

Given the rapidly escalation of COVID-19 in North Africa, the pandemic is undoubtedly effecting refugees and migrants and broader drivers and patterns of mixed migration to and through Libya. Libya reported its first COVID-19 case on March 24th. As of April 13th, there are 26 recorded cases of COVID-19 in Libya out of some 535 tests that have been conducted. Given that testing is limited, it is likely that the reported number of cases is a conservative estimate. Moreover, the escalating conflict, particularly in Tripoli and along the western coast, is impeding the country's ability to respond to COVID-19 cases. Understanding the specific needs, perceptions and experiences of people on the move in relation to COVID-19 can inform the work of humanitarian actors, particularly those in health and livelihood programming, seeking to assist refugees and migrants in Libya.

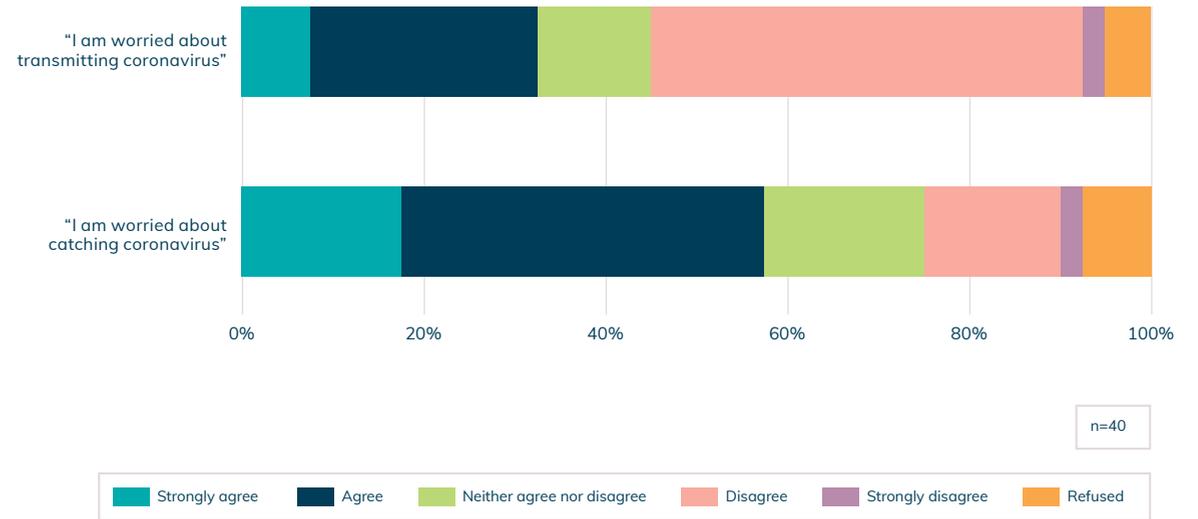
Profiles

The main basis of analysis for this snapshot is 40 refugees and migrants surveyed in Tripoli between April 6th and 13th 2020. The primary nationalities of refugees and migrants surveyed was Nigerian (n=12), followed by Ghanaian (n=11), Burkinabe (n=5) and Nigerien (n=4). Other nationalities include Beninese, Ivorians, Malians, Senegalese, and Sudanese. Of those surveyed, 32 are male, and 8 are female, and their ages range from 20 to 42 years of age. The largest share of respondents noted that they had not reached the end of their journey (n=17), while 11 highlighted that they had reached the end of their journey (11 did not know if they had, and 1 respondent refused to answer).

Most refugee and migrant respondents are worried about catching COVID-19

When asked if they had heard of coronavirus, all 40 of those surveyed responded that they had, and all but one noted that they had seen people acting more cautiously through measures such as keeping distance or wearing gloves. Twenty-three respondents noted that they agreed or strongly agreed with the statement "I am worried about catching corona virus," whereas 13 respondents strongly agreed or agreed with the statement "I am worried about transmitting corona virus."

