Research Methodology Note

2020 MSNA, CSI Tool Revision

LBY2001a

Libya

June 2020
Version 1

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Libya				
Type of Emergency	□ Natural disaster		X	Conflict	
Type of Crisis	□ Sudden onset		□ Slow onset	X	Protracted
Mandating Body/ Agency	ECHO [14DHP X98], OCHA [14DHP I51], OFDA [14DHP 36F], and UNHCR [14DHP I78]				
Project Code	14iAJO, 14ALT 6H2 (OFDA and ECHO not yet approved)				
Research Timeframe	1. Start collect data: 01/06/2020		4. Data sent for validation: 24/08/2020		
	2. Data collected: 19/08/2020		5. Outputs sent for validation: 31/08/2020		
	3. Data analysed: 24/08/2020		6. Outputs published: 10/09/2020		
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**	
	□	Donor plan/strategy		_ _/_ _/_ _ _ _	
	□	Inter-cluster plan/strategy		_ _/_ _/_ _ _ _	
	□	Cluster plan/strategy		_ _/_ _/_ _ _ _	
	□	NGO platform plan/strategy		_ _/_ _/_ _ _ _	
	X	Other (Specify): 2020 MSNA		31/08/2020	
Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	**Audience type**			**Dissemination**	
	□ Strategic			□ General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)	
	□ Programmatic				
	X Operational			X Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting	
	X Internal use				
				□ Presentation of findings (e.g. at HCT meeting; Cluster meeting)	
				□ Website Dissemination (Relief Web & REACH Resource Centre)	
				□ [Other, Specify]	
Detailed dissemination plan required	□	Yes		X	No
General Objective	1. Primary objective: To update the consumption-based Coping Strategies Index (CSI) to reflect current behaviours in Libya. 2. Secondary objective: To pilot online data collection platforms for qualitative research methods.				
Specific Objective(s)	1.1 Revise the CSI questions used in the Migrant and Refugee Multi-Sector Needs Assessment (MSNA) and the Libyan MSNA for 2020.				

	1.2 Revise the weightings for the CSI used in both MSNAs to analyse respondent CSI scores.
	2.1 Determine the appropriateness of using online data collection platforms suited to the Libyan context for qualitative data collection during movement restrictions resulting from COVID-19 response.
Research Questions	What kind of consumption-based coping strategies do households in Libya use when they do not have enough food or money to buy food, and what level of severity do they associate with these strategies? Sub-question: How does this differ per: - Region (South, East, West) - Population group (IDP, returnee, non-displaced, migrants & refugees[1]) - Geographic type (rural, urban)
Geographic Coverage	22 mantikas in Libya: West: Al Jabal Al Gharbi, Al Jfara, Al Jufrah, Al Margreb, Azzawya, Nalut, Misrata, Sirt, Tripoli, Zwara South: Ghat, Murzuq, Sebha, Ubari, Wadi Ashshati East: Al Jabal Al Akhdar, Al Kufrah, Al Marj, Benghazi, Derna, Ejdabia, Tobruk
Secondary data sources	The following four resources were used to inform the coping strategy index: • Rashd Swesi, Imad El-Anis and Md Mofakkarul Islam. "Food Insecurity Coping Strategies in Conflict-Affected Libya". 2020. • Maxwell & Caldwell. "The Coping Strategies Index: Field Methods Manual Second Edition." CARE & WFP. 2008. • Anderson. "Technical Report: Coping Strategies Index (CSI) Development: Construction of CSI Survey Tools for use in the West Bank and Gaza Strip." CARE. • WFP & REACH. "Comprehensive Food Security Monitoring Exercise (CFSME): Syrian Refugees in Jordan." July 2015.

Population(s) *Select all that apply*	□	IDPs in camp	X	IDPs in informal sites
	X	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	X	Refugees in informal sites
	X	Refugees in host communities	□	Refugees [Other, Specify]
	X	Non-displaced (hosting)	X	Non-displaced (not hosting)
	X	Returnees	X	Migrants

Stratification *Select type(s) and enter number of strata*	X	Geographical #: 3 Population size per strata is known? X Yes □ No	X	Group #: 2 Population size per strata is known? X Yes □ No (with the exception of migrant and refugee communities)	X	Urban vs. rural #: 2 Population size per strata is known? X Yes □ No

Data collection tool(s)	□	Structured (Quantitative)	**X**	Semi-structured (Qualitative)
		Sampling method		**Data collection method**

