

NEEDS ASSESSMENT OF IRAQI, PALESTINIAN, SUDANESE, AND SYRIAN COMMUNITIES

IN MISRATA, LIBYA



NEEDS ASSESSMENT,
OF IRAQI, PALESTINIAN
SUDANESE, AND SYRIAN
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2018

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TABLE OF CONTENTS

NEEDS ASSESSMENT
OF IRAQI, PALESTINIAN, SUDANESE, AND SYRIAN COMMUNITIES
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1.

ACRONYMS

3

2.

EXECUTIVE SUMMARY

5

3.

BACKGROUND

6

3.1

Tripoli Project and Misrata

6

4.

METHODOLOGY

7

4.1

Tool

7

4.2

Respondent Recruitment

7

5.

MAIN FINDINGS

10

5.1

Community Profile

10

5.1.1

Shelter and accommodation

10

5.1.2

Areas of Misrata where PoCs live and accessible areas

13

5.1.3

Connection and communication between and within communities

14

5.2

Risk and Vulnerability

14

5.2.1

Risks faced by the communities:

14

5.2.2

Vulnerable community members

20

5.3

Main Needs

23

5.4

Differences in Responses by Country of Origin and Gender

26

5.4.1

Differences in Perceived Risks by Country of Origin and Gender

26

5.4.2

Differences in Perceived Vulnerabilities by Country of Origin and Gender

28

5.4.3

Differences in Perceived Needs by Country of Origin and Gender

28

6.

CONCLUSION

30

7.

RECOMMENDATIONS FOR CESVI AND UNHCR

31

ANNEX I

33

Key Informant Interview Guide – Misrata Assessment

25

ANNEX II

39

FGD – Misrata

31

1.Acronyms

CDC	Community Development Centre
CM	Community Mobilizer
CP	Child Protection
DC	Detention Centre
EUTF	European Union Trust Fund
FGD	Focus Group Discussion
IDP	Internally Displaced Person
IMC	International Medical Corps
INGO	International Non-Governmental Organization
KII	Key Informant Interview
NFI	Non-Food Items
PoC	Persons of Concern
QIP	Quick Impact Project
SC	Social Centre
SGBV	Sexual and Gender-Based Violence
UNHCR	United Nations High Commissioner for Refugees

Figure 1. Common Migration Pathways5

Figure 2. Common Accommodation Arrangements7

Figure 3. Common Types of Shelter8

Figure 4. Population Mobility8

Figure 5. Areas Where PoCs Live9

Figure 6. Risks/Dangers Faced by PoC Communities10

Figure 7. Risk Root Causes and Direct Effects13

Figure 8. Vulnerable Community Members14

Figure 9. Top Needs for PoC Communities16

2. Executive Summary

Project title:	Life Saving Assistance to Refugees and Asylum Seekers in Libya
Donor:	UNHCR
Date of Data Collection:	Qualitative KIs and FGDs: 09 November – 03 December 2017
Initial Survey Objectives:	<ul style="list-style-type: none">• Concentration of PoCS in Misrata, disaggregated by district and nationality• Rough estimate of the size of sub-populations, by nationality• Locations of Misrata that are accessible to different PoC sub-populations• Main vulnerabilities of the identified PoCs, by nationality, gender, age, and any other relevant demographic• Main needs of the identified PoCs, by nationality, gender, age, and any other relevant demographic
Achieved Survey Objectives	<ul style="list-style-type: none">• Locations where PoCs reside in Misrata, disaggregated by nationality• Locations of Misrata that are accessible to different PoC sub-populations• Main risks facing PoCs and main vulnerable groups• Main needs of the identified PoCs by nationality• Perceptions of risks, vulnerability, and needs by gender and nationality
Location:	Misrata, Cesvi Office
Sample & Data Collection Tool:	9 KIs with 10 respondents and 6 FGDs with a total of 31 respondents; tools used were a key informant interview guide and a focus group discussion tool
Findings Summary:	<ul style="list-style-type: none">• Locations where PoCs live in Misrata are: City Center, Dafnia, Dat Alremal, Gaser Ahmed, Giran, Shohada Alremela, Tomina, and Zarroq.• Average household size is 6 to 10 persons; renting is the most common accommodation arrangement for all communities, with verbal agreements as the most common modality for renting; apartments and houses are most common shelter types, but informal settings are also used in Sudanese and Syrian communities.• Main dangers to all PoC communities are morbidity, discrimination, poverty, violence, lack of healthy housing, property theft, and hunger.• Nationalities face similar risks, but Sudanese and Syrian respondents spoke of more risks, including physical and sexual violence, unsafe migration, and child labour.• Main vulnerable groups are people with a medical condition or disability (and families with a sick or disabled family member), children and youths, orphans and children with a sick or absent parent, displaced persons, poor individuals and families, and large families.• Top needs are healthcare and cash assistance. Other important needs are protection, education, NFIs, shelter, food, registration, psychosocial support, and activities and opportunities for young people.

3. Background

3.1 Tripoli Project and Misrata

Cesvi has been present in Libya since 2011, as one of the first INGOs intervening in Libya after the start of the Arab Spring. It has implemented programs which supported IDPs, refugees, asylum seekers, and migrants, through service provision that has included protection activities, non-food item (NFI) distributions, outreach, awareness-raising, psychosocial support, referrals to external services, and cash assistance. Cesvi currently works in Tripoli implementing a UNHCR-funded intervention for persons of concern (PoCs) and in Misrata implementing activities for migrants under a European Union Trust Fund (EUTF) project.

Within the domain of the 2017 UNHCR-funded project – Life Saving Assistance to Refugees and Asylum Seekers in Libya – Cesvi currently provides services for PoC communities in Tripoli through a Community Development Centre (CDC 2), a one-stop shop for protection monitoring, case management, psychosocial support and mental health counselling, cash assistance, and referrals, as well as medical services provided by IMC and legal services provided by UNHCR. Cesvi's Protection Team conducts protection monitoring with all beneficiaries who come to the CDC, with eligible cases receiving referrals to other services offered by Cesvi and/or to external services offered by partner organizations and UNHCR. The Cesvi Outreach team makes visits to PoC homes in Tripoli to assess vulnerable beneficiaries, gather information for service provision determinations, and find vulnerable PoCs who are eligible for services but have not yet visited the CDC. Cesvi also conducts activities at a different site, the Social Centre, including Arabic and English language classes, NFI distributions, and community events, and it coordinates the management of a UNHCR Safe House for vulnerable PoCs waiting to be resettled.

As the CDC model in Tripoli has been a viable method of addressing the needs and vulnerabilities of refugee communities, UNHCR has decided to expand CDCs to other geographical areas, including Misrata, where Cesvi has an established presence serving migrant communities. PoC populations in Misrata have an unmet need for services due to the smaller number of aid organizations and agencies working there as compared to Tripoli. There are knowledge gaps regarding the specific needs of the PoC communities, as well as the vulnerabilities of community members and the particular risks that they face. Although Cesvi envisions implementing similar activities in a CDC in Misrata as compared with the CDC 2 in Tripoli, getting accurate data of PoC communities in Misrata is necessary to ensure that activities would be relevant and to identify which services to prioritize and tailor as well as which groups to target for activities. Cesvi decided to conduct a needs assessment in Misrata, to create a profile of the PoC communities residing there and to tailor an intervention to the context and communities.

4. Methodology

4.1 Tool

A qualitative assessment was conducted in Misrata, composed of six focus group discussions (FGDs) and nine key informant interviews (KIIs). Two separate tools were created; one for the key informants, which was more extensive and included specific questions on locations where PoCs live in Misrata, registration, and common shelter arrangements for PoCs. Both tools asked questions about the main risks or vulnerabilities faced by PoCs, the most vulnerable groups in PoC communities, the main needs of PoCs, and accessible locations in Misrata for PoCs.

The FGD guide also included questions about communication in communities. The tools were the same for respondents of different nationalities, with the exception that respondents answered questions for the community of their country of origin in Misrata (all FGDs began with a question asking participants to define their community and all defined their community in some way as consisting of people from their country of origin, which was used as the definition of "community" for the rest of the discussion). A very short third tool was created for the Tripoli M&E Officer to interview contacts in Tripoli to get information for key informants of certain nationalities in Misrata.

4.2 Respondent Recruitment

A list of possible contact details for members of some of the communities (Sudanese and Iraqi) in Misrata was put together at the start of the project, and the Misrata M&E Officer called them to arrange for interviews.

The Tripoli M&E Officer also interviewed one community mobilizer each from the Palestinian, Sudanese, and Syrian communities, Cesvi community mobilizers, as well as one IMC community mobilizer, to see if they knew people of these nationalities in Misrata.

- The Ethiopian, Eritrean, and Sudanese community mobilizers did not have contacts with people in Misrata of Ethiopians, Eritreans, and Somalis. (N.B. Cesvi didn't have Somali community mobilizers).
- Palestinian and Syrian key informants for Misrata were found through a Cesvi staff member who knew a Palestinian key informant in Misrata, who then referred other Palestinian key informants, and through a personal connection with a Syrian man who was able to refer a Syrian community leader to the Misrata M&E Officer.

No Eritrean, Ethiopian, or Somali respondents in Misrata were able to be located for this assessment.

People of these nationalities tend to be the most vulnerable of PoCs in Libya and therefore, more hidden. Eritreans and Ethiopians are often victims of trafficking and many of them (as well as Somalis) do not speak Arabic, the language of Libya, unlike the other four PoC nationalities. Sub-Saharan African people (including Sudanese as well) are also targeted due to racist attitudes and are more likely to be singled out as foreigners (compared to Arab ethnicities) due to a misperception that Libyans are only ethnically Arab. These vulnerabilities put them at risk for kidnapping, trafficking, and arbitrary detention, and it is likely that persons of these communities try to keep a low profile to mitigate these risks.

According to the community mobilizers that the Tripoli M&E Officer interviewed, Ethiopians, Eritreans and Somalis are less likely to travel to or through Misrata, as the common migration paths go from Alkufrah to Ejdabiah, Bani-Walid, and Tripoli, then to Sabratah or Zwarah (as seen in Figure 1). Also, as Misrata authorities are perceived to be strict in enforcing labour laws against persons without documentation and are known to send such people to detention centres, fewer PoCs of these communities travel to Misrata. This is confirmed by the available population data for Misrata (from IOM’s Displacement Tracking Matrix), which shows that the population for these PoC communities is not as large in Misrata, particularly for Somalis. Smaller populations are also more difficult to locate.

Figure 1. Common Migration Pathways



All of the key informants were identified as having knowledge of the communities of their country of origin in Misrata. FGD participants were recruited by key informants and other persons of PoC communities known to the M&E Officer in Misrata.

Focus groups were single-sex, as it was assumed that participants would feel less comfortable discussing some topics (e.g. sexual and gender-based violence) in mixed groups, and that certain cultural norms might restrict the participation of women in groups with men. Research was only conducted with adults 18 years and older, and an attempt was made to try to recruit participants of a similar age for FGDs, to avoid reduced participation by younger participants in the presence of older participants (as in some cultures, deference is given to those who are older), however there were still younger and older participants in the same groups. In only one case (the FGD with Iraqi men) did this affect the diversity of answers, as the oldest participant spoke much more than the other participants.

Three KIs were conducted with women (two Sudanese and one Palestinian), while six were conducted with men (two Sudanese, one Iraqi, two Palestinian, and one Syrian). Four of the focus groups were conducted with women (one Iraqi, one Palestinian, one Syrian, and one Sudanese), while two were conducted with men (one Iraqi and one Palestinian). The average age of FGD participants was 31 years; the oldest FGD participant was 63 and the youngest was 18. All Misrata KIs and FGDs were conducted in the Cesvi Misrata office.

