

Final External Evaluation of “Protecting vulnerable migrants and stabilizing communities in Libya – Phase II” (EUTF) Program

External Evaluation Report

**International Organization for Migration
(IOM) Libya**

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SREO Consulting Ltd.

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ABOUT SREO

SREO Consulting is an independent monitoring & evaluation and research consultancy committed to serving humanitarian, stabilization and development actors operating in the most challenging environments around the world by providing unbiased and actionable data, analysis, and research. Our international team combines local insight with interdisciplinary expertise to deliver information from those in need to those who need it most.

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ACRONYMS

CS	Community Stabilization
CSO	Civil Society Organization
DBM	Dead Body Management
DCIM	Directorate for Combatting Illegal Migration
DTM	Displacement Tracking Matrix
EU	European Union
EUTF	European Union Trust Fund
FR	Field Researcher
GNU	Government of National Unity
HNO	Humanitarian Needs Overview
IBM/SAR	Integrated Border Management/Search and Rescue
IDP	Internally Displaced Person
IMC	International Medical Corps
IOM	International Organization for Migration
IRC	International Rescue Committee
IT	Information Technology
KII	Key Informant Interview
LMG	Labor Migration Governance
MHPSS	Mental Health and Psychosocial Support
MSF	Médecins Sans Frontières
NFI	Non Food Items
NGO	Non Governmental Organization

NRC	Norwegian Refugee Council
PSS	Psychosocial Support
PWD	People with disabilities
SREO	SREO Consulting Ltd.
SSI	Semi-structured Interview
ToR	Terms of Reference
UNHCR	The UN Refugee Agency
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
YESS	Youth Employment One Stop Shop

EXECUTIVE SUMMARY

IOM coordinated the EUTF Programme in Libya, funded by the European Union, to implement activities across protection, health, direct assistance, search and rescue, labor and mobility inclusion, resilience and community engagement, data collection and research sectors. It covers the period between September 2021 and October 2022 and is a continuation of the project “Protecting vulnerable migrants and stabilizing communities – Phase I” which was implemented from May 2017 to August 2021, and which consisted of the provision of protection services and assistance to populations in need across the country, with a specific focus on migration management and community resilience. The response also included a social cohesion component to improve inter and intra-community relations between host communities, IDPs and migrants as well as trainings for relevant government officials on migration management and youth employment. According to IOM’s monthly reporting, a total of 295 government officials attended 24 trainings between March and October 2022. SREO Consulting conducted a final evaluation to assess and measure how well the project implemented in Libya has achieved its intended short-, medium- and long-term objectives, as well as the extent to which the interventions and delivery strategies were adequate to address the problems at hand, with the aim to determine what worked and what did not work under what circumstances. The overall project performance, its impact on the intended beneficiaries, and how it integrated cross-cutting issues such as gender and human rights were presented in this evaluation.

The evaluation took a qualitative approach involving desk review, 45 semi-structured interviews with beneficiaries and 25 key informant interviews with implementers and stakeholders in the targeted locations (Sabha, Qatroun, Al Kufra, and Benghazi), underpinned by a Qualitative Impact Assessment Protocol (QuiP) approach. The evaluation assessed the performance of the project against the OECD-DAC criteria of relevance/coherence, effectiveness, efficiency, impact, and sustainability. The evaluation also assessed the extent to which the project integrated cross-cutting issues including gender and human rights, in addition to delving into the project’s overall logic and implementation processes to determine how adequate the project was to local needs. It is noteworthy that some of the beneficiaries interviewed were not aware of the feedback and complaints mechanisms available to them, despite the fact that a significant part of IOM interventions are focused on outreach and awareness raising.

Overall, the projects increased migrants’ protection by providing consultation upon registration and referring them to IOM-provided services or external services provided by other humanitarian actors available in Libya. IOM distributed non-food items (NFI) to the beneficiaries based on needs expressed. Beneficiaries from Qatroun and Benghazi shared their concerns about the food distribution being irregular and unable to meet the recurring needs of beneficiaries, but they all agreed that the assistance addressed their most urgent needs, such as food kits, NFI kits and medical assistance. Specialized assistance and protection case management services were provided according to expressed need. The Libyan government officials received trainings on migrant management. The key informants expressed that IOM sustained and expanded the provision of essential health and mental health and psychosocial support (MHPS) services for migrants, internally displaced persons (IDPs), and vulnerable host communities in the targeted locations (Sabha, Qatroun, Al Kufra, and Benghazi).

IOM also provided vocational and business management trainings and toolkits to members of the youth population. Soft skills trainings such as carving and pyrography, sewing, printing on clothes, business management, generator maintenance and repair were provided, and the beneficiaries received certification and toolkits upon completion of the training sessions. The majority of beneficiaries shared that they intended to use the skills they learned through this programme to set up their own businesses, such as a generator maintenance shop, later. Most community stabilization beneficiaries and interlocutors noted a lack of interaction between local communities and migrants, thus highlighting the difficulty for the EUTF intervention to tangibly improve social cohesion.

Several aspects of the project will likely have a long-term impact on migrants' lives. The transfer of knowledge to relevant local authorities is improving their technical capacity to effectively respond to migrants' immediate needs, address human trafficking and smuggling of migrants and improve migration management. Many beneficiaries reported that the project instilled a sense of hope in them. They also went on to inform their family members and friends about these issues, thus contributing towards more informed and safer decision-making in the larger community. A few key informants stated that IOM was doing its best to improve the conditions for migrants for the long term, but they were doubtful if the impact would be sustained, citing that there needs to be an improvement in the security and political context for more concrete positive changes. The majority of the interviewed beneficiaries reported not being involved in dialogues between host and migrant communities, noting there was not much interaction between the two groups. In order for the overall programming to effectively contribute toward improving social cohesion, there needs to be more emphasis on community-based dialogues among migrants and the local community.

The EUTF response was designed and implemented to be a needs-based assistance program, prioritizing the most vulnerable among migrant communities, particularly unaccompanied and separated children, women-headed households, victims of trafficking, people with disabilities and the elderly. All beneficiaries expressed that they could access services equally regardless of their gender. The projects incorporated protection principles such as safety and dignity, no discrimination, and positive accountability. Rights and dignity of beneficiaries seem to have been upheld throughout the implementation.

The design and implementation of ongoing and future programming can benefit from the lessons learned and recommendations expressed in this report, including but not limited to:

Relevance/Coherence

- Key informants including government officials and staff in healthcare expressed that water shortages were causing difficulties within the health sector. In order to minimize the public health impact of water scarcity and shortages, IOM should consider increasing WASH programming and coordination with other actors (Mercy Corps, WHO, UNICEF, etc.) with the capacity to support WASH for healthcare facilities and beyond.
- Continue social cohesion activities through community engagement and capacity-building including awareness raising sessions, paying special focus to the observed more tense relationship between Black African migrants and host community. This could be in the forms of activities such as information sessions, social cohesion activities especially targeting Libyan

and Black African communities in order to help mitigate the image that these communities have of each other.

- Continue and increase the number of capacity building workshops provided to Libyan authorities. These workshops were reported to be very useful for the participants, and they mentioned that more sessions on the topics of protection and coordination, Dead Body Management (DBM), MHPSS Protection Principles and Simulation, Labor Migration Governance (LMG). The participants also noted that trainings on topics such as English language and IT would be very beneficial for them.
- Consider adding car painting, plastering, construction and maintenance of electronics within the YESS vocational trainings curriculum as informants stated these are highly employable sectors.

Effectiveness

- In order to make mental health and psychological support more accessible to migrants, continue to work with the Ministry of Health and WHO to integrate MHPSS clinics at the public hospitals while providing translation assistance. It was reported that the insufficient number of MHPSS services available along with the language barriers were factors that affected migrants' access to health services.
- Coordinate with health actors such as WHO in order to address the medication shortages. Lack of medicines not only means individuals cannot access the treatment they require, but it also undermines confidence in the healthcare system more widely and discourages migrants from seeking and adhering to medical treatment. Healthcare staff as well as some beneficiaries who received health support mentioned that it was difficult to access the medications that they were prescribed.
- Increase the human resources within the MHPSS teams by recruiting and training further specialists as necessary, to reduce the pressure on them and make sure each case gets sufficient attention.
- Add a psychiatrist to the MHPSS teams in order to be able to deal with more serious cases, as informants highlighted that specialized mental health assistance for more serious cases was not sufficiently accessible to migrants.

Efficiency

- Increase frequency of communication and accelerate the coordination and referral mechanisms internally and between partners especially for urgent medical and protection assistance. Such cases should be handled and responded to as urgently as possible.

Impact

- Continue creating spaces of interaction and collaboration between migrants and host communities through initiatives such as the World Migrant Day, within a context where they can have meaningful interactions, such as doing arts and sports together, etc. Recent study revealed that most of the interactions between Libyans and migrants happen in market and work-related contexts and this does not allow for meaningful interactions. Furthermore, Libyans who personally know migrants were revealed to have a better image of migrants.

Therefore, it is important to continue creating such spaces and opportunities for interaction for social cohesion activities.

Sustainability

- Consider providing one-time cash grants as well as necessary tools and mentoring for participants who successfully complete their vocational training courses, so that they can start their own business. Beneficiaries who received vocational training noted how beneficial it was for them, however, they also frequently mentioned that they lacked the capacity, finance and other resources to start their own business after the trainings. Due to liquidity crisis in Libya which makes cash unavailable and hard to access, those selected for assistance could receive their cash-grants through a pre-paid card.

Cross Cutting Issues

- Enhance the feedback and accountability mechanism and increase responsiveness/follow-up of issues raised, to make sure every beneficiary feels heard. Despite the fact that IOM initiated an interagency system in place called CFM (Common Feedback Mechanism) which is a toll-free number 24/7 that vulnerable population can use to seek humanitarian assistance, some beneficiaries reported receiving no response after their complaints or calls.

1. CONTEXT AND PURPOSE OF EVALUATION

1.1 Context/ Project Background

The past year has brought Libya several tangible developments that have benefitted the population, including the most vulnerable. The cessation of major hostilities codified in the Ceasefire Agreement of October 2020, the subsequent resumption of oil exports at scale and the eventual opening of the coastal road in mid-2021 opened the door for people to resume their lives and livelihoods. The formation of the Government of National Unity (GNU) in March 2021 led to the reunification of some of Libya's governmental institutions. Objective indicators demonstrated progress made, most notably a reduction by 36% in the number of people requiring some form of humanitarian assistance, from 1.3 million to just over 800,000.¹ Of the 278,000 Libyans internally displaced at the start of 2021, almost one-third were able to return home.

In addition to the widespread conflict-induced forced displacement within Libya, the country is also a key transit and destination point for migrants from Libya's southern neighbors and beyond. The 2021 Humanitarian Needs Overview (HNO) estimated that around 232,000 migrants and 43,000 refugees face extreme vulnerability.² The many migrants and refugees are particularly vulnerable to poverty, deteriorating health and other protection risks such as arbitrary detention, exploitation, trafficking, forced labor and sexual abuse. The devastating human rights and living conditions of displaced people within and outside detention centers have been widely documented. With the outbreak of the corona virus, the travel and movement restrictions introduced have further limited the mobility of migrants and IDPs in Libya compounding their protection risks and further threatening access to services.

Lack of a determined legal status for many migrants, and lack of recognition of refugee status by Libyan authorities reinforces multiple obstacles to protection of migrants, refugees, and asylum seekers. Security operations, targeting migrants and refugees, beginning in early October 2021, resulted in mass arrests with more than 10,000 individuals forced into detention centers managed by the Ministry of Interior's Directorate for Combatting Illegal Migration (DCIM). The number of migrants and refugees held without due process in severely overcrowded detention centers in degrading and inhuman conditions increased significantly over the year. At the same time, growing tensions between Libyan and non-Libyan communities have been observed leading to outbursts of violence underpinned by accusations of increasing crime rates in areas where migrants and refugees reside like the July 2021 expulsion incidents in Zwara and significant increase of hate speech in Libyan social media especially focusing on Tripoli.

