

RESEARCH TERMS OF REFERENCE

[GBV Assessment]

[LBY2207]

[Libya]

[22/03/2023]

[Version 3]

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Libya				
Type of Emergency	<input type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict	<input type="checkbox"/> Other (specify)
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	[European Civil Protection and Humanitarian Aid Operations - ECHO]				
IMPACT Project Code	14AVN				
Overall Research Timeframe (from research design to final outputs / M&E)	10/08/2022 to 30/06 /2022				
Research Timeframe	1. Pilot/ training: 04/05/2023		6. Preliminary presentation: TBD		
Add planned deadlines (for first cycle if more than 1)	2. Start collect data: 15/03/2023		7. Outputs sent for validation: 10/06/2023		
	3. Data collected: 15/05/2023		8. Outputs published: 20/06/2023		
	4. Data analysed: 30/05/2023		9. Final presentation: 21/06/2023		
	5. Data sent for validation: 01/06/2023				
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi-assessment (more than one cycle) [Describe here the frequency of the cycle]			
Humanitarian milestones Specify what will the assessment inform and when e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;	Milestone		Deadline		
	<input type="checkbox"/>	Donor plan/strategy	__/__/____		
	<input type="checkbox"/>	Inter-cluster plan/strategy	__/__/____		
	<input checked="" type="checkbox"/>	Cluster plan/strategy	__/__/____		
	<input type="checkbox"/>	NGO platform plan/strategy	__/__/____		
	<input type="checkbox"/>	Other (Specify):	__/__/____		
Audience Type & Dissemination Specify who will the assessment inform and how you will disseminate to inform the audience	Audience type		Dissemination		
	<input type="checkbox"/> Strategic		<input type="checkbox"/> General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)		
	<input checked="" type="checkbox"/> Programmatic		<input checked="" type="checkbox"/> Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting		
	<input type="checkbox"/> Operational		<input checked="" type="checkbox"/> Presentation of findings (e.g. at HCT meeting; Cluster meeting)		
	<input type="checkbox"/> [Other, Specify]				

		<input type="checkbox"/> Website Dissemination (Relief Web & REACH Resource Centre) <input type="checkbox"/> [Other, Specify]
Detailed dissemination plan required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
General Objective	Provide an overview of initiatives addressing GBV and their obstacles in delivering such services in order to understand how and where women get help for GBV-related issues and give an overview on their feeling of safety around their baladiyas,	
Specific Objective(s)	<p>Understand what problems, if any, hamper GBV survivors' access GBV support services. Assess the quality of the service provision in terms of infrastructure, coordination with relevant national and international actors and structures and follow-up.</p> <p>Provide a snapshot of how cities are experienced by women in terms of safety and access to key support services.</p>	
Research Questions	<p>1. Are support services in Tripoli, AlJfara and Misrata, accessible to all women and at all times?</p> <p>What access problems exist?</p> <p>What solutions are implemented?</p> <p>What alternative options are available for women from the service providers' point of view?</p> <p>2. What is the quality of the services provided in these facilities?</p> <p>Are the services provided in line with GBV SOPs as well as relevant to the local context?</p> <p>What gaps are there in terms of support?</p> <p>3. How safe are the neighbourhoods for women in the selected locations?</p> <p>What are the risks they face in their surroundings?</p> <p>What spaces are considered 'safe' by women?</p> <p>Are women able to access key services without facing GBV-related risks?</p> <p>Where are the GBV support services located in the selected baladiyas?</p>	
Geographic Coverage	West (Tripoli, Misrata), East (Ejdabia, Al Kufra), South (Ubari, Murzuq)	
Secondary data sources	<p>Context about Libya</p> <ul style="list-style-type: none"> - Libyan Population: 2021 MSNA Bulletin Key Findings (November 2021) - OCHA, Humanitarian Needs Overview Libya 2021, December 2020. - Humanitarian Overview 2023 LIBYA, 2022. - United Nations Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem Official visit to Libya, December 2022 <p>Context about GBV and GBV Assessments</p> <ul style="list-style-type: none"> - REACH, 2021 Multi-Sector Needs Assessments (MSNAs): Protection, women's access to services, refugees & migrants' access to assistance, March 2022. - GBV Sub-Sector, Secondary Data Review Libya, June 2022. - UNFPA, Voices from Syria, 2021. - UN ESCWA, Status of Arab Women report 2017, Violence against women: what is at stake?, 2017. 	

