



COVID-19 AND VACCINATION IN LIBYA

An assessment of migrants' knowledge, attitudes & practices

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Photo (cover page): In September 2021, IOM mobile teams provided assistance to migrants in Libya who are unable to access services due to safety concerns, fear of being arrested or a lack of financial means. IOM mobile teams provided 10 migrant workers in Ain Zara with health care support, hygiene kits and food kits.

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LIST OF ACRONYMS

COVID-19	Coronavirus disease 2019
IOM	International Organization for Migration
INGO	International Non-Governmental Organization
IPC	Infection, prevention and control
KAP	Knowledge, Attitude and Practices
MoH	Ministry of Health
NCDC	National Centre for Disease Control
RCCE	Risk Communication and Community Engagement
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
UNSMIL	United Nations Support Mission in Libya
WHO	United Nations World Health Organisation

HIGHLIGHTS

COVID-19 transmission and prevention

99%

of migrants surveyed were **aware of COVID-19**, a slight increase compared to September 2020 (94%).

72%

(or more) of migrants were aware of the transmission mechanisms of COVID-19 and similarly, there is generally a high level of awareness of preventive means. However, the **migrants' level of awareness of modes of COVID-19 transmission and preventive measures were found to be related to their education level and age**. Fewer migrants with a primary-level of education or less, as well as young migrants (aged 25 or below) reported being aware of the causes of transmission or preventive methods than those who had a higher level of education or were older (26 or above).

Barriers to accessing healthcare



The main barriers to accessing healthcare if infected with COVID-19 were related to **financial difficulties**, mainly the inability to afford healthcare or the fear of experiencing a loss of income if their employer became aware of their infection status.

Moreover, many migrants cited that migrants were sometimes **perceived as being carriers of the virus**, which instilled fear of not being able to get treatment at a hospital or being discriminated against because assumed to have COVID-19. Others mentioned that they **feared detention** because of a lack of legal or identification documents if seeking help at a hospital or calling an ambulance.

Barriers to preventive measures

There is generally a **greater level of awareness than adoption of preventive measures**. Two of the most well-known measures that are not as widely adopted are avoiding crowded places and physical distancing.

1 in 2

migrant reported that a **lack of access to clean water** on a regular basis was a barrier to handwashing regularly.

COVID-19 vaccines

Nearly all migrants reported being aware of COVID-19 vaccines (90%). However, there were **low levels of both awareness of vaccine accessibility and registration mechanism for non-Libyan population** to receive the vaccine. The main concerns among those who reported not wishing to receive the vaccine were around the vaccine's safety and effectiveness.

2 in 5

migrants reported having **concerns about being vaccinated** against COVID-19.

51%

of migrants interviewed reported that not being accepted or being **discriminated** against by health facilities could be a hurdle to getting vaccinated

Access to information

Migrants rely on a wide range of communication channels for information on COVID-19, but their primary means are their **social networks** (friends, family and acquaintances), **television** and **social media platforms**, such as Facebook.



Photo: To combat the spread of COVID-19, IOM launched a hygiene promotion and awareness-raising campaign in all official detention centres across the country at the outset of the pandemic.

Migrants took part in information sessions and received personal protective equipment, while the centres were cleaned and disinfected.

INTRODUCTION

Context

Libya entered¹ a third COVID-19 wave following a surge in cases in June 2021. The COVID-19 pandemic has aggravated the situation of those in situations of vulnerability and marginalization by further affecting the delivery of public services, already constrained by the effects of the armed conflict, political crisis and resulting economic challenges faced across the country.

As a result of the economic downturn and shrinking labour opportunities, the unemployment rate of migrants has increased² since the beginning of the pandemic. A greater proportion of unemployed migrants continue to report being unable to meet their needs than those who are employed. For instance, data collected by the Displacement Tracking Matrix (DTM) shows³ that a larger proportion of unemployed migrants continuously report facing food insecurity, financial issues and a lack of access to safe drinking water than those who are employed.

The need to understand migrants' knowledge, attitudes and practices in relation to COVID-19 as well as the COVID-19 vaccines became essential with the start of the vaccination campaign for the non-Libyan population in Autumn 2021.

The first shipment of COVID-19 vaccine doses arrived⁴ in April 2021. By the end of June 2021, 5,120 non-Libyans had been registered⁵ to receive the COVID-19 vaccine out of a total of 62,000 migrants and refugees identified⁶ as priority based on vulnerability and risk profiles (examples: sociodemographic groups at elevated risk of either severe disease and/or death and/or becoming infected and transmitting the virus, such as frontline workers, or groups unable to physically distance (e.g. in detention facilities or dormitories)).

About this assessment

This assessment aims to shed light on what migrants know, their beliefs and their practices in relation to COVID-19 to inform risk communication and community engagement (RCCE) activities. This report also provides an overview of migrants' perception and attitude towards COVID-19 vaccines, their willingness to get vaccinated and barriers to accessing the vaccine.

This exercise will help highlight information gaps, misperceptions and concerns among migrant populations, with a view to addressing them through awareness raising and information campaigns and the ultimate aim to contribute positively to the government's vaccination plan and strategy.

This assessment is a follow-up on a previous assessment⁷ conducted in September 2020 that covered both the Libyan and non-Libyan populations and focused on COVID-19 knowledge, attitude and practices before the availability of vaccines was confirmed.

THE KEY OBJECTIVES OF THIS ASSESSMENT ARE TO UNDERSTAND MIGRANTS':

Knowledge: what do migrants know about COVID-19 and the COVID-19 vaccines.

Attitudes: what are migrants' feelings, perceptions, beliefs, or any preconceived ideas they may have towards COVID-19 and COVID-19 vaccines.

Practices: how do migrant groups demonstrate their knowledge of COVID-19 and the COVID-19 vaccines and what are their attitudes towards them through their actions.



610,128

migrants of over 44 nationalities were identified by IOM's Displacement Tracking Matrix (DTM) to be currently present in Libya as of September 2021.

1 OCHA (2021). Libya Enters Third COVID-19 Wave as Vaccination Strategy Shifts. Available at <https://reports.unocha.org/en/country/libya/card/6xpEY7CH2G/> (accessed October 2021).

2 IOM Libya (2021). IOM Libya Migrant Report, Round 37 (May-June 2021). Available at <https://migration.iom.int/reports/libya---migrant-report-37-may-june-2021> (accessed October 2021).

3 Ibid.

4 OCHA (2021). 2021 Humanitarian Response Monitoring - Periodic Monitoring Report (Jan - May 2021). Available at https://reliefweb.int/sites/reliefweb.int/files/resources/libya_hrp_2021_pmr.pdf (accessed October 2021).

5 OCHA (2021). Libya Enters Third COVID-19 Wave as Vaccination Strategy Shifts. Available at <https://reports.unocha.org/en/country/libya/card/6xpEY7CH2G/> (accessed October 2021).

6 OCHA (2021). 2021 Humanitarian Response Monitoring - Periodic Monitoring Report (Jan - May 2021). Available at https://reliefweb.int/sites/reliefweb.int/files/resources/libya_hrp_2021_pmr.pdf (accessed October 2021).

7 Voluntas (2020). COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).

METHODOLOGY

Analytical framework and indicators

This report presents the findings of IOM Libya's COVID-19 knowledge, attitude and practices (KAP) survey which was conducted through focus group discussions (FGDs) and face-to-face individual interviews⁸. The quantitative survey used for individual interviews was based on the initial findings extracted from the focus group discussions to provide an in-depth understanding of the situation.

A total of 410 migrants were interviewed individually through the KAP survey with a focus on:

- COVID-19 awareness, knowledge related to transmission and prevention, as well as potential barriers in following prevention measures
- Vaccination awareness, knowledge and attitudes to getting vaccinated
- Preferred channel of information to receive information on COVID-19 and COVID-19 vaccines

A total of 12 focus group discussions were held with a total of 84 migrants. The discussions focused on:

- COVID-19 awareness, knowledge related to transmission and prevention, as well as potential barriers in following prevention measures

- The impact of COVID-19 on migrants' lives and their access to healthcare services

- Vaccination awareness, knowledge and attitudes to getting vaccinated as well as potential barriers to vaccination campaign and recommendations to tackle them

- Sources of information on COVID-19 and COVID-19 vaccines

Data collection methodology

A total of 20 female and 64 male migrants from Chad, Ghana, Niger, Egypt, Bangladesh, Mali, Burkina Faso, Senegal, India, Pakistan, Philippines and Sudan participated in the focus group discussions carried out by DTM in the municipalities of Tripoli, Benghazi and Sebha between 16 and 27 June 2021.

The quantitative data was also collected by Displacement Tracking Matrix (DTM) field staff via individual KAP surveys with migrants in the 10 municipalities (baladiya) with the highest migrant population stocks in the regions of Tripoli, Misrata, Sebha and Benghazi and Aljara.

A total of 43 female and 367 male migrants from 21 nationalities were interviewed individually between 22 August and 09 September 2021.

	 FOCUS GROUP DISCUSSIONS	 MIGRANT SURVEY
WHO?	84 migrants from 12 countries	410 migrants from 21 countries
WHERE?	3 municipalities (Tripoli, Benghazi, Sebha)	10 municipalities across 3 regions
HOW?	in-person focus group discussions	face-to-face individual surveys
WHEN?	16 - 27 June 2021 (21 days)	22 Aug- 09 Sep (19 days)

⁸ Note: Interviews were conducted while maintaining physical distancing and complying to WHO guidelines to prevent the spread of COVID-19.

Limitations

This assessment represents a snapshot of the situation in the municipalities with some of the highest proportions of migrants in Libya. As such, this report provides an overview of the diversity of knowledge, opinions and behaviours among a highly heterogeneous group of people on the move in a quickly evolving context, particularly with the COVID-19 pandemic and its significant impact on socio-economic conditions. However, the sex- and nationality-breakdown of migrants interviewed is in line with DTM Libya's latest data adding to the perception that despite these limitations, this assessment is perceived as providing an accurate picture of the situation.



Photo: An IOM staff member takes the temperature of an individual during a COVID-19 campaign to inform migrant communities on prevention measures, key symptoms and how to reach healthcare providers in Suq AlJumaa.

DEMOGRAPHIC PROFILE

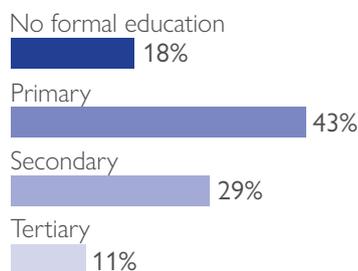
This section summarizes the demographic profile of the 410 individuals who were interviewed individually by DTM Libya in August and September 2021 for the purpose of this COVID-19 and vaccination assessment.

Sex

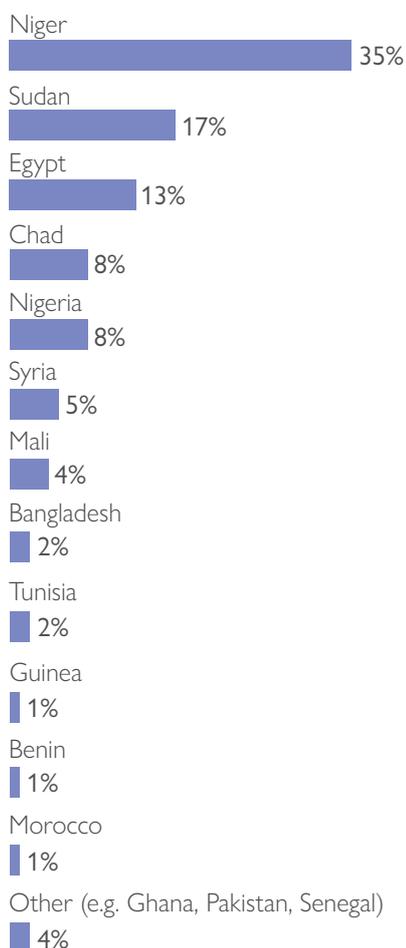


Ten per cent of respondents were female while 90 per cent were male, which is in line with DTM Libya's latest [data](#).