The last IOM Displacement Tracking Matrix (DTM) Libya identified a total of 649,788 migrants from over 41 nationalities in the 100 Libyan municipalities. Migrants are predominantly irregular, which eradicates nearly all their rights and access to public services in the country. In addition, there are 159,996 IDPs in Libya, primarily displaced due to the deterioration of the security situation.³

Protection challenges are multiple in Libya for all people affected by the crisis, including migrants, refugees, IDPs and vulnerable host communities. The needs are primarily driven by exposure to risks

¹ Humanitarian Response Overview – HNO 2022, Libya

² Ibid

³ IOM Libya, IDP and Returnee Report 41 (April 2022) Available at: <https://dtm.iom.int/reports/libya-%E2%80%94-idp-and-returnee-report-41-february-april-2022>

and threats, trauma, vulnerability, inability to cope with conflict and violence human rights violations and abuses, contamination from explosives and major challenges related to impediments to access critical services and essential goods and commodities. Refugees and migrants are specially affected, facing specific protection issues including human rights violations and abuses by state and non-state actors due to their irregular status, lack of domestic support networks, impunity for crimes committed against foreign nationals, racism, and xenophobia.

Within the urban settings, protection needs are mainly linked to the lack of documentation and stay permits (as migrant workers or refugees), which are exacerbated through the exposure to conflict and violence over recent years, displacement during the armed clashes, interruption of access to basic services and robbery and looting, mostly in Tripoli, Sirt, Derna, and Benghazi. Armed clashes have displaced people and interrupted access to basic services such as healthcare, education, and access to functional safe water supplies. Gender-based violence, taking various forms, was already widespread in Libya before the conflict and has been exacerbated by it. Approximately 40% of respondents to a 2017 assessment survey⁴ indicated that SGBV was either very common or common. Protection risks are further compounded by financial pressures faced by many migrants in Libya, as 46% of DTM-surveyed migrants reported in 2019 having taken on debt to finance their journey, a factor that often increases their risks to exposure and exploitation.⁵

IDPs, after being forced to move from their homes due to insecurity and conflict, mostly live with family members and host families in other locations, such as rented properties, informal settlements, abandoned buildings, public buildings, and private spaces affording very limited coping mechanisms and high levels of vulnerability. Conditions of life in these circumstances are often quite poor. As a result, people face serious protection and health risks, and severe difficulties accessing basic goods and commodities, including food and essential household items. The majority of people displaced and living in informal settlements and other precarious situations are located in Tripoli, Sebha, Benghazi, and Murzuq.

Protection remains at the core of the humanitarian response in Libya. In addition to specific protection activities and services, a Centrality of Protection approach aims to ensure protection is integral across all interventions, ensuring a response that seeks to reduce protection risks while addressing needs. For internally displaced persons, work has begun on developing a strategy on IDP durable solutions, as part of the Centrality of Protection Framework to accelerate the voluntary, safe, and sustainable return of displaced communities, or their local integration, in collaboration with the Ministry of State of Displaced Affairs and Human Rights. For refugees, asylum seekers and migrants, improvements in the overall humanitarian situation did not result in significant changes as the number of persons held in arbitrary detention, either having been returned from attempts to cross the sea to Europe or subject to targeted security operations, increased significantly throughout the year, from 1,100 in January to nearly 6,000 in August to more than 10,000 during the October security crackdown and standing at 5,738 at the end of November. Human rights violations and abuses, and crimes including sexual and gender-based violence, torture, extortion, forced labor and exploitation, and forced evictions against

⁴ 2018 Secondary Data Review – HNO 2019.

⁵ IOM Libya (December, 2019). Migrant Humanitarian Needs & Vulnerability Assessment.

the migrant and refugee population are widespread in Libya, representing substantial risks to the migrant and refugee population, particularly for women and girls.⁶

1.2 IOM Response

IOM seeks to ensure a cohesive and integrated approach to protection and sustainable assistance to vulnerable and stranded migrants. IOM aims to protect, assist, and support vulnerable migrants, including enhancing social cohesion between migrants and host communities while also promoting a more effective and organized labor migration to promote longer term development in Libya. The overarching objective is to support an enabling environment where authorities can assume the responsibility of implementing policies and programs related to the protection and reintegration of migrants and ultimately improve the governance of migration in the country.

In the past years with the EUTF support, IOM has involved more than 5,500 community members in social cohesion and community engagement activities, approximately 120 people have been provided with vocational and business management trainings in order to increase their employability, and toolkits and more than 90 Community Improvement Projects have been successfully completed in order to contribute to equitable access to services for all members of the community. These interventions have contributed to the stability of the targeted locations (Sabha, Qatroun, Al Kufra, and Benghazi) throughout a participatory and community-led and -owned approach that encouraged community interaction and has taken in consideration needs of local, mobile populations, and other marginalized groups.⁷

The EUTF intervention in Libya aims to reinforce protection and resilience of migrants and host communities in Libya while supporting an improved migration management along migration routes in the country. Therefore, it is framed around the following objectives:

- Specific Objective 1: Strengthened protection environment for vulnerable populations in Libya, with specific focus on migrants;
- Specific Objective 2: Improved stability, resilience, and employability in diverse and migrant dense communities in Libya;
- Specific Objective 3: Enhanced evidence base for improvement of service provisions for populations on the move in Libya.

⁶ 2022 HPC | Libya Humanitarian Response Plan (HRP) (Extension of 2021 HRP into May 2022)

⁷ IOM Annex I - EUTF - DOA

1.3 Project Description

Table 1: IOM project description

Project Title	Protecting vulnerable migrants and stabilizing communities in Libya – Phase II
Geographical Coverage:	Libya
Duration:	14 months (includes a 2-month NCE)
Donor:	EU
Executing Agency:	IOM
Objectives of the Action	<p>Overall objective – Reinforce protection and resilience of migrants and host communities in Libya while supporting an improved migration management along migration routes in the country.</p> <p>Specific Objective 1 – Strengthened protection environment for vulnerable populations in Libya, with specific focus on migrants.</p> <p>Specific Objective 2 – Improved stability, resilience, and employability in diverse and migrant-dense communities in Libya.</p> <p>Specific Objective 3 – Enhanced evidence base for improvement of service provisions for populations on the move in Libya.</p>
Beneficiaries:	Migrants in urban settings, migrants in detention centres and at disembarkation points, IDPs, as well as Libyan youth and wider Libyan communities, government counterparts - relevant agencies at the national level and municipal governments.
Partner(s):	The Ministries of Internal Affairs (including the General Administration for the Security of Border Crossing Points, the General Administration for Coastal security, the General Directorate for Passports, Nationality and Foreigners’ Affairs Authority and the General Directorate for Combating Illegal Migration), Migration Affairs (including the Supreme Committee for Combating Illegal Migration), Foreign Affairs, Social Affairs, Health, Justice, Labour and Local Governance; Civil Society Commission; municipal governments; local and international NGOs, tribal and community leaders ; Libyan research consulting firms and others.
Budget:	EUR 13,900,000

IOM seeks to ensure a cohesive and integrated approach to protection and sustainable assistance to vulnerable and stranded migrants with a multifaceted approach. IOM aims to protect, assist, and support vulnerable migrants, including enhancing social cohesion between migrants and host communities while also promoting a more effective and organized labor migration to promote longer term development in Libya. The overarching objective is to support an enabling environment where authorities can assume the responsibility of implementing policies and programmes related to the protection and reintegration of migrants and ultimately improve the governance of migration in the country. The project's main goals, activities and indicators are summarized below:⁸

Objective: To reinforce protection and resilience of migrants and host communities in Libya while supporting an improved migration management along the migration routes in the country.

Specific Objective 1: Strengthened protection environment for vulnerable populations in Libya, with specific focus on migrants.

Result 1.1: Improved access to essential services for protection of vulnerable populations, including migrants, refugees, Unaccompanied Asylum-Seeking Children (UASCs) on the move, and survivors of trafficking, victims of abuse, exploitation, and other persons at risk.

- Activity 1.1.1: Provision of specialized assistance, services and long-term solutions to victims of trafficking, victims of abuse, exploitation and other persons at risk.
- Activity 1.1.2: Protection Case Management Assessments conducted to identify vulnerable migrants and provision of tailored assistance including referrals to specialized services.
- Activity 1.1.3: Training, capacity-building and meetings of Libyan authorities, NGOs/CSOs, frontline workers, consular authorities and other humanitarian actors.
- Activity 1.1.4: Host families and safe shelters are supported to take care of vulnerable migrants including unaccompanied and separated children.
- Activity 1.1.5: Conducting community-based protection activities, awareness-raising and information dissemination among affected populations.

Result 1.2: Libyan authorities are better equipped and trained to respond and identify needs of migrants at disembarkation points and detention centers.

- Activity 1.2.1: Maintain protection and assistance in detention centers and at disembarkation points.
- Activity 1.2.2: Light basic rehabilitation works or maintenance of WASH infrastructure in detention and at disembarkation points.
- Activity 1.2.3: Regular environmental health and pest remediation activities.
- Activity 1.2.4: Rights-based capacity-building and sensitization for DCIM, Libyan Coast Guard, and other relevant authorities.

Result 1.3: Improve access of migrants, IDPs and host communities to quality essential health services.

⁸ Project goals, activities and indicators are copied directly from the description of action and revised workplan provided by IOM.

- Activity 1.3.1: Assess public health risks and health care delivery capacity at migrant detention centers and disembarkation points.
- Activity 1.3.2: Provision of medical assistance to migrants, IDPs and conflict-affected populations in Libya through static and mobile clinics and outreach, including referrals to hospitals for life-saving treatment and specialized care.
- Activity 1.3.3: Strengthen the capacity of health care providers to deliver the essential package of health services for vulnerable populations in areas with high concentrations of migrants and IDPs.
- Activity 1.3.4: Support public health facilities (and clinics in detention centers) to improve delivery of essential services.

Result 1.4: Improved access to MHPSS services for migrants and host community members.

- Activity 1.4.1: Support national MHPSS coordination in the East.
- Activity 1.4.2: Provision of psychosocial support (PSS) training to health practitioners and CSOs.
- Activity 1.4.3: Provision of psychosocial support services through mobile teams.

Result 1.5: Migrants, IDPs, and, where relevant host communities, have increased access to humanitarian direct assistance.

- Activity 1.5.1: Pre-distribution needs assessments to identify most vulnerable groups, locations, and priorities.
- Activity 1.5.2: Procurement of NFIs and emergency food for migrants, IDPs, returnees and host communities.
- Activity 1.5.3: Distributions of NFIs and hygiene kits for IDPs, returnees and migrants and emergency food for migrants.

Result 1.6: Vulnerable migrants en route have access to assistance and protection through the Migrant Resource and Response Mechanism.

- Activity 1.6.1: Outreach, screening and assessment of needs.
- Activity 1.6.2: Provision of integrated multi-sectoral assistance.

Specific Objective 2: Improved stability, resilience, and employability in diverse and migrant-dense communities in Libya.

Result 2.1: Communities are better equipped to engage with tribal, ethnic, migrant and other social groups in their city.

- Activity 2.1.1: Conduct meetings with project stakeholders from all areas of intervention, including members of the CMC, POC and representatives of local authorities.
- Activity 2.1.2: Strengthening social cohesion through capacity-building and community engagement activities.

Result 2.2: Improved access to basic and community services to targeted communities.

- Activity 2.2.1: Implement community improvement projects and provision of equipment for essential services delivery.

Result 2.3: Improved livelihood opportunities for Libyans and migrants.

- Activity 2.3.1: Provide vocational and business management trainings and toolkits.

Result 2.4: Improved labor conditions and increased access to employment opportunities for communities in Libya, including migrants.

- Activity 2.4.1: Capacity-building on labor mobility and human development.
- Activity 2.4.2: Support in establishing youth centers and enhancing youth services.
- Activity 2.4.3: Support knowledge repository of vocational qualifications as linkage to potential employment opportunities for the trained youth.
- Activity 2.4.4: Promote migrant inclusive outreach events to promote employability.
- Activity 2.4.5: Upgrade technical training curricula to strengthen links to employment opportunities.

Specific Objective 3: Enhanced evidence base for improvement of service provision for populations on the move in Libya.

Result 3.1: International and local partners have enhanced access to migration data and quality humanitarian information products.

- Activity 3.1.1: Perform displacement tracking matrix (DTM) assessments, produce reports and event trackers and disseminate results.
- Activity 3.1.2: Produce Detention Centre Profiles to capture the number and demographic breakdown of populations and conditions, including protection concerns.
- Activity 3.1.3: Support in-depth studies and conduct comprehensive research into migration dynamics within Libya.

