

2021 Multi-Sector Needs Assessments (MSNAs): Protection, women's access to services, refugees & migrants' access to assistance

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Supporting Libyan CSOs

Special thanks to these CSOs for their support in
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Agenda

1. Introduction
2. Libyan population
 - Methodology overview
 - Summary of key findings
 - Protection
 - Women and access to services
3. Refugee and migrant population
 - Methodology overview
 - Summary of key findings: access to humanitarian assistance
4. Indicators' discussion

2021 Libyan population & Refugee and Migrant MSNA

MSNA Overall objectives

- Update humanitarian actors' understanding of the current **needs that exist** in the country.
- Inform the **2022 Humanitarian Needs Overview (HNO)** and the **Humanitarian Response Plan (HRP)**.
- Contribute to a more **targeted and evidence-based** humanitarian response.

Presentation's objectives

- Present the 2021 MSNA **qualitative findings** for protection, women's access to service and refugees' and migrants' access to humanitarian assistance.
- Identify **key messages** from these qualitative findings.
- Have a first **discussion about the protection indicators** for the 2022 Libyan population MSNA.

Introduction

Timeline for data collection

Quantitative phase

14 June – 2 August



Telephone interviews

Establishing what the humanitarian needs are, where they are, and who is most affected

Qualitative phase training

September

Qualitative phase

October - November



Key informant interviews & focus groups discussions

With community representatives, sector experts, INGO workers, activists, people from the affected community, etc.

Main objectives, to:

- Triangulate findings derived from quantitative data collection
- Understand the specific humanitarian needs of vulnerable population groups
- Provide in-depth context to specific follow-up questions

December – February 2022



Analysis

Produce data saturation grids illustrating the findings per topic and summarise these by coding transcripts into subthemes.

Libyan population MSNA

Protection and women's access to services

Quantitative phase

June, July & August 2021

8.871 household interviews

45 baladiyas covered

Non-representative sampling,
all surveys conducted over phone
(1010 using Random Digit Dialing)
> findings not generalisable with a
known level of precision, but indicative

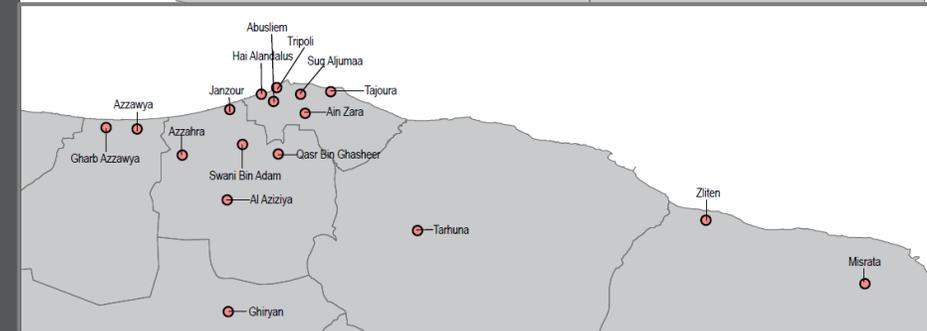
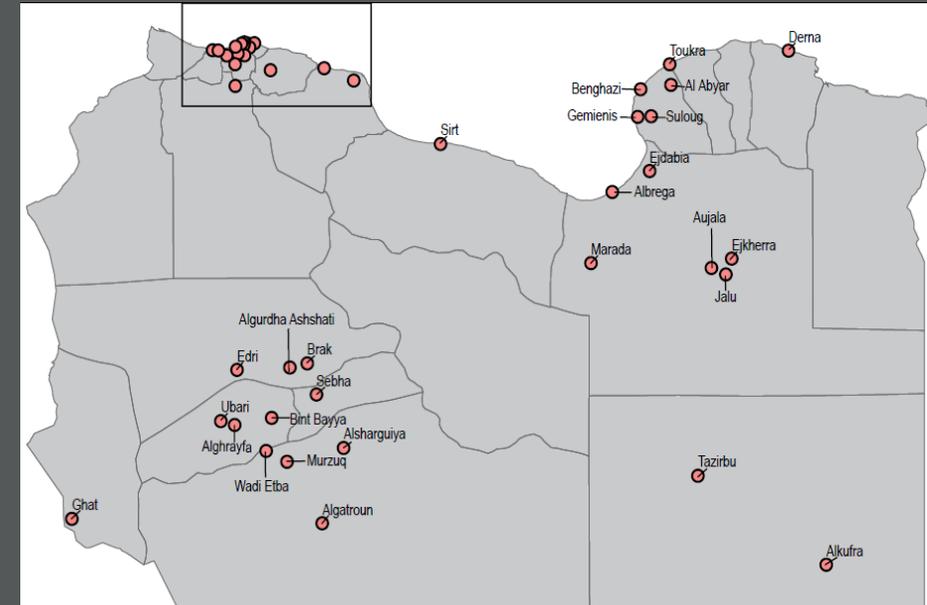
3 population groups

- Non-displaced: **3.967** – 45%
- IDP: **2.731** – 31%
- Returnee: **2.173** – 24%

8 sectors/thematic areas covered:
Food Security, Cash & Markets and
Livelihoods, Health, SNFI, WASH,
Education, Protection, AAP

Methodology
overview

LBY pop MSNA





Protection Needs - (Living Standard Gap, LSG)

23% of HHs had protection needs – sector with highest % of HHs with LSG

1% extreme (severity score 4)

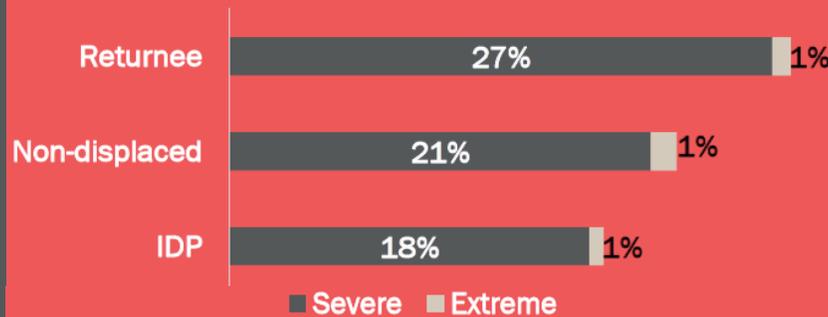
22% severe (severity score 3)

Quantitative phase

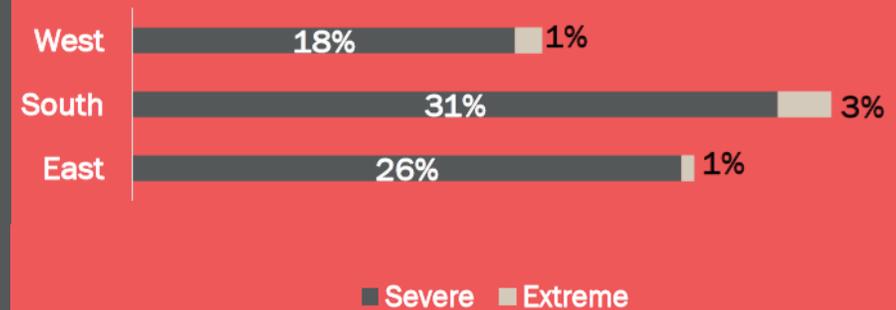
Key Findings

LBY pop MSNA

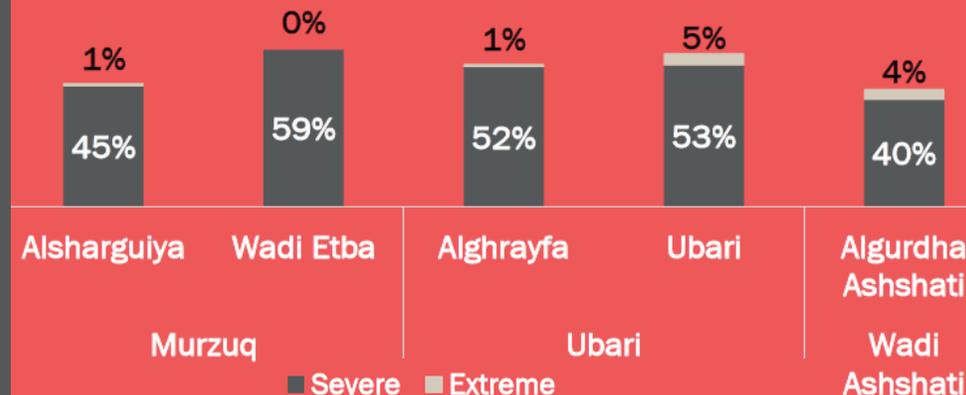
% of households with a protection LSG, by displacement status



