

INTRODUCTION

The impact of the infectious disease COVID-19 has heightened protection concerns and other needs across Libya, especially for at-risk population groups.¹ The country is in its ninth year of instability and conflict, which has severely undermined governance structures and deteriorated basic service provision. Recent weeks have seen an increased intensity of fighting in Tripoli alongside shortages of water and electricity. This, combined with restrictions introduced to help limit the spread of the virus, have resulted in increased humanitarian need in the Libyan capital.² REACH, in collaboration with the Protection Sector and the Mixed Migration Centre (MMC), set up this assessment to monitor the impact of the COVID-19 outbreak and related policies on access to information, services and livelihoods for at-risk populations in Tripoli. This factsheet presents the findings from the second round of data collection, with the first round collected 4-9 April 2020.

METHODOLOGY

For the second round, data was collected by trained REACH enumerators via phone calls with Key Informants (KIs) between 30 April - 5 May 2020. Enumerators used the online digital data collection platform Kobo Collect to insert interview data. The tool used in the survey was designed by the Protection Sector, with the support of REACH.

In total, REACH enumerators interviewed 25 KIs, among whom were 16 community representatives, and 9 service providers. The former were representing Libyan non-displaced (4) and Libyan communities with internally displaced persons (IDPs) (3), as well as migrant and refugee communities from West African (3), East African (3) and Middle East and North African (MENA) countries (3). Service provider KIs were sought for the following types of provider: UN agencies and International Non-Governmental Organisations (INGOs) (2), local Civil Society Organisations (CSOs) (3), and health workers (3). REACH adopted a data saturation model for analysis, whereby only consensus views are represented in this factsheet, unless stated otherwise.

KIs were identified through a snowballing approach, using contacts from protection actors and local field teams as starting points. KIs were requested to state explicitly those communities they felt they were able to speak on behalf of at the beginning of the questionnaire. The assessment is designed to monitor the impact of the COVID-19 health crisis on vulnerable populations in Libya through regular and rapid data collection. Findings represent KIs' perception of the situation faced by the communities they represent or serve, and therefore, are indicative only. For consistency between data collection rounds, REACH field teams kept KI contacts consistent where possible; in a minority of cases respondents were unavailable, which might explain some inconsistency in findings between rounds. This has been stated in the text where applicable.

About REACH's COVID-19 response

As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently working with sectors and partners to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. Updates regarding REACH's response to COVID-19 can be found in a devoted thread on the REACH website. Contact geneva@impact-initiatives.org for further information.

INCORPORATION OF MIXED MIGRATION CENTRE (MMC) FINDINGS

In an effort to streamline the evidence base for the humanitarian response in Libya, REACH has been working closely with MMC to harmonize assessments and identify areas of complementarity in findings. During the assessment inception phase, REACH and MMC collaborated to establish shared research questions and objectives. As with the first round of data collection, during data analysis for the second round, REACH worked closely with MMC in order to triangulate findings and share analytical approaches.

Throughout this factsheet, results from MMC's survey and KI data are referred to in order to triangulate with REACH KI data. MMC conducted telephone surveys with 442 migrants and refugees in sites across Libya, including Tripoli, Benghazi, Ajdabia, Ghadames, Misrata, Oubari, Sebha and Sirte. The sample was comprised of 25 nationalities, including Nigerian, Sudanese, Nigerien, Ghanaian, Malian, Cameroonian, Chadian, Burkinabe, South Sudanese, Eritrean and Ethiopian.³

KEY FINDINGS



LIVELIHOOD DISRUPTIONS AND ABILITY TO COVER BASIC NEEDS

Inability to access livelihoods and the resulting loss of income continues to be a major issue for communities in Tripoli. Almost all community representative KIs stated that members of their community had not been able to access work and were not receiving an income in the 14 days prior to data collection. The loss of income continues to impact people's ability to cover basic needs and pay rent. This is consistent with the findings of the previous round.



ASSISTANCE NEEDED

Provision of food and health commodities, alongside support with paying rent, were highlighted by KIs as the main priority areas for assistance at the time of data collection.



ACCESS TO SERVICES

Service Provider KIs reported that communities across the city are facing difficulties accessing public healthcare when they need to, as many facilities were reportedly not operating or lacking sufficient numbers of staff. These access difficulties are compounded by movement restrictions currently in place in Tripoli. Findings suggest that access to services might have worsened since the previous round of data collection.



