



Photo: In June 2022, IOM Libya, through its Migrant Resource and Response Mechanism (MRRM) provided core relief items to vulnerable migrants in Ghat. © IOM 2022

MIGRANTS IN GHAT

Situation overview and humanitarian needs

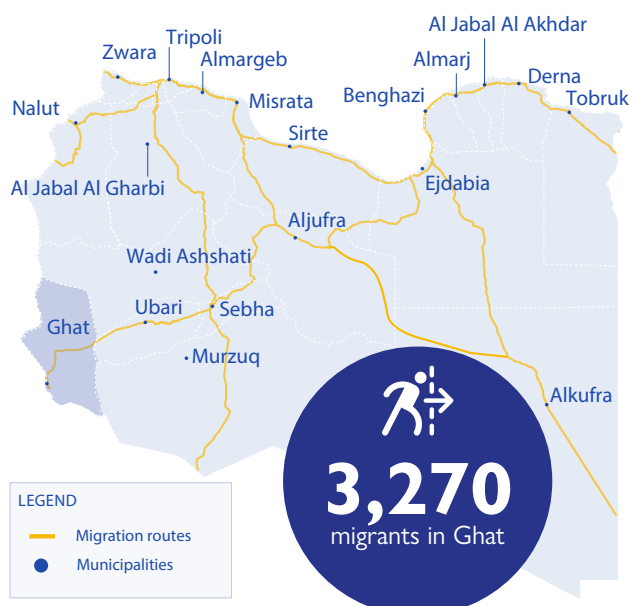
February 2023

BACKGROUND

Ghat is located in the Fezzan region in the southwest of Libya. While remote, Ghat lies on the border with Algeria, making it a transit hub for migration (Fig 1).

According to [OCHA](#), the estimated population of the region (mantika) of Ghat in 2022 was 28,904 people, excluding migrants and internally displaced persons (IDPs). Based on [DTM Round 44](#) of data collection (October 2022) there were 3,270 migrants as well as 1,949 IDPs (mainly from Ubari) and 29 returnees.

Figure 1: Map of municipalities in Libya and the main migration routes to and through Libya



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

OBJECTIVES

This brief aims to provide context on the situation of migrants in Ghat, and information about their specific needs, such as access to healthcare and food security, as well as the challenges they face.

The data and information collected through this exercise will help inform IOM Libya programmes and activities, such as those of the Migrant Resource and Response Mechanism (MRRM) as well as support the development of new initiatives, where needed.



13,899

individuals¹, mainly migrants from Niger, Mali, and Sudan were assisted by the Migrant Resource and Response Mechanism (MRRM) team between June 2021 - October 2022.

Among them, 9,852 migrants (4,061 women and girls and 5,791 men and boys) received non-food items (NFI) including clothing kits, hygiene kits, mattresses, plastic sheets, kitchen sets, blankets, diapers, and solar lamps. A total of 5,752 migrants received food kits (2,472 women and girls and 3,280 men and boys).

Moreover, 1,293 vulnerable Libyans from the host community were assisted and received NFIs, food kits and healthcare services (740 were women and girls and 553 were men and boys).

¹including migrants and non-nationals living in Ghat and neighbouring locations: Esain (21 km of Ghat center), Ifayit (10 km of Ghat), Tahala (60 km of Ghat), Al Awinat (130 km of Ghat) and Al Barkat (7 km of Ghat) (see map in Annex).



Funded by the European Union

METHODOLOGY

The information pertaining to migrants' situation, vulnerabilities, needs and migration routes is based on quantitative individual interviews conducted by DTM Libya with 97 migrants in Ghat in 2022. To complement this information and shed light on the specific needs of migrants in Ghat related to access to services such as healthcare, social interaction as well as their food security status, IOM Libya conducted individual interviews with 300 migrants and three key informants between 09 - 24 January 2023.

The migrant population figures and breakdown by nationalities, sex and age is based on data collected via DTM Mobility Tracking (including Multisectoral Location Assessment) that identifies the overall population of migrants in Libya and helps identify priority humanitarian needs via key informant interviews conducted at municipality (admin level 3), and community (admin level 4) levels.

Limitations

The analysis of migrants' needs by nationality is limited by the sample size. In most cases, analyses by countries of origin are provided only when there was a sample of ten or more migrants (i.e. mainly in the case of respondents from Egypt, Mali, Niger, and Sudan).

This brief provides a snapshot of a highly heterogeneous group of people on the move in a major transit hub and a quickly evolving context, especially considering the current socioeconomic climate in Libya and increasing unemployment rates among migrants, for instance. While the purposive sampling approach used limits the findings on migration routes and migrant vulnerabilities from being fully statistically representative of the demographic make-up of the entire migrant stock in Ghat, it represents a large-scale assessment of migrants present in the municipality.

DEMOGRAPHICS

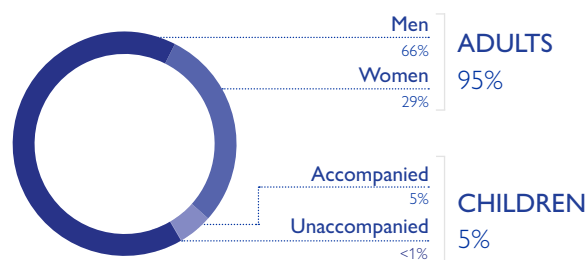
The largest share of migrants in Ghat were from the Sahel region (69%) including more specifically from Niger (34%), Mali (12%), Nigeria (9%), Mauritania (4%), Burkina Faso (4%), Senegal (3%), Chad (2%) and Guinea (1%) (Fig 1). A total of 12 per cent were from Egypt and 11 per cent from Sudan. A minority were from other West and North African countries, such as Ghana (6%), Algeria (2%), Côte d'Ivoire (<1%), Tunisia (<1%) and Morocco (<1%).

The majority of migrants (66%) were adult males, while a minority were adult females (29%) or children (5%) (Fig 2).

