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This publication was made possible through support provided by the European Union. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the European Union.

Publisher: International Organization for Migration Libya

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This publication was issued without formal editing by IOM.

This publication was issued without IOM Publications Unit (PUB) approval for adherence to IOM's brand and style standards.

This publication was issued without IOM Research Unit (RES) endorsement.

Cover photo: IOM's Migrant Resource and Response Mechanism (MRRM) team providing medical assistance and awareness raising s to Pakistani migrants in Hai Alandalus. © Rawand Al HARES / IOM 2022



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KEY FINDINGS

Round 44 (Sep - Oct 2022)



683,813 migrants in Libya



USD 935

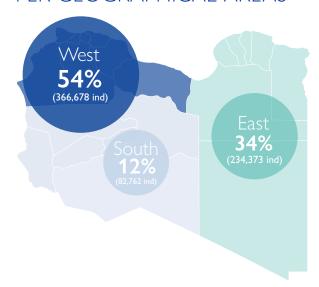
migration journey cost (average per person)



47%

of migrants reported that the remittances they send home are the primary source of income for their household

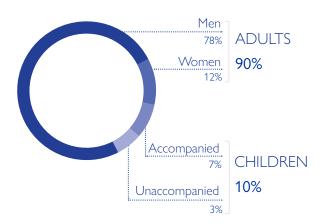
DISTRIBUTION OF MIGRANTS PER GEOGRAPHICAL AREAS



TOP 5 NATIONALITIES

24% Niger 22% Egypt 19% Sudan 12% Chad 4% Nigeria

DEMOGRAPHICS



Migrants were present in:

IOM Libya conducted:

663

COMMUNITIES (out of 667)

2,010

INTERVIEWS WITH KEY INFORMANTS (Mobility Tracking)

100

MUNICIPALITIES (out of 100)

5,206

INTERVIEWS WITH MIGRANTS (Flow Monitoring Surveys)





OVERVIEW

IOM Libya's Displacement Tracking Matrix (DTM) programme identified a total of 683,813 migrants from over 42 nationalities in the 100 Libyan municipalities during Round 44 of data collection (September - October 2022). The number of migrants in Libya has continued to increase slightly compared to the previous reporting period (679,974 migrants, Round 43, July – August 2022) in line with a trend that started at the beginning of 2021. Prior to 2021 the number of migrants in Libya had been declining following the COVID-19 pandemic in 2020. The number of migrants in Libya identified during Round 44 is also higher than the number of migrants for the corresponding period in 2019 (654,081 migrants, Round 28, October - November 2019).

Socio-economic situation

The unemployment rate among migrants interviewed in September and October continued to increase (26%) compared to the last round (24%) in line with a trend that started at the beginning of 2022 (Fig 1). Furthermore, the current unemployment rate among migrants (26%) remains higher than pre-pandemic levels (17%, Round 29, February 2020) and is similar to the rate observed at the height of the COVID-19 pandemic when the socioeconomic impact was at its peak (29% in June 2020 and 27% in August 2020) due to factors such as mobility restrictions and a slowdown of economic activity.

In line with these findings, financial difficulties remain the most pressing issue for more than three in five migrants (62%) interviewed in September and October 2022 followed by identity documents issues (30%), a lack of information (22%), security concerns (20%) or food and water insecurity (18%). The percentage of migrants who reported financial difficulties as one of the three main issues they faced has been increasing since the beginning of the pandemic from 48 per cent in February 2020 to 62 per cent two years and a half later (Fig 1).

The socio-economic impact faced by Libyans and migrants as a result of the COVID-19 pandemic has been further <u>heightened</u> by rises in the price of basic commodities following the beginning of the war in Ukraine. This trend may potentially exacerbate pre-existing vulnerabilities and erode the coping capacity of the poorest migrants.

Labour market

Overall, a greater proportion of female migrants reported being unemployed (66%) than male migrants (25%). Similarly, more females mentioned that financial issues were among the top three difficulties they faced (73%) compared to males (62%).

A greater percentage of migrants who were less than 30 (33%) or over 60 years old (31%) stated being unemployed than those who were aged 30-59 (19%) (Fig 2).

Figure 1: Unemployment rate among migrants interviewed individually by DTM and percentage who reported that financial issues were one of the top three difficulties they faced by month and round of data collection



Figure 2: Migrant unemployment rate by age group

Less than 20

20 - 39 years old

31%

40 - 49 years old

12%

50 - 59 years old

15%

Over 60

31%

Social networks

Nearly four in five migrants (79%) reported having found their current job through a friend or an acquaintance, mainly through migrants from their own country (86%). This highlights the significant role that social ties play as a means of sharing information about labour opportunities. For example, a DTM Libya study found that a greater percentage of migrants who reported lacking a social network (family, friends and acquaintances) in Libya prior to migrating reported facing more difficulties whilst looking for employment than migrants who had a social network.

Fields of employment

The largest share of migrants interviewed in September and October 2022 were employed in elementary occupations¹ (40%) while a minority were working as craft and related trades workers (16%), as technicians and associate professionals (12%) or in the service and sales industry (10%). Around three in five (59%) migrants who were working in elementary occupations reported being employed on a short-term or casual basis.

Working conditions

Migrants interviewed in September and October 2022 identified that a lack of job security (36%), followed by employers paying less than the agreed wage (24%) or delayed payment (18%) were the main risks they faced at work. Half of migrants surveyed mentioned being employed on a short-term or casual basis (50%) while a quarter or less claimed holding permanent (25%) or fixed-term employment (22%) (with regular and predictable monthly salaries).

A minority of respondents mentioned having three or more income-generating activities (4% or 153 respondents). The average monthly earnings of those with three or more income-generating activities (839

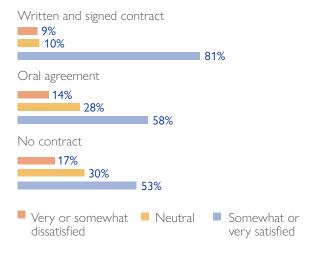
¹ As <u>defined</u> by the International Standard Classification of Occupations, elementary occupations consist of simple and routine tasks which mainly require the use of hand-held tools and often some physical effort.

LYD and 553 LYD, respectively) was lower than those who stated being engaged in one (993 LYD) or two income-generating activities (965 LYD). This may indicate that migrants are potentially engaging in multiple jobs as a coping strategy to cover their basic needs rather than as an income diversification strategy to earn (and save) more.

The majority of employed migrants (69%) interviewed reported only possessing an oral work agreement for their employment in Libya. Around a quarter (28%) reported that they were without a contract and a minority stated that they possessed a written and signed contract (3%).

A greater proportion of migrants who stated they possessed a written and signed contract claimed to be somewhat or very satisfied with their current employment (81%) compared to those with an oral contract (58%) or no contract (53%) (Fig 3). Lacking a (more) stable income at a level that can sustain one's personal needs, including those of their household members, is <u>associated</u> with a greater level of vulnerability to violence, exploitation and abuse. Without a written contract migrant workers are more <u>exposed</u> to risks of abuse and changes in the nature of the work undertaken, rates of pay and working hours, for example. A minority of migrants reported having a work permit (16%) or resident status in Libya (14%).