Semi-structured data collection tool (s) # 1	Sampling method	Data collection method
	X Purposive □ Snowballing	□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _

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[1] Migrants and refugees will be stratified by region of origin if possible

Select sampling and data collection method and specify target # interviews	□ [Other, Specify]		X Focus group discussion (Target #): 25 - 28[2] □ [Other, Specify] (Target #):_ _ _ _ _		
Semi-structured data collection tool (s) # 1 *Select sampling and data collection method and specify target # interviews*	X Purposive □ Snowballing □ [Other, Specify]		□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ □ Focus group discussion (Target #): :_ _ _ _ _ X Expert surveys (Target #):10		
Data management platform(s)	X	IMPACT	□	UNHCR	
	□	[Other, Specify]			
Expected ouput type(s)	□ Situation overview #: _ _	□	Report #: _ _	□	Profile #: _ _
	X Presentation (Preliminary findings) #: 2	□	Presentation (Final) #: _ _	□	Factsheet #: _ _
	□ Interactive dashboard #:_	□	Webmap #: _ _	□	Map #: _ _
	X Tool #: 1 - 5[3]				
Access	X	Public (available on REACH resource center and other humanitarian platforms)			
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)			
Visibility *Specify which* **logos** *should be on outputs*	REACH				

2. Rationale

2.1. Rationale

The consumption-based coping strategies index (CSI) is a common and reliable tool for assessing food insecurity in humanitarian and protracted settings. The MSNA in previous years has included a reduced version of the CSI (rCSI) which, while a universally accepted standard, does not capture culturally specific and common coping strategies. In line with CSI guidelines set up by the WFP and CARE, this tool will be updated and revised for the Libyan context. The revision will take into account potential systemic differences in coping strategies between:

- Libyans and migrant and refugee populations;
- Libyan subgroups (non-diplaced persons, internally displaced persons (IDPs), and returnees);
- The three regions in Libya (South, East, and West);
- Urban and rural communities.

The methodology for revision will consist of an initial phase of expert consultations, followed by a phase of focus group discussions (FGDs). The expert consultations will establish the list of coping strategies that feed into the Libyan MSNA and the Migrants and Refugees MSNA. The FGDs will serve to validate the list of coping strategies, investigate any systematic differences between subgroups, and assign weights. Analysis of this phase will also determine whether it is appropriate to create:

1. Several bespoke tools per population group; OR

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[2] Focus groups will first be stratified based on region (3 strata), and then further stratified based on the outlined population groups. See sampling section for more information.
[3] The amount of tools produced will depend on the degree of variation found between regions and population groups.

2. One aggregated common CSI tool across population groups

The five rCSI strategies will continue to be included in the new tool, although during analysis the weightings may be revised. Including the rCSI will allow for comparison across crises and across years. Analysis of the rCSI and revised CSI will be separate. In line with current movement restrictions in Libya, the focus group discussions will be conducted entirely online through discussion boards. This allows for interaction and gradual consensus building in an anonymous and asynchronous forum.

3. Methodology

2.1. Methodology overview

The methodology for the CSI revision typically consists of two phases: 1) Establishing consensus from local populations on a list of coping strategies to be used in the local context; 2) Establishing the severity of coping strategies of the agreed list in line with local behavioural norms. The revision process is recommended to take place via focus group discussions (FGDs), in order to achieve consensus on agreed lists within target communities.

Due to the global outbreak of COVID-19 and the subsequent movement restrictions put in place by authorities, in-person focus group discussions are not possible within the current operating environment. As such this methodology overview presents an alternative method for updating the CSI, namely via a mixture of expert consultations and online focus group discussions.

Expert consultations comprise phase 1 of the CSI revision. Phase 1 is an exploratory and iterative process to establish the list of coping strategies that will feed into Phase 2 (consultation with communities). Data collection for this phase took place from 1 June to 5 June. The methodology resembles closely the Delphi method of data collection and analysis, whereby a panel of experts are consulted individually until consensus is agreed on key questions across the expert group.[4] Expert interviews will be used in Phase 1 in order to mitigate some of the potential biases resulting from the use of online discussion platforms, such as exclusion of highly vulnerable groups who do not have access to the internet. Phase 1 will therefore include experts working with particularly vulnerable and hard to reach groups, who will act as proxies for community members unable to join online discussion platforms for Phase 2.