Figure 1: Number and percentage of migrants in Ghat by nationality (Round 44, September - October 2022)

NATIONALITY	INDIVIDUALS	PERCENTAGE
Niger	1,114	34%
Egypt	387	12%
Mali	387	12%
Sudan	349	11%
Nigeria	283	9%
Ghana	209	6%
Mauritania	138	4%
Burkina Faso	122	4%
Senegal	95	3%
Algeria	56	2%
Other	130	3%
Total	3,270	100%

Figure 2: Demographic breakdown of migrants in Ghat (Round 44, September - October 2022)



«NON-NATIONALS» IN GHAT

According to key informant interviews conducted by IOM Libya in January 2023 there are an estimated **4,000 to 10,000 individuals** who are considered as «non-nationals» or «migrants» by authorities because they do not hold Libyan nationality despite being present on the territory and considering themselves Libyans. They may lack proof of identification such as a national ID number or card, family book or passport as a result of their semi-nomadic lifestyle or the marginalization they faced following the 2011 conflict due to the perception that they sided with Gaddafi.

Based on key informants these individuals are mainly Tuareg with origins in Mali, Algeria and Niger. The Tuareg population in Libya includes both long-term inhabitants and more recent migrants who arrived from Niger and Mali in the 1970s following a severe drought in the Sahel.

A total of 14 per cent of respondents interviewed in January 2023 reported that their mother tongue was Tamasheq, a Tuareg language.

HEALTHCARE

Access to healthcare

Four in five migrants surveyed in January 2023 (80%) reported having either limited (79%) or no access (1%) to healthcare services. The inadequate quality of care accessible (70%), the lack of medical supplies (69%) and the distance to reach facilities (52%) were the three most commonly cited barriers to accessing healthcare services (Fig 3).

Other obstacles included the lack of documentation (49%), linguistic barrier (46%) and insufficient financial means (45%). More generally, economic factors appear as a significant hurdle for the majority of migrants (81%) who reported their inability to afford access to a private clinic in case of need. This rate was higher among migrants who mentioned having limited access to healthcare (93%) than those who stated having access (31%). Lack of financial means has also been highlighted as the main barrier to accessing healthcare services by migrants interviewed in Benghazi, Tripoli and Sebha in 2022 by IOM Libya.

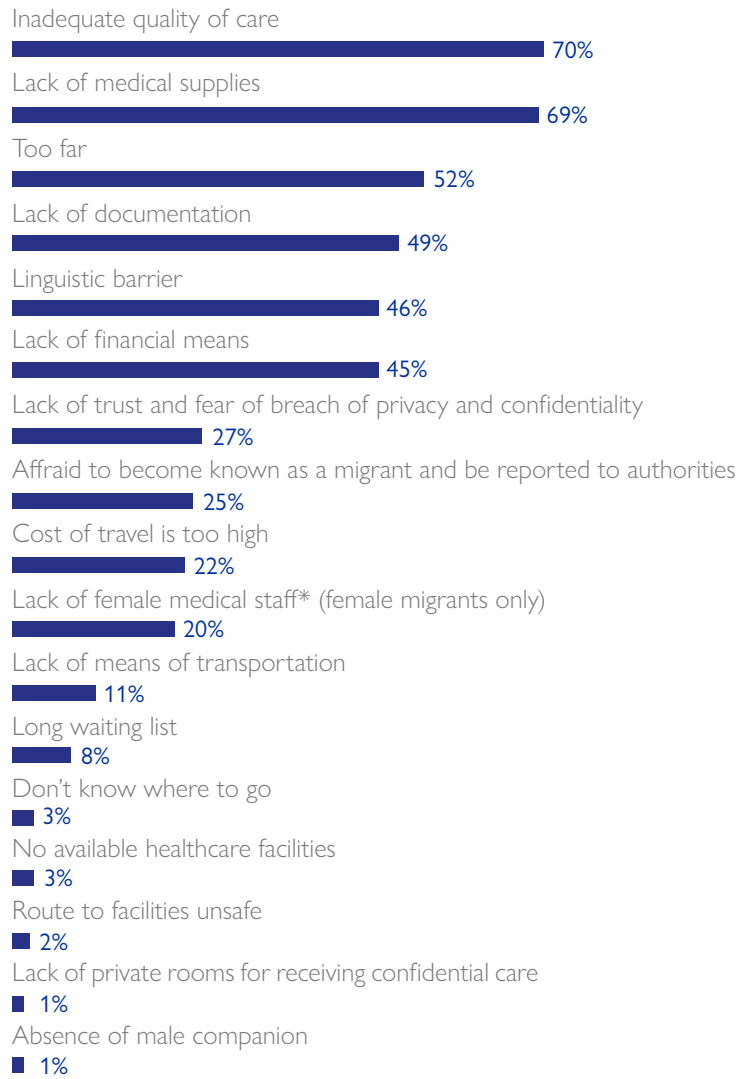
Location

All respondents surveyed in the community of Al Awinat identified the Ghat General Hospital as being the nearest healthcare facility, which is around 120 km away from the community. Unsurprisingly, distance to healthcare services was a barrier for a greater percentage of migrants surveyed in Al Awinat (67%) than in the communities of Ghat (50%) or Al Barkat (49%). For most of those surveyed in Al Barkat (85%) the nearest facility was the Al Barkat Health Centre and for those in Ghat (85%) the Ghat General Hospital.

Likely as a consequence of the lack of healthcare facility near Al Awinat, the majority of migrants surveyed in this community (73%) stated that they would ask a Libyan friend if they needed immediate assistance for severe symptoms. A minority (17%) also mentioned that they would contact an aid organization. In comparison, the majority of migrants interviewed in Al Barkat (64%) and Ghat (52%) reported they would go to a public hospital. Still, despite being located nearer healthcare facilities, 23 per cent and 15 percent, of migrants surveyed in Al Barkat and Ghat claimed they would first turn to an aid organization in case of urgent medical need.

Long waiting list was a barrier to accessing healthcare services identified by nearly a fifth of respondents in Al Barkat (17%) and none of the respondents in Al Awinat or Ghat. The Al Barkat Health Centre which was fully rehabilitated in 2020 can provide services to an estimated 2,000 patients based in Ghat and surrounding areas on a monthly basis.

Figure 3: Barriers to accessing healthcare services (multiple-choice question)



81%

of migrants reported they would be **unable to afford access to a private healthcare clinic** in case of need. Furthermore, a total of **45 per cent** of migrants highlighted that a **lack of financial means** was the main barrier they faced in accessing healthcare services in Libya.

