveness of the postal service, on both the domestic and international level", March 2017, https://www.refworld.org/docid/58d53ab64.html.

[161] Due to the sensitivity of the matter, the MSNA questionnaire did not contain direct questions on the respondents' status or documentation; instead, it encompassed proxy questions that may provide information on the different region-of-origin groups' access to legal documentation; as with the full MSNA toolkit, all questions were validated by relevant technical migration specialists such as analysts in MMC and Protection Sector co-chairs, as well as the relevant staff at UNHCR.

[162] Libya is not a signatory to the 1951 Refugee Convention and does not have any asylum legislation or procedures in place.

[163] UNHCR, "Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges", July 2017, https://reliefweb.int/report/libya/mixed-migration-trends-libya-changing-dynamics-and-protection-challenges.

[164] IMPACT, "From Hand to Hand. The migratory experience of East African refugees and migrants in Libya", April 2019.

[165] UNHCR, "UNHCR's life-saving flights from Libya resume after seven-month suspension", October 2020, https://www.unhcr.org/news/briefing/2020/10/5f894f954/unhcrs-life-saving-flights-libya-resume-seven-month-suspension.html.

were still significantly more likely to have spent a relatively short amount of time in Libya, compared to respondents from other regions. Indeed, 81% of East African respondents reported having been in Libya for less than two years and that this was the first time they came to this country[166], as opposed to about one third of respondents across all remaining population groups.[167]

Factors driving living standards gaps

Limited integration into the Libyan labour market

With a limited amount of time spent in Libya, resulting in weaker networks of social support, and the intention, in most cases, to leave the country as soon as possible, individuals from East African countries often seem to remain at the margins of Libyan labour market, struggling to build sustainable livelihoods. As the following section will highlight, KIs overwhelmingly reported that migrant and local networks often represent the main avenue for finding jobs, especially monthly or more stable ones – an option that is reportedly rarely available for individuals who have only been in the country for a short amount of time: "*The time of arrival in Libya may well be the main factor affecting their chances [to find more stable employment]*", as "t*ime allows migrants and refugees to create their personal network that helps them get jobs*" (West and Central Africa KIs, Tripoli). Moreover, longer time spent in the country was associated by KIs with building a positive work reputation that, in turn, "*brings new customers*" (Other KI, Azzawya), as well as with developing stronger linguistic skills that allow for better communication with the local community and, therefore, increased access to more stable job opportunities. With regards to this latter aspect, "*newly-arrived African immigrants*" are reportedly disproportionally disadvantaged (East African KI, Benghazi). In particular, the transitory profile of individuals from East Africa, with its implications in terms of length of time spent in the country and migration perspectives, was explicitly linked by a few KIs from this region to their difficulties in finding a job. Indeed, KIs in Azzawya and Misrata reported that the perspective of leaving Libya shortly for other destinations, together with their involvement in smuggling networks, reduces the incentive and/or the ability of this population group to look for stable employment. This situation is reportedly exacerbated by East Africans' largely undocumented status. Indeed, while lack of documentation did not figure as one of the main obstacles reported to accessing job opportunities (see cash & markets section), the majority of KIs from East Africa in the West reported that this factor plays a role in limiting the person's ability to find a more stable form of employment or poses a threat to their security when looking for jobs or travelling to their workplace, due to the risk of being arrested at checkpoints.

At national level, 19% of East African respondents with multi-sectoral needs declared being unemployed (of these, 40% reported having no income at all), while 55% reported being employed in daily labour. Figure 16 below shows the prevalence of unemployment and daily labour across different region-of-origin groups.

Figure 16: % of respondents with multi-sectoral needs reporting being employed in daily labour or being unemployed, by region of origin
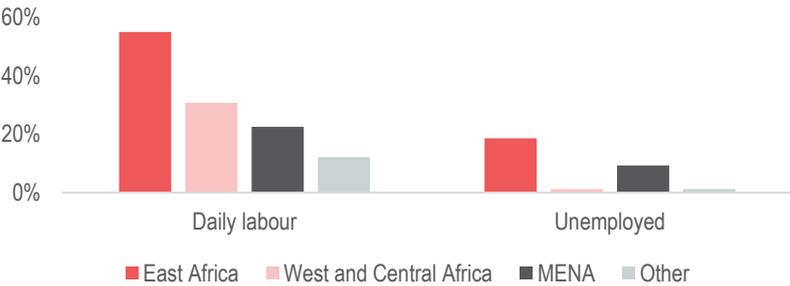
The reliance on precarious forms of employment was stressed by East African KIs in the East, who reported that "*the immigrants from East Africa who work regularly, work as day labourers, are construction workers, or do tasks that require muscle effort, they're mostly workers standing in the square waiting for work*" (East African KI, Benghazi). As a consequence, respondents with multi-sectoral needs from this region presented the lowest income levels, with 68% reporting an income lower than 750 LYD for the previous month. East African individuals' reliance

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[166] The combination of the two indicators has the objective of accounting for circular migrations.
[167] 34% of respondents in need from Other nationalities, 32% of West and Central African respondents, 26% of respondents from the MENA region.

on unsustainable and limited livelihoods seems to be reflected in the low levels of food security displayed by respondents from the Horn of Africa, more than half of whom presented a poor or borderline FCS. Indeed, the majority of KIs from East African communities in the West reported that access to food is challenging for refugees and migrants with insecure forms of employment or unemployed, a situation that was worsened by the pandemic, due to its negative impact on daily labour. One KI in Misrata further reported that East Africans are particularly at risk of food insecurity due to the fact that many of them are unemployed, as well as given their relatively high reliance on smugglers, who do not provide enough food to the individuals in their care. Scarcity of economic resources, expectations to leave the country soon, and involvement in smuggling networks also influence the standards of accommodation enjoyed by individuals from this region, with all East African KIs in the West reporting that individuals from their community tend to live in "*migrant compounds*" (Azzawya) or "*mass housing*", "*crowded places that are uninhabitable and have no proper health facilities*" (Misrata).

Reduced access to the public space

The inability to produce the necessary legal documentation is an obstacle to refugees and migrants' ability to safely access Libyan public space, including streets, squares, marketplaces, and public facilities such as healthcare centres.[168] Such impact can be analysed in relation to three overlapping dimensions: freedom of movement, access to resources, access to essential services.

Lack of documentation reportedly prevented 79% of East African respondents with multi-sectoral needs from moving or travelling during the three months prior to data collection – a proportion significantly higher compared to other region-of-origin groups, as it is shown in Figure 17 below.

Figure 17: % of respondents with multi-sectoral needs reporting having been unable to move or travel due to lack of documentation in the three months prior to data collection
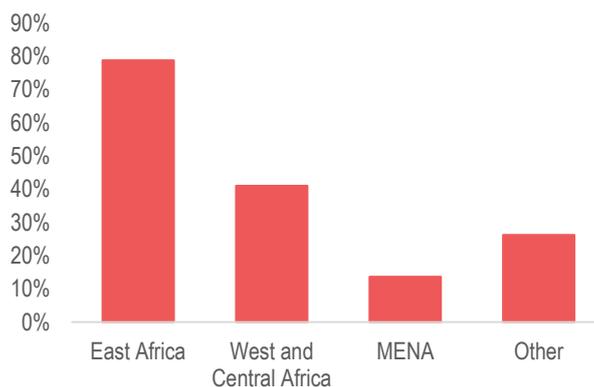
As a consequence of Libya's criminalization of irregular migration, all undocumented refugees and migrants are at risk of arrest at any time, with little access to due process and legal remedies to fight what can become an indefinite detention. As the MMC points out in its report "What makes refugees and migrants vulnerable to detention in Libya?", East Africans are particularly exposed to detention, representing almost half of all non-Libyans detained in the country[169]. Arrest can take place in the street, at checkpoints, at roads or squares where daily workers wait each day to be recruited for work. One East African KI in Benghazi summarized the precarious relation individuals from this region enjoy with public space in Libya: "*When we are in the street or in our place of work (the square), if the municipal guard vehicles come, we run out of fear*". As mentioned above, the potential risk of arrest entailed in movements across or between cities negatively impacts East Africans'' ability to access resources and employment. All KIs from this region of origin in the West reported that individuals in their communities face safety risks while looking for jobs or at the workplace, mainly due to lack of documentation: "*There are some risks taken by daily workers at gathering points*" (Tripoli), *"[Undocumented refugees and migrants] could be stopped and robbed when they pass through some checkpoints as well as arrested when the checkpoint is run by anti-immigration authorities*" (Azzawya).

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[168] UNHabitat, "Global Public Space Toolkit", February 2016, https://unhabitat.org/sites/default/files/2019/05/global_public_space_toolkit.pdf.
[169] Mixed Migration Centre, "What makes refugees and migrants vulnerable to detention in Libya?", December 2019.

Finally, limited access to the public space is apparent when looking at refugees and migrants' ability to engage with the public health system in Libya. As the section on health above highlighted, lack of documentation and fear of arrest were among the most reported barriers to healthcare for sub-Saharan individuals. In particular, 55% of East African respondents with multi-sectoral needs, as opposed to 21% of West and Central Africans, reported lack of documentation as a major obstacle to accessing healthcare, while 43% reported that this had prevented them from accessing healthcare in the previous three months. These findings were confirmed by KIs: all East African community representatives interviewed reported lack of documentation and fear of arrest as an obstacle to accessing healthcare. As one KI in Benghazi pointed out, "*We Ethiopians are at a high level of risk of detention. [...] [At public hospitals we face] the possibility of being arrested, detained, and deported by the security forces and the police. [I know of] Ethiopians who are detained at the hospital and transferred to a special headquarter for illegal migration, and they can be freed by paying about 200 dinars. [...] In public hospitals, at any moment, we can be interrogated and arrested*". Indeed, East African KIs and health professionals interviewed reported that nationality plays a role in influencing access to healthcare, due to the different access to legal documentation (and consequently freedom of movement) enjoyed by individuals from different regions of origin, as well as racial discrimination. As a health specialist on Azzawya pointed out, "*for public and private health sector the nationality makes difference, as it is easier for Middle Eastern and north Africans to access than other migrants and refugees. [...] Black coloured migrants and refuges face discrimination more than the white coloured migrants and refugees*". While these obstacles predate the COVID-19 outbreak ("*As illegal migrants, we prefer not to go to public hospitals before, during, or after the pandemic - public hospitals mean police everywhere*", East African KI, Benghazi), the pandemic further reduced the access to the public space for refugees and migrants in general, and East Africans in particular. Indeed, all East African KIs in the West reported that obstacles to accessing healthcare had increased since the outbreak of COVID-19 in Libya, due to strengthened movement restrictions and controls, and the fear of being arrested for violating the curfew. In some cases, this resulted in a nearly complete withdrawal from the public space: "*Some migrants have not left their homes for a whole month except for the shop next to the house*" (East African KI, Benghazi).

Time of arrival: Recently arrived migrants[170]

KIs consistently stressed the relevance of the length of time spent in the country as a factor associated with the construction of a durable network of social relations that would ease the individual's access to essential resources, including economic resources, services, and protection. Refugees and migrants who have spent long time in Libya "*usually have good networks with their community and the local community*" (West and Central African KI, Azzawya), "*are more accepted by the society and neighbours*" (Tripoli). The association of length of stay in the country and network construction, reported by the majority of KIs across all population groups, reflects the understanding that social capital tends to accumulate over time and, as such, enjoys a complex relationship with migration, which, "*like frequent repotting of plants, tends to disrupt root systems, and it takes time for an uprooted individual to put down new roots*"[171]. As KIs stressed, this process ultimately reposes upon the creation of a relationship of trust, through which newcomers gain acceptance by residents and potential employers, as well as support by fellow refugees and migrants, who will specifically act as guarantors at the moment of recruitment and provide support in the event of a shock.

By contrast, KIs pointed out that the absence of such support networks does negatively impact the person's ability to access essential resources and cope with crises. In particular, individuals who recently arrived to the country would be likely to present lower living standards, as they "*have no communication with their community nor with the local community that might be able to help them*" (Other KI, Azzawya). This might be reflected in the quantitative data, which showed that respondents who reported having arrived to Libya for the first time at some point during the previous two years were more likely to present humanitarian needs compared to longer-term immigrants (81% and 74% respectively). Indeed, existing literature on migration in Libya has repeatedly highlighted the length of stay in the country as a significant factor influencing individuals' vulnerability. Transitory refugees and migrants have

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[170] For the purposes of this study, "recently-arrived migrants" encompasses respondents reported having been in Libya for less than two years and that this was the first time they came to this country (n=546). The combination of the two indicators has the objective of accounting for circular migrations.
[171] Robert Putnam, "Bowling Alone: America's Declining Social Capital", 1995.

been found to be more vulnerable to unemployment, food insecurity, and overall less capable to face economic challenges.[172]

This section will explore the relationship between social networks, access to essential services, access to the labour market and protection from safety and security risks. In this context, 'social networks' are understood to encompass both intra-community relationships with prior migrants and migrant communities, and inter-community ties with the local Libyan society. While connection between migrant and refugee groups have been the subject of recent studies,[173] few studies have explored the extent to which Libyan nationals play a role in supporting refugees and migrants' access to resources[174] – an aspect that was consistently emphasized by KIs: "*New immigrants in Libya are facing more problems than ever before […] because they are ignorant of some things in the Libyan society. Everything about Libyan mediation, knowledge, and friendship is important to continue*" (East African KI, Benghazi).