The purpose of Phase 1 is to establish a list of coping strategies that is appropriate to the context in which assessments will take place. The list is not static, as Phase 2 may lead to certain strategies to be deleted or updated. Lists of strategies will be devised seperately for Libyan populations and Migrants and Refugees, through independent feedback processes. If the resulting lists are largely the same across assessed population groups, one unified list will be created for both populations to faciliate cross-comparison.

Phase 2 will serve to validate the list of coping strategies agreed by expert interviews, and assign weights to each strategy. Phase 2 will be conducted through online FGDs. These FGDs will take place from 12 August to 19 August. Participants in Phase 2 will have the opportunity to dismiss any of the strategies that were selected in Phase 1. After participants have validated the provided list, they will be tasked with assigning weights. Weights need to be assigned according the perceived severity of the selected strategies. The FGDs will further serve to identify any systemic differences in the perception of coping strategies across assessment strata (such as region, geography type, and displacement status).

The online FGDs will take place via asynchronous discussions though a digital message board platform, reliant on typed responses from participants. The platform is being developed in partnership with a company in Tunisia. Asynchronous discussion is preferred in this case because it may not be possible for all participants to be online at the same time, given issues surrounding power cuts and internet connections in Libya. The discussion will be text-based. The lists of coping

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[4] Allen et al. "A Delphi Approach to Develop Sustainable Food System Metrics." *Social Indicator Research* 141, 2019: 1307-1339.

strategies provided by us and by the participants constitute voluminous data that is more easily communicated and digested through text. The platform will resemble a web form, or a discussion board, where the facilitator's question will be pinned to ensure constant visibility. The respondents can create posts in response to the central question of the day. FGDs will span approximately 2 to 3 days, depending on how quickly participants manage to build consensus.

The target number of FGDs is between 25 and 28. FGDs will be stratified by region, location characteristic, and demographic characteristics. Location characterstic refers the rural – urban dichtomony and demographic characteristcs refers to the displacement and migration status. Participants for the FGDs will be selected based on the stratification criteria and identified through the REACH field staff and partner network. Participants are not selected based on expertise or role in the community. FGDs will include both male and female participants from various socio-economic backgrounds. See sampling section for more information.

The FGD results will test for two things: (1) systematic differences in coping strategies omitted or added by different groups; and (2) systematic differences in the severity assigned to different coping strategies. As such, analysis of FGDs will look for variations between the following geographic disaggregation levels:
1. Rural vs Urban
2. Regional variation – East, West, South

The assessment will also test for variations between demographic groups, which will be stratified in line with the disaggregation model used for the Libyan MSNA and the Migrant and Refugee MSNA, namely:
1. Libyan population: non-displaced, IDP, returnee
2. Migrant and refugee population: region of origin

The analysis will determine whether bespoke tools are needed for different regions, location characterstics, or demographic characteristics, or whether one aggregate tool is sufficient to cover all population groups. When the list or lists have been established, the next task is categorizing the set list of coping strategies in four severity categories from least to most severe. These categories will determine the weights assigned to strategies in the final tool.

2.2. Population of interest

The goal is to get the most accurate list of consumption-based coping strategies nation-wide. As coping strategies can be culturally specific, it is imperative to include a diverse set of perspectives in the revision process. The first phase consultations will allow for the inclusion of experts who can act as proxies for hard-to-reach groups who would otherwise be excluded.The FGDs in the second phase will be used to determine the required levels of stratification across population groups. Stratification will be based on region, location characterstc, and demographic characteristics. In simpler terms, separate FGDs will be held for migrant and Libyan populations, and rural and urban populations in all three regions. Where possible, FGDs will be further disaggregated based on displacement status for Libyans and country of origin for migrants. Participants will be identified through the REACH field staff and partner network.Stratification across regions, status, and lifestyle allows for more reliable results and comparisons within groups, but disallows for comparisons across these groups. Therefore, separate CSI tools will only be devised and used if the FGDs shows systematic differences in coping strategies that would make a unified CSI tool invalid.

2.3. Secondary data review

Rashd Swesi, Imad El-Anis and Md Mofakkarul Islam. "Food Insecurity Coping Strategies in Conflict-Affected Libya". 2020.

This is an academic article that researched through in-depth interviews what coping strategies for food insecurity are common in Libya. They do not follow the requirements of coping strategies to be used in the CSI, but they give a good indication of the kind of strategies that are relevant for Libya. It is therefore used primarily to inform the initial list of coping strategies for the first phase of FGDs.