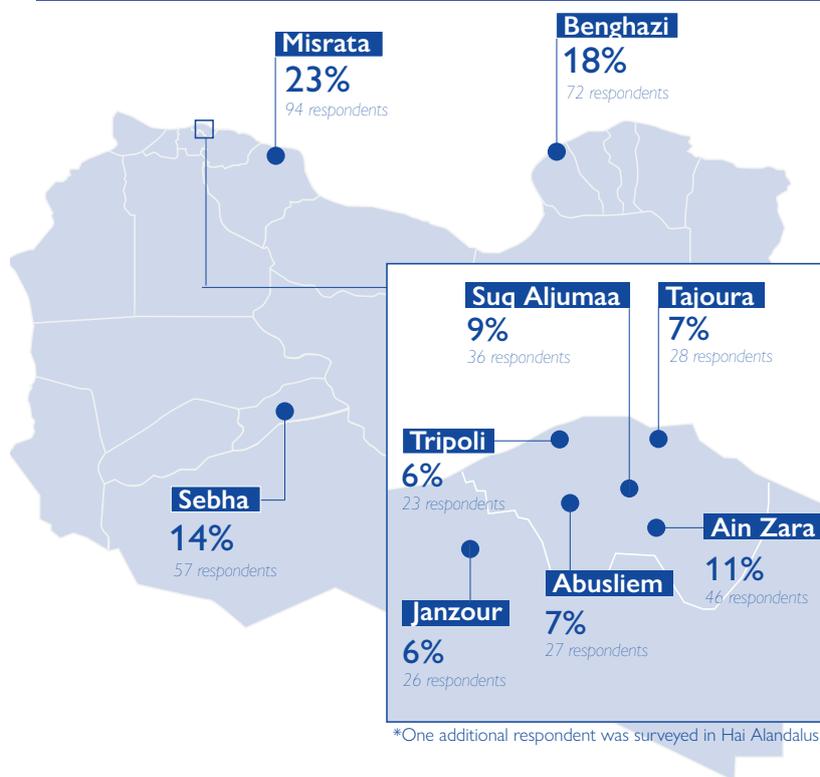
Level of education



Nationality



Number and proportion of respondents by municipality



This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

Employment status

18%

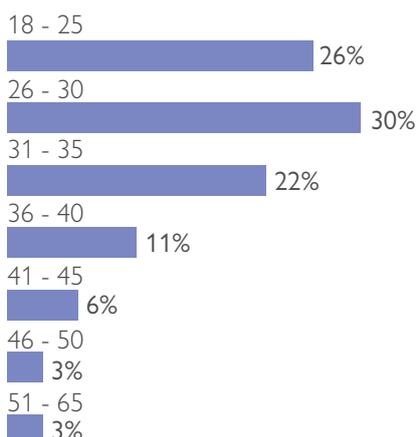
reported currently being unemployed

Medical history

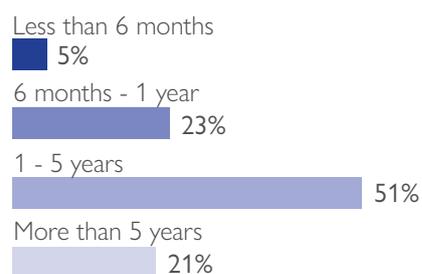
13%

reported suffering from a chronic illness

Age group



Length of stay



SECTION 1: AWARENESS & KNOWLEDGE

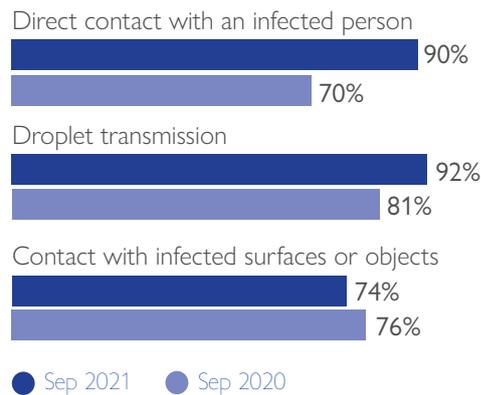
Knowledge of the virus and transmission mechanisms

The majority of migrants interviewed (>99%) were aware of the COVID-19 pandemic, which is a slight improvement compared to [September 2020](#)⁹ (94%). Two respondents (<1%) reported not being aware of the existence of the public health crisis. The high level of awareness was also confirmed by the results of the focus group discussions which showed that nearly all participants had heard of COVID-19. However, a handful of participants dismissed the existence of the pandemic as being a rumour. One participant of the FGDs argued that “most Africans do not believe it exists because they have not yet seen cases in Africa”.

The results of the individual interviews demonstrated a strong understanding (74% or more) of the various transmission mechanisms of the COVID-19 virus whether via direct contact with an infected person who has the virus but has no symptoms, by direct contact with the respiratory droplets of an infected person, and by touching contaminated surfaces or objects and then touching your mouth, nose or eyes (Fig 1). In comparison, 70 per cent or more migrants reported knowing the main modes of transmission in [September 2020](#)¹⁰.

The proportion of migrants who reported being aware that COVID-19 can be transmitted by touching contaminated surfaces or objects, and then touching their mouth, nose or eyes was lower than those aware of contamination via droplets or direct contact with an infected person. This could be explained by the fact that COVID-19 appears to mainly be [spread](#)¹¹ via droplets and close contact with infected symptomatic cases, according to WHO, while contamination through surfaces is generally considered to be low.

Fig 1: Respondents' awareness of modes of transmission



OVERALL IMPACT OF COVID-19 ON MIGRANTS AND ACCESS TO HEALTH CARE

The majority of migrants who participated in focus group discussions reported that the COVID-19 pandemic had had a negative impact on their economic situation as well as that of Libya.

Participants mentioned that it had become more difficult to find employment and several reported having lost their job. Others stated that the prices of food, transportation and rent had increased in some cases.

Many migrants also said they were socially isolated because of the pandemic and related restrictions and several reported being alone because of the inability to gather with their peers, work or travel to see their family in their countries of origin.

In addition, several participants of the focus group discussions reported either a negative experience while accessing healthcare in Libya or hesitancy in seeking help from healthcare facilities because of the discrimination they may face, or for fear of contracting COVID-19.

⁹ Voluntas (2020), COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).
¹⁰ Ibid.

¹¹ WHO (2020). Transmission of SARS-CoV-2: Implications for Infection Prevention Precautions. Available at <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions> (accessed October 2021).

Overall, the focus group discussions confirmed the significant level of awareness among migrants that COVID-19 is an airborne disease and that it can spread through droplets. Many participants also highlighted that COVID-19 can spread through contact with contaminated objects or surfaces. A few participants also mentioned that crowded places presented higher risks of infection.

Analysis of the data shows a clear link between the level of education and the level of awareness of transmission mechanisms where those who had a primary level of education or less reported lower levels of awareness than those with higher levels of education (Fig 2). Data also indicates that a smaller proportion of younger migrants (18-25 years old) reported less awareness than those who were aged 26 or older (Fig 3).

The levels of awareness of the modes of COVID-19 transmission were similar between women and men. However, a slightly greater proportion of male respondents reported not knowing or not understanding that COVID-19 can be transmitted via direct contact (11%) or from contaminated surfaces (28%) than female migrants (7% and 12%, respectively).

Moreover, a greater percentage of migrants from Sudan and Niger reported being aware of the main modes of transmission than migrants from Chad and Mali.

Fig 2: Respondents' awareness that direct contact with the respiratory droplets of an infected person when they cough or sneeze is a mode of transmission by level of education

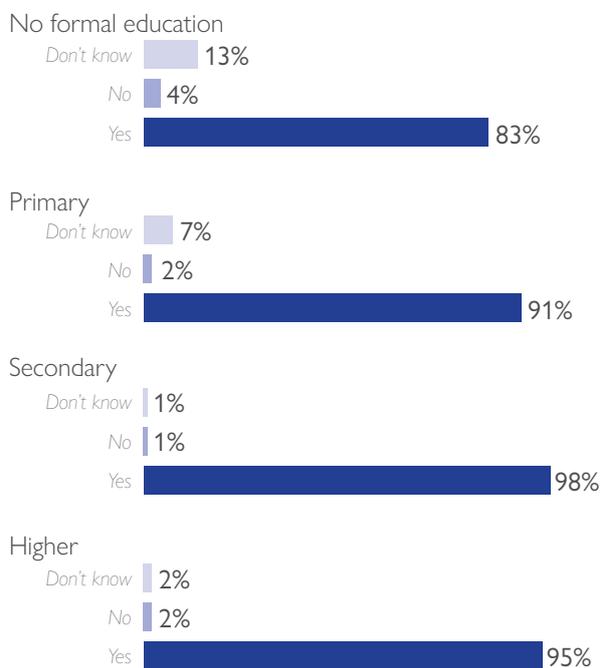
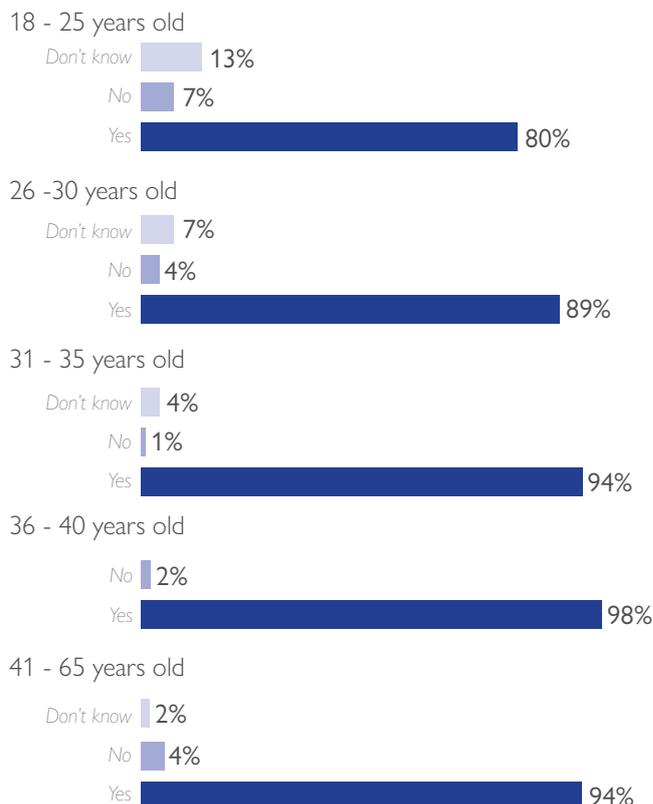


Fig 3: Respondents' awareness that direct contact with a person who has the virus as means of transmission by age group



Knowledge of preventive measures

A higher proportion of migrants (72% or more) displayed awareness of the primary measures that can be taken to prevent transmission of COVID-19 than in [September 2020](#)¹² (69% or more). The high level of awareness of preventive measures is also corroborated by the results of the focus group discussions, which highlighted that many migrants were aware of preventive measures that can help curb the spread of the virus, such as wearing a mask and maintaining physical distance with others. Several participants also mentioned that using disinfectants after shaking hands or touching public items was recommended.

Among migrants surveyed individually, the two most widely recognised preventive means were wearing a face mask (97%) and avoiding crowded places (91%). In comparison, in [September 2020](#)¹³, 80 and 83 per cent of migrants reported knowing these two measures, respectively. However, more than half of migrants interviewed in 2021 (58%) also reported that they believed that taking medicines (such as antibiotics or paracetamol) was an effective means to prevent the spread of COVID-19, which could potentially highlight a certain level of confusion. The proportion of migrants who reported that taking medicines such as antibiotics or paracetamol was an effective preventive measure was higher among migrants with a secondary-level of education or higher than those with a primary-level education or lower.

Overall, a greater proportion of female respondents reported knowing the main prevention measures than their male counterparts.