Figure 3: Satisfaction with current main employment by type of contract

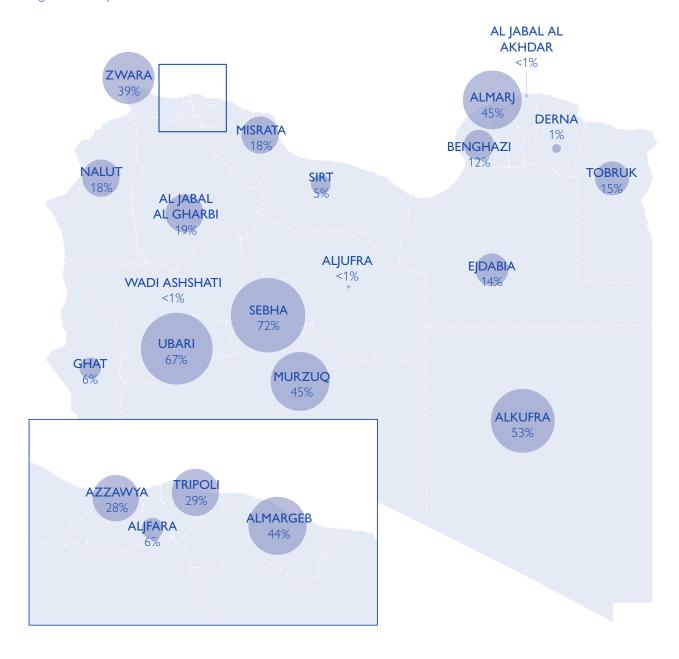


Unemployment rate by geographical location

The percentage of migrants who were unemployed and actively looking for work was highest in the southern regions of Sebha (72%), Ubari (67%) and the eastern region of Alkufra (53%) (Fig 4). In western Libya, the unemployment rate among migrants was highest in the regions of Almagerb (44%), Zwara (39%) and Tripoli (29%).



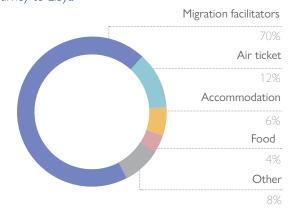
Figure 4: Percentage of migrants unemployed and actively looking for work in September and October 2022 by region of survey



Migration journey

Migrants reported that the largest expense incurred during their journey to Libya was related to the services they obtained from migration facilitators (70%) followed by air tickets (12%), accommodation (6%) and food (4%) (Fig 5).

Figure 5: Largest expense of migrants during their journey to Libya

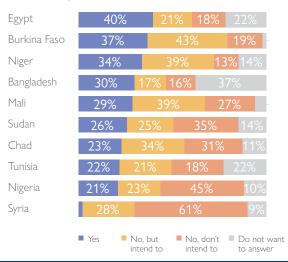


Remittances

Migration can help individuals diversify their livelihood options by providing access to new employment opportunities and by the same token enabling them to send remittances. The majority of migrants (61%) interviewed by DTM Libya reported either intending to send remittances upon earning or saving enough (31%) or having already done so (30%). Around a quarter reported not intending to send money home (24%) while a minority did not want to answer the question (15%).

In line with the previous round of data collection, the percentage of migrants who mentioned that the remittances they send home were their household's

Figure 6: Proportion of migrants by nationality who sent remittances, intend to send remittances or not



primary source of income stood at 47 per cent - a percentage which has increased significantly since December 2020 (then 28%). Around two thirds of remittance-sending migrants (65%) mentioned that the money they send home helps to meet their family's food needs.

A third or more of migrants from Egypt (40%), Burkina Faso (37%) and Niger (34%) stated having sent remittances home since they have arrived in Libya (Fig 6). In comparison fewer migrants from Bangladesh (30%), Mali (29%), Sudan (26%), Chad (23%), Tunisia (22%), Nigeria (21%) and Syria (2%) declared having sent money home since arriving in Libya.

Geographical patterns and trends

Consistent with previous rounds of data collection which have highlighted the influence of geographical proximity and diasporic ties as significant factors influencing migration patterns in Libya, the majority of migrants are nationals from neighbouring countries: Niger (24%), Egypt (22%), Sudan (19%) and Chad (12%) (Fig 7).

Figure 7: Proportion of migrants by nationality

NATIONALITY	NUMBER OF MIGRANTS	% MIGRANTS
Niger	164,942	24%
Egypt	152,971	22%
Sudan	132,945	19%
Chad	83,291	12%
Nigeria	29,323	4%
Syria	23,544	3%
Bangladesh	20,677	3%
Ghana	14,776	2%
Mali	13,329	2%
Tunisia	6,846	1%
Palestine	6,475	1%
Other	6,290	1%
Eritrea	4,302	1%
Senegal	3,399	0.5%
South Sudan	3,374	0.5%
Burkina Faso	3,212	0.5%
Mauritania	2,634	0.4%
Pakistan	2,624	0.4%
Côte d'Ivoire	2,503	0.4%
Morocco	1,917	0.3%
Somalia	1,825	0.3%
Unknown	1,387	0.2%
Cameroon	1,227	0.2%
TOTAL FOR LIBYA	683,813	100%

Overall, half of migrants in Libya were from Sub-Saharan Africa (50%), over two in five were from North Africa (43%) and a minority were from the Middle East (4%) or Asia (3%) (Fig 9).

The largest migrant populations identified by DTM during Round 44 of data collection were in the regions of Tripoli (16%), Benghazi (12%), Misrata (10%), Ejdabia (8%), Azzawya (7%) and Almargeb (5%) (Fig 8).

Figure 9: Regions of origin of migrants

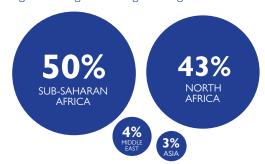
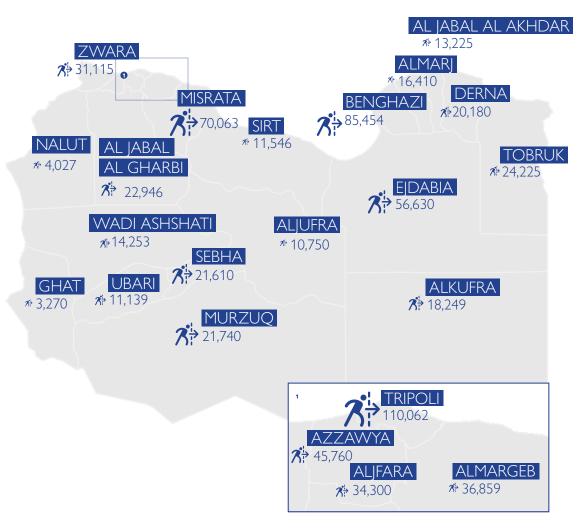


Figure 8: Number of migrants per region (mantika) during DTM Round 44 data collection.



This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.



MIGRANT VULNERABILITY AND HUMANITARIAN NEEDS

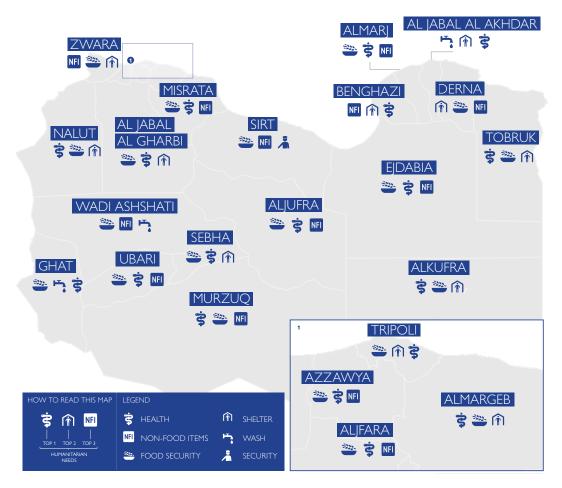
To better understand migrant vulnerabilities and humanitarian needs, DTM conducted 5,206 individual interviews with migrants in Libya in September and October 2022. The thematic findings presented in this section rely largely on these interviews.