Access to the labour market

KIIs revealed that ties to the migrant network in Libya, as well as to the local community, are instrumental in securing less precarious forms of employment: "*Labour gathering points are the main places men rely on when seeking daily jobs, but for monthly jobs they rely on their connection with the community leaders and the local community*" (East Africa KI, Azzawya); "*It is impossible to have a stable job immediately after you get there, and language plays a role, but it's not enough. You need a recommendation from a particular person or your expertise in the area where you want to work*" (Other KI, Ejdabia). In this regard, the length of stay in the country is an important factor, as "*time allows migrants and refugees to create their personal network that helps them get jobs*" (West and Central Africa KI, Tripoli). This is reflected by the higher prevalence of unemployment (11%) and daily labour (46%) among recently-arrived refugees and migrants with multi-sectoral needs compared to individuals who have been residing in the country for longer periods (5% and 21% respectively). In the specific case of women, KIs interviewed for the MSNA reported that they do exclusively rely on their connection with the local community, the support of friends, acquaintances and community leaders, as well as "agencies", "brokers" or middlemen who would connect them with potential employers, especially Libyan families looking for housemaids, in exchange for a commission that can amount up to one or more months' salary.

The help of previously arrived refugees and migrants who are already integrated in the Libyan society and have a stable job is reportedly crucial, as they can open up job opportunities for members of their community. By contrast, new immigrants who cannot count on this support would reportedly face difficulties to get even a casual job. On the other hand, refugees and migrants without extensive ties to the Libyan society can be expected to face difficulties in finding employment, as "*Libyans usually bring the jobs to the migrants they know*" (West and Central Africa KI, Al Jabal Al Gharbi).

Access to healthcare

The support of Libyan friends, acquaintances, and employers seems to be particularly likely to act as an enabling factor when it comes to accessing essential services, especially healthcare. As highlighted in the section dedicated to health needs, lack of documentation and fear of arrest, as well as the risk of harassment, play a significant role in reducing refugees and migrants' access to healthcare, particularly in the case of sub-Saharan individuals. To mitigate these problems, KIs reported that individuals who have been in the country for some time, and have therefore had the opportunity to establish friendly relations within the Libyan society, prefer to have a Libyan person to accompany them at the hospital for treatment: "*long-term migrants go to hospitals with Libyans to protect them and facilitate their entry, as well as not expose them to the risk of being detained by the police*" (Health professional, Alkufra) – an option that is not available for recently-arrived individuals. Accessing healthcare facilities with a Libyan is therefore a strategy to reduce safety risks that are otherwise significant: "*We don't feel safe unless the Libyan family is with us […] Everyone who interacts with the Libyan society without the company of Libyans may be at risk,*

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[172] IOM DTM, World Food Programme, "Hunger displacement and migration in Libya. A joint innovative approach to assessing needs of migrants in Libya", November 2019. REACH, "Refugees and migrants' access to resources, housing and healthcare in Libya", December 2017.
[173] See, for example, IOM DTM, "Closely knit. An assessment of migrants' social networks in Libya", January 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/DTM_Libya_Social_network_study.pdf.
[174] For the purposes of this analysis, three types of resources are considered: employment, essential services (health), and protection; added to these is the relevance of durable social ties for the coping capacities of refugees and migrants.

especially if they are an illegal immigrant and do not speak fluent Arabic, they are the most vulnerable to safety risks and concerns" (East Africa KI, Benghazi). The increased ability of longer-term refugees and migrants in Libya to mitigate obstacles to accessing healthcare seems to be echoed by the quantitative findings, with 52% of respondents with multi-sectoral needs from this sub-group[175] reporting facing no obstacles to accessing healthcare, as opposed to 40% of recently-arrived respondents with multi-sectoral needs.

Protective networks

KIs across the assessed mantikas also pointed out that networks of intra- and extra-community social relations are valuable to both prevent and respond to protection risks. On one hand, building a positive relationship with the Libyan community was perceived as a way of limiting the risk of "*harm, extortion, and problems*" (Protection specialist, Alkufra) and preventing exploitation, by means of the acceptance by the host community. On the other hand, Libyans were described as a potential source of security for refugees and migrants, which hints at an active protective role by Libyan friends and acquaintances, including accompanying the person when leaving the house, especially at night, and to the point of "*registering shops and real estate, even cars owned by immigrants in the name of a Libyan friend, relative, or neighbour whom they trust (this is common after the 2011 revolution). Immigrants prefer to register their property in the names of Libyan people for fear of loss and robbery*" (MENA KI, Benghazi). Similarly, one female KI in Akufra reported that a strategy to prevent and cope with protection risks is to "*establish female gatherings and friendships of the same nationality within the region, to help each other in the event of any emergency circumstances affecting one of them*". Indeed, refugees and migrants who can rely on the presence of strong communities reportedly enjoy increased protection from potential harm. While few information is available on the impact of diaspora networks in Libya on the level of support and protection enjoyed by refugees and migrants in the country, KIs in Benghazi reported that well-established networks, such as in the case of Bangladeshi and Sudanese communities, play a role as protective factors – potentially going beyond the length of time spent in the country, in cases where the individual already enjoys a strong connection to these networks prior to migrating.[176]

Both intra- and extra- community networks were also reported as potentially providing support in response to episodes of violence or abuse. On the one hand, prior migrants and community leaders are reportedly particularly valuable due to their knowledge of the context and the possibility to act as a liaison with local authorities if necessary. In the specific case of incidents within the household, recurring to the support of friends, relatives, community members and community or religious leaders was the only option reported by KIs. On the other hand, local friends or acquaintance might have good connections and could therefore be capable of supporting, including by helping get the person released in case of arrest. In this sense, KIs positively associated the persons' length of stay in the country with their integration in the local social fabric and therefore the ability to rally support from their Libyan connections: "*I see that there is a difference and from personal experience. I have a friend who has been living in Libya for years, all neighbours know her, and everyone knows her. If something happens, everyone will help her*" (Tripoli).

Coping with shocks

Finally, being able to rely on support by social networks seems to increase refugees and migrants' capacity to cope with unexpected crises or shocks: "*If an immigrant arrives in difficult working conditions, such as the Coronavirus pandemic, […] and if his money is spent or is lost, the rest of the migrants will help him and give him money until he gets a job and returns the debt*" (MENA KI, Benghazi). As opposed to the dimensions explored above, where KIs mentioned both Libyan and migrant communities as potential sources of support and mediation, in the case of a disruption of livelihoods requiring material support (including collecting money to pay for drugs or treatment, and providing hospitality to individuals who have been evicted or cannot afford to pay the rent), only refugees and migrants were reported as sources of support. This might indicate that, while inter-community networks might act mainly as mediation or enabling factors, opening up spaces and opportunities that would be otherwise precluded to refugees and migrants, intra-community solidarity, arising from "*the situated reaction of a class of people faced*

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[175] Subset of respondents who reported either having resided in Libya for more than two years or having already lived in the country in the past, before returning there within the previous two years.
[176] IOM DTM, "Closely knit. An assessment of migrants' social networks in Libya", January 2021.

with common adversities"[177] might constitute the main source of material support. In both cases, KIs explicitly linked length of stay in Libya with the ability to create and diversify one's social networks, thus highlighting the higher vulnerability of recently-arrived individuals, who are not "*well integrated into society*" (West and Central Africa KI, Sebha) in terms of access to both material and immaterial resources.

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[177] Alejandro Portes and Julia Sensenbrenner, "Embeddedness and immigration: Notes on the social determinants of economic action", 1993.

Overall, the majority of refugees and migrants interviewed for the 2020 MSNA were found to have humanitarian needs. The proportion of respondents in need varied significantly across population groups, with East African individuals presenting the highest prevalence of humanitarian needs (94%)[178]. Variations were also observed at regional level, with the South presenting the highest proportion of respondents with humanitarian needs across different region-of-origin groups.[179] Across all regions and population groups, the dominant needs profile was a complex one, with almost half (46%) of respondents with multi-sectoral needs presenting needs in at least four sectors. **These findings reflect the precarious experience of refugees and migrants amidst the protracted Libyan crisis, hinting at a multi-dimensional erosion of living conditions.**

Cash & markets needs represented the main driver of humanitarian needs in all regions and for all population groups, with 85% of respondents with multi-sectoral needs found to have needs in this area. These findings primarily reflected refugees' and migrants' over-reliance on unstable forms of employment (daily or temporary labour), which represented the main source of income for 80% of respondents who reported to be working. In the broader context of an economy impacted by several overlapping shocks, including the intensification of conflict in 2019, the disruption of oil production, and the liquidity crisis, the reliance on forms of employment providing unstable and low income also has implications for the ability to meet basic needs. More than half (64%) of respondents declared that they had been unable to meet at least one essential need in the month prior to data collection[180] because they could not afford it. The COVID-19 outbreak contributed to further deteriorate an already fragile livelihoods situation: indeed, 44% respondents who were employed reported that their work situation had deteriorated as a consequence of the pandemic.

Significant regional variations were observed in the prevalence of key drivers of humanitarian needs. In the East and the South, more than half (56%) of respondents with multi-sectoral needs presented food needs, which represented the second most common need in those regions. In the South, in particular, at least three out of four respondents for all population groups presented borderline or poor Food Consumption Scores. This reflects the comparatively high prices of basic food items observed in this region throughout 2020. By contrast, in the West of Libya, health needs were found to be key drivers of humanitarian needs, with a prevalence ranging between 60% for respondents from Other nationalities to 90% in the case of East Africans. While a significant proportion of respondents across all region-of-origin groups reported facing obstacles to access healthcare[181], individuals from the MENA and Other nationalities were most likely to report structural issues (including lack of medicines and shortage of medical staff, overcrowded facilities, etc.) as the main obstacle.[182] A lack of documentation and inability to afford care were the most reported barriers by sub-Saharan Africans[183]; this reflects the higher likelihood of this sub-group to have an undocumented status. Shelter needs were also found to be severe in the West and were presented by at least half of respondents across all population groups.[184] In particular, needs were driven by the reported reliance on sub-standard accommodation solutions[185], mainly unfinished rooms, that do not fit habitability criteria due to damage or poor conditions, as well as by insecurity of tenure, reported by over 90% of respondents.

Specific socio-demographic factors were found to influence refugees' and migrants' access to resources and essential services, as well as their exposure to protection violations. Drawing upon IOM's and MMC's determinants of vulnerability models, six factors were identified as particularly relevant to the experience of refugees

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[178] Compared to 87% of West and Central Africans, 66% of respondents from Other nationalities and 61% of respondents from the MENA region.

[179] 91% of respondents from the MENA region, 93% of respondents from West and Central Africa and 72% respondents from Other nationalities presented Living Standard Gaps in at least 2 sectors in the South.

[180] For the purposes of the survey, the following were classified as "essential needs": food; essential shelter needs; essential health needs; essential education needs; essential communication needs; essential transport services; other, including legal support, documentation fees, etc.

[181] 47% of respondents from MENA, 48% of respondents from Other nationalities, 66% of West and Central Africans and 71% of East African respondents reported having faced obstacles when trying to access healthcare during the previous three months.

[182] 22% and 24% of respondents respectively, compared to 10% of West and Central Africans and 3% of East Africans.

[183] 56% of East Africans and 44% of West and Central Africans reported lack of documentation as an obstacle to access healthcare, while insufficient income was reported by 49% and 19% respectively.

[184] 78% of West and Central Africans, 72% of East Africans, 64% of respondents from Other nationalities and 48% of repondents from the MENA region presented shelter needs.