The level of awareness of preventive measures is strongly correlated with educational achievement (Fig 4), with the exception of mask wearing. Overall, a greater proportion of migrants with a secondary level of education or higher reported being aware of preventive measures than those with a primary level of education or lower. However, wearing a face mask was well recognised by 92 per cent or more of migrants as an efficient preventive measure, regardless of educational achievement.

Age also appears as a key factor of influence (Fig 5). Data shows that there is generally a greater proportion of younger migrants (18-25 years old) who reported not being aware of appropriate preventive measures than those aged 26 or above.

Fig 4: Respondents' awareness of respiratory etiquette as a preventive means by level of education

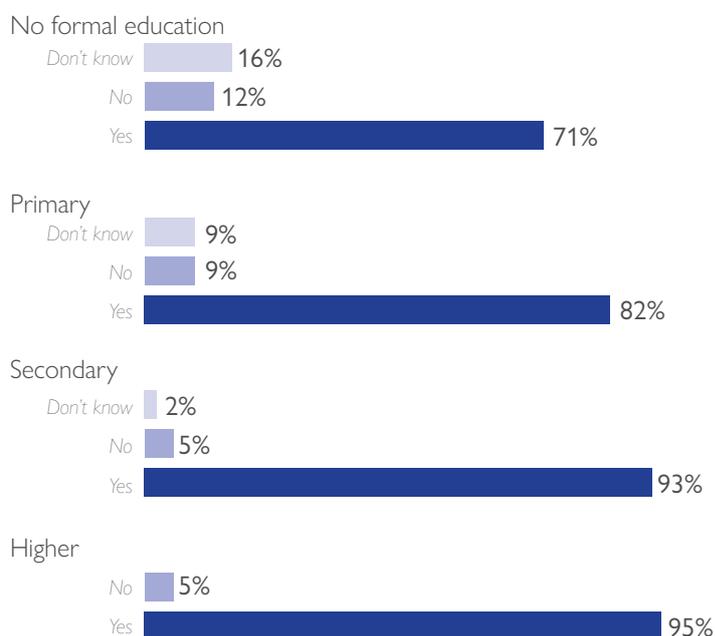
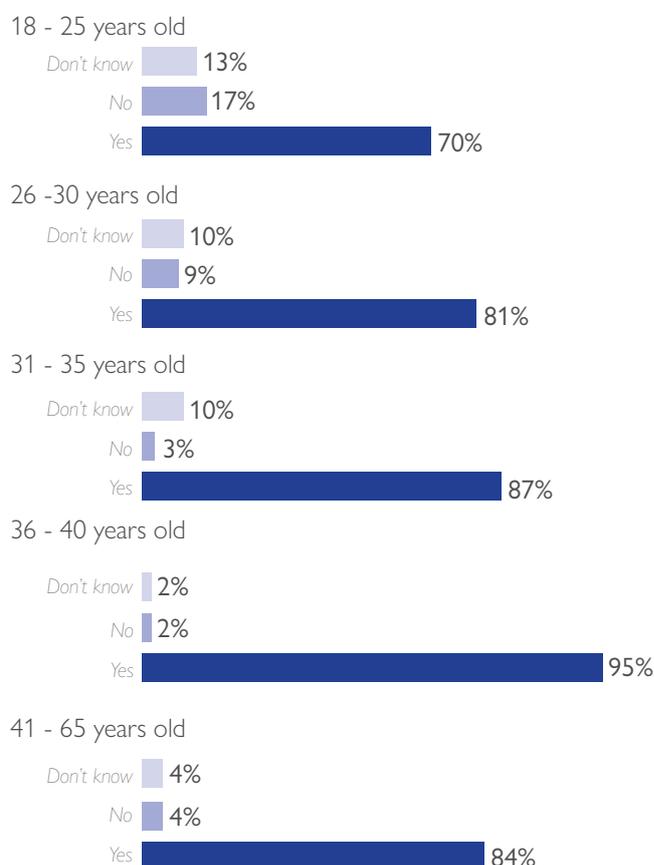


Fig 5: Respondents' awareness of physical distancing as a preventive means by age group



12 Voluntas (2020). COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).

13 Ibid.

AWARENESS OF MEANS OF PREVENTION AMONG MIGRANTS SURVEYED INDIVIDUALLY

Direct contact

89%

of migrants reported that avoiding shaking hands and kissing with others was an efficient preventive measure

Respiratory etiquette

85%

of migrants reported that covering the mouth and nose when coughing or sneezing was an efficient preventive measure

Sharing personal items

83%

of migrants reported that avoiding to share personal items such as cutlery was an efficient preventive measure

Hand-washing

90%

of migrants reported that hand-washing regularly with soap and water was an efficient preventive measure

Crowded places

91%

of migrants reported that avoiding crowded places was an efficient preventive measure

Face masks

97%

of migrants reported that wearing a face mask in public spaces was an efficient preventive measure

Social distancing

81%

of migrants reported that maintaining at least 2 meters with others was an efficient preventive measure

Sanitization

72%

of migrants reported that disinfecting surfaces in the house was an efficient preventive measure



Photo: An IOM team member hangs a poster explaining some preventive measures that can be taken to reduce the spread of COVID-19 during an awareness-raising campaign in September 2020 in Suq Aljumaa.

Awareness of signs and symptoms

The majority of migrants (51% or more) reported being aware of the most common [symptoms of COVID-19](#)¹⁴ (fever, dry cough and fatigue) (Fig 6) compared to 48 per cent or more in [September 2020](#)¹⁵. Similarly, a greater proportion of migrants (81%) reported knowing one of the symptoms of severe COVID-19 disease (shortness of breath) than in the previous [assessment](#)¹⁶ (77%).

However, less than half of respondents reported being aware of the less common symptoms of COVID-19 (nasal congestion, muscles or joint pain and diarrhea) (Fig 6). This is also confirmed by the results of the focus group discussions during which diarrhea, nasal congestion and muscle or joint pain were mentioned in very few instances. Overall, a minority of participants in the focus group discussions reported not knowing the symptoms of COVID-19 and in very few cases some mentioned symptoms that are not related such as back and abdominal pain.

The survey results highlight a lack of awareness of the COVID-19 incubation period. A third of respondents (34%) reported not knowing how long after being infected an individual may show signs of COVID-19 infection while only a third (32%) stated that symptoms can develop up until 14 days after having been infected. In addition, a third of migrants (34%) reported that individuals infected could start showing symptoms after up to three or seven days.

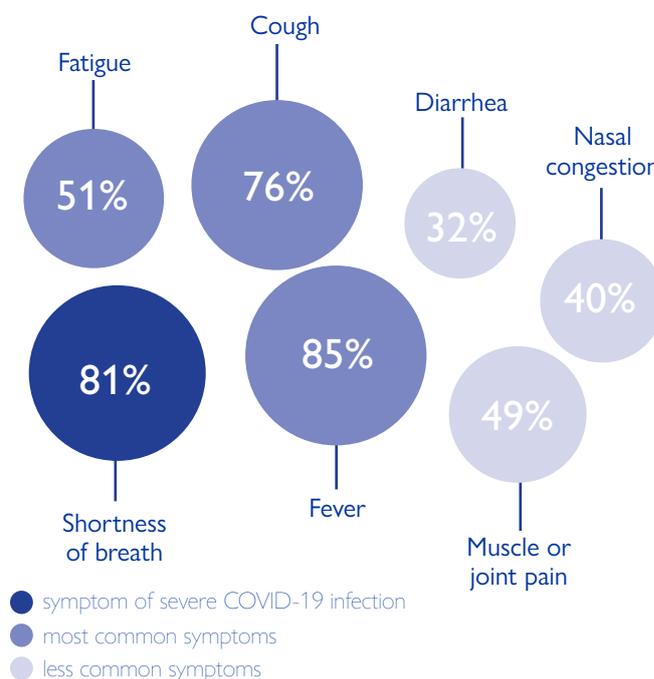
Awareness of symptoms

51%

of migrants (or more) were aware of the most common symptoms of COVID-19

This lack of awareness regarding the incubation period is confirmed by focus group discussions. Several participants reported not knowing how long of a delay there could be between infection and the beginning of symptoms while many others believed that those infected would start showing symptoms after 14-15 days or longer, in some cases.

Fig 6: Respondents' level of awareness of COVID-19 symptoms



Awareness of risk groups and treatment

More than three quarters of migrants reportedly understand that individuals with underlying medical conditions and those aged 60 or above are more at risk of developing serious illness. This is corroborated by the results of the focus group discussions in which a majority of participants reported that the elderly and those with chronic diseases are at greater risk of developing severe illness. However, focus group discussions showed that some myths were prevalent among a minority of migrants, including that “to drink cold water increases the risks of developing the disease” while it is the opposite for those who drink hot water. Some believed that smokers were more at risk while others thought the opposite. One person also mentioned that cleaners and those living in cold places were more vulnerable to the disease.

A majority of migrants (58%) appear not to be aware that pregnant women have an [increased risk](#)¹⁷ of developing severe COVID-19 if they are infected compared to non-pregnant women of similar age. However, a smaller proportion of migrants hold this belief than in [September 2020](#)¹⁸ (87%). Moreover, there appears to be some misconception around groups more at risk for 14 per cent (or less) of migrants who believed that either men, women or children are more at risk than other groups to develop severe COVID-19.

14 WHO (2020). Coronavirus disease (COVID-19) Q&A. Available at <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19> (accessed October 2021).
 15 Voluntas (2020). COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).
 16 Ibid.

17 WHO (2020). Coronavirus disease (COVID-19): Pregnancy and childbirth. Available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-pregnancy-and-childbirth> (October 2021).
 18 Voluntas (2020). COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).

More than a third of migrants (36%) reported that there is a treatment for COVID-19 while nearly two fifths (38%) reported that there was none. A quarter (26%) reported not knowing. A greater proportion of migrants who had a higher level of education (secondary or higher) (49%) reported knowing that there is no treatment for COVID-19 than those who have no formal schooling or a primary level of education (31%).

Measures to take in case of infection

The most commonly reported measure respondents reported they *should* take if they were to experience COVID-19 like symptoms is to stay at home and self-isolate (83%). A minority reported that they would either go to a hospital (42%), go to a pharmacy (39%) or go to a clinic or primary healthcare centre (20%).

A total of four per cent (16 respondents) reported that they did not know what they should do if they experienced COVID-19-like symptoms.

When asked what migrants *would* do if they were to experience Coronavirus symptoms (and given the choice of selecting one option only), the majority (58%)

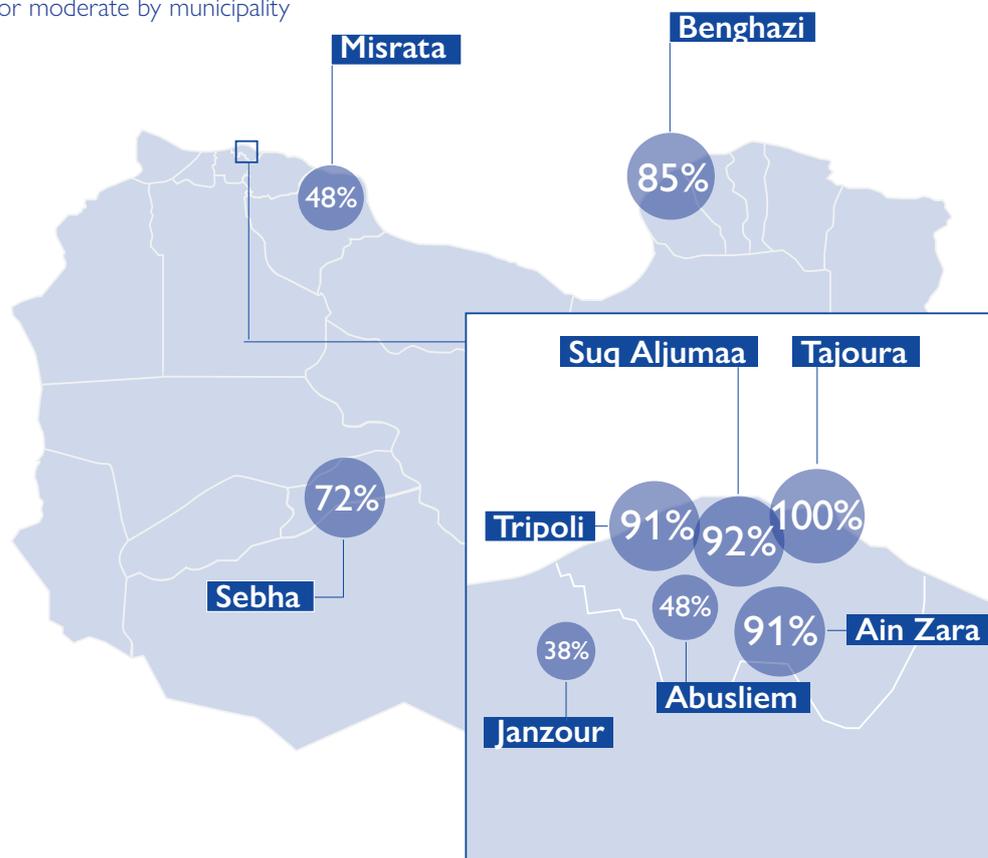
reported they would stay at home and self-isolate. One in five migrants (22%) reported they would go to a hospital while others reported they would first go to a pharmacy (9%), to a clinic (3%) or consult with a humanitarian agency or NGO (2%). A total of five per cent reported not knowing what they would do.