% of households with a protection LSG, by region



Top 5 baladiyas by % of households with a protection LSG



Calculation of protection LSG

Critical Indicators	Severity rating			
	None/ Minimal	Stress	Severe	Extreme
	1	2	3	4
% of HHs with HH members without a valid ID document	No ID documents missing 83%	/	At least one HH member does not have a valid ID document 17%	/
% of HHs with at least one child not residing in the HH	No children outside HH OR left to study 99%	/	Child left HH to get married; seek employment; engage with armed groups; kidnapped; missing arbitrarily detained 1%	

LSG:

at least **1** deprivation in critical indicators, or **3** in non-critical indicators

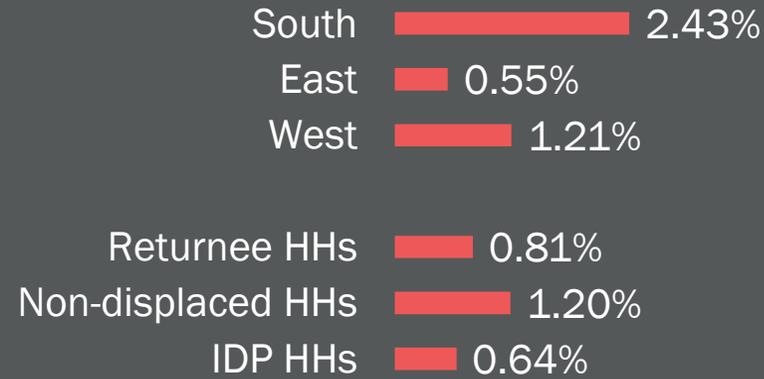
Non-critical indicators	Classification	
<=1 need: severity of 1 2 needs: severity of 2 >2 needs: severity of 3	No need	Need
% of HHs reporting presence of explosive hazards at neighbourhood level	No 92%	Yes 8%
% of HHs reporting safety and security concerns	None; Verbal harassment; Discrimination 76%	Robberies; Arrest or detention; Threats; Environmental hazards; Exploitation; Harmful practices; Association armed groups; Risk of eviction; Armed conflict; Communal violence; Explosive hazards; Kidnappings; Physical violence; Sexual harassment or violence; Domestic violence; Trafficking 24%
% of HHs reporting movement restrictions in the 30 days prior to data collection	None, or for covid-19 related reasons only 92%	Yes 8%
% of HHs reporting feeling unsafe	Any other options 84%	1 (Very unsafe) 2 (Somewhat unsafe) 16%

Unpacking the Protection LSG: Critical Indicators

17% of HHs were found to have HH members without a valid national ID or passport:

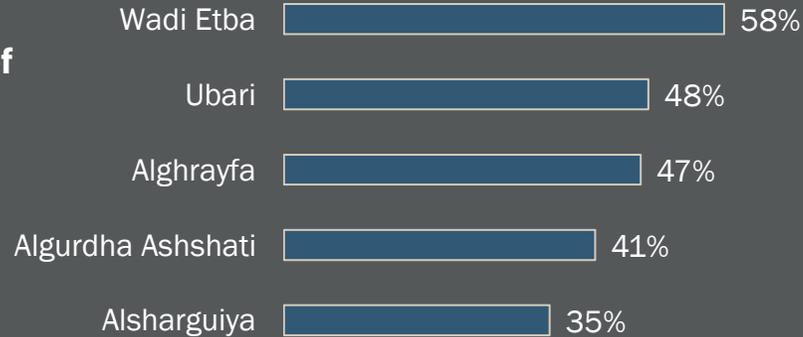


1.14% of HHs reported having children outside the HH, for other reasons than for studying or living with other family:

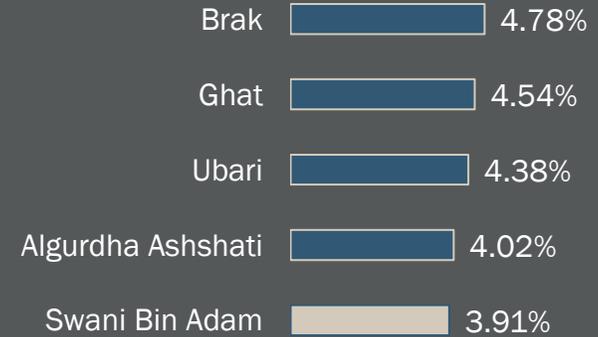


Among those HHs, the most commonly reported reason (48% of HHs) for having children living outside of their HH is **child marriage.**

Top 5 baladiyas with highest % of HHs reporting having at least one HH member without valid national ID or passport:

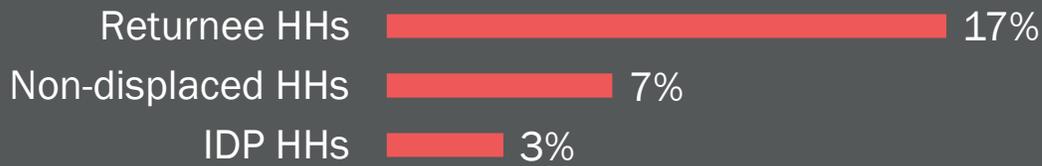
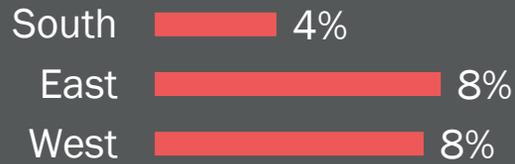


Top 5 baladiyas with highest % of HHs reporting having children living outside their HH, for other reasons than studying or living with other family:

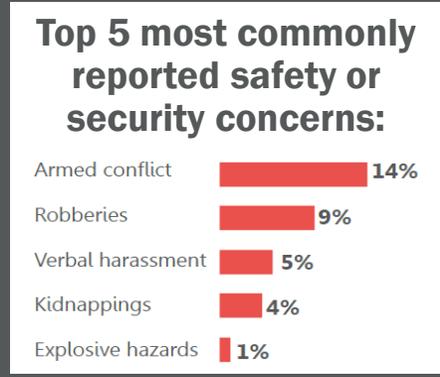
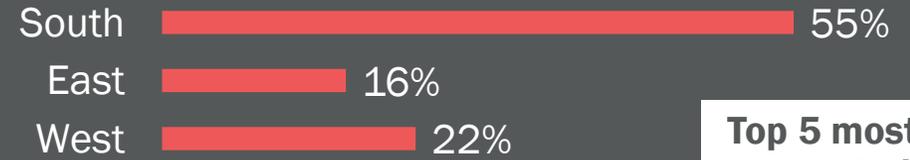


Unpacking the Protection LSG: Non-critical Indicators

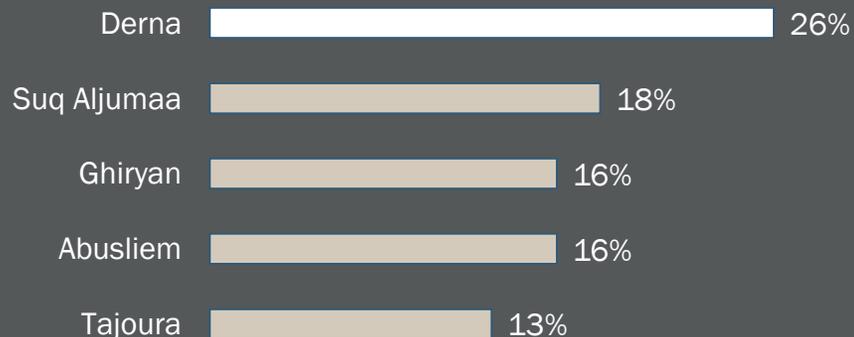
8% of HHs reported being aware of the presence of explosive hazards in their neighbourhood:



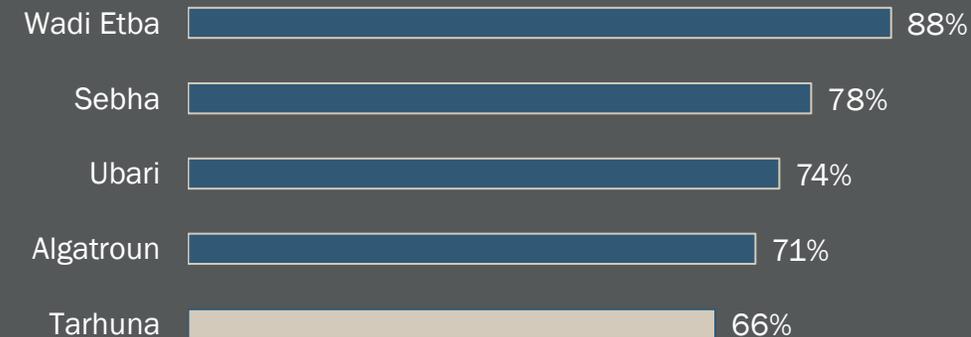
24% of HHs reported having at least one safety or security concern in their baladiya:



Top 5 baladiyas with highest % of HHs reporting being aware of explosive hazards in their neighbourhood:

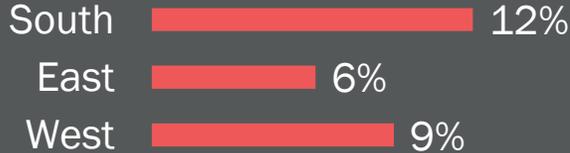


Top 5 baladiyas with highest % of HHs reporting safety and security concerns in their baladiya:

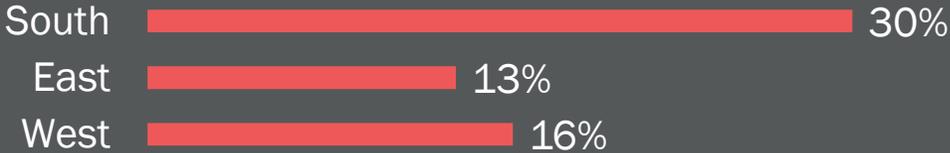


Unpacking the Protection LSG: Non-critical Indicators

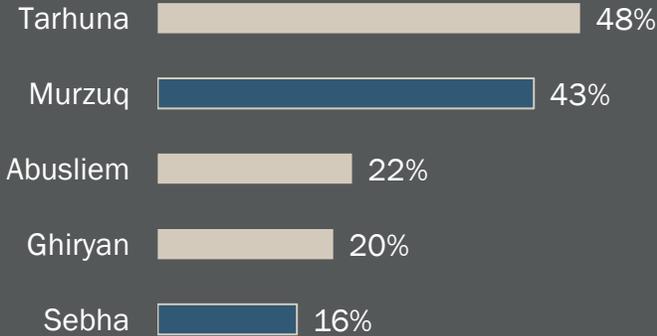
8% of HHs reported having experienced movement restrictions in the previous 30 days:



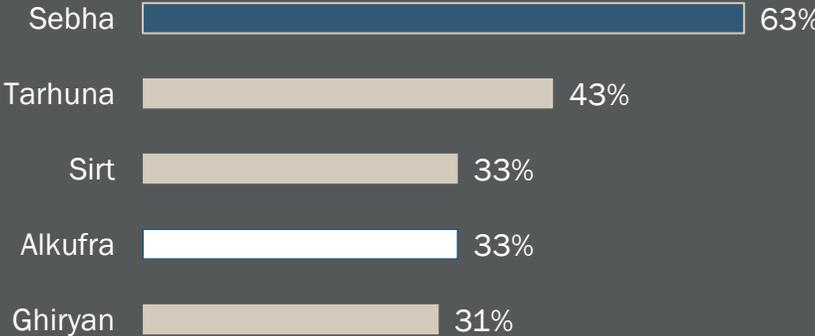
16% of HHs reported feeling unsafe in their baladiya:



Top 5 baladiyas with highest % of HHs reporting having experienced movement restrictions:



Top 5 baladiyas with highest % of HHs reporting feeling unsafe in their baladiya:



Summary

Quantitative phase Key Findings

LBY pop MSNA

- Highest sectoral need overall – **23%** of HHs have a **protection need**
- About **a fourth** of HHs reported having **safety & security concerns**
- About **a sixth** of HHs reported **feeling unsafe**
- Findings vary more **between regions** than between population groups
- Population group with most severe findings overall: **Returnee HHs**
- Focus on the **Southern Region**
 - Highest need – one third (**33%**) of HHs have a **protection need**
 - More than half (**55%**) of HHs reported having **safety & security concerns**
 - About a third (**30%**) of HHs reported **feeling unsafe**
 - About a quarter (**26%**) of HHs reported to have **members without valid ID**

Qualitative phase

October & November 2021

88 Key Informant Interviews (KIIs)

34 Focus Group Discussions (FGDs)

- Conducted by REACH, partner CSOs and INGOs
- In-person or over the phone (remotely)

Topics covered

Protection

- **18 KIIs in 3 baladiyas** > Alghrayfa, Ubari, Wadi Etba

Health

- **18 KIIs in 3 baladiyas** > Al-Sharguiya, Ghiryan, Algurdha Ashshati

Food Security

- **18 KIIs in 3 baladiyas** > Gemienis, Suloug, Toukra

Gender and access to services & GBV

- **12 KIIs in 5 baladiyas** > Alghrayfa, Brak, Ejdabia, Sebha, Ubari
- **21 FGDs** > Alghrayfa, Brak, Ejdebia, Misrata, Sebha, Tripoli, Ubari

Mental health and social support networks (MHPSS)

- **22 KIIs in 11 baladiyas** > AlKufra, Azzawya, Benghazi, Ghat, Ghiryan, Misrata, Sirt, Tarhuna, Tawergha, Tripoli, Ubari
- **13 FGDs** > Alkufra, Azzawya, Ghiryan, Misrata, Sirt, Tarhuna, Tripoli

Methodology overview

LBY pop. MSNA

Protection

Key informants & Baladiyas covered

Total number of KI interviews		18
KI's gender	Female KIs	8
	Male KIs	10
Baladiyas covered	Alghrayfa	6
	Ubari	6
	Wadi Etba	6

Profiles of KIs	
<ul style="list-style-type: none">• CSO workers (6)• Activist (1)• Government employees (11)	

Profiles of baladiyas covered	
<ul style="list-style-type: none">• Top 3 baladiyas with the highest % of HHs having a protection need (Living Standard Gap, LSG):<ol style="list-style-type: none">1. Wadi Etba (59%)2. Ubari (57%)3. Alghrayfa (53%)• Accessibility• Discussions with partners & field staff	

All KI interviews were conducted through Lifemakers (Libyan CSO)

What are the causes & consequences of needs related to protection?

Research questions	Topics	Interview questions
What are the driving forces of protection needs?	Main causes	What do you think causes HHs in this baladiya to feel unsafe or have safety concerns? Please name any recent factors or events that may apply. Which is the most concerning? Why?
	Change in the last year	Do you think the safety situation in the baladiya has gotten worse, better, or stayed the same in the last year?
	Causes of changes	In case of any changes in the safety situation, what caused those changes?
	Role of COVID-19	Has COVID-19 played any role in the current safety situation? If so, how?
How do these needs impact wider humanitarian needs, living standards, and mental well-being?	Interrelation with other needs	In what way do safety and protection needs we have just discussed link to other basic needs, such as food or shelter?
	Interrelation with MHPSS	How is mental health and mental well-being affected by protection incidents? How is mental health and well-being affected by its impact on other needs?
Who is most affected by/most vulnerable to protection needs?	Vulnerable population groups	Are any population groups more likely to feel insecure on unsafe in their baladiya? And why?
	Women	Is there a difference between the safety situation for women and for men? If yes, why is that the case?
	Access difference to reporting mechanisms	Do all population groups, including women, have the same access to reporting mechanisms to complain and inform about safety concerns? If yes, who do they report safety concerns to? If no, why not?

Analysis process of KI interview transcripts

An iterative and data based process to **monitor data saturation** from the KI interviews was applied.

Qualitative analysis was conducted through the **qualitative analysis programme Nvivo**, allowing for an iterative and cooperative approach to coding different emergent themes across thematic topics.

- From the translated transcripts, a **preliminary codebook with node hierarchy** (consisting of themes & subthemes) was created.
- On all transcripts, **binary coding** (0-1) was carried out, to determine if any part of a KI's transcript was related to a certain subtheme (regardless of being an answer to a specific questionnaire question).
- Throughout the analysis, node structure was constantly revised to **remain flexible** so that new insights and ideas diverting between regions could be captured.
- Among KIs, **emergent topics** were identified (such as references to cost of imported food as barrier to food security).

Limitations of the qualitative analysis

Geographical coverage

Data collection focused on 3 baladiyas located in the Southern region. Therefore, no comparison can be done countrywide.

Sensitivity of the topic

Despite the emphasis on the anonymous processing of all data, key informants might feel hesitant to share all their knowledge and/or might be uninformed about the rather subjective experiences of HHs.

Interviews conducted in Arabic

Subtle and specific details may have gotten lost during the translation process.

Safety concerns

What do you think causes HHs in the baladiya to feel unsafe/have safety concerns?

Qualitative phase

Findings:
Protection

LBY pop MSNA



"[...] the abundance of robberies and theft, especially those committed by arms, has made residents feel insecure and in constant anxiety."

– CSO worker, Alghrayfa

"The lack of security on the roads [...] reduces the movement of workers to and from the municipality. Likewise, [...] some truck drivers are afraid to move on the roads leading to the municipality, for fear of armed robbery, theft, and kidnapping."

– Government employee, Wadi Etba

Safety concerns' relation to other needs

Safety and security concerns were reported to be connected to other needs, and mainly related to **access and functioning of markets (11/18 KIs)** and **food security (9/18 KIs)**.

“When the security situation is bad, it is difficult to import food items from neighbouring cities, such as Sabha or Tripoli. This will affect the prices, which will be more expensive as a result of the security situation and risks, or there will be difficulty in delivery.”