In parallel, interviews conducted by DTM Libya with 2,010 key informants across Libya in September and October 2022 highlighted that the main needs of migrants were related to health services (75%), non-food items (NFIs) (54%), accommodation (51%) and water, sanitation and hygiene (WASH) (22%). Consistent with previous reports, key informant interviews confirmed that cost and affordability of food, non-food items, housing and healthcare, remain the main difficulties for the majority of migrants to fulfil their basic needs.

The lack of access for migrants to education and insufficient accommodation options were also mentioned by key informants as important barriers preventing migrants from being able to send their children to school and secure housing.

Issues related to the availability of the water network, its unaffordability and the lack of waste management or disposal system at the local level were also underscored by key informants as being essential WASH concerns affecting migrants' wellbeing. Moreover, 18 per cent of migrants interviewed individually through Flow Monitoring Surveys (FMS) in September and October 2022 mentioned that lack of access to food and clean drinking water were among the main three difficulties they faced in Libya.

Figure 10: Humanitarian priority needs of migrants per region (mantika)





WASH

Over 5,206 individual interviews with migrants in Libya conducted in September and October 2022 highlighted that nearly one in five migrants (21%) had insufficient clean drinking water, potentially compromising health and hygiene levels. The lack of access to clean drinking water continues to be more prominent in southern (24%) and western Libya (23%) than in the eastern regions (8%).

A greater proportion of migrants in the southern (59%) and eastern (56%) regions mentioned having access to only one source of drinking water compared to those in the western regions (46%). However, a greater proportion of migrants in the western regions of Libya (28%) reported having rarely or no access to the public water network compared to those in the eastern (14%) or southern regions (12%).

The ability to ensure for their own and other household's members' health and well-being was found to be closely related to migrants' economic status. A lower percentage of migrants who mentioned facing financial difficulties mentioned that they had sufficient drinking water (73%) compared to those who did not report experiencing financial difficulties (88%).



of migrants who reported facing financial difficulties stated having sufficient clean drinking water compared to **88%** of those who did not identify financial difficulties as one of the three most important issues they were confronted with

Sources of water

A greater proportion of migrants interviewed in the western regions of Libya (67%) reported that bottled water was among the main sources of drinking water compared to those in the eastern and southern regions (37% and 47%, respectively). In the contrary, a greater proportion of migrants in southern (64%) and eastern Libya (63%) identified the public water network as one of their main sources of drinking water compared to those in the western regions (35%).

Among migrants who reported having sufficient drinking water, 42 per cent mentioned having daily access to the public water network compared to nine per cent of those who lacked sufficient drinking water.

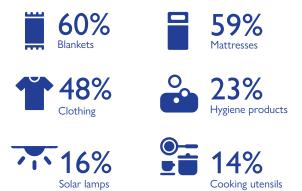
Sanitation

Interviews conducted in September and October revealed that a third of migrants only have access to a communal toilet shared with more than 10 individuals. A greater proportion of migrants who reported living in rented accommodation (35%) mentioned sharing a toilet with six individuals or more compared to those who were living with a host family (31%) or housed in their workplaces (22%).

NFIs

The majority of migrants surveyed by DTM Libya in September and October 2022 reported needing blankets (60%) and mattresses (59%) (Fig 11). Around half of migrants identified clothing (48%) as a need and fewer mentioned hygiene products (23%), solar lamps (16%), cooking utensils (14%), heating or cooking fuel (12%) and detergents (11%) as items they needed.

Figure 11: Top three main NFI needs (multiple-choice question)



Education

A minority of migrants (8%) interviewed by DTM in September and October 2022 stated having family members aged between 5 and 18 in Libya. In line with previous reports, of the survey respondents, the number of female migrants with school-aged children in Libya was higher (at 31%) than male migrants (5%).

Among migrants who had school-aged family members, half reported that their children could not access school. The main obstacles they mentioned were related to

financial barriers (81%), lack of documents (51%), problems related to social isolation and participation in the local community (40%) and language barrier (38%).

More generally, in Libya, according to the <u>General Union</u> <u>of Libyan Students</u> the lack of equipment, teacher strikes, outdated curricula and electricity cuts are significantly affecting all students in the completion of their studies.

Accommodation

In line with previous reports, according to key informant interviews conducted in September and October 2022, around four in five migrants (80%) lived in rented accommodation for which they paid for themselves, or that was paid for by their employers or others (Fig 12). A greater proportion of migrants in urban areas (70%) than in rural settings (60%) mentioned living in rented accommodation (for which they paid for themselves). On the contrary, more migrants in rural areas were sheltered in their workplaces (20%) than in urban areas (14%) (Fig 13). In line with previous reports, an equal proportion (9%) were residing in housing paid for by their employers in both urban and rural settings.

On average migrants interviewed by DTM Libya via Flow Monitoring Surveys (FMS) reported sharing their room with five other individuals and the median number of occupants was four individuals but the number of individuals sharing a room ranged between zero (single occupancy) and 45 individuals.

Migrants who reported renting accommodation for which they paid for themselves and who did not have a legal contract mentioned paying a higher monthly average fee (USD 44) than those who possessed a legal contract (USD 40) or were housed in their workplaces (USD 34).

A total of two per cent of migrants (116 respondents) interviewed by DTM in September and October reported having either been threatened with eviction or evicted. The largest share of those who had been evicted or threatened to be evicted were surveyed in the greater area of Tripoli (46%) or in the municipality of Albayda (17%). One per cent of respondents also stated that they were aware of collective evictions having taken place within the last three months.

Figure 12: Migrants' types of accommodation

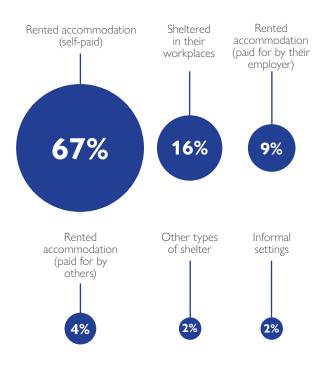


Figure 13: Migrants' types of accommodation in urban and rural settings





Health

In September and October 2022, IOM Libya interviewed 394 migrants individually and conducted focus group discussions with 93 migrants to better understand their experiences and knowledge of healthcare in Libya, as well as the barriers they face in accessing services (Fig 14).

The data and information collected through this exercise will help inform IOM Libya programmes and activities as well as support the development of new initiatives, where needed. Preliminary findings of this study are presented in this section and a separate, in-depth study is forthcoming.

Types of services

Migrants surveyed reported having visited health facilities for a variety of reasons including to obtain medication (68%), to consult a health professional (50%) or to undergo laboratory tests (33%). A minority consulted for services such as surgery, delivery or pediatric care (3% or less) (Fig 15).