Maxwell & Caldwell. "The Coping Strategies Index: Field Methods Manual Second Edition." CARE & WFP. 2008.

This is the second edition of the CSI Field Methods Manual developed by CARE and the WFP. It contains generic lists for CSI tools to use as starting points and guidance on how to adapt the list to specific contexts. It is a central source for compiling the starting point list and designing the methodology and analysis framework.

Anderson. "Technical Report: Coping Strategies Index (CSI) Development: Construction of CSI Survey Tools for use in the West Bank and Gaza Strip." CARE.

The technical report describes the processes used my CARE and field partners to create CSI tools for the West Bank and Gaza. The methodology is significantly more elaborate and complicated than the basic methodology described in the field methods manual. Especially when it comes to the process of deciding whether unique tools will be required for different population groups – this is a very useful source. Due to the conflict-nature of the context of this study, the given lists for Gaza and the West Bank are also considered for the creation of our starting point list of coping strategies.

WFP & REACH. "Comprehensive Food Security Monitoring Exercise (CFSME): Syrian Refugees in Jordan." July 2015.

As part of a larger questionnaire involving several food security measures, this project also involved updating the CSI. The final list incorporated in the questionnaire is another resource for drafting the initial list. Important to note is that their approach more closely resembles the livelihoods-based coping strategy indicator than the consumption-based CSI, so not all listed strategies align with the typical criteria.

2.4. Primary Data Collection

Throughout March 2020, restrictions on movements have tightened across Libya. The current operating environment consists of a curfew in West Libya from 2pm-7am, and in East and South Libya from 3pm-7am. In some municipalities, road closures have been instated, with all but essential medical travel permitted into and out of municipal boundaries. With no clear timeline for when restrictions will be lifted, this assessment will rely primarily on remote, online forms of data collection. While the primary objective of this assessment is to update the CSI, the assessment will also act as a pilot for the REACH Libya team to explore opportunities for qualitative data collection via online platforms.

Methods: There are two phases to the primary data collection. The first phase consists of expert consultations to establish the list of coping strategies that feeds into the MSNA and the second phase of data collection. The design of this phase closely resembles the Delphi method, which is used to build consensus among experts on complex topics. Experts from organizations working in Libya on food security related issues will be sent surveys asking them to select and propose coping strategies relevant to the populations of interest. While FGDs typically form an essential part of the CSI updating process, expert interviews will instead be used in Phase 1 in order to mitigate some of the potential biases resulting from the use of online discussion platforms, such as exclusion of highly vulnerable groups who do not have access to the internet. Phase 1 will therefore include experts working with particularly vulnerable and hard to reach groups, who will act as proxies for community members unable to join online discussion platforms for Phase 2.

The purpose of Phase 1 is to establish a list of coping strategies that is appropriate to the context in which assessments will take place. The list is not static, as Phase 2 may lead to certain strategies to be deleted or updated.

Lists of strategies will be devised seperately for assessed population groups (for example – feedback will be collected for Libyan populations and migrant and refugee populations separately). If the resulting lists are largely the same across assessed population groups, one unified list will be created for both populations to faciliate cross-comparison.

FGDs are the most effective and accepted way of establishing the CSI. Due to the COVID-19-related movement restrictions in Libya, in-person FGDs are not feasible. FGDs will be conducted online instead. The purpose of online focus groups is to maintain the interaction of participants inherent in FGDs in order to build a consensus view and answer to the questions. The online focus groups will be conducted asychronously, meaning that it will not be necessary for all participants to be

online at the same time. Instead, in a message board-style platform, participants will have one day per question, and can comment on each other's posts over the span of a few days. This means that all participants can in their own time respond to the questions posed by the facilitator. This is prefered to a synchronous FGD because with potential power cuts and varying internet speeds available, it may not be possible for all participants to be online at the same time and respond to each other in real time. Through commenting on each others posts and ideas, consensus can still be built over the course of 2 to 3 days. Posts will be text-based to facilitate better communication and mutual understanding on the lists of coping strategies.

While the interaction is not as direct online as it would be in person, there are some other benefits associated with conducting focus groups online. The main benefit is anonymity of participants. A common issue in face-to-face focus group discussions is participants being self-conscious about opinions and wanting to align with what they perceive to be popular opinion. However, with anonymity online, this drive to conform can be minimized. Additionally, with asynchronous focus groups, it becomes harder for a few individuals to dominate discussions. The role of the facilitator, and therefore the potential facilitator bias, is also limited in the online modality.