Perception of risk and severity

The majority of migrants (72%) reported that the likelihood that the COVID-19 virus would spread to their community was high or moderate. A greater proportion of migrants in the municipalities of the Greater Tripoli area, including Tajoura (100%), Suq Aljumaa (92%), Tripoli (91%) as well as Benghazi (85%) and Sebha (72%) reported that the likelihood of the virus spreading in their communities was high or moderate than in the municipalities of Abusliem (48%), Misrata (48%) and Janzour (38%).

At the time of survey, high levels of ongoing community transmission were recorded¹⁹ by WHO and the Libyan National Center for Disease Center (NCDC) in all regions where migrants were interviewed (Tripoli, Aljufra, Benghazi, Misrata and Sebha).

Fig 7: Percentage of respondents who reported that the likelihood of COVID-19 to spread to their community was high or moderate by municipality



*One additional respondent was surveyed in Hai Alandalus

This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

19 WHO (2021). Libya COVID-19 Surveillance Monthly Bulletin, Epidemiological Month of August (1-30 August). Available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/libya_monthly_covid-19_epi_update_aug_2021_final.pdf (Accessed October 2021).

Perception of potential impact of COVID-19 on individual health

A third of respondents (32%) reported they would expect no or mild symptoms if infected with COVID-19. A total of 27 per cent expect they would develop moderate symptoms and 41 per cent perceive they would experience severe to life-threatening symptoms. Overall, a greater proportion of migrants who reported suffering from a chronic illness (75%) stated that they expected that symptoms would be life-threatening or severe than those who reported not living with a chronic illness (36%). This trend holds true regardless of age.

Similarly, a greater proportion of migrants who were older generally reported expecting that the symptoms of COVID-19 would be severe or life-threatening than younger migrants²⁰.

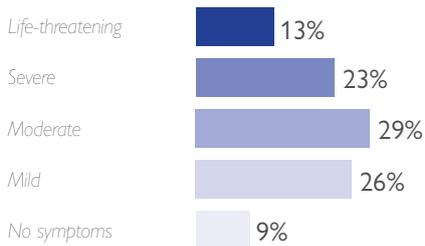
Potential impact of COVID-19

83%

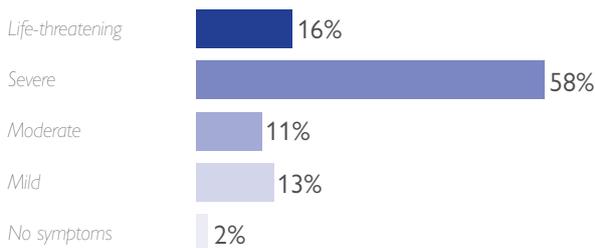
of migrants over the age of 51 reported that they would expect life-threatening to severe symptoms if they were to contract COVID-19

Fig 8: Respondents' level of awareness of COVID-19 symptoms

Individuals who do not suffer from a chronic illness



Individuals who suffer from a chronic illness



20

Note: Only two respondents were aged 60 or above.

Photo: In March 2020, IOM in collaboration with the Libyan National Centre for Disease Control developed three info-sheets to explain measures to prevent the spread of COVID-19, how to use face mask safely, and when and how to seek medical assistance. The info-sheets were translated into six languages that are widely spoken by migrants and were distributed during IOM activities across Libya.

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SECTION 2: PRACTICE OF PREVENTION

Practice of preventive measures

A greater proportion of migrants reported being aware of preventive measures than having put them in practice to protect themselves. For example, while nearly all migrants (97%) reported being aware that wearing a face mask in public spaces was a preventive measure, three quarters of migrants reported having taken this measure (76%) (Fig 9).

This was confirmed by focus group discussions. While most participants reported being aware of measures to be taken, such as wearing a mask, maintaining physical distance and using disinfectant, many reported that prevention was challenging in Libya. For instance, a few participants from the focus group discussions explained that wearing a mask in Libya was sometimes associated with being sick. Some explained that they felt intimidated by the prospect of being taken to hospital if they were sick as it may lead to arrest or might expose them to COVID-19. Moreover, respiratory etiquette was only mentioned by one focus group discussion as a preventive measure practiced by migrants.

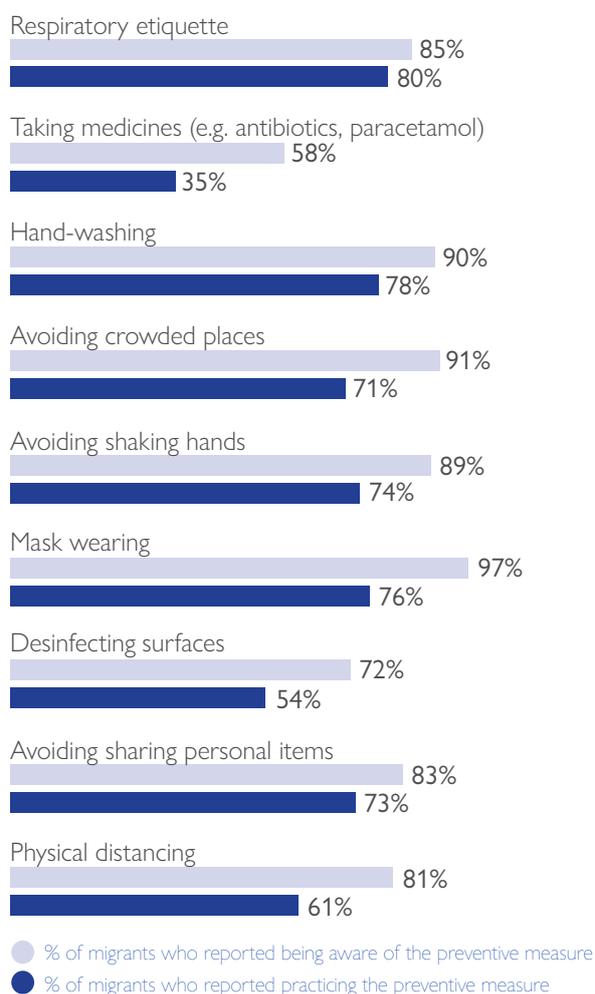
Among those who responded to the individual KAP survey, two of the greatest discrepancies between the rate of awareness and rate of adoption of preventive measures were related to avoiding crowded places and maintaining a distance of at least 2 meters with other individuals. This could be related to the fact that many daily wage workers and casual labourers, for example, may have to travel to work recruitment places to find employment sometimes through crowded areas where physical distancing is not always possible, and work in environments that involve social interactions or travel.

A recent DTM Libya [study](#)²¹ on migrants' social networks highlighted that the majority of migrants (83%) found their employment through their social networks with other migrants or Libyans as well as at work recruitment places. Migrants who reported having arrived in Libya more recently (less than a year ago) reported relying on the support of their friends for help in securing employment to a greater extent than migrants who have

been in the country for longer. At the same time, migrants who arrived less than a year ago reported relying on finding work at recruitment places to a greater extent (31%) than those who have been in Libya for longer than four years (2%).

Past DTM studies have shown that migrants who have arrived more recently in Libya are generally less established and may be unable to rely on a local network for assistance adding to their [vulnerability](#)²² at the individual level.

Fig 9: Comparisons between awareness and practice of preventive measures (% of total migrants surveyed)



21 IOM Libya (2021). Closely Knit: An Assessment of Migrants' Social Networks in Libya (January 2021). Available at <https://migration.iom.int/reports/libya-closely-knit-assessment-migrants-social-networks-libya-january-2021> (accessed October 2021).

22 IOM Libya (2019). Libya - Migrant Vulnerability and Humanitarian Needs Assessment. Available at <https://migration.iom.int/reports/libya-migrant-vulnerability-and-humanitarian-needs-assessment> (accessed October 2021).

Most widely adopted prevention measures

The measures most widely adopted by three quarters or more of migrants were related to respiratory etiquette such as covering one's mouth and nose when sneezing or coughing (80%) as well as frequent hand washing (78%) and wearing a face covering in public (76%). Physical distancing was also a measure reportedly adopted by nearly three fifths of respondents (61%). In comparison, the three most widely adopted prevention measures by migrants interviewed in [September 2020](#)²³ were handwashing (83%) practicing respiratory etiquette (81%) and avoiding crowded places (81%).

More than a third of migrants (35%) reported taking medicines such as antibiotics or paracetamol as a preventative measure, despite that antibiotics [should not be used](#)²⁴ as a means of prevention or treatment of COVID-19 while paracetamol does not prevent from contracting COVID-19 but help relieve symptoms associated with the disease, such as reducing fever. However, only two participants of the focus group discussions reported that it was recommended to carry protective medication such as paracetamol or medicines to boost the immune system, which could confirm that

it is not a common view. Moreover, the proportion of migrants who reported that such medicines could prevent contracting COVID-19 decreased compared to [September 2020](#) (54%). A minority of participants from the focus group discussions mentioned however that different home remedies, such as drinking lemon tea, hot water or warm milk helped protect them from COVID-19.

A greater proportion of migrants surveyed individually by DTM with no formal schooling, or a primary level of education reported not knowing whether they had taken preventive measures to protect themselves from COVID-19 than those with a secondary level of education or higher.

A smaller proportion of migrants with no formal schooling or a primary level of education reported having taken preventive measures such as covering mouth and nose when sneezing or coughing, handwashing, physical distancing, avoiding crowded places and wearing a face covering than those with a secondary level of education or higher. However, a greater percentage of migrants with a higher level of education also reported taking preventive measures which are deemed inadequate or unnecessary, such as taking medicines, including antibiotics or paracetamol.

²³ Voluntas (2020). COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).

²⁴ WHO (2020). Coronavirus disease (COVID-19). Available at <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19> (accessed October 2021).



Photo: Migrants and IDPs are often vulnerable to infectious diseases due to low immunity caused by inadequate nutrition, unhygienic living conditions and lack of access to early detection.

In June 2021, IOM medical teams conducted screening and follow-ups for tuberculosis for 295 migrants living in Tripoli.

Handwashing practices

Around half of migrants (49%) reported that a lack of access to clean water on a regular basis was a barrier to handwashing regularly. In comparison, 64 per cent of migrants interviewed in [September 2020](#)²⁵ reported that it was a problem. The data collected in 2021 shows that this issue was more prevalent among female respondents (58%) than among their male counterparts (48%) and among those who reported being unemployed (56%) than employed (48%).

