



INTRODUCTION

The impact of the infectious disease COVID-19 is expected to heighten 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. In response to the emerging health crisis, measures have been put into place to help combat the spread of the disease, such as curfews and movement restrictions. Although designed to protect the population, these policies could also have a negative impact on the humanitarian situation in the country.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.

METHODOLOGY

Data was collected by trained REACH enumerators via phone calls with Key Informants (KIs) between 4 - 9 April. Enumerators used 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 27 KIs, among whom were 15 Community Representatives, and 12 Service Providers. The Community Representatives came from Libyan host communities (7), or were migrants and refugees from West Africa (3), East Africa (3) and Middle East and North African (MENA) countries (2). Service KIs were sought for the following types of provider: UN agencies and International Non-Governmental Organisations (INGOs) (3), local Civil Society Organisations (CSOs) (5), and health workers (4).³ REACH adopted a data saturation model for analysis, whereby only consensus views are represented throughout this situation overview, 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. Data collection will be carried out on a bi-weekly basis with the same network of KIs. However, following this first pilot assessment in Tripoli, REACH seeks to refine the KI network to ensure consistent and equitable coverage across all assessed sub-groups throughout the assessment period. Findings represent KIs' perception of the situation faced by the communities they represent or serve, and therefore, are **indicative only**.

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. During data analysis, 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 40 migrants and refugees in Tripoli between 6 - 13 April 2020.⁴ The primary nationalities of refugees and migrants surveyed by MMC were Nigerian (12), Ghanaian (11), Burkinabe (5) and Nigerien (4). Other nationalities included Beninese, Ivorians, Malians, Senegalese, and Sudanese. Of those surveyed, 32 were male, and 8 were female, and their ages ranged from 20 to 42 years of age.

KEY FINDINGS



ACCESS TO INFORMATION

Communities in Tripoli are reportedly aware of what COVID-19 is, how the disease spreads and how to prevent contagion. However, there is less awareness of what to do and where to go if you contract the disease, especially among West and East African communities.



ACCESS TO SERVICES

In terms of access to healthcare, East and West African community representatives reported a fear of increasing discrimination and resulting barriers to access, as a consequence of the COVID-19 health crisis.



LIVELIHOOD DISRUPTIONS

One of the main concerns facing all population groups in Tripoli is disruption to livelihoods, especially for those relying on the informal economy. Both REACH and MMC data suggests that a significant proportion of people have lost work as a result of the crisis.



ABILITY TO COVER BASIC NEEDS

The lack of income resulting from the loss of work, combined with a spike in prices in Tripoli, is impacting people's ability to access basic needs, such as food and water.



ACCESS TO INFORMATION

LEVEL OF AWARENESS ABOUT COVID-19

- Findings suggest that most people are aware of the COVID-19 virus, but that significantly less people know what to do or where to go if they contract the disease
- All Community Representative KIs reported that members of their community were aware of what COVID-19 is. Likewise, almost all KIs reported that people are “very aware” or “somewhat aware” of how COVID-19 is spread, what the symptoms are and how to prevent contagion.
- Alongside this, all Community Representative KIs reported that the communities they represent were practicing recommended COVID-19 preventative measures, such as increasing hand-washing or using alcohol based gels, and staying at home isolating from others. All but one respondent interviewed by MMC noted that they had seen people acting more cautiously through measures such as keeping distance and wearing gloves.
- Despite the generally high awareness of the disease, some Community Representative and Service Provider KIs reported there to be less awareness about the steps to take once infected with COVID-19. In particular, this was reported by West and East African Community Representatives, several of whom reported that people in their community are “not that aware” of what to do.
- This corresponds closely with MMC survey data, in which migrants and refugees reported not knowing where to go (18/40) as the primary barrier to accessing healthcare at the current time.
- When asked, migrants and refugees, unaccompanied children and older people were the groups most frequently mentioned by KIs as having the least access to information related to COVID-19.
- Follow up interviews with KIs revealed that the reason for this is that much of the key messaging (on television, radio and in print) is in Arabic, which some migrant and refugee communities are unable to understand. For unaccompanied children, this issue is compounded by the fact that such messaging is often not presented in an age-appropriate format. Moreover, members of all these groups have less social connections and networks that would enable them to be better informed about the current situation.
- In follow up interviews, KIs also emphasised that several organisations are working to translate materials and make them more child-friendly, in order to increase the accessibility of information.
- In addition, all KIs noted strong levels of awareness on policies and restrictions put in place by the authorities - such as curfews or bans on intercity travel - to help combat the spread of the disease.

HOW DO PEOPLE RECEIVE INFORMATION ABOUT COVID-19?