The FGDs will be led by trained moderators. There will be one moderator per online focus group, who will be available continuously to answer questions where necessary. Due to the asynchronous nature of the online FGDs, one to two moderators will be sufficient to manage all focus group boards. Facilitators will also periodically monitor participation and send reminders near the end of the day to particpants who have not yet responded. Inappropriate or offensive comments will also be removed by facilitators.

The FGDs will be structured as follows. Prior to the first day, participants will have been briefed by the facilitator on the expectations surrounding their participation and the nature of the questions. At the start of the first day, the facilitator will reiterate the expectations before introducing the central question of the CSI and the nature of coping strategies (see triangulation section for specific criteria). The central question of the CSI is:

> "What do you and your household do when you do not have enough food or enough money to buy food?"

The first question will consist of the list of coping strategies established in phase one with an appeal to participants to go through each strategy and comment on which strategies are applicable in their community. They are also invited at this point to think of any other strategies households may use when they run out of food. Participants will be asked to create a post with their list of coping strategies with this information in mind. This list and any additional comments on the list provided can be posted by each individual participant during any point of the day. The facilitator will not comment on the lists in real time but will be available for any other questions.

On day two, participants will be asked to read the posts of the other participants and comment on the additions and omissions they made. Comments should indicate whether the additions and omissions made by fellow participants seem like relevant and good alterations. Participants will be asked to think about whether the coping strategies listed by others, would ever be used by them or other households in their communities.

On day three of the first phase, participants will be presented by the facilitator with a master list of coping strategies based on the first two days of discussions. The accompanying question will be to rank and categorize the strategies from most to least severe across 4 categories. Guidance will be provided by the facilitator. Participants will also be invited to share final comments and ideas on whether this master list reflects the most common coping strategies in their experience.

Sampling: Experts included in the phase 1 consultations will be selected through the Food Security Sector network in Libya. Online surveys will be send to a range of experts and organizations active in Libya in the field of food security and food aid. Continuous monitoring of incoming surveys will assure that experts active in various regions and with various subgroups are

consulted. Below, there is a detailed description and assessment of what groups are at risk of being excluded in phase 2. Phase 1 sampling will be especially mindful of including experts that have worked with these groups.

Purposive sampling will similarly be used in the second phase to select and identify participants to ensure the desired compostion of focus groups. As mentioned earlier and detailed further below, the focus groups will be stratified on region, location characteristics, and demographic characteristics. There are no other criteria for individual participants in terms of expertise or status. At aggregate level, gender balance and wide socio-economic representation will be ensured when selecting participants. Selection of participations will be done in close cooperation with local partners and civil society organizations (CSO). In case local partners cannot provide sufficient contacts, further snowballing techniques can be used to reach the desired number of participants per group, which is eight to ten per group. In case this leads to exclusion, inclusion strategies can be deployed to compensate. Inclusion strategies include individual phone interviews with community members and key informants (KIs) (see more information below).

Given that this assessment will be testing online data collection modalities, access to a high level of demographic groups is not yet possible to estimate. As such, below presents the maximum and minimum number of focus groups in order for this assessment to be feasible.

The maximum number and composition of focus groups for phase one will be twelve groups per region, following the breakdown as an example for the South as follows:

Group code	Region	Location characteristic	Demographic characteristic
1	South	Urban	Displaced
2	South	Urban	Non-displaced
3	South	Urban	Returnee
4	South	Urban	Migrant and Refugee (Region of origin 1)
5	South	Urban	Migrant and Refugee (Region of origin 2)
6	South	Urban	Migrant and Refugee (Region of origin 3)
7	South	Rural	Displaced
8	South	Rural	Non-displaced
9	South	Rural	Returnee
10	South	Rural	Migrant and Refugee (Region of origin 1)
11	South	Rural	Migrant and Refugee (Region of origin 2)
12	South	Rural	Migrant and Refugee (Region of origin 3)

The minimum number and composition of the focus groups for phase one will be four, where Libyan populations and Migrant and Refugee populations will not be further disaggregated, example as follows:

Group code	Region	Location characteristic	Demographic characteristic
1	South	Urban	Libyan
2	South	Urban	Migrant and Refugee

| 3 | South | Rural | Libyan |
| 4 | South | Rural | **Migrant and Refugee** |

In all focus groups, attention will be paid to ensuring that sub-groups that are not a part of the stratification plan, are represented evenly in the groups. For example, persons from a variety of socio-economic backgrounds will be targeted to be included in all groups, and groups will include an equal male to female ratio. A benefit of doing online focus groups is that men and women can be in the same focus group. This is only true if identities are anonymized. An important criteria for the platform selection is therefore that this anonymization can be enforced.