– **Government employee, Ubari**

Also mentioned as related to safety concerns:

- | | |
|-----------------------|--------------------|
| ❖ Health (9 KIs) | ❖ Shelter (3 KIs) |
| ❖ Livelihoods (5 KIs) | ❖ Fuel (1 KI) |
| ❖ WASH (5 KIs) | ❖ Education (1 KI) |

“We have previously seen doctors go on strike because of an armed attack on them while they were performing their professional duties [...].”

– **Government employee, Wadi Etba**

All KIs reported that current or past protection issues have a serious **impact on mental health**.

Most KIs mentioned **women and children** to be especially vulnerable, and some pointed out having witnessed **behavioral changes** of people in their area.

“We have now seen behaviour and habits that are alien to our society, far from our religion and values that we inherited from our parents and grandparents.”

– **Activist, Alghrayfa**

Reported comments related to mental health support, by number of KIs (out of 18 KIs):

- 7 Rehabilitation needed** “youth development and social activities”
- 6 No support** “rehabilitation centres/psychiatrists non-existent in area”
- 4 Support ongoing** “recreational spaces for children & workshops”

➔ **Findings suggest that petty crimes, followed by concerns related to travelling outside the municipality were the main safety and security concerns of HHs, which mainly impacted access to and functioning of markets, food security and access to health services. All of this reportedly impacted HHs' mental health and behaviours.**

Drivers of change

Most KIs (12/18) reported that the **safety situation in their baladiya has improved** compared to the year prior to the interview, mainly as a result of the political unification.

“There is now more overall stability in the security situation due to the deployment of national army units, as well as the activation of the role of police stations compared to previous years, when chaos prevailed in the southern region as a whole, not just in the municipality.”

– CSO worker, Wadi Etba

However, despite reported improvements, several KIs also said that **many safety issues still remain.**

Continuing social tensions in the community and issues related to law enforcement were reported by some KIs in **Alghrayfa and Ubari**, whereas KIs in Wadi Etba did not.

Reported reasons for changes in safety situation, per number of KIs:	
Improving factors	Deteriorating factors
<ul style="list-style-type: none">❖ Deployment, presence, repositioning of armed forces (8 KIs)❖ Political unification (6 KIs)❖ Economical improvements (4 KIs)❖ Communal cohesion (3 KIs)❖ Decrease of non-conflict-related incidents (small crimes) (3 KI)❖ Decrease of conflict-related incidents (1 KI)	<ul style="list-style-type: none">❖ Withdrawal or absence of armed forces (3 KIs)❖ Communal tensions (2 KIs)❖ Political instability (1 KI)❖ Increase of non-conflict-related incidents (small crimes) (1 KI)

The majority of KIs (15/18) reported that **COVID-19 had no direct relation to the security situation**, although most mentioned that the pandemic had affected public health + living standards & well-being.

3 KIs reported that the security situation was **negatively affected** due to increased looting of shops and farms while people stayed at home.

➔ **Changes in the security actor landscape were most commonly reported as the main driver towards an improved safety and security situation, whereas the COVID-19 pandemic had a smaller to no impact.**

Vulnerable groups

Are any population groups more likely to feel insecure or unsafe in the baladiya?

HHs without documentation (2/18) IDPs (8/18)
Female-headed HHs (3/18) HHs depending on livelihoods (1/18)
HHs in the outskirts (1/18) Certain social groups (2/18)

According to KIs in Wadi Etba, the vulnerability to safety and protection risks of IDP HHs partly comes from **not having access to the same social support systems** (such as family-networks) that many non-displaced HHs do have access to.

“There are displaced families that are considered foreign to the region and these will not feel as safe as those who live there. The nature of Libyan society considers the family or tribe to be the primary source of protection for individuals.”

– Government employee, Wadi Etba

Female-headed HHs were reported by few KIs as being especially vulnerable, as women typically have less access to services and freedom of movement.

Is there a difference between the safety situation for women and for men?

7 Women more vulnerable

“harassment, domestic violence, limited mobility, no places to go, social customs and traditions”

6 No difference

5 Women less vulnerable

“make fewer movements and are more protected by society”

Findings suggest that IDP HHs are mainly seen as the group most exposed to protection needs. Opinions about women were more contradictory.

Access to reporting mechanisms

Reported access to types of complaint and reporting mechanisms for safety concerns, by number of KIs (out of 18):

**Tribal councils
or groups**
(7/18)

Local government councils
(4/18)

Police

Social affairs council (11/18)
(6/18)

**Elders, family, or other
informal support
systems**
(7/18)

According to the majority of KIs (10/18), **not all population groups have equal access to reporting mechanisms**. Mainly women were reported to be in an unfavourable position regarding this.

Only 4 KIs mentioned that access is equal and 4 KIs said that reporting mechanisms are inefficient.

“There are no places to report complaints or safety concerns because police stations are not functioning and the prevailing law is one of norms and traditions, which are not applied equally to everyone. For example, if the criminal is from a tribe with influence and power, he is not prosecuted, but defended and his position justified.”

– CSO worker, Alghrayfa

➔ **Reporting to police officers or at police stations was most commonly mentioned as the modality to raise complaints related to safety concerns, however this did not mean that the system was functioning well, nor that these services were equally accessible – especially not for women.**

Key takeaways of qualitative phase on protection

- According to KIs, **petty crimes** and **concerns related to travelling outside the municipality** were the main safety and security concerns of HHs.
- Findings suggest that safety concerns predominantly impacted access to and functioning of **markets**, **food security** and access to **health services**.
- All of this reportedly impacted the **mental health conditions** of HHs, as well as their behaviours.
- Findings suggest that the **safety situation improved** over the last year, and that **changes in the security actor landscape** and **political unification** were the main drivers towards this improvement.
- According to the KIs, **IDP HHs** were mainly seen as the group **most vulnerable to protection risks**.
- **Reporting to police officers/at police stations** was the most commonly reported way to raise safety concerns, however these services were mentioned to **not be equally accessible** – especially for women.

Women and access to services

Women and access to services

Main/overarching research question:

To what extent are opportunities and access restricted for women in Libya, and what groups are most vulnerable to GBV and restricted access?

Sub-research questions

1. Are there any services that women have restricted or no access to?
2. What kind of barriers do women face in accessing services?
3. Does access differ for different groups, e.g. Women with disabilities, women heading HHs, adolescent women?
4. How does differentiated access affect the safety of women?

Methodology

KIIs with women from women-led CSOs

In person FGDs with women (conducted by partners)

Scope

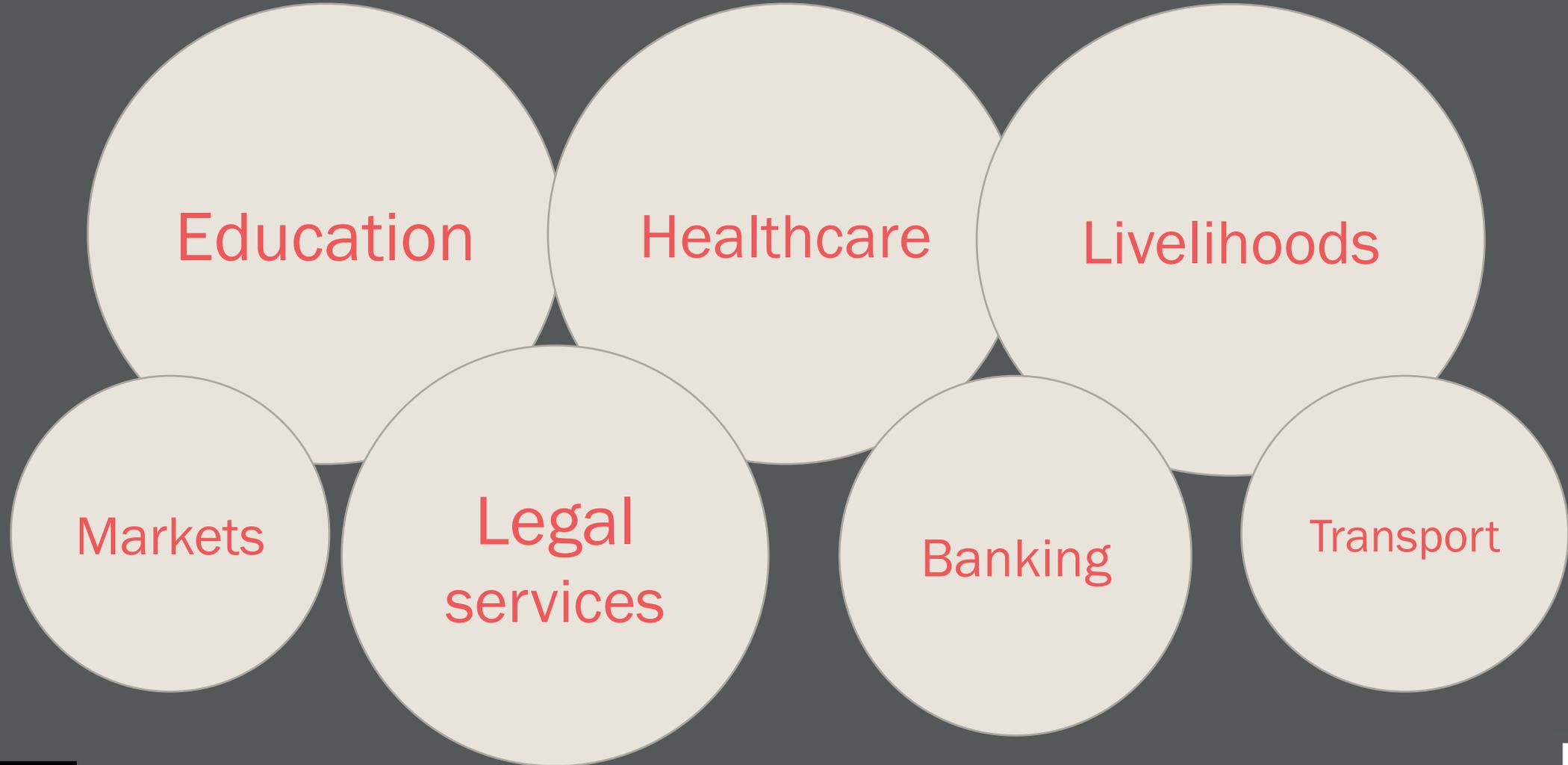
Prioritize locations with highest safety and security concerns and incidents in coordination with partners