Figure 1. Refugees' and migrants' perceptions of coronavirus transmission



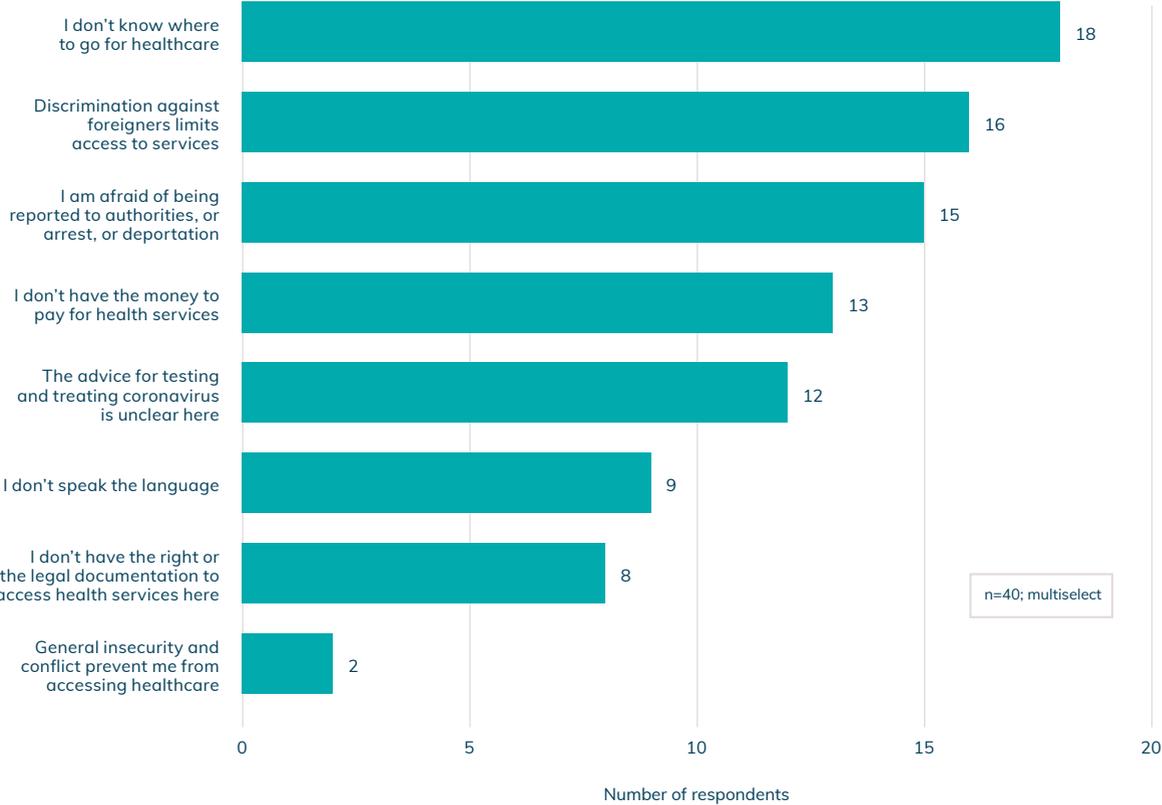
All surveyed refugees and migrants are taking extra precautions to protect themselves against COVID-19

All respondents reported taking measures to protect themselves and their communities from the transmission of coronavirus. Of the 40 respondents, 38 reported washing their hands more often or using hand sanitizer. Thirty-two respondents reported wearing a mask and gloves. Moreover, a majority of respondents cited avoiding crowded spaces (n=27) and staying at home and self-isolating (n=23).

Refugees and migrants report a wide variety of barriers to access to healthcare in Tripoli

When refugee and migrant respondents in Tripoli were asked “If you had coronavirus symptoms and needed healthcare, would you be able to access health services today?”, just over half (n=21) said they could, 11 were unsure, 6 refused to answer, and 2 said they could not access health services. When asked about specific barriers to access, primary barriers included not knowing where to go (n=18), discrimination (n=16), and fear predicated on their migration status (n=15).