ACCESS TO INFORMATION

Findings suggest that communities were lacking clear guidance from the humanitarian community. International NGOs were selected most frequently by KIs as the actor that needed to provide more information to communities in Tripoli about what to do and where to go in case of infection.



ACCESS TO LIVELIHOODS AND BASIC NEEDS

LIVELIHOOD DISRUPTIONS

- Both REACH and MMC data reveal that many people continue to be unable to access livelihoods, especially those who relied on temporary work or daily labour.
- In the 14 days prior to data collection, people in the community having to stop working in their usual job was reported by almost all (14/16) KIs, including all respondents representing East African, West African, and MENA communities. Of those who stated that community members had stopped working, all reported that these community members had also stopped receiving an income as a consequence. While **a consistent number of community representatives reported that community members had to stop working in this round compared to the previous one, a higher number reported that they had lost income** - this change was most notable among Libyan non-displaced communities.
- Recent MMC data reflected this trend: 275/442 respondents reported experiencing reduced access to work when asked what effect COVID-19 had on refugees' and migrants' day-to-day lives.⁴
- Most **community representative KIs (12/16), including all those representing migrants and refugees, reported that the people who had temporary jobs or relied on daily labour have been most affected**. Whereas Libyan non-displaced community representatives noted that the group most impacted were migrants and refugees.
- The main reasons given by community representative KIs to explain why people cannot access livelihoods is that their workplace is no longer operating (14/16), followed by community members having lost their jobs (8/16). One KI, representing MENA communities, elaborated to say that many of the workplaces temporary workers relied upon are no longer operating following the introduction of measures to limit the spread of COVID-19. While work places no longer functioning was widely reported in the previous round, people having lost their jobs was not mentioned, which suggests that as the crisis continues more people are at risk of losing work.
- The extent to which migrant and refugees rely on daily labour or temporary work as a source of income is further highlighted in the findings from the 2019 migrant and refugee Multi-Sector Needs Assessment (MSNA), in which 43% of migrants and refugees surveyed reported relying on daily labour as a source of income and 21% reported having a temporary job.⁵

Almost all KIs reported that community members have had to stop working and were no longer receiving an income.

ABILITY TO COVER BASIC NEEDS

- Both REACH and MMC data revealed that the lack of income resulting from the loss of work continues to impact people's ability to cover basic needs.
- In the 14 days prior to data collection, **not being able to pay rent or bills (13/16) and not being able to cover basic needs (13/16) (defined as food, hygiene items, cooking fuel), remained the greatest concerns that KIs had about communities**. Concerns about the ability of their community members to afford rent was reported by all Libyan IDP, East African, and MENA Community Representative KIs.
- MMC data echoes this finding: when asked about the impact of a loss of income, "I am unable to afford basic goods" (155/442) was the most commonly reported response among the migrants and refugees surveyed.⁷

The findings in this round revealed that the lack of income resulting from the loss of work continues to impact people's ability to access basic needs and pay rent.

- In KI's responses this concern is closely connected to loss of work. **Out of those who reported that members of their community had not been able to access livelihoods in the 14 days prior to data collection, more than half (8/14) stated that they were "very concerned" about their communities' ability to cover basic needs** as a result of the loss of income. This represents a notable increase on the previous round and indicates that it is becoming increasingly difficult to cover basic needs for those who are unable to make a living.
- In terms of rent, some respondents (5/14) expressed being "very concerned", while the other respondents were "somewhat concerned" that members of their community who had lost work would be unable to pay rent and be evicted from their accommodation. Those reporting to be "very concerned" were representing Libyan IDPs, and migrants and refugees from West Africa and the MENA region.
- **In the current round of data collection, no KI interviewed reported that any community members had been evicted in the 14 days prior to data collection, as a result of the loss of income. However, several KIs did appear concerned that this could happen to community members if they were to remain unable to access livelihoods in the coming weeks.**

- Alongside relying on temporary work or daily labour as a source of income, migrants and refugees are also far more likely to live in rented accommodation. In the 2019 migrant and refugee MSNA, in Tripoli, 72% reported living in rented accommodation with a verbal agreement and 5% with written agreement. In addition, 22% reported living in accommodation provided by their employer.⁸
- **Their dependence on temporary work or daily labour as a source of income combined with their reliance on rented accommodation for shelter, leaves migrants and refugees in Tripoli particularly vulnerable to the economic consequences of the crisis.**
- IDPs are another group who rely on rented accommodation. In the Libyan MSNA 2019, in Tripoli, 56% reported living in rented accommodation.⁹
- Other key concerns reported by community representative KIs included **not being able to get enough food (10/16)**, which was reported by all East African community representative KIs, and **the effects of increased conflict and violence (8/16)**, which was reported by all Libyan non-displaced community representative KIs.