Women and access to services

- ❖ **12 Key Informant Interviews (KIIs) with female KIs in 5 baladiyas: Alghrayfa, Brak, Ejdabia, Sebha, Ubari**
- ❖ **21 Focus Group Discussions (FGDs) with an average of 6 women per FGD in 7 baladiyas: Alghrayfa, Brak, Ejdebia, Misrata, Sebha, Tripoli, Ubari**
- ❖ **Each FGD included between 4 and 8 female participants from the local community.**

NGO member	3
Member of Women's Union	2
NGO Board member	2
Education Bureau at Municipality	1
Social activist	1
President of Women's union	1
Humanitarian affairs officer	1
Director of Programs at Women Union	1

Types of services that women reportedly struggle to access



Barriers to accessing education



Early marriage and **financial issues** were commonly reported barriers that might limit access to education for women, according to KIs.

“In Libya, cultural barriers exist, so some families deprive their daughters of university education, especially if they have an opportunity to get married, as they find it unnecessary. Parents deem it sufficient for daughters to be literate, on the pretext that their house is more important to them, and they have to raise their children and cook for their husbands.”

NGO CEO, Ubari

Findings indicate that the **unavailability of a university within their baladiya** or the **poor quality of education** have hindered women's access to higher education.

“Some women may have a barrier to completing their studies in specialisations that are not available in the municipality, forcing them to not complete their education, which limits their access to future employment opportunities.”

Education Employee at Municipality Bureau, Brak

“At the university level, not all the specializations are available in the municipality. There are material obstacles for women wishing to study outside the municipality, especially in light of the difficult security conditions in Sabha and the northern cities and the high cost of living.”

Member of Women's Union, Alghrayfa

Barriers to accessing healthcare services



High prices and **financial issues** were commonly reported barriers that **might limit access to healthcare services for women**, according to KIs.

The unavailability and the lack of specialised health services in many baladiyas and the consequent need to travel to far away cities to access them also reportedly limit women's access to these services.

Access to reproductive healthcare and segregated services for women is reportedly limited

“*The **poor provision of health services by the public sector for women forces some women to seek services in the private sector with high costs**[...] Moreover, a pregnant woman is more likely to suffer from the lack of a specialized doctor near the woman's place of residence. The lack of facilities in the nearby health facilities places an additional burden on women and increases the chances of complications that threaten their life or that of their fetus.*”

NGO Board member, Sebha

Barriers to accessing livelihoods



Most KIs (7/12) reported that the main cultural barrier that limits access for women is **the existence gender-segregated jobs**, with some jobs being considered unsuitable for women..

The generalised lack of job opportunities, as well as financial issues, including the liquidity crisis and the increase in inflation, reportedly hinder women's access to livelihoods.

Moreover, some KIs noted that **transportation barriers** or **fuel expenses** have also hindered women's access to livelihoods.

“

Among the barriers that limit livelihood opportunities are physical barriers such as fuel shortages and liquidity that limit their access to daily and basic needs. ”

Social activist, Brak

“

Women may be prevented from working due to lack of public transportation and fuel shortages, which can be an obstacle. Also, cultural barriers are like the difficulty of working in faraway places or having a very large percentage of men like oilfields that are usually in the desert, and also the difficulty of working in low-income jobs as cleaners or the like. ”

Director of Programs at Women Union, Sebha

Barriers to accessing GBV services



Women's access to core GBV services* seems to be hindered by **conflict-related, economic and political factors** as well as COVID-19 related restrictions during last year.

“Barriers vary depending on the prevailing circumstances. For example, in periods of political conflict and armed conflict, barriers increase and are more difficult owing to road closures. Also, during the pandemic, fear of disease and curfews, affect the availability of timely services.”

Member of Women's Union, Alghrayfa

Most KIs (7/12) reported that the barriers that limit women's access GBV core services are mainly influenced by the **socio-cultural situation**:

- Social stigma
- The lack of awareness

Also, the **non-existence of GBV services** within their baladiya seems to have hindered women's access GBV core services.

“With regard to gender-based violence, there is no place to resort to, whether to file a complaint or receive psychological support. On the contrary, society often blames women, which makes the situation worse. The nature of society obliges women to remain silent and not to file a complaint, even to the closest people, for fear of scandal and shame.”

NGO member, Alghrayfa

* including health, psychosocial support, security, and legal services - in person and remote

Impact of COVID-19



KIs reported that women are struggling to access **banking services**, and **legal services**, especially **female-headed households**.

“*I am deprived of my inheritance and now I struggle with the judicial authorities.*”

Female community member, Misrata

Findings from the qualitative phase suggest that **availability and access** to services for women **has deteriorated in 2021**.

COVID-19 and **closure of service facilities**, and **political drivers** emerged as the main reasons for the unavailability of or difficulties in accessing services.

“*Yes, there are services that were greatly affected last year as a result of the Coronavirus pandemic, such as health services and education. The pandemic also resulted in a decrease in recreational activities for children and families.*”