	<ul style="list-style-type: none"> - USAID, Libya Gender Analysis: Identification of constraints, opportunities and best practices in USAID/Libya, 2020. - UNDP, Libya and Gender Justice and Law, 2018. - GBV Sub-Sector, STANDARD OPERATING PROCEDURES for GBV PREVENTION AND RESPONSE IN LIBYA, 2022. - IRC, IMC, Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings, 2020. - GBV Area of Responsibility 2021-2025. <p>Methodology and tools</p> <ul style="list-style-type: none"> - UNICEF, Availability, Accessibility, Acceptability and Quality Framework, A tool to identify potential barriers to accessing services in humanitarian settings. - The Global Women's Institute, Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations A Manual and Toolkit for Researchers and Practitioners, 2021. 			
Population(s) Select all that apply	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/>	IDPs in informal sites
	X	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]
	<input type="checkbox"/>	Refugees in camp	<input type="checkbox"/>	Refugees in informal sites
	X	Refugees in host communities	<input type="checkbox"/>	Refugees [Other, Specify]
	X	Host communities	<input type="checkbox"/>	[Other, Specify]
Stratification Select type(s) and enter number of strata	X	Geographical #: 6 Population size per strata is known? X Yes <input type="checkbox"/> No	<input type="checkbox"/> Group #: _ _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> [Other Specify] #: _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data collection tool(s)	<input type="checkbox"/>	Structured (Quantitative)		X Semi-structured (Qualitative)
	Sampling method			Data collection method
Structured data collection tool # 1 Select sampling and data collection method and specify target # interviews	X Purposive <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input type="checkbox"/> [Other, Specify]			X Key informant interview (Target #):26 <input type="checkbox"/> Group discussion (Target #):_ _ _ _ _ <input type="checkbox"/> Household interview (Target #):_ _ _ _ _ <input type="checkbox"/> Individual interview (Target #):_ _ _ _ _ <input type="checkbox"/> Direct observations (Target #):_ _ _ _ _ <input type="checkbox"/> [Other, Specify] (Target #):_ _ _ _ _
Semi-structured data collection tool (s) # 1 Select sampling and data collection method and specify target # interviews ***If more than 2 structured tools please duplicate this row and complete for each tool.	X Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]			<input type="checkbox"/> Key informant interview (Target #):_ _ _ _ _ <input type="checkbox"/> Individual interview (Target #):_ _ _ _ _ <input type="checkbox"/> Focus group discussion (Target #):_ _ _ _ _ X [Mapping Focus Group Discussion] (Target #):_ 7 _ _
Target level of precision if probability sampling	N/A			N/A
Data management platform(s)	X	IMPACT	<input type="checkbox"/>	UNHCR

	<input type="checkbox"/>	[Other, Specify]				
Expected output type(s)	<input type="checkbox"/>	Situation overview #: __	<input type="checkbox"/>	Report #: 1	<input type="checkbox"/>	Profile #: __
	<input type="checkbox"/>	Presentation (Preliminary findings) #: __	<input type="checkbox"/>	Presentation (Final) #: 1	<input type="checkbox"/>	Factsheet #: __
	<input type="checkbox"/>	Interactive dashboard #: __	<input type="checkbox"/>	Webmap #: __	<input type="checkbox"/>	Map #: 7
	<input type="checkbox"/>	[Other, Specify] #: __				
Access	<input type="checkbox"/>	Public (available on REACH resource centre and other humanitarian platforms)				
	X	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility <i>Specify which logos should be on outputs</i>	REACH					
	Donor: ECHO					
	Coordination Framework: Gender-Based Violence (GBV) Working Group (WG)					
	Partners: [List logos here if outside coordination framework] TBD					