1.4 Evaluation Background, Scope and Purposes:

The evaluation of the EUTF program aims to assess and measure the extent to which the project implemented in Libya has achieved its intended short-, medium- and long-term objectives, as well as the extent to which the interventions and delivery strategies were adequate to address the problems at hand, with the aim to determine what worked and what did not work under what circumstances. The evaluation is also expected to assess the project overall logic and implementation processes to determine how the project was adequate to local needs. It will evaluate the overall project performance, its impact on the beneficiaries and how it integrated cross-cutting issues such as gender and human rights. SREO will use the OECD-DAC criteria to evaluate the project. The evaluation will cover the entire period of project implementation which began on 1 September 2021, and ended 31 October 2022. Specifically, the objectives are to:

- Assess the adequacy of the implementation strategy and approach;
- Determine how relevant the project was in terms of timing, targeting, and design;

- Assess whether resources were used effectively in addressing the needs of the beneficiaries and to what proportion of those in need;
- Document the efficiency and effectiveness of the intervention based on results achieved;
- Identify indicators of success including beneficiaries’ views on the benefits and impact of the activities;
- Understand the impact of activities, the level of engagement of local communities, and readiness to expand this component in future interventions related to mobile service delivery and continuity of care and protection in the country.

The evaluation findings and recommendations will contribute towards design and implementation of ongoing and future programming in addition to identifying priorities for future resource mobilization.

1.5 Evaluation Criteria

Table 2: Evaluation questions

Criteria	Evaluation Questions
Relevance	<p>Extent to which the project’s objective and intended results remain valid and pertinent either as originally planned or as subsequently modified.</p> <ul style="list-style-type: none"> ● Do the intended results align with and support government officials building of capacities? ● Has the project responded to the needs of the target beneficiaries, especially of migrants? ● Has the project targeted beneficiaries – especially migrants - in the most effective way? ● Is the project aligned with and supportive of IOM national, regional and/or global strategies and the Migration Governance Framework and the IOM Libya Strategic Framework 2021-2024? ● Are there any identifiable ways that the approach should be revised in future, or is it evident that additional or complementary activities or projects will need to be implemented? ● Is the project well designed according to IOM project development guidelines in a way that address local priority needs?
Effectiveness	<p>Extent to which a project translated resources and activities into its intended short, medium – and long-term results.</p> <ul style="list-style-type: none"> ● To what extent has the project successfully translated the resources (inputs) into tangible and quality outputs and outcomes in accordance with the stated plans? <ul style="list-style-type: none"> ○ To what extent has the project and its outputs enhanced the migrants access to basic services and the capacities of Government officials on protecting vulnerable migrants? ● Were the activities sufficiently well implemented to reach intended results? Would other activities have been more effective in reaching the results? ● To what extent has the project and its outputs met stakeholder expectations, both government and participants? ● To what extent has the project adapted to changing external conditions in order to ensure project outcomes are achieved?

<p>Efficiency</p>	<ul style="list-style-type: none"> • What were the major external factors influencing the achievement of the project’s expected outputs and outcomes, including both contextual factors and other related interventions? <p>How well human, physical, and financial resources are wisely used to undertake activities, and how well these resources are converted into outputs.</p> <ul style="list-style-type: none"> • To what extent were resources (time, funds, expertise) used wisely and adequately to address the most compelling priorities and achieve the outputs? Is the cost worth it? • How does this project align with and complement other related initiatives, whether implemented by IOM, the government, or other national and international actors? What is the added value, if any, of this project compared to those other efforts? • Were the project activities undertaken as scheduled and were outputs delivered on time and in expected quantity? If not, what was the reasons?
<p>Impact</p>	<p>The positive and negative, primary, and secondary long-term effects produced by a project, directly or indirectly, intentionally, or unintentionally.</p> <ul style="list-style-type: none"> • What long-term changes (whether intended or unintended, positive, or negative) can be observed, if any? To what extent can they be attributed to the project interventions?
<p>Sustainability</p>	<p>Refers to the durability of the project’s results or the continuation of the project’s benefits once external support ceases.</p> <ul style="list-style-type: none"> • To what extent were the project and its results supported by local institutions and embedded in institutional structures that are surviving beyond the life of the project?
<p>Cross-cutting Issues</p> <p>Gender and Human Rights</p>	<p>Extent to which the intervention(s) integrated issues like gender, protection mainstreaming, durable solutions, human rights etc.</p> <ul style="list-style-type: none"> • To what extent were gender mainstreaming issues considered in design and implementation? • To what extent were differences, needs, roles and priorities of women, men and specific vulnerable groups considered during planning and implementation? • Were any barriers to equal gender participation identified in design or implementation, and was anything done to address these barriers? • To what extent did rights and dignity of beneficiaries uphold by project and its partners throughout the implementation?
<p>SREO also suggests incorporating the following cross-cutting themes within the scope of the evaluation:</p>	
<p>Coverage</p>	<p>Extent to which the intervention provided or is likely to provide major population groups with assistance and protection, proportionate to their need.</p>
<p>Connectedness</p>	<p>Extent to which the intervention ensures that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.</p>

2. APPROACHES AND METHODOLOGIES

2.1 Evaluation Approach and Methodology:

Given that the evaluation will primarily rely on qualitative methods, the methodology will be underpinned by the **Qualitative Impact Assessment Protocol (QuIP)** approach. This approach was developed at the University of Bath in the UK “to address the challenge of assessing the impact of multi-faceted interventions in complex or rapidly changing contexts.”⁹ The QuIP strategy questions how a certain type of impact, planned for or not, came about and why. QuIP, as a story-based method, generates both formative/exploratory and summative/confirmatory data at the same time, which can help gather rich information on the interventions, the delivery strategies and their short-, medium- and long-term impacts.

QuIP is a form of outcome harvesting that works “backwards” through **narrative causal statements from direct and indirect beneficiaries and implementers**. Detailed interviews bring about **findings in a participatory and people-oriented way**. Using interview guidelines that are both open-ended but thematically structured, QuIP allows for comparison of cases or groups of similar / divergent cases between each other and to the program’s objectives. Themes or areas of inquiry used to structure the interview guides and analysis will be designed during the inception phase but will generally be informed by OECD-DAC criteria and the goals of the program, e.g., migrant protection, increased awareness on migration practices and risk, access to services, social cohesion, local capacity building, etc.

2.2 Desk Review

SREO began the evaluation with a thorough desk review of available documents and relevant information to familiarize the research team with the context and scope in which IOM’s EUTF project is to be implemented. This included:

- Project proposals, results matrices
- Donor updates
- IOM-conducted M&E data and analysis reports
- Participants list
- Training material/curriculum
- Libya Humanitarian Needs Overview
- Relevant reports and analyses on mixed/irregular migration in Libya

2.3 Key Informant Interviews

Key informant interviews (KIIs) are individual interviews conducted with people, who are particularly knowledgeable and reliable sources on specific topics. The key informants were purposely selected by SREO in concert with the IOM team to ensure a variety of stakeholder perspectives are included. SREO conducted **25 KIIs** in total. The key informants included IOM staff, local partner staff, Libyan

⁹ Copestake, J., Morsink, M., and Remnant, F., 2019. Attributing Development Impact: The Qualitative Impact Protocol (QuIP) Case Book, Warwickshire: Practical Action Publishing.

government representatives, municipal councils, community leaders, donor representatives, CSO groups. The full list can be found in the Annex III.

2.4 Semi-Structured Interviews

Semi-Structured Interviews (SSIs) operate similarly to KIIs but are conducted with individuals who are directly or indirectly impacted by an intervention/event/phenomenon. Researchers design semi-structured interview guides in a similar way to allow the facilitator to guide the discussion but also explore other topics as needed. They explore the “why” and “how” of discussion topics, offering a richer picture of the intervention that represents a specific individual or group’s experience. Each interview will run a maximum of 60 minutes to prevent participant fatigue. They are audio-recorded with each participant’s verbal informed consent. SREO conducted **45 SSIs** in total.

The participant profiles for interviewed beneficiaries are detailed below to provide an overview of the evaluation sampling:

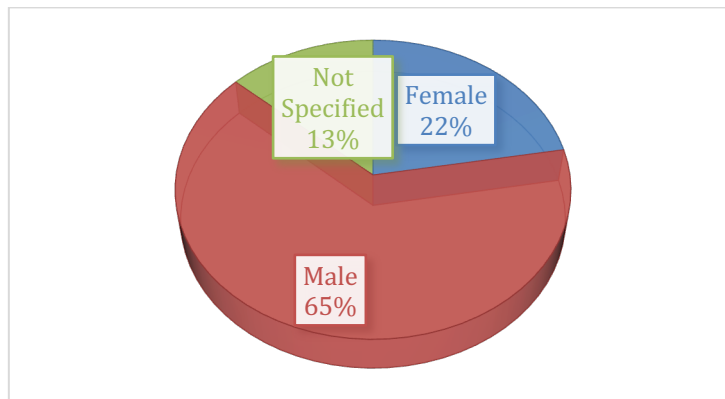


Figure 1 - The SSIs participants breakdown by gender

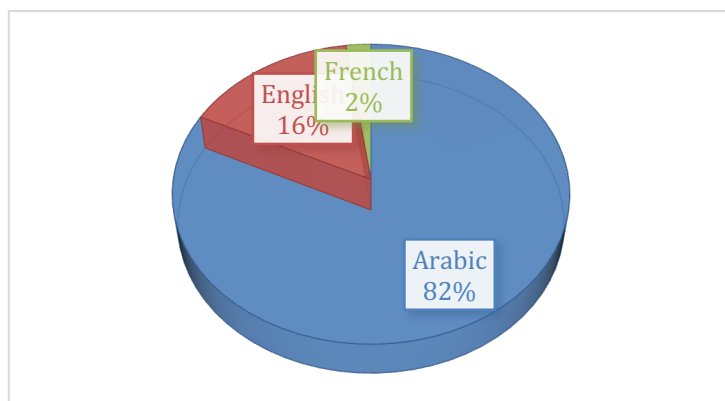


Figure 2 - The SSI participants breakdown by language

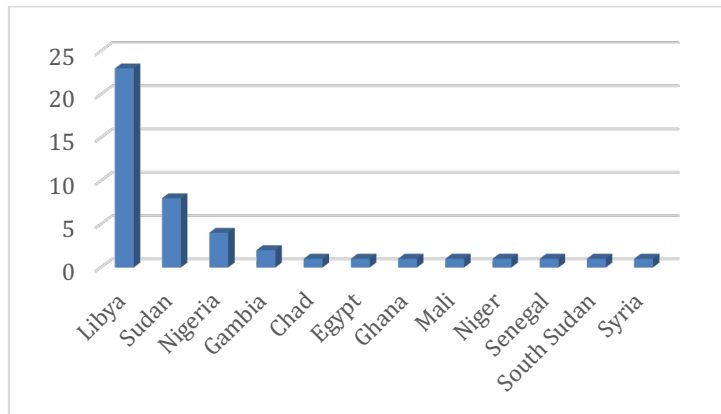


Figure 3 - The SSI participants breakdown by country of origin

2.5 Study Limitations

Qualitative Methodology: Given that the evaluation relies only on qualitative as opposed to quantitative field methods, caution should be taking in any attempt to generalize to a broader population. While SREO has obtained data on the impact and change that can be attributed to the project, findings do not measure magnitude of impact and are not a form of self-evaluation for project participants. The approach is participatory but not fully so because interviewees and staff representatives do not take part in the data analysis or data management. Risk of responder bias and bias towards positive responses is fairly high as stakeholders commissioning the assessment are intricately involved in the selection of study participants. However, such an approach meets IOM’s evaluation objectives to avail in-depth understanding of the overall impact and extent to which the project goals were achieved. Another strength of the proposed approach is that it helps observe systems-level impact in complex environments and helps outline context specific pathways that cannot be captured in such a nuanced, subtle, and layered way by research based on conventional quantitative methodologies. The diverse set of informants, their “insider knowledge,” and community wisdom help bring to surface unintended consequences that project designers and implementers cannot foresee.