It will also be important to include various types of 'households' – e.g. migrants living by themselves, with family, with friends, or with strangers. A clear definition of household is also important, as participants are expected to answer with reference to their own household. For the purpose of the tool, household will be defined for migrants and refugees as the people with whom expenses for food and other basic necessities are shared.

In the case that the assessment will adopt the minimum levels of stratification, Libyan focus groups will have internal quotas for returnee, IDP, and non-displaced populations to ensure balanced representation within the discussion. For migrant focus groups, migrants with different countries of origin will also be accounted for.

Identification and inclusion strategies for hard to reach groups:

An additional sampling challenge for online focus groups is the need for participants to have a smart phone or laptop, and access to the internet at least at some point during each day of the focus groups.

2019 MSNA data on smart phone ownership among Libyans, and Migrants and Refugees

Answer options	Libyans (total)[5]	Internally Displaced Households	Returnees	Non-displaced	Migrants & Refugees[6]
My household owns a smartphone sufficient for the use of the household	69%	59%	65%	70%	41%
My household owns a smartphone but needs another/more	27%	33%	30%	26%	27%
My household does not own a smartphone	4%	7%	5%	3%	31%

The MSNA data shows that smart phone ownership is common for Libyan populations, which reduces the likelihood of this being a barrier for the Libyan population. In contrast, data collected by the Mixed Migration Centre (MMC) in 2019, found that access to smartphones varies greatly between migrants from different areas of origin: East African interviewees were found to have higher levels of smartphone ownership (47%), compared to West African (37%) and Central African (28%) respondents.[7]

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[5] This column represents the average of the following three columns with Libyan population groups.
[6] Due to the different sampling strategies of the 2019 Libyan and M&R MSNAs, these numbers cannot be compared directly, nor can the migrant and refugee numbers be treated as representative. These numbers should be treated as indicative only.
[7] Mixed Migration Center. "MMC North Africa 4Mi Snapshot: Access to information of refugees and migrants in Libya."

Internet penetration in Libya has been increasing year on year, with a 13% increase recorded between 2019 and 2020, reaching penetration levels of 75% as of January 2020.[8] While data on how internet access differs according to demographic groups is limited, research into migrant and refugee groups has found that 57% of migrants and refugees have access to the internet, even if it is irregular.[9]

Another variable to consider when it comes to hard to reach groups is gender. The 2020 Connected Women report published by the GSMA indicates that women in the MENA region have significantly less access to mobile phones and mobile internet. In 2019, the gender gap for mobile ownership in the region was 9%. More problematically, the gender gap for mobile internet use was 21% in the same year. For Sub-Saharan Africa, the gender gap for mobile ownership is 13% and the gap for mobile internet use is 37%.[10] It may therefore be difficult to reach women, and especially migrant women from sub-Saharan Africa, for the online FGDs.

Another risk factor is power outages. In the Libyan MSNA 2019, the average time of power outages reported per day was 6.9 hours. The fact that participants do not need to be online at any given time, and not at the same time, should mitigate this risk. In case of extended power outages, buffer days are available in the schedule.

Based on these figures, the following groups are highlighted as particularly at risk of exclusion from participation in online platforms:

- Migrants and refugees, especially those originated from Central and West Africa
- Women across all population groups, especially migrant women from sub-Saharan Africa.

The following inclusion strategies will be adopted if members of these groups are not found to be able to participate in the online discussions. These strategies would take place after the FGDs so that insights from participants can be discussed and debated in order to maximize interaction between participants and opinions. The exact timing of the strategies are further elaborated on below:

1. The first, and preferred, strategy is targeted phone interviews with members of the neglected groups. This strategy is only possible if internet access rather than phone ownership was the barrier to inclusion. If the phone interviews take place to correct for sampling discrepancies in phase one, the calls would take place after some initial analysis of the focus group data of that phase. The list of coping strategies decided on would be presented to the individuals over the phone, with the intention to discuss their relevance to him or her. Interviews would be semi-structured with guidance on the questions to get as much information about the appropriateness of the list. The omissions and additions suggested by the interviewees would be taken into the continued analysis of phase one data to decide whether multiple bespoke tools are necessary and the final list or lists of coping strategies. If the phone interviews are meant to correct for exclusion in phase two focus groups, the calls would take place prior to any analysis. The mean of the severity categories assigned by individual interviewees (of the same group) would then be treated as a single focus group outcome in the phase two analysis. Around 5-10 interviews would be conducted, until a saturation point is reached.