Difficulty receiving medical services

While 82 per cent of migrants reported that it had been easy for them to receive medical services when needed, two in five respondents (39%) mentioned having faced at least one barrier. The most common barriers to accessing healthcare services cited by migrants were related to financial resources, issues communicating in Arabic and a lack of documentation (Fig 16).

There was no difference in the proportion of male and female respondents (18%) who reported that it had been difficult to get treatment for themselves. However, a greater proportion of migrants mentioned it had been difficult to receive healthcare for female family members (29%) than for males (11%), particularly for girls (under 18) (67%) (compared to boys (33%)). This finding is in line with <u>UNFPA information</u> according to which women and girls are more likely to face challenges in accessing healthcare services due to a lack of documentation, which is required by many public healthcare facilities.

It should be noted however that a lack of documentation and the fear of being arrested were commonly cited concerns among both male and female participants of the focus group discussions.

Furthermore, issues with, or a lack of documentation was an obstacle to accessing healthcare services for at least 40 per cent of respondents who were surveyed individually regardless of nationality (Fig 17).

Figure 14: Methodology used for the survey conducted by IOM Libya on migrants' experiences of the Libyan healthcare system and health-seeking behaviour

	MIGRANT SURVEY (face-to-face)	FOCUS GROUP DISCUSSIONS (in-person)
WHO?	394 migrants from 23 countries	93 migrants from 17 countries
WHERE?	Tripoli (Abusliem, Ain Zara, Hai Alandalus, Janzour, Suq Aljumaa), Benghazi and Sebha	Tripoli, Benghazi and Sebha
WHEN?	26 Sep - 24 Oct 2022	10 - 18 Oct 2022

Figure 15: Health services for which migrant last visited a health facility (n = 338)

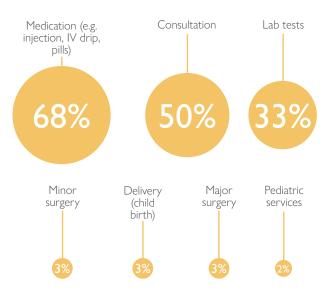
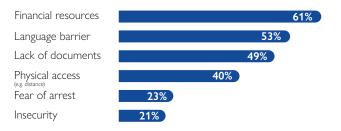


Figure 16: Barriers reported by migrants in accessing healthcare facilities in Libya (e.g. public and private hospitals, pharmacies) (n = 133)



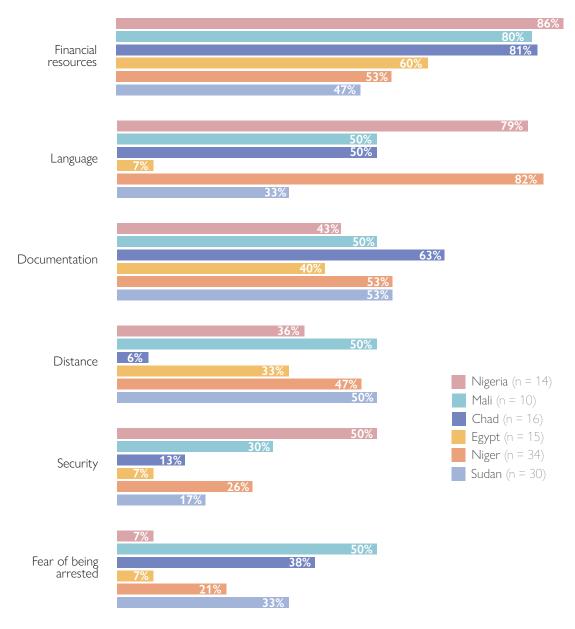
This percentage was also higher among male respondents (62%) than females (21%).

Several respondents from different nationalities also mentioned during the focus group discussions that because identification papers were required to obtain an ambulance they were unable or unwilling (out of fear of being arrested) to avail of this service. Many male and female respondents from the focus group discussions highlighted that the fear of getting arrested as a result of lacking official documentation also represented a barrier to obtaining (decent) employment, which can in turn impact one's financial ability to pay for their own and for their family's access to essential services, such as healthcare.

More than half of respondents — regardless of country of origin⁴, except for Sudanese (47%) — reported that financial barriers were an obstacle to accessing healthcare (Fig 17). Overall, financial issues were one of the three most pressing difficulties the majority of migrants (62%) reported when surveyed as part of DTM Libya Round 44 of data collection.

Unsurprisingly, language was an issue for a larger proportion of Nigerians, Malians, Chadians and Nigeriens than Egyptians and Sudanese (Fig 17).

Figure 17: Barriers reported by country of origin (% of those who reported barriers)³



 $^{^{34}}$ Only including countries of origin for which there was a sample of more than 10 respondents.



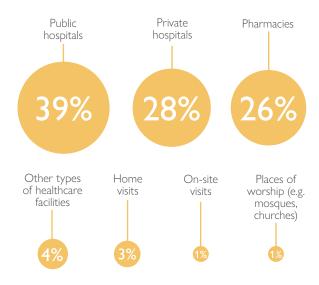
Types of medical facilities accessed by migrants

When last in need of medical attention, migrants reported having sought medical care in different facilities (Fig 18). The largest proportion of respondents (39%) cited having visited a public hospital while fewer reported having been to a private hospital (28%) or a pharmacy (26%). A minority mentioned having accessed other types of service providers such as primary health care facilities (4%), having had a home visit (3%) or having been to a place of worship (e.g. mosque or church) (1%).

The focus group discussions highlighted that hesitation to consult a doctor was widespread among participants for a variety of reasons ranging from the inability to afford the associated cost, to the (perceived) delay in getting an appointment, the fear of being misdiagnosed or the possibility of being mistreated or discriminated against at the hospital.

Some migrants also mentioned that they would consult international organizations to seek health services despite knowing where to find hospitals because of a lack of financial resources.

Figure 18: Facilities visited when last in need of medical attention (e.g. consultation, lab tests, surgery, child birth, medical prescription) (single answer) (n = 339)



Services available to migrants at public hospitals

When migrants were asked to list the services accessible to them at public hospitals, the responses given by focus group discussion participants differed greatly. Some migrants reported that some tests and treatments (e.g. blood samples, scans) and some medicines (e.g. painkillers) may be available at no cost but many specified that the

quality of care provided could be poor. Several other participants (both females and males, across nationalities and municipalities (Benghazi, Tripoli and Sebha)) claimed that there were no medical services accessible to migrants for free in Libya.

Female respondents (from Cameroon, Nigeria and the Philippines) in Benghazi, for example, claimed that "most foreigners are not aware of services offered free of charge in public hospitals". A male respondent from Bangladesh in Benghazi reported that "there is nothing for free. Everything here in Libya has a fee. Some medicines are not available in hospitals, which means we are constrained to buy them from other places at a higher price".

According to the August 2022 <u>Health Sector Bulletin</u>, there is a chronic shortage and acute stockouts of medicines, equipment and supplies in the majority of primary health care centres in Libya. The report also noted a pressing need to better distribute healthcare workers as some facilities are understaffed while others are overstaffed.

Medical care in public hospitals



Most foreigners are not aware of services offered free of charge in public hospitals.

Migrant in Benghazi

Perception of differences in level of care

Some participants (from Bangladesh, Syria, Sudan, Palestine) explained that they perceived a difference in the way they were treated in public hospitals compared to private facilities, where because everyone is a paying customer, there is no difference in the way patients, whether Libyan or not, are treated.