Table 1. KI Details

Date	Nationality	Gender	Why chosen
09 November 2017	Sudan	Male respondents)	Chairman and Vice Chairman of the Sudanese Community of Misrata
13 November 2017	Sudan	Male	Identified by other key informants
14 November 2017	Sudan	Female	Identified by other key informants
20 November 2017	Sudan	Female	Head of Women Affairs Department
09 November 2017	Iraq	Male	Large network in Misrata Iraqi community
16 November 2017	Palestine	Female	Identified by Cesvi staff
20 November 2017	Palestine	Male	Identified as a leader by Palestinians
21 November 2017	Palestine	Male	Community leader
26 November 2017	Syria	Male (2 respondents)	Head and Deputy head of Syrian Community in Misrata (informal)

Table 2. FGD Details

Date	Nationality	Gender	Why chosen
16 November 2017	Iraq	Male (6 respondents)	59; 32; unknown; 31; 29; 28
19 November 2017	Iraq	Female (4 respondents)	24; 63; 30; unknown
21 November 2017	Palestine	Female (7 respondents)	23; 23; 27; 21; 47; 28; 21
22 November 2017	Palestine	Male (5 respondents)	33; 38; 24; 35; 55
28 November 2017	Syria	Female (6 respondents)	57; 33; 23; 22; 42; 18
03 December 2017	Sudan	Female (3 respondents)	37; 45; 24

5. Main Findings

5.1 Community Profile

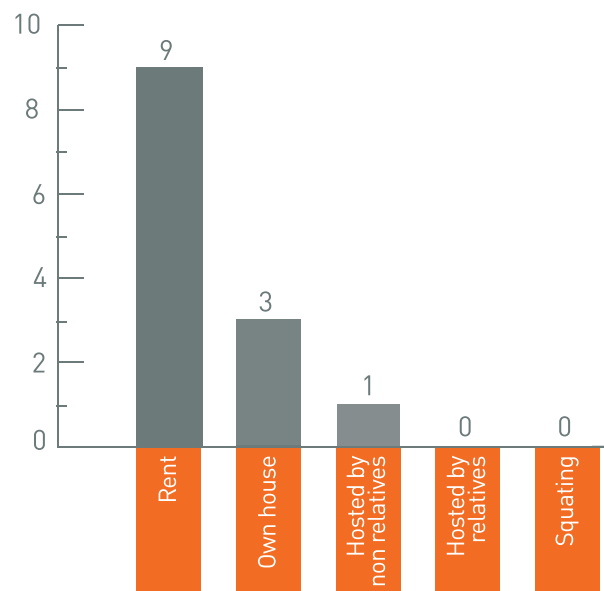
5.1.1 Shelter and accommodation

Most key informants said that the average household size in their community is between 6 to 10 persons. For the Iraqi, Palestinian, and Syrian key informants who answered the question regarding household composition, they stated that only family members live together, whereas all of the Sudanese key informants stated that in some households, non-family members live together. This suggests that in the Sudanese community there are more individuals as compared to the other nationalities.

Renting is the most common type of accommodation arrangement for PoCs in Misrata, identified by all key informants. Home ownership was only noted by Palestinian key informants, and being hosted by someone who is not a relative was cited by only one KII, a Sudanese female.

Being hosted by relatives was not cited in any of the KIIs as a common type of arrangement; it may be that it is uncommon to stay with relatives and not pay them rent.

Figure 2. Common Accommodation Arrangements



Of KIIs that Mentioned Specific accommodation arrangement

Squatting (staying somewhere illegally or without permission) was also not identified by any of the key informants as a common accommodation arrangement. This may seem surprising in light of later responses that homelessness and high rent are problems in the community. Possible reasons for this could be the size of some of the communities (the Iraqi community is quite small, only about 25 families), the length of time that some communities have been present in Misrata which could mean more access to and knowledge of alternative shelter arrangements or emergency assistance (as one Sudanese KII noted, there are Sudanese charities which help individuals or households pay rent), that the Misrata authorities are more strict in allowing non-Libyans into the city and perhaps are less likely to let in people that seem unable to secure housing legally, or perhaps that people staying illegally are more likely to be detained. As this assessment did not explore further into this finding, this could be one question for future research.

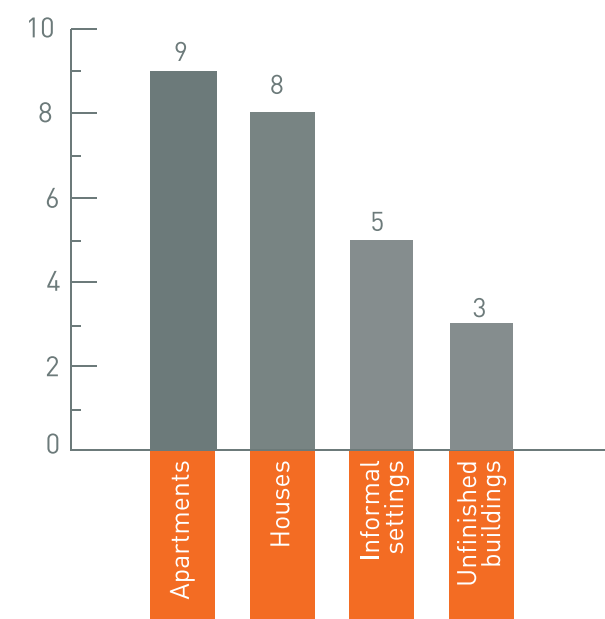
Verbal rental agreement is the most common modality of securing accommodation in the communities, and it was identified by all key informants. Other modalities include renting with a legal contract (only mentioned in the Syrian KII), and rented accommodation in which the rent is paid by someone else. As verbal contracts have less legal standing and less evidence for renters to use if there is a conflict over the property, PoCs who use verbal rental contracts are likely to be more vulnerable to eviction.

There was not agreement between the KIIs on the risk of eviction in the communities.

- Four KIIs stated that people in their community had not been evicted or threatened with eviction (1 Sudanese, 1 Iraqi and 2 Palestinian KIIs, all male);
- Three did not know or didn't answer (1 Sudanese male, 1 Palestinian female, and 1 Sudanese female);
- Two said that community members had been evicted or threatened with eviction (Sudanese female and Syrian male), by landlords, who did not have legal documents and who did not use force. However, in many of the KIIs and FGDs, respondents spoke of increasing rental prices and the need for fixed rental fees; according to the Iraqi men FGD,

"There [are] no official documents for rents to preserve the rights of renters. The owner of the place agrees on a rent price then keeps increasing it." Respondents in the Iraqi men FGD

Figure 3. Common Types of Shelter



Of KIIs that specified as a common shelter type

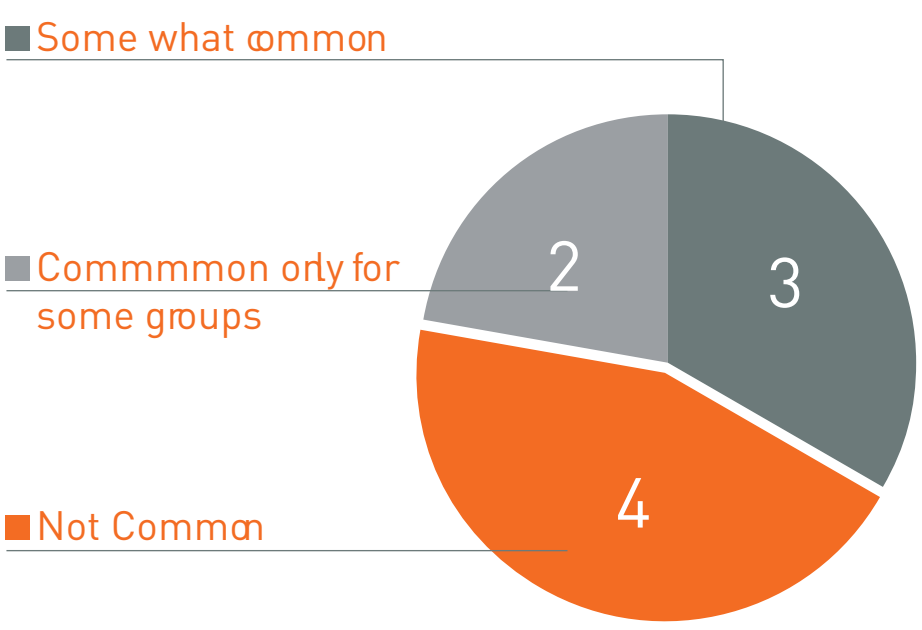
Both apartments and houses are the most common type of shelter, with apartments identified by all key informants and houses identified by all but one. Informal settings are also common (such as tents or collective shelters), but they were only identified by the Sudanese KIIs and the Syrian KII. Unfinished buildings were only identified by three KIIs (Sudanese, Palestinian, and Syrian), and schools and public buildings were not noted by any key informants.

¹Only KIIs included a question on types of accommodation arrangements and follow-up questions.

When asked how common it was for members of their communities to change residences in Misrata, the answers varied based on nationality. The Iraqi key informant and the Palestinian informants all said it was not common for community members to change residences. The Syrian informant and the Sudanese female informants said it was somewhat common, and the male Sudanese informants said it was common for some groups in their communities (no KIs answered “very common”).

Figure 4. Population Mobility

Population Mobility - How Common is it for Community Members to Change Residences?
*out of total number of KIs (9)



Individual men, people who are financially poor, and people without legal documentation were those identified as being more mobile (more likely to move).

5.1.2 Areas of Misrata where PoCs live and accessible areas.

Figure 4. Population Mobility



As seen in Figure 4, all of the PoC nationalities live in City Centre district. Additionally, Sudanese live in Dat Alremal, Gaser Ahmed, Giran, Tomina, and Zarroq; Iraqis live in Dafnia, Dat Alremal, Shohada Alremela, and Zarroq; and Palestinians live in Dafnia, Dat Alremal, Giran, Gaser Ahmed, and Tomina. Syrians were said by respondents live in almost all of the districts including Dat Alremal, Giran, and Tomina.

All of the respondents (in both KIs and FGDs) thought that there were no areas that were unsafe or inaccessible within Misrata, during the daytime. In FGDs, many respondents said that the night is unsafe, for both men and women, as well as both PoCs and Libyans. However, in organizing the focus group discussions, the Misrata M&E Officer was told that only people living near City Centre would be able to attend due to transportation there being both unsafe and expensive, and both female Sudanese key informants mentioned informal transportation as being dangerous during their interviews. This indicates that it may be a challenge to reach PoCs in some of the farther areas of the city, and that activities through a CDC based in City Centre should include strategies to allow those PoCs to get there safely (such as including transportation allowances for PoCs to ride in safer transportation).

The focus groups were asked which locations would be best for a CDC and if it would be better for it to be more or less visible. All groups except the Palestinian men thought it should be in City Centre, who thought it should be in a suburb to avoid traffic (the Iraqi male FGD did not answer the question). All the groups that answered the question (i.e. all FGDs except the Iraqi male FGD) thought it should be less visible, to avoid being targeted by criminals, racists, and Libyan youths.

5.1.3 Connection and communication between and within communities.

FGDs included questions on communication and connection between and within communities.

- The Iraqi men FGD answered that different communities were not connected, whereas the Iraqi women FGD answered that they are well-connected and support each other, although they did not specify which communities (whether Libyan or other PoC).
- Palestinian female FGD respondents said that they are not connected to other communities, and don't have much contact with even other Palestinians outside of Mistrata, but that they are well-connected as a Palestinian community in Mistrata, and have social relations with Libyans. The Palestinian male FGD had a similar response, saying that the Palestinian community in Mistrata is well-connected, and they have strong ties with Libyans.
- The Sudanese female FGD stated that they have strong community ties within the Sudanese Mistrata community, due to the length of time that they have been present there, but the group differed on the strength of their connection with the Libyan community. One respondent said they were "very connected to Libyan people" who are neighbours and colleagues, but another respondent said that it is a weak relationship, and that Libyan and Sudanese persons do not support each other. The Sudanese FGD also specified that social ties are mostly between families, but that the informal Sudanese community office is connected to all of the Sudanese in Mistrata.
- The Syrian female FGD did not answer this question.

