



# LIBYA: Report on nutrition screening findings in Sabaa detention centre

Tripoli, Libya | March 2019

## BACKGROUND

### General context

An estimated 670,000 refugees, migrants and asylum seekers are in Libya.<sup>1</sup> This population is regularly exposed to human rights abuses including extortion, torture and other ill-treatment, sexual violence, exploitation and forced labour.<sup>2</sup> Their access to basic medical services is limited throughout much of the country, further jeopardising their physical and mental health.<sup>3</sup> Currently, more than 5,700 refugees, migrants and asylum seekers are estimated to be arbitrarily held in official, state-run detention centres (DCs) operated by the Directorate for Combating Illegal Migration (DCIM), a division of the Libyan Ministry of Interior.<sup>4</sup> Of these, 4,100 (72%) are registered as persons of concern to UNHCR and may have international protection needs. MSF works in several of these official centres – in Khoms, Misrata, Tripoli and Zliten – where our mobile teams provide primary healthcare services that include outpatient consultations, antenatal and postnatal care, treatment for survivors of sexual abuse, mental health support, water and sanitation services, and referrals to private clinics for secondary care.

Medical and humanitarian access to DCs is highly variable, as are the conditions under which detainees are held. Security restrictions, resource and personnel constraints, and the perception of humanitarian organisations by both authorities and local militias are all factors that vary between each DC and influence access. Conditions in DCs are themselves highly variable, but in general fall well below accepted international standards. MSF medical teams regularly observe a lack of basic infrastructure such as toilets, shelter, electricity, lighting, heating and proper ventilation. Adequate interior space as well as access to outdoor settings is often severely restricted, and the provision of basic services, such as food of sufficient quantity and quality, is poor or inconsistent in many DCs. There is also a wide range of protection issues to which people are exposed when being held arbitrarily for prolonged periods of time in DCs, and which have been documented in recent reports by the UN<sup>2</sup> and human rights organisations.<sup>5</sup>

### Food situation in Sabaa detention centre

Sabaa is one of seven DCs in Tripoli, and among the five centres where MSF currently provides services at least once a week through routine visits by a team of medical staff. More than 300 people are currently held in this centre, of whom approximately one-third are children under the age of 18. Almost half of Sabaa's total population have been in the detention centre for six months or more. The majority of those held are Eritreans, with other nationalities including Sudanese, Nigerians, Cameroonians and Ghanaians.

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<sup>1</sup> See IOM Libya 2018 Humanitarian Compendium: <https://humanitariancompendium.iom.int/appeals/libya-2018>

<sup>2</sup> *Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya* (Rep.). (2018, December 18). UN Office of the High Commissioner for Human Rights, UN Support Mission in Libya. <https://www.ohchr.org/Documents/Countries/LY/LibyaMigrationReport.pdf>

<sup>3</sup> See [http://www.reachresourcecentre.info/system/files/resource-documents/reach\\_lby\\_report\\_merf\\_december\\_2017\\_0.pdf](http://www.reachresourcecentre.info/system/files/resource-documents/reach_lby_report_merf_december_2017_0.pdf)

<sup>4</sup> *Libya - Niger Situation / Resettlement Update #50*. (2018, February 25). UNHCR. <https://data2.unhcr.org/fr/documents/details/68126>

<sup>5</sup> *No Escape from Hell: EU Policies Contribute to Abuse of Migrants in Libya*. (2019, January 21). Human Rights Watch.

<https://www.hrw.org/report/2019/01/21/no-escape-hell/eu-policies-contribute-abuse-migrants-libya#>. See also *Libya: EU's patchwork policy has failed to protect the human rights of refugees and migrants*. (2018, November 12). Amnesty International. <https://www.amnesty.org/en/documents/mde19/9391/2018/en/>.

Like the other official detention centres, Sabaa falls under DCIM management which is also responsible for the food provision. However, it has received no food through centrally-managed service providers since October 2018. Under international law, the detaining authorities are responsible for meeting the basic needs of the people held.<sup>6</sup> Solutions for the provision of food to Sabaa, by DCIM management or others, have been ad hoc and inconsistent and have left refugees, migrants and asylum seekers without food for several days at a time.