A Knowledge Attitude and Practice (KAP) survey conducted by IOM Libya in 2022 found that one in five migrants feared that discrimination based on ethnic, racial or tribal grounds would limit their ability to access health facilities if infected with COVID-19. These findings are also in line with an OHCHR report according to which following the onset of the COVID-19 pandemic migrants have faced increased discrimination when accessing healthcare in Libya, and have, for example, been refused access to medical services on the basis of their migration status.



Moreover, a recent <u>study</u> conducted by IOM, Voluntas and Diwan Research showed that migrants were likely to be perceived negatively, particularly in the case of those who do not share cultural, religious or linguistic characteristics with the host culture.

Nevertheless, 92 per cent of migrants who sought healthcare in public hospitals reported having been satisfied with the quality of care received. This percentage was similar for those who visited private hospitals (89%) or pharmacies (97%). The majority of those who participated in the focus group discussions reported having been satisfied with the medical services they received in Libya mainly because some treatments or drugs were available for free. At the same time many highlighted that the quality of healthcare services and treatment has worsened in recent years.

Satisfaction with healthcare

92%

of migrants who sought healthcare reported having been satisfied with the quality of services received. The majority (65%) of those who were unsatisfied reported a lack of quality of care provided (e.g. delays, lack of medical supplies, discrimination, high or unfair prices, misdiagnosis)

Social networks

Based on the focus group discussions, family and friends emerged as a key source of funding to help pay for healthcare services when they are not free and for migrants who cannot afford to pay for treatment themselves.

A minority of two per cent of respondents surveyed individually mentioned that their employer had paid the fees of their last medical consultation. This finding was corroborated by the results of the focus group discussions where fewer than a handful of migrants cited that their employer or their medical insurance had covered their medical expenses. Moreover, this information is also in line with data that was collected for a Knowledge Attitude and Practice (KAP) <u>survey</u> conducted by IOM Libya in 2022, which found that nearly no migrants (2%) reported benefiting from social security or safety nets.

In addition to being a source of financial support, many respondents from the focus group discussions revealed

that social networks such as family members, peers from the same ethnic or cultural background as well as friends, including Libyans, were a major source of advice and influence in migrants' decision to consult a doctor or not.

A handful of participants of the focus group discussions also mentioned that their preferred healthcare practitioner was a doctor who is a friend or relative, or someone with whom they had a good relationship.

Social networks with Libyans appeared as a key factor in migrants' ability to access services on an equitable basis. For instance, some participants pointed out that Libyan friends may accompany them inside the healthcare facility to ensure they are looked after and have access to all the services needed.

Some migrants, particularly those from Sudan, Syria, Egypt and Morocco, also explained that Libyans supported them financially, helped them to facilitate the process of reaching healthcare facilities for those without all the necessary identification documents and were the only channel through which they could obtain an ambulance in case of need.





MIGRATION FLOWS

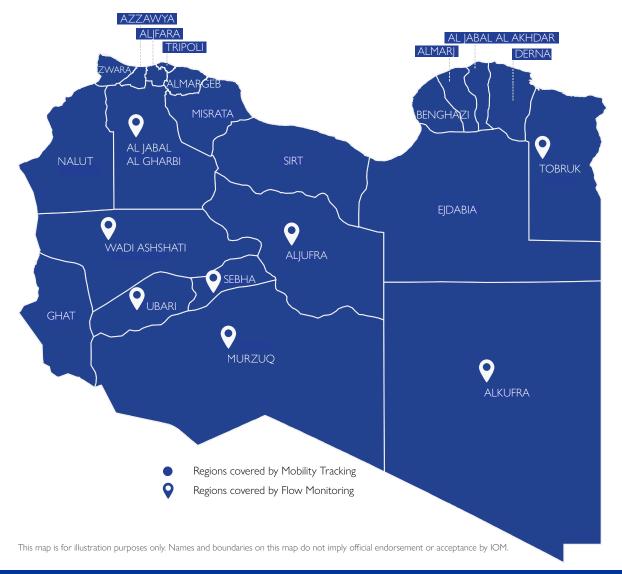
During the reporting period (September - October 2022) DTM Libya's 44 Flow Monitoring Points (FMPs) monitored migration movements in 14 municipalities and in 8 regions (mantika) of Libya. FMPs are set up at key transit locations along major migration routes within Libya where migrants are observed arriving and departing.

At these flow monitoring points, DTM field staff regularly observe and measure migration flows in addition to conducting surveys (FMS) with migrants concerning their intentions, profiles, humanitarian needs and vulnerabilities. The following section presents an overview of both quantitative and qualitative information collected during the reporting period.

Flow monitoring points in numbers

- **8** regions covered
- 402 assessments
- **9** 14 municipalities
- 43 flow monitoring points (FMPs)

Figure 19: Regions (mantika) covered by flow monitoring and mobility tracking activities in Libya



ANALYSIS OF MIGRATION FLOWS & PRESENCE

The analysis of migration flows is based on the mobility trends observed on the ground during the reporting period, in addition to quantitative migration flow data collected through Flow Monitoring Points (FMPs).

WESTERN LIBYA

Misrata

The number of migrants present in Misrata during Round 44 of data collection (October, 59,414 migrants) has been relatively stable since the last reporting period (Round 43, August, 59,536 migrants).

Field observers noted that the economic situation, including the high prices of basic items and fluctuation in the exchange rate against the US dollar was impacting migrants as well as their ability to send money home.

A greater proportion of migrants interviewed individually by DTM reported that attacks or assaults was among the top three difficulties they faced (50%) compared to migrants surveyed across Libya (20%).

Besides, according to field reports some migrants reported that the demolition of buildings (presumably not complying with construction codes or laws) had affected their housing situation. Some migrants claimed that they were unable to afford the high cost of rent and to secure appropriate housing. A greater percentage of migrants interviewed in Misrata by DTM in September and October 2022 (6%) reported that they were aware of collective evictions having taken place in the past three months compared to migrants surveyed across Libya (1%).

SOUTHERN LIBYA

Ghat

The number of migrants present in the municipality of Ghat has been steadily increasing throughout 2022, from 2,642 migrants in January (Round 40) to 3,270 migrants during Round 44 of DTM data collection.

As the harvest season drew to a close in some neighboring countries, field observers noted that migrant workers returned to Libya to look for job opportunities. Another factor driving migrants to migrate to Libya during the months of September and October is the favorable weather conditions to travel across the desert

before it becomes more difficult during the winter. These findings are in line with a recent assessment of <u>DTM</u> <u>Niger</u>, which found that an increased number of seasonal and economic migrants from Niger were moving across borders corresponding with the end of the rainy season. Also according to DTM Niger, movement in general from or through Niger to Libya increased in October 2022. According to a <u>DTM study</u> on circular migration, more than half of key informants reported that seasonal migrants had arrived between the months of October and December at the end of the agricultural season in their countries of origin.

Separately, the economic situation in Ghat was reportedly impacted by the lack of availability of liquidity, a lack of job opportunities and the unaffordability of essential items. Furthermore, field observers noted a relative shortage of fuel.

Sebha

Consistent with the previous report, the number of migrants identified in the municipality of Sebha has continued to decrease slightly compared to the previous round of data collection, from 22,250 migrants in July – August (Round 43) to 21,150 migrants in the present round (Round 44, September - October).