FGD participants were also asked: What are the main sources of information for people in your community? All groups said both social media and social connections are the main sources of information in their communities, with the exception of the Iraqi groups (the male FGD said "from each other" and the female FGD said "social media"). As implementation of CDC in Mistrata will need to include an awareness-raising component, Cesvi and IMC staff should use the PoC community networks that exist, and look potentially utilizing social media to reach more people (while taking care to maintain a lower profile to avoid the CDC being targeted).

5.2 Risk and Vulnerability

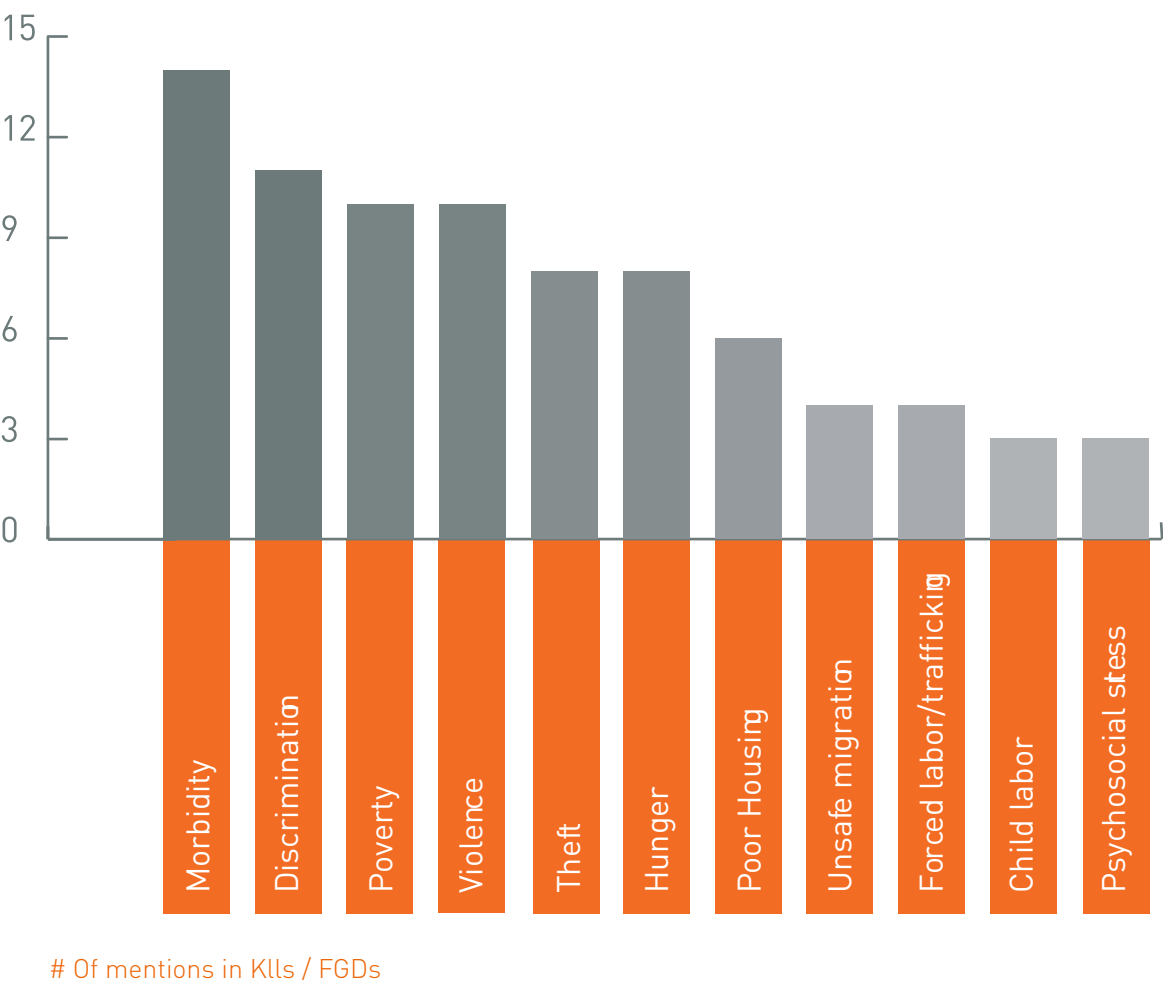
5.2.1 Risks faced by the communities:

As safety and security are a combination of risk and vulnerability, research respondents were asked about both the risks and dangers that are present in their communities, as well as the community members who are more vulnerable to those risks. All key informants and focus groups were asked the question: What risks /dangers do people in your community face? Answers varied, with some groups and key informants speaking of many risks, and other KILs only noting a few risks.

Respondents also interpreted "risk" in different ways, mentioning both threats and dangers to community members and things that were in danger (or at risk). To analyse the data, determinations were made on whether a specified risk was an actual danger or is a quality which is at risk. In some cases, such as health, it was considered both a risk and a quality which is in threatened by other risks (disease and injury are threats to health, and good health is threatened by dangers such as violence). Poor health is also a vulnerability. Risks are not often isolated; multiple threats can be present and affect each other.

Figure 6. Risks/Dangers Faced by PoC Communities

Risks/Dangers Faced by PoC Communities



Main Risks (in all communities)

Poor health (morbidity) was by far the most cited risk, not only noted by all groups/informants except the female Palestinian KII (she only discussed it as a need and a vulnerability) but it was also elaborated on by the respondents who mentioned it. Disease, injury and disability are common dangers in all of the communities, related to other dangers such as violence, unhealthy housing, poverty, and discrimination. Syrian respondents discussed how craftsman jobs (e.g. working on walls and roofs), which are common types of employment for people in their community, frequently lead to injuries and disabilities which require surgery and other treatment.

Discrimination was the next most-cited risk, with 11 groups/informants specifying at least one type of discrimination as a danger to their community. It was mentioned by all ethnicities and both genders. Discrimination in accessing services was stated most often, with respondents giving examples of healthcare discrimination and discrimination in education. Others spoke of discrimination in employment or discrimination in general, and the stress it creates that drives people to migrate out of Libya. Palestinians especially spoke of discrimination, such as having special license plates that designate foreigners (and which cause them to be stopped and investigated at checkpoints), and being unable to own land without a Libyan friend to have the title to the property. Sudanese are at perhaps the greatest risk of discrimination, since most of them are Black African rather than Arab African. Racist attitudes in Libya add to the discrimination that they face as foreigners.

Poverty (the inability to meet basic needs because of lack of financial and/or material resources) is both a risk and vulnerability, as well as a cause and effect of other risks (e.g. poverty can lead to hunger, it affects the ability to pay for rent and life essentials including medical treatment). It was noted by all nationalities and both genders as a danger.

Individuals and families who are impoverished are forced to choose between food, shelter, and other basic needs. Poverty is linked to unemployment and underemployment (unemployment was noted by five of the groups/interviews as a risk), child labour, and discrimination; there are not enough jobs, non-Libyans are likely to be hired less frequently and to be paid less money than Libyans, and families send their children to work instead of school to increase household income.

"We always feel like we are weak... Sometimes we don't say that we're Iraqi because we are afraid of discrimination. We might be excluded from accessing some services because we are not Libyan." An Iraqi female FGD respondent

"Here [in Misrata] even our children get bullied in school because they are black. Discrimination in everything. Employment, education, health, and social attitudes. Any person who [has] black skin is discriminated." A Sudanese female FGD respondent

"Poverty is a risk that most of families in our community might be suffering from in the next few years...lots of families are already poor. They don't pay for rent, other people pay for them." Respondents in the Palestinian women FGD

Violence was mentioned as a risk by all nationalities and both genders. Verbal violence (e.g. harassment, threats and intimidation) and robbery (i.e. violent theft of property) were the most common types of violence described (in some cases, respondents only noted "violence" or "security" as risks and did not elaborate); physical violence was noted by fewer groups/interviews, but it was a main concern of the Sudanese female respondents. It is also related to discrimination against foreigners, as illustrated by a case discussed in the Palestinian male FGD.

Some Palestinian men were robbed by Libyan perpetrators; after reporting to the police, some of the Palestinian victims were jailed and others were physically attacked by the robbers. As a respondent stated, "There is no authority that can protect us,"

Other Common Risks

Theft was a danger mentioned by all nationalities and both genders. Some groups/informants spoke of violent theft of property (i.e. robbery), but others spoke of general protection of property and theft without mentioning violence. This risk is connected to others, such as discrimination (having fewer legal protections and being targeted for nationality increase the vulnerability to this danger), and unhealthy housing (living in informal accommodation with fewer physical barriers increases the exposure to the risk).

Hunger is a danger that was noted by all nationalities except Iraqis and by both genders. It was always mentioned in conjunction with poverty, in that it is a danger to individuals and households who are impoverished. As one informant described it, hunger is the result of unemployment and expensive prices. With the liquidation crisis and inflation, prices of foodstuffs and other necessities have risen, forcing PoCs to choose between spending more of their household income on food or to eat less. Hunger was noted by all women as a risk with exception of the Iraqi women, but only noted by men from a Palestinian FGD and the Syrian KII. When considering that women are often the ones in a household who are responsible for cooking meals and taking care of children, it's less surprising that female respondents were more aware of this as a risk.

Poor housing is a danger to communities in Misrata. It includes shelters that are dirty or in need of maintenance, or which are informal types of accommodation that expose people to violence and the elements (including homelessness).

Poor housing is not just a threat to physical health; as one Syrian respondent stated, "living in psychologically unhealthy conditions" is a danger.

Eviction, and high rents, as well as lack of affordable housing in convenient locations such as City Centre are all related to unhealthy shelter. Sudanese respondents talked of unhealthy shelter (accommodations that are dirty or in need of repairs), the Syrian women mentioned lack of shelter, and the Palestinian and Sudanese women FGDs mentioned homelessness as a risk. Iraqi respondents did not discuss unhealthy housing per se, but did discuss high rent prices as a danger to the community. As all Sudanese and Syrian KIIs noted informal shelters as a common type of accommodation, this danger is likely more prevalent for these communities.

Unsafe migration was discussed by Syrian and Sudanese groups/informants, both male and female. In one instance, it was connected to the danger of being trafficked, but in general the groups described illegal migration over the sea as dangerous itself.