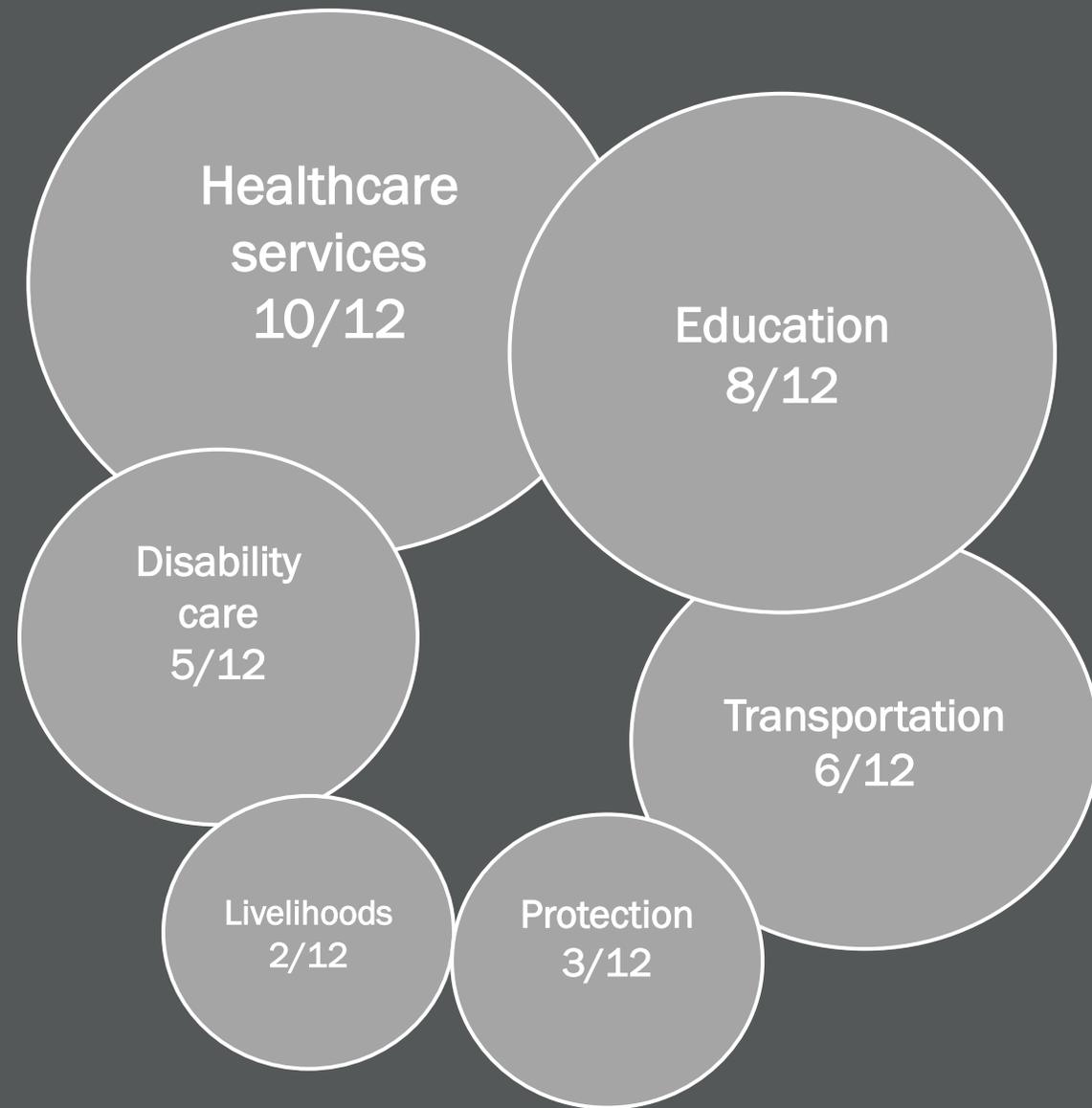
Member of Women's Union, Alghrayfa

Vulnerable Groups

The group that was most commonly reported to struggle to access certain services was **women with disabilities**, mainly due to the absence of specialised centers that offer inclusion and capacity building workshops within the assessed baladiyas.



Reportedly, **divorced or widowed women, poor or destitute women** and **displaced women** struggle to access certain services within their baladiya. As many KIs argued, their vulnerability partly comes from the fact that they do not have access to sufficient financial support.



Services reported to be especially hard for vulnerable groups to access

Reporting mechanisms



Almost all KIs (10/12) reported that women prefer to report security concerns or incidents **within their own social circles (family, tribe)**. However, half of the KIs also reported that women usually report at **the police station, directly or through a male member of their family**.

However, findings suggest that some women prefer not report **security incidents at all, reportedly** due to fear of social stigma and revenge.

Within family
or tribe
10/12

Police station
6/12

civil society
organizations
1/12

“

A member of her family, brother or father, may report on her behalf and in many cases not all the incidents are reported, because of the fear of spreading the news and becoming the main talk of the society. ”

NGO CEO, Ubari

Key qualitative takeaways on women and access to services



- According to KIs, women are struggling to access **health, education and livelihoods** within their baladiya.
- Findings suggest that availability and access to services for women **has deteriorated in the last year**, mainly due to COVID-19.
- Findings suggest that **women with disabilities** tend to face higher barriers in accessing services
- It was reported that **the fear of social stigma** and **revenge** discourage women from reporting security incidents.
- Some KIs reported that women often **prefer to speak through male members of the household**, if they speak out about security concern

Refugee and Migrant MSNA Access to Assistance

Quantitative phase Refugee & Migrant MSNA

June-August 2021

1.554 individual interviews

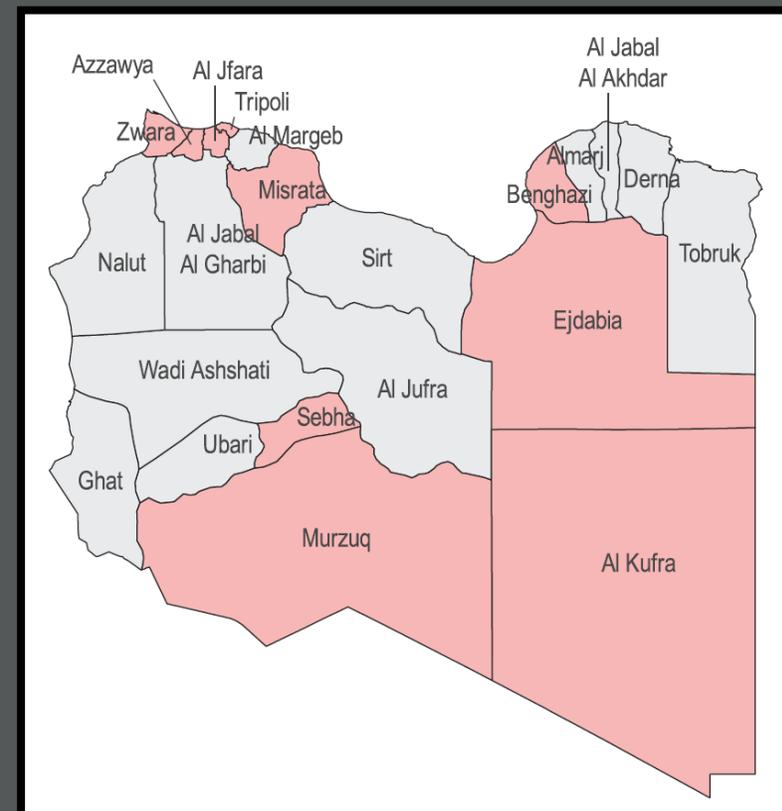
11 mantikas covered

Non-representative sampling

4 regions of origin

- West/Central Africa: **780**
- East Africa: **101**
- MENA: **577**
- South East Asia: **96**

10% female respondents



Methodology
overview
R&M MSNA

2021 Qualitative Data Collection

Purpose	Methodology	Topics covered
Exploring the quantitative survey findings in more detail and depth	<p>Semi-structured key informant interviews (KIIs) conducted in person or via the phone (remotely)</p> <p>Conducted by REACH and its partner CSOs</p>	<p>Accommodation: On the general level and on the neighbourhood/individual level</p> <p>Humanitarian assistance: availability and accessibility of aid</p>
Exploring the needs and different experiences of certain sub-groups who might be underrepresented in quantitative data (e.g., how do needs differ per gender)		
Collecting data from different stakeholders in the community (e.g. migrant workers, employers, and authorities)	<p>Focus group discussions (FGDs) conducted after the KIIs to collect further information</p> <p>Conducted by INGOs</p>	<p>Livelihoods: interviews conducted with refugees and migrants, employers and authorities</p>

Limitations of the Qualitative Analysis

Sample not perfectly inclusive

- Most of the KIs were men, hence perspectives of women might be under-represented in the findings.

Interviews conducted in Arabic

- The region of origin of KIs was not recorded by enumerators, and so any analysis based on region of origin was not possible in the final analytical output.
- All KIs were conducted and transcribed in Arabic by enumerators, while non-Arabic speaking members analysed translated interviews. As a result, subtle and specific details may have been lost.
- Conducting interviews in Arabic also limited the possibility to obtain meaningful and elaborate answers from KIs who were not articulate in Arabic.

Geographical coverage

- Data collection focused on mantikas found to be of particular interest through the quantitative analysis. As not all mantikas in Libya were covered, comparison between locations in the country is limited.

Research Questions

Refugee and Migrant Questionnaire

How available and accessible is humanitarian assistance to refugees and migrants?

- Can refugees and migrants access humanitarian assistance?
- What type of assistance do migrants and refugees need?
- How effective was humanitarian assistance in the past?
- What are the barriers to accessing humanitarian assistance?

Humanitarian Actors Questionnaire

How accessible and effective is the humanitarian aid that the actors provide to refugees and migrants?

- What are the challenges humanitarian actors face when trying to provide assistance to migrants and refugees?

Qualitative phase

Key Findings:
Access to
Assistance

R&M MSNA

Key Informants Sample

No of KIs	Refugees and Migrants	Humanitarian Actors
Total	15	15
Women	1	2
Men	14	13
South	3	3
East	6	6
West	6	6

Profiles of R&M KIs

School principal
 Teacher
 Unemployed persons
 Daily workers
 Car workshop owner
 Engineer
 Head of CSO
 Mechanic
 Technician
 NGO member

Profiles of humanitarian actor KIs

IOM representatives
 Red Crescent representatives
 Immigrant Workers Regulatory Committee representative
 Other INGO representatives
 Charity organisation representatives
 CSO representatives

Most of the humanitarian actor KIs have 2+ years of experience working with refugees and migrants in Libya.

**Geographical scope: 5 mantikas:
 Benghazi, Ejdabia, Murzuq, Tripoli,
 Misrata.**

Summary of Key Quantitative Findings

Quantitative phase

Access to Assistance

R&M MSNA

8% of respondents reported having received humanitarian assistance in the 6 months prior to data collection.

66% of respondents who had received aid reported being satisfied with received aid.

The most commonly received types of aid reported by respondents were **cash** and **in-kind** support.

70% of respondents reported facing barriers to accessing assistance.

29% reported not knowing how to access humanitarian assistance that is delivered in their baladiyas.

84% of respondents with multisectoral needs (73%) reported not having received any humanitarian assistance 6 months prior the data collection.