[185] Sub-standard shelter types include: unfinished room(s), public space not usually used for shelter, private space not usually used for shelter, tent or caravan, temporary shelter provided by INGO or local NGO and camps.

and migrants in Libya: reasons for migrating and migration intentions; legal status; time of arrival; gender; and age. Based on the analysis of these factors, two sub-groups of concerns were identified: East Africans and migrants who had recently arrived to Libya. Individuals migrating from Somalia, Eritrea, Ethiopia, and South Sudan were found to enjoy limited integration into the country's labour market (19% of respondents with multi-sectoral needs reported being unemployed and 55% being employed in daily labour) likely in part due to the tendency to spend a limited amount of time in Libya and the frequent intention to leave the country as soon as possible. Furthermore, lack of legal documentation was found to significantly limit this group's ability to access the public space, with negative consequences on their freedom of movement and access to resources and essential services, while increasing their protection concerns (reported by 74% of respondents). On the other hand, the absence of support networks, likely influenced by the short time spent in the country, was found to negatively affect the living conditions of individuals who had arrived to Libya for the first time in the two years prior to data collection. In particular, refugees and migrants who could not count on social relations within migrant or local communities were reportedly particularly vulnerable to face barriers to accessing the labour market and essential services, specifically healthcare, and might find themselves largely unprotected in the event of harm.

Overall, the MSNA findings highlighted a situation of precariousness and deprivation touching several dimensions of refugees' and migrants' lives in Libya, from insecurity of employment to inadequate housing, from poor health and nutrition to low personal safety. The high prevalence of cash & markets needs, together with their significant overlap with other areas, calls for a better understanding of how deteriorating livelihoods impact humanitarian sectoral needs, in order to build an effective and coordinated response. A more nuanced understanding of the living conditions and protection risks of hard-to-reach groups, as well as of the influence socio-demographic factors play in shaping patterns of exclusion and need, is essential in ensuring humanitarian response is inclusive and tailored to vulnerable populations. To this aim, the Refugee and Migrant MSNA provides the grounds for more in-depth, targeted studies.

Annex 1: Data & other publications

The following documents and publications relating to the 2020 Refugee and Migrant MSNA can be found on the REACH Resource Centre:

- Terms of Reference (ToR) can found here
- Quantitative survey can be found here
- Dataset and results tables can be found here
- Factsheets can be found here
- Dashboard can be found here

Annex 2: Key Definitions

1. Capacity gap (CG): An individual with a capacity gap is one that is relying on negative, unsustainable coping mechanisms to meet their basic needs at the time of data collection. An individual may have a capacity gap but no living standards gaps, meaning that they are meeting their basic needs, but only through reliance on these coping mechanisms. Alternatively, an individual may have both a capacity gap and living standards gaps in one or more sectors, indicating that they are unable to meet their basic needs despite the use of coping mechanisms.

2. Context: Context, the first pillar of the analytical framework underlying this MSNA, consists of the relevant characteristics of the environment in which humanitarian actors plan and operate. These characteristics include, but are not limited to, characteristics and changes in the humanitarian, socio-cultural, economic, legal/policy, demographic, infrastructure and environmental profile.

3. Coping mechanisms: Coping mechanisms indicate the degree to which individuals are coping or facing challenges with impact recovery. In general, coping mechanisms can be positive or negative (e.g., displacement), sustainable or unsustainable (e.g., reliance on humanitarian aid). This assessment focuses only on negative coping mechanisms, as they can be erosive over time and may forecast future needs. Whereas in the context of an acute crisis, an analysis of coping mechanisms might focus on food consumption behaviour, in the case of Libya (a protracted crisis), this analysis focused on coping mechanisms addressing the lack of resources in general.

4. Event or shock: The event or shock, the second pillar of the analytical framework underlying this MSNA, is essentially a sudden or on-going event that severely disrupts the functioning of a community or society and causes human, material and economic or environmental losses. The draft JIAF seeks to identify key driver(s) or the immediate causes of the crisis, including type, location, intensity, inter alia, as well as underlying factors, defined here as the processes or conditions, often development-related, that influence the degree of the shock and influence exposure, vulnerability or capacity of the affected population.

5. Household: For the purpose of this MSNA, a household was defined as a group of people who live in the same dwelling and share food and other key resources. In the event of any ambiguity, survey respondents had the final say on who belongs to their household.

6. Humanitarian conditions: This is the fourth pillar of the analytical framework underlying this MSNA. Humanitarian conditions consist of the outcomes of the crisis on the affected population, in terms of living standards and coping mechanisms.

7. Impact: Impact is the third pillar of the analytical framework underlying this MSNA. It consists of the effects of the event/shock on the population and humanitarian access in the affected area.

9. Living standards: As a result of the impact, the ability of individuals to meet their basic needs, such as water, shelter, food, healthcare, education, protection, etc. Basic needs may vary from one context to the other and are contextually defined with relevant partners/sectors. Living standards are measured by assessing accessibility, availability, quality, use and awareness of essential goods and services.

10. Living Standard Gap (LSG): Signifies an unmet need in a given sector, where the living standard gap severity score is 3 or higher.

11. Migrant: An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally-defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.[186]

12. Refugee: A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (Convention relating to the Status of Refugees, adopted 28 July 1951)

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[186] IOM, "Who is a migrant?" (webpage), https://www.iom.int/who-is-a-migrant.

14. Severity: Signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no) to 4+ (extreme+).

Annex 3: Classification of countries by regions of origin

The classification of the countries of origin of respondents by different regions of origin draws upon the UN Statistics Division standard composition of geographical regions, with a few noteworthy deviations: i) Western Africa and Middle Africa are considered jointly as "West and Central Africa"; ii) Northern Africa and specific countries from Western Asia are classified as "Middle East and North Africa (MENA)"; iii) All countries that fall outside of the categories of "West and Central Africa", "East Africa", and "MENA" are classified as "Other nationalities". The rationale for these deviations is based on characters specific to the refugee and migrant population in Libya, identified through literature review, including the relevance of the Arabic language and ethnicity as a factor conducive to integration and easier access to services; the similarity of needs and profiles between Western and Central Africa individuals; as well as the relatively small numbers of individuals from any other regions identified by the UN Statistical Division. The table below shows the classification of countries of origin by regions of origin used for the purpose of the 2020 Refugee and Migrant MSNA sampling.

Table 2: Classification of countries of origin by regions of origin

MENA	EAST AFRICA	WEST/CENTRAL AFRICA	OTHER
Algeria	Eritrea	Cameroon	Bangladesh
Egypt	Ethiopia	Burkina Faso	Pakistan
Iraq	Somalia	Chad	
Morocco	South Sudan	Côte d'Ivoire	
State of Palestine	Zambia	Ghana	
Sudan		Guinea	
Syrian Arab Republic		Mali	
Tunisia		Niger	
Yemen		Nigeria	
		Senegal	

Annex 4: Detailed individual survey sampling strategy and process

Data sources

To create the assessment's sampling frame, one data source was used:

‹ **IOM-DTM Round 29 (January-February 2020) dataset**: Data from IOM-DTM Round 29 were used to identify refugee and migrant figures to calculate the sampling frame. This was the most recent IOM-DTM dataset available at the start of data collection for the survey.

Calculation of sampling quotas for each stratum

Mantika-level displacement figures based on region of origin were drawn from population figures provided in Round 29 of IOM DTM for proportional distribution across geographic strata. Below is a description of the process by which quotas were drawn for sub-groups:

1. Using IOM-DTM population figures, the total population of migrants and refugees combined for all assessed mantikas was calculated and subset by the four regions of origin;
2. Using the total population of migrants and refugees by region of origin (presented in the row titled "Population Total" in the table below,) total quotas for each of the regions of origin were calculated, to be as indicative and accurate as possible of the total population of migrants and refugees by regional sub-group;
3. The total sample for each region of origin was then distributed across the selected locations (nine mantikas) in order to determine the number of migrants and refugees within the regional subset that needed to be interviewed within each mantika. This was calculated by dividing the total sample determined from the population subset, proportionally based on the share of the population sub-total determined to be residing in each one of the mantikas.

After completing these calculations for all four sub-regions:

1. A minimum threshold of 20 interviews per region of origin per location was set as a buffer to ensure that no sub-groups were underrepresented in the final sample. Samples that were originally found to fall below 20 were oversampled accordingly. The size of the overall sample per region of origin is fixed, while sub-samples were under-sampled proportionally to their relative weight to compensate.
2. As IOM-DTM data do not provide an estimate of the gender of migrants and refugees subset per region of origin, within each mantika, the distribution of interviews by gender was calculated based on the proportion of women among all migrants and refugees in Libya, estimated by IOM DTM at 11% (consequently, sub-samples based on gender for each location are not included below).

Annex 5 contains the final sampling frame and survey totals.

Sampling relied on a mixture of referrals, contact lists from CSOs, INGOs and UNHCR list of registered refugees and asylum seekers in Libya.

Annex 5: Sampling frame

Region	Mantika	# of refugees andmigrants (est.)				
		West and Central Africa	MENA	East Africa	Other	Total
West	Tripoli	56025	23030	11690	7895	**98640**
	Misrata	33413	20498	955	2744	**57610**
	Al Jabal Al Gharbi	22245	10625	5082	1003	**38955**
	Azzawya	27544	11357	2217	1923	**43041**
East	Benghazi	4989	27315	2482	1544	**36330**
	Ejdabia	28493	37687	815	3522	**70517**
	Alkufra	20432	6540	4970	0	**31942**
South	Sebha	46625	6145	0	600	**53370**
	Murzuq	55570	7032	2139	423	**65164**
Total		**295336**	**150229**	**30350**	**19654**	**495569**

Region	Mantika	Target # of individual surveys				
		West and Central Africa	MENA	East Africa	Other	Total
West	Tripoli	93	79	156	157	**485**
	Misrata	45	52	20	43	**160**
	Al Jabal Al Gharbi	20	20	38	20	**98**
	Azzawya	34	25	28	31	**118**
East	Benghazi	20	74	33	30	**157**
	Ejdabia	25	71	20	55	**171**
	Alkufra	34	21	64	0	**119**
South	Sebha	76	21	0	20	**117**
	Murzuq	37	20	20	20	**97**
Total		**384**	**383**	**379**	**376**	**1522**

Region	Mantika	Actual # of individual surveys				
		West and Central Africa	MENA	East Africa	Other	Total
West	Tripoli	93	83	190	176	**542**
	Misrata	45	54	51	47	**197**
	Al Jabal Al Gharbi	20	21	53	19	**113**
	Azzawya	34	26	39	29	**128**
East	Benghazi	20	76	48	31	**175**
	Ejdabia	26	72	0	57	**155**
	Alkufra	34	22	0	0	**56**
South	Sebha	75	32	0	14	**121**
	Murzuq	39	21	0	4	**64**
Total		**386**	**407**	**381**	**377**	**1551**

Annex 6: Summary of qualitative data collection locations

The number and topic of qualitative follow-ups using KIIs and FGDs was determined by key quantitative findings and identified information gaps. Extensive discussions with field partners and the sectors led to some alterations and additions to the scope, leading to the final KII numbers shown below.

	Livelihoods	SNFI	Health	Protection	Child protection	Total
West						
Tripoli	6	6	6	10+2 (FGDs)	12+4 (FGDs)	**46**
Azzawya	6	6	6	6	8	**32**
Al Jabal Al Gharbi	4	4	0			**8**
Misrata	6	6	0	1 (FGDs)	4 (FGDs)	**17**
East						
Benghazi	4	4	8	14	12	**42**
Ejdabia	5	5	4			**14**
Al Kufra	3	3	4	4		**14**
South						
Murzuq	5	5	0			**10**
Sebha	6	6	0	10	12	**34**
Total	**45**	**45**	**28**	**47**	**52**	**217**

Annex 7: Data processing and quality control

The following processing and quality control measures were followed during the data collection period of this MSNA:

Individual Survey

Data from the surveys was collected via the KoBo Toolbox platform, using the ODK Android application. The coded survey tool included integrated logical controls and checks which were designed to reject inconsistent data, or data of the wrong type.

During the individual survey data collection period, enumerators submitted their completed surveys ideally on a daily basis, provided internet connectivity would allow. All submitted surveys were passed to the REACH Database Officer for cleaning. The Database Officer would take the following steps:

- Anonymize all personal information, most importantly the phone number of the respondent and the phone numbers of referrals.
- Check for any duplicates
- Run a data cleaning script that flagged any inconsistent or nonsensical data, based on a pre-defined list of potential errors.

The anonymized scripts would be passed on to the assessment officers, who checked all flagged errors manually and who would decide to leave, change, or remove the data point depending on the specifics of the error and agreed on rules between the assessment officers. Where errors could not be explained, follow-ups were conducted with the enumerators. All errors and their correspondent actions were tracked in a joint cleaning log, which was cross-checked by both assessment officers to ensure consistency in cleaning. Any newly identified errors were added to the automated script where necessary during the cleaning process. The final cleaned dataset was checked once more by the Database Officer to identify and remove any outlying data points.