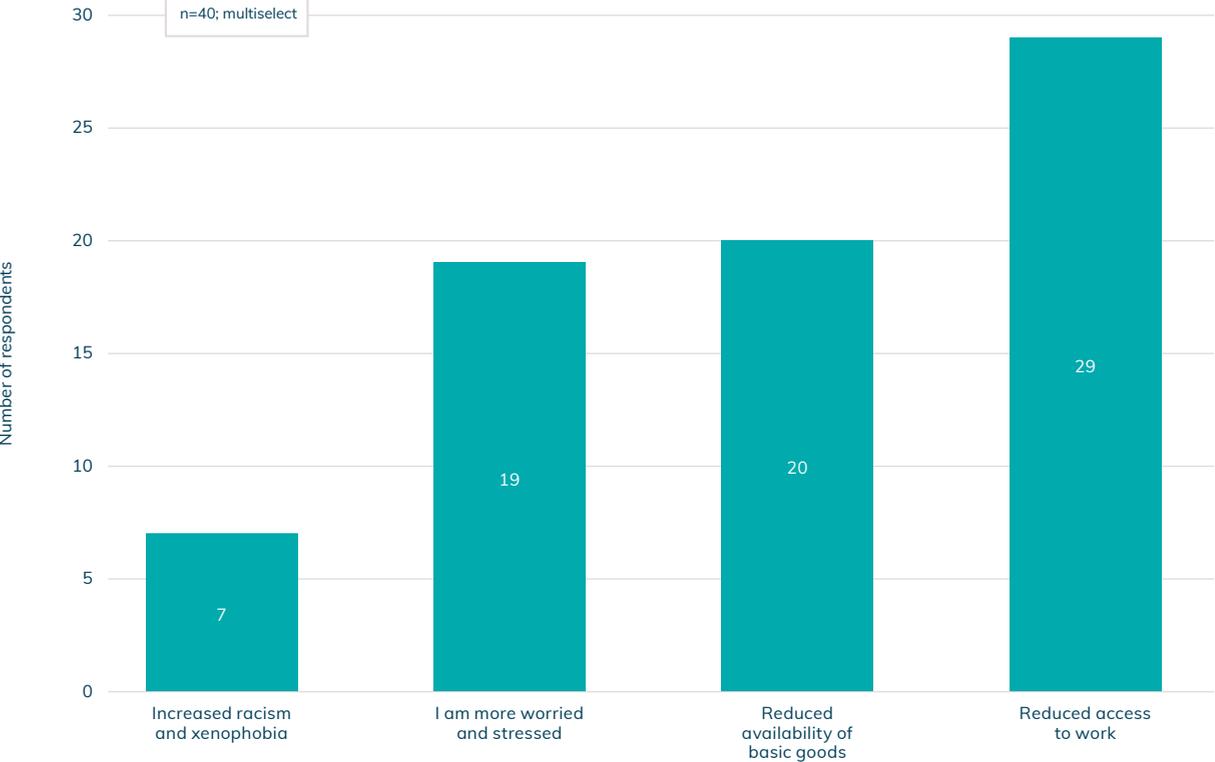
Figure 2. What are the barriers to accessing health services?



Most respondents cite reduced access to work and a need for basic needs and cash assistance