2. Rationale

2.1. Background

For over 10 years, Libya has witnessed a protracted conflict which affected its different population groups, exposing them to constant safety and security risks and negatively affecting their overall feeling of safety. Since 2011, the effects of the conflict on the Libyan and non-Libyan populations in the country have been a priority for humanitarian aid actors. After several peace-making efforts taking place, the country has been on relatively more stable grounds in terms of politics and security, while facing major external disturbing factors such as the COVID-19 pandemic, and the disruptions caused by the Ukrainian conflict. After a phase of humanitarian response, the country's progress towards stabilisation has made the response shift towards a nexus approach. Since the end of 2021, the situation has been more directed towards recovery and stabilization, therefore, the response has shifted to operate on a humanitarian-development-peacebuilding (HDP) approach. Despite these positive developments, recent assessments, including REACH Libyan population and Refugee and Migrant population MSNAs, have clearly shown that there remain important pockets of needs and that vulnerable groups, including women (especially if single mothers, widowed, or heads of household), continue to face limited access to essential services and opportunities, as well as protection risks ¹.

Throughout the conflict, the humanitarian response has targeted the immediate needs of vulnerable groups and, to some extent, their resilience. Humanitarian initiatives from national and international actors have contributed to providing support to address these needs, however, there were levels of change (i.e. infrastructure, social norms, and government policies...) that could not be provoked or achieved in a short period. This is why the subject of Gender-based Violence is of utmost importance in this context. In fact, this need has been mainly addressed as a matter of immediate action and emergency response. At the moment, survivors of gender-based violence continue to benefit from the violence response services managed mainly by INGOs; however, while these also provide awareness-raising and prevention activities, there remain significant gaps in terms of addressing long-term needs and entrenched social structures and norms, as well as to provide survivors with sustainable options.

To support the overall assistance provided to persons exposed to or survivors of GBV, more detailed information is necessary regarding both services currently available, their accessibility and quality, and the risks that women, identified as a group particularly vulnerable to GBV in the Libyan context, face in their daily life. In light of this, REACH, in

¹ [REACH, Multi-Sectoral Needs Assessment, Libyan population, 2021, page 24.](#)

collaboration with the GBV WG, is planning to conduct this two-phase assessment in Libya, with the double objective of i) assessing the access to and quality of the GBV Support Services in Tripoli, Jefara, Misrata and ii) producing safety mappings of the same locations along with Ejdabia, Al Kufra, Murzuq and Ubari.

2.2. Intended impact

First, the assessment will provide an overview of services and initiatives addressing GBV implemented by iNGOs members of the GBV WG, as well as the obstacles faced in delivering such services and the needs for support.

By assessing the access to and quality of a sample of iNGO-provided GBV services, the analysis intends to provide relevant information to inform an action plan by international actors, in a sensitive moment where the GBV WG is expected to be deactivated, as a part of the closure of the humanitarian project cycle, and its competencies and responsibilities be transferred to the relevant Libyan institutions (to be noted that no Libyan entities, at the moment, have a clear mandate to address GBV).

Understanding the level of availability and accessibility of GBV support services can help address the gaps there are in certain regions; minimize duplication of efforts in areas where several providers are present; and inform future programming by highlighting services that are unavailable or that are lacking resources to perform optimally. This roadmap can help the current actors fill the gaps, reinforce capacities and build strong coordination mechanisms between public sector stakeholders, civil society initiatives and different INGO service providers. The present study is not intended to be a completed evaluation of the GBV response in Libya, as it only targets services provided by iNGOs as a part of REACH commitment to support the Libya GBV WG. Rather, it should be considered as a starting point to implement more comprehensive assessments that look at the current capacities and initiatives by both the Libyan authorities and civil society, so as to better understand the potential synergies between all the actors involved in the GBV response in Libya and facilitate the drafting of a joint roadmap.

Second, the assessment will provide a safety mapping of the assessed baladiyas, applying spatial analysis to capture the distribution of areas of risk and safety in the city, as well as the implications on women's mobility and general ability to access the (physical and social) space of their area. Indeed, as findings about women's access to services (including GBV service) from the 2021 Libyan population Multi-Sectoral Needs Assessment ([MSNA](#)) suggest that the physical space of women's daily life (e.g. the streets, public facilities etc.) represent an area of potential exposure to GBV risks; at the same time, the MSNA also highlights how women's social space (community, tribe, etc.) tends to be the main forum where women voice their concerns or report the incidents of violence, and where these are approached informally through the social circles. The safety mapping will serve as an overview on the locations where women face higher security risks and will provide arguments on how to address these issues or where to add GBV service provision in the different Baladiyas; it will also look at areas of relative safety, to understand how these can be taken into account with regards to any response planning.