Data collection delays: Before the start of the evaluation, SREO was provided with a list of key informants by IOM and 25 key informants from the list was identified for conducting 25 key informant interviews. SREO also contacted the IOM local focal points and requested the contact information of the beneficiaries in order to carry out the 45 semi-structured interviews. During the data collection phase, SREO encountered several difficulties. Ten people on the provided list of key informant staff or stakeholders list indicated that they were not affiliated with the project and/or they did not know anything about it. Some of these phone numbers of supposed IOM-affiliates were wrong and/or not working. Although perhaps less under ILO’s direct control, many of the beneficiaries SREO sought to conduct SSIs with from the provided list were unavailable, as they did not answer repeated phone calls, or they did not speak the languages indicated by IOM focal points. Therefore, SREO had to exchange several emails with the IOM focal points in order to identify suitable replacements. The data collection process delayed due to the late responses. The data collection process was completed on January 19, 2023.

Underrepresentation of migrants in the SSIs: The beneficiary list was provided by IOM. While SREO tried its best to reach out to migrants and Libyans equally, this was challenging due to wrong phone numbers, or beneficiaries not picking up the phone. In order to avoid data collection delays, the data collection was conducted with beneficiaries who were responsive. This might have resulted in the underrepresentation of migrants in the data collection.

No data collected in detention centers: On 11 November 2022, during the inception meeting, IOM representatives informed SREO that the evaluation did not need to collect data in detention centers, as granting access for data collection in the detention centers was challenging and time-consuming, as it would require multiple approvals from the authorities. Therefore, no data collection was conducted in detention centers.

3. FINDINGS

3.1 Relevance

The project activities were designed in line with the findings identified by IOM's DTM.¹⁰ The DTM highlighted the migrants' low ability to meet their basic needs due to limited access to employment and the lack of protection from the Libyan state. It was revealed that 22 per cent were unemployed, and those who had employment worked as daily workers, making their income generation highly uncertain. The primary needs of migrants were centered around health services (88%), non-food items (57%), accommodation (30%), and Water, Sanitation and Hygiene (WASH) (22%).¹¹ This is in-line with the 2021 Humanitarian Needs Overview (HNO), which reported that the main challenges people faced are in the areas of basic health needs, food security, protection, water, sanitation, and hygiene.

In order to address the needs of the vulnerable migrants, IOM designed a comprehensive approach to humanitarian assistance. The process of identifying beneficiaries and offering relevant assistance was explained by an IOM protection officer as a preliminary screening and assessment of the case requesting assistance through field visits. Through these field visits potential beneficiary names were recorded and then put into categories according to the type of assistance they require. Depending on the type of assistance provided, the IOM team intends to follow up with the beneficiary, for instance, beneficiaries receiving health services should be followed up with by medical staff. There are no follow ups under this intervention for beneficiaries provided with food kits, and they are provided with kits periodically depending on the available quantity.

"The project provides assistance to immigrants, and we have a great number of immigrants indeed that includes families from African countries, neighboring countries and so on. The assistance provided by the EUTF is improving the conditions of those immigrants tremendously (the arrivals, poor families, and destitute immigrants that are coming into the country)". KII, IOM Staff.

Provision of direct assistance, including distribution of food kits, NFIs, medical consultations, or referral to other services were among the activities that were most relevant to the migrants' needs and IOM

¹⁰ IOM DTM Migrant Report 36, URL: <https://migration.iom.int/reports/libya-%E2%80%94migrant-report-36-march-april-2021>

¹¹ Ibid

staff noted that they often received good responses from beneficiaries. One government official noted the following, *“The health and food assistance is so important because when I visited the shelter centers, I noticed that migrants suffer from malnutrition as they need food when they arrive,”* indicating that assistance concerning food distribution and healthcare is often very necessary.

Healthcare staff informants also highlighted that the support was helpful as the national healthcare sector faced challenges in Libya, also noted by a government official in his KII where he explained that despite the government trying to make health services accessible to migrants, the lack of hospital capacity was a challenge. Medications were also difficult to access for migrants, as staff reported that *“Some migrants had accepted their health condition and did nothing about it, [as] they said they couldn’t afford medication.”* Additionally, it was reported that some migrants did not speak Arabic and they couldn’t communicate with staff at the government-funded public hospitals, or they were referred to private hospitals that they couldn’t afford.

The health system, and Libya overall, also face water scarcity. Informants reported water shortages as an urgent issue. Hospitals not having sufficient access to water impacted the available services. One health worker said: *“The lack of water resources is creating an issue in the hospital, as water scarcity is considered a primary reason for the shortage in the provision of health services.”* This reveals the need for urgent WASH programming.

Migrants, as well as host communities, face mental health and psychological difficulties. There are various factors exacerbating this, such as exposure to conflict and the socio-economic challenges. For migrants, informants explained their situation stating that they arrive in Libya with expectations of improved life conditions. The difficulty of finding a suitable shelter and livelihoods, along with the lack of integration within the communities, makes them more vulnerable to mental health problems. One MHPSS staff explained: *“Migration flows could cause mental distress due to lack of integration with the community. The inability to express themselves leads to psychological distress.”* Within the scope of this project, migrants were provided with MHPSS sessions, personal consultations, and case management. An interviewed MHPSS worker noted the fragile state of many migrants’ mental health as *“they have high levels of fear and instability towards the unknown and the future,”* highlighting the importance of MHPSS programming. However, staff also noted the high number of migrants, stating that the number of supplies couldn’t cover the need.

“The activities really benefitted people, for example, a person who came from his country without clothes, blankets, mattress, sheets, funds... And there are large families among those people that consist of seven or eight members.... Those people can benefit significantly from the organization and its activities.” KII, IOM Staff

There was a specific focus on children, as they are the most vulnerable group requiring assistance in Libya. IOM’s child protection and community-based protection teams conducted joint outreach with their Migrant Resource and Response Mechanism (MRRM) team to reach children in urban settings, with activities such as providing awareness sessions on school enrolment, identifying vulnerable migrants, and distributing NFI/FI. Children and youth under 18 were registered and assessed during the visits to identify their specific needs. IOM provided information about the services offered such as case management, medical assistance, psychological support, family tracking services, and voluntary

humanitarian return, as many have either lost their parents or still had family in their home country.¹² Voluntary humanitarian return (VHR) and related services were not a part of this project.

IOM aimed to strengthen social cohesion through capacity-building and community engagement activities. The importance of such interventions was evident, as the decreasing number of migrants in Libya after COVID-19 pandemic had recently started increasing again. According to a recent IOM study on the perception of host communities towards migrants in Libya,¹³ there is a more positive view towards migrants from Arab countries than migrants from other parts of Africa. This is also seen in the interviews collected as migrants from African countries noted in their interviews that it was very difficult for them to integrate themselves within the host communities. One such beneficiary explained: *“Libyans will talk to us, but they won’t allow us to get too close to them. As a migrant, we don’t get to spend time with the Libyans. They perceive themselves as different from us. They call us Africans...”*

On the other hand, according to the study, host community members often feel that migrants have a negative impact on safety and there is a fairly low interest in social cohesion activities. While some beneficiaries explained the relationship between host communities and migrants were stated to be average, meaning that it was neither completely bad nor very good, some reported that there was a good relationship. Meanwhile, two beneficiaries said that in Sabha the migrant and host communities were divided, and there were attempts to integrate migrants in the host community. One of them explained the change in the situation in Sabha as follows, *“Now is better than before. In other words, there is better understanding now between people, and the organization is working on them more than before.”* Some beneficiaries explained the need for further activities in social cohesion, showing the importance of the provided activities. *“The community of Hali/Mali needs awareness raising courses to teach it how to accept others, coexist with them peacefully, and how to avoid risks/dangers,”* stated one. Another said: *“It is very hard to live with host communities as immigrants. When they see you as a black person, they won’t assist you with anything, won’t allow you to be close to them at any time. I cannot say that they are racist, but they are very difficult to deal with.”*

IOM included various capacity-building activities in its programming, such as the training of Libyan authorities, non-governmental organizations (NGOs) and civil society organizations (CSOs), frontline workers, consular authorities, other humanitarian actors, and health care providers. Government officials were involved in trainings covering topics such as protection and coordination, Dead Body Management (DBM) and first aid, information technology (IT), MHPSS Protection Principles and Simulation, Labor Migration Governance (LMG).¹⁴ The training on LMG was conducted in Tripoli and Benghazi and it sought to raise awareness among national and local authorities and relevant other stakeholders on the benefits of labor migration, the rights of migrant workers, and to build their capacity for more effective labor migration management. The training was divided into three main topics: migration governance, migration data, and the protection of migrants.¹⁵ The interviewed government officials confirmed that these trainings were useful to build their capacities, reporting this

¹² Altai TPM Reports

¹³ IOM Libya, National Study on Perceptions of Host Communities towards Migrants in Libya. Available at: https://libya.iom.int/sites/g/files/tmzbd1931/files/documents/Final%20Report_IOM%20Perceptions%20of%20migrants_V3%5B1%5D_0.pdf

¹⁴ Ibid

¹⁵ Ibid

as follows: *“The trainings are very relevant to our work and they helped us deal with immigrants better,” “The trainings were useful in regard to my work,” and “We learned how to deal with immigrants as we didn’t know this before, where our work was limited to administrative tasks only.”*

While the government official informants reported the high relevance and usefulness of the capacity-building component, they also had some suggestions and requests, such as increasing the number of capacity-building workshops, focusing on English, IT, protection mainstreaming, and MHPSS.

The trainings provided to health care providers were also noted to be relevant to the local context, and highly useful, as explained by one health care worker: *“The training was on migration health. The place where I work at receives a lot of immigrants. The training was actually very important, teaching us the way to deal with them and changing our perspectives of them, as some people don’t know how to deal with dark-skinned people and don’t even like to examine them. Thus, I believe that the training was valuable and had a lot of benefit.”*

Interviewed beneficiaries explained that the most urgent and necessary assistance in their communities were food items, NFI including clothing especially during the cold winter months, shelter, healthcare services, awareness raising sessions, livelihood opportunities. This shows the relevance of the IOM-provided support and speaks to the importance and need for more projects covering these needs.

Beneficiaries and key informants had suggestions on additional and complementary activities. The irregularity of food basket distribution was noted as an issue of concern, and beneficiaries, along with IOM’s protection staff, noted that it should be monthly distribution. Beneficiaries who participated in YESS sessions stated that the project could have better addressed their need for job opportunities by providing them with tools after the training to help them start their business. Additionally, car painting, plastering, construction, and maintenance of electronics are among vocational training topics that would be relevant in the current livelihoods sector, according to beneficiaries interviewed. Meanwhile, healthcare and MHPSS staff expressed the need for more support in the health sector. There was reportedly only one hospital for mental health, and it was in a remote location, which required patients to travel for a long time, and one MHPSS staff noted the need to establish additional mental health departments in the cities. One healthcare worker expressed that they require more support, such as training, to engage with migrants with mental health struggles.

“I think providing vocational training on car painting, plastering and other construction works, electricity, mobile maintenance, and home appliances maintenance would be useful. These professions are in demand and could help in securing income for trainees. Also, training courses should be provided according to gender. Some professions are suitable for women, others are suitable for men. Also, sewing training is suitable for females and would help them to secure income.” SSI, Beneficiary.

“Training on computers, laptops and other electronics such as mobile phone maintenance that can provide a job opportunity for the youth.” SSI, Beneficiary.

The project design took into consideration the principals and objectives of IOM's Migration Governance Framework (MiGOF), which consists of three principles and three objectives:¹⁶

- **Principle 1:** Adherence to international standards and fulfilment of migrants' rights.
- **Principle 2:** Formulating policy using evidence and a "whole-of government" approach.
- **Principle 3:** Engagement with partners to address migration and related issues.
- **Objective 1:** Advance the socioeconomic well-being of migrants and society.
- **Objective 2:** Effectively address the mobility dimensions of crises.
- **Objective 3:** Ensure that migration takes place in a safe, orderly and dignified manner.

