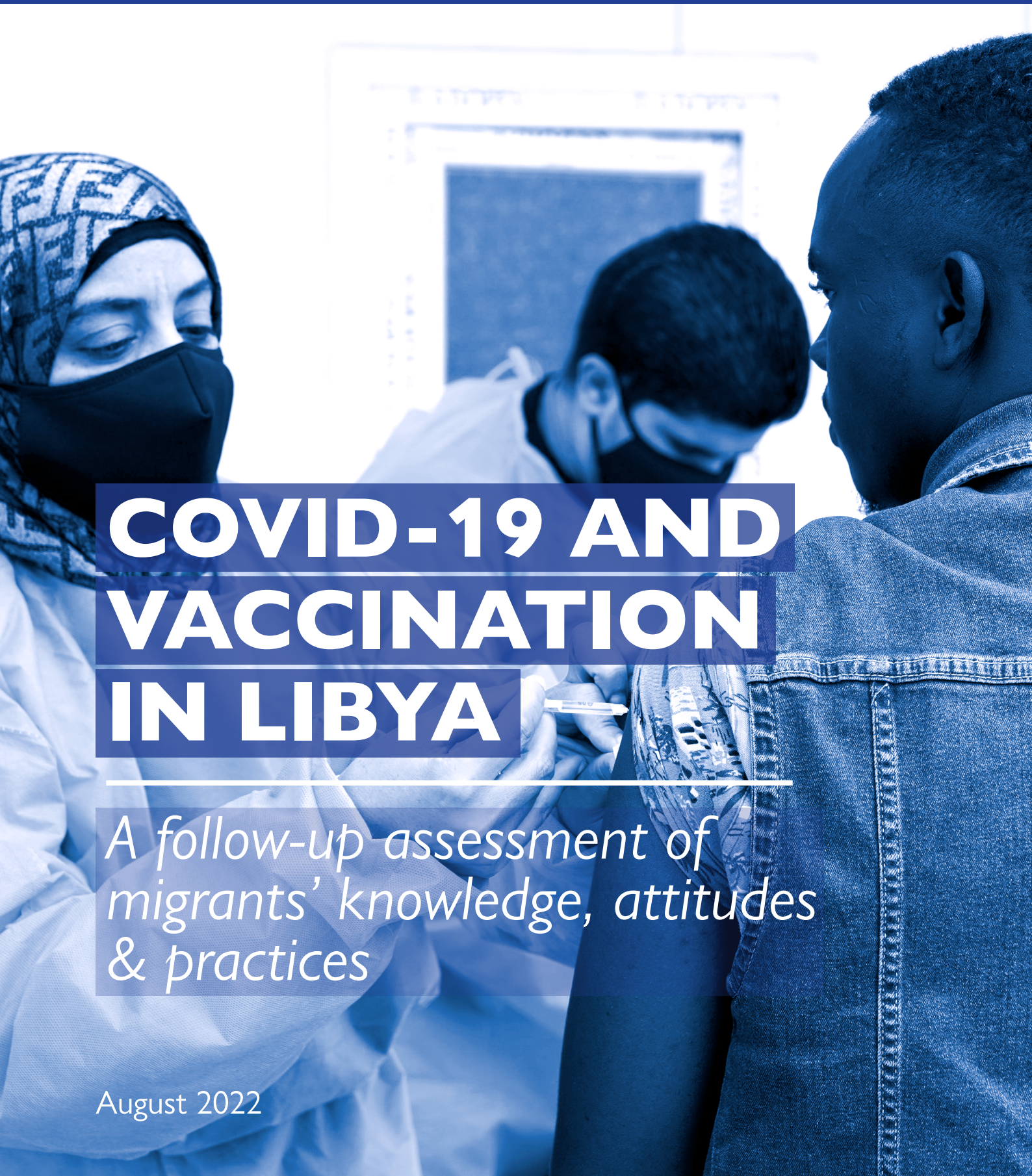
IOM
UN MIGRATION



COVID-19 AND VACCINATION IN LIBYA

A follow-up assessment of migrants' knowledge, attitudes & practices

August 2022

Photo (cover page): A migrant in Ain Zara is being vaccinated against COVID-19 in February 2022. Since the start of the vaccination campaign led by the National Centre for Disease Control, over 14,000 migrants have received at least one dose of the vaccine.

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DTM

Project funded by the European Union

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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 Organization

HIGHLIGHTS

COVID-19 prevention and transmission

There is generally a **high level of awareness and understanding of the COVID-19 virus, transmission modes and preventive measures** but some level of confusion remains, particularly related to at-risk groups. Levels of awareness and knowledge of preventive measures, vaccine safety, benefits and side effects were strongly connected with education levels

Barriers to self-isolating

90%

of migrants identified that a potential loss of income would be a deterrent to self-isolate

Obstacles to getting vaccinated

Nearly all migrants reported being **aware of the availability of COVID-19 vaccines** (93%). However, there remains some misunderstanding around the fact that the vaccine is offered to everyone, free of charge and without the obligation to show official documents or ID

38%

reported being unaware of the location of their nearest vaccination centre

Perception of safety of COVID-19 vaccines

55%

of migrants believed that COVID-19 vaccines are safe. However, a smaller proportion of migrants from West and Central Africa than those from North Africa, Asia and the Middle East reported they were safe and appear to be aware that the side effects are mild to moderate

COVID-19 vaccine hesitancy

Hesitancy to get vaccinated appears mainly related to a **lack of information, lack of trust in information available** or **misinformation** on specific vaccines, manufacturers and their benefits, which lead to a **lack of trust** and **concerns** around their **efficiency** and **safety**.

The **fear of adverse side effects**, which many perceive as being severe to life-threatening and/or as having the potential to affect their ability to continue working was also identified as a major driver of resistance to get vaccinated. **Lack of access to vaccination centres** was also a commonly identified obstacle to getting vaccinated for some migrants

36%

of migrants remain **unwilling to get vaccinated or undecided** compared to 49 per cent in the 2021 assessment. Hesitancy to get vaccinated persists among all nationalities and most particularly among the youngest age group (18-25 years old)

Access to clean water

2 in 3

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

Sources of information

Migrants rely on a wide range of communication channels for information on COVID-19, but the primary means differed depending on sex, age, levels of literacy and country of origin

Photo: A DTM Libya enumerator interviews a migrant during the data collection for the Knowledge, Attitudes and Practices survey conducted in January and February 2022.

INTRODUCTION

Context

The COVID-19 pandemic has had significant consequences on the health, well-being, and socio-economic situation of migrants in Libya, already affected by years of armed conflict, political crisis and economic challenges. Although the official number of COVID-19 infections and deaths decreased and plateaued at the beginning of 2022, corresponding with regional and global Omicron[1] variant trends, it rose significantly[2] at the end of January (Fig 1).

To ensure that people on the move can access vaccines, IOM, in coordination with national and local health authorities, has been supporting the COVID-19 vaccination campaign to help protect at-risk populations for everyone's safety. More than nine months after the beginning of the vaccination campaign for migrants, more than 14,000 migrants[3] have received at least one dose of COVID-19 vaccine.

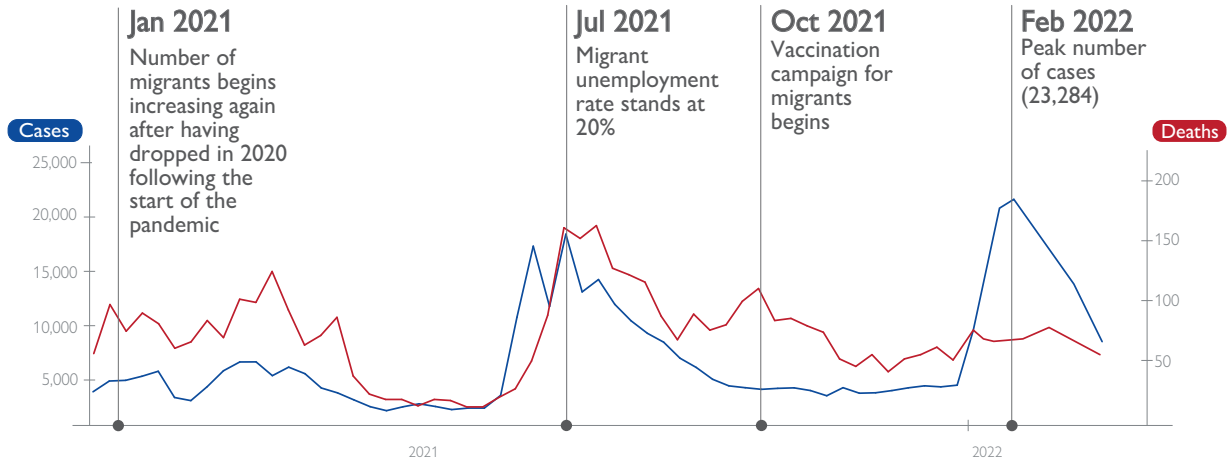
About this assessment

This knowledge, attitudes and practices (KAP) survey aims to assess 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 a snapshot of migrants' perceptions and attitudes towards COVID-19 vaccines, their willingness to get vaccinated and barriers to accessing the vaccine.

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

This assessment follows on a previous survey[4] conducted by IOM in 2021, which coincided with the start of the vaccination campaign for the non-Libyan population. This study also builds on an initial report conducted by UNICEF and Voluntas in September 2020[5] on knowledge, attitudes and practices related to COVID-19.

Fig 1: Number of COVID-19 cases and deaths in Libya since the beginning of pandemic



1 WHO (2022). Libya COVID-19 surveillance weekly bulletin, epidemiological week 03 (17 - 23 Jan). Available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid-19_epi_weekly_libya_23_jan_2022.pdf (accessed March 2022).

2 WHO (2022). Libya COVID-19 surveillance weekly bulletin, epidemiological Week 05 (31 Jan - 06 Feb). Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19_epi_weekly_libya_06_feb_2022.pdf (accessed March 2022).

3 IOM (2022). IOM Libya COVID-19 vaccination update. Available at https://twitter.com/IOM_Libya/status/1554385304127258624/photo/1 (accessed August 2022).

4 IOM (2021). COVID-19 and vaccination in Libya - an assessment of migrants' knowledge, attitudes and practices. Available at https://displacement.iom.int/reports/covid-19-and-vaccination-libya-assessment-migrants-knowledge-attitudes-practices (accessed March 2022).

5 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

This report presents the findings of IOM Libya's COVID-19 knowledge, attitude and practices survey which was conducted through focus group discussions (FGDs) and face-to-face individual interviews with migrants. The quantitative survey used for individual interviews was based on a questionnaire developed by UNICEF and Voluntas that was modified by IOM based on previous findings.

A total of 1,193 migrants were interviewed individually through the KAP survey. The sex and nationality breakdown of migrants interviewed for this assessment are in line with DTM Libya's latest data[6] which means that it is perceived as an accurate depiction of the demographics of the migrant population in Libya. The interviews focused on:

• COVID-19 awareness, knowledge related to the virus, its transmission and prevention, as well as potential barriers in following preventive measures

• Knowledge and awareness of COVID-19 vaccines, and willingness to get vaccinated

• Impact of COVID-19 on migrants' lives, their access to health services, dietary habits, mental health and livelihoods

• Preferred channel of communication to receive information on COVID-19 and COVID-19 vaccines

In addition, a total of 16 focus group discussions were held with a total of 117 migrants. The discussions focused on:

• Knowledge, awareness and attitudes towards COVID-19 vaccination as well as potential barriers to getting vaccinated and recommendations to tackle them

Fig 2: Data collection methodology

	MIGRANT SURVEY	FOCUS GROUP DISCUSSIONS
WHO?	**1,193 migrants** from 36 countries	**117 migrants** from 18 countries
WHERE?	**36 municipalities** across 22 regions	**3 municipalities** (Tripoli, Benghazi, Sebha)
HOW?	**face-to-face** individual surveys	**in-person** focus group discussions
WHEN?	**25 Jan - 20 Feb 2022**	**21 - 27 Feb 2022**

• Difficulties faced by migrants having been vaccinated against COVID-19

• Sources and channels of communication on COVID-19 and COVID-19 vaccines

Data collection

A total of 33 female and 84 male migrants from 18 different nationalities participated in the focus group discussions carried out by DTM in the municipalities of Tripoli, Benghazi and Sebha between 21 and 27 February 2022.

The quantitative data was also collected by Displacement Tracking Matrix (DTM) field staff via individual KAP surveys with migrants in 36 municipalities (baladiya) of the 22 regions (mantikas) of Libya.

A total of 130 female and 1,063 male migrants from 36 nationalities were interviewed individually between 25 January and 20 February 2022.

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.

Limitations

This report provides an overview of the diversity of knowledge, opinions and behaviours among a highly heterogenous group of people on the move in a dynamic context.

Moreover, respondents were asked about information regarding subjects that may be considered sensitive or private matters in some groups. The sensitivity of this information may have led to under- or misreporting of certain issues. For example, the question on whether the pandemic had affected respondents' mental health yielded a higher than normal percentage of "don't want to answer" (4%) which may indicate some respondents' hesitancy to answer.

6 IOM (2022). IOM Libya migrant report round 41 (Feb - Apr 2022). Available at https://displacement.iom.int/sites/default/files/public/reports/DTM_Libya_R41_Migrant_Report_FINAL.pdf (accessed August 2022).

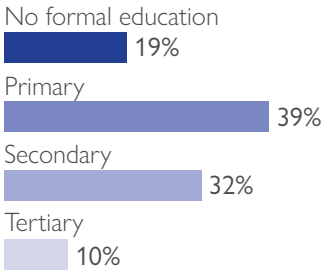
DEMOGRAPHIC PROFILE

This section summarizes the demographic profile of the 1,193 individuals who were interviewed individually by DTM Libya in January and February 2022 for the purpose of this COVID-19 and vaccination assessment.

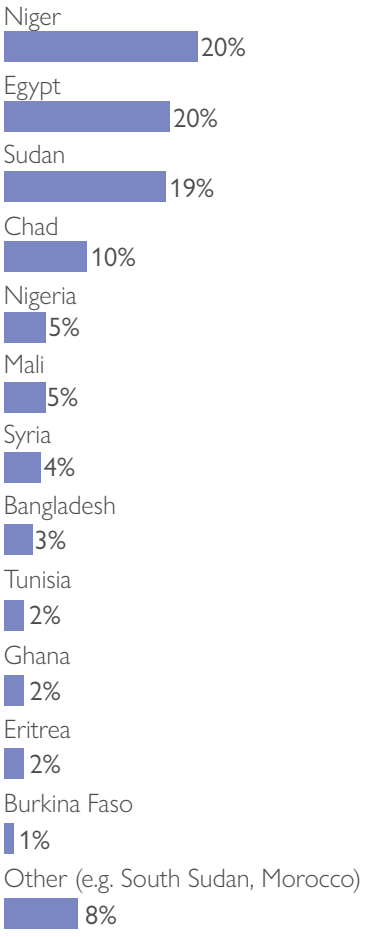
Sex

Eleven per cent of respondents were female while 89 per cent were male, which is in line with the proportion of male and female migrants identified by DTM Libya (Migrant Report Round 41).