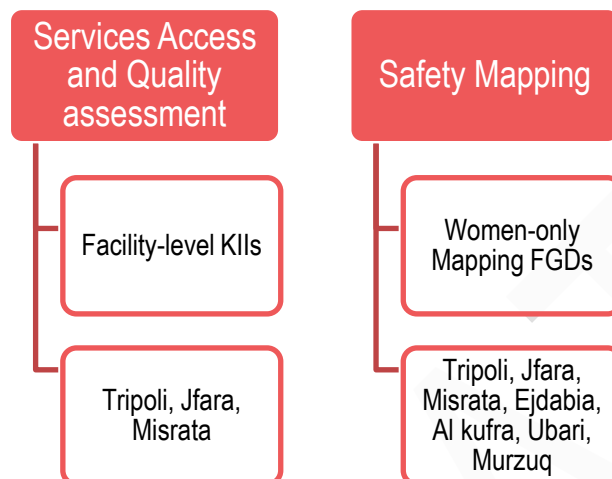
Under this second component, REACH will assess both the baladiyas covered under the first component, to provide complementary information to the services assessment, and baladiyas not covered there but where women interviewed for other assessments most commonly reported incidents or concerns about GBV (Quote from NGO worker in Alghrayfa (Ubari mantika, Southern region): "There is no place to resort to, whether to file a complaint or receive psychological support. However, when services are available, social stigma remains the main barrier preventing women from accessing them."), with the aim to provide an overview on the feeling of safety in the public sphere. The safety mapping will be specifically based on the women's perspective and their opinion on how their surroundings respond to their needs, on how women live in their neighbourhoods, how they approach and feel about the public space, and what risks they undertake in order to access key services, including GBV support, or practice their basic rights and freedoms. The objective of such a mapping is not only to visually reflect the reality of women daily life and struggles, but also to inform the re-building process, making it a priority to make sure that urban planning in general, and services/facilities planning in particular, account for women and specific needs and abilities.

3. Methodology

3.1. Methodology Overview

The proposed assessment will encompass two main components :

- A service access and quality assessment
- A baladiya-level safety mapping



a. GBV services accessibility and quality assessment

The services component of the present assessment will consist of 30 Key Informants Interviews (KIIs) conducted with the staff of 13 GBV support service facilities in Tripoli, Jfara, and Misrata. The KIIs will be conducted online or via phone by REACH Libya staff, in English or Arabic based on the respondent's preference. The assessed facilities were selected based on the information provided by the GBV WG through [their dashboard](#) with the aim to target as many activities as possible among those implemented by the WG's partners.

The staff of the INGOs GBV facilities will be contacted through their Case Management Task Focal Point, which brings together the GBV Sub-sector partners working on case management and on advancing the GBV projects led by their organizations or the sector. The work of the GBV WG in the field is relying on the partners who are all represented in the taskforce and who can facilitate REACH's access to facility staff.

The KII Tool, a semi-structured questionnaire, will cover the main themes of this assessment, including comprehensive questions on the availability, accessibility, acceptability and quality of the services provided, based on the AAAQ Framework². This tool will help identify the main obstacles hindering effective service provision. This component is expected to provide concrete information, as the participants will have first-hand experience with these obstacles; they will also be asked to provide their inputs on best practices they are aware of or solutions they recommend. An overview on the KII tool can be found below. Data collection for this first component will take place between 15th and 30th of March 2023.

b. Baladiya-level safety mapping

In order to capture the main aspects of the neighbourhood planning and the location of different humanitarian services, as well as to identify the key areas of relative risk and safety, and the potential obstacles to accessing services, REACH will conduct 7 Mapping Focus Group Discussions (MFGDs) with women in Tripoli, Jfara, Misrata, Ejdabia, Alkufra, Ubari and Murzuq. The MFGDs will be conducted by REACH partner Civil Society Organisations (CSOs) between 2 May and 20 May 2023/05/2023 and will target women including Libyans, non-Libyans and IDPs, from the local community, with the aim of understanding how women move within their communities, the safety risks they face when doing so and

² UNICEF, [Availability, Accessibility, Acceptability and Quality framework](#).

where they feel safe to spend time in the public sphere. An overview of the methodology and rationale for MFGDs can be found below.