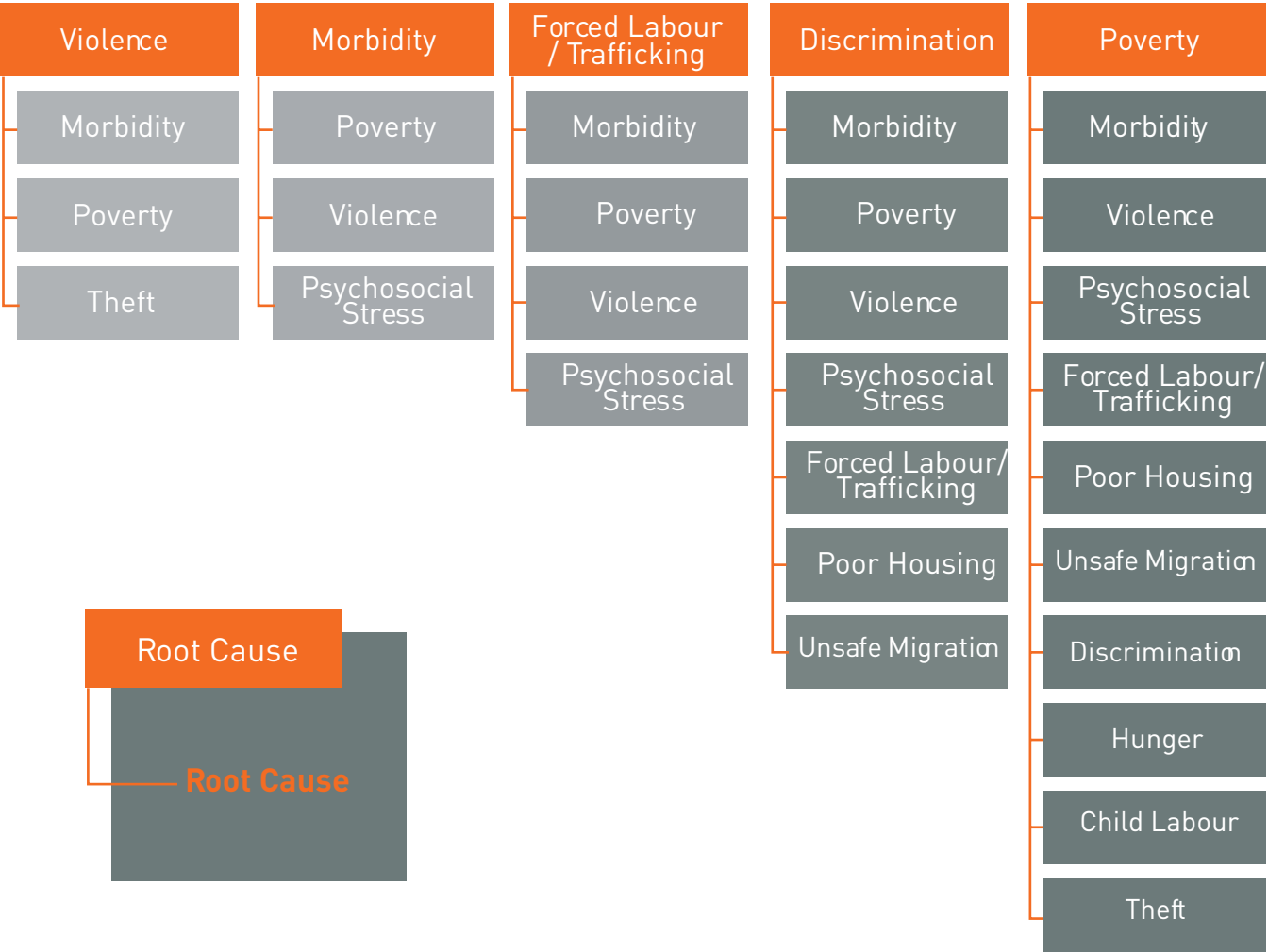
Respondents used the term “rubber” to describe this danger, in reference to the rubber lifeboats used to cross the Mediterranean Sea (e.g. “We’re thinking about that rubber”), which implies the precariousness of this migration pathway.

Forced labor and/or trafficking was another danger that was only mentioned by Syrian and Sudanese respondents. Working without pay or slavery were mentioned by Sudanese female KIIs and the Syrian women FGD, and trafficking was mentioned by one of the male Sudanese KIIs. In this analysis, groups/informants that only mentioned working for less money (compared to Libyans) were excluded, and only those that specifically stated “working without pay” “slavery” or “trafficking” were counted as a mention of this particular threat. Even so, working without being paid encompasses different levels of severity. It could mean that wages are late, that workers are forced to work for more time than they are paid for, or it can be extreme as slavery. In the case of one Sudanese KII, slavery in detention centres was specifically mentioned. For the others, no further details were given.

Child labour was a danger mostly discussed by Syrian respondents, both male and female, but it was noted in the Palestinian women FGD, as a danger for orphaned boys. It is a risk for any children in any impoverished households. As two Syrian female respondents noted,

“Most children (+12) work to help their families. We let children work so we can keep a shelter and get food.” Syrian female FGD respondents

Psychosocial stress was a risk mentioned by fewer groups/informants, mostly in relation to it as a driver of unsafe migration, and related to discrimination and bad living conditions. As one female Sudanese KII said “Illegal migration over the sea [happens] because of the living conditions and psycho-social stress and discrimination.”



As seen in Figure 7 above, certain risks are root causes of other dangers. Violence, morbidity (poor health), forced labour and/or trafficking, discrimination, and especially poverty can all cause individuals and families to be exposed to other risks. For example, poverty can drive a person to undertake unsafe migration which can expose a person to morbidity or trafficking/forced labour, which in turn can lead to psychosocial stress and violence committed by traffickers. Poor health (morbidity) of a family member can impoverish a family and increase the likelihood that children in the household engage in child labour.

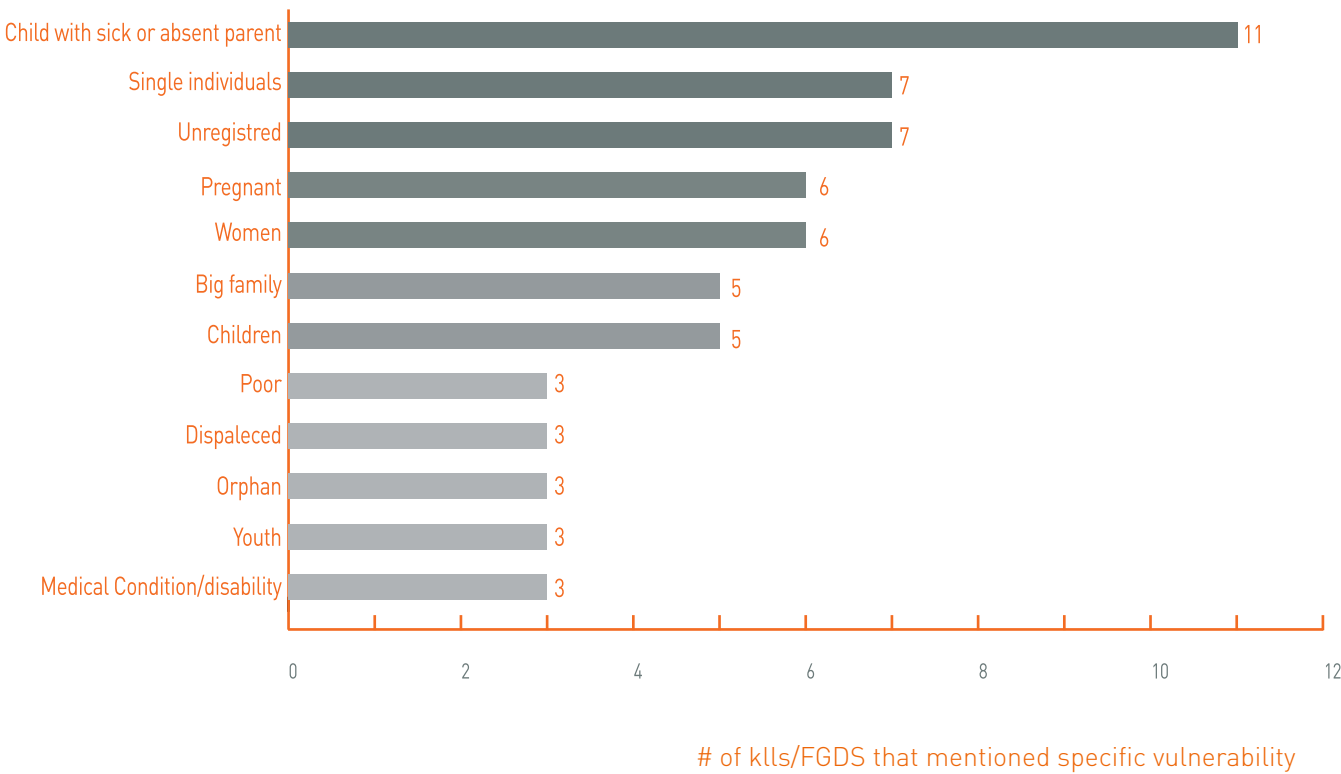
5.2.2 Vulnerable community members

Nearly all respondents believed there were certain members of communities who were more vulnerable (i.e. more exposed to dangers). Perceived vulnerabilities were related to:

- Household status (individuals, big families),
- Age (children and youth),
- Medical Condition (person or family with member having a chronic illness/disability/ medical condition needing treatment),
- Legal Status (registration status, displacement, gender, and employment status).

In Figure 8 below, the main vulnerable groups are shown that were identified in response to the question KII tool question, “Are there certain people who are more at risk or more vulnerable than others? What makes those people vulnerable?” and to the FGD tool question, “Which people or groups are the most at risk for harm or poverty in the community (are the most unsafe or vulnerable)?” Some of the vulnerabilities overlap (e.g. children and orphan categories), which is explained in more detail later in this section.

Figure 8. Vulnerable Community Members



Household Status

Individuals and families who were displaced from other areas of Libya are an identified vulnerable group, by Sudanese, Syrian, and Palestinian respondents, and respondents of both genders. Many of them had to leave their possessions when coming to Misrata, and they face greater shelter risks, such as homelessness.

Poor individuals and families are a vulnerable group, already suffering from one danger (poverty) and exposed to others, such as disease and hunger. Some families have to rely on charitable donations to pay rent and meet needs. As discussed earlier, not having enough money means choosing between medical treatment and other life needs, which can lead to a worsening of the medical condition, causing both bad health and greater treatment needs.

Living in unhealthy accommodations, not eating enough, and not having items to protect oneself from the elements (such as clothes, beds, blankets), as well as not being able to buy hygiene items, all increase exposure to threats to health.

Respondents of both genders and all nationalities identified **large families** as another vulnerable group, especially families with young children. Bigger families require more income to support food and other necessity needs, which means family size can be a vulnerability in the presence of other vulnerabilities, such as unemployment, poverty, and medical conditions or disabilities in the family.

Women were described as vulnerable by a female Sudanese KII, the Syrian and Sudanese women FGDs, as well as by the Syrian male KII, all in relation to sexual and gender-based violence (SGBV). The male key informants discussed the vulnerability in relation to what women need to reduce the dangers they are vulnerable to: birth-related healthcare and protection (including legal protection from violence and harassment). It was also mentioned by the Syrian male key informants that changing cultural attitudes towards women might be needed as well.

Living in unhealthy accommodations, not eating enough, and not having items to protect oneself from the elements (such as clothes, beds, blankets), as well as not being able to buy hygiene items, all increase exposure to threats to health.

Age

Somewhat surprisingly, although age was mentioned as a vulnerability in relation to children and youths, elderly persons were not mentioned in any of the KIIs or FGDs as being vulnerable for their age. Both youths and children were mentioned as being vulnerable, with children in general being mentioned by respondents of all nationalities and both genders, and youths being mentioned by both genders and every nationality except Iraqi. Syrian respondents specifically talked about boys who often drop out of school so that they can work and help support their families, and that girls are married when they are underage because it is thought that they will be protected from rape if they have a husband. Children (along with youths) are also vulnerable to harassment and bullying.

Dangers for PoC Youths

Syrian and Sudanese respondents talked about teenagers being vulnerable to **unsafe migration**, one reason being that they suffer from discrimination and psychological stress in their current condition in Libya.

The Sudanese KII (with two men) mentioned trafficking as another-related risk for teenagers (in addition to a dangerous journey over the sea):

“They can be deceived by some people for human trafficking. They are offered an amount of money (1000\$ for example) and a migration to Europe for better life. They go to the sea and then they are sold at some point.”

Youths are also vulnerable because they don’t have activities to occupy them and keep them from “participating in conflicts or turning into criminals”, as one Palestinian female FGD respondent described.

“Most teenager plan for illegal migration in the next years. Because of the difficulties and discrimination that face them in Libya they all consider migration as a solution thinking their lives would be much safer and satisfying in other parts of the world.” Respondent in the Sudanese women FGD

Orphans, which for the respondents in this context means children with one or both parents deceased, are another group which is more vulnerable. All nationalities and both genders defined them as a vulnerable group. Those respondents that specified why they were vulnerable related it to money, that orphans do not have an income.