In November 2018, due to the severity of the food situation in Sabaa, MSF had to step in to provide two weeks' worth of food supplies. This was accompanied by advocacy towards DCIM, the Ministry of Interior, the humanitarian food security sector, the World Food Programme (WFP) and other actors to find a sustainable solution for such an essential requirement. As of the publication date, no solution has been found. The food supply in Sabaa over the past four months has been extremely erratic, with some food said to be sourced by the commander in charge of the DC, and with detainees reporting that they have had to pay for food. These reports raise significant concerns about the risk of exploitation and unequal access to a basic need, particularly given the presence of women and children in the centre.

In the last weeks of February, MSF received increasingly concerning reports from people in Sabaa that they had been going two or even three days with only one meal, and that new arrivals had to wait four days before receiving food. MSF teams observed a decrease in patient adherence to medical treatment regimens during this period. Patients stated that lack of consistent food with which to take their medication was the primary barrier preventing them from following their treatment regimens. This is particularly concerning given the prevalence of tuberculosis (TB) in detention centres. TB is a disease that spreads quickly amongst people living in poor conditions such as overcrowded and poorly ventilated cells. There is a risk that TB treatment can become ineffective as the disease develops resistance to the medication; this risk increases when the treatment regimen is interrupted. During mental health sessions in Sabaa, food is now consistently identified as a primary cause of anxiety. Those detained in Sabaa have asked MSF to bring their voice to the local and international community to appeal for assistance.

In the absence of any response from government authorities or the international community, and with the situation apparently deteriorating, on 21 February 2019 MSF again provided food supplies for detainees in Sabaa in sufficient quantity to meet their basic dietary requirements for a period of two weeks. Following this period of emergency food provision, and with only a small quantity of food remaining, the situation reverted to the status quo without any solution from responsible parties.

### **Nutrition screening in Sabaa**

Continuing to observe a lack of systematic food provision, and on receiving an increasing number of complaints about the food situation from people detained in Sabaa, MSF organised nutrition screenings in order to better understand and monitor the nutrition situation and document its severity.

## **METHODOLOGY**

The screenings were to be comprehensive and therefore targeted all those detained in Sabaa. During the screenings, MSF teams had access to the whole population of the detention centre, though some constraints were experienced as outlined below. Screenings were conducted by a team of MSF doctors and nurses and involved the measurement of weight, height and mid-upper arm circumference (MUAC), as well as the collection of demographic data.

Screenings were conducted in two rounds, the first from 4 to 11 January 2019 and the second on 19 February 2019. The first round collected the full range of data from 99% of the population; 302 of 304. The second round coverage is estimated at 74%; 205 of a then-population of 277. The data collected was used to calculate the nutritional status for each individual. For under 18s, the BMI-for-age at mid-age in z-scores was used as a reference. For over 18s, BMI was based upon WHO standards.<sup>7</sup> MUAC results were not included due to the lack of internationally agreed malnutrition thresholds in adult populations.<sup>8</sup>

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<sup>6</sup> United Nations Standard Minimum Rules For The Treatment Of Prisoners – the Nelson Mandela Rules - [http://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E\\_ebook.pdf](http://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf)

<sup>7</sup> <16 Severe, 16-<17 Moderate, 17<18.5 Mild (or at risk) and ≥18.5 Normal

<sup>8</sup> *Health Care in Detention: A Practical Guide* (2016) ICRC. <https://www.icrc.org/en/publication/4213-health-care-detention-practical-guide>

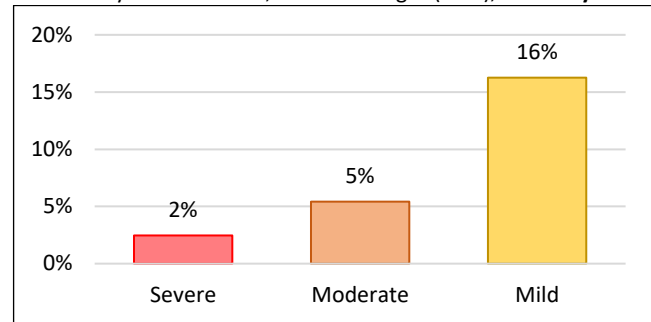
## RESULTS

### Results among the overall Sabaa population

**Table 1.** Results among the overall Sabaa population from both rounds of screening.

Malnutrition status	Jan-19		Feb-19	
	#	%	#	%
Severe	1	0%	5	2%
Moderate	13	4%	11	5%
Mild	37	12%	33	16%
Normal	250	83%	154	76%
Sample size	301		203	
Total % underweight		17%		24%