3.2. Population of interest

3.2.1.1. Services assessment

The proposed assessment will cover 3 baladiyas (administrative level 3) namely: Tripoli, Jfara, and Misrata (all located in the western region).

The decision about the geographical coverage of the first component was made by REACH and validated by the GBV WG, and was based on the fact that INGOs member of the WG are only providing GBV-related services in a limited number of mantikas (administrative level 2). The information concerning the distribution of facilities where GBV-related activities are implemented by INGOs was obtained from the [GBV sub-sector dashboard](#), which provided an overview of the type of services, location and reach of the activities implemented by different partner INGOs working on GBV across the country, including (IMC, IRC, UNFPA, MSF-OCA). The main criteria for the selection of the facilities to be assessed were as follows:

i) the assessment should prioritise facilities providing GBV response services (e.g. case management and psychosocial support, clinical management of rape, specialised psychiatric care and women centre/safe space), as opposed to prevention activities (e.g. awareness raising services) or collateral activities (e.g. provision of dignity kits), which are services that have a different scope and objectives meaning the prevention activities they conduct tend to show results on a longer term and might have a different target audience than the survivors themselves or the staff of the support facilities. They also aim at influencing the community standards and social norms around GBV and not act on being responsive to immediate situations where women need support.

ii) the assessment should strive to diversify the sample as much as possible with the regards to the INGOs running the facilities, to provide a more complete understanding of the overall efforts of the GBV WG, rather than a focus on activities run by a few members.

Under the first component, the population assessed will be the staff of the facilities selected in Tripoli, Jfara and Misrata, more specifically staff working specifically on the GBV response (in case of multi-purpose facilities). Due to their position as first-response workers and the staff more closely in contact with survivors, this group is best placed to know the processes, the obstacles, best practices and main issues surrounding the service provision for this population. At the same time, this group is also expected to be able to provide valuable information as to the needs they have as service providers and the improvements needed for them to provide services more effectively.

Considering that information on the cases of survivors cannot be disclosed, the personnel of these facilities will be only asked to provide an informed overview on the general trends and situation at the facility, without divulging confidential information that can harm their beneficiaries.

3.2.1.2. Safety mapping

The safety mapping component of the assessment covers the locations where KIIs will be conducted (Tripoli, Jfara, Misrata), with the addition of Ejdabia and Al Kufra in the East and Murzuq and Ubari in the South. While the decision to target Tripoli, Jfara and Misrata stems from the objective of providing a picture as complete as possible of GBV risks and access to GBV-response services in these locations, the inclusion of additional locations compared to the previous component is motivated by the different objective of the two components and, therefore, the specific considerations and criteria employed to determine the respective geographical scope. More specifically, while the first component relies on the geographical distribution of service facilities, the locations selected for the safety mapping are based on self-reported

incidents and concerns as part of a larger scope survey. Indeed, the choice of locations for the safety mapping was based on the findings of the data collected in the MSNA 2021. The women and access to service case study of the MSNA analysis, found that Al Kufra (42%), Murzuq(34%), Ejdabia (22%), Ubari (18%), were the baladiyas with the highest percentage of self-reported GBV incidents.. The population targeted for the second component is women above the age of 18, located in the assessed baladiyas. The objective is to provide a new way to look at the area based only on the perspective of women and according to their lived experiences in their neighbourhoods and surroundings. The MFGDs will only include women due to protection and sensitivity consideration. As some women might face GBV incidents within their family circle or neighbourhoods, organizing the MFGD with some of those men can either lead to confrontation or higher risks for women to be facing abuse and violence based on the information they would share. There is also the possibility that women will feel reluctant to share sensitive information on GBV incidents with the presence of men from the community. While choosing an all-female group of participants is a safer alternative to a mixed MFGD, this still poses limitations in terms of ability to share sensitive information (as women may be intimidated by the presence of female acquaintances, neighbours, or older women) as well as with regards to men's and children's perspective not being taken into account. In this sense, this assessment should be only considered the first step of the study, and the possibility should be explored to replicate the safety mapping with a more diverse group of respondents. The participants in the MFGDs will be recruited by REACH's partner CSOs in the field, while the activity will be facilitated by female staff, to ensure the women participating do not feel intimidated to share specific information in the presence of men. Facilitators will be trained by REACH with the support of the GBV WG on how to collecting sensitive data and on ways to address GBV related information during the discussion. Each MFGD will gather 8 to 10 women, who will be selected among the residents of the areas to be mapped to ensure they know their surroundings. The selection of participants will adopt principles of inclusiveness and diversification, on the assumption that a more diverse group in terms of age, educational background, profession and ability could lead to a more comprehensive understanding of the baladiya layout and can cover more aspects of women's lives in the public space.