All surveys were additionally checked on duration. Any survey that took shorter than 10 minutes was immediately rejected. For all surveys between 10 and 20 minutes' enumerator follow-ups took place.

Key Informant Interviews and Focus Group Discussions

All KII and FGD data was recorded in Word documents by the enumerator. These Word documents did not contain any personal information of the KI or participant. These documents in Arabic were then sent to the Project Officer who would run them through the translation software SYSTRAN. Prior to uploading the Arabic transcript all documents were checked to make sure no personally identifiable information remained. The English transcripts were then checked by the assessment officers. Any potential translation errors or desired follow-ups were communicated to the Project Officer who would check the translated transcript against to Arabic transcript and follow-up with enumerator where necessary. After corrections and follow-ups were incorporated by the Project Officer, the transcripts would be checked one final time and uploaded to NVivo for analysis. Findings from the analysis were additionally checked with the Project Officer and field teams.

Ethical considerations

As in previous and all assessments, REACH considered and investigated the ethical implications of data collection and information dissemination.

First, in order to adhere to the "do no harm" principle, REACH conducted a "do no harm" analysis during the design phase. All questions in the tools were assessed against IMPACT Initiatives' Standard Operating Procedures on Personally Identifiable Information. Where personal data was collected, it was not shared with external partners and access to the information was restricted within REACH. All raw data was stored on password protected KoBo Toolbox servers using a secure sockets layer (SSL). All phone numbers recorded were automatically encrypted after download. Any other personally identifiable information was deleted before publication of the dataset. For the KIIs, no data was stored or shared on paper. Digital transcripts were saved in password protected files. Second, enumerator training included modules on survey ethics, including strict protocols on the treatment and deletion of phone numbers given to enumerators. The agenda of the trainings conducted ahead of the quantitative and qualitative data collection can be found in Annexes 12 and 13 below. Third, all data collection components required

informed consent from the respondent. A script was presented to all respondents outlining the nature and purpose of the assessment, and emphasizing the voluntary basis of participation. Fourth, all respondents were provided with the Complaints and Feedback Mechanism (CFM) phone number managed by the Electronic Telecommunication sector (ETS). Finally, a monitoring and evaluation (M&E) survey was conducted after quantitative data collection was completed, via random calls to selected interviewees that had consented to be contacted again.

Annex 8: Identification of living standard gaps & capacity gap

The living standard gap for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multi-Dimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (respondent for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each respondent is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each individual lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a respondent is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines **guidance on how to produce the aggregation using individual-level data.**

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;

2) Identified critical indicators that, on their own, indicate a gap in the sector overall;

3) Identified individual indicator scores (0 or 1) for each respondent, once data had been collected;

4) Calculated the severity score for each respondent, based on the following decision tree (tailored to each sector);

    a. "Super" critical indicator(s): could lead to a 4+ if an extreme situation is found for the respondent;

    b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators;

    c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;

    d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure 18 below;

Figure 18: Identifying living standards gap per sector with scoring approach
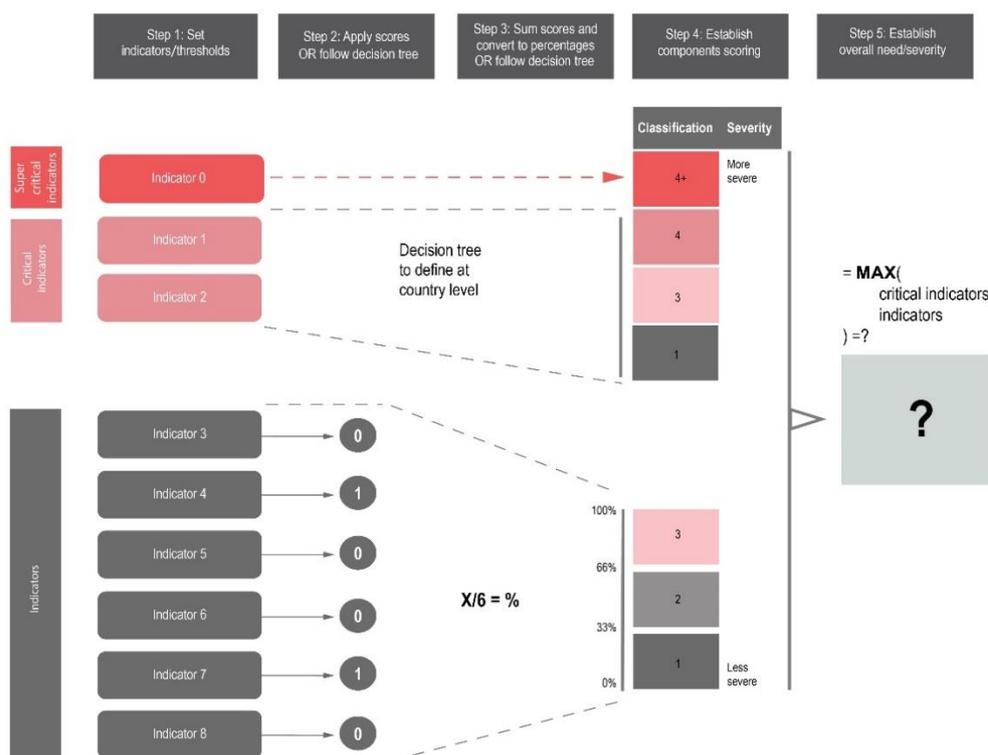
5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a living standards gap in that sector;

6) Identified respondents that do not have a living standards gap but that do have a capacity gap;

   a. Identified individual indicators scores (0 or 1) for all capacity gap indicators, amongst respondents with a severity score of 1 or 2;

   b. If any capacity gap indicator has a score of 1, the respondent is categorized as having a capacity gap;

7) Projected the percentage findings onto the population data that was used to build the sample.

While the draft JIAF severity scale includes 6 classifications ranging from 1 (none/minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/minimal) to 4/4+ (extreme/extreme+) is used. A "4+" score is used where data indicates that the situation could be catastrophic. This is because data that is needed for a score of (catastrophic) is primarily at area level (e.g. mortality rates, malnutrition prevalence, burden of disease), which is difficult to factor into individual-level analysis.[187]

The threshold used to determine whether a respondent was considered to have a particular gap or not was determined in advance for each indicator together with the sectors, and based on the classifications used in the 2019 MSNA. Please note that the results of this quantitative analysis were triangulated with the findings of the KIIs, as well as contextualized with secondary data.

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[187] Additionally, as global guidelines on the exact definitions of each class are yet to be finalized, and given the response implications of classifying a respondent or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

Annex 9: Living standards gap & capacity gap indicators

Living standards gap scores and the capacity gap scores are calculated in line with the methodology presented in annex 7. The only exception being that no super-critical indicators were collected in the Libya 2020 MSNA. Super-critical indicators are those that indicate imminent catastrophe, such as increased mortality. Due to the nature of the Libyan crisis, these indicators were not collected. Accordingly, the severity scale used does not go beyond extreme (4).

Critical and non-critical indicators were selected for each sector, in line with discussions had with the active sectors in Libya. There is no overlap between critical and non-critical indicators. The calculation of critical and non-critical indicator scores is entirely independent. For critical indicators, the highest severity score for the respondent is the one that counts. For non-critical indicators, the sum of all non-critical indicator scores for a respondent is taken and divided by the total number of non-critical indicators for the sector. The proportion of non-critical indicator needs determines the severity score, with a proportion of 0.33 or less classified as 1 (None/minimal), a proportion between 0.33 and 0.66 classified as 2 (Stress), and a proportion of 0.67 or higher classified as 3 (Severe). The highest severity score attained by a respondent of either the critical indictor or the non-critical indicator calculation is the final severity score of the respondent. No critical indicators, or indicators that would immediately indicate a humanitarian need were collected for education. Therefore, the living standards gap calculation for education is only based on the non-critical indicator calculation.

Below the indicators that fed into the living standards gaps for each sector are presented. For non-critical indicators, a table is added below the indicator table that indicates how the proportion rule for establishing the severity score works in practice for each sector.

Food security living standards gap

Critical indicators

Indicator	Survey question #	Survey question	Living standards gap severity			
			None/Minimal	Stress	Severe	Extreme
			1	2	3	4
Food Consumption Score, by % of respondents (poor / borderline / acceptable)	3.29.1	Now, I would like to ask you a few questions about the meals you had in the last 7 days. This information will help us understand the range of foods eaten in Libya, and if there is anything important missing. I will list 9 food groups, can you tell me for each, how often you have eaten them in the last 7 days? First, how often in the last 7 days have you eaten ...	Acceptable		Borderline	Poor

Food Consumption Score methodology

The calculation of the Food Consumption Score (FCS) was conducted in line with global standards. The FCS is a "composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups."[188] The FCS captures respondents' food access and adequacy.[189]

Step 1: Calculation of numeric FCS			
Food groups	Weight	Frequency	Weighted score = weight * frequency
Cereals, grains, and tubers	2	[answer]	2 * [answer]
Legumes and nuts	3	[answer]	3 * [answer]
Milk and dairy products	4	[answer]	4 * [answer]
Eggs, meat, fish	4	[answer]	4 * [answer]
Vegetables and leaves	1	[answer]	1 * [answer]
Fruits	1	[answer]	1 * [answer]
Oil and fat	0.5	[answer]	0.5 * [answer]
Sugar and sweets	0.5	[answer]	0.5 * [answer]
Condiments and spices	0	[answer]	0 * [answer]
Total (sum)			Total (sum) weighted scores

Step 2: Classification of FCS severity			
	Acceptable	Borderline	Poor
Respondent's total weighted score	>42	>28 and <=42	<=28

Non-critical indicators

Indicator	Survey question #	Survey question	Classification	
			No need 0	Need 1
% of respondents relying on food-based coping strategies to cope with a lack of food in the seven days prior to data collection reduced coping strategy index (rCSI)	3.30.1	Now, I would like to ask you a few questions about actions you may have taken in the last 7 days to deal with a lack of food or money to buy food. For each action, could you tell me how many days you have had to undertake the action? Note that these questions can be sensitive, and	Low	Medium or High

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[188] WFP, "Food Consumption Analysis," 1st edition, February 2008, p. 5. Available at: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp197216.pdf.
[189] WFP, "Consolidated Approach to Reporting Indicators of Food Security (CARI)," 2nd edition, November 2015, p. 17.

% of respondents with high food expenditure share (expenses on food in 30 days prior to data collection/total expenditure in 30 days prior to data collection)	3.8.1	In the last 30 days, could you estimate how much you spent for in total in LYD?	<65%	>65%
	3.8.2	During the past 30 days, how much did you spend, in LYD, on each of the following categories of items for domestic consumption?/Food and Water		

Non-critical indicators: living standards gap severity			
	None/minimal	**Stress**	**Severe**
Sum of non-critical indicator scores	<=1		>1

Reduced Coping Strategy Index (rCSI) methodology

The calculation of the rCSI was also conducted in line with global standards.[190] The rCSI captures the quantity or sufficiency of a respondent's food by asking about a selection of common, less-severe food-related coping mechanisms.

Step 1: Calculation of numeric rCSI score			
Food groups	**Weight**	**Frequency**	**Weighted score** **= weight * frequency**
Rely on less preferred, less expensive food	1	[answer]	1 * [answer]
Borrow food or rely on help from friends or relatives	2	[answer]	2 * [answer]
Reduce the number of meals eaten per day	1	[answer]	1 * [answer]
Reduce the size of portions or meals	1	[answer]	1 * [answer]

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[190] WFP, "The Coping Strategies Index: Field Methods Manual," 2nd edition, January 2008, p. 17. Available at: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf.