**Graph 1.** Percentage of overall Sabaa population severely or moderately malnourished, or underweight (mild), February 2019



#### Among the overall Sabaa population:

- **Severe acute malnutrition (SAM):** 0% (n=1) were severely malnourished during the first screening, which increased to 2% (n=5) during the second screening.
- **Moderate acute malnutrition (MAM):** 4% (n=13) were moderately malnourished during the first screening, which increased to 5% (n=11) during the second screening.
- **Global acute malnutrition (GAM):** 5% (n=13) during the first screening, which increased to 8% (n=16) during the second screening.<sup>9</sup> Note that GAM represents the sum of severe and moderate malnutrition, and should not be interpreted as an additional subgroup to the previous two.
- **Mild (underweight):** 12% (n=37) were underweight during the first screening, which increased to 16% (n=33) during the second screening.
- **Total underweight:** 17% (n=51) were recorded as being underweight (severe, moderate or mild) during the first screening, which increased to 24% (n=49) during the second screening.
- **Normal:** 83% (n=250) were of normal nutritional status during the first screening, which decreased to 76% (n=154) during the second screening.

The results demonstrate that global acute (severe and moderate) malnutrition rates, as well as the proportion of people who were underweight, have increased in Sabaa detention centre. **Almost one-quarter (24%) of all those in the DC in February were assessed to be underweight.** Furthermore, concerning results are found in each specific category of nutritional status; **February's 2% SAM rate is particularly concerning, in view of the erratic food supply.** Note that due to the changes in population from January to February, these results do not necessarily represent a deterioration in individuals' nutritional status, but reflect the condition of the population in the DC at that point in time.

<sup>9</sup> Consolidated GAM and 'underweight' percentages are recalculated based upon the actual numbers and therefore appear higher than the sum of the subcategories. This is due to rounding and presentation of figures as whole numbers.

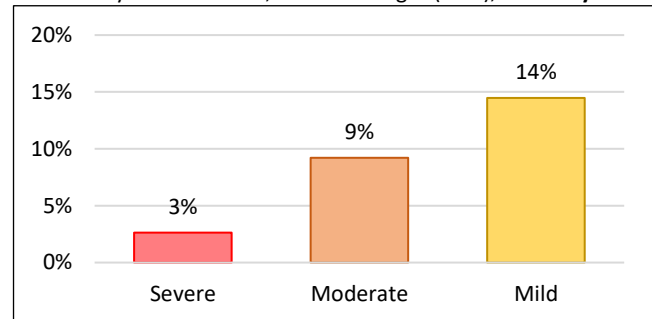
## Results among children under 18

A sub group of the detainees are children under 18 years old (between 12 and 18 years old).

**Table 2.** Results among the under 18 population from both rounds of screening.

Malnutrition status	Jan-19		Feb-19	
	#	%	#	%
Severe	1	1%	2	3%
Moderate	4	6%	7	9%
Mild	9	13%	11	14%
Normal	53	79%	56	74%
Sample size	67		76	
Total % underweight		21%		26%

**Graph 2.** Percentage of under 18 population severely or moderately malnourished, or underweight (mild), February 2019



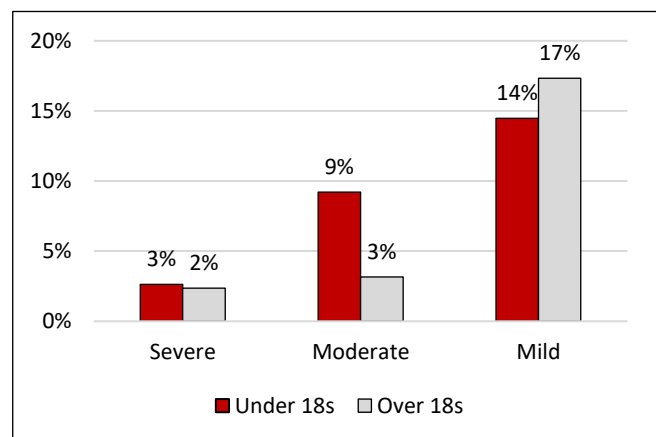
### Among children under 18:

- **Severe acute malnutrition (SAM):** 1% (n=1) were severely malnourished during the first screening, which increased to 3% (n=2) during the second screening.
- **Moderate acute malnutrition (MAM):** 6% (n=4) were moderately malnourished during the first screening, which increased to 9% (n=7) during the second screening.
- **Global acute malnutrition (GAM):** 7% (n=5) during the first screening, which increased to 12% (n=9) during the second screening. Note that GAM represents the sum of severe and moderate malnutrition, and should not be interpreted as an additional subgroup to the previous two.
- **Mild (underweight):** 13% (n=9) were underweight during the first screening, which increased to 14% (n=11) during the second screening.
- **Total underweight:** 21% (n=14) were recorded as being underweight (severe, moderate or mild) during the first screening, which increased to 26% (n=20) during the second screening.
- **Normal:** 79% (n=53) were of normal nutritional status during the first screening, which decreased to 74% (n=56) during the second screening.

There were 103 children under the age of 18 in Sabaa DC, aged from 12 to 17, representing 37% of the total population at the time of the February screening. **Severe malnutrition of 3% and moderate malnutrition of 9%** clearly demonstrate the extremely damaging impact of detention upon children. The situation in February amongst children was significantly worse than that of January, with **cases of severe and moderate acute malnutrition almost doubling in number between screenings.**

These results also demonstrate that **children in Sabaa DC are significantly more vulnerable to acute malnutrition** than the adult Sabaa population. Looking at the contrast between age groups in February, **children were twice more likely to be severely malnourished and three times more likely to be moderately malnourished** than the adult population.

**Graph 3.** Percentage of age group severely or moderately malnourished or underweight (mild), February 2019



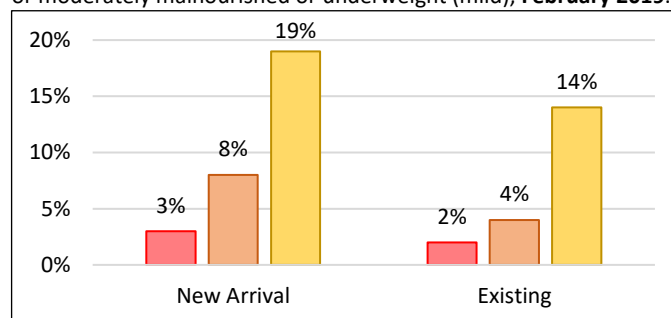
## Results by length of stay in Sabaa DC

### New arrivals compared to existing population (February)

**Table 3.** Results by new arrival (within one month) compared to population who had been in the DC longer, **February 2019.**

Malnutrition status	New arrival		Existing	
	#	%	#	%
Severe	3	3%	2	2%
Moderate	7	8%	4	4%
Mild	17	19%	16	14%
Normal	64	70%	90	80%
Sample size	91		112	
<b>Total % underweight</b>	<b>30%</b>		<b>20%</b>	

**Graph 4.** Percentage of new arrival vs. existing population severely or moderately malnourished or underweight (mild), **February 2019.**



Between the two screening rounds, there was significant movement in and out of Sabaa DC (100 new arrivals and 127 exits). This allows for a comparison of the nutritional status of those newly arrived with those that had been in the DC for longer periods. In the above table and graph, a person is categorised as a new arrival if they entered Sabaa DC within the previous 30 days. There are three main routes into Sabaa DC: transfer from another DC; recent disembarkation after attempting a sea crossing; and arrest or pick-up from amongst the community or following a release or escape from people smugglers or traffickers.

These results demonstrate that, at the time of the second screening, **new arrivals were more likely to be severely and moderately malnourished than long-stay detainees.** This suggests that the conditions from which many people arrive are even more detrimental to nutritional status than the conditions in Sabaa detention centre.