Additionally, the project is designed in line with IOM Libya Strategic Framework 2021--2024. The project assistance corresponds to the overall strategic objective of IOM Libya, which is to "Contribute to establish a comprehensive, evidence-based and people-centered migration governance system to support the transition towards longer term solutions for migration management and development in Libya, while continuing to deliver life-saving assistance and improving the resilience of migrant population and local communities."¹⁷ The three pillars in line with IOM Strategic vision 2019--2023 are Resilience, Mobility, and Governance. In order to help communities in Libya, including migrants and host communities, to build their resilience, the project included specialized protection assistance, direct assistance consisting of food, NFI kits and medical assistance, as well as vocational and business management trainings. To support the Libyan government in managing migration in a structured, coherent, predictable, and humane manner, IOM provided trainings and capacity-building activities. Although SREO was not able to monitor the work conducted by IOM regarding disembarkation points and detention centers, IOM aimed to support the Libyan government in creating efficient, rights-based, and safe pathways for migrants through the provision of activities under Result 1.2.¹⁸

3.2 Effectiveness

The comprehensive assistance provided by IOM was effective to enhance the migrants' access to basic services and the capacities of government officials on protecting vulnerable migrants, and across all the interviews with Libyan authorities, there was a consensus that the provided support improved the situation for migrants receiving the assistance. *"There is better care and support for migrants currently and it is better than it used to be,"* said one KII respondent in a broadly representative quote.

MHPSS assistance was effective to support the people in need of it, according to staff interviews. Staff explained that they had male and female officers providing MHPSS, and these officers followed up with the beneficiaries who consulted with them. MHPSS staff explained that women, people with disabilities, elderly people, and children were specifically targeted for protection services. Meanwhile, certain cases such as migrants who survived a dangerous journey by sea, or those who experienced accidents on the way, often required urgent interventions. Taking into consideration the relevance of such assistance as highlighted in the above section, one staff noted that the positive impact of the

¹⁶ IOM's Migration Governance Framework (https://www.iom.int/sites/default/files/about-iom/migof_brochure_a4_en.pdf)

¹⁷ IOM Libya Strategic Framework 2021-2024, p.10

¹⁸ Result 1.2: Libyan authorities are better equipped and trained to respond and identify needs of migrants at disembarkation points and detention centres.

MHPSS assistance could be clearly seen in beneficiaries: *“After some time, you start realizing that some people have experienced relief from regularly talking to the psychosocial support staff. For example, when visiting me, the person would tell me that he/she needs only food, but when talking to the PSS officer, they start talking about their conditions and circumstances, asking about advice and guidance, and the officer responds accordingly.”* Staff also noted that there were severe cases that they were unable to adequately assist, due to the lack of a psychiatrist within their teams, and such cases were referred to the hospitals. However, the insufficient number of mental health departments available in the cities was noted as a challenge. IOM's MHPSS Specialist explained that psychiatrists were hired and supervised by IOM MHD unit and provided specialized mental health services in locations: Tripoli, Benghazi, Misrata, and Zwara. There was shortage in specialized mental health services in Libya especially in remote areas as Kufra and Sabha. In these locations, referrals were facilitated to hospitals. MHPSS-MHD teams worked jointly to provide the services.

Among the activities provided to improve social cohesion between Libyan and migrants, the activities conducted on World Migrant Day was said to be quite effective at improving social cohesion where migrant and Libyan children performed together, and communities such as Sudanese community presented performances. However, overall, there wasn't a consensus on whether the relationship between migrants and host communities actually substantially improved, and it was observed that certain communities reported facing more difficulties than others, such as interviewed beneficiaries from Black African communities.

The various trainings provided to government officials, as well as healthcare workers, were relevant to the context and seemed to be effective at increasing capacities to help them manage migration. The interviewed informants from the government, as well as healthcare officers, emphasized the importance of the training, and how it helped them engage with migrants. The information and knowledge are shared with other relevant people, as the training participants share them with their colleagues. *“We received many important training sessions by the IOM and other organizations, and these trainings made me succeed in my work, especially with the members in the shelters and persons in charge of shelters, and I provided them with the same training that I have received.”* The training topics were chosen appropriately, as some informants noted that before the training, they didn't know about such issues.

“Before the project, we didn't know that the migration issue is serious and that we have to address it. Many people die in the sea because of illegal migration.” Government official, KII.

Through the YESS center, migrants and Libyan nationals attended various trainings such as maintenance of cars and generators, IOPS, BSP, personal skills, computer skills such as how to send emails, how to apply for job vacancies and attend formal interviews, as well as hairdressing for women, as well as human rights for all. The objective of these trainings was to support beneficiaries' skills and boost their employability. The participants of these trainings reported that they were highly useful, and their skills had improved, and they believed they were qualified enough to work in the sectors that they received the trainings in. Furthermore, as the training had both migrants and Libyans, it was an opportunity for improving social cohesion and relations between these groups. One beneficiary explained, *“The training was excellent, and we benefitted from it and met new people as it targets people from different nationalities, and we received certificates afterwards.”* One beneficiary revealed that he looked for a job after the training and he was able to find one in the field that he was trained

in. According to a key informant, an event was organized in Edah Training Center in Tripoli and approximately 30 companies carrying out their businesses in the same field of the provided training also attended. Many trainees were hired through the event. This is evidence of the effectiveness of the trainings for enhancing the employability of beneficiaries. Women participants mentioned that the self-confidence training was very effective and impactful in their lives. SREO also heard feedback concerning the generator maintenance training, stating that it was not a demanded job. That said, the IOS and BSP trainings were reportedly very useful in the labor market. The overall feedback on the trainings provided in the YESS center was generally very positive. However, beneficiaries recommended to extend the period of training, and some also suggested to add other topics such as car painting, plastering, construction, and maintenance of electronics. According to IOM's report titled "Labour Mobility and Social Inclusion – Youth Employment One Stop Shop (YESS) Collection of Behavioral Evaluation Surveys," 66.67% of respondents either strongly agree or agree that they are confident in finding a job after being trained at the YESS center. Meanwhile, 15.69% mentioned that they have not been selected for a job because they did not have any relevant experience. 88.23% of respondents feel more confident thanks to the new skills they have acquired, while 8.82% feel neutral towards the newly acquired skills.¹⁹ A quote representative of the population of participants in the YESS program follows:

"We benefited from the course, we started to learn how to work our way around the business... In other words, we benefited from the course in securing a livelihood source." Beneficiary, SSI.

Among the external factors influencing the achievement of the project's expected outputs and outcomes, the lack of human resources and supplies, in terms of food and NFI kits as well as medication, compared to the high number of people in need, was highlighted by IOM informants. The insufficient number of hospitals offering specialized MHPSS services impacted the work, considering that MHPSS staff reported not having a psychiatrist within the team. It was reported by MHPSS staff that *"not all hospitals that provide specialized PSS services are willing to admit migrants."* Kufra was specifically mentioned as an area lacking protection teams. Healthcare staff in Sabha noted that their team consisted of 5 people, and it became difficult to effectively conduct consultations, *"When we conducted a field visit with the doctor, the people of the area heard of our visit, and suddenly, a large crowd formed, with each person bringing their children (as there was some sort of a strange flu spread). When it becomes too crowded, the doctor aims to either retreat, or have another individual helping them, and this is where the problem lies as we don't have enough team members for that."* Another interviewed staff also noted that at times when the number of people showing interest in the assistance is high, they are put under pressure which impacts their work. This is especially relevant for healthcare and MHPSS staff, as they report that for such services each case requires time and attention, which is challenging when there are a lot of cases.

"Regarding funds and the provision of medications, there is a response in place; however, this response doesn't cover the needs on the ground, because the number of immigrants is very large and it's impossible to cover all of them in one place." IOM staff, KII.

In order to enhance the most vulnerable migrants' access to protection services, it was recommended by one government official to prioritize women and children as *"they were more afraid,"* while another

¹⁹ IOM Labour Mobility and Social Inclusion (LMI) – Youth Employment One Stop Shop (YESS) Collection of Behavioral Evaluation Surveys

official emphasized the importance and the need for further focus on PSS and protection activities. Additionally, the importance of coordinating with government security forces, along with Ministry of Labor and Ministry of Internal Affairs was mentioned often in government official interviews.

“Coordination with the labor ministry, the ministry of interior, etc., is required to receive their feedback and comments and provide comprehensive support with taking all possible obstacles and challenges into consideration. Without this coordination, obstacles and challenges will increase, and you can’t achieve a comprehensive project or plan. We need a general committee that is aware of all aspects and projects and have delegates to implement projects effectively and overcome any obstacles.” Government official, KII.

3.3 Efficiency

IOM seems to have an efficient and effective referral system within its departments, as potential beneficiaries were first assessed by field teams, then referred to the relevant department within IOM to be able to receive the support they needed. There was also a referral system for beneficiaries requiring services outside of IOM support, and staff reported that there were often referrals between IOM and INTERSOS, Red Cross, NRC, MSF, and UNHCR.

“The IOM is an important partner in Libya despite some delays in distributions. Their work has improved recently in terms of providing mattresses and blankets for the migrants, as well as medicines and cleaning materials and treatment.” Government official, KII.

In order to provide time and resource efficient assistance, IOM coordinated with various actors during the project including local authorities, CSOs, and other NGOs. IOM provided direct assistance activities directly, and at times they coordinated with local CSOs. The coordination with local authorities was reported to be smooth and efficient. The government officials interviewed were informed of the project activities. IOM’s coordination with relevant authorities and staff also helped to make the project resources to be used as efficiently as possible. The trainer in the project also revealed that the e-archive training was previously planned to be provided in 20-30 hours, however, after the trainer gave feedback to IOM explaining that it should be provided in 45 hours, IOM responded quickly and increased the training hours. However, according to the feedback from health staff working with IOM, the efficiency of the assistance could be improved. One health staff working with IOM reported that the resources weren’t sufficient, and the existing resources weren’t efficiently used, explaining that there were medications that arrived in the health center and remained unused. He stated that this could have been avoided if the communication with the center manager was clear. *“The most compelling need is for the pharmacy and the factory to have good communications with the manager of the center, the medical guidance, and the head of the pharmacy in order to determine what items they need to focus on.”* Another health staff also noted that during the capacity-building training of healthcare staff, they were unable to reach some municipalities and cities due to high costs and the staff suggested that the training locations could be reconsidered to increase the number of trainings while saving costs, while being accessible to beneficiaries.

There was a feedback mechanism consisting of complaints boxes and a hotline number, which were promoted through awareness-raising sessions. On the other hand, IOM’s response mechanism could

be improved to be more time efficient. It was noted that at times, the response was delayed. One beneficiary reported that they went to IOM when their father was sick, and they couldn't afford the hospital costs, and they reportedly received no answer. They travelled to IOM in Tunisia and explained to them their need, and they were told by staff that they would see what they could do for them. The beneficiary stated that they spent 8 months there, their father died, and they did not receive any type of answer. One protection staff also noted that after COVID-19, IOM's response and follow-up procedures started taking more time.

"It's easy to communicate with IOM and inform them about any problem. However, they don't respond quickly. They need time to process our requests, and many times, our problems are not solved. Some people do not care about our problems, and they want to provide some services and take photos only." IOM Protection Officer, KII.

The project activities aligned with and complemented other initiatives provided by other NGOs. For instance, UNHCR, along with its partner IRC, are providing help and services to some of the most vulnerable asylum-seekers and refugees through NFI distributions, health services, and referrals. UNHCR is also providing food kits in coordination with WFP, and, through its partner CESVI, UNHCR has been running a community-based care arrangement programme since 2021, providing shelter and support for some of the most vulnerable refugees and asylum-seekers in Libya. In terms of WASH programming, UNICEF and IOM are the organizations covering the largest number of beneficiaries. UNICEF and IOM are providing WASH NFIs and hygiene messages. Additionally, UNICEF is providing rehabilitation of WASH facilities in schools and health centers, along with providing WASH technical supplies to governments and I/NGOs.²⁰ While SREO did not monitor the detention centers due to access limitations, an IOM officer explained that IOM also provided basic WASH rehabilitation of detention centers to support authorities in providing minimum standards of WASH for migrants in detention. This intervention included needs-based disinfection and cleaning, aligned with health interventions. In terms of health programming, IRC, IMC, WHO, and IOM are working on risk communication, community engagement, and infodemic management activities. Specifically on migration and migrant health, IOM is providing assistance along with IRC Rescue at Sea teams, and MSF teams.²¹

3.4 Impact

The EUTF project provided life-saving services that included specialized protection assistance, direct assistance consisting of food, NFI kits, and medical assistance, as well as vocational and business management trainings. The intervention also included a social cohesion and capacity building component to engage local communities and government officials to encourage their role in effectively responding to and managing mixed migration flows in Libya.