Reduce the quantity consumer by adults so that children can eat	3	[answer]	3 * [answer]
Total respondent's score			**Total (sum) of weighted scores**

Step 2: Classification of rCSI severity			
	Low	**Medium**	**High**
Respondent's total weighted score	<=18	>18 and <=42	>42

Food expenditure share methodology

The food expenditure share is calculated as follows:

$$\frac{Food\ and\ water\ expenditures + value\ of\ non\ purchased\ food}{Total\ expenditures} \times 100$$

Cash and markets living standards gap

Critical indicators

Indicator	Survey question #	Survey question	Living standards gap severity			
			None/Minimal	**Stress**	**Severe**	**Extreme**
			1	**2**	**3**	**4**
% of respondents relying on unstable forms of income	3.1.1	What is your main source of income?	Working		Not working	No income source
% of respondents relying on temporary or daily labor as their main source of income	3.1.2	The next questions are about the job or type of employment that is your main source of income. Is this job a permanent or temporary job, is it daily labour?	Permanent job		Temporary job or daily labour	

Non-critical indicators

Indicator	Survey question #	Survey question	Classification	
			No need	**Need**
			0	**1**
% of respondents reporting challenges in obtaining enough money to meet their needs over the last 30 days	3.9.1	I will now list 5 categories of needs. In the past 30 days, did you ever have trouble meeting following essential needs because you could not afford them? Please tell me for each category I will list whether you were able to afford your needs - note we are just asking about financial coverage, we will discuss other safety/security/access concerns later.	None	At least one

% of respondents that are able to access basic food and non-food items within 30 minutes of their residence.	3.31.1	Do you have access to a marketplace or grocery store within 30 minutes travel time in your mahalla or close to your mahalla?	Yes	No
% of respondents that are able to access basic food and non-food items without challenges	3.31.2	In the last 30 days, did you face any barriers to consistently accessing marketplaces? If yes, what kind of barriers?	No barriers	At least one

Non-critical indicators: living standards gap severity			
	None/minimal	Stress	Severe
Sum of non-critical indicator scores	<=1		>1

Health living standards gap

Critical indicators

Indicator	Survey question #	Survey question	Living standards gap severity			
			None/Minimal	Stress	Severe	Extreme
			1	2	3	4
% of respondents who report having faced challenges in the previous three months when accessing health care	3.34.1	Which problems (if any) have you faced in accessing health services in the past three months?	No problems		At least one problem	
% of respondents that can access primary healthcare within one hour's walk from dwellings	3.33.1	How long does it take you to reach the nearest healthcare facility (including clinics, hospitals) by walking?	Less than 1 hour		Less than 3h	More than 3h

WASH living standards gap

Critical indicators

Indicator	Survey question #	Survey question	Living standards gap severity			
			None/Minimal	**Stress**	**Severe**	**Extreme**
			1	**2**	**3**	**4**
% of respondents relying on non-functional or non-improved sanitation facilities (e.g., pit latrines without slabs, hanging toilets, etc.)	3.23.1	What kind of sanitation facility (latrine/toilet) do you usually use? (Note to enumerator: do not read list)	Improved facility			Non-improved facility

Non-critical indicators

Indicator	Survey question #	Survey question	Classification	
			No need	**Need**
			0	**1**
% of respondents relying on non-improved drinking water sources (e.g. Water trucking, unprotected wells, etc.)	3.26.1	Now I would like to ask you some questions about drinking water What was the main source of drinking water you used over the past 30 days? (Note to enumerator: do not read list)	Improved	Unimproved
% of respondents with inconsistent access to the public water network	3.28.1	Over the past 7 days, on how many days did you have access to drinking water from the public network?	4-7 days	0-3 days
% of respondents not satisfied with the quantity of their drinking water	3.27.1	In the past 30 days, has there been any time when you did not have access to enough drinking water to meet your daily needs?	Sufficient drinking water	Insufficient drinking water
% of respondents with soap in their house	3.24.1	Do you currently have soap in your house?	Yes	No

Non-critical indicators: living standards gap severity			
	None/minimal	**Stress**	**Severe**
Sum of non-critical indicator scores	<=1	2	>2

Protection living standards gap

Critical indicators

Indicator	Survey question #	Survey question	Living standards gap severity			
			None/Minimal	**Stress**	**Severe**	**Extreme**
			1	2	3	4
% of respondents who report that they are aware of safety incidents in the baladiya in the previous 30 days	3.45.1	Are you aware of any safety and security incidents involving refugee and migrant women and girls in your baladiya in the past 30 days? Are you aware of any safety and security incidents involving refugee and migrant men and boys in your baladiya in the past 30 days?	No			Yes

Non-critical indicators

Indicator	Survey question #	Survey question	Classification	
			No need	**Need**
			0	1
% of respondents whose access to basic services has been disrupted due to lack of required legal documentation	3.44.1	During the past three months, did lack of documentation ever prevent you from accessing any of the following?	Access to no basic services disrupted	Access to any basic services disrupted
% of respondents reporting presence of explosive hazards at neighborhood level	3.46.1	Are you aware of the presence of any explosive hazards in your neighborhood?	No	Yes
% of respondents reporting safety and security concerns	3.44.1	What are your main safety and security concerns, if any? We are trying to find out any reasons why you might feel in danger in your area	None	Any
% of respondents reporting safety and security concerns for children	3.47.1	What do you think are the main safety and security concerns for boys (under 18) in your baladiya?	None	Any
	3.47.2	What do you think are the main safety and security concerns for girls (under 18) in your baladiya?		
% of respondents reporting having been threatened with	3.22.1	Have you experienced eviction or the threat of eviction within the past 6 months?	No	Yes (threatened or evicted)

eviction, or to have been evicted			

Non-critical indicators: living standards gap severity			
	None/minimal	**Stress**	**Severe**
Sum of non-critical indicator scores	<=1	>1 and <=3	>3

Shelter & NFI living standards gap

Critical indicators

Indicator	Survey question #	Survey question	Living standards gap severity			
			None/Minimal	**Stress**	**Severe**	**Extreme**
			1	**2**	**3**	**4**
% of respondents living in substandard shelter type (e.g., unfinished room(s), public space not usually used for shelter, private space not usually used for shelter, tent or caravan, temporary shelter provided by INGO or local NGO, camp)	3.17.1	What type of house or accommodation (shelter) do you live in? (Note to enumerator: do not read out list)	Acceptable shelter			Sub-standard shelter
% of respondents whose shelter solutions do not meet agreed technical and performance standards	3.20.1	Does the accommodation currently have any damage or defects? (Note to enumerator: read out list)	No/light damage		Medium damage	Heavy damage or destroyed

Indicator	Survey question #	Survey question	Classification	
			No need	Need
			0	1
% of respondents reporting enclosure issues (lack of insulation, leaks during light rain, or limited ventilation)	3.21.1	Does the accommodation have any enclosure issues, such as leaking when it rains or ventilation issues?	None	At least one
% of respondents reporting need for key non-food items (mattresses; blankets; clothing for cold weather; water storage containers)	3.14.1	I will read a list of 15 household items, please tell me which of these items you do not have and need urgently.	None	At least one
% of respondents reporting not having access to mobile phone network coverage at their current dwelling	3.15.1	Do you have reliable mobile phone network coverage where you live? Reliable coverage means that the mobile network has at most only a few and short outages, for example 2 hours than less than once a week.	Access	No access
% of respondents reporting not having access to internet network coverage at their current dwelling	3.16.1	Do you have reliable internet coverage where you live? Reliable coverage means that internet network has at most only a few and short outages, for example 2 hours less than once a week.	Access	No access
% of respondents reporting insecure occupancy status for their shelter (e.g. Renting without contract, squatting, being hosted at workplace)	3.18.1	How would you describe your occupancy status? For example, do you own the house, or is someone else paying for it?	Secure occupancy status	Insecure occupancy status

Non-critical indicators: living standards gap severity			
	None/minimal	Stress	Severe
Sum of non-critical indicator scores	<=1	>1 and <=3	>3

Capacity Gap score

The capacity gap score is based entirely on the LCSI. This single indicator is treated as a critical indicator, meaning that the highest severity reached by the respondent is the respondent's severity score. See indicator matrix below.

Indicator	Survey question #	Survey question	Living standards gap severity			
			None/Minimal	Stress	Severe	Extreme
			1	2	3	4
% of respondents who resorted to using or more coping mechanisms in the 30 days prior to data collection; % of respondents per LCSI classification	3.13.1	Now I would like to ask you some questions about how you have dealt with situations where you did not have enough resources to cover your basic needs. Could you tell me for each of the following actions whether you had to undertake them in the last 30 days because of a lack of resources? If you already used up a certain action before the last 30 days, or if a strategy is not applicable to you, please say so. In the last 30 days, when you had a lack of resources, did you ever have to ...	None	Stress	Crisis	Emergency

Livelihoods Coping Strategies Index methodology

The LCSI methodology is in line with global standards. The severity classification of included strategies was determined based on 2019 data and discussions with key actors in Libya.

Guidelines for determining LCSI score:

1. The respondent is questioned about a series of coping strategies, and whether they have used any of these coping strategies in the 30 days prior to data collection. For each coping strategy, the respondent may choose from the following options: (A) Yes; (B) No, have already exhausted this coping strategy and cannot use it again; (C) No, had no need to use this coping strategy; and (D) Not applicable/This coping strategy is not available to me.
2. If the respondent chooses either "Yes" or "No, have already exhausted this coping strategy and cannot use it again" for at least one coping strategy in a severity category, then the respondent is considered to have used coping strategies from that severity category.
3. The respondent is classified according to the most severe category from which they used coping strategies.

LCSI severity rating			
None	Stress	Crisis	Emergency
n/a	1. Sold non-productive household assets or goods (TV, household appliance, furniture, gold, etc.) 2. Spent savings	5. Sold productive household assets or means of transport (sewing machine, wheelbarrow, car, etc.)	7. HH members over 18 engaged in degrading or illegal income activities (e.g. theft, smuggling)

| 3. Borrowed money

11. Reduced expenditures on essential non-food items (water, hygiene items, etc.) | 6. Reduced expenses on health (including drugs)

10. Took on an additional job | 8. HH members under 18 engaged in degrading or illegal income activities (e.g. theft, smuggling)

8. Asked money from strangers

9. Sold house or land |

Annex 10: Composite indicator results

Food security living standards gap

Figure 29: Food security living standards gap score, per population group
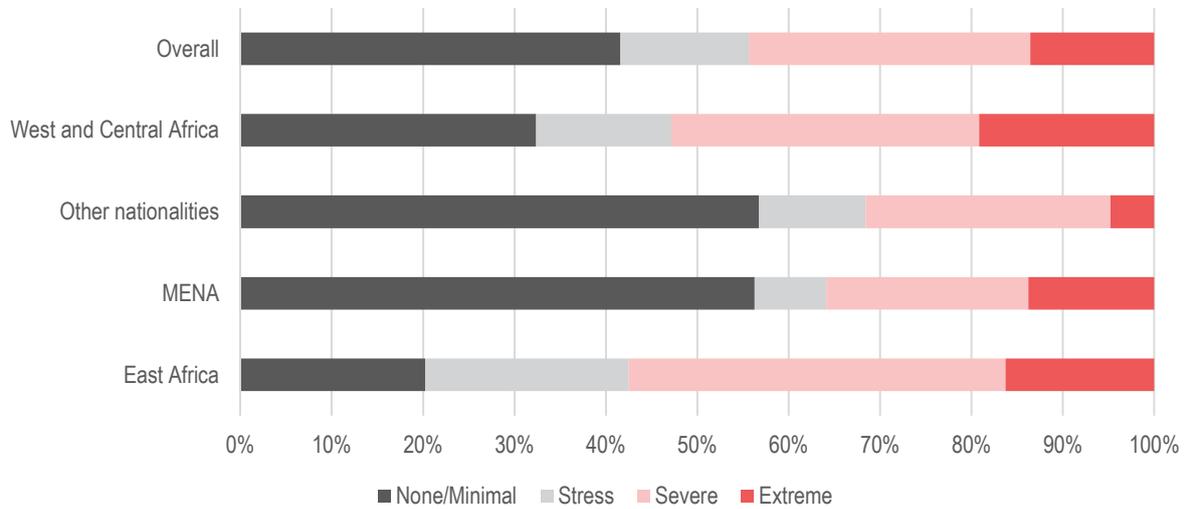
Figure 20: Food security living standards gap score, per population group and mantika
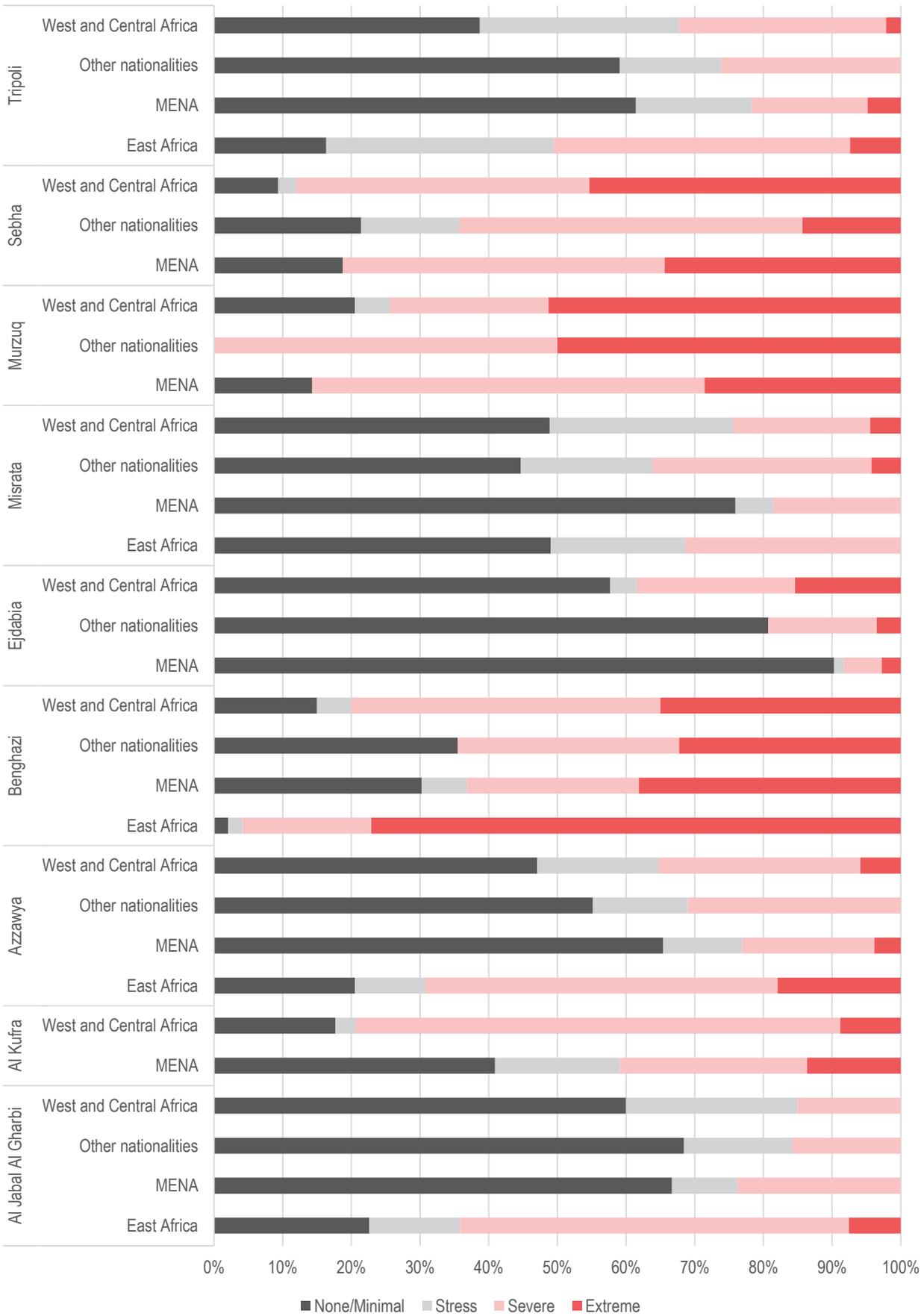
Cash and market living standards gap