Unaccompanied children, children with a sick parent, and children with a parent in detention were also identified by some groups as being more vulnerable, and were grouped under the category of “Children with sick or absent parent.”

Medical condition

Persons with and family members with a chronic or severe illness, disability, or other medical condition in need of treatment was the most commonly cited vulnerable group, mentioned by all nationalities and both genders. Disability was described as a vulnerability in relation to the person who has the disability and as a vulnerability for families. When respondents discussed illness, disability and medical conditions, they talked of the economic and health impacts on individuals and households. They discussed the cost of treatments such as chemotherapy for people with cancer, and how people often forego treatment because they or their families need the money for other necessities. Diabetes and Caesarean sections were also mentioned as having high costs. Pregnant women were specifically identified as vulnerable by three female FGDs (Iraqi, Syrian, and Sudanese respondents).

Legal Status

Other vulnerable people that were mentioned by some of the groups/informants were people who are not registered or who lack legal documentation, and single individuals (in one KII and one FGD, single men were specifically mentioned as being vulnerable to harassment, whereas in another KII, gender was not specified).

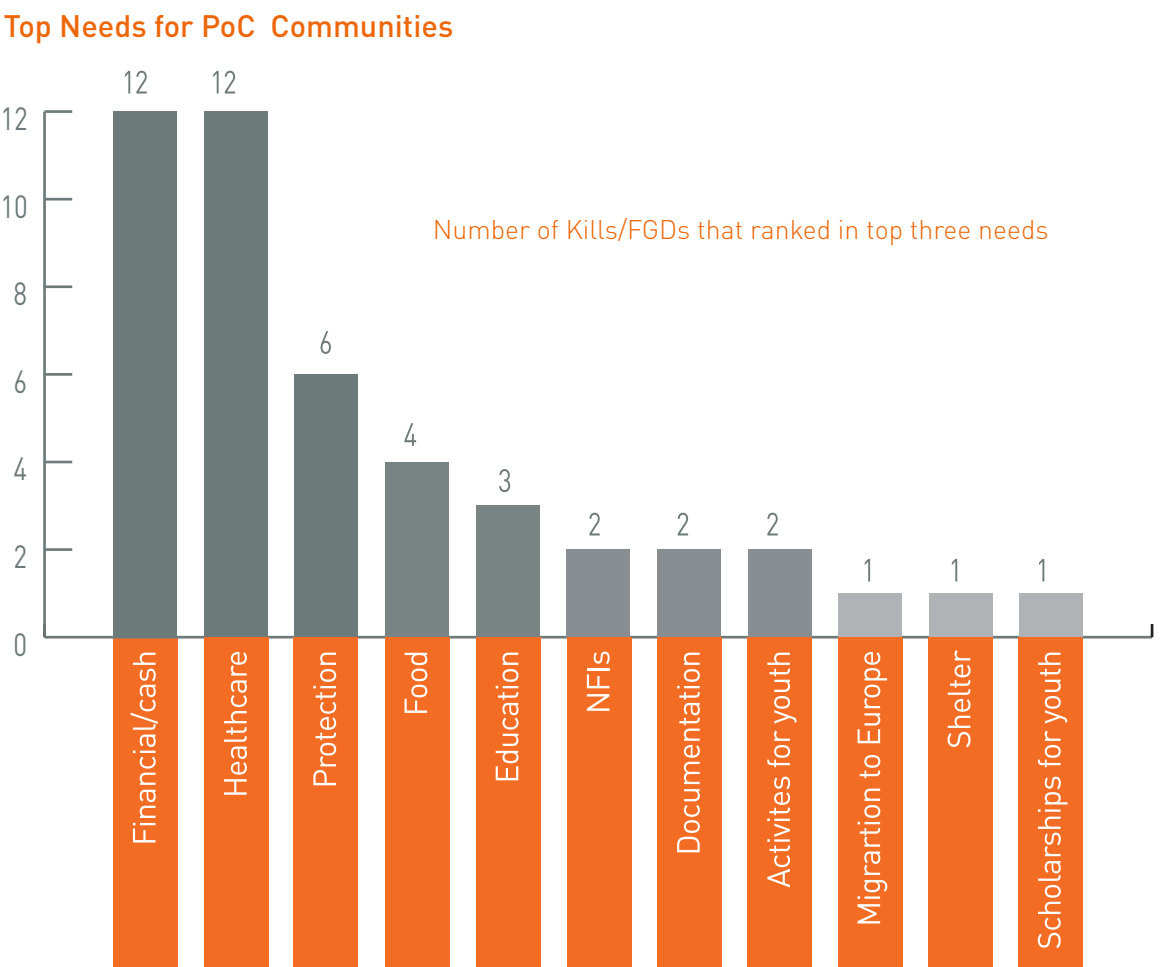
Syrians in particular discussed how they cannot get documents to travel such as passports because the organization representing Syrians there (known as the National Coalition of Syrian Revolutionary and Opposition Forces, or Etilaf) is only recognized in Libya and not in other countries.

5.3 Main Needs

Key informants and focus groups were asked to identify what are the main needs for their community, and then to rank all of the needs that they discussed. Although the breadth of responses and the ranking varied, a few needs were identified in nearly every KII and FGD, and those needs were prioritized by many respondents.

Financial (cash) assistance and healthcare were overwhelmingly seen as the top needs for all communities. They were cited in the top three needs of 12 out of the total 15 KIIs/FGDs. Cash was ranked as the first need by the most groups/interviews (6) and healthcare was ranked as the second need by the most groups/interviews (5).

Figure 9. Top Needs for PoC Communities



²N.B. Mentions of orphans, unaccompanied children, and children with sick parents or parents in a detention centre were counted separately from the general “children” vulnerability.

Financial

Financial assistance was cited as a need by all groups/informants, and prioritized by nearly all. As money can protect against some of the present dangers for PoCs (e.g. hunger, poverty, and bad living conditions, and worse health caused by lack of treatment) and reduce the vulnerability of poverty while meeting other needs, it's reasonable for PoCs to see financial assistance as a way of making individuals and families safer. However, it does not protect against all risks (such as discrimination, violence, and psychosocial stress), and it doesn't address the root causes of health-related dangers.

Health

Provision of health services, though, can address the vulnerability of medical conditions and disability, and mitigate the impact of many health dangers. Healthcare services was mentioned by all groups/informants as a need, and prioritized by nearly all. Healthcare is a multi-dimensional need, encompassing financial support for treatment, access to better treatments and more specialists, lack of enough healthcare centres, poor quality of healthcare, discrimination in healthcare (against non-Libyans), and availability of medicine. The cost of treating certain conditions in private hospitals is prohibitive for many PoCs, and not all treatments are available in Libya. Some Syrian and Palestinian respondents discussed situations in which sick persons and their caregivers need to travel outside the country for specialist treatment but are unable to do so.

Although many respondents spoke of disability, most only discussed the need for treatment or financial assistance for families with a disabled member. The one exception was the Sudanese women FGD, where a respondent stated that "Providing people with disabilities with assisting tools and physical therapy [would help them be safer]."

Protection

Protection was frequently mentioned, although many groups/informants did not give details on type of protection services that are needed:

- Sudanese and Iraqis (of both genders) discussed it in terms of protection from violence,
- Palestinians (respondents of both genders) only mentioned it in the context of legal rights.
- Syrians discussed both protection from violence and protection of legal rights, including labour laws and getting fixed rental agreements.

Food

Food was a need mentioned by respondents from each nationality and both genders, but it was only prioritized by the Sudanese female KIIs and FGD and by the Palestinian female KII, most likely due to the fact that food needs can be addressed by cash assistance.

Education

Education was stated as a need by all nationalities and both genders, but it was only prioritized by Sudanese male KIIs and Iraqi FGDs (male and female). All nationalities spoke of the need for school supplies, or money to purchase them. Some groups/informants (mainly Sudanese) discussed the need for financial assistance to attend private school for those who cannot attend public school. Palestinian and Iraqi respondents noted that Libyan children get first priority in registering at public schools, and if there are spaces left after the Libyans have registered, then their children can register.

Non-Food Items

NFIs are a common need, mentioned by all female groups and informants, but only three male groups/informants (Sudanese, the Palestinian, and Iraqi respondents). Similar to food, NFIs are a need that can be addressed through cash assistance, which is most likely why it was not ranked as a top three needs by most groups/informants. Needs specified were mostly the same between groups and informants: diapers, baby formula and bottles, clothes, shoes, hygiene items, tampons, and stationary. Other needs mentioned by fewer respondents were blankets and cooking utensils.

Shelter

Shelter was discussed as a by Palestinian, Iraqi, and Sudanese respondents (both genders), although it was only prioritized by one Sudanese female FGD. Healthy shelters, rental prices, and the need for more accommodation closer to City Centre that is affordable for PoCs were different aspects that were discussed. Renter's rights were also discussed in some groups/interviews, about how PoC renters need protection of their rights so that they are not exploited.

Mental Health and Psychosocial Support Services

One need mentioned in a Sudanese female KII and in the Syrian women FGD but not prioritized was the need for mental health and psychosocial services. This is not surprising, as psychosocial stress was not discussed in most groups/interviews, and then only in regards to it being a driver of unsafe migration. **The reasons for this are unclear; there may be a lack of awareness about psychosocial support services that Cesvi and partner organizations provide, the communities may have a smaller percentage of people needing PSS as compared to populations in Tripoli, it may be seen as less of fundamental need when compared to food and shelter, or mental health may be seen as something that cannot be fixed without a change in situation.**

More research would allow for a more complete understanding of PoC perspectives, which would lead to improved awareness-raising about PSS services available to these communities.

Other needs

Other top needs prioritized by fewer groups include: legal documentation and registration (mentioned as a need by several groups/informants but prioritized by few); migration to Europe (only the Iraqi key informant); and activities for young people (children and youth), which was only mentioned by Palestinians (all Palestinian groups/informants) and the Syrian women FGD, and but which was prioritized by all the Palestinian respondents. Related to the activities and opportunities for young people was another need, scholarships for talented students. Palestinian respondents say that scholarships and honours for Palestinian students are needed, to encourage young people to stay in school and feel that they are part of the society.

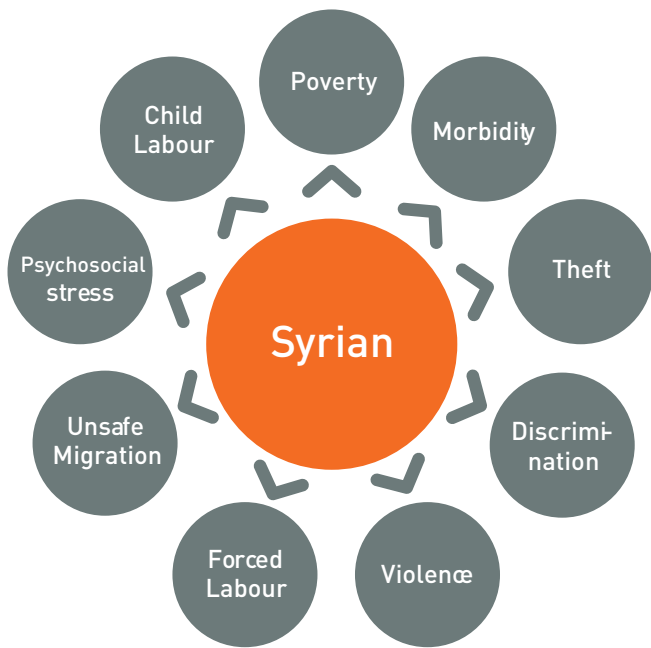
5.4 Differences in Responses by Country of Origin and Gender

5.4.1 Differences in Perceived Risks by Country of Origin and Gender

Although all of the PoC communities face the same major risks (poverty, discrimination, violence, morbidity), their experiences are not the same.