With regards to long term changes that can be attributed to the project, most of the interviewed beneficiaries reported positive changes in their personal lives. The training sessions positively

²⁰ WASH Libya Operational Presence and Response Analysis 2022. Available at: <https://response.reliefweb.int/libya/water-sanitation-hygiene>

²¹ Libya Health Sector Operational Update. Available at: <https://reliefweb.int/report/libya/health-sector-operational-update-libya-mid-month-1-15-december-2022>

impacted most beneficiaries. They expressed that their daily habits have improved after receiving the sessions. A beneficiary stated, *“The biggest change I’ve witnessed is social. Like I felt that I received new knowledge and learned a lot of new stuff, like how to wear and what to do when going to classes...etc. In other words, I felt a great change after participating in IOM’s lectures.”*

“I changed for the better and I felt that I can provide anything that can help people in the community and protect them from risks of migration. I posted a post via Facebook, many migrants from Somalia and Eritrea saw the post and asked me about it as they wanted to migrate to Libya so what can you advise us, I told them about risks they may face that may lead them to death.” SSI, Beneficiary.

The implemented project activities helped improve the well-being of the interviewed beneficiaries. Many described that they felt safer as a result of the project. The MHPSS assistance was especially well-received by beneficiaries, who believed that the sessions encouraged them to deal with their hardships and think more positively about their future. A few beneficiaries said that they started to depend on themselves more and increased their self-confidence. There was also a general understanding among several beneficiaries and key informants that IOM would help them either directly or through referrals if they were in need of a particular service. According to one beneficiary, *“They do provide such services (mental health and psychological health services). On Saturday, we will have a session on PSS, service providers and how to provide such services. I once called the IOM asking if they have anyone providing psychological support services, and the operator answered me that they do.”* However, a beneficiary shared that they visited IOM for their depression and received a prescription. They visited several organizations including IOM and UNHCR but could not find their prescribed medicine anywhere. Therefore, they felt forced to reduce the usage of the medication. This medication shortage was also addressed by informants such as healthcare staff and government officials, indicating the need for increased interventions.

An interviewed government official and health worker emphasized that the project increased access to health services for many migrants, and that there was a positive change in the lives of the migrants before and after providing this assistance. Among the beneficiaries interviewed, more than half of the interviewed beneficiaries did not receive any health services, while a few of them mentioned that they contacted IOM but did not hear back regarding their situation. This indicates the need for a stronger feedback and accountability mechanism, to make sure every beneficiary feels heard.

The limited access to sustainable livelihoods poses a critical challenge to communities in Libya, particularly in the South of the country away from the economic hubs along the northern coastal line.²² For this reason, IOM provided several trainings for livelihood supporting organizations and targeted women, youth, migrants and vulnerable groups for vocational trainings, such as carving and pyrography (wood and leather), sewing, printing on clothes, business management, generator maintenance and repair, as well as small business and entrepreneurship sessions. Majority of the key informants and the beneficiaries confirmed that these trainings changed their lives in a positive way. According to a beneficiary, *“The training helped me use the computer in my field of work (printing and creating Word documents) and they saved us costs and they are useful.”* Another beneficiary said,

²² IOM Annex I - EUTF - DOA

“After receiving the ICDL training I get the chance to apply to job in a company as I gained experience in Excel and Microsoft. Since I graduated, I wanted to join ICDL courses but that was so expensive, and I didn’t have money to join these courses. But it was free of charge in the IOM center.” A key informant added, *“Some of them have already started their own private businesses, others have been trying to start their own private companies too. This means that, on the long run, these individuals will start to invest the outputs and gains of this course into their businesses.”* Despite this, there were some beneficiaries who claimed that there were no major long-term changes in their lives after the intervention, stating that more efforts and work still needed to be done. This was mainly apparent in the beneficiaries who attended YESS classes, stating that while their knowledge was enhanced and the trainings were useful, they nonetheless did not have the financial capacity to start their own businesses and turn their skills into sustainable means of livelihood. An interviewed beneficiary mentioned, *“I don’t have the capabilities to start my own business.”*

The clear impact of the social cohesion activities on the relationship between migrants and host community is difficult to observe, as there are multiple factors which might impact how migrants are perceived by host communities. Across the interviews with government officials and Libyans, it was noted that often, migrants, especially from Black African countries, were associated with possibly carrying a virus or illnesses that they bring into the country. One MHPSS staff explained this as *“In the local community, there is xenophobia and stigma towards foreigners.”*

Among the beneficiaries SREO interviewed, there were mostly conflicting responses in terms of relationship between the host and migrant communities. 32 out of 45 beneficiaries said that the relationship was good. The beneficiaries interviewed in this evaluation revealed that the relationship between the Chadic, Libyan, and Sudanic communities was considered good. A beneficiary said, *“The community of Qatroom is a diverse community, people from Tibu and Libyans live in this community. Our community deals with migrants in a positive way, they cooperate with them, help them, and try to secure their needs, especially, during Ramadan. However, some people do some negative practices, such as exploiting those migrants by raising rents and increasing prices.”* The remaining 13 beneficiaries said that the relationship was not good, as there were still negative stereotypes towards migrants in the communities.

“I believe that the situation has become slightly better than before, as, in past times, when the month is up, the house owner could evict migrant tenants immediately if they don’t have enough money to pay, but right now, the relationship between the host community and the migrants have improved to the point where the landlord could wait up on the tenant if the latter tells him that he doesn’t have money and will pay his dues by Tuesday, Thursday...etc. This doesn’t apply to all people, of course. Only some people improved, but overall, there is change towards the best.” Beneficiary, SSI.

Additionally, there was concern from an interviewed IOM staff expressing that the assistance they provide to migrants could be perceived negatively by Libyans. The following KII quote explains this: *“When conducting field visits, we sometimes receive harassments such as ‘Why do you provide assistance to those people? You are trying to help them settle here...!’ The host community (some people, not everyone) still urge us not to provide aid to the migrants.”*

The interviewed government officials expressed that the project was accessible to and addressed the needs of particularly vulnerable groups like unaccompanied children, women, victims of trafficking and abuse, people with disabilities (PwDs), and the elderly. Several trainings were conducted on migration, human trafficking, and methods of treating the migrants. An MHPSS worker said, *“We don't focus on a certain group, however, when there are minors or unattended children or women, elderly people, PwDs, we target them through the protection teams where we refer them to the protection team, as for those who need health services first, we refer them to the health service providing teams first.”* A health worker added that field visits were conducted by a team consisting of a mental health specialist for vulnerable groups. Child-friendly spaces were built for the MHPSS services.

3.5 Sustainability

IOM took sustainability into account when designing and implementing the integrated response in Libya. While prioritizing protecting vulnerable migrants and stabilizing communities, they also focused on interventions that would support more long-term responses to migration flows at the community, local and institutional level.

According to SREO's assessment, several aspects of the project and its impact can likely be sustained over time. Information provided to migrants on the risks of irregular migration through the awareness session, for example, was reported to be valuable, especially through beneficiaries sharing the information with others. A beneficiary said, *“They will be sustained over time, especially the awareness raising efforts concerning the risks of immigration because those people have been through these risks and became aware of the risks and dangers that they will face when illegally migrating. These awareness raising efforts will be sustainable even if the funding stops because we worked earnestly on it, conducting many awareness raising sessions on the risks of immigration.”*

In order to effectively contribute towards social cohesion, it was observed that there needs to be more emphasis on dialogue among migrants and the local community. More than half of the beneficiaries surveyed by SREO did not participate in dialogues between the host and migrant communities. The remaining found the dialogue activities fruitful. Several migrants felt that their relationship with the Libyan population had improved slightly. As explained by a migrant beneficiary, *“There was a forum once, and there were Libyans and foreigners, we can say that Libyans and the other communities are integrated.”* A host beneficiary noted, *“I attended many sessions. I helped them with translation for migrants who don't understand Arabic.”* The study on the perception of host communities towards migrants in Libya revealed that interactions between host community and migrants took place in shops and public places, typically being work-related. Those who know migrants personally demonstrated more positive sentiment towards migration. This demonstrates the importance of social cohesion activities that will help migrants and host communities interact with each other and will show its positive affects over time.

IOM collaborated with Ministry of Labor to support the Youth Employment One Stop in Tripoli and Benghazi. The YESS entities act as community service centers for upskilling both migrants and Libyan youth. IOM equipped these centers with state-of-the-art technology and with the necessary

infrastructure to deliver counselling, training and for information dissemination.²³ IOM organized various outreach events and trainings to enhance the employability of migrants and Libyan youth. 38 out of 45 interviewed beneficiaries received certificates after completing the professional crafts and business trainings, including but not limited to car maintenance, hairdressing, human development, time management, generator maintenance, IT, accounting, and entrepreneurship. The trainings took approximately a month. All attendants SREO interviewed stated that they had improved their knowledge after the sessions. A beneficiary said, *“My skills have improved after receiving the sessions. I think the skills of other attendees who were with me and received these sessions for the first time, have improved a lot, and even their self-confidence. Especially, elderly women who are above 40 years old.”* The majority intends to use these newly learned skills to set up their own businesses, as stated by a beneficiary, *“I looked for a job and found one in the field in which I was trained.”* The trainer said, *“Most of my trainees (50--60%) are still communicating with me, and some of them consult me and ask me for additional information. Many of them are employees now. We provided Excel training, and those who received this training got hired in decent positions according to their conditions. Also, those who received accounting training were hired by private companies and shops. However, I don’t know much about English speakers who received training. We also provided training to university students (Libyans) on report writing and other topics, this training was beneficial for them, and many of them communicated with me and said that they got high marks because of our training.”* IOM provided Job Readiness training and tools to find and manage jobs in Libya to all YESS beneficiaries who completed courses at the center. IOM also conducted outreach activities to promote employment. According to a key informant, an event was organized in Edah Training Center in Tripoli and approximately 30 companies carrying out their businesses in the same field of the provided training were invited. Many trainees were hired through the event. This is evidence of the effectiveness of the trainings for enhancing the employability of beneficiaries, as well as its positive impact and sustainable benefits for beneficiaries who will use these skills for their livelihoods after the project’s conclusion.

“It is continuous till now, and we can say that the objective is a long term one, and four people and a woman with disability, they have a job now. So, the project fulfilled the long-term objective.” SSI, Beneficiary.

IOM provided several protection mainstreaming trainings for the employees working at the General Administration of Coastal Security. The participants expressed that they increased their knowledge and think that the knowledge they gained from the trainings will be helpful to their institution. A few of them said, *“I did not have any background on the generalization of protection and Now you are more familiar with the concept of protection”, “Yes, among this acquired knowledge is how to deal with vulnerable cases and how to deal in cases of landing and provide assistance to them”,* and that their capacity increased in terms of *“Knowing how to deal with immigrants and how to work with them.”*²⁴

Overall, the increase in awareness and knowledge about protection, health and employment issues will continue to serve beneficiaries beyond the project life and encourage them to seek out similar services from IOM or relevant authorities through the referral mechanisms introduced.

²³ IOM Annex I - EUTF - DOA

²⁴ IOM IBM Unit Capacity Building Activities M&E data

3.6 Cross-Cutting Issues

All study participants confirmed that the services were equally accessible to men and women including the elderly and people with disabilities. None of the informants or beneficiaries noted any gender-related barriers to accessing services. However, the interviewed health workers mentioned that there might be cultural factors that contributed to having barriers to equal gender participation provision of health-related services, such as where some people could prefer dealing with a female doctor or a midwife instead of dealing with a male doctor or health worker. All beneficiaries interviewed by SREO generally said that they felt safe, comfortable, and respected when accessing services under the IOM - EUTF project.

The majority of the beneficiaries interviewed were aware of the feedback and complaints mechanisms available to them. They could share their feedback and/or complaint through the available phone numbers, a paper form and/or direct conversation. A few of them said that there was no feedback box available, which was also confirmed by the interviewed key informants. It was unclear whether there were women staff member assigned to answer the beneficiaries. To ensure accountability to its beneficiaries, IOM should provide information regarding the feedback mechanisms and relevant contact information to beneficiaries benefiting any project activity and ensure that all calls and requests are responded to and dealt with in a timely manner.