3.3. Secondary data review

Context about Libya

- [Libyan Population: 2021 MSNA Bulletin Key Findings \(November 2021\)](#)
- OCHA, [Humanitarian Needs Overview Libya 2021](#), December 2020.
- [Humanitarian Overview 2023](#) LIBYA, 2022.
- [United Nations Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem Official visit to Libya](#), December 2022

Context about GBV and GBV Assessments

- REACH, [2021 Multi-Sector Needs Assessments \(MSNAs\): Protection, women's access to services, refugees & migrants' access to assistance](#), March 2022.
- GBV Sub-Sector, Secondary Data Review Libya, June 2022.
- UNFPA, [Voices from Syria](#), 2021.
- UN ESCWA, [Status of Arab Women report 2017, Violence against women: what is at stake?](#), 2017.

- USAID, [Libya Gender Analysis: Identification of constraints, opportunities and best practices in USAID/Libya](#), 2020.
- UNDP, [Libya and Gender Justice and Law](#), 2018.
- GBV Sub-Sector, STANDARD OPERATING PROCEDURES for GBV PREVENTION AND RESPONSE IN LIBYA, 2022.
- IRC, IMC, [Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings](#), 2020.
- [GBV Area of Responsibility](#) 2021-2025.

Methodology and tools

- UNICEF, [Availability, Accessibility, Acceptability and Quality Framework](#), A tool to identify potential barriers to accessing services in humanitarian settings.
- The Global Women's Institute, [Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations A Manual and Toolkit for Researchers and Practitioners](#), 2021.

3.4. Primary Data Collection

3.4.1. Access and Quality of services

The data collection will be conducted by REACH staff through phone or online calls from March 15th until March 30th, 2023. It is expected that 25-30 INGO staff, working in the selected facilities, will be interviewed under this component; respondents will be identified through convenience sampling, based on contacts shared by the GBV WG and its Case Management Task Force.

The interviews will be conducted by means of a structured questionnaire. It will encompass a series of questions based on the AAAQ framework, aimed at informing indicators related to availability, accessibility, acceptability and quality of the GBV-related services provided in the facility assessed. The questions will be displayed through the survey platform KoBo Toolbox: a free, open-source tool for mobile data collection which uses XLSForm. Conducted surveys will be uploaded to the REACH server daily. The interviewer will read the questions from KoBo to the respondent over the phone and enter the respondent's answers directly into the smartphone or laptop KoBo application during the interview. The data collection will rely on a Kobo Tool and will cover access to services as well as quality of service provisions in the selected facilities.

3.4.2. Safety Mapping

In order to collect data for the second component of the assessment, Mapping Focus Group Discussions will be held in each of the locations (Tripoli, Misrata, Alfara, Alkufra, Ejdabia, Ubari, Murzuq). In each location, REACH will conduct one MFGD to reflect the women's spatial experience and feelings of safety and security in that city. Each MFGD will bring together 8 to 10 participants, and will last approximately 2 hours, although more time should be accounted for larger baladiyas.

The MFGD will be conducted with enumerators and field staff during the Training of Trainers (TOT). The session will follow a semi-structured guideline and will be recorded using pen and paper. Maps will be provided on which participants can draw and indicate neighbourhood boundaries. The discussion will be led by the facilitator, and the discussion will be transcribed by the note taker.