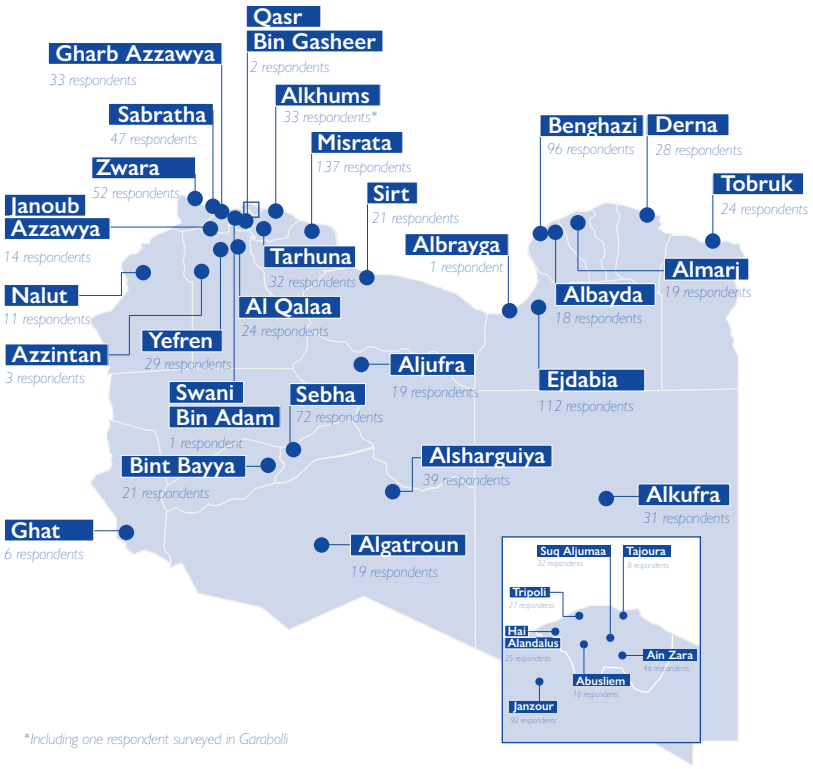
Level of education



Nationality



Number 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

13%

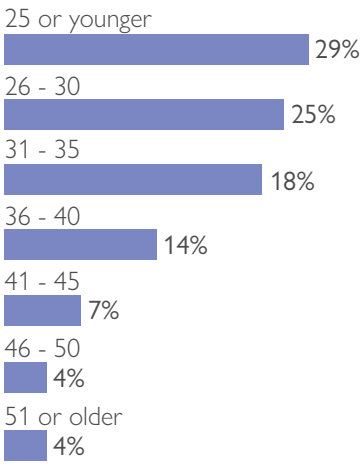
reported currently being unemployed

Medical history

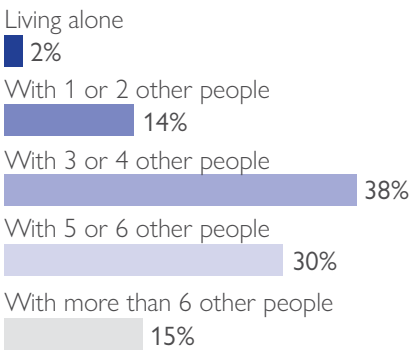
10%

reported suffering from a chronic illness

Age group



Living arrangements



SOCIODEMOGRAPHIC CHARACTERISTICS			
		Number of individuals	Percentage of individuals
GENDER			
	Male	1,063	89
	Female	130	11
AGE			
	18 - 25	331	28
	26 - 30	294	25
	31 - 35	218	18
	36 - 40	171	14
	41 - 45	86	7
	46 - 50	45	4
	51 - over	42	4
EDUCATION LEVELS			
	Incomplete primary or no formal schooling	220	18
	Primary	446	37
	Secondary	375	31
	University	113	9
	Prefer not to answer	35	3
CHILDREN UNDER 18			
	Yes	389	33
	No	803	67
	Prefer not to answer	1	1>
CHRONIC ILLNESS			
	Yes	121	10
	No	1,057	89
	Don't know	10	1
	Prefer not to answer	4	<1%
ESTIMATED DURATION THAT MIGRANTS' SAVINGS COULD SUSTAIN THEM IN CASE OF RESTRICTIONS OR LOSS OF LIVELIHOOD			
	1 week	344	29
	1 month	356	30
	2 months	172	14
	3 months	98	8
	6 months	42	4
	Longer than 6 months	90	8
	I prefer not to answer	90	8

SECTION 1: KNOWLEDGE OF THE VIRUS

Knowledge of the virus and transmission mechanisms

Nearly all migrants interviewed (98%) were aware of the COVID-19 pandemic, which is similar to the results of the 2021 survey (99%) and slightly more than in 2020 (94%). A total of 27 respondents (2%) reported not being aware of the existence of the public health crisis.

Respondents who reported not knowing about the existence of the pandemic generally had a lower level of educational achievement than those who did. For example, more than a quarter (26%) of those who ignored the existence of the pandemic had not completed primary school or had no formal education compared to 19 per cent of those who were aware of the COVID-19 pandemic.

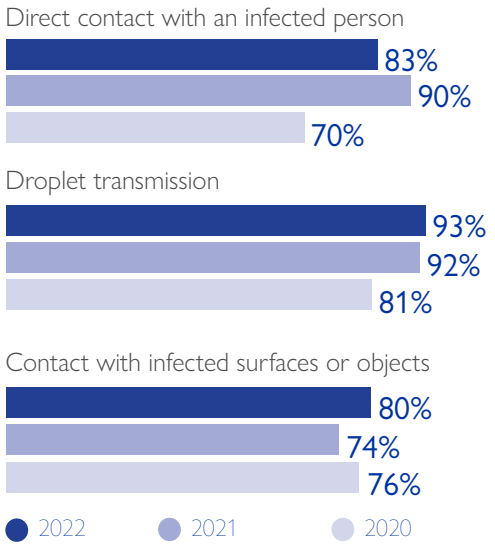
No significant difference was found in awareness rate between men and women, however there was a greater proportion of respondents aged 18-25 who reported not being aware of the pandemic than the older age groups. All Syrians (100%) and Egyptians (100%) interviewed reported knowing about the pandemic while a minority of respondents from Chad (6%), Sudan (3%), Niger (3%), Nigeria (3%) and Bangladesh (3%) stated not knowing about the pandemic[7].

The high level of awareness of COVID-19 was also confirmed by the results of the focus group discussions. However, similarly to the 2021 focus group discussions, many participants doubted the severity of the virus and the pandemic.

The results of the individual interviews demonstrated a strong understanding (83% or more) of the various transmission modes 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 3).

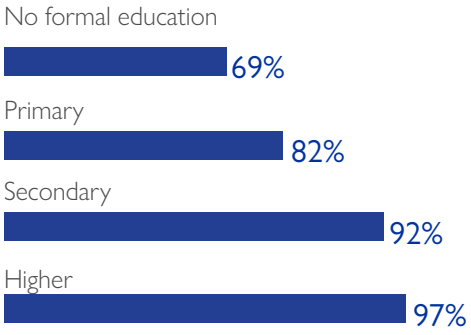
In comparison, more than 74 per cent of migrants reported knowing the main modes of transmission in September 2021[8], compared to more than 70 per cent in September 2020[9].

Fig 3: Respondents' awareness of modes of transmission



In line with the 2021 assessment, analysis of the data shows a clear link between the level of education and the level of awareness of transmission modes where migrants with a lower level of education reported lower levels of awareness than those with higher levels of education (Fig 4).

Fig 4: Percentage of migrants aware that direct contact with an infected person who has no symptoms is a mode of transmission by level of education



7 Note: Nationalities mentioned are those for which there was a sample of 30 respondents or more only (the same nationalities are among the top ten cohorts in Libya based on DTM data (Round 40)).

8 IOM (2021). COVID-19 and vaccination in Libya - an assessment of migrants' knowledge, attitudes and practices. Available at https://displacement.iom.int/reports/covid-19-and-vaccination-libya-assessment-migrants-knowledge-attitudes-practices (accessed March 2022).

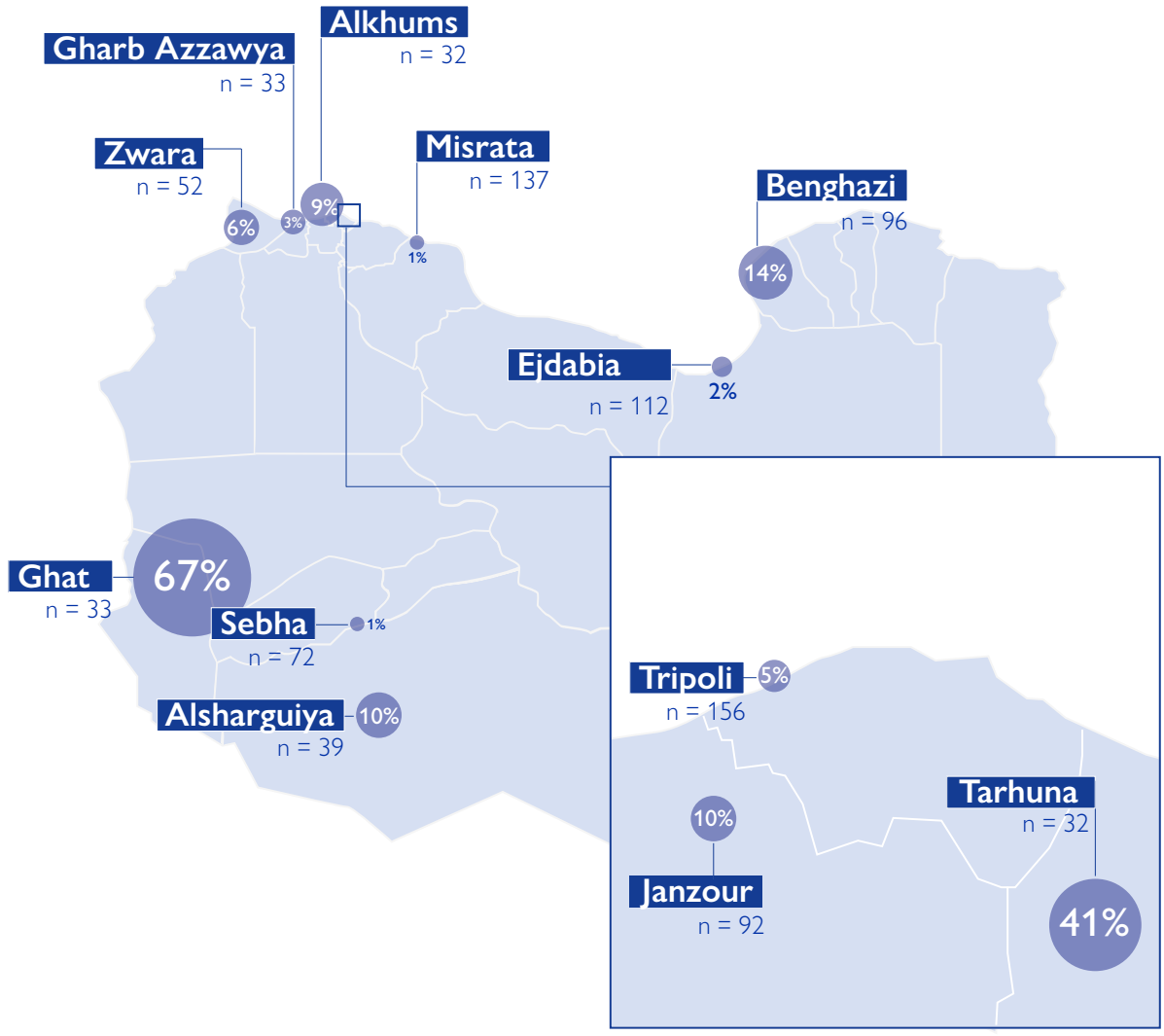
9 Voluntas (2020). COVID-19 behavior assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed October 2021).

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 ignoring or not understanding that COVID-19 can be transmitted via contaminated surfaces (20%) than female migrants (15%).

There was a greater proportion of respondents from Bangladesh, Egypt, Sudan and Syria who reported being aware of the main modes of transmissions than those from Chad, Mali, Niger and Nigeria.

More migrants in the municipalities of Ghat (67%), Tarhuna (41%), Benghazi (14%), Janzour (10%) and Alsharguiya (10%) reported ignoring that the virus can be transmitted by direct contact with a person who has the virus but no symptom than migrants in the municipalities of Alkhums (9%), Zwara (6%), the Greater Tripoli area[10] (5%), Gharb Azzawya (3%), Ejdabia (2%), Misrata (1%) and Sebha (1%) (Fig 5).

Fig 5: Percentage of respondents who reported ignoring that COVID-19 can be transmitted by coming in direct contact with a person who has the virus but no symptoms



Notes: This map includes responses from municipalities for which there was a sample of 30 respondents or more. This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

10 For the purpose of this report, the municipalities of Abusliem, Ain Zara, Hai Alandalus, Suq Aljumaa, Tajoura and Tripoli.

Likelihood to contract COVID-19

A minority of migrants (15%) reported that it was either very unlikely or somewhat unlikely that they would become severely ill from COVID-19. A similar proportion (15%) stated they had no opinion, and 46 per cent reported that it was either somewhat or very likely that they would develop severe illness from COVID-19.

The perception of risk of developing severe illness was strongly linked to the age of respondents (Fig 6). For example, a third of migrants aged 18-25 reported that it was somewhat or very likely they would become seriously ill from COVID-19, compared to more than half of migrants aged 41 or older.

Similarly, a greater proportion of migrants who reported living with a chronic disease (60%) reported that it was either somewhat or very likely that they would develop severe illness from COVID-19 than those who do not have underlying medical condition (45%) (Fig 7).

According to WHO[11], people aged 60 or over, as well as those with underlying medical conditions such as high blood pressure, diabetes, obesity or heart disease are at higher risk of developing serious illness from COVID-19.

Fig 6: Percentage of migrants who reported that the likelihood of becoming severely ill from COVID-19 was somewhat likely or very likely by age groups

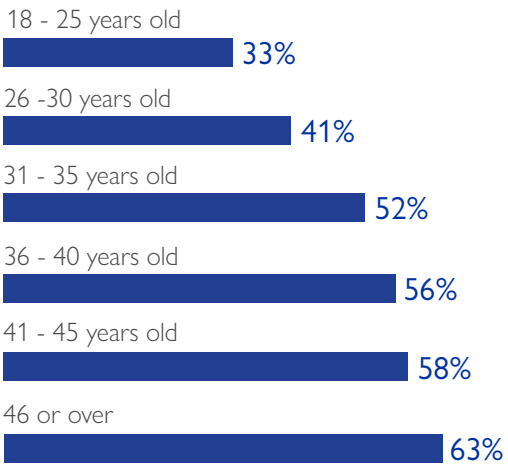
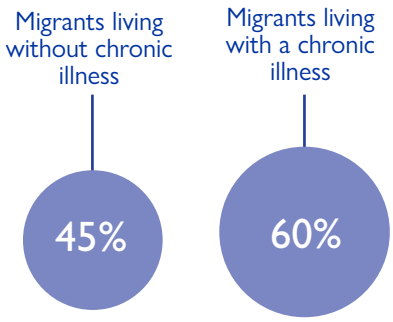


Fig 7: Percentage of migrants who reported that the likelihood of becoming severely ill from COVID-19 was somewhat likely or very likely

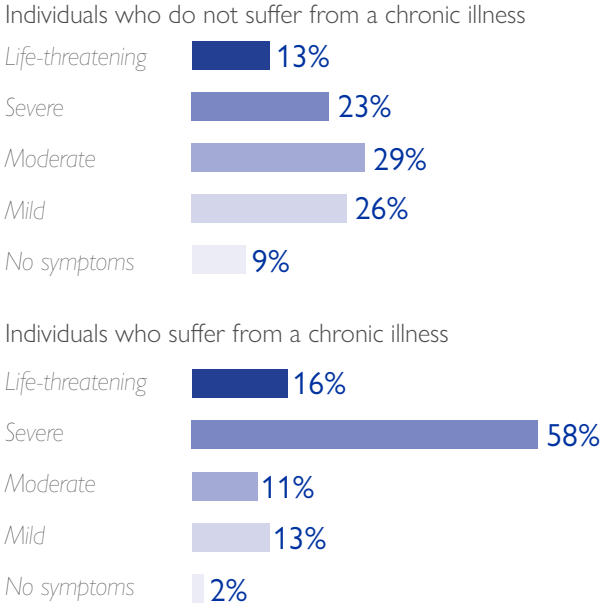


Perception of potential impact of COVID-19 on individual health

A quarter of respondents (24%) reported they would expect mild or no symptoms if infected with COVID-19. Nearly a third of migrants (32%) expected they would suffer moderate symptoms and 45 per cent believed they would experience severe to life-threatening symptoms.