Moreover, a greater proportion of migrants in Abusliem (74%, n=27), Misrata (72%, n=94), Tajoura (71%, n=28) and Tripoli (65%, n=23) reported this issue than in any other municipalities.

According to DTM's latest [data](#)²⁶, one in five migrants surveyed in May and June 2021 reported never or rarely having access to the public water network while nearly half (49%) reported having access on 'most days'. A minority (29%) reported having access to the public water network on a daily basis.

Lack of water

49%

of migrants reported that lack of access to clean water on a regular basis was a barrier to handwashing regularly

Steps to take if experiencing symptoms

When asked the first step they would take if they experienced COVID-19 symptoms, the majority of respondents (58%) reported they would stay at home and isolate themselves from other household members. This represents a significant increase compared to [September 2020](#)²⁷ when 37 per cent of migrants reported they would self-isolate at home in case they developed COVID-19-like symptoms. A total of 22 per cent reported they would go to a hospital while fewer reported they would either go to a pharmacy (9%), clinic or primary health centre (3%) or consult with a humanitarian agency (2%). A total of 5 per cent reported not knowing what they should do.

Participants of focus group discussions were divided on the steps to take if they (or a friend or family member) were to develop COVID-19 symptoms.

On the one hand, some participants reported they would alert the authorities, call an ambulance or go to the nearest hospital if they were to develop COVID-19 symptoms, regardless of their severity, while others reported they would do so only if symptoms warranted professional help. A handful of participants from two focus group discussions reported that they would contact their migrant community leaders or embassy before being transferred to a hospital. One group stated they would seek the help of an INGO which specialises in assisting migrants for support.

On the other hand, other participants reported that they would self-isolate and take measures such as mask and glove wearing if they developed symptoms.

A few participants from different groups reported they would use traditional medicines or herbs to help alleviate the symptoms.

Physical distancing practices

The main three barriers to physical distancing that migrants highlighted were the difficulty to separate themselves from others in their household (77%), at their workplaces (71%) and on collective transport or while commuting (42%).

Migrants are likely to live in high-density buildings and neighbourhoods, especially when living in collective housing. A recent IOM Libya [study](#)²⁸ of migrants' accommodation arrangements found that the majority of migrants share their dwellings and rooms with non-family members. The size and number of people sharing accommodation varied but there were on average 21 people living in the accommodation assessed by DTM Libya and the number of inhabitants per accommodation ranged between 2 to 220.

Moreover, the majority of migrants work in fields that involve social interaction to some degree. According to the latest IOM Libya migrant [report](#)²⁹, the majority of migrants interviewed by DTM in May and June 2021 reported working in the fields of construction (33%), domestic and care work (8%), agriculture and fisheries (8%), in factories and manufactures (7%) or in retail or sales (5%). Others (39%) worked in various positions, such as tailors, street vendors, kitchen workers and teachers. In addition, a large proportion of migrants

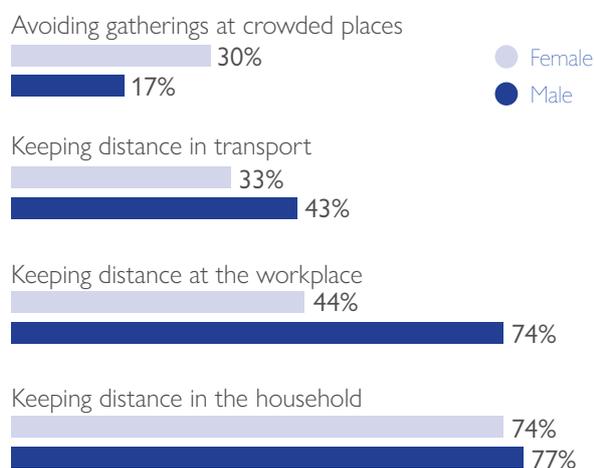
25 Voluntas (2020), COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).
26 IOM Libya (2021), Libya - Migrant Report 37 (May - June 2021). Available at <https://migration.iom.int/reports/libya---migrant-report-37-may-june-2021> (accessed October 2021).
27 Voluntas (2020), COVID-19 Behavior Assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).

28 IOM Libya (2020), Libya - A Long Way from Home - Migrants' Housing Conditions in Libya (November 2020). Available at <https://migration.iom.int/reports/libya---long-way-home---migrants-housing-conditions-libya-23-nov-2020> (accessed October 2021).
29 IOM Libya (2021), Libya - Migrant Report 37 (May - June 2021). Available at <https://migration.iom.int/reports/libya---migrant-report-37-may-june-2021> (accessed October 2021).

are estimated to commute to work as only a minority (15%) are housed in their workplaces, according to key informants. The proportion of migrants living in their workplaces in urban areas (10%) is smaller than in rural settings (24%).

A greater proportion of men reported that physically distancing while in transit, at the workplace as well in the household would be a barrier than their female counterparts. This is likely because overall, a greater proportion of male respondents reported being employed (85%) than females (47%) and female migrants tend to be less likely to be in public places, such as job recruitment points where employment offered is mainly physically intensive. Moreover, a recent DTM [study](#)³⁰ on migrants' accommodation found that a greater proportion of male (62%) lived in overcrowded conditions (more than three people per habitable (9m²) room) than female migrants (30%). However, a greater proportion of female than male migrants reported that it would be difficult to keep two meters between themselves and others at public gatherings and events, such as weddings and funerals, and places of worship, such as mosques.

Fig 10: Comparisons between female and male respondents reported barriers to physical distancing



Barrier to reaching healthcare if infected by COVID-19

The main barriers migrants reported in accessing healthcare if infected with COVID-19 were related to financial difficulties, mainly the inability to afford healthcare (74%) or the fear of experiencing a loss of income if their employer became aware of their infection (66%).

A minority of migrants (12%) reported that one of the barriers they would face would be the lack of COVID-19 tests in their area. This was an issue particularly among migrants interviewed in Misrata (31%, n=94) and Tajoura (21%, n=28) (Fig 11).

Many participants in different focus group discussions reported avoiding going to hospitals when sick because they feel discriminated against and mentioned that migrants had limited access to health care services. Moreover, many migrants explained that COVID-19 had contributed to stigmatizing migrants as being carriers of the virus and that it provided a pretext for doctors of clinics to refuse to treat them. Participants from one focus group discussion reported that it was difficult to get tested because they lack the necessary identification papers or legal documents. One participant, for instance, reported that after falling ill they were not able to get tested at a clinic. Instead, they had to resort to asking for the help of a pharmacist who suggested some medicines to help relieve their symptoms.

Based on the latest IOM Libya Migrant [report](#)³¹ (Round 37) over three quarters (77%) of migrants interviewed by DTM in May and June 2021 reported having limited or no access to healthcare in Libya and this issue was most severe in the West (84%) and South (72%) compared to the East (52%). Based on key informant interviews, the main issues hindering migrants' access to health services were related to the cost of services.

Barriers to healthcare

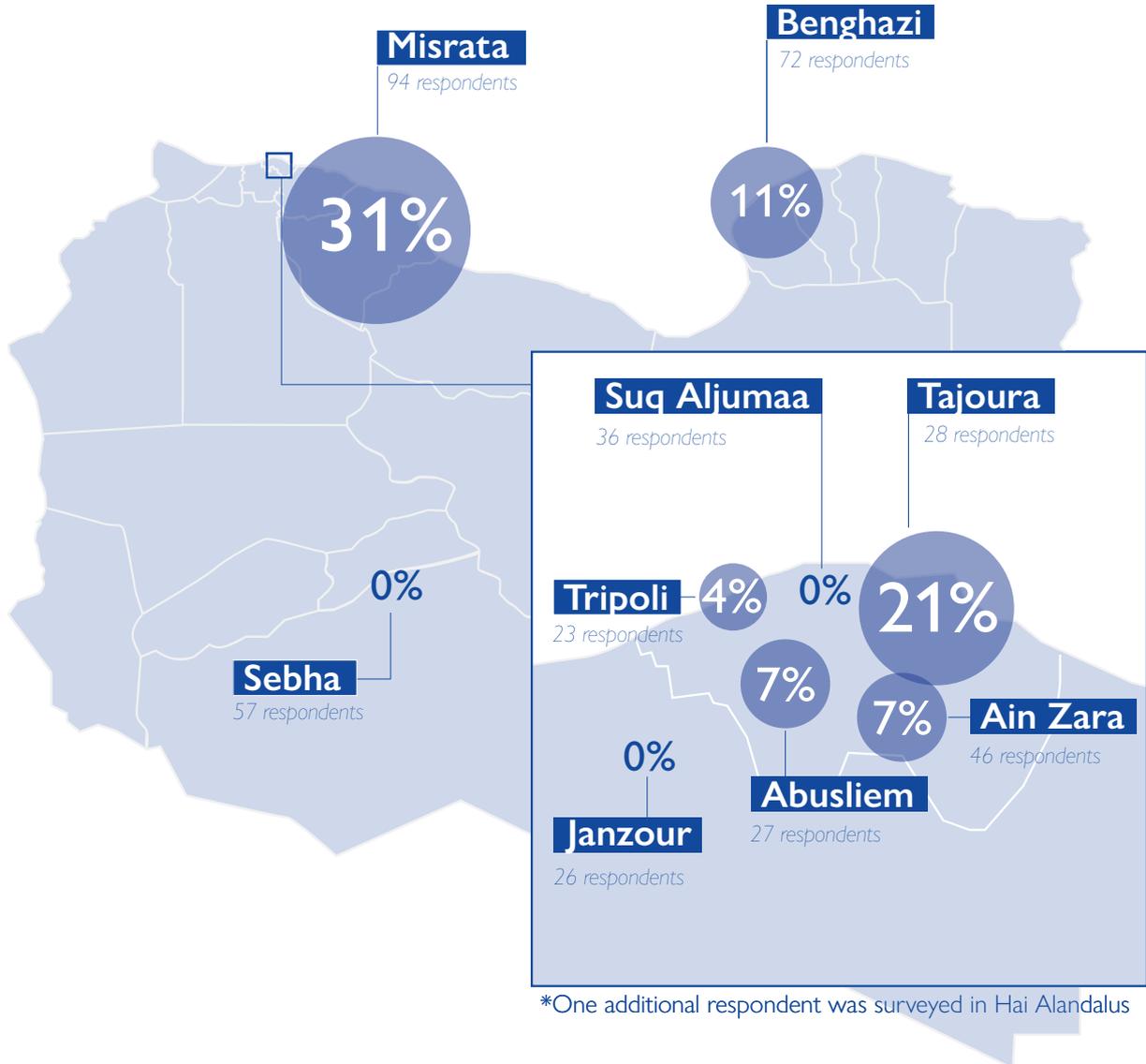
3 in 4

migrants interviewed reported that the inability to afford healthcare was the main difficulty they would face if infected with COVID-19

30 IOM Libya (2020). Libya - A Long Way from Home - Migrants' Housing Conditions in Libya (November 2020). Available at <https://migration.iom.int/reports/libya---long-way-home---migrants-housing-conditions-libya-23-nov-2020> (accessed October 2021).

31 IOM Libya (2021). Libya - Migrant Report 37 (May - June 2021). Available at <https://migration.iom.int/reports/libya---migrant-report-37-may-june-2021> (accessed October 2021).

Fig 11: Proportion of migrants who reported that they feared there was a lack of testing centres in their city or area which constituted a barrier to reaching healthcare if they were to be infected with COVID-19



This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

SECTION 3: COVID-19 VACCINES

Vaccine awareness

The majority of migrants (90%) reported being aware of the availability of COVID-19 vaccines and there was no significant difference between male (90%) and female (91%) migrants. This is also corroborated by the results of the focus group discussions, where the majority of participants reported being aware that there are vaccines against COVID-19. However, it transpired during discussions that there was a lack of awareness of the different types of vaccines, their specifications and the specific vaccines available in Libya. The majority of focus group discussion participants were divided on the effectiveness of COVID-19 vaccines with some arguing that vaccines are protective while others reported they are ineffective. Among those who reported the vaccine as ineffective many quoted that it caused side-effects which meant it could not be effective, while others doubted the credibility of the information shared by media and a minority reported that if vaccine efficacy rates were not 100 per cent it could not be considered as legitimate. None of the participants in the focus group discussions mentioned the range in the rates of effectiveness or efficacy³² of the different COVID-19 vaccines brands and types.