Figure 31: Cash and markets living standards gap score, per population group
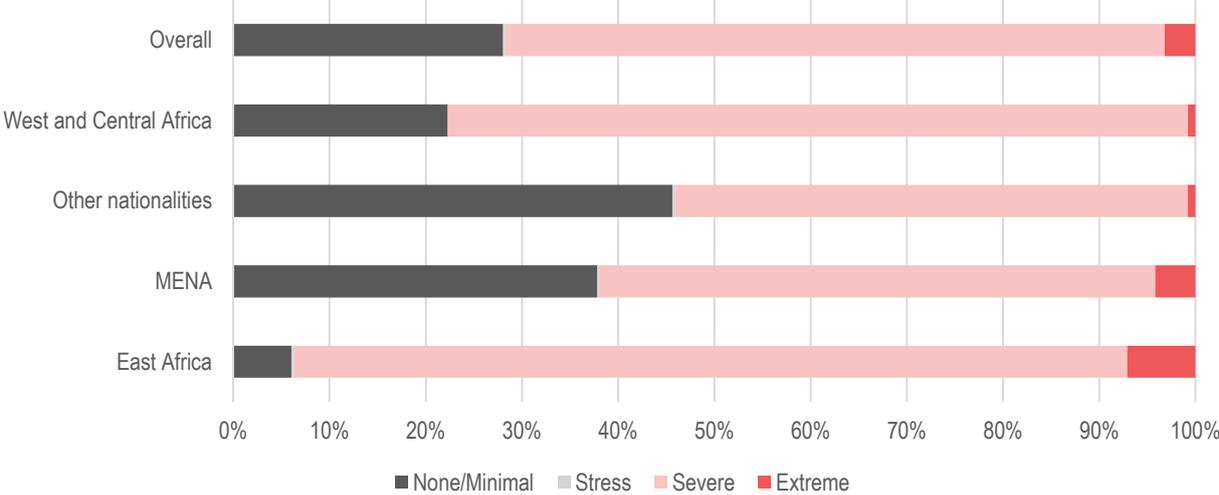
Figure 4: Cash and market living standards gap score, per population group and mantika

	None/Minimal	Stress	Severe	Extreme
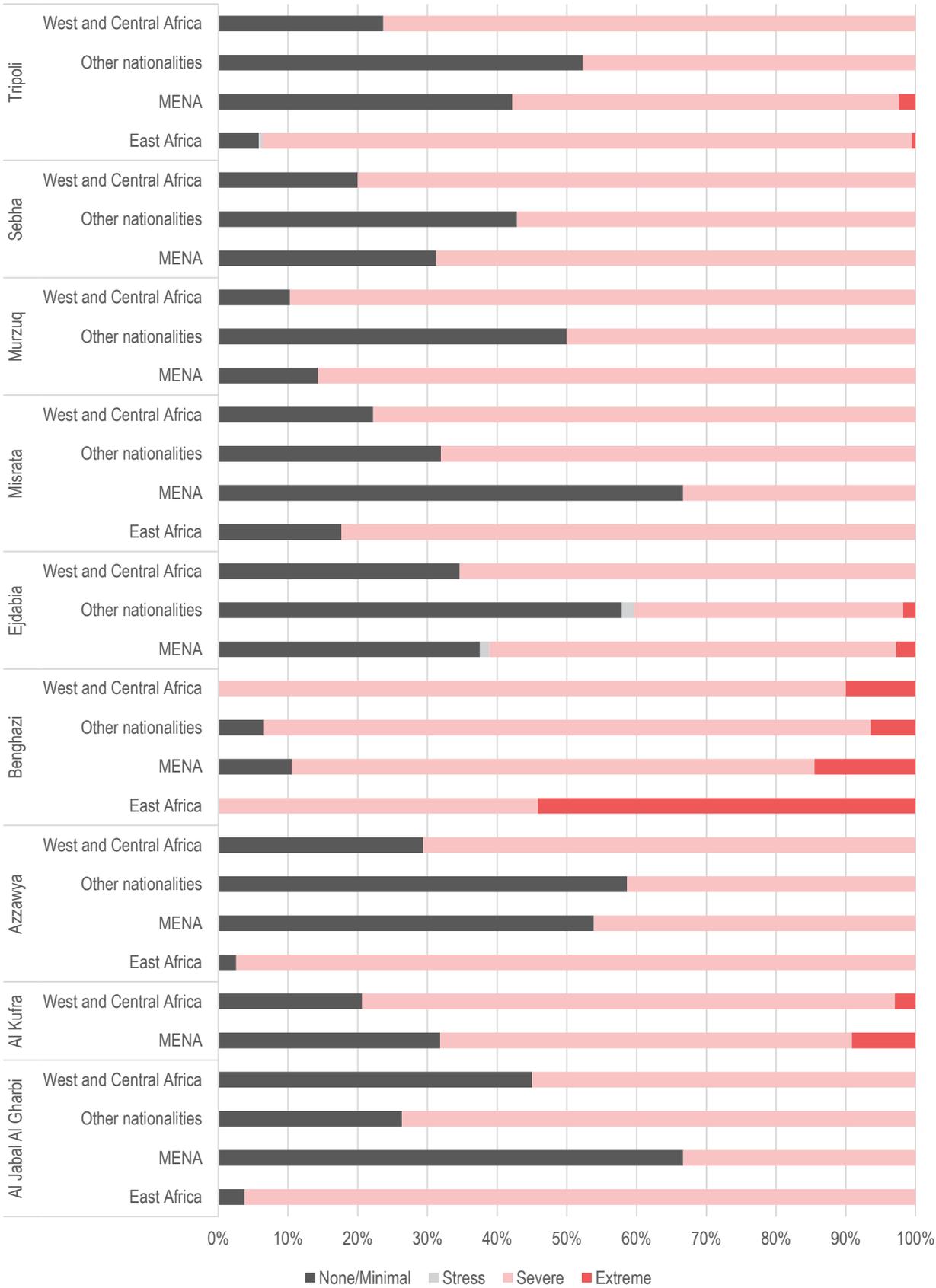
Health living standards gap

Figure 53: Health living standards gap score, per population group
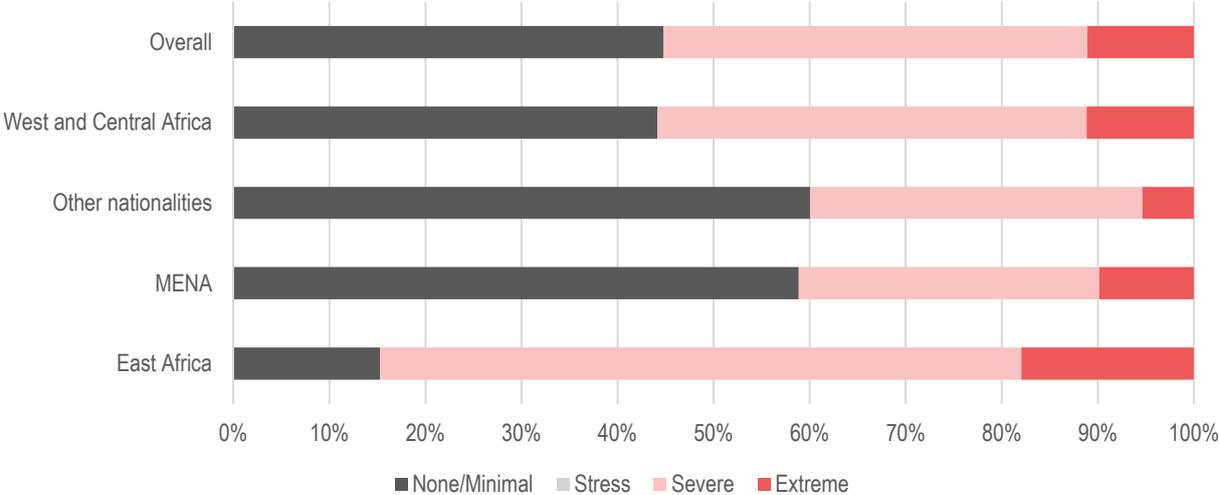
Figure 24: Health living standards gap score, per population group and mantika

Legend: ■ None/Minimal ■ Stress ■ Severe ■ Extreme

WASH living standards gap

Figure 25: WASH living standards gap score, per population group
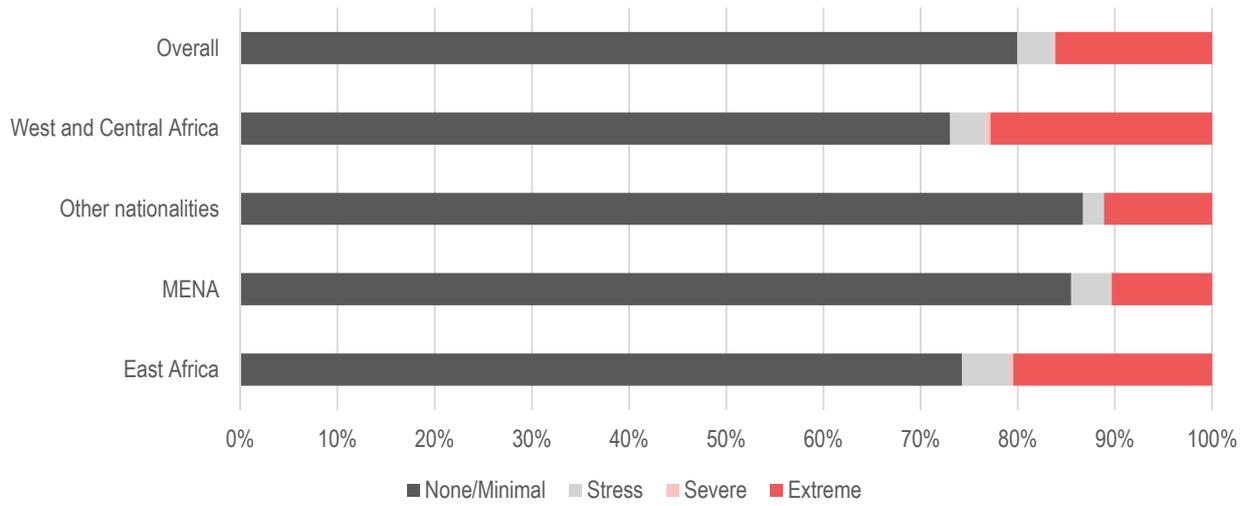
Figure 26: WASH living standards gap score, per population group and mantika