Overall, data suggests that migrants living with an underlying medical condition generally understand that they are likely to suffer from more severe symptoms if infected with COVID-19 than those who do not (Fig 8). For example, 61 per cent of migrants who reported suffering from a chronic illness believed they would experience severe to life-threatening symptoms, compared to 43 per cent of those who do not have a known medical condition.

Fig 8: Level of symptoms migrants reported expecting if they contract COVID-19



11 WHO (2021). Coronavirus disease (COVID-19). Available at https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19 (accessed March 2022).

Similarly, a greater proportion of migrants who are older reported expecting that the symptoms would be more severe or life-threatening than those who are younger. In the contrary, a greater proportion of younger migrants generally reported expecting to experience mild or no symptoms, than migrants who were older.

A smaller proportion of migrants (52%) over the age of 51 reported that they would expect life-threatening to severe symptoms if they were to contract COVID-19 in the 2022 assessment compared to the one conducted in 2021 (83%).

Perception of risk and severity

The majority of migrants (75%) 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 Tarhuna (56%), the Greater Tripolia area (29%), Ejdabia (24%), Zwara (23%), Sebha (17%), Janzour (16%) than in Alsharguiya (10%), Gharb Azzawya (9%), Alkhums (9%), Misrata (4%), Alkufra (3%), Benghazi (3%) reported being unaware of the likelihood that the virus would spread to their communities.

In December 2021, the Migrant Resource and Response Mechanism (MRRM) mobile teams conducted field visits in Azzahra in the region of Aljfara and provided medical assistance to vulnerable migrants.

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At the time of survey, WHO reported[12] that the number of COVID-19 cases and deaths were increasing and that Libya was classified as very high community transmission with all variants of concern, including Omicron. The positivity rates, which based on WHO guidelines should be under five per cent, were above 23 per cent across Libya (33% in the west, 23% in the east and 39% in the south). Testing capacities were deemed inadequate in all regions (mantikas) in the east and south, as well as in Aljfara in the west due to lab testing falling short of WHO recommendations.

Awareness of at-risk groups

The results of this assessment confirm that the majority (75% or more) of migrants reportedly understand that individuals with underlying medical conditions and those aged 60 or above are more at risk of developing serious illness.

However, the majority of migrants (64%) continue to ignore that pregnant women have an increased risk of developing severe COVID-19 if they are infected compared to non-pregnant women of similar age. While this represents a greater percentage than in 2021 (58%), it is smaller than in September 2020 (87%). Similar to the previous assessment, the data highlights some misunderstanding of at-risk groups. For instance, a total of 29 per cent (or less) of migrants believed that either men, women or children were more at risk than other groups to develop severe illness from COVID-19 compared to 14 per cent (or less) in 2021.

Potential impact of COVID-19

64%

of migrants ignore that pregnant women are at an increased risk of developing severe COVID-19 if they are infected compared to non-pregnant women of similar age

Mother-to-child transmission of COVID-19

A total of 30 per cent of migrants reported that COVID-19 could be transmitted from a mother to her fetus during pregnancy and 40 per cent of respondents reported that a mother could transmit COVID-19 to her child during breastfeeding.

A greater percentage of migrants with children reported that COVID-19 could be transmitted from mother to fetus or child during pregnancy (34%) than migrants without children (28%) (Fig 9). At the same time, a greater percentage of respondents with children reported knowing that it cannot be transmitted from mother to fetus (32%) compared to those without children (22%). A greater percentage of migrants with children also reported that a mother could transmit COVID-19 to their child during breastfeeding (47%) than migrants without children (37%) (Fig 10).

Fig 9: Percentage of respondents who reported that COVID-19 can be transmitted from a mother to her fetus during pregnancy

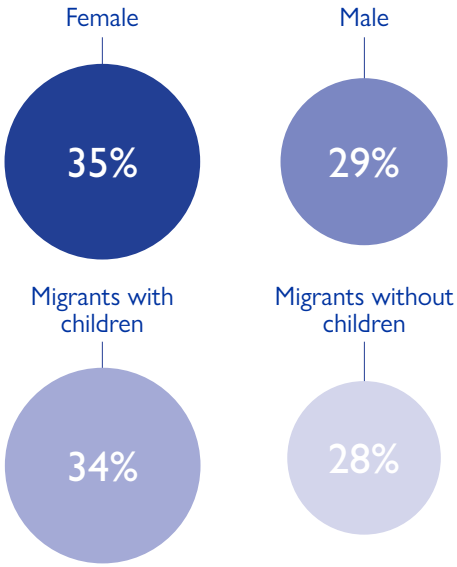
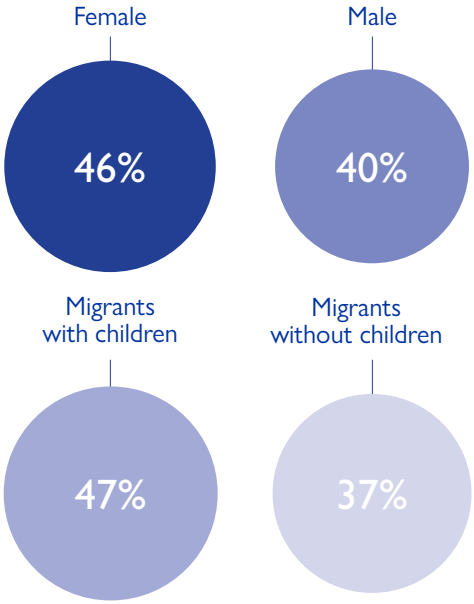


Fig 10: Respondents' level of awareness that COVID-19 can be transmitted from a mother to her child during breastfeeding



12 Libya COVID-19 Surveillance Weekly Bulletin, Epidemiological Week 05 (31 Jan - 06 Feb). Available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid-19_epi_weekly_libya_06_feb_2022.pdf (accessed March 2022).

Moreover, a greater percentage of female migrants reported thinking that COVID-19 can be transmitted from fetus to mother (35%) and through breastfeeding (46%) than male migrants (29% and 40%, respectively) (Fig 9 and 10).

A total of 76 per cent of migrants who reported having infants 0-6 months old stated continuing with exclusive breastfeeding. Among those who reported not continuing with exclusive breastfeeding, the majority (89%) mentioned using formula or breast milk substitute.

WHO reports[13] that the rates of transmission from mother to baby are very low and that it is still unknown whether COVID-19 can pass the virus to their fetus or baby during pregnancy and delivery. WHO also notes[14] that women with COVID-19 can breastfeed if they wish to do so but that they should wear a mask, wash their hands and routinely clean and disinfect surfaces.

Knowledge of preventive measures

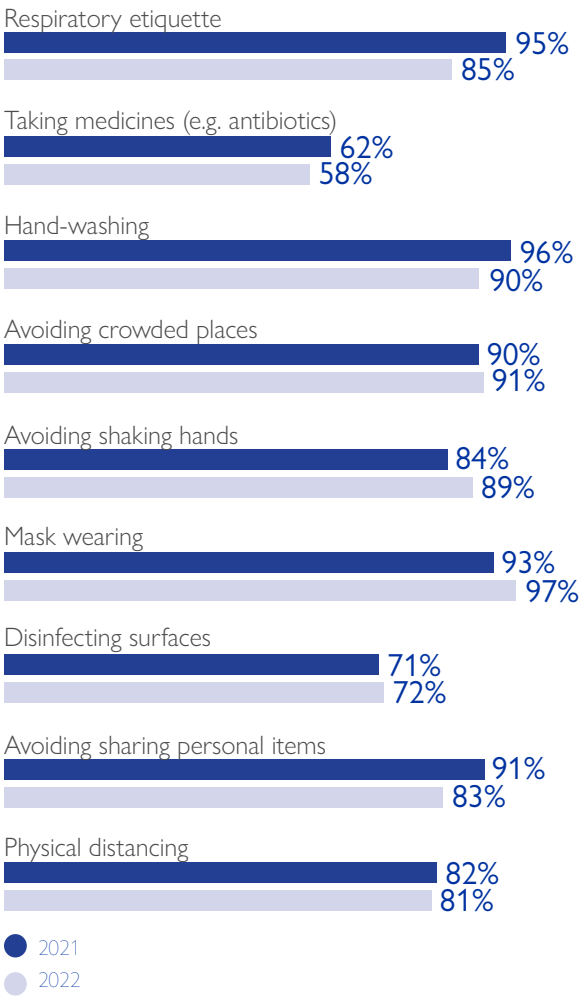
A similar proportion of migrants displayed awareness of the primary measures recommended to protect themselves against and prevent the spread of COVID-19 in both the 2022 and 2021 assessments (Fig 11).

Among migrants surveyed individually, the two most recognised measures to prevent the spread of COVID-19 were practicing respiratory etiquette (covering mouth and nose with a tissue or bent elbow when sneezing or coughing) (95%) and regular handwashing with soap and water (96%). In comparison, in 2021, 85 and 90 per cent of migrants interviewed by DTM reported that these were effective measures to counter the transmission of COVID-19. The two preventive measures most widely identified by respondents interviewed by DTM in 2021 were wearing a face mask (97%) and avoiding crowded places (91%).

However, a slightly greater proportion of migrants interviewed in 2022 (62%) than in 2021 (58%) reported that they believed that taking medicines (such as antibiotics) was an effective means to prevent the spread of COVID-19, which could potentially highlight a persistent level of confusion on the issue. Similarly, 62 per cent of migrants reported that getting vaccinated against the flu could help prevent the transmission of COVID-19.

WHO informs[15] that the flu vaccine does not offer protection against COVID-19 and that vice-versa, vaccines against COVID-19 do not protect against the flu as the viruses are different and therefore require different vaccines.

Fig 11: Awareness of means of prevention among migrants surveyed individually (% of total migrants surveyed)



The levels of awareness of the measures to prevent the spread of COVID-19 transmission were similar between women and men. However, they differed between nationalities. Migrants from Chad, Niger, Nigeria and Mali generally reported lower levels of awareness of the most efficient means to stop the spread of COVID-19 than those from Bangladesh, Egypt, Sudan or Syria (Fig 12). This points to the level of education achievement and potential language barriers being strongly related with the level of awareness in line with the 2021 assessment.

13 WHO (2022). Coronavirus disease (COVID-19): Pregnancy, childbirth and the postnatal period. Available at https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-pregnancy-and-childbirth (accessed March 2022).

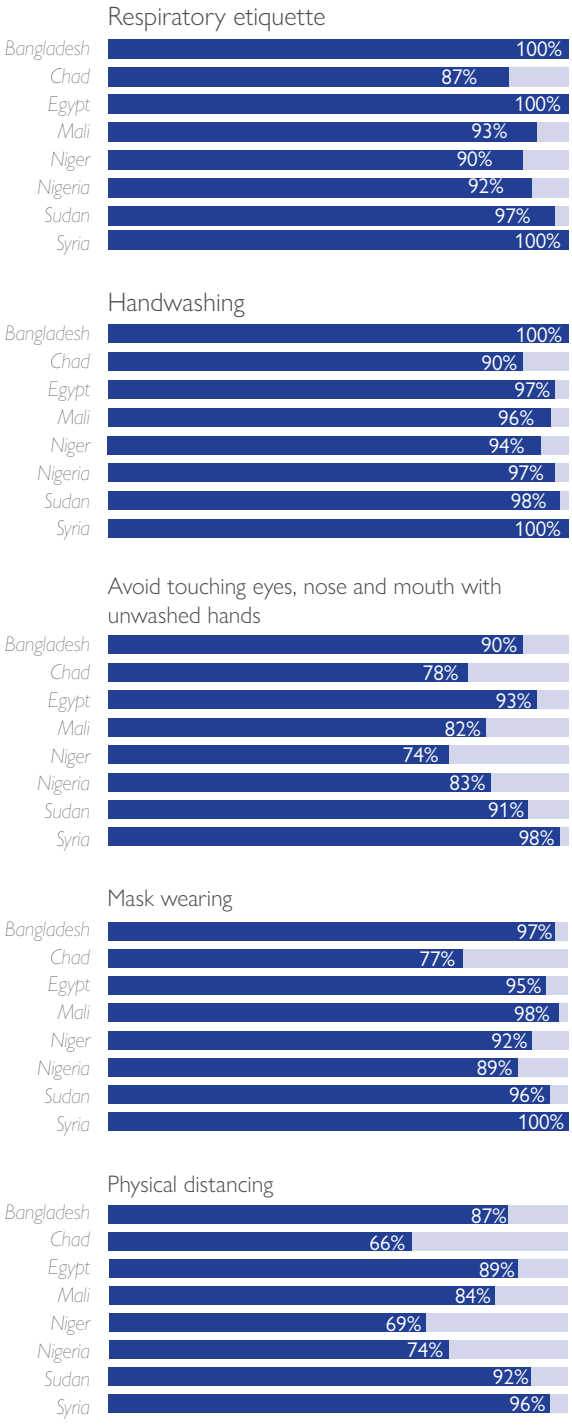
14 WHO (2022). Women with COVID-19 can breastfeed if they wish to do so. Available at https://www.who.int/images/default-source/health-topics/coronavirus/pregnancy-breastfeeding/who---pregnancy---5.png?ua=1 (accessed March 2022).

15 WHO (2022). Q & A on flu in the context of COVID-19. Available at https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/flu-awareness-campaign/q-and-a-on-flu-in-the-context-of-covid-19#515276 (accessed March 2022).

For example, a greater proportion of migrants with a secondary level of education or higher (91%) reported that maintaining a distance of at least two meters with others was an efficient means to prevent spreading COVID-19 than those who had a primary level or lower (76%). A smaller proportion of migrants from Niger (11%), Chad (12%), Mali (22%) and Nigeria (36%) had achieved a secondary or university level education compared to those from Egypt (50%), Bangladesh (57%), Sudan (62%) and Syria (83%).

Moreover, based on over 26,000 individual interviews carried out by DTM between January and December 2021, a smaller proportion of migrants from Niger (78%), Bangladesh (75%), Chad (70%), Mali (56%) and Nigeria (43%) reported knowing Arabic compared to the majority of Egyptians (100%), Sudanese (96%) and Syrians (99%) for whom it was their native language.

Fig 12: Awareness of means of prevention (% of total migrants surveyed) by country of origin



Awareness of signs and symptoms

Half (or more) of migrants reported being aware of the most common symptoms of COVID-19[16] (fever, dry cough and fatigue) (Fig 13) in both the 2022 and 2021 assessments conducted by DTM Libya compared to 48 per cent or more in September 2020[17]. Fewer migrants (73%) stated knowing one of the symptoms of severe COVID-19 disease (shortness of breath) than in the previous assessments (77% in 2020 and 81% in 2021).

In line with the 2021 assessment, less than half of respondents reported being aware of the less common symptoms of COVID-19 (nasal congestion, muscles or joint pain and diarrhea).