According to field reports there have been security incidents, such as armed robberies, attacks, and cases of kidnapping of migrants in September and October 2022.

Field observers also reported that the high costs of both medicines and treatment in private clinics, which are perceived as delivering better quality services than public health facilities was impacting migrants' ability to access the care needed. According to field reports, migrants also noted that they are not being treated equally as other patients by the medical staff in private facilities. According to a survey conducted by DTM in September and October, a greater percentage of migrants in Sebha systematically reported facing more barriers than those surveyed in other locations, including hurdles related to insecurity (37% compared to 10%), financial resources (70% compared to 54%) and the fear of being arrested while seeking healthcare (28% compared to 20%).

EASTERN LIBYA

Alkufra

The number of migrants observed in the municipality of Alkufra has been steadily increasing since the beginning of 2022 from 14,350 migrants to 15,999 migrants in October 2022 (Round 44). Field observers informed that there were fewer job opportunities compared to the number of migrant workers in the municipality. More than half of migrants interviewed by DTM Libya during Round 44 of data collection in the municipality of Alkufra (54%) were unemployed and actively seeking employment compared to 17 per cent in December 2021 and January 2022. The unemployment rate among migrants interviewed during Round 44 in the municipality of Alkufra (54%) was significantly higher than the rate across Libya (26%).

In line with these results, 85 per cent of migrants interviewed in September and October 2022 reported

that financial issues were among the three main challenges they faced compared to 62 per cent of migrants across Libya.

During the reporting period, field observers noted a shortage of fuel and continued power outages. Based on interviews conducted by DTM with migrants in the municipality of Alkufra during Round 44 of data collection, more than half of respondents (55%) mentioned that fuel for heating or cooking was one of the three main nonfood items they needed compared to 12 per cent of migrants across Libya.

Based on field observers the security situation is stable but kidnapping for ransom remains a threat for migrants in the area.



MIGRATION ROUTES TO LIBYA

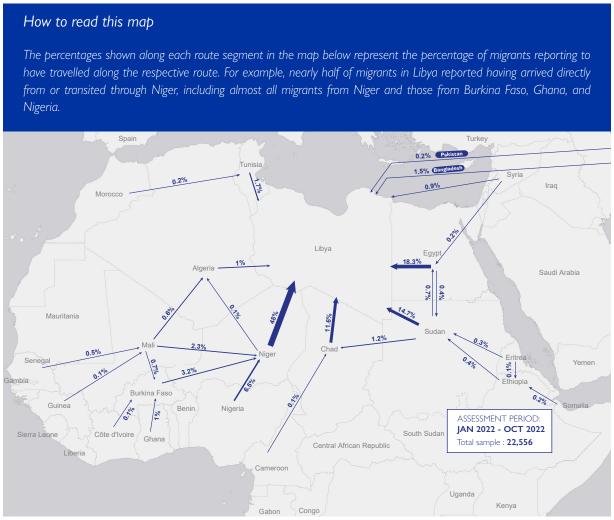
Libya shares more than 4,300 km of land borders with six countries. This section maps the major migration routes that migrants from different countries of origin use to reach Libya. This analysis is based on 22,556 individual quantitative migrant interviews conducted at key locations including transit points throughout Libya (through DTM Flow Monitoring Surveys (FMS)) between January and October 2022.

The majority of migrants in Libya not only originate but transit via neighbouring countries as a result of the influence of historical linkages and social networks that developed through human mobility, trade as well as cultural and social exchanges between and within populations across borders.

In 2022, the bodies of <u>27 migrants</u>, including four children, were recovered in the Chadian desert. They had left the city of Moussoro in Chad — an important transportation hub connecting Chad with Sudan and Libya — over a year ago.

Overall, IOM's Missing Migrants Project has recorded the deaths and disappearances of more than 5,600 people transiting through the Sahara Desert since 2014, including 149 deaths recorded in 2022. According to Missing Migrant Project data, the majority of deaths documented on land routes in Northern Africa in 2021 occurred in Libya (113). However, given the complete lack of official data on land routes, this number is likely to be an underestimation.

Figure 20: Major migration routes reported by migrants interviewed via DTM Flow Monitoring Surveys (FMS)

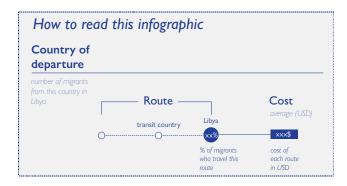




MIGRATION ROUTES: ANALYSIS AND TRENDS

This section outlines the different routes taken by migrants (i.e. through which countries they transit before reaching Libya) and the percentage of migrants who use these routes by country of origin drawing on data collected by DTM Libya over the period lanuary - October 2022.

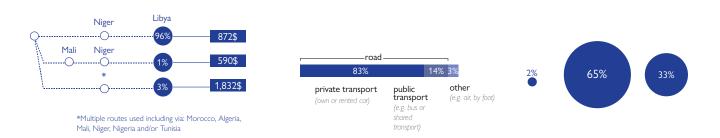
This table also includes the average cost of each route, the means of transportation migrants use and the total number of migrants from each country as well as their geographical distribution by regions of Libya.





Burkina Faso

3,212 migrants



-road

private transport

public transport 15%

. 15% 70%

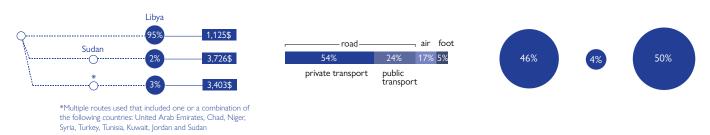
Egypt

152,971 migrants

99%

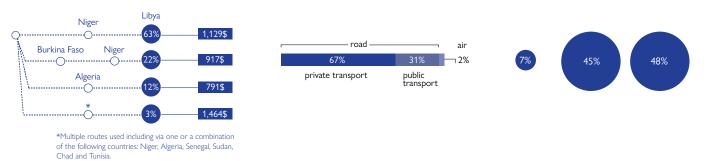
677\$

707\$



Mali

13,329 migrants



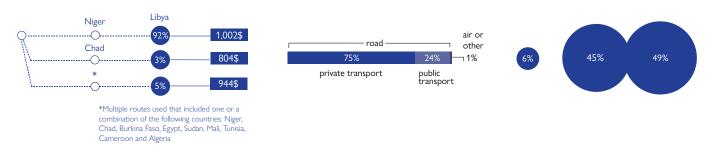
Niger

164,942 migrants



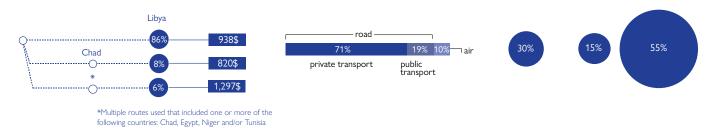


29,323 migrants

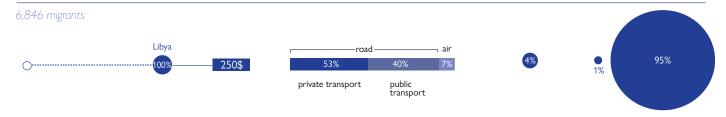


Sudan

132,945 migrants



Tunisia





REGIONAL ANALYSIS - DISTRIBUTION

Key informant interviews conducted by DTM Libya in September and October 2022 revealed that over half of migrants were located in the west (54%), while a minority were in the east (34%) or the south (12%).