Legend: None/Minimal, Stress, Severe, Extreme
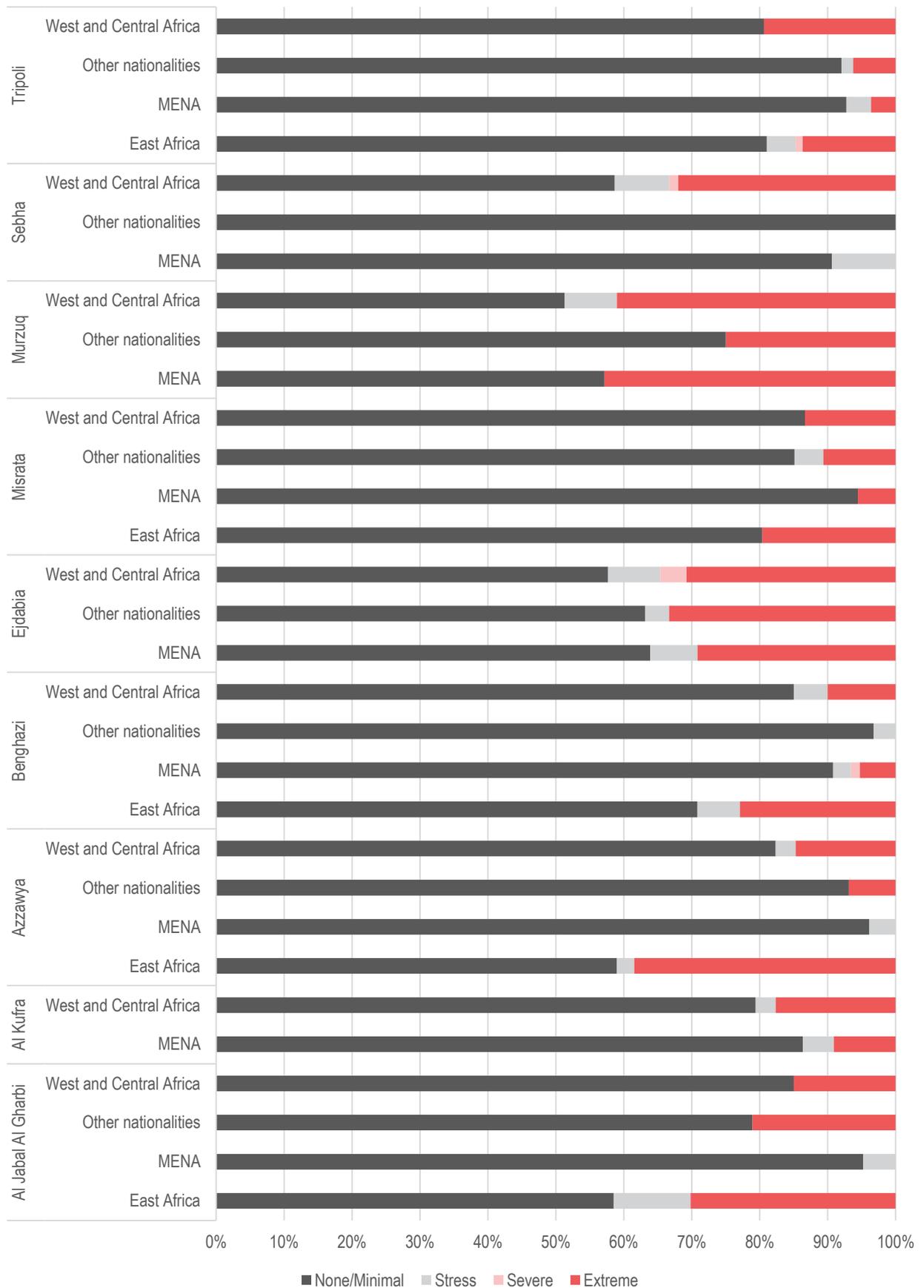
Protection living standards gap

Figure 27: Protection living standards gap score, per population group
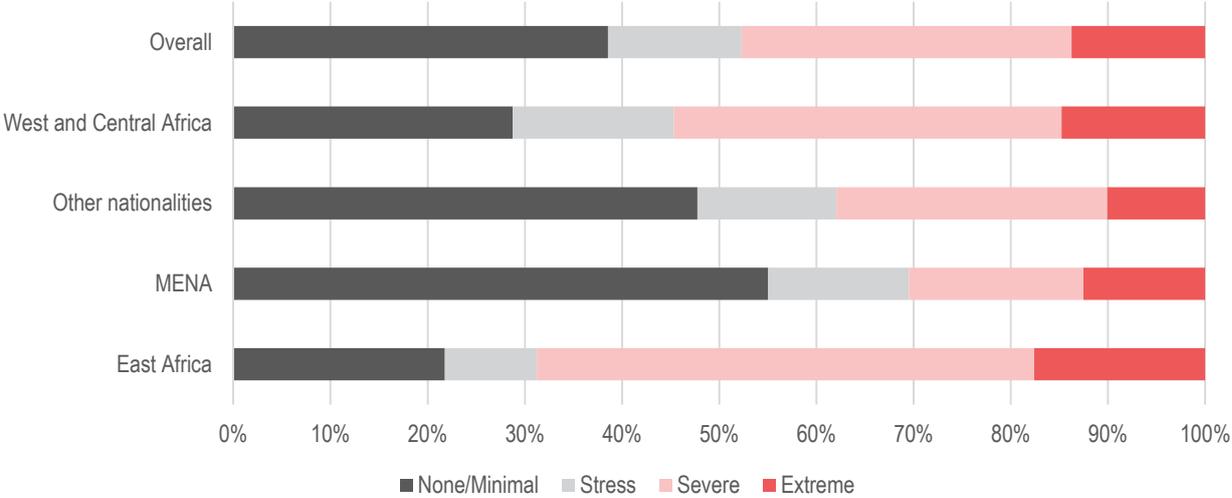
Figure 28: Protection living standards gap score, per population group and mantika

Legend: None/Minimal, Stress, Severe, Extreme
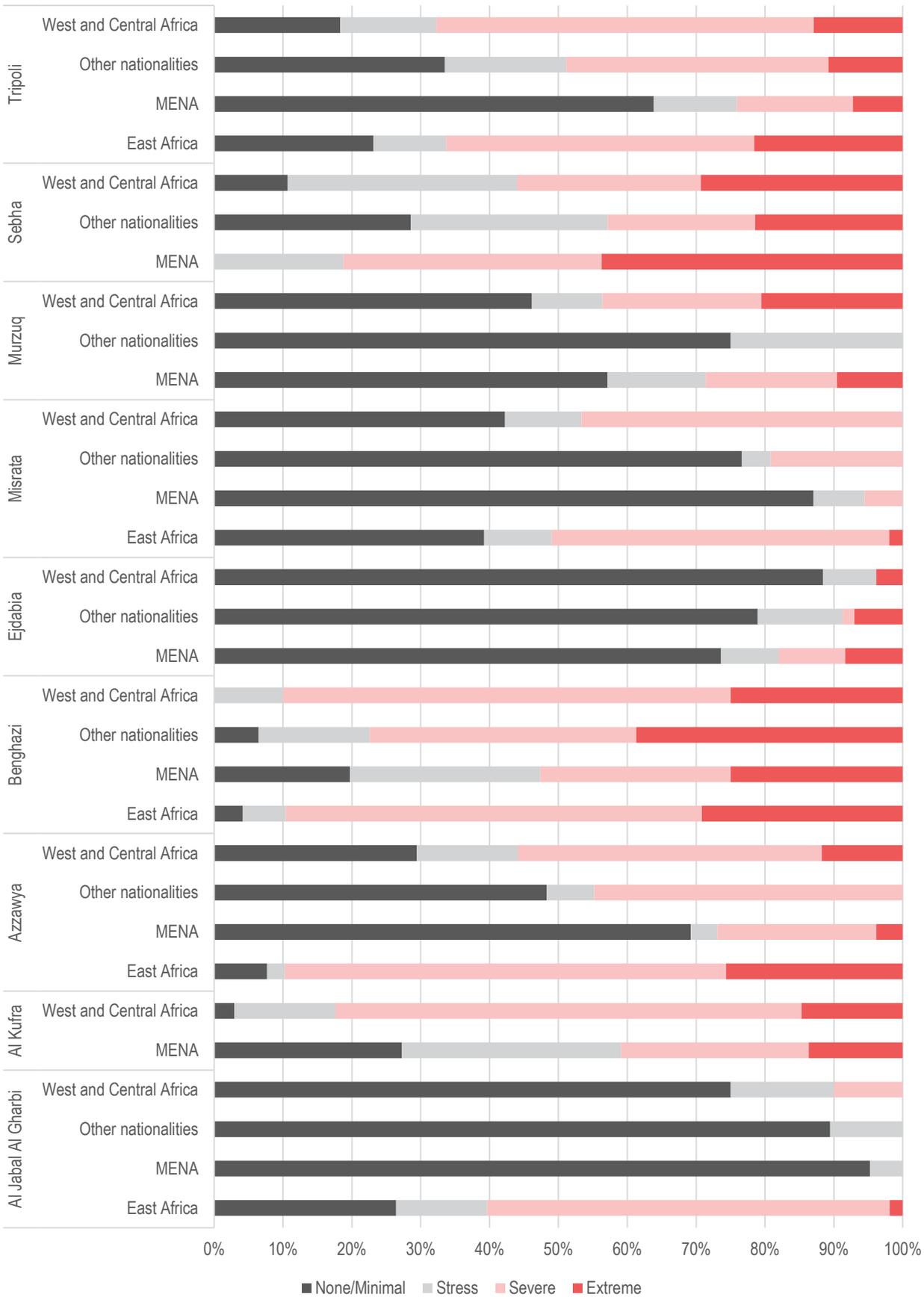
Shelter & NFI living standards gap