### Length of stay in detention (January)

**Table 4.** Results by length of stay (months), **January 2019.**

Malnutrition status	Length of stay in months (#)		
	0 - <3	3 - <6	≥6
Severe	0	0	1
Moderate	3	0	10
Mild	9	5	23
Normal	84	39	127
<b>Total</b>	<b>96</b>	<b>44</b>	<b>161</b>

**Graph 5.** Proportional percentage of malnutrition amongst length of stay groups, **January 2019.**



During the months preceding the January screening, the population in Sabaa had been more stable with fewer exits. At this point in time, 53% of people had been detained in Sabaa DC for six months or more. It can clearly be seen in graph 5 above that, in this environment, the proportion of the population **severely or moderately malnourished or underweight (mild) increased with a longer duration in Sabaa.**

Taken together, the January and February screenings highlight that the conditions *from which* and *to which* people arrive are highly concerning from a nutritional perspective. **New arrivals to Sabaa are more likely to be malnourished or underweight, and their nutritional status is likely to deteriorate further the longer they stay in the DC.**

## Limitations

The challenges of working within the Libyan DC context are reflected in the limitations to the data collected. Access constraints resulted in medical teams not having complete flexibility in accessing the Sabaa population. Negotiations, followed by the direct presence of the DC commander during both the first and second screenings, were required to gain access to 86 and 24 detainees, respectively, who were held in a locked cell.

As in all the DCs where MSF works, Sabaa has no formal identification or registration systems for the people confined there.<sup>10</sup> There were inherent challenges in recording the movement of specific individuals in and out of Sabaa between the first and second-round screenings. Individuals' heights were not collected systematically during the second screening if that person had been present for the first screening. Missing heights were retrieved by comparing records from January multiple data points (sex, nationality, age, weight, and length of stay in Sabaa). In addition, the group present in January was compared to the group present in February, which are not necessarily the same persons; new arrivals are included in February while some people might have exited the DC.

## CONCLUSION

The results outlined in this report suggest that the nature of detention in Sabaa is having a detrimental impact upon the nutritional status of those confined there, and has resulted in an increased percentage of the population who are underweight or suffering from severe or moderate acute malnutrition. These findings are most likely linked to the inconsistent provision and poor quality of food, exacerbated by the dire living conditions, limited access to services, and prolonged, indefinite and arbitrary imprisonment. Malnutrition should not exist in detention centres if the basic needs of the population are met.

Most concerning is the presence of **severe acute malnutrition**, at **2% of the total population** (although the absolute numbers are relatively small). This is even higher amongst **children**, at **3%**. The rates of **moderate acute malnutrition** are similarly alarming, **at 5% amongst all those in detention at Sabaa**, rising to **9% amongst children**. One-quarter of the population in Sabaa is underweight.

The screenings further illustrate the nature of nutritional status among new arrivals and long-stay detainees. The levels of severe and moderate malnutrition recorded in February are almost two times higher among new arrivals than among the rest of the population. This suggests that outside detention centres – in the hands of traffickers and in attempting to cross the sea – the situation for refugees, migrants and asylum seekers is even worse than inside the centres. January's screening data, which represented a more stable population, further illustrates the increasing risk for people to become and remain malnourished or underweight the longer they stay in the DC.

MSF's observations of decreasing adherence to medical treatment, as well as anxiety over the food situation disclosed during mental health consultations, are consistent with these results. Lack of food has an impact on the effectiveness of treatment regimens for tuberculosis and other medical conditions. Taking medication on an empty stomach not only causes discomfort for the patient but may also result in stomach ulcers or other health consequences. Patients may therefore have difficulty continuing their treatment regimens, leading to a further deterioration of their health status. Moreover, the mental health consequences of sustained hunger over prolonged periods, with no knowledge of when the next meal will arrive, are substantial. This is in addition to the mental anguish of indefinite detention itself and the weight of suffering endured by people throughout their journeys. MSF's work with patients with tuberculosis and mental health conditions in Sabaa serve to corroborate this report's findings.

The findings of this report are further corroborated by numerous individual testimonies received from people detained in Sabaa over the January and February period, which stated that people had gone for days without food. The nutrition data, coupled with the testimonies collected in Sabaa, present significant cause for concern. It is clear that people in Sabaa are not receiving sufficient quantity and quality food to meet their basic dietary requirements, contributing to a substantial proportion of the population being malnourished or underweight. Within the confines of detention, people have no freedom of choice in determining how to meet their dietary needs and are completely dependent on DCIM authorities for their food intake.

Finally, it is important to note that the lack of sufficient quality food, and the resulting increase in malnutrition, is only one of several detention-specific vulnerabilities that, when considered as a whole, reflect the extremely degrading and dangerous

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<sup>10</sup> UNHCR separately seeks to conduct registration in DCs, but this does not fulfill a management function or actively keep track of individuals' whereabouts.

conditions in which refugees, migrants and asylum seekers are being held, and which are detrimental to both their physical and mental health.