IOM received complaints during the implementation of the project. These complaints were addressed. One of the beneficiaries expressed a need for more time in practical training, which was addressed by modifying the training agenda to be more suitable. Another beneficiary said that *“One of the instances that I remember right now is one of an African household whose house was set on fire, and it was during Ramadan. At the time, I called IOM for this household, and indeed, IOM provided them with assistance. Another African woman whose husband was in intensive care, and she came to me seeking aid because no one was taking care of him. So, when I called IOM about this woman, they immediately addressed the situation and allocated a doctor to follow up with the case.”*

4. CONCLUSIONS AND RECOMMENDATIONS

The comprehensive assistance provided within the scope of the project was highly **relevant** to the needs of the migrant communities and local context in Libya. The HNO 2021 and IOM’s DTM has revealed that in Libya, main challenges people faced were in the areas of basic health needs, food security, protection, water, sanitation, and hygiene. The needs of migrants as well as host communities were identified and assessed through field visits. Through the provision of direct assistance, including distribution of food kits and NFIs, IOM met the urgent needs of migrants. Specialized protection and MHPSS services targeted the most vulnerable groups including women, children, people with disabilities and elderly. The healthcare services were highly needed, especially considering that health services were highlighted by government officials as not being sufficiently accessible to migrants. In addition, IOM aimed to strengthen social cohesion through capacity-building and community engagement activities. The importance of such interventions was evident, as the decreasing number of migrants in Libya after COVID-19 pandemic had recently started increasing again. The capacity-building training of Libyan authorities, NGOs/CSOs, frontline workers, consular authorities, other humanitarian actors, and health care providers were relevant to the context, as many of the key informants stated that they were not informed of such topics before IOM provided the training. The

trainings provided to host communities and migrants within the YESS were very relevant given the difficulty of finding job opportunities, and these trainings also allowed for some social cohesion between migrant and host community participants.

The project activities were observed to be **effective** in increasing migrants' access to basic services such as health, food, NFIs and protection assistance. The various trainings provided to government officials, as well as healthcare workers, were effective in increasing capacities to help them managing migration. The interviewed informants from the government, as well as healthcare officers emphasized the importance of the training, and how it helped them engage with migrants. Among the activities provided to improve social cohesion between Libyan and migrants, the activities conducted on World Migrant Day was mentioned as being very effective to improve social cohesion where migrant and Libyan children performed together, communities such as Sudanese community presented performances. However, overall, there wasn't a consensus on whether the relationship between migrants and host communities improved, and it was observed that certain communities reported facing more difficulties than others, such as interviewed beneficiaries from Black African communities. Through the YESS center, Migrants and Libyans youth attended various trainings such as maintenance of cars and generators, IOPS, BSP, personal skills, computer skills such as how to send emails, how to apply for job vacancies and attend formal interviews, hairdressing for women, and respect for human rights. The objective of these trainings was to support their skills and boost their employability. The participants of these trainings reported that they were highly useful, and their skills had improved, and they believed they were qualified enough to work in the sectors that they received the trainings in. According to a key informant, an event was organized in Edah Training Center in Tripoli and approximately 30 companies carrying out their businesses in the same field of the provided training were invited. Many trainees were hired through the event. This is evidence of the effectiveness of the trainings for enhancing the employability of beneficiaries. Women participants mentioned that the self-confidence training was very effective and impactful in their lives. Overall, the project successfully translated the resources into tangible and quality outputs and outcomes in accordance with the stated plans.

IOM had an **efficient** and effective referral system within its departments, as potential beneficiaries were first assessed by field teams, then referred to the relevant department within IOM to be able to receive the support they needed. There was also a referral system for beneficiaries requiring services outside of IOM support. In order to provide time and resource efficient assistance, IOM coordinated with various actors during the project including local authorities, CSOs and other NGOs. The coordination with local authorities was reported to be smooth and efficient. There was a feedback mechanism consisting of complaints boxes and a hotline number which were promoted through awareness-raising sessions. On the other hand, IOM's response mechanism could be improved to be more time efficient. It was noted that, at times, responses were quite delayed.

The **Impact** of each component varied in terms of visibility and continuity with food and NFI distributions meeting basic needs of beneficiaries in the short term, while awareness-raising and capacity-building through vocational trainings improved the knowledge and enhanced the employability of migrants and host communities. A positive indirect effect of the capacity-building component is the spill-over of knowledge to the larger community, where participants said they passed on the information to their peers. Overall, many beneficiaries noted an improvement in their well-

being and daily lives. The MHPSS assistance was especially well-received by beneficiaries, who believed that the sessions encouraged them to deal with their hardships and think more positively about their future. A few beneficiaries said that they started to depend on themselves more and increased their self-confidence. There was also a general understanding among several beneficiaries and key informants that IOM would help them either directly or through referrals if they were in need of a particular service. The vocational trainings offered to women, youth, migrants and vulnerable groups had a very visible impact on the beneficiaries' lives as these trainings helped them secure their livelihoods, despite some beneficiaries also noting the need for further support after the trainings as they did not have the means to start their own businesses. A positive impact of the social cohesion activities on the relationship between migrants and host community is difficult to observe, as there are multiple factors which might impact how migrants are perceived by host communities. There appears to be a negative perception towards migrants from Black African countries specifically.

There are several aspects of the project that are **Sustainable**. The provided awareness-raising sessions on the risks of irregular migration through the awareness session was reported to be particularly valuable, especially through beneficiaries sharing the information with others. The positive impact of the vocational trainings provided to the migrants and host communities through the YESS centers can be considered sustainable, as the skills as well as confidence gained within these trainings will be useful to enhance beneficiaries' employability. The capacity-building component for the government officials as well as healthcare workers and others plays an important role in improving immediate and long-term institutional response to migrant flows. While there were no tangible policy responses or measures introduced, government officials acknowledged that they had very little knowledge on migration and IOM before attending the training organized by IOM.

The project was designed and implemented with significant regard to **Cross-Cutting issues**, particularly gender mainstreaming. All study participants confirmed that the services were equally accessible to men and women including the elderly and people with disabilities. None of the informants or beneficiaries noted any gender-related barriers to accessing services. All beneficiaries interviewed by SREO said that they felt safe, comfortable, and respected when accessing services under the EUTF project. The majority of the beneficiaries interviewed reported that they were aware of the feedback and complaints mechanisms available to them. They could share their feedback and/or complaint through the available phone numbers, a paper form and/or direct conversation. While some beneficiaries and key informants reported that their complaints were responded to, there were some who reported that IOM wasn't sufficiently responsive.

Below are some Recommendations:

Relevance

- Key informants including government officials and staff in healthcare expressed that water shortages were causing difficulties within the health sector. In order to minimize the public health impact of water scarcity and shortages, IOM should consider increasing WASH programming and coordination with other actors (Mercy Corps, WHO, UNICEF, etc.) with the capacity to support WASH for healthcare facilities and beyond.

- Continue social cohesion activities through community engagement and capacity-building including awareness raising sessions, paying special focus to the observed more tense relationship between Black African migrants and host community. This could be in the forms of activities such as information sessions, social cohesion activities especially targeting Libyan and Black African communities in order to help mitigate the image that these communities have of each other.
- Continue and increase the number of capacity building workshops provided to Libyan authorities. These workshops were reported to be very useful for the participants, and they mentioned that more sessions on the topics of protection and coordination, Dead Body Management (DBM), MHPSS Protection Principles and Simulation, Labor Migration Governance (LMG). The participants also noted that trainings on topics such as English language and IT would be very beneficial for them.
- Consider adding car painting, plastering, construction and maintenance of electronics within the YESS vocational trainings curriculum as informants stated these are highly employable sectors.

Effectiveness

- In order to make mental health and psychological support more accessible to migrants, work with Ministry of Health and WHO to establish MHPSS clinics at the public hospitals while providing translation assistance. It was reported that the insufficient number of MHPSS services available along with the language barriers were factors that affected migrants' access to health services.
- Coordinate with health actors such as WHO in order to address the medication shortages. Lack of medicines not only means individuals cannot access the treatment they require, but it also undermines confidence in the healthcare system more widely and discourages migrants from seeking and adhering to medical treatment. Healthcare staff as well as some beneficiaries who received health support mentioned that it was difficult to access the medications that they were prescribed.
- Increase the human resources within the MHPSS teams by recruiting and training further specialists as necessary, to reduce the pressure on them and make sure each case gets sufficient attention.
- Add a psychiatrist to the MHPSS teams in order to be able to deal with more serious cases, as informants highlighted that specialized mental health assistance for more serious cases was not sufficiently accessible to migrants.

Efficiency

- Increase frequency of communication and accelerate the coordination and referral mechanisms internally and between partners especially for urgent medical and protection assistance. Such cases should be handled and responded to as urgently as possible.

Impact

- Continue creating spaces of interaction and collaboration between migrants and host communities through initiatives such as the World Migrant Day, within a context where they

can have meaningful interactions, such as doing arts and sports together, etc. Recent study revealed that most of the interactions between Libyans and migrants happen in market and work-related contexts and this does not allow for meaningful interactions. Furthermore, Libyans who personally know migrants were revealed to have a better image of migrants. Therefore, it is important to continue creating such spaces and opportunities for interaction for social cohesion activities.

Sustainability

- Consider providing one-time cash grants as well as necessary tools and mentoring for participants who successfully complete their vocational training courses, so that they can start their own business. Beneficiaries who received vocational training noted how beneficial it was for them, however, they also frequently mentioned that they lacked the capacity, finance and other resources to start their own business after the trainings. Due to liquidity crisis in Libya which makes cash unavailable and hard to access, those selected for assistance could receive their cash-grants through a pre-paid card.

Cross Cutting Issues

- Enhance the feedback and accountability mechanism and increase responsiveness/follow-up of issues raised, to make sure every beneficiary feels heard. Despite the fact that IOM initiated an interagency system in place called CFM (Common Feedback Mechanism) which is a toll-free number 24/7 that vulnerable population can use to seek humanitarian assistance, some beneficiaries reported receiving no response after their complaints or calls.

Good Practices

- The vocational trainings provided to the youth beneficiaries were regarded as being very useful. The beneficiaries were satisfied with the professionalism of the trainers.
- The initiated activities such as the World Migrant Day enhanced the interactions between the migrants and the host community.

The Major Lesson Learnt

- Expand the duration of the trainings as the majority of the beneficiaries expressed that they were short.
- Announce the activities in all available ways in order to reach out to more beneficiaries. Some shared that they heard about the activities through friends.
- Provide trainings in several languages. Some of the beneficiaries felt that the language differences were challenging.
- Diversify the provided trainings. Several beneficiaries shared that they were interested in more income generating trainings, especially the repair and the management of larger generators.

- Create more opportunities in order to encourage dialogues between the migrants and the host communities.

ANNEXES

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Annex II. Terms of Reference

A. Evaluation context

The International Organization for Migration established its operations in Libya in 2006 and is active and present in the east, west and south of the country. IOM's Displacement Tracking Matrix monitors displacement and migration trends, which data and analysis aim to provide an evidence base to facilitate targeted humanitarian interventions. Through its guidance, IOM is able to tailor a comprehensive response to the humanitarian needs of migrants, internally displaced, returnee populations and host communities. Libya has traditionally been an origin, transit and destination country for migrants seeking better economic opportunities, escaping oppressive conditions in their home countries, or hoping to use the territory as a launch pad to Europe. Libya has been marked by a history of continued conflict and unrest in this North African country, which worsened between 2014 to 2020. The country has been further compounded by socio-economic impacts of the COVID-19 pandemic which developed from March 2019.

Migrant dynamics in Libya remain complex and dynamic, with many migrants across the country confronting significant challenges and protection concerns, linked to their status in the country and the vulnerable situations in which many find themselves. IOM Displacement Tracking Matrix (DTM) Libya identified a total of 635,051 migrants from over 44 nationalities in the 100 Libyan municipalities during Round 40 of data collection (December 2021 – January 2022)¹. Migrants in Libya are predominantly irregular, which eradicates nearly all their rights and access to public services in the country. In addition, there are 168,011 Internally Displaced Persons (IDPs) in Libya, primarily displaced due to the deterioration of the security situation².

Migrants, especially those originating or traveling from sub-Saharan Africa, typically travel along traditional migration routes across Libya's open and porous southern border. Once inside Libya, migrants face a series of challenges caused by the harsh desert climate, lack of access to water and hence the constant threat of dehydration. The lack of government control throughout the southern region makes the area a prime location for criminal networks to exploit vulnerable migrants on the move. In addition, human smugglers frequently prey upon these migrants, offering promises of safe passage through inhospitable desert towards their intended destination for an exorbitant fee.