The provision of food and health commodities, as well as financial support with rent or housing, were highlighted by KIs as the main priority areas for assistance.



PRIORITY AREAS FOR ASSISTANCE

- Additional questions were added this round regarding basic needs and priority areas for assistance. Community representative KIs were provided with a comprehensive list of basic needs, services and commodities, and asked to select all relevant options.
- **The provision of food commodities was selected by almost all community representative KIs (15/16) as a main priority for assistance. This was followed by health commodities (such as drugs or medicines) (13/16) and support with rent or housing (12/16). This last point was noted by all Libyan IDP and all MENA community representative KIs.**
- Other widely reported areas where assistance is needed were potable water provision (8/16) and healthcare services (7/16). The former point likely relates to an incident in April when the Great Man-Made River, that provides around 60% of the country's water supply, was shut down in a dispute arising from the conflict, cutting off the supply for around 2 million people in the greater Tripoli area. These disruptions to the water supply have been combined with power outages across Western Libya.¹⁰
- Only two community representative KIs reported that members of their community had received humanitarian assistance in the 14 days prior to data collection. This was in the form of food and hygiene commodities, provided by International NGOs. Both KIs expressed that further assistance was needed.



ACCESS TO SERVICES - HEALTH

- **The majority of service provider KIs (6/9) reported that communities have faced barriers to accessing public healthcare facilities when they needed them in the 14 days prior to data collection.** This represents a notable increase from the previous round of data collection, indicating that the public healthcare system might be under increased strain as the crisis continues.
- The main reasons given by service provider KIs were that **facilities only have very limited opening hours (4/6)** - which was not reported in the previous round - and that **curfew and movement restrictions make it difficult to reach the needed healthcare facilities (3/6)**. Two CSO workers also reported that facilities are very busy, resulting in long queues.
- Notably, **all three healthcare worker KIs interviewed in this round elaborated on this point to report a shortage of medical staff.** Two expanded further to say that this was due to concerns among staff about the spread of the disease and the lack of necessary protective equipment.
- **These access barriers are reportedly faced by a significant part of the population in the city.** All healthcare worker KIs reported that the public healthcare system in Tripoli is only partially operational.



ACCESS TO SERVICES - EDUCATION

- Schools remain closed across Libya and the Ministry of Education has set up a distance learning programme for certain grades.¹¹ **Despite this, all community representative KIs reported that members of their community are no longer receiving education in any form.** In the previous round, some KIs representing Libyan communities noted that children were receiving education remotely from home, however this was not reported in the current round.
- Alongside this, KIs were also asked whether households had access to remote means of education. **All KIs reported that children in their community have access to telephones and television in their places of residence**, however - for the latter - some West African community representatives noted that only some children have access.
- Less KIs reported internet access for the purposes of education. **The vast majority (12/16) of community representatives reported that only some children in their community have access to the internet for remote education.**
- While the Ministry of Education did set up a distance learning programme for children, and access to television does appear to be very widespread among communities in Tripoli, findings suggest that these services are not being widely used. This is an area where REACH will seek to gain clarification in future rounds of data collection.

Only a small number of KIs reported that their communities had sufficient information on how to get help if they contract the virus - none of whom were representing migrant and refugee communities.



ACCESS TO INFORMATION

LEVEL OF AWARENESS

- As in the previous round, both REACH and MMC findings suggest that most people are aware of the COVID-19 virus, but that less people know what to do or where to go if they contract the disease.
- When asked what measures members of their communities were taking in response to the COVID-19 outbreak, all community representative KIs reported that they had been staying at home and isolating from others in the 14 days prior to data collection. Alongside this, KIs also reported that community members were washing their hands/using alcohol based gels (11/16) .
- One West African community representative commented that despite wanting to follow such measures, members of his community could not afford to buy hand sanitiser or masks, and therefore could not follow the advice. Beyond that report, no community representative KI stated that members of their community did not understand or were unable to follow health guidelines. This represents a decrease in KIs reporting an inability to follow health guidelines from the previous round.
- There was noticeably less awareness reported of what to do once you contract the disease, with some community representative KIs from all population groups reporting that people are “not that aware”. This issue was - as in the first round - reported most widely by West African community representatives.
- This is supported by MMC data: in response to the question “If you had coronavirus symptoms and needed healthcare, would you be able to access health services today?” 30% respondents noted yes, 23% noted no, and 36% did not know (the remainder refused to answer the question).¹²