Sex and age

More female migrants interviewed (87%) than males (79%) reported struggling with access to healthcare facilities in Ghat (Fig 4). Similarly, a greater proportion of female (29%) than male migrants (17%) also mentioned that they would turn to an aid organization (rather than a public hospital, for instance) in case of urgent medical attention.

A greater proportion of migrants aged 26-35 (84%) and 46-55 (83%) reported being unable to fully access healthcare services compared to those aged 18-25 (79%) and 56 and over (71%) (Fig 4).

Residency and work permits

Over nine in ten (92%) migrants interviewed who reported being without a residency permit mentioned that they had limited or no access to healthcare facilities compared to fewer than half (48%) of those who possessed a residency permit (Fig 4). Similarly, a significantly greater proportion of respondents who possessed a work permit mentioned being able to fully access healthcare services (67%) compared to those without (10%).

Nationality

Overall, a smaller proportion of migrants from Mali (13%) and Niger (9%) than those from Sudan (26%), Nigeria (36%) and Egypt (41%) reported having full access to healthcare services in Libya (Fig 4).

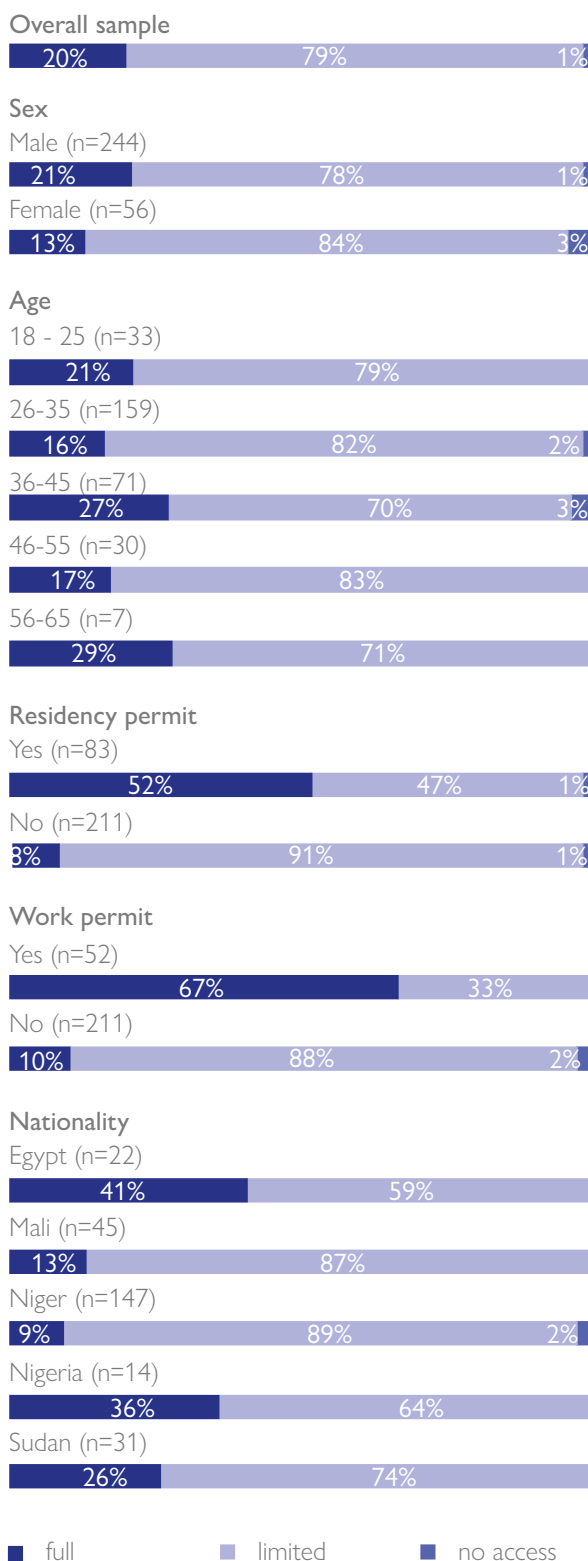
Similarly, when asked who they would turn to if in need of urgent medical assistance a smaller proportion of migrants from Mali (40%) and Niger (52%) reported they would visit a public hospital than those from Egypt (86%), Sudan (68%) and Nigeria (57%).

Around a third of respondents surveyed from Mali (33%), Nigeria (29%) and nearly one in five (17%) from Niger mentioned that they would ask an aid organization first if they were in need of immediate medical attention compared to fewer migrants from Sudan (13%) and Egypt (5%).

Access to medicines

The majority of respondents interviewed (82%) mentioned they would be unable to easily find medicines in their area. This situation appears most critical in Al Awinat where all respondents reported being unable to find medicines in their area compared to 84 per cent in Ghat and 76 per cent in Al Barkat. According to the August 2022 [Health Sector Bulletin](#), there is a chronic shortage and acute stockouts of medicines, equipment and supplies in the majority of primary health care centres in Libya.

Figure 4: Access to healthcare services for the overall sample and by characteristics



Moreover, the health sector needs across all population groups has been classified as severe in the region and municipality of Ghat.

FOOD SECURITY

Food Consumption Scores

Food consumption levels, which are measured by the frequency and diversity of foods consumed over the past seven days were low and dietary diversity was poor for nearly a sixth of respondents (14%) (Fig 5). In comparison, in 2020, despite all migrants interviewed identified as daily wage workers, food consumption levels were acceptable for 100 per cent of interviewed migrants according to a DTM Libya food security [assessment](#).

The highest levels of inadequate food consumption were observed primarily among migrants who are female, aged 18-25 as well those from Egypt and Niger and individuals with underlying vulnerabilities, such as those who are unemployed (both actively seeking work or not).

Among the factors that may explain this trend is the current socio-economic situation, including the high prices of essential food and non-food items, which have [increased](#) by nine per cent between October and November 2022 in Ghat. Moreover, in Ghat the cost of goods, services and utilities required by a household to ensure survival is the highest in all of Libya, according to the latest Joint Market Monitoring Initiative [report](#). At the same time, migrants interviewed in 2022 in Ghat reported having earned a monthly average of 939 LYD, which is lower than the average cited by migrants interviewed across Libya (971 LYD per month).