A greater proportion of older migrants reported being aware of vaccine options than younger ones. For example, 85 per cent of 18-25 years old reported being aware of vaccines compared to 98 per cent of 41 years old and above.

Awareness of COVID-19 vaccines was greater among those who self-reported having a chronic illness (98%) than those who did not (89%).

Vaccine availability

90%

of migrants interviewed reported being aware of the availability of COVID-19 vaccines

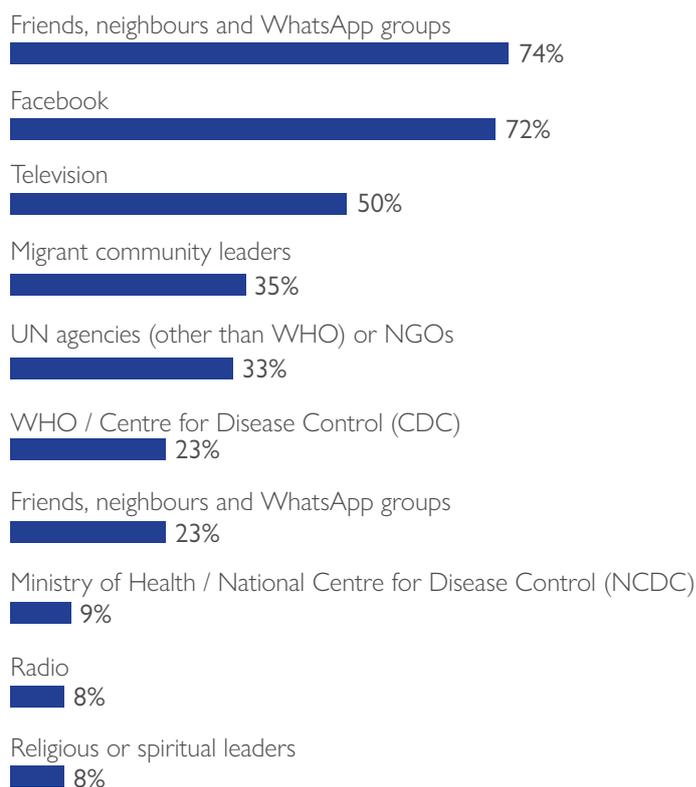
³² Vaccine effectiveness is a measure of how well vaccines work in the real world while vaccine efficacy refers to how well it performs in clinical trials under controlled 'ideal' conditions.

Source of information on COVID-19 vaccine

Migrants reported that their main sources of information on COVID-19 vaccines were friends or neighbours (including through WhatsApp groups) (74%), Facebook (72%) and television (50%). Other sources included migrant community leaders (35%), UN agencies or NGOs (33%) and the Ministry of Health and NCDC (23%).

Female migrants reported relying on friends and neighbours (through WhatsApp groups) (87%) and Facebook groups (79%) to a greater extent than their male counterparts (66% and 64%, respectively). In the contrary, male migrants reported relying on UN agencies and NGOs (31%), WHO or CDC (22%) and migrant community leaders (34%) than their female migrants (21%, 5% and 15%, respectively).

Fig 12: Sources of information on COVID-19 vaccines (multiple-choice question)



Migrants aged 18-25 reported relying on friends, neighbours, and WhatsApp groups to a greater extent than any other age groups. Migrants aged 46 or older reported relying on television as a source of information on COVID-19 vaccines more than any other age groups. Facebook was one of the three main sources of information used across all age groups and by 54 percent or more of migrants in all categories.

Safety of COVID-19 vaccine

A quarter of migrants (26%) reported not knowing whether COVID-19 vaccines are safe. This lack of knowledge was greater among male migrants (27%) than their female counterparts (16%). However, in the contrary, a greater percentage of women reported that vaccines are not safe and involve serious side effects (33%) than male migrants (14%).

Moreover, a greater proportion of younger migrants reported not knowing about the safety of COVID-19 vaccines compared to those who are older. For example, 37 per cent of migrants aged 18 – 25 reported not knowing compared to 8 per cent of those aged 41 or above.

Overall, a total of 16 per cent reported that vaccines are not safe and cause serious side effects. More than half of respondents (58%) reported that COVID-19 vaccines

are safe. Among those, who believed COVID-19 vaccines safe, 17 per cent reported they had no adverse effects while 41 per cent declared they had minor side effects.

Fewer migrants between the ages of 18 – 25 and those older than 51 reported that COVID-19 vaccines are safe but can cause minor side effects than migrants of any other age groups.

While the majority of focus group discussion participants reported they would be willing to be vaccinated there was division among migrants. On the one hand, many reported their willingness to get vaccinated on the condition of receiving accurate information and resources prior to vaccination as well as on the condition that it were administered by a reputable organisation, such as IOM or another UN agency.

On the other hand, many stated that they would refuse to get the vaccine because of information or rumours heard from media or on social media disputing the efficacy of the vaccine or because of its harmful side effects. One participant also mentioned the fear of being caught and detained during the process of vaccination.



Photo: In August 2021, to help improve the food security of 20 migrants affected by COVID19 in AI Gatroun, IOM and WFP distributed ready-to-eat food kits containing essential food items and provided information on a phone number to call for humanitarian info and assistance.

Protection offered by COVID-19 vaccines

Around two in five migrants (38%) reported not knowing whether COVID-19 vaccines can help protect an individual from contracting COVID-19. This proportion was higher among younger migrants than among those who are older. For example, nearly half of 18 – 25 years old (48%) reported not knowing whether COVID-19 vaccines offer protection compared to 10 per cent of those aged 41 or above.

No significant differences were observed between male and female migrants' responses.

Possibility to catch COVID after getting vaccinated against COVID-19

Half of respondents (49%) reported not knowing whether one could get infected even after having been vaccinated against COVID-19. This lack of knowledge was greater among male migrants (51%) than among female ones (33%).

The majority of female migrants (56%) reported knowing that it is possible to catch COVID-19 after having been vaccinated compared to 38 per cent of male migrants. The level of unawareness was greater among migrants aged 30 or younger (Fig 14).

Moreover, the level of awareness was significantly greater among migrants who reported having a chronic illness (60%) than among those who did not (37%) (Fig 13), which could be related to the fact that those with a chronic illness are assumed to be more likely to have visited health facilities or been in contact with medical providers and therefore may have been sensitized more than those who don't have a chronic illness.

Fig 13: Can you become infected with COVID-19 even after having been vaccinated against it?

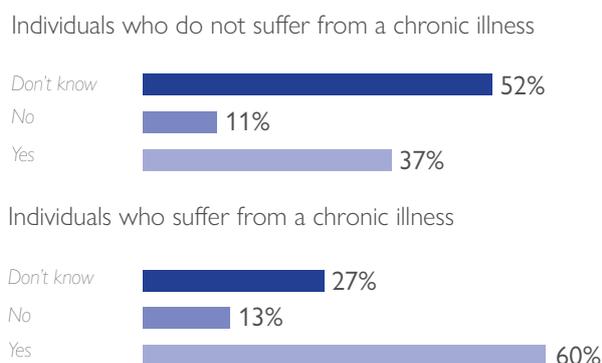
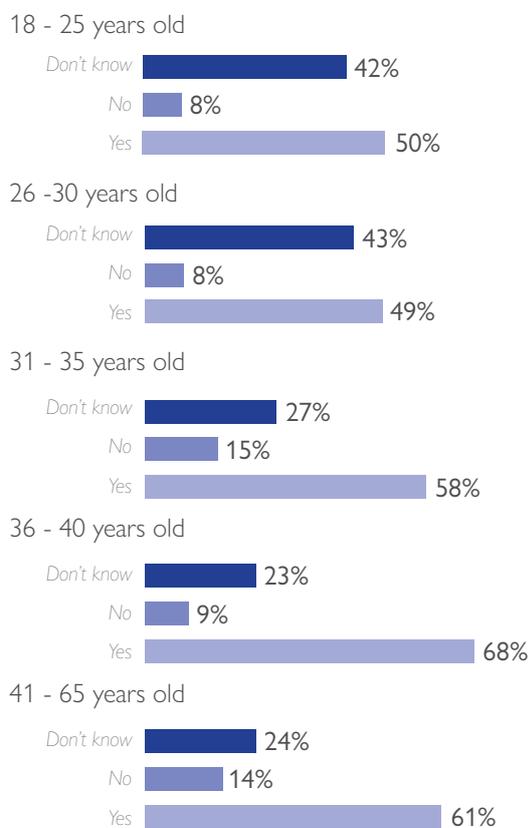


Fig 14: Can you become infected with COVID-19 even after having been vaccinated against it?



Following preventive measures after having been vaccinated against COVID-19

Overall, the majority (55%) of migrants surveyed reported that one still needs to follow preventive measures, such as physically distancing or wearing a mask in confined spaces, even after having been vaccinated against COVID-19. This finding is in line with the focus group discussion results which highlighted that many participants reported the necessity to keep on practicing preventive measures even after having been vaccinated.

Among those surveyed individually, a greater proportion of younger migrants reported not being aware of whether one needs to follow preventive measures after having been vaccinated against COVID-19 than older migrants. For example, 42 per cent of migrants aged 18 – 25 reported not knowing compared to 24 per cent of migrants aged 41 and over.

Potential side effects of the COVID-19 vaccine

The majority of migrants (69%) reported knowing about the common minor side effects that can occur after vaccination, such as fever, headache, nausea and muscle pain. Nearly half (48%) were also aware that the vaccine can lead to pain, swelling or redness at the injection site.

The highest level of uncertainty among migrants about the potential side effects of COVID-19 vaccines were related to whether or not vaccines can lead to an increased risk of allergic reactions (due to egg protein contained in the vaccine) (64%), issues with pregnancy (63%) or blood clots (55%).

This could be linked due to the fact that WHO [recommends](#)³³ to individuals with a history of severe allergic reactions to vaccines to consult a doctor before vaccination as severe allergic reactions are a potential but rare side effect with any vaccine. Moreover, while there is no evidence that suggest vaccination would cause harm during pregnancy, WHO [recommends](#)³⁴ that those who are pregnant or breastfeeding consult with a doctor before vaccination. In addition, WHO [reports](#)³⁵ that there have been very rare but serious cases of blood clots occurring within a month after vaccination with COVID-19 vaccines, such as AstraZeneca and Johnson&Johnson/Janssen.

Half of respondents reported not knowing whether the vaccine could be life threatening and 14 per cent reported they believe the vaccine could cause death within 2 years of having been vaccinated.

The majority of respondents also reported not knowing (54%) whether an individual's body could turn magnetic after having been vaccinated against COVID-19³⁶. A minority (16%) stated they believed this to be true. This myth was mentioned in one of the twelve focus group discussions as being a rumour that circulated on Facebook and that had been seen by all members of the focus group discussion.

The majority of migrants (65%) reported knowing that two doses of the COVID-19 vaccines are needed to be considered fully vaccinated.

MIGRANTS' PERCEPTION AND AWARENESS OF POTENTIAL OR PERCEIVED SIDE EFFECTS

Common minor side effects

69%

of migrants reported being aware of common minor side effects of COVID-19 vaccines, such as fever, headache, nausea and muscle pain

48%

of migrants reported being aware that the vaccine can lead to pain, swelling or redness at the injection site.