The 2022 survey results continue to highlight a lack of awareness of the COVID-19 incubation period. Less than a quarter of migrants (23%) mentioned that symptoms could take up to 14 days to develop compared to 34 per cent in 2021. A total of 20 per cent of respondents reported ignoring how long the incubation period of COVID-19 can extend to, while the majority (57%) underestimated the number of days it can take before one starts developing symptoms.

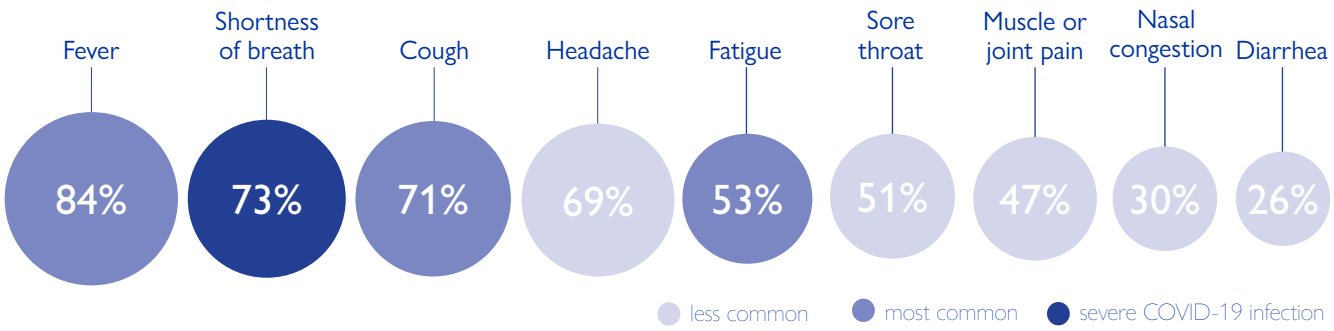
Awareness of symptoms

53%

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

16 WHO (2021). Coronavirus disease (COVID-19) Q&A. Available at https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19 (accessed March 2022).
17 Voluntas (2020). COVID-19 Behavior assessment in Libya. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid19_behaviour_assessment_report.pdf (accessed March 2022).

Fig 13: Respondents' level of awareness of COVID-19 symptoms



Measures to take in case of infection

When asked what single measure they should take if they were to experience *mild* COVID-19-like symptoms, the most common answer was to stay at home and self-isolate (39%). Fewer respondents reported that they would either go to a pharmacy (23%), a hospital or emergency room to get tested (16%) or go to the nearest clinic or primary healthcare centre (12%).

When asked what single measure they should take if they were to experience *severe* COVID-19-like symptoms, the most common answer was to go to the hospital or emergency room and get tested (31%). Fewer respondents mentioned that they would either go to the nearest primary healthcare centre (23%), stay home and isolate (19%) or go to the pharmacy (16%).

SECTION 2: PRACTICE OF PREVENTION

Practice of preventive measures

A slightly larger proportion of migrants reported being aware of preventive measures than having put them in practice to protect themselves. For example, while nearly all migrants (93%) reported being aware that wearing a face mask in public spaces was a preventive measure, fewer migrants reported having put in practice this measure (85%) (Fig 14).

In line with the 2021 report, among those who responded to the individual KAP survey, two of the greatest variations 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 two meters with other individuals.

Among those who stated finding employment on a daily basis, working in elementary occupations or in the plant and machine operation sector the discrepancy was even greater. 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 and/or work in environments that involve social interactions and where physical distancing is not always possible.

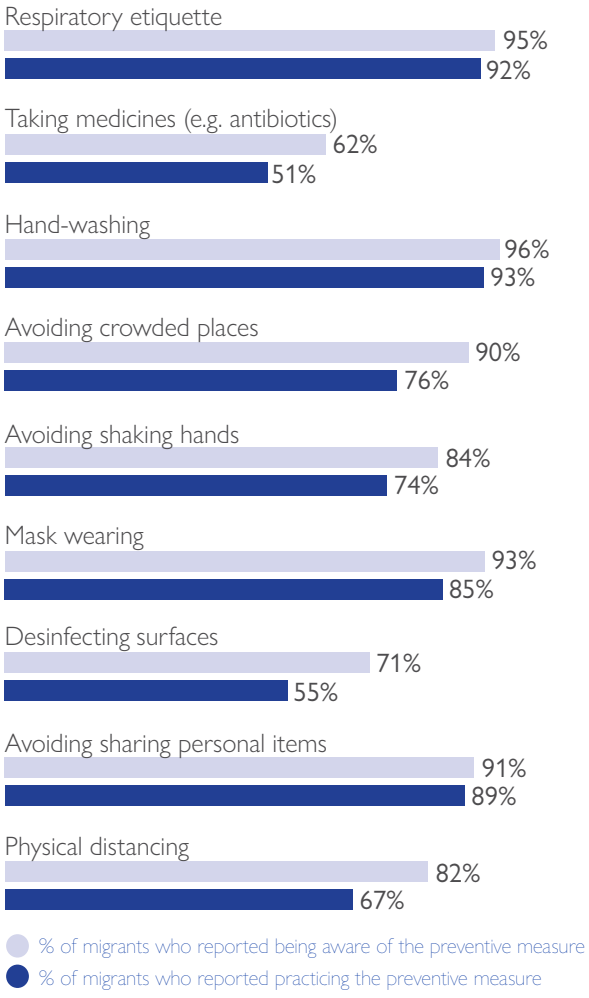
Self-isolation and barriers to self-isolating

The majority of migrants reported that whether they were to experience COVID-19 symptoms (91%), come in contact with a confirmed or possible COVID-19 case (80%) or upon returning from traveling (57%) they would self-isolate. Around three quarters of migrants (76%) also recognised that self-isolation at home was "effective" or "very effective" in limiting the spread of COVID-19.

WHO recommends[18] that one self-isolates upon developing symptoms or testing positive for COVID-19 until they recover.

The majority of migrants identified that a loss of income (90%), the difficulty in sourcing essential items, such as food or medicines (75%) and the responsibility of caring for dependants (68%) would be deterrents to self-isolate. Nearly no migrants (2%) reported benefiting from social security or safety nets indicating that lack of compensation to offset the detrimental impact of a potential loss of income that migrants and their dependants face is likely to explain why many migrants stated they would refrain from or be unable to self-isolate.

Fig 14: Comparisons between awareness and practice of preventive measures (% of total migrants surveyed)



Moreover, three quarters of migrants also mentioned that physically distancing or separating themselves from others in the household would limit their ability to effectively self-isolate. These findings are in line with the results of an IOM Libya study[19] on migrants' accommodation

18 WHO (2021). Advice for the public: Coronavirus disease (COVID-19). Available at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public (accessed March 2022).

19 IOM (2020). A long way from home - migrants' housing conditions in Libya. Available at https://migration.iom.int/sites/default/files/public/reports/DTM-Migrant-Accommodation-Report-23-November-2020_0.pdf (accessed March 2022).

Barriers to self-isolating

90%

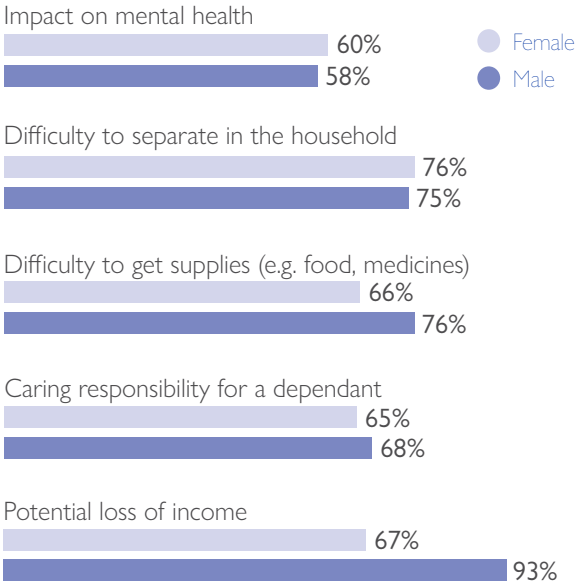
of migrants identified that a loss of income would be a deterrent to self-isolate

arrangements that highlighted that migrants are likely to live in high-density buildings and neighbourhoods, especially when living in collective housing. The study also found that the majority of migrants shared their dwellings and rooms with non-family members. Although the size and number of people sharing accommodation varied, 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. Two thirds of migrants surveyed for this study reported living with four or more people.

The majority of surveyed migrants also mentioned that the detrimental effect of self-isolation on their mental health (58%) would potentially be an obstacle to self-isolation.

A slightly greater proportion of female migrants reported that the possible impact on their mental health (60%) and the difficulty in separating in the household (76%) would be a barrier than male migrants (58% and 75%, respectively) (Fig 15). Whereas a greater percentage of male migrants stated that a potential loss of income (93%), the inability to stop caring for dependants (68%) and the difficulty in getting essential items such as food and medicines (76%) would be barriers to self-isolate than their female counterparts (67%, 65%, 66%, respectively).

Fig 15: Comparisons of barriers to self-isolation reported by male and female migrants

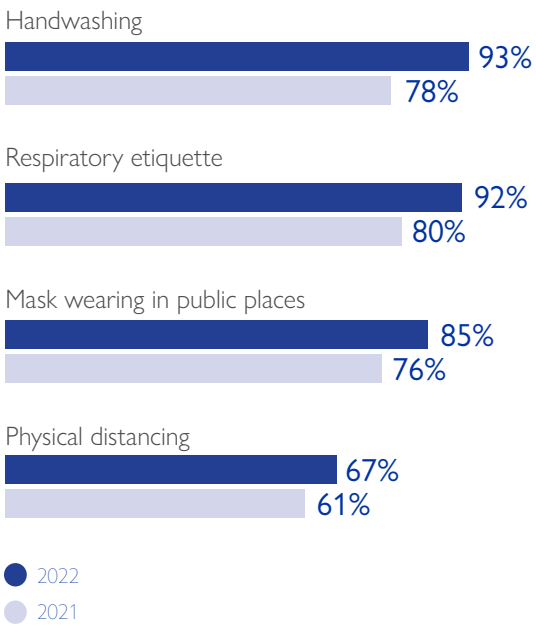


Most widely adopted preventive measures

A significantly greater proportion of migrants reported practicing preventive measures compared to the 2021 assessment. For example, three quarters of migrants or more reported adopting respiratory etiquette, handwashing frequently and avoiding touching eyes, nose and mouth in 2021 compared to 85 per cent or more in 2022 (Fig 16). The measures most widely adopted remain related to respiratory etiquette such as covering one's mouth and nose when sneezing or coughing as well as frequent hand washing and wearing a face covering in public.

Around half of migrants (51%) reported taking antibiotics as a preventative measure, which represents an increase compared to 2021 (35%). Antibiotics should not be used[20] as a means of prevention or treatment of COVID-19. The proportion of migrants who reported that such medicines could prevent contracting COVID-19 remains lower compared to the findings of the September 2020 assessment (54%).

Fig 16: Percentage of respondents who adopted prevention measures by year of assessment



20 WHO (2021). Coronavirus disease (COVID-19). Available at https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19 (accessed March 2022).

Handwashing practices

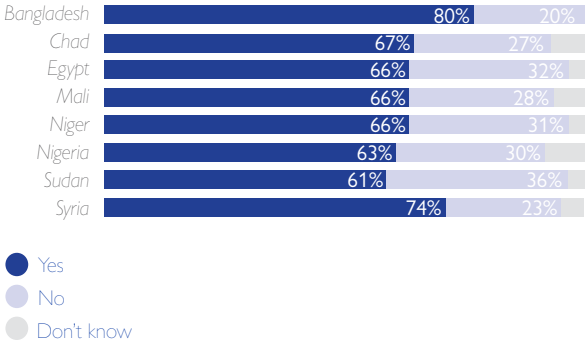
Around two thirds of migrants (67%) reported that a lack of access to clean water on a regular basis was a barrier to handwashing in contrast to around half of migrants (49%) interviewed in 2021. In comparison, 64 per cent of migrants interviewed in September 2020 reported that it was a problem.

There was no difference between male and female respondents – the same percentage (67%) reported that it was an issue. However, a greater proportion of migrants from Bangladesh (80%) and Syria (74%) reported that it was an issue compared to those from Chad (67%), Niger (66%), Egypt (66%), Mali (66%), Nigeria (63%) and Sudan (61%) (Fig 17). This could potentially be linked to the fact that a slightly greater proportion of migrants from Bangladesh (100%) and Syria (100%) perceived that handwashing regularly with soap and water was an effective means of preventing the spread of COVID-19 than migrants from Chad (90%), Egypt (97%), Mali (96%), Niger (94%), Nigeria (97%), or Sudan (98%).

The lack of access to clean water as a barrier to handwashing regularly was more commonly identified in the municipalities of Misrata (93%), Alsharguiya (87%), Tobruk (83%), Zwara (75%), Janzour (73%), Yefren (69%), than in Benghazi (65%), Nalut (64%), Ejdabia (60%), Sebha (54%), Greater Tripoli area (54%), Algatroun (50%), Alkhums (47%) or Gharb Azzawya (41%) (Fig 18).

Data collected by DTM Libya (Round 40[21]) through individual interviews in December 2021 and January 2022 highlights that nearly one in five migrants (19%) had insufficient clean drinking water, compromising their health and hygiene levels. The issue of lack of access to insufficient clean drinking water was more prominent in the south (31%) than in the west (17%) or east (8%) of Libya.

Fig 17: Is a lack of access to clean water on a regular basis a barrier to handwashing for you?



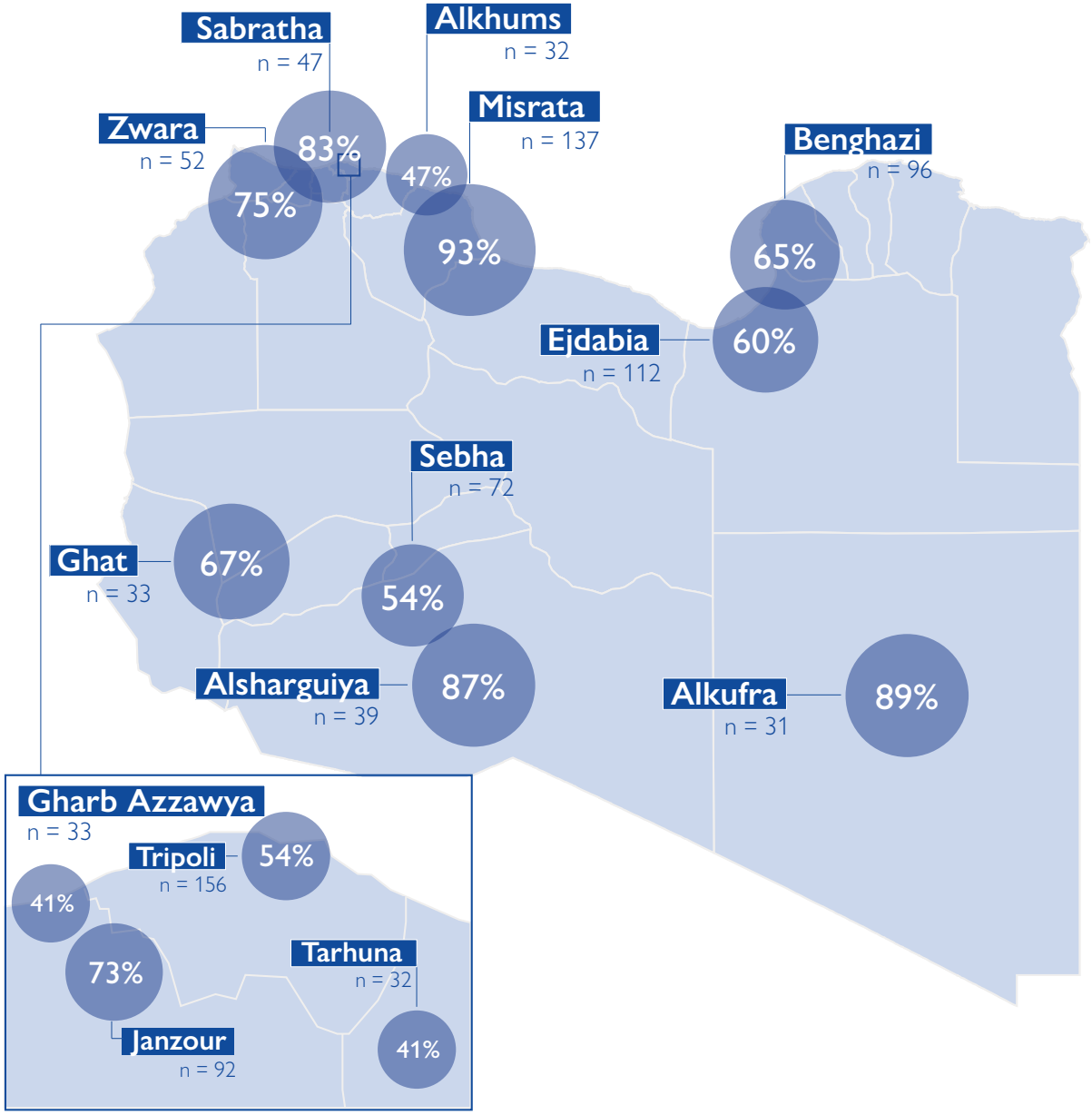
Lack of water

67%

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

21 IOM (2022). IOM Libya Migrant Report, Round 40 (Dec 2021 - Jan 2022). Available at https://migration.iom.int/reports/libya-migrant-report-40-dec-2021-jan-2022 (accessed March 2022).