Access to Assistance

- **Awareness about Assistance**
- **Available Assistance**
 - Communication Channels
 - Targeted Groups
 - Types of Assistance
 - Effectiveness
- **Challenges to Accessing Assistance**
- **Feedback and Decision-making**
- **Suggested Improvements**

Awareness about Assistance

Less than half of R&M KIs (6/15) reported being aware of humanitarian assistance providers being active in their respective baladiyas.

The best-known humanitarian assistance actors are IOM, Libyan Government, UN agencies, and Red Crescent according to R&M KIs.

"[...] I can't imagine that there is real help from organisations or even the country where we live in. As immigrants in the city of Ejdabia we do not receive the aid that migrants receive, for example, in Benghazi or Tripoli."

Male R&M KI, Ejdabia

"I don't have a clue, I haven't received any help, nobody's been in touch with me, I know many migrants who need help, but they've not received anything yet, nobody is looking at us, and we're in real danger."

Male R&M KI, Ejdabia

Communication about Assistance

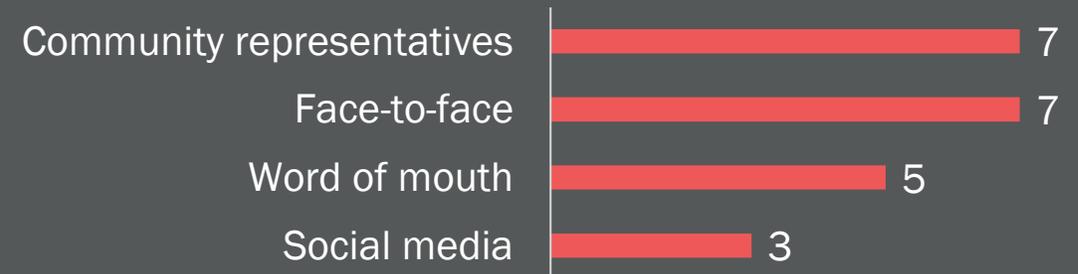
Communication about assistance is reportedly done **face-to-face**. The majority of the humanitarian actors interviewed (12/15) believed that their communication was effective.

According to humanitarian actor KIs, **language** is a main barrier to communication. Language was also reported by R&M KIs as one of the main barriers accessing humanitarian assistance.

Top 4 most common communication channels with R&M reported by humanitarian actor KIs*:



Top 4 most common communication channels to access information about humanitarian assistance reported by R&M KIs**:



Smaller R&M groups **without community leaders** and **isolated migrants** are considered by R&M KIs to have limited or no access to information about humanitarian assistance.

* The total number of KIs is 15.

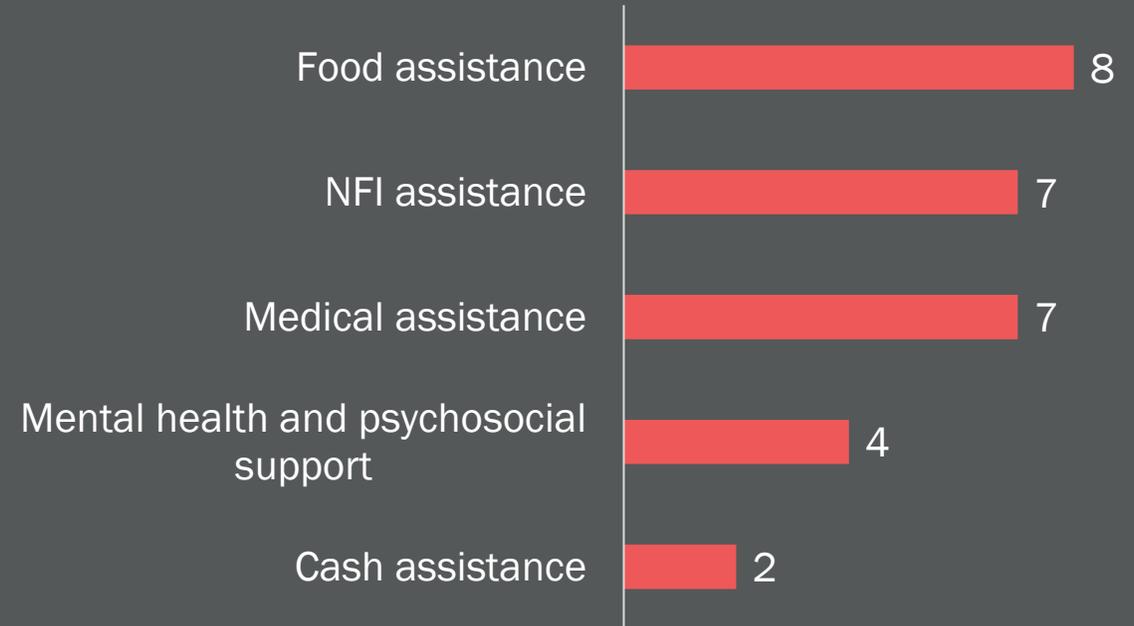
**The total number of KIs is 15.

Types of Assistance Available

Humanitarian actor KIs most commonly reported providing **food assistance, NFIs, and medical assistance.**

Cash assistance was described as rare and irregular. Only **2/15** humanitarian actor KIs reported providing it.

Top 5 types of assistance humanitarian actor KIs* most commonly reported providing:



Although not frequently reported, some humanitarian actor KIs (**4/15**) reported providing **mental health and psychosocial support.**

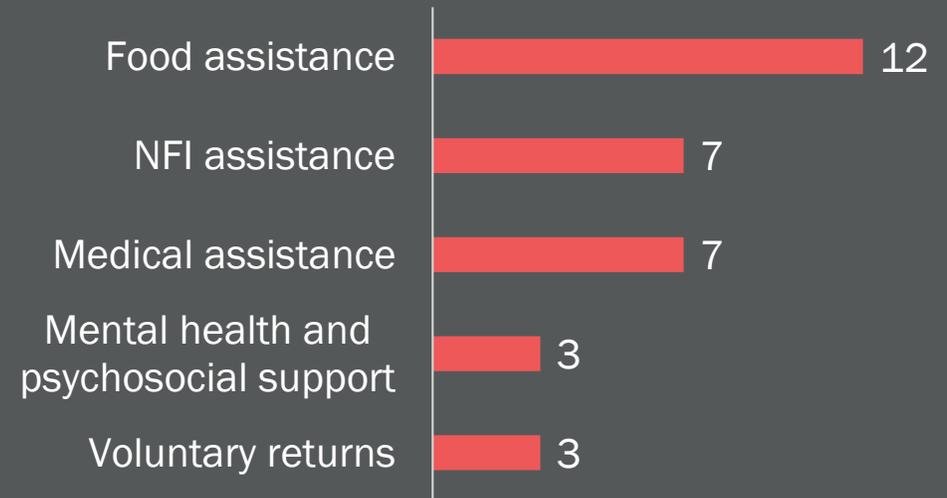
* The total number of KIs is 15.

Assistance Needed

NFIs, medical assistance, and food assistance are reported by R&M KIs as most available and yet most needed assistance types.

Meanwhile, findings suggest that **livelihoods opportunities** are much-needed but rarely available type of assistance.

Top 5 types of assistance that R&M KIs* most commonly reported perceiving to be distributed by humanitarian actors in their respective baladiyas:



Top 5 types of needed humanitarian assistance reported by R&M KIs*:



* The total number of KIs is 15.

Targeted Groups

Findings suggest that humanitarian assistance for R&M is generally **not highly specialised or targeted*** as reported by humanitarian actor KIs (13/15). However, humanitarian actors attempt to target R&M sub-groups using **assessments data** (6/15 humanitarian actor KIs).

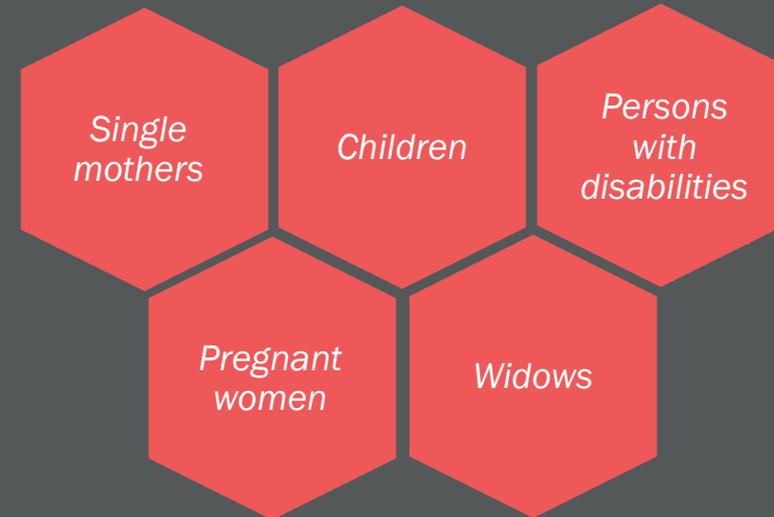
3/15 humanitarian actor KIs reported specifically targeting the most vulnerable groups such as children, unemployed, persons with disabilities or illnesses, older persons.