Issues with pregnancy

23%

of migrants reported that a side-effect of the vaccine involved problems with pregnancy

Becoming magnetic

16%

of migrants reported that the vaccine could make their body magnetic

Blood clot

15%

of migrants reported that the COVID-19 vaccine could cause blood clots

Exacerbate allergy

14%

of migrants reported that the COVID-19 vaccine could exacerbate allergies due to containing egg protein, for example

Life-threatening

14%

of migrants reported that the COVID-19 vaccine could be life-threatening and lead to death within 2 years of having been vaccinated, for example

33 WHO (2021). Coronavirus disease (COVID-19): Vaccines safety. Available at [https://www.who.int/news-room/q-a-detail/coronavirus-disease-\(covid-19\)-vaccines-safety](https://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-vaccines-safety) (accessed October 2021).

34 WHO (2021). Safety of COVID-19 vaccines. Available at <https://www.who.int/news-room/feature-stories/detail/safety-of-covid-19-vaccines> (accessed October 2021).

35 WHO (2021). Coronavirus disease (COVID-19): Vaccines safety. Available at [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-vaccines-safety](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines-safety) (accessed October 2021).

36 Note: Videos of individuals sticking magnets to their arms after having allegedly received the COVID-19 vaccine have spread on the internet and gone viral on social media, such as Tik Tok. They claim it is a side effect of the coronavirus vaccine, despite the theory having been [debunked](#).



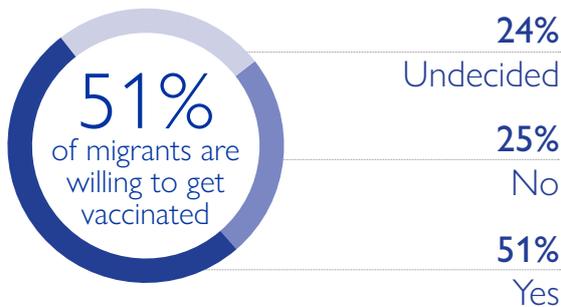
Photo: In February 2021, as part of emergency work to ensure basic life-saving services are provided to migrants, IOM provided essential hygiene items and conducted a hygiene promotion and COVID-19 awareness-raising session for migrants and staff at a detention centre in West Libya.

Concerns about COVID-19 vaccines and willingness to get vaccinated

Overall, half of migrants (51%) reported being willing to be vaccinated against COVID-19, while a quarter stated they would not (25%) or said they did not know (24%) (Fig 15). Around two migrants in five (42%) reported having concerns about being vaccinated against COVID-19 while slightly less than half of migrants (48%) stated the opposite.

Among those who reported having doubts, the main sources of concerns were centred around the safety of the vaccine (79%) and its effectiveness (75%). More than half of migrants (58%) also reported having concerns over the quality of vaccines available in Libya.

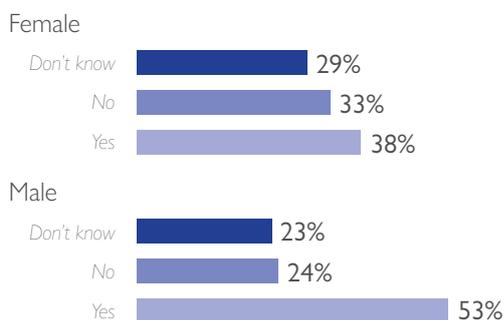
Fig 15: Percentage of migrants willing to be vaccinated



Among those who had concerns, more than two in five (43%) reportedly believe that the COVID-19 pandemic is a myth or are uncertain whether it is a myth or not.

The majority of migrants (80%) who reported having no concerns about the vaccine acknowledged their willingness to get vaccinated, compared to 25% of those who reported having concerns related to the COVID-19 vaccine. A greater proportion of male respondents reported their willingness to be vaccinated (53%) than female respondents (38%) (Fig 16), which is likely related to the greater proportion of female migrants (53%) who reported having concerns than their male counterparts (42%).

Fig 16: Willingness to get vaccinated by gender



BARRIERS TO VACCINATION CAMPAIGN AGAINST COVID-19

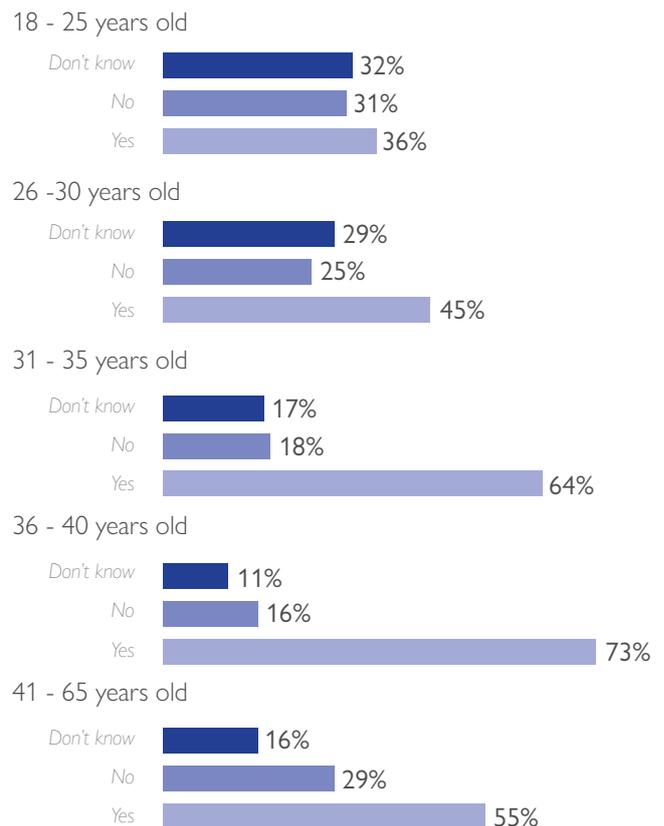
Several participants in the focus group discussions reported that for many migrants the lack of access to information and their limited knowledge on COVID-19 vaccines as well as their lack of confidence in the efficacy of the COVID-19 vaccines were barriers to vaccinating the non-Libyan population. One participant, for example, highlighted that some migrants and communities still believe that COVID-19 does not exist while others think that vaccination is useless or may lead to death.

Many participants in different focus group discussions cited that the lack of identification or legal documents could cause an issue for many migrants in registering for vaccination.

Others mentioned the logistics constrained of the planned vaccination campaign and raised the issue of transportation to and from the vaccination centres, especially for migrants who live in rural areas, for example.

Overall, a greater proportion of migrants between the ages of 31-40 reported their willingness to get vaccinated than those who are younger or older (Fig 17).

Fig 17: Willingness to get vaccinated by age group



Knowledge of COVID-19 vaccines availability and registration mechanisms

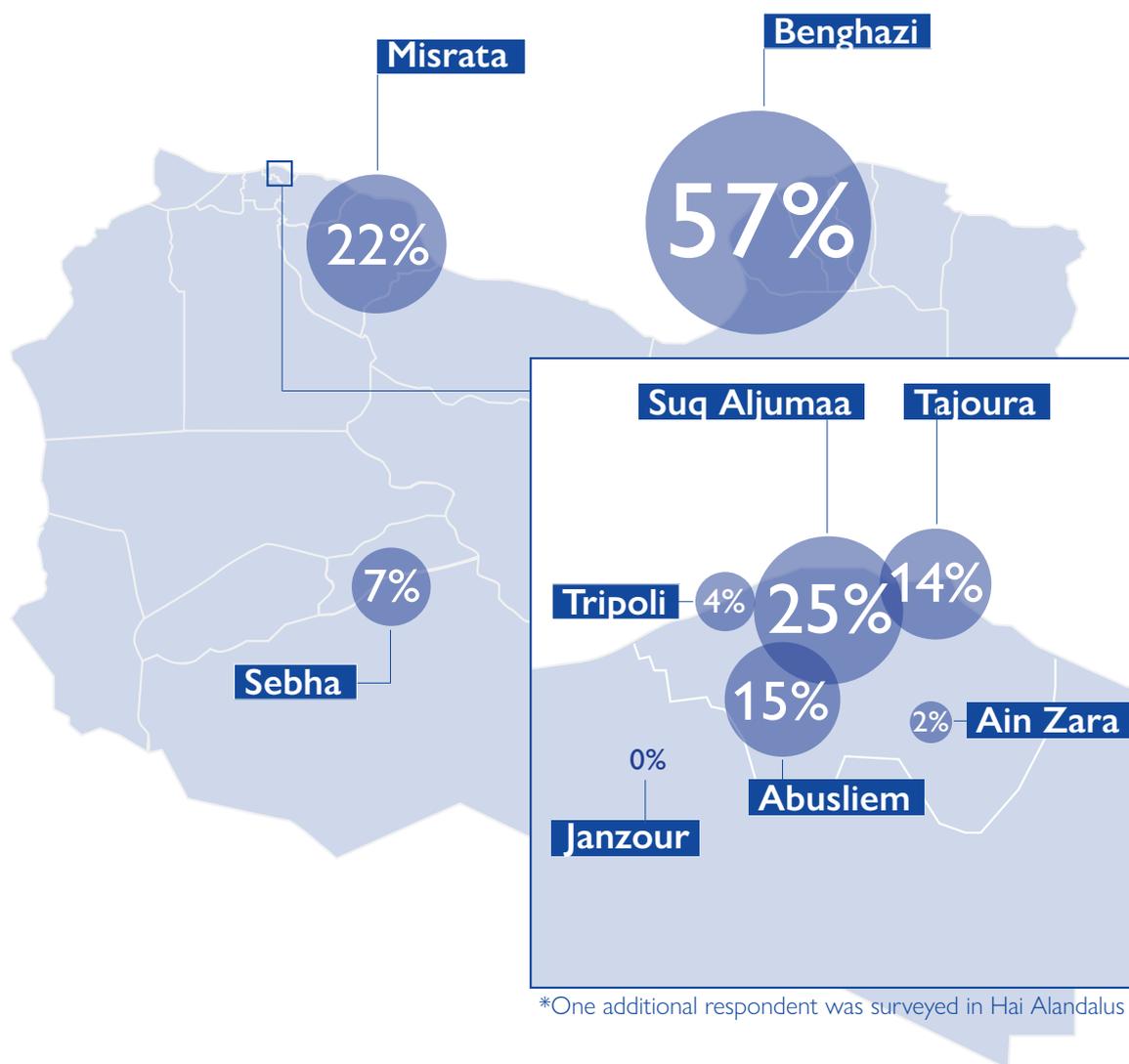
While a majority of migrants (90%) reported being aware of the existence of COVID-19 vaccines, less than half of migrants (42%) knew that there were available in Libya. Whereas 41 per cent of migrants reported not knowing and 16 per cent expressed that there were no vaccine against COVID-19 on the Libyan market.

Nearly two thirds of migrants (64%) reported not knowing whether migrants can register to be vaccinated against COVID-19³⁷. Fewer than one in five migrants (18%) reported knowing that the COVID-19 vaccination registration was open to them.

Similarly, only a fifth of migrants (20%) reported that COVID-19 vaccines were available to them in Libya closely matching the level of awareness of the registration system being open to migrants. A greater percentage of female (33%) than male migrants (19%) reported that they believed that vaccines were available to them in Libya.

More migrants in Benghazi (57%) than in any other municipalities reported believing that COVID-19 vaccines were available to them in Libya. A lower proportion of respondents in Janzour (0%), Ain Zara (2%), Tripoli (4%) and Sebha (7%) than in any other municipalities reported being aware that vaccines were available to migrants.

Fig 18: Percentage of migrants who reported being aware that COVID-19 vaccines were available to migrants by municipality



This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

37 Note: The registration mechanism which was established to allow migrants to access COVID-19 vaccines in Libya has been modified since the time of survey.

Difficulties in accessing the COVID-19 vaccine

Half of respondents (51%) reported that not being accepted or being discriminated against for ethnic, racial or legal status reasons by health facilities could be a hurdle to getting vaccinated.

The fear of being mistreated or discriminated against or detained was also mentioned by some participants during the focus group discussions as a barrier for migrants to register to get vaccinated.

A total of 10 per cent of migrants reported that there was no vaccination centre in their city or area while a third of migrants (34%) reported not knowing about vaccination centres in their city or area.