Sex

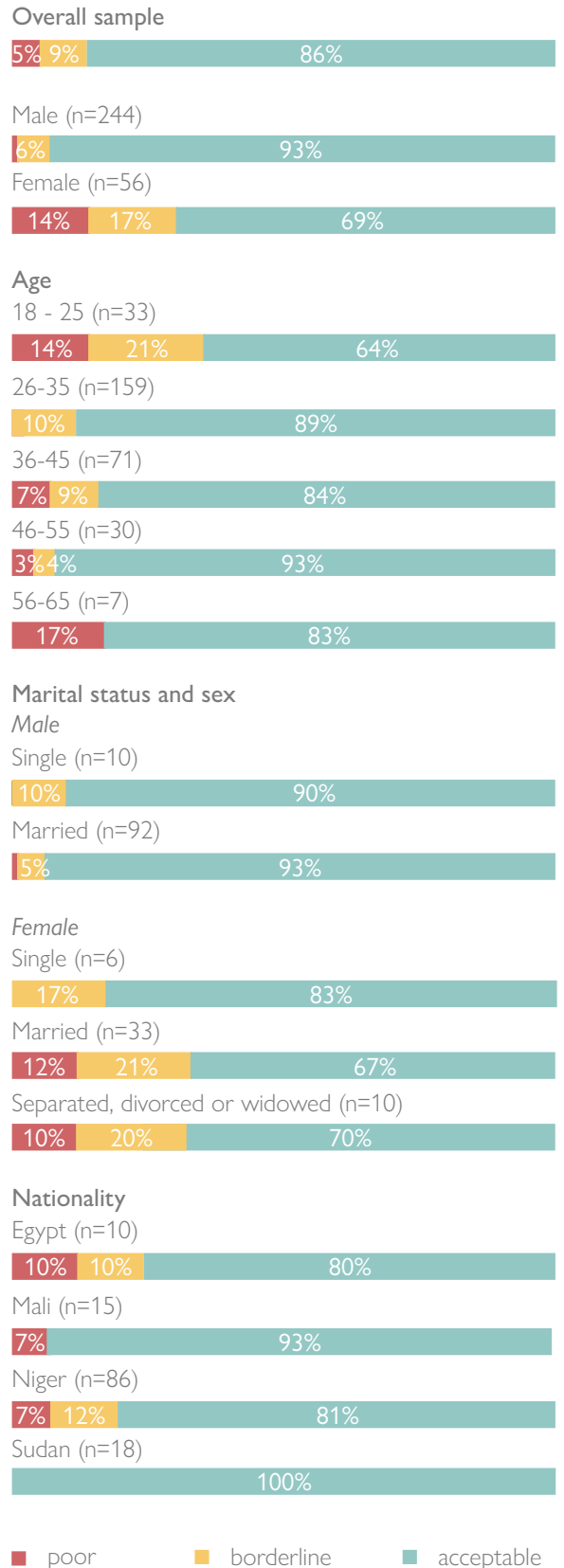
Inadequate food consumption levels were highest among female (31%) than male migrants (7%) (Fig 5). More specifically, poor levels of food consumption were greater among females who were either married (32%) or divorced, separated or widowed (30%) compared to those who were single (17%).

In line with this finding, a greater proportion of female (9%) stated that there was no one they could turn to in case of food needs compared to male migrants (1%). More male respondents mentioned they would appeal to a fellow migrant (48%) than females (21%) and on the contrary a greater proportion of female (45%) than male migrants (17%) reported they would turn to an aid organization if they were in need of food.

Nationality

Overall, more migrants from Egypt (20%) and Niger (19%) recorded inadequate levels of food consumption (poor or borderline) over the past seven days compared to those from Mali (7%) or Sudan (<1%).

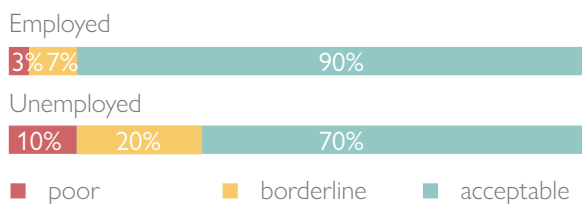
Figure 5: Food consumption levels for the overall sample and by characteristics



Employment status

Employment status seems to positively influence food consumption levels. A total of 10 per cent of employed respondents were classified as having inadequate levels of food consumption compared to 30 per cent of those who are unemployed.

Figure 5: Food consumption levels by employment status



Consumption coping mechanisms

Food coping strategies were widely adopted by more than half of respondents due to a lack of food or means to buy food (in the seven days prior to the survey), which highlight that a large share of migrants in Ghat are tackling food consumption challenges through consumption-related behaviour. The difference in the level of adoption of food-based coping mechanisms between 2023 and 2020 is an indicator of the hardship some migrants are currently facing as it measures the frequency and severity of food consumption behaviours they have been adopting to mitigate food shortages (Fig 6). A comparative analysis of the results from 2023 with those of December 2020 collected as part of a joint IOM-WFP assessment — conducted at the height of the COVID-19 pandemic — show that overall there was a slight decrease in the proportion of migrants reporting adopting coping mechanisms. However the rates of adoption of coping strategies remain higher for all but one strategy when comparing 2023 to April 2020 data. Worth noting, however, is the higher proportion of migrants who reported having to resort to restricting the consumption of adults to feed young children (29%) compared to December 2020 (16%).

Overall, the data collected in 2023 shows that a greater percentage of migrants with inadequate levels of food consumption (poor and borderline) had adopted coping mechanisms — and did so more frequently — compared to those who had acceptable levels of food consumption, which confirms their vulnerability to food insecurity (Fig 7). For instance, migrants with poor and borderline food consumption levels limited portion sizes on average twice and three times a week, respectively, compared to once a week for those with acceptable levels of food consumption.