**Figure 29: Shelter & NFI living standards gap score, per population group**
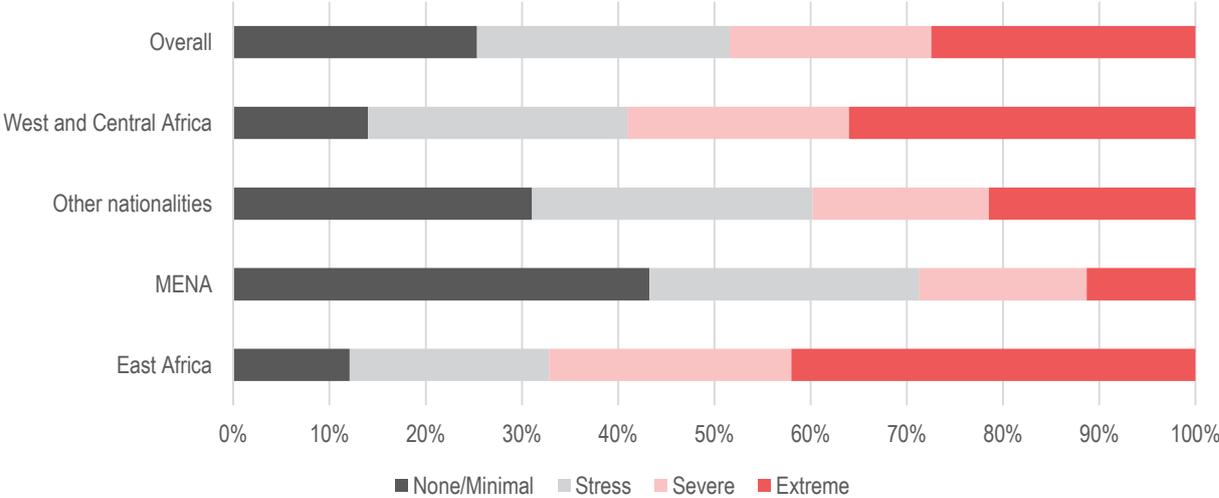
Figure 30: Shelter & NFI living standards gap score, per population group and mantika
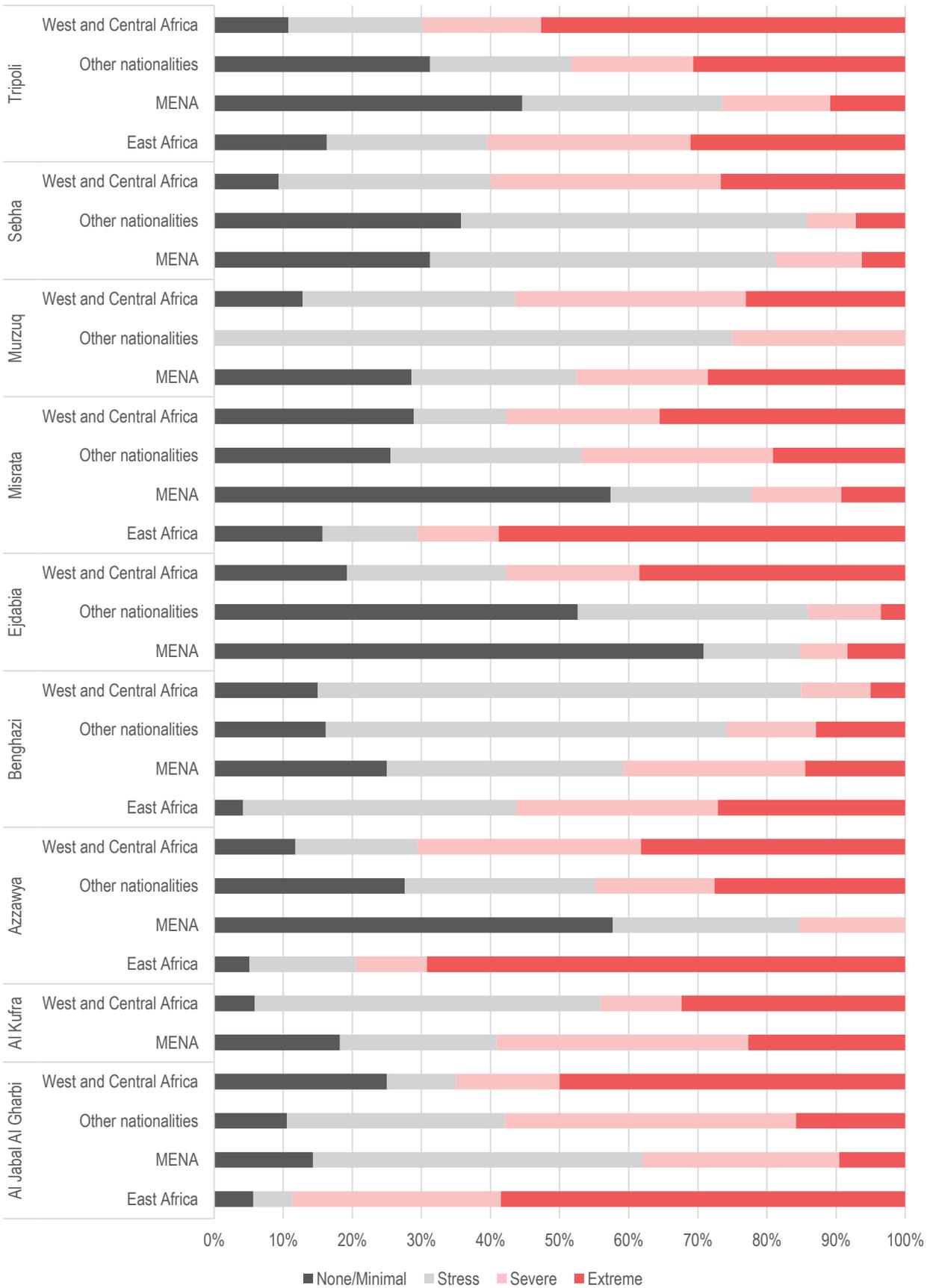
Capacity Gap score

**Figure 31: Capacity gap score, per population group**
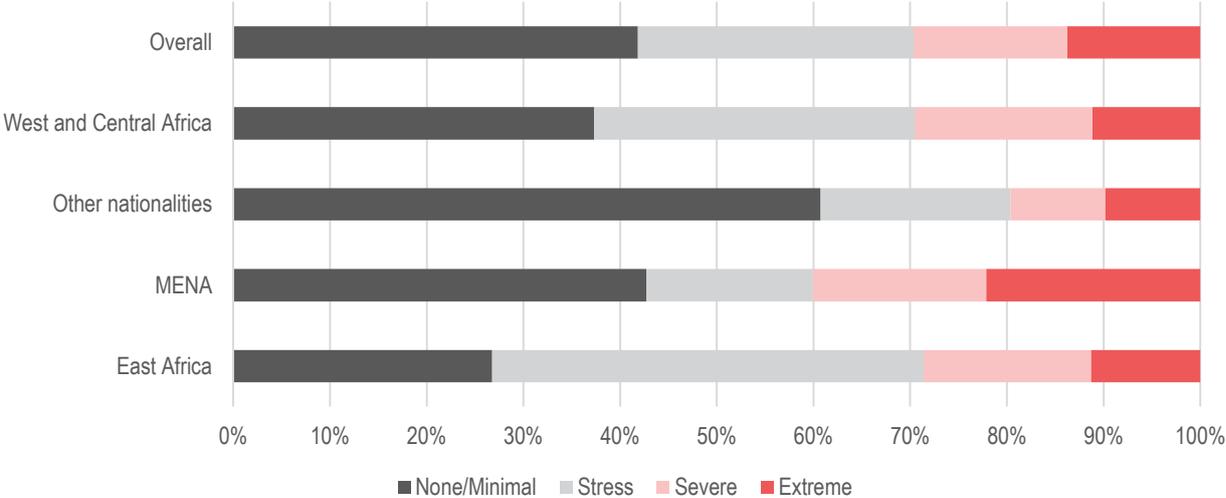
Figure 32: Capacity gap score, per population group and mantika

Legend: ■ None/Minimal ■ Stress ■ Severe ■ Extreme

Annex 11: Guidance on reading multi-sector bar graph

The multi-sector bar graph is used for visualizing the most common needs profiles of respondents with a living standards gap in two or more sectors or areas. The graph enables the identification of sectors or areas in which needs tend to co-occur or occur independently. Importantly, the graph does not visualise the severity of needs. Instead, it shows the prevalence of needs across sectors or areas.

To illustrate, please see a more detailed explanation of the general multi-sector bar graph presented in the findings section:

1. Vertical bars in the top: Among all respondents with a living standards gap in two or more sectors or areas, these bars indicate the proportion of respondents per needs profile. Only the 10 most common needs profiles are featured.
2. Dots and lines in the bottom right quadrant: The black dots and lines define the needs profiles. For example, out of all respondents with a living standards gap in two or more sectors, 12% presented living standards gaps in 5 sectors or areas (cash & markets, health, shelter & NFI, protection, food security, and WASH). By contrast, 3% of respondents with at least two living standards gaps had a combination of cash & markets and protection needs only.
3. Order of labels in in the bottom left quadrant: The labels are ordered from bottom to top in order of prevalence in the subset of respondents with a living standards gap in two or more sectors or areas. For example, cash & markets are the most common, and WASH the least common area/sector living standard gaps in the sample.

Figure 336: Among respondents with at least two living standard gaps, most common combinations of living standard gaps:
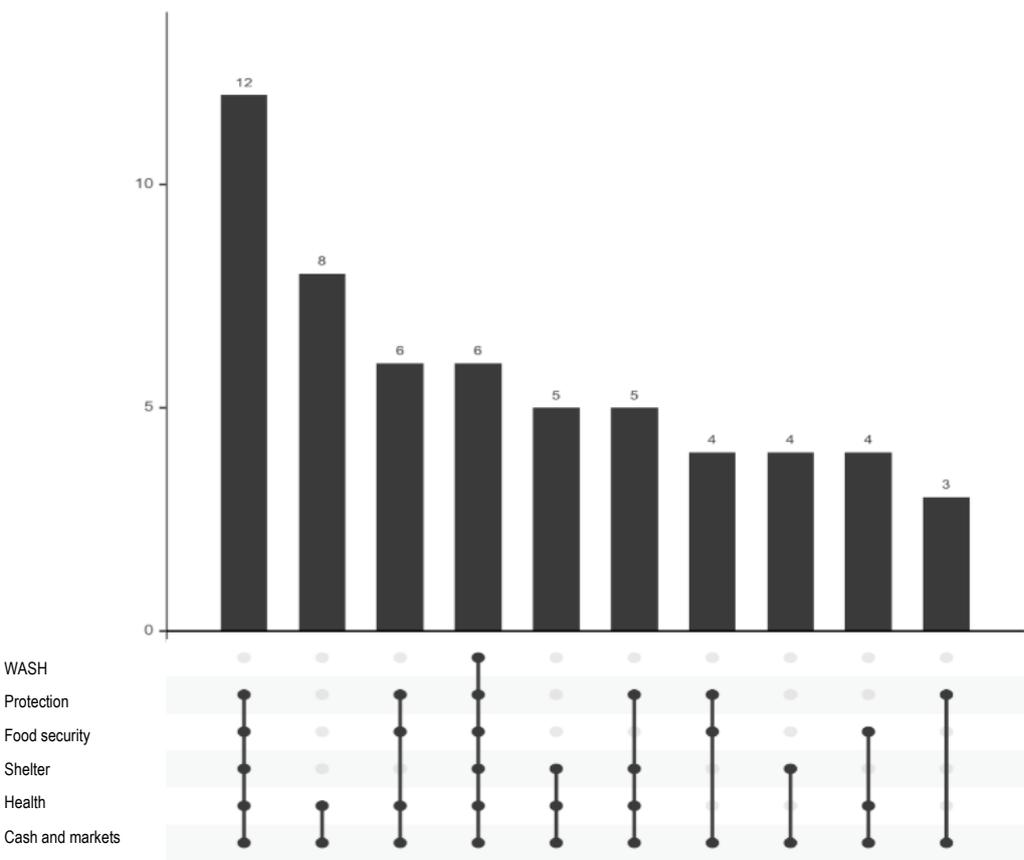
Annex 12: Enumerator training agenda quantitative training

Training Session	Sub-sections	Facilitator
General introduction to REACH and the MSNA	‹ Assessment purpose and scope ‹ Objectives and outputs ‹ MSNA structure overview ‹ Geographical coverage ‹ Methodology ‹ Timeline ‹ Lessons learnt from MSNA 2019	REACH via Moodle + Quiz
Methodology and tools	‹ Key terms and definitions ‹ Individual survey overview ‹ Interview techniques ‹ How to use Kobo Toolbox	REACH via Moodle + Quiz
Safety & Security, Survey Ethics, Data Protection, and Complaint & Response Mechanism	‹ Data responsibility ‹ Safety and security survey ethics ‹ Conducting Mobile Surveys Responsibly ‹ Complaint mechanism ‹ How to deal with difficult situations ‹ Data protection forms ‹ Sensitive data management ‹ Managing expectations of affected communities	REACH via Moodle + Quiz
Communication and reporting between the field and Tunis	‹ Communication organizational diagram ‹ Referral procedures ‹ Enumerator debrief form ‹ Contact details ‹ Field manager responsibilities ‹ Reporting waves	REACH via Moodle + Quiz
Data collection methods (SOPs)	‹ Workplan ‹ Typical working day/ waves ‹ Data collection step by step ‹ Data collection rules ‹ Data collection FAQs ‹ Daily completion form	REACH via Moodle + Quiz

Annex 13: Enumerator training agenda qualitative training

Training Session	Sub-sections	Facilitator
General introduction to REACH and the MSNA	‹ Assessment purpose and scope ‹ Objectives and outputs ‹ MSNA structure overview ‹ Geographical coverage ‹ Methodology ‹ Timeline ‹ Lessons learnt from MSNA 2019	REACH via Moodle + Quiz
Methodology and tools	‹ Key terms and definitions ‹ Conducting Key informant interviews ‹ Conducting Focus group discussions ‹ Techniques and rules ‹ Roles and responsibilities	REACH via Moodle + Quiz
Online data collection Ethics , safety & security	‹ Data responsibility ‹ Safety and security ‹ Complaint mechanism ‹ How to deal with difficult situations ‹ Data protection forms ‹ Sensitive data management ‹ Managing expectations of affected communities	REACH via Moodle + Quiz
Data collection tools	‹ Key Informant Interview tool on Health ‹ Key Informant Interview tool on Livelihoods ‹ Key Informant Interview tool on Shelter and NFI ‹ Key Informant Interview tool on Explosive Hazards ‹ Key Informant Interview tool on Protection	REACH via Online Training + FAQs
Communication and reporting between the field and Tunis	‹ Communication organization ‹ Referral procedures ‹ Enumerator debrief form ‹ Contact details ‹ Field manager responsibilities ‹ Reporting	REACH via Online Training + FAQs