Fig 18: Percentage of respondents who reported that a lack of access to clean drinking water was a barrier to regular handwashing



Notes: This map includes responses from municipalities for which there was a sample of 30 respondents or more. This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

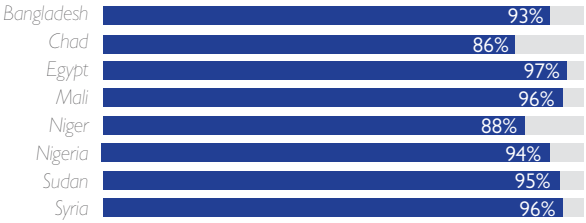
SECTION 3: COVID-19 VACCINES

Awareness of vaccine availability

The majority of migrants (93%) mentioned being aware of the availability of COVID-19 vaccines and, in line with results of the 2021 assessment, there was no significant difference between male (93%) and female (92%) migrants. A total of seven per cent of respondents stated being unaware of the availability of vaccines against COVID-19.

A smaller proportion of migrants from Chad (86%) and Niger (88%) reported being aware of the availability of COVID-19 vaccine than migrants of other nationalities (Fig 19). One Chadian participant of the focus group discussion in Tripoli identified language barrier as being an important obstacle for some migrants from his community to learn about the existence of the COVID-19 vaccine and its availability in Libya to migrants free of charge.

Fig 19: Percentage of migrants who reported that they knew about the existence of COVID-19 vaccines by nationality



A greater percentage of migrants interviewed in the municipalities of Tarhuna (44%) and Zwara (42%) reported being unaware of the existence of a vaccine against COVID-19 than in other municipalities (Fig 21).

Awareness of vaccine manufacturers

Around half of respondents reported knowing the AstraZeneca (51%) and Pfizer (49%) vaccines. Less than a third of migrants reported recognizing the other available vaccines against COVID-19 such as Sputnik-V (29%), Sinopharm (26%), Johnson & Johnson (14%), Sinovac (13%) and Moderna (10%). A total of 29 per cent of migrants reported that they did not recognize any of the vaccines mentioned.

Many participants of the FGDs in all three municipalities (Tripoli, Sebha and Benghazi) reported that being provided with more specific information about the various vaccines offered (e.g. manufacturers, producing country, specific side effects) as well as the differences and similarities between them would help them feel better equipped to decide whether to get vaccinated.

Awareness of the nearest vaccination centre

The majority of migrants (62%) mentioned knowing the location of the nearest vaccination centre. A minority reported not knowing (38%).

A slightly greater percentage of male (63%) than female migrants (56%) mentioned knowing the location of the closest facility to get vaccinated.

More migrants aged 18-25 (52%) as well as those aged 51 or over (86%) reported being unaware of the location of the nearest vaccination facility compared to any other age groups (between 23% and 40%) (Fig 20).

Fig 20: Percentage of migrants who reported being unaware of the location of the nearest COVID-19 vaccination facility

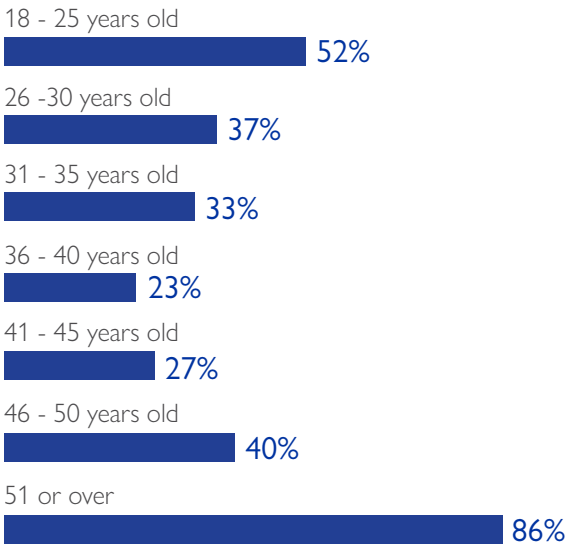
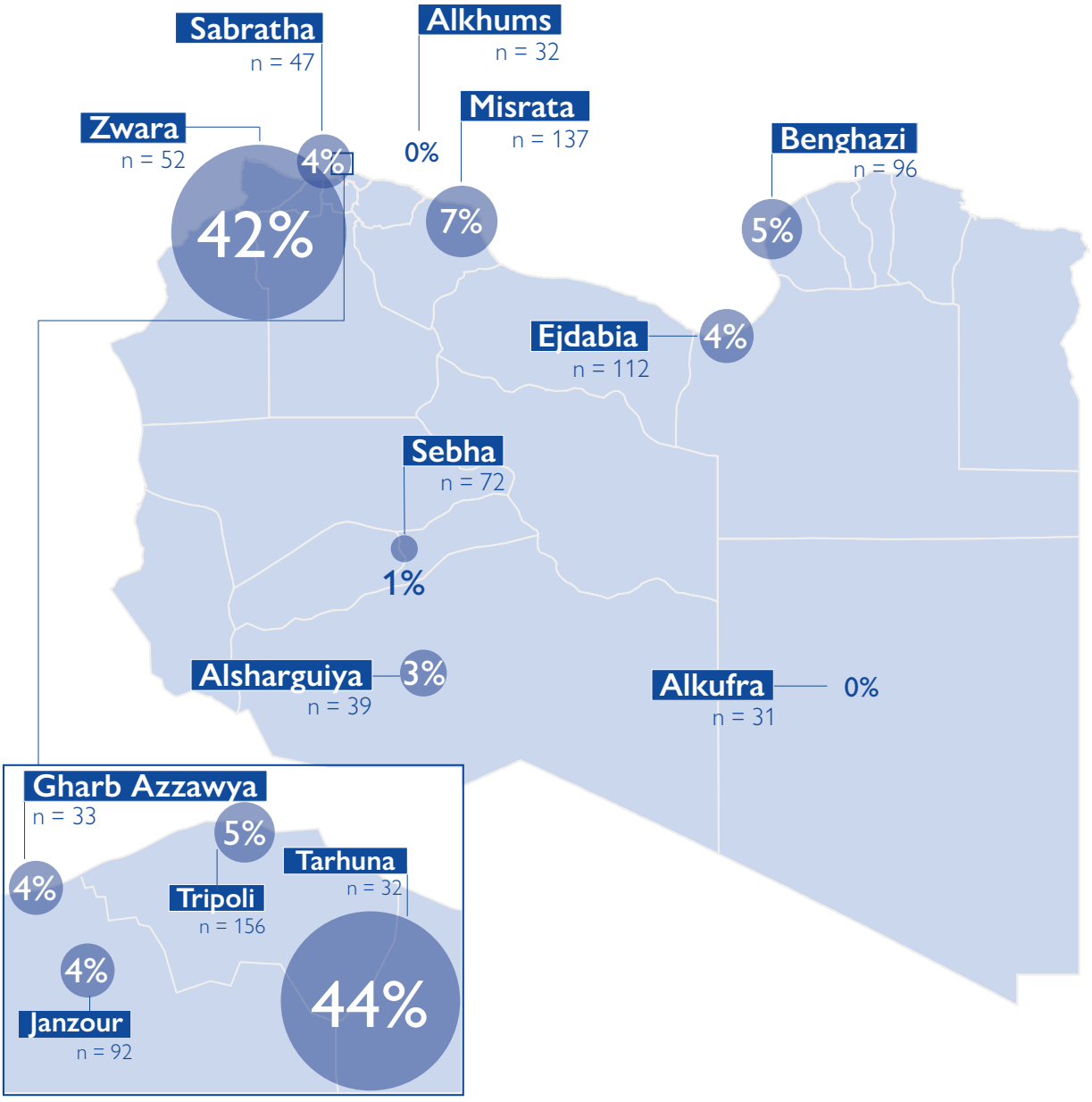


Fig 21: Percentage of respondents who reported being unaware of the availability of COVID-19 vaccines



Notes: This map includes responses from municipalities for which there was a sample of 30 respondents or more. This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

More migrants from Syria (94%), Bangladesh (80%), Egypt (77%) and Sudan (76%) mentioned being aware of the location of the nearest vaccination centre compared to migrants from Chad (66%), Nigeria (51%) or Niger (42%).

Fewer migrants interviewed in the municipalities of Tarhuna (16%), the Greater Tripoli area (24%), Zwara (40%), Sebha (44%), Janzour (45%) and Misrata (53%) than in the municipalities of Tobruk (96%), Sabratha (87%), Alkufra (87%), Gharb Azzawya (85%), Alkhums (78%), Benghazi (78%), Alsharguiya (74%) and Ejdabia (72%) reported knowing the location of the nearest vaccination centre.

Willingness to get vaccinated against COVID-19

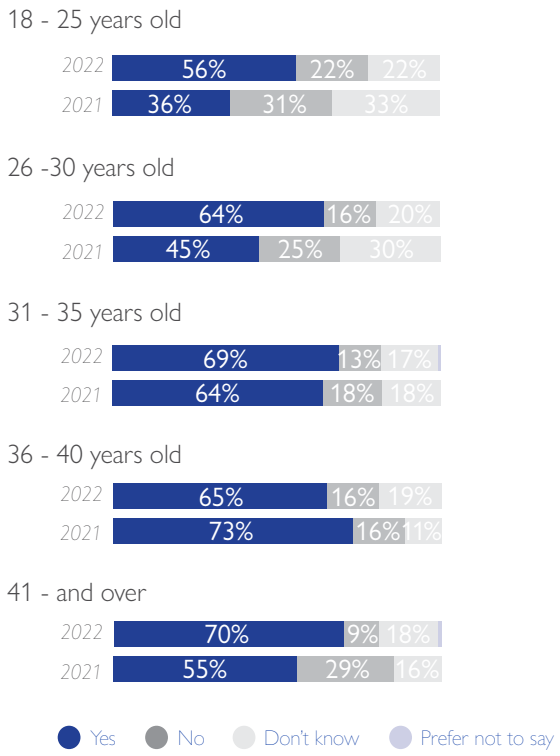
The majority of migrants (64%) stated being willing to get vaccinated against COVID-19 while a minority (16%) reported not wishing to or being undecided (20%). In comparison, 51 per cent of the migrants surveyed in 2021 reported wishing to get vaccinated against COVID-19, while 25 per cent stated they would not and 24 per cent were undecided.

Slightly more female migrants (71%) declared they intended to get vaccinated against COVID-19 than male migrants (63%). A similar proportion of male and female migrants (16% and 15%, respectively) stated not wishing to get vaccinated. However, more male migrants (20%) mentioned being undecided about the vaccination than female migrants (13%).

The highest percentage of respondents who reported not wishing to get vaccinated against COVID-19 was among the youngest age group (18-25 years old) (22%). The highest rate of indecision was also among this age group (22%) as well as among those aged 26 – 30 years old (20%). However, a significantly greater proportion of migrants across the two younger age groups also reported being willing to get vaccinated compared to the 2021 assessment (Fig 22).

A larger proportion of migrants from Bangladesh (87%), Syria (83%), Nigeria (72%) and Sudan (70%) reported intending to get vaccinated against COVID-19 than migrants from Chad (62%), Egypt (62%), Mali (56%) or Niger (44%). Focus group discussions highlighted that hesitancy to get vaccinated subsists across all nationalities. More particularly, and in line with the findings of the quantitative survey, many nationals of Chad, Egypt and Niger voiced that they (or members of their communities) were unwilling to get vaccinated or undecided.

Fig 22: Willingness to get vaccinated by age group by year of assessment



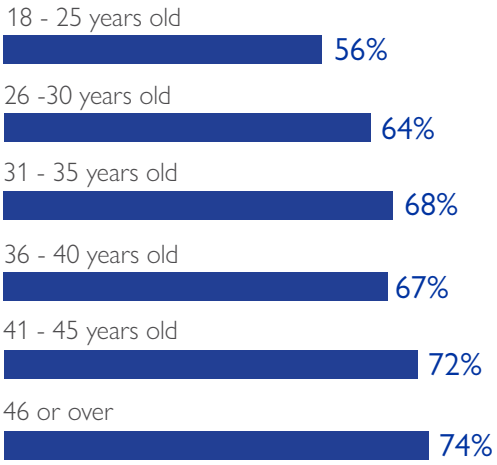
A smaller proportion of migrants who reported residing in Sabratha (32%), Algatroun (44%), Sebha (44%), Tarhuna (44%), Alsharguiya (51%), Ejdabia (53%) or Misrata (55%) than those in Aljufra (95%), Alkhums (91%), Benghazi (80%), Gharb Azzawya (76%), Alkufra (74%), the Greater Tripoli area (68%), Janzour (65%) or Zwara (60%) mentioned their willingness to get vaccinated against COVID-19.

Perception of vaccine importance

Nearly two thirds of migrants (64%) acknowledged that vaccines against COVID-19 were very important with no significant differences between male (64%) and female respondents (68%). A minority mentioned that they were "not too important" (17%) or "not important at all" (4%), while 14 per cent stated they ignored whether they were important or not.

There was a greater proportion of older migrants who believed that vaccines against COVID-19 are important than those who are younger (Fig 23). For example, over half of migrants aged 18-25 (56%) stated that COVID-19 vaccines were "very important" compared to nearly three quarters (74%) of migrants aged 46 and over.

Fig 23: Percentage of migrants who believe vaccines against COVID-19 are "very important" by age groups



The majority of migrants from Syria (90%), Sudan (75%), Bangladesh (79%), Egypt (64%), Nigeria (63%) and Mali (60%) reported that vaccines were very important compared to less than half of those from Niger (48%) and Chad (48%). Similarly, a greater proportion of migrants from Niger (26%) and Chad (24%) reported not knowing whether COVID-19 vaccines are very important than respondents from other nationalities, such as nationals of Egypt (12%), Nigeria (11%), Bangladesh (10%), Sudan (10%) or Syria (2%).