The most frequently-adopted strategy by over half of migrants (57%) was “consuming less preferred or expensive foods”. Moreover, nearly a third of respondents

Figure 6: Consumption coping strategies adopted at least once by migrants surveyed in Ghat in 2023 and 2020

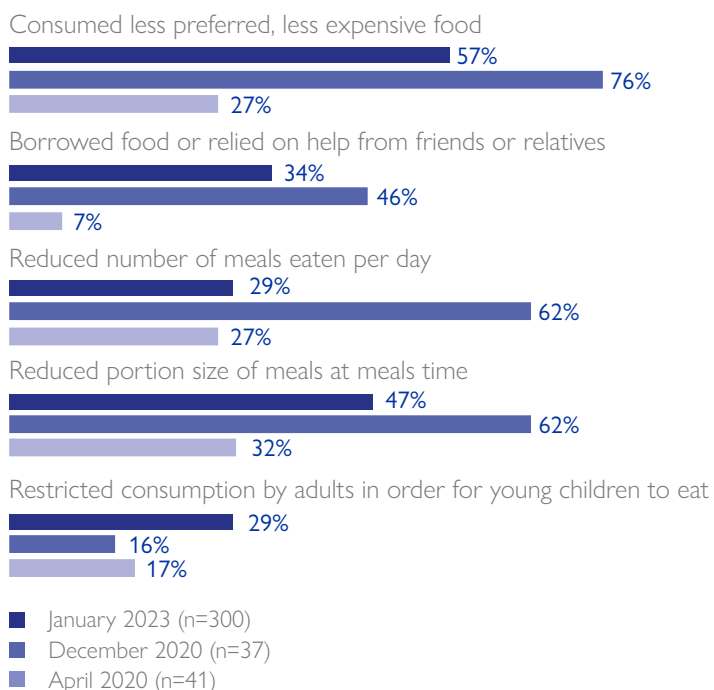
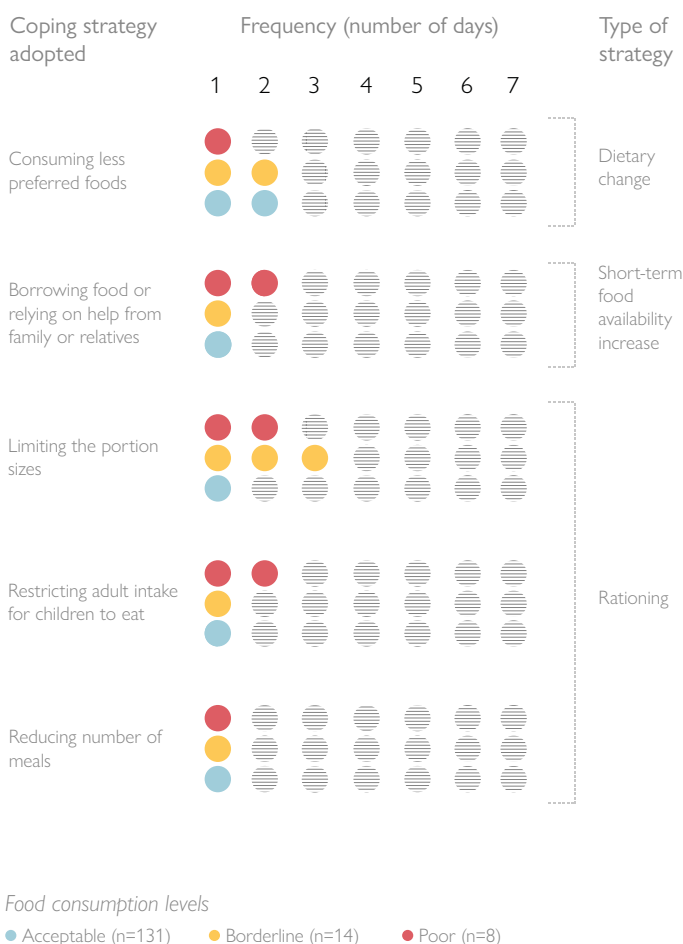


Figure 7: Frequency of adoption of consumption coping strategies adopted by migrants surveyed in Ghat in 2022 and 2020



(29%) mentioned that they (or someone in their household) had to reduce the number of meals eaten in a day — the most severe coping behaviour. This percentage was higher among those who were classified as having inadequate levels of food consumption (45% of those with poor or borderline food consumption levels) compared to those with acceptable levels of food consumption (27%).

Other coping strategies adopted by respondents included “limiting portion size at mealtime” (47%) and “borrowing food or relying on help from friends or relatives” (34%).

Sex

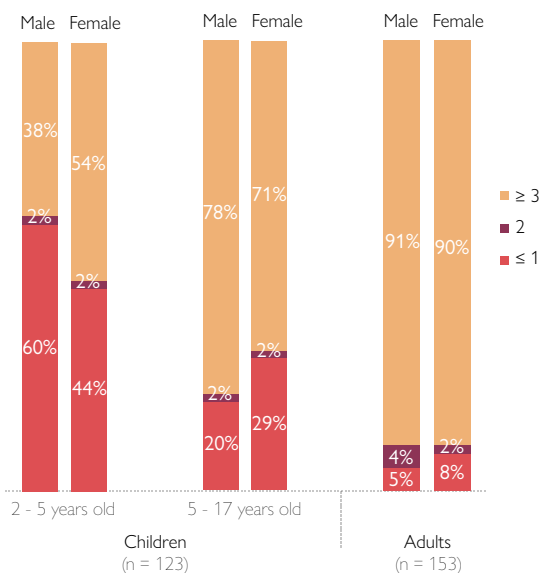
More female respondents reported having adopted coping mechanisms than male migrants, except that males reported having relied on less preferred or less expensive foods to a greater extent than females in the seven days prior to the survey.

Moreover, respondents were asked about the number of meals they and members of their household had consumed the previous day. Slightly more female adults (8%) and children (aged 5-17) (29%) reported eating one or fewer meals than their male counterparts (5% and 20%, respectively). On the contrary, a greater proportion of respondents noted that male children aged 2 - 5 (60%) than female children the same age (44%) had consumed one or fewer meals on the day prior to the survey.

Nationality

Overall, migrants from Mali and Niger reported adopting food-based coping mechanisms to a greater extent than those from Egypt and Sudan.

Figure 8: Number of meals consumed on the day before the survey by age and sex of the household member



Livelihood Coping Strategy Index

The use of livelihood coping mechanisms includes the longer-term alteration of income earning or food production patterns, and one-off responses, such as the sale of assets. By gauging how migrants have adapted to the recent situation in the past 30 days prior to the survey, livelihood-based coping strategies help to assess longer-term household coping and productive capacities and their future impact on access to essential needs, including food. The strategies are grouped under three categories depending on their severity:

- **Stress** Strategies indicate a reduced ability to deal with future shocks because of a current reduction in resources or an increase in debts.
- **Crisis** Strategies directly reduce future productivity, including human capital formation.
- **Emergency** Strategies that affect future productivity or the human dignity of household members and are more difficult to reverse.