- Among KIs, Facebook was by far the most commonly mentioned platform used by communities to obtain information about the virus, followed by television and online research.
- The MMC survey yielded similar findings, where migrants and refugees reported Whatsapp (26) and Facebook (20) as the main social media platforms through which information concerning the virus is communicated.
- West and East African Community Leaders additionally mentioned relying on other members of their community to get information about COVID-19. This corresponds with MMC data, where the majority (21) of migrants and refugees surveyed cite community leaders as the source of the information they have received on the virus and how to protect themselves.

According to KIs, Facebook was by far the most commonly mentioned platform used by communities to obtain information about the virus.

WHO HAS BEEN ISSUING INFORMATION ABOUT COVID-19

- Libyan Community Representatives and migrant Representatives for MENA countries were more likely to report having had information directly from the authorities in the last two weeks, while East and West African community representatives reported that their communities had received information from local or international NGOs.
- For information relating to the restrictions put in place by the authorities, all KIs reported receiving information directly from the authorities, with the exception of East African Community Representatives, who reported having received information from local or international NGOs.
- Most Service Provider KIs reported that in the past 14 days their organisations had shared information with communities about how they can get help if they contract the disease. The most common means of communication used by organisations was leaflets, followed by social media and radio broadcasts. CSOs, NGOs and UN Agencies, in particular, relied on issuing leaflets to inform communities about what to do what to do in case of infection. In the current round of data collection, no information was gathered on what means of communication is preferred by communities.

INABILITY TO FOLLOW HEALTH GUIDELINES AMONG CERTAIN POPULATIONS

- In terms of being able to follow health guidelines, **the main reason KIs representing East African, West African and Libyan communities reported that their community members were unable to follow advice relating to COVID-19 was as a result of lack of resources - such as gloves and masks.** According to a recent [REACH rapid market monitoring exercise](#), the price of such items has increased in Tripoli in recent weeks by up to 200% .
- In addition, one KI representing West Africans noted that informational materials were in a language that many community members did not understand. This is supported by what was said in follow-up interviews with KIs, who reported that certain migrant communities are not able to follow Arabic-language key messaging. KIs from other migrant and refugee groups did not report such challenges.

Fear of increasing discrimination, and resulting access restrictions, were found particularly among East and West African Community Representative KIs interviewed.



ACCESS TO SERVICES - HEALTHCARE

DISCRIMINATION WHEN ACCESSING SERVICES

- **Fear of increasing discrimination, and resulting access restrictions were found particularly among East and West African community representatives.** Two out of three KIs representing **East African communities reported that members of their community were concerned that they might face discrimination when trying to access healthcare** during the crisis.
- While Community leader KIs reported fear of discrimination rather than occurrences of discrimination, **migrants and refugees interviewed by MMC substantiated that discrimination was one of the main barriers they had faced when accessing healthcare at the time of data collection, with 16/40 citing discrimination and 15/40 citing fear predicated on their migration status.** This was supported by service provider KIs, with one CSO worker KI reporting that they had seen examples of migrants and refugees being discriminated against when trying to access healthcare. One healthcare worker additionally stated that people displaying COVID-19 symptoms were also being turned away from medical facilities.

OTHER BARRIERS FACED WHEN ACCESSING HEALTHCARE SERVICES

- Alongside discrimination, the findings also revealed other barriers to accessing healthcare. Four Service Provider KIs (including UN Agency and CSO workers) mentioned that the people they serve - including women, older persons, and migrants and refugees - had faced difficulties other than discrimination when accessing public healthcare facilities in the past 14 days. **This was reportedly due to new restrictions limiting movement, the low capacity of healthcare facilities compounded by the current situation and a fear of visiting healthcare facilities at the current time due to the risk of contracting COVID-19.**
- **The impact of movement restrictions was also stressed by KIs representing migrants and refugees from MENA and West Africa, who reported access restrictions arising from the introduction of the 2pm to 7am curfew.** Amongst MENA representatives this was reported to be a challenge for a small minority of the community, whereas for West African representatives this was reported to be a concern for the majority of the community. **In both cases, KIs were concerned about access for older people.**



ACCESS TO SERVICES - EDUCATION

- **All schools in Libya have been closed until at least the end of May** and the Ministry of Education has set up distance learning programmes using television.⁶
- **KIs representing all migrant and refugee communities reported that children were no longer receiving any form of education, including remotely.** In this current round of data collection, no information was collected as to why this was this case.
- In contrast, **KIs representing Libyan communities and Services Provider KIs reported that children have been receiving education at home since the schools have closed.** Education is reportedly primarily provided by parents and/or care providers, as well as through TV and radio broadcasts provided by the authorities.