Sudanese respondents mentioned the most dangers/risks, particularly the female respondents, who specified rape, slavery, physical violence and even murder (in addition to robbery, threats and sexual harassment).

They also discussed poor housing, forced labour/trafficking, psychosocial stress, hunger, and unsafe migration.



Syrian respondents, similar to the Sudanese, mentioned more dangers, and also more forms of violence than the Palestinian and Iraqi respondents, including forced labour, unsafe migration and psychosocial stress. Child labour is another danger that the Syrian respondents perceived to be an issue for their community.

Palestinian respondents focused on material-related risks (poverty, high rent, hunger), as well as discrimination and harassment. One example of discrimination that Palestinian respondents mentioned is that Palestinians who work in the Libyan government do not receive the same benefits (such as insurance, bonuses, and promotions) as Libyans, despite having the same employment contracts.



Iraqi respondents focused on discrimination (in both services and employment), unemployment and protection-related risks such as theft and verbal violence.



Respondents of different genders and the same nationalities mostly reported the same risks, with the only exceptions being the female Sudanese respondents who discussed additional risks as compared to the male Sudanese respondents (i.e. hunger, poverty, discrimination, and sexual and physical violence), and the Syrian female respondents who discussed additional risks of poor housing and forced labour, as compared to the Syrian male respondent.

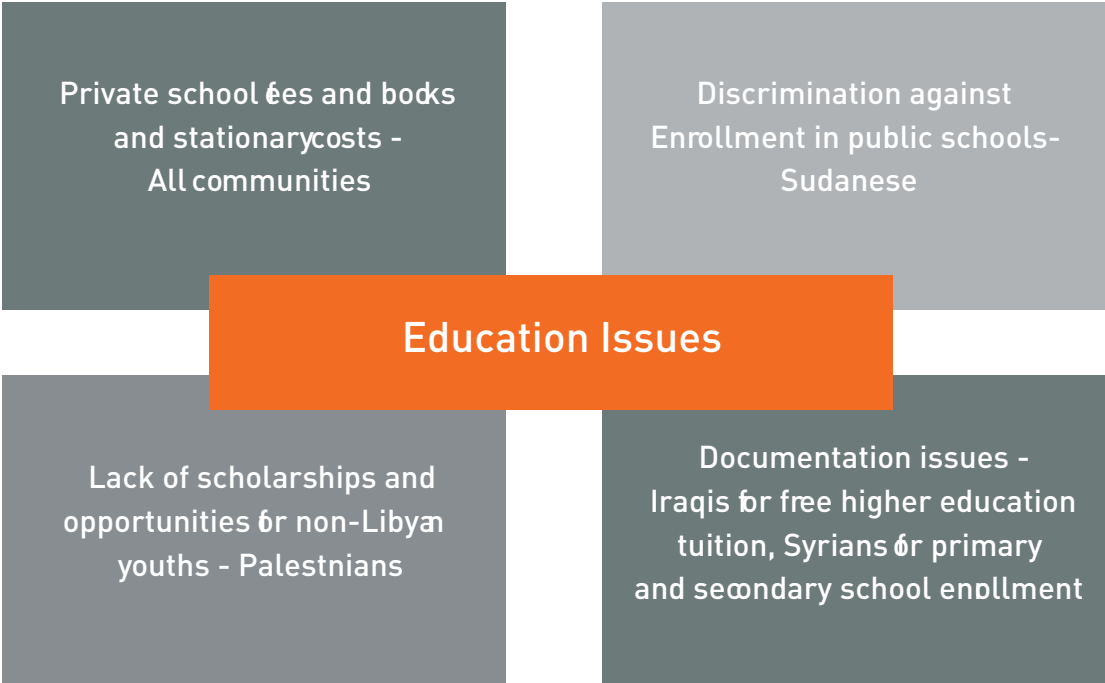
5.4.2 Differences in Perceived Vulnerabilities by Country of Origin and Gender

Respondents of different nationalities and genders largely reported the same vulnerabilities, with a few exceptions:

- Women and single individuals were only reported as vulnerable by Sudanese and Syrian respondents, usually as vulnerable to violence and trafficking and/or kidnapping risks. One possible explanation for this discrepancy is that those nationalities face more physical and sexual violence than the Palestinian and Iraqi communities (which is supported by the findings that Sudanese and Syrian respondents discussed more types of violence and that only Sudanese discussed trafficking). Similarly, single individuals were also only noted as vulnerable by female respondents, which is linked to more female respondents discussing types of violence than male respondents.
- Unregistered persons were only reported as vulnerable by Palestinian and Syrian respondents; this is likely in part due to respondents of both of those nationalities discussing more challenges related to legal documentation. For example, Palestinians discussed needing documentation for purchasing a house several times. For the Syrian respondents, a major challenge is getting passports and other documentation from an internationally recognized Syrian authority, as in Libya the authority representing Syrians, Etilaf (i.e. National Coalition of Syrian Revolution and Opposition Forces), is not recognized in other countries.
- Displaced persons were only cited by Palestinian, Sudanese, and Syrian respondents; this is may be due the Iraqi community in Misrata being rather small and perhaps having few or no persons displaced from other areas of Libya.
- Youths were only cited by Palestinian, Sudanese, and Syrian respondents, likely related to respondents of these nationalities speaking more at length on particular risks that affect youth (unsafe migration, lack of opportunities that result in youths participating in crime, and trafficking).
- Pregnant women were mentioned only by Iraqi, Sudanese, and Syrian respondents; it is unclear what would be the reason for this, although it is possible that Palestinians have better access to healthcare and that less serious health conditions are not a burden for them.

5.4.3 Differences in Perceived Needs by Country of Origin and Gender

Reported needs did not vary much between respondents of different nationalities or genders, with a few exceptions – activities and opportunities for young people, education, and NFIs. Education was regarded as a need by respondents of all nationalities, but, as mentioned above, the issues associated with it vary by nationality.



For Iraqis and Palestinians, education is a problem in terms of costs. Registration is done for Libyans first, and then whatever spots are left can go to children of other nationalities. If there are no public-school spots, children have to go to private schools which cost money. Iraqi respondents also mentioned that they need documentation to attend college for free in Libya. For Palestinian respondents, equality in recognition (for top students) and opportunities such as scholarships are important, as a way to prevent talented youths from falling into crime or wasting their potential. Similarly, they also saw activities and programs for young people as major need for their community. It is part of a larger trend of the Palestinian responses that focused on having the same rights and opportunities as Libyans. Sudanese respondents focused on discrimination in enrolment, as their children are rejected from the public schools, and must attend private schools (which cost money), as they are told that they are foreigners, an issue caused by discrimination against Sub-Saharan Africans. For Syrians, it is difficult for children in their communities to enrol in Libyan schools because they lost the documents in the Syrian Civil War which showed which schooling they had already received in Syria. Education is also a need for them because children are being sent to work (boys) or to get married (girls).

Women were more likely than male respondents to perceive NFIs as a need, and to give specific examples of items that households need. There were no major differences between female groups/informants on types of NFI; items for children and babies, clothes and shoes, hygiene items, and school supplies were the typical needs cited. As women in the target communities are more frequently homemakers and caregivers of children, they are more likely to have a better understanding of household and child needs, as well as of the need for menstrual hygiene items.

6. Conclusion

The findings from this assessment confirm that the refugee communities in Misrata face many risks and have unmet needs, particularly in terms of health, finances, and protection. Communities have the same vulnerable groups, particularly impoverished households, large families, children and youths, orphans and children with a sick or absent parent, and people or households with a family member who has an illness (acute or chronic) or a disability. Women, especially pregnant women, households that had been displaced, and single individuals are also vulnerable.

A community profile (including risks, vulnerabilities, and needs) of the Eritrean, Ethiopian, and Somali communities should be done, if persons from those communities who are not in detention centres can be located in Misrata. Based on the protection cases in Tripoli who are of Eritrean, Ethiopian, or Somali nationality, as well as discussions with staff and external reports, it can be presumed that people of those communities in Misrata are likely to be as or more vulnerable than the other four nationalities, and to be at risk of the same dangers, and possibly other dangers. Ethiopian and Eritrean individuals are frequently the trafficking cases that are monitored at CDC 2. The data from the Sudanese respondents is likely to be the nearest in terms of describing those communities, although many Eritreans, Ethiopians, and Somalis have additional vulnerability of not speaking Arabic. Like the Sudanese, it may be difficult for them to blend in, due to assumptions about what Libyans (and foreigners) look like. It is possible that these groups might be less cohesive without social organizations or recognized leaders, and it is very unlikely that their children attend public schools.

An intervention by Cesvi, partnering with IMC for medical referrals, would improve the well-being of vulnerable individuals and families who currently are not served by other organizations. Opening a CDC in Misrata is supported by the research, as the needs of these populations are similar to those of Tripoli (e.g. for protection activities, cash assistance, NFIs, shelter assistance, and medical treatment). A CDC with both IMC and Cesvi would allow for a better referral system, as families and individuals often have multiple needs (e.g. a family with chronically ill member may need emergency cash assistance after having spent money on treatment in the past). It would also be convenient for them, as not all persons of concern will reside close to the centre and may have limited time and resources to spend going there.

Although all four of the communities that were represented in this research share many of the same needs and risks (e.g. discrimination, health risks and needs, financial needs, help with paying rent and finding accommodation, provision of basic household items), differences in some of the identified risks support tailoring some of the activities to the communities. For example, Sudanese and Syrians reported violence more frequently and more types of violence than the other two communities, as well as being exploited by employers (and slavery in the detention centres, for the Sudanese). This indicates that those communities are likely to have greater needs for different forms of support (e.g. emergency cash assistance and psychosocial support), and outreach teams should focus on looking for new cases in areas where there are more people of those communities.

Material (NFIs), financial, and psychosocial support should form the foundation of an intervention for these communities, but other activities are important, including disseminating information about Cesvi and what services will be offered at the CDC, raising awareness on issues related to trafficking and unsafe migration as well as on what psychosocial support services are and who they can help. Conducting research with communities that were not found for this assessment (Eritrean, Ethiopian and Somali), and with groups which were not targeted (mainly youths) is another component. Understanding the impact of discrimination on PoCs is an important part of any intervention, seeing as how it is a common danger and affects people in the communities in many ways. As stated by respondents in the female Palestinian FGD: **“[There is a need for] raising awareness about discrimination issues and how discrimination makes people think about risking their lives and migrate illegally to other locations.”**

7. Recommendations for Cesvi and UNHCR

1. Offer holistic service provision, including NFI distributions, cash assistance, protection monitoring, and referrals

The proposed target beneficiaries in Misrata have a wide range of critical needs, and an effective intervention would offer multiple services in one facility. Respondents thought that the City Centre is the best area to have a Centre for the provision of services, as it is a central location and near for many people from their communities. However, there are PoCs living outside City Centre. For the most part, respondents did not identify risks for PoCs to travel within Misrata, although some Sudanese thought that informal transportation is a risk for single women and men (and if it is a risk for Sudanese, it is likely also a risk for Eritreans, Ethiopians and Somalis). The cost of traveling to the city centre may be a deterrent for some who live in farther areas as well. One possible component to activities would be a transportation allowance for beneficiaries identified as vulnerable and living in farther areas, to support their ability to safely reach needed services.

2. Disseminate information on the service provision and focus on outreach initially

As there are fewer organizations currently operating in Misrata that serve these PoC communities, awareness on types of services offered by Cesvi and on who is eligible to receive them is likely quite limited. The first phase of the project should focus on building awareness of these services through meetings with community leaders, other key informants identified in the research, and community members when possible. An outreach team should be utilized in this approach, to bridge the gap between the communities and Cesvi. Awareness-raising, though, should be done in a careful manner, to avoid creating tensions with communities not served by the project, and to avoid putting PoCs at greater risk by making them targets for theft or exploitation (e.g. landlords raising rent on PoCs that they think are getting cash assistance).