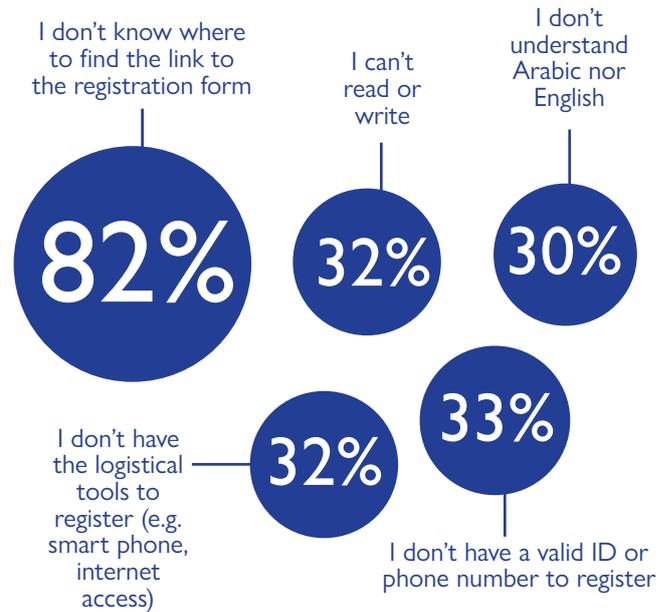
Barriers to registering for COVID-19 vaccination

Seven per cent of the migrants surveyed reported already having registered to receive the COVID-19 vaccine at the time of interview.

The main barrier identified by migrants to register for the vaccine was not knowing where to find the registration form* (82%). Around a third of migrants also reported that not having the tools to register (smart phones, internet access, etc.), not being able to read, not understanding Arabic or English and not having a valid ID or phone number were also barriers.

38 Note: The MoH suspended the mandatory online registration for vaccination on 24 July 2021, according to [OCHA](#).

Fig 19: Barriers to getting vaccinated (multiple-choice question)

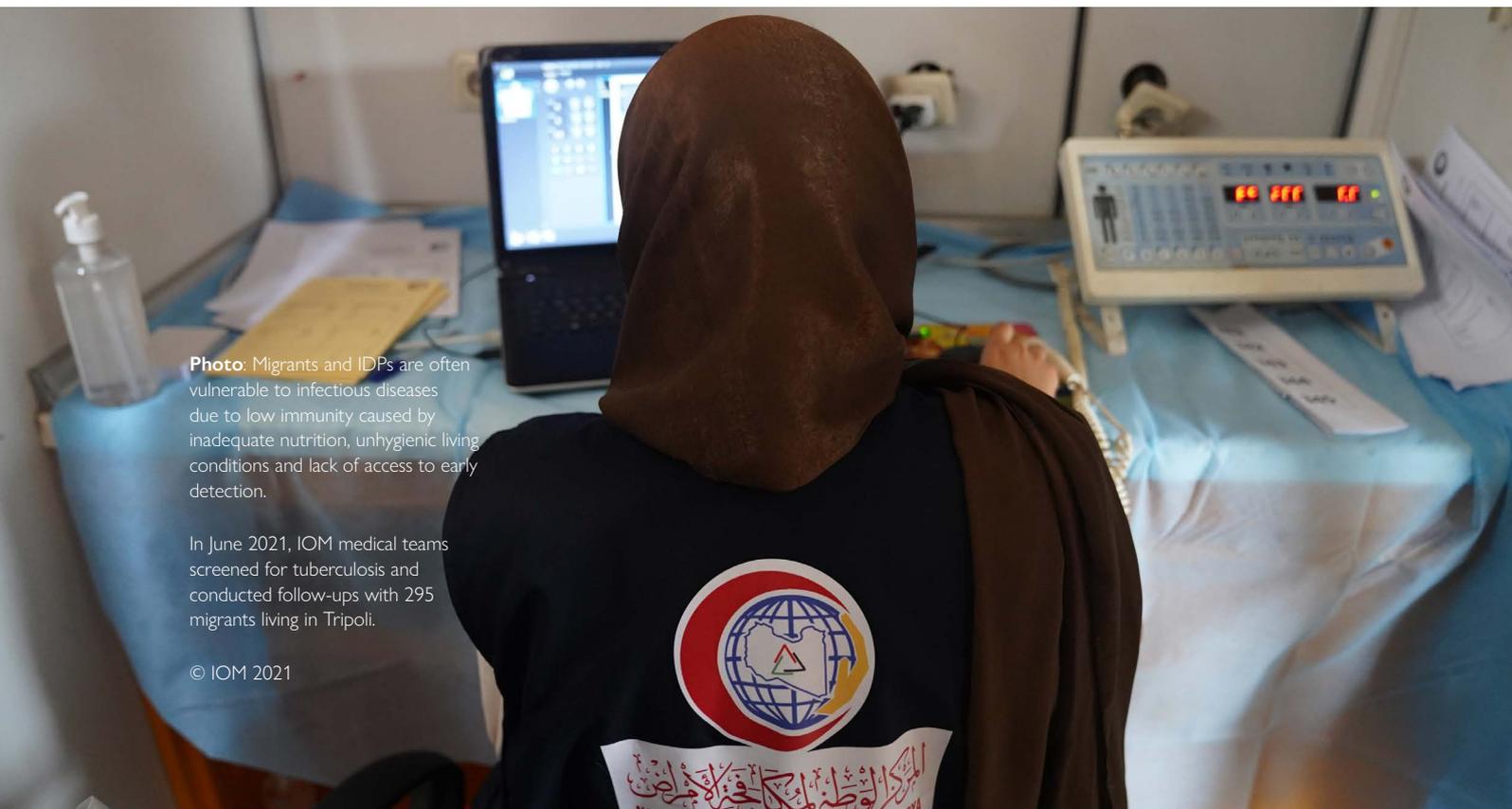


A greater percentage of male respondents (34%) reported that literacy was a barrier than their female counterparts (21%). Similarly, a greater percentage of males reported barriers such as the inability to find the link to the registration form (83%), language (32%) or lack of valid ID or phone number to register (34%) than female migrants (72%, 14% and 21%, respectively).

A similar proportion of female and male migrants reported that lacking the logistical tools to register, such as a smart phone or internet access was a barrier.

Photo: Migrants and IDPs are often vulnerable to infectious diseases due to low immunity caused by inadequate nutrition, unhygienic living conditions and lack of access to early detection.

In June 2021, IOM medical teams screened for tuberculosis and conducted follow-ups with 295 migrants living in Tripoli.



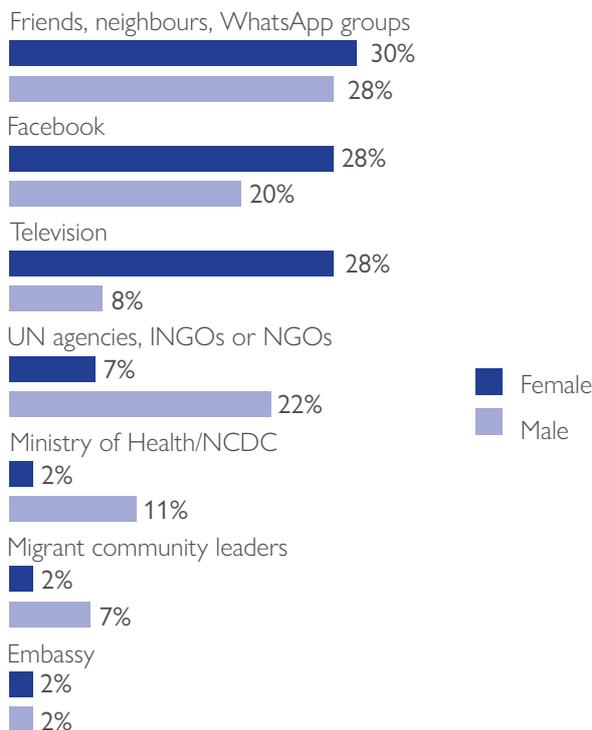
Most preferred channels for receiving information about COVID-19

The top three preferred channels for receiving information about COVID-19 vaccination that migrants highlighted were their friends or neighbours (including through WhatsApp groups), Facebook and the television. These findings were corroborated by migrants' responses collected during focus group discussions who mainly reported relying on social media, traditional media as well as their social networks such as friends, acquaintances, or relatives for information. Migrant community leaders were also mentioned by a minority of participants as being a source of information on COVID-19. The official websites of WHO, the NCDC, INGOs and the government as well as their respective social media pages or text messages or alerts they send were also mentioned by a minority of groups as being sources of information.

Among migrants interviewed individually, those between the ages of 18-30 reported that friends and neighbours were their preferred source of information, whereas migrants aged 31-45 reported it was UN agencies, INGOs or NGOs. Older migrants aged 41 or above ranked television as their preferred channel of information.

Similar proportions of female (30%) and male (28%) respondents reported that friends and neighbours were their preferred channel of information on COVID-19 vaccines. However, a greater proportion of female respondents reported that Facebook (28%) or television (28%) was their preferred channel compared to male migrants (20% and 8%, respectively).

Fig 20: Top 3 preferred channel of information by gender



Preferred channels of communication

#1 Friends, neighbours and WhatsApp groups

#2 Facebook

#3 Television

RECOMMENDATIONS

The following recommendations are based on the findings of focus group discussions conducted with migrants in Libya in June 2021 and individual interviews held with migrants in August and September 2021. These recommendations are intended to guide programmatic interventions of actors working on risk communication and community engagement in Libya.

Continue the implementation of the awareness-raising communication strategy

In light of the gaps in knowledge and migrants' reported need for more information on COVID-19 vaccines and their safety before being vaccinated, it is recommended to continue implementing awareness-raising campaigns on television and social media as the two remain the preferred channels of information for the majority of migrants. While all age groups should be reached, particular focus on social media campaigns is suggested to reach younger migrants (aged 30 or younger) who in light of this assessment appear to be less aware and knowledgeable on COVID-19 prevention and transmission as well as on COVID-19 vaccines. More specifically, the campaigns should now focus on:

- The types of COVID-19 vaccines, their efficacy and associated risks and benefits.
- The availability of the COVID-19 vaccines for migrants in Libya.

In addition, to address the stigmatization and discrimination migrants may face and to avoid discouraging them from adopting healthy behaviours, to hide illness or seek healthcare when required, it is recommended to work with government counterparts, media and local organisations to share accurate country- and community-specific information and challenging myths and stereotypes.

Build the vaccination campaign on trust and cultural awareness

In addition to providing more information and resources on COVID-19 vaccines in migrants' languages and using culturally sensitive and appealing ways to build migrants' confidence in their reliability it is recommended to

continue to engage with stakeholders trusted by migrants, such as migrant community leaders and embassies in the implementation of the vaccination campaigns as well as to support information sharing campaigns. Ensuring that vaccination campaigns are supported or jointly implemented with organisations trusted by migrants was highlighted as a condition for their success.

Facilitate access to clean water

Access to clean water remains a significant barrier to handwashing and should therefore be promoted.

Increase access to mental health support

A number of migrants recognised that the COVID-19 had led to social isolation for many. It is recommended to continue implementing mental health and psychosocial support activities such as information campaigns and training sessions for community members on self-care, stress management and psychological first aid adapted for COVID-19 as well as increasing communication channels to enable those in need to access help, identifying vulnerable populations and referring them to other critical programmes, when needed.

Facilitate access to healthcare for migrants

In line with findings from the September 2020 assessment, the findings of this report highlight that access to health care remain a significant issue for many migrants.

Moreover, the expressed preference of several migrants for separate vaccination facilities should be taken into consideration but an arrangement that does not contribute to perceived positive discrimination for the non-Libyan population or exacerbate division with the Libyan population should be reached.

IOM's Displacement Tracking Matrix (DTM) tracks and monitors population movements in order to collate, analyze and share information to support the humanitarian community with the needed demographic baselines to coordinate evidence-based interventions.

To consult all DTM reports, datasets, static and interactive maps and dashboards, please visit:

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