2. If phone interviews are not possible with members of any of the subgroups that were excluded, proxies will have to be consulted. In this case, phone interviews will be conducted with CSOs or alternate Key Informants (KI) that have experience working with the groups for which additional information is required. Interviews will be timed and structured the same as above, with the question of what is relevant for the particular sub-group. If the rate of exclusion is significant, a new online discussion board may be set up with KI participants to reach a large number

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[8] Data Portal, 'Digital 2020: Libya', February 2020
[9] UNHCR, IMPACT, Altai 'Mixed Migration Trends in Libya: Changing Dynamics and Protection Challenges', February 2017.
[10] GSMA. "Connected Women: The Mobile Gender Gap Report 2020" March 2020.

of KIs at the same time and allow for interaction among them. This additional focus group will then be given the same weight as the original focus groups.

<u>Important to reiterate is that the identified groups will also be a priority for the first phase, to compensate for the risk of exclusion in phase 2.</u>

<u>Tools:</u> For the first phase of data collection, SurveyMonkey will be used to circulate our expert suveys. This is a suitable tool considering the official capacity in which we are approaching experts and the non-sensitivity of the information they will be providing. For the online FGDs, we will be contracting an organization to build an online discussion platform that meets our interface and data protection needs. There are a few criteria that the platform or software would need to fulfil. The platform needs to:
- Have a clear interface that will be easy to navigate for participants;
- Have the option to use the platform on a smart phone;
- Fuction without dowload requirements;
- Allow for anonymization;
- Have data protection mechanisms build-in or feasibly integrated;
- Allow for facilitators to pin messages and send reminders;
- Allow for participants to see each other's comments.
- Allow for participants to respond to each other's comments.
- Facilitate FGD language needs, including Arabic.

<u>Triangulation:</u> The starting point of the first phase is the list of copring strategies based on secondary and grey literature. The composed list can be found below in the Data Analysis Plan. As the list is based on several reliable sources, it also provides a good source of triangulation. If the lists created with the FGDs do not diverge significantly from the original list that will be a source of data validation. Another source of validation and triangulation is the rCSI, which consists of five basic coping strategies found to be relevant in most if not all contexts. Alignment with this rCSI and its weights will also be checked for the sake of triangulation. The independently conducted FGDs will also be compared to each other to assure that the data is collected uniformly and corresponds to each other.

2.5. Data Processing & Analysis

During phase 1, all selected and proposed coping strategies will be compiled into a saturation grid. There will be separate saturation grids and analysis processes for population sub-groups. For both groups, only those key informants that indicated to work with the specific group will be included in analysis for that group. The saturation grid analysis will demonstrate the degree of consensus on coping strategies among survey respondents. If there are no conflicting opinions or disagreements on specific strategies, the list of coping strategies can be constructed at this stage. However, if certain points of contention do emerge, another round of surveys is required. This round of surveys would be circulated to the same respondents. The questions would highlight specifically the conflicting opinions provided and ask respondents to clarify and justify their position on whether the specific strategy or strategies should be included or excluded. The given justificfications will be shared anonymously to encourage discussion and consensus-building across respondents, resembling the Delphi method approach. This process of consultation and discussion will continue untill enough consensus is created to establish the list of coping strategies.

Close data monitoring is also very important during phase 2. A benefit of the online modality is that there are less training needs. Due to the relatively low volume and speed of data coming in per day, one or two facilitators can lead all message boards at the same time. Additional observers can be assigned to the groups as well. Another benefit is a ready-made transcript at the end of each day. The data from each focus group will be reviewed at the end of each day – after the decided on closing time of the boards. This allows for reliable intermediate data quality checks each day. As all focus groups can be happening at the same time, there is also space for immediate comparisons across groups – to see if they all have the same

understanding of the questions posed. If any major issues pop-up in any of the groups, there will also be space for one extra buffer day of discussions to correct for any misunderstandings or low quality data.The incoming data will be monitoring based on whether proposed strategies are meeting the criteria for coping strategies to be included in the CSI:

- Behaviors must be related specifically to food consumption
- Behaviors must be readily available, able to be enacted in a "today or tomorrow" timeframe
- Behaviors must be reversible when no longer needed
- Behaviors must be generally continuous (not one-off activities)
- Behaviors must not be dependent upon initial asset holdings of households.