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A lack of income due to the loss of work is particularly impactful on people's ability to access basic needs. This situation is compounded by recent price spikes in Tripoli.



DISRUPTION TO LIVELIHOODS

- Both REACH and MMC data suggests that **a significant proportion of people have lost work as a result of the crisis**, particularly those who relied on daily labour.
- Community Representative KIs across all population groups reported that members of their community had stopped working in the last 14 days prior to data collection. Only KI representatives for Libyan communities reported that people were still receiving their salaries.
- **KIs representing all migrant and refugee groups reported that members of their community were no longer receiving salaries**; this was particularly the case for those working in temporary employment or daily labour. KIs estimated that this was the case for between half to the majority of the population they represent.
- Follow up interviews with KIs revealed that much of the workplaces that daily labourers relied upon - in construction sites, for example - are no longer operating. One KI reported regularly seeing daily labourers searching for work in the streets, indicating that it might be particularly hard for them to access livelihoods.
- Moreover, in a follow up interview, a CSO worker KI noted that daily labourers, many of whom are migrants and refugees, are unable to follow new restrictions as they need to search for work in order to earn money to meet their basic needs.
- **Challenges finding work or continuing existing employment in Tripoli among already vulnerable communities is supported by MMC data. When asked if they had lost work as a result of restrictions imposed in response to COVID-19, 34 of 40 migrant and refugees surveyed reported that they had**, while 3 noted that they had continued to work, and 3 stated that they had not been earning income prior to the restrictions being imposed.



ABILITY TO COVER BASIC NEEDS

- Both REACH and MMC data revealed that the lack of income resulting from the loss of work is particularly impactful on people's ability to access basic needs, such as food and water. This situation is compounded by recent price spikes.
- Across all respondent groups, KIs reported an inability to cover basic needs as one of the main concerns about their communities. Before the COVID-19 outbreak, the main concerns were reportedly related to insecurity and threats from armed groups - fears that were still widely reported for this protection assessment.

- Indeed, a [recent REACH report](#) found there to be nationwide price hikes for basic goods as a result of the COVID-19 crisis, decreasing people's ability to meet their basic needs. **This included Tripoli, which has witnessed a reported 21.5% increase in the price of the minimum expenditure basket** (the minimum group of items required to support a five-person Libyan household for one month).⁷
- As a result of the loss of income, KIs representing all population groups reported to be 'somewhat concerned' that community members would no longer be able to cover their basic needs (defined as food, hygiene items, cooking fuel), **with the exception of East African Community Representatives who reported to be 'very concerned'**.
- **KIs representing East African communities also reported being "very concerned" that members from their communities would be evicted due to an inability to pay rent.** KIs representing other population groups stated that they were "somewhat concerned" about this issue.
- Increased stress due to an inability to meet basic needs was also reported by migrants and refugees in MMC data. **Of those who noted a loss of income, when asked about the specific impact on their livelihoods, refugees and migrants primarily reported increased worry and anxiety (24), inability to afford basic goods (23), inability to pay remittances (19), inability to continue the journey (11), and loss of housing (5).**
- The MMC survey also found that reduced access to work was a primary concern for those surveyed (29), followed by a reduction in access to basic goods (20). Additionally, many respondents (19) reported to be stressed and worried about the current situation, and the uncertain future. When asked if they needed extra help since the coronavirus outbreak began, 29 of the 40 refugees and migrants responded "yes." Of these, nearly all (27) reported a need for basic assistance in the form of food, water, and shelter, and cited a need for cash assistance (26).

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.
3. In addition to the questionnaire, REACH carried out three follow up interviews with 2 female and 1 male CSO workers, to explore further some of the findings.
4. All community representatives were male; they were asked at the beginning of the survey if they felt they could represent the views of different demographic subgroups in their answers: 13 out of 15 said that they were able to represent the views of women in their community. Nevertheless, some gender bias is expected in responses. In order to mitigate this bias, REACH interviewed three female CSO representatives who work with organisations that have programmes supporting women. In addition, one woman representing a network of CSOs in Tripoli was consulted following data analysis in order to validate findings and identify any areas of particular divergence with the understood experience of women across population groups in Tripoli. In addition, two follow up interviews to check findings were carried out with one male and one female CSO worker.
5. Mixed Migration Centre, COVID-19 Snapshot, April.
6. OCHA, Update COVID-19, April 2020.
7. REACH, Joint Market Monitoring Initiative, April - forthcoming; REACH, COVID-19 Rapid Market Assessment, April.