Nearly half of migrants (48%) were located in the coastal regions of Tripoli (16%), Benghazi (12%), Misrata (10%), Ejdabia (8%), Azzawya (7%) and Almargeb (5%), in line with previous reports.

Key informant interviewed in September and October 2022, estimated that two in three migrants (66%) live in urban settings while a third (34%) reside in rural areas. In comparison, around 80 per cent of the Libyan population live in urban areas, mainly <u>concentrated</u> in the major urban centres along the Mediterranean, such as Tripoli, Misrata and Benghazi.

2 in 3

migrants identified by DTM Libya during Round 44 lived in urban areas

Figure 21: Distribution of migrants by geographical area



Figure 22: Migrants in Libya by region (mantika) (based on Mobility Tracking data)

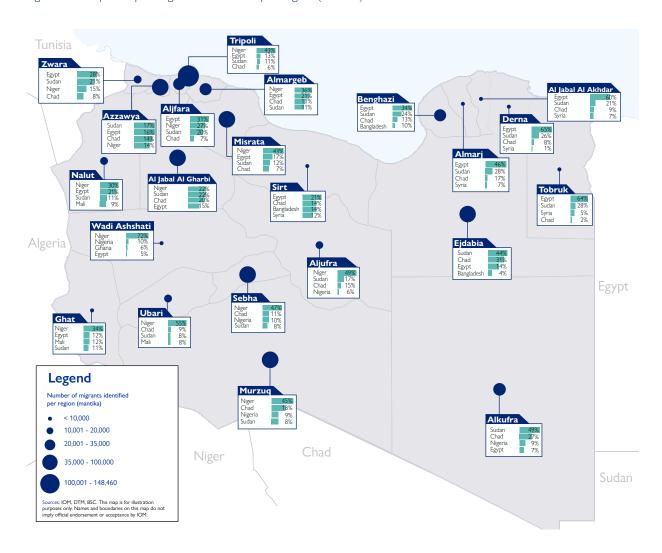
MANTIKA (REGION)	NUMBER OF MIGRANTS	% BY REGION
Tripoli	110,062	16%
Benghazi	85,454	12%
Misrata	70,063	10%
Ejdabia	56,630	8%
Azzawya	45,760	7%
Almargeb	36,859	5%
Aljfara	34,300	5%
Zwara	31,115	5%
Tobruk	24,225	4%
Al Jabal Al Gharbi	22,946	3%
Murzuq	21,740	3%
Sebha	21,610	3%
Derna	20,180	3%
Alkufra	18,249	3%
Almarj	16,410	2%
Wadi Ashshati	14,253	2%
Al Jabal Al Akhdar	13,225	2%
Sirt	11,546	2%
Ubari	11,139	2%
Aljufra	10,750	2%
Nalut	4,027	1%
Ghat	3,270	<1%
TOTAL FOR LIBYA	683,813	100%

REGIONAL ANALYSIS: NATIONALITIES OF MIGRANTS

The map below (Fig 23) shows the top four nationalities of migrants by region as per Mobility Tracking Round 44 data collection (September and October 2022). This map highlights that the distribution of migrants in Libya is largely shaped by the influence of geographical proximity as well as the socioeconomic, ethnic and cultural ties that developed over time through the <u>circular migration</u> of populations from neighbouring countries, particularly Niger, Egypt, Sudan and Chad.

The largest cohort of migrants in the southern and western regions of Murzuq, Sebha, Aljufra, Ubari, Wadi Ashshati and Ghat was from neighbouring Niger. Sudanese and Chadians represented the majority of migrants in the region of Alkufra, which borders Chad and Sudan. Migrants from Chad were also the second or third largest cohort of migrants in most southern and western regions such as Aljufra, Al Jabal Al Gharbi, Murzuq, Ubari and Sebha. Similarly, migrants from Egypt constituted the largest share of migrants in the eastern coastal regions of Libya, such as Al Jabal Al Akhdar, Derna, Almarj, Tobruk and Benghazi.

Figure 23: Map of top 4 migrant nationalities per region (mantika)





REGION OF ORIGIN ANALYSIS

Based on key informant interviews conducted in September and October 2022, migrants from North African countries (including Egypt and Sudan) continue to account for the majority of migrants in eastern Libya (67%) while migrants from Sub-Saharan African

countries (such as Niger and Chad) represent the bulk of migrants in southern and western Libya (87% and 57%, respectively). The complete disaggregation of migrants' region of origins by regional location (mantika) in Libya is shown in the table below (Fig 24).

Figure 24: Migrants' region of origin by region in Libya

REGION (MANTIKA)		MIGRANTS FROM ASIA (including middle east)		MIGRANTS FROM SUB-SAHARAN AFRICA		MIGRANTS FROM NORTH AFRICA	
	Al Jabal Al Akhdar	1,275	5%	1,234	2%	10,711	7%
EAST	Alkufra	165	1%	7,872	15%	10,212	7%
	Almarj	1,198	5%	3,169	6%	12,043	8%
	Benghazi	16,007	61%	19,480	38%	49,967	32%
	Derna	125	<1%	1,705	3%	18,350	12%
	Ejdabia	6,007	23%	17,803	34%	32,820	21%
	Tobruk	1,359	5%	534	1%	22,332	14%
EASTER	N LIBYA TOTAL	26,136	11%	51,797	22%	156,435	67%
	Aljufra	-	-	8,504	12%	2,246	23%
	Ghat	-	-	2,462	3%	808	8%
SOUTH	Murzuq	403	36%	19,172	27%	2,165	22%
	Sebha	521	46%	18,987	26%	2,102	21%
	Ubari	141	13%	9,368	13%	1,630	16%
	Wadi Ashshati	57	5%	13,231	18%	965	10%
SOUTHE	RN LIBYA TOTAL	1,122	1%	71,724	87%	9,916	12%
	Al Jabal al Gharbi	666	2%	12,784	6%	9,475	7%
	Aljfara	453	2%	16,225	8%	17,622	14%
	Almargeb	1,717	6%	23,293	11%	11,736	9%
	Azzawya	1,421	5%	27,080	13%	17,259	13%
WEST	Misrata	5,864	22%	41,305	20%	22,894	18%
	Nalut	139	1%	2,307	1%	1,554	1%
	Sirt	4,191	16%	3,555	2%	3,800	3%
	Tripoli	11,656	43%	69,332	33%	27,818	22%
	Zwara	901	3%	13,372	6%	16,842	13%
WESTER	N LIBYA TOTAL	27,008	7%	209,253	57%	129,000	35%
TOTA	L FOR LIBYA	54,266		332,774		295,351	

Note: 1,422 migrants from other minority nationalities (including those whose nationalities could not be established) are not included in the table above.

SUB-SAHARAN AFRICA

In line with the previous report, the number of Sub-Saharan migrants in Libya continued to decrease slightly compared to the previous round of data collection from 343,069 individuals (50% of overall migrant population, Round 43) to 332,774 individuals (49% of overall migrant population, Round 44).

Consistent with prior rounds of data collection, migrants from neighbouring countries such as Niger and Chad constitute the two most common nationalities (50% and 25%, respectively) among Sub-Saharan African migrants in Libya (Fig 25 and 26).

Overall, around 60 per cent of migrants interviewed in Libya between January and October 2022 had transited or come from Niger or Chad.