The ready-made transcripts of the online focus groups will form the basis of data analysis. Transcripts will feed into a saturation grid that includes any listed or added coping strategies, with space for additional comments. The cleaning and consolidation process for incoming data will be independent for each focus group. All coping strategies will be marked 'included' or 'excluded' with a column dedicated to explanations. Subsequently, the weights agreed on will be added to the saturation grid. Each focus group will have their own saturation grid showing their characteristics (geographic and demographic) and the results from their discussions. The saturation grids will illustrate what the most common coping strategies are and how they are perceived in terms of severity. This forms the basis of analysis. Saturation grids will be compared in order to identify whether systematic differences exist between geography types or subgroups. Individual focus group saturation grids will be compiled into a master table to identify these differences. One the list or lists have been established, the weights are calculated by taken the mean and the mode per strategy. The means will be the primary guide for the weight assignment. Special care would have to be taken to ensure a somewhat even distribution of strategies across the categories. Once the categories and weights have been established, the tool will be validated by the Food Security Sector and once validated used for theMSNA analysis. In the MSNA, the tool will be part of the quantitative survey. Respondents will be asked how often they have used each of the strategies in the last seven days. The frequency scores will be multiplied by the severity weights to create a household-level food security score.

3. Roles and responsibilities

Table 2: Description of roles and responsibilities

Task Summary	*Responsible*	*Accountable*	*Consulted*	*Informed*
Research design	Junior Assessment Officer	Junior Assessment Officer	*Assessment Manager, Assessment Officers, IMPACT Research Design Unit*	Food Security Sector, Cash Working Group
Supervising data collection	Junior Assessment Officer	Junior Assessment Officer	Operational Manager	Food Security Sector
Data processing (checking, cleaning)	Junior Assessment Officer	Junior Assessment Officer	Database Officer, IMPACT Data Unit	
Data analysis	Junior Assessment Officer	Junior Assessment Officer	Database Officer, IMPACT Data Unit	

Output production	Junior Assessment Officer	Junior Assessment Officer	Assessment Officer, IMPACT Reporting Unit	Food Security Sector
Dissemination	Junior Assessment Officer	Junior Assessment Officer	Assessment Officer	-
Monitoring & Evaluation	-	-	-	-
Lessons learned	Junior Assessment Officer	Junior Assessment Officer	Assessment Officer, Assessment Manager	Food Security Sector

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*

4. Data Analysis Plan

Research questions	SUBQ#	Sub-question	Questionnaire QUESTION	Probes	Key disaggregations (Group types)
What kind of consumption-based coping strategies do households in Libya use when they do not have enough food or or money to buy food, and what level of severity do they associate with these strategies?	1.1	What coping strategies are common for Libyan households when they do not have enough food or money to buy food?	From the following list of coping strategies, what strategies seem relevant to you and which do not? And, which common consumption-based strategies has your household used which are not in the list? - Rely on less preferred and less expensive foods - Borrow/receive food from friends or relatives - Limit portion size for all HH members at mealtimes - Reduce portion sizes and meals for adults in order for small children to eat - Reduce the number of meals eaten in a day (for all HH members) - Eat stored food - Collect wild plants and fruits - Purchase food on credit - Go whole days without eating - Send women and/or children to work for food - Send females (women and girls) to serve at homes - Send children to eat elsewhere - Send any household members to beg - Taken temporary dangerous/undesirable/illegal jobs to be able to buy food.	Anything you would never do? Anything you do commonly? What have you seen other households do commonly?	'-> Area type (Urban; Rural) '-> Region (South; West; East) '-> Nationality (Libyan; Migrant)
	1.2	What is the relative severity of the coping strategies determined under 1.1, from a scale of 1 to 4?	How would you rate the listed coping strategies on severity, from least severe to most severe? Divide the strategies across four categories.	Most severe/last resort? Least severe/first go-to?	'-> Area type (Urban; Rural) '-> Region (South; West; East) '-> Nationality (Libyan; Migrant)