During their movement, migrants stop along the way to find work to fund their onward journey. The ongoing volatile security situation, and especially the armed conflict that erupted in Tripoli in the beginning of April 2019, has left migrants in the country vulnerable and stranded, often facing arbitrary arrest and detention, torture and sexual violence and increasingly in need of humanitarian assistance, including humanitarian evacuation. Employment and access to work opportunities for migrants has been further affected with the development of the COVID-19 pandemic in Libya, which has adversely impacted general population mobility and business.

The Libyan health system was not structured in a sustainable manner under Qaddafi's leadership, being heavily reliant on foreign medical personnel. As such, Libya's health system suffers from severe shortages of staff, a poorly functioning medical supply chain and very weak disease surveillance and health information systems. With the beginning of the conflict, the following years of instability and with a lack of qualified medical professionals, the health system has nearly collapsed. Many public health care facilities are closed and those that are open lack medicines, supplies and equipment. Others have been directly and deliberately attacked or damaged due to fighting and those that remain functional are overburdened or unable to be maintained. There are acute shortages of medical specialists, midwives and nurses and huge gaps in coverage due to the uneven distribution of general internists, most of whom are working in urban areas. In many remote and hard-to-reach locations, poor and vulnerable communities have extremely limited access to health care.

B. Evaluation purpose

The evaluation is an IOM end-cycle (final) summative evaluation to be conducted through an external firm intended for programme management and donors.

The main objective of the evaluation is to assess and measure the extent to which the project implemented in Libya, has achieved its intended short-, medium- and long-term objectives as well as the extent to which the interventions and delivery strategies were adequate to address the problems at hand with the aim to determine what worked and what did not work under what circumstances. The evaluation is therefore also expected to document lessons and good practices. The findings, recommendations, lessons, and good practices emanating from the evaluation will be used to inform further programme development either through scaling up or through the development of a follow up phase to maximize the momentum created through this initiative. The users of this evaluation include IOM Libya particularly the project Management team and PDSU interested in integrating recommendations, lessons, good practices into on-going programmes and identified priorities into future resource mobilization initiatives as well as the project team. Furthermore, the evaluation is expected to inform the donors who is interested to know the effectiveness and efficiency of the projects.

C. Evaluation Scope

The evaluation will study the effects of the project interventions on the beneficiaries at the end of the implementation period. More specifically, the evaluation will analyse to what extent objectives and results were achieved and who benefited from them. The evaluation will cover the entire period of projects implementation duration (12 months, from 1 September 2021 to 31 October 2022).

D. Evaluation criteria

The evaluation will assess the performance of the project against the OECD-DAC criteria of relevance, effectiveness, coherence, efficiency, impact and sustainability. The evaluation is also expected to assess the extent to which the project integrated cross-cutting issues including gender and human rights. In order to assess what worked and what did not work the evaluation is also expected to assess the project overall logic and implementation processes to determine how the project was adequate to local needs.

Overall, the evaluation will assess of the project performance on the following:

1. The adequacy of the implementation Strategy and approaches;
2. Determination of the relevance of the intervention in terms of timing, targeting and design;
3. Determine whether resources (financial, human and materials/equipment) have been used wisely addressing the needs of the beneficiaries and to what proportion of the people in need.
4. Documentation of the efficiency and effectiveness of the intervention based on the results achieved with available resources;
5. Identification of indicators of success, including project beneficiaries' views on the benefits and impact of the interventions;
6. Assess the impact of EUTF activities, the level of engagement of local communities, and the readiness to expand this component in future actions related to mobile service delivery and continuity of care in the country.

E. Evaluation questions

More specifically, the evaluation will seek to provide informed answers to the following questions:

Relevance, as the extent to which the project's objective and intended results remain valid and pertinent either as originally planned or as subsequently modified

- Do the intended results align with and support government officials building of capacities?

- Has the project responded to the needs of the target beneficiaries, especially of migrants?
- Has the project targeted beneficiaries - especially migrants - in the most effective way?
- Is the project aligned with and supportive of IOM national, regional and/or global strategies and the Migration Governance Framework?
- Are there any identifiable ways that the approach should be revised in future, or is it evident that additional or complementary activities or projects will need to be implemented?
- Is the project well designed according to IOM project development guidelines in a way that address local priority needs?
- Is the project well designed according to IOM project development guidelines in a way that address local priority needs?

Effectiveness assesses the extent to which a project translated resources and activities into its intended short, medium- and long-term results.

- To what extent has the project successfully translated the resources (inputs) into tangible and quality outputs and outcomes in accordance with the stated plans?
 - To what extent has the project and its outputs enhanced the migrants access to basic services and the capacities of Government officials on protecting vulnerable migrants?
- Were the activities sufficiently well implemented to reach intended results? Would other activities have been more effective in reaching the results?
- To what extent has the project and its outputs met stakeholder expectations, both government and participants?
- To what extent has the project adapted to changing external conditions in order to ensure project outcomes are achieved?
- What were the major external factors influencing the achievement of the project's expected outputs and outcomes, including both contextual factors and other related interventions?

Efficiency is how well human, physical and financial resources are wisely used to undertake activities, and how well these resources are converted into outputs.

- To what extent were resources (time, funds, expertise) used wisely and adequately to address the most compelling priorities and achieve the outputs? Is the cost worth it?
- How does this project align with and complement other related initiatives, whether implemented by IOM, the government, or other national and international actors? What is the added value, if any, of this project compared to those other efforts?
- Were the project activities undertaken as scheduled and were outputs delivered on time and in expected quantity? If not, what was the reasons?

Impact is an evaluation criterion that assesses the positive and negative, primary and secondary long-term effects produced by a project, directly or indirectly, intentionally or unintentionally.

- What long-term changes (whether intended or unintended, positive or negative) can be observed, if any? To what extent can they be attributed to the project interventions?

Sustainability refers to the durability of the project's results or the continuation of the project's benefits once external support ceases.

- To what extent were the project and its results supported by local institutions and embedded in institutional structures that are surviving beyond the life of the project?

Cross-cutting issues: Gender and Human Rights:

- To what extent were gender mainstreaming issues considered in design and implementation?
- To what extent were differences, needs, roles and priorities of women, men and specific vulnerable groups considered during planning and implementation?
- Were any barriers to equal gender participation identified in design or implementation, and was anything done to address these barriers?
- To what extent did rights and dignity of beneficiaries uphold by project and its partners throughout the implementation?

F. Evaluation methodology

Given the current context in Libya, the evaluation will be conducted mainly remotely (home based) with one field visit – if the situation will allow. The evaluator should provide a detailed and appropriate methodology and data collection methods to get credible evidence to address the evaluation objectives and to respond to the above evaluation questions in addition to the following suggested methods:

- (1) Desk reviews of available documents;
- (2) Direct observation at selected site (only if the situation will allow);
- (3) Semi-structured interview with beneficiaries;
- (4) Interview with project staff; and
- (5) Interview with key informants.
- (6) Review and Analyse project monitoring records.

The evaluator is expected to develop a detailed evaluation methodology appropriate for responding to the above evaluation purpose and questions.

The evaluation should follow the IOM Data Protection Principles, UNEG norms and standards for evaluations, and relevant ethical guidelines.

The evaluator will execute the evaluation with the support and oversight of the Project Manager and team, as well as the thematic support from the IOM Libya Monitoring and Evaluation Officer. IOM Libya will also support with the eventual translation of documents in local language and with the logistical and administrative arrangements, including helping to organize online meetings and arranging interpreters, as needed.

The evaluator will be responsible for preparing for and carrying out data collection and analysis and producing the evaluation deliverables outlined below.

G. Evaluation Deliverables

Expected evaluation deliverables to be produced by the evaluator are:

1. Inception report with detailed description of the evaluation approach and Methodology and detailed work plan. The inception report should also include an evaluation matrix and draft data collection tools and should be written in a way that demonstrate a good understanding of the assignment as outlined in this ToR.
2. Draft analytical evaluation report supported by annexes of quantitative/qualitative analysis;
3. Final analytical evaluation report supported by annexes of quantitative/qualitative analysis complemented. The report will have to highlight how the lessons learnt and formulating cross-cutting recommendations that will benefit the sustainability of the interventions.

The evaluation report should follow a structure that include the following sections, at minimum:

- Cover page,
- Executive summary
- List of acronyms
- Intro
- Evaluation framework and Methodology
- Findings
- Conclusions and recommendations
- Annexes (itinerary, people met, question guides, etc.)

- A two-pager Evaluation Brief. The Evaluation Brief that outline key findings and recommendations.

The evaluator is expected to submit the evaluation report and relevant accompanying annexes in English not later than TBD 2022. The final report should meet the standards laid out in the UNEG evaluation guidelines and should follow the IOM Data Protection Principles.

H. Evaluation workplan

H. Activity	Responsible	Timeline	No. of Days
Review documents and prepare a detailed inception report, including evaluation matrix and data collection tools	Evaluator	Week 1	7
Planning data collection and coordinate the logistical arrangements and agenda	Evaluator with support from Project Team		
Evaluation data collection and analysis	Evaluator with support from Project Team	Week 2	4
Draft presentation and de-brief Project Manager and team on the initial findings and tentative conclusions	Evaluator		3
Draft the evaluation report	Evaluator	Week 3	4
Incorporate comments/feedback from Project Team, M&E officer and Regional Officer M&E Specialist	Evaluator with support from Project Team		3
Finalize and submit the final version of the report	Evaluator	Week 4	7
Submission of final report, annexes and two-page evaluation brief	Evaluator	Week 5	3
Drafting and submission of the two-pager evaluation brief	Evaluator		4

Annex III. List of Key Informants

The list of people SREO conducted KIIs with is as follows:

Protection Case Management Assessments/MRRM (3)

- Mahmoud Ibrahim, MRRM team leader – Sebha
- Abdulmajeed Yousif, MRRM Case Worker/ Acting Team Leader
- Mohamed Awidan, Caseworker

Direct Assistance (DA) and Integrated Border Management/Search and Rescue (IBM/SAR) (5)

- Ammarah Alnaas, Ministry of Labor
- Abdulhadi Abdelmajed, LCG Coordinator
- Zaineb Ali, General Administration of Coastal Security (GACS) HQ
- Abdelsalm Aliwan, Directorate for Combatting Illegal Migration (DCIM) HQ
- Ramzi Shibani, IDP representative (from recent Tawargha IDP beneficiaries)

Migration Health Division (MHD) – (5)

- Dr. Ashraf Aldaly, IOM Medical Officer
- Dr. Mohamad Alfaqeh, PCHI Migration Health Unit
- Shuaib Borabih, Principal of Omar Ibn Alkhattab School (Kufra)
- Dr. Mahmoud Abo Aisha, Medical doctor / Arada PHC center
- Fathi Emhamed bin Mahdi Al-Harna, Director General of Alshaheed Emhamed Al-Maqrif Central Teaching Hospital

Community Stabilization (CS) (2)

- Shuaib Borabih, Principal of Omar Ibn Alkhattab School (Kufra)
- Amna Khamis, Director Lighting Lamp Organization (Kufra)

Mental Health and Psycho-Social Support (MHPSS) (3)

- Mohammed Alcilini, International Organization for the Protection of Children and People with Disabilities Program Manager
- Ahmed Benomran (IOM)
- Salwa Abdullah, MHPSS capacity building activity beneficiary

Labor Mobility and Social Inclusion (LMI) (2)

- Abdulmman Eiaad, Trainer from Edah Training Center
- Ammarah Alnaas, Ministry of Labor

Community-Based Protection (CBP) (1)

- Taha Abudera, Community Mobilizer

CMC/POC (2)

- Hamed Dallah, CMC member representing Albakhi Muhalla
- Ali Toumi, POC member for Garyounis neighborhood

Livelihood (2)

- Amna Alzaetri, Head Noqoush, Libyan partner for toolkit provision for livelihood support activities in Sabha
- Hamed Alhedeari, CEO Namaa, Libyan partner for implementation of generator repair and small business training in Benghazi and Ajdabiya

Additional Scoping Interviews, ideally in English:

- Gemma Sanmartin, Previous Head of Coordination in Libya
- Ms. Elka Leidel, Head of Office for Libya, ECHO
- Sébastien Moretti, Senior Durable Solutions Adviser, UN RC's Office
- Mr. Belgasim Algantri, Ministry of State for IDP's / HR Affairs
- Giacomo Terenzi, IOM
- Orlane Mathieu-Maincent, IOM
- Hajer Khetrish, IOM