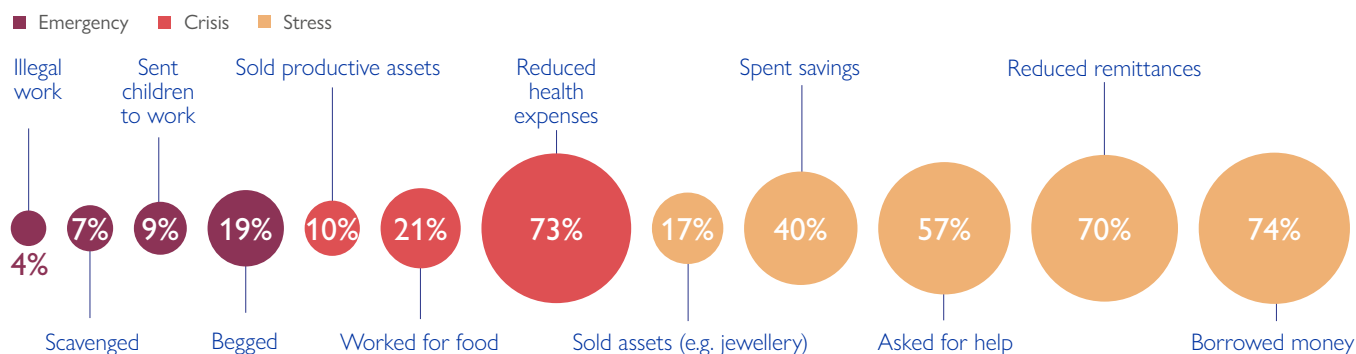
Nearly three quarters (74% or less) reported having adopted crisis or emergency level strategies, such as incurring debt or reducing health and education expenditure, that contribute to reducing a household’s ability to deal with future shocks (Fig 9). A slightly higher proportion of employed migrants (87%) reported having resorted to crisis or emergency level strategies compared to those who are unemployed (81%). This finding highlights that the widespread use of coping strategies, including among those who are employed, signals that a significant proportion of migrants is likely maintaining adequate levels of food consumption through the adoption of livelihood coping strategies, such as spending their savings and asking friends or relatives for support.

Sex and age

A greater percentage of male migrants (98%) reported relying on coping strategies than females (86%). However, a greater rate of female migrants (41%) mentioned using the most extreme (emergency) coping mechanisms than male migrants (34%).

Adoption of crisis or emergency level coping strategies was highest among migrants aged 26-35 (92%) and 55 and over (100%) compared to those aged 18-25 (79%), 36-45 (79%), or 46-55 (80%).

Figure 9: Adoption of livelihood coping strategies in the last 30 days



Nationality

A similar proportion of migrants from Mali (89%), Niger (89%), Egypt (86%), Sudan (84%) reported having had to resort to crisis or emergency level livelihood coping mechanisms. However, a greater percentage of migrants from Egypt (50%) and Niger (37%) mentioned having resorted to the most extreme coping strategies (emergency) compared to those from Mali (33%) and Sudan (23%).

Social networks

Around two in five migrants surveyed (43%) reported they would ask a fellow migrant if they were in need of food. About a fifth (22%) mentioned they would seek the help of an aid organization and 14 per cent would ask a Libyan friend. A minority of respondents reported they would solicit the assistance of an employer (4%), a religious or community leader (4%), a government institution (3%) or local authorities (3%). Two per cent (5 respondents) stated that they had no one to turn to for help.

Length of stay in Libya

More migrants who have been in Libya for less than two years reported that they would rely on a fellow migrant in case of food needs compared to those who have been in the country for longer. At the same time, a greater percentage of those who have been in Libya for longer than a year mentioned they would ask an aid organization or a Libyan friend for help compared to those who have arrived in Libya more recently, which signals the more restricted social network of recently arrived migrants as well as their potential lack of awareness of the assistance available to them in case of need.

SOCIAL INTERACTIONS

A minority of migrants (11%) reported that relationships between the local and migrant communities in Ghat needed improvement but the majority of migrants (67%) classified

them as being stable. Moreover, around a fifth (22%) of respondents mentioned that there were no differences between the host and migrant communities.

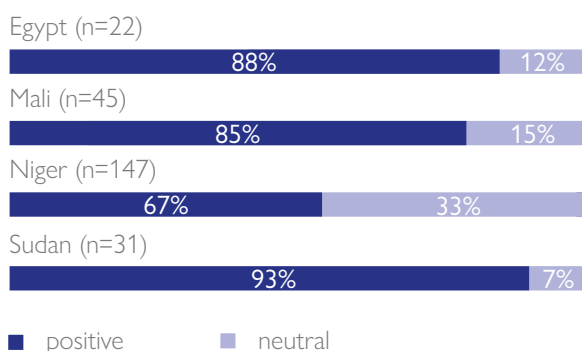
Nationality

Most migrants from Niger (98%), Sudan (94%), Mali (87%) and Egypt (81%) reported that there are interactions between migrant communities and the local population in Ghat such as work encounters, Friday prayers and other social gathering. Nonetheless, a greater proportion of migrants from Sudan (93%), Egypt (88%), Mali (85%) than those from Niger (67%) stated that the relationship between migrants and the host-community was generally positive (Fig 10) Also worth noting is that the unemployment rate among migrants from Niger (21%) was higher than among those from Mali (13%), Egypt (5%) and Sudan (3%).

A slightly greater percentage of individuals surveyed in the community of Al Barkat (78%) than in Ghat (72%) or Al Awinat (70%) mentioned that the interactions between migrant and local communities were generally positive.

Unsurprisingly, a larger proportion of migrants who reported they would not consider Ghat a place where they would settle down reported having had to resort to crisis or emergency levels coping mechanisms (97%) than those who considered Ghat as a place to settle (86%).