First, the GIS officer will provide a basic map of the baladiya and its main components, such as roads, key services, well-known geographical markers and, if safe, the approximate locations of GBV services including Women and Girls Safe Spaces, specialized NGO facilities or healthcare centres that provide care for GBV survivors.

Second, during the MFGD, the female facilitator will guide the discussion based on the MFGD guidelines provided by REACH team in Tunis. The MFGD tool takes into consideration the sensitivity of the topic and the possibility that memories of past experiences can be triggered for some participants by some of the questions. Hence, the first section of

the MFGD guidelines encompasses general questions and facilitate will gradually move the discussion towards GBV-related questions, after making sure that all participants are comfortable to share their experiences. During the MFGDs, information will be collected through a Word form designed by REACH staff in Tunis, to whom completed forms will also be emailed. Once receipt is confirmed, the facilitator's copy will be destroyed. Interviews will be translated into English by the REACH Assessment Officer with support from the Project Officer. The guidelines will be in printed format with sufficient space for enumerators and potential note-takers to leave notes and transcribe as much as possible.

3.5. Data Processing & Analysis

3.5.1. Data entry and cleaning process

KIIs will be conducted by REACH Assessment Officers in the Tunis office via phone, or online calls with the INGO facility staff. The KIIs will then be transcribed and translated if necessary. This process will be done during the interview itself by relying on the android application Live Transcribe to ensure that all information is recorded and the assessment officer can check the quality of the transcriptions and add to complete it or edit it.

For MFGDs, data collection will be carried out by female enumerators hired by REACH partner local organisations. Enumerators will report to team leaders, who, in turn, will report to REACH field staff in Tripoli, Benghazi and Sebha, who will be responsible for general data collection monitoring and supervision and data processing. More specifically; REACH field staff will monitor data collection progress and targets. REACH Assessment Officer will monitor the data management plan and progress of data collection in light of the targets, translate transcripts, do an initial data quality check of submitted qualitative then conduct a second quality check and work on the data cleaning, to conduct follow-ups within a maximum of three days after receiving the data

Review of qualitative data will be done in alignment with the IMPACT Minimum Standard Checklist for Semi-Structured (Qualitative) Data Processing and Analysis. To ensure relevance of data and facilitate timely follow-ups if necessary, enumerators will be required to submit collected data within three days after data collection (if the internet connection allows it).

3.5.2. KIIs/ MFGDs cleaning:

REACH field staff will monitor data collection progress and targets

o REACH Assessment Officer will monitor the data management plan and progress of data collection in light of the targets, translate transcripts, do an initial data quality check of submitted qualitative and quantitative data and then conduct a second quality check and work on the data cleaning, to conduct follow-ups within a maximum of three days after receiving the data

Data from the KIIs will be collected via the KoBo Toolbox platform, using the ODK Android application. Interview data will be uploaded and stored on the KoBo server. Data checking and cleaning will take place daily during the period of data collection, and will include the identification of outliers, correct categorization of "other" responses, and the removal and / or replacement of incomplete or inaccurate records.

Hence, the data cleaning checks will be done in alignment with the IMPACT Data Cleaning Minimum Standards Checklist. Data cleaning and checking will also entail the all the changes to the dataset will be documented in a data cleaning log maintained in excel. The Assessment Officer will identify any issues in ongoing data collection whilst checking and cleaning data, and work through them to try and resolve any contradictory or problematic data points.

Qualitative data from the KIIs and MFGDs will be collected by enumerators using Word documents. REACH field staff will be responsible for debriefing enumerators and sending finalised transcripts to the Assessment Officer, who will ensure that all qualitative data is translated into English and that the data is reviewed for quality as it comes in, so that timely feedback can be provided to the field teams if needed. Review of qualitative data will be done in alignment with the IMPACT Minimum Standard Checklist for Semi-Structured (Qualitative) Data Processing and Analysis.