PREFERRED INFORMATION SOURCES

- When asked how their communities are accessing information on COVID-19 in the past two weeks, online research, Facebook, and conversations (including over the telephone) with other community members, were the most commonly cited by KIs, which - again - corresponds closely with the findings from the previous round.

- The importance of social media for receiving information on COVID-19 was also highlighted in MMC data. Out of the 167 migrants surveyed in Tripoli, the most commonly reported method of receiving information was through social media (125).¹³
- Previous research has shown that much of the authorities key messaging on the virus is communicated through television.¹⁴ In the REACH data, almost all Libyan non-displaced and Libyan IDP community representatives reported that their communities rely on television to receive information on COVID-19, whereas this was not reported by any migrant and refugee community representative KI.
- For this round, **community representative KIs were also asked what they perceived to be their communities’ preferred source of information on the virus. Their answers, for the most part, mirrored how they are actually receiving information, with online research and Facebook being the most widely cited.** In addition, some Libyan non-displaced and IDP community representative KIs reported television and the Tawasul hotline¹⁵ as a preferred means of accessing information.

FROM WHICH ACTORS DO COMMUNITIES NEED MORE INFORMATION?

- For this round, community representatives were asked from which actors (if any) their communities needed to receive more information about what to do in case of infection. The response suggested that **communities are lacking in clear guidance from the humanitarian community. International NGOs were selected most frequently by KIs (9/16) as the actor that needed to provide more information to communities in Tripoli about what to do in case of infection.** This was reported by all West and East African Community Representatives, as well as two out of three MENA community representatives. The next most reported sources from which further information was needed were Health Workers, Local or National NGOs, and the National Centre For Disease Control (NCDC).
- **Only a small number (2/16) of community representative KIs reported that their communities had sufficient information on how to get help if they contract the virus - none of whom were representing migrant and refugee communities.**
- Information on the preventative measures introduced by the authorities to help limit the spread of the virus, on the other hand, were reported to be sufficient by a majority of Community Representatives (13/16).

About REACH

REACH is a program of ACTED. It strengthens evidence based decision-making by humanitarian actors through efficient data collection, management and analysis in contexts of crisis. ACTED is an international NGO. Independent, private and non-profit, ACTED respects a strict political and religious impartiality, and operates following principles of non-discrimination, and transparency. Since 2011, ACTED has been providing humanitarian aid and has supported civil society and local governance throughout Libya, from its offices in Tripoli, Sebha and Benghazi.

Endnotes

1. Protection Sector Libya, "Protection Sector Guidance on the Criticality of Protection Activities During the COVID-19 Situation", March 2020.
2. OCHA, Update COVID-19, April 2020; REACH, Protection Monitoring During COVID-19 Crisis - Libya: Access to Information, Services and Livelihoods Round One 4-9 April.
3. Mixed Migration Centre, COVID Snapshot, May 2020.
4. Ibid.
5. This is further supported by a recent IOM report that found that 52% of migrants in Libya who normally seek work on a daily basis reported that it had been difficult to find such work in the seven days prior to data collection. Data was collected from 1-23 April. IOM, MIGRANT EMERGENCY FOOD SECURITY ASSESSMENT, May 2020.
6. REACH, Libya Migrant and refugee MSNA 2019.
7. Mixed Migration Centre, COVID Snapshot, May 2020.
8. REACH, Libya Migrant and refugee MSNA 2019.
9. REACH, Libya MSNA 2019.
10. OCHA, Update COVID-19, April 2020.
11. OCHA, Update COVID-19, April 2020.
12. Mixed Migration Centre, COVID Snapshot, May 2020.
13. Mixed Migration Centre, COVID Snapshot, May 2020.
14. REACH, Protection Monitoring During COVID-19 Crisis - Libya: Access to Information, Services and Livelihoods Round One 4-9 April.
15. The Tawasul hotline is part of the Common Feedback Mechanism set up to provide information to conflict-affected populations in Libya. WFP, Libya:Country Brief, 2020.