3. Raise awareness on psychosocial support services

Psychosocial issues were mentioned by few respondents in the study, and it was not highlighted as a need by most groups/informants, which is likely due to respondents prioritizing basic needs (food, shelter, health) and perhaps due to lack of awareness on this as a need in communities, rather than it being a true reflection of limited PSS needs.

One component of outreach and awareness-raising could include explaining the need for PSS and who in the community might need it (it is possible that people might think it is only for persons with severe mental illness, or that they are unaware of its benefits).

4. Conduct research with groups that were not included in this assessment

An assessment with Eritreans, Ethiopians, and Somalis should be planned, to get a better understanding of what services they need and their community profile. An assessment of youths – what do they see as their needs and the risks that they face – could also be done to better target them and ensure service provision matches their needs. The research could also include a component to study the shelter situation of PoCs (e.g. which communities have homeless populations, where do they live, and what are the typical coping mechanisms for dealing with informal and lack of healthy housing).

5. Awareness-raising on unsafe migration risks for youth

As youths are at risk of undertaking illegal migration in an attempt to get to Europe, and are at risk of being deceived by traffickers, awareness-raising with youth PoCs could be a component of Cesvi and partners’ activities, to discuss with them the perilousness of illegal migration routes and as well to connect them with psychosocial support services to address some of the psychosocial stress that may be driving them to migrate.

6. Peace-building activities and strategy to address discrimination

Although service provision to meet basic needs is clearly a main priority for the PoCs in Mistrata, peace-building activities and a strategy to address the discrimination that POCs face in Libya should be included in the intervention. As many PoCs intend to remain in Libya, strengthening ties between communities (particularly between host and refugee communities) is necessary to reduce tensions that may arise over perceived unfairness of service provision to refugees. Cesvi has planned a Quick Impact Project (QIP) to be done as part of its intervention in Tripoli, which will involve renovating a social or sport centre, to be used by refugee and host community youth. Another QIP could be planned in Mistrata, once careful planning has been done to ascertain the appropriateness of the project and to prepare communities to engage together peacefully.

ANNEX I
KEY INFORMANT INTERVIEW GUIDE – MISRATA ASSESSMENT

Date of Assessment (month / day / year):		Organization:	Interviewer's name:
City: <input type="checkbox"/> Misrata	Area / Urban Center: <div><input type="checkbox"/> City Centre <input type="checkbox"/> Dafnia <input type="checkbox"/> Dat Alremal <input type="checkbox"/> Giran</div> <div><input type="checkbox"/> Gaser Ahmed <input type="checkbox"/> Ras Toba <input type="checkbox"/> Shohada Alrmela <input type="checkbox"/> Tomina</div> <div><input type="checkbox"/> Zarroq <input type="checkbox"/> Zawiet Mahjoob <input type="checkbox"/> Other _____</div>		
Nationality of Key Informant:			

Introduction

Cesvi is a non-governmental, international humanitarian organization working for global solidarity in 30 countries throughout the world. Cesvi has been working in Western and Eastern Libya, with support from international donors and cooperating with local counterparts, since March 2011 in the following sectors:

- Protection related issues
- humanitarian assistance
- civil society support
- refugees, asylum seekers and migrants program
- capacity building

Participation in this survey is voluntary and confidential. You will not receive any benefit from participating in this discussion. If at any time you wish to end your participation or you wish to abstain from answering particular questions you are free to do so. The information you give will not be attributed to you, nor will Cesvi use your name in reporting.

Consent for Release Information (Verbal)

Do you give your consent to Cesvi to release the information gathered in this survey to other agencies (for example: UNHCR or IMC)? It is understood that in giving this consent the information will be treated sensitively and confidentially and strictly in the interests of facilitating access to protection or assistance.

Demographics									
Average household size (# of people per dwelling)	Are there non- family members living together?		Estimate the proportion of people per gender within your area						
<div><input type="checkbox"/> Small (1 - 5)</div> <div><input type="checkbox"/> Medium (6 - 10)</div> <div><input type="checkbox"/> Large (11 +)</div>	<div><input type="checkbox"/> Yes everyone</div> <div><input type="checkbox"/> Some groups</div> <div><input type="checkbox"/> Don't Know</div>	<div><input type="checkbox"/> No</div>	% Adult Men (18 +)		% Adult Women (18 +)		% Boys (0 - 17)	% Girls (0 - 17)	
Which districts do members of your community live?									
Area / Urban Center: <div><input type="checkbox"/> City Centre <input type="checkbox"/> Dafnia <input type="checkbox"/> Dat Alremal <input type="checkbox"/> Giran</div> <div><input type="checkbox"/> Gaser Ahmed <input type="checkbox"/> Ras Toba <input type="checkbox"/> Shohada Alrmela <input type="checkbox"/> Tomina</div> <div><input type="checkbox"/> Zarroq <input type="checkbox"/> Zawiet Mahjoob <input type="checkbox"/> Other _____</div>									
Which sub-districts do they live in?									
City Centre: <div><input type="checkbox"/> Almidan <input type="checkbox"/> Alentelaga <input type="checkbox"/> Alrhomat <input type="checkbox"/> Jerf Almagasba</div> <div><input type="checkbox"/> Shohada Almagasba <input type="checkbox"/> Almajd <input type="checkbox"/> Ben Abod <input type="checkbox"/> Ras Almajen</div>									
Dafnia: <div><input type="checkbox"/> Aborwia <input type="checkbox"/> Ezreeg <input type="checkbox"/> Ras Alhajma <input type="checkbox"/> Dafnia</div>									
Dat Alremal: <div><input type="checkbox"/> Merbat <input type="checkbox"/> AlShat <input type="checkbox"/> Abad <input type="checkbox"/> Yeder <input type="checkbox"/> AboSheera</div> <div><input type="checkbox"/> Grara <input type="checkbox"/> Heteen <input type="checkbox"/> Ras Altota <input type="checkbox"/> Alsogor <input type="checkbox"/> Bader</div>									
Giran: <div><input type="checkbox"/> Alnser <input type="checkbox"/> AleStegial <input type="checkbox"/> 17February <input type="checkbox"/> Shohada Almatar</div>									

Gaser Ahmed: <input type="checkbox"/> Gaser Ahmed <input type="checkbox"/> Shate Alnakhil			
Ras Toba: <input type="checkbox"/> Aal Matoo9 <input type="checkbox"/> Ras Toba <input type="checkbox"/> Alrwesat <input type="checkbox"/> Alhelal <input type="checkbox"/> Alaswak			
Shohada Almela: <input type="checkbox"/> Wacet Almadina <input type="checkbox"/> Altadamon <input type="checkbox"/> Alhuria <input type="checkbox"/> Alkharooba <input type="checkbox"/> Alentesar <input type="checkbox"/> Algadaria <input type="checkbox"/> Aljazeera <input type="checkbox"/> Alsalam <input type="checkbox"/> _____			
Tomina: <input type="checkbox"/> Algourdabia <input type="checkbox"/> Algreefa <input type="checkbox"/> Kerzaz <input type="checkbox"/> East Tomina <input type="checkbox"/> West Tomina <input type="checkbox"/> Kararim			
Zarroq: <input type="checkbox"/> Alshohada <input type="checkbox"/> Almarsa <input type="checkbox"/> Algadesia <input type="checkbox"/> Zarroq <input type="checkbox"/> Ras Alsaeeh <input type="checkbox"/> Shehab Eldeen <input type="checkbox"/> Shohada Althageel <input type="checkbox"/> Aloroba			
Zaweit Mahjoob: <input type="checkbox"/> Almahjoob <input type="checkbox"/> Saadon <input type="checkbox"/> Alsawawa <input type="checkbox"/> Alaman <input type="checkbox"/> Cedi Embarek <input type="checkbox"/> Alyrmok			
Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			
1.1. What is the estimated number of individuals in your community? Male _____ Female _____ For the Sudan key informant, what is the percentage of Sudanese and South Sudanese in your community? Sudan _____ South Sudan _____			

Shelter		
Most common accommodation arrangements in your community (select up to 3 options)		Most common types of shelter in your community (select up to 3 options)
<input type="checkbox"/> Rent accomodation (self- pay/ verbal agreement) <input type="checkbox"/> Host families (no relatives) <input type="checkbox"/> Host families (relatives only) <input type="checkbox"/> Squatting (other's properties) <input type="checkbox"/> Rent accomodation (self- pay/ legal contract) <input type="checkbox"/> Rent accomodation (paid by others) <input type="checkbox"/> Private accomodation (own)		<input type="checkbox"/> Public buildings <input type="checkbox"/> Apartment (building) <input type="checkbox"/> Schools <input type="checkbox"/> House <input type="checkbox"/> Unfinished buildings <input type="checkbox"/> Informal settings (tents, caravans, collective shelters)
Have people been evicted or threatened with eviction in your community?	If yes, how did it take place: (select up to 3 options)	If yes, by whom? (select up to 3 options)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> With an official document (notice period or no) <input type="checkbox"/> With no official document (no threat/ physical force) <input type="checkbox"/> With threat <input type="checkbox"/> Using physical force <input type="checkbox"/> Other _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Host family <input type="checkbox"/> Other migrants (neighbors) <input type="checkbox"/> Court authorities <input type="checkbox"/> Armed groups (militias) <input type="checkbox"/> Municipal/ governor authorities <input type="checkbox"/> Military (Government) <input type="checkbox"/> Commercial entities/ companies <input type="checkbox"/> Don't know
1.2. How mobile are the people in your community – how common is it for community members to change residences in Misrata?	1.2.1. If it is common for only some groups or types of people, which people are those?	2.5. What are the main reasons that people change residences (select up to 3 options)?
<input type="checkbox"/> Very common <input type="checkbox"/> Somewhat common <input type="checkbox"/> Common only for some groups or types of people <input type="checkbox"/> Not common <input type="checkbox"/> Don't know	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Children /Youths <input type="checkbox"/> Elderly <input type="checkbox"/> Mental disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Chronic Illness <input type="checkbox"/> No legal documentation <input type="checkbox"/> At immediate risk of deportation <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent is too high/expensive <input type="checkbox"/> Harassment from landlord <input type="checkbox"/> Harassment from neighbors <input type="checkbox"/> Unsafe/insecure <input type="checkbox"/> Bad/dirty living conditions <input type="checkbox"/> Be closer to work/school <input type="checkbox"/> Be closer to family/community <input type="checkbox"/> Be closer to services/markets

	<input type="checkbox"/> Overcrowding <input type="checkbox"/> Other <input type="checkbox"/> Don't know
2.5.1. If other, please describe.	