3.5.3. Triangulation/briefing and debriefing of enumerators

Before data collection for the MFGDs starts, enumerators will receive comprehensive training facilitated by REACH and conducted by the data collection organization's focal point. The focal points will have received training directly from REACH. At least one focal point per organization will attend an in-person training conducted by REACH field staff. The training will encompass the following modules:

- Scope, content, and methodology of the assessment.
- Ethics of data collection: The guiding principles of 'do no harm', confidentiality, and respect will be presented during the training. Cultural and gender considerations, and how to deal with these dynamics during interviews, will also be discussed. Focal points will be trained on how to obtain the informed consent of all respondents prior to conducting the interview. Enumerators will be reminded to respect both the voluntariness and gratuitousness of participants, as well as the respondent's anonymity.
- Techniques of data collection: mapping FGDs.
- Content of the different tools: all focal points and enumerators will be provided with explanations on the reasons and intentions for the inclusion of certain questions, nuances of vocabulary and wording, and referral pathways.
- Focal points will then relay the training received to their enumerators in live sessions. Training materials will be provided to aid the training. Whenever possible, REACH staff will attend these trainings to ensure all topics are covered.

a. Access and Quality of services

The Assessment Officer will be responsible for analysing the qualitative data. As a first layer of analysis, the Assessment Officer will use the data saturation and analysis grid to record all discussion topics and points on an ongoing basis. Once data collection has been completed, key findings will be developed based on the identified topics and points. A second layer of qualitative analysis will be done through NVivo. NVivo allows for thematic coding within and across transcripts to identify key trends across population groups and locations (a code being a word or phrase that summarises or captures the essence of a portion of data). For this analysis, the data saturation and analysis grid will be used to form the initial codebook, facilitating further analysis as needed. The Nvivo analysis will result in the construction of a data saturation grid exported to Excel, which identifies the type and frequency of themes arising in qualitative interviews and monitors the level of saturation for each theme.

b. Safety Mapping

The maps used in the MFGD will be scanned and the content on them will be translated. Then the GIS officer will process this data and map the main information provided on them. There could be questions that rely on the field team's answers, while for other questions, satellite imagery can give precise answers. The objective would be to produce safety mappings of all the locations and enrich the information provided by the informants of the first components or to explain further the results of the MSNA 2021.

4. Key ethical considerations and related risks

The proposed research design meets / does not meet the following criteria:

<i>The proposed research design...</i>	<i>Yes/ No</i>	<i>Details if no (including mitigation)</i>
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights and dignity (<i>specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided</i>)?	Yes	
... Does not expose data collectors to any risks as a direct	Yes	

result of participation in data collection?		
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	Yes	We will be working with staff of GBV Facilities as well as women who have potentially had GBV incidents. However, none of the questions address GBV experiences specifically.
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	Yes	We will be working with staff of GBV Facilities as well as women who have potentially had GBV incidents. However, none of the questions address GBV experiences specifically.
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Assessment Officer	Assessment Manager	CC GBV WG	CC
Supervising data collection	Assessment Officer	Operations manager	Assessment manager	CC
Data processing (checking, cleaning)	AO	AO	Operations Manager	CC
Data analysis	AO	AO	HQ RDD	CC
Output production	AO	AO	HQ RDD GBV WG	CC
Dissemination	AO	AO	CC HQ RDD GBV WG	CC
Monitoring & Evaluation	AO	AO	CC	HQ
Lessons learned	AO	AO	CC	HQ RDD

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable of the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented

Informed: the person(s) who need to be informed when the task is completed

NB: Only one person can be Accountable; the only scenario when the same person is listed twice for a task is when the same person is both Responsible and Accountable.

TEMPLATE

• Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		<input type="checkbox"/> Yes
		# of downloads of x product from Country level platforms	Country team		<input type="checkbox"/> Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		<input type="checkbox"/> Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		<input type="checkbox"/> Yes
		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	GBV WG Dashboard / reports
		# references in single agency documents			GBV WG partners reports
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	[Outline here the usage survey to be implemented for this research cycle E.g. Usage survey to be conducted in November 2017, following the release of x outputs, targeting at least 10 partners E.g. Usage survey to be conducted at the end of the research cycle related to all outputs, targeting at least 20 partners]
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT	Number and/or percentage of humanitarian organizations	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	<input type="checkbox"/> Yes

programs throughout the research cycle	directly contributing to IMPACT programs (providing resources, participating to presentations, etc.)	# of organisations/clusters inputting in research design and joint analysis		X Yes
		# of organisations/clusters attending briefings on findings;		X Yes

TEMPLATE