"The groups most in need of assistance are women, especially women with children, and perhaps also older persons because for them it is most difficult to find a job."

Male R&M KI, Benghazi

* Except for specialised NGOs/CBOs who specify targeted population group in their mandate, such as vulnerable women.

R&M groups considered to be most vulnerable and in need of humanitarian assistance reported by R&M KIs:



Other R&M groups believed to be highly vulnerable and in need of humanitarian assistance reported by R&M KIs:



Effectiveness of Assistance

Although the majority of R&M KIs consider that humanitarian assistance is **helpful**, they commonly found it **insufficient** (11/15) and/or **inconsistent** (5/15).

Some R&M KIs reported perceiving that assistance **generally does not correspond to people's needs** (6/15).

"We hear a lot about existing aid for families in need, whether refugees or migrants, but it is a small quantity that is not sufficient and does not include all families and does not meet their basic needs. [...] The number of people [in the family] must be taken into account by increasing their share and diversity of assistance." Male R&M KI, Murzuq

Some humanitarian actor KIs (4/15) reported **shortages** or frequent **delays** of assistance among their main challenges and described that this sometimes meant that they could **not meet the expectations** of the targeted population.

Assistance providers also face difficulties to **find some R&M groups and/or to reach them in remote areas** as reported by humanitarian actor KIs (4/15), especially, due to limited communication means (6/15).

Some humanitarian actor KIs (3/15) reported facing **safety and security concerns** trying to reach R&M.

"Some of the most salient of these challenges are that the number of groups in need is often [too] large in comparison to the share that we distribute." Male Humanitarian Actor KI, Tripoli

Challenges to Accessing Assistance

Fear of arrests emerged as one of the biggest challenges accessing humanitarian assistance.

Fear of arrests was also reported among the top 3 challenges having the biggest negative impact on R&M's daily lives and wellbeing.

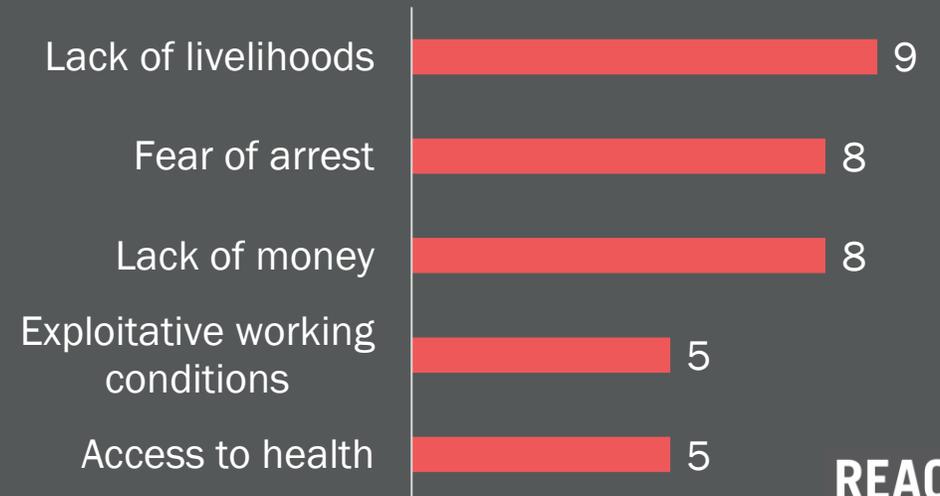
Overall, fear of arrest appeared as one of the biggest obstacles for R&M **physical mobility** including:

- access to food markets
- Access to job opportunities

Top 5 barriers to accessing humanitarian assistance reported by R&M KIs*:



Top 5 challenges having the biggest negative impact on R&M's daily lives and wellbeing reported by R&M KIs*:



* The total number of KIs is 15.

Feedback and Decision-making

Findings suggest that, overall, humanitarian actors attempt to receive and incorporate R&M feedback to improve humanitarian assistance.

Two-thirds of humanitarian actor KIs* mentioned **involving R&M into decision-making process.**

Humanitarian actor KIs reported engaging R&M to:

- understand the needs of targeted population better
- define distribution strategy.

The majority of the humanitarian actor KIs (9/15) reported taking into consideration **R&M feedback and trying to incorporate it.**

Some R&M KIs (8/15) believe that R&M do not provide their complaints about distribution of assistance. Some of the R&M KIs, though, stated that feedback is often provided directly during the distribution, to the organisation or through another supporting organisation.

“Sometimes migrants make observations about improving services and accessing them, or a certain lack of access to a service so that the team can deal with the problem and reach a solution as soon as possible.”

Male humanitarian actor KI, Benghazi

“They are often not allowed to make any comments.” Male humanitarian actor KI, Murzuq

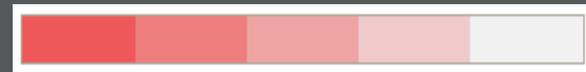
* The total number of humanitarian actor KIs is 15.

Suggested Improvements

Suggestions on how to improve humanitarian aid and assistance provided by R&M and humanitarian actor KIs.

Both humanitarian actor and R&M KIs suggested that improving coordination among stakeholders involved in humanitarian assistance, as well as use of needs assessments could improve provision and access to humanitarian assistance.

The more frequently a solution was suggested, the bigger and the brighter is a block in the treemap.



The most frequently mentioned solutions

Less frequently mentioned solutions

<i>More face-to-face communication</i>	<i>Ensure regular and consistent provision of aid</i>	<i>Focus on livelihoods-based assistance</i>	<i>Improve timelines</i>	<i>Make distribution fair and equitable</i>	<i>Prioritise vulnerable groups</i>
<i>Communicate more efficiently (HA)</i>	<i>Improve coordination (HA)</i>	<i>Collect phone numbers</i>	<i>Target smaller communities</i>	<i>Use data to meet needs more efficiently (HA)</i>	
<i>Increase outreach for distributions (HA)</i>	<i>Adjust quantities</i>	<i>Improve access to distribution points</i>	<i>Diversify aid</i>	<i>More social media communication</i>	
<i>Use needs assessments</i>	<i>Deliver aid to migrants' homes</i>	<i>Improve coordination</i>	<i>Diversify languages</i>		

* (HA) indicates suggestions provided by humanitarian actor KIs. The rest of suggestions are provided by R&M KIs.



Summary: Key Findings

1. More than half of R&M KIs were not aware of humanitarian assistance providers in their respective baladiyas.
2. Face-to-face appeared to be the main channel of communication used to disseminate information about humanitarian assistance. Although humanitarian actor KIs considered their communication effective, they also reported facing some challenges such as language barriers.
3. While most of the humanitarian actor KIs reported not targeting specific R&M groups for assistance, they acknowledged the need for more targeted and assessment-based humanitarian assistance.
4. R&M KIs consider children, women, and persons with disabilities as the most vulnerable and in need R&M groups.
5. NFIs, food, and medical assistance were the most commonly reported available types of assistance. Meanwhile, R&M KIs believed that assistance with livelihoods opportunities was less common but also much-needed types of assistance.
6. Language and fear of arrests are the two biggest barriers to accessing humanitarian assistance as reported by R&M KIs.

Discussion: Indicators for MSNA 2022

- What are the key changes to make to the protection and AAP indicators for the 2022 MSNA?
- Overview of last year's indicators: what worked well, what not?
- Are there any topics that were not addressed and you would like to see in the 2022 MSNA cycle?
- Is there an interest in any specific geographical areas?

Please fill out the [Google Sheet](#)

Calculation of protection LSG

Critical Indicators	Severity rating			
	None/ Minimal	Stress	Severe	Extreme
	1	2	3	4
% of HHs with HH members without a valid ID document	No ID documents missing		At least one HH member does not have a valid ID document	
% of HHs with at least one child not residing in the HH	No children outside HH OR left to study			Child left HH to get married; seek employment; engage with armed groups; kidnapped; missing arbitrarily detained

LSG: at least 1 deprivation in critical indicators, or 3 in non-critical indicators

Non-critical indicators	Classification	
<=1 need: severity of 1 2 needs: severity of 2 >2 needs: severity of 3	No need	Need
% of HHs reporting presence of explosive hazards at neighbourhood level	No	Yes
% of HHs reporting safety and security concerns	None; Verbal harassment; Discrimination	Robberies; Arrest or detention; Threats; Environmental hazards; Exploitation; Harmful practices; Association armed groups; Risk of eviction; Armed conflict; Communal violence; Explosive hazards; Kidnappings; Physical violence; Sexual harassment or violence; Domestic violence; Trafficking
% of HHs reporting movement restrictions in the 30 days prior to data collection	None, or for covid-19 related reasons only	Yes
% of HHs reporting feeling unsafe	Any other options	1 (Very unsafe) 2 (Somewhat unsafe)

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Thank you for your attention