Focus group discussions with nationals of Niger and Chad echo these findings. There was a significant level of doubt and confusion among many participants because of a perceived lack of information on the importance and benefits of the vaccine and a feeling of lacking sufficient proof of their efficiency, fear of serious to life-threatening side-effects (such as blood clots, weakening of the immune system) and the sense that religious beliefs or the immune system can protect them against COVID-19. However, hesitancy also persisted among those who reportedly understand all or some of the benefits of the vaccine. Doubt and misunderstanding subsisted, for example, among those who reported having witnessed a relative or acquaintance fall ill from the side effects of the vaccine or catch the disease even after having received the vaccine. Moreover, many were confused about contradicting information or misinformation seen online or in the media.

A greater proportion of migrants surveyed in Benghazi (84%), Sebha (76%), Derna (75%), Alkufra (71%) and Gharb Azzawya (70%) reported that COVID-19 vaccines were "very important" than migrants from other municipalities including the Greater Tripoli area (63%), Zwara (58%), Ejdabia (52%), Alsharguiya (51%), Misrata (50%), Tarhuna (47%), Tobruk (42%) and Sabratha (40%).

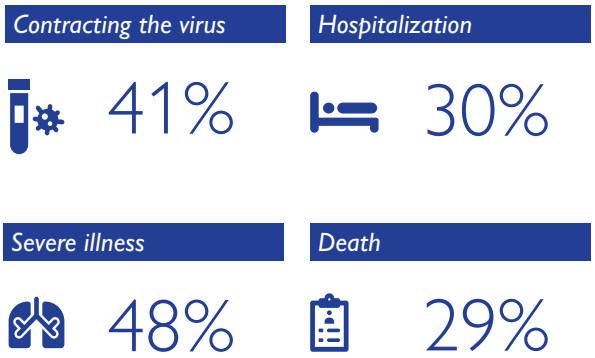
Similarly, a greater percentage of respondents surveyed in the municipalities of Tarhuna (41%), Alsharguiya (36%), Ejdabia (25%), Zwara (25%), Misrata (22%), Gharb Azzawya (21%) and the Greater Tripoli area (15%) reported not knowing whether COVID-19 vaccines were important than in other municipalities.

Awareness of COVID-19 vaccine benefits

A minority of migrants (29%) interviewed by DTM in January and February 2022 reported knowing all the benefits of the COVID-19 vaccines (i.e. strong protection against serious illness, hospitalization and death and a reduced likelihood of being infected and passing on the virus to others).

Nearly half of respondents (48%) recognized that the vaccine helps reduce severe illness while fewer reported knowing it can decrease chances of becoming infected (41%), being hospitalized (30%) or death (29%) (Fig 24).

Fig 24: Percentage of respondents who reported that COVID-19 vaccines can help reduce the following risks



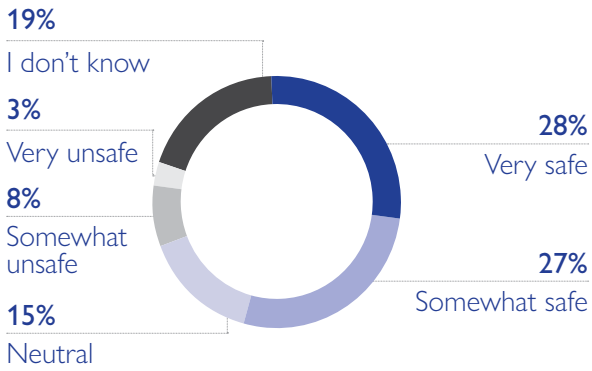
Overall, there were no significant differences between male and female respondents. Less than half of both female and male migrants mentioned knowing the benefits of COVID-19 vaccines. Moreover, similar percentages of males and females reported not knowing whether COVID-19 vaccines helped reduce any of the risks listed (3% and 2%, respectively).

In line with those findings, the majority of focus group discussion participants were divided on the benefits of COVID-19 vaccines with some on the one hand arguing that vaccines are beneficial to protect their health as well as that of others. Others, on the other hand, disagreed on the effectiveness of vaccines. Many appeared to think that the potential side effects on their health, which could also possibly impact their ability to continue working, outweighed the benefits of the vaccines.

Perception of safety of vaccines

More than half of respondents (55%) deemed that COVID-19 vaccines were safe (either "very safe" or "somewhat safe"), while 15 per cent had no opinion and a minority (11%) deemed that the vaccines were unsafe (either "somewhat unsafe" or "very unsafe") (Fig 25).

Fig 25: Migrants' perception of COVID-19 vaccine safety

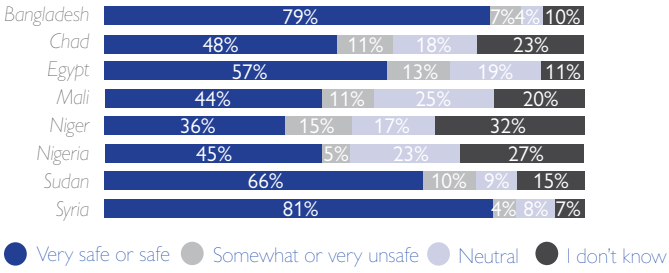


Overall, there were no significant differences between male and female respondents' opinions on the safety of vaccines against COVID-19.

The data shows that a greater percentage of migrants from Niger (32%), Nigeria (28%), Chad (23%) and Mali (20%) than those from Sudan (15%), Egypt (11%), Bangladesh (10%) or Syria (7%) reported ignoring whether COVID-19 vaccines were safe (Fig 26).

More migrants from Syria (81%), Bangladesh (79%), Sudan (66%) and Egypt (57%) than migrants from Chad (48%), Nigeria (45%), Mali (44%) and Niger (36%) estimated that the vaccines against COVID-19 are safe (either "very safe" or "somewhat safe").

Fig 26: How would you assess the safety of the COVID-19 vaccines



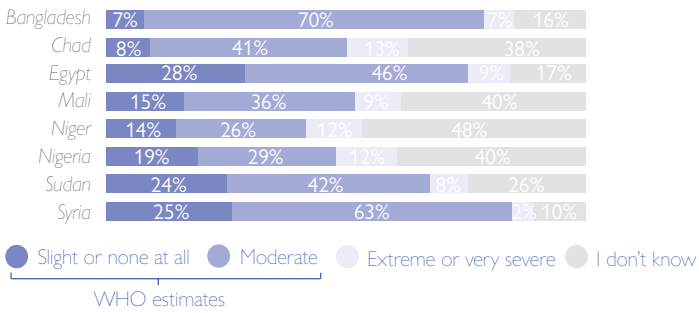
Severity of side effects

Migrants interviewed ranked the 'fear of side effects' as the main factor (identified by 53% of respondents) that would deter them from getting vaccinated against COVID-19 (Fig 28). Around a third of migrants (30%) reported ignoring how severe the side-effects of COVID-19 vaccine would be. However, the majority of respondents (61%) estimated that the potential severity of the COVID-19 vaccine side effects were mild to moderate (in line with WHO guidelines) while a minority of migrants (9%) believed that the side-effects would be extreme or very severe.

A greater percentage of migrants aged 18-25 (41%) reported not knowing about the severity of potential side effects of the COVID-19 vaccines than migrants from any other age groups. At the same time a smaller proportion of respondents aged between 18-25 (17%) than migrants from other age groups deemed that the potential side-effects of the COVID-19 vaccines would be minimal.

More migrants from Syria (88%), Bangladesh (77%), Egypt (74%) and Sudan (66%) than those from Mali (51%), Chad (49%), Nigeria (48%) and Niger (40%) assessed that the potential severity of the COVID-19 vaccines side effects would be mild to moderate (Fig 27).

Fig 27: How severe do you think the side effects of COVID-19 vaccines are?



Moreover, a greater proportion of migrants from Chad (13%), Nigeria (12%) and Niger (12%) than Mali (9%), Egypt (9%), Sudan (8%), Bangladesh (7%) and Syria (2%) estimated that the side effects of the COVID-19 vaccines would be extremely severe.

The fear of severe to life-threatening side effects was systematically mentioned in all focus group discussions. A significant proportion of participants of the focus group discussions in all three municipalities of Tripoli, Sebha and Bengahzi highlighted that addressing the lack of specific information about the various vaccines offered, the manufacturers as well as the nature of side effects of each vaccine would help reassure some about the overall safety of COVID-19 vaccines.

More specifically, many Sudanese migrants who participated in FGDs in Tripoli and Bengahzi, for example, reported that their fellow community members have a preference for the AstraZeneca vaccine and have doubts about the safety and/or efficiency of other vaccines available.

Motivating factors to get vaccinated

Getting vaccinated to protect themselves (74%) and their family and friends (60%) were two factors that would motivate migrants to get vaccinated. Migrants also commonly reported that protecting their community (48%), resuming their normal working conditions (42%) and social condition (31%) as well as travel (27%) would motivate them to get vaccinated.

Some participants of the focus group discussions reported that the need to show proof of vaccination to access certain services, such as schools, or travel would be a source of motivation to get vaccinated.

Deterring factors to get vaccinated

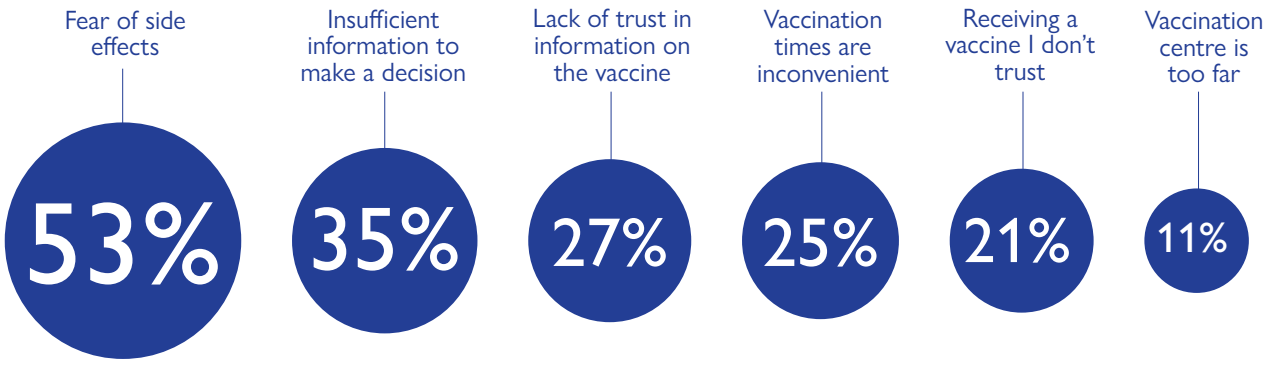
Aside from the fear of side effects (see 'Severity of side effects' section) the lack of information to make a decision (35%) and the lack of trust in the information available (27%) were the second and third most commonly identified factors (Fig 28). Other less commonly mentioned factors included the lack of a convenient time slot to get vaccinated (25%), receiving a vaccine that is not trusted (21%), the lack of trust in the methods of vaccine storage (15%) and the distance of vaccination centres judged too far (11%).

Many participants of the FGDs in all three municipalities reported only having been convinced of the safety of the vaccine after having witnessed friends, relatives or acquaintances who were vaccinated. They claim it alleviated some of their fears and is one of the ways that could motivate them (and other members of their communities) to get vaccinated. However, some participants also mentioned having witnessed friends, relatives or acquaintances getting ill after having received the vaccine which discredited, in their opinion, the vaccine's safety.

Many participants of the FGDs across all three municipalities also reported that the lack of access, including the lack of transportation or difficulty in reaching the facilities for those living remotely as well as the lack of knowledge of the location of vaccination facilities were obstacles to getting vaccinated. Some participants mentioned that mobile clinics run by the Ministry of Health are useful in reaching migrants and ensuring that those who are living in situations of vulnerability also have access to vaccination

A number of participants of the focus group discussions of various nationalities and in all three municipalities mentioned that the fear to need to show official documents or ID at the vaccination facility was a barrier to getting vaccinated.

Fig 28: Factors that would deter migrants from getting vaccinated



Vaccination of children

The majority of migrants who reported having children under the age of 18 (55%) stated that they would have their children vaccinated against COVID-19 if WHO were to approve the vaccination of kids aged 5 – 12. The main reasons that would motivate them to get their children vaccinated are to protect their children's (92%) and their family's health (77%), their community (60%) or to ensure that in-person learning continues uninterrupted (46%).

A quarter of migrant with children stated ignoring whether they would seek vaccination against COVID-19 for their children while 20 per cent reported that they opposed to the idea.

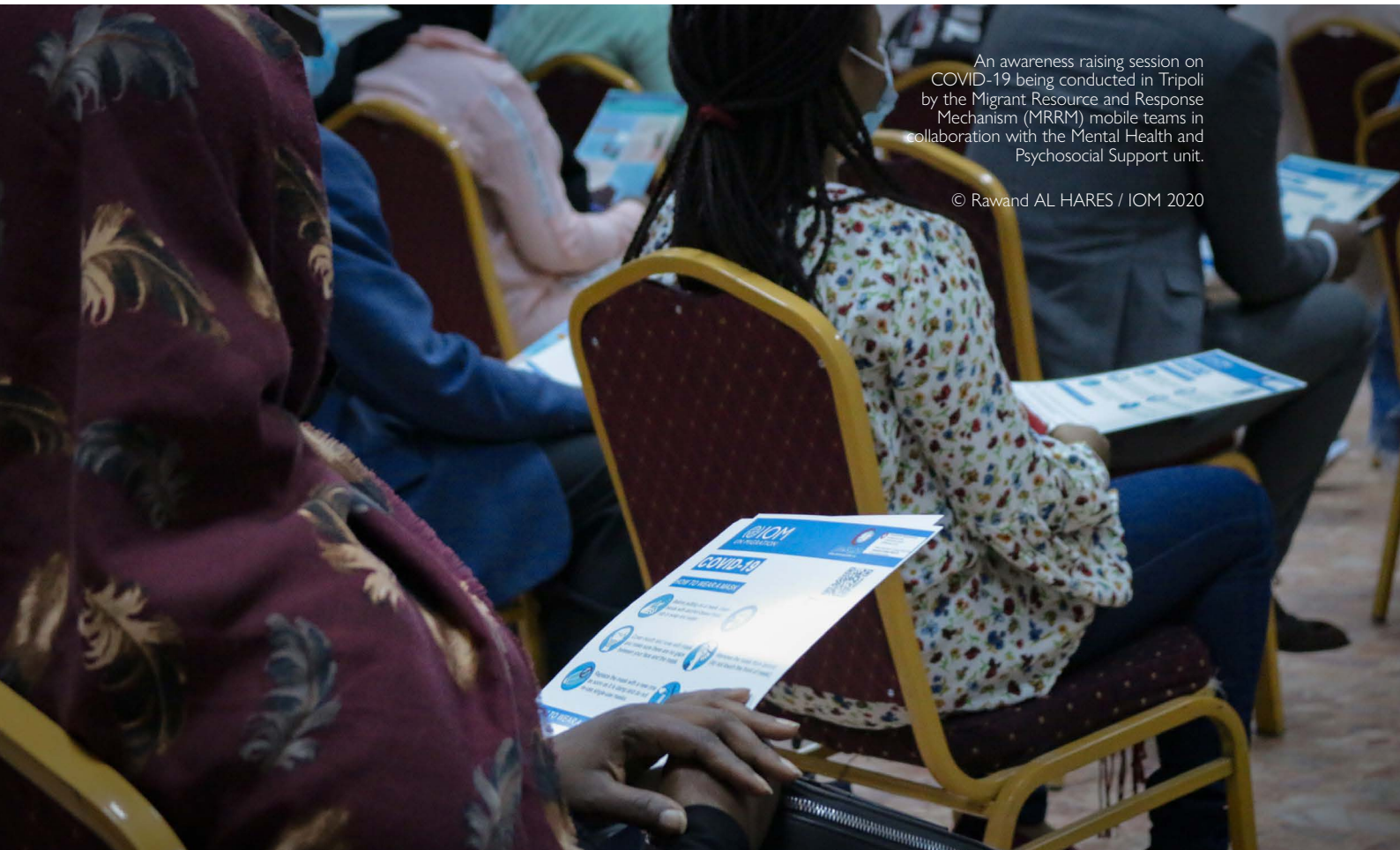
Among those who had children and were opposed to the idea of getting their children vaccinated, the majority reported that they did so because they believe that the vaccines are not safe for those under 18 years old (58%). Fewer migrants reported that they would oppose vaccinating their children if it were approved by WHO because they do not believe that COVID-19 is a threat to children (30%), they do not trust that vaccination is available (17%) and do not trust the local methods of vaccination storage (11%).