Figure 25: Number of migrants from countries of origin in Sub-Saharan Africa (top 6 nationalities)

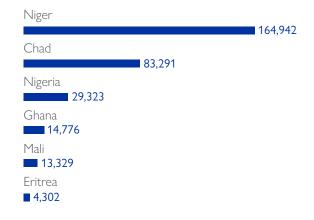
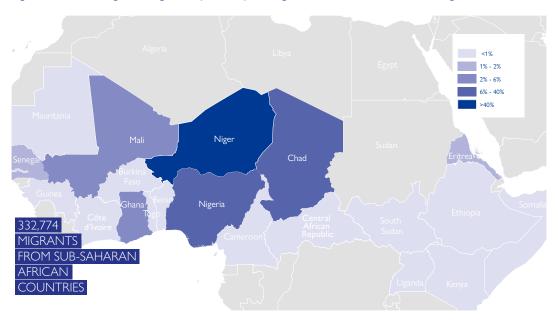


Figure 26: Percentages of migrants by country of origin for the Sub-Saharan Africa region



NORTH AFRICA

During the reporting period, the number of North African migrants increased compared to the previous round of data collection from 284,554 individuals (42% of overall migrant population, Round 43) to 295,351 individuals (43% of overall migrant population, Round 44).

In line with the previous report, the number of Egyptian migrants has continued to increase slightly from 144,543 in August 2022 to 152,971 individuals during Round 44. Similarly, the number of Sudanese migrants kept rising from 129,782 individuals in Round 43 to 132,945 individuals in September - October (Round 44).

According to a DTM study on circular migration a large share of migrant workers who are employed on a seasonal basis on date palm plantations are from Egypt and Sudan.

Figure 27: Migrants from countries of origin in North Africa

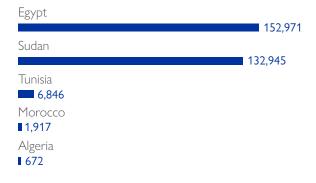


Figure 28: Percentages of migrants by country of origin for the North African region



MIDDLE EAST AND SOUTH ASIA

A minority of migrants (7% or 54,266 individuals) identified during Round 44 were from the Middle East (4%) or Asia (3%), in line with previous reports.

Among migrants from Asia and the Middle East, the majority came from Syria (23,544 individuals) and Bangladesh (20,677 individuals) accounting for 43 and 38 per cent of migrants (including refugees), respectively (Fig 30). Syrians and Bangladeshi migrants each account for three per cent of the overall migrant population in Libya. In addition, there were 6,475 migrants who self-identified as Palestinians (12% of all migrants from the Middle East and Asia in Libya) and 2,624 migrants from Pakistan (5%).

Figure 29: Migrants from countries of origin in Asia and the Middle East

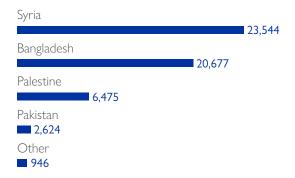


Figure 30: Percentages of migrants by country of origin for the Middle East and South Asia



MARITIME INCIDENTS

Arrivals to Italy and Malta

During the months of September and October 2022, a total of 27,233 migrants arrived in Italy and Malta from Libya and Tunisia via the Central Mediterranean sea compared to 14,159 individuals during the corresponding period in 2021 (Fig 31).

Returns to Libyan shores

As of 29 October, a total of 19,308 migrants who attempted the Central Mediterranean sea crossing were returned to Libyan shores. Among the returned migrants, there were 17,575 men (91%), 1,076 women (6%) as well as 657 children (3%).

Between 11-17 September alone, a total of 1,062 migrants were disembarked on Libyan shores.

Fatalities at sea

A total of 1,313 deaths and disappearances were recorded on the Central Mediterranean route between January and the end of October 2022, which is slightly more than in 2021 (1,225) and is significantly higher than in 2019 (936) and 2020 (726) over the corresponding period (Fig 32).



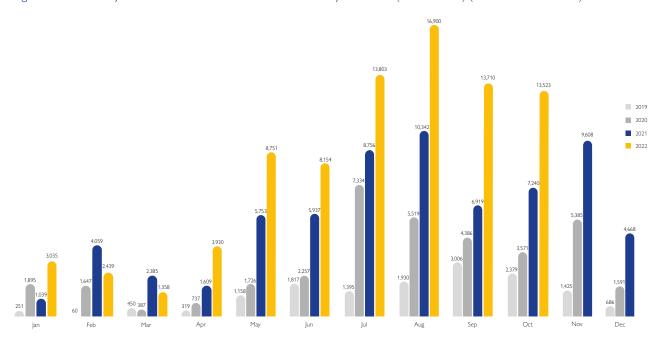
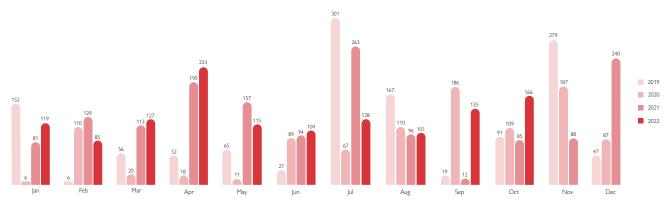


Figure 32: Number of deaths and missing individuals on the Central Mediterranean route by year (2019 - 2022)



METHODOLOGY

DTM's Migration Information Package includes DTM Libya Migrant Report and Migrant Public Dataset and is part of the IOM Libya's Flow Monitoring operations that ensure regular delivery of data and information on migration to, through and from Libya.

This DTM Libya Migrant Report utilizes data collected via different regular DTM data collection activities.

The migrant population figures (stock figures), and their analysis is based on the data collected via DTM Mobility Tracking (including Multisectoral Location Assessment) that identifies the overall population figures in Libya including that of migrants and helps identify priority humanitarian needs via Key Informant Interviews conducted at municipality (admin 3: baladiya), and community (admin 4: muhalla) levels.

Statistics of migration flows are based on the data collected via a network of 43 flow monitoring points (FMPs) in eight regions of Libya.

Analysis of migrant routes along with other aspects of migration, including migrant vulnerabilities and humanitarian needs is based on the microlevel data collected through quantitative interviews via Flow Monitoring Surveys (FMS) with migrants who provided their informed consent.

Limitations

Migrants in Libya are a highly heterogenous group and their situation is very dynamic. The face-to-face interviews took place mainly in markets, public buildings, work recruitment points, collective accommodations and transit points along key migration routes, which means that the results of the assessment are representative of migrants who frequent these public places. Migrants who may not be able to frequent these public places are less likely to have been included in the assessment. While this (purposive) sampling approach limits the findings on migration routes and migrant vulnerabilities from being fully statistically representative of the demographic makeup of the entire migrant stock in Libya, it represents a large-scale assessment of migrants present in Libya.

Definition of migrant

IOM characterizes 'migrant' as an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moved 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 several 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.

For the purposes of collecting data on migration, the United Nations Department of Economic and Social Affairs (UN DESA) defines "international migrant" as "any person who changes his or her country of usual residence" (UN DESA, Recommendations on Statistics of International Migration, Revision 1 (1998) para. 32). This report only takes into consideration the "international migrants" in Libya as defined above.

Funded by the European Union, the Displacement Tracking Matrix (DTM) in Libya 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:

DTM LIBYA



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