Figure 10: How are interactions between migrant communities and the local population by country of origin of respondents



SOCIOECONOMIC SITUATION

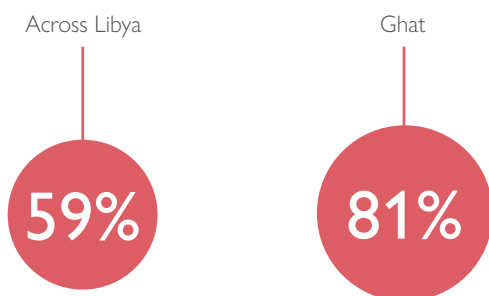
A minority of migrants interviewed by DTM in Ghat in 2022 reported being unemployed in Libya (1%). In comparison, the unemployment rate over the same period among migrants surveyed across Libya stood at 21 per cent. All females interviewed in Ghat (10) in 2022 reported being employed or studying while one per cent of males stated being unemployed. A larger percentage of male migrants reported possessing a written and signed employment contract (27%) compared to females (11%). A similar proportion mentioned having no employment contract (34% and 33% respectively).

The largest share of migrants interviewed in Ghat in 2022 were employed as unskilled manufacturing or factory labourers (11%), agricultural workers (11%), managers (9%) or as skilled construction workers (7%). A minority of migrants (11%) interviewed by DTM in 2022 reported traveling regularly to and from Libya, on a seasonal basis, for example. Among them, the majority were from Niger (64%).

Despite reporting a lower unemployment rate in Ghat (1%) than across Libya (21%) a greater proportion of migrants in Ghat (81%) identified financial issues as one of the three main difficulties they faced compared to migrants surveyed across Libya (59%) in 2022 (Fig 11).

Nearly three quarters (73%) of migrants surveyed in 2022 in Ghat reported that issues related to identity documents were among the top three difficulties they faced. The largest share (35%) of migrants who mentioned facing identity document issues were from Niger. A minority identified a lack of information (43%) (e.g. about employment opportunities), security issues (e.g. attacks, assaults) (7%) and a lack of food and/or water (6%) as being among the top three challenges they were experiencing.

Figure 11: Percentage of migrants who reported that financial issues were among the top three difficulties they faced in 2022 by location of interview



WASH

The majority of migrants (91%) interviewed by DTM Libya in 2022 stated having sufficient clean drinking water. Nine in ten migrants stated that they relied on the public water network for drinking water. A minority also relied on bottled water (25%), water trucking (16%), protected wells (12%) and public outdoor taps (10%). A greater percentage of migrants who were aged 30 or younger (18%) mentioned facing a lack of sufficient clean drinking water than those who were older (4%). Fewer females (<1%) than males (10%) identified a lack of clean drinking water.

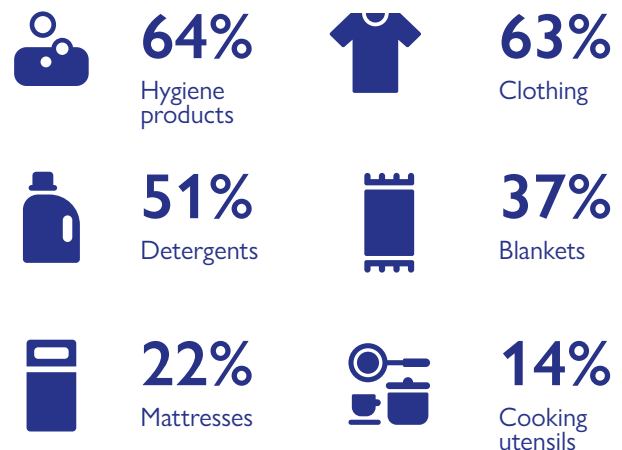
ACCOMMODATION

Based on key informant interviews, the largest share of migrants lived in rented accommodation either paid for by themselves (21%), by their employer (19%) or by others (17%). A minority were reportedly sheltered in their workplaces (17%) or in other types of shelters (26%), including informal settings. Half of migrants interviewed by DTM Libya in Ghat in 2022 reported sharing their room with three or more people.

NON-FOOD ITEMS

The majority of migrants surveyed in Ghat in 2022 reported needing hygiene products (64%), clothing (63%) and detergents (51%) (Fig 12). A minority identified blankets (37%), mattresses (22%), cooking utensils (14%), solar lamps (7%) and fuel for heating or cooking (5%) as items they need.

Figure 12: Percentage of non-food items migrants reported needing among migrants interviewed in 2022 (n = 59) (top 6)



MIGRATION DRIVERS

A greater proportion of migrants surveyed in Ghat (30%) reported having migrated to Libya for reasons related to war, conflict or targeted violence in their country of origin than those surveyed across Libya (7%). A total of six per cent of respondents in Ghat stated having been forcibly displaced in their own country of origin in the past.

Fewer respondents interviewed in Ghat in 2022 mentioned that economic reasons (57%), such as insufficient income or a lack of job opportunities in their country of origin had motivated their journey to Libya compared to migrants interviewed across Libya (87%). A larger percentage of respondents in Ghat (5%) than those surveyed across Libya (<1%) identified reasons related to social networks (e.g. joining or rejoining family) as having been the primary reason having motivated their movement to Libya. This could potentially be linked to the well-established and historical ties of ethnic communities across the border.

REMITTANCES

The majority of migrants (52%) interviewed in Ghat in 2022 mentioned that they had no intention to send money home. A minority (27%) stated having sent remittances since they have arrived in Libya. They reported having sent an average of 55 USD in the past 30 days and a total of 517 USD since they have arrived in Libya. Some 21 per cent reported their intention to send remittances once they are able to.