Vaccination of children

58%

of migrants who oppose the vaccination of their children against COVID-19 stated that they do so in fear that the vaccine is not safe for those under 18 years old

Based on data collected by DTM through individual interviews with 25,612 migrants in 2021, a minority of migrants (6%) reported being in Libya with school aged children aged between 5 and 18 years old.



An awareness raising session on COVID-19 being conducted in Tripoli by the Migrant Resource and Response Mechanism (MRRM) mobile teams in collaboration with the Mental Health and Psychosocial Support unit.

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Health-seeking behaviour

The majority of migrants (70%) agreed that if they were due for immunization they would visit a health facility while a minority stated they would not (11%). A total of 18 per cent ignored whether they would visit or not a health facility to get their vaccination up to date.

Among those who mentioned they would not go to a healthcare facility, the majority (71%) reported that it was out of fear of contracting COVID-19 at the health facility. Nearly one in five (18%) mentioned that it was because health facilities only accept COVID-19 cases while fewer (1% or less) stated that it was because health facilities are closed, because they are not convinced about the efficiency of the vaccine, because of a lack of employees at health facilities, out of fear of discrimination or abuse, because of a lack of documentation or as it is not deemed necessary as they are not at risk of getting sick.

Accessing healthcare in case of infection

The majority of migrants (58%) reported that the unaffordability of healthcare would be an issue should they contract COVID-19 in addition to being a barrier for them to access professional care in a health facility. A total of 76 per cent of the 25,735 migrants interviewed by DTM over the period January – December 2021 stated having limited (69%) or no access (7%) to health care services, including lifesaving and emergency care. Among those who had no access, more than four in five migrants (82%) identified the unaffordability of health care as one of the three main obstacles to accessing health services.

Around one in five migrants (21%) reported that discrimination based on ethnic, racial or tribal grounds would be an obstacle, while a minority stated that there were no COVID-19 test facilities in their local area (16%) and a handful (1% of respondents) reported that they lived or that the health facility near them was in a conflict zone.

A greater proportion of migrants in the municipalities of Sabratha (60%), Janzour (47%), Benghazi (40%), the Greater Tripoli area (38%), Misrata (30%) and Alkufra (26%) than those surveyed in Alsharguiya (18%), Zwara (18%), Gharb Azzawya (6%), Ejdabia (3%) and Sebha (1%) reported that they fear that their access would be limited because of discrimination based on ethnicity, race or tribe affiliation (Fig 30).

More nationals from Nigeria (29%), Niger (28%), Mali (22%) and Bangladesh (21%) compared to those from Egypt (18%), Syria (16%), Chad (15%) or Sudan (15%) reported that they feared that health facilities would not accept them for reasons linked to ethnicity, race or tribe affiliation.

Correspondingly, a greater proportion of respondents from Mali (20%), Niger (12%) and Nigeria (11%) than those from Chad (8%), Sudan (8%), Bangladesh (7%), Egypt (6%) and Syria (2%) identified having a low level of confidence in health care workers (Fig 29). Moreover, Eritreans and Ethiopians who participated in focus group discussions (in Tripoli) reported that there was a general lack of trust in health care workers among their community members.

Fig 29: Migrants who reported having a low level of confidence in health care workers

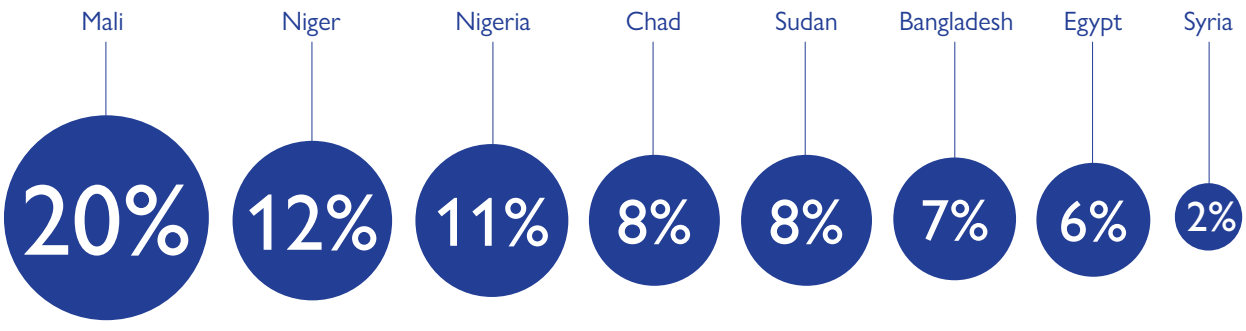
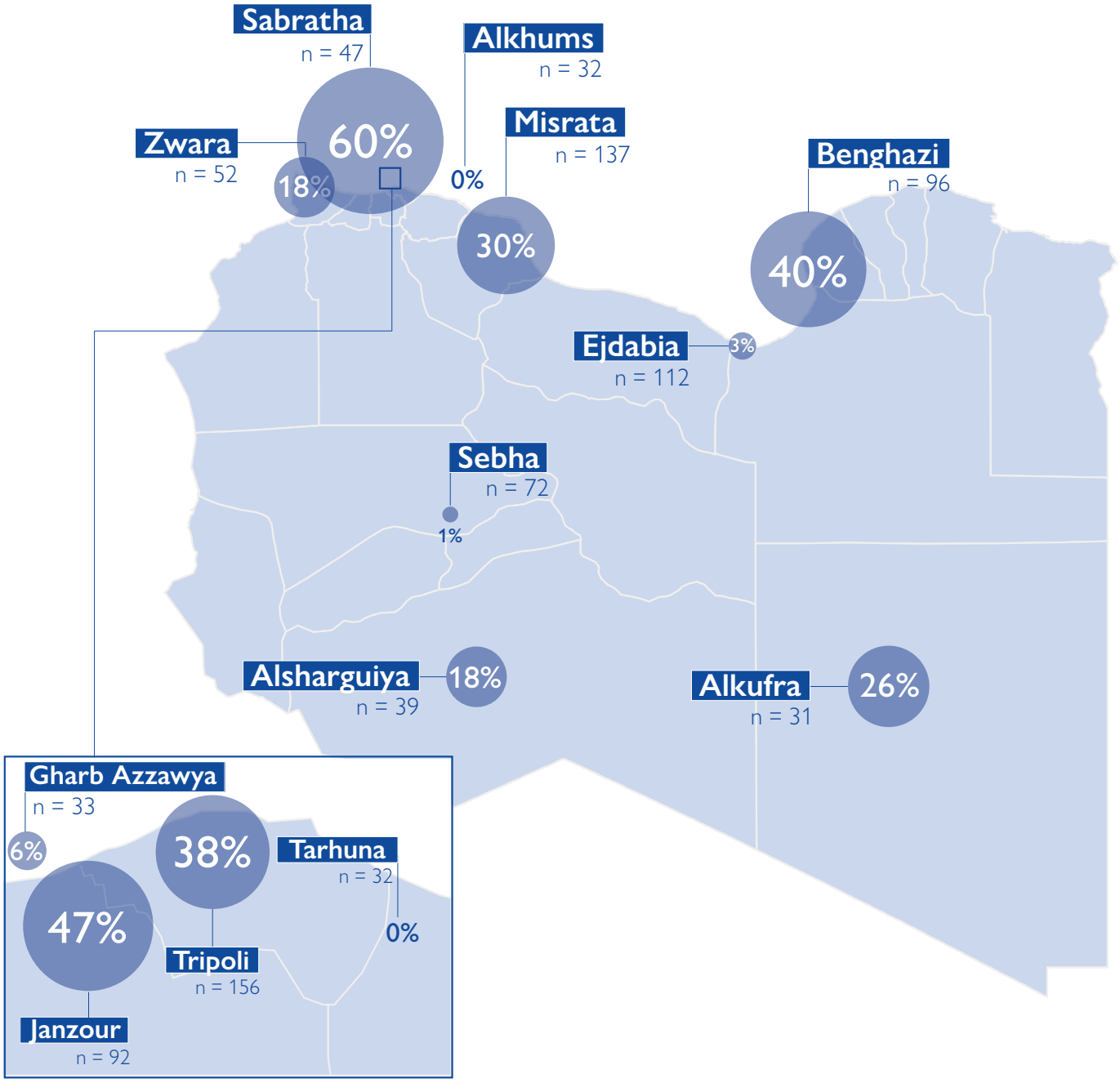


Fig 30: Percentage of migrants by location of survey who fear health facilities will not accept them for ethnic, racial or tribal reasons in case they were to be infected with COVID-19



Notes: This map includes responses from municipalities for which there was a sample of 30 respondents or more. This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

Impact of COVID-19 pandemic on livelihoods

Three quarters of migrants (76%) reported that the COVID-19 pandemic had affected their livelihoods, in the majority of cases (67%) because of their reliance on employment found on a daily basis. A minority of migrants mentioned that their livelihood had been affected because of unpaid wages by their employer (14%) or because their business, such as a shop, café or restaurant, for example, is closed (12%).

Impact on dietary habits

Over a third of migrants (36%) reported having changed their dietary habits since the start of the COVID-19 pandemic. A greater proportion of female respondents (44%) than males (35%) and a larger percentage of migrants aged 26 or over (between 37% to 42%) than migrants between the ages of 18-25 (28%) mentioned that their dietary habits had changed since the start of the COVID-19 pandemic.

Among those who reported having changed their dietary habits, more than three quarters of migrants (79%) mentioned buying different products because of increased food prices or the inability to afford the same items while 76 per cent reported using special food to boost their immune system.

A greater proportion of migrants in Alsharguiya (72%), Sebha (54%), Sabratha (43%), Benghazi (40%), Misrata (39%) and Janzour (33%) than in Ejdabia (25%), Tobruk (25%), Alkufra (23%), Gharb Azzawya (21%) the Greater Tripoli area (19%), Zwara (15%), Tarhuna (13%) or Alkhums (9%) reported having changed their dietary habits since the start of the COVID-19 pandemic (Fig 32).

A slightly greater proportion of migrants who reported having changed their dietary habits reported that their livelihood is being impacted by the pandemic (82%) than those who had not changed their diet (73%).

Impact of COVID-19 restrictions on mental health

Over half of migrants (52%) mentioned that the COVID-19 restrictions impacted their mental health, while around a third (34%) felt the need for psychosocial support or mental health services. There was no significant difference between those who reported suffering from a chronic illness (54%) and those who do not (52%).

A greater proportion of female migrants (61%) shared that the COVID-19 restrictions had affected their mental health than their male counterparts (51%). Moreover, a significantly greater proportion of migrants aged 51 or over (45%) than younger migrants reported needing psychosocial support (Fig 31).

Migrants who were unemployed reported that their mental health was affected to a greater extent (61%) than migrants who were employed at the time of survey (50%). Similarly, a greater proportion of migrants who reported that the pandemic had affected their livelihoods stated that their mental health had been affected (62%) than those who did not (21%). The rise in commodity prices, combined with reduced, delayed or limited access to wages was mentioned by some interviewees (each accounting for <6% of responses).

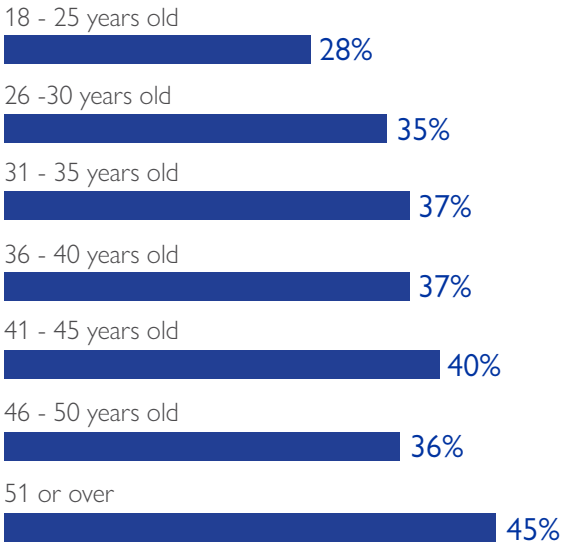
A 2021 OECD study[22] found that the COVID-19 crisis had increased the risk factors generally associated with poor mental health, such as financial insecurity, unemployment and fear which translated in worse mental health outcomes for unemployed individuals compared to the general population.

Mental health

52%

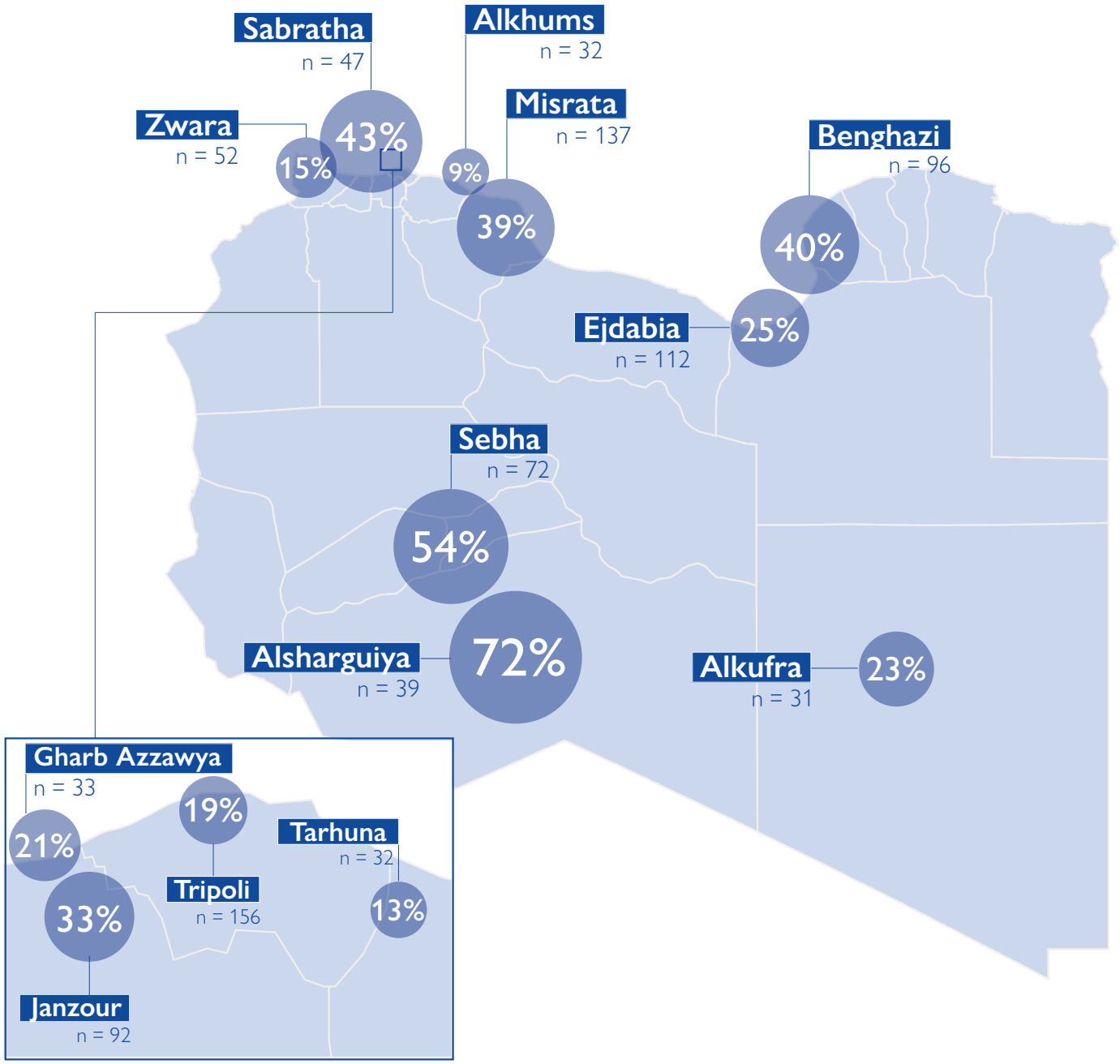
of migrants felt that the COVID-19 pandemic impacted their mental health

Fig 31: Percentage of migrants who felt the need for psychosocial support or mental health services



22 OECD (2021). Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response. Available at https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/ (accessed March 2022).