3. Accessibility	
3.1. Are there areas of Misrata which are not accessible to members of your community (they cannot travel there)?	3.1.1. If yes, which areas of Misrata are not accessible to members of your community (they cannot travel there)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Area / Urban Center: <input type="checkbox"/> City Centre <input type="checkbox"/> Dafnia <input type="checkbox"/> Dat Alremal <input type="checkbox"/> Giran <input type="checkbox"/> Gaser Ahmed <input type="checkbox"/> Ras Toba <input type="checkbox"/> Shohada Alrmela <input type="checkbox"/> Tomina <input type="checkbox"/> Zarroq <input type="checkbox"/> Zawiet Mahjoob <input type="checkbox"/> Other _____
3.1.1.1. Sub-districts:	
City Centre: <input type="checkbox"/> Almidan <input type="checkbox"/> Alentelaga <input type="checkbox"/> Alrhomat <input type="checkbox"/> Jerf Almagasba <input type="checkbox"/> Shohada Almagasba <input type="checkbox"/> Almajd <input type="checkbox"/> Ben Abod <input type="checkbox"/> Ras Almajen	
Dafnia: <input type="checkbox"/> Aborwia <input type="checkbox"/> Ezreeg <input type="checkbox"/> Ras Alhajma <input type="checkbox"/> Dafnia	
Dat Alremal: <input type="checkbox"/> Merbat <input type="checkbox"/> AlShat <input type="checkbox"/> Abad <input type="checkbox"/> Yeder <input type="checkbox"/> AboSheera <input type="checkbox"/> Grara <input type="checkbox"/> Heteen <input type="checkbox"/> Ras Altota <input type="checkbox"/> Alsogor <input type="checkbox"/> Bader	
Giran: <input type="checkbox"/> Alnser <input type="checkbox"/> AleStegial <input type="checkbox"/> 17February <input type="checkbox"/> Shohada Almatar	
Gaser Ahmed: <input type="checkbox"/> Gaser Ahmed <input type="checkbox"/> Shate Alnakhil	
Ras Toba: <input type="checkbox"/> Aal Matoo9 <input type="checkbox"/> Ras Toba <input type="checkbox"/> Alrwesat <input type="checkbox"/> Alhelal <input type="checkbox"/> Alaswak	
Shohada Almela: <input type="checkbox"/> Wacet Almadina <input type="checkbox"/> Altadamon <input type="checkbox"/> Alhuria <input type="checkbox"/> Alkharooba <input type="checkbox"/> Alentesar <input type="checkbox"/> Algadaria <input type="checkbox"/> Aljazeera <input type="checkbox"/> Alsalam <input type="checkbox"/> _____	
Tomina: <input type="checkbox"/> Algourdabia <input type="checkbox"/> Algreefa <input type="checkbox"/> Kerzaz <input type="checkbox"/> East Tomina <input type="checkbox"/> West Tomina <input type="checkbox"/> Kararim	
Zarroq: <input type="checkbox"/> Alshohada <input type="checkbox"/> Almarsa <input type="checkbox"/> Algadesia <input type="checkbox"/> Zarroq <input type="checkbox"/> Ras Alsaeeh <input type="checkbox"/> Shehab Eldeen <input type="checkbox"/> Shohada Althageel <input type="checkbox"/> Aloroba	
Zaweit Mahjoob: <input type="checkbox"/> Almahjoob <input type="checkbox"/> Saadon <input type="checkbox"/> Alsawawa <input type="checkbox"/> Alaman <input type="checkbox"/> Cedi Embarek <input type="checkbox"/> Alyrmok	
Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
3.1.2. Does this include all community members, or are areas inaccessible only for certain community members?	3.1.3. If yes, which community members cannot access the areas? [select all that apply]

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Children /Youths <input type="checkbox"/> Elderly <input type="checkbox"/> Mental disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Chronic Illness <input type="checkbox"/> No legal documentation <input type="checkbox"/> At immediate risk of deportation <input type="checkbox"/> Other _____
3.1.4. What are the reasons that these areas are not accessible to community members (select up to 3 options)?	3.2.3.1 If other, please describe:
<input type="checkbox"/> No money to travel there <input type="checkbox"/> No means of transportation <input type="checkbox"/> Harassment/Violence by neighbors <input type="checkbox"/> Crime/Conflict <input type="checkbox"/> Tension with local authorities/police/military <input type="checkbox"/> Childcare/household responsibilities <input type="checkbox"/> Cultural norms (e.g. women not allowed to go alone) <input type="checkbox"/> Work/business responsibilities <input type="checkbox"/> Other	

4. Vulnerabilities and Needs
4.1. What risks /dangers do people in your community face? <i>Prompt: If respondent does not mention any risks or dangers, ask about protection, health risks, shelter, security, etc.]</i>
4.2. Are there certain people who are more at risk or more vulnerable than others? What makes those people vulnerable? <i>[Prompt: If respondent does not mention any, ask about women, men, children, physically and mentally disabled, elderly, people living in poor quality shelters or who are homeless, people without documentation, etc.]</i>
4.3. What do you think are the main needs of people in your community? (food, registration, voluntary return to place of origin, non-food items (NFIs), health including psychosocial support (PSS) and mental health needs, protection, livelihoods and economic needs, shelter, etc.)?
4.3.1. Are there different needs for men compared to women?
4.3.2. Are there different needs for different age groups – infants and children under five years, children ages 6 to 14 years, youths (ages 15 to 24 years), adults, elderly?
4.3.3. Are there different needs for the other groups that you mentioned as being vulnerable?
4.3.4. <i>If respondent mentions protection challenges, ask:</i> What protection challenges are there – violence, child protection, human rights, legal protection, threats and intimidation, harassment, etc.?
4.3.5. <i>If respondent mentions livelihoods or economic challenges, ask:</i> What livelihoods and economics issues are there – lack of jobs, lack of legal status to work, employer abuses, lack of cash, not having necessary training or skills for different kinds of work, no access to areas where there is work or markets to do business, discrimination in employment, etc.?

4.3.6. <i>If respondent mentions health challenges, ask:</i> What are the challenges with health – long lines at clinics, big distance to clinics/inaccessible areas, not enough money to pay for services, lack of medicines, not enough money to pay for medicines, poor quality healthcare? Are there issues related to mental health?
4.3.7. <i>If respondent mentions NFI needs, ask:</i> What NFI needs are there – soap, other hygiene items, cooking fuel, clothes and shoes, etc.?
4.3.8. <i>If respondent mentions shelter needs, ask:</i> What shelter needs are there?
4.3.9. <i>If respondent mentions registration or voluntary return as needs, ask:</i> What are the reasons people are not registered or have not yet returned? What prevents them from being registered or returning?
4.3.10. <i>If respondent mentions any other kind of needs, ask them to explain in more detail:</i>
4.3.11. Of all the needs we’ve just discussed, which would you say are the top three needs?

5. Migration Flow <i>[Note to Researcher: Optional Section - Only ask these question if the interview has taken less than an hour the respondent is still engaged]</i>				
5.1 New arrivals				
5.1.1. Estimate number of people that have arrived to your community in the last 2 weeks and from where	5.1.2 What are the main reasons for the people coming to your area or Libya? (select up to 3 options)			
From other cities in Libya		<input type="checkbox"/> Security situation in my country (civil war, attacks, etc.) <input type="checkbox"/> Economic situation in my country (no services or jobs, etc) <input type="checkbox"/> Reunion with the family in Libya <input type="checkbox"/> Employment opportunities and services in Libya <input type="checkbox"/> Transiting before Europe or elsewhere <input type="checkbox"/> Other _____		
From other countries				
From other communities within Misrata				
From detention centers within Misrata				
<input type="checkbox"/> No arrivals / Nobody arrived in 2 weeks				
5.1.3. Estimate proportion of women and men that have arrived to your area in the last 2 weeks?	% Women		% Men	
5.2. New departures				
5.2.1 Estimate number of people that have left from your area in the last 2 weeks and where	5.2.1.1. If people have been deported, to which countries they have been deported? (up to 3 options)	5.2.1.2. What are the main reasons for people leaving your area or Libya? (select up to 3 options)		
To their country of origin- with IOM	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Security situation in in Libya (attacks on migrants, civil war, etc.) <input type="checkbox"/> No economic opportunities (jobs) and/or services in Libya <input type="checkbox"/> Left to Europe or another country (transit place) <input type="checkbox"/> Other _____		
Deported by DCIM / Government				
To other cities in Libya				
To other communities within Misrata				

Taken to detention centers			
<input type="checkbox"/> No departures / Nobody left in 2 weeks			
5.2.3. Estimate proportion of women and men that left your area in the last 2 weeks?	% Women		% Men

6. Registration					
6.1. Estimate number of people in your community registered through these institutions?					
UNHCR		Their embassy		Municipality or DCIM	<input type="checkbox"/> Don't know how many people are registered
6.1.1. If registered in municipality or DCIM, which ones?(Please write down the location where DCIM is or the location of the municipality)					
1. _____ 2. _____ 3. _____					

ANNEX II
FGD – MISRATA

NOVEMBRE 2017

INTRODUCTION				
Staff Name				
Date				
Location Name				
Time				
GPS Coordinates				
<p>Hello, my name is _____ and I am working for Cesvi. We are conducting an assessment of Misrata refugee communities. This focus group discussion is confidential and you do not have to answer if you do not want to. You may answer or not answer any questions that you feel like or leave the discussion at any time; there is no problem if someone does not wish to participate. Although we will take notes, your individual answers will stay private, and we will treat everything that you say today with respect. If you do not want to answer any of the questions, you do not have to. Does anyone have any questions? Do you agree to participate?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
COMMUNITY AND COMMUNICATION				
1	Question 1			
Could you please start by telling me your age, where you're from originally and which part of Misrata you live in currently?				
Name	Gender	Age?	Area of Origin?	Area of Misrata
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
2	Question 2			
How do you define/describe your community, or who do you consider as part of your community?				
3	Question 3			
Where do people from your community live (which districts and sub-districts)?				
4	Question 4			
Which locations do people in your community feel safe travelling in during the day? During the night?				
Are they limited to travelling at certain times?				

5	Question 5
<p>How much contact do different communities have with each other (how connected are they)?</p> <p>What are the main sources of information for people in your community?</p>	
6	Question 6
<p>If there was a CDC in your district, who would be able to access it (which communities/nationalities, people living in which areas/districts, men and women, children)? Is it better for locations to be less noticeable/visible?</p>	
VULNERABILITY	
7	Question 7
<p>What risks /dangers do people in your community face? <i>[Prompt: If participants do not mention any risks or dangers, ask about protection, health risks, shelter, security, etc.]</i></p>	
8	Question 8
<p>Which people or groups are the most at risk for harm or poverty in the community (are the most unsafe or vulnerable)?</p> <p>Why are they more vulnerable than other community members? What can help them be safer?</p> <p><i>[If not already mentioned:]</i> What are the main threats/dangers that make them unsafe?</p>	
NEEDS	
9	Question 9
<p>What are the main needs in your community?</p> <p>Are the needs different for different groups (men, women, children and infants under 5 years, children (ages 6-14), youths (ages 15-24), elderly persons, people of different nationalities, people who have been displaced more often, people with physical disabilities or illness, people with mental disabilities, people who have suffered violence, pregnant women, etc.)?</p>	
10	Question 10
<p><i>[Note to FGD facilitator – Do not mention the following different types of needs until after the participants have first responded to Question 9. Only mention the following needs which were not discussed by participants in Question 9].</i></p> <p>Are any of the following major needs or difficulties in your community:</p> <p>Food (quality, variety, quantity, consistent supply) –</p> <p>Non-food items (e.g. soap, cooking fuel, hygiene items, blankets, clothes) –</p> <p>Security (Detention, trafficking, kidnapping, legal authorities, issues with the host community, issues with other refugee communities, safe movement) –</p> <p>Housing (rent, not enough available places, tension with landlords, harassment from neighbors, crowded locations, bad living conditions, homelessness) –</p> <p>Education –</p> <p>Legal matters (documentation and registration) –</p>	

Health (access to clinics/medical professionals, cost of services, cost of medicine, medicine shortages, higher rates of disease, etc.) –

Communicating with family members in other locations –

Getting and spreading information within the community and outside areas (who can access information, what topics or types of information do they not have access to, and what are the barriers to accessing information: language, location, time at work/school, money, gender, etc.) –

Employment and livelihoods (Accessing money, accessing jobs, accessing credit/loans, employment skills/qualifications) –

Psychosocial and mental health issues –

Please note again that this is an assessment only; the reason we do such assessments is to find out what are the issues facing communities. However, we cannot do all services; we are limited by the situation and what we as an organization are capable of doing.

Please rank all of the needs you have just mentioned, with 1 being the greatest priority/need.

END



cesvi