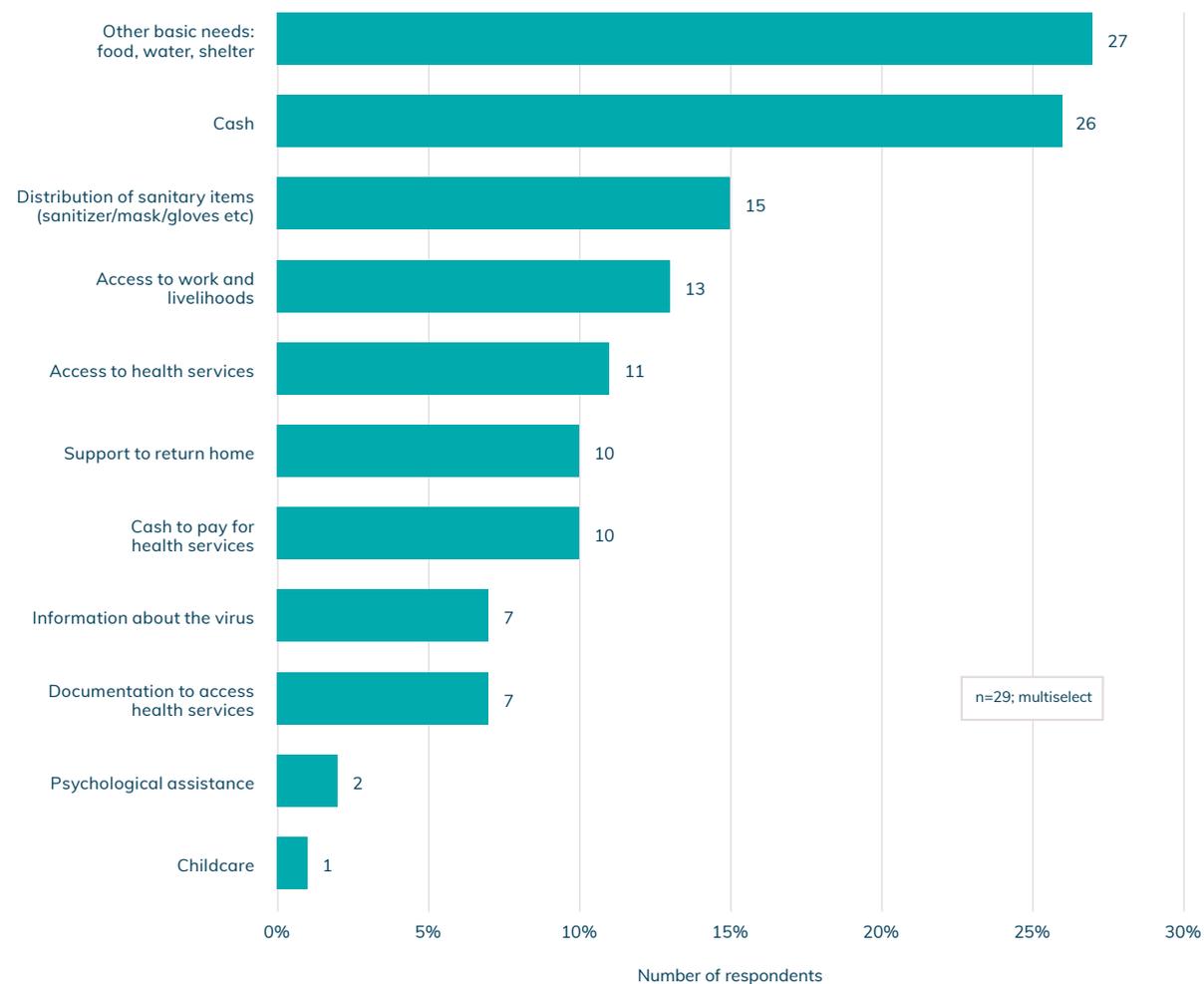
Respondents noted that the pandemic affects their livelihoods and quality of life in Tripoli. Reduced access to work was a primary concern for those surveyed (n=29), followed by a reduction in access to basic goods (n=20). Additionally, many respondents (19) reported to be stressed and worried about the current situation, and the uncertain future. This was underscored in a key informant interview conducted with a Burkinabe migrant in Tripoli who said that many: “are afraid if the situation takes longer and they stay inside the house and they don't have a way to work, how will they manage their life?” Discrimination was perceived as one of the main barriers to health care, and 7 respondents also highlighted that heightened racism and xenophobia were impacting upon their daily life.

Figure 3. What other effects has the crisis had on your day-to-day life?



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 (n=27) reported a need for basic assistance in the form of food, water, and shelter, and cited a need for cash assistance (n=26).

Figure 4. From which type of extra assistance would you benefit?



The need for basic assistance in the form of food, water, and shelter, was also underscored in key informant testimonies: “In Tripoli those that I speak with are so many in one room sometimes 7 in one room in the foyer, so sometimes a week they get 10 LYD to buy food and bring it to all in the room, and for them who ever collects 10 LYD they use it for all.”



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4Mi & COVID-19

The [Mixed Migration Monitoring Mechanism Initiative](#) (4Mi) is the Mixed Migration Centre’s flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. Normally, the recruitment of respondents and interviews take place face-to-face. Due to the COVID-19 pandemic, face-to-face recruitment and data collection has been suspended in all countries.

MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. Respondents are recruited through a number of remote or third-party mechanisms; sampling is through a mixture of purposive and snowball approaches. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone, by the 4Mi monitors in West Africa, East Africa, North Africa, Asia and Latin America. Findings derived from the surveyed sample should not be used to make inferences about the total population of refugees and migrants, as the sample is not representative. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. See more 4Mi analysis and details on methodology at www.mixedmigration.org/4mi