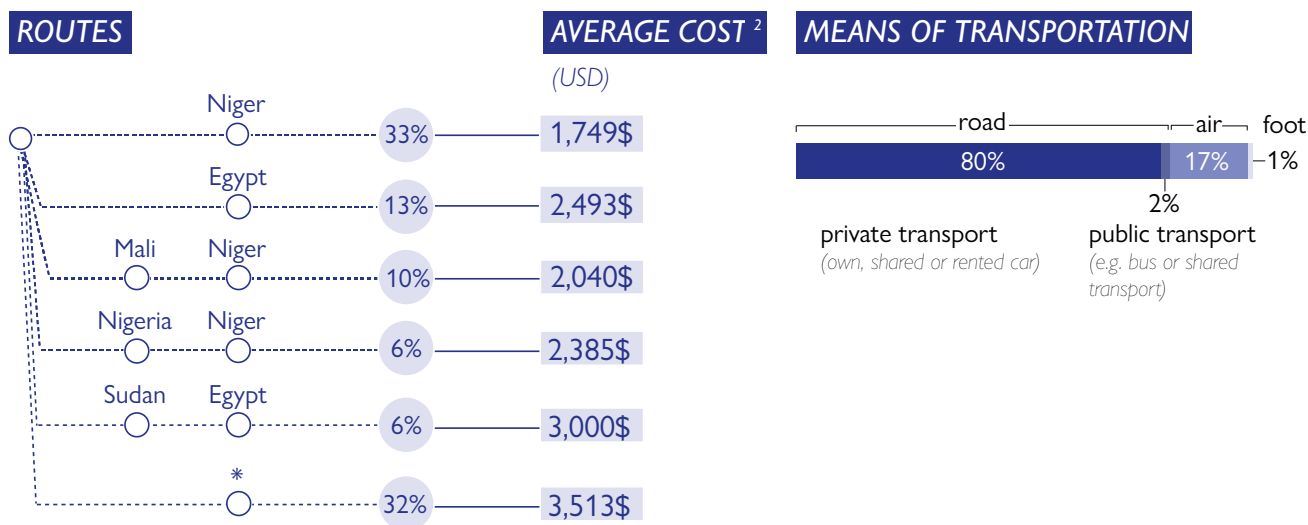
MIGRATION ROUTES

The majority of migrants reported having travelled to Libya by road through private means (e.g. own, shared or hired car) (80%) (Fig 13). A minority mentioned having flown (17%) while even fewer stated they had used public transport (2%) or walked (1%). A similar percentage of female and male migrants reported having travelled by car (80% and 81%, respectively). However, a greater percentage of female migrants had reportedly travelled by public road transport (10%) compared to men (1%). In the contrary a greater number of male respondents stated that they had travelled to Libya by air (18%) compared to females (10%).

A third of migrants interviewed in Ghat in 2022 claimed to have travelled directly from Niger to Libya. The second and third most travelled route were from Egypt or from Mali via Niger. The demographic make-up of the migrant population in Ghat (Table 1) also corresponds to the countries to and through which migrants have reported having travelled to Libya.

Migrants claimed having paid on average 2,129 USD to travel to Libya but the reported costs of their migration journeys ranged between 300 and 7,500 USD depending on factors such as the route travelled and the place of departure.

Figure 13: Main routes, average cost per route and overall breakdown of means of transportation used by migrants to reach Libya identified by migrants interviewed in Ghat in 2022

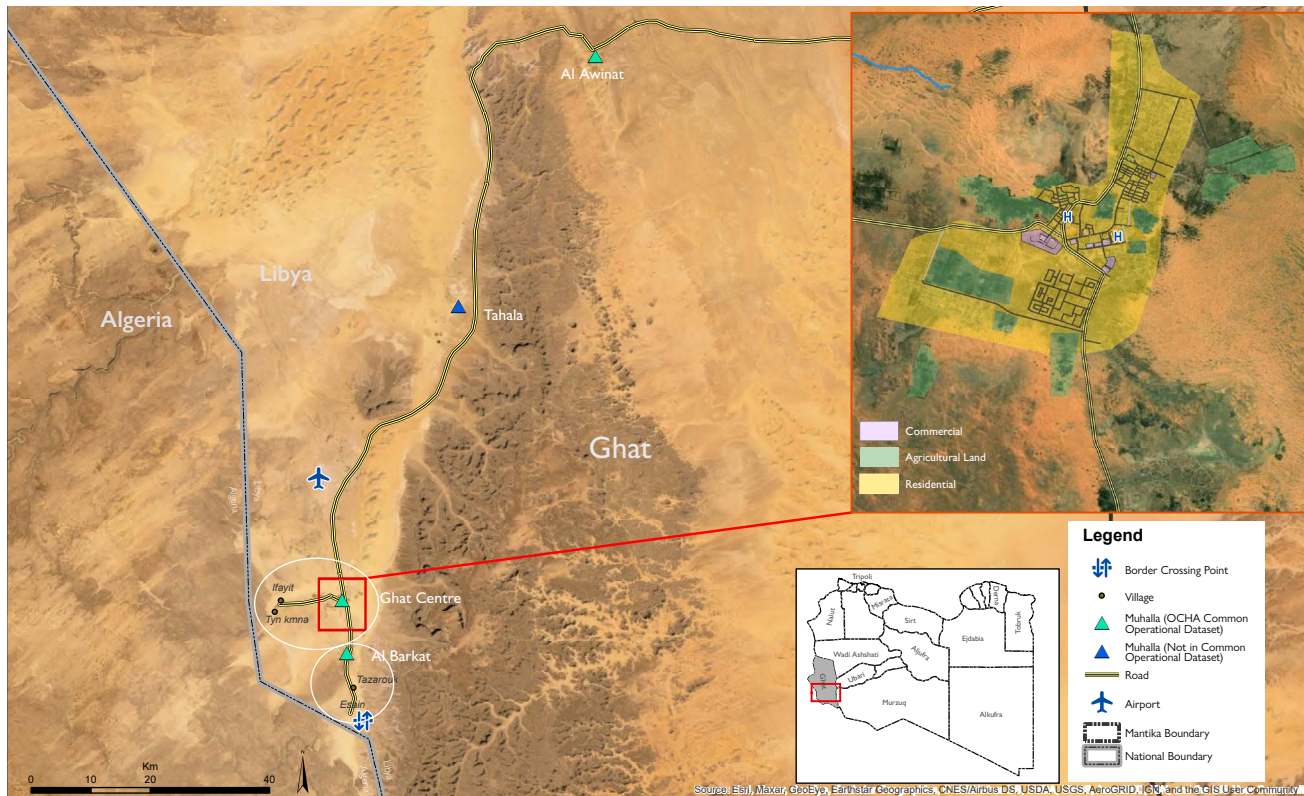


*Multiple routes used including one or a combination of the following countries: Sudan, Chad, Niger, Algeria, Burkina Faso, United Arab Emirates, Tunisia, Mali, Ghana, Guinea Bissau, Jordan, Mauritania, Republic of Congo and Senegal

²The average cost of migration to Libya is calculated based on the cost of the migration journeys reported by all migrants surveyed in Libya during the reporting period (i.e. January - August 2022)

ANNEX

Figure 14: Map of Ghat



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

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:

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