Fig 32: Percentage of migrants by location of survey who reported having changed their dietary habits since the start of the COVID-19 pandemic



Notes: This map includes responses from municipalities for which there was a sample of 30 respondents or more. This map is for illustration only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

Impact on individuals living with a disability

Over a third of migrants (35%) reported that the COVID-19 restrictions in their municipality impact those living with a disability while 45 per cent reported ignoring if it was the case. A total of 19 per cent stated that COVID-19 restrictions were not affecting individuals living with a disability in their municipality.

According to WHO[23] people living with a disability can be at greater risk of contracting COVID-19 and may be disproportionally impacted by the pandemic because, for example, of the difficulty in enacting social distancing because of additional support needs or the disruption to the services they rely on

23 WHO (2020). Disability considerations during the COVID-19 outbreak. Available at https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1 (accessed March 2022).

The vaccination campaign for the non-Libyan population began in autumn 2021. In October 2021, IOM mobile medical teams held a COVID-19 vaccination campaign in Suq Aljumaa (pictured). As part of the national COVID-19 vaccination campaign led by the Libyan National Centre for Disease Control (NCDC), IOM has also been conducting awareness raising sessions on COVID-19 vaccines in detention centres and community settings. Trained IOM community mobilizers, accompanied by medical teams have been providing migrants and detention centre staff with critical information on COVID-19 vaccines, including its importance, dosage, side effects and addressed questions and concerns related to the vaccination processes.

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SECTION 4: INFO & COMMUNICATION

Source of information on COVID-19 vaccines

Migrants identified international news (26%), family and friends (19%) or the National Centre for Disease Control (NCDC) (19%) as their single main source of information on COVID-19 vaccines (Fig 33). Fewer migrants selected local news (14%), social media (8%), the Ministry of Health (7%), community leaders (3%) or municipal authorities (2%).

Among those who identified social media as their main source of information the majority reported relying on Facebook (83%) while a minority stated using primarily WhatsApp (16%).

The main social media content consulted included pages of the NCDC (22%), local news broadcaster from countries of origin or migrant community (17%), friends (in Libya and abroad) (13%) and WHO (12%) pages.

Respondents in focus group discussions mentioned TV and radio channels such as Aljazeera, BBC, Chourouk FM Radio (Tunisia), France 24, Libya Alhadath, Nile News, RT, Voice of America as well as other (unspecified) Libyan, Nigerien, Malian and other (unamed) local media.

Respondents from Syria (35%), Egypt (33%) and Sudan (27%) identified the National Centre for Disease Control (NCDC) as their primary source of information, whereas migrants from Nigeria (45%), Mali (33%) and Bangladesh (30%) reported mainly relying on international news (Fig 34). Nationals of Niger (31%) and Chad (28%) stated that family and friends were their top source of information on the subject.

Confidence in sources of information on COVID-19 and vaccines

Migrants interviewed had a "high level of confidence" or "some confidence" in the UN and INGOs (88%), pharmacists (86%), healthcare workers (85%) and the Ministry of Health and the National Centre for Disease Control (82%) as sources of information on COVID-19 (Fig 35). Slightly fewer migrants reported having confidence in religious or spiritual elders or leaders (62%). Several participants of the focus group

Fig 33: Main source of information on COVID-19 vaccines (single answer question)

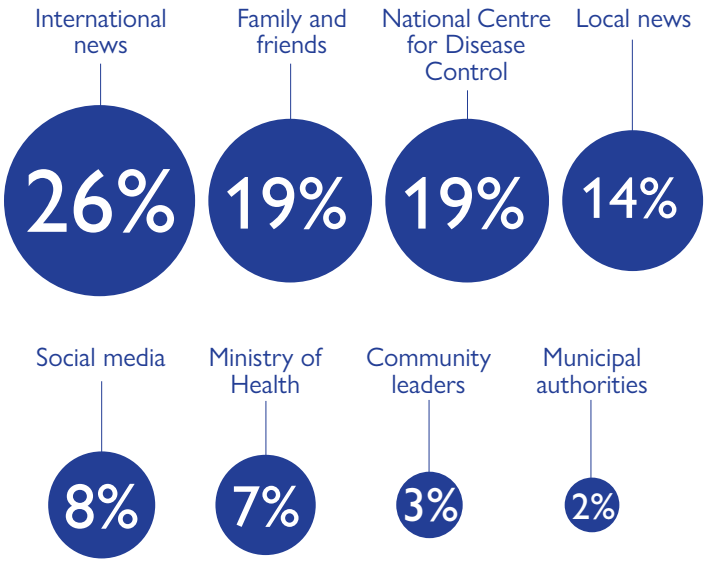
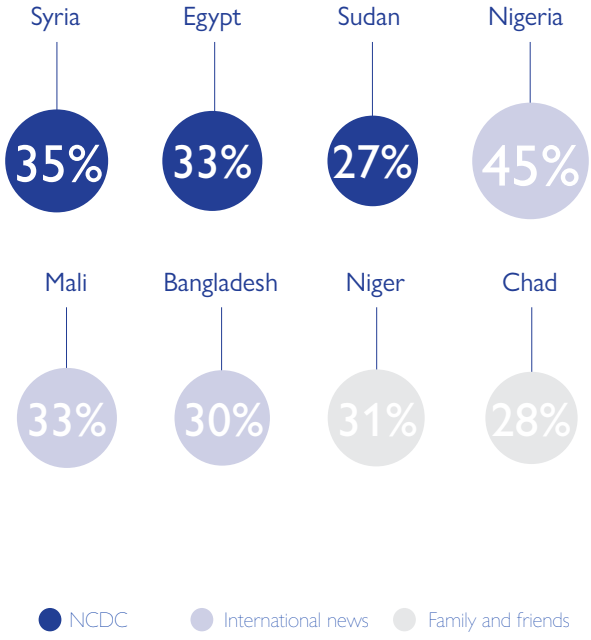


Fig 34: Top source of information on COVID-19 vaccines by country of origin (single answer question)

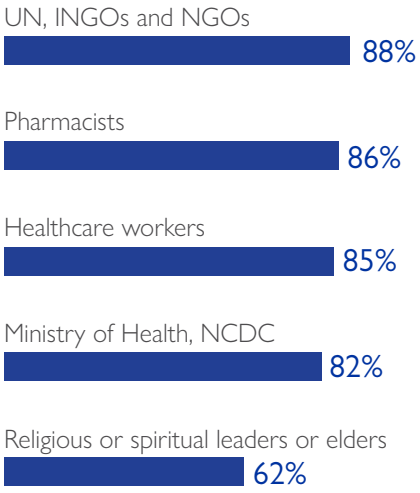


discussions reported that religious leaders and lectures in mosques can be influential and perceived as credible sources of information on COVID-19 and vaccines. Many also mentioned that embassies could be an important vector of communication as they are trusted sources of information among many migrant communities.

More migrants from Syria (73%), Egypt (66%), Sudan (61%) and Bangladesh (53%), than those from Nigeria (40%), Chad (38%), Niger (28%) or Mali (26%) reported having a high level of confidence in the Libyan Ministry of Health and the National Centre for Disease Control (NCDC). Furthermore, a greater proportion of respondents from Bangladesh (73%), Syria (73%), Egypt (62%) and Sudan (61%) than those from Nigeria (55%), Chad (45%), Mali (42%) and Niger (41%) stated they had a high level of confidence in the UN and INGOs.

In parallel, a greater proportion of migrants from Bangladesh (47%), Sudan (37%), Syria (36%) and Egypt (31%) than those from Chad (21%), Nigeria (16%), Niger (15%) or Mali (11%) mentioned having a low level of confidence in religious leaders.

Fig 35: Percentage of migrants who reported having confidence in the accuracy of information on COVID-19 by sources of information on COVID-19



Preferred channels of information about COVID-19

Facebook was ranked as the preferred channel of information on COVID-19 (38%), followed by television (36%) and SMS, or messaging apps, such as WhatsApp (11%). Phone calls and radio were the least preferred channels of communication. These findings echo the results of focus group discussions.

Moreover, many migrants who participated in the FGDs specified that audio-visual content (on broadcasting media or the internet) was the favoured means of communication, most particularly to ensure that those who are illiterate, or are unable to read Arabic or English can also be reached by awareness raising campaigns. Many groups also identified in-person meetings, social gatherings and awareness-raising sessions as their preferred means of communication. In addition, participants of focus group discussion, particularly those from East, West and Central Africa, reported that migrant community as well as religious leaders were significant vector of information and therefore an efficient way to inform communities.

Female migrants (42%) preferred television channels to Facebook (34%) while male migrants (38%) identified Facebook as their favoured means of information and fewer ranked television channels (35%) as their preferred channel of information.

Migrants who were younger than 35 reported that Facebook was their favourite channel of information while television was ranked first by those aged 36 or older (Fig 37). Facebook was ranked second among those aged 36 or older while television was identified as the second preferred channel among those aged 18-35.

Generally, participants from West, East and Central Africa also informed that field and direct meetings and awareness raising sessions as well as using community leaders or members as intermediary would be in their opinion the most efficient way to communicate about COVID-19 and vaccines.

Fig 36: Preferred channel of communication

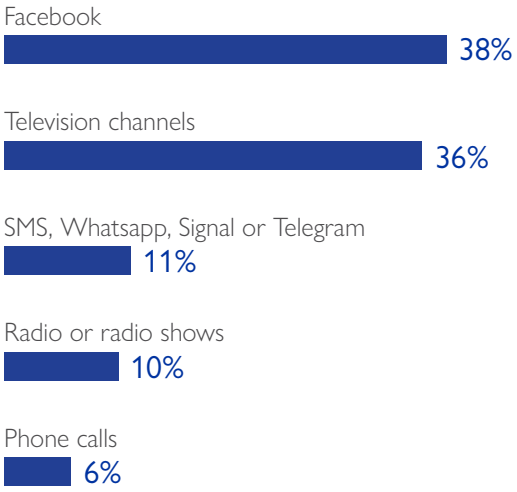
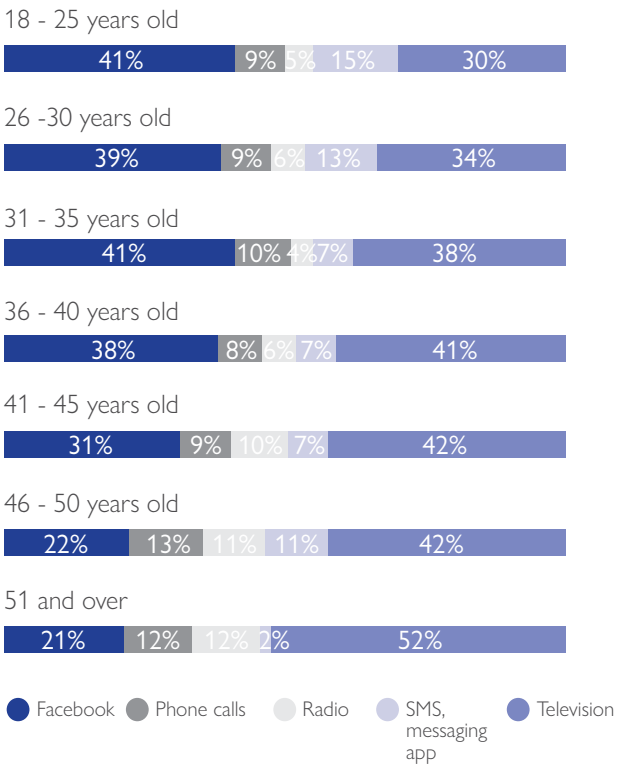


Fig 37 Preferred channels for information on COVID-19 by age groups



IOM Libya received a donation of antigen COVID-19 tests to help improve migrants' access to overall health services, including COVID-19 services and to protect against disease spread

RECOMMENDATIONS

Based on the results of the focus group discussions and individual interviews conducted with migrants by DTM Libya in 2022, it is suggested to:

Continue the implementation of the awareness-raising communication strategy

More specifically, the campaigns should :

- Explain and provide information on the types of COVID-19 vaccine manufacturers that exist and are available in Libya, their benefits, efficacy rates as well as their specific side effects;
- Raise awareness of the fact that it is not necessary to present ID or official documentation when getting vaccinated and that vaccination is free of charge and available to everyone;
- Ensure that campaigns target those who may be harder to reach, because they live in remote areas or have limited access to communication technologies;
- Ensure that the communication strategy takes into account migrants' favoured channels as well as levels of literacy, health literacy, digital literacy as well as media literacy.
- Ensure that the campaigns are tailored to specific nationalities and age groups which have reported less awareness of COVID-19 and vaccines as well as willingness to get vaccinated.
- Use tailored means of communications such as direct contact with communities through in-person meetings, lectures, awareness-raising sessions and the use of mobile clinics to inform on COVID-19 and vaccines, as well as to provide advice and care, if needed.

Make use of trusted figures based on context

The communication and awareness-raising campaign should be, or continue to be implemented using trusted voices and social influencers, such as government officials, health workers, migrant community leaders and religious figures, based on actors who have legitimacy among the groups who are targeted.

Ensure regular monitoring and evaluation

Monitor progress on a regular basis, ensuring that feedback mechanisms allow community to help improve the way information is circulated as well as the relevance of the type of information shared.

Assess information gaps on an ongoing basis by triangulating information based on different sources, such as local actors and frontline workers, and by involving communities to help find appropriate targeted solutions, if issues arise.

Continue efforts to improve access to psychosocial support

Mental health and psychosocial support and activities should continue to be implemented, including information campaigns and training sessions for community members on self-care, stress management and psychological first aid adapted for COVID-19.

Communication channels should be implemented and publicized to enable those in need to access help and to ensure local actors are able to identify vulnerable populations and refer them to other critical programmes, when needed.

Continue facilitating access to clean water

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

Continue facilitating access to healthcare for migrants

Access to health care remains a significant issue for many migrants in keeping with findings of the 2021 and 2020 assessment.

